

23 July 2015		ITEM: 7
Health and Wellbeing Overview and Scrutiny Committee		
Health and Social Care Transformation Update		
Wards and communities affected: All	Key Decision: Non-key	
Report of: Roger Harris, Director of Adults, Health and Commissioning		
Accountable Head of Service: Les Billingham, Head of Adult Social Care		
Accountable Director: Roger Harris, Director of Adults, Health and Commissioning		
This report is Public		

Executive Summary

The purpose of this report is to provide the Committee with an update on the Health and Social Care Transformation Programme, focusing in particular on:

- 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.

1. Recommendation

1.1 That the Committee note the update report.

2. Introduction and Background

2.1 The Health and Social Care Transformation Programme was established by Thurrock Council (the Council) and Thurrock Clinical Commissioning Group (the CCG) in early 2014 to bring together a number of projects linked to the transformation of adult social care and health. This included:

- Preparation for and implementation of the Care Act 2014 (the Act);
- Development of the Better Care Fund Plan and related Section 75 agreement; and
- Whole System Transformation.

2.2 The focus of the Programme is not only the integration of health and social care, but also the development and transformation of the health and care 'system' – ensuring that collectively, resources across that system are used to best effect and that the system encourages and enables prevention and early intervention rather than a focus on responding to people at crisis point.

- 2.3 The health landscape has changed radically since the introduction of the Health and Social Care Act 2012. Changes included the introduction of Health and Wellbeing Boards, Clinical Commissioning Groups responsible for the commissioning of health services in the local area, and the introduction of NHS England whose responsibilities included the commissioning of primary care. The complexities of that landscape coupled with growing demands and pressures on health and care resources make a local programme focused on shaping a sustainable health and care system for the future key.
- 2.4 Since the Programme's inception, the part 1 of the Care Act has been implemented, and Thurrock's Better Care Fund Plan has been signed off. The focus of the Programme is now the development and delivery of the Better Care Fund Plan – including shaping and influencing the redesign of the local health and care system; and the development and implementation of part 2 of the Care Act (cap on care costs).
- 2.5 This report focuses on updating the Committee on those two areas of the Health and Social Care Programme.

3. Issues, Options and Analysis of Options

Implementation and Preparation for the Care Act

Care Act 2014 Implementation – Part 1

- 3.1 The Care Act 2014 represents the greatest legislative change to Adult Social Care since the introduction of the National Assistance Act in 1948. Prior to the Care Act, the legislative framework for Adult Social Care was made up of a number of different acts, regulations, and guidance. The Care Act brings the legislative framework for Adult Social Care together under one Act.
- 3.2 The Care Act 2014 (the Act) is divided in to two parts, with part 1 becoming operational as of April 2015. This included changes such as:
- The introduction of a national minimum eligibility standard – focused on the delivery of outcomes rather than needs;
 - The delivery of equality of access to assessments and services for carers in their own right – independent of the person they care for;
 - The introduction of a duty of wellbeing and also of a duty to prevent, reduce and delay the need for care and support;
 - Adult Safeguarding Boards becoming a statutory requirement; and
 - The introduction of a duty to provide information and advice.
- 3.3 Whilst the Council is confident that it has met the requirements of part 1 of the Act, there are a number of risk areas which include:
- Uncertainty about additional demands from carers;
 - Managing additional assessments;

- Impact of the new national eligibility threshold;
- Impact on the provider market;
- Public expectation;
- Available resource for preventative services; and
- Implementation costs.

3.4 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.

3.5 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.

3.6 The changes that have taken place in Thurrock from April 2015 as a result of the Act's implementation include:

MyCare Information and Advice Portal – to comply with its information and advice duty, the Council has developed a comprehensive on-line information and advice portal. The Portal allows individuals to find out how their care and support needs can be met – including formal services as well as what might be available within their own community. The Portal can be accessed via <https://mycare.thurrock.gov.uk> Work is now being carried out to include NHS information and advice.

Improved access to advocacy – the Council contracts external provider Powher to undertake its independent advocacy function. The Care Act makes clear that subject to certain conditions being met, independent advocacy services must be available at any part of the care and support process.

Implementation of the wellbeing principle – the Act introduces a duty of wellbeing which means that local authorities must promote wellbeing when carrying out any of their care and support functions. The Council is doing several things to meet this duty, including changing the way it carries out assessments so that they focus on strengths and outcomes rather than just needs.

Carers assessments – the Act for the first time gives carers rights equal to the individuals they care for. This means that carers can have an assessment in their own right. The Council works with local provider Carriads to provide and promote information and advice to carers. The change in legislation is likely to lead to an increase in demand for assessments from carers, and Thurrock is already beginning to see an increase.

Prevent, reduce and delay – the Act gives local authorities responsibilities for preventing, reducing and delaying the need for care and support. In Thurrock, we already have a number of initiatives that meet those responsibilities. These range from public health initiatives, and our borough-wide Local Area Coordination scheme, to our Rapid Response and Assessment Team who aim to prevent people at or near to crisis point ending up in hospital or a residential setting.

Care Act 2014 Preparation – Part 2

- 3.7 Part 2 of the Act relates to the cap on care costs and will be introduced in April 2016. There may also be, subject to the outcome of consultation, the introduction of a new appeals system for Adult Social Care.
- 3.8 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.
- 3.9 Key elements of implementing part 2 of the Act are as follows:
- Identification and assessment of current self-funders (people who currently arrange and pay for their care independently of the Council and who are therefore not known to the Council) – and application of new Independent Personal Budgets (every person eligible for care and support services will be given a personal budget stating the cost of meeting those care and support needs);
 - Development and implementation of Care Accounts (Care Accounts allow people to identify how far away or near to reaching the care cap of £72k they are);
 - Implementation of the ‘Care Cap’ – and related system changes; and
 - Implementation of the new Appeals System for Care and Support.
- 3.10 Accompanying the changes will be communication and engagement activity, policy development and also workforce development.
- 3.11 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, above which

individuals pay the full cost of their care, will increase to £118k where it is currently £23,500k), 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; and
- Ensuring that our IT systems and the providers of those systems are able to implement the changes associated with the Act – e.g. so we can monitor how near the £72k cap individuals are etc.

- 3.12 The most significant risk to the Council is the potential cost associated with implementing the changes. The extent to which these additional cost pressures will be met by central government is very uncertain – we have assumed that they will be met by government but this is unlikely to be known until the end of the year. Whilst detailed cost modelling is being undertaken in preparation for part 2, we currently estimate that the cost to Thurrock of implementing part 2 is £1.5 – £2 million.

Care Act Implementation Governance

- 3.13 The Council's preparation for and implementation of arrangements for the Act are overseen by a Care Act Implementation Group. The Group is chaired by the Director of Adults, Health and Commissioning. Regular update and assurance reports are taken to both the Health and Wellbeing Board and Cabinet.

Better Care Fund Implementation

- 3.14 The Better Care Fund is a Government initiative focused on the pooling of funds across health and social care. Every local authority area is required to have a Better Care Fund Plan and Better Care Fund which must exceed a minimum amount (set per area) and must meet a number of certain national conditions. This includes a requirement to deliver a 3.5% reduction in the total number of emergency admissions. The terms and conditions for how the pooled fund in Thurrock is to be used are contained within a jointly agreed section 75 agreement.
- 3.15 Thurrock's Better Care Fund is just over £18m and focuses on people aged 65 and over and consists of the following schemes:
- Locality Service Integration;
 - Frailty Model;
 - Intermediate Care Review;
 - Prevention and Early Intervention;
 - Disabled Facilities Grant and Social Care Capital Grant;
 - Care Act Implementation;
 - Payment for Performance (related to achievement of the 3.5% reduction in emergency admissions).

- 3.16 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 Council and Thurrock CCG, including the Director of Adults, Health and Commissioning, the CCG’s Acting 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).
- 3.17 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 health and care 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.
- 3.18 As part of ensuring the schedules contained within the section 75 agreement are implemented, the ICE has agreed an implementation plan. The plan consists of a number of separate projects spanning the health and social care spectrum. The strategic document mentioned in paragraph 3.15 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 traditional service route. The ICE will oversee the development and implementation of the implementation projects, with further reporting to the Health and Wellbeing Board.

4. Reasons for Recommendation

- 4.1 To enable the Committee to receive an update on progress made with the Health and Social Care Transformation Programme.

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: **Dawn Pelle**
Adult Social Care Lawyer

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 requirements.

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 wellbeing 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**

None

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