



Bristol Clinical Commissioning Group

Bristol Health & Wellbeing Board

(i) Item for Information

Update on the implementation of the duties of the Care Act 2014	
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Report for Information	

1. Purpose of this Paper

The key purpose of this Paper is to:

- provide the HWB with an overview of the new duties and potential impact of the Care Act for the citizens served by Bristol City Council
- assure the HWB that the project approach to implement the new duties will ensure that the Council is ready to meet the requirements of the non-funding aspects of the Act by April 2015 and funding aspects by April 2016

2. Context of the Care Act 2014

From April 2015, care and support in England is changing for the better. The new Care Act will help make care and support more consistent across the country. 'Care and support' is the help some adults need to live as well as possible with any illness or disability they may have.

The Care Act consolidates into law much of the existing ways of working and best practice that are already normal practice as well as placing a number of new duties on the Council. The changes are designed to:

- Put individuals more in control of their care and support
- Recognise and support the needs of carers
- Provide more financial help to those who need it, and
- Protect everyone from paying unlimited care costs.

Further detail is described in section 4 below.

3. The nature of the new duties of the Care Act 2014

The Care Act 2014 is the most significant piece of legislation in our sector since the establishment of the welfare state and builds on a patchwork of legislation built up since the 1948 National Assistance Act. This major set of reforms for the way care and support is provided and paid for is part of a bigger push to integrate social care and health and improve the way the system works together.

The Act therefore requires local authorities to promote integration with the NHS and other key partners – this includes working through local health and wellbeing boards. Some parts of the Care Act put into law ways of working that are already normal practice; other parts introduce new laws.

Key features of the new legislation for Councils to implement by **April 2015** are:

A duty to promote people's well-being and to prevent needs for care and support - the Act begins by defining the primary responsibility of local authorities as the promotion of individual wellbeing. There is a shift from the duty to provide services to meeting needs. Of course everyone has individual needs so local authorities won't be able to comply with the Act by providing one size fits all services but by putting the person at the centre of their offer. A key part of the Act is a focus on preventing or delaying the need for support. This might mean investing in preventative services and fully utilising any existing community resources, facilities and assets to prevent people's needs escalating unnecessarily.

A duty to provide advice services about care and support - Local authorities must establish and maintain an information and advice service. They must provide this to everyone in the area not just people who are entitled to funding or support from the council. The service should cover the new rights and entitlements that people have under the Act and how they can access them in their local area, this should include financial advice. Information should be provided in accessible ways not just on a website, or leaflets in a GPs office, but tailored to the needs of local people.

A duty to facilitate a diverse, vibrant and sustainable market for care and support services that benefit the whole population; and to meet peoples' needs if a provider of care fails – good commissioning, as outlined in the Act and guidance, should follow some key principles. It should focus on wellbeing, workforce development, pay and appropriate pricing of services. It should support sustainability and ensure choice. This should be done through strategic

planning, supporting providers and good contracting mechanisms co-produced with local people who use services.

A duty to arrange ‘independent advocacy’ and or ‘independent financial advice’ to facilitate the involvement of an adult or carer in assessing needs and planning care - Some people can have real difficulty being involved in social care processes and don't have someone to support them. If this is the case then the local authority must arrange an independent advocate to help them be involved in assessment, planning, appeals or safeguarding.

A national minimum eligibility threshold for support; a minimum level of need which will always be met in every Council area - The Act establishes a national minimum threshold of which people will be eligible for support. Instead of a council assessing levels of need, it will ask if people can achieve certain outcomes.

Once an assessment has been made there's a duty on local authorities to produce care and support plans and to offer a personal budget. This should focus on keeping people directly involved. The Act also sets out a duty to review Care and Support plans to ensure that they continue to meet the needs of the person.

A requirement to carry out an assessment of both individuals and carers wherever they have needs, including people who will be ‘self-funders’, meeting their own care costs - needs or carers assessments must be carried out where it appears to an authority that they are necessary. The assessment should be appropriate, proportionate, person-centred and ensure a focus on the duty to promote wellbeing. Carers (who are people who provide unpaid care and support, often a family member or friend) are given significant new entitlements under the Act. It's hoped that they will be supported to maintain their caring role for longer.

Local authorities expect a rise in demand for assessments because of the changes to funding and entitlement. The focus on wellbeing and possible increased demand challenges the way local authorities have come to approach the traditional care management cycle. This means going beyond ‘business as usual’ and thinking about different forms of assessment, including doing it yourself online or going to a drop-in centre.

A requirement to offer a universal deferred payment scheme where people can defer the costs of care and support against the value of a home they own - the funding reforms hope to ensure that people will be protected from having to sell their homes and lose their assets in order to pay for care. To do this the Government will place a cap on how much people pay over their lifetime. This means that councils will need to establish accounts so that they know when people will have reached this cap. They will also have to provide something

called a deferred payment scheme, assisting people with payment if they go into a care home.

Adult safeguarding is, for the first time, spelt out in the law in the Care Act. Local authorities must make enquiries if they believe an adult is, or is at risk of, being abused or neglected. They must also set up a safeguarding adults board including key stakeholders. This board will carry out safeguarding adults reviews when people die as a result of neglect or abuse and there's a concern that the local authority, or its partners, could have done more.

Key features of the new legislation to implement by **April 2016** are:

Implementation of a lifetime cap on care costs of £72k – the introduction of a cap on the amount that anyone can be required to pay for their care and support in their lifetime. Payments for care will not count towards the cap until April 2016.

Monitoring of progress towards the cap will be measured via establishing a Care Account across a single charging policy.

5. 'One Council Approach' to implement the duties of the Care Act 2014

In order for the Council to be a central point of co-ordination for the Care Act, an implementation project team was established in September 2014. Implementation of the Act through transactional change would have only addressed the needs of the Council.

Transformational change has been required to embed the development of the new care landscape. The implementation of the Care Act has been a corporate issue, using a 'One Council Approach' with buy-in and co-production across all departments to ensure the principles of the Act become 'Business As Usual':

A Care Act Project Dashboard has been developed to identify and deliver the critical success factors required for the Council to demonstrate compliance with the diverse range of new duties. Progress and successful implementation is overseen by the Care Act Implementation Steering Group, chaired Mike Hennessey, Service Director – Care, Support and Provision (Adults) and Director of Adult Social Services.

To date the Care Act Project Dashboard is indicating:

- 6% of tasks achieved
- 64% of tasks at green - on track to complete by target date
- 26% of tasks at amber – areas of concern but actions are in place to mitigate risk

- 4% of tasks at red – delivery date not going to be achieved or plan not in place (these task relate to longer term decisions that need to be made for Council wide implications for Information Technology infrastructure and will not directly impact on compliance on 1 April 2015)

Copies of the Care Act Project Dashboard are available from Lindsay.winterton@bristol.gov.uk, should any members of the HWB wish to see further detail.

There have been many internal parties consulted with in the development of the project approach to consider and implement the duties within the Act, including:

- Service Managers across the People Directorate
- Finance and Commissioning
- Public Health and Housing
- Business Change and ICT
- Legal
- Workforce and Learning & Development

Throughout the implementation of the Care Act we have aspired to work with service-users and carers, voluntary sector organisations and care providers in order to ensure that services continue to meet the needs of local residents and to ensure that key information about the Care Act is received.

The Council has engaged in a range of national, regional and local events to ensure best use is made of implementation support tools and that we continue to deliver our aspirations to work across Bristol community and with local partners to maximise resources and expertise.

Briefings are being prepared for the Local Partnership Boards and Carers Forums and have been delivered to care providers and colleagues in healthcare.

Further information on the Care and Support National Campaign which has just commenced and what we will see in Bristol is attached as Appendix One.

In order for all staff to be equipped with the knowledge and tools they need to respond to citizens, how the changes affect them and where our services have changed to meet the requirements of the Act, we have established a comprehensive workforce development plan. A menu of training options have been developed including access to e-learning, overview workshops and more detailed training for Practitioners including legal training. Full details and further resources are available on The Source at:

<http://intranet.bcc.lan/ccm/navigation/people/learning-and-development/care-act/>

Next Steps for 2015/15

Ensuring a consistent approach to assessment and application of the eligibility criteria will continue to be challenging as the duties of the Care Act are embedded as business as usual by the whole workforce as they are led through transformational culture change.

Investment and planning will be prioritised during 2015/16 to:

- embed system and culture change in support the reforms in relation to assessment and care planning
- progress the ongoing development of IT systems to support the Care Account and Care Cap and assisted technology to support the customer journey through care and support
- development of benefit criteria to measure the impact of the Care and Support Reforms in alignment with the schemes within the Better Care Partnership to progress the integration of health and social care

Preparations are underway to consider the scope and focus of the 'Better Care Cohort' of the Council's Applied Service Improvement Programme which is due to commence in mid-April and will provide a great opportunity to focus on system wide transformation underpinned by co-production with the whole community.

6. Key risks and Opportunities

The overarching concern remains the total implementation costs of the reforms and how funding shortfalls will be addressed.

In order to gain greater understanding of potential total costs, additional Business Analyst resources have been deployed to assist with modelling the costs of funding particularly in relation to projected demand for carers, self-funders and increased numbers of assessments and care plan reviews.

This demand modelling work will then be used to develop proportionate and appropriate models for managing assessments and reviews to meet projected demand and embed the delivery of the reforms across our workforce.

7. Conclusions

The 'One Council Approach' taken by Bristol City Council (BCC) has placed this local authority in a strong position of business readiness to be prepared for the new duties of the Care Act as identified in the last national Care Act Stocktake submitted to the Local Government Association (LGA)

in early February. Full copies of this stocktake are available from Lindsay.winterton@bristol.gov.uk.

BCC identified a number of areas within the Stocktake where the LGA could provide continued support to assist with embedding the changes from April 2015, including the following:

- collaboration nationally and regionally in the use of finance and activity modelling to understand the true cost of the impact of the new duties to provide robust evidence to influence funding allocations
- ongoing support to implement the national eligibility criteria via regional/sub regional groups to share learning from real cases and include feedback from service users and carers as well as practitioners – this would provide assurance to Local Authorities that having a consistent approach would be a way of managing risk of exposure/potential judicial review
- ongoing resources from Public Health England to manage the media and public expectations by collating and publicising these lessons learned
- revision of the national messages from a focus on what adult social care can do for communities and individuals to be a balance with a stronger focus on promoting and enabling independence
- ongoing support to develop a common approach in the use of self-assessment tools drawing on best practice, including consideration of joint assessments with health to accelerate the integration agenda
- national support to develop agreed benefit criteria/outcomes to measure the impact of the duties
- gaining a better understanding of the implications of Making Safeguarding Personal and impact on pressures across the system of the duties relating to self-neglect

8. Recommendations

Members of the HWB are recommended to:

- familiarise themselves with the duties within the Care Act and what they mean for the citizens and Council
- be assured that the project approach and arrangements will ensure that the Council is ready to meet the requirements of the non-funding aspects of the Act by April 2015 and funding aspects by April 2016
- contact Lindsay.winterton@bristol.gov.uk for any further clarification on the implications of the new Care Act

9. Appendices

Appendix One – Care and Support Public Information Campaign, including what we will see in Bristol



Care and Support Public Information Campaign

A national public information campaign on the Care Act has been developed by Public Health England and the Department of Health. The campaign highlights a range of key messages which have been designed to use clear and concise language and explain the high level changes. These have been crafted by a specialist copywriter and tested directly with a range of UK citizens.

What will the campaign include?

The campaign will be targeted towards:

- Self-funders
- Informal carers
- General public

The following promotional activity has been planned across the country:

Channel	January				February				March		
	5	12	19	26	2	9	16	23	2	9	16
Biddable search (online advertising eg. Google)	Pilot/Test advertising										
Radio advertising											
Display advertising on social media											
Media partnerships in national titles											
Door drops											
GP waiting rooms											

The campaign will end on 21st March due to the forthcoming General Election.

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What will the campaign look like?

To see a copy of some of the national campaign materials, please see the links below:

- [Care and Support door drop leaflet](#)
- [Care and support poster](#)
- [Carers' leaflet](#)
- [Carers' poster](#)
- [Needs leaflet](#)
- [Deferred payments leaflet](#)

We will be using these leaflets as a basis to produce a set of information materials for Bristol which will also be published on the Source and council website.

What will we see in Bristol?

Targeted Door Drops – last two weeks in February

There will be a door drop aimed towards self-funders and informal carers during the last two weeks in February 2015. These are classified by Public Health England as harder to reach citizens. Each postcode has to house at least 55% of these target groups to be included within the mailshot.

- BS3 2 Bristol
- BS10 6 Brentry
- BS11 9 Avonmouth
- BS13 7 Bishopsworth
- BS14 0 Bristol
- BS14 8 Stockwood
- BS14 9 Hengrove

There are also door drops planned to neighbouring local authority postcodes including Kingswood, Emersons Green, Stockwood, Patchway and Filton.

See a copy of the [Care and Support door drop leaflet](#).

Radio advertising – 2 February to 13 March

Radio advertising will feature two 30 second adverts; one telling care users about the reforms and one telling informal carers about the reforms. These will air from 2nd February – w/c 9th March on Smooth Radio and Heart.

Media Partnerships – 16 February to 9 March

Media partnerships have been set up with Hearst Group (Best Magazine, Real People) and the Trinity Mirror group (Daily Mirror, Sunday Mirror). These partnerships will feature adverts and planned editorial (stories and features) about the Care Act and what it means for citizens. This partnership also includes corresponding digital platforms including NetDoctor and the Mirror/Sunday Mirror online.

Digital advertising – end of January to mid March

The Department of Health will be advertising through major search engine platforms such as Google and Bing. These are the small adverts you see at the top or right hand side of the web page when you look for a care related subject in the search box. There will also be advertising through social media channels – this is when you see adverts popping up which relate to the pages and networks you choose to follow.

GP Waiting Rooms – end of February to early March

GP surgeries which are signed up to the national Waiting Room information service will be automatically distributed leaflets via the Department of Health. In Bristol this includes only 14 out of 62 surgeries: Shirehampton Group Practice, Seymour Medical Practice, Nightingale Valley Practice, The Lennard Surgery, The Southmead and Henbury Surgery, Willow Tree Surgery, Sea Mills Surgery, Lawrence Hill Health Centre, St Johns Lane Health Centre, Ridingleaze Medical Centre, Birchwood Medical Practice, Wells Road Surgery, Hotwells Surgery and Sneyd Park Surgery. Further local information will be provided to surgeries.

Where will the national campaign signpost citizens?

Citizens will be directed to the following government website:

www.gov.uk/careandsupport

On here there is a postcode finder where users will be directed to their Local Authority website.

In Bristol this page will be: www.bristol.gov.uk/careact

Where can I go for more information about the Care Act in Bristol?

A range of information is published on The Source and on the council website. Please take a look for more details.

For further information and communications support about the Care Act in Bristol, please contact the project team: careact@bristol.gov.uk