Newslettez

Luke Glements Training: socio-legal training

Legal and social policy developments

Key practice

Assessments

The interplay between the eligibility criteria for carers and adults in need

NHS Continuing Care

The importance of the case law and the Framework guidance when determining eligibility

Transition

The new law concerning the duty to assess those likely to have needs under the Care Act and the power to continue Children Act support.

Mental Capacity Law

The relationship between the MCA 2005 and the Care Act and between 'best interests' assessments and 'needs' assessments.

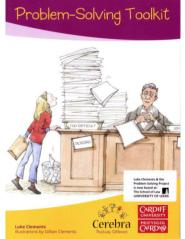
Despite decades of deinstitutionalisation and the significant increase in the numbers of older people, the steady decrease in the support provided by social services continues. The most recent statistics show that between 2008-09 and 2013-14 the number of people getting support from councils in England fell from 1,782,000 to 1,273,000.

The recently published revised Statutory Guidance to the Care Act has much to recommend it, although some areas would benefit from greater coverage – eg the 'ordinary residence' rule. The Guidance also remains weak in relation to 'Safeguarding' This failing is all the more troubling given that a LGA report indicates that safeguarding enquiries have doubled since the Act came into force (100,000 in

the first six months). Sooner or later an English Government will have to grasp this particular nettle and enact specific legislation — as Scotland has already done with its Adult Support and Protection Act 2007.

The revised guidance is only available as separate web based chapters (which will be subject to *ad hoc* changes). This is troubling, both in 'rule of law' terms and also in practical terms (a full PDF version is a much more useful document for practitioners). Fortunately, Ferret Information Systems has put together an accessible PDF of the guidance – see http://bit.ly/1M4e4Uk.

Two valuable Ombudsmen 'Focus Reports' deserve mention as they highlight endemic problems: (1) 'Counting the cost of care' identifies the du-



ties on councils to inform people about their care home choices and describes when a 'topping up arrangement' is unlawful; and (2) 'Making a house a home' provides guidance on Disabled Facilities Grants – an area where some up to date government guidance would be particularly welcome.

NHS Continuing Healthcare (NHS CC) and 'nursing'

I observed at the outset of the hearing that [for the Government] to describe a household where care was being provided for at least 35 hours a week as 'workless' was somewhat offensive.

> Collins J in Hurley v. Secretary of State for Work and Pensions [2015] EWHC 3382 (Admin)

Eligibility for NHS CC funding occurs when the level of a person's nursing needs is above the limits of what social services can provide. NHS CC is a contested subject and a short YouTube introduction to this is available at www.lukeclements.co.uk/lecture-series/.

A not infrequent problem concerns what is meant by 'nursing' – with the NHS suggesting that an activity is not 'nursing' if it does not need to be done by a registered nurse.

This is a misunderstanding – not least because the Court of Appeal and the English and Welsh Guidance have made it clear that 'who is doing' the nursing is irrelevant.

The misunderstanding is due to grammar. The court in the leading case (*Coughlan*) did not use the verb 'to nurse' to mean 'something done by a nurse'. The OED definition of the verb has 21 meanings but only two use the noun 'nurse'. Nursing—in effect—means 'looking after an ill person'.

In the last 30 years the NHS has moved all but the most acutely ill people into the community. Welcome as this is, it has not been accompanied by a corresponding transfer of NHS personnel into community settings. Accordingly very many 'carers' are doing tasks which in previous times would have been done in hospital: these tasks are 'nursing' it matters not who is doing them. Something endorsed by the English and Welsh NHS CC Frameworks.

Carers and 'necessary care'

this assessment was service -driven: it seems to me to have the feel of one which was carried out to justify a conclusion which had already been reached - that Mrs C needed to be admitted to a care home – rather than one which genuinely sought to establish her needs and devise a care plan to meet them.

> Public Services Ombudsman for Wales Report: Conwy, Gwynedd & the CSSIW April 2016 para 30

For disabled, elderly and ill people, the Care Act is essentially a reform Act that tidies up the law. It is in relation to carers that the Act is potentially transformative: removing the requirement that they provide 'substantial care' and creating a duty to meet their eligible needs.

The duty to meet their needs applies even if the person for

provided by a carer that is tively 'necessary'. It does not eligible for support. Some address one of the resident's authorities are interpreting 'eligible needs' meet an adult's eligible fied outcome in the eligibility needs'. This is questionable regulations. It is unlikely on many grounds. For exam- that a court or ombudsman erly parent in a dementia care were not 'necessary'. home does this because she It is possible that the carer's The regulations stipulate of staff and the fabric of the travel costs.

that it is only 'necessary care' home: all of which is objecthis as 'care necessary to 'keeping safe' is not a speciple a person visiting her eld- would hold that such visits

'cares'. Could this be de- need in such a case could whom they care is not eligi- scribed as 'necessary care' if result in the local authority ble and can require the au- (for example) the parent no helping them with their travel thority to meet the carers longer knows who she is? costs – especially if the trip to needs by providing services When she visits she some- the care home involves a long for that 'ineligible person' (eg times notices bruises – for journey. In Hurley v. DWP respite care). The implica- which she requires an expla- (2015) the Government stated tions of this are potentially nation—and she also ob- (at para 25) that support for serves the general behaviour carers could include such

Young carers, parent carers and transition

young carers, parent carers gic duty to identify all young additionally a strategic duty and disabled children 'in carers in a local authority to identify all parent carers. transition' are constructive area. The Care Act guidance Transition assessments and much needed.

Young carers

no right to a separate 'needs' assessment and they were Parent carers often overlooked by adult social services departments.

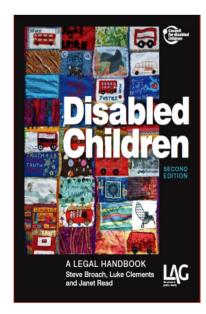
sessments should be under- participate in education, and the most appropriate time.

The 2015 reforms affecting taken. There is also a strate- leisure activities. identifies young carers as a quently argued that they had ing and ensuring that their benefit that they be assessed. needs are assessed.

Young carers are now disabled child) are now vance notice of the support named as a discrete category named as a discrete category they will receive under the in the Children Act (s17ZA) in the Children Act (s17ZD) Care Act. There is also an (and the Welsh legislation); (and the Welsh legislation); innovative legal mechanism there is a mandatory duty to there is a mandatory duty to that allows Children Act supassess all young carers and in assess all parent carers and in port to continue after the England there is now a set of so doing, to have regard to young person reaches 18 very prescriptive regulations the wellbeing duty - includ- allowing for the switch to spelling out how these as- ing their right to work, to Care Act support to occur at

The Care Act places a duty specific group for whom the on the adult social services Young carers emerge as the new 'preventative duty' must team to assess disabled chilgroup that has gained most in be targeted. Since about 70% dren (and young carers / parterms of rights and recogni- of young carers are caring for ent carers) who are likely to tion. Prior to the reforms an adult, it will generally be have needs when they fall they were not mentioned in the adult team that has pri- under the Care Act regime, any Act: authorities fre- mary responsible for identify- and where it is of significant

> For many disabled children and young carers this may In similar terms, parent well be when they reach 16. carers (ie adults caring for a The assessment gives ad-



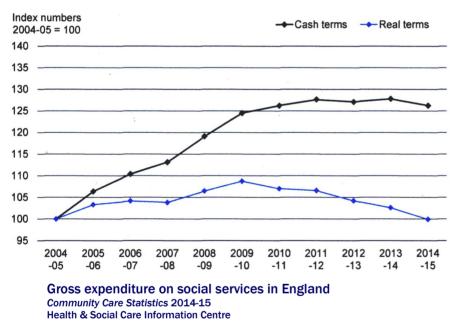
Section 117 Mental Health Act 1983

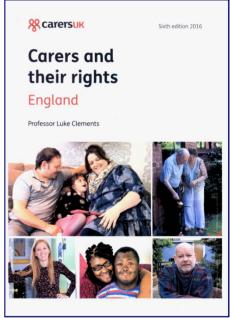
continues to bewilder - primarily be- dence rules under both Acts differ so & the Law - in practice the approach cause slightly different rules apply to there may be two different councils must be based on good practice. Artifis117 services to those under the Care assessing and care managing. A person cially breaking care plans into Care Act sions concerning 'ordinary residence', funding will have all their health and cost effective (let alone conducive to NHS Continuing Healthcare support social care needs met by the NHS but if the 'wellbeing duty') and agreement on and charging.

have a support package under both s117 Well-being (Wales) Act 2014.

social services.

The nature and extent of s117 support will be means tested. The ordinary resi- coming 6th edition of Community Care Act. These differences impact on deci- eligible for NHS Continuing Healthcare plans and s117 plans is unlikely to be they are then detained under the MHA a pooled budget to fund those who are Many patients receiving s117 support 1983 for treatment – they will become subject to s117 aftercare as well as will have a dual diagnosis and so may the joint responsibility of the NHS and those that might also have been eligible What exactly does for NHS Continuing Care funding (had and the Care Act/ Social Services and 'joint' mean at law? Although the they not been detained under the 1983 The wicked detail of the law is explained in Act for treatment) would also appear to former will be free whereas the latter a chapter devoted to \$117 in the forth- be the overwhelmingly sensible option.





Mental capacity and DoLS

A key Mental Capacity Act 2005 there is little the court can do. question is to be considered by the Suhome.

The current legal position is that the

preme Court in December 2016. The (2015) is a stark example of this policy. case (Re MN) concerns the extent to MAG was a young man with serious which the Court of Protection can re- mental and physical impairments. He quire a local authority to provide an was under one-to-one care because of alternative care plan - for example, behavioural difficulties and fell theresupport to enable the person to live at fore under the 2005 Act's Deprivation of Liberty Safeguards (DoLS) regime.

It was accepted that for several reacourt can only choose between the sons he was (and had been for 10 years) the basis that she had no power to reavailable options, so if a local authority living in an unsuitable placement. One quire the local authority to provide any is only offering a care home placement, reason for this was that its main passage other care.

was not wide enough for his wheelchair The case of North Yorks CC v. MAG and so he had to move by pulling himself around on his bottom and using his hands and knees - resulting in him sustaining painful bursitis in both knees and calluses to his knees and ankles.

Although the first judge refused to sanction the detention (due to the unsuitability of the care placement) this judgment was overturned on appeal on

Training courses

Luke Elements Training provides training and consultancy in all areas of health and social care services for adults 'in need', carers and disabled children. Standard courses include:

- The Care Act 2014;
- The Social Services & Well-being (Wales) Act 2014;
- Social Care Legal and Policy Update;
- · Carers Rights;
- Mental Capacity, Decision Making and the Law;
- Direct Payments, Personal Budgets and the Law;
- Disabled Children, the Law and Good Practice;
- Equality Law and Human Rights in Social Care;
- NHS Continuing Care Responsibilities;
- Ordinary Residence and the Law;
- Problem Solving in Social Care.

New resource materials

The National Charity **Cerebra** has published an innovative **Problem Solving Toolkit** written by Luke Clements with precedent letters and advice on dealing with commonly encountered problems

Cerebra and Luke Clements are collaborating on a new website 'www.difficultbox.com' which aims to provide a link to the many guides that exist concerning social care, education and health care rights in the UK's four nations. The site is still under construction but please visit it and give feedback on how you think it should develop.

Regular updating briefings

The 'what's new' section of the **www.lukeclements.com** website has regular updating briefings on social care law developments as well as new papers and articles on social care law and policy.

The 'resources' section of the website has precedent letters, advice on common problem areas in social care law and web-links to other materials.

Luke Glements Training is a socio-legal training partnership Partners

Luke Clements and Mo Burns

Training fee details are at www.lukeclements.co.uk/training/

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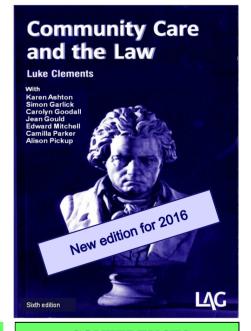
A PDF copy of this newsletter is at www.lukeclements.co.uk/training/ Contact lukeclementstraining@gmail.com to be added to the Newsletter email list



Luke Clements is the Cerebra Professor of Law and Social Justice at the School of Law, Leeds University.

The School of Law & the Centre for Disability Studies at Leeds offer a wide range of postgraduate study and research programmes.

Details at www.law.leeds.ac.uk/postgraduates/



CONFERENCES

Forthcoming events

Cardiff
June 24th 2016
Future Inn Cardiff Bay
with 'Cardiff University'

Details of Conferences and Events can be accessed at:
www.lukeclements.co.uk/events/

Details of Conferences and Events at the School of Law, Leeds University can be accessed at: www.law.leeds.ac.uk/events/