

Adult Social Services Review Panel Agenda



To: Councillor Louisa Woodley (Chair)
Councillors Margaret Bird, Pat Clouder, Yvette Hopley, and Callton Young.

A meeting of the **ADULT SOCIAL SERVICES REVIEW PANEL** which you are hereby summoned to attend, will be held on **Thursday 13th July 2017 at 5:00pm** in **Room F10, the Town Hall, Katharine Street, Croydon CR0 1NX**

JACQUELINE HARRIS-BAKER
Director of Law and Monitoring Officer
London Borough of Croydon
Bernard Weatherill House
8 Mint Walk, Croydon CR0 1EA

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3 July 2017

Members of the public are welcome to attend this meeting. If you require any assistance, please contact Victoria Lower on the above details.

AGENDA - PART A

1. Apologies for absence

2. Minutes (Page 1)

To approve the minutes of the meeting held on Wednesday 26 April 2017 as an accurate record.

3. Disclosure of Interest

In accordance with the Council's Code of Conduct and the statutory provisions of the Localism Act, Members and co-opted Members of the Council are reminded that it is a requirement to register disclosable pecuniary interests (DPIs) and gifts and hospitality in excess of £50. In addition, Members and co-opted Members are reminded that unless their disclosable pecuniary interest is registered on the register of interests or is the subject of a pending notification to the Monitoring Officer, they are required to disclose those disclosable pecuniary interests at the meeting. This should be done by completing the Disclosure of Interest form and handing it to the Business Manager at the start of the meeting. The Chairman will then invite Members to make their disclosure orally at the commencement of Agenda item 3. Completed disclosure forms will be provided to the Monitoring Officer for inclusion on the Register of Members' Interests.

4. Urgent Business (if any)

To receive notice from the Chair of any business not on the Agenda which should, in the opinion of the Chair, by reason of special circumstances, be considered as a matter of urgency.

5. Exempt Items

To confirm the allocation of business between Part A and Part B of the Agenda.

6. Adult Social Care and All Age Disability Care Update regarding Mental Health services and the 3rd sector (Page 5)

This report provides background to how Mental Health service are commissioned with the 3rd sector in Croydon, the impact of the Clinical Commissioning Group's (CCG) decisions to reduce funding and how the Council is working with CCG to mitigate these service reductions.

7. Outcomes Based Commissioning Update (Page 9)

Health and social care providers and commissioners in Croydon have

come together to form the Croydon OBC Alliance to agree a contract for Outcome Based Commissioning (OBC) for over 65s. This Alliance provides a whole system transformation that will deliver the outcomes our over 65s have specified they want in Croydon.

8. Shared Lives Update (Page 25)

This report is a general update on developments in Croydon's Shared Lives Scheme (Mental Health).

9. Adult Social Care & All – Age Disability in 2017/18 – Finance Update (Page 29)

The first quarter of the 2017/18 financial year has allowed the division to digest and interrogate the 2016/17 outturn, understand the on-going budget pressures in 2017/18 and prepare to tackle these challenges through the use of additional funding and delivering in year savings.

10. [The following motion is to be moved and seconded as the “camera resolution” where it is proposed to move into part B of a meeting]

That, under Section 100A(4) of the Local Government Act, 1972, the press and public be excluded from the meeting for the following item of business on the grounds that it involves the likely disclosure of exempt information falling within those paragraphs indicated in Part 1 of Schedule 12A of the Local Government Act 1972, as amended.

AGENDA - PART B

B1. Minutes

To approve the Part B minutes of the meeting held on Wednesday 26 April 2017 as an accurate record.

B2. Adult Safeguarding in Croydon

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Adult Social Services Review Panel

**Meeting held on Wednesday 26 April 2017 at 5:00 p.m. in Room F10, Town Hall,
Katharine Street, Croydon, CR0 1NX**

MINUTES - PART A

Present: Councillor Louisa Woodley (Chair)
Councillors Margaret Bird, Pat Clouder, Yvette Hopley and Callton Young

Also present: James Burgess, Head of Disability Commissioning and Brokerage
Guy van Dichele (Interim Director of Adult Social Care and 0-65 Disability)
Nick Sherlock (Head of Adult Safeguarding and Quality Assurance)
Graham Terry (Interim Head of Transformation)

MINUTES - PART A

A10/17 Minutes of the meeting held on Wednesday 1 February 2017

The Panel **RESOLVED** that the minutes of the meeting held on 1 February 2017, be signed as an accurate record of the meeting.

The Panel noted that the IT issues raised at the previous meeting were being resolved, with a RAS interim solution having been introduced and was being used by the workforce. Work was ongoing on assessing whether the interim system could be incorporated within the CRM.

A11/17 Disclosure of Interest

No disclosures of interest were made during the meeting.

A12/17 Urgent Business (if any)

There was no urgent business.

A13/17 New Funding for Adult Social Care in 2017/18 – Update

The Interim Director of Adult Social Care introduced the report and noted that while monies were being introduced into Adult Social Services, pressures remained and the amount money was due to decrease over the three year period.

The Chair queried the transition of clients from Surrey and Borders Partnership Mental Health Trust and the challenges faced by mental

health services following the proposed cuts by the CCG. The Interim Director of Adult Social Care stated that the eight clients who were transferred were being reviewed and personalised services would be developed. It was anticipated that the cost to the council would be less than £1.3million and this amount had been factored into the service budget. The responsibility and budget for these clients had transferred to the council at the beginning of 2017.

The CCG had made the decision to cut the voluntary sector mental health services and while notice had been given to these organisations the CCG had not initially discussed the plans with the council. The council had since met with the organisations and the CCG and reviewed the outcomes. The review had established that most organisations did add value, and work would be undertaken with those which worked with welfare benefits to enable more effective working with the council. It was felt that the review would assist the voluntary organisations as many had two contracts and two sets of monitoring which would be decreased to one. Work would continue to review the CCG's decision to give notice to the organisations. It was stated that the final decision by the CCG Board was unlikely to be made until July 2017 due to the Politically Restricted Period.

Councillor Hopley queried what could be done to drive long-term beneficial change in stabilising the care market as the additional monies were unlikely to cover the necessary costs to stabilise the market completely. The Interim Director of Adult Social Care stated that part of the market had seen a 1.5% increase, however some providers had not received an uplift. There had been some initial thoughts on how the money would be spent including mental health, disability and assisting those with autism. The initial focus had been older people, however the council would lobby for mental health also. The expenditure would need to be agreed by the CCG and the Health and Wellbeing Board and so negotiations would be ongoing.

Councillor Clouder queried how Croydon was performing in relation to other authorities. The Interim Director stated that he felt that Croydon was doing quite well as it was not suffering from as many pressures, however it was important to continue to focus on the transformation programme. In addition, further work was required to provide support and guidance to self-funders and carers to ensure they were aware of what services the council provided.

The Panel **RESOLVED** to note the content of the report.

A14/17

Adult Social Care and All-age Disability Care Information Update

The Head of Disability Commissioning and Brokerage introduced the report and highlighted the work that had been undertaken, including the service planning that had taken place across the authority and work on Co-Production and the film that had been produced.

Support Broker would see the training of ten brokers and it was being reviewed as to how the brokers could replace the locum staff to provide support to local communities. Guidance had been published on the Better Care Fund, including details on graduating out of the Fund. It was felt that it was likely to be the national vanguards who would make the initial move and that Croydon would be within the second wave.

Councillor Hopley raised concerns regarding the Co-Production work and that she had been contacted by those who did not feel that they had been included within the process. It was noted that it was important that all parties were involved in the consultation process and were not provided with the end report only.

The Chair disagreed with the points raised by Councillor Hopley and stated that she was present at a session on 3 April 2017 and saw the film that was produced. It was stated that CASSUP did not own Co-Production and that some panel members were not carers and so were not invited to the session. The Chair requested that the concerns be discussed in another forum in more detail.

The Interim Director stated that it was the intention to have Co-Production at the heart of the work undertaken, however it was the first attempt and there had been some good outcomes. The work was not a consultation, however it was an opportunity to hear from those with learning difficulties and work would be undertaken to rectify the concerns raised.

The Interim Director clarified that the Better Care Fund and Improved Better Care Fund would not be merged.

The Panel **RESOLVED** to note the content of the report.

A15/17

[The following motion is to be moved and seconded as the “camera resolution” where it is proposed to move into part B of a meeting]

The Panel **RESOLVED** under Section 100A(4) of the Local Government Act, 1972, the press and public be excluded from the meeting for the following item of business on the grounds that it involves the likely disclosure of exempt information as defined in Paragraph 1 of Part 1 of Schedule 12A to the Act. As proposed by Councillor Yvette Hopley and seconded by Councillor Pat Clouder.

The remainder of the meeting included disclosure of exempt information (as defined by paragraph 3 of Schedule 12A in Part 1 of the Local Government Act 1972: ‘Information relating to the financial or business affairs of any particular person (including the authority holding that information)’. The minutes of the discussion are therefore also exempt and not available to the public. A summary of the discussion is below, as required by section 100C(2) of the Local Government Act 1972.

A16/17 AGENDA - PART B

The Panel **RESOLVED** that the Part B minutes of the meeting held on 1 February 2017 be signed as an accurate record of the meeting.

A17/17 Adult Safeguarding in Croydon

The Panel considered the report.

The Panel **RESOLVED** to note the content of the report.

The meeting ended at 6:01pm.

REPORT TO:	ADULT SOCIAL SERVICES REVIEW PANEL (CROYDON) 13 JULY 2017
AGENDA ITEM:	6
SUBJECT:	Adult Social Care and All Age Disability Care Update regarding Mental Health services and the 3rd sector
BOARD SPONSOR:	Pratima Solanki Director, Adult Social Care and All Age Disability
CORPORATE PRIORITY/POLICY CONTEXT: This report is for information only	

1. RECOMMENDATIONS

- 1.1 The Adult Social Services Review Panel (ASSRP) is asked to note the contents of the report.

2. EXECUTIVE SUMMARY

- 2.1 This report provides background to how Mental Health service are commissioned with the 3rd sector in Croydon, the impact of the Clinical Commissioning Group's (CCG) decisions to reduce funding and how the Council is working with CCG to mitigate these service reductions.

3. DETAIL

Introduction

- 3.1 The Council and the CCG have a joint Mental Health commissioning manager who is employed by the CCG but is responsible for commissioning both the Council's and CCG's services with the voluntary sector. There is a new appointment in post, Marlon Brown, who commenced on 1 June 2017.
- 3.2 The below is a list of jointly commissioned 3rd sector services

Name of Service	Description/Recognition	CCG Funding 2017/18	Council Funding based on 2016/17
Employment/Welfare Benefits			
MIND Employment	Service Social Inclusion Employment Support	£35,539	£79,834
Status Employment	Social Inclusion Employment Support	£61,979	£0
MIND Welfare Benefits	Social Inclusion Income Generation	£71,453	£52,373
MIND Information	Information	£3,514	£25,288
Social Inclusion			
MIND Social Networks	Social Inclusion Social Support	£253,947	£88,961
Imagine Drop In and Outreach Services	Social Inclusion Drop-In	£35,000	£126,000
Social Inclusion			
Croydon Voluntary Action (CVA) Mental Health Forum	Involvement	£30,438	£0
Off the Record BME (CDW) Service	Involvement	£64,046	£13,753
BME Forum CDW Service	Involvement	£77,800	£0
Hear Us	Involvement	£61,861	£12,038
Hear Us Linkwork Project	Involvement	£29,317	£0
Rethink Carers Support Service	Carers Support (Adults)	£18,510	£15,908
Counselling			
MIND Counselling	Talking Therapies	£75,598	£47,259
Off the Record Youth Counselling	Talking Therapies	£149,981	£0

CRUSE in Croydon	Talking Therapies	£893	£5,055

3.3 In February 2017 the CCG governing body took the decision to service 6 months notice on the employment service providers (MIND Employment, Status Employment, MIND Information and MIND Welfare Benefits, highlighted in yellow) advising them that their services would be de-commissioned, 6 month notice was also served on the remaining providers (highlighted in blue) and they were advised that the CCG would review these services before a re-commissioning decision was made. At the time of these decisions the CCG had not informed the Council.

4. Subsequent action

4.1 The Council met with CCG commissioners and agreed the need to jointly meet the affected providers to try and understand the impact of the CCG's funding reductions on the organisations affected, the nature of services provided, and any mitigation the Council could put in place to lessen the impact on services.

4.2 The Council has committed itself to not making funding reductions to the 3rd sector in 2017/18.

4.3 All Age Adult Disability (ASC &AAD) and the Gateway service have met and will continue to meet affected providers to ensure that the CCG funding reductions can be mitigated as far as possible i.e. by ensuring that any affected service users have alternative services to attend in order to get support.

4.4 The Council's Adult Social Care and All Age Adult Disability (ASC &AAD) service, Gateway service and the CCG have agreed a commissioning plan to scope current support services for Mental Health service users, hold coproduction events with service users and carers to understand any gaps in services and how these can be met. This will be led by the Joint Head of Mental Health Commissioning based in the CCG with the support of All Age Adult Disability (ASC &AAD) and Gateway officers.

4.5 At a meeting with CCG on 26/6/17, the CCG advised the Council that they would submit the below recommendation to their governing body regarding the above services that are highlighted in blue, which also includes some actions that the Council have accepted;

Areas recommended for continuation of funding:

- **MIND Counselling (£75,598):** The CCG to maintain its funding for 2017/18. Notice period extended to 31st March 2018 as part of the IAPT re-procurement process.
- **Off the Record Youth Counselling (£149,981):** The CCG to maintain its funding for 2017/18. Notice period extended to 31st March 2018 as part of

the IAPT re-procurement process for the 18 plus population that use this service.

- **MIND Social Networks (£253,947):** The CCG to maintain its funding for 2017/18, however there is scope and opportunity to re shape the service design further in the coming year.
- **Off the Record Community Development Workers (£64,046)**
- **BME Forum Community Development Workers (£77,800)**

The CCG maintains its funding for 2017/18, however there is scope to re shape the service design further in the coming year to ensure greater alignment with the Mental Health Strategy

- **Hear Us Volunteer Forum: (£61,861)** The CCG maintains its funding for 2017/18
- **Hear Us Linkworker (£29,317):** The CCG maintains its funding for 2017/18, however there is scope to re shape the service design further.
- **MIND Information £3,514:** The CCG maintains its funding for 2017/18, however there is scope to re shape the service design further in the coming year.

Further areas to be decommissioned:

- **Imagine Drop in Service (£35k):** Decommission the CCG funding contribution to Imagine Drop-In and Outreach and further explore opportunities to contract through personalisation within the Eligible Care criteria of the Care Act 2014.
- **Rethink Carer Support Service (£10,797):** Decommission the service both CCG and Croydon Council.
- **Cruse (£893):** Croydon Council have agreed to accept responsibility for CCG funding contribution of.

CONTACT OFFICER:

James Burgess, Head of Disability
Commissioning and Brokerage

BACKGROUND DOCUMENTS

None

Croydon Outcomes Based Commissioning Alliance for over 65s



6 Partners working together to deliver New Models of Care

Adult Social Services Review Panel – 13th July 2017

Our vision:

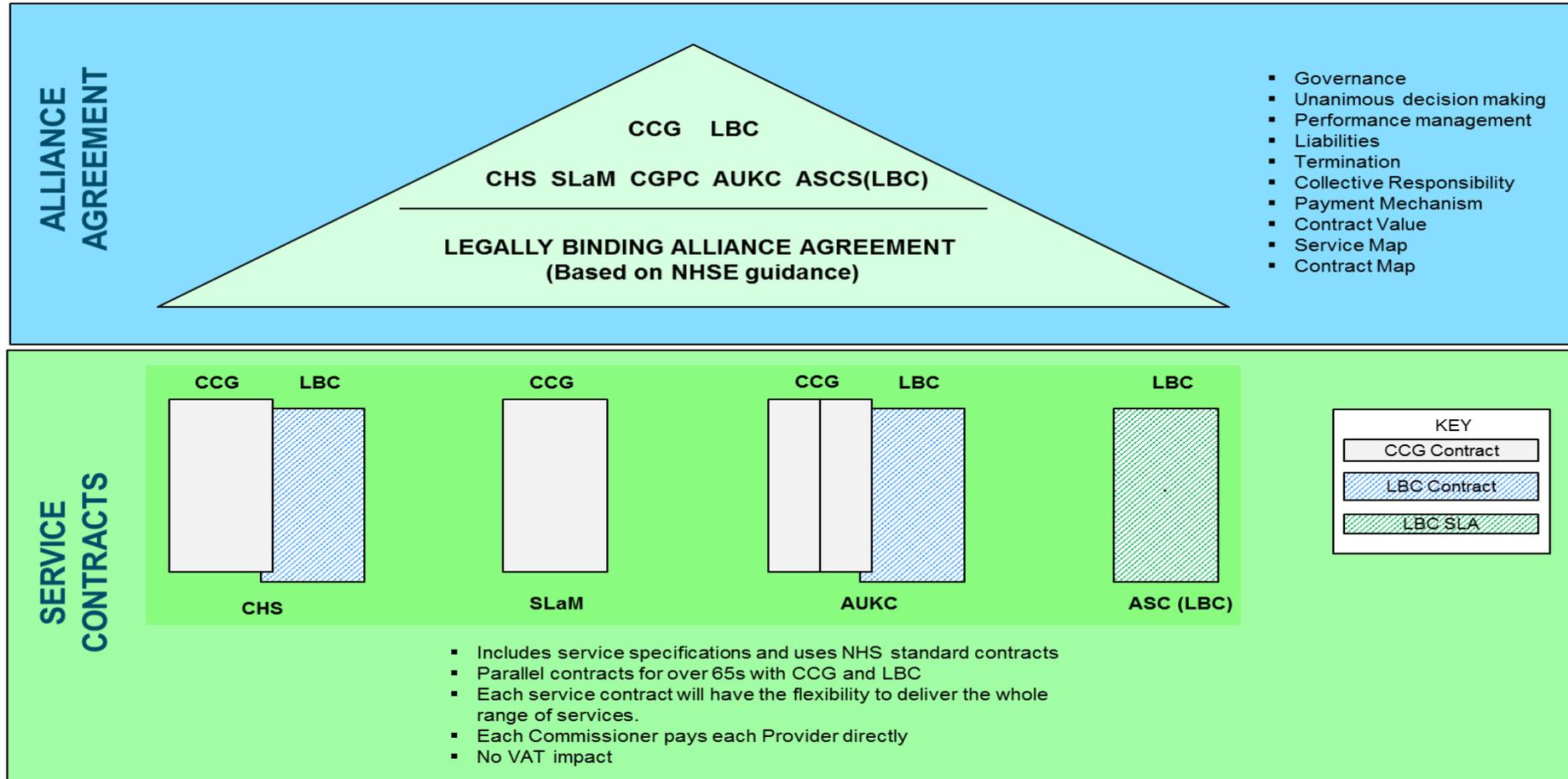
For people in Croydon to experience well co-ordinated care and support in the most appropriate setting, which is truly person-centred and helps them to maintain their independence

Croydon Outcomes Based Commissioning (OBC) for over 65s:

Health and social care providers and commissioners in Croydon have come together to form the Croydon OBC Alliance to agree a contract for Outcome Based Commissioning (OBC) for over 65s. This Alliance provides a whole system transformation that will deliver the outcomes our over 65s have specified they want in Croydon:



OBC Commercial Structure



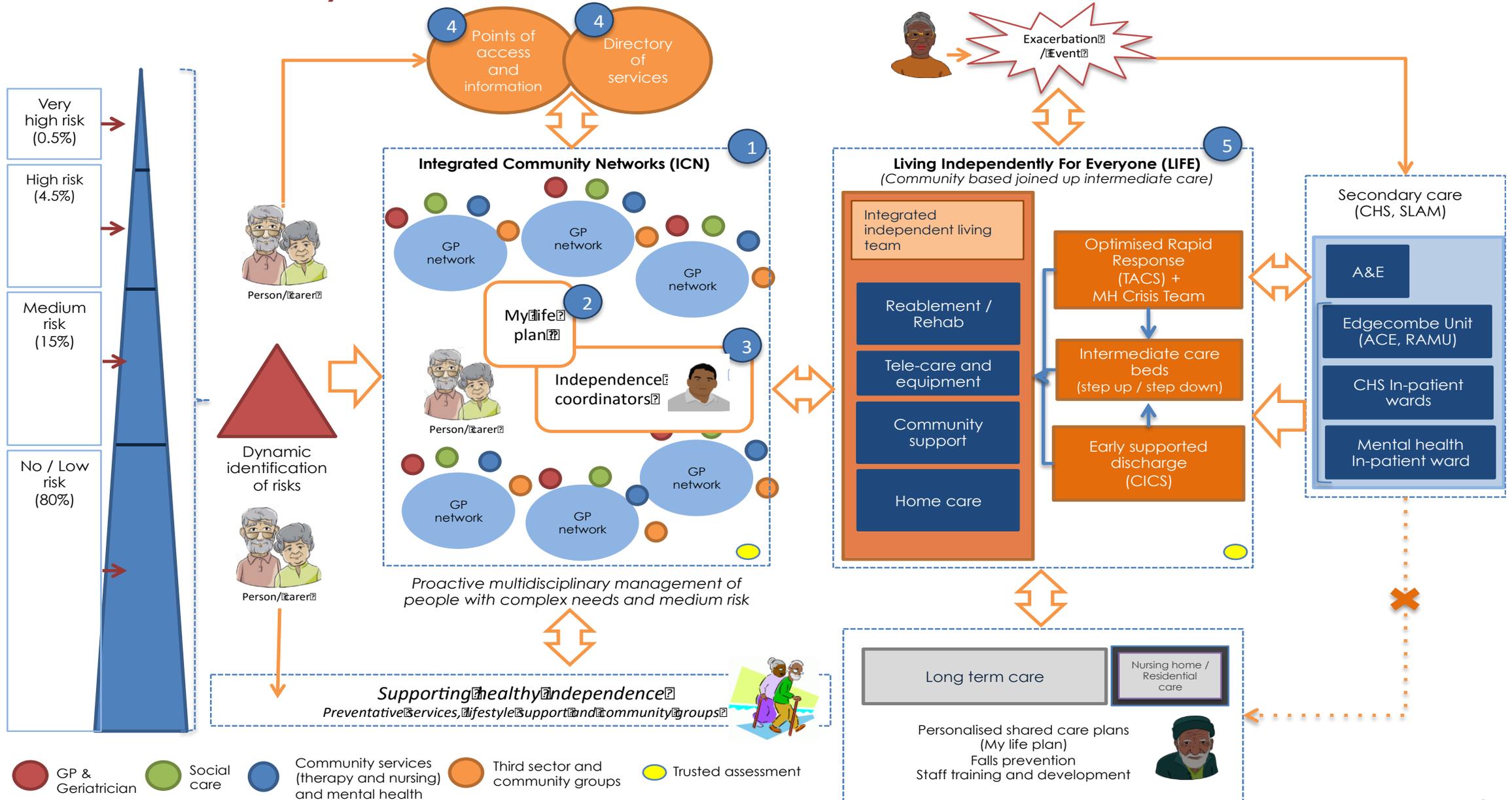
There is a 10 year (1+9) Alliance Agreement and associated in scope Service Contracts. We are currently in year 1 (Transition Year). The decision to extend to years 2-10 is planned to be taken by all partners in December 2017.

Service Contracts in scope

The contracting structure for year one is an Alliance Agreement with the following Services Contracts:

Parties	Service(S)	Value
Croydon Council and Croydon Health Services	Occupational Therapy, Hospital Discharge Support and Intermediate Care	£1,661,000
Croydon Council and Age UK Croydon	Information & Advice, Hospital Discharge Support, <u>Healthwise</u>	£539,300
Croydon Council Service Level Agreement: Commissioner -Provider	Adult Social Care Directly Delivered Services, Externally Commissioned Contracts that will be managed by the Council	£42,431,650 (£12m – internal) (£30m – external)
Croydon CCG – Croydon Health Services	Acute and Community Health Services	£140,000,000
Croydon CCG – Age UK Croydon	Personal Independence Coordinators (PICs)	£170,000
Croydon CCG – South London and <u>Maudsley MHT</u>	OP Mental Health Services	£20,000,000

Model of care, Croydon



Integrated Community Networks (ICN) Programme

Establishment of 6 Integrated Community Networks (ICNs) building on current 6 GP network model serving 52-90k population range.

Projects include:

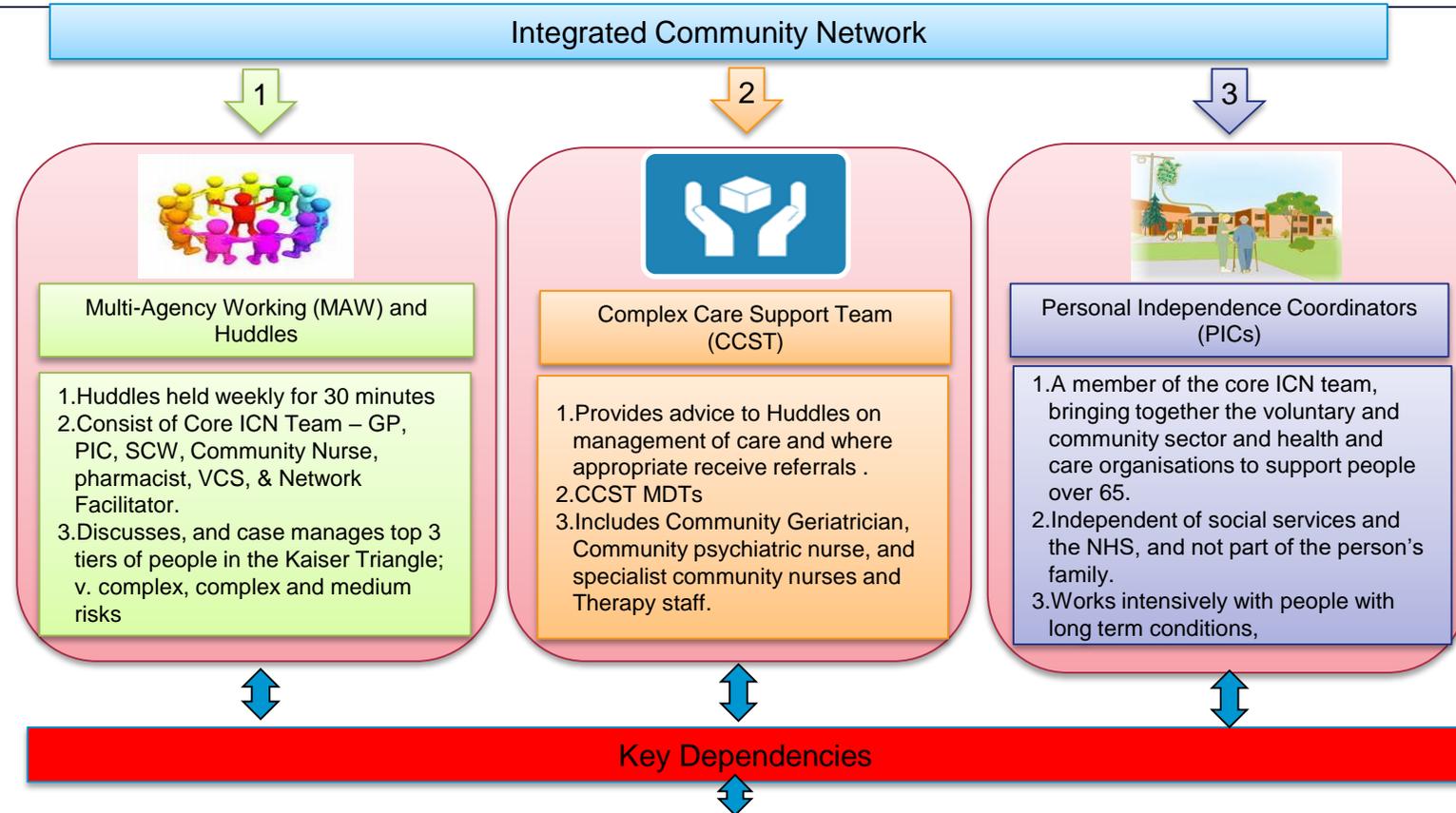
1. Core ICN Team Multi-Agency Working, including “Huddles”
2. Complex Care Support Team
3. My Life Plan _ Shared care record
4. Personal Independence Coordinators (PICs)
5. Points of Access and Information (PoA&I)
6. Galvanising Community Networks

Integrated Community Networks (ICN)

- One dedicated core ICN team surrounding each practice;
breakdown of barriers;
- Not just an MDT meeting - key worker and care coordinator role;
- Weekly or fortnightly huddles;
- Additional resources across participating network(s);
- Direct access to complex care support team;
- IT and virtual networking tools; and
- Enhanced network services – point of access and practice community.



Integrated Community Network Programme



Points Of Access and Information (POA&I) – a virtual or physical POA&I solution will be developed to support each Network and be accessible to the Huddle, Core ICN Team and the general public to support self care and independence.

My Life Plan (MLP) – including Shared Care Plans will be developed to support advanced care planning and improved transfer of care. These will be received and generated by Huddle members to support multi agency work.

Galvanising the Community – strengthening the formal and informal social networks in each locality to work together with the wider community to find new ways of developing services and/or activities that meet the growing and changing needs of a diverse population within each of the ICNs. This includes commissioned and non commissioned services.

Present

- Fragmented approach by both Croydon Council and Croydon Health Services (CHS)
- Some people qualify for a CICs service and others are referred to a reablement service which is provided from one of the nine reablement home care providers, or other providers not currently on the reablement framework.

CROYDON
www.croydon.gov.uk



Croydon Health Services
NHS Trust



Multi-disciplinary Intermediate Care Service (LIFE team)



Living Independently For Everyone

Living Independently For Everyone – a name that came from a member of the CICS team. The project will review the current reablement and rehabilitation referral pathways.

LIFE will provide integrated step-up and step-down reablement to reduce the need for hospital admissions, improved and speedier hospital discharges and reduced need for Care Homes placements.

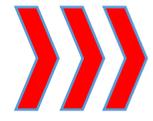
Future

- The creation of a new team made up of the existing teams should stop duplication, increase capacity, enable the sharing of resources and prevent/ reduce admissions to acute care.
- An optimum service model needs to be staffed by nurses, physiotherapists, occupational therapists, social workers, mental health specialists, and reablement workers.



'As Is':

- Limited referral pathways;
- High hospital admissions (non-elective);
- High use of bed days;
- Delayed discharge;
- Multiple assessment and referral points (case studies suggest up to **20**)
- Large domiciliary care packages which are not always reviewed (overall cost of £13m approx.)



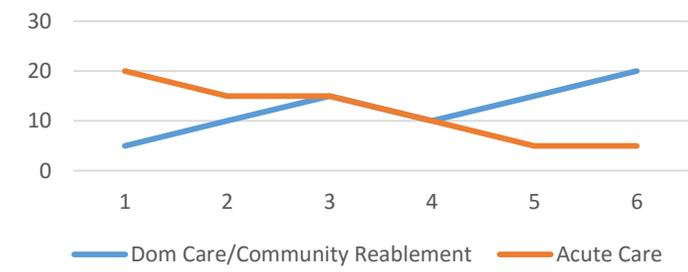
- **'One Name, One Budget, One Team'**: A team providing intermediate care and reablement services plus other reintegration support to the over 65s of Croydon;
- **One core eligibility criteria**: to 'unblock' pathways and minimise assessments and referrals;
- **All services working to the same key outcomes**;
- **Making sure the correct services are being used most efficiently**
- **Creating more opportunities for client outreach**



'To Be':

- Decrease in non-elective hospital admissions;
- Decrease in bed days;
- Increase in smaller domiciliary care packages; (increase in larger) and community reablement
- Increase in wider community interventions;
- A cultural change around the need for domiciliary care;
- A sustainable single system;
- Increased range of entry pathways;
- Unblocking of community and environmental barriers

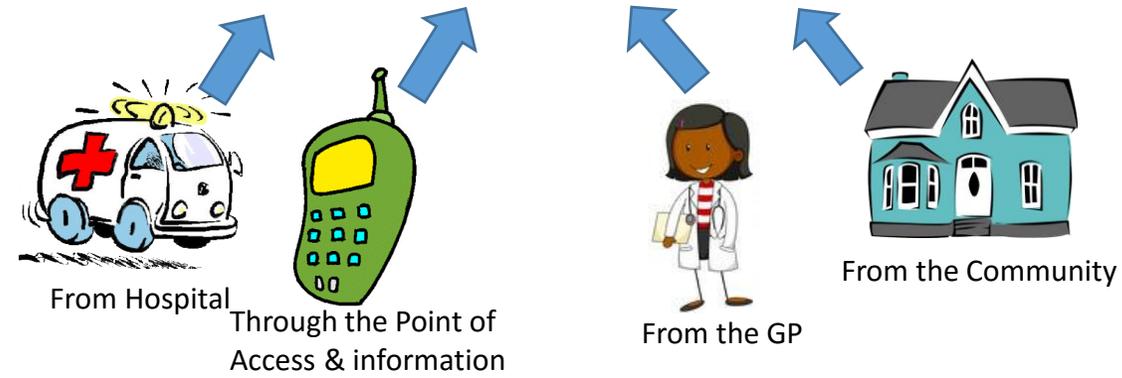
Changing the Profile of Acute and Community Care



Best case saving of 15,00 bed days (approx.) and 44 beds by year 10*



Multiple points of entry (examples below)



*Figures from MoC overarching document

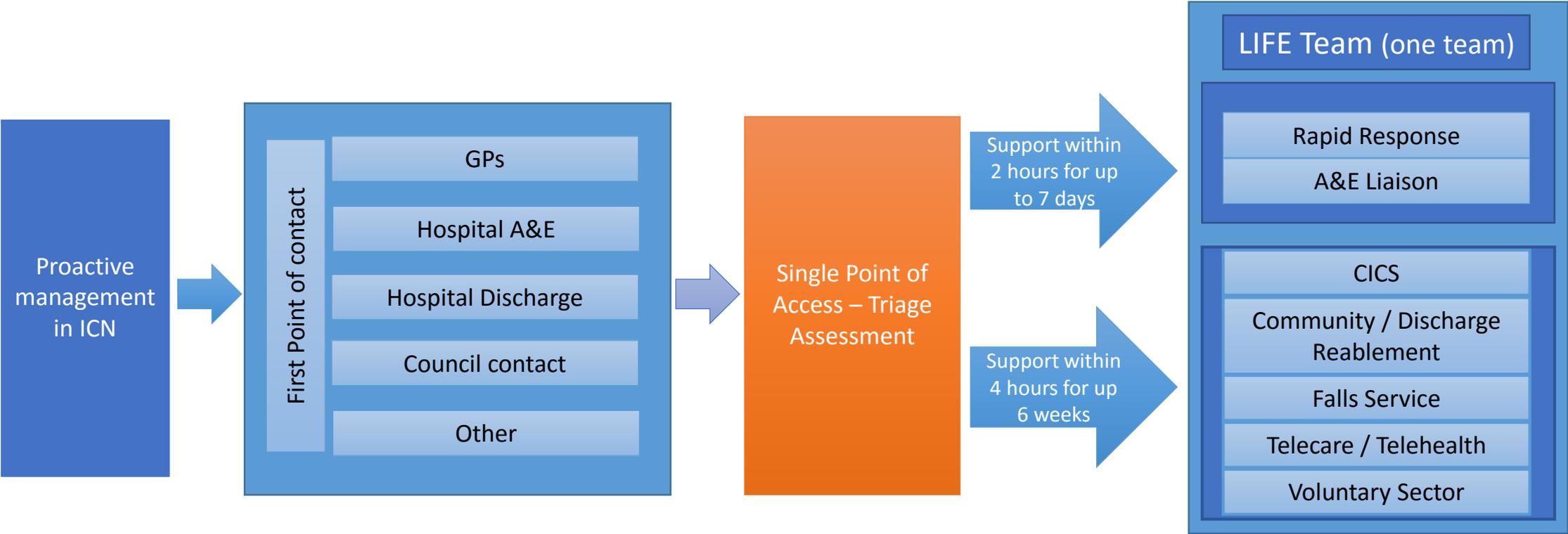
Services in scope

- **Community-based Reablement (not currently provided)**
- **Reablement following hospital discharge**
- **Rapid Response**
- **Community Integrated Care Service**
- **A&E Liaison Team**
- **Age UK reablement service**
- **Falls services**

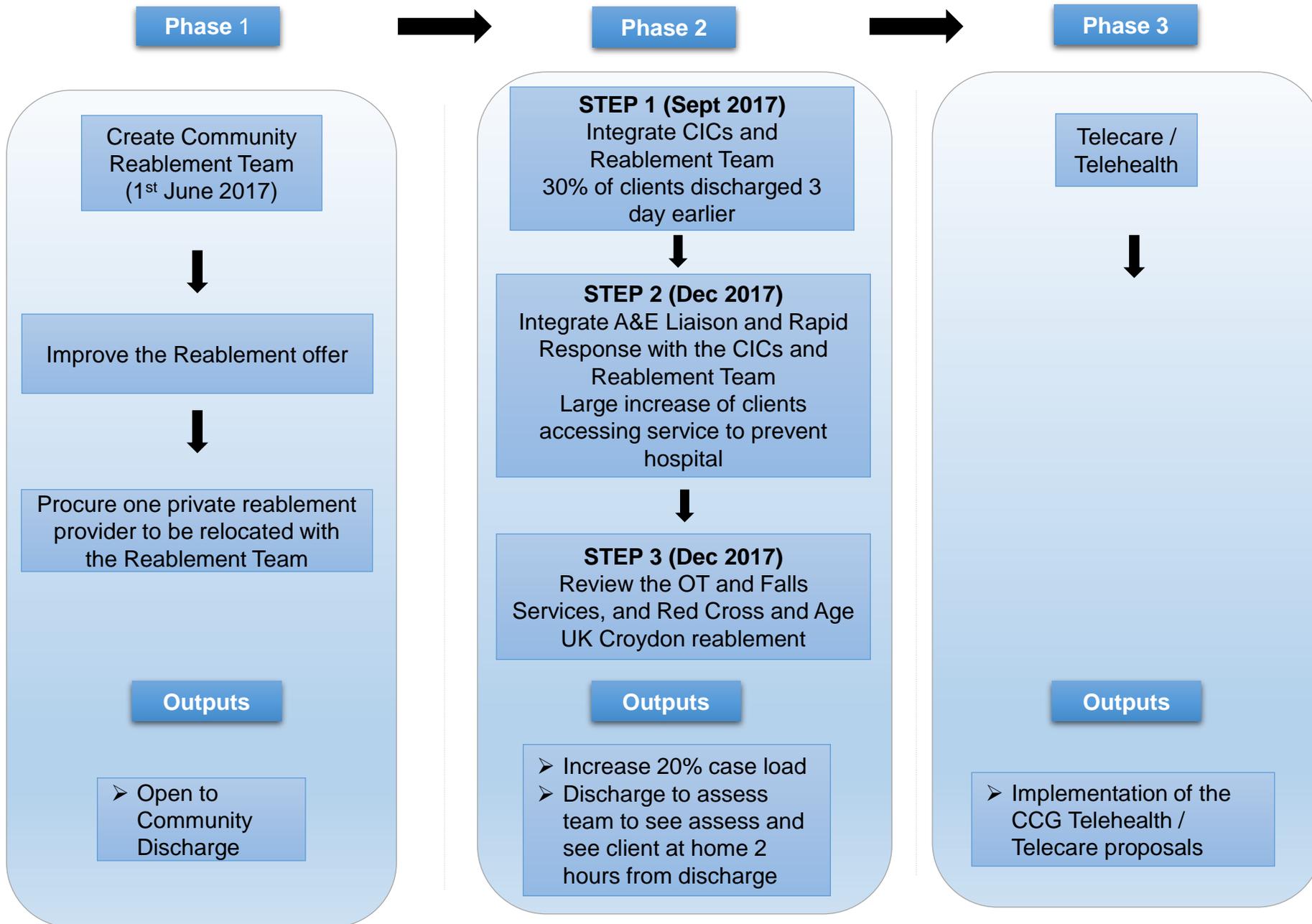
- **Occupational Therapy provision including the provision of equipment**
- **Care Line Plus**
- **Telecare**
- **Telehealth**
- **Step up/ Step down beds**

Services in **red** will come together as a service in the first phases

Proposed Intermediate Care and Reablement Pathway



LIFE Implementation Programme

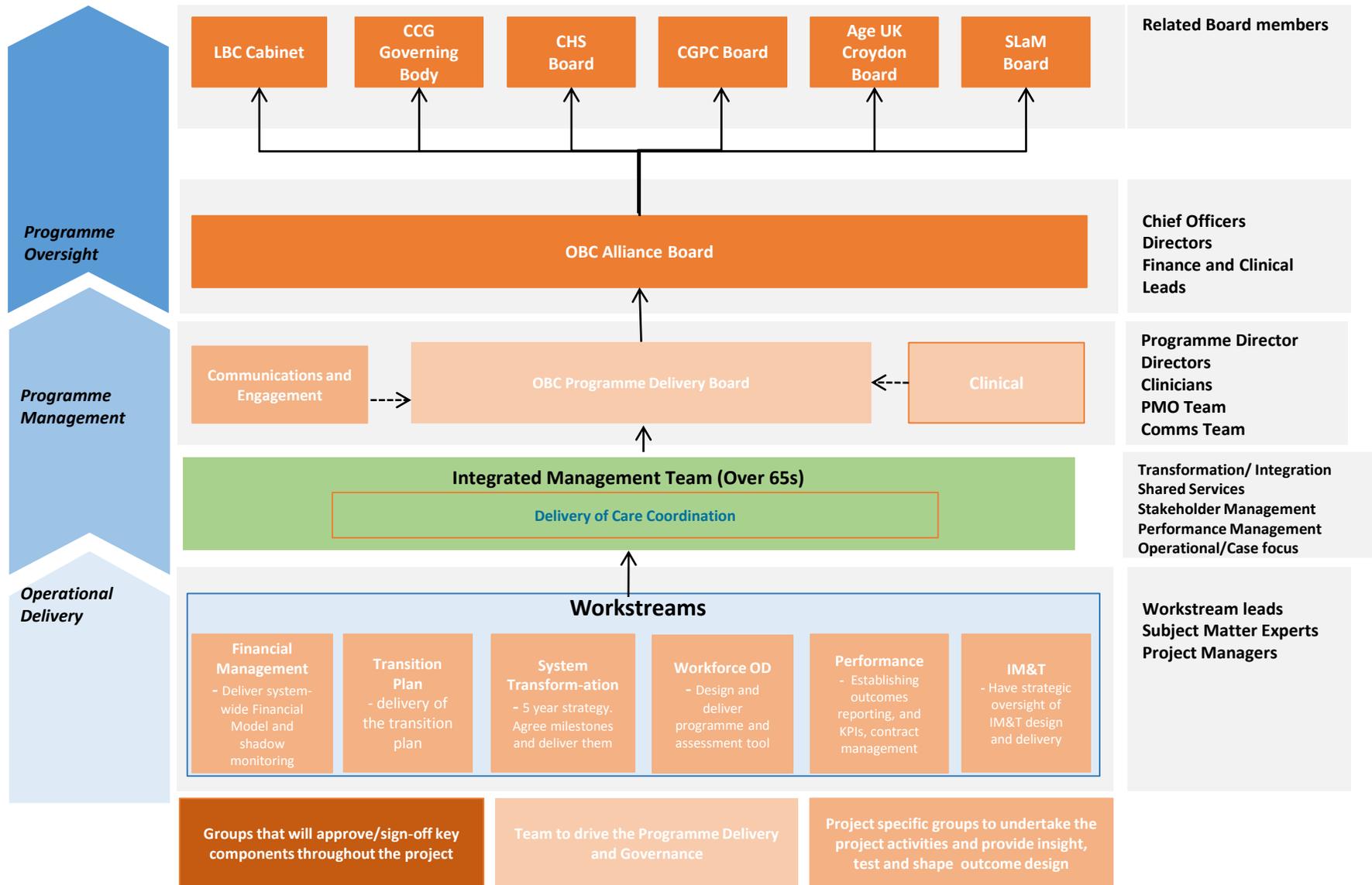


Challenges & Opportunities

- **Workforce**
 - Recruitment and retention
 - Training and development
 - Skill Mix
 - Governance
- **Culture and Behaviour**
 - Historical relationships
 - Matrix Working
- **IM&T & Record Sharing**
 - Connectivity
 - Consent
 - Information Governance
- **Engagement and working with the community**
 - Shift to Asset Based approach
 - Community and voluntary services as providers
- **Estates**
 - Colocation ?
 - Mobile working

Programme Structure/Governance

To support the delivery of the OBC Year 1 Transition



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REPORT TO:	Adult Social Services Review Panel 13 July 2017
AGENDA ITEM:	8
SUBJECT:	Shared Lives Update
LEAD OFFICER:	Director of Adult Social Care and All-Age Disability
CABINET MEMBER:	Louisa Woodley, Families, Health and Social Care
CORPORATE PRIORITY/POLICY CONTEXT: This report is for information only.	

1. RECOMMENDATIONS

- 1.1 The Adult Social Services Review Panel (ASSRP) is asked to note the contents of the report.

2. EXECUTIVE SUMMARY

- 2.1 This report is a general update on developments in Croydon's Shared Lives Scheme (Mental Health).

3. DETAIL

3.1 Introduction

Formerly known nationally as Adult Placement Schemes, 'Shared Lives' is an innovative model of care whereby an adult in need of support and accommodation moves in with a registered Shared Lives carer. The adult shares in the carer's home and community life and over time the individual then becomes part of a settled and supportive family. A unique feature of the model is the way carers and those they care for are matched for compatibility, with the expectation they will develop real relationships and the carer become akin to an 'extended family'. The aim is for someone with care and support needs to be able to live in the heart of the community in a supportive family-type of environment, rather than an institutional setting. Croydon Council has an exceptionally well-established Shared Lives Scheme that works with approximately 80 mental health service users, as well as a similar number of clients with a learning disability. The scheme received a rating of 'outstanding' in the most recent Care Quality Commission report (<http://www.cqc.org.uk/location/1-1886378191>) on 25th April 2016.

3.1. Innovation

In the Summer of 2016, NHS England made available a sum of money for CCGs and partner authorities to bid for match funding for expanding Shared Lives schemes into other innovative areas. The Council's Head of Service for Adult Mental Health led on a bid for expanding the Croydon Shared Lives Scheme to enable short term placements for Council tenants facing a mental health crisis either as an alternative to hospital admission or to facilitate an early discharge from hospital. Unfortunately, Croydon CCG were not in a position to agree the totality of proposed match funding levels at that time and Croydon's business case was subsequently deselected in Autumn 2016. However it was recognised within Croydon CCG and Croydon Council that the business case for the proposed expansion was strong and that a reviewed proposal should be considered for funding through the Better Care Fund.

3.2. Recent Developments

The proposal is to further develop the existing Shared Lives scheme, which focuses on long-term support, to focus on helping people with mental health problems who have a short-term need for extra support, either as a means of preventing admission to hospital or a means of stepping them back down into the community as soon as possible following inpatient treatment.

The Mental Health Joint Commissioning Team put together a revised bid that was presented to the BCF Executive on 17th May 2017. The Joint Commissioning Team recommended that the BCF Board:

- Approve a maximum of £83,200
- Approve project as pilot to run throughout 2017/18
- Project reports spend monthly to BCF
- At M10 full analysis into cost benefit to also include impact from other services

The revised proposal included piloting a service that could grow incrementally and argued a strong business case, with an invest to save rationale, for developing the service. The business case identified that financial risks would be low as costs will only be incurred where service is provided. Risks around housing move on and availability of suitable carers will be mitigated through careful planning and management. The business case was agreed at the BCF Executive meeting and we are awaiting the minutes of the meeting for final confirmation.

Like many other areas, Croydon struggles to cope with rising demand for mental health services and has resorted to using private sector providers for acute psychiatric admissions when commissioned resources are unable to cope with demand. The ambitions for this scheme are that a significant number of hospital admissions will be prevented and a significant number of people will be discharged earlier. We anticipate that the investment made in setting up the service will result in significant savings through cost avoidance and enable us to manage demand within existing resources by reducing Length of Stay and preventing Delayed Transfers of Care.

3.3. **Next Steps**

As soon as written final confirmation is in place, the Mental Health Joint Commissioning Team will be arranging a project board meeting to put in place the implementation plan for the new service. Progress will be reported back to the BCF Executive at regular intervals.

CONTACT OFFICER:	Paul Richards, Head of Mental Health Social Care 020 3228 0404
BACKGROUND PAPERS:	Shared Lives Plus Business Case May

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ASSRP – 13 July 2017

Adult Social Care & All – Age Disability in 2017/18 – Update

1. Background

The first quarter of the 2017/18 financial year has allowed the division to digest and interrogate the 2016/17 outturn, understand the on-going budget pressures in 2017/18 and prepare to tackle these challenges through the use of additional funding and delivering in year savings. A summary of the key items is provided below.

2. 2016/17 Outturn

The divisional outturn position for 2016-17 is an over spend of **£3.209m** (£1.878 in Adult Social Care plus £1.331 in the 0-25 SEND service), which represents 3.1% of the budget. Table 1 below shows the budget, actual spend and variance to budget at the end of the year.

Table 1 - Revenue budget and spend 2016/17

People Dept	Budget £'000	Actual £'000	Variance £'000
Adult Social Care and All-Age Disability Directorate	7,289	8,071	782
Adult Safeguarding and Quality Assurance	2,214	2,259	45
Older People Social Care	17,797	17,300	(497)
Disability Commissioning and Brokerage	4,630	3,898	(732)
25-65 Disability	38,427	40,542	2,115
Transformation and Clienting	1,430	775	(655)
Adult Mental Health Social Care	7,400	7,352	(48)
Day and Employment Services	2,543	2,733	190
Older People Commissioning and Brokerage	11,155	11,833	678
Sub- Total	92,885	94,763	1,878
0-25 SEND Service	10,385	11,716	1,331
Adults Social Care & All Age Disability Total	103,270	106,479	3,209

3. 2017/18 Budget

The divisional budget for 2017/18 totals £108.150m. This budget includes growth of £4.9m to address the additional costs from 2016/17 and emerging pressures in 2017/18. This growth has been funded via the £4.4m 2017/18 Adult Social Care Precept of 3%. Future years funding via the precept, which is subject to change and cannot exceed 3% in total, has been assumed to be £2.9m in 2018/19 and £1.5m in 2019/20.

4. BCF & IBCF Funding

The Council and CCG have been allocated BCF funding in 2016/17 and again in 2017/18. The total allocated in 2016/17 was £22.263m and £22.856m in 2017/18. Table 2 shows the BCF funding for the Council over these two years, with 2017/18 totalling £8.049m. All schemes, except for End of Life – Social Care have continued from 2016/17 into 2017/18. Allocations include inflation at 1%.

Table 2 - BCF Allocation Funding

	2016-17 £'000	2017-18 £'000
Step Down & Convalescence Beds	505	510
TACS - Social Work Input	455	460
End of Life - social care	253	0
Mental Health - Reablement	202	204
Mental Health - Packages of Care	303	306
A&E Triage	177	179
Hospital Discharge	177	179
IAPT - Long Term Conditions Pilot	177	179
Early Intervention & Reablement	1,023	1,033
Prevent return to acute / care home	480	485
Extended Staying Put	121	122
Care Support Team nurses	126	127
Alcohol Diversion	61	62
Specialist Equipment e.g. Telehealth / Telecare	187	189
Demographic pressures - package of care	2,043	2,063
Care Act	806	606
Social Care Pressures	1,111	1,122
Social Care (Careline)	221	223
Sub-Total Social Care	8,427	8,049

The IBCF funding has been allocated to Croydon in two tranches. Tranche 1 was allocated at spending review 2015 and formed part of adult social care core funding to mitigate the reduction in core grant funding. This allocation was built in to base budgets and enabled protection from cuts. Tranche 2 was allocated in the Spring 2017 budget and due to timing Croydon has not built this additional funding into the Council's 2017/18 budget. Table 3 below shows the funding allocated:

Table 3 – IBCF Funding

Year	Tranche 1 £m	Tranche 2 £m	Total £'000
2017/18	0	5.5	5.5
2018/19	3.1	4.0	7.1
2019/20	6.3	2.0	8.3
Total	9.4	11.5	20.9

Tranche 2 funding will be transferred directly to the Council by DCLG and further work has been done with health partners to allocate funding to support three areas in line with the guidance:

- Meeting Adult Social Care Needs
- Supporting Hospital Discharge – including the Out of Hospital Programme (OoH)
- Stabilising the Social Care provider Market.

The council has agreed with the CCG to fund the Out of Hospital Business Case as follows:

2017/18 **£1.232m** – which is the full amount required from IBCF for the OoH programme

2018/19 **£2m** – which is 50% of the IBCF funding

2019/20 **provisionally allocated £2m** – which is 100% of the IBCF funding.

Review of programme progress to be undertaken ahead of this final allocation being made.

Table 4 details how the council is planning to spend the balance of Tranche 2 IBCF funding.

Table 4 -Tranche 2 IBCF Allocation of Funding

	2017-18 £m	2018-19 £m	2019-20 £m
<i>Meeting ASC needs</i>	3.435	0.335	0.250
<i>Other Out of Hospital Projects</i>	0.241	0.091	0.091
<i>Stabilising the care market</i>	0.592	0.199	0.000

5. Additional Health Funding

It was identified at the last ASSRP that health funding with an impact on social care, through the £30m national Managing A&E demand and Sustainability and Transformation Plans (STPs), may be made available to Croydon. Due to the general elections and changes to management at NHS Croydon CCG, there has

been a delay in gaining insight on funding available to Croydon and how it might be accessed however work is underway through the A&E Delivery Board to provide more clarity.

6. Challenges

The division continues to face on-going budget pressures and needs to focus on the following key challenges in 2017/18 to meet them:

- Delivery of £3.1m of in-year savings and efficiencies via further transformation and managing demand
- Supporting self-funders to make the right decisions when choosing which services to use
- Improving the access and quality of support and services Carers need to live their own lives
- Developing the social care market by reinforcing the micro market
- Better use of new technology to improve customer engagement and service delivery
- Maximising value from contracts through gaining a better understanding of all contracts across the division, an improved strategic approach to commissioning/procurement and tactical negotiation with providers.
- Greater collaboration with partners and getting the best out of wider resources i.e. Working with Health on Outcomes Based Commissioning Programme for over 65's