

The Care Bill

Presentation to Health and Wellbeing Board

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Contacts:

James Bullion (People Commissioning)
Peter Fairley (Policy and Strategy)



Essex County Council

What is the Care Bill?

- Biggest reform of adult social care since 1948
- Royal Assent expected in May 2014
- Bulk of the reforms will 'go live' 1 April 2015
- A new cap on personal contributions towards eligible care costs (the 'cap on care') is due to start from 1 April 2016
- The Bill has a focus on wellbeing and preventing, reducing, and delaying needs from developing.
- The Bill could impose considerable extra costs on social care and will be challenging to implement
- The Bill further promotes integration of health and social care

Wellbeing Includes:

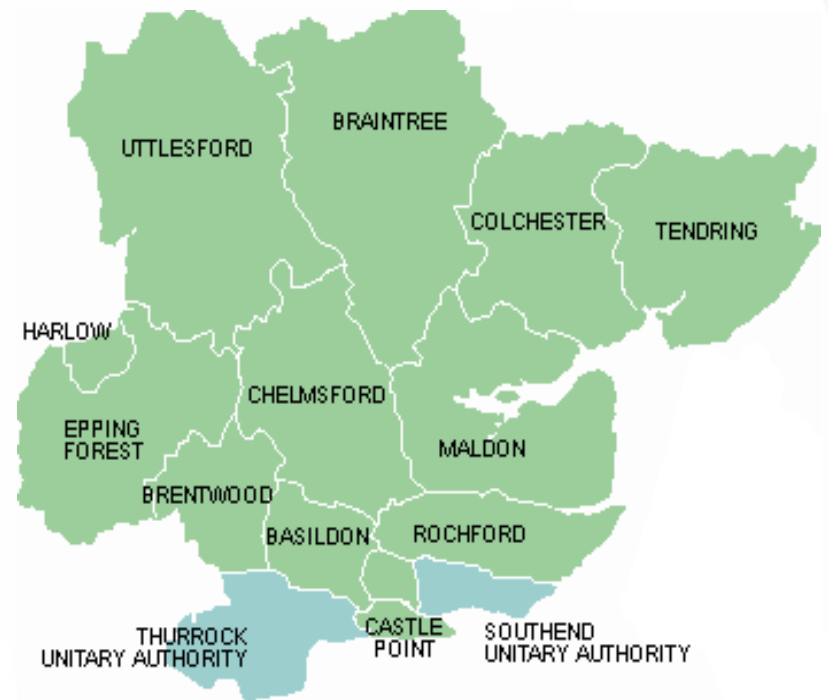
- Personal dignity (including treatment of the individual with respect);
- Physical and mental health and emotional well-being;
- Protection from abuse and neglect;
- Control by the individual over day-to-day life
- Participation in work, education, training or recreation;
- social and economic well-being;
- Domestic, family and personal relationships;
- Suitability of living accommodation;
- The individual's contribution to society

Context 1: Who gets social care?

- Adult social care is for individuals who are 18 or over
- Access is via a statutory assessment
- To qualify you must have assessed needs of substantial or above
- Thresholds are set out in national guidance “Prioritising Need” (Dept. of Health, 2010)
- Essex CC currently carries out some 18,000 assessments a year
- ECC also provide support for carers who can have an assessment in their own right
- Majority of customers are older people 65 plus

Context 2: the demographic challenge

- Essex population getting older and larger
- 6% growth 2001-11; +20% to 2033
- 18.3% Essex residents aged over 65 (national figure = 16.4%).
- Between 2008-33, working age people to fall from 60% to 55% of the Essex population; older population to grow from 21% to 28% of the population. By 2031 there will be more people over 60 than under 20
- Almost 10% of our residents provide informal care to relatives, friends or neighbours. Over half of the people providing unpaid care are people aged over 50.



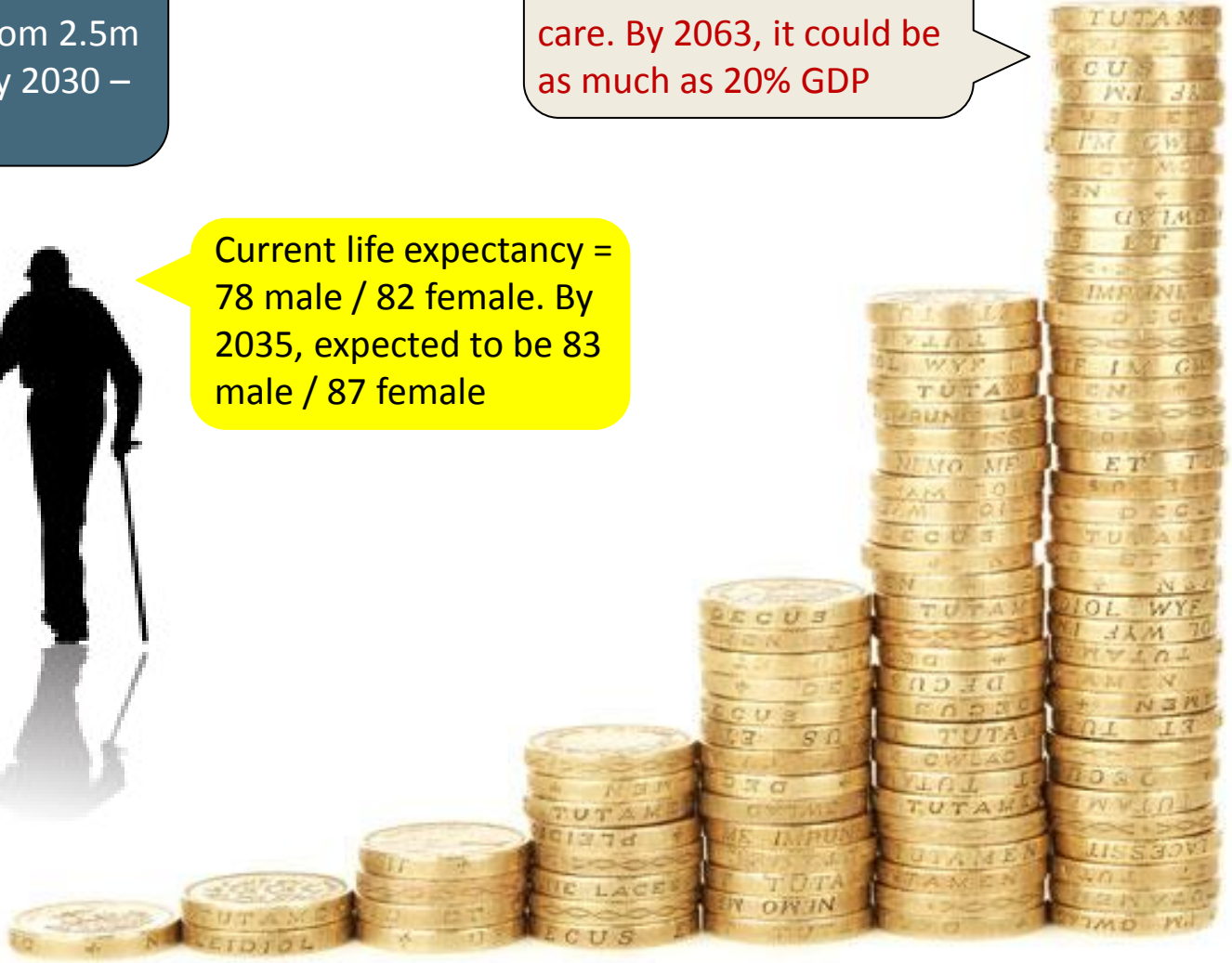
Context 3: the affordability challenge

Nationally, the number of people over 65 with care needs will grow from 2.5m in 2010 to 4.1m by 2030 – a 60% increase

UK currently spends 9.5% GDP on health and social care. By 2063, it could be as much as 20% GDP



Current life expectancy = 78 male / 82 female. By 2035, expected to be 83 male / 87 female



Care Bill – timetable

The timetable is challenging – the bulk of the reforms go live in April 2015

Key requirements	Timing
Duties on prevention and wellbeing	From April 2015
Duties on information and advice (including advice on paying for care)	
Duty on market shaping	
National minimum threshold for eligibility	
Assessments (including carers' assessments)	
Personal budgets and care and support plans	
New charging framework	
Safeguarding	
Universal deferred payment agreements	
Extended means test	From April 2016
Capped charging system	
Care accounts	

The Care Bill – a quick summary of key changes (1)

Proposed reform

Changes to eligibility – new national minimum threshold may well expand eligibility

Introduction of a cap on lifetime costs from April 2016 (for eligible care needs) – including free lifetime care for people with eligible needs whose needs arose before their 18th birthday

Asset threshold for support with residential care raised from £23,250 to £118,000

Right to a Deferred Payment Agreement

Duty to maintain a Care Account for all individuals, recording accrual against personal cap

Duty to assess, support plan and review all individuals

Expanded duty to identify, assess and provide support for carers

The Care Bill – a quick summary of key changes (2)

Proposed reform

'Portable' care packages – duties to ensure continuity of care where individuals move local authority areas

Explicit requirement to provide universal but personalised information and advice service, including access to independent financial advice

Expanded New statutory duties to broker services that prevent, reduce or delay needs from developing (universal)

Duty to promote integration of care and support with health services (for the purposes of the Bill, Housing is considered a health-related service)

A new right for young people, parents, carers to request a care and support assessment before they reach 18

A duty to assess people with care needs who are in prison and make arrangements to meet those needs as if the individual was ordinarily resident in the local authority area in which the prison is based

Duties towards carers

- New rights to assessment for carers – they do not need to request one. The only requirement is that the carer ‘may have needs for support – whether currently or in the future’.
- A national eligibility threshold also brings greater clarity around entitlement for carers and for those they care for
- A new duty on local authorities to provide or arrange for services, facilities or resources which will prevent or delay the development of, or reduce the needs for care and support of carers
- Almost 10% of our residents provide informal care to relatives, friends or neighbours. Over half of the people providing unpaid care are people aged over 50.

National minimum eligibility criteria

- Will provide a national minimum standard – ensuring greater consistency across the country
- Government propose to set it at ‘substantial’ but the draft regulations indicate that it looks more like ‘moderate’
- Formal consultation on revised criteria expected June 2014



Draft national minimum eligibility threshold for adult care and support

A discussion document

June 2013

The Care Cap

- The Bill will place a cap on eligible care costs. It is intended that the cap will be £72,000 when it is introduced in April 2016 for those over 65
- Cap will be tapered for those under 65; care will be free for life if needs identified before 18
- Contribution towards the cap is calculated as based on what the local authority would pay to meet the eligible needs of the individual and does not include living costs.
- If you need residential or nursing care, the local authority will make an assessment of what it will do to meet your eligible needs. If you cannot find a home you like within this budget, you or your family will have to "top up" the difference. These additional payments will not count towards the care cap.
- Living costs are currently estimated to be approximately £12,000 per year
- The financial threshold for support with care costs is set to be increased to £118,000 worth of assets or less
- Public awareness is low, non-existent

Care Accounts, Personal Budgets and Independent Personal Budgets

Given a legal basis for the first time:

- **Personal Budgets** - If an individual is assessed as having eligible care needs and they qualify for local authority support, they will be given a personal budget which shows the costs of meeting that person's needs.
- **Independent Personal Budgets** – These are provided where individuals have eligible needs but do not receive local authority support. It will show the rate the local authority would pay to meet those needs.
- **Care Account** - This 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
- Requirement for regular statements (likely to be annual).

Information and Advice Service

The service must provide information and advice on:

- The care system and how it operates
- the choice of types of care and support, and the choice of providers, available to those who are in the authority's area
- how to access the care and support that is available
- how to access independent financial advice on matters relevant to the meeting of needs for care and support
- how to raise concerns about the safety or well-being of an adult who has needs for care and support

Assessments

The authority must assess—

- (a) whether the adult does have needs for care and support, and
- (b) if the adult does, what those needs are.

The duty applies regardless of the authority's view of—

- the level of the adult's needs for care and support, or
- the level of the adult's financial resources.

An assessment must include—

- the impact of the adult's needs for care and support on an individual's well-being
- the outcomes that the adult wishes to achieve in day-to-day life, and
- whether, and if so to what extent, the provision of care and support could contribute to the achievement of those outcomes.

Assessments can be refused but a local authority must carry out an assessment if the adult does not have capacity to refuse or is in danger of abuse/neglect

Integration: The Care Bill and the Better Care Fund

- Government policy is clear – integration is the way forward and must be achieved by 2018.
- Significant progress is expected by 2015 – Better Care Fund is the driver
- Care Bill makes integration the default position when commissioning services and places a duty on both CCGs and local authorities to co-operate for that purpose

Conclusions

1. The Care Bill is a massive change to adult social care – the biggest since the 1940s
2. The Bill brings some welcome changes, include new rights for carers, clarity on a national minimum eligibility criteria, and a focus on prevention and also further promoting integration between health and social care
3. However, the reforms could create additional demand and generate cost pressures on adult social care
4. There is much to do to prepare for implementation of the reforms and to ensure that systems and people are ready for the changes. There is very little time to prepare (the bulk of the reforms are due to be implemented in April 2015) and the detailed regulations are not due to be published until June

This report has been prepared by
Essex County Council's Strategy function

If you have any questions on this report please contact
[Author]

By email at:
peter.fairley@essex.gov.uk



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