

ADULTS SOCIAL CARE REFORMS BRIEFING

A report from the Chief Officer for Adult Care and Health, Devon County Council

1. Recommendations

That the Health and Adult Care Scrutiny Committee:

- 1.1 Notes the content of this report that sets out the main elements of the adult social care reform white paper that are subject to the on-going Parliamentary process
- 1.2 Considers how it wants to be kept informed between now and the commencement of the extended means test, the care cap and extended self-funding rights in Oct 2023. This could include adding specific elements of the white paper to its work programme or using Masterclass sessions to explore
- 1.3 Actively participates in any local engagement to shape the DCC response

2. Purpose

- 2.1 To provide a briefing to members of the Health and Adult Care Scrutiny Committee on the government's proposals for the reform of adult social care and establish how members would like to be informed and updated as the legislation develops, and engaged in the local response when legislation is passed.

3. Overview

- 3.1 The [White Paper](#) sets out a 10 year vision with three objectives:

- People have choice, control and support to live independent lives.
- People can access outstanding quality and tailored care and support.
- People find adult social care fair and accessible.

- 3.2 It encourages investment and innovation and to make every decision about care a decision about housing and make a shift away from a 'reliance on residential care' to outstanding care in people homes that are safe and enable independence.

- 3.3 There is also a focus on other housing options that support independence and provide options for people when thinking about their future needs such as Extra Care Housing and Supported Living.

- 3.4 Team Devon is leading a new strategic housing task force in partnership with Devon's district, town and parish councils. The taskforce will include looking at care worker housing and has the potential to consider housing to support people with care needs.
- 3.5 There is nothing new or ground-breaking within the white paper in terms principles or visions of care, nothing that is significantly different to how we are working or aspire to work or how adult social care is delivered, received or shaped. The sentiment is that of the Care Act which has shaped our work since 2015.
- 3.6 The white paper does not provide anything that will address the challenges in the system in the here and now, or over the next two years that impact on the people it serves.
- 3.7 We must acknowledge that the capacity pressures that we are already experiencing will be added to through the extending of local authority duties towards those funding their own care.
- 3.8 We estimate locally that 50% of all those receiving care in Devon are self-funders who we currently have none or little contact with beyond signposting and information and advice, although that is an incredibly valuable service itself. We currently serve around 11,000 people meaning that a further 11,000 people in Devon are making their own care arrangements. Even if a small percentage approach us, some of our care management functions will require further capacity or be further stretched.
- 3.9 The white paper acknowledges that the full spirit of the Care Act is not always being met. It is hard to see this changing in the short and medium term as the workforce challenges across the system are so far reaching and so longstanding. The challenges require a significant investment of time and money as well as national policy changes beyond adult social care.
- 3.10 The Government previously announced £5.4 billion over 3 years solely for adult social care reform. The White Paper does not expand on the future allocation of funding from the Health and Social Care Levy, both in terms of money coming to Adult Social Care or the allocation within Adult Social Care e.g., will the £500M workforce fund be recurring to enable planning and longer-term investment? The concern remains that the NHS will be prioritised.
- 3.11 The total funding announcements in the white paper and through the Levy are modest and significantly below the figures the adult social care sector has long lobbied for and heard by the [Health and Social Care Committee](#) in 2020:
- 3.11.1 The Health Foundation estimate that simply meeting the growing demand caused by an ageing population will cost £2.1bn per year nationally.
- 3.11.2 Delivering the planned increases in the National Living Wage for care workers with a small pay uplift of 5%, in line with the uplift given to NHS staff, will increase this figure to £3.9bn per year.
- 3.11.3 In order to increase access to social care by 10% an extra £4.4bn would be needed.

- 3.11.4 Separate to any pay rises, but to ensure the sustainability of the care market would require an increase in the annual budget of £5.5bn per year by 2023–4.
- 3.11.5 Going further, the Health Foundation estimate that a funding increase of £7.7bn would increase access to social care, and would have a potentially positive impact on workforce numbers and pay, provider sustainability, and the quality of care
- 3.12 In October 2021, the Health Foundation published updated projections for the next three years, estimating that funding would need to be approximately 25% (£4.8bn) to 50% (£9.3bn) higher in real terms by 2024/25 compared to 2021/22.
- 3.13 Key documents to this white paper are the current Health and Care Bill that is going through Parliament, and also the pending white paper on integration, that will set the wider conditions, landscape and arrangement for how much of the vision and policies will be delivered and making the system better equipped to collaborate and innovate.
- 3.14 The integration white paper has been delayed as has the move to put Integrated Care Systems on a statutory footing until July 2022.
- 3.15 A government [website](#) has been developed to support public understanding of the changes.

4 Timelines

- 4.1 The commencement of the Health and Social Care Levy from April 2022 will result in the majority of the funding commitment being initiated.
- 4.2 The changes to means testing, the introduction of the care cap and self-funder access to local authority rates of care in care homes is expected to be in place by October 2023, a sign of the complexity and preparation required.
- 4.3 There will be a series of consultations across a number of the policy areas. Locally we may also need to undertake some engagement activity when we have further details including where we have powers that we can employ rather than we must employ.

5 The vision of the white paper

- 5.1 Over the next 3 years the vision will be implemented through ([most of this previously known](#)):
- at least £300 million to integrate housing into local health and care strategies, with a focus on increasing the range of new supported housing options available.
 - at least £150 million of additional funding to drive greater adoption of technology and achieve widespread digitisation across social care.
 - at least £500 million so the social care workforce has the right training and qualifications, and feel recognised and valued for their skills and commitment.

- a new practical support service to make minor repairs and changes in people's homes to help people remain independent and safe in their home, alongside increasing the upper limit of the Disabilities Facilities Grant for home adaptations.
- up to £25 million to work with the sector to kick-start a change in the services provided to support unpaid carers.
- £30 million to help local areas innovate around the support and care they provide in new and different ways.
- a new national website to explain the upcoming changes, and at least £5 million to pilot new ways to help people understand and access the care and support available.
- more than £70 million to increase the support offer across adult social care to improve the delivery of care and support services, including assisting local authorities to better plan and develop the support and care options available.

5.2 A general, but crude rule of thumb is that Devon receives approximately 1% of national funding. This would mean Devon would receive £250K to kick-start a change in the services provided to support unpaid carers.

6 The following policy positions have been set out:

6.1 The care cap, extended means test and self-funders rights

- No one needs to pay more than £86,000 for their personal care costs, daily living cost will not meter towards the £86,000 cap
 - A more generous means-tested support for anyone with less than £100,000 in chargeable assets
 - Self-funders can access the same rates for care costs in care homes that local authorities pay
- 6.1.1 We will need to model the impact locally to understand what the cost to the local authority might be from the care cap and more generous means test, assessing that against any central funding received.
- 6.1.2 We will also need to significantly expand our assessment and review capacity to deal with significant approaches from self-funders ahead of October 2023 and for the on-going activity.
- 6.1.3 There will need to be a complex piece of work to understand how we deliver the requirement that self-funders can access our rates and what that means for our current rates.
- 6.1.4 There will be a published cost of care exercise to determine sustainable fee rates, including a requirement for local strategies that indicate the direction and pace of change towards new models of care and greater market oversight.
- 6.1.5 We wait on further details as to whether 'access the same rates' means that we must commission when asked and whether that can be a chargeable service either to cover costs of the services or to generate income.

6.1.6 We will need to develop or commission an online solution to monitor and chart progress towards the care cap for people contributing to their care costs and expand capacity to deal with what will likely be an increase in decisions being challenged.

6.2 Direct payments

6.2.1 Following the announcement of a cap on care costs, Government will explore how direct payments could be used as a mechanism for making payments once the cap has been reached.

6.2.2 The government will also be considering what further changes could be made to direct payments including options of receiving cash benefits for family members

6.3 Carers

6.3.1 Carers UK estimate that unpaid carers contribute to £132Bn to the economy, despite this only one funded measure of £25m has been announced in the white paper.

6.3.2 That funding is for the government to work with the sector to further explore the different models of respite, how respite services are accessed by carers, and any barriers to accessing these services that carers might experience

6.3.3 A new obligation has been set out for Integrated Care Boards and NHS England to involve carers when commissioning care for the person they care for.

6.3.4 The Department for Business, Energy and Industrial Strategy (BEIS) will introduce a carer's leave entitlement of 5 days of unpaid leave a year for eligible employees.

6.4 Workforce

6.4.1 A number of ideas, initiatives and funding announced including, portable care certificates, learning and development fund, career pathways, but nothing that addresses the workforce challenges and shortages right now.

6.4.2 The roll-out of the Social Care Workforce Race Equality Standard will be expanded so that local authorities will use data to create plans for ensuring staff from ethnic minority backgrounds are treated equally, feel included and valued, their health and wellbeing are prioritised, and they have access to culturally appropriate support.

6.4.3 Devon County Council is providing national and local leadership in ASC workforce challenges, including through our on-going Proud to Care campaigns, our LoveCare programme and through our national and central influence through our Appreciative Inquiry.

6.5 Market shaping

6.5.1 Commissioners across health and social care are expected to develop plans to shape the local care market, the white paper had put an increased focus on doing this in partnership with people with lived experience, unpaid carers, the wider community, providers of care and support and housing, and care workers.

6.6 Regulation of adult social care

- 6.6.1 From 2023 government will introduce a duty for the CQC to independently review and assess local authority performance in delivering their adult social care duties under [part one of the Care Act 2014](#). New legal powers will be in place for the Secretary of State for Health and Social Care to intervene in local authorities where there are significant failings.
- 6.6.2 There is a lot to yet be determined that will shape our response and our preparedness including the data that we will need to collect. There will be a significant risk to organisational reputation of getting this wrong.
- 6.6.3 A new adult social care data framework will be established by spring 2022, and improve the quality and availability of data nationally, regionally and locally

6.7 Sector Led Improvement

- 6.7.1 The Sector Led Improvement programme is an agreement between central and local government for continuous improvement. It uses tools such as Peer Reviews and is delivered through ADASS and the LGA.
- 6.7.2 The white paper commits the government to work with stakeholders, including local authorities and care providers to develop the improvement offer further. This will be supported by improvement funding to over £70 million over the next 3 years.
- 6.7.3 It is likely that the offer will include preparation and support for the regulation of adult social care. Support will also be offered to those local authorities struggling to meet their Care Act duties.

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Electoral Divisions: All

Cabinet Member for Adult Social Care and Health Services: Councillor James McInnes

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LOCAL GOVERNMENT ACT 1972: LIST OF BACKGROUND PAPERS

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<u>Background Paper</u>	<u>Date</u>	<u>File Reference</u>
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Nil