



Department  
of Health

# UK Advisory Forum on Ageing

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# Update on Health and Care

- Care Bill
- Integration of Health and Social Care
  - Health and Care Pioneers
  - Pooled budgets
  - Better GP and Primary Care services
- Dementia
- Launch of Silverline

# The Care Bill – Reform of Care & Support

- The Bill re-writes 60+ years of legislation from scratch
- Aim is to deliver a statutory underpinning that supports the best of modern, person-centred care & support.
- Bill follows logical path: purpose & principles, universal provisions, then arrangements for people and carers.

• **consolidates** all existing legislation into one, single statute, supported by new regulations and statutory guidance.

• is built around **people** – their needs and outcomes – rather than based on disability, setting or types of service.

• treats **carers** as equal to the person they care for – putting them in the centre of the law and on the same legal footing.

• is **clearer and easier to navigate** – a simple legal framework which people who need care, carers and those who manage and work in the system can understand.

• **modernises** the law to reflect the priorities and focus of care and support – shifting the balance away from institutional care and towards prevention and community capital.

• is **consistent** – removing anomalies where people can be treated differently without a clear reason.

# What does the Care Bill do?

- ensures that people's **well-being**, and the outcomes which matter to them, will be at the heart of every decision that is made.
- puts **carers** on the same footing as those they care for.
- reforms the **funding system** for care and support, by introducing a **cap on the care costs** that people will incur in their lifetime.
- creates a new focus on **preventing and delaying needs for care and support**, rather than only intervening at crisis point.
- Local authorities will be required to provide **information and advice** about the care system – and to **shape the local care and support market** around what people want.
- puts **personal budgets** on a legislative footing for the first time, which people will be able to receive as **direct payments** if they wish.
- Puts **adult safeguarding on a statutory footing** for the first time.
- provides for a **single national threshold for eligibility** to care and support.
- gives new guarantees to ensure **continuity of care** when people move between areas, to remove the fear that people will be left without the care they need.
- New focus on the assessment process to ensure we look at people's **strengths and capabilities**, and what is available in the **community not just their deficits**.
- Has new provisions to support the **transition** to the adult care and support system.

# What happens next?

The Bill builds on almost five years of engagement. We want to keep that going:

- **The Bill itself** – completed passage through Lords. Starts in Commons shortly. We want to keep talking to stakeholders as the Bill passes through Parliament.
- **Consultation on funding reform** – consulted on how to implement the capped costs system – ended 25 October 2013.
- **Secondary legislation** – the Bill provides for around 20-30 sets of regulations. We are working with stakeholders to develop the regulations which will underpin the new law.
- **Statutory guidance** – we will begin developing new statutory guidance from late 2013. We intend to co-produce this with stakeholders networks.
- Regulations and Statutory Guidance will be **published in draft for consultation** in Spring 2014
- Many provisions come into effect in April 2015. Changes to how care is paid for come into effect April 2016.

## What is integration?

*“I can plan my care with people who work together to understand me and my carer(s), allow me control, and bring together services to achieve the outcomes important to me”*



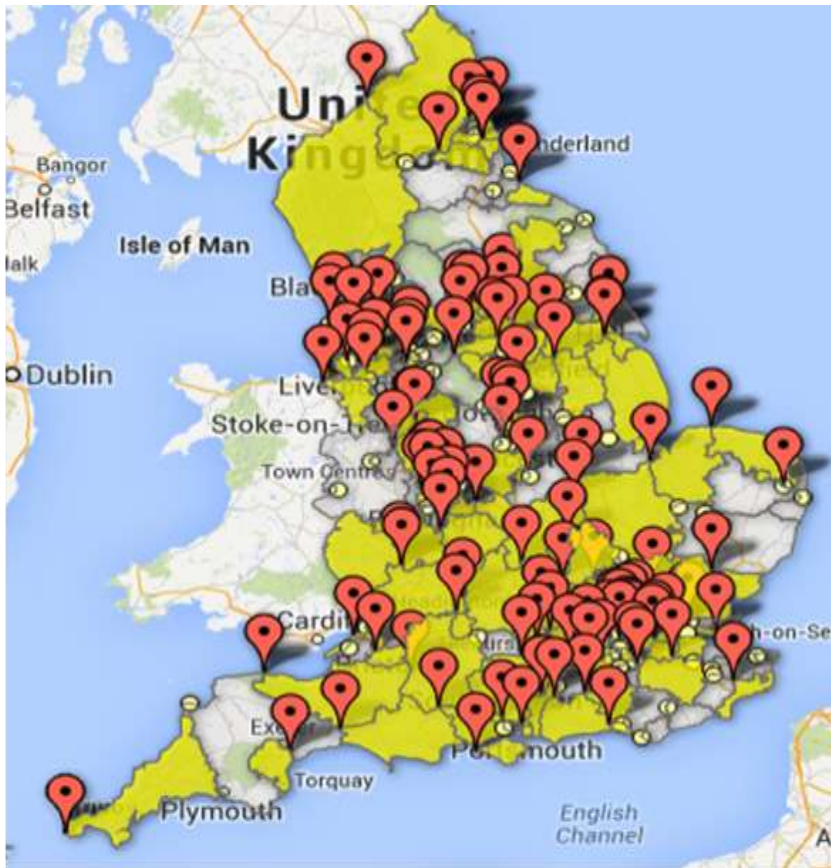
**National Voices**

People shaping health  
and social care


## Key points for improvement

- People experience **fragmented care**, and feel like they are left to ‘fall through the gaps’ of the health and care system. *“The absence of a single point of contact is a critical flaw in the system that has likely accounted for some inefficiency”*
- There is frustration that patients (or carers) **have to repeat their medical history** and personal story to multiple clinicians and social care professionals. *“You have 6 people asking the same questions when you feel unwell”*
- People **want to be treated as a person**, rather than a collection of symptoms and conditions, and they want care to be given in a way that reflects this
- Better and more joined-up support at the right time could help people stay independent and **reduce unnecessary admissions to hospital.**

## Integration Pioneers - Bids



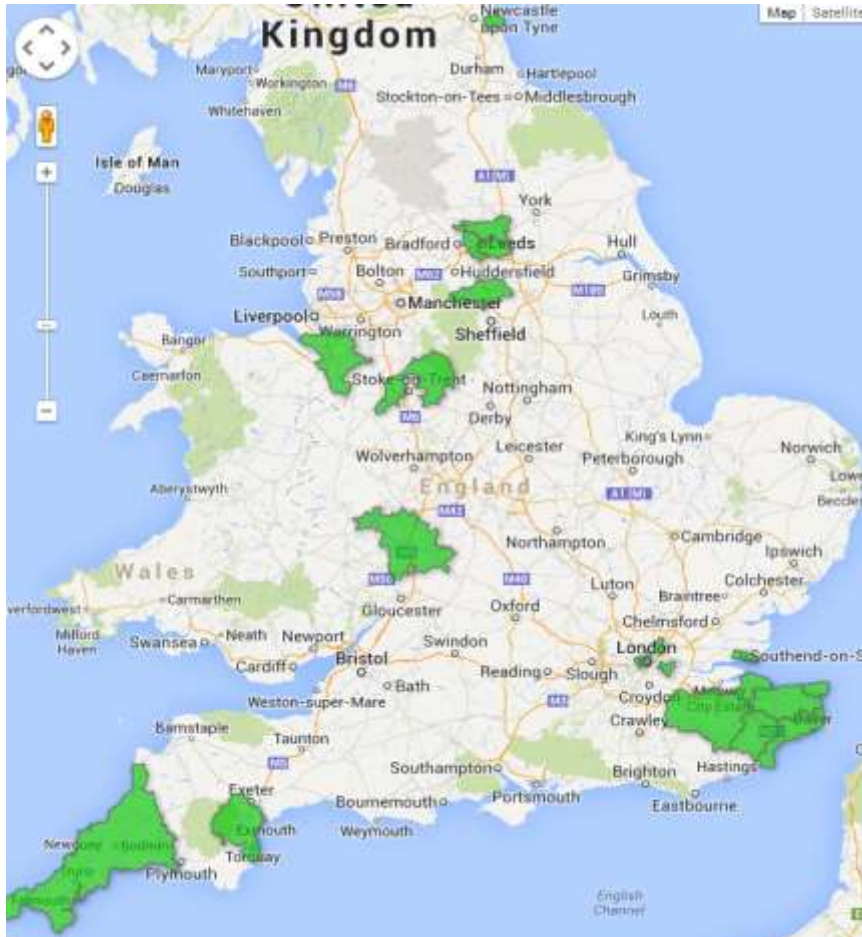
- Over 100 bids received
- Bids covered nearly all the country
- Shows this is a priority for localities up and down the country

 Geographical coverage of pioneer site



# Integration of Health and Social Care

## Integration Pioneers – 14 Successful Sites



- Barnsley
- Cheshire
- Cornwall and Isles of Scilly
- Greenwich
- Islington
- Leeds
- Kent
- North West London
- North Staffordshire
- South Devon and Torbay
- Southend
- South Tyneside
- Waltham Forest and East London and City
- Worcestershire

**Each Pioneer area will receive tailored support, and will feed learning back to each other and to all areas of the country.**

# Integration Transformation Fund

- £3.8bn pooled fund in 2015/16 to promote integration to be spent on the basis of joint plans between health and social care.
- Brings together:
  - Existing NHS funding support for social care
  - Funds given to Clinical Commissioning Groups to support reablement and breaks for carers
  - Local council funds, including Disabled Facilities Grant
  - A further £1.9 billion of NHS funding
- 1. Every local area to develop an agreed plan, approved by Health & Wellbeing Board, before April 2014.

## We are also reforming how GPs and primary care can give particular support

We are proposing the following changes to make sure that GPs can be as effective as possible:

- Freeing up GPs' time to allow for a more proactive approach to care for vulnerable older people.
- Assigning a named GP to ensure everyone aged 75 and over, and those with most complex needs, responsible for proactive oversight of the person's care plan.
- Stronger accountability for the GP to ensure people have greater continuity and responsiveness of care, keeping them well for longer and avoiding unnecessary admissions to hospital.
- Using Friends and Family Test in general practice to better understand people's views of services and help practices to improve.
- Providing increased assurance of the quality of GP practices through the Chief Inspector of General Practice.

# Dementia

- The first dementia **State of the Nation report** will be published shortly
- This landmark report is a call to the nation to take responsibility to improve care and support available for people with dementia and their carers, and to reduce levels of variation.
- Alongside the report we are producing a series of **online, interactive maps** which for the first time, will allow someone to enter their postcode to see how local dementia services in their area are performing and to see the performance of dementia services across the country.
- The Dementia Action Alliance launched a **call to action for carers of people with dementia** on 20 November. They will be working with local organisations to improve outcomes for carers of people with dementia.
- A **Dementia Research Summit** will be hosted by UK on 11 December under its chairmanship of the G8.



## LAUNCH OF THE FIRST FREE 24 HOUR HELPLINE FOR OLDER PEOPLE

***THE SILVER LINE 0800 4 70 80 90***

***“We will give you advice if you need it; we will give you friendship if you want it, and we will protect you from abuse and neglect”***

The Silver Line Helpline was launched across the UK on Monday 25 November for every older person who needs information, friendship, advice and protection from abuse or neglect.

- DH is working with Cabinet Office, Royal Voluntary Service, Neighbourhood Watch and others to support neighbourhood approaches to combatting loneliness and isolation – building on what exists already in communities.
- We recognise that loneliness and isolation can be risk factors for health – particularly in older people. Our role is to promote and embed the community action that works to combat this and to encourage more of this kind of action to be recognised and supported locally.
- The Care Bill prevention duty on local authorities will encourage a more “asset based” approach – starting from the point of view of what makes a good life for a person, rather than assessing their need for services or packages of support. This will involve much greater awareness and signposting to the support that can be accessed in the community which can complement formal care.