

# The Care Bill

Cllr Keith Humphries

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The vision for transforming care and support will have profound implications for Council systems, processes and people.

Cllr Keith Humphries

## Wiltshire

On 28<sup>th</sup> February 2014, **5454** people were receiving a service. Of these **3609** were aged 65+.

In 2013 / 2014 we made **229** permanent nursing home placements and **357** permanent residential care home placements for people aged 65+.

## Consolidates existing law going back to 1948

- Assessment of the care people need
- Paying for care
- Meeting eligible needs
- Ensure people remain in control of their care so it is shaped around their needs when they reach the cap.
- Making it happen

and.....

- Direct Payments and the Suitable Person scheme
- Independent social work practices
- Deferred Payments
- Safeguarding implications
- Market failure provisions
- Carers assessments and needs
- Prisoners and bail clients
- Mental Health Act aftercare responsibilities
- Transition provisions for children
- Immigration Control exceptions
- Young Carers
- Care standards changes
- Health education and research

**Part 1)**

Delivers the government response to the Dilnot Commission on funding reform.

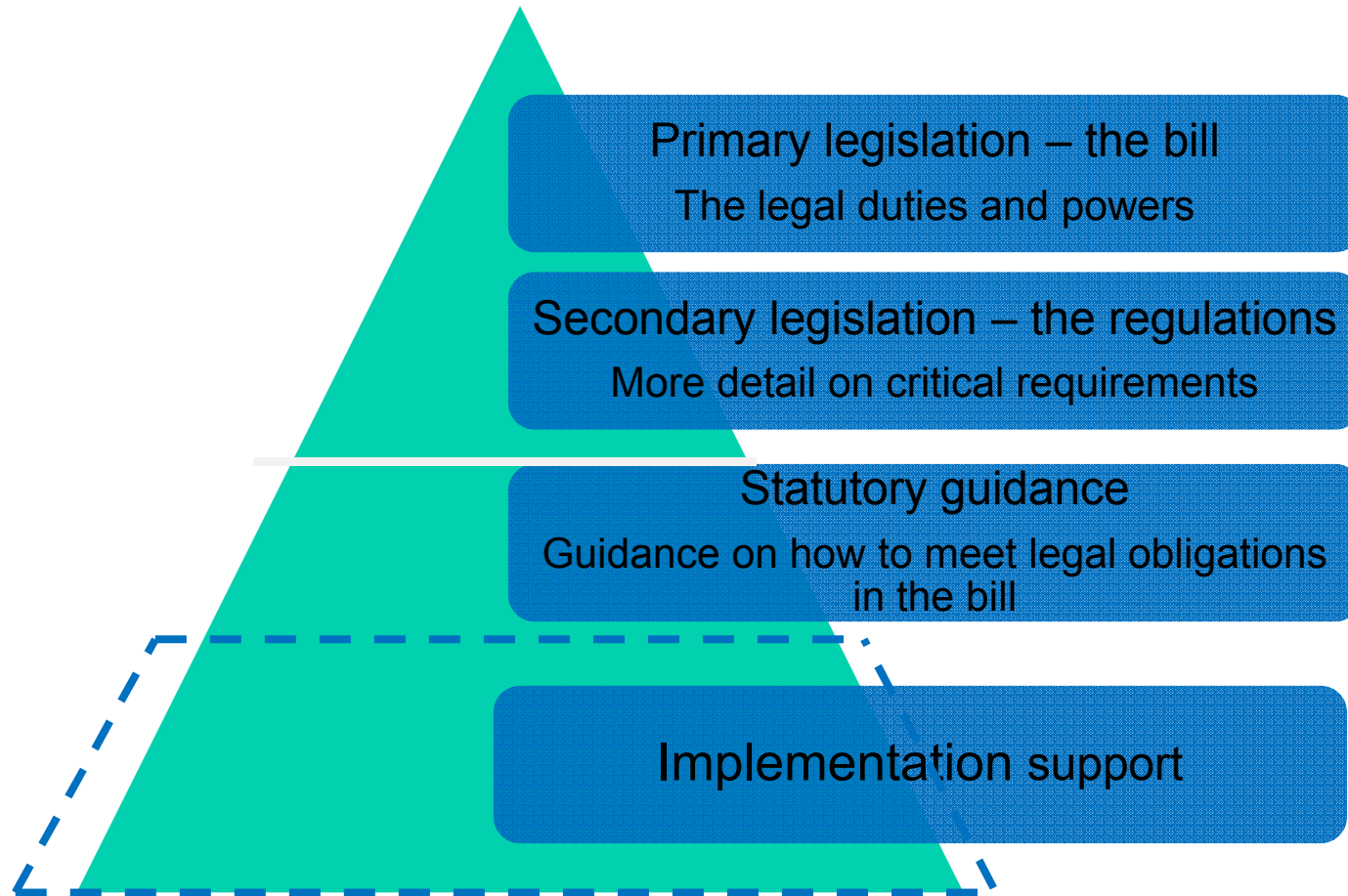
**Part 2)**

Delivers the government response to the Francis / Mid Staffordshire Report

**Part 3)**

Establishes Health Education England as a Non Departmental Public Body

The Care Bill facilitates the establishment of the Better Care Fund by providing a mechanism that will allow the sharing of NHS funding with local authorities to be made mandatory.





- Department of Health, LGA and ADASS have established a partnership to work together on a joint programme to inform and implement these reforms.
- Facilitate engagement in national policy, regulations and statutory guidance
- Identify key operational milestones, risks and interdependencies
- Provide assurance and communicate implementation progress
- Co-produce tools and other resources to support implementation

Key requirements	Timing
Duties on prevention and wellbeing	From April 2015
Duties on information and advice (including advice on paying for care)	
Duty on market shaping	
National minimum threshold for eligibility	
Assessments (including carers' assessments)	
Personal budgets and care and support plans	
New charging framework	
Safeguarding	
Universal deferred payment agreements	
Extended means test	
Capped charging system	
Care accounts	

## General Duties to be placed on the Council:

- People's **well-being** will be at the heart of every decision
- **Carers** rights on the same footing as the people they care for
- Freedom and flexibility to encourage innovation and **integration**
- **Preventing and delaying needs** for care and support
- **Personal budgets** giving people greater control over their care
- **Information and advice** about the care and support system
- **Promoting the diversity and quality of the local care market**, shaping care and support around what people want
- New guarantees to ensure **continuity of care**

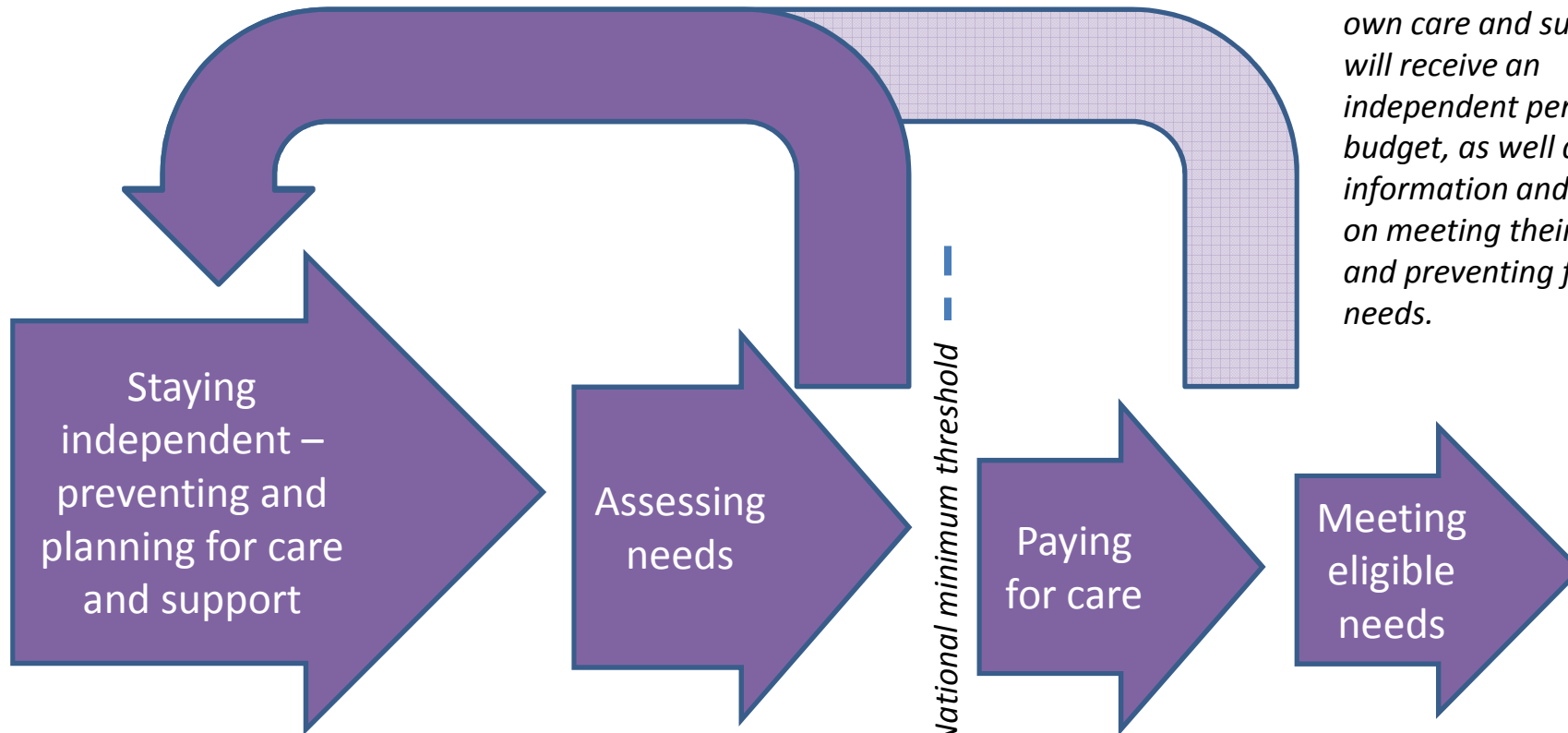
## Major changes to assessment, eligibility and support planning:

- Right to assessments for carers.
- Single national minimum eligibility threshold
- Outsourcing of assessments possible
- Joint assessments to be more common
- Appeals

- Where it appears that adults in prison or approved premises have needs for care and support, they should have their needs assessed by the council.
- Where they meet eligibility criteria, services will be provided by the council.
- Prisoners' non-eligible needs will be met by the prison.

*People who do not have eligible needs will receive information and advice on how to access support locally, and how to prevent or reduce their needs.*

*People who have eligible needs but who choose to arrange their own care and support will receive an independent personal budget, as well as information and advice on meeting their needs and preventing future needs.*



*People should be supported to live independently for as long as they wish, with a focus on delaying and reducing needs, and building different types of support in the community. Local authorities will make available universal support, including information, advice and preventive services.*

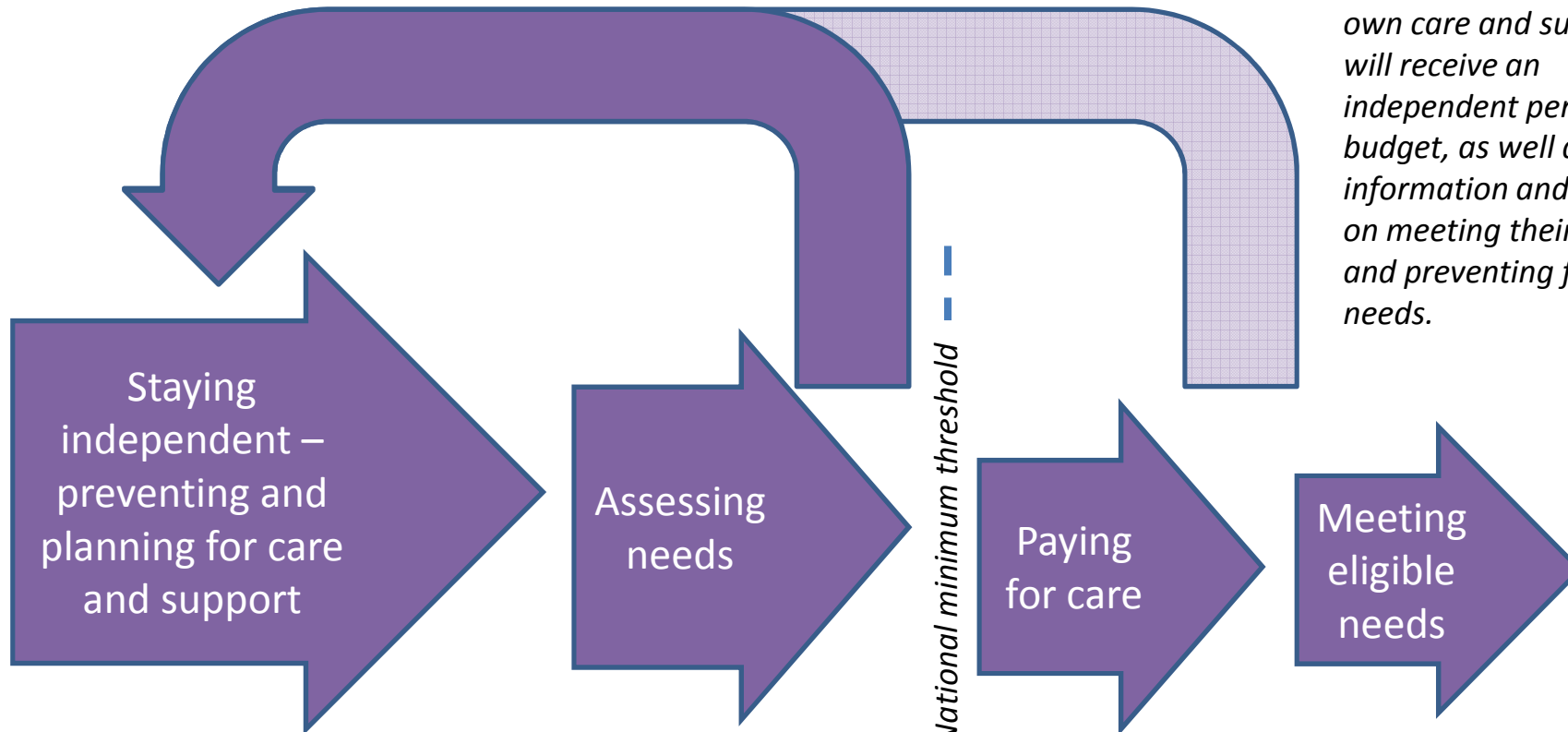
*Any adult with any needs for care and support, including carers, has a right to an assessment of their needs and the outcomes they want to achieve.*

*If the local authority charges for a type of support, an adult will have a financial assessment to determine what financial support they may receive.*

*If an adult with eligible needs asks the local authority to do so, it must meet their needs. The local authority will involve the adult in a care and support plan to decide how to meet their needs.*

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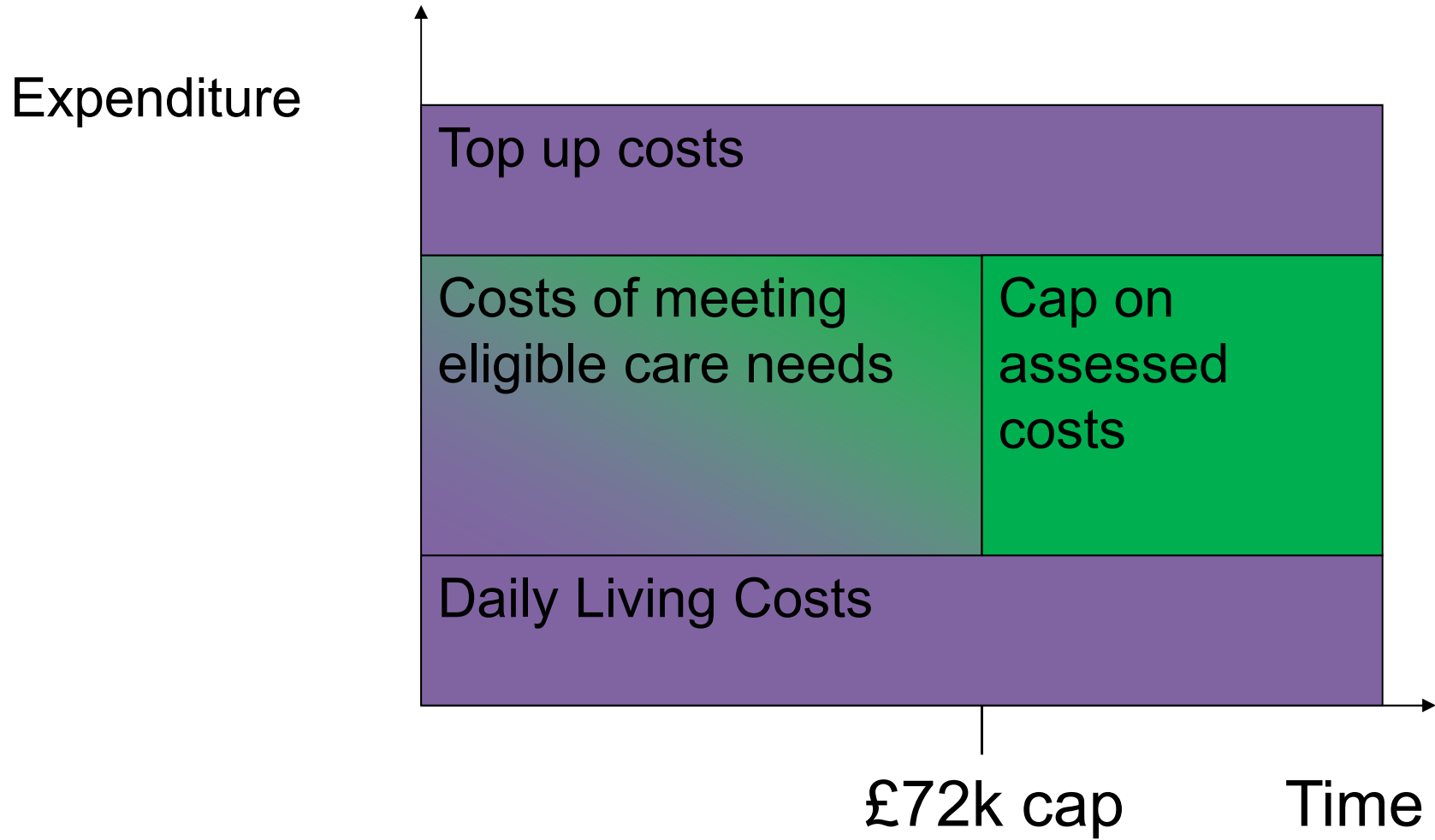
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## **New financial support arrangements**

- Right to Personal Budgets and Direct Payments
- Extended means test and £72k cap (April 16)
- Assessments of self funders can begin Sept 2015
- Council needs to maintain Care Accounts.
- Universal Deferred Payments Scheme



# Care Costs



Council pays



Individual pays



Means tested

# Case Study

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**Mr A, aged 70, develops dementia and moves into a care home.**

His assets are over £118,000, so he does not qualify for local authority support.

<i>He Has</i>	
Assets	Income
£300,000	£390pw (from his pension and AA)

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In addition to his pension, he receives attendance allowance (AA)\* at the higher rate of around £90 per week.

The local authority calculates his needs can be met in a local care home which costs £650 per week. However he chooses to pay an additional £150 per week to move into a different care home of his choice.

<i>He contributes</i>		
Care Costs (which count towards the cap)	Daily Living Costs	Top Up
£420 per week	£230	£150

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**He reaches the cap after 3 years and 4 months, after which:**

The local authority pays £420 per week to meet his needs. He remains responsible for his daily living costs and his £150 top-up.

<i>Local authority contributes</i>	<i>He contributes</i>	
Care Costs (which count towards the cap)	Daily Living Costs	<b>Top Up</b>
£420 per week	£230	£150

**Mr A remains in the care home for one more year, after which his remaining assets are around £210,000.**

\*Attendance Allowance (AA) is a non means tested benefit for severely disabled people aged 65 or over who need help with personal care

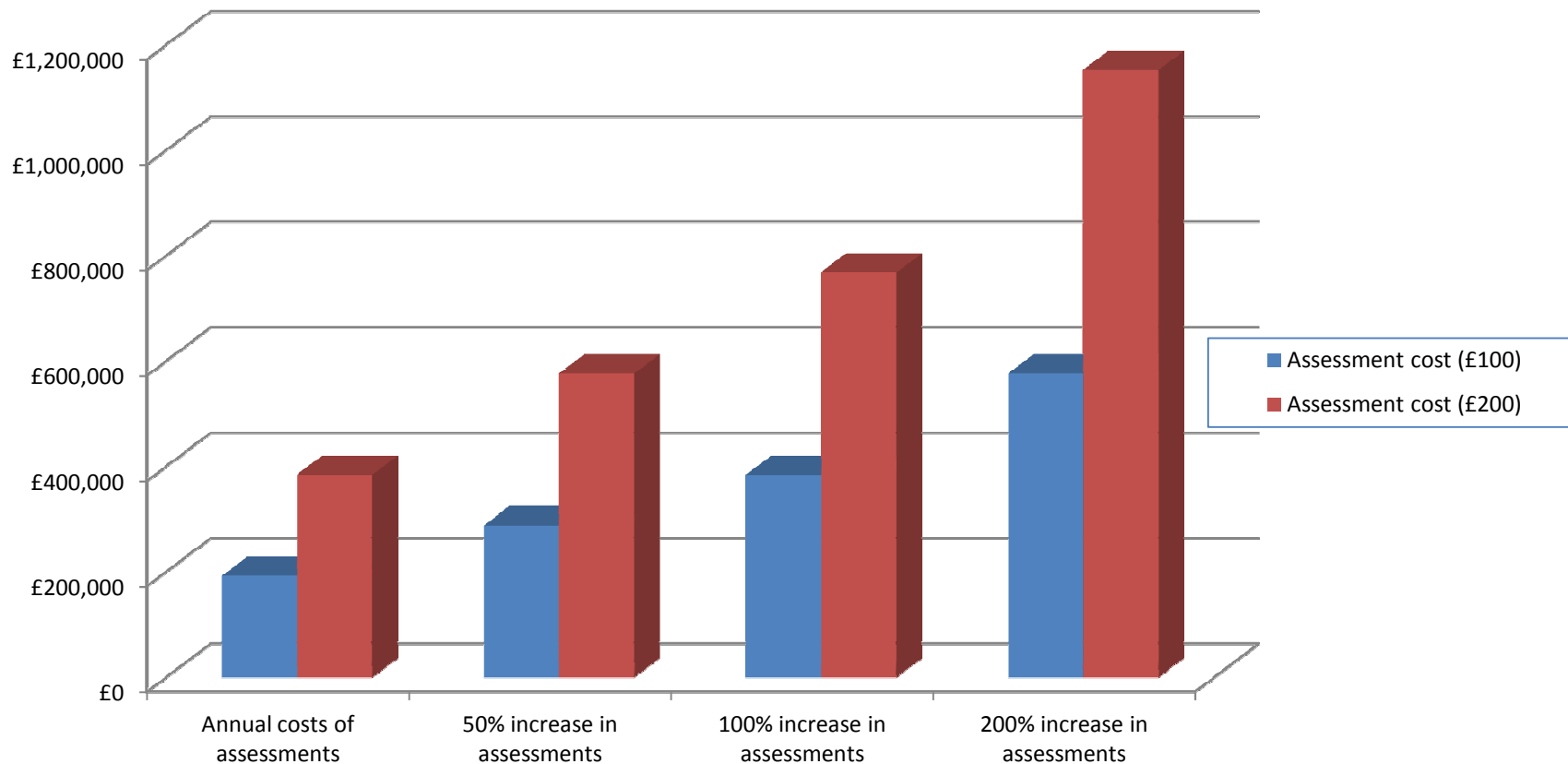
## Carers Assessments

- Carers assessments completed =1920
- Total of 47,608 people in Wiltshire providing some amount of unpaid care (2011 Census).
- The vast majority of carers are over the age of 34 (88%).

# Costs of Carer Assessments

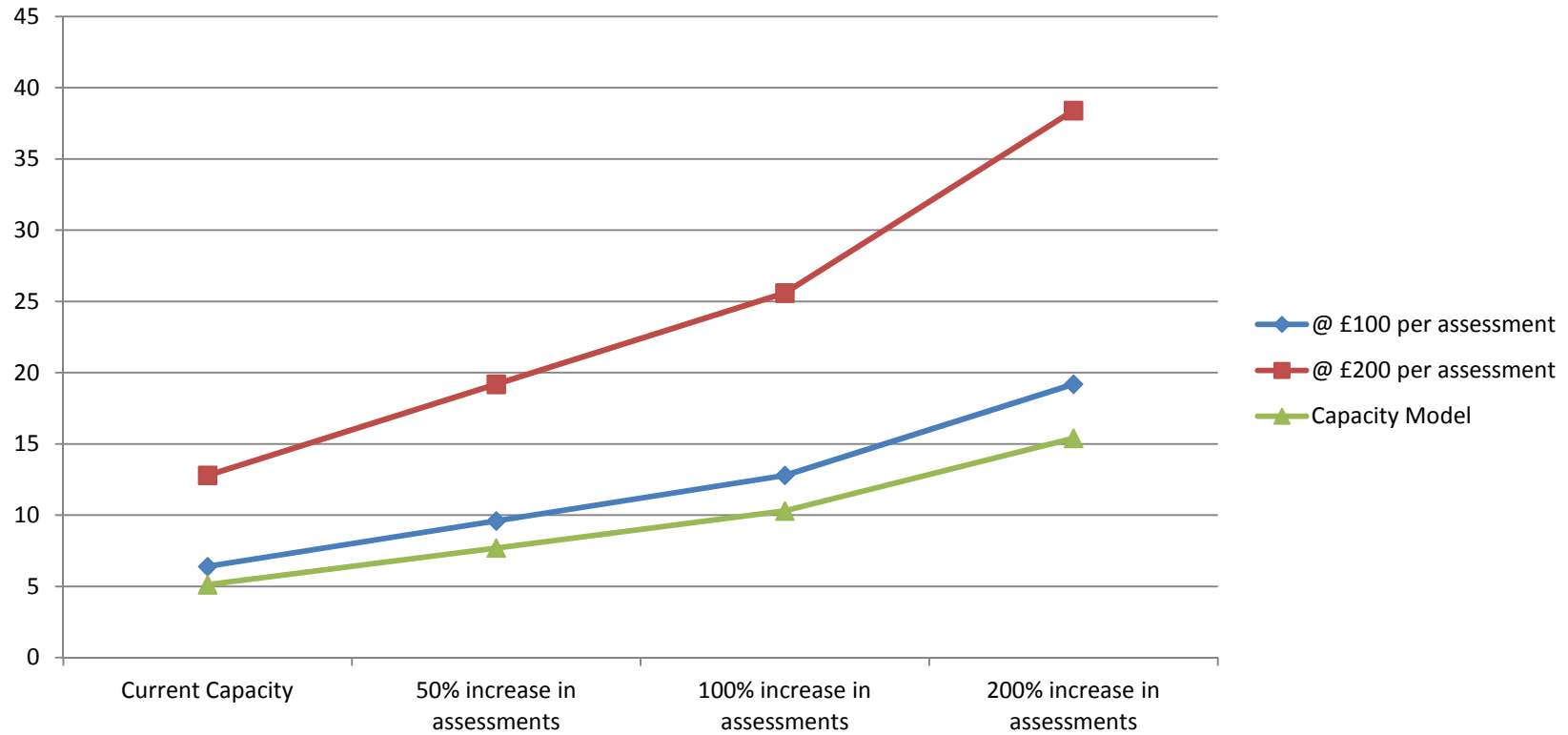
Estimated cost of assessment		<b>£100</b>	<b>£200</b>
Annual costs of assessments	<b>1920</b>	£192,000	£384,000

50% increase in assessments	2880	£288,000	£576,000
100% increase in assessments	3840	£384,000	£768,000
200% increase in assessments	5760	£576,000	£1,152,000



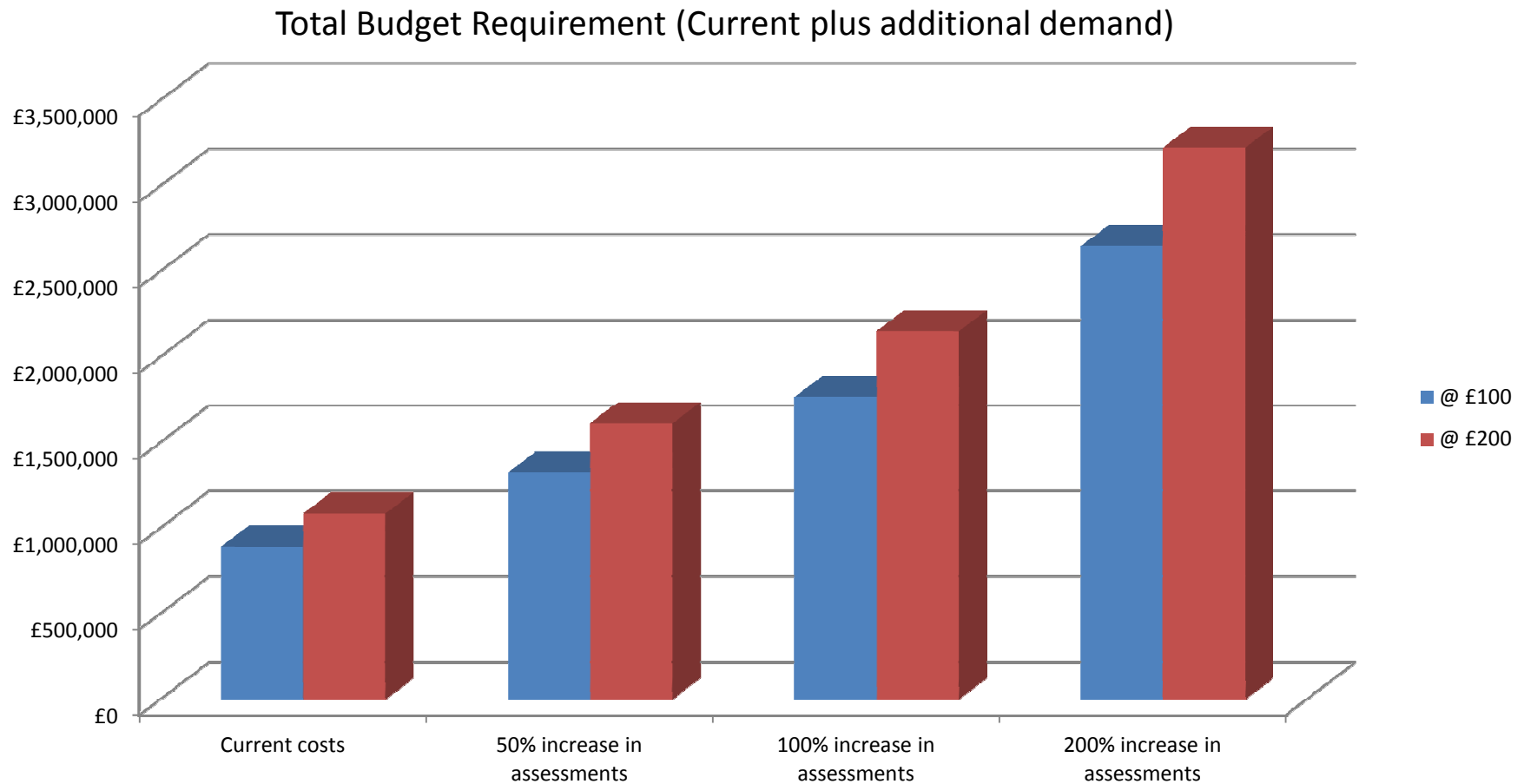
# Staffing Capacity for Carers Assessment

FTE Required for Carers Assessment (April 2015)



# Total Budget Impact of Increase in Carers Assessments

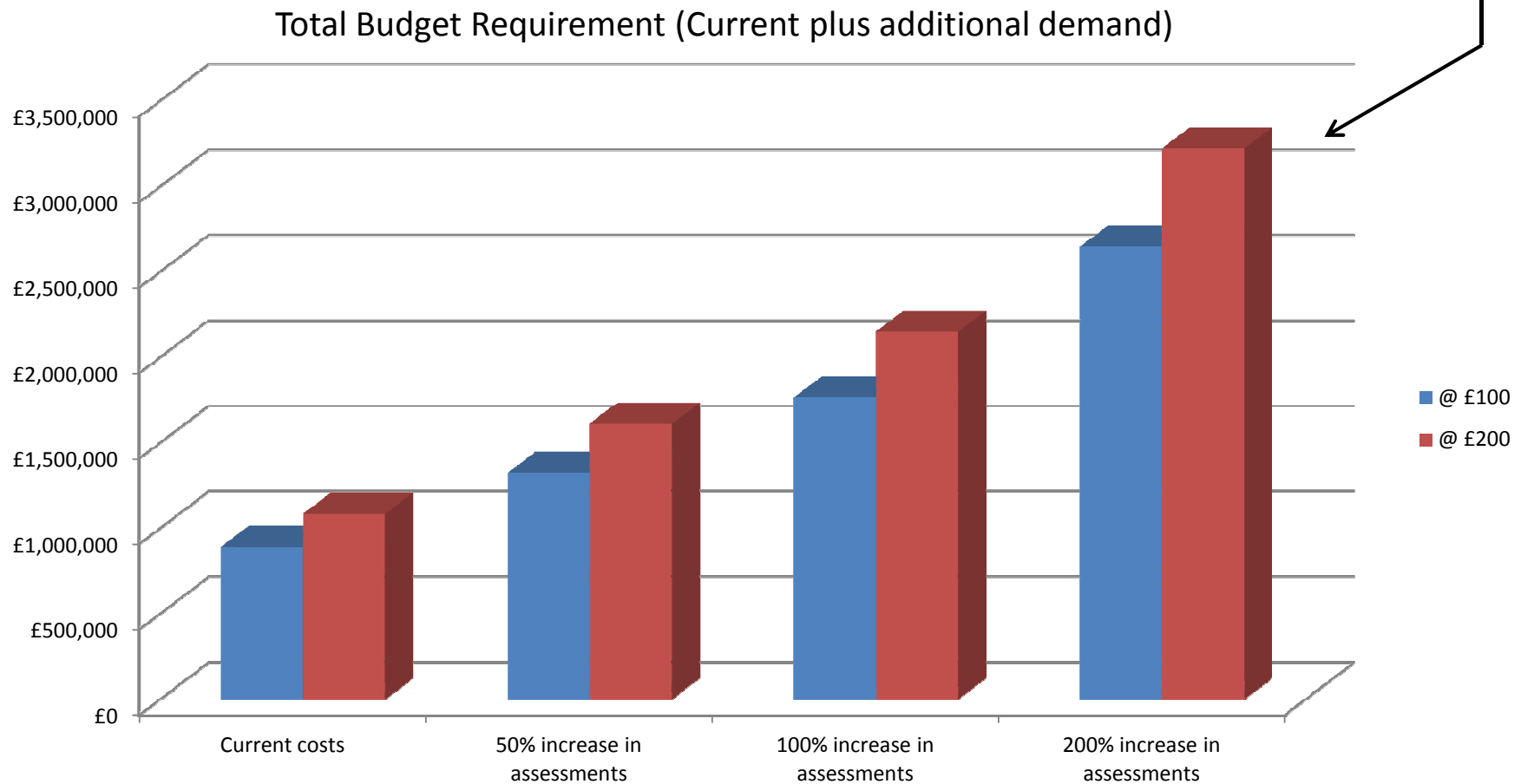
		£100	£200
<b>Total Budget Increase (assessment plus support)</b>	Existing Resource	£892,000	£1,084,000
	50%	£431,000	£527,000
	100%	£872,000	£1,064,000
	200%	£1,754,000	£2,138,000





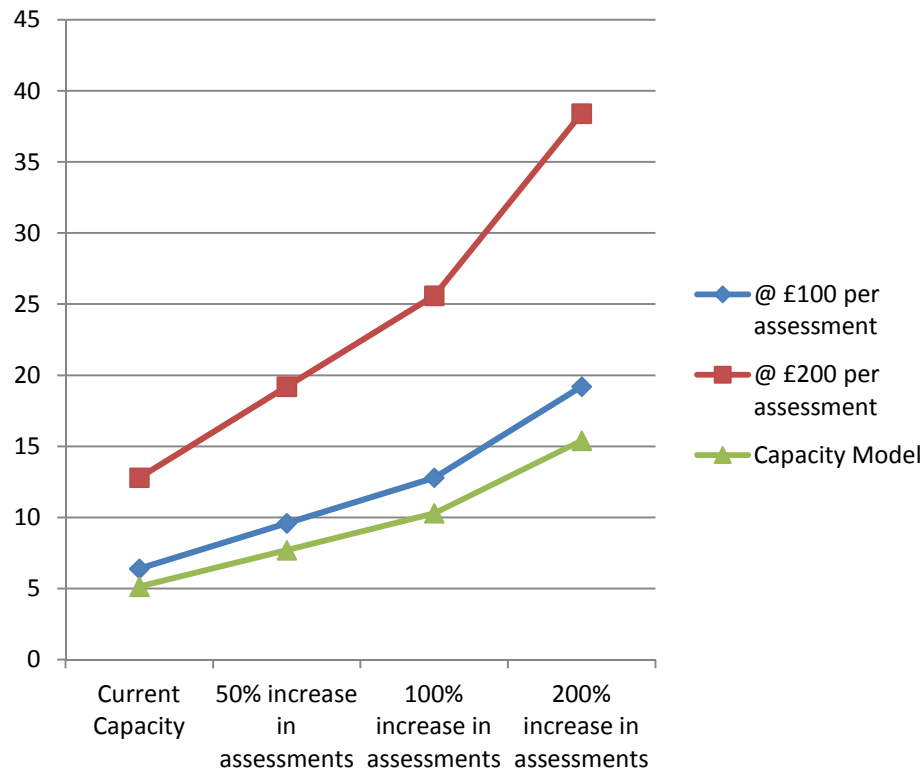
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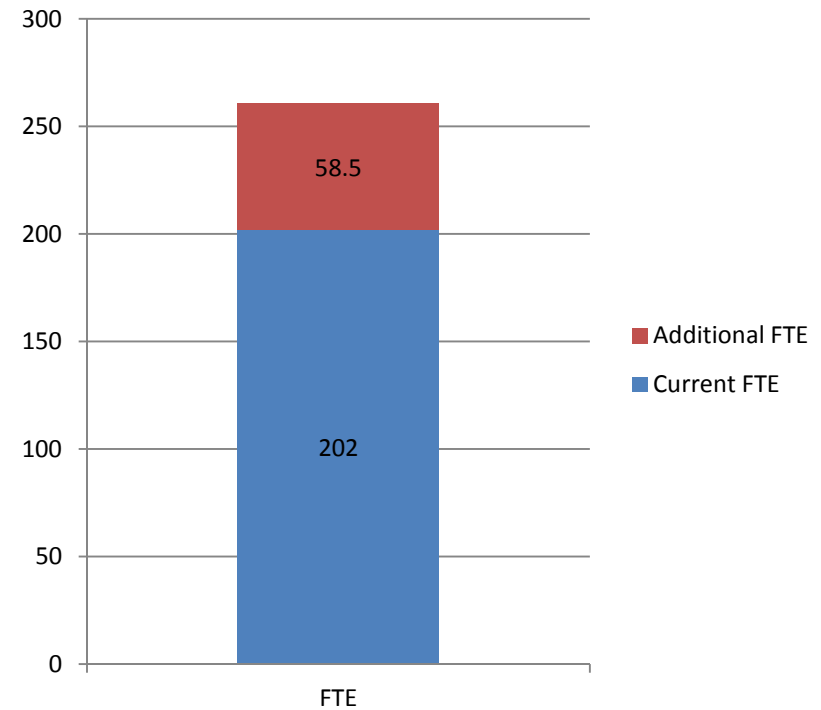


# Staffing Capacity for Assessments

FTE Required for Carers Assessment  
(April 2015)



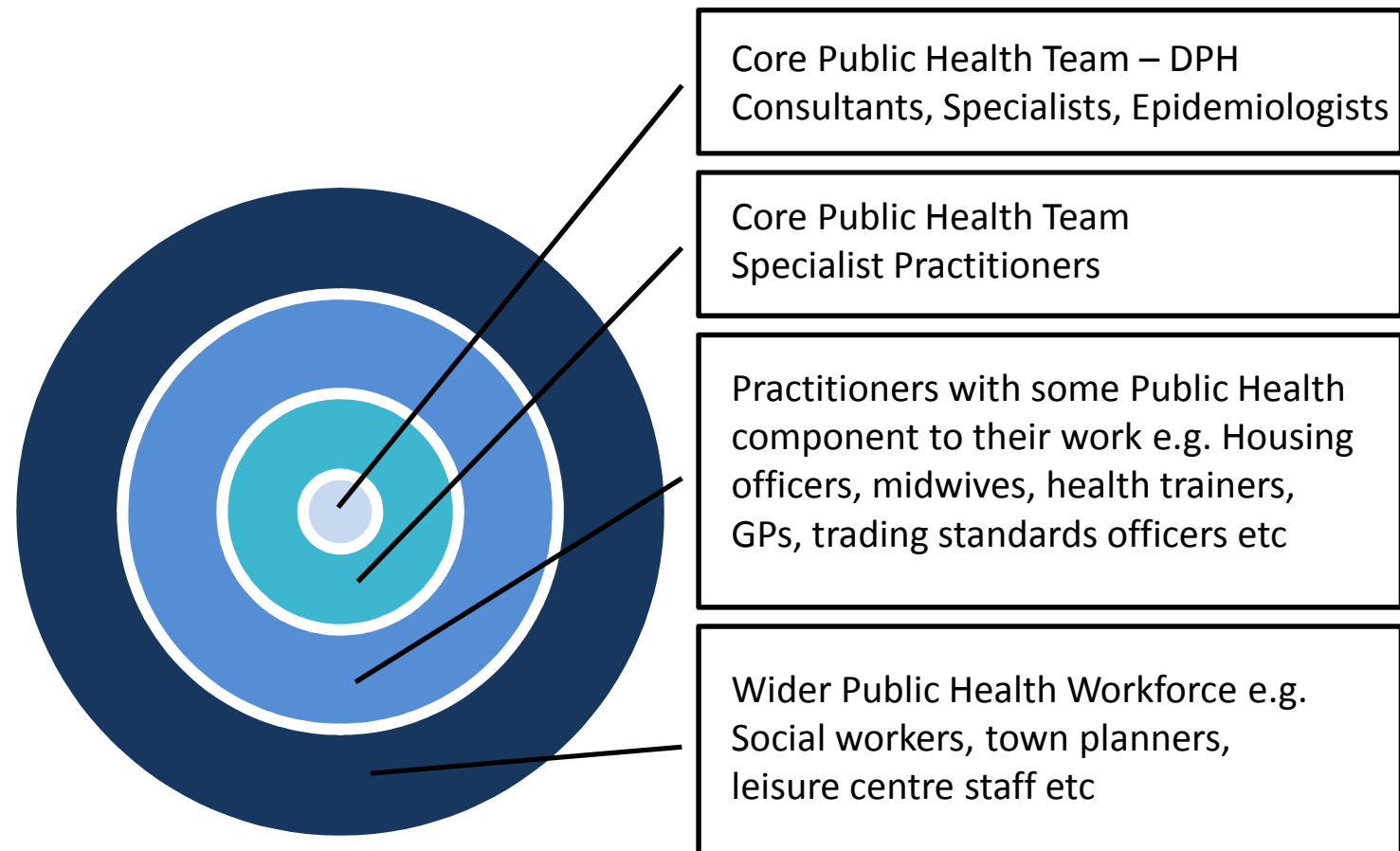
FTE Required for Full Care Bill Implementation (April 2016)



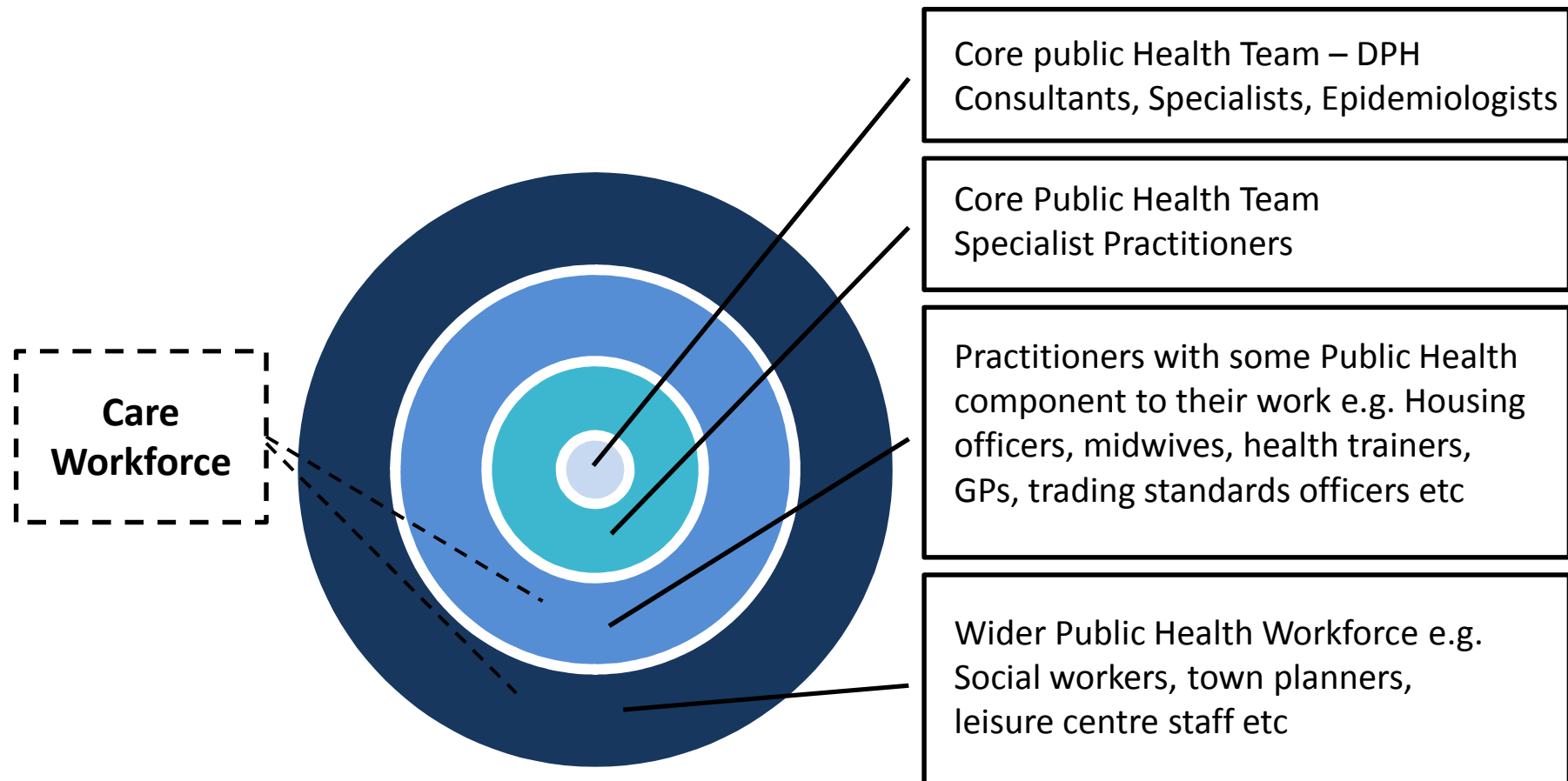
- **Statutory** Local Safeguarding Adults Board
- Council to investigate **any** suspected abuse or neglect
- Independent CQC
- New star ratings system (from 2014)
- Duty of Candour
- Fit and proper persons test for managers
- Council to step in when providers fail

- Health Education England (HEE) became a Special Health Authority (SpHA) on 1 April 2013. It provides national leadership for health and public health education and training in England.
- The Special Health Authority, is helped by thirteen Local Education and Training Boards (LETBs).
- HEE is responsible for planning and buying education and training for NHS and public health organisations and ensuring that the quality of training continues to improve to benefit patients and the public.

## Public Health Workforce



# Public Health Workforce



## Data – The ultimate aim

- Online care accounts
- Portable between authorities
- Clear information about the financial position
- Citizens in charge of the information
- Clear and transparent access to information about what is available
- Ability to transact and interact with providers and professional staff involved in care
- Wide range of Apps to support particular conditions
- Equally good standards with respect to information being shared between agencies

To achieve this there is a need to take action across a number of different programmes to agree common approaches. These include:

- Being able to share information securely across networks
- Streamlining governance toolkits
- Agreeing standards – starting with NHS Number and postcode
- Promoting a more open technology strategy (Open APIs)



## The 2013 Spending Review

- £200 million available in 2014-15 as an upfront investment in new systems and ways of working;
- £335 million available to local authorities in 2015-16 so that they can prepare for reforms.
- Operating costs from 2016????
- Independent assessment suggests councils will need £2billion+ to meet the new responsibilities but yet to see anything definitive or any clarity from Department of Health

## Earl Howe (Hansard)

“It is critical that care and support generally, and these reforms in particular, are fully funded. Without adequate funding, they will not deliver the benefits we all want to see. However, let me reassure noble Lords that we already have full procedures in place to ensure that there is proper funding for social care”.