

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

2021/22 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 2021/22 and Capital Programme for 2021/22 to 2025/26.

1. Introduction & Commentary

- 1.1 Cabinet at its meeting on 13th January set increased Revenue Budget Targets for 2021/22. Although the original Targets were set only a few weeks prior at the 9th December Cabinet, much had happened in that time. A new variant of the Coronavirus had been identified and the Country had entered another national lockdown. It was hard to imagine that a return to normal would happen quickly. The rapidly changing circumstances led to a review of the Targets. Some savings previously identified did not seem feasible and other areas needed bolstering to increase the resilience of the Council.
- 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 2021/22 on 18th February 2021. Given the late notification of the Provisional Settlement and in line with arrangements in previous years, 23rd 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 13th January which total £578.5 millions. The total includes funding for budget pressures of £47.3 millions 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 £11.6 millions 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 2021/22 Budget Targets by service area.

	2020/21 Adjusted Budget* £000	Inflation & Pressures £000	Savings & Additional Income £000	2021/22 Base Budget £000	Net Change	
					£000	%
Adult Care & Health	260,757	26,235	(4,557)	282,435	21,678	8.3%
Children's Services	146,869	13,787	(2,389)	158,267	11,398	7.8%
Communities, Public Health, Environment & Prosperity	39,792	1,039	(958)	39,873	81	0.2%
Corporate Services	37,566	4,436	(1,615)	40,387	2,821	7.5%
Highways, Infrastructure Development & Waste	57,827	1,804	(2,111)	57,520	(307)	(0.5%)
	542,811	47,301	(11,630)	578,482	35,671	6.6%

* Adjusted for permanent virements

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

2. The Provisional Local Government Finance Settlement 2021/22

2.1 On the 17th December, the Secretary of State for the Ministry for Housing, Communities and Local Government, Rt. Hon. Robert Jenrick MP, made a statement to Parliament on the Provisional Local Government Finance Settlement 2021/22, the details of which are set out below.

2.2 The 2021/22 local government finance settlement is for one year only and is based on the Spending Review 2020 (SR20).

2.3 The main points are set out below:

2.3.1 Council Tax – As previously announced at Spending Round 2020, the council tax referendum limit will be 2% for local authorities with social care authorities allowed a 3% social care precept. The provisional settlement confirmed districts will be allowed to apply the higher of the referendum limit or £5;

2.3.2 Business Rates Retention – The business rates multiplier has been frozen for 2021/22 resulting in the three elements of the Business Rates Retention system (Baseline Need, NNDR Baseline and Tariff/Top Up amounts) remaining at 2020/21 levels;

2.3.3 Revenue Support Grant – Has been increased by 0.55%;

2.3.4 Social Care Funding – Originally announced at SR20, there has been an increase to the Social Care Support Grant of £300 millions nationally. This has been allocated based on Adult Social Care relative need (£60 millions) and the ability to raise resources through the social care precept (£240 millions). There has been no change to the Improved Better Care Fund Grant;

2.3.5 Rural Services Delivery Grant – There has been an increase of £4 millions nationally, from £81 millions in 2020/21, to £85 millions in 2021/22; with the methodology for distribution remaining unchanged from 2020/21;

2.3.6 COVID-19 Funding – In SR20, £2.2 billions of funding was announced to support local government in 2021/22, alongside support for local tax

income and the spreading of deficits. Further details of this support have been provided through a consultation paper that includes provisional allocations of the £670 million Council Tax Support Grant; and

2.3.7 Local government Funding Reform – No papers were published relating to the Fair Funding Review or the Business Rates Reset.

2.4 The Provisional Settlement for the County Council is:

	£000
Revenue Support Grant	549
Business Rates Central Government Top Up	80,654
New Homes Bonus	2,486
Rural Services Delivery Grant	7,823
Social Care Support Grant SR20	3,149
Social Care Support Grant SR19	20,160
Improved Better Care Fund	28,270
Covid-19 Funding	14,823
Council Tax Support Grant	6,358

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 28th January.
- 3.2 The overall financial approach in Adult Care and Health is to protect the most vulnerable whilst managing cost at a fair and affordable level. 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 and rising complexity of care needs, including younger adults.
- 3.3 This year, there is the additional challenge of the ongoing Covid pandemic, which has placed immense pressure on the whole health and social care sector. The Council took steps to support the social care market during 2020/21, some of which will have a long lasting effect (and cost implications) into 2021/22 and beyond. Risks arising from the pandemic will remain through 2021/22. Where known, these risks have been assessed and budgeted for on reasonable estimates of impact. However significant

unknown risks remain in respect of the cost of future pandemic response measures, ensuring the ongoing viability and sustainability of the independent care sector, and sufficiency of government Covid response funding.

3.4 The proposed budget for Adult Care and Health includes an increase of £26.2 millions to fund current and forecast demand and inflationary pressures on the budget in 2021/22. Budget savings totalling £4.5 millions are also included, which at 1.6% of the budget, is the lowest level of savings required in recent years. This means that the net budget increase for Adult Care and Health for 2021/22 is £21.7 millions; an 8.3% increase in net budget when compared to the previous year.

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

3.5.1 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 could risk additional pressure on services. The 2021/22 budget has been planned on the basis of 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.

3.5.2 Cost of care - the unit cost for packages of care and placements is generally continuing to increase but can be volatile and is dependent on market conditions. Workforce recruitment and retention (both for social workers and in the independent provider markets) continues to be a risk because a shortage of care workers drives up unit costs of care packages. Uncertainty of future UK immigration policy and the impact of Covid 19 are risks which may exacerbate problems with the labour supply and demand for packages of care. The latest average unit rates (uplifted for inflation) have been used during budget planning.

3.5.3 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 ongoing impact of the Covid pandemic could distort the balance even further.

3.6 During 2020/21 the Council received funding from government of almost £20 millions in the form of 2 Infection Control Grants, which were required to be passed direct to providers with specific conditions for spend. The Government has also made Personal Protective Equipment available to regulated social care providers free of charge. These factors have been instrumental in enabling the Council to support providers to control outbreaks of Covid-19, however significant risks remain insofar as the duration of the

pandemic, and whether these government schemes (Infection Control grant is due to end in March), will be extended.

- 3.7 The Adult Care and Health budget includes £35.5 millions of funding from the Better Care Fund which contributes directly to the provision of social care services, and a further £4.9 millions which contributes to joint health and social care arrangements. The Adults budget also includes the continuation of the supplementary Improved Better Care fund grant of £8.6 millions. 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 £100 millions for 2021/22.

4. Service Specific Budget Issues - Public Health

- 4.1 The Public Health grant remains ring fenced for 2021/22. The value of the grant for 2021/22 has not yet been confirmed but it is not expected to further increase following the uplift in 2020/21. Additionally, there has been no further update since the letter issued by Public Health England on 21st December 2017, which noted that the ring-fencing should still be removed beyond 2020, subject to the assurance arrangements between Public Health England and the Department of Health.
- 4.2 The additional monies provided in 2020/21 have been redirected to the previous pressure points including sexual health, public mental health and obesity. However, the impact on Public Health of the Covid pandemic is unknown so the Public Health earmarked reserve will be used to manage any cost pressures on the 2021/22 grant.
- 4.3 The Public Health budget will also be included in the papers for the Corporate Infrastructure and Regulatory Services Scrutiny Committee which is meeting on 28th 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 is currently no service need within Health & Adult Care services for new projects funded from capital resources, but this will be kept under review in the coming year. The existing programme contains the Disabled Facilities Grant scheme; these sums will be part of the Better Care Fund and administered by the Devon District Councils.

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 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 2021/22 budget is published at:

<https://www.devon.gov.uk/impact/budget21-22/>

Mary Davis

Jennie Stephens

Steve Brown

County Treasurer

**Chief Officer for Adult
Care and Health**

Director of Public Health

Electoral Divisions: All

Cabinet Member: Councillor John Hart

Local Government Act 1972: List of Background Papers

Spending Round 2020 & Provisional Settlement 2021/22

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Leadership Group Commentary

2020 has been one of our most challenging years and has left the Council, and indeed all local authorities, facing a more difficult financial position than we might have envisioned due to the significant costs associated with responding to the COVID-19 pandemic. It has, however, also been a year that enabled us to demonstrate our resilience and adaptability in the face of huge uncertainty.

At the start of the year we were focused on preparations to leave the EU and supporting our residents and businesses through the changes this would bring, alongside anticipating the possibility of a local government review.

However, from early in the year, as cases of coronavirus spread across the world, it became clear that much of our focus would be on COVID-19 response work. Between March and June 2020 the suspension of some of our statutory responsibilities allowed us to put every effort into the fight against the virus and supporting our communities.

Following the announcement of a national lockdown on 23 March, teams across the Council had to move quickly to establish new ways of working to continue delivering services and information to the people of Devon.

Support services such as IT and Digital Transformation, Legal, Finance, HR and Communications all had to adapt to using new systems to ensure the wider organisation continued to operate as smoothly as possible. Highways, Environment, Development and Waste teams all underwent dramatic changes in the way they worked and communicated in order to keep the Council operating.

Frontline Adults' and Children's Services, Public Health and Education faced additional workloads and are still facing a very turbulent time in supporting our most vulnerable people within communities and ensuring children and young people don't miss out on their education. An increase in demand and referrals for Children's Services, in part driven by the impact of the pandemic on families and children, including those with disabilities, has put financial pressure on an area of the Council that was already stretched.

Each and every member of staff and elected Member across the Council has been affected by the challenges faced during the pandemic. They have all responded quickly, effectively and efficiently and the Council remains in a good position as we enter another uncertain year in 2021.

This year, Devon County Council became one of England's COVID-19 Beacon authorities. Working with District Councils, the County forged a strong "Team Devon" partnership that is proving to be highly effective. Aided by excellent collaboration with the NHS, Police, other agencies and neighbouring councils, this partnership is helping to keep residents safe during the pandemic and providing support to those in need.

Team Devon is also working closely with the Heart of the South West Local Enterprise Partnership (LEP) and wider business community on recovery across the county and regional partners to create a Great South West clean energy powerhouse that will increase the regional economy by £45 billion and create 190,000 new jobs.

While the Government's position on a local government review shifted, the UK left the EU on 31st January 2020 and the Council's preparation work continued throughout the transition period before the new agreements came into force on 1st January 2021. The overall financial impact of leaving the EU on our local economy - alongside the impact of COVID-19 - is still largely unknown and supporting our local business community remains a priority for the Council.

This tremendous effort to fight coronavirus, support Devon's communities and keep the county operating has cost the Council significantly. At the outset of the pandemic, the Government provided local councils in England with £500 million of grant funding to help economically vulnerable people to pay their Council Tax and the County Council has provided funding of £1m towards a COVID-19 Hardship Fund, providing a vital safety net for those struggling financially. The increased number of people eligible for help with Council Tax, coupled with more firms being forced to go out of business and leaving properties empty, is contributing to a financial shortfall for councils at a time when spending demands are increasing.

Moving forward, the Government published the Provisional Local Government Finance Settlement 2021/22 on 17 December confirming that, excluding Government assumptions about Council Tax nationally, the increase in Government funding for the Council is £3.7 millions or 2.2%. The Government has also announced Devon's share of national COVID funding for 2021/22 is £14.823 millions. In total, our spending in 2021/22 is due to rise by 6.6%, an overall increase of just under £35.7 millions from 2020/21.

We will continue to do all we can to support all those affected by the COVID-19 pandemic, and work closely with our colleagues in the NHS on the rollout of the vaccine as well as supporting local testing and contact tracing initiatives. We will take what we've learnt from our response so far to continue with our ongoing response and recovery work, in the knowledge that we will come out of this pandemic with new and innovative ways of working to ensure we continue on our journey as a learning organisation.

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Adult Care and Health

How the 2021/22 Budget has been built up

	2020/21 Adjusted Budget	Changes	2021/22 Outturn Budget
	£'000	£'000	£'000
Adult Care Operations and Health	232,949	19,544	252,493
Adult Commissioning and Health	27,808	2,134	29,942
Total	260,757	21,678	282,435

	Change £'000
Reasons for changes in Revenue Budget	
Technical and Service Changes	
Inflation and National Living Wage	4,013
Adult Services demographic and demand pressures	21,972
Autism Joint Service Review	250
	26,235
Savings Strategies	
Supporting people with disabilities to live more independently and to reduce their dependence over time	(4,356)
Management and Support reductions	(50)
Share of Cross-Council savings in running costs	(71)
Mental Health Strategy Action Plan	(80)
	(4,557)
Total	21,678

Analysis of Total Expenditure 2021/22

	Gross Expenditure	Grant and Contribution Income	External Income	Internal Income	Net Expenditure
	£'000	£'000	£'000	£'000	£'000
Adult Care Operations and Health	326,842	(21,661)	(52,688)	0	252,493
Adult Commissioning and Health	33,136	(2,602)	(592)	0	29,942
Total	359,978	(24,263)	(53,280)	0	282,435

Adult Care Operations and Health

2020/21 Adjusted Budget £'000		Gross Expenditure £'000	Gross Income £'000	2021/22 Outturn Budget £'000	2021/22 Net Changes £'000
Disability Services					
2,119	Day Opportunities	2,171	(1)	2,170	51
19,321	Direct Payments	22,745	(3,024)	19,721	400
37,969	Enabling/Other	42,313	(298)	42,015	4,046
2,237	Nursing Care	2,578	(285)	2,293	56
8,381	Personal Care	13,075	(3,998)	9,077	696
32,875	Residential Care	38,406	(3,536)	34,870	1,995
102,902		121,288	(11,142)	110,146	7,244
8,621	Improved Better Care Fund	8,621	0	8,621	0
In House Services					
4,258	Day Opportunities and Reaching For Independence	4,257	(17)	4,240	(18)
4,115	Reablement	5,008	(899)	4,109	(6)
3,721	Residential Care	3,705	0	3,705	(16)
12,094		12,970	(916)	12,054	(40)
Older People					
999	Day Opportunities	1,115	(14)	1,101	102
5,820	Direct Payments	9,569	(2,539)	7,030	1,210
3,150	Enabling/Other	4,030	(624)	3,406	256
16,560	Nursing Care	25,805	(6,602)	19,203	2,643
12,538	Personal Care	32,086	(14,960)	17,126	4,588
44,226	Residential Care	81,275	(34,091)	47,184	2,958
83,293		153,880	(58,830)	95,050	11,757
25,322	OP&D Care Management	29,366	(3,461)	25,905	583
717	Workforce Development	717	0	717	0
232,949		326,842	(74,349)	252,493	19,544

Analysis of changes:

£'000

Technical and Service Changes

Demographic and other growth in demand	19,699
Inflation and National Living Wage	3,743
Safeguarding capacity	500
	23,942

Savings Strategies

Supporting people with disabilities to live more independently and to reduce their dependence over time	(4,356)
Share of Cross-Council savings in running costs	(42)
	(4,398)

Total

19,544

Service Commentary

Adult Care Operations and Health is the operational social care service which offers advice, information and signposting as well as assessment, support planning and reviews for older people and working age adults with learning disability, autism, physical disabilities with eligible social care needs. It also arranges care, largely from the independent sector, for either short-term interventions or long-term care on a personalised basis to help people live the lives they want to lead. It undertakes statutory safeguarding responsibilities for vulnerable adults. The staff undertaking these functions – including professionally qualified social workers and occupational therapists – are co-located and co-managed with community based NHS staff.

Additionally, this service provides adult social care services which we continue to deliver directly, rather than commission from the independent sector. These include a number of different establishments throughout the county which provide services to Older People and people with Disabilities.

Included in the Operations budget is the continuance for a further year of £8.621 millions from the improved Better Care Fund which was announced in November 2020. The deployment of this is subject to joint agreement with NHS partners and 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

The budget also includes £35.546 millions of Better Care Fund funding which contributes directly to the provision of social care services. In addition there is a direct contribution to specific projects of £2.935 millions and other income from health of £1.959 millions.

The sufficiency of the personal care workforce has been a long-standing challenge that looks set to only increase. The impact on the recruitment and retention of the workforce and the financial stability of independent social care providers as a result of Covid 19, and the UK exiting the European Union on 1st January 2021 is yet to be fully understood.

What we do know is that more people in Devon need our support to live their lives the way they want, and that support is increasingly more intense, complex and expensive for us to buy. This is especially the case for adults of a working age with a disability and autism.

We are also seeing a rise in the number of children with Education Health and Care Plans, particularly those with higher needs, and this is the group that transition into adult services with the greatest likelihood of needing our on-going services and support.

These issues continue to be the biggest challenges for Adult Care Operations and Health as we ensure an ability to deliver a responsive and effective service.

Service Statistics and Other Information

		Number of people budgeted to receive service Average through Year		
		2020/21	Change	2021/22
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	251	14	265
Direct Payments	Service Users/Agreements	1,502	(33)	1,469
Enabling	Service Users/Agreements	1,613	112	1,725
Nursing Care (including Respite)	Service Users/Agreements	48	1	49
Personal Care	Service Users/Agreements	865	46	911
Residential Care (including Respite)	Service Users/Agreements	628	(20)	608
Older People and Disability - In house				
Day Opportunities	Service Users/Agreements	100	(40)	60
Residential Care (including Respite)	Service Users/Agreements	45	2	47
Reaching for Independence	Service Users/Agreements	940	0	940
Older People				
Day Opportunities	Service Users/Agreements	285	5	290
Direct Payments	Service Users/Agreements	645	12	657
Enabling	Service Users/Agreements	361	37	398
Nursing Care (including Respite)	Service Users/Agreements	557	9	566
Personal Care	Service Users/Agreements	2,483	42	2,525
Residential Care (including Respite)	Service Users/Agreements	2,017	37	2,054

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Adult Commissioning and Health

2020/21 Adjusted Budget £'000		Gross Expenditure £'000	Gross Income £'000	2021/22 Outturn Budget £'000	2021/22 Net Changes £'000
Adult Commissioning and Health					
5,207	Centrally Managed Contracts	5,896	(548)	5,348	141
1,288	Policy, Performance and Involvement	1,324	0	1,324	36
3,569	Strategic Commissioning	3,972	(320)	3,652	83
1,327	Transformation	1,362	(20)	1,342	15
11,391		12,554	(888)	11,666	275
Mental Health					
3,806	Care Management	4,412	(412)	4,000	194
554	Day Opportunities	697	(170)	527	(27)
644	Direct Payments	845	(33)	812	168
5,586	Enabling/Other	7,321	(1,006)	6,315	729
28	Nursing Care	145	0	145	117
181	Personal Care	346	(140)	206	25
5,618	Residential Care	6,816	(545)	6,271	653
16,417		20,582	(2,306)	18,276	1,859
27,808		33,136	(3,194)	29,942	2,134

Analysis of changes:

£'000

Technical and Service Changes

Demographic and other growth in demand	1,773
Inflation and National Living Wage	270
Autism joint service review	250
	2,293

Savings Strategies

Management and support reductions	(50)
Share of Cross-Council savings in running costs	(29)
Mental Health Strategy Action Plan	(80)
	(159)

Total	2,134
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Service Commentary

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 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 the 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.

The key challenges for Adult Commissioning and Health will be to secure market sufficiency, in particular care homes and personal care. The sufficiency of the personal care workforce continues to be a challenge, and one which impacts on the wider health and care system. These challenges are exacerbated by the impact of COVID-19 on the care sector: the pandemic is having negative economic consequences for care home and day care markets following the impact of voids or inability to trade, with the impact on other markets yet to unfold.

Service Statistics and Other Information

		Number of people budgeted to receive service Average through Year		
		2020/21	Change	2021/22
Mental Health Services				
Day Opportunities	Service Users/Agreements	22	(1)	21
Direct Payments	Service Users/Agreements	109	26	135
Enabling	Service Users/Agreements	603	26	629
Nursing Care (including Respite)	Service Users/Agreements	1	3	4
Personal Care	Service Users/Agreements	30	3	33
Residential Care (including Respite)	Service Users/Agreements	171	6	177

Public Health

How the 2021/22 Budget has been built up

	2020/21 Adjusted Budget	Changes	2021/22 Outturn Budget
	£'000	£'000	£'000
Public Health	0	0	0
Total	0	0	0

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

Analysis of Total Expenditure 2021/22

	Gross Expenditure	Grant and Contribution Income	External Income	Internal Income	Net Expenditure
	£'000	£'000	£'000	£'000	£'000
Public Health	29,536	(29,458)	(18)	(60)	0
Total	29,536	(29,458)	(18)	(60)	0

Public Health

2020/21 Adjusted Budget £'000		Gross Expenditure £'000	Gross Income £'000	2021/22 Outturn Budget £'000	2021/22 Net Changes £'000
Public Health					
2,188	Children 5-19 Public Health Programmes	2,185	0	2,185	(3)
969	Community Safety, Violence Prevention and Social Exclusion	860	0	860	(109)
60	Health At Work	59	0	59	(1)
119	Health Protection	223	0	223	104
8,230	Mandated 0-5 Children's Services	8,228	0	8,228	(2)
81	National Child Measurement Programme	80	0	80	(1)
460	NHS Health Check Programme	459	0	459	(1)
524	Obesity	713	(191)	522	(2)
569	Other Public Health	589	(18)	571	2
182	Physical Activity	180	0	180	(2)
299	Public Health Advice to NHS Commissioners	296	0	296	(3)
(29,267)	Public Health Income	0	(29,267)	(29,267)	0
739	Public Mental Health	797	(60)	737	(2)
7,054	Sexual Health	7,016	0	7,016	(38)
1,161	Smoking and Tobacco	1,159	0	1,159	(2)
5,471	Substance Misuse	5,490	0	5,490	19
1,161	Support Services	1,202	0	1,202	41
0		29,536	(29,536)	0	0

Analysis of changes:

£'000

Technical and Service Changes

Community Safety - Reduced staffing costs due to realigned duties	(104)
Health protection - Increased staffing costs due to realigned duties	104
	<u>0</u>

Savings Strategies

Sexual Health - Net change in various contract spend	(38)
Substance misuse - Increased activity	19
Support Service - Increased pension and support costs and reduced contributions	41
Various demand led, contract and allocations changes	(22)
	<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 2021/22 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.

The 2020/21 statistics below for non-opiate and alcohol have been revised to reflect the contractual reporting groups. The reduction for 2021/22 reflects the impact of the pandemic as there are fewer referrals from primary care and other stakeholders and fewer people seeking help for a variety of reasons. Additionally, a continuation of existing trends would mean that opiate addiction will consume the largest proportion of the specialist provider's time.

The statistics for the Genito-urinary medicine patients and contraception services has seen a significant reduction in 2020/21 due to the impact of COVID so the 2020/21 figures have been rebased. There are plans for additional clinics and more digital referrals during the second half of the year which will see an increase.

Service Statistics and Other Information

Service/ Activity	Unit of Measurement	2020/21	Change	2021/22
		Estimate		Estimate
Opiate clients in treatment	Individuals	1,290	(32)	1,258
Non-opiate only clients in treatment	Individuals	145	(12)	133
Alcohol only clients in treatment	Individuals	700	(124)	576
Alcohol & non-opiate clients in treatment	Individuals	265	(53)	212
Genito-urinary medicine patients treated	Individuals	29,033	1,161	30,194
Contraception services accessed	Individuals	30,057	1,202	31,259

Grants Paid to External Organisations

2020/21	2021/22
£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
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
105	105
202 Total	202

Staffing Data for 2021/22

	2020/21	Changes FTEs	2021/22		Total FTEs
	Adjusted Total FTEs		Revenue Funded FTEs	Externally Funded FTEs	
Adult Care Operations and Health	1,057	8	955	110	1,065
Adult Commissioning and Health	180	1	173	8	181
Adult Care and Health	1,237	9	1,128	118	1,246

Adult Commissioning and Health includes 73 assigned to Devon Partnership Trust

Explanation of Movements

Adult Care Operations and Health

Increase in safeguarding activity	12
Deputy Head of Service	1
Apprentices in Sensory and Peripatetic teams	4
Reduction in externally funded posts	(9)
	8

Adult Commissioning and Health

Net change in working hours across various posts	1
	1

Total **9**

	2020/21	Changes FTEs	2021/22		Total FTEs
	Adjusted Total FTEs		Revenue Funded FTEs	Externally Funded FTEs	
Public Health	35	0	0	35	35
Public Health	35	0	0	35	35

Adult Care and Health - Risk Assessment

No	Service	Budget 2021/22 £'000	Risk and Impact	Mitigation
1	Market sufficiency	228,093	<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 economic consequences for care home and day care markets following the impact of voids (attrition) or inability to trade, with the impact on other markets yet to unfold. It is highly likely though 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 and this, alongside the value of social care has meant labour for certain markets is restricted.</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. If sufficiency could be restored, there is an estimated</p>	<p>The process to assess the market support requests from providers will need strengthening to manage the expected increased demands for support on the Council and aid intervention decisions.</p> <p>Focussed work with providers facing 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>The pandemic and new operating rules with Europe may alter the full employment status within parts of Devon; coupled to the rise in social care's profile through the pandemic - both may increase workforce supply.</p> <p>Use of iBCF funding to incentivise care worker recruitment and retention, with a focus on the areas where provision is most challenged.</p>

			financial risk to social care budgets in the region of £2 million annually.	
2	Savings Strategies	4,557	<p>Delivering savings continues to be challenging and has a variety of risks associated with delivery.</p> <p>The savings this year will primarily be strategies to support people with disabilities, and people with Mental Health needs to live more independently. Over time moving from institutional based settings to being supported to live their lives as independently as possible in a community. Successful delivery could be affected by the length of the pandemic, the length of recovery work and current demand levels.</p>	<p>Operational and commissioning plans to shape practice and review how services are delivered are being initiated and will be monitored and supported through an established governance framework.</p> <p>However residual risk relating to operational and management capacity to formulate and deliver detailed plans required to be deployed to a pandemic response cannot be avoided.</p>
3	Children transitioning to Adults	110,146	<p>Early analysis shows a link between the number of EHCPs and the number of young people transitioning into ASC. 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 EHCPs will directly impact on ASC in the coming years. EHCPs 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 EHCPs and the number of individuals transitioning into ASC to better predict the increasing future demand on ASC.</p> <p>ASC to consider the legal advice regarding ASC's provision into residential educational placements</p> <p>A dedicated multi-disciplinary team has been created to work across Children and Adults services in order to improve information sharing and to work towards transitions planning at an early stage.</p>

4	Mental Health	18,276	<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 with more evidence of this likely to emerge in 2021.</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. This programme is being accelerated in 2021.</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 for funding will fall to social care budgets, or both. These care packages are often at a higher unit price.</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. A new framework for providers will be let in 2021.</p> <p>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.</p>
5	Autism demand and Repatriations	6,043	<p>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.</p>	<p>There is a specialised DCC autism team within the service, which manages the 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.</p> <p>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.</p>

6	Demand for packages of care (across all service types)	228,093	<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. Safeguarding rates have increased by 268% since 2017, the sharpest increase has been this year as a result of the pandemic.</p> <p>Devon also has an above average elderly population when compared nationally, which is forecasted to continue increasing.</p> <p>If our assumptions of demand are incorrect the financial risk will vary with average packages ranging from £12,000 per year for personal care to £58,000 per working age residential placement. The most expensive package is currently £293,000 per year.</p>	<p>The 2021/22 budget has been planned on the basis of 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 where ever 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>
7	Unit cost pressure (across all service types)	228,093	<p>There are price pressures on all commissioned services arising from inflationary factors (increased National Living Wage for example) and labour supply issues. Parts of Devon are at full employment and the care sector is competing for labour with other industry sectors.</p> <p>There is emerging evidence the Hospital discharge schemes instigated, by government, in the pandemic has led to an increase in the unit price for care homes.</p> <p>An average £10 per week change in residential placement costs (current average weekly rate paid is</p>	<p>The budget is based on actual unit costs as at the time of budget preparation and is inflated for forecast prices changes.</p> <p>Detailed unit costs are monitored on a monthly basis 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>

			£844) will increase costs by circa £1.3millions and a £1 per hour increase in personal care rates (current average rate paid is £23.61 per hour) will cost circa £1.7 millions.	
8	Legislative change	282,435	<p>The government has indicated intent to reform social care, a national disabilities strategy, the implementation of Liberty Protection safeguarding in April 2022, along with prioritisation of the NHS.</p> <p>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.</p> <p>Liberty Protection Safeguards will replace existing Deprivation of Liberty Safeguards during 2021.</p> <p>The Council's duties and responsibilities are very likely to increase as a result. It is expected the government will provide additional funding for this, but they may see the changes as 'cost neutral' presenting a risk that no further or insufficient funding is provided.</p>	<p>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.</p> <p>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.</p> <p>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 in order to lobby government and ensure effective consultation.</p> <p>We will work with our partner authorities in the region to operate safe, comparable services.</p>
9	NHS Contributions to Social Care (including Better Care Fund)	Total BCF pooled budget is currently expected to be in the region of	<p>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 £35.546 millions of direct support to DCC social care budgets.</p> <p>The financial challenges faced by all partners 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.</p>	<p>A joint commissioning group comprising senior officers for each organisation and with detailed governance and specialist support is overseeing the operation of BCF.</p> <p>All partners are committed to working together to deal with similar challenges faced by each organisation and create integrated services.</p> <p>Strong professional relationships between the health and social care sectors have been developed over the</p>

		£100 millions		past years both with CCGs and provider trusts including hospitals.
10	Joint funding of complex care		<p>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.</p>	<p>Joint frameworks and relationships with CCG are well developed, including escalation and challenge where appropriate.</p> <p>Pooling of resources and risk are considered collectively with the NHS commissioners.</p> <p>Review of the Joint Devon tool in 2021.</p> <p>Health Liaison leads are in place to support staff's decision making.</p>
11	Social care workforce	42,676	<p>This affects both the internal DCC 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 DCC do not compare well with competitors.</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, DoLS, dementia and transition. There is a significant risk that failure to plan ahead 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</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>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>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>Although there is a Brexit deal in place, there remains a risk to both areas of the workforce as uncertainty of future immigration policy could deter job applications from EU nationals, or that a new immigration system operating on a points basis, does not prioritise lower paid social care roles.</p>	Ongoing monitoring of government's legislative programme, along with raising issues nationally via the LGA, ADASS and other networks.
12	Provision of specialist dementia care		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.	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.
13	Sleep in nights National Living Wage	54,736	<p>The Court of Appeal ruled in 2018 that National Living Wage did not need to be applied to sleep in shifts. The case was heard in the Supreme Court in February 2020; the judgment is yet to be handed down at the time of writing. If this judgment reverses the Court of Appeal's judgment, it could trigger back pay claims against providers, threatening market stability.</p> <p>Adverse impacts in the provider market could add cost to commissioning budgets in the region of up to £1million.</p>	<p>Historic purchasing of sleep in based services has been analysed and risk exposure estimated.</p> <p>Commissioners liaise closely with providers to find ways to manage risk and provider failure.</p> <p>Lobbying of government that retrospective pay awards are funded.</p>
14	Hospital Discharge Cessation of Funding	66,387	The government introduced hospital discharge schemes (1&2) to ensure hospitals were able to cope with the pandemic. A significant number of people were placed in care homes paid for by government. Individuals on this scheme have yet to all transition into ASC, and current	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

			<p>pressures to maintain flow may be likely to bring greater than usual pressure on placement numbers into ASC. Currently, the transition deadline for all reviews in scheme 1 is March 2021. ASC is likely to see increased numbers of ASC placement numbers next year.</p>	<p>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>
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Public Health - Risk Assessment

Service	Budget 2021/22 £'000	Risk and Impact	Mitigation
Public Health - Sexual Health	7,016	Demand-led service so actual numbers could vary significantly.	Due to lack of confirmation on public health grant allocation financial risk is unknown. On-going work with the service provider to ensure plans are in place to reduce financial risks.
Public health - Health checks	459	There is a risk to the PH budget if significantly more health checks are offered and taken up than forecast.	Engagement with the LMC and monitoring of activity at individual practice level.

Capital Programme

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

Project	*Total Scheme Approval £'000	2021/22 £'000	2022/23 £'000	2023/24 £'000	2024/25 £'000	2025/26 £'000
Adult Commissioning and Health						
Adult Care & Health Business Support for Innovation	0	0	0	0	0	0
Adult Commissioning and Health Total	0	0	0	0	0	0
Adult Care Operations and Health						
Barnstaple Hub	3,000	1,933	0	0	0	0
Care Teams Accommodation & Equipment	N/A	65	50	50	0	0
Disabled Facilities Grant	N/A	7,267	7,267	7,267	7,267	7,267
ICT equipment for staff delivering Care Act	N/A	20	0	0	0	0
Integrated Adult Care & Finance System	4,345	1,444	1,527	0	0	0
Works for Provider Services	N/A	100	87	50	0	0
Adult Care Operations and Health Total		10,829	8,931	7,367	7,267	7,267
Adult Care & Health Total		10,829	8,931	7,367	7,267	7,267
Financed by:						
Capital Receipts - General		2,577	1,527	0	0	0
External Funding - Grants		8,252	7,404	7,367	7,267	7,267
Total		10,829	8,931	7,367	7,267	7,267

* 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 2020/21 which may be deferred to 2021/22, or future years, owing to changes in project delivery timescales.

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
DOH	Department of Health
DoLS	Deprivation of Liberty Safeguards
DPLS	Devon Personalised Learning Service
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
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
LTP	Local Transport Plan
MH	Mental Health
MHCLG	Ministry of Housing, Communities and Local Government
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
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
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