

The Care Act Programme

People & Families Scrutiny Committee

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Care Act Headlines & Required End States



Essex County Council

What does the Care Act do?

*The Act is **built around people**, it:*

- ensures that people's well-being, and the outcomes which matter to them, will be at the heart of every decision that is made
- puts carers on the same footing as those they care for
- creates a new focus on preventing and delaying needs for care and support, rather than only intervening at crisis point, and building on the strengths in the community
- embeds rights to choice, through care plans and personal budgets, and ensuring a range of high quality services are available locally

What does the Care Act do?

*The Act makes care and support **clearer and fairer**, it:*

- extends financial support to those who need it most, and protects everyone from catastrophic care costs through a **cap on the care costs** that people will incur.
- will ensure that people do not have to sell their homes in their lifetime to pay for residential care, by providing for a new **deferred payments** scheme;
- provides for a **single national threshold for eligibility** to care and support;
- supports people with **information, advice and advocacy** to understand their rights and responsibilities, access care when they need it, and plan for their future needs;
- gives new guarantees to ensure **continuity of care** when people move between areas, to remove the fear that people will be left without the care they need;
- includes new protections to ensure that **no one goes without care if their provider fails**, regardless of who pays for their care.

Care Act – Wellbeing

The wellbeing principle underpins the entire legal framework, and influences the way all functions are carried out in relation to individuals.

- 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

Key Policy Messages

Operational and strategic policies in place to support delivery of the Care Act and ensure compliance

Comply With The Legislative Requirements Of The Care Act

**Deliver Increasing Numbers Of Direct Payments For Those Who Are Eligible
Enable Top Ups**

Embed National Eligibility Criteria For Adults And Carers

Embed Wellbeing Principle, Prevention And The Asset-based Model Of Assessment As The Basis Of Delivering The Support Model

Provide A Robust Policy Basis For The Discharge Of New Duties Towards Prisoners

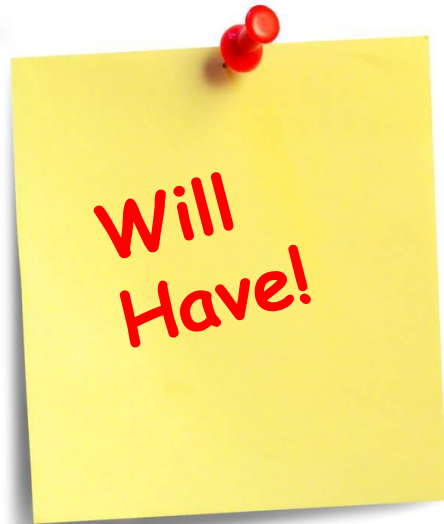


**Must
Haves!**

Care Act timeline

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	

Key Deliverables in Place for April 2015



A Trained and Engaged Workforce in the Care Act

Policy & Guidance Including Charging And Safeguarding

Information, Advice, Guidance & Advocacy Portal – Living Well Essex

Revised Deferred Payment Agreement

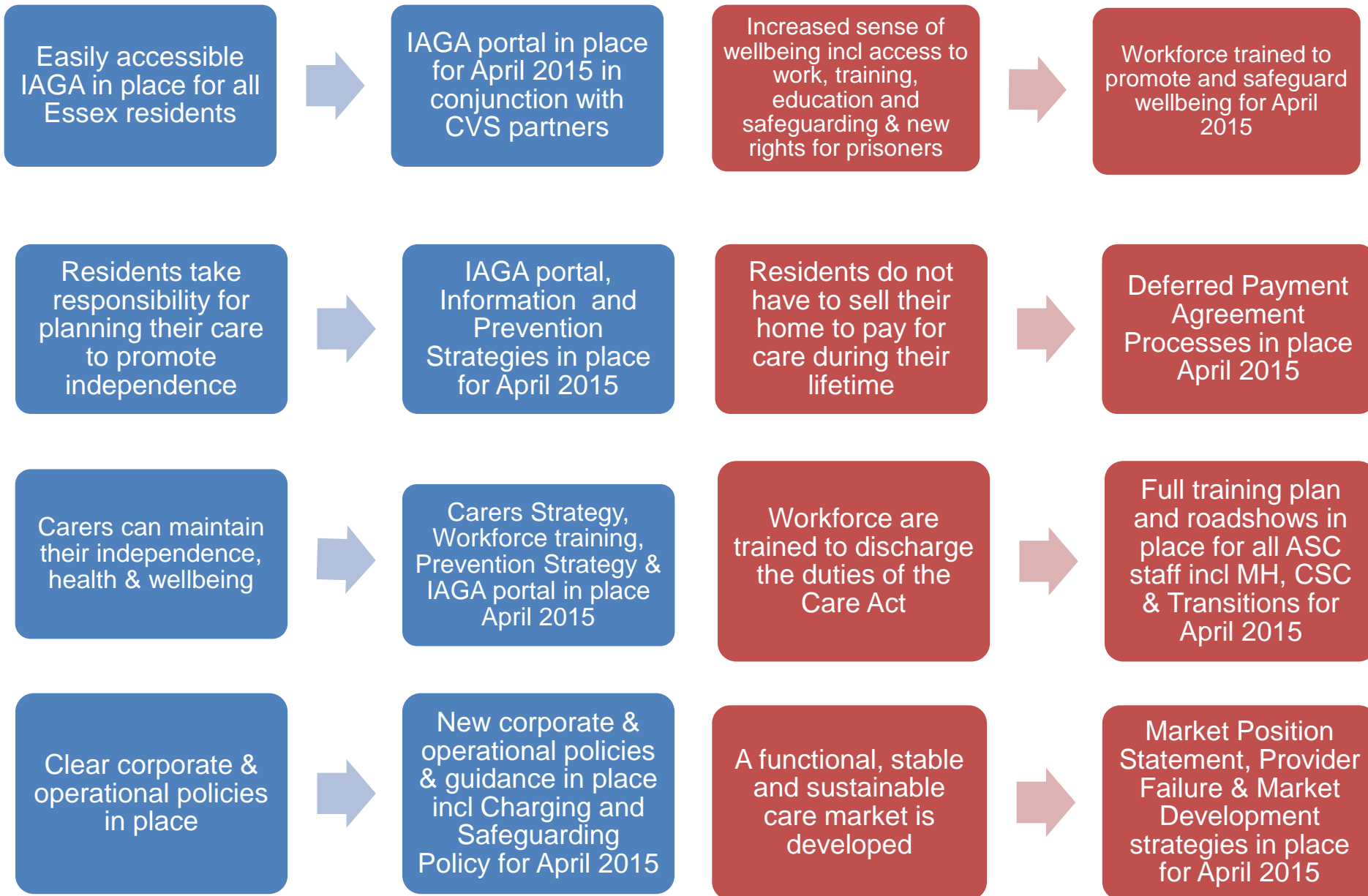
New Joint Health And Social Care Carers Strategy; Improved VCS Information And Support, Information Strategy And Prevention Strategy

Market Position Statement

Provide Failure Policy

Collaborative Working with Health & CVS Partners

Care Act - Required End States and ECC Response



Assurance Themes



Essex County Council

Theme 1. Workforce & Practice

The 'Workforce' we need to pay attention to is not just our workforce but the whole workforce of Essex

The 'Workforce' stretches past us, and the formal care industry and into all the community and neighbourhood systems and structures that support people in their own homes

There are significant cultural challenges for the whole workforce – we want to develop a relationship with people and families that is not 'doing to them' but enabling them to live their lives



What's different?

Theme: 1. Workforce & Practice (continued)



ECC Workforce – new structure - a streamlined and professionally qualified function, with a strengthened management structure, aligned with NHS CCG localities and clusters to help drive health and social care integration

Carers – we need a workforce attuned to how to support carers to live their own lives, be healthy and well, to continue caring where that is appropriate and to achieve their education, employment and life aspirations

Community and Neighbourhood Awareness - in order to shift from an emphasis on assessment and services – to one of self reliance and independent living our workforce needs to develop a detailed knowledge of community support structures

Theme: 2. Culture Change & Integration



The Care Act requires a significant change in the nature of the relationship between social care and people and families in Essex

We are not the experts – the people who make decisions on behalf of people who need support to get on with their lives. We are the enablers – offering our expertise to help people make their own decisions and get on with their lives

There are significant cultural challenges for the whole workforce – we want to develop a relationship with people and families that is not 'doing to them' but enabling them to live their lives

Theme: 2. Culture Change and Integration (contd)



Integration is not just about health and social care

Its about creating joined up community based networks of organisations working together to create resilience at an individual and community level

We need a shift in emphasis away from 'eligibility and assessment for services' and towards self-reliance, independence and prevention – in this whole system

Theme: 3. Market

Empowered, effective customers who have control, choice and sufficiency. Based on outcomes based assessments, commissioning, market shaping and information



What's different?

Different relationships from all perspectives. **Providers** as SMEs in their local communities, **The Market** as partners to find solutions, Understanding **Service User** needs and how they can procure them, releasing the social capital of **Communities** which will foster local business

Different Approaches from a different starting point for: **Procurement** – fewer or no frameworks and contracts that are outcomes based, not unit based; **Quality Management and Market Oversight** – throughout the system and integrated with health; **Sufficiency** through specific procurement for bespoke services

Themes: 3. Market (continued)



Market Shaping

Demand – demographic data via the Market Position Statement and needs through commissioning

Local mapping, pricing strategies, micro-commissioning infrastructure and provider change support

Theme: 4. Demand Avoidance



Current emphasis on 'diversion' – reducing the number of people who have a right to be part of 'demand'. Then focussing on eligibility and assessment

Under Care Act everybody is our customer. Our interest is in maximising peoples self reliance so that they don't need long term funded support

We need to increase peoples and families resilience – in their own homes, neighbourhoods and communities

Theme: 4. Demand Avoidance (continued)



Can we build layers of resilience in our interactions with people and families who might need support to reduce, delay, prevent them becoming long term consumers of formal care services?

Can we build alliances with our partners so that everyone is doing this – not just looking after their own bit of the system (e.g. hospital discharge)

People and families are often the experts in what will help them maintain an independent community based life

Theme: 5. Expectations of People and Families in Essex

Austerity means that people will need to lower their expectations of the availability of resources in some areas

This doesn't have to mean that overall their experience of the council can't improve. Its just different

Helping people help themselves – key message running through internal and external communications



What's different?

Theme: 5. Expectations of People and Families in Essex (continued)



Promotion of personal responsibility needs to be integral part of ECC narrative and joined up across organisations

Stronger links made between investment of resources and quantifiable outcomes communicated

National care and support campaign phase 2 to focus on care planning behaviour change, similar to the introduction of workplace pensions

Theme: 6. Sustainability

We need to live the asset model in the Care Act

We need strong and effective leadership to make this happen

We need a return on our investment in prevention and better outcomes from the NHS



Theme: 6. Sustainability (continued)



We need to work effectively with housing, leisure, business

We need the right technology in place across the whole system

We need to have a detailed financial forecast of the impact of implementing the Care Act from 2016/17

Key Next Steps



Essex County Council

Key Next Steps & Close



What's
Next?

Review draft (funding reforms) published regs
Assess Impact of regs
Respond to Consultation

Scope Care Act Phase 2 programme of works
Agree how this will be delivered
Mobilise Team

Go Live - Checkpoint review
Phase 1 Lessons Learnt