

MERTON 2015

Overview of Adult Social Care Scrutiny Panel September 2014

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National Social Care Context

- Challenges acknowledged as unprecedented (Barker report, National Audit Office, LGA efficiency report, etc). The House of Lords Committee on Public Service and Demographic Change warned in March 2013 that the UK was “woefully underprepared” for the social and economic challenges presented by an ageing society and that a “radically different model” of care would be needed
- Demographic change. The ONS projects that the percentage of people over 85 will double over the next 20 years. More people of all ages with complex health needs .Surge in demand for care and support
- Significant budget reductions. 12% in real terms since 2010. ADASS budget survey reports rapidly shrinking scope for efficiency savings
- Implementation of the Care Act, from 2015.
- Part of shared system with NHS, but funding mechanisms, incentives and governance different. Various solutions to this canvassed
- Provider market stressed in some areas
- Regulator coming back to stronger focus on quality

Adult Social Care Service in Merton

- The service is divided into 3 areas:
 - Commissioning
 - Access & Assessment
 - Direct Provider Services
- 405 FTE staff
- £77.5m Gross Expenditure, £55.9m NET
- 4,250 customers of whom 3,075 are over the age of 65 years

Challenges and priorities

Services

- Highly targeted and all statutory other than 4% still in prevention to avoid spend down stream.
- Domiciliary care: impact of minimum wage judgements, commissioning on outcomes, level of skills in workforce
- Impact of Care Act from 2015 on income levels, customer numbers, duties for self funders and carers, responsibility for market oversight
- Integration with NHS: must-do, how to realise benefits for whole system
- Continued demand for personalisation, choice and control
- Introducing new integrated quality framework
- Need to continue to emphasise principle of promoting independence: council support is aimed at enabling person and wider networks to find solutions and where possible reduce use of council funded services

Challenges and priorities

Organisation

- Redesign in adult social care target operating model: programme focuses on the 3 areas of integration with NHS, implementation of Care Act, and savings
- Local impact of national funding arrangements for adult social care (taxation, individual assets, or real scope for further savings?)
- Commissioning decisions for home care services, retention of preventative services, care homes services and how to find further savings
- Most spend in private and voluntary sector, with hundreds of providers ranging from SMEs to big chains
- New duty of market oversight in Care Act, including managing impact of providers failing. Current issue of capacity in market and LBM ability to access this capacity based on what we pay
- Assessment and review done in-house as a gatekeeping and statutory role. To be reviewed as integration progresses
- Direct provision services have SLA with commissioning, will continue to be subject to market testing.

Challenges and priorities

People

- Most staff are carers in private sector on or near minimum wage, sensitive to changes in overall employment market, Learning & Development (L&D) offer has to meet these needs
- Best use of qualified staff, current focus on social work
- Changing skill and role set for integration, L&D to address this

Process

- Further changes likely in light of integration (centred on individual with more trusted assessments), Care Act (as we engage with self funders who arrange their own care).
- Putting in place a new information system over next 18 months

Implementing The Care Act 2014

The Care Act 2014 brings together over 30 previous Acts in a streamlined legislative framework and has four distinct parts:

- **Part 1:**

A new legal framework for the provision of adult social care and support in England

- **Part 2:**

Reform of quality and safety regulation for healthcare providers

- **Part 3:**

Establishment of Health Education England (HEE) and the Health Research Authority (HRA) as non-departmental public bodies

HEE: Lead body for education and training of health care professionals

HRA: Regulation of Health and Social Care Research

- **Part 4:**

Technical matters including the areas where the Act applies

(Integration fund - “Better Care Fund”)

What will change from April 2015?

Better access to services:

- Carers will be put on the same footing as people they care for
- New national eligibility criteria framework (this means that more people will be able to access social care services)
- Assessments for care and support services will focus on outcomes and wellbeing;
- Better planning of transition between children's and adults' services
- Easier to move between areas (continuation of services)
- Everyone (including self-funders) in a care home who meets the eligibility criteria will be able to request a deferred payment (giving people the option not to sell their house immediately when moving into residential care).

What will change from April 2015?

Advice and information :

- Better information and advice available to all (to help with making choices about own care and support)
- Signposting to independent financial advice

Diverse services:

- A wide range of prevention services responsive to local needs
- Joint working with health, housing and other partners

What will change from April 2015?

Safer services:

- Statutory Safeguarding Board
- New Care Quality Commission powers (new inspection framework and rating)
- Openness and transparency (duty of candour)
- Right to advocacy services

What will change from April 2016?

Funding reform (cap on costs):

- Cap on costs of meeting eligibility criteria for care and support (to be adjusted annually), currently estimated at £72,000 (no need to sell assets to fund care)
- No contribution from young people who are disabled before becoming adults
- Lower cap for adults of working age (TBC)
- Increase in capital thresholds from £23k to £118k (more people will be eligible for free care)

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