

CABINET ITEM COVERING SHEET PROFORMA

AGENDA ITEM

REPORT TO CABINET

12th FEBRUARY 2015

**REPORT OF CORPORATE
MANAGEMENT TEAM**

CABINET DECISION

Adult Services and Health – Lead Cabinet Member – Councillor Beall

CARE ACT 2014

SUMMARY

The Care Act 2014 (the Act) introduces major reforms to the legal framework for Adult Social Care: to the funding system; to the duties of local authorities; and to the rights of those in need of social care. Being introduced in two phases, Social Care Reform, which takes effect April 2015, and Funding Reform, which takes effect April 2016, the Act has significant implications for local authorities. This report outlines the background to the Act, the key requirements under the Act, the changes that are required, the plans in place, and progress being made in preparations for Act readiness. In addition to preparations to ensure compliance with the duties under the Act there are a number of areas of discretion that involve local determination. Mainly relating to charging policy this report presents the key points of discretion to Cabinet for consideration.

RECOMMENDATIONS

It is recommended that Cabinet:

- a) Receive this report and note the implications of the Act and plans in place to ensure compliance.
- b) Note the planned third All Member Seminar on the Act to be held 5th March 2015.
- c) Approve a wider review of charging policy to take place later in 2015 when there will be greater certainty regarding the impact of the Act, in particular new duties regarding eligibility for services and clarity regarding April 2016 funding reform.
- d) Defer the decision to make changes to existing charging policy including the areas of residential care, carers, maximum charges, preventative services, light touch financial assessments and deferred payments until there is a wider review of charging policy.
- e) Note the next steps and proposal to bring a further report to Cabinet later in 2015.

REASONS FOR THE RECOMMENDATIONS/DECISION(S)

To ensure compliance with the new legislative framework for adult social care and consider the key areas in which the Act introduces new discretions.

MEMBERS' INTERESTS

Members (including co-opted Members) should consider whether they have a personal interest in any item, as defined in **paragraphs 9 and 11** of the Council's code of conduct and, if so, declare the existence and nature of that interest in accordance with and/or taking account of **paragraphs 12 - 17** of the code.

Where a Member regards him/herself as having a personal interest, as described in **paragraph 16** of the code, in any business of the Council he/she must then, **in accordance with paragraph 18** of the code, consider whether that interest is one which a member of the public, with knowledge of the relevant facts, would reasonably regard as so significant that it is likely to prejudice the Member's judgement of the public interest and the business:-

- affects the members financial position or the financial position of a person or body described in **paragraph 17** of the code, or
- relates to the determining of any approval, consent, licence, permission or registration in relation to the member or any person or body described in **paragraph 17** of the code.

A Member with a personal interest, as described in **paragraph 18** of the code, may attend the meeting but must not take part in the consideration and voting upon the relevant item of business. However, a member with such an interest may make representations, answer questions or give evidence relating to that business before the business is considered or voted on, provided the public are also allowed to attend the meeting for the same purpose whether under a statutory right or otherwise (**paragraph 19** of the code)

Members may participate in any discussion and vote on a matter in which they have an interest, as described in **paragraph 18** of the code, where that interest relates to functions of the Council detailed in **paragraph 20** of the code.

DISCLOSABLE PECUNIARY INTERESTS

It is a criminal offence for a member to participate in any discussion or vote on a matter in which he/she has a disclosable pecuniary interest (and where an appropriate dispensation has not been granted) **paragraph 21** of the code.

Members are required to comply with any procedural rule adopted by the Council which requires a member to leave the meeting room whilst the meeting is discussing a matter in which that member has a disclosable pecuniary interest (**paragraph 22** of the code).

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DETAIL

Background to the Act 2014

1. The Act 2014 introduces major reforms to the legal framework for adult social care, to the funding system and to the duties of local authorities and rights of those in need of social care. The potential impact on local authorities' finances and on their working practices is significant.
2. The Act has been described by the Government as 'the most significant reform of care and support in more than 60 years.' It is in part a response to the Dilnot Commission on the Funding of Care and Support, many of whose recommendations have been included in full or in part in the Act.

3. The Act also responds to a report following a three-year review by the Law Commission of adult social care law, published in May 2011. Part of the Act is also intended to address some of the issues arising from failures at Mid-Staffordshire Hospital which led to abuse and ill treatment of older patients. The Act provides an opportunity to develop and promote a change in culture not just within the council, but also more widely with key stakeholders and partners.
4. Key features of the legislation are:
 - Duties to promote wellbeing;
 - Duties to prevent needs for care and support;
 - Duty to provide an information and advice service;
 - Duty to facilitate a vibrant, diverse and sustainable market of care and support provision;
 - Requirement to carry out an assessment of both individuals and carers wherever they have needs, regardless of whether they are expected to be eligible for support from the council. This includes assessments of those who will be 'self-funders', paying for their own care and support, who would not previously have come into contact with the council;
 - There is a new single duty for local authorities to undertake a carer's assessment on the basis of a need for support. This removes the existing requirement that the carer must be providing a 'substantial amount of care on a regular basis', thus lowering the threshold for assessment. The council must meet a carer's support needs on a similar basis to those needing care;
 - A national minimum eligibility threshold for support which replaces the current system of councils having discretion to set the eligibility threshold as they see fit based on the Fair Access to Care Standards criteria of 'low', 'moderate', 'substantial' and 'critical';
 - Requirement to offer a universal deferred payment scheme – where people can defer the costs of care and support set against the value of a home they own, with the costs being paid when the home is sold;
 - A new duty on local authorities, in certain circumstances, to arrange independent advocacy to facilitate the involvement of an adult or carer who is the subject of an assessment or a care or support plan and review;
 - A cap on care costs which anyone over state pension age will be liable to pay. The cap will be the maximum amount that any individual would have to pay for their care costs. Young people who already have care needs when they turn 18 will now receive free adult care and support when they reach that age;
 - Statutory framework for safeguarding adults at risk of abuse or neglect;
 - Duties to ensure continuity of care;
 - Duty to co-operate with partners and for certain partners to co-operate with the Council.
5. The Act 2014 is being introduced in two phases:
 - Social Care Reform, which takes effect April 2015 - the provisions of the Act as they relate to the legal framework for adult social care and universal deferred payments will come into force in April 2015. The Statutory Guidance and Regulations in relation to the April 2015 changes were subject to consultation during the summer of 2014 with final versions published in October 2014. This phase of implementation is widely referred to as the Social Care Reform changes;
 - Funding Reform, which takes effect April 2016 - the funding provisions relating to the cap will come into force in April 2016. Payments for care will not 'count' towards the cap until 1 April 2016. The Statutory Guidance and Regulations for the April 2016 changes are expected to be published for consultation early in 2015. This phase of implementation is widely referred to as the Funding Reform changes.

Establishing a Programme of Change

6. Recognising the significance of the reforms a Care Act Project Team was established in early 2014 through the Adults Big Ticket Programme Board. The remit of the Project Team was to:
 - Undertake detailed analysis of the Act requirements;
 - Assess the extent to which the Council currently met the requirements;
 - Identify where changes would need to be made to ensure compliance with the Act;
 - Prepare and implement project plans to ensure compliance by April 2015 and April 2016 as appropriate.
7. The assessment of the implications and identification of changes needing to be made has been a dynamic and iterative process. Following Royal Assent in April 2014 a detailed review of the Act clauses was undertaken, each of which would have a varying degree of impact on the Council depending on whether or not the clause:
 - Consolidated or modernised existing law (which would largely mean business as usual); or
 - Was new in law but not in policy, the impact of which would be dependent on local practice;
 - Was new in law and practice, and would impact on all local authorities.
8. The draft Statutory Guidance and Regulations were published in the summer of 2014 and these provided further material with which to assess and evaluate our compliance with the Act and the identification of areas in which changes would need to be made.
9. During the period October to December 2014 a comprehensive programme of full day legally based training sessions was delivered by Care & Health Law to senior managers and practitioners. Covering all aspects of the Act the initial training facilitated a thorough understanding of the impact locally and the changes that would need to be made in preparation for April 2015.
10. In preparing for the Act the following work-streams and cross-cutting projects, each with an identified Project Lead have been established.

Care Act Work-streams

- a) Wellbeing
- b) Prevention
- c) Safeguarding
- d) Information & Advice (including independent financial advice)
- e) Independent Advocacy
- f) Deferred payment scheme
- g) Charging framework and financial assessment
- h) Assessment and eligibility
- i) Care planning
- j) Carers
- k) Ordinary Residency
- l) Children's Transitions
- m) Market shaping and commissioning
- n) Prisons
- o) Cap & extended means test (funding reform)

Cross-cutting projects

- a) Workforce Development
- b) Communications Planning
- c) Informatics / ICT Planning
- d) Financial Planning

Care Act Work-streams

The following sections provide a brief overview of each of these work-streams and projects.

a) Wellbeing

11. The core purpose of adult social care is to help people to achieve the outcomes that matter to them in their life. Wellbeing is a broad concept and relates to:
 - Personal dignity (including treating an individual with respect);
 - Physical and mental health and emotional wellbeing;
 - Protection from abuse and neglect;
 - Control by individual's over their day-to-day life;
 - Participation in work, education, training or recreation;
 - Social and economic wellbeing;
 - Domestic, family and personal relationships;
 - Suitability of living accommodation;
 - An individual's contribution to society.
12. In promoting wellbeing, Councils must actively seek improvements in these aspects of wellbeing when providing care and support to an individual, from the provision of information and advice right through to reviewing a care and support plan. It requires a flexible approach that enables a focus on the aspects of wellbeing that matter most to the individual concerned, and considers all aspects of wellbeing in doing this, ensuring a person's needs are met and that individuals are supported to achieve their desired outcomes. The principle of promoting wellbeing must be embedded across care and support systems and the local community services and resources that are in place to meet an individual's needs. The promotion of wellbeing has implications on the way in which we provide and commission services, seeking interventions that are centred on the individual, with a focus on meeting individual needs and goals. The focus is on how to meet each person's specific needs rather than the more traditional approach of considering what services they will fit into.
13. New in legislation but not new in practice, the wellbeing principle was a key component in the senior manager and practitioner workforce development sessions and provided participants with the opportunity to consider wellbeing within the context of their areas of responsibility. The wellbeing principle will continue to be reinforced and embedded through the roll-out of the workforce development programme. In particular, the principle will be an important aspect of the planned practitioner training on eligibility assessment as this is an area in which it has significant relevance. The implications for commissioning have informed the ongoing review of the commissioning function in Adult Services.

b) Prevention

14. Prevention is an important element of the Act and provides for a new statutory duty for local authorities. It is wide-ranging and far-reaching in that it requires local authorities to ensure services, facilities and resources are in place to prevent, delay and reduce social care needs for both individuals and carers. The duty applies to all adults whether they have care and support needs currently or not and whether they have eligible needs that are met by the local authority or not. The duty equally applies to carers.
15. Local authorities are expected to consider the range of preventative measures including primary, secondary and tertiary preventative measures. Duties extend to requiring local authorities to identify services, facilities and resources already available in the authority's area and the extent to which the authority could involve or make use of them, i.e. developing a local approach and working with partners.

Local authorities are also required to identify individuals and carers whose preventative needs are not being met e.g. through targeting, case finding or screening. Finally, the requirements deal with charging, outlining how preventative services may be charged for and which services must be provided free of charge.

16. Existing arrangements go a significant way in ensuring compliance with these duties. Many existing services, facilities and resources provided by the Council support a mix of adults and their carer's, cover the breadth of prevention activity including primary, secondary and tertiary, are accessible by a mix of people including people regarded under the current legal framework as having no, low and moderate social care needs, together with those with substantial and critical needs (FACS eligible), and where appropriate comply with the Act in that they are provided free of charge. Existing preventative services, or services with a clear preventative aspect, include:

- Information, advice and signposting, care management, public health, intermediate care, reablement, community bridge building, occupational therapy, the Rosedale centre, care call & telecare, the Halcyon centre, the dementia hub, homecare support, the handyperson service, supported living, sensory support, carer support services.

17. To ensure full compliance however the Council is strengthening its preventative approach through a number of key projects, all of which are making good progress:

- The Better Care Fund (BCF) Plan - which will strengthen arrangements to meet the duties around targeted interventions;
- The Commissioning Review in Adult Services- which will ensure the Commissioning function is Act compliant - for the prevention duties this means preventative mapping, gap analysis, market-shaping, an work on developing the business case for prevention investment;
- The information & advice workstream (including the eMarketplace project) - which will ensure appropriate information, advice and signposting to facilitate self-support and prevention.

c) Safeguarding

18. Adult safeguarding is the process of protecting adults with care and support needs, from abuse or neglect. It is an important part of what many public services do, and a key responsibility of local authorities. Safeguarding is aimed at people with care and support needs who may be at risk of abuse or neglect by others. In these cases, local services must work together to identify those at risk and take steps to protect them.

19. Although local authorities have been responsible for safeguarding for many years, there has never been a clear statutory framework. The Act aims to create a legal framework so key organisations and individuals with responsibilities for adult safeguarding can agree on how they must work together and what roles they must play to keep adults at risk safe.

20. The Act requires that each local authority must:

- Make enquiries, or ensure others do so, if it believes an adult is, or is at risk of, abuse or neglect. An enquiry should establish whether any action needs to be taken to stop prevent abuse or neglect, and if so, by whom;
- Set up a Safeguarding Adults Board (SAB);
- Arrange, where appropriate, for an independent advocate to represent and support an adult who is the subject of a safeguarding enquiry or Safeguarding Adult Review where the adult has 'substantial difficulty' in being involved in the process and where there is no other appropriate adult to help them;

- Co-operate with each of its relevant partners (as set out in section 6 of the Act) in order to protect adults experiencing or at risk of abuse or neglect.

21. In assessing existing arrangements the Council already meets the requirements of the Act. To further strengthen arrangements senior managers and practitioners have recently undertaken Care Act workforce development training on safeguarding, with a planned technical level session for practitioners included in the roll-out of the workforce development programme. The recently established SAB, which is Tees-wide, is also exploring Care Act self-assessment and workforce development.

d) Information & Advice

22. Providing information and advice is a key component of the Act and is a recurrent theme throughout the statutory guidance. Information and advice is considered fundamental to enabling people, carers and families to take control of, and make well-informed choices about, their care and support and how they fund it. Not only does information and advice help to promote people's wellbeing by increasing their ability to exercise choice and control, it is also a vital component of preventing or delaying people's need for care and support. The duty relates to the whole population and extends beyond the direct provision of information and advice by the local authority, to ensuring coherence, sufficiency and availability of information and advice across the local authority area and facilitating access to it.

23. A specific requirement under the Act relates to independent financial advice. Financial information and advice is fundamental to enabling people to make well-informed choices about how they pay for their care. It is integral to a person's consideration of how best to meet care and support needs, immediately or in the future. People with good and impartial financial information and advice have a better understanding of how their available resources can be used more flexibly to fund a wider range of care options. Information and advice on how to access independent financial advice is a new duty for local authorities and they must now provide information on where local people can find independent financial advice about care and support and help them to access it. Local authorities must also identify people who may benefit from independent financial advice, so that they can get support to plan and prepare for the future costs of care. Independent financial information and advice means services independent of the local authority and includes but is not limited to regulated financial advice which means advice from an organisation or individual regulated by the Financial Conduct Authority.

24. Information and advice is currently available through a range of channels including First Contact, social care teams, the corporate website, the online directory of services and printed materials. Work is progressing in strengthening the arrangements to ensure the Council fully meet the requirements of the Act:

- The development of the Stockton Information Directory has been a key area of work. The Stockton Information Directory went live on the 15th September and will provide information and advice on a range of services and opportunities for adults across the borough including services provided by the, Voluntary Community and Social Enterprise Sector along with links to local and national organisations including Stockton Advice and Information Network (SWAN) and NHS Choices;
- Work also continues, to develop updated information for the corporate website that will reflect the revised arrangements for adult social care post-April 2015;
- We are working regionally to develop our signposting to independent financial advice offer, including regulated advice.
- The duties regarding information and advice formed the basis of a workforce development day for senior managers and practitioners, ensuring the duties are widely understood.

e) Independent Advocacy

25. The Act requires that local authorities must arrange an independent advocate (i.e. independent of the Council) to facilitate the involvement of a person in their assessment, in the preparation of their care and support plan and in the review of their care plan, if two conditions are met: firstly, to people who have substantial difficulty in being fully involved in these processes and secondly, where there is no one appropriate available to support and represent the person's involvement. The role of the independent advocate is to support and represent the person, and to facilitate their involvement in the key processes and interactions with the local authority.
26. The independent advocacy duty applies to all adults, as part of their own assessment and care planning and care reviews, as well as to those in their role as carers. It also applies to children who are approaching the transition to adult care and support, when a child's needs assessment is carried out, and when a young carer's assessment is undertaken.
27. Independent advocacy is a new duty for the specified circumstance outlined above and reflects best practice in many local authorities.
28. In assessing the current arrangements the Council already meets the requirements. Advocacy services and self-advocates are commissioned through the Stockton & District Advice and Information Service (SDAIS) and there is an Advocacy Hub which provides Independent Mental Capacity Advocates - IMCAs and Independent Mental Health Advocates - IMHAs. The only caveat to full compliance is the need to ensure that these services meet the requirements regarding who can act as an advocate as detailed in the Statutory Guidance. This includes requirements in terms of level of experience, training, competency, integrity, independence and supervision. Reference is also made to the Advocacy Quality Performance Mark (QPM).
29. The Commissioning Team are reviewing the current commissioned services for advocacy in terms of both the extent to which they meet the standards as set out in the Act (the QPM) and ensuring there is sufficiency of supply arising from the new statutory test.
30. In addition, the workforce development sessions for senior managers, managers and practitioners have provided the opportunity to consider the mechanisms to identify and assess suitability and eligibility for independent advocacy. This aspect is being taken forward under the assessment and eligibility work-stream and has been incorporated into technical level workforce development for practitioners in the roll-out of the training programme.

f) Universal Deferred Payment Scheme

31. The Act introduces a new duty for local authorities to provide a deferred payment scheme. The establishment of the universal deferred payment scheme will mean that people should not be forced to sell their home in their lifetime to pay for their care. By taking out a deferred payment agreement, a person can 'defer' or delay paying the costs of their care and support until a later date. Deferring payment can help people to delay the need to sell their home, and provides peace of mind during a time that can be challenging (or even a crisis point) for them and their loved ones as they make the transition into residential care.
32. A deferred payment agreement provides flexibility for when and how someone pays for their care and support. It should be stressed from the outset that the payment for care and support is deferred and not 'written off' – the costs of provision of care and support will have to be repaid by the individual (or a third party on their behalf) at a later date.
33. The scheme will be universally available throughout England, and local authorities will be required to offer deferred payment agreements to people who meet certain criteria governing eligibility for the scheme.

Local authorities will need to ensure that adequate security is in place for the amount being deferred, to be confident of the person's ability to pay back the amount deferred in the future. Local authorities are also encouraged to offer the scheme more widely to anyone they feel would benefit who does not fully meet the criteria.

34. At present, the Council is well placed in that we already have a working and establish Deferred Payment Scheme. However, the Statutory Guidance prescribes in detail how the universal deferred payment scheme must operate, which is far more onerous than the Council's existing scheme which will need to be modified significantly to meet the statutory requirements. Since publication of the final guidance and participation in the workforce development sessions (which included Deferred Payment Agreements) plans are progressing well to prepare for the reconfiguration of the existing scheme and ensure that it is Act compliant by April 2015. The Act does introduce some discretion in relation to the operation of the scheme and recommendations regarding this are presented later in the report in paragraph 103.

g) Charging and financial assessment

35. Care and support is not a free service like the NHS. People have always had to pay a contribution towards the cost of their care and support. Whilst some types of care and support are provided free (for instance, information and advice), many types will be subject to a charge. Under the Act people will only be asked to pay what they can afford. Sometimes the person will pay the full cost, sometimes the cost will be shared between the person and their local authority, and sometimes the local authority will pay the full cost itself. To decide what a person can afford to pay, a local authority will carry out a financial assessment. The local authority will consider the person's income and any assets they own, like a house or other investments. The local authority will then calculate how much the person can afford to pay towards their care and support costs.
36. Previous rules on charging for care and support date back to 1948 and were hard to follow with a number of anomalies. The Act sets out a clearer approach to charging and financial assessment, however the requirements for the charging framework were largely unchanged.
37. The Council's existing charging framework will meet the requirements as set out in the Act, subject to some minor modifications. Plans are progressing well in ensuring that the necessary modifications are made to ensure full compliance by April 2015. However, there are a number of areas in which the powers and duties to charge have changed which present the need to reconsider the Councils Charging Policies. Recommendations regarding this are presented later in the report in paragraph 103.

h) Assessment & Eligibility

38. The assessment and eligibility process is one of the most important elements of the care and support system. The assessment is the key interaction between the local authority and an individual. It should not just be seen as a gateway to care and support, but should be a critical intervention in its own right, which can help people to understand their situation and the needs they have, to reduce or delay the onset of greater needs, and to access support when they require it.
39. People will approach a local authority for an assessment, or be referred by a third party, for a number of reasons. The assessment which they receive must follow the core statutory obligations, but the process is flexible and can be adapted to best fit with the person's needs, wishes and goals.

The nature of the assessment will not always be the same for all people, and depending on the circumstances, it could range from an initial contact which helps a person with lower needs to access support in their local community, to a more intensive, ongoing process which requires the input of a number of professionals over a longer period of time.

40. The aim of the assessment is to identify what needs the adult with needs for care and support or carer may have and what outcomes they are looking to achieve to maintain or improve their wellbeing. The outcome of the assessment is to provide a full picture of the individual's needs so that a local authority can provide an appropriate response at the right time to meet the level of the person's needs. This might range from offering guidance and information to arranging for services to meet those needs. The assessment may be the only contact the local authority has with the individual at that point in time, so it is critical that the most is made of this opportunity.
41. The national eligibility criteria introduces a minimum threshold establishing what level of needs must be met by local authorities. Stockton was part of national pilot work to test out and assess the impact of the eligibility criteria as it was being drafted. All local authorities must comply with this national threshold. Authorities can also decide to meet needs that are not deemed to be eligible if they chose to do so.
42. The introduction of a national eligibility threshold will provide people with more clarity on what level of need is eligible. Local authorities must provide a written record of their determination about a person's eligibility and the reasons for coming to their decision. This will provide transparency on how and why decisions were made.
43. Where local authorities have determined that a person has any eligible needs, they have a duty meet these needs, subject to meeting the financial criteria and provided that the person meets the ordinary residence requirement, and the person agrees to the authority meeting their needs.
44. The requirements for assessment are largely unchanged in that the duty for the care and support system to be built around the individual and what they want to achieve rather than what service is to be provided is already reflected in policy and working practice. Whilst the existing assessment framework substantively reflects the Act requirements, there are some minor modifications being made.
45. The introduction of the new national eligibility criteria, which sets a national minimum threshold, has significant implications for working practices and workforce development. Whilst the new eligibility threshold broadly reflects existing local levels under FACS, the whole approach to the eligibility assessment is revised. Preparations for these changes are being made through the revision of working practices and procedures, including the development of new assessment documentation, together with technical level practitioner training for all assessment staff.

i) Care Planning

46. Everyone's needs for care and support are different, and needs can be met in many different ways. The care and support planning process is there to help decide the best way to meet the person's needs. It considers a number of different things, such as what needs the person has, what they want to achieve, what they can do for themselves or with the support they already have, and what types of care and support might be available to help them in the local area.
47. The planning process takes place with the local authority and the person, any carer they have and any other person they ask the authority to involve. Where the person lacks the capacity to ask, any person who appears to the authority to be interested in the adult's welfare should be involved.

This process will decide how to meet the needs of the person, and the local authority must do everything it reasonably can to reach agreement with the person as to how their needs should be met.

48. The local authority must produce a plan that sets out the detail of what was agreed. As part of the planning process, the local authority will inform the person about their personal budget. This is the amount of money that the local authority has worked out it will cost to arrange the necessary care and support for that person. This includes any amount that the local authority is going to pay itself towards those costs (which might range from all, to none of the total). The personal budget helps the adult to decide how much control they want to have over arranging their own care and support, by seeing how much money is available to buy the care they need.
49. Using the information from the personal budget, the person can ask the local authority for a direct payment. A direct payment is a payment of money from the local authority to either the person needing care and support, or to someone else acting on their behalf, to pay for the cost of arranging all or part of their own support. The local authority could make a direct payment instead of arranging or providing any services itself, if the adult asks them to do so. This ensures the adult can take full control over their own care. The local authority must provide a direct payment to someone who meets the conditions in the Act and regulations.
50. Of all this, only direct payments have a place in law at the moment. Care and support planning and personal budgets, although very important to the way care and support is given, have only been set out in guidance.
51. In relation to the care planning and personal budget requirements the Act introduces duties that are new in law but not in practice. For direct payments the Act simply consolidates and modernises existing law. In assessing the current position it has been concluded that the Council substantially meets the requirements and that there are only minor modifications to be made.

j) Ordinary Residency

52. It is critical to the effective operation of the care and support system that local authorities understand for which people they are responsible; and that people themselves know who to contact when they need care and support. Many of the local authority's care and support responsibilities relate to the entire local population (for instance, in relation to information and advice or preventive services). However, when it comes to determining which individuals have needs which a local authority is required to meet, the local authority is only required to provide needs in respect of an adult who is ordinarily resident in their area.
53. Ordinary residence is crucial in deciding which local authority is required to meet the needs in respect of adults with care and support needs and carers. Whether the person is ordinarily resident in the area of the local authority is a key test in determining where responsibilities lie between local authorities for the funding and provision of care and support.
54. Ordinary residence is not a new concept – it has been used in care and support for many years. However, there have been in the past, and will continue to be cases in which it is difficult to establish precisely where a person is ordinarily resident, and the Statutory Guidance is intended to help resolve such situations.
55. People with care and support needs may decide to move home just like anyone else, such as to be closer to family or to pursue education or employment opportunities, or because they want to live in another area. Where they do decide to move to a new area, it is important that the person's well-being is maintained, and ensuring that their care and support is in place during the move will be key to doing this.

56. In circumstances where a person is receiving local authority support and moves within their current local authority (for example, moving between homes in the same area), they would remain ordinary resident within that authority and it must continue to meet their needs. Where the person chooses to live in a different local authority area, the local authority that is currently arranging care and support and the authority to which they are moving must work together to ensure that there is no interruption to their care and support.
57. The 'continuity of care' procedures set out the processes local authorities must follow to ensure that the person's care and support continue, without disruption, during the move. These procedures also apply where the person's carer is receiving support and is moving with the individual.
58. It continues to be the case that where certain types of care and support, e.g. residential care, are arranged by a local authority in another area the individual is usually 'deemed' to remain ordinarily resident in the area of the local authority which made the arrangements. The types of accommodation to which this applies has been extended by Regulations made under the Act.
59. People's health and wellbeing are likely to be improved if they are close to a support network of friends and family. In a small number of cases an individual's friends and family may be located in a different country of the UK from that in which they reside.
60. In the production of a care and support plan, the authority and the individual concerned may reach the conclusion that the individual's wellbeing is best achieved by a placement into residential care in a different country of the UK.
61. As a general rule, responsibility for individuals who are placed in cross-border residential care remains with the first authority. This Statutory Guidance sets out how the first and second authorities should work together in the interests of individuals receiving care and support through a cross-border residential placement.
62. In assessing the requirements for ordinary residency, continuity of care and cross border placements it is concluded that the Council is substantially compliant with its existing arrangements and only minor modifications are required.

k) Carers

63. The Act introduces significant new duties in relation to carers, both in terms of assessment and meeting eligible needs. For the first time, carers will be recognised in the law in the same way as those they care for. Currently, carers do not have a legal right to receive support, although local authorities can provide support at their discretion. This means that access to assessment and the range of support on offer can vary considerably.
64. The Act gives local authorities a responsibility to assess a carer's needs for support, where the carer appears to have such needs. This replaces the existing law, which says that the carer must be providing "a substantial amount of care on a regular basis" in order to qualify for an assessment. This will mean more carers are able to have an assessment, comparable to the right of the people they care for.
65. The local authority will assess whether the carer has needs and what those needs may be. This assessment will consider the impact of the caring on the carer. It will also consider the things that a carer wants to achieve in their own day-to-day life. It must also consider other important issues, such as whether the carer is able or willing to carry on caring, whether they work or want to work, whether they want to study or do more socially. If both the carer and the person they care for agree, a combined assessment of both their needs can be undertaken.

66. When the assessment is complete, the local authority must decide whether the carer's needs are 'eligible' for support from the local authority. This approach is similar to that used for adults with care and support needs. In the case of carers, eligibility depends on the carer's situation.
67. The local authority and the carer will agree a support plan, which sets out how the carer's needs will be met. Carers should receive a personal budget, which is a statement showing the cost of meeting their needs, as part of their support plan. It will include the amount the carer will pay, if any, and the amount the local authority is going to pay. Carers have a right to request that the local authority meets some or all of such needs by giving them a direct payment, which will give them control over how their support is provided.
68. In assessing the current arrangements it is concluded that the Act introduces significant new duties for the Council in terms of Carers. There is a need for modifications to existing arrangements, to ensure that Carers have access to the same care and support arrangements that individuals with care and support needs currently have access to. However, much of the infrastructure to meet the Carers duties in terms of process and working practices is already in place, as it is effectively an expansion of existing arrangements for clients. Work continues to progress in developing the Carers assessment documentation and establishing additional capacity to meet the expected increase in demand for assessment and eligibility for services.

l) Children's Transitions

69. Effective person-centred transition planning is essential to help young people and their families prepare for adulthood. Transition to adult care and support comes at a time when a lot of change can take place in a young person's life. It can also mean changes to the care and support they receive from education, health and care services, or involvement with new agencies such as those who provide support for housing, employment or further education and training.
70. The Act says that if a child, young carer or an adult caring for a child (a 'child's carer') is likely to have needs when they, or the child they care for, turns 18, the local authority must assess them if it considers there is "significant benefit" to the individual in doing so. This is regardless of whether the child or individual currently receives any services.
71. When either a child or a young carer approaches their 18th birthday, they may ask for an assessment. A parent or carer may also ask for an assessment as the child they are caring for approaches 18.
72. The Act says that when an assessment is carried out, information should be given about whether the young person, child's carer or young carer is likely to have eligible needs for care and support when they turn 18.
73. These provisions create new legal duties to carry out transition assessments and to take certain additional steps. These are new provisions, which reflect best practice in relation to preparation for adulthood and joint working between local authorities' adult and children's services departments. Service Managers from both Adults and Children's services are jointly working on the arrangements for transitions to ensure compliance with the new duties under the Act.

m) Market shaping & commissioning

74. High-quality, personalised care and support can only be achieved where there is a vibrant, responsive market of service providers. The role of the local authority is critical to achieving this, both through the actions it takes to directly commission services to meet needs, and the broader understanding and interactions it facilitates with the wider market, for the benefit of all local people and communities.

75. The Act places new duties on local authorities to facilitate and shape their market for adult care and support as a whole, so that it meets the needs of all people in their area who need care and support, whether arranged or funded by the state, by the individual themselves, or in other ways. The ambition is for local authorities to influence and drive the pace of change for their whole market, leading to a sustainable and diverse range of care and support providers, continuously improving quality and choice, and delivering better, innovative and cost-effective outcomes that promote the wellbeing of people who need care and support.
76. The current Commissioning Review has undertaken an assessment of current practice in relation to these new duties and concluded that whilst there are aspects of compliance a significant shift is required. In taking forward the transformation of adults commissioning the review is aiming to strengthen the following key areas:
- Understanding the care and support needs of all adults in the community and the market provision to meet such needs;
 - Strengthening market intelligence capability to inform market engagement and commissioning activity;
 - A rich understanding of local market provision that is embedded in a cohesive and comprehensive approach to the provision of information, advice and signposting (for which the local provider market is a significant component);
 - Taking account the promotion of wellbeing, prevention and early intervention in considering the needs of the community and provision to meet those needs;
 - Identifying gaps in provision, quality and choice across the whole market;
 - Articulating commissioning information in a commercial context to enable engagement with the market;
 - A more proactive role in monitoring and dealing with provider failure and new duties in responding to actual provider failure.
77. The Commissioning Review will determine the structure for delivering the change in the areas required. The work carried out to date has identified key development areas which will effectively define a Business Unit Plan for commissioning.
78. In addition to the Commissioning Review, other specific plans that are already underway and will support the commissioning function in meeting its market-shaping duties include:
- The Stockton development of Market Position Statements has been approved by Adult Board;
 - Information, advice and signposting through the e-marketplace project (Stockton Information Directory);
 - A finance review of commissioned service payments and budget monitoring;
 - Developing our understanding of the market at large (and sub-sectors) through enhanced monitoring and review;
 - An information systems review, including contract management, provider payment, and case management, all of which will support the capturing of market intelligence;
 - The introduction of consistent quality management frameworks based on the Quality Standards Framework rolled out across all commissioned service areas;
 - The introduction of Service Level Agreements for all in-house service provision;
 - Adult Social Care and Health Committee six month scrutiny review of home care services will provide a steer on the future direction for commissioned home care services;
 - Consulting on a future framework for enhanced care home delivery inclusive of incentive payments for Quality Standards Framework for care and support, and Clinical Quality Innovation Payments for particular outcomes.

n) Prisons

79. People in custody or custodial settings who have needs for care and support should be able to access the care they need, just like anyone else. In the past, the responsibilities for meeting the needs of prisoners have been unclear, and this has led to confusion between local authorities, prisons and other organisations. On occasion, this has meant that people's eligible needs have gone unmet, with an impact on their health and wellbeing, as well as on their longer-term rehabilitation.
80. The Act sets out to clarify local responsibilities, and to describe how the partners involved should work together. Local authorities are responsible for the assessment of all adults who are in custody in their area and who appear to be in need of care and support, regardless of which area the individual came from or where they will be released to. If an individual is transferred to another custodial establishment in a different local authority area this responsibility will transfer to the new area.
81. Local authorities should also be aware that prisoners, especially those serving long sentences, may develop eligible needs over time whilst in prison. Local authorities should consider how best to provide information and advice to both individuals and establishments on what can be done to prevent or delay the development of care and support needs.
82. A significant change introduced by the Act is that where individuals meet eligibility criteria, the local authority has the duty to provide them. Prisoners' non-eligible needs will be met by the prison.
83. Plans are progressing well in preparing to meet the new requirements with a regional working group established involving local authority, prison and national management offender service representatives. The Council is part of this working group. Adult Social Care is also developing a local plan for implementation by the Council, which includes looking at options to meet the requirements e.g. commissioning a specific service for prisoners.

o) Cap and extended means test (funding reform)

84. People pay for their care costs now and will continue to do so in the future. The funding reform measures aim to give everyone the peace of mind that they will get the care they need and that they will be protected from unlimited costs if they develop very serious care needs – such as dementia or other conditions that mean they need many hours of care a day. From April 2016, the Act will introduce a cap on care costs and will provide new financial protection for those with modest wealth.
85. The cap on care costs will provide protection from catastrophic care costs if they have the most serious needs. It is intended that this cap will be £72,000 from April 2016 for people of state pension age and over. The cap will be lower for people of working age and will be zero for people who have care needs when they turn 18. The Government will also provide new financial help to those with modest wealth. This will ensure that people with the least money get the most support. Currently, only people with less than £23,250 in assets and low incomes receive help from the State with their care and support costs. The changes will mean that people with approximately £118,000 worth of assets (savings or property), or less, will start to receive financial support if they need to go to a care home. The amount that the Government will pay towards someone's care and support costs will depend on what assets a person has.
86. People will be responsible for their care costs as assessed by the local authority, up to the cap if they can afford it. They will also be responsible for any 'extra' care costs (for example, if they choose a more expensive care option); any support that is not covered in the care and support package, such as cleaners and gardeners employed by the individual; a contribution to general living costs if they are in a care home and if they can afford it.

General living costs reflect the costs that people would have to meet if they were living in their own home – such as for food, energy bills and accommodation. This will be set at around £12,000 per year.

87. The State will be responsible for any further costs of meeting their eligible needs once a person reaches the cap (based on the costs which the local authority would expect to pay for that type of care); and financial help to people with their care and/or general living costs, if they have less than around £17,000 in assets, and if they do not have enough income to cover their care costs.
88. People will have their needs assessed by their local authority, as usual. If they are found to have eligible needs and they qualify for local authority support, they will be given a personal budget that shows the costs of meeting that person's needs. Those costs will then be what counts towards the cap. If a person is found to have eligible needs but do not receive local authority support (for financial reasons or from choice) they will be given an independent personal budget. This will be equivalent to what the local authority would pay for that person's care and support, if it were meeting their needs. Both the personal budget and the independent personal budget will be the rate at which people progress towards the cap.
89. Everyone with eligible needs will also have a care account that will show the total cost of meeting those needs over time. The account will show how someone is progressing towards the costs cap. Once a person reaches the cap, the local authority will have to pay any further costs of meeting the person's eligible needs. The local authority will assess what these costs are. If individuals choose to receive care that is more expensive then they will be able to pay the difference. People will still be required to contribute towards their general living costs.
90. With funding reform introducing significant new duties the Council will require a significant programme of change. Policies, systems and procedures will need to be developed to meet the new requirements. There will be significant ICT, staff and resource implications in establishing the required infrastructure. The changes will also impact financially, in particular potentially less income from charging (as people fall below the revised financial thresholds) and increased numbers of people eligible for financial support (as they reach their individual cap on costs and no longer need to self-fund). Many aspects of the funding reform still require clarification by Government and the full extent of the impact cannot be assessed until these areas become clearer. Consultation on the draft Statutory Guidance and Regulations in relation to funding reform is expected to commence early in 2015. At this point the Programme Team plans further work to assess the impact of funding reform and the changes that will need to be implemented prior to April 2016.

Cross-cutting projects

1. Workforce Development

91. Workforce development has been and continues to be a critical component in preparing for the Act. A workforce development plan has been developed which has four distinct elements to it:
 - Initial training for senior officers and practitioners – during the period October to December 2014 a comprehensive programme of full day training sessions was delivered by Care & Health Law to senior managers and practitioners. Covering all aspects of the Act the initial training facilitated a thorough understanding of the impact locally and the changes that would need to be made in preparation for April 2015;
 - Develop revised policies procedures and working practices – building on the initial training programme further work has progressed in relation to making the necessary changes to policies, procedures and working practices. The work is being led by each of the Act work-stream leads;

- Develop in-house training materials based on the new ways of working – the initial training programme has also be used as the basis to inform the development of a wider staff training programme in preparation for the Act;
- Train the remaining workforce – a detailed plan has been developed to train the remaining workforce and has two key elements. Firstly, a programme of staff awareness training sessions has been developed that will be delivered to key staff groups during January to March 2015. The awareness training is intended to give an introduction and overview to the Act, will be delivered by an external provider, and is funded through regional funds that have been made available specifically for Care Act training. The content of the awareness briefings will be based on nationally available materials that have been developed by Skills for Care. The second part to the training programme is practitioner level technical training for staff in areas where specialist skills and expert knowledge of the changes will be required. Being delivered during February and March 2015 this training is focusing on the critical aspects of the Act where an in-depth understanding, including legal awareness, is needed. In particular the technical training will focus on the areas of assessment, eligibility and care planning for service users and carers.

92. Implementation of the plan commenced in October 2014 and is scheduled to run through to March 2015

2. Communications Planning

93. A local communications plan has been developed to ensure that key partners and stakeholders are aware of the Act and the changes being introduced. Timed to run in conjunction with the National Awareness Campaign, the local communications plan will be delivered during the period end January to end March 2015. Activities planned include the corporate website, the Stockton Information Directory, Stockton News, KYIT, a third all members seminar (scheduled for 5 March 2015), briefing notes, written communication with current service users and carers, and briefing seminars for providers and VCS organisations. The content for the communications is currently being finalised and is based on the national toolkit that has been developed by the Department of Health to support local communications.

94. Alongside the local communications plan will be the National Awareness Campaign. Mainly running during the period mid-February to mid-March 2015, the national campaign will include local radio advertising, leaflet drops to targeted households and media partnerships with the national press. Plans are in place to respond to the outcome of the national awareness campaign including briefings for our front of house staff and the establishment of a temporary Care Act helpline within Customer Services.

3. Informatics / ICT Planning

95. The impact on ICT has been fully assessed to ensure readiness for the Act. It is expected that the changes being introduced in will have significant implications in terms of ICT systems upgrades, end user training, systems development and support. The most significant changes relate to the funding reforms being introduced in April 2016. The key actions are initially being prioritised towards meeting the requirements that must be in place by April 2015 and preparations are well advanced.

96. The Adults Business Support & Information Team is working closely with the identified Act leads to help facilitate the development of revised operational policies and procedures. This will be essential to ensure that the corresponding workflows and business specific documents, forms and reports are reviewed in and updated in CareDirector for April 2015:

- Assessments including Carers assessments;
- Revised support plans;
- Eligibility criteria;

- Revisions to the Resource Allocation System (RAS);
- Financial assessments.

97. The cross cutting nature of the Information and systems means that the ICT upgrade to CareDirector will impact across a number of different project strands including the implementation of the Care Act, Better Care Fund (BCF) and service integration with Health. The key objectives are to:

- Implement the information systems changes / upgrades required by the Act;
- Ensure the capture of the NHS Number for all service users;
- Support personalisation and addressing the new data sharing requirements;
- Improve access to better information and advice to citizens;
- Support the development of integrated Digital Care records with Health, and;
- To encourage greater innovation by embracing new digital approaches to working.

4. Financial Planning

98. Potentially the financial impact of the Act is significant. The Act introduces significant new burdens for local authorities and whilst additional funding has been provided for 2015/16 there is a high level of uncertainty as to the extent to which it will be sufficient. Funding for 2016/17 and beyond has yet to be announced. In recognising this, the financial risk is included in the Corporate Risk Register, with a current risk score of 16.

99. Preparations for the Act have identified a number of areas in which there will be financial implications, both in terms of transition costs and recurring costs. The financial planning project is reviewing the financial implications of the Act and the levels of additional funding that are being provided to meet the additional duties.

- Funding for 2014/15 – Implementation Support - The Department of Health has made available a non-recurrent grant to support Local Authorities with their change management programme in preparing to implement the Act during 2014/15 (£125,000). The majority of this funding is being used to support workforce development, ICT development and social care pathway development.
- Funding for 2015/16 - Provisional allocations were announced as part of the Local Government Finance Settlement in December, it is anticipated that total of £1.932m will be available for 2015/16 to meet the additional duties. The funding will be received via a number of sources and is as follows:

Better Care Fund	Support for Carers	£264k
	Assessment & eligibility (threshold)	£108k
	Other areas	£319k
New Burdens Grant	Universal deferred payments	£272k
	Funding for early assessments	£431k
	New Care Act Grant (Carers)	£195k
DoH Grant for social care in prisons		£153k
BCF Capital		£190k

- Funding for 2016/17 - There has been no confirmation that any of the funding allocations indicated for 2015/16 will continue in 2016/17. Similarly there is no information available on the level of national funding allocated to fund the Funding Reforms, due for implementation from April 2016. However, Government have committed to ensuring that the reforms are fully funded.

100. Significant work is being undertaken to assess the sufficiency of the additional funding, particularly in 2015/16, and the potential level of funding that will be required to fund the April 2016 reforms.
101. The Department of Health, Local Government Association, Association of Directors of Adult Social Services and Chartered Institute of Public Finance & Accountancy have been working together to support councils in understanding the cost of the Act and have made available various models to aid this process for both 2015/16 and 2016/17.
102. Using these models and local methodologies an initial Red, Amber, Green (RAG) rating has been applied to the different funding streams for 2015/16. This provided an initial assessment of the level of risk as to whether the funding will be sufficient to implement the reforms, in light of the modelling work undertaken so far. This initial work has identified the newly introduced Carers duties as an area of risk in terms of insufficient funding being made available to meet the expected additional demand. It is planned to closely monitor actual expenditure during 2015/16 to track the sufficiency of funding position.

Discretions requiring local determination

103. The Act introduces many new duties that local authorities must meet. The Statutory Guidance and Regulations provide further detail on expectations regarding meeting those duties. The plans currently being implemented are intended to ensure that the Council meets its statutory duties and is compliant with expectations in meeting them. In ensuring compliance much of the work is concerned with building capacity, staff training, communications and the development of appropriate working practices, procedures and systems.
104. However, in addition to revising and introducing new duties that local authorities must adhere to, the Act also introduces a number of discretions relating to charging policy that will require local determination. Rather than make any changes to current charging policy it is proposed to defer consideration to later in 2015 as at present there remains a significant degree of uncertainty regarding the impact of the Act, in particular new duties regarding eligibility for services and clarity regarding April 2016 funding reforms. In addition, decisions regarding material changes to charging policy will require public consultation. With the Statutory Guidance delayed and not published until late October 2014 the lead-in time required for meaningful consultation that would enable April 2015 changes is insufficient. For information the key areas where the Act will require further consideration are:
 - Residential care – At present charging for residential care is a duty on local authorities. In April 2015 the Act changes this duty to a power, thereby introducing discretion as to whether or not to charge for residential care. The income received from charging is significant and it is proposed that residential care remains a chargeable service until the proposed wider review of adult social care charging is completed and a longer-term position agreed. This would mean no change for existing or future service users in comparison to current arrangements.
 - Carers - The regulations now formalise assessment and provision of services to carers and the resulting charging framework. Within the current charging policy carers are charged for services that they receive in their own right. It is proposed to retain the current charging policy for Carers with a review of the position later in 2015 as part of a wider charging policy review. A key consideration in this will be the level of demand arising from the new duties as at this stage there is significant uncertainty regarding demand and eligibility under the new duties. Therefore it would be prudent to retain the existing charging policy with a view to reviewing the position when there is greater certainty.
 - Maximum Charge – the Council previously adopted the maximum charge approach with the introduction of the Fairer Charging guidance which recommended that these be set in order to encourage and facilitate people to remain at home with services.

The new regulations state that maximum charges or percentages of disposable income are used for the same purposes. Given that introducing percentage charges would significantly reduce current income levels it is recommended that the maximum charge remains in place until March 2016, but is reviewed as part of the wider review of charging policy.

- Preventative Services – whilst certain services must remain free of charge other preventative measures can be charged for to cover the cost to the Council of providing or arranging those services, facilities or resources. Therefore a decision needs to be made as to whether the Council charge for these services and identify those services to be included and at what cost. It is recommended that there are no changes to charges for preventative services and that this position is reviewed as part of the wider review of charging policy.
- Deferred Payment Agreements – The Act introduces some discretion in relation to the scheme, including cost recovery to enable it to be offered on a cost neutral basis. Due to uncertainty and the need to consult if changes are made it is proposed defer a decision on any discretionary changes for the new deferred payment scheme until a wider review of charging is undertaken. The new scheme will not impact upon existing service users who have deferred payment arrangements.
- Light Touch Financial Assessment - there is scope within the regulations to provide light touch assessments in certain circumstances where there is no requirement to undertake a full means tested assessment. This would mainly apply to those who state that they have resources in excess of the funding threshold of £23,250. However there would be a requirement to ensure that there was sufficient funding available to purchase assessed care needs. To facilitate this it is proposed that all clients receive a full financial assessment to take into consideration disability related expenditure, welfare benefit check, support to spouses, families with advice ensuring that clients only pay what they can reasonably be expected to pay for. It is proposed to defer consideration regarding the introduction of light touch assessments until later in 2015 when there will be greater clarity regarding the impact of the Act, in particular new duties regarding self-funders and April 2016 funding reform.

105. In summary, it is **recommended** that Cabinet defer the decision to make any changes to existing charging policy including the areas of residential care, carers, maximum charges, preventative services and deferred payments until there is a wider review of charging policy. A wider review of charging policy is proposed for later in 2015 when there is greater certainty regarding the impact of the Act, in particular new duties regarding eligibility for services and clarity regarding April 2016 funding reform.

NEXT STEPS

- a) Continue to progress with preparations as outlined in this report to ensure readiness for the Act changes being introduced in April 2015.
- b) When published, consider the draft Statutory Guidance and Regulations for April 2016 Funding Reform and begin to develop detailed plans for April 2016 readiness.
- c) Monitor the financial impact of the April 2015 changes and prepare detailed financial modelling for April 2016 Funding Reforms.
- d) Review adult social care charging policy within the context of the new powers under the Act and impact of the new duties and funding reform, making recommendations back to Cabinet as appropriate.
- e) Provide a further report to Cabinet later in 2015 to monitor the impact of the April 2015 reforms and update on progress towards the April 2016 readiness.

FINANCIAL IMPLICATIONS

As outlined in the report extensive work continues to be undertaken in assessing the financial impact of the Act for 2015/16, 2016/17 and beyond. The sufficiency of the funding provided by Government to meet the new duties will be monitored from April 2015 and reported back to Cabinet.

LEGAL IMPLICATIONS

As new legislation there are significant legal implications in relation to compliance with the Act. The significance of the legal implications were recognised at a very early stage and key steps have been taken to mitigate against legal risks including extensive involvement of the corporate legal team in our readiness preparations and a comprehensive programme of externally provided legally based training for senior managers and key practitioners.

RISK ASSESSMENT

Legal and financial risks relating to the Act are relatively high due to the potential for non-compliance and increased expenditure. In response to this a number of mitigating actions have been taken to minimise the risks, including comprehensive legal training, active involvement of the corporate legal team, financial modelling and planned close monitoring of actual expenditure. The financial risk is included in the Corporate Risk Register, with a current risk score of 16.

SUSTAINABLE COMMUNITIES STRATEGY IMPLICATIONS

None

EQUALITIES IMPACT ASSESSMENT

A full equality impact assessment will be undertaken as part of the review of the charging policy.

CONSULTATION INCLUDING WARD/COUNCILLORS

No consultation has been undertaken as part of the implementation of the Care Act social care reforms because there is no intention to make any fundamental changes to existing policies, particularly the Council's charging policy, which engage discretionary powers under the Act at this time.

Name of Contact Officer: Sean McEneany
Post Title: Head of Adult Services

Telephone No. 01642 527045

Email Address: Sean.McEneany@stockton.gov.uk

Education related? No

Background Papers Care & Support Statutory Guidance – Department of Health October 2014

Ward(s) and Ward Councillors Not ward specific

Property No property implications