

PLYMOUTH CITY COUNCIL

Subject:	Implementing the Care Act 2014
Committee:	Cabinet
Date:	15 July 2014
Cabinet Member:	Councillor Tuffin
CMT Member:	Carole Burgoyne (Strategic Director for People)
Author:	Dave Simpkins (Assistant Director of Adult Social Care and Co-operative Commissioning)
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Ref:	IHWB/CA
Key Decision:	Yes
Part:	I

Purpose of the report:

The Care Act 2014 creates a single modern piece of law for adult care and support in England. It will update complex and out-dated legislation that has remained unchanged since 1948.

The reforms introduce significant new duties on Local Authorities and consequently will involve significant change to finances, processes and people.

The purpose of this report is to set out the main changes brought about by the legislation and the approach that Plymouth City Council is adopting to deliver the successful implementation.

The implementation of the Care Act is linked to the wider Integrated Health and Wellbeing Transformation Programme.

The Care Act ensures that people will have clearer information and advice to help them navigate the care system, and a more diverse, high quality range of support to choose from to meet their needs.

The Act places more emphasis than ever before on prevention – shifting from a system which manages crises to one which focuses on people's strengths and capabilities and supports them to live independently for as long as possible. Duties also include additional responsibility for assessment. This includes:

- Carers – the Act also included the need to supply services if the carer is eligible,
- All adult regardless of need/support or regardless of financial resources

The Act also places the Safeguarding Adult Boards on a statutory footing.

Funding reforms will introduce a national minimum eligibility threshold, a cap on care costs, the introduction of Independent Personal Budgets, the maintenance of Care Accounts and a universal Deferred Payment Scheme.

The Brilliant Co-operative Council Corporate Plan 2013/14 - 2016/17:

The propositions made in this report align to the Plymouth City Council Corporate Plan by working co-operatively to meet the objectives of creating a Caring and Pioneering Plymouth. It also aligns to the Health and Wellbeing Board's vision of achieving Integration by 2016, as decided in June 2013.

This project will support the Corporate Vision through:

- Being **pioneering** in developing and delivering quality, innovative brilliant services with our citizens and partners that make a real difference to the health and well-being of the residents of Plymouth through challenging economic times.
- **Growing** Plymouth through learning and community development creating opportunities for vulnerable people to develop, making us and them stronger and more confident as a result.
- Putting citizens at the heart of their communities and work with our partners to help us **care for Plymouth**. We will achieve this together by supporting communities, help them develop existing and new enterprises, redesign existing services which will in turn create new jobs, raise aspirations, improve health and educational outcomes and make the city a brilliant place to live, to work and create a future for all that reflects our guiding co-operative values.
- Raising aspirations, improving education, increasing economic growth and regeneration people will have increased **confidence in Plymouth**. With citizens, visitors and investors, identifying us as a “vibrant, confident, pioneering, brilliant place to live and work” with an outstanding quality of life.

Implications for Medium Term Financial Plan and Resource Implications: Including finance, human, IT and land

Transformation resources may be required during the project. These should be internal where possible and so will rely on staff being temporarily released from other areas of the organisation.

Requirement for Corporate Support (Legal, HR, Finance, etc.) will need to be managed due to the current high volume of requests for their support.

Other Implications: e.g. Child Poverty, Community Safety, Health and Safety and Risk Management:

The report strengthens our approach to both Child Poverty and Community Safety by focusing on early intervention and prevention and giving every child the best start to life. In line with our Co-operative commissioning principles the approach adopted aims to build both community and individual capacity. Children living in families affected by poverty will feel the benefit of improved family health and wellbeing which directly and indirectly affects economic stability and resilience.

No specific Health and Safety Issues have been identified.

The project will follow the Risk Management Strategy set out for Transformation Programmes and Projects by the Portfolio Office.

Equality and Diversity

Has an Equality Impact Assessment been undertaken? Yes

When considering this proposal it is important to have due regard to the public sector equalities duties imposed upon the Council by section 149 Equalities Act 2010 to

- Eliminate unlawful discrimination, harassment and victimisation and
- Advance equality of opportunity between people who share a protected characteristic from those who do not and to
- Foster good relations between people who share protected characteristics and others

The relevant protected characteristics for this purpose are: (a) age; (b) disability; (c) gender reassignment; (d) pregnancy and maternity; (e) race; (f) religion or belief; (g) sex; (h) sexual orientation.

Compliance with the duties in this section may involve treating some persons more favourably than others.

A programme wide detailed equality impact assessment has been carried out and will continue to be updated through this process.

Recommendations and Reasons for recommended action:

The Care Act represents the most significant change to Adult Social Care legislation since 1948. As such it is recognised that a formal project approach needs to be adopted. Due to the close links to the Corporate Transformation Programme it is recommended that:

1. The implementation of the Care Act should be linked to the wider Integrated Health and Wellbeing Transformation Programme
2. The potential financial impact of the Care Act is recognised and resolve to receive regular update reports as details become clearer

Alternative options considered and rejected:

The Care Act 2014 is a modern piece of law effective from April 2015, and is therefore obligatory. The reforms introduce significant new duties on Local Authorities and consequently will involve significant change to finances, processes and people. The project approach that Plymouth City Council is adopting will ensure the successful implementation of this change.

Published work / information:

Transformation Programme, Report to Cabinet 25th March 2014, including the IHWB Outline Business Case.

<http://www.plymouth.gov.uk/mgInternet/documents/s53610/transformation%20cabinet%20march%222014%20final%20MCv1%202.pdf>

The Care Act 2014, Elizabeth II: Chapter 23, Royal Assent 14 May 2014.

http://www.legislation.gov.uk/ukpga/2014/23/pdfs/ukpga_20140023_en.pdf

Background papers:

Title	Part I	Part II	Exemption Paragraph Number									
			1	2	3	4	5	6	7			
Equality Impact Assessment	x											

Sign off:

Fin	mc14 15.25	Leg	lt20 613/ 2/03 /07/ 14	Mon Off DVS	20 69 8	HR	HR- CS2 5.6. 14.	Assets	DtI 415. 04	IT	Dt 14 15. 04	Strat Proc	DtI 415. 04
Originating SMT Member: Dave Simpkins (Assistant Director of Adult Social Care and Co-operative Commissioning)													
Has the Cabinet Member(s) agreed the contents of the report? Yes													

Integrated Health and Wellbeing

Project Brief



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Date:	23-06-2014	Version:	2.0
Author:	Craig Williams, Kate Jones		
Owner (SRO):	Carole Burgoyne		

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Approvals Sign Off				
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Mark Appleby	Business Architect	Email	04/07/14	V2.0
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This document has been distributed to:

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Name	Title	Date	Version

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Introduction to the Plymouth City Council's Transformation Programme and NEW Devon CCG Transforming Community Services Strategy

Context:

2002-12: A Decade of Improvement

The City of Plymouth has had an extra-ordinary journey over the past ten years. A decade ago, it had a reputation as a city of low aspiration with a lack of vision, weak financial and strategic planning, poor relationships between agencies, and service delivery arrangements that did not meet the needs of all of its citizens. An acknowledgement of the determined and sometimes inspired effort that was then made to improve the city came in 2010 when the Council was voted 'Highest Achieving Council of the Year' by the Municipal Journal. Behind that accolade, foundations had been laid by successive political administrations of a clear, ambitious vision for the city, sound financial management arrangements, the development of strong strategic partnerships and a determined focus on the improvement of service delivery. The Council has acknowledged and embraced its role as a key player in influencing the broader city and regional agenda, driving economic growth and making coherent contributions to broader policy-making.

Drivers for Transformation:

The Brilliant Co-operative Council with less resources

On its adoption of a new Corporate Plan in July 2013, the council set the bar still higher, to become a Brilliant Co-operative Council. This 'Plan on a Page' commits the Council to achieving stretching objectives with measurable outcomes, and also sets out a Co-operative vision for the Council, creating a value-driven framework for the way that it will operate as well as the outcomes that it is committed to achieve.

The Corporate Plan was developed using the principles of a Co-operative Council. It is a short and focused document, but does not compromise on its evidence base, and was co-developed with the Cabinet of the Council, before being presented in person by members of the Corporate Management Team to every member of staff throughout the council at a series of 74 roadshows. The positive results of this commitment to strong communications and engagement were evidenced by 81% of council staff responding to the workplace survey conducted in October 2013 agreeing that they understand and support the values and objectives set out in the Corporate Plan.

OUR PLAN THE BRILLIANT CO-OPERATIVE COUNCIL



CITY VISION

Britain's Ocean City

One of Europe's most vibrant, waterfront cities where an outstanding quality of life is enjoyed by everyone.

CO-OPERATIVE VALUES

One team serving our city

WE ARE DEMOCRATIC

Plymouth is a place where people can have a say about what is important to them and where they can change what happens in their area.

WE ARE RESPONSIBLE

We take responsibility for our actions, care about their impact on others and expect others will do the same.

WE ARE FAIR

We will be honest and open in how we act; treat everyone with respect; we will champion fairness and create opportunities.

WE ARE PARTNERS

We will provide strong community leadership and work together to deliver our common ambition.

OUR OBJECTIVES

Creating a fairer Plymouth where everyone does their bit

PIONEERING PLYMOUTH

We will be pioneering by designing and delivering better services that are more accountable, flexible and efficient in spite of reducing resources.

GROWING PLYMOUTH

We will make our city a great place to live by creating opportunities for better learning and greater investment, with more jobs and homes.

CARING PLYMOUTH

We will promote a fairer, more equal city by investing in communities, putting citizens at the heart of decision-making, promoting independence and reducing health and social inequality.

CONFIDENT PLYMOUTH

We will work towards creating a more confident city, being proud of what we can offer and growing our reputation nationally and internationally.

THE OUTCOMES

What we will achieve by this plan

- The Council provides and enables brilliant services that strive to exceed customer expectations.

- Plymouth's cultural offer provides value to the city.

- A Council that uses resources wisely.

- Pioneering in reducing the city's carbon footprint and leading in environmental and social responsibility.

- More decent homes to support the population.

- A strong economy creating a range of job opportunities.

- A top performing education system from early years to continuous learning opportunities.

- Plymouth is an attractive place for investment.

- We will prioritise prevention.

- We will help people take control of their lives and communities.

- Children, young people and adults are safe and confident in their communities.

- People are treated with dignity and respect.

- Citizens enjoy living and working in Plymouth.

- Plymouth's brand is clear, well known and understood globally.

- Government and other agencies have confidence in the Council and partners; Plymouth's voice matters.

- Our employees are ambassadors for the city and the Council and they are proud of the difference we make.

#Plymouth

www.plymouth.gov.uk/ourplan



The economic, demographic and policy environment affecting public services is accepted as the most challenging in a generation. At the same time as an aging population is placing increased demand on health and social care services, the UK is facing the longest, deepest and most sustained period of cuts to public services spending at least since World War II. The Council's Medium Term Financial plan identified in June 2013 funding cuts of £33million over the next three years which, when added to essential spend on service delivery amount to an estimated funding shortfall of circa £64.5million from 2014/15 to 2016/17, representing 30% of the Council's overall net revenue budget.

The Council has shown remarkable resilience in addressing reduced funding and increased demand in previous years, removing circa £30m of net revenue spend from 2011/12 to 2013/4 through proactive management and careful planning. However the Council has acknowledged that addressing further savings of the magnitude described above while delivering the ambitions of the Corporate Plan will require a radical change of approach.

Review of existing transformation programmes

The council commissioned Ernst and Young in June 2013 to:

- Examine the council's financial projections and provide expert external validation of our assumptions about costs and income in the medium term
- Review the council's existing transformation programmes and provide a view as to whether they will deliver against the Corporate Plan
- Provide advice as to how the council might achieve the maximum possible benefit through a revised approach to transformation

Ernst and Young validated the council's current Medium Term Financial Plan based on projections and assumptions jointly agreed, and judged it to be robust, taking into account the complex financial landscape and changing government policy.

The council has initiated a number of far-reaching and ambitious change programmes over 2012-13 to address the twin aims of addressing financial constraints and improving service delivery.

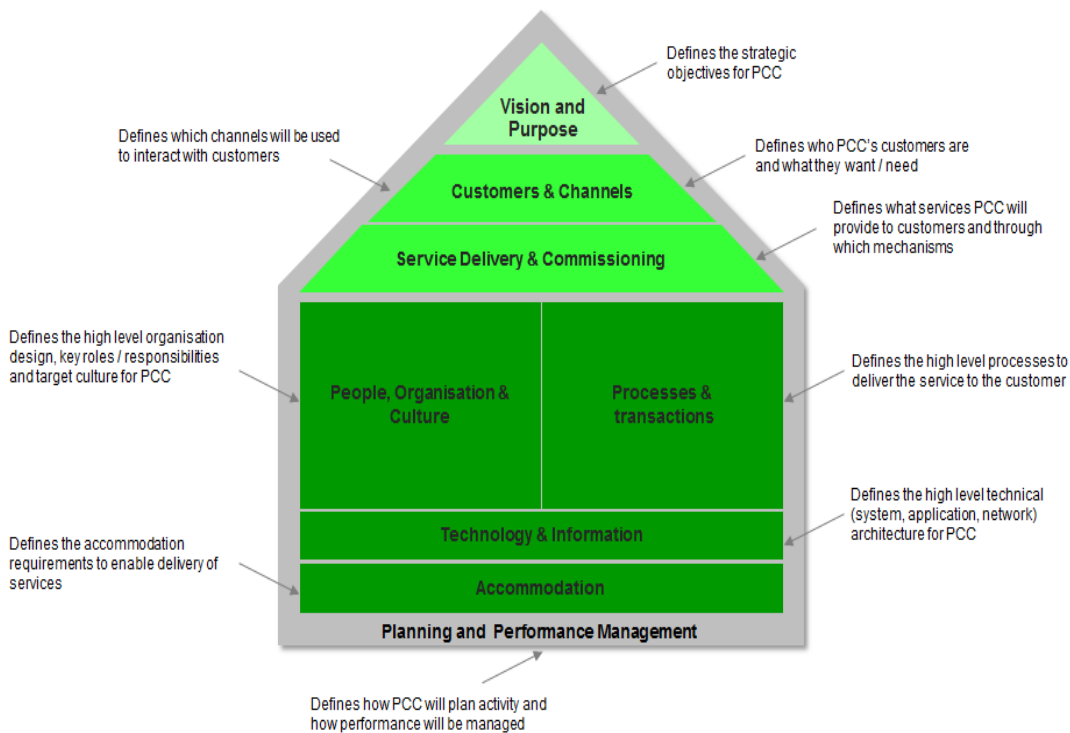
These include:

- Investment in Customer Transformation and Core ICT infrastructure (Cabinet approval September 2012)
- ICT Shared Services: DELT (Cabinet approval October 2013)
- Redevelopment of the Civic Centre and future accommodation requirements (Cabinet approval September 2013)
- Modernising Adult Social Care Provision (Cabinet approval January and August 2013)
- Co-location with Clinical Commissioning Group at Windsor House (Cabinet approval January 2013)

In addition to feedback and advice about individual programmes, the Council received advice that has been carefully considered, and which has informed the overall design of the Transformation Programme and the content of the business cases for the five programmes.

Vision and Direction: The Blueprint

The Council has responded to concerns that, despite strong support for the Corporate Plan from both officers and members, there was a lack of clarity about how the Corporate Plan translates into practical action and a danger that the council might be attempting to 'do the right things, but in the wrong way'. After significant consultation with Members and over 100 staff from all levels and disciplines within the organisation, the Council's vision for the Brilliant Co-operative Council has been translated into a Blueprint which describes the capabilities which the Council will need in the future. These capabilities will be commissioned by the council and will result in services being delivered by the Council and a variety of other organisations operating across the public, community and voluntary and private sectors. The components of the Blueprint are illustrated below:



To inform the development of the main components of the Blueprint, a number of principles have been developed co-operatively with Members, senior officers and staff to ensure that the values set out in the Corporate Plan guide how the Blueprint is developed.

There are 5 programmes to deliver the transformation.

Customer and Service Transformation: This programme will transform the way the council interacts with customers to meet their demands and preferences, and transform the services that the Council decides to retain in-house.

Co-operative Centre of Operations: Creating the business as usual strategic 'centre' for the Council, which uses the co-operative principles and intelligence to co-ordinate organisational decision making and activity.

Integrated Health and Well Being: The Council can engage with partners to deliver services at a lower cost, whilst also improving outcomes and customer satisfaction. The aim of the programme is to achieve "One system, one budget to deliver integrated, personal and sustainable care".

People and Organisational Development: The programme will enable the Council to define and deliver the required workforce and accommodation capability change.

The **Growth, Assets and Municipal Enterprise** programme has been developed to:

- Contribute to the growth of the City and the move towards a brilliant co-operative council.
- Generate and accelerate additional income for Plymouth City Council from economic and housing growth across the Council
- Create a brilliant co-operative street service which will :
 - Make operational changes to enhance service delivery
 - Provide evidence to design and deliver new service delivery models
 - Identify and deliver new opportunities for commercialism, new income streams
- Realise opportunities to bring in additional income from the commercialisation and increased trading of services.

I BACKGROUND

The Care Act 2014 in England will create a single modern piece of law for adult care and support in England. It will update complex and out-dated legislation that has remained unchanged since 1948.

The Act will bring about many of the improvements to the care system described in the Government's white paper 'Caring for Our Future: reforming care and support (July 2012):

- The Assessment Process
- Building Stronger Communities
- Better Information and Advice
- Keeping People Safe

The Act will provide better support for carers and also puts into legislation the changes recommended by the Dilnot Commission regarding the funding of care and support and takes forward elements of the government's initial response to the Francis Inquiry.

The Act is split into 3 parts.

I. Reform of care and support

The Act brings together existing care and support legislation into a new, modern set of laws and builds the system around people's wellbeing, needs and goals.

It sets out new rights for carers, emphasises the importance of preventing and reducing care and support needs, and introduces a national eligibility threshold for care and support.

It introduces a cap on the costs that people will have to pay for care and sets out a universal deferred payment scheme so that people will not have to sell their home in their lifetime to pay for residential care.

II. Response to the Francis Inquiry on failings at Mid-Staffordshire Hospital

The Report of the Mid Staffordshire NHS Foundation Trust Public Inquiry led by Robert Francis QC, identified failures across the health and care system that must never happen again. The Act helps deliver the Government's commitment to ensure patients are the first and foremost consideration of the system and everyone who works in it.

It sets out Ofsted-style ratings for hospitals and care homes so that patients and the public can compare organisations or services in a fair and balanced way and make informed choices about where to go.

It will enable the new Chief Inspector of Hospitals, appointed by the Care Quality Commission, to trigger a process to deal with unresolved problems with the quality of care, more effectively.

It will also make it a criminal offence for health and care providers to supply or publish false or misleading information.

III. Health Education England and the Health Research Authority

The Act establishes Health Education England (HEE) and the Health Research Authority (HRA) as statutory non-departmental public bodies, giving them the impartiality and stability they need to carry out their roles in improving education and training for healthcare professionals, and protecting the interests of people in health and social care research.

2 CARE ACT KEY MILESTONES AND MAIN PROVISIONS

The significance of this Act should not be underestimated as it replaces much of the legislation that has governed Adult Social Care since 1948. In total it replaces 13 pieces of Primary legislation, 13 pieces of secondary legislation and 3 pieces of statutory guidance. A full breakdown of legislation it replaces is shown in Appendix One.

The main provisions and the timelines for implementation of the Act are set out below:

May 1 2013 – April 1 2014	April 1st 2014	June 2014	October 2014	April 1 st 2015	April 1st 2016
Care Act in Parliament until Royal Assent	Royal Assent of the Care Act	Consultation on draft regulations and guidance for implementation of Part 1 of the Act in 2015/16 (coming into effect April 2015) plus impact assessments	<ul style="list-style-type: none"> ▪ Regulations laid before Parliament for provisions coming into force April 2015 ▪ Publication of regulations and guidance 	Care Act part 1 provisions (excluding funding reform) come into force	Care Act part 2 funding reform provisions come into force

Deferred Payments	
Implementation	April 2015
Key Principles	<ul style="list-style-type: none"> ▪ 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	<ul style="list-style-type: none"> ▪ 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
Key impact/support requirements for Implementation	<ul style="list-style-type: none"> ▪ Sound financial processes to support increased number of DPAs ▪ Sufficient staff / IT capacity ▪ Creation of a “funding pool” for loans

Additional Assessments and Changes to Eligibility	
Implementation	April 2015
Key Principles	<ul style="list-style-type: none"> ▪ 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	<ul style="list-style-type: none"> ▪ 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 (likely to be set at Substantial and Critical)
Key impact/support requirements for Implementation	<ul style="list-style-type: none"> ▪ 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

Advice and information	
Implementation	April 2015
Key Principles	<ul style="list-style-type: none"> ▪ 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	<ul style="list-style-type: none"> ▪ 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 impact/support requirements for Implementation	<ul style="list-style-type: none"> ▪ Establish strong joint working arrangements across Health, Children & Adult services to support the transition pathway ▪ Establish processes for sharing information and completing assessments when eligible clients move between areas ▪ Continuous development of Plymouth Online Directory (POD) to ensure up to date and relevant information and advice available

Commissioning	
Implementation	April 2015
Key Principles	<ul style="list-style-type: none"> ▪ 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	<ul style="list-style-type: none"> ▪ 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 impact/support requirements for Implementation	<ul style="list-style-type: none"> ▪ Develop market position statement(s) which clearly identify strengths / weaknesses in local provision ▪ Review interface with Housing functions ▪ Use Better Care Fund (formerly Integration Transformation Fund) to promote coordinated and integrated health and social care

Safeguarding	
Implementation	April 2015
Key Principles	<ul style="list-style-type: none"> ▪ The Act sets out a clear legal framework for how local authorities should protect adults at risk of abuse or neglect
Important Changes	<ul style="list-style-type: none"> ▪ The Act creates a legal framework requiring key organisations with responsibility for adult safeguarding to agree how they must work together to keep vulnerable adults safe. ▪ The Act legislates for Safeguarding Adults Boards (SAB) to be established by the Local Authority.
Key impact/support requirements for Implementation	<ul style="list-style-type: none"> ▪ Establish systems to ensure the SAB arranges Independent Management Reviews and Serious Case Reviews as necessary ▪ Establish joint working protocol with key partners which clarifies roles, responsibilities and allows for the sharing of information.

Funding reform (cap on costs)	
Implementation	April 2016
Key Principles	<ul style="list-style-type: none"> ▪ 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	<ul style="list-style-type: none"> ▪ Introduction of a cap on costs of meeting eligible needs for care and support (to be set at £72,000, when it is introduced, 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. The changes will mean that people with around £118k worth of assets (savings or property) or less will start to receive financial support if they need to go to a care home

	<ul style="list-style-type: none"> ▪ New legal basis for charging covering both residential and non-residential care ▪ Consistent approach towards calculating a contribution towards general living costs for people in residential care (general living costs reflects the cost that people would have to meet if they were living in their own home such as food, energy Acts commonly referred to as 'Hotel' costs) ▪ New framework for eligibility with threshold to be set nationally (to be implemented in April 2015)
<p>Key Impact/support requirements for Implementation</p>	<ul style="list-style-type: none"> ▪ Financial and IT systems to establish and monitor care accounts ▪ Additional assessment capacity for all self-funders who ask for a care account

3 FINANCIAL IMPACT OF THE CARE ACT

The Care Act is effective from April 2015 with funding reforms coming into effect 2016. Initial guidance has indicated that the cost of Part 1 of these reforms will be in the region of £959,000 and will be met from the Better Care Fund.

Care Act implementation funding in the Better Care Fund (£135m nationally)	PCC allocation, £000s	
Personalisation	<i>Create greater incentives for employment for disabled adults in residential care</i>	15
Carers	<i>Put carers on a par with users for assessment.</i>	85
	<i>Introduce a new duty to provide support for carers</i>	169
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>	127
Quality	<i>Provider quality profiles</i>	26
Safe-guarding	<i>Implement statutory Safeguarding Adults Boards</i>	41
Assessment & eligibility	<i>Set a national minimum eligibility threshold at substantial</i>	205
	<i>Ensure councils provide continuity of care for people moving into their areas until reassessment</i>	22
	<i>Clarify responsibility for assessment and provision of social care in prisons</i>	34
Veterans	<i>Disregard of armed forces Guaranteed Income Payments(GIPs) from financial assessment</i>	13
Law reform	<i>Training social care staff in the new legal framework</i>	23
	<i>Savings from staff time and reduced complaints and litigation</i>	-69
Total		692
IT	Capital investment funding including IT systems (£50m nationally)	268
Grand Total		959

In order to assess the financial impact of the Funding Reforms that come into effect from 2016, Local Authorities are presently completing a cost modelling tool- known as the Surrey Model. This tool looks at a variety of measures that will impact on the cost of the reforms, including numbers of self funders, wealth, and different characteristics of men and women. Accountants in the Local Authority are in the process of modelling this work with results expected July 2014.

4 LOCAL IMPLEMENTATION

Implementation of the Care Act is linked to the wider Integrated Health and Wellbeing Transformation Programme. In line with this methodology a Sub Project Board has been established, with the Assistant Director for Cooperative Commissioning & Adult Social Care acting as Project Sponsor.

There are a total of four workstream groups to steer through the implementation of the different components:

1. Financial processes & implications
2. Customer journey
3. Preparing the care & support market
4. Safeguarding

Members of this sub-group include work stream leads and corporate stakeholders, including business architecture and ICT:

- The sub-group meets on a monthly basis
- Terms of reference are in place

Also in place are regular project meetings with work stream leads

Work to date:

- April 2014 – implementation plan drawn up
- April 14 – Project Brief drafted
- May 2014 – first ADASS stocktake survey completed and submitted
- May/ June 2014 – baseline assessments for each workstream undertaken
- May/June 2014 – ICT system requirements analysis and planning
- May/June 2014 – Surrey Model utilised to model and understand potential cost of Care Act Implementation
- June 2014 – Briefing for CMT/ CCG and cabinet planning
- June 2014 presentation to CMT
- June 2014 – Communication plan drafted
- June/July 2014 – completion and submission of Care Act Consultation
- On-going – regular attendance at regional events by relevant officers from, Adult Social Care, Finance and Performance.

Next Steps:

- Completion of the “Surrey Model” to set a baseline on the cost of the changes
- Project Brief to be refreshed in line with the consultation document and ADASS stocktake survey
- Overarching Project Plan to be drawn up with sub project plans for each workstream.

APPENDIX ONE

Legislation and guidance to be replaced

The following lists summarise some of the key legal provisions and existing statutory guidance which are to be replaced by the Care Act 2014 and the associated regulations and guidance. Where existing provisions relate to jurisdictions other than England, the provisions will be disapplied so that they no longer relate to English local authorities. Where provisions relate to children as well as adults, they will be disapplied in relation to adults, but will remain in force in relation to children.

Primary legislation to be repealed or disappplied

Title of legislation to be repealed, in whole or in part

- National Assistance Act 1948
- Health Services and Public Health Act 1968
- Local Authority Social Services Act 1970
- Chronically Sick and Disabled Persons Act 1970
- Health and Social Services and Social Security Adjudications Act 1983
- Disabled Persons (Services, Consultation and Representation) Act 1986
- National Health Service and Community Care Act 1990
- Carers (Recognition and Services) Act 1995
- Carers and Disabled Children Act 2000
- Health and Social Care Act 2001
- Community Care (Delayed Discharges etc.) Act 2003
- Carers (Equal Opportunities) Act 2004
- National Health Service Act 2006

Secondary legislation to be revoked

Title of instruments to be revoked, in whole or in part

- Approvals and directions under S.21(1) NAA 1948 (LAC (93)10)
- National Assistance (Assessment of Resources) Regulations 1992
- National Assistance Act 1948 (Choice of Accommodation) Directions 1992
- National Assistance (Residential Accommodation) (Relevant Contributions) Regulations 2001
- National Assistance (Residential Accommodation) (Additional Payments and Assessment of Resources) Regulations 2001
- Delayed Discharges (Mental Health Care) (England) Order 2003
- Delayed Discharges (England) Regulations 2003
- National Assistance (Sums for Personal Requirements) Regulations 2003

- Community Care (Delayed Discharges etc.) Act (Qualifying Services) Regulations 2003
- Community Care Assessment Directions 2004
- Community Care, Services for Carers and Children's Services (Direct Payments) (England) Regulations 2009
- NHS Continuing Healthcare (Responsibilities) Directions 2009
- Ordinary Residence Disputes (National Assistance Act 1948) Directions 2010

Statutory guidance to be cancelled

Title of guidance to be cancelled

- Prioritising need in the context of Putting People First: a whole system approach to eligibility for social care (2010)
- Fairer Charging Policies for Home Care and other non-residential Social Services (2013) and LAC (2001)³²
- Charging for residential accommodation guidance (CRAG) (2014)