

1.0	Purpose of the Report
1.1	To report to the Health and Wellbeing Board (HWB) on the implementation of the Care Act within North Yorkshire, particularly in areas that have an impact or require input from statutory partners, or around financial or operational issues. A presentation at the meeting will supplement this report.
2.0	Recommendation
2.1	That the Health & Wellbeing Board notes the progress being made to implement the requirements of the Care Act, the implementation of which is supported partly through the Better Care Fund programme, in line with Department of Health expectations.
3.0	Background
3.1	The Care Act creates a single modern piece of law for adult care and support in England. It updates complex and outdated legislation that has remained unchanged since 1948. The reforms are far reaching across all of the sectors working with adults and carers and we have a joint responsibility to deliver its requirements. Elements of it are closely aligned to the North Yorkshire Health and Wellbeing Strategy, and the Act's Statutory Guidance makes several references to the content and use of the Joint Strategic Needs Assessment, which will need to have a more comprehensive profile of self-funders, as this will provide important intelligence for planning for the funding reforms in 2016/17.
3.2	The Act is split into three parts:
3.2.1	Reform of Care and support It sets out new rights for carers, emphasises the importance of preventing and reducing care and support needs and introduces a national eligibility threshold for care and support. From April 2016 it introduces a cap on the costs that people will have to pay for care.
3.2.2	Response to the Francis Inquiry on failings at Mid-Staffordshire Hospital The Act sets out Ofsted-style ratings for hospitals and care homes so that patients and the public can compare organisations or services in a fair and balanced way and make informed choices about where to go. It will enable the new Chief Inspector of Hospitals to trigger a process to deal more effectively with unresolved problems with the quality of care, and will make it a criminal offence for health and care providers to supply or publish false or misleading information.
3.2.3	Health Education England and the Health Research Authority The Act establishes Health Education England (HEE) and the Health Research

	Authority (HRA) as statutory non-departmental public bodies to carry out their roles in improving education and training for healthcare professionals and protecting the interests of people in health and social care research.
4.0	Implications
4.1	<p>Whilst the Local Authority leads the implementation of the Act, partners have a role in assisting meeting the new duties. From April 2015, the Care Act introduces entirely new legal obligations to:</p> <ul style="list-style-type: none"> • Promote wellbeing and offer preventative support to maintain wellbeing; • Provide information and advice to the local population; and • Assess the needs of, and give services to, carers <p>These provisions of the Care Act will have significant policy and commissioning implications which will require alignment of approach and effective partnership working to successfully deliver.</p>
4.2	<p>The general wellbeing duty places the individual at the heart of any judgements and decisions about them and emphasises the importance of:</p> <ul style="list-style-type: none"> • preventing or delaying the development of needs for care and support; and • reducing needs that already exist. <p>This is not just about what the Council does itself, but also how it works with other local organisations to provide preventative information, build community capacity and make the most of the skills and resources already available in the area. One way that the County Council is doing this is through the establishment of a new Stronger Communities Team to help communities to support themselves, and Prevention Officers to help identify those people who are on the cusp of needing social care support, but where this could be delayed by offering some advice or information, or lower level support. Whilst these provisions set out the Council’s duties, it is clear that ‘promoting wellbeing’ and ‘preventing needs’ are dependent on all parts of the system acting with these objectives in mind.</p>
4.3	<p>Under the Care Act Councils are required to establish and maintain an information and advice service on all matters relating to adult social care, including wellbeing, preventative support, safeguarding, and financial information. The information and advice is seen as a key part of the requirement to prevent, reduce and delay needs, as the duty relates to the "whole population", not just those with eligible care and support needs. Partners will have a key role in delivering this service, and in ensuring that appropriate information can be accessed by residents in a range of ways, including, but not only, improved web-based information.</p>
4.4	<p>From April 2015, the Act gives carers the same rights to assessment and services as the people for whom they care. There are a large number of “hidden” carers in North Yorkshire, and we will need to work with partners, including health and carers organisations, to identify them and consider what</p>

	support will be needed. We have reviewed the way that we carry out carers assessments to make it more efficient, and offer carers additional ways of getting the information and support they need. This includes an on-line self-assessment as one of the options.
4.5	There are implications for a range of practice and processes, and these changes are being implemented using a Programme approach. This includes the development of a training programme in two phases for affected staff, including those from partner organisations; developing the knowledge and understanding of the Care Act, and bespoke training to targeted staff on new approaches.
4.6	Duties that relate directly to the NHS include: <ul style="list-style-type: none"> • Integration to strengthen local strategic planning of health and social care provision. The duty to promote integration deals explicitly with well-being and prevention. • New standards of co-operation to safeguard vulnerable adults, including participation on local Safeguarding Adults Boards. • Changes to S117 of the Mental Health Act which relate to mental health after care • New regulations for Delayed Transfers of Care to strengthen hospital discharge arrangements
4.7	Other duties require the NHS to support local authorities in the delivery of adult social care functions. This includes: <ul style="list-style-type: none"> • Working to streamline and integrate assessments and care and support plans, combining processes where possible to benefit the service user (e.g. NHS Continuing Health Care; joint packages of care; identification and appointment of advocates) • Supporting effective transitions of young people into adult services
4.8	It is therefore essential that partners are engaged with the Care Act and fully aware of its implications so that each organisation is compliant with the duties and requirements in the Act and its Statutory Guidance. The programme has started to engage with each of the Health and Wellbeing Board member organisations on what the Care Act means for them. Because there will be major changes to policies and practice, it is important that the programme engages at a strategic and operational level during transition to the new arrangements after April 2015. To assist with this, we are producing a document setting out the requirements of the Care Act for partner organisations, which should be completed and circulated shortly. We are considering options for e-learning, with a view to this being available to partners.
5.0	Financial Implications
5.1.	The Care Act brings significant financial implications, in particular in 2015/16 relating to carers services, early assessment of people ahead of the care cost cap and new requirements around a range of issues including deferred payments and information and advice. Monies for implementation of the Care Act have been included within the Better Care Fund and as part of new

	burdens funding to North Yorkshire County Council.
5.2	These combined sources total £5m for 2015/16. Our early forecasts, using the nationally approved model, suggest that this will be insufficient to meet the additional costs, in particular because of the large number of 'self-funders' within the county. However, the full extent of the financial impact will not be known until after April 2015 as they are highly dependent on people's behaviours and choices under the new national system. We have been working with the County Council Network to provide the Department of Health with information on the specific challenges facing rural authorities and those with large numbers of self-funders, such as North Yorkshire.
5.3	The most significant changes to be introduced by the Act from a financial perspective are the introduction of a cap on the total lifetime cost of care for any individual, anticipated to be at £72,000 for those of state pension age, and lower for working age adults (although the amount is yet to be announced), and increases in capital thresholds used in calculating client contributions. The effect of these changes is to transfer a significant portion of the total cost of care from individual care recipients to local authorities. These changes will take effect from 1 April 2016.
6.0	Communications
6.1	The Department of Health is working with Public Health England on national public awareness campaign about care and support reforms. The campaign will be delivered in two phases.
6.2	Phase one will communicate messages to those with existing care needs and their carers on national minimum eligibility threshold, deferred payment agreements, and carers' entitlements, and will run from February 2015 through to April 2015 and beyond. This will be followed up by another tranche of communications in the lead up to April 2016; these will focus on the funding reforms raising awareness about the Dilnot cap and new financial thresholds.
6.3	Phase two of the national communications campaign will attempt to change societal behaviours and encourage people in middle age to plan for their future care needs as part of wider financial planning for later life. This will align with the emergence of new financial instruments that will be available to support the use of care accounts.
6.4	The Council is planning a local communications campaign to align with the national approach using a mix of materials, including the toolkit from Public Health England, to engage with existing service users on changes to their services and with residents who may have care needs about how they can access care and support locally. The use of statutory partners' communications channels will be vital for extending the reach of such messages. Briefings on the approach to communications and the plan will be shared with partners in advance of the campaign launching in late February.

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