

The NHS Success Regime

Presentation

July 2015



Essex County Council

NHS Success Regime

- Launched by NHS Chief Executive on 3 June. The other areas selected are North Cumbria and Northern, Eastern and Western Devon.
- The aim of the Success Regime is to provide increased support and direction to the most challenged systems in order to secure improvement in three main areas:
 - **Short-term improvement** against agreed quality, performance or financial metrics;
 - **Medium and longer-term transformation**, including the application of new care models where applicable;
 - **Developing leadership capacity and capability** across the health system.
- It will look at the whole health and care economy, not just individual organisations

Why Essex?

- The operational and quality challenges which present risks to clinical sustainability
- The financial sustainability challenges across the local health economy
- The limited success with previous strategic interventions to improve services
- The workforce challenges across primary and secondary care in the local health economy; and
- The benefit to be gained from using new models of care to deliver services.

What are the issues?

- Essex is relatively wealthy and healthy and we have some good health and care services across the county. Despite this all parts of the Essex health and care system are under strain:
 - Three of our five acute trusts are financially challenged and there are performance issues and pressures across all acute hospitals.
 - Essex has a growing and ageing population. 19% of the Greater Essex population are over 65 (much higher than national average) and Greater Essex is expected to have a 52% growth in this age group by 2031, rising from around 323,000 residents to close on 491,000.
 - Primary care is under pressure. Almost half our GPs are due to retire within 15 years. A quarter of GP practices are 'single-handed'. Some parts of Essex have very high patient to GP ratios
 - There are clear interdependencies between the health and care sectors. Almost 50% of admissions to residential care in Essex are via hospital discharge

What does this mean?

- A Programme Director will be appointed to work with all partners
- A diagnostic phase will look into these issues in more detail
- We will have access to national support and challenge
- Development of a plan to address strategic issues

What it doesn't mean?

This is not a national takeover; it is whole-system collaboration

It does not mean that services are failing; but it does recognise they are operating under challenging circumstances

The Care Act



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What is the Care Act?

- **Biggest reform of adult social care since 1948**
- **Bulk of the reforms went live 1 April 2015**
- **Promotes an asset model – what people can do rather than what they can't**
- **Promotes integration of health and social care**
- **Focus on wellbeing and preventing, reducing and delaying needs**
- **Cap on personal contributions towards eligible care costs - due 1 April 2016**
- **Likely considerable extra costs on social care and will be challenging to implement**

Wellbeing includes:

- personal dignity (including treatment of the individual with respect)
- physical and mental health and emotional well-being
- protection from abuse and neglect
- control by the individual over day-to-day life
- participation in work, education, training or recreation
- social and economic well-being
- domestic, family and personal relationships
- suitability of living accommodation
- the individual's contribution to society

Context 1: Who gets social care?

- **Adult social care is for individuals who are 18 or over**
- **Access is via a statutory assessment carried out under Care Act**
- **To qualify you must have assessed needs that meet the new national eligibility threshold set out in statutory guidance**
- **Essex CC currently carries out 18,000 assessments a year**
- **ECC also provides support for carers who are entitled to an assessment in their own right**
- **Majority of customers are aged 65+**

Context 2: the demographic challenge

- Essex population getting older and larger
- 6% growth 2001-11; +20% to 2033
- 18.3% Essex residents aged over 65 (national figure = 16.4%).
- Between 2008-33, working age people to fall from 60% to 55% of the Essex population; older population to grow from 21% to 28% of the population. By 2031 there will be more people over 60 than under 20
- Almost 10% of our residents provide informal care to relatives, friends or neighbours - over half of these carers aged over 50



Context 3: affordability challenge

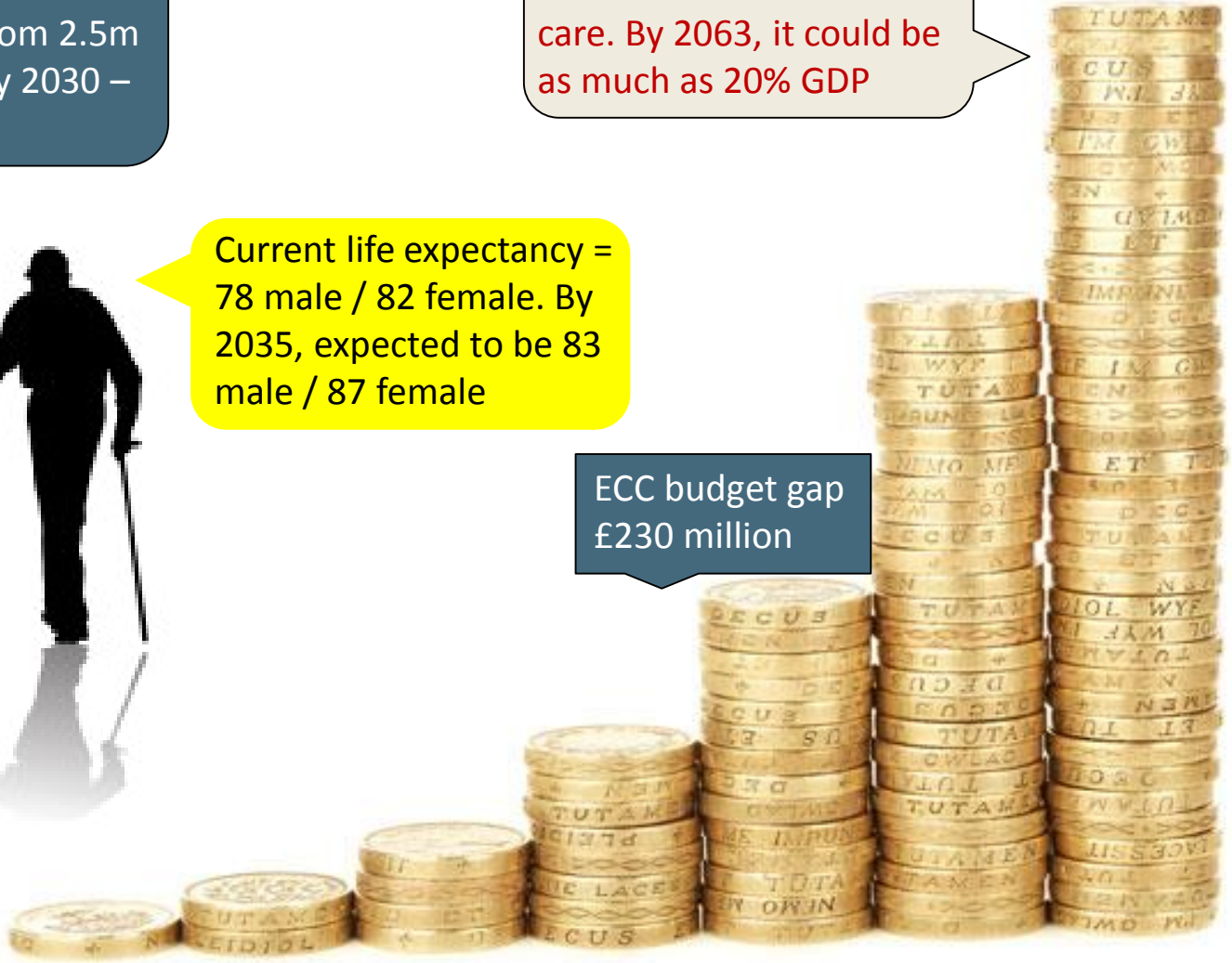
Nationally, the number of people over 65 with care needs will grow from 2.5m in 2010 to 4.1m by 2030 – a 60% increase

UK currently spends 9.5% GDP on health and social care. By 2063, it could be as much as 20% GDP



Current life expectancy = 78 male / 82 female. By 2035, expected to be 83 male / 87 female

ECC budget gap
£230 million



The need for change

YEAH! Project – Young Essex Attitudes on Health and Social Care 2014-2015

- Spoke to 414 young people from across Essex, aged 15-19
- Key findings:
 - 65% felt their age group was more likely to have a negative experience, than children or adults, when visiting a GP; 4 in 10 said doctors speak to their parent/guardian instead of to them; A third had missed school, college or work to attend GP appointments
 - 8 in 10 had received no mental health information, and did not know how to access mental health support
 - wanted the opportunity to ask questions without judgement, and make informed choices for themselves
- Conclusion: young people want services that are accessible, equitable and age-appropriate
- Recommendations:
 - need for improved awareness and better access to services
 - promote behaviour change to enable young people to better manage their own health and care

Care Act – timetable

Key requirements	Timing
Duties on prevention and wellbeing	From April 2015
Duties on information and advice (including advice on paying for care)	
Duty on market shaping	
National minimum threshold for eligibility	
Assessments (including carers' assessments)	
Personal budgets and care and support plans	
New charging framework	
Safeguarding	
Universal deferred payment agreements	
Extended means test	From April 2016
Capped charging system	
Care accounts	

The Care Act – a quick summary of key changes (1)

Points to note

Changes to eligibility – new national minimum threshold may expand eligibility

A cap on lifetime costs from Apr 2016 (for eligible care needs) – including free lifetime care for people with eligible needs identified before their 18th birthday –this may rise to 25

Asset threshold for support with residential care raised from £23,250 to £118,000

Right to a Deferred Payment Agreement

Duty to maintain a care account for all individuals, recording accrual against personal cap

Duty to assess, support plan and review all individuals

Expanded duty to identify, assess and provide support for carers

The Care Act – a quick summary of key changes (2)

Points to note

Portable care packages – to ensure continuity of care where individuals move local authority areas

Explicit requirement to provide universal but personalised information and advice service, including access to independent financial advice

Expanded new statutory duties to broker services that prevent, reduce or delay needs from developing (universal)

Duty to promote integration of care and support with health services (for the purposes of the Act, housing is considered a health-related service)

A new right for young people, parents, carers to request a care and support assessment before they reach 18

A duty to assess and meet care needs of prisoners if the person was a resident in the local authority area where the prison is based

Information, advice and guidance

The Care Act says we must provide universal and personalised information and advice on:

- **how to access care and support available and the choice of providers in Essex**
- **taking care of yourself**
- **independent financial advice on meeting cost of care and support**
- **raising safety concerns about a vulnerable adult or carer**

“People in Essex will feel well informed about what’s available to them so they can lead safe, happy and healthier lives and know where to access the support that prevent or delay the onset of needs when they need it”

Our approach

- Website developed with Healthwatch involvement
www.livingwellessex.org
- Supported by Healthwatch telephone service
01376 572829
- Phase 1 live for 1 April 2015, phase 2 development
inc. service directory and e-marketplace



Duties towards carers

- **New rights to assessment for carers – they do not need to request one. The only requirement is that the carer ‘may have needs for support – whether currently or in the future’.**
- **A national eligibility threshold also brings greater clarity around entitlement for carers and for those they care for**
- **New duty to provide or arrange for services, facilities or resources which will prevent, reduce or delay the development of need for care and support of carers . This has been delayed for residential care for a year until 2016**
- **Almost 10% of our residents provide informal care to relatives, friends or neighbours. Over half of carers are aged over 50.**

The Care Cap – Proposed for April 2016

- Cap on eligible care costs - £72,000 for those over 65
- Tapered for under 65s; care will be free for life if needs identified before 18, this may rise to 25.
- Contribution to the cap is calculated as **based on what the local authority would pay** to meet the eligible needs of the individual and **does not include living costs**.
- If assessed as needing residential or nursing care by the local authority and you cannot find a home you like within this budget, you or your family will have to top up the difference. Additional payments will not count towards the care cap.
- Living costs are currently estimated to be approximately £12,000 p.a
- Financial threshold for support with care costs is set to increase and become more complex to operate.
- Public awareness appears to be low despite national publicity

Care accounts, personal budgets and independent personal budgets

Given a legal basis for the first time:

- **Personal budgets** - if an individual has eligible care needs and qualifies for local authority support, they will be given a personal budget which shows the costs of meeting that person's needs.
- **Independent personal budgets** – provided where individuals with eligible needs but do not receive local authority support. It will show the rate the council would pay to meet those needs.
- **Care account** - shows how someone is progressing towards the costs cap. Once reached, the local authority will have to pay any further costs of meeting the person's eligible needs
- **Statements** - requirement for annual statements

What does this mean for people

- **Focus on early intervention to prevent, reduce and delay need**
- **Services not the default position**
- **Emphasis on reablement, assistive technology, community based support**
- **Outcome based planning designed to maximise independence**
- **Greater use of direct payments for those with ongoing needs**
- **Integrated care planning with health at an individual level – the care and support plan**
- **Emphasis firmly on progression where possible**

Support for Carers



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Why carers are important

- An estimated **145,000 people** provide care and support for someone else who needs help with their day-to-day life in Essex.
- These unpaid carers play a vital role in supporting people who are frail, ill, disabled, or who have mental health or substance misuse problems.
- The value of care provided by these carers is estimated to be **£2.5 billion a year**, based on the cost of alternative home care provision.
- Their health and wellbeing can suffer if they are not supported and this is not only bad for them, but also has wider costs.
- **Caring can impact on carers' own health and wellbeing:**
 - Nearly half of people caring for an older person are themselves aged over 65, reporting high blood pressure or hypertension
 - Over 1 in 4 carers said that caring had a negative impact on their physical and mental health
 - Three-quarters had not had a regular break from caring in the past 12 months; with over one-third not having a single day off in the last year
 - Just under half of carers had been in debt as a result of caring
 - Over 1 in 4 young carers of secondary school-age experience some educational problems

How we will make things better for carers

From 2015 onwards we will be very much focused on **achieving outcomes for carers**.

By outcomes we mean the change brought about by an action, intervention or service. Outcomes might relate to changes in skills, attitudes, knowledge, behaviours, status, or life condition.

The outcomes have been discussed and agreed with a range of carers, commissioners and service providers to ensure they reflect the changes that everyone considers important.

We've grouped these outcomes around the following themes:

1. **Choice and control** - Carers know what their options are now and for the future and are supported to plan for all stages of their caring role.
2. **Respect and recognition** - Carers are recognised, respected, valued and included as expert and knowledgeable partners by professionals.
3. **Access to networks of support** - Carers are connected to local community support networks.
4. **Achieving full potential** - Carers are able to access education, employment and life opportunities.
5. **Good health and wellbeing** - Carers are able to maintain their health and wellbeing, both physically and emotionally, whilst managing their caring role.
6. **Independence** - Carers are resilient and able to sustain a life of their own alongside their caring role.

A new model of support for carers

Community based and led activities

which support those people who take on a caring role, whether or not they define themselves as carers, helping them to find solutions to issues and support from within their communities and natural networks

Social care assessment and support

Improved social care assessment and support in line with the spirit and expectations of the Care Act, enabling carers to maintain their health and wellbeing, continue in their caring role and achieve their potential.



Locality level 'first stop' services

co-ordinating support for carers in each CCG area, a service to identify and respond to carers, providing, co-ordinating or facilitating access to a range of information, advice, and support.

Professional awareness and engagement

recognising and involving carers as partners in care; factoring their contribution and support needs into mainstream service commissioning, identifying and supporting young carers in education, employment and training.

What we're doing differently

The future picture of caring

- The need for care and support is predicted to rise significantly over the next five years, and as our population ages, so will our carers, with fewer people of working age able to provide the levels of care required.
- This makes it even more important to ensure that people are encouraged and supported to care; that caring becomes sustainable; and that crises (and escalated service needs) are avoided.

Prevention and early intervention

- By focusing on prevention, in line with the expectations of the Care Act, we can reduce the negative impacts of caring, enabling carers to maintain good physical and emotional health, achieve their aspirations and cope with crises in their caring roles.
- This requires a fundamental shift from reactive services that address ill health and care needs once they have arisen, to proactive approaches that build individual resilience and help people to achieve their potential.

Responding to increasing demand

- Into the future, carers will continue to be a critical part of our plan to respond to increasing demand for health and social care.
- The NHS recognised that “it’s likely that every one of us will have caring responsibilities at some time in our lives”, and we must keep supporting the increasing number of carers across Essex in a way that maintains their good health and wellbeing, independence and choice and control over their lives.

Key messages



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What does this mean for the market?

- New duty to maintain a functioning market
- Signals fundamental change – empowered and informed customers
- Move away from contracting to a facilitation role over time
- New structures emerging – eg Personal Assistant Hubs- to support self- employment in the workforce and promote sustainability
- More integration with health in managing the market over time

Conclusions

- The Care Act is a massive change to adult social care – the biggest since the 1940s
- The Act brings some welcome changes, include new rights for carers, clarity on a national minimum eligibility criteria, and a focus on prevention. Promoting integration between health and social care
- However, the reforms could create additional demand and generate cost pressures on adult social care
- There is much to do to implement the spirit of the Act and prepare for the changes coming in April 2016

Key commissioning messages

- Commissioning strategies in place in all key areas
- New carers model is developed and countywide enhanced support services in place. More carers being identified and offered support – key element of managing demand going forward
- New integrated delivery models beginning to emerge
- Community offer being strengthened to support prevention and facilitate meeting need without an ongoing personal budget
- Still more to do against a challenging background
- Success will depend on effective partnership

This report has been prepared by
Essex County Council's strategy function

If you have any questions on this report please contact

By email at:
David.williams@essex.gov.uk



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