

Committee:	Date:
Health and Wellbeing Board	30 September 2014
Subject:	Public
Care Act and Better Care Fund Update	
Report of:	For Information
Director of Community and Children's Services	

Summary

The purpose of this report is to update the Board on the implementation of the new Care Act and the current position of the Better Care Fund.

The Care Act received Royal Assent in May 2014 and introduces wide-ranging and significant reform to the adult social care system. It aims to create a modern system that can keep pace with the demands of a growing ageing population and is clear to people about what kind of care they can expect. It is designed to focus on people's strengths and capabilities, supporting them to live independently for as long as possible. The Act also introduces significant funding reform with the introduction of a cap on the amount people have to spend on their care, regardless of how much they have in savings or assets.

Many of the provisions of the Act come into force in April 2015, with the remaining, mainly related to funding reform, coming into force in April 2016.

In June 2013 the Government launched the Better Care Fund, a pooled budget, to help integrate health and social care services at a local level. Integration aims to reduce the stress and resultant cost on acute health services and is a key element of the Care Act. The City of London submitted a bid to the fund in April this year and, following some recent changes to the fund, bids will now be resubmitted. The target date for implementation of the Better Care Fund plans is April 2015.

The Care Act has significant implications for local authorities around practice, finance and systems. A specific project to implement the Act has been set up to ensure that the City of London is compliant with the Act. An Implementation Group is meeting monthly to oversee this with the Adult Wellbeing Partnership, chaired by the Director of Community and Children's Services, being accountable for the project.

Recommendations

Members are asked to:

- note the report

Main Report

Background

Care Act

1. The Care Act received Royal Assent in May 2014 and introduces wide-ranging and significant reform to the adult social care system. It aims to create a modern system that is clear to people about what kind of care they can expect and can keep pace with the demands of a growing ageing population. Greater London Authority projections for 2011–2026 show a growth of 700 people aged 65 and over in the City of London due to the ageing of existing residents.
2. The Act is designed to focus on people's strengths and capabilities, supporting them to live independently for as long as possible.
3. Wellbeing and prevention of needs are key principles of the Act. These principles are woven throughout and designed to facilitate a person-centred approach which focuses on the outcomes that are most important to people and helps them to meet them. It also focuses on preventing the development or progression of needs.
4. Part one of the Act, due for implementation in April 2015, includes the following:
 - Ensuring the provision of preventative services
 - Integrating social care services with those provided by the NHS or other health-related services (such as housing)
 - Ensuring there is an information and advice service about care and support for all people in the local authority's area, regardless of whether they have eligible care needs
 - Promoting diversity and quality in the market for care and support services for people in the local area
 - Creation of a single legal basis that requires a local authority to carry out an assessment where it appears that an adult may have needs for care and support
 - Creation of a single duty for local authorities to undertake a carer's assessment on the basis of the appearance of a need for support
 - Creation of a national minimum threshold for eligibility at which local authorities must meet a person's care and support needs
 - Stating when a local authority may or must enter into a deferred payment or loan agreement which will allow people to defer paying their care fees or take out a loan to avoid selling properties or possessions.

5. Part two of the Act, focusing on funding reform, will be implemented in April 2016 and includes the following:
 - Creation of a limit on the amount that adults can be required to pay towards the costs of meeting their eligible needs over their lifetime and preventing local authorities from making a charge (other than for daily living costs) once an adult's care costs have reached the limit of £72,000.

Better Care Fund

6. The Better Care Fund is a £3.8bn single pooled budget for health and social care services to work more closely together in local areas, based on a plan agreed between the NHS and local authorities. A total of £1bn of the funding is performance related, focused on reducing emergency admissions to hospital.

Current position

Care Act

7. The Care Act requires significant changes at a local level including practices, policies, procedures and systems such as IT. It also has potential legal, financial and workforce implications which are detailed at paragraph 21 below.
8. In order to ensure that the City of London undertakes all the necessary changes to implement the Act and be legally compliant, a specific project has been established.
9. The Government has made funding available to all local authorities to support implementation of the Act and in the City of London part of this is being used to fund a dedicated Programme Manager to oversee the implementation of the Care Act.
10. The project is accountable to the Adult Wellbeing Partnership which is chaired by the Director of Community and Children's Services.
11. A Care Act Implementation Group is meeting monthly to oversee the project and deliver work to implement the Act. The group, consisting of a number of relevant officers from across the organisation, is chaired by the Assistant Director for People in the Department of Community and Children's Services. A copy of the Terms of Reference for the group can be found at Appendix 1.
12. Twelve workstreams have been established to focus the work of the project. Each of these workstreams has a lead officer who is responsible for overseeing the workstream and reporting on progress. A copy of the workstreams and the areas of the Act that they contain can be found at Appendix 2.
13. The Care Act Implementation Group recently undertook a self-assessment of the City of London's adult social care policies, procedures and systems in

relation to the requirements of the Act. Specific actions and tasks were identified to ensure compliance with the Act.

14. A detailed and high level plan for the project, setting out key milestones, is being developed to guide the project.
15. A version of this report was submitted to the Community and Children's Services Committee of 12th September 2014. Members expressed concern regarding the financial implications associated with the implementation of the Care Act. Officers agreed that current demographics indicate an increase in demand for health and social care services over the next 10 years.
16. Members were asked to agree three members of the committee who would act as champions for the Care Act at the City of London. This involves receiving regular updates on implementation at the City of London, representing the City of London at member-level meetings on the Care Act as required, being consulted by and giving feedback to officers on plans for implementation, and providing political representation on the Care Act at service user forums where applicable. The following Members were nominated as Champions for the Care Act:
 - Virginia Rounding
 - Ann Holmes
 - Professor Lumley
 - Philip Woodhouse

Better Care Fund

17. A bid to the Better Care Fund was submitted, following approval by the Health and Wellbeing Board, in April 2014. Implementation plans are due to go live in April 2015 and play a key role in helping to deliver some of the provisions of the Care Act.
18. In July 2014, the Department of Health announced a change to the Better Care Fund around the performance-related element. The main focus of the performance-related element will now be on reducing emergency hospital admissions and the City of London have worked with the Clinical Commissioning Group to model a 2% reduction.
19. Following the changes, Better Care Fund bids and plans were then required to be reworked and resubmitted. These were signed off by the Health and Wellbeing Board Chair and submitted in September 2014. A copy of the final bid is attached as Appendix 3.

Corporate and strategic implications

20. The City Together Strategy seeks a world class City which supports vulnerable members of the community so that they can remain at home and maintain their independence and which gives support and recognition to the

role of carers. It also aims to ensure that everyone can meet their full potential in every aspect of their daily lives by taking a preventative approach.

21. KPP4 of the Corporate Plan aims to maximise the opportunities and benefits afforded by the City of London's role in supporting London's communities.

Implications

22. The City of London will need to ensure that it is fully compliant with the Act by the relevant deadlines of April 2015 (see paragraph 4 for details) and April 2016 (see paragraph 5 for details), and the Care Act Implementation Project is designed to ensure this. Not being compliant with the Act creates the possibility of central government attention, reputational risk and judicial review.
23. There are potential financial implications associated with the implementation of the Care Act and ongoing costs including the impact of the cap on care costs and the resultant financial burden on local authorities. This potential is currently being mapped out at the City of London.
24. There is also the potential for increased demand for assessments for adults and for carers and this has a potential impact on workforce capacity. Staff will also need to be trained in the requirements of the Act and changes in their policies, practices and systems. This is also being mapped out as part of the project.

Conclusion

25. A robust project management approach has been adopted to ensure that the Care Act is implemented in the City of London in a timely and appropriate way and that any risks of non-compliance with the Act are minimised.
26. Members will be updated as appropriate when any significant implications of the Act for the City of London arise.

Appendices

- Appendix 1 – Terms of Reference for the Care Act Implementation Group
- Appendix 2 – Summary of workstreams
- Appendix 3 – Better Care Fund Bid has been sent to Members electronically and a hard copy can be made available upon request.

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Appendix 1 – Care Act Implementation Group Terms of Reference

Care Act Implementation Group

Terms of Reference

1. Background

The Care Act received Royal Assent in May 2014 and created a single modern law for adult social care – consolidating a range of existing legislation and introducing significant new reform.

It creates a new legal framework with wellbeing at its heart, creates a duty to provide preventative services to maintain people's health, promotes greater integration with other services such as health and sets a limit on the amount anyone will have to pay towards the cost of their care.

The majority of clauses will be implemented from April 2015 and the remaining clauses (relating to funding reform) operational from April 2016.

The implementation of the Act is also closely linked with work around the Better Care Fund and integrated care.

Given the complexity and significance of the Act, a specific project is being developed to oversee implementation. As part of this, a Care Act Implementation Group has been established.

2. The Care Act Implementation Group

The group will be responsible for:

- Having oversight of the project and leading workstreams for delivering implementation of the Care Act
- Identifying actions and lead officers to deliver the objectives of the project
- Delivering work and being lead officers in driving forward organisational change to be compliant with the Care Act
- Identifying and monitoring any risks that will potentially impact upon delivery of the project and mitigating these as appropriate
- Ensuring that all relevant internal and external partners and commissioned services are aware of the changes flowing from the Care Act

This will be achieved by:

- Delivering, monitoring and reporting on progress on their workstreams
- Monitoring and reviewing overall progress on the project plan and key milestones
- Identifying any key issues arising and a way forward for addressing these
- Reviewing the risk register for the project identifying any new risks that arise and identifying mitigating measures for these and existing risks

3. Membership

Name	Title
Chris Pelham (Chair) (Senior Responsible Officer)	Assistant Director, People
Ellie Ward	Programme Manager
Marion Willicome-Lang	Service Manager, Adult Social Care
Ian Tweedie	Team Manager, Adult Social Care
Mark Jarvis	Head of Finance
Louise Said	Senior Accountant
Simon Cribbens	Policy Development Manager, Housing and Social Care
Neal Hounsell (alternating with attendance at meetings with Sarah Greenwood)	Assistant Director, Commissioning and Partnerships
Sarah Greenwood (alternating with attendance at meetings with Neal Hounsell)	Commissioning and Performance Manager, DCCS
Kaimi Ithia	Strategic Communications Manager
Matt Phipps	IT consultant
Mark Hirst	Senior Business Analyst

4. Governance and relationship with other groups

Sponsor: Ade Adetosoye

Senior Responsible Officer: Chris Pelham

Project Manager: Ellie Ward

Group	Frequency	Relationship	Link person from Implementation Group
Adult Wellbeing Partnership	Quarterly	Overall accountability for the project	Chris Pelham
Departmental Leadership Team	Weekly	Progress report on implementation and considering any cross cutting issues	Chris Pelham
Grand Committee DCCS	Monthly	Progress report on project for members' information	Chris Pelham
Adult Advisory Group	Quarterly	Progress report on project for information and involvement of the group in specific areas of implementation	Chris Pelham
Health and Wellbeing Board	6 times a year	Progress report on project for information	Chris Pelham
ADASS and networks	Various	Information sharing and knowledge exchange	Various

5. Frequency of meetings

The Implementation Group will meet monthly and meetings will be held in the Guildhall.

6. Key Documents

Number	Document	Owner	Implementation Group Role
1	Project Initiation Document	Ellie Ward	For information/reference
2	Project Plan	Ellie Ward	Review progress at each meeting
3	Issues log	Ellie Ward	To contribute to as issues arise and review at each meeting
4	Risk Register	Ellie Ward	To contribute to as risks arise and review at each meeting
5	Workstream summaries	Ellie Ward/ workstream leads	For use by workstream leads to feed into the above three documents

Appendix 2 – Summary of workstreams

Workstream	Area(s)	Sections of the Act
General provisions	Wellbeing	1
	Prevention	2
Assessment and eligibility	Assessment	9,11
	Assessment regulations	12
	Carers assessments	10
	Eligibility	13
	Steps to take	24
	Care and support plans	25
	Review of care and support plans	27
Providing care and support	How to meet needs	8
	Duty to meet needs	18
	Power to meet needs	19
	Duty and power to meet carers' needs	20
	Choice of accommodation	30
	Continuity of care	37–38
	Transition from childhood	58–66
Advice, information and advocacy	Information and advice	4
	Independent advocacy	67–68
Market shaping and commissioning	Diversity and quality of provision	5
Finance	Charging	14
	Cap on care costs	15,16
	Financial assessment	17
	Personal budget	26

	Independent personal budgets	28
	Care accounts	29
	Direct payments	31–33
	Deferred payments	34–36
	Recovery of charges, transfer of assets	69–70
	Five yearly review by Secretary of State	71
IT	Overarching	
Workforce skills and capacity	Overarching	
Safeguarding	Adult safeguarding	42–47/S2
Integration, co-operation and partnerships	Integration	3
	Co-operation	6–7
Communications	Overarching	
Miscellaneous items	Exception for immigration	21
	Exception for NHS	22
	Exception for housing	23
	Ordinary residence	39–41
	Provider failure	48–52
	Market oversight	53–57
	Part 1 appeals	72
	Human Rights Act	73
	Delayed discharges	74/S3
	Mental health after care	75/S4
	Prisoners	76
	Registers	77
	Delegation	79
Cross border placements	S1	