ADULTS AND HOUSING SCRUTINY COMMITTEE
21 OCTOBER 2014

ITEM NO. .....

THE CARE ACT: AN UPDATE AND OUTLINE OF INTERDEPENDANCIES

SUMMARY REPORT

Purpose of the Report

1. This report follows on from a report presented to COE in May 2014 which outlined the early implications of the then Care Bill. (The Bill was granted Royal Assent on 14 May 2014). This report sets to outline the work done to date on the implementation of the Act within Darlington and how and where this aligns to wider Health and Social Care integration and in particular the Better Care Fund.

2. The report sets out progress to date on the following:-

   (a) What is the approach being taken within Darlington to implement the Care Act?

   (b) What are the work streams that have been devised and what work is being carried out within these work streams at this moment in time?

   (c) What are the resource implications within these work streams and this approach?

   (d) What are the interdependencies between this project and other projects within the change programme that have intrinsic links the Adult Social Care programme specifically the savings target identified within the MTFP?

3. It will also make recommendations on how to progress a project of this scale and complexity; and seeks approval to proceed with the project whilst answering these queries and looking in particular at the impacts in Adult Social Care, Finance, Development and Commissioning and the Organisational Planning Unit.

Recommendation

4. It is recommended that:-

   (a) That Scrutiny Committee take note of this report.

Murray Rose
Director of Commissioning

Background Papers

None

Author: Philippa Rayner Extension: 6062

S17 Crime and Disorder	None
Health and Well Being	The Care Act is a significant change in social care policy which will involve representatives on the HWB. The board will be presented with updates as necessary
Carbon Impact	None
Diversity	National EIA has been undertaken
Wards Affected	All wards
Groups Affected	Adult Social Care Service Users – Current and Future.
Budget and Policy Framework	None
Key Decision	No
Urgent Decision	No
One Darlington: Perfectly Placed	The Care Act will particularly impact on outcomes in One Darlington: 'People are healthy and supported'
Efficiency	None

MAIN REPORT

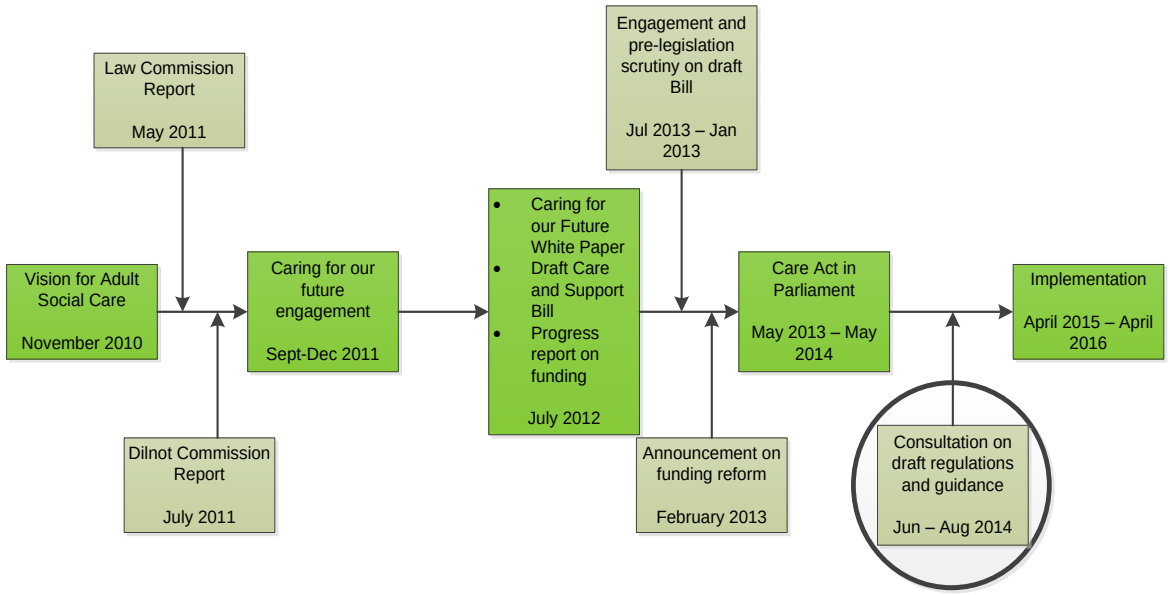
Background – What is the Care Act and what does it mean for Darlington?

5. In July 2012 the Department of Health published the following documents:-

   (a) Reforming Care and Support White paper;
   (b) Draft Care and Support Bill;
   (c) Progress Report on Social Care Funding.

6. Following a period of consultation and engagement and the addition of other priorities for reform, the bill was placed before Parliament in May 2013 and was granted Royal Assent on 14 May 2014. The Care Act is set to be introduced in April 2015, with a further implementation phase in April 2016. Details of these implementation phases can be found in Diagram 1.

Diagram One: The Care Act: the reform timetable



7. The Care Act is now at the end of the first of two periods of consultation (as per the timelines shown Diagram 1). This consultation has been responded to locally by Adult Social Care within Darlington and associated stakeholders (Finance, Legal, Commissioning etc.), regionally by the Association of North East Councils (ANEC) working with a regional team from the Association of Directors of Adult Social Service (ADASS) and nationally by ADASS. The first consultation period closed on 15 August 2014 with final regulations (for the 2015 parts of the Act) due for release in October 2014, expected to be around 13 October 2014. All organisations affected by the Act were invited to respond. For example in Darlington; Darlington Association on Disability (DAD) submitted their own response on behalf of their members. There were more than 3000 responses to the Consultation

8. The Care Act introduces legislation to provide protection and support to the people who need it most and to take forward elements of the government's initial response to the Francis Inquiry giving people peace of mind that they will be treated with compassion when in hospital, care homes or their own home. It also seeks to ensure that those people needing social care do not have to pay more than £72,000 for long term care (across their lifetime) by introducing a care cap. Once this cap is reached by a service user the state will pay the cost of any care above that figure (not to include food and accommodation costs – these are sometimes referred to as hotel costs).

9. The Act is split into three parts:-

   (a) Care & 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. Wellbeing being described as a broad concept that specifically

relates to the following areas:-

(i) Personal dignity (including treatment of the individual with respect);
(ii) Physical and mental health and emotional wellbeing;
(iii) Protection from abuse and neglect;
(iv) Control by the individual over day to day life (including over care and support provided and the way it is provided);
(v) Participation in work, education, training or recreation;
(vi) Social and economic wellbeing;
(vii) Domestic, family and personal relationships;
(viii) Suitability of living accommodation;
(ix) The individual's contribution to society.

It is the wellbeing principle that underpins the entire legal framework and influences the way all functions are carried out in relation to individuals.

The Act sets out new rights for carers (in the form of an individual carers assessment and resultant support) with emphasis on the need to prevent and reduce care and support needs, and introduces a national eligibility threshold for care and support. In 2016 it introduces a cap on the costs that people will have to pay for care and sets out a universal deferred payment scheme (to be introduced so that people will not have to sell their home in their lifetime to pay for residential care). The draft regulations concentrate only on people over the age of 65. Those working age adults who are, or may be in receipt of social care are covered by the Act but the regulations for this section of the general populous are not yet available.

(b) Care Standards

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. This 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. Commissioning of services and shaping of the Care Markets are underpinned by the wellbeing principle and the Act drives the promotion of choice to drive quality and sustainability.

It will enable the new Chief Inspector of Hospitals, appointed by the Care Quality Commission (CQC), to trigger a process to deal with unresolved problems with the quality of care more effectively. The Act will also make it a criminal offence for health and care providers to supply or publish false or misleading information. The Act sets out the legal duty on the local authority where there is provider failure and gives the CQC and deeper oversight into the financial health of care providers, especially those deemed as 'difficult to replace.'

(c) Health

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.

The Darlington Approach

10. An initial scoping session was held on 22 May 2014 where internal stakeholders were invited to sense check the Surrey Model (at the time this model was seen as the lead in implementation of the Act) and align Darlington's progress against each of the major clauses within the then Care Bill. From this meeting a number of work streams were pulled together to help formalise the approach that Darlington would need to take to deliver the main legislative changes outlined in the Care Bill. This approach was approved by JMT on 5 August and a number of CCG colleagues were added to a number of work streams.

11. The scoping session concluded that four main work strands should be developed that would deal with the actual delivery of legislative change of the bill; and seven cross cutting work streams that would provide the support to the delivery of these work streams. These work streams are outlined in table one.

Table One

Work Streams
Prevention and Housing. Information Advice and Advocacy
Finance. Paying for Care and Support and Charging for Care and Support
Care Management, Care Planning and Personalisation. Assessment and Eligibility
Care and Support Markets

Cross Cutting Work Streams
Workforce
Systems and Information Governance
Communications and Engagement*
Equalities
Quality and Safety
Finance – Paying for it

*Alignment of work streams between Care Act and Better Care Fund to be detailed later in this report.

12. As the Bill progressed through the House of Lords, all Local Authorities were encouraged by the Department of Health to use the Surrey Model as a base for both work stream planning and assessing the financial impact of the act on the Local Authority. The Department of Health has now changed this guidance in respect of the financial impact part; and has asked all Local Authorities to

complete a model created by NE Lincolnshire Council in order to assess affordability. The Department of Health has also engaged the Chartered Institute of Public Finance and Accountancy (CIPFA) to assist in costing the financial impact and helping Local Authorities assess the cost of the unfunded burden. It is expected that this impact be felt due to three major factors:-

(a) The increase in assessments:-

The Act significantly reforms the way social care needs are assessed, met and paid for, and how social care services are provided. In the Act, assessment is divided into distinct stages. Critically, all those people aged over 65 (regardless of their financial situation) will be eligible for an assessment to identify their needs (as now) but if their needs meet the new national eligibility criteria (to be published October 2015 but not expected to be different to the current criteria applied in Darlington); then those eligible social care needs will need to be assessed by the Local Authority and reviewed annually (this may mean that the authority need to employ more social workers to meet this demand and/or find more innovative ways of assessing need). The Government has carried out an initial impact assessment and this calculates that between 180,000 and 230,000 more assessments will be required in 2016-17, when the cap comes into force (alongside an increase from £23,250 to £118,000 in the means-test limit above which people are ineligible for support with their residential care costs).

This assessment has to happen to allow a Care Account (also known as the Dilnot Account) to be opened and the progress to the Care Cap monitored. The numbers of people within Darlington that may seek to protect their personal wealth by choosing to open a care account (and therefore not spending more that £72,000 on their care) is currently unknown and work is on-going to try and ascertain this figure using census data, current case management data (financial) and regional guidance. This work is expected to conclude in September 2014 and is heavily reliant on resource and data from Finance. Once this exercise has taken place a report will be presented to Cabinet/COE to outline to members the potential financial impact.

All existing self-funders will need to be assessed as they too will be eligible for a Care Account from April 2016 (Care Accounts cannot be retrospective). Work is underway to identify all self-funders within Darlington through contact with contracted and non-contracted services.

From a care and support planning point of view, the Act also provides a way of linking assessments for carers with assessments for those they care for, and providing personal budgets and direct payments to carers. Carers rights are altered through the passing of this legislation and it puts carers on an equal legal footing to those that they care for, irrespective of the level of need of those that they care for. The carer may well be provided with council funds to meet their own needs that are related to the caring that they are going to continue, or start, to do. Darlington Borough Council needs to make a number decisions (through the revision of and the subsequent

consultation/equality impact assessment of the Fairer Contributions Policy) on whether or not the Council opt to charge for carers services or not. The revision of this policy will also need to include the approach to deferred payments.

The establishment of the universal deferred payment scheme will mean that people should not be forced to sell their home in their lifetime to pay for their care. By taking out a deferred payment agreement, a person can 'defer' or delay paying the costs of their care and support until a later date, so they do not have to sell their home at a point of crisis. Darlington Borough Council will need to reflect this in their revised Fairer Contributions Policy and set parameters on interest charged (the Department for Heath are yet to issue guidance on this). Darlington Borough Council charge base rate + 1%.

Once again; the Government has carried out an initial impact assessment, and it estimates that the number of carers assessments will increase by 230,000 - 250,000 across the country as a whole as a result of the legislation. As a comparison to 400,000 were conducted (across the country) in 2010-11.

(b) The duty of the Local Authority to Provide Information and Advice:-

Through the Act, the duty is placed on the Local Authority to ensure the availability of information and advice services for all the people living in the local area and it must ensure that information and advice services cover more than just 'basic' information about care and support. This duty should act as a start point for prevention of care, support needs, finances, health, housing, employment and what to do in cases of abuse. The provision of Information and advice is critical to stop people entering into the system yet the balance has to be right to ensure that service users clearly understand that social care and support is not, like health services, a free at the point of entry service.

The Act views the provision of Information and advice as key to the promotion of wellbeing and the prevention of future social care needs and targets specific areas of the population as needing certain levels of Information and Advice that needs to be correct at the point of delivery. The authority will need to make decisions as to how and where these interactions are recorded.

The Act lists the following as people who are likely to need Information and Advice (not a restrictive list):-

(i) People wanting to plan for their future care and support needs;

(ii) People who may develop care and support needs, or whose current care and support needs may become greater. Under the duty of prevention in Clause 2 of the Act, local authorities are expected to take action to prevent, delay and/or reduce the care and support

needs for these people;

(iii) People who have not presented to local authorities for assessment but are likely to be in need of care and support. Local authorities are expected to take steps to identify such people and encourage them to come forward for an assessment of their needs;

(iv) People who become known to the local authority (through referral, including self-referral), at first contact where an assessment of needs is being considered;

(v) People who are assessed by local authorities as currently being in need of care and support. Advice and information must be offered to these people irrespective of whether they have been assessed as having eligible needs which the local authority must meet;

(vi) People whose eligible needs for care and support the local authority is currently meeting (whether the local authority is paying for some, all or none of the costs of meeting those needs);

(vii) People whose care and support or support plans are being reviewed;

(viii) Family members and carers of adults with care and support needs, (or those who are likely to develop care and support needs). Under Sections 2 and 20 of the Act, local authorities are expected to identify carers and take action to reduce their needs for support;

(ix) Adults who are subject to adult safeguarding concerns;

(x) People who may benefit from financial information and advice on matters concerning care and support. Local authorities must have regard to identifying these people, to help them understand the financial costs of their care and support and access independent financial information and advice including from regulated financial advisers.

The intention of the Information and Advice stream has been to map what advice and channels currently exist and how this overlays current contact strategies such as; the Customer Strategy (managed through the OPU) and the Inclusion Strategy (managed through the OPU) with a view to looking at the best way to deliver the requirements of the Act through the infrastructure that we already have.

There is also a clear link to the Money Advice Services Project through this work strand. The outcomes of this project will need to align with the Care Act requirements. The requirements of the Act (around independent financial advice) will not be absolutely known until the first phase of the consultation has ended and guidance published. The Project Manager for the Money Advice Services Project is a member of the information and advice work stream to ensure the link between the outcomes exist,

(c) The Administration of the Care Account and the impact and numbers of people reaching the Care Cap:-

Alongside this Implementation Project; the Authority has also chosen to replace its current Care Management System across both Adults and Children's Social Care. The administration of the Care Account and progress to the Care Cap will have to be managed through a Care Management System that is fully integrated with the Social Care finance system (currently CONTROCC). As a minimum the Care Account will set out the following:-

(i) The level of the cap;
(ii) The rate of progress towards the cap (through personal budgets as well as care that is purchased through a framework);
(iii) Display daily living costs;
(iv) Display annual adjustments to the cap and any accrued costs.

Under the cap policy, self-funders aged over 65 would start receiving free care and support once the sum that their council would have spent on meeting their unmet eligible needs – had it been doing so – reaches £72,000, in 2016 terms.

Immediate Project Risks

13. There is a detailed Risk Log for this project that gives details of the risks and their current rating. Aside from these 'internal' risks there are still a number of significant outstanding decisions to be resolved by the Department for Health and these are detailed below:-

(a) No decision on interest rate to be charged on Deferred Payment Agreements;

(b) No decision on Loan to Value Ratio on property where a Deferred Payment has been agreed;

(c) Some finalisation of financial disregards to be agreed;

(d) No decision on Working Age Adults and whether they should fall under a different cap. The lack of decision is due to concerns over working practice and complexity of needs. No decision is expected on working age adults until December 2014;

(e) The overall uncertainty of the unmet burden and the costs that local authorities will need to bear.

14. Joint Management Team need to be aware of all of these risks when understanding the impact of the Act on Darlington and that timescales (see Diagram 1) for implementation are exceptionally tight. Once the draft guidance is approved and the outstanding guidance issued, there will be an exceptionally limited time period until 1 April 2015. Table three shows the key deliverables for

2015 and 2016. Those with the most significant impact are discussed within the main body of this report.

Table three:

From April 2015	From April 2016
Duties on prevention and wellbeing	Extended financial support
Duties on information and advice (including advice on paying for care)	Cap on care costs
Duty on market shaping	Care accounts (The Dilnot Account)
National minimum threshold for eligibility (tbc)	
Increased Assessments (including carers' assessments)	
Personal budgets and care and support plans	
Safeguarding	
Universal deferred payment agreements	

2015

15. Underpinning the Care Act is the drive for early intervention and prevention that promotes independence and wellbeing. Under the Act, the Council will need to use local markets and the voluntary and community sector to promote services that are accessible to all with the aim of preventing a person entering the social care system. An online directory of services and support will be needed that will signpost residents to services and models of support that they can access. The Council will need to provide information online and through other channels to allow residents to understand the financial implications for them as an individual and/or as a carer.

16. By April 2015 we are required to develop a model and method of self-assessment and this will most likely be in the form of a web form or point of access form that will be re-keyed into CareFirst before a decision is made whether to carry out a full assessment. Where a person carries out a self-assessment, the local authority should consider how the self-assessment is verified and how this links with subsequent steps such as meeting the eligibility criteria and the cost of eligible needs. There is little doubt that within Darlington this will be via a manual process for 2015, and by 2016 the new system will deliver, validate and process online self-assessments.

17. Deferred Payment Arrangements are a key part of the Act, and in new legislation all local authorities must offer service users the option to defer payment for Residential Care. The Council already makes provision for deferred payments however going forward these should be administered from within the systems

(and in particular, CONTROCC), and business processes will need to be aligned to deliver this and to ensure the full capability of CONTROCC can be exploited. The relevant data will need to be stored within CareFirst until data is extracted into the new system.

2016

18. The directory of services and support outlined above will need to develop into an online market place that allows both current and future service users and their families and carers to investigate and/or procure elements of their care (whether fully, partially or not at all funded by the local authority). This market place will allow interaction to the Care Account (Dilnot Account) which will monitor a service user's progress towards their Care Cap. The Cap calculation formulae will have to be embedded into the care management system and integrated from CONTROCC. Spend on care assessment details will need to be represented in real time and will allow the authority to plan for who will reach their Care Cap, and when and at what stage the authority will be eligible to pick up that cost.

Links and Interdependencies to the Better Care Fund (BCF)

19. The June Spending Round announced £335 million for local authorities in 2015 to support reforms under the BCF such as seven day working for example. To support a major operational change such as this, a programme of work has been designed under a project governance structure that has clear alignment with the implementation of The Act.

20. The Better Care Fund also calls for the establishment of Multi-Disciplinary Teams (MDTs). The membership of the MDT will include a Social Worker from Darlington Borough Council who will work under the new legislation. The first MDT will be live within Darlington in October 2014, this team will focus on the top 5% of complex patients within Darlington (3300 patients 700 of which are known to Adult Social Care). As we progress with the set of MDTs the training and workforce development of the members of this team will have to complement the Care Act and changes that will come into force in April 2015.

21. There are three significant interdependencies between this project and the Better Care Fund Programme these are:-

    (a) Care and Support Markets
    (b) Information and Advice
    (c) Communication and Engagement

22. The Care and Support Markets the Care Act and the BCF stipulate that the local authority and partners should both use the knowledge that the local authority has of the local care market (the types of care and local providers of information and advice) to complement and develop the overarching narrative on how care funding works at the national level. This would include both domiciliary and residential care. This in turn will help to form the Market Position Statement that should constantly evolve to meet the needs of the local population for both their health and social care needs.

23. The information and advice work strand of the Care Act work needs to complement the implementation of the BCF to ensure that the afore mentioned MDTs and other contact points with Local Authority give the right information and advice at the right time as it is the duty of the Local Authority to ensure that information and advice is (as previously outlined) pitched to the right people at the right time to allow them to make the right decisions.

24. The BCF has a distinct work strand that has been tasked with looking at the continuing development of a Community Support Network. This work strand is in the early stages of producing a PID that will kick start a project that will seek to design a system to reduce future demand for substantial and critical social care while also supporting a collaborative approach to providing care closer to home. This approach should focus on schemes that avoid emergency hospital admissions, prevent residential admissions and support a speedy discharge from hospital.

25. The model to be developed should encourage individuals and communities to play a greater role in owning their own needs with support to find positive solutions that meet their needs, improving their quality of life and allowing them to stay active and independent in their own homes. As the project evolves and the foundations for the Community Support Network are laid through the BCF, the same network will support the needs of those people who may need (now or in the future) a relationship with Adult Social Care.

26. The Care Act has a national strategy (not to be released until the autumn of 2014) for Communication and Engagement. It is expected that part of this strategy will outline where the links between the BCF and the Care Act are; and what these may mean nationally for the public. In order to utilise limited internal resource most efficiently the work streams are being closely aligned to ensure that messages to press and public are consistent. Without national guidance and a steer on the campaigns that will be led by Central Government there is a great deal of unknowns here.

Resource Impact within the Service

27. An assessment of the current capacity within the workforce indicates that there are insufficient resources currently to meet the forecasted demand in both adult assessments and carer assessments. Over the last year there has been a ---% increase in the number of initial contacts/referrals received to the service and all teams across adult social care have experienced a rise in demand for assessments, it has to be noted that not all of these assessments have resulted in a provision of a service and that staff have worked well to ensure good quality signposting and information has been provided. This has contributed towards managing the demand for support. A key requirement of the Care Act is to ensure good quality information and advice is provided requiring us to ensure our ‘front of house’ contact information points are resourced accordingly with staff that have the skills to provide this service.

28. The existing increase in assessments completed, and the expected increase will mean that the current staffing levels for assessment and support planning are

insufficient. This is particularly prevalent when considering the links with the Better Care Fund and resources required to support the work of the MDT's, reducing admissions to hospital and seven day working. These are all additions over and above the current operational day to day work which is already placing a pressure on the current workforce. Consideration will need to be given as to what skills staff will need and the training required as the Care Act is transforming the way in which current staff work with a shift from the Care Management role back to a Social Work role focusing on evidence based practice and interventions. The role of the Principal Social Worker will be pivotal in facilitating the change of practice and culture required and supporting operational managers with this task.

29. The implementation of the Act also has a direct impact on management capacity within the service, currently there is a significant amount of time required for strategic planning and service design to ensure the organisation is able to meet the requirements for 2015 and 2016. However it is acknowledged that the operational demands are high and this will impact upon the capacity of senior managers to be involved in the strategic planning work. The new management structure within Adult Social Care will be vital in supporting this, particularly the introduction of the Operations Manager Posts but despite these, additional capacity will be required over and above this to assist with the implementation of the new case management system that is required, (refer to report dated 22 July 2014) and to continue the work currently being undertaken by an existing Head of Service. This work has been of an exceptional quality and has been recognised regionally but there is a significant amount still to be completed and with the current incumbent of this post leaving the authority in September, replacement of her role will be vital. It is not anticipated that the role needs to continue at Head of Service level but it will need to be a role that focuses solely on the implementation of the Act, supporting the management team and operational staff to prepare for the changes that are required.

Resource Impacts within the Organisational Planning Unit

30. The Systems Team are currently involved to a greater or lesser extent in a wide range of projects, including for example West Park/Hundens Lane co-location; preparing for Ofsted; Employee Protection Register implementation; Managing the Cost of Care; the Better Care Fund; Single Assessment for Children; Uniform upgrade; CareStore implementation; and the Care Act. In addition, the team also have a significant element of their capacity devoted to 'business as usual' activities including IT helpdesk calls for a number of systems and on-going system maintenance and development including CareFirst; CareStore; Uniform; Lagan; SoftSmart and more recently the Education Management System (EMS). In addition they support reporting functions across these systems on a technical level and have responsibility for delivering system training particularly for CareFirst. The team consists of 6 members of staff (5 fte's).

31. It is anticipated that the implementation of the Care Act would be handled within existing resources through minor changes to operations such as Helpdesk shifts. Whilst the changes resulting from future deliverables of the Care Act (2016) will

be managed through the system team involvement in the CareFirst replacement project, any adhoc system changes will need to be ceased (as per the proposal previously been approved by Joint Management Team on 22 July).

32. It is clear from the Act that all local authorities have responsibility to ensure their IT systems meet the requirements of the care and support reforms in the Care Act. The Department of Health has strongly recommended that councils should be investing in a local online information and advice portal which should include online assessment functionality and links to both national portals and the councils' back office case management system(s). This will be addressed in the specification for the new system and delivered in time for 2016 but in the meantime the Council will achieve compliance to this part of the Act via an online directory of services and through a robust communications and engagement plan. This will have a resource impact across the wider information team but specifically in the systems specification.

33. The Process Team have a wide range of different projects open at the moment. Most of these are to support the current programme of work within Adults Social Care. Detailed process analysis and design work is underway across a range of services to support the current projects that support the MTFP savings target. Process Officer resource is allocated to these pieces of work and all process redesign work is done with the aim of readying new processes for the requirements of the Care Act and the CareFirst Replacement Project.

34. The Process Team resource is purposefully agile to meet the demands of the services it provides support to, to that end the team can respond to the requirements of the Act an align the process redesign work required for the Act to the CareFirst Replacement Project. However; in light of the work load presented by these two key pieces of work; JMT need to be aware that this work takes the process team to full capacity. No additional work in other service areas will be possible with the existing resource within the team as it will be fully utilised on the Care Act Implementation Project and the CareFirst System replacement project.

35. The Communication and Engagement Team. Whilst there is a national strategy for Communication and Engagement on the Care Act it has yet to be finalised by the Department of Health who are currently agreeing the content of the strategy. Locally we will have to respond to this when it becomes clearer and once the direction of travel is agreed (which media outlets will be used, will national radio and television campaigns be initiated, what bearing with the general election in May 2015 have on the communications strategy). It is expected that the local and national press and media will heavily publicise the Care Cap and the impact of it for current and future service users and we will need to be ready to respond to these queries.

36. This work strand is closely aligned to the information and advice work strand as it is key that we start to get the right messages out now to aid the prevention agenda. The engagement team has a Senior Engagement Officer, who is a key member of this work stream and of the Information and Advice work stream to make sure that messages are consistent and aligned to the requirements of the

Act and the current work that this post carries out with the voluntary and community sector (both the co-production group and the smaller providers).

37. The Management Information Officers will need to be deployed to assist in the financial modelling work that needs to take place to assess both the financial burden the authority faces and the numbers of potential self-funders now and in the future. There may be a change in performance measurement to capture any new requirements of the Act (again these will not be known until the guidance is finalised.)

Resource Impacts with Finance

38. The implementation of the Care Act will have a twofold impact on Finance. The initial impact being the modelling work that has to take place to assess the affordability (and the burden) of the Act at a local and national level. ADASS have requested that the twelve North East Councils use the NE Lincolnshire Model to carry out this work so that there is a consistency in data across the region.

39. There is specific data held within the Finance Team that is not held within the CareFirst system so is not readily available to use for this modelling system. Resources within finance will not be available to carry out his modelling work until mid-August 2014. In the meantime preparatory work is being done to collect data on current and potential numbers of self-funders within the borough to help inform the number of additional assessments that may need to be carried out and inform the likely numbers of people who will start their journey towards the Care Cap in 2016 who are currently paying for their own care.

40. Operationally, the implementation of both Deferred Payment Agreements and the Care Account (aka The Dilnot Account) and how these are administered will impact the finance teams and the technology they use now and in the future.

41. Deferred Payments. There is a significant amount of work to do on deferred payments within Finance to prepare for the universal scheme. When agreeing how much a person can defer the service user, with the local authority, need to consider the maximum amount that can be deferred – the 'upper limit'. The DoH have suggested that this is usually a maximum percentage of the value of someone's home, a loan-to-value (LTV) ratio. Drawing on similar situations where debts are secured against a property, such as mortgages and equity release, the DoH have suggested that this should be between 70% and 80% of the value of the property. Further sensitivity analysis needs to be conducted to assure the final value and this will not be known until the consultation period closes and the final guidance is issued.

42. In combination, the maximum amount deferred, the interest rate and the security required will govern how much financial risk local authorities are exposed to and so all three need to be balanced against each other. As well as providing security against risk, these three factors will also have a key role in determining how generous the scheme is to people within it. For example, choosing a lower LTV ratio would likely mean that the interest rate could be lower and therefore

cheaper for people but it would also reduce the amount that each person could defer as a maximum. Once the policy around this is determined the finance teams will need to mobilise resource accordingly to deal with the increase in financial assessments and the administration of the potential increase in deferred payments.

43. The Care Account. From a systems point of view we need to ensure that these can be administered through CONTROCC (the social care finance management system). It is critical that the authority can track an individual's progress towards their care cap (currently set at £72,000) so that it will know when a service user will no longer be eligible to pay for their own care. The use of CONTROCC, integration to both the Care Management system and any future Care Markets System; and potential for system development therefore need to be in scope for this project and for the CareFirst System Replacement Project.

Resource Impact in Contracts and Commissioning

44. Analysis of the requirements of the Care Act for Contracts and Commissioning shows that approval and on-going development of the Markets Position Statement will support the implementation of the Act in relation to Market Shaping. This document is an evolving document which will, in time, incorporate both health and children's social care needs and offers the opportunity to develop into other key strategic services. This will occur against the back drop of the wider Sustainable Communities Strategy of which the Health and Social Care Strategy is a key part. Diagram two depicts the approach outlined in the guidance documentation on shaping the market.

45. The Act is clear on how this shaping should take place and that it is the duty on local authorities to promote a sustainable, diverse and vibrant market for care and support that delivers high quality services for all local people and does the following:-

    (a) Focuses on outcomes and promotes wellbeing;
    (b) Promotes choice to drive quality;
    (c) Supports sustainability;
    (d) Works with partners and people who use care/carers;
    (e) Has an approach to market intelligence and facilitation;
    (f) Shows the Importance of workforce development and pay;
    (g) Secures quality and outcomes through contracting.

Diagram Two

46. There has already been a shift in the way that the social care support has been commissioned over the last three years, so that all new service specifications are outcome focussed and hence fit for purpose going forward. Both the BCF and the Care Act look to Commissioning functions to work with the voluntary sector to deliver preventative services and publish success of providers. The role of the co-production group working with the Commissioner is key to helping the authority form what the both the market and the Community Support Network need to look like in the future.

47. With the Contracts and Commissioning Teams there is an on-going dialogue with both residential and none residential providers that takes place through established forums. Further discussion will need to take place to develop a wider range of support services and support the shaping of the market for both the BCF and the Care Act. This may involve the decommissioning and re commissioning of replacement services. To support this, the Contracts and Commissioning Team feel that a review of the existing procurement rules is required to ensure that they are more aligned to the Care Act Guidance, which states that local authorities should be aware that there is significant flexibility in

practices to support effective engagement with provider organisations and support innovation and service delivery.

48. This communication will need be aligned to both the national communications strategy (that is yet to be published by the Department of Health and expected in Autumn 2014) and the local strategy (to be defined by the authority, as previously discussed, once national strategy understood).

Funding

49. The Department of Health is making a new grant available to support local authorities in 2014/15. As the Care Bill completed its passage through Parliament the Department made a statement that it needed to turn its attention firmly towards implementation and to that end issued grant is to support local authorities in preparing for implementation during 2014/15 and beyond. £125,000 has been available to each local authority under a Memorandum of Understanding. This funding will not be ring-fenced.

50. The Better Care fund has £595K set aside for Darlington for Care Act Implementation. This amount is Darlington's allocation form the £335m nationally. This is allocated as follows:-

Darlington as %	0.21%		
Indicative Darlington Budget	**£595,000**		
Breakdown of Expenditure	% of Total	Darlington	
Early Assessments & Reviews	43%	£257,537	
Deferred Payment	33%	£195,373	
Capacity Building	6%	£35,522	
Information Campaign	3%	£17,761	
Capital Investment	15%	£88,806	
		£595,000	
		Value 'm	
The £335 million covers:		335	%
£145m for early assessments and reviews.		145	43.2
£110mfor deferred payment (cost of administering the loans and the loans themselves)		110	32.8
£20 million for capacity building including recruitment and training of staff.		20	5.97
£10 million for an information campaign.		10	2.9
£50m for capital investment		50	14.9

Regional Support and Guidance

51. Each authority within the North East has a nominated Care Act Lead who attends regional ADASS meetings and works across the region to share best practice and implementation approaches. Within Darlington this named lead is Philippa Rayner who is the named Project Manager for both the Care Act Implementation and the Care First Replacement Project.

52. ADASS have recruited a North East Care Act Lead for an initial period of 18 months (July 2014 – January 2016) who is employed to support all councils in the region prepare for the implementation of the Act. Liz Greer is now in post and co-ordinating regional risks logs, regional consultation responses and regional financial modelling. Liz has been to Darlington to meet with the Assistant Director for Adults Social Care and the local Care Act leads to discuss progress and provide guidance.

53. ADASS have set up a number of training and development sessions for officers and elected members to brief them on the Care Act and what this means to all local authorities. The Portfolio Holder for Adult Social Care has been briefed on the Care Act.

Summary and Next Steps

54. The Care Act presents all local authorities with a complex and demanding project plan that is currently working with a significant number of unknowns. This report is an attempt to detail the major challenges faced by Darlington Borough Council and to outline where demands on capacity might be as the journey towards April 2015 and beyond begins.

55. At the time if writing there is a great deal of the context for the Act that is clear but there are some details yet to be finalised at a national level: - working age cap, national eligibility criteria deferred payment guidance as an example and at a local level here in Darlington. The financial impact being the main one. This modelling will take place throughout August and September so that the findings can be presented to Cabinet/COE in late 2014. It is once the outcome of this modelling is known that the true resource impact can be understood.

56. There are key links to other key national programmes the Better Care Fund and wider health and social care integration and these projects are aligned where deliverables are shared. An update on the Care Act will be provided to the Unit of Planning and to the CCG in October 2014 at their development day.