

**15 June 2015**

**ITEM: 12**

**Health and Wellbeing Board**

**Health and Social Care Transformation Update**

**Report of:** Roger Harris, Director of Adults, Health and Commissioning, and Mandy Ansell, Acting Interim Accountable Officer, Thurrock Clinical Commissioning Group

**Accountable Head of Service:** Les Billingham, Head of Adult Social Care

**Accountable Directors:** Roger Harris, Director of Adults, Health and Commissioning, and Mandy Ansell, Acting Interim Accountable Officer, Thurrock Clinical Commissioning Group

**This report is Public**

**Executive Summary**

This purpose of this report is to provide the Board with a progress report on the Health and Social Care Transformation Programme – including highlighting any key risks and issues. This report focuses on two key areas of the Programme:

- Implementation of the Care Act 2014, and preparation for part 2 of the Act (cap on care charges); and
- Arrangements for and implementation of the Better Care Fund Plan.

Contained within this report is a BCF implementation project plan which the Board is asked to agree.

**1. Recommendation(s)**

**That the Health and Wellbeing Board:**

**1.1 Note the Health and Social Care Transformation Progress Report; and**

**1.2 Agree the Health and Social Care Transformation BCF Implementation Project Plan (Appendix 1).**

**2. Introduction and Background**

2.1 The purpose of this report is to provide the Health and Wellbeing Board with a progress report on the Health and Social Care Transformation Programme and to highlight any key issues or decisions.

2.2 This report will focus on the implementation of the Care Act 2014, and the implementation of the Better Care Fund Plan – linked to the broader Whole System Redesign agenda.

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

#### **Care Act 2014 Implementation – Part 1**

3.1 Since the last Health and Social Care Transformation report was brought to the Board, part 1 of the Care Act 2014 has come in to operation. The March report detailed the Council's readiness to meet the Act's requirements and highlighted possible areas of risk. These are as follows:

- 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; and
- Implementation costs.

3.2 Whilst the Council is confident that it has made the changes necessary to be compliant with the Act, it recognises that some changes will take time to embed – for example a shift in practice. As a result, the Council – through the Care Act Implementation Group – has agreed to undertake activity to measure how well embedded certain elements of the Act are. This includes the following:

- Audits of assessments carried out since April – a new Care Act compliant assessment has been introduced;
- Secret shopper activity;
- Action learning sets for practitioners; and
- Formal practice reviews – e.g. follow-up workshops to refresh and develop practice based on staff feedback.

Sufficient time for changes to embed will be allowed prior to measurement activity taking place.

3.3 Any elements of the Act which are not as embedded as they should be, or as we would want them to be, will be accompanied by development actions. These will be overseen by the Care Act Implementation Group. Updates will be brought to the Board in future progress reports.

#### **Care Act 2014 Preparation – Part 2**

3.4 As previously reported, the Act is being introduced in two parts. Part 2 of the Act relates to the cap on care costs and will be introduced in April 2016. April 2016 may also see the introduction of a new appeals system for Adult Social Care.

- 3.5 With the final guidance and regulations related to part 2 expected at the end of October, the Council has already started to prepare for the changes. This has included the refresh of the Care Act Implementation Group, the establishment of themed working groups, the recruitment of a project manager, and the development of an accompanying project plan.
- 3.6 Key elements of implementing part 2 of the Act are as follows:
- Identification and assessment of current self-funders – and application of new Independent Personal Budgets;
  - Development and implementation of Care Accounts;
  - Implementation of the ‘Care Cap’ – and related system changes; and
  - Implementation of the new Appeals System for Care and Support.
- 3.7 Accompanying the changes will be communication and engagement activity, policy development and also workforce development.
- 3.8 Key risks associated with the introduction of part 2 are:
- Financial impact on the Council of the changes – in particular the extension of means testing support (upper threshold will increase to £118k), the cap on care (£72k cap), and the introduction of a lower or zero cap for working age adults.
  - Capacity required to identify and assess current self-funders prior to April 2016.
  - Potential impact on market sustainability and provider failure.
  - Extent of system upgrades required to manage the change to the current system.
- 3.9 Further reports will be brought to the Board as part of future progress updates.

### **Better Care Fund Implementation**

- 3.10 Thurrock’s Better Care Fund Plan received ministerial sign off in January 2015. Since then a Better Care Fund section 75 agreement has been developed and agreed, and arrangements have been put in place to oversee its delivery.
- 3.11 The Better Care Fund is focused on the delivery of a number of national conditions through the integration of health and social care. The main emphasis is the reduction of total emergency admissions, with an expectation of a reduction of 3.5% being achieved over the course of a year. Thurrock’s Better Care Fund is just over £18m and is focused on the delivery of four key schemes:
- Locality Service Integration
  - Frailty Model
  - Intermediate Care Review
  - Prevention and Early Intervention

Remaining schemes are:

- Disabled Facilities Grant and Social Care Capital Grant
- Care Act Implementation
- Payment for Performance (related to the delivery of a reduction in emergency admissions)

- 3.12 Governance arrangements include the establishment of an Integrated Commissioning Executive and the appointment of a Better Care Fund Manager (within an existing role – Strategic Lead for Commissioning and Procurement). The Integrated Commissioning Executive’s membership includes officers from both Thurrock CCG and Thurrock Council, including the Director of Adults, Health and Commissioning, the CCG’s Interim Accountable Officer, the Head of Corporate Finance, CCG’s Chief Finance Officer and Head of Integrated Commissioning, and the Strategic Lead for Commissioning and Procurement (also acting as the Better Care Fund Manager).
- 3.13 The remit of the Integrated Commissioning Executive (ICE) extends beyond that of overseeing the implementation of the section 75 agreement. The Group will also ensure the development of and provide strategic direction to the whole system redesign agenda. Whilst the development of the inaugural BCF was separate to the development of the broader redesign programme, it is hoped that any future iteration of the BCF will incorporate a far broader redesign agenda. At its last meeting, the ICE agreed to the development of a strategic document setting out the direction of travel for the whole system. This document will influence all redesign work.
- 3.14 As part of ensuring the schedules contained within the section 75 agreement are implemented, the ICE has agreed an implementation plan (appendix 1). The plan consists of a number of separate projects spanning the health and social care spectrum. The strategic document mentioned in paragraph 3.12 will help to ensure the projects developed contribute to system change. For example, a greater emphasis on prevention and early intervention (prevent, reduce, delay), a focus on ensuring that when people do develop a long-term condition they are able to manage it well, and a greater focus on community-based and non-service solutions rather than a reliance on a traditional service route. The ICE will oversee the development implementation projects. The Health and Wellbeing Board are asked to agree the implementation plan.
- 3.15 Progress, issues and risks will be reported through future reports to the Board.

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

- 4.1 To provide the Board with the assurance it requires that sufficient progress is being made on the health and care transformation programme, and that any significant risks are being identified and controlled.
- 4.2 To enable the Board to review and agree the BCF implementation plan.

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

5.1 Consultation and engagement on the development of the projects contained within the implementation plan will be undertaken via the steer provided by the Health and Social Care Transformation Engagement Group.

5.2 A series of workshops for the public, service users, carers, and providers will be organised later in the year to communicate the changes brought by the implementation of part 2 of the Care Act 2014. The workshops for the public will be organised in conjunction with Thurrock Coalition as per part 1 of the Act.

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

6.1 The development and delivery of the Health and Social Care Transformation Programme supports the delivery of the Community and Corporate priority – Improve Health and Wellbeing.

## **7. Implications**

### **7.1 Financial**

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

The development and delivery of the programme is being managed within existing budgets, including as part of the Better Care Fund.

### **7.2 Legal**

Implications verified by: **Roger Harris**  
**Director of Adults, Health and Commissioning,**

The Better Care Fund Section 75 agreement is a legal agreement between the Council and Thurrock CCG.

The Council is required to meet the legal requirements set out within the Care Act 2014, its guidance, and its regulations.

### **7.3 Diversity and Equality**

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

The implementation of the Care Act 2014 and Better Care Fund provides a framework and means to support vulnerable adults with a focus on safeguarding, producing better outcomes and well-being at the core of all adult social care activity.

Workshops for the public, service users, carers, and providers will be organised later in the year to communicate the changes brought by the implementation of part 2 of the Care Act 2014. The workshops for the public will be organised in conjunction with Thurrock Coalition as per part 1 of the Act.

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

None.

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):

None

9. **Appendices to the report**

- Appendix 1 – BCF Implementation Project Plan

**Report Author:**

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