

CEOQA

LTC network

Quality and cost-effectiveness in long-term care and dependency prevention



POLICY SUMMARY: England

Care Act 2014 – Provision for Prevention

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Policy theme	Reducing dependency
Design and implementation level	National design, locally implemented
Policy objective	To prevent and delay the development of needs for care and support
Start date – End date	April 2015 – No end date

Aims

Overall the Care Act 2014 has reformed the law relating to care and support for adults and carers; it made provisions about safeguarding adults from abuse or neglect; about care standards; about integrating care and support with health services.

The Care Act 2014 identifies preventing the needs for care and support as well as promoting individual well-being as the first two of seven general local authority responsibilities. The statute is the first legislation to make prevention a statutory responsibility of Adult Social Care in England. It also imposes a duty on Councils to identify already available services, facilities and resources with which to fulfil

this new duty. Furthermore, the Care and Support Statutory Guidance point out that at every interaction with a person a local authority should consider whether or how the person's needs could be reduced or other needs could be delayed from arising (Department of Health, 2014). The Care Act mentions that there is no one definition for what constitutes preventative services and that prevention may cover many different types of support; however in its broad definition it mentions that prevention encompasses promoting social and economic wellbeing; developing resilience and promoting individual strength; promoting independence.

Implementation

Responsibilities for implementation lie with local authorities and although the Care Act implementation guidance note specific preventive services (such as reablement, rehabilitation etc.) the document highlights that local authorities should develop local approaches to prevention and should consider the range of options available, and how those different approaches could support the needs of their local communities.

The implementation guidance note that local authorities should consider working with other agencies to provide prevention schemes to local populations and the document recognises that achieving

preventative goals requires the involvement of a wide range of services alongside adult social care-including public health, NHS, transport, leisure and housing services. Wider community resources are also expected to be engaged in providing prevention including local support networks and facilities provided through the voluntary and community sectors. The Care and Support Act Implementation Stocktake survey reported that in 2015 64% of local authorities had a cross-organisation prevention strategy and 81% had arrangements in place to identify people who would benefit from prevention (Local Government Association, 2015).

Target group

Overall the prevention duties imposed on local authorities by the Care Act 2014 apply to all individuals, including:

- A Those who do not have any current needs for care and support;
- B Those individuals with needs for care and support, whether their needs are eligible and/ or met by the local authority or not

- C Carers, including those who may be about to take on a caring role or who do not currently have any needs for support, and those with needs for support which may not be being met by the local authority or other organisation.

Eligibility criteria

There are no general eligibility criteria to prevention schemes: eligibility may however vary from project to project, and in line with locally set criteria.

Resources

There is no additional money allocated specifically to prevention. Observers have noted that the Care Act 2014 failed to recognise the increasingly limited budgets

that local authorities are working within and the consequential constraints on the implementation of new statutory duties, including these related to prevention.

Performance assessment and monitoring

n/a

Evidence of success

The implementation of prevention duties is still at an early stage and there is little evidence of success.

Transferability/ Uniqueness

The wide range of local approaches to prevention and preventative schemes makes it difficult to draw conclusions about its transferability.

Is this an
emergent
practice?
(degree of innovation)

The advocacy of prevention is now new as prevention has been advocated in health and social care for decades (Wistow & Lewis, 1997, Godfrey, 2001, Wistow et al., 2003); however, the Care Act 2014 is the first to

make prevention legal responsibility of local authorities.

Sustainability

The prevention duties are expected to lead to a decrease in demand for high-cost services which will overall lead to reduced use of resources and lower the costs therefore investment in prevention is expected to be self-sustainable.

Critical
assessment

In the context of financial austerity and the lack of any substantial additional money to implement the Care Act, there have been doubts that prevention duty could be implemented at any substantial level, at least in the short-term. According to budget survey, councils' spending on prevention reduced in cash terms in recent years (ADASS, 2016).

However, there could be a longer-term value of the policy as the statute creates an expectation that preventative interventions will be developed and such expectations may provide a significant impetus to develop preventative services in the future (Clements, 2017).

Academic
literature on
this action

Some reports and academic papers are available either on prevention duties and the Care Act 2014 or mention the topic as a part of Care Act 2014 debate (Slasberg &

Beresford, 2014, Local Government Association, 2015, Richards & Williamson, 2015, Clements, 2017).

Documents

www.legislation.gov.uk/ukpga/2014/23/contents/enacted

www.local.gov.uk/care-support-reform/-/journal_content/56/10180/6519369/ARTICLE