

24 January 2017

TITLE OF REPORT: Care Act Update**REPORT OF: Sheila Lock, Interim Strategic Director, Care, Health and Wellbeing**

Summary

This report provides the OSC with the details of the implementation and embedding of the Care Act (2014); which came into statute in April 2015. The OSC is invited to comment on the work carried out /progress made/ future work.

Background

1. The Introduction of the Care Act (2014) in April 2015 was the biggest single change to Adult Social Care law in decades. The Care Act replaced a range of legislation and statutory guidance, dating back to the National Assistance Act (1948). Whilst the Act represented significant legislative changes, many of the functions (such as Direct Payments and Personal Budgets) were already embedded within practice. The Care Act did introduce a new legal framework for Carers, putting them on the same legal footing as the people they care for, by being entitled to support in their own right.

The role of the Safeguarding Adults Board (SAB) became a statutory function, albeit Local Authorities and Partners had worked together in functioning SAB's prior to the Care Act.

The Care Act (2014) replaced the existing guidance on eligibility criteria (Fair Access to Care Services – FACS), with a single new national eligibility criteria; as the criteria was set at a level equivalent to Substantial and Critical in FACS, Gateshead was not anticipating any significant difference in levels of eligibility.

Wellbeing and Prevention are two key strands of the Care Act (2014), which gives Local Authorities and their Partners both powers and duties, to develop and support system wide changes to promote the wellbeing of residents, and to ensure that preventing and delaying the need for care and support are at the heart of health and social care systems.

Progress

2. Across the North East Region, Gateshead led the Regional Care Act Implementation Group, which brought together the 12 Councils with ADASS and LGA to plan, implement and monitor the outcome of the Care Act (2014).

In Gateshead a Council wide implementation group oversaw the policy and practice changes required to enable the Council and its Partners to deliver the requirements of the Care Act (2014).

A series of national “Stock Takes” were undertaken jointly across the DH, LGA and ADASS, which helped to provide assurance in terms of Councils’ readiness for the Care Act, monitor the impact of the changes, and identify any issues or gaps. Some Councils had assurance follow up calls following the Stock Takes, but Gateshead was not one of these.

A series of training was provided to employees across Adult Social Care, including nationally commissioned e-learning, and locally developed and delivered classroom based learning.

Adult Social Care’s new model has been developed and designed to help meet Care Act requirements; this was implemented in August 2016, and is currently being reviewed, with some changes expected by April 2017.

Next Steps

3. The monitoring of the implementation of the Care Act (2014) has not identified any significant increase in assessments for either cared for individuals or carers. However, this needs to be taken into consideration alongside the exponential increase in Deprivation of Liberty Assessments, which many of the Stock Takes identified were creating significant pressure, at the point at which Councils were planning for the implementation of the Care Act changes.
4. The Care Act is now “mainstream” social care business, and as such the implementation groups are no longer operating. However the cultural and system changes required to fully implement the Wellbeing and Prevention agenda are an ongoing area of work, which will be addressed through strategies and programs such as Early Help and Achieving More Together. The work that Adult Social Care is undertaking in respect of Demand Management, and the customer journey will also be influenced by the guidance and principles embedded within the Care Act (2014).
5. There have been several reissues of the Statutory Guidance, with the most recent coming in late 2016, following a legal challenge in respect of Ordinary Residence (Cornwall Case). There has not as yet been a significant swathe of legal challenges in respect of the main legal provisions of the Care Act; however some specific areas, such as the levels of use of advocacy, have come under scrutiny.
6. At present Part 2 of the Care Act, which deals with the more significant changes in terms of the Care Cap and financial provisions, is “on hold” with a planned implementation date of 2020. The original planned implementation was delayed in recognition of the severe financial pressure the sector was under, and therefore there are some doubts as to whether Part 2 will be achieved in 2020. At this stage no further formal confirmation or plans have been issued by the DH, and therefore Adult Social Care departments are unable to plan for implementation at this time.

Outcome

The Care Act (2014) represents a significant change in social care law, and provides us with opportunities to address Wellbeing & Prevention and therefore to delay the need for care and support. However, the cultural and system changes required to bring about **real** changes are significant, and we need to make sure that the system wide change programmes such as the STP, support the changes required to fully implement the benefits the Care Act can provide. Clearly this is a challenge in a fragile Health and Social care system, but one which leaders across Gateshead are committed to.

Recommendation

- . Overview and Scrutiny Committee is asked to:
 - i) Give its views on the information set out in this report.