



The Care Act

Implications for Dudley

Adult Social Care & Housing Scrutiny Committee 7th July

The Care Act- Key Changes

- The underpinning principles of the Act are: **discretion, duty, rationing, appropriateness, suitability and necessity** ... the council will remain the *gatekeeper of public money*
- There is a **duty to promote a person's well-being**
- Personal Budgets become a formal requirement - but that is just the name **for the sum of money allocated**. We already have direct payments, managed personal budgets, and a Suitable Person scheme, through which incapacitated people can have the benefits of direct payments, without the personal responsibility...
- **Carers** will qualify for **enforceable rights** for the first time; not just assessment.
- **The Dilnot 'care costs' cap provisions** have now been put in, and drive the main planks of the Act: e.g. the duty to provide, above the cap, and the notion of daily living costs which are not to be counted.
- The **charging framework** is itself streamlined, with the differences to be fleshed out in regulations. Deferred payments for the cost of care at home will be introduced.

Other changes...

- **Counselling** and **advocacy** are themselves to be made into social care services – a council could pay for advocacy or even talking therapies
- **‘Information’** and **‘advice’** are also seen as services
- To deliver **‘portability’**, Councils will have to assess people who want to move to the area **in readiness**, or else have to fund what the previous council organises...and must explain differences in cost of the packages before and after the move.
- All councils must have **Safeguarding Boards** and will be under a duty to make enquiries when having been alerted to someone at risk

New Duties and Powers

- There's to be a geographically-based obligation to **provide prevention and reduction measures**.
- There's a duty to provide **an information service**
- There's to be a geographically-based general duty to shape the market so as to secure **diverse provision of services** to enable **all** people to help themselves.
- There is a clear **power** to buy these services, for the community at large, *without* them having to be bought on an individual basis as part of a care plan.
- There are **market failure fall-back obligations**, in the event of failure - so this is **more of a development for CQC**, which is given financial sustainability assessment functions in statute for the first time.
- The **Bill** re-iterates the notion of a duty to **co-operate** between agencies
- There's an **integration-directed *principle*** supposed to underpin all of the above, for the promotion of well-being.

Current Charging Arrangements

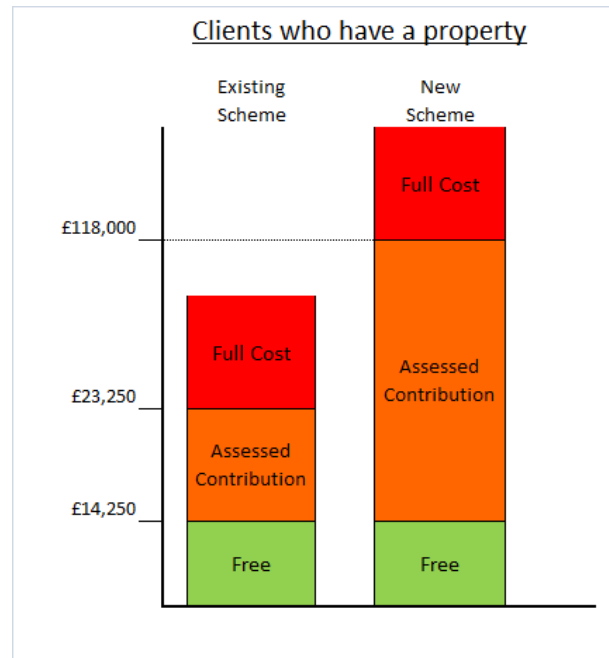
Currently, there are two sets of rules about charging for residential care and care at home.

Like most LA's, Dudley uses the same financial thresholds for charging purposes for each type of care, but for care at home, property isn't currently counted.

From April 2016 the new scheme comes into operation

Currently

Someone who has less than £14,250 will generally pay no contribution to the cost of their care. Between this amount and £23,250 a contribution is made based on a means test, and above £23,250 the full cost of care is payable.



New Scheme

Below £14,250 will still generally be free, and up to the new limit of £118,000* a means tested contribution is payable.

Above this, the full cost of care is payable.

*This limit only applies where there is a property, where there is none, the limit is around £27,000.

New Charging Arrangements/ The Care Cap

- From April 2016 an individual will only have to contribute toward the first £72,000 of care costs in their lifetime.
- To achieve this, the cost of care has been split between general living costs and care costs, and it is only the care element which counts toward the £72,000.
- A £12,000 cap has been introduced on contributions toward living costs

Example

A residential placement costs £430 per week. The cost is split as follows:

Social Care Cost	£200
General Living Costs	£230

It would take 360 weeks (that's almost seven years) before the £72,000 cap was reached.

The average length of stay in residential care is currently 125 weeks (or 2.4 years).

in most cases the new charging arrangements will not impact upon the current client base.

New Charging Provisions

- expected to be commenced in April 2016, and eligible care costs will only start counting towards the cap, from the date of commencement of the clauses.

- The local authority cannot charge an adult for meeting needs if the adult has reached the cap on care costs; however, a local authority can still charge for **daily living costs**.
- People will remain responsible for a contribution towards general living costs. In their own home, people remain [privately] responsible for non-care expenses such as utilities and rent [and these don't count towards your costs cap]. In residential care, they will pay a contribution of around £10,000 in 2010/11 prices (equivalent to around £12,000 in 2016/17) to help meet expenses associated with room and board. General living costs do not contribute towards the care cap.
- When a person has care and support needs **but does not qualify for financial support from the local authority**, they are still able to request that the local authority arrange the care and support that they require on their behalf.
- Anyone who is in receipt of care prior to turning age 18 will not be expected to contribute to their care costs.

Potential Areas for Further Scrutiny (suggest two initial areas of focus)

- Financial Implications of implementing the Care Act
- Planning and Programme Management
- Effectiveness of the Adult Safeguarding Board
- Readiness of Information and Advice systems
- Support to Carers
- Market Shaping