

<b>Report to:</b>	<b>EXECUTIVE CABINET</b>
<b>Date:</b>	28 September 2022
<b>Executive Member:</b>	Councillor John Taylor – Executive Member (Adult Social Care, Homelessness & Inclusivity)
<b>Reporting Officer:</b>	Stephanie Butterworth – Director Adult Services
<b>Subject:</b>	<b>TRANSFORMING ADULT SOCIAL CARE IN TAMESIDE – PEOPLE AT THE HEART OF CARE: PHASE 2</b>
<b>Report Summary:</b>	This report seeks approval of the proposed delivery model/service arrangements for Adult Social Care in Tameside from 1 <sup>st</sup> April 2023 onwards. This to ensure the Council's ability to deliver the new burdens placed on the Council through the Adult Social Care reforms. This will be phased over a two year period (2023/24 & 2024/25).
<b>Recommendations:</b>	<p>That approval be given to the increased capacity required in Adult Social Care and relevant corporate services to deliver the intentions of 'The People at the Heart of Care' reforms. 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 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.</p> <p>That approval be given to begin the full redesign of Adult Social Care as set out in this report to ensure appropriate service arrangements are in place from 1 April 2023.</p>
<b>Corporate Plan:</b>	<p>The proposals align with the Living Well, Working Well and Aging Well programmes for action.</p> <p>The service links into the Council's priorities:</p> <ul style="list-style-type: none"> <li>• Help people to live independent lifestyles supported by responsible communities.</li> <li>• Improve Health and wellbeing of residents</li> <li>• Protect the most vulnerable</li> </ul>
<b>Policy Implications:</b>	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.
<b>Financial Implications: (Authorised by the statutory Section 151 Officer &amp; Chief Finance Officer)</b>	Following a review of resourcing requirements to address the objectives of the Adults Social Care Reform, this paper seeks permission to use the associated monies to fund 73 additional posts (90 across 2 phases) at a full year cost of £3.34m by 2024/25 (phased implementation over 3 years). The indicative funding from government that is expected for Tameside MBC for 23/24 is £6.7m and £9.7m for 24/25. The additional funding is expected to support the implications outlined in the white paper. This will include the implementation and resourcing to ensure readiness and the

changes to the charging reform including the fair cost of care and cap on care. This paper addresses the resourcing requirements only and a further paper is to follow on completion of the Fair Cost of Care and Market Sustainability exercises due in September 2022.

**Legal Implications:  
(Authorised by the Borough  
Solicitor)**

The White Paper sets out a range of policies to be implemented over the next three years, which have been detailed in previous governance reports.

In summary the main changes and additional demands are:

- People who self-fund their care do not pay more than local authorities for the same service under Section 18(3) Care Act 2014
- From October 2023, the cap on personal care cost will be set at £86,000
- A new means-test will come into effect from October 2023 when the lower capital limit changes from £14,250 to £20,000 and the upper capital limit changes from £23,250 to £100,000. From that date anyone with capital and assets above £100,000 will fund their own care unless the individual chooses to exercise their right to request the local authority to meet their care under Section 18(3) provision.

This report concentrates on the financial and additional workforce implications for the Council to deliver and continue to meet its statutory obligations under the 'Fair Cost of Care' proposal and Section 18 (3) of the Care Act 2014 over the next 3 years.

Adult Services have identified that an increase in workforce and a service redesign will be required in order to be able to meet the new requirements. Support will be provided by colleagues in Human Resources.

The new requirements will also require increased support from legal services not only during the transition period but also to undertake the necessary support under the new legislation as set out in section 5 of this report.

As this legislation is a major step change to the provision of these services legal officers are engaging with colleagues at a regional level in order to develop shared knowledge and learning.

**Risk Management:**

A transformation programme has been established which includes a risk management log, and is 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.

**Background Information:**

The background papers relating to this report can be inspected by contacting



Telephone: 0161 342 3414



e-mail: [tracey.harrison@tameside.gov.uk](mailto:tracey.harrison@tameside.gov.uk)

## 1. INTRODUCTION

- 1.1 On 27 April 2022 Tameside Strategic Commissioning Board noted the implications of 'The People at the Heart of Care: Adult Social Care Reform White Paper', which places new burdens on the Council that are far reaching and will affect a number of functions across the Council, and agreed key priorities for implementation of the required reforms. The proposals in this report are based on those key priorities and required reforms. The Adult Care reforms were legislated for through the Health and Care Act 2022.
- 1.2 This report focuses on delivery of new burdens for the 'Commissioning of Care and Support' through a redesign of Adult Social Care. Government has recognised that implementing the reforms will impose significant additional burdens on the local authority and accordingly has allocated additional funds nationally over the current and following two financial years to cover initial costs. The indicative budget allocations are outlined below:
- 1.3 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 | £9.70 | million                     |
- 1.4 It should be noted that the above allocations must also deliver the ambition of a 'Fair Cost of Care', which will be subject to a separate report to Cabinet in October 2022. Future years funding is expected to be funded through the Health and Social Care levy.

## 2. CONTEXT AND NEW BURDENS

- 2.1 This report has a key focus on the delivery of the 'Commissioning of Care and support' and aligns to the following key aims of Adult Social Care reforms:
- Reform how people in England pay for their care so no one needs to pay more than £86,000 for their personal care costs, alongside more generous means-tested support for anyone with less than £100,000 in chargeable assets.
  - Ensure that self-funders can access the same rates for care costs in care homes that local authorities pay, ending the unfairness where self-funders have to pay more for the same care, whilst ensuring local authorities move towards paying a fair cost of care to providers.
  - Ensure fees for care are transparent to allow people to 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
- 2.2 This means that from October 2023 every person who needs care and support will have a care account that will track his or her means tested contributions to the cost of that package of care to a maximum contribution of £86,000 over their lifetime, and pay the same care fees as the Local Authority. To determine a person's contribution both a care assessment and a financial assessment are required. This includes those who currently self-fund care and support.
- 2.3 The Local Authority has (through its Public Health Team) commissioned a Joint Strategic Needs Analysis (JSNA) to better understand the future demand for Adult Social Care in Tameside.

- 2.4 However, we do know that 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.
- 2.5 Population growth amongst 18-64 year olds is expected to be slower than the growth predicted for the 65+ age group. Between 2020 and 2030, the 18-64 population is projected to grow by 1.3% compared to 0.5% across the North West. By 2040, population growth in this age group is predicted to be 3.3% compared to 1.2% across the North West.
- 2.6 Additionally, there are 37 young people transitioning from children's services to adulthood in 2022/23 with an estimated cost of £1.7m. In 23/24 and 24/25 indicative data estimates costs to be approximately £1.2m and £2.3m respectively. Further work is required to gain a clear understanding of current and future demand that ensure timely and appropriate transition to adulthood.

### 3. CURRENT POSITION

- 3.1 Adult Care currently support 6,417 individual service users who are in receipt of an adult social care service provision including our community response service. There are 2,099 between 18-64, and a further 4,318 aged 65 and over. It should be noted that a service user can have more than one service provision in place, there are currently 9,466 service provisions in place across the system. This is a snapshot at the beginning of August 2022.

**Table 3.1 – Number of Service Provisions by Type**

Service Provisions	Number of Service Provisions	Service Provisions	Number of Service Provisions	Number of Individuals
Carers	1,091	Professional Support	556	
Day Care	448	Residential Care	606	
Direct Payment	292	Respite	48	
Extra Care Housing/Supported Accommodation	396	Shared Lives	104	
Homecare	1,412	Re-ablement	148	
Nursing Care	187	CRS	2628	
OT	1,550	<b>Total</b>	<b>9,466</b>	<b>6,417</b>

- 3.2 It should also be noted we have seen a 12% increase in requests for support from adult care services between 2020/21 and 2021/22. In 2021/22 there were 10,930 contacts made to the Gateway of which 48.5% (5300) required further triage or an assessment of care and support needs. There is also significant demand from those we actively support within the neighbourhood teams and Community Response Service (CRS). As well as demand at the front door, teams receive a large volume of calls each month:

**Table 3.2: Number of Telephone Calls in July 2022**

Telephone number	Number of telephone calls received in July 2022
Community Response (PNC calls)	12,670 – resulting in 1,090 warden visits
IUCT	553
Neighbourhood Teams	2,213
Out of Hours emergency calls	1,415

- 3.3 At the time of writing this report, since April 2022 there are 1,016 people who have an open contact with an adult social care service where work is ongoing to determine a suitable outcome for them. This includes our IUCT team providing professional intervention and short term support to people living in the community and in intermediate care or acute hospital settings. It also includes the work carried out by neighbourhood teams around assessment of long-term need, investigation work around safeguarding incidents and further requests for support from existing clients. We currently have around 1,500 people awaiting assistance from our Occupational Therapy team. Please see appendix 1 which demonstrates the current demand for adult social care services in Tameside.
- 3.4 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. There are approximately 996 self-funders in Tameside.
- 3.5 Work is now underway 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 currently 'known' to the Council. However data currently suggests a likely 26% increase in demand for care and financial assessments in readiness for the introduction of care accounts and fair access to care.
- 3.6 Furthermore, there will be financial implications because of the increase in lower and upper capital limits with the lower limit rising from £14,250 to £20,000 and the upper limit rising from £23,250 to £100,000. At the time of writing this paper there were 454 people who would be impacted by these changes, resulting in additional costs to the Council (see table 3.3 below). Work is underway to establish the financial implications for the Council and will be subject to a further report to Cabinet in October 2022.

**Table 3.3 – Self-funders and financial implications**

	Residential	Non-Residential	Total	Implication
Clients with assets between £20,000 - £23,250	69	48	<b>117</b>	Increased part funded
Clients with assets between £23,250 - £100,000	39	112	<b>151</b>	Self-funded to part funded
Clients with assets between £14,250 - £20,000	61	125	<b>186</b>	Part funded to fully funded
	<b>169</b>	<b>285</b>	<b>454</b>	

- 3.7 Given the increase in demand that is predicted the service has established a significant transformation programme and redesign for Adult Social Care, which includes a review of current resources to ensure sufficient capacity to deliver safe services and meet statutory requirements.

#### 4. FUTURE DELIVERY MODEL/OPTIONS

As approved in the report to Strategic Commissioning Board in April 2022 we have already increased initial capacity in key functions to ensure the Council's ability to review our current position and to inform a future service configuration for Adult Social Care and other interdependent functions across the Council.

- 4.1 Our approach has included a review of the following:
- Current capacity and alignment of staff in the service
  - Current activity and backlogs
  - Likely future demand
  - Local and National priorities
  - Good practice and benchmarking across the country
  - Piloting new ways of working
  - Workforce development including Social Work apprenticeships
- 4.2 To meet the increased demand and new burdens outlined in section 3 of this report the following key functions are required in the service configuration from 1<sup>st</sup> April 2023:
- 4.2.1 **Robust strategic leadership across the directorate** – Ensure we have clear responsibilities, roles, systems of accountability and good governance to manage and deliver good quality, sustainable care and support; and that we act on the best information about risk, performance to encourage a focus on continuous learning, innovation and improvement across our organisation and the local system to improve outcomes for people.
- 4.2.2 **Key focus on practice improvement and safeguarding** – Ensuring the care and support delivered is safe, responsive to individual needs and rights. To do so by ensuring assurance is strengthened to drive up standards of care, making brilliant outcomes easier to identify and share and address areas where improvements can be made.
- 4.2.3 **Transition to adulthood and a key focus on working age adults with disability and/or mental health needs** – provide a specialist team to work with people with a learning disability to ensure people have a good choice of alternative housing and support options; so people can choose where they live and who they live with, with the opportunities to plan ahead, and take up those options in a timely fashion.
- 4.2.4 **Sufficient resource within our Integrated care and support teams across urgent care and neighbourhoods** – ensure people receive care and support that is co-ordinated, and everyone works well together to plan ‘my’ care, bringing together services to achieve the outcomes that are important to individuals by ensuring people can ‘live well at home’ as independently as possible.
- 4.2.5 **Long term support (direct delivery of registered provision)** - ensuring people can live as part of a community, where they are connected to the people who are important to them, including friends and family and have the opportunity to meet people who share interests.
- 4.2.6 **Integrated Client Finance function** – introduce a face to face and person centred approach to financial assessments and introduce ‘care accounts’ to ensure that people have access to affordable care, and do not have to face unpredictable and unlimited care costs.
- 4.2.7 **Commissioning and homes for all** – Make sure that people can access a range of personalised support that reflects their own choices and circumstances – including finding new approaches to improve on the ways we have traditionally delivered care and support; and ensure people can adapt their homes and access practical tools and technology, in order to live independently and live well in their own home.
- 4.2.8 **Systems and performance ability to respond to national requirements** – Ensure that all professionals involved in providing care have access to the right digitised information at their fingertips to provide safe, outstanding quality care; and that there is high-quality and timely data available nationally, regionally and locally to help

identify best practice and address areas of improvement.

4.2.9 **Information, advice and guidance** – Ensuring people 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 their life – now and in the future; and that people know what their rights are and can get information and advice on all the options for my health, care and housing with ease.

4.2.10 Workforce development – the service will build in opportunities to ‘grow our own’ by supporting a total of nine social work apprentices at any one time. This will be three apprentices per year over a three year course and when graduated move into the available posts. In addition, we will also support six final year student social workers again with the option to apply for a permanent post where available. By July 2024 the service will have nine apprentices that will become qualified social workers.

4.3 The transformational element of this programme of work is the realignment of key functions and the introduction of new teams and increased capacity across 2023/24 & 2024/25 to ensure the service continues to build on innovative practice, provide a focus on the local authority’s commitment to integrated services and key priorities to achieve the outcomes described above.

4.4 Following an extensive review of the current structure, an additional 77 posts are required in Adults to address the additional demand and new burdens. All posts proposed for removal from the structure are currently vacant.

**Table 4.1 new posts required**

Service Area	Post	FTEs		
		New	Remove	Total
Adults Commissioning Service	Social Worker	1		1
	Rehabilitation Assistant - Visual Impairment		-1	-1
	Business Support Officer	1		1
	Management Support Clerk	1		1
<b>Adults Commissioning Service Total</b>	<b>Total</b>	<b>3</b>	<b>-1</b>	<b>2</b>
Adults Neighbourhood Teams	Integrated Neighbourhood Manager		-1	-1
	Team Manager	1		1
	Social Work Consultant		-1	-1
	Assistant Team Manager	1		1
	Senior Occupational Therapist		-1	-1
	Safeguarding Lead		-1	-1
	Occupational Therapist	1	-1	-1
	Social Worker	14		14
	Assessor/Care Co-ordinator	8		8
	Manual Handling Practitioner		-1	-1
	Direct Payments Officer		-1	-1
	Community Care Officer	1		1
	Wellbeing Advisor	1		1
Team Clerk	7		7	
<b>Adults Neighbourhood Teams Total</b>	<b>Total</b>	<b>33</b>	<b>-7</b>	<b>27</b>
Integrated Urgent Care Team	Head of Service Integrated Care & Support	1		1
	Service Unit Manager	1		1
	Team Manager	2		2
	Assistant Team Manager	4		4
	Social Worker	9		9
	Assessor/Care Co-ordinator	12		12
	Home Care Operational Support Co-Ordinator	1		1
	Team Clerk	2		2
<b>Integrated Urgent Care Team Total</b>	<b>Total</b>	<b>32</b>	<b>0</b>	<b>32</b>
Long Term Support, Reablement & Shared Lives	Carers Lead	1		1
	Social Worker		-1	-1
	Assessor/Care Co-ordinator	1		1
	Carers Activity Co-ordinator	1		1
<b>Long Term Support, Reablement &amp; Shared Lives Total</b>	<b>Total</b>	<b>3</b>	<b>-1</b>	<b>2</b>
Mental Health / Community Response Service	Team Manager	1		1
	Assistant Team Manager	1		1
	Social Worker	2		2
	Business Support	1		1
<b>Mental Health / Community Response Service Total</b>	<b>Total</b>	<b>5</b>	<b>0</b>	<b>5</b>
Safeguarding, Workforce & Quality Assurance	Principal Social Worker	1		1
	Allegations Manager	1		1
	LPS Implementation Lead	1		1
	Practice Improvement Lead	1		1
	Safeguarding Lead	1		1
	Work Force Development Lead	1		1
	Inspection Project Manager	1		1
	PIPOT Business Support	1		1
	Workforce Development Business Support	1		1
<b>Safeguarding, Workforce &amp; Quality Assurance Total</b>	<b>Total</b>	<b>9</b>	<b>0</b>	<b>9</b>
Senior Management	Programme Management Support	1		1
<b>Senior Management Total</b>	<b>Total</b>	<b>1</b>	<b>0</b>	<b>1</b>
<b>Total Adults</b>		<b>86</b>	<b>-9</b>	<b>77</b>

4.5 In addition to the operational posts required to deliver the objectives of the social care reform, a further 13 posts are required across support functions. All of the posts outlined below with the exception of the Legal Services posts (see 5.6) have been approved as part of Phase 1 which was agreed on 27<sup>th</sup> April 2022 Tameside Strategic Commissioning Board.

**Table 4.2 Support Function Staffing**



Other Support Areas				
Service Area	Post	FTEs		
		New	Remove	Total
Finance	Service Manager	1		1
Finance	Visiting Officers	2		2
Finance	Assessment Officers	4		4
Finance	Temp Team Manager	1		1
Systems	Systems Officer	1		1
Policy, Performance & Intelligence	Data Manager	1		1
Communications	Communications Officer	1		1
Legal Services	Legal Officer	1		1
Legal Services	Adult Social Care Solicitor	1		1
<b>Total Support Areas</b>		<b>13</b>	<b>0</b>	<b>13</b>

4.6 Furthermore the service has reviewed the alignment of services across service units within the directorate which has resulted in the suggested transfers of some functions to ensure the service is fit for the future. These areas can be seen in Appendix 2 and also referenced in 5.3 for completeness.

### What will be different?

4.8 As a result of key changes the service anticipates we should see an improvement in the following measures:

- Improved quality in assessments demonstrated person centred outcomes
- Improved timeliness of adaptations to support people to live well at home
- Improved ease for service users and carers in finding and accessing information about services available from ASC
- Increased satisfaction in the care and support received by both service users and carers from ASC
- Increase in the proportion of the SEND community who feel included in decisions regarding preparation for adulthood
- Improvements in timeliness and planning of transitions
- Decreased spend on care and support for those transitioning to adulthood
- Reduction in Adult services debt
- Reduction in staff absences and vacancies
- Increased timeliness in access to assessment and provision and reduction in backlogs
- Reduction in complaints and concerns to Adult Social Care
- Decreased spend on care and support for those transitioning to adulthood

## 5 FINANCIAL IMPLICATIONS

5.1 The estimated funding for 23/24 is £6.7m and for 24/25 is £9.7m. This has to cover fair cost of care work, implication of cap on care as well as resourcing.

5.2 There has been a significant amount of work carried out with adult leadership team and managers to review all staffing line by line, which has ensured a clear understanding of the whole staffing resource; and terms and conditions across the directorate.

5.3 Across the service we are seeking approval to increase staffing for phase two A & B as outlined in the table below, noting that phase one has been agreed by Strategic Commissioning Board paper in April 2022 :

Service Area	FTEs	2022/23		2023/24	2024/25
		Phase 1a	Phase 1b	Phase 2a	Phase 2b
Adults Commissioning Service	3	£0	£0	£55,551	£104,655
Adults Neighbourhood Teams	22	£0	£0	£294,363	£785,393
Integrated Urgent Care Team	118	£74,015	£0	£3,812,771	£3,812,771
Long Term Support, Reablement & Shared Lives	-46	£45,418	£22,141	£-1,284,308	£-1,284,308
Mental Health / Community Response Service	-32	£0	£0	£-1,095,626	£-1,095,626
Senior Management	-1	£0	£30,066	£-67,467	£-67,467
Safeguarding, Workforce & Quality Assurance	13	£119,185	£40,371	£600,817	£600,817
<b>Adults Total</b>	<b>77</b>	<b>£238,618</b>	<b>£92,579</b>	<b>£2,316,102</b>	<b>£2,856,235</b>
Financial Management	8	£140,952	£0	£274,416	£255,900
Systems	1	£22,094	£0	£44,188	£44,188
Performance	1	£26,234	£0	£52,467	£52,467
Communications	1	£22,094	£0	£44,188	£44,188
Legal	2	£0	£0	£89,500	£89,500
<b>Support Areas Total</b>	<b>13</b>	<b>£211,373</b>	<b>£0</b>	<b>£504,759</b>	<b>£486,243</b>
<b>Total Resourcing</b>	<b>90</b>	<b>£449,991</b>	<b>£92,579</b>	<b>£2,820,861</b>	<b>£3,342,478</b>

- 5.4 The full year cost of the additional resourcing requirements totals £3.34m. A phased approach has been used to establish the posts who will lead on the implementation of the Adult Social Care objectives. All posts are to be funded from the additional Adult Social Care Reform monies from government and equate to 42% and 34% of the total estimated funding expected to be received in 23/24 and 24/25 respectively. The posts in phase 1a & 1b are funded from the implementation monies already received for ASC reform. Phase 2a £2.82m needed for 23/24 and phase 2b £3.34m in 24/25. (figures cumulative)
- 5.5 The resourcing exercise also includes the realignment of some services, which compliments the 'right service, right place, right time' ethos.
- 5.6 A holistic approach has been taken to ensure that the overall resourcing impact of the reforms has been considered and therefore, additional capacity in support areas is required to support on:

**Financial Management:** increased financial assessments due to increased demand for services, implementation of the cap on care and care accounts and supporting on fair cost of care modelling and market sustainability plans.

**Systems:** implementation of new finance systems and significant LAS system upgrades and continued in-house support to respond to changes in legislation and reporting.

**Performance:** improved data and reporting to improve decision making and evolve services to ensure quality service is delivered to residents.

**Communications:** improved communications and information via a range of mediums to connect better with service users and allow them to make informed decisions about their care requirements.

**Legal Support:** increased legal advice and support required through the transition process and thereafter on care needs, financial assessments and court applications for example. Legal Services note that the process of doing so may lead to the potential identification of hidden demand activity which the Council must address such as, safeguarding and issues arising from a lack of mental capacity. It is right to address these needs, but the increased demand will come with further costs and personnel within Legal Services. For example, in relation to s21a (challenging a deprivation of liberty order) and s.16 welfare (asking a court

to make decisions on P's personal welfare/property and affairs) applications are anticipated to increase by approximately 50%.

## **6 HUMAN RESOURCES APPROACH TO TRANSFORMATION**

6.1 In order to support the white paper implementation, for the Council to respond to the additional burdens imposed there will be a requirement to review the current staffing structure and propose changes to certain working practices that are no longer fit for purpose. Coupled with this changes there is also a requirement to grow the workforce as presented in section 5 of this report.

6.2 It is proposed, subject to consultation, that the staffing structure will be reviewed and aligned as detailed in Appendix 2 of this report.

6.3 As detailed in section 4 of this report there is currently work ongoing to review the following

- Current capacity and alignment of staff in the service
- Current activity and backlogs
- Likely future demand
- Local and National priorities
- Good practice and benchmarking across the country
- Piloting new ways of working
- Workforce development – grow our own

6.4 In April 2022 and July 2022 reports were presented to the Employment Consultation Group (ECG) detailing the following pilots/reviews that are currently in progress;

- Review of seven day working rota within the social work teams
- Realignment of Assessment Centre and OT Functions
- Out of hours manager on call provision

These pilots/reviews are being undertaken in consultation with staff, and the outcomes will be presented to ECG in October 2022.

6.5 Should the outcomes of the above pilots/reviews as detailed in section 6.4 above indicate a requirement for a change to contractual working patterns, this will require a variation to the terms and conditions of employment for those affected staff. We would initially seek voluntary sign up to the new terms and conditions of employment, where this cannot be achieved it will be necessary to enter into a dismissal and reengagement process with those affected staff (with appropriate notice being issued to affected staff).

6.6 Appropriate consultation will take place with staff on any proposed changes to terms and condition of employment and will be undertaken with support from Human Resources following the Council's policies. Our approach to this will be to engage with staff and trade union colleagues and due support will be put in place with one to one welfare discussions held with affected staff.

6.7 Activity will be undertaken as follows:

- ECG report October 2022
- HR activity and formal consultations by mid November 2022
- Implementation action would follow that in the period December 2022 to March 2023
- Implementation completed by end of March 2023
- New arrangements start in April 2023

- 6.8 Subject the outcome of the consultation process it is anticipated that the new structure and changes to terms and conditions for those affected staff will be in place by 1<sup>st</sup> April 2023.

## **7 EQUALITIES IMPACT ASSESSMENT (EIA)**

- 7.1 An initial EIA has been conducted which highlights a direct impact on age, disability and people on low or no income. There are significantly more older people and people with disabilities in receipt of adult social care services than the general population of Tameside. Furthermore, the Charging Reforms will impact on low or no income groups through the proposed changes to the Cap on Care.
- 7.2 However, at the time of undertaking the initial screening, there is not enough detail to complete the full EIA with any meaningful outcome. Please see appendix 3 for the initial EIA screening.
- 7.3 There are still many variables in terms of detailed guidance and direction from national government around the reforms e.g. outcomes of the Mental Capacity Act consultation and impact on Liberty Protection Safeguards, finalised Operational Guidance on implementing the Cap on Care and conclusion of the Fair Cost of Care exercise, to name a few. Alongside that, there is further work required to gain a detailed understanding about Tameside's ~996 private self-funders in terms of their demographics, support needs, financial circumstances etc.
- 7.4 These would be required to be able to work through the full EIA, and so we remain committed to complete this when further information is available, and update what is possible by the end of March 2023.

## **8 CONCLUSION**

- 8.1 The introduction of the 10 year strategy for Adult Social Care has been largely welcomed and does reflect many of the challenges that we have seen exacerbated locally through the course of the pandemic. It will touch on all those who interact with adult social care, whether that's those who draw on support and care, unpaid carers, the care and support workforce, care providers both large and small and for and not for profit, local authorities, voluntary organisations to name but a few.
- 8.2 It is an opportunity to have a major impact on outcomes for individuals and demonstrate improvement in corporate priorities whilst delivering on the new burdens required.
- 8.3 The recommendation in this report is based on giving the local authority the best chance to achieve a greater level of improvement against key priorities and is based on evidence of good practice across the country.
- 8.4 However there continues to be a risk to the local authority that the funding indicated to meet the new burdens is likely to be insufficient in future years and this will need to be built into a review of the medium term financial strategy following the outcome of the fair cost of care exercise.
- 8.5 A further report to Cabinet will follow in October 2022 that will cover the Fair Cost of Care and recommended care provider fees for 2023/24.

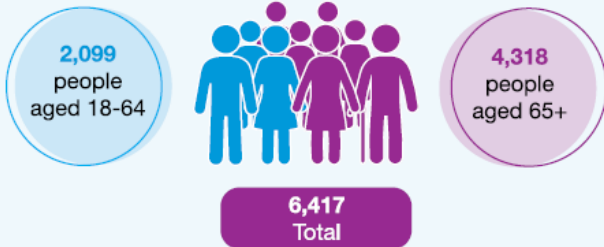
## **9 RECOMMENDATIONS**

- 9.1 As set out on the front of the report.

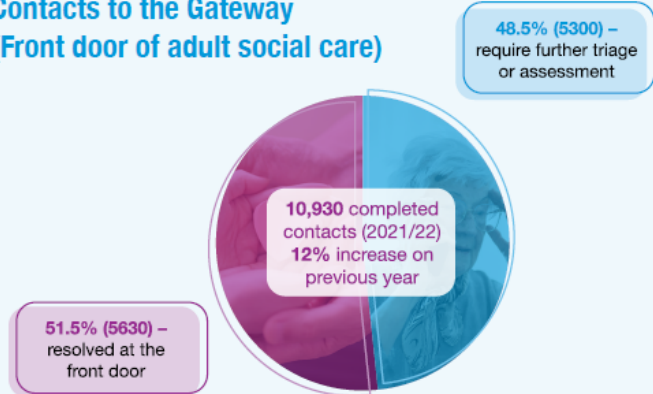
# APPENDIX 1

## Adult Social Care – Demand

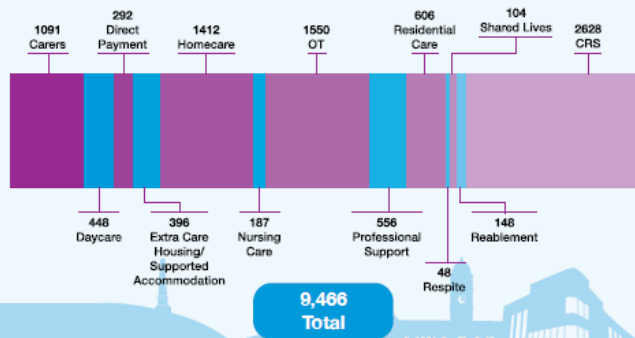
### Adult Social Care supports:



### Contacts to the Gateway (Front door of adult social care)



### Number of services provisions currently provided:

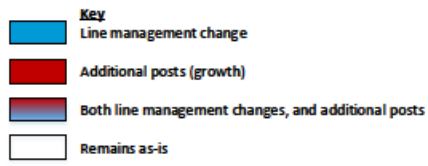


### Number of contacts made to Adult Social Care in July 2022:

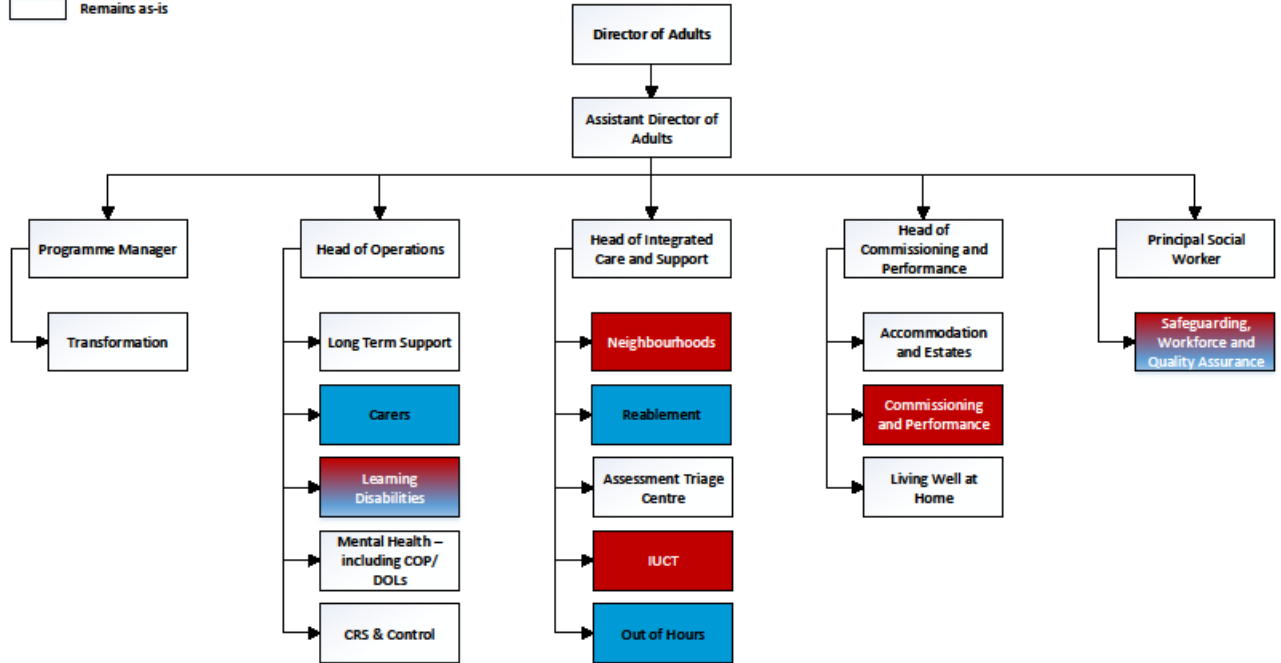
Gateway Contacts	1,418
Community Response (PNC calls)	12,670 – resulting in 1,090 warden visits
IUCT	553
Neighbourhood Teams	2,213
Out of Hours emergency calls	1,415



# APPENDIX 2



## Phase 2 – High level proposed Adults structure



## APPENDIX 3

### EQUALITIES IMPACT ASSESSMENT

<b>Subject / Title</b>	Transforming Adult Social Care in Tameside – People at the Heart of Care: Phase 2	
<b>Team</b>	<b>Department</b>	<b>Directorate</b>
Adults Transformation	Adults	Adults
<b>Start Date</b>	<b>Completion Date</b>	
1 August 2022	31 March 2023 (subject to change – please see 1E)	
<b>Project Lead Officer</b>	Tracey Harrison	
<b>Contract / Commissioning Manager</b>	Trev Tench	
<b>Assistant Director/ Director</b>	Stephanie Butterworth	
<b>EIA Group</b> (lead contact first)	<b>Job title</b>	<b>Service</b>
Tracey Harrison	Assistant Director	Adults
Vicky Marshall	HR/OD Business Partner	HR
Reyhana Khan	Programme Manager	Adults
Sonya McKay	Finance Manager	Finance
Tom Houghton	Team Manager	Policy
Lorraine Kitching	Performance Manager	Performance

### **PART 1 – INITIAL SCREENING**

*An Equality Impact Assessment (EIA) is required for all formal decisions that involve changes to service delivery and/or provision. Note: all other changes – whether a formal decision or not – require consideration for an EIA.*

*The Initial screening is a quick and easy process which aims to identify:*

- those projects, proposals and service or contract changes which require a full EIA by looking at the potential impact on, or relevance to, any of the equality groups*
- prioritise if and when a full EIA should be completed*
- explain and record the reasons why it is deemed a full EIA is not required*

*A full EIA should always be undertaken if the project, proposal and service / contract change is likely to have an impact upon, or relevance to, people with a protected characteristic. This should be undertaken irrespective of whether the impact or relevancy is major or minor, or on a large or small group of people. If the initial screening concludes a full EIA is not required, please fully explain the reasons for this at 1e and ensure this form is signed off by the relevant Contract / Commissioning Manager and the Assistant Director / Director.*

1a.	What is the project, proposal or service / contract change?	<p>The ASC Reform 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.</p> <p>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.</p> <p>In order to support the white paper implementation, for the Council to respond to the additional burdens imposed there will be a requirement to review the current staffing structure and propose changes to certain working practices that are no longer fit for purpose. Coupled with this changes there is also a requirement to grow the workforce to meet statutory duties and responsibilities, and ensuring vulnerable people are kept safe.</p>
1b.	What are the main aims of the project, proposal or service / contract change?	<p>The proposed redesign delivery model/service arrangements for Adult Social Care in Tameside from 1st April 2023 onwards.</p> <p>This proposal is to ensure the Council's ability to deliver the new burdens placed on the Council through the Adult Social Care reforms. This will be phased over a two year period (2023/24 &amp; 2024/25).</p>

<b>1c. Will the project, proposal or service / contract change have either a direct or indirect impact on, or relevance to, any groups of people with protected equality characteristics? Where there is a direct or indirect impact on, or relevance to, a group of people with protected equality characteristics as a result of the project, proposal or service / contract change please explain why and how that group of people will be affected.</b>				
Protected Characteristic	Direct Impact/Relevance	Indirect Impact/Relevance	Little / No Impact/Relevance	Explanation
Age	x			<p>23.5% of the Tameside population is aged over 60, however, 73.4% of the adult social care client base is aged over 60.</p> <p>Therefore, significantly older people are in receipt of adults social care services than the general population.</p>
Disability	x			20.9% of Tameside's



				<p>overall population have a disability, in comparison with 37.8% of people in receipt of adult social care services (this does not include people in receipt of Reablement and CRS)</p> <p>Therefore, significantly more people with a disability are in receipt of adults social care services than the general population.</p>
Ethnicity		x		
Sex		x		
Religion or Belief		x		
Sexual Orientation		x		
Gender Reassignment		x		
Pregnancy & Maternity		x		
Marriage & Civil Partnership		x		
<b>Other protected groups determined locally by Tameside and Glossop Strategic Commission?</b>				
<b>Group (please state)</b>	<b>Direct Impact/Relevance</b>	<b>Indirect Impact/Relevance</b>	<b>Little / No Impact/Relevance</b>	<b>Explanation</b>
Mental Health		x		
Carers		x		
Military Veterans		x		
Breast Feeding		x		
<b>Are there any other groups who you feel may be impacted by the project, proposal or service/contract change or which it may have relevance to? (e.g. vulnerable residents, isolated residents, those who are homeless)</b>				
<b>Group (please state)</b>	<b>Direct Impact/Relevance</b>	<b>Indirect Impact/Relevance</b>	<b>Little / No Impact/Relevance</b>	<b>Explanation</b>
Low or no income groups	x			The thresholds for people who are charged for

				<p>their care are planned to change nationally, from October 2023.</p> <p>The upper capital limit (UCL), the point at which people become eligible to receive some financial support from their local authority, will rise to £100,000 from the current £23,250.</p> <p>As a result, people with less than £100,000 of chargeable assets will never contribute more than 20% of these assets per year. The UCL of £100,000 will apply universally, irrespective of the circumstances or setting in which an individual receives care.</p> <p>The lower capital limit (LCL), the threshold below which people will not have to pay anything for their care from their assets will increase to £20,000 from £14,250.</p>
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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. The data shows that of the 4,678 individual service users with a service provision, 2764 are in receipt of funded care and a further 996 indicative additional self-funders in Tameside provision will require a care account and assessment through the new reforms.

Due to the increase in lower and upper capital limits - with the lower limit rising from £14,250 to £20,000 and the upper limit rising from £23,250 to £100,000, there will be an impact to 454 people currently known to services. Work is underway to establish further implications for the Council from the charging reforms and will be subject to a further report to Cabinet in October 2022.

	Residential	Non-Residential	Total	Implication
Clients with assets between £20,000 - £23,250	69	48	117	Increased part funded
Clients with assets between £23,250 - £100,000	39	112	151	Self-funded to part funded
Clients with assets between £14,250 - £20,000	61	125	186	Part funded to fully funded
	169	285	454	

### Self-funders impacted by new thresholds: older people

Of the 454 people currently self-funding their care through the council, and who would be impacted by the new thresholds, 88.1% are aged over 60.

If we are to assume that the new burdens will follow a similar pattern, there is likely to be an impact for older people who pay towards their own care.

*'The analysis by the Institute for Fiscal Studies and the Health Foundation shows that for many people the latest proposals are considerably less generous, as many people could still face losing more than 70% of their assets to pay for care. For these people they are not getting any protection from catastrophic costs and still face the prospect of losing almost everything – including the value of their home - to pay for care. While the government says everyone paying the same is fair, understanding what this means for both accumulated care needs over your lifetime and for catastrophic costs shows this change is unfair for poorer older people.'*<sup>1</sup>

The inequality here is that the value of people's homes in Tameside is less than the value of properties in other more affluent areas.

### Self-funders impacted by new thresholds: working age

*Whilst the majority of those known to be impacted are older people, it is important to reflect on the impact on working-age adults. Working-age adults with care needs tend to not have the same opportunity to earn similar income levels to the general population and this means that many receive financial support through the means test. Under the proposed change, this support won't count towards the cap. This will mean it will take much longer – a much higher amount of accumulated care needs – to reach the cap. This is critically important as it means for all that additional time, the working-age adult is contributing to their care costs from their income.*<sup>1</sup>

### Self-funders impacted by new thresholds: financial assets

Of the 454 people currently self-funding their care through the council, and who would be impacted by the new thresholds, the council would see an increase in people that would require their care to be part-funded by 25.7%. 33.3% would move from being fully self-funded to being part funded, and 41% would move from having the council part funding their care to the council fully funding their care. In this way there is an impact on people's total assets and their income – more people are eligible for support.

The assumption is that the additional – unknown – self funders (~996 people) follow a similar pattern where they may be eligible for some support from the council. However, at the time of writing this report, the details are not known.

That being said, people in receipt of social care services will continue to be means tested and fairly charged within these new rules; so people will only be charged what they could afford to pay. If people were financially assessed as not being able to afford to pay for their care - but had a Care Act assessed and eligible need - then the council would contribute towards paying for their care.

<sup>1</sup> [The cap on care costs: what does the government proposal mean? | The King's Fund \(kingsfund.org.uk\)](https://www.kingsfund.org.uk/insight-and-analysis/analysis/care-costs-what-does-the-government-proposal-mean/)

1d.	Does the project, proposal or service / contract change require a full EIA?	Yes	No
1e.	What are your reasons for the decision made at 1d?	x	<p>The screening process has indicated that it would be beneficial to conduct a full EIA. However, at the time of undertaking the initial screening, there is not enough detail available to complete the full EIA with any meaningful outcome.</p> <p>There are still many variables in terms of detailed guidance and direction from national government around the reforms e.g. outcomes of the Mental Capacity Act consultation and impact on Liberty Protection Safeguards, finalised Operational Guidance on implementing the Cap on Care, conclusion of the Fair Cost of Care exercise etc. Alongside that, there is further work required to gain a detailed understanding about Tameside's ~996 private self-funders in terms of their demographics, support needs, financial circumstances etc.</p> <p>These would be required to be able to work through the full EIA, and so we remain committed to complete this when further information is available.</p> <p>The following DHSC Impact Assessments have also been drawn upon:</p> <ul style="list-style-type: none"> <li>• <a href="https://publishing.service.gov.uk">Adult social care system reform: impact statement (publishing.service.gov.uk)</a> (Feb 2022)</li> <li>• <a href="http://www.gov.uk">Adult social care charging reform: public sector equalities duty impact assessment - GOV.UK (www.gov.uk)</a> (March2022) (Charging Reform is a significant aspect of the overall ASC Reform Agenda)</li> </ul>

*If a full EIA is required please progress to Part 2.*