

Care Act

Care and Support Reforms

2015 and 2016

Health and Wellbeing Board

10 October 2014



- Phased implementation in two main stages April 2015 and April 2016
- The Act contains provisions covering:
 - Adult social care reform
 - Care standards
 - Health education and research
 - Market oversight and Managing Provider failure

- § The emphasis moving forward is on person centred, asset based care. In future people's care and support needs will be met by:
- harnessing existing capacity within neighbourhoods and families to provide support;
 - addressing people's needs at an earlier stage and before the need for formal services;
 - the provision of high quality state support based on clear national entitlements
 - It also envisages that care and support will be more effectively joined up across all local services (particularly health and housing) and will work more collaboratively across local authorities, providers and other statutory organisations.

Care Act

- Proposed changes to adult social care law:
 - Focus on prevention and wellbeing rather than crisis intervention
 - Clarify entitlement to care and support – consistency from one local authority to another
 - Develop a national eligibility criteria – expected to be ‘substantial’
 - Treat carers as equal to the person they care for
 - Reform how care and support is funded by creating a cap on care costs payable by every individual – all ‘self-funders’ will need to be assessed at an early point by the local authority, advised to start October 2015.
 - Simplify the system and provide flexibilities for greater integration to achieve better results for people
 - Market oversight and provider failure

Clause Analysis

New in Law & Practice	New in Law but not yet Policy	Consolidating/Modernising existing law
Carers Assessment and the provision of services for carers	Wellbeing Principle	Information and Advice including financial advice
Eligibility – standardised across UK	Prevention	Co-operation
Cap on Care Costs	Integration	How to meet needs
Duty and power to meet carers' needs	Diversity and Quality in Provision	Charging
Deferred Payments – all LA's will have to offer these	Assessment	Financial Assessment
Continuity of Care between areas	Assessment Regulations	Duty to meet needs
Ordinary Residence	Adult Safeguarding	Power to meet needs
Market Oversight	Provider Failure	Exception for Immigration and NHS
Independent Advocacy	Transition	MH Aftercare
Appeals	Prisoners	Direct Payments
Delegation		Recovery of Charges
Cross-border Placements		Delayed Discharges
		Registers e.g. Visual Impairment

Care Act Timelines



Royal Assent of Care Bill	1 st April 2014	Status
Stocktake return on readiness to LGA	May 2014	Completed
Consultation on guidance and regulations	Mid June – 15 August 2014	Completed
Stocktake return on readiness to LGA	September 2014	Completed
Publication of regulations and guidance coming into effect in 2015	16 October 2014	Awaiting results
Consultation on financial changes	November 2014	
Stocktake return readiness to LGA	January 2014	
Care Bill part 1 provisions (excluding funding reform) coming into force	1 April 2015	
Care Bill part 1 funding reform provisions coming into force	1 April 2016	

- q Consultation on the draft regulations and guidance for implementation of part 1 of the Care Act in 2015/16:
 - General duties and universal provision
 - Integration and partnership working
 - First contact and identifying needs
 - Charging and financial assessment
 - Adult Safeguarding
 - Moving between areas
 - Person-centred care and support planning
 - Other areas
- q Closed on 15th August – outcome expected w/c 13 October 2014
- q Access via: <http://careandsupportregs.dh.gov.uk/>

Early Indications from Consultation



- q No showstoppers/major surprises in the consultation responses
- q The revised guidance will clarify a number of areas and ensure better consistency with the legislation
- q The Eligibility section will be revised – presentation not content
- q The safeguarding section will be re-written to include more complex cases
- q The final guidance and regulations will be published week commencing 13 October 2014

Preparing for Implementation

National

- A lot of collaboration on primary legislation so far, but now need well planned implementation
- Joint Programme Management Office of ADASS, LGA, DH sitting together to join up

Regional

- Regional workshops and officer groups, eg: finance/contracts
- ADASS Regional West Midlands support

Shropshire

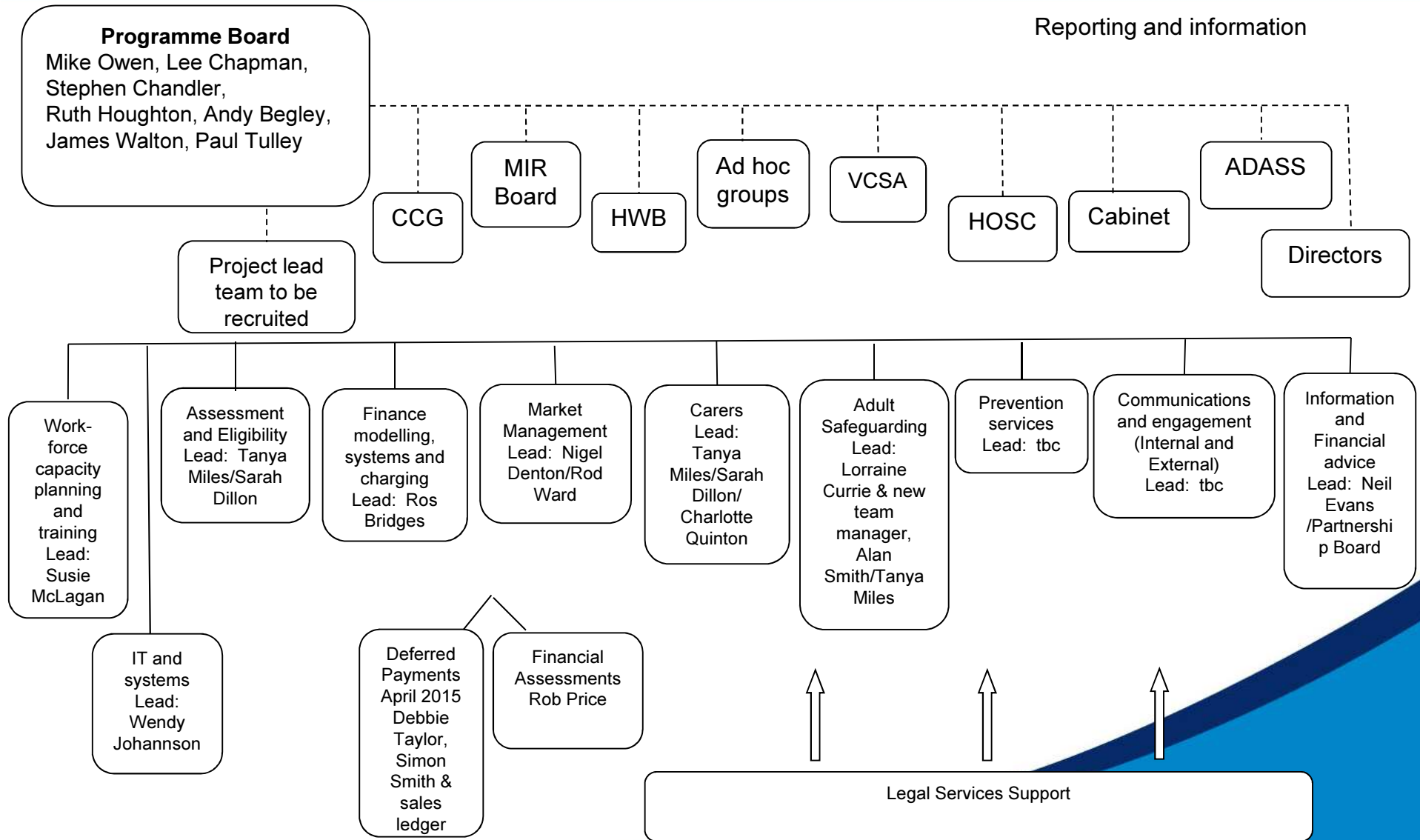
- Governance – programme structure established in Shropshire
- Programme Board Structure in place to provide Governance
- Project team to lead implementation
- 11 workstreams with lead officer identified will report to Project Manager




Adult Social Care Bill Programme Board



Reporting and information



Key issues:

- q **Activity** – increased number of assessments (Care home and community).
 - q **Workforce** – right skills in LA (across support functions too), Health, Third sector and Providers to deliver change.
 - q **Informatics** – IT systems, right software in place for April 2015 to deliver and again in 2016 with the need for a Care Account.
 - q **Communications** – major drive to ensure knowledge and communications about regulations, etc are disseminated. This will be National and Local.
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Care Act – Funding Streams




Shropshire

- q 2014/15 - £125k per LA allocated from national fund for implementation
- q 2014/15 - £250k agreed in S256 agreement for Shropshire (LA and CCG)
- q 2015/16 – £758k in Better Care Fund for Shropshire based on LGA ready reckoner
- q 2015/16 - £2,076,125 is expected from national funds via DCLG revenue grants for:
 - q Additional assessments for the funding cap £1.29m
 - q Universal deferred payment agreements £0.74m
 - q Social Care in Prisons £0.04m
- q 2016/17 funding for new burdens of funding reforms to be confirmed.

q **Safeguarding**

- § Minimal impact as Shropshire has a Safeguarding Board
- § Decisions required on if this should be separate to Telford and Wrekin
- § Independent Chair

q **Deferred payments**

- § Shropshire currently offers a deferred payment scheme.
 - § We are reviewing our current scheme against the new guidance.
 - § We expect an increase in requests for deferred payments which will result in increased financial assessments and legal resources.
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- q The census data for carers indicates that 10,000 people provide unpaid care in Shropshire
- q The Care Act puts carers on an equal footing to service users in that:
 - § they are entitled to an assessment
 - § Carers are entitled to support, which could be provided by a direct payment
- q We are currently reviewing the guidance on eligibility for carers and analysing the impact of new burdens.
- q We need to understand the census data in more detail as to the level of care being provided.

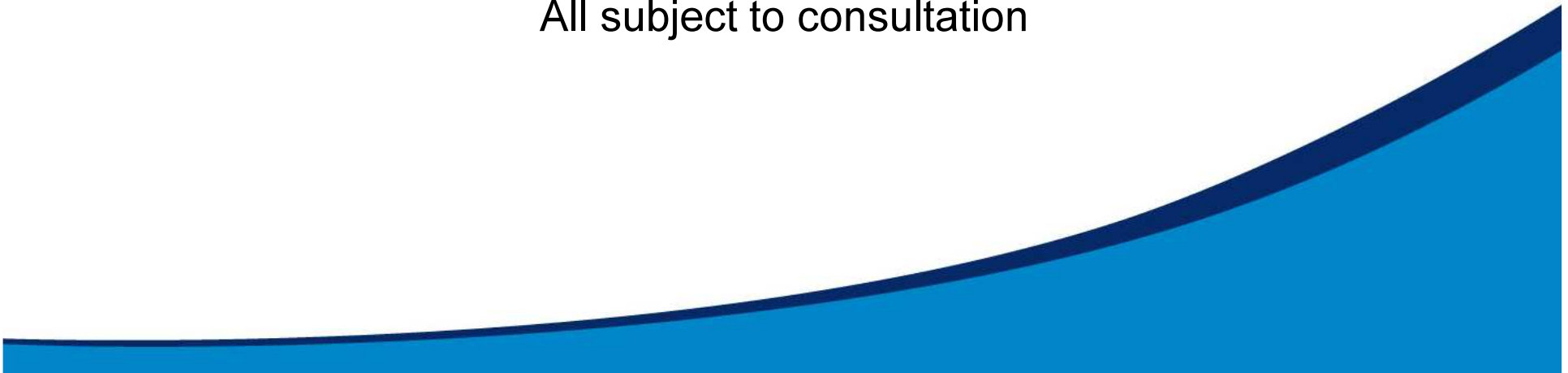
- q In Shropshire - Stoke Heath which has 758 prisoners aged 18-21
 - Care Act requires the Local Authority in which a prison, approved premises or bail accommodation is based to be responsible for meeting the care and support needs of the offenders residing there
 - The Act is based on all adults in custody as well as offenders and defendants in the community having equivalent care to individuals in the community
- q This means:
 - Assessment of eligible need
 - Information and advice to prisoners and establishments to prevent or delay the development of care and support for people with mental health needs, learning disabilities and substance misuse

Funding Reforms – April 2016 (referred to as Care Cap)



- q Separation of care costs and accommodation costs, with everyone expected to pay their accommodation costs if they enter residential or nursing home care
- q Accommodation costs up to £12,000
- q £72,000 cap on total amount an individual has to pay across their lifetime out of their own money for care related costs
- q £123,000 upper capital threshold for means tested support in residential care
- q £17,500 lower threshold
- q Introduction of deferred payments (from April 2015) with interest

All subject to consultation



Impact for Shropshire



Funding Reforms

Survey with Shropshire Partners in Care (SPIC) to identify 'self funders'

Response rate of 88% from Care Homes and 87% from Domiciliary Care Providers

Older People

All of whom will require an assessment

	509 self funded
Residential dementia	188 self funded
Nursing	324 self funded
Nursing dementia	Residential
Total	1112 self funding residents

q Length of stay for self funders

- Maximum length of stay for self funders is 5 years
(Telford and Wrekin 3 years and 7 months)
- Minimum length of stay self funders – 7/8 months
(Telford and Wrekin 8 months)

q Eligibility

- Based on current substantial and critical criteria
(FACS) Providers view is that 31% would be eligible
for LA funded care

Domiciliary Care

Area	Older People	Younger Adults
Shrewsbury and Atcham	349	16
North Shropshire	162	6
Oswestry	174	4
South Shropshire	127	0
Bridgnorth	128	4
T&W providers supporting people in Shropshire	349	16
	1289	46

Average length of time in receipt of services (self funder) maximum 5 years. Minimum time is 7 months

The Provider view is that 31% considered to be eligible at substantial or critical level

What does this mean?

q **Increased Assessments**


- Assessments in care home – 1100 approx.
- Assessments in community – 1000 approx.

q **Increased workforce capacity**

- Additional Social Work response will be required to complete these assessments
- Similarly financial assessments
- Support planning etc.

What does this mean?

New Financial burdens

- q Shropshire are currently modelling the financial impact of the number of people currently funding their own care
 - q The outcomes of this are expected later in the Autumn
 - q However the impact of funding current self funders in care homes is not expected until mid year 2016/17.
 - q The cost and resources for completing assessments will impact from October 2015
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What does this mean?



q Communications

- § A national communication programme is expected from November 2014
- § Shropshire will develop a communication plan to all stakeholders which will build on real life experiences.

q Workforce

- § A national workforce tool kit and resource is expected November 2014.
- § We will work with key partners to ensure that all sectors of the workforce receive appropriate training and development
- § Regional specialist training is being commissioned

Next steps (September/October)



Appointment of project team	Interviews Sept/October 2014
Finalise high level implementation plan	Submitted week commencing 15 September
Complete cost analysis and modelling of Care Act implementation and new burdens	November 2014
Work with CCG colleagues regarding health and social care in Prisons	September/October 2014
Share with provider sector (SPIC) early indications of the impact of the Care Act in Shropshire	SPIC Conference September 2014
Members briefings	17 and 23 October 2014 – Care Act

Any Questions?