

Cabinet

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Care Act and Adult Social Care Transformation Update

Report of Corporate Management Team

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Purpose of the Report

1. The purpose of this report is to provide an update to Cabinet on the national and local developments in relation to the implementation of the Care Act and the transformation of Adult Care services.

Background

2. Over the past year Adult Care services in County Durham has undergone a programme of transformational change which has now been subsumed in the preparative work for the implementation of the Care Act in April 2015.
3. On 15th October 2014, Cabinet received a report detailing the duties and responsibilities in the Care Act 2014 and outlining how the adult social care reforms are being implemented in Durham.
4. The report provided an overview of the Act and other National Guidance and Regulations, explained the challenges presented by the Care Act and described the funding for its implementation.
5. Significant work has been undertaken in relation to the implementation of the Care Act and this is outlined within this report alongside a refresh of key policy initiatives.

Local Context

6. In 2012 the Adult Care Service embarked upon a Transformational change Programme which required a review of its approach to the commissioning and provision of adult social care.
7. Opportunities were developed in respect to innovation, new working practices and organisational change. By focussing on cost and volume the service developed a sustainable approach to delivering further efficiencies.

The programme focussed upon a change of emphasis in respect of preventative services and an avoidance of traditional care interventions with rehabilitation and reablement being the primary focus.

8. This approach is significantly different from that which was adopted and supported by Central Government in previous years where Local Authorities were encouraged to provide increasing levels of traditional care to people in need.
9. The principles of the Transformation Strategy are evident in the over-arching aims and objectives of the Care Act which also places a clear emphasis on prevention and wellbeing.
10. The Transformation Strategy, which captures this approach, was developed in line with the County Durham Joint Health and Wellbeing Strategy (JHWS) which informs and influences decisions about health and social care services in County Durham, so that they are focused on the needs of the people who use them and tackle the factors that affect health and wellbeing e.g. drugs, alcohol, unhealthy weight, mental and physical wellbeing.
11. The JHWS is influenced by the County Durham Joint Strategic Needs Assessment and extensive consultation is undertaken each year, to gather feedback from a wide range of people including members of the public, patients, service users and carers and the voluntary sector, on how we can “improve the health and wellbeing of the people of County Durham and reduce health inequalities”.
12. This Transformation Strategy set out how we will work to transform adult care in County Durham by March 2015. It describes how new ways of working will be improved and developed to meet the challenges of a changing environment and meet the future needs of our communities. The Strategy explains that we will work in collaboration with internal and external partners to deliver changes and increase the resilience of individuals, families and communities and stimulate wider non-statutory services within the community.
13. Adult Care has evolved 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 local voluntary and community services available for the public to access.
14. Adult Care responds and offers support when other avenues have been explored and exhausted. When formal services become involved, the main purpose is to support recovery and rehabilitation to prevent unnecessary dependency. Where services are offered these start at the minimum level needed on a short term basis to support reablement, reskilling or recovery.
15. Staff will continue to support users with long term needs but work proactively to ensure that service users are as independent as possible.
16. The service aims to be recognised as a leader in using innovative approaches to care and support and in promoting service user choice and control.

17. As part of the North East Association of Directors of Adult Social Services (ADASS) programme of sector led improvement quality assurance and improvement, Durham County Council requested the Local Government Association undertake an Adult Social Care Peer Review. The authority sought an external view on the quality, sufficiency and processes relating to Telecare provision. The review findings were extremely positive and endorsed the approach being taken across the service.
18. Since the start of the Transformation journey evidence suggests there has been a slight reduction in the number of complaints received from service users. In 2013/14, there was a 2.2% decrease in the number of formal complaints received compared to the previous year.
19. In 2014/15, between quarter 1 and quarter 3, the number of complaints received about adult social care services was 61. The numbers have decreased from 28 in quarter 1, to 20 in quarter 2, to 13 in quarter 3; therefore it is anticipated that at the year-end the total number received will be fewer than the 90 complaints received in 2013/14.

Preparation for Care Act Implementation

20. The Social Care Reform Project Board is chaired by the Director of Children and Adults Services. The Board has the responsibility of strategically overseeing the implementation of the Care Act in Durham and managing the risks associated with the reforms.
21. The Board is supported by the Transformation and Innovation Leadership Team (TILT) and four key workstreams: Prevention and Information, Assessment Pathways and Finance, Workforce Development and IT.
22. The National Audit Office visited Durham on 8th December 2014 to monitor our progress and approach to implementing the Care Act. Early feedback indicates that the National Audit Office was impressed by our preparation, presentation and overall progress.
23. The Care Act established the Better Care Fund which is a pooled budget which will be deployed locally on health and social care initiatives from 2015/16. The Better Care Fund plan will support the aim of providing people with the right care, in the right place, at the right time, with a significant emphasis upon care in community settings, and the express aim of reducing admissions and readmissions to secondary care and alleviating pressures on the acute sector. In Durham plans have been developed under the following 7 headings:
 - **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**)
24. Better Care Fund Plans for County Durham were formally approved in December 2014.
25. As reported to Cabinet on 15th October 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 so that they can prepare for the reforms being implemented as part of the Care Act.
26. The final figures for Durham were received as part of the Local Government Settlement, released in December 2014, and the amounts were broadly as expected with 3 separate grants totalling £2,770,285.
27. Durham has embarked upon a number of service developments which supports Care Act preparation and implementation.
28. A new Integrated Short Term Intervention Service (IC plus) has been developed to provide one route into all intermediate care services following discharge from hospital or people who have needs in the community. This aims to prevent unnecessary readmission to hospitals or premature admission to care homes, and will promote independence and faster recovery from illness. This provision in Durham supports the prevention agenda, facilitating timely discharge from hospital, alleviating the pressure on Accident and Emergency Departments and reducing the need for residential care. The main areas of transformation include:
- The development of a 24/7 Single Point of Access
 - Expansion of the 3 Multidisciplinary Teams to allow them to operate 8am-8pm, 7 days per week whilst delivering therapeutic interventions.
 - Development of a standardised, integrated commissioning strategy covering a range of services including intermediate care beds
 - Development of a robust, integrated performance framework
29. Reablement services have been developed and use of intermediate care services is being encouraged. Reablement provides help with activities of daily living and other practical tasks for a time limited period, in such a way as to enable service users to develop and regain both confidence and practical skills to carry out these activities. The increased use of reablement services enables people to regain their independence more efficiently and speedily and negates the cost of expensive residential care. These services include rehabilitation, home care and community equipment services.
30. A "Wellbeing for Life" Service has been developed by the Public Health Service. This integrated and holistic wellbeing service will improve health and

wellbeing and tackle health inequalities in County Durham, using 'community assets' rather than creating dependency on public services. Examples include strengthening the resilience of children, young people and families, raising awareness of the signs and symptoms of common cancers and helping people to better care for themselves.

31. A model for establishing partnerships with people and communities to improve and maintain their own wellbeing has been agreed which builds upon the asset based approach and has the newly commissioned Wellbeing for Life (WBL) service as a key delivery vehicle.
32. The locality model will focus on prevention and building resilience by working to ensure that there are local voluntary and community services available for the public to access.
33. The Health and Wellbeing Board has made a commitment to promoting integrated working between commissioners of health services, public health and social care services, for the purposes of advancing the health and wellbeing of the people in its area.
34. Adult Care Services are working alongside Area Action Partnerships, Voluntary and Community Services and Clinical Commissioning Groups to deliver a wide range of community based projects that tackle and support local health and social care needs. The Community Grant Scheme was developed to encourage bids from local and voluntary sector groups to stimulate and develop capacity within the community.
35. A dedicated and focussed approach to engaging frontline staff has been key to successfully embedding cultural transformational changes across the workforce involving a comprehensive programme of workshops, specifically focussed on the culture within individual teams, supporting staff in changing their own and the teams' practices in support of the transformational change required.
36. Work is underway to develop an integrated transitions team to support young people, with care and support needs, moving into adulthood.
37. A model for assessing and meeting the eligible care and support needs of prisoners is being developed.
38. Carers' assessment procedures and operating processes have been reviewed and revised in conjunction with local carer's centres to ensure that the needs of carers are addressed.
39. New ways for people to contact us through a comprehensive marketplace system are being developed, allowing people to complete online assessments, produce care and support plans and purchase services. We will use a range of assessment models from face to face, supported self assessments, telephone assessments, online assessments and combined assessments.

40. Greater choice and control will be given to people and we will be innovative about meeting their needs and will be informed by the choices they make through the emarketplace.

Improvements and Challenges

41. To date the transformation programme within Adult Care Services has led to a number of service improvements and improved efficiencies.
42. Over the last year by working together with health colleagues to integrate our services we have successfully improved our performance in supporting people from requiring long-term care. The number of beds commissioned for residential/nursing care has reduced by 5.09% (when comparing year ending December 2014 with year ending March 2013) and the number of service users requiring long term care packages has reduced by 5.1% since March 2013. The number of people accessing reablement (short term help to relearn/regain skills) has increased by 10.9% and the number of people using Telecare has increased by 38.4% when comparing December 2014 with March 2013.
43. However we know the areas that require further work. We are working to increase access to Direct Payments and whilst volume and activity is falling in terms of long term commissioned provision we are still over-commissioning compared to other regional local authorities. Durham's activity in relation to supporting clients is 24.62 per 100,000 of the population for long term services, compared to the North East average of 23.36 per 100,000 of the population.
44. The 65+ age group is projected to increase from almost one in five people in 2012 (18.8%) to nearly one in four people (24.5%) by 2030, which equates to an increase of 43.3% from 96,600 to 138,400 people.
45. The proportion of the county's population aged 85+ is predicted to increase more acutely, from 2.2% in 2012 to 3.9% in 2030, doubling in terms of numbers from 11,300 to 22,000. We need to ensure our services are designed and responsive to meet potential demand for social care from the county's ageing population.
46. The introduction of the Care Act will lead to a potential increase in the number of self-funders (people who fund their own care) and carers that present themselves to the local authority for assessment. This will lead to additional demand on Adult Care services.
47. A decision by the Supreme Court in March 2014 to broaden the circumstances of what constituted a Deprivation of Liberty Safeguard (DOLS) presented a significant increase in the number of DOLS cases both nationally and locally. This is expected to continue and places increasing pressures on operational teams.

48. We need to develop a more outcomes focussed approach to both the commissioning of services and achieving better outcomes for service users, taking into account what they would like to achieve.
49. There is uncertainty over the totality of the Care Act costs due to an absence of information around 2016/17 funding and beyond. Local authorities are being asked to participate in a national costing exercise to determine the potential financial impact of the proposed changes with effect from 1 April 2016.

Regional Context

50. Durham has established a number of regional links in relation to the Care Act implementation in order to foster a climate of collaboration, support cooperation and the sharing of knowledge.
51. Representatives from the service attend regional task and finish groups in relation to specific topics on the Care Act including prisons, information and advice, workforce, provider engagement, advocacy, assessment and eligibility, carers and communications.
52. A regional Knowledge Hub has been created for authorities in the region to share key implementation documents and share good practice.
53. The North East Association for Directors of Adult Social Services (ADASS) Care Act Leads Group meets to discuss key implementation issues and to reach agreement around the allocation of regional resources.
54. On 4th February 2015 high level legal training for local authority solicitors in the region took place to inform them on providing legal guidance and support in relation to interpretation of the Care Act.
55. It has been agreed to commission a resource on the provision of independent financial advice that all local authorities in the region can avail themselves of that product.
56. Market shaping events took place on 2nd and 3rd February 2015 to engage with providers and commissioners of both residential and domiciliary care.
57. The Department of Health allocated £341,000 to the North East for regional training and support on the basis that £200,000 is utilised for collaborative regional work, with the balance of the grant allocated to the local authorities in the region.

National Context

58. Since the coalition government came into power, a number of key national policies have been announced, relating to the transformation of adult social care services.
59. **Health and Social Care Bill (2011) / The Health and Social Care Act (2012)**
The Health and Social Care Bill was introduced to Parliament in January

2011 and became an Act in 2012. Key duties imposed on local authorities, in relation to social care services include:

- Establishing a health and wellbeing board for the area, to encourage integrated working between commissioners of NHS, public health and social care services for the advancement of the health and wellbeing of the local population.
- Working in partnership with Clinical Commissioning Groups to prepare a joint strategic needs assessment to provide a detailed overview of the current and future health and social care needs of local residents.
- Working in partnership with Clinical Commissioning Groups to publish, a joint health and wellbeing strategy to meet the needs identified in the joint strategic needs assessment.

60. **Dilnot review of social care funding** (July 2011) The coalition's Programme for Government highlighted in May 2010 the "urgency of reforming the system of social care to provide much more control to individuals and their carers, and to ease the cost burden that they and their families face". In July 2010 the Government established the Commission on Funding of Care and Support, Chaired by Andrew Dilnot. The Commission published its recommendations on how to share costs between the state and individuals in July 2011.
61. The Commission proposed that Government put a cap on the lifetime care costs that people face; and raise the threshold at which people lose means tested support and that there should be universal access to deferred payments for people in residential care.
62. **Caring for our Future: Reforming Care and Support White Paper** (July 2012) outlined the principles which underpin the Government's approach to designing a reformed care and support system that promotes the wellbeing of those who use services and carers. These principles included ensuring that the health, wellbeing, independence and rights of individuals are at the heart of care and support; providing timely and effective interventions; treating people with dignity and respect; giving people a real choice and control over the care and support they need; harnessing and strengthening the skills, resources and networks in every community to support people to live well; recognising and supporting carers and providing a caring, skilled and valued workforce.
63. **Draft Care and Support Bill** (July 2012) proposed to:
 - modernise care and support law so that the system is built around people's needs
 - clarify entitlements to care and support
 - support the broader needs of local communities, giving access to information and advice, and promoting prevention and intervention to reduce dependency
 - simplify the care and support system and processes to provide flexibility for local authorities and care professionals to innovate and achieve better results

- consolidate existing legislation, replacing law in Acts which dated back to the 1940s with a single, clear statute, supported by new regulations and a single bank of statutory guidance.
64. **Francis inquiry** (February 2013) The Francis Inquiry report was published on 6 February 2013 and examined the causes of the failings in care at Mid Staffordshire NHS Foundation Trust between 2005-2009. The report made 290 recommendations, including:
 - openness, transparency and candor throughout the healthcare system (including a statutory duty of candor), fundamental standards for healthcare providers
 - improved support for compassionate caring and committed care and stronger healthcare leadership.
 65. **Integrated care: our shared commitment** (May 2013) National partners, including the NHS, co-produced a framework document on integration. The document, signed by all the partners, sets out how local areas can use existing structures such as Health and Wellbeing Boards to bring together local authorities, the NHS, care and support providers, education, housing services, public health and others to make further steps towards integration.
 66. **Care Bill** (May 2013) / **Care Act** (2014)
 The Care Act reforms Care and Support and will have significant implications for local authorities in the coming years. New duties will be placed on local authorities from April 2015 (care and support duties) and April 2016 (new financial duties). The concept of wellbeing is central to the Care Act.
 67. The Act establishes the Better Care Fund for the integration of care and support with health services and places a duty on local authorities to consider the physical, mental and emotional wellbeing of the individual needing care. It 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. 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. The focus of the Better Care Fund changed in August 2014 to move towards reducing emergency admissions.
 68. There has been a substantial change in policy of the £1.9bn NHS contribution to the BCF, £1bn will remain within the BCF but will now 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 is to ensure that the risk of failure for the NHS in reducing emergency admissions is mitigated.
 69. If the locally set target to reduce total emergency admissions is achieved then all of the funding linked to performance will be released to the BCF pool. If the target is not achieved, then the CCG's will retain the money

proportional to performance, to be spent by the CCG's in consultation with the Health and Wellbeing Board.

70. Local authorities will have to offer a deferred payment scheme, meaning no one will be forced to sell their home during their lifetime in order to pay for their residential care and a new system will cap the amount people of state pension age and above have to spend on the care they need.
71. In relation to the Care Act reforms Durham County Council has been represented at a national level by participation in government consultations, attendance at County Council Network meetings, establishing contacts with the National Programme Office and part of national task and finish groups.
72. **Integration of health and social care – commission on the future of health and social care in England** (September 2014)
The interim report from the independent Commission on the Future of Health and Social Care in England explained why it believes England needs a single health and social care system, with a ring-fenced, singly commissioned budget, and more closely aligned entitlements.
73. The final report from the independent Commission, released on 4 September 2014, proposes:
 - a simpler path through the whole system of health and social care, designed to reflect changing levels of need.
 - a single, ring-fenced budget for the NHS and social care, with a single commissioner for local services
 - a new care and support allowance, suggested by the commission, would offer choice and control to people with low to moderate needs
 - rejection of new NHS charges and private insurance options in favour of public funding.

Next Steps

74. To ensure that the local authority implements the duties and requirements of the Care Act which come into force on 1st April 2015.
75. Further redesign the delivery of Adult Social Care Services.
76. Building on the use of new technology to allow more flexibility and responsiveness in the delivery of services to clients.
77. Ensuring the duties on prevention and wellbeing run through the whole service system from information and advice to Social Care Direct through to the specialist teams.

Recommendations

78. Cabinet is recommended to:
 - Note the contents 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.

Procurement – None at this stage

Disability Issues – None at this stage

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.