

# Public Document Pack

SOLIHULL METROPOLITAN BOROUGH COUNCIL

## **CPH ADULT SOCIAL CARE AND HEALTH DECISION SESSION**

TUESDAY 25 SEPTEMBER 2018 at 6pm

COMMITTEE ROOM 2 - CIVIC SUITE, SOLIHULL

## Disclosing Pecuniary Interests - What Must You Do?

(a) You must complete a declaration of your disclosable pecuniary interests, including those of your spouse/civil partner (or someone with whom you are living as such) and send it to the Monitoring Officer within 28 days of your election or appointment to the Council.

(b) When you attend a meeting of the Council, Cabinet, Scrutiny Board, Committee, Sub-Committee or Joint Committee etc, and a matter arises in which you have a disclosable pecuniary interest, unless you have been granted a dispensation, **you must:**

- Declare the interest if you have not already registered it
- Not participate in any discussion or vote
- Leave the meeting room until the matter has been dealt with
- Give written notice of any unregistered interest to the Monitoring Officer within 28 days of the meeting

(c) If you are the Leader or a Cabinet Portfolio Holder you may not exercise any of your delegated powers as a single member in relation to a matter in which you have a disclosable pecuniary interest or take any other step except to give written notice of any unregistered interest to the Monitoring Officer within 28 days of your becoming aware of the interest, or arrange for another person or body to deal with the matter.

Disclosable Interest	Description
Employment, office, trade, profession or vocation	Any employment, office, trade, profession or vocation carried on for profit or gain by you or your partner.
Sponsorship	Any payment or provision of any other financial benefit (other than from the Council) made or provided within 12 months of your declaration of interests in respect of any expenses incurred by you in carrying out duties as a member, or towards your election expenses.
Contracts	Any contract between you or your partner (or a firm or body corporate in which you or your partner is a partner or a director, or in the securities of which you or your partner has a beneficial interest) <b>and</b> the Council (a) under which goods or services are to be provided or works are to be executed; <b>and</b> (b) which has not been fully discharged.
Land	Any beneficial interest in land which is within the area of the Council and which gives you or your partner a right to occupy the land or receive income.
Licences	Any licence held by you or your partner (alone or jointly with others) to occupy land in the area of the Council for a month or longer.
Corporate tenancies	Any tenancy where (to your knowledge)— (a) the landlord is the Council; <b>and</b> (b) the tenant is a body in which you or your partner has a beneficial interest i.e. a firm or body corporate in which you or your partner is a partner or a director, or in the securities of which you or your partner has a beneficial interest.
Securities	Any beneficial interest held by you or your partner in securities of a body where—  (a) that body (to your knowledge) has a place of business or land in the area of the Council; <b>and</b> (b) either— (i) the total nominal value of the securities exceeds £25,000 or one hundredth of the total issued share capital of that body; <b>or</b>  (ii) if the share capital of that body is of more than one class, the total nominal value of the shares of any one class in which you or your partner has a beneficial interest exceeds one hundredth of the total issued share capital of that class.  “securities” means shares, debentures, debenture stock, loan stock, bonds, units of a collective investment scheme within the meaning of the Financial Services and Markets Act 2000 and other securities of any description, other than money deposited with a building society.

SOLIHULL METROPOLITAN  
BOROUGH COUNCIL

To Councillors: K Grinsell, J Fairburn and  
K Macnaughton

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Date 17 September 2018

**CPH ADULT SOCIAL CARE AND HEALTH DECISION SESSION**

**Tuesday, 25 September 2018**

**AGENDA**

**1. APOLOGIES FOR ABSENCE**

To receive any apologies.

**2. DECLARATIONS OF PECUNIARY OR CONFLICTING INTERESTS FROM MEMBERS**

To receive declarations of interest from Members in accordance with the Code of Conduct.

**3. REQUEST OF MEMBERS TO ADDRESS THE MEETING**

**4. ADULT CARE AND SUPPORT PERFORMANCE PROGRESS REPORT Q1 2018-19 (Pages 5 - 10)**

To update Cabinet Member on Adult Care and Support (ACS) performance progress across a range of national and local adult social care and support performance measures at year end/end of Quarter 1 2018-19.

**5. LOCAL AREA COORDINATION MODEL (Pages 11 - 16)**

To provide an update on the Local Area Coordination Pilot and outline the rationale for discontinuing the current model.

**6. MONTH 4 FINANCIAL STRATEGY UPDATE (Pages 17 - 28)**

To update the Cabinet Portfolio Holder for Health and Adult Social Care on the progress in delivery of the Medium Term Financial Strategy for the portfolio.

**Meeting date:** 25<sup>th</sup> September 2018  
**Report to:** Cabinet Member for Health & Wellbeing



**Subject/report title:** ADULT CARE AND SUPPORT PERFORMANCE PROGRESS REPORT QUARTER 1 2018-19  
**Report from:** Director of Adult Care and Support  
**Report author/lead contact officer:** Sue Dale, Assistant Director  
Contact: Liz Gillespie lgillespie@solihull.gov.uk

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**Wards affected:**

- All Wards |  Bickenhill |  Blythe |  Castle Bromwich |  Chelmsley Wood |  
 Dorridge/Hockley Heath |  Elmdon |  Kingshurst/Fordbridge |  Knowle |  
 Lyndon |  Meriden |  Olton |  Shirley East |  Shirley South |  
 Shirley West |  Silhill |  Smith's Wood |  St Alphege

**Public/private report:** Public

**Exempt by virtue of paragraph:** Select an Exemption paragraph from the Quick Parts drop-down list

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**1. Purpose of Report**

1.1 To update Cabinet Member on Adult Care and Support (ACS) performance progress across a range of national and local adult social care and support performance measures at year end / end of Quarter 1 2018-19.

**1.2 Decision(s) recommended**

To endorse the contents of the report and actions being taken forward.

**2. What is the issue?**

2.1 Adult Care and Support performance is measured in line with the Department of Health (DH) national Adults Social Care Outcomes Framework (ASCOF) performance framework through a range of key performance indicators divided into 4 priorities (known as domains). These are:

Domain 1: Enhancing quality of life for people with care and support needs

Domain 2: Delaying and reducing the need for care and support

Domain 3: Ensuring people have a positive experience of care and support

Domain 4: Safeguarding people whose circumstances make them vulnerable.

- 2.2 All local authorities in England are required to submit data to the Department of Health (DH) and to report on the key ASCOF performance indicators annually after year end through statutory returns. Solihull ACS measures performance against these ASCOF indicators and some local indicators throughout the year to be able to gather the information for the statutory returns, and to understand how well the needs of people who use our services are being met against the 4 domains.
- 2.3 The process of completing the statutory returns for the year end 2018-19 has been completed and was submitted to the DH in June 2018.
- 2.4 2016-17 benchmarking data is being used in this report to compare performance in relation to quartiles and national / comparators as the 2017-18 national figures are not published until the autumn 2018. When this is available, benchmarking will be updated and used as comparator information against Solihull's performance measures.

2.5 **Changes to provisional year end figures:**

There have been no changes to the provisional figures reported to Cabinet Member in the report of 31<sup>st</sup> July 2018 covering year end / quarter 4 2017-18 performance.

2.6 **Quarter 1 Performance Headlines:** At the end of quarter 1, year end 2017-18:

- **100% of safeguarding plan reviews** were completed within timescale in the quarter. A review should occur within 6 months of a safeguarding plan being opened and no less than every 6 months thereafter. A process is in place in the teams to ensure this is sustained throughout the year.
- **The number of people (aged 18 – 64) receiving long term support who were admitted to residential or nursing care homes** during the quarter was 6 (*a rate of 4.95 per 100,000 population*). The target for this measure is to not exceed a total of 14 people admitted in the year (*a rate of 12.00 per 100,000 population*). Therefore currently performance is slightly higher than trajectory to meet the target.

Solihull is in the top quartile nationally and against comparators for residential and nursing care admissions for this age group.

- **96.5% of people who use services (aged 18+) and 100% of carers receive self directed support.** Self directed support is part of the support planning process to help people manage their own support as much as they wish so they are in control of what, how and when support is delivered to match their needs.

**Direct Payments:** The second part of the above measure is to understand the proportion of those people who have been through the self- directed support process and then go on to receive a direct payment. As more people continue to be encouraged to take up direct payments, the proportion of people taking up direct payments is 36.6% and is above the target of 29%. This is above comparator and national averages of 27% and 28%, respectively. When the

latest national benchmarking is published later in the year, the increase over the last year could place Solihull in the top quartile.

All carers who use services receive direct payments.

- **The number of people (aged 65 and over) receiving long term support who were admitted to residential or nursing care homes** during the quarter was 68 (*a rate of 151.2.8 per 100,000 population*). This is currently above the trajectory to meet the year end target not to exceed 252 admissions (*a rate of 560.2 per 100,000 population*) as set as part of the Better Care Funding planning process for 2017-19.

Solihull is in the upper middle quarter nationally and against comparators for residential and nursing care admission for this age group.

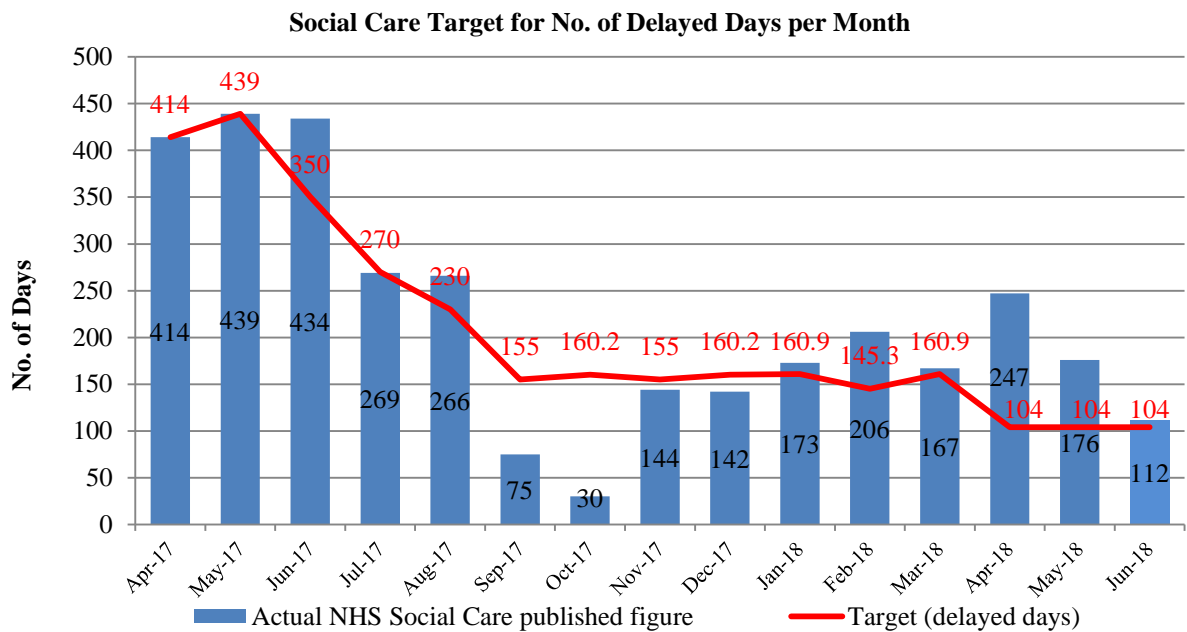
Robust processes are in place for the scrutiny of all permanent admissions and all cases were required due to the level of need of the individual and cost effectiveness.

- **83% of people discharged from hospital into reablement were still at home 91 days later.** This is a measure of how successful reablement was for people and is measured for 3 months of the year, January to March. This is a Better Care Fund plan measure for Solihull where targets are in the final stages of being negotiated and will be confirmed in the next report.

This is measured locally throughout the year and the Reablement review has a focus on the performance of this measure.

- **Delayed Transfers of Care (DToC) from hospital attributable to social care.** The graph below shows provisional revised monthly targets (from March 2018 to date) of 104 delayed days per month while final DToC are negotiated with NHS England as part of the Better Care Fund and DToC ambitions for 2018-19.

In quarter 1, there has been a significant reduction in the total number of delayed days attributable to social care from 247 days in April 2018 to 112 in June 2018 – slightly above target. Solihull's ranking for DToC has improved from a position of 131<sup>st</sup> out of 151 local authorities in April 2018 to 85<sup>th</sup> in March 2018.



Data source: NHS England via NHS Digital

- The real challenge will be sustaining performance throughout the winter months. The embedding phase of SMBCs ‘care at home’ re-procurement and limited ‘nursing care home’ capacity, means that the DToC system is still fairly challenged.
- Improvements over the last 12 months have been as a result of the changes overseen through the Support U Home workstream of the Solihull Together Programme. This work is on-going and includes:
  - Work to determine the 18/19 position with respect to the bed capacity and early discussions on the longer term model and approach to ‘bed-based’ provision.
  - Improved communication between the intermediate care bed in-take team and Adults Care & Support has improved the flow into this service. A revised criteria has supported this.
  - Incentivising of providers for same day discharge from hospital and further development of the provider market place.
  - Review of reablement and the supported integrated discharge (SID) model.
  - Piloting of an extra care flat to support hospital discharge.

More robust out of borough delays and validation processes have been put in place and a social care DToC performance dashboard is in place to monitor performance.

- **14.8% of people with a learning disability receiving long term support live in their own home or with their families.** This is below the profiled cumulative target for quarter 1 of 20%. However, as more people have a review during the year this will increase as there will be more people recorded



as part of their review as living in their own home. The year end cumulative target is 80%.

Solihull is in the lower middle quartile nationally and against comparators for adults with a primary support reason of learning disability who live in their own home with their family.

- **2.25% of people with a learning disability receiving long term support were in paid employment** at the end of quarter 1 indicating the year end cumulative target of 3.5% should be met. This equates to 11 people in paid employment, an increase of 1 person in the quarter.

There are an additional 64 people with a learning disability who receive short term or community based services who were supported into paid employment.

Solihull is in the bottom quartile nationally and against comparators for adults with a primary support reason of learning disabilities and with a long term support event in paid employment.

### **3. What options have been considered and what is the evidence telling us about them?**

3.1 Not applicable.

### **4. Reasons for recommending preferred option**

4.1 Not applicable.

### **5. Implications and Considerations**

5.1 Delivery of the Council's priorities:

How will the options/proposals in this report contribute to the delivery of Council Priorities (*select which priority/priorities and also specify which key programme/s*):

- Improve Health and Wellbeing – None
- Managed Growth - None
- Build Stronger Communities - None
- Deliver Value - None

5.2 Implications for children and young people, vulnerable groups and particular communities:

5.2.1 None arising from this information report.

5.3 Consultation and Scrutiny:

5.3.1 None.

5.4 Financial implications:

5.4.1 None arising from this information report.

5.5 Legal implications:

5.5.1 None arising from this information report.

5.6 Risk implications:

5.6.1 None arising from this information report.

5.7 Statutory Equality Duty:

5.7.1 None arising from this information report.

**6. List of appendices referred to**

6.1 None.

**7. Background papers used to compile this report**

7.1 None

**8. List of other relevant documents**

8.1 None

**Meeting date:** 25<sup>th</sup> September 2018

**Report to:** Cabinet Portfolio Holder for Adult Social Care and Health

**Subject/report title:** Local Area Coordination Model

**Report from:** Susan Dale, Assistant Director, Adult Care and Support

**Report author/lead contact officer:** Susan Dale, Assistant Director, Adult Care and Support  
susan.dale@solihull.gov.uk



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**Wards affected:**

- All Wards |  Bickenhill |  Blythe |  Castle Bromwich |  Chelmsley Wood |  
 Dorridge/Hockley Heath |  Elmdon |  Kingshurst/Fordbridge |  Knowle |  
 Lyndon |  Meriden |  Olton |  Shirley East |  Shirley South |  
 Shirley West |  Silhill |  Smith's Wood |  St Alphege

**Public/private report:** Public

**Exempt by virtue of paragraph:** N/A

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**1. Purpose of Report**

- 1.1 To provide an update on the Local Area Coordination Pilot and outline the rationale for discontinuing the current model.

**2. Decision(s) recommended**

- 2.1 Cabinet Member to approve the proposal to discontinue the Local Area Coordination Pilot.
- 2.2 Cabinet Member to agree that the Adult Care and Support Directorate contributes to the on-going work of the Managed Growth and Stronger Communities Directorate to deliver the new localities approach and the work to build community capacity.

**3. What is the issue?**

**3.1 Background**

Local Area Coordination is a prevention strategy, which focuses on identifying and supporting those who need help before they hit crisis, while building community capacity. It involves embedding a Local Area Coordinator into a local neighbourhood to spot opportunities and help people meet their own needs, before they fall into crisis or need public services.

### 3.2 The Local Area Coordinator Role

Local Area Coordinators build relationships with individuals, groups and organisations in their allocated area. The role involves three closely linked elements:

- **Information and Connections** - Local Area Coordinators use their local knowledge and connections to provide people with information, advice, connections and short-term support
- **Walking alongside people** - Each Local Area Coordinator aims to provide more in-depth support to people. This support is known as 'walking alongside people', and is for individuals and families facing issues around health, disability or ageing. Local Area Coordinators help people to identify their long-term vision for a good life, and work with them to take steps to achieve their goals, with a focus on identifying and strengthening natural supports and creative solutions.
- **Capacity Building** - Local Area Coordinators help to build partnerships in the community and assist people to come together, working with both formal groups and more informal networks. This builds community capacity and resources to underpin the natural support available to individuals and families.

3.3 In 2016 the Cabinet Member for Health and Wellbeing approved the plans for the establishment of a Local Area Co-ordination Pilot Project to be commenced for a 2 year period. The pilot was to test and evaluate the impact of adopting a Local Area Co-ordination approach to improving people's well-being, independence and contribution to the community, and reduce delays or remove people's needs for more complex services. The areas identified for roll out of the service were Smiths Wood, Kingshurst & Fordbridge, Lyndon, Olton and Shirley East.

### 3.4 Financial Implications

The annual cost of running Local Area Co-ordination in 5 areas is £273,000, which funds a team of 1x Band G Project Manager and 5x Band E Co-ordinators. In addition, an £8,000 annual membership of the national Local Area Coordination Network is funded, providing benefits including support, training, shared learning and access to materials and resources. Initially Vanguard funding, (a health national funding stream supporting Integrated Urgent Care) was accessed to support the first year of the programme, in 2016/17. However, from April 2017, the ongoing costs of the service for the second year of the pilot have been funded from the Adult Social Care Budget.

### 3.5 Structure of the Team

The Team recruited to deliver the service were a Programme Manager and 5 Local Area Co-ordinators. 2 of the Co-ordinators were recruited on a fixed term basis, to minimise the financial risk to the Council, if the model was discontinued or changed.

The current structure of the team is shown below in Table 1:

<b>Table 1</b>				
<b>POST</b>	<b>GRADE</b>	<b>PERMANENT/FIXED TERM CONTRACT</b>	<b>STATUS</b>	<b>COMMENT</b>
Programme Manager	G	Permanent	In Post	
Local Area Co-ordinator	E	Permanent	In Post	
Local Area Co-ordinator	E	Permanent	In Post	
Local Area Co-ordinator	E	Permanent	Vacant	
Local Area Co-ordinator	E	Fixed Term	In Post	Contract ends 12/18
Local Area Co-ordinator	E	Fixed Term	In Post	Contract ends 12/18

#### **4. What options have been considered and what is the evidence telling us about them?**

##### **4.1 Future of the Service**

LAC was set up as a 2 year pilot and there has been an on-going review of the service to decide its future direction. This has involved considering whether we should continue with the current model or look at an alternative model to deliver community based early intervention and prevention services.

The review has shown some positive work has taken place within the 5 pilot areas. This includes providing information about what is happening in the local area or connecting people with similar interests. Where appropriate Local Area Co-ordinators have helped people to access support through Advice Hubs, the Better Living Centre and Adult Care and Support. Generally, this has been to put in place short-term interventions to enable people to live more independently. The Local Area Co-ordinators have also worked closely with community partners to help develop and support community initiatives, including Street Associations and social groups.

Although the Adult Care and Support Directorate recognises the positive work that has taken place it is now proposing that the LAC pilot should be discontinued at the end of March 2019. This decision is due to several key factors.

##### **4.1.1. An integrated approach to prevention and well-being through the work of the Stronger Communities Programme.**

Plans are being progressed to bring together key work areas from across the Council and partners to develop and deliver more integrated locality working and support the development of an integrated community based approach to prevention for all ages. It is proposed that resources from across the borough will be co-ordinated in 3 locality boundaries North, West and East.

The learning and good practice from the LAC pilot will feed into the new model and there may be opportunities for the LAC staff to obtain posts within the new service. This work is being led by the Stronger Communities Assistant Director.

#### **4.1.2. Geographical Limitation**

The Local Area Co-ordinators only work in a limited number of wards, there is a need to roll out prevention and community development work across the whole of the borough, through the proposed locality model.

#### **4.1.3. Financial Pressures and Cost Effectiveness**

As part of the 2017/18 MTFS process it was agreed that LAC would need to be self-funding by 2019/20 to continue, however, this has not been the case. There remain pressures on the Adult Care and Support Budget and the need to identify further savings. Although some good work had been undertaken and it is recognised that positive outcomes had been achieved, reviewing the service has demonstrated that a corporate Well-Being and Prevention Service could be delivered in a more cost effective way.

### **5. Reasons for recommending preferred option**

5.1 Due to the key factors outlined above, it is recommended that the two year LAC pilot is discontinued at the end of March 2019. However, joint working with the Managed Growth and Stronger Communities Directorate will take place in order to support the development of a Locality Community Model.

5.2 The next steps to be taken forward are:

- Work with the Stronger Communities Team to develop a model that is robust in delivering community support.
- Share the learning from the LAC Pilot with the Stronger Communities Team to inform the service delivery.
- Commence a management of change programme with the Local Area Co-ordinator Team based on the proposal to discontinue the LAC Pilot. We will work with the team to identify alternative roles within the Council.

## **6. Implications and Considerations**

### 6.1 Delivery of key themes in the Council Plan:

How will the options/proposals in this report contribute to the delivery of the key themes in the Council Plan? *(select which themes apply and briefly state how the options / proposals in this report contribute to their delivery):*

- Improve Health and Wellbeing – the delivery of the Locality Model will support the promotion of prevention, health and well-being.
- Managed Growth -
- Build Stronger Communities – the delivery of the Locality Model will promote community resilience
- Deliver Value -

### 6.2 Implications for children and young people, vulnerable groups and particular communities:

6.2.1 An integrated model of community services will be delivered by a range of agencies and internal partners, providing a holistic model for prevention and well-being.

### 6.3 Consultation and Scrutiny:

6.3.1 The Local Area Coordinator Team will be consulted on the proposed changes through the Management of Change process, this will be supported by HR colleagues.

### 6.4 Financial implications:

6.4.1 Savings identified from the discontinuation of the LAC pilot will support the Directorate's financial position in 2019/20 and meet the agreed MTFS target (ACS18).

### 6.5 Legal implications:

6.5.1 N/A

### 6.6 Risk implications:

6.6.1 Discontinuation of the pilot – risks will be mitigated by developing alternative models to support community development and prevention and well-being services.

### 6.7 Statutory Equality Duty:

6.7.1 The Management of Change process will ensure that our statutory equality duty is met.

## **7. List of appendices referred to**

7.1 None

**8. Background papers used to compile this report**

8.1 Implementation of Local Area Coordination in Solihull – Cabinet Report - 8 September 2016

**9. List of other relevant documents**

9.1 None

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**Meeting date:** 25<sup>th</sup> September 2018

**Report to:** Cabinet Portfolio Holder for Health and Adult Social Care

**Subject/report title:** Month 4 Financial Strategy Update

**Report from:** Jenny Wood – Director of Adult Care and Support  
Meradin Peachey – Interim Director of Public Health

**Report author/lead contact officer:** Caroline Potter – Finance Manager Adult Care and Support



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**Wards affected:**

- All Wards |  Bickenhill |  Blythe |  Castle Bromwich |  Chelmsley Wood |  
 Dorridge/Hockley Heath |  Elmdon |  Kingshurst/Fordbridge |  Knowle |  
 Lyndon |  Meriden |  Olton |  Shirley East |  Shirley South |  
 Shirley West |  Silhill |  Smith's Wood |  St Alphege

**Public/private report:** Public

**Exempt by virtue of paragraph:** Select an Exemption paragraph from the Quick Parts drop-down list

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**1. Purpose of Report**

- 1.1 To update the Cabinet Portfolio Holder for Health and Adult Social Care on the progress in delivery of the Medium Term Financial Strategy for the portfolio.

**2. Decision(s) recommended**

- 2.1 Cabinet Portfolio Holder notes the progress being made against the Medium Term Financial Strategy.
- 2.2 Cabinet Portfolio Holder endorses the actions being taken to manage the in-year financial position and the management of identified risks.
- 2.3 Cabinet Portfolio Holder agrees the proposed approach to managing the Bacons End Welfare Fund.

**3. Update on Delivery of the Medium Term Financial Strategy**

- 3.1 The latest three year budget position was approved as part of the overall MTFS by Full Council on the 1st March 2018. In addition, on the 21st June 2018 as part of the 2017/18 Final Accounts report, Full Cabinet approved a number of one-off funding allocations to a number of portfolio budgets over the MTFS period with the agreement

that the ongoing funding implications beyond this period would be established through the normal MTFS process for 2021/22 and beyond.

- 3.2 In order to keep a 'live' picture of the Cabinet portfolio's financial position each Cabinet portfolio holder will, as part of their individual financial monitoring reports receive a schedule of any emerging portfolio pressures and proposed mitigations against the latest MTFS period 2018/19 to 2020/21. These schedules were first presented as part of the 2018/19 budget process to the Budget Strategy Group and went on to form part of the budget papers for Full Cabinet.
- 3.3 These schedules will then inform the starting point of the budget discussions for the new MTFS 2019/20 to 2021/22 for the Budget Strategy Group. This portfolio's pressures and mitigations schedule and the associated narrative detail is contained within Appendix C.
- 3.4 **Overall Financial Position**
- 3.4.1 Appendix A sets out the forecast revenue, capital and reserves outturn for 2018/19.
- 3.4.2 The overall revenue position for the portfolio is forecast a balanced position for the financial year. Within this, £0.353 million more of reserves are forecast to be used, than planned in order to mitigate in year pressures.
- 3.4.3 Within both the Public Health and Adult Care and Support Directorates, the financial position is underpinned by a planned use of reserves to phase in the impact of savings (£0.560 million and £1.396 million of reserves respectively).
- 3.4.4 The main factors driving the pressures currently being shown in the budget are:
- There is a higher level of residential placements (both for older people and younger adults with disabilities) than planned; and planned savings on care rates to be delivered by the opening of Chelmunds Court Care Home have not been fully realised due to operational challenges with the home.
  - There is a shortage of affordable residential nursing provision in borough, and a shortage of nursing staff, which is increasing the pressure on prices.
  - There are continued demand pressures in younger adults care costs, particularly for those with learning disabilities and/or autism as a result of an increased complexity of cases and increasing lifespans.
- 3.4.5 These are being partially offset by over-delivery of savings plans, as shown in Appendix B.
- 3.4.6 Overall placements in Adult Care and Support have an adverse variance of £2.671 million, offset by favourable variances within that directorate of £0.675 million, one-off favourable variances of another £0.198 million and planned mitigations in the MTFS including the planned use of reserves of £1.841 million.
- 3.4.7 In Public Health budgets there is a forecast pressure of £0.560 million caused by reductions in public health grant. This is being managed in 2018/19 by a planned use of reserves, pending the delivery of savings in future years.

- 3.4.8 The identified pressures are subject to review by the Adult Care and Support Directorate to understand what can be done with the market and providers to manage the pressures on workforce recruitment and retention, and to secure increased affordable capacity.
- 3.4.9 Overall the portfolio is managing some challenging market and demand pressures, and there is work ongoing to make progress in reducing the pressure on care placements budgets over the remainder of the financial year as far as possible.
- 3.4.10 The capital programme is in line with budget with the exception of the build for Tanworth Lane, which is showing significant slippage against budget. This is as a result of being clear about the timing of milestone payments to the building contractor, rather than any delay to the construction, which is on track to be completed on time. This variance is therefore not an indication of a problem.
- 3.4.11 The reserve position for the portfolio shows that almost all reserves are planned to be used over the current MTFS period. This was agreed as part of the MTFS to allow services to deliver savings in a managed way over the period.

### 3.5 Progress against savings plans

- 3.5.1 Appendix B, shows the progress on delivery of the savings plans. There are areas of forecast over and under delivery against the plans for the current financial year. The major variances are:
- Slippage in the delivery of the savings to be achieved through more affordable residential and nursing care (ACS16) – this is a result of the quality concerns at Chelmunds Court which have meant that the council has not yet been able to use all beds within the home, and has needed to continue to purchase more expensive spot provision in the borough. The concerns are being addressed with the home, working with health colleagues and the Care Quality Commission.
  - Early delivery of savings related to team changes for LAC (ACS18), STEPS (ACS1819-1) and CREST (ACS1819-2). This is where vacancies have been held in advance of decisions on service changes.
  - Early delivery of additional income from social care charging (ACS1819-7) which has resulted from the changes made to the charging policy for 2018/19, as consulted on during 2017/18 - until the changes were implemented it was not possible to know the net impact on income levels. Now this work is complete the benefit of the changes has been reflected as early delivery of the charging saving.
- 3.5.2 Looking forward at the savings planned for future years, the major risks for rest of the MTFS period (the red savings) are:
- The 2020/21 savings due to be delivered from Public Health contracts – in particular Sexual Health (PH1-2020/21), 0-19 Child Health (PH2-2020/21) and the cross cutting public health strategy (PH8-2020/21).

- These are currently red due to the stage the directorate is at in the planning process however there is full confidence that these savings will be deliverable through contractual changes as appropriate.

3.5.3 Of the Amber savings there is currently the following work underway, which will increase confidence about the level of savings that can be delivered:

- Tenders for Community Wellbeing Services (ACS6B), the care provider for the new care home at Tanworth Lane (ACS16), and soon the care provision at the council's three extra care sites (ACS7); the completion of these pieces of work will give more certainty about the costs of care moving forward.
- Detailed business cases are being produced for Small Homes (ACS1819-5) and Day Opportunities (ACS1), which will be brought back to the Cabinet Portfolio Holder for decision later this year. These will set out the proposed model for these services and approval of these plans will give increased confidence to the level of savings which are deliverable.
- Work to implement the new care system (ACS15) is ongoing, with operational teams working through how to achieve the maximum benefits from the system and the new ways of working it will bring. This links into the digital priorities for the Adult Care and Support directorate.

### 3.6 **Progress against previously identified pressures**

3.6.1 Appendix C sets out the overall MTFs for the Portfolio. Due to a favourable outturn in 2017/18 there is more capacity for the portfolio to mitigate short term additional pressures.

3.6.2 The appendix shows that the benefit in this financial year of year from the early delivery of some savings plans is partially mitigating the pressures being seen on the placement budgets.

3.6.3 The budgeted additional resource to meet identified pressures, including transitions, sleeping night National Living Wage impact and additional funding for the drug and alcohol service are all forecast to be used in line with the plans.

3.6.4 The portfolio is therefore continuing to show a balanced position over the 3 year period.

### 3.7 **Emerging pressures to be managed**

3.7.1 There are some emerging pressures in the budget position, in addition to what is shown in Appendix C.

3.7.2 These pressures in part relate to the trends that are starting to be seen in the forecast, and also to other changes within the health and social care system.

3.7.3 The largest risk is the potential for significant changes to the balance of funding between SMBC and NHS Birmingham and Solihull Clinical Commissioning Group. The new CCG has been finding that practices differed across the former CCGs and is looking to implement more consistent ways of working. This will present challenges to

the council, as movement to harmonise the ways in which funding for care for individuals is determined and how that cost is split between the CCG and councils is likely to have an impact on SMBC. There is the potential that this could lead to significant shifts in costs for the Council, and officers are working with CCG colleagues to understand the potential impact of any changes and how they can be managed in a way that keeps stability across the health and social care system. Work is underway to quantify what this pressure might be.

3.7.4 The pressure in the care market, and on the availability of care staff in the borough, is expected to grow over the MTFS period. This is a combination of:

- Wage inflation caused by the National Living Wage, but also competition from retail and other industries;
- combined with the high housing costs in borough;
- made more acute by the number of residential and extra care developments in Borough which meet lower level needs / target more affluent groups.

3.7.5 The combination of these factors means that there are difficulties for providers in recruiting and retaining suitably skilled staff.

3.7.6 With a large number of new developments opening in the south of the Borough over the next 2-3 years, there is a risk about being able to staff these homes with sufficiently skilled staff to ensure quality care.

3.7.7 There are also increased pressures on casework for individuals with autism. These are often

3.7.8 These pressures are being monitored closely to understand the potential impacts across the MTFS period and how these can be managed.

#### **4. What options have been considered and what is the evidence telling us about them?**

4.1 Overall the Portfolio is over-delivering against the MTFS targets, with early delivery offsetting the challenges at Chelmonds Court. The MTFS savings profile is currently being reviewed as part of the budget setting process to assess whether there are any issues / benefits for future years which need to be reflected in the budget process.

4.2 Where savings plans are currently being shown as red, further work is underway to assess how delivery of these savings can be made more secure.

4.3 The pressures that are currently being seen on residential and nursing placements are such to further work, to unpick which factors are driving the changes and therefore how these are best addressed.

4.4 The result of this work will be fed into the budget setting process, and into future forecasts for the current financial year.

## **5. Reasons for recommending preferred option**

- 5.1 The portfolio is managing a challenging set of pressures, and evidenced based decisions are being made to understand the causes of emerging pressures, and appropriate actions to address them.
- 5.2 These are being taken in a planned way across the portfolio, and will be fed into the budget process where actions would reflect a change from currently agreed plans.

## **6. Bacon's End Welfare Fund**

- 6.1 Bacons End is an in-house service within the Adult Care and Support Directorate, providing day opportunities in the North of the borough for people with learning disabilities. It currently operates out of two hubs in the North of the Borough and premises at Bacons End. These premises are due to close shortly following the establishment of an additional smaller community venue. The model for Day Opportunities will be become fully hub based.
- 6.2 For many years the service has administered a Welfare Fund which has raised monies through donations and activities, and these monies have been used for the benefit of service users, principally for the acquisition and running costs of a vehicle. The Welfare Fund has operated outside of the Council's accounts and as at 31st March 2017 the balance of unspent money in the fund was £10,895.
- 6.3 In addition to the Welfare Fund, the Bacon's End Parents Association (BEPA) was a separate charity run for over 30 years by parents, for the benefit of people attending the service. In 2017 the charity was dissolved, as there were no longer sufficient numbers of people to run it in a satisfactory way. At the point when it was dissolved, BEPA held funds of £30,000 together with a vehicle that was used for the benefit of service users. On the dissolution of BEPA these assets were transferred to the Welfare Fund, meaning that the Welfare Fund now has ownership of two vehicles together with a fund balance in excess of £40,000.
- 6.4 In October 2017 discussions regarding the future of the Welfare Fund took place with members of the parents association. They felt that the charity had "run its course" and there were not sufficient people to continue to manage and administer it. They wished to bring the Parents Association and Welfare Fund to an end and approached a solicitor for legal advice. A request was made for SMBC to except the transfer of all funds and ownership of the vehicle.
- 6.5 Discussions have taken place with internal audit, finance and legal services to explore transferring all of the funds and vehicles to SMBC. It is proposed that SMBC will accept the transfer of funds and ownership of the vehicles. When this takes place it is proposed all funds will be ring fenced and used only for the benefit of service users, associated with Bacons End Day Services (or successor services when the services cease to be delivered from the current premises at Bacons End). The funds will be used to support social integration and leisure opportunities, including transport solutions. Funds unused at year end will be carried forward to the next financial year. Access to funds will be restricted to the Head of Service and Service Manager of Bacons End Day Services. Monitoring and auditing of the funds

will be carried out in accordance with SMBC's financial rules and regulations.

- 6.6 Internal audit, finance and legal services have all been involved in advising on the potential transfer of the Welfare Fund to SMBC. No issues have been identified in taking this forward.
- 6.7 Given the increase in value of the Welfare Fund's assets and in order to ensure that good stewardship is maintained, it is proposed that the ownership of the vehicles and the funds should be transferred to the Council, and included within the Council's accounts. It is further proposed that the vehicles and funds should continue to be used for the benefit of Bacons End service users (or the users of successor services when the Bacon's End premises are closed). Any unused funds will be held in a dedicated reserve so that they are available for the benefit of the service users in future years. CPH approval is requested for the introduction of this arrangement.

## 7. Implications and Considerations

### 7.1 Delivery of key themes in the Council Plan:

How will the options/proposals in this report contribute to the delivery of the key themes in the Council Plan? *(select which themes apply and briefly state how the options / proposals in this report contribute to their delivery):*

- Improve Health and Wellbeing -
- Managed Growth -
- Build Stronger Communities -
- Deliver Value -

### 7.2 Implications for children and young people, vulnerable groups and particular communities:

- 7.2.1 The services delivered by this portfolio all contribute to the wellbeing of vulnerable groups. There are no new implications from this report.

### 7.3 Consultation and Scrutiny:

- 7.3.1 Not applicable

### 7.4 Financial implications:

- 7.4.1 The financial implications are set out in the body of the report.

### 7.5 Legal implications:

- 7.5.1 None.

7.6 Risk implications:

7.6.1 Risks and mitigating actions are set out in the body of the report.

7.7 Statutory Equality Duty:

7.7.1 All council savings plans have Fair Treatment Assessments completed.

**8. List of appendices referred to**

8.1 Appendix A – Current Revenue, Capital and Reserves Position

8.2 Appendix B – Progress Against MTFS Savings

8.3 Appendix C – Updated MTFS Pressures

**9. Background papers used to compile this report**

9.1 2018-2021 Medium Term Financial Strategy

**10. List of other relevant documents**

10.1 N/A



**Adult Social Care and Health Portfolio 2018/19 Position**  
**Period 4 (June 2018)**

**1. Explanations for Key Revenue Variances**

Service Area	Net Budget £000s	Forecast Spend £000s	Forecast Variance £000s	Commentary on material variances
Hospitals and Mental Health	4,487	4,605	118	Pressure on care placement costs due to a small number of high cost care packages. Work on identifying options to increase in borough affordable care options is being undertaken by Strategic Commissioning.
Directorate Management & Non Client Group Specific and Income	(12,601)	(13,433)	(832)	Underspends being held centrally in order to offset care pressures within Assessment, Care and Support
Provider Services	9,125	8,685	(439)	Capitalisation of equipment costs to support overall revenue position
Assessment, Care and Support	39,588	42,275	2,688	Pressures on residential, nursing and supported living placement numbers and costs. This is in part offset by the underspends on block contracts below, and by underspends held at directorate management level.
Commissioning	814	866	51	
Public Health	0	0	0	
Solihull Safeguarding Board	201	163	(38)	
Disabilities Block Contracts	3,007	3,010	3	
Mental Health Block Contracts	921	851	(70)	Early delivery of savings for 2019/20
Older People Block Contracts	7,308	6,181	(1,128)	Some early delivery of savings for 2019/20 and reductions in the cost of block contracts due to reduced capacity being accessed through blocks because of the market challenges. This is offset by increased spot contracted provision as shown against Assessment, Care and Support.
<b>Total before One Off Funding</b>	<b>52,850</b>	<b>53,203</b>	<b>353</b>	
Use of Reserves		(353)	(353)	Use of reserves to meet the net in year pressure.
<b>Grand Total</b>	<b>52,850</b>	<b>52,850</b>	<b>0</b>	

**2. 2018/19 Capital Position**

Schemes	Budget £000s	Spend to Date £000s	Forecast Spend £000s	Forecast Variance £000s	Comments
Tanworth Lane Residential Care Home	7,753	109	3,941	(3,811)	Timing for instalments on the build of the new care home are now reflected in the forecast.
Better Living Centre	3	0	3	0	
Information and Advice Hubs & QPOP	35	9	35	0	
Double Handling/Hoists	120	0	120	0	
Colebrook	190	9	190	0	
Bacons End	195	0	195	0	
Bosworth Drive	30	0	30	0	
Adults Minor Works	17	0	17	0	
CEWS Capitalisation	456	0	456	0	
<b>Total</b>	<b>8,799</b>	<b>126</b>	<b>4,987</b>	<b>(3,811)</b>	

**3. Reserves & Contingencies**

Reserve / Contingency	Opening Balance 2018/19 £000s	Use / (Addition to) Reserve Year to Date £000s	Current Balance £000s	Forecast Further Use / (Addition to) 2018/19 £000s	Forecast Closing Balance 2018/19 £000s	Forecast Further Use / (Addition to) 2019/20 £000s	Forecast Further Use / (Addition to) 2020/21 £000s	Forecast Further Use / (Addition to) 2021/22 £000s	Forecast Closing Balance 2021/22 £000s	Commentary to support Use / (Addition to) Reserve where appropriate
ACS Transformational Activity Reserve (1)	(40)	0	(40)	0	(40)	0	0	0	(40)	
ACS Transformational Activity Reserve (2)	(22)	0	(22)	0	(22)	0	0	0	(22)	
ACS Transformational Activity Reserve (3)	(20)	0	(20)	0	(20)	0	0	0	(20)	
Public Health Grant Reserves	(1,202)	0	(1,202)	560	(642)	0	142	351	(149)	
Public Health Contingency	(207)	0	(207)	0	(207)	0	0	207	0	
ACS Contingency	(2,497)	1,396	(1,101)	353	(748)	748	0	0	0	The Public Health Grant contingency, and reserve, is forecast to be used in 2019/20 and future years to offset cuts to grant funding pending delivery of on-going savings. A £2.5m ACS contingency is expected to be used to support the adverse revenue position in 2017/18, 2018/19 and 2019/20, as well as covering transformational activity.
<b>Total</b>	<b>(3,988)</b>	<b>1,396</b>	<b>(2,592)</b>	<b>913</b>	<b>(1,679)</b>	<b>748</b>	<b>142</b>	<b>558</b>	<b>(231)</b>	

## Appendix B

Saving no.	Saving proposal	MTFS Targets			Current Forecast			Variance			Explanation of Movements
		2018/19	2019/20	2020/21	2018/19	2019/20	2020/21	2018/19	2019/20	2020/21	
		£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	
ACS1	Redesign of Day Care	(274)	(600)	(600)	(274)	(600)	(600)	0	0	0	
ACS3	Small Homes Review	(147)	(147)	(147)	(147)	(147)	(147)	0	0	0	
ACS4	Review of approach to support planning with individuals, to ensure that support provided is proportionate to needs and has fully taken into account all alternatives.	(300)	(500)	(700)	(300)	(500)	(700)	0	0	0	
ACS5	Development of Care at Home contracts, and review of Direct Payments	(110)	(110)	(110)	(110)	(110)	(110)	0	0	0	
ACS6A	Review Contracts for Supporting People Services	(500)	(500)	(500)	(500)	(500)	(500)	0	0	0	
ACS6B	Review Contracts for VCS Services	(281)	(281)	(281)	(281)	(281)	(281)	0	0	0	
ACS7	Development of Extra Care	0	(220)	(220)	0	(220)	(220)	0	0	0	
ACS8	Review spot and block contracts for the provision of Mental Health care and support services	(250)	(250)	(250)	(250)	(250)	(250)	0	0	0	
ACS11	Reversal of one-off savings from prior years	7	7	7	7	7	7	0	0	0	
ACS13	Savings in long term services to be derived from more effective reablement.	(60)	(130)	(130)	(60)	(130)	(130)	0	0	0	
ACS15	Efficiencies arising from investment in the CareFirst replacement system and the approach to agile working.	0	(116)	(231)	0	(116)	(231)	0	0	0	
ACS16	Development of Affordable Residential and Nursing Care Provision	(200)	(418)	(418)	(115)	(418)	(418)	85	0	0	Quality issues at Chelmunds Court have delayed delivery.
ACS17	Identify a further site for the development of an additional affordable Residential/Nursing Home	0	0	(206)	0	0	(206)	0	0	0	
ACS18	Plan will be developed for the LAC service to be self-funding by 2019/20	0	(273)	(273)	(32)	(273)	(273)	(32)	0	0	Vacancies have been held whilst the service is reviewed.
ACS19	Review of the Community Equipment Service	0	(136)	(136)	0	(136)	(136)	0	0	0	
ACS20	Contribution from uncommitted Improved Better Care Fund income in lieu of savings	0	(1,474)	(1,474)	0	(1,474)	(1,474)	0	0	0	
ACS1819-1	Review and discontinue the STEPS ( Support Towards Employment Process and Satisfaction Service) - supports disabled younger adults into volunteering and employment opportunities, with functions moving to other areas where possible.	0	(168)	(168)	(64)	(168)	(168)	(64)	0	0	Vacancies have been held whilst the service is reviewed.
ACS1819-2	Review and absorb the Community, Rehabilitation, Enablement and Support Team into the Reablement Team.	0	(94)	(94)	(16)	(94)	(94)	(16)	0	0	Vacancies have been held whilst the service is reviewed.
ACS1819-3	Re-model Solihull Safeguarding Adults Board support	(50)	(50)	(50)	(50)	(50)	(50)	0	0	0	
ACS1819-4	Telecare - Review the work of the dedicated Telecare OT Team and incorporate the telecare function into all OT posts.	(25)	(25)	(25)	(25)	(25)	(25)	0	0	0	
ACS1819-5	Further small homes savings proposals to be developed, including use of voids, maximising income from other authorities and potential further consolidation.	0	(180)	(600)	0	(180)	(600)	0	0	0	
ACS1819-6	Release of recurrent unallocated funding	(56)	(56)	(56)	(56)	(56)	(56)	0	0	0	
ACS1819-7	Income - Disability Related Expenditure - It is proposed to review the criteria for Disability Related Expenditure.	0	(300)	(300)	(200)	(300)	(300)	(200)	0	0	Increased income as a result of 2018/19 changes to charging, consulted on in 2017/18.
ACS1819-8	Utilisation of capital receipt to reduce borrowing charges	0	(100)	(200)	0	(100)	(200)	0	0	0	
ACS1819-9	Review of the use of night support in community settings	0	(110)	(220)	0	(110)	(220)	0	0	0	
PH1-2020/21	Sexual Health - contract reprocurement/renegotiation			(150)	0	0	(150)	0	0	0	
PH2-2020/21	0-19 Child Health - contract reprocurement/renegotiation			(100)	0	0	(100)	0	0	0	
PH3-2020/21	Community infection control			(33)	0	0	(33)	0	0	0	
PH4-2020/21	Lifestyle services - additional contract savings and reduction in funding for Nicotine Replacement Therapy			(107)	0	0	(107)	0	0	0	
PH5-2020/21	Salary savings			(150)	0	0	(150)	0	0	0	
PH6-2020/21	Forecast budget headroom 2020/21			(120)	0	0	(120)	0	0	0	
PH8-2020/21	Cross cutting public health strategy			(450)	0	0	(450)	0	0	0	
PH1-2020/21	Emergency Planning overhead operational efficiencies		(7)	(7)	0	0	(7)	0	0	0	
PH7-2020/21	Leisure Contract	(250)	(250)	(250)	(250)	(250)	(250)	0	0	0	
PH1-PPP	Renegotiation of Leisure PPP contract	(129)	(219)	(219)	(129)	(219)	(219)	0	0	0	
		<b>(2,625)</b>	<b>(6,707)</b>	<b>(8,968)</b>	<b>(2,852)</b>	<b>(6,707)</b>	<b>(8,968)</b>	<b>(227)</b>	<b>0</b>	<b>0</b>	

Total Red	(85)	(261)	(1,155)
Total Amber	(512)	(1,906)	(3,207)
Total Green	(2,028)	(4,540)	(4,606)
<b>Total</b>	<b>(2,625)</b>	<b>(6,707)</b>	<b>(8,968)</b>

## Appendix C

Description	June 2018 Cabinet Position - Including BR Windfall & BSG Reserve			Current Forecast			Movement (Emerging known pressures and mitigations)		
	2018/19 One-off £'000	2019/20 One-off £'000	2020/21 One-off £'000	2018/19 One-off £'000	2019/20 One-off £'000	2020/21 One-off £'000	2018/19 One-off £'000	2019/20 One-off £'000	2020/21 One-off £'000
<b>Pressures</b>									
Unfunded Pressures and staffing requirements - brought forward from 2017/18	4,074	4,074	4,074	4,074	4,074	4,074	0	0	0
Transitions Pressures above demographic funding	500	1,000	1,500	500	1,000	1,500	0	0	0
Sleeping Nights Pressures	400	400	400	396	396	396	(4)	(4)	(4)
Care at Home Rates Pressure	485	485	485	485	485	485	0	0	0
Drugs and Alcohol Service		250	250		250	250	0	0	0
Impact of rephasing savings proposals	1,192	1,027	506	1,192	1,027	506	0	0	0
Residential and Nursing emerging placement pressures				430	0	0	430	0	0
Additional staffing to support delivery of MTFS being offset by savings				213	0	0	213	0	0
<b>Total pressures</b>	<b>6,651</b>	<b>7,236</b>	<b>7,215</b>	<b>7,290</b>	<b>7,232</b>	<b>7,211</b>	<b>639</b>	<b>(4)</b>	<b>(4)</b>
<b>Mitigation</b>									
New savings agreed for 2020/21 (including early delivery where applicable)	(131)	(1,083)	(1,713)	(131)	(1,083)	(1,713)	0	0	0
Early /delivery of savings plans compared to current MTFS plan				(227)	0	0	(227)	0	0
Income plans, use of Disabled Facilities Grant, uncommitted Care Act 2020 funding	(511)	(1,151)	(1,151)	(511)	(1,151)	(1,151)	0	0	0
Additional Adult Social Care Grant	(544)	0	0	(544)	0	0	0	0	0
Business Rates Windfall Funding - Care and Home	0	(485)	(485)	0	(485)	(485)	0	0	0
Business Rates Windfall Funding - Drug and Alcohol Service		(250)	(250)		(250)	(250)			
Additional 1% precept on council tax in 2017/18	(948)	0	0	(948)	0	0	0	0	0
Benefit from BCF negotiations	(3,180)	(2,902)	(2,902)	(3,180)	(2,902)	(2,902)	0	0	0
Contribution to/ (use of) directorate reserves	(1,337)	(61)	0	(1,749)	(57)	4	(412)	4	4
Agreed use of the Budget Strategy Reserve		(1,304)	(714)	0	(1,304)	(714)	0	0	0
<b>Total mitigation</b>	<b>(6,651)</b>	<b>(7,236)</b>	<b>(7,215)</b>	<b>(7,290)</b>	<b>(7,232)</b>	<b>(7,211)</b>	<b>(639)</b>	<b>4</b>	<b>4</b>
<b>Net shortfall</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>

**Explanation of movements:**

Emerging residential and nursing placement pressure - there has been a large increase in placements in the most recent period - particularly in numbers of nursing. Additional temporary staff have been brought in to deliver MTFS changes. This is to secure current and future year savings. There are several savings over delivering in year. Overall early delivery is £227k, even after the pressures even after the issues in Chelmunds have been included.

Increased use of reserves is needed to offset the identified overspend in placements currently forecast.

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