

Manchester City Council Report for Resolution

Report to: Executive – 7 February 2018
Health Scrutiny – 30 January 2018

Subject: Adult Social Care Directorate Budget and Business Plan 2018 – 2020
Health and Social Care (part 1)

Report of: Dr Carolyn Kus, Executive Director for Strategic Commissioning and
Director of Adult Social Services
Carol Culley, City Treasurer

Summary

In the Budget and Business Plan for the period 2017-2020, directorates set out their proposed savings in the context of their objectives. This report sets out both the progress made to date in delivering savings and the directorate's focus over the next two years of the three year plan. The adult social care budget includes social care and public health and homelessness. The latter is out of scope for the integrated commissioning arrangements and this report will be in two parts:

- Part 1 - The arrangements for delivery of Health and Social Care from 1 April 2018 and the contribution that the Council is putting into the single pooled budget for Health and Social Care.
- Part 2 - The priorities and budget for Homelessness services which will be remaining within the Council.

This report (part 1) provides a high level overview of the priorities for Adult Social Care as part of a single commissioning function with NHS Manchester CCG known as Manchester Health and Care Commissioning. This report should be read together with the Health and Social Care Budget report which is a joint report between the Council for Adult Social Care and the CCG. The purpose of this report:

- Refresh the Budget and Business Plan for the period 2017-2020 in the context of the arrangements with the integrated commissioning arrangements for Health and Social Care
- Update on the financial position for the Adult Social Care 2017-20 budgets.
- Propose for approval the Council's contribution to the MHCC pooled budget with the CCG.

Recommendations

Executive is recommended to approve the final proposals in this report and that these are included in the budget to Council.

Wards Affected: All

Manchester Strategy outcomes	Summary of the contribution to the strategy
A thriving and sustainable city: supporting a diverse and distinctive economy that creates jobs and opportunities	Supporting the City in driving forward the growth agenda with a particular focus on integrated commissioning and delivery which will focus on utilising available resources effectively and developing a diversity of providers including entrepreneurs and social enterprises. This will provide opportunities for local jobs
A highly skilled city: world class and home grown talent sustaining the city's economic success	Integrated commissioning will focus on utilising available resources to connect local people to education and employment opportunities, promoting independence and reducing worklessness. Working with schools to engage and support our communities.
A progressive and equitable city: making a positive contribution by unlocking the potential of our communities	The focus is on changing behaviours to promote independence, early intervention and prevention, the development of evidence-based interventions to inform new delivery models integration with partners where appropriate.
A liveable and low carbon city: a destination of choice to live, visit, work	Development of integrated health and social care models and local commissioning arrangements that connect services and evidence-based interventions to local people and enable families and their workers to influence commissioning decisions aligned to locally identified needs. Schools as community hubs playing an essential role in reaching out to communities and leading early intervention and prevention approaches at a local level
A connected city: world class infrastructure and connectivity to drive growth	N/A

Full details are in the body of the report, along with implications for

- Equal Opportunities
- Risk Management
- Legal Considerations

Financial Consequences for the Capital and Revenue Budgets

The proposals set out in this report form part of the draft revenue budget submitted to the Executive on 7 February 2018.

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Background documents (available for public inspection):

Adult Social Care Budget and Business Plan: 2017/18 -2019/20 - Executive – 8 February 2017
Our Manchester Voluntary and Community Sector Funding - Executive – 28 June 2017

1.0 Introduction and context

- 1.1 In the Budget and Business Plan for the period 2017-2020, directorates set out their proposed savings in the context of their objectives. This report sets out both the progress made to date in delivering savings and the directorate's focus over the next two years of the three year plan.
- 1.2 The adult social care budget includes social care and public health and homelessness. The latter is out of scope for the integrated commissioning arrangements and this report will be in two parts:
- The arrangements for delivery of Health and Social Care from 1 April 2018 and the contribution that the Council is putting into the single pooled budget for Health and Social Care.
 - The priorities and budget for Homelessness services which will be remaining within the Council.
- 1.3 The report is accompanied by:
- A joint budget report with MHCC setting out the budget and priorities for 2018/19 and the arrangements for developing and agreeing the Operational Plan that sets out what will be delivered
 - The Local Care Organisation Business Planning update
 - The budget and business plan for Homelessness services.
- 1.4 The purpose of this report:
- Provide an update on the delivery of Budget and Business Plan for the period 2017-2020 in the context of the arrangements with the integrated commissioning arrangements for Health and Social Care
 - Update on the progress with the financial plan and delivery of savings and investment
 - Propose for approval the Council's contribution to the MHCC pooled budget with the CCG.

2.0 The integration of health and social care

- 2.1 The vision for Manchester complements the Greater Manchester ambitions brought about by devolution. In effect, the Our Healthier Manchester locality plan represents devolution in action: the people of Manchester taking control of the way their own health and care services can best meet their needs. To achieve our ambitions, Manchester is now ready to commission a transformed system that is able to deliver care to support people to live more healthy lives, understands the needs of our population and is able to deliver new models of care. The formal agreement with the Greater Manchester Health and Social Care Partnership on transformation funding is to be signed during January 2018.
- 2.2 The high level refresh of the Manchester Locality Plan sets out the health and care systems system's strategic aims as :
- 1 To improve the health and wellbeing of people in Manchester
 - 2 To strengthen social determinants of health and promote healthy lifestyles

- 3 To enable people and communities to be active partners in their own health and wellbeing
- 4 To ensure services are safe, equitable and of a high standard with less variation

2.3 The approach to delivery is through the integration of commissioning and services is through the ‘three pillars’ of the Locality Strategy. For the last 18 months strategic focus has been upon organisational change although it is important to recognise the service improvements which have taken place. This was important as the scale of service transformation required is not considered possible without a simplified and more coherent system in Manchester. The ‘three pillars’ are mutually dependent and are:

- **A single commissioning system** (‘One Commissioning Voice’) ensuring the efficient commissioning of health and care services on a City wide basis with a single line of accountability for the delivery of services.
- **‘One Team’** delivering integrated and accessible out of hospital services through community based health, primary and social care services within neighbourhoods. Through the combining of resources residents will get integrated services, resulting in improved outcomes (holistic needs addressed) at reduced cost. Services are being bought together in the Locality Care Organisation or LCO. The LCO continues to progress with key work around organisational set up, service strategy and transactions and partners are progressing with the development of a Partnering Agreement to enable the LCO to become operational by April 2018. The 2018/19 Target Operating Model and Mobilisation Plan for the LCO have been co-designed between the LCO and MHCC. The LCO Business Plan from 2018/19 is reported elsewhere on the agenda for Executive and will be provided to a later Health Scrutiny Committee.
- **A ‘Single Manchester Hospital Service’** delivering cost efficiencies and strengthened clinical services, with consistent and complementary arrangements for the delivery of acute services achieving a fully aligned hospital model for the City - On 1 October 2017 Central Manchester University Hospitals NHS Foundation Trust (CMFT) and University Hospital of South Manchester NHS Foundation Trust (UHSM) merged to create a new organisation: Manchester University NHS Foundation Trust (MFT). This milestone marks the completion of ‘Project One’ within the Single Hospital Service Programme. MFT now is implementing the integration/benefit plans developed as part of the merger planning process. The anticipated completion date for transfer of North Manchester General Hospital, into Manchester University Foundation Trust, is October 2018 - April 2019.

2.4 It is important that organisational changes are followed through in their establishment, their maturity and how they work together. However, looking forward a new focal point which focuses upon changes to services and our

relationship with residents is being developed. The new areas of focus which will deliver the strategic aims, proposed are:

‘Our Services’

This means:

- Developing integrated, well-coordinated and proactive care
- Standardised care which consistently follows evidence based pathways and interventions
- Connecting with communities, delivering excellent user experience in neighbourhoods where possible
- Completing organisational changes to commissioning and provision
- Maximising potential through research and innovation in the city.

‘Our People’

This means:

- Addressing the causes of poor health outcomes across Manchester with interventions that will impact on in the short, medium and long term
- Achieving equity in quality and service provision across the city
- Engaging and empowering residents in positive lifestyle choices regarding smoking, diet, exercise and alcohol
- The Health and Care system being an exemplar of the Our Manchester approach.
- Working with others to bring opportunities for education, employment, good housing, a developing economy and social inclusion.

‘Our Outcomes’

This means:

- Delivery of quality, safety and performance across the system
- Achieving financial balance across the health and social care system in the short and medium term
- Good levels of recruitment, retention and staff satisfaction
- Modern buildings and technology supporting effective working.

- 2.5 Delivery plans are being developed across the Our services, Our people, Our outcomes themes within the locality plan. 2018/19 will still need to see completion of the organisational changes for the LCO and single hospital service vision. It is important to note that the development of the refreshed strategy had strong involvement from the community and voluntary sector. There is continued work with the sector to agree the priorities and milestones in this regard. More detail is provided in the MHCC Budget Report and Operational Plan and the LCO Business Plan.

Integrated Commissioning Arrangements

- 2.6 In April 2017 Manchester City Council and NHS Manchester CCG entered into a single commissioning arrangement for health, adult social care and public health. This brought together the leadership and delivery of commissioning for these services into a single arrangement. The partnership organisation, called

Manchester Health and Care Commissioning (MHCC), is a key part of the Manchester Locality Plan 'Our Healthier Manchester'.

2.7 MHCC was established with a view to achieve the following benefits:

- To make best use of the collective resources (financial and non-financial).
- To be more effective in the context of new health and care provider arrangements within the City.
- To be more strategic in terms of its commissioning role including a more outcome focussed approach and broader influence across the wider public sector and Greater Manchester footprint.
- To enable more integrated and proactive care delivery through a more co-ordinated commissioning arrangement.
- To enable a proactive approach to the early intervention and prevention.

2.8 In order for MHCC to work optimally, it will operate a single planning, delivery and assurance process from April 2018 which will oversee the commissioning responsibilities for health, adult social care and public health and will include single budget arrangements. There is already shared vision strategic aims as set out above. The MHCC Operational Plan will describe the priorities and objectives that will contribute to the achievement of these. The delivery of the plan will be the responsibility of the Executive Team of MHCC with Director specific responsibilities within. Within this Operational Plan will be the plan relating to savings, under a common language of the Financial Sustainability Plan (FSP).

2.9 Manchester City Council and NHS Manchester CCG have agreed intent for a pooled single commissioning budget for health, adult social care and public health. This is planned to take effect from April 2018 with a section 75 partnership agreement which sets out the governance arrangements. In turn there is a wider investment agreement across commissioners and providers to support the transform programme and the Manchester Agreement, which set the overall financial context for health and social care, including detailed financial and activity assumptions.

2.10 The single health and care budget will bring a number of opportunities:

- To commission joined up health, social care and public health, through the Local Care Organisation, Hospital services and other providers.
- To shift investment upstream enabling proactive and co-ordinated care within neighbourhoods to reduce demand on high cost, acute or long term institutional care.
- To realise benefits of cost efficiency through increased purchaser power, reduced duplication and reduced detrimental decisions at a system level.
- To develop opportunities for a more strategic approach to capital and revenue financial planning.

- 2.11 The single budget will include the majority of the Council’s adult social care budget, excluding the budget for Homelessness, Adults Safeguarding Service and Our Manchester Voluntary and Community Sector grants.
- 2.12 The initial ambition for integrated health and social care, was that the Council and partners will achieve a shift of resources from hospital to community services, with more people supported in their own homes, rather than hospital.
- 2.13 The shift in resources will be supported by the Manchester Agreement which will formalise the joint commitment of organisations’ to the Our Healthier Manchester strategy and to create governance mechanisms to enable effective implementation. The Manchester Agreement is not legally binding but acts as a commitment to a joint vision, strategy and collective ways of working which will enable more effective implementation. This explicitly commits the health and care system to its role in strengthening the wider determinants of health and achievement of longer term clinical and financial sustainability with the agreed financial objectives to:
- Transform the health and care system, moving our focus from hospital to the community.
 - Reinvest the savings we make into better care.
 - Balance our finances now and in future years.
 - Develop our workforce so we have committed, healthy, skilled, people where and when they are needed.
- 2.14 The agreement consists of the following:-
- A clear outline of the vision and strategy for the system.
 - A clear approach to performance (outputs of new care models); benefits (the intended outcomes of the new care models); and evaluation (the causal link between the two). The initial performance framework links to the investments through the Greater Manchester Transformation Fund.
 - The principles of risk and gain share within the system.
 - The partnership Compact which is the commitment made between organisations.
- 2.16 The current Manchester Agreement is a starting point for more formal system governance and supporting working arrangements. It is anticipated that this will evolve and grow in both scope and maturity of the working arrangements

3. Adult Social Care

- 3.1 The Directorate for Adult Social Services is responsible for social care services for adults, public health with statutory responsibilities for safeguarding adults. It is focused on helping people who have to rely more than most on targeted and specialist services to make the changes in their lives which will see them become more independent.
- 3.2 Key achievements during 2017/18 delivered through integrated arrangements include:

- Integrated Neighbourhood Teams – nine of the twelve teams are now co-located, with plans in place for the remaining three teams
- There has been an overall reduction in admissions to residential and nursing homes during 2017/18
- High Impact Primary Care (HIPC) the team in North Manchester started to receive referrals in November and the services for the Central and South localities plan to be operational before the end of January 2018.
- New Extracare provision now operational through Village 135.
- Community Links for health prevention is operational in North Manchester with plans to mobilise in Central and South underway

3.3 Delivery will be undertaken within the context of the Our Manchester approach. Residents have said that health services were important to them so MHCC and partners need to work together to deliver the best services possible. It will do this by ensuring the behaviours exhibited match the approach. In refreshing the Locality Plan and setting out the vision for MHCC to state that when it commissions services, it will be done in an Our Manchester way – by listening to what residents say, by thinking differently about solutions rather than doing the same old things, and by working together across organisations to get the job done.

3.4 The objectives of Manchester Health and Care Commissioning and ways of working are driven by the four principles of Our Manchester. These are:

1. Better lives – it's about people

- We look at all aspects of the lives of each person we work with when that's needed. We work with whole families on root causes, not on patching problems.
- We make our work count for the whole neighbourhood or for a community of people spread across many neighbourhoods.
- We work with each other and others so that people get the right services in the right place at the right time.

2. Listening – we listen, learn and respond

- We listen to people and communities so that everything we do is exactly what people need.
- We have open minds not pre-conceptions. We base decisions on what we see and hear, not on what we bring to a situation.
- We change and adapt when something doesn't work.

3. Recognising strengths of individuals and communities – we start from strengths

- We understand people's strengths and see the positives in their life and their relationships.
- We understand communities' strengths and recognise their diversity.
- We work with many different sets of people and communities.
- We understand what matters to people.
- We build on what's already in a community.

4. Working together – we build relationships and create conversations

- And they're ones that we've not had before. They give an equal say – and an equal role – to those who need services and those who provide them.
- We have conversations – we don't just 'consult'
- So we start by asking not telling, we don't push our own solutions
- We're frank, open, honest and realistic
- So we don't over-promise – we risk disappointing and can take flak – but we say no when it's no
- Our relationships are long-term
- So we don't just make contact in crisis or when we need something – being there already pays off

3.5 The integrated commissioning arrangements include Public Health and are identified under MHCC Priority 4 below (3.5). The Public Health vision has been set out for the people of Manchester where;

- Every child is offered the support he or she needs through a framework of “progressive universalism”. Children are enabled to meet developmental goals, supported by a loving family and secure attachments, so that they enter school ready and able to learn, make friends and flourish. Services promote positive health behaviours such as breastfeeding, immunisation and a healthy diet;
- Adults are able to support themselves and live healthy lifestyles in gainful employment and in stable households. People are living in strong, supportive social networks in areas of high social capital. Where people have specific needs for support, these should be understood and services should be established to provide the relevant support based on clear needs assessments; and
- People have a healthier older age, live in age friendly environments, and are able to continue to contribute to society in the ways they wish. The role of public health in addressing the underlying causes of ill health is increasingly important as the scale of public services reduce. Lifestyle factors such as poor diet, physical activity, smoking and excess alcohol need to be tackled in the context of socioeconomic determinants of health, such as, employment, income and housing.

3.6 The priorities set out in the MHCC Operational Plan are below, they underpinned by a series of objectives which for 2018/19:

Priority 1: Develop high quality, effective residential, nursing and home care

Priority 2: Deliver effective out of hospital care

Priority 3: Develop core primary care services

Priority 4: Tackle health inequalities to reduce the variation in health outcomes across Manchester, in line with Our Manchester

Priority 5: Deliver strategic programmes in line with the city's priorities

Priority 6: Develop a transformed health and care system

Priority 7: Deliver national and statutory requirements and drive the transformation of health and care in Manchester.

4. Revenue Financial Strategy for the Delivery of Objectives

- 4.1 The Manchester Locality Plan sets the ambition to radically improve people's health in the city and close an estimated £135 million financial gap that there would otherwise be by 2020/21. A key principle of change within the Locality Plan is to achieve a sustainable system by costs being reduced through better co-ordinated proactive care which keeps people well enough not to need acute or long term care. This will be achieved by:
- Transforming the health and care system, moving our focus from hospital to the community.
 - Reinvesting the savings we make into better care.
 - Balancing our finances now and in future years.
 - Developing our workforce so we have committed, healthy, skilled, people where and when they are needed.
- 4.2 The single commissioning budget for health, ASC and public health will be through a section 75 agreement partnership agreement and financial framework (see section 5 below) which sets out the governance arrangements for MHCC. The pooled budget will include the CCG allocation and the approved budget for ASC and public health with some exclusions for both the CCG and the Council that cannot be pooled for technical and legal reasons.
- 4.3 The total adult social care budget in 2017/18 is £171.840m which is around 40% of the Council's controllable budget and £212.605m gross of income including means tested charges for social care.

Service Area	2017/18		
	Gross Budget	Net Budget	Budgeted Posts (FTE)
	£,000	£,000	
Care	60,156	35,604	293
Assessment Care & Support	8,808	5,866	225
Learning Disability Services	46,501	41,715	34
Mental Health Services	23,486	21,416	0
In house adult social care services	16,053	13,828	455
Commissioning	15,088	14,139	57
Public Health	30,062	27,297	42
Safeguarding	2,589	2,259	13
Income from Health	(4,526)	(4,526)	0
Back office	14,388	14,242	140
Total	212,605	171,840	1,258

- 4.4 The adult social care budget forms part of a three year strategy agreed by full Council in March 2017 as part of the Council's budget setting process. This saw a £35m additional investment into adult social care, part funded by the Improved Better Care fund which rises to £24.4m by 2019/20 and the 6% council tax precept which raises £8.4m in the first two years of the three year

period. However, the Council as a whole saw an overall reduction in government funding and had to implement a £31m savings programme.

- 4.5 In order to put the health and social care economy onto a sustainable footing savings were required from the pooled budget over the three year period. However, it was recognised that implementing significant cuts in Council social care spend would not help if all that happened was people were at risk of staying in hospitals longer than necessary. What trends show is that simply cutting budgets does not actually deliver all the savings for either the Council or the ‘system’. Need is increasing faster than the funding available and the acceleration of new care models accompanied by an increased level of social care investment is a key part of the strategy to remain within budget and impact on outcomes.
- 4.6 Investment in new care models and detailed savings proposals for the pooled budget for health and care services were included in the Locality Plan and the Council’s budget included a reduction in the contribution to the pooled fund to release savings to the Council of £5m 2017/18, rising to £8m 2018/19 and £12m 2019/20. The savings target was originally £27m across the three year period but reduced to £5m rising to £12m as part of the budget process. In order to put the social care budget onto a more sustainable footing, it was agreed that £4.7m additional savings would be found across health and care to meet the growing needs for community based care. As a result the savings target is £9.7m rising to £16.8m by 2019/20 with the £4.7m to be identified through joint work looking at the resources of MHCC.
- 4.7 The Council’s 2017-20 approved budget for adult social care included:
- Reduced savings target for the pooled fund of £5m 2017/18, rising to £8m 2018/19 and £12m 2019/20
 - Joint savings with partners to be reinvested to fund Social Care of £4.8m;
 - Establishing a realistic level of funding to contribute to the pooled budget;
 - Providing additional investment for the ramping up of the new care models, via the bid to the GM Transformation Fund.
- 4.8 Taking account of the additional investment and savings proposals set out above the pooled budget for adult social care reported in the 2017-20 budget report is shown in Table 2 below:

	2017/18 £m	2018/19 £m	2019/20 £m
Base Budget	157.69	156.63	154.81
Apportionment of pay and non pay inflation	2.52	4.50	6.49
National Living Wage costs for commissioned services	4.26	8.52	12.77
Demographic pressures	10.26	12.91	15.57

Sub Total Additional Funding	17.04	25.93	34.83
Sub Total	174.73	182.56	189.64
Savings Target	-5.00	-8.00	-12.00
Pressures Met from Locality Resources	-4.68	-4.75	-4.82
Total Savings	-9.68	-12.75	-16.82
Total	165.05	169.81	172.82
Net Increase	7.36	13.18	18.01
Year on Year		5.82	4.83

- 4.9 The Adult Social Care grant for 2017/18 – 2019/20 was announced after the 2017-20 budget was set and totals £12.9m in 2017/18 reducing to £3.7m in 2019/20. The Council's Executive agreed in July 2017 that the grant should form part of the MHCC budgets and its final use will be agreed by the MHCC Board and the Health and Well Being Board.

Progress with development of 2017-20 savings options

- 4.10 This section of the report provides an update on the savings proposals which have now been developed.
- 4.11 The savings in the 2017-20 approved budget included:
- £2.879m approved in the 2016/17 budget, made up of £1.065m in 2017/18 and a further £1.814m in 2018/19
 - Joint locality plan savings from 2017/18 with partners to fund ASC budget pressures of £4.7m
 - £12m over the three years made up of £5m in 2017/18, a further £3m in 2018/19 and a further £4m in £2019/20
- 4.12 There were previously agreed savings of £1.065m in 2017/18 and a further £1.814m in 2018/19. Of these £473k in 2017/18 rising to £1.820m in 2018/19 from Extracare have been delayed due to uncertainty caused by the proposed changes to Housing Benefit funding for Extra Care schemes. The latest government proposals are currently being consulted on and provide some assurance that the additional housing costs for supported accommodation will be recognised in the national funding model. Savings of £233k in 2018/19 from placement planning are now expected for delivery in 2019/20 whilst new models are being designed with GM and homecare providers.
- 4.13 The joint locality plan saving of £4.7m was met from one off resources in 2017/18. A risk and gain share is being developed between commissioners as part of the Manchester Agreement to determine how benefits from new care models will be shared to support investment in adult social care. To support this MHCC is developing a financial sustainability plan which will reflect the joint commissioning priorities set out in the Operational Plan to be finalised in February 2018. In the meantime the MHCC Board has agreed a contribution of £4m from contingency to support adult social care in 2018/19.

4.14 Progress with the £12m of savings approved for 2017-20 is that a total of £10.812m has been identified to be achieved by 2019/20:

- £4.662m from cashable benefits expected to fall to adult social care services from new delivery models by 2019/20
- £3.267m of other specific savings plans previously agreed
- £2.883m deployment of 2017-20 ASC grant.

4.15 New care models have estimated cashable savings to adult social care services of £6.344m in 2018/19 and £4.662m in 2019/20. The benefits reduce in 2019/20 as a proportion of the savings are retained to fund the new model when non-recurrent investment reduces in 2019/20. Progress on the new care model savings for 2018/19 and 2019/20 are as follows:

- Reablement – there is an expected reduction in spend on homecare and residential and nursing arising from greater use of Reablement to improve functionality, Recruitment to expand the existing Reablement service is taking place during January 2018 and delivery of the new model will be by the LCO from April 2018. This will be a key part of the Adult Social Care standard offer to be provided by the LCO from April 2018.
- Extracare – there is a planned reduction in need for residential and nursing care and a planned increase in Extracare through additional 687 units. There are with 135 now available and a further 552 which are currently in the planning stage. This saving is a high risk as the impact of the new units available during 2017/18, has not resulted in a reduction in residential accommodation. Furthermore, there have been delays with projects progressing due to housing provider concerns over Government changes to housing benefit affecting the financial viability of supported accommodation schemes.
- Assistive Technology (AT) the use of AT is designed to increase, maintain or improve the functional capabilities of individuals, and can range from low to high technology solutions. By investing in AT there will be a reduction in costs to the Health and Social Care system by supporting frail elderly people, people with long term conditions and people with dementia to live safely in their own home for a longer period. Savings from adult social care budgets relate to reductions in homecare. The new delivery model will be delivered through the LCO in 2018/19 once investment to support this been finalised.
- High Impact Primary Care investment targets 12,000 residents in Manchester who are most at risk of emergency admission. The model has been partially implemented in some areas and savings to adult social care are expected to fall to homecare and residential services.
- Prevention – The majority of this saving is expected to come from residential and nursing services. The programme will enable One Team to take a person and community-centred, asset based approach to delivering care and promoting health and wellbeing for the residents of the 12 integrated neighbourhood teams provided by the LCO.

- 4.16 Other savings within the £12m target remaining for delivery in 2018/19 and 2019/20 relate to:
- Public Health - £545k from contract negotiations are underway and as part of the procurement exercise additional savings have been identified.
 - High Cost Placements £950k in 2018/19, further £500k 2019/20 from a current placements.
- 4.17 With the proposals for investment that have been developed there will be further savings of £1.525m in 2018/19 rising to £2.725m in 2019/20 to be delivered as follows:
- Resource Allocation System - £775k in 2018/19 the Resource Allocation System will be reviewed particularly with use around Learning Disability packages of care. The intention is to move towards an asset based approach as a model for reform and identifying opportunities for applying the approach in the short, medium and long term. The proposed approach is based on a 'creative, whole life care and support journey' with individually designed outcomes based on 'personalisation', a Resource Allocation Approach (RAA) that links to need and complexity and development of a community asset approach.
 - Homecare - £750k 2019/20, Manchester's ambition is to facilitate the reshaping of the Home care marketplace from "task and time" interventions to that of targeted, outcome focused delivery underpinned by reablement and rehabilitation practice. This means implementing and embedding an asset based approach, working with people to better understand "what matters, rather than what is the matter" and working in an integrated way across partners to drive a model which increases independence and reduces or stops a longer term package of care. The aspiration for the delivery model includes the upskilling of the Homecare workforce to deliver as a minimum, a reablement model with the addition of integrated access to the range of Community Health provision, multi-disciplinary working and a completely different relationship with assessment staff as part of an asset/outcome based approach. The LCO and Manchester Health and Care Commissioning have a key role in leveraging health resources which address the high levels of complexity and acuity experienced by residents.
 - Recommissioning low value packages - £250k in 2018/19 and a further £250k in 2019/20 in new arrangements with the voluntary sector. The proposal seeks to transfer low cost packages of care to the Voluntary and Community Sector providers to deliver a well-being and social inclusion service. This approach supports the Our Manchester principles and is anticipated to reduce the longer term dependency.
 - Contract Review - £500k in 2018/19, a review is being undertaken with current contracts being reviewed to ensure that we are achieving value for money and are gaining all the benefits.
 - Prepaid Cards – 200k in 2019/20, MCC are currently procuring a Prepaid Card provider to enable adult social care to meet people's needs through a

smarter cash personal budget. The introduction of prepaid cards allows residents to have choice and control over how their care and support needs can be met. This brings web access to the provider's system to allow for real-time tracking of spend that is a benefit for both reviews of care and support needs as well as for audit purposes.

- 4.18 In total there are projected savings to be achieved of £8.519m in 2018/19 rising to £8.537m in 2019/20 against the target of £4.814m (£3m plus £1.814m) in 2018/19 rising to £8.814m in 2019/20. This leaves £277k remaining to be identified for 2019/20. A summary of the savings is provided in Appendix 1. The delivery of savings over and above the savings approved in 2018/19 will support the budget risks that have emerged during 2017/18 and support the investment proposals for adult social care services set out in the next section.
- 4.19 For Assistive Technology the savings also require the Transformation Fund investment of £930k to deliver the benefits in 2018 – 2020.

Investment Proposals

- 4.20 During 2017/18 the progress with savings reported above and monitoring of spend has provided an updated position for 2017–20 which is an estimated investment requirement of £5.8m in 2018/19 rising to £15.1m in 2019/20 as reported in the paragraphs to follow:
- 4.21 Locality issues relating to the ASC budget of £7m by 2019/20. The MHCC Board have agreed £4m of non-recurrent resource in 2018/19 towards this:
- The need to identify permanent savings to meet the £4.7m locality target.
 - More people requiring social care as a result of people with Learning Disability cases moving from the NHS following the findings of the Winterbourne review into people in long stay hospitals of £957k.
 - Medicines Management costs of £1.241m as a result of service being provided through adult social care that cannot be charged for under the Care Act 2014.
- 4.22 During 2017/18 work has been done to identify the full year effect of increased demand during 2017/18. There is a need for investment of £2.8m in 2018/19 and £8.1m in 2019/20 in addition to the approved additional funding included in the budget for 2017-20.
- 4.23 Mental Health – The increasing numbers of older people with dementia, is putting increased pressure on the budget. The number of people requiring care has increased by 36% between 2014/15 and 2017/18. The increase is being driven from factors including earlier discharge from independent hospitals and an increase with people with dementia and complex needs. The 2017/20 budget proposals allocate an additional £0.819m per annum bringing the total additional funding in this area to £2.457m
- 4.24 Learning Disabilities - The net increase in clients accessing services in 2016/17 was 188, with a further increase of provision in 2017/18 forecast to be 31. The growth in need has three main causes; 18-25 year olds transitioning

into the service; 40-50 year olds who are often entering the service in a ‘crisis’, for example as a result of a carer breakdown; 60 years and over where costs for this age group is evident as needs become more related to older age. The proposed investment reflects the full year effect cost of 2017/18 of £1.585m per annum 2018-20 and a further £240k allocated as a result of new case arising due to ‘Winterbourne’.

- 4.25 Home Care - The need for home care has continued to increase with the number of commissioned hours rising by almost 26% between April 2015 and October 2017. Whilst it had been planned that this would be managed across the whole system with moves to different models of care, such as Extra Care reducing the demand for residential placements, there is an increasing underlying level of need that needs to be recognised to avoid putting unsustainable pressure on the whole health and social care system. Analysis of the cohort of people newly in receipt of homecare and residential care has shown a very high proportion have dementia. The budget risk reflects £2.491m full year effect cost of 2017/18 from increases in commissioned hours and 1.2% increased need.
- 4.26 There is a budget shortfall of £224k for the Community Alarm Service and Manchester Support Living Service and £500k in 2017/18 and 2018/19 from Business Units for the delivery of in-house social care services.
- 4.27 The table below summarises the investment proposals. These alongside the £4m contingency from MHCC and the savings identified, would enable a balanced budget to be achieved.

Service Area	2018/19 £,000	2019/20 £,000
Locality Plan:		
Locality Plan Resources	4,745	4,814
Medicines Management	1,241	1,241
Winterbourne	957	957
Risk and gain	-4,000	
Sub-total	2,943	7,012
Investment requirement:		
Placement Planning	233	0
Learning Disabilities	325	240
Homecare	2,280	4,911
Mental Health	227	444
Residential and Nursing	2,732	2,007
Risk from shortfall on income	224	224
In House Adult Social Care	500	0
Over achieved (-) / under achieved (+) savings	-3,705	277
Sub-total	2,816	8,103
Net investment requirement	5,759	15,115

Adult Social Care Grant

- 4.28 Over the three year period 2017-20 Adult Social Care grant is being used for investment, along with GM transformation funding, into new models of care, to provide capacity and to protect adult social care provision during the transformation process. The breakdown of how the grant is proposed to be invested is shown in the table below:

Adult Social Care Grant	2017/18 £'000	2018/19 £'000	2019/20 £'000
Protection of Adult Social Care:			
DTOC, performance and care placements	2,525	2,500	2,500
Maintaining capacity increased demand	883	883	883
ASC Management Structure	130	244	244
Additional budget support in 2017/18	2,000	82	0
Social work capacity	0	168	148
	5,538	3,877	3,775
One-off Support 2017/18:			
Capacity for Reform	1,678	90	
Impact of delays on reform investments	1,596		
Contribution to locality plan savings target	2,525		
	5,799	90	0
Reform Schemes Approved			
Extracare		397	
Discharge to Assess	1,213	2,200	
Reablement	367	1,080	
	1,580	3,677	0
Total	12,917	7,644	3,775

Adult Social Care Budget 2018/19 and 2019/20

- 4.29 The ASC budget for 2018/19 and 2019/20 is shown in the table below. A further detailed breakdown of this is provided in Appendix 2:
- Savings of £4.814m in 2018/19 and further £4m in 2019/20 as outlined in this report.
 - Approved budget of £2.335m in 2018/19 and further £2.335m in 2019/20 for demographic growth.
 - Adult Social Care investment of £12.917m in 2017/18 reducing by £5.273m in 2018/19 and £3.869m in 2019/20

Service Area	2017 / 18	2018 / 19				2019 / 20			
	Net Budget 2017/18 £,000	Existing Savings as approved in 17/18 MTFP	Approved Growth in 17/18 MTFP	ASC Grant Reduction	Net Budget 2018/19	Existing Savings as approved in 17/18 MTFP	Approved Growth in 17/18 MTFP	ASC Grant Reduction	Net Budget 2019/20
	£,000	£,000	£,000	£,000	£,000	£,000	£,000	£,000	£,000
Total MHCC Pooled Budget	164,522	(4,814)	2,335	(5,273)	156,770	(4,000)	2,335	(3,869)	151,236
MCC Services Out of Scope	7,318	0	0	0	7,318	0	0	0	7,318
Total	171,840	(4,814)	2,335	(5,273)	164,088	(4,000)	2,335	(3,869)	158,554

Proposed Pooled Budget 2017-20

- 4.30 The majority of the Adult Social Care budget for 2018/19 and 2019/20 will form part of a pooled budget with the CCG to support the MHCC Operational Plan. The LCO will become operational from April 2018, with a phased transfer of adult and some children's social care services over a three year period. A Section 75 agreement and financial framework between the Council and the CCG will be completed for Executive approval by March 2018.
- 4.31 The pooled budget for 2017/18 as per the Executive approved budget 2017-20 was £165.050m. The revised pooled budget for 2017/18 now excludes the budget Adults Safeguarding and Voluntary and Community Sector grants of £7.318m and Homelessness budget of £5.184m and includes £12.917m of Adult Social Care grant, changing the total to £165.617m.
- 4.30 As reported earlier in this section, there is proposed additional investment of £5.8m in 2018/19 rising to £15.1m in 2019/20.
- 4.31 A further change to the pooled budget is requested to reflect a transfer of responsibility for the £10.352m Health Visiting service from Children's Services and Education to Public Health, which has been agreed between the Executive Members and Strategic Directors for these areas. This would align the commissioning of all public health services for children and young people with the Director of Public Health on MHCC.
- 4.32 The pooled budget including the proposed investment from the Council and MHCC contingency and the transfer of the Health Visiting service is shown in the table below:

Proposed Pooled Budget	2017/18 £000	2018/19 £000	2019/20 £000
Pool base budget	164,522	164,522	156,770
Demographic pressures*	0	2,335	2,335
Less			
Savings - 17/20 approved budget	0	(4,814)	(4,000)
ASC Grant Reduction		(5,273)	(3,869)
Approved Pooled Budget	164,522	156,770	151,236
MHCC Contribution		4,000	0
National Living Wage*	385	4,643	8,901
Inflation (estimated)*	710	4,951	9,192
Proposed Council investment		5,759	15,115
Health visiting service		10,352	10,352
Proposed pooled budget	165,617	186,475	194,796

*as required subject to approval

5. Financial Governance and Risk

5.1 The MHCC Executive Board and Finance Board is in place to govern use of the commissioning resource for Manchester.

5.2 A Financial Framework will accompany the Section 75 legal agreement to set out the detailed financial arrangements for operation of the Pooled Budget. Approval of the final S75 including the Financial Framework will be by recommendation from MHCC Executive to the Council's Executive and the CCG's Governing Body in February/March 2018. The Financial Framework will include detail on the organisational constitutional arrangements which determine the governance of resources under the new arrangements and the risk share agreement between partners to include:

- Confirmation of the contribution to the pooled budget from the CCG and Council.
- Delegation of the approved Adult Social Care budget to the Executive Director for Strategic Commissioning and Director of Adult Social Services who is a member of the MHCC Executive Board.
- Roles and responsibilities surrounding monitoring and joint financial reporting.
- Financial instructions which reflect that the CCG and Council will retain separate schemes of delegation, financial policies, financial accounting systems and cash balances.
- Contracts will be retained within legacy organisation with management of contracts will be undertaken through share governance;
- Collective responsibility for Partners to ensure the Pooled budget is financially sustainable.
- Escalation and emergency mechanisms for pressures that cannot be contained.
- Measures to ensure that expenditure from the Pooled Budget shall only be used for 'Permitted Expenditure'.
- The Council continuing to be responsible for the assessment, charging and debt recovery for means tested income contributions from

residents towards the cost of eligible social care and existing chargeable services as agreed with service users.

- 5.3 The MHCC Executive Board will develop a Financial Sustainability Plan for 2019/20 and future years which will allocate available resources in the pool through Executive leads in accordance with the priorities set out in the Operational Plan. This will include an evaluation of existing investment through the Better Care Fund, a review of current health and social care contracts and monitoring of the delivery of the transformation programme.
- 5.4 The GM Investment Agreement provides the high-level information about what needs to be delivered in return for the investment from the GM Transformation Fund. The Manchester Agreement will sit alongside the GM Investment Agreement to provide additional assurance about how investment and reform will reduce demand in the city. It will detail how partners will collaborate to better understand how the investments being made in new models of care will reduce demand for acute health services, and, through decommissioning, release cashable savings for reinvestment. This will be done by tracking and monitoring key metrics over time, evaluating the impact that the new approaches have on people's lives, and setting out how partners will share risk and reward. Inputs and outputs required from the main programmes of change will be identified, along with how these link to the outcomes and population health impacts required.
- 5.5 The Manchester Agreement describes the approach the system will take to identifying, managing and delivering the performance, benefits and evaluation aspects of transformational system change. Effective identification, management and delivery of performance, benefits and evaluation will underpin system transformation
- 5.6 A financial risk and gain share will need to be agreed across the locality to enable funding flows between health and social care. The purpose of the risk and gain share is to ensure that the benefits generated by the new care models are invested in the delivery of out of hospital care in the community. The benefits will accrue in acute hospital activity (commissioner led budget) and residential and nursing care budgets (LCO led budget). MHCC's contractual agreements with the LCO and SHS will reflect investments in new care models will be made and sustained and how the benefits generated within secondary care, and those generated in residential and nursing will move around the system. This must be clearly linked to the evaluation process undertaken by commissioners and as part of the Manchester Agreement the outcome of evaluations will identify if benefits have been delivered to fund the service in future years.

6. Technological Support to Implement Changes

- 6.1 The importance of technology, systems and data should not be underestimated if the City Council is to achieve the aspirations of growth, reform and health and social care integration from a Council and GM perspective. How the authority structures, governs and utilises data will be

pivotal to the successful delivery of these agendas. Further investment will be required in how technology and the systems of the Council and partner organisations are utilised to deliver further savings and efficiencies. This will require a continuation of the ICT transformation journey.

- 6.2 ICT will work closely with the Directorate to identify ICT solutions that comply with the Information and ICT design principles and to develop robust business cases to support their development. The Capital Strategy sets out proposals for developing the next stage of investment in ICT.

Key priorities include:

- The strategic focus for Adults and some of the Children’s services will be around the integration of Health and Social Care and the establishment of the Manchester Local Care Organisation (MLCO). There are still a number of unknowns as to how the MLCO will fund change programmes, this is likely to involve contributions from partner organisations as well as any funding that can be obtained from the Greater Manchester Digital Fund. A key priority is to further explore benefits around assistive living technology.
- Manchester Health and Care Commissioning (MHCC) went live in April 2017, however further work is required to develop the ICT tools to support new ways of working.
- From a technology transformation perspective, the initial focus will be the implementation of a new Social Care System (Liquid Logic) with a key objective being to integrate with primary care, community health (e.g. EMIS, Child Health) and mental health systems.
- ICT recognise that a number of services associated with Adult Social Care (ASC) will need to change as a result of the establishment of MLCO, this includes the “front door” into ASC, which will be integrated with community health services.
- Developing Manchester’s shared care record capability is a key enabler to Health and Social Care integration and in delivering the best possible care to the citizens of Manchester. The project to upgrade the system will be complete in early 2018, with the focus then turning to deploying to the H&SC workforce. This also lays the foundations to a key strategy for MLCO, which is citizens having access of their H&SC record, allowing them to share with others if they desire.
- There needs to be stronger technology links between Manchester Foundation Trust (MFT) and the MLCO, information needs to flow both ways in order to enable community teams to provide the required care.
- The Technology strategy for the Manchester Locality Plan needs to develop further to consider new ways of working involving partners, such as Manchester Mental Health (MMH) and North West Ambulance Service (NWAS); work will progress in 2018 to explore this further
- With the implementation of a new Social Care system, there will be the opportunity to integrated other developing solutions, such as the ASC e-Market place and the virtual wallet (personal budget) systems (integration post February 2019)

7. Impact on Residents Communities and Customers

- 7.1 Manchester has a diverse and rapidly changing population and it is important that the Council is able to manage its business priorities with due regard for the wide-ranging and complex priorities and needs of the City's residents. The business planning process helps the Council to consider and communicate how it will fulfil the requirements of the Public Sector Equality Duty in the development of its business priorities. The Council will continue to use its Equality Impact Assessment framework as an integral tool to ensure that all relevant services have due regard of the effect that their business proposals will have on protected groups within the City.
- 7.2 The Council is proud of its accreditation as an excellent authority against the Equality Framework for Local Government and is committed to maintaining this standard. Ensuring that Directorates' equality considerations and priorities are clearly articulated through the business planning process is a crucial part of achieving this commitment. The directorate's priorities support the EFLG and its activities will continue to reduce inequalities through effective partnership working in particular those with health, schools, independent providers, other local authorities and the voluntary and community sector.
- 7.3 The Directorate continues to play a pivotal role around equalities through its work with key cohorts:
- Children and Young People
 - Adults of working age
 - Older People
- 7.4 There are key developments looking ahead that will have an impact on equalities including the integration of health and social care and the health and wellbeing of adults living in communities. There is a significant opportunity to address the following areas:
- Health inequalities and life chances
 - Transition to adulthood
 - The benefits of health and social care integration
 - The reduction in social isolation of older people through the age-friendly work
- 7.5 All partners involved in delivering the Locality Plan are well aware of the need to undertake EIAs on service changes resulting from transformation. Partners have developed capabilities to do this on an individual and collective basis, driven by the scale and speed of change experienced in both the health and local government sectors over the last five years.

8. Workforce Impact

- 8.1 At the heart of the reform programme is a requirement to reconfigure the social care workforce into an integrated teams, within which Our Manchester behaviours are embedded. This objective is being pursued through strategic workforce planning within the LCO and a specific piece of preparation and improvement work within the Council. Headlines are as follows:

- In preparation for deployment the Directorate is strengthening its focus on supporting an engaged, motivated and skilled workforce through analysis of BHeard and CQC findings and further detailed consultation with the workforce, in particular the social workers. This analysis has identified the strengths and opportunities within current provision but made a series of recommendations for improvements, including around culture change and the refresh of the professional social work model, which are now being developed into a detailed plan
- Capacity and resources of the operational workforce are being assessed with regards to agency spend and other workforce metrics including vacancies and staff absence. A set of issues have been developed for inclusion in a potential independent review
- The resource to be deployed to the LCO has been fully scoped and the council is working with the LCO on interim and permanent structures and the basis of staff assimilation into them. To manage costs and follow MCC workforce principles it has been agreed that structures will be populated with reference to existing staff first and on the basis of job content rather than current pay, which isn't always comparable across the two sectors. Detailed analysis on individual impact will be undertaken over the coming weeks
- Consultative fora have been established with the Trade Unions to maintain the Council's constructive employee relations
- The asset based skills development offer, which must underpin all future assessment and delivery processes, has been baselined and assurance provided about the strength of this provision. Plans for developing this further are being developed including through apprenticeships and a common offer across all partners
- An integrated career pathway, driven by apprenticeships, has been developed across health and social care. Within this the apprentice development route that reflects integrated working within currently available standards has been identified and confirmed, together with options for developing new standards which fully reflect new roles going forward
- A set of common workforce management principles has been agreed and the detailed procedures to deliver these are being developed, for example managing workforce change and staff appraisal

Appendix 1 2017-20 Budget Savings

Service Area	Description of Budget Delivery Plan	RAG Deliverability	RAG Impact	Amount of Recovery Option			FTE Impact (Indicative)
				2018/19	2019/20	Total	
				£,000	£,000	£,000	
Adult Social Care	New Delivery Models						
	Carers' support	Amber	Green	-	23	23	-
	Reablement	Amber	Green	-	1,887	1,044	-
	Extra Care	Red	Green	-	1,523	874	-
	Assistive Technology	Red	Green	-	1,889	569	-
	High Impact Primary Care	Red	Green	-	211	293	-
	Prevention	Amber	Green	-	834	535	-
				-	6,344	1,682	-
	Other Savings						
	Public Health	Green	Green	-	545	-	545
	High Cost Placements	Amber	Green	-	950	500	1,450
	Minor Schemes	Green	Green		595		595
	Adult Social Care Grant - non-recurrent	Green	Green		250		250
				-	650	500	1,150
	New Social Care Savings						
	Strengths based support planning	Red	Amber	-	775	-	775
	Homecare: Implement outcomes based commissioning	Red	Amber		-	750	750
	Re-commissioning of low value packages	Amber	Amber	-	250	250	500
	Contract Review	Amber	Amber	-	500	-	500
	Prepaid Cards for Cash Individual Budgets	Amber	Amber		-	200	200
				-	1,525	1,200	2,725
Total Proposed Savings			-	8,519	18	8,537	
Retained Savings (for budget delivery plan)			-	3,705	3,982	277	
Released Savings (cashlimit reductions)			-	4,814	4,000	8,814	

Appendix 2 – Budget by Service Area

Service Area	2017/18			2018/19			2019/20		
	Gross Budget	Net Budget	Budgeted Posts (FTE)	Gross Budget	Net Budget	Budgeted Posts (FTE)	Gross Budget	Net Budget	Budgeted Posts (FTE)
	£,000	£,000		£,000	£,000		£,000	£,000	
Assessment Care & Support	9,039	9,039	225	8,991	8,991	225	8,762	8,762	225
In House Adult Social Care	16,052	16,052	455	16,552	16,552	455	16,052	16,052	455
Care	17,944	17,944	293	21,648	21,648	293	21,354	21,354	293
Learning Disability Services	1,992	1,992	34	1,992	1,992	34	1,992	1,992	34
Transformation Schemes	3,677	3,677		4,996	4,996	124	1,894	1,894	124
Business Support	1,100	1,100	49	1,100	1,100	49	1,100	1,100	49
LCO In Scope 18/19	49,804	49,804	1,056	55,279	55,279	1,180	51,154	51,154	1,180
Care	44,594	44,594	0	36,805	36,805	0	32,561	32,561	0
Commissioning	7,024	7,024	0	8,844	8,844	0	8,844	8,844	0
Learning Disability Services	42,657	42,657	0	42,513	42,513	0	42,138	42,138	0
Public Health	22,402	22,402	0	21,975	21,975	0	21,985	21,985	0
Business Support	400	400	18	400	400	18	400	400	18
LCO In Scope 19/20	117,077	117,077	18	110,537	110,537	18	105,928	105,928	18
Mental Health Services	24,180	24,180	0	23,555	23,555	0	23,430	23,430	0
Public Health Children's	3,737	3,737	0	3,737	3,737	0	3,737	3,737	0
Business Support	100	100	4	100	100	4	100	100	4
LCO in Scope 20/21	28,017	28,017	4	27,392	27,392	4	27,267	27,267	4
Back Office	2,173	2,173	0	2,173	2,173	0	2,173	2,173	0
Commissioning	2,475	2,475	47	1,975	1,975	47	1,975	1,975	47
Public Health Staffing	2,560	2,560	42	2,560	2,560	42	2,560	2,560	42
Locality Plan	(3,642)	(3,642)	0	3,476	3,476	0	5,880	5,880	0
Business Support	1,550	1,550	69	1,550	1,550	69	1,550	1,550	69
Coporately Held Budgets	5,273	5,273	0	0	0	0	(3,551)	(3,551)	0
MHCC Commissioning Function	10,389	10,389	158	11,734	11,734	158	10,587	10,587	158
MHCC Income	0	(40,765)	0	0	(48,172)	0	0	(43,700)	0
MHCC Pooled Budget	205,287	164,522	1,236	204,942	156,770	1,360	194,936	151,236	1,360
Adult Social Care	7,318	7,318	23	7,318	7,318	23	7,318	7,318	23
total	212,605	171,840	1,259	212,260	164,088	1,383	202,254	158,554	1,383

