

Doncaster Adults, Health & Wellbeing Transformation Plan



2015-2018

What is it ?

- A single transformation programme that recognises the number of schemes with cross cutting themes and same/similar outcomes and measures.
- BCF, Care Act, Well North, DMBC Modernisation Strategy.
- A single approach to Adult, Health and Social Care Transformation.
- A single health and social care and wellbeing governance structure to manage transformation and change.

2015/16 plan

The Doncaster Adults, Health and Wellbeing Transformation Programme plan is about developing a world class health and social care system that:

Supports people to maintain their independence for as long as possible and when people are in need, local services will be responsive, personalised and appropriate.

3 key outcomes

Outcome 1

People are independent with good health and wellbeing.

Outcome 2

When in need of care and/or support, it is personalised, flexible and appropriate.

Outcome 3

When people are in urgent need or crisis, there will be responsive, effective services that meet their needs.

What would success look like?

Outcome 1

- People find it easy to access information and advice.
- There are more people in long term employment, education and training.
- People report an improvement in their overall quality of life.
- People are feeling safer and more involved in their communities.
- Reduction in demand for statutory health and social care services.
- An increase in the uptake of non-statutory health and social care services.

Outcome 2

- People spend less time living in long term settings.
- There are more carers feeling supported and enabled to care.
- More people choose to be in control of their care through direct payments and personal health budgets.
- People receive timely assessments and reviews.
- People are satisfied with the outcomes of Safeguarding enquiries.

Outcome 3

- Reduction in avoidable, non-elective admissions to general and acute services.
- People at risk of crisis have anticipatory care plans.
- People are reabled enough to stay at home and be independent, post crisis.
- The numbers of people accessing acute and crisis services are reduced.
- No increase in A&E attendances.

What's the challenge?

- Below regional average on 2 of the 4 key indicators.
- Shift from a bio-medical and care model to social model of support:- *at home/community/low level/early support.*
- Behaviour and culture change of Doncaster residents.
- Investing in a environment of savings:- has to be 'invest to save' model.
- Seeing and planning across the whole system.
- Holding our nerve on the difficult things.

Leadership, Courage and Trust

Key Activities – Outcome 1

- **Development of Community Capacity:**
Well North.
- **Network of Well Being support and community connectors:**
Primary Care Wellbeing Hubs, Social Prescribing.
- **Easily accessible Equipment and Adaptations**
- **An Alternative Day Opportunities Offer:**
Maximising Direct Payments to build tailored support for people.

Key Activities – Outcome 2

- **Increasing take up of assistive technology**
- **A coordinated Dementia offer:**
 - Includes Dementia Navigators, Dementia Friends programme.*
- **Support for carers**
- **Implement a Help to Live at Home scheme**
- **Reducing/delaying admissions to long term care**
- **Transformation of Social Work and care management:**
 - Increasing take up of Direct Payments.*
 - Proportionate assessments.*
 - Devolving budgets to frontline Social Work teams.*

Key Activities – Outcome 3

- **Joint care home strategy**
Improve healthcare offer, joint education programme
- **Re-engineering of intermediate care services**
Development of a new and streamlined pathway.
- **Strategy for End of Life care:**
New care at home service.
- **Mental Health Crisis Service:**
Includes street triage service, review of crisis model and implementation of new service.
- **Primary care strategy**

What will be different?

For local people:

- Major focus on prevention and/or support delivered at home or in the community:- *people will not need to go to hospital for most of their care.*
- The Council will not be the main provider of services.
- People will be more in control of their care and support.

For services and providers:

- Providers will need to be more creative and flexible in the what they provide:- *a monoculture approach to services will not meet need or demand.*
- Support will need to be tailored and flexible.

Workforce:

- More flexible and creative:- facilitators rather than givers of care.
- Work across professional boundaries - trusted assessors - asses once.
- Shift from an 'assess and refer' to 'see and sort' approach.

Care Act

Background

- **Gained Royal Assent on the 14th May 2014.**
- **Implementation in 2 parts:**
 - **Part 1: Social care reforms covering the majority of the statutory duties in force on 1st April 2015.**
 - **Part 2: Funding related reforms which aim to make care funding fairer. Planned to come into force in April 2016.**

Delivery in Doncaster

Headlines

- **Care Act requirements largely incorporated into Doncaster Health and Wellbeing Transformation Programme.**
- **A Care Act Board established within the overall governance to oversight & provide assurance.**
- **Overall! Doncaster is in a strong position, in terms of compliance, for Part 1 of the Act and working to prepare for Part 2.**

Looking Back: 2015 Implementation

Highlights: Infrastructure & Programme Management

Dedicated Strategic Lead & Principal Finance Officer.

ADASS Regional Care Act leads meeting established.

Care Act Board established.

Gap analysis completed to compare current policy & practice with the new requirements.

Work Programme initiated.

Four Care Act stock takes completed – no key concerns, progress broadly as expected.

Financial Modelling - Lead for region.

Contribution to DH Consultations.

Highlights: Delivery

Assessment and Support Planning:

Fully Care Act compliant process launched on 1st April 2015. This new asset-based approach has been promoted nationally as a best practice approach in the context of the Care Act.

Deferred Payment Agreements (DPA's):

Policy developed and agreed to enable the provision of DPA's on a cost-neutral basis.

Prisons:

- Adult Contact Team expanded to include dedicated assessment staff for prisons.
- Contract agreed with Nottinghamshire Health Care Trust to provide services in Doncaster's prisons.
- During Q1, 32 prison assessments were undertaken resulting in 6 new care packages being established to date.

Carers:

Processes and paperwork revised to ensure delivery of new duty.

Highlights: Delivery

Advocacy:

- Advocacy contract expanded to accommodate new duties.
- Bespoke staff training delivered to ensure appropriate identification and referral.

Safeguarding:

- Placed on a statutory footing.
- Changes to Safeguarding working arrangements, via South Yorkshire Safeguarding Adults Partnership, due to launch in August. This will underpin the new requirements under the Care Act, including 'Making Safeguarding Personal'.

Workforce:

- Full training programme delivered to staff including culture change and bespoke training for individual teams as required.

Looking Forward 2016 Funding Reforms

Headlines

- Pilot cost modelling exercise undertaken in Spring 2015, with the intention of national roll-out following evaluation (Doncaster participated in the pilot).
- Modelling helpful but behaviour of self funders still difficult to predict.
- Final Statutory Guidance for the 2016 reforms due to be published in the autumn.
- Commentators continue to question whether this reform will be taken forward at the pace originally planned. Hope to know more prior to recess.
- Nonetheless, preparations need to continue.

Highlights

Cap on Care Costs:

- Current proposal age banded:
 - 72k for aged 25+ £72,000.
 - £0 for <25 will be £0 (i.e. not be expected to pay anything towards the cost of meeting eligible unmet care needs).
- Local Authorities will have a duty to monitor full or partial self funders contribution to the cap.
- Final guidance will determine final cap levels.
- Care Accounts project established to meet requirement to monitor.
- DH interest in planning. DH Policy Team visit to Doncaster 16th July.

Highlights cont..

New means test thresholds:

- Extension of the upper capital assets level for residential care, from £23,250 to £118,000.
- Extension of the upper capital assets level for community, from £23,250 to £27,000.
- Modelled impact for Doncaster potential costs:

	16/17	17/18	18/19
	£m	£m	£m
Cap on Care Costs	0.6-1.1	1.2-1.5	1.6-1.8
Extended Means Test	1.3-2.6	1.7-3.1	2.1-3.7
Total	1.9-3.7	2.9-4.6	3.7-5.5

- DH Commitment to fund ? Sufficiency.

Highlights cont..

Proportionate Assessments:

- Not a care act requirement but a requirement to meet increase in demand arising from new burdens and ageing population.
- Project initiated to explore options.

Appeals:

- At consultation stage nationally.
- Popularity divided, therefore preparatory work premature at this stage.