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To: The Chair and Members of the Health and
Adult Care Scrutiny Committee

County Hall
Topsham Road
Exeter
Devon
EX2 4QD

Date: 12 January 2022

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HEALTH AND ADULT CARE SCRUTINY COMMITTEE

Thursday, 20th January, 2022

A meeting of the Health and Adult Care Scrutiny Committee is to be held on the above date at 10.00 am at Council Chamber, County Hall, Exeter to consider the following matters.

Phil Norrey
Chief Executive

A G E N D A

PART 1 - OPEN COMMITTEE

- 1 Apologies
- 2 Items Requiring Urgent Attention

Items which in the opinion of the Chairman should be considered at the meeting as matters of urgency.

- 3 Public Participation

Members of the public may make representations/presentations on any substantive matter listed in the published agenda, as set out hereunder, relating to a specific matter or an examination of services or facilities provided or to be provided.

MATTERS FOR CONSIDERATION OR REVIEW

4 'Budget 2022/23 and Capital Programme for 2022/23 to 2026/27' (Pages 1 - 36)

Overall Approach

The 2022/23 budget proposals will be scrutinised with consideration of relevant service area budgets by Scrutiny Committees with the Corporate Infrastructure and Regulatory Services Scrutiny Committee considering both its own budget responsibilities as well as any issues raised by the Children's Scrutiny Committee and the Health and Adult Care Scrutiny Committee, to produce an overarching set of recommendations.

This approach enables all Scrutiny Members to question and challenge the budget proposals across services, to better understand the implications of the budget proposals across the Council and to make effective recommendations to Cabinet and Council.

The proceedings of all Scrutiny Committees will be livestreamed and publicised through normal channels.

The Council must have full regard to and consider the impact of any proposals in relation to equalities prior to making any decisions, as set out in equality impact assessments, and any identified risks and mitigation action required.

Public Participation

There will be an opportunity for members of the public to address each Scrutiny Committee meeting and make oral representations/presentations on any matter relating to the proposed budget, in line with the [public participation scheme](#).

This Meeting

At this and other Scrutiny Committees in the current cycle, Members are asked to identify salient issues within each Committee's areas of responsibility, to examine the general thrust of the budget and take an overview of priorities and prospects.

At this meeting Chief Officers/ Heads of Services will report on

- the Cabinet's Target Budget for Services and likely implications of the 2022/23 target for individual areas of service (e.g. in percentage terms compared to current levels) and how those areas have been prioritised;
- any comparisons between the current year and next year's proposals for the major service areas, to illustrate the scale of change within those activities and how the budget has been allocated across services in those years (to illustrate changes of emphasis or priority);
- any "alternative delivery models" or other initiatives contemplated for given services and how it is thought that these may reduce costs; and
- impact assessments undertaken in relation to the draft budget.

Report and Budget 2022/23 Impact Assessment

Joint Report of the Director of Finance, the Chief Officer for Adult Care and Health Services and the Director of Public Health (DF/22/02), attached. .

[NB: An overview of the impact assessments for all service areas entitled 'Budget 2022/23 Impact Assessment' has been made available to all Members of the Council so that Scrutiny Committees have access to all equality impact assessments undertaken as part of the budget's preparation which will be available at <https://www.devon.gov.uk/impact/budget22-23/>

Members are asked to consider the contents and retain it for future meetings, accepting that individual assessments may be updated with time. Members must have full regard to and consider the impact of any proposals in relation to equalities for this (and other) budget meeting prior to making any decisions. Scrutiny Committees will no doubt wish to be assured that risk assessments and projections are adequate and that the evidence supports the assumptions made in the formulation of the budget.

PART II - ITEMS WHICH MAY BE TAKEN IN THE ABSENCE OF PRESS AND PUBLIC ON THE GROUNDS THAT EXEMPT INFORMATION MAY BE DISCLOSED

Nil

Members are reminded that Part II Reports contain exempt information and should therefore be treated accordingly. They should not be disclosed or passed on to any other person(s). They need to be disposed of carefully and should be returned to the Democratic Services Officer at the conclusion of the meeting for disposal.

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Declarations of Interest for Members of the Council

It is to be noted that Members of the Council must declare any interest they may have in any item to be considered at this meeting, prior to any discussion taking place on that item.

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Induction Loop available



DF/22/02

Health and Adult Care Scrutiny Committee

20th January 2022

Joint Report of the Director of Finance, the Chief Officer for Adult Care and Health Services and the Director of Public Health

2022/23 Budget

Recommendation: that the Scrutiny Committee considers whether it wishes to draw to the attention of Cabinet any observations on the proposals contained within the draft Revenue Budget 2022/23 and Capital Programme for 2022/23 to 2026/27.

1. Introduction & Commentary

- 1.1 Cabinet at its meeting on 8th December 2021 set Revenue Budget Targets for 2022/23. The provisional settlement was very close to what was expected, and therefore no change was proposed to the Budget Targets at Cabinet on 12th January 2022.
- 1.2 As is normal at this stage, the final outcome of the Local Government Finance Settlement is awaited and details of the council tax base, collection fund surpluses and tax base yield have yet to be confirmed along with the local element of business rates. Information will be available when the County Council considers final budget proposals for 2022/23 on 17th February 2022. Given the late notification of the Provisional Settlement and in line with arrangements in previous years, 22nd February has been set aside for a second County Council budget meeting should it be required.
- 1.3 The draft budget attached to this report complies with the Targets set by Cabinet on 8th December which total £629.4 million. The total includes funding for budget pressures of £87.4 million that mainly relates to additional expenditure to allow for service growth to cater for demographic changes such as increased children and adult service users and unavoidable cost pressures. Savings and income initiatives of £38.7 million are required to set a balanced budget.
- 1.4 The targets set for each service area have been subject to different pressures and influences. The table over shows the 2022/23 Budget Targets by service area.

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	2021/22 Adjusted Budget *	Inflation & Pressures £000	Savings & additional Income £000	2022/23 Budget £000	Net change	
	£000	£000	£000	£000	£000	%
1 Adult Care & Health	283,294	47,875	(18,241)	312,928	29,634	10.5%
2 Childrens Services	159,036	28,787	(11,675)	176,148	17,112	10.8%
3 Communities, Public Health E&P	40,280	3,809	(2,846)	41,243	963	2.4%
4 Corporate Services	40,937	3,612	(2,830)	41,719	782	1.9%
5 Highways, Infrastructure D&W	57,124	3,349	(3,149)	57,324	200	0.4%
	580,671	87,432	(38,741)	629,362	48,691	8.4%

* Adjusted for permanent virements

1.5 This report provides detailed budget proposals in line with these targets.

2. The Provisional Local Government Finance Settlement 2022/23

2.1 On 16 December 2021, the Secretary of State for the Department for Levelling Up, Housing and Communities (DLUHC), Rt. Hon. Michael Gove MP, released a written statement to Parliament on the provisional local government finance settlement 2022/23, the details of which are set out below.

2.2 The 2022/23 local government finance settlement is for one year only and is based on the Spending Review 2021 (SR21) funding levels. This is the first time since 2015 that, in the context of a multi-year Spending Review, the government has only provided local authorities with a single-year settlement.

2.3 Spending Review 2021 Additional Funding – The Chancellor announced an additional £1.6 billion per annum (2022/23 to 2024/25) for local government as part of SR21. The majority of this amount has been included in the Core Spending Power figures. Based on the figures in the Core Spending Power amounts, there has been a net increase in funding (excluding the multiplier adjustment and Adult Social Care reform funding) of £1.5 billion. A breakdown of this change is shown below.

- + £822m – 2022/23 Services Grant – A new grant based on 2013/14 SFA shares
- + £636m – Increase to the Social Care Grant
- + £63m – Inflationary increase to the Improved Better Care Fund
- + £72m – Increased RSG (based on CPI)
- (£68m) – Reduction in New Homes Bonus Funding

2.4 Council Tax – As previously announced at SR21, the council tax referendum limit will be 2% for local authorities, with social care authorities allowed an additional 1% social care precept.

2.5 Local Government Funding Reform – No papers were published relating to the Fair Funding Review or the Business Rates Reset. It would appear the government intend to make further announcements in the new year, before then consulting on any potential changes.

- 2.6 The table below sets out Devon’s Core Funding of £103.2 million and shows the other grants that have been announced so far. Other grants are expected to be announced in the coming weeks and months and these will be reporting as part of the overall budget papers in February if known by then.

	£000
Revenue Support Grant	566
BRRS Central Government Top Up	80,654
BRRS Local Element*	21,997
Core Funding	103,217
New Homes bonus	2,143
Rural Services Delivery Grant	7,823
Social Care Grant	32,317
Improved Better Care Fund	29,126
ASC Reform/Market Sustainability & Cost of Care Fund	2,413
Services Grant	7,076
Other Grants	80,898

* the actual amount we receive will be derived from returns completed by our Devon Districts

3. Service Specific Budget Issues - Adult Care and Health

- 3.1 Budget targets are set for each service area in the Council's organisational structure. This committee will receive the proposed budget for the service areas of Adult Care and Health Services, and Public Health. Public Health is managed by the Director of Public Health. The Public Health budget is also being considered by the Corporate Infrastructure and Regulatory Services Scrutiny Committee which is meeting on 27th January.
- 3.2 The overall financial approach in Adult Care and Health is to protect the most vulnerable whilst seeking to manage costs at a fair and affordable level and balance of risks. This involves continuous improvements in efficiency and effectiveness and being innovative in how to meet the care needs of eligible individuals. This has to be achieved against the ongoing challenge of an ageing population, rising complexity of care needs (including younger adults), and an ongoing COVID-19 pandemic.
- 3.3 The pandemic has placed immense strain on the health and social care system of Devon since March 2020. The Council made a series of interventions to support the social care market during 2020/21 financial year, some of which have had a long-lasting impact but with ongoing cost implications. Risks arising from the pandemic are, at the time of writing, exacerbated by the Omicron variant. Where known, these risks have been assessed and budgeted for on estimates of impact. However, there are still many significant financial risks remaining, particularly in respect of the viability and sustainability of the independent care sector.
- 3.4 The proposed budget for Adult Care and Health includes an increase of £47.9 million to fund current and forecast demand and inflationary pressures (including National Living Wage) on the budget in 2022/23. Budget savings totalling £18.2 million are also required, the implementation of which is likely to

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present a considerable operational challenge. Overall, the net budget for Adult Care and Health for 2022/23 is set to increase by £29.6 million; a 10.5% increase compared to the previous year.

3.5 Although there is a significant bottom line increase to the Adult Care and Health budget, the scale of savings required to balance the budget is of a magnitude which is far greater than has been necessary in previous years. Ultimately the successful delivery of the budget will require a reduction to the care and support which people are currently receiving.

3.6 There are three core cost drivers in Adult Social Care:

3.6.1 Demand - the level of demand can be volatile in a number of areas. Learning disability services (including autism) have seen significant growth in activity over recent years and continue to be under pressure going forward, particularly as children in care transition to adulthood. Devon has an above average elderly population when compared nationally, which is forecast to continue increasing and therefore risks additional pressure on services due to natural growth. The 2022/23 budget has been planned based on the most recent volume data available at the time of preparation, with estimates made for anticipated growth in demand for services next year and the effects of planned savings strategies.

3.6.2 Cost of care - the unit cost for packages of care and placements is generally continuing to increase and can be volatile. Workforce recruitment and retention (both for social workers and in the independent provider markets) has recently become a more acute risk. There is a current shortage of labour generally, and especially care workers. This shortage has been responsible for driving up unit costs of care packages. The latest average unit rates have been used during budget planning. Forecasts for general inflation have been used but the current volatility of inflation remains a risk.

3.6.3 Acuity and Complexity - the acuity (intensity of support required) and complexity (number of conditions impacting on individuals) is increasing with our ageing population. We are also seeing increasing complexity in care needs of younger adults. This means that the support needed for each individual is (on average) greater year on year, even during 'normal' times. The legacy of the pandemic could distort the balance further.

3.7 There are also a number of central government funded measures to support adult social care and health over the course of the pandemic, such as the Infection Control Grant and Hospital Discharge funding, as well as the provision of free PPE, all of which are due to cease at the end of March 2022. These schemes have given providers much needed support over the length of the pandemic, but risks remain as to the duration of the pandemic effects and sufficiency of government support after March.

3.8 The Adult Care and Health budget includes £35.5 million of funding from the Better Care Fund which contributes directly to the provision of social care services, and a further £4.8million which contributes to joint health and social care arrangements. The Adults budget also includes the continuation of the

supplementary Improved Better Care Fund grant. This grant is designed to be spent on improving the overall health and social care system; spending allocations are agreed at the beginning of the financial year with NHS partners. The total pooled budget for the BCF is currently planned to be in the region of £106 million for 2022/23.

4. Service Specific Budget Issues - Public Health

- 4.1 The Public Health grant remains ring fenced for 2022/23. The value of the grant for 2022/23 has not yet been confirmed.
- 4.2 The medium-term and long-term impact on Public Health of the COVID-19 pandemic is still unknown so although planning continues as lessons are learnt, the changes to the budget allocation for this year mainly reflect contractual requirements. The Public Health earmarked reserve will be used to manage any cost pressures on the 2022/23 grant.
- 4.3 The Public Health budget will also be included in the papers for the Corporate Infrastructure and Regulatory Services Scrutiny Committee meeting on 27th January.

5. Capital Programme

- 5.1 The Council's capital programme has been produced to maximise investment in the County's infrastructure and assets and to support service delivery and priorities.
- 5.2 There has been an increase to the Health & Adult Care services Capital Programme of £40,000, to renovate the washrooms at Woodland Vale, funded from Capital Receipts.

Woodland Vale is a 20 bedded DCC owned and operated home for people with dementia. All the bedrooms have en-suites, however 5 of these have specialist baths that are now obsolete, and the parts required to maintain them are no longer available. It is the intention to refurbish the rooms into wet rooms which is more appropriate to the needs of the people in the home and is likely to be a more cost-effective alternative to a like for like replacement

6. Equality Impact Assessment

- 6.1 Under the Equality Act 2010, the County Council has a legal duty to give due regard to the need to eliminate discrimination, advance equality of opportunity and foster good relations when making decisions about services. This duty applies to the eight 'protected characteristics' of age, disability, gender reassignment, pregnancy and maternity, race, religion and belief, sex and sexual orientation. Where relevant, Impact Assessments are carried out to consider how best to meet this duty, which includes mitigating against the negative impact of service reductions.
- 6.2 The Equality Act 2010 and other relevant legislation does not prevent the Council from taking difficult decisions which result in service reductions or

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closures for example, it does however require the Council to ensure that such decisions are:

- Informed and properly considered with a rigorous, conscious approach and open mind.
- Taking due regard of the effects on the protected characteristics with the need to ensure nothing results in unlawful discrimination in terms of access to, or standards of, services or employment as well as considering any opportunities to advance equality and foster good relations.
- Proportionate (negative impacts are proportionate to the aims of the policy decision).
- Fair
- Necessary
- Reasonable, and
- Those affected have been adequately consulted.

6.3 The impact assessment for the 2022/23 budget is published at:

<https://www.devon.gov.uk/impact/budget22-23/>

Angie Sinclair

Jennie Stephens

Steve Brown

Director of Finance

**Chief Officer for Adult
Care and Health**

Director of Public Health

Electoral Divisions: All

Cabinet Member: Councillor Phil Twiss

Local Government Act 1972: List of Background Papers

Spending Round 2021 & Provisional Settlement 2022/23

Contact for enquiries:

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Tel. No. 01392 381310

Date Published: 12th January 2022

Leadership Group Commentary

Over the course of the last two years the Council has worked with other organisations to respond to and manage the impacts of COVID-19. As a community leader and part of Team Devon it has had new responsibilities for addressing issues such as food poverty, financial hardship and shielding. During that time the pressures on health, social care and children's services have increased. Those pressures have been exacerbated by the fragility of the care market and difficulties of recruiting key workers. The Council's finances and workforce remain under significant pressure and strain.

Looking ahead, our focus for the next 12 months as Leadership Team will be to listen, learn and lead on different and sustainable ways to support the health and wellbeing of the whole county and enable greater financial resilience for the Council.

The Team will also play a key role in leading on the Council's Strategic Plan for 2021 to 2025 [[The best place - Strategic Plan \(devon.gov.uk\)](https://www.devon.gov.uk/strategic-plan)] which describes the overall ambitions for Devon to become the best place to:

- **Grow up** - We are committed to being a child friendly Devon where all children and young people are safe, healthy, ambitious, and can fulfil their potential.
- **Live well** - We are committed to being a fairer Devon: inclusive, compassionate and caring, where everyone is safe, connected and resilient.
- **Prosper** - We are committed to being a greener and prosperous Devon, with opportunities to create a sustainable future for all.

The Strategic Plan 2021-2025 has six priorities:

- Respond to the climate emergency.
- Be ambitious for children and young people.
- Support sustainable economic recovery.
- Tackle poverty and inequality.
- Improve health and wellbeing.
- Help communities be safe, connected and resilient.

For each of those priorities, the Strategic Plan sets out the areas of focus for the next four years. In April 2022, the Council will publish its Annual Plan for 2022/23 which will describe the main actions for the next 12 months and the specific activities to deliver or work towards achievement of priorities and outcomes.

At the time of writing the Government's Levelling Up White Paper is expected to be published early in 2022. The Government's Levelling Up ambitions include an opportunity for County Deals which will build on its support for high streets, towns and local infrastructure as part of a longer-term devolution offer. The detailed framework and scope for County Deals will be included in White Paper and there is a possibility that Devon will be invited to develop a Deal with Government over the coming months.

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As a Leadership Team we will ensure that the Council continues to play a leading role in the Devon's response to the climate emergency, through the Interim Devon Carbon Plan and actions to implement the resolutions from the Citizens' Assembly.

The Council will continue to work with national, regional and local partners to find ways to address the workforce challenges facing adult social care. This includes changes and improvements to pay and conditions, training, development and career progression. Support for family and unpaid carers is also essential so that everyone who provides care and support is enabled to live a good life.

The Council will also be playing a part in tackling the county's housing crisis through the creation of a new Team Devon strategic housing task force in partnership with Devon's district, town and parish councils and other key partners such as Homes England. The Council will also look at whether it can offer accommodation to key workers to attract them to work for the authority and lobby MPs to press for tax loopholes on holiday rental homes to be tightened up.

The way that the Council works will change during 2022/23 to reflect the Strategic Plan's aims for it to be:

- **A trusted council** – that shows leadership, brings people together and collaborates well with our partners; a Council that makes good decisions, uses resources well, and is financially resilient.
- **An inclusive council** – that is intolerant to prejudice and discrimination, is a good employer that invests in, develops and nurtures our workforce, and hears the voices of all our communities.
- **An innovative council** – that is agile, listens and learns, uses data and intelligence well, and can transform the way we work in order to improve services for the people of Devon.

As a Leadership Team, our membership, role and responsibilities will change during Spring 2022 to unlock the potential of individuals, teams and the organisation. These changes will reflect the [principles and behaviours](#) which apply to everyone at every level of the organisation.

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Adult Care and Health

How the 2022/23 Budget has been built up

	2021/22 Adjusted Budget	Changes	2022/23 Outturn Budget
	£'000	£'000	£'000
Adult Care Operations and Health	253,467	28,517	281,984
Adult Commissioning and Health	29,827	1,117	30,944
Total	283,294	29,634	312,928

	Change £'000
Reasons for changes in Revenue Budget	
Technical and Service Changes	
Inflation and National Living Wage	15,020
Adult Services demographic and demand pressures	27,506
Disabilities invest to save - investment in disability resources	1,538
Investment in Emergency Duty Service	750
National Insurance levy	2,659
Liberty Protection Safeguards - advocacy costs and investment in autism services	402
	47,875
Savings Strategies	
Supporting people with disabilities to live more independently and to reduce their dependence over time	(1,417)
Reduction in care and support for Older People	(7,086)
Reduction in care and support for people with physical disabilities	(1,559)
Reduction in care and support for people with learning disabilities	(6,125)
Reduction in care and support for people with mental health services	(1,004)
Savings on prevention contracts and fees	(700)
Introduction of charging costs for arranging self funder care and improvements to non residential charging processes	(350)
	(18,241)
Total	29,634

Analysis of Total Expenditure 2022/23

	Gross Expenditure	Grant and Contribution Income	External Income	Internal Income	Net Expenditure
	£'000	£'000	£'000	£'000	£'000
Adult Care Operations and Health	363,534	(21,594)	(59,956)	0	281,984
Adult Commissioning and Health	34,199	(2,786)	(469)	0	30,944
Total	397,733	(24,380)	(60,425)	0	312,928

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Adult Care Operations and Health

2021/22 Adjusted Budget £'000		Gross Expenditure £'000	Gross Income £'000	2022/23 Outturn Budget £'000	2022/23 Net Changes £'000
	Disability Services				
2,134	Day Opportunities	2,715	0	2,715	581
19,504	Direct Payments	22,810	(3,333)	19,477	(27)
42,011	Enabling/Other	46,503	(324)	46,179	4,168
2,273	Nursing Care	2,938	(346)	2,592	319
9,214	Personal Care	13,771	(4,211)	9,560	346
34,541	Residential Care	42,099	(3,316)	38,783	4,242
109,677		130,836	(11,530)	119,306	9,629
8,621	Improved Better Care Fund	8,621	0	8,621	0
	In House Services				
4,301	Day Opportunities	4,427	(17)	4,410	109
4,187	Reablement and Reaching For Independence	5,227	(899)	4,328	141
3,765	Residential Care	4,362	0	4,362	597
12,253		14,016	(916)	13,100	847
	Older People				
1,085	Day Opportunities	607	(4)	603	(482)
6,747	Direct Payments	8,669	(2,626)	6,043	(704)
3,352	Enabling/Other	4,636	(619)	4,017	665
19,378	Nursing Care	33,663	(9,843)	23,820	4,442
17,681	Personal Care	35,170	(15,225)	19,945	2,264
47,227	Residential Care	92,325	(37,190)	55,135	7,908
95,470		175,070	(65,507)	109,563	14,093
26,650	OP&D Care Management	34,183	(3,597)	30,586	3,936
796	Workforce Development	808	0	808	12
253,467		363,534	(81,550)	281,984	28,517

Analysis of changes:

£'000

Technical and Service Changes

Demographic and other growth in demand	26,947
Inflation and National Living Wage	13,996
New staff required to support savings plans	948
Investment in Emergency Duty Service	750
National Insurance levy	2,413
	45,054

Savings Strategies

Reduction in care and support for older people	(7,086)
Reduction in care and support for people with physical disabilities	(1,559)
Reduction in care and support for people with learning disabilities	(6,125)
Supporting people with disabilities to live more independently and to reduce their dependence over time	(1,417)
Introduction of charging costs for arranging self funder care and improvements to non residential charging processes	(350)
	(16,537)

Total

28,517

Service Commentary

Service Context

Adult Care Operations and Health offers advice, information and signposting as well as assessment, review and support planning for older people and working age adults with learning disabilities, autism, and physical disabilities who have eligible needs. The service also arranges care, largely from the independent sector, for either short-term interventions or long-term care, on a personalised basis. The service undertakes statutory safeguarding responsibilities for vulnerable adults. The workforce undertaking these functions includes professionally qualified social workers, occupational therapists, as well as non-registered staff who are co-located and co-managed alongside community-based NHS staff.

Additionally, the service provides adult social care services which DCC continues to directly deliver, rather than commission from the independent sector. These include several different establishments throughout the county which provide services to older people and people with disabilities.

Included in the Operations budget is £35.5 million of the Better Care Fund, and the improved Better Care Fund. The deployment of the improved Better Care Fund is subject to joint agreement with NHS partners. It is for the benefit of health and social care overall but used for the purposes of:

- meeting adult social care needs
- reducing pressures on the NHS – including reducing delayed transfers of care
- stabilising the social care provider market

Budget Impact 2022/23

Delivery of a balanced budget carries a lot of risk. £14.8 million of savings will require significant changes and may impact on the timeliness of assessment, market sufficiency, our ability to both contribute to partnership working and promote early support approaches. Ultimately, the successful delivery of the budget will require a reduction to the care and support which people are currently receiving. The indicative magnitude of change is shown in the service statistics information below. Note, the eventual numbers of reductions by the end of 2022/23 will vary depending on how quickly changes can be made.

Investment in staffing is required this year to support:

- service reconfigurations to respond to heightened complexity
- new and increased statutory duties
- workforce capacity to manage savings requirements

Responding to the Omicron variant and the legacy of the pandemic risks severely hampering the preparation of plans, which comes at a time when the care and support that people generally require now is increasingly more intense, complex and expensive for us to buy.

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Service Statistics and Other Information

		Number of people budgeted to receive service		
		Average through Year		
		2021/22	Change	2022/23
Reablement (across all client groups)	Service Users/Agreements	3,150	0	3,150
These are new people expected to go through the reablement process				
Disability Services (incl. Autistic Spectrum)				
Day Opportunities	Service Users/Agreements	265	20	285
Direct Payments	Service Users/Agreements	1,469	(83)	1,386
Enabling	Service Users/Agreements	1,725	34	1,759
Nursing Care (including Respite)	Service Users/Agreements	49	0	49
Personal Care	Service Users/Agreements	911	(72)	839
Residential Care (including Respite)	Service Users/Agreements	608	(46)	562
Older People and Disability - In house				
Day Opportunities	Service Users/Agreements	60	(17)	43
Residential Care (including Respite)	Service Users/Agreements	47	0	47
Reaching for Independence	Service Users/Agreements	940	0	940
Older People				
Day Opportunities	Service Users/Agreements	290	(152)	138
Direct Payments	Service Users/Agreements	657	(111)	546
Enabling	Service Users/Agreements	398	13	411
Nursing Care (including Respite)	Service Users/Agreements	566	35	601
Personal Care	Service Users/Agreements	2,525	(375)	2,150
Residential Care (including Respite)	Service Users/Agreements	2,054	(96)	1,958

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Adult Commissioning and Health

2021/22 Adjusted Budget £'000		Gross Expenditure £'000	Gross Income £'000	2022/23 Outturn Budget £'000	2022/23 Net Changes £'000
Adult Commissioning and Health					
4,962	Centrally Managed Contracts	5,537	(544)	4,993	31
1,277	Policy, Performance and Involvement	1,318	0	1,318	41
3,887	Strategic Commissioning	4,696	(454)	4,242	355
1,366	Transformation	1,449	(20)	1,429	63
11,492		13,000	(1,018)	11,982	490
Mental Health Services					
4,052	Care Management	4,619	(435)	4,184	132
534	Day Opportunities	745	(169)	576	42
812	Direct Payments	838	(36)	802	(10)
6,315	Enabling/Other	7,808	(999)	6,809	494
145	Nursing Care	113	0	113	(32)
206	Personal Care	438	(147)	291	85
6,271	Residential Care	6,638	(451)	6,187	(84)
18,335		21,199	(2,237)	18,962	627
29,827		34,199	(3,255)	30,944	1,117

Analysis of changes:

£'000

Technical and Service Changes

Demographic and other growth in demand	559
Inflation and National Living Wage	1,024
National Insurance levy	246
Liberty Protection Safeguards - advocacy costs	300
Investment in autism services	102
New staff required to support savings plans	590
	2,821

Savings Strategies

Reduction in care and support for people with mental health services	(1,004)
Savings on prevention contracts and fees	(700)
	(1,704)

Total

1,117

Service Commentary

Service Context

Local authorities have a statutory requirement to meet the needs of people eligible for care, to support them and their carers, and to fund care for those people with needs who meet financial eligibility criteria. The Adult Commissioning and Health team work with NHS colleagues to assess the strategic health and social care needs of the Devon population, and ensure there are solutions to meet those needs through integrated commissioning and joined up services.

Commissioners work with the independent sector, helping to shape the local market to encourage quality, choice and sufficiency of provision. Local authorities have a responsibility to ensure care is maintained where a provider fails financially and services cease – for everyone, including self-funders, to ensure people's needs can continue to be met. This is undertaken by working with the Care Quality Commission to assure and improve quality along with managing contractual provider relationships to ensure their delivery, and consultation with people including carers and families.

The commissioning function is also responsible for commissioning arrangements for support to carers, for the care management of people with mental health needs (working with Devon Partnership Trust), and for the coordination of activity and governance of the statutory Safeguarding Adults Board as well as for the oversight of centrally managed contracts including homelessness support and service user representation.

The team are also responsible for commissioning intelligence, statutory returns and surveys, internal performance management, and involvement in sector-led improvement; for commissioning and operational policy development and strategic planning; and engaging the users of our services and their carers.

Budget Impact 2022/23

The key challenges for Adult Commissioning and Health in the year ahead will be:

- a) Delivery of planned savings in Mental Health – Delivery of a balanced budget carries a lot of risk. The proposed reductions mirror the scale of reductions required across older people and disability services and similarly, there will need to be reductions to the care and support which people are currently receiving. The scale of reductions has been estimated and reflected in the following service statistics, but the eventual numbers of reductions by the end of 2022/23 will vary depending on how quickly changes can be made. Planning service changes whilst responding to the omicron variant presents an additional challenge.
- b) To maintain market sufficiency at a time when labour shortages are presenting a challenge to providers across the whole care and health system. The COVID-19 pandemic has exacerbated workforce sufficiency concerns and this effect is likely to continue for some time even as the pandemic subsides.

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Service Statistics and Other Information

		Number of people budgeted to receive service Average through Year		
		2021/22	Change	2022/23
Mental Health Services				
Day Opportunities	Service Users/Agreements	21	(6)	15
Direct Payments	Service Users/Agreements	135	(11)	124
Enabling	Service Users/Agreements	629	0	629
Nursing Care (including Respite)	Service Users/Agreements	4	(1)	3
Personal Care	Service Users/Agreements	33	2	35
Residential Care (including Respite)	Service Users/Agreements	177	(22)	155

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Public Health

How the 2022/23 Budget has been built up

	2021/22 Adjusted Budget	Changes	2022/23 Outturn Budget
	£'000	£'000	£'000
Public Health	0	0	0
Total	0	0	0

	Change £'000
Reasons for changes in Revenue Budget	
Technical and Service Changes	0
Savings Strategies	0
Total	0

Analysis of Total Expenditure 2022/23

	Gross Expenditure	Grant and Contribution Income	External Income	Internal Income	Net Expenditure
	£'000	£'000	£'000	£'000	£'000
Public Health	30,045	(29,985)	0	(60)	0
Total	30,045	(29,985)	0	(60)	0

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Public Health

2021/22 Adjusted Budget £'000		Gross Expenditure £'000	Gross Income £'000	2022/23 Outturn Budget £'000	2022/23 Net Changes £'000
Public Health					
2,229	Children 5-19 Public Health Programmes	2,229	0	2,229	0
860	Comm Sfty, Violence Prvntn and Social Excl	859	0	859	(1)
59	Health At Work	59	0	59	0
248	Health Protection	247	0	247	(1)
8,406	Mandated 0-5 Children's Services	8,406	0	8,406	0
80	National Child Measurement Programme	80	0	80	0
459	NHS Health Check Programme	459	0	459	0
522	Obesity	878	(278)	600	78
708	Other Public Health	752	(44)	708	0
180	Physical Activity	178	0	178	(2)
25	Public Health Development	25	0	25	0
321	Public Health Expert Advice	317	0	317	(4)
(29,663)	Public Health Income	0	(29,663)	(29,663)	0
737	Public Mental Health	796	(60)	736	(1)
7,041	Sexual Health	7,038	0	7,038	(3)
1,071	Smoking and Tobacco	963	0	963	(108)
5,490	Substance Misuse	5,489	0	5,489	(1)
1,227	Support Services	1,270	0	1,270	43
0		30,045	(30,045)	0	0

Analysis of changes:

£'000

Savings Strategies

Obesity - Planned increase to the Diabetes Social Impact Bond	78
Support Service - Inflationary increase to support costs	43
Reduced demand for tobacco and smoking services	(108)
Various demand led, contract and allocation changes	(13)
	<u>0</u>

Total

0

Service Commentary

Public Health is predominantly funded by a ring-fenced grant from the Department of Health and Social Care.

The COVID-19 pandemic has challenged Public Health operationally with a large number of the public health team being devoted to responding to the pandemic. Public Health commissioned services have continued during the year but with many services having to adapt their service delivery model. The pandemic has provided the opportunity to learn and explore how the commissioned services can adapt and develop to meet the needs of the residents, including understanding the opportunities and impact associated with an increased reliance on digital and telephone services.

The initial challenge for 2022/23 is for public health to continue to lead the ongoing response to the pandemic, however there is also a critical role for public health in assessing the impact of COVID-19 on the Devon population, with a clear understanding that the pandemic has impacted disproportionately on the most vulnerable individuals and communities in Devon. Public Health will work with Government, local health and care commissioners and partners to ensure the additional health needs are identified and are reflected in service planning and delivery, but this may require significant work to realign services and contracts.

Looking at the numbers of people public health's commissioned services have seen, there have been some significant changes because of the pandemic.

There is evidence nationally that there has been an increase in alcohol consumption, and which is expected to result in increased service demand next year. Drug use has changed as a result in a change to the drugs market and there has been an increase in the use of recreational drugs. Opiate-only use has declined slightly, in part because Afghan production and supply has dropped.

There has been a significant drop in the numbers of people accessing sexual health services compared to previous years' predictions. This reflects changes in behaviour during lockdown and the fact that there has been reduced capacity in sexual health walk-in services and in General Practice. It is hard to predict with confidence how quickly or to what extent activity will recover to levels seen in previous years, but we do expect demand to rise.

Service Statistics and Other Information

Service/ Activity	Unit of Measurement	2021/22	Change	2022/23
		Estimate		Estimate
Opiate clients in treatment	Individuals	1,258	(15)	1,243
Non-opiate only clients in treatment	Individuals	133	66	199
Alcohol only clients in treatment	Individuals	576	73	649
Alcohol & non-opiate clients in treatment	Individuals	212	7	219
Genito-urinary medicine patients treated	Individuals	30,194	(7,606)	22,588
Contraception services accessed	Individuals	31,259	(7,330)	23,929

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Grants Paid to External Organisations

2021/22		2022/23
£000	Service and Grant Title	£000
	Adult Care Operations & Health	
	6 Ottery Help Scheme	6
	7 Assist Teignbridge	7
	15 Tavistock Area Support Services	15
	12 Blackdown Support Group	12
	25 Age Concern Barnstaple	25
	32 The Olive Tree Association	32
97		97
	Adult Commissioning and Health	
	27 Recovery Devon	27
	47 Devon Recovery Learning	47
	38 Bridge Collective open access MH support	38
	15 Connections open access MH support	15
	25 Exeter CVS First step project open access MH support	25
152		152
249	Total	249

2021/22		2022/23
£000	Service and Grant Title	£000
	0 Public Health	0
0	Total	0

Staffing Data for 2022/23

	2021/22		2022/23		Total FTEs
	Adjusted Total FTEs	Changes FTEs	Revenue Funded FTEs	Externally Funded FTEs	
Adult Care Operations and Health	1,065	60	1,012	113	1,125
Adult Commissioning and Health	181	18	187	12	199
Adult Care and Health	1,246	78	1,199	125	1,324

Adult Commissioning and Health includes 73 assigned to Devon Partnership Trust

Explanation of Movements

Adult Care Operations and Health

Increase in safeguarding activity	9
Emergency Duty Team	14
Liberty Protection Safeguards	10
Advanced Practitioner role	4
Reduction in In House Services	(4)
New temporary staff required to support savings plans	27
	60

Adult Commissioning and Health

New temporary staff required to support savings plans	10
European social fund - new externally funded posts	4
Safeguarding and commissioning posts	5
Consolidation of other roles	(1)
	18

Total	78
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	2021/22		2022/23		Total FTEs
	Adjusted Total FTEs	Changes FTEs	Revenue Funded FTEs	Externally Funded FTEs	
Public Health	35	10	0	45	45
Public Health	35	10	0	45	45

Explanation of Movements

Public Health

Externally funded - Core Function	4
Externally funded - Temporary roles	6
Total	10

Adult Care and Health - Risk Assessment

Service	Budget 2022/23 £'000	Risk and Impact	Mitigation
Section 1: Risks to market sufficiency - costs and workforce			
<p>Market sufficiency</p> <p style="writing-mode: vertical-rl; transform: rotate(180deg);">Page 26</p>	243,173	<p>The Council has a statutory duty under section 5 of the Care Act 2014 to ensure the sufficiency of social care markets in Devon.</p> <p>The pandemic is having negative financial consequences for care home and day care markets following the impact of voids (attrition) or inability to trade (due to COVID-19 outbreaks), with the impact on other markets yet to unfold. It is highly likely that increasing numbers of providers will be seeking financial support to maintain their business.</p> <p>Where the provider is a specialist provider, or where the area has limited provision the Council will need to exercise its duties under section 5 of the Care Act.</p> <p>Further, Devon has traditionally been a relatively high employment/low pay economy but over the last year we have seen increasing labour shortages and competition for labour which have put pressure on providers to pay more, or hand back service contracts (or both).</p> <p>As a result, personal care commissioned volumes are contained, resulting in a current favourable financial effect. There is however an adverse effect in care home placement budgets and potentially NHS system budgets.</p>	<p>The process to assess financial support requests from providers has been strengthened to manage increased demands for support on the Council and aid intervention decisions.</p> <p>Focussed work with providers facing the most difficulties to improve their approach, learning from the best practice of others, and encouraging cross industry working through support of provider collaboratives.</p> <p>Use of improved Better Care Fund, government grants, and NHS system funding to incentivise care worker recruitment and retention, with a focus on the areas where provision is most challenged.</p> <p>Promotion of the Proud to Care programme which encourages new entrants to work in the care profession, develop skills, and aid retention.</p> <p>The government has allowed social care workers to access the Health and Care Worker visa scheme to aid recruitment of social care staff from overseas. However, this move was only announced on 24th December 2021 and is time limited to 1 year.</p>

		<p>If sufficiency could be restored, there is an estimated financial risk to social care budgets in the region of £4 million annually.</p> <p>Specialist dementia care provision in the independent sector is underdeveloped, posing a challenge to commissioners to develop a specialism of a market which is already under pressure overall.</p>	<p>Commissioners will work closely with key providers to shape the market, where possible, to accord to longer term commissioning strategies, and the requirements for future care.</p> <p>This includes working in partnership with the CCG and DPT to secure the support that care providers need in order to meet complex needs.</p> <p>Capital funding is being considered to develop existing provision to better meet need.</p>
<p>Demand for packages of care (across all service types)</p> <p>Page 27</p>	243,173	<p>Demand for the number and intensity of packages of care can be volatile in several areas. Learning Disability services (including autism) have seen significant growth in activity over recent years and continues to be under pressure going forward, particularly as children in care transition to adulthood and the 'Transforming Care' agenda.</p> <p>Devon also has an above average elderly population when compared nationally, which is forecasted to continue increasing.</p> <p>If our assumptions and forecasts of demand are incorrect the financial risk will vary because the average unit cost per package varies significantly. For example, the unit cost per year for an older person's personal care package is c. £13,000 but the average unit cost for a disability residential placement is £69,000 per year.</p>	<p>The 2022/23 budget has been planned based on the most recent volume data available at the time of preparation, with estimates made for anticipated growth in demand for services next year, and the effects of planned savings strategies.</p> <p>A core principle is to promote independence of individuals wherever possible by supporting people to live well in their own homes and to prevent reliance on ongoing care wherever possible by earlier intervention and reablement, including reassessing the proportion of care spent on short term recovery services to target resources most effectively.</p> <p>The Housing with Support strategy has been agreed. The implementation has been interrupted as staff focus on the pandemic response.</p>
Unit cost pressure (across all service types)	243,173	There are price pressures on all commissioned services arising from inflationary factors (increased National Living Wage for example) and labour supply issues. Parts of	The budget is based on actual unit costs as at the time of budget preparation and is inflated for forecast prices changes.

Page 28		<p>Devon are at full employment and the care sector is competing for labour with other industry sectors.</p> <p>It is probable that the Hospital Discharge scheme instigated by central government at the beginning of the pandemic has led to an increase in the unit price which the Council is being asked to pay for care home placements now.</p> <p>Inflation effect has been estimated based on CPI averaging around 2.5% for 2022/23. With the current volatility of inflation indicators, particularly utilities, there is a risk that inflationary forces in the care markets are greater than the budget allows. For example, if CPI remained very high at 5% for the duration of 2022/23, this could translate to a £1.5 million additional cost.</p> <p>An average £10 per week change in residential placement costs (current average weekly rate paid is £846) will increase costs by circa £1.4 million and a £1 per hour increase in personal care rates (current average rate paid is £23.22 per hour) will cost circa £1.7 million.</p>	<p>Detailed unit costs are monitored monthly by managers. There is an escalation process in place for approval of high cost packages.</p> <p>Lobbying of central government to provide for sustainable funding for social care as part of delivery of the government's promise to 'fix the crisis in social care'.</p> <p>The NLW increase for April 2022 has already been announced by government at 6.6%. The effect of this increase has been modelled and is included in the budget.</p>
Social care workforce	43,686	<p>This affects both the internal Council's social care workforce, and the far larger care workforce employed by our commissioned providers in Devon.</p> <p>Internally, recruitment to roles which require professional qualifications is challenging. This is common across health and care professions both nationally and in the south west (for social work, OT, AMHP and team manager roles). In some instances, pay and conditions in the Council do not compare well with competitors.</p>	<p>Success in recent years has relied upon direct support for qualifications and recruiting and supporting newly qualified professional staff. This requires forward planning, sustained investment, and action to meet requirements at least three years ahead.</p> <p>Workforce growth in recent years has been driven by short-term investment and targeted (invest to save) initiatives.</p>

		<p>Investment in workforce capacity and skill-mix is insufficient to meet the (changing) nature and intensity of demand. Most particularly complex work in areas of autism, disability, Mental Capacity, LPS, dementia and transitions. There is a significant risk that failure to plan for substantive capacity will de-stabilise delivery of functions.</p> <p>Externally, commissioned providers face recruitment and retention challenges in respect of care workers. There is a specific challenge in the recruitment of nurses affecting the nursing home sector.</p> <p>External workforce issues risk impacting on unit costs and market sufficiency as supply and costs are interlinked.</p>	<p>The Council has led the 'Proud to Care' campaign now working regionally to promote health and care as a positive career and develop career pathways across the sector.</p> <p>However, risks have increased more recently, exacerbated by a loss in attractiveness of working in the UK due to depreciation in the value of Sterling and ongoing uncertainty of what the UK's future immigration policy will be for low paid workers in the care sector.</p> <p>Ongoing monitoring of government's legislative programme, along with raising issues nationally via the LGA, ADASS and other networks.</p>
Section 2: Risks to the timeliness of assessment and support			
<p>Savings Strategies</p> <p>2029</p>	18,241	<p>The key challenge for the service in 2022/23 will be delivery of the savings which are necessary to balance the budget. £15.8 million of these savings will require significant operational changes to be made. These operational changes will be carefully planned, and impact assessed before being put into place, but they will ultimately result in reductions to the number of care and support packages. The impact of these reductions has been estimated in the service statistics (within the detailed service budget pages) but the eventual numbers of reductions by the end of 2022/23 will vary depending on how quickly changes can be made.</p> <p>Developing detailed planning and putting into effect whilst continuing responding to the omicron variant is an additional risk to achievement.</p>	<p>Detailed operational plans will be developed, and legal advice sought before final decisions on implementation are taken.</p> <p>The pace of reductions, and therefore the trajectory of reductions will be carefully modelled, planned, and monitored.</p> <p>However residual risk relating to operational and management capacity to formulate and deliver detailed plans whilst continuing to mount a pandemic response cannot be avoided.</p> <p>Discussions are taking place with NHS colleagues to explore any opportunity to benefit from funding support from outside of the Council's resources.</p>

<p>Children transitioning to Adults</p>	<p>119,306</p>	<p>Early analysis shows a link between the number of education and health care plans and the number of young people transitioning into adult social care. This year we expect around 190 young people to require ongoing support as adults. Required levels of support vary enormously making financial planning difficult.</p> <p>The increasing number of education and health care plans will directly impact on adult social care in the coming years. Education and health care plans can be a proxy for the increasing number of people with a disability surviving into adulthood.</p> <p>Furthermore, in recent years there has been a trend of increasing volumes of very high cost children’s care packages and therefore there is a risk that demand and cost from transitions into adult services outstrips the budget available.</p>	<p>Both Finance and operations are seeking to use the correlation between the number of education and health care plans and the number of individuals transitioning into adult social care to better predict the increasing future demand on adult social care.</p> <p>Adult Social Care to consider the legal advice regarding adult social care provision into residential educational placements</p> <p>A dedicated multi-disciplinary team has been created to work across Children and Adults services to improve information sharing and to work towards transitions planning at an earlier stage.</p>
<p>Mental Health</p>	<p>18,962</p>	<p>Aspects of the population's mental health resulting from the effects of the pandemic have yet to fully emerge. Acute service demand has increased, which current service struggle to support, and suicide rates are thought to have risen but further data is expected.</p> <p>The Transforming Care Partnerships programme results in individuals, who are currently in NHS funded hospital placements around the country transferring back to a Devon care setting where there is likely to be a requirement for adult social care support.</p> <p>Promoting independence means a shift from the use of residential care for working age adults, to alternative provision. There is a risk that placements made back into Devon will be at a higher cost, or a greater responsibility</p>	<p>The CCG MH demand & capacity plan models the impact of the pandemic on the mental health of the population. The plan identifies future pressures across services, including the voluntary and social care sector. The model is reviewed against actual data. Currently, it shows an increase in health demand. The model will inform a future review of pathways.</p> <p>Commissioners work with partners to identify and monitor repatriation of cases to ensure that the most appropriate and best value placements, alongside any central government funding are secured in Devon, prioritising the most vulnerable cases first.</p>

		for funding will fall to social care budgets, or both. These care packages are often at a higher unit price.	Adult social care managers are engaged in the Learning Disability and Autism Partnership, with CCG and Council colleagues. Here they work together to assess future service demands and manage repatriations of cases in a sensitive and planned way.
Autism demand and repatriations	6,390	Autism diagnosis rates and demand for care services has increased sharply in recent years and there is a risk that these trends continue. Individuals with autism overlaid with learning disabilities and/or other psychological issues can show complex and risky behaviours necessitating packages of high intensity.	There is a specialised autism team within the service, which manages planning and assigning the most appropriate packages of care to people with highest risk levels and ensuring that the impacts of new cases are phased in a controlled manner over the course of the year. A new tender for providers to support this group has been procured this year. The NHS has commissioned a new service response from DPT to support the management of people with autism and complex behaviours, thereby support their community offer.
Legislative change	312,928	The government has indicated intent to reform social care, a national disabilities strategy, the implementation of Liberty Protection safeguarding later in 2022, along with prioritisation of the NHS. Legislative changes are likely to come with financial implications for social care budgets and it is important that when they do, changes are fully funded by government with 'new burden' funding. The weight of the Council's duties and responsibilities is likely to increase as a result. It is expected the government will provide additional funding for this, but	Sector guidance will be carefully reviewed, and we will work with our partners across the health and social care system to understand and implement reforms safely and effectively. Financial modelling of implications has been carried out and careful assessment will be required to understand the implications of not being able to fully fund expected implementation costs. Monitoring of the new government's legislative programme and working with our partners in national bodies such as the LGA and the Association of Directors of Adult Social Services to

		they may see the changes as 'cost neutral' presenting a risk that no further or insufficient funding is provided.	lobby government and ensure effective consultation. We will work with our partner authorities in the region to operate safe, comparable services.
Section 3: Partnership arrangements			
NHS Contributions to Social Care (including Better Care Fund) Page 32	Total BCF pooled budget is currently expected to be in the region of £106 million	The Council entered a pooled budget arrangement in 2015/16 with NHS Commissioners described nationally as the Better Care Fund (BCF). This pooled arrangement now includes £35.5 million of direct support to the Council's social care budgets. Financial challenges inevitably pose a risk to the short-term deployment of resources, ultimately making more difficult the very changes that are necessary to overcome those financial challenges.	A joint commissioning group comprising senior officers for each organisation and with detailed governance and specialist support is overseeing the operation of BCF. All partners are committed to working together to deal with similar challenges faced by each organisation and create integrated services. Strong professional relationships between the health and social care sectors have been developed over the past years both with CCGs and provider trusts including hospitals. Joint appointments in the last year have helped to further consolidate a supportive joint working ethos .
Joint funding of complex care		A tighter application of eligibility for NHS Continuing Health Care can lead to demand for social care rising. This risks an increase in the number of complex packages which generally have a high individual unit cost.	Joint frameworks and relationships with CCG are well developed, including escalation and challenge where appropriate. Pooling of resources and risk are considered collectively with the NHS commissioners. Health Liaison leads are in place to support staff's decision making.

<p>Hospital Discharge Cessation of Funding</p> <p style="writing-mode: vertical-rl; transform: rotate(180deg);">Page 33</p>	<p>78,955</p>	<p>The government introduced a Hospital Discharge scheme at the beginning of the COVID-19 pandemic, to ensure hospitals were able to cope with the anticipated immediate impact of the first wave of the pandemic. A significant number of people were placed in care homes paid for by central government funding.</p> <p>A significant number of individuals remain placed within this scheme and require assessing as close as possible to the cessation of the scheme which government has announced as 31st March 2022. A number of individuals will then transfer to social care but there is a risk that this number could exceed budget provision.</p> <p>There is a further risk of loss of income if there are delays to timely assessment of hospital discharge placements - which ultimately results in an increased cost to the Council.</p> <p>There will also be pressure to maintain and improve hospital system flow, which will continue after the cessation of the national scheme. No change in operational 'Discharge to Assess' processes will be highly likely to result in significant increased costs to social care budgets.</p>	<p>Actual volumes could turn out to be lower and there could be higher attrition in the hospital discharge cohort and care homes in general, but it is unlikely to be to the full extent of the pressure (although a potentially volatile situation over the winter).</p> <p>There are joint care management resources dedicated to reviewing and assessing these cases, and robust monitoring arrangements are in place to track progress and costs.</p> <p>Assessments will be prioritised and closely monitored by senior managers to ensure delays are minimised as far as possible, but this will inevitably need to be balanced against the other pressing demands on social care management.</p> <p>There are high level discussions underway to understand the probable impacts and to resolve post March 2022 operational processes and discharge arrangements.</p>
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Agenda Item 4

Capital Programme

The following table details the medium term capital programme for this service and how that programme is being funded.

Total Approval (includes prior years) £'000	Project	2022/23 £'000	2023/24 £'000	2024/25 £'000	2025/26 £'000	2026/27 £'000
Adult Care Operations and Health						
3,000	Replacement for 20 St George's Road	1,000	0	0	0	0
N/A	Care Teams Accommodation & Equipment	50	50	50	0	0
N/A	Estimated Disabled Facilities Grant	8,245	8,245	8,245	8,245	8,245
4,330	Integrated Adult Care & Finance System	2,165	0	0	0	0
40	Woodland Vale, Ensuites	40	0	0	0	0
N/A	Works for ACO&H Provider Services	98	50	50	50	50
Adult Care Operations and Health Total		11,598	8,345	8,345	8,295	8,295
Adult Care & Health Total		11,598	8,345	8,345	8,295	8,295
Financed by:						
	Borrowing - Internal	40	0	0	0	0
	Capital Receipts - General	3,165	0	0	0	0
	External Funding - Grants	8,393	8,345	8,345	8,295	8,295
Total		11,598	8,345	8,345	8,295	8,295

* Total Scheme Approvals have been included for individual projects only, not for programmes.

This table does not show expenditure on capital projects currently programmed in financial year 2021/22 which may be deferred to 2022/23 or future years.

Abbreviations

Abbreviations used within the budget for all Scrutiny reports:

ADASS	Association of Directors of Adult Social Services
AMHP	Approved Mental Health Professional
AONB	Area of Outstanding Nature Beauty
ASW RAA	Adopt South West Regional Adoption Agency
BACS	Bankers automated clearing services (electronic processing of financial transactions)
BCF	Better Care Fund - formerly known as the Integration Transformation Fund, a national arrangement to pool existing NHS and Local Government funding starting in April 2015.
BDUK	Broadband delivery UK
Blk	Block
CCG	Clinical Commissioning Group
CCLA	Churches, Charities and Local Authorities
CFR	Capital Financing Requirement
CIL	Community Infrastructure Levy
CIPFA	The Chartered Institute of Public Finance & Accountancy
CO	Carbon Monoxide
C of E	Church of England
CPG	Capital Programme Group
CVS	Council of Voluntary Services
CYP	Children and Young People
DAF	Devon Assessment Framework
DAP	Devon Audit Partnership
DC	District Council
DCC	Devon County Council
DDA	Disability Discrimination Act
DEFRA	Department for Environmental Food & Rural Affairs
DELETTI	Devon low-carbon Energy and Transport Technology Innovator
DFC	Devolved Formula Capital
DfE	Department for Education
DFG	Disabled Facilities Grant
DfT	Department for Transport
DLUHC	Department for Levelling Up, Housing and Communities formally known as Ministry of Housing, Communities and Local Government
DoLS	Deprivation of Liberty Safeguards
DPLS	Devon Personalised Learning Service
DPT	Devon Partnership NHS Trust
DSG	Dedicated Schools Grant
DYS	Devon Youth Services
EFA	Education Funding Agency
EH4MH	Early Help 4 Mental Health
EHCP	Education & Health Care Plans
ERDF	European Regional Development Fund
ESPL	Exeter Science Park Ltd
EU	European Union
FF&E	Fixtures, Fittings & Equipment
FTE	Full Time Equivalent
HIF	Housing Infrastructure Fund
HIV	Human Immunodeficiency Virus
HMRC	Her Majesty's Revenue & Customs
HNB	High Needs Budget
HR	Human Resources
HRMS	Human Resources Management System
iBCF	Improved Better Care Fund - Additional grant funding to supplement the Better Care Fund
ICT	Information & Communications Technology

Agenda Item 4

IID	Investing in Devon funds
ILACS	Inspection of Local Authority Children's Services
INNOVASUMP	Innovations in Sustainable Urban Mobility plans for low carbon urban transport
INTERREG	European Territorial Co-operation
IVC	In Vessel Composting
LAG	Local Action Group
LEP	Local Enterprise Partnership
LGA	Local Government Association
LMC	Local Medical Committee
LPS	Liberty Protection Safeguards
LTP	Local Transport Plan
MH	Mental Health
MHCLG	Ministry of Housing, Communities and Local Government is now called Department for Levelling Up, Housing and Communities
MRP	Minimum Revenue Provision
MTCP	Medium Term Capital Programme
MTFS	Medium Term Financial Strategy
MUGA	Multi Use Games Area
MUMIS	Major Unforeseen Maintenance Indemnity Scheme
NDEC	North Devon Enterprise Centre
NDLR	North Devon Link Road
NEWDCCG	Northern, Eastern and Western Devon Clinical Commissioning Group
NFF	National Funding Formula
NHS	National Health Service
NLW	National Living Wage
NPIF	National Productivity Investment Fund
NPV	Net Present Value
OP&D	Older People & Disability
OSP	On Street Parking Account
OT	Occupational Therapist
PFI	Private Finance Initiative
PH	Public Health
PHN	Public Health Nursing
PPE	Personal Protective Equipment
PSPB	Priority School Building Project
PTE	Part-time Equivalent (15 hours)
PWLB	Public Works Loans Board
R&R	Ring and Ride
REACH	Reducing Exploitation and Absence from Care or Home
ROVICs	Rehabilitation Officers for Visually Impaired Children services
RD&E	Royal Devon & Exeter Hospital
RPA	Rural Payments Agency
RSG	Revenue Support Grant
S106	Funding from developers resulting from planning obligations authorised by section 106 of the Town and Country Planning Act 1990
SCF	Southern Construction Framework
SCOMIS	Schools Management Information Service
SEND	Special Education Needs and Disability
SGO	Special Guardianship Order
SR21	Spending Review 2021
STP	Sustainable Transformation Programme
TBC	To be confirmed
TCS	Transport Co-Ordination Services
TIDE	Atlantic Network for Developing Historical Maritime Tourism
TUPE	Transfer of Undertakings (Protection of Employment)
UASC	Unaccompanied Asylum Seeking Children
UK	United Kingdom
VELP	Vehicle Equipment Loan Pool
VfM	Value for Money
WEG	Water Environment Grant