Appendix 1

Business Case

SURREY

8

Project Title: Care Act Project – Responding to the cap on care costs workstream

Project Sponsor	John Woods
Project Manager	Tristram Gardner
Date	11/06/2014
Version Number	1.3

Change Log

Version Number	Change	Reason	Signed off by:
1.0	Document created	-	John W
1.1	Document updated	Feedback from John Woods, Dina Bouwmeester and Julie Gibbs	John W
1.2	Assessment and review process table updated	Feedback from ASC Continual Improvement Board	John W
1.3	Adjustments to formatting, policy principles, graph 1 and appendix 1	Feedback from Finance and options development group	

Executive Summary

This business case outlines several different options for how Surrey County Council's (SCC) Adult Social Care (ASC) Directorate could choose to meet the new legal requirement to offer a 'cap' service from April 2016. These are:

- Option 1: Do nothing
- Option 2: Grow Personal Care and Support
- Option 3: Commission trusted assessors
- Option 4: Contract with assessment agencies
- Option 5: Online self-assessment
- Option 6: Progress a mix of options 2-5

The benefits and risks of these options have been evaluated against the 'cap on care costs' workstream objectives (see below) to inform the below recommendations:

Recommendation 1: Option 1 (do nothing) should be discounted for further exploration. It would place unsustainable pressure on PCS capacity and very likely lead to a significant decline in service quality for residents and carers.

8

Recommendation 2: Option 5 (online self-assessment for all self-funders) should be discounted for further exploration. It is highly unlikely that new law will permit local authorities to carry out all assessments online. Individuals' needs may be missed or inaccurately recorded and safeguarding risks not identified. However, an initial online self-assessment for some individuals could be a viable component of an integrated assessment and review strategy that comprises multiple options.

Recommendation 3: Option 6 (progress a mix of options 2-5) is the current preferred option. Developing an integrated range of assessment and review options would offer residents and carers the best choice and create opportunities to 'channel shift' individuals towards the most appropriate and proportionate route. It would also offer the most scalable solution in an environment where the actual demand will not be known until the law changes.

Recommendation 4: Further work is undertaken to scope the risks, benefits and costs of Option 6. By further developing Option 6, it will also be possible to scope in more detail the implications of options 2, 3 and 4.

Recommendation 5: In order to give sufficient time to implement a response, a final decision needs to be made as to the option(s) the Directorate wishes to progress by January 2015. The final chosen option will also form the basis of the Directorate's assessment and review strategy.

Business Need

From April 2016, subject the Government will introduce a new cap on lifetime care costs for individuals. Local authorities will be responsible for offering the new cap service to all vulnerable adults who are assessed as having eligible social care needs.

8

No local authority, including SCC, currently offers a cap service. Introducing one has significant implications for all local authorities in England (see objectives, below).

The relative affluence of Surrey (as many as 80% of residents with eligible care needs are estimated to currently fund their own care) means it is likely there will be a greater demand in the county from self-funders for a cap calculation than in other local authority areas. If unaddressed this could place unsustainable pressure on current assessment service capacity, resulting in poorer quality services and waiting lists to receive an assessment. However, it also creates new opportunities to provide information and advice to a significant section of the vulnerable adult population in Surrey who currently may not approach the authority for support. Meeting this demand is one of the biggest challenges for Surrey as a result of the cap.

Objectives

Aims of the ‘cap on care costs’ workstream:

- Ensure that all Surrey residents (including carers), irrespective of their reason for need or ability to pay, are able to access and receive an appropriate and proportionate assessment in a timely and cost-effective way,
- Assessment service capacity can be scaled up or down in an efficient and responsive manner to meet actual assessment demand,
- In line with the Care Act funding reform requirements:
    - Introduce new ways of working to assess, generate and monitor cap calculations (i.e. the ‘independent personal budget’ and ‘care account’) for both self-funders and people who are already receiving support from the Directorate. This may include reviewing how the cost of care should be calculated for self-funders to match national guidance,
    - Establish a process for reviewing the care needs of self-funders who are progressing towards the cap,
    - Establish a process for providing financial support to individuals (both self-funders and people who may already receive some financial support from the Directorate) at the point they reach their cap

- The introduction of the above new processes and ways of working are cost-effective and achieve value for money without compromising the Directorate's draft policy principles.

These aims must be implemented within the context of the Directorate's draft policy framework, the key principles of which are highlighted below:

8

Policy principle	Description
We will meet our duties	Complying with the law in a way that is consistent with our vision for Adult Social Care in Surrey
We will support the 'General' responsibilities in the Act	Promoting individual wellbeing, prevention, providing information and advice, promoting quality and diversity of services, cooperating with partners
We will promote a Whole Family Approach	Treating carers with the same esteem as the people that they care for and being aware of the needs of children in the household
We will act fairly	Ensuring an equal value on access and outcomes for all regardless of reason for need or ability to pay
We will be clear and transparent	Making it as easy as possible for people to have the information that they need, at the right time and in the best way for them
We will put personalisation at the centre of what we do	Enabling people to be in control of their own care and support
We will behave proportionately	Responding flexibly and appropriately to people's needs
We will work together with the 'Surrey community'	Responding in a way that takes account of and uses our community and partner needs, expertise and resources

This business case assumes that any assessment and review process consists of the following stages:

Assessment and review process stage	Applicable to person entitled to local authority funding?	Applicable to self-funder?
Provide personalised information, advice and signposting, irrespective of whether the individual meets eligibility criteria Including signposting individuals to independent financial advice if appropriate.	Yes	Offered to all individuals. May not be desired by all individuals.
Assessment of the individual's needs (including identifying any potential support through family, friends and community resources)	Yes	Yes
Identify the eligible support needs of any carers (including young carers) and agree how these will be addressed	Yes	Yes
Determine whether the individual meets eligibility criteria	Yes	Yes
Carry out a proportionate financial assessment to determine whether the individual is entitled to local authority funding	Yes	If the individual appears to be close to the capital eligibility thresholds and/or if requested. Could be an opportunity to help identify attempts by individuals to deprive themselves of assets, in order to meet the capital eligibility thresholds sooner. This needs to be explored further in light of Care Act regulations and guidance when published.
Generate a personal budget	Yes	Yes

Assessment and review process stage	Applicable to person entitled to local authority funding?	Applicable to self-funder?
or independent personal budget, and care account, for the individual	Same notes as for applicable to self-funder.	This may include reviewing how the cost of care should be calculated for self-funders in light of Care Act regulations and guidance when published. One option could be to empower assessors to generate a budget without using a RAS.
Develop a support plan with the individual	Yes	Only if requested. The Care Act will not require local authorities to offer a support plan to self-funders who are eligible for an independent personal budget, although self-funders may request this service from the local authority. An alternative option could be to issue self-funders with a short 'social care prescription', summarising what the assessment has identified and listing suggested next steps, including potential small-scale service or equipment provision (e.g. value under £125). This needs to be explored further in light of Care Act regulations and guidance when published.
Source services to meet the individual's support plan	If required	Only if requested. There may be an increase in demand from self-funders for the Directorate to source services, if they cannot source their own care within the limits

Assessment and review process stage	Applicable to person entitled to local authority funding?	Applicable to self-funder?
		of their independent personal budget. The Care Act will enable the Directorate to charge a small administrative fee to self-funders for sourcing care and support services on their behalf. This needs to be explored further in light of Care Act regulations and guidance when published.
Review and if necessary re-assess the individual's care and support needs, including their associated budget, at appropriate intervals and/or if requested.	Yes	Yes Awaiting confirmation from the Department of Health as to how often a self-funder's independent personal budget should be reviewed. This needs to be explored further in light of Care Act regulations and guidance when published.
Provide updates on the individual's progress towards their cap through annual care account statements.	Yes	Yes
Once the individual reaches the cap, establish process so that local authority pays any remaining ongoing reasonable care costs to meet their eligible needs.	Yes	Yes This could be delivered through a direct payment if appropriate for the individual.

The cap on care costs workstream will need to work closely with other workstreams of the Care Act project, in particular to ensure the below - however the cap on care costs workstream will not address these directly:

- We provide information and advice on the cap to local residents and carers, including signposting people to independent financial advice, (*info and advice workstream*),
- We work with partners to respond to the likely increase in demand for associated services (e.g. carers, continuing healthcare, independent advocacy services), (*commissioning and carers workstreams*),
- We work with partners and providers to understand and manage the impact of the cap on the local care market, (*commissioning workstream*),
- We review whether and how the Directorate's complaints service will need to change to reflect new Care Act regulations and guidance on responding to complaints and appeals (*assessment, eligibility and personalisation workstream*), and
- We estimate and plan to meet the extra financial burden of introducing the cap and its associated impacts. (*financial workstream*).

Options

The options analysis is predicated on a series of assumptions regarding the size of the self-funder (i.e. people with eligible needs who fund their own care) population in Surrey, and how many of these people could approach the Directorate to be assessed and receive an independent personal budget. *Graph 1*, below, illustrates the projected increase in assessment demand on Surrey, compared to assessment demand if no cap on care costs is introduced.

It should be stressed that the figures upon which *Graph 1* are based are highly dependent on the assumptions used and the limited data available, and if anything are a conservative estimate of actual assessment demand (for example, they assume only people who go on to have eligible needs request an assessment). They do indicate that there will be a significant initial peak in demand for assessments, which will then reduce to a greater than current annual demand for assessments from people who develop eligible social care needs.

The Care Act will give local authorities the power to delegate their assessment function to other bodies, although local authorities retain the overarching accountability to ensure vulnerable adults are safe and receiving appropriate support. This power has been used to inform the below options analysis.

Options Analysis		
No.	**Option**	**Summary**
1	Do nothing	**Description** • Personal Care and Support (PCS)'s assessment and review service capacity is maintained at current levels. No

Options Analysis		
No.	**Option**	**Summary**
		new staff are recruited to assess or review self-funders. • Current assessment process is adjusted so independent personal budgets and care accounts can be calculated and monitored, and if appropriate 'social prescriptions' offered. • Potential to explore and develop a more proportionate and/or accessible approach to assessment of self-funders. This could include making assessment forms available in 'hub' locations, e.g. GP surgeries, for individuals and/or their carers to complete and post back, with telephony support from PCS staff. • Potential to develop more proportionate approach to financial assessment for self-funders. E.g. only do thorough financial assessment if it appears the individual is close to a capital eligibility threshold. • The personal budgets of people who currently receive financial support from the Directorate form the basis of their care account, until they are next reviewed. • PCS locality staff carry out 'light-touch' reviews of self-funders progressing towards their cap (e.g. through telephone), unless there were indications a more comprehensive review is required. • New process established so people who reach the cap begin to receive full financial support from the Directorate for any ongoing reasonable care costs. **Benefits** • Minimal process, system and workforce change required. **Risks and issues** • The increase in assessment and review demand will place considerable pressure on PCS's capacity. This option, even if assessments are made more proportionate and accessible for self-funders, would place significant extra demands on this service with no extra resource. This would be compounded if significant numbers of self-funders request that the Directorate sources their care. • Potential to place significant extra pressure on the Financial Assessment and Benefits Team, even if the current financial assessment process is made more

Options Analysis		
No.	**Option**	**Summary**
		proportionate for self-funders. • Highly likely it would lead to a reduction in the quality of service for all vulnerable Surrey residents, irrespective of whether they are self-funders. Staff could miss safeguarding risks. • Highly likely it would generate a significant increase in the number of complaints. • Highly likely it would place significant extra pressure on already strained PCS assessment staff. It could result in increased staff turnover and sickness.
2	Grow Personal Care and Support	**Description** • As above, but more staff are recruited to PCS to meet the projected increase in demand for assessments. • New staff would be recruited to locality teams, to enhance these teams' overall assessment, sourcing and review capacity. New staff would be recruited to the Financial Assessment and Benefits Team to enhance this service's financial assessment capacity. • Potential to recruit bank staff so assessment capacity can be more easily scaled up or down to meet actual demand. • Potential to host regular assessment 'clinics' in community hub locations, to maximise the number of assessments which can be done daily. **Benefits** • Assessments continue to be delivered 'in-house', giving the Directorate greater control over quality assurance. • A face-to-face assessment means staff will be able to more easily understand the individual's needs and give personalised advice and information. • New recruitment would offer potential to deliver a weekday evening and weekend service. **Risks and issues** • A significant new workforce would need to be recruited just to meet the ongoing increase in number of annual assessments – potentially twice as many locality assessment and review staff, and Financial Assessment

Options Analysis		
No.	**Option**	**Summary**
		and Benefits Team staff (with a similar increase in the number of administrative staff and managers). This recruitment would not address the potential 'peak' in assessment demand on 1st April 2016. • Current recruitment experience suggests recruiting such staff in large numbers will be a challenge. • Employing new staff would put pressure on district and borough office accommodation capacity (already strained in some localities) and IT equipment provision. Likely to lead to increased costs to accommodate and equip these staff.
3	Commission trusted assessors	**Description** • The Directorate commissions external organisations to deliver assessments on its behalf. These 'trusted assessors' could include voluntary, private or public sector partners. • Trusted assessors would use the same assessment process as Personal Care and Support. The Directorate would provide and/or commission training to support this. • Trusted assessors could also offer a support planning and sourcing service if required. • Method would need to be explored and agreed for capturing all data in the Directorate's systems. • Cases which are more complex or where there is a safeguarding risk would be referred to PCS. • The Directorate would establish a quality assurance function to monitor the quality of assessments and decisions by trusted assessors. • Potential for trusted assessors, perhaps alongside PCS staff, to host regular assessment 'clinics' in community hub locations, to maximise the number of assessments which can be done daily. • Current assessment process is adjusted so independent personal budgets and care accounts can be calculated and monitored. • Potential to explore and develop a more proportionate and/or accessible approach to assessment of self-funders. This could include making assessment forms available in 'hub' locations, e.g. GP surgeries, for individuals and/or their carers to complete and post back, with telephony

Options Analysis		
No.	**Option**	**Summary**
8		support from trusted assessor staff. • Potential to develop more proportionate approach to financial assessment for self-funders. E.g. only do thorough financial assessment if it appears the individual is close to a capital eligibility threshold. Financial Assessment and Benefits Team would still need to do detailed financial assessments of individuals if required. • The personal budgets of people who currently receive financial support from the Directorate form the basis of their care account, until they are next reviewed. • Trusted assessor staff carry out 'light-touch' reviews of self-funders progressing towards their cap (e.g. through telephone), unless there were indications a more comprehensive review is required. • New process established so people who reach the cap begin to receive full financial support from the Directorate for any ongoing reasonable care costs. **Benefits** • Multiple trusted assessor organisations would offer a diverse range of 'front doors' to assessment across local communities. • Many potential trusted assessor organisations already work with vulnerable adults and have a good understanding of the skills needed to engage with different individuals. • Many potential trusted assessor organisations already carry out their own assessments of vulnerable adults. There could be opportunity to use the same information for multiple purposes, so individuals do not have to keep retelling their story. • Trusted assessor organisations may have a better understanding of the local resources in the community, and be better able to signpost individuals to these, than PCS. • Individuals may be more willing to approach the voluntary sector or private providers for an assessment, rather than the local authority. • Private providers will already be in regular contact with many self-funders who might be interested in an assessment. They could particularly help assess the initial

Options Analysis		
No.	**Option**	**Summary**
		'peak' in assessment demand. • Potential to offer a weekday evening and weekend service. **Risks and issues** • Some voluntary sector trusted assessors may be uncomfortable acting as eligibility 'gate-keepers' for the local authority. This could challenge their role as independent advocates for vulnerable adults. • A potential conflict of interest for some organisations in being assessors as well as service providers. • Need to scope the IT implications. For example, how would data be transferred in a safe, good quality and efficient way to Directorate systems? • Need to scope information governance implications. • As the accountable body, the Directorate would need to be assured that assessments and eligibility decision-making was taking place to a consistent, high-quality standard. A new quality assurance function would need to be scoped and developed to ensure this. • Need to scope the interest and capacity of private providers and organisations in the voluntary and public sectors to become trusted assessors. Is there sufficient take-up to manage the increase in demand? • The commissioning model and charging framework would need to be explored to ensure trusted assessors' assessment capacity could be scaled up or down in a cost-effective way. • Current PCS assessment staff may perceive this option as a threat to their roles. • May still place extra pressure on current PCS assessment capacity if a high number of 'complex' cases (especially if these are poorly defined) are referred to locality teams by trusted assessors. • Likely there would still be extra pressure on the Financial Assessment and Benefits Team to do detailed financial assessments as required.
4	Contract with assessment agencies	**Description** • As option 3, but instead of commissioning private providers and organisations in the voluntary and public sectors to become trusted assessors, the Directorate contracts with

8

Options Analysis		
No.	**Option**	**Summary**
		private agencies and organisations which already offer assessment services. **Benefits** • Assessment agencies would be able to scale up or down their services more readily to match actual assessment demand. A contractual model based on a cost per assessment charge within a certain timeframe could support this. • Potential to offer a weekday evening and weekend service. **Risks and issues** • Need to scope the IT implications. For example, how would data be transferred in a safe, good quality and efficient way to Directorate systems? • As the accountable body, the Directorate would need to be assured that assessments and eligibility decision-making was taking place to a consistent, high-quality standard. A new quality assurance function would need to be scoped and developed to ensure this. • Current PCS assessment staff may perceive this option as a threat to their roles. • Need to scope information governance implications. • Would agency staff be based in PCS office accommodation? Accommodation capacity already strained in certain localities. • May still place extra pressure on current PCS assessment capacity if a high number of 'complex' cases (especially if these are poorly defined) are referred to locality teams by agencies. • Likely there would still be extra pressure on the Financial Assessment and Benefits Team to do detailed financial assessments as required.
5	Online self-assessment	**Description** • The Directorate develops an online tool that enables vulnerable adults and/or their carers to self-assess, determines whether they are eligible for support, if appropriate does a high-level financial assessment and

Options Analysis		
No.	**Option**	**Summary**
		calculates an independent personal budget and generates a care account, and signposts to other sources of information and advice. • PCS continues to provide a face-to-face service as currently. The online tool would signpost users to PCS under certain parameters (e.g. if a safeguarding risk was detected, if the individual is not a self-funder etc.). • Explore whether the online tool could offer a support planning and/or care sourcing service. • The personal budgets of people who currently receive financial support from the Directorate form the basis of their care account, until they are next reviewed. • PCS locality staff carry out 'light-touch' reviews of self-funders progressing towards their cap (e.g. through telephone), unless there were indications a more comprehensive review is required. • New process established so people who reach the cap begin to receive full financial support from the Directorate for any ongoing reasonable care costs. **Benefits** • An accessible option for vulnerable adults and/or their carers who are confident using IT. • Scalability of assessment capacity to match actual demand is not an issue. • If a full online self-assessment tool as described above is not appropriate (e.g. because it is felt eligibility decisions should be made following a face-to-face conversation), a simple online self-assessment tool could act as a form of triage, signposting individuals to further sources of support and/or a full face-to-face assessment if required. • 24/7 service. **Risks and issues** • There is existing case law and draft Care Act guidance which states that relying solely on a self assessment model is outside of the current and potentially future law. • As the accountable body, the Directorate would need to be assured that online assessments and eligibility decision-

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Options Analysis		
No.	**Option**	**Summary**
		making was taking place to a consistent, high-quality standard. A risk that online users might under-state or over-state their needs, that safeguarding risks are missed, or that carers are not identified. Consideration would need to be given to how this is addressed. • An online tool might not be able to give as good personalised information and advice as a trained assessor following a conversation. • An online tool might not be able to offer a support planning and/or care sourcing service. If so, this would place extra pressure on PCS locality team capacity. • Vulnerable adults and/or carers who are not confident with IT would still need to approach PCS. This could put strain on PCS capacity. • Likely there would still be extra pressure on the Financial Assessment and Benefits Team to do detailed financial assessments as required. • Online self-assessment IT functionality needs to be scoped, developed and interface with the Directorate's current systems. • Current PCS assessment staff may perceive this option as a threat to their roles. • Telephony support is likely to be required.
6	Progress options 2-5	**Description** • Progress all of options 2-5 together. • Potential to explore how different options could interact with one another. For example, a sub-option could be initial online self-assessment followed by a brief face-to-face validation of the information and eligibility decision with a trained assessor. • Modelling would be needed to project how many people are anticipated to use the different assessment routes. Would we want to encourage a 'channel shift' to certain routes, e.g. online self-assessment? Would have significant implications for cost. **Benefits** • Creates a wide range of different 'front doors' for people to access an assessment – the Directorate could monitor to

Options Analysis		
No.	**Option**	**Summary**
		understand which is most effective and develop it accordingly. • Creates an opportunity to 'channel shift' individuals down certain assessment and review routes, including creating a triage function. E.g. online self-assessment could act as an initial triage, drawing on trusted assessors and/or PCS locality staff depending on the complexity of the assessment or wishes of the individual. • Reduces the risk of not being able to scale assessment capacity up sufficiently to meet demand by drawing on several methods. **Risks and issues** • Creates the potential for more handovers between different people and organisations, increasing the risk that information is missed. • Places greatest strain on project resourcing and delivery. • If actual assessment demand is less than projected, it might be more difficult to scale the capacity of a range of different options down than just one.

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It is important to note that all of the options will have put extra demands on PCS's current assessment and review capacity (including the Financial Assessments and Benefits Team), whether this is doing more assessments, financial assessments and reviews, potentially offering quality assurance of external assessments, or picking up particularly complex assessments.

The following methods will also be used to support the agreed option, irrespective of which option is agreed:

- If permitted by regulations and guidance, the personal budgets of people who currently receive financial support from the Directorate will form the basis of their care account, until they are next reviewed,
- To help address the potential initial surge in demand for assessments from self-funders, it is proposed by the DH that assessments to generate an individual's independent personal budget and care account are started from October 2015. Although the individual's care account would not start accumulating towards the cap until 1st April 2016, a risk assessment could be carried out at point of assessment to consider whether the individual's needs would change significantly enough in the six month interval to generate a

different independent personal budget (they may also request a review in the interim), and
- In line with current practice and law, offer a target timeframe within which the assessment will be completed following the initial request by the individual. Currently this stands at 28 days, but DH guidance may specify a different timeframe.

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Estimated Costs

Detailed modelling work is underway with Finance and Commissioning, Procurement and IMT colleagues, in consultation with the independent sector and partners, to generate detailed estimates for the initial set-up and then ongoing costs of the different options. This will inform the final business case for discussion and sign-off by January 2015.

Assumptions

The following high-level assumptions have been used to inform all the above options:

- The Care Act introduces a new cap on care costs, effective from 1st April 2016. The Government is reviewing feedback from some local authorities to postpone implementation by at least a year; currently it is still committed to implementing the cap from 1st April 2016.
- As a result of the cap and accompanying publicity more people than currently, particularly self-funders, approach the Directorate for an assessment.
- The Department of Health (DH) makes available funding to support local authorities implement the new cap service. The DH has stated there will be no unfunded new burdens on local authorities as a result of the Act. Initial modelling by SCC and other local authorities suggests the funding analysis by the DH underestimates the level of extra monies local authorities will require, but due to the high number of variables in any modelling calculation it is difficult to accurately project the final costs.

Key Timescales

The cap on care costs is anticipated to become law from 1st April 2016. Whichever option is progressed, staff, systems and processes must be ready to receive self-funder assessments, generate independent personal budgets, monitor care accounts and carry out reviews from this point onwards. From 1st April 2016 care accounts will also need to be generated and monitored for all people who already receive support from the Directorate, irrespective of whether or not they are a self-funder.

As noted above, the DH has advised that assessments to generate an individual's independent personal budget and care account can be started from October 2015. Preparing the appropriate systems, processes and workforce (including the required recruitment, workforce training, marking and publicity, service procurement and IT to be developed, tested and implemented) to be ready for go-live from October 2015 could require up to a year's lead-in time. Furthermore, the Department of Health plans to publish draft regulations and guidance on the cap on care costs in October 2014 for formal public consultation, which will help to inform the Directorate's response.

A decision on the option(s) the Directorate wishes to implement is required by January 2015, so that the necessary work required can be completed in time.

Governance Arrangements

The cap on care costs workstream is one workstream of the Directorate's Care Act project. John Woods, Assistant Director for Policy and Strategy, is the sponsor for the Care Act project and the chair of the cap on care costs workstream. The workstream reports into the Care Act Project Group, which in turn reports into the Adults Leadership Team (ALT) and the Care Act Implementation Board.

The cap on care costs project group meets monthly and includes:

Name	Role
John Woods	Assistant Director for Policy and Strategy
Tristram Gardner	Project Manager
Sarah Wimblett	Project Officer
Toni Carney	Benefits and Charging Manager
Christine Mak	Assistant Senior Manager, Personal Care and Support
Christian George	Category Manager, Procurement
Donal Hegarty	Senior Manager, Commissioning
John Bangs	Commissioning Manager (Carers)
Joanna Klimera	Health and Social Care Advisor, Training
Lorraine Juniper	Senior Manager, Policy and Strategy
Andrew Hewitt	Principal Accountant, Finance
Siobhan Abernethy	Communications and Stakeholder Engagement Manager

An external reference group has also been established, chaired and supported by the Directorate and consisting of voluntary and public sector organisations from across the county who have expressed an interest in advising on the authority's response to the cap on care costs.

To set-up, participate in, monitor and evaluate the development of the options further, a working group of staff and partners is being established. This will include

frontline social care staff, voluntary, private and public sector organisations who have expressed an interest in participating, and staff from Directorate support services (including Business Intelligence, Training, IMT, Commissioning, Information Governance, Financial Assessment and Benefits etc.).

8 Recommendations

Recommendation 1: Option 1 (do nothing) should be discounted for further exploration. It would place unsustainable pressure on PCS capacity and very likely lead to a significant decline in service quality for residents and carers.

Recommendation 2: Option 5 (online self-assessment for all self-funders) should be discounted for further exploration. It is highly unlikely that new law will permit local authorities to carry out all assessments online. Individuals' needs may be missed or inaccurately recorded and safeguarding risks not identified. However, an initial online self-assessment for some individuals could be a viable component of an integrated assessment and review strategy that comprises multiple options.

Recommendation 3: Option 6 (progress a mix of options 2-5) is the current preferred option. Developing an integrated range of assessment and review options would offer residents and carers the best choice and create opportunities to 'channel shift' individuals towards the most appropriate and proportionate route. It would also offer the most scalable solution in an environment where the actual demand will not be known until the law changes.

Recommendation 4: Further work is undertaken to scope the risks, benefits and costs of Option 6. By further developing Option 6, it will also be possible to scope in more detail the implications of options 2, 3 and 4.

Recommendation 5: In order to give sufficient time to implement a response, a final decision needs to be made as to the option(s) the Directorate wishes to progress by January 2015. The final chosen option will also form the basis of the Directorate's assessment and review strategy.

Next steps

Assuming key recommendations are accepted, the following key milestones would form the basis of next steps:

Key milestone	By when
Prepare to develop the different options further	Early June 2014
Run, monitor and evaluate the different options	Early June to early October 2014
Review draft cap regulations once published by	October 2014

Key milestone	By when
DH	
Finalise business case and accompanying EIA for final decision regarding which option to be implemented	January 2015
Develop the Directorate's assessment and review strategy to reflect chosen option.	February 2015
Deliver necessary work (e.g. procurement, recruitment, training, IT) to implement option.	February 2015 to October 2015
Begin assessments in advance of cap.	October 2015
Individuals' care accounts begin to accrue towards cap.	April 2016 onwards

Annex A gives further information on the proposed framework to develop and evaluate the recommended options in more detail.

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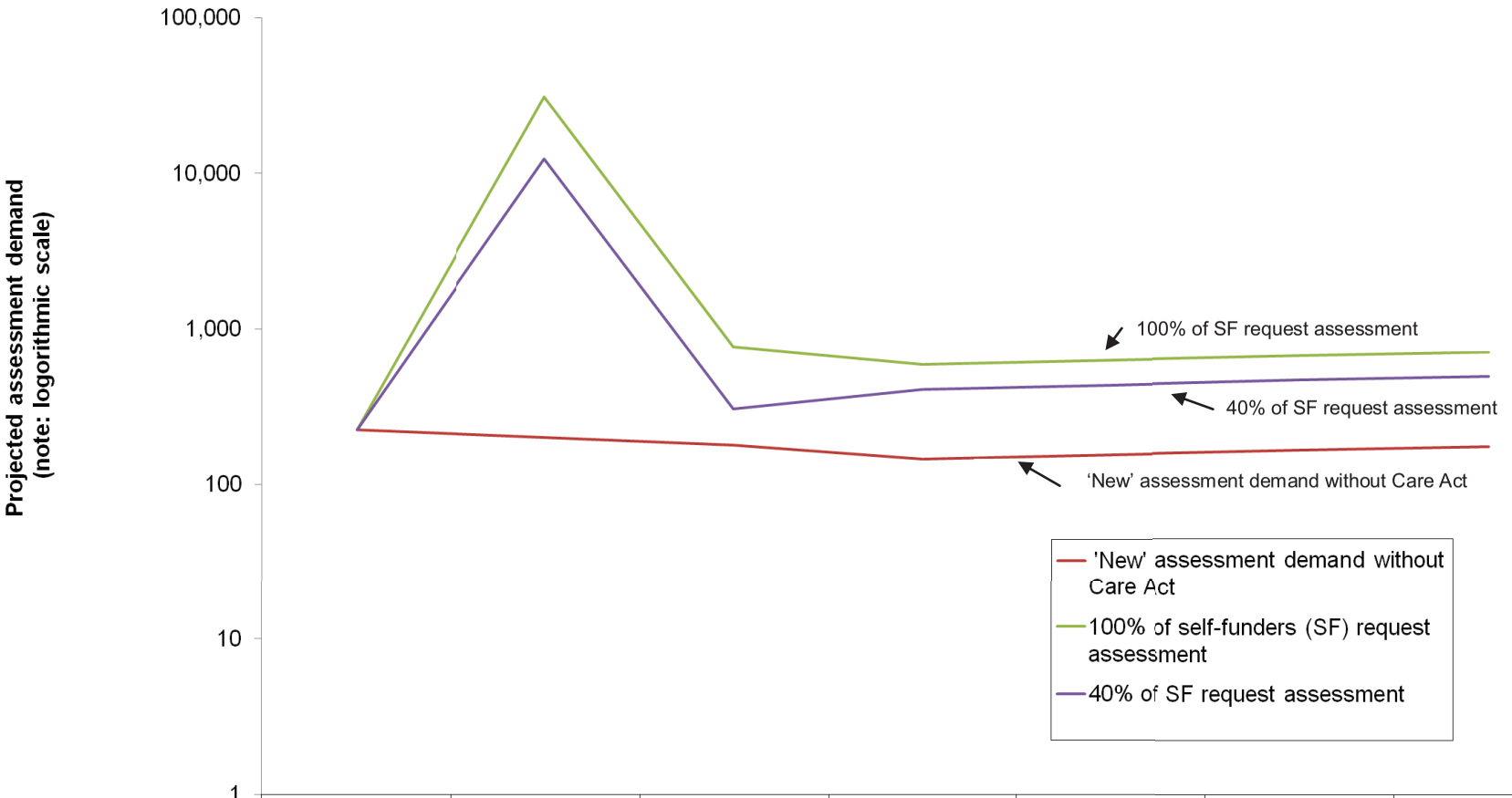
Graph 1: Projected annual demand for assessments (including initial peak)



	2015	1st April 2016	2016	2020	2025	2030	2034
'New' assessment demand without Care Act	225	200★	180	146	155	165	173
100% of self-funders (SF) request assessment	225	31,162	768	590	629	672	707
40% of SF request assessment	225	12,465	307	410	437	466	490

Year

★ Please note this figure has been inserted to help illustrate graph flow; we would not anticipate to be assessing 200 'new' eligible people on 1st April 2016 if the Care Act were not implemented

Graph 1: Key assumptions

Assumptions – overall

- Summary of how population size had been projected using the Surrey financial model (as shared with ADASS)
- The rise in the capital eligibility threshold in April 2016 will reduce the proportion of the eligible population who are self-funders.
- All residents who are entitled to be LA funded request an assessment.
- There is no back-log in current assessment demand from residents who are entitled to be LA funded when the funding reforms pass into law from 1st April 2016.
- No assessments to manage the extra demand take place before 1st April 2016.
- The new Care Act eligibility criteria are equivalent to 'Substantial' on the FACS criteria (i.e. no change).
- "Self Funders" and "Full Cost" are defined as residents who have care needs which meet the eligibility criteria, but currently pay for their own care.
- Only residents who meet the eligibility criteria request an assessment. I.e. There is no demand from residents who do not meet the eligibility criteria.
- All models assume residents who request an assessment only do so once throughout their lifetime.

Assumptions - assessment demand without Care Act

- If the Care Act funding reforms were not implemented, only people who are entitled to financial support would request an assessment. Based on separate assessment demand projections undertaken by Finance.

Assumptions - 100% of self-funders request assessment

- All residents who have eligible needs request an assessment, irrespective of their level of wealth
- All residents who are still self-funders on 1st April 2016 request an assessment on that date.
- All residents who become entitled to be LA funded from 1st April 2016 due to the rise in the capital eligibility threshold request an assessment on that date.

Assumptions - 40% of self-funders request assessment

- 40% figure is based on an online survey of 255 current self-funders carried out in late 2013/early 2014. Following a brief description of the cap, 40% of respondents responded positively to the question "From April 2016 you are

entitled to an assessment by the LA of your care needs and financial position. How likely are you to contact the LA about this service?"

- 40% of residents who are still self-funders on 1st April 2016 request an assessment on that date.
- All residents who become entitled to be LA funded from 1st April 2016 due to the rise in the capital eligibility threshold request an assessment on that date.

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Annexe A: Proposed option development framework

Context

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From April 2016 the Government will introduce a new cap on lifetime care costs for individuals. Local authorities will be responsible for offering the new cap service to all their residents who are assessed as having eligible social care needs.

The relative affluence of Surrey (as many as 80% of residents with eligible care needs are estimated to currently fund their own care – 'self-funders') means it is likely there will be a greater demand from self-funders for an assessment and, if they are eligible, a cap calculation than in other local authority areas. Many self-funders do not currently approach the authority for an assessment or support, so if unaddressed this projected growth in demand could place unsustainable pressure on current assessment service capacity. However, it also creates new opportunities to provide information and advice to a large section of the vulnerable adult population in Surrey.

The 'cap on care costs business case' outlines a range of options for how Surrey County Council's (SCC) Adult Social Care (ASC) Directorate could choose to meet the projected growth in assessment demand. It also considers how current ways of working will need to be adjusted to reflect the new legislative requirements surrounding the introduction of a cap on care costs (for example, introducing independent personal budget and care account functionality, establishing a process for reviewing self-funders' independent personal budgets, etc.).

The business case recommends that developing an integrated range of assessment and review options would offer residents and carers the best choice and create opportunities to 'channel shift' individuals towards the most appropriate and proportionate route. It would also offer the most scalable solution in an environment where the actual demand will not be known until the law changes.

Further work needs to be undertaken through to scope the risks, benefits and costs of choosing to implement this option. This information will help inform a final decision in January 2015 as to whether this is the option the Directorate wishes to progress.

Objectives

In order to inform an updated business case and accompanying equality impact assessment by January 2015, the option development approach must:

- Develop and test a draft assessment and review process that complies with:
  - The Care Act legislative requirements,
  - ASC's draft policy framework, and
  - The aims of the cap on care costs business case.
- Identify and test which stages of the draft assessment and review process could be delivered by:
  - Personal Care and Support (PCS),
  - 'Trusted assessor' organisations,
  - Assessment agencies, and
  - Online self-assessment.
- Through testing, understand how these different delivery methods could integrate and/or support one another and/or be scaled up or down so that all Surrey residents, irrespective of their reason for need or ability to pay, could access and receive an appropriate and proportionate assessment in a timely and cost-effective way.
- Engage with Surrey residents and carers to understand their preferences, concerns and feedback.
- Identify how the draft assessment and review process and proposed delivery methods would need to align with other services, projects and initiatives currently underway or planned to be launched in the Directorate and/or SCC as a whole.
- Refine the draft assessment and review process and proposed delivery methods in light of the Care Act draft regulations and guidance when these are published in May 2014.
- Refine the draft assessment and review process and proposed delivery methods in light of the funding reforms draft regulations and guidance when these are published in October 2014.
- Identify the process, system and people implications of implementing the above as a chosen option, including analysing the associated costs, risks and benefits.

Approach

The underpinning philosophy is to give as much time as possible to testing a draft process and how it can be delivered. This will enable us to identify potential problems as soon as possible, meaning we have more time to scope them and find solutions. We anticipate we may need to use interim measures and 'work-arounds' initially. However, this will create opportunities to develop and test practical solutions with frontline assessors in an operational working environment, rather than in theory in a back office.

Bearing this in mind, the approach will start in one locality, Elmbridge, from June 2014. A draft assessment and review process will be developed and which initially will only be used by two or three experienced assessors from the PCS Elmbridge Locality Team. This will be an opportunity to identify any immediate issues with the proposed process, including what needs to be considered and/or provided if external organisations are to do assessments (for example, information governance, systems access, staff training, IT equipment provision).

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Over the subsequent weeks, we will invite up to half-a-dozen voluntary and private sector organisations who are based in the Elmbridge area and who have expressed an interest in acting as 'trusted assessors' to participate in the pilot, initially alongside and supported by the PCS Elmbridge locality staff. Around the same time, we plan to invite two or three agencies who have expressed an interest in contracting with the Directorate to begin piloting the draft assessment and review process. By the start of August 2014, we anticipate that a mixture of PCS staff, potential trusted assessors and assessment agencies will all be piloting the draft assessment and review process in Elmbridge.

From August to October 2014, we hope to collect detailed information on the implications of each delivery model, as well as how they could potentially support one another.

Alongside this we will work with colleagues from IMT to explore what functionality is required to deliver an online self-assessment, what this could look like and what is being developed in the market, and the potential benefits and costs.

Identifying enough self-funders who are willing to be involved is crucial to gathering sufficient feedback. Self-funders will be identified through two means:

- Write to independent providers in the Elmbridge area asking them to share a formal invitation with the self-funders they are supporting, and
- Invite self-funders who are identified through PCS Elmbridge Locality Team's reablement and hospital discharge service.

Self-funders who participate will not be assessed again (unless their needs significantly change) once the funding reforms come into law from April 2016, ensuring they are 'first in line' for receiving an independent personal budget and care account. If insufficient self-funders can be identified within the Elmbridge locality, we will contact others in neighboring district and boroughs.

Achieving the appropriate balance between doing thorough and appropriate assessments of self-funders, with the desire to create a 'safe zone' for generating ideas and problem-solving, will be an important consideration. PCS, information

governance and quality assurance colleagues will be an integral part of the pilot team to help ensure vulnerable adults are fully supported throughout the process and that the Directorate safely discharges its responsibility to ensure all vulnerable adults are safeguarded appropriately.

8 Timescales

Action	Timescale
Draft the assessment and review process which will form the basis of the approach	June 2014
Establish the team who will set-up and monitor the approach	June 2014
Define the detailed evaluation framework– i.e. what data do we need to gather, to answer what questions, how will we identify and share risks and issues?	June 2014
Identify what tools/support/training is required in Elmbridge Locality Team	June 2014
Begin to identify self-funders who are willing to participate	June 2014
Complete EIA on approach	June 2014
Start approach with Elmbridge Locality Team	From July 2014
Identify what tools/support/training is required for trusted assessor organisations	July 2014
Start approach with trusted assessors	From July 2014
Issue a 'request for information' (RFI) to assessment agencies who might be interested in participating in the approach	May 2014
Identify what tools/support/training is required for assessment agencies	July 2014
Start approach with assessment agencies	From August 2014
Continue to scope the requirements for online self-assessment – e.g. what products are available on the market, how could these interface with the other delivery methods?	Ongoing
Update wider Care Act project, partner forums and internal management boards to share progress and identify where there might be interdependencies	Ongoing
Evaluate feedback	Ongoing to October 2014
Evaluate the draft funding reforms regulations and guidance when these are published by the Department of Health	October 2014
Host countywide engagement events to collect residents', carers', members', staff and partners' feedback on the	November 2014

Action	Timescale
draft regulations and guidance, and our proposed approach	
Use information from the above to inform a revised business case and equality impact assessment which, if approved, will become the basis of the Directorate's assessment and review strategy.	January 2015

8

Key stakeholders and engagement

Key stakeholders	Proposed engagement method
Information Governance	Membership of the operational team
Data Quality	
IMT	
Training Team	
Elmbridge Locality Team	
Financial Assessment and Benefits Team	
Business Intelligence Team	
Personal Care and Support carers' lead	
Project support	
Business Systems Team	Update on progress and potential links through the Business Continuity Group
HR	Update on progress and potential links through the cap on care costs workstream group
Finance	
Procurement	
Commissioning	
Communications and Engagement Team	
Policy Team	
Personal Care and Support	
Voluntary and public sector organisations who may have an interest in becoming a trusted assessor	Engage initially through a separate working group for potential voluntary sector partners.
Private sector organisations who may have an interest in becoming a trusted assessor	Engage initially through a separate working group for potential private sector partners.
Assessment agencies	Engage individually once RFI completed.
Self-funders	Gather feedback from self-funders who have gone through the draft assessment and review process
Carers	Gather feedback from carers who have

Key stakeholders	Proposed engagement method
	gone through the draft assessment and review process
Other partners in the Elmbridge area (for example, carers' support organisations)	Make aware of what is happening and collect any feedback on potential impact on their services
Wider community of Surrey residents, staff, managers, partners, carers and elected members.	Gather feedback on proposed approach through countywide engagement events on the draft guidance and regulations

8

Evaluation framework

The developed option will be evaluated according to the following criteria:

- Scalability
- Sustainability
- Cost
- Quality
- Achievability
- Risks
- Benefits
- Compliance with ASC policy principles

The operational team will develop a more detailed evaluation framework that will inform the final business case.

Governance

The operational team will report into the cap on care costs workstream group, which in turn reports into the wider Care Act project group and implementation board.