



The Care Act 2014

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Purpose of the Care Act 2014

- Consolidate over 40 separate pieces of legislation
- Provide support based on a person's overall wellbeing and independence
- •Putting people's needs, goals and aspirations at the centre of care and support
- Supporting people to make their own decisions and realise their potential





Components of the Act

The Act has four parts:

Part 1:

 A new legal framework for the provision of adult social care and support in England

Part 2:

 Reform of quality and safety regulation for healthcare providers





Part 3:

 Establishment of Health Education England (HEE) and the Health Research Authority (HRA) as non-departmental public bodies

HEE: Lead body for education and training of health care professionals

HRA: Regulation of Health and Social Care Research

Part 4:

Technical matters including the areas where the Act applies





The Care Act

- •Duties around prevention and provision of quality accessible information and advice
- Duty to integrate services (health, social care and health related)
- Market shaping and commissioning and provider failure
- •Duty to assess a broader range of people (carers, self funders and those below the eligibility threshold)





The Care Act (continued)

- National eligibility threshold for service users and carers
- Statutory Adult Safeguarding Boards
- •Financial assessments and charging, statutory right to deferred payments
- Continuity of care and ordinary residence rules
- Care Accounts, the cap on care costs and the threshold for contributions - Paying for Care Reforms – "Dilnot"







The Care Act (continued)

- •Introduction of an "Ofsted-style" rating system for hospitals and care homes,
- •create a single regime to deal with financial and care failures at NHS hospitals,
- •introduce a duty of candour for health and social care providers, and
- •make it a criminal offence for care providers to give false and misleading information about their performance.





Opportunities and Challenges for Tower Hamlets

- Partnership working to really improve the person's experience of care and support (joint assessments and planning as well as delivery)
- Through HWBB area based approaches to prevention and other strategies
- Joined up market management and oversight
- Carers on equal footing for support
- Focus on preventing need arising and enabling people to take control

- Increased volume of assessments and provision of support at a financially challenging time
- A number of central priorities with challenging timescales
- Central funding to implement the reforms and meet new duties may not be sufficient
- Working together in partnership to achieve this, not just an adult social care issue
- Need to take the community with us





Funding challenges

- Early indications of costs: £4.5m-£7.650m
- ADASS allocation indications: £2.75m
- Risk of additional costs as a result of integration passing to the LA
- Central Government budget reductions (25% by 2017/18)





Table 1: Key requirements and timescales

Key Requirements	Timescale
Duties on prevention and wellbeing	From April 2015
Duties on information and advice (including advice on	
paying for care	
Duty on market shaping	
National minimum threshold for eligibility	
Assessments (including carers assessments)	
Personal budgets and care and support plans	
New charging framework	
Safeguarding	
Universal deferred payment agreements	
Extended means test	From April 2016
Capped charging system	
Care Accounts	









The Spectrum of Integration

Level 1

Relative autonomyinvolving informal working arrangements

Level 2

Co-ordination

– some level
of formal
commitment

Level 3

Joint
Appointments –
collaboration
takes place, but
functions are
not combined

Level 4

Enhanced
Partnership
– system
wide
commitment
via \$75
agreement

Level 5

Structural
Integration –
a single legal
entity





Questions?