

CARING FOR OUR FUTURE:

Consultation on Reforming What and How People Pay For Their Care and Support

London Councils represents all 32 London boroughs and the City of London. London Councils is committed to fighting for more resources for London and getting the best possible deal for London's 33 councils. We develop policy, lobby government and others, and run a range of services designed to make life better for Londoners.

KEY ISSUES FOR LONDON

1. Full funding of the Reforms

London Councils supports the principles upon which the Care Bill is based. Local authorities in London are already starting to plan for implementation in their areas and working together across London where that can add value. Representatives from London boroughs are also actively engaged in the national implementation programmes.

However, our research has found that the cornerstone of the reform agenda – the introduction of a capped care system and raising the eligibility threshold - will have significant costs on councils both in terms of preparation and implementation. In addition, other elements of the Bill will create further cost pressures. The funding identified by government so far for preparation and implementation of the Bill's reforms is not sufficient to fund these fully.

In total, the cost of implementing the Care Bill could amount to £738.2 million in London between 2016/17 and 2019/20, which when combined with demographic pressures and inflation leaves London boroughs facing cost pressures of £1.14 billion in those 4 years.

Additional costs for implementation and preparation in 2015/16 are estimated to be in the order of £89.8 million in London – and we have concerns that the £335 million the government has identified for this year will therefore be insufficient to fully meet the costs across England.

Further preparation costs will also fall on local authorities in 2014/15 – for those elements of the Bill that will be implemented from April 2015 and given the need to start preparing for the complex paying for care reforms that will take effect from April 2016. No funding has been yet been provided to meet these additional costs and the government is urged to address this issue before it announces the local government funding settlement in December.

The overall context in which the Bill and the paying for care elements are being debated – namely the significant reductions in public spending - has had a significant impact on overall council funding allocations. Councils in London have already had to manage at least 35% cuts to their core funding, with a further 10% (potentially as high as 16%) in 2015/16, and the likelihood of more beyond that. This in turn has direct consequences on adult social care budgets - over the last three years nationally social care budgets have reduced by £2.68 billion¹nationally.

Given the wider funding situation, local authorities are simply not able to absorb the extra costs within their existing budgets. Failure to fully fund the costs of the new regime risks undermining its effective implementation and/or putting further pressures on services to the most vulnerable people in society.

London Councils urges the government to be fully transparent about its financial modelling and how it is calculating the net additional costs of the reforms to ensure that these are “fully and properly funded” as required under the New Burdens Doctrine.

2. Clarifying funding distributions, fully reflecting regional variations in costs

As well as committing to fully fund the costs in the Bill, the government needs to clarify urgently how this additional funding will be distributed to local authorities. London Councils and various London boroughs are actively engaged in the review of the Relative Needs Formula being undertaken by LG Futures that will report to the government in July 2014. The government must commit to consulting swiftly on the conclusions of that review, with clear illustrations for local authorities about what this would mean in practice, before finalising decisions in the local government funding announcements by the end of that year for 2015/16 and beyond.

It is also vital that the variances in costs from region to region are recognised in the funding formulae to be used. London faces considerably higher costs than other regions, which mean that the introduction of national eligibility standards and other requirements will be considerably more expensive in the capital. This impacts on both the operational costs of delivering services and the costs that service users face eg ‘hotel costs’ that will not be funded under the new regime.

3. Early clarification of outstanding policy decisions

We are still waiting for at least 25 different pieces of secondary legislation alongside the statutory guidance in areas including eligibility; assessments; charging, operation of the care account; the details for the deferred payment scheme etc. While we do not want excessive or over-prescriptive guidance, the absence of some key policy decisions - for example the thresholds for working age people - impacts directly on the ability to plan effectively for implementation. The absence of clarity on materially significant policy details will weaken local authorities’ ability to plan robustly and add costs to what is a very complex implementation challenge. The government should, as a minimum, provide drafts of all regulations and statutory guidance while the Bill is still going through Parliament to develop strong practitioner understanding. London Councils and borough experts stand ready to support the development of workable policy solutions in any way we can.

¹ LGA Briefing(2013)
<http://www.local.gov.uk/documents/10180/11607/Care+Bill+Report+Stage+day+two/535fe1cf-8956-4ec7-909f-52b0c7e4cad9>

4. Timely support with the provision of common frameworks

The Department of Health has committed to publishing some common frameworks for use by councils e.g. for deferred payments. Greater clarity is needed urgently (i.e. within the next month or so) about what frameworks will be developed nationally. This will enable councils in London to decide what other areas they may want to work on together in the capital and be clear on what they need to develop local solutions. Any nationally developed frameworks will then need to be put in place as soon as possible in 2014, to enable them to be adopted and adapted into local implementation plans in a timely way.

5. Commitment to a national publicity campaign

The new 'paying for care' policies are complex and it is clear that there is not widespread understanding of how they will work in practice, particularly among people likely to be directly affected. It is important that there is a national campaign to ensure a consistency in messaging across the country about the overall policies and what they mean for people. While this should start well in advance, it will particularly need to focus on the first half of 2015/16 as local authorities will be starting to do assessments from September 2015 and preparing people's care accounts to go live from 1 April 2016. Generic materials and information on the changes should also be provided for use locally. Local areas and regional groupings of councils can reinforce the national campaign with any information about how to access information and services locally.

London Councils is committed to continuing to engage productively with the Department and other partners to support implementation of the new policies, including talking through our analysis of costs so far if that would be useful.

The remainder of our response to the consultation is divided into two:

- The first section sets out key findings from London Councils research exploring the potential additional costs of implementing the proposals. Success of the reforms lies in the capability of councils to deliver them. This will require councils to be appropriately funded, and London Councils is concerned that the government's estimates for the cost of the reforms do not match London Councils findings.
- The second section addresses some key areas of concern for London Councils.

PART ONE

London Councils' key research findings

Summary of costs in London

London Councils has undertaken a series of pieces of research into the costs of the new funding regime and the wider Care Bill over recent months. The headlines from this are:

- over the first 4 years, from 2016/17 to 2019/20, introducing the cap and raising the threshold alone could cost as much as £478 million in London;
- over the same period, other aspects of the Care Bill that we have been able to cost could add another £260 million to this – giving a total new burden over these 4 years of £738 million in London. This will be more heavily loaded in year 1 (when the threshold takes effect) and year 4 (given an average of 3.5 years to reach the cap in London);
- at the same time, demographic pressures and inflation could increase costs in the capital by £399 million – so London boroughs will face a total funding pressures in adult social care of the order of £1.14 billion over these 4 years;
- this sits on top of £421 million funding pressures from demographic changes and inflation between 2011/12 and 2015/16 – a time in which boroughs have faced significant overall budget cuts;
- the costs of preparing for the new funding regime from April 2016 and implementing the elements of the Care Bill that will start in April 2015, are estimated to be in the order of £89.8 million in London in 2015/16. We do not therefore believe that the £335 million funding that the government has announced for this year will be sufficient to meet the needs of all local authorities across England fully.

Impact of introducing a cap and raising the threshold in London

Overall cost to councils of implementing the cap and the raised threshold

London Councils research has found that in the four years from 2016 to 2020, the overall additional cost pressures to local authorities in London as a result of implementing the cap and raising the threshold only could be as high as £478 million (£877 million² including demographic pressures). Nationally, local authorities will face additional cost pressures in the region of £6 billion (including demographics) over the same four year period with the costs weighted in the first and fourth year of implementation.

² London Councils (2013) "Care and Support Funding Reform- Cost Implications for London." <http://www.londoncouncils.gov.uk/policylobbying/healthadultservices/CareandSupportFundingReform-CostimplicationsforLondon.htm>

The cost of raising the threshold in London

London Councils research has found that in April 2016 15% more people could potentially qualify for local authority support as a direct result of raising the means testing threshold from £23,250 to £118,000. This could cost approximately £357 million to councils in London over the following 4 years.

Implications of introducing a cap in London

It is important that the government recognises that care users in London will reach the £72,000 cap more quickly than in other areas. In London it will take on average 3.5 years to reach the cap while in areas such as the North East it could take nearly 6 years on average before the cap is reached. Higher costs in London mean that people will reach the cap more quickly. We estimate that 27% of self-funders in London are likely to hit the cost cap. When they do, the costs that London boroughs will then have to meet will be higher than in other regions.

It is vital therefore that funding allocations to London reflect these differences.

Costs of preparing for the reforms

In the 2013 Spending Round, the Chancellor announced £335 million funding for local authorities in 2015/16 to prepare for delivery of the capped costs system from April 2016 and a universal offer of deferred payment agreements from April 2015.

London Councils welcomes this funding but believes it is insufficient to fully fund the huge task required of local authorities to prepare for all the proposals within the Care Bill. We are concerned that the government may expect authorities to fund this from their current budgets which could severely impact on service delivery to the most vulnerable people in our communities.

Based on a survey of 17 boroughs carried out by London Councils over the summer, we estimate that nearly £90 million is needed to enable councils in London prepare for the reforms – equating to nearly a third of the overall pot.

If the current Relative Needs Formula is used to distribute the grant, London would get in the region of £52 million. This could mean London local authorities facing unfunded costs of up to £38 million – an average of £1.2 million per London borough in a year when local authorities are facing cuts of up to 16 per cent.

These costs are based on local authorities having to:

- *Carry out additional care user assessments* – The average unit cost of a care user's assessment in London is £820 and the results of our survey suggests on average 800 new self-funders may require assessment per authority. The cost across London could be in the region of £21.6 million. It is estimated that the costs would peak in the 2015/16 when authorities when the new system starts. However there will be on-going costs associated with reviewing existing assessments and undertaking new ones. We have assumed that on-going costs at 75% of 2015/16 levels in 2016/17 and 50% thereafter.

- *Care account administrative costs* - There will be additional administrative costs associated with setting up and managing care accounts and updating people on their progress towards the cap. Most authorities are estimating at least one new post to manage the care accounts and costs could be about £40,000 per authority per annum. This would create on-going costs of approximately £1.3 million over 4 years across London.
- *Care IT systems* - Local authorities will need to procure new systems or pay for improvements to current ones as the number and details of care records will increase with the additional assessments and the introduction of care accounts management. Many London boroughs are already in discussions with IT providers about this, and their final costs will depend on whether current systems can be adapted or whether a whole new system will be needed. Costs will also be dependent on some policy decisions to be finalised and whether any national frameworks etc are developed to reduce the need for individual area by area negotiations from scratch. The average projected cost by local authorities for system improvements is around £90,000 per authority. This would mean a one off cost of £2.97 million across London for the purpose of adapting and developing appropriate IT care systems.
- *Additional carer assessments* –The surveyed London authorities are expecting to see an increase of an average of 2,600 carers per borough coming forward for assessments. This could mean an additional 85,800 carers across London. This will require an increase in staff, with associated recruitment and training costs, and workforce flexibility to manage fluctuations in demand. We also expect increased administration costs. The estimated average unit cost for a carer’s assessment in London is £153. This could mean increased costs of £13.1 million across over the first 4 years. It is expected that the demand for carers assessment swill peak in the first year, but there will be on-going costs estimated at 75% in 2016/17 and 50% thereafter.
- *Support for eligible carers*: A local authority will have to meet a carer’s needs for support which meet the eligibility criteria. To fully understand the implications of this we need the government to clarify the new criteria. On average, our surveyed authorities were already supporting around 1,650 carers at an average unit cost of around £950 per annum. So if 50 per cent of carers that come for an assessment are eligible for support, this could cost London an extra £40.8 million over 4 years.
- *Advice and Information systems* – The Bill requires local authorities to provide information and advice relating to care and support for adults and support for carers, including how the newly reformed system operates, the choices available and how to access them. Our research with London councils has found that many are expecting one-off costs of around £200,000 and will have to recruit one or two additional staff members to handle enquiries costing around £60,000, to do this. This would mean a total cost of £8.58 million over 4 years across London and does not include the costs of a publicity campaign.
- *Cost of administering deferred payments* - Although all councils in London already offer deferred payments, the introduction of a universal deferred payments scheme will have cost implications for councils. The Department of Health estimates that this policy will increase the demand for deferred payments by up to 11,500 nationally. Using data on deferred payments currently offered in London, we estimate that at least 2,110 of these could be in London. The Deferred Payment Impact Assessment calculated that the administrative costs of handling deferred payments and carrying out the associated financial assessments was approximately £680 per deferred

payment. This could equate to an additional cost to London of £1.4 million over 4 years.

The table below summarises estimated costs of preparing for the reforms in London and also our estimated on-going costs of administering the reforms to 2019/20 minus the costs implications of realising the means testing threshold and introducing the cap.

Summary of estimated costs for preparing for the Care Bill reforms and possible on-going costs to 2019/20 (excluding the threshold and cap)

	Estimated Cost				
	(total of national pot for preparation = £335 million)	On-going costs			
	2015/16 implementation	2016/17	2017/18 onwards	2018/19	2019/20
Providing information and advice	£8,580,000	£1,980,000	£1,980,000	£1,980,000	£1,980,000
Deferred Payments Administration	£1,400,000	£1,400,000	£1,400,000	£1,400,000	£1,400,000
Carers Assessment	£13,100,000	£9,825,000	£6,550,000	£6,550,000	£6,550,000
Carers Support	£40,800,000	£40,800,000	£40,800,000	£40,800,000	£40,800,000
Care Users Assessment	£21,600,000	£16,200,000	£10,800,000	£10,800,000	£10,800,000
Care Accounts Management	£1,320,000	£1,320,000	£1,320,000	£1,320,000	£1,320,000
System Improvement	£2,970,000	£0	£0	£0	£0
Total	£89,770,000 (26% of total allocated funding)	£71,525,000	£62,850,000	£62,850,000	£62,850,000
		Total on-going costs £260,075,000			
<u>ESTIMATED TOTAL COST OF REFORMS BY 2019/20</u> (excluding costs of raising the threshold and the cap)					
<u>£349,845,000</u>					

PART TWO

Caring for our future: implementing funding reform

CHARGING FRAMEWORK

Fairer and more consistent charging - the charging framework

London Councils welcomes the proposal for a more consistent charging framework that covers both residential and domiciliary care that could help to clarify some uncertainties in the sector and support fairness and consistency of approaches in all areas. Research shows that self-funders have traditionally moved into residential homes much earlier than they needed to and as a result also have longer stays in residential care than those supported by councils. Developing a single overarching charging framework that covers both residential and domiciliary care provides an opportunity to help address this trend. The framework needs to be set up in such a way as to encourage people to remain in their homes for as long as possible while receiving an appropriate level of support without making them feel that they could be better off financially if they were to move in to residential care.

Such a framework needs to be agreed and put in place in the first half of 2014 to enable local authorities to take it into account in their implementation planning. It should be developed with practitioner and service user representative input and consulted upon before being finalised.

We agree with the proposed principles for such a framework, subject to one further addition. It is important that any common charging framework allows for reflection of difference in costs across the country. The cost of living and providing services in London is significantly higher than in other parts of the country. A charging framework that does not take into account regional variances could have a negative impact on the market as providers (particularly those in London and the South East) may find it impossible to operate if the charges do not properly reflect actual costs of services.

The following aspects of the new charging framework need further clarification:

- Implications of the new charging framework on the current systems used by local authorities' – what changes can local authorities expect to current systems such as the Charging for Residential Accommodation Guide (CRAG) and the Resource Allocation System (RAS), and when will these be made? Councils have generally found these useful frameworks to work with.
- How the new charging framework would fit with the welfare and benefits system? - For example more details are necessary on the disability related expenditure and calculation of the allowance disregard. Links to housing benefit and the universal credit also need to be explored in more detail as there could be potential of overlaps in some instances.

Our asks of government: Charging Framework

- We support the creation of a single overarching charging system covering residential and domiciliary care – so long as this includes appropriate reflection of different costs around the country.
- The new charging framework needs to be in place by mid-2014, following consultation with key stakeholders, to give time for its implications to be built into local authorities' implementation plans.

DETERMINING LEVELS OF FINANCIAL SUPPORT

It is important that, as the new system comes into place, people are made aware of the proposed changes. Currently there appears to be a misunderstanding amongst many people who are expecting no additional contributions beyond the £72,000 life time contribution cap. This could lead to an increase in challenges and conflict once people realise that they will still need to meet certain costs – potentially very significant in some cases - that will fall outside the cap, such as their ‘hotel costs’ or any additional costs above what the local authority would incur to meet their needs.

London Councils supports the revised thresholds for eligibility for financial support for people’s care costs – so long as the resulting costs on local authorities are fully funded by government.

Some key policy decisions are still needed to clarify exactly how this system will work in practice and enable further refinement of costings, for example, the defined minimum amount that people with assets below £23,250 will be allowed to retain from their income to cover appropriate expenses. These should be made as soon as possible and at least indicative proposals published before the Bill completes its passage through Parliament:

The proposal to define a standard national ‘daily living costs’ amount of around £12,000 that people will still have to fund themselves needs to reflect regional differences in living costs. These vary significantly by region - the cost of living in London is 50% higher³ than that in the North East. These sorts of costs are also reflected in the costs of providing care services. This means that living costs in residential care homes in London are likely to be much higher than the £12,000 national standard amount. So, some of the sorts of costs fully covered by care users in other parts of the country will fall on London boroughs. Therefore either the ‘daily living costs’ amount needs to be adjustable for regional cost differences or local authorities in high cost areas will have to be appropriately funded for the additional costs they will be having to cover.

In determining which of these options to pursue, the government needs also to consider the implications of this proposal which potentially makes residential care a cheaper alternative than domiciliary care where care users will have to continue to fund their full actual living costs. This could undermine wider policy goals and the work local authorities are doing to help people stay in their homes for longer and give them greater independence.

It is also important to note that because residents in London are likely to reach their maximum lifetime contribution cap more quickly on average than other regions, it will mean that the costs for paying for their care would become the responsibility of London authorities much more quickly – adding to the on-going pressures that boroughs will be facing from April 2016. This must be properly taken into account in the overall funding formulae for distributing the funding to meet the costs of these new policies.

Our asks of government: Determining levels of financial support

- Outstanding policy decisions that could affect costs or implementation must be clarified as quickly as possible.
- The impact of significant regional differences in living costs needs to be appropriately reflected in finalising the policy on ‘daily living costs’ and any associated cost implications for local authorities fully funded.

³ <http://www.ons.gov.uk/ons/rel/family-spending/family-spending/family-spending-2012-edition/index.html>

ASSESSMENTS

Financial Assessments

Financial assessments will need to be carried out for a much greater number of people than under the current system. The government needs to consider how the system for financial assessments could be simplified and help to reduce the pressure on local authorities. This could include the introduction of self-assessment tools which could be used to help profile people and signpost them towards the most suitable next steps.

While it would be useful for individual authorities to be able to tailor tools to ensure links to their local systems, London Councils believes that it will be a better use of resources if basic self-assessment tools were developed nationally to avoid each council having to develop to its own from scratch.

Care User Assessments

The consultation sets out the government's intention to regulate on a number of key details of the assessment process, for implementation in April 2015. The commitment to develop these regulations with stakeholders is welcome. It is vital that this work is done swiftly. Draft regulations should be published before the Bill completes its passage through Parliament. These should then be finalised and made before summer 2014, to ensure that local authorities have sufficient time to develop their own detailed implementation arrangements, including making any necessary changes to systems and training staff.

Assessing Self-Funders

The number of self-funders who may come into the social care system because of the new regime is currently an area of great uncertainty as was recognised by the Department in its regulatory impact assessment for the Bill. This therefore creates a significant implementation and cost risk for local authorities.

To manage demand, local authorities are trying various new ways of identifying the self-funders in their areas and ascertaining which should be counted as their residents. Given the universal nature of this challenge, it would be helpful for some joint work to be co-ordinated nationally to consider different ways that local efforts might be supported or enhanced. This could include considering whether CQC could, through its relationships with the care homes that it regulates, encourage them to work with their local authorities to identify numbers and whether any joint analysis with the NHS, potentially around GP lists, might help to strengthen estimates nationally and locally.

However, given that the total numbers of people who will engage in the new system is likely to remain hard to estimate accurately, government should commit to an appropriate mechanism to address the cost risks of any significant and genuinely unanticipated additional numbers in the first year of implementation.

Joint assessments

London Councils supports the use of joint assessments where people have both health and care needs, as part of a wider set of ways of delivering integrated services determined around the needs of the individual. The government's intention to regulate to specify that, where a person is undergoing an assessment for other services, local authorities should contact the other organisation and carry out a joint assessment must also include reciprocal

requirements on NHS organisations. This will ensure that both NHS and local authorities are equally responsible for ensuring that they join up.

Our asks of government: Assessments

- Development of basic online financial self-assessment tools nationally, that can then be adapted and fitted into local systems. These, will be more cost-effective than every local authority doing its own development.
- Regulations on assessment and eligibility should be published before the Bill finishes its passage through Parliament and finalised and made before summer 2014 to allow time for implementation by April 2015.
- Joint consideration should be given nationally to system-wide mechanisms to improve data on self-funders to support local planning. This could include asking CQC to encourage care homes to work closely with local authorities.
- Regulatory requirements on local authorities to carry out joint assessments must be matched by equal requirements on NHS organisations.

DEFERRED PAYMENTS

Deferred Payment or an alternative equity release scheme?

London Councils supports the principle of offering support to people who have assets (such as their house) but are cash poor and unable to pay for their care. We also welcome enabling local authorities to charge interest to cover their costs of offering deferred payments.

However, we believe that deferred payments are not the only way that support can be offered to people.

Currently, despite the majority of councils offering deferred payments, take up has been low. We are concerned that the push on deferred payments could result in a high number of homes remaining empty for long periods of time while the person is in care. There is already tremendous pressure on local authorities to provide more housing and having empty housing is not a good use of property that could be used by a vulnerable family.

Alternative models are available that should be developed alongside deferred payments. For example, we are aware that some local authorities offer to rent the homes of some care users whose only asset is their home. The home is then used in the social housing rental market. The rental income from the property therefore contributes towards the person's care costs while easing the housing pressures in the area.

In addition to deferred payments, alternative equity release schemes should be explored that will ensure the continuous use of the property even where a person is in care. Otherwise, the government's support for deferred payments as the best model, could put other local schemes which could have equally positive care effects and potential wider benefits at a disadvantage.

How long can the deferred payment last?

Local authorities deal with thousands of households and have extensive experience in handling situations sensitively when a person dies. While it is important that local authorities are not seen to be overly pushy in seeking repayment on deferred payments once a person dies they have enough experience to decide how to behave in an appropriate manner when seeking repayment without a need for legislation on this. Councils should be able to register an early claim with the executor of a client's estate as part of a deferred payment agreement. This can be pursued sensitively without causing undue stress to families. We therefore do not support regulating the way and timing of local authorities' engagement with family or executors following the death of a client.

Our asks of government: Deferred Payments

- While we support deferred payments, we believe that alternative methods also need to be explored to help those who are homeowners but cash poor. Pushing just one scheme could put other local alternatives at a disadvantage. We are also concerned that deferred payments could result in a higher number of houses remaining empty for longer periods of time while the owners are living in residential care.
- The length of time before a local authority can actively seek repayment on a deferred payment following the death of client should not be prescribed but should be left up to councils to determine.

THE CAP AND CARE ACCOUNT

Calculating what needs count towards the cap

We agree with the principles set out for the calculation of independent personal budgets and personal budgets as set out in the consultation document.

If paying for care is going to work, the independent personal budget will be an important aspect of the system. Transparency in how the calculations are done by local authorities will be critical in ensuring that potential conflicts and challenges are minimised.

The introduction of the new portability requirements makes the need for transparency even more important, as people will expect similar levels of support when they move. Where the support is changed it should be easy to identify where the differences are to justify the changed support levels.

It is important that the eligibility criteria for what counts towards the cap are finalised as soon as possible, to enable local authorities to begin to consider the implications for them. This is also key for people to be able to understand how the system will impact directly on them.

Recording progress towards the cap - the care account

London Councils agrees that local authorities should have flexibility on providing annual updates where a person has not had care needs for many years or where a person has already reached the cap.

There should also be flexibility in the guidance regarding the updates, to allow for mechanisms such as making online checking available and using electronic notifications of updates, in similar ways to online bank accounting (although authorities would need to offer more traditional communication routes for those who wanted them).

Our asks of government: The Cap and Care Account

- Early clarity regarding the eligibility criteria is needed to enable local authorities to begin to consider the implications for them.
- Annual updates should be provided for active care accounts with the flexibility to reduce the regularity of updates when a care account is stopped or paused. The guidance should also enable the use of mechanisms such as online accounts.

CONFLICT RESOLUTION

Providing redress and resolving complaints

London Councils agrees that the principles set out in the consultation on how conflicts will be resolved are appropriate. However, we are concerned that the number of challenges and disputes local authorities will face could with the implementation of this complex new policy. This could be as a result of a lack of understanding about the details of the new system from service users, and particularly about how costs are counted towards the cap and what is counted as eligible costs.

It is vital, therefore, that there is a widespread national information campaign about what the new policies really mean to build people's understanding and clarify expectations before the new system is implemented. Local authorities can then build on this campaign locally enabling them to add their own tailored elements and details.

Our asks of government: Conflict Resolution

- Public understanding and expectations of the new system need to be clarified by government or local authorities will be faced with risks of significant increases in local conflicts and challenges.

WORKFORCE DEVELOPMENT

These reforms will create new capacity and capability requirements for the workforce. Frontline staff, supported by good systems, are critical to the successful implementation of the government's policies. It is therefore important that the existing workforce is fully equipped and has the necessary skills to enable it to implement the new requirements, and that there is sufficient funding to meet the additional capacity pressures.

The workforce will face the following pressures:

- *increased number of cases*: several of the proposals will also lead to an increase in the numbers of people that local authorities will be working with and will therefore require additional experienced staff. This is in an environment where councils have had to make significant budget cuts and staff reductions.
- *introduction of new systems*: the workforce will also need to learn the new systems and understand and be able to operate in a way that supports the underpinning principles, including the greater focus on prevention, promotion of wellbeing and embedding of personalisation.

We believe that there is a need for the government/skills sector to begin investing in increased training of relevant staff such as social workers urgently so that by 2016 the workforce will be large enough to handle the new system.

We also believe that local authorities need to be funded to enable them to retrain existing staff. This could be offered on a regional basis, to provide economies of scale.

Our asks of government: Workforce development

- The government/skills sector need to ensure that there is appropriate investment into training relevant staff such as social workers to ensure there is sufficient trained workforce capacity in 2016 to deliver the reforms.
- Funding should be provided for the intensive retraining of existing staff that will need to be carried out prior to 2016.

PUBLIC AWARENESS

A timely national public awareness campaign is critical to the success of these reforms and for the management of peoples' expectations about what support they can expect from their local authority. A national campaign will be particularly important to help target self-funders whom local authorities have not managed to identify yet and to ensure the implications of the government's policy intentions are clearly and widely understood.

This national campaign needs to be undertaken well in advance of the system starting to operate – including the start of assessments from mid 2015/16. It should also be developed to enable councils to use it as a starting point for local campaigns that tailor the national messages to steer people into the local systems and support.

The messaging that comes through public awareness campaigns will be critical and it may be strengthened by using a national trusted brand such as "Which?". Citizen-led messages should also be used i.e. messages developed by the public for the public which people can trust and understand easily.

The national campaign to raise people's awareness should be carried out using different media including:

- an on- line campaign, including interactive tools that people can use to work out what the system will mean for them;

- national information, materials and tools made available to local authorities who can then adapt these for local use;
- provision of relevant information to all GP surgeries will also be important, as they will also play a critical role in sign posting people to care services;
- a national campaign using a familiar character raise awareness.

The public awareness campaign will need to have two main levels:

- a national campaign driven by the Department of Health.
- a local/regional campaign driven by local authorities in which they help people to navigate the local systems.

Our asks of government: Public Awareness

- A national public awareness and information campaign is needed, with particular emphasis from the start of 2015/16 given that assessments will start in the middle of that year. This will ensure consistent messaging raises people’s awareness of some of the complexities and details of the government’s policy that are currently widely misunderstood. It will help to manage expectations and provide a basis for local authorities to follow up with more tailored communications.

London Councils Contacts

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