

CARE REFORMS AND IMPLEMENTATION



- ASH July 2022 – Hayley Verrico



Summary of Legislative Drivers

'People at the Heart of Care'

Adult Social Care Reform White Paper (Dec 21)

Market Shaping

Fair cost for care

Housing

Support for Carers

Social Care Workforce

Digital

Assurance

'Build Back Better' our plan for health and social care (Sept 21)

Capping ASC costs

Improving Health and Social Care integration

'Health and social care integration: joining up care for people, places and populations' (Feb 22)

Health and Care Bill (July 22)

Establishment of Integrated Care Systems (ICS)

Levelling Up White Paper (Feb 22)

Adult Social Care Assurance (Apr 23)

New inspection regime for Adult Services by the CQC and refreshed expectations of sector-led improvement

Liberty Protection Safeguards

A new Liberty Protection Safeguards (LPS) System replacing the Deprivation of Liberty Safeguards (DoLS)



Key Drivers for Change in Adult Services

Key drivers...

Increasing demand

Higher dependency and needs

Constrained workforce

Limited resources

Variability in quality

Legislative Drivers...

ASC Reform (White Paper)

ASC Assurance

Health and Care Integration
(White Paper)

Liberty Protection Safeguards

Required response...

Reshape the care market
(capacity and demand)

Implement charging reforms

Adapt and improve operational ways of working

Reset the internal workforce
(capacity and capability)

Cap on Care Costs

The introduction of charging reforms will place new requirements on LA's to:

- ❖ Develop individual care accounts (including statements) for everyone, including people funding their own care
- ❖ Maintain a care account to keep track of a person's progress towards the cap and when they are approaching the cap
- ❖ Undertake a form of Care Act assessment to understand an individual's care needs and the cost of their care, this includes all forms of care provision (domiciliary, residential and nursing) CHC funded packages and s117 are excluded
- ❖ If requested, arrange care for self-funders at the prevailing LA rates [section 18(3)]
- **Care Cap** set at £86,000 from October 2023, but will rise with inflation, excludes daily living costs thought to be set at £200 per week
- Anyone **assessed by a LA** as having **eligible care and support needs**, can begin progress towards the cap from October 2023
- The **costs accrued** towards the cap will be based on:
 - In the case of a person financially supported by the LA - what the LA charges the person to meet their eligible care and support needs; or
 - In the case of a self-funder who arranges their own care, what the cost would be to the LA of meeting their eligible care needs if they commissioned those services
 - Self-funders will have an automatic right to ask the LA to commission their care on their behalf

Implications and resource requirements - Cap on Care Costs

- Local IT and case management systems need to be adapted for ongoing case management
- Increase in financial assessments being undertaken (currently funded 3,207 pa, estimated increase of 50% 1,603 pa)
- Maintenance of care accounts, care account statements should be digital by default
- Increased contacts to adult social care
- Increased number of Care Act assessments and reviews, to determine eligible needs (at least 50%)

Current assessment figures, 4,000 pa and reviews 2,000 pa

- Increase in complaints
- Increase in brokerage activity, arranging services for self-funders
- Increased number of DoLs and safeguarding concerns for self-funders

Risks - Cap on Care Costs

- Ability to afford and recruit workforce to complete the assessments is a key risk and we need to think about mitigation
 - Early assessments (to smooth demand) proposed to begin from 1 April 2023 but few LA's are able to do this
 - Duty to arrange care for self-funders had potential to raise LA prices by more than is affordable (link with Fair Cost of Care)
 - More people likely to require Direct Payments – need to review audit / verification process
 - No confirmation yet of any 2022/23 funding (reported to be £34m nationally) and risk that overall funding is insufficient to cover costs and lost income
 - New IT systems to deliver care account and statements = key constraint / opportunity
 - Exposure to debt will be increased
 - Requires a “whole system” and co-ordinated response – operations, brokerage, FAB / finance, Liberata, DP Support, ICT, BIS, Comms, project / change management
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- ❖ Internal working group established
 - ❖ Recruitment of a Implementation Manager underway to lead this work
 - ❖ ADASS looking to develop self-assessment solutions for self-funders

Fair Cost of Care

- Duty to arrange care for self-funders changes the balance of market and further forces the issue that LAs need to “move towards paying provider the Fair Cost of Care”
- Government now requires LAs to:
 - Conduct a cost of care exercise to determine sustainable rates and identify how close we are to it, to include domiciliary care, residential and nursing
 - Cost of care exercise – produced by surveying local providers for 65+ residential and nursing care and 18+ homecare to determine a sustainable fee rate for different care settings. Exercises will need to accurately reflect local costs such as staff pay and travel time, and provide for an appropriate return on capital or return on operations. Local authorities will be expected to publish the exercises
 - Engage with local providers to improve data on operational costs and number of self-funders to better understand the impact of reform on the local market (particularly the 65+ residential care market, but also additional pressures to domiciliary care)
 - Strengthen capacity to plan for, and execute, greater market oversight (as a result of increased section 18(3) commissioning) and improved market management to ensure markets are well positioned to deliver on the reform ambitions
 - Develop and submit by 14 October 2022, a provisional market sustainability plan setting out local strategy for the next 3 years (2022 to 2025) – using the cost of care exercise as a key input, this provisional plan will demonstrate the pace at which local authorities intend to move towards a sustainable fee rate
 - Develop and submit a Spend Report – this will detail how money (£623k in 2022/23 for NSC) has been allocated in line with Government expectations in order to achieve a more sustainable local market

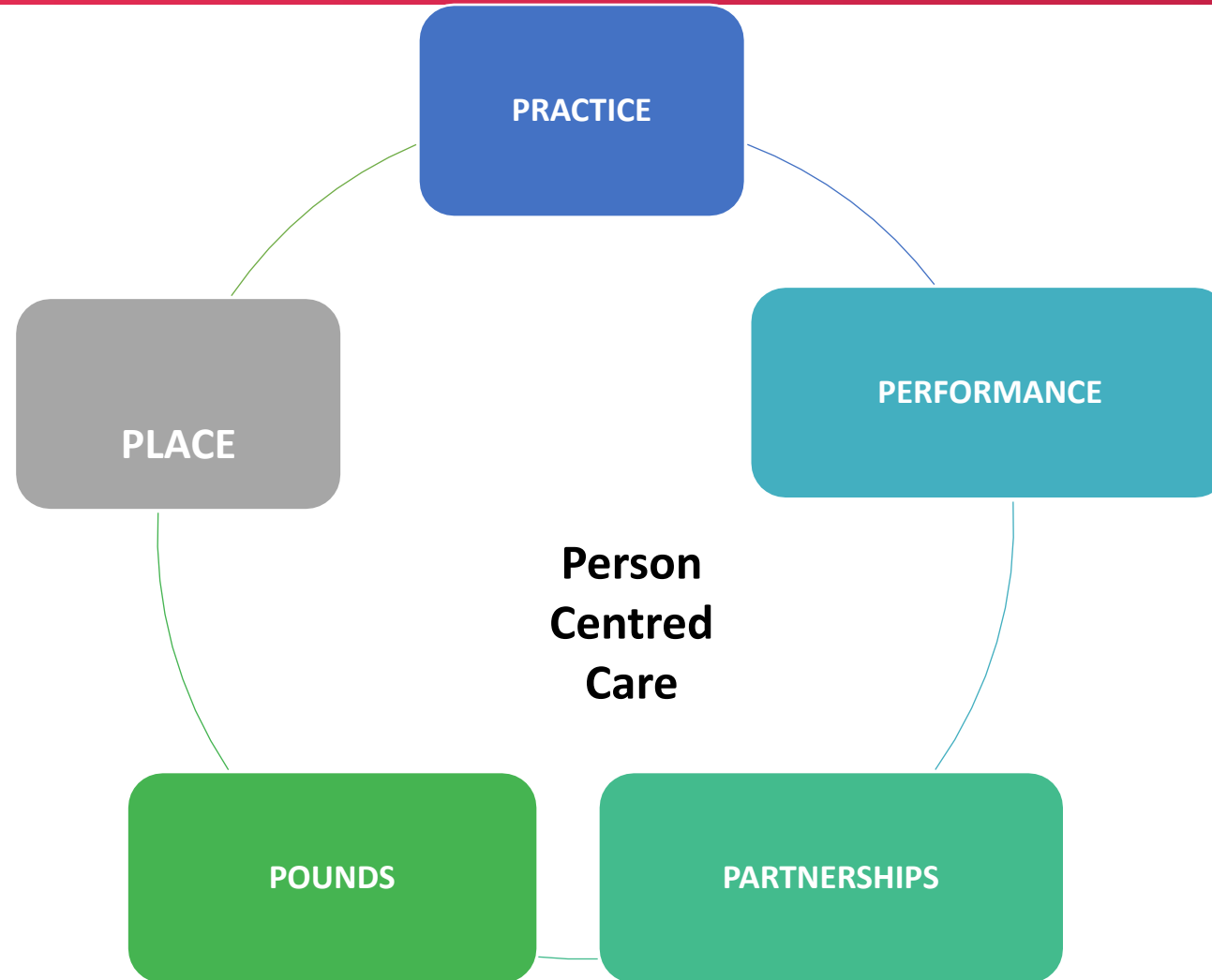
Implications and resource requirements - Fair Cost of Care

- Head of Service, Contracts and Commissioned recruited to and leading on this work
- Additional capacity being sourced on a 1 year fixed term basis to support.
- PAMMS commissioned- Provider Assessment & Market Management Solutions tool.
- ❖ *Assessment solution, enabling Council/NHS/Provider collaboration for improved care quality.*
- ❖ *A repository for Provider and contract information, improving operational efficiency.*
- ❖ *Digitised Provider self-assessments, and other returns, for improved contract management.*
- ❖ *Commissioning tool to purchase care using market intelligence.*
- ❖ *Analytics to support local, regional and national-level market-shaping and oversight.*
- ❖ *Risk Profiler, which identifies Providers with quality and financial risks.*
- Extensive engagement with the sector and this has begun
- Fair Cost for Care exercise with domiciliary care providers underway, residential and nursing to follow shortly
- Timescales tight but must be delivered as DHSC reserve the right to withhold funding

Risks - Fair Cost of Care

- Providers may inflate their costs
- Many of our rates are lower than many other areas in the SW & the fair cost of care exercise may mean that we need to substantially increase our rates in coming years
- DHSC reserve the right to withhold future fair cost for care funding until satisfied that all fund conditions have been met
- Likely that a new self-funder model will materialise, coupled with increased fees generally could mean people exhaust their funds sooner than they would otherwise
- Affordability, across the country LA's voicing concerns that the fair cost of care reform is unaffordable in a sector that has been underfunded for a number of years.
- Likely that the Government will further amend this aspect on the reform once the exercise is complete but still must be completed but could lead to further work

CQC Assurance



CQC Assurance

Begins in the Spring of 2023 and CQC collecting data to inform prioritisation of inspections

Local Authority Self-Assessment / Self-Evaluation & Peer Review

Annual conversation meeting with the Care Quality Commission

5 – 10 working days notice; 3 weeks of inspection activity (1 week off-site; 2 weeks fieldwork)?

Information requested from the Local Authority (client level data / datasets, inspection document library)

Scope to focus on the experiences / the journey of adults seeking or receiving care and support from the Local Authority (from first point of contact)

**Ultimately, are our service/s:
SAFE, EFFECTIVE, CARING, RESPONSIVE, WELL-LED?**



CQC Assurance

Council wide:

- What are the needs of your local population – as evidenced by JSNA (demography projections, ethnicity, health inequalities, deprivation etc) and other corp documents?
- How does the strategy/plan/priorities for ASC clearly inform, and be informed by, the council's corporate plan – vision, key priorities and targets?
- Does ASC have its own strategic plan – setting out its vision, priorities and targets – describe how developed and impact to date?
- How does the council facilitate its partnership working – with other councils in its patch (ie districts and town and parish); with the VCS; with people with lived experience; with other public bodies? Describe the partnership fora that exist, their focus and impact – and how they reveal that the council is the key leader of place?
- How does the council deliver its equality, diversity and inclusion responsibilities?
- What does the Council's MTFP say about ASC – including investment, efficiencies and savings?
- Is there robust scrutiny of ASC performance in place – and how is it exercised, giving some examples of where scrutiny has resulted in change?
- Leadership of ASC – stability, capacity and pace of improvement - engagement in sector led improvement work?

Implications and resource requirements - CQC Assurance

- Additional data collection required to be submitted to CQC on an ongoing basis
- Evidence of ongoing self-assessment and peer review
- Engagement with the LGA Sector Led Improvement Programme
- Internal routine audit of practice
- Evidence to support quality of care provision
- Ongoing gathering of evidence, outcomes for people
- Routine engagement and co-production with residents
- Ongoing preparation for inspections

Risks - CQC Assurance

- Resource for new assurance regime
 - Co-production
 - Engagement
 - Web based information and advice
 - Increased data requirements, client level, datasets
 - Develop and train Peer reviewers
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- ❖ Internal working group established
 - ❖ Project Manager being recruited to on a 1 year fixed term to undertake preparedness exercise, self-assessment and peer review
 - ❖ ADASS developing peer review scheme

Additional Reforms to consider

- Liberty Protection Safeguards, LPS – commencement date to be confirmed, delayed from April 2022
- Mental Health Act Reforms - commencement date to be confirmed
- Autism Strategy - commencement date to be confirmed
- Housing, New Models of Care – tbc
- Carers Reform – tbc Budgets will continue to be squeezed
- Pooled budget national guidance – Spring 2023
- Standards to support health and care data – Autumn 2023
- Shared care records for all citizens – By 2024

Summary

- The most challenging reforms since the implementation of the Care Act 2014
- Effect on a workforce still coping with significant health and social care demands
- Delivery of major transformation in 2022/23 will be challenging
- Aspects of the reform will affect other areas of the council. Care Connect, SPA, Operations, Brokerage, FAB / Finance, Liberata, DP Support, ICT, BIS, Comms, Project / Change Management
- Recruitment of staff in adult social care & finance especially with an understanding of benefits and ASC will be challenging
- Significant financial risks to the council in terms of delivery, additional care costs, staffing
- Additional demands arising from CQC assurance, data requirements, performance management, annual conversations and inspection