

<b>12 March 2015</b>		<b>ITEM: 6</b>
<b>Health and Wellbeing Board</b>		
<b>Health and Social Care Transformation Programme Update</b>		
<b>Wards and communities affected:</b> All	<b>Key Decision:</b> Non-key	
<b>Report of:</b> Roger Harris, Director of Adults, Health and Commissioning		
<b>Accountable Head of Service:</b> Les Billingham, Head of Adult Social Care		
<b>Accountable Director:</b> Roger Harris, Director of Adults, Health and Commissioning		
<b>This report is Public</b>		

### **Executive Summary**

The Health and Social Care Transformation Programme is a significant change programme comprised of a number of elements:

- Care Act Implementation
- Whole System Redesign
- Short-Term Efficiency
- Better Care Fund Section 75 Agreement

This report's purpose is to provide an overview of progress made and bring the Board's attention to any key issues. This report is focused in the main in relation to the implementation of the Care Act given that the Section 75 agreement has only recently been to the Board for sign-off and the majority of the Act's provisions come in to operation as of April 2015. In addition to being a progress report, the update also therefore provides assurance of the Council's readiness to meet the requirements of the Act. Other elements of the programme, including programme arrangements themselves, are in the process of being reviewed and will be reported to the Board in a future update.

In addition, the report updates the Board on a joint expression of interest submitted in relation to the NHS 'new models of care' programme. The expression of interest is aligned with work planned as part of the Better Care Fund Plan and Whole System Redesign Project. A further more detailed report on this piece of work will be brought to a future Board meeting subject to whether the expression of interest has been successful.

## **1. Recommendation(s)**

### **1.1 That the Health and Social Care Transformation Programme update be noted.**

## **2. Introduction and Background**

2.1 Thurrock's Health and Social Care Transformation Programme oversees the delivery of four specific projects:

- Better Care Fund Section 75 Pooled Fund Agreement
- Care Act 2014 Implementation
- Whole System Redesign
- Short-Term Efficiencies

2.2 More recent reports to the Health and Wellbeing Board have focused on the development and agreement of the section 75 agreement. This includes arrangements that will be put in place to oversee the delivery of the agreement. The Board agreed the section 75 agreement at a special February meeting. The Agreement will be in place as of April 2015 – subject to agreement by Cabinet and the CCG Board. Section 75 agreement progress reports will be brought to the Board as part of the Agreement's governance arrangements.

2.3 With a 'case for change' being developed for Thurrock's Whole System Redesign programme, the detail of which will be part of a future progress report, the remainder of this report focuses on the implementation of the Care Act, and the recent NHS 'new models of care programme' expression of interest which if successful, will be developed as a component of the Health and Social Care Transformation Programme.

## **3. Issues, Options and Analysis of Options**

### **Care Act Overview**

3.1 The Act becomes operational in April 2015, with some further provisions being introduced in April 2016: extended means test; care accounts; capped charging system – a separate consultation on the 2016 provisions was published on the 4th February, with final guidance on those provisions expected towards the end of 2015.

3.2 The Act aims to make care and support clearer and fairer by:

- Establishing a single national eligibility threshold for care and support;
- Requiring local authorities to provide all local people with information and advice related to care and support, to help them understand their rights and responsibilities, and plan for their future needs;
- Introducing new rights for carers, putting them on the same footing as adults they are caring for;
- Introducing a lifetime cap on eligible care costs, with monitoring of expenditure towards the cap; and

- Establishing protection so that people do not go without care if their provider fails, regardless of who pays for their care.

3.3 The Act introduces a number of new general duties for local authorities, some of which have implications for partners. These include:

- Duty to promote individual wellbeing;
- Duty to provide services which prevent the need for care and support;
- Duty to promote the integration of care and support with health;
- Duty to provide information and advice;
- Duty to promote diversity and equality in the provision of services; and
- Duty to cooperate.

3.4 The delivery of the Act's requirements is being overseen by the Care Act Implementation Project Group. The Group includes representatives from the voluntary and community sector, Thurrock CCG, and NHS providers NELFT and SEPT.

### **Care Act Readiness**

3.5 Upon publication of draft guidance in June 2014, the Project Group carried out a readiness assessment against each of the 23 sections. This was then updated upon release of the final guidance in October. The assessment highlighted specific areas for focus – either due to the nature of the work required to ensure compliance or because of the level of risk posed by the requirement:

- Information and Advice – the duty placed on local authorities to ensure the availability of information and advice services for all people in its area – including how to access independent financial advice and advice on the system of care and support and how it operates;
- Personal Budgets – every person whose needs are met by the local authority must receive a personal budget stating how much their care package is worth;
- Carers – carers are placed on an equal footing with the person they care for, including having a right to their own assessment on the appearance of need and a specific eligibility criteria;
- Advocacy – local authorities must arrange an independent advocacy to facilitate the involvement of a person with substantial difficulty and with no one appropriate available to support them in any part of the care and support process; and
- Assessment and Eligibility – application of a new national eligibility standard and ensuring the assessment is carried out the appearance of need, and focuses on the outcomes an individual wishes to achieve.

3.6 In addition to the specific areas of focus, the Group also identified a number of other areas of work that would be required to both ensure compliance and increase awareness of the Act:

- Workforce Development;
- Communication (both external and internal);
- System upgrades;
- Policy Development;
- Resourcing; and
- Risk management.

3.7 The Project Group has worked to ensure any potential risks to compliance are reduced – for example the development and launch of an Information and Advice Portal [www.mycare.thurrock.gov.uk](http://www.mycare.thurrock.gov.uk)

3.8 The implementation of and adherence to the Care Act brings with it resource implications. This includes the following areas (excluding 2016 changes):

- Workforce Development
- Communications
- Policy Development
- Application of national Eligibility Criteria
- System Development – RAS, Information and Advice, Controq, LAS etc.
- Increased demand for assessment – carers and service users
- Increase in demand for advocacy
- Increase in demand for deferred payment agreements

3.9 In recognition of the costs involved with meeting the Care Act's requirements, the Government has already committed some additional resource from April 2015 – 'New Burdens' funding. Thurrock's allocation is as follows:

<b>Area</b>	<b>Amount</b>
Early Assessment Revenue Grant	£344,783
Deferred Payment Agreement Revenue Grant	£204,122
Carers and Care Act Implementation Revenue Grant	£151,285
<b>Total</b>	<b>£690,190</b>

This funding has been allocated to meet the new additional, statutory duties listed above. Our current assessment is that this will just be sufficient to meet the new duties. The area of most risk is forecasting whether this will result in an increase in demand – either through more carers requiring support or the revised national eligibility criteria. The Adult Social Care management team

will be assessing the situation and the level of spend monthly throughout the year.

In addition, the Better Care Fund has allocated £522,000 for the purpose of meeting the Care Act's new duties especially in relation to joint working across health and social care. This is part of the ring fenced pooled fund within the Section 75 agreement.

3.10 With regard to the final true cost of the Care Act, we are unclear as to the actual impact the Act will have on resources – for example additional demand for carers assessments and potential increase in number of individuals eligible for social care. We hope to off-set any risk with the arrangements we are putting in place, but will need to closely monitor demand throughout the year. The 2016/17 changes will undoubtedly place further pressure on resources due to changes to funding – e.g. £72k care cap. We have carried out draft work on the impact of those changes and will be reviewing our assumptions and findings in light of the newly published guidance on changes to care funding.

3.11 Whilst the Council has taken steps to ensure its readiness for the Care Act's 2015 requirements, a number of risks remain. These include:

- Uncertainty about additional demand from carers
- Managing additional assessments
- New national eligibility threshold
- Impact on local provider market
- Public expectation
- Available resource for preventative services
- Implementation costs

3.12 We feel that we are as prepared as possible for the Act's requirements, but realistically it is likely that some of the aforementioned risk areas will not be fully mitigated. Areas of risk will be monitored by the Care Act Implementation Group as from April 2015. In addition, the Council is part of a number of regional groups focused on different elements of the Act. This ensures that the Council is aware of best practice, and can also identify and look for solutions that allow us to, as far as possible, control the level of risk.

#### **'New Models of Care' – NHS 5-Year Plan**

3.13 The delivery of the transformation ambitions contained within the NHS 5 Year Forward Plan is outlined within the supporting document 'Forward View in Action'. This includes the development and delivery of new care models. As part of this, the NHS has invited expressions of interest in becoming a 'forerunner' site in developing one of four possible models:

- Multi-speciality community providers (MCPs);
- Integrated primary and acute care systems (PACS);
- Additional approaches to creating smaller viable hospitals; and
- Models of enhanced health in care homes.

3.14 The CCG and Council have submitted a joint bid based on the model 'enhanced health in care homes' (appendix 2). The bid has the support of community and mental health providers (NELFT and SEPT), and also Directors of Public Health and Housing. Thurrock's expression of interest is consistent with the schemes contained within the Better Care Fund Plan – particularly scheme 3 (intermediate care). If successful, being a 'forerunner' would allow Thurrock to further its plans for an integrated approach to keeping people out of hospital, which would include ensuring that people can remain independent for as long as possible and furthering an approach that shifts towards prevention.

3.15 Whilst a successful 'bid' will not attract additional funding, it will allow access to specialist advice and support, and may also enable current barriers to integration to be resolved.

#### **4. Reasons for Recommendation**

4.1 To provide the Health and Wellbeing Board with an update on the Health and Social Care Transformation Programme.

#### **5. Consultation (including Overview and Scrutiny, if applicable)**

5.1 Any changes being implemented by the Council are to ensure compliance with the Care Act are as a result of statute. Currently, changes being made in order to ensure compliance are not detrimental to existing service users.

5.2 The Council has worked alongside Thurrock Coalition and Thurrock Diversity Network to develop and test the new information and advice portal.

5.3 The Council will continue to consider if there are any changes being made that require consultation.

#### **6. Impact on corporate policies, priorities, performance and community impact**

6.1 The Care Act and its underlying philosophy contributes towards the corporate priority 'improve health and wellbeing'.

#### **7. Implications**

##### **7.1 Financial**

Implications verified by: **Mike Jones**  
**Management Accountant**

Financial implications are contained within the body of the report.

##### **7.2 Legal**

Implications verified by: **Dawn Pelle**  
**Adult Care Lawyer**

The Care Act provides the Council with a number of new legal responsibilities. This report establishes how the Council is preparing to meet those responsibilities.

### 7.3 **Diversity and Equality**

Implications verified by: **Rebecca Price**  
**Community Development Officer**

The changes being made by the Council to ensure compliance take account of equality and diversity considerations. For example, the new Information and Advice Portal has been developed in conjunction with service users and is accessible.

### 7.4 **Other implications** (where significant) – i.e. Staff, Health, Sustainability, Crime and Disorder)

None identified

### 8. **Background papers used in preparing the report** (including their location on the Council's website or identification whether any are exempt or protected by copyright):

- Care and Support Statutory Guidance

### 9. **Appendices to the report**

- Appendix 1 – Summary Readiness Assessment
- Appendix 2 – New Models of Care Expression of Interest

### **Report Author:**

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