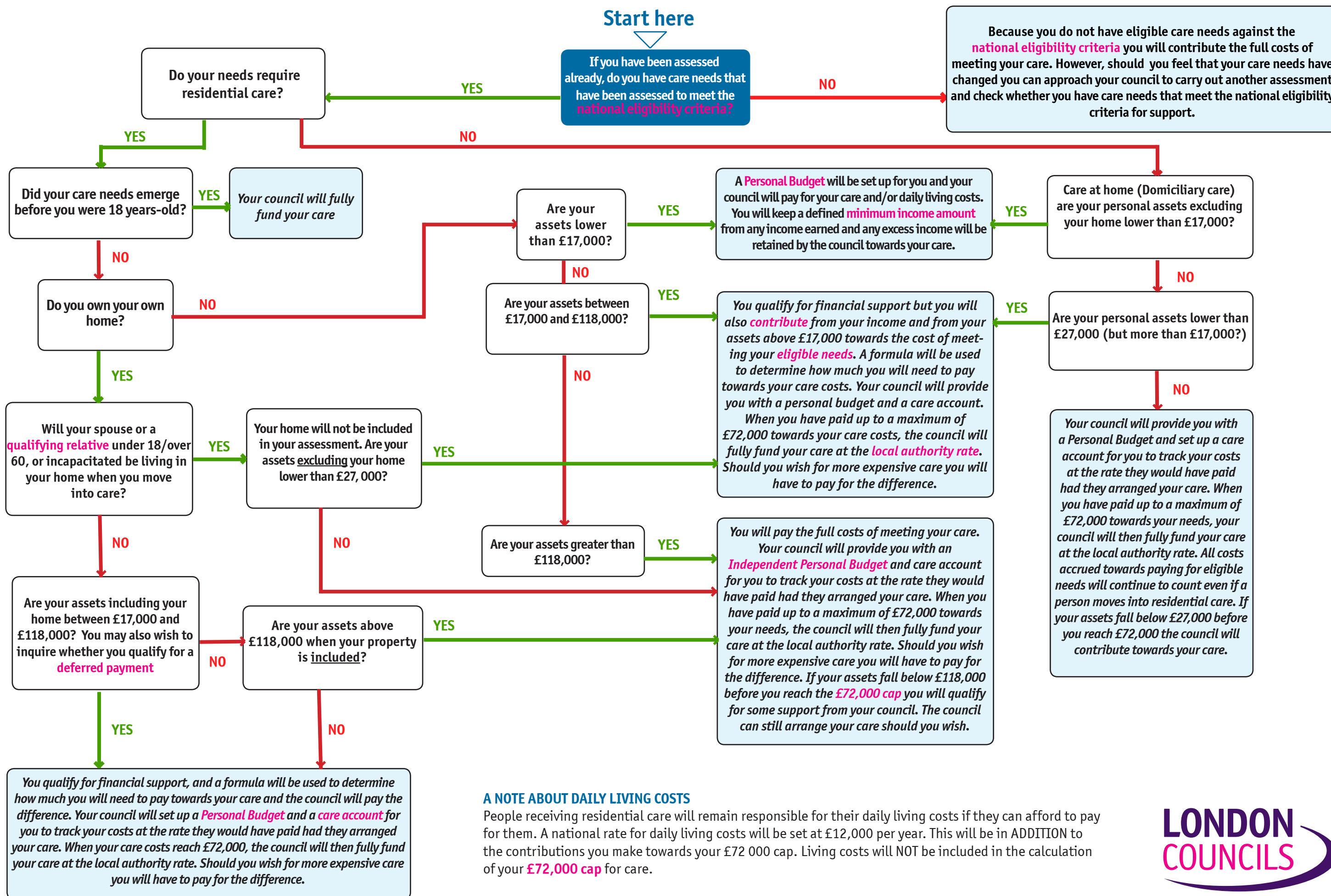


Accessing Care in 2016 and beyond: a step-by-step guide for over 65s

Your council will provide you with information and advice regarding your care and how you can access independent financial advice. You may also have an **assessment**.

Click on **words in pink** for further explanation



Glossary of terms used in the flow chart (alphabetical)

For more details please refer to the relevant guidance and fact sheet. Please note that the final guidance is expected to be published in October 2015

Assessment

An assessment is how a local authority decides whether a person needs care and support to help them live their day-to-day life. An assessment must be provided to all people who appear to need care and support, regardless of their finances or whether the local authority thinks their needs will be eligible or not. The assessment must be carried out by an appropriately trained assessor, for instance a social worker, who will consider a number of factors, such as:

- the person's needs and how they impact on their wellbeing – for instance, a need for help with getting dressed or support to get to work;
- the outcomes that matter to the person – for example, whether they are lonely and want to make new friends;
- the person's other circumstances - for example, whether they live alone or whether someone supports them.

The aim is to get a full picture of the person and what needs and goals they may have. After carrying out the assessment, the local authority will then consider whether any of the needs identified are eligible for support. Because not all care needs are met by the state, the local authority will use a national eligibility framework to decide which needs are eligible to be met by public care and support.

Also See Department of Health, Care Act fact sheet 3: https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/366083/Factsheet_3_-_Assessments_and_eligibility.pdf

Cap on Care Costs

From April 2016, the Care Act will introduce a cap on care costs which it is hoped will reassure many people by providing protection from high care costs if they have the more serious needs as they will only have to pay up to this amount and then the local authority will take over paying for their care. The cap will be set at £72,000 when it is introduced in April 2016. No costs paid before April 2016 will be counted towards the cap. Please note the cap will be updated annually in line with inflation.

Note: Calculation of the cap will only include those costs that relate to the eligible needs as assessed by the council, and will exclude any extra costs such as:

- Any extra costs if an individual chooses to opt for a more expensive care option.
- Any support that is not covered in the care and support package, such as cleaners and gardeners employed by the individual.
- A contribution to daily living costs if they are in a care home and if they can afford it. Daily living costs are the costs that a person would have to meet if they were living in their own home. The government has set this nationally at £12,000 per annum.

Also see Department of Health, Care Act factsheet 6: https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/366086/Factsheet_6_-_Funding_reform.pdf

Care Account

The local authority will set up a care account for everyone who has eligible needs whether they are being supported by the council not. The care account will show the total cost of meeting those needs over time. The account will also monitor how someone is progressing towards the costs of their cap. Your local authority will have to provide you with a statement of your care account every 6 months.

Contribute to costs of care

Some types of care and support are provided free of charge by your council, but often the local authority will charge a cost. Depending on a person's finances, a local authority may ask an individual to contribute towards the costs of their care (up to and including the full amount). A formula will be used to calculate how much each individual will have to contribute.

Also see Department of Health, Care Act fact sheet 2: https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/366082/Factsheet_2_-_Who_is_entitled_to_care_and_support.pdf

Daily living costs

If you are living in residential care, you will still be expected to cover the general living costs that you would have incurred if you were living in your own home if you can afford it. The government has set this at a maximum of £12,000 per year. All those that are assessed as able to afford their daily living costs will still be expected to cover the £12,000. It is important to note that the amount paid by individuals towards their living costs will not be included as part of the calculation contributed towards the cap. Living costs will have to be paid on top of the contributions made to the £72,000 cap.

Deferred payment

People who own their homes and who have to pay for their residential care may be entitled to a deferred payment agreement with their local authority. Not everyone will qualify for a deferred payment, a local authority will have to assess whether you qualify for one. If you qualify for your deferred payment your charges can then be delayed and repaid to the local authority at a later date. The deferred payment will be subject to interest and administration costs.

Also see Department of Health, Care Act fact sheet 2: https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/366082/Factsheet_2_-_Who_is_entitled_to_care_and_support.pdf

Eligible Care needs/ National Eligibility Criteria

When a local authority has carried out an assessment it must determine whether the person is eligible for care and support. The national minimum threshold for eligibility has been set out in regulations and will therefore be consistent across England. Determining eligible needs is important to work out whether the local authority must meet the adult's needs for care and support. The person will have eligible needs if they meet the following:

- they have care and support needs as a result of a physical or mental condition;
- because of those needs, they cannot achieve two or more of the outcomes specified;
- as a result, there is a significant impact on their wellbeing.

The outcomes are specified in the regulations, and include people's day-to-day outcomes such as dressing maintaining personal relationships, and working or going to school. Where the person has eligible needs, and wants the local authority's help to meet them, then the authority will discuss the person's care and support plan with them.

Also See Department of Health Care Act Fact sheet 3: https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/366083/Factsheet_3_-_Assessments_and_eligibility.pdf

Glossary of terms used in the flow chart

Independent Personal budget

If you are found to have eligible care needs but because of your financial situation you do not qualify for support and will therefore have to fund all your own care then the council must set up an Independent Personal Budget for you. The Independent Personal Budget is a statement that will set out how much the local authority would have paid for your eligible needs. The statement will track how much you are paying towards your £72,000 cap.

Information and Advice

Local authorities will need to provide comprehensive information and advice about care and support services in their local area. This will help people to understand how care and support services work locally, the care and funding options available, and how people can access care and support services in their areas. The Act sets out what information a council should provide including the following:

- The different types of care and support available – specialised dementia care, befriending services, reablement, personal assistance, residential care etc.
- The process local people will need to use to get the appropriate care and support that is available.
- How people can raise concerns about the safety or wellbeing of someone who has care and support needs.

Also see Department of health, Care Act fact sheet 1: https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/366080/Factsheet_1_-_General_responsibilities.pdf

Independent Financial Advice

In addition to providing information and advice regarding where to get care and support, local authorities will also have to provide information regarding where people can get independent financial advice about care and support and they must also help them access it. This is to help ensure that people have access to support to help them plan and prepare for their future costs of care.

Local authority rate

The local authority will only count those charges that are set at the notional rate that they would have paid had they organised your care to be counted as part of your personal budget or independent personal budget and care account. If you pay a higher rate for your eligible needs than the local authority's rate then you will have to meet the difference yourself.

Minimum income amount

In cases where the costs of care would reduce a person's income below a defined nationally set level, a local authority will pay some of the costs to make sure that the person is left with this minimum level of income. This is to ensure that people will still receive the care they need in cases where they have only modest resources.

Also see Department of health, Care Act fact sheet 2: https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/366082/Factsheet_2_-_Who_is_entitled_to_care_and_support.pdf

Over 65s

This step by step guide applies to those people needing care who are over 65. Working age people who did not turn 18 with a care need will have different financial threshold than those set out in this guide. The threshold for working age people will be consulted on in the coming weeks.

Personal budget

A personal budget is a statement that will be included in every care and support plan. A personal budget is a statement that sets out the cost to the local authority of meeting an adult's care needs. The personal budget will also include the amount that the adult must pay towards that cost themselves (on the basis of their financial assessment), as well as any amount that the local authority must pay. A person can request that a local authority gives them the contribution it is going to make as a direct payment. A direct payment is a payment of money from the local authority to either the person needing care and support, or to someone else acting on their behalf, to pay for the cost of arranging all or part of their own support. The local authority could make a direct payment instead of arranging or providing any services itself, if the adult asks them to do so. This ensures the adult can take full control over their own care.

Also see Department of Health, Care Act fact sheet 2: https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/366084/Factsheet_4_-_Care_and_support_planning.pdf

Qualifying relative for property disregard

The Care Act 2014 guidance defines the term "relative" for purposes of disregard of property This includes any of the following: parent (including an adoptive parent), parent in law, son including an adoptive son, son in law, daughter including and adoptive daughter, step parent, step son, step daughter, brother, sister, grandparent, grandchild, uncle, aunt, nephew, niece, the spouse.

See the Care and Support Statutory Guidance Annex B (pp.354, par. 34-37) https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/315993/Care-Act-Guidance.pdf