

Manchester City Council Report for Resolution

Report to: Health Scrutiny Committee - 9 February 2021
Executive – 17 February 2021

Subject: Adult Social Care and Population Health Budget 2021/22

Report of: Chief Executive Manchester Local Care Organisation and Executive Director of Adult Social Services

Summary

As a result of the COVID-19 Pandemic there has been additional demand for services and reductions to Council's income (as set out in the global monitoring report to Executive 17 Feb 2021). This left the Council facing a significant budget gap for 2021/22 onwards. Funding announcements in the government's spending review on 25 November and provisional local government finance settlement on 17 December mean the Council will not be facing the worst-case scenario for 2021/22, (which was a shortfall of around £100m). The government settlement assumes eligible Councils will increase Council Tax by 3%, for the Adult Social Care precept. After accounting for additional Adult Social care funding through both additional precepts and grant the revised savings proposals from all Directorates total £41m.

This report details the service and financial planning and associated budget strategy work that is taking place for adult social care with partners across the health and care system.

It details the identified and proposed opportunities to make savings in 2021/22 aligned to the remit of the Health Scrutiny Committee, to support the City Council to achieve a balanced budget in 2021/22.

As adult social care is both within the MHCC health and care pooled budget, works in partnership and is increasingly focused on integrating with community health services through the Manchester Local Care Organisation (MLCO); this report is jointly presented to the Scrutiny Committee by the key partners of MHCC, MCC and MLCO, noting the areas that will be led by MLCO.

It is important to note that the health contribution to the pooled budget is currently unknown as the NHS has not published the financial regime for 2021/22 yet.

Recommendations

The Health Scrutiny Committee is asked to consider and make comments on the budget proposals identified prior to being considered by Executive in February 2021.

Wards Affected: All

Environmental Impact Assessment - the impact of the issues addressed in this report on achieving the zero-carbon target for the city

The budget reflects the fact that the Council has declared a climate emergency by making carbon reduction a key consideration in the Council's planning and budget proposals.

Manchester Strategy outcomes	Summary of how this report aligns to the OMS
A thriving and sustainable city: supporting a diverse and distinctive economy that creates jobs and opportunities	The effective use of resources underpins the Council's activities in support of its strategic priorities as set out in the Corporate Plan which is underpinned by the Our Manchester Strategy
A highly skilled city: world class and home grown talent sustaining the city's economic success	
A progressive and equitable city: making a positive contribution by unlocking the potential of our communities	
A liveable and low carbon city: a destination of choice to live, visit, work	
A connected city: world class infrastructure and connectivity to drive growth	

Contact Officers:

Name: Katy Calvin-Thomas
 Position: Chief Executive Manchester Local Care Organisation
 Telephone: 07789 938739
 E-mail: katy.calvinthomas@nhs.net

Name: Bernie Enright
 Position: Executive Director of Adult Social Services
 Telephone: 0161 234 4207
 E-mail: bernadette.enright@manchester.gov.uk

Name: Laura Foster
 Position: Director of Finance Manchester Local Care Organisation
 Telephone: 07779 981001
 E-mail: laura.foster2@mft.nhs.uk

Name: Sarah Broad
Position: Deputy Director Adult Social Services (Interim)
Telephone: 07966 229569
E-mail: sarah.broad@manchester.gov.uk

Name : Simon Finch
Position: Head of Finance Adult Social Services
Telephone: 07939 132452
E-mail: simon.finch@manchester.gov.uk

Background documents (available for public inspection):

Not applicable.

1.0. Introduction

- 1.1. A key priority of the Our Manchester Strategy is to radically improve health and care outcomes in the city. Manchester has some of the poorest health outcomes in the country, and there are very significant health inequalities within the city. It has been agreed through the Manchester Partnership Board that the role and function of Manchester Local Care Organisation (MLCO) is to be the delivery vehicle for reducing health inequalities and improving population health of people in Manchester. This has become even more critical due to the disproportionate impact of COVID on many of our communities.
- 1.2. The Locality Plan, 'Our Healthier Manchester', represents the first five years of ambitious, transformational change needed to deliver this vision. The Locality Plan is fully aligned with the Our Manchester approach. This will mean supporting more residents to become independent and resilient, and better connected to the assets and networks in places and communities. Services will be reformed so that they are built around citizens and communities, rather than organisational silos. The Locality Plan is aligned to the Council's Corporate Plan priority - 'Healthy, Cared for People'.
- 1.3. Manchester City Council's Adult Social Care (ASC) services support people who have been assessed and meet the eligibility for care and support under the Care Act 2014. Following an assessment, a support plan sets out how the needs of people will be met and services are arranged to meet that need and help people to continue to live as independently as possible.
- 1.4. The Population Health (PH) commissioning and strategic role is set out in the Manchester Population Health Plan, the City's overarching plan for reducing health inequalities and improving health outcomes for residents across the life course.
- 1.5. For 2021/22, the budget plan for Adult Social Care will be essentially part of the Manchester Local Care Organisation (MLCO) Operational Plan. This report provides the final budget proposals following Scrutiny consideration of key considerations in November 2020 and January 2021. An overview and update of the development of the MLCO Operating Plan is provided at **Appendix 2**. For Population Health, the necessary focus on COVID-19 by the Director of Public Health (DPH) and the Population Health Team, means that 2021/22 will now be the transition year to ensure the appropriate transfer of some population health functions and associated budgets to the MLCO. The DPH will work with the Chief Executive of the MLCO, Deputy Chief Executive and City Treasurer and MHCC Chief Finance Officer to agree the Transition Plan by 31 March 2021.
- 1.6. The City Council is working with NHS Partners to strengthen the MLCO by continuing to support the planned transfer of functions and actions to accelerate health and social care integration through the LCO in the city. This is a critical area of development given the challenges faced by the response and recovery from Covid-19, the financial circumstances of all partners,

widening of health inequalities in the city, and potential national policy and legislative changes for the NHS and social care.

- 1.7. A key component of this work for 2021/22 will be around revising the governance and financial frameworks associated with the partnership between MCC and Manchester CCG (MHCC) and the partnership between MCC and MFT (MLCO) including pooled budget arrangements. Officers are working to prepare the new arrangements for implementation for 2021/22 and a report will be brought back to Health Scrutiny with further details once drafted for consideration. Similar to previous arrangements however, the Council will determine the scale of contribution into the pooled budget, and this is detailed in this report.

Background and Context

2.0. ASC Statutory Responsibilities - Services, Eligibility, Care and Support

- 2.1. Manchester City Council has statutory responsibilities to meet the requirements of the Care Act 2014. The Act entitles all adults to a social care assessment, and, subject to meeting the threshold for eligibility, the care and support required to meet their needs and outcomes set out in the Act.
- 2.2. This support ranges from advice and information (minimal cost) to very intensive services (potentially costing several hundreds of thousands of pounds per person per annum). Whilst the Care Act 2014 places a statutory duty on ASC to meet assessed needs and outcomes it does not prescribe how these should be met. In discharging its statutory duty ASC retains discretion to determine how an individual's needs and outcomes should be met within available resources.
- 2.3. Adults Eligibility: The Care and Support (Eligibility Criteria) Regulations 2014 sets out the eligibility criteria and determines an adult meets the eligibility criteria if:
 - (i) the adult's needs arise from or are related to a physical or mental impairment or illness;
 - (ii) as a result of the adult's needs the adult is unable to achieve two or more of the outcomes specified below; and
 - (iii) as a consequence there is, or is likely to be, a significant impact on the adult's well-being.
- 2.4. The outcomes that are specified for adults are: Managing and maintaining nutrition; Managing and maintaining hygiene; Managing and maintaining toileting needs; Being appropriately clothed; Being able to make use of the home safely; Maintaining a habitable home environment; Developing and maintaining family and personal relationships; Accessing and engaging in work, training, education or volunteering; Making use of necessary facilities or services in the local community including public transport, recreational facilities and services; Carrying out any caring responsibilities the adult has for a child.

2.5. For the purposes of this regulation an adult is to be regarded as being unable to achieve an outcome if the adult:

- (i) is unable to achieve it without assistance;
- (ii) is able to achieve it without assistance but doing so causes the adult significant pain, distress or anxiety;
- (iii) is able to achieve it without assistance but doing so endangers or is likely to endanger the health or safety of the adult, or of others; or is able to achieve it without assistance but takes significantly longer than would normally be expected.

2.6. These eligibility criteria apply equally to Carers, where the carer's physical or mental health is, or is at risk of, deteriorating and is unable to achieve similar outcomes; unable to achieve care without assistance; without causing the carer significant pain, distress or anxiety; or is able to care without assistance but doing so endangers or is likely to endanger the health or safety of the carer, or of others.

2.7. In Manchester, this means that we support a large number of Manchester residents meeting adult social care needs. At December 2020 (latest complete figures) we supported:

- 4,943 older people (long term support to 65+)
- 2,809 younger adults (long term support to 18-64)

These figures include:

- 1,246 adults with learning disabilities (long term support)
- 652 adults with mental health needs (long term support)
- 6,208 of the people we support are living in the community
- 1,016 people in residential care
- 528 in nursing care

We provide:

- Homecare to 1,974 people
- Supported accommodation to 756 people
- Support via shared lives schemes to 174 people
- Support via an extra care scheme or neighbourhood apartment to 125 people
- Cash personal budget or Individual Service Fund to 631 people
- Day care to 349 people

In addition:

- nearly 10,000 (9,519 in 2019/20) items of equipment and adaptations are installed/provided annually
- c.6,000 blue badges (6,378 in 2019/20) are issued annually and
- in 2019/20 1,818 people benefitted from our core reablement service.

- 621 carers were assessed in 2019/20
- 8,818 safeguarding concerns were responded to
- 1,255 safeguarding enquiries were completed

3.0. Population Health

- 3.1. The Population Health (PH) commissioning and strategic role is set out in the Manchester Population Health Plan, the City's overarching plan for reducing health inequalities and improving health outcomes for residents across the lifecourse. The social and economic impact of Covid-19 has further exacerbated health inequalities in the city.
- 3.2. The Manchester Population Health Team is currently leading the City's public health response to Covid-19 as set out in the 12 Point Action Plan which is updated on a monthly basis. The Plan includes the detail of key actions to be undertaken in relation to the Manchester Test and Trace Service, managing outbreaks, community engagement and communications, work with schools, universities and businesses and specific sections on our most vulnerable residents and care homes.
- 3.3. The Population Health Team is also responsible for commissioning a range of preventative services (children's public health, wellbeing, drugs and alcohol, and sexual health services) totalling approximately £34m. These services address health impacts upstream to reduce demand on more expensive health and social care services.
- 3.4. The majority of these services are mandated responsibilities, i.e. services that must be provided such as Health Visiting, Schools Nursing, Open Access Sexual Health Services and Health Protection Services.
- 3.5. The Public Health Grant was reduced by 6.2% (£3.3m) in 2015/16, with further reductions of 2.2% in 2016/17, 2.5% in 2017/18, 2.6% in 2018/19 and 2.6% in 2019/20. The impact on Manchester's public health funding was a £8.652m reduction by 2019/20. There was a major redesign and recommissioning of all public health services from 2015 and significant savings were delivered across all key programme areas including 25% savings for drugs and alcohol, 33% savings for sexual health, 50% savings across wellbeing services and 15% savings across children's public health.
- 3.6. Despite the capacity challenges of Covid-19 the Manchester Population Health Team continue to work on the overarching Wellbeing Model for 2022, which will bring all services together in an integrated way under the MLCO arrangements. This model will deliver a significant return on investment over a longer term timeframe and improve health outcomes for residents.

4.0. Covid-19 Pandemic and the ASC Improvement Programme - Context and Impact on Adult Social Care

- 4.1. The Covid-19 pandemic presents a unique challenge for the country and Manchester. It also presents a challenge to ASC to undertake its functions of

assessment, support planning, monitoring, review and safeguarding (the five core responsibilities of social work within the service) and the commissioning and delivery of care and support through internal services and the social care market within Manchester.

- 4.2. ASC has played a critical role in supporting vulnerable people across the city to remain safe and as independent as possible, continuing to live within the community and preventing crisis and the need for more intensive health and social care services. In addition, throughout the pandemic, work has continued with the hospitals on rapid discharge arrangements to discharge people as soon as people are medically fit, ensuring valuable capacity is available in the hospitals.
- 4.3. From the outset, ASC's response plan was structured around clear objectives:
 - (i) Continuity of care for vulnerable people assessed under the Care Act;
 - (ii) Minimising risk of harm/fatality; and
 - (iii) Protecting the credibility and reputation of health and social care and partners (it is important at times of national crisis that Manchester people see that our social care and health system has acted in the best interest of people and in a joined up way that has met their needs - this deepens the trust and future co-operation as public services and residents face future challenges together).
- 4.4. Focusing on these three objectives has meant that the service has responded well to the pandemic including ongoing support to care providers, ensuring supply and provision of PPE, testing of citizens and staff, recruiting additional support workers to meet capacity gaps and undertaking safe and well calls to support vulnerable citizens and those not accessing services. The service has been able to keep a close overview of issues and challenges within social work teams, in house provider services and the external care market throughout the response period, which has meant that support provided has been targeted and managed and there has been no need to enact Care Act Easements provisions at stage 3 and 4 introduced through emergency legislation nationally. Only a very limited number of services were paused (within Provider Services) whilst other services have continued to operate throughout the pandemic, adapted to be delivered in a different way.
- 4.5. Central to making this possible was the support from the Council over the last 18 months to invest to re-build front line staffing levels, to improve leadership and support to the social work assessment function and the commitment to the Improvement Programme within ASC. The investment for 2019/20 and 2020/21 to stabilise and build strong foundations in the service provided significant resilience to be able to work through the challenges of the pandemic.
- 4.6. Limited work has continued on the Improvement Programme in 2020/21 with capacity being required to respond to Covid-19. The work has included reducing waiting times across the service and improved leadership and performance management. The investment has led to a significant reduction in

the waiting list and other improvements in practice. Between November 2019 and November 2020 (latest data) there has been a 69% reduction in waiting lists for those entering the service prior to allocation (i.e. 69% fewer citizens waiting), a 42% reduction in waiting lists for work ongoing and 38% reduction in waiting lists for reviews. There is ongoing work to further reduce the waiting lists.

- 4.7. The rest of the year will present a particular challenge as ASC is likely to face increased contact from citizens for support and will need to make assessments and set up care and support within the best practice of social distancing and PPE to prevent / mitigate the risks of a local outbreak of the virus. In addition, safeguarding enquiries are increasing which puts significant pressure on neighbourhood and specialist community teams. The recent move to Tier 3 and Covid-19 Wave 2 adds significant additional risk into service and financial planning.
- 4.8. There are still a number of areas of focus for ASC going forward, which will need to be prioritised as part of wider recovery planning within our health and social care LCO and through the Better Outcomes, Better Lives programme. This will need to ensure that the work to stabilise and strengthen the service continues. This includes ensuring that the processes within Liquid Logic and the financial system (contrOCC) are working effectively and support practice and payments; continued roll out of strengths based working including strength-based practice framework; further strengthening management and supervision arrangements.

Revenue Strategy

5.0. 2021/22 Budget Context

- 5.1. The Adult Social Care and Population Health budget priorities relate to the Corporate Plan priority theme of '**Healthy, Cared for People**'. This is to work with partners to enable people to be healthy and well and support those who need it most, working with them to improve their lives:
 - Support Mancunians to be healthy, well and safe
 - Improve health and over time reduce demand by integrating neighbourhood teams, that are connected to other services and assets locally, delivering new models of care
 - Reduce the number of people becoming homeless, and enable better housing and better outcomes for those who are homeless
- 5.2. The Adult Social Care Improvement Programme in Manchester that commenced in 2018 has been driving change and longer term sustainability through investment in workforce, a shift of focus to 'our people in place' via the mobilisation of Integrated Neighbourhood Teams (INTs) and transformation to new ways of working underpinned by 'our culture' and the Our Manchester strategy. Significant investment has been made within the programme to deliver safe, effective and sustainable services that take a 'strengths based' approach to assessment and care and support planning. Mobilised INTs are

beginning to realise tangible outcomes relating to joint visits with improved communication between health and social care (i.e. district nurses, social workers, GPs, care navigators, community mental health teams), streamlined referral processes and multi-agency meetings. The outstanding work of this programme has been rolled into the ASC transformation programme; Better Outcomes, Better Lives to ensure the investment made is optimised and benefits and impact realised.

- 5.3. The Homecare market has been re-procured and is being mobilised to integrate at place level with INTs and to better collaborate in care and support to enable better outcomes. Investment has been made in new and existing care models for example, the expansion of the Reablement Service to reach more people and to better support timely hospital discharge pressures alongside the development of a Complex Reablement Service to support people who require a specialised, longer term approach to enablement. Plans around housing support options continue to mature with new capacity of Extra Care accommodation. These housing options create longer term sustainable responses to care and support, reduce pressures and cost in the system and improve personal choice and independence.
- 5.4. The Care Market is a vital component of the ASC system supporting Manchester to meet statutory responsibilities and supporting Mancunians to live as independently as possible. During 2020/21 considerable work was prioritised to support our care market in response to Covid-19 and ensure services continued to be delivered to support vulnerable people. Focussed work during 2021/22 will evaluate our current and future needs and the capacity, quality and sustainability of our independent care market. There is potentially a need for capital investment to allow market intervention, enabling a response should market failure occur to ensure continuity of service. This may be short-term in nature, but could be of vital importance to limit the impact of such market issues on residents. Linked to collaboration work with partners, investment may also be needed to build capacity, and in particular creating capacity for specific care needs to ensure that there is appropriate provision for vulnerable residents. This may require new build facilities, or the acquisition of existing buildings which can be tailored to care models.
- 5.5. Progress is being made to implement integrated health and social care that improves outcomes for residents. The new ways of working in the INTs are starting to deliver changes and the new care models are starting to demonstrate improvements in outcomes.
- 5.6. The ASC budget can be considered in three parts:
 - **the workforce** including social work practice,
 - **prevention and reablement** – services provided to help reduce, prevent or delay the need for ongoing formal care or services to help people regain their independence and ability to meet their own needs
 - **long term care provision** - ongoing formal care to meet the needs of people to help them to continue to live as independently as possible.

- 5.7. Significant progress has been made to invest in structures in recent years to ensure the workforce establishment infrastructure is fit for purpose through the improvement plan. Reductions in prevention can have a significant impact as those services often prevent, delay or reduce the need to statutory care and support requirements. The service and finance work programmes are therefore focused on long term care.
- 5.8. It is not currently expected that budget work in view in this report will have consultation implications for the existing City Council workforce. However, work to accelerate progress towards health and social care integration in the city may lead to further organisational change in due course.

6.0. 2021/22 Budget Proposals

2020/21 Base Budget

- 6.1. The 2020/21 base budget, approved at the start of the year, was £221.253m and the current 2020/21 budget is £221.003m and is broken down in table 1 below. The key changes to the budget are as follows:
- (i) Reduction to reflect the updated employer superannuation rate and pay award allocation (£-0.303m);
 - (ii) Other minor budget amendments (£0.053m); and
 - (iii) There has also been changes to individual budget lines in relation to in-year allocations of funding from within the approved budget. This includes demographic growth, price inflation and funding for the national living wage. There remains £2.6m of price inflation and demographics which will be allocated before the end of 2020/21.

Table 1: 2020/21 Budget

Service Area	Narrative	2020/21 Gross Budget	2020/21 Net Budget	2020/21 Budget
		£'000	£'000	FTE
Localities	INT Social workers and primary assessors	13,945	8,494	278.19
Reablement	Core reablement	8,802	5,361	334.67
Learning Disability	Social workers, supported accommodation, short breaks, shared lives and external care	77,744	70,216	623.05
Mental Health	Emergency duty, social workers, external care, supported accommodation	29,313	27,111	7.00
Other Care	Day centres, equipment, community alarms,	71,153	47,544	113.50

	information and advice, cash PBs, carers, homecare, residential and nursing care, external supported accommodation, day care			
Public Health	Wellbeing, sexual health, drugs and alcohol, childrens, health visitors, staffing	42,539	39,717	46.50
Commissioning	Extra care, sheltered housing, homelessness, staffing	11,675	11,442	37.20
Specialist and support services	Staffing	9,862	3,686	95.00
Demography, Inflation and National Living Wage	Remaining balance (to be allocated) of the allocation to reflect population changes and for annual uplifts	2,576	2,576	0
Pooled Budget		267,610	216,147	1,535.11
Asylum		2,982	57	7.00
Voluntary & Community Sector (Adults)		2,096	2,097	0
Safeguarding	Staffing	2,702	2,702	45.50
Other ASC		7,781	4,856	52.5
Total		275,391	221,003	1,587.61

Budget Pressures, Investment and Demography

6.2. For 2021/22, the Council's contribution to the pooled fund will be increased by £19.916m. This is to cover:

- (i) The costs of non-pay inflation and an allowance for the National Living Wage (NLW) increase (£3.621m). This figure has been adjusted for the changes to NLW (to increase to £8.91 an hour, up 2.2%. Previously expected to be £9.21) and for the public sector pay freeze. If the position on public sector pay changes then any pay award will be funded;
- (ii) Increased demand associated with population growth (£2.831m); and

- (iii) £13.464m for the estimated ongoing impact of Covid-19. This is to cover the full year effect cost of discharges (£9.3m), costs for PPE (£2.5m), social work capacity (£0.8m) and population health (£0.8m).

Efficiency Proposals, Social Care Precept and Social Care Grant

- 6.3. In addition, due to the difficult financial situation facing local government, a £20m savings target was agreed for Adult Social Care. The savings target is being achieved via the ASC Transformation Programme, aiming to improve care pathways and focus support on independence for Manchester People, now renamed as 'Better Outcomes, Better Lives'. The report provides more detail on the programme and whilst the overall savings target is achievable (subject to significant system wide support to delivery arrangements and to specifically address the conditions of success and preventative investment recommendations) this will take 4 years to achieve in full, with a £6.097m net saving for 2021/22. The report to November Scrutiny Committee and Executive therefore set out that the balance was expected to be met from one off system support funding and likely additional central government funding for social care.
- 6.4. A total of £5.5m system support has been identified to support the budget position in 2021/22 including a recommended carry forward of £1.5m public health funding from 2020/21 (where the focus on Covid-19 related activities has meant that the full allocation has not been spent) and £2.5m residential and nursing funding (where government funding through health has substantially funded new discharges into care over 2020/21), together with £1.5m from MCCG.
- 6.5. The Spending Review has been announced and the Provisional Finance Settlement has now been published. This included the provision for a 3% social care precept and a one-off £6.316m Social Care Grant for Children's and Adults Services. The grant will not be built into the funding base for 2022/23. It should be noted that the Council has already made provision for the additional costs relating to Covid-19 and demographic growth in the allocation to the pooled budget. The announcements for Public Health grant have not been received, although it has been indicated that there is unlikely to be an inflationary uplift.
- 6.6. The Council consultation on the 3% precept closed on 24 December. The Council is minded to take the full 3% increase and the funding, worth £5.077m, would be added to the Pooled Budget to support the funding of the £19.916m investment required to meet the ongoing costs from Covid-19 and demand and inflationary pressures detailed. In addition, £3.326m from additional Social Care Grant funding would also be deployed. This would reduce the savings target from £20m to £11.597m.
- 6.7. The £11.597m target will be met, £6.097m from the £18.400m savings programme through Better Outcomes Better Lives will be delivered in 2021/22, with the full amount being delivered by 2023/24. The balance of £5.500m from

one-off system support as detailed above. The level of savings will increase in future years and replace the one-off grant and support funding provided.

- 6.8. The Social Care grant is a one-off amount of £6.316m. As stated above, £3.326m will be required to support the pressures detailed, leaving a balance of £2.990m of grant funding available. It is proposed that £2.690m of the remaining balance of the social care grant is allocated to the pool for investment (the balance of £0.300m to Childrens Services).
- 6.9. For 2021/22 the budget proposals represent a total additional investment of £22.606m to the pool (£19.916m para 6.2 and £2.690m social care grant) and £11.597m savings of which £6.097m are recurrent to be delivered in 2021/22 through Better Outcomes Better Lives and £5.500m is delivered through system support. This is felt to be reasonable in the light of the pressures and risks faced. The position for the delivery of the £11.597m target is also summarised in the table below:

Delivery of savings target	2021/22 £'000	2022/23 £'000	2023/24 £000
Better Outcomes Better Lives	6,097	13,100	18,400
Health and Social Care System Support	5,500	0	0
To be identified	0	1,823	0
Total	11,597	14,923	18,400

NB the increase in 2022/23 reflects that the social care grant being used to meet pressures in 2021/22 (£3.326m) is not built into the base budget.

- 6.10. The proposed deployment of the balance of social care grant within the pool (£2.690m) is:
- (i) Supplementing the demographic funding by £1.090m to support increased capacity within the in-house supported accommodation for people with Learning Disabilities to fund the costs of supporting the new units through the expansion of capacity at Freshwater, Northfields and Scout Drive which in total have added 60 units of capacity. The increase in capacity and type of accommodation is a significant development and has enabled:
- Individuals to live in new purpose built accommodation with their own front door with the aim of increasing independence;
 - A more responsive service over the Covid-19 period;
 - The opportunity to pilot Technology Enabled Care including 'just roaming' devices; and
 - An opportunity to build teams around people ensuring we deliver person centred care and support.
- (ii) One-off funding for additional capacity, including external support, of £0.600m to support the implementation of the Better Outcomes, Better Lives programme. The transformation programme and associated savings builds on the areas of previous Adult Social Care savings which

due to issues with capacity with the need to implement the Improvement Plan and more recently the impact of Covid-19, have not been fully realised. The additional support is to provide the capacity and rigour to ensure delivery; and

- (iii) To establish a £1.000m public health reserve. There has been an underspend this year while the team have focused on COVID, but it is anticipated that demand for services will increase and in particular, there will be cost pressures if no inflationary funding is provided.

6.11. As the Social Care grant is one-off permanent funding solutions will need to be found for the new Learning Disability units which were originally going to be met through the associated reduced use of other provision as well as for any public health requirements that are ongoing in nature.

6.12. It is important to note that this report only covers the Council's contribution to the Pooled Fund for Adult Social Care. The Health contribution to the Pooled Budget has not been confirmed and that the NHS Financial Regime for 2021/22 has not been published yet. Before the Pooled Fund can be agreed it will be necessary to see the full financial position. In addition, prior to agreeing the Pooled Fund for 2021/22 a full report will be brought to Scrutiny and Executive Committees with the updated S75 agreement and the full budgets in scope of the Pooled Fund from the Council and Health Partners.

Other Budget Changes

6.13. The budget for Homelessness commissioned services (£6.095m) has been transferred to the Homelessness Cash limit to reflect the placement of responsibilities. This therefore reduces the investment and other changes budget figure in Table 2 below from £22.606m to £16.511m.

6.14. The extra care expansion programme continues through 2021 with the addition of schemes at Brunswick, Oaklands House, Gorton and Dahlia House which will add 329 units of additional capacity over the period Sept 2020 to Sept 2021. The revised Extra care 2021/22 budget is detailed in the table below. The additional cost of £1.128m in 2021/22 will be funded through the increase in the Better Care Fund (£0.858m) with the balance (£0.270m) from resources set aside for care budgets within the 2021/22 budget strategy. The extracare programme is a critical element of delivering Better Outcomes Better Lives.

	Expected Completion	Additional Capacity	2020/21 Budget £'000	2021/22 Budget £'000	2021/22 Increase £,000
Oaklands House	May-21	36	365	346	-19
Elmswood Park	Sep-20	72	452	462	10
Brunswick	Jan-21	60	226	462	236
Dahlia House	Sep-21	55	188	272	84
Gorton	Apr-21	106	0	817	817
GM Transformation Funding/Health			-233	-233	0
Total		329	999	2,127	1,128

Summary

- 6.15. The MLCO 2021/22 draft financial plan (ASC component) is now in a balanced position, albeit recognising an element of the assumptions are non-recurrent and specific to 2021/22. At this stage, whilst the City Council has significant financial challenges, it has been possible, for 2021/22, to avoid the need to identify more difficult service reductions across preventative areas.
- 6.16. Based on the revisions detailed above the 2020/21 ASC and Population Health budget of £221.003m is increased to £225.917m and analysed by the service areas in table 2 below. A subjective analysis is provided at **Appendix 1**.

Table 2: 2021/22 proposed changes and revised budget

Service Area	2020/21 Net Budget	Approved net savings	Investment and other changes	2021/22 Net Budget
	£'000	£'000	£'000	£'000
Localities	8,494		812	9,306
Reablement	5,361	1,421		6,782
Learning Disability	70,216	-5,006	1,090	66,300
Mental Health	27,111			27,111
Other Care	47,544	-2,512	9,182	54,214
Public Health	39,717		1,832	41,549
Commissioning	11,442		-5,688	5,755
Specialist and support services	3,686	-5,500	2,961	1,148
Demography, Inflation and National Living Wage	2,576		6,321	8,897

Pooled Budget	216,147	-11,597	16,511	221,061
Asylum	57	0	0	57
Voluntary & Community Sector (Adults)	2,097	0	0	2,097
Safeguarding	2,702	0	0	2,702
Other ASC	4,856	0	0	4,856
Total	221,003	-11,597	16,511	225,917

6.17. The City Council, MFT and MHCC will be working with the MLCO Executive to ensure governance arrangements are further developed to provide the key levers for change to realise the ambitions for advancing integration and realising the benefits of a genuinely pooled budget. This will include, for example, effective risk share arrangements between Manchester system partners.

7.0. Capital Strategy / Programme

7.1. The approved ASC capital programme is detailed in the Council's Capital Strategy report, which is included in the suite of budget reports submitted to the Executive and Council. The Capital Strategy also includes details on potential future capital investment which has been identified, and which is expected to be brought forward in the medium term.

7.2. The revenue implications of any approved capital projects have been incorporated into the revenue budget. Before any of the potential investment priorities are approved, the revenue implications of the investment will be reviewed and agreed as part of the approval process.

8.0. MLCO Operational Plan 2021

8.1. The Operating Plan for 2021/22 is currently in development and MLCO is aiming to publish a final draft of the plan by mid/end-April 2021. This is dependent on the publication of national NHS planning guidance, the timetable for which has not yet been made available. It will be supplemented by a Financial Plan for 2021/22.

8.2. The scope of the Plan will be all the functions currently held by the MLCO, as well as the functions agreed to be in the LCO by the Manchester Partnership Board from April 2021.

8.3. Further detail is provided in **Appendix 2** which provides an update on the process to develop the MLCO Operating Plan for 2021/22.

8.4. The Operating Plan will outline the MLCO work programmes aimed at maintaining or improving outcomes through improved service delivery arrangements and addressing the budget savings requirements. They include:

- (i) the ASC transformation programme; aiming to improve pathways and focus support for independence for Manchester people, now renamed as **Better Outcomes Better Lives**;
- (ii) Advancing integration across the system through the MLCO;
- (iii) Working with partners to provide system financial support to maintain community-based care, especially where there is an interim requirement until improved pathways are embedded;
- (iv) Commissioning programmes and realising the expected benefits from developing an integrated commissioning, contracting and placement function in the MLCO; and
- (v) Working in a focused way over winter to mitigate the impact of Covid-19 on 2021/22.

8.5. Whilst the MLCO Operational Plan remains in development sections 9-11 below provide further detail in relation to Better Outcomes Better Lives, Discharge Arrangements and New Care Models that will be contained in the finance chapter.

8.6. The MLCO Operational Plan will contain the ASC workforce implications, Equality, Diversity and Inclusion considerations, and Risk Management arrangements.

9.0. Improving Pathways and Focusing Support for Independence (Better Outcomes Better Lives)

9.1. Better Outcomes Better Lives is a key programme of work to support people to live as independently as possible and maintain control over their lives. The approach is one of service improvement, ensuring our services are supporting people with strengths-based assessments and better ways of delivering care and support services. Of key importance is prevention and intervening early, as this is the best way to ensure people get the services that are responsive to their needs and prevent, reduce or delay the need for longer term care. We will always meet the long term care needs of individuals where required.

9.2. A significant piece of work on improving pathways and focusing support for independence has been undertaken, starting with how to do this in adult social care. This involves:

- (i) Working with individuals using strengths based assessments, empowering citizens to take control of their lives and be able to manage their own conditions where they have the ability to do so. This may be using their own strengths, family and friends or support within the community. This will involve changing expectations across the system, focusing more on independence and working with people through individual assessments
- (ii) Acting earlier to prevent problems occurring or escalating;

(iii) Ensuring additional interventions are not being caused by the service failing to get something right first time or unintentionally reinforcing dependency;

(iv) It does not involve: tightening eligibility criteria, restricting access, or stopping non-statutory services.

9.3. The programme has been supported by a commissioned diagnostic piece of work from IMPOWER, a specialist ASC support agency with experience and proven track record with a number of other local authorities to undertake diagnostic work to support the development of evidence-based, sustainable opportunities. Some of the key activities that have been included within this diagnostic work include:

(i) Comprehensive review of available performance and spend data, benchmarked to other local authorities

(ii) Staff survey with over 220 responses;

(ii) Case reviews;

(iii) Observations - contact centre, INTs and hospital site; and

(iv) A trial behaviour change intervention to apply behavioural science techniques to social care and embed these in frontline practice.

9.4. The insights from the programme included:

(i) There is an opportunity to improve pathways and focusing support for independence in order to prevent, reduce or delay long term care, to some degree, in almost half of the cases reviewed. In some cases this maybe a minor change whereas in others a more substantial opportunity. The challenge is how to release the opportunity consistently through the complexity of first contact / assessment / review and expectations or legal challenge of the population being supported;

(ii) There are opportunities emerging to build on the foundations developed in the last 2 years across ASC, to embed strength based practice consistently across all teams; awareness and use of community assets; broadening the Technology Enabled Care (TEC) offer, whilst building confidence in practitioners and people to use TEC; building on the positive impact of reablement by increasing access; implementing the positive changes in the carers offer and changing the front door to be a more co-ordinated preventative offer to prevent flow to community teams.

(iii) These opportunities will only be maximised if underpinned by a responsive approach to commissioning and effective performance management at all levels.

9.5. With a properly resourced change infrastructure and clearly set out conditions of success, this suggests a significant opportunity for savings **over three**

years. The phasing of savings is currently being finalised. **The target for 2021/22 is £6m and this will increase to £18m by 2023/24 (net of investments).** Some of the key conditions of success include early and full engagement of staff; investment in prevention, clear and agile performance management and governance; securing early impact from change to build momentum and capacity and capability to deliver the change. In addition, significant system support is integral to successful delivery. A Better Outcomes Better Lives delivery partner will help support the programme and provide substantial capacity and depth of experience from similar work. This is a substantial investment, over 2020/21 (£0.3m) and 2021/22 (£0.6m) with funding set aside within the 2020/21 forecast budget position and in relation to 2021/22, a proposal to use the grant funding detailed above.

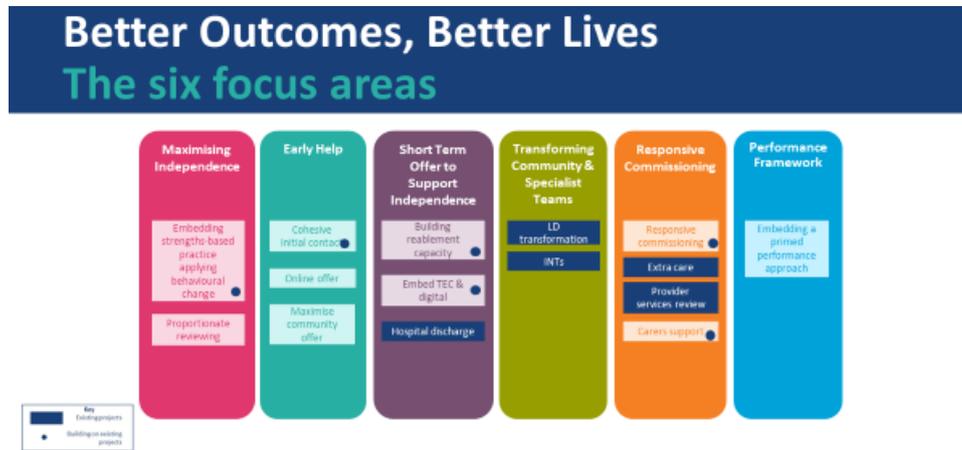
- 9.6. The key changes in metrics arising from the proposed 'Better Outcomes, Better Lives' programme, based on commencing implementation in 2020 quarter 3, against the 'Do-Nothing' scenario projected to 2021/22 are detailed in the table below.

Metric	2019/20 Baseline	Do-nothing by 2021/22	Potential Impact by 2021/22
Nursing Care clients	672	688	-11
Residential Care clients	1,352	1,384	-40
Supported Accommodation clients	743	770	-28
Homecare clients	2,671	2,890	-57
Reablement clients	1,869	n/a	+518

- 9.7. Further work is under way to identify what the improvements in outcomes for individuals will be associated with these metrics, such as improved levels of wellbeing, self-care and greater independence.
- 9.8. This programme has now been developed into an implementation plan supported by IMPOWER which addresses and secures the conditions of success. A key element of this is integration with existing MLCO transformation projects set out below into one refreshed programme of change for the next three years.
- 9.9. The option presented for Better Outcomes Better Lives aims to deliver better outcomes, experience of services for the people of Manchester and better use of resources. This will require significant commitment from all health and social care partners, in order to provide the capacity and capability required to deliver this scale of complex change at speed. It needs to be recognised as the substantive piece of work which will underpin the system's approach to meeting care and support needs across Adult Social Care with many of the principles transferrable to health services.
- 9.10. The Better Outcomes Better Lives programme is key programme in the MLCO established transformation portfolio. The Portfolio is overseen by the MLCO Recovery and Portfolio Board and is a key responsibility of the Director of Strategy. It comprises a range of transformational and enabling programmes

from Neighbourhood development to the work programme of the Care Homes Board, from Workforce to Estates.

9.11. The programme is comprised of 6 work streams as illustrated below



9.12. Maximising Independence

This is a critical piece of work and builds from work already delivered by the ASC improvement programme which implemented strengths based assessment and support planning into adult social care. This work will focus on further embedding strengths-based practice, applying behavioural change as well proportionate reviewing.

9.13. The work will target specific teams where there are the biggest opportunities to influence demand and increase independence/ensure the most appropriate packages of support in place – specifically the INTs, LD teams and reablement. Four months of intensive support will take place with teams building on the trial intervention which took place with the LD south team. This work has already commenced or will commence in 2020, as part of a sequenced plan across teams

9.14. Early Help

This will build on work already underway to strengthen the front door to adult social care as part of the wider health and social care system. It will include strengthening 'initial contact' by ensuring that staff within the contact centre have the right skills and knowledge available to effectively triage contacts, and signpost to alternative support and equipment that could meet their needs.

9.15. It will also involve strengthening the information and advice offer online – increasing the number of people addressing their needs independently without intervention from adult social care. Further work, building on the covid-19 community response, will take place to expand the voluntary and community sector offer and engagement in prevention and early intervention. This work will all be prioritised in year 2 of the programme.

9.16 Short Term Offer to Support Independence

This work will build on the effectiveness of our reablement offer, building an approach that maximises the independence of citizens being discharged from hospital through 'discharge to assess' (D2A) aligned to 'home first' principles. It will look to increase capacity in the reablement service – including ensure that those who are currently not receiving reablement (but would benefit from it) are able to do so.

9.17. Alongside the reablement offer, further work to build awareness and confidence of frontline staff in using technology enabled care (TEC) and digital options as a 'default' will continue as well as a review of the TEC offer to ensure it reflects the support people need.

9.18. Reablement and TEC are priorities in delivering the desired financial trajectory and therefore will be early priorities for delivery.

9.19. Transforming Community and Specialist Teams

This work will continue the programmes already underway to integrate and transform community teams across health and social care both in LD services but also maximising the opportunities created by the Integrated Neighbourhood Teams. This will align to the work to embed strengths-based practice and ensure that a joined-up approach to assessment and 'care management' is in place across professional groups thus reducing demand in all parts of the system. This work is already a priority, is underway and being monitored as part of the wider MLCO transformation portfolio referred to above.

9.20. Responsive Commissioning

Again, building on work already in train this work will seek to ensure that a commissioning plan and approach are in place that supports the change priorities. This will be integral in developing care market supply of the right quality and price, and support the changing demand trajectories set out within the IMPOWER modelling and the work going forward.

9.21. Dedicated commissioning capacity working alongside social work teams will be key during the work described above ('maximising independence') which will align with work to review the contracts register and procurement plans going forward as well as work inherited from the improvement programme around the efficiency of the interactions between the case management system (LiquidLogic) and payments system (contrOCC) which will need to continue to be prioritised. This work will also include further strengthening the commissioned offer to carers building on the positive work delivered over the last 12 months.

9.22. This work is already a priority and will align to work already underway to review high cost packages of care as well as work to create an integrated commissioning approach within the MLCO across health and adult social care.

9.23. Strengthened Performance Framework

The programme will be supported by a strengthened performance framework which will need to be designed as part of the programme plan, in order to understand progress, delivery and the impact (outcomes and financial) of the objectives described.

- 9.24. This will need to align to the existing arrangements within the MLCO and these will be clarified as part of the transformation programme. The delivery of such an ambitious, wide ranging and comprehensive programme will not come without significant challenges.
- 9.25. The service is still responding to the covid-19 pandemic and as such will need to ensure that this transformation work is prioritised alongside continued, immediate and changing demand into the service.
- 9.26. The right capacity to support the programme will therefore be critical; both programme management support as well as 'change' resources to work alongside teams and individual professionals. They will embed the new ways of working, ensure continued focus on the desired outcomes and ongoing management as well as understanding of performance and delivery to planned financial trajectories. These resources are being confirmed – and include consolidating existing capacity and capability within MLCO, with partners and investing in additional capacity as required.
- 9.27. It will also be critical that partners and senior stakeholders are collectively and continually supporting the delivery of the programme as a key priority for the city's health and social care system. There will not be capacity for MLCO and the service to take on additional and competing priorities. The opportunities are however significant, and will be realised if the right attention, focus and priority is given to work going forward.

10.0. Discharge Arrangements

- 10.1. New national hospital discharge guidance has been in place since March 2020 and the current updated guidance will run to the end of the financial year. Substantial costs in 2020/21 are being met from NHS Covid-19 funding. Following completion of care assessments for the clients discharged from hospitals, the City Council will again become responsible for funding care arrangements. The current financial planning assumptions provide for £9.3m additional cost into 2021/22 as the full year effect from discharges from hospitals since March 2020 and modelling of forecast discharge numbers to the end of March 2021. MLCO is working with partners on discharge arrangements, with an effective system based control room and placement function to mitigate the risk of additional placements over the rest of 2020/21. Winter planning arrangements are integral within this. This is very challenging in the context of 2nd wave predictions. Government funding through the extension of the Infection Control Fund also allows further financial support to be passed to providers for manage risks around infection, prevention and control. Through the following key actions the MLCO are aiming to be able to

minimise the £9m requirement which would allow any excess funding to be released, in effect a saving.

- (i) The 'Control Room' will work with the acute hospitals to identify people as soon as they no longer need to be an acute hospital bed and will facilitate next steps in care. The Discharge to Assess service will support people to move out of hospital and will assess ongoing needs and appropriate next steps in a non-acute setting – preferably in a person's own home, but otherwise in a non-acute Discharge to Assess bed;
- (ii) Strength based assessments will facilitate maximising each person's independence; and
- (iii) Access to reablement, where appropriate, will improve each person's baseline and maximise independence.

11.0. New Care Models

11.1. The 2020/21 budget included non-recurrent investment from GMTF and from MCCG on the care models detailed in the table below. The programme of time limited investment into new care models from GMTF is now winding down. In order to sustain current levels of activity, the following cost requires funding in 2021/22 and is currently factored into MHCC Health financial planning assumptions for 2021/22 on a non-recurrent basis. This is key support in ensuring arrangements continue to be sustained. Longer term financial planning is however dependent on the Government also setting out multi-year financial settlements. These care models are now an integrated part of the Health and Social care system and savings are substantially incorporated into baseline budgets, albeit work is on-going on the evaluation to ensure scale and capacity continue to be reviewed in a dynamic changing operating environment and the additional challenges under the Covid-19 pandemic.

Care Model	Funding	2021/22 £'000
Crisis	Health	182
D2A	GMTF	1,584
Extra care expansion programme	GMTF	233
INT – Leads and social work team managers	GMTF	1,044
Total		3,043

11.2. The recommendations included within Better Outcomes Better Lives includes further investment in areas such as reablement and technology enabled care and the savings are incorporated into this programme.

12.0. Consultation / Co-production

12.1. A public consultation is currently underway asking residents for their views on the Council's 2021/22 budget savings options. The consultation opened on 20 January 2021 and runs for a period of four weeks, closing on 21 February 2021. In addition to promotion via the Council's website, social media

channels and e-bulletins, a consultation toolkit has been shared with community partners, voluntary and community sector partners, Councillors and key stakeholders to ensure that the consultation is promoted widely within our communities.

12.2. The consultation can be found at www.manchester.gov.uk/budget. The results will be shared at the Budget Resource & Governance Scrutiny Committee on 1 March 2021.

12.3. Co-production is integral to working with Manchester people and is fundamental to the Better Outcomes, Better Lives programme. The programme will build on approaches already developing within learning disability services including:

- (i) Embedding co-design into the design and transformation process. As part of this we want to provide a meaningful voice for people with learning disabilities to influence strategic decision making and also to get involved in the design of future service delivery. The first stage of this approach is to co-design a refreshed approach to strategic engagement for the city.
- (ii) Understanding what has worked well previously and what people would like to see as part of a refreshed approach. This work is taking place in collaboration with three of our voluntary sector partners; Breakthrough uk, Pathways Associates and People First. We are also keen to widen the scope of engagement with strategic decision making to provide the widest possible representation across the city and also to include the views of parents and carers.
- (iii) Ensuring a co-production approach across the programme and at workstream level. Once the strategic engagement approach has been established, we will be working to ensure that people with lived experience are included and consulted across the programme. At this stage we cannot be prescriptive about what form this will take given that we intend to keep co- production principles at the heart of the approach that will be designed in collaboration with people with lived experience, their families and carers and members of the voluntary sector who support them.

13.0. Equalities Considerations

13.1. An Equality Impact Assessment (EIA) is being produced for the Better Outcomes, Better Lives Programme which will consider the impact of the programme on all Manchester communities. As there are now further savings proposals for the ASC budget additional Equality Relevance Assessments and/or EIAs have not been produced.

14.0. Our Corporate Plan

14.1. Our Corporate Plan describes the Council's contribution over the next 2-3 years to delivering the [Our Manchester Strategy 2015-2025](#). These priorities have been refreshed for 2021/22 to align with the reset of the Our Manchester Strategy and to further strengthen the council and city-wide focus on the importance of Equality, Diversity and Inclusion.

14.2. Our Corporate Plan themes and revised priorities are set out in the table below:

Theme	Priority
1. Zero carbon Manchester <i>Lead delivery of the target for Manchester to become a zero carbon city by 2038 at the latest, with the city's future emissions limited to 15 million tonnes of carbon dioxide</i>	Support the citywide Climate Change Framework 2020-25 including the Council's roles in reducing citywide CO ₂ emissions and improving air quality
	Deliver activities to reduce the Council's own direct CO ₂ emissions by at least 50% by 2025, as set out in the Manchester Climate Change Action Plan 2020-25
2. Growth that benefits everyone <i>Boost the city's productivity and create a more inclusive economy that all residents participate in and benefit from, and contributing to reductions in family poverty, as set out in the Our Manchester Industrial Strategy</i>	Deliver the Economic Recovery Plan, supporting the delivery of key growth schemes and the protection and creation of good-quality jobs for residents, enhancing skills, and effective pathways into those jobs. Includes support to Manchester's businesses and residents affected by challenges to the international, national and local economy.
	Facilitate economic growth and recovery in different sectors of the economy, which supports the creation of a more inclusive economy.
	Support residents in order to mitigate the impact of poverty and take actions to reduce the number of people experiencing poverty, in particular given the effects of COVID-19. Including young people, older people, BAME groups and people with disabilities
3. Young people <i>From day one, support Manchester's children to be safe, happy, healthy and successful, fulfilling their potential, and making sure they attend a school graded 'good' or better</i>	All children to have access to a high-quality education, which is provided in an inclusive way. Children's school attendance to be achieved and sustained at or better than historic levels.
	Support more Manchester children to have the best possible start in life and be ready for school and adulthood. This includes ensuring that the voice of children and young people is heard, and that they have access to youth, play, leisure, and cultural opportunities.

	Reduce number of children needing a statutory service.
4. Healthy, cared-for people <i>Work with partners to enable people to be healthy and well. Support those who need it most, working with them to improve their lives</i>	Take actions to improve population health outcomes and tackle health inequalities across the city.
	Support the next phase of health and social care integration in the city, including plans to supercharge Manchester Local Care Organisation.
	Enable delivery through the MLCO of the Adult Social Care transformation programme – ‘Better Outcomes, Better Lives’ – focused on taking a strengths-based approach, supporting independence, building on the ASC improvement programme and embedding this into the MLCO Operating Model.
	Reduce the number of people becoming homeless and enable better housing and better outcomes for those who are homeless
5. Housing <i>Ensure delivery of the right mix of good-quality housing so that Mancunians have a good choice of quality homes</i>	Support delivery of significant new housing in the city, including through an effective recovery from COVID-19.
	Ensure inclusive access to housing by the provision of enough safe, secure and affordable homes for those on low and average incomes. This includes strategically joining up provision, and the improved service to residents enabled by direct control of Council owned housing in the north of the city.
6. Neighbourhoods <i>Work with our city’s communities to create and maintain clean and vibrant neighbourhoods that Mancunians can be proud of</i>	Enable all our diverse neighbourhoods to be clean, safe and vibrant.
	Embed neighbourhood working across the whole Council and our partners, and deliver services closer to residents.
7. Connections <i>Connect Manchester people and places through good-quality roads, sustainable transport and better digital networks</i>	Improve public transport and highways, and make them more sustainable, whilst increasing walking and cycling.
	Facilitate the development of the city’s digital infrastructure, to enable delivery of transformed public services and a more economically inclusive and resilient city.
8. Equality <i>Deliver on our equality, diversity, and inclusion commitments to support</i>	Work together with Manchester’s citizens and our partners to understand our diverse communities, improve life chances, and celebrate diversity.

<i>Manchester's vision to be a progressive and equitable city.</i>	As an employer, ensure a fair and inclusive working environment which recognises, values and responds to the dynamics and opportunities of a diverse workforce.
9. Well-managed council <i>Support our people to be the best and make the most of our resources</i>	Development of the future shape of the Council, along with budget reductions and savings.
	Effectively manage our resources, via budget management and planning, support to managers and performance management.
	Carry out the work required to transform our Corporate Core.

15.0. Conclusions

- 15.1. Financial planning arrangements for the health and social care pooled budget are progressing well. The NHS has not published the financial regime for 2021/22 yet.
- 15.2. The report presents the updated position on the work in a variety of programmes which are currently being brought together into one overarching programme of change under MLCO programme management and governance arrangements.
- 15.3. At this stage no specific consultation requirements have been identified. The approach to care management will continue to put meeting clients needs first and foremost but will look to change the approach to doing so, primarily through prevention, building upon the approach to strength based practice and enabling citizens to take more control of their lives, maximising independence and achieving better outcomes and through strengthening commissioning and contracting arrangements.
- 15.4. The report details 2021/22 budget proposals that represent a total additional investment of £16.511m to the pool (£19.916m para 6.2 and £2.690m social care grant less transfer to Homelessness £6.095m) and £11.597m savings of which £6.097m are recurrent to be delivered in 2021/22 through Better Outcomes Better Lives and £5.500m is delivered through system support. The level of savings from within the Better Outcomes Better Lives programme will increase in future years and substantively replace the one-off grant and support funding provided. The proposed deployment of the balance of social care grant within the pool (£2.690m) is also outlined.
- 15.5. Further MLCO programmes are also progressing aimed at contributing to financial sustainability including integrated commissioning; fully realising the benefits from integration; and discharge planning to mitigate the financial impact of Covid-19 on 2021/22. The MLCO arrangements for developing the Operational Plan for 2021/22 are underway and the budget proposals will be incorporated accordingly.

15.6. The financial challenges facing the City Council are severe however the more difficult service reductions across preventative areas, where there is some discretion, have been avoided for 2021/22.

15.7. As set out above this report sets out a one year budget for 2021/22, however the longer term implications have been considered and these are considered in the Council's medium term financial planning.

16.0. Recommendations

16.1. As presented at the front of the report.