

Health and Wellbeing Board	HWB/19/09/12
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Social Care: White Paper and draft Care & Support Bill

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Purpose of report and Recommendations	<p>In July the Government published a suite of papers and proposals to reform adult social care. This report outlines the proposals and highlights the implications for the Board.</p> <p>The Board is asked to note the proposals and their implications.</p>
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<p>Background and context</p>	<p>Background</p> <p>The Government's White Paper sets out their vision for the future of adult social care in England centred on two core principles.</p> <ol style="list-style-type: none"> 1. The focus of the system will be to promote wellbeing and independence at all stages. 2. To transform people's experience of care and support by putting them in control through the medium of personal budgets and ensuring services respond to what they want <p>Specific proposals are structured around five high level outcomes – Annex A. The White Paper is not a consultation document but it sets the shape of forthcoming legislation. A draft Care and Support Bill was published with the White Paper, inviting comments ahead of pre-legislative scrutiny in the autumn. The Bill is summarised at Annex B. Public engagement on the Draft Bill closes on the 19 October 2012.</p> <p>Context</p> <p>The White Paper does not deal with funding and therefore says nothing about who pays for the new system it envisages. The Government has made clear that there will be no decisions on funding until the next spending review round in 2014. During the summer the Prime Minister suggested that reform of care funding for residential care would be pursued in response to the Dilnot review and it is now expected that this may be introduced via amendments to the draft Bill. It should be noted that most of the Bill's provisions will come into effect after April 2015.</p> <p>Points to note</p> <p>The approach set out in the White Paper, and reflected in the draft Bill, is one firmly based on personalisation and the use of personal budgets. Specifically:</p> <ul style="list-style-type: none"> ➤ National minimum eligibility threshold from 2015 – Authorities will not be able to go below the national minimum, applies to both service users and carers ➤ Portable assessments and support packages between Authorities pending a review by the new Authority ➤ Legal entitlement to a personal budget if eligible ➤ Duty of local authority to join up care and support
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	<p>with housing and health</p> <ul style="list-style-type: none"> ➤ Duty of local authorities to promote diversity and quality in the provision of services ➤ Improved access to independent advice to help eligible people develop care and support plans ➤ Duty to broker care and support for eligible people ➤ Duty to support carers <p>The Bill establishes Health Education England (HEE) and the Health Research Authority as non-departmental public bodies and allows for the abolition of the Human Fertilisation and Embryology Authority (HFEA) and Human Tissue Authority (HTA) by amending the Public Bodies Act 2011. This last provision is subject to a public consultation.</p>
Options/Proposals	<p>The Bill has been published for pre-legislative scrutiny and as mentioned earlier this implies a lengthy period before it reaches the statute books, together with the possibility of further change before its final shape is decided by the Government. The most important Government-sponsored change is likely to be around residential care costs.</p>
Conclusions	<p>The proposals will enshrine a clear vision for adult social care in law encompassing the general aim of promoting wellbeing. Much of what is included is not new but there is a determination to extend personalisation and promote prevention.</p> <p>For the Shadow Board, it will be important to ensure that the Bill's progress is monitored and that further information on the proposals relating to residential care costs are considered when they become available. In the meantime, the Shadow Board needs to note that the proposals do not address the funding challenges arising from demographic demand and this also merits further consideration in the future in light of the next Comprehensive Spending Review process.</p>