

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

Date: 16 April 2018

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?

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1. Introduction

1. The Care Act 2014 has changed some of the duties and perspectives in enabling people to access Adult Social Care. This combined with the Council's commitment to a new model of care means that an update of the council's eligibility policy is now needed.
2. 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 that the Council as commissioners, and therefore the ICO as providers, intend to adopt is offering people information and advice in the first instance, and by 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.
3. A revised Adult Social Care Eligibility policy was presented to PDDG on the 14th December 2017 where the proposal to submit the revised policy for public consultation was agreed.
4. The public consultation on the policy started on 15th December 2017 and closed on 9th January 2018. The consultation questionnaire was hosted on the Torbay Council website, with a link to the survey sent to key stakeholders and repeated posts were made about it on Twitter and Facebook.
5. The results of the consultation highlighted that the majority of respondents had read the policy (85.7%), nearly two thirds of respondents supported the overall principle

of the policy (71.4%) and most agreed or strongly agreed with each of the proposed range of assessment factors.

5 Recommendation

- 5.1 That the Elected Mayor be recommended to approve the revised Adult Social Care Eligibility Policy set out at Appendix 1.

Appendices

Appendix 1: Revised ASC Eligibility Policy

Background Documents

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

- Care Act 2014
- New Model of Care.
- Adult Social Care Consultation Report.

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 committed 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 committed 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.

<p>3.</p>	<p>What options have been considered?</p> <table border="0"> <thead> <tr> <th>No.</th> <th>Proposal</th> <th>Benefit</th> <th>Risk</th> <th>Cost</th> <th>Mitigation</th> </tr> </thead> <tbody> <tr> <td>1</td> <td>Do Nothing</td> <td>No disruption to existing service users.</td> <td>Demand on domiciliary care and residential will increase.</td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td>Increase demand with no extra money identified.</td> <td></td> <td></td> </tr> <tr> <td>2</td> <td>Change the way we deliver ASC by having a different conversation.</td> <td>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.</td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td>Targeting resources on those who need it most.</td> <td></td> <td></td> <td></td> <td>Potential disruption for some existing service users.</td> </tr> <tr> <td></td> <td>Lack of family, friends, neighbours and charities.</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td>Help to manage demand more efficiently targeting resources to those most in need.</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td>Gradual implementation over a 2 year period.</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td>Existing service users supported to access alternative solutions that are right for them.</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td>Community Builders.</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td>Wellbeing co-ordinators.</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td>Engagement with local charities.</td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>	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.				Potential disruption for some 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.				
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<p>4.</p>	<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>																																																																								
<p>5.</p>	<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"> <input type="checkbox"/> Stakeholders: <input type="checkbox"/> Existing service users. <input type="checkbox"/> New service users. <input type="checkbox"/> Carers. <input type="checkbox"/> Age UK. <input type="checkbox"/> Community Development Trust. <input type="checkbox"/> 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> <ul style="list-style-type: none"> <input type="checkbox"/> The majority of respondents had read the policy (85.7%) <input type="checkbox"/> Nearly two thirds of respondents supported the overall principle of the policy (71.4%) <input type="checkbox"/> Most agreed or strongly agreed with each of the proposed range of assessment factors.
14.	<p>Amendments to Proposal / Mitigating Actions</p> <p>Following the public consultation there are no amendments to the proposal. The mitigating actions are that the roll out of the reviewed criteria will be gradual and in consultation with individuals.</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.	Potential for disruption for some existing service users. Mitigated by a 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.	Potential for disruption for some existing service users. Mitigated by a 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.	Potential for disruption for some existing service users. Mitigated by a 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 communities such as family, friends, neighbours and charities. Supported to access alternative solutions that are right for them.	Potential for disruption for some existing service users. Mitigated by a gradual implementation over a 2 year period.	Social care staff would require training however no differential impact.

<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. Supported to access alternative solutions that are right for them.</p>	<p>Potential for disruption for some existing service users. Mitigated by a 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. Supported to access alternative solutions that are right for them.</p>	<p>Potential for disruption for some existing service users. Mitigated by a 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. Supported to access alternative solutions that are right for them.</p>	<p>Potential for disruption for some existing service users. Mitigated by a gradual implementation over a 2 year period.</p>	<p>Social care staff would require training however no differential impact.</p>
<p>People who are transgendered</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. Supported to access alternative solutions that are right for them.</p>	<p>Potential for disruption for some existing service users. Mitigated by a gradual implementation over a 2 year period.</p>	<p>Social care staff would require training however no differential impact.</p>

<p>People who are in a marriage or civil partnership</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. Supported to access alternative solutions that are right for them.</p>	<p>Potential for disruption for some existing service users. Mitigated by a gradual implementation over a 2 year period.</p>	<p>Social care staff would require training however no differential impact.</p>
<p>Women who are pregnant / on maternity leave</p>	<p>N/A</p>		
<p>Socio-economic impacts (Including impact on child poverty issues and deprivation)</p>	<p>N/A</p>		
<p>Public Health impacts (How will your proposal impact on the general health of the population of Torbay)</p>	<p>N/A</p>		

14	Cumulative Impacts – Council wide (proposed changes elsewhere which might worsen the impacts identified above)	<i>Are any cumulative impacts identified across your service area from proposals in other departments OR from other service areas? Please explain what these might be (you may need to revisit this section once proposals have been further defined)</i>
15	Cumulative Impacts – Other public services (proposed changes elsewhere which might worsen the impacts identified above)	<i>Are any cumulative impacts identified across your service area from proposals in other public services or partner organisations? Please explain what these might be (you may need to revisit this section once proposals have been further defined)</i>