#### THE EXECUTIVE

#### 23 MARCH 2004

# REPORT OF THE DIRECTOR OF SOCIAL SERVICES

IMPROVING SOCIAL SERVICES: REVIEW OF THE	FOR DECISION
FINANCE AND COMMISSIONING FRAMEWORK	

This report is submitted to the Executive as it contains significant strategic performance and resources issues for decision.

#### **Summary**

This paper reviews performance in Social Services, the commissioning of services, the financial framework and recommends further funding shifts to improve performance.

# **Recommendations**

That the Executive endorses the Finance and Commissioning Framework and that in addition to the resource shifts approved last year and set out in Appendix 2, the Executive note additional spending to Formula Spending Share (FSS) as set out in Table 4.

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# 1. <u>Background Information</u>

1.1 On 18<sup>th</sup> March 2003, the Executive endorsed the Financial and Commissioning Framework for Social Services for 2003 – 2006, including the "Three Star Plan", linking resource shifts to performance improvement. This paper reviews progress, pressures and new policy initiatives and updates the strategy.

# 2. Financial Context

- 2.1 Last year represented a significant investment in social services by the council, bringing spending up to that of the government's Formula Spending Share for the first time.
- 2.2 The Formula Spending Share has increased from £53.911m in 2003/4 to £61.294 in 2004/5 (£7.383m), but when it is adjusted for disappearing grants subsumed into the FSS base, the like for like increase in FSS is advised at £4.264m (7.4%) by the DoH. This is illustrated in Table 1.

2.3 With regard to Specific Grants in Social Services, there is a new grant for Safeguarding Children (£569k), and increases to a range of existing grants. However, Quality Protects (£3.2m) is subsumed into base FSS, and the deferred Payments (102K) and the Performance Fund Grant (£431k) all cease. This is the equivalent of a reduction of £1.138m in specific grants. The movements in grants are detailed at Appendix 1.

SOCIAL SERVICES FINANCE SETTLEMENT 2004 / 2005 - TABLE 1

SUCIAL SE	EKVICES F	INANCE SEI	ILCIVICINI Z	<u> </u>	IABLET
	2003 / 04	2004 / 2005	INCREASE	INCREASE	COMMENTS
FSS GRANT ALLOCATION	£.m	£.m	£.m	%	
ALLOGATION					Includes £3.2m of
Children's Services	18.824	23.609	4.785	25.42	previous QP grant
Older Persons	22.176	24.023	1.847	8.33	
Other (Adults ETC)	12.911	13.662	0.751	5.82	
TOTAL FSS	53.911	61.294	7.383	13.69	
			1.300	. 3.66	
SPECIFIC GRANTS	7,543	6,405	1,138	-15.08	DoH Grants
Total Allocation	64.454	67 600	6.245	10.16	7
Total Allocation	61,454	67,699	6,245	10.16	

# 3. <u>Service Changes</u>

- 3.1 One of the key dimensions of the Financial and Commissioning Framework was to address key priorities for investment and development for instance in relation to service standards in children's services, developing mental health services and continuing the modernisation of older people's and disability services. It was also to address the council's expenditure on the major service blocks of the FSS in relation to a significant shortfall in relation to Children's Services and an "over- expenditure" in relation to older people's services over a three-year period.
- 3.2 The service block expenditure compared to FSS for the last 2 years is shown at Table 2.

Table 2

	FSS	Budget	FSS	Provisional	Spend
	2003/04	2003/04	2004/05	Estimate	Compared
	£	£	£	2004/05	to FSS
				£	%
Children	18.823m	15.353m	23.609m	21.642m	-8%
OPS	22.176m	26.756m	24.023m	25.620m	+7%
Other	12.910m	11.801m	13.662m	14.049m	+3%

3.3 Significant progress has been made in realigning Older Person and Children Services spend at FSS, and this will be further pursued over the next 3 years. Currently the department is budgeting to spend 8% under on Children's Services

and 7% over on Older Persons Services FSS allocation for next year and further work to address this will continue.

# 4. Performance Improvement and Reaching 3 Stars

4.1 There has been continuous improvement in Social Services over the last three years. This is evidenced in improved Performance Assessment Framework indicators including taking account of targets and thresholds tightening and requiring higher performance. This is represented as follows –

#### Table 3

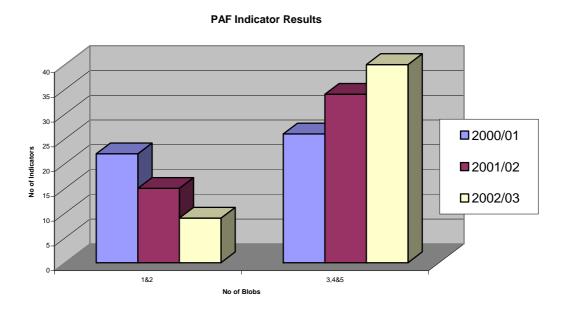
# Performance Improvement 2000/04 - 2002/03

Social Services is measured each year by PAF indicators, the results for all Authorities are published by the Department of Health normally at the beginning of November. Below is a comparison of 2002/03 outturn figures against the previous 2 years.

This table clearly indicates that there has been a year on year improvement from average 2.77 to 3.12

Yr	1 blob	2 blob	3blob	4 blob	5 blob	Average
0/1	7	15	12	10	4	2.77
1/2	5	10	24	7	3	2.86
2/3	4	9	20	9	7	3.12

**Adults** – of the 31 Adult indicators 24 rated 3 blob or above (77%) **Children** – of the 18 Children's indicators 11 rated 3 blob or above (61%)



This shows the shift from 1-2 blobs to the higher proportion of 3 blobs and above over the 3 years. In addition, star ratings published in November 2003 showed improvement in Children's services to one star and promising, although adults (which includes older people) remained with uncertain prospects. However, the Older People's Inspection judged the service as having shifted from uncertain to "promising prospects".

4.2 In order to sustain this level of improvement, the department will need to continue its pursuit of efficiency gains to free up resources. This will mean investigating all options around the balance of commissioning, procurement and providing functions.

4.3 Details of the improvements planned are set out in the three star plan and the finance plan (see Appendix 2).

# 5. <u>Modernisation</u>

- 5.1 Modernisation of Social Services for vulnerable people has continued and is extensive.
- 5.2 The following are of note:

#### Older People's Services:

- homes for elderly people have now been closed. Two of these have already been replaced by two high quality housing with extra care schemes. Capital plans for a third housing extra care scheme, a nursing home and an intermediate care centre are now progressing rapidly and the schemes are due to open in 2005.
- The use of intensive home care to support people in their own homes is now at a high level. (5 blobs)
- Funding to age concern now supports five day centres for frail elders
- The introduction of specialist in house home care teams, e.g. Dementia, Palliative, Intermediate Care
- The expansion of a multi-cultural and choice based welfare meals service.

## Adults' Services

- Sweetland Court has been re-provided by supported Housing accommodation with extra care.
- St George's day centre closed and capital plans are in progress to replace the Gascoigne Centre in order to provide day services for adults with disabilities
- Capital is in place to also replace York House and Tudor House (residential and respite facilities for people with disabilities) with new establishments that meet Care Standards requirements in modern good quality environments on the Gascoigne Centre site.
- Investments in mental health (jointly with the PCT and NELMHT) have resulted in the Assertive Outreach Team being staffed up to the required standards and the Crisis Resolution team is now operational.
- A comprehensive mental health strategy is in consultation
- A Substance Misuse service has been set up that covers drugs, alcohol and smoking cessation services.
- The Valuing People agenda for people with learning disabilities is being taken forward through re-vitalised partnership arrangements and additional resources.

#### Children's Services

- Three nurseries have been replaced by three, now well established family centres
- The children's assessment and care management service has been restructured, new posts have been established (including consultant social work practitioners as alternatives to management) a recruitment and retention strategy is in place and extensive quality assurance has improved service delivery
- The ACPC has been relaunched and has undertaken a multi-agency audit of Safeguards for children
- 2 Children's Residential homes have been closed and replaced by more foster carers Adolescent Resource Centres
- A children's strategy has been produced across social services, education and the NHS that refocuses all services for children in the borough
- new Sure Starts have opened and Health Education Teams for Looked After Children are up and running.

# 6. Key areas for improvement for 2004 – 2005

- 6.1 Despite the extensive changes described above, there remain areas for improvement and each year new standards and areas for improvement are introduced nationally. For us, these relate to:
  - Care Management Waiting time for initial and core assessments (children) and assessments and care packages( adults), standards in case file/ SWIFT recording, implementation of the Single Assessment, Process for Older People, reviews and assessments for carers, developing a value for money approach by Care Managers
  - Improving outcomes for children increasing adoption and the range of local fostering placements and improving education and health outcomes
  - Further work on the value for money and quality of in- house and out house Home Care
  - Reducing the reliance on residential and nursing placements for older people
  - Helping more older people to remain at home
  - The Safeguarding Audit report identifies key improvements needed in further reviews of children and families staffing levels and in office accommodation and facilities for children
  - Valuing people agenda for people with learning disabilities
  - Continuing to develop mental health services from a very low base

# 7. Service and Policy pressures 2004/5

- 7.1 There are a small number of key policy changes that need to be taken account of in the finance and commissioning framework that have not yet been mentioned. These are:
  - Unaccompanied Asylum Seeking Children recent judicial review and subsequent guidance has indicated that all of these children (under 18s) could be supported as Looked After Children (i.e. Care Leavers).

- Recent judgements about after care services (S.117) for mentally ill people indicate a small number of local people who may fall into the relevant category for which the cost implications are approximately £200k.
- Expectations for people with disabilities and mental health problems to be able to live independently through Direct Payments and schemes such as Welfare to Work are gradually increasing and Direct Payments will be a key indicator next year
- Implementing the Mental Health Strategy and continuing to develop services from a low base
- Seeing returns from the Regeneration and Community Partnerships post through the implementation of prevention strategies increased external funding and planning for population increase
- Implementing a comprehensive workforce strategy and plan, and implementing single status.
- Developing information management and quality assurance.
- Embed supporting people arrangements into the department, reviewing services provided and costs.
- 7.2 Resources have been identified from this years FSS settlement increase to substantively cover the above areas.
- 7.3 Social Services have faced severe budgetary pressures during 2003/4; at one point projecting a near £1m overspend. Management actions taken throughout the year eliminated the projected overspend, and the department is confident going into the new financial year that the pressures causing previous overspends have been dealt with, and are covered in the budget.

## 8. Corporate and Departmental Recharges

8.1 As Social Services responsibilities and budgets expand, it is inevitable that some volume based support costs (such as accommodation, telephones and other support) increase pro-rata also. These increases are included in the financial strategy where advised. Work continues with colleagues to ensure recharges represent value for money especially in areas such as legal services and transport.

#### 9. Capital Developments

- 9.1 Many of the above are contingent upon capital projects. These include the agreed capital projects for service refurbishment (major improvements to properties for instance lifts and windows in home for elderly people) and Fit for Purpose (office accommodation and care management facilities), and Grays Court, York House, Tudor house and the Disability Resource, this year. Work is ongoing to develop specifications for Older Peoples Services and a Mental Health Resource Centre. These were badged under "Barking Hospital" in the capital programme as at the time it was envisaged that it would be feasible to develop social care components on the hospital site. The feasibility of this is now being examined and off-site alternative options may be put forward.
- 9.2 Work is also ongoing in relation to specifications and costings for potential social care components of LIFT developments including Porters Avenue. The revenue contribution of this will be drawn in parallel.

# 10. Accelerating performance improvement

10.1 In order to make real the performance improvements (in addition to the resource shifts set out in the 3 star plan – Table 4) £734k of expenditure from this years settlement is ring – fenced against this, and is identified in this review, it is recommended that the use of the following additional resources is endorsed. This will bring Social Services Expenditure up to FSS, continue performance improvement and continue the shift of priorities to resources.

# **Background papers:**

"Improving Social Services – Financial and Commissioning Framework". The Executive  $18^{\text{th}}$  March 2003

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# TABLE 4

14. Website Content Manager

# SOCIAL SERVICES - EXPENDITURE PROPOSALS FOR FSS INCREASE IN 2004/5 (£2.634 MILL)

COST PRESSURES	£'k	Comments / Notes
<ol> <li>Single Status – Working Week</li> <li>Res. And Day Care Providers Inflation</li> <li>Legal Services</li> <li>Transport Recharges</li> <li>UASC / Single Status / Pressures</li> </ol>	185 625 320 270 500	Re-evaluation exercise in addition Additional 2.5% inflation on top of general increase (total 5%) on £25m Significant Cost Pressures Significant Cost Pressures Care Leaver / UASC – Gradings – Social Work

# ADDITIONALITY PROPOSALS FOR FSS £734 K (all linked to performance improvement)

ADDITIONALITY PROPOSALS FOR FSS 2734 K (a	in linked to performance improvement)
PERFORMANCE IMPROVEMENT AREAS	Performance Indicators Improved required detail - from 02/3 basis
Children and Families Social Work (£350k)  6. Improved Outcomes for Looked After Children – Educational support, care management and fostering support  7. Additional Staffing Numbers — Casaland ratios / waiting times	2002/3 performance = 2 Blob (25%), need 50% minimum for 4 Blob  Poviows 8 durations on CP register in 2003/3 = 3 Blobs, need 33% improvement for 4
7. Additional Staffing Numbers – Caseload ratios / waiting times	Reviews & durations on CP register in 2002/3 = 3 Blobs, need 33% improvement for 4
Older Person Care Management (£150k) 8. O.T.s and Equipment budgets – Delivery within 7 days 9. Additional Staffing – Caseload Improvement / waiting times	New measurement (7days) – was 21 days previously Waiting time for statements, assessments, reviews & packages – averaging 2/3 Blob
Health & Disabilities Care Management (£160k) 10.Physical D, Learn Dis, MH Staffing – Caseload improvement/waiting times	Helped to live at home indicator & direct payments – Is 3 Blob need 20% imp. For 4 Blob
11. Direct Payments Officer	Helped to live at home indicator & direct payments – Is 3 Blob need 20% imp. For 4 Blob
Performance, Quality and Value Infrastructure £74k 12. Information Management/Caldicott Officer 13. Second systems administrator	Additional capacity to manage and improve all indicators

#### PERFORMANCE INDICATORS REFERENCE

6 PAF A2 / BV 50 / TRIP / PSA / C19 / C23 / BV163 8 D38 / BV 56 / TRIP 10 C29 / C51 / E50 / C30 / C31 / E50 / A6 7 Various Incl A3 / C20-21 / BV 162 / TRIP 9 D39 / DV 40 / BV 55 / BV 58 11 C30 / C51 / E50

# **APPENDIX 1**

SPECIFIC OPANT	2003 / 2004	2004 / 2005	Incr / Decr (-)	Incr / Decr (-)	Comments
SPECIFIC GRANT ALLOCATIONS	<u>£,000</u>	£,000	£,000	<u>%</u>	
CHILDREN'S SERVICES GRANT:-					
Quality Protects (QP)	786	-	( 786)	Finished	Subsumed into FSS
Disabled QP	184	-	(184)	Finished	Subsumed into FSS
Leaving Care	2,150	-	(2,150)	Finished	Subsumed into FSS
Choice Protects	122	190	68 71	+56	
Adoption	74	145	71	+96	
SAFEGUARDING CHILDREN	-	569	569	New	Laming report recommendations
CAMHS-Adolescent	274	382	108	+39	
TEENAGE PREGNANCY	99	129	30	+30	
DEFERRED PAYMENTS	102	-	(102)	Finished	
DELAYED DISCHARGE	227	452	225	+99	Hospital blocked bed fining -
MENTAL HEALTH	524	527	3	+1	9
PERFORMANCE FUND	431	-	(431)	Finished	Need to fund from base budget.
PRESERVED RIGHTS ACCESS & SYSTEMS	858	798	(60)	-7	3.0
CAPACITY	770	2,064	1,294	+168	Primarily for Hospital transfers
CARERS	473	596	123	+26	
TRAINING GRANTS: -					
HR Development Strat.	41	108	67	+162	
National Training Strat	115	143	28	+24	
Training Support Prog.	174	162	( 12)	-7	
TSP-Child Care Award	29	30	1	+3	
YOUNG PEOPLE					Estimated figure – not
substance Misuse	54	54	-		available yet Estimated figure – not
AIDS / HIV SUPPORT	56	56	-		available yet
TOTAL	7,543	6,405	(1,138)	(15.08)	

# Appendix 2 COMMISSIONING & FINANCIAL STRATEGY 2003/4 to 2005/6

	GROWTH						T
DIVISION	MODERNISATION OR STRUCTURAL	SERVICE AREA	2003/04	2004/05	2005/06	DETAILS	PERFORMANCE IMPROVEMENT
GENERIC		Inflation for 2003/04     Current Overspends     Disappearing Grants     Increased Central Support Costs     Free Nursing Care     Loss of bridging funding 2002/3     Placements & Systems Contingency     Single Status     Legal Services     10.Transport Fleet     11.Performance Improvement     12.Contingency	£ 2,475,000 1,750,000 2,500,000 600,000 - 925,000 750,000 500,000	£ 2,255,000 3,119,000 500,000 -500,000 185,000 270,000 734,000 500,000	£	General RPI=1.6m + 625k care Nursing Care £1m – Others £750k on 2003/04 Dico £1m - PIG £500k - Res Allow £1m-QP 2004/05 Incr. Computers, accomm, telephones etc Picked up by PCT from April 2003  Reduction of working week Cost and volume increases Leasing Policy cost increase Across the department UASC and Single Status pressures	SUMMARY Indicators relate to SS PAF, SSI, NSF BVPIs, NHS Plan, PSA Targets, "Red Lights"etc
		TOTAL FOR GENERIC / GIVENS	7,650,000	7,383,000			
CHILDREN & FAMILIES	GROWTH	Generic Children's Services  Care Mgt. Recruitment & Retention  Additional Staff Market Supplements / Agency Costs  Q.A & Training & Development Overseas Workers Trainees  SUB TOTAL	530,000	350,000	1,000,000	Growth to be determined  R&R and additional staff Quality assurance and training and Development. Investment in fostering and adoption Serving children well, joint posts With ED and Health, ie Interface Indicators	Investment aimed at waiting time, targets  Reviews, CP Visits, and allocating work.  Looked After Children Qualifications (PSA Target/BVP/PAF A2) Is now a 2 Blob 40%>>>4 Blob-70% Emblowment, education, training for care leavers (BVP1 1618/PAF A4) Is now a 3 Blob 44%>>>> 5 Blob =60% Duration on Child Protection register (PAF C21) Is now a 3 Blob 12%>>>> 4 Blob = 10% Children fostered or placed for adoption
	GROWTH	Placements & Prevention Services: -	000,000	000,000		Commissioning for In-Borough	(PAF B7) Is now a 1 Blob 45%>>>>>4 Blob = 80+%  Adoptions of Children Looked After
		Fostering & Adoption Existing OOB Placements Overspend Commissioning for In-Borough Prevention SUB TOTAL	"300,000" "300,000" "150,000" 750,000	} } 200,000 } 200,000	400,000	fostering assessment and residential care. Proportion of current placements overspend. Additional resources also from QP and Leaving Care Grant.	(BVP1 163/PAF C23) Is now a 1 Blob 1%>>> 4 Blob = 7+%  Lona term stability of Children Looked After  (PAF D35) Is now a 3 Blob 54%>>>> 4 Blob = 60+%  Unit Costs Children Looked After  (BVP1 151/PAF B9)Is now a 3 Blob 5592>> 4 Blob £433 to £578  Convictions/Warnings of children looked after  (PAF C18) Is now 2 Blob 4.5>>>> 3 Blob between 1 and 3  Health of Children Looked After
		TOTAL FOR CHILDREN AND FAMILIES	1,280,000	750,000	1,400,000		(PSA?PAF C19) Is now a 2 Blob 58% >>>> 4 Blob 70+%
ADULTS WITH DISABILITIES	GROWTH	Mental Health Services  24 Hour Crisis Home Support ASWs – Approved Social Workers S117 Resource Centre SUB TOTAL	230,000	500,000		In partnership with NELMHT and the PCT 24 hour crisis resource ASWs and a resource centre	NSF – RED LIGHTS >>> GREEN  24hr Crisis Resolution, Early Intervention-Recruit & Retention  Unit Cost of Residential Care for Mental Health (PAF B15) Is now a 3 Blob £466>>> 4 Blob £32*1 to £426  Adults with Learn. Disabilities helped to live at home (PAF C30) Is now a 2 Blob 1.9>>>> 4 Blob 2.5 to 3
	GROWTH MODERNISATION MODERNISATION	Learning & Physical Disabilities  LD Placements Growth Overspend  St George's Day Centre (over 65s) Service Expansion / Pressures  LD Day and Residential Service Expansion / Pressures	100,000 -150,000 150,000	-1,700,000 1,700,000		Re-provision institutional services  Commission more cost effective services  Gascoigne/ Tudor/ York modernising	Unit Costs of Residential Care for Learn. Disabilities (PAF B14) Is now a 3 Blob £710 >>>> 4 Blob £528 to £704  Unit Costs of Residential Care for Phys. Disabilities (PAF B16) Is now a 3 Blob £540>>>>> 4 Blob £463 to £617  Adults with Phys. Disabilities heloed to live at home (PAF C29) Is now a 3 Blob 3.5 >>>>>> 4 Blob 4.2 to 5
		TOTAL FOR ADULT WITH DISABILITIES	330,000	500,000			
<b>OLDER</b> PERSONS	GROWTH	Generic Older Persons Services Modernisation and Efficiency  CARE MANAGEMENT  Assessment and reviewing officers Recruitment and retention }	"50,000"		-1,000,000	Savings from efficiencies (5%)  Additional reviewing officers plus additional care management capacity and retention Utilising new access & capacity grant	Clients receiving a review (BVPI 55/PAF D40) Is now a 2 Blob 43%>>>4 Blob 60+%  Older people helped to live at home (BVPI 54 / PAF C32) Is now a 2 Blob 60>>> 4 Blob 90+
	EFFICIENCY GROWTH	Home Care Traditional Home Care Intensive Home Care Intermediate Care	"150,000"	250,000	100,000	Improved efficiency. Capacity building 24 hour service Quality, cost and volume improvement Utilising new access & capacity grant also	Waiting time for care Packages (PAF D43) Is now a 2 Blob 42% >>>> 4 Blob < 20%  Unit cost of Home Care for Adults and Older People (PAF B17) Is now a 3 Blob £14 >>>> 4 Blob £9.60 to £12.75
	MODERNISATION MODERNISATION	Day Care / Community Services St Georges (Over 65)+Riverside Day Care Luncheon and Leisure Services Age Concern Frail Elderly Centres	500,000 -900,000 900,000	-		Reprovision to Fr. Elder / Transport  Changes to provision / client group	Cost of Intensive care for adults and older people (BVI 52 / PAF B12) Is now a 2 Blob £552 > 4 Blob £349 to £465  Emergency Admissions I Interface) (NSF ? PAF A5) Is now a 2 Blob 3%>>>> 4 Blob < 1.62%  % of people receiving statement of need (Older Persons) (BVPI 83 / PAF D39) Is now a 2 Blob 82.6%>>> 4 Blob 96%
	GROWTH MODERNISATION MODERNISATION MODERNISATION MODERNISATION	Residential Care Placements & Reprovision The Lawns Res Home Extra Care Housing & Care Packages Riverside Res Home Intermediate Care / Resources Kingsbridge Res. Home Nursing Care Resources Independent Resid. & Nursing Care TOTAL FOR OLDER PERSONS	250,000 -750,000 750,000	-250,000 -100,000 -750,000 500,000 <b>-900,000</b>	-500,000 <b>-1,400,000</b>	Based on current placements of wd  Res reprovision as per agreed policy  Res reprovision as per agreed policy  Res reprovision as per agreed policy	Carers Assessments (PAF D42) Is now a 2 Blob 17% >>>> 4 Blob 40+%  Delayed Discharges (Interface) (INSF / PAF D41) = 1 Blob 10.5 >>>> 4 Blob < 1.68  Availability of Single rooms (PAF D37) = 3 Blob 86% >>> 4 Blob 90%+
GENERAL		Contracting and Commissioning Asset Management Strategy, Policy and Change Management	50,000 "50,000" 90,000	.,	.,	Additional capacity & compliance post Capitalise Post & possible Joint with PCT New Posts Team, plus interim management etc	
		TOTAL FOR GENERAL OTHER	140,000	-	-		
	<u> </u>	GRAND ALL DIVISIONAL TOTAL	£9,150,000	£7,383,000	NET £Zero	<u> </u>	<u>l</u>