Public Document Pack

ISLINGTON

Governance and Human Resources
Town Hall, Upper Street, London, N1 2UD

AGENDA FOR THE HEALTH AND CARE SCRUTINY COMMITTEE

Members of the Health and Care Scrutiny Committee are summoned to a meeting, which will be held in Council Chamber, Town Hall, Upper Street, N1 2UD on, **18 November 2014 at 7.30 pm.**

John Lynch
Head of Democratic Services

Enquiries to : Rachel Stern
Tel : 020 7527 3308
E-mail : democracy@islington.gov.uk
Despatched : 11 November 2014

Membership

Councillors:
Councillor Raphael Andrews
Councillor Jilani Chowdhury
Councillor Kaya Comer-Schwartz
Councillor Osh Gantly
Councillor Mouna Hamitouche MBE
Councillor Gary Heather
Councillor Jean Roger Kaseki (Vice-Chair)
Councillor Martin Klute (Chair)

Co-opted Member:
Bob Dowd, Islington Healthwatch

Substitute Members

Substitutes:
Councillor Alice Donovan
Councillor Tim Nicholls
Councillor Nurullah Turan

Substitutes:
Olav Ernstzen, Islington Healthwatch
Phillip Watson, Islington Healthwatch

Quorum: is 3 Councillors

A.	**Formal Matters**	**Page**
1.	Introductions	
2.	Apologies for Absence	
3.	Declaration of Substitute Members	
4.	Declarations of Interest	

If you have a **Disclosable Pecuniary Interest*** in an item of business:

- if it is not yet on the council's register, you **must** declare both the existence and details of it at the start of the meeting or when it becomes apparent;
- you may **choose** to declare a Disclosable Pecuniary Interest that is already in the register in the interests of openness and transparency.

In both the above cases, you **must** leave the room without participating in discussion of the item.
If you have a **personal** interest in an item of business **and** you intend to speak or vote on the item you **must** declare both the existence and details of it at the start of the meeting or when it becomes apparent but you **may** participate in the discussion and vote on the item.

***(a)Employment, etc -** Any employment, office, trade, profession or vocation carried on for profit or gain.
(b)Sponsorship - Any payment or other financial benefit in respect of your expenses in carrying out
duties as a member, or of your election; including from a trade union.
(c)Contracts - Any current contract for goods, services or works, between you or your partner (or a body
in which one of you has a beneficial interest) and the council.
(d)Land - Any beneficial interest in land which is within the council's area.
(e)Licences- Any licence to occupy land in the council's area for a month or longer.
(f)Corporate tenancies - Any tenancy between the council and a body in which you or your partner have
a beneficial interest.
(g)Securities - Any beneficial interest in securities of a body which has a place of business or land in the council's area, if the total nominal value of the securities exceeds £25,000 or one hundredth of the total issued share capital of that body or of any one class of its issued share capital.

This applies to **all** members present at the meeting.

5.	Order of business	
6.	Confirmation of minutes of the previous meeting	1 - 6
7.	Chair's Report	

The Chair will update the Committee on recent events.

8. Executive and Health and Wellbeing Board Update

B.	**Items for Decision/Discussion**	**Page**
1.	Care Act 2014	7 - 46
2.	Peer Review of Strategy & Commissioning (Adults)	47 - 60
3.	Local Account of Adult Social Services 2013/14	61 - 76
4.	Work Programme 2014/15	77 - 78

The next meeting of the Health and Care Scrutiny Committee will be on 13 January 2015

Please note all committee agendas, reports and minutes are available on the council's website:
www.democracy.islington.gov.uk

This page is intentionally left blank

London Borough of Islington

Health and Care Scrutiny Committee - Tuesday, 21 October 2014

Minutes of the meeting of the Health and Care Scrutiny Committee held at Committee Room 5, Town Hall, Upper Street, N1 2UD on Tuesday, 21 October 2014 at 7.30 pm.

Present:	**Councillors:**	Andrews, Comer-Schwartz, Gantly, Hamitouche, Kaseki (Vice-Chair) and Klute (Chair)
Also Present:	**Councillors**	Burgess
	Co-opted Member	Bob Dowd, Islington Healthwatch

Councillor Martin Klute in the Chair

27 **INTRODUCTIONS (ITEM NO. 1)**

Councillor Klute welcomed everyone to the meeting. Members of the Committee and officers introduced themselves.

28 **APOLOGIES FOR ABSENCE (ITEM NO. 2)**

Apologies for absence were received from Councillor Chowdhury.

29 **DECLARATION OF SUBSTITUTE MEMBERS (ITEM NO. 3)**

There were no declarations of substitute members.

30 **DECLARATIONS OF INTEREST (ITEM NO. 4)**

There were no declarations of interest.

31 **ORDER OF BUSINESS (ITEM NO. 5)**

The order of business would be as per the agenda.

32 **CONFIRMATION OF MINUTES OF THE PREVIOUS MEETING (ITEM NO. 6)**

RESOLVED:

That the minutes of the meeting of the Committee held on 16 September 2014 be confirmed and the Chair be authorised to sign them.

33 **CHAIR'S REPORT (ITEM NO. 7)**

There was no Chair's report.

34 **EXECUTIVE MEMBER AND HEALTH AND WELLBEING BOARD UPDATE (ITEM NO. 8)**

Councillor Burgess noted that Councillor Alison Kelly, Chair of Camden Health Scrutiny Committee was present. She echoed the statements on the good partnership working with their partners in the Health sector and notified the Committee that three partnership reports would be presented to the Executive the following Thursday by Whittington Health, Islington CCG and Camden and Islington Foundation Trust.

On Thursday a report would also be presented seeking permission to enter a new contract for St Anne's Care Home in Finsbury Park ward. The London Living Wage would be offered, the first time any care home in the borough had given LLW to their staff.

The Health and Wellbeing Board had met last week and considered a report on the strategic priorities and Commissioning Plans for the CCG and the council.

There had been a delay in implementing the Better Care Fund monies as the government had changed their rules and the process had to be rerun.

Councillor Burgess was still pressing for Mental Health Awareness training in a condensed format.

Councillor Burgess would look into concerns expressed regarding care worker travel between appointments under the new contract.

35 **WHITTINGTON HOSPITAL - PERFORMANCE UPDATE (ITEM NO. 1)**

Simon Pleydell, Interim Chief Executive, Whittington Health, and Steve Hitchins, Chair of Whittington Health presented the update to the Committee.

The Chair stated that he had requested the item in response to stories in the local press.

In the discussion the following points were made –

- The trust had received approval from the TDA to progress their plans to develop the maternity unit to accommodate 4,700 births per year. A key part of this was the full business case that should be available by Christmas.
- They had opened an ambulatory care centre which allowed direct access to consultant care for non-urgent cases. Since the centre had opened there had been demonstrably lower admissions.
- Their patient experience rating for cancer care was the best in North London.
- Their overall performance was going well and A&E numbers compared favourably with any other department in London.
- The trust was achieving 95% of its targets.
- At one point they had a 38% nursing vacancy rate but this was now down to 5% following a number of measures including a redesign of the local area teams.
- The trust was still committed to becoming a foundation trust and was currently taking a pause to refresh their strategy.
- The King's Fund had carried out a review of the Trust and had been impressed with many pieces of work but had told them they needed to be more strategic. The slides from the King's Trust could be shared with the Committee.
- A new leadership team was in place and they needed to recognise the new strategic priorities.
- It was likely that the CQC would inspect the Trust early next year and they needed a good rating to progress before they actively started moving forward with their Foundation Trust application.
- Once the Trust could prove they were a good, safe, high quality organisation with sustainable finances they would progress their application.
- The TDA were giving the Trust time to get into the right place for their application.
- The local press had incorrectly reported that the Trust was abandoning their application.
- The Trust had not been notified that they were in the group of Trusts who had been identified as candidates for merging with other NHS trusts.
- The 4% in the cost base was causing issues but there was work underway to address this.
- There were currently 64 Trusts in the same position as Whittington Health and many others who were worse off.
- The cost base challenge was up to £5million depending on CCG funding decisions. There were ongoing discussions with commissioners on this issue

and these were also considering the viability of the cap and collar funding methods.

- A friends and family test had been rolled out to all staff with 74% saying they would recommend the Trust for treatment dropping to 62% who would recommend working there. There was current benchmarking underway and the Trust was within the norms of the national average. This was not considered to be good enough and they were aiming to improve.
- There had been some pockets of discontent among staff in the past and this had not necessarily been managed in the correct way. It was vital that senior management engaged with staff and that staff understood the reasons why and how decisions were made.
- The Trust was performing at 95% against the target for patients at A&E being seen within four hours.
- They were encouraging a cohort of patients to come forward as patient champions.
- There was no clinical estates plan apart from the previous one so the Trust remained committed to the Waterlow building as stated. Clinical staffing was the priority, then IT then the estates plan may be reviewed.
- There had been capacity issues in meeting the 14 day cancer target and planning had been done in partnership with GPs to address this. Not all patients were able to or wanted to come in during that 14 day window due to other commitments so that would skew the figures.
- The Trust and the LA had discussed the appointment of the new Chief Executive and an announcement would be made on this early in November. After this a new Director of Finance would be appointed and then further staff would be recruited from there.
- There was an established partnership group who had provided very constructive feedback. Simon Pleydell also met with the Co-Chairs every month to discuss the latest concerns.
- There were regular briefings for staff and monthly newsletters were circulated. There was also a Board Matters podcast that staff could access. Communication was never perfect and the Trust was determined to keep working on ensuring all staff were informed of the latest developments.
- Periodic staff turnover created uncertainty although information did go out to staff regularly. Once the permanent Chief Executive appointment had been made this would start to turn around these processes.
- The partnership group included representatives from all of the unions.
- The cancer services restructure applied only to very specialist services at UCL, Bart's and the Royal London.
- 45% of attendances at the ambulatory care centre were redirects from A&E. The others were significantly from GP referrals so the centre was not open access in a general sense.
- It was estimated that it would take two to three years to progress the FT application.
- The national changes to the CQC inspection process and to the FT application process had slowed the process down leading to many Trusts' applications going on pause.
- There were still some issues with outpatient appointments systems in some specialities. In Rheumatology consultants' sickness had caused problems and the Trust had worked on this and the situation had improved.
- Reports that Whittington Health was too small to go for FT status were inaccurate.
- Clinical care and quality of services was key as was the vital support from the local community.

The Chair thanked Simon Pleydell and Steve Hitchins for attending.

RESOLVED:

That the update be noted.

36 **DRUG AND ALCOHOL MISUSE - ANNUAL UPDATE (ITEM NO. 2)**

Eileen McMullan, Senior Commissioning Manager - Substance Misuse and Colin Sumpter, Public Health Strategist presented the report to the Committee.

In the discussion the following points were made –

- There was a single patient contact number and referrals were received from a number of partners. Direct access was available too although those with complex needs could sometimes take longer to formulate an appropriate care plan.
- 98% of those drug related cases were seen within three weeks with 67% of alcohol related cases seen within three weeks. This was compared to 62% nationally. Gateway access could be provided whilst patients were waiting.
- Work was ongoing with Licensing officers to change the patterns of availability of alcohol as alcohol related ambulance call outs and alcohol related assaults could be significant.
- The Public Health team reviewed all licensing applications and made representations where this was applicable. If they had submitted a representation they always attended the meeting in question.
- Officers had attended a meeting at the Home Office and would be fully supportive of a licensing objective to promote public health.
- Camden and Islington Foundation Trust had a complex needs service who worked closely with officers to support those patients with complex needs including mental health issues.
- Work was also taking place with the Healthy Schools Team to reach out to young people and educate them on the dangers of drugs and alcohol.
- Gateway alcohol services had held events at markets and colleges as part of the prevention agenda.
- Public Health offered alcohol awareness training to all front resident facing staff. Councillors had been invited to participate.
- Public Health would support a ban on alcohol advertising and the impacts of alcohol misuse were hugely expensive to the borough, far outweighing the benefits of e.g. business rates.
- Figures for binge drinkers in the borough also included those who visited the borough to socialise not just residents. Those residents who were defined as problem drinkers were spread across the borough and across the poorest and richest residents.
- Although approximately 70% of spend was on drug services the alcohol emphasis was spread more widely.
- Opiate and crack cocaine had a higher number of users who were known to treatment services.

The Chair thanked officers for attending.

RESOLVED:

That the update be noted.

37 **ISLINGTON HEALTHWATCH ANNUAL REPORT (ITEM NO. 3)**

Emma Whitby, Chief Officer and Phillip Watson, Board Member Healthwatch Islington presented the report to the Committee.

In the discussion the following points were made –

- Members commended officers on their report.
- Healthwatch had to ensure volunteer numbers remained steady as there were only three and a half equivalent staff members to oversee nearly 50 volunteers. They were always looking for new volunteers particularly those with language skills.
- Healthwatch members received a monthly email and quarterly hard copy update. They also used electronic forms, freepost and phone calls to contact people. They were also setting up links with community hubs and were always happy to hear of other methods of communication.
- The Healthwatch staff team currently only had a member with skills in one other language but they could book interpreters as required. They tended to work with the voluntary sector who had a more diverse base of volunteers with wider skills in a number of languages.
- The Board were elected by a steering group of 24 and the steering group were elected by the 750 members of Healthwatch.
- Members noted that Healthwatch mystery shopped locations to ensure that complaints information was displayed. If Members were aware of any locations where this was not the case they should report it to Healthwatch.
- If a resident had no GP and was of no fixed abode they could use the Healthwatch address or in some instances their GPs address although not all would facilitate this.
- Members requested a link to the Urgent Care report Healthwatch had completed.

The Chair thanked Emma Whitby and Phillip Watson for attending.

38 **GP APPOINTMENTS - FINAL REPORT (ITEM NO. 4)**

The Chair introduced the final GP Appointment system report. The Committee noted that whilst initial conclusions had been drafted previously, these had been redrafted following the last meeting to take into account the Primary Care Foundation report.

Members suggested amendments to the recommendations as follows –

- Recommendation one be amended to include the words “and within GP Clusters” at the end of the final sentence.
- Recommendation five be amended to read “be established for all patients including children with long term conditions and special educational needs”.
- Members agreed that the final wording of Recommendation two in the additional recommendations section be delegated to the Chair.
- Members noted that the Chair would add his foreword prior to the report going before Executive.

RESOLVED:

That the final report be agreed.

39 **PRIORITISATION OF SCRUTINY TOPICS (ITEM NO. 5)**

RESOLVED:

That the Committee undertake a mini review on patient feedback covering Patients/Practices/Trusts and Islington Healthwatch.

40 **WORK PROGRAMME 2014/15 (ITEM NO. 6)**

RESOLVED:

That the work programme be noted.

MEETING CLOSED AT 10.30 pm

Chair

ISLINGTON

Housing & Adult Social Services
7 Newington Barrow Way, London N7 7EP

Report of: Executive Member for Health and Wellbeing

Meeting of:	**Date**	**Agenda item**	**Ward(s)**
Health & Care Scrutiny	18 November 2014		All

Delete as appropriate	~~Exempt~~	Non-exempt

SUBJECT: IMPLEMENTATION OF THE CARE ACT 2014 IN ISLINGTON

1. Synopsis

1.1 The Care Act 2014 is the single biggest change to adult social care legislation in the UK since the National Assistance Act 1948. It aims to simplify a diverse range of legislation that has developed since 1948; put best practice in social care on a statutory footing; and respond to the challenge of how people plan and pay for the cost of their social care. The changes are being implemented at pace, and it is important that Islington has appropriate arrangements in place to deliver the requirements of the Act.

1.2 In Islington, a work programme is being led by the Service Director for Adult Social Care to ensure effective local implementation. In addition, officers are involved in regional and national activity around the implementation of the Care Act 2014.

2. Recommendations

2.1 Health and Care Scrutiny Committee are asked to:

a) Note the approach taken in Islington to the implementation of the Care Act
b) Note the progress to date in preparing for implementation
c) Consider the risks identified.

3. Background

3.1 The Care Act received royal assent on 14 May 2014. The draft guidance and regulations were published for consultation in June 2014, and the consultation closed on 15 August 2014. The final guidance and regulations are expected in October 2014. The Care Act is being implemented in two distinct phases:

3.2 From 1st April 2015, local authorities will have a range of new duties. Details can be found in the Department of Health Fact Sheets: https://www.gov.uk/government/publications/care-act-2014-part-1-

factsheets. A summary of the key changes is also included in Appendix A. These duties include:

- The rights of carers to assessments and services will be extended and put on a similar footing to those of service users.
- Local authorities will be required to offer comprehensive information, advice and advocacy services to prospective and current users of adult social care services.
- Local authorities will need to offer advice and support to people who arrange for, and pay for, their own social care services.
- There will be a duty to ensure that health and social care support is effectively co-ordinated.
- People who own their homes will be allowed to defer paying the cost of residential care so that their homes do not need to be sold during their lifetime.
- People will have a right to a personal budget.
- Local authorities will be required to co-operate with external partners such as local NHS bodies, police and probation services, as well as internal partners, specifically including housing, children's services and public health officers.

3.3 **From 1st April 2016**, the changes to funding reforms will be implemented. These will:

- Set a limit on the total amount people will pay for their social care. The aim of this is to enable and encourage people to plan for how they will meet the cost of their social care in later life. It is expected that more people will approach local authorities for assessments at an earlier stage as a result.
- Change the capital limits on how much people can have in savings or assets before they have to contribute to the cost of their social care.

3.4 A Care Act Implementation Board has been established to ensure effective implementation of the Care Act. In many areas of work, Islington is already well-positioned. For example, the Council already offers a scheme to defer the sale of people's homes to pay for residential care during the person's lifetime. However, there are a number of other areas where a significant realignment of services is required to meet the requirements of the Care Act.

3.5 The key workstreams within the programme are:

Identification of self-funders in Islington – these are people who currently pay for their own care, but who might approach the local authority for assistance with the changes to the funding cap from 1st April 2016. It is important to understand how many people might be approaching the local authority for support so that service capacity can be planned accordingly.

Identification of additional family carers in Islington – the Care Act widens the responsibility of local authorities for carers, and increases the rights of carer to assessments and services. Islington welcomes this recognition of the vital role that family carers play in enabling people to remain living in the community, and wants to ensure that people are properly supported in this role. This workstream involves understanding how many additional carers we want to reach, and whether or not our current carers' offer needs to be developed and extended to provide this support.

Increasing our approach to prevention: The Care Act makes it a requirement for local authorities to promote the wellbeing of people who need support, and also to have a clear offer of services which support people to remain well and independent for longer, or which help people to regain independent living skills after, for example, a period of care in hospital. This workstream aims to map current prevention, and ensure that provision is adequate, and that people are effectively signposted to services which will support them.

Market Shaping: The Care Act requires local authorities to shape a market of care within their area which offers choice and quality for all services users, whether self-funders or supported directly by the Council. This includes the development of "Market Position Statements", which clearly articulate the approach the local authority is taking to ensuring this requirement is met.

Deferred Payments: Although Islington already offers a deferred payment scheme (as outlined in 3.4

above), the Council needs to ensure it is able to meet a potentially increased demand for this function. This project aims to quantify expected demand for deferred payments, and ensure that the local authority is compliant with the revised guidance once this is received.

Information, advice, and advocacy: The Care Act requires Local Authorities to provide information to people on how and where to access services, and to ensure that there is adequate access to independent financial advice services, as well as provision of advocacy support. This project includes redesigning the operating model for Islington's adult social care assessment and care management services to make sure that people can be effectively advised.

Integration: There is a requirement in the Care Act to ensure that health and care support is joined up to provide people with more seamless care. This work is being taken forward through the work of Islington's Integrated Care Pioneer.

Transition: The Act requires Local Authorities to sufficiently plan for young disabled people moving to adulthood. This co-incides with the requirements of the Children and Families Act to develop co-ordinated education, health and social care plans for people with Special Educational Needs and Disabilities (SEND).

Safeguarding: The Care Act puts adults safeguarding boards on a statutory footing, and therefore mirrors the arrangements for safeguarding childrens boards.

Prisons: The Care Act places responsibilities of local authorities to meet the social care needs of adults in prisons and approved premises (e.g. bail hostels) within their borough. This has obvious implications for Islington, which has three such premises.

3.6 In addition to the workstreams identified above, a number of enabling projects are also being progressed to support successful implementation of the Act. These include:

Information technology: This includes developing tools to support people in finding information and managing their care and support online where they choose to do so. It also includes ensuring that a system of "care accounts" is developed, to track the amount that people are paying towards their care in order to establish when they meet the cap on the total amount they have to contribute to their care costs.

Workforce development: Ensuring that staff are supported to deliver the Care Act. This includes training around the changes in legislation and guidance, as well as new ways of working, for example information and sign-posting.

Communications: Making sure that our residents, staff, and other key stakeholders are aware of the appropriate changes that arise due to the Care Act, and are provided with information in the right format at the right time.

3.7 **Governance:** These changes have to be delivered at scale and pace. A programme management approach is being used to co-ordinate this activity. Updates are provided to the Corporate Director for Housing and Adult Social Services at the Adult Social Care programme board, which is held every six weeks.

3.8 Whilst the final guidance is awaited, progress is necessarily more advanced in some areas than others. The local authority is required to provide regular "stocktake" updates to the joint national programme board that oversees national delivery of the Care Act. The latest stocktake for Islington is included as Appendix B.

The attention of Health and Care Scrutiny is directed to:

Modelling work around self-funders in Islington has not to date provided us with conclusive

information on the numbers of people who fund their own care arrangements. Both a local exercise and national modelling tools have been used to date, and these will be cross-referenced with a pan-London project that has just commenced. Given Islington's demographic profile, it is expected that numbers will be relatively small in comparison to outer London boroughs.

Carers: It is expected that approximately 340 additional carers will approach the Council for support in 2015/16, of which about 1/3 will need information and advice only. Service capacity now needs to be planned to ensure support is readily available.

Prevention: Work is starting in partnership with the Clinical Commissioning Group and Public Health to scope and map the preventative offer in Islington.

Market shaping: Islington is engaged in a Peer Review exercise to help the shaping of a market development strategy. The Peer Review will report its findings on 30 September 2015, and an action plan will be produced by 24 October 2014. This will be reported to Scrutiny on 18 November 2015.

Information, advice and advocacy: Islington has launched a new and refreshed version of its online information tool for adult social care, called "Links for Living". This is now available online, but is still in its development stage. This will support residents, carers, voluntary sector partners and staff in finding appropriate information and linking people into local services that will help them. In order to ensure that the appropriate range of advocacy services are available, Islington is working with the Social Care Institute of Excellence (SCIE) to trial its toolkit for commissioning advocacy services.

Prisons: further clarification has been requested from the Department of Health on the requirements on Local Authorities due to the Care Act, as the draft guidance is very general in scope. In the meantime, Islington is working closely with NHS England and the National Offender Management Service to begin to scope possible requirements that arise from needing to provide services in prisons and approved premises.

Workforce: There are a number of other areas where a significant realignment of services is required to meet the requirements of the Care Act. This includes the development of an information and advice function for adult social care that is also able to meet the needs of people who fund their own social care arrangements. It also involves the development of services that better co-ordinate the involvement of health and social care staff. Officers have been developing ideas of what a social care offer could look like to meet these requirements, including a stronger information and advice offer as part of the current Access function, and building on the care co-ordinator approach that was trialled in the "N19" pilot. This will require a comprehensive service restructure, in line with the Council's change management policy. In order to properly engage staff, trade unions, service users and carers in these changes in time for implementation in April, consultation on this redesign will begin in October 2014.

Communications: A national communications toolkit will be published in October 2014. A communications officer is working within the adult social care programme management office to develop local communications in line with these national messages. Initial communications work has already taken place with a number of stakeholders, but this will step up as the date of implementation approaches.

3.9 **Key risks:**

a) It should be noted that there is a risk that numbers of self-funders approaching the Council for support will be greater than anticipated, which will place additional pressure on services and resources.

b) Similarly to self-funders, there is a risk that the numbers of carers approaching the Council for support will be greater than anticipated.

c) The cap on support is likely to begin to have an impact on Council budgets from about 2018/19. Although additional resource is being provided to support local authorities with this pressure, there is a risk that this will be insufficient to cope with the additional demand. The Association of

Directors of Adults Social Services has requested that the Department of Health asks the National Audit Office to support modelling of this impact across England and Wales.

The complete risk register for implementation of the Care Act in Islington is included as Appendix C.

4. Implications

4.1 **Financial implications**

Islington Council will receive New Burdens Funding for the implementation of the Care Act in 2015/16. The Department of Health are currently consulting on the proposed formulae for the distribution of funding, and this figure will be either £537k or £552 depending on the model that is agreed. This funding will cover early assessment and reviews; deferred payments (cost of administering loans and the loans themselves); capacity building including the recruitment and training of staff; and the information campaign. Islington Council will receive a further £267k to meet the responsibilities for social care in prisons that has been outlined in the Care Act.

In additional to the new burdens funding, a further provision has been made available within the Better Care Fund of £932k (£667k from revenue and £268k from capital) for putting carers on par with users for assessments; implementing statutory Safeguarding Boards; setting national eligibility; and for capital investment including IT systems.

There are risks around the proposed allocation of funding for the new burdens for adult social care. The most significant risk is that funding will not be sufficient, and the Council will have to fund the shortfall. At this stage we are still in the process of estimating the number of self funders in the borough. There has been no indication that funding will be recurrent funding, and what the future allocation will be. This has been raised with the Department of Health for further clarification.

It is unclear at this stage whether the funding for the additional assessments from the Care Act will be for financial assessments as well as care assessments. There is a risk that there is no funding for additional financial assessments, and this will result in a further cost pressure for the Council.

4.2 **Legal Implications**

The Care Act ("the Act") sets out a modern and cohesive legal framework for adult social care in the form of a single statute. It implements the Government's commitment to reform social care legislation in the White Paper *Caring for our future: reforming care and support (July 2012).* The new legislation will replace much of the existing law and statutory guidance on adult social care.

The Act also implements the changes recommended by the Dilnot Commission on the Funding of Care and Support by introducing a cap on the costs that people will have to pay for care. Sections 15 and 16 of the Act allow the Secretary of State to make regulations establishing a financial limit on the amount that adults can be required to pay towards the costs of meeting their eligible needs over their lifetime. Local authorities will be prevented from making a charge for meeting needs (other than for daily living costs) once an adult's care costs have reached that limit. The cap on care costs and other funding reform provisions will not come into force until April 2016.

The care and support provisions are in Part 1 of the Act which sets out the core legal duties and powers relating to adult social care. More detailed legal requirements are contained in regulations made under the Act.

The consultation on the draft regulations and statutory guidance closed on 15 August 2014 and the final versions are expected to be published in October 2014.

The London Borough of Islington will be required to review its policies and procedures in light of the new legislation to ensure that these comply with the responsibilities set out in the Act.

4.3 **Environmental Implications**

There are no environmental implications.

4.4 **Resident Impact Assessment**

The council must, in the exercise of its functions, have due regard to the need to eliminate discrimination, harassment and victimisation, and to advance equality of opportunity, and foster good relations, between those who share a relevant protected characteristic and those who do not share it (section 149 Equality Act 2010). The council has a duty to have due regard to the need to remove or minimise disadvantages, take steps to meet needs, in particular steps to take account of disabled persons' disabilities, and encourage people to participate in public life. The council must have due regard to the need to tackle prejudice and promote understanding.

Neither the initial screening for a Resident Impact Assessment nor a full RIA has been completed because the Care Act 2014 is a legislative requirement. However all the work streams identified will consider the impact on service users as well as the service delivery individually and monitor equalities data of service users to identify if there is any effect from its implementation. .

5. Conclusion and reasons for recommendations

5.1 The Care Act 2014 represents a significant change in the way adult social care services are delivered and organised, and needs to be delivered at pace.

5.2 A programme structure has been developed to support effective implementation of the Care Act, with a number of component workstreams.

5.3 Some changes to the current approach might be required following publication of the final guidance and regulations for the Care Act 2014, which are expected in October 2014.

Appendices

- Appendix A: The Care Act, Key Fact Sheet
- Appendix B: Care Act Stocktake, September 2014
- Appendix C: Risk Register, October 2014

Final report clearance:

Signed by:

Janet Burgess

Executive Member for Health and Wellbeing **Date:** 05 November 2014

Received by: **Head of Democratic Services** **Date:**

Report Author: Simon Galczynski, Service Director – Adult Social Care
Tel: 020 7527 1761
Email: simon.galczynski@islington.gov.uk

Appendix A

THE CARE ACT 2014

FACTSHEET

Introduction

1. The Care Act 2014 received Royal Assent (i.e. became law) on 14 May 2014

What does the Care Act 2014 do?

2. The current law on social care and support is complex and fragmented. It is set out in several pieces of legislation which have been passed over the years. Some of the legislation is very old, for example, the National Assistance Act 1948. A number of the principles set out in the current legislation are no longer relevant to today's society and have not kept up with all the policy changes in recent years.

3. The Care Act 2014 ("the Act") sets out a new comprehensive legal framework for the provision of adult social care.

4. The provisions relating to adult care and support are in Part 1 of the Act.

Part 1 of the Act

- Pulls together the different pieces of law on adult social care into a single, modern legal framework for care and support;
- Implements policy reforms modernising the provision of care and support, which promotes individuals' wellbeing by enabling them to prevent and postpone the need for care and support;
- It puts carers on a par with those for whom they care by giving them an entitlement to assessment and services in their own right;
- It implements the changes put forward by the Dilnot Commission on the funding of care and support by introducing a cap on the costs that people will have to pay for care in their lifetime.

Regulations and Guidance:

5. The Act sets out the core legal framework for the provision of adult social care and support. The detailed requirements and further legal duties and powers are contained in the care and support Regulations. The statutory guidance explains how local authorities should implement the duties and powers in the Act.

6. There are currently 22 sets of Regulations. The statutory guidance will replace most of the different pieces of guidance and policies which currently exist. It will

bring the guidance in respect of adult social care, for the most part, into one place.

When do the provisions come into effect?

7. Part 1 of the Care Act 2014 and the care and support Regulations come into effect on **1 April 2015**. The funding reforms (i.e. cap on care costs), extended means test and direct payments for residential care will come into effect in **April 2016**. This timetable is intended to give local authorities time to make the necessary preparations to ensure they are able to fulfil the new requirements when they come into effect.

8. The draft Regulations and statutory guidance were issued for consultation on 6 June 2014 and the consultation closed on 15 August 2014. Final versions of the Regulations and guidance are expected to be approved by Parliament in October 2014.

A SUMMARY OF THE NEW LEGAL PROVISIONS AND CHANGES[1]

GENERAL RESPONSIBILITIES OF LOCAL AUTHORITIES: SECTIONS 1-7

The Care And Support (Preventing Needs for Care) Regulations 2014

- **'Wellbeing duty'** – A general duty on LAs to promote an individual's "wellbeing" whenever they are exercising a function in Part 1 of the Bill in relation to that individual. Components of 'wellbeing' are set out in section 1 of the Act and include personal dignity and respect, physical and mental and emotional wellbeing, protection from abuse and neglect among other matters;

- **Duty** to prevent, reduce or delay needs for care and support by providing or arranging for the provision of services, facilities, resources, or taking other steps which will do so;

- **Duty** on LAs to carry out their care and support functions with the aim of integrating services provided by the NHS, and health related provision e.g. housing where this will promote wellbeing, reduce, prevent delay in developing care needs, or improve the quality of care in the local authority's area;

- **Duty** to establish and maintain a service for providing people in its area with comprehensive information and advice about care and support services for adults and carers, including choice of providers, how to access independent financial advice on matters relevant to the meeting of needs for care and support, among other matters;

- **Duty** to promote diversity and quality in the provision of services for meeting care

[1] "Sections" and "schedules" refers to the relevant provisions in the Care Act 2014.

and support (i.e. market shaping);

- **Duty** to co-operate with relevant partners and other persons as it considers appropriate who exercise functions in the LA's area relating to adults with needs for care and support. Relevant partners include care providers, persons who provide primary medical, dental, ophthalmic, pharmaceutical services etc under the NHS Act 2006, private registered providers of housing;

- **Duty** to make arrangements for ensuring internal co-operation e.g. with housing, children's services and public health.

DoH Factsheet 1: The Care Act – General responsibilities of local authorities: Prevention, information and shaping the market of care and support services

ASSESSING NEEDS AND ELIGIBILITY: SECTIONS 18-20

The Care and Support (Assessment) Regulations 2014
The Care and Support (Eligibility Criteria) Regulations 2014

- There will be one single **duty** to assess where it **appears** to the LA that an adult has needs for care and support – assess whether they have needs and what those needs are;

- The duty applies **regardless** of the LA's view of (a) the level of the adult's need for support or (b) of the level of the adult's financial resources. Self- funders can ask for an assessment and can ask the LA to arrange their care.

- There will be a single **duty to assess carers** where it appears to the LA that a carer will have needs for support at that time or in the future and to establish what those needs may be, **regardless** of any views the LA may have about (a) the level carer's need for support or (b) level of financial resources of the person being cared for or the carer;

- If an adult refuses a needs assessment, the LA **must** still carry it out if (a) the adult lacks capacity to refuse an assessment and the LA thinks it would be in the adults best interests to carry it out, or (b) the adult is experiencing or at risk of abuse or neglect;

- The Regulations establish a national minimum eligibility threshold. All LA's must meet the needs of individuals which satisfy the national eligibility criteria.

DoH Factsheet 2: The Care Act – Who is entitled to Public Support?

DoH Factsheet 3: The Care Act – Assessments and Eligibility

DoH Factsheet 8: The Care Act – Carers

ASSESSING FINANCIAL RESOURCES AND CHARGES: SECTIONS 14-17

The Care and Support (Charging and Assessment of Resources) Regulations 2014

- There is no longer a duty to charge for residential care but a **power;**
- No power to charge once an individual has reached the cap on care costs;
- The Act specifies which services can't be charged for, e.g. needs and carers' assessments.

DoH Factsheet 5: The Care Act – Charging

CAP ON CARE COSTS: SECTIONS 15 - 17

- There will be a limit on the amount a person can be required to pay for eligible care costs over their lifetime. No charging for services to meet eligible needs once the amount of a person's accrued care costs reach the level of the cap.
- The amount of the cap will be specified in regulations that are yet to be published for consultation and there will be a power to set the cap at different amounts for people of different ages.

DoH Factsheet 6: The Care Act – Funding Reform

DUTIES AND POWERS TO MEET NEEDS: SECTIONS 18-20

The Care and Support (Ordinary Residence) (Specified Accommodation) Regulations 2014

- **Duty** to meet an adults needs for care and support which meet the eligibility criteria if:

  - the adult is ordinarily resident or present in the LA's area but is of no settled residence;

  - the adult's accrued costs do not exceed the cap on care costs;

  - the adult's resources are at or below the financial limit;

  - the adult's resources are above the financial limit but nonetheless he/she asks the LA to meet their needs;

  - when the cap on care costs comes into effect, their care and support costs exceed the cap.

- **Power** to meet needs the LA is not otherwise required to mee e.g. because they don't meet the eligibility criteria
- Power to meet needs in urgent cases and prior to completion of an assessment.
- Sets out the different ways in which needs for care and support may be met.

DoH Factsheet 2: The Care Act – Who is entitled to public care and support?

DoH Factsheet 3: The Care Act – Assessments and Eligibility

DoH Factsheet 4: The Care Act – Care and support planning

CARE ACCOUNT: SECTION 29

- **Duty** to:

(a) keep an up to date record of an adults accrued costs, and

(b) Inform the adult once the costs exceed the cap on costs.

DoH Factsheet 6: The Care Act – Funding reform

DoH Factsheet 5: The Care Act – Charging

STEPS TO TAKE FOLLOWING AN ASSESSMENT: SECTIONS 24-30

The Care and Support (Assessment) Regulations 2014

The Care and Support (Eligibility Criteria) Regulations 2014

- Specifies the duty to prepare a care and support plan or support plan when the LA is required to meet eligible needs;

Where it has carried out an assessment but it is not required to meet needs:

- LA must provide written reasons for not meeting the needs;
- Must provide advice and information about meeting, reducing, delaying development of needs.

DoH Factsheet 3: The Care Act – Assessments and Eligibility

DoH Factsheet 4: The Care Act – Care and support planning

CARE AND SUPPORT PLAN, SUPPORT PLAN AND REVIEWS: SECTION 25

- The Act lists the matters that must be included in the care and support plan, or in the case of carers, the support plan.
- **Duty** to keep under review generally care and support and support plans;
- There is **a power** to revise a care and support plan, support plan;
- There is a **duty** to re-assess and revise the care and support where the LA is satisfied that circumstances have changed in a way that affects the plan.

DoH Factsheet 4: The Care Act – Care and support planning

PERSONAL BUDGETS AND INDEPENDENT PERSONAL BUDGETS: SECTIONS 26 AND 28

The Care and Support (Personal Budget Exclusion of Costs) Regulations 2014

- The section 26 defines a personal budget as a statement and sets out what

needs to be included in the statement.

- Section 28 establishes the concept of independent personal budgets for adults who have eligible needs which are not being met by their LA. They will not have personal budgets under section 26 as the LA is not under a duty to prepare a care and support plan for them, so a separate mechanism is needed to record their care costs for the purposes of measuring progress towards the costs cap

DoH Factsheet 4: The Care Act – Care and support planning

DIRECT PAYMENTS: SECTIONS 31-33 and Schedule 4

The Care and Support (Direct Payments) Regulations 2014

- Legal provisions in relation to direct payments for people (a) who have capacity to request a direct payment –direct payments must be made if certain conditions are satisfied (b) adults who lack capacity to request direct payments - direct payments must be made to an authorised person who requests this provided the conditions specified are met.

.These provisions replicate the law as it currently stands. Direct payments will be available for residential care from April 2016.

DoH Factsheet 4: The Care Act – Care and support planning

DEFERRED PAYMENT AGREEMENTS AND LOANS: SECTIONS 34-36

The Care and Support (Deferred Payment) Regulations 2014

- The Act extends the availability of deferred payment agreements to adults making their own care arrangements for care and support services i.e. self funders

DoH Factsheet 6: The Care Act – Funding Reform

CONTINUITY OF CARE WHEN AN ADULT MOVES: SECTIONS 37-38 & Schedule 1

The Care and Support (Ordinary Residence) (Specified Accommodation) Regulations 2014
The Care and Support (Ordinary Residence Disputes, etc.) Regulations 2014
The Care and Support (Continuity of Care) Regulations 2014

The Care and Support (Cross-border Placements and Provider Failure: Temporary Duty) (Dispute Resolution) Regulations 2014

- New duties to ensure that when an adult in receipt of care and support moves home, they will continue to receive care on the day of arrival in the new authority.

Notification and assessment duties:

- Adult must tell the “second authority” they intend to move to their area;
- If the "second authority" is satisfied that the adult’s intention to move is genuine they must tell the “first authority” i.e. the authority where the adult currently lives

of the intention to move;

- First authority must provide the care and support plan and care account for the adult to the second authority;

- On receipt of information from the first authority, the second authority to carry out it's own assessment of needs in respect of the adult;

Continuity duty:

- If on the day of the move the second authority has not completed the assessment the second authority **must** meet any of the needs that were being met by first authority from the day the person arrives in the new area.

- Schedule 1 sets out cross border placements provisions enabling people who wish to move into residential accommodation across borders within the UK (e.g. Wales and Northern Ireland) to do so

DoH Factsheet 9: The Care Act – Continuity of care

ESTABLISHING WHERE A PERSON LIVES AND ORDINARY RESIDENCE: SECTIONS 39-41

The Care and Support (Ordinary Residence) (Specified Accommodation) Regulations 2014

- No change in relation to persons provided with accommodation by LA1 in the area of LA2; deemed ordinary residence in LA1;

- However the above regulations now specify that "deemed ordinary residence" also applies in respect people living in shared lives and supported living accommodation. The statutory guidance aims to assist in identifying ordinary residence in complex cases;

- Clarifies the meaning of "ordinary residence" for persons in receipt of services under section 117 of the Mental Health Act 1983. It says that where a person is provided with accommodation under section 117, they are to be treated as ordinarily resident in the area of the LA which has the duty to provide the adult with those services.

DoH Factsheet 9: The Care Act – Continuity of care

SAFEGUARDING ADULTS: SECTIONS 42-47 and Schedule 2

- First ever statutory framework for adult safeguarding. Statutory **duty** on Las to make enquiries, or to ask others to make enquiries, where they reasonably suspect that an adult in its area is at risk of neglect or abuse, including financial abuse;

- **Duty** on LAs to establish Safeguarding Adults Boards, to carry out reviews, and

duty on other individuals/organisations to supply information to the SAB if certain conditions are met.

DoH Factsheet 7: The Care Act 2014 – Safeguarding

MARKET OVERSIGHT AND PROVIDER FAILURE : SECTIONS 49-50 AND 54-58

The Care and Support (Cross-border Placements and Provider Failure: Temporary Duty) (Dispute Resolution) Regulations 2014

- Temporary **duty** to ensure the needs of people in residential care or receiving care in their homes continue to be met if a provider's business fails;
- Duty exists regardless of whether the person pays for the care themselves or the LA pays;
- Duty is regardless of the person's ordinary residence, or whether the LA has carried out a needs assessment or whether any of the needs meets the eligibility criteria.

DoH Factsheet 10: The Care Act – market oversight and provide failure

TRANSITION[2] - SECTIONS 59-67

The Care and Support (Assessment) Eligibility Regulations 2014

- **Duty** to assess a child likely to have needs for care and support after becoming 18 – "child's needs assessment"
- **Duty** to assess carer of a child likely to have needs for care and support after child becomes 18 where it considers there is significant benefit to the carer in doing so – "child's carer's assessment"
- **Duty** to assess young carer where it appears they will have needs for support after becoming 18. "young carer's assessment".
- Amendments to the Children Act 1989 so as to ensure continuity of provision pending transition if adult care and support is not immediately available upon the young person reaching 18.

DoH Factsheet 11: The Care Act – Transition

[2] To be read in conjunction with provisions in Part 3 of the Children and Families Act 2014 which are aimed at improving co-operation between all services that support children with special educational needs and their families and Chapter 8 of the new SEND Code of Practice.

INDEPENDENT ADVOCACY SUPPORT: SECTIONS 68-69 ***The Care and Support (Independent Advocacy) Regulations 2014*** • **Duty** to provide independent advocacy support to persons (i) during assessment and support planning and (ii) during safeguarding enquiries and reviews if they would otherwise struggle to understand the process and have no-one else to represent them.
AFTERCARE UNDER THE MENTAL HEALTH ACT 1983 - Section 74 and Schedule 4 ***The Care and Support and Aftercare (Choice of Accommodation) Regulations 2014*** • Defines the meaning of aftercare services as services which (a) meet a need arising from or related to a person's mental disorder and (b) reduce the risk of deterioration of the person's mental condition and accordingly reducing the risk of the person requiring admission to a hospital again for treatment for mental disorder; • The section also allows persons receiving accommodation as a section 117 aftercare service to express a preference for particular accommodation, and enables direct payments to be made in respect of section 117 services.
PRISONERS AND PERSONS IN APPROVED PREMISES - SECTION 76 • Sets out LAs responsibilities for the provision of care and support for adult prisoners who are in prisons in their areas and people residing in approved premises which includes bail accommodation) in their area.

READING AND USEFUL LINKS:

1. Department of Health Care Act 2014 Fact sheets:

https://www.gov.uk/government/publications/care-act-2014-part-1-factsheets

2. The Care Act 2014:

http://www.legislation.gov.uk/ukpga/2014/23/contents/enacted/data.htm

3. The draft care and support Regulations and statutory guidance:

https://www.gov.uk/government/consultations/updating-our-care-and-support-system-draft-regulations-and-guidance

---

Prepared by Mary-Anne Anaradoh – Lawyer

Community Services Team - LBI Legal Services

15 September 2014

This page is intentionally left blank

Appendix B

Care Act Stocktake 2

Autumn 2014

Thank you for taking the time to complete this stocktake. The results will be used to inform the LGA's understanding of councils' concerns, if any, about the implementation of the Care Act in 2015/16. We would be grateful if you would complete the stocktake at the earliest opportunity and by Tuesday 23rd September at the latest.

Please be assured that all responses will be treated confidentially. Information will be aggregated for use in our on-going discussions with ADASS and the Department of Health. However, no individual or authority will be identified in any publications, or discussions with Department of Health, without consent. Identifiable information may be used, but only internally within the LGA and with ADASS.

You can navigate through the questions using the arrows at the bottom of each page. Use the back arrow if you wish to amend your response to an earlier question. If you would like to stop and later return to the survey, you can return to this introductory page by using the link supplied in your email. To ensure your answers have been saved, click on the 'page forward' arrow at the bottom of the page that you were working on before exiting.

You will only be able to progress through the stocktake once you have provided the information required on each page. If you would like to see an overview of the stocktake questions, please click on the link provided in your email invitation.

The stocktake is relatively quick to complete, although additional time may be required for sourcing cost and service use estimates, if your council has these available. It will be crucial in completing the stocktake that you engage with key workstream leads within your council.

If you have any queries, please contact rebekah.wilson@local.gov.uk (020 7664 3190).

Many thanks for your help

Local Government Association

Association of Directors of Adult Social Services

Department of Health

Your Details

Please amend/complete as appropriate:	
Name of person submitting the data:	
Role of person submitting data:	
Name of council:	
Contact email in case of queries:	

A) Programme Management and Governance

The Care Act is a significant stepping stone to wider reform of care and support, and underlines the importance for councils to promote wellbeing, prevention and independence. It also introduces a new national eligibility threshold and new rights for carers and children in transition to adult services. Councils will want to establish a robust programme management system to oversee the effective implementation of the Act.

Q1) Overall, in your opinion, would you say your council is on track with its plans to deliver the necessary changes resulting from the Care Act in 2015/16?	
Please tick one box:	
Yes, we are currently on track	**x**
No, we are slightly behind	
No, we are very behind	
We don't have a plan	
Don't know	

Q2) When, if at all, will the risks associated with your council's plan be included within your council's corporate risk management systems?	
Please tick one box:	
We have already included the risks in our council's corporate risk management systems	
By November 2014	x
By January 2015	
By April 2015	
Later than 2015	
There are no current plans for the risks to be included	
Don't know	

Q3) In your council, how aware are the following people/groups about the challenges, risks and progress associated with delivering the Care Act?					
Please tick one box on each row:	Very aware	Fairly aware	Not very aware	Not at all aware	Don't know
Chief Executive	x				
Executive Board or Cabinet		x			
Council Leader	x				
Other Council Members		x			
Corporate Leadership Team		x			
Health and Wellbeing Board		x			
Council Adult Social Care Staff		x			

B) People

B1) Mapping self-funders

From April 2016, the Care Act will introduce a cap on the costs an individual will need to pay towards meeting their eligible needs for care and support. This means that those who are currently fully-funding their own care, and therefore have no contact with the council, may start to get in touch so that the costs of their eligible care and support can begin to count towards the cap. Having a good understanding of the volume of self-funders well in advance will underpin the planning and preparation for large parts of the Act including early assessments, as well as inform an understanding of the overall costs of implementation locally.

The Act also introduces a duty to provide information and advice from April 2015 to help those receiving care and their carers, as well as those planning for future care needs, to make informed choices with regard to care and support.

Q4) When does your council expect to have a working estimate of the number of self-funders (both homecare and residential), and the number of self-funders who will present themselves, in your area?

Please tick one box on each row:	We already have a working estimate	By November 2014	By January 2015	By April 2015	Later than April 2015	Don't know
Total number of self-funders		x				
Number of self-funders who will present themselves		x				

Q5) Which model, method or calculation is your council using to identify the likely number of self-funders in your area:

Please tick all that apply:	
Historic data	
In-house mapping	
Partnership working (e.g. asking providers)	x
Specific calculation (please specify)	
Other (please specify)	

Q6) If possible, please specify the number of self-funders (both homecare and residential) you estimate in your area for 2015/2016:

Please write your answer to the nearest whole number, using numeric characters only (e.g. 1000 rather than 1,000 or 1k). Use a mid-point if only a range is known. Enter 'DK' if number is unknown.

DK

Q7) What assumptions are your council using to forecast the number of people who may present themselves for a needs and means assessment in 2015/16 to start their care account?
Enter 'DK' if assumptions are unknown at this time.
Assumes initial estimate of additional assessments based on the Lincolnshire model, with an assumption that 75% would be light touch assessments (based on 2013/14 activity).

Q8) If possible, please specify the total number of self-funders in your area who you estimate will present themselves for a needs and means assessment in 2015/16 to start their care account:
Please write your answer to the nearest whole number, using numeric characters only (e.g. 1000 rather than 1,000 or 1k). Use a mid-point if only a range is known. Enter 'DK' if number is unknown.
DK

B2) Meeting Duties for Carers' Assessment

Under the Care Act, carers will be recognised in law in the same way as those for whom they care, regardless of whether that person has eligible care needs, or not. From April 2015, councils will have a new duty to carry out assessments for all carers. Carers will no longer have to be providing substantial care on a regular basis to be eligible for an assessment and, as such, more carers will qualify for an assessment and for more support than at present.

Q9) When does your council expect to have a working estimate of the increase in likely requests for carers' assessment in your area?	
Please tick one box:	
We already have a working estimate	
By November 2014	x
By January 2015	
By April 2015	
Later than April 2015	
Don't know	

Q10) Which model, method or calculation is your council using to estimate the number of requests for a carer's assessment?	
Please tick all that apply:	
Census data	x
Carers' organisations (e.g. Carers' Centre)	x
Current assessments and requests	x
Joint Strategic Needs Assessment	
Lincolnshire model	x
Local Carer's Allowance/benefits data	x
Local demographic data/national indicators and trends	x
Referrals, Assessments and Packages	x

of care (RAP) data	
Voluntary sector agencies' data	
Other (please specify)	X – GP data

Q11) If possible, please indicate how many requests for carers' assessments your council estimates it will receive in 2015/16:

Please write the answer to the nearest whole number, using numeric characters only (e.g. 1000 rather than 1,000 or 1k). Use a mid-point if only a range is known. Enter 'DK' if number is unknown.

Prediction for 2015/16 is **336 additional** carer's assessments (It is predicted 241 would go on to receive services and 95 would receive advice & support)

+ 653 carers assessments we did 13/14 for social services support **+342** which received advice & support 13/14

= Total prediction for **15/16** as **1313** carer's assessments.

Q12) When does your council expect to make a decision about how it will meet increased demand for carers' assessments (e.g. in-house, or via an external provider, online self-assessment, enhanced information and advice, or a mixed approach)?

Please tick one box:	
We have already agreed the delivery model	
By November 2014	
By January 2015	
By April 2015	x
Later than April 2015	
Don't know	

B3) Preventing Needs for Care and Support

The Care Act makes clear in law that, from April 2015, councils must provide or arrange the provision of preventative services which help prevent or delay the development of care and support needs for individuals and carers, or help to reduce existing care and support needs.

Q13) When will your council have arrangements in place to identify and support people who would benefit from preventative services?

Please tick one box per row:	We already have arrangements in place	By November 2014	By January 2015	By April 2015	Later than April 2015	Don't know
Identity people who would benefit from preventative services				**x**		
Support people who would benefit from preventative services				x		

Q14) What are the main preventative services/schemes that will be available in your area from April 2015 that will meet the new duties within the Care Act?			
Please name up to three services/schemes, and specify if these are existing, existing but extended or new:			
Name of service/scheme	Existing	Existing but extended	New service
Islington Carers Hub		x	
Community Enablement (Age UK)		x	
Hillside Clubhouse Employment Service (Mental Health)	x		

B4) Provision of Information and Advice and Advocacy

From April 2015, councils will be required to ensure that there is comprehensive information and advice about care and support services in their area and guarantee the provision of independent advocates to support people to be involved in key processes, such as assessment and care planning, where the person would otherwise be unable to be involved. Good information and advice services are critical to managing demand, meeting people's needs and joining up the range of services available locally.

This is going to form part of the same project that the prevention work will fall into. Because we don't have capacity to start this project yet we haven't audited our gaps and timescales. That's not to say that none of the work hasn't started across the department (eg Links for Living & SPOC will answer part of this) –its just that we haven't started the work yet to map it all.

Q15) In your council, when will the following take place in relation to changes to information, and advice and advocacy, for implementation of the Care Act in 2015?							
Please tick one box on each row:	Already complete	By November 2014	By January 2015	By April 2015	Later than April 2015	Don't know	N/A
Setting-up a comprehensive universal information and advice service that includes the wider aspects of care and support				x			
Setting-up an online information and advice service				x			
Setting-up signposts to independent financial advice to help people plan their future care and				x			

support							
Setting-up an appropriate level of local advocacy services				x			

B5) Prisoners

From April 2015 adult prisoners and people residing in approved premises (which includes bail accommodation) will be entitled to have a needs assessment and access to services from the local authority in which they reside. This puts prisoners on an equal footing with the adult population within a locality. The reforms only affect local authorities where prisons or other approved premises are located.

Q16) Are there any prisons, or other approved accommodation, located within your council?	
Please tick one box:	
Yes (please go to Q16a)	x
No (please go to Q17)	
Don't know (please go to Q17)	

Q16a) When does your council expect to have a working estimate of the number of prisoners who are likely to request assessments, reviews and/or services?	
Please tick one box:	
We already have a working estimate	
By November 2014	x
By January 2015	
By April 2015	
Later than April 2015	
Don't know	

Q16b) If possible, please specify how many prisoners your council estimates it will receive in 2015/16 for assessments, reviews and/or services?
Please write the answer to the nearest whole number, using numeric characters only (e.g. 1000 rather than 1,000 or 1k). Use a mid-point if only a range is known. Enter 'DK' if number is unknown.
DK

Q16c) When will the following arrangements take place in relation to assessments, reviews and services for prisoners for implementation of the Care Act in 2015?						
Please tick one box on each row:	We already have arrangements in place	By November 2014	By January 2015	By April 2015	Later than April 2015	Don't know
Contact made by your council with prisons/approved premises senior management		**x**				
Joint working arrangements made by your council with prisons, probation services and NHS England to share information to inform the commissioning of appropriate services		x				
A referral and assessment process made within your council for prisoners, and approved premises residents, that takes account of security constraints				x		
Agreement within your council on the model or approach to deliver care and support services in prisons and approved premises				x		

C) Money

C1) Cost modelling

Councils have a wide range of new duties under the Care Act that will, to varying degrees, impact upon local financial arrangements. Understanding the costs associated with the changes under the Act will be critical to enabling councils to plan for changes including IT and workforce from April 2015.

Q17) When does your council anticipate having an estimate of the total likely costs of implementing the Care Act in 2015/16?	
Please tick one box:	
We already have a working estimate	**x**
By November 2014	
By January 2015	
By April 2015	
Later than April 2015	
Don't know	

Q18) Which model, method or calculation is your council using to identify the cost of implementation of the Care Act in 2015/16?	
Please tick all that apply:	
Projections	x
Benchmarking	
Lincolnshire model	x
Other (please specify)	

Q19) For your council, please specify the cost of implementing the Care Act in 2015/16 in the following areas:	
Please write your answer to the nearest whole number, using numeric characters only (e.g. 1000 rather than £1,000 or 1k). Use a mid-point if only a range is known. Enter 'DK' if cost is unknown or N/A if not applicable:	
Care Act Reform	**Estimated cost (£)**
Additional assessments and reviews (including carers and early assessment of those people progressing towards the cap)	671000
New duties relating to prisoners (if applicable)	DK
Additional deferred payments	400000
Training and development	33000
Information and advice	87000
Additional carers' services	161000
Other 1 (please specify)	
Other 1 (please specify)	
Other 1 (please specify)	
Total	1352000

Q20a) If possible, please specify the <u>total cost</u> of implementing the Care Act in 2015/16 in your council (that is, the additional costs incurred due to the Act including the amounts given in the previous question):
Please write your answer to the nearest whole number, using numeric characters only (e.g. 1000 rather than £1,000 or 1k). Use a mid-point if only a range is known. Enter 'DK' if cost is unknown.
1874000

Q20b) If possible, please specify the total estimated cost associated with demographic and other inflationary pressures in 2015/16, excluding new burdens arising from the Care Act (that is, the estimated increase in cost your council would have incurred even without the implementation of the Care Act):
Please write your answer to the nearest whole number, using numeric characters only (e.g. 1000 rather than £1,000 or 1k). Use a mid-point if only a range is known. Enter 'DK' if cost is unknown.
1650000

Q21a) The government is consulting on distribution formulae for the £283.5m new burdens grant and has published exemplifications of allocations, which are in some cases substantially different from those illustrated in the December 2013 settlement. In your financial planning for 2015/16, how much reliance had you placed on the December 2013 figures?	
Please tick one box:	
Great reliance	
Moderate reliance	x
Small amount of reliance	
No reliance	
We had not started financial planning for 2015/16	
Don't know	

Q21a) Please use the box below to tell us anything further about the allocations proposed in the government's consultation on the new burdens grant:
Greater clarity required around what elements of funding are recurrent. Risks around the proposed allocation of funding based on an untested approach, which may lead to a potential shortfall in funding. This may need to be revisited once we have activity in 2015/16.

Q22a) How much of your Better Care Fund has been locally agreed to be spent in 2015/16 on the following?	
Please write the answer to the nearest whole number, using numeric characters only (e.g. 1000 rather than £1,000 or 1k). Use a mid-point if only a range is known. Enter 'DK' if amount is unknown.	
Area	**Amount (£)**
Protection of adult social care services	1776000
Carer specific support	415000
Implementation of Care Act reforms	663000

Q22b) As a result of policy changes to the £1bn performance pot, by what amount, if any, has your council's budget changed compared to your council's previous April 2014 Better Care Fund plan (that is, the amount by which it has increased or decreased)?
Write in amount of change.
£

Q22c) Is this an increase or a decrease, compared to previous April 2014 BCF plan?	
Please tick one box.	
Increase	
Decrease	
No change	**x**

C2) Deferred Payments Agreements (DPA)

From April 2015, under the Care Act, councils will be required to offer a deferred payment agreement to those people at risk of being forced to sell their home to pay for their care. Regulations will set out the eligibility criteria people will have to meet. Councils will have wide-ranging discretion to offer deferred payment agreements to anybody who needs residential care, regardless of whether they meet the eligibility criteria, or not. This is an extension of the discretionary powers under the Health and Social Care Act 2001.

Q23) When does your council expect to have a working estimate of the likely increase in number of requests for deferred payments?	
Please tick one box:	
We already have a working estimate	
By November 2014	x
By January 2015	
By April 2015	
Later than April 2015	
Don't know	

Q24) If possible, please specify the estimated number of additional requests for deferred payments in your council in the following years:	
Please write your answer to the nearest whole number, using numeric characters only (e.g. 1000 rather than 1,000 or 1k). Use a mid-point if only a range is known. Enter 'DK' if number is unknown.	
	Estimated number
2014/15	15
2015/16	DK

Q25) When does your council expect to have the necessary back-office support in place to manage the increased number of deferred payments?	
Please tick one box:	
We already have the necessary back office support	
By November 2014	
By January 2015	
By April 2015	x
Later than April 2015	
Don't know	

D) Systems

D1) IT and financial systems

Every council with a responsibility for social care will have IT systems in place to manage their case and financial records. The Care Act will necessitate a reconfiguration of these systems. Having in place the right information systems to support the reforms is critical to successful implementation and, as there is no

intention for central government to develop centralised national IT systems for case records, it will be each council's responsibility to work with their suppliers to ensure their systems will meet the requirements of the care and support reforms.

Q26) How confident are you that your council's financial and IT systems will be adequate to manage the statutory duties from 2015?	
Please tick one box:	
Very confident	
Fairly confident	x
Not very confident	
Not at all confident	
Don't know	

Q27) Who is your council's case records management IT system supplier?	
Please tick all that apply:	
Carefirst	
CoreLogic	
Frameworki	
Northgate	
Protocol	
Raise	
Swift	
Other (please specify)	Liquid Logic

Q28) Which version of software is your council currently using to manage its case records?
Enter 'DK' if version is unknown.
DK – to be clarified

Q29) Has your council recently retendered, or does it plan to retender, its case records management IT system with a new supplier?	
Please tick one box:	
Yes, we recently retendered	
Yes, we plan to retender this financial year	
No	x
Don't know	

Q30) When will the following take place in relation to changes to case records management IT systems for implementation of the Care Act?						
Please tick one box on each row:	Already complete	By November 2014	By January 2015	By April 2015	Later than April 2015	Don't know
2015 Changes						
Suppliers engaged with for changes in 2015				**x**		
Systems put in place to handle anticipated volume of Deferred Payment Agreements (DPAs), including compound interest calculations				**x**		
System put in place to cope with anticipated increase in carers assessments and support planning	**x**					
Resources scheduled for reconfiguring systems			**x**			
2016 Changes						
Changes scoped for case management systems for 2016	x					
Suppliers engaged with for changes in 2016	x					

D2) Workforce

The introduction of the Care Act will have a number of implications for the workforce in order to meet new practice and legal expectations, from April 2015. Councils will need to ensure the whole social care workforce – including those not directly employed by the council – has the capacity, skills and knowledge to implement the Care Act effectively.

Q31) How confident are you that your council's workforce (both in-house and external within providers) will be sufficiently prepared for implementation of the Care Act in 2015?					
Please tick one box on each row:	Very confident	Fairly confident	Not very confident	Not at all confident	Don't know
Workforce win the council	x				
Workforce within providers		x			

Q32) How confident are you that any workforce changes made by your council will be adequate to manage the statutory duties in 2015?	
Please tick one box:	
Very confident	x
Fairly confident	
Not very confident	
Not at all confident	

Don't know	

Q33) When will the following changes take place in relation to changes to workforce capacity and training for implementation of the Care Act in 2015?						
Please tick one box on each row:	Already complete	By November 2014	By January 2015	By April 2015	Later than April 2015	Don't know
Analysis of the implications of the Care Act for the workforce		**x**				
Analysis of the gaps in workforce capacity (both council and external providers)		**x**				
Reallocation or recruitment of the workforce to meet new duties			**x**			
Analysis of which parts of the workforce require training and/or development		**x**				

E) Communications Strategy and Planning

Communications plays a crucial role in supporting the implementation of the Care Act, in ensuring that service users, carers, the general public and the council workforce understand what is changing, why and what action needs to be taken and by when. It is crucial that health and care providers, local politicians and NHS partners are fully engaged and understand the implications of the Care Act. While not an explicit duty within the Act, councils will want to assure themselves that partners are fully engaged and have a plan in place to meet these communication requirements.

Q34) By when will your council have communicated the implications of the Care Act to key external partners (including NHS, third sector and health and care providers)?	
Please tick one box:	
We have already made arrangements	
By November 2014	
By January 2015	x
By April 2015	
Later than April 2015	
Don't know	

Q35) In your opinion, how confident are you that your local partners understand the impact the Care Act will have on them?					
Please tick one box on each row:	Very confident	Fairly confident	Not very confident	Not at all confident	Don't know
Voluntary and community sector					x
Care service providers					x
Clinical Commissioning Groups		x			
NHS Providers					x
NHS Area Teams					x
Prisons and probation services					x

Q36) In your opinion, how confident are you that the following people/groups are sufficiently aware of the impact the Care Act reforms will have on them?					
Please tick one box on each row:	Very confident	Fairly confident	Not very confident	Not at all confident	Don't know
Service users (current)			x		
Service users (future)			x		
Carers (current)			x		
General public			x		
Local MP					x

Q37) Which methods and channels of communication, if any, are being used to inform residents about the impact the Care Act reforms will have on them?					
Please tick all that apply:	Service users (current)	Service users (future)	Carers (current)	General public	Local MP
Methods					
Targeted letters or leaflet drops					
Information emails or e-bulletins					
Drop-in sessions					
Posters					
Website					
Other (please specify)					
Channels					
Via GPs and health partners					
Via local carers' and support networks					
Via community groups					
At area forums					
Face-to-face briefings					
Other (please specify)					

F) Market Shaping and Commissioning

F1) Commissioning

Councils have a critical role in developing the quality and range of services that local people want and need, including by integrating care and support with health and housing where this delivers better care and promotes well-being. Integrated commissioning is essential not only for improving user outcomes but also to ensure quality and value for money. Councils will want to work closely through their local Health and Wellbeing Boards to ensure plans across the system are aligned, including through the Better Care Fund.

Q38) When does your council estimate it will have a strategic commissioning plan in place to deliver the duties in the Act and ensure effective provision of care and support for the future (aligned with NHS providers and commissioners)?	
Please tick one box:	
We have already have a commissioning strategy in place	x
November 2014	
By January 2015	
By April 2015	
By September 2015	
Later than September 2015	
Don't know	

F2) Market shaping

From April 2015, councils will be required to support and promote a market which delivers a wide range of sustainable high-quality care and support services that will be available to their communities. Section 5 of the Care Act covers commissioning responsibilities including understanding demand, promoting a diverse and vibrant market, ensuring sustainability and fostering continuous improvement in quality. By setting out future and current demand trends and existing provision, and explaining the desired outcomes of the council, market position statements play an important role in enabling and maintaining high-quality, diverse care markets.

Q39) When will your council have published a market position statement/s or equivalent that covers all service users and commissioned services?	
Please tick one box:	
We have already published a market position statement/s	
By November 2014	
By January 2015	
By April 2015	x
Later than April 2015	
Don't know	

Q40) How confident are you that your council's market-shaping and commissioning function will enable it to deliver the following duties within the Care Act from April 2015?					
Please tick one box on each row:	Very confident	Fairly confident	Not very confident	Not at all confident	Don't know
Improved outcomes and well-being of the local population		x			
Sustainable services for the future		x			
Provision of choice to local people		x			
Integrated care and support with health and other key services locally		x			

G) Support

G1) Self-assessment on current position

In response to the first stocktake results, and following feedback from local areas, there have been a number of support materials developed to assist with implementation locally. There are also a number of support tools in development. It is crucial that local areas are confident that they have the necessary support available to implement the Care Act from April 2015, and where appropriate the Joint Programme Office will commission support to respond to needs.

Q41) Overall, how much progress has your council made in preparing for the implementation of the Care Act?	
Please tick one box:	
Completed	
Advanced progress	
Moderate progress	x
Early progress	
Not yet started	
Don't know	

Q42) At this time, how confident are you that your council will be able to deliver the Care Act reforms required from April 2015?	
Please tick one box:	
Very confident	
Fairly confident	x
Not very confident	
Not at all confident	
Don't know	

Q43) In your opinion, what are the main risks associated with delivering the Care Act reforms for your council?	
Please tick all that apply:	
Uncertainty about additional demand from self-funders	x
Uncertainty about additional demand from carers	
Managing additional assessments	x
Impact on local provider market	
New national eligibility threshold	
Total implementation costs for 2015/16	
Total implementation costs for 2016/17	
Uncertainty over key national policy decisions	
Public expectation (including legal challenges)	x
Engagement from key partners locally	
Deferred payment agreements	
Lack of funding to commission or maintain preventative services	x
Other 1 (please specify)	
Other 2 (please specify)	
Other 3 (please specify)	

Q44) Of the risks you identified, which is the greatest for your council?	
Please tick one box:	
Uncertainty about additional demand from self-funders	**x**
Uncertainty about additional demand from carers	
Managing additional assessments	
Impact on local provider market	
New national eligibility threshold	
Total implementation costs for 2015/16	
Total implementation costs for 2016/17	
Uncertainty over key national policy decisions	
Public expectation (including legal challenges)	
Engagement from key partners locally	
Deferred payment agreements	
Lack of funding to commission or maintain preventative services	
Other 1 (please specify)	
Other 2 (please specify)	
Other 3 (please specify)	

Q45) Are you aware of the implementation support tools that have been, or are being developed, nationally?		
Please tick one box:		
Yes	x	Please go to Q45a
No		A link to the Care Act implementation support webpages will be provided upon submission of your stocktake. Please go to Q46
Not sure		

Q45a) Which tools and guidance, if any, have advanced your confidence or preparations to deliver the Care Act reforms locally? (All tools and guidance listed are available via LGA's Care Support reform website unless otherwise stated.)	
Please tick all that apply:	
Understanding and planning	
Governance and programme management: must knows	**x**
Care Act Clause Analysis	**x**
Department of Health Care Act Factsheets (via Department of Health website)	**x**
LGA Briefing for Councillors	Couldn't find online
Key contacts in your region	**x**
The Care Act and Prisoners – Implications for local authorities	
Costs	
Understanding the Costs of the Reforms webpages	
Revised Lincolnshire model for understanding 15/16 costs	**x**
Birmingham model for understanding 16/17 costs	
Department of Health Impact Assessments (via Department of Health website)	
LGA Ready Reckoner (via LGA Finance team)	
Updates from ADASS Associate Phil Harding	**X**
Surrey model	
Informatics	
Informatics webpages	
ADASS IMG engagement	
Care Act Informatics FAQs	
Informatics Specification for Care Act Implementation – Core Systems	
Workforce	
Workforce information pages	**x**
Draft capacity planning model (Skills for Care website)	
Communications	
Awareness Campaign – information on planned national activity and local resources	**X**
Regulations, guidance and other materials	
Department of Health guidance and information (via Department of Health website)	**X**
Care Act stocktake	**X**
Other	
Other (please specify)	

Q46) If possible, please briefly outline any specific additional support, guidance or information that would help increase your confidence in, or preparations for, implementing the Care Act:
- Collating of financial modelling - Outline of the NHS's responsibilities in supporting us with the implementation of the Act

Q47) If possible, please outline any particular challenges, or areas of concern, in implementation for your council:
You may want to include areas not covered by this survey such as assessment, eligibility determination, personal budgets, care planning and means testing.
- Identifying Self – funders – most will not be in Residential homes and therefore hard to identify. - Prisons – 2 prisons in the borough.

Q48) If possible, please share details of any tools, resources or good practice examples that might benefit other local areas in implementing the Care Act:
You only need write a brief description, and we may follow up with you for further information.

Q49) If your council is collaborating with other councils in preparing to deliver the Care Act, please give brief details:	
You only need write a brief description; we may follow up with you for further information.	
Name of council(s)	**Details of collaborative work**

H) Feedback and Support

Q50) Please use the box below to tell us any further relevant information, and to feedback on your experience of completing this survey:

Next Steps

a) Email me a copy of my stocktake to review (once reviewed, you will need to re-enter the stocktake to submit your data)	Please click on the 'forward' button below to exit the survey. Once you have reviewed your data, please log-in again using the link provided in your email invitation. You will be able to edit your data if necessary, or use the 'forward' arrows to continue to the submission page.
	Thank you very much for your time.
b) Continue to submission page (once you submit, you will receive a copy of your submission by email)	Before submitting, it is important that your completed stocktake is seen and agreed by the Director of Adult Social Services in your council. Please tell us, has your stocktake been signed-off by your Director? Yes/No
	Additionally, please tell us, has your completed stocktake been seen by the following *(this is not a requirement)*: Chief Executive Yes/No Council Leader Yes/No

Thank you for taking part in this stocktake Please click on 'OK' to submit your data
We will use the data to identify ways in which we can support councils over the coming year. We will contact you in the New Year about Round 3 If you have any questions, please contact rebekah.wilson@local.gov.uk or 020 7664 3190

This page is intentionally left blank

Appendix C

Care Act Risk Register

Area of Care Act work	Risk description and impact	Mitigation required	Impact 1 – 3	Likelihood 1 – 3	Score 1 – 9
Various	There is a risk of increased legal challenge because of the lack of case-law. New legislation is open to interpretation and could result in legal challenges against councils' interpretation of the Care Act.	Close examination of the regulations and guidance, as well as any further updates from the government. Keeping up to date with any legal developments through judicial reviews or appeals at other councils. Care Act Implementation Lawyers group working across London to monitor this	3	2	**6 (Amber)**
Quantifying potential increases in requests for assessments and services (including self-funders and additional carers)	There is a risk we have poor information available which could lead to inaccurate modelling and inability to meet the desired demand	Regular communications and negotiations with key providers to build relationships Specialist Business Analysts in place to undertake modelling and simulations specifically around extra capacity needed for additional assessments. Use standard modelling system to project numbers and increased demand (specifically the Lincolnshire model) & engage in work with IPC around looking at London-wide figures for self-funders.	3	2	**6 (Amber)**
New eligibility framework	There is a risk that we might not meet eligible needs. The new eligibility threshold is a different model based on two tiers: being eligible or not and this is dependent on a new set of criteria. As we continue to meet moderate needs according to the FACS system we need to make sure that we also meet eligible needs according to the new minimum eligibility threshold.	Still waiting on final regulations and guidance to provide further clarification on new eligibility framework. Work will begin to scope out how we ensure that the new eligibility criteria are met and what changes to practice are required. Contact other boroughs who are hoping to do the same approach.	3	2	**6 (Amber)**

This page is intentionally left blank

ISLINGTON | NHS Islington Clinical Commissioning Group

Peer Review of Strategy & Commissioning (Adults)

29 September – 1 October 2014

Findings and next steps

Findings

SWOT Analysis

A SWOT analysis is a structured planning method. It is used to think about the strengths, weaknesses, opportunities, and threats involved in a project or business venture.

Strengths *The features of the business or project that give it an advantage over others*

- Commissioning staff are impressive, enthusiastic and used to using their initiative
- The Use of Resources document is comprehensive, of good quality and demonstrates a high level of self awareness
- Joint arrangements and joint working are very strong across the Council as a whole and with Health
- The corporate and political understanding of Adult Social Care is strong as is the corporate commitment to Health and Wellbeing
- There is significant investment in the community and voluntary sectors which has been extraordinarily well protected. This presents a huge opportunity and will support the Care Act Prevention agenda going forwards
- The programme management approach is well embedded in the Moving Forward transformation programme
- There is a very strong approach to co-production and engagement. The council is trusted.
- Providers were positive about commissioning and described Islington as a good listening council
- Islington appears to be a very collegiate council focused on “how do we achieve this together?”

Weaknesses *The features that put the business or project at a disadvantage compared to others*

- The Joint Commissioning Strategy could be strengthened by re-freshing it to incorporate the department’s transformation programme, the Integrated Care programme and the Care Act.
- Market Position Statements should be developed to provide clearer messages to providers to support them to develop what we need locally

Opportunities *The features that the project or business could use to its advantage*

- Key consideration now needs to be given to how to operationalise the learning from the Use of Resources work including key messages and actions for 2015-16

- The Joint Commissioning Strategy should be driving annual commissioning intentions processes
- Further work could be done to develop a more cohesive vision and narrative about the overarching outcomes everyone is working towards
- The department has a rich and varied range of information available to use to understand whether or not is is achieving the outcomes it is working towards. This should be used more systematically to support ongoing self assessment, review and improvement.
- The department should maximise opportunities provided by better join up with the CCG, Public Health & the Chief Executive's office in relation to developing and commissioning a coherent (Care Act compliant) preventative offer for adults living in the borough
- The department could do more to identify & communicate its successes. The Use of Resources exercise should be seen as an opportunity to celebrate what has been achieved as well as focusing on next steps

Threats *The features in the environment that could cause concern for the business or project*

- There was a lack of clarity about the governance arrangements for quality assurance
- There is a risk that the current commissioning structure creates client group silos, resulting in an overly specialist and fractured market

Prioritised Action Plan

Proposed Actions
1. Develop an outcomes framework including a revised performance framework to incorporate outcomes, finance & quality
2. Prioritise the Care Act "Prevention" work-stream and align with the CCG Pioneer programme
3. Refresh the Joint Commissioning Strategy
4. Agree an annual process of developing joint commissioning intentions
5. Undertake a re-structure of the Strategy & Commissioning / Joint Commissioning Team to reflect a more programmatic approach increasing team capacity
6. Explore the development of a joint governance structure for quality across Islington CCG & Adult Social Care
7. Develop a collaborative approach to market development with local providers with a view to co-producing Market Position Statements

This page is intentionally left blank

Scope of Peer Review of Islington Adult Social Care 29 September – 1 October 2014

Theme

The **Care Act 2014** gives **new duties** to **local authorities**.
Local Authorities will have to **make sure** that their adult care and support **services meet the needs of all people** in their area who **need care and support**.

Islington Council have a strategic and operational approach to **market development**.
Market development is a plan for **growth** that **finds** and **develops new areas**.

How effective is our approach?
We would like the **Peer Review team** to think about the following

- Islington Council examined the current **resource allocation** against **outcomes**.
  The study is called the **Use of Resources**.
  Is the document **clear about how we spend money and what we achieve against this**?

- Is growth and development included in the **Moving Forward** and **Care Act Implementation** programmes?
  Is there **effective governance**?
  Is there **effective capacity** and **leadership** to take this forward?
  Can we do it **quickly enough**?

- Are the joint arrangements between the **Clinical Commissioning Group** (CCG) and **Adult Social Care** being **used to their best advantage**?
  Consider the work being done across
- The Chief Executive's department - leading on development within the third sector
- Children's Commissioning
- Public Health

- Is the information gathered by **Public Health** being used **effectively** around **market development**?

- Does Islington understand the **profile** and **potential needs** of the **self-funders** in the borough?
  Self-funders are people who pay for their own care.

Overview

There are **two reasons** why **developing the market** is a **relevant theme** for Islington at this time

1. The **Care Act 2014** places **new responsibilities** on Local Authorities to **develop and shape** the market of Care
   - this includes services for people who **fund their own care**
   - there is also a responsibility to **take over care when another service provider fails**

2. Developing the market effectively supports the best use of reduced resources by
   - ensuring **quality** and **capacity** of supply
   - **making good use** of **community resources**
   - **reducing** or delaying **the need for more intensive services**

Working Theory

Islington has a **good history of engagement** with local and national providers.
There are some good examples of **creative developments**.
The focus has been on **engagement with providers** rather than **strategic market development.**
The Service Director recognises that **this approach needs to change**.
The social care market must **support the implementation of the Care Act 2014**.
Islington have a difficult **savings programme** over the next four years.
Plans are being developed to start working on strategic market development.

At this stage it would be useful to have an objective view on

- The direction we are going in
  Is it the **right way**?
- The scope and pace of our development
  Is it the **right choice**? Are we going at the **right speed**?

Self - Assessment

- Please see the SWOT analysis in **Appendix 1**
- The document list is in **Appendix 2**
- Most documents will be made available to the review team by 12 September 2014
- The Use of Resources document will be sent on 15 September

Important questions

We propose the following questions

- Is the **Use of Resources** analysis **clear about how we spend money and what we achieve against this**?
  This is an analysis of current resource allocation against outcomes.

- Is **growth** and **development** effectively scoped in the **Moving Forward** and **Care Act Implementation** programmes
  Is there **effective governance**?
  Is there **effective capacity and leadership** to take this forward?
  Can we do it **quickly enough**?

- Are the **joint arrangements** between the **CCG** and **Adult Social Care** being used to their best advantage?
  Consider the work being done across
  - The Chief Executive's department - leading on development within the third sector
  - Children's Commissioning
  - Public Health

- Is information gathered by **Public Health** being used **effectively** around **market development**?

- Does Islington understand the **profile** and **potential needs** of the **self-funders** in the borough? Self-funders are **people** who **pay for their own care**.

Standards

The University of Birmingham is developing a set of **standards to support the principles of commissioning**.
We want to use these standards to support the assessment by the Peer Review team.
The commissioning standards for market development will be available by 8 September 2014.

The University of Birmingham defines the principle of market development as "Promotes **positive engagement** with **providers** of **care** and **ensures diversity**, **sustainability** and **quality** of the market.
Good commissioning **values** the **expertise** of **providers** and their role in stimulating innovation in order to find the best solutions to **deliver positive outcomes** for citizens and communities. It is concerned with **sustainability,** including the **financial stability of providers**".

Arrangements for the review

The review team

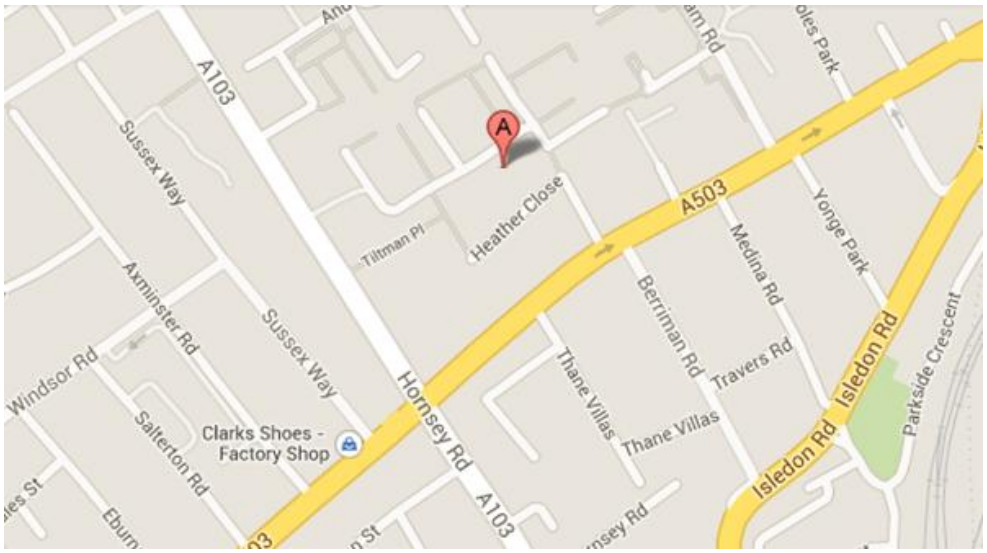
Grainne Siggins	Lead Director of Adult Social Services London Borough of Newham
Howard Tomlin	Review team co-ordinator London Borough of Newham
Claire Duignan	London Borough of Enfield
Simon Froud	London Borough of Redbridge
Susan Hasler-Winter	London Borough of Wandsworth

Islington contact name: **Ravneet Kallah**
Email: Ravneet.Kallah@islington.gov.uk
Telephone: **020 7527 4027**

Location

The Peer Review team will be based at
7 Newington Barrow Way, London, N7 7EP
The team will be allocated a room in the building. There will be a laptop with internet access. All interviews, focus groups, briefings and feedback meetings have been arranged. Access within the building has been arranged.
Refreshments will be available.

A map and directions to Newington Barrow Way are below.
How to get here http://www.islington.gov.uk/about/contact-complaints/visitingoffices/Pages/7NewingtonBarrowWay.aspx
By bus: 4, 43, 19, 236, 253, 254, 259, 279, 271, 17, 106, 153, 91, 210, W3, W7
By tube: Finsbury Park By train: Highbury & Islington



Appendix 1

SWOT analysis

A **SWOT analysis** is a **structured planning method**.
It is used to think about the **strengths**, **weaknesses**, **opportunities**, and **threats** involved in a project or business venture.

Strengths
The features of the business or project that give it an **advantage** over others

- Islington has **integrated** commissioning arrangements with **Islington CCG** and a **pooled Section 75** budget for commissioning.
  This enables us to **jointly commission services** around mental health, substance misuse, sexual health and end of life services.

- We have a **joint commissioning strategy** with **NHS partners** that sets out how the council and NHS will **develop services until 2017**.

- **Islington Evidence Hub** is a partnership between **Islington Council** and the **local NHS**.
  It brings information about different organisations into one place.
  It is designed to be used by people **looking for evidence**, to help **ensure** that **local decisions** are made **based upon the needs of the local population**.
  This enables easy access to JSNA information which is used to inform commissioning activities.
  JSNA means Joint Strategic Needs Assessment.

- There are a number of **innovative** and **flourishing local providers**.
  These include Centre 404 and Age UK Islington.

- There is a history of **good service user and family carer engagement** in developing new services.
  Examples of this included the development of a new supported housing unit e.g. Leigh Road

- We have a good history of **innovative commissioning**.
  We have developed **personalised alternatives** for people.
  An example of this is our **new domiciliary care services**. The service allows people to **bank hours over a four week period** so that they can receive care and support at a time that is **convenient to them**.

Weaknesses
The features that put the business or project at a **disadvantage** compared to others

- We lack a **joint approach to market development** across the CCG and Local Authority.
  This often means that both organisations end up **contracting similar types of services separately**.
  Examples of this include the domiciliary care and continuing health homecare contracts that were commissioned independently.
  There is a lack of a joint commissioning approach with Age UK services that both organisations purchase.

- To date only one **Market Position Statement** has been developed so far.
  This is focused on Older People residential services.
  A **Market Position Statement is a tool** to help organisations ensure their market grows to meet current and future need.
  Market Position Statements have **not been part of the culture of commissioning in Islington**. This has **made communicating** our planning messages to the market **more difficult**.

- There is high level of **in-house services** in Islington.
  These contribute to a high percentage of spending in the borough.
  We have **not used a commissioning approach** when contracting these services.

- Commissioning is taken on by service user groups. This can sometimes encourage a **silo approach.**
  A silo is a **management system** that **does not interact or share** with other systems.
  This can result in duplication of effort and use of resources spent on procurement processes.

- Due to a lack of care home provision in the borough the majority of our residential and nursing placements are out of borough placements.

Opportunities
The features that the project or business could use to its **advantage**

- There are plans in place to **restructure the commissioning division** by the autumn.
  The current approach focuses on service user groups.
  The aim is to move to **commissioning across themes and programmes**.

- The Head of In-house Provider Services agrees to **develop a commissioning approach to in-house services.**
  There is **good buy-in** from commissioners. This means that they are in agreement with or support the decisions being made.

- The Assistant Director for Strategic Commissioning is leading work to align commissioning activity better.
  It will ensure a **more joined up approach** and **reduce duplicated effort** across the locality.
  This includes
  - Islington CCG
  - Public Health
  - Children's Social Care
  - Adult Social Care

- There is a **high level** of **community engagement** in Islington.
  This can be used to develop the services available.

- We need to explore how we better **use the community assets we have** in order to **develop our universal offer in Islington**.
  We need to do more **work with other council departments** and **external partners.**

- Islington's status as an **Integration Pioneer** gives an opportunity to **explore new ways of working**.
  We can do this by **joining up health and social care provision** more closely.

- The **values-based commissioning approach** being tested by Islington CCG has **scope to be developed for social care commissioning**.
  Values-based commissioning looks at what type of services should be commissioned and why.

- Commissioners in Islington are engaged and enthusiastic about **trying new ways of commissioning and working with providers**.
  An example of this is **collaborative commissioning**. This is where a group of CCG's **work together** to commission services.

Threats
The features in the environment that **could cause concern** for the business or project

- Islington is not a **Commissioning Council**

- There is **no corporate approach** to market development

- Current management prefers to have **services in-house**. Their view is that this is better for residents.
  This might be difficult to reconcile with a strategic approach to **sustainable market development**.

- Some of the highest value contracts are **long-term PFI arrangements**.
  PFI means Private Finance Initiative. This means **funding public projects with private money**.
  There might be **limited scope to influence the behaviour or development** of providers. This includes most of our in-borough care home contracts.
  This might not be a priority for the CCG. This would **limit the scope** for **effective collaboration**.

- Islington wants to ensure that all providers and sub-contractors **pay at least the London Living Wage**.
  There is a risk that this **could be difficult for new market development**.
  It may also be **unsustainable** for current providers.

Appendix 2

List of documents

- Islington Local Account 12-13
- Islington Council/Islington CCG Joint Commissioning Strategy 2012-17
- IPC Review of Commissioning
- Islington JSNA via The Islington Evidence Hub
- Moving Forward Programme PIDS and Programme Plan
- Care Act Implementation PIDS
- Market Position Statement – Older People Residential Care
- PSS EX1 2013-14
- 2013-14 Provisional Benchmarking on Unit Costs report
- 2012-13 In-house vs External Unit Costs (if 13-14 data is available by then I will refresh so we can send that.
- Draft Use of Resources Toolkit

This page is intentionally left blank

ISLINGTON

Housing & Adult Social Services
7 Newington Barrow Way, London, N7 7EP

Report of:

Meeting of:	Date	Agenda item	Ward(s)
Health & Care Scrutiny	18th November 2014		All

Delete as appropriate	~~Exempt~~	Non-exempt

SUBJECT: LOCAL ACCOUNT OF ADULT SOCIAL SERVICES 2013/14

1. Synopsis

1.1 This report sets out highlights of adult social services Local Account for the year 2013/14.

2. Recommendation

2.1 To note the contents of this report and its appendix.

3. Background

3.1 Local Accounts have replaced the Care Quality Commission's annual performance assessment of adult social services. Islington's Local Account, attached as Appendix one. Councils are asked to produce a report for residents, based on local priorities and key performance areas. There is no prescribed format or content for the report. Islington's Local Account demonstrates that the council continues to provide high quality social care to local residents. National user and carer satisfaction surveys, carried out as part of the national social care outcomes framework, showed that 87% of respondents were satisfied with the services they received. Feedback from these surveys has indicated that service user self-reported quality of life has improved compared to our 2012-13 position and is reflected in an improved comparator position in London

3.2 The council has retained its status as a leader in the field of transformation and personal budgets. At the end of the 2013/14 financial year, 89% of users received their services via a personal budget, giving Islington the second highest proportion of personal budget users in London. Islington has one of the proportions of service users and carers that receive services through direct payments in London.

Islington's philosophy of care is to help people regain their independence, enable people to stay in their own home, and live as independently as possible for as long as possible. This is demonstrated by the results we achieve. In 2013/14, 70% of people who used local re-ablement services regained their independence and needed no further care. 91.2% of users of intermediate care or re-ablement were still living at home 91 days after they had left the service. In delayed transfers of care, the council was one of the top performers in London, with 4.9 delayed transfers of care per every 100,000 of the

Islington population.

This has been achieved in the context of national reductions in public finances and without raising Islington's social services eligibility criteria. Islington remains one of only 4 boroughs in London to still meet moderate needs eligibility.

3.3 The format of this year's Local Account is set out to reflect the department's commitment to 'Make it Real'. Progress and actions delivered have been put under the key 'Making it Real' themes to enable local residents to see our progress against these and to understand where we are on our journey to delivering more personalised services.

4. Conclusion

4.1 The Local Account sets out the main achievements in providing support and safeguarding vulnerable and disabled adults in Islington. The Council continues to provide high quality social services to local residents and has made significant progress in transforming social care.

Appendices
Appendix 1: Islington Council Adult Social Services Local Account 2013-14

Final report clearance:

Signed by: **Date:**

Received by: **Date:**

Report Author: Greg Pearson, Head of Performance – Housing & Adult Social Services
Tel: 020 7527 8186
Email: greg.pearson@islington.gov.uk

Joint introduction from the Executive Member for Health and Wellbeing and the Corporate Director of Housing and Adult Social Services

Dear Resident

We are pleased to present the fourth local account report on adult social care which outlines what we have achieved for people with social care and health needs. This report helps local residents to hold the council to account and to assess how well we are supporting people with care needs. We are committed to being open and transparent about what we have done to improve outcomes for residents.

In since the last Local Account we found ways to hear your views and we are pleased to include feedback from our 'Making it Real' Board, a consultation exercise to ensure we are telling you about the things you want to hear about and our annual satisfaction survey that we run on behalf of the Department of Health.

Adult social care and health services support some of the most vulnerable people in our communities, who experience health and financial disadvantage. Many of these services are jointly commissioned by the local NHS and the Council's Social Services department to reduce duplication and provide services around the needs of people who use them.

The main aim of our services is to support people in their own home wherever possible and ensure that they have choice and control. However, for people with the most complex needs we help them to access good quality residential and nursing care. We hope to continue to support users and carers in this way.

Our main aim is to provide/purchase good quality services in the community that help people to live independent lives, prevent the need for more intensive services and ensure they are safe and have good experiences of services when they need them.

Sean McLaughlin
Corporate Director of Housing & Adult Social Services

What is a Local Account?
In 2011, the Department of Health (DH) recommended that all local authorities' Adult Social Care directorates publish an annual Local Account. This shows how the local authority performed against quality standards, and what plans have been agreed with local people for the future.

The way that councils are assessed has changed and there is no longer a requirement to report to Central Government, however the Local Account gives the residents an opportunity to read about the achievements through the year, and our priorities going forward.

The work outlined in this report has been achieved through a collaborative approach. This means working with all our partners to make a difference to the lives of people, through trusted, personalised and universal social care support, so people have choice and control, and can maximise their wellbeing and independence in their local community.

How did we develop our Local Account?
To build our Local Account in Islington:

- We have begun to assess ourselves against the 'Think Local Act Personal, Making it Real' Personalisation Markers, and this document is set out under those heading so you can clearly see what we are doing well and what we still need to work on.

- We have used the results from surveys conducted with people and carers who use the services we provide or buy for them, to tell us what we are doing well and what we need to improve on.

- We have measured our progress against key performance measures that the Department of Health expected us to work to.

- We have asked our 'Making it Real' Board which is made up of people who use our services and their carers to comment on the content to ensure that it is telling you about what you want to know about.

- We have carried out a consultation exercise open to everyone to help inform us of what you would like to see in the Local Account.

- We want to tell you about some of the pieces of work and new services that we have delivered.

Islington in figures (Census 2011)

- Islington has a population of 206,100 people
- 24% of households in Islington contain someone who has a long term health condition or disability
- There are 16,300 carers in Islington who look after family, partners or friends in need of help because they are ill, frail or disabled. The care they provide is unpaid.
- Islington has a lower proportion of older people compared with the rest of London
- Life expectancy is low compared to the rest of London and England at 81 years for women, and 75 years for men

Last year (2013-14)

- 2721 people were helped to continue to living independently at home, plus we helped an additional 312 people to find services that they paid for themselves
- 1348 queries resolved at the point of first contact
- 795 people cared for in residential or nursing care homes
- 658 helped by our re-ablement service
- 324 carers given detailed advice to support them, another 1000 carers are registered to get advice, information and support from the carers hub that we commission through Carers UK
- 652 carers directly supported, 100% have a direct payment
- 91.2% of people who use our re-ablement or intermediate care services after a stay in hospital are living back in their home 91 days after their discharge from hospital
- 76% of people with mental health needs live independently
- 77% of people with learning disabilities known to us live in their own home or with friends and family
- 89% of people now get their services through a personal budget giving them more choice and control over the services they have
- 11% of people with learning disabilities known to us are in paid employment
- 36% of service users and carers get their services through a direct payment this is one of the highest proportions in London

How are we performing against the National Adult Social Care Outcome measures?

In 2010-11 the government introduced a new set of performance measures that we are measured against, it is focused on measure outcomes for local residents rather than the outputs of services; such as how many assessment we completed in a year which do not tell us about the quality of people's lives or how good our services are.

Some of our key achievements against these measures in 2013-14 were:

- We continued to demonstrate our commitment to ensure that service users receive personalised care that meets their needs and is delivered in the way that they want. As a result we have one of the highest proportions of carers and service users receiving direct payments in London.

- Islington's strong integration with health has led to us being one of the top performing authorities in London in terms of the number of people discharged from hospital into rehabilitative services that remain in the community 91 days after they have left hospital. This has also contributed us being one of the top performing London Councils for delayed transfers of care from hospital.

- Service User reported quality of life has improved compared to figures reported in 2012-13. Our ambition is to further improve this in the coming year.

- Service Users reported that they had more control over their daily life compared to previous years.

- More Service Users reported that they were satisfied with the services we gave them; we want to continue building on this.

- Throughout 2013-14 there has been a focus on reducing the number of people aged under the age of 65 whom are admitted to residential or nursing homes.

- Self-reported feelings of safety in service users is comparatively low, we will be working with other colleagues in Islington Council to help understand why people feel unsafe and to improve this across the council as a whole.

- We have increased the number of people with Learning Disabilities and Mental Health Needs that are in paid employment.

- We have reduced the number of people with Learning Disabilities that live in residential care homes by increasing the amount of supported housing available in the community.

Information and Advice: having the information I need, when I need it

Making it Real Outcomes (www.thinklocalactpersonal.org.uk)

- "I have the information and support I need in order to remain as independent as possible"
- "I have access to easy-to-understand information about care and support which is consistent, accurate, accessible and up to date"
- "I can speak to people who know something about care and support and can make things happen"
- "I have help to make informed choices if I need and want it"
- "I know where to get information about what is going on in my community."

Our achievements and work in progress

- In our recent surveys of service users 72% told us that they found it easy to find information about the type of services that were available to them.

- The Islington Carers' Hub provides advice and information by telephone, email or face to face on the following: -
    - The type of service that available to carers and the people they look after
    - Getting a carer's assessment
    - Welfare benefits
    - Help with form filling or contacting people
    - The Carer's emergency card
    - Carers parking permit (for carers who live out of islington)
    - Looking after their own physical and mental health
    - Their rights if you are balancing work and caring
    - The flexible breaks fund

- For further information on the type of services that can be purchased, including services for carers, please use our service directory Links for Living which can be found at: http://linksforliving.islington.gov.uk/kb5/islington/asch/home.page

Active and supportive communities: keeping friends, family and place

Making it Real Outcomes (www.thinklocalactpersonal.org.uk)

- "I have access to a range of support that helps me to live the life I want and remain a contributing member of my community"
- "I have a network of people who support me – carers, family, friends, community and if needed paid support staff"
- "I have opportunities to train, study, work or engage in activities that match my interests, skills, abilities"
- "I feel welcomed and included in my local community"
- "I feel valued for the contribution that I can make to my community"

Our achievements and work in progress

- We opened a new service called Spectrum, which is a new Day Centre for people with global learning disabilities and autism situated in Highbury New Park. The service is in a refurbished building that has been specifically designed with the needs of people with autism in mind.

- We have built a new supported accommodation scheme for nineteen people with global learning disabilities and high needs in Leigh Road. The building is a bespoke design that includes large communal areas for the residents.

- We have secured agreement to develop three new supported accommodation schemes in Islington for people with global learning disabilities. These schemes will enable us to bring more people back to Islington who are currently placed outside of the borough.

- We commissioned the Circles of Protection project. The project is a buddying scheme aimed at those people who live outside of the local area with global learning disabilities in residential or supported accommodation settings. The scheme will pair people with a Circles of Protection approved volunteer who lives in the local area who will visit them regularly.

- We launched the Shared Lives for Short Breaks scheme. The joint scheme between Islington and Camden councils builds on Islington's existing Shared Lives Scheme and is aimed at people with global learning disabilities who live with their families and are eligible for short breaks (respite). The scheme will provide an alternative to residential based short breaks (respite) by allowing people to stay with approved Shared Lives carers in the carer's home.

- We are working with Hackney and Haringey councils to develop and commission a supported housing services for young people aged between 16 and 25 years from the LGBT community. The service aims to assist young people who may have become homeless and have support needs around their sexuality. In addition, these young people may have support needs as a result of offending, substance misuse issues, mental health needs or may have experienced domestic violence.

- We have recently re-commissioned supported housing services for substance misuse, offenders and young people. These new services have a greater emphasis on achieving outcomes for their service users and will seek to move people on from supported housing more swiftly to ensure that greater numbers of Islington residents in need are able to access housing related services.

- With Islington CCG we launched the FAM (Football and Music) project, which is a partnership between Key Changes and Arsenal in the Community to promote positive physical and mental health amongst young adult males in Islington. The project recently won the BME Award at the National Positive Practice in Mental Health Awards.

- Our mental employment service provided by Remploy and Hillside Clubhouse for people with mental health needs has worked with over 600 people in the last year and has helped support over 100 people into paid work.

- We have increased the number of people with learning disabilities using our services that are in paid employment to 50. This has been supported through the council's Community Access Project which provides one to one support for people with learning disabilities looking for work, and helps them to apply for jobs and gives job coaching to help support them once they are in work.

- We have recently re-commissioned all our home care services. We have recognised that a number of you do not want to have direct payment to purchase services like this but you would like more control over when and how your home care is delivered to you. Our new providers will soon be able to offer you a more flexible service where you can bank your hours over a four week period and choose when you receive them rather than having a set weekly timetable of visits.

Flexible, integrated care and support: my support, my own way

Making it Real Outcomes (www.thinklocalactpersonal.org.uk)

- "I am in control of planning my care and support"
- "I have care and support that is directed by me and responsive to my needs"
- "My support is coordinated, co-operative and works well together and I know who to contact to get things changed"
- "I have a clear line of communication, action and follow up"

Our achievements and work in progress

- Jointly with Islington Clinic Commissioning Group we have been recognised as a national leader in developing integrated health and social care services. We are one of sixteen sites in the country that has been awarded Pioneer Status this will help ensure better outcomes for Islington residents using health and social care services.

- We trailed a new way of working across community health and social care services in the N19 postcode. The project known as 'The N19 Pilot' aimed to improve the support provided to people needing access to a wide range of health and social care services. The Pilot brought together staff from Islington Social Services (social workers, support advisors, senior enablers, OTs) with staff from Whittington Health (physiotherapist, OT, rehabilitation assistant, administrator) to work as a single team for all referrals of people living in the N19 area of Islington. Joint screening by health and social care staff was used to identify a care-coordinator, who would be the person who worked with the person throughout their time with the service, would support them to identify what they wanted to get from the service, and then coordinate the input to achieve this. This included carrying out joint assessments, and bringing in specialist advice or input from other team members as required.

  The three aims were to: -

  - Improve people's experience of the services
  - Improve people's outcomes
  - Reduce unnecessary emergency admissions

  The team worked with 909 people over the nine months, of which 70% were aged 65 years and over (31% were aged between 75 and 84 years). The feedback from service users was very positive: -

  - 81% were very or fairly satisfied with the service
  - 75% were very or fairly satisfied with how quickly they were seen
  - 56% said they felt in complete control of how they wanted things
  - 48% knew the name of the person coordinating their care

  We will be using the success of this pilot to help shape our thinking about how we could develop this type of service to be available across the whole borough.

- We have developed an Early Support team, this is a specialist recovery team set up to help support people who have experiences a recent stroke and have ongoing

physical or emotional needs in their home. The team is made up of two occupational therapists, a physiotherapist and a psychologist.

- We have funded Age UK to develop a Discharge Support Worker post. This role works alongside Islington Social Work and Intermediate Care Teams to support safe and timely discharges from hospital or intermediate care facilities for Islington Residents.

- With Islington CCG we have developed the Carelink Pilot which is designed to support hospital discharges. The service provides a rapid response, quick access, and extended hours to enablement type services for Islington residents. The aims of this service are;

    - To reduce the number of people attending the Emergency Departments at Whittington and UCL Hospitals.
    - To increase independence by providing short term enablement services (of up to 10 days) for people at home following an attendance at the Emergency Department
    - To identify, refer and work with appropriate health and social care services during the enablement period and to discharge to appropriate services
    - To improve the patient and carer experience during and after a hospital admission

Risk enablement: feeling in control and safe

Making it Real Outcomes (www.thinklocalactpersonal.org.uk)

- "I can plan ahead and keep control in a crisis"
- "I feel safe, I can live the life I want, and I am supported to manage any risks"
- "I feel that my community is a safe place to live and local people look out for me and each other"
- "I have systems in place so that I can get help at an early stage to avoid a crisis"

Our achievements and work in progress

In 2013/14 we said we would improve safeguarding through closer partnerships and public education. We have done much work on building closer partnerships. This has included:

- Working closely with some care homes to raise standards of care and awareness of dignity
- On the basis that it is always better to prevent abuse and neglect in the first place rather than responding to it after the event, we have produced guidance for practitioners and partner organisations on preventative safeguards
- Together with Trading Standards, worked to raise awareness of doorstep and high pressure selling to vulnerable residents
- We ran several Safer Recruitment courses for managers who recruit in partner organisations. Follow-up surveys show that managers now have a better understanding and awareness of legislation and how to make sure they recruit the right people to work with adults at risk.
- In light of the high prevalence of financial abuse we have produced a toolkit for service users and carers to help keep them safe
- We have continued to work closely with colleagues in Community Safety to help improve safety around vulnerable people at risk of domestic violence
- Following a fire in 2013 involving an adult at risk, we are working to install domestic sprinklers into the homes of people most at risk
- We have created a forum to address the needs and issues of hoarding. The aim of the group is to develop local policies, procedures and interventions to address and reduce risks from hoarding behaviour.
- During 2013-14 London Fire Brigade received from agencies within Islington, the highest recorded number of home safety referrals of any London borough. As a result, 2093 home fire safety visits were carried out in the borough with smoke alarms being fitted where needed. 98% of these visits were carried out in the homes of our most vulnerable residents.
- Continued and extended our communications campaign, with a continued focus on 'harder to reach' service users, carers and staff
- We held a Mental Capacity Conference and a safeguarding conference for professionals and invited several highly-regarded national specialists to speak.

In April-March 2013/14 we had 1165 safeguarding alerts. This is an increase of 43% compared to the 1815 we had between April-March 2012/13. We see this increase as positive in that it shows that professionals and members of the public are reporting situations to us that they are concerned about in relation to vulnerable adults.

Every year, we look carefully at the cases where there have been more than one alert for a person. The reasons for repeat alerts are many. But in each case we want to make sure that these people are supported to keep safe from harm. If we find that there is a pattern of alerts which didn't go on to be investigated, we look into the case to check that those people are getting the right help and support.

In 2013/14 we had 511 investigations (44% of the total alerts raised). This is an increase of 4% on last year were we had 489. In a number of cases, initial information gathering has shown that when the situation was investigated there were no concerns which needed further exploration. Safeguarding and abuse of adults has a high media profile at present. As people are more aware, it may be that more safeguarding concerns are being raised with us.

Physical abuse, financial abuse and neglect have remained the top three categories for several years. The picture is similar across the country. Tackling financial abuse is a priority in our 3-year strategy.

This year, the proportion of cases where the investigated abuse was 'substantiated' has stayed the same as last year. Similarly, the number of investigations where abuse was 'not substantiated' has all also stayed the same. This means that despite the increase in safeguarding alerts and investigation the overall proportion of people at risk of abuse in Islington has stayed the same which is positive.

Personal budgets and self-funding: my money

Making it Real Outcomes (www.thinklocalactpersonal.org.uk)

- "I can decide the kind of support I need and when, where and how to receive it"
- "I know the amount of money available to me for care and support needs, and I can determine how this is used (whether it's my own money, direct payment, or a council managed personal budget)"
- "I can get access to the money quickly without having to go through over-complicated procedures"
- "I am able to get skilled advice to plan my care and support, and also be given help to understand costs and make best use of the money involved where I want and need this"

Our achievements and work in progress

- We have the one of largest proportion of people and carers receiving their services through a direct payment out of all the London Councils. We believe this shows our commitment to enabling people to receive services in the best way to allow them to live their life the way the want to.
- In Islington we are working with key partner organisations including the NHS, local voluntary organisations and Islington personal Budgets Network to deliver Making it Real. We are using Making it Real to assess how well we are doing and have developed an action plan that seeks to build on our successes and further embed personalisation across everything that we do. How we do this will be consistent with the outcomes that we are seeking to achieve – an approach that sees service users and carers at the heart of everything we do and with meaningful engagement and 'co-production' (working together). Making it Real provides a great opportunity to re-affirm our commitment to personalisation and to ensure that we are providing services in line with the priorities of services users and carers.
- A Making it Real Board has been established to oversee all the work that we are doing to make personalisation stronger across all of our services. The Board has helped to develop the action plan, helps make decisions and checks the work is on track. The Board includes a range of stakeholders, including NHS Islington, voluntary sector organisations, and reserved places for service users and family carers who sit on the Board as 'experts by experience'. The Board is Co-Chaired by the Director of Adult Social Care and the Chair of the Islington Personal Budget Network.
- We have listened to your feedback that the process to get a direct payment is too complicated. As a result we will be piloting a more simplified process designed encourage more of you to choose direct payments.

Challenges in the Future

You will be aware that the next few years will be a challenging time for local councils. We will be required to make substantial savings as a council; in Adult Social Care we intend to do this by working more in more efficient and innovative ways and have established a programme called 'Moving Forward' which is leading our move to working in this way.

The Social Care Act 2014 represents the largest change to social care legislation since 1948. The act intends to: -

- Give effect to the Law Commission's recommendations to consolidate existing laws relating to adult social care;
- Implement policy reforms relating to provision of care and support (e.g. personalisation)
- Implement the changes put forward by the Dilnot Commission on the funding of care and support such as the £72,000 care cost cap

The act will have a significant effect on us in terms of the number of service users and carers that will be approaching us for assessments and services. We have already begun work to prepare for these changes. This is includes: -

- Mapping the number of Islington residents that are paying the full cost of services such as home care and care homes themselves to model the likely impact this will have on our services once they reach the £72,000 cost cap. This will also increase the number of assessment we will undertake.
- We have begun to model the likely volume of carers assessments under the changes being made to carers rights
- We are revised our provision of advice and information about care and support services to ensure that you are aware of exactly what is available to you in the community.
- We are modelling the likely costs of implementing the Care Act across Islington.

This page is intentionally left blank

HEALTH SCRUTINY COMMITTEE
WORK PROGRAMME 2014-15

18 NOVEMBER 2014

1. Islington CCG - Primary Care Developments
2. Peer Review of Strategy & Commissioning (Adults)
3. Care Act 2014
4. Local Account of Adult Social Services 2013/14
5. Work Programme 2014/15

13 JANUARY 2015

1. Primary Care Co-Commissioning
2. NHS Trust – Quality account report 2014/15
3. Annual Adults Safeguarding Report
4. New topic – Presentation/SID
5. Work Programme 2014/15

10 FEBRUARY 2015

1. NHS Trust – Quality account report 2014/15
2. New topic - Draft Recommendations
3. New topic – Final Report
4. New topic - Witness Evidence
5. Work Programme 2014/15

17 MARCH 2015

1. NHS Trust – Quality account report 2014/15
2. New topic – Final Report
3. Work Programme 2014/15

19 MAY 2015

1. Membership, Terms of Reference and Dates of Meetings
2. Child Protection in Islington – Annual Update
3. Work Programme 2014/15 and prioritisation of scrutiny topics

FUTURE ITEMS:
GP Appointment systems – 12 Month report back

This page is intentionally left blank