

WIRRAL HEALTH & WELLBEING BOARD

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| Meeting Date | 12 November 2014 | Agenda Item | |
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| Report Title | Care Act Implications - Update on Progress and Emerging Plans |
| Responsible Board Member | Graham Hodgkinson |

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|---|---|---------|-----------|
| Link To HWB Function | Board development | | |
| | JSNA/JHWS | | |
| | Health and social care integrated commissioning or provision | | ✓ |
| Equality Impact Assessment Required & Attached | Yes | No | N/A |
| Purpose | For approval | To note | To assure |

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| Summary of Paper | This paper highlights key changes that will have a significant impact on Wirral Council from April 2015. It builds upon the earlier Cabinet report and previous papers to CESG, setting out the key legislative changes that the Act brings, by setting out emerging plans based on capacity requirements to meet the increased demand anticipated as a result of these changes. | | |
| Financial Implications | Total financial implication | New investment required | Source of investment (e.g. name of budget) |
| | £ | £ | £ |
| Risks and Preventive Measures | | | |
| Details of Any Public/Patient/ Service User Engagement | | | |
| Recommendations/ Next Steps | | | |

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| Report History | | |
| Submitted to: | Date: | Summary of outcome: |
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| List of Appendices | 1. Wirral Council Funding Allocations for the Care Act 2. Proposed Care Act Programme Governance | |

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| Publish On Website | Yes | Private Business | Yes |
| | No | No | No |

Report Author: Graham Hodgkinson, Director of Adult Social Services

Contact details: grahamhodkinson@wirral.gov.uk / 0151 666 3650

DASS Report to Health and Wellbeing Board

12 November 2014

Care Act Implications - Update on Progress and Emerging Plans

Executive Summary

This paper highlights key changes that will have a significant impact on Wirral Council from April 2015. It builds upon the earlier Cabinet report and previous papers to CESG, setting out the key legislative changes that the Act brings, by setting out emerging plans based on capacity requirements to meet the increased demand anticipated as a result of these changes.

1 Background Information Brief Summary of the Key Changes

- 1.1 On 14 May 2014, the Care Bill received Royal Assent and became the Care Act 2014 (hereafter "Care Act"). It comes into effect on 1 April 2015 apart from the funding reform elements, which are scheduled to come into effect on 1 April 2016. Implementation depends heavily upon regulations and guidance for detail. The 2015 regulations and guidance have now been published along with cost estimates for the new burdens associated with the Care Act. These need to be understood and provision needs to be put in place to meet the new demands. Consultation on the 2016 regulations and guidance scheduled to take place at a later stage.
- 1.2 The Care Act legislates to provide social care protection and support to the people who need it most, and to take forward elements of the government's initial response to the Francis Inquiry, to give people peace of mind that they will be treated with compassion when in hospital, care homes or their own home. The Care Act brings together existing care and support legislation into a new, modern set of laws which builds the system around people's outcomes and wellbeing.
- 1.3 The Care Act aims to reform the care and support system into one that:
 - Focuses on people's wellbeing and support to help them remain independent for as long as possible.
 - Introduces greater national consistency in access to care and support.
 - Provides better information to help people make choices about their care.
 - Gives people more control over their care.
 - Improves support for carers.
 - Improves the quality of care and support.
 - Improves the integration of different services.

1.4 The Care Act aims to establish a new legal framework for Adult Social Care, putting the wellbeing of individuals at the heart of care and support service. The Government believes that the Care Act marks the biggest transformation to care and support law in over 60 years. It is intended to replace over a dozen separate pieces of legislation relating to Adult Social Care with a single modern law. It aims to put people more in control of their own lives and to reform the funding of care and support to ensure that:

- Everyone receives the care they need and that more support goes to those in the greatest need.
- The unfairness and fear caused by unlimited care costs is ended.
- People are protected from having to sell their home in 'their lifetime' to pay for care.

1.5 Given these changes, the Care Act outlines the most significant change in Adult Social Care in decades with changes to underpinning legislation, eligibility criteria, funding, changes to the status of Adult Safeguarding and a host of other associated areas.

2 Implications for Wirral Regarding Capacity

2.1 The Council will need to consider the implications of the changes arising from the new legislation. Some of the key issues that the Council will need to address are:

- Understanding the implications for the Council of a national eligibility framework.
- The implications for assessment and care management staff with a move to proportionate assessments with an 'asset based' approach i.e. enabling people to determine the best way in which their needs can be met utilising their own resources, with any additional support being provided via the Local Authority.
- The need for clear information about self-funders; not just in care homes but also those with eligible needs who are purchasing community based support services, who will be entitled to an assessment of need, support plan and annual review.
- Increased demand for assessment relating to full fee payers could lead to some delays in placement depending upon frequency of that demand.
- Gaining an understanding of the new processes that will need to be put in place for the provision of 'care accounts' including:
 - Financial assessments of self-funders
 - The monitoring of self-funders' eligible care costs, based on what the Local Authority would pay for the care i.e. 'reasonable cost', not on the amount the self-funder is paying
 - Production and provision of 'care account' statements for self-funders

- Assessing the financial implications of the cap on care costs and of an increase in the upper threshold for financial support from the Local Authority.
- Awareness of those people, including carers, who have unmet needs who would be eligible for social care services.
- An understanding of the numbers of carers who will be entitled to an assessment, to support planning where relevant.
- The financial implications of extended carers' support services – which will be non-chargeable.
- The implications arising from the responsibility of ensuring there are sufficient preventative services which delay people's need for long term care and support.
- The development of processes to recover costs for meeting a person's eligible needs where funding responsibility lies with another Local Authority.
- The resource implications of extended responsibilities in relation to transitions from children to adult services.
- The implication of extended responsibilities to provide written information and advice to people with non-eligible needs on what can be done to prevent or delay the need for care and support.

2.2 There is also an expectation set out in the Care Act that adult social care will increasingly integrate services with local health partners. This has been considered alongside the Better Care Fund (BCF). There is a requirement for this to be fully reflected in the Section 75 Pooled Budget with the Clinical Commissioning Group (CCG) for 2015/16.

3 Resource Implications

3.1 Financial

Ensuring that the reforms are adequately funded presents the Council and consequently its partners with a significant risk. The Government has stated that it is committed to funding the reforms and has allocated £470 million nationally. The Local Government Association (LGA) and Association of Directors of Adult Social Services (ADASS) believe that that the reforms will cost significantly more than the original estimates. They are in direct dialogue with the Department of Health revisiting the original financial impact assessment of the new responsibilities.

The Government has identified a national allocation of £470m to fund the Care Act reforms. This amount has come from existing local Government and CCG spending allocations including elements associated with the Better Care Fund. In addition, the Government announced an allocation of £19m nationally (£125k for Wirral) for 2014/15 for implementation costs.

A breakdown of the national resources as set out earlier in the year with the expected allocation for Wirral is set out below:

| Funding Stream | National | Wirral | Comment |
|--------------------------|-----------------|---------------|--|
| 2014/15 | | | |
| Implementation Grant | £19m | £0.125m | One Year Grant |
| 2015/16 | | | |
| New Burdens Funding | £335m | £2.498m | Provisional Revenue Settlement 2015/16 |
| Care Bill Implementation | £135m | £0.976m | Better Care Fund from Wirral CCG |

The most recent guidance on implementation released 24 October 2014 considered the above envelope and some changes to the funding framework based on Local Authority risk emanating from the new demands.

The analysis demonstrated that Government considers that there is sufficient flexibility within the overall £470m budget to meet the additional costs of carers' rights and law reform. However, since all the relevant budgets are demand-led, there remains a risk of higher costs.

It is suggested that these risks could be further mitigated by:

- Local flexibility within the revenue grants to reduce activity or manage demand, subject to decisions on local prioritisation. None of the grants will be subject to ring-fencing.
- Developing proposals for in-year monitoring of key activity related to areas of highest risk (e.g. carers assessments, DPAs)
- The ongoing development of the approach to sector-led improvement, which will support authorities in identifying and responding to risk.
- Development of additional guidance and tools for Local Authorities to respond to areas of risk, e.g. model approaches to self-funder assessments, building on feedback from local government from, for example, the national stocktake surveys for the Act.

3.2 Next steps in relation to the financial envelope

The financial envelope remains largely unchanged. The final impact assessment, revised, will be published alongside the regulations and guidance for 2015/16.

A second consultation-stage impact assessment relating to the 2016/17 reforms will be published with the draft regulations and guidance for the second phase of the reforms in December.

The outcome of the consultation on funding formulae, including final detail of 2015/16 allocations and the distribution of the new Carers Grant, will be published in December.

3.2 Workforce

Initial workforce implications have been assessed based on the implications of implementing the reforms. Staff within adult social care services will need to be provided with training and advice once the required changes in working practices are more clearly understood. The reforms will require staff to adopt new models of care delivery to help manage the demand of increased activity levels but also deliver preventative and personalised approaches to care arrangements. As a result, the workforce planning and in particular, the wider development of a joint workforce such as integrated health and social care teams, will need to be adapted to ensure partners are cognisant and compliant with requirements of the Care Act. This will require Human Resources support in relation to Terms and Conditions, retraining (culture and capability) and restructuring.

A further table setting out where it is expected that the funding will be initially required is set out at Appendix 1. This includes just over £1M for assessment and review capacity.

A proposal set against Future Council re-modelling has been put together that shows the detail of additional posts needed in Adults to deliver against the Care Act. This has been set against the new burdens funding. 30 additional posts (outside of the BCF allocation) are required at a cost against the new burdens funding of £977,300.

3.3 Implementation Planning

Whilst the reforms set out in the Care Act are welcomed, the new responsibilities present significant challenges and risks as well as opportunities for the Council. They consist of financial risks, the scale and pace of the implementation and additional demand through new carers and assessment responsibilities.

This means that the implementation will be highly sensitive and dynamic. In order for the Council to successfully implement these reforms to the timescale set by the Government, health and social care partners will need to be closely involved in planning and delivery of the new statutory duties.

There is a national programme in place, co-led between the DCLG and the LGA with ADASS involvement. There is also a regional programme, led by ADASS North West Branch, with a lead officer and sub groups. The Council is working with and contributing to these work groups.

In order to gain a detailed understanding of the changes and the implications for the Council, a programme of work will need to be implemented by the Council led through adult social care to consider in detail the implications of the Act and to scope and plan the implementation of the required changes.

It is recommended that a programme manager is appointed by the Director of Adult Social Services to lead the work through 'Care Act Programme Board' is established with work streams identified against key areas of work. This work will also enable the Council to identify future resource requirements arising from implementation of the new responsibilities.

An initial board profile has been attached at Appendix 2.

4 Recommendations

1. To support the appointment of a programme lead using the implementation grant.
2. To note and support the principle of using new responsibilities funding in the manner outlined.
3. To note the level off risk to the Council and support the programme governance framework as suggested.

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| Author's Name: | Graham Hodkinson |
| Author's Title: | Director Adult Social Services |
| Author's Contact Number: | 0151 666 3651 |
| Date Report Written: | 24 October 2014 |

Wirral Council Funding Allocations for the Care Act

| Wirral | | Your allocation, £000s |
|--|---|-------------------------------|
| Adult social care new burdens funding (£335m nationally) | | |
| Assessment & eligibility | <i>Funding for early assessments and reviews</i> | 1,088 |
| IT | <i>Capital investment funding including IT systems</i> | 360 |
| Capacity | <i>Funding for capacity building, including recruitment and training of staff</i> | 150 |
| Deferred payments | <i>Year 1 funding for the implementation of the universal deferred payment scheme</i> | 825 |
| Information | <i>Funding for a national information campaign</i> | 75 |
| Total | | 2,498 |
| Care Bill implementation funding in the Better Care Fund (£135m nationally) | | Your allocation, £000s |
| Personalisation | <i>Create greater incentives for employment for disabled adults in residential care</i> | 22 |
| Carers | <i>Put carers on a par with users for assessment.</i> | 120 |
| | <i>Introduce a new duty to provide support for carers</i> | 239 |
| Information advice and support | <i>Link LA information portals to national portal</i> | 0 |
| | <i>Advice and support to access and plan care, including rights to advocacy</i> | 179 |
| Quality | <i>Provider quality profiles</i> | 36 |
| Safeguarding | <i>Implement statutory Safeguarding Adults Boards</i> | 58 |
| | <i>Set a national minimum eligibility threshold at substantial</i> | 290 |
| Assessment & Eligibility | <i>Ensure councils provide continuity of care for people moving into their areas until reassessment</i> | 32 |
| | <i>Clarify responsibility for assessment and provision of social care in prisons</i> | 48 |
| Veterans | <i>Disregard of armed forces GIPs from financial assessment</i> | 18 |
| Law reform | <i>Training social care staff in the new legal framework</i> | 33 |
| | <i>Savings from staff time and reduced complaints and litigation</i> | -98 |
| Total | | 976 |
| Grand Total | | 3,474 |

Proposed Care Act Programme Governance

