

Report for:	Health and Wellbeing Board – March 24th 2015
Title:	Transforming health and wellbeing in Haringey
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1. Describe the issue under consideration

1.1 This paper draws together a number of key developments – legislative, strategic and commissioning – relating to health and wellbeing in Haringey, and draws out the common outcomes and underlying principles emerging from these key developments – legislative, strategic and commissioning.

1.2 Delivering the outcomes requires new ways of working – within the public sector; with the voluntary and community sector; with users, patients and communities. The draft Health and wellbeing strategy (currently out for consultation) seeks to capture the key priorities to deliver these outcomes. Agreed principles will need to be embedded in the strategy’s delivery plans; and bold system leadership will be needed to ensure their effective implementation. This paper presents for discussion the strategic leadership role of the Health and Wellbeing Board in this transformation.

2. Cabinet Member introduction

2.1 Haringey faces considerable challenges with areas of high health need and rising demand for services, particularly in social care; this at a time of shrinking budgets. At the same time, regeneration in the borough provides considerable potential to improve health and wellbeing and reduce inequalities.

2.2 The key developments covered in this paper present an opportunity to transform the way in which we seek to improve the health and wellbeing of our residents. Working with our partners and residents, we must ensure that we are ambitious and bold in our approach to delivering our vision.

3.Recommendations

- 3.1 Note the impact of the Care Act 2014 and the Children and Families Act 2015;
- 3.2 Note the Council, NHS England and Haringey CCG Strategic Plans and Priorities referred to in the report
- 3.3 Note the progress on the consultation for the Health and wellbeing strategy
- 3.4 Agree the Mental Health and Wellbeing Framework in Haringey attached as Appendix 2.

4.Alternative options considered

N/a

5.Background information

5.1 The Care Act and the Children and families Act are new legislation that will have considerable impact on public sector services and the experience of residents in Haringey.

5.2 The Care Act (2015)

The Care Act requires the provision of care and support that:

- is clearer and fairer
- promotes people's wellbeing
- enables people to prevent and delay the need for care and support, and carers to maintain their caring role
- puts people in control of their lives so they can pursue opportunities to realise their potential.

The Council will have a 'wellbeing duty', ie a general duty that applies to all residents and requires the Council to promote the individual's wellbeing in all decisions taken or activities performed in relation to the. Wellbeing is defined as:

- personal dignity (including treatment of the individual with respect);
- physical and mental health and emotional well-being;
- protection from abuse and neglect;
- control by the individual over day-to-day life (including over care and support provided to the individual and the way in which it is provided);
- participation in work, education, training or recreation;
- social and economic well-being;
- domestic, family and personal relationships;
- suitability of living accommodation;
- the individual's contribution to society.

The Health and Wellbeing Board is asked to note that whilst the Care Act comes into force on 1st April 2015 a transitional period will be allowed to help local authorities comply with the new statutory requirements. This, when combined with

the robust approach Haringey is taking to implementation, allows confidence to be invested Council's state of readiness.

Appendix 1 provides further information on the implications of the Care Act for Haringey.

5.3 The Children and Families Act

The Children & Families Act 2014 will give greater protection to vulnerable children and is wide ranging, including a new system to help children with special educational needs and disabilities, help for parents to balance work and family life and perhaps more fundamentally, changes to adoption and major reforms to improve the lives of looked after children.

The key elements of the Children and Families Act related to children's health and wellbeing are:

- The integration between educational and training provision with health care and social care provision in the context of promoting wellbeing.
- Joint commissioning arrangements between The Council and CCGs in the context of special educational, health and social needs.
- A holistic approach to planning and supporting children and young people through the Education, Health and Care (EHC) plan.
- A strengthened duty of care placed upon partners (i.e. schools to support children at school with medical conditions, provision of free school meals)
- Reforms for looked after children, specifically around adoption and the promotion of LAC educational achievement.
- Increased choice for children and young people (i.e. changes to the law to give children in care the choice to stay with their foster families until they turn 21)
- Strengthening the role of the Children's Commissioner with the primary function of the Commissioner changing *from* representing the views and interests of children and young people *to* promoting and protecting children's rights.

5.4 LBH Corporate Plan

The Council's Corporate Plan sets out its [5 major priorities](#) for the next 3 years:

- 1) [Enable every child and young person to have the best start in life, with high quality education](#)
- 2) [Empower all adults to live healthy, long and fulfilling lives](#)
- 3) [A clean and safe borough where people are proud to live](#)
- 4) [Drive growth and employment from which everyone can benefit](#)
- 5) [Create homes and communities where people choose to live and are able to thrive](#)

The Plan also sets out how the Council needs to change as an organisation to deliver improved outcomes in these priority areas on a reduced budget, shifting the focus to:

- Prevention and early intervention - preventing poor outcomes for children, young people and adults and intervening early when help and support is needed
- A fair and equal borough - tackling underlying factors of poverty and discrimination with a scale and intensity proportionate to the level of disadvantage
- Working together with communities - building resilient communities where people are able to help themselves and support each other
- Value for Money - achieving the best outcome from the investment made
- Customer Focus - placing our customers at the heart of what we do
- Working in Partnership - delivering with and through others.

5.5 NHS Five Year Forward View (5YFV)

The NHS Five Year Forward View (5YFV) was published in October 2014 and sets out a vision for the future of the NHS. It was developed and endorsed by a number of organisations, led by NHS England, and gives a collective view of how the health service needs to change over the next five years if it is to close the widening gaps in the health of the population, quality of care and the funding of services.

The 5YFV covers areas such as disease prevention; new, flexible models of service delivery tailored to local populations and needs (including primary care); integration between services; and consistent leadership across the health and care system.

The 5YFV can be found on NHS England's website:

<http://www.england.nhs.uk/ourwork/futurenhs/>

5.6 NHS Haringey Clinical Commissioning Group five year plan

Haringey CCG has developed a five year plan to achieve its vision of enabling the people of Haringey to live long and healthy lives. The CCG wants to make primary care and care closer to home really work for all Haringey's residents by:

- Supporting and empowering people to self-care, where appropriate
- Supporting people to live independently for as long as possible
- Strengthening and extending partnership working across the whole Haringey community
- Changing the way we commission to focus on paying for outcomes defined by patients, as opposed to activity
- Ensuring young people get the best start in life and are equipped to make healthy decisions which will positively impact their lives as adults
- Ensuring that high quality, easily accessible services are available near where people live and are joined up so that people cannot notice differences between providers or when one takes over from another.

Haringey CCG is also working in partnership with the other 4 CCGs in North Central London - Barnet, Enfield, Camden and Islington - to develop a five year plan for this

wider area, recognising that there are some areas where transformation would be more effective and efficient for on a larger scale.

5.7 Better health for London – report of the London Health Commission

Better Health for London, the report of the London Health Commission, an independent inquiry established by the Mayor of London and chaired by Professor the Lord Darzi, drew on the views of many Londoners to propose the biggest public health drive in the world. The report makes 64 recommendations which are intended to support the Commission's aspirations for London:

- Give all London's children a healthy, happy start to life
- Get London fitter with better food, more exercise and healthier living
- Make work a healthy place to be in London
- Help Londoners to kick unhealthy habits
- Care for the most mentally ill in London so they live longer, healthier lives
- Enable Londoners to do more to look after themselves
- Ensure that every Londoner is able to see a GP when they need to and at a time that suits them
- Create the best health and care services of any world city, throughout London and on every day
- Fully engage and involve Londoners in the future health of their city
- Put London at the centre of the global revolution in digital health.

The recommendations set out actions for all levels of administration. To be effective they need borough, London and national actions to be aligned; this may mean putting pressure up the system to take actions that support our local strategies and to keep engaged with actions taken at London and national levels to ensure the best local impact. The London CCGs are committed to working together to address the recommendations.

5.8 Health and wellbeing strategy (2015-2018)

The Board's draft Health and wellbeing strategy (2015-2018) is out for consultation (until March 30th). This draft strategy was developed following a review of the current Health and wellbeing strategy (2012-2015).

The draft Health and wellbeing strategy (2015-2018) proposes a focus on three areas where we need to make the most significant and sustainable improvements:

- Priority 1: Reducing obesity
- Priority 2: Increasing healthy life expectancy
- Priority 3: Improving mental health and wellbeing

The strategy is underpinned by three principles:

1) Tackling inequalities

Inequalities due to residents' different social circumstances are, quite simply, unfair. Our actions to tackle underlying factors of poverty and discrimination

must be universal, but with a scale and intensity that is proportionate to the level of need in a certain area

2) Prevention and early intervention

Prevention means shifting our focus from treating symptoms to reducing underlying causes. We have to prevent problems starting in the first place by creating environments where the healthy choice is the easier choice.

3) Working with communities

Existing approaches to the delivery of public traditionally focus on the deficits and vulnerabilities in a population. However, increasingly there is a desire to shift the focus of these services so that they build on residents' and communities' strengths, especially in areas facing many challenges. This requires a radical transformation in how the public sector works, and how its relationship with communities is considered. Services will need to be designed with residents to ensure that every contact promotes independence, self-sufficiency, and a greater sense of self-worth and self-efficacy.

The Mental health and wellbeing Framework (see 5.8 below) will support delivery of Priority 3.

5.9 Haringey's Mental health and wellbeing framework

Under the current Health and wellbeing strategy (2012-2015), the HWB initiated the development of a joint council and CCG Mental Health and Wellbeing Framework in July 2015. The Framework was developed by a mental health expert reference group consisting of various stakeholders including providers, the voluntary sector, housing associations, commissioners from the CCG and LBH and service users. The process was overseen by Outcome 3 Delivery Group. This process for development of the Framework was approved by the HWB board in September 2014. Consultation on the Framework took place in February and consultation feedback has been included in the Framework and its underpinning delivery plan.

The Framework incorporated recommendations from Children and Young People (CYP) and Adults Health (AH) Overview and Scrutiny Panels; it was taken to the joint CYP and AH Overview and Scrutiny Panel on 18th March prior to its publication by the HWB.

The Framework (appendix 2) aims to transform mental health and wellbeing services locally. This will require a cross-partnership response which seeks to address the causes of poor mental health, promote positive mental health and resilience, tackle stigma and discrimination, offer early help and engage fully with those affected by mental ill-health, their families and communities.

The four priorities for the Framework are:

- 1) Promoting mental health and wellbeing and preventing mental ill health across all ages;

- 2) Improving the mental health outcomes of children and young people by commissioning and delivering effective, integrated interventions and treatments and by focusing on transition into adulthood;
- 3) Improving mental health outcomes of adults and older people by focusing on the three main areas: meeting the needs of those most at risk; improving care for people in mental health crisis; improving the physical health of those with mental-ill health and vice versa;
- 4) Commissioning and delivering an integrated enablement model which uses individuals, families and communities' assets as an approach to support those living with mental illness to lead fulfilling lives.

These four priorities are underpinned by a delivery plan (Appendix II) that will be regularly reviewed and refined following further detailed work by task and finish groups to drive the transformation. Reporting will be to the Health and Wellbeing Board.

A key recommended focus for the HWB to support the transformation is to mobilise system leadership and cross-partnership working to ensure that the design, commissioning and delivery of an innovative enablement model based on community assets. This approach will improve outcomes for people who live with mental illness such as having good housing, employment (where appropriate) and fulfilling social relationships.

5.10 Common outcomes and principles

The common outcomes and underlying principles emerging from these key developments – legislative, strategic and commissioning – are:

Outcomes:

- Promoting wellbeing
- Improving health and reducing health inequalities
- Enabling people to be in control of their lives
- Resilient communities
- Safety (protection from abuse and neglect)

Principles:

- A whole population approach
- Tackling stigma and discrimination
- Ensuring young people get the best start in life
- Prevention
- Early intervention
- Strong partnerships
- Working with communities
- Supporting self-care and independence
- Flexible models of service delivery and promoting diversity and quality in the market of providers
- High quality, easily accessible services

- Considering the impact on health and wellbeing of determinants such as the environment, housing, environment and education

5.11 The role of the Health and Wellbeing Board

This paper has presented new key legislation which herald major changes to roles and responsibilities for the public sector and citizens. It describes plans for the NHS and the council which are ambitious and transformational. Strong leadership by the Board is necessary to manage the considerable challenge and change in the system over the next three years.

Our draft Health and wellbeing strategy should capture the key priorities we need to focus on to deliver these outcomes. Delivering the outcomes requires new ways of working – within the public sector; with the voluntary and community sector; with users, patients and communities. We will need to ensure that our agreed principles are embedded into our strategy's delivery plans – and we will need to provide bold system leadership to ensure their effective implementation.

Key questions for the Board to consider are:

- Do we have a sufficiently strong shared strategic vision transform the health and social care system?
- Do we agree on the outcomes and principles that will drive forward this change?
- Do we have the appropriate governance and structures in place locally to ensure collaboration for cost-effective integration of health and other services?
- Are we confident about our ability to transform our approach to deliver 'enablement' (enabling people to be in control of their lives).

6. Comments of the Chief Finance Officer and financial implications

6.1 This report provides a summary of a number of significant developments relating to Health and Wellbeing in Haringey; as such there are no financial implications directly arising from this report. However the Board should be aware of the financial context in which these developments are arising. As set out in the Council's medium term financial strategy the authority is facing the requirement to deliver around £69m of savings by 2018-19. The Medium Term Financial Strategy and the Corporate Plan have been developed together to meet this challenge. In order to ensure that the Council remains clearly focused on its objectives, the MTFs has been drawn up in terms of its investment in each of the five priorities. Priority one and two are most closely linked to the Health and Wellbeing Strategy but given the general duty of promoting wellbeing, all priorities must be seen as contributing to it.

6.2 The new responsibilities introduced by the Care Act do have financial implications for the Council. Under the new burdens principle, Central Government will provide some additional funding to meet these new responsibilities. In 15-16 this is in the form of three specific grants to meet the early implementation costs and more funding is

expected in 16-17 but full details have yet to be announced. However there remains a real risk that this funding has been underestimated and so will not be sufficient. There are also very real pressures for both Social Care and Health arising from demographic changes.

6.3 In this challenging context the successful implementation of the transformative work and the embedding of the principles outlined above will be key to sustaining the financial position of the Borough and the local NHS.

7. Comments of the Assistant Director of Corporate Governance and legal implications

7.1 The Board has a strategic leadership role in the health and wellbeing of the local population in the context of the Board's statutory and constitutional functions which are: a) to promote and coordinate joint commissioning and integrated provision between health, social care (adult and children) and public health services in Haringey; b) to develop, update and publish the Joint Strategic Needs Assessment (JSNA) and the Health and Wellbeing Strategy (HWB); and c) to ensure that commissioning plans are in place to address local need and priorities, in line with the HWB Strategy, and to deliver an integrated approach to the planning and delivery of services and d) to oversee the delivery of the Council's strategic outcomes for local health and wellbeing targets, holding those responsible to account.

7.2 The Care Act 2014 sets out the new legal framework for the provision of adult social care (as set out above and in Appendix 1 attached). The Children and Families Act 2014 makes provision about children, families, and people with special educational needs or disabilities. Part 3 of the Act provides for the new legal framework for identifying children and young people with special educational needs (SEN), assessing their needs and making provision for them. They require local authorities to co-operate with their partners to plan and commission provision for those children and young people and publish clear information on services they expect to be available. There are aspects of these legislative provisions that directly impacts on the Board's functions. The most important are the provisions that require the Council and the CCG to further develop joint working arrangement across services to improve outcomes for children and young people and adults.

7.3 Section 3 of the Care Act 2014 places a duty on the Council to carry out its care and support responsibilities with the aim of joining-up services with those provided by the NHS and other health-related services (for example, housing or leisure services). The duty will apply where the Council considers that integration of services would promote the wellbeing of adults with care and support needs (including carers), contribute to the prevention or delay of developing care needs, or improve the quality of care in the Council's area. This duty reflects the similar duties placed on the NHS England and Clinical Commissioning Groups by sections 13N and 14Z1 of the National Health Service Act 2006. This duty to 'join-up services' apply to all Council care and support functions for adults with needs for care and support and for carers, including in relation to preventing needs, providing information and advice, shaping and facilitating

the market of service providers, safeguarding and transition to adult care and support. The Care Act 2014 Statutory Guidance makes clear that local authorities are not solely responsible for promoting integration with the NHS, and this responsibility reflects similar duties placed on NHS England and Clinical Commissioning Groups (CCGs) where this would improve the quality of health and/or reduce inequalities in access or outcomes.

7.4 The Care Act Statutory Guidance at Paragraphs 15.7 to 15.14 provides advice on strategic planning for integration with health and through the JSNA and JHWS. At Paragraph 15.8 *“Local authorities and clinical commissioning groups already have an equal and joint duty to prepare Joint Strategic Needs Assessments (JSNAs) and Joint Health and Wellbeing Strategies (JHWS) through health and wellbeing boards. JSNAs are local assessments of current and future health and care needs that could be met by the local authority, CCGs or the NHS Commissioning Board, or other partners. JHWSs are shared strategies for meeting those needs, which set out the actions that each partner will take individually and collectively.”* At Paragraph 15.9 *“Joint Strategic Needs Assessments and Joint Health and Wellbeing Strategies are therefore key means by which local authorities work with CCGs to identify and plan to meet the care and support needs of the local population, including carers. JHWSs can help health and care and support services to be joined up with each other and with health related services. Local Authorities and CCGs can include in their JHWSs a statement of how arrangements for the provision of health, social care and health-related services might be better integrated.”*

7.5 For children and young people with special educational needs or disability, Section 25 of the Children and Families Act 2014, requires the Council to carry out its functions under Part 3 of the Act in a way that promotes integration between educational and training provision with health care provision and social care provision where the Council considers that this would promote the well-being of children or young people who have special educational needs or a disability or where it would improve the quality of special educational provision for children and young people with special educational needs. This section also reflects the duty placed on CCGs by section 14Z1 of the National Health Service Act 2006 and the local authority duty under Section 3 of the Care Act 2014 above.

7.6 Section 26 requires the Council and the Clinical Commissioning Group (or NHS England) to make joint commissioning arrangements for the education, health and care provision for children and young people with special educational needs SEN or with disabilities. The joint commissioning arrangements must include arrangements for the Council and CCG to consider and agree the special educational, health and social care provision required locally, and to determine what provision is to be secured and by whom, in order to meet that need. The arrangements must also cover what information and advice is to be provided about education, health and care provision, how it is to be provided, and how complaints about education, health and care provision may be made and handled. In addition, the arrangements will also include procedures for resolving disputes between the partners.

7.7 The Statutory Guidance issued under the Act - Special Educational Needs and Disability Code of Practice: 0 to 25 years (January 2015) provides that “ 3.4 Joint commissioning should be informed by a clear assessment of local needs. Health and Wellbeing Boards are required to develop Joint Strategic Needs Assessments and Joint Health and Wellbeing Strategies, to support prevention, identification, assessment and early intervention and a joined-up approach.” 3.7 Joint commissioning arrangements should enable partners to make best use of all the resources available in an area to improve outcomes for children and young people in the most efficient, effective, equitable and sustainable way (Good commissioning: principles and practice, Commissioning Support Programme, (Rev) September 2010). Partners **must** agree how they will work together. They should aim to provide personalised, integrated support that delivers positive outcomes for children and young people, bringing together support across education, health and social care from early childhood through to adult life, and improves planning for transition points such as between early years, school and college, between children’s and adult social care services, or between paediatric and adult health services. Under the heading “Local Accountability” at Paragraph 3.70 the Guidance clearly identifies individual and collective roles for the Council, Children Services, Adult Social Care, NHS England, the CCG, Healthwatch and the Health and Wellbeing Board in the joint commissioning arrangement.

7.8 The Board has the power to approve the Mental Health and Wellbeing Framework as part of the delivery framework for its proposed Health and Wellbeing Strategy for its area.

8. Equalities and Community Cohesion Comments

8.1 The main areas of the board’s work relating to the Public Sector Equality Duty under the Equality Act 2010 are the JSNA and the development of our Health and Wellbeing Strategy which will be subject to an Equalities Impact Assessment.

8.3 In the leadership of the ‘transforming health and wellbeing’ agenda in Haringey, the HWB needs to consider all individuals in shaping policy and have due regard to the need to eliminate discrimination, advance equality of opportunity, and foster good relations between different people.

8.4 To help the HWB do this, mechanisms to ensure the capture of qualitative and quantitative data on different communities is needed.

9. Head of Procurement Comments

The CARE Act 2014 will require the Council to manage and develop the market for care in the borough. Part of this market development may be directly generated by the Council itself, and enable it to delegate social care functions to organisations in the borough and this could create new market opportunities for local providers. The Council’s commissioning services with other London Councils are developing a market position statement which will be ready in due course.

The CARE Act 2014 will require transparency about social care costs to the Council. The government guidance on this provision confirms that this is intended to allow individuals to benefit from lower prices that should come from Council Framework contracts. This raises the potential of an end to the split markets for the Council and self-funded care. For the Council negotiating social care contracts this could have a significant impact on local authority commissioning and spending in which the demands made on the Cojcil are significantly increased.

In these times of austerity and the reductions in Council funding to be managed against the Medium Term Financial Strategy, the Council's resources for commissioning and procurement may be severely stretched to manage demand generated through the CARE act 2014.

10. Policy Implication

10.1 The Care Act 2014 is a major reform of adult social care law which imposes a range of new duties for the Council that will have implications for its current policies, procedures and practices.

10.2 The Children & Families Act will give greater protection to vulnerable children, better support for children whose parents are separating, a new system to help children with special educational needs and disabilities, and help for parents to balance work and family life. The act also ensures changes to the adoption system can be put into practice, meaning more children who need loving homes are placed faster.

10.3 The Health and Wellbeing Board (HWB) has a duty to develop, upgrade and publish the Health and Wellbeing Strategy. The Health and wellbeing strategy aims to improve the health and wellbeing of children and adults in our borough and reduce health inequalities between the east and west of the borough.

11. Reasons for Decision

The Framework was developed on behalf of the Health and Wellbeing Board and will feed into the refreshed Health and Wellbeing Strategy.

12. Use of Appendices

Appendix 1: The implications of the Care Act for Haringey

Appendix 2: The Haringey Mental health and wellbeing Framework

13. Local Government (Access to Information) Act 1985

Appendix 1: The implications of the Care Act for Haringey

The Care Act

The Act came onto the statute books on 14th May 2014 and is a bold and historic piece of legislation. It is the most wide-ranging reform to adult social care in nearly 70 years. It modernises and consolidates, for the first time, adult care and support law in a single clear statute.

The Act is divided into five parts with eight schedules. Part 1 of the Act deals with the reform of adult social care and support legislation and is the part most relevant to Local Authorities. It is structured around an individual's journey through the reformed system (be they someone in need of care, or their carer). The Act will put a limit on the amount those receiving care will have to pay towards the costs of their care, with a cap on care costs beginning in April 2016. The remainder of Part 1 of the Act, such as national eligibility criteria and universal deferred payments, will come into force in April 2015.

Sections 1 to 7 of the Act place a number of general duties on local authorities. These are:

1. Promoting individual well-being
2. Preventing needs for care and support
3. Promoting integration of care and support with health services etc.
4. Providing information and advice
5. Promoting diversity and quality in provision of services
6. Co-operating generally
7. Co-operating in specific cases

Unless otherwise indicated all references made to the Act in this appendix will be made to Part 1 of the Act as this covers the statute's care and support provisions and financial reforms. However, the different provisions in Part 1 will not be considered in detail. Should members of the Health and Wellbeing Board wish to read a detailed summary of these key provisions, please consult the guidance produced by the Local Government Association, 'Get in on the Act: The Care Act 2014'

http://www.local.gov.uk/documents/10180/11309/L14-284+Getting+in+on+the+Act_web.pdf/edfb186d-166f-4058-a20d-5ba5e2646e6e

The Wellbeing Duty and Principle

The Care Act imposes a *duty* on local authorities to promote *individual wellbeing* when carrying out *any* of their care and support functions in respect of a person. This duty is sometimes referred to as the "*wellbeing principle*" because it is the guiding principle of the Act. It puts individual wellbeing at the heart of care and support system.

The paramountcy of the wellbeing principle means it provides the *acid test* of the actions local authorities take when carrying out their care and support functions. The principle means that whenever a local authority makes a decision about an adult it *must* promote or seek to promote individual wellbeing.

The Act's definition of wellbeing covers:

1. personal dignity (including treatment of the individual with respect);
2. physical and mental health and emotional well-being;
3. protection from abuse and neglect;
4. control by the individual over day-to-day life (including over care and support, or support provided to the individual and the way in which it is provided);
5. participation in work, education, training or recreation;
6. social and economic well-being;
7. domestic, family and personal relationships;
8. suitability of living accommodation;
9. the individual's opportunities to contribute to society.

The expansive nature of the definition of wellbeing means that the Care Act has *whole Council* implications. It *cannot* be regarded as being '*just*' an Adult Social Care Act. The Act also establishes a *duty* of co-operation that requires an authority to ensure that all its departments co-operate in meeting the wellbeing duty. In short, the Act makes 'wellbeing' 'everybody's business'.

A duty to promote integration

This duty imposes on local authorities a responsibility to promote the integration of care and support with health and other services and is the logical corollary of the Care Act's wellbeing principle. Statutory Guidance makes clear that the duty must be looked at in the round as it encompasses closer working between the services (i.e. departments of local authorities) and between the local authority and all its external partners, especially Health, who have a contribution to make to wellbeing.

As a result when the integration and cooperation provisions of the Care Act we can see that it is, not only, a *whole Council Act*, it is also, a *whole health and social care economy Act*.

Highlights of the Act

Table 1 lists some of the highlights of the Act which, unless stated, come into force on 1st April 2015. The listing is not all inclusive but, summarises how the statute will determine the Council's statutory duties for Adult Social Care and its delivery of this important service. This will have important implications across the whole economy.

Requirements
<i>Prevention</i> (New in law but not new in practice/policy)
A new <i>general duty</i> requiring local authorities to ensure the provision of preventative services. That is, services which help prevent or delay the development of care and support needs, or reduce care and support needs (including carers' support needs).
<i>Integration</i> (New in law but not new in practice/policy)
A new local authority <i>duty</i> to carry out their care and support functions with the aim of integrating services with those provided by the NHS or other health-related services. The duty's emphasis on " <i>other health related services</i> ", whose definition encompasses housing, leisure services, education etc, means that the Council's services have to work more closely together.
<i>Information and advice</i> (Modernises existing law)
A new <i>general duty</i> to provide information and advice on social care, including independent generic and regulated financial advice, to all residents regardless of whether, or not, they have eligible care needs.
<i>Diversity and quality of provision and market shaping</i> (New in law but not new in practice/policy)
A new <i>general duty</i> to promote diversity and quality in care and support provider market. Local authorities must act to ensure that there is a range of different providers of services available. These must offer a range of services shaped by the demands of individuals, families and carers, and be of a high quality, in order to meet the needs and preferences of people wanting to access services. Commissioners in Haringey have a track record of working with providers to ensure a vibrant and sustainable provider market. The publication of the Market Position Statement will help providers shape their businesses to meet future commissioning intentions.
<i>Cooperation (generally)</i> (Modernises existing law)
A new <i>general duty</i> of mutual cooperation between local authorities and their relevant partners (see Appendix 2) in the exercise of their respective functions relating to; a) an adults with needs for care and support, and; b) carers. This duty provides a new ability to require cooperation from a relevant partner, in relation to an individual case. The duty makes clear that compliance with the Act requires excellent partnership working.
<i>Cooperation (specific cases)</i> (New in law but not new in practice/policy)
Assessments: A new <i>duty</i> for a local authority to carry out an assessment, which is referred to as a ' <i>needs assessment</i> ', where it appears that an adult may have needs for care or support. Assessments must be person centered with the person being assessed empowered to take a leading role in the assessment process.
<i>Carers' Assessments</i> (New in law but not new in practice/policy)
A new <i>duty</i> for local authorities to undertake a 'carer's assessment', on the basis of the appearance of a need for support. This is a lower threshold for assessment than under the current law. It removes the existing requirement that the carer must be providing "a <i>substantial amount of care on a regular basis</i> ". Work is being undertaken to identify the

financial impact of this while Adult Social Care and Health Watch are collaborating to ensure that the voice of carers is heard with respect to carers' rights under the Act.

Eligibility

(New in law and new in practice/policy)

A new *duty* to introduce a separate national minimum eligibility threshold (see Appendix 3) in place of the current Fair Access to Care Services (FACS) eligibility criteria where, until now, the level for accessing services, e.g. substantial and critical in Haringey, is set by the Council..

Personal Budgets:

(New in law but not new in practice/policy)

A new *duty* to offer everyone who is eligible for a service a personal budget with the expectation that the default form of provision will be a direct payment.

Deferred Payments

(New in law but not new in practice/policy)

The Care Act 2014 establishes a universal Deferred Payment Scheme, which means that from April 2015 people may not need to sell their home in their lifetime to pay for the costs of care. A Deferred Payment is a way of deferring the costs of care against a property which is the person's main home. It is a loan against the value of the property. The loan is paid back at the time of the person's death by the sale of their property. Haringey is unusual in so far as it, currently, has no Deferred Payments scheme or policy.

Independent advocacy

(New in law and new in practice/policy)

A *new duty* to arrange independent advocacy for people who need help to be involved in assessment, care planning, appeals or safeguarding and have no appropriate person who can represent their views. This duty reflects best practice and to ensure compliance with the Act Haringey let, in January 2015, a contract for independent advocacy to Voiceability.

Adult safeguarding

(New in law and new in practice/policy)

The Act sets out the local authority's responsibility for adult safeguarding for the first time in primary legislation. Local authorities *must* make enquiries if they believe an adult is, or is at risk of, being abused or neglected. They *must* also host and lead multi-agency *Safeguarding Adults Boards* (SABs) to maintain strategic oversight of safeguarding and carry out *Safeguarding Adults Reviews* when people die as a result of neglect or abuse and there's a concern that the local authority, or its partners, could have done more. Haringey already has robust, mature safeguarding arrangement in place; including a SAB There is a high degree of confidence that these arrangements are compliant with the requirements of the Act.

Self-funders

(New in law and new in practice/policy)

The Act introduces a range of *new duties* for people who fund their own care. This includes the provision of assessments, care plans and care accounts, service finding and providing self-funders with alternative provision in the case of provider failure. Local authorities will also become liable for the care costs of self-funders once they hit the '*cap*' on care costs.

On 1st April 2016 a tranche of funding reforms (known as the Dilnot reforms) will come into force. These reforms, which will be the subjects of a later report, will put a

limit on the amount those receiving care will have to pay towards the costs of their care, with a cap on care costs beginning in April 2016.

Assessing the Impact of the Care Act

When assessing the likely impact of the Act in Haringey it is useful to consider if its various sections are:

1. new in law and practice/policy, or;
2. new in law but not new in practice/policy, or;
3. simply modernise existing law.

It has been suggested that as many sections of the Act are new in law but not in practice/policy the impact may be limited. – see Table 1 and LGA clause analysis at:

http://www.local.gov.uk/web/guest/care-support-reform/-/journal_content/56/10180/5761381/ARTICLE

However, this conclusion is misleading as it applies only in so far as existing practice standards meet those demanded by the Act and its statutory guidance. In assessing the Act's impact for the Haringey it is essential to understand the extent to which local practice, procedures and policies meet the new statutory requirements. Therefore, all relevant practice, procedures and policies are currently being reviewed to ensure that they are compliant with the Act.

Consideration must also be given to how the Care Act will impact on the demand for adult social care and to identifying any accompanying financial implications. It is accepted that the Act will increase demand and, as a consequence, costs. Increased demand for assessment for carers services and support for self-funders are likely to be those areas where increases in demand will be the greatest.

However, identifying the precise level of increase is extremely difficult. It is something the Government and all local authorities are struggling with and work on this matter is being taken forward locally, on a pan-London basis and at national level.

Haringey's approach to implementing the Care Act

Much work has taken place to ensure that Haringey will be compliant with those aspects of the Care Act which come into force on 1st April 2015. This is a large and complex undertaking that is being delivered through a programme management approach consisting of the following workstreams:

1. Commissioning
2. Workforce planning
3. Assessment, eligibility and care planning
4. Advice and information
5. Deferred payments
6. Safeguarding

7. Financial reform

The workstreams reflect those identified by the Local Government Association as being critical to implementation and each is managed by a senior officer, with a relevant professional background, with the support of a dedicated programme team. The Interim Director of Adult Social Services acts as the sponsor of the implementation programme with governance provided through an Implementation Board and the Adult Social Services Departmental Management Team.

In addition, adult social care staff are being provided with a rolling programme of briefings about the Care Act and specialised legal training. As of 20th February 2015, 626 staff, carers, service users, Health colleagues, third sector partners and providers had attended meetings to find out more about the Act. Information about the Act has also been placed on the intranet and internet.

The Health and Wellbeing Board is asked to note that whilst the Care Act comes into force on 1st April 2015 a transitional period will be allowed to help local authorities comply with the new statutory requirements. This, when combined with the robust approach Haringey is taking to implementation, allows confidence to be invested Council's state of readiness.

The Risks of Care Act Implementation

Although, good progress has been made in preparation for 1st April there are areas of risk. The most significant risks are referenced in Table 2, below.

Table 2. The Risks of Implementation

Risks	Treatment
Government funding may not be sufficient to cover the actual costs of implementation	Lobby Government through national and regional forums e.g. LGA, ADASS, London Councils etc.
The Care Act will create additional demand side pressures from carers and people who self-fund their care and support. These pressures will have unknown cost implications.	Continue support local and regional work to produce impact assessments.
Uncertainty about how the introduction of the national minimum eligibility threshold will impact on the number of people who will qualify for publically funded adult social care.	<ul style="list-style-type: none"> • Monitor impact of national minimum eligibility. • Use information and advice services to redirect people to alternative community based provision. • Develop low cost preventative services.
The Care Act places a prevention duty on	Implement draft Corporate Plan



healthwatch
Haringey



NHS
Haringey
Clinical Commissioning Group

the Council but it is not clear how this duty is to be funded.	
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Appendix 2: The Haringey Mental health and wellbeing Framework and delivery plan