

# WIRRAL COUNCIL

## FAMILIES AND WELLBEING POLICY AND PERFORMANCE COMMITTEE

8 APRIL 2014

<b>SUBJECT:</b>	<b><i>SOCIAL CARE BILL</i></b>
<b>WARD/S AFFECTED:</b>	<b><i>ALL</i></b>
<b>REPORT OF:</b>	<b><i>DIRECTOR OF ADULT SOCIAL SERVICES</i></b>
<b>RESPONSIBLE PORTFOLIO HOLDER:</b>	<b><i>COUNCILLOR CHRISTINE JONES</i></b>
<b>KEY DECISION?</b>	NO

### 1.0 EXECUTIVE SUMMARY

- 1.1 Reforming our care and support system is vital for us to be able to meet the challenge of an increasingly vulnerable ageing population. The Care Bill reflects National priorities for meeting need. It is currently making its way through Parliament. It is essential that Wirral Council is prepared to implement the care and support reforms from 2015. The Department of Health has partnered with the Local Government Association (LGA) and the Association of Directors of Adult Social Services (ADASS) to deliver a programme of work to support this. Their work has been used to develop this paper.
- 1.2 The planning process to ensure successful local implementation of reforms to care and support is already underway in many local areas. Wirral has made a start, however there is much more to be done across the Council.
- 1.3 The challenges set out in this report are intended to help facilitate dialogue between elected members, Chief Executive Strategy Group (CESG), across Council Directorates and partners in relation to working to implement the reforms.

### 2.0 RECOMMENDATION/S

- 2.1 Given the size and scope of the preparation task, and the impact that this will have on the business of the Council, a number of recommendations have been developed based on LGA guidance.
- 2.2 The Health and Wellbeing Board (HWB) must be appraised of progress against preparation for and implementation of the Care Bill.

- 2.3 The Bill drives key policy changes. It is recommended that, in addition to an Officer-led project board, we have an implementation overview group led by the Lead Member for Adult Social Care but linking to Cabinet members with responsibilities for Resources, Transformation and Public Health, to enable full engagement of political leaders.
- 2.4 A nominated lead officer reporting to the Director of Adult Social Care should provide executive support to the lead members overview group as well as leading the project implementation team drawn from across the Council.
- 2.5 Work-streams should be set up across the Council under the overall project to reflect changes required in Children's Services (Transition); IT (Information and Advice, Informatics); Finance (Deferred Payments and Cap on Care Costs); Communications & Website (Information and Advice, Communicating the Changes); and Housing (Wellbeing and Prevention).

### **3.0 REASON/S FOR RECOMMENDATION/S**

- 3.1 The recommendations have been put together to facilitate effective implementation of the Bill. These are based on recommendations from the LGA and ADASS.

### **4.0 BACKGROUND AND KEY ISSUES**

#### **Summary of Key Changes/Implications**

- 4.1 Detail of these changes has been included at Appendix 1 this also includes practical steps that are advised in preparation for the change;
  - I. Funding reform (cap on costs): implementation April 2016, helping to protect, support and advise all people who are paying for care
  - II. New legal basis for charging, covering both residential and non-residential care.
  - III. Additional assessments and changes to eligibility: implementation April 2015 based on National changes to eligibility criteria, new early intervention and focus on wellbeing.
  - IV. New Duty to carry out a needs assessment for all carers
  - V. Financial and IT systems required to establish and monitor Care Accounts.
  - VI. Deferred payments for everyone facing the risk of having to sell their home: implementation April 2015
  - VII. Advice and information must be available to all regardless of how their care is paid for: April 2015

- VIII. Key commissioning changes from April 2015 include a duty on Councils to join up care and support with health and housing where this delivers better care and promotes wellbeing.
- IX. Councils have an important role in developing the quality and range of services that local people want and need through integrated commissioning with health where appropriate.

## **5.0 RELEVANT RISKS**

- 5.1 Each of the clauses of the Bill must be risk assessed against the organisation's preparedness and policies. In policy areas where the Bill puts existing good practice on a statutory footing, it may not represent a major change, but there are new duties that will have a major impact on our services these need to be clarified corporately.
- 5.2 Plans must transparent: A robust local implementation plan should encompass engagement and consultation with care users, carers, the voluntary sector and the wider community.
- 5.3 The legislation will put Safeguarding Adults Boards (SAB) on a statutory footing: it will be critical to keep the Chief Executive and political leaders up to date and engaged with the activities of our SAB.
- 5.4 Financial risks are considerable and have been summarised in table 1 under financial implications, between 2015 to 2018 the potential additional unfunded costs are currently estimated in the region of £10.5M, although much of the additional support may be charged for.

## **6.0 OTHER OPTIONS CONSIDERED**

- 6.1 No other options considered at this time.

## **7.0 CONSULTATION**

### **Prioritising resources? What needs to change by when and the scale of the challenge for the Council?**

- 7.1 See the [Implementing the care and support reforms guide](#) (Appendix 1) which sets out some of the areas where we should focus our early efforts.
- 7.2 We shall rate the impact of each of the clauses of the Bill against the organisation's preparedness and policies. In policy areas where the Bill puts existing good practice on a statutory footing, it may not represent a major change, but there are new duties that will have a major impact on our services.

- 7.3 We have begun to model the likely costs of additional demand for Wirral using Finance Officer time. This includes establishing the number of self-funders in the area. The ADASS model for Councils will help to assess the impact of the cap on care costs.
- 7.4 The Better Care Fund includes elements aimed at supporting the cost of Care Bill implementation.
- 7.5 The Bill will require our adult social care workforce (both Council staff and those of providers) to work in different ways over extended hours with a different skill set. This will require HR support in relation to Terms and Conditions, retraining (culture and capability) and/or reconfiguration.

### **Working effectively with key service partners**

- 7.6 The HWB is functioning effectively and joining-up work in response to the Care Bill and local efforts to integrate care and health services in response to the Better Care Fund.
- 7.7 Close working between frontline services such as housing, community safety and leisure services (e.g. adaptations, falls prevention, inspections) and adult social care will be vital.
- 7.8 We must establish a regular dialogue with care providers relating to expectations on them relating to the forthcoming changes. Our Market Position Statement supports this approach.
- 7.9 The legislation will put SAB on a statutory footing: it is critical to keep the Chief Executive and political leaders up to date and engaged with the activities of our SAB.

### **Engage service users and carers?**

- 7.10 Plans must transparent: A robust local implementation plan should encompass engagement and consultation with care users, carers, the voluntary sector and the wider community.
- 7.11 We should consider using co-design groups to verify the plans for change and help ensure that local changes fulfil the aspirations of the Care Bill and help deliver against the Adult Social Care Outcomes Framework (ASCOF).
- 7.12 We must establish as early as possible where the commissioning, design or level of provision of a service is likely to change and whether engagement or consultation with those with care and support needs, their carers or the wider community may be necessary.

- 7.13 A local communications plan is necessary to ensure that both those with existing needs and those likely to need care and support are aware of the reforms, and what impact it will have on them.

### **Working with our region and the Programme Management Office to share good practice and consolidate efforts**

- 7.14 Regional delivery partnership arrangements are being considered for the Care and Support Bill, linking with the existing regional arrangements of Towards Excellence in Adult Social Care (TEASC), ADASS, and the Health Transition Task Group (HTTG). Discussions are ongoing amongst all partners to finalise the final form of regional support.

## **8.0 IMPLICATIONS FOR VOLUNTARY, COMMUNITY AND FAITH GROUPS**

- 8.1 Voluntary, Community and Faith VCF groups should be kept advised with regard to progress. Co-production in terms of implementation is likely to offer the opportunity to maximise the role of the VCF sector in delivering the reforms.

## **9.0 RESOURCE IMPLICATIONS: FINANCIAL; IT; STAFFING; AND ASSETS**

- 9.1 An initial view of the financial implications of the Bill has been recalculated and are summarised in the table below. (N.B. These are implications not provided for in setting the 2014-15 budget).

<b>Funding Status</b>	<b>2015-16</b>	<b>2016-17</b>	<b>2017-18</b>	<b>2015-18</b>
<b>Additional cost partly covered BCF growth not allocated for remainder</b>	<b>1.735</b>	<b>0.000</b>	<b>0.000</b>	<b>1.735</b>
<b>Additional cost growth not allocated</b>	<b>4.990</b>	<b>1.936</b>	<b>1.836</b>	<b>8.762</b>
<b>One off grant for implementation</b>	<b>-2.520</b>	<b>2.520</b>	<b>0.000</b>	<b>0.000</b>
<b>Grand Total</b>	<b>4.205</b>	<b>4.456</b>	<b>1.836</b>	<b>10.497</b>

- 9.2 The impact is explained clause by clause in Appendix 2, and a detailed table appears at the end of the report as appendix 3.

## **Timescale for the reforms, what is changing in law, and what is yet to be decided nationally?**

- 9.3 The Care Bill is subject to change as it continues its passage through Parliament. The Care and Support Reform Programme Management Office timeline and programme schedule sets out forthcoming stages in the passage of the Bill. These dates are indicative and will be updated when confirmed.
- 9.4 The [Bill clause analysis](#) (Appendix 2) provides a detailed assessment of the extent of change to policy and practice each section of the Bill represents, stating where regulations and/or statutory guidance is being produced to accompany the Bill clauses. It also shows what is yet to be decided nationally.

## **Change programme requirements for Care and Support reform**

- 9.5 A nominated lead officer should enable the co-ordination, leadership and planning for local implementation.
- 9.6 The lead officer will require resources (both human and financial) to support implementation of the reforms, including whether this is to be implemented by a dedicated team or alongside 'business as usual'.
- 9.7 We should map existing processes and timescales (noting where standardisation should occur) to allow planning for workforce changes and the additional demand that is expected for support.
- 9.8 A robust risk identification and management regime should be set in place.
- 9.9 Impacts will need to be monitored in relation to service quality and user satisfaction as the delivery of social care services change.
- 9.10 The implementation team will be held to account for the effectiveness of implementation activity.

## **Effective leadership, support and sponsorship of the local change programme?**

- 9.11 We must clarify how implementing the requirements of the Care Bill fits with the wider programmes of health and social care reform.
- 9.12 The HWB has an important role in facilitating the integration, cooperation and preventative approach, which are core principles of the Bill - the HWB should be regularly informed and actively engaged in implementing the Bill.

- 9.13 A senior level working group led by the Lead Member for Adult Social Care supported by other key Cabinet members, with responsibilities for Resources, Transformation and Public Health would enable full engagement of political leaders.
- 9.14 The full Council and key partners should be aware of the Bill and our Council's plan to implement the reforms. In most areas the financial pressures arising from rising adult social care costs are severe: implementation of the Care Bill, together with increasing pace of health and social care integration, should be seen as part of the solution – a corporate issue.
- 9.15 Effective scrutiny will be critical to ensuring value for money and inspiring cross-party confidence in the planning. The Policy and Performance Committee for Families and Wellbeing will have a role in considering the social care reforms as part of their forward work programmes?
- 9.16 Cross Council engagement in the project at an early stage of implementation will be critical to ensuring co-production and buy-in. This is particularly important in the following areas: Children's Services (Transition); IT (Information and Advice, Informatics); Finance (Deferred Payments and Cap on Care Costs); Communications & Website (Information and Advice, Communicating the Changes); and Housing (Wellbeing and Prevention). These areas may be reflected as detailed workstreams.

## **10.0 LEGAL IMPLICATIONS**

- 10.1 The clauses of the Bill were covered in Appendix 2 of this report. Further analysis of the implications will be required as part of implementing the reforms.

## **11.0 EQUALITIES IMPLICATIONS**

- 11.1 To be completed as part of implementation.

## **12.0 CARBON REDUCTION IMPLICATIONS**

- 12.1 N/A

## **13.0 PLANNING AND COMMUNITY SAFETY IMPLICATIONS**

- 13.1 N/A

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## **APPENDICES**

*Appendix 1 - Implementing the care and support reforms: getting started*

*Appendix 2 - Care Bill clause analysis*

*Appendix 3 - Summary of costs table*

## **REFERENCE MATERIAL**

N/A

## **SUBJECT HISTORY (last 3 years)**

N/A

### **Implementing the care and support reforms: getting started**

This document is aimed at Councils that have not yet started in earnest their preparation for implementation of the Care Bill. It is intended to provide some initial prompts, suggesting those areas where the local impact is likely to be the greatest and identifying key areas of work that Councils may want to consider as a matter of priority.

The overview does not seek to cover all the changes in policy and practice emanating from the Bill. It should be read alongside the supporting documents on Governance and the Care Bill, as well as the analysis of the Bill which identifies, clause by clause, what's new and significantly different in the legislation, what's a minor change and what is largely business as usual.

### **Funding reform (cap on costs): implementation April 2016**

#### **Key principles**

- Financial protection: everyone will know what they have to pay towards the cost of meeting their eligible needs for care and support.
- People will be protected from having to sell their home in their lifetime to pay for any care home costs.
- People will be helped to take responsibility for planning and preparing for their care needs in later life.

#### **Important changes**

- Introduction of a cap on costs of meeting eligible needs for care and support (to be set at £72,000 for those of state pension age and above when it is introduced) including independent personal budgets and care accounts. The cap will be adjusted annually, as will the amount people have accrued towards the cap.
- No contribution expected for young people entering adulthood with an eligible care need.
- Lower cap for adults of working age (level to be determined).
- Increase in capital thresholds / extension to the means test providing more support to people with modest wealth.
- New legal basis for charging covering both residential and non-residential care.
- Consistent approach towards calculating a contribution towards living costs for people in residential care.
- New framework for eligibility with threshold to be set nationally (to be implemented in April 2015).

#### **What will need to be in place to support implementation of the Bill?**

- Financial and IT systems to establish and monitor care accounts.
- Arrangements for assessments for all self-funders who ask for a care account.

#### **Suggested key tasks**

- Identify local self-funders.
- Estimate time needed to assess self-funders ahead of go live date.

- Estimate cost of meeting care costs for self-funders locally.
- Identify potential impact on current workforce (new skills, capacity and configuration).
- Consider ways of conducting proportionate assessments (including for the significant volume of self-funders who will want to set their care account running) including via third sector or self-assessment.
- Calculate costs of implementation (excluding costs of the cap – to be under-written by government).
- Review financial processes, information and advice systems and IT.
- Start a conversation with local providers about the potential impact of the reforms.

Having a good understanding of the volume of self-funders will underpin the planning and preparation for large parts of the Bill, as well as inform an understanding of the overall costs of implementation locally.

### **Deferred payments: implementation April 2015**

#### **Key principle**

People who face the risk of having to sell their home in their lifetime to pay for care home fees will have the option of a deferred payment.

#### **Important changes**

- Everyone in a care home who meets the eligibility criteria will be able to ask for a deferred payment regardless of whether or not the local authority pays for their care.
- Councils will be able to charge interest on loans to ensure they run on a cost neutral basis.

### **What will need to be in place to support implementation by April 2015**

- Sound financial processes to support increased number of DPAs.
- Sufficient staff / IT capacity.
- Robust financial processes.

#### **Key tasks for Councils**

- Estimate likely increase in requests for a deferred payment locally.
- Review existing arrangements for DPA – workforce capacity, IT, finance.
- Estimate implementation costs (average length of stay in residential placements, average client contribution).
- Estimate related costs (properties subject to a DPA may be exempt from Council Tax).

### **Additional assessments and changes to eligibility: implementation April 2015**

#### **Key principles**

- Early intervention and prevention: supporting people as early as possible to help maintain their wellbeing and independence.
- Eligibility to be set nationally based on risk to the individual's wellbeing (as opposed to the risk to the individual's independence).

- Focus on outcomes and wellbeing.
- Assessment to take into account the needs of the whole family as well as of any carers.
- New arrangements for transition to adult care and support.

### **Important changes**

- Councils will have a new duty to carry out a needs assessment for all carers (no longer dependent on the cared-for person meeting the FACS eligibility criteria).
- New duty to provide advice and information to service users and carers who do not meet the eligibility threshold.
- Duty to assess young people, and carers of children, who are likely to have needs as an adult where it will be of significant benefit, to help them plan for the adult care and support they may need, before they (or the child they care for) reach 18 years.
- Legal responsibility for local authorities to cooperate to ensure a smooth transition for people with care needs to adulthood.
- New national eligibility threshold.

### **What will need to be in place to support implementation by April 2015**

- Expanded assessment capability to cope with increased demand.
- Assessment process that is focused on outcomes and wellbeing.
- Strong and effective partnership working across adults' and children's services during transition.

### **Key tasks for Councils**

- Estimate the volume of additional assessments locally and the cost.
- Review assessment process to ensure it focuses on prevention and wellbeing.
- Review support and arrangements for young people and their families during transition – update procedures and training.
- Ensure workforce skills, configuration and capacity are sufficient to meet new demand and legal duties.
- Consider how assessments will be carried out for local self-funders.

### **Advice and information: April 2015**

#### **Key principles**

- Information should be available to all, regardless of how their care is paid for.
- Good quality, comprehensive and easily accessible information will help people to make good decisions about the care and support they need.
- Councils have a key role in ensuring good quality advice is available locally and for sign posting people to independent financial advice.

### **Important changes**

- Councils will be required to provide comprehensive information and advice about care and support services in their area and what process people need to use to get the care and support that is available.

- They will also need to tell people where they can get independent financial advice about how to fund their care and support.
- Councils will be required to provide independent advocates to support people to be involved in key processes such as assessment and care planning, where the person would be unable to be involved otherwise.

### **Key tasks for Councils**

- Review existing advice and information services: ensure adequate funding and capacity.
- Review advice, advocacy and brokerage services locally.
- Ensure good quality financial information and advice independent of the local authority is available and people know how to access it.

### **Commissioning: implementation April 2015**

#### **Key principles**

- A wide range of good quality care and support services will give people more control and choice and ensure better outcomes.
- Councils have an important role in developing the quality and range of services that local people want and need.
- Integrated commissioning with key partners, including health and housing, is essential to ensure quality as well as value for money and improve user satisfaction.

#### **Important changes**

- Duty on Councils to join up care and support with health and housing where this delivers better care and promotes wellbeing.
- Duty on Councils to ensure there is a wide range of care and support services available that enable local people to choose the care and support services they want (market shaping).
- New right to a personal budget and direct payment.

#### **Key tasks for Councils**

- Review commissioning arrangements including capacity, skills and leadership.
- Develop market position statement(s) which clearly identify strengths / weaknesses in local provision.
- Review engagement / dialogue with local providers and service users.
- Use Better Care Fund to promote coordinated health and social care which focuses on early intervention and prevention, and avoids duplication of process.

**Care Bill clause analysis**

This page describes the clauses in the Care Bill including whether they are new provisions, or whether they are a consolidation or modernisation of the law. The idea behind the analysis is that it may help local authorities to consider the relative scale of challenge associated with each part of the reforms and what that will mean for them. Naturally the local impact will depend on current local practice but we hope this might provide a starting point for anyone who wants to look in the round at the provisions in Part 1 of the Care Bill.

**Wellbeing principle: clause 1**

<b>New in law and practice</b> Will impact on local authorities	<b>New in law but not new in policy</b> Impact will depend on local practice	<b>Consolidating or modernising existing law</b>
	<b>X</b>	

This clause creates a new statutory principle which applies to all the functions under Part 1 of the Bill (including care and support and safeguarding), and means that whenever a local authority makes a decision about an adult, they must promote that adults' wellbeing.

The well-being principle is a new legal requirement, but existing practice in relation to care and support functions should already be compliant with the principle. Local authorities should consider reviewing their compliance with the principles of this general duty.

No specific financial implication identified. There is a one-off grant to local authorities in 2015-16 to cover all implications of the Care Bill and associated funding changes.

**Prevention: clause 2**

<b>New in law and practice</b> Will impact on local authorities	<b>New in law but not new in policy</b> Impact will depend on local practice	<b>Consolidating or modernising existing law</b>
	<b>X</b>	

To require local authorities to ensure the provision of preventative services - that is services which help prevent or delay the development of care and support needs, or reduce care and support needs (including carer's support needs).

This duty builds upon existing requirements to provide certain preventive services (e.g. under Schedule 20 to the NHS Act 2006) and supports other duties, such as those to undertake joint strategic needs assessments. This expands current legal requirements, to reflect best practice in relation to local approaches to preventing and delaying needs.

There are financial implications, but the Wirral Better Care Fund proposal includes £400k for a falls programme in 2014-15 and £1.400m directed to the Voluntary, Community and Faith Sector in 2015-16. No additional growth is assumed.

**Integration: clause 3**

<b>New in law and practice</b> Will impact on local authorities	<b>New in law but not new in policy</b> Impact will depend on local practice	<b>Consolidating or modernising existing law</b>
	<b>X</b>	

A duty on local authorities to carry out their care and support functions with the aim of integrating services with those provided by the NHS or other health-related services (for example, housing).

£1.200m saving is already assumed to arise in 2016-17 from integration. No additional financial implication is assumed.

**Information and advice: clause 3**

<b>New in law and practice</b> Will impact on local authorities	<b>New in law but not new in policy</b> Impact will depend on local practice	<b>Consolidating or modernising existing law</b>
		<b>X</b>

Provides for an information and advice service to be available to all people in the local authority's area regardless of whether or not they have eligible care needs.

This replaces existing duties in relation to information and advice, and updates those requirements to specify more detail on what a universal information and advice service must include. This is based on existing best practice.

No specific financial implication identified.

**Market Shaping: clause 5**

<b>New in law and practice</b> Will impact on local authorities	<b>New in law but not new in policy</b> Impact will depend on local practice	<b>Consolidating or modernising existing law</b>
	<b>X</b>	

A general duty for local authorities to promote diversity and quality in the market of care and support providers for people in their local area. In particular, local authorities must act to ensure that there is a range of different providers of services available, offering a range of services shaped by the demands of individuals, families and carers, and that those services are of a high quality, in order to meet the needs and preferences of people wanting to access services.

This is a new duty, which reflects existing responsibilities of local authorities and policy with regard to the promotion of the market of local services.

No specific financial implication identified.

### Cooperation general: clause 6-7

<b>New in law and practice</b> Will impact on local authorities	<b>New in law but not new in policy</b> Impact will depend on local practice	<b>Consolidating or modernising existing law</b>
		<b>X</b>

A general duty to cooperate between the local authority and other relevant authorities which have functions relevant to care and support. This includes a duty on the LA itself to ensure cooperation between its adult care and support, housing, public health and children's services.

These duties replicate existing cooperation duties, and provide a new ability to require cooperation from a relevant partner, in relation to an individual case.

No specific financial implication identified.

### How to meet needs: clause 8

<b>New in law and practice</b> Will impact on local authorities	<b>New in law but not new in policy</b> Impact will depend on local practice	<b>Consolidating or modernising existing law</b>
		<b>X</b>

This clause gives examples of the ways in which a local authority may meet a person's needs under this statute. It relates to adults who need care and carers, and is an illustration of how needs could be met, to ensure there is flexibility.

This clause is a new provision; however, it does not create an impact on local authorities in its own right.

No specific financial implication identified.

### Assessment: clause 9, 11

<b>New in law and practice</b> Will impact on local authorities	<b>New in law but not new in policy</b> Impact will depend on local practice	<b>Consolidating or modernising existing law</b>
	<b>X</b>	

Clause 9 creates a single legal basis that requires a local authority to carry out an assessment, which is referred to as a 'needs assessment,' where it appears that an adult may have needs for care and support.

The duty to assess will replace the existing, equivalent legal duty under the Community Care Act 1990. The threshold for assessment is retained, so access to this right is not affected. Requirements of the assessment process itself have been updated, for instance to include a focus on outcomes, on the basis of best practice and existing policy.

It is assumed the cost of this additional duty will be £0.280m in 2015-16. This is the cost of 8 additional social work posts.

### Assessment regulations: clause 12

<b>New in law and practice</b> Will impact on local authorities	<b>New in law but not new in policy</b> Impact will depend on local practice	<b>Consolidating or modernising existing law</b>
	<b>X</b>	

Clause 12, which also applies to carers, allows for regulations to specify further detail about the assessment process, including requiring the assessment to be appropriate and proportionate, specialist assessments, self-assessment, and considering the needs of the whole family. Regulations may also specify when a local authority should refer a person for assessment by the NHS when they believe that the person has NHS continuing healthcare needs.

Regulations will replace existing Directions in relation to assessment, with additional detail to provide further clarity on a number of issues, based on existing practice.

No specific financial implication identified.

### Carers assessment: clause 10

<b>New in law and practice</b> Will impact on local authorities	<b>New in law but not new in policy</b> Impact will depend on local practice	<b>Consolidating or modernising existing law</b>
<b>X</b>		

Clause 12, which also applies to carers, allows for regulations to specify further detail about the assessment process, including requiring the assessment to be appropriate and proportionate, specialist assessments, self-assessment, and considering the needs of the whole family. Regulations may also specify when a local authority should refer a person for assessment by the NHS when they believe that the person has NHS continuing healthcare needs.

Regulations will replace existing Directions in relation to assessment, with additional detail to provide further clarity on a number of issues, based on existing practice.

There are financial implications, but the Wirral Better Care Fund proposal includes £765k for a Carers Strategy in 2014-15. It assumed 20,000 carers would need to be assessed at a cost of £100 per assessment, or £2m in total. Additional growth is assumed over and above the Better Care Fund provision of £1.235m.

### Eligibility: clause 13

<b>New in law and practice</b> Will impact on local authorities	<b>New in law but not new in policy</b> Impact will depend on local practice	<b>Consolidating or modernising existing law</b>
<b>X</b>		

The clause requires local authorities to determine whether a person has eligible

needs after they have carried out a needs assessment or a carers assessment. It provides for regulations which will set out the eligibility criteria, including the minimum level of eligibility at which local authorities must meet a person's care and support needs.

The duty to determine eligible needs replaces an existing requirement to do so, following the assessment. The description of eligible needs within regulations will create a national minimum threshold, which replaces existing local thresholds and current statutory guidance.

There is a financial implication for which no growth provision has been made. The cost is estimated at 5% of the current £80m spend on community care packages.

#### Charging: clause 14

<b>New in law and practice</b> Will impact on local authorities	<b>New in law but not new in policy</b> Impact will depend on local practice	<b>Consolidating or modernising existing law</b>
		<b>X</b>

This clause gives local authorities a general power to charge for certain types of care and support, at their discretion.

The power for local authorities to charge for care and support replaces existing provisions, and provides further flexibility on discretion to charge (there is currently a duty to charge for residential care). Regulations will specify services that must be provided free, on the same basis as the current requirements.

There is a financial implication for which no growth provision has been made. The cost is estimated at £250k or 5% of the current £5m income from financial assessments for non-residential services.

#### Cap on Care Costs: clause 15,16

<b>New in law and practice</b> Will impact on local authorities	<b>New in law but not new in policy</b> Impact will depend on local practice	<b>Consolidating or modernising existing law</b>
<b>X</b>		

This clause allows for regulations to establish a limit on the amount that adults can be required to pay towards the costs of meeting their eligible needs over their lifetime, and prevents local authorities from making a charge for meeting needs (other than for daily living costs) once an adult's care costs have reached that limit. Clause 16 provides for annual adjustments to be made to the cap and an adult's accrued costs in line the level of average earnings.

This is a new legal requirement, providing for a new policy in relation to the cap on care costs.

Clause 16 requires annual adjustments be made to the cap and an adult's accrued costs so that they keep pace with inflation.

There is a financial implication for which no growth provision has been made. The cost is estimated at £1.336m based on the extrapolation of Government estimates of the cost nationally.

**Financial assessment: clause 17**

<b>New in law and practice</b> Will impact on local authorities	<b>New in law but not new in policy</b> Impact will depend on local practice	<b>Consolidating or modernising existing law</b>
		<b>X</b>

This clause requires a local authority to carry out a financial assessment if they have chosen to charge for a particular service under the power in clause 14.

The duty to undertake a financial assessment replaces an existing duty in this regard, and detail on the process for the financial assessment (i.e. treatment of income, capital etc.) will repeat current arrangements in regulations and statutory guidance.

This clause requires a local authority to carry out a financial assessment if they have chosen to charge for a particular service under the power in clause 14.

The duty to undertake a financial assessment replaces an existing duty in this regard, and detail on the process for the financial assessment (i.e. treatment of income, capital etc.) will repeat current arrangements in regulations and statutory guidance.

There is a financial implication for which no growth provision has been made. The cost is estimated at £200k after allowing for the implementation of CONTROCC and the ability to recover some assessment costs from self-funders.

**Duty to meet needs: clause 18**

<b>New in law and practice</b> Will impact on local authorities	<b>New in law but not new in policy</b> Impact will depend on local practice	<b>Consolidating or modernising existing law</b>
		<b>X</b>

Clause 18 sets out the circumstances establishing an entitlement to public care and support for adults who need care (carers are covered in a separate clause). It describes the conditions which must be met for there to be a duty on local authorities to meet their eligible needs.

It creates a new duty on LAs to arrange care and support if requested, when the adult would otherwise not be entitled, but could afford to pay for their care, or if the adult's accrued costs exceed the cap on care costs.

The duty to meet eligible needs provides for a single entitlement to care and support, which replaces a number of existing duties to provide specified services to individuals (e.g. s.21 NAA 1948 in relation to residential care).

There is a financial implication for which no growth provision has been made. The cost is estimated at £1m or £500k per annum credit risk for self-funder packages.

#### Power to meet needs: clause 19

<b>New in law and practice</b> Will impact on local authorities	<b>New in law but not new in policy</b> Impact will depend on local practice	<b>Consolidating or modernising existing law</b>
		<b>X</b>

Provides a broad power for the local authority to meet care and support needs in circumstances where the duty in clause 18 does not arise. It also allows for local authorities to temporarily bypass carrying out an assessment of needs, where care and support is needed urgently.

This power to meet needs replaces and replicates existing powers to provide services at the local authority's discretion.

There are financial implications, but the Wirral Better Care Fund proposal includes £1.085k for 24/7 assessment. No additional growth is assumed.

#### Duty to meet carers' needs: clause 20

<b>New in law and practice</b> Will impact on local authorities	<b>New in law but not new in policy</b> Impact will depend on local practice	<b>Consolidating or modernising existing law</b>
<b>X</b>		

Clause 20 establishes a legal obligation to meet a carers needs for support, on a similar basis to those needing care in clause 18. The key conditions for a carers entitlement is that they have assessed eligible needs for care and support and that the person for whom they care is ordinarily resident in the local authority area (or present there but of no settled residence).

The duty to meet a carers needs is a new entitlement to support for carers. This replaces the existing discretionary power for local authorities to provide services to carers, with a requirement based on meeting eligible needs. This will have a substantial impact on local authorities, which will vary based on their current arrangements for carers.

There are financial implications of £500k over and above the Wirral Better Care Fund proposal

#### Exception for immigration: clause 21

<b>New in law and practice</b> Will impact on local authorities	<b>New in law but not new in policy</b> Impact will depend on local practice	<b>Consolidating or modernising existing law</b>
		<b>X</b>

The clause applies to adults who are subject to immigration control. The clause provides that local authorities may not meet the care and support needs of such adults solely because they are "destitute" or because of the physical effects or anticipated physical effects of being destitute. If their needs have arisen for other

reasons (e.g. because of a disability, rather than solely because they are destitute), then the prohibition does not apply.

This prohibition replicates an existing legal provision under the National Assistance Act 1948.

No specific financial implication identified.

**Exception for NHS: clause 22**

<b>New in law and practice</b> Will impact on local authorities	<b>New in law but not new in policy</b> Impact will depend on local practice	<b>Consolidating or modernising existing law</b>
		<b>X</b>

The 'exception for provision of health services' clause provides that in meeting an adult's needs for care and support, a local authority may not provide any healthcare services which are the responsibility of the NHS. However, a local authority may provide some healthcare services in certain circumstances, as long as the service provided is minor and it accompanies some other care and support service which the local authority is permitted to provide.

This prohibition on providing health services replicates the existing legal provisions under the National Assistance Act 1948, and is not intended to amend the legal boundary between the local authority and the NHS.

No specific financial implication identified.

**Exception for housing: clause 23**

<b>New in law and practice</b> Will impact on local authorities	<b>New in law but not new in policy</b> Impact will depend on local practice	<b>Consolidating or modernising existing law</b>
		<b>X</b>

The clause provides that local authorities may not meet an adult's care and support needs by providing general housing, or anything else required under other legislation specified in regulations. It forms the boundary in law between adult social care and housing.

This prohibition replicates the existing legal boundary between care and support and housing functions, which has been established in case law.

No specific financial implication identified.

**Steps to take: clause 24**

<b>New in law and practice</b> Will impact on local authorities	<b>New in law but not new in policy</b> Impact will depend on local practice	<b>Consolidating or modernising existing law</b>
	<b>X</b>	

This clause sets out the steps local authorities must take after carrying out the needs assessment or carers assessment (and the financial assessment where relevant).

The duty to prepare a care and support plan is a new legal duty, which reflects established practice in local authorities and existing case law.  
The requirement to inform the person about direct payments replicates a current requirement in regulations.

The duty to provide an independent personal budget is a new requirement linked to the new funding reforms and capped costs system.

No specific financial implication identified.

**Care and support plans: clause 25**

<b>New in law and practice</b> Will impact on local authorities	<b>New in law but not new in policy</b> Impact will depend on local practice	<b>Consolidating or modernising existing law</b>
	<b>X</b>	

Details requirements for inclusion in the care and support plan. The required detail of the care and support plan reflects existing best practice in care planning. The requirement to include a personal budget reflects both practice and agreed policy priorities. The impact on local authorities will vary depending on existing arrangements.

No specific financial implication identified.

**Personal budget: clause 26**

<b>New in law and practice</b> Will impact on local authorities	<b>New in law but not new in policy</b> Impact will depend on local practice	<b>Consolidating or modernising existing law</b>
	<b>X</b>	

Defines a personal budget as a statement and set out the financial information to be included in the statement.

The definition of the personal budget reflects current policy and practice.

No specific financial implication identified.

**Review of C/S Plan: clause 27**

<b>New in law and practice</b> Will impact on local authorities	<b>New in law but not new in policy</b> Impact will depend on local practice	<b>Consolidating or modernising existing law</b>
	<b>X</b>	

Requires local authorities to keep care and support plans under review generally, and to carry out an assessment where they are satisfied that the person's

circumstances have changed. The adult can also make a reasonable request to have a review.

Where they are satisfied that the person's circumstances have changed, the adult can also make a reasonable request to have a review.

The duty to review care and support plans is a new legal duty, which reflects existing practice and case law in relation to the LAs ongoing responsibilities towards an individual whose needs it is meeting.

No specific financial implication identified.

**Independent Personal Budget: clause 28**

<b>New in law and practice</b> Will impact on local authorities	<b>New in law but not new in policy</b> Impact will depend on local practice	<b>Consolidating or modernising existing law</b>
<b>X</b>		

This clause establishes the concept of independent personal budgets for adults who have eligible needs, and who choose not to have those needs met by their local authority. The independent budget is a statement recording how much of the adult's spending on care will count towards the cap.

This is a new provision, which support funding reform and the capped costs system.

No specific financial implication identified.

**Care account: clause 29**

<b>New in law and practice</b> Will impact on local authorities	<b>New in law but not new in policy</b> Impact will depend on local practice	<b>Consolidating or modernising existing law</b>
<b>X</b>		

This is a new provision, which support funding reform and the capped costs system.

There is a financial implication for which no growth provision has been made. The cost is estimated at 50k.

**Choice of accommodation: clause 30**

<b>New in law and practice</b> Will impact on local authorities	<b>New in law but not new in policy</b> Impact will depend on local practice	<b>Consolidating or modernising existing law</b>
	<b>X</b>	

This clause provides a framework and powers to set regulations regarding the choice of accommodation, and other matters.

Regulations will broadly maintain current practice. They will set out factors to be considered when it has been determined that an individual's needs would be best met through the provision of care and support in a care home or other type of accommodation, and the adult expresses a preference for particular accommodation.

The right to a choice of accommodation, and ability to make additional payments, both replicate existing requirements. Regulations will set the detail on conditions related to both issues, and replace current Directions. These regulations may extend the ability to make additional payments, subject to consultation on funding reform.

No specific financial implication identified.

#### **Direct payments: clause 31-33**

<b>New in law and practice</b> Will impact on local authorities	<b>New in law but not new in policy</b> Impact will depend on local practice	<b>Consolidating or modernising existing law</b>
		<b>X</b>

Consolidates the existing legislation on direct payments. People with capacity can request a direct payment, and where they meet the conditions set out in this clause the local authority must provide direct payments to meet their assessed eligible needs.

Places a duty on local authorities for adults who lack capacity. It requires local authorities to make a direct payment to an authorised person who requests one, provided five conditions set out in the clause are met.

These provisions replace and update existing duties in relation to direct payments (under the Health and Social Care Act 2001 and the 2009 regulations).

There is a financial implication for which no growth provision has been made. The cost is estimated at £50k.

#### **Deferred payments: clause 34-36**

<b>New in law and practice</b> Will impact on local authorities	<b>New in law but not new in policy</b> Impact will depend on local practice	<b>Consolidating or modernising existing law</b>
<b>X</b>		

The clause allows regulations to be made to state when a local authority may or must enter into a deferred payment or loan agreement which will allow people to defer paying their care fees or take out a loan to pay for care and support to avoid selling property or possessions.

Clause 35 contains further provisions for deferred payment and loan agreements to help the authorities recover the costs involve in their provision and to ensure adequate protections for residents and their families. It includes powers to set out what administration costs and interest payments authorities can charge people, and the information or other consumer protection measures that must be provided to the resident.

These provisions will replace the existing power to enter into deferred payment agreements (under the 2001 Act), which a requirement to enter such agreements in specified circumstances (to be set out in regulations).

There is a financial implication for which no growth provision has been made. The cost is estimated at £40k or two net additional financial or legal posts.

**Continuity of care: clause 37-38**

<b>New in law and practice</b> Will impact on local authorities	<b>New in law but not new in policy</b> Impact will depend on local practice	<b>Consolidating or modernising existing law</b>
<b>X</b>		

Clause 37 sets out the duties that local authorities are under when an individual, and potentially their carer, notifies them that they intend to move from one local authority area to another.

Clause 38 applies when the second authority has not carried out the assessment before the person moves. It requires the second authority to provide services based on the care and support plan provided by the first authority. The second authority must continue to provide this care until it has undertaken its own assessment.

These clauses set out new legal duties, to provide for a new arrangement for notification, information-sharing and assessment, when a person moves between areas. The new duty to ensure continuity of care will impact on local authorities when a person moves to/from their area under the rules set out.

No specific financial implication identified.

**Ordinary residence: clause 39-41**

<b>New in law and practice</b> Will impact on local authorities	<b>New in law but not new in policy</b> Impact will depend on local practice	<b>Consolidating or modernising existing law</b>
<b>X</b>		

These clauses help local authorities identify a person's ordinary residence (usually based on where they live) for the purposes of providing care and support.

It also provides a mechanism for local authorities to reclaim money they have spent providing care and support to someone for whom they were not in fact responsible.

The provisions in relation to ordinary residence replace the existing "deeming rules" under s.24(1) of the National Assistance Act 1948, and expand this principle to cover other forms of accommodation which are not residential care homes, as specified in the new regulations.

Growth of £500k a year has already been allocated for ordinary residence. No additional growth is assumed.

### Adult safeguarding : clause 42-46/S2

<b>New in law and practice</b> Will impact on local authorities	<b>New in law but not new in policy</b> Impact will depend on local practice	<b>Consolidating or modernising existing law</b>
	<b>X</b>	

Sets out the local authority's responsibility for adult safeguarding for the first time in primary legislation.

- responsibility to ensure enquiries into cases of abuse and neglect
- establishment of SAB on a statutory footing,
- puts Safeguarding Adults Reviews on a statutory footing
- information sharing

Clause 46 repeals section 47 of the 1948 National Assistance Act, which confers a power to remove someone from his or her home in certain circumstances. It is in compatible with human rights legislation and the overall intent of the Bill.

Clause 47 also updates the duty originally set out at section 48 of the National Assistance Act 1948, to protect the property of adults who have been admitted to hospital or residential care, and also re-enacts an offence associated with this duty, found at section 55 of the National Assistance Act 1948.

These provisions set out a new legal framework for adult safeguarding, based on local authorities' existing responsibilities and practice, and current statutory guidance ("No Secrets"). Local authorities should review their current practice, with relevant partners, to determine any specific impacts.

There is a financial implication for which no growth provision has been made. The cost is estimated at £50k or two additional posts..

### Human Rights Act: clause 48

<b>New in law and practice</b> Will impact on local authorities	<b>New in law but not new in policy</b> Impact will depend on local practice	<b>Consolidating or modernising existing law</b>
	<b>X</b>	

This is a new legal provision.

No specific financial implication identified.

### Provider Failure: clause 49-53

<b>New in law and practice</b> Will impact on local authorities	<b>New in law but not new in policy</b> Impact will depend on local practice	<b>Consolidating or modernising existing law</b>
	<b>X</b>	

Sets out the duty of English local authorities when providers fail. Authorities will be required to meet temporarily those of an adult's needs for care and

Sets out the duty of English local authorities when providers fail. Authorities will be required to meet temporarily those of an adult's needs for care and support which are no longer being met as a result of the provider failing. This specific duty will apply to all individuals present in the authority's area whose needs the local authority is not already meeting, i.e. those who are self-funders, and those whose services are funded by another local authority.

These duties replace and update existing requirements on local authorities to provide services to individuals in urgent situations where a provider has failed. The duties replace those in Directions made under the 1948 Act, and clarify arrangements in situations where care is arranged in accommodation in other areas, including in devolved administrations.

No specific financial implication identified.

**Market Oversight: clause 54-58**

<b>New in law and practice</b> Will impact on local authorities	<b>New in law but not new in policy</b> Impact will depend on local practice	<b>Consolidating or modernising existing law</b>
<b>X</b>		

Introduces duties on CQC to:

- assess the financial sustainability of the most difficult to replace provider
- support local authorities to ensure continuity of care when providers fail, by informing them where it deems that it is likely that a provider will fail and providing authorities with information they need, including details of the individuals receiving services from the provider in the authority's area.

To support CQC in doing this, the Bill gives CQC powers to engage providers in mitigation planning by requiring them to develop a sustainability plan or commissioning an independent review of the provider's business.

These provisions create a new legal function for the Care Quality Commission to assess and monitor the financial sustainability of certain providers, as determined by criteria in regulations. Local authorities' legal responsibilities are limited to responding to cases of failure, as per the previous clauses, and guidance will set out expectations for working with CQC as part of this new regime.

No specific financial implication identified.

**Transition from childhood: clause 59-67**

<b>New in law and practice</b> Will impact on local authorities	<b>New in law but not new in policy</b> Impact will depend on local practice	<b>Consolidating or modernising existing law</b>
	<b>X</b>	

Duty for local authority to assess a child, young carers or child's carer before they turn 18, in order to help them plan if they are likely to have needs once they ( or the child they care for) turn 18 and if it will be of "significant benefit"

Gives local authorities a power to meet the needs of an adult caring for a child with needs for care and support and allows regulations to be made in relation to the exercise of this power.

Includes a power to make regulations about assessment for young carers and also provides that an assessment can be carried out jointly with another assessment.

Provides continuity so that where a young person is receiving children's services those services will not stop abruptly when the person turns 18, but must continue until adult services have a plan in place.

These provisions create new legal duties to carry out transition assessments for the three groups identified, and to take certain additional steps. These are new provisions, which reflect best practice in relation to preparation for adulthood and joint working between local authorities' adult and children's services departments.

No specific financial implication identified.

**Advocacy: clause 68-69**

<b>New in law and practice</b> Will impact on local authorities	<b>New in law but not new in policy</b> Impact will depend on local practice	<b>Consolidating or modernising existing law</b>
<b>X</b>		

This clause places a duty on local authorities, in certain specified circumstances, to arrange an independent advocate to be available to facilitate the involvement of an adult or carer who is the subject of an assessment, care or support planning or review.

This is a new duty to provide an independent advocate in specified circumstances. This reflects best practice in local authorities, but will extend practice in many areas to require the advocate to be provided.

There is a financial implication for which no growth provision has been made. The cost is estimated at £50k to extend the current contract..

**Recovery of charges, Transfer of assets: clause 70-71**

<b>New in law and practice</b> Will impact on local authorities	<b>New in law but not new in policy</b> Impact will depend on local practice	<b>Consolidating or modernising existing law</b>
		<b>X</b>

Allows local authorities to recover as a debt any sums owed, such as unpaid charges and interest.

These provisions replicate and consolidate existing powers to recover debts, under the Health and Social Services and Social Security Adjudications Act 1983.

No specific financial implication identified.

**Five-yearly review: clause: 72**

<b>New in law and practice</b> Will impact on local	<b>New in law but not new in policy</b>	<b>Consolidating or modernising existing law</b>

authorities	Impact will depend on local practice	

This clause requires the Secretary of State for Health to review how the capped cost system is operating every five years, the results of which that can be used to inform decisions on whether to change the level of the cap, or other parameters, such as general living costs, in the system.

This is a new duty on the Secretary of State to review the capped costs system, at least every five years.

No specific financial implication identified.

**Delayed discharges: clause 73/S3**

<b>New in law and practice</b> Will impact on local authorities	<b>New in law but not new in policy</b> Impact will depend on local practice	<b>Consolidating or modernising existing law</b>
		<b>X</b>

This clause (and Schedule 3) re-enact and update the provisions which relate to delayed discharges from acute hospitals. They set out the process for notification of discharge when an adult has care needs, requirement for assessment, and amends the mandatory system of fining ("reimbursement"), where the local authority has not carried out its duties by the day of discharge, to a discretionary one.

These provisions replicate the existing arrangements made under the Community Care (Delayed Discharges) Act 2003, with minor amendments to update the current law and reflect practice and the new legal framework.

No specific financial implication identified.

**Mental health after-care: 74/S4**

<b>New in law and practice</b> Will impact on local authorities	<b>New in law but not new in policy</b> Impact will depend on local practice	<b>Consolidating or modernising existing law</b>
		<b>X</b>

Clarifies that after-care services provided under section 117 of the Mental Health Act 1983 are to meet a need arising from or related to the mental disorder of the person concerned. They aim to reduce the likelihood of deterioration in the person's mental disorder (and, accordingly, reducing their risk of requiring admission to hospital for treatment).

These provisions do not affect the underlying joint duty in s.117 Mental Health Act 1983 to provide aftercare services. They set out a number of amendments to apply specific matters to s.117 services, such as the right to a choice of accommodation, which have not applied previously.

No specific financial implication identified.

**Prisoners: clause 75**

<b>New in law and practice</b> Will impact on local authorities	<b>New in law but not new in policy</b> Impact will depend on local practice	<b>Consolidating or modernising existing law</b>
	<b>X</b>	

Clause 72 sets out the responsibilities for provision of care and support for adult prisoners and people residing in approved premises (which includes bail accommodation). Where it appears that adults in prison or approved premises have needs for care and support, they should have their needs assessed by local authorities and where they meet eligibility criteria, have services provided by the local authority in question. Prisoners' non-eligible needs will be met by the prison.

This clause clarifies the application of care and support law to people in people and bail accommodation. This reflects existing legal opinion and practice; but the current law is unclear on the matter. This will have a differential impact on local authorities, depending on their local prison populations and current arrangements.

No specific financial implication identified.

**Registers: clause 76**

<b>New in law and practice</b> Will impact on local authorities	<b>New in law but not new in policy</b> Impact will depend on local practice	<b>Consolidating or modernising existing law</b>
		<b>X</b>

The clause requires local authorities to continue to establish and maintain a register of people living in their area who are sight impaired as they do at present. It also enables local authorities to establish and maintain a similar register of people living in their area who need care and support or are likely to do so in the future.

This duty replicates and replaces existing requirement to maintain a register of blind and partially sighted people, under the 1948 Act.

No specific financial implication identified.

**Guidance: clause 77**

<b>New in law and practice</b> Will impact on local authorities	<b>New in law but not new in policy</b> Impact will depend on local practice	<b>Consolidating or modernising existing law</b>
		<b>X</b>

The clause gives the Secretary of State a power to issue guidance to local authorities on how they exercise functions under the Bill. Before issuing any such guidance the Secretary of State must consult such people as he or she considers appropriate.

This clause replicates the existing power to issue statutory guidance in relation to care and support, which is made under s.7 of the Local Authority Social Services Act 1970, on the same legal basis.

No specific financial implication identified.

**Delegation: clause 78**

<b>New in law and practice</b> Will impact on local authorities	<b>New in law but not new in policy</b> Impact will depend on local practice	<b>Consolidating or modernising existing law</b>
<b>X</b>		

The Bill provides a power for local authorities to authorise a third party to carry out certain care and support functions.

This clause provides for a new power for local authorities to delegate certain care and support functions to a third party. This is a new discretion for local authorities, to be determined locally.

No specific financial implication identified.

**Cross border placements: clause S1**

<b>New in law and practice</b> Will impact on local authorities	<b>New in law but not new in policy</b> Impact will depend on local practice	<b>Consolidating or modernising existing law</b>
<b>X</b>		

The clause makes provision for a person ordinarily resident in England, who has care and support needs and requires residential accommodation to meet those needs, to be provided with that accommodation in another part of the UK.

It also allows for such placements to be made in England for people who are ordinarily resident in Wales, or whose care and support is provided under the relevant Scottish or Northern Irish legislation.

It also makes similar arrangements for cross border placements not involving England i.e. Wales-Scotland, Scotland-Northern Ireland and Northern Ireland-Wales.

This Schedule sets out new arrangements in relation to placements made by local authorities in accommodation in another administration. This provides new powers to make such placements - currently, this power only extends in relation to placements made in Wales.

No specific financial implication identified.

**Summary of costs table**

All the costs shown are additional to current planning assumptions.

The 2014-17 budget already includes £1.500m growth for Ordinary Residence pressures. The growth is allocated £0.500m in each of the three financial years.

The 2014-17 budget includes -£1.200m savings from Integration with Health.

<b>Funding Status</b>	<b>Clause</b>	<b>Principle</b>	<b>2015-16</b>	<b>2016-17</b>	<b>2017-18</b>	<b>2015-18</b>
<b>No additional cost</b>						
	<b>5</b>	Market Shaping	0.000	0.000	0.000	0.000
	<b>6</b>	Cooperation	0.000	0.000	0.000	0.000
	<b>8</b>	How to meet needs	0.000	0.000	0.000	0.000
	<b>12</b>	Assessment regulation	0.000	0.000	0.000	0.000
	<b>21</b>	Exception for immigration	0.000	0.000	0.000	0.000
	<b>22</b>	Exception for the NHS	0.000	0.000	0.000	0.000
	<b>23</b>	Exception for Housing	0.000	0.000	0.000	0.000
	<b>24</b>	Steps following assessment	0.000	0.000	0.000	0.000
	<b>25</b>	Care and support and plans	0.000	0.000	0.000	0.000
	<b>26</b>	Personal budget	0.000	0.000	0.000	0.000
	<b>27</b>	Review of care	0.000	0.000	0.000	0.000

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<b>28</b>	and support plans				
	independent				
<b>30</b>	personal budget	0.000	0.000	0.000	0.000
	Choice of				
<b>37</b>	accommodation	0.000	0.000	0.000	0.000
	Continuity of care				
<b>48</b>	Human Rights Act	0.000	0.000	0.000	0.000
<b>49</b>	Provider failure	0.000	0.000	0.000	0.000
<b>54</b>	Market oversight	0.000	0.000	0.000	0.000
<b>59</b>	Transition duty	0.000	0.000	0.000	0.000
<b>70</b>	Recovery of				
	charges	0.000	0.000	0.000	0.000
<b>72</b>	5-yearly review	0.000	0.000	0.000	0.000
<b>73</b>	Delayed				
	discharges	0.000	0.000	0.000	0.000
<b>74</b>	Mental health				
	aftercare	0.000	0.000	0.000	0.000
<b>75</b>	Prisoners	0.000	0.000	0.000	0.000
<b>76</b>					

	77	Register VIP	0.000	0.000	0.000	0.000
	78	Guidance by SoS	0.000	0.000	0.000	0.000
	S1	Delegation	0.000	0.000	0.000	0.000
		Cross border placements	0.000	0.000	0.000	0.000
<b>No additional cost Total</b>			<b>0.000</b>	<b>0.000</b>	<b>0.000</b>	<b>0.000</b>
<b>Additional cost but covered BCF provision</b>						
	2					
	19	Prevention	0.000	0.000	0.000	0.000
		Urgent provision				0.000
<b>Additional cost but covered BCF provision Total</b>						<b>0.000</b>
<b>Additional cost partly covered BCF growth not allocated for remainder</b>						
	10					
	20	Carers assessment	1.235	0.000	0.000	1.235
		Duty to meet carers needs	0.500	0.000	0.000	0.500
<b>Additional cost partly covered BCF growth not allocated for remainder Total</b>			<b>1.735</b>	<b>0.000</b>	<b>0.000</b>	<b>1.735</b>
<b>Growth already allocated</b>						
	39					
		Ordinary residence	0.000	0.000	0.000	0.000

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<b>Growth already allocated Total</b>		<b>0.000</b>	<b>0.000</b>	<b>0.000</b>	<b>0.000</b>
<b>Additional cost growth not allocated</b>					
<b>9</b>	Duty to assess	0.280	0.000	0.000	0.280
<b>13</b>	National Standard Eligibility Criteria	4.000	0.000	0.000	4.000
<b>14</b>	SoS power to restrict charging	0.250	0.000	0.000	0.250
<b>15</b>	Cap on care costs and new charging structure	0.000	1.336	1.336	2.672
<b>17</b>	Financial assessment	0.100	0.100	0.000	0.200
<b>18</b>	Duty to meet needs	0.120	0.500	0.500	1.120
<b>29</b>	Care account	0.050	0.000	0.000	0.050
<b>31</b>	Direct Payments	0.050	0.000	0.000	0.050
<b>34</b>	Deferred Payment	0.040	0.000	0.000	0.040
<b>42</b>	Adult safeguarding	0.050	0.000	0.000	0.050
<b>69</b>	Advocacy	0.050	0.000	0.000	0.050

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<b>Additional cost growth not allocated Total</b>			<b>4.990</b>	<b>1.936</b>	<b>1.836</b>	<b>8.762</b>
<b>Approved Saving</b>						
	<b>3</b>					
		Integration	0.000	0.000	0.000	0.000
<b>Approved Saving Total</b>			<b>0.000</b>	<b>0.000</b>	<b>0.000</b>	<b>0.000</b>
<b>One off grant for implementation</b>						
	<b>1</b>					
		Wellbeing Principle	-2.520	2.520	0.000	0.000
<b>One off grant for implementation Total</b>			<b>-2.520</b>	<b>2.520</b>	<b>0.000</b>	<b>0.000</b>
<b>Grand Total</b>			<b>4.205</b>	<b>4.456</b>	<b>1.836</b>	<b>10.497</b>

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