

**SUNDERLAND HEALTH AND WELLBEING BOARD**

**20 March 2015**

**CARE ACT: IMPLEMENTATION UPDATE**

**Report of the Executive Director of People Services**

**1. REPORT PURPOSE**

- 1.1 This report provides Health & Wellbeing Board Members with an update on the implementation of April 2015 Care Act requirements, regional and national activity, and the draft Department of Health (DH) proposals for April 2016.

**2. CARE ACT IMPLEMENTATION**

- 2.1 As previously reported, Care Act implementation, and ensuring that activity aligns with other corporate and city priorities, is being overseen by a Programme Implementation Board (PIB) within People Directorate, but with membership drawn from wider council areas.
- 2.2 The PIBs work plan and the plans for each of the 7 Care Act project / cluster areas reporting to it ,are in the final stages of implementation (in respect of 2015 requirements) These projects / clusters cover following areas:
- CA1 – Assessment & Support
  - CA2 - Developing Universal Offer & Market Shaping
  - CA3 – Developing Information & Advice
  - WS1 – Performance, Finance & Data
  - WS2 – Workforce Development & Planning
  - WS3 - Engagement
  - WS4 – IT& Systems
- 2.3 These project / cluster actions also include the activity required to implement the agreed recommendations from November 2014 Cabinet Report, Care Act, 2014 – Implications and Implementation
- 2.4 An Equality Impact Analysis has since been completed (as part of wider budget / financial reports –reporting). The EIA identified that the Acts implementation would have positive / neutral effects in the majority of cases. The only potential perceived negative impact identified was the adoption of the National Eligibility threshold. This potential impact was because the new eligibility threshold was considered by Government to equate to current Fair Access to Care (FACS) Critical and Substantial levels whereas the council currently operates to all 4 FACS bands.
- 2.5 The council's commitment to prevention and early intervention services would ensure that people in Sunderland did continue to receive the support that they needed. In addition work has also been undertaken to identify whether people

in the current low / moderate FACS bands would still meet the new eligibility threshold anyway.

- 2.6 The Head of Service (Adult Social Care), four Senior Social Work Managers and Legal Services were all involved in an exercise that considered over twenty current non-residential cases from the Older Persons Service Area where people had Low / Moderate FACS recorded. In all but one case the information provided indicated that person met the new eligibility criteria, and in the other case more information was required (and other non-social care needs had been identified)
- 2.7 Further exercises are in the process of being undertaken to confirm whether the effects of the change from FACS to the new threshold for people in other customer groups (i.e. Learning Disabilities, Mental Health) is similar.

### **3. CONSULTATION EXERCISE**

- 3.1 The council undertook a short Care Act engagement / e-consultation exercise between 9th February and 2nd March 2015.
- 3.2 A press release was issued to launch the exercise and also to help raise awareness of the Care Act amongst the wider public. The major part of the exercise consisted of the issue of just over 3,330 letters to the council's current social care customers.
- 3.3 It was these customers that were likely to be most interested in any changes, or have any concerns about these. Letters therefore were issued to customers that had council funded residential care placements, non-residential care packages / Personal Budgets, lived in Sunderland Care and Support Supported Accommodation, or that received on-going professional support.
- 3.4 The letter contained background information about the changes and that the council expected that the vast majority of its current social care customers would still receive similar support in the future. The letter also included a Care Act Summary to provide more detail about its wide ranging requirements.
- 3.5 An "easy read" version of the letter and Care Act Summary were developed by Sunderland People First, and were issued to just over 200 customers. These went out a week later than the main letter issue.
- 3.6 Customers that did wish to pass on any views could do so in a number of ways;
  - An e-consultation exercise on the councils Care Act Landing page ([www.sunderland.gov.uk/care-act](http://www.sunderland.gov.uk/care-act)). The page and consultation link also included more information on the Care Act
  - Via a dedicated helpline number covered by the Customer Service Network. The staff covering this line were also provided with a series of Frequently Asked Questions that provided more detail around potential customer queries

- Via one of 5 arranged drop in events. One was arranged in each local area and two of the meetings were also arranged in early evening to allow more people to attend than could otherwise have been the case.
- 3.7 This engagement exercise was also supported by the involvement of a number of partners. Age UK, Carers Centre and Gentoo had all been involved / provided feedback on the councils planned activity.
- 3.8 In addition the consultation documentation was provided to these agencies and a number of others (including care and support providers). This was to both enable them to answer a number of queries directly but also to build on on-going awareness raising / engagement).

#### **4. REGIONAL / NATIONAL REPONSE**

- 4.1 Whist each council is required to comply with Care Act requirements, the scope and scale of this activity had previously been recognised as posing a significant risk both nationally and regionally
- 4.2 To mitigate the risks, a combined Programme Management Office (including DH, ADASS and LGA representatives) was established to support councils with implementation. Support includes identifying implementation costs and on-going additional costs, developing implementation materials, providing funding to assist with implementation (including that devolved to each region). More recently they have provided a range of self-assessment tool kits to provide additional assurance against each of the main Care Act requirements.
- 4.3 Within the North East a regional Care Act Leads network has been established with a regional Care Act Lead. The lead is
- Reporting into regional ADASS and Heads of Service groups and to the Sector Led Improvement Group
  - Helping to coordinate on-going regional activity and collaboration via the regional Care Act Leads Group (this includes at least one representative from each North East Council) and series of Task and Finish groups.
- 4.4 A regional Training and Implementation Support Fund has been used to support individual councils and undertake some joint developments
- 4.5 An example of the joint development is the creation of a suite of eLearning courses (using Skills for Care Materials) that are currently in the process of being rolled out to council staff. These have also been offered to some partners (although this offer is being extended)

#### **5 2016 IMPLEMENTATION**

- 5.1 The Department of Health launched a short consultation exercise on 4 February (ending on 30 March) linked to its proposals for funding reform and also in relation to current appeal / challenge mechanisms.

- 5.2 In relation to Funding Reform the DH preferred option is for;
- A £72,000 Care Cap for most peoples life time Care costs
  - A zero Cap for people aged 0-25 which means that younger people with established care and supported needs would receive these care services free
  - People would still be liable for 'hotel costs ' in residential care of £12,000 per year (but this would be financially assessed)
  - higher capital threshold for charges (Either £27,000 or £118,000 instead of £23,250) before which people were classed as self-funders / full cost payers
  - The introduction of a Care Account and Independent Personal Budgets to help both people that receive council commissioned services and self-funders to monitor their progress toward the Care
- 5.3 In relation to appeals / challenges the DH proposals are for an Independent Review stage to be introduced to cover some potential areas where disagreement may arise. This would take place after an in internal dispute resolution stage.
- 5.4 Final requirements for councils to work to are not expected until October 2015, which gives grounds for concern. Other concerns link to:
- The regulations / guidance still lack clarity in some areas and contain many ambiguities
  - Even the preferred consultation options regarding funding reform still require significant work in order to improve them and to make them workable – especially given the technical nature of much of the content.
  - The proposals give rise to significant increases in assessment, monitoring and notification requirements and seem to require significant IT/ Systems development in order to efficiently implement these. There may be an issue with Software providers being able to make any last minute changes to their developing updates/ upgrades in order to meet this challenging timescale
  - Whether the proposals do create enough incentive for people to save more to meet their own care costs ( the Care Act aspiration) or for financial services to create products to help people manage these costs
  - The still outline form of the appeal proposals , given councils are required to implement from April 2016 , and commission Independent Reviewers to do this
  - Potential confusion as some parts of the Act are currently excluded from scope of the appeals process ( such as charging)
  - The potential costs of these proposals, if significant numbers of people do appeal. Whilst the DH estimate under 5% will appeal the Act introduces significant new requirements from April 2016 , and these are likely to give rise to their own disputes
- 5.5 The council will be submitting a response, and will be contributing to regional and national responses (Via ANEC /ADASS etc)

## **6 RECOMENDATIONS**

- 6.1 Health and Wellbeing Board Members to note the contents of this report and appendices and to confirm;
- Whether Board members require any additional information in respect of any of these areas
  - To receive a further update report when the final regulations for 2016 are published

