

Report of	Meeting	Date
Director (Communities and Leisure) (Introduced by Executive Member (Early Intervention))	Executive Cabinet	12 th December 2024

Adult Social Care Transformation Fund

Is this report confidential?	No
Is this decision key?	Yes
Savings or expenditure amounting to greater than £100,000	Significant impact on 2 or more council wards

Purpose of the Report

1. This report is provided for Members to consider and approve acceptance of £55,000 from the Adult Social Care (ASC) Transformation Fund, administered by Lancashire County Council (LCC).

Recommendations to Executive Cabinet

2. That Members agree for the council to accept £55k from the ASC Transformation Fund, subject to agreement and signing of the grant funding agreements with LCC.
3. That Members approve the delivery framework set out within the report which seeks to pilot social prescribing as an approach for preventing, reducing or delaying the need for formal social care support.

Reasons for recommendations

4. It is important to have a clear framework and principles for delivery of external funding schemes, ensuring proposals will deliver better outcomes for our communities and are aligned to the council's existing priorities. This includes clear understanding of any commitments, criteria or expectations of the council set by the external funder e.g. reporting on outcomes, or deliverables being achieved within set timescales

Other options considered and rejected

5. To not accept and allocate the funding would mean that those residents who need support within the local community will not receive it.

Executive summary

6. The Adult Social Care (ASC) Transformation Fund seeks to support residents to increase their independence, social inclusion, connection to their communities and have improved well-being. A further goal is to reduce pressures on the existing model of social care provision by deflecting inappropriate referrals into the system where those individuals identified could be better supported through low level interventions within the community.
7. The fund provides the council with the opportunity to build on existing strengths and local infrastructure to deliver a targeted response built around the principles of prevention, early intervention, and independence.
8. The response is based on enhancing our social prescribing capacity, an approach that we already know is helping to reduce service pressures across primary and secondary healthcare systems and we wish to pilot it with ASC to see if the same outcomes can be achieved.

Corporate priorities

9. The report relates to the following corporate priorities:

Housing where residents can live well	A green and sustainable borough
An enterprising economy with vibrant local centres in urban and rural areas	Healthy, safe and engaged communities

Background to the report

10. The Adult Social Care (ASC) Transformation Fund seeks to support residents in Lancashire to increase their independence, social inclusion, connection to their communities and have improved well-being. More specifically, it aims to:
 - Develop pathways between County, District and Community assets to ensure that Lancashire residents have information and access to local tailored support, with a specific focus on reducing unwarranted demand into Adult Social Care.
 - Ensure advice, information, and signposting to support which is close to where people live, to prevent, reduce or delay the need for formal social care support.
 - Support interventions that are evidence based and connect residents with their communities and reduce social isolation.
 - Provide support embedded in the principles of and delivery methods that support residents to live as independently as possible which include (but not limited to) signposting, direct support, and holistic support using a strengths-based approach.
 - Build an integrated approach that offers support outside of the Provider(s) own delivery, utilising a place-based approach that links with community assets.
 - Develop a network of place-based opportunities and encourage ongoing peer connection and support network.
 - Support the collation and analysis of performance data to evaluate service design, develop new or improved processes and procedures to ensure we are effective, efficient, and focused on resident outcomes.
 - Target the top 3 wards for each district identified with the highest count of contacts to Adult Social Care.

- Embed prevention and early intervention actions to support reducing health inequity.
11. To support a model for intervention that can respond to these goals, the fund will provide £220k across Central Lancashire to support pilot activity, with funds split evenly across the four district authority areas - Chorley, Preston, South Ribble and West Lancashire (£55k per district).
 12. District partners were brought together in May 2024 to explore potential collaborative approaches and ideas across Central Lancashire in responding to the fund's leading goals. Whilst all districts are committed to working collaboratively to deliver and evaluate proposed activity, it was recognised that each locality requires a slightly different response that reflects local differences, existing infrastructure, assets, knowledge and experience.
 13. Therefore, whilst there are commonalities around capacity building to strengthen communications and connections in helping individuals to find community-based solutions, the proposed delivery models are distinct in aligning to existing local systems and infrastructure to maximise impact.
 14. It is envisaged that evaluation of pilot activities across all districts will help demonstrate which approaches are most effective in preventing, reducing and delaying the need for formal social care support and will help inform further potential investment opportunities in the future.
 15. It is also a requirement that each district's response to the fund should be endorsed by the local Health and Wellbeing Partnership. This outline proposal was therefore presented to the Chorley and South Ribble Partnership at its Board meeting on 26 September, with members agreeing in principle to the approach set out.

Delivery Approach

16. The proposal is based on an approach that we already know is helping to reduce service pressures across primary and secondary healthcare systems and we wish to pilot it with ASC to see if the same outcomes can be achieved.
17. It seeks to enhance the capacity of the social prescribing services in both Chorley and South Ribble through a tailored approach aligned to the existing infrastructure and model of delivery within each council. For Chorley, funding will be used to enhance existing social prescribing services through the appointment of a 12 months, fixed term Adult Social Care (ASC) Link Worker that will boost capacity to enable the team to respond to the cohort of residents who are requesting care support from ASC and who could be better supported in their local communities. Whilst an additional post will be created to provide the capacity needed to take on these new referrals, it is anticipated that the caseload from ASC will be spread across the team.
18. Unlike the approaches proposed by some districts which simply signpost and connects individuals to support services in the community, the social prescribing approach is more holistic and based upon a combination of direct one-to-one support, signposting and referral. Individuals will be offered personalised support to address those issues that impact daily life, help people manage their own health and wellbeing and support them in living independently for longer. They will also receive practical support and assistance in navigating and accessing local services. The approach is

built around finding solutions that work for the individual and timelines for support will be dependent upon individual needs.

19. Partnership working and collaboration with the VCFSE sector will be key to delivering a connected and cohesive local system with signposting and referrals to appropriate organisations and community services. The council has already built a rich and deep ecology of VCFSE support across each district. This includes but is not exclusive to the most common reasons that people seek support from ASC - dementia advice and support, mental wellbeing support, financial advice and support, mobility support, premises care and minor repair services, community activities to address social isolation, housing advice and support, etc. This means the social prescribing team has a comprehensive network through which they can readily refer their clients to the support they need. To support this element of the work, LCC have requested that £5k funding at each council is reserved for small grants provision and / or micro-commissioning of VCFSE services.
20. A further key element of the delivery framework will be establishment of a close working relationship with the new LCC Wellbeing and Early Support (WES) function for ASC, which alongside VCFSE, could bring a number of new opportunities to better link up services for our residents. To ensure that caseloads are made up from the target cohort, it is anticipated that appropriate enquiries into WES would be deflected to the district, and the council will work with ASC / WES to define referral criteria both into / from each service and ensure that there is a good understanding of the services available at a community level.
21. The council will also work closely with LCC ASC to deliver a data driven approach, targeting those wards known to generate a high number of calls to ASC as a focus for the pilot. This includes Chorley Northwest, Chorley North & Astley, Clayton East, Brindle & Hoghton.

Monitoring and Evaluation

22. To enable us to maximise best use of the funding and effectively help reduce system pressures, information and data sharing is crucial. The districts are all committed to a series of development workshops which will facilitate further collaboration, shared learning and identification of best practice. This will include identifying common datasets to evaluate outcomes, enable comparisons between the different district approaches and help inform future funding opportunities.
23. A range of indicators and outcomes measures are already monitored by the social prescribing team and it is proposed that they will identify existing measures of relevance alongside any new, additional indicators that will support evaluation processes.
24. A leading metric will be the reduction in the number of unwarranted ASC cases arising from calls to the service, with a target to reduce this by 10% across the target wards within each district. Further anticipated measures could include:
 - Number of people referred into the service (via WES at LCC)
 - Number of referrals and signposts (including type of support)
 - Qualitative case studies – demonstrating impact of interventions.
25. The councils will also explore the potential use of mapping tools to overlay shared data and facilitate analysis with wider indicators of health and inequality to build a more holistic picture of local needs and make wider connections as part of a person-centred approach.

Timelines for Delivery

26. Whilst LCC have not specified a timeframe for funding and delivery, it is anticipated that funds will be paid to district partners either in November or December, subject to agreement, approval and sign off on grant funding agreements.
27. Delivery will be led by the Communities team who is ready to mobilise quickly and recruitment to the proposed role (twelve months, fixed term post) is expected to take place early in the new year.

Climate change and air quality

28. The work noted in this report does not impact the climate change and sustainability targets of the Council's Green Agenda.

Equality and diversity

29. An assessment is in place for the social prescribing service, and it is anticipated that the proposal will have a positive impact on a number of protected characteristics such as age, disability, etc seeking to improve the health and wellbeing of individuals and by helping people to live independently for longer.

Risk

30. There is some financial risk to the council if the funding expected from Lancashire County Council is not forthcoming. This will be mitigated by not undertaking recruitment until relevant agreements are in place.
31. The proposal is based on fixed funding for a twelve months' period. Future funding beyond this period is not guaranteed and the outcome of the proposed evaluation work will inform further potential funding opportunities and activity. Should the service be withdrawn at the end of the pilot period there would be no impact on the Council in terms of obligations. However, there may be some short-term reputational risk whereby if there is clear demand for the service, some negative impacts may be perceived by those individuals who would be unable to access support.
32. Success of the pilot will be dependent upon several key factors including effective partnership working, referral processes and agreed methods for monitoring and evaluation. LCC and the other district councils in Central Lancashire are committed to developing strong and cooperative working relationships with roles and responsibilities set out in relevant funding agreements.

Comments of the Statutory Finance Officer

33. This is additional funding to support the Council in conjunction with its existing Social Prescribing funding. The budget will be increased by an equivalent amount to the grant.

Comments of the Monitoring Officer

34. Legal Services will advise and support in respect of the agreement between the two councils, ensuring that the team are aware of the obligations on the council.

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This decision will come into force and may be implemented five working days after its publication date, subject to being called in in accordance with the Council's Constitution.