Portsmouth CITY COUNCIL

Better Care Fund
The Care Act 2014
and
Deprivation of Liberty Safeguards

HOSP Briefing
7 October 2014

Robert Watt

Better Care Fund

- A pooled budget deployed for social care and health
- A jointly agreed plan CCG and LA
  - *'To be used to support ASC services in each LA which has a health benefit'.*
  - *'Flexibility to determine how this investment in social care services is best used'*
  - *'LA to agree with Health how funding is best used within social care'*

- 19 September 2014 submission of final plan
- Full Implementation by 1 April 2015
- Consultation: 'whilst the proposals at a formative stage'

Aim of the Better Care Fund Plan

Supports the Joint Health and Wellbeing vision and strategic objectives, through:

- The creation of a single health and social care system
- A single commissioning vehicle and integrated service delivery
- People will experience integrated care that:

  - Is personalised and promotes independence
  - Does not duplicate assessments for individuals and efficiently manages resources
  - Is in the right place at the right time by the right staff

Our Progress Toward Integration

A long history of collaborative working in Portsmouth:

- Integrated Commissioning Board and Integrated Commissioning Unit
- Health and Social Care Partnership with providers to improve systems for better customer experience and efficiency

Substantial reconfiguration and delivery of new models of integrated care already in place:

- Integrated Continuing Health Care assessment and contracting
- Integrated management of complex patients across GP locality clusters
- Integrated rehabilitation services - PRRT and community beds

This has achieved:

- Low rates of delayed discharge
- Reductions in non-elective admissions
- Significant downward trends in residential care admissions

BCF outcomes for service users

- Say it once – Trusted Assessment, reducing duplication
- Improved health & wellbeing
- Maintaining independence for longer
- Reducing social isolation and more early intervention
- Improved access to services and good information
- Reducing time between identification of need and delivery of service
- Reduced hospital admissions and readmissions

Work-streams

- Analysis of need and demand profiling
  specific conditions, probability of admission, costs of care etc

- Commissioning planning processes
  VFM, Quality, Market Shaping – what we need

- Single point of access: Integrated Locality Teams
  GP, social care, community nurses, geriatrician, OPMH, VCS
  Care co-ordination provided through a named worker
  A single personalised care plan
  Rapid response to avoid unnecessary admissions- hospital or care

- Joint IT infrastructure and Information Governance

- Workforce - to include 7 day working, key worker role, workforce development and education, co-location

- Communication and engagement with public

- Greater role for VCS – in care navigation and support

- Review of Bed Based Provision & Reablement
  - Integrated community delivery model across services.
  - Ensure a minimum length of stay as possible.
  - Undertake discharge planning at point of admission to hospital
  - Shift emphasis from ‘step-down’ beds to ‘step up’ in community setting Support “people to do things for themselves
  - Domiciliary care services to deliver reablement focused care.

Measuring Success

- Reducing number of permanent admissions of older people (aged 65 and over) to residential and nursing care homes, per 100,000 population
- Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement / rehabilitation services
- Delayed transfers of care and maintaining performance
- Focus on avoidable emergency admissions
- Patient / service user experience
- Proportion of adult social care users that have as much social contact as they would like

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The Care Act - 2014

Care Act

The Act modernises over 60 years of care and support law into a single, clear statute. *Much already in practice but not covered in statute*

•It clarifies entitlements to care and support and puts the focus on personalisation

•Provides a national eligibility criteria, (still awaiting this to be agreed, possibly October).

•Carers on same legal footing as person cared for.

•Significant change to how care and support is funded

•Focus of care and support on promoting wellbeing and preventing or delaying needs, rather than only intervening at crisis point.

Personalisation

Key to the act. Expectation that health/others adopt this principle.

- Personal Budgets included in legislation for the first time - people will be given an indication of the budget available to them to meet care needs.
- Right to request a Direct Payment to meet care needs so people have flexibility and choice over how care is to be met. – cash sum to use on a personal assistant
- Provides for a duty to undertake reviews and the right to request a review.
- Ensure we have better information and advice for all, on care and paying for care.
- Ensuring there is a range of appropriate services in the community – market shaping.
- Support people to self plan how future care needs will be met
- People to be involved in the process of assessment and arranging care solutions.

Funding reform: April 2016

Key principles

- Cap on costs of care: Care accounts - everyone will know what they have to pay towards the cost of meeting their eligible needs for care and support.
- People will be helped to take responsibility for planning and preparing for their care needs in later life.
- Deferred Payments: People will be protected from having to sell their home in their lifetime to pay for any care home costs. (April 2015).

Important changes and risks

- The introduction of a cap on costs to be set at £72,000 for those of state pension age – takes effect from 2016.

Although this places a cap on costs of care it excludes 'hotel costs' which will still have to be met. So that might mean for a residential cost of £500pw, 50% would be determined as hotel costs, 50% toward care cost.

- No contribution for young people entering adulthood with eligible care need & lower cap for adults of working age (to be determined) New framework for eligibility with threshold to be set nationally (implementation April 2015)

Funding reform : April 2016

- What this will mean - peoples 'care account' starts from April 2016, if assessed as eligible for social care.
- Anyone will be able to ask for an assessment to determine if they meet the national eligibility criteria from October 2015.

  If not assessed as eligible they continue to meet own care costs

If they are eligible then the only the local social care rates for care are met – not that which may being paid over and above LA residential rate

Anticipated that awareness of changes will create extra demand for social work assessments

- People who face the risk of having to sell their home in their lifetime to pay for care home fees will have the option of a deferred payment.
- Loss of income on which ASC relies to fund care.

Assessment & changes to eligibility: 2015

- Assessment must consider:
  - person's needs & outcomes that they want to achieve; - duty to prepare care and support plans with a personal budget
  - Request for self-assessment; and provide help e.g. advocacy.
  - Apply whole family approach, involving any family carer/others
  - Duty to carry out a needs assessment for all carers
  - Prevention & supporting people early, not at crisis point –
    PRRT, community beds and IWT,
    What community support networks can be encouraged.
  - Duty to provide advice and information for those who do not meet the eligibility threshold.
  - Principle of wellbeing – could increase number of those eligible and greater demand for SW assessment

Other areas covered

Advice and Information:
Information available to all, regardless of how care is paid for.
Signposting to independent financial advice if paying for own care.

Market Shaping:
Ensure market can meet needs of all. Reduce risk of exposure to market failure – e.g.Southern Cross. Duty to step in if provider fails.

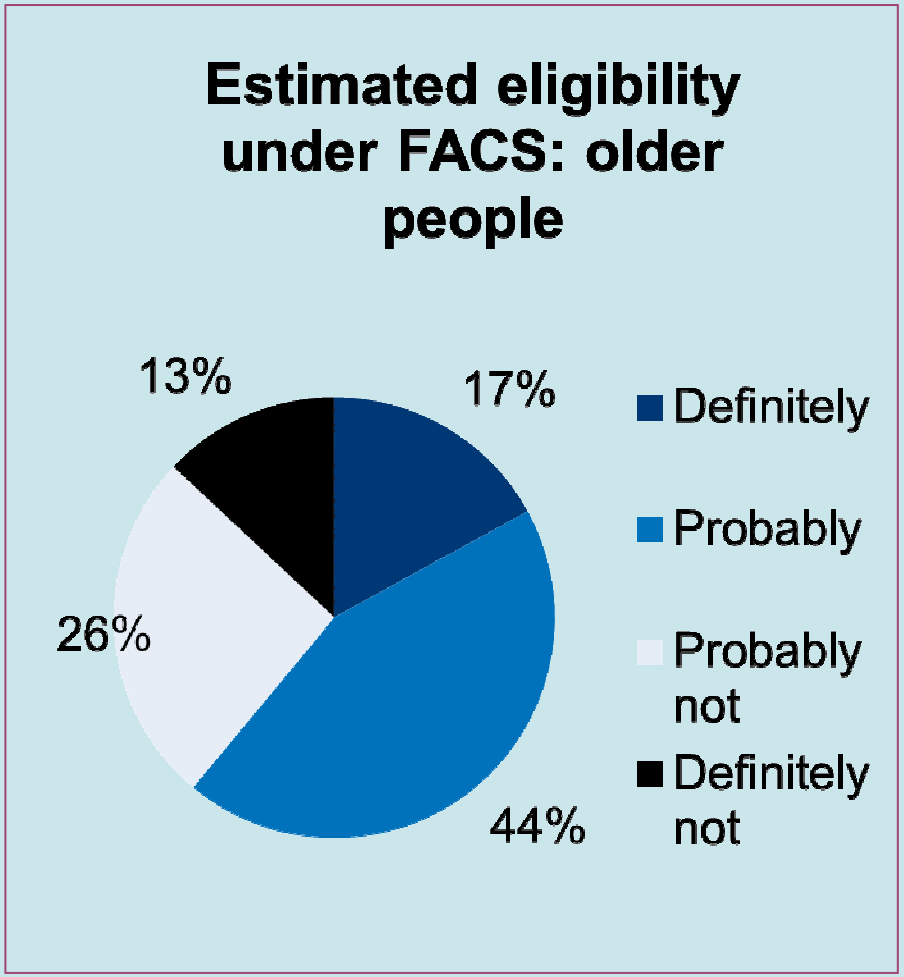
Safeguarding:
Safeguarding Adults Boards and Independent Chairs are in the Act which align with how children's safeguarding arrangements operate.

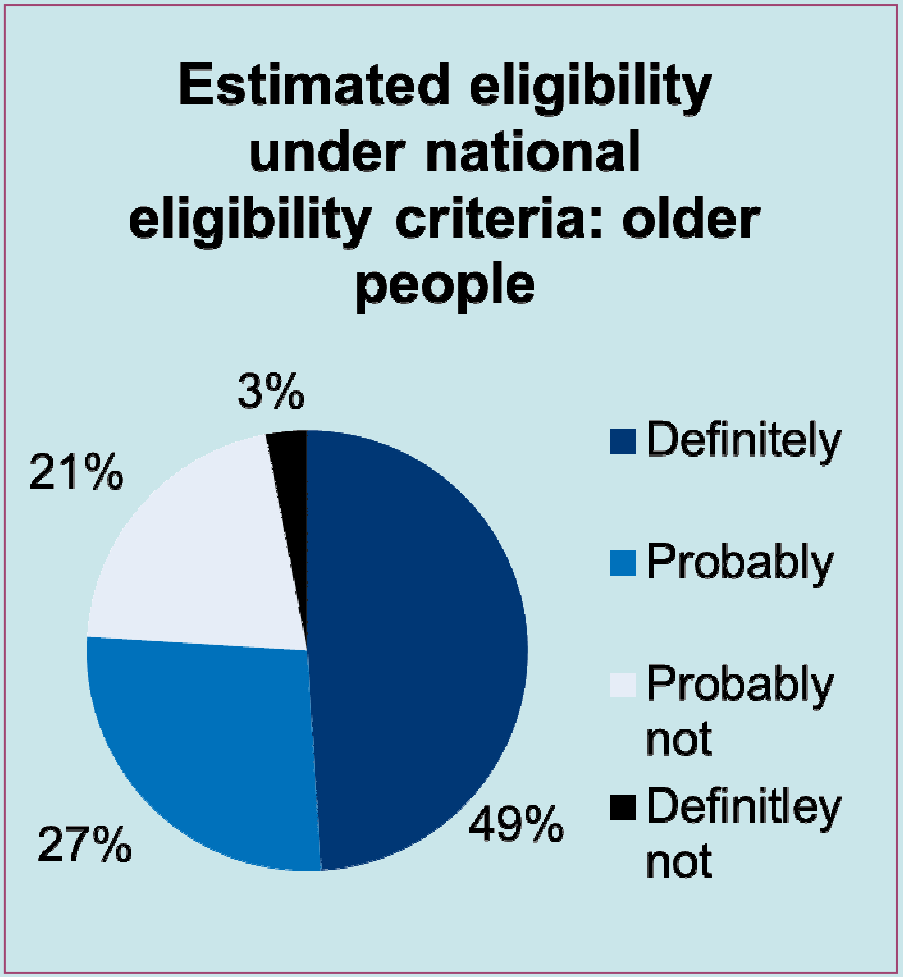
Greater integration with Health:
In the planning and delivery of care

Duty of co-operation – Now- duty to notify housing/health if need identified – now request and it must be provided

Delegation – Many powers e.g assessment, but still legally responsible

Eligibility: Research





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Deprivation of Liberty Safeguards (DoLS)

DoLS

Legal framework to comply with article 5 ECHR for those;

- Over 18
- Needing residential or hospital care
- Lacking capacity to consent (MCA 2005), for example due to Dementia or Learning disability
- Prior to March 2014-objecting to the arrangements
- Referral to Court of Protection for disagreements

- Following supreme court judgement in March 2014;
- 'Under continuous supervision and Control and not free to leave', regardless of lack of objection
- 5 specific assessments carried out by an approved doctor and a specially trained social worker
- Most importantly- Best Interests Assessment

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- Referrals – huge increase
- 2013-14 - 90
- 2014-15 so far 306 to 31st August 2014.
- Costs 13/14: 18k
- Costs 2014 to date: £350 K and rising
- Issues – payment of doctors, need to train more BIA's, reviewing, legal challenges.
- In addition – people in supported accommodation or in their own home with care may also be deprived of liberty.

- Impact on community teams for assessment and budgets.