

Adult Social Care

Improvement and Recovery Plan

Appendix 2

Executive Summary

The Financial pressures facing adult social care across the country have been well publicised in recent years and, whilst this has resulted in some additional monies being made available to Councils up until 2019-20, there is still no clear national position about how the sustainability of adult social care will be ensured after that time.

In Sheffield the financial pressures facing adult social care can be broadly defined in three categories – provider costs (amounting to around a £23m pressure in the coming four years), growth in client costs (of around £18m over 4 years) and a loss of income (around £6.5m over four years).

Up to £12m of financial savings will be delivered in Adult Social Care during 2016-17 and 2017-18 through a number of significant change programmes focusing on demand management, supply management and ongoing performance improvement but despite these savings Adult Social Care budgets are still facing an overspend because of the scale of the demand pressures they are facing.

The strategic intention of Adult Social Care in Sheffield over the medium to long-term is to support a shift into prevention and well-being. This means moving away from the crisis intervention model that currently predominates, and instead increasing focus on access to universal services and early help and preventative support. This will improve outcomes for local people and promote better usage of adult social care resources.

In older people's services there is a need to improve rates of customer satisfaction through an emphasis on practice and leadership development as well as the use of systems that reduce bureaucracy. There are also opportunities to improve use of adult social care resources so that Sheffield benchmarks more favourably with comparator authorities. Considerable progress has been made over the last two years in making improvements to a number of adults services and these need to be sustained and accelerated.

The high number of adults of working age accessing formal social care services in Sheffield creates a key risk to the future sustainability of care and support for adults of working age. This requires a considerable shift towards inclusion and prevention to help to help adults access employment and other universal services which are available to the wider population. Without this shift the pressure on services for adults of working age will increase.

There are a number of further opportunities being explored to improve the use of resources in adult social care and these centre around continuing the Council's shift towards prevention, continuing to work with providers in relation to supply management, and improving and maintaining performance.

Proposals

- 1.1 For the Council to note the significant work that is already taking place to improve the use of resources within Adult Social Care, but also to note the significant projected deficit once the additional adult social care funding from central government expires at the end of the 2019-20 financial year and to support the actions set out below to help address this.
- 1.2 For the Council's approach to **demand management** to continue in its shift towards prevention, and
 - Increase its ability to provide early advice and support to people who might otherwise develop adult social care needs including family carers
 - Reduce over time the number of people using formal adult social care in Sheffield in line with the average per head of population for comparable Councils
 - Improve emotional health and wellbeing outcomes associated with all services
- 1.3 For the Council to continue its work with providers of adult social care in relation to **supply management**, and
 - Deliver an accommodation strategy for the city which ensures that future people with disabilities or health issues have access to high quality homes which are accessible and promote independence
 - Reduce reliance upon services outside the city
 - Support local Sheffield organisations to grow and support our communities
 - Reduce reliance on expensive services where alternatives exist that enable better value for money at comparable quality
 - Develop a sustainable role for Council-run adult social care provision
- 1.4 For the Council to maintain and improve **performance** through further development of an adult social care workforce that
 - Is better equipped to provide the information and advice that Sheffield citizens need to maintain their independence and wellbeing
 - Forms stronger connections with Sheffield's communities and neighbourhoods and make the best use of their strengths and assets
 - Works more closely with NHS and community colleagues to collaborate and make best use of resources in the interests of local people
 - Adopts an "all-age" approach that provides seamless support between childhood into adulthood and through to later life
- 1.5 For the Council to continue its work with local NHS organisations so that
 - Sheffield citizens get the right support from the right person at the right time without confusion or delay
 - NHS partners work preventatively to reduce avoidable demand on adult social care, and vice versa

2 The scope of adult social care

- 2.1 The scope of adult social care is defined in the Care Act 2014. The target populations are adults with care and support needs; carers of adults with care and support needs; children and young people with care and support needs planning for transition to

adulthood; carers of children and young people with care and support needs planning for transition to adulthood; young carers planning for transition to adulthood

- 2.2 However the Care Act states that the Council also has a duty of wellbeing towards a much wider population of individuals with “care and support needs”. The Care Act defines wellbeing in broad terms, including participation in work, education, training or recreation, social and economic wellbeing, suitability of living accommodation and the individual’s contribution to society. This emphasises that the promotion of wellbeing for people with adult social care needs is a responsibility of the whole Council and that all council services have a role to play in ‘prevention’.
- 2.3 The Care Act explicitly states that “[the wellbeing principle] should inform the delivery of universal services which are provided to all people in the local population, as well as being considered when meeting eligible needs.” Universal services (for example housing, transport, leisure) can also perform a valuable preventative function in relation to adult social care, helping ensure participation in community life, the continuation of both physical and mental health and the focus of intensive adult social care resources upon those who need it the most.

3 The vision for adult social care

- 3.1 The strategic intention of Adult Social Care in Sheffield over the medium to long-term is to support a shift into prevention and well-being. This means moving away from the crisis intervention model that currently predominates, and instead increasing focus on access to universal services and early help and preventative support. This will improve outcomes for local people and promote better usage of adult social care resources.
- 3.2 The vision for Adult Social Care is based on three different populations in Sheffield with different needs. Each of these populations needs the right support from the right person at the right time to enable them to thrive.
- 3.3 **People Keeping Well:** People who may need a little bit of help to stay resilient and strong. They will maintain their level of independence if they are connected to the resources and support available within their neighbourhoods and networks.
- 3.4 **Active Support and Recovery:** People who have experienced some difficulty, perhaps following a period of poor health. They will regain their previous level of independence if they get focused help to achieve their recovery goals.
- 3.5 **Ongoing Care:** People for whom regaining their previous level of independence may not be possible. They will still live a good life if they receive targeted and co-ordinated support that is geared to priorities important to them.
- 3.6 These objectives apply to all target groups for adult social care defined by the Care Act and set out in section 2 above. They parallel the Integrated Commissioning model agreed with the Clinical Commissioning Group and forming the basis of Sheffield’s Better Care Fund. This means that the development of Adult Social Care in Sheffield can be closely connected to local improvements required in NHS services
- 3.7 A shift into prevention over time will result in a greater proportion of support and spend being utilised in People Keeping Well, and a smaller proportion therefore being required in Ongoing Care. Appropriate interventions within Active Support and Recovery, building independence and resilience rather than fostering long-term dependency, are key to this shift.
- 3.8 The success of the above model also depends on focused and targeted use of resources at individual, community and city-wide levels. Use of resources must be

linked to focused delivery of outcomes. Services and support must work efficiently, with resources focused on delivery and minimised bureaucracy and waste.

4 Overview of Sheffield's use of resources in Adult Social Care

- 4.1 The Council has asked for a Peer Review to look at its use of resources in Adult Social Care. This will be coordinated by the Local Government Association and will involve Members and officers from other Councils who can compare Sheffield's challenges with their own and also highlight areas of national good practice that Sheffield can emulate. There will also be NHS representation on the team. The review will take place in early October 2017.
- 4.2 As part of preparation for the review, the Council has been comparing its spend and customer profile with other Councils in comparable authorities, using 2015-16 data but also examining more recent trends. Some early conclusions are set out below.
- 4.3 **For older people**, Sheffield's spend per head of population was just above the comparator average in 2015-16 while the number of older people directly supported by the Council was marginally below the comparator average. There are also key performance measures where Sheffield has not been close to the comparator average in recent years:
- 4.3.1 Sheffield's older people have reported considerably lower levels of customer satisfaction than those in average comparator authorities when annually surveyed as part of the national Adult Social Care Outcomes Framework (ASCOF)
- 4.3.2 In recent years Sheffield has admitted significantly more older people than average comparator authorities to residential and nursing care homes. This is a relatively high cost resource and also a difficult step for many older people who would prefer to stay in their own homes. The measure improved in 2016-17 but still lags behind many other authorities.
- 4.3.3 Sheffield has historically poor performance in relation to people staying too long in hospital. "Delayed Transfers of Care" have been higher than most comparator authorities. This chiefly concerns older people, and has significant consequences for use of resources in adult social care. There is very clear evidence that extra time in hospital diminishes the physical abilities and also the confidence of older people, therefore increasing social care needs on discharge. There is a particularly strong link in Sheffield between delays in discharge from hospital and increased requirements for care homes.
- 4.4 For older people the key conclusions are therefore as follows:
- 4.4.1 Low customer satisfaction cannot be attributed to insufficient resources. Other authorities have much higher rates of satisfaction from local older people than Sheffield even though their spend per head is less. Therefore there needs to be considerable emphasis upon practice and leadership development, as well as the use of systems that reduce bureaucracy. This is referred to in 7.6 below.
- 4.4.2 There therefore ought to be opportunities to improve use of adult social care resources for older people in Sheffield so that we compare more favourably with comparator authorities. Although spend and activity figures are much closer to average than for adults of working age it is not enough to aspire to be average.
- 4.4.3 A great deal of focus needs to be given to partnership work with the NHS, and in particular to supporting older people so that any stay in hospital is no longer

than necessary to address medical issues, and gives them the best chance possible of returning home as independent and confident as before.

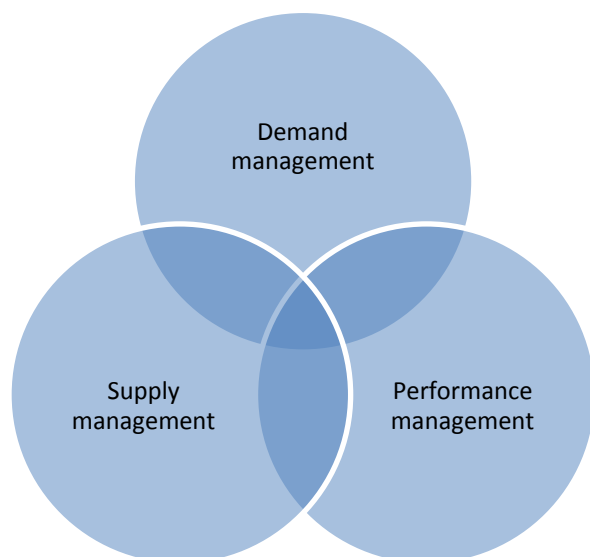
- 4.5 There has been considerable progress from 2016-17 to date in improving both quality and use of resources for older people. The Council's Short Term Intervention Team (STIT) that provides rehabilitation support to older people after illness or injury has become greatly more efficient and effective, and savings achieved from this have been used to ensure greater consistency and quality from our homecare providers. It is expected that this will have a positive impact on customer satisfaction as well as on rates of care home placement and there has certainly been a reduction in delayed discharges from hospital as a result. There has also been progress in developing a new "access model" that gives people of all ages better information and advice, and earlier access to support in their own neighbourhoods, for example from community organisations. This will further reduce the numbers of older people that need social work support and formal care arrangements because they are receiving earlier and more preventative help.
- 4.6 The above progress needs to be sustained and accelerated. Further measures that will improve use of resources for older people are set out later in this report. The position with adults of working age set out below is extremely challenging and continual improvement in the use of resources for older people will be necessary to help the working age position to recover.
- 4.7 **For adults of working age** (this includes people with a learning disability, with a physical disability and those with a mental health problem) Sheffield's spend per head of population was below the comparator average in 2015-16 while the number of adults with a working age directly supported by the Council was substantially above the comparator average. For example the number of people with a Learning Disability supported by the Council was above average per head of population and the number of adults of working age with a mental health problem (supported via the Council's commissioning arrangement with Sheffield Health and Social Care Foundation NHS Trust) was above the comparator average.
- 4.8 This relationship between available resources and numbers of people supported creates huge risks in relation to the sustainability of Sheffield's care and support for adults of working age. As with older people, there are key links with other aspects of performance.
- 4.8.1 Sheffield's adults of working age also report lower levels of customer satisfaction than those in average comparator authorities when annually surveyed as part of the national Adult Social Care Outcomes Framework (ASCOF). There is variation within the group, with satisfaction of those with a learning disability higher than for those with a physical disability. But all are below average.
- 4.8.2 The proportion of people with a learning disability or mental health problem in employment is lower in Sheffield than for comparator authorities. Performance for most Councils tends to be poor, and therefore Sheffield is below average on a measure where few Councils do well in any objective sense.
- 4.8.3 Sheffield has admitted significantly more adults of working age than average comparator authorities to residential and nursing care homes. This tends to be a very high cost resource and also a very challenging step for people who will potentially face decades in care. Numbers of adults of working age in residential care are particularly high for those with mental health needs but have increased considerably for all.
- 4.9 For adults of working age the key conclusions are therefore as follows:

- 4.9.1 There needs to be a considerable shift towards inclusion and prevention to help a number of adults of working age access employment and other universal services that are available to the wider population. Excessively high numbers of adults of working age receiving formal social care support is demonstrably neither resulting in satisfaction for them nor helping them achieve the independence outcomes that are being delivered by some comparator authorities.
- 4.9.2 Universal services offered by the Council and by key partners need to continually improve in becoming more accessible to adults of working age who might otherwise go on to develop formal care and support needs. There is already good work taking place across the Council, for example developing accessible housing. But there is much more that can be done.
- 4.9.3 Adult social care services supporting people of working age need to change. There needs to be much more focus upon equipping adults who might otherwise have social care needs to access opportunities that are there for others. This needs to replace the focus on traditional services like day centres which provide a social outlet for adults of working age and which provide a break for family carers but which do not support the development of skills and confidence to help people achieve their ambitions. This is not to denigrate all day centres: some can be refocused to achieve this approach and a small number of people may not be able to be supported in this way.
- 4.9.4 Supporting more adults of working age in a preventative and inclusive way, so that the number of people receiving formal social care reduces will mean that people with higher needs can be supported with greater quality and focus. The numbers of people requiring residential or nursing care will reduce because there is more ability to work with them in the community and prevent their situation deteriorating.
- 4.9.5 Without the actions above, the pressure on services for adults of a working age will increase. Adult social care budgets face significant pressure from two sources: the number of young people with disabilities who will have care needs on adulthood, and the number of people being supported by the NHS who may in future be supported by the Council linked to shifts in NHS Continuing Healthcare and also the national Transforming Care programme. Work within the People portfolio is bringing Childrens and Adults services closer together and working in partnership with the NHS to jointly manage these pressures (see for example 7.1 below), but unless there is transformation in current approaches to supporting adults of working age the position will become unsustainable.

5 The financial pressures facing adult social care

- 5.1 The financial pressures facing adult social care across the country have been well-publicised in recent years. That resulted in additional monies being made available to Councils over 2017-18, 2018-19 and 2019-20. While this is welcome, there are two concerns about the national position. Firstly, there is as of yet no clear national position, or even debate, about how the sustainability of adult social care will be ensured after that time. Secondly, many provisos have been attached to new adult social care funding which relate to financial sustainability of the NHS, itself under huge pressure.
- 5.2 Adult Social Care faces significant financial pressures over the coming years which can broadly be defined in three categories- provider costs, growth in client costs and loss of income.

- 5.3 Rising provider costs are forecast to contribute around £23m pressure to adult social care in the coming four years. These costs are predominantly the rising costs incurred by providers for the ongoing roll out of the National Minimum Wage to staff. These assumptions are predicated on the National Minimum Wage rising to £9/h by 2021.
- 5.4 An additional pressure of approximately £18m over the coming four years is forecast as a consequence of increased service user numbers over time (as a result of population change and other factors) and of an increasing demand for higher intensity packages.
- 5.5 The Council is facing a forecast loss of income in relation to adult social care of around £6.5m in the next four years. This is made up of reducing government grant and the ending of both external project funding and internal income from reserves.
- 5.6 The Council has received additional funding through the improved Better Care Fund (iBCF) for the period 2017/18 to 2019/20. The allocation of this funding was subject to a decision by Cabinet on 19th July 2017 and further information on that funding and its allocation can be found in that Cabinet Report. The iBCF represents one off funding for Adult Social Care over its three year period. Therefore, whilst the funding will improve the in year position over these three years, its cessation after this period creates a pressure, for all Councils nationally, which will have to be managed following its removal.
- 5.7 These financial challenges are significant and will not be resolved in the short term. A medium term plan has therefore been developed which will ultimately describe how ongoing changes in adult social care will allow the service to adapt to these changes and meet its statutory obligations to deliver adult social care in a financially sustainable way. This plan will feed into the Council's Medium Term Financial Strategy which was updated and approved by Cabinet in July 2017.
- 5.8 The three key areas of financial pressure help inform the three strands of the recovery plan as follows:



6 The adult social care savings programme to date

- 6.1 There has been a high level of financial savings delivered through Adult Social Care over the last two years through a number of significant change programmes. Savings achieved in 2016/17 and savings targeted in 2017/18 amount to around £12m (not including £1.4m savings to Public Health budgets). This includes Mental Health (£2.7m), Learning Disabilities (£3.1m), Older Adults (£3.8m) and Income (£1.3m).

- 6.2 A focus on **demand management** has been the subject of major change in 2016 and 2017. The First Contact team provides new Access model for 'unplanned' social care contacts for new and known customers. Social Care knowledge and expertise has been moved closer to the point of the customer's first contact with the council, allowing for people to have a better conversation, at an earlier point in time. More focused advice and information to people earlier is reducing the number of different council staff that customers have to speak to and reducing the length of time they have to wait for their query or problem to be resolved. This helps people to manage urgent and crisis situations, prevent them escalating, and improve customer experience. The new arrangements have seen a significant reduction in the number of initial contacts going on to formal care and support.
- 6.3 One of the most significant programmes of the council in relation to **supply management** has been the Learning Disabilities Commissioning programme. This programme has introduced a supported living framework which set higher standards for supported living based on clear outcomes, and a guide price. A further framework which develops innovation in supported living will be in place this autumn. A programme of deregistration of nine residential care homes to supported living has been completed which represent positive change which has transformed services and resulted in greater choice and support as well as making savings. A system of brokerage now supports access to accommodation and support and this improves the customer experience by reducing waiting times and ensuring that the accommodation is right for the individual. It also supports proactive management of and reduction in voids and a process of verification which is leading to better management of provider payments. Improvements have been made to quality in accommodation. The programme has also made improvements to the availability and choice of short breaks.
- 6.4 The ongoing transformation programme in adult social care aimed at driving **performance** centres around a move to locality working for adult social care teams to put decision making into the community, join up service delivery and allow for a better use of council resources. This project delivered a new structure for adult social care services in 2017 and follows a completed and successful transformation of the Council's in house reablement service in 2016 which delivered significant savings through a clear and robust improvement programme including a review all systems and processes.
- 6.5 Despite these significant savings being delivered Adult Social care budgets are still facing an overspend because of the scale of the demand pressures we are facing.

7 Further opportunities to improve the use of resources in adult social care

Demand Management

7.1 0-25 interventions

One of the most significant opportunities for making better use of ASC monies in Sheffield is through a more balanced approach to the support of working age service users. The recovery plan sets out how more coordinated support of disabled young people from early years to adulthood will increase their independence and access to opportunities and also reduce their care needs in adulthood. This work will be undertaken by a new, dedicated, 0-25 service that incorporates children and adult social care colleagues to ensure well planned and effective transition support specifically from the age of 14 for those with Special Educational Needs and

Disabilities (SEND). This will improve planning for provision and provide a clear understanding of commissioning needs for those with SEND as well as focussing on improving the number of young people with disabilities entering employment, becoming independent and accessing their local community.

7.2 Council wide prevention

The Council's Executive Management Team has commissioned work to develop a coordinated and coherent approach to prevention across everything delivered by the Council. This work is being led by the Director for Public Health with the support of an Advisory Group comprised of Directors and senior officers drawn from each portfolio including the Peoples portfolio Director for Commissioning, Inclusion & Learning. The focus of the group is considering how the Council can change the way it operates in order to more effectively prevent poor outcomes in the whole of Sheffield's population, and thus over time reduce demand for high-cost acute services.

Supply Management

7.3 Negotiation with external providers of adult social care

The Council has to maintain a careful balance between paying a price for care that delivers the right quality and consistency, and delivering value for money for Council Tax payers. There have been significant improvements to the quality of home care support in the last year because of targeted investment that has delivered good value. Some providers, for example those giving residential care for older people, remain concerned at what they see as low fee rates paid by the Council. These are reviewed annually via a robust engagement process and are agreed by Cabinet. Some provision remains, almost entirely supporting younger adults and often outside the city, where the unit cost is excessively high and does not look to deliver good value. As below, new service models are being introduced to lessen reliance on this support. But commissioning expertise and capacity has also been introduced to negotiate better with providers on price and ensure that our approach is commercially sound.

7.4 Community support

A key priority for the recovery plan is the ongoing support of adults of working age to access high quality community provision which is tailored to meet their support needs. This month a new 'Future Options' team has been established that will specifically support customers who have complex needs and are in a restrictive care settings, moving them to new models of care that promote independence. The team will work closely with Commissioning colleagues on specific task and finish activities as a result of commissioning changes and longer term plans. This change of approach will help to shape the future models of delivery namely less reliance on restrictive settings and more community opportunities, as well as a change in the direction of partner agency and commissioning expectations.

7.5 Accommodation strategy

The Learning Disabilities change programme includes large scale plans in relation to the development of housing accommodation for Learning Disability service users which are linked to the council's housing strategy. New build schemes for mixed level needs are currently in negotiation with Housing Association partners will reduce costs to adult social care budgets once delivered and provide housing that helps people have ordinary lives with support tailored to their needs.

7.6 Remodelled short breaks

A review is required of the both the style and eligibility of short breaks offered to adults of a working age in Sheffield which will lead to a reduction in some of the buildings based services, an increase in more flexible short break arrangements such as Sharing Lives, Independent Service Funds, and a review of service users entitlement based upon their service arrangements and historical expectations.

7.7 Remodelled day services

A review of day services for adults of a working age will provide more focus on the development of skills and confidence of service users to help people access universal services and achieve their ambitions. Work within the People portfolio is bringing Childrens and Adults services closer together, and also creating much stronger links with Employment and Skills services. Creating opportunities which help people genuinely build independence and increase prospects for employment will also reduce reliance on traditional day services over time.

Performance Management

7.8 Workforce development

The move to locality working will be complemented by the planned introduction of a new ICT case management system to improve efficiency within social care. A workforce development programme involving practice and culture change will be introduced in 2017/18 which will enable staff to make optimum use of the new structure and systems to the benefit of customers. The expected outcomes from the programme will be an improvement in customer and carer satisfaction, an improvement in staff satisfaction and a reduction in the dependence on formal social care services.

7.9 Focussed case management

A low throughput of reviews and reassessments in adult social care has meant that some service users are receiving the same ongoing support despite potentially changing circumstances. An analytical review of service users and their care packages will identify potential customer cohorts e.g. Learning Disability service users approaching old age which should be prioritised for review to ensure that the support being provided is still appropriate to their support needs

7.10 Improving the inclusion of service users of working age

There are a number of approaches planned for improving inclusion of working age service users. The 0-25 team will work with young people in the years before they transition to adulthood to optimise social inclusion by promoting opportunities for employment, learning and volunteering as appropriate. The organisation and coordination of social groups which provide real social experiences for individuals will also be explored in order to further reduce dependence on traditional day services which do not always serve to promote independence. Further, the Council's in-house prevention teams will be tasked with supporting existing day service users to access other opportunities in the community.

7.11 Hospital discharge

The new Hospital team will support our known customers who are admitted to hospital, liaising with ward staff, providers, and families to facilitate discharge from hospital more quickly – supporting people to go home before their wellbeing begins to deteriorate. People often require less support if they can be supported to return home and quickly as possible, and having social work staff supporting decision making in hospital means that the support that is provided is enough to meet people's needs, but not over-prescribed.

7.12 Income opportunities

A program of work has commenced to review the City Wide Care alarms service and identify opportunities to increase income. This includes reviewing the current pricing structures; reviewing the '6 weeks free' options; re-structuring the staffing in the service through an MER to ensure a balanced and responsive service in terms of 24 hrs response, and for new installations; review of all processes and systems; promotion through more modern methods including use of social media.

7.13 Mental Health

Mental Health savings are being realised from the implementation of a Transformation Plan and a series of coordinated projects which have been developed by the Council and Health to improve services in Sheffield.

8 How does this decision contribute?

8.1 The proposal will contribute to the Better Health and Wellbeing ambition, by ensuring people can access the care and support they need to be independent, safe and well in their homes and in their communities.

8.2 The proposals in this report will:

- Increase the independence and health of local people through an increased focus on prevention.
- Increase care quality as well as economic wellbeing through the further development of Sheffield's local care provision.
- Improve workforce morale.
- Improve use of resources both within the Council and with partners, contributing to a sustainable future for Adult Social Care and wider Council functions.

9 Has there been any consultation?

9.1 There has been no consultation in relation to this report.

9.2 Any specific proposals that are brought forward to improve the Council's use of adult social care resources will need appropriate consultation tailored to their circumstance.

10 Risk Analysis and Implications of the Decision

Equality of Opportunity Implications

10.1 The proposals are designed to improve the stability, availability and quality of Adult Social Care for all of Sheffield's population. Any specific proposals that are brought forward to improve the Council's use of adult social care resources will need appropriate consideration of Equality of Opportunity Implications tailored to their circumstance.

11 Financial and Commercial Implications

11.1 ASC is currently forecasting to overspend by £6.6 by the year end. The main reasons for this are Learning Disabilities Services: forecast £8.8m overspent reflecting increase in demand and complexity for services: Mental Health Service : Forecast £1.4m overspent due to savings expected from pooling with the CCG slipping into future years and Long Term Care: Forecast £1m overspent reflecting the increase in

homecare provision and cost for older people. This has been offset by an allocation of one off funding from the Improved Better Care Fund (iBCF) to bring the forecast position to £6.6m.

- 11.2 The actions identified in the report will deliver long term savings to address this overspend and contribute to managing future growth pressures eg demographic growth in all client groups, increasing complexity of need and legislation changes such as the National Minimum Wage. However the actions identified will not deliver a balanced budget in the short term.
- 11.3 The table below shows the 5 year impacts of in year pressures and future anticipated pressures for the services, along with the savings currently identified to mitigate these.
- 11.4 The Service will spend more than the budget available, with current proposals still falling short of bringing the budget back in to balance by year 5

Pressures	2017/18	2018/19	2019/20	2020/21	2021/22	Total
	£000	£000	£000	£000	£000	£000
Supply Costs		5,512	4,682	10,121	2,983	23,298
Demand: Client Growth	11,585	4,613	4,376	4,385	4,664	29,623
Loss of Income		2,652	388	2,524		5,564
Repayment of one off funding		1,000				1,000
Other		1,058	294	291	290	1,933
Use of one off BCF funding		5,000	2000	1250		8,250
New pressures in year	11,585	19,835	11,740	18,571	7,937	69,668
Total Pressures	11,585	31,420	43,160	61,731	69,668	
Savings identified to date	2017/18	2018/19	2019/20	2020/21	2021/22	Total
	£000	£000	£000	£000	£000	£000
Demand Management	-203	-780	-570	-570	-570	-2,693
Supply Management	0	-1,308	-200	-200	-200	-1,908
Performance Management	0	-1,477	-1,788	-6,263	-2,171	-11,699
Other	0	-72	-37	0	0	-109
one off use of BCF	-5000	-2,000	-1,250	0	0	-8,250
In year Savings	-5203	-5,637	-3,845	-7,033	-2,941	-24,659
Total Savings	-5203	-10,840	-14,685	-21,718	-24,659	
Overspend in year	6,382	20,580	28,475	40,013	45,009	

12 Legal implications

- 12.1 As already mentioned in the main body of the report, the Council has a number of duties under the Care Act 2014. There are no proposals within this report that suggest these duties, and the other duties contained within the Act, cannot be met.”

13 Alternative options considered

- 13.1 Doing nothing is not considered to be a viable option. The Council needs to maintain the best possible balance between its statutory responsibilities in relation to Adult

Social Care and its statutory responsibilities to make arrangements for the proper administration of finances. In the context of increasing demographic pressures and the loss of central government grant over recent years, doing nothing will inevitably lead to the Council failing in one or both of these statutory responsibilities.

14 Reason for recommendations

14.1 Current economic circumstances are very challenging, but nevertheless the Council must balance its statutory duties to meet adult social care needs and also to manage its finances responsibly. The Council must also balance its responsibility to people who need support with adult social care to the wider population who need access to other services and facilities.

14.2 Specific decisions will need to be made in relation to some of the challenges set out in this paper. Appropriate consultation will need to be undergone in each case, with decisions being made in line with the Council's scheme of delegations.

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