

## DEPARTMENT OF HEALTH CONSULTATION AND OVERVIEW

### 1 Background

The Department of Health (DH) launched 10 week consultation exercise on 6 June (ending on 15 August). This can be accessed via the following link

<https://www.gov.uk/government/consultations/updating-our-care-and-support-system-draft-regulations-and-guidance>

The consultation is about Part 1 of the Care Act which primarily concerns council led responsibilities, and centres on changes to be implemented from April 2015

There are over 30 areas offered for people to feedback/ respond to and grouped under 8 main headings

- General Duties and Universal Provision
- First contact and identifying needs
- Charging and financial assessment
- Person Centred Care and Support Planning
- Integration and Partnership Working
- Adult Safeguarding
- Moving between areas – inter local authority and cross border issues residence
- Other areas

The consultation includes

- 76 page consultation guide
- 430 + pages of statutory guidance
- 100+ pages of regulations
- 167 page Impact Assessment
- 84 consultation questions / calls for evidence ( these are included in this paper as Appendix A ) together with details of the Care Act Clusters that will be considering the changing requirements)

The intention is that final regulations and guidance, based on feedback to this exercise, are issued / available from October 2014 in order to allow councils time to finalise plans and implement required changes from April 2015

## 2 Consultation Overview

While the consultation only covers the 2015 implementation areas these comprise the majority of the changes to be implemented, and therefore guidance and regulations require close scrutiny.

The scale of the consultation exercise, combined with the extremely short timescale for turnaround before final regulations are issued (June – October) give rise to a number of issues / concerns - including;

- Whether the regulations / guidance in some areas are sufficiently clear and unambiguous to support the Care Acts aspirations
- The wording in a number of areas still seems to allow for misinterpretation – significant differences in interpretation and therefore may not provide the hoped for improvements with regard to increased consistency and minimising anomalies between different council areas with regard to social care provision and wider universal offers . For example the 2<sup>nd</sup> draft of the eligibility criteria – and wording used within the tests still appears extremely subjective , and therefore has already interpreted differently by people / councils as being potentially the equivalent of the current substantial , moderate, or low
- A numbers of potential contradictions between the guidance aims and the regulations in some areas ( Charging and Deferred Payments ) – which when coupled with the technical nature of these changes will require clarification from the DH - as well as comment
- Whether the questions being asked are the correct ones – though this links more to whether the Act will achieve its broad aims without additional funding being provided nationally

A number of people, including attendees at regional consultation events have questioned whether the short time period does actually allow for;

- The level of in depth consideration and scrutiny required by interested parties
- The DH to respond effectively where the need for improvement is recognised , by updating the draft legislation / guidance

While it is accepted that the Governments direction of travel is unlikely to change without this scrutiny and improvement there is increased potential for badly drafted legislation and / or unintended consequences leading to increased and costly court actions actually providing the required clarity and interpretation.

The DH have accepted that this consultation has a challenging timescale and have requested that responses be made individually and as soon as it is possible to do so , in order to give them the maximum length of time to make any changes they deem as being necessary

Taking this into account the next section provides some brief potential responses to specific questions in the event that the Health & Wellbeing Board wish to respond on these questions now – as well as to potentially respond on a larger scale and to more questions closer to the time that the consultation is due to close, and with the benefit of further and more detailed examination of the guidance/ regulations being undertaken by the service areas identified in Appendix A.

### 3 Suggested Consultation Responses

**Q 1. Does the draft guidance provide local authorities with the information they need to embed wellbeing into the way that they work?**

Yes – at both a strategic and operational level.

**Q 3. Is the description of prevention as primary, secondary or tertiary, a helpful illustration of who may benefit from preventative interventions, when and what those interventions may be?**

Yes as it shows the steps from early intervention options to what can be considered as eligible need provision in the delay or tertiary section ....i.e. what you may receive as eligible services once you leave intermediate/reablement services

**Q 4. Is the list of examples of preventative ‘services, facilities or resources’ helpful? What else should be included?**

It is adequate but as the Guidance states it is non-exhaustive, and this will still be the case even with more examples added

**Q 6. Does the guidance provide sufficient clarity about the active role that the local authority should play to support people’s access to financial information and advice that is independent of the local authority, including regulated financial advisors?**

Yes and improving peoples access to a range of information and advice is something that the Sunderland organisations are committed to and it is accepted that there will be a need to develop the current offer and/ or commission additional provision

The guidance however requires that councils facilitate access to Independent Financial Advice which could be achieved by signposting or referral to available / approved providers (as well as by commissioning)

We do not think that this extends to any requirement on councils to commission Regulated Financial Advice. Any requirement to do so would be a concern given the technical nature of the advice, the need for advisors to understand both Care Act Requirements and its interaction with Pension Reforms, and above all the increased potential scope for future complaints coming back to the council in the event that people are badly advised and / or incur financial loss.

Should this be a requirement we would welcome a template / minimum specification being provided for councils to work to and / or a potential national tendering exercise

**Q 14. Do the draft eligibility regulations, together with powers to meet other needs at local discretion, describe the national eligibility threshold at a level that will allow local authorities to maintain their existing level of access to care and support in April 2015? If you believe they don't please explain your reasons for this.**

There is an argument to say that the proposed national threshold is at par with the current Low level FACS banding in that the inability to carry out one or more basic care activities (including domestic tasks) seems to be a very low threshold.

While those council's with provision that currently cover all 4 FACS bands may see little change those on substantial and critical bands will have to have a culture change to the preventative outcome based approach of the new act and lower their level of access to care and support

**Q 15. Do you think that the eligibility regulations give the right balance of being outcome- focused and set a threshold that can be easily understood, or would defining "basic care activities" as "outcomes" make this clearer?**

It appears irrelevant as the description of basic care activities is clear. It is the interpretation of whether or not a person is then subsequently "*unable to achieve an outcome*" and the council's view of that in the assessment process as opposed to the person's view of the same outcome that will give rise to disagreement and challenge.

Unless further clarity / objectivity can be provided with regard to achieving outcomes only time and legal action will determine whether they are being applied correctly

**Q18. Does the guidance adequately describe what local authorities should take into consideration during the assessment and eligibility process? If not, what further advice or examples would be helpful?**

The Guidance is comprehensive in terms of describing what should be taken into account during both the assessment and eligibility process. The issues appear to be the still considerable discretion that councils have when taking account of the factors which will be considered in the overall view

This is made exacerbated by terms within the guidance such as significant *impact.....appears to have..... not being unable to achieve an outcome.....may .....and should.....* all being used.

These are all wide open to discretion and therefore for councils to reach different results. If these require testing judicially and / or via the still to be determined new challenge mechanism these lead to both;

- Customers not achieving their required outcomes and increased customer dissatisfaction
- An increased call on stretched resources to deal with what is effectively failure demand.

Area	Care Act Sections	Regulations - Guidance- Both (R/ G / B)	Cluster ( and service Areas / leads)	Consultation Questions
<b>General Duties</b>				
Wellbeing <a href="http://careandsupportregs.dh.gov.uk/category/wellbeing/">http://careandsupportregs.dh.gov.uk/category/wellbeing/</a>	1	G	CA1 & CA2 Personalisation Integrated Commissioning	1: Does the draft guidance provide local authorities with the information they need to embed wellbeing into the way that they work?  2: Can you suggest some examples to illustrate how the wellbeing principle could be applied?
Preventing , reducing and delaying needs <a href="http://careandsupportregs.dh.gov.uk/category/prevention/">http://careandsupportregs.dh.gov.uk/category/prevention/</a>	2	G	CA1 & CA2  Personalisation Integrated Commissioning	3: Is the description of prevention as primary, secondary or tertiary, a helpful illustration of who may benefit from preventative interventions, when and what those interventions may be?  Question 4: Is the list of examples of preventative 'services, facilities or resources' helpful? What else should be included?
Information & Advice <a href="http://careandsupportregs.dh.gov.uk/category/info/">http://careandsupportregs.dh.gov.uk/category/info/</a>	4	G	CA2 & CA3 Integrated Commissioning Customer Services	5: Views are invited about how local authorities should coordinate and target information to those who have specific health and care and support needs.  6: Does the guidance provide sufficient clarity about the active role that the local authority should play to support people's access to financial information and advice that is independent of the local authority, including regulated financial advisors?
Market Shaping& Commissioning <a href="http://careandsupportregs.dh.gov.uk/category/market-shaping/">http://careandsupportregs.dh.gov.uk/category/market-shaping/</a>	5	G	CA2 Integrated Commissioning	7: Does the statutory guidance provide a framework to support local authorities and their partners to take new approaches to commissioning and shaping their local market?  8: Are there any further suggestions of case studies or tools that can assist local authorities in carrying out their market shaping and commissioning activities?
Managing Provider failure and other market interruptions <a href="http://careandsupportregs.dh.gov.uk/category/provider-failure/">http://careandsupportregs.dh.gov.uk/category/provider-failure/</a>	19 48-57	B 3 sets of regs ( see left)	CA2 Integrated Commissioning	9: We invite views on the entry criteria to the market oversight regime, and whether and how they should be made simpler for residential care providers.  10: We invite views on the approach to defining business failure by reference to insolvency situations.  11: We also invite views on the insolvency situations listed, for example, are they appropriate and clear. Should other situations be covered?

				12: In particular, are the listed insolvency situations appropriate and relevant to the various legal forms registered care provider can take (including providers registered in respect of establishments or agencies under the relevant legislation in/Wales and Northern Ireland)
<b>1<sup>ST</sup> Contact &amp; identifying Needs</b>				
Needs assessment and carers assessments  <a href="http://careandsupportregs.dh.gov.uk/category/assessments/">http://careandsupportregs.dh.gov.uk/category/assessments/</a>	9-13	B link to regs (see left)	CA1  Personalisation	13: What further circumstances are there in which a person undergoing assessment would require a specialist assessor? Please describe why a specialist assessor is needed, and what additional training is required above the requirement for the assessor to be appropriately trained to carry out the assessment in question?
Eligibility  <a href="http://careandsupportregs.dh.gov.uk/category/eligibility/">http://careandsupportregs.dh.gov.uk/category/eligibility/</a>	9-13	B link to regs (see left)	CA1  Personalisation	14: Do the draft eligibility regulations, together with powers to meet other needs at local discretion, describe the national eligibility threshold at a level that will allow local authorities to maintain their existing level of access to care and support in April 2015? If you believe they don't please explain your reasons for this.  15. Do you think that the eligibility regulations give the right balance of being outcome-focused and set a threshold that can be easily understood, or would defining 'basic care activities' as 'outcomes' make this clearer?  16. Does the current definitions of 'basic care activities' include all the essential care tasks you would expect? If not, what would you add?  17. Are you content that the eligibility regulations will cover any cases currently provided for by section 21 of the National Assistance Act 1948?  18. Does the guidance adequately describe what local authorities should take into consideration during the assessment and eligibility process? If not, what further advice or examples would be helpful?
Independent advocacy  <a href="http://careandsupportregs.dh.gov.uk/category/advocacy/">http://careandsupportregs.dh.gov.uk/category/advocacy/</a>	67-68	B Link to regs ( see left)	CA1 & CA2  Personalisation Integrated Commissioning	19. We would welcome views on further specific circumstances where the advocacy duty should apply. In particular, we welcome views on the potential benefits and disadvantages of providing independent advocacy for people for people receiving care jointly from adult social care and the NHS
<b>Charging &amp; Financial Assessment</b>				
Charging for care & support  <a href="http://careandsupportregs.dh.gov.uk/category/charging/">http://careandsupportregs.dh.gov.uk/category/charging/</a>	14, 17 , 69-70	B Link to regs ( see right)	CA1  BIAS	<a href="http://careandsupportregs.dh.gov.uk/2014/05/16/charging-for-care-and-supportquestion21/">http://careandsupportregs.dh.gov.uk/2014/05/16/charging-for-care-and-supportquestion21/</a>  20. Do the regulations and guidance provide a clear modern framework for charging that will enable local authorities to maintain existing flexibilities in how people contribute to the cost of meeting their care needs? Are there any particular areas that are not clear?

				21. Is there anything from the current rules that has not been re-created that you feel should have been? If so, please list along with a brief explanation of why.
12 week property disregard <a href="http://careandsupportregs.dh.gov.uk/category/property-disregard/">http://careandsupportregs.dh.gov.uk/category/property-disregard/</a>		NA – questions based on guidance	CA1  BIAS	22. Do you agree that we should adjust the operation of the 12-week property disregard to better support those most at risk?  23: Would you prefer to see the current approach retained?  24: Do you agree that this proposal is cost neutral for local authorities? If it is not, please provide evidence
Other disregards <a href="http://careandsupportregs.dh.gov.uk/category/other-disregards/">http://careandsupportregs.dh.gov.uk/category/other-disregards/</a>		NA – questions based on guidance	CA1  BIAS	25. Do you think these bonds should be taken account of in the financial assessment? What are the risks and costs to local authorities and individuals?  26 Should pre-paid funeral plans be disregarded and if so should there be a limit to the size of plan that can be disregarded? If so, how much?
Choice of accommodation and additional payments <a href="http://careandsupportregs.dh.gov.uk/category/choice-of-accommodation/">http://careandsupportregs.dh.gov.uk/category/choice-of-accommodation/</a>	14, 17 , 69-70	B – link to regs( see left)	CA1  BIAS	27. Does the guidance need to particularly cover these types of accommodation? If so, what would it be helpful to discuss?  28: What are the risks of the expansion of the additional cost provisions so that the person can meet this cost themselves (to both local authorities and the person)? How can any risks be mitigated by regulations and guidance?
Pension reform <a href="http://careandsupportregs.dh.gov.uk/category/pension-reform/">http://careandsupportregs.dh.gov.uk/category/pension-reform/</a>	NA	Neither	CA1  BIAS	29: What do you think the impact of the increased pension flexibilities might be for social care charging for people and local authorities? How can any risks be mitigated via regulations and guidance?  Link to separate DWP Pension consultation <ul style="list-style-type: none"> <li>• Details of the proposed reforms can be found here and the consultation is open until 11 June 2014.</li> </ul>
Deferred payment agreements <a href="http://careandsupportregs.dh.gov.uk/category/deferred-payments/">http://careandsupportregs.dh.gov.uk/category/deferred-payments/</a>	34-36	B link to regs(see left)	CA1  BIAS  Transactional Finance	30: Should the eligibility criteria for deferred payment agreements be extended to include people in extra care housing or supported living arrangements? Do you have evidence of the likely demand for deferred payment agreements from people whose needs are met in these types of accommodation? 31: Do you think we should seek to introduce a scheme which is compliant with Sharia law at a later date?  32: Do you agree that the maximum LTV for deferred payment agreements should fall between 70% and 80%? Do you have any evidence to support a particular amount within that range?  33: Do you agree that people should be able to keep a proportion of any rental

				<p>income they earn on a property they have secured a deferred payment agreement on? Are there other ways people could be incentivised to rent out their houses?</p> <p>34: Do you have any views or evidence to suggest how much rental income people should be able to keep to incentivise them to rent their property out?</p> <p>35: Do you agree that local authorities should be required to accept any legal charge on a property as security for a deferred payment agreement when they are required to enter into one and not just a first charge?</p> <p>36: In line with the recommendations of the Independent Commission on Funding of Care and Support, do you agree that the interest rate should be set so that it is reasonable for people, cost neutral to local authorities and as such that it does not create incentives for people to apply for deferred payments when they are not needed?</p> <p>37: Do you agree that there should be a different interest rate for deferred payment agreements made at the local authority's discretion? If so, what should the maximum rate be?</p>
<b>Person Centred and Support Planning</b>				
<p>Care &amp; Support Planning</p> <p><a href="http://careandsupportregs.dh.gov.uk/category/care-and-support-planning/">http://careandsupportregs.dh.gov.uk/category/care-and-support-planning/</a></p>	24-25	G	<p>CA1 &amp; CA2</p> <p>Personalisation</p> <p>Integrated Commissioning</p>	<p>38: Does the guidance on personalisation fully support and promote a care and support system that has personalisation at its heart?</p> <p>39: Does the guidance on personalisation support integration of health and care (and any other state support)?</p> <p>40: Does the guidance support care and support workers to do their job effectively?</p>
<p>Personal Budgets</p> <p><a href="http://careandsupportregs.dh.gov.uk/category/personal-budgets/">http://careandsupportregs.dh.gov.uk/category/personal-budgets/</a></p>	26	B ( regs on exclusion of costs – see link left)	<p>CA1 &amp; CA2</p> <p>Personalisation</p> <p>Integrated Commissioning</p>	<p>41: Is this definition clear and does it conform to your understanding of intermediate care and reablement? Is there any way it can be improved?</p> <p>42: Does excluding the cost of reablement/intermediate care from the personal budget as defined above: Create inconsistencies with the way that reablement/intermediate care is provided in NHS personal health budgets? Affect the provision of reablement/intermediate care for people with mental health problems?</p> <p>43: Are the ways in which different personal budgets can be combined sufficiently clear?</p>
<p>Direct Payments</p> <p><a href="http://careandsupportregs.dh.gov.uk">http://careandsupportregs.dh.gov.uk</a></p>	31-33	B	<p>CA1</p> <p>Personalisation</p>	<p>44: Will the easing of the restriction to pay family members living in the same household for administration/management of the direct payment increase uptake of direct payments? Will this create implementation issues for local authorities?</p>

<a href="#">k/category/direct-payments/</a>			NB Care & Support Sunderland may also offer a view	<p>45: The draft direct payment regulations decreases the time period to conduct a review of the direct payment from 12 months to 6 months – is this workable?</p> <p>46: The draft regulations seek to ensure choice is not stifled and the direct payment is not monitored excessively – is it strong enough to encourage greater direct payment use, but workable for local authorities to show effective use of public monies?</p>
<b>Integration and partnership working</b>				
<p>Integration, cooperation and partnerships</p> <p><a href="http://careandsupportregs.dh.gov.uk/category/integration/">http://careandsupportregs.dh.gov.uk/category/integration/</a></p>	3,6,7, 22,23, 74, Sch 3	B Regs listed under the questions from the link	<p>CA1 &amp; CA2</p> <p>Personalisation</p> <p>Integrated Commissioning</p>	<p>47: Does the draft statutory guidance provide a framework that will support local authorities and their partners to make integration a reality locally?</p> <p>48: Are there any ways the guidance can better support cooperation locally?</p>
<p>The boundary with the NHS</p> <p><a href="http://careandsupportregs.dh.gov.uk/category/boundary-nhs/">http://careandsupportregs.dh.gov.uk/category/boundary-nhs/</a></p>	3,6,7, 22,23, 74, Sch 3	B	<p>CA2</p> <p>Integrated commissioning</p>	<p>49: Is the description in the guidance of exceptions to provision of healthcare (which effectively sets out the boundary between NHS and local authority responsibilities) sufficiently clear and does it maintain the current position on the boundary?</p> <p>50: Is there any danger that the legal barrier could be interpreted as a barrier to integration? Are there specific examples where it would be helpful to clarify?</p>
<p>Delayed transfers of care</p> <p><a href="http://careandsupportregs.dh.gov.uk/category/delayed-transfers/">http://careandsupportregs.dh.gov.uk/category/delayed-transfers/</a></p>	NA	B	<p>CA1&amp; CA2</p> <p>Personalisation</p>	<p>51: Will any of these changes affect the working of delayed discharge processes in ways not discussed in the guidance?</p> <p>52: Can you provide any best practice examples or guidance relating to hospital discharge for people with care and support needs?</p>
<p>Working with Housing Authorities and providers</p> <p><a href="http://careandsupportregs.dh.gov.uk/category/working-with-providers/">http://careandsupportregs.dh.gov.uk/category/working-with-providers/</a></p>	3,6,7, 22,23, 74, Sch 3	G	<p>CA1 &amp; CA2</p> <p>Personalisation</p> <p>Integrated Commissioning</p>	<p>53: Could local authorities' duties in relation to housing be described more clearly in the guidance?</p> <p>54: Are the links to prevention, integration, co-operation, information and advice, market shaping and assessments adequate?</p>
<p>Working with employment and welfare services</p> <p><a href="http://careandsupportregs.dh.gov.uk/category/employment-welfare/">http://careandsupportregs.dh.gov.uk/category/employment-welfare/</a></p>	3,6,7, 22,23, 74, Sch 3	G	<p>CA2&amp; CA3</p> <p>Integrated Commissioning</p> <p>BIAS</p>	<p>56: Are there any good practice examples of local authorities working with their partners, including health, education, employment and housing?</p>
<p>Transition to adult care and support</p>	58-66	B	<p>CA1 / CFA 1-2</p>	<p>57: Is the guidance clear enough that the term 'significant benefit' is about the timing of the assessment? Is the guidance precise enough to ensure that</p>

<a href="http://careandsupportregs.dh.gov.uk/category/transition/">http://careandsupportregs.dh.gov.uk/category/transition/</a>			Personalisation	<p>'significant benefit' is not open to misinterpretation and that people who should be assessed are assessed at the right time for them?</p> <p>58: Are the descriptions in the guidance of people's rights to transition assessments and continuity of care beyond 18 sufficiently clear?</p>
<p>Prisons , approved premises , and bail accommodation</p> <p><a href="http://careandsupportregs.dh.gov.uk/category/prisons-and-bail-accommodation/">http://careandsupportregs.dh.gov.uk/category/prisons-and-bail-accommodation/</a></p>	76	G	<p>CA1- CA2</p> <p>Personalisation</p> <p>Integrated commissioning</p> <p>(Likely irrelevant within Sunderland)</p>	<p>59: We would welcome views and transferable good practice examples about the application of care and support to custodial settings, in particular about information and advice, advocacy, financial assessment, personal budgets and joint commissioning arrangements between custodial establishments, local authorities and health services.</p> <p>60: When delivering care and support in custodial settings, how should local authorities go about reflecting the high prevalence of mental ill health, substance misuse and learning disabilities?</p> <p>61: How might these be best provided in custodial settings and how might responsibility for provision best be identified?</p> <p>62: How could the initial assessment of a prisoner's care and support needs be best constructed to be useful in supporting proportionate reassessment and planning to meet any eligible care and support needs in subsequent custodial settings throughout the person's sentence? Are there triggers, particularly which might be identified in the health assessment which all prisoners receive on entering prison, which could help prison staff and/or health care partners to identify when it would be appropriate to refer a prisoner for a care needs assessment?</p>
<p>Delegation of local authority functions</p> <p><a href="http://careandsupportregs.dh.gov.uk/category/delegation/">http://careandsupportregs.dh.gov.uk/category/delegation/</a></p>	79	G	<p>CA1 &amp; CA2</p> <p>Personalisation</p> <p>Integrated Commissioning</p>	<p>63: Are there any core principles or requirements that local authorities should always place on contractors when delegating care and support functions</p> <p>64: Some stakeholders have mentioned that a 'model contract' would be helpful. What would be included in a model contract? Can you give any examples of a good model contract when delegating statutory care and support functions</p>
<b>Adult Safeguarding</b>				
<p>Adult safeguarding</p> <p><a href="http://careandsupportregs.dh.gov.uk/category/adult-safeguarding/">http://careandsupportregs.dh.gov.uk/category/adult-safeguarding/</a></p>	42-47, 68	G	<p>CA1 &amp; CA2</p> <p>Personalisation</p> <p>Integrated Commissioning</p>	<p>65: Are there any other types of behaviour that should be explicitly stated in the guidance? Are there any that should be removed?</p> <p>66: Are there additional possible members of Safeguarding Adults Boards that we should add?</p> <p>67: Are there additional aspects of the Safeguarding Adults Board's work that we should highlight?</p>

				68: Would it be useful to append a draft template for the strategic plan for Safeguarding Adult Boards to use if they wish?
<b>Moving Between Areas- Inter local authority and cross border issues</b>				
Ordinary residence <a href="http://careandsupportregs.dh.gov.uk/category/ordinary-residence/">http://careandsupportregs.dh.gov.uk/category/ordinary-residence/</a>	39-41	B (Links to both within questions )	CA1  Personalisation	71: Are the definitions of the types of accommodation as cited in the regulations too wide? Are they workable and clear?  72: Do the guidance and regulations about ordinary residence disputes provide enough clarity to settle ordinary residence disputes between two or more local authorities? Are there other scenarios that it would be helpful for the guidance to consider?  73: Which authority should be responsible for meeting the needs of an adult or carer when two authorities are in dispute, or another authority cannot come to an agreement on who should be the lead authority? Do you agree with the regulations as currently set out?
Continuity of care <a href="http://careandsupportregs.dh.gov.uk/category/care-continuity/">http://careandsupportregs.dh.gov.uk/category/care-continuity/</a>	37-38	B (Links to both within questions )	CA1  Personalisation	74: What further circumstances should be considered when carers and people with care and support needs want to move?
cross –border placements <a href="http://careandsupportregs.dh.gov.uk/category/cross-border/">http://careandsupportregs.dh.gov.uk/category/cross-border/</a>	39, Sch 1	B (Links to both within questions )	CA1  Personalisation	75: Do the regulations provide for an effective dispute resolution procedure?  76: In particular, in setting out the process for local authorities to follow when making a cross-border residential care placement, are there any gaps or omissions in the guidance in terms of key issues that need to be addressed before a placement can successfully take place?  77: With regard to the arrangements for managing a placement once it has commenced, can you envisage issues other than those identified? Specifically, what are these and how should they be addressed?  78: Would it be helpful for the guidance to be supplemented by best practice guidance? If so, what issues and scenarios will it be important for best practice guidance on these placements to cover?
<b>Other areas</b>				
Registers <a href="http://careandsupportregs.dh.gov.uk/category/registers/">http://careandsupportregs.dh.gov.uk/category/registers/</a>	77	B (Links to both within questions )	WS1  Performance & Data	79: Should certification of CVIs be extended to senior ophthalmologists, or should this continue to be carried out by consultant ophthalmologists as is currently the case?  80: Should we seek the patient’s consent to pass their contact details to RNIB, as well as to the local authority, as part of the CVI process in order for RNIB to

				offer advice and support?
<p>Transition to the new legal framework</p> <p><a href="http://careandsupportregs.dh.gov.uk/category/transitional-newlegal/">http://careandsupportregs.dh.gov.uk/category/transitional-newlegal/</a></p>	All	G	Legal Services / all	<p>81: Are there other considerations around preparation for implementation of the April 2015 elements of the Care Act on which national guidance would be helpful?</p> <p>82: Are there other considerations around preparation for implementation of the April 2016 elements of the Care Act on which national guidance would be helpful?</p>
<p>Monitor licensing regime and social care organisations</p> <p><a href="http://careandsupportregs.dh.gov.uk/category/monitor/">http://careandsupportregs.dh.gov.uk/category/monitor/</a></p>	N/A	R	CA2 Integrated Commissioning	<p>83: Do you think that providers of NHS continuing healthcare and NHS-funded nursing care should continue to be exempt from the requirement to hold a licence from Monitor?</p> <p>84: Should providers NHS continuing healthcare and NHS-funded nursing care services be subject to those services being designated Commissioner Requested Service?</p>