
THE CARE ACT: AN UPDATE ON PROGRESS

SUMMARY REPORT

Purpose of the Report

1. This report follows on from a report presented to Scrutiny Committee in October 2014 which outlined the early implications of the Care Act for Darlington. This report sets to outline the work done to date on the implementation of the Act within Darlington since this last meeting.
2. The report sets out progress to date on the following:-
 - (a) The local and regional progress of the Act;
 - (b) Specific updates on the work streams that Scrutiny Committee expressed an interest in to help champion.

Recommendation

3. It is recommended that:-
 - (a) Scrutiny Committee take note of the report.

Murray Rose
Director of Commissioning

Background Papers

None

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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	None
Urgent Decision	None
One Darlington: Perfectly Placed	The Care Act will particularly impact on outcomes in One Darlington: 'People are healthy and supported'
Efficiency	None

MAIN REPORT

Local and Regional Progress of the Implementation of the Care Act.

4. There are undoubtedly a number of challenges facing the Authority as we progress towards April and the first tranche of changes that the Act outlines. Changes in the way that we assess people, by underpinning all we do with the 'Well-being Principle' and the introduction of a national eligibility criteria means that a significant proportion of the workforce will need to be briefed on the intricacies of this. A number of staff workshop sessions are set up to deliver this overview.
5. The Care Act places statutory duties on all Local Authorities to provide Information and Advice to all residents of the borough whether or not they have an eligible care need or indeed are known to the Authority. This is meant to aid the prevention agenda and ensure that residents are considering their future care needs long before the need for care arises. Work is underway with the council's contact centre to design a frontline Information and Advice offer and to work with other partners offering similar services in public, voluntary and community sectors.
6. For compliance to the Act on the 1 April we have a suitable network in place. It is the intention of the Authority to grow this service as we understand what the residents of the borough need by means of Advice and Information; this in turn

will inform the commissioning cycle. As we progress both the CareFirst replacement programme and the Key Lines of Enquiry within Adults Social Care to achieve the budget savings the evolution of the Information and Advice Strategy will be key.

7. As a Local Authority our Information and Advice offering needs to include information on what types of care and support is available, e.g. specialised dementia care and befriending services. The range of care and support services available to local people, e.g. prevention and re-ablement services and wider services that support wellbeing. We also have a statutory duty to provide information on the care and support system and how the system works here in Darlington e.g. specific information on the assessment process, eligibility and review stage and how to access independent financial advice on matters relating to care and support.
8. The Care Act says councils must include people in planning about their care and support. This is simply putting best practice around social work into statute, if it is hard for people to share their ideas for their care and support and express their desires in a clear way the Care Act says councils must find an advocate. An advocate can help in assessments or plans or in the provision of advice. There are concerns about the current capacity in the market place for independent advocates. Investigation work at a local and regional level is underway to ascertain what impact the Care Act will have on the market and how any increase in demand for advocates can be serviced whilst keeping the service independent.
9. The Authority is working in partnership with Darlington Association on Disability (DAD) on an advocacy pilot. This will help determine the increase in the number of advocates we need to commission as the new statutory duties on advocacy begin on 1 April 2015. This pilot will assist the Authority in tracking the financial impact of this new provision.
10. 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 (the Cap).
11. The results of the consultation will not be known until well into the next parliament. This means there will be a significant impact on the time available to make ready the systems and processes to deal with the administration of the Cap. As well as the response at a local level, the North East Councils will respond jointly. As a region we have asked that the implementation of the Care Cap be postponed for twelve months to allow more time for systems readiness to be achieved. There is a view that the guidance will not be reissued until September/October 2015 which will only leave software companies and local

authorities six months to build systems and procedures that are Care Cap compliant.

12. Scrutiny Members should note that the consultation on the Care Cap was significantly delayed. The papers for consultation were not issued until the beginning of February 2015, with a closing date on 31 March 2015. This consultation will see the proposed Care Cap discussed and will give the Authority an opportunity to feedback on the funding challenges. Should the Care Cap proceed as planned; once this cap is reached by a service user the state will pay the cost of any care above that figure. The care cap has been much publicised across all forms of media.

The Darlington Approach

13. An initial scoping session was held on 22 May 2014 where internal stakeholders were invited to sense check the Surrey Model, at the time the model 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.
14. 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 North East 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. Work is still underway in Darlington to gauge the true cost of the Act. Representatives from Darlington are working with colleagues across the region to understand the cost burden of the Act and what policy changes the Act will invoke.
15. Three North East Authorities (Stockton, Durham and Sunderland) have been invited to take part in a new version of financial modelling to test the new thinking on financial modelling.
16. When the initial report on the Care Act was presented to Scrutiny Committee, members expressed a specific interest in two work streams; workforce (where Darlington was taking a regional lead) and finance (particularly the financial impact the Act would have on the borough). This report provides an update on these specific areas.

(a) Local and Regional progress on Work Force:-

The Act significantly reforms the way social care needs are assessed, met and paid for, and how social care services are provided. The Care Act focuses on preventative services to reduce needs and therefore delay the need for an assessment. It is this message that is key to our staff training. Darlington are leading on the regional workforce group.

Progress to date:-

- (i) Local briefing sessions have been carried out with over 500 people having being briefed (including; staff, members, the voluntary and community sector and care home providers and staff);
- (ii) Using regional money; we have purchased some very specific training on Assessment and Eligibility, this is being delivered to all assessing staff throughout March and April 2015;
- (iii) Agreement to use regional monies to procure a learning programme across the NE that all authorities and partners can access (12 month licence);
- (iv) The aim of this work strand is to ensure that all staff are ready for the implementation of the Act and that those who are not directly impacted in their day to day role understand the potential impacts.

(b) Local and regional progress on Finance – Paying for the Act:-

There are still a number of significant outstanding decisions to be resolved by the Department for Health and these are detailed below:-

- (i) No decision on interest rate to be charged on Deferred Payment Agreements;
- (ii) No decision on Loan to Value Ratio on property where a Deferred Payment has been agreed;
- (iii) Some finalisation of financial disregards to be agreed;
- (iv) The overall uncertainty of the unmet burden and the costs that local authorities will need to bear;
- (v) A delay on the start of the Consultation on The Care Account. The intricacies of the Care Account and what it means and how it will work need to be the subject of a national consultation exercise. This consultation is now underway.

17. Scrutiny Committee need to be aware that these risks are still open when understanding the impact of the Act on Darlington and that timescales are still exceptionally tight. 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.

Summary and Next Steps

18. The Care Act presents all local authorities with a complex and demanding project plan which includes a number of unknown elements, summarised in this report.
19. Whilst much work has been done in preparation for the Act there are some details yet to be finalised at a national level, including the financial impact and the consultation on the funding reforms.
20. The work to implement the Care Act is linked to other current work programmes such as the Better Care Fund, Managing the Cost of Care, the wider health and social care integration and the replacement of the Council's social care IT system. Scrutiny Members need to be aware that these projects are aligned wherever possible and desirable.