

Report to: **STRATEGIC COMMISSIONING BOARD**

Date: 27 April 2022

Executive Member: Councillor Eleanor Wills – Executive Member (Adult Social Care and Health)

Clinical Lead: Dr Asad Ali – Clinical Lead (Living Well)

Reporting Officer: Stephanie Butterworth - Director of Adult Services

Subject: **PEOPLE AT THE HEART OF CARE: ADULT SOCIAL CARE REFORM WHITE PAPER AND IMPLICATIONS FOR TAMESIDE COUNCIL**

Report Summary: The Government published its adult social care system reform white paper, 'People at the Heart of Care' on 1 December. The white paper sets out a 10-year vision for care and support in England and is based around three key 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

Proposals are backed by the new Health and Social Care Levy announced in September this year, of which £5.4 billion is being invested into adult social care over the next 3 years. Beyond the next 3 years, an increasing share of funding raised by the levy will be spent on social care in England.

The spending review in October 2021 confirmed the investment will be used for the following areas and duties are outlined in the white paper:

- £3.6 billion to pay for the cap on care costs, the extension to means test, and support progress towards local authorities paying a fair cost of care, which together will remove unpredictable care costs
- £1.7 billion to improve social care in England, including at least £500 million investment in the workforce

This report outlines the implications for Tameside Council and partners, indicating the key priorities and next steps.

Recommendations:

- (i) That Strategic commissioning Board be recommended to note that:
 - (a) The People at the Heart of Care: Adult Social Care Reform White Paper places new burdens on the council that are far reaching and will affect a number of functions across the council as outlined in sections 2 - 6 of this report.
 - (b) The indicative funding allocations for 2022-2025 for Tameside Adult Care are noted as outlined in section 8 of this report.
- (ii) That Strategic commissioning Board be recommended to:

- (a) Agree the key priorities for implementation of the Adult Social Care Reform in Tameside as identified in section 9 of this report.
- (b) Accept the allocation of £779,000 implementation support fund for 2022/23 and approve that this allocation be utilised in full for the preparatory work as described in section 9 of this report subject to the business case and necessary internal governance required.
- (c) Agree to the development of an Adult Care Strategy and associated medium term financial strategy (MTFS) for 2022-2025 aligned to the white paper and recovery of local activity following the pandemic.

Financial Implications:
(Authorised by the statutory
Section 151 Officer & Chief
Finance Officer)

Budget Allocation (if Investment Decision)	£3.6bn Nationally over 3 years directly to local government for the cap, means test and fair cost of care. Anticipate TMBC will receive: <ul style="list-style-type: none"> • £0.8m 22/23 – Fair cost of Care implementation support costs. • £6.72m 23/24 Fair Share. • £9.61m 24/25 Fair Share.
CCG or TMBC Budget Allocation	TMBC
Integrated Commissioning Fund Section – s75, Aligned, In-Collaboration	S75
Decision Body – SCB Executive Cabinet, CCG Governing Body	SCB
Value For money Implications – e.g. Savings Deliverable, Expenditure Avoidance, Benchmark	This report covers the cost implications and risks associated with the added burden council's will come under to implement and manage a fair cost of care and care account system that aligns to the white paper ambitions. No savings are expected from this implementation.

Additional Comments

The White Paper sets out an ambitious programme of reform for how people in England will pay for their care.

The proposals are a significant step to fully reforming adult social care, backed by the new Health and Social Care Levy, announced in September 2021. The announcements will generate investment in adult social care of £5.4bn nationally over the next 3 years, of which £3.6bn will come directly to local authorities to fund the new cap on care costs, and support implementation so local authorities can shape the market and pay a fair price for care. A further £1.7bn has been funded to improve the wider social care system in England.

There are 2 significant elements of the White Paper:

- The Cap on Care
- Market Sustainability and Fair Price for Care

The White Paper also introduces the requirement for local authorities to arrange care for those who currently 'self-fund' their care. This means that everyone will be entitled to a Care Act Assessment and access to Local Authority commissioned rates. This is where the increase in capacity across all functions, e.g. finance, systems, care assessment, contracting and market management and others, will be required.

Additional risks that are yet to be quantified is the impact self-funders having access to council contract rates will have on the wider market sustainability. i.e. where self-funders currently pay a premium to providers, allowing favourable rates to the Council, then the removal of that could drive up all care package rates.

There are key risks to the organisation's ability to respond to the substantial challenges of the White Paper.

Currently Financial Management, Client Finance and Adult Social Care operate within separate directorates. The Adult Social Care White Paper gives us the opportunity to revisit this approach, to create dedicated client finance resource and additional capacity and for the services to work in a more integrated way.

The initial £0.8m in 22/23 will go directly to supporting increased capacity required in adult care management functions and in order to shape the market and fund a fair cost of care for the first cohort from October 2023 and subsequent years.

The further £1.7bn identified nationally has been made available to improve the wider social care system in England, some of which will cover a central support offer for workforce and information and advice, along with funding to support innovation and test models of care before setting out national guidance. It is not yet known how the £1.7bn will be distributed as this was not included in the provisional settlement. Some of these elements are expected to be distributed to, or managed by Local Authorities. It could also be likely that as local authorities we need to bid for some elements.

The challenges set out in "The People at the Heart of Care: Adult Social Care Reform White Paper", are expected to be covered in full, by the announcements of additional grant funding. However, the implementation programme planning, system development and impact on demand for the council is still in its early stages of scoping and not yet fully understood. This could lead to a gap between the real cost to the council and the level of funding available.

Legal Implications:
(Authorised by the Borough Solicitor)

The White Paper sets out a 10-year vision for social care highlighting investments in housing and home adaptations, technology and digitisation, workforce training and wellbeing support and support for unpaid carers and innovation. These proposals were originally set out in the government's paper

Build Back Better: Our Plan for Health and Social Care, which included details of the new Health and Social Care Levy. The White Paper sets out how support and care in England will be transformed focusing on three key themes:

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

The White Paper sets out a range of policies to be implemented over the next three years, which are detailed in the main body of the report. The implementation of those policies will require the council to undertake the necessary due diligence particularly in relation to budgetary implications, governance and decision-making. Members do not set staffing structures although they set resource budgets and there are other internal processes to approve staffing.

How do proposals align with Health & Wellbeing Strategy?

The proposals align with the Living Well, Working Well and Aging Well programmes for action.

How do proposals align with Locality Plan?

The service links into the Council's priorities:

- Help people to live independent lifestyles supported by responsible communities.
- Improve Health and wellbeing of residents
- Protect the most vulnerable

How do proposals align with the Commissioning Strategy?

The proposals follow the Commissioning Strategy principles to:

- Empower citizens and communities
- Commission for the 'whole person'
- Take a 'place-based' commissioning approach to improving health, wealth and wellbeing
- Target commissioning resources effectively

Recommendations / views of the Health and Care Advisory Group:

Not yet been consulted.

Public and Patient Implications:

The White Paper lays out a 10 year strategy to include all those who interact with social care not just those accessing direct services that have been identified as having eligible needs under the Care Act 2014 or assessed as requiring preventative services to delay eligibility and entrance to eligible services. It also includes new burdens on local authorities for those who currently self-fund their care and support needs. These people are not currently known to services and will be entitled to financial and care assessments.

Quality Implications:

These services support quality outcomes for people to be able to continue living well in their own homes and local communities.

How do the proposals help to reduce health inequalities?

The proposals recognise the inequalities that have been further exposed during the pandemic and seeks to ensure fair access to and fair charging for care and support, thus aiming to reduce inequalities.

What are the Equality and Diversity implications?

Whilst the White paper is seeking to reduce inequalities in access to care and support it does present challenges. The Care Cap as it has been outlined at the time of writing this report will mean that some people could still be left with, what are to them, catastrophic care costs for which they may need to sell their home.

What are the safeguarding implications?

There are no safeguarding implications with this report.

What are the Information Governance implications?

Central government is currently consulting on operational guidance to implement a lifetime cap on care costs which once understood will lead to local DPIA's being carried out.

Has a privacy impact assessment been conducted?

As above.

Risk Management:

A complementary programme plan will be established following the approval of this report. This will include a risk management log, which will also be reflected in the corporate risk register. However early indications are clear financial and workforce risks in delivering the requirements of the white paper within the budget allocated.

Access to Information:

The background papers relating to this report can be inspected by contacting the report writer Tracey Harrison.



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1. INTRODUCTION

- 1.1 The Government published its adult social care system reform white paper, 'People at the Heart of Care' on 1 December. The white paper sets out a 10-year vision for care and support in England and is based around three key 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
- 1.2 Proposals are backed by the new Health and Social Care Levy announced in September 2021, of which £5.4 billion is being invested into adult social care from 2022 -2025. From 2025, an increasing share of funding raised by the levy will be spent on social care in England.
- 1.3 The spending review in October 2021 confirmed the investment will be used will be targeted in the following areas and duties are outlined in the white paper:
- £3.6 billion to pay for the cap on care costs, the extension to means test, and support progress towards local authorities paying a fair cost of care, which together will remove unpredictable care costs
 - £1.7 billion to improve social care in England, including at least £500 million investment in the workforce
- 1.4 This paper outlines the implications for Tameside Council and partners indicating the key priorities and next steps for approval.

2. KEY ELEMENTS OF THE WHITE PAPER

- 2.1 This 10 year strategy has a key aim to strengthen how care and support is delivered in the spirit of the Care Act, and a vision that:
- Offers people choice and control over the care they receive
 - Promotes independence and enables people to live well as part of a community
 - Properly values our exemplary and committed social care workforce, enabling them to deliver the outstanding quality care that they want to provide
 - Recognises unpaid carers for their contribution and treats them fairly
- 2.2 The Strategy outlines a number of key challenges facing the sector and where improvements should be made and also describes how this should 'look and feel' for people who draw on care and support
- **core purpose** of adult social care should be to help them to maintain or gain their independence, allowing them to have control over their lives
 - **investing in preventative services** and increasing the care and support options available, including the right information and advice to allow people to plan for the future. This means we can enable people to remain in their own homes and communities for longer and achieve the outcomes that matter to them.
- 2.3 The use of 'I' statements throughout the White Paper provides a framework for us to assess impact for individuals. This is also a clear indication of the intended Care Quality Commission (CQC) assessment of how well local authorities are meeting their adult social care duties under Part 1 of the Care Act 2014.
- 2.4 The assessment framework will provide a basis on which government might exercise new legal powers to intervene where a local authority is failing or has failed to discharge its duties under Part 1 of the Care Act 2014.

3. **PROVIDING THE RIGHT CARE, IN THE RIGHT PLACE, AT THE RIGHT TIME (CHAPTER 4)**
- 3.1 The challenge set is to shift from focusing on approaches to deliver care that intervene at a time of crisis, to prevention approaches and offer support early. This has been a core aim for several years and an integral part of health and care integration in Tameside.
- 3.2 Care and support should be in a person's own home and personalised in line with their specific needs, although recognising that sometimes, specific needs are best met in a supported living or care home setting.
- 3.3 To ensure that everyone is provided with greater choice, control, and independence, the government, NHS, LAs, care providers, voluntary and community groups, and the wider sector will work together to **'make every decision about care a decision about housing'**.
- 3.4 Key outcomes for people are:
- I can live as part of a community, where I am connected to the people who are important to me, including friends and family and I have the opportunity to meet people who share my interests.
 - I lead a fulfilling life with access to support, aids and adaptations to maintain and enhance my wellbeing.
 - I can live in my own home, with the necessary adaptations, technology, and personal support as designed by me, to enable me to be as independent as possible
 - I have a good choice of alternative housing and support options, so I am able to choose where I live and who I live with, with the opportunities to plan ahead, and take up those options in a timely fashion.
- 3.5 In order to achieve this Local Authorities must:
- Agree a three year plan for embedding housing in health and care strategies
 - Boost supply of supported housing
 - Increase local expenditure in supported living
- 3.6 There is a proposal of an increased Disabled Facilities Grant (DFG) grant and a reallocation, which will benefit Tameside residents by ensuring practical support to make changes in people's homes to help maintain independence. The White Paper also proposes increasing the amount an individual can receive before hitting a means test and that the current DFG means test will be reviewed and aligned with the new Adult Social Care charging proposals. This will be subject to a national public consultation during 2022.
- 3.7 Technology is fast becoming part of daily lives to enable people to live well at home and this is recognised with £150 million of additional funding to drive greater adoption of technology and achieve widespread digitisation across social care. The 10 year vision for what digitally enabled care should look like will focus in 3 areas:
- Technology enabled care (particularly around prevention rather than detection – e.g. *prevention* of falls not just the *detection* of falls),
 - Improving the efficiency of the workforce and support to help service users
 - Supporting providers with things like e-rostering, digital shared care records
- 3.8 Targets have been set to protect those living in care homes with falls technology and by March 2024 ensure at least 80% of care providers have a digitised care record, which connects to a shared care record.
- 3.9 Additionally, each Integrated Care System (ICS) will be funded to support implementation and invest in infrastructure to ensure that social care staff have access and skills in order to use technology to its maximum benefit.

- 3.10 Furthermore, there will be national investment to help local areas innovate around the care and support they provide in new and different ways providing more options to suit individual circumstances. The new Office for Health Improvement and Disparities (OHID) gives increased focus on improving the health of the population, working across government departments to co-ordinate efforts and impact. There will be a key focus on falls and establishment of a 'deconditioning inequality innovation fund to enable local authorities to support people at particularly high risk of deconditioning'.

4. EMPOWERING THOSE WHO DRAW ON CARE AND SUPPORT (CHAPTER 5)

- 4.1 Local authorities have duties under the Care Act 2014 to ensure that information and advice services are available to their local populations. Key outcomes for people are:
- I know where to find user-friendly information and advice that is inclusive of my communication and accessibility needs to make informed and empowered decisions about my life – now and in the future.
 - I know what my rights are and can get information and advice on all the options for my health, care and housing.
 - I understand the support that is available to me in my area to maintain my own health and wellbeing and achieve the outcomes that matter to me.
 - I am provided with tailored information and advice to support the person I care for
- 4.2 To achieve this there will be a number of government led pilots and evaluations, funded centrally to create guidance and share what works, along with a national website providing information and explainers about adult social care reform.
- 4.3 There will be oversight and accountability of information and advice services and will include how local authorities empower people and enable them to make informed decisions. The 'Making it Real Framework' (TLAP) will be used as the benchmark and these functions will be inspected in the new inspection regime.
- 4.4 The refreshed vision for adult social care has recognised the invaluable contribution that unpaid carers make to their families and communities. As such, there is renewed focus on recognition and support for unpaid carers so that they are empowered to live happy, healthy, and fulfilling lives. This is to be supported by £25 million to work with the sector and improve the support provided to unpaid carers.
- 4.5 Building on the Carers Action Plan the funding will focus around three core strands and provide opportunities to identify and test a range of interventions to support unpaid carers such as respite and breaks, peer and wellbeing support. They are:
- Working with the sector to improve the services provided to support unpaid carers
 - Identifying, recognising and involving unpaid carers
 - Supporting the economic and social participation of unpaid carers
- 4.6 As a means of identifying and recognising and involving carers government will:
- Increase the voluntary use of 'unpaid carer' markers in NHS electronic health records by simplifying current approaches to data collection and registration
 - Introduce a new marker indicating the presence of a contingency plan, where one is available, that describes the actions to take if the carer is no longer able to provide care
 - Move away from aggregate data collections on carers towards client-level data, which will take place over the next three years
 - Ensure voices of carers (as well as those who access care and support) are embedded in ICSs.
 - Assess how local authorities are meeting the needs of unpaid carers
 - Ensure social prescribing for carers
 - Increase flexible working offers from employers

- Commit to introduce carers leave in response to 2020 public consultation
- Provide a new rate of carers allowance from 2022 (£69.70)

4.7 A further key element seeks to support autistic people and people with a learning disability in to employment. A means to support independence and makes connections and positive contributions in their communities. The core aim here is to ensure existing good practice for supported employment schemes is rolled out and embedded across England.

5. STRATEGY FOR THE SOCIAL CARE WORKFORCE (CHAPTER 6)

5.1 The challenges faced by the whole social care workforce have been exposed during the pandemic with recognition of the vital role in enabling the independence and dignity of the people we support. £500 million will be invested in the social care workforce to ensure the right training and qualifications, and the recognition for their skills and commitment. Key outcomes for people are:

- I receive care and support that is safe, responsive to my needs and respects my rights.
- I am supported by a workforce who have the right training, qualifications and values and are concerned about what matters to me.
- I receive care from a workforce whose careers are valued and whose professional development and wellbeing are prioritised.
- Social care is a rewarding career with clear opportunities to develop and progress and where I feel valued in my role.
- I feel recognised for the important role I play in delivering high quality personalised support.
- I feel recognised for the skills I bring, and am able to develop more skills that help me tackle new challenges as I become more experienced.
- There is a culture in my workplace that supports my health and wellbeing.
- I have the confidence to use technology that supports people's needs and to free up time to deliver outstanding quality care

5.2 Therefore over the next three years government intend to develop a well-trained workforce by:

- Co-develop a universal Knowledge and Skills Framework (KSF) and career structure for the social care workforce
- Work with employers to deliver apprenticeships and traineeships; helping adults access fully funded Level 3 (A-level equivalent) qualifications in social care, if they do not already have one
- Introduce portable care certificates
- Providing a learning and development offer linked to the KSF
- Introduce a skills passport
- Providing leadership and development for registered managers
- Providing CPD for RN's, OT and other AHP's working in care sector
- Ensuring training routes for people who want to become social workers
- Providing a wellbeing and occupational health offer for the workforce

5.3 Some of the above will be delivered through a new national care workforce hub as a digital platform to allow staff to identify themselves as working in care and access development resources.

5.4 Additionally, provision has been made to support local authorities to prepare their local markets for reform, including paying providers a fair rate for care including paying the workforce the real living wage (RLW) and ensuring improved terms and conditions. Government will be working closely with local authorities and providers to produce future guidance. It is important to note here the local commitment to fund the RLW for care workers by the end of 2022/23.

- 6. SUPPORTING LOCAL AUTHORITIES TO DELIVER SOCIAL CARE REFORM (CHAPTER 7)**
- 6.1 This section of the White Paper is describing 'How' local authorities should achieve the outcomes described above. This will be the governments approach to assuring the delivery of care by local authorities and a specific focus on strengthening market shaping activity and commissioning functions. This is alongside an improved data set, which government and CQC will use to understand how local authorities perform.
- 6.2 These changes are set in a context of population increases for the number of adults aged over 85's and longer life expectancies for those living with long-term conditions. Therefore, there is also a key focus on preventative activities including adequate housing appropriate to people's needs.
- 6.3 To achieve sustainable care markets and improve quality of care government has set out plans for reform for how people pay for their care and how care should be funded. The introduction of a cap on care costs is not new and was first discussed as part of the Dilnot commission on Social Care which reported in 2011.
- 6.4 The report made several recommendations with the aim of eliminating the catastrophic care costs faced by some people. This is to be achieved by capping the maximum amount people would contribute over their lifetime. It is these recommendations that now feature in the White Paper for Adult Social Care Reform. They are:
- Reform how people in England pay for their care so no-one pays more than £86,000 for their personal care costs,
 - Amend the Upper Capital Limit (UCL), the point at which people become eligible for services to £100,000 from the current £23,250.
 - Raise the Lower Capital Limit (LCL), the threshold below which people will not have to pay anything for their care from their assets to £20,000 from a current £14,250.
 - End the unfairness where self-funders pay more for care than those funded by the local authority
 - Ensure fees are transparent to allow people make informed decisions
 - Improve information and advice to make it more user-friendly and accessible, helping people to navigate the care system and understand the options available to them.
 - Provide information and advice that is accurate, up to date and in formats that are tailored to individual needs
- 6.5 In addition, to allow people receiving means-tested support to keep more of their own income, the government will unfreeze the Minimum Income Guarantee (MIG) for those receiving care in their own homes and Personal Expenses Allowance (PEA) for care home residents, so that from April 2022 they will both rise in line with inflation.
- 6.6 The cap on personal care costs will place a limit on the costs that people will need to spend to meet their eligible care and support needs. The term 'personal care costs' refers only to the components of any care package considered to be related to personal care, not 'hotel' and/or 'accommodation' costs. This will be based on what the cost of that package is or, in the case of self-funders, would be to the local authority if it were to meet the person's eligible care and support needs.
- 6.7 It is intended that from October 2023 everyone will have a care account that will be maintained by the local authority and will keep track of their progress towards the cap. Local authorities will provide regular care account statements, and engage early with the person once they are close to approaching the cap to discuss how their needs will be met. When a person reaches the cap, the local authority becomes responsible for meeting the person's eligible care and support needs and for paying the cost of the care needed to meet those needs.

- 6.8 The data and information generated by the implementation of care accounts will give local authorities intelligence about those who fund their own care, which we do not currently have access to and can be used to improve planning and commissioning activity to ensure market sufficiency.
- 6.9 However, it should be noted that at the time of writing this report the above changes are still going through parliament and therefore not yet confirmed and therefore could be subject to change.
- 6.10 Outcomes focused care standards are already underway and, Tameside has featured as a model of good practice in the White Paper (pg79) for its Living Well Service combining strengths based approaches and providing a higher rate of pay for care workers delivering against this model. It is these examples of good practice that are to be scaled up and rolled out across England.
- 6.11 Emergency data measures taken in response to COVID-19 have given local authorities and government near real-time data to manage the pandemic and shown the benefits of using data to respond to emerging risks and issues. These are to be maintained and enhanced going forward and the following elements are underway:
- Review of current data is underway by government (market and Client Level Data Set)
 - Commitment to implement digital social care records over the next three years (Ch. 4)
 - Over the next three years, government will implement the commitments outlined in the draft Health and Social Care Data Strategy, Data Saves Lives
 - Proposals are linked to the support offered to providers to digitize and agree data architecture standards and enable data sharing
- 6.12 Better quality data, including client level data, will help us to understand more about who accesses care, how and with what impact, and therefore help us to determine who is not accessing care and the barriers or choices which may be the reason for this.
- 6.13 Finally, government is set to introduce a new assurance framework and inspection regime in 2023 to determine how local authorities are meeting their adult social care duties under part 1 of the Care Act 2014. This will identify and share good practice and support improvement. It will also provide the basis on which government might exercise new legal powers to intervene where a local authority is failing or has failed to discharge its duties. The assurance framework will include:
- Independent assessment of local authorities by the Care Quality Commission
 - Enhanced improvement support, led by the sector
 - A mechanism to intervene, as a last resort, if a local authority is failing
 - Better data

7 LOCAL CONTEXT

- 7.1 In Tameside, we estimated there to be an overall population of 227,117 people in 2020. There are estimated to be 39,976 people aged 65+ in Tameside (17.6% of the total population). In the NW 18.8% of the population are aged 65+.
- 7.2 Between 2020 and 2030, the 65+ population is projected to grow by 16.7% (6,800). By 2040, the 65+ population is projected to grow by 29.1% (11,800). Projected growth in Tameside is slightly lower than across the North West at 18.6% and 32.4% respectively.
- 7.3 In 2020, it was estimated that 2,637 people aged 65+ had dementia in Tameside (approx. 6.5% of the 65+ population). This is compared to 6.9% across the NW.
- 7.4 Adult Care currently support a total of 2,729 individual service users who take up a package of care. There are 914 between 18-65, and a further 1,815 over 65. It should be noted that

a service user can have more than one service provision in place and some service users can appear in more than one category. This is a snapshot as at the end of February 2022.

- 7.5 Utilising the NHS capacity tracker which was introduced in the pandemic to track activity in the independent care sector, we have been able to draw some high level figures to indicate the current volume of self-funded care activity in the local care market.
- 7.6 The data shows that of the 2,729 individual service users accessing a package of care, 2604 are in receipt of funded care and a further 996 indicative self-funders in Tameside provision. It is important to note that more detailed work will be required to establish the exact numbers of people who self-fund their care who have not had an assessment of their needs and are therefore not known to the Council.
- 7.7 This data suggests a potential 26% increase in demand for care and financial assessments in readiness for the introduction of care accounts and fair access to care. Assessment staff hold an average caseload of 30 each, which would mean Tameside adult care, could require up to 33 additional staff in neighbourhood teams to deliver direct assessment work connected to the new burdens. In addition there will be an increase in support staff across a number of council teams.
- 7.8 We have also seen a 14% increase in requests for support from adult care services since April 2021, of which 45% require an assessment of care and support needs. There is also significant increase in demand from those we actively support within the neighbourhood teams.
- 7.9 Furthermore, at the time of writing this paper there were 153 people whose capital limits fall between £23,250 - £100k which means that if the capital limits are set as expected, they will all become funded care packages. Further work is required to determine the financial implications for the council.
- 7.10 Given the increase in demand that is predicted it will be necessary to engage in a significant transformation programme for adult care, which will include a review of current resources to ensure sufficient capacity to deliver safe services and meet statutory requirements.
- 7.11 There are also existing challenges in providing a complete dataset of adult social care activity. The LAS system needs to evolve and be developed to ensure it can provide a complete picture of the adult social care system from prevention at the front door through to service provision.

8. FINANCIAL IMPLICATIONS

- 8.1 The proposals outlined in the white paper are backed by the new [Health and Social Care Levy](#) announced in September 2021, of which £5.4 billion is being invested into adult social care over the next 3 years. Beyond the next 3 years, an increasing share of funding raised by the levy will be spent on social care in England.
- 8.2 £3.6bn of the above will come directly to local authorities to fund the new cap on care costs, and support implementation so local authorities can shape the market and pay a fair price for care. A further £1.7bn has been funded to improve the wider social care system in England, some of which will cover a central support offer for workforce and information and advice, along with funding to support innovation and test models of care before setting out national guidance. See table 1 below. However it is not yet known how this additional £1.7bn will be distributed.

Table 1: Indicative Adult Social Care funding allocations for Tameside 2022-2025

Adult Social Care Reform Funding								
£5.4bn over 3 years on adult social care reform								
£3.6bn over 3 years directly to local government for the cap, means test, and fair cost of care			£1.7bn over 3 years to improve wider social care system					
£2.2bn over 3 years for the cap and means test 22/23: £0m 23/24: £800m 24/25: £1.4bn			Funding commitments made in the <i>People at the Heart of Care</i> adult social care reform white paper:*					
£1.4bn over 3 years for fair cost of care: 22/23: £162m 23/24: £600m 24/25: £600m			At least £300m to integrate housing	At least £150m for technology and digitisation	At least £500m for workforce training and qualifications	Up to £25m to support unpaid carers	£30m for innovation of support and care	At least £5m to help people understand care and support available
								More than £70m to improve the delivery of care and support services

- 8.3 For Tameside we anticipate we will receive in the region of:
- | | | |
|---------|----------------------------|-----------------------------------|
| 2022/23 | Fair cost of care | £779k Implementation Support Fund |
| 2023/24 | Direct to local government | £6.72 million |
| 2024/25 | Direct to local government | £9.61 million |
- 8.4 In summary there are two significant elements of the White Paper, the 'Cap on Care' and 'Market Sustainability' to be achieved by paying a 'Fair Price for Care'. For example, there is a difference of £140 per week between the average cost of a self-funded residential placement and an average commissioned placement. Self-funded placements currently support the sustainability of the care market and therefore it is expected that the by meeting the 'fair cost of care' there will be an increase in commissioned care fees to ensure a single cost for placements which all service users will have access to.
- 8.5 As described throughout this report these elements also introduce the requirement for local authorities to make arrangements for those who currently 'self-fund' their care. Therefore they will be entitled to a Care Act Assessment and access to Local Authority commissioned rates. This is where the increase in capacity across all functions, e.g.: finance, systems, care assessment, contracting and market management and others, will be required to meet the new burdens within the white paper.
- 8.6 As a condition of receiving further grant funding in the two following years (2023-2025), local authorities will need to submit returns to the Department of Health and Social Care, which includes:
- A cost of care exercise 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,
 - A provisional market sustainability plan setting out local strategy for the next three years (2022 to 2025) this will detail how money has been allocated in order to achieve a more sustainable local market.

9. NEXT STEPS

- 9.1 Government has recognised that implementing the reforms will impose significant additional burdens on the local authority and accordingly has allocated £162m nationally. The initial amount for Tameside is £779,000 as highlighted in table 1.
- 9.2 Having reviewed the requirements of the White Paper the following activity and key areas of focus have been identified. This will require investment in additional capacity to help establish the increased demand we can expect in Tameside and the subsequent associated system and workforce required to manage this effectively.
- 9.3 Key activity required in 2022/23 is:
- Invest in increased capacity in programme management and key functions to secure the delivery of our aspirations locally
 - Review current offer in line with the 10 year strategy and create a transformation plan and linked financial plan for approval – by May 2022

- Refresh local vision and strategy for ASC – by May 2022
- Develop a medium term financial strategy for ASC - by May 2022

9.4 Key areas of focus in the above strategy are:

- System development (including processes) and a refreshed performance management framework
- Set up Care Accounts
- Implementation of fair cost of care and data requirements
- Develop a workforce improvement plan and secure increased capacity
- Develop an ASC prevention offer – including digital and advice and guidance
- System wide carers strategy
- Readiness for inspection plan
- Transitions from children's services to adult services

9.5 The initial resource required in 2022/23 to ensure we are ready for the new burdens is identified below, with business cases currently being developed:

Function	Post/Activity	Investment required
Understanding the cap on care and fair cost of care	1 FTE x Senior post within finance	£77k
Increasing senior capacity in ASC to determine and then lead increased workforce capacity for assessment and intervention functions	1 FTE x Head of Service for Adult Care Management	£95k
Development of ASC case management and customer portals across public, providers and partners	Review of and investment in the required digital tools to deliver the new financial assessment, Care Accounts and improved customer journey.	To be determined
Inspection preparation and ongoing social care practice improvement and workforce development (including Care Market)	1 FTE x Practice Improvement Lead (indicative Grade J) 1 FTE x Workforce Development Lead (indicative Grade J)	£130k

9.6 It should be noted that the functions identified are the immediate requirement and as outlined there will be further support required to ensure the key implementation activity is completed and therefore approval is required for the full implementation fund of £779k.

10 CONCLUSION

- 10.1 The introduction of a 10 year strategy for Adult Care is welcome and also reflects many of the challenges that were exacerbated by the pandemic. However, there is a risk to the local authority that the funding indicated to meet the new burdens placed on the local authority is likely to be insufficient and this will need to be built into a review of the medium term financial strategy.
- 10.2 Preparation for implementing the new burdens and new inspection regime will begin immediately to ensure we are able to meet the required timescales in line with the steps identified.
- 10.3 This report forms an initial position statement. There are significant elements of the white paper to be fully confirmed and as such there will be a series of reports presented to Strategic Commissioning Board over the next three years.

11. RECOMMENDATIONS

11.1 As set out at the front of the report.