

**Report to:** SINGLE COMMISSIONING BOARD

**Date:** 25 May 2017

**Reporting Member / Officer of Single Commissioning Board** Sandra Whitehead, Assistant Executive Director (Adults Services)

**Subject:** ADULT SOCIAL CARE TRANSFORMATION PROPOSALS

**Report Summary:** This report provides a set of high level proposals that will address some of the unmet social care need in the system, and will transform a number of existing services. Many of the proposals will offer improvements to the whole system and will increase options and improve outcomes to people who access services.

**Recommendations:** That the Single Commissioning Board notes the content of the report and:

- Supports in principle the further development of proposals contained within the report which are based on the level of detail available at this time. It should be acknowledged that these proposals are work in progress and are subject to further detailed project plans together with associated cost benefit analysis.
- Approves the proposed approach to manage the programme of proposals which includes the Programme Management Office (PMO) Care Together oversight of the programme.
- Approves the payment of non recurrent grant funding to Age UK of £ 0.127 million for one year only.

**Financial Implications:**  
(Authorised by the statutory Section 151 Officer & Chief Finance Officer)

<b>Budget Allocation (if Investment Decision)</b>	£10.296m (covering the three year period 2017/2018 to 2019/2020 per the table in section 2.3)
<b>CCG or TMBC Budget Allocation</b>	TMBC
<b>Integrated Commissioning Fund Section – S75, Aligned, In-Collaboration</b>	Section 75 (£3.396m) Aligned Budget (£0.760m) Based on draft proposals
<b>Decision Body – SCB, Executive Cabinet, CCG Governing Body</b>	Single Commissioning Board (Section 75) Executive Cabinet (Aligned Budget)
<b>Value For Money Implications – e.g. Savings Deliverable, Expenditure Avoidance, Benchmark Comparisons</b>	Savings deliverable, demand avoidance across the health and social care economy.

### **Additional Comments**

The proposals outlined in this report can be grouped into 3 areas in terms of benefits realisation:

Addressing backlog to ensure compliance, addressing unmet need and transformation projects to deliver benefits across the wider health and social care system. All of the proposals meet the required grant conditions and will be closely monitored throughout to ensure that this remains the case.

The proposals require a combination of both recurrent and non-recurrent investment to support deliverability. Section 5.9 provides a summary of the recurrent and non-recurrent levels of proposed investment at this stage.

Each proposal will be subject to a detailed cost benefit analysis to ensure that the investment can deliver tangible benefits. It should be noted however that not all benefits may be cashable – some may provide social benefit for individuals and their families whereas others will ensure compliance with Care Act legislation.

**Legal Implications:  
(Authorised by the Borough  
Solicitor)**

As part of the detailed scoping of projects, the legal implications will be considered on an individual project basis.

**How do proposals align with  
Health & Wellbeing Strategy?**

The proposals and strategic direction are consistent and aligned.

**How do proposals align with  
Locality Plan?**

The proposals and strategic direction are consistent and aligned.

The service is consistent with the following priority transformation programmes:

- Healthy Lives (early intervention and prevention);
- Enabling self-care;
- Locality-based services;
- Urgent Integrated Care Services;
- Planned care services.

The Programme will develop and enhance community assets, providing further choice for local people, with increased quality of provision. In this way it supports people to remain independent and as close to home as possible.

**How do proposals align with  
the Commissioning Strategy?**

The service contributes to the Commissioning Strategy by:

- Empowering citizens and communities;
- Commission for the 'whole person';
- Target commissioning resources effectively.

These proposed projects will focus on wider determinants of health, early intervention and prevention; encouraging healthy lifestyles, and support mental health in all that we do.

**Recommendations / views of the Professional Reference Group:**

The report was generally well received and the recommendations accepted by the Professional Reference Group with very few additions. Main points from discussion:

1. Asset based approach and organisational workforce developments need to closely align with other asset based approaches being implemented by the Integrated Care Foundation Trust including social prescribing.
2. Need to include more information with regards Derbyshire County Council's plans for spending the additional budget allocation.
3. The report needs to ensure acknowledgement of other transformational funding to Adult Social Care including the Greater Manchester money for help to live at home developments.
4. Ensure alignment with the Carers Strategy
5. Important to identify in subsequent business cases and benefits appraisals the return on investment for transformation projects. It was however acknowledged by Professional Reference Group that some spending won't have any return other than meeting statutory requirements (eg. Clearing reassessment/review backlog). It was recognised that the programme management would align itself to the Care Together programme via the Programme Management Office and appropriate metrics need to be identified in business cases to meet the needs of the Care Together transformation programme.
6. Ensure alignment of reablement with the developing Intermediate Care Strategy.

Although it was accepted that Age UK need to be funded this year there was concern that a consistent approach to funding the third sector was needed particularly in light of potential reductions in third sector spending in the future.

**Public and Patient Implications:**

People will continue to receive services that meet their needs. Where there is a service redesign, or transformation, each project will ensure clear communication and engagement with service users and carers, using principles of co-design.

**Quality Implications:**

Through the delivery of this programme, and especially the proposal for a Quality Team to be formulated, it is anticipated that quality of service provision will increase, and support in meeting standards across the Health and Care economy.

**How do the proposals help to reduce health inequalities?**

The proposals are to continue to work on delivering outcomes for local people, meeting assessed needs, empowering people to manage their care where possible and supporting the creation of a proactive and holistic population health and care system.

**What are the Equality and Diversity implications?**

It is not anticipated that there are any equality and diversity issues with this proposal.

**What are the safeguarding implications?**

There are no anticipated safeguarding issues. Where safeguarding concerns arise as a result of the actions or inactions of the provider and their staff, or concerns are

raised by staff members or other professionals or members of the public, the Safeguarding Policy will be followed.

**What are the Information Governance implications? Has a privacy impact assessment been conducted?**

It is not anticipated that there are any Information Governance implications at present as the cohort of people are the same people that we currently deliver services to. As part of the detailed scoping of projects, the implications of Information Governance will be considered on an individual project basis.

**Risk Management:**

In line with best practice and Programme Management Office standards, robust risk registers will be developed, regularly maintained and reviewed.

**Access to Information :**

The background papers relating to this report can be inspected by contacting;

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## 1. BACKGROUND

- 1.1 On 24 February 2017 the Greater Manchester Health and Social Care Partnership Board approved a report that confirmed the transformation priorities and delivery approach proposed by the Greater Manchester Health and Social Care Partnership for a Greater Manchester-wide transformation programme for adult social care. This reform is fundamental to the delivery of *Taking Charge our Health and Social Care in Greater Manchester*.
- 1.2 The programme will deliver the following transformational changes:
- A universal offer for carers around information, advice and support;
  - A new model for Care at Home that is integrated across health and care and links to community assets;
  - Enhanced primary care into residential and nursing homes;
  - A Greater Manchester assurance framework and quality support to care homes;
  - An employment model and a shared approach to family-based care for people with a learning disability;
  - A single set of core processes around assessment, care planning and discharge;
  - Workforce reform and the development of new skills, career pathways and new roles;
  - A Greater Manchester market position statement and market management approaches;
  - A single set of Greater Manchester quality standards and commissioning frameworks;
  - A shared function to commission and secure high cost complex care across Greater Manchester;
  - A joined up supported accommodation and care strategy, including prioritisation of new provision as part of the *One Public Estate* Programme.
- 1.3 The programme proposed in this report will complement the wider Greater Manchester programme and where appropriate, for example a single set of quality standards and commissioning frameworks, and specialist commissioning for high cost care Adult Services will fully engage with the Greater Manchester programme.
- 1.4 As a complement to the Greater Manchester Health and Social Care Partnership transformation programme Greater Manchester Association of Directors of Adult Social Services has agreed and is developing 4 key priorities:
- Care at Home;
  - Residential & Nursing Care;
  - Learning Disabilities; and
  - Support for Carers.
- 1.5 A number of cross-cutting themes have also been identified:
- Develop proposals for approach to *Care Innovation Manchester*;
  - Develop approach to deployment of Apprenticeship Levy, to help build Adult Social Care workforce pipeline;
  - Developing approach to supported housing to meet Adult Social Care needs;
  - Develop approach to asset-based working;
  - Improving system-wide performance with Adult Social Care data.
- 1.6 A core programme team has been approved and established to support Leads to deliver against the programme. Our local programme will work with the Greater Manchester priorities where these support the delivery of the local priorities.
- 1.7 In October 2015 the Department of Health published its *High Impact Change Model - Managing Transfers of Care* which identified 8 High Impact Changes to ensure people do

not stay in hospital for longer than they need to. Maintaining patient flow, having access to responsive health and care services and supporting families were identified as being essential to support prompt, safe and effective discharge. The Impacts were identified as:

- Early Discharge Planning;
- Systems to Monitor Patient Flow;
- Multi-Disciplinary/Multi-Agency Discharge teams, including the voluntary and community sector;
- Home First/Discharge to Assess;
- Seven-Day Services;
- Trusted Assessors;
- Focus of Choice;
- Enhancing Health in Care Homes.

1.8 The Chancellor of the Exchequer presented his Spring Budget on 8 March 2017. The Budget included an additional £2.0bn of funding for Adult Social Care, to be made available to local authorities over the period 2017-18 to 2019-20. For Tameside this equates to a total of £10.296 million through to 2019-20.

1.9 This paper focuses on how Adult Services will invest the additional funding allocated by government to improve outcomes and quality across adult social care, looking to support the whole health and social care economy to function effectively, being mindful of the above priorities, across the programme of transformation.

1.10 At this stage detailed project plans have not yet been developed that provide significant information about the cost benefits of the proposed schemes. These will be prepared in the next few weeks. The report will, however, provide an overview of the benefits of the transformation schemes. This level of detail is not proposed where funding is purely to address backlog as a result of capacity pressures.

1.11 The report seeks approval for the proposed schemes – in principle for those that require more detail, and to progress the clearance of backlog proposals.

## **2. FINANCIAL POSITION**

2.1 Adult Services has seen significant reductions in its budget since 2010-11 as a result of cuts to government funding. This has placed pressure on the Council to continue to deliver good outcomes for local people who access Adult Services, within the available finances.

2.2 In order to mitigate against the reductions in funding there have been a number of responses:

- Care Together programme – an extensive integration programme of health and social care systems to drive up healthy life expectancy locally through a place-based approach to better prosperity, health and wellbeing and to deliver a clinically and financially sustainable health and social care economy within 5 years.
- Review and transformation of a number of services to improve outcomes while reducing funding levels. Good examples of this has been our programme to return people with learning disabilities to borough into extra care housing schemes that improve their outcomes while costing significantly less than their residential placements.
- Significant reductions in management capacity and support function capacity to minimise the reduction in front line services.

2.3 The Chancellor of the Exchequer presented his Spring Budget on 8 March 2017. The Budget included an additional £2.0bn of funding for Adult Social Care, to be made available

to local authorities over the period 2017-18 to 2019-20. For Tameside this equates to a total of £10.296 million through to 2019-20. The table below provides the analysis of the funding profile over this three year period.

<b>2017/2018</b> <b>£ m</b>	<b>2018/2019</b> <b>£ m</b>	<b>2019/2020</b> <b>£ m</b>	<b>Total</b> <b>£ m</b>
5.365	3.299	1.632	10.296

2.4 Furthermore, one-off additional grant funding has been allocated to Adult Services, to the value of £1.159 million for 2017-18. However, to pay for this the Government has reduced the amount paid to local authorities in New Homes Bonus (NHB). Tameside will lose £1.165 million in NHB and as a result is marginally worse off and therefore does not receive any benefit from this change.

2.5 When the grant settlement was announced in December 2016 the Secretary of State set out his guidelines on Council Tax. He announced it would be permissible for the adult social care precept to be increased above the 2016/17 level of 2% (of the Council's tax level) as follows:

2017/18: maximum increase of 3%;  
 2018/19: maximum increase of 3%;  
 2019/20: maximum increase of 2%.

Over the three year period the maximum combined increase is 6%. This will equate to maximum income generation of £5.1 million – it should be noted that this funding is not additional to the budget as it funds existing Adult social care services and will mean that other parts of the Council will not have to subsidise Adult social care as they have done in previous years by making additional savings.

2.6 Indicative Better Care Fund allocations are as follows;

	<b>£'000</b>		
	<b>2017-18</b>	<b>2018-19</b>	<b>2019-20</b>
Better Care Fund	15,598	15,895	15,895
Improved Better Care Fund	983	4,500	9,200
Disabled Facilities Grant	2,153	tbc	tbc

2.7 At this stage a number of the proposals have not been fully costed.

- Where the proposals are funding existing capacity to address backlogs and waiting lists, costs have already been established and are time-limited, non-recurrent costs. Where clearing the backlog will result in additional demand on services i.e. an increase in a care package following re-assessment, this will be funded from Adults 2017-18 budget.
- Where schemes are to provide additional capacity to enhance business as usual, for example additional capacity in the Employment Service, the additional capacity can be clearly costed. Decisions will need to be made with regards this being recurrent funding following cost/benefit analysis.
- The enabling capacity to transform the identified services and/or functions can be costed, but the funding required recurrently for the new service models will be subject to the Programme Management Office Gateway process.

- 2.8 Work will be undertaken in the next few weeks to identify the benefits of the relevant schemes and to put them through the Programme Management Office process to understand the detail of how they will benefit the whole system.
- 2.9 **Appendix 1** details initial expectations with regards to whether the funding identified is recurrent or non-recurrent. In some instances there will be an element of non-recurrent funding, to support the implementation of the project, with recurrent funding required once the scheme has been implemented. It is important that the benefits of these schemes are articulated and demonstrated to maximise the benefits to the whole economy.

### 3. PROPOSALS

- 3.1 The new funding, albeit non-recurrent is very welcome, and will enable the service to develop and implement a number of programmes to transform services to inform quality and outcomes over the next few years. These plans will complement and enhance the existing Care Together transformation programme funded via Greater Manchester Transformation funds.
- 3.2 There are three broad themes locally that will be the focus of our programme to impact on service quality and outcomes:
- Quality assurance across community based services, particularly care homes and home care services;
  - Transformation of services that Help people to Live at Home, including home care, Reablement, Community Response Service (Telecare, Telehealth);
  - Asset Based Work – as well as working within communities, to ensure a focus on Carers, Shared Lives and dementia.
- 3.3 Each of the themes will be underpinned with an Organisational Development programme that will embed the transformation, ensuring mainstreaming beyond the funding timescale.

#### ***Quality Assurance***

- 3.4 There is a particular need to focus on care home and home care provider quality, though the expectation would be that the resource would have capacity to work across all commissioned services. To enable a function to review and impact on quality additional resource is required to support the Commissioning Team – whether this resource sits within or out with the team is to be determined. At this stage would anticipate a Team Manager/Project Manager (Grade J) and 6 officers (grade to be determined) would form a team to deliver the assurance programme.
- 3.5 If this programme is to impact not only on the quality of services locally as determined by us as commissioners, but also on the results of Care Quality Commission (CQC) inspections, it is important that Adult Services links closely with wider Greater Manchester work with CQC to agree synergy across their inspection regime and the Locality assurance frameworks.

#### ***Care Homes***

- 3.6 The development of an outcomes framework, working with Greater Manchester and Care Quality Commission, will be implemented across the local care home sector by the Quality Assurance Team, working with providers to improve quality. This will be supported by the team identified in 3.4 and will work with care homes individually as well as through a peer support programme.
- 3.7 An Organisational Development programme will be developed with a focus on skills development for working with people with complex needs, dementia, end of life etc.

- 3.8 Extension of the Digital Health programme to include primary care and Integrated neighbourhood capacity. The programme funded via the Care Together transformation programme does not include the wider development. This project will be included in the wider Community Response Service (CRS) review detailed later in the report.
- 3.9 To really impact on the quality of provision in care homes, and to reduce Accident & Emergency attendances a review of the community offer is necessary – this will consider the priorities that care homes have raised as key issues for them – access to General Practitioners, falls prevention programme and access to community Intra-Venous antibiotics. There is a general feeling that people living in care homes do not receive the same community offer as those living in their own homes – the offer from community services needs to be revised.
- 3.10 The programme needs to understand how the Enhanced Care Worker programme, developed by HC One and accredited by the Royal College of Nursing and develop a plan to consider how it can support the implementation locally. Some local nursing homes may require support to understand how this model can improve their offer and create a career path for care home workers, improving retention and qualified staffing issues.

#### ***Home Care***

- 3.11 It is widely acknowledged that the current delivery model for home care is unsustainable. Transformation plans have been funded through the Care Together programme, and implementation plans are being developed now the new contract providers have been established. The Quality Assurance project will work with the 'Help to Live at Home' programme to ensure there is no duplication or counter-intuitive developments. This programme will take a wider view of quality assurance and will support the project that is working with home care providers to implement the new model.
- 3.12 The local 'Help to Live at Home' model requires an Organisational Development programme for home care provider staff, for assessment and care management staff and real engagement with current and new service users and their families. This programme will supplement the existing programme to deliver real change.
- 3.13 It is anticipated that Adult Services will make a contribution to a wider Greater Manchester quality and assurance programme, though the value of the contribution is yet to be confirmed.
- 3.14 It is anticipated that the team of 7, with project management support, will be sufficient to deliver the majority of the programme. In addition funding will be required to support the Organisational Development programme that will be developed and to work with INs to develop a community offer for care homes – 1 Whole Time Equivalent post to undertake this project.

#### ***Support to Live at Home***

- 3.15 The local Help to Live at Home model adopts an outcome based approach to home care commissioning, incentivising providers to deliver against outcomes, shifting away from a time-task culture and focusing on quality rather than costs. This is a significant culture change and will require genuine transformation of the current home care model locally and nationally. As described above a team is currently being recruited to deliver the new model – it is proposed that a wider infrastructure will be established to offer much more comprehensive project management oversight.
- 3.16 While home care (*Help to Live at Home*) as described in 3.11 is a fundamental feature of enabling people to remain at home, living independently, there are a range of other services that will enable people to remain at home that will form part of this programme. These will be referred to collectively as 'Support to Live at Home' schemes and will deliver a wider transformation programme that will offer a range of options to enable as many

people as possible to remain at home. In the main this will be the review and transformation of existing schemes.

### ***Community Response Service System***

- 3.17 The current Community Response Service system has served the people registered on it well over recent years, but the system and service is in need of review and significant reform. The current service is a standalone system, not linking with IAS (the Adult Service Information Technology (IT) system) and is essentially paper-based. A new system that links with EMIS Community (the community health IT system) and IAS is required. There are extensive opportunities to develop the service to significantly extend the telehealth offer locally and to link with General Practitioner practices to ensure proactive responses to call outs (at this time there is no interaction between services).
- 3.18 One Whole Time Equivalent project officer is required to lead this project. Information Technology expertise will also be required to support the project.
- 3.19 As well as linking with the Asset Based Organisational Development programme described later in the paper, a skills training programme will be developed and rolled out across the Community Response Service workforce to ensure the impact of this resource is maximised to support people outside of the formal care system.

### ***Reablement Service***

- 3.20 While the current Reablement Service has delivered good performance and has contributed significantly to maximising independence, while reducing potential service costs, a review and refresh of the service is appropriate.
- 3.21 Asset based training will be rolled out; this will be supplemented with a more specific and bespoke training programme that will ensure staff are practicing in a way that maximises an individual's independence and does not simply offer an enhanced home care service.
- 3.22 The current system is paper-based and reliant on a team of staff. An electronic/web-based solution is required. This is currently being scoped and will be developed over 2017-18 with implementation during 2018-19 at the latest. Project officer capacity will be required to deliver this project.
- 3.23 Reablement will sit within the Intermediate Tier of the wider Care Together model of care so further conversations will be required with the Integrated Care Foundation Trust to ensure that the proposed service model will form part of the underpinning offer that will strengthen plans for people to remain at home safely and independently.

### ***Shared Lives***

- 3.24 There is significant scope to transform and really exploit our Shared Lives service to offer more opportunities for people to live within a family environment. The service currently offers long term support, in the main to people with Learning Disabilities, respite care and day services. There are real opportunities to widen the model to support people at end of life, to work with young adults who have previously been in the care system as Looked After Children to be mentors to current children who are looked after in a Shared Lives setting and to generally be a more proactive and responsive, flexible service.
- 3.25 To understand this it is proposed that Shared Lives Plus (UK Shared Lives Network) is commissioned to review the current service and to work with the service and project team to redesign our offer. Following this will be a recruitment and Organisational Development programme and an advertisement, recruitment and training campaign for new carers.

### ***Assessment and Care Management***

- 3.26 While this funding is non-recurrent, consideration will also be given to capacity to support the assessment and care management function in neighbourhoods to address the backlog we have in undertaking re-assessments. This would be a fixed term resource as capacity issues should be addressed as the new integrated neighbourhood model is embedded and transformed.

### ***Employment Services for People with Learning Disabilities***

- 3.27 Current performance is poor due to the resource dedicated to supporting people into employment. The function has been moved into the Employment and Skills Service to provide a better focus and wider network. In order to improve performance, additional resource is required to increase capacity. Additional resource will be supported, following the impending service review.

### ***Alternative Housing Options***

- 3.28 Conversations are taking place with several housing providers to develop additional housing capacity to meet increased demand in order to support people to remain at home. While funding via grants is available to support to development of the schemes, care and support costs need to be found. Where invest to save proposals can evidence that funding these schemes will reduce spend elsewhere in the system, then funding will be released to establish the schemes – these will be extra care type models for younger adults and older people to continue our programme of returning people to borough, and maintaining people in their own homes.

### ***Approved Mental Health Practitioners (AMHPs) and Court of Protection (CoP)***

- 3.29 When applying national formula the Council is under-resourced in the number of Approved Mental Health Practitioners it employs, which places significant pressure on those in post. Consideration will be given to increasing this function.
- 3.30 The Deprivation of Liberty Safeguards can only be used if the person will be deprived of their liberty in a care home or hospital. In other settings the Court of Protection (CoP) can authorise a deprivation of liberty. While we are managing demand and capacity to assess people in hospital or in a care home, we do not have the expertise or capacity to address the number of CoPs we need to. It is proposed that additional social work capacity is commissioned until current social work complement is trained to undertake CoP assessments.

### ***Through the Night Service***

- 3.31 Over the winter period an identified pressure on Delayed Transfers of Care was the lack of capacity on the Through the Night Service. In response to this an additional round was funded from Winter Pressures funding. This funding was non-recurrent and there is now a full round so funding must be sourced for this service. Ceasing the service would put pressure into the system and could result in people who are currently being managed in the community needing to access 24 hour care.

### ***Direct Payment Capacity***

- 3.32 The number of people choosing to access their support via a Direct Payment is lower than the Greater Manchester and national average in Tameside. In order to promote and actively generate interest in Direct Payments will require additional resources. It is proposed that additional capacity is funded to undertake this work. It is proposed that additional capacity is funded in the Neighbourhoods over a 12-18 month period to carry out an intensive piece of work to promote Direct Payments.

### ***Day Service Options for People with Learning Disabilities***

- 3.33 While there has been considerable change to the day service options offered to many people with Learning Disabilities, there is a need to further review the offer to people. It is known that 59 people are due to transition through from Children's Services in the next 5

years who will require day service provision. Plans are currently being developed and approved to implement a new service, through Active Tameside and other local providers to improve the offer to people, with education, pre-employment training and skills teaching. This scheme proposes improved outcomes for people the opportunity of employment and services within the borough, not in out of borough residential placements. Costings are currently being developed for the funding of the revised service – this will ensure we can meet the increasing demand for service, offer a more meaning service, and mitigate against significant cost pressures.

### ***Sensory Services***

- 3.34 Over previous years considerable funding has been reduced from the Sensory Service. It is proposed that additional capacity is funded in the team to work with individuals known to the service to promote self-management and to develop resilience to reduce demand and reliance on formal services.

### ***Asset Based Work***

- 3.35 A key pillar of the Care Together programme is the integration of community resources and assets into the health and social care offer and solution to the model of care. Extensive work is underway with this programme that is funded via the transformation funding, led by the team in the Integrated Care Foundation Trust on behalf of the economy, but there is a significant piece of work and impact that Adult Services can contribute to this.
- 3.36 A service wide Organisational Development programme is currently being designed, with learning from the Wigan Deal and other models that will be rolled out across all staff in the service, ensuring they are aware of, and consider all community assets in the local neighbourhood to meet an individual's' needs and enhance their quality of life. Sessions will be held in early summer, and all staff will attend. More bespoke programmes will be delivered to Social Workers and other assessment staff to ensure their practice is 'asset based' and appreciative, not deficit based with solutions being sought through formal services as a starting point. While designed internally, facilitation of the programme will be commissioned.

### ***Carers***

- 3.37 Carers add significant value to the lives of the people they care for and reduce significant demand on social care and health services. In order to enable carers to continue in this role, in good health themselves, it is critical that the Council offers the appropriate support mechanisms. The Carers Strategy is currently being refreshed, and following a recent consultation exercise with over 130 carers we are developing our action plan. Funding will be used to develop our offer to carers. Additional capacity will be sourced to implement the plan.
- 3.38 One of the key challenges set by carers was engagement of General Practitioners with the carer's agenda so a focus will be placed on this in the coming year, supported by this funding. This will not only be to raise awareness of the carers agenda locally, but for General Practitioners to identify and flag carers and to signpost them to carers services. Some resource will be required to develop this.

### ***Dementia***

- 3.39 Dementia is a significant cost in the local economy and impacts not only on individuals but their families and friends, recent conversations with the Alzheimer's Society will be pursued to help shape a local offer to people with dementia and their families. Resource will be required to support the project and to match fund the schemes developed locally. Further mapping is required to specify the resource required to develop this programme.

### ***Autism***

- 3.40 One of the key themes in the Greater Manchester Learning Disability priority work stream is Autism. The Tameside joint Autism Strategy is currently being finalised, and it is proposed that a project is undertaken over the next 12 months to complete and roll out the Strategy, ensuring that the key themes and priorities in the action plan are implemented. A project group will also identify any schemes or activities that would improve the offer to local people with autism if there was funding to pump prime them.

### ***Mental Health Recovery***

- 3.41 There is currently a gap in step down services for people with chronic and relapsing mental health conditions within the community. This means that secondary care Community Mental Health Teams (CMHTS) within tier 4 are holding clients longer in a monitoring role, as there is nowhere to signpost them to on discharge, other than General Practitioner only care. As such clients are stepping down from tier 4 to tier 1. This proposal suggests that there should be an intermediate tier with a recovery focus once a client is stabilised at tier 4 but requires less intense monitoring due to a chronic and relapsing condition. The proposal is to develop a 'Well Connected' service, in partnership with Tameside Oldham and Glossop Mind that focuses on people staying well and connected within families and the community, following discharge from CMHT services to prevent re-referral and relapse. Working with people outside of traditional CMHT services can prevent institutionalisation and dependency. The Well Connected service will identify and build pathways to existing community services and groups that can support people to maintain their wellness. The provision will work proactively and in partnership with individuals and families/care givers within an asset based approach, developing bespoke techniques to support the person to stay well and build resilience. The aim is to run the project over an initial 2-year period, to allow time to evaluate its effectiveness in terms of outcomes for people, savings/cost avoidance.

### ***Voluntary Sector Capacity***

- 3.42 A key theme of the Care Together programme is the asset based approach to enabling individuals to support themselves and thrive and there is currently significant pressure on funding for voluntary sector capacity

### ***'Grafton Model' Roll Out***

- 3.43 Non-recurrent funding is proposed to replicate the Grafton Centre model across other neighbourhoods. This includes support to local community groups to develop their local community asset that offers activities and opportunities to local people to reduce isolation, improve independence, skills and engagement. The Grafton centre has been a huge success, increasing attendance from approximately 12 per day to a membership of over 500 people. The scheme became self-sustaining within 3 years.

### ***Care Home Contract Development***

- 3.44 The current care home contracts expire in December 2017. Some support is required to build in capacity to design and implement a new contract, jointly produced and with the engagement of stakeholders to support the entire economy and our collective integration objectives.

## **4. APPROACH**

- 4.1 The extensive proposals described in section 3 will be delivered within the next three years, and will require additional resources to manage delivery. A Programme Manager and several Project Co-ordinators will be required to form a small Programme Management Office (PMO), and where relevant, will work with the Care Together Programme Management Office to ensure economy wide processes are met.

- 4.2 It is anticipated that the resources outlined above will be sourced internally. This Programme resource will be managed by Adult Services, working to the Executive Director and Assistant Executive Director as Senior Responsible Officers.
- 4.3 The timescales for delivery of programme benefits are extremely challenging, and some external resources to support the cost benefit analysis process are being investigated with New Economy.
- 4.4 At the Local Executive Group meeting on 19 April 2017 a draft outline report was presented to consider the service areas which needed support to maintain high quality standards, enhance opportunities in the community, and help people to stay independent at home where appropriate to do so.
- 4.5 These themes formed the basis for generating ideas for new projects which were presented for discussion. These projects were prioritised for areas of unmet need described on the allocation of the funding. Since then, further engagement has taken place with the Integrated Care Foundation Trust to go through in more detail in order to gather views for a collective approach, understand what is being proposed, how it supports the Care Together integration objectives and how best to work with partners to deliver positive outcomes for local people.
- 4.6 Early conversations have also taken place with the Care Together Programme Management Office to consider how the Gateway process can be utilised for necessary oversight of the Programme economy wide.
- 4.7 The governance arrangements are still to be mapped out, aligned and agreed for this Programme. For example, where procurement is a requirement, compliance with Procurement Service Orders and internal governance will be adhered to. However, where a new project is initiated through economy wide processes, this may take a different governance route.
- 4.8 Furthermore, it is likely there will be a quarterly external process for providing assurance on the plans and use of these monies. Due regard for the internal process to sign off, prior to any external submission will need to be considered. Once the transformation/service redesign projects have been agreed, the individual projects will be initiated with appropriate documentation.
- 4.9 The Adults Management Team will act as the conduit for Adult Social Care Transformation, acting as a Steering Group to provide the necessary support and challenge through the implementation of a Transformation Programme Board (TPB), a method that has been effective in managing previous transformation and savings projects.

## **5. COSTS IDENTIFIED**

- 5.1 **Appendix 1** outlines anticipated costs that have already been identified against the additional funding. Total funding over the 3 year period is £10,296 million, with £4.156 million provisionally allocated to date.
- 5.2 At this point only funding that has been clearly identified and costed has been included. In the main this is staffing resource and where non-recurrent funding has been identified for projects.
- 5.3 Until the transformation projects have undertaken detailed scoping and review, it is not possible to understand the detailed costs required to deliver system outcomes. This work will be undertaken with the support of the Care Together PMO over the next few weeks. On completion of this, a full analysis breakdown of the expenditure will be shared.

- 5.4 **£0.813 million** has been identified to fund additional capacity to clear waiting lists and backlogs across a number of individual services:

	£'000		
	Recurrent	Non-recurrent	Total
Increase Assessment and Care Management Capacity		85	85
Approved Mental Health Practitioner		414	414
Court of Protection - clear backlog		246	246
Additional Occupational Therapists		68	68
Total		813	813

- 5.5 **£0.430 million** has been identified to fund additional capacity across teams where unmet need has been identified:

	£'000		
	Recurrent	Non-recurrent	Total
LD Employment Services	87		87
Direct Payment Capacity		108	108
Through the Night Service	112		112
Sensory Services	123		123
Total	322	108	430

- 5.6 **£1.485 million** has been identified to support business as usual. Included in this is funding identified to cover contract uplifts and demographic pressures for the 3 years of the funding and support to local third sector organisations to ensure their ongoing viability.

	£'000		
	Recurrent	Non-recurrent	Total
Grafton Model rollout		150	150
Care Home Contracts		46	46
Contract uplifts / demographic pressures	1,152		1,152
Third Sector capacity		137	137
Total	1,152	333	1,485

- 5.7 At this stage, only project support costs have been identified against transformation schemes, with the exception of the Quality Assurance Team which has indicative costs included for the full function. These may change on completion of the detailed project plan.

	£'000		
	Recurrent	Non-recurrent	Total
PMO		202	202
Quality Assurance Team	900		900
CRS Project Lead		41	41
Reablement ATM		21	21
Shared Lives Project Lead		41	41
Carers Project Lead		41	41
Mental Health Recovery Service	100		100
Autism Co-ordinator	82		82
<b>Total</b>	<b>1,082</b>	<b>346</b>	<b>1,428</b>

5.8 **Appendix 1** also identifies which of the above projects require non-recurrent or recurrent funding. Where recurrent funding is required beyond the 3 year funding period, review and evaluation will take place during the life of the project to ensure that plans are made to identify how this recurrent funding will be resourced following the additional funding.

5.9 In summary the estimated required investment for all of the proposals detailed above is as follows;

	£'000		
	Recurrent	Non-recurrent	Total
Section 75	2,456	940	3,396
Aligned	100	660	760
<b>Total</b>	<b>2,556</b>	<b>1,600</b>	<b>4,156</b>

## 6. ANTICIPATED BENEFITS

6.1 While the proposed schemes have been grouped in the 3 themes that have been identified – quality assurance, support to live at home and asset based approaches, it is helpful to look at the benefits of the schemes using a slightly different configuration:

- Addressing backlog to ensure compliance;
- Unmet need;
- Business as usual;
- Transformation projects.

### ***Addressing the Backlog***

6.2 As identified in **Appendix 2** there are a small number of schemes that involve the funding of additional capacity to ensure Adult Services are compliant with their statutory duty to re-assess individuals in receipt of services. At this time there is a backlog of approximately 680 outstanding re-assessments. Undertaking these re-assessments may not have a direct benefit on the system, but are essential. It is not possible to anticipate the impact of service demand as a result of the reassessments, though should there be an increase in the level of service required to meet identified need for individuals this will be met from within the Adults 2017-18 budget.

- 6.3 Without identifying and undertaking the reassessments it is not possible to speculate if any of these individuals have been placing unplanned demand on services because they are not receiving the correct level of support.
- 6.4 These reassessments will offer the opportunity to review if an individual could be encouraged and enabled to use community assets and social prescribing to meet their identified needs, thus reducing the demand on formal services. Data will be collected to understand the level of this achievement. It may be that the neighbourhood offer is not developed sufficiently to really impact on this during this exercise, though will do in the future.
- 6.5 This is non-recurrent funding – once the outstanding assessments have been undertaken the additional capacity will cease. It is important for the system to ensure that a similar outstanding list does not occur again, and consider future requirements. It is not proposed that these schemes are subject to detailed project plans – targets will be set and monitored through the Transformation Project Board and will be reported through the agreed governance process.

#### ***Unmet Need / Business as Usual***

- 6.6 A number of schemes, as identified in **Appendix 1**, have been identified as requiring additional capacity to meet current demand and impact positively for individuals. An example of this is the proposal to increase capacity in the Employment Service, Routes to Work. The impact and success of this service in supporting people with learning disabilities and mental health issues into employment has been limited due to the small resource in the function. There is an expectation that more individuals will be supported into, and to remain in paid employment or voluntary work, as a result of increased capacity. Research shows that being in paid employment improves mental health and wellbeing and results in better health and self-esteem. The benefits of supporting more people in paid employment should see a reduction in demand on other services in the whole system. While the numbers may not be significant, supporting people into paid employment are key indicators for Adult Services and are identified in the Care Act.
- 6.7 While it is not proposed that detailed project plans are submitted for these schemes, it is expected that performance targets are identified and monitored by the Transformation Project Board to ensure that the investment is improving performance and to understand the impact for individuals using these services. On-going review and evaluation will be undertaken by the Transformation Project Board to ensure that this additional funding is making the expected impacts on service delivery and outcomes for individuals and for the wider system.

#### ***Transformation Projects***

- 6.8 Full project plans and cost benefit analyses will be carried out for all the transformation projects in the coming weeks. This will be supported by the Programme Management Office for the Care Together Programme to ensure a consistent approach across the economy and to ensure that the benefits for the range of projects are not double counted, resulting in under-achievement across the whole economy.
- 6.9 While not costed out at this stage, it is anticipated that a range of benefits will be seen across the whole system, as well as improved outcomes for individuals impacted upon by the transformation plans. Each of the transformation projects will involve a review and potential re-design of the service to improve the offer with the intention of having a positive impact on the whole system, as well as for individuals accessing the services. A number of benefits can be expected:
- Improved outcomes for individuals as services will offer more person-centred, co-produced approaches that will result in people having more control over their lives.

- Cost avoidance – maximising the use of community assets to meet individuals' needs and to increase self-management and resilience.
- Support to carers to enable prolonged capacity and ability to support the cared for at home with minimal long term, formal service inputs.
- Improved quality, choice and control for individuals.
- Improved economy performance – improvement in service provision will see more people supported to remain at home with step up and step down support, for example in Reablement.
- Support to enable people to remain at home thus reducing the pressure on acute services, including hospital attendances and admissions.
- Prevention and self-management – examples of this in the dementia and autism schemes.
- Increased community options such as Shared Lives and extra care housing schemes that will reduce costs and avoid costs by supporting people to live in the community rather than residential care.

6.10 The benefits of the individual schemes will be determined as the detailed work is undertaken, though it is anticipated that a combination of the above will be seen for each of the schemes.

6.11 The results from the cost benefit analysis will be reported back into Local Executive Group and Single Commissioning Board on a regular basis to provide assurance that the programme is delivering benefits to the system as well as to individuals.

## **7. INTERDEPENDENCIES**

7.1 It is not anticipated that this programme will duplicate the work currently being implemented through the GM funded transformation schemes. Engagement with the Greater Manchester transformation programme will continue to ensure that our plans complement Greater Manchester plans and where appropriate for local people, will work collaboratively to deliver change and improved outcomes.

7.2 The Adult Social Care Programme Management Office will work closely with the Programme Management Office at the Integrated Care Foundation Trust to ensure that programmes are complementary, enhanced, and that collective views are gathered to support delivery, and future design of holistic services.

7.3 The primary focus of this programme is identified as meeting unmet adult social care need by the Department of Health. However, the programme will identify cashable and non-cashable benefits to the whole social care and health economy in delivering these projects.

7.4 These benefits will be useful to feed into the Outline Business Case, for the economy wide transaction of services, staff and contracts into in the Integrated Care Foundation Trust.

## **8. GLOSSOPDALE PROPOSALS**

8.1 Details of Derbyshire County Council plans for Adult Social Care spend in Glossopdale have not yet been confirmed. There have been initial conversations with the Head of Service for Adults in Derbyshire in a meeting with Tameside colleagues to look to align schemes and investments.

8.2 Where there are plans for spend that will include health service provision for example the Quality Assurance Team, arrangements for how the practical business will be carried out will be discussed as those plans are developed.

## 9. FUNDING FOR VOLUNTARY SECTOR – AGE UK

- 9.1 Specific funding has been identified for voluntary sector organisations to support them at a time where funding has been seriously challenged, at the same time that the development of the community offer is a mainstay of the Care Together programme. Many organisations are reporting that they are facing significant financial challenges, among them Age UK, who have reported that they have had to review, redefine and significantly reduce their offer locally in order to stabilise the business.
- 9.2 One of the proposals in the programme is to grant fund £127,000 to Age UK for one year only, to stabilise the business and give them some capacity to re-structure and embed their new local offer. Age UK do receive funding from Adult Services to core fund the service, but due to other reductions in funding, they are re-structuring and re-scoping their business model to ensure their continued presence in the market.
- 9.3 Any risks to the ongoing functioning of Age UK would place significant pressure on the local economy and potentially on the local health and social care economy. Many individuals and families use the services provided by Age UK to support them to remain living independently without the intervention of formal services. Age UK also offer information and advice to support income maximisation and on local services and opportunities to support individuals, their carers and families to maintain independence.
- 9.4 This report seeks permission to grant fund for one year to the value of £127,000 to ensure the viability of the business. Age UK are a very well recognised and well-established voluntary sector organisation, the failure of which and withdrawal from the local community would be a great concern and would question the economy's commitment to a thriving voluntary sector as described in the Care Together programme.
- 9.5 While grant funding is proposed to underpin the business for a transition year, Age UK have provided clear plans on how they will invest the funding to maximise the impact of the funding on their new offer.

## 10. EQUALITIES

- 10.1 As additional funds are being committed to existing services and to transform services, it is not anticipated that there will be an adverse impact on any of the groups with protected characteristics. In order to ensure that no groups are disadvantaged impact assessments will be carried out on the individual transformation projects.

## 11. RISK MANAGEMENT

- 11.1 A number of key risks have been identified.

Risk	Consequence	Impact	Likelihood	Action to mitigate against risk
Failure to deliver the projects	Failure to deliver against the identified benefits; reputational damage for the economy	4	2	Programme Manager employed and Transformation programme Board established to monitor and manage the programme
Failure to identify recurrent funding for identified schemes	Failure to meet intended outcomes for local people.	4	2	Ongoing dialogue with all parties to ensure resources are identified

	Future build-up of backlog and unmet need.			and committed.
Inability to recruit to identified project lead posts	Lack of capacity to deliver the projects	2	2	Engaging recruitment campaign and support to take on role where skills deficit identified
Inability to backfill following internal recruitment	Lack of capacity to deliver business as usual	3	4	Consider external recruitment; use of apprentices
Failure to deliver the identified objectives on time and within the budget	Failure to deliver the wider programme.	4	2	Robust performance management and corrective action to address poor performance

## 12. CONCLUSION

- 12.1 In his March 2017 budget the Chancellor announced an additional £2.0bn of funding for Adult Social Care to be made available to local authorities over the period 2017-18 to 2019-20. For Tameside this equates to a total of £10.296 million through to 2019-20.
- 12.2 This report provides an overview of the schemes that are proposed to contribute to the 3 key priorities that have been defined as key to improving system efficiency and will improve outcomes for people accessing services.
- 12.3 The proposals are intended to meet unmet need, to tackle a backlog of work, and also to transform services to improve outcomes for individuals, to benefit the wider economy by promoting resilience, self-management and supporting people to remain independently at home. Additional benefits are also expected with regards to step up and step down community capacity to reduce Accident & Emergency attendances and hospital admissions.
- 12.4 The programme will be managed through a Transformation Projects Board, will report through the Care Together Programme Management Office programme and will provide regular updates on progress through Local Executive Group and the Single Commissioning Board.
- 12.5 Specific permission is requested to provide grant funding of £127,000 to Age UK to support the re-scoping and embedding of the re-defined local offer for one year..

## 13 RECOMMENDATIONS

- 13.1 As stated on the front of the report.

APPENDIX 1

Proposal		Staffing / Resource Required	Grade	Number Of Posts	Months Funding Required	Total Estimate	Recurrent Beyond 3 Years Y/N/Both
				FTE		£'000	
GM Pooled Initiatives/Contribution							N
Contract Uplift/demographic pressures						1,152	Y
	Programme Manager	Programme Manager	Grade 8b (health)	1	24	120	N
		Project Analyst	Grade H	1	24	82	N
<b>QUALITY ASSURANCE</b>							
1	Quality Assurance Team	Team Manager	Grade I	1	36	138	Y
		Social Worker	Grade H	2	36	246	
		Nurse		2	36	195	
		Medicines Technician		1	36	99	
		Vacant		1	36	123	
		Sessional Resources				100	
<b>SUPPORT TO REMAIN AT HOME</b>							
2	CRS System	Project Lead	Grade H	1	12	41	Both
3	Reablement Service	Assistant Team Manager	Grade H	0.5	12	21	Both
4	Shared Lives	Project Lead	Grade H	1	12	41	Both
5	LD Employment Services	Employment Officer	Grade F	1	36	87	Y
6	Assessment and Care Management capacity	Social Worker	Grade H	5	5	85	N
		Project Lead	Grade H	0.5	12	21	N
7	Direct Payment Capacity	DP Officer	Grade F	1	36	87	
		AMPHs	Grade I	3	36	414	N
8	AMHP & CoP Capacity	Social Worker BIAs	Grade H	2	36	246	
9	Alternative Housing Options						Y
10	Day Service options for people with LD						Y
11	OT Capacity	Occupational Therapists	Grade H	5	4	68	N
12	Through the Night Service					112	Y
13	Sensory Services	Sensory Therapist	Grade H	1	36	123	Y
<b>ASSET BASED APPROACHES</b>							
14	OD programme for whole workforce						N
15	Dementia						Y
16	Carers	Project Lead	Grade H	1	12	41	Both
17	Mental Health Recovery Service					100	Y
18	Third Sector Capacity/Investment	Funding to Age UK				127	N
		Funding to Tameside Sight				10	
19	Autism	Autism Co-ordinator	Grade H	1	24	82	Y
20	Grafton Model' Roll Out	4C				150	N
<b>ADDITIONAL PROPOSALS</b>							
21	Care Home Contract	Project Lead	Grade H	1	6	21	N
		Accountancy Support	Grade K	1	4	25	
<b>Total</b>						<b>4,156</b>	

**APPENDIX 2 - PROPOSED PROJECT INITIATION**

<b>PROPOSAL</b>	<b>MANAGER/OWNER</b>	<b>CLASSIFICATION OF PROJECT: BACKLOG / UNMET NEED / TRANSFORMATION / ENABLER / BaU</b>
GM Pooled Initiatives/Contribution Programme Manager Project Officer/Analyst	Stephanie Butterworth Sandra Whitehead Reyhana Khan	ENABLER ENABLER ENABLER
<b>QUALITY ASSURANCE</b>		
Quality Assurance Team	Gill Gibson	TRANSFORMATION
<b>SUPPORT TO REMAIN AT HOME</b>		
CRS System	Mark Whitehead	TRANSFORMATION
Reablement Service	Paul Dulson	TRANSFORMATION
Shared Lives	Mark Whitehead	TRANSFORMATION
LD Employment Services	Mark Whitehead	UNMET NEED
Assessment and Care Management capacity	Paul Dulson	BACKLOG
Direct Payment Capacity	Paul Dulson	UNMET NEED
AMHP & CoP Capacity	Mark Whitehead	BACKLOG
Alternative Housing Options	Clare Watson	TRANSFORMATION
Day Service options for people with LD	Mark Whitehead	TRANSFORMATION
OT Capacity	Paul Dulson	BACKLOG
Through the Night Service	Mark Whitehead	UNMET NEED
Sensory Services	Mark Whitehead	UNMET NEED
<b>ASSET BASED APPROACHES</b>		
OD programme for whole workforce	Sandra Whitehead	TRANSFORMATION
Dementia	Clare Watson	TRANSFORMATION
Carers	Sandra Whitehead	TRANSFORMATION
Mental Health recovery	Clare Watson	TRANSFORMATION
Third Sector Capacity/Investment	Sandra Whitehead	BUSINESS AS USUAL
Autism	Mark Whitehead	TRANSFORMATION
Grafton Model Roll Out	Clare Watson	BUSINESS AS USUAL
Care Home Contract	Clare Watson	BUSINESS AS USUAL

