

## Westminster Health & Wellbeing Board

<b>Date:</b>	<b>22 January 2015</b>
<b>Classification:</b>	General Release
<b>Title:</b>	<b>CARE ACT IMPLEMENTATION</b>
<b>Report of:</b>	The Executive Director for Adult Social Care & Health
<b>Wards Involved:</b>	All
<b>Policy Context:</b>	Health
<b>Financial Summary:</b>	<p>A number of duties within the Care Act are likely to have financial impacts for Westminster City Council. For 2015/16 the costs of implementing the programme will be addressed by the Department of Health via specific funds made available through the Care Act implementation grant or Better Care Fund (BCF) monies. For the City Council, the implementation grant recently announced indicates total grant funding available of £967,402. Confirmation of BCF monies is still awaited from the Department of Health. The issue of how future costs from 2016/17 onwards will be met is still to be addressed.</p>
<b>Report Author and Contact Details:</b>	<p>Jerome Douglas – Care Act Programme Manager Tel: 0208 753 2306 E-mail: <a href="mailto:Jerome.Douglas@lbhf.gov.uk">Jerome.Douglas@lbhf.gov.uk</a></p>

### **1. Executive Summary**

- 1.1 The purpose of this report is to inform Health & Wellbeing Board Members about progress in relation to the implementation of the Care Act in Westminster City Council.

### **2. Key Matters for the Board**

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

### 3. Background

3.1 All local authorities are expected to implement the requirements of the Care Act 2014. The programme is focussed on delivery to the milestones below as part of a phased approach.

3.2 Phase 1 key deliverables for compliance by 31 March 2015 include:

- Implementation of an eligibility framework and a single set of criteria for Carers
- All service users in receipt of a personal budget (includes a review of the appropriateness of the resource allocation system)
- Assessment processes in line with Care Act requirements (includes Carers Assessments, assessment of self-funders, and prevention duty)
- Implementation of new safeguarding duties
- Market shaping responsibilities embedded (including Market Position Statement and protocols regarding duty around provider failure)
- Managing transition from children and young people services to adults services which includes a right to an “adults” assessment prior to the 18th Birthday. This right also extends to carers of children and young people.
- Information and advice provision (across operations and commissioned services) and provision of preventative services
- Provision of an advocacy service
- Deferred Payment Agreements
- Workforce trained and developed to meet the new operational requirements

3.3 Phase 2 key deliverables for compliance by 31 March 2016 include:

- Funding Reforms embedded in business (including a care account, cap on care costs)
- Communications and engagement plan fully implemented

3.4 Workstreams are in place to implement the deliverables in Phase 1 and Phase 2 in alignment with the agreed schedule. The work to date has involved the following:

- i. **Eligibility and the new National Minimum Threshold** - All three boroughs would already be considered compliant with the national minimum eligibility criteria, based on the existing FACS criteria for ‘Critical’ and ‘Substantial’ needs. However, the eligibility policy has been formally updated, and this has been reflected in the Adult Social Care (ASC) standard operating procedures, which will form part of the training modules for roll out to all social care staff. The lead ASC officers in RBKC will also develop options to consider how to retain existing service users that have ‘Moderate’ needs for care and support under the existing FACS criteria, which will no longer be applicable from April. RBKC is able to do this because local authorities have powers under the Care Act to extend the eligibility criteria beyond the new minimum threshold, if they wish to do so.

- ii. **All service users in receipt of personal budget (includes review of appropriateness of RAS)** – personal budgets are already part of the offer to service users with eligible needs in all three boroughs. The Care Act requires that local authorities have a more transparent approach to setting the amount offered to service users. Work is therefore underway to review the existing resource allocation system, with a view to potentially replacing it with something more appropriate. Our objective is to put in place a person-centred, holistic framework for setting personal budgets, linked to focussed outcomes for the service user.
- iii. **Assessment processes in line with Care Act requirements (includes Carers Assessments, assessment of self-funders, and prevention duty)** – we have built a revised assessment process into the ASC operating procedures, to be rolled out as part of the training programme in the New Year. This includes a new Carer’s assessment process, which is being piloted in December. Early assessment of self-funders will be rolled out from October 2015, inviting 25% of known self-funders ahead of the April 2016 deadline, in alignment with Department of Health recommendations. This is because self-funders will be entitled to an assessment once their care costs reach the £72,000 cap, with a view to seeking support via their local authority.
- iv. **Implementation of new safeguarding duties** – The London Association of Directors of Adult Social Services (ADASS) is developing a Care Act compliant set of protocols for safeguarding that will be rolled out to all London local authorities. These protocols will be embedded within the ASC standard operating procedures and rolled out to all staff as part of this training.
- v. **Market shaping responsibilities embedded (including Market Position Statement and protocols regarding duty around provider failure)** – A Market Position Statement has been drafted to support market shaping through engagement with local providers,. The market position statement will help to inform commissioning of new, innovative services for local residents.
- vi. We have developed a draft Provider failure protocol. This will help inform decisions about how to support the transfer and continuity of care for service users in the event the incumbent provider is unable to support them due to business failure.
- vii. **Managing transition from children and young people services to adults services** - Project work is underway to build the Education, Health and Care transition pathway, which will be embedded within the ASC Standard Operating Procedures and rolled out to staff in the Learning Disability team. This will ensure a more holistic approach is adopted that supports young people requiring an “adults” assessment prior to their 18th Birthday.

- viii. **Information and advice provision (across operations and commissioned services) and provision of preventative services** – The workstream activity to deliver compliance includes development of all information and advice formats, including the People First Website and leaflets. An audit checklist of the full range of the types of information and advice required has been completed. The next stage will refresh the content for each topic area. The work on information and advice also links very closely with new duties to promote prevention, and a mapping exercise is underway to document the existing prevention offer. This includes developing a shared understanding of services provided by the private, voluntary and community sector, health, and universal services that support preventative approaches to underpin health and wellbeing.
- ix. **Advocacy Support Services** – A procurement process is underway to develop the service so that the local authority can routinely offer independent advocacy support to anyone who requests it, as part of the assessment and support planning process.
- x. **Deferred Payment Agreements** - Deferred Payments Agreements are offered today. The funding reform workstream is hoping to develop a consistent approach to deferred payment agreements across all three boroughs, including appropriate interest charge rates. This approach will be embedded within the finance operating procedures and rolled out to staff.
- xi. **Workforce trained and developed to meet the new operational requirements** – A workforce development programme is being shaped and resourced to be rolled out in the New Year from February onwards. This follows engagement with staff and managers about the workforce implications of the Care Act reforms and the completion of a training needs analysis. Care Act awareness sessions have already been rolled out to ASC staff and this is likely to be extended to other departments across the local authority, externally to health partners including the CCGs, and to the voluntary and private sector.

#### **4. COMMUNICATIONS / CONSULTATION**

- 4.1 Successful 'show and tell' events have been held in the London Borough of Hammersmith and Fulham and Westminster City Hall, to promote the work of the programme and encourage stakeholders to engage in the implementation. The Royal Borough of Kensington and Chelsea show and tell event is scheduled for January 2015.
- 4.2 A communications plan has been developed to co-ordinate key messages to be communicated to all stakeholders, and a regular update is published in the monthly Triangle newsletter to ASC staff. The communications plan includes the roll out of the Public Health England Campaign to share information with the general public about the Care Act. This is to ensure residents are fully aware of the reforms and the local authority's implementation programme. Care Act

briefing sessions have been held with GP's, Housing, Carers Network in Westminster, and care and support providers, and the Public Health Leadership Forum.

## **5. PARTNERSHIP WORKING**

- 5.1 The Care Act requirements make it clear that Councils are required to co-operate with other organisations including health, housing and employment services to ensure a holistic approach to care and support. Adult Social Care has therefore taken steps to work collaboratively with other parts of the Council, including Housing, Children and Families, Public Health, Environmental Health Leisure, Community Safety, Corporate Voluntary and Community Sector. External engagement with health colleagues in the CCG's and NHS England is also underway.
- 5.2 The implementation programme is aligned to other transformation work for Adult Social Care focussed on greater partnership / integration, through the Customer Journey project and the development of the Community Independence Service. This will lead to better coordination of information and advice, assessments, support planning, hospital discharge and help to live at home.
- 5.3 Mental Health and Housing sub-groups have been meeting regularly to identify key actions that will contribute to compliance with the Care Act. This is specifically in relation to pathways, assessment and support planning, information and advice mapping, alignment of operating procedures, and identifying workforce development activities.

## **6 RESOURCE IMPLICATIONS**

- 6.1 A number of duties within the Care Act are likely to have financial impacts for the Council that are difficult to quantify at this stage; these are explained below.
- 6.2 *Financial Modelling.* Conducting accurate financial modelling of the impact of the Care Act and the care cap is challenging due to the large number of variables and unknowns. Our initial model of the costs of self-funders approaching the council indicates that costs in Westminster could rise substantially (this in addition to the costs of additional assessments and deferred payments). Our feedback on funding formulae consultation for the Care Act was that it did not provide assurance that these costs are being fully addressed. This is a major concern, and is compounded by the lack of data about self-funders, which makes it hard to accurately estimate costs for this group. We believe that nationally, we are no further forward in developing robust data to predict self-funder impact.
- 6.3 *Increased demand for needs assessments.* The implementation costs of the Care Act are significantly higher than the Government's current estimation. Needs assessments help self-funders keep track of progress towards the cap on their care costs as they become eligible for local authority funding from April 2016. Carer's assessments will also increase from April 2015. The estimated costs, using the Lincolnshire Modelling (the nationally adopted tool) indicates that the

additional assessments for Westminster City Council during 2015/16 are £449,111.

- 6.4 *Deferred Payments.* We have no robust evidence on which to model future demand arising from the implementation of a universal deferred payment scheme. We believe we will see an increase in the number of people wishing to take out a deferred payment. This will have a financial impact, particularly in managing cash flow, although government funding will be available to support these costs. Based on the Lincolnshire model, cost estimates for deferred payment agreements during financial year 2015/16 are £364,574.
- 6.5 *Possibility of more people becoming eligible for care and support.* There is likely to be an increased cost to operational delivery within each of the local authorities, to manage the increased demand for information and advice, assessments, and arranging service provision, as more people become eligible for public funding. Based on the Lincolnshire model, the additional costs will potentially come from carers assessments which are estimated to be £1,352,000 during 2015/16 for the carers package and service provision.
- 6.6 *London specific impact.* The impact upon London is likely be significantly different from the impact in other regions, due to its higher cost base; this needs to be fully understood and reflected in funding received from the Department of Health to support implementation of the reforms. For example, the higher costs of care in London will mean that people are likely to reach their cap earlier, so London boroughs will incur costs earlier and face higher costs for these newly eligible people, than will authorities in other parts of the country. These costs have not been quantified as part of the Lincolnshire Model.
- 6.7 For 2015/16 the costs of implementing the programme will be addressed by the Department of Health via specific funds made available through the Care Act implementation grant or Better Care Fund monies. For Westminster City Council, the implementation grant recently announced indicates total grant funding available of £967,402. However, we are still awaiting confirmation of BCF monies from the Department of Health. We also do not have information about how future costs from 2016/17 onwards will be addressed.

**If you have any queries about this Report or wish to inspect any of the Background Papers please contact:**  
**Jerome Douglas – Care Act Programme Manager**  
**Tel: 0208 753 2306**  
**E-mail: [Jerome.Douglas@lbhf.gov.uk](mailto:Jerome.Douglas@lbhf.gov.uk)**

#### **BACKGROUND PAPERS:**

The final regulations and guidance were published for local authorities in October 2014. These can be found at:

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