

SLOUGH BOROUGH COUNCIL

REPORT TO: Health Scrutiny Panel **DATE:** 28 July 2015

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PART I **FOR COMMENT & CONSIDERATION**

CARE ACT 2014 PROGRESS UPDATE

1. Purpose of Report

To provide Panel members with a brief overview of the Care Act 2014 (the Act), an update on the progress of implementing this new legislation (the positive impacts and emerging pressure points) and the Councils development plans in the social care reform programme.

2. Recommendation(s)/Proposed Action

The Panel is requested to note and comment on the report and progress being made.

3. The Slough Joint Wellbeing Strategy, the JSNA and the Five Year Plan

- 3.1 The Act and subsequent reform programme will through a number of key initiatives bring about a fundamental change in the way in which the Council delivers adult social care. Through the promotion of the Act compliant assessments and the commissioning of support services, the wellbeing principle will focus our work on wider client health and wellbeing issues related to quality of life and social isolation.

Through the voluntary sector outcome based contract one of the main aims of this work will be to nurture a strong and inclusive community, building on social support networks and allowing residents to make a contribution to their community.

A number of projects in the programme have involved residents in the development of initiatives related to online access to services through to the development of Council strategies. We will continue to build these relationships with the Residents of Slough.

- 3.2 The Adult Social Care Reform Programme supports outcome 6 of the Council's five year plan "People take more responsibility of their own care and support". This will be accomplished by supporting carers to carry out their caring role, promoting an individual's wellbeing, by building on the current social capital found in the community and increasing the provision of direct payments.

4. Financial Implications

- 4.1 The implementation of the Care Act will mean from April 2015 that there were additional financial costs, associated with the increase in demand for assessments and associated support costs for individuals and carers.
- 4.2 Consultation held earlier this year highlighted significant concerns about phase 2 of the Act. Consequently the proposed changes to financial assessment thresholds and the introduction of the Care Cap have been postponed until 2020.
- 4.2 The Council used a modelling tool supported by the Local Government Association and Association of Directors of Social Services to assist with understanding the potential cost implications of the Act. This analysis supplemented with local information has been factored in to the budget for 2015/16 and the subsequent financial savings plans.
- 4.3 Additional national funding has been made available in 2015/16 in the form of a new burdens grant of £454,000 and within the Better Care Fund allocation of £317,000. Our estimates are that this funding is £100,000 short in 2015/16 and the gap will increase over future years especially if demand is more than has been planned.
- 4.4 Early indications are that there are additional financial pressures to deliver the information technology requirements and for the general implementation of the wider social care reform programme. In relation to the IT costs approximately £95,000 of capital will be required to implement systems and hardware.

5. Risk Management

Risk	Mitigation
Uncertainty about additional demand from carers	<ul style="list-style-type: none">• New voluntary and community sector outcomes based contract• New carers strategy to be launched• Develop channel shift plans including digit capabilities• Remodel social care pathways to proactively find cases
Total implementation costs for 2016/17 and Total implementation costs for 2015/16	<ul style="list-style-type: none">• Monitor, review and escalated to the Council's cabinet• Strong programme and project management governance in place
Council financial position to 2020	<ul style="list-style-type: none">• Reform Programme• Raising of risks

5.1 Human Rights Act and Other Legal Implications

The Act is about ensuring that all people's rights including their human rights are met. The impact of the implementation of the Act will be monitored over the next two years.

5.2 Equalities Impact Assessment

Equality Impact Assessments will be undertaken as part of formal project initiation to assess the impact of any proposals on the protected characteristics.

5.3 Workforce

The social care reform programme has a strong focus on workforce development. The aim of this component of the programme will be to develop a sector wide strategy to develop the capacity and capability of informal carers, personal assistants, community groups, volunteers as well as paid care home workers and social care workers in the Borough.

The strategy will be implemented through a focussed plan that will bring long term and sustained change that will address recruitment, retention, capacity and competency issues of the care and support sector in Slough. Importantly opportunities to develop a system wide workforce development plan will be explored.

6. Supporting Information

6.1 Care Act Background

- 6.2 The Act received Royal assent on the 14th May 2014. The Department of Health intend to introduce the Act in two parts, the first part of the Act in April 2015 and the second part of the Act in April 2020.
- 6.3 The Act attempts to re-balance the focus of social care by postponing the need for care rather than providing care at the point of crisis. It introduces a number of new duties and powers for Local Authorities including duties to integrate local services, promote the wellbeing of residents and new rights for carers.
- 6.4 The first phase of the implementation consolidates and modernises the framework of social care law for adults in England that has stood for nearly 70 years and brings in new duties for local authorities and new rights for social care service users and carers, putting people and their carers in control of their care and support.
- 6.5 The Act introduces national eligibility criteria, removing previous eligibility thresholds which were applied locally for those clients with critical and substantial needs only. The new criteria require the department to now consider the preventative needs of people.
- 6.6 The Act also places duties upon councils to support shaping a vibrant market giving individuals real choice and control; a universal right to a deferred payment for residential care; and new duties to coordinate and provide information and advice and promote personalisation.
- 6.7 As a result of consultation on phase 2 of the Act the Minister of State for Community and Social Care announced on the 17th July a delay to the introduction of phase 2 of the Act until April 2020. The main reasons cited were the need to consolidate phase 1, the lack of a private insurance market, it not being the right time to implement expensive new commitments and gives time to better understand the impact on the care market.

- 6.8 Currently, the proposed second phase of the Act will introduce a new capped care cost system. This will provide more help to people with the cost of care by ensuring that people will not have to pay more than £72,000 for their care. This means that clients and self-funders that pay above this cap will have the full cost of their care met by the Council.
- 6.9 From April 2020, the means tested threshold for people going into a care home will also increase from £23,250 to £118,000. This means that the Council will not contribute towards the cost of a service user's care until they are below the asset threshold of £118,000 or they have reached the Care Cap of £72,000.
- 6.10 Presently other duties included for April 2020 are new appeals regulations and the duty to provide care accounts and an electronic market place.
- 6.11 Councils have discretionary powers within the Care Act in respect of charging for care services. One area of discretion is to apply charges to carers for services they have been assessed to need. In recognition of the valuable contribution made by carers, the March 2015 Cabinet agreed not to apply this charge for carers.

7. Progress since April 2015

7.1 The following areas of change have been noted over the first 110 days of the Act:

- The clarification on the coordination of safeguarding concerns has been appreciated. Whilst leading to an increase in the number of concerns made to the department it has in practice terms tightened protocols for multi-agency working.
- Staff feedback on the changes to social work practice is positive in particular to the new duties and they have embraced the principles of wellbeing and prevention. They are keen to now develop these as we re-model the care and support pathways.
- 100% of all new contacts to social care which would have previously ended with a signposting or information and advice outcomes, now result in a prevention and support plan being provided to the client.
- A new financial advice service for self funders is in place
- Additional advocacy support has been provided
- The Slough Services Guide (online local service directory) has been refreshed and search engine optimised. It has been re-launched internally for use in the development of prevention support plans with voluntary sector partners and primary care social prescription services.

7.2 Initial Impacts

- Whilst the demand is largely “as expected” it is too early to understand the precise demand or any emerging trends for services to carers and eligible people under the new assessment framework.
- There has been a small increase on the numbers of carer assessments undertaken in April/ May of 2015 when compared to the same period in 2014.
- 150 prevention and support plans were recorded in line with new Prevention duties.
- In order to meet the new prevention and carers’ duties additional staff (2FTEs) have been recruited to manage the potential demand to the First Contact Team.
- There is a “hidden” demand of re-assessing clients under the Act by April 2016 against other departmental priorities such as the assessment of self-funders that have the same timescale.

8. The Adult Social Care Reform Programme

- 8.1 The Act provides clear opportunities for improvements in the provision of Adult Social Care and consequently a wider reform programme has been established to undertake this work.
- 8.2 This Adult Social Care Reform Programme governs a wider portfolio of projects including the Department’s transformation, financial activities as well as the second phase of the Act.
- 8.3 The inaugural programme board comprising of partner agencies, Council officers, voluntary sector and consumer representatives has been held and programme documentation approved.
- 8.4 This programme is to work within the spirit and ambition of the Act, building on the areas of good practice that exist in Slough and will modernise them still further in order to deliver services that will meet the needs of our population now and to ensure that these are fit for purpose for the next generation of service users.
- 8.5 This will result in a shift from traditional residential and domiciliary services, which are delivered to clients who tend only to be known to the department at the point of crisis to one where people are managing their own care and support needs at a much earlier stage.
- 8.6 Working closely with health, internal Council services, providers, the voluntary sector and the residents of Slough will be critical in the development of an offer that will meet the future social care and support needs.
- 8.7 The programme will focus on 6 main development domains:
1. **Prevention** – The development of a local system-wide strategy and action plan, spanning voluntary, health and social care services to maintain a healthy population in the community. We will work with high consumers of services

through targeted wellbeing and prevention plans and move our front door services to identify emerging cases more proactively.

2. **Information & Advice** – This component will ensure that the right information is provided to the right people, at the right trigger points in their lives. Proactive care and support planning will become the norm and independent advice and advocacy will be provided to people to help develop their support plans.
 3. **Personalised Outcomes** – Through the development of the market place and safeguarding outcomes, people will have the choices of finding the right care and support at the right times in their lives. Increasing the use of direct payments is fundamental to enabling this change.
 4. **Building Community Capacity** – Enabling people, voluntary organisations and the community to proactively manage their wellbeing and increase their resilience to succeed during periods of crisis.
 5. **Workforce Development and Quality** – both internal and external workforces will be developed to deal with the changing and growing demands facing the health and social care economy over the next 5 years. This will require staff to adapt to flexible, multi-disciplinary ways of working.
 6. **Integration** – the scale of the change required cannot be managed in isolation; people do not access care and support from just one single source. Slough services will continue to be commissioned from a whole systems perspective around the best outcomes for residents.
- 8.5 In summary the main benefits expected as a result of this programme of work include:
- People take more responsibility of their own care and support
 - Reduction in operating costs for complex cases
 - Increase in co-produced services that are more likely to achieve personal outcomes
 - Reduction in admissions to care home and acute settings
 - Reduction in re-admission rates to acute settings
 - Cashable savings to both local Social Care and Health budgets
 - Increase in self-directed support and direct payments as people take more control of their own care and support
 - Operational workload management efficiencies
 - Improvement in choice and outcomes for individuals
 - Untapped social capital reduces local authority and NHS revenue and capital costs
 - Staff are more fulfilled in their professional lives
 - Reduction in staff absence and sickness
 - Increase staff retention rates

9. **Conclusion**

Members of the Health Scrutiny Panel are asked to review this paper for information purposes, but note the significant level of transformational activity currently being undertaken in the Department and the recent changes to the timelines for the implementation of phase 2 of the Act.

10. **Appendices Attached**

None