Agenda Item No: 5

DOMICILIARY CARE DEFERRED PAYMENTS FOR OLDER PEOPLE

To: Adults Committee

Meeting Date: **07 July 2016**

From: Adrian Loades

Executive Director: Children, Families and Adults Services

Electoral division(s): All

Forward Plan ref: Key decision: No

Purpose: To inform the Adults Committee of the ongoing

consideration of a Domiciliary Care Deferred Payment

scheme for Older People in Cambridgeshire.

Recommendation: Adults Committee Members are asked to note the ongoing

consideration of a Domiciliary Care Deferred Payment

scheme for Older People in Cambridgeshire.

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1.0 BACKGROUND

- 1.1 Some local authorities have been implementing policies which limit the funds they will provide to an individual living in their own home, such that the local authority in the normal course of events will decline to pay more for domiciliary care than the cost of appropriate care in a suitable residential or nursing home.
- 1.2 Worcestershire County Council operated a policy of the type described, and a judicial review challenge was dismissed [R (D) v Worcestershire County Council [2013] EWHC 2490 (Admin)]. Cambridgeshire subsequently adopted guidelines of 'maximum entitlement'. This led to our capping the funding of domiciliary care arrangements to the cost of an appropriate residential or nursing placement. Benchmark figures are considered as indicative of such costs, but the Older People Funding Panel is able to exercise discretion in relation to individual circumstances. Service users and their families have the option to contribute additional finance to enable, for example, 24 hour care through the provision of a live-in carer. The County Council funding contribution to such arrangements has been delivered through the provision of a direct payment.
- 1.3 The Care Act 2014, Care and Support Statutory Guidance, Annex A, paragraph 11.7 states: "At all times, the wishes of the person must be considered and respected. For example, the personal budget should not assume that people are forced to accept specific care options such as moving into care homes, against their will because this is perceived to be the cheapest option". Paragraph 11.22 Annex A states that "Local authorities should not have arbitrary ceilings to personal budgets that result in people being forced to accept to move into care homes against their will".
- 1.4 Paragraph 1.18 of the Guidance, which makes "independent living" a "core part of the wellbeing principle", also stating that wellbeing "includes matters such as individual's control of their day-to-day life, suitability of living accommodation ... and crucially, requires local authorities to consider each person's views, wishes, feelings and beliefs ...". Paragraph 1.19 of the Guidance states that the principle of wellbeing covers the "key components of independent living" and that supporting people to live "as independently as possible, for as long as possible", is a "guiding principle of the Care Act".
- 1.5 The Guidance does not, however, require local authorities to fund individuals in their own homes, if in the individual case the local authority considers the cost involved to be unjustifiable with regard to their other competing financial obligations. Local authorities can still decide in individual cases to limit funding to that sufficient to pay for a particular suitable care home placement, providing the decision is taken lawfully.

2.0 MAIN ISSUES

- 2.1 We are currently exploring the offer of a deferred payment arrangement for the whole cost of 24 hour domiciliary care arrangement against a charge on the property and this paper sets out the issues.
- 2.2 The Care Act (2014) introduced the right for all service users, who own their own property and have capital of less than £23,500, to defer payment of care home costs through a charge on their property. The cost of care is then

reclaimed by the Council on the death of the service user.

- 2.3 However, the Care Act 2014 also promotes service user choice and the ability for service users to remain in their own home. Some people with this preference, but without available funds, would be willing to accept a deferred payment against a charge on their property to fund care at home. However, this is outside of the provisions within the Care Act and also outside of Council policy.
- 2.4 In such circumstances, we are considering whether the Council should be able to exercise the discretion to offer a deferred payment arrangement for the cost of domiciliary care against a charge on the property. It is estimated that eight to ten people per year would be eligible in these circumstances. As there is a small financial risk to the Council (e.g. the value of the property may not fully meet care costs) it is proposed that each case should be considered on it merits through the Council's Older People Purchasing Panel.
- 2.5 In situations where a potential self-funding resident in a care or nursing home would prefer to remain at home, this scheme would enable the equity in their property to fund a 24 hour domiciliary care option and remain living at home, enabling an additional choice that is not currently an option.
- 2.6 In the current Cambridgeshire care home market, vacancies are few. This scheme would enable such people additional choice and potentially reduce pressure on the care home market. Although, it should be noted that there are also pressures in Home Care capacity. However, this approach may strengthen the market for services such as" live in" care. It is possible that service users in receipt of several care calls per day would opt for this provision of a live-in carer under this scheme, releasing pressure on domiciliary care resources.

3.0 ALIGNMENT WITH CORPORATE PRIORITIES

3.1 Developing the local economy for the benefit of all

- 3.1.1 The following bullet points set out details of implications identified by officers:
 - This scheme would potentially ease pressure on the residential and nursing home care market as it would enable additional service users to choose 24 hour care options within their own home.
 - The scheme could potentially also ease pressure on the traditional domiciliary care provision through the choice of live-in carers.

3.2 Helping people live healthy and independent lives

- 3.2.1 The following bullet point sets out details of implications identified by officers:
 - This scheme would help those eligible to live healthy and independent lives by enabling them an additional to choice to remain living as independently as they are able in their own homes.

3.3 Supporting and protecting vulnerable people

3.3.1 There are no significant implications for this priority.

4.0 SIGNIFICANT IMPLICATIONS

4.1 Resource Implications

- 4.1.1 The following bullet point sets out details of implications identified by officers:
 - The scheme would require the Council to fund the care provision, as with other Deferred Payment Arrangements.

4.2 Statutory, Risk and Legal Implications

4.2.1 There are no significant implications for this priority.

4.3 Equality and Diversity Implications

4.3.1 Such Deferred Payment Arrangements would enable an additional choice that is currently not an option.

4.4 Engagement and Consultation Implications

4.4.1 There are no significant implications for this priority.

4.5 Localism and Local Member Involvement

4.5.1 There are no significant implications for this priority.

4.6 Public Health Implications

4.6.1 There are no significant implications for this priority.

Source Documents	Location
[R (D) v Worcestershire County Council [2013] EWHC 2490 (Admin)].	http://www.bailii.org/ew/cases/ EWHC/Admin/2013/2490.html
The Care Act 2014	http://www.legislation.gov.uk/ukpga/2014/23/contents.
The Care Act 2014, Care and Support Statutory Guidance	https://www.gov.uk/governme nt/uploads/system/uploads/att achment_data/file/315993/Car e-Act-Guidance.pdf