

TELFORD & WREKIN COUNCIL

HEALTH AND WELLBEING BOARD – 14TH MAY 2014

IMPLICATIONS OF THE CARE BILL: IMPLEMENTING THE CARE AND SUPPORT REFORMS – PROGRAMME START UP

REPORT OF THE INTERIM DIRECTOR: HEALTH, WELLBEING AND CARE, T&W COUNCIL

LEAD CABINET MEMBER – CLLR ARNOLD ENGLAND

PART A – SUMMARY REPORT

1. SUMMARY OF MAIN PROPOSALS

- 1.1 This report updates members on the implications of the Care Bill and sets out the requirements to effectively put in place a change management programme to deliver the changes necessary, arising from the Bill when it becomes law:
- To fully understand the proposed changes, the impact of these changes and ensure robust programme management is in place to deliver the changes.
 - To analyse the resource implications for the Council's budget.
- 1.2 Once the Bill becomes law it will place significant additional responsibilities on the Council and increase the cost of delivering community care services to those eligible for public support, at a time when the resources available are already under pressure.
- 1.3 The Council will need to profile the likely additional costs into its budget planning process for 2015 and beyond, whilst continuing with the transformation programme aimed at reducing care costs to the Council and exploring the benefits of further integration with our main partners.
- 1.4 The emphasis moving forward will be on person centred, asset based care. In future people's care and support needs will be expected to be met by:
- harnessing existing capacity within neighbourhoods and families to provide support;
 - addressing people's needs at an earlier stage and before the need for formal services;
 - the provision of high quality state support based on clear national entitlements;
 - It also envisages that care and support will be more effectively joined up across all local services (particularly health and housing) and will work more collaboratively across local authorities, providers and other statutory organisations.

2. RECOMMENDATIONS

2.1 HWB Board Members note the implications and risks of the Care Bill and Reforms and the plans being put in place to ensure we are prepared to implement the Act when it becomes law.

2.2 HWB Members consider whether the Care Bill and its implications be the focus of the next HWB Development session in October.

3. SUMMARY IMPACT ASSESSMENT

COMMUNITY IMPACT	Do these proposals contribute to specific Co-operative Council priorities?	
	Yes	<i>Vulnerable Children & Adults Health and Wellbeing</i>
	Will the proposals impact on specific groups of people?	
	Yes	Will impact on people who are ill or disabled, who need support and on their family carers.
TARGET COMPLETION/DELIVERY DATE	2013 – 2015/16	
FINANCIAL/VALUE FOR MONEY IMPACT	Yes	<p>The Spending Review announced £335m, both capital and revenue funding, to cover the costs of implementation of the Care Reform Bill with a further £135m contained within the Better Care Fund. The Local Government Association (LGA) have provided all Council's with indicative allocations and the areas to be funded based on their information, it should be noted these have not been published by the Government. LGA's indicative figures for T&W are shown in 4.8.1 below. In April 2014 the Government announced a further £23m would be made available for LA's to help with preparation for Care Bill Implementation, no further information on how this has been distributed has been made available. Whilst the Government have estimated the costs for the implementation of the national eligibility criteria and the additional assessments required as £34.4m and £16.5m respectively, it is unclear as yet whether, locally, the funding will be sufficient to meet the requirements identified in this report.</p> <p>In addition to the specific Additional Burdens Grant of £919k identified within our provisional settlement for 2015/16 further discussions are</p>

	<p>required with the CCG to ensure the release of £407k of revenue funding from within the Better Care Fund pooled budget. Any failure to release the funding for the purposes identified will present the Council with a significant risk to the implementation of the Care Reforms. In terms of ongoing cost implications the Government estimated that 1 in 5 self funders would become eligible for funded support but early work by some Councils has identified that the number of people who will be affected by the changes is greater than this. Depending on the national picture it is likely that the £1bn per year extra cost estimated by the Government will be insufficient to meet the increased costs to Councils. This work was fed into the responses to the Funding consultation. More detailed work is currently being undertaken, with a limited number of authorities, by Association of Directors of Adult Social Services (ADASS) to model the cost implications of the Bill and so it is not possible to evaluate the local impacts except to say that the costs of care locally will continue to rise in the light of demographic changes.</p> <p>The current strategy being pursued in Telford & Wrekin is to improve and enhance preventative services via it's own transformation agenda and via the Better Care Fund (BCF). This is in order to avoid a reactive approach to providing care when a client has costly high needs. This strategy, should prove to be successful in helping to contain cost increases in future but unlikely to reduce care costs overall. Therefore, cost pressures are likely to remain and will require additional Government resource.</p> <p>It is expected that additional funding will be allocated to local authorities using a new Adult Social Care formula which is currently being developed by the Department of Health. Delay in the implementation of funding reform and the placing of Social Care funding on a sustainable footing will result in the continuation of increasing pressure on Local Authority care budgets.</p> <p>It is important, however, to set these changes; increased integration with Health via the BCF and the Care Bill, against the context of potential</p>
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		<p>savings to be released from the Health acute sector, decreasing LA budgets and consequent savings targets and locally the financial impact of Continuing Health Care on the Council. In 2013/14 the anticipated overspend against Adult Social Services is around £4.2m some of which results from the impact of CHC on the Council's costs; the savings required to meet available funding for Social Services in 2014/15 are £10.5m. All of these issues have the potential to put significant financial pressure on a reducing Adult Social Service budget if current plans and outcomes are not achieved.</p> <p>TAS 30.4.14</p>
<p>LEGAL ISSUES</p>	<p>Yes</p>	<p>The Care Bill was introduced in the House of Lords on 9th May 2013. The Bill contains provisions relating to adult care and support, care standards, health education and research.</p> <p>Most of the clauses in Parts 1 (Care and Support) and 3 (Health) of the Bill were published in draft form in July 2012 (as the Draft Care and Support Bill) for consultation until October 2012 and pre-legislative scrutiny. The Joint Committee's report following pre legislative scrutiny containing 107 recommendations was published on 19th March 2013, with the Government's response published in May 2013.</p> <p>The Bill currently contains 127 clauses, in five Parts, and eight Schedules. Factsheets and a glossary were published by the Department of Health on 10th May 2013 to accompany the Bill and these were last updated on 10 January 2014.</p> <p>The Bill [as at 29 April 2014] has concluded all stages in the House of Commons and amendments are due to be considered in the House of Lords on 7 May 2014.</p> <p>The Bill is intended to give effect to the policies requiring primary legislation that were set out in the White Paper <i>Caring for our future: reforming care and support</i> (July 2012), to implement the changes put forward by the Commission on the Funding of Care and Support, chaired by Andrew Dilnot, and to meet the recommendations of the Law Commission in its report on Adult Social</p>

		<p>Care (May 2011) to consolidate and modernise existing care and support law from over a dozen Acts into a single framework. The Bill also gives effect to elements of the Government's initial response to the Mid Staffordshire NHS Foundation Trust Public Inquiry that require primary legislation.</p> <p>The Bill also takes forward the necessary legislative measures for the proposals outlined in <i>Liberating the NHS: Developing the Healthcare workforce - From Design to Delivery</i>, the establishment of Health Education England as a non-departmental public body; and those in relation to health research that were set out in the Government's <i>Plan for Growth</i>, and the establishment of the Health Research Authority as a non-departmental public body.</p> <p>The main issues for the Local Authority arising from the Bill are set out within the body of this report.</p> <p>The Bill and subsequent Statute, once it receives Royal Assent, will be accompanied by relevant Statutory Instruments and Guidance. These will be issued for consultation first, in accordance with the timeline set out in paragraph 4.2 of the report [from the Local Government Association website]. This timeline may alter, with the Bill not having received Royal Assent in April as anticipated.</p> <p>KF 29.4.14</p>
OTHER IMPACTS, RISKS & OPPORTUNITIES	Yes	Any other risks and opportunities will be appropriately managed and reported if necessary.
IMPACT ON SPECIFIC WARDS	No	Borough-wide impact

PART B – ADDITIONAL INFORMATION

4. INFORMATION

- 4.1 Health and Wellbeing Board and Cabinet received a report in September 2012 providing information about the Care and Support White Paper, the draft Care Bill and a Government update on Funding Reform.
- 4.2 The Bill is currently going through the parliamentary process with a view to becoming law by 2015 with phased implementation from 2015 through to April 2017.

Timeline for passage of Bill and regulations:

Royal Assent of Care Bill	1 st April 2014
Consultation on guidance and regulations	Late May 2014
Publication of regulations and guidance coming into effect in 2015	1 st October 2014
Regulations laid before Parliament for provisions coming into force in April 2015	1 st October 2014
Care Bill part 1 provisions (excluding funding reform) coming into force	1 st April 2015
Care Bill part 1 funding reform provisions coming into force	1 st April 2016

- 4.3 All of the proposed changes will take place at a time of increasing need as a result of our demography, raised expectations and reduced budgets. It is therefore important that we fully understand the changes being proposed, the impact of these changes and ensure that we develop a structured programme and transformation plan including a full analysis of the resource implications for the council's budget planning from April 2015 and wider health and social care integration plans.
- 4.4 Clearly the Act will place increased emphasis on preventative initiatives delivered in the community by the community or local voluntary sector organisations, to support families to carry on caring. This in itself will be challenging as resources are reduced and all agencies will need to consider how they continue to prioritise preventative initiatives and support to the community. All of this is at a time when the health agenda is looking to reduce the number of people requiring acute care, which in turn increases the number of people with health needs requiring support in the community, provided by the local authority. However this is consistent with our joint health and social care commitments set out in the Better Care Fund plan.
- 4.5 Integration is already high on the agenda, given the principles underpinning the Health and Social Care Act, 2012 and the responsibility of the Health and

Wellbeing Board to oversee the development of “integrated” approaches. The Care Bill promotes “integration” too and paves the way for the Better Care Fund to promote closer working between the NHS and Care & Support.

4.6 Fact Sheets explaining the changes are available at:

<https://www.gov.uk/government/publications/the-care-bill-factsheets>

4.7 Clause Analysis is available at:

http://www.local.gov.uk/web/guest/care-support-reform/-/journal_content/56/10180/5761381/ARTICLE

4.8 **Key proposed changes** arising from the Care and Support reforms are detailed in Appendix A. They are:

- Clarification of entitlement to care and support
- Development of national eligibility criteria
- Family carers to be treated equitably with the person they care for
- Reform of funding of care and support
- Focus on prevention and wellbeing rather than crisis intervention
- Guarantee of service continuity between local authorities and should a service provider fail
- Simplification of system and flexibility for greater integration to achieve better outcomes
- Adult safeguarding put on a statutory footing

4.9 Summary of the **Funding of Care and Support** when the funding reforms come into effect in April 2016 are detailed in Appendix B. Key details include:

- Separation of accommodation and care costs
- Accommodation costs payable by individual up to £12k a year
- £72k cap (no current cap) on total amount an individual will have to pay for care across life time
- £123k upper capital threshold for means tested care (currently £23.5k)
- Right to deferred payment arrangement

4.10 **Implications and risks** of the changes and new charging rules are detailed in Appendix C. They include:

- Loss of income from current service users
- New duty to pay for self-funding people once they reach the cap
- Additional assessment activity for carers and self funders
- Under estimation of full costs at a national level and formula distribution
- Capacity to complete assessments
- Process and IT system change and state of readiness
- Unintended consequences – for e.g. additional complaints, disincentives to family care, impact on the market through self funders, etc
- Implementing the Care Bill at the same time as dealing with budget reductions and the integration agenda

4.11 Programme Structure, Approach and Governance:

A programme management approach to deliver the transformation required has recently been established. The approach will involve the formation of a Care and Support Reforms Programme Team, reporting (ultimately) to the Council's Cabinet. Workstream leads will report progress to the Programme Team/Board, membership of which to include the Director of Health, Wellbeing and Care and AD's with responsibility for Adult Social Services and Commissioning. The Programme Team will be supported by a number of workstreams, tasked with development and implementation of relevant sections of the Care Bill Implementation project plan. We are looking to identify dedicated additional capacity for this purpose.

4.11.1 Programme Organisation:

See Appendix D detailing Programme Governance and Officers

- **Priority Programme Workstreams:**

See Appendix E – further work streams may need to be added, as the programme develops. The key workstreams identified are:

- Deferred Payments
- Funding Reform
- Assessment
- Advice & Information
- Commissioning
- Adult Safeguarding Board

We will also need to ensure we address cross cutting themes including Workforce Development, IT Systems, etc

Each work stream lead officer will ensure an action plan is in place with key actions and milestones for delivery, risks, and interdependencies with other workstreams and support services. Regular highlight reports will be produced to monitor progress by the Programme Team/Board.

- **Programme Resources**

See Appendix F. Funding identified for implementing the change:

- £335m nationally in 15/16, £50m of which is capital funding within the Better Care Fund. T&W's local provisional allocation of the remaining £285m is £919k (The methodology for allocating funding for these burdens is under development, so the illustrative figures are based on an assumption that the funding will be distributed according to the Relative Needs Formula. This could mean the figure may drop)(see Table below)
- £407k in 2015/16 from BCF for Carers assessments and Adult Safeguarding Board, etc. (see Table below)

- £2.7m across 9 regions of which £282,895 for West Midlands region to be administered by ADASS through Worcestershire County Council, for the purpose of ensuring successful delivery of the care and support reforms but this will have the additional benefit of creating capacity to support closely-related activity for the Better Care Fund. It is expected that regions will want to organise their activities to fit with existing regional structures and other related programmes of work to support sector-led improvement.
- at the ADASS Spring Conference in April - Norman Lamb announced that £23m of funding would be made available for LA's to help with preparation for Care Bill Implementation in 2014/15 - this would work out at an average of around £150,000 per authority - although there is no detail as yet on how the £23m will be distributed.

Whilst these resources have been identified, the major additional costs associated with the outcome of more assessments resulting in more eligibility for public support and the funding reforms themselves, has not been quantified at a local or national level. Work is currently underway to quantify the financial impact of the funding reforms to inform the Treasury's assessment of the amount of additional funding required at the national level. Original estimates "in excess of £1billion" may prove to be conservative and there are significant risks of the total sum being under estimated and the distribution formula not being accurate for individual LA areas.

- **Key Stakeholders – Communication Plan and engagement and consultation planning:**

Key to implementation is engagement and communication. Nationally work is underway to develop a media campaign informing the general public of the changes for launch in the Autumn 2014.

Locally we will need to engage with existing service users, carers, general public (potential new service users & carers), care providers, voluntary organisations, advocacy, NHS colleagues, Health & Wellbeing Board, Council Cabinet Members & Senior Management Team, Scrutiny, Council Adult Social Services Change Management Board, Adult Social Services Teams, Children's Services, People Services, Finance, ICT, legal, Business Support, Co-operative Council Team (Performance and Communications), Audit, Public Health, Housing, etc.

Presentations have already been given to raise awareness of the Care Bill and its implications at the 'Working Together Event' in January and more recently at the Carers Partnership Board in April. This activity will need to be stepped up over the coming months.

- **Risk and Issue Identification and Management**

To be incorporated at both Programme Board and workstream group level

- **Workforce and Organisational Development**

Recruitment, retention, structure, culture supportive of person centred, asset based care, training (and e-learning), policy and procedure review, business support, etc. will be linked to the Transformation workforce development strategy and plan.

5. PREVIOUS MINUTES

- 5.1 Health and Wellbeing Board – 12 September 2012 – Care and Support White Paper and Bill
- 5.2 Cabinet – 20 September 2012 – Care and Support White Paper and Bill

6. BACKGROUND PAPERS

- 6.1 A Vision for Adult Social Care – Capable Communities and Active Citizens, DH, 16 November 2010
- 6.2 Care and Support White Paper – HM Government, 11 July 2012
- 6.3 Care and Support Bill – HM Government, 11 July 2012, <https://www.gov.uk/government/publications/draft-care-and-support-bill-published>
- 6.4 Caring for our future: progress report on funding reform – HM Government <http://www.dh.gov.uk/health/2012/07/scfunding/>
- 6.5 Integrated Care and Support: Our Shared Commitment – National Collaboration for Integrated Care and Support – May 2013 <https://www.gov.uk/government/publications/integrated-care>
- 6.6 Policy statement on care and support funding reform and legislative requirements <https://www.gov.uk/government/publications/policy-statement-on-care-and-support-funding-reform>
- 6.7 The Care Bill explained: including a response to consultation and pre-legislative scrutiny on the draft Care and Support Bill - <http://www.official-documents.gov.uk/document/cm86/8627/8627.asp>

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APPENDIX A

Adult Social Care Law – proposed changes

The Bill modernises over 60 years of care and support law into a single statute, built around people's needs and what they want to achieve in their lives. The aim is to ensure that people receive the support they need but this will only be fully achievable if resources are increased accordingly. The single statute will:

- **Clarify entitlement to care and support** – creating a legal expectation of consistency from one local authority to another irrespective of the level of resource available
- **Develop a national eligibility criteria** – this will reduce our local flexibility to raise thresholds as a means of reducing legal responsibility and demand
- **Treat carers as equal to the person they care for** – this will raise expectations and lower the threshold of support for carers, potentially meaning more people will expect support
- **Reform how care and support is funded by creating a cap on care costs payable by every individual** – this will mean that all “self-funders” will need to be assessed at an early point by the local authority, requiring greater assessment capacity. In addition more people will qualify for Council funded support at an earlier point, requiring increased community care spend with the risk that this will not be fully funded nationally
- **Support a focus on prevention and wellbeing rather than crisis intervention** – Positive though this will increase the pressure to support preventative initiatives at a time when budgets supporting people with intensive needs are under pressure
- **Provide guarantees regarding service provision between local authorities and should a service provider fail** – Welcomed in light of some major national failure of providers but increased responsibility for Local Authorities
- **Simplify the system and providing flexibilities for greater integration to achieve better results for people** – Will increase pressure for transformational change in partnership with key local stakeholders, which in itself could be positive if we can develop an integrated relationship with T&W CCG and T&W GP Practices in particular, but with possible pressure to look to a pan Shropshire approach based on the configuration of local health services

APPENDIX B

Funding of Care and Support

In summary when the funding reforms come into effect in April 2016 there will be a:

- Separation of care and accommodation costs, with everybody expected to pay their own accommodation costs if they enter residential or nursing home care, out of their own income, estimated at 2017 prices to be around £12,000 a year
- £72,000 cap on the total amount an individual has to pay out of their own money to meet their eligible care and support needs, across their life time
- £123,000 upper capital threshold for means tested support in residential care, including value of their home in specific circumstances (currently the threshold is £23,500 above which an individual has to pay the full cost – care and accommodation costs)
- £17,500 lower threshold for means tested support, below which no additional contribution will be made from the individual's capital (currently the threshold is £14,250)

These reforms will need to be considered alongside other recommendations also to be implemented including the introduction of a national minimum threshold for eligibility and deferred payments which should come into effect from April 2015.

Implementing the cap and the extended means test will have a cost. This includes the additional cost of services for all adults, the cost of local authorities carrying out more assessments and a change in the amount of disability benefits payments we can use towards the cost of care (since people receiving state-funded residential care are not eligible for some disability benefits).

Alongside these changes the Government have announced a review of the funding formulae for Adult Social Care which would be used to distribute additional resources for social care between local authorities from 2015 onwards to implement these changes. The additional costs nationally are predicted to be in excess of £1billion. A sub-group of the National Transformation group has been created to support the practical delivery of funding reform. This sub-group, called the Dilnot implementation group exists to develop an approach to the implementation of funding reform, including the capped cost model, Deferred Payment Agreements, information and advice, and engagement on the legislative framework for funding reform.

APPENDIX C

Risk and Issue Identification and Management

Key Risks include:

- **Loss of income from current service users:** The council currently collects income from people living in care homes and income from people living in their own home who receive social care input and who have been assessed as having the financial means to contribute. The change in rules will result in a loss of direct income from people who use services who reach the £72,000 cap or who fall below the new higher upper capital limit threshold of £118,000. The government have pledged to meet this income gap from general taxation through an increase in local authority grant but it is unclear how this funding will be allocated to councils.
- **New duty to pay for self-funding people who have reached the cap:** A large number of people who pay privately for their own care and support and who have not approached the council before will become eligible for funding when they reach the £72,000 cap. These people are not expected to be a cost pressure to councils for up to four years after the new rules come into effect (until they reach the £72,000 care cap from a 2016 start date). Future demographic pressures and cost inflation will exacerbate financial pressures. The government have also pledged to meet this new burden from general taxation.
- **New care assessment activity:** Given that any spending on care does not count towards the £72,000 cap until a formal community care assessment has been carried out by social services, there are likely to be a large number of people who are currently funding the cost of their own care who will approach the council for an assessment when the new rules come into effect. It has been estimated by the Department of Health that 30-35% of people in receipt of care are funding the full cost and have not approached the local authority. This will present recruitment difficulties as additional staff will be required for the year 2016 to undertake these one-off assessments.
- The new rules will also lead to a **significant permanent increase in the total number of community care assessments requested by self-funders** who wish to start recording eligible care costs counting towards their £72,000 cap after 2016. Similarly more people who have assets of less than the new upper capital limit of £118,000 will present for assessment and care services. This staffing cost will need to be projected. There will also be significant training and recruitment costs and difficulties to sourcing large numbers of newly trained staff. The Association of Directors of Social Services (ADASS) is lobbying the government to meet the costs of this new burden from taxation.
- **Additional complaints:** Due to the new financial implications of determining 'eligible' care needs by social services, it is expected that there will be an

increase in the number of appeals and complaints about the outcome of these assessments, particularly from people who have been funding their own care but whose needs are not deemed as being 'eligible' using national eligibility criteria.

- **Loss of unpaid family carers:** The new system introduces a significant financial disincentive for the family of vulnerable adults to provide informal care. As family care is not covered as an expense and would therefore not count towards the cap, this care provision would lengthen the time that an individual would need to fund their own care. Unless the service user was paying the full cost of their support, it would ultimately result in a worse financial situation. This anomaly has been identified to the Department of Health but as a significant risk both in financial terms to individuals but also in terms of the potential need for an increased social care workforce in the medium-term.

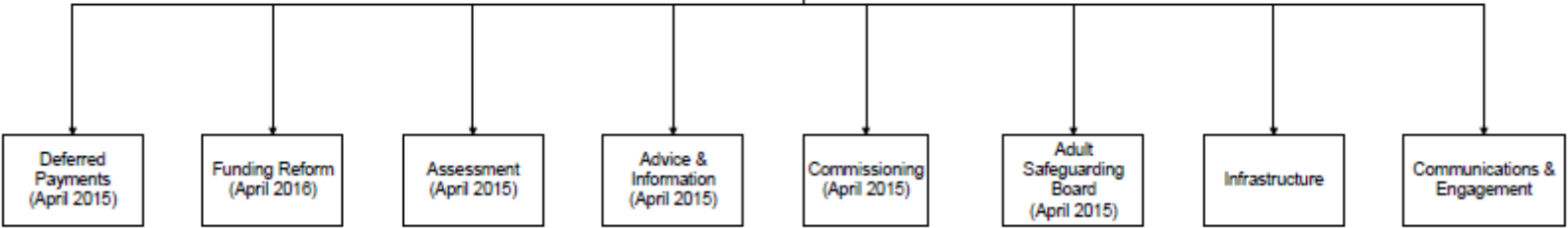
DRAFT Implementing The Care & Support Reforms

Appendix D	5/2/2014	
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**Adult Social Services
Change Management Board**

Programme Board

- Programme Board Team
- Interim Director of Care, Health & Well Being (Statutory Director of Adult Social Services) – Paul Taylor
 - Interim Adult Social Services Assistant Director – Richard Smith
 - Family Cohesion & Commissioning Assistant Director – Clive Jones
 - Transformation, Personalisation & Integration SDM – Clare Hall-Salter – Programme Manager
 - Finance – Tracey Smart
 - Organisation Development – Lois Stewart (as appropriate)
 - Legal – Matthew Cumberbatch (as appropriate)
 - Audit – Jenny Marriott (as appropriate)
 - Delivery & Planning – Jon Power & Jo Winborn
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- Work Stream Lead Officers – (to be confirmed)
- Deferred Payments – TBC
 - Funding Reform – TBC
 - Assessment – SDM Assessment & Case Management – Claire Gay
 - Advice & Information – SDM Access & Enablement - Andy Bailey
 - Commissioning – SDM Commissioning – Viv McKay
 - Adult Safeguarding – SDM Safeguarding – Judith McGillivray
 - Infrastructure – SDM Assessment & Case Management - C Gay
 - Communications & Engagement – SDM Corporate Communications - Nigel Newman



APPENDIX E

Key Priority Programme Workstreams and key actions/responsibilities:

1. Deferred Payments (April 2015)

- a. Estimate increase in requests for a deferred payment
- b. Review existing arrangements for Deferred Payments (work force capacity, ICT, Finance)
- c. Estimate implementation costs (average length of stay in residential placements, average client contribution)
- d. Estimate related costs (properties subject to a DPA may be exempt from council tax)

2. Funding Reform (Cap on Costs) (April 2016)

- a. Identify local self funders
- b. Estimate time needed to assess self funders ahead of go live
- c. Estimate cost of meeting care costs for self funders locally
- d. Impact on current work force (skills, capacity, configuration)
- e. Putting in place arrangements for “care accounts”, including monitoring of spend up to the cap; this will include separation of care costs from general living expenses
- f. Consider ways of conducting proportionate assessments (including via third sector or self-assessment)
- g. Calculate costs of implementation (excluding costs of the cap)
- h. Review financial processes, information and advice systems and IT
- i. Dialogue with local providers about potential impact

3. Assessment (April 2015)

- a. Needs assessments for all carers
- b. Assessments of young people and carers of children (to plan for adult care before they reach 18yrs)
- c. New national eligibility threshold

4. Advice and Information (April 2015)

- a. Review existing advice and information (adequate capacity and funding)
- b. Review locally advice, advocacy and brokerage services
- c. Financial information and advice available (independent of the authority)

5. Commissioning (April 2015)

- a. Review commissioning arrangements (capacity, skills and leadership)
- b. Develop market position statements
- c. Review engagement with local providers and service users

- d. Use of Better Care Fund – focus on early intervention and prevention

6. Adults Safeguarding Board (April 2015)

- a. Responsibility to ensure enquiries into cases of abuse and neglect
- b. Establishment of Safeguarding Adults Boards on a statutory footing,
- c. Puts Safeguarding Adults Reviews on a statutory footing
- d. Information sharing

APPENDIX F

Adult social care new burdens funding (£335m nationally)		£000s
Assessment & eligibility	<i>Funding for early assessments and reviews</i>	468
IT	<i>Capital investment funding including IT systems</i>	161
Capacity	<i>Funding for capacity building, including recruitment and training of staff</i>	65
Deferred payments	<i>Year 1 funding for the implementation of the universal deferred payment scheme</i>	355
Information	<i>Funding for a national information campaign</i>	30
Total		1,079
Care Bill implementation funding in the Better Care Fund (£135m nationally)		£000s
Personalisation	<i>Create greater incentives for employment for disabled adults in residential care</i>	9
Carers	<i>Put carers on a par with users for assessment.</i>	50
	<i>Introduce a new duty to provide support for carers</i>	100
Information advice and support	<i>Link LA information portals to national portal</i>	0
	<i>Advice and support to access and plan care, including rights to advocacy</i>	75
Quality	<i>Provider quality profiles</i>	15
Safe-guarding	<i>Implement statutory Safeguarding Adults Boards</i>	24
	<i>Set a national minimum eligibility threshold at substantial</i>	121
Assessment & eligibility	<i>Ensure councils provide continuity of care for people moving into their areas until reassessment</i>	13
	<i>Clarify responsibility for assessment and provision of social care in prisons</i>	20
Veterans	<i>Disregard of armed forces GIPs from financial assessment</i>	8
Law reform	<i>Training social care staff in the new legal framework</i>	14
	<i>Savings from staff time and reduced complaints and litigation</i>	-41
Total		407
Grand Total		1,486