

BRIDGEND COUNTY BOROUGH COUNCIL

REPORT TO THE ADULT SOCIAL CARE, HEALTH AND WELLBEING OVERVIEW AND SCRUTINY COMMITTEE

8 SEPTEMBER 2015

REPORT OF THE CORPORATE DIRECTOR, SOCIAL SERVICES AND WELLBEING

THE SOCIAL SERVICES AND WELLBEING (WALES) ACT 2014, INCLUDING ELIGIBILITY CRITERIA AND SUPPORTING VULNERABLE PEOPLE UPDATE

1. Purpose of Report

1.1 The purpose of this report is to update the Committee on:

- The consultation and engagement with stakeholders about the changes that the Social Services and Wellbeing (Wales) Act, 2014 will bring and the implications of the new proposed National Eligibility Criteria for managed care and support services;
- The confirmation of the new National Eligibility Criteria announced by the Minister for Health and Social Care on 11th May 2015;
- The Cabinet decision of 16th June 2015 to approve the raising of the Council's eligibility criteria from moderate to that of substantial and critical and of the work against the Medium Term Financial Strategy;
- The Service Level Agreement with Age Concern and how the Directorate are working with the 3rd Sector by assisting in developing and expanding their services;
- The Regional Community Services Project Board;
- The Meals at Home Service.

2. Connection to Corporate Improvement Plan / Other Corporate Priority.

2.1 The report links to the following improvement priorities in the Corporate Plan:

- Working together to help vulnerable people to stay independent;
- Working together to tackle health issues and encourage healthy lifestyles;
- Working together to make the best use of our resources.

3. Background.

Assessment Framework and Eligibility Criteria

3.1 On 3rd February 2015, Cabinet approved the proposal to raise the Council's eligibility criteria from moderate to that of substantial and critical subject to further consultation. On 16th June 2015, a report updated Cabinet on the progress against the consultation and engagement events that were carried out in respect of the proposed change. These events have focussed on groups representing the interests of older and disabled people, and their families and carers, to ensure that they are aware and understand the changes that the new Act will bring, especially

the new Assessment Framework and the implications of the new proposed National Eligibility Criteria for managed care and support services.

- 3.2 Specifically, a number of stakeholder groups received presentations on the new Act and Eligibility Criteria, and they include: The Carers Forum, County SHOUT (the voice of older people in Bridgend) Porthcawl Shout, The Third Sector Health Social Care and Wellbeing Forum, mental health stakeholders and the Parents Forum. Furthermore a briefing was prepared and sent out in the March 2015 edition of the Health Social Care and Wellbeing Bulletin. In that publication, all 57 third sector recipients were invited to contact the Directorate if they wished to have a presentation on the Act and the new Eligibility Criteria, and the interim proposals to raise the existing Eligibility Criteria. All organisations affiliated to the Bridgend Association of Voluntary Organisation's (BAVO) health social care and wellbeing forum and specific service user organisations were contacted and were asked to feedback and contact the Directorate with their views; to date the Directorate has received no requests for further presentation, nor any feedback on the proposals; our partners in BAVO have also confirmed that they have received no representations or concerns in their third sector meetings.
- 3.3 On 11th May 2015, the Minister for Health and Social Services announced the new National Eligibility Criteria. The new eligibility process is made up of two parts: the first part of the eligibility process is to assess if care and support intervention can address the need, risk or barrier, or enhance the resources that will enable the individual to achieve their personal well-being outcomes. The second part of the process is the determination that the individual's well-being outcomes cannot be met, or cannot be sufficiently met, solely through care and support co-ordinated by themselves, their family or carer, or others. If this is the case, the individual requires support through a care and support plan, to co-ordinate their care and support or to manage it completely.
- 3.4 This new National eligibility criteria, was as anticipated in the previous Cabinet report and the interim arrangements proposed at that time have been implemented; this included further analysis and reviews of existing service users currently in the 'moderate' category for eligibility to services.

Third Sector

- 3.5 The Council supports and funds a range of third sector agencies to support people within the community through prevention and wellbeing services. There are services which offer advice and support and also provide the direct delivery of care services.
- 3.6 The Council carries out an annual review of third sector funded agencies. As part of the review, Social Services are in the process of visiting all third funded agencies in line with the corporate third sector review processes. The corporate third sector review was developed in partnership with the Community and Voluntary agencies and aims. The review enabled the Council to set clearer outcomes with third sector agencies and help agencies to develop more robust arrangements for overseeing the contracts.
- 3.7 There is a Voluntary Sector Compact in place which is an agreement between the Council, partners and third sector organisations, which sets out the principles for working in collaboration. However, it is recognised that there is an opportunity to

strengthen the arrangements in place with the community and voluntary sector in order to work in partnership to meet the Council's priorities.

Western Bay Community Services Board

Intermediate Tier Business Case

- 3.8 In June 2013 the Western Bay Programme Board approved a Strategic Outline Business Case for a Transformation Programme relating to the needs of the frail older population across Western Bay. Cabinet received a report in June 2014 updating on the progress of integrating health and social care services for older and physically disabled people within the County Borough, and seeking approval to continue with the strategic direction as set out in the report.
- 3.9 Bridgend County Borough Council and Abertawe Bro Morgannwg University Health Board (ABMU) have made significant progress in the integration of health and social care over recent years. This has ensured better outcomes for people whilst also meeting the policy aspirations of the Welsh Government for better joined up care.
- 3.10 A key aspect of this integration agenda has been the development of an intermediate care team known as the Community Resource Team (CRT). This is an integrated team made up of health and social care staff with one integrated single manager.
- 3.11 The CRT delivers a suite of short term interventions that address needs at a time of crisis or when people's needs change, with the aim of maximising recovery and on-going independence thereby:
- Avoiding inappropriate admission to hospital;
 - Delaying the need for long term care;
 - Facilitating earlier hospital discharges;
 - Tailoring individual care packages to meet identified needs.

4. Current situation / proposal.

Assessment Framework and Eligibility Criteria

- 4.1 The Social Services and Wellbeing (Wales) Act 2014 received Royal Assent in May 2014 and will be fully implemented in April 2016; at this point the new National Eligibility criteria and process will be applied to all people requiring managed care and support services.
- 4.2 Following the engagement processes outlined above with stakeholders and the publication of information sent to all third sector partners in the Health Social Care and Wellbeing Bulletin, the Directorate has not been asked for any further presentations or requests for information, nor have there been any particular concerns raised about the proposed interim changes to eligibility criteria, nor about the application of the new National eligibility criteria from April 2016. The Directorate has an information work stream associated with the implementation of the Act, and is continuing a process of awareness raising about the implementation and implications of the 2014 Act. For example, there have been briefings for health and

social care staff and the Directorate is currently engaged in delivering “Getting in on the Act Sessions” for staff within the authority partner organisations, and the Independent and Third Sector.

- 4.3 At the 21st May 2015, there were 205 people in the moderate category: following the analysis of these moderate cases, it was determined that 73 had been incorrectly categorised. Given that many of our existing service users are frail older people, it would not be unexpected that a number of them would have increased needs from when they were last reviewed. They were reallocated to the appropriate eligibility criteria; and of the remaining 132 cases, the process of reviewing these cases is being undertaken by the Transformation and Review Team, to ensure that all people receive an appropriate strengths-based assessment of their needs, to support them in attaining their wellbeing outcomes. These reviews are on an individual basis and will include information on the new assessment criteria to ensure that the service users are appropriately informed.

Third Sector

- 4.4 There is a plan to strengthen the mechanisms in place with community and voluntary services in order to have more meaningful engagement with third sector agencies. The platforms for engagement will help contribute towards the development of a corporate third sector strategy, setting out the vision to work collaboration with community and voluntary services for the future.
- 4.5 In terms of the service level agreements with third sector agencies, they will be updated as part of the third sector review. The service level agreement with Age Connect for the provision of Better@home services came to an end within 2014/15. The Better@home service is now being delivered by the internal homecare service in line with the remodelling of homecare work. The Council continues to commission services from Age Connect to support people with dementia within the community and day services.

Regional Community Services Board

- 4.6 The additional Intermediate Care Fund has further enhanced the well-established model of intermediate care services delivered by the Community Resource Team (CRT) in Bridgend.
- 4.7 The current service model includes the following elements:

4.7.1 Short Term Assessment and Reabling Team

This integrated, multi-disciplinary team provides a short period of therapeutic support in a Service user’s own home. Members of the service may visit up to 4 times a day to provide the individual with support to help them to regain the skills they need for maximum independence.

4.7.2 Bryn y Cae Reablement Unit

The Bryn y Cae Reablement Unit is suitable for individuals who, for short periods of time, are likely to need more intensive support with activities of daily living than it would be possible to provide at home. The Reablement Unit is situated in a dedicated wing of the Bryn y Cae Residential Care Home, Brackla, Bridgend.

4.7.3 Early Response Team

Early Response is a model designed to prevent avoidable admission to hospital by providing rapid health and social care assessment/diagnosis and (if appropriate) immediate access to short term nursing/therapy or social care support. This proactive model, overseen by a Community Geriatrician, is designed to prevent or stop a progressive deterioration in a person's physical condition or level of independence by short term health and social care intervention.

4.7.4 Telecare and Mobile Response

In addition to supporting the Early Response element of the CRT, this team also provides a comprehensive 24-hour service as part of a telecare package, responding to calls for assistance either via a lifeline activated by the Service user or by the proactive use of telecare sensors. The service provides direct assistance including personal care where appropriate and also co-ordinates and supports an emergency response when required. The service also supports the assessment, installation and maintenance of the telecare equipment and carries out proactive calling to support service users when required. There are now over 1700 people in Bridgend supported by a telecare package. For example, for new users of the service after the first 6 to 8 weeks, the mobile response service will visit people at home, to check that the equipment is working and check that the person understands how it works and how to contact the service if they have a concern or a problem. If people do contact the service with concerns they will receive a follow-up home visits to ensure everything is working satisfactorily.

4.7.5 Better@Home

This new service development supports the more timely discharge of in-patients by the earlier identification of patients who could benefit from the service, then supporting secondary care based staff to discharge earlier to community services, initially those provided by the CRT. The service arranges the required care to meet individual needs until their ongoing service intervention, which may be either Short Term Enabling Team or long term homecare package, is available. This service will be further enhanced, in time, to deliver case management for an individual whilst they recover from their hospital event and then identify the most appropriate on going service which may include enabling homecare, Reablement, long term homecare or Continuing Health Care (CHC) package, enabling them to remain at home.

4.8 Through the recent ICF investment the service has seen further recruitment of health and social care staff enabling the ability to deliver services over 7 days by registered professional staff. Other resources to assist the service meet its objectives include:

- Purchase of additional community equipment stock due to increasing numbers of people supported to stay at home.
- Recruiting multi-disciplinary staff to achieve the vision set out in the Western Bay strategic business case for the service;
- Purchased additional specialist equipment to facilitate more detailed assessment;

- Increased specialist services such as Speech and Language therapy, Medicine's Management and Dietetic resource within the CRT which has enabled greater and faster access to these services;
- Commissioning third sector projects to deliver services such as the Care & Repair Hospital to Home scheme;
- Establishing fast access to community clinics where people can access health and social care services to avert inappropriate admission to long term care services or having to be seen at the hospital;
- Establishing the Mobile Response Team to a 24hour/7 day a week service;
- Moving the early response and short term enabling services to 7 day working for the qualified staff;
- Successful establishment of Phase 1 of Better@home, a service that facilitates faster hospital discharge whilst the person awaits commencement date of their ongoing support package.

4.9 The CRT continues to build on the previous year's developments. The additional funding has enabled the service to test new ways of working with the third sector, forging close partnerships as both agencies work towards the same aim of keeping people at home, accessing statutory services only when necessary and moving their care closer to home.

4.10 The Regional Board is currently finalising a formal legal agreement known as a Section 33 agreement which will be a pooled fund arrangement. Once in place this agreement will seek to achieve:-

- the highest quality of seamless care with Service users being at the heart of service planning, commissioning and delivery;
- Increase the operational efficiency and economies of scale of the services and ensure sustainability of the rebalanced health and social care services;
- Optimise the mix of service provision skills across health and social care and develop more rewarding jobs and careers for staff;
- Support greater and more coordinated engagement with the third sector and carers;
- Enhance creativity and problem solving within the various multidisciplinary services with quicker decision making.

4.11 The financial contribution to the Pooled Fund arrangement will be:

£2,145,000 from Bridgend County Borough Council;
 £2,187,043 from Abertawe Bro Morgannwg University Health Board;
 TOTAL pooled fund indicative value - £4,332,043.

4.12 There have been many positive outcomes for the users of Community Resource Team. Below is a case study example and an extract of feedback received in the service:

Case Study and Survey Feedback

Mrs H is aged 93 and was admitted to A&E following a fall. A referral was received from the OT requesting a stair lift; this was processed via the Independent Living Project. Following a home visit, a Safety at Home referral was processed for a rail by the ground floor WC, security measures as Mrs H lives alone and also repair to the rear threshold step as it was causing a trip hazard.

Mrs H also didn't have any smoke alarms fitted at the property, therefore the Home Safety Office fitted these following a Home Fire Safety Check. A full financial assessment was completed which resulted in an Attendance Allowance award of £81.30 per week, a reduction of £130 per year on her electricity bill and £22 per month reduction in her Welsh Water bill.

SURVEY FEEDBACK

"We both feel that the CRT were fantastic. Each and every member that came was very kind, caring and considerate. We have both felt more confident after receiving the help of the team. Also, we have become more independent with the help of the team. Life is much easier for us both since the stroke. It was very frightening at first but now are able to cope very well, thanks to the team!" August 2014.

"A belated thank you for all the help, support, encouragement given to my aunt....Before CRT her GP had advised she was not safe living on her own. Her confidence and belief in her own abilities were at an all time low. All the carers that visited were in her words "wonderful girls". At the age of 91, in poor physical health, consistent pain and double vision, she has been given the confidence and techniques to manage her own needs. She is almost completely independent. Most importantly she is living in her own home with her self-respect, pride and dignity intact. In fact, since she has the new bath aid, she baths twice a day!! Thank you so much." October 2014.

"A thorough brief as provided to me in hospital prior to commencing the service. All team members were completely professional throughout and were a credit to their profession. The service was superb in every possible way and I would have no hesitation in recommending it to anyone who may be in a position to receive it in the future. The past six weeks has completely rebuilt my confidence, independence and quality of life in every possible aspect...friendliness and professionalism was portrayed by throughout by all team members. Thank you from me and my husband for everything you have done for me in the past 6 weeks". December 2014.

Meals at Home

- 4.13 In March 2015, an options appraisal for 2015/16 was presented to Cabinet. The recommended option, which was 'service efficiencies and a small increase in charges' was approved by Cabinet. As part of this option, a 30p increase per hot meal was proposed, and an additional tea-time service was to be offered. To allow the service efficiencies to be made, a chilled meal was to be provided on a Saturday.
- 4.14 The increase of 30p (from £3.94 up to £4.24) per meal for the cost of a meal charged to the service user was implemented from Sunday 3rd May 2015, and the new tea-time service was implemented from Monday 24th August 2015. However, some issues were identified during the consultation sessions and Catering Services have had to review the 'chilled meal' aspect, and the model moving forward will be pending further consultation with staff and Trade Unions.
- 4.15 The provision of a daily hot meal for those who need it remains an important part of the support packages available, to enable people to remain living at home for as

long as possible. However, it is recognised that even through implementing the ‘service efficiencies’ option in 2015/16, where some of the requirements of the Medium-Term Financial Strategy have been met, the service cannot continue to be delivered in its existing form.

- 4.16 In light of the above, and in line with preparation for the Social Services and Wellbeing (Wales) Act 2014, the Directorate is exploring some longer-term remodelling solutions which may also deliver greater benefits in the future. A further report and options appraisal will be presented to Cabinet shortly, proposing a strategic direction for the service in the longer-term.

5. Effect upon Policy Framework and Procedure Rules.

- 5.1 The new National Eligibility Criteria will amend the current policy from April 2016.

6. Equality Impact Assessments.

- 6.1 An equality impact screening on the assessment framework was completed in December 2013 and refreshed as a result of the 2014 Act. Indications from the screening suggest that attention will need to be paid to the result of the scoping and findings of the proposed prevention and wellbeing strategy, with particular consideration being given to gaps in universal service provision to groups with protected characteristics. In addition, the impact on all service users of the implementation of the determination that the individual’s well-being outcomes cannot be met, or cannot be sufficiently met, solely through care and support co-ordinated by themselves, their family or carer, or others will only be full understood once the process of review assessment is completed.
- 6.2 A full Equality Impact Assessment will need to be completed as part of the programme of change and will assess the relevance of this work to the Authority’s public equality duties and potential impact on protected equality characteristics.

7. Financial Implications.

- 7.1 The target savings set in the MTFs against the implementation of the Integrated Assessment Framework for the three years starting 2014-15 are illustrated in the chart below.

	2014/15	2015/16	2016/17	Total
Budget /Savings	30,000	1,399,000	1,155, 000	2,584,000

- 7.2 A Changing the Culture Project Board has been established and is chaired by the Head of Adult Social Care, with a view to delivering a consistent monitoring tool for all changes in ways of working. The Board will monitor progress on the right sizing of high cost packages and complex care packages to achieve the significant cost savings associated with the change of practice as well as monitoring of the culture change in assessment and care planning as well as the changes to eligibility criteria and the coordination of packages for the shared lives scheme. The management and monitoring of progress in delivering these efficiencies will be monitored through the Changing the Culture Project Board and its associated projects; reports tracking and analysing the impact of change on people coming into managed care and support, strengths based work approaches and the impact on budgets, are being

developed as part of this process,. This project reports into the Remodelling Adult Social Care Board which is part of the Council's transformation programme.

- 7.3 The impact of changing the criteria is difficult to quantify but it is anticipated some level of savings will be achieved and will contribute towards the MTFS savings requirements set out at paragraph 7.1. It is acknowledged that until the reassessment of all service users is completed, it will not be possible to say with any certainty what the actual impact will be on delivering the savings in the MTFS. It also should be noted that the majority of these individuals are long-standing service users and their numbers have and will continue to reduce over time, and it is therefore likely that the savings contribution will accumulate over a period of time. The outcome of the comprehensive review assessments of all people in this category need to be completed before any changes to eligibility can be discussed; this will give a clear indication of the impact on existing users and the Authority's finances. It should be noted, that by the nature of the frail people in services, reassessment may mean some people's risks have increased since they were last reviewed and potentially their needs may be critical or substantial. This assessment of eligibility is crucial in determining the financial impact of no longer providing services to those with a moderate category.
- 7.4 As well as the cost of reviewing each existing service user, there are also other costs to be considered, such as the continued and extended investment in preventative services, such as welfare rights, third sector brokerage, as well as running existing services in the period of reducing demand.
- 7.5 The overall saving will be achieved via a range of actions, not just reviewing the eligibility criteria. This will include changes to the assessment process, seeking to signpost individuals to more appropriate services than Local Authority as well as anticipating additional income from client contributions. The service, through its Changing the Culture Project Board, and Remodelling Programme has in place robust monitoring arrangements to ensure achievement of savings targets.
- 7.6 Social Services and Wellbeing invest £5,752,645 into Third Sector agencies. The funding commissions services from 17 agencies and provides core funding towards a further 6. £4,876,009 is commissioned care from domiciliary care agencies and £876,636 contributes towards the prevention and wellbeing agenda.
- 7.7 The first year 2014 /2015 of the Business Case was financed through the availability of Welsh Government's short term Intermediate Care Funding (ICF). The aim of the ICF is to provide pump-priming monies to develop integrated working between Local Authorities, health and housing to support older people to maintain their independence.
- 7.8 The fund in the first year (2014-15), comprising of revenue and capital monies, allocated on a regional basis. This totalled £9,435,000 for the Western Bay footprint, with £1,905,000 allocated to Health and Social Care in Bridgend. This comprised of £1.270m revenue and £0.635m capital. There has been further funding from Welsh Government for 2015 /2016 for intermediate care which is being channelled through Health Boards in Wales.
- 7.9 The Medium Term Financial Strategy also sets out a saving of £122,000 for the Meals at Home service in the current year. Part of this saving will be met through

realigning income budgets to reflect a higher-than-budgeted level of income for this service (£50,000) and the 30p increase in the charge to service users will achieve a further £16,500. The shortfall of savings will be met from within the service.

8. Recommendation.

8.1 It is recommended that the Committee:-

- Note the new National Eligibility Criteria announced by Welsh Government on 11th May 2015 attached as **Appendix 1**;
- Note the consultation and engagement that has been undertaken to date and Cabinet approval to raise the Council's eligibility criteria from moderate to that of substantial and critical;
- Note the details of current activity with the Directorate and the third sector;
- Note the update on the Regional Community Services Project Board;
- Note the ongoing work taking place in relation to meals at home.

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August 2015

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10 **Background documents**
None