

Executive Partnership Board

Minutes

17 September 2012

Those in attendance:	
Mary Buckman	Oxford Health NHS Foundation Trust
Fred Charman	Talkback - Learning Disability Partnership Board
Andrew Clark	Physical and Sensory Disability Partnership Board
Ian Cormack	Carers Partnership Board
Steve Goldensmith	Prevention Partnership Board
Ainsley Macdonnell	Learning Disability Partnership Board
Ryan Mellett	Older People's Partnership Board
Margaret Morgan-Owen	Assistive Technology Partnership Board
Kurt Moxley	Mental Health Partnership Board
Christopher Reid	OPP and PSD PB
Jean Rein	Talkback - Learning Disability Partnership Board
Rachael Rothero	Buckinghamshire County Council
Bob Smith	South Bucks District Council
Tracey Underhill	Buckinghamshire Healthcare Trust



No	Item
1	<p data-bbox="288 181 660 219">Welcome / apologies</p> <p data-bbox="288 271 692 309">Apologies for absence</p> <p data-bbox="288 331 1430 495">Apologies for absence were received from David Bone, Juliet Brown, Lucy Falconer, Sue Pigott, Chris Stanners, Jane Taptiklis, Adam Willison and Devora Wolfson.</p> <p data-bbox="288 589 1406 752">Tracey Underhill was in attendance as a substitute for Juliet Brown. Margaret Morgan-Owen was in attendance as a substitute for Adam Willison.</p>
2	<p data-bbox="288 853 1070 891">Minutes of the meeting held on 21 May 2012</p> <p data-bbox="288 943 1398 1043">The Minutes of the meeting held on 21 May 2012 were agreed and signed as a correct record.</p>
3	<p data-bbox="288 1144 555 1182">Matters arising</p> <p data-bbox="288 1267 1453 1368">Page 2 – Item on user and carer involvement in contract management to come to next Executive PB meeting – Action: HW.</p> <p data-bbox="288 1462 1422 1563">Pages 3-4 - Action Plan on health checks to come to next meeting – Action: AMD</p> <p data-bbox="288 1657 1437 1758">Page 4 - Report at next Executive PB on what is being done by PB to take forward the DiC agenda – Action: CR</p> <p data-bbox="288 1852 1414 2007">Page 5 – hospital transport – Tracey Underhill reported that Juliet Brown had responded to the member concerned and to the Primary Care Trust.</p>

Page 5 – Tracey Underhill said that the overriding principle of the Better Healthcare in Bucks programme was to improve outcomes for patients. The proposals had been widely consulted upon.

- More services would be provided in the Community, and would be available 24 hours a day, seven days a week.
- Work had been carried out on COPD to see how specialist care could be provided in the patient's home.
- A frailty assessment centre would be opened in High Wycombe, and this would help to reduce stays in hospital.
- A lot of work had been undertaken on transport. A patient information workshop had been held with patient representatives. As an outcome of this, a service was being commissioned to set up a transport hub, in partnership with Community Impact Bucks. This would provide a 'one-stop' telephone number to access voluntary transport services.
- Link to information on the internet:
<http://www.buckinghamshire.nhs.uk/bhib/>

Ian Cormack asked if the transport hub would include wheelchair access. Tracey Underhill said that the patient transport service would still be available and would run next to the Hub.

The Chairman said that the changes would be quite profound for the stakeholders who members represented, and a shared understanding was important. Tracey Underhill said that an external assessment had been undertaken, which gave added assurance to stakeholders. A representative from BHT was willing to attend partnership board meetings to talk about the Better Healthcare in Bucks changes (contact = Helen Peggs) – **Action: HW**.

Page 5 – JSNA – Piers Simey (Consultant in Public Health) would be

coming to the next meeting to talk about the JSNA findings and the recommendations in the Joint Health and Wellbeing Strategy – **Action: HW.**

Page 6 – web page – The webpage for the partnership boards was now up and running. Members were shown a demonstration of the page and how it worked:

http://www.buckscc.gov.uk/bcc/adult_social_care/partnership_boards.page?

Pages 6-7 – Priorities from the Prevention Partnership Board – Steve Goldensmith had circulated these to members, and said the following:

- The Prevention Partnership Board had members from Housing Associations, District Councils, Voluntary organisations and the County Council.
- The Prevention Partnership Board had a focus on prevention (on people who would soon be social care users or who were heavy healthcare users).
- The main areas of focus were Housing (change in housing benefits to people under 35 and shortage of accommodation would cause an increase in rough sleeping); Housing support; Social isolation and ‘Prevention Matters;’ Welfare benefits (much change was taking place); Information (how it is accessed and who is accessed); and Volunteering (how it can be better supported and advanced).

Ian Cormack asked why actions under ‘Supporting carers’ were stated as ‘none identified.’ Steve Goldensmith said that the intention was to work closely with the Carers Partnership Board, which had its own agreed priorities. Carers would also be looked at under welfare benefits changes.

Chris Reid raised the issue of topics which cut across more than one Partnership Board.

The Executive Partnership Board endorsed the priorities which had been identified by the Prevention Partnership Board.

Page 7 - meeting to be held with all leads to discuss action plans (action carried over) – **Action: RR**

Page 9 - DOLS / MCA item to go to each partnership board (Sarah Haigh) – **Action: HW**

Other matters discussed:

- Refer to members by name in Minutes – **Action: HW**
- Add BHT to Terms of Reference for the EPB – **Action: HW**
- Meeting group to be set up re: legacy of the Paralympics, with Rachael Rothero, Andrew Clark, Tracey Underhill, Debi Game, Chris Reid, Fred Charman and Jean Rein. Contact to be made with Chris Williams about BSP being the over-arching forum for this work. Link also to be made with BCC Corporate Equalities Group. **Action: RR**
- Aylesbury Vale District Council had been asked to report on legacy ideas (the contact was Ian Barham).
- Ainsley Macdonnell said that there was a need to engage with other agencies, to look at how disabled people were being linked into activities. There was a need to ask disabled people what they wanted to see as an outcome.
- Andrew Clark told members that BuDS was working with Bucks Business First to launch a study of the market for selling to disabled people in Buckinghamshire. This would also provide a

	<p>breakdown of people with disabilities in Buckinghamshire.</p> <ul style="list-style-type: none">• BuDS, Transport for Buckinghamshire and Aylesbury Vale District Council had now launched a plan to open one of the first universally accessible pathways for disabled people in the UK, linking Aylesbury town centre and Stoke Mandeville stadium.
4	Partnership Board updates Members noted the updates.
5	Local Account update Marcia Smith, Service Manager for Performance, was welcomed to the meeting. Marcia Smith referred to the briefing note on pages 35-6 of the agenda papers. The purpose of the Local Account was to enable residents to judge how well the Council was performing in meeting priorities for adult social care in Buckinghamshire and that value for money was being achieved with resources used for social care by the County Council. The Local Account had now been completed and was available on the County Council website. A Local Account Panel had been set up. Marcia Smith said that the County Council had committed having an ongoing dialogue with colleagues and partners. Ian Cormack and Andrew Clark had both been involved in this process. Ian Cormack said that it had been a responsive process, and it was good that it was ongoing.

Andrew Clark said that he had been impressed at the willingness to work with partners and that bold steps had been taken by the County Council in terms of transparency.

The Chairman said that in terms of accountability, quarterly meetings would be held with the Local Account Panel to monitor progress with the actions in the document.

The Local Account also covered partnership working with Health Services and District Councils.

Marcia Smith said that the Panel had a challenging membership. After the Panel the outcomes went back to the Adults and Family Wellbeing Board and a quarterly update could be brought to the Executive Partnership Board. The Minutes of the Panels would be published on the County Council website.

Break

6 Update on Health and Social Care Reforms

The Chairman gave a presentation (slides attached) about the Health and Social Care Reforms and said the following:

The funding of long-term care services had been looked at by the Dilnot Commission. One of the outcomes in the Dilnot Report was that there should be a cap on a client's contributions to their care.

A White Paper had been published by the Government which endorsed the recommendations in the Dilnot Report but said that these could not be funded currently. This would be reviewed in the next Spending Review.

Over the next 15 years there would be a 69% increase in Buckinghamshire of the number of people who required social care services. Most Local Authorities would reach a point in the next 5-10 years at which they could no longer fund long-term care.

A draft Care and Support Bill had been published alongside the White Paper, which brought together over 200 pieces of statute.

The Law Commission had also undertaken a review and made some recommendations which fundamentally changed the ways in which services were commissioned.

Councils were required to submit feedback on what was proposed, and members' views would be appreciated.

Summary of the changes

New duties from 2013-14 included:

- a duty for Social Care services to incorporate preventative practice and early intervention into commissioning
- a duty for co-operation between the Local Authority and relevant partners in relation to adults with needs for care and support, and carers
- a duty to ensure Social Care services and housing services worked together
- a duty to assess young people in care before the age of transition.
- a duty to provide an information and advice service for all people (regardless of eligibility for social care, and regardless of where they lived).

Other changes included a national minimum eligibility threshold from April 2015, and a focus on wellbeing as a basis for social care

assessments. The Government was also keen on the use of direct payments for people in registered residential care. Adult Safeguarding would be given a statutory role, and the Safeguarding Vulnerable Adults Board would become a statutory requirement. Local Authorities would also have the right to enter people's private homes if they had a safeguarding concern, even if the client had full mental capacity. A separate consultation was going on about this.

The draft Bill set out a new and very detailed legal framework for Social Care services.

The Government had provided some bridging funding (£4.4m and £4.3m in Buckinghamshire). The White Paper had identified an additional £300m nationally for integrated care in 2013-2015. The expectation from the Government was that this resource would fund the additional duties. However it was not clear if the funding provided would recur year on year.

Debi Game asked if the County Council was intending to lobby on the Draft Care and Support Bill through the debate and committee stages. Rachael Rothero said that the County Council would be expressing its disappointment to local MPs about the proposals for long-term care.

Andrew Clark asked if there would be strategic investment in a wellbeing fund. Rachael Rothero said that there was a duty to consider wellbeing but there was no clarity about funding.

Andrew Clark said that 'on the ground' feedback was needed. Rachael Rothero said that Belinda Schwehr had been commissioned to do some work on this for the County Council. Stakeholders could be invited to be part of this work.

7 National Benefits Update

Andrew Clark said that the Welfare Reform Act 2012 had received royal assent in March 2012. A lot of people and organisations were only just becoming aware of the magnitude of the changes to benefits and the impact they would have on disabled people.

Andrew Clark took members through a Powerpoint presentation and said the following:

- New claims for incapacity benefit were no longer being taken. There had been an extraordinary increase in the number of new claimants between May and December 2011 (4250 new claimants). It was not clear if this was unique to Buckinghamshire.
- The figure for fraudulent claims of incapacity benefit was less than 3%, even though this was reported differently in the media.
- Between 1300 and 1400 people in Buckinghamshire had lost incapacity benefit recently.
- Around 5000 people in Buckinghamshire would have a major change to their finances and to their mental well-being.
- Everyone on Incapacity Benefit and Severe Disability Allowance (SDA) was being migrated to Employment and Support Allowance (ESA).
- Only 21% of people who received incapacity benefit or SDA would receive a permanent award of ESA. When the award came to an end they would have to claim jobseekers allowance or, if on a very low income, the income-related component of ESA.
- Those who received no support were likely to seek support from Social Care or NHS services, and this would increase the financial burden for local Authorities and the NHS. Some people

would sign on as unemployed, or be supported by family and friends.

- DLA would be replaced with the new Personal Independence Payment (PIP) in 2012/13. There would also be tougher eligibility criteria. The Government had advised that they wanted to reduce the DLA budget by 20% for claimants who were of working age. This meant that most people who currently received the lower rate of DLA would not receive any benefit at all and would therefore need to look at applying for Job Seekers Allowance, returning to work to support themselves or reducing their circumstances to the point where they get income support or income related benefits.
- The Department for Work and Pensions had announced that day that DLA would 'cease to exist as it withered.' Those people who were aged 60 at the time of their assessment would remain on the DLA until they were 65 and then would move to an attendance allowance. There was no mobility component for those aged 65 on Attendance Allowance, and a number of people would therefore lose their funding for scooters.
- There were different levels of mobility for DLA, and there was a widespread expectation that those on the middle, lower or nil rate would lose their benefit under the benefit changes.
- There were also four levels of care awards for DLA. Only people on the higher rate of care and mobility were likely to be unaffected by the changes to PIP. Only those with severe and profound learning disabilities would be entitled to PIP.
- Mental Health conditions would still be covered but possibly only for those almost at the stage of needing a statutory intervention.
- The rate of fraud for DLA was less than 0.5%.
- PIP would be brought in from June 2013 over a three year period. Re-application would apply – there would not be an automatic

transfer, even for those with the most profound disabilities. Those affected would receive a letter from the Department of Work and Pensions informing them that their benefits would stop unless they re-applied.

- All public applications would be carried out online, although the home visiting service for people with severe or profound disabilities would continue.

Members discussed these issues and agreed that a group to discuss a response to the changes in benefits should be set up (**Action: SG**).

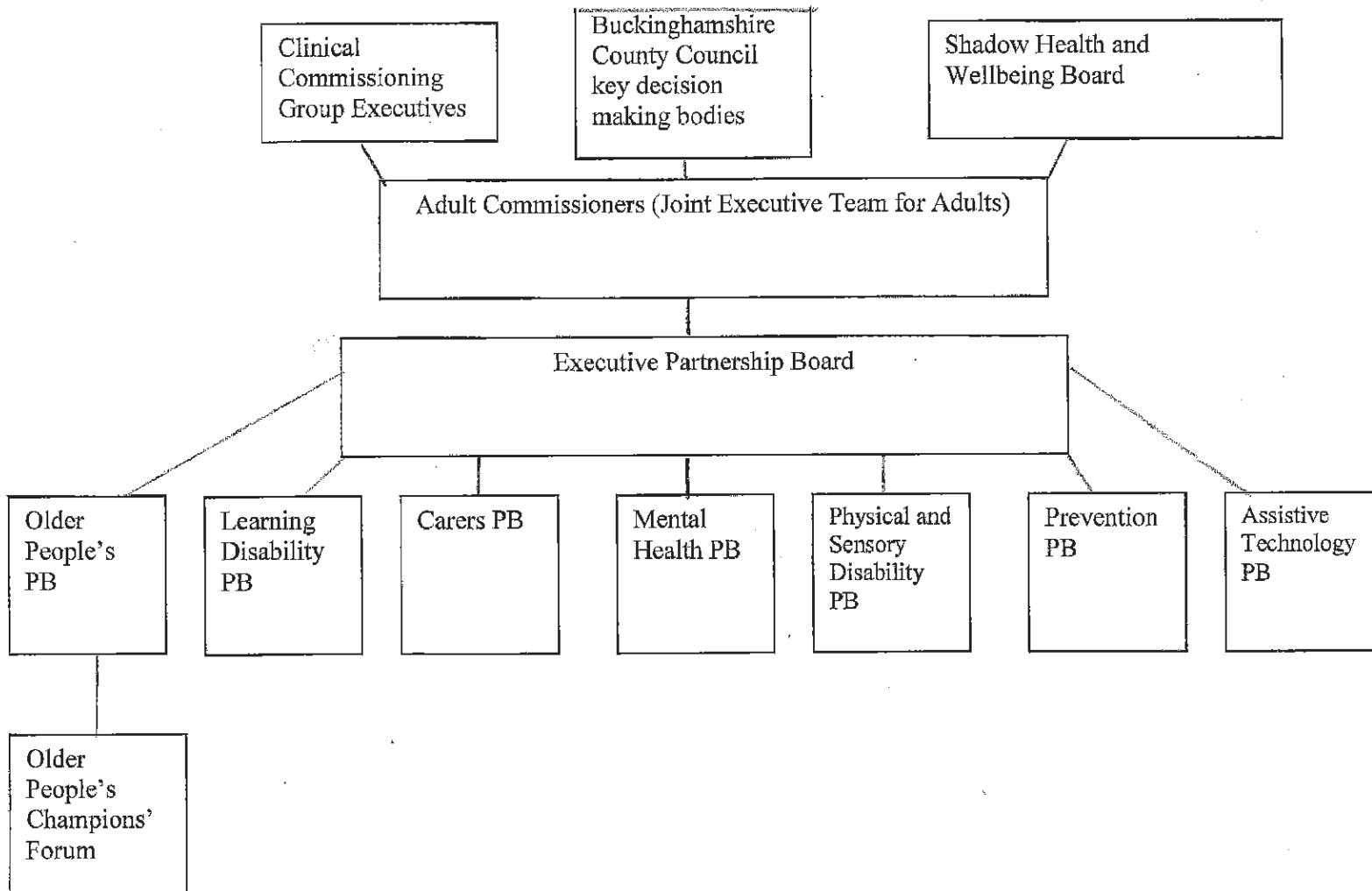
The Group should comprise:

- Nigel Sims, Senior Manager, Economic Development, Place Service, Buckinghamshire County Council (BCC)
- Andrew Clark, Chair of Trustees, BuDS
- Steve Goldensmith, Senior Joint Commissioner, Accommodation Commissioning, BCC
- Mary Brazier, Oxford Health NHS Foundation Trust
- Welfare Benefits Manager
- Ainsley Macdonnell, Senior Joint Commissioner, Learning Disability
- Elaine Norris (Department of Work and Pensions)
- John Huskinson, Finance Business Partner, Strategic Finance, BCC
- CCG representative
- Ian Cormack, Carers Partnership Board
- Danielle Henry, Partnership Project Officer, Buckinghamshire County Council (BCC)

It was noted that the BCC charging policy would need to be updated as

	it was based on the current benefits regime.
8	<p>Learning Disability Partnership Board item</p> <p>This item was deferred to the next meeting.</p>
9	<p>Update from SUCO</p> <p>Debi Game updated members with reference to the update paper, and also said the following:</p> <ul style="list-style-type: none"> • Alison Lewis and Ian Cormack had stepped down from their roles on the SUCO board. Thanks were recorded to Alison and Ian for the work they had put in to secure the contract. • David Bone and Lucy Falconer would be interim Co-Chairmen until a recruitment process had been carried out. • A draft process for the recruitment of Co-Chairmen had been put together, and the next stage was a quick consultation exercise with all partnership boards. • The Induction Pack (for new and existing members) was now almost ready. <p>The Chairman said that some partnership boards (for example the Older People's Partnership Board) already had a Co-Chairman in place, with effective arrangements. These should not be undermined.</p>
10	<p>Date of next meeting</p> <p>10 December 2012, 1:30pm</p>

Chairman



Terms of reference of Buckinghamshire Executive Partnership Board

1. Purpose and Key responsibilities

1.1 Purpose

The Executive Partnership Board will bring together senior managers from the County Council, PCT, District Council, representatives of the Partnership Boards to make strategic commissioning decisions and determine commissioning strategies and priorities. It will ensure that best use is made of available resources and that commissioning arrangements meet needs, provide value for money and fit within the broader statutory and policy framework.

The Executive Partnership Board will consider the views and recommendations made by the Partnership Boards in making its decisions and maintain a strategic overview of the work of the Partnership Boards.

The Executive Partnership Board will refer issues and make recommendations to the Adults Commissioners Board and Local Strategic Partnership Board.

1.2 Key responsibilities

The Executive Board will:

- Set priorities for the Partnership Boards and communicate these priorities.
- Approve and coordinate the work programme of Partnership Boards and monitor their progress.
- Commission Partnership Boards to do specific pieces of work.
- Establish time limited themed groups for specific areas of work that is relevant to more than one Partnership Board and consider their recommendations.
- Consider views and recommendations from Partnership Boards in its decisions and recommendations to the Adult Commissioners Board, Local Strategic Partnership and the PCT and County Council decision making bodies.
- Report on progress with their work programme to the Adults Commissioners Board.
- Ensures users' and carers' perspectives influence strategic commissioning decisions and that the diverse views of service users and carers, commissioners and service providers are considered as part of the decision making process.

2. Constitution and membership

2.1 Constitution

The Executive Partnership Board has the authority to make strategic decisions and will also advise and make recommendations to the Adult Commissioners Board, the Bucks Strategic Partnership, Bucks Primary Care Trust, Buckinghamshire County Council and the District Councils as appropriate.

The Executive Partnership Board may delegate a budget to the Partnership Boards in order to carry out specific programmes of work.

2.2 Membership

The Executive Partnership Board will have representation from:

Senior management level representation

- Buckinghamshire County Council
- Buckinghamshire PCT
- District Council
- Buckinghamshire Healthcare NHS Trust

Representatives from the Partnership Boards

2 representatives from each of the following Partnership Boards (one of whom will be a service user or carer representative):

- Older People
- Physical and Sensory Disability
- Mental Health
- Learning Disability
- Carers
- Prevention
- Assistive Technology

There will be no more than 20 members on the Executive Board to ensure full involvement and participation. Additional people may attend the Board meetings with agreement from the chair to provide advocacy or facilitation for service user representatives.

The Chair

The Chair of the Executive Partnership Board will be from Bucks County Council or the PCT.

2.3 Frequency of meetings

The Executive Partnership Board will meet on a two monthly basis.

2.4 Conduct of Business

An annual work programme will be agreed at the beginning of each year. This will inform the agenda for each of the meetings. The chair will ensure the agenda papers are distributed at least ten working days prior to the meeting.

The quorum for Executive Board meetings is 13 members of the Board.

Any member with a conflict of interest or who seeks to benefit as an individual, group or organisation (financially or any other individual benefit) in an agenda item must declare their vested interest and leave the meeting for that item and take no part in the discussion, agreement or recommendations.

Arrangements will be put in place to ensure that all members of the Board are able to participate fully. Agenda papers will be sent out at least two weeks in advance of meetings so that members can prepare adequately. Service users and carer representatives will be supported through pre-meeting briefings, advocacy and support during meetings as appropriate via the ULO or Talkback. New members of the Executive Board will receive an appropriate induction.

Administrative support will be provided by the statutory sector

There will be an annual Partnership event attended by members of each of the Partnership Boards and the Executive Board.

The operation of the Executive Partnership board will be reviewed every 2 years.

2.5 Board Member Responsibilities

Executive Board Members are required to attend Board meetings regularly and work constructively with different opinions. They are also expected to undertake agreed work, or delegate actions to others in their organisation and ensure work is completed.

Members will be responsible for communicating the decisions of the Executive Board within their own organisation or to the Partnership Board they represent.

Executive Board members should present the views of the organisation or Partnership Board that they represent rather than their personal views and comply with the Code of Conduct set out below.

Code of Conduct – Partnership Board Members

All Board members should work positively by:

- Being honest and open
- Being constructive – going beyond criticism by working with other members on the Board to find solutions to problems and areas for improvement.
- Being objective and fair
- Being polite and courteous to others – They must not insult, abuse or use any kind of offensive or threatening language behaviour towards anyone they have contact with as a Partnership Board member.
- Listening to the views of others without interrupting
- Being organised and punctual
- Being prepared for meetings and ensure they read all the documentation
- Being actively engaged.

The Partnership Board should not be the forum for personal issues to be discussed. These issues should only be used to demonstrate a point of principle.

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The Government's 3 key papers on the reform of adult social care

1. **Caring for our future: reforming care and support (White Paper)**
2. **Draft Care and Support Bill**
3. **Progress Report on Funding Reform**



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Why is this important?

- The government is proposing major reforms to the care and support system, and bringing together and increasing the underlying rights, powers and duties underpinning the national legislative framework for social care. There will be new duties and statutory requirements for Local Authorities, and a significant impact on social care and partnership working for many years to come.
- The major funding reforms set out by Dilnot are delayed until the next Comprehensive Spending Review. As identified by the Local Government Association (LGA) ***“the funding statement takes us no further forward in how a modern, stable and predictable social care system can be properly resourced”***
- As noted by the Local Government Information Unit in relation to the Care and Support Bill ***“there has been universal criticism of the Government for not simultaneously introducing a future funding strategy for social care , although it has said it accepts the principles of the Dilnot report”***.

The Significance of Dilnot for the Local Authority

- The funding issues which would have been addressed if the Dilnot recommendations had been implemented would have contributed towards providing a solution to the “slide of doom” scenario for the Local Authority.
- If the growing funding gap which faces adult social care is not met, this in turn leads to funding pressures on other services provided by the Local Authority. This will lead to further tough decisions, in particular in relation to any remaining non statutory services provided, as there will be increasing difficulty in even funding the required statutory services.
- In the short to medium term we have put in place measures to help deal with this ,however a “tipping point” will be reached over time where the funding gap will become unsustainable and statutory services only can be funded.
- Therefore delay to implementation of Dilnot is an issue for the Local Authority as a whole.

1. Caring for the Future (White Paper) – this sets out the Government’s vision for a new reformed care and support system. Two principles lie at the heart of this paper:

- That the focus of care and support should be to **promote people’s independence, connections and wellbeing** by enabling them to prevent and postpone the need for care and support.
- That people should be **in control of their own care and support, and that services should ensure that they respond to what people want.**

2. Draft Care and Support Bill – alongside the White Paper, the government has also published a draft Care and Support bill. The purpose of the Bill is to simplify the current legal framework for care and support, and deliver the vision outlined in the White Paper. The Bill is currently out for consultation, responses are required by the 19th October.

3. Progress Report on Funding Reform – the government has also published this paper setting out it’s analysis of the Dilnot Commission’s recommendations and mapping out their proposed way forward.

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Key Elements to Consider

Strengthening Support within Communities

- There will be a duty to incorporate preventative practice and early intervention into commissioning, and new requirement for cooperation between the local authority and relevant partners, in relation to adults with needs for care and support, and carers.
- There is also a new duty to ensure adult social care and housing work together, and an expectation that NHS work with LA's give consideration to developing housing for older and disabled people. A fund of £200m over 5 years will support the development of specialised housing for older and disabled people.

Better Information and advice in relation to Care and Support

- Local authorities will have a duty to provide an information and advice service for all people whether or not they meet eligibility criteria or live in the authority's area.
- There will be start up funding of £32.5 million available for online local services.

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Assessment, eligibility and portability

- National minimum eligibility threshold will be established from April 2015 for adults who need care, and carers
- Entitlement will be portable if users/carers move to another council area, with councils required to maintain services until a re-assessment is completed.
- Clarity to be provided on 'ordinary residence' with associated implications for determining which local authority is responsible for funding care & support for the adult and their carer.

Carers Support

- Carer's rights to an assessment have been extended, and there will be a clear entitlement to support. Additional assessments for carers and the cost of additional support packages will have significant cost implications for the Local Authority.

Safeguarding

- There will be government legislation to ensure that all agencies work together at a local level to prevent abuse. Adult Safeguarding Boards are to have statutory status and be responsible for carrying out safeguarding reviews. Local Authorities will be empowered to make safeguarding enquiries.

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Personalised care and support

- Everyone will have a legal entitlement to a personal budget.

Workforce

- Dignity and respect are placed at the heart of new recommended minimum training standards and a code of conduct for those working in care.
- More care workers will be trained to deliver high quality care, with an ambition to double the number of care apprenticeships to 100,000 by 2017.
- The government favours increasing the numbers of new providers offering assessment services, this could include front line staff setting up their own organisations for care and support. Therefore there could be an impact on LA staffing roles/requirements.

Integration and joined up care

- This area of work is central to the ability of all organisations to deliver health and care in the future. The local authority will have a duty to promote the integration of services, along similar lines to the duty on the local NHS. The White Paper identifies an additional £300M funding for social care to local authorities via the national NHS commissioning board for integrated care in 2013/14 and 2014/15.

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Key Safeguarding Aspects

Dignity and Respect

- Clear responsibilities set out for ensuring Quality of service provision is secured
- Improving how CQC regulates/gathers intelligence.
- Review of the regulations to be carried out.
- Making available clear information about quality of individual care providers (Quality profiles) and independent quality ratings.
- Encouraging people to feedback comments/concerns
- Code of conduct and recommended minimum standards for adult social care workers and healthcare support workers (drawing on Dignity Code)

Legislation-to ensure all agencies work together locally to prevent abuse

- Local Authority as lead organisation to convene a statutory Safeguarding Adults Board.
- Board to publish a strategic plan and annual report
- Local Authorities empowered to make safeguarding enquiries
- Safeguarding Board will have a responsibility to carry out safeguarding adults reviews

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Risks and Considerations

Funding and the White paper requirements

The most significant risk for the Local authority, in common with many other authorities, is that it fails to meet these new statutory requirements.

- The Dilnot funding reforms have been delayed until the next Comprehensive spending review and Buckinghamshire is facing a growing, unsustainable funding gap which will impact on the ability to meet the requirements set out in the White Paper and the enabling bill.
- As the LGA has commented "***the white paper does not address the reality of the funding pressures councils face.The small packets of additional funding are welcome but an essential precondition of serious progress must be an honest appraisal of what a modern social care system costs and how it is to be funded.***"

Uncertainty of additional funding linked to the White Paper.

- There is a significant level of current uncertainty about resources identified in the white paper, the amounts available, how they will be allocated and distributed, and eligibility requirements.

Additional Costs

- The summary impact assessment produced by the government identifies "high level", implementation costs making any financial modelling of the impact very difficult.

Integration and Joined up Care

- Successful delivery of the new duties and better health and Wellbeing outcomes for the people of Buckinghamshire will rely on the leadership provided by the local Health and Wellbeing board, close working with the Clinical Commissioning Group, production and effective use of a comprehensive Joint Strategic Needs Assessment, delivery of the Health and Well being strategy, the AFW portfolio plan, and cooperative and effective joint working at ground level.

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Financial implications

- The most significant additional funding opportunity is the additional £300M funding for social care to local authorities via the national NHS commissioning board in 2013/14 and 2014/15. However the basis on which this will be allocated is currently unknown and it is also intended to cover the cost of reforms for local authorities in 2013/14 and 2014/15.
- There will be major additional costs to the local authority when Dilnot recommendations are enacted. An analysis by the Finance Business Partner identified over £35 million a year additional costs for Bucks based on the Dilnot recommendation of a lifetime cap of £35k for the cost of care.
- In relation to the White paper proposals specifically the most significant cost will result from the extended rights of assessment and a right to services for Carers. The government estimates the changes will cost councils nationally on average £144M per year. We have tried to address this in the MTP. This is one of a number of implementation costs identified.
- The portfolio will work with our Finance Business Partner to ensure that the funding implications of the *Caring for our future* White paper and the draft *Care and Support bill* will be modelled financially and fed into the medium term planning process as more detailed information becomes available

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Buckinghamshire County Council

Key steps

- Commissioning the development of a "Target Operating Model" with Alexander Consultants to ensure there is an effective planned response to the delivery of requirements of the white paper and care and support bill.
- Ensuring the effective ongoing delivery of Portfolio Plan priorities as these are consistent with the direction of travel of "Caring for our future".
- Ensuring that we are proactively working with key regional and national groups for example Association of Directors of Social Services (ADASS), LGA , and involved in e.g. information sharing and implementation planning.
- Developing a communications plan in relation to the reforming of care and support, this will need to include our approach to not only portfolio management and staff but key partners and the partnership boards.

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