

Report for: ACTION/INFORMATION
Item Number: 11

Contains Confidential or Exempt Information	NO
Title	Cabinet Approval for Expenditure on the Adults Care Act Capital Budget and Capital Allocation for NHS Integration
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Portfolio(s)	Cllr Hitesh Tailor
For Consideration By	Cabinet
Date to be Considered	15 th September 2015
Implementation Date if Not Called In	28 th September 2015
Affected Wards	All
Keywords/Index	Capital, Social Care Reform, Care Act, NHS Integration

Purpose of Report:

This report details the broad areas of spend being proposed by officers in connection with: a) Care Act Capital Budget for 2015/16 and b) Capital Allocation for NHS Integration for 2015/16. The report asks for Members agreement to the proposed areas of spend and to note the Government’s July 15 announcement regarding the deferred implementation of planned changes to the way people pay for their care from April 16.

1. Recommendations

It is recommended that Cabinet

- 1.1 Agree the proposed broad areas of capital spend as set out in paragraph 2.5 of the report for a) Care Act Capital (15/16) and paragraph 2.10 for b) Capital Allocation for NHS Integration (15/16 to 17/18).
- 1.2 a) Care Act Capital – delegates authority to the Director of Adults Services following consultation with the portfolio holder, to commence spend in line with the proposed schedule of projects.

b) NHS Integration Capital - delegates authority to the Director of Adults Services, following consultation with the portfolio holder, to commence spend in line with the proposed schedule of projects.

1.3 Delegates to the Director of Adults Services authority to vire budgets between these agreed projects, as required, in order to manage them and ensure full spend in accordance with terms and conditions of the NHS Integration Capital funding.

2 Reason for Decision and Options Considered

a) For Care Act Capital

2.1 In October 2014 Cabinet received a report providing an overview of the Care Act, Regulations and Statutory Guidance in advance the implementation of the new Care Act from April 2015.

The Care Act 2014 introduced fundamental new duties and powers as well as incorporating established case law in the areas of social care and responsibilities that are not new to local policy and practice. The aim of the Act is to change the focus of social care so that the individual seeking care and support or support is the focus of the process, and to consolidate and modernise some existing laws. Part 1 of the Act came into force in April 2015. In summary, Phase 1 of Act is designed to ensure that Councils and Partners

- Promote people's well-being as the underlying principle that influences the way care and support functions are carried out
- Work to prevent and delay needs for care and support
- Place Carers rights on the same footing as the people they care for
- Deliver personal budgets to give people greater control over their care
- Deliver information and advice about the care and support system
- Provide Independent Advocacy
- Promote the protection of Adults through multi-agency Safeguarding Adults Boards
- Promote the diversity and quality of the local care market, shaping care and support around what people want
- Deliver new guarantees to ensure continuity of care
- Utilise new freedoms and flexibility to encourage co-operation, innovation and integration
- Implement appropriate financial assessment and charging regimes in relation to the way people contribute towards the cost of their care and support.

2.2 Phase 2, incorporating significant changes to the way people can pay for their care and support (Funding Reform) was scheduled to come into force from April 16, and a national consultation on the draft statutory guidance was undertaken and completed early in the current financial year. Final guidance was expected in October. The funding reform proposals were to introduce, from April 16

- A lifetime cap on care costs of £0.072m. When a person reaches the cap, the Local Authority would pay a contribution towards the costs of meeting eligible care and support needs
- Local Authorities would be required to provide a Care Account, at least annually, outlining an individual's progress towards the cap on care costs.
- The Means testing thresholds would be changed so more people benefit from financial support from the Council while they are progressing towards the care cap
- There would be a zero cap for people turning 18 with eligible care and support needs or who develop eligible care and support needs up to the age of 25 on the basis that they have not had an opportunity to build up a degree of wealth over the course of their working lives.
- A new national Appeals policy was proposed for social care complaints.

2.3 The Council has successfully implemented phase 1 of the Act, and new systems and processes have been in place since April and continue to be monitored through the Care Act Programme team and Adults management team. During the Councils budget setting process for 15/16, a capital bid for infrastructure development to support the proposed April 16 requirements was accepted. In anticipation of the scale of the proposed changes a number of initiatives are underway to upgrade ICT to meet the proposed April 16 requirements. The agreed capital budget for 15/16 is £0.250m, with a further £0.150m proposed for 2016/17 and £0.075m for 17/18.

2.4 However, in July 2015, in response to the national consultation and representation from ADASS and the Local Government Association, the Minister of State for Community and Social Care issued a statement confirming that all of the main elements of funding reform proposed for April 2016 would be deferred until 2020, and that the proposals for the national appeals system would be reconsidered as part of the next comprehensive spending review. Due to the uncertainties for ICT development in the absence of the final guidance due in October 2015, this report was due only to request authorisation of the 15/16 capital Care Act budget. Further reports will be tabled to request authorisation of the 16/17 and 17/18 budgets at an appropriate time. In light of the Ministerial announcement Cabinet is asked to note that planned spend for the 15/16 care act capital budget has been revised, and it is not anticipated that the full £0.250m will be required. The capital budget will be used to embed infrastructural changes required to comply with the Care Act part 1, and ensure our main client index and financial systems are upgraded to prudent but optimal operational and support requirements for the medium term.

2.5 In light of these priorities, the broad areas of proposed spend are as follows:

Table 1

Proposed areas of spend	2015/16 £m
Mosaic/Fwi Infrastructure Development	0.055
Care Place e-Brokerage	0.008
FWI Care Act Technical Lead	0.040
FWI Financials for Non-Residential Technical Lead	0.060
Data Cleansing & Project Support	0.010
Contingency	0.077
Total Allocated 15/16	0.250
Care Act Budget	0.250

2.6 The budget will be monitored through the monthly capital budget monitoring process, the IT working group and joint Children’s and Adults Programme Board.

2.7 Cabinet are being asked to agree these areas of spend and to delegate authority to the Director of Adults Services, following consultation with the portfolio holder, to commence spend in line with the proposed schedule of projects.

b) For NHS Integration Capital

2.7 In May 2013 the Government published “Integrated Care and Support: Our Shared Commitment”. This framework document on integration, signed by twelve national partners, sets out how local areas can use existing structures such as Health and Wellbeing Boards to bring together local authorities, the NHS, care and support providers, education, housing services, public health and others to make further steps towards integration. The shared vision is for integrated care and support to become the norm in the next five years. The framework document also invited ambitious local areas seeking to innovate, accelerate & share learning to apply for national Pioneer status.

Pioneer sites are being provided with additional expertise, support and constructive challenge to help them realise their aspirations for integrated care. The North West London (NWL) Pioneer application, submitted on behalf of Ealing and seven other Local Authorities and their respective CCG’s was successful in being one of fourteen sites chosen nationally for Pioneer status. The June 2013 the Government Spending Round set out plans for new funding arrangements, now referred to as the Better Care Fund, to accelerate Health and social care integration across the country. The

Government see the Fund as an important enabler to take the integration agenda forward at scale and pace, acting as a significant catalyst for change.

2.8 The BCF guidance has established six national conditions for access to the Fund:

- Jointly agreed plans between the Council and CCG
- Protection for social care services (not spending)
- 7-day services in health and social care
- Better data sharing between health and social care, based on the NHS number
- Ensure a joint approach to assessments and care planning and ensure that, where funding is used for integrated packages of care, there will be an accountable professional
- Agreement on the consequential impact of changes in the acute sector

2.9 The Integration programme is now fully mobilised and Ealing has established the BCF pooled fund underpinned by a section 75 partnership agreement. Work is underway roll out a new model of care for Older People, based on multi-disciplinary teams working across primary care, social care, community nursing and the voluntary sector and expand social work presence across all acute trusts to support admission avoidance and supported discharge. These professionals need to use the NHS number to support information sharing on the patient, and have access to joint and organisational specific information systems.

The working groups established at local and north west London levels, which will address the information governance, technical and operational requirements for improved data sharing between the NHS and Council. This capital budget will be used to provide investment to support new integrated working over the next 3 years. Our priorities over the 3 years include

- Migration of Adult Mental Health recording from RIO onto Frameworki
- Routine data cleansing and migration of missing NHS numbers onto Frameworki
- Development of shared care record on SystemOne to be used by the new Joint Care Team
- Development of appropriate ICT infrastructure & Information Governance Protocols to meet the NHS standards for access to SystemOne (the new GP system)
- Development of appropriate Information Governance Protocols in respect of and the other information sharing arrangements referred to above

2.10 Anticipated areas of spend are as follows:

Table 2

Proposed areas of spend	15/16-17/18 £m
ICT infrastructure	0.075
Equipment for Joint Care Teams /Intermediate care teams	0.015
NHS number data cleansing / reporting development	0.035
Solutions for Mental Health Team	0.025
IT Project Management Costs	0.050
Total	0.200

2.11 The budget will be monitored through the monthly capital budget monitoring process, the IT working group and joint Children's and Adults Programme Board.

2..12 Cabinet are being asked to agree these areas of spend and to delegate authority to the Director of Adults Services, following consultation with the portfolio holder, to commence spend in line with the proposed schedule of projects.

3. Financial

a) Financial impact on the budget (mandatory)

Cabinet is requested to agree the proposed broad areas of capital spend as set out in paragraph 2.5 of the report for a) Care Act Capital (15/16 only) and paragraph 2.10 for b) Capital Allocation for NHS Integration (15/16-17/18). *Further reports will be made requesting approval of the proposed areas of spend for the Care Act capital budget for 16/17 and 17/18.

The approved Capital budget contains £ 250k in 2015/16 for Care Act Implementation.

		Year 1 (15/16)	Year 2 (16/17)	Year 3 (17/18)	Total
	Funding Type	Capital £m	Capital £m	Capital £m	Capital £m
Addition – Care Act	Council Capital	0.250	0.150	0.075	0.475
Addition – NHS integration	Council Capital	0.075	0.075	0.075	0.225
Total		0.325	0.225	0.150	0.700

b) Financial background (optional)

As set out in paragraph 2.5 the proposed schemes for development to be funded from the Care Act Capital budget have been revised to reflect the deferred

implementation of the Care Cap and Care Account. Officers consider it prudent to allocate funding to immediate priorities, and not invest, as originally planned, in developing new Care Cap functionality.

This reports recommends that authority to revise the detailed spend programmes of the Care Act Capital and NHS Integration capital, including transferring funds between them, is delegated to the Director of Adults Services. This will help to ensure the programmes are delivered on time and on budget by allowing an element of flexibility between the required elements.

5. Legal

Legal implications of the Care Act were set out in detail in the Cabinet report in October 2014. The current statutory guidance for April 15 duties is not materially affected by the announcement to defer implementation of funding reform. However further legal advice will be provided, should the Department of Health issue any further Guidance that might affect statutory requirements for April 16.

The Health and Social Care (Safety and Quality) Act 2015 (“the 2015 Act”) imposes a duty on providers and commissioners of publicly funded health services and adult social care in England (“relevant persons”) to include a consistent identifier in information processed about a patient or service user. These Regulations provide that the NHS Number is the consistent identifier which must be so included.

The Data Protection Act 1989 sets out the legal framework with which the Council and its partners must comply with regard to the management and sharing of data.

6. Value For Money

Care Act Implementation has been managed within existing revenue resources to date. The capital investment sought for 15/16 will enable embed infrastructural changes required to comply with the Care Act part 1, and ensure our main client index and financial systems are upgraded to prudent but optimal operational and support requirements over the medium term. In addition, the Care Act activities to be funded from the budget have been scaled down to reflect reduced requirements.

Investment in information sharing with the NHS would support the council to meet national policy expectations, which focus on prevention, anticipatory care planning and avoidance of unnecessary hospital admissions through improved multi-disciplinary working and information sharing. The national system of health and care is under more pressure than ever before. People may be living for longer, but often they are living with several complex conditions that need constant care and attention, conditions like diabetes, asthma or heart disease. The toughening financial climate is a key driver to improve the way health and social care work together, to reduce duplication in customer pathways, avoid costly and avoidable spend in the acute hospital sector and find innovative ways of delivering person centred care and support, so that every pound spent on care and support counts while we strive to improve outcomes for individuals and local communities. A stronger focuses on prevention will also deliver value for money alongside improvements in care.

7. Sustainability Impact Appraisal

None

8. Risk Management

The Programme will manage risks in line with the Councils Risk Management processes.

- Council's data protection officer will be consulted on the data sharing aspects of the BCF implementation to ensure that necessary governance and written protocols are in to document how risks are managed between the Council and partners

9. Community Safety

None

10. Links to the 6 Priorities for the Borough

- Healthier

11. Equalities, Human Rights and Community Cohesion

None

12. Staffing/Workforce and Accommodation implications:

None

13. Property and Assets

None

14. Any other implications:

None.

15. Consultation

None

16. Timetable for Implementation

The planned activities for Care Act and NHS integration are incorporated into the Care Act Programme Plan, which covers the financial year 2015/16.

17. Appendices

Appendix 1 – Ministerial Announcement July 2015 (Care Act)

18. Background Information

The LGA has provided a briefing on the changes to the Care Act as announced in July 15. This is available from http://www.local.gov.uk/care-support-reform/-/journal_content/56/10180/7399280/ARTICLE

Consultation (Mandatory)

Name of consultee	Post held	Date sent to consultee	Date response received	Comments appear in paragraph:
Internal				
Jane Batalona	Legal Services	05/08/15	17/08/15	Throughout
Jonathan Scholtz	Senior Finance Business Advisor	05/08/15	13/08/15	Finance Sections
Stephen Day	Director of Adult Services	05/08/15	17/08/15	Throughout
Cllr Tailor	Heath and Adults' Services	17/08/15		
Mitchell Squires	Applications manager, Social Care	05/08/15	17/08/15	Section 2
External				

Report History

Decision type:	Urgency item?
Key decision	NO
Report no.:	
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