

Warwickshire Health and Wellbeing Board

Agenda

15th July 2014

A meeting of the Warwickshire Health and Wellbeing Board will take place in **Committee Room 2, Shire Hall, Warwick on Tuesday 15th July 2014 at 13.30.**

The agenda will be:-

1. (13.30 – 13.35) General

(1) Apologies for Absence

(2) Appointment of Board Members

To appoint representatives for Warwickshire Healthwatch, and Nuneaton & Bedworth and Rugby Borough Councils.

(3) Members' Disclosures of Pecuniary and Non-Pecuniary Interests.

Members are required to register their disclosable pecuniary interests within 28 days of their election or appointment to the Council. A member attending a meeting where a matter arises in which s/he has a disclosable pecuniary interest must (unless s/he has a dispensation):

- Declare the interest if s/he has not already registered it;
- Not participate in any discussion or vote;
- Must leave the meeting room until the matter has been dealt with (Standing Order 43); and
- Give written notice of any unregistered interest to the Monitoring Officer within 28 days of the meeting

Non-pecuniary interests must still be declared in accordance with the new Code of Conduct. These should be declared at the commencement of the meeting.

- (4) **Minutes of the Meeting of the Warwickshire Health and Wellbeing Board on 21st May 2014 and Matters Arising.**

Draft minutes of the meeting are attached for approval.

Mobilising Communities to Develop and Maintain Independence

2. **(13.35 – 13.45) Better Care Fund Progress Report**

Chris Lewington / Helen King

3. **(13.45 – 13.55) Children & Families Act 2014 - Briefing**

High Disley

4. **(13.55 – 14.05) Introduction to Multi Agency Safeguarding Hubs (MASH)**

Sue Ross

Access to Services

5. **(14.05 – 14.25) Care Act: Implementation Progress**

Jenny Wood / David Soley

6. **(14.25 – 14.30) Pharmaceutical Needs Assessment**

Rachel Robinson / Caroline Galloway

7. **(14.30 – 14.35) Public Health Procurement Timetable**

John Linnane

Working Together

8. **(14.35 – 14.45) Progress on Health and Wellbeing Strategy (verbal update)**

Nicola Wright

9. (14.45 – 14.50) Headlines from the Planning for Healthier Communities Event held on 10th July (verbal update)

John Linnane

10. Any other Business (considered urgent by the Chair)

Further Information, Future Meetings and Events:

Health and Wellbeing Board Newsletter [Link to Newsletter](#)

Minutes of Safeguarding Boards, Joint Commissioning Boards and Health Protection Committees [Link to Minutes](#)

1 Sept. HWB workshop to discuss draft HWB Strategy

21 Oct. Workshop on 5-year Acute Service Plans

19 Jan. 2015 HWB 4-day Peer Review

Health and Wellbeing Board Membership

Chair: Councillor Izzi Seccombe (Warwickshire County Council)

Warwickshire County Councillors: Councillor John Beaumont, Councillor Jose Compton, Councillor Bob Stevens,

Clinical Commissioning Groups: Karen Ashby (Warwickshire North), David Spraggett (South Warwickshire), Adrian Canale-Parola (Coventry and Rugby)

Warwickshire County Council Officers: Wendy Fabbro - Strategic Director, People Group, Monica Fogarty - Strategic Director, Communities, John Linnane - Director of Public Health

NHS England: Martin Lee – Medical Director

Healthwatch Warwickshire: Vacancy

Borough/District Councillors: Vacancy (NBBC), Vacancy (RBC), Councillor Michael Coker (WDC) , Councillor Derek Pickard (NWBC), Councillor Gillian Roache (SDC)

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Minutes of the Meeting of the Warwickshire Health and Wellbeing Board held on 21st May 2014.

Present:-

Chair

Councillor Izzi Seccombe

Warwickshire County Councillors (In addition to the Chair)

Councillor John Beaumont
Councillor Jose Compton
Councillor Bob Stevens

Clinical Commissioning Groups

Karen Ashby (Warwickshire North CCG)
Jill O'Hagan (Coventry and Rugby CCG)
Dr David Spraggett (South Warwickshire CCG)

Warwickshire County Council Officers

Wendy Fabbro – Strategic Director, People Group
Monica Fogarty – Strategic Director, Communities
Dr. John Linnane – Director of Public Health

Healthwatch Warwickshire

Phil Robson – Chair

Borough/District Councillors

Councillor Gillian Roache (Stratford District Council)
Councillor Claire Watson (Rugby Borough Council)

1. (1) Chair's Announcements

The Chair advised of changes to County Council representatives on the Board, arising from the Annual Council meeting, the previous day. Councillors Heather Timms and Maggie O'Rourke had been replaced by Councillors Jose Compton and John Beaumont respectively. She welcomed the new members and thanked their predecessors for their service to the Board. It was reported that due to work commitments, Dr Heather Gorringer had resigned from the Board and she welcomed to the meeting

Karen Ashby, a lay member for the Warwickshire North CCG for patient and public involvement. The Chair welcomed Sue Ibbotson, Centre Director for Public Health England. She then paid tribute to Les Yeates, Chief Officer of the Warwickshire Local Pharmaceutical Committee, who had passed away on 6th April. Finally, the Chair acknowledged the questions received from Mr Colin Quinney. Whilst there wasn't an item for public questions at the Board, they had been passed to Dr John Linnane, Director of Public Health, who would respond to Mr Quinney.

(2) Apologies for Absence

Adrian Canale Parola (Coventry and Rugby CCG)
Deb Saunders (Healthwatch Warwickshire)
Councillor Derek Pickard (North Warwickshire Borough Council),
Councillor Roma Taylor (Nuneaton and Bedworth Borough Council)
Councillor Michael Coker (Warwick District Council)

(3) Appointment of Board Members

The Health and Wellbeing Board accepted the appointment of Councillors John Beaumont and Jose Compton as representatives of Warwickshire County Council and Karen Ashby to represent the Warwickshire North Clinical Commissioning Group.

(4) Members' Declarations of Pecuniary and Non-Pecuniary Interests

None.

(5) Minutes of the meeting held on 26th March 2014 and matters arising.

The Minutes were agreed as a true record. Wendy Fabbro, Strategic Director, People Group confirmed that the Care Bill had now received royal assent and a series of consultations from the Department for Health were anticipated.

2. Better Care Fund Update

Chris Lewington, Head of Strategic Commissioning at Warwickshire County Council gave a presentation to the Board, to accompany the

circulated report. The report included an appendix with the Better Care Fund (BCF) submission, which outlined the high-level plans for integration in Warwickshire. Further, more detailed work was now being progressed with each of the respective clinical commissioning groups (CCGs), to establish local delivery plans. The presentation provided an overview of the BCF model, the assurance process outcome and next steps. Chris Lewington agreed to circulate the presentation slides to Board members. She focussed particularly on slides showing the BCF conditions, funding allocations to each of the CCGs and a diagram which demonstrated the person centred approach to care. Further slides showed the governance structure and she gave examples of the work being undertaken to develop local delivery plans.

A question was submitted about the ways in which member input would be sought. The Health and Wellbeing Board was the principal forum, but officers would speak to portfolio holders, to see how best to engage with them. A question on the timing of funding transfer was also responded to, it being noted that the £36 million involved was not new resources and the transfer was effective from 2015/16 onwards. Further comment was made regarding recent press speculation of whether the BCF would be effective and officers' views that irrespective of the transfer of funding, the schemes planned were those that officers would want to see. Other aspects raised were disabled facilities grant funding and the opportunity for dialogue with Chief Housing Officers regarding the efficiency of home improvements to expedite people from hospital care back to home.

Resolved

That the Board notes the progress being made and receives quarterly progress reports from the Adult Joint Commissioning Board.

3. Planning for Healthy Communities

Neil Benison, Infrastructure Delivery Manager (WCC) presented this item, to update the Board on current progress of planning for healthy communities and the work being carried out with the district and borough councils, on their local plans. Background was provided on infrastructure delivery and the matters discussed at the Board's previous meeting on 26th March 2014. An update was given on Warwick District Council's draft local plan, which had been published on 23rd April 2014. This included the current preferred options for development and the draft policies to be carried forward into the final published plan. The key policy in the draft plan for Public Health would be policy HS6, creating healthy communities, on which further information was provided, both in the report and the appended excerpt of the draft policy.

The County Council had commissioned, in consultation with Nuneaton and Bedworth Borough Council, a Health Impact Assessment (HIA) of the strategic site allocations in its emerging local plan. This was intended to provide constructive comment and the opportunity to consider modifications to the draft policies. The report outlined the areas that the HIA would include.

Stratford on Avon District Council was finalising preferred site allocations for its emerging local plan. Among the preferred options were a number of strategic housing allocations, which would form significant new communities. The infrastructure delivery team had been involved in a series of meetings with developers of the sites, regarding the potential infrastructure requirements, including those for Public Health and the benefits of this early contact were noted.

An update was also given on behalf of NHS England, on the development proposals for Warwickshire. Three schemes had received PCT Board approval, for new premises (two in Rugby, and one in Bidford). There were two business cases for further developments at Cape Road, Warwick and Cubbington, Leamington, classed as category two schemes, but without a definite funding timescale. There were a number of further business cases, classed as category three schemes. Discussions with developers were also taking place for developments that would have a significant impact on the health provision infrastructure.

The Chair referred to the discussion at the previous board meeting stating the need to ensure that sustainable development was located appropriately, with the infrastructure it needed. An update was given on Stratford on Avon District Council's Local Plan, its preferred development site at Gaydon and a view was expressed on the need to secure developer contributions for health services. It was recognised that there were a number of local plans across the County, which were at different stages. It was important that the health sector engaged in this process, to ensure a strategic approach to the location of new development and that contributions for health infrastructure were received. This required a longer-term approach, engaging communities and focussing on areas of anticipated population growth. It was considered that there was clear evidence of health issues being taken on board through the local plan process, as summarised in the report. A point was made about the cumulative effect of numerous small developments and the need to ensure these also contributed to health service provision. Finally, Board members were encouraged to attend the Planning for Healthy Communities Summit at Stoneleigh on 10th July.

Resolved

- (1) That the board notes of content of the report and the current work with district and borough councils, regarding the emerging core strategies.
- (2) That a working group of the Board is formed to give further consideration to strategic planning.

4. The Care Act - Task and Finish Group

Wendy Fabbro, Strategic Director, People Group presented a scoping document for the Board's consideration. It was proposed to form a task and finish group with delegated powers, to respond to the various Department of Health consultations that were anticipated between May and October 2014. The group would also evaluate and report to the Board periodically in readiness for the implementation of the new legislation and provide an evaluation on managing the cost implications of the new Act. The scoping document set out the proposed composition of the task and finish group and it was confirmed that two members of the Transformation Assembly (service users and carers) had expressed an interest in becoming members of the group.

With regard to consultation, points were made about the engagement of Healthwatch Warwickshire, the fact that there were a number of existing consultation mechanisms and that it was not always clear how the consultation feedback had shaped the final proposals. Reference was made to the Memorandum of Understanding between the Board, Healthwatch and the Adult Social Care and Health Overview and Scrutiny Committee, and perhaps this was an area for the Scrutiny Committee to consider.

Resolved

That the Board approves the scoping document as submitted.

5. Warwickshire Joint Strategic Needs Assessment (JSNA) 2013/14 Annual Update

Dr John Linnane presented the second Warwickshire JSNA annual update. This provided important contextual information on changes in demography, lifestyle and behaviours in Warwickshire, which impacted on the need for health and social care. The annual update aimed to provide commissioners and other interested parties with a summary of Warwickshire's approach to the JSNA process, an update on the latest

analysis and key messages from the information. The key messages were that the population and the number of births in Warwickshire continued to increase and that there is increasing pressure on housing supply in the County. The national economy is improving and improvements in local quality of life indicators have continued. However, significant disparities on both a geographical and population group basis continued to persist. The report set out key topic messages regarding children and the survival rates of children with learning disabilities and complex needs. It stated that only 20% of the Warwickshire population were currently physically active and that roughly one in six people were estimated to experience a mental health problem. Finally, dementia was increasingly important as a cause of disability in older people.

The full three-year review of Warwickshire's JSNA was underway and would be used by the Health and Wellbeing Board to inform the development of its new joint Health and Wellbeing Strategy. Appended to the report was a copy of the annual update. Questions were submitted to seek clarity on the data relating to GCSE levels, mortality and illness, it being agreed that some benchmarking or trajectory data would be useful. Clarification was provided and the suggestion for comparative data was accepted. A few minor changes were required to the final document, which were explained.

Resolved

That the Board approves the Joint Strategic Needs Assessment 2013/14 annual update, subject to the reported minor modifications and that a copy of the final document is circulated to Board members.

6. Warwickshire Health and Wellbeing Strategy – Progress on Outcomes and Future Activity

Nicola Wright, of Public Health (WCC) presented this item. The Board had completed its first full year, after the year in shadow form. It was therefore appropriate to review the activities that the Board had undertaken, reflect on the priorities of the Board and identify developments and activity for the next 12 months. The report included a table showing activities completed in 2013/14, grouped by thematic priorities and whether these items would need to be revisited in 2014/15. Sections were provided with commentary to look at the Board's development in 2014/15 and each of the themed priorities, giving background, reflecting on the previous year and priorities for the year ahead. The focus for 2014/15 would be production and implementation of the second Health and Wellbeing Strategy and a review and update of the JSNA. It was proposed to add capacity to the Board by introducing workshops between board meetings. The Chair referred to the joint

meeting with Coventry's Health and Wellbeing board, commenting on the positive feedback received and her thoughts for the year ahead. She highlighted a recommendation in the report, for the Board to undertake a peer review. There was support for this suggestion, with discussion about the timing of such a peer review.

Resolved

That the Warwickshire Health and Wellbeing Board:

1. Notes the progress made to date in relation to the Board's priorities.
2. Restates the governance of the Health and Wellbeing Board and agrees the proposed activities for the Board and its partners.
3. Agrees that the Health and Wellbeing Board undertakes a peer review.
4. Accepts the working themes for 2014/15 for the Health and Wellbeing Strategy as:
 - Integration and working together
 - Promoting independence
 - Community Resilience

7. Any Other Business

The Chair promoted the Health and Wellbeing Board's Newsletter and the availability of minutes of the subordinate boards, together with the Planning for Healthy Communities summit at Stoneleigh on 10th July.

The meeting rose at 15.30

.....Chair

Health and Wellbeing Board

15th July 2014

Better Care Fund Progress Report

Recommendation(s)

The report is submitted for comment.

1.0 Key Issues

- 1.1 NHS England has written to all CCGs requesting further information and resubmission of our operational plans for 2014/15 and 2015/16. This is to ensure that plans reflect changes that have arisen from assurance processes and changes being made to Better Care Fund plans (NHSE Gateway 01685 4th June 2014).
- 1.2 Having considered the documents submitted in February, NHSE feel that further work is required on local plans, particularly around the metrics and finance data, and on the extent of provider engagement in the planning process. Ministers have indicated that further time should be taken by CCGs and Councils, working with Health and Wellbeing Boards, to refine their plans in June. Other areas that NHSE want assured by CCGs and HWBB are:
 - more detailed breakdowns of planned investments and savings;
 - clarification on the impact of BCF on total emergency admissions;
 - and agreement on the consequential impact on the acute sector.
- 1.3 Warwickshire partners have met and agreed the following actions to provide the additional information requirements and preparations for detailed plans:
 - Three one day meetings between each CCG and WCC also to include Public Health, to take place early July;
 - Prior to each of these meetings the gathering of required information – finance, activity, metrics – for each workstream and its implementation by CCG area;
 - Provider engagement to be undertaken using the procurement engagement model;
 - Sign off for the revised plans to be undertaken by Strategic Directors and

the Director of Public Health; and

- Submission of final detailed plans in September (at HWBB)

1.4 There are further opportunities for the Warwickshire BCF partnership to take part in a 'Fast track' implementation of Better Care initiatives, which may change some of the arrangements above. These have only recently been circulated by the Department of Health. A more detailed progress report on this, and any other developments will be provided at the Health and Wellbeing Board meeting.

	Name	Contact Information
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Strategic Director	Monica Fogarty Wendy Fabbro	
Portfolio Holder	Bob Stevens	

Health & Wellbeing Board

15 July 2014

Children & Families Act 2014 - Briefing

Recommendation

- (1) That the Briefing is noted**
- (2) Members satisfy themselves that the checklist of key questions can be answered**

1.0 Summary

- 1.1 Many of the provisions of the Children and Families Act 2014 (“the Act”) came into force on the 22nd April 2014. This report is designed to provide the Health and Wellbeing Board with the key points arising from the legislative changes.
- 1.2 The Act is wide ranging and covers everything from adoption, to employment rights to smoking in cars with children.
- 1.3. The Act is set out in ten parts:-
 1. Adoption and Contact
 2. Family Justice
 3. Special Educational Needs and disabilities
 4. Childcare
 5. Welfare of Children
 6. The Children’s Commissioner
 7. Employment Rights – leave and pay
 8. Time of for Ante-Natal care
 9. Flexible working
 10. Miscellaneous provisions
- 1.4. This reports sets out some of the key changes.

2.0 Changes to Family Justice

- 2.1. The Act abolishes the distinction between High Court, County Court and Family Proceedings Court work and creates one single Family Court, which will have judges of all levels (Lay Judges (magistrates), District Judges, Circuit Judges and High Court Judges) to hear cases. The only family matters that will be in the High Court will be cases involving wardship or those

that invoke the inherent jurisdiction of the High Court (eg cases involving medical treatment of children). So the court is now referred to as “the Coventry Family Court” sometimes referred to as “the Family Court sitting in...”

Section 11 of the Act requires the court to work on the presumption that a child’s welfare is likely to be furthered through involvement with both parents – unless the evidence shows this not to be safe or in the child’s best interests.

Public Law matters - care proceedings

The Act imposes a statutory timescale for the completion of care proceedings – there is now a 26-week time limit for these proceedings although the Act does allow courts to extend this by up to 8 weeks if necessary to resolve the case justly.

In Warwickshire we have been piloting the amendments to the Public Law Outline since the 1st July 2013 and have already seen a dramatic drop in the length of care proceedings. There are a number of reasons for this – there has been a noticeable change of culture to get cases concluded quickly which has been driven by the judiciary and court staff. There has also been a significant reduction in the number of unnecessary experts and a greater appreciation and reliance upon Local Authority social work evidence.

The Act makes it clear that the court can only order expert evidence in care proceedings when it is “necessary”.

Private Law matters – residence and contact

The Act abolishes Residence Orders and Contact Orders and creates a new order to combine both – a Child Arrangements Order. This is an order which regulates where the child is to live and with whom the child is to spend time or otherwise have contact. Any existing Residence or Contact Orders are automatically converted into Child Arrangements Orders. Where social workers are asked to give a view about contact and residence and an order is required to set out these arrangements it will be a Child Arrangements Order.

The Act also requires a person to attend a family mediation information and assessment meeting (referred to as MIAM) before they can make an application to the court, however there will be exemptions which will include cases of domestic violence or where there is a good reason that mediation will not be effective.

3.0 Adoption Changes

- 3.1 The Act will require Local Authorities to consider placing children with *family or friend carers* in the first instance and, if that is not appropriate, to then try to place children in foster-to-adopt arrangements with their prospective adopters.

The Act will repeal the requirement for councils to give 'due consideration' to children's racial, religious, cultural or linguistic background when matching them with adopters.

The Act will also give approved adopters access to the Adoption Register subject to appropriate safeguards. There is provision in the Act to allow adoption agencies to charge for this service. BAAF will be undertaking a pilot of adopter access.

Finally the Act will give the Department for Education the power to require councils to outsource adopter recruitment to external agencies, opening the door for ministers to intervene when they feel services are underperforming.

Local Authorities will also be required to provide adoptive families with personal budgets if they are asked to do so by the family.

Adoption agencies will be required to inform adoptive parents about what adoption support services are available locally, their right to request an assessment for support, and what support councils are required to provide by law.

The adoption changes are not in force yet and there is no date for implementation given, so watch this space.

3.2. Special Educational Needs and disabilities

There are significant changes to support available for children and young people with Special Educational Needs (SEN) – SEN statements will be replaced by Education, Health and Care (EHC) plans. EHC plans will need to be reviewed regularly and cover people up to the age of 25 years old. These plans will provide families with more say in the service that is offered to their children.

Local Authorities are required to publish a 'local offer' setting out what support is available to families with children who have disabilities or SEN. The local offer should also explain how families can request personal budgets, make complaints and access more specialist help.

The Act says families with EHC plans will be offered personal budgets and also places a duty on Local Authorities to identify all children in their area who have SEN or disabilities.

EHC plans are due to be introduced from September 2014.

The recently issued (June 2014) Code of Practice (2014) covers the 0-25 age range and includes guidance relating to disabled children and young people as well as those with SEN

- There is a clearer focus on the participation of children and young people and parents in decision-making at individual and strategic levels.
- There is a stronger focus on high aspirations and on improving outcomes for children and young people.

- It includes guidance on the joint planning and commissioning of services to ensure close co-operation between education, health and social care.
- It includes guidance on publishing a Local Offer of support for children and young people with SEN or disabilities.
- There is new guidance for education and training settings on taking a graduated approach to identifying and supporting pupils and students with SEN (to replace School Action and School Action Plus).
- For children and young people with more complex needs a co-ordinated assessment process and the new 0-25 Education, Health and Care plan (EHC plan) replace statements and Learning Difficulty Assessments (LDAs).
- There is a greater focus on support that enables those with SEN to succeed in their education and make a successful transition to adulthood.
- Information is provided on relevant duties under the Equality Act 2010.
- Information is provided on relevant provisions of the Mental Capacity Act 2005.

4.0. **Welfare of Children**

4.1. Young Carers

The Children and Families Act 2014, in conjunction with the adults-focused Care Act 2014, seeks to make sure young carers get the support they need.

Under the Act, there is a duty upon Local Authorities to identify young carers so they can be offered support and both adult and children's social services will need to work together on helping young carers.

Adult social care should be considering the needs of young people in the household when reviewing support for adults and children's social workers should also do assessments in such situations.

4.2. Staying Put

The Act includes provisions that allow young people to remain in foster care until their 21st birthday. Local Authorities are able to reject these arrangements if they believe they are not in the best interest of the young person, but when those arrangements are approved Local Authorities must provide advice, assistance and support, including financial help.

4.3. Virtual schools

There is a new requirement for Local Authorities to appoint virtual school heads to promote the educational achievement of looked-after children.

5.0. Other miscellaneous matters

The Act also lays the legislative foundations for the government to develop new regulations and inspections of children's homes.

It also bans people who have been disqualified from privately fostering a child from working in or having a financial interest in a children's home in England.

Joint Readiness:

- The Safeguarding and Family Court are working closely on the implications and implementation of the new court process.
- The SEND reforms begin in earnest from 1st September 2014 when new children will have Education, Health and Care plans. All children with statements will convert to the new plans over the next three and a half years. A reference partnership group originally working on the IDS Social Care Offer began in January 2014 alongside our Education offer where we have seconded a Special Schools Head who has worked across the sector and with parents groups.
- An initial offer will be consulted upon across the summer and the reference group will then drive the implementation plan.
- The Children's Joint Commissioning Group (Children's Trust) will oversee the progress. The CJCG reports to the Health and Wellbeing Board.
- Strategic Commissioning for both Children and Adults are working with Public Health and Early Help who are the intelligent client to come up with proposals for Young Carers.
- Steve Pendleton is the Virtual School Head.

6.0 Options and Proposal

6.1 That the Children Joint Commissioning Board oversee the implementation of the Children and Families Act

7.0 Timescales associated with the decision and next steps

7.1 1st September 2014 an initial Local SEND Offer is in place. This has to be fully implemented by 31st March 2018.

Background Papers

1. Children & Families Act 2014



Childre and Families
Act 2014.pdf

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HEALTH PROVISIONS:

The Children and Families Act 2014 will be implemented from September 2014 and has major implications for how the NHS organises and delivers services to children and young people who have a Special Education Need and/or Disability between the ages of 0 and 25.

It will reform the system of support across education, health and social care to ensure that services are organised with the needs and preferences of the child and their family firmly at the centre, from birth to the transition to adulthood.

Key Questions

1. Joint commissioning arrangements

- What services is your organisation currently commissioning or delivering to improve outcomes for children and young people?
- What are the current drivers of integration between services in your organisation?
- What role will your organisation have in supporting the new SEN and disability joint commissioning arrangements set out in the Children and Families Act 2014?
- Who is responsible for making this happen?
- What role is the Health and Wellbeing Board in your area taking in improving outcomes for children and young people?
- How will the joint commissioning arrangements for children and young people with SEN and disability fit with local health and wellbeing board arrangements?
- What information and data is available on children and young people with SEN and disability and their families in the JSNA in your area?
- What gaps are there?
- How will the delivery of joint commissioning outcomes be assessed and how can this support your organisation to meet its own outcomes?

2. The Local Offer

- Who will be responsible for providing information as part of the development of the Local Offer?
- Is the importance of the Local Offer as a tool to improve service provision clearly understood across the health service in your area?
- How will the health provision contained in the Local Offer be reviewed and improved in line with this review?
- How will your organisation involve the views of children, young people with SEN and disability and their families in the planning and reviewing of services?

3. Health's role in identifying children and young people with SEN

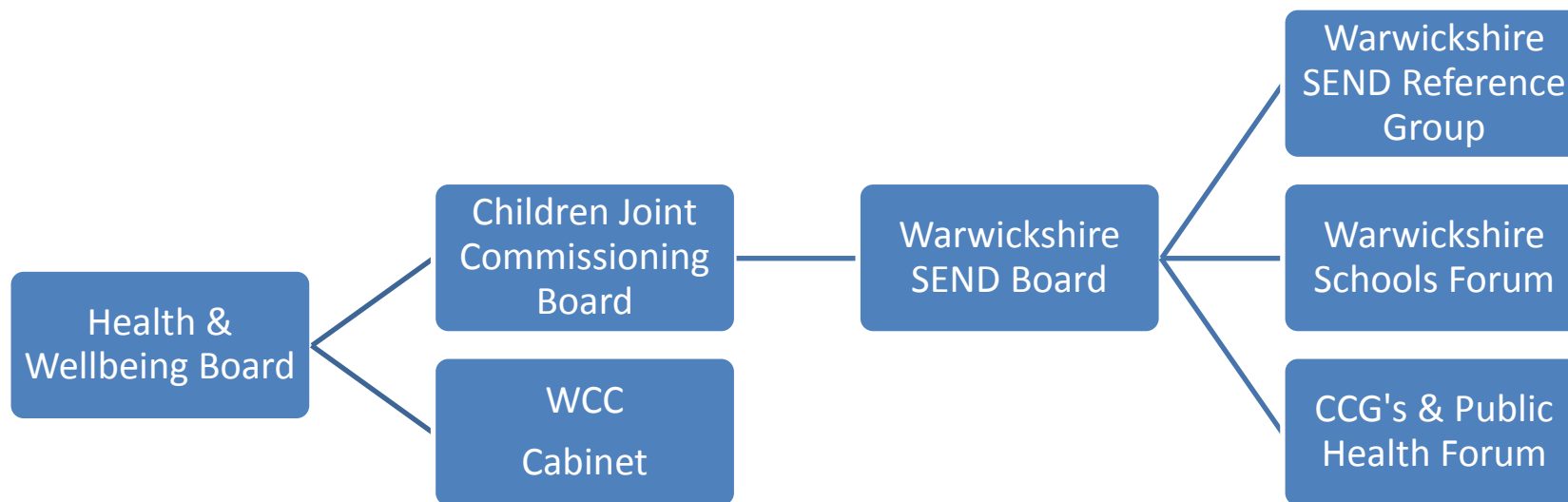
- What are the key opportunities to improve the identification of children with SEN and disability in your area?

- Who will act as point of contact for LAs and schools seeking health advice for EHC Plan assessments?
- How will this process be promoted to all relevant health professionals across services and providers?
- What is the health service's role in the EHC Plan Assessment process?
- Who is responsible for provision set out in the EHC Plan?
- How will the health service in your area coordinate the process of contributing to the development of EHC Plans?
- Who will be responsible for taking decisions about the health provision contained in EHC Plans and what will be the process for taking these decisions?
- How will the relevant health commissioning body and the local authority resolve disagreements about the provision in EHC plans in your area?
- How will information relating to the health provision and outcomes in EHC Plans be collected, analysed and fed into the commissioning process?

Mediation, complaints and redress

- Will your organisation have a role in the securing or delivery of provision set out in Education Health and Care Plans?
- What processes will be in place to ensure that provision set out in an EHC Plan is delivered by the appropriate provider?
- How will providers be held to account for their delivery of services?
- What are your organisations current complaints procedures?
- How will you respond to complaints relating to provision set out in the Local Offer or an Education Health and Care Plan?
- How will feedback and complaints to your organisation be used to improve the commissioning and delivery of services for children and young people with SEN and disability?
- What role will Healthwatch play in supporting children, young people and families in challenging the health system in your area?

Warwickshire SEND Governance



Health and Wellbeing Board

15th July 2014

Introduction to Multi Agency Safeguarding Hubs (MASH)

Recommendation(s)

This report has been requested by the board as a general introduction to Multi-Agency Safeguarding Hubs- (MASH) It does not include any recommendations.

1.0 Key Issues

1.1 The aim of any type of the MASH is to gather, analyse, assess and deliver complex information in a simple format to assist in decision making about what the needs and risks are, and what services are best equipped to meet those needs and reduce the risks.

Around the country the Multi- Agency Safeguarding Hub (MASH) has become one term used for a range of different information sharing, screening, assessing and decision-making processes and structures. Not all Local Authorities have something called a MASH but all are trying to address the same issues.

There is no consistent membership of a MASH and this seems to depend on local relationships as to who has signed up to provide either staff and/or access to their data. Most have been additional to existing services and have required funding for staff, IT and in some cases premises.

Devon LSCB led the development of the first MASH implemented between April 2010 and April 2011. The Devon MASH includes local authority children's social care, police, health services and education co-located in one office. There are also virtual links to the early years team in children's centres; the youth offending team; probation; both children's and adults' mental health; housing; and the ambulance service.

Like Devon, many MASHs are based only on the children and young people who have been referred to Children's Social Care (Reading, London MASH Model, Calderdale, Wiltshire) and some are only available once a CP threshold is likely to be met (Sandwell). These models are focused on whether the thresholds for Child Protection are met or not.

Some authorities have developed the social care duty and assessment service to create a multi-agency interface for consultation, discussion and decision making for the provision of both Early Help and Social Work services (Cheshire East). Others have additional potential: Leicestershire and Hampshire are both interesting examples.

Leicestershire

Leicestershire has been chosen as a Centre of Excellence for Information Sharing. They have their MASH Multi-Agency Screening Team located as part of their early help offer, which is coordinated through the Supporting Leicestershire Families (SLF) programme under the Troubled Families initiative.

Leicestershire MASH summaries are produced for regular multi- agency meetings in the District localities. The locality meetings are chaired by the Serving Leicestershire Families hub coordinators, who request services to provide assessment and support and use the MASH summaries to help decide what is the most appropriate support. The locality professionals discuss the MASH summary and if appropriate can allocate someone in the professional network to do an early help assessment. Although centred around children and young people, the MASH do the checks on all members of the household (including when people are not related).

Leicestershire MASH is separate from the First Response service for Social Care. The First Response team can request a MASH summary and refer to the Locality Team for an early help package of support to be offered. The Child Protection work identified by First Response is followed up by the relevant SW team who are in the process of setting up a co-located CP joint investigation service with the police. At present the social work assessment team and police do not use their MASH for their lateral checks.

Hampshire

Hampshire recently had an Ofsted of Children's Services and came out as good with outstanding features.

The Hampshire Multi Agency Safeguarding Hub (MASH) provides triage and multi-agency assessment of safeguarding concerns in respect of vulnerable children and adults. It brings together professionals from a range of agencies including Children's Social Care Assessment Staff, Adult Safeguarding, Police Vulnerable People referral unit for Hampshire, , Children's Safeguarding Nurse, Approved Mental Health Practitioners,(AMPs) with access to Adult MH data and EDT. The MASH team collate their shared information and make assessments and decisions to ensure that vulnerable children and adults are responded to quickly and efficiently by the most appropriate professional.

Leicestershire and Hampshire are very different from each other but can both provide a broader way of thinking about the benefits of the hub approach and how these could be applied to Warwickshire.

2.0 Options and Proposal

The possibility of a MASH of some kind in Warwickshire is being explored through the Front Door Interfaces Project which commenced in

March 2014 with the appointment of the Interim Project Lead- Jill Forrest.

The Project is in 3 phases:

1. Scoping 3rd March to 30th June 2014
2. Decision Making based on the Options Paper and Proposed Model July 2014
3. Implementation PID once a way forward is agreed

3.0 Timescales associated with the decision and next steps

3.1 No decision is required at this Board. The full options paper and a proposed model will be available for consideration very soon.

Background papers

1. Background paper 1
2. Background paper 2 etc.

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Warwickshire Health & Well-Being Board

Meeting Date 15th July 2014

The Care Act Going Forward Implementation and Progress

Recommendation(s)

1. The Board is invited to consider this report alongside “**A Summary of the Care Bill and its Implications**” placed before the Warwickshire Health and Wellbeing Board 26 March 2014 (**Appendix:1**).
2. The Board is invited to observe and comment on progress against delivery of the Care Act 2014 in Warwickshire.

1.0 Purpose of Report

- 1.1 To update the Board on Part 1: The Care Act 2014 and Warwickshire County Councils progress against key milestones and deadlines.

2.0 Background and Context

- 2.1 On the 14th May 2014 the Care Bill received royal assent and became the Care Act 2014.
- 2.2 The Care Act 2014 is described by the Care and Support Minister Norman Lamb as “the most significant reform of care and support in more than 60 years; It creates a single, modern law that replaces nearly 70 years of previous legislation and puts people and their carers in control of their care and support. It delivers key elements of the government’s response to the Francis Inquiry, increases transparency and openness and helps to drive up the quality of care”. (Norman Lamb May 2014)

3.0 The Care Act 2014

- 3.1 The Care Act 2014 is in five parts however this report focuses on Warwickshire County Councils implementation of part one: Care and Support.
 - 3.1.1 **Part 1:** Care and Support (Subject of this Report)
 - 3.1.2 **Part 2:** Care Standards
 - 3.1.3 **Part 3:** Creates Education England & Health Research Authority
 - 3.1.4 **Part 4:** Integration and Information
 - 3.1.5 **Part 5:** General Provisions

4.0 Care Act Implementation timetable

Date	Implementation event	WCC progress (where applicable)
14.05.14	Care Act receives royal assent.	
20.05.14	First ADASS, LGA, and DOH Care Act 2014 implementation Stocktake	Complete (Appendix: 2)
6.06.14	DOH publishes draft Regulations & Guidance and begins public consultation (ends 15.08.14)	Preparing response
26.06.14	Regional ADASS draft Regulations & Guidance consultation event	WCC participated fully in this event
14.08.14	WCC to submit its response to public consultation (by no later than 14 th August 2014)	Preparing response
15.08.14	Regulation & Guidance public consultation ends	
Sept 14 (TBC)	WCC completes and submits second ADASS, LGA, and DOH Care Act 2014 implementation Stocktake	
Sept 14 (TBC)	DOH publishes Care Act 2014 statutory Regulations & Guidance	
Feb 14 (TBC)	WCC completes and submits third ADASS, LGA, and DOH Care Act 2014 implementation Stocktake	
1.04.15	Majority of the provisions contained in the Care Act come into force (discussed in detail in this report)	Implementation activity has commenced
1.04.16	Remaining 4 sections of the Care Act 2014 come into force (discussed in detail in this report)	Implementation activity has commenced

5.0 Care Act 2014 Implementation deadlines

5.1 A Warwickshire County Council summary and high level impact assessment of Part: 1 the Care Act 2014 can be found at **Appendix: 3**.

5.2 All sections of the Care Act 2014 listed below are to be implemented by 1st April 2015

- Wellbeing
- Prevention
- Safeguarding Vulnerable Adults
- Transitions to Adulthood
- Information & Advice (including financial advice)
- Independent Advocacy
- Assessment - Care & Support Planning
- Carers – Assessment - Care & Support Planning
- Wellbeing
- Prevention
- Safeguarding Vulnerable Adults
- Transitions to Adulthood

- Information & Advice (including financial advice)
- Independent Advocacy
- Assessment - Care & Support Planning
- Carers – Assessment - Care & Support Planning

5.3 All sections of the Care Act 2014 listed below are to be implemented by 1st April 2016

- Cap on Care Costs
- Independent Personal Budget (for eligible self-funders)
- Care Accounts (for all Self funders)
- Part 1 Appeals (new right of appeal against LA decisions)

6.0 key implementation activities June 2014 – April 2016

Date	Key WCC Implementation Activity
April 14	Service Manager Care Act Implementation starts new role (secondment)
April 14	First meeting of the ADASS local implementation Network
May 14	WCC submits response to ADASS, LGA & DOH Care Act Stocktake
June 14	Care Act 2014 Implementation 'Oversight Group' established
June 14	Oversight group agree Care Act implementation governance and staffing structure (Appendix:4)
June 14	Implementation of Care Act governance and staffing structure
June – Sept 14	WCC financial modelling
June – Sept 14	WCC workforce modelling
June – Sept 14	Review all WCC policy & guidance
June – Sept 14	Review all WCC practice to scope Care Act implications
June – Sept 14	WCC Learning & organisational development modelling
June – Sept 14	WCC detailed IT infrastructure modelling
June – Sept 14	Review all WCC Information & advice systems and products
Sept 14 April 15	New Care Act compliant policies, procedures and guidance agreed and fully implemented.
Sept 14 April 15	Workforce and associated learning and organisational development activity completed
Sept 14 April 15	All required additional information and advice systems and resources in place

7.0 Key Implementation Challenges

7.1 Duty to promote Wellbeing –

From April 2015, Warwickshire County Council will have a duty to promote well-being; not only through individual interventions but also when undertaking broader strategic functions e.g. Planning or Public Health.

7.1.1 This new duty is consistent with current best practice and it is believed Warwickshire County Council is making good progress in this area.

7.2 Duty to prevent needs for Care and support –

From April 2015, Warwickshire County Council must provide or arrange the provision of preventative services which help prevent or delay the development of care and support needs, or help to reduce existing care and support needs – Ranging from individual interventions to wide-scale whole population measures that promote health and well-being.

7.2.1 This new duty is consistent with current best practice and it is believed Warwickshire County Council is making good progress in this area.

7.3 Provision of information, advice and advocacy –

From April 2015, Warwickshire County Council will be required to ensure 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.

7.3.1 Warwickshire County Council currently provides a range of information and advice including the web based Warwickshire Directory. Warwickshire County Council is currently reviewing all the information and advice it provides to ensure it is Care Act compliant.

7.4 Mapping self-funders –

From April 2016, the Care Bill will introduce a cap on the costs an individual will need to pay towards meeting their eligible needs for care and support. This means people who may currently have no contact with Warwickshire County Council and chose to fully-fund their own care, may ask to set up a **Care Account** (an up-to-date record of accrued eligible costs) so their eligible care and support costs can be recorded against their Care Cap. Warwickshire County Council will need to establish the likely volume of self-funders in order to plan for and understand the cost of implementation. While the Care Cap does not come into force until April 2016 the self-funder assessment capacity and IT infrastructure will need to be commissioned during 2015.

7.4.1 Accurately mapping the self-funders who will approach Warwickshire County Council for support will be challenging as it requires us to predict how local self-funders might behave. Warwickshire County Council intends to employ an approach that combines current local authority data with data from the census and local strategic needs assessments (JSNA). Warwickshire County

Council is also collaborating with other members of the local and National ADASS Care Act Implementation Network.

7.5 Meeting duties for carers' assessments:

The Care Act 2014 gives carers the same rights to assessment and support as those they care for; regardless of whether the cared for person has eligible care and support needs. From April 2015, Warwickshire County Council will have a new duty to carry out assessments for all carers. Carers will no longer have to provide substantial care, on a regular basis to be eligible for an assessment and as such, many more carers will qualify for an assessment than do at present.

- 7.5.1 Accurately mapping the number of carers who might decide to request assessment, and care and support from Warwickshire County Council will be challenging. Warwickshire County Council intends to employ an approach that combines current local authority carer data (including data from children's services) with data taken from the census and local strategic needs assessments (JSNA). Warwickshire County Council is also collaborating with other members of the local and National ADASS Care Act Implementation Network.

7.6 Duty to offer deferred payments agreements –

From April 2015, Warwickshire County Council will be required to offer a deferred payment agreement to those people at risk of needing to sell their home to pay for their care and support.

- 7.6.1 Warwickshire County Council already offers a deferred payments scheme and intends to model future demand by combining data from its current scheme with data from the census and local strategic needs assessment.
- 7.6.2 Warwickshire County Council will need to study the detailed statutory guidance (when it becomes available) and review its current deferred payment scheme to ensure its Care Act compliance.

7.7 IT and financial systems –

By April 2015, Warwickshire County Council will be required to have implemented IT infrastructure capable of managing all the new roles and responsibilities conferred by the Care Act. Having the right information systems to support the reforms is critical to successful implementation and central government does not intend to develop a national IT system for this purpose.

- 7.7.1 Warwickshire County Council is currently reviewing its IT systems and infrastructure in order to establish any requirement for additional capacity and functionality prior to April 2015.

7.8 Workforce –

The Care Act has a number of implications for Warwickshire County Council's workforce; by April 2015 we 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.

- 7.8.1 The Government has commissioned Skills for Care to provide local authorities with workforce modelling and development tools. These tools are due to be published in August 2014 when they will be fully utilised by Warwickshire County Council.

7.9 Communication –

Communications will play a crucial role in supporting the implementation of the Care Act ensuring Warwickshire’s service users, carers, the general public and workforce understand; what is changing, why and what action needs to be taken, by whom and when. Warwickshire’s health and care providers, local politicians and NHS partners will need to fully engage and understand the implications of the Care Act. Consequently Warwickshire County Council will need to ensure it has a robust strategy in place to meet its Care Act communication requirements.

- 7.9.1 The Warwickshire County Council, Care Act Implementation oversight group have just agreed governance arrangements that include proposals for a detailed stakeholder analysis, and communication and engagement strategy.

7.10 Integration and Commissioning local services –

From April 2015, Warwickshire County Council will have a duty to integrate care and support with health and housing providers; where it believes this will deliver better care and promote wellbeing. The new statutory guidance says integrated commissioning is essential for improving customer outcomes and ensuring increased quality and value for money, and suggests 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.

- 7.10.1 Warwickshire County Council is currently negotiating with local NHS partners to ensure the effective utilisation of the Better Care Fund.

7.11 Market position statement –

From April 2015, Warwickshire County Council will be required to support a market which delivers a wide range of sustainable high-quality care and support services that will be available to all Warwickshire citizens. Guidance suggests that by setting out future and current demand trends, and explaining the desired outcomes of the council, market position statements will play an important role in enabling and maintaining high-quality, diverse care markets.

- 7.11.1 Warwickshire County Council already has a comprehensive Market Position Statement that is being fully updated in order to ensure it complies with the requirements of the Care Act 2014.

7.12 Financial Mapping –

Before April 2015, Warwickshire County Council will need to have modelled the financial implications of the Care Act 2014. Including the cost of;

additional assessment and care management capacity, additional care and support services, new IT infrastructure and an expanded Deferred Payment scheme. The Government is encouraging councils to collaborate over financial modelling activity and does not intend to provide any national modelling tools.

7.12.1 Warwickshire County Council's (People Group) lead financial officer is collaborating with the Regional Finance Officer's Implementation Network to develop a financial modelling tool capable of meeting local need.

8.0 Summary

8.1 The Care Act received royal assent 14th May 2014.

8.2 The majority of the Care Act provisions are to be implemented by April 2015.

8.2 The Department of Health published detailed draft statutory Regulations and Guidance 6th June 2014 and began a public consultation which ends 15th August 2014.

8.5 Warwickshire County Council, People group has appointed a Service Manager for Care Act Implementation, and established a Care Act 2014 Oversight Group that has agreed the; governance and staffing arrangements, and communications strategy it will adopt to implement Part: 1 of the Care Act 2014.

8.6 Warwickshire County Council is now engaged in a comprehensive programme of key implementation activities with very challenging deadlines, set out in sections 5 and 6 of this report. Progress against most of these deadlines is at an early stage as it was dependent on the Department of Health publishing detailed draft statutory regulations and guidance.

8.7 A recent National stocktake of Local Authority progress against implementation milestones showed Warwickshire County Council compares favourably with other local councils.

9.0 Conclusion

9.1 Warwickshire County Council is now engaged in a comprehensive programme of work to implement the Care Act 2014 and a recent National stocktake of local authorities showed its progress compares favourably with other local councils.

Appendices:

- Appendix: 1.** *Summary of the Care Bill and its Implications, 26th March 2014*
- Appendix: 2.** ADASS, LGA & DOH Care Act 2014 implementation Stocktake
- Appendix: 3.** Summary & high level impact assessment Part 1: Care Act 2014
- Appendix: 4.** Care Act implementation governance and staffing structures

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Warwickshire Health and Wellbeing Board

Meeting Date: 26 March 2014

Report Title: A Summary of the Care Bill and its Implications

Summary

This report provides an update on the current progress of the Care Bill and a summary of the potential implications for Warwickshire, based on current available information.

Recommendation(s)

The Board is invited to comment on the potential implications of the Care Bill for Warwickshire.

1.0 Purpose of Report

1.1 To update the Board on the current progress of the Care Bill, and summarise the potential implications for Warwickshire, on the basis of current available information.

2.0 Background and Context

2.1 In 2011, the Law Commission reviewed the current legislation associated with community care provision for adults and published a series of recommendations in their report 'Adult Social Care'. The intention of the recommendations was towards the establishment of a single, clear, modern statute and code of practice that would pave the way for a coherent social care system, with local councils having clear and concise rules to govern when they must provide services. Included in the Law Commission's recommendations were:

- putting the individual's wellbeing at the heart of decision-making, using new statutory principles
- giving carers new legal rights to services
- placing duties on councils and the NHS to work together
- building a single, streamlined assessment and eligibility framework

- protecting service users from abuse and neglect with a new legal framework, and
- for the first time, giving adult safeguarding boards a statutory footing.

2.2 Additionally, the Dilnot Commission was established by the Government to report on how to deliver a fair, affordable and sustainable funding system for adult social care in England. Local government and NHS finances were recognised as under significant pressure and the demand for services is increasing as the population ages. The Dilnot report suggested a costed model for the future, in terms of the future costs of social care services and how charges should potentially be applied in future. This information was considered by the Government and many of the recommendations were incorporated into the White Paper, 'Caring for Our Future: Reforming Care and Support' (July, 2012), and the Care and Support Bill (July, 2012).

2.3 As due process continued, the name was amended and it simply became 'the Care Bill'.

2.4 There was a wide range of consultation following the publication of the Care and Support Bill from July to October, 2012. A Joint Committee of Parliament was also established to conduct pre-legislatory scrutiny.

2.5 Over three months, the Joint Committee received further written evidence and held 10 oral sessions with a range of stakeholders. The Joint Committee's work concluded on 7 March, 2013, and their final report was published on 19 March, setting out 107 recommendations. The Government has responded to these recommendations. Parts 1-3 of the Care Bill reflect changes made, taking into account what was heard.

2.6 Progress of the Care Bill through Parliament continues. The current position at any time can be viewed at: <http://services.parliament.uk/bills/2013-14/care.html>

2.7 The current status is that the Bill has been through the House of Lords and there were some significant amendments. It is now at Committee stage in the House of Commons and the above website made provision for those with expertise, experience or special interest in the area to submit views or evidence by 4th February, 2014.

3.0 Overview of the Care Bill as brought from the House of Lords

3.1 The Care Bill spans a great range of duties and powers and the associated regulations are not yet finalised. To enable the presentation of a broad picture, this section of the report provides a general overview of the intentions of each of the three parts of the Care Bill. A further table then provides some examples of the more detailed implications which will need to be addressed locally. It is possible that there may be further significant change before the legislation is enacted. This means that in terms of preparation, careful thought is needed with

respect to which aspects seem very likely to be enacted as they currently stand, and which may be subject to further change or addition.

3.2 Part 1 (Care and Support):

- Modernises over 60 years of care and support law into a single, clear statute, which is built around people's needs and what they want to achieve in their lives;
- Clarifies entitlements to care and support to give people a better understanding of what is on offer, help them plan for the future and ensure they know where to go for help when they need it;
- Provides for the development of a national eligibility criteria, bringing people greater transparency and consistency across the country;
- Treats carers as equal to the person they care for and on the same legal footing;
- Reforms how care and support is funded, to create a cap on care costs which people will pay, and intends to give everyone peace of mind in protecting them from catastrophic costs;
- Supports the aim of rebalancing the focus of care and support on promoting wellbeing and preventing or delaying needs in order to reduce dependency, rather than only intervening at crisis point;
- Provides new guarantees and reassurance to people needing care to support them to move between local authority areas or to manage if their provider fails, without the fear that they will go without the care they need; and
- Intends to simplify the care and support system and processes to provide the freedom and flexibility needed by local authorities and care professionals to integrate with other local services, innovate and achieve better results for people.

3.3 Part 2 (Care Standards):

3.3.1 The report of the Mid Staffordshire NHS Foundation Trust Public Inquiry, led by Robert Francis QC and published on 6 February 2013, called for a system-wide response, across health and care, to ensure that the failures of Mid Staffordshire NHS Foundation Trust are not repeated. The report made 290 recommendations with the aim of ensuring that the commissioning, delivery, monitoring and regulation of healthcare brings about a transformational change that focuses on achieving reliably safe and high quality care, that puts patients at its heart and where compassionate care and patient experience is as important as clinical outcomes. The Government is progressing a range of further plans in response to the report and has also determined that some changes to primary legislation are needed to deliver the plans. Part 2 of the Care Bill takes forward a package of measures, the most significant of which focus on:

- Requirements for the CQC to develop a system of performance reviews and assessments – an intention for a single version of performance that will allow organisations and the services they provide to be compared like for like in a fair and balanced way, that is meaningful to patients and the wider public.

- Powers to allow the new Chief Inspector of Hospitals, appointed by the CQC, to instigate a new failure regime. This aim of this is that in cases where urgent changes are needed to address poor care or quality failings in NHS hospitals, this will be detected quickly, and there will be a clear and time limited process for intervening and tackling unresolved problems urgently.
- Greater transparency and stronger accountability about the information providers produce on their own performance and outcomes, making it an offence for care providers to supply or publish certain types of false or misleading information and introducing additional legal sanctions.

3.3.2 The measures within Part 2 of the Care Bill were not included in the Draft Care and Support Bill, and therefore were not subject to the same public consultation and pre-legislative scrutiny as the other areas of the Bill. There have been some concerns raised as to the potential for the proposed legislation to be used in other ways than that which is seemingly intended. For example, the Nuffield Trust Parliamentary Briefing ‘Care Bill: Second Reading, House of Commons’ (December, 2013), notes that the new powers to change the operations of trusts neighbouring a failing trust could radically shorten and centralise the process of reconfiguring hospital services.

3.4 Part 3 (Health Education England (HEE) and the Health Research Authority (HRA))

- Establishes Health Education England (HEE) as a non-departmental public body (NDPB), intended to provide the necessary independence and stability to empower local healthcare providers and professionals to take responsibility for planning and commissioning education and training.
- Establishes the Health Research Authority (HRA) as an NDPB to strengthen its ability to protect and promote the interests of patients and the public in health and social care research, as well as providing assurance that the HRA will continue streamlining the research approvals process and encouraging investment in research.

3.5 Examples of Implications that will need careful local consideration.

3.5.1 The following table provides some key examples of areas of the Care Bill, primarily those relating to local authority duties and powers, and provides some early indicators of possible implications.

Table 1: Examples of Implications of the Care Bill

	Subject	LA duties	Comments/ implications
1.	Well-being; and preventing, reducing and delaying needs for care and support (Clauses 1 and 2)	<p>A new statutory principle to promote individual wellbeing when taking any step under Part 1 of the Bill.</p> <p>A duty to take steps (including providing or arranging services) intended to prevent, reduce or</p>	<p>Integration of services, prevention and re enablement elements to be delivered and supported through the Better Care Fund plans.</p> <p>The Making Every Contact Counts (MECC) agenda and health and wellbeing services will support and</p>

		delay needs for care and support.	<p>provide preventative care.</p> <p>Failure to follow the principle could be used in judicial review and complaints cases to challenge LA decision-making.</p> <p>Thought must be given to the balance of how to apply the 'national eligibility criteria' fairly, alongside a statutory function to provide lower level preventative / wellbeing services.</p>
2.	Information and advice on care and support (Clause 4)	A duty to provide an information and advice service in relation to care and support.	<p>Expands existing duty. Includes carers. Includes the need to provide advice on how to access independent financial advice for adults with care and support needs, or making plans for such needs; and support to identify matters relevant to their personal financial position.</p> <p>Services for 'self-funders' will need further development.</p>
3.	Support providers (Clause 5)	A duty to promote a market of diverse and high-quality range of care and support services in the local area, including a focus on sustainability of the market.	There is a financial challenge associated with developing and maintaining a diverse and sustainable market.
4.	Care and support planning, including personal budgets and direct payments (Clauses 9, 11-13, 18, 24-26)	<p>A duty to carry out 'needs assessments' [brings together a number of existing powers and duties to create a single legal basis for assessment]</p> <p>Even if an adult refuses, assessment must be carried out - a) if adult lacks capacity to agree but LA is satisfied that assessment would be in their best interests; or b) if adult is at risk of harm or financial abuse.</p> <p>Ongoing duty to offer assessment to someone who has refused but</p>	<p>Expansion of LA duties. Applies whether or not LA thinks the adult has eligible needs, and regardless of adult's financial resources. There is likely to be a requirement for more assessments. Those funding their own care (and intending to continue to do so) have right to assessment. There will be more interest in timely assessments, in order to 'register' expenditure against the new 'care cap'.</p> <p>This may also mean more assessments, and the need for skilled assessments, because of the difficulties of the situation.</p> <p>This indicates a need for a process for keeping track of people who have</p>

	<p>whose circumstances have changed.</p> <p>Duty to meet eligible needs of adults ordinarily resident in LA area who have not reached the care 'cap' – If services are not chargeable OR</p> <ul style="list-style-type: none"> • If adult's financial resources are at or below the financial limit (so adult does not have sufficient financial resources to be able to pay the assessed charge); • If adult requests LA to meet their needs, even if their resources are assessed as above the financial limit, so that they have to pay for their care in full. • If adult lacks mental capacity to arrange care and support, and there is no other person willing/able to do it. <p>Duty to meet adult's needs for care and support which meet the eligibility criteria where the adult's accrued costs exceed the cap on care costs, if adult is ordinarily resident in LA area.</p> <p>Duty to prepare a care and support plan for an adult with eligible needs; inform adult which of their needs LA will meet and where direct payments may be used to meet needs; help the adult in deciding how to have the needs met.</p> <p>Duty to provide a written explanation for any non-eligible needs and information about services to meet or reduce needs.</p> <p>Duty to provide personal budget for those entitled to care and support (regulations to exclude certain people)</p>	<p>refused but may need services, to determine when their circumstances have changed.</p> <p>LA has to meet needs of self-funders if they ask for this. But the LA can charge for making the care arrangements (the care itself is still paid for by the self funder).</p> <p>This will need practitioners to further develop skills in support planning, personal budget / indicative budget planning and 'talking about money'.</p> <p>A personal budget is already an available option in Warwickshire, but further work will be needed to meet the requirements of any national regulations on how a 'personal budget' is calculated.</p>
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		Duty to provide 'independent personal budgets' for adults who have eligible needs, but who choose not to have their needs met by LA, and to keep these under review	<p>Must be broken down so adult can see how much of the costs are attributable to daily living costs, not direct care.</p> <p>Need new process to provide mechanism for recording care costs for the purposes of measuring progress towards the costs cap.</p>
5.	Carers (Clause 10)	<p>A new duty to assess carers and meet their eligible needs for support.</p> <p>A power to charge for support to carers.</p>	<p>This duty applies whatever the LA thinks about the level of carer's needs for support or financial resources of either the person needing care or the carer. This is likely to increase the number of assessments needed.</p> <p>The new system appears to introduce a significant financial disincentive for the family of vulnerable adults to provide informal care. As family care is not covered as an expense and would therefore not count towards the cap, this care provision would lengthen the time that an individual would need to fund their own care. Unless the service user was paying the full cost of their support, it would ultimately result in a worse financial situation. This anomaly has been identified to the Department of Health both as a significant risk both in financial terms to individuals but also in terms of the potential need for an increased social care workforce in the medium-term.</p>
6.	Charging, the cap on care costs and the care account (Clause 14-16, 29)	<p>LA to have general power to charge for services. May only charge what it costs to provide.</p> <p>LA can charge a fee for arranging support for person who has care and support needs but does not qualify for financial support from LA.</p> <p>There will be a limit ('cap') on the amount that adults can be required to pay towards eligible care costs over their lifetime.</p> <p>Level of cap to be set in regulations. May be set at</p>	<p>Some exclusions, as currently. Replaces duty to charge for residential care.</p> <p>DH formal consultation -17.7.13 to 25.10.13</p> <p>https://www.gov.uk/government/consultations/caring-for-our-future-implementing-funding-reform</p> <p>Implementation from April 2016 likely: £72,000 cap for older people (2016/17 prices); £118,000 upper capital limit in</p>

		<p>different amounts for people of different ages.</p> <p>For care and support in a care home, daily living costs do not count towards accrued costs. LA can continue to charge for these even when cap is reached.</p> <p>Duty to keep a care account for adults whose care costs are counted towards the costs cap, provide regular statements, and inform adult if level of accrued costs in their care account reaches the cap.</p>	<p>residential care; £17,000 lower capital limit in residential care; and</p> <p>Around £12,000 annual contribution to general living costs.</p> <p>Given that any spending on care does not count towards the £72,000 cap until a formal community care assessment has been carried out by social services, there are likely to be a large number of people who are currently funding the cost of their own care who will approach the council for an assessment when the new rules come into effect. This is likely to be a significant number of people (in the thousands). This will present temporary recruitment difficulties as additional staff will be required for the year 2016 to undertake these one-off assessments.</p> <p>The new rules will also lead to a significant permanent increase in the total number of community care assessments requested by self-funders who wish to start recording eligible care costs counting towards their £72,000 cap after 2016. Similarly more people who have assets of less than the new upper capital limit of £118,000 will present for assessment and care services. The extra staffing needed to respond to this permanent increase is currently being calculated.</p> <p>In the new system, therefore, self-funders will require needs assessments, financial assessments, care management and care reviews to determine their level of need, how much the LA would pay to meet that need, what the individual is actually paying, and a recording process to track how much the person has spent on care, in progress towards the 'care cap'. This will require additional staffing of various types.</p> <p>There will be set-up costs for new recording systems/processes and costs associated with maintaining</p>
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			<p>these.</p> <p>There may be loss of income to the council, for those who reach the 'care cap' where previously, the customer would continue to have contributed to their own care costs.</p>
7.	Eligibility and continuity of care (Clauses 36-40)	<p>A national threshold for eligibility for care and support;</p> <p>A duty to meet the needs of care and support for users and their carers who move into their areas, from the day of arrival until they undertake a new assessment.</p>	<p>DH launched a policy discussion document and draft regulations on 26.6.13. https://www.gov.uk/government/publications/draft-national-eligibility-criteria-for-adult-care-and-support. Formal consultation will take place in 2014.</p> <p>Detailed provisions for notification between LAs when adults move are likely, e.g., new processes/standard letters needed.</p>
8.	Transition for children to adult care and support (Clauses 55-63)	<p>A power to assess children, children's carers and young carers on request, in order to consider their future needs and support transitional planning.</p> <p>A duty to continue to provide children's services after the child's 18th birthday, where adult care and support is not in place.</p>	<p>Care and Support through transitions and to young carers is likely to be an area where further changes to the bill can be expected.</p>
9.	Prisoners (Clause 69)	<p>A duty to assess prisoners and provide care and support (in conjunction with prisons/approved premises) This will be the responsibility of the local authority of the area in which the prison/approved premises is situated.</p> <p>The threshold will be the same as for people who live in the community and require care and support.</p>	
10.	Adult safeguarding (clause 41-44)	<p>Duty to make enquiries (or ask others to) where they reasonably suspect that an adult in LA area is at risk of neglect or abuse, including financial abuse.</p>	<p>Applies to adults who have care and support needs (regardless of whether they are currently receiving support, from LA or indeed anyone); and who are either at risk of or experiencing neglect or abuse, including financial abuse; but are unable to protect themselves. Applies whether or not</p>

		Duty to establish a Safeguarding Adults Board (SAB), to help and protect individuals who LA believes to have care and support needs and who are at risk of neglect and abuse and unable to protect themselves, and to promote their wellbeing.	adult is actually OR in area. SAB must conduct a Safeguarding Adults Review into cases where there is reasonable cause for concern about how the SAB, its members or some other person involved in the case worked together and either adult has died and SAB knows/ suspects that death resulted from abuse or neglect or adult is still alive and SAB knows/ suspects that adult has experienced serious abuse or neglect.
11.	Provider failure (Clauses 47-49)	A duty to ensure that adults' needs for care and support continue to be met when service providers fail.	LA's duty applies to adults and carers whose needs are being met by residential and non-residential services in the LA area (even if ordinarily resident in another LA area). Importantly, this duty also applies to self-funders, not just those supported by the Local Authority.
12.	Universal deferred payments (Clause 34-35)	A duty to offer deferred payments for residential care, with consistent rules on who is eligible, what fees may be deferred and for how long. LA will be able to charge interest throughout.	Details of scheme to be subject to consultation. Government will also be consulting on DPs for non-residential care and for younger adults Warwickshire County Council already runs a deferred payments scheme, although the national rules are likely to be changed, for example, to allow councils to charge interest for the whole duration of the loan rather than only after the person's death, as now. The current scheme will be evaluated against the new regulations as soon as these are published.
13.	Training of social work and contact centre staff on the Bill/Act		It will be necessary to train existing social workers in the new law. The Law Commission suggested a requirement of four days of training per adult social worker in the first year and a further two days in the second year.
14.	Complaints		Due to the new financial implications of determining 'eligible' care needs by social services, it is expected that there will be an increase in the number of appeals and complaints

			about the outcome of these assessments, particularly from people who have been funding their own care but whose needs are not deemed as being 'eligible' using national eligibility criteria.
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4.0 Timescales and next steps

4.1 The current national plans indicate that the Care Bill will be enacted by 2016.

4.2 Scoping work continues locally and the next step is an estimate of the local financial impact of the Care Bill and the creation of an implementation plan. This work will need to be integrated with the ongoing work associated with the One Organisational Plan in due course.

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Care Bill Implementation Stocktake Spring 2014

Respondent Details

Please provide the following information:	
Name of person submitting the data:	Wendy Fabbro
Name of council:	Warwickshire County Council
Contact email in case of queries:	Jenny Wood, Head of Social Care & Support

A Programme Management and Governance

The Care and Support Bill 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. Councils will want to establish a robust programme management system to oversee the effective implementation of the Bill.

Q1: Does your council have a plan (or programme) in place, with clear milestones, to deliver the reforms of the Care Bill?

Please tick one box	
Yes, this has been done	
No, but this is underway	✓
No, work has not yet started	
Don't know	

Q2: Has your council identified a lead officer who will be accountable for the overall implementation of the Care Bill reforms?

Please tick one box	
Yes, this has been done	Jenny Wood, Head of Social Care & Support
No, but this is underway	
No, work has not yet started	
Don't know	

Q3: How will your council's plan be delivered?

Please tick all that apply	
Supported by a dedicated team	
Supported as part of a 'business as usual' approach	✓
Other (please specify)	
Don't know	

Q4: Are the risks associated with your council's plan included within your council's corporate risk management systems?

<i>Please tick one box</i>	
Yes	
No, but they will be included before April 2015	✓
No, and there are no current plans for them to be included	
Don't know	

Q5: In your council, are governance arrangements in place to oversee and report on the implementation of the Care Bill?

<i>Please tick one box</i>	
Yes (please go to Q5a)	✓
No (please go to Q6)	
Don't know (please go to Q6)	

Q5a: Please tell us which of the following, if any, are formally updated on your council's progress in implementing the Care Bill reforms?

<i>Please tick all that apply</i>	
Chief executive	✓
Council leader	✓
Cabinet/executive board	✓
Senior management board	✓
Health and wellbeing board	✓
Adult social care lead manager	✓
Bespoke programme board	✓

Q6: In your council, how aware are the following groups about the vision and key principles of the Care Bill?

<i>Please tick one box on each row</i>	Very aware	Fairly aware	Not very aware	Not at all aware	Don't know
Chief executive	✓				
Council leader	✓				
Cabinet/executive board		✓			
Senior management board		✓			
Health and wellbeing board	✓				
Adult social care lead member		✓			
Council adult social care staff	✓				
Other council members		✓			
Other council staff		✓			

B People

B1 Mapping self-funders

From April 2016, the Care Bill 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 will, therefore, underpin the planning and preparation for large parts of the Bill, as well as inform an understanding of the overall costs of implementation locally. It will also help councils to begin to assess those self-funders ahead of 1 April 2016.

The Bill 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.

Q7: How much progress has your council made in identifying eligible self-funders in your area for 2015/16 (i.e. people who pay for their own care at home or in a residential or nursing home)?

Please tick one box

Completed (please go to Q7a)	
Advanced progress (please go to Q7c)	
Moderate progress (please go to Q7c)	✓
Early progress (please go to Q7c)	
Not yet started (please go to Q8)	
Don't know (please go to Q8)	

Q7a: Approximately, how many self-funders (both homecare and residential) have you identified in your area for 2015/2016?

NB this is the same question as Q41 on the ADASS budget survey. 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.

3038

Q7b: Of the total number of self-funders identified, how many of these do you estimate will present themselves to you for an assessment in 2015/16 to start their care account?

NB this is the same question as Q42 on the ADASS budget survey. 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.

90%

Q7c: Please briefly explain the method, or calculation, for how you are identifying self-funders in your area:

Commissioning a specific piece of research to generate data which can be cross referenced with existing Local Authority and local census data

Q8: When does your council expect to have a working estimate of the number of self-funders in its area? (Please skip if you answered 'completed' in Q7)

Please tick one box

By September 2014

✓

By January 2015

By April 2015

Later than April 2015

Don't know

B2 Meeting duties for carers' assessments

Under the Care Bill, 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 support than at present.

Q9: How much progress would you say your council has made in estimating the number of requests for carers' assessments?

Please tick one box

Completed (please go to Q9a)

Advanced progress (please go to Q9b)

Moderate progress (please go to Q9b)

✓

Early progress (please go to Q9b)

Not yet started (please go to Q9c)

Don't know (please go to Q9c)

Q9a Approximately, how many requests for carers' assessments do you estimate your council will receive in 2015/16?

NB this is the same question as Q44 on the ADASS budget survey. 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.

3000

Q9b Please briefly explain the method, or calculation, you are using to estimate the number of requests for carers' assessments:

We already have generic Adult carer services and a specialist mental health carer service and intend to use data generated by these services and from other local sources such as the observatory, census and Public Health to inform specific a specific piece of research.

Q9c: When does your council expect to have a working estimate of the number of likely requests for carers' assessments in your area? (Please skip if you answered 'completed' in Q9)

Please tick one box

By September 2014	✓
By January 2015	
By April 2015	
Later than April 2015	
Don't know	

Q10: Thinking about the changes to duties on councils in relation to carers, how likely is it, or not, that the following will have been completed in your council in advance of the Care Bill's introduction in April 2015?

<i>Please tick one box on each row</i>	Very likely	Fairly likely	Not very likely	Not at all likely	Don't know
The expansion of assessment capability to cope with increased demand, particularly in relation to carers		✓			
An assessment process that is focussed on outcomes and wellbeing	✓				
A plan to communicate and engage with carers	✓				

B3 Preventing needs for care and support

The Care Bill 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, or help to reduce existing care and support needs.

Q11: What progress, if any, has your council made in identifying people who may have care and support needs which are not currently being met (in order to make sure they receive preventative services)?

Please tick one box

Completed	
Advanced progress	
Moderate progress	
Early progress	✓
Not yet started	
Don't know	

Q12: What progress, if any, has your council made in identifying carers who may have care and support needs which are not currently being met (in order to make sure they receive preventative services)?

<i>Please tick one box</i>	
Completed	
Advanced progress	
Moderate progress	
Early progress	✓
Not yet started	
Don't know	

B4 Provision of information, 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.

Q13: Has your council conducted a review of existing information and advice arrangements in your area to identify any additional requirements arising from the Care Bill?

<i>Please tick one box</i>	
Yes, this has been done	
No, but this is underway	
No, work has not yet started	✓
Don't know	

Q14: Thinking about the changes to advice, information and advocacy, how likely is it, or not, that the following will have been completed in your council in advance of the Care Bill's introduction in April 2015?

<i>Please tick one box on each row</i>	Very likely	Fairly likely	Not very likely	Not at all likely	Don't know
A comprehensive universal information and advice service that includes the wider aspects of care and support		✓			
Signposting to independent financial advice to help people make or plan for care and support services		✓			
Increased local advocacy services		✓			

C Money

C1 Cost modelling

Q15: Has your authority attempted to estimate any of the likely costs of implementing the Care Bill in 2015/16 (using, for example, the ready reckoner tool and the ADASS budget survey (Q45/Q46))?

Please tick one box

Yes, this has been done (please go to Q15a)

No, but this is underway (please go to Q15a) ✓

No, work has not yet started (please go to Q15d)

Don't know (please go to Q15d)

Q15a: What is the estimated likely total cost of implementing the Care Bill in 2015/16?

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.

Not yet known

Q15b: If possible, please outline the breakdown of that estimated cost (of implementing the Care Bill in 2015/16):

NB this is the same question as Q46 in the ADASS budget survey. 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.

Care Bill Reform	Estimated cost
Early assessment	
IT	
Workforce capacity	
Deferred payments	
National campaign	
Personalisation	
Carers' assessment	
New carers' duty	
National portal	
Advice and support	
Quality profiles	
Adult safeguarding boards	
Set eligibility as substantial	
Continuity of care	
Prison social work	
Veterans	
Training staff in law reform	
Savings from law reform	
Others (please specify)	

Q15c: Please briefly provide any further detail on the methods, or calculations, used to inform your answers to the previous question:

The head of finance is an active member of the ADASS finance leads regional network and is collaborating with a number of partner local authorities to develop a modelling tool. He is also employing tools and resources from the DOH, LGA and ADASS amongst others

Q15d: When does your council anticipate an estimate of the total likely costs of implementing the Care Bill in 2015/16 will be known? (Please skip if you answered 'completed' in Q15)

Please tick one box

By September 2014

✓

By January 2015

By April 2015

Later than April 2015

Don't know

C2 Deferred payments agreements (DPA)

From April 2015, under the Care Bill, 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.

Q16 Does your council currently have in place a system for Deferred Payment Agreements (DPAs)?

<i>Please tick one box</i>	
Yes	✓
No	
Don't know	

Q17: How much progress has your council made in estimating the likely increase in requests for deferred payments in your area?

<i>Please tick one box</i>	
Complete (please go to Q17a)	
Advanced progress (please go to Q17b)	
Moderate progress (please go to Q17b)	
Early progress (please go to Q17b)	✓
Not yet started (please go to Q17c)	
Don't know (please go to Q17c)	

Q17a: Approximately, how many requests for deferred payments have been estimated in your area?

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.

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Q17b: Please briefly provide any further detail on the methods, or calculations, used to inform your answers to the previous question:

The Local Authority will use data from its current scheme and commission a specific piece of research

Q17c: When does your council expect to have a working estimate of the number of requests for deferred payments? (Please skip if you answered 'completed' in Q17)

<i>Please tick one box</i>	
By September 2014	
By January 2015	✓
By April 2015	

Later than April 2015	
Don't know	
Q18: Has your council conducted a review of existing arrangements (around workforce capacity, IT and finance systems) to test its ability to cope with the new demand for deferred payments agreements (DPA)?	
<i>Please tick one box</i>	
Yes, this has been done	This work has started
No, but this is underway	
No, work has not yet started	
Don't know	

Q19: Overall, how likely is it, or not, that your council will have completed the following on funding in advance of the introduction of the Care Bill in April 2015?					
<i>Please tick one box on each row</i>	Very likely	Fairly likely	Not very likely	Not at all likely	Don't know
Sound financial processes to support increased number of deferred payments		✓			
A strategy to communicate with service users/general public		✓			
Sufficient staff and IT capacity		✓			
Robust financial processes		✓			

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 records. The Care Bill 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.

Q20: Thinking about your council's current financial and IT systems, have these been evaluated to test their ability to support the implementation of the Care Bill in 2015?	
<i>Please tick one box</i>	
Yes, this has been done	✓
No, but this is underway	
No, work has not yet started	
Don't know	

Q21: Has your council determined what financial and IT systems need to put in place to establish changes in 2015?	
<i>Please tick one box</i>	
Yes, this has been done	✓
No, but this is underway	
No, work has not yet started	
Don't know	

D2 Workforce

The introduction of the Care Bill 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 Bill effectively.

Q22: Has your council completed any of the following to support the necessary changes to workforce capacity, practice and learning?				
<i>Please tick one box on each row</i>	Yes, this has been done	No, but this is underway	No, work has not started	Don't know
Identified which part of the social care workforce will be responsible for key changes within the Care Bill			✓	
Reviewed the current skills and capacity of the current workforce and mapped any gaps			✓	
Written a Care Bill workforce development plan (including recruitment, learning, development and training)			✓	

Q23: Overall, how likely is it, or not, that your council will have implemented the following necessary changes to systems and workforce resulting from the introduction of the Care Bill by April 2015?					
<i>Please tick one box</i>	Very likely	Fairly likely	Not very likely	Not at all likely	Don't know
Changes to, or introduction of new, IT systems		✓			
Scoping need for changes to IT systems in 2016	✓				
Necessary changes to the workforce		✓			

E Communications Strategy and Planning

E1 Communications

Communications plays a crucial role in supporting the implementation of the Care Bill, 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 Bill. Councils will, therefore, want to ensure they have a robust strategy and plan in place to meet these communication requirements.

Q24: Has your council written an external communications strategy to support the implementation of the Care Bill?*Please tick one box*

Yes, this has been done

No, but this will be done before April 2015

No, and there are no current plans for this

Don't know

✓

Q25: How much progress has your council made in engaging with or involving the following groups about the changes the Care Bill reforms will bring to them?*Please tick one box on each row*

Completed

Advanced progress

Moderate progress

Early progress

Not yet started

Don't know

Service users(current)

✓

Service users (future)

✓

Carers

✓

General public

✓

Voluntary sector

✓

Health and Care service providers

✓

NHS partners

✓

Local MP

✓

Local councillors

✓

District councils, in two tier areas (if not applicable, leave blank)

✓

Others (please specify)

F Commissioning**F1 Commissioning local services**

Councils have a critical role in developing the quality and range of services that local people want and need. From April 2015, there will be a duty on councils to integrate care and support with health and housing where this delivers better care and promotes wellbeing. 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.

Q26: Do you have a commissioning strategy (aligned with the Better Care Fund and Joint Health and Wellbeing Strategy) which delivers the duties in the Bill and ensures effective provision of care and support for the future?

<i>Please tick one box</i>	
Yes	✓ Commissioning Intentions Better Care Fund
No	
Don't know	

Q27: How much of your Better Care Fund has been locally agreed to be spent in 2015/16 on the following?

NB this is the same question as Q37 in the ADASS budget survey. Please write your answer to the nearest whole numbers, using numeric characters only (e.g. 1000 rather than 1,000 or 1k). Use a mid-point if only a range is known.

Area	Amount
Protecting adult social care services	£8,739,000
Implementing the Care Bill reforms	£150,000
Investing in additional adult social care services that benefit health services	£1,341,000

F2 Market position statement

From April 2015, councils will be required to support a market which delivers a wide range of sustainable high-quality care and support services that will be available to their communities. By setting out future and current demand trends, and explaining the desired outcomes of the council, market position statements play an important role in enabling and maintaining high-quality, diverse care markets.

Q28: How much progress has your council made in developing a market position statement, or equivalent, which delivers the key outcomes to be met?

<i>Please tick one box</i>	
Completed	✓
Advanced progress	
Moderate progress	
Early progress	
Not yet started	
Don't know	

G Support

G1 Self-assessment on current position

Q29: Overall, how much progress has your council made in preparing for the implementation of the Care Bill?

<i>Please tick one box</i>	
Completed	
Advanced progress	
Moderate progress	
Early progress	✓
Not yet started	
Don't know	

Q30: At this time, how confident is your council, or not, that it will be able to deliver the Care Bill reforms?

<i>Please tick one box</i>	
Very confident	
Fairly confident	✓
Not very confident	
Not at all confident	
Don't know	

Q31: For your council, what are the main risks associated with delivering the Care Bill reforms?

<i>Please tick all that apply</i>	
Uncertainty about additional demand from self-funders	✓
Uncertainty about additional demand from carers	✓
Managing additional assessments	✓
Impact on local provider market	✓
New national eligibility threshold	✓
Total implementation costs	✓
Uncertainty over key national policy decisions	✓
Other (please specify more than one if required)	<ul style="list-style-type: none"> - Uncertainty pending publication of regulations and guidance - Uncertainty regarding BCF plans and whether the funding will materialise - Additional Government funding for Care Act will it be enough? How/when will it be distributed? - Predicting self-funder and carer behaviour/uptake and planning accordingly - Recruiting and training sufficient workforce (already a very challenging environment but soon all LA's could be looking for similar staff)

Q31a: Of the risks you identified, which is the greatest?

<i>Please tick one box</i>	
Uncertainty about additional demand from self-funders	
Uncertainty about additional demand from carers	
Managing additional assessments	
Impact on local provider market	
New national eligibility threshold	
Total implementation costs	✓
Uncertainty over key national policy decisions	✓
Other (please specify)	

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G2 Support

The joint Care and Support Programme Office is working to understand councils' requirements for implementation support and will commission national products where appropriate in response to need. Information you provide will be used to inform national and regional discussions about support needs and facilitate the sharing of good practice.

Q32: Please outline, in brief, any specific additional support needs within your council in implementing the Care Bill:

- Effective modelling tools
- National e-portal to gather and disseminate other local authorities work; policies, guidance, best practice, modelling tools, outputs from audits/modelling etc.
- Support/Development opportunities for Implementation leads
- Clarity from DOH regarding extra funding and the BCF
- Don't ask for too many stocktakes and implementation audits
- A meaningful response to the Regulation and Guidance consultation

Q33: If you are willing, please share details of any tools, resources or good practice examples that might benefit other local areas in implementing the Care Bill:

You only need write a brief description, and we may follow up with you for further information.

--

Q34: If your council is collaborating with other councils in preparing to deliver the Care Bill, please give brief details:

You only need write a brief description, and we may follow up with you for further information.

Membership of the ADASS regional leads networks is encouraging and supporting collaboration with LA's across the region.

National events are generating broader networking opportunities

H Feedback and Support

Q35: Please use the box below to tell us any further relevant information, and to feedback on your experience of completing this survey. We will use this information to inform the next iteration of the stocktakes in September 2014 and January 2015:

The survey was a useful exercise that encouraged discussion and collaboration across the people group.

The survey will provide a useful tool for monitoring progress against key delivery tasks and outputs

Sign Off

You have now entered all of your data

If you wish to have your DASS sign-off this form before it is submitted, please close this screen, return to our original email containing your unique stocktake link and email it to your DASS. Your DASS can then enter the stocktake using the unique link, review the information, and tick the 'signed off by DASS' option at the end of the survey.

If you wish to submit your data without obtaining DASS sign off, please tick the 'ready to submit' option below. Pressing the button below will submit your data.

Thank you for taking part in this stocktake

We will use the data to identify ways in which we can support councils over the coming year

We will contact you again later this year about Round 2

If you have any questions, please contact Tom Shakespeare on tom.shakespeare@local.gov.uk or 020 7664 3218

Key for answers containing asterisk:

*** Very early progress confined to initial discussion and planning between interested parties in People Group.**

**** At best initial discussion between interested parties in People Group but could elevate to 'Early progress' if preferred.**

***** Question 27: figure quoted is the breakdown of the £10,230,000 2014/15 transfer**

Warwickshire County Council - Care Act 2014 - High Level Impact Assessment

Care Act Section	Warwickshire Prioritisation RAG Rating			Timescale for implementation	Warwickshire Local Authority groups/services most significantly affected	
	New in law and policy	New in law but not new in policy	Modernises existing law			
Promoting individual well-being: section 1		x		Red = Urgent (requires significant work) Amber = Important but some requirements partially met already Green = Minor change (listed within priority order)	April 2015	- All Local Authority groups and services associated with care and support functions.
Carers assessment: section 10	x			New legal requirement, Care and Support function should already comply with this principle but all LA social care and support functions will need to be reviewed and updated to comply with the new Regulations and Guidance.	April 2015	- Social Care and Support - Strategic Commissioning - Finance
Duty and power to meet carers' needs for support: section 20	x			Replaces and expands existing duty, lowers threshold for assessment significantly more carers will be entitled to an assessment. Duty is similar to that for the people they support. Potential for significant financial implications.	April 2015	- Supporting People (Access)
Duty and power to meet carers' needs for support: section 20	x			New entitlement to support for carers which replaces existing discretionary power with a Duty based on 'meeting eligible needs'. Duty similar to that for the people they support. Potential for significant financial implications.	April 2015	
Assessment: section 9		x		Replaces and extends existing duties to all adults who 'may need care and support' regardless of their level of need or financial resources. Significant increase in the number of LA assessments including self-funders.	April 2015	
Assessment regulations: section: 12		x		Replaces all existing Regulations. All assessment and care planning systems and process need to be reviewed and updated to comply with the new Regulations and Guidance.	April 2015	
Care account: section 29	x			Replaces existing Regulations. All assessment and care planning systems and process need to be reviewed and updated to comply with the new Regulations and Guidance.	April 2016	- Social Care and Support - Finance - Supporting People
Care account: section 29	x			New provision, to support funding reform and the Cap on Care Costs. Significant new process, impact on; IT infrastructure, admin resources and potential significant financial implications.	April 2016	- Social Care and Support - Finance - Supporting People

Cap on Care Costs: section 15,16	x			New legally binding cap on care costs and an increase in capital thresholds. Requires assessment of demand and likely financial implications.	April 2016	(Access)
Independent Personal Budget: section 28	x			New duty relating to adults with eligible needs who choose not to have their needs met by the LA. Requires a separate mechanism to record and report progress towards 'Cap on Care Costs'. Requires significant new systems and process to be introduced.	April 2015	
Preventing needs for care and support: section 2		x		New Duty to ensure the provision of preventative services that prevent or delay the development of care and support needs, or reduce care and support needs (including carer's). Significant expansion of current Duty and requires LA to identify Adults and carers in their area whose needs are not being met.	April 2015	- All Local Authority groups and services
Provider Failure: section 48-52		x		New Duty that requires LA's to meet (temporarily) adult needs for care and support no longer being met due to provider failure. Applies to all adults present in the LA area including self-funders, and those whose services are funded by another LA. Requires the implementation of new systems and processes to manage provider failure.	April 2015	-Strategic Commissioning - Social Care and Support -Supporting People (Access)
Safeguarding adults at risk of abuse or neglect: section 42-47		x		New legal framework for adult safeguarding based on local authorities' existing responsibilities, statutory guidance and best practice. All current systems and process will require review and updating to comply with the new Regulations and Guidance.	April 2015	- Safeguarding Adults Board - Social Care and Support - Strategic Commissioning -Supporting People (Access)
The Eligibility criteria: section 13	x			New national minimum threshold will replace existing local thresholds and current statutory guidance. Proposed new eligibility criteria appears to reflect that currently implemented in Warwickshire – awaiting further information in the form of new draft Regulations and Guidance.	April 2015	- Finance - Social Care and Support -Supporting People (Access)

Independent Advocacy support: section 67-68	x			Duty to arrange an independent advocate (in specific circumstances) to facilitate the involvement of an adult or carer who is subject to an assessment or care review. Likely to significantly increase the number of adults and carers eligible for independent advocacy.	April 2015	- Strategic Commissioning - Social Care and Support - Supporting People (Access)
Providing information and advice: section 4			x	Replaces existing duties in relation to information and advice, and specifies more detail on what 'Universal' information and advice service must include. Warwickshire Directory in place and being developed further, Draft Regulation and Guidance will specify the extent to which current provision needs to be extended.	April 2015	- Strategic Commissioning - Supporting People (Access) - Social Care and Support - All Social Care related services
Transition for children to adult care and support: section 58-66	x			New Duty for LA to assess a child, young carer or child's carer before they turn 18, in order to help them plan if they are likely to have needs once they (or the child they care for) turns 18 and if it will be of "significant benefit" to the child and/or carer. Child and/or carer do not need to be in receipt of LA services to be eligible for a transitions assessment.		- Children's Safeguarding - Social Care and Support - Supporting People (Access)
Prisoners and persons in approved premises, etc: section 76	x			New Duty; where it appears adults in prison or approved premises have a need for care and support, they should have their needs assessed by the LA and their eligible needs provided by the LA in question. Prisoners' non-eligible needs will be met by the prison. Warwickshire currently has one male prison with 664 inmates and two Approved Premises totalling 37 beds.	April 2015	- Strategic Commissioning - Social Care and Support - Supporting People (Access)
Promoting integration of care and support with health services etc: Section 3		x		New Duty on local authorities to carry out their care and support functions with the aim of integrating services with those provided by the NHS or related services (e.g. Housing) - Better Care Fund projects etc.	April 2015	- Strategic Commissioning - Social Care and Support - CCG's
Duty to meet needs for care and support			x	Provides for a single entitlement to care and support, which replaces a number of existing duties to provide specified services to individuals. Creates a new duty	April 2015	- Social Care and Support - Strategic

section 18				on LA to arrange care and support if requested, when the adult would otherwise not be entitled, but could afford to pay for their care, or if the adult's accrued costs exceed the cap on care costs.		Commissioning - Finance
Human Rights Act 1998: Provision of regulated care or support etc a public function: Section 73		x		An extension of current protection; all publicly arranged or funded care and support, both residential and non-residential (including Direct Payments), are bound by the Human Rights Act." Previously people could only call on the Human Rights Act when their care was provided directly by a public body, or they were placed in a care home by a Local Authority or the NHS.	April 2015	- Strategic Commissioning - Social Care and Support - Supporting People (Access)
Direct payments: clause 31-33			x	Replaces and updates existing duties and guidance in relation to direct payments. All existing systems and practices to be reviewed and updated to comply with new Regulations and Guidance.	April 2015	- Social Care and Support - Finance
Part 1 Appeals: Section 72	x			New Regulations may make provision for appeals against decisions taken by LA's in the exercising of its functions (including decisions made before the publication of the new Regulations). The impact of this section will not become clear until the publication of new Regulations and Guidance.	TBC	TBC
Personal budget: section 26		x		Defines a personal budget as a statement and sets out the financial information to be included in the statement. Replicates current policy and practice	April 2015	- Social Care and Support - Strategic Commissioning
Promoting diversity and quality in provision: section 5		x		A new duty; LA's must ensure a range of different providers and services available, shaped by the demands of individuals, families and carers, are of a high quality and meet the needs and preferences of people wanting to access services.	April 2015	- Strategic Commissioning - Social Care and Support
How to meet needs: section 8			x	New provision but it does not create an impact on LA in its own right – further clarification to be provided in draft Regulations and Guidance.	April 2015	- Strategic Commissioning - Social Care and Support - Supporting People

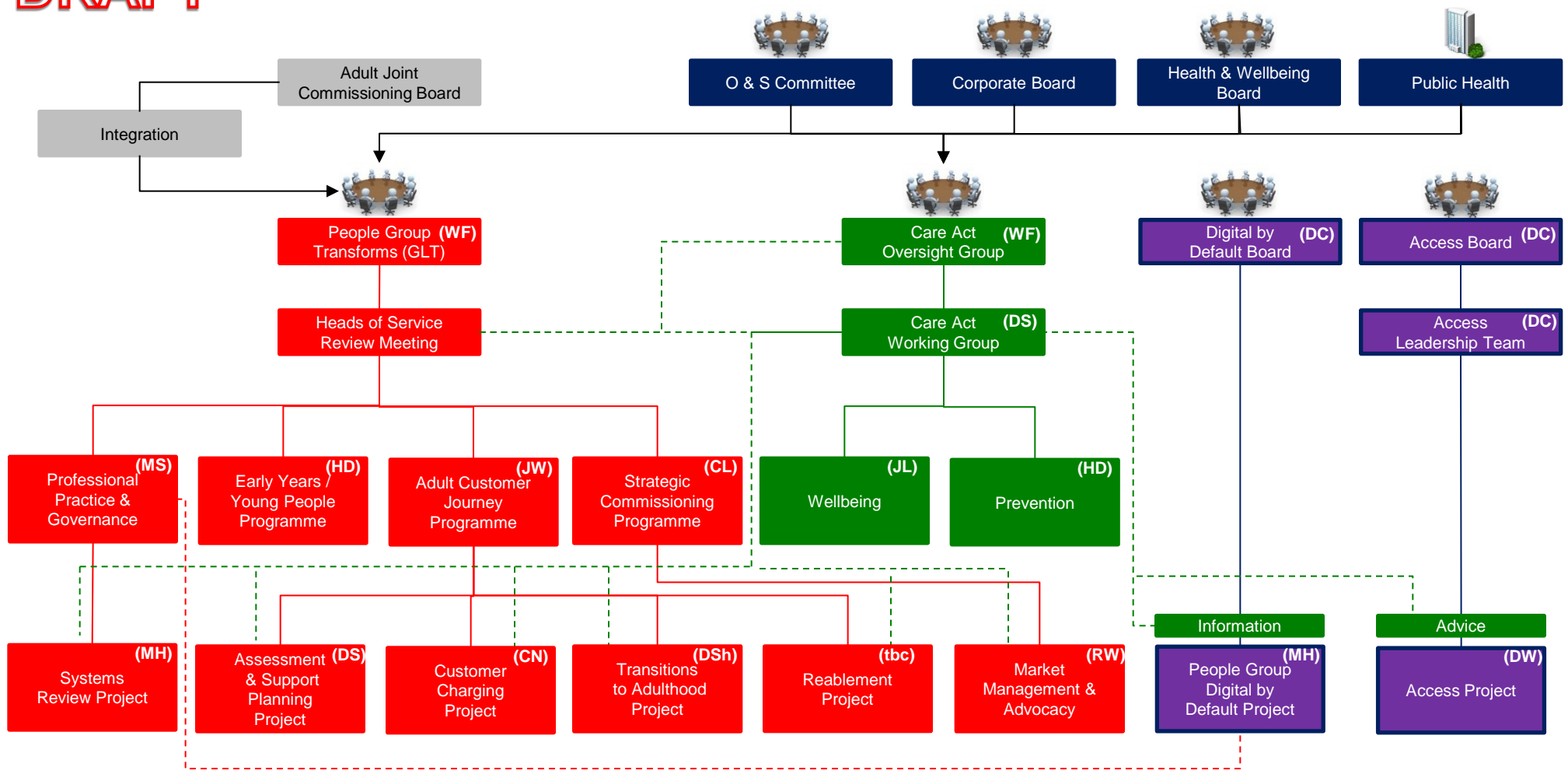
						(Access)
Deferred payments agreements etc: section 34-36		x		Replaces existing powers with a Duty to enter into such agreements in specified circumstances (to be set out in Regulations and Guidance)		- Supporting People (Access) - Social Care and Support - Finance
Continuity of care and support when adult moves: section 37-38		x		New Duty that requires a receiving LA to continue to provide services based on the previous LA's care and support plan. Until they've undertaken their own assessment of needs.	April 2015	- Supporting People (Access) - Social Care and Support - Finance
Establishing where a person lives etc: (Normal Residence) section 39-41		x		Replaces the existing rules and guidance and expands principle to cover other forms of accommodation which are not residential care homes; to be specified in the new Regulations and Guidance.	April 2015	- Social Care and Support - Finance
Delegation of local authority functions: section 79	x			New discretionary power for LA's to delegate certain care and support functions to a third party. For LA's to determine locally	April 2015	- Strategic Commissioning - Social Care and Support
Cross border placements: Schedule 1	x			Where a LA in England is meeting an adults needs for care and support by arranging for the provision of accommodation in Scotland, Wales or Northern Ireland. The adult is to be treated as being ordinarily resident in the English LA's area.	April 2015	- Social Care and Support - Strategic Commissioning - Supporting People (Access) - Finance
Co-operating - • Generally • Specific cases: section 6-7			x	Replicates existing cooperation duties, and provides a new ability to require cooperation from a relevant partner, in relation to an individual case – little impact.	April 2015	- Social Care and Support - Strategic Commissioning - Supporting People (Access)
Power of local authority to charge: section 14			x	General power for LA's to charge for certain types of care and support at their discretion. Replaces existing Regulations and Guidance.	April 2015	- Social Care and Support - Finance

Assessment of financial resources: section 17			x	Requires a local authority to carry out a financial assessment if they choose to charge for a service. Replaces existing duty and detail of process for financial assessment (i.e. treatment of income, capital etc.) will repeat current arrangements and be set out in new Regulations and Guidance.	April 2015	Social Care and Support FABBA
The steps for the local authority to take: Section 24		x		New legal duty to prepare a care and support plan and inform people about direct payments. Replicates current requirement in regulations and existing case law. Creates a new duty to provide an independent personal budget.	April 2015	- Social Care and Support - Strategic Commissioning - Finance
Care and support plan, support plan: Section 25		x		Statutory requirements for inclusion in the care and support plan and carers' support plan. Should reflect existing WCC best practice in care planning.	April 2015	- Social Care and Support - Strategic Commissioning - Learning and Organisational Development
Review of care and support plan or of support plan: section 27		x		New legal duty, which reflects existing practice and case law in relation to the WCC ongoing responsibilities towards an individual whose needs it is meeting. Adults and/or carers can now request a review.	April 2015	- Social Care and Support - Strategic Commissioning
Cases where adults express preference for particular accommodation: section 30		x		Sets out factors to consider when needs would be best met through the provision of care and support in a care home or other type of accommodation, and the adult expresses a preference for particular accommodation. Replicates existing requirements.	April 2015	- Social Care and Support - Strategic Commissioning
Power to meet needs for care and support: section 19			x	Power for LA to meet care and support needs in circumstances where duty in section 18 does not arise. Allows LA to temporarily bypass full assessment, where care and support is needed urgently. Replaces and replicates existing powers to provide services at the local authority's discretion.	April 2015	- Social Care and Support - Supporting People (Access)
Exception for persons subject to immigration			x	LA's may not meet the care and support needs of such adults solely because they are "destitute" or because of the physical effects of being destitute.	April 2015	- Social Care and Support - Supporting People

control: section 21				Only eligible needs (e.g. disability) should be considered. Replicates existing legal provision.		(Access)
Exception for provision of health services: section 22			x	LA may not provide any healthcare services which are the responsibility of the NHS. Replicates existing legal provisions and is not intended to amend the legal boundary between the local authority and the NHS.	April 2015	- Social Care and Support - Strategic Commissioning - Supporting People Access
Exception for provision of housing: section 23			x	LA may not meet an adult's care and support needs by providing general housing. Replicates existing legal boundary between care and support and housing functions.	April 2015	- Social Care and Support
Enforcement of debts: section 69-70			x	Allows LA to recover as a debt any sums owed, such as unpaid charges and interest. Replicates and consolidates existing powers to recover debts.	April 2015	- Finance - Social Care and Support
Discharge of hospital patients with care and support needs: section 74			x	Replicates existing arrangements made under the Community Care (delayed discharges) Act 2003	April 2015	- Social Care and Support - Strategic Commissioning - Supporting People (Access)
After-care under the Mental Health Act 1983 Section 75			x	Does not affect underlying duties. But sets out a number of amendments applying to specific matters.	April 2015	- Social Care and Support - Strategic Commissioning - Finance
Registers of sight impaired and disabled adults, etc: section 77			x	Replicates existing requirements.	April 2015	- Social Care and Support - Strategic Commissioning
Market Oversight: section 53-57	x			A new legal function for CQC to assess and monitor financial sustainability of certain providers, and inform LA's of likely failures and associated adults in receipt of care and support services.	April 2015	Care Quality Commission
Guidance, etc: section 78			x	Replicates existing powers of the Secretary of State to issue statutory guidance.	Ongoing	Secretary of State

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Produced By: Gurdish Sandhu
 Date: 27/06/2014
 Version: 0.8

Notes:



Working for Warwickshire

Key:

- One Front Door Projects Governance
- Care Act Governance
- People Group Projects and Programmes Governance

DRAFT –

Warwickshire County Council Care Act Governance –

Key Roles and Membership

Care Act Oversight Group

Role:

- To provide overall assurance on the implementation of the requirements of the Care Act.
- To lead on engagement with Members and senior stakeholders.
- To provide key communication and briefings on updates/progress of Care Act implementation.
- Exception decision making where appropriate within the People Group governance structure, or escalation as required.

Membership:

Chair – Strategic Director, People Group – Wendy Fabbro

Head of Social Care and Support – Jenny Wood

Head of Commissioning – Chris Lewington

Head of Finance – John Betts

Lead Service Manager – David Soley

Solicitor, Legal Services – Allison Hallworth

Director of Public Health – John Linnane

Head of Customer Service – Kushal Birla

Head of Localities and Communities Safety – Phil Evans

Head of Early Help and Targeted Support – Hugh Disley

Care Act Working Group

Role:

- To work together as subject matter experts to deliver the change work and implementation of the Care Act requirements.
- Lead for project delivery or change activity. To set up new projects or take into consideration the Care Act requirements within existing projects.
- To respond to key requests for information or carry out action in order for Warwickshire to deliver a coordinated and coherent response.

Membership:

Chair Service Manager Lead - David Soley

Operational Manager Lead – tbc

Finance Lead – Caroline Potter

Commissioning Lead – Rob Wilkes

Prevention Lead/s – tbc

Wellbeing Lead/s – tbc

Information (including IT) – Marcus Herron

Advice – Diane Wilkinson

Safeguarding – Stephen James

Appeals – tbc

Transitions to Adulthood – Doris Sheridan

Reablement - tbc

Legal/Solicitor - tbc

Business Intelligence – Ben Larard

Human Resources – Sarah Sharland

Workforce Development – Rachel Faulkner

Communications – Carla Tate

Programme Support – Gurdish Sandhu

Care Act Team**Role:**

- Day to day delivery of the Care Act work.

Membership:

Service Manager Lead (x 1) - David Soley

Operational Manager Lead (x 1) – tbc

Team Leader (x 1) – tbc

Administration Support (2.5 days) – tbc

Programme Support (1 day) – Gurdish Sandhu

Project Manager Support (1 day) – tbc

Business Intelligence Analyst – tbc

Finance – Caroline Potter

Warwickshire Health and Wellbeing Board

Meeting Date June 2014

Supplementary Statement no.4 to NHS Warwickshire's Pharmaceutical Needs Assessment (PNA) in advance of publication of the new PNA

Recommendation(s)

That the Warwickshire Health and Wellbeing Board (HWB):

- 1. Consider and approve PNA Supplementary Statement no.4.**
- 2. Continue to follow progress of the development of the new Warwickshire PNA**

1.0 Key Issues

- 1.1. From 1 April 2013 responsibility for Pharmaceutical Needs Assessment (PNA) transferred to Health and Wellbeing Boards (HWBs).
- 1.2. The HWB has a legal duty to have checked the suitability of existing PNAs, compiled by primary care trusts (PCTs), and continue to publish any supplementary statements explaining any changes through new or changed local service provision.
- 1.3. Each HWB will need to publish its own revised PNA for its area by 1st April 2015
- 1.4. Failure to produce a robust PNA could lead to legal challenges because of the PNA's role in guiding decisions about commissioning services and new pharmacy openings.
- 1.5. It is important that HWBs prepare PNAs to national comparable standards.
- 1.6. This will require board-level sign-off and a period of public consultation beforehand. Because the PNA development goes through an extensive engagement and formal consultation, the process can take up to a year.
- 1.7. In the meantime, if there are changes in provision of services, the HWB may instead of revising the PNA, publish a supplementary statement setting out the changes in provision.

- 1.8. The last supplementary statement was produced in Dec 2012. A new supplementary statement has been prepared for consideration and approval by the HWB. (See appendix 1).
- 1.9. To deliver the new PNA within the required timescales, Public Health has commissioned the services of NHS Arden Commissioning Support (ACS) to help develop the new PNA
- 1.10. A PNA Development Working Group has been set up with agreed terms of reference.
- 1.11. The purpose of the PNA Development Working Group is to ensure that Warwickshire County Council has an accurate, comprehensive and robust PNA published by 1st April 2015. The group is chaired by Public Health and membership of the group also includes representatives from NHS England, Healthwatch and professional representatives for pharmacy and dispensing GPs.
- 1.12. This group will agree the project plan and assure itself that the PNA meets the requirements of The Health and Social Care Act 2012 and NHS (Pharmaceutical Services and Local Pharmaceutical Services) Regulations 2013 and is in line with DH guidance.

Background

- 1.13. A PNA presents an accurate summary of pharmaceutical service need and provision, reviewing access, range and adequacy of services and choice of provider. A PNA is a document that summarises, over a county wide area, the range of pharmaceutical services that are provided by pharmacies, dispensing GPs and other providers such as appliance contractors. It will include:
 - Where the pharmacies and other providers are situated
 - When they are open
 - The range of services that they provide
 - A summary of the health needs for the county
 - An assessment of any gaps in services
- 1.14. A PNA also identifies areas where provision can be deemed to be inadequate, in other words it will highlight “pharmaceutical needs”.
- 1.15. A PNA does not cover general medical services or the other diagnostic or prescribing services provided by GPs. It relates solely to pharmaceutical services (pharmacy), which includes dispensing of prescriptions by those general medical practitioners (GPs) who are contracted to provide this service i.e. dispensing GPs.
- 1.16. The development of the PNA will take into account the Joint Strategic Needs Assessment and present information about current and future provision of services.

- 1.17. The PNA informs commissioners when making decisions about new local NHS services. For example whether or not to allow a new pharmacy or dispensing GP to open to provide services to the local population or to help decide if new services such as Stop Smoking, Out-of-Hours, Dispensing Services and Weight Management Services are needed

2.0 Options and Proposal

- 2.1 There have been a number of changes to the provision of pharmaceutical services in Warwickshire and so in advance of the publication of the new PNA on or before 1st April 2015; a supplementary statement has been prepared for publication setting out the changes in provision.
- 2.2 Supplementary statements are statements of fact; they are not an assessment of need and are a way of updating what the PNA says about which services are provided and where. They are not a way of updating what the PNA says about needs.
- 2.3 Once issued, a supplementary statement becomes part of the current PNA
- 2.4 The HWB are asked to consider and approve the new supplementary. (See appendix 1).
- 2.5 In order to progress the new PNA the HWB are asked to note the appointment of NHS Arden Commissioning Support to deliver the PNA and continue to follow progress of the development of the new Warwickshire PNA to meet the legal duty outlined above.

3.0 Timescales associated with the decision and next steps

- 3.1 Each HWB will need to publish its own revised PNA for its area by 1st April 2015. This will require board-level sign-off and a period of public consultation beforehand. The consultation is planned to take place between September and November 2014.
- 3.2 Prior to the publication of a revised PNA by 1st April 2015, as there have been a number of changes to the provision of pharmaceutical services in Warwickshire a supplementary statement has been prepared for publication setting out the changes in provision. The HWB area asked to approve the supplementary statement which will then become part of the current PNA and ensure Warwickshire has an up to date statement of fact about current provision of pharmaceutical services. .

Background papers

None

Attachment

Warwickshire PNA Supplementary Statement no.4

	Name	Contact Information
Report Authors	Laurence Tressler Lead Pharmacist NHS Arden Commissioning Support Rachel Robinson	Laurence.Tressler@ardencsu.nhs.uk Rachel.Robinson@warwickshire.gov.uk
Heads of Service	Dr John Linnane	johnlinnane@warwickshire.gov.uk
Strategic Directors	Monica Fogarty	monicafogarty@warwickshire.gov.uk
Portfolio Holder	Cllr Bob Stevens	bobstevens@warwickshire.gov.uk

WARWICKSHIRE COUNTY COUNCIL

Supplementary Statement (No.4) to NHS Warwickshire's Pharmaceutical Needs Assessment (PNA)

Date of publication of Pharmaceutical Needs Assessment: January 2011

Date of publication of Supplementary Statement No.1: 20th January 2011

Date of publication of Supplementary Statement No.2: 9th June 2011

Date of publication of Supplementary Statement No.3: 20th December 2012

What is a Pharmaceutical Needs Assessment or PNA?

The Pharmaceutical Needs Assessment (PNA) presents a picture of pharmaceutical service need and provision, reviewing access, range and adequacy of service provision and choice of provider to build on the sectors capacity and capability to help address health inequalities and support self-care in areas of greatest need. Pharmaceutical services can be provided by Dispensing Doctors, Dispensing Appliance Contractors, Local Pharmaceutical Service Contractors as well as Community Pharmacies. PNAs are used to help guide decisions on which NHS funded services need to be provided by local community pharmacies and other providers. PNAs are also relevant when deciding if new pharmacies are needed, in response to market entry applications. Applications can be open to legal challenge if not handled properly. As a consequence it is important to have an up to date and locally relevant PNA.

Introduction

The Health Act 2009 amended the National Health Service Act 2006 to include provisions for regulations to set out the minimum standards for PNAs. The NHS (Pharmaceutical Services and Local Pharmaceutical Services) (Amendment) Regulations 2010 come into force on 24 May 2010 and placed a statutory duty on each Primary Care Trust (PCT) to develop and publish their first PNA by 1 February 2011. The NHS (Pharmaceutical Services) Regulations 2012 (the 2012 Regulations) came into force on 1 September 2012. These 2012 Regulations set out a number of duties on PCTs with regards their PNA.

Regulation 6(3) which provides for supplementary statements: *"Pending the publication of a statement of a revised assessment, a Primary Care Trust may publish a supplementary statement explaining changes to the availability of pharmaceutical services since the publication of its pharmaceutical needs assessment (and any such supplementary statement becomes part of that assessment), where – (a) the changes are relevant to the granting of applications referred to in section 129(2)(c)(i) or (ii) of the 2006 Act; and (b) the Primary Care Trust – (i) is satisfied that making a revised assessment would be a disproportionate response to those changes, or (i) is in course of making a revised assessment and is satisfied that immediate modification of its pharmaceutical needs assessment is essential in order to prevent significant detriment to the provision of pharmaceutical services in its area."*

Supplementary statements

Supplementary statements are statements of fact; they are not an assessment of need and are a way of updating what the PNA says about which services are provided and where. They are not a way of updating what the PNA says about needs. Once issued, a supplementary statement becomes part of the PNA (Regulation 6(3)).

Responsibility of the Health and Wellbeing Board (HWB)

PCTs were required to keep their PNAs up-to-date and, where changes to the availability of pharmaceutical services were identified, to either revise the assessment and/or issue a supplementary statement. From 1 April 2013 responsibility for PNAs transferred to Health and Wellbeing boards (HWBs). The Health and Wellbeing Board (HWB) has a legal duty to have checked the suitability of existing PNAs, compiled by primary care trusts (PCTs), and continue to publish any supplementary statements explaining any changes through new or changed local service provision. Each HWB will need to publish its own revised PNA for its area by 1st April 2015.

A. Warwickshire Contractors

The Pharmaceutical Needs Assessment of **NHS Warwickshire (January 2011)** summarised the list of contractor's names and addresses from which these services are provided and times when the services could be accessed. Subsequent supplementary statements highlighted changes to this information.

There have since been a number of further changes to this list. The current list with details for community pharmacies is attached. (Appendix 1: community pharmacy)

B. Enhanced pharmaceutical services

The pharmaceutical needs assessment of **NHS Warwickshire (January 2011) and subsequent Supplementary statements** summarised the list of enhanced pharmaceutical services that were at that time commissioned.

A. The following services have since been decommissioned:

1. Palliative Care

The service was decommissioned on 31st March 2014.

2. Advice to Care Homes

This service was a pilot and was decommissioned by Warwickshire PCT

3. Out of Hours Services (including Urgent Call Out and Special Bank Holidays)

The service was decommissioned on 31st March 2014. The growth of 100-hour pharmacies improved access over a longer period so there was no longer a need for this service.

B. The following services are still commissioned by Arden, Herefordshire & Worcestershire Area Team, NHS England

1. Minor Ailments Service (North Warwickshire only)

Commissioning of the following services has been continued although there have been some changes to the responsibility for commissioning, as stated. All contractors provided they are trained and accredited, will be authorised to deliver the services listed below. There is a requirement on the part of contractors to inform the commissioner of their decision to provide prior to introducing the new service.

C. The following services are commissioned from community pharmacies by Warwickshire County Council:

1. Emergency Hormonal Contraception
2. Chlamydia Testing and Treatment
3. Needle & Syringe Exchange
4. Supervised Administration (Consumption of Prescribed Medicines)
5. Stop Smoking Support Scheme

The following additional services are also commissioned from community pharmacies:

1. Seasonal Flu Vaccination (service commissioned by NHS England) 1st October 2013

D. The *Healthy Living Pharmacy* programme is running in Warwickshire. The following pharmacies provide this service currently:

A	Primary Care, 25 Coton Road, Warwickshire, CV11 5TW	Nuneaton
B	Kasli Pharmacy, 216-218 Tomkinson Road, Warwickshire, CV10 8BW	Nuneaton
C	W M Brown, Unit 2 Valley Road, Galley Common, Warks, CV10 9NH	Nuneaton
D	Grendon Pharmacy, 150 Boot Hill, Baddesley Ensor, Warks, CV9 2EW	
E	Bilton Pharmacy, 37 The Green, Bilton, Warwickshire, CV22 7LZ	Rugby
F	Lister Chemist, Bow Fell Shopping Centre, Hollowell Way, Brownsover, Warks, CV21 1LT	Rugby
G	Leyes Lane Pharmacy, 35 Leyes Lane, Warwickshire, CV8 2DE	Kenilworth
H	Wellesbourne Pharmacy, 5 Kineton Road, Warwickshire, CV35 9NE	Wellesbourne
I	Boots, 1 Westgate House, Market Street, Warwickshire, CV34 4DH	Warwick

This interim supplementary statement is issued prior to publication of a fully revised PNA on or before 1st April 2015.

Health and Wellbeing Board

15 July 2014

Public Health Procurement Timetable

Recommendation(s)

1. This report is to provide information on the proposed procurement timetable for Public Health.

1.0 Key Issues

- 1.1 The joint tender, with Coventry CC and NHS England, for Sexual Health Services is in progress. Coventry CC is the lead authority for the tender process. Tender submissions are due to be returned by 18th August, the contract is to be awarded in September and contract start date is 01 April 2015. WCC have a phased implementation with the fully integrated service being fully operational by 01 April 2016 at the latest. This will be a 5 year initial term with options to extend up to a further 5 years.
- 1.2 Health Visitors and Family Nurses will transfer to Public Health October 2015. Children's services contracts have been extended to allow a service review of their services together with health visitors and family nurses. Finances will transfer over to Public Health October 2015. A procurement process will follow the review.
- 1.3 Weight Management and Exercise on Referral were small, disparate contracts that did not cover the whole of the county. The two services are being tendered together to allow bidders to demonstrate any efficiencies of a joined up service. The retendered service will be county wide.
- 1.4 Public Health are working collaboratively with CCGs, NHS England, the Acute Trusts and other local authorities to provide the best possible service to Warwickshire residents.
- 1.5 All contracts and tender opportunities are detailed in the attached contracts register.

2.0 Options and Proposal

- 2.1 Subject to appropriate approvals the Public Health procurement timetable will progress as detailed.

3.0 Timescales associated with the decision and next steps

- 3.1 The contracts register details the current procurement activity for Public Health up to 2015/16.

Background papers

1. Public Health Contracts Register

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