

Committee	Date:
Health and Social Care Scrutiny Sub Committee	16 June 2015
Subject: The Care Act 2014 and the Better Care Fund	Public
Report of: Director of Community and Children's Services	For Information

Summary

The purpose of this report is to update the Committee on the implementation of the new Care Act and the current position of the Better Care Fund.

The Care Act 2014 introduces wide-ranging and significant reform to the adult social care system. It aims to create a modern system that can keep pace with the demands of a growing older population and is clear to people about what kind of care they can expect. It is designed to focus on people's strengths and capabilities, supporting them to live independently for as long as possible. The Act also introduces significant funding reform with the introduction of a cap on the amount people have to spend on their care, regardless of how much they have in savings or assets.

Many of the provisions of the Act came into force in April 2015, with the remaining, mainly related to funding reform, coming into force in April 2016.

The Care Act has significant implications for local authorities around practice, finance and systems. A specific project was set up to ensure that the City of London is compliant with the Act with an Implementation Group meeting monthly.

In June 2013 the Government launched the Better Care Fund, a pooled budget, to help integrate health and social care services at a local level. The City of London submitted a bid to the fund in September 2014 and this received full approval from NHS England in January 2015. Better Care Fund plans will begin to be implemented from April 2015.

Recommendation

Members are asked to note the report.

Main Report

Background

Adult Social Care and Support

1. Care and support is the term used to describe the assistance some adults need to live as independently as possible with any illness or disability they may have.

2. It can include help with things like getting out of bed, washing and dressing, getting to work, cooking meals and eating, seeing friends and being part of the community. This can be provided through a range of services including home based services, services in the community and residential care.
3. Local authorities are primarily responsible for providing Adult Social Care services but in limited situations, the NHS is also responsible for meeting some care needs. 4. The Adult Social Care Team at the City of London includes reablement staff that assist people to regain their independence and confidence after a period of illness or hospitalisation, an occupational therapist and social workers. The Team currently has around 200 cases including reablement and occupational therapy clients and those receiving home care, community based services and residential care, arranged through the City of London.
5. The majority of service users receive care and support within their own homes or through community based services which are typically commissioned by the City of London. There are no care homes within the City of London's boundaries and therefore residents requiring residential care are placed outside of the Square Mile.
6. The provision of chargeable care services in the home or residential care are subject to a financial assessment. People may have to pay something towards their own care and some will have to pay all of the costs.

The Care Act 2014

7. The Care Act received Royal Assent in May 2014 and introduces wide-ranging and significant reform to the adult social care system. The Act introduces duties that are new in law and practice and duties that put into law ways of working that are existing practice for the City of London. It also consolidates and modernises a range of existing laws.
8. The Care Act includes the following duties and requirements for local authorities:
 - to promote people's wellbeing and to prevent the need for care and support
 - to provide an information and advice service about care and support
 - to facilitate a vibrant, diverse and sustainable market of care and to meet people's needs if a provider of care fails
 - to carry out an assessment of both individuals and carers wherever they have needs, including people who will be self-funders who meet their own care costs
 - to assess needs against a national minimum eligibility threshold for support, and to offer a universal deferred payment scheme, where people can set the costs of residential care against the value of a home they own.
9. The provisions of the Act also introduce financial reform which will come into force in April 2016. This includes the introduction of a cap on the amount that

anyone will be required to pay for their eligible care and support needs in their lifetime. From April 2016, this will be set at £72,000.

The Better Care Fund

10. The Better Care Fund (BCF) is a national £3.8bn single pooled budget for health and social care services to work more closely together in local areas, based on a plan agreed between the NHS and local authorities. A total of £1bn of the funding is performance related focused on reducing admissions to hospital.
11. The City of London submitted its BCF plans in September 2015 and these were fully approved by NHS England in January 2015. The City of London and CCG pooled budget is £777,000 and is a one off budget. Part of this funding contributes to joint City of London and LB Hackney integrated care schemes and the remainder is for projects that will be commissioned by the City.

Current Position

Care Act

Delivering the Care Act

12. In order to ensure that the City of London undertakes all the changes necessary to be legally compliant with the Care Act a specific project was established. This included:
 - establishment of a Care Act Implementation Group. The group meets monthly, overseeing implementation of the Act and monitoring its impact. Consisting of a number of relevant officers from across the organisation, it is chaired by the Assistant Director for People in the Department of Community and Children's Services and is accountable to the Adult Wellbeing Partnership
 - establishment of twelve workstreams, focussed on different areas of work with a specific action plan each led by an individual officer. Work included reviewing existing policy, practice and systems such as IT and identifying areas of work required. Progress on these workstreams was reported back to the Care Act Implementation Group.
13. The first part of the Act is now in place but the Care Act Implementation Group will be monitoring its impact and further work is underway to build on work the City of London was already doing in some areas. The Group is now focussed on preparing for the second part of the Act.

Engagement

14. Engagement with providers, partners, service users and residents has been a key element of the Care Act Implementation Project. Examples include:
 - a number of specific events held in partnership with Healthwatch. These brought residents together to discuss ageing well in the City and delivering

some elements of the Act such as prevention, wellbeing and information and advice

- Care Act awareness and training sessions with specific community groups such as the Carers' and 50+ groups, residents at Tudor Rose Court, the Neaman Practice and City Advice
 - a workshop for providers raising awareness of the Care Act and gathering their views for a Market Position Statement
 - articles in the City Resident magazine, estate newsletters and Healthwatch newsletters
15. Further awareness raising events are planned including specific sessions with residents on the financial reforms and sessions with library staff.
16. An extensive training programme around the Care Act was also delivered, including over 25 training sessions. Individuals from a range of Departments and organisations including the Adult Social Care Team, Housing Department and community support organisations attended. Further training around the financial reforms will take place later this year.
17. Four Members of the DCCS Grand Committee (Ann Holmes, Professor John Lumley, Philip Woodhouse and Virginia Rounding) act as Care Act Champions which involves receiving regular updates on Care Act implementation at the City of London, representing the City of London at member-level meetings on the Care Act as required, being consulted by and giving feedback to officers on plans for implementation, and providing political representation on the Care Act at service user forums where applicable.
18. Resident Care Act Champions will also be trained to be able to signpost their neighbours and peers to information and advice about social care and support.

Challenges

19. Many of the Act's reforms put into law ways of working that are already normal practice for the City of London or consolidate existing laws. Challenges include:
- identifying and raising awareness of financial reform amongst people who currently pay for their own care (self-funders). A specific communication and engagement campaign is being developed to address this
 - making sure there is enough choice for people given the size of the market in the City of London
 - ensuring people understand charging structures for social care and what is included in the £72,000 cap in order to be able to plan for the future.

Better Care Fund

20. A City of London BCF plan was submitted to NHS England in September 2014 following approval by the Health and Wellbeing Board. This received full approval from NHS England in January 2015 with a view to implementation being rolled out from April 2015.
21. The pooled budget for the City of London and City and Hackney CCG is £777,000. This is one off funding and clarification is awaited about future funding for integrated health and social care. In order to pool funds from the two organisations, a legal agreement called a Section 75 agreement has to be put in place. This is currently in progress and will be in place shortly, at which point the funding will be released and projects will be commissioned.
22. The projects in the plan consist of some that are joint with LB Hackney and commissioned by the CCG, an integrated care pilot and some mental health services. Other services in the plan, which will be commissioned directly by the City of London, include expansion of existing services such as care navigators and reablement.

Engagement

23. A specific engagement event was held in December 2013 to engage with City of London residents on priorities for the City of London BCF plan.

Challenges

24. The City's size, position and service boundaries contribute to the current challenge and complexity to be addressed in delivering integrated health and social care.
25. The City's one GP practice (the Neaman practice) is a member of the City and Hackney CCG and serves three quarters of City of London residents registered with a GP. Some City of London residents are registered with GPs in other CCGs – primarily Tower Hamlets. The City has no acute hospital dedicated to its geography with the Royal London (Tower Hamlets CCG) and University College Hospital (Camden CCG) being the closest and most frequently used major providers – particularly for acute emergency admissions.
26. The Homerton Hospital commissioned by City and Hackney CCG is less frequently used by City residents than these other hospital settings. The Homerton is technically the provider of community health services to the City but in reality residents registered with GP practices other than the Neaman Practice will receive community services from the provider aligned to their nearest acute hospital.
27. The BCF has been developed in this context and the City recently held a workshop, bringing together a range of CCGs and providers together to ensure integrated health and social care services are provided to City residents. Further work is ongoing and a follow up workshop will be held in September.

28. Care navigators have also been appointed to work for the City of London to help signpost people being discharged from hospitals to the correct follow on services that they need.

Corporate & Strategic Implications

29. The City Together Strategy seeks a world class City which supports vulnerable members of the community so that they can remain at home and maintain their independence and which gives support and recognition to the role of carers. It also aims to ensure that everyone can meet their full potential in every aspect of their daily lives by taking a preventative approach.
30. KPP4 of the Corporate Plan aims to maximise the opportunities and benefits afforded by the City of London's role in supporting London's communities.

Implications

31. The City of London will need to ensure that it is fully compliant with the second part of the Act by April 2016 and the Care Act Implementation Project is designed to ensure this. Not being compliant with the Act creates the possibility of central government attention, reputational risk and judicial review.
32. There are potential financial implications associated with the implementation of the Care Act and ongoing costs including the impact of the cap on care costs and the resultant financial burden on local authorities. This is being kept under review pending clarification of government funding.
33. There are also potential workforce implications depending on the number of self-funders who come forward for assessments. This will be monitored.
34. The Government have published a range of impact assessments on the Care Act and Equality Impact Assessments at a local level have been carried out as part of the Care Act implementation project.

Conclusion

35. The Care Act and BCF offer opportunities for the City of London to build on some of the work it was already doing.
36. A robust project management approach is being taken to implementing the Act and the BCF and engagement has been a key element of this.

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