Manchester City Council
Report for Resolution

Report to: Health Scrutiny Committee – 28 May 2015

Subject: Manchester City Council – Implementation of Care Act 2014

Report of: Strategic Director, (Adults) Families Health and Wellbeing

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Summary

This report describes the implementation of the Care Act (2014) by Manchester City Council. The Care Act is designed to place care and support law into a modern statute and brings this together under one Social Care Act and sets Adult Social Care (ASC) for the first time within the context of an ethos of individual well-being and outcomes based support for citizens.

The Care Act places new responsibilities on local authorities which are outlined in the main section of this report. The implementation of the Act is over two years and this report describes the work that has been undertaken to implement the 1st tranche requirements necessary from 1 April 2015 and the requirements that will need to be in place on the 1 April 2016.

Recommendations

The Committee is asked to note the report.

Wards Affected: All

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Background documents (available for public inspection)
None

1 Introduction

On Wednesday 28 January 2015, Health Scrutiny Committee received a presentation on the implications of the Care Act for Manchester. This report sets out the progress that has been made to ensure that Manchester City Council is compliant with Care Act requirements that came into force on the 1 April 2015 and describes how the council is planning for the additional Care Act requirements which come into force on the 1 April 2016.

2 Main Sections of the Report

2.1 Guiding Principle of the Act

Clause 1 of the Care Act introduces a new general duty for local authorities to "promote individual well-being". The duty applies to all actions taken under the Act in relation to individual care and support. The degree to which a local authority's actions promote well-being or undermine it is the acid test of the legitimacy of those actions. As a result the promotion of individual well-being is the guiding principle of the Care Act and applied in equal measure to the cared for and those who are carers.

2.2 Summary of Revenue Financial Implications

2.2.1 The 2013 Spending Review provided £481m nationally for implementing the Care Act in 2015/16. The 2015/16 settlement confirmed:

- £135m revenue in the Better Care Fund allocation for new burdens in 2015/16, including those relating to: eligibility, carers, advocacy and safeguarding, allocated via the CCG formula. It has been agreed in Manchester's BCF to allocate £1.451m for the Care Act
- £11 million available through the Social Care in Prisons grant in 2015/16 from Department of Health, with the allocation for Manchester confirmed to be £162k
- £83.5m revenue to meet a new statutory requirement to offer a deferment of care costs to people who meet prescribed criteria. DCLG allocated £543k to Manchester in 2015/16
- £146m for early assessments with DCLG grant to Manchester of £651k
- £55.5m Carers and Care Act Implementation Grant with DCLG grant to Manchester of £617k
- £50m ICT capital in the Better Care Fund which is included in existing funding the council current receives through the social care capital grant. The Manchester BCF has allowed £544k for this which will be met from the Local Development Fund element carried forward from 2014/15 BCF allocation

2.2.2 The Children and Families approved budget also includes additional funding for new burdens of £1m. The confirmed funding for Manchester against each of these allocations is set out in the table below:

Care Act 2015/16	Funding Source	National £m	Manchester £000
Government Grants	DCLG/DH	296.0	1,973
Better Care Fund capital	LA/CCGs	50.0	544
Better Care Fund revenue	BCF/CCGs	135.0	1,451
Council funding		0	1,000
		481.0	**4,968**

3 Summary of Progress in Implementing the Care Act

3.1 Work within Manchester on the Care Act commenced in summer 2014 as did most other authorities. As part of the Government roll-out, there has been some wrap around support and guidance from:

- Department of Health
- Local Government Association (LGA)
- Association of Directors of Social Services (ADASS)
- Social Care Institute for Excellence (SCIE)

In addition there has been high quality support from the North West Regional ADASS group which has involved regional co-ordination and support.

3.2 Manchester City Council developed a programme management approach to the implementation of the Care Act, setting up a new governance model through the Care Act Board, with a significant number of work streams to bring specialist leads together to develop the programme of work necessary to meet the new statutory duties. At a national level progress towards compliancy has been measured through national stocktakes and 3 took place prior to April 2015.

At regular intervals the Senior Responsible Officer (SRO) and the project team carried out regular internal "Taking Stock" activities with work stream leads to capture achievements, progress reports and current challenges and risks. Based on this learning and the need to continue at the same pace and with the same intensity to be fully compliant with the Care Act, work will continue to incorporate the reform duties required for year 2 implementation.

3.3 The Implementation of Care Act Responsibilities from 1st April 2015

Since 1 April 2015 the following responsibilities have been required as follows:

3.3.1 There are more general responsibilities including promoting people's wellbeing and independence and providing clear information and advice and the application of national eligibility criteria

Implementation Commentary

3.3.2 To meet the Care Act requirements in respect to the well-being of an individual being central to the undertaking of needs assessment, a well-being checklist based on the nine factors described in the Care Act of (a) personal dignity; (b) physical .;mental health / emotional well-being; (c) protection from abuse and neglect; (d) control over day to day life; (e) participation in work, education, training or recreation;(f) social and economic well-being; (g) domestic. family and personal relationships ;(h) suitability of living accommodation; (i) the adult's contribution to society. These factors have been incorporated into the assessment tool for both cared for and carer assessments. Since the 1 April 2015 the council has been applying the new eligibility criteria. All of the documentation in respect to needs assessments and carers' assessments will be reviewed in September 2015.

3.3.3 Connect to Support is an interactive IT system has been upgraded to be Care Act compliant and will host our new pre-assessment questionnaire and the production of a tailored statement of needs to help people self help and information and will provide a comprehensive information and advice portal to meet the Care Act requirements to provide information and advice to citizens encouraging independence, the digital strategy and help manage demand.

3.3.4 The new national criteria are similar to the Fair Access to Care Services (FACS) and the new criteria have been applied since 1^{t} April 2015. New assessment forms have been designed to ensure that our new assessment processes are care act compliant.

3.3.5 New rights for carers who need support, in the same way as the people for whom they care

Implementation Commentary

The Act contains new duties which require the council to provide an assessment to all carers who request this, without the "appearance of need". In the previous legislation relating to carers there was a requirement that the carer needed to demonstrate that they were providing regular or substantial amounts of care, this requirement has been removed under the new legislation. The requirement to assess relates to the concept of well-being already described earlier in this report.

The council has designed a new carer's assessment based on the well-being principles. Also the council's carer's offer is to be reformed to build a wider menu of support options, the proposed redesign of the offer is shortly to go out to consultation to carers, carers support organisations and Members.

3.3.6 A Legal Right to a Personal Budget and Direct Payment.

Implementation Commentary:

The Act defines that an adult's personal budget is "the cost to the local authority of meeting those of the adult's needs which is required or decides to

meet" The Act sets out a very similar direct payments regime which was in previous legislation.

In Manchester there has been a relatively low take up of personal budgets compared to our comparator local authority group. Currently in response to this we are developing a strategy to improve the take up of direct payments.

3.3.7 Deferred Payment Agreements will be available across England.

Implementation Commentary:

The Care Act has a requirement to offer a Deferred Payment Scheme (DPS) from 1 April 2015 to people with eligible care needs who meet certain criteria. A DPS is where a person can defer paying the costs of their residential care and support until a later date. The purpose of this is to ensure people are not forced to sell their home during their lifetime to pay for their residential or nursing care. Deferring payment can help people delay the need to sell their home and could provide peace of mind during a time that can be challenging or at a crisis point in their lives.

Additional funding is no longer part of a ring fenced grant from the Department of Health has been provided for 2015/16 of £543k to support the cost of implementing and managing the scheme and to assist with cashflow in respect of the amounts deferred. There is no confirmation of funding for the scheme from 2016/17 onwards. It is considered that the funding in 2015/16 will be sufficient to meet the implementation costs of the universal DPS and the short term costs of administering the scheme.

Local Authorities are required to follow new national guidance on the eligibility criteria with some discretion as to how schemes will be implemented locally. Manchester has had a discretionary scheme for a number of years, which was amended in March 2015 to reflect statutory requirements in the Care Act.

An online public consultation and targeted consultation with existing service users is currently being developed to propose changes for discretionary elements that local authorities are allowed to include to their local scheme. This consultation is expected to run from end of May until August 2015.

3.3.8 New responsibilities around transition and supporting people who move between local authority areas

Implementation Commentary:

Appropriate arrangements have put in place to meet these requirements through developing a systematic approach to transitions of children/ young people with disabilities into Adults services, these developments are part of an action plan which is being delivered by the council's Transition Board. In relation to the requirement to apply national eligibility and the portability as assessments, staff have been issued with appropriate guidance to follow in

these circumstances to ensure that we appropriately support people who move between areas.

3.3.9 The extension of local authority adult social care responsibility to include prisons

Implementation Commentary:

Appropriate arrangements have been set up with HMP Strangeways to undertake Adult Social Care (ASC) assessments of those prisoners who are deemed to require assessment. The number of prisoners who are within this cohort is six to date.

The delivery of care within the Prison is being delivered by the Manchester mental Health & Social Care Trust who has been commissioned by NHS England to deliver the health and social care function in HMP Manchester. The Service Specification included a Social Care element which has a spot purchase/ hourly rate payment approach as opposed to a block arrangement.

3.3.10 There is a specific responsibility to provide advocacy to those who require this, this equally applies to both the cared for and to those who are providing care

Implementation Commentary:

Through a commissioning and procurement exercise there is now a fully Care Act compliant advocacy service. The council has entered into a contract with the Gaddum Centre which from 1 April 2015 has brought together all statutory advocacy provision within a single service which is known as the Manchester Advocacy Hub. The Hub is meeting all new advocacy requirements arising from the Care Act alongside existing requirements arising from the Mental Capacity Act (IMCA), and the Mental Health Act (IMHA).

3.3.11 Strengthens arrangements for Adult Safeguarding and puts Safeguarding Adults Boards on a statutory footing

Implementation Commentary

The requirements of the Act around Adult Safeguarding relate to placing Adult Safeguarding boards on a statutory footing and sets out “process “ obligations to set up a safeguarding adults board and if there is one already in place to review the function of the board.

A review of the Manchester Safeguarding Adults Board has been undertaken to ensure the Board and Adult Safeguarding Activity is compliant. Appropriate governance arrangements have been put in place to strengthen a multi agency approach to Safeguarding adults across Manchester.

3.3.12 Places a responsibility on a local authority to design, commission and deliver prevention services, this includes both primary prevention for

those who currently have no care and support needs, secondary prevention aimed at those at risk of developing needs where a service may help slow down or reduce further deterioration and tertiary interventions to minimise the outcome of disability of people living with complex conditions

Implementation Commentary

The council is developing an approach to activating business, residents and voluntary sector organisations. This approach encompasses behaviour change, including how we can help residents do more to help each other and encourage them to do more to look after their own health and wellbeing. This approach is grounded in recognising the strengths and assets in our local communities.

The Well-being and Prevention Services commissioned by ASC are across the range of primary, secondary and tertiary interventions. They include befriending and good neighbour services, cafes and support networks, resource and community associations.

ASC also commissions f Care and Repair, which helps and supports citizens coming out of hospital and provides small repairs and jobs around the house that the householder would not be able to complete for themselves. This helps the citizen to remain in the home. Well-being and Prevention is also provided by carers' services - providing support to the carer slows down deterioration and carer breakdown. The wider carers offer, which includes a focus upon assistive technology, is also a key preventative service, allowing the cared for to remain in their own home for as long as possible.

3.3.13 Requires councils to work in partnership with NHS partners and where appropriate integrate health and social care services

Implementation Commentary
The Living Longer Living Better programme and its approach to Health and Social Care Integration meets the requirements of this aspect of the Care Act.

3.3.14 Requires local authorities to undertake market shaping and take action to manage risk of provider breakdown

Implementation Commentary

Market shaping and managing potential provider market failure is intrinsic to the council's approach to commissioning and procurement and therefore this aspect of the care act is part of our standard operating procedures. There is an annual Market Position Statement which provides information to providers regarding commissioning intentions.

3.4 Reforms from April 2016 and Next Steps:

3.4.1 The Government has recently consulted on the on draft regulations and guidance to implement the cap on care costs and policy proposals for a new appeals system for care and support. The consultation which closed in March 2015 included proposals from April 2016 to implement:

1. A cap on the amount a person has to contribute to meet their eligible care needs
2. A requirement to maintain a 'Care Account' for people with eligible care needs and provide an annual statement of their progress towards the cap on care of £72,000
3. An extended means test which extends entitlement to financial support, with upward revisions to capital thresholds
4. Free lifetime care for people assessed with eligible care needs up to the age of 25

3.4.2 For Manchester it is the extended means test that will have the greatest financial impact from April 2016. This is the impact of people paying less for their care following a revised financial assessment, which will affect both existing service users that contribute towards their care and self funders, particularly those in residential care where their property value is less than the new threshold of £118,000 (previously £23,250).

3.4.3 The Care Account will be an ongoing record of the cost of a person's eligible care needs following an assessment and the value should be equivalent to the amount the council would pay for the care, if it were being funded in full by the council. Everybody with eligible needs will be able to have a Care Account, whether they receive their care through services provided by the council, an external organisation or have an individual budget, regardless of whether the council or the individual meets some or all of the care costs.

There will be no requirement for people to prove they have spent that amount of money on their care, even where they receive their free of charge through informal care arrangements. When the total value of eligible care reaches the cap of £72,000 (uplifted annually), the resident ceases to pay anything towards their care and the costs revert to the council.

3.4.4 There is work to do to ensure that Care Accounts are introduced towards the end of 2015/16 for existing service users and self funders for commencement on 1st April 2016. This must address:

- The care assessment and resource allocation process to determine the value of eligible care
- ICT capability and data requirements for Care Accounts
- Information advice and guidance
- MCC staffing capacity requirements

A Care Account workshop is being held in June to move forward this work.

Whilst the cap on care will have a financial impact in the short to medium term for working age adults and longer term for older adults, the risk is much less in

the North West where the cost of care that will count towards the £72,000 cap is much lower than in London and the South East. This is because the proposals in the consultation continue to recommend a nationally consistent 'hotel cost' of £230 per week / £12k per year, which is the notional normal living cost for people in residential care which will not count towards the cap on care. There has been challenge to Department of Health that the daily living costs need to be more reflective of local price variations in order to better reflect the true cost of care.

3.4.5 The table below shows the initial modelling on the financial impact of the changes from April 2016 over the next ten years. Further modelling work will take place over the next few months, in conjunction with Department of Health, ADASS and other local authorities:

CARE ACT FINANCIAL MODELLING

IMPACT OF CAP ON CARE AND EXTENDED MEANS TEST FROM 2016/17

	Adults aged 65 and over				Adults aged 18-64 years old	Total
	Care Cap		Extended Means Test	Total		
Year	Care Homes	Home-care				
	'000	'000	'000	'000	'000	'000
16/17	£0	£0	£2,067	**£2,067**	**£949**	**£3,016**
17/18	£0	£0	£2,212	**£2,212**	**£1,004**	**£3,216**
18/19	£0	£0	£2,329	**£2,329**	**£1,057**	**£3,386**
19/20	£0	£0	£2,446	**£2,446**	**£1,300**	**£3,746**
20/21	£0	£7	£2,575	**£2,575**	**£1,890**	**£4,465**
21/22	£49	£33	£2,714	**£2,763**	**£3,679**	**£6,442**
22/23	£1,060	£40	£2,563	**£3,623**	**£5,025**	**£8,648**
23/24	£2,047	£44	£2,389	**£4,436**	**£5,176**	**£9,612**
24/25	£2,331	£47	£2,478	**£4,809**	**£5,896**	**£10,706**
25/26	£2,480	£50	£2,628	**£5,108**	**£6,263**	**£11,371**

3.4.6 A significant financial risk not reflected above is the proposal that adults aged 18-24 with eligible care needs will not being required to contribute anything towards their care costs, regardless of individual or family financial circumstances or informal care available.

The Department of Health does not expect any additional financial impact from this element of the Care Act on the basis that young people with eligible care needs would have very little in the way or income or wealth and would have come into local authority services anyway. However this does not allow for behaviour change which will result from families now having an incentive to seek support for local authority care before the age of 25 in order to secure long term free care. Furthermore there is potential impact from the introduction of Education, Health and Care plans for children with special needs.

The impact of the changes from April 2016 will be a significant immediate financial pressure to the council. There is a concern, which has been raised with Department of Health, over the impact on local authorities of

funding the additional burden for which there is no funding information available for 2016/17.

4. Conclusions

The council has implemented the requirements of year 1 of the Care Act reforms and is currently consolidating year 2 of the care act programme. The requirements for year 1 although implemented are at the stage of embedding these into day to day working delivery of Adult Social Care.