

# Southend Health & Wellbeing Board

Agenda  
Item No.

**5**

Report of Corporate Director for People

to

**Health & Wellbeing Board**

on

**29<sup>th</sup> June 2015**

Report prepared by: Sarah Baker, Group Manager and Care Act Programme Manager

For information only	X	For discussion		Approval required	
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## People Department Care Act Update

### Part 1 (Public Agenda Item) / Part 2

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#### 1. Purpose of Report

- 1.1. To update the Health and Wellbeing Board on the implementation of the Care Act in Southend.

#### 2. Recommendations

- 2.1. That the Health and Wellbeing Board note that phase 1 of the Care Act came into effect from 1<sup>st</sup> April 2015
- 2.2. That the Health and Wellbeing Board note that the Care Act places new duties and responsibilities on the local authority as well as extending existing responsibilities
- 2.3. That the Health and Wellbeing Board note that Southend Borough Council was Care Act compliant on 1<sup>st</sup> April 2015
- 2.4. That the Health and Wellbeing Board note that the outcome of the consultation on phase 2 of the Care Act will be available in October 2015 so a further report will be presented to the board in December 2015.

#### 3. Background & Context

- 3.1. The Care Act is considered to be one of the most important pieces of social care legislation since the 1948 National Assistance Act and 1990 NHS Community Care Act. The act replaces a number of acts with a single, modern law which provides adult social care (ASC) with a new legal framework putting the wellbeing of individuals at the heart of care and support services.

- 3.2. The majority of the Care Act changes took place in April 2015. The funding reform is due to take effect in April 2016. This sets ways in which adult social care is funded and includes the introduction of a care cap to limit the amount an individual has to pay for their care during their lifetime...
- 3.3. The Care Act also places a duty on local authorities to integrate their care and support functions with those carried out by the NHS and other health related services by 2018.
- 3.4. **Programme achievements**
- 3.5. All relevant council and partner organisation staff have undergone an intense training programme on the Care Act changes and their implications.
- 3.6. Appropriate and proportionate advice and information is available from a number of sources, including: by telephone, in writing, face to face and on the website through Southend Health and Information Portal (SHIP). Although it is early days, records show that there has been an increase in enquiries to the Council. More detailed analysis will be undertaken at the end of quarter 1.(June 2015)
- 3.7. A single, consistent route for determining the care and support a person or their carer is entitled to is in place. It appears that the change to the assessment process and the increase in the level of information that needs to be recorded has increased the workload for staff. The impact will be quantified as part of the analysis at the end of quarter 1.
- 3.8. There is now a national minimum eligibility threshold at which local authorities must meet a person's care and support requirements. Detailed analysis of the impact of this will be undertaken at the end of quarter 1.
- 3.9. Carers now have a statutory entitlement to an assessment and, if eligible, support in their own right. Early indications are that there has not been a significant increase in requests for carer's assessments.
- 3.10. The current deferred payment has been adjusted to include the universal deferred payment scheme requirements under the Care Act. This includes a nationally calculated interest charge from week 13 onwards.
- 3.11. Amanda Reynolds, Director of Blend Associates Ltd was commissioned to carry out a review of the council's preparedness for the Care Act The review concluded that the council was well placed to meet the core obligations from 1<sup>st</sup> April 2015
- 3.12. The programme continues to prepare for the anticipated welfare reform changes in 2016

#### 4. Health & Wellbeing Board Priorities / Added Value

##### 4.1. Key areas addressed in the Care Act

Promoting wellbeing
Prevention
Providing Information, Advice and Advocacy
Providing the quality and diversity of local services
Assessment and eligibility
Funding Reforms
Safeguarding

4.2. **Promoting wellbeing** – A new duty to promote a person’s wellbeing underpins the approach to care and support. The promotion of wellbeing is demonstrated throughout the Health and Wellbeing Strategy. The impact on a person’s wellbeing when it is identified that they can’t achieve particular outcomes is now an integral part of the assessment process.

4.3. **Prevention** – In line with the Health and Wellbeing Board’s added value outcome of prevention and increased personal responsibility/participation., the act requires local authorities to prevent, reduce and delay the need for care and support wherever possible. Close work with the CCG, public health and the voluntary sector continues to identify ways of successfully preventing people needing any or more care and support. It builds on the strength based approach where a person’s strengths and capabilities are considered as well as the informal support they can access when trying to achieve their desired outcomes.

4.4. **Providing, information, advice and advocacy** – In further support of prevention, good quality advice and information is available from the local authority in partnership with others. This is particularly important for those who have unmet or low level needs that can be met with universal or community based services.

4.5. **Promoting the quality and diversity of local services** - The Care Act states that Local Authorities have a duty to develop a market that has a range of high quality providers that can meet the needs of all residents and facilitate choice. A Joint Market Position Statement has been drafted between Southend Borough Council and Southend CCG. This sets out the joint commissioning intentions to meet the changing needs of the community and how we will support the local market to develop. For example, in support of HWB ambition 5, an ever greater increase in the need for more personalised and bespoke support responses will change how local providers offer support and we will work with them to develop their offer and respond to different contracting models.

- 4.6. **Assessment and eligibility** – The need for a consistent approach to the assessment and eligibility process encompasses several of the Health and Wellbeing Board priorities. The assessment and eligibility process is considered to be one of the most important parts of the care and support system. The assessment is the key interaction between the local authority and the individual, whether it is the adult needing carer or their carer. It isn't just seen as a gateway to care and support but as a critical intervention in its own right which can help people to: understand their situation and the needs they may have, help reduce or delay the onset of greater needs and allow them to access support when they require it.
- 4.7. **Funding reform** – From April 2016, the financial reforms supports HWB ambition 9, maximising opportunity insofar as the requirement for local authorities to assume financial responsibility for people who have eligible needs and currently fund their own care once they reach the care cap.
- 4.8. **Safeguarding** - The Care Act stipulated that local authorities must have a Safeguarding Adults Board (SAB) which Southend already had. Having strategies for the prevention of abuse and neglect is a core responsibility of the SAB. They have an overview of how the strategies are being implemented and ensure that they tie in with the Health and Wellbeing Board's values and ambitions as well as the Quality Surveillance Group's (QSG), Community Safety Partnership's and Care Quality Commission's (CQC) stated approach and practice.

## **5. Reasons for Recommendations**

- 5.1. The Care Act represents significant changes and has transformed the way the adult social care system is operated. It has required the council to change processes, systems, practice and culture.
- 5.2. The majority of the new duties and responsibilities came into effect from April 2015 and early indications are that it has increased the workload for staff
- 5.3. The financial reforms are due to be implemented in April 2016 and it is anticipated that there will be considerable financial and resource implications for the Council arising from the changes. A further paper will be presented to the board in December 2015.

## **6. Financial / Resource Implications**

- 6.1 The table below details the Department for Communities and Local Government (DCLG) revenue grant allocation and the funding identified through the Better Care Fund There is also a Capital investment which includes monies for IT infrastructure. The table illustrates the financial impact based on low, medium and high uptake scenarios.

Care Act 2015-16 cost implications

	£'000	£'000	£'000	£'000
	Southend's allocation	Local estimates *1		
		Low	medium	high
DCLG - revenue grant				
Additional assessments for cap on care costs *2	593	430	490	550
Universal deferred payment agreements *3	332	332	332	332
Carers and Care Act Implementation *4	191	123	430	736
	1,116	885	1,252	1,618
Doh - Revenue Grant				
Social care in Prisons	-	-	-	-
Doh - Better Care fund *5				
Revenue allocation	455	455	455	455
	1,571	1,340	1,707	2,073

	Southends anticipated allocation	local Estimate
Doh - Better Care fund Capital allocation	172	172

- \*1. The local estimates are based on work undertaken by Southend Council using the ADASS stock takes, the Lincolnshire model and LG Futures findings.
- \*2. The national formulae in relation to the “additional assessments for cap on care costs” are based on national/local demographics for expected eligibility for social care support. The lowest range modelling assumes approximately 50% of the anticipated number of 1065 self funders will present themselves for an assessment in 2015/16., the upper range is set at 80%. The 1065 is calculated from the findings of a provider survey plus a 50% anticipated growth. (Residential = 500 + 250, community = 250 + 125, total = 1065)
- \*3. The universal deferred payment agreement amount has been matched to the allocation. There is an expectation that the take up of deferred payments will increase. There is also a high risk that there will be a loss in deferred income due to a change in the permissions and authority has to put a charge on a property.

- \*4. The range in estimated costs is reflective of the unknown demand for carer’s assessments and subsequent support costs. The lowest range assumes 30% of the targeted increase in carer’s assessments and support costs in 2015/16, the highest range assumes 80%. The maximum increase in carer’s assessments is 1300 which is the outcome of both the Lincolnshire model and LG Futures work.
- \*5 The Better Care fund estimates have been matched to allocation and includes funding for new duties in relation to carers’ assessments and support costs, independent advocacy, advice and information provision and the possible impact of the national eligibility criteria..

## 7. Legal Implications

- 7.1. The Care Act is a significant change to Social Care legislation and has imposed a number of statutory duties onto the local authority. A member of the Council’s legal team is part of the Care Act project group and continues to provide legal advice and guidance.

## 8. Equality & Diversity

- 8.1 A number of national equality assessments have been undertaken and are being monitored locally

## 9. Background Papers

- 9.1 None

## 10. Appendices

- 10.1. None

## HWB Strategy Priorities

### Broad Impact Goals – adding value

- a) Increased Physical Activity (prevention)
- b) Increased Aspiration and Opportunity (addressing inequality)
- c) Increased Personal Responsibility and Participation (sustainability)

<p><b>Ambition 1. A positive start in life</b>  A. Children in care   B. Education- Narrow the gap   C. Young carers   D. Children’s mental wellbeing   E. Teen pregnancy   F. Troubled families</p>	<p><b>Ambition 2. Promoting healthy lifestyles</b>  A. Tobacco – reducing use   B. Healthy weight   C. Substance &amp; Alcohol misuse</p>	<p><b>Ambition 3. Improving mental wellbeing</b>  A. Holistic: Mental/physical   B. Early intervention   C. Suicide prevention/self-harm   D. Support parents/postnatal</p>
<p><b>Ambition 4. A safer</b></p>	<p><b>Ambition 5. Living</b></p>	<p><b>Ambition 6. Active and</b></p>

<p><b>population</b></p> <p>A. Safeguarding children and vulnerable adults   B. Domestic abuse   C. Tackling Unintentional injuries among under 15s</p>	<p><b>independently</b></p> <p>A. Personalised budgets   B. Enabling community living   C. Appropriate accommodation   D. Personal involvement in care   E. Reablement   F. Supported to live independently for longer</p>	<p><b>healthy ageing</b></p> <p>A. Integrated health &amp; social care services   B. Reducing isolation   C. Physical &amp; mental wellbeing   D. Long Term conditions—support   E. Personalisation/ Empowerment</p>
<p><b>Ambition 7. Protecting health</b></p> <p>A. Increased screening   B. Increased immunisations   C. Infection control   D. Severe weather plans in place   E. Improving food hygiene</p>	<p><b>Ambition 8. Housing</b></p> <p>A. Partnership approach to; Tackle homelessness   B. Deliver health, care &amp; housing in a more joined up way   C. Adequate affordable housing   D. Adequate specialist housing   E. Strategic understanding of stock and distribution</p>	<p><b>Ambition 9. Maximising opportunity</b></p> <p>A. Population vs. Organisational based provision   B. Joint commissioning and Integration   C. Tackling health inequality (improved access to services)   D. Opportunities to thrive; Education, Employment</p>