

Care Act 2014 – Implementation and implications for Derby City Council

SUMMARY

- 1.1 The Care Act 2014 is the most significant reform of social care legislation in more than 60 years, putting people and their carers in control of their care and support. It replaces a patchwork of laws which have built up since the 1948 National Assistance Act. The Care Act has created a single, modern law relating to:
 - social care and support for adults and carers
 - safeguarding
 - care standards.
- 1.2 The Care Act makes it clear what kind of social care people should expect. It also promotes the integration of care and support with health services. It takes into account the findings of the Dilnot Commission's Report into the funding of care and support, and the Francis Inquiry into failings at the Mid Staffordshire NHS Foundation Trust. The Care Act applies to all adults in the area who need care and support, whether arranged or funded by the state, or by the individual themselves, or by a combination.
- 1.3 The legislative framework for adult care and support in England is outdated. It focuses on crisis intervention rather than prevention and early intervention. It is focused on the provision of services rather than supporting the system to be centred around the health and wellbeing of people and carers. The current legal framework contains many gaps and is confusing for those who deliver and manage the service, and for individuals receiving services or trying to understand their own entitlements.
- 1.4 The primary objective of the act is to modernise the legal basis for adult care and support in England. This will make the law easier to understand and apply, and will bring greater clarity, consistency and equality of access to care and support. The intended effect is also to improve the outcomes and experience of care, and secure a more effective use of public and community resources by:
 - improving the personalisation of services
 - giving people more choice and control over how their desired outcomes are achieved.
- 1.5 Most of the new duties and responsibilities are planned to take effect from April 2015. The first requirements are related to duties on information and advice (including advice on paying for care), duty on market shaping, assessments (including carers'

assessments), national minimum threshold for eligibility, personal budgets, care and support plans, safeguarding and universal deferred payment agreements.

- 1.6 Reforms to the way care is funded and paid for are planned to come into effect from April 2016. These will introduce:
- a cap on the costs that people will have to pay for care
 - an increase to the means testing level
 - care accounts.

- 1.7 The most significant changes being introduced in 2015/16 are the improved legal rights and increased support for carers.

Other potential impacts relate to:

- increased demand for information services
- the right for self-funders to request the Council to arrange care on their behalf
- the number of self-funders who will come forward to have their care needs assessed and reviewed and a care account started
- loss of income as a result to changes to service user capital thresholds (2016/17).

- 1.8 The Care Act reforms are being introduced at a time of significant growing need and unprecedented pressure on public spending that will have a significant effect for some years to come.

- 1.9 The Department of Health has responded to concerns about the potential demand from carers to access new rights in 2015/16. Close working with councils has resulted in agreement to amend the distribution of funding between different duties under the Care Act. The funding for early assessments and reviews, and deferred payments has been reduced. The resulting reduction has been used to create a Carers and Care Act Implementation grant. The Department of Health allocations to Derby for three different grants relating to the Implementation of the Care Act in 2015/16 is as follows:

Early assessments revenue grant	Deferred Payment Agreement revenue grant	Carers and Care Act Implementation revenue grant
£632,123	£387,174	£265,607

The total specific Care Act grant funding for Derby City 2015/16 amounts to £1.285m.

- 1.10 The government considers there are likely to be benefits to local authorities through better coordination, more proactive, preventative measures and planning of care and support functions. Benefits should be delivered by preventing crisis and escalation of need through improving information, personalisation and assessment of carer need. Improved information, advice and cooperation between organisations will help people to navigate the system more easily and with greater freedom, flexibility and choice. This will improve the outcomes and experiences of people who use care and support services, carers and their families.

- 1.11 Alongside implementation of the Care Act, Derby City Council is consulting on the future strategy for adult social care. This sets out the significant challenges currently being faced and promotes the need to think differently so that the Council can continue to serve people well while working within the resources that are available.
- 1.12 The Care Act links to the changes introduced in the Children and Families Act 2014 which includes a new system to help children with special educational needs and disabilities. This needs to be considered in relation to transitions from children's to adult services.

RECOMMENDATION

- 2.1 To note the requirements of the Care Act 2014.
- 2.2 To note the significant additional financial impacts as a result of the Care Act, as detailed at Appendix 1.1.
- 2.3 To note the update on implementation.

REASONS FOR RECOMMENDATION

- 3.1 The Care Act 2014 contains core legal duties and powers for adult social care and partnership health organisations.
- 3.2 Derby City Council will need to meet the legal obligations placed on it by Part 1 of the Act and regulations which come into effect in April 2015. Financial reforms will come into effect in April 2016.

SUPPORTING INFORMATION

- 4.1 Many areas of the Care Act are a consolidation and modernisation of the legal framework and do not represent a change in policy. These are:
- Promoting wellbeing
 - Preventing, reducing or delaying needs
 - Information and advice
 - Market shaping and commissioning of adult care and support
 - Charging and financial assessment (2015-16 only)
 - Personal Budgets
 - Direct payments
 - Integration, cooperation and partnerships
- 4.2 Areas of the Care Act which are substantial policy reforms and represent the most significant costs to local authorities are:
- Assessment and eligibility
 - Continuity of care
 - Assessment and provision of support for carers
 - Access to independent advocacy
 - Care and support for people in prison and approved premises
 - Safeguarding adults from abuse and neglect
 - Provisions relating to Deferred Payments
 - Provisions relating to oversight of the care and support provider market and responsibilities for continuity of care in the case of provider failure
 - Implementation

Reform of the funding system for care and support – 2016/17

Additional requirements include:

- extended means test
- capped charging system
- care accounts

See Appendix 2 for an overview of key areas in the Care Act.

4.3 Financial Impacts

There is a commitment to form a common view jointly across the Association of Directors of Adult Social Services – ADASS, Department of Health, Local Government Association of the national and local costs of implementing the Care Act reforms to enable planning to take place. A number of financial models have been developed for use with local data. The models and results submitted are being reviewed independently to inform the national response.

Derby City Council has run the ADASS, Birmingham, Lincolnshire and Surrey Model to establish the cost parameters for implementing the Care Act reforms in the city. The Board should note that these are best estimates and the numbers may change as more accurate data becomes available and models continue to be refined.

- 4.4 Using the Surrey model, the estimated additional cost to Derby City Council of implementing the Dilnot financial reforms in April 2016 and for each subsequent year is:

	Y1 2016/17	Y2 2017/18	Y3 2018/19	Y4 2019/20	Y5 2020/21
Lowest estimate	£2,034,726	£2,379,584	£2,715,646	£4,127,469	£5,159,871
Highest estimate	£2,978,381	£3,599,004	£4,573,170	£6,153,679	£7,021,803

The model predicts a rising cost to the authority of the funding reforms which is £5.1m per annum in Y5 in the optimistic forecast and £7m in the pessimistic forecast.

- 4.5 The Lincolnshire Model estimates the cost of the financial reforms and also the cost of additional assessments, supporting carers and loss of income which starts from 1 April 2015.

Using the Lincolnshire model, the estimated additional cost to Derby City Council from April 2015 and for each subsequent year is:

Y0 2015/16	Y1 2016/17	Y2 2017/18	Y3 2018/19	Y4 2019/20	Y5 2020/21
£996,776	£5,326,318	£3,989,809	£3,110,869	£2,783,752	£2,609,267

Taking the estimates from the Lincolnshire Model, the estimated additional cost to the authority of the next three years of the MTFP is £10.3m phased as detailed in the table above. The trend after year 5 is continued reduction to circa £2.1m in year 10. The initial spike is due to current full cost people presenting for assessment due to the significant change to the financial thresholds.

- 4.6 Derby City Council has also developed a simple model to estimate the new support costs and additional new assessments for carers. Using this model, the estimated additional cost to Derby City Council from April 2015 and for each subsequent year is:

Y0 2015/16	Y1 2016/17	Y2 2017/18	Y3 2018/19	Y4 2019/20	Y5 2020/21
£1,579,750	£1,862,700	£2,332,500	£2,794,050	£3,093,500	£3,077,000

See appendix 3 for a summary of estimated financial costs.

- 4.7 There is a need to understand local information in order to be able to plan. To inform the models, work has been carried out to estimate the number of self-funders with eligible needs who will come forward to register their spend on care with their local authority to start their care account in 2016/17. The estimated numbers are:

- 578 in Residential Care
- 540 receiving Home Care

The degree and speed at which the people contained in the above figures present will determine the cost to the authority.

4.8 **Operational impacts**

The Care Act will have a significant bearing on the costs of the delivery of social care in 2015/16:

- increased Assessment and Review costs due to increased volumes
- processes and practices will need to be reviewed to ensure that the Council is compliant with the new legislation and they will enable us to deliver the changes required
- starting the assessment of self-funders in order for them to take advantage of the financial protection offered by the care cap being introduced in April 2016.

4.9 **Implementation Grant**

All Local authorities have received a grant of £125,000 from the Department of Health for use in 2014/15 only. This is to make adequate provision for programme management and participate in the national Care Act implementation stocktake programme.

4.10 **Policy**

The Care Act has implications for a number of areas which will require corporate policy to be reviewed to ensure the local authority is compliant with the Act and to make the requirements explicit in strategy documents:

- Duty to Co-operate between the local authority and other relevant authorities
- Sharing of information
- Deferred payments
- Charging for services
- Recovery of charges
- Delegation to a third party to carry out certain functions.

This work will require the support of the corporate Policy Team.

4.11 **Governance**

Progress is reported on a bi-monthly basis to the AHH Transformation Board and reports are also provided to the Health and Wellbeing Board.

4.12 **Care Act Projects**

Projects that will deliver the outputs required by the programme are clustered under the following themes:

- Information and Advice
- Prevention
- Assessment
- Care and Support Planning
- Finance and Systems
- Market Shaping
- Workforce
- Safeguarding

Because of all the work we have done to introduce self-directed support and personalisation, there are many areas which already meet the requirements of the Care Act. Our initial focus is on those actions which we must deliver for 1 April 2015.

We have reviewed the guidance and assessed where we are already compliant, partially compliant or not at all compliant. Workstreams have been set up with identified leads to address the gaps and ensure the new and extended duties and responsibilities will be met. A brief outline of the work follows.

4.13 **Update on implementation**

Information and Advice

The provision of good quality information and advice underpins the reforms. The provision of financial information and advice is even more important given the funding reforms which are being introduced in 2016.

In order to meet the requirements of the Care Act, we need to ensure there is:

- a comprehensive universal information and advice service that includes the wider aspects of care and support
- an online information and advice service
- signposting to independent financial advice to help people plan their future care and support
- information and advice to meet the specific requirements of Carers.

A new corporate Information and Advice strategy is being produced which will reflect national good practice around information and advice for people with care and support needs.

We are developing on-line services which will enable people to carry out self-assessments on line if that is appropriate for their circumstances and suits them. We are reviewing the information we currently provide throughout the customer journey, on our website and through the Your Life Your Choice portal.

There are also interfaces with the Derby Integrated Advice Partnership – DIAP - and the Information and Advice Forum, led by the voluntary sector.

4.14 **Prevention**

Preventing, reducing and delaying needs is a key principle of the Care Act. Initial meetings have been held to start to identify what services, facilities and resources are already available in the area and how these might help local people.

Mapping the breadth and coverage of preventative services is underway.

Housing is seen as a key contributor to a person's wellbeing and it is proposed to work with housing partners to deliver better outcomes.

4.15 **Assessment and eligibility**

The new national eligibility criteria is based on whether:

- The adult's needs arise from or are related to a physical or mental impairment or illness;
- As a result of the adult's needs the adult is unable to achieve two or more specified outcomes;
- As a consequence of being unable to achieve these outcomes there is, or there is likely to be, a significant impact on the adult's wellbeing.

While this focus on wellbeing is a fundamental change in assessment, it is considered that the new national minimum eligibility threshold is equivalent to the 'substantial' Fair Access to Care Services level at which Derby currently provides care.

Revision of guidance, policies and tools to reflect the Care Act, particularly the new national minimum eligibility threshold, is in progress.

Carers

A new specification for Carers services has been issued to reflect the requirements of the Care Act. Once this contract is awarded, we will work with the provider to develop a new Carers Assessment form.

4.16 Finance and systems

The Care Act sets out new powers that local authorities have in relation to charging including:

- The cost of arranging and care and support for self funders
- Administrative fees incurred in Deferred Payment Agreements.

A report outlining proposed charges is being submitted to the February 2015 Council Cabinet meeting.

The council has procured a new case management system which will be Care Act compliant and also provide new features to deliver elements of the customer journey electronically in line with the corporate e-services policy. This will be implemented in April 2015.

4.17 Market development

Local authorities must facilitate a diverse, vibrant and sustainable market for care and support services that benefit the whole population. Commissioning will be required to focus on wellbeing and ensure choice. This should be done through supporting providers and good contracting mechanisms. To support this area we are:

- Reviewing and updating the Market Position Statement
- Developing a process to assess and maintain an overview of provider viability and potential provider failure.

4.18 Workforce

Briefing sessions on the Care Act have been held for staff and a portfolio of training opportunities is being prepared. This will include tailored briefings for teams, e-learning sessions and a suite of learning materials that have been developed to support the implementation of the Care Act. There are approximately 400 staff in DCC Adult Social Care who will require an overview and approximately 100 Team Managers, Social Workers and professional staff who will require a more detailed briefing.

Social care employers in the independent and voluntary sector also need to consider the impact of the reforms on their workforce. All training courses delivered by DCC are being reviewed in the light of the Care Act so providers are aware of the new duties and requirements.

4.19 **Safeguarding**

Work has already started on reviewing our safeguarding arrangements to respond to the Care Act which puts adult safeguarding on a statutory footing for the first time. We already comply in many areas but we will be working with our partners on developing joint policies and consulting through the Safeguarding Adults Board.

4.20 **Integration**

Derby is well placed in that key partners for delivering the Care Act – health and housing - are covered by one department in the council. The Care Act and the Better Care Fund provides a framework for co-operation and integration with health, housing and other health related services including:

- strategic commissioning and planning
- access, assessment and planning for care and support including integrated personal health budgets
- joined up service delivery.

4.21 **Self funders**

The Care Act fundamentally changes who and how people pay for their care. From April 2016, the financial reforms extend the means tested threshold of £23,250 for residential care to £118,000 and introduces a cap on lifetime costs of £72,000 - excluding living costs of £12,000 per year. During 2015/16 it is anticipated that there will be a demand for assessments from self-funders. National and local surveys have been carried out to estimate the number of self funders who may require an assessment.

4.22 **Communications**

The Care Act has considerable implications for customers, carers and people who fund their own care. A national communications campaign will run from January – March 2015 including newspaper, magazine and radio features, supported by targeted postcode mailing and distribution of leaflets to GPs.

Presentations have been provided to key forums - including Independent and voluntary sector providers and DCC's diversity forums - to provide an overview of the changes coming in the Care Act and encourage wider partners' thinking about what this means for their organisation.

A local campaign is being developed using national template letters, leaflets, posters which can be co-branded with the City Council logo.

4.23 **Programme Team**

A small team, on fixed term contracts to 31 March 2015, is in place to work on the required changes:

- Programme Manager
- Head of Service - Practice Transformation
- Project Support Officer

4.24 Risks

The main risks are:

- The new eligibility framework is looser than the current 'substantial' criteria. Interpretation could lower the threshold and generate more demand on services.
- Uncertainty about additional demand from self funders
- Uncertainty about additional demand from carers
- Uncertainty about total implementation costs for 2015-16, 2016-17
- Capacity to implement Care Act alongside other significant changes - reduced staff, new IT system. This may impact on service quality.
- Lack of funding to commission or maintain preventative services.

OTHER OPTIONS CONSIDERED

5.1 None

This report has been approved by the following officers:

Legal officer Financial officer Human Resources officer Estates/Property officer Service Director(s) Other(s)	Perveez Sadiq Toni Nash Liz Moore Perveez Sadiq IT – Nick O'Reilly Equalities – Ann Webster Health and Safety – Adrian Jeffs Environmental Sustainability – Andy Hills Risk – Chris Salt
For more information contact: Background papers: List of appendices:	Perveez Sadiq 01332 642742 perveez.sadiq@derby.gov.uk None Appendix 1 – Implications Appendix 2 – Overview of key themes of the Care Act 2014 Appendix 3 – Care Act Financial Implications – Summary of Models

IMPLICATIONS

Financial and Value for Money

- 1.1 The Care Act 2014 introduces new duties from 1 April 2015. In order to meet the additional costs of these requirements the Council has allocated an additional £616k to the AHH budget 2015/16.

The Care Act also reforms the way care is funded from 1 April 2016. The impacts of the funding reforms are currently being modelled nationally and are unknown. The financial implications have been modelled locally and the results are contained in Appendix 3. The government has committed to funding the cost of these reforms.

Provisionally the Council has allocated additional funding of £2637k in 2016/17 and £4487k in 2017/18 to cover the funding reform aspects of the Care Act.

Legal

- 2.1 The Care Act 2014 consolidates existing legislation and introduces new duties and powers that place a statutory duty on the council to meet people's eligible needs. The Care Act puts carers on the same legal footing as those they care for. A new focus on preventing and delaying needs also applies to:
- those who do not have eligible needs
 - carers.

Significant legal advice will be required as the requirements of the Care Act 2014 are implemented and this remains ongoing to respond to any future challenges of provision of service.

Personnel

- 3.1 There are no specific implications in this report, although it is envisaged that additional resources will be required to cover a spike to undertake the increased volume of assessments, particularly from self-funders who will come forward to have their care needs assessed and reviewed to start a care account. The staffing implications will become clearer as further scoping work is carried out, and there may be implications for both the Adults Health and Housing directorate and other services such as Business Support.

IT

- 4.1 The Care Act funding reforms for deferred payments and to increase the capital threshold for residential care should be easily accommodated within existing social care case management and finance systems. Management of the cap on care costs for an individual in their Care Account, which will be introduced in April 2016, will require an extension to existing case management and social care finance systems. IT suppliers – including the provider of Derby's new social care

management system which will be implemented from 13 April 2015 - have been involved in national consultation. Suppliers are currently estimating the development effort required to implement the Care Act and what additional costs (if any) would be passed on to customers.

Equalities Impact

- 5.1 Carers play a significant role in disabled people's lives and are protected under the Equality Act by association with disabled people. In addition older people are also protected by the Equality Act. The revised arrangements will have a positive impact on disabled people, older people and carers including young carers.

Health and Safety

- 6.1 There are no specific implications in this report, although the adult safeguarding responsibilities under the Care Act could result in an increased workload for the Council's Health and Safety Team helping in investigating safeguarding incidents. This could result in additional resources being required.

Environmental Sustainability

- 7.1 There are no specific implications.

Asset Management

- 8.1 There are no specific implications.

Risk Management

- 9.1 The implementation of the Care Act is being managed as a programme which follows risk management principles. A Risk Register has been established and strategic risks escalated.

The main risks are:

- The new eligibility framework is looser than the current 'substantial' criteria. Interpretation could lower the threshold and generate more demand on services.
 - Uncertainty about additional demand from self funders
 - Uncertainty about additional demand from carers
 - Uncertainty about total implementation costs for 2015-16, 2016-17
 - Capacity to implement Care Act alongside other significant changes - reduced staff, new IT system. This may impact on service quality.
 - Lack of funding to commission or maintain preventative services.
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- Uncertainty about additional demand from self-funders
 - Uncertainty about additional demand from carers
 - New national eligibility threshold
 - Total implementation costs

Promoting Wellbeing

Central to the Care Act is the concept of wellbeing. Local authorities will now have a duty to consider the physical, mental and emotional wellbeing of the individual needing care. In exercising the promotion of individual wellbeing a local authority must have regard to factors such as an assumption that the individual is best placed to judge their own wellbeing, the importance of participation, regard to all an individual's circumstances, and the importance of achieving balance between the individual's wellbeing and that of any friends or relatives involved in their care.

Preventing, reducing or delaying needs

The Care Act creates a new focus on preventing and delaying needs for care and support, rather than only intervening at crisis point. Local authorities will have a new duty to provide preventative services to maintain people's health and prevent, reduce and delay the need for care and support. This applies to people who have eligible needs, those who do not have eligible needs and carers.

Information and Advice

Local authorities will have to offer information and advice to help everyone understand what support they will need to help them plan for the future. Local authorities will need to ensure that information is provided so that the public can:

- know how the care and support system works
- access services that help prevent their care needs from becoming more serious
- access good information to help them make informed choices about their care and support
- have a range of good care providers to choose from
- know how to access independent financial advice
- know how to raise concerns over the safety or wellbeing of someone with care needs.

Market shaping and commissioning

Local authorities will be required to promote the diversity and quality of local services, so that there is a range of high quality providers in all areas. This includes local authorities fostering an effective care and support workforce.

Local authorities will have their responsibilities around market provision strengthened and they will need to ensure and oversee the financial stability of a number of care providers who are the most important and the most difficult to replace. There will also be new responsibilities in place if care providers should fail where local authorities will have temporary responsibility to ensure both residential care and domiciliary care continues if a provider fails, regardless of who pays for the care.

Assessment

Assessments must be outcome focused and the duty to assess applies "regardless of the adult's financial resources". A needs assessment must be carried out, involving the individual, carer and any other person they choose, where it appears that an adult may have needs for care and support. It will include:

- whether the individual has care and support needs

- what those needs may be, and their impact on wellbeing and outcomes
- whether other factors, including the person's own resources and networks, could play a role in their achieving the outcomes they want
- whether the needs are eligible, such as to place a duty on the local authority to meet them
- what information on community services will help meet their needs
- whether preventive interventions might reduce, delay or remove needs.

Eligibility

If the eligibility criteria are met, there is a duty to meet needs where a person's financial resources are below a set limit; if they request the authority to make arrangements (even if they don't qualify on financial grounds) or if, regardless of finances, they don't have the capacity to make the arrangements they need and no one else can do it on their behalf. Eligibility for care must be identified using the new national framework for eligibility to care and support which will be consistent across England.

Independent Advocacy

There is a right to independent advocacy for those needing most support to engage with key processes such as assessment.

Carers

The Care Act gives carers new rights to support that put them on the same footing as the people they care for. All carers will be entitled to an assessment. If a carer is eligible for support for particular needs, they will have a legal right to receive support for those needs, just like the people they care for.

Charging and Financial Assessment

The Care Act sets out a clear approach to charging and will help people to understand what they have to contribute towards their care and support costs. After an assessment and if the individual does not have to contribute the full cost of a package of care, but does have to contribute towards costs, the accompanying regulations to the Act will state how much funds an individual must have after the local authority has charged.

Deferred Payment Agreements

Every local authority will have to offer a deferred payment scheme, meaning no one should be forced to sell their home during their lifetime in order to pay for their residential care. There will be a duty for the local authority to pay care home costs before reclaiming the costs through the sale of a property after the individual has passed away. Local authorities will be able to charge interest to cover their costs.

Care and support planning

The local authority must prepare a care and support plan (or a support plan in the case of a carer) that sets out the detail of how the person's needs will be met. This will link back to the outcomes that the adult wishes to achieve in day-to-day life as identified in the assessment process. This process is central to the provision of person-centred care and support that provides people with choice and control over how to meet their needs.

Personal Budgets and Direct Payments

The Care Act puts personal budgets on a legislative footing for the first time, which people will be able to receive as a direct payment if they wish. The Care Act places a duty on the local authority to provide all individuals and carers with a support or care plan.

Safeguarding

The Care Act makes the safeguarding enquiry function a statutory responsibility of the council. Local Authorities will have a legal requirement to put in place a multi-organisational Safeguarding Adults Board – SAB. The SAB must publish a plan and review it annually. The local authority must investigate, or arrange an investigation, where they believe anyone is at risk of neglect or abuse regardless of whether care or support is provided.

Integration, co-operation and partnerships

The Care Act promotes integration between Adult Social Care, health and housing services to improve outcomes for people and communities. It supports a commitment to make joined-up health and care the norm by 2018. There is a duty on local authorities to carry out their care and support functions with the aim of integrating services with those provided by the NHS or other health-related services, such as housing

Transitions

The Care Act allows for ‘transition assessments’ to take place in advance of a young person’s 18th birthday. The intention is to provide young people and their families with information and advice so that they know what to expect in the future and can prepare for adulthood. The Act also puts into place a duty for any services in place prior to age 18 to be continued to be funded without a gap until adult services are in place.

Continuity of care

There is a new guarantee to ensure continuity of care when people move between areas, to remove the fear that people will be left without the care they need. Guidelines will be provided to ensure that there is an appropriate and clear process for anyone receiving care who wishes to move between local authority areas. There will be a duty for authorities to ensure that care provision for eligible people is equitable. There are new protections to ensure that no one goes without care if their providers fail, regardless of who pays for their care.

Reforms to the funding system – 2016/17

The Care Act introduces a cap on the costs that people will have to pay for care, based on the Government's response to the report of the Dilnot Commission. On top of this the means testing level will increase so that government help starts far earlier than before, meaning people with modest wealth will be eligible for state help towards that cap. Where the individual has reached the cap on care costs, the local authority may not charge towards the cost of meeting the care and support needs. People will still be required to contribute to their general living costs.

Self funders

These changes to the way social care is funded, aimed at reducing uncertainty about the total cost of care that an individual will incur, will for the first time require local authorities to establish a closer relationship with people who self-fund their care.

There are three main reasons for this:

- the legal obligation to promote the health and wellbeing of the entire population
- if self-funders are not well informed about preventative support services and care options this may result in the earlier loss of independence
- once the funding reforms are introduced, self-funders who are eligible for support will want to register their spend on care with their local authority to start their care account.

Appendix 3

Care Act Financial Implications		v0.5 15.12.2014					
Comparison of Models							
		Y0	Yr 1	Yr 2	Yr 3	Yr 4	Yr 5
		2015/16	2016/17	2017/18	2018/19	2019/20	2020/21
Dilnot Financial Impact only		£	£	£	£	£	£
Birmingham Model v1	Data incomplete	0	1,187,000	1,223,000	1,272,000	1,383,000	1,477,000
Lincolnshire Model v3		0	1,602,685	1,029,330	692,302	459,024	345,432
Surrey Model v2	lowest estimate	0	2,034,726	2,379,584	2,715,646	4,127,469	5,159,871
Surrey Model v2	highest estimate	0	2,978,381	3,599,004	4,573,170	6,153,679	7,021,803
Additional Assessment Cost							
Lincolnshire Model v3	Assessment Staff, Financial Assessment, Brokerage	456,776	913,551	456,776	228,388	230,672	232,978
ADASS Model v5.1	Additional assessment staff - 7FTE (Social Workers Scale 9)	299,859					
Carers Costs							
Lincolnshire Model v3	Carers Assessment and packages (Lincs Figures)	540,000	1,080,000	1,080,000	1,080,000	1,080,000	1,080,000
ADASS Model v5.1	Carers Assessment and packages	797,270					
Derby Model	Carers Assessment and packages	1,579,750	1,862,700	2,332,500	2,794,050	3,093,050	3,077,000
Other Carer Provision costs							
ADASS Model v5.1	Prevention, Information and advice	50,000					
Loss of Income							
Lincolnshire Model v3		0	1,730,082	1,423,704	1,110,179	1,014,057	1,312,978
Total Cost to DCC							
Lincolnshire Model v3		995,776	5,326,318	3,989,809	3,110,869	2,783,752	2,609,267