

Report to Health and Wellbeing Board

Subject:	Care Act Implementation
Meeting Date:	2 nd December 2014
Report Author:	Karen De Miranda Candeia (Contributions from Claire Nicholls & Katy Lynch)
Presented by:	Karen De Miranda Candeia
Paper for:	For Information

Purpose of Report

The purpose of this report is namely to:-

- Continue to raise awareness of the principles and duties contained within Part 1 of the Care Act and responsibilities in relation to integration.
- Highlight the impact of the Care Act on Rutland County Council & the Health & Wellbeing Board.
- Provide a local progress update on preparations for implementing the Act.

Background

The Care Act sets out general responsibilities of local authorities and other key partners, describing their broader care and support role with a focus on integration, prevention and wellbeing. It represents the biggest change to Adult Social Care in over 60 years and will reform the law relating to the care and support of adults and their carers. It is built around people's needs and what they want to achieve in their lives. It seeks to rebalance the focus of care and support towards promoting wellbeing and preventing or delaying needs, putting people at the heart of the system. The main aims of the legislation are:-

- To enshrine the principle of individual wellbeing;
- To promote integrated ways of working;
- To place an emphasis on prevention and supporting people to live independently for as long as possible;
- To make the care system clearer and fairer for those who need it;
- To put carers on the same legal footing as people they care for;
- To ensure people have clear information and advice to help them to navigate the system;
- To reform the way in which care is paid for so people get more financial support from the state; and
- To ensure that people are not forced to sell their home to pay for their care.

The Act consolidates much of the existing best practice as well as placing a number of new duties on the Local Authority and other key partners. It is being phased in in two parts, part one duties being phased in April 2105 concerned mainly with the non-financial matters (with the exception of deferred payments) and part two (funding reform) to be phased in in April 2106.

Specific elements to be implemented from April 2015/ 2016 (Part 1 of the Care Act) can be found in Appendix 1. These incorporate changes made to the national regulations and guidance Oct 2014.

Impact on Health & Wellbeing Board:

There is a clear emphasis in the legislation on integrated care and support that is person-centred, tailored to the needs and preferences of those needing care and support, carers and families. The aims being to eliminate duplication, streamline care pathways, improve customer experience and improve safeguarding arrangements etc. The Act encourages us to move away from silo working, to break down organisational barriers and different operational practices and focus on integration, co-operation and partnerships.

Sections 3,6,7 and 43 of the Act require that:

- “A local authority must exercise its functions under this Part with a view to ensuring the integration of care and support provision with health provision and health related provision”.
- “A local authority must co-operate with each of its relevant partners, and each relevant partner must co-operate with the authority, in the exercise of their functions related to adults and carers.”
- “Local authorities and their partners must co-operate where this is needed in the case of specific individuals who have care and support needs”.
- “Each local authority must establish a Safeguarding Adults Board (SAB) for its area...The way in which a SAB must seek to achieve its objectives is by co-ordinating and ensuring the effectiveness of what each of its members does”.

For the Health and Wellbeing Board this will require consideration of :-

- Joint strategic planning arrangements – by building strong commissioning arrangements or joint commissioning teams.
- Commissioning integrated services or jointly commissioning specific services e.g. advice and advocacy services.
- Exploring integrated assessment arrangements e.g. integrated health, care and housing assessments, single documentation etc.

- Delivery or provision of care via integrated community teams etc.

Planning:

Many provisions in the Care Act reinforce or formalise a number of current initiatives, policies and ways of working but there is significant work to do to ensure compliance. Given this a dedicated Programme Lead has been appointed to drive this programme forward and robust governance arrangements are in place (See Appendix 2).

A Care Act Implementation Board meets monthly and work stream leads have been identified to lead on this agenda in their areas of operational expertise 1) finance and charging (including financial modelling), 2) safeguarding, 3) assessment and eligibility, 4) care planning and personalisation, 5) information, advice and advocacy, 6) care markets, 7) partnerships, prevention and integration. These leads play a key role in signing off plans, reporting on progress and supporting the identification and management of risk. A detailed Project Plan has been developed to ensure the programme of work is delivered.

The delivery of the Care Act is intrinsically linked to the Better Care Fund (BCF); the Rutland BCF acknowledges this with a specific Business Case developed titled "Care Act Enablers" (attached as part of item 4 on the Health and Wellbeing Board agenda). Capital investment as part of the Care Act has been allocated within the BCF to support delivery of the Care Act (primarily IT).

For Rutland County Council the main areas of focus currently is on :-

- 1) Approving a new Information & Advice Strategy to meet the requirements of the legislation. This strategy will require support and input from Health & Wellbeing Board Members and partner agencies so that we are able to offer a universal advice and information service moving forward.
- 2) Agreeing a Communications Plan and communications schedule. Again support of Health & Wellbeing Board Members will be required and preliminary discussions have already taken place with Healthwatch.
- 3) Agreeing an approach to policy management as all our staff guidance and policies will need to change to reflect the legislation.
- 4) Agreeing our learning and development strategy both within and across organisations.
- 5) Developing an LLR proposal for our new responsibilities in connection with Stocken prison. (NHS England and Health providers have been fully engaged in this process to date). An outline proposal is that Rutland CC will undertake assessments for people in HMP Stocken, that together with NHS England we would jointly commission support worker role(s) and that we would build on our existing advocacy contracts etc in line with the recommendations made in the LLR options appraisal.

Risk assessment:

RISK	IMPACT	COMMENTS
Time	Medium Risk	The Council must consult on some of its proposals and given purdah and elections early 2015 the timetable for delivery and formal approval is very tight particularly in respect of policy development.
Viability	Low Risk	A robust governance arrangement is in place and project management approach has been adopted. There is a detailed project plan in place to ensure delivery of Care Act requirements.
Finance	Medium Risk	Using national modelling systems our finance team continue to refine estimates of the financial impact of the legislation.
Profile	Low Risk	The agenda for care in the community and paying for care is attracting nationwide media attention and there are many third sector organisations involved. Locally we continue to work with these organisations and we have a robust Communications Plan in place.
Equality and Diversity	Low Risk	A full EIA has been completed as part of the Care Act Reforms following detailed consultations organised by the DOH plus Rutland CC will need to complete these for changes to policies.