

Cabinet

16th September 2015



Care Act and Adult Social Care Transformation Update

Report of Corporate Management Team

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Purpose

1. The purpose of this report is to provide an update to Cabinet on the local and national developments in relation to the implementation of the Care Act 2014 and the transformation of Adult Care services, focussing on changes to deliver Phase 1; the new care and support duties from 1st April 2015.
2. The report also provides an update on the recent announcement by Government to postpone the Phase 2 reforms until 2020 which were due to come into effect from 1st April 2016, which includes the cap on care costs and appeals system.

Background

3. On 18th March 2015, Cabinet received a report on the national and local developments in relation to the implementation of the Care Act and the transformation of Adult Care services.
4. Over the last six months Adult Care services in County Durham have continued to undergo a programme of transformational change to ensure we meet the requirements of the Care Act.
5. The Care Act seeks to help and promote people's independence and wellbeing. Local Authorities must provide or arrange services for those with eligible needs that intervene early to support people to retain or regain their skills and confidence. The aim being to delay deterioration and the need for ongoing care and support wherever possible.
6. The Act embeds people's rights to choice, personalised care and support, and personal budgets in legislation.
7. The Care Act established the Better Care Fund for the integration of care and support with health services. The £3.8bn Better Care Fund (BCF) was announced by the Government in the June 2013 spending round, to ensure a transformation in integrated health and social care. The BCF is a single pooled budget to support health and social care services to work more closely together in local areas. It brings together NHS and

Local Government resources that are already committed to existing core activity and also provides a real opportunity to improve services and value for money.

8. Following publication of the revised BCF planning and technical guidance in July 2014 there was a substantive change in policy which meant that of the £1.9bn NHS contribution to the BCF, £1bn would remain within the BCF but would be either commissioned by the NHS on out-of-hospital services or be linked to a reduction in total emergency admissions. The intention of this policy change was to ensure that the risk of failure for the NHS in reducing emergency admissions was mitigated.
9. Supplementary guidance published on 20 August 2014 with the expectation of a 3.5% reduction in emergency admissions, stated that every Health and Wellbeing Board Area should set a target for a reduction in emergency admissions that is ambitious and stretching but not unrealistic. A plan which sets an ambition lower than 3.5% in 2015/16 must explain how the planned level of improvement will contribute to a longer term trajectory or reduction linked to the transformation of local health and care services and must have the explicit support of the Council and all of the Clinical Commissioning Groups (CCGs) who are party to the plan. The lower the planned reduction, the less money will be available through the payment for performance element of the Better Care Fund.
10. The Act also introduces a new duty to provide preventative services, a national minimum eligibility threshold and a duty to offer information and advice to help people plan what support they need for the future.
11. In County Durham a significant amount of work has been undertaken in relation to the implementation of Phase 1 of the Care Act which is outlined within this report along with the announcement by Government to postpone until 2020 the Phase 2 reforms. This includes the cap on care costs and appeals system until 2020 which was due to come into effect on 1st April 2016.

Care Act Implementation in Durham

12. Care Act implementation and adult care transformation has sought to provide a flexible, innovative and outward facing service with the primary aim of helping people to help themselves. There is a focus on prevention and building resilience by working to ensure that there are universal local voluntary and community services available for the public to access.
13. Adult Care Staff will continue to support those people with long term needs but work proactively to ensure that service users remain as independent as possible.
14. The Health and Wellbeing Board is committed to promoting integrated working between commissioners of health services, public health and social care to enhance the health and wellbeing of people living in County Durham.
15. The implementation of the Better Care Fund (BCF), a pooled budget deployed locally on health and social care initiatives, commenced on the 1st of April 2015

following the agreement of the BCF plan by NHS England in December 2014. County Durham's allocation from the fund is £43.735m in 2015/16.

16. The seven key initiatives that the fund has been committed to are as follows:
 - **Short term intervention services** which includes intermediate care community services, reablement, falls and occupational therapy services (**£13,428,000**)
 - **Equipment and adaptations for independence** which includes telecare, disability adaptations and the Home Equipment Loans Service (**£8,562,000**)
 - **Supporting independent living** which includes mental health prevention services such as counselling (**£5,005,000**)
 - **Supporting Carers** which includes breaks for carers (**£1,361,000**)
 - **Social isolation** which includes working with the voluntary and community sector (**£1,121,000**)
 - **Care home support** which includes dementia services (**£1,774,000**)
 - **Transforming care** which includes maintaining the current level of eligibility criteria (critical and substantial) (**£12,484,000**)
17. The overall aim of the BCF is to transform local health and social care services to make them more responsive and personalised to individual need. This includes making services available seven days a week, improving information and advice and clarifying lines of responsibility for coordinating care.
18. Our tradition of effective integrated working with the NHS will continue as we explore further opportunities for integrated personalised systems across all service user groups.
19. As reported to Cabinet on 18th March 2015, the government announced in the June 2013 spending review, that they would make £355 million of national funding available to local authorities in 2015/16. This was to enable preparation for the reforms being implemented as part of the Care Act.
20. The Council received four separate revenue grants totalling £3,134,942 supporting the delivery of the following;
 - Additional assessments for the cap on care costs
 - Universal deferred payment agreements
 - Social care in prison.
 - Carers

Implementation of Phase 1 Reforms – Care and Support

21. The Council has embarked upon a number of service developments which support Care Act implementation.
22. There is a drive towards prevention and building resilience by working to ensure that there are local voluntary and community services available for the public to access. A new Wellbeing for Life (WBL) service has recently been commissioned across County Durham. The service works with the public on an

individual or group basis with staff and volunteers helping people to achieve their health goals. Service provision includes sign posting and advice, adult learning and participation in community opportunities to reduce social isolation.

23. To ensure a targeted approach, the service is being delivered in the most deprived geographical areas of the County. The service goes beyond addressing single issues and illness and instead aims to take a community approach to improving health and wellbeing. The focus is upon specific communities and is based around three areas; North, South-West and East Durham. Programmes are already working in communities within Shildon, mid-Durham and South Moor/Quaking Houses to improve the overall levels of wellbeing.
24. Delivery is through a consortium of partners who bring their skills and expertise to this unique programme including County Durham and Darlington NHS Foundation Trust, Durham Community Action, Pioneering Care Partnership, Durham County Council Culture and Sport and Leisureworks.
25. There are currently over 6,000 people with dementia in County Durham. As people are living longer, the number of people aged 60 and over with dementia is expected to double by 2030. A new Dementia Strategy has been developed for County Durham and Darlington. The Council is working with NHS organisations, Darlington Borough Council and a range of voluntary and community services to implement the strategy. Actions and initiatives are planned to improve early diagnosis and give the right support to people with dementia, their carers and families.
26. A Palliative and End of Life Care Social Work Awareness Project has commenced which aims to promote and develop awareness and to establish improved pathways for service users. The work, to be undertaken over two years, will lead to increased knowledge and awareness which will be cascaded through staff teams and will result in a change of culture across all partner agencies.
27. A new equipment demonstration centre has recently opened in Spennymoor for people who have difficulty carrying out day to day activities due to illness or disability. A range of products are on display to show some of the equipment and adaptations that are available to make everyday life easier, including walking frames, perching stools, stairlift, bathlift, telecare equipment and specialist sensory support products.
28. In line with Care Act requirements to assess the adult social care needs of prisoners, in November 2014 G4S were appointed as the new health care provider for Prisons in County Durham. Demand for prison social care assessments since 1st April, 2015 has not been as high as expected. As at 14th July 2015 there have been twelve assessments, resulting in seven people needing ongoing care and support and one person's need being met by the provision of equipment.
29. The Care Act places new duties on local authorities to provide information, advice and advocacy services. The County Durham Information Strategy 2014-

16 supports delivery of the Care Act as well as enhancing our existing information service. The key outcome of this strategy is that people, including those who are most vulnerable, who want information about adult care and support, will know what is available and where to find it easily, in formats that work and make sense to them and that the information requirements within the Act are met.

30. New ways for people to contact the Council, through a comprehensive E-marketplace system have been developed. The Council's new website [Locate - care and support in County Durham](#) went live in April, 2015 and a publicity campaign is scheduled to begin in autumn 2015. Locate provides a central point for all information about care and support and the services available to meet people's needs. The emphasis is upon prevention and enabling and empowering people with the information they need to make their own informed decisions about adult care.
31. The Care Act 2014 places adult safeguarding on a statutory footing and requires the local authority to make enquiries, or cause others to do so, if it believes an adult is experiencing or is at risk of abuse or neglect.
32. County Durham Local Safeguarding Adults Board (LSAB) recognises the need to provide a proportionate response to all safeguarding concerns and has agreed that in County Durham the multi-agency process previously known as "safeguarding" will now be called "adult protection".
33. In line with similar arrangements in Children's safeguarding an independent chair person has been appointed to the LSAB.
34. A "Risk Threshold Tool" has been revised to reflect Care Act changes and to inform professional decision making regarding safeguarding concerns. The draft revised threshold tool has been shared with LSAB partner agencies.
35. For the first time, carers are recognised in the law in the same way as those they care for. Carer's procedures and operating processes have been reviewed and revised along with links to carers' centres. Work has been undertaken on the implications for practitioners in relation to the Care Act including carers' assessments and support.
36. A Market Position Statement (MPS) 2015-17 has been published which aims to assist existing providers and those of the future to decide how they might respond to opportunities and develop new types of services whilst improving the quality of their offer.
37. In order to ensure that effective arrangements are in place for the transition between children's services and adult services at the age of 18 the service has reviewed its existing arrangements and by 1st April 2016 a transition service for 14-25 year olds will be in place. This will be a countywide provision serving disabled children and young people and their carers.
38. To ensure frontline practice meets the requirements of the Care Act and the Adult Care Transformation programme, workforce development is progressing.

Service-specific Task and Finish Groups are designing and delivering large scale workshops which are supported by targeted training and e-learning.

39. A policy for the deferred payments scheme (DPS) has been agreed. From April 2015 Council's no longer have the power to put a legal charge on a property for people entering residential care, unless the service user signs up to a deferred payment agreement (DPA). A deferred payment must be offered to people who meet the eligibility criteria and are able to supply adequate security for the debt.

Implications and Challenges

40. To date the transformation programme within Adult Care Services has led to a number of service improvements and efficiencies.
41. Partnership working with NHS colleagues has resulted in the service successfully improving performance in supporting people from requiring long-term care. The number of beds commissioned for residential/nursing care has reduced by 6.6% (between March 2013 and June 2015) and the number of service users requiring long term care packages has reduced by 5.8% since March 2013. The number of people accessing reablement (short term help to relearn/regain skills) has increased by 15.1% with 89% of people who received a reablement intervention requiring reduced or no further care. The number of people using Telecare has increased by 60.0% when comparing June 2015 with March 2013. However, the service is aware of those areas which require further work and is aiming to increase access and take up of Direct Payments.
42. Whilst activity and volume have been falling in terms of long term commissioned provision, some higher volumes are evident when compared to other local authorities across the region. The total number of commissioned services provided in 2013/14 in Durham per 100,000 of the population was 4,235 people compared to the North East average of 3,745.
43. The 2014 Office for National Statistics (ONS) mid-year population estimates that the number of County Durham residents aged 65+ increased by 24.1% between 2001 and 2014 increasing the number in this age group to 101,500 people representing nearly one fifth of the resident population in the County. This increase in the county was higher than that across the region (17.3%) and nationally (21.7%).
44. It is also important to note that the population aged 85 and over has increased by 36.5% over the same period to 11,200 (3,100 people more since 2001). This group has seen the largest percentage increase since 2001 (11,200, up from 8,500 in 2001). The North East has seen a slightly larger increase in this group of 39.6% while nationally this group increased 33.1% over this period.
45. There is a need to develop a more outcomes focussed approach both in terms of commissioning services and to achieve improved outcomes for people in need of care and support.
46. There is the possibility that the Government may seek to recover some of the revenue grant which was allocated for Phase 1 Implementation, particularly in relation to additional assessments for self-funders. At this point in time there is

no firm indication; however, suggestions from the Department of Health indicate that some funds may be re-badged to winter pressures or in response to Deprivation of Liberty Safeguards.

Phase 2 Reforms including Cap on Care Costs and Appeals System

47. In response to concerns expressed by the Local Government Association and many other stakeholders about the timetable for implementing the cap on care costs in April 2016, the Government announced on 17th July, 2015 that it had decided to delay its implementation until April 2020.
 48. The proposals to cap care costs and create the conditions for a supporting private insurance market were expected to add £6 billion to public sector spending over the next 5 years. The Government felt that at a time of consolidation was not the right moment to be implementing expensive new commitments such as these, particularly when there are no indications the private insurance market would develop as expected.
 49. The Government will continue with other efforts to support social care, in particular through the Better Care Fund, to drive the integration of social care and the NHS going forward.
 50. Alongside this the Government has also confirmed that they will delay the full introduction of the duty on local authorities under Section 18(3) of the Care Act to meet the eligible needs of self-funders in care homes until April 2020. The consultation earlier this year highlighted significant concerns about this provision and the extra time will enable the Government to better understand the potential impact on the care market and the interaction with the cap on care costs system. The introduction of the proposed appeals system for care and support is also being deferred to enable it to be considered as part of the wider Spending Review that will be announced in the autumn 2015.
 51. Meetings with representatives from the insurance industry along with HM Treasury and other Government Ministers to work through what this announcement means for them and how Government can help them to bring forward new products will continue over the summer.
45. The delay will allow time to be taken to ensure that everyone is ready to introduce the new system and to look at what more can be done to support people with the costs of care.

Regional Context

52. Regional links are well established and have helped support co-operation, collaboration and sharing of knowledge in relation to Care Act implementation.
53. Work is ongoing regionally on a work programme for 2015-16 exploring priorities including:
 - Assuring and embedding implementation of the 2015 reforms

- Information, advice and advocacy
 - Assessment and eligibility
 - Workforce development
 - Communications and demand management
 - Market shaping and commissioning
54. All twelve North East Councils have signed up to an e-learning package facilitated through ADASS. From end of February, 2015, the provider, ME Learning offers seven courses, based on Skills for Care material, to meet generic training needs.
55. An ambitious programme called [Transforming Care](#) of system wide change to improve care and support for people with learning disabilities and/or autism, and behaviour that challenges, was launched at the beginning of the year. A [progress report](#) on next steps was published on 3 July. A [six month progress report](#) by the Transforming Care and Commissioning Steering Group, chaired by Sir Stephen Bubb, was published on 14 July.
56. The Carers' Network together with various other organisations have recently published a range of practice guidance and advice, to supplement the statutory guidance on:
- The Care Act 2014: A guide to efficient and effective interventions for implementing the Care Act 2014 as it applies to carers
 - The Economic Case for Investment in Carers
 - The Care Act and whole family approaches
57. A new [forum](#) has been set up to discuss the challenges facing commissioners and providers of preventative services. It's a new feature on the [Prevention Library](#), run by SCIE. On the forum, examples of preventative work can be found and added and related issues discussed with colleagues.
- 58 [New guidance](#) has been produced following extensive input from councils and providers, which suggests a straightforward approach to market oversight. It aims to help directors of adult social services and commissioners assess the sustainability of their local care markets and the providers within them and enable them to be prepared to meet their new duties to promote and maintain the wellbeing of their local populations.
59. Regional resources have been used to produce a resource for independent financial information that can be used by LA's across the region.

National Policy Context

60. Since the last report a number of key national policies have been announced, relating to adult social care services.
61. The NHS Five Year Forward View was [published on 23 October 2014](#) and sets out a vision for the future of the NHS. The Five Year Forward View sets out how, with the additional funding confirmed in the Budget 2015, the NHS will deliver

£22 billion in efficiency savings by 2020-21. This will come through improvements to quality of care and staff productivity, and better procurement.

62. Some actions within the NHS Forward View require new partnerships with local communities, local authorities and employers. For local authorities the Government advocates:
 - *Back diverse solutions and local leadership.* Work with ambitious local areas to define and champion a limited number of models of joint commissioning between the NHS and local government. These will include Integrated Personal Commissioning (IPC), a new voluntary approach to blending health and social care funding for individuals with complex needs. As well as care plans and voluntary sector advocacy and support, IPC will provide an integrated, “year of care” budget that will be managed by people themselves or on their behalf by councils, the NHS or a voluntary organisation. Also Better Care Fund-style pooling budgets for specific services where appropriate, and under specific circumstances possible full joint management of social and health care commissioning, perhaps under the leadership of Health and Wellbeing Boards. A proper evaluation of the results of the 2015/16 BCF is needed before any national decision is made to expand the Fund further.
63. In January 2015, the NHS invited individual organisations and partnerships to apply to become ‘vanguard’ sites for the new care models programme, one of the first steps towards delivering the Five Year Forward View and supporting improvement and integration of services.
64. In March, the first wave of 29 vanguard sites was chosen. There were three vanguard types – integrated primary and acute care systems; enhance health in care homes; and, multispecialty community provider vanguards.
65. In July, a second wave of eight vanguards was announced, known as urgent and emergency care vanguards. The eight new vanguards will spearhead this work and, like other vanguards, will benefit from a programme of support and investment from the £200m transformation fund. Six vanguards will cover smaller local systems which may include hospitals and surrounding GP practices and social care, while two network vanguards will be working with much larger populations to integrate care on a greater scale. This will include innovative plans such as those in North-East England where services across the region will be aligned to a single joined-up system to ensure all patients including those living in remote rural locations will get the care they need, including a rapid specialist opinion should they need one.
66. The **Cities and Local Government Devolution Bill** paves the way for devolving powers and budgets to English cities to boost local and regional growth, dependent upon establishing an elected mayor to lead the new authority.
67. The North East Combined Authority (NECA) on 17th July, 2015 confirmed that they wish to begin detailed devolution negotiations with government ministers to secure a substantial devolution of power, funding and responsibilities, to meet the needs of their diverse communities, and deliver the strategic economic plan

for more and better jobs. The NECA have also confirmed that they will, alongside these discussions, consider appropriate models of governance, including an elected mayor.

68. A key focus of NECA's ambitions is to push export-led growth and enable business to take advantage of international opportunities. The agreement with government will also include development over time of an integrated approach to public service delivery, supported by the integrated management of all public assets in the region, and a framework to support health and social care integration at local level. The combined authority will consult with businesses, trade unions and other partners before publishing its detailed plans in the autumn.
69. Integration remains a key priority for the new government through the Better Care Fund.
70. The **NHS Bodies and Local Authorities Partnership Arrangements (Amendment) Regulations 2015 Consultation** proposed changes include widening the potential scope of pooled budgets to include funding for primary medical care and pave the way for greater integration across community health, social care and primary care.
71. The Chancellor announced on 4th June, 2015, as part of the in-year budget review process, a series of in-year budget cuts, including a £200 million reduction in public health funding. A consultation, which sets out possible options on how the £200 million savings might be spread across local authorities, is due to close of 28th August, 2015.
72. **Making it better together: A call to action on the future of health and wellbeing boards (30th June 2015)** launched by the LGA and NHS Clinical Commissioners is an ambitious call to action and a set of proposals to local system leaders and the Government to strengthen the impact and leadership of health and wellbeing boards across the country. Proposals include:
 - A national five-year funding settlement across health and care.
 - A national strategy for coordinated workforce planning and integrated workforce development across health, public health and social care
 - A single national outcomes framework for health, public health and social care enabling HWBs to determine their priorities locally.
 - An integrated, proportionate, place-based commissioning framework which supports accountability.
73. The **Summer Budget 2015** protects spending on the NHS in England and backs the NHS Five Year Forward View. The Government will fully fund the NHS Forward View which called for £8 billion more by 2020-21. This additional funding comes on top of the £2 billion announced in Autumn Statement 2014. The Budget, therefore, commits to increase NHS funding in England by £10 billion in real terms by 2020-21, above 2014-15 levels.

National Developments

74. The **County All Party Parliamentary Group Report: [The State of Care in Counties: The Integration Imperative](#)** (March 2015) produced in partnership with the **County Councils Network (CCN)** and **Local Government Information Unit (LGiU)**, is a major contribution to the policy debate on the future direction of health and social care integration in England. Alongside a new detailed analysis of the state of care in council areas covering 86% of England's landmass, the report outlines a radical new direction for devolved health and social care integration in county areas through the roll-out of **Health & Social Care Deals** (devolving health provision to give greater localisation).
75. The inquiry concludes that integration is the only sustainable answer to the long-term provision of health and social care services in county areas. However, while integration may be the answer, more radical change is needed in the long and short-term to drive forward the integration agenda in county areas. In the short-term the report suggests the Government should:
- Conduct a full review of the sustainability of adult social care as part of the 2015 Spending Review, including allocation formulae
 - Establish an independent cross-party commission to look into the disparities in entitlement between health and social care.
76. The Report states that in the long-term Government should:
- Invite local NHS/local authority partnerships in county areas to bid for greater devolution of health and social care through Health & Social Care Deals in the form of:
 - a) larger or entirely pooled budget;
 - b) new delivery structures; and
 - c) enhanced local powers to commission services.
 - Empower Health and Wellbeing Boards to hold the integration programme to account and to drive it locally. Health and Wellbeing Boards should be given additional powers to commission primary, secondary and social care services and empowered to hold budgets.
77. The National Audit Office (NAO) in June 2015 published two reports relating to the [implementation of the Care Act's](#) first stage reforms and a report on [new burdens](#) being placed on local government.
78. *The NAO report on Care Act first-phase reforms* found:
- Local authorities identified two big risks: cost and, secondly, uncertain additional demand from self-funders and carers. The Department estimates that there are some 455,000 people paying for care in their own homes.
 - The Department of Health may, however, have underestimated the demand for assessments and services for carers. The NAO concluded that it was as reasonable to assume that those carers who have applied for Carer's Allowance and are eligible, but do not receive it because they receive other allowances, are as likely to seek an assessment. This equates to a risk of

£27 million (26%) in extra assessments. This equates to a risk of £27 million (26%) in extra assessments and services if these people also come forward.

79. The NAO's report on *Local government new burdens* considered how well the government has applied the New Burdens Doctrine. The NAO underlines the importance of departments assessing new burdens on authorities not only rigorously but also transparently. In addition, Department for Communities and Local Government needs to use intelligence better, to improve its understanding of the pressures affecting local authorities' financial sustainability.
80. The Supreme Court Judgement of March 2014 in the case of '*P v Cheshire West and Chester Council and another*' changed the interpretation of the legal definition of 'Deprivation of Liberty' (DOLS) in a way that increases the burdens on both healthcare and, more substantially, local authorities under the Mental Capacity Act (MCA) 2005.
81. The change in the interpretation of the law has led to a very significant increase in the number of DOLS applications received by councils. Government figures show that there were a total of 13,000 DOLS applications in 2013/14. However, following the judgement, there have been 86,500 applications so far this year, with the number of applications increasing each quarter. (LGA and ADASS Briefing – 16th March 2015)
82. The financial impact on councils across the country is significant. The Local Government Association (LGA) and Association of Directors of Adult Social Services (ADASS) estimate that the judgement is likely to add, at a minimum, £96.8 million above existing local authority MCA and DOLS funding of £35.2 million in 2014/15.
83. The Law Commission on 7 July 2015 opened a consultation provisionally proposing that DOLs be replaced with a new system, to be called 'Protective Care'. This system is focused upon providing appropriate care and better outcomes for people who lack mental capacity and helping their family and carers. The consultation is open until 2 November 2015 and a final report with recommendations and a draft Bill is expected to be published in 2016.

Next Steps

84. Further redesign and improve the delivery of Adult Social Care Services.
85. Building on the use of new technology to allow more flexibility and responsiveness in the delivery of services to clients.
86. Ensuring the duties of prevention and wellbeing run through the whole service system from information and advice to Social Care Direct through to the specialist teams.
87. Future national policies and developments will be implemented as and when required.

Recommendations

89. Cabinet is recommended to:

- Note the content of this report.
- Agree to receive further updates in relation to Care Act implementation on a six monthly basis.

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Appendix 1 – Implications

Finance – Substantial efficiencies have already been delivered through this approach as part of the Medium Term Financial Plan. Further efficiencies are planned.

Staffing – Workforce development will benefit staff and will help to challenge thinking and introduce new ways of working into practice. Roles and responsibilities are being amended in line with revised requirements. Embedding culture change is dependent on staff working effectively and understanding service aims, supported by managers.

Risk – Changes need to be carefully managed to ensure social care services and the protection of adults remains robust and the system is not de-stabilised during transition.

Equality and Diversity / Public Sector Equality Duty – None

Accommodation – None at this stage, although modern ways of working may impact on accommodation requirements in due course.

Crime and Disorder – The local authority has responsibility for the care and support needs of people in prisons and approved premises, with effect from 1st April 2015.

Human Rights – None

Consultation – Any changes to workforce will be subject to consultation with affected staff through a number of engagement forums such as Big Tent Event.

Procurement – None at this stage.

Disability Issues – Specific reference is made to disability in the BCF.

Legal Implications – There are a number of key policy developments/initiatives that have led the way and contributed to the Adult Care Transformation agenda in County Durham. All changes must be compliant with the Care Act.