

Proposals for the use of the additional £4.3M ASC funding

Ref	Proposal	Brief Description of Proposal	Expected outcomes / benefits / Impact	2017/18 £	2018/19 £	2019/20 £	TOTAL £	Recurrent Funding £
PEOPLE								
PE1	Quality and sustainability of care market	To address continued and ongoing pressures from the care providers for a sustainable fee payment that addresses quality of care issues (including recruitment / retention of skilled staff) and allows for a sustainable local market. Pressures are particularly evident in the long term nursing care market, where there is a shortage of beds / skilled nurses. Also there is a requirement to revise the current weekly Nursing care fee (at the moment it is aligned to the standard residential rate rather than the EMI rate)	Paying a sustainable fee for care would help incentivise improvement in quality of care, address recruitment issues faced in the residential care market and ensure sustainability of some care providers. It would also address current inconsistency in the residential EMI and Nursing rates. Improvement in quality and availability of care will also help avoid unnecessary hospital admissions from care homes and facilitate more timely discharges.	£100,000	£300,000	£300,000	£700,000	700,000
PE2	Service / Management Capacity	Expand the management capacity within ASC by creating additional x1 head of service; x1 team manager and enhanced quality assurance and monitoring capacity by creating additional officers posts (x5)	Existing management structure is insufficient for the size and complexity of the service. Also service teams sizes and managers' span of control are unrealistic (e.g. Access TM oversees 3 distinct areas of activity with over 35 staff). The service also has no dedicated capacity for quality assurance nor to address the demand / workload relating to coordinating and managing health funded packages / provision (including ensuring appropriate reimbursement from health). The capacity for monitoring of direct payments is also insufficient and has resulted in insufficient oversight of direct payments spend and a failure to ensure clawback of unspent monies.	£167,000	£330,500	£330,500	£828,000	TBD
PE3	Mainstreaming of the reviewing team	To mainstream the reviewing team established using the invest to grow funding, within assessment & care.	This will ensure improvement in performance by ensuring timely review of care and support plans (the Care Act species reviews should be carried out no later than every 12 mths) and the delivery of efficiencies if people's needs have reduced or can be met more cost effectively (the current review team has identified significant level of savings). Regular review of care and support needs can also help prevent situations deteriorating to levels requiring possible hospital admission.	£145,000	£217,500	£217,500	£580,000	TBD
PE4	Strengthening the contracts monitoring arrangements	Expansion of the contract monitoring function to ensure more effective monitoring and management of care contracts (residential, homecare, supported living etc) and enable greater partnership working with providers to improve quality of provision and outcomes for service users.	This would help support effective independent sector care services and a more sustainable market by maintaining effective relationships with providers. It would also help improve quality and drive value for money by holding providers to account for the delivery of outcomes. A high quality, effective and sustainable independent sector care market is essential to the meeting of peoples care and support needs and ensuring timely discharges from hospital.	£65,000	£65,000	£65,000	£195,000	TBD
PE5	Service / personal budgets for Carers	Under the Care Act authorities are required to carry out assessments of carers (distinct from the service user or client) and make adequate provision to meet their eligible support needs (through personal budgets). Currently there is no identified funding for the provision of personal budgets for carers.	Improved support for carers.	£125,000	£125,000	£125,000	£375,000	TBD
PE6	Unfunded non-care provision pressures	Cost pressures currently exist in the Emergency duty team (increased cost of out of hours cover arrangements) and the use of an independent chair for the Adult safeguarding board	Addressing of recurrent budget pressures	£100,000	£100,000	£100,000	£300,000	100,000
PE7	7 Day Working (Hospital)	The CCG currently provides funding for the provision of a 7 day social work service within Barnsley Hospital to ensure timely discharges of people requiring care and support. The arrangements work well but the funding is only temporary.	Establishment of permanent 7 day working arrangements for the hospital social work team to help maintain the current excellent performance on delayed transfers of care attributable to adult social care.	£120,000	£120,000	£120,000	£360,000	TBD
				822,000	1,258,000	1,258,000	3,338,000	800,000
COMMUNITIES								
COM4	Carers Centre	Implementation of Care Centre Model	The aspiration is that the Care Centre model should streamline activity. When functioning well it will help carers to care for longer which may help manage care demand. The wider benefits that an effective Carers offer bring is to reduce ASC costs.	£100,000	£100,000	£100,000	£300,000	TBD
COM5	Dedicated resource to embed Assistive Living Technology into Adult Social Care so that it is a primary consideration at the first stage of assessment rather than more costly support packages.	Funding of additional capacity to increase usage of Assistive Living Technology within Adult Social Care	Use of technology to support or replace other packages of support, to improve customer experience and reduce costs in social care and health.	£50,000	£0	£0	£50,000	£0
COM7	Reforming first point of contact	Linked into the transition of the first point of contact for adult social care, the aim is to further reform the front end of the ASC system, changing the conversation that they have with potential customers at that first point of contact and initial assessment to ensure we build on personal, family and community resources – working hard to reduce / delay / prevent the need for formal care services. These conversations with people are assumed to take place in local communities	Under the proposed model the aim is to enable people contacting adult social care to be directed or signposted (at the point of contact) to already existing community / universal services.	£200,000	£0	£0	£200,000	£0
COM8	Providing Universal Information and Advice under Care Act obligations	Funding of an external contract with Affinity Works to administer the Live Well Barnsley site. Live Well is our directory of community groups and services for adults, designed to help customers find the information they need all in one place.	This will improve the range of information available in one place for customers, so that they can find the services they need.	£30,000	£30,000	£30,000	£90,000	£30,000
COM10	Reablement Support	Harmonisation of contract funding with service delivery costs. Reablement services remains significantly underfunded despite offering a "lean" operating model.	Enhancement of the wider benefits that an effective Reablement service can bring to reducing ASC costs.	£250,000	£0	£0	£250,000	TBD
COM 11	Funding of Response Service - additional costs incurred to retain existing supplier	One year funding to continue with the current contract while a new approach to providing the service is designed and procured.	The current contract covers the response needed if a customers activates their Assistive Living Technology alarm. The funding will assure the service is delivered for the next financial year.	£72,000	£0	£0	£72,000	£0
				£702,000	£130,000	£130,000	£962,000	£30,000
				£1,524,000	£1,388,000	£1,388,000	4,300,000	830,000

Available ASC funding
Funding shortfall / gap

4,300,000	-
-	830,000