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| CABINET | AGENDA ITEM No. 8 |
| 17 OCTOBER 2022 | PUBLIC REPORT |

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| Report of: | Charlotte Black, Executive Director of People Services | |
| Cabinet Member(s) responsible: | Councillor John Howard, Cabinet Member for Adult Social Care, Health and Public Health | |
| Contact Officer(s): | Oliver Hayward, Assistant Director, Commissioning | Tel. 07870 624341 |

HEALTH AND CARE ACT 2022 – REFORMS AFFECTING ADULT SOCIAL CARE

| RECOMMENDATIONS | |
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| FROM: <i>Charlotte Black, Executive Director of People Services</i> | Deadline date: <i>October 2022</i> |
| <p>It is recommended that Cabinet:</p> <ol style="list-style-type: none"> 1. Approve the drawdown of up to £0.65m from the Transformation Fund for funding resources during 2022/23 to support the Council to prepare for the changes arising from the Health and Care Act 2022; 2. Note and approve: <ol style="list-style-type: none"> a) the unfolding requirements from the Health and Care Act 2022; b) the likelihood of further resource requests will be part of future reports; c) the expected full programme cost for Peterborough City Council of £1.95m over a 32-month period; d) the potential programme joint costs could be lowered by from synchronised working with Cambridgeshire County Council; e) any further government funding received about the implementation of these reforms will be applied to reducing future requests or replenishing the drawdown on Transformation monies; and f) the high-risk nature of the ASC Reforms. | |

1. ORIGIN OF REPORT

1.1 This report is submitted to Cabinet following a review of changes to adult social care legislation.

2. PURPOSE AND REASON FOR REPORT

2.1 The purpose of this report is to seek Cabinet approval to fund resources. The resources will be deployed in analysing, planning, and preparing for the implementation of changes brought about by the Health and Care Act 2022.

2.2 This report is for Cabinet to consider under its Terms of Reference No. 3.2.2, *'To take collective responsibility for any Executive decision that has significant implications across two or more portfolios.'*

3. TIMESCALES

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| Is this a Major Policy Item/Statutory Plan? | NO | If yes, date for Cabinet meeting | N/A |
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4. BACKGROUND AND KEY ISSUES

Background

- 4.1. Adult social care provides care and support to people over the age of 18 who need help with undertaking daily living activities. This can include services provided in a person's own home such as domiciliary care or a designated setting such as a residential care home. Services can be provided for both long-term (for people with ongoing and life-limiting conditions) and for short-term periods (helping people to recover and regain their strength and confidence after an adverse life incident).
- 4.2. Peterborough City Council (the Council) has a statutory responsibility under the Care Act 2014 to assess and meet the eligible need; to promote wellbeing; to help prevent, delay, or reduce the onset of care needs; and to safeguard people from harm or neglect.
- 4.3. Eligibility for most Council-funded support is based on a Care Act needs assessment and on a financial means-test assessment. It is estimated from market data that half of all purchased care in Peterborough is by people who arrange and contract for themselves and who pay the full cost of that care to the provider without the Council being involved.
- 4.4. In September 2021, the Government announced proposals to introduce a new Health and Care Levy from April 2022 (an increase in National Insurance contributions paid on earned income) to provide additional funding for the NHS and social care and also announced plans to reform adult social care charging and introduce a cap on eligible care costs from October 2023.
- 4.5. The Government's vision for adult social care revolves around three objectives:
 - a. people have a choice, control, and support to live happier, healthier, and more independent lives;
 - b. people can access outstanding quality and tailored care and support delivered by a skilled and valued workforce, and
 - c. people find adult social care fair and accessible to all who need it when they need it.
- 4.6. The Health and Care Act 2022 takes forward elements of the Government's vision and reform agenda for adult social care, as set out in the white paper:
 - a. Building Back Better: Our Plan for Health and Social Care (September 2021) and
 - b. People at the Heart of Care: Adult Social Care Reform White Paper (December 2021).
- 4.7. The Health and Care Act 2022 introduces reforms (ASC Reforms) that have a significant impact on adult social care, the care provider market, and on Peterborough residents who currently are, or in the future will be, in need of adult social care support.
- 4.8. Members should note that this is an unfolding picture, and this report is based on the information we have available at this time. We anticipate that further updates to this report will evolve as more information on the ASC Reforms is made available.
- 4.9. Our Health and Care corporate priority is consistent with the ASC Reforms as it commits us to improving the healthy, safe, and independence of people in Peterborough. In doing so:
 - a. to move towards delivering care at a neighbourhood level;
 - b. focusing on prevention and early help;

- c. driving up the quality and dignity of care work and care services;
 - d. improving outcomes and combating health inequalities; and
 - e. work with partners to deliver system-wide improvements.
- 4.10. It is anticipated that the Levy will provide £5.4bn for adult social care over three years to implement major reforms of how adult social care is paid for and to introduce a cap on unlimited care costs for individuals throughout their lifetime. However, the resource from Government is expected to cover a proportion of the impact of the social care reforms. This is primarily for ongoing costs. It does not cover the resources required to implement the ASC Reforms.
- 4.11. The Government mandated changes include some due in April 2023 and others in Oct 2023. Consequently, action is needed now to manage, prepare and implement the changes to meet our statutory duty.
- 4.12. There are regional local authority groups that have been created to discuss ASC Reforms. However, none of the local authorities is yet in a position to understand where we may make efficiencies by working together (other than the cap on care costs). As this situation changes, we intend to work collaboratively with other local government organisations on this programme to share best practices and avoid duplication of effort.
- 4.13. As Adult Social Care services remain a shared service between Peterborough City Council and Cambridgeshire County Council, we can look for efficiencies from collaborative working. Consequently, the intention is to implement the ASC Reforms under one programme. This will lower the costs as resources can be shared.
- 4.14. The report sets out the work required, the level of resources required, and when they are required.
- 4.15. Members should also note there will be an ongoing requirement to increase our organisation structure permanently to meet the increased requirement on Peterborough City Council. There may be additional capital expenditure requirements for the ASC Reforms. These will be subject to further reports as requirements become more certain.
- 4.16. The proposals in this paper do not create any additional climate impacts and are therefore consistent with our future net zero climate commitments.

Main Issues

- 4.17. The Health and Care Act 2022 introduces the following reforms affecting adult social care:
- a. from April 2023, a new national statutory assurance regime will be introduced for local authorities in respect of their adult social care duties, with the Care Quality Commission (CQC) undertaking this work;
 - b. from October 2023, amendments to the adult social care charging will be implemented. These will introduce new national financial eligibility criteria and a new cap on eligible lifetime costs; and
 - c. primarily from October 2023:
 - i. introducing a fairer cost of care in the sector;
 - ii. accelerating the digitisation of social care;
 - iii. launching more innovative ways of delivering care;
 - iv. introducing a professional development plan for the social care workforce; and
 - v. refreshing services to support unpaid carers.

New statutory assurance regime

- 4.18. This reform will mean that the Council's adult social care functions will be regulated by the Care Quality Commission (CQC) comparably to local authority children's services functions, which are already regulated by OFSTED.
- 4.19. The CQC will rate local authorities and can refer any significant concerns about a local authority to the Secretary of State for Health and Social Care.
- 4.20. The assurance regime will assess how local authorities are meeting their social care duties under part 1 of the Care Act 2014, which includes:
- a. Promoting wellbeing
 - b. Preventing, reducing, and delaying the onset of care needs
 - c. Assessments of care needs
 - d. Meeting care needs
 - e. Financial charging and personal budgets
 - f. Safeguarding
 - g. Provider failure
 - h. Market oversight
- 4.21. CQC briefings inform us that it is intended that the inspection will initially look across four themes:
- a. Working with people (including assessing needs and supporting people to live healthier lives);
 - b. Providing support (including care provision and continuity and working with partners);
 - c. Ensuring safety (including safe systems and care pathways and safeguarding); and
 - d. Leadership and workforce (including learning, improvement, equality, and diversity).
- 4.22. The CQC will also undertake assessments of the integrated care systems that cover our area to look at working between the NHS and local government. This means that the Council might face the prospect of supporting multiple inspections in a short space of time.

Amended adult social care charging

- 4.23. The Act makes the following amendments to the Care Act 2014 in respect of adult social care charging. This is set out in the guidance document on care charging reforms that was published for consultation:
- a. **Introduces new financial means test eligibility criteria**, which will make more people eligible for their care needs to be met by the Council and will make the financial assessment process, which determines how much an adult contributes to the cost of their care, more generous to the adult:
 - i. **Total assets over £100,000 (the current equivalent is £23,250)** individual will pay full fees ('self-funders'). If by contributing towards care costs the value of a person's remaining assets falls below £100,000, they are likely to be eligible for some financial support. Once the £86,000 cap on eligible care costs is reached, local authorities will pay for all eligible personal care costs. People may choose to "top up" their care costs by paying the difference towards a more expensive service, but this will not count towards the cap.
 - ii. **Total assets between £20,000 and £100,000 (the current equivalent is a much narrower range of £14,250 - £23,250):** subject to a financial assessment, people will contribute no more than 20% of their chargeable assets per year towards their care costs, along with an assessed contribution based on their income.

- iii. **Total assets below £20,000 (the current equivalent is £14,250):** subject to a financial assessment, people pay nothing from their assets but may need to contribute to their income.
 - b. **Introduces a new £86,000 cap on eligible care costs** for the amount anyone in England will need to spend on their care over their lifetime. Once the cap is exceeded, a person will have their care costs funded by the local authority in which they are ordinarily resident. This will be subject to a care assessment, care plan and personal budget. The costs met would be those incurred in providing support to meet needs that meet the eligibility criteria and are not met by a carer.
 - c. **Requirement on local authority to operate ‘care accounts’** so that money that people have paid and that is eligible to count towards the £86,000 care cost limit can be logged and tracked. The local authority will need to provide statements twice a year to individuals and must inform the individual when costs have exceeded the £86,000 cap. This applies to private funders also, not just people currently receiving Council-funded support. To achieve this, the local authority will be required to carry out an assessment of needs and a care and support plan for everyone receiving social care services, no matter how sourced.
 - d. **A right for those with assets over £100,000 to approach the local authority to arrange care for them at the rates that the local authority would pay.** The purpose of this reform is to “tackle persistent unfairness in the social care system” where “under the current system, people who fund their care often pay more than people who are funded through their local authority for equivalent care. This right means the Council’s contract rates will be available to all.
- 4.24. The cap is scheduled to come into effect from October 2023. Only costs accrued after this date will be counted towards the cap; any costs incurred before the date of introduction of the cap will not be counted.

Moving towards a Fair Cost of Care

- 4.25. The Government recognises that council fee rates are in many cases unsustainably low at present, and it plans to support moves towards a Fair Cost of Care (FCC) with new injections of central Government money, starting in financial year 2022/23.
- 4.26. In March 2022 Laing Buisson (a nationally recognised care market consultancy) published analysis suggesting a significant shortfall between the ring-fenced funding for Fair Cost of Care, and the true cost to Council’s and Providers of care. Laing Buisson’s central estimate is that this would require Government to raise funding allocations by at least £854m per annum nationally for FCC in residential and nursing care homes to enable councils to pay rates at a rate that is sustainable to providers.
- 4.27. On 24 March 2022 the Government published new [Operational Guidance for the introduction of its Fair Cost of Care \(FCC\) policy](#). The paper sets out conditions which Councils need to meet in order to access future funding to support the requirements to pay a fair cost for provision of social care.

Other social care reforms

- 4.28. In addition to these changes, and primarily during 2023, the Council is also required to:
- a. accelerating the digitisation of social care, increasing the use of technology to support people to live independently and improve their quality of care;
 - b. launching innovative new ways of delivering care in the community, improving the choice of care available to individuals;
 - c. introducing a new professional development plan for the social care workforce to improve care quality, make the profession an attractive career, and provide more mental health and wellbeing resources; and

- d. working with the sector to refresh services to support unpaid carers and improve their availability across the country.
- 4.29. The Health and Care Act 2022 suggests an integrated care system will help to join up the range of health and social care services that people might receive, bridging the gaps that patients, care users and their families are too often left to navigate alone. As a result, the ASC Reforms programme will work closely with our local integrated care system to ensure that people using health and social care services experience well-coordinated care.

Financial and commercial implications

- 4.30. The reforms are significant, and the implications include the following:
- a. more people will be eligible for their needs to be met under the Care Act, and for part or full funding from the Council as a result of the new means-test criteria;
 - b. the Council's existing fees and charges policies will need to be reviewed and updated, as necessary. The Council will undertake any consultation on changes as required;
 - c. impact on the wider care market due to self-funders accessing the Council's contracted rates for care. Self-funders often pay more than local authorities because they buy as an individual rather than benefitting from economies of scale. The impact of this will be better understood once the care sector pay review findings are known and will be reported as part of the market sustainability plan;
 - d. the Council will need to undertake more Care Act needs assessments and more financial assessments as self-funders approach the Council to set up their care accounts, to provide them with an independent personal budget. Existing workforce capacity will not be able to meet this demand; and
 - e. relevant policies and documents need updating; the workforce needs training on the new policies; key systems need upgrading; and the Council needs to ensure that residents, the workforce and care providers understand the new rules.
- 4.31. National modelling through the County Councils Network (CCN) with Laing Buisson and Newton Europe has indicated that reforms will have a greater financial impact on local authorities than was estimated in the Government's Impact Assessment over the 10 years (£29bn - £32bn vs. £19bn). Modelling shows:
- a. the impact of the means tests and cap on care costs leads to increasing costs, particularly from 2024-25 but growing significantly through to 2028-29; The operational spend element of these costs represents costs for additional workforce required to support the operation of the care cap. The number of resources required is dependent upon the level of automation achieved in our business processes; and
 - b. the impact of the care sector pay review as increased financial pressure, particularly in 2023-24. The specific local annual operational cost change is unknown. The Council has commissioned Laing Buisson, to support the assessment which is due in late September 2022. This work is scheduled to be returned to Central Government in draft format on 14 October 2022 with a final version by 24 February 2023.

The future ongoing impacts are subject to separate business cases and reports.

The analysis, design, and development of the Council's processes, ways of working, and systems are subject to this business case.

Governance and benefits management

- 4.32. The programme governance structure is set up to allow management by exception. There are 4 distinct governance groups each with its own set of terms of reference:
- Council committees;

- Corporate Leadership Teams;
 - Budget CLT / Directorate Management Team; and
 - ASC Reform Programme Board.
- 4.33. The governance groups will hold the programme team accountable to deliver its benefits realisation strategy which adopts a balanced scorecard approach, looking at both the financial and non-financial benefits. The programme requires Members to approve the business case and delegate the deployment of resources to the ASC Reform Programme Board. The ASC Reform Programme Board will at set periods report back on performance and achievements.
- 4.34. A Stakeholder Management and Engagement Plan has been produced. This plan identifies all the key stakeholders relevant to the programme as well as identifying:
- how stakeholders are involved in the programme;
 - what is the attitude of key groups to the programme;
 - who is best placed to manage each key stakeholder; and
 - how and on what frequency communications will take place with each stakeholder.
- 4.35. Communication channels will be established to ensure that stakeholder expectations of the programme can be managed and buy-in maintained throughout the programme's life. An ongoing two-way interface between the programme and its stakeholders will remain essential. This plan is a continually updated live document.
- 4.36. The ASC Reforms work is primarily driven by the need to comply with statutory changes affecting Adult Social Care. Consequently, any financial and non-financial benefits delivered are secondary.
- 4.37. In the first instance, the resources will deliver products which will help shape our benefits realisation strategy. A benefits realisation strategy, using a balanced scorecard approach, looking at both the financial and non-financial benefits will be produced for the ASC Reforms programme primarily to:
- provide alignment and clear links between the programme, its vision and desired outcomes and the Council's strategic objectives;
 - identify the wider impact of the changed capability including side effects, dis-benefits, and benefits;
 - ensure that benefits realisation is tracked and documented so that achievements are properly identified and realisation and signed up to; and
 - encourage ownership and responsibility amongst the stakeholders and therefore attribute the value through the benefits realisation process.
 - In the medium term there may be opportunities to realise benefits which could be used to offset the ongoing cost implications through service redesign, but this cannot be quantified at this stage.
- 4.38. The Council has a selection of corporate contracts, frameworks and other agreements created by the Procurement team for goods, services and works where the prices and terms have been negotiated to achieve the value for money for the Council as a whole. The Council's procurement policy confirms procurement of any goods or services should be procured from the established corporate contracts or corporate frameworks. Where such contracts are not available tendering should take in line with the Council's Procurement rules.
- 4.39. The ASC Reforms programme does anticipate any procured services within this report during the first year. This is because the requirement is for temporary workers. In such a case, the programme will work with the Council's procedures for hiring temporary workers.
- 4.40. Council staff will be impacted as work roles will be re-prioritised to complete work necessary to implement change. They will be supplemented by external resources. An

advantage of the hybrid-in approach to resources is the Council can use expertise from where its best available. Over the life of the programme, it will help to reduce the effort required to transfer learning from recruits to in-house staff.

- 4.41. The work completed to date has been carried out across the Council by staff fitting tasks into their daily schedules. Consequently, the Council has not made any expenditures. Requirements from Government are accelerating, and subsequently Council staff will require prioritising work amongst all their objectives.
- 4.42. The use of additional resources will also mean that the staff currently working to implement the ASC Reforms will not be over-stretched for a prolonged period. This is likely to result in less stress for staff which is especially important for those who have mental health conditions and/or hidden disabilities. Staff working with other protected characteristics such as physical disabilities and pregnancy will be afforded greater flexibility knowing that additional resources have been allocated and the burden of project delivery is not solely for them to carry.
- 4.43. This programme has produced a risk management strategy that aids the programme team's awareness of the need for effective risk management. Implementing this strategy will support the aim of integrating risk management into the working habits of the programme team. Members should also note that ASC Reforms is a highly important and high-risk programme. The programme team note the following high rating risks:
- a new Prime Minister will introduce changes to the Health and Care Act 2022. This could include a change in scope and a change in when work has to be completed;
 - we are unable to fund Adult Social Care Reform due to funding from the central government not covering further implementation costs;
 - all local authorities are implementing ASC Reform we may be unable to recruit staff or recruiting may be unachievable due to cost;
 - we fail to implement the Health and Care Act 2022 as expected as our support services are unable to keep pace due to competing priorities; and
 - the proposed national solutions or systems do not arrive promptly meaning we implement something that is not in accordance with the government expectations.

5. CONSULTATION

- 5.1 Consultations have been undertaken between the Adult Social Care team with the Department of Health and Social Care, the Local Government Association, Eastern Regions of the Directors of Adult Social Services, and regional and peer local authorities. Consultations will continue during the programme.
- 5.2 Consultations could also take place with the local Integrated Care Service, local care and support providers, regional and national housing providers, as well as service user representative groups such as Healthwatch.

6. ANTICIPATED OUTCOMES OR IMPACT

- 6.1 The implementation of the recommendations ensures:
- a) the Council deploys resources to manage and implement the Health and Care Act 2022 reforms;
 - b) the public, care sector, and Council staff are aware of the changes required; and
 - c) the Council implements reformed practices including updated strategies, policies, commissioning plans, information and advice to people using care services, case management system, training programme, and quality assurance approach.

7. REASON FOR THE RECOMMENDATION

- 7.1 The Health and Care Act 2022 takes forward elements of the Government's vision and reform agenda for adult social care, as set out in the white paper:
- a. Building Back Better: Our Plan for Health and Social Care (September 2021) and
 - b. People at the Heart of Care: Adult Social Care Reform White Paper (December 2021).

The Health and Care Act 2022 introduces reforms (ASC Reforms) that have a significant impact on adult social care, the care provider market, and on Peterborough's residents who currently are, or in the future will be, in need of adult social care support.

Consequently not delivering this programme means:

1. the local authorities fail to meet our statutory requirements
2. failure to submit our Fair Cost of Care Review and Market sustainability draft proposals by mid-October 2022 and verified and budgeted by end-Feb 23, will result in a loss of funding from 23/24 for the Care changes.
3. failure to implement Cost of Care accounts by Oct 23 will result in service users being unable to register care payments towards the cap on care costs.
4. failure to implement Fair Cost of Care to the provider market is likely to mean a collapse in the care market in Peterborough.
5. failure to implement new data requirements will lead to a breach of statutory duties around minimum data returns and impair the ability for the local authorities to benchmark data to manage demand. It will also impair the Local Authority's ability to plan care effectively for the needs of service users.
6. failure to properly prepare for the new CQC Assurance regime could lead to poor performance ratings and significant reputational damage.
7. failure to have an internal workforce strategy, puts us at risk of not complying with our statutory duties to undertake a larger number of care needs and financial eligibility assessments and absorb the wider system pressures this creates such as increased contact with our front door services and customer care. Business as usual is seriously disputed with poor outcomes for the people we support.
8. failure to have an external workforce strategy will prevent us from:
 - a) being able to bid for funding around workforce skills that is made available as part of reform and/or
 - b) maximising the opportunity to have a more stable and better skilled workforce who deliver better quality of care which leads to better care outcomes for the people we support and a reduced burden on us in managing poor performance.

8. ALTERNATIVE OPTIONS CONSIDERED

- 8.1 Three generic options were considered:
- a) The Do-Nothing option would put the Council in breach of future statutory duties. This option was rejected. This was on the grounds that future service users would not be able to access vital services.
 - b) The Do-Later option was considered. After consultation with colleagues across the affected directorates, it was discarded. This was on the grounds colleagues judge we are on the critical path to implement the reforms. As noted in the risk assessment, future changes to the make-up of Government could affect this position.
 - c) The Do-Some option was considered. The proposal in this report phases the work. This includes delaying work in time to receive further Government guidance. Consequently, this option is recommended and detailed in the report.

9. IMPLICATIONS

Financial Implications

9.1 Specific financial Implications and funding options

- 9.1.1. We estimate the programme requires a gross funding amount of £2.15m over 32 months to deliver the requirements set out in the ASC Reforms. To date £0.2m has been grant funded or expected by the Government to work on the implementation of

the care sector pay review and digital records review. Further funding from Government has been announced for the ASC Reforms work. However, it did not specify how that funding will be distributed from 2023/24 onwards, or how much each Local Authority might receive. Consequently, the ASC Reforms programme requires a net funding amount of £1.95m as shown below.

| Work Areas | PCC total cost £000's |
|---|----------------------------------|
| Assessments (Financial Assessments) | 135 |
| Assessments (Social Care) | 202 |
| Assurance Framework | 59 |
| Carers services | 111 |
| Communication and Engagement | 23 |
| Creation of Cap on Care Cost Policy/Strategy | 42 |
| Data Strategy | 45 |
| Digital | 513 |
| Digitally Enabled Social Care - TEC and Systems | 27 |
| Housing integration with local care and health strategy | - |
| Impact, Modelling & Recruitment | 346 |
| Information and Advice | 52 |
| New Models of Delivery | 45 |
| Overarching Programme Resourcing | 240 |
| Policy & Strategy (excluding Cap on Care Costs) | 31 |
| Workforce | 75 |
| Grand Total | 1,946 |

9.1.2. As the investment requirement is significant and there remains a lack of detailed information from the Government, various funding options were considered. The table below lists the advantages and disadvantages of the options considered with the recommendation to request a time-phased approach.

| Option | Advantages | Disadvantages |
|---|---|---|
| <p>Whole programme Funding is available for the whole programme. The Programme Board is accountable for benefits realisation and financial management.</p> | <ul style="list-style-type: none"> • Programme team can make decisions quickly, particularly about recruitment • Programme team mobilise resources, complete the discovery phase, and produce gap analysis reports. • Retaining contractors' risk is mitigated | <ul style="list-style-type: none"> • Large amounts of resources are committed when the whole programme is undefined. |
| <p>Workstream approach Funding is available for each workstream starting in Oct 22. Monies are linked to outputs.</p> | <ul style="list-style-type: none"> • Programme team can make decisions quickly on some parts of the programme as they start in 22/23. • Programme team mobilise resources, complete the discovery phase, and produce gap analysis reports. | <ul style="list-style-type: none"> • Large amounts of resources are committed when the whole programme is undefined. • Discovery work on some workstreams would be delayed. • Retaining contractors remains a risk |

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| | <ul style="list-style-type: none"> Lower amounts of resources committed when the whole programme is undefined. | |
| <p>Time-based approach Funding is available for some time, nominally a financial year. Monies are linked to outputs.</p> <p>Recommended option</p> | <ul style="list-style-type: none"> Programme team can make decisions quickly, particularly about recruitment Lower amounts of resources committed when the whole programme is undefined. Discovery work on all workstreams could start. | <ul style="list-style-type: none"> Retaining contractors remains a risk |
| <p>Fixed resource approach A fixed amount of resources is made available to complete the initial stages of the programme. Further tranches are released at a later date.</p> | <ul style="list-style-type: none"> Programme team mobilise resources, complete the discovery phase, and produce gap analysis reports. Lower amounts of resources committed when the whole programme is undefined. Discovery work on all workstreams could start. | <ul style="list-style-type: none"> Resources will not join the Programme Team as the work duration is short. Retaining contractors remains a risk |
| <p>Hybrid fixed resource Phase 1 A fixed amount of resources is made available to complete the initial stages of the programme for Phase 1 only. Further phases and tranches are released at a later date.</p> | <ul style="list-style-type: none"> Programme team mobilise resources, complete the discovery phase, and produce gap analysis reports. <p>Lower amounts of resources are committed when the whole programme is undefined.</p> | <ul style="list-style-type: none"> Resources will not join the Programme Team as the work duration is short. Retaining contractors remains a risk Discovery work on some workstreams could start. |
| <p>Hybrid time-based Phase 1 Funding is available for some time, nominally a financial year. Further funding is released for each phase with the immediate release of Phase 1.</p> | <ul style="list-style-type: none"> Programme team can make decisions quickly, particularly about recruitment Lower amounts of resources committed when the whole programme is undefined. | <ul style="list-style-type: none"> Retaining contractors remains a risk Discovery work on some workstreams could start. |

9.1.3. The recommended option is the time-based approach. At its peak, it is estimated that 47 FTE are required to work on the programme jointly with Cambridgeshire County Council. This is inclusive of where we can assign internal staff (at no cost). It also includes where we can offer career development roles to internal staff. Work has started to identify such opportunities and the levels are likely to grow. This hybrid approach of people from within and from outside of the Council working together means we can retain corporate knowledge whilst using expertise to accelerate the programme.

The resources are shown as a combined volume across Peterborough City Council and Cambridgeshire County Council as it helps with identifying efficiencies which is set out in paragraph 9.1.5.

The table below shows when staff are required for this programme.

| Job types with recruitment strategies | Q2/22 | Q3/22 | Q4/22 | Q1/23 | Q2/23 | Q3/23 | Q4/23 | Q1/24 | Q2/24 | Q3/24 | Q4/24 | Q1/25 |
|---|-------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|------------|------------|
| Internal, no replacement required | | 1.0 | 1.5 | 1.5 | 1.5 | 0.5 | 0.5 | 0.5 | 0.5 | 0.5 | 0.5 | 0.5 |
| Impact, Modelling & Recruitment | | 1.0 | 1.0 | 1.0 | 1.0 | | | | | | | |
| Overarching Programme Resourcing | | | 0.5 | 0.5 | 0.5 | 0.5 | 0.5 | 0.5 | 0.5 | 0.5 | 0.5 | 0.5 |
| Internal, replacement required | | 2.0 | 3.0 | 3.0 | 3.0 | 2.0 | 2.0 | 2.0 | 2.0 | 2.0 | 1.0 | 1.0 |
| Impact, Modelling & Recruitment | | 1.0 | 1.0 | 1.0 | 1.0 | | | | | | | |
| Overarching Programme Resourcing | | 1.0 | 1.0 | 1.0 | 1.0 | 1.0 | 1.0 | 1.0 | 1.0 | 1.0 | 1.0 | 1.0 |
| Policy & Strategy (excluding Cap on Care Costs) | | | 1.0 | 1.0 | 1.0 | 1.0 | 1.0 | 1.0 | 1.0 | 1.0 | | |
| Recruit | | 20.6 | 25.6 | 41.7 | 42.7 | 36.7 | 36.7 | 27.6 | 27.6 | 9.1 | 5.1 | 1.1 |
| Assessments (Financial Assessments) | | 2.0 | 2.0 | 4.0 | 4.0 | 3.0 | 3.0 | 3.0 | 3.0 | | | |
| Assessments (Social Care) | | 3.0 | 3.0 | 7.0 | 7.0 | 5.0 | 5.0 | 5.0 | 5.0 | | | |
| Assurance Framework | | 1.0 | 1.0 | 1.0 | 1.0 | 1.0 | 1.0 | 1.0 | 1.0 | | | |
| Carers services | | 1.0 | 2.0 | 2.0 | 2.0 | 2.0 | 2.0 | 2.0 | 2.0 | 1.0 | | |
| Communication and Engagement | | 0.5 | 0.5 | 0.5 | 0.5 | 0.5 | 0.5 | 0.5 | 0.5 | | | |
| Creation of Cap on Care Cost Policy/Strategy | | 1.0 | 1.0 | 1.0 | 1.0 | 1.0 | 1.0 | 1.0 | 1.0 | | | |
| Data Strategy | | 0.2 | 1.2 | 1.2 | 1.2 | 1.2 | 1.2 | 1.2 | 1.2 | 1.0 | | |
| Digital | | 5.0 | 5.0 | 10.0 | 10.0 | 8.0 | 8.0 | 0.0 | 0.0 | | | |
| Digitally Enabled Social Care - TEC and Systems | | 0.1 | 0.1 | 0.1 | 0.1 | 0.1 | 0.1 | | | | | |
| Housing integration with local care and health strategy | | | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | | |
| Impact, Modelling & Recruitment | | 4.8 | 5.8 | 7.8 | 7.8 | 6.8 | 6.8 | 6.8 | 6.8 | 1.0 | | |
| Information and Advice | | | | 1.0 | 1.0 | 1.0 | 1.0 | 1.0 | 1.0 | 1.0 | 1.0 | |
| New Models of Delivery | | | | 1.0 | 2.0 | 2.0 | 2.0 | 1.0 | 1.0 | 1.0 | 1.0 | |
| Overarching Programme Resourcing | | 1.0 | 3.0 | 3.1 | 3.1 | 3.1 | 3.1 | 3.1 | 3.1 | 2.1 | 1.1 | 1.1 |
| Workforce | | 1.0 | 1.0 | 2.0 | 2.0 | 2.0 | 2.0 | 2.0 | 2.0 | 2.0 | 2.0 | |
| Grand Total | | 23.6 | 30.1 | 46.2 | 47.2 | 39.2 | 39.2 | 30.1 | 30.1 | 11.6 | 6.6 | 2.6 |

The competition for skilled resources is high as local authorities across England are all preparing for the Adult Social Care Reforms. Previously recruitment would take 3-4 weeks to complete, now it's taking +8 weeks. This is because the resources within our financial limits are much more difficult to attract. As a consequence of this, recruiting for less than 3 months is a high risk. It is recommended, that recruitment should be for at least 9 months and longer to ensure continuity of contractors and to avoid the loss of organisational knowledge part way through a significant programme. This means making available funding for this financial year.

- 9.1.4. Consequently, the immediate request for ASC Reforms programme 2022/23 is for £0.65m from the Council. The accuracy of the required investment is assured by subject matter experts from the various technical disciplines involved. The resource plan has been developed with their best judgement interpreting the requirements of the ASC Reforms. Given the uncertainties surrounding the requirements, the first year will focus on certain work packages such as needs analysis, gap analysis, and options appraisals.

| Work Areas | PCC total cost £000's for 22/23 |
|---|---------------------------------------|
| Assessments (Financial Assessments) | 51 |
| Assessments (Social Care) | 67 |
| Assurance Framework | 22 |
| Carers services | 35 |
| Communication and Engagement | 9 |
| Creation of Cap on Care Cost Policy/Strategy | 16 |
| Data Strategy | 13 |
| Digital | 219 |
| Digitally Enabled Social Care - TEC and Systems | 13 |
| Housing integration with local care and health strategy | - |
| Impact, Modelling & Recruitment | 170 |
| Information and Advice | 7 |
| New Models of Delivery | 4 |
| Overarching Programme Resourcing | 2 |
| Policy & Strategy (excluding Cap on Care Costs) | 8 |
| Workforce | 15 |

- 9.1.5. Should the Council and Cambridgeshire County Council work collaboratively, there is an opportunity to share resources. The sharing is predicated on not needing to invest for peak periods but being able to spread the work evenly as well as avoid duplication. The business case estimates that c£0.4m may be reduced from the investment request through joint working over the life of the programme.
- 9.1.6. In the event grant funding is available (which may be made available any time during the programme), this investment request will be reduced in a refresh of the business case. In the event investments have been incurred, grants received will be used to replenish the Transformation Fund budget.

Legal Implications

- 9.2 The prospective changes to the law are described elsewhere in this report. The Council will need to prepare for significant changes to successfully implement the legislation.

Equalities Implications

- 9.3 There is no significant impact within this category at this time. A Community (Equality) Impact Assessment has been completed and will be refreshed at each stage of the programme.

Rural Implications

- 9.4 There is no significant impact within this category at this time. Work will start towards the end of the next stage of the programme to assess the implications of the fair cost of care and cap on care and their impact on support distribution.

Carbon Impact Assessment

- 9.5 There is no significant impact within this category at this time. Work will start towards the end of the next stage of the programme to assess the implications of new models of care and their impacts on preventing future harm.

10. BACKGROUND DOCUMENTS

Used to prepare this report, in accordance with the Local Government (Access to Information) Act 1985

10.1

| Source document | Location |
|---|---|
| 1. Building Back Better: Our Plan for Health and Social Care (September 2021) | https://www.gov.uk/government/publications/build-back-better-our-plan-for-health-and-social-care |
| 2. People at the Heart of Care: Adult Social Care Reform White Paper (December 2021). | https://www.gov.uk/government/publications/people-at-the-heart-of-care-adult-social-care-reform-white-paper |
| 3. County Councils Network report | https://www.countycouncilsnetwork.org.uk/wp-content/uploads/LaingBuisson-Impact-Assessment-of-Section-183-FCC-FINAL.pdf |

11. APPENDICES

- 11.1 None.

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