

**HEALTH AND WELLBEING BOARD: 20<sup>th</sup> NOVEMBER 2014****REPORT OF LEICESTERSHIRE COUNTY COUNCIL****CARE ACT 2014 IMPLEMENTATION****Purpose of report**

1. The purpose of this report is to provide the Health and Wellbeing Board with an update on the progress made thus far with the implementation of the Care Act 2014 in Leicestershire.

**Policy Framework and Previous Decisions**

2. On 17<sup>th</sup> July 2014 a report was presented to Health and Wellbeing Board, informing the Board about the Department of Health's (DH) release of the draft guidelines for the Care Act. The report outlined the regional events taking place and the Board's responsibility to engage on the issues. Health and Wellbeing Board members were urged to refer to the Director of Adults and Communities for information about the Act and how to engage with the consultation. The report contained links to the guidance on the DH website and some useful DH produced fact sheets which underpin the pertinent elements of the Act.

**Background**

3. Since the last report work has taken place to establish a Programme to deliver the requirements of the Care Act. A Head of Service (Care Act) has been recruited to co-ordinate the Programme and a Board has been established, chaired by the Director of Adults and Communities, to govern the work. Implementation of the Care Act is in two stages – April 2015 and April 2016. The work streams have been aligned to deliver to these timescales. Work streams are in place to deliver all the changes that the Care Act will bring to the business of Adult Social Care. They range from areas that require very little change such as the provision of advocacy services to areas that are completely new to the Council such as the provision of social care within prisons. The Council is required to assure itself that its services are compliant with the Act.
4. A key service legislated within the Care Act is safeguarding adults. The Act requires Councils to make enquiries or to require others to make enquiries wherever abuse or neglect of an adult is suspected. The guidance provides a roadmap for undertaking investigations and the Act places additional responsibilities for Councils to establish statutory Safeguarding Adults Boards and to conduct safeguarding adults reviews. Much of this requirement is already met across Leicestershire and Rutland through the existing Safeguarding Adults Board and work is underway in the safeguarding adults work stream to address any further developments needed to ensure compliance.

5. Broadly the Act can be described as having 3 main impacts. It:
  - consolidates some existing legislation and repeals some other legislation
  - enshrines existing good practice in law
  - introduces some new responsibilities for local authorities
6. Leicestershire County Council has been well represented at all the various regional network meetings and events. Groups have been established around the Care Act on a regional basis to discuss work force development, informatics, finance and carers issues.
7. In line with all other authorities the Council completed a stocktake of Care Act readiness in May and again in September. There was 100% engagement from local authorities in the East Midlands with this exercise. Although there were no major concerns about the progress that East Midlands Councils are making, there were issues raised both nationally and regionally around the uncertainties in calculating the demand and numbers using the models provided and consequently the sufficiency of the funding allocations. The DH has not identified any East Midlands Authorities as requiring additional support with implementation at this stage. A third stocktake is due in the New Year.
8. Work has been taking place consistently to understand the impact of the Care Act on the business of adult social care in Leicestershire. The draft regulations and guidance, for the Act were analysed, and an impact assessment was undertaken. This informed the structure of the plan devised to deliver the Care Act requirements. With the release by the DH of the final guidance and regulations in October, work is now underway to repeat the impact assessment in the light of changes to the guidance. The outcomes of the assessment will be woven into an update of the Programme delivery plan.
9. Key to understanding the impact of the Act has been the need to model the numbers of assessments that the Council will need to undertake in the future. This is anticipated to increase from April 2015 as carers' rights to assessment, support planning and the provision of a personal budget become law. For 2015/16 it is currently projected that an additional 2,758 carers will come forward for an assessment, bringing the total number of supported by the authority to 5,554 carers. The number of people making contact for information and advice only remains unidentified. These projections are increased at a stepped rate in later years with a total of 8,388 carers presenting in 2017/18, which plateaux to 9,883 carers presenting from 2018/19 onwards. This more than trebles the number of carers currently presenting for assessment.
10. A further increase in activity is expected from November 2015 onwards as self-funders present to the Council for a needs assessment to underpin their right to a Care Account (Phase 2 of the Care Act – Dilnot finding reforms). It is currently projected that an additional 1,858 self-funders will come forward for an assessment increasing the total number of assessments to 14,247 from 2016/17 onwards. This represents an increase of 15%. Various models for calculating the costs have been released both through the Region and nationally. These models have been applied to the local population figures to assist in the modelling of the resources required to support the Care Act delivery in Leicestershire.

## **Priorities**

11. Work is taking place to understand the priorities for delivery by 1<sup>st</sup> April 2015 and to align resources accordingly. Additionally recent information has highlighted that the DH is likely to launch a publicity campaign nationally about the Care Act in the early New Year. This is likely to concentrate on three key elements:
- Universal Deferred Payments Scheme
  - Carers Services
  - Eligibility
12. This provides a focus for the Council in terms of the allocation of resources and effort. Work is underway to ensure that the new assessment processes and tools are in place in good time so that the Council is able to consistently and fairly assess eligibility of both service users and carers against the new national eligibility framework. Work streams are currently addressing issues around the changes required to the financial assessment process in order to accommodate the new requirements within Community Care Finance.
13. New areas of responsibility for the Council also have a focus especially social care delivery in prisons. Work has taken place to co-ordinate a response across Leicester, Leicestershire and Rutland. Proposals have been drawn up and agreed at a strategic level across the partners from health, the prison service and local authorities.
14. Key to the success of this will be the training and support that the Council is able to offer the staff team. A plan is being developed to deliver this based on the learning and development requirements identified in each of the individual work streams for staff from a variety of disciplines including social care and finance. DH has commissioned Skills for Care to provide some learning and development tools for Councils to use in the implementation of the Act. These are being used as the basis for the delivery of training for the staff

## **Communications / Consultation**

15. Cross cutting work streams have been established to address the communications and consultation requirements across the Programme as a whole. A draft communications plan is in place and briefings have taken place with staff across Adult Social Care and through the Council's Transformation Programme.
16. A newsletter has been developed for County Council staff to communicate key issues about the integration of health and social care and the Care Act. A Care Act email address has been established to co-ordinate questions and answers from staff. There are plans to extend this to the wider community. Some of the Skills for Care materials released through the national programme are being used to communicate key messages as appropriate.
17. Groups of carers and service users are being engaged to assist with the production of new assessment tools and guidance for staff. A Provider Summit is scheduled for 2<sup>nd</sup> December. The agenda is shaped around the Care Act and will provide a good opportunity for meaningful engagement with the care provider market.

## Resource Implications

18. The DH has made a commitment to fund the additional costs to Local Authorities for the implementation of the Care Act.
19. For 2015/16 the provisional allocations to cover the additional costs arising from the Care Act amount to £5.78m for Leicestershire. This is to be made up of £1.38m Better Care Fund (BCF) revenue; £0.15m DH grant; £3.74m formula funding grant and £0.5m BCF capital grant. A consultation on the funding allocations took place in September the result of which is yet to be released at a local level. It is anticipated that the overall amount of funding will remain the same.
20. Based on current projections it is expected that any additional cost of implementation in 2015/16 can be absorbed within the overall funding allocation.

## Risks

21. A risk register has been established for the Programme. Key risks have been identified and mitigating actions aligned to them. The main risks identified are:

- **The actual cost of social care funding reform is greater than anticipated.** Using the tools released through DH, returns have been submitted as part of the social care impact assessment 2015/16. Work continues to source missing data and existing assumptions continue to be refined as information becomes available. Sensitivity analysis is currently being undertaken to assess the financial implications arising from a change in the uptake assumptions.
- **The number of self-funders coming forward to register for a care account is higher than anticipated.** A survey was undertaken amongst Providers in order to determine the number of potential self-funders and sensitivity analysis is currently being undertaken to assess the financial implications arising from a change in the uptake assumptions.
- **The number of carers coming forward for an assessment is higher than anticipated.** The financial modelling has been based on an average of three separate methodologies as advised by the impact assessment (national census data approach, impact assessment data approach and carers allowance data approach). Sensitivity analysis is currently being undertaken to assess the financial implications arising from a change in the uptake assumptions.
- **Changes in the final guidance may require further work not currently scoped and potentially delay implementation.** Work is taking place to identify any changes to the guidance and to assess their impact on the Programme. Work will be re-prioritised where necessary across the programme to ensure compliance with the legislation. Any requirements for additional resources to ensure compliance are being escalated through the Programme Board.
- **Transition to the new legal framework.** Additional work may be required in order to ensure that there is a smooth transition for current service users from one legal framework to another. This work is currently being scoped and plans put into place to address this from within the programme. Any requirements for

additional resources to ensure compliance are being escalated through the Programme Board

## **Conclusions**

22. It is recommended that the Board note the content of this report.

## **Background papers**

The DH issued guidance for local authorities and the associated regulations. These can be found at:

<https://www.gov.uk/government/publications/care-act-2014-statutory-guidance-for-implementation>

To assist with implementation and understanding the DH has updated the factsheets originally issued at the beginning of the year which can be located as follows:

<https://www.gov.uk/government/publications/care-act-2014-part-1-factsheets>

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## **Relevant Impact Assessments**

### **Equality and Human Rights Implications**

23. One of the underpinning principles of the Care Act is to ensure that the provision of care and support is clearer and fairer for all users. Additionally the Act requires Councils to ensure that they have universal services in place such as advice and information which are available and accessible to the whole community.

Work is underway with the Council's Strategic Lead - Equalities to undertake an equalities screening exercise to inform what further work needs to take place across the Programme to ensure that these issues are addressed in all of the work streams.

### **Partnership Working and associated issues**

24. The Care Act makes it clear that Councils are required to co-operate with other organisations such as Health, housing and employment services to ensure a holistic approach to identifying and meeting needs.

Key work streams have representation from other organisations such as Health within them to ensure that this takes place. The work of the Care Act programme is aligned to other key pieces of work for the Adults and Communities Department such as the development of integrated locality teams, improvements to discharges from hospital and Help to live at Home.

Key communications from the Programme are being targeted at partners such as care providers, NHS organisations and District Councils as appropriate.