HEALTH AND ADULT CARE SCRUTINY COMMITTEE

Minutes of the meeting of the Health and Adult Care Scrutiny Committee held on 27th May 2014 in Meeting Room 7, Darby House, Lawn Central, TF3 4JA

PRESENT:

Councillors D. White (Chair), R. Evans, J. Greenaway, V. Fletcher, F. Bold , R. Evans V. Fletcher , J. Greenaway, A. Meredith, J. Minor, Co-optees D. Davies, J. Gulliver, R. Shaw, R. Perkins, M. Wythnall and R. Williams

Also Present**:** Cllr. A. England, Cabinet Member Adult Social Care, C. Jones, Assistant Director Family, Cohesion & Commissioning, K. Roberts Interim Service Delivery Manager, Commissioning, D. Vickers, RVS Volunteer, R. Vickers, RVS Volunteer and F. Bottrill (Scrutiny Group Specialist)

HACSC-57 MINUTES

RESOLVED - The minutes of the previous meetings of the Health and Adult Care Scrutiny Committee held on 3rd May 2013 be agreed as an accurate reflection of the meetings and signed by the Chairman subject to the deletion of 'to' page 3, paragraph 11, line 3.

HACSC-58 APOLOGIES FOR ABSENCE

Apologies were received from Cllrs. J. Minor, Adrian Merredith, R. Picken, F. Bould, S. Reynolds, G. Reynolds, N. Dugmore, K. Austin and C. Mollett.

HACSC-59 DECLARATIONS OF INTEREST

Cllr. R. Evans declared her employment in a social care provider organisation that has contracts with the Local Authority.

HACSC-60 BETTER CARE FUND AND HEALTH & SOCIAL CARE INTEGRATION

The Chair welcomes everyone to the meeting and following introductions invited the Cabinet Member and Officers to give their presentation on the Better Care Fund and Health and Social Care Integration.

The Assistant Director for Family, Cohesion and Commissioning circulated a

presentation and provided an overview on the national policy on health and social care integration. The Health and Social Care Act 2012 set out that integration will provide more effective pathways and better value for patients and service users. Along side the work on Future Fit that is considering the future of hospital services the Better Care fund in Telford and Wrekin has created a pooled budget of £13.114 million in 2014/15 and in 2015/16 this will increase to £14.674million. This has been agreed and will be monitored by the Health and Wellbeing Board. The plans have been jointly agreed by the Council and CCG. It was explained that there is some protection for social care services – it is not about increasing demand on social care but about better services through 7 day working across the health and social care system. There is evidence that not having 7 day working leads to higher admissions. The Better Care fund Plan in Telford and Wrekin has identified the following areas of work:

- Building Community Capacity
- Team around the GP Practice
- Enhanced Community Services

Many previous attempts by Council's and health to work together have failed. It is necessary to agree key principles, the government has pulled back a bit originally the system was going to be payment by results. There are opportunities to increase the pooled budget. The Government has not been prescriptive about how the Better care fund should work in each area but the timescales have been set nationally. The Better Care Fund Plan

- was submitted in February 2014
- has to cover until 2016/17
- has to be implemented in April 2015

The proposals will be tested in 2014/15. It involves whole system change which means there has to be trust and confidence between partners. Clinicians have to believe that this will work and the system has to be fail safe. There is joint decision making and accountability for the delivery of the Better Care Fund. We need to be honest that we do need to save money. Patient feedback will be key. There will be a period of parallel running to ensure there is a safe service in the community.

The Governance arrangements for the Better Care Fund were set out. The Better Care Fund Group will report to the Strategic Commissioning Group which is accountable to the Health and Wellbeing Board.

We are starting to work up the models for how the system might work:

- Self care in the Community
- Team around the Practice GPs

- Rapid response Team in the community
- Multi-disciplinary teams at hospital

This sounds easy but it is complex. People must be empowered and voluntary services have a key role to play in systems changes. Discussions are taking place to agree which clinicians need to be involved at different levels. The rapid response workshop is planned and officers and clinicians will attend. This will be tested with the voluntary and community groups and this committee. The test for the plan is successful is if admissions at PRH and RSH are reduced.

It is proposed that there will be more resources into community services through the Better Care Fund. A launch is planned the 9th July which will test the integration models. The future Fit Programme will work along side the Better Care Fund.

The Chair thanked the Assistant Director for the presentation. He commented that he had heard that it was working well initially but was faltering. The Committee has done some work on Continuing Healthcare (CHC) and the latest figures show that there has been no improvement. He expressed concern that he did not want the Better Care Fund to be used to replace funding that should be responsibility of the NHS. There needs to be a proper and fair assessment – local authority care is means tested and if costs are passed from the NHS to the local authority this is a prime target for a future Government. He also stressed the importance of General Practice. GPs are going out of practice- in his view Primary Care is the start of the process not the end.

The Assistant Director for Family, Cohesion and Commissioning agreed with most of what the Chair had about CHC. He had not been briefed on the current position on CHC prior to the meeting although he understood that latest figures showed an increase in numbers funded in this way but it is a potential risk and will need to be monitored. He explained that through BCF the aim is to invest more in community care (including social care) hence reducing the number of people accessing hospital. It is savings made from reducing hospital admissions that can then be used to fund additional care in the community. Pooled budgets share this risk in 2015 /16 but budget are not pooled in 2014/15, organisations are working along side each other. The Assistant Director for Family, Cohesion and Commissioning explained that if the Better Care Fund had not been established it is still the right thing to do, but recognised that the community will need to be confident that this approach will work. This is part of the modelling test and change for 2014/15.

The Chair said that there will be an increasing reliance on volunteers and that they must be treated fairly. In Shropshire volunteers who transport patients have had their petrol allowance reduced from 45p per mile to 25p. He said it is important that out of pocket expenses for volunteers are paid correctly.

The Cabinet Member for Adult Services said it is important to enable volunteers. The Council has had cuts to funding, the NHS has had nil growth and money transferred to the local authority through the Better Care Fund. We must put this battle behind us and must work together to meet the needs of local people. He said that the Council had not been good at challenging decisions made about CHC funding. Now the money will be in 'one pot' as we are all serving the same people.

The Chair said that solicitors will challenge CHC decisions and made the comparison with mis-selling insurance policies. He commented on the policy that has been discussed nationally that CCGs would become part of local authorities.

Cllr. Fletcher asked if the funding will be sufficient even if all the budgets are pooled?

The Assistant Director for Family, Cohesion and Commissioning referred to page 34 of the report which set out the local authority and CCG expenditure that will be included in the Better Care Fund.

Cllr. Fletcher said that keeping people out of hospital is very difficult as people cannot get appointments with their GP and so go to A&E. It is important that GPs and the CCG are included in any discussions.

The Assistant Director for Family, Cohesion and Commissioning responded that he did not say it will be easy. There are discussions with the CCG and with 1 GP practice about setting up the team around the GP. There should be a response to this in one year.

Cllr. Fletcher asked about Joint Assessment and Care Planning. CHC funding has gone down – how is the Council going to ensure that joint assessments are carried out and that people get their right to a fair process? She expressed concern about people who are funding their care privately but who should be supported. How can we work together to resolve this?

The Assistant Director for Family, Cohesion and Commissioning replied that by bringing services together the voluntary sector , local authority and CCG can provide better care and support planning. It must be based on need and the person involved in developing the support plan. We will talk to people about this.

Interim Service Delivery Manager, Commissioning said we are talking to people from the voluntary sector who are making very good contributions. She and Michael Bennett attended the Voluntary Sector Chief Officer Group. We must work with the voluntary organisations to see which are the best to help us for example providing services for older people. Voluntary and Community organisations are worried but see this as an opportunity.

Cllr. Fletcher asked if there is a figure that shows the ration per person that is needed to keep someone out of hospital?

Interim Service Delivery Manager, Commissioning replied that this figure has not been calculated but that the Government had set a minimum amount that must be included in the Better Care Fund but Telford has put in more. There are costs of current services e.g. it costs £2,000 for each admission to hospital.

J. Gulliver referred to the presentation. She said that she understood the work was happening at the third tier to prevent admissions to hospital but asked if the tiers below were being looked at as this supports what is happening in the tiers above. She also asked about the capacity of the voluntary sector.

The Assistant Director for Family, Cohesion and Commissioning said they were working on all tiers.

Interim Service Delivery Manager, Commissioning said that the Acute Sector is nervous about this but do see an opportunity. There is not total buy in but there is a growing understanding that this is journey. The Community Trust is very keen to work with this and we are working with the voluntary sector.

The Chair said that through the work on the Meals on Wheels service the message that came through clearly is that voluntary organisations are there to help and support but not to replace existing services.

R. Vickers said that people are struggling to get appointments with dentists and opticians. It is important that these clinicians ask for a medical history and have access to this information.

The Assistant Director for Family, Cohesion and Commissioning said that information sharing is one of the projects.

D. Davis raised concerns about information sharing and the Care Information Data Set which intended to use the patients NHS number as the identifier. She said that some people have already opted out.

Interim Service Delivery Manager, Commissioning said that an identifier is needed.

D. Davies asked if it will be assumed that people have to opt in?

Interim Service Delivery Manager, Commissioning replied no, it would not be assumed that people have to opt in but there will be a robust system.

D. Davies said that NHS England want to push this through but people do not want their information shared with pharmaceutical companies and the police. If you get knocked down by a car you are contacted by claims companies. It is not enough to say there will be a robust system.

The Assistant Director for Family, Cohesion and Commissioning said that this is a worry. We need to do a desk based check and test the system with fictitious names.

R. Shaw expressed concern about the procurement of the system – if the wrong system is bought it will not do what is needed.

D. Davies said that platitudinous statements were not enough.

R. Perkins said he use to work in IT and appreciates concerns. It will take time to develop the systems that are needed. Unless we develop a system we will still have to wait hours or days for records to be found. He said he supported the use of IT.

The Chair said that the idea that people can go to any centre and get the right treatment is brilliant. He asked R. William, a Co-optee on the Budget and Finance Scrutiny Committee if he had any comments.

R. Williams said he was listening and learning.

The Chair asked what are the pressures on the service – what won't we be able to do in the future?

The Assistant Director for Family, Cohesion and Commissioning said if we can manage demand through effective integration of health and social care services and early intervention/prevention services we can reduce some of our higher costs interventions including hospital admissions costs. By doing this we can reduce costs and ensure we maintain statutory services alongside an effective early help/prevention offer across the community. We will need to continue to work with the NHS and build the trust of the community.

The Chair asked about the impact of benefit changes. He said that 10,600 people died when benefits had been stopped and question how many people were ill or had been asked to do something that they could not do. How many people are being put into the health or care system as a result of these decisions?

R. Williams said he is learning about health and social care funding but wanted to know how the Council was funding services with money we did not have yet?

The Assistant Director for Family, Cohesion and Commissioning said that if it does not work this will be an issue for a future Government.

The Chair thanked the Cabinet Member and officers for their report.

R. Williams left the meeting.

HACSC-61 SCRUTINY REPORT ON MEALS ON WHEELS HOT MEALS SERVICE

The Chair said that Members had carried out a detailed piece of work on this issues and asked the Committee to approve the report and recommendations. The report and recommendations were approved by the Committee.

The Chair asked the Cabinet Member for Adult Services to respond to the report and present the draft response circulated with the papers.

The Cabinet Member for Adult Services thanked the Committee for the report and said that he had attended the meeting with the volunteers where the draft report had been discussed. He said he recognised the importance of social interaction and asked the Interim Service Delivery Manager, Commissioning to present the draft response.

The Interim Service Delivery Manager, Commissioning said that the Scrutiny Report was welcomed and it was good that Scrutiny had looked at this issue. The report showed the depth of the work the Committee has undertaken. She explained that they recognised the role of the voluntary sector and the contract with the RVS had been extended until September. She explained that the frozen meals are an important part of the Community Meals service. The Community Meals service provides a service for some very vulnerable people and we need to work with people with eligible needs.

The suggestion to work with Town and Parish Council's is very positive and can link the service with other things that are going on and other organisations. The RVS is doing great work. There may be other opportunities for sponsorship there may be other providers or other large organisations we can engage with. We will talk to the NHS about the Good Neighbours Service and this will be part of the work on the Better Care Fund.

The cost of the meal will increase as recommended in the report. This is a subsidised service and the price will increase but we will look at ability to pay. We will also try to bring other people into the market. We will look at increasing the number of people who are referred to the service but not all of these will be dependent on the Council. In relation to putting information on the My Life Portal about other providers – systems

are in place but we need to be clear we have not approved the providers. The Council will work with the RVS and other providers to give out positive messages.

It is a good report and it is welcomed. It provides a good starting point for the work with the RVS between now and October.

The Chair said that the worst case would be that come October an older person is left without proper meals and is isolated but this report does set out opportunities to improve the service to vulnerable older people.

J. Gulliver said that the Donnington Partnership provides meals for £3.50 which includes dinner and a pudding. This is an excellent service. She explained that she looked after a person who received frozen meals but after she had died the unused meals were found in the fridge and some had exploded in the microwave.

R. Vickers said that the frozen meals that the RVS provide have a cardboard lid and do not explode. If RVS volunteers find a freezer stacked with unused meals we report this back to the office who will follow this up. He also asked about the kitchens at PRH that are no longer being used as meals are now brought in.

Cllr Fletcher said this could be another feasibility study.

The Interim Service Delivery Manager, Commissioning said that the care package should factor in the support someone need to reheat a meal.

R. Vickers said that people are OK when the service starts but then decline so there need to be protections.

The Chair said that this is why the Good Neighbours Service which is not just food is so important.

J. Gulliver said that it is important that everyone can access the service. The service users the Committee saw reported that they had found out about the service by chance through family or friends.

The Chair said the service needs to be flexible. Some older people who need care have family who can visit them regularly – but when family go on holiday or the carer is ill we need to ensure that the communication is right. He said he has spoken to the CCG and that a lot of people who are in hospital who could come home with the appropriate support beyond what the Red Cross provide for 5 or 6 weeks. It is important that the CCG is involved in this work and not just through the Better Care Fund.

R. Vickers said that them main route for referral is social services but other organisations should also make referrals.

The Chair said that was why he raise this with the CCG – there needs to be a consistent approach.

Cllr. Fletcher said that GPs have contact with patients and need to ask about food and hydration. This should be part of what GPs and health visitors do.

R.Vickers said that problem is that many GPs do not know the patients they see.

Cllr. Fletcher responded that it should be on the patients records.

The Cabinet Member for Adult Services said that Scrutiny did an excellent job and so have the officers in bringing this together. The meeting with the RVS was an excellent opportunity. He explained that Adult Services must make £10 million savings.

The Chair responded that one way to make savings is to work with volunteers. He understood that the Cabinet Member had come into this role when the savings had already been agreed. While it seemed easy to say that £57k would be saved from this budget it is actually more complicated than this. He said that it had been explained that the contract for the Good Neighbours Service would have to go out to tender.

R. Vickers said that to develop the Good Neighbours Service it is important to get feedback from people in the community.

Cllr. Fletcher said that without the work of the RVS volunteers there would be many more people admitted to hospital. This service will pay back its costs.

The Chair thanked the Cabinet Member and officers for attending the meeting.

RESOLVED:

The Committee approved the Scrutiny Report on the Meals on Wheels Hot Meals Service.

The Cabinet Member for Adult Services, the Interim Service Delivery Manager, Commissioning, D. Vickers and R. Vickers left the meeting.

HAC SC- 62 SCRUTINY WORK PROGRAMME

The Scrutiny Group Specialist explained that Scrutiny Management Board had agreed to re-fresh the work programme rather than go through the process of drawing up a new programme for 2014/15.

The Assistant Director for Family, Cohesion and Commissioning explained that the work to review Transport Services would now be done through the service reviews that relate to the different client groups rather than a single review. The relevant scrutiny committees will be informed of the transport issues that relate to their committee.

The Assistant Director for Family, Cohesion and Commissioning left the meeting.

The Scrutiny Group Specialist explained that to ensure that any current issues that needed to be considered by scrutiny were included SMT and LSP partners had been asked to comment on the work programme. The work programme and these comments were circulated at the meeting. Members supported the recommendations made by Scrutiny Management Board. The Chair said that the Committees will also time to monitor previous reviews. He commented that he would continue to look at the issue of support for children with special needs and autism in particular. M. Wythnall and Cllr. V Fletcher expressed an interest in this issue.

RESOLVED:

The Committee approved the work programme recommended by Scrutiny Management Board which included:

Health and Adult Care Scrutiny Committee:
Alcohol Strategy
Response to Scrutiny Report on CHC
Quality Accounts
Adult Safeguarding
Adult Care Budget and Savings (Joint with Budget and Finance Scrutiny Committee)

Joint HOSC:
Clinical Service Review
Future Fit
Oversight of implementation of reconfiguration of acute services
Mental Health Services including the future of Castle Lodge
Scrutiny of WMAS
Scrutiny of Shropshire Community Health Trust

HAC SC- 63 SCRUTINY COMMITTEE COMMENTS FOR NHS QUALITY ACCOUNTS

The Scrutiny Group Specialist explained the role of the Scrutiny Committee in the NHS Quality Account Process. The comments circulated with papers had been approved by members of the Committee by email and submitted to the relevant organisations.

HAC SC – 64 CHAIR'S UPDATE

The Chair updated the Committee on the work of the Joint Health Overview and Scrutiny Committee with Shropshire Council and in particular the meetings he and the Shropshire Joint HOSC co-chair have attended. He reported that it is likely that the timetable for the consultation on hospital changes will be pushed back. He expressed concern that the last Winter had been mild and if the winter this year is harsh it would cause serious problems for the hospital trust.

Cllr. Fletcher said she was concerned that the Trust was not meeting waiting time targets.

D. Davies commented that part of the difficulty had been that the Trust had closed beds but then realised that they did not have sufficient capacity.

Cllr. Fletcher said that the Trust had in the previous year had three occasions where they had reached maximum capacity (Level 4). She was concerned that the communication between the specialists and the teams was not effective.

The Chair explained the experience received by the patient and family at New Cross Hospital in Wolverhampton. He said that the welcome pack the family received was excellent and that family were able to visit out of visiting hours.

J. Gulliver said that she had given a copy of the welcome pack to PRH and was told that they would produce something similar.

The Meeting ended at 19.55pm

Chairman: ....

Date: ....

QUESTION	ANSWER
Governance, Monitoring and Management Arrangements for Adult Care Budget:	**Yellow shading = Questions prioritised for discussion at meeting on 17th September, by Derek and Health & Social Care Scrutiny Committee** **Green shading = Questions prioritised for discussion at meeting on 17th September by Budget & Finance Scrutiny Committee**
1. Please provide details of the Governance Arrangements - The Budget and Finance Scrutiny Committee recommended that that lessons should be learned from the systems and processes put in place in children's safeguarding / children in care placements budget. Have these been implemented? (E.g. monthly monitoring meeting, the Dashboard, cost improvement plan, workforce development etc.)	Each AD is responsible for delivering the savings agreed in their individual service area. In addition monthly meetings have been established where the Director and ADs review progress against plan with the Cabinet Members for ASC & Resources, Managing Director and Assistant Director, Finance, Audit & Information Governance. The Chair of Adult Social Care Scrutiny would be welcome to join this group to provide full access to latest available information on a regular basis. A number of smaller project teams are working on delivery of savings proposals with team leaders report directly to individual AD. We have therefore introduced a similar Governance arrangement to that in place in Children's. We would want to point out though that the challenges faced are quite different, in terms of numbers, scale, range of client groups, budget, demographic pressures, etc. and requires a different approach, whilst recognising the importance in particular of leadership, cultural change, workforce development, etc. in tacking the issues In addition we have a weekly performance and finance meeting supported by business and planning
Leadership and Culture	
2 What training and development has been carried out to ensure that staff have the necessary skills to implement the changes required? (in CYP there were workshops jointly with partners as part of the restructure and service culture change)	RS/CJ/AA At this stage emphasis is being given to ensuring that our workforce understand the need for change and is part of that process. This is being achieved through workshops with staff. A Workforce Development Plan is in place and will be refreshed to reflect the need for changes in culture and practice. For example separating assessment and support planning and other changes referred to in the Care Act. We are currently at the stage of identifying need and required cultural change, this information will be used to inform our workforce development planning phase. As part of restructure all Management JDs have financial and budget management as essential criteria all SDMs have had individual training on how to interrogate and run reports from Agresso
3. What is the timescale for service review / restructure within adult care services?	A major service review was undertaken in 2010/11 to deliver staff related savings which resulted in reduced management and some front line staff. However it was recognised in 2013 that a more fundamental review/restructure was required, which led to the responsibility for adult social care being spread across 3 AD areas (previously 1), In House Provider (Angie Astley), Commissioning (Clive Jones), Adult Social Services (Richard Smith) from January 2014. 6 months on Angie Astley has launched a new structure for consultation which ended 18 August. Clive Jones has reconfigured commissioning and contracts teams for vulnerable adults to create a more integrated approach. Richard Smith will be launching restructure proposals later this month with further changes planned by Clive Jones for brokerage, linked to changes being considered for support planning. SDM and team leaders restructure will be mid September
Budget and Savings Targets, Personalisation, Assessment and Signposting	
4. What progress has been made in achieving the targets identified for the Adult Care budget Q1 of 2014/15?	**July's monitoring report:** **"Purchasing budgets –** an overspend of £6.3m is currently being projected. Included in the total savings target of £7.7m for all Adult Social Care Services (including ALD) is £4.051m targeted at purchasing budgets which have been reduced. Plans to mitigate the overspend are in place: including an additional savings target of £500K as a result of remodelling how vulnerable adults are accommodated and supported, introduction of robust financial and community care processes (1% efficiencies equates to £500k). Capita have been commissioned to provide a review of the robustness of the recovery plan and the capacity and capability of the current management structures to deliver. A

	PA register has been commissioned to support the increase in the use of PA's, continued progress is being made on reviews, assistive technology and direct payments, to deliver further savings. We are also reviewing high cost placements with our providers and examining contracts in detail to identify further savings and are also in the process of establishing a framework contract for domiciliary care which should improve quality of provision whilst reducing costs significantly. These savings initiatives total £2.4m and are currently in progress, close monitoring of their delivery will continue to identify any change in the figures expected. **+£6.292** **One off Funds –** includes £0.8m Service balances plus £2.5m one off reserve set aside as a specific draw-down budget at year end. **-£3,300** **Supporting People** – delay in achievement of savings. **+0.474** **Transport** – impact of the budget reductions following the transport review, mentioned above. A number of proposals have been agreed which, when implemented, will reduce the projected overspend, however a full year impact of the savings will not be achieved. **+0.240** We are also investigating the use of short term temporary resource to undertake and support the reviews process with a view to adding pace to the making of savings in the purchasing budget.
5. How are the services for different client groups in Adult Services meeting their savings targets?	Services are no longer organised on a client group specific basis and as such there are no specific targets relating to individual groups. That said, Angie Astley's in house provision related savings, largely impact on adults with a learning disability as they are the majority users of this service. Outside this area, staff teams work across client groups so any staff savings impact on all client groups. By far the largest elements of savings that need to be made are from within the purchasing budgets totalling £38m spent on care & support. This spend is broken down by 46% older people (65+), 40% adults with a learning disability, 9% adults with a physical and/or sensory disability, 5% adults with mental health problems. All client groups are impacted by plans to reduce spend.
6. What progress has been made to achieve the target of 30% of care packages to be funded by direct payments?	The number of people receiving a Direct Payment has increased. However the main savings to be made here are by supporting service users to use their Direct Payment to directly employ their own Personal Assistants (PAs) at a lower hourly rate than we pay Dom Care providers. A small team has been put in place co-chaired by Richard Smith and Clive Jones to add additional pace to this savings area. In reality the major change will happen once we have separated out support planning from assessment. The team is looking at what we can do now (pre this change) to enhance take up of direct payments whilst identifying options for bring forward the actual separation of roles.
7. What progress has been made to increase the level of personalised budgets / care in services for adults with learning disabilities?	Please see above
8. What savings have been made through the implementation of Direct Payments?	It is not possible to isolate the impact of direct payments on the savings strategy from inter-related factors.

9. How do the costs of Adult Care Services for the Council compare to regional and national comparators? (Regional framework contracts for care provision have been set up in CYP to drive down unit costs of care.)	The information on Benchmarking data will be sent out separately prior to the meeting identifying the key areas.
10. What progress has been made in ensuring a fair assessment process for CHC and mitigating the impact on the Council's budget?	There has been a small increase in the number of people receiving CCG funded care packages/placements as the following figures show The data for CHC is now available for Quarter 4 (Jan – March 2014):- **1. NHS Continuing Healthcare, patients eligible as at the end of quarter 4 2014 (snapshot), England:-** Nos. CHC Telford and Wrekin currently eligible at the end of Quarter 4 2013/14 = 107 increase of 40 - (equates to 33.5 per 50,000 weighted population) – previous 67 & (21 per 50,000) Nationally in England = 53.8 per 50,000 weighted population NHS Midlands & East of England = 53.5 per weighted 50,000 population Shropshire & Staffordshire = 55.3 per weighted 50,000 population Shropshire = 57.6 per weighted 50,000 population – decrease of 20 In terms of figures for T&W there has been a significant shift upwards from the end of quarter 1 from 19.4 per 50,000 weighted population to 33.5 per 50,000 per weighted population at the end of quarter 4. This means an increase of 45 from 62 to 107 However compared to the national & local economy figures T&W is still well below average. T&W is no longer the lowest in the Midlands & East – NHS Milton Keynes being the lowest at 30.7 per 50k pop but we are still the second lowest. Nationally - T&W is now the 27th worst out of the 212 CCG's we were 6th worst. **2. NHS Continuing Healthcare, patients newly eligible during quarter 3 2013/14, England:-** Nos. CHC Telford and Wrekin newly eligible for CHC during Quarter 4 2013/14 = 93 (equates to 29.1 per 50,000 weighted population an increase from 20.7 in quarter 1) Nationally in England = 21 per 50,000 weighted population – an increase of 0.5 NHS Midlands & East of England = 23.5 per 50,000 weighted population – an increase of 0.8 Shropshire & Staffordshire = 24.8 per 50,000 weighted population – a decrease of 0.8 Most of those newly eligible will be Fast Tracks
11. What assessment has been/will be carried out with service users and carers to ensure their needs are properly met	No reduction in an individual's care package can be made without an individual review/re-assessment having been undertaken which demonstrates that the eligible unmet needs can be met appropriately at a reduced cost to the Council. A number of our savings proposals will need a review to take place and hence this may impact on the pace at which savings can be made. We are investigating bringing in additional support to ensure that we can carry out reviews as quickly as possible. It is important to stress the what we are actually looking for is a support plan that can demonstrate an improved outcome/patient experience at a lower cost
12. What safeguards are in place to ensure that the assessments are accurate and fair and what appeals process has been put in place? (The B&F Scrutiny Committee asked for assurance that the decisions would not be made by one officer)	The process above is followed and a decision about reduction of care must be signed off by a Team Leader/SDM. If the person is in disagreement with the proposal they have a right of complaint into the statutory Adult Social Care process. If the complaint cannot be resolved to the service users/Carer's satisfaction they have the right to take their case to the LGO.

13. What systems are in place to ensure reviews are carried out appropriately?	The first review should take place within 12 weeks of care being put in place and at least annually thereafter. An unscheduled review can be requested at any time by any party (service user, family carer, care provider, Council). Our review performance has been below the national. A Plan is in place to address this, though we are having to prioritise reviews based on need and wider savings plans
14. What safeguards are in place to ensure the payment is used appropriately?	Direct Payments enables flexibility on how needs are met and the DP team understand this, as long as any care and support is to meet the assessed needs. A direct payment is provided, calculated using the hours and tasks identified via the client's support plan. The direct payment set-up process with the client sets out the criteria for use of the direct payment which is to meet the needs identified in the assessment and support plan. The direct payment is financially monitored every 3 months. This process checks invoices and spend against the criteria for use of the Direct Payment. Any unauthorised or inappropriate use of funds is identified as part of this process and action taken to remedy if need be i.e. either via corrections and adjustments, or to ask for a social work review if data suggests the needs of the client has changed. Where clients do not return their financial monitoring, a reminder process is in place, and payments ended if monitoring continues not to be returned. This monitoring process results in excess funds being reclaimed, in agreement with the client.
15. What progress has been made to implement the Resource Allocation Management System?	This has been in place since April.
16. What work has been undertaken to develop a service model of co-production and support micro-markets? Does the Council have the relevant skills to carry out this work or has Community Catalyst or a similar organisation been contacted?	We will use the expertise gained from the implementation of SEND reform for childrens' services and review work undertaken previously for developing a model of co-production and supporting micro markets. We will also consider using expertise from elsewhere including examples of best practice in developing proposals. We are currently looking at a number of examples that will influence how we move forward.
17. What are the implications of delays in the Social Care ICT Review?	The Abacus System upgrades are nearing completion and mobile working is currently being implemented so good progress is being made in this area. We are also working with OLM our care provider to establish what they will offer by way of upgrades to support Care Act requirements.

18. What opportunities are there for income generation in Adult Care Services?	There are 4 main aspects to income generation relating to adult social care. **1. For people eligible under FACS criteria f**or community care services, maximising contributions from service users towards the cost of their community care services. This includes maximising their care related benefits that can reduce their unmet need and therefore reduce the overall cost of any care package. In addition there are currently nationally prescribed rules about how much an individual must contribute towards their care package. Currently nationally prescribed CRAG regulations govern charging for a person in residential or nursing home care. The CRAG regulations set out a prescribed financial assessment process that has to be followed that determines whether an individual is responsible for paying the total cost (because their capital is above £23,250), or part cost based on their level of weekly income. There are some situations where whatever the level of income or capital we cannot seek a client contribution, for example if the care is provided under Section 117 of the Mental Health Act (we do need to ensure that there is a pro-active process with positive engagement from Psychiatrists to actively review and close Section 117 entitlement when it is no longer appropriate). **To maximise income for residential care it is essential that assessments are undertaken in a timely manner, with clear information given to users and their family about the dates from which charges will apply and the amount to be charged.** In respect of care delivered to people at home, there are statutory guidelines which set out certain conditions which a Council must apply in setting a "Domiciliary" charging policy, in particular relating to a level of income that an individual must be left with (Income Support + 25%), after contributing towards the cost of care. The same capital limits apply as per residential care. Some elements of domiciliary care cannot be charged for, e.g. where care is being provided on a short-term basis as part of an enablement (previously intermediate care) basis. **Again to maximise income it is important that financial assessments are completed on a timely basis to ensure that income is maximised. There is possibly some scope to review the existing charging policy, to collect more income by changing some of the discretionary elements within our local policy. However it is important to recognise that both the residential and domiciliary charging policies will need significant review and revision as a result of the requirements of the Care Act.** **2. For people not eligible under FACs criteria,** it is possible to set a charge for services provided on a discretionary basis up to the full cost. For example we do charge for Community meals and have recently agreed to increase the price towards full cost recovery. However we also provide equipment to aid daily living at no cost/without financial assessment. **Whilst the Care Act places additional duties on Councils to provide wellbeing and prevention services, it also appears to facilitate charging for such services.** **3. Income from third parties -** There are a range of third party income streams. They include Third Party Top Ups (Family members agreeing to pay towards the cost of care for the service user where they/the family choose a higher cost option than the council is willing to pay), contributions to cost of care packages from the NHS such as jointly funded care packages (very few other than nursing home placements where the CCG funds the Registered Nurse Care contribution at a nationally set rate), or wholly funded NHS care through Continual Health Care (low rates locally), ILF (ceased for new cases 2 years ago and funding responsibility passports to Council in October 2015). **Clearly there are reduced costs to the Council if we can maximise these income sources.** **4. Trading services at a profit -** whilst not an option for people who the Council are funding, **self funders or other Councils could choose to buy services from the Council (like any other care provider) at a price that includes a profit element. Most self-funders are older people so this would require exploration of viable business models to deliver for example residential or nursing home care for older people. Whilst there may also be opportunities to charge self-funders for access to and support from the Council's Support Planning & Brokerage services.**
19. Are there any plans to develop in-house adult care services instead of using outside providers?	Information to follow
20. How does the restructure affect resources in the Enablement Team	Through BCF we are looking at the opportunities for integrating our front door and services immediately behind the front door. Our aim is to effectively manage demand entering the system referring to appropriate early help and support where appropriate. This will lead to improved outcomes/patient experience at a lower cost. Minimal impact on provision will be tendering for enablement service.
Consultation and Equality Assessments	*** see additional information at bottom of table**https://eteam/sites/partner/SMTandPolicyReview/_layouts/userdisp.aspx?ID=116

21. What consultation has been undertaken with service users to inform them of the changes that will take place?	Part of Budget consultation process. Some specific consultation over some savings proposals, e.g. In house provider, There has been general communication of the changes resulting from the budget savings proposals related to ASC for sometime, covering several budget periods. Specific savings proposals have been consulted on as part of the budget setting process for several years. Communication has taken place with a range of social care service users including older and younger people with disabilities, carers and voluntary and statutory partners. This has included reaching in to communities that are less likely to attend consultation events. Much of the implementation of service changes relates to the delivery and implementation of a single Resource Allocation System. This provides the underlying mechanism for consistently determining a fair allocation of support funds related directly to the unmet eligible needs of an individual. There has been little opportunity for service users to influence the outcome of the implementation of the Resource Allocation System so direct consultation with service users has been limited. A significant notable exception is the development of the personal needs questionnaire which received some user testing and adaption. Whilst much of the process was determined by technical aspects there is still an opportunity to work with service users refining implementation to ensure it runs as smoothly as possible. Currently individuals are informed of the resource allocation and personal budget process through their individual review of care needs.
22. What are the timescales for this consultation – how will this impact on the ability to deliver savings?	There are currently no specific plans to carry out further large scale consultation regarding savings proposals in adult social care. Given the scale of changes it is likely that there will be an on going need to consult with specific clients groups regarding specific savings proposals. Each will be considered on a case by case basis to meet the needs of service users and those of the service. Advice from the Community Participation Team has been that adequate time must be given for consideration and response and we need to be proportionate in our approach. The greater the potential impact the more reasonable it is to allow more time for consideration and response. The 90 day consultation period undertaken with New Options is likely to be recommended for future Adult Social Care consultations where potential changes are likely to be of similar impact. It should be noted that 90 days refers only to the period in which people can comment and in terms of planning for future savings, significant time needs to be built in to prepare consultation materials and approaches appropriate to people with quite diverse needs. Time also needs to be built in for analysis and the final consultation report. Once this report is received by decision makers they need time to consider the findings, before any decision making begins. We cannot make decisions prior to the close of any consultation. We can also not make decisions based on any interim consultation reports. There are some plans to look at how service users can influence the implementation of the restructured In House Provider Service for adults with a learning disability. Extensive consultation took place, during Autumn 2013, with service users to determine the principles and preferences of the proposed service reconfiguration. The Project team are aware of this consultation and are seeking to integrate views and needs expressed through the consultation in to the project so as to not impact timely delivery. The plans are still at a deliberative stage so the ability for service users to influence the implementation or outcome is not clear.
23. What work has been undertaken to ensure that the needs of all BME communities and service users are addressed appropriately?	Services are delivered on a personalised, individual need basis. The savings programme should not impact on people from BME communities any more than the rest of the population. However it is recognised that we must continually strive to ensure that the services we provide fully take account of all cultural factors There has been no specific work undertaken to address the collective needs of BME people separately. Activities and events that have taken place have been designed to be inclusive and where necessary interpretation has been provided. The importance of getting the materials and consultation methods right for people who sometimes have very complex needs has been acknowledged following the New Options consultation where recommendations for future approaches were considered. Marketing and information regarding the events and activities have been distributed to areas with high populations of BME people and also delivered to specific meetings The aim of such events is to illicit individuals views but to also encourage interaction with other sections of the community through engaging activity and recognition of similar needs and wants. Services to support consultation with people who may have different language or communication requirements are available to all officers although there has been limited need expressed so far. Relevant advocacy organisations are informed of the consultation details in advance in order to support their constituents and comment themselves. Service users are informed of advocates contact details in the consultation materials should they need independent support in making a response.

24. What advice has been sought on the level of consultation required to reduce the risk of challenge?	Discussions have been held with ASC Senior Management Team in relation to the savings proposals put forward in the 2014/15 budget and previous budgets. Case law demonstrates that when significant changes to services occur we should consult with those affected by the changes and other stakeholders with a close interest. This manages but does not necessarily eliminate the risk of challenge. Most importantly it allows actual user views to be fully considered when making decisions about the changes. **We make use of the Gunning Principles for planning consultation:** • Consultation must take place when the proposal is still at a formative stage (that is there is genuinely something that can be changed or influenced as a result of consultation responses). • Sufficient reasons must be put forward for the proposal to allow for intelligent consideration and response (and these need to be put in accessible ways to the service user groups) • Adequate time must be given for consideration and response The product of consultation must be conscientiously taken into account. (We encourage the lead officer to reflect on all consultation comments and build into the report references to comments and how they have influenced decisions or to acknowledge in the report where concerns have been expressed but give a rationale of why changes are being made **We make use of the Brown principles to ensure we meet our equality duty in relation to all protected characteristics whether this is through an integrated project management process or impact analysis.** **Brown Principles** • **Knowledge** – Those making decisions are informed regarding their duties and this is brought to their attention at appropriate times. • **Timeliness** – Equality is integrated from the beginning of a process or its initial stages and is continually considered • **Real Consideration** – Rigorous and documented decision making has taken place. An appropriate audit trail is available. • **Sufficient Information** – For those making decisions there is enough information to be fully informed and it is brought to their attention. • **Responsibility** – Approval that considerations have been equitable takes place at the decision making level. It is not possible to delegate this responsibility. For example, contracting a third party will means both the council and the third party have the duty placed on them. • **Review and Record Keeping** – There are adequate assurance steps to ensure that the intended consequences or impacts have taken place and future unidentified impacts can be dealt with and are recorded.
Health & Social Care Integration and the Care Act	
26. How are the service and financial risks around integration being managed?	The submission of the BCF plan in September requires that a Risk Sharing Agreement is in place which needs to be agreed by all parties – this is will include a number of different parties to the agreement and will not be limited solely to the CCG and the Council. More detailed financial information is currently being developed by the CCG to identify the costs of the specific schemes within the BCF and the Council will be feeding into this process as it progresses. More detailed information needs to be made available before the actual levels of financial risk to each organisation can be identified. All monies within the pooled budget and it's usage will be detailed within a legally binding S75 agreement
27. What governance arrangements are in place for the integration of health and social care services?	A BetterCare Commissioning and Transformation Group is in place for overseeing the integration of health and social care which reports into a Strategic Commissioning Group and Health & Wellbeing Board. Terms of reference can be provided if required
28. What are the implications of the Care Act for the Council?	The implications of the Care Act are very wide ranging and will provide significant risks and challenges for the Council. A report is due to be considered by Cabinet at their meeting on the 16 October. The Council submitted a response to the Part 1 Guidance & Regulations process that ended on the 15 August. A copy of that response, agreed with our Cabinet member is set out below together with background information. **Response to Care Act Consultation – General response**

1. Background

1.1 The Care Bill received royal assent on 14 May 2014. The Care Act will therefore replace various pieces of adult social care legislation dating back to the National Assistance Act, 1948 (repeals in whole or part 26 pieces of primary or secondary legislation and 14 pieces of Statutory Guidance). The Act fundamentally changes the law and practice relating to the provision of community care services for adults and their carers and will require major changes in the way the service is delivered, with significant impact for service users & their carers, the workforce, workforce development, care providers, informatics, public information, etc.

1.2 Nationally and locally in respect of consultation over the Bill, there was general support for the content, recognising that it set out to implement the recommendations of the Law Commission Review of Adult Social Care Law (updating the law in line with current good practice) & the Dilnot Review of Adult Social Care funding and embed current best practice in law.

1.3 However there were concerns that the Bill, whilst addressing the concerns of the public about costs of care provision falling on the individual's life time savings, it did not address concerns about the growing demands on the service at a time of Government reductions in Local Government funding. In addition there were concerns expressed by Association of Directors of Adult Social Services (ADASS) and Local Government Association (LGA) that the Government's estimates of the cost of implementing the Act, underestimated the potential increased costs to LA as a result changes in respect of eligibility criteria for individuals and their carers (from April 2015) and funding reform (from April 2016).

1.4 The Government subsequently announced that the Guidance would be released in 2 phases, Part 1 covering the clauses implemented from April 2015 and Part 2 those implemented from April 2016.

1.5 Part 1 covers:

- General responsibilities and universal services
- First contact and identifying needs
- Charging and financial assessment, including deferred payments
- Person centred care and support planning
- Adult safeguarding
- Integration and partnership working
- Moving between areas: inter-local authority and cross border issues
- Other – Sight registers & transition to legal framework

1.6 Part 2 will cover Funding Reform, including:

- Cap on care costs
- Increased capital thresholds

2.0 Consultation process

2.1 Draft Regulations and Guidance on Part 1 were released at the beginning of June for consultation, with a closing date of 15 August 2015, with a view to final Regulations and Guidance being issued by October 2014; thus allowing local authorities 6 months to finalise preparations for the new Act.

2.2 Current indications are that Draft Regulations and Guidance on Part 2 will be released in the Autumn 2014.

2.3 Consultation on Part 1 is set out by 84 consultation questions grouped as follows:

General Duties & Universal Services	Wellbeing; Preventing, reducing and delaying needs; Information & advice; Market shaping and commissioning; Managing provider failure and other service interruptions

First contact and identifying needs	Needs assessments and carer's assessments; Eligibility; Independent Advocacy
Charging and financial assessment	Charging for care & support; 12 week property disregard; other disregards; Choice of accommodation & additional payments; Pension reform; Deferred payments agreement;
Person centred care and support planning	Care and support plans; Personal budgets; Direct payments;
Integration and partnership working	Integration, co-operation and partnerships; The boundary with the NHS; Delayed transfers of care; Working with housing authorities and providers; Working with employment and welfare services; Transition to adult care and support; Prisons, approved premises and bail accommodation; Delegation of local authority functions
Adult Safeguarding	Adult safeguarding
Moving between areas: inter-local authority and cross border issues	Ordinary residence; Continuity of care; Cross-border placements
Other areas	Registers; The transition to the new legal framework

2.4 The consultation questions are very specific. ADASS are putting together a single co-ordinated response, taking account of views from across the country, whilst regionally we are linking with other West Midlands Authorities to feed into this detailed process.

2.5 However there is also opportunity to submit a more general response to the Department of Health via a specific consultation link careactconsultation@dh.gsi.gov.uk and I would suggest that this is the preferred approach if Councillors would like Officers to submit a response on behalf of the Council.

2.6 I have set out a draft response for Councillors to consider at 4below. The main areas covered are:

- General support for the principles underpinning the legislation and guidance
- Concerns about the funding to fully support the reforms, against a background of significant existing pressures
- Tight timescales for implementation given the scale of change, workforce & training implications, need to introduce new IT systems, etc.

3.0 Financial information

3.1 Government have made £125,000 available to every local authority during 2014/15, to use to help plan and prepare for the implementation of the Act.

3.2 In addition they have provisionally allocated specific monies to individual authorities for 2015/16 on the basis of additional responsibilities resulting from the implementation of the Act, in effect the "Part 1" responsibilities coming into force from April 2015. It is estimated that T&W Council will receive an additional £1.477m of which £558k (revenue & capital funding) is within the Better Care Fund (BCF). Allocation of the BCF element needs to be agreed with the Clinical Commissioning Group and signed off by the Health & Wellbeing Board. The latest BCF guidance stresses that the identification of this amount must be shown within the revised BCF submission. The remainder of the funding £919k is subject to another consultation exercise on the formulae for distribution and the current proposals indicate that this amount is likely to reduce by between £160k and £220k.This reduction is likely to cause increased pressure on Council resources This funding consultation closes on 9th October. Now the allocation is likely to reduce further pressure will arise on the Council's resources.

3.3 The funding includes indicative allocations for Assessment & Eligibility, IT, Capacity, Deferred payments, Information, Personalisation, Carers, Advice & Support, Quality, Safeguarding, Veterans and Law Reform (See Appendix 1 for detail).

3.4 There are concerns that these allocations underestimate the costs of implementing Part 1 of the Act in 2015/16. In particular that:

- The Act raises expectations at a time when existing financial pressures mean there are insufficient resources to invest in prevention and early intervention principles that underpin the Act's aim to reduce demand on more expensive, ongoing care
- the new national eligibility framework will be worded in such a way that more people could be eligible for support compared with the current "substantial" threshold of the existing criteria – this is not recognised in any additional funding
- placing carers on the same legal footing as the service user is the right thing to do, but significantly extends the number of carers with a right to an assessment in their own right and extends the number of carers who will be eligible for services – whilst this is recognised in additional funding there are concerns that this does not equate to the numbers who could come forward and expect assessment and additional support

3.6 We are in the process of commencing modelling work to try and predict the impact of the Care Act and compare the outcomes with the indicative maximum amount of new monies available as set out in Appendix 1. Local Authorities are being asked to use the "Lincolnshire" model to calculate the assessments and carers' costs. However we will only know the true position once we have worked under the Act for some time.

3.6 As yet of course there have been no specific announcements about funding for the Part 2 funding reform changes that are implemented from April 2016. Government indicated that they estimated the cost of these changes to be in the region of an additional £1billion nationally. ADASS and the LGA have both indicated that they believe this figure is an underestimation, whilst no decisions have been made about the formula on which this sum of money will be distributed between local authorities.

3.7 Every local authority is expected to do some detailed modelling work to understand how many existing self-funders will enter the system from April 2016 and qualify for local authority support given the raised capital thresholds and cap on care costs payable across an individual's life time. We have commenced this work and Shropshire Partners in Care have sent out, collated and shared the findings with us of a detailed questionnaire sent to T&W providers. This will provide us with valuable information about the number of self-funders, but the actual cost post April 2016 will depend on a detailed financial assessment of each self-funder as well as the rate of entry of "unknown" new self-funders post April 2016.

3.8 There is a significant risk that any shortfall in funding for Part 2 reform will just compound the existing budget position and any shortfall in funding Part 1 reforms.

3.9 This will be made more complicated by the introduction for the first time of a differentiation between care costs and accommodation costs. Accommodation costs will remain the responsibility of the individual across their lifetime. We will need to agree a new procurement process that takes account of this differentiation between accommodation and care costs, whilst ensuring that the general public are aware of their responsibility.

3.10 At the same time we need to flag that we expect self-funders already in the system to start approaching the local authority during 2015/16 in preparedness for April 2016. Each individual will require a full community care assessment to determine eligibility for community care services and agree their care account detail (the amount of money the Council agrees will be taken into account annually towards their life time care cap of £72k) with the Council.

3.11 This therefore means there will be a significant spike in assessment and financial assessment activity, probably toward the second half of 2015/16, as well as an ongoing increase in the number of assessments to include all self-funders and carers, on an annual basis thereafter.

4.0 Suggested consultation response from T&W Council

4.1 T&W Council – General response to consultation on draft regulations and guidance for implementation of Part 1of the Care Act 2015/16

4.2 Telford & Wrekin Council is generally supportive of the principles underpinning the Care Act and is working internally and with other West Midlands authorities on a collective basis to be fully prepared to implement Part 1 of the Act from April 2015.

4.3 We are busy ensuring we understand the full implications of the Act as set out in the Regulations and draft Guidance published at the beginning of June, currently subject of this consultation and which will not be finalised until October (6 months from implementation date). We are feeding into regional and nationally organised responses to the consultation questions and on specific themes.

4.4 However it is important that Government recognise:

- the scale of the changes that need to be put in place in such a short period, at a time when local authorities are already implementing major change programmes in adult social care services, with reduced management & staffing levels and significant budget pressures as a result of reduction in central government funding
- the uncertainty about the true costs associated with Part 1 of the Act, let alone Part 2
- the challenging position that all local authorities, including T&W Council already find themselves in financially as a result of existing central government funding cuts of 30% in real terms to local government
- that there are existing demographic pressures and provider cost pressures adding to budget pressures
- that rigid interpretation by the NHS of Continuing Healthcare Criteria, impacts greatly on some local authorities like Telford & Wrekin and clearer expectations/guidance on consistency of implementation of the criteria would be helpful to deliver consistency as is envisaged through the introduction of a national eligibility threshold for adult social care
- the fact that budgets will be reducing, at a time that the Care Act and the publicity that will go with it, will generate increasing public expectation for those we support and those who care for them
- that with further budget cuts required in 2015/16 coinciding with the implementation of the Act, that this expectation is unlikely to be realised, with little scope financially to invest in prevention initiatives which underpin a principle of the Act, with the aim of reducing public dependency on state funded care and support more people with less money
- that allocating some funding for Care Act implementation within the Better Care Fund framework adds to these concerns

4.5 As a result there is a risk that despite the best intentions of the Act the outcome could be:

- **fewer people will be able to access support; Councils will face increasing legal challenge**

- **providers will face financial difficulty with increasing risks of provider failure or worse;**

- **the NHS will come under increasing rather than reducing pressure.**

4.6 The Council would therefore welcome a commitment from central Government to fully fund the implications of the Care Act, once they are known. Without this commitment the above adverse impacts can only add to the cumulative impact of year on year reductions in local authority funding.

11 August 2014/T&W Council/PT

Appendix 1 Telford and the Wrekin

Adult social care new burdens funding (£335m nationally)		**Your allocation, £000s**
Assessment & eligibility	*Funding for early assessments and reviews*	*468*
IT	*Capital investment funding including IT systems*	*150*
Capacity	*Funding for capacity building, including recruitment and training of staff*	*65*
Deferred payments	*Year 1 funding for the implementation of the universal deferred payment scheme*	*355*
Information	*Funding for a national information campaign*	*32*
Total		***1,070***

Care Bill implementation funding in the Better Care Fund (£135.9m nationally)		Your allocation, £000s
Personalisation	*Create greater incentives for employment for disabled adults in residential care*	*0*
Carers	*Put carers on a par with users for assessment.*	*66*
	Introduce a new duty to provide support for carers	*143*
Information advice and support	*Link LA information portals to national portal*	*0*
	Advice and support to access and plan care, including rights to advocacy	*44*
Quality	*Provider quality profiles*	*0*
Safe-guarding	*Implement statutory Safeguarding Adults Boards*	*16*
Assessment & eligibility	*Set a national minimum eligibility threshold at substantial*	*85*
	Ensure councils provide continuity of care for people moving into their areas until reassessment	*13*
	Clarify responsibility for assessment and provision of social care in prisons	*0*
Veterans	*Disregard of armed forces GIPs from financial assessment*	*5*
Law reform	*Training social care staff in the new legal framework*	*14*
	Savings from staff time and reduced complaints and litigation	*-41*
Advocacy	*Independent Mental Health Advocacy*	*28*
Impact of DWP policies on councils/providers	*Pressures relating to pensions auto-enrolment (provider cost) and the announced 1% increase of working age benefits in 15/16 (reduced client contribution)*	*36*
Total		***409***
Grand Total		***1,479***