

Cabinet Member Update Report		
Overview and Scrutiny Committee (Adult Social Care) - 17th October 2017		
Councillor	Portfolio	Period of Report
Paul Cummins	Cabinet Member Adult Social Care	June/July 2017

1. FINANCIAL UPDATE

The Adult Social Care revenue budget is £88.4m in 17/18 representing 43% of the overall Council budget. The budget remains under extreme pressure in this financial year with continued rising demand and cost of services.

Additional funding of £6.9m has been received by the Council in 17/18 by means of a direct central government grant. This sum must be pooled into the local Better Care Fund and utilised to provide stability and extra capacity in the local care system with the intention of reducing delayed discharges from hospitals. It is anticipated that £4.9m of this grant will be required in 17/18 to support the existing level of expenditure on care packages and to contribute towards the anticipated cost of the 17/18 provider fee increases. This additional funding decreases to £4.3m and £2.1m in the next two financial years and does not therefore provide a sustainable long term solution to alleviate pressure on the Adult Social Care budget and to ensure the local social care provider market is supported.

At the end of June, assuming the additional resources received are utilised as outlined above in 2017/18, a broadly balanced revenue budget position is forecast but within this forecast there is no allowance for any increased demand that may be experienced during the remainder of the year. Careful monitoring of the volatile budget will be required throughout the year.

2. INTEGRATION

Since the last update April/May June's Health and Wellbeing Board has taken place and the Executive Group (Health and Wellbeing Board), Integrated Commissioning Group and the Pooled Budget task group have met. This Board and groups are in place to ensure the Strategic and operational business of the Health and Wellbeing Strategy and associated plans are progressed. The items around Home First and the Integrated Reablement and Assessment Service for example are products of the integration work plan.

The focus in this period has been to complete the Quarter 1 return for the Better Care Fund. This required both Health and Social Care to report on:-

- the use of the "Improved Better Care Fund" iBCF, the additional Grant for Social Care. The detail and recommendations will be reported to Cabinet on 7th September 2017.

- the Delayed Transfer of Care (DTOC) targets set by NHS England. This required Social Care to identify actions likely to address the reasons for delay that are “attributable to social care”.

This required evidence of the logic applied to the use of the grant against the outcomes expected and determined in the grant conditions. This will be conveyed to Overview and Scrutiny in the report due in early September.

Our CCGs reported that they were supportive of the approach being taken in respect of the Grant and noted the governance required in a Council context was in hand.

3. COMMUNITY EQUIPMENT STORE

The Overview and Scrutiny Committee have received a presentation on the Review and noted the work done so far. In the period since the last meeting we have made plans via the engagement and consultation panel to commence formal consultation to seek people's views on different aspects of the service and their thoughts upon the options for changes to enable people to collect equipment in the future and of the issue in respect of collections. There is a date set to report to Cabinet in January so that any future recommendations are informed by the consultation outcomes

4. SENSORY SERVICES

Cabinet approved a joint approach to Re- Commissioning Sensory Services across the Liverpool City Region (LCR) in April 2016, and work had been taking place with predominantly Liverpool and Wirral regarding how this approach could be progressed.

It has not, however, been possible, at this point of time to reconcile a joint approach across the LCR due to differences in the way in which commissioning of sensory services is undertaken. Further work will be required to consider this approach in the future, however at this juncture it has been agreed to put a hold on any further joint work.

Sefton's position is that the services are commissioned via a mixture of internal provision and spot purchasing and so the impact is not significant in terms of the potential for savings, our impact was around the improvements any new arrangement could offer to service users. The main criticism regarding current provision in Sefton, as expressed by service users via the consultation undertaken was a lack of a consistent approach to support across the Borough. To resolve this, work is underway to adapt the current commissioning arrangements and ensure provision of services is undertaken in both the north and south of the Borough. In addition it is anticipated that this approach will enhance a partnership arrangement and encourage joint working by the two main voluntary providers involved in providing services and will also seek to include other voluntary sector providers to enhance a community approach. A further report will be provided to me when more information is available and to update on progress.

ICRAS UPDATE

ICRAS has been developed in response to the need for integrated and aligned community services in Sefton, Liverpool and Knowsley for the delivery of step-up

(admission avoidance) and step-down care (transition from hospital or other urgent care setting) for those with support needs.

The provider of this service will be responsible for the holistic care of patients throughout the duration of their care episode.

The Integrated Community Reablement and Assessment Team (ICRAS) is integral to the delivery of responsive 24/7 urgent community health and care services. The ICRAS comprises a range of intermediate health and social care services, which includes:

- An intermediate care/assessment bed base(s) delivered via locality hubs;
- Multi-disciplinary care in a person's usual place of residence; or
- Reablement support

We are currently asking for Social Work volunteers to start to work around discharge and admission avoidance in this new model. This will mean that some staff currently based in community and hospital settings will move into different bases. Home-First will be extended to Southport District General Hospital and New Directions will play an important role within ICRAS.