



Havering
LONDON BOROUGH

Adult Social Care and Support Planning Policy



Havering Council

Adult Social Care and Support Planning Policy

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Policy – Adult Social Care and Support Planning			
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1. Purpose

1.1 The purpose of this policy is to ensure:

- the tasks of adult social care assessment, care and support planning, and review are undertaken in a manner that is at all times compliant with the Council's duties under the Care Act 2014;
- equitable treatment and fairness in the provision of funded care and support;
- sufficient and appropriate regard is given to individual circumstances and personal preference, as well as the resources available to the Council, when determining the value of an individual's personal budget;
- adult social care and support is delivered with a focus on prevention, wellbeing and equity (not just the rationing of services to people deemed as eligible for them);
- assessments and care plans are integrated with healthcare services where the person has health and wellbeing as care and support needs

1.2 This policy does not describe a major change in approach – it clarifies the policy of the Council in relation to the Council's duties under the Care Act and the requirements on the Council to work effectively with healthcare agencies to deliver an integrated approach to assessment and care planning.

2. Scope

2.1 Havering Council is responsible for the delivery of care and support for adults ordinarily resident in the area, although the Council may under certain circumstances be additionally responsible for urgent non-resident cases and in cases where there is a cross border dispute with another authority. 'Adult' generally refers to individuals aged 18 or over. Individuals with eligible needs may include:

- older people 65 years of age and over
- people with a physical and/or sensory disability;
- people with a learning disability;
- people with a cognitive disability;
- people with a mental health problem;
- young people in transition;
- carers (including young carers).

3. Policy Statement

3.1 The Care Act 2014 has changed the way in which social care support is arranged and provided. The main focus of the Act is to promote wellbeing. The wellbeing principle underpins the whole of the Act and its associated regulations and guidance. However, the Act does not specify a set approach to determining wellbeing and as such the Council will consider each person's case on its own merits, having regard to what the person wants and needs and how the Council's actions will affect their wellbeing. The Council's starting assumption is that individuals are best-placed to determine the wellbeing outcomes they want for themselves, both within their own homes and as members of their local community.

- 3.2 It is critical to the vision of the Care Act to ensure the care and support system actively promotes wellbeing and independence. Interventions for people coming into the care and support system will help them retain or regain their skills and confidence to avoid deterioration and unnecessary dependence on long term care and/or support for as long as possible.
- 3.3 When all possible options for helping people avoid long term care and/or support have been exhausted the Council will promote their wellbeing through the provision of services to meet eligible needs. The Care Act requires councils to allocate resources for the purpose of meeting the individual's unmet eligible needs, (a need that is eligible for social care but where the individual is currently not receiving support for that need), through the provision of a personal budget, and these resources must be allocated in a manner that is timely, transparent, and sufficient.
- 3.4 In determining how to meet individual needs the Council will take into reasonable consideration its own finances and budgetary position, and must comply with its related public law duties. This includes the importance of ensuring that the funding available to the Council is sufficient to meet the needs of the entire local population. The Council will consider how to balance that requirement with the duty to meet the eligible needs of an individual in determining how (but not whether) an individual's needs should be met.
- 3.5 The Council will take decisions on a case-by-case basis that weigh up the total cost of different potential options for meeting needs, and include the cost as a relevant factor in deciding between suitable alternative options for meeting needs. This does not mean choosing the cheapest option; but the one that delivers the outcomes desired for the best value. The Council will impose no arbitrary ceiling on the value of personal budgets, nor will personal budgets be reduced in order to meet a defined level of expenditure.
- 3.6 In determining the value of an individual's personal budget, the Council will consider the circumstances of the individual and have regard for their views, wishes, feelings, and beliefs. Individual preference and circumstances, however, will not in and of themselves determine the personal budget value as the Council must balance its commitments and obligation to personalise care with the principle that financial constraints within public services are such that choice in funded care cannot be limitless.
- 3.7 The Council's aim is to enable individuals to take responsibility for organising and managing their need for personal social care or other support to the fullest extent possible given the circumstances of the individual.
- 3.8 Where a person has complex healthcare needs the Council will work together with healthcare services to ensure the individual assessment and care planning process is holistic and takes account of all the care and support the individual needs to improve and maintain their health and wellbeing to promote independence.
- 3.9 Risk is a part of everyday life and inherent in everything that we do. The identification and management of risk within the context of adult social services requires a balanced approach between what is seen as acceptable or unacceptable and recognising that the concept of risk will vary from person to person. There may however be occasions when the Council's usual positive approach to risk must be balanced with its duty to have proper arrangements in place to protect individuals who are potentially vulnerable to abuse or exploitation. This is especially important if an individual's circumstances change and decisions need to be made as a result by the individual or others acting in their best interests. Whilst individuals should as far as possible exercise their right to choose the support they need to achieve their desired outcomes, they must also understand the consequences of those choices and take responsibility for them.

4. Context

- 4.1 This policy should be viewed within the context of Havering's Joint Health and Well-Being Strategy.
- 4.2 This policy should also be read in conjunction with the London Borough of Havering Safeguarding Adults Local Protocol, the Council's Non-Residential Care Charging Policy and the Council's Customer Experience Strategy 2016 – 2022 which outlines the strategic vision to put customers at the heart of everything that the Council does.

5. General responsibilities and universal services

- 5.1 This section outlines the care and support functions that the Council will provide to all individuals that come into contact with the care and support system, regardless of whether they have needs assessed as eligible for Council support.

Promoting wellbeing

- 5.2 The Council will actively work to promote the wellbeing of the residents of Havering when assessing need, developing care and support plans, or undertaking reviews. The Council will consider how any actions it proposes may affect the individual in relation to:
- personal dignity (treating the individual with respect);
 - physical and mental health and emotional well-being;
 - protection from abuse and neglect;
 - control by the individual over day to day life (including over care and support);
 - participation in work, education, training and recreation;
 - social and economic well-being;
 - domestic, family and personal relationships;
 - suitability of living accommodation;
 - the individual's contribution to society.
- 5.3 How the Council promotes an individual's wellbeing will vary depending on the circumstances, needs, goals and wishes of the individual. It is likely that some aspects of wellbeing will be more relevant to one individual than another. The wellbeing principle is intended to incorporate the key principles of living independently and being included in the community as expressed in [Article 19 of UN Convention on Rights of People with Disabilities](#). The Council will facilitate independent living wherever possible and appropriate.

Preventing, reducing or delaying unmet eligible needs

- 5.4 The Council collaborates with its partners through the COMPACT Steering Committee and service providers to develop services, facilities and resources that help prevent, delay or reduce people's unmet eligible need for care and support. The COMPACT supports the implementation of Havering's Voluntary Sector Strategy aimed at strengthening the resilience of communities through support from an effective and sustainable voluntary and community sector. New Voluntary and Community Sector services are being commissioned that will focus on early help, early intervention, and prevention, to support Havering residents to live independent lives for as long as possible. A wide range of preventative services will continue to be available locally including but not limited to those which provide information and advice, those which support individuals to adopt more healthy behaviours and lifestyles, and those which provide housing-related support.

- 5.5 Regardless of whether the individual is ultimately assessed as having any unmet eligible needs or not, when an individual comes into contact with the care and support system, they will be proactively directed towards, and supported to access, preventative interventions and information and advice wherever this is appropriate and might help prevent, delay or reduce the development of their needs.
- 5.6 When the Council provides an individual with, or supports them to access a preventative intervention, the Council will provide the individual with information in relation to the services offered or measure undertaken.
- 5.7 The individual must agree to the provision of any preventative intervention or other step proposed by the Council. Where they refuse but continue to have unmet eligible needs for care and support, the Council will proceed to offer the individual an assessment.
- 5.8 The Council will always look to identify if reablement, (a short and intensive service designed to help people who have experienced deterioration in their health and/or have increased support needs to relearn the skills required to keep them safe and independent at home), is likely to be of benefit to an individual with unmet eligible care and support needs. Reablement is provided for up to 6 weeks free of charge. If a potential need for further care is identified during reablement eligibility for Council support will be evaluated under the Care Act eligibility criteria.
- 5.9 Carers play a significant role in preventing the care and support needs of the individual they care for from escalating. The Council seeks to support carers to avoid them developing care and support needs themselves and carer support is a specific element of the Council's Carers Strategy.

Information and advice

- 5.10 Information and advice are fundamental to promoting wellbeing and enabling people to take control of, and make well-informed decisions about their care and support and can also help prevent and delay people's need for care and support. Information and advice will be available and offered to people in need of care and support irrespective of whether they have been assessed as having unmet eligible needs.
- 5.11 The Council will make available to all individuals information and advice on care and support and carers through a variety of channels and formats, this includes, but is not exclusive to, face-to-face, telephone, online and printed media. Any information and advice which people access, or are provided with, will be:
- clear, comprehensive and impartial;
 - consistent, accurate and up-to-date;
 - given at an early or appropriate stage;
 - appropriate and proportionate;
 - provided in an appropriate format;
 - recorded within the appropriate section of the individual's needs assessment.
- 5.12 The Council has commissioned a service that provides information and advice to local residents about care and support. The vision for this service is: *"Supporting excellent outcomes for people of Havering by helping communities to help themselves and targeting resources and interventions to encourage independence"*. A holistic information and advice services is provided by Care Point, the website for Care Point can be found at www.haveringcarepoint.org. In addition a telephone and face to face service is provided by Family Mosaic.

6. Assessment and identifying unmet eligible needs

Assessment overview

- 6.1 Every case will be assessed individually and where a duty is established under [Section 18](#) of the Care Act 2014, arrangements will be made to meet assessed unmet eligible need.
- 6.2 If an individual or carer has unmet eligible care and support needs, an assessment will identify what support is required and whether the individual has an eligible need for Council support. The duty to offer or arrange an assessment applies regardless of any other concerns or queries, such as [ordinary residence](#).
- 6.3 The purpose of the assessment is to provide an appropriate and proportionate picture of the needs and outcomes that an adult wishes to achieve in their day-to-day life, whether or not those needs are eligible for care and support from the Council, and how provision of care and support may assist the adult in achieving their desired outcomes.
- 6.4 An assessment is a service in its own right, even if no other services or support are being provided to an individual.
- 6.5 Undertaking an assessment is not a commitment by the Council to provide or arrange adult social care services, but is a means of collecting the information required to make a decision as to what support an individual does require and whether they are eligible for support through the Council.
- 6.6 The assessment process takes the individual from initial contact through to supported self- assessment or face-to-face assessment, support planning and review. The assessment informs eligibility determination and the allocation of resources to meet unmet eligible unmet needs

Principles of assessment

- 6.7 In line with the Care Act, any assessment will abide by the following principles:

1. Assessments must be appropriate

Assessments must be carried out in a manner that has regard to the individual's situation, preferences and outcomes.

2. Assessments must be proportionate

Assessments should only be as intrusive as necessary to establish an accurate picture of the unmet eligible needs of the individual. This involves hearing and understanding the initial presenting problem, not taking this at face value and ensuring underlying needs are explored and understood.

3. Assessments must be person-centred

The individual must be at the centre of the assessment process as the expert in their own life. Assessments should be collaborative, with the individual involved in the process as possible or as much as they wish.

4. Assessments should use a strengths-based approach

Assessments should identify the strengths the individual has which could be mobilised to help them achieve their outcomes. A strengths-based approach recognises personal, family and community resources that individuals can make use of.

5. Assessments should use a ‘whole family’ approach

Assessments must take a holistic view of the person’s needs in the context of their wider support network. This includes consideration of both how the adult, their support network, and the wider community can contribute towards meeting the outcomes they want to achieve, and whether or how the adult’s needs for care and support impact on family members or others in their support network. Where a young carer is identified, the practitioner must make a referral for a young carer’s assessment.

6. Assessments are a key element of the prevention approach

Assessments must consider whether the individual would benefit from available preventative interventions. Assessments can include a pause while the person receives such services.

7. Assessments should be outcomes-focused

Assessments should explore what the individual wants to achieve and how this might be done.

The supported self-assessment process

- 6.8 Supported self-assessment is an assessment led by the individual with appropriate help from a family member, friend, carer or advocate, and supported by the Council as required. The objective is to place the individual in control of the assessment process and enable them to lead as fully in the process as they wish to.
- 6.9 The Council will offer supported self-assessment as a form of assessment at the initial point of contact if the adult or carer is willing, able and has the capacity to undertake such an assessment. If the individual does not wish, or is unable to self-assess, then a face-to-face assessment will be undertaken.
- 6.10 As required by the Care Act, the Council will assure itself that the self-assessment is a complete and accurate reflection of the individual’s needs.
- where possible, the process of verifying and obtaining supplementary information will not repeat the self-assessment process. However, where the supported self-assessment is incomplete or inaccurate, it may be necessary to repeat part or all of the assessment;
 - providing the individual gives their consent, the practitioner may consider it useful to seek the views of those who are in regular contact with the individual, such as their carer(s) or other appropriate people from their support network, and any professional involved in providing care (e.g. GP, district nurse, housing support officer).

- 6.11 The assessment process is flexible and can be adapted to best fit with the person's needs, wishes and goals. Where appropriate, the Council's preferred option is a supported self- assessment, however, individuals are not obliged to undertake a supported self-assessment and may prefer to be assessed by the Council using another format for example, a face to face assessment or joint assessment.
- 6.12 A case study illustrating good practice in completion of supported self-assessments may be found [here](#).

The face-to-face assessment process

- 6.13 An assessment should commence within a reasonable time of receiving the referral or initial contact. Individuals will be informed of indicative timescales over which the assessment will be conducted and be kept informed throughout the assessment process.
- 6.14 The assessor will work with the individual to establish clear expectations at the assessment or review stage regarding the purpose of the assessment.

Fluctuating unmet eligible needs

- 6.15 In establishing unmet eligible needs, the Council will consider the individual's care and support history over a suitable period of time to take account of potential fluctuation of needs.
- 6.16 Fluctuating unmet eligible needs refers to needs which may not be apparent at the time of assessment, but have been an issue in the past and are likely to arise again in the future. Care needs over a suitable period of time will be fully explored to establish as complete a picture of the range of fluctuation as possible.

Example – Assessment of Fluctuating Needs

Miss S's assessment identified that she has Multiple Sclerosis and requires a frame or wheelchair for mobility. She suffers badly with fatigue, but for the majority of the time she feels able to cope with daily life with a small amount of care and support. However, during relapses she has been unable to sit up, walk or transfer, has lost the use of an arm or lost her vision completely. This can last for a few weeks, and happens two to three times a year.

Assessments for carers

- 6.17 Carers can be eligible for support in their own right where support is required to help them maintain their caring role or when the caring role is having a significant impact on their wellbeing. A carer's assessment may be undertaken individually or in combination with the assessment of the individual needing care and support, where both the individual and carer agree to this. The outcomes against which eligibility for support for carers is assessed are detailed more fully at Appendix 3.
- 6.18 If it is identified that carers may benefit from services, or if requested, a separate carer's assessment will be completed to specifically determine the extent to which they may have their own eligible unmet needs. Carers are entitled to an assessment even if the service user does not agree to undertake an assessment of their own need.

Safeguarding

- 6.19 Where the Council has reasonable cause to suspect that a person who has a need for care and support (regardless of whether or not the Council is meeting those needs) is experiencing or is at risk of abuse or neglect and as a result of those needs is unable to protect themselves against abuse or neglect or risk of it, the Council must make whatever enquiries it considers necessary to decide what further action, if any, should be taken. Further information regarding local adult safeguarding processes may be found in the London Borough of Havering Safeguarding Adults Local Protocol (Supplement to the London Safeguarding Adults Policy & Procedures). This Protocol can be found through the link below:

<https://www3.havering.gov.uk/Documents/Adults-and-older-people/Safeguarding/Safeguarding-Adults-Protocol.pdf>

- 6.20 Where the adult is newly in contact with the Council and a needs assessment is underway but not yet complete, the Council will continue to carry out a needs assessment and determine whether they have eligible needs, and if so, how these will be met. The assessment for care and support will run parallel to the safeguarding enquiry and the enquiry will not disrupt the assessment process or prevent the Council from meeting unmet eligible needs.

Advocacy and participation support

- 6.21 The Council must be confident at all times that the individual is able, or is fully supported, to be involved as far as possible in the assessment process. The Council will make any reasonable adjustments to the assessment process required to enable an individual to be fully involved. An appropriate person or independent advocate will be engaged if the individual still has substantial difficulty in any of the following areas:

- Understanding relevant information
- Retaining information
- Using or weighing the information as part of engaging
- Communicating views, wishes and feelings

Assessing capacity

- 6.22 It must be assumed that an individual has mental capacity unless it has been established that they lack capacity. The practitioner will establish that the individual has the mental capacity to understand and be involved with the assessment by checking they understand the questions being asked, are capable of retaining and weighing the relevant information, understand the implications on their personal circumstances of the overall process and have the capacity to express their wishes and feelings.
- 6.23 Where an individual appears to lack the capacity to assess their own support needs, an assessment under the Mental Capacity Act (MCA) 2005 will be undertaken.

What happens after the assessment?

- 6.24 The practitioner will ensure the individual and those involved are in agreement with the content of the assessment. If agreement is not feasible, the assessment should reflect what is not agreed and what the relevant positions of those involved is on those disputed issues.

- 6.25 The individual will be provided with a written copy of their assessment. The assessment may also be shared with anyone else the individual requests it to be shared with. The Council will usually seek written consent from the individual to share their information, and consent may be sought more than once, depending on the nature of the information that is to be shared.
- 6.26 Where an independent advocate is involved in supporting the individual, the practitioner will keep the advocate informed so they can support the adult to understand the outcome of the assessment and its implications.

Refusal of assessment

- 6.27 The Council is not required to carry out an assessment where an individual with possible unmet eligible care and support needs or a carer feels they do not need care or do not want local authority support, unless, there is evidence to suggest that the individual concerned lacks the mental capacity to make this decision or is a vulnerable adult (i.e. (i) under constraint, (ii) subject to coercion or undue influence or (iii) some other reason preventing them from expressing real and genuine consent). Where this situation arises the practitioner must consult with Legal Services to seek advice on what legal remedies and powers are available.

Urgent unmet eligible need

- 6.28 The Care Act permits the Council to meet unmet eligible needs which appear to be urgent, without having first conducted a needs assessment, financial assessment or eligibility criteria determination. The Council will respond to urgent unmet eligible need wherever possible by undertaking an assessment, but in some urgent situations will proceed to meet unmet eligible need in order to provide a safe environment for the individual at risk.
- 6.29 The Council may meet urgent unmet eligible needs regardless of whether the adult is ordinarily resident in its area.
- 6.30 The Council's duty to meet unmet eligible needs will also arise when urgent needs arise as a result of service failure of a provider, including services that are not registered or regulated by the Care Quality Commission (i.e. day services, personal assistants).

Care and Support plan reviews

- 6.31 The Council has a statutory duty to carry out a regular and proportionate re-assessment or review of each individual's care and support plan. Reviews are undertaken using the same principles, processes, and criteria as those described above for the initial assessment. The review will be used to ensure that needs are being met and that support is appropriate. Frequency of reviews will be agreed and included in the support plan, but may be undertaken more frequently as needed. Individuals and carers are entitled to request a review of their overall situation in the interim if their circumstances change.
- 6.32 Where no care and support plan was agreed for an individual with eligible needs, e.g. where their eligible needs were being met by a carer at the time of the initial or previous assessment, the Council continues to have a statutory duty to carry out regular and proportionate reviews to make sure the individual's eligible care needs continue to be met. The frequency of these reviews will be appropriate to the individual's needs and circumstances.

Transitions to adulthood

- 6.33 Effective person-centred transition planning is essential to help young people and their families prepare for adulthood. The Care Act identifies three particular groups in relation to transitions - young people approaching adulthood, carers of those young people, and young carers approaching adulthood. The Council must undertake a transition assessment of anyone in the three groups when there is significant benefit to the young person or carer in doing so by considering the circumstances of the young person or carer and whether it is an appropriate time to undertake the assessment as they prepare for adulthood.
- 6.34 A young person in this context is defined as an individual in their teenage years who will most likely be preparing for their adult life, although it can refer to anyone under the age of 18 years. A transition assessment is required for any young person who is likely to have a need for adult care and support after turning 18. The young person may already be receiving children's services, but not necessarily so.

7. Determining eligibility

The national eligibility criteria

- 7.1 The Care and Support (Eligibility Criteria) Regulations 2015 made pursuant to the Care Act 2014 sets out the eligibility criteria for provision of care and support. The eligibility criteria introduce a minimum eligible threshold establishing what level of needs must be met by local authorities.
- 7.2 The final decision on eligibility sits with the Council, regardless of the assessment type used. Following an assessment, the Council will determine whether the person is eligible for care and support, by applying the national threshold as outlined below:

National eligibility criteria for adults with unmet eligible care and support needs

An adult's needs meet the eligibility criteria if:

- a. The **adult's needs arises from, or are related to, a physical or mental impairment or illness** (includes conditions such as physical, mental, sensory, learning or cognitive disabilities or illness and brain injuries)

PLUS

- b. As a result of the adult's needs, the adult is **unable to achieve two or more of the outcomes** specified (see Appendix 2)

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- c. As a consequence there is, or is likely to be, **a significant impact on the adult's wellbeing**

An adult's needs are only eligible when they meet all three of the conditions (a-c) above

- 7.3 In relation to 'c' above, the term 'significant' may only be understood to have its everyday meaning as it is not further defined within the Care Act, because the circumstances which create a significant impact on the wellbeing of one individual may not have the same effect on another, and the cumulative effect of the impact on a number of areas of wellbeing may have a significant impact on the individual's overall wellbeing. Making the eligibility determination, therefore, requires professional judgement of how the person's wellbeing is affected as a result of their needs on a case by case basis.
- 7.4 Determining eligibility for Council support may be undertaken at various stages of the assessment process depending on the individual's needs and will involve evaluation of all available assessment information.
- 7.5 In order to ensure that care and support services are delivered in a fair, equitable and transparent way, the Council will apply the national eligibility criteria to each individual to determine whether they are eligible for adult social care services.
- 7.6 The length of time required to complete the assessment will depend on the level and complexity of individual need in each case. The eligibility decision, however, will be made within an appropriate and reasonable time of the assessment being completed.
- 7.7 Individuals with unmet eligible needs who are offered a reablement service may receive a subsequent assessment that may establish that they no longer have unmet eligible needs.
- 7.8 The outcomes against which eligibility must be assessed are detailed more fully at Appendix 2.

What happens if someone does meet the national criteria?

- 7.9 When it is clear to the assessor that the individual's needs are above the national eligibility threshold they will be offered help to find options to meet their assessed unmet eligible needs. The level of funding they may receive will be determined by the completion of a financial assessment. Further information about Financial Assessments can be found on the Adult Services pages of the Council's website: www.havering.gov.uk

What happens if someone does not meet the national criteria?

- 7.10 Individuals who do not satisfy the eligibility criteria requirements should be signposted to locally available universal services. Information about locally available services can be found on the Care Point website: www.haveringcarepoint.org .
- 7.11 Where following the assessment it is determined by the Council that it is not required to meet the individual's needs, the individual will be provided with a written explanation for this determination.
- 7.12 The Council may at its discretion choose to meet needs that do not meet the eligibility criteria. When doing so, the Council would also normally achieve this via signposting to universally available preventative services.

8. Care and support planning

- 8.1 Individuals will receive a care and support plan for the needs the Council is required to meet. The plan will set out how needs are to be met and will be regularly reviewed to determine progress against expected outcomes.
- 8.2 The plan will be both person-centred and person-led, and the Council will take all reasonable steps to involve and agree the plan with the person the plan is intended for, the carer (if there is one), and any other person requested by the individual to be involved.
- 8.3 The care and support plan must contain the following elements:
- the needs identified by the assessment;
 - whether, and to what extent, the needs meet the eligibility criteria;
 - the needs that the authority is going to meet, and how it intends to do so;
 - the outcomes which agreed care and support are designed to achieve;
 - for a carer, the outcomes the carer wishes to achieve, and their wishes around providing care, work, education, and recreation where support could be relevant
 - the personal budget value (see Section 9 below);
 - information and advice on what can be done to reduce the needs in question, and to prevent or delay the development of needs in the future;
 - where needs are being met via a direct payment, the needs to be met via the direct payment and the amount and frequency of the payments.
- 8.4 The Council will give a copy of the care and support plan to the person for whom the plan is intended, any other person they request to receive a copy and their independent advocate if they have one.

9. Allocating funding to unmet eligible needs (personal budget)

Overview

- 9.1 Everyone whose needs are met by the Council, whether those needs are eligible or if the Council has chosen to meet other needs, will receive a personal budget.
- 9.2 The personal budget gives the individual clear information regarding the money that has been allocated to meet needs identified in the assessment. Whilst the assessment identifies all eligible needs, the Council is only required to provide support for assessed eligible needs that are not already being met. So, for instance, the Council is not required to meet any eligible needs which are being met by a carer (even though those needs have been recognised and recorded as eligible during the assessment process), though if there is a subsequent breakdown in the caring relationship, needs which have already been identified as eligible will then be met by the Council through the personal budget.
- 9.3 The personal budget will be an amount sufficient to meet the individual's identified unmet eligible care and support needs and will be broken down into:
- the amount the individual must pay (established following a financial assessment if unmet eligible needs are to be met through services which are charged for), and;
 - the amount the Council will pay.

The indicative budget

- 9.4 Following assessment, an indicative budget will give the individual an early estimate of how much money it is likely to cost to get the support required to meet their unmet eligible needs. The indicative budget value will be represented as a weekly cost of care.
- 9.5 The indicative budget will be shared with the individual at the start of support planning to allow them to make informed and appropriate decisions about how their unmet eligible needs are met. The individual must be made aware that the value of their indicative budget may decrease or increase depending on decisions made during development of the support plan. The final value of the individual's personal budget will be further affected when determining the actual cost of meeting the individual's needs with the Council's providers of care and support services, which may be higher or lower than average for a variety of reasons, (i.e. complexity of individual need, service user location, variations in the supply of and demand for different service types).

The personal budget

- 9.6 The final, actual allocation (the personal budget) is agreed as part of the care and support planning process. When establishing the value of the personal budget, the Council is required to consider the cost of local quality provision to ensure that the personal budget reflects local market conditions and that care appropriate to the individual's needs can be obtained for the amount specified in the budget. To confirm the value, the practitioner must refer the individual's care and support plan via their senior practitioner or relevant funding panel to the Council's Brokerage Team. The Brokerage Team will 'market test' the cost of meeting the needs detailed in the care and support plan and confirm the final value of the personal budget for the practitioner, who will then share this information with the individual. In certain circumstances the personal budget may be substantially different to the estimated amount in the indicative budget.
- 9.7 If the individual has capital or savings above £23,250, or if the value that they are assessed as having to pay following a financial assessment exceeds their personal budget, then the individual will not receive any funding from the Council.
- 9.8 If the individual or a third-party on their behalf is making a top-up payment in order to secure the care and support of their choice the top-up payment will not form part of the personal budget as the budget must reflect the costs to the Council of meeting the needs.
- 9.9 The support provided by a carer does not affect the eligibility determination for an individual with care and support needs. An assessment of the cared for person's eligible unmet need and the subsequent determination of the individual's personal budget value will however reflect the contribution made by carers in meeting the individual's needs.
- 9.10 Costs for reablement and intermediate care will not be included in the personal budget.
- 9.11 Further details about the financial assessment process may be found in the 'Paying for Care' section of the Care Point website:

www.haveringcarepoint.org/paying-for-care

Use of the personal budget

- 9.12 In normal circumstances the individual can choose how their personal budget is used. This may be through one (or a combination of), the following ways:

	Ways a personal budget can be used
The Council's first offer	A direct payment (For more information, please refer to the Care Point website).
If the person does not want a direct payment	A managed account held by a third party (known also as an Individual Service Fund or an ISF)
If the person does not want a direct payment or an ISF	A managed account held by the Council, with support required to meet unmet eligible need arranged by the Council

- 9.13 The manner in which the personal budget is used will be recorded within the care and support plan, and will be kept under review to ensure needs continue to be met. If an individual's unmet eligible needs change, a review of their needs will be undertaken and a new revised personal budget allocated as required.

Care and support arranged by the Council

- 9.14 In cases where an individual takes their personal budget as a managed account held by the Council, the care and support required to meet the needs outlined in the care and support plan (including any amendments to the package of care) must be arranged via the Council's Service Brokerage Team or Commissioner, rather than directly by practitioners themselves. This is done to:
- enable the Council to comply with its duty under the Care Act to ensure a sufficient and diverse supply of high quality care and support services;
 - ensure best value in the cost of externally provided care and support;
 - ensure consistency in the personal budget value calculation process.

Direct payments and third party managed accounts

- 9.15 The Council will offer direct payments to all individuals in receipt of a personal budget in the first instance so that she/he can purchase services that they are eligible to receive, unless the individual falls into one of the following categories:
- offenders on a community order, suspended sentence, or released from prison on license;
 - people with a drug or alcohol dependency who are subject to community treatment orders;
 - people who are receiving care and support from their spouse or partner or another family member living at the same address (it may be possible in some cases to allow this by authorisation of a Service Manager);
 - there may be other circumstances in which it would be inappropriate to offer a direct payment, e.g. where there are concerns about the use of funds.
- 9.16 Payments can be made as single payments for a specific event or item or 'ongoing' for needs over a short or long period of time. People can have all or part of their needs met via direct payments, with the Council arranging the remainder as a 'mixed package' of care.
- 9.17 A request for needs to be met via a direct payment does not mean that there is no limit on the amount attributed to the personal budget. There may be cases where it is more appropriate to meet needs via care and support services purchased by the Council, rather than by making a direct payment. For instance, this may be the case where there is no local market for the particular type of care and support that the

person wishes to use the direct payment for, except for services provided by the Council. It may also be the case where the costs of an alternate provider arranged via a direct payment would be more than the Council would be able to arrange the same support for, whilst achieving the same outcomes for the individual.

- 9.18 Where an individual has a third party managed account or support to facilitate administration of a direct payment, the additional charge for this will be included as part of the direct payment amount. The Council may also at its discretion pay someone (i.e. family or other household member) to provide administration and management support or services to a direct payment recipient, which may be appropriate in cases where the personal budget value is exceptionally high.
- 9.19 If it is necessary for a person lacking mental capacity a best interest decision making process will be used to determine whether the direct payment recipient should pay someone to provide administration and management support or services to them. This best interest decision will be reviewed at the individual's annual review
- 9.20 The direct payment recipient must agree to use the money only to secure services to meet their eligible needs and outcomes as determined by assessment and set out in their care and support plan. The Council, once satisfied that the person's assessed eligible needs will be met through the arrangements he or she makes using the direct payment, still retains a duty to ensure eligible needs are met.
- 9.21 The ability to meet needs by taking a direct payment will be clearly explained to the individual in a way that works best for them, so that they can make an informed decision about the level of choice and control they wish to take over their care and support.
- 9.22 The Council may from time to time undertake audits of direct payment arrangements to ensure compliance with this and other relevant Council policy.
- 9.23 For more information about Direct Payments please refer to the Council's Direct Payments Procedure & Guidance 2016.

10. Meeting eligible unmet needs

Ways of meeting unmet eligible needs

- 10.1 Personal budgets enable creative approaches to be taken to meet an individual's unmet need and also reduce reliance on traditional services (e.g. use of personal assistants). The Council promotes wellbeing through a range of interventions, including preventative services and community resources, as well as through more formal support such as care services and services designed to support independent living and reablement.
- 10.2 The Council will ensure that other sources of funding (i.e. benefit entitlements) and support are always explored before the allocation of a personal budget.
- 10.3 Where unmet eligible needs are capable of being met in two or more ways, the Council will favour the most cost effective given the circumstances of the individual and with regard for their personal preferences
- 10.4 The Council will take decisions on a case-by-case basis which weigh up the total costs of different potential options for meeting needs, and include the cost as a relevant factor in deciding between suitable alternative options for meeting needs. This does not mean choosing the cheapest option; but the one which delivers the outcomes desired for the best value. This may mean that in some cases, the Council

sets a personal budget which is lower than the cost of the option that a service user prefers, but in each case, the Council will carefully consider the individual's circumstances and their views, wishes and feelings before reaching a decision.

- 10.5 The Council will ensure that a person's entitlement to a personal budget is reviewed regularly to ensure that he/she is still eligible and that his/her outcomes are being met in the most cost-effective way. The Council recognises that the unmet eligible needs of individuals may both increase and decrease over time, and the packages of care being received by individuals are adjusted accordingly in line with these changes, which may include a change in the location and/or type of care provided.
- 10.6 The Council will ensure that at least one option is available and affordable within an individual's personal budget, and will try to ensure that there is more than one where possible.

Community services

- 10.7 Support to access community facilities will focus on developing independence and skills, training, paid work and volunteering opportunities unless the individual's assessment indicates that he/she would be unable to benefit from such services. The individual's care and support plan should specify the expected length of time required to achieve the desired outcome, and be reviewed at the end of the time period to determine if the need has been met or if the service is still required.
- 10.8 In cases where transport has been assessed as an unmet eligible need which cannot be met without support from the Council, the cost of getting individuals to and from a day service will be taken into account when determining the most cost effective means of providing day care for a service user. The method of transport should be appropriate to meeting the needs of the service user, be sustainable and represent value for money. This includes where appropriate assisting the service user in accessing public transport, and supporting individuals to increase their ability to travel independently.

Independent living

- 10.9 Where appropriate, individuals will be assessed and supported to apply for a Disabled Facilities Grant (DFG), or other Local Authority funding, where available, which may fund adaptations in owner occupied homes and in homes rented from a private landlord or registered provider of social housing (housing association). Adaptations are also available in homes rented from the council. An individual's unmet eligible needs will be reviewed on completion of the adaptation and the personal budget may be revised accordingly.
- 10.10 The Council is committed to the use of telecare solutions (e.g. alarms, monitors) as a means of promoting independence, keeping people safe, and preventing/ delaying the escalation of need for more intensive levels of care and support. The option of using technology as a means of meeting the unmet eligible needs of people living in their own home will be routinely considered as part of the care and support planning process.
- 10.11 There may be times when the Council cannot safely meet a person's needs in the current home. If there are very significant risks it may be that an alternative placement is the most appropriate way to meet that need. If appropriate, the Council will seek lawful authorisation from the Court of Protection where the Council believes it is in the best interests of the individual to be cared for in an alternative setting.

Housing with care

- 10.12 'Housing with care' (i.e. extra care, supported living) is a service model associated with a range of positive benefits, including:
- slower deterioration in functional ability when compared with people living in traditional care homes, and in particular, a lower incidence of falls;
 - less usage of health services, including fewer nursing consultations and hospital inpatient;
 - good quality of life and social wellbeing, including reduced social isolation and loneliness.
- 10.13 To ensure the Council complies with its duty under the Care Act to prevent and delay the development of need for care and support, and to promote independent living, the Council has adopted 'housing with care' as its preferred alternative to a care home in circumstances where an individual's unmet eligible needs can no longer be safely met in their current home.

Residential and nursing care

- 10.14 People living in 24-hour funded care should receive appropriate daytime activity, stimulation and access to community facilities as part of that 24-hour care.
- 10.15 As outlined in the Care and Support (Choice of Accommodation) Regulations 2014, where the Council is responsible for meeting an individual's care and support needs and their needs are assessed as requiring a particular type of accommodation, the individual has the right to choose between different providers of that type of accommodation as long as the preferred accommodation would not cost the authority more than it would usually expect to pay for care of this type.
- 10.16 If an individual prefers to move to accommodation which is more expensive than the Council would normally expect to pay, this would be agreed provided that a third party (or in certain circumstances, the service user) agrees to pay the difference between the Council's usual price and the actual cost of accommodation.
- 10.17 Should the third party payments cease or self-funder's assets drop below the £23,250 capital limit, there is no obligation on the Council to continue to maintain the resident in the more expensive accommodation and this will be made clear to all parties, including the care home service provider, from the outset.
- 10.18 Instances may arise where individuals, particularly those ready to be discharged from hospital, insist they will only accept a placement in a chosen care home. If a place is available in the preferred home, the individual can exercise their right to choose. If a place in the preferred home is not available, the individual will be required to choose an available alternative. The Council works in partnership with the Barking, Redbridge, and Havering University Trust to ensure timely discharges from hospital that meet individual needs, patients may not remain in hospital when they are fit for discharge to wait for a placement in a preferred home when a suitable alternative is available.

Services for carers

- 10.19 Services provided primarily for carers will be separately identified from any provision for the cared for person via a carer's assessment and carer's personal budget.
- 10.20 The Council commissions a range of services to meet eligible needs that support carer's health and wellbeing and enable them to continue in their caring role.
- 10.21 When assessing and meeting the unmet eligible needs of carers and individuals with care and support needs, the Council will adopt a "whole family" approach, which aims to respond to the needs of both the individual and carer equally.
- 10.22 The Care Act specifies that a carer's need for support can be met by providing care to the person they care for. Where a service is provided directly to the adult needing care, even though it is to meet the carer's eligible unmet needs (e.g. replacement care), the adult will be liable to pay any charge. It is important that the adult with needs agrees to receive that type of care and any subsequent charge.

Support and services not normally covered by personal budgets

- 10.23 Where an individual chooses to use their personal budget as a managed account held by the Council with support required to meet unmet eligible need arranged by the Council, the following services and/or activities would not normally be included within the individual's personal budget allocation:
- The Council would not usually expect to pay for leisure activities as these should mostly be met from the individual's income or benefit in the first instance;
 - Veterinary bills and costs for securing the property would not usually be paid by the Council. However, where the Council does incur costs for these as there are no other options available, the Council will look to recover the costs from the individual;
 - Costs for transport to an activity or service should usually be met by usage of Disability Living Allowance, Personal Independence Payments, Attendance Allowance or other sources of income of the individual. Freedom pass, taxi cards and other forms of support for transport to/from activities will also be considered. The Council would not expect to pay for transport to an activity or service unless it is established as a clear unmet need for individuals with assessed eligible needs and there are no alternative ways for the needs to be met;
 - The Council does not have responsibility for provision of NHS services such as patient transport.

Jointly funded care

- 10.24 Where an individual is in receipt of a care package that is jointly funded by the Council and an NHS Clinical Commissioning Group, the policy of the organisation funding the greatest share of the care package cost will usually have precedence in guiding the care planning process. Where the Council is the 'lead' funder for a jointly funded package of care, practitioners should also have regard for the care planning policy of the co-funding organisation.

11. Appeals/ disputes

- 11.1 The Council will take all reasonable steps to limit appeals or disputes regarding assessments, support planning, reviews and personal budget allocation, including:
- effective care and support planning
 - transparency in the personal budget allocation process
 - informing people in advance of the timescales that are likely to be involved in different stages of the adult social care business process
 - keeping people informed as to how their own case is progressing
 - providing adult social care services in a manner that is compliant with the Council's Customer Service Standards.
- 11.2 The Care Act enables regulations to be produced for permitting appeals against a number of adult social care decisions including personal budget setting. These regulations have not yet been produced, but when they have been the Council will put in place suitable arrangements for these appeals to be determined.
- 11.3 For individuals who lack mental capacity to make certain decisions the Council, the individual, family members and/or their representative can make an application to the Court of Protection to ask the Court to make a number of declarations and decisions. If there is a dispute about the personal budget setting it is possible for the Court of protection to be asked to make a best interests decision (e.g. to decide on the type and level of the care package). Further information on the Court of Protection can be found here:
- www.gov.uk/courts-tribunals/court-of-protection
- 11.4 Individuals who remain dissatisfied with the Council's decision will be referred to the Council's complaints procedure and, ultimately, the Local Government Ombudsman. Further detail regarding the Council's complaints procedure can be found here:
- www.havering.gov.uk/info/20047/consultations_complaints_and_feedback/208/complaints

12. Governance

- 12.1 The Council's nominated Director of Adult Social Services (DASS) is the lead officer accountable for ensuring that local adult social care practice is undertaken in a manner that is at all times compliant with this policy, and will ensure appropriate and effective measures are in place for monitoring the services' performance against the standards and terms outlined within the policy so as to provide adequate assurance to the Council's Corporate Management Team. This includes provision of leadership, adequate staff training and supervision, development of any further practice guidance or procedures required, and production/ dissemination of any financial or activity-based management information.
- 12.2 This policy will be reviewed at least biennially. Authority to make any minor amendments to the policy is delegated to the Council's nominated Director of Adult Social Services, following consultation with the Cabinet Member for Adult Care.

APPENDIX 1

Appendix 1: Legislation and Statutory Guidance

1. Relevant legislation and statutory guidance

- 1.1 Care Act 2014 www.legislation.gov.uk/ukpga/2014/23/contents/enacted
- 1.2 Care Act Statutory Guidance (2016 update)
<https://www.gov.uk/guidance/care-and-support-statutory-guidance>
- 1.3 Children Act 1989 www.legislation.gov.uk/ukpga/1989/41/contents
- 1.4 Children and Families Act 2014
www.legislation.gov.uk/ukpga/2014/6/contents/enacted
- 1.5 Data protection Act 1998 www.legislation.gov.uk/ukpga/1998/29/contents
- 1.6 Disabled persons (Employment) Act 1944 www.legislation.gov.uk/ukpga/Geo6/7-8/10
- 1.7 Freedom of Information Act 2000 www.legislation.gov.uk/ukpga/2000/36/contents
- 1.8 Health and Social Care Act 2012
[/www.legislation.gov.uk/ukpga/2012/7/contents/enacted](http://www.legislation.gov.uk/ukpga/2012/7/contents/enacted)
- 1.9 Mental Capacity Act 2005 www.legislation.gov.uk/ukpga/2005/9/contents
- 1.10 Mental Health Act 1983 [/www.legislation.gov.uk/ukpga/1983/20/contents](http://www.legislation.gov.uk/ukpga/1983/20/contents)
- 1.11 The Care and Support (Charging and Assessment of Resources) Regulations 2014
http://www.legislation.gov.uk/uksi/2014/2672/pdfs/uksi_20142672_en.pdf

APPENDIX 2

Appendix 2: Specified outcomes for eligibility

For **adults with unmet eligible care and support needs**, the specified outcomes referred to in the national eligibility criteria, of which 2 or more must be unable to be achieved, are as follows:

Specified outcome	Examples of how the Council should consider each outcome (<i>not an exhaustive list</i>)
(a) Managing and maintaining nutrition	Does the adult have access to food & drink? Is the adult able to prepare and consume their food and drink?
(b) Maintaining personal hygiene	Is the adult able to bathe/wash themselves? Can they launder their clothes?
(c) Managing toilet needs	Can the adult access the toilet unaided? Can they manage their toilet needs?
(d) Being appropriately clothed	Can they dress themselves & be appropriately dressed? Are they able to dress appropriately for different weather conditions?
(e) Being able to make use of their home safely	Can the adult access their property & move around their home safely? E.g. are there steps up to property, can they use kitchen facilities, access the bathroom? Fire safety risks?
(f) Maintaining a habitable home environment	Is the home sufficiently clean and maintained to be safe? Do they need support to sustain their occupancy & maintain amenities such as water, electricity & gas?
(g) Developing or maintaining family or personal relationships	Is the adult lonely or isolated? Do their needs prevent them maintaining/developing personal relationships?
(h) Accessing and engaging in work training education or volunteering	Does the adult have the opportunity to apply themselves & contribute to society through work, training, education or volunteering? Can they physically access facility/support to participate?
(i) Making use of necessary facilities/services in the local community including public transport and recreational facilities or services.	Can they get around their community safely & use facilities such as public transport, shops or recreational facilities? Is support needed to attend healthcare appointments? (Note the Council is not responsible for provision of NHS services such as patient transport).
(i) Carrying out any caring responsibilities the adult has for a child.	Does the adult have any parenting or caring responsibilities?

An adult is to be regarded as being unable to achieve an outcome if the adult is:

- unable to achieve it without assistance;
- able to achieve it without assistance but doing so causes the adult significant pain, distress or anxiety;
- able to achieve it without assistance but doing so endangers or is likely to endanger the health or safety of the adult, or of others; or,
- able to achieve it without assistance but takes significantly longer than would normally be expected.

Appendix 3: Specified circumstances for carers eligibility

- 1.1 For Carers the specific circumstances referred to in the national eligibility criteria for carers are as follows.
- 1.2 The carer's physical or mental health is, or is at risk of, deteriorating.
- 1.3 The carer is unable to achieve any of the following outcomes:
 - carrying out any caring responsibilities the carer has for a child;
 - providing care to other persons for whom the carer provides care;
 - maintaining a habitable home environment in the carer's home (whether or not this is also the home of the adult needing care);
 - managing and maintaining nutrition;
 - developing and maintaining family or other personal relationships;
 - engaging in work, training, education or volunteering;
 - making use of necessary facilities or services in the local community, including recreational facilities or services; and,
 - engaging in recreational activities.
- 1.4 A carer is to be regarded as being unable to achieve an outcome if the carer is:
 - unable to achieve it without assistance;
 - able to achieve it without assistance but doing so causes the carer significant pain, distress or anxiety; or
 - able to achieve it without assistance but doing so endangers or is likely to endanger the health or safety of the carer, or of others.

Glossary

Term	Definition
The wellbeing principle.	<p>The guiding principle in the Care Act 2014 that puts wellbeing at the heart of care and support. Wellbeing in the Act relates to:</p> <ul style="list-style-type: none"> • personal dignity (including treating people with respect) • physical and mental health and emotional wellbeing • protection from abuse and neglect • control by the individual over day-to-day life (including over care and support provided and the way it is provided) • participation in work, education, training or recreation • social and economic wellbeing • domestic, family and personal • suitability of living accommodation • the individual's contribution to society
Prevention.	<p>A key principle in the Care Act that aims to prevent or delay the development of support needs, and reduce needs that already exist, to enable people to live as independently as possible for as long as possible.</p>
Person centred approach.	<p>The approach to social care confirmed by Care Act guidance that empowers people to be involved in all aspects of the care and support they need from the beginning of the assessment of their needs onward, and puts the person in control of their care and support as much as possible.</p>
Care needs assessment.	<p>An assessment to establish someone's care and support needs, help them understand their situation and the needs they have, help them understand their own strengths and capabilities, enable them to link into the support available in their personal networks as well as their local neighborhood and community to reduce or delay their needs, and to identify any unmet eligible care needs they may still have after all this has been done.</p>
Carer's assessment.	<p>An assessment to establish a carer's needs for support and the sustainability of the carer's caring role taking account of: the carer's ability and willingness to carry out their carer role, their current and future aspirations, and their potential future needs for support.</p>
National eligibility criteria.	<p>The criteria prescribed by the Care and Support (Eligibility Criteria) 2015 that sets out the minimum threshold for adult care and support needs and carer support needs that the Council must ensure are met.</p>
Eligible care needs.	<p>Needs that are eligible for support from the Council. These may or may not be met in another way other than support arranged by the Council.</p>
Unmet eligible care needs.	<p>Needs that are eligible for support from the Council and are not being met in any way.</p>
Care and support plan.	<p>Care & Support Plan in this policy refers to the plan agreed between the Social Worker and the individual that sets out how their care and support needs will be met (N.B. a Service Provider may agree a care and/or support plan with the individual which outlines the detail of what care and support will be delivered by the provider).</p>
Review.	<p>A review of someone's care and support plan to ensure their needs are being met and that the support they are getting is appropriate.</p>

Glossary (continued)

Term	Definition
An outcomes approach	An outcomes approach to social care and support focusses on what the person wants and needs in their lives to maintain and improve their wellbeing and can be split into three types of outcome: Outcome Involving Change (e.g. improvements in mobility); Outcomes Involving Maintenance or Prevention (e.g. ensuring personal safety and security); Service Process Outcomes (e.g. feeling valued and respected).
An indicative personal budget.	An early estimate of the money that will be required to meet someone's unmet eligible care and support needs following their care needs assessment, this will help people design the care and support they want to meet their unmet eligible care needs. The indicative budget may go up or down dependent on individual circumstances before the personal budget is finalised after the care and support plan is complete.
A personal budget.	A statement of the amount of money needed to meet someone's unmet eligible care needs. People have choice in the way their personal budget will be used and the agreed use of the personal budget is recorded in their care and support plan.
Financial assessment.	A means test to determine how much someone must contribute to their personal budget to pay for the costs to meet their unmet eligible needs.
Direct payment.	A monetary payment made to someone who wants to receive one to meet some or all of their eligible care and support needs.
Universal services.	Services that are available to all people in the local population.
Intermediate care.	Care that aims to: <ul style="list-style-type: none"> • prevent unnecessary and avoidable hospital admission; • helps people to recover as quickly as possible following illness or injury; • facilitate safe and timely discharge from hospital; • maximise independent living.
Reablement.	A short and intensive service (usually no more than 6 weeks) to help people whose health has deteriorated, and/or have increased care and support needs, to relearn the skills they need to help them keep safe and independent at home.
Strengths based approach.	The approach referred to in the Care Act guidance that recognises people are the experts in charge of their own lives, enables people to understand how their own skills and resources can help maintain their independence, and how their personal resources, close relationships, and community resources can contribute toward this.
Whole family approach.	The approach outlined in Care Act guidance for local authorities to take a holistic view of the person's needs and to identify how the adult's needs for care and support impact on family members or others in their support network.