

The Care Bill

Impact Analysis and Update Report

VERSION HISTORY

| Version | Date Issued | Brief Summary of Change | Author |
|---------|-------------|---------------------------------------------------------------|----------------|
| 0.1 | 01/05/2014 | First Draft of report | Alison Hotchen |
| 0.2 | 01/05/2014 | Amendments suggested by Steve Vickers and Donna Etherton | Alison Hotchen |
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Summary

The Care Bill will introduce a new legal framework for adult social care which puts the wellbeing of individuals at the heart of an integrated care and support system. The legislation will be effective from 1 April 2015 (2016 for certain funding provisions).

The Bill introduces a number of new duties for local authorities and will have significant implications across the whole of adult social care, and beyond – particularly in relation to finance, IT systems and workforce.

This report has been written to:

- a. identify where Herefordshire Council currently stands in relation to preparations for the Care Bill
- b. analyse what the implications of the Care Bill are for Herefordshire
- c. outline the implementation plan for meeting the requirements of the Care Bill

1 BACKGROUND

1.1 Purpose

1.1.1 The purpose of this report is to:

- a. identify where Herefordshire Council currently stands in relation to preparations for the Care Bill
- b. analyse what the implications of the Care Bill are for Herefordshire
- c. outline the implementation plan for meeting the requirements of the Care Bill

1.2 Background to the Care Bill

1.2.1 The Care Bill sets out to consolidate over a dozen different pieces of legislation that have developed over the last 60 years into a single law. If the Care Bill is enacted then from 1 April 2015 adult social care will have a new legal framework which puts the wellbeing of individuals at the heart of an integrated care and support system. In particular the Bill aims to:

- Reform how care and support is funded
- Rebalance the focus of care and support on promoting wellbeing and preventing or delaying needs
- Simplify the care and support system and processes
- Clarify entitlements to care and support
- Provide for the development of national eligibility criteria
- Treat carers as equal to the person they care for
- Provide new guarantees and reassurance to people needing care

1.2.2 The Bill is currently progressing through legislature. It has recently completed all stages in the House of Commons and is now returning to the House of Lords for consideration of final amendments. Following agreement to the final amendments the Bill will progress to Royal Assent; this is currently anticipated to be June 2014.

1.2.3 The regulations and guidance providing much of the important detail that will underpin the Care Bill are due to go to public consultation in May 2014 and then published in October 2014. There is expected to be around 20 sets of regulations to support the Care Bill and interpreting and embedding these locally will be a significant task.

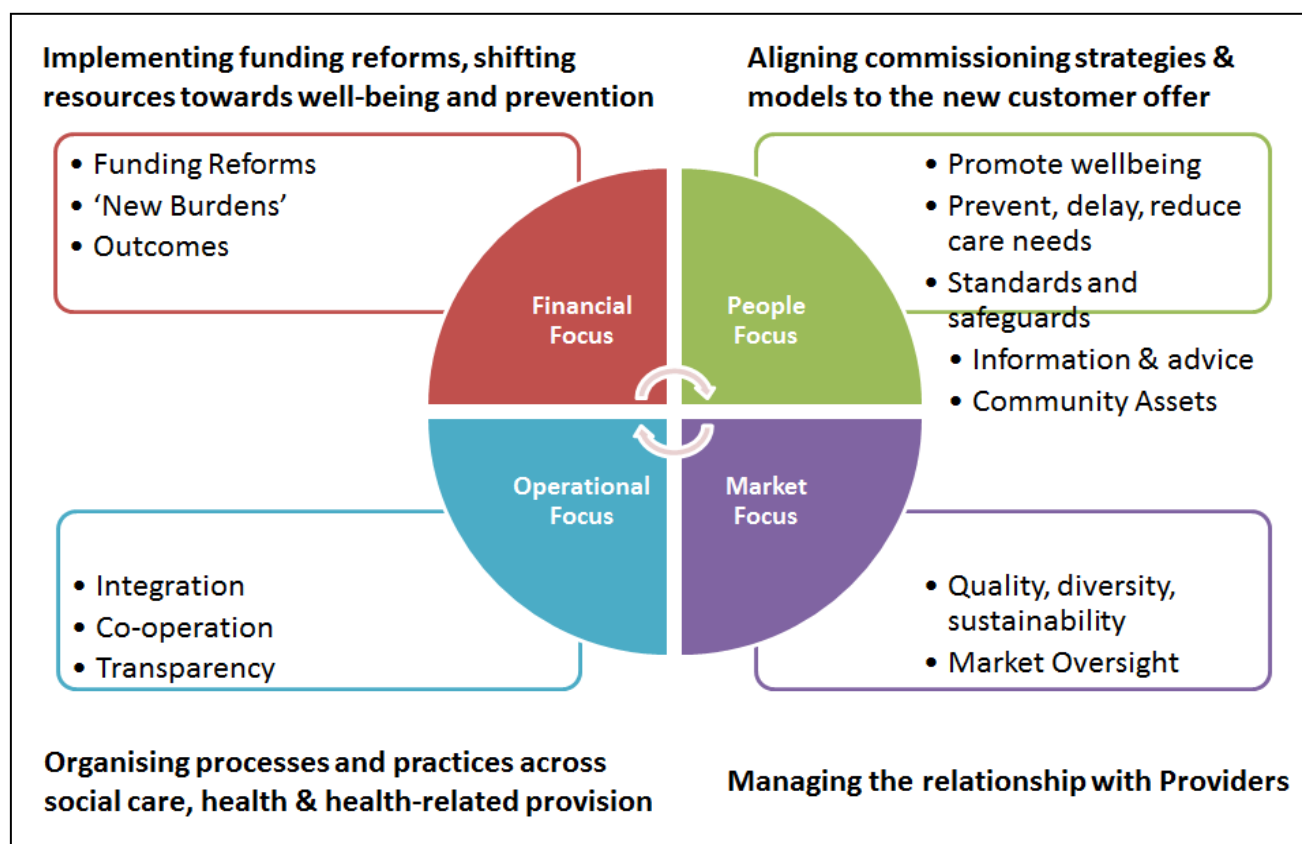
1.2.4 Subject to the passage of the Care Bill, the majority of the new legislation will come into effect in 2015. A number of new statutory duties and requirements for local authorities are set out in the new legislative framework and there will be significant risks for the council in failing to meet these new statutory requirements.

1.2.5 A summary of the key requirements for Local Authorities that the Care Bill will introduce and the proposed timescales for when the legislation comes into effect are outlined in Table 1 below:

Table 1: Key requirements and timescales:

| | |
|-------------------------------------------------------------------------|------------------------|
| New duties on prevention and wellbeing | From April 2015 |
| New duties on provision of information and advice | |
| New duty of market shaping | |
| National minimum eligibility threshold | |
| New duties regarding assessment for carers and self-funders | |
| Statutory requirements around personal budgets and support plans | |
| Statutory requirement to offer deferred payment agreements | |
| New charging framework | |
| Safeguarding , including Statutory Safeguarding Adults Boards | From April 2016 |
| Introduction of a capped charging system | |
| Introduction of care accounts | |
| Extended means test | |

1.2.6 As outlined in Diagram 1 below, the provisions in the Bill can be broadly clustered into 4 themes - financial, operational, market and people.

Diagram 1: Themes of provisions in the Care Bill


1.3 Significant provisions

- 1.3.1 **The care cap** – a cap of £72k will be introduced on the costs that people of state pension age and older have to pay to meet their assessed eligible care needs. The total cost of meeting a person's eligible needs (which could be paid by the person, by the council, or a combination of the two) will count towards the cap, rather than the person's financial contribution only. A lower cap (which is to be confirmed) will apply for working age adults and those who turn 18 with eligible needs will receive free care and support to meet those needs. People in care homes will remain responsible for their living costs if they can afford to pay them.
- 1.3.2 **Care accounts** – self funding individuals with eligible needs will have a care account which shows their total accrued costs that count towards the cap. Following assessment and identification of eligible needs, the council will be required to set up, monitor and review an individual's care account and produce annual individual care account summaries. It is anticipated that the introduction of care accounts will incentivise self-funding individuals to approach the council for assessment so as to trigger the start of their care account and towards the care cap.
- 1.3.3 **Amended means test threshold** – financial support will be provided to more people to help them with care home costs. This will help people with their care home costs if they have up to £118,000 (including the value of their home) rather than only those with up to £23,250 as happens currently.
- 1.3.4 **Minimum eligibility threshold** – a new single national eligibility framework for all services will be introduced and replace the current banding system with a minimum threshold for eligible needs. The proposed level of the threshold is expected to be equivalent to "substantial" in the current system. Herefordshire currently provides support to adults assessed as having substantial needs or greater – therefore the impact of this provision locally will greatly depend on the exact detail of the threshold criteria, which is yet to be published. Any changes to eligibility criteria may necessitate re-assessment of all existing service users.
- 1.3.5 **Prevention and wellbeing** – prevention and wellbeing are a cornerstone of the Bill. The council will have a duty to provide or arrange for the provision of services that prevent, reduce and delay needs for care and support. This is a general duty that applies to all local people – applying equally to carers and those with care needs. Prevention is not just about what the council does itself, but also how it works with other local organisations to build community capacity.
- 1.3.6 **Information and advice** – the council will be required to establish a comprehensive information and advice service about the types of care and support available in the local area (including independent financial advice); how they can be accessed and how concerns over others' wellbeing can be raised. Information and advice should be made easily accessible to all citizens, not just those with assessed care and support needs.
- 1.3.7 **Assessments** – the Bill strengthens the local authority's duty to provide an assessment to anyone who appears to need care and support, regardless of their financial circumstances. Carers will be entitled to an assessment regardless of the level of need for the cared-for and the local authority will have a duty to meet carers assessed eligible needs. The Care Bill updates the requirements of the assessment process, such as the necessity to include an outcomes focus. The Care Bill provisions relating to assessments are likely to result in an increased demand for assessment and changes to the entire assessment process and recording procedure.
- 1.3.8 **Safeguarding** – local authorities and parts of the health, care and support system will have a clear framework to protect vulnerable adults at risk of abuse or neglect. It will be a legal requirement of each local authority to set up a Safeguarding Adults Board. The Safeguarding

Adults Board will have a statutory duty to arrange safeguarding adults reviews to establish facts and ensure lessons can be learnt from any safeguarding incidents.

- 1.3.9 **Deferred payment agreements** – there will be a new legal right for people to defer paying for their care costs, meaning they will not have to sell their home during their lifetime. The council will pay the care costs during this time and then reclaim the costs incurred on the sale of the property after the person has died. The council will be able to charge administration costs and interest payments. Currently councils have discretion to choose whether they offer deferred payments, but under the Care Bill they will have a duty to provide them. Whilst in Herefordshire we currently do have a deferred payment scheme in place, how this will need revising to be Care Bill compliant will depend on the details contained within the guidance and regulations.

1.4 Link with Better Care Fund

- 1.4.1 The Care Bill and Better Care Fund are inextricably linked – greater integration of health and social care services is essential to improving services, managing demand and reducing long-term budgetary pressures, including the costs arising from the Care Bill. This fundamental link is reflected in the Government's identification of £185m implementation funding for the Care Bill provided within the Better Care Fund.
- 1.4.2 The Care Bill is fundamentally about people – those with care and support needs now and in the future and those caring for them. The duties and provisions in the Bill are all intended to refocus care and support services and systems on the people that use them, rather than the processes and structures of the organisations providing them. Therefore, services and systems must be redesigned with the person at the heart – integration, as supported through the Better Care Fund, is integral to this and is reflected in the inclusion within the Bill of a duty of integration.

2 CURRENT POSITION

2.1 Methodology

- 2.1.1 As the Care Bill both consolidates existing legislation and introduces new duties for local authorities, it will have significant but varying impacts and implications upon the duties and functions provided by Adult Wellbeing – i.e. there will be things we are already doing and should continue doing, things we will need to change and entirely new things we will need to introduce.
- 2.1.2 An initial priority has therefore been to conduct a systematic stocktake to understand our current position in relation to each clause set out in the Care Bill and to identify what we must put in place to be compliant with the new legislation. A summary of this analysis is set out in Table 2 and a full clause-by-clause analysis included as Appendix 1. Please note, Appendix 1 is a working document continually being developed as the clauses are scrutinised in further detail.
- 2.1.3 It should be noted that as the Bill is still progressing through legislature and therefore may still be subject to change, the stocktake will be reviewed and revised accordingly. Also, as the regulations that will provide further detail around certain clauses, such as the new eligibility threshold, are not expected to be published until the autumn of 2014 there therefore remains gaps in our knowledge and understanding of the impact of the Bill.

2.2 Clause-by-clause stocktake

- 2.2.1 Based on the stocktake the clauses have been prioritised in terms of risk, as outlined in Table 2.
- 2.2.2 The prioritisation of clauses will be reviewed and revised regularly to reflect any changes to the Care Bill and any additional information obtained through further analysis.

Table 2: Care Bill clause prioritisation table

| Responsibility | Clause | Adapted from LGA table | | | Date required | Risk | Herefordshire Council Position Statement 1 – requires significant work / decision 2 – partially met / some additional work required 3 – Minor or no change |
|-----------------------------|----------------------------------------|-------------------------|------------------------------|-------------------------|---------------|------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| | | New in law and practice | New in law but not in policy | Modernises existing law | | | |
| Adult safeguarding | 42 43 44 45 46 + S2 | | X | | Apr 15 | 1 | Establish formal board complete with governance, funding review to be undertaken. Training plan to be devised. KPI's to be revisited |
| Carers assessment | 10 | X | | | Apr 15 | 1 | New format template required. Potentially large increase in number of assessments |
| Eligibility | 13 | X | | | Apr 15 | 1 | Until new criteria is finalised this is an unknown risk |
| Assessment | 9 11 12 | | X | | Apr 15 | 1 | Large increase in the number of assessments to be carried out. Unknown at this stage the impact of self funders |
| Personal budget | 26 | | X | | Apr 15 | 1 | Introduction of new IT systems and processes. Unknown at this stage the impact of self funders and carers |
| Transition from childhood | 59 60 61 62 63 64 65 66 67 | | X | | Apr 15 | 1 | Current practices to be improved. New protocol has been introduced and working party has been established to embed into practice. (Need to ensure all service groups are included) |
| Charging | 14 | | | X | Apr 15 | 1 | Consideration required regarding HC position, once decision has been taken risk can be adjusted |
| Delegation | 78 | X | | | Apr 15 | 1 | Consideration required regarding HC position, once decision has been taken risk can be adjusted |
| Cap on care costs | 15 16 | X | | | Apr 16 | 1 | Introduction of new IT systems and accompanying processes. Unknown at this stage the impact of self funders |
| Independent personal budget | 28 | X | | | Apr 16 | 1 | Introduction of new IT systems and processes. Unknown at this stage the impact of self funders and carers |
| Care account | 15 | X | | | Apr 16 | 1 | Introduction of new IT systems and accompanying processes. Unknown at this stage the impact of self funders |

| Responsibility | Clause | Adapted from LGA table | | | Date required | Risk | Herefordshire Council Position Statement 1 – requires significant work / decision 2 – partially met / some additional work required 3 – Minor or no change |
|----------------------------------|-------------|-------------------------|------------------------------|-------------------------|---------------|------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| | | New in law and practice | New in law but not in policy | Modernises existing law | | | |
| Care and support plans | 25 | | X | | Apr 15 | 2 | Impact of increased number of assessments undertaken may effect |
| Duty to meet needs | 18 | | | X | Apr 15 | 2 | Low impact expected, may have an operational resourcing issue. Requires further analysis |
| Direct payments | 31 32 33 | | | X | Apr 15 | 2 | Training and development of processes |
| Duty to meet carers needs | 20 | X | | | Apr 15 | 2 | Resource implication as increased number of assessments. Clear guidance required on what carers can access |
| Advocacy | 68 69 | X | | | Apr 15 | 2 | Contract is in place for advocacy services covering both children and adults, an increase in value may be required to meet new requirements. |
| Prevention | 2 | | X | | Apr 15 | 2 | Some IT resource may be required to evidence outcomes. Needs to link in with clauses 4 and 5 |
| Information and advice | 4 | | | X | Apr 15 | 2 | IT resources may impact on aspirational delivery. Basic criteria to meet Bill can be rated risk 3 |
| Market shaping | 5 | | X | | Apr 15 | 2 | Market position statement in place. IT resources may impact on aspirational delivery |
| Financial assessment | 17 | | | X | Apr 15 | 2 | Potentially large increase in number of assessments. Ensure documentation includes new thresholds. Potential IT resource issue |
| Deferred payments | 34 35 36 | X | | | Apr 15 | 2 | Potentially large increase in number of applications. Potential IT resource issue |
| Continuity of care | 37 38 | X | | | Apr 15 | 2 | Requires some work particularly around neighboring authorities |
| Steps to take | 24 | | X | | Apr 15 | 2 | Introduction of new IT systems and processes. Unknown at this stage the impact of self funders and carers |
| Review and care and support plan | 35 | | X | | Apr 15 | 2 | Impact of increased number of assessments undertaken |
| Power to meet needs | 19 | | | X | Apr 15 | 3 | Low impact expected |
| Exception for immigration | 21 | | | X | Apr 15 | 3 | Low impact expected |

| Responsibility | Clause | Adapted from LGA table | | | Date required | Risk | Herefordshire Council Position Statement 1 – requires significant work / decision 2 – partially met / some additional work required 3 – Minor or no change |
|-----------------------------------------|----------------------|-------------------------|------------------------------|-------------------------|---------------|------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| | | New in law and practice | New in law but not in policy | Modernises existing law | | | |
| Exception for NHS | 22 | | | X | Apr 15 | 3 | Low impact expected |
| Exception for housing | 23 | | | X | Apr 15 | 3 | Low impact expected |
| Recovery of charges, transfer of assets | 70 71 | | | X | Apr 15 | 3 | Low impact expected, may have a resource issue in the future with an increased number of deferred payments being approved |
| Delayed discharges | 73 S3 | | | X | Apr 15 | 3 | Little impact expected |
| Mental health after-care | 74 S4 | | | X | Apr 15 | 3 | Little impact expected. |
| Registers | 76 | | | X | Apr 15 | 3 | Little impact expected – but where is this held? |
| Provider failure | 49 50 51 52 53 | | X | | Apr 15 | 3 | Local provider information required for all services, not just commissioned. Needs to link in with 4 and 5 |
| Cross border placements | S1 | X | | | Apr 15 | 3 | Need to assess the likely impact of this |
| Wellbeing principle | 1 | | X | | Apr 15 | 3 | Some work required to embed principle into documentation |
| Human rights act | 48 | | X | | Apr 15 | 3 | Need to ensure this is incorporated into all contracts ongoing |
| Prisoners | 75 | | X | | Apr 15 | 3 | Low impact |
| Co-operation – general | 6 7 | | | X | Apr 15 | 3 | Low impact (unless including IT solutions) |
| How to meet needs | 8 | | | X | Apr 15 | 3 | Low impact |
| Ordinary residence | 39 40 41 | X | | | Apr 15 | 3 | Little impact expected |
| Choice of accommodation | 30 | | X | | Apr 15 | 3 | Little impact expected |
| Integration | 3 | | X | | Apr 15 | 3 | Little or no impact on current processes , some relationship building required |

- 2.2.3 Comparisons of Herefordshire Council's clause-by-clause stocktake with analyses conducted by other councils (e.g. Hammersmith and Fulham / Kensington and Chelsea / City of Westminster, Oldham, Bromley, Manchester, Shropshire, Nottinghamshire) indicate that the impacts identified for Herefordshire and the clauses requiring prioritisation are broadly in-line with other local authorities.
- 2.2.4 Whilst Herefordshire Council is not ahead of other authorities in terms of preparations, our progress can be described as broadly in line or a month or so behind the majority of local authorities. A survey undertaken by the County Councils Network in February 2014 identified that all 30 councils that responded had begun local preparations for the Care Bill, with 77% indicating that preparations are at an early stage. Development of internal briefings, conducting gap analyses and establishing project management were examples of specific actions being undertaken by other authorities.
- 2.2.5 The same survey identified that many authorities considered it difficult to move beyond the early preparation stages since many key details of the local implementation framework will not be clear until draft regulations and statutory guidance are produced later in 2014. However, due to the tight timescales it is imperative that the council does make preparations to implement the Bill, even though some of the precise details are not yet known.

3 IMPACT ANALYSIS

3.1 Overview

- 3.1.1 The significant implications of the Care Bill for Herefordshire are:
- Potential additional costs in the region of £1.9m in 2016/17 for Herefordshire (top level calculation using national estimates – may be an underestimate)
 - Increased demand for assessments for both self-funders and carers, which will generate significant workforce capacity and financial pressures
 - Potential increase in the number of people becoming entitled to local authority support due to the raising of the means test capital asset threshold
 - Our IT systems, particularly case management system, will need investment and development to ensure they support the requirements of the Care Bill
 - Considerable learning and development will be required across the whole adult social care workforce
 - A decision will be needed on what services the council will charge for
- 3.1.2 The changes required by the Care Bill must also be considered in the context of key financial and demand risk factors that are already affecting adult social care in Herefordshire. This includes demographic factors, particularly the ageing population of the county and the increase in younger adults with complex disabilities. The combined impact of demographic change and the new legislative requirements of the Care Bill present a significant challenge that will require a council-wide response.

3.2 Financial implications

- 3.2.1 The financial implications of the care bill are wide ranging and encompass the introduction of a cap on care costs, a significant increase in the capital assets limit (below which people are entitled to local authority funded care), the extension of current deferred payment arrangements and the requirement to provide assessments for carers in their own right. Whilst a full detailed

analysis of the potential additional costs is not yet complete a top level calculation using national cost estimates indicates this could be in the region of £1.9m in 2016/17 for Herefordshire, however this may be understated as Herefordshire has a higher proportion of self-funders than the national average.

- 3.2.2 The headlines and national focus to date have been on the introduction of the care cap in April 2016 which will limit the amount clients have to contribute to their care to £72,000 (for people aged over 65). This will undoubtedly have an impact on council budgets as it is estimated approximately 70% of all residential and nursing care beds in the county are occupied by self funders (estimated at between 1000 & 1100 people).
- 3.2.3 The impact on social care budgets will be two-fold as many of these self-funders will be using their savings to fund their care. The initial financial impact will be created by a surge in demand from self-funders who apply to have their eligibility assessed so that a care account can be created and their expenditure towards the cap can be recorded and tracked. Using high level national estimates this may create a pressure in the region of £600k, and may impact in part in 2015/16 as local authorities can undertake early assessments in the six months prior to implementation on 1st April 2016.
- 3.2.4 Of more urgent concern as a budget pressure for 2016/17 is the raising of the capital asset threshold from the current threshold of £23k to £118k. A number of people currently funding their own care are likely to fall below the new higher threshold and, if their needs are eligible, will immediately become entitled to local authority support. The number of people this may affect is not currently known (there is no current requirement to track this information) and work is required urgently to evaluate the potential cost pressure.
- 3.2.5 The requirements to undertake assessments for both self-funders and carers is likely to create a significant financial pressure in the year leading up to the introduction of the care cap, and there will be an ongoing requirement for reviews on for an additional number of people as a result.
- 3.2.6 Other costs will be incurred to meet new training requirements, provision of information and advice and IT systems changes to meet the changes arising from the implementation of the Care Bill.

3.3 IT Systems implications

- 3.3.1 Robust IT infrastructure will be critical to enabling the council to meet the requirements of the Care Bill. The business and technical programme of work to support the Care Bill is significant, in particular the changes the Bill will necessitate of the existing case management system.
- 3.3.2 The Care Bill has wide ranging implications for IT and case management systems, such as holding, maintaining and reporting data on groups previously we have had little or no contact with, particularly self-funders; managing increased demand for assessments and changes to assessment (such as the inclusion of outcomes); setting up and monitoring care accounts and producing annual individual summaries; providing information and advice accessible to all; and ensuring case management systems meet the data collection and reporting requirements of the universal eligibility threshold.
- 3.3.3 Currently Adult Wellbeing uses Frameworki as its case management system. The provider of this system is in the process of developing upgrades and additional systems solutions to enable Frameworki to meet the requirements of the Care Bill.
- 3.3.4 A key strategic decision is required within the next month to agree what IT strategy the council wishes to pursue to ensure we have a case management system that can support it in

implementing and meeting the requirements of the Care Bill. A working group, which will report to the Information Management and Technology Board, has been established to analyse the options in depth, particularly the cost implications. Agreement of this IT strategy will be critical in implementing the Care Bill, particularly as it will have financial implications, impacts on operational processes and subsequently on workforce training requirements.

3.3.5 As well as meeting the requirements of the Bill this analysis must also include consideration of broader factors such as:

- Improving data quality
- Ongoing maintenance and review
- Meeting reporting requirements
- Sharing of data between health and care systems
- Provision of advice to citizens
- Developing solutions which support working with all providers, including voluntary and community providers
- Linking systems with Children's services

3.3.6 Part of the work required in the analysis of system requirements to support the Care Bill is also an exploration of the IT solutions available to support the council in meeting the Care Bill requirements, such as online assessments, e-marketplace, pre-paid cards and commitment accounting.

3.4 Workforce implications

3.4.1 The requirements set out in the Care Bill present a number of major operational challenges to Adult Social Care. Managing increased demand for services and assessments and increased client contact within the context of new and updated policies, procedures and processes will have implications both on workforce capacity and the specific workforce skills required.

3.4.2 An increased demand for assessments (and subsequent increase in need for reviews) will be a significant impact of the Care Bill. The County Councils Survey in February 2014 identified that workforce capacity to meet this increased demand is a key concern for all local authorities.

3.4.3 In the context of the Care Bill, the workforce in Herefordshire will need to have the capacity and capability to:

- work within a framework of quality and safety
- work within a framework of outcomes base commissioning
- work with the housing, prevention and continuing care agenda
- work with information, advice and advocacy
- work with and understand the law reform, the models for paying and charging for care, the framework for assessment and eligibility criteria; care planning, personalisation and care markets
- work with and have confidence to work in the context of digital working, learning and information sharing and
- work with integrated models of care and support and multiple change agendas.

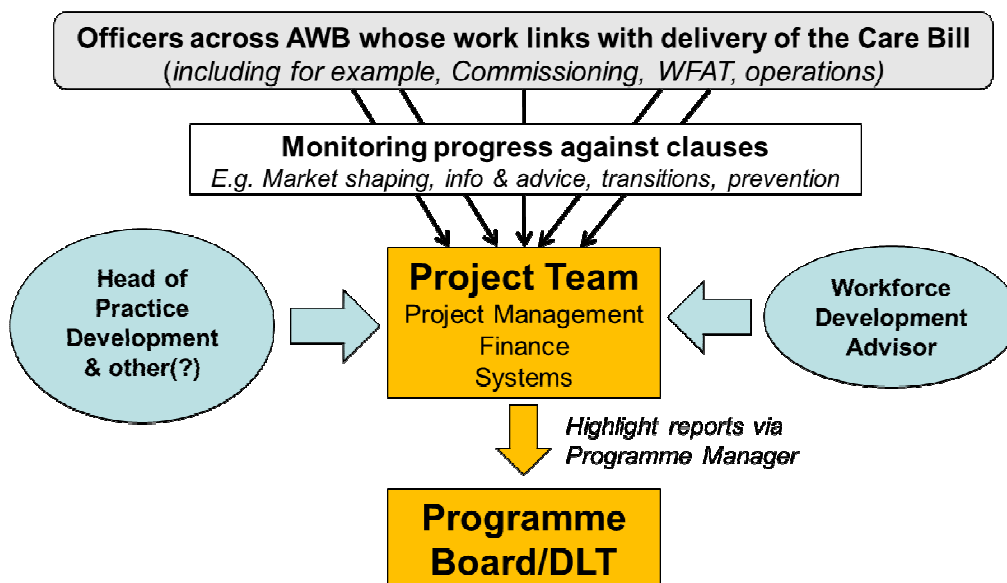
- 3.4.4 The changes instigated by the Care Bill will necessitate considerable learning and development across the whole adult social care workforce in terms of knowledge and information, skills and behaviour, culture and commitment and a shared language and understanding
- 3.4.5 Herefordshire Council has signed up to become an intermediate level pilot site for Skills for Care to pilot the Workforce Capacity Planning Resource and Model. By working through this model the council will be able to work out whether or not it has the right mix and numbers of workers with the right skills and knowledge to implement care and support reform.

4 IMPLEMENTATION PLAN

4.1 Project Structure

- 4.1.1 Prioritisation of the clauses identifies that those requiring urgent action (those with a risk rating of 1 on Table 2) are predominantly those with significant implications in terms of finance and IT systems. As such, a project team has been established with a view to particularly focus on these areas. Workforce and operational considerations will also link closely with the project team, as outlined in Diagram 2.

Diagram 2: Project Team structure



- 4.1.2 The Care Bill project team sits within the broader Adult Wellbeing Transformation Programme. Positioning of the project within this programme is advantageous as enables the Care Bill implementation work to fully link with other key projects underway locally, particularly the Better Care Fund which sits as another project within the Transformation Programme.

4.2 Core workstreams (Finance and IT Systems)

- 4.2.1 Within the core focus of the project group on finance and IT systems, specific workstreams will be developed following further scrutiny and scoping of those clauses identified as a priority with significant implications.
- 4.2.2 The workstreams developed to implement the new social care funding arrangements and changes to IT systems will need to:
- Identify / estimate the numbers of self-funders locally (*work already underway*)
 - Estimate the amount of time it will take to assess self-funders prior to the go live date
 - Consider options for proportionate assessments and how to undertake self-funder assessments in order to manage increased volumes
 - Assess timescales and costs required to ensure IT and finance systems are configured to establish Care Accounts
 - Review IT, finance and practice processes
 - Review and refine estimates of the cost of the Care Cap
 - Define the IT requirements of the Care Bill and assess the capabilities of existing systems
 - Identify IT solutions that may support implementation of the Care Bill

4.3 Assurance and monitoring (for all clauses)

- 4.3.1 Whilst the Care Bill project team will primarily focus on those aspects of the Bill that have significant financial and IT systems implications, it is imperative that all other requirements of the legislation are not forgotten.
- 4.3.2 It is proposed that clauses identified as 1 or 2 in terms of risk, but not having significant financial or IT systems implications are managed through a “business as usual” approach, with the relevant Care Bill requirements being built into existing projects and areas of work across Adult Wellbeing and monitoring and assurance against these clauses coordinated via the Project Team. For instance, the Care Bill will introduce a new duty on local authorities in relation to information and advice. Rather than instigate a new “Care Bill Information and Advice Project” it will be more effective use of resource to ensure that existing commissioning activity in Adult Wellbeing in relation to information and advice ensures that the Care Bill requirements are complied with as part of that wider piece of work.
- 4.3.3 Those clauses which have been identified as needing no or very little action by the local authority (i.e. those with a risk rating of 3 on Table 2) will still require monitoring, review and may potentially need resources allocated to ensure compliance with the new legislation. At this stage they have been assessed as requiring minimal resources and are therefore of less urgency.

4.4 Budget and resources

- 4.4.1 A sum of £458k has been identified within the better care fund for 2015/16 to support the implementation of the care bill, but this has not be confirmed and agreed yet with the CCG. This funding does not meet the anticipated increase in financial burdens for local authorities in providing care for an increased number of people.
- 4.4.2 An additional £183k capital investment funding for IT changes from the Information Management and Technology (IM&T) budget.
- 4.4.3 We currently have no additional funding and resources specifically identified, although there have been indications nationally about a one-off contribution to local authorities in the region of £100k being made available. However, no formal notification of this has yet been received.
- 4.4.4 A dedicated project manager has been allocated to the Care Bill project.

4.5 Communications

- 4.5.1 Communication will be critical in effective implementation of the Care Bill and is being considered in two ways:
- a. Internal communication to raise awareness of the Care Bill, ranging from council-wide briefings to specific activities among operational staff to highlight changes to operational practice.
 - b. External communication with partner organisations and the wider public, particularly keeping people updated and making sure they are informed of their rights
- 4.5.2 A detailed communications plan will be drawn up following final completion of the impact analysis and establishment of the project workstreams. This plan will include:
- Ensuring that communications activities locally tie in with national communications campaigns
 - Utilising our involvement in regional networks to co-develop resources and campaigns
 - Tapping into existing local communications channels, both internal and external – work on scoping and mapping these channels is already underway.
 - Planning public consultations for any aspects of the Bill which may represent a fundamental change

4.6 Outline plan

Diagram 3: High level time plan

The Care Bill – Outline Plan 2014-2016

