Care Act

Norfolk Older Peoples Strategic Partnership Board

18 June 2014

Janice Dane, Assistant Director Prevention and Transformation

Care Act

- Biggest change in social care legislation since 1948.
- Very important for Norfolk because of demographics.
- Puts various aspects of social care on statutory footing, ie Safeguarding.
- Good news re priorities including: carers; wellbeing; personalisation; safeguarding.
- Risks: whole system needs to be adequately resourced for changes in funding of adult social care.

Care Act - Background

- The Government first announced the Care and Support Bill in 2012.
- Following the Dilnot Commission's report "Fairer Care Funding", the Government announced in February 2013 its intention to transform Adult Social Care funding via the Care Bill.
- The Adult Social Care statute is a mixture of up to 25 separate pieces of legislation going back since the NHS Act 1946.
- The Care Act consolidates existing legislation for adult social care in England into a single framework and introduces reforms to the way care and support will be accessed and funded in future. It became law on 15 May 2014.

National Timelines

- May/June 2013 – Formal Bill
- Summer 2013 – Consultation with Local Authorities
- September 2013 – NCC sent response to consultation.
- 15 May 2014 – Care Bill became the Care Act.
- June 2014 – Launched consultation on draft regulations and guidance for April 2015, which will run for 10 weeks.
- October 2014 - Regulations introduced to Parliament and Guidance published.
- November/December 2014 - Launch consultation on draft regulations and guidance for the introduction of: the cap on care costs; extension to the means tests; and care accounts.
- April 2015 – Implementation of a number of requirements (more detail on following slides).
- October 2015 Regulations introduced to Parliament and Guidance published.
- April 2016 –Implementation of the Dilnot requirements (more detail on following slides).

From April 2015

- **National minimum threshold for eligibility** – Eligibility to be set nationally based on risk to the individual's wellbeing (as opposed to the risk to the individual's independence). Expect this to be critical and substantial, which is NCC's policy.
- **Assessments, including carers' assessment** - Anyone with a perceived social care need can request an assessment. Assessments are to focus on early intervention and prevention. Assessments are to take into account the person with needs, their family and carers.
- **Early intervention and prevention** - Supporting people as early as possible to help maintain their wellbeing and independence.
- **Personal Budgets and care and support plans** - Outcomes of support planning should be continuing independence and wellbeing. There will be new Independent Personal Budgets for anyone with eligible care needs.

From April 2015

- New Charging framework.
- **Universal Deferred Payments Agreements** - People who face the risk of having to sell their home in their lifetime to pay for care home fees will have the option of a deferred payment, regardless of whether or not the local authority pays for their care.
- **Information, Advice and Guidance and Complaints** - New duty to provide advice and information to service users and carers who do not meet the eligibility threshold. Councils will be required to provide comprehensive information and advice about care and support services in their area and what process people need to use to get the care and support that is available. They will also need to tell people where they can get independent financial advice about how to fund their care and support.

From April 2015

- **Councils will be required to provide independent advocates** to support people to be involved in key processes such as assessment and care planning, where the person would be unable to be involved otherwise.
- **Integration** - Duty on councils to join up care and support with health and housing where this delivers better care and promotes wellbeing.
- **Market Development and Commissioning** - Duty on councils to ensure there is a wide range of care and support services available that enable local people to choose the care and support services they want (market shaping).
- **Safeguarding and Aftercare Mental Health** - First ever statutory framework for adult safeguarding. Require local authorities to ensure enquiries are made into allegations of abuse or neglect, and to establish a safeguarding adults board (SAB) in their area
- **Transition Child to Adult** - Duty to assess young people, and carers of children, who are likely to have needs as an adult where it will be of significant benefit, to help them plan for the adult care and support they may need, before they (or the child they care for) reach 18 years. Legal responsibility for local authorities to cooperate to ensure a smooth transition for people with care needs to adulthood

From April 2016

- **Extended means test -** Increase in capital thresholds /extension to the means test providing more support to people with modest wealth.
- **Capped charging system -** Introduction of a cap on costs of meeting eligible needs for care and support (to be set at £72,000 for those of state pension age and above when it is introduced) including independent personal budgets and care accounts. No contribution expected for young people entering adulthood with an eligible care need. Lower cap for adults of working age (level to be determined). Everyone will know what they have to pay towards the cost of meeting their eligible needs for care and support. People will be protected from having to sell their home in their lifetime to pay for any care home costs. People will be helped to take responsibility for planning and preparing for their care needs in later life.
- **Care Accounts**

Changes to peoples' contributions resulting from the Care Act

Before	After
No cap on person's contributions towards the cost of their adult social care.	Cap on person's contributions towards the cost of their adult social care of **£72,000 (**if above state pension age). This excludes 'daily living' costs for residential care. Those below state pension age will have a lower cap.

Changes to peoples' contributions resulting from the Care Act

Before	After
If a person has capital/assets of more than **£23,250**, they have to fund their own care.	If a person's property is excluded from the financial assessment, eg service user/spouse living in the property, but has assets of more than **£27,000** they have to fund their own care. Where a person's property is included, eg person in residential care, and their assets are more than **£118,000,** they have to fund their own care. This will significantly increase the number of people who will come to Norfolk County Council for financial assistance.

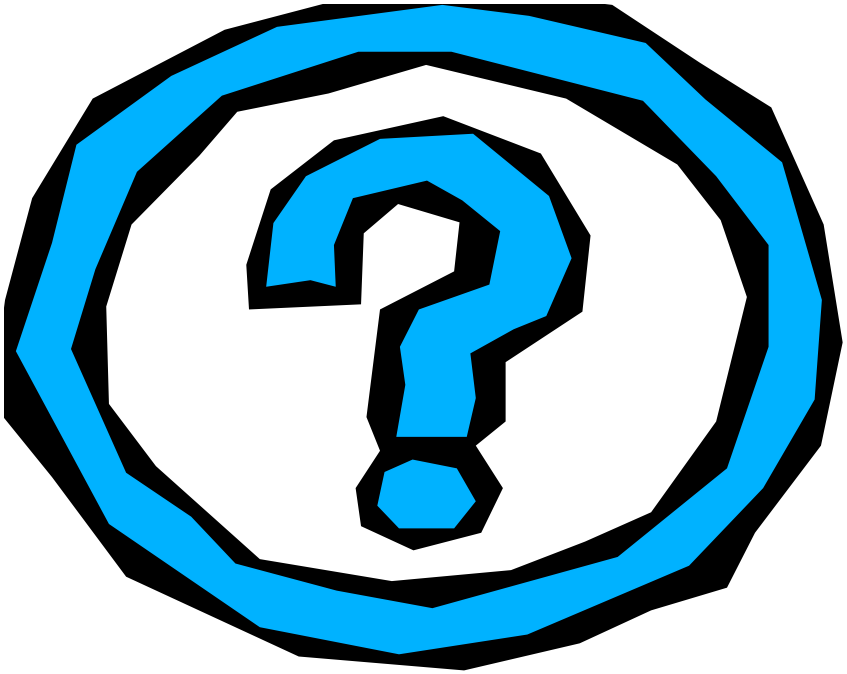
Changes to peoples' contributions resulting from the Care Act

Before	After
As there is no cap on a person's contributions, local authorities do not have to monitor this.	Councils will have to give everyone a care account, showing total accrued and progress towards the cap, including an annual statement.
Free social care for young people with eligible needs up to **age 18**.	Free social care for young people with eligible needs up to **age 25**, if they were eligible before they were 18 years old.

Changes to peoples' contributions resulting from the Care Act

Before	After
Currently it is up to local authorities as to whether they have a Deferred Payments scheme. Norfolk County Council does have one and charges interest from 56 days after date of death.	Universal Deferred Payments Scheme. Proposed that authorities could charge interest during life of deferred payment to cover costs.
Those in Residential Care do not have to pay daily living costs.	People in residential care will remain responsible for the daily living costs after they reach the cap. This is expected to be in the region of £230 per week.

Questions



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What this means for Norfolk County Council

- There will be a significant increase in number of people wanting social care assessments and financial assessments.
- Significantly more people eligible for adult social care funding, especially given the number of older people in the County.
- More expenditure by NCC on packages of care.
- Increase in the number of requests for deferred payments.
- If there is an increase in the number of people with deferred payments and more being funded by the Council, NCC will have more debt.
- Potential impact on fees paid by NCC to providers, as less people will be funding their own care and more people will be funded by the Council.
- More administration as will need to: monitor the cost of peoples' eligible social care needs (including people who fund their own care); monitor when they are reaching their care cap; and provide each person with an annual account.
- Expectation of additional complaints.
- Huge potential cost impact to the local authority.
- Tight timeline to deliver implementation.
- ICT changes as a result of DNA (Digital Norfolk Ambition) will be happening at the same time as the implementation of the Care Act.
- The need for the authority to achieve budget savings whilst at the same time additional resources are required for implementation of the Care Act and to fund the increase in assessments and packages of care for people.

Next Steps

- Financial modelling using scenarios, info re service users and assumptions around people funding their own care to estimate the cost/impact for NCC.
- Modelling likely number of social care assessments and planning workforce development.
- Review the regulations – issued 6 June.
- Reaffirm/reassess project work and plans.
- Working with provider around amendments to CareFirst (social care record system used by NCC).

Example One – Residential Care

Current Assessment – Cost of Care £625 per week (pw)	Assessment after 1 April 2016 – Cost of Care £625 pw
Individual has capital of £16,000 (currently within the thresholds)	**Individual has capital of £16,000 (less than new threshold)**
State Pension £159.95 Private Pension £282.29 Total Income £442.24 Tariff on Capital £ 7.00 Assessable income £449.24 Less PEA* £ 24.40 Less GPC* £ 5.75 Weekly contribution **£419.09**	State Pension £159.95 Private Pension £282.29 Total Income £442.24 Tariff on Capital £ 0.00 Assessable income £442.24 Less PEA £ 24.40 Less GPC £ 5.75 Weekly contribution **£412.09**
Can charge this amount until the savings fall below £14,250, at which point the charge would be £412.09 *PEA = Personal Expenditure Allowance **GPC = Guarantee Pension Credit Note: Cost of care per week and capital are arbitrary figures for the purpose of the scenarios.	£230 per week will go towards Daily Living Costs. Cost towards the Care package is £625 – (£230-24.40) = £419.40 pw – this counts towards the cap of £72,000. £21,808.80 is the annual amount towards the cap, therefore cap is reached in 3.25 years. Once the cap is reached the person will only contribute £230 pw (NCC will lose income of £182.09 per week). NB Need clarification as to whether the person will contribute £230 per week or £230 less the PEA

Example Two – Residential Care

Current Assessment – Cost of Care £625pw		Assessment after 1 April 2016 – Cost of Care £625pw	
Individual has a property valued at £195,000 – no other savings:		Individual has a property valued at £195,000 – no other savings:	
First 12 weeks:-		First 12 weeks:-	
State Pension	£131.58	State Pension	£131.58
Private Pension	£ 71.23	Private Pension	£ 71.23
Attendance Allowance	£ 0.00	Attendance Allowance	£ 0.00
Total Income	£202.81	Total Income	£202.81
Tariff on Capital	£ 0.00	Tariff on Capital	£ 0.00
Assessable income	£202.81	Assessable income	£202.81
Less PEA	£ 24.40	Less PEA	£ 24.40
Less GPC	£ 5.75	Less GPC	£ 5.75
Weekly contribution	**£172.66**	Weekly contribution	**£172.66**

Example Two continued – Residential Care

Current Assessment	Assessment after 1 April 2016
Individual has capital of over £118,000 and moves into a home costing more than NCC fee levels: Person charged the full cost of their care. Generally we wouldn't become involved with the care until the capital falls below £23,250.	**Individual has capital of over £118,000 and moves into a home costing more than NCC fee levels:** Person assessed as needing care which can be provided in a care home costing £650. Person chooses a home which is £150 more than NCC can meet the needs for. Even though the person moves into the more expensive home, NCC would still assess at £420pw to meet the person needs (£650-230). This would go towards the cap. If the person meets the FAC (Fair Access to Care) criteria, NCC can either arrange the care or the person can arrange this themselves. If they do not meet the FAC criteria, NCC would not have to fund the care. However for both scenarios once the person has reached the cap, NCC would pay the £420. The person would pay Daily Living of £230 and the Third Party top-up of £150. If the home does not include a top up, then NCC can only recover the £230 per week once the cap has been reached. **These cases will have the biggest impact on NCC as the Council is not currently funding people with this level of capital.**

Example Three – Non-Residential Care

Current Assessment – Cost of Care £625pw	Assessment after 1 April 2016 – Cost of Care £625pw
Individual has capital of £20,000 and a property. Property valued at £200,000 but is not included in the financial assessment. State Pension £136.47 Private Pension £ 44.96 Attendance Allowance £ 81.30 Total Income £262.73 Tariff on Capital £ 23.00 Assessable income £285.73 Less PA £185.43 Less DRE £ 15.00 Weekly contribution **£ 85.30** Person is charged on their capital but not on their property because they are living in it. After 3 years the person moves into residential care. The assessment is as follows:-	Individual has capital of £20,000 and a property. Property valued at £200,000 but is not included in the financial assessment. State Pension £136.47 Private Pension £ 44.96 Attendance Allowance £ 81.30 Total Income £262.73 Tariff on Capital £ 12.00 Assessable income £274.73 Less DL costs £230.00 Weekly contribution **£ 44.73** Assuming the policy stays as is then the cost of meeting the needs is £625 per week. This amount counts towards the cap of £72,000. Assuming £625 pw means they will reach the cap after 2.2 years. After that time the person will contribute nothing towards their care. If they move into residential care after 2.2 years, the only amount NCC can charge is the £230 daily living costs. Therefore NCC losing out on significant income (£625-£230 = £395 per week).

Example Three
continued – Non-Residential Care

Current Assessment – Cost of Care £625pw	Assessment after 1 April 2016 – Cost of Care £625pw
First 12 weeks: State Pension £136.47 Private Pension £ 44.96 Attendance Allowance £ 0.00 Total Income £181.43 Tariff on Capital £ 23.00 Assessable income £204.43 Less PEA £ 24.40 Less GPC £ 5.75 Weekly contribution **£ 174.28** **After 12 weeks:** State Pension £136.47 Private Pension £ 44.96 Attendance Allowance £ 81.30 Total Income £262.73 Tariff on Capital £ 23.00 Assessable income £285.73 Less PEA £ 24.40 Less GPC £ 5.75 Weekly part payment **£255.58** **Full cost charge** **£625.00** Person makes a part payment pending the sale of the property. Once property sold person pays full cost preferably to the home ie NCC terminate the contract. Person comes back to NCC once their savings are below £23,250	

NOSP re: The Care Act (15.05.14)
The implications of this Act and how it will affect older people and their carers in Norfolk

The implications of the Care Bill for Agencies

Perspective from H&SC organisations and from carers:

The Carers Agency Partnership is funded via a contract from NCC & CCGs. The model of CAP provides a one-stop shop, via a Helpline and out to all corners of Norfolk, for:

- Information and advice
- One-to-one support
- Short breaks
- Groups
- Befriending
- Grants
- Signposting
- Emotional support

……. and access to much more.

All provided via eight very experienced and local carers' organisations who are working together as the Carers Agency Partnership, led by Crossroads Care East Anglia. The other partners are Age UK Norfolk, Norwich and Central MIND, Great Yarmouth & Waveney MIND, West Norfolk MIND, Norfolk Carers Support, West Norfolk Befriending and West Norfolk Carers. We work with and support, the Carers Council for Norfolk.

The Care Bill is an ambitious and significant piece of legislation, described by some commentators as the most far reaching revision to social care law since the 1948 National Assistance Act. The Bill consolidates the framework of social care law into a single statute focussing on individual well-being and introduces national eligibility criteria.

It also introduces important new rights for carers which, for the first time, give them the same rights to assessments and care services from local authorities as those they care for. This is a new single duty for carers to receive an assessment

regardless of their needs or their financial resource, or those of the adult they care for.

The Bill is viewed as an ‘enabling framework’. Much of the crucial detail will be in the regulations which are currently being developed. For example, regulations will cover the national minimum eligibility threshold, assessment, charging, the care cap, CQC powers and criteria for inclusion in the market oversight regime. It is these regulations which will profoundly influence the actual implementation of the Bill.

Each of the agencies within the CAP Partnership is a well-established charity in Norfolk. Each charity has survived the last 5 years or so of the tough financial climate, with an emphasis on ‘survived’. Most of the organisations are pared to the bone in terms of capacity in an effort to ensure as much funding as possible gets to the service user.

The struggle continues in terms of finding new sources of funding with increasing competition for the same funds; with the cuts in the ways that cash-strapped local authorities allocate grants or because of competitive tendering. The climate remains harsh but the need for services grows. This is a problem that affects voluntary, private and statutory organisations. It requires us all to work together, to be innovative in how we attract our funding and absolutely requires us to use scant resources in the best way.

The model for CAP highlights this – less money than was previously spent for carers but delivered in a lined-up and integrated way so that the money is used to the very best effect possible. The Partnership approach is truly a way forward. And, as a Partnership, we are all separately and jointly committed to integration and working together.

This also works better for the carer – a one-stop shop rather than a scatter gun or post-code lottery effect. But it remains tough to deliver, with limited capacity stretched to the limit.

As one of our volunteers said:

‘The overwhelming thing that I hear from carers all the time is that SS ‘don’t want to know’ or they say that I have to ‘sort this out for myself’ and ‘the case is now closed’. She goes on to say that, having worked in the public sector all of her working life (and as a social worker for part of that), she understands what is going on. She has seen new legislation implemented and reorganisations of the working of various departments in Social Services and Education. Each new initiative is regarded as a ‘cure all’ and a lot of time and money goes into the implementation. She has always thought that any system would work, if there were just enough funding behind it.

In the last resort, any work comes down to the worker interacting with a service user and the work stands or falls by the quality of that meeting. If the worker is overworked and stressed by continually having to chase deadlines and manage expectations then they will be unhelpful at best. At worst, this can all too easily degenerate into an angry rejection and failure to discharge even statutory duties of care.

The new care bill should be helpful in redirecting emphasis and implementing new strategies. But can the work even be adequately funded? And what training is there for social workers in handling these difficult interviews? Should we introduce, as in new NHS guidance, a requirement to be compassionate?'

And this from one of our partners:

'From my perspective and what I am hearing from the different local authorities, there is a real danger that eligibility criteria will be very tight for carers' services, that there will be attempts to shift carer's respite to the cared-for person's personal budget, when these are being reduced already and tend to only be enough to buy short domiciliary care type visits, so not any sort of a break for the carer.'

She goes on to say that 'I worry that carers' assessments will be rushed due to a lack of resources and skill and increasingly used to further ration carers' services.

Norfolk's carer personal budgets are capped at £500 per annum and I honestly don't understand how such a cap can be justified – if the assessment shows that more is needed, then more should be allocated. At today's prices care for the cared-for person to provide a proper, relaxed break costs in the region of £16.50 per hour – just over half an hour a week. If the family employ their own care worker, they might get a good service for an hourly rate of £7.40 (the regional living wage) plus NI, insurance, annual leave pay, any expenses, emergency sickness absence cover, payroll provider fee etc., so probably, still only 45 minutes a week if they are lucky!'

From my own point of view, whilst I understand the need for significant budgetary cuts to NCC's spending, and welcome the plans for integration and a different way of working, the cuts to well-being are in danger of transgressing the requirements of the Care Bill and, importantly, if we ignore the well-being of carers, then we are shoring up the likelihood of them, or their cared-for, requiring access to statutory services a lot sooner than they might otherwise have done, which aside from the distress to the individual, increases significantly the costs to the state.

So, in conclusion, whilst the Bill is hugely welcomed and whilst we await the implications of the regulations, the perennial tough nut of social care funding remains in need of cracking!

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The Care Act 2014: A Preliminary View – From Providers

The Care Act is, in many ways, a welcome piece of legislation for adult social care. From including a duty on local authorities to promote an individual's wellbeing, to making it a statutory duty for local authorities to examine all the needs of people who undergo assessments, this Act will bring a number of benefits to individuals who use social care services.

However, the Act does have its shortcomings. The cap on the amount a person can spend on their care, set at a far higher level than that recommended by Andrew Dilnot, combined with the duty that local authorities will now have to arrange a self-funder's care if asked to do so, will mean that the Care Act has the potential to severely impact upon the finances of providers.

Subsequently, this well-intentioned piece of legislation may not meet the expectations placed upon it by those in Government. It is quite likely to have both positive and negative implications for providers.

Key Elements:

1. Improving information; Local Authorities must provide comprehensive information on the type of services and the providers available in their area.

2. Entitlement to public care and support; The Act establishes an individual's eligibility to public care and support. The general duty of a LA is to promote the individual's wellbeing and to promote the diversity and quality of provision of services.

3. Assessment and eligibility; The Act will give the LA a duty to provide an assessment to anyone who appears to need care and support regardless of their financial circumstances

4. Personalisation; There will be the need to provide each individual with a care and support plan or a support plan in the case of a carer.

5. Financial assessment; To establish if the service-user needs to contribute to some (or all) of the costs associated with their care and support plan.

6. Capping costs; Allows a cap on care costs. A £72,000 cap on the 'reasonable' care costs incurred by individuals with eligible needs; an extension in means-tested support for residential care to people with assets (including their home) of up to £118,000; and a new system of means-testing for community-based care services.

7. Deferred payment agreements; A legal right for people to defer paying care home costs, meaning they would not have to sell their home during their lifetime

8. Safeguarding; A clear framework to protect vulnerable adults at risk of abuse or neglect

9. Carers; giving the same rights to carers as those given to people they care for.

10. Moving areas; Guidelines for continuity of care for people wishing to move between local authority areas.

11. Providers failure; A package to oversee the financial stability of the 'most hard to replace' care providers and gives new responsibilities to LA's if care providers should fail.

12. Transition from child to adult; A right to request an assessment prior to the child turning 18.

13. Market shaping; LA's will have a duty to 'have regard for the sustainability of the market'.

14. Duty of candour; A provider will have to be candid with individuals and/or their families and apologise when they have caused a set level of harm to the individual in question.

Challenges for Providers:

1. Preparation and planning. Care providers are already working in a constantly changing legislative environment, which will change further as CQC's new regulatory regime comes into force. Finding enough resources and time to prepare for the changes will be critical – a problem that will be exacerbated for smaller providers, due to a lack of availability of spare personnel to dedicate time to the new changes. They will be very reliant on local authorities for information and guidance.

2. LA's will have a greater influence on the market than before. They will be in a position to shape and monopolise the market, especially with assessments of self-funding clients, which could hold up placements. Local authorities may start acting as brokers for clients and LA's now have the power to charge for such care services, which they may start doing, as a means of bringing in extra revenue to meet the extra administrative costs of implementing the Act.

3. The above means that there will need to be much more transparency on cost both from a local authority perspective and from a provider perspective. Self-funders will be more informed on costs and will be more aware that private fees may be cross subsidising the local authority basic care fee, which may lead them to ask questions to providers to justify the fees charged and to local authorities as to the fees they will pay. LA's if they are to have more influence on assessments and act as brokers, will need to be aware of providers' basic costs, so they commission independent services in a sustainable manner. Further information on choice and top ups will be included in the final Regulations when they are published later this year

4. Providers need to be aware and involved in the joined up approach to health and social care that the Better Care Fund will be used to facilitate, so that they can take full advantage of the opportunities that integration offers. As local authorities will be promoting the individual's wellbeing and priorities for life, services will need to develop and change in the future.

Challenges for Commissioners:

1. The eligibility criteria has been set at a level around the current measurement for 'substantial', which places LA's in the paradoxical position in which they have to commission services at what is an already relatively developed level of need on the one hand; whilst on the other hand, they have to 'contribute towards preventing or delaying the development [of complex conditions] by adults in its area of needs and support'.

2. As well as being a potential challenge for providers, duties around market shaping and oversight are also a challenge for local authorities. The Care Act hands market oversight responsibility to the CQC, who will monitor the financial health of the biggest providers. This is of particular interest to local authorities, because if CQC considers that a registered provider is likely to be unable to carry on the regulated activity for which it is registered because of business failure, CQC has a duty to inform the relevant local authority, who would then be legally obligated to find alternative care settings for all of the individuals using these services.

   Local authorities also have a duty to have regard for 'the importance of ensuring the sustainability of the market'. This means that commissioning has to be carried out in a manner that ensures that supply meets demand. The primary means for local authorities to meet this duty is through the Market Position Statement. This document produced annually by local authorities, maps what demand currently looks like and how that may change in the future; how local authorities are acting to ensure that this demand is met; and what LA's are doing in their duty as a market shaper to incentivise quality and sustainability in the market.

Solutions and issues for further discussion:

1. A major and sustained PR and awareness campaign, so service-users and care providers will have confidence in the Act and its implications, so everyone feels the system is better than the one that existed previously. Providers are often the first and only section of the system that people have sustained contact with, so service-user confidence is essential.

2. A simple question and answer website, which is clear and easy to access for LA officials, providers, service-users, and their families, which makes important information easily accessible and understandable. There could also be an advisory telephone hotline, where providers and local authority officials can ring to get clarity and advice on any issues.

3. The ensuring of a clear and understandable assessment framework, and an eligibility criteria, which is both consistent and fair, taking into account individual personal

circumstances. Assessments could be outsourced(?) with a pilot study taking place across several areas to see what impact this has on quality. Self-assessments could also be introduced and an online service to avoid creating any blockages to placements.

4. A national, central government accredited framework on a fair cost of care being available to local authorities, so they have a general understanding of providers costs and therefore do not try to influence the market based purely on budgetary restrictions.

A Good Advocacy System.

1. The promotion of accredited financial advisory services that local authorities have the confidence to recommend and which service-users feel confident enough to use. As the Act primarily impacts upon people with relatively high needs and with modest assets of £23,500 to £150,000, there are large numbers of the population, who will require good financial advice. The Government has set up a free money advice service, but this has to be improved and promoted to increase consumer and provider confidence in the service.

2. A fast tracked tribunal appeals process, to speed through any disputes, helping to remove any lengthy legal challenges through the court system on assessments and eligibility and choice.

3. Clarity on the deferred payment schemes and direct payments.

4. We believe that CQC should once again become an active regulator of commissioning across adult social care, to ensure the highest quality of strategic commissioning across the country. Mandatory ongoing training for commissioners as part of their ongoing development, which members of other similar bodies such as the RCIS have to undertake, could also be introduced.

5. The shift in emphasis to commissioning for wellbeing could change the placing of an individual in a care home from being seen as a means of last resort in the mind of a local authority, to becoming an actual positive choice. Local authorities could consequently decide to use residential care as their preferred means of early intervention – also assisting with the growing issue of loneliness, which is becoming an increasing concern amongst policymakers focusing on the elderly.

Sources of Information:

http://www.kingsfund.org.uk/sites/files/kf/field/field_publication_summary/social-care-funding-paper-may13.pdf

http://www.communitycare.co.uk/blogs/adult-care-blog/2013/08/your-care-bill-reading-list/

www.hscpartnership.org.uk

http://www.local.gov.uk/care-support-reform

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The Care Act – A Provider's View

The attached document provides a fairly comprehensive view of what the new Care Act will mean for our members and for Norfolk, particularly Norfolk County Council. The opinions expressed are those of Norfolk Independent Care in its role as the main association representing providers (predominantly private sector) of social care in the county of Norfolk. The following Executive Summary is designed to highlight the key issues as seen by providers.

Summary

1. The extent and reach of the changes that will be necessary to fully enact the new bill are far reaching and it is the author's belief that Norfolk is (potentially) well placed in terms of structure (e.g. locality based integrated commissioning teams and an established/structured programme of regularised engagement with key provider groups to deliver more joined up services) to meet the key challenges. An example of this is the recent creation of a Mental Health & Learning Disability System Leadership Group comprising senior figures from private, voluntary, and statutory sectors (provider and commissioner). Structures however are not the complete answer, the culture and abilities of those charged with the commissioning function are instrumental in the structures working and delivering the outcomes.

2. The key strategic actions which will help NCC manage the market in line with its statutory obligation involve; closer engagement with providers; improved transparency (providers and commissioners); and ensuring CCG's and the wider Health system is not only part of the transformation plan but is enthusiastically engaged in improving integration between Health and social care. A key delivery 'vehicle' is already in place to assist in much of the necessary work around engagement and reaching out to providers.

3. The MPS (Market Position Statement) is also seen as a key tool in providing crucial information and structure – a blueprint for the future. It needs to be a living document that is developed and updated over time to properly inform the population as to the relevant demographic challenges in each locality and how these will be met through a coherent, co-produced commissioning strategy that is subject to scrutiny. Commissioners have the biggest challenge and if the commissioning process and people responsible for commissioning fail then the outlook is bleak.

4. Information around service provision and advice on how to access support is inadequate and so a jointly developed strategy focused on making significant improvements to information/advice is crucial.

5. A significant concern communicated by providers relates to NCC's responsibilities to provide assessments for all those seeking support, including self-funders and so there may be a temptation to 'broker' placements by directing people to Norse Care (part of Norse Group, which is wholly owned by NCC). Norse Care already enjoys significantly enhanced contractual terms to those in place with both private and voluntary sector provider organisations. Given that private funders have effectively been cross-subsidising the care sector and, by dint, a significant number of provider businesses this is a legitimate concern.

6. The thorny issue of cross subsidy and the need for far greater transparency on costs will prove challenging (and uncomfortable) not least because it will expose (far more widely) the issue of under funding. For providers in particular this will make charging private funders more than their local authority funded neighbours rather difficult – and rightly so if the care and accommodation packages are identical.

Dennis Bacon
Chair

Norfolk Celebrates Age

Is your organisation, group, school or college involved in a project or activity that brings people of different generations together?

Tell us about it and be part of Norfolk Celebrates Age!

In October 2014 Norfolk is celebrating age with a high profile exhibition at The Forum, showcasing some of the best intergenerational activities going on around the county.

The exhibition will raise awareness of the opportunities and benefits of bringing together people of all ages - young and old - and will inspire others to get involved.

If you would like to be considered for the exhibition or for a feature in the EDP, on Mustard TV or on the Norfolk Celebrates Age website....

... go to the Norfolk Celebrates Age website and fill out the simple online form on the October Exhibition page.

norfolkcelebratesage.wordpress.com

EXAMPLES OF SUITABLE INTERGENERATIONAL PROJECTS

photography - poetry - art - creative writing - film - performance - crafts

family history research - reminiscence - historical studies - time capsules

coffee mornings - knitting - reading - music - hairdressing

Please tell us about your project ASAP

We will be selecting a number of projects for the exhibition, for the press features and for the Norfolk Celebrates Age website during September 2014.

So please send us details asap!

Norfolk Celebrates Age is supported by Age UK Norfolk, Age UK Norwich, Norfolk and Suffolk Dementia Alliance, EDP, Mustard TV, Norse Care, The Forum, Norfolk Library Service, BBC Voices, East Anglian Film Archive and many others.

Questions? Contact **Jayne Evans** - Partnerships and Marketing Manager at The Forum.

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