

Meeting: Policy Development and Decision Group (Joint Operations Team)

Date: 14 December 2017

Wards Affected: All

Report Title: New Model of Care: Changing the way the Council as Commissioners and the Integrated Care Organisation (ICO) as Providers deliver Adult Social Care: Adult Social Care Eligibility

Is the decision a key decision? No

When does the decision need to be implemented? For Information

Executive Lead Contact Details: Julien Parrot, Executive Lead for Adults and Children, 01803 389624, julien.parrott@torbay.gov.uk

Supporting Officer Contact Details: Judy Grant, 01803 208794
Judy.grant@torbay.gov.uk

1. Proposal and Introduction

- 1.1 The Care Act has changed some of the duties and perspectives in enabling people to access Adult Social Care. This combined with the Councils commitment to a new model of care means an updating of the councils eligibility policy is now needed.
- 1.2 A draft Social Care Eligibility policy is set out at Appendix 1 and the proposal is to submit the revised policy for public consultation. The consultation will take place for 6 weeks from 15th December 2017 ending on 26th January 2018 will be conducted through an online survey. Following the consultation a final report will be presented to the Mayor for decision on the 5th March 2018.
- 1.3 The policy proposes a way of delivering adult social care (ASC) for Torbay through changing the eligibility criteria based on principles contained within the Care Act 2014. The approach the council as commissioners and therefore the ICO as providers intend to adopt is offering people information and advice in the first instance, using an asset based approach which will meet the person's needs by taking into account the range of support on offer from family, friends, voluntary organisations and charities.

2. Reason for Proposal

2.1 Introduction

Under the Care Act 2014, local authorities were given new functions. This is to make sure that people who live in their area:

- Receive services that prevent their care needs from becoming more serious, or delay the impact of their need.
- Can get the information and advice they need to make good decisions about care and support.
- Have a range of provision of high quality, appropriate services to choose from.

2.2 New Model of Care

Torbay and South Devon NHS Foundation Trust (The Trust), the Clinical Commissioning Group (CCG) and the Local Authority (LA) have signed up to implement the new model of care that emphasizes wellbeing and prevention, with a focus on using individual and community strengths as well as assets to promote resilience and prevent the need for statutory social care intervention, and to reduce the length of any statutory intervention.

2.3 Context

This means looking after people outside of hospital within their own community with less reliance on bed based care for both hospital and care home beds. The new model is a shift from long term care to short term interventions which will require us to have a different conversation with people.

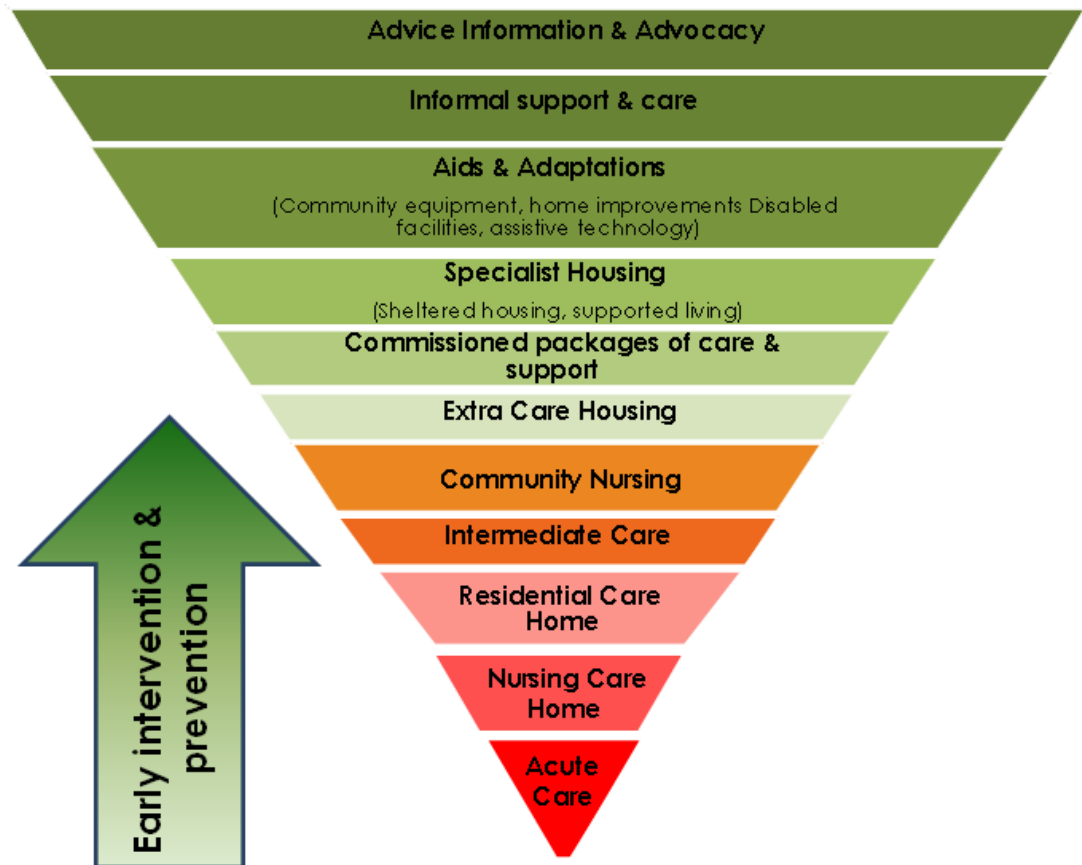
2.4 Changing the way the ICO will deliver ASC

In order to be able to deliver adult social care (ASC) in line with the objectives of the new care model the Council as commissioners and the ICO need to change the way they deliver adult social care in Torbay. The ICO as provider intends to have a conversation that aims to empower people and will become more creative in the way they meet people's needs. When using the new approach the ICO will ensure that all needs are considered, including those currently being met informally whilst working with the adult, carer and their family to identify what matters to them and how this can be met. The ICO will not just focus on need and will consider what people can do for themselves as well as what services can do for them. The ICO will prepare for an assessment by having a number of conversations:

- In the first instance we will offer information and advice to support the person to source their own solutions.
- We will use an asset based approach by working with the person to consider the full, available range of resources which will meet their needs.
- We will consider the person's own strengths and capabilities including what support and help might be available from their wider support network or within the community.

3. Proposed Decision

- 3.1 To approve the approach to implement the change in delivery we will need to introduce a new eligibility criteria and a statutory sector assessment process that focuses on short term wellbeing, early help and prevention (the green segments in the triangle below) as well as the acute and more intensive provision (in red), and action plan.



We will signpost people to voluntary and community services in the first instance and the aim is to:

- Maximise health, well-being and independence of people.
- Ensure that people can find out information and be signposted to local services.
- Ensure people can access community and local services to support them in their own homes.
- Ensure co-ordinated assessment of peoples' needs.
- Provide appropriate housing support and adaptations to enable people to stay in their own homes.
- Provide community services to support people in their own homes with a reduction in overall adult social care cost.
- Care for complex patients and those receiving rehabilitation.
- Ensure that people are only in hospital when they need to be there.

4. ACTION PLAN

4.1 Aim

To deliver the new model of care the Council need to update the eligibility policy and the ICO will need to undertake an assessment that focuses on short term wellbeing, early help and prevention, as well as acute and more intensive provision.

Objective	Action	Deadline
Implement new eligibility policy and assessment process to underpin the new model of care.		
Develop new eligibility policy.	Consultation with public /staff	December 2017 – 6 weeks
Redesign assessment process.	Engage with Providers (Face v8), My Support Broker (MSB) and Social Work staff. Produce options appraisal.	Oct 2017 – January 2018
Redesign budget/spend controls. Currently using a resource allocation system (RAS) that is not fit for purpose.	Task and finish group to include finance and social work leads/managers.	End of January 2018
Training for all social work staff	Events/1:1/ Group	Oct 2017 –April 2018

5 Recommendation

5.1 That the Deputy Mayor be recommended to approve the new Eligibility Policy set out at Appendix 1 to be submitted for public consultation.

Appendices

Appendix 1: Eligibility Policy

Background Documents

The following documents/files were used to compile this report:

- Care Act 2014
- New Model of Care.

Section 1: Background Information

1.

What is the proposal / issue?

Torbay and South Devon NHS Foundation Trust (The Trust), the Clinical Commissioning Group (CCG) and the Local Authority (LA) have signed up to implement the new model of care that emphasises wellbeing and prevention, with a focus on using individual and community strengths as well as assets to promote resilience and prevent the need for statutory social care intervention, and to reduce the length of any statutory intervention.

In order to be able to deliver adult social care (ASC) in line with the objectives of the new care model we need to change the way we deliver adult social care in Torbay. We intend to have a conversation that aims to empower people and we will become more creative in the way we meet their needs. When using the new approach we will ensure that all needs are considered, including those currently being met informally whilst working with the adult, carer and their family to identify what matters to them and how this can be met. We will not just focus on need and will consider what people can do for themselves as well as what services can do for them.

2.

What is the current situation?

Currently where an individual meets the eligibility criteria they will be offered a service to meet their identified needs.

The majority of eligible individuals are in receipt of domiciliary care or residential/nursing care.

Once eligible and in receipt of a service the Trust will undertake a review of an individuals' needs on an annual basis.

We have signed up to the new model of care which means looking after people outside of hospital within their own community with less reliance on bed based care for both hospital and care home beds. The new model is a shift from long term care to short term interventions which will require us to have a different conversation with people.

3.

What options have been considered?

No.	Proposal	Benefit	Risk	Cost	Mitigation
1	Do Nothing	No disruption to existing service users.	Demand on domiciliary care and residential will increase.	Increase demand with no extra money identified.	

	2	Change the way we deliver ASC by having a different conversation .	Focus on supporting people to realise their own strengths including the strengths and assets around them in their communities such as family, friends, neighbours and charities. Targeting resources on those who need it most.	Disruption for existing service users. Lack of family, friends, neighbours and charities.	Help to manage demand more efficiently targeting resources to those most in need.	Gradual implementation over a 2 year period. Existing service users supported to access alternative solutions that are right for them. Community Builders. Wellbeing co-ordinators. Engagement with local charities.
4.	<p>How does this proposal support the ambitions, principles and delivery of the Corporate Plan?</p> <p>Changing the way we deliver ASC will ensure that we use our resources to best effect by reducing demand through prevention and continuing to have a joined up approach with our local charities. This approach will enable people to live in their own homes / communities for longer.</p>					
5.	<p>How does this proposal contribute towards the Council's responsibilities as corporate parents?</p> <p>The aim of this proposal is to focus on interventions that will promote healthy behaviour and lifestyle choices by ensuring that people are signposted to a range of accessible information and advice in the first instance.</p> <p>The impact of this proposal will be to work closer with communities and local charities to improve community resilience.</p>					

6.	<p>How does this proposal tackle deprivation?</p> <p>This proposal will target limited resources to best effect by focusing on those people who have the greatest need and are most vulnerable.</p> <p>The proposal will also help us to provide for and target the right kind of help and support to enable people to address their wellbeing, health and Social care needs.</p>
7.	<p>Who will be affected by this proposal and who do you need to consult with?</p> <p>Adults aged 18years + will be affected by this proposal. For existing service users this could have a negative impact however this would be mitigated by a gradual implementation.</p> <ul style="list-style-type: none"> • Stakeholders: • Existing service users. • New service users. • Carers. • Age UK. • Community Development Trust. • Mears Domiciliary Care
8.	<p>How will you propose to consult?</p> <p>Web based surveys.</p>
<p>Section 2: Implications and Impact Assessment</p>	
9.	<p>What are the financial and legal implications?</p> <p>No financial implications. Compliant with care act 2014.</p>
10.	<p>What are the risks?</p> <p>If this proposal is not implemented the risk is that demand on traditional services will increase and will impact upon the implementation of the new model of care. No development of community based services.</p>

11.	<p>Public Services Value (Social Value) Act 2012</p> <p>N/A</p>
12.	<p>What evidence / data / research have you gathered in relation to this proposal?</p> <p>JSNA MPS</p>
13.	<p>What are key findings from the consultation you have carried out?</p> <p>This section will be completed following the initial consultation exercise which is scheduled to end 26th January 2017.</p>
14.	<p>Amendments to Proposal / Mitigating Actions</p> <p>Not applicable. This section will be completed following the consultation proposed for 15th December – 26th January 2018.</p>

Equality Impacts

13	Identify the potential positive and negative impacts on specific groups			
		Positive Impact	Negative Impact & Mitigating Actions	Neutral Impact
	Older or younger people	Focus on supporting people to realise their own strengths including the strengths and assets around them in their communities such as family, friends, neighbours and charities. Supported to access alternative solutions that are right for them.	Disruption for existing service users. Gradual implementation over a 2 year period.	Social care staff would require training however no differential impact.
	People with caring Responsibilities	Supported to access alternative solutions that are right for them.	Disruption for existing service users. Gradual implementation over a 2 year period.	Social care staff would require training however no differential impact.
	People with a disability	Focus on supporting people to realise their own strengths including the strengths and assets around them in their communities such as family, friends, neighbours and charities. Supported to access alternative solutions that are right for them.	Disruption for existing service users. Gradual implementation over a 2 year period.	Social care staff would require training however no differential impact.
	Women or men	Focus on supporting people to realise their own strengths including the strengths and assets around them in their	Disruption for existing service users. Gradual implementation over a 2 year period.	Social care staff would require training however no differential impact.

	<p>communities such as family, friends, neighbours and charities.</p> <p>Supported to access alternative solutions that are right for them.</p>		
<p>People who are black or from a minority ethnic background (BME) <i>(Please note Gypsies / Roma are within this community)</i></p>	<p>Focus on supporting people to realise their own strengths including the strengths and assets around them in their communities such as family, friends, neighbours and charities.</p> <p>Supported to access alternative solutions that are right for them.</p>	<p>Disruption for existing service users.</p> <p>Gradual implementation over a 2 year period.</p>	<p>Social care staff would require training however no differential impact.</p>
<p>Religion or belief (including lack of belief)</p>	<p>Focus on supporting people to realise their own strengths including the strengths and assets around them in their communities such as family, friends, neighbours and charities.</p> <p>Supported to access alternative solutions that are right for them.</p>	<p>Disruption for existing service users.</p> <p>Gradual implementation over a 2 year period.</p>	<p>Social care staff would require training however no differential impact.</p>
<p>People who are lesbian, gay or bisexual</p>	<p>Focus on supporting people to realise their own strengths including the strengths and assets around them in their communities such as family, friends, neighbours and charities.</p> <p>Supported to access alternative solutions that are right for them.</p>	<p>Disruption for existing service users.</p> <p>Gradual implementation over a 2 year period.</p>	<p>Social care staff would require training however no differential impact.</p>

People who are transgendered	Focus on supporting people to realise their own strengths including the strengths and assets around them in their communities such as family, friends, neighbours and charities. Supported to access alternative solutions that are right for them.	Disruption for existing service users. Gradual implementation over a 2 year period.	Social care staff would require training however no differential impact.
People who are in a marriage or civil partnership	Focus on supporting people to realise their own strengths including the strengths and assets around them in their communities such as family, friends, neighbours and charities. Supported to access alternative solutions that are right for them.	Disruption for existing service users. Gradual implementation over a 2 year period.	Social care staff would require training however no differential impact.
Women who are pregnant / on maternity leave	N/A		
Socio-economic impacts (Including impact on child poverty issues and deprivation)	N/A		
Public Health impacts (How will your proposal impact on the general health of the population of Torbay)	N/A		

14	Cumulative Impacts – Council wide (proposed changes elsewhere which might worsen the impacts identified above)	N/A
15	Cumulative Impacts – Other public services (proposed changes elsewhere which might worsen the impacts identified above)	N/A