

Report for: INFORMATION
Item Number: 12



Contains Confidential or Exempt Information	No – Part 1
Title	Information on DoH White Paper Caring for our Future: Reforming Care & Support
Responsible Officer(s)	Christabel Shawcross
Contact officer, job title and phone number	Christabel Shawcross, Strategic Director of Adult & Community Services – 01628 796258
Member reporting	Cllr Simon Dudley
For Consideration By	Health & Wellbeing Board
Date to be Considered	28 September 2012
Implementation Date if Not Called In	For information only
Affected Wards	ALL
Keywords/Index	DoH White Paper, Care and Support, Prevention, Safeguarding, New Legislation, Future Funding

Report Summary

- This report details key points in the DoH White Paper on Adult Social Care, the new policy, proposed legislation changes and future funding issues. The White Paper sets out a new vision for a reformed care and support system putting local authorities at the heart of how care and support will work in future playing a new leading role in securing the wellbeing of their residents.

Promoting people's wellbeing and independence is core to the vision, instead of waiting for people to reach crisis point. Families and individuals will have better information to plan and prepare for their future, and people and carers will have more options to keep them well and independent.

High quality services that respond to what people want will transform people's experience of care and support. People will have better control over their care and will be empowered to choose the care and support that helps them live the lives they want.
- There will be a new duty on local authorities (LAs) to commission preventive services. Innovative schemes will be promoted and the RBWM CareBank Project is cited as good practise. Safeguarding responsibilities will be strengthened as will commissioning for quality services, including encouragement to local residential care providers to be connected in their local community.
- Integrating health, housing and social care assessment and support is seen

	as key to have a holistic approach to prevent or delay the need for longer term care through developing supported and extra care housing.
4.	The legislation on Adult Social Care is outdated and fragmented and is subject to a parliamentary bill for enactment by 2015. This will strengthen rights for carers for assessment and for services. A key change will be the 'portability' of a care package, introducing new national eligibility criteria for social care.
5.	The key change is broadening the duty to encompass responsibilities for all residents not just those eligible for social care. RBWM has already anticipated many of these reforms with its prevention, transformation and efficiencies strategy. As more detail is expected on the policy changes, these will be subject to review and incorporated into an action plan and / or reported to Cabinet where new decisions or funding might be required.
6.	The principles for the future funding of Adult Social Care, set out by the Dilnot Commission, have been broadly accepted, such as a cap on an individuals funding for care, however the detail of taking this forward will be determined through the spending review of 2014/15. This is unlikely to be brought into effect without further national consultation. This is seen as a long term plan of reform. It is seen as requiring everyone to turn the vision into reality through government, local authorities, care users, care workers and families.
7.	There are new requirements in the White Paper requiring new funding and the DoH states additional funds, transferred via the NHS, will be made available from 2013 £193k in 2013/14 and £384k 2014/15. Improved integration is a key priority to prevent people being passed from 'pillar to post'. Details are awaited on how to access a DoH Housing and Support Fund of £500m. The impact of the new requirements will be assessed in RBWM and the resources and funding required will be scoped alongside new duties, and reported back to Cabinet as necessary.

If recommendations are adopted, how will residents benefit?	
Benefits to residents and reasons why they will benefit	Dates by which residents can expect to notice a difference
Residents will know that RBWM supports the principles of the White Paper to promote independence and will support vulnerable residents for as long as possible in the community. As several new duties are to be implemented as a bill through parliament, there will be different timescales for implementation. RBWM will develop an action plan on these requirements once further policy guidance and timescales are clear. The first benefit will be increasing preventive services with the NHS to promote independence with the new funding for 2013 and 2014.	April 2013

1. Details of Recommendations

RECOMMENDATION:

- 1.1 To note for information the DoH White Paper on Caring for our Future: Reforming Care & Support and proposed legislation and funding changes.
- 1.2 To agree, subject to Cabinet and CCG approval, to delegate to the Health & Wellbeing Board responsibility for agreeing the priorities and budgeted expenditure on integrated health and social care services for 2013/14.
- 1.3 To note that an action plan and funding proposals for the additional funds be reported to Cabinet in December 2012.

2. Reason for Recommendation(s) and Options Considered

- 2.1 This report is for information and sets out how the Lead Member for Adult & Community Services and Strategic Director of Adult & Community Services propose taking forward consideration of the issues and actions required. The DoH issued three new policy papers in July 2012. These are the new White Paper on Care and Support, the response to the Law Commission report on Adult Social Care Legislation and the response to the Dilnot Commission on Future Funding of Adult Social Care.
- 2.2 The White Paper sets out new policies that require local authorities to action, so not considering these would not be a viable option. Indeed, as RBWM is already addressing much of the new policy locally, we will want to enforce and promote the new principles of prevention, safeguarding and quality services.
- 2.3 Purpose of the new White Paper on Care and Support

Successive governments have recognised the need to promote people's independence, prevent the need for long term care, integrate health and social care services and enable communities to contribute to supporting local vulnerable people. This is set against the national and local demographic demands of more people living longer but with multiple long term conditions, as well as higher numbers of disabled people surviving into adulthood. How to harness community access and support, individual and state responsibility, together with funding options are addressed in the DoH White Paper and are a response to funding reforms proposed by the Dilnott Commission.
- 2.4 The RBWM demographic context matches the national picture which shows three quarters of people aged 65 will need care and support in later life. The national need is estimated for residential care is 19% of men and 51% of women set against this 33% of men and 15% of women will never need care. Nonetheless many will provide care, five million already do so. Details are in Appendix A. There are new requirements set out on support for carers, beyond that which is provided in RBWM. This is detailed in paragraph 2.15.1.
- 2.5 What are the key changes?

There will be a fundamental policy change for local authorities from crisis response to promoting wellbeing and a new statutory duty on councils to promote 'independency' connections in local communities and well being to prevent and postpone the need for care and support.

Whilst RBWM has a good record of investment in prevention and receives funding from the local NHS on reablement there will need to be increased resources to meet demand and, some more funding will be available from the DoH. From April 2013 there will be £193k to jointly invest in new initiatives to meet new requirements in the White Paper on preventing need for Health and Social Care Services and in 2014 £384k.

2.6 New requirements

The new Social Care system will have a tiered approach to need requiring local authorities to give information and advice in a written plan to all, including self funders, who are in need of this. The DoH new approach is set out in Appendix B. In RBWM this will require additional assessment staff as currently self funders are generally only given sign-posting advice and information, unless they do not have mental capacity when a full assessment and support plan is drawn up. The White Paper also allows local authorities to delegate assessment to other organisations, such as the voluntary sector or a social enterprise model of social work practise. These options require careful consideration and options analysed in consultation with stakeholders. In RBWM very specialist assessments may be used externally, such as those who are deaf and blind, but are small in number.

2.7 The key policies are underpinned from DoH consultation responses and are framed as standards an individual should expect from all stages of entry into the social care system, set out below.

2.8 “I am supported to maintain my independence for as long as possible”

To help people stay active, independent and connected in their communities the DoH will:

- Stimulate the development of schemes that help people share their time, talents and skills with others in their community. A Health & Social Voluntary Fund will be set up to invite bids to support local schemes 2013/14. The RBWM initiated Project CareBank is specifically referred to as it is funded by the DoH and RBWM. It is in its pilot testing phase to scope viability in RBWM and beyond by February 2013.
- Develop, in a number of trailblazer areas in Spring 2013, to scope the potential of new ways of investing in services that help people to stay independent for longer, such as Social Impact Bonds. This is a way of attracting investment ‘up-front’, where social investors will accept lower financial returns in order to generate greater social impact. Bonds ensure tax payers money is only used if services are successful such as falls prevention.
- Establish a new care and support housing fund, worth £200 million over 5 years to support the development of specialised housing for older and disabled people. It is not clear when or how this will be accessed or prioritised between local authorities.
- Involve communities in decisions around health and care services, through local Healthwatch and Health and Wellbeing Boards. RBWM has established good links with stakeholders and engagement reported to Cabinet on the NHS changes in March 2012. Local proposals to set up Healthwatch are reported separately for September Cabinet.

- Support national care provider organisations to develop 'open care homes' that build links with their local community.
- This builds on national and local concerns about improving quality of care. RBWM monitoring will promote best practise for local homes to have more community involvement.

2.9 To help people understand and be confident about their options, the DoH will:

- Establish a new national information website across health, care and support.
- Support local authorities to develop better online information and advice services. RBWM as part of its transformation strategy is scoping this for local development

2.10 To ensure that people are confident that their care and support will be of a high standard, the DoH will:

- Give people access to clear and comparative information about the quality of care providers and the options they offer.
- RBWM as part of its transformation programme is developing a local directory to ensure residents have good choices and information.
- Legislate to ensure that local authorities, the NHS and the police work together at a local level to prevent abuse.
- This is welcomed by the local RBWM Safeguarding Board as other priorities can affect other agencies ability to participate.
- Rule out crude 'contracting by the minute' that can undermine dignity and choice for those who use care and support. In RBWM the planned Homecare retender project has already considered a different approach to maximise quality and efficiencies through scoping how to contract for outcomes. This will be subject to a Cabinet Report in December 2012.
- Consult on further steps to ensure service continuity for people using care and support should a provider go out of business.
- In RBWM the national and local experience of Southern Cross provided a focus on how to prevent another reoccurrence which raised concerns but was successfully resolved in RBWM with a seamless transfer of provider.

2.11 To ensure that people are confident that the care workforce will be sensitive and compassionate to their needs, the DoH will:

- Place dignity and respect at the heart of new recommended minimum training standards and a code of conduct for those working in care.
- Offer personal assistants (PAs), and their employers, greater support and training to improve recruitment, retention and the quality of the care and support they deliver.
- Train more care workers to deliver high quality care, including an ambition to double the number of care apprenticeships to 100,000 by 2017.
- In RBWM the above will all form part of the Homecare tender and the local workforce and training strategy to be developed.
- DoH to appoint a Chief Social Worker by the end of 2012 to provide a leadership role for the social work profession.
- The White Paper suggests and supports that each local authority has Principal Social Workers for Adult Social Care to quality assure the safety of practise. This mirrors a recommendation for Children's Services in the Munro report, where more information is awaited on roles and purpose.

2.12 To ensure that care and support focuses on meeting people's individual needs and helping them to achieve their aspirations the DoH will:

- Legislate to give people an entitlement to a personal budget as part of their care and support plan, and strengthen our ambitions on direct payments.
- Currently in RBWM all eligible people are given a personal budget and direct payments are promoted. Lowest take up is amongst older people which reflects the national picture, as they tend to not want the responsibility of arranging the employment of carers.
- Increase the availability of independent advice and support to help people with eligible needs to plan and make choices about their care and support.
- Develop, in a small number of areas, the introduction of direct payments for people who have chosen to live in residential care, in order to test the costs and benefits.
- These will be considered as the DoH develops the legislation for consultation.
- Invest a further £100 million in 2013/14 and £200 million in 2014/15 through joint funding between the NHS and social care to support better integrated health and care services.
- The existing and future arrangements in RBWM are set out in the finance section.

Full details of the DoH actions are attached as Appendix C.

2.13 Legislation Proposals

The current law for Adult Social Care was subject to a Law Commission report and the DoH accepts the case for change stating:

- Is complex and difficult to navigate – It is almost impossible for people who need care, carers and even those who manage the system to understand.
- Is outdated – the base statute is still the 1948 National Assistance Act, written for a time when the assumption was that institutional care was best.
- And is inconsistent and unfair – the law is full of anomalies, where people are treated differently without any clear reason.

2.14 Draft Care and Support Bill

This will be the most fundamental reform of social care law in over 60 years:

- The new statute will clearer, fairer, and built around the needs and goals of the people. It will empower people to take control over their care and support and to understand their entitlements.
- For the first time, the Bill gives a positive message about what care and support is for. The well-being principle and focus on individuals' needs and outcomes creates a defining purpose for care and support.
- This is an historic step forward in relation to carers, with new rights to public support, putting them on the same footing as the people they care for.
- The Bill balances out the Poor Law-inspired focus on providing "services" to the most needy with universal obligations towards the broader community and a focus on reducing dependency on the State.

- The draft Care and Support Bill will be subject to public consultation and Parliamentary pre-legislative scrutiny (PLS).
- The Committee will publish a report at the end of the PLS process – and the Government must respond formally within two months.
- They will introduce the Bill to Parliament at the earliest opportunity.

Whilst the above are broadly welcomed in RBWM they do nonetheless increase the statutory remit of local authorities and statutory responsibility for Adult Social Care and will require significant scoping for impact on resources and funding. Defining entitlement to 'prevention' services is a broad concept and will need clear eligibility and focus. There will be further guidance once the Bill is enacted by 2015.

2.15 New Statutory Requirements will:

- Introduce a national minimum eligibility threshold for care and support.
- Make it easier for people to move across the country, by ensuring that no-one's care and support is interrupted.
- Extend the right to an assessment to all carers, and introduce a clear entitlement to support to meet their eligible needs.
- Currently local authorities locally set the level of needs they can fund within the budget available. Currently in RBWM we meet under 'Fair Access to Care Criteria' critical and substantial needs, as do the majority of councils. The DoH does not expect local authorities to reduce eligibility as the NHS transfer of funds from 2011 were to mitigate the increased demand on council budgets. There are no proposals to do so in RBWM where there has been increased investment in prevention for 2012/13.
- To introduce a clear duty on local authorities to incorporate preventive and early intervention into care commissioning and planning.
- People with long term conditions having an allocated care coordinator.

2.15.1 Potential implications of new statutory requirements

These are likely to be implemented in total by 2015 and will be subject to further parliamentary scrutiny and other consultation on guidance. Taken together they will give clearer entitlements to vulnerable residents and carers and ensure residents have better information. However this is likely to raise expectations, create new entitlements and new demands and so the impact on assessment capacity and service funding will need careful planning and analysis.

2.15.2 Increased support for carers

Often carers do not want or know to ask for a carers separate assessment. Carers are often assessed as having needs that can be met by the provision of direct services to the 'Cared for Person' such as respite for day care. Extending this to a direct service for carers such as a funded break for themselves, would have resource implications. RBWM works closely in partnership with the Princess Royal Carers Trust and funds advice and support from them directly to carers.

We also fund a carers support worker who works directly with carers and families who have complex needs and which is highly valued by carers.

Any new legislative requirements will be considered as part of the scoping of options and resources when further details from the DoH are confirmed in 2013/14.

The DoH will set a national minimum eligibility threshold for support for carers, as with service users. Currently there is no duty on a local authority to provide support to a carer. This will mean a new entitlement to better support to balance work, education or leisure activities, and increase demand on resources.

2.15.3 New duty to prevent

RBWM has a good record of an integrated approach and joint funding to prevent need for services and provide better outcomes for residents to retain independence. However broadening this approach and ensuring that effective services are funded will need to be analysed with the local Collaborative Commissioning Group (CCG) through the Shadow Health & Wellbeing Board. The transfer of Public Health functions from 2014 and the new statutory requirement for a Health and Wellbeing Strategy, currently being drafted for consultation in RBWM, will enable Health and Social Care to agree joint priorities and funding commitments. Broad measures to promote health and well being are a corporate responsibility, the lead through the Adult & Community Services Directorate, promoting healthy lifestyles, exercise and reducing social isolation through the Leisure Services, Libraries, Arts & Culture offers, and Housing ensuring a range of affordable housing is available. Telecare and Telehealth will be promoted as part of this prevention strategy

2.15.4 RBWM Short Term Support & Reablement Team

The RBWM Short Term Support and Reablement Team (STS&R) is an integrated team funded by both RBWM and PCT. The core STS&R operates round the clock providing access to an immediate crisis response service, within 2 hours, which helps to prevent in appropriate hospital admission and promote earlier discharge by provision of domiciliary intermediate care, rehabilitation and end of life care support.

STS&R team receives referrals from both Health and Social Care Teams. There has been 44% increase in the referral rate compared to same quarter 2011-2012. On an average they receive about 120 referrals a month. On an average about 60% of such referrals do not require a long term intervention following a 6 week rehab programme that STS&R offers. Additional investment is being explored with the NHS to increase the capacity of the team to take more referrals and increase the number no longer needing health or social care input.

2.15.5 The value of developing housing for older and disabled people is highlighted. The issue of land availability is being considered by the DoH and NHS to consider where land is no longer required for health purposes to be made available for benefit of local area, expecting the NHS to consider older people's housing needs.

2.15.6 Integration and joined up care

There will be a new duty on local authorities to promote the integration of services and work with partners to promote wellbeing. The additional funding is for local areas to achieve this. RBWM and the CCG already have plans for more integration through joint funding of a new Stroke Advisor, Dementia Memory Advisor and Falls Prevention.

Further options will be agreed by the Shadow Health & Wellbeing Board which will be required to develop integration and ensure more people live independently, and be reported to Cabinet for approval in December 2013.

2.16 The Progress Report on funding reform: Dilnot Commission

- The Progress Report sets out that the Government agrees that the principles of the Dilnot Commission recommendations – financial protection through capped costs and an extended means-test – would be the right basis for any new funding model.
- Whilst the DoH's intention is to base a new funding model on the recommendations if a way to pay for this can be found, 'we are not in a position to make a commitment now.'
- A final view will be taken at the next Spending Review in 2013.
- The DoH will engage with stakeholders on design issues in the interim.

These include:

- the level of a cap;
- the level of the means test threshold;
- exploring voluntary, as well as universal, options.

The Government is committing to introducing many of the Commission's other recommendations:

- They have already allocated an additional £7.2 billion to adult care and support over this Spending Review period.
- They are committing to introduce Universal Deferred Payments from April 2015 – a loan to cover the costs of residential care. This will ensure no one will be forced to sell their home in their lifetime to pay for care.
- They are introducing a national minimum eligibility threshold from April 2015.
- They will improve information and advice about the care and support system, and set up an expert working group – involving local authorities and the financial services industry – to support further developments.

2.16.1 Care and support at the end of life

Following a Palliative Care Funding Review in 2011, the DoH is considering how 'End of Life' care should be free at the point of delivery for social care needs. This will be piloted to consider resource implications and overall affordability. This will look at how to improve the quality of life with more integrated health and social care. RBWM has been successful in securing CCG funding to pilot an integrated approach locally.

2.16.2 Progress report on funding reform

- The DoH will engage with stakeholders on the design issues for a capped cost system. A final decision will be taken at the Spending Review in 2013.
- The DoH will introduce universal deferred payments in 2015.

2.17 Next Steps by the DoH

White Paper Implementation

- The next stage will continue to rely on collaboration and leadership at all levels to deliver this ambitious programme of reform.
- The DoH will launch a new Care and Support Transformation Group, which will act as an important forum for challenge and peer support.
- The DoH will also create a Care and Support Implementation Board, to take ownership of the implementation plan and assurance on delivery of specific milestones.

2.18 The DoH timetable for this to be completed by April 2015 is set out at Appendix D.

2.19 The RBWM next steps and actions are set out in paragraph 15.

Option	Comments
1. Do nothing	This is not viable. The White Paper has statutory force and requires LA's to take on new duties and promote independence.
2. Consider the implications of the White Paper on care and support to, maximise benefits to vulnerable RBWM residents, and recommend and draw up an action plan with specific targets following clarification of new funding. Consult with key stakeholders as appropriate. Agree priorities for new investment for 2013/14 and 2015 through the Shadow Health & Wellbeing Board, to support more people to live independently. RECOMMENDED	RBWM is already pursuing strategies for prevention to promote independence and is working closely with the NHS to integrate Health and Social Care. The proposals give more opportunities, with funding, to enhance this integrated approach to prevent residents from needing higher levels of care. The development of advice and information and a wider range of services will produce better outcomes for individuals through combating social isolation. As the DoH issues further clarification when the Bill becomes statute, how the new duties will be implemented will be reported, as necessary to Cabinet.

3. Key Implications

3.1 A clear expectation of the White Paper, with the new duty to 'prevent' is to increase the number of people having 'early intervention' so they do not require ongoing health or social care at an early stage of any long term condition.

The success of the RBWM intermediate care, Short Term Support and Reablement Team, means that with additional investment more people could go through the service without needing long term intensive health or social care input as set out in paragraph 2.15.4. The current number of average referrals could be increased from 130 to 160 per month.

Defined Outcomes	Unmet	Met	Exceeded	Significantly Exceeded	Date they should be delivered by
Promote independence for more vulnerable residents to live longer in their own homes through increased referrals to STS&R Team.	Average 130 per month	Average 160 per month	Average 165 per month	Average 170 per month	April 2014

4. Financial Details

a) Financial impact on the budget (mandatory)

The additional income anticipated from the DoH, will be passed through the CCG subject to meeting DoH requirements on health gain, is provided to meet the costs of the additional responsibilities place upon the Authority to integrate health and social care services, and to assist with meeting the mounting pressures in Adult Social Care.

The approved revenue budget contains £31.1m net in 2012/13 for Adult social Care directly managed costs.

	Year 1 2013/14	Year 2 2013/14
	* Revenue £000	Revenue £000
Addition	192	384
Reduction		

These figures are shown cumulative, not incremental.

b) Financial Background

The White Paper sets out the additional funding provided through the 2010 spending review. RBWM in partnership with the NHS and WAM Clinical Commissioning Group (CCG) had funding of £1.241m transferred 2011/12 and £1.193m 2012/13. Both partners have to agree priorities for spending and focus on prevention and early intervention and health gain. In addition RBWM as part of its transformation and efficiencies programme has invested more to increase preventive services such as shared lives and telecare. The White Paper states an additional £100m will be available nationally to meet the new requirements from April 2013, and £200m from

April 2014. RBWM can expect to receive £192k, and £384k of this funding in those years. These will need to be agreed with the local CCG and the Health & Wellbeing Board will oversee priorities and recommend agreements. The DoH paper states the additional amounts will be transferred to local authorities from the NHS Commissioning Board which is still in the process of being set up.

In addition the DoH will establish a capital fund of £200m over 5 years for the development of specialised housing for older and disabled people. Details of access to this fund should be available by October 2012 and may be subject to consultation.

5. Legal Implications

These proposals will involve fundamental changes to the statutory framework governing Adult Social Care assessment, funding and policies. This will all be considered when finalised, to ensure RBWM complies with the new statutory and legislative framework.

6. Value For Money

Any changes to service provision or development of new services will be subject to a business case and value for money analysis.

7. Sustainability Impact Appraisal

Not relevant.

8. Risk Management

Risks	Uncontrolled Risk	Controls	Controlled Risk
Higher demand for preventive services	High. Focus on preventive services that have national research evaluation to demonstrate effectiveness.	Use current and future data on need.	Medium. Close working with the CCG on modelling need and gaps in service delivery to support more people to live at home will result in better outcomes for residents and reduced demand.

9. Links to Strategic Objectives

The integration of health and social care is a key aim of the proposed Health & Wellbeing Strategy for which each local authority will be responsible for from April 2013.

Our Strategic Objectives are:

Residents First

- Support Children and Young People
- Encourage Healthy People and Lifestyles
- Improve the Environment, Economy and Transport
- Work for safer and stronger communities

Value for Money

- Deliver Economic Services
- Improve the use of technology
- Increase non-Council Tax Revenue
- Invest in the future

Delivering Together

- Enhanced Customer Services
- Deliver Effective Services
- Strengthen Partnerships

Equipping Ourselves for the Future

- Equipping Our Workforce
- Developing Our systems and Structures
- Changing Our Culture

10. Equalities, Human Rights and Community Cohesion

Any new policy or services will be subject to an EQIA. The overall policy is to provide a better range of services for vulnerable people.

11. Staffing/Workforce and Accommodation implications:

There will be additional posts required to carry out new functions and these will be scoped when priorities and funding is reported to Cabinet in February 2013.

12. Property and Assets

This will depend on what and how new services are provided.

13. Any other implications:

None.

14. Consultation

There will be consultation with Adult Social Care Partnership Board users and carers to assist in the development of options following further guidance on the White Paper.

15. Timetable for Implementation

The White Paper implementation is in three stages as set out in Appendix D finalising by April 2015. RBWM will devise an action plan to fit with the timescales nationally when confirmed.

RBWM Outline Local Implementation Timetable

These are all subject to national timescales and parliamentary progress and timing of the new Bill except for the new funding for prevention.

ACTION	BY WHEN
Report to Cabinet on White Paper	27 September 2012
Proposals on new investment Shadow Health & Wellbeing Board	07 December 2012
Increase preventive services	April 2013
New policy requirements and analysis.	October 2014
New legislation changes to Cabinet	July 2014 (subject to parliamentary progress)
Full implementation of new Act	April 2015

16. Appendices

Appendix A - Who needs care?

Appendix B - DoH New Model – Shifting from Crisis to Prevention

Appendix C - Key Actions

Appendix D - Timetable of Actions

17. Background Information

DoH White Paper Caring for our Future: Reforming Care & Support – July 2012.

18. Consultation (Mandatory)

Name of consultee	Post held and Department	Date sent	Date received	See comments in paragraph:
Internal				
Cllr Burbage	Leader of the Council			
David Oram	Chief Exec	10 08 12	15 08 12	Incorporated
Maria Lucas	Head of Legal Services	10 08 12	15 08 12	Incorporated
Mike McGaughrin	Chief Operating Officer	10 08 12	15 08 12	Incorporated
Alan Abrahamson	Finance partner	10 08 12	15 08 12	Incorporated
External				

Report History

Decision type:	Urgency item?
	No

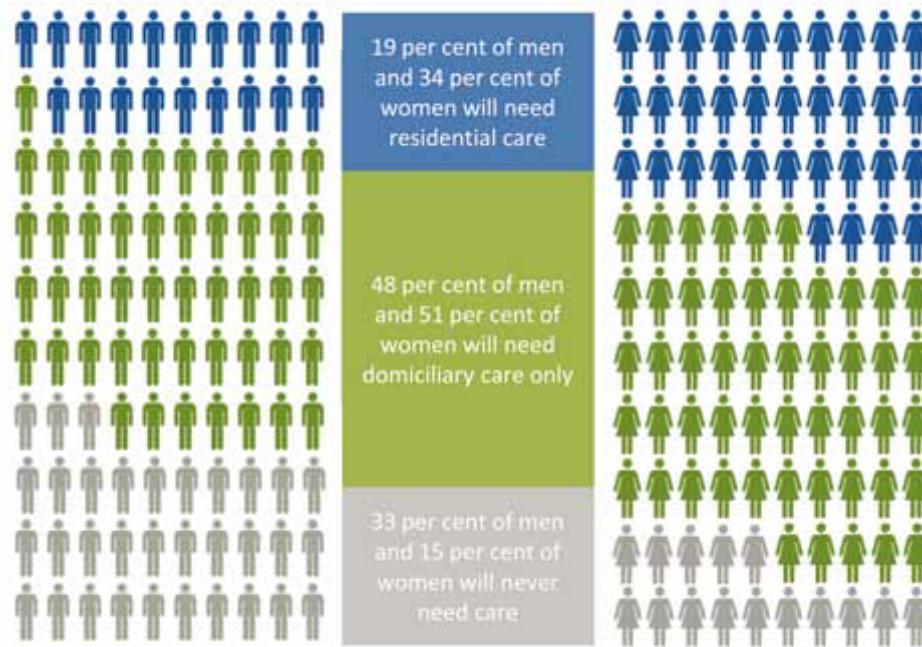
Full name of report author	Job title	Full contact no:
Christabel Shawcross	Strategic Director of Adult & Community Services	01628 796258

Stages in the life of the report (not all will apply)	Date to complete
1. Officer writes report (in consultation with Lead Member)	20 August 2012
2. Report goes for review to head of service or DMT	09 08 12
3. To specialist departments: eg, legal, finance, HR (in parallel)	
4. To lead member	17 08 12
5. To SMT or CMT	15 08 12
6. To the leader	31 08 12
7. To overview or scrutiny, if a cabinet report	11 09 12
8. To cabinet	27 09 12

Care and Support is something that affects us all:
76 per cent of older people will need care and support at some point in later life. We will all know someone, a family member or friend, who needs some extra care or support to lead a full and active life.

Who needs care?

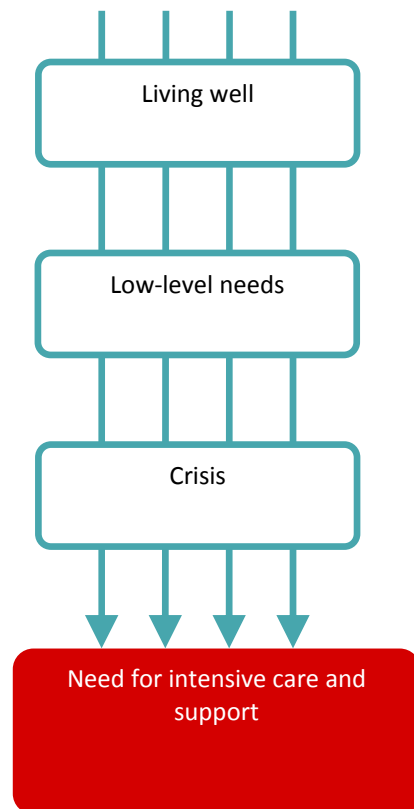
At age 65, what are your chances of needing different types of care within your lifetime?



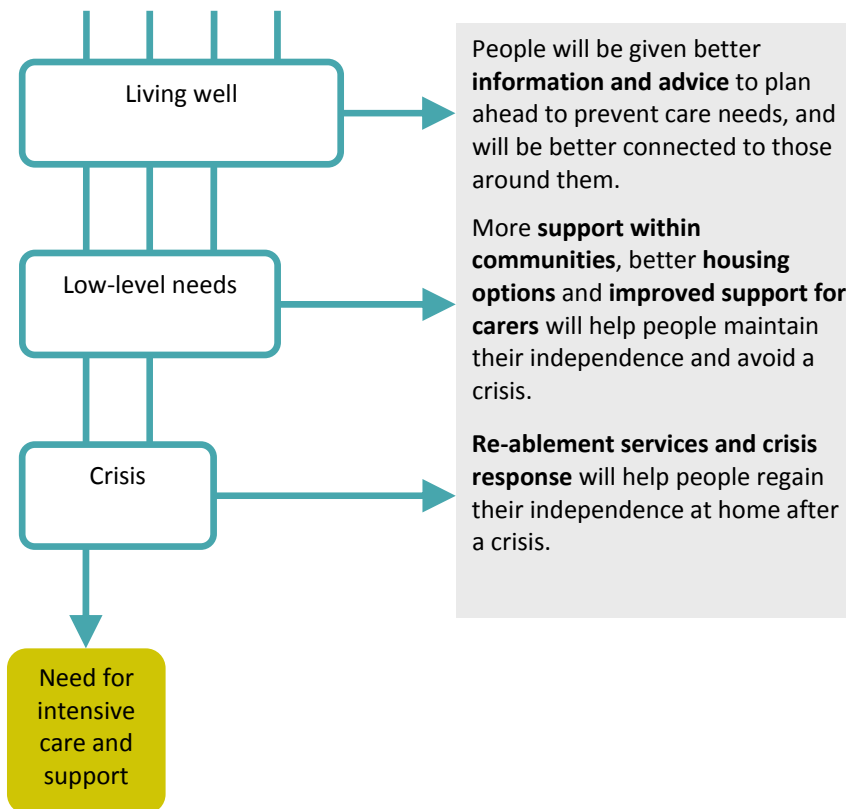
Source: Personal Social Services Research Unit

Shifting the focus – from crisis to wellbeing

The **current system** does not offer enough support until people reach a crisis point



The **new system** will promote wellbeing and independence at all stages to reduce risk of people reaching a crisis point, and so improve their lives



DoH White Paper: Care and Support

Summary of key actions:

The Government will work with partners – including carers, people who use services, local authorities, care providers and the voluntary sector – to make our vision a reality. The key actions we will take include:

- Stimulating the development of initiatives that help people share their time, talents and skills with others in their community. RBWM CareBank is an example of this.
- Developing and implementing in a number of trailblazer areas, new ways of investing in supporting people to stay active and independent, such as Social Impact Bonds.
- Establishing a new capital fund, worth £200 million over five years, to support the development of specialised housing for older and disabled people.
- Establishing a new national information website, to provide a clear and reliable source of information on care and support, and investing £32.5 million in better local online services.
- Introducing a national minimum eligibility threshold to ensure greater national consistency in access to care and support, and ensuring that no-one's care is interrupted if they move.
- Extending the right to an assessment to more carers, and introducing a clear entitlement to support to help them maintain their own health and wellbeing.
- Working with a range of organisations to develop comparison websites that make it easy for people to give feedback and compare the quality of care providers.
- Ruling out crude 'contracting by the minute' which can undermine dignity and choice for those who use care and support.
- Consulting on further steps to ensure service continuity for people using care and support, should a provider go out of business.
- Placing dignity and respect at the heart of a new code of conduct and minimum training standards for care workers.
- Training more care apprenticeships to 100,000 by 2017.
- Appointing a Chief Social Worker by the end of 2012.
- Legislating to give people an entitlement to a personal budget.
- Improving access to independent advice to help people eligible for financial support from their local authority to develop their care and support plan.
- Developing, in a small number of areas, the use of direct payments for people who have chosen to live in residential care, to test the costs and benefits.
- Investing a further £100 million in 2013/14 and £200 million in 2014/15 in joint funding between the NHS and social care to support better integrated care and support.

DoH White Paper Timetable of Actions

June 2012	2012/13 Health and Social Care Volunteering Fund (local scheme) invites bids to support community-based support, including time-banking schemes.
July 2012	First stage of the provider quality profile goes live on the NHS and Social Care Information website
July 2012	Publication of the draft Care and Support Bill, setting out how we plan to reform care and support law. The draft Bill will be subject to pre-legislative scrutiny.
Summer 2012	Expressions of interest invited to pilot direct payments in residential care.
Autumn 2012	Consultation on oversight of the care market published. This will provide more details on how people will be protected should a care provider run into financial difficulties
Autumn 2012	Further details about the process for establishing Social Impact Bond trailblazers published.
September 2012	Code of conduct and minimum training standards for care workers published.
October 2012	Further details about the £200 million capital fund for older and disabled people's housing published.
October 2012	2013/14 Adult Social Care Outcomes Framework published.
Winter 2012	Publication of an integration plan, setting out how the modernisation of the NHS can be built upon to provide a more joined-up experience for people.
Winter 2012	Chief Social Worker appointed.
Winter 2012	2013/14 Health and Social Volunteering Fund (national scheme) invites bids to support community-based support, including time-banking schemes.
March 2013	Working group established to develop and test options for a new assessment and eligibility framework for people who use services and for carers.
March 2013	Launch of the Leadership Development Forum.
Spring 2013	Social Impact Bond trailblazers launched, to encourage investment in innovative support to keep people independent at home.
April 2013	NHS Commissioning Board, clinical commissioning groups, Public Health England, health and wellbeing boards, and local authorities take on their new statutory responsibilities as set out in the Health and Social Care Act 2012.
April 2013	Additional funding for integrated care and support made available to local authorities through the NHS Commissioning Board.
April 2013	Improved information added to the provider quality profile, and the data made available to organisations to develop a quality rating.
April 2013	NICE begins the development of a library of quality standards for care and support, including standards for the quality of home care.
April 2013	Residential care charging rules changed, so that the income that people earn in employment is exempt from charges.
Winter 2013	Care and support sector compact published.
April 2015	Introduction of new funding system for end-of-life care.
April 2015	National minimum eligibility threshold for adult social care introduced.