

## **Appendix 2**

### **The MCC Adult Social Care (ASC) Budget and MLCO Aligned Budget**

#### **1. Introduction**

- 1.1 The MLCO aligned budget brings together MCC Adult Social Care budgets and MFT Community Health Budgets and allows visibility of spend across both with integrated reporting. The objective is to facilitate the best use of joint financial resources for the benefit of Manchester residents. Budget pressures and underspends remain the responsibility of the host organisation.
- 1.2 Whilst the Council's provisional financial settlement has been received, the Community Health funding envelope has yet to be allocated, which may have an impact on the final budget allocations to some of the aligned budgets.
- 1.3 This report outlines the resources available for the Adult Social Care and Population Health budgets to be agreed as part of the wider Council budget by the Executive in February 2022. The report also updates the Committee on the latest planning assumptions for the Community Health budgets.

#### **2. Background to 2021/22 MLCO Adults Social Care (ASC) Budget**

- 2.1 As part of the 2021/22 budget process a three year savings programme was agreed and additional funding was added to support the ongoing impact of covid-19.
- 2.2 The three-year Better Outcomes Better Lives (BOBL) programme supported a total savings target of £18.4m. Due to the timing differences between achieving the full year effect of planned BOBL savings and the budget savings required, £5.5m of non-recurrent health and social care system support was included in the 2021/22 budget, highlighted in Table 1.

***Table 1 – Better Outcomes Better Lives – Savings Programme 2021/22 to 2023/24***

<b>Delivery of savings target</b>	<b>2021/22 £'000</b>	<b>2022/23 £'000</b>	<b>2023/24 £000</b>
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
<b>Total</b>	<b>11,597</b>	<b>14,923</b>	<b>18,400</b>

- 2.3 Significant additional investment was also agreed for the MLCO ASC budget. This included £13.464m additional ongoing funding to support ongoing impact of covid-19 and a £3.047m increase in budget made available for the costs of the national

living wage and demographic demand changes. Funding was also provided to meet the costs of inflation.

- 2.4 During 2021/22 the £13.464m Covid funding was reviewed and £2.5m was removed from the budget in relation to PPE costs which were being covered by additional NHS funding. This budget was removed recurrently in year.
- 2.5 The report presented to the Health Scrutiny Committee and the Executive in November 2021, outlined that a further £2m of this funding could be removed in light of lower numbers of residential and nursing places than budgeted for. This proposal formed part of the £7.8m of options to close the budget gap for 2022/23.
- 2.6 These adjustments have been taken into account in arriving at the start budget for 2022/23.

### **3. Forecast Outturn 2021/22**

- 3.1 The current financial year has proved to be a complex one, with the continuation of the pandemic through the emergence of the Delta variant in late 2020, extended restrictions through to the summer and the new omicron variant taking over in late 2021.
- 3.2 In terms of the impact on the budget, there has been a combination of:
  - Delivery of the Better Outcomes, Better Lives transformation programme and the planned savings for 2021/22.
  - The new care models that support the transformation and better management of demand are now in place, but a high proportion of the costs have been funded by one-off funding.
  - High level of vacancies with difficulties filling posts in social work and in internal provider services (including reablement and supported accommodation).
  - Significant impact of the pandemic - diverting capacity, distorted demand for services with at points in the year delays in assessments /reviews and urgent need to get people out of hospital. This has been supported by one-off funding to facilitate discharge as well as one-off funding to support care provider costs associated with responding to the pandemic.
- 3.3 Despite a number of challenges, significant progress has been made on implementing the required transformation and there has been very strong working across system partners. Whilst we have effectively managed demand in 21/22 (with continued lower than expected numbers in residential settings and for home care services), it will take some time to understand the longer term impacts on demand and cost.
- 3.4 These factors have combined to mean that the system support funding of £5.5m, outlined in Table 1, has not been needed in 2021/22, and will not be drawn down from reserves as planned.

- 3.5 The MLCO's forecast outturn position, as at month 9, without the system support funding, is summarised in the table below, highlighting a forecast underspend of £0.578m by the year end.

**Table 2 – MLCO Aligned Budgets – Forecast Outturn 2021/22**

	2021/22	2021/22	2021/22
	Annual Budget	Forecast Outturn	Forecast Variance
	£000's	£000's	£000's
<b>MLCO Aligned Budget:</b>			
MLCO ASC - Provider Services	28,972	29,243	271
MLCO ASC - Commissioned Services	121,737	123,709	1,972
MCC ASC - Other	29,303	26,600	-2,703
<b>Total ASC</b>	<b>180,012</b>	<b>179,552</b>	<b>-460</b>
MLCO Community Health	104,167	104,049	-118
<b>Total Community Health</b>	<b>104,167</b>	<b>104,049</b>	<b>-118</b>
<b>Total Aligned Budget</b>	<b>284,179</b>	<b>283,601</b>	<b>-578</b>

- 3.6 Although the Community Health budget is forecast to break even for 2021/22, the control total for 2021/22 contains £4.6m of non-recurrent funding.
- 3.7 The Council funded budgets are managed by the Adults and Population Health Directorates and include services that are out of scope of the MLCO aligned budgets. For completeness Table 3 shows the Council budget position including the out of scope budgets and is showing a £0.543m underspend for 2021/22.

**Table 3 – Adult Social Care and Population Health Forecast Outturn 2021/22**

	2021/22	2021/22	2021/22
	Annual Budget	Forecast Outturn	Forecast Variance
	£000's	£000's	£000's
<b>Total ASC aligned budget</b>	<b>180,012</b>	<b>179,552</b>	<b>-460</b>
<b>Out of scope budgets:</b>			
MCC - Population Health	42,704	42,704	0
MCC - Other	2,127	2,044	-83
<b>Total Out of scope of the aligned budget</b>	<b>44,831</b>	<b>44,748</b>	<b>-83</b>
<b>Total ASC and Population Health</b>	<b>224,843</b>	<b>224,300</b>	<b>-543</b>

- 3.8 The 2021/22 ASC budget was increased by £5.8m for one off Covid grants received in 2021/22 including the Infection Control Fund and the Workforce Recruitment and Retention Fund. Both the costs and funding for this will cease and the starting base budget to be rolled forward into 2022/23 is therefore £219m.

#### 4. Progress on the Better Outcomes Better Lives (BOBL) Savings Programme

- 4.1 As outlined above the interplay of the continuation of the pandemic on demand levels and additional support through the health funded hospital discharge programme has meant the £5.5m of system support funding has not been required during 2021/22.
- 4.2 Overall, during 2021/22 the BOBL programme has delivered the planned £6.2m of savings. The system support was in place to support the phasing of when cashable savings were likely to be realised with the full years saving only realisable in 2022/23. Rather than using system support, the anticipated shortfall has been met through in year underspends. In 2022/23 the savings were planned to increase by £8.8m to £14.9m. Work carried out indicates that £9.4m of this will be achievable and the carried forward system support funding of £5.5m will be used to meet the gap.
- 4.3 A full review of the whole ASC budget and the BOBL programme is underway and will be fully evaluated in 2022/23 to establish what will be achievable for 2023/24 and what alternative measures may be required.

**Table 4 – BOBL Progress**

<b>Original Plan - Savings Delivery</b>	<b>2021/22 £'000</b>	<b>2022/23 £'000</b>	<b>2023/24 £'000</b>
Better Outcomes Better Lives	6,097	13,100	18,400
System Support	5,500	0	0
To be identified	0	1,823	0
<b>Total</b>	<b>11,597</b>	<b>14,923</b>	<b>18,400</b>

<b>Progress - Savings Delivery</b>	<b>2021/22 Actual £000's</b>	<b>2022/23 Plan £000's</b>	<b>2023/24 Plan £000's</b>
<b>Savings Target</b>	<b>11,597</b>	<b>14,923</b>	<b>18,400</b>
Savings Delivered/Plan	-6,197	-9,423	-18,400
System Support		-5,500	
HDP & Staffing Underspends	-5,400		
<b>Total</b>	<b>0</b>	<b>0</b>	<b>0</b>

- 4.4 A further efficiency has been applied to the 2022/23 budget of £0.56m. This is the ASC share of the £2m council saving and relates to a 1% increase to the vacancy factor to more accurately reflect the fact that many employees are not at the top of the grade and the current levels of turnover. Staffing budgets are forecast to underspend by £1.994m in 2021/22.

## **5 Planned Changes to the MLCO Aligned Budget for 2022/23**

- 5.1 In 2021/22 as well as funding for demography, inflation and costs of the National Living Wage, £13.75m was added to the ASC budget to meet the estimated costs of ongoing demand from COVID-19. This has been adjusted in year to remove £2.5m costs of PPE that were separately funded, and as part of this budget process reduced by £2m for the overestimated impact of the pandemic on care home places.
- 5.2 A total of £8.25m will now be provided on an ongoing basis funded from council resources. This is already included in the opening budget figure.
- 5.3 In 2021/22 £2.690m was also provided on a one-off basis to:
- Create a reserve for public health to meet additional pressures in the year. This was not required in 2021/22 and remains available for 2022/23.
  - £1.690m to meet additional costs for increased capacity within the in-house supported accommodation for people with Learning Disabilities (£1.1m) and one-off funding for additional capacity, including external support, of £0.600m to support the implementation of the Better Outcomes, Better Lives programme.
- This £2.690m has been removed from the 2022/23 budget as planned.

## **6 Additional Funding for Adult Social Care and Budget Growth for 2022/23**

- 6.1 The finance settlement included the following changes and increased the funding available for adults social care by £11.306m :
- The Council's spending power included the assumption that the 1% social care precept would be raised. A 1% increase generates c£1.9m. This combined with, improvements to Council Tax collection rates and an increase in the tax base due to new house building growth, has meant that this increases the amount attributable to the ASC precept to a total increase of £3.259m.
  - The additional £1.6bn of national funding included £8.047m for social care and the costs for the 1.25% national insurance increase.
- 6.2 In addition direct funding of £2.7m was received and will be passed on directly to the Adults Social Care budget:
- £0.9m for inflation on the Better Care fund
  - £1.8m via the 'social care levy' to fund the fair cost of care and associated preparatory work
- 6.3 Once the one off capacity funding of £2.690m from 2021/22 is removed, there is a net increase in external funding of £11.438m.
- 6.4 Table 5 illustrates the funding flows which support the ASC and Population Health budgets showing the fragmented funding streams that support Adult Social Care and Population Health.

- 6.5 There is a small increase in the overall core funding allocated to the Adults and Social Care budget to mainly cover the cost of the National Insurance increase. This brings the overall growth in investment into the Adults budget of £11.709m, of which £5.156m is being held corporately for the pending pay award (£1.636m) and the costs of inflation (£3.520m) yet to be allocated to the base budget.

**Table 5 – ASC and Population Health Funding Flows**

<b>Adults and Population Health Funding Flows</b>	<b>2021/22</b>	<b>2022/23</b>	<b>Change</b>
	<b>£'000</b>	<b>£'000</b>	<b>£'000</b>
Social Care Grant (Adults share)	15,316	23,363	8,047
Council Tax Adult Social Care precept	20,252	23,511	3,259
Improved Better Care Fund	30,815	31,747	932
Market Sustainability & Fair Cost of Care Fund	0	1,800	1,800
Government Grants	2,343	2,343	0
Client Contributions	21,505	21,505	0
Population Health External Contracts	2,279	2,279	0
One off capacity funding	2,690	0	-2,690
<b>Sub Total</b>	<b>95,200</b>	<b>106,548</b>	<b>11,348</b>
<b><u>Funding via Manchester Clinical Commissioning Group (MCCG)</u></b>			
Contribution from MHCC	4,000	4,000	0
Better Care Fund	17,103	17,103	0
Population Health	1,596	1,596	0
Resilience Related (incl IDT)	1,627	1,627	0
Mental Health Related	606	606	0
Continuing Health Care	2,083	2,083	0
MEAP	1,038	1,038	0
Other Income	257	257	0
<b>Total MCCG Related</b>	<b>28,310</b>	<b>28,310</b>	<b>0</b>
Core Funding	96,475	96,836	361
<b>Total Net Funding</b>	<b>219,986</b>	<b>231,695</b>	<b>11,709</b>
<b><i>Adjustment for amounts held corporately / in reserve</i></b>			
Indicative share of pay award funding	-955	-2,591	-1,636
Indicative share of price inflation		-3,520	-3,520
<b>Total Net Funding within Pooled Budget</b>	<b>219,031</b>	<b>225,584</b>	<b>6,553</b>

- 6.6 Table 6 summarises how the additional funding has been invested to support the service, alongside the corporately held budgets, the BOBL savings previously agreed alongside the unutilized system support funding carried forward from 2021/22.

- 6.7 The additional funding outlined above in addition to council budgets has funded the following specific areas and totals £13.129m:
- The costs for the National Living Wage (NLW) increase (£5.7m 22/23, £5.6m 23/24, £6.0m 24/25). An uplift to National Living Wage of 6.6% to £9.50 per hour was announced as part of the Spending Review.
  - Increased demand associated with population growth (£2.2m 2022/23, £2.2m 2023/24, £2.6m 2024/25).
  - £2.150m increase in recurrent budget through the mainstreaming of adults' investment to support the ongoing delivery of the ASC Improvement Plan. This was previously funded from reserves.
  - National Insurance increase of 1.25% (£0.3m).
  - The additional funding via the 'social care levy' or Market Sustainability and Fair Cost of Care Fund of £1.8m to fund the work required to implement the Fair Cost of Care and to contribute to an increase paid to providers
  - The uplifting of the Improved Better Care Fund for inflation by £0.9m which will be used to fund some costs currently met by one-off funding as detailed later in the report.
  - Whilst it is anticipated the Public Health Grant will receive a real-term uplift; the level of grant funding for 2022/23 has not been announced.
- 6.8 There is £10.656m of investment to cover the inflation and pay award costs of £5.516m and £5.5m of system support towards the BOBL programme, which is partially offset by the removal of the one off capacity funding highlighted in paragraph 5.3 of £2.690m, which has been removed from the 2022/23 budget.
- 6.9 This brings the total additional investment into the aligned budget to £21.095m, before the BOBL and vacancy factor savings of £9.386m are removed, giving a net increase to the Adults and Social Care budgets of £11.709m.

**Table 6 – Changes to Budget 2022/23**

	<b>2022/23</b>
	<b>£,000</b>
Funding to meet the costs of NLW increase to £9.50 hour	5,731
Increased demand linked to population growth	2,222
Mainstreaming funds from reserves to support the ASC Improvement Plan	2,150
Costs of the 1.2% national insurance increase	294
<b>Sub Total</b>	<b>10,397</b>
BCF Interest (used to fund mainstreaming of new care models)	932
Funding for Fair Cost of Care	1,800
<b>Sub Total</b>	<b>2,732</b>
<b>Total Increase in Directorate Budgets</b>	<b>13,129</b>
Funding to meet costs of pay award	1,636
Indicative Inflation Allocation	3,520

System Support	5,500
<b><i>Increase in Adults Budget held Corporately</i></b>	<b>10,656</b>
<b><i>Less Removal of one-off investment</i></b>	<b>(2,690)</b>
<b><i>Total Investment</i></b>	<b>21,095</b>
Less Savings*	(9,386)
<b><i>Net increase in funding available</i></b>	<b>11,709</b>

\* Includes BOBL savings of £8.826m reduced by £5.5m of system support

## 7 Mainstreaming the costs of the New Care Models

- 7.1 Part of the work to transform how adult social care is delivered and improve integration with community services included the establishment of a number of new interventions called the 'new care models'. These contained a mix of additional social care provision that was proven to deliver better outcomes for residents and better value for money such as extra care schemes and reablement, commitment to fund multi disciplinary integrated neighbourhood teams, improved support to carers and improvements such as discharge to assess to more effectively support hospital discharge. Many of these were established using non-recurrent GM Transformation Funding, however, it was agreed as a partnership that costs could be incurred recurrently, for example by appointing permanent staff rather than fixed-term. It was expected that these costs would be covered in future years by "mainstreaming" the activities by reshaping services and resources to the new models of working, using the cashable benefits achieved and applying growth funding and system savings in other areas.
- 7.2 However, due to the financial regime within the NHS being focused on addressing the pandemic, the anticipated growth funding has not yet arrived and whilst there are some savings in other areas, this is only covering a very small proportion of the costs.
- 7.3 Progress has already been made in mainstreaming the new care models. The schemes which have had recurrent funding identified are:
- extra care expansion will continue to be part funded within existing ASC budget (£1.6m) and the Better Care Fund (£1.2m).
  - Reablement expansion (£2.4m) and complex reablement (£0.4m) will continue to be funded from existing ASC budget provision
- 7.4 The 2022/23 budget includes proposals to mainstream the following from the additional BCF funding of £900k:
- Integrated Neighbourhood Team Leads (£0.447m)
  - Integrated Neighbourhood Team Social Worker Team Managers (£0.511m), there are 12 INT Leads and it is proposed each partner will contribute 50% towards the total cost. The proposal is to use the uplift in the Improved Better Care Fund.



- 7.5 The two year funding for the original business case of £800k to provide additional support to carers is coming to an end. The revised pathway has been co-produced with the Carers Manchester VCS Network. It has been tested, refined and positively evaluated over a 2-year development programme period. The requirement for 22/23, pending ongoing discussions with the OM VCS Fund, is to use existing ASC budget released from no longer requiring consultancy fees, of £500k plus the unused 2020/21 funding allocation of £300k held in reserves.
- 7.6 The Discharge to Assess pilot is being expanded to 80 beds with a mix of nursing and residential provision; a strengthened community D2A team to co-ordinate flow and undertake assessments and an Enhanced Support Team providing training, tech support and expertise to D2A contracted care homes. The additional social care costs are estimated to be £1.535m. It is anticipated that these costs will be self funding from the reduction in demand by returning people home and avoiding costly care home placements
- 7.7 However the Costs associated with Health funding for Discharge to Access (£1.481m), the Crisis Response Team which provides in home emergency support to enable residents to stay in their own homes with wrap around support (£0.186m) and Manchester Case Management which manages complex medical cases for our most vulnerable residents (£0.285m) are subject to funding decisions once the Health financial planning guidance has been issued, and at this stage is not guaranteed. It is proposed that the costs are underwritten from the Integration Reserve. If the funding is not available then the services during the year to assess their ongoing value and will either need to cease or be met from a re-prioritisation of resources from other areas following the planned review of all the MLCO transformation programmes.

## **8 Client Contributions**

- 8.1 The budget position reported throughout this report refers to the net cost of care and shows the budget net of client contributions towards the cost of their care package. Client contributions to the cost of care have remained relatively stable and it has been assumed that they will remain in line with existing client numbers and contributions rates. Typically, the total client contributions amount to £21m per annum and on average represent only 13.55% of the total fees paid to providers. These figures are monitored throughout the year.
- 8.2 The client contribution assumptions are updated annually each year in line with the benefit increases.

## **9 Social Care Reforms**

- 9.1 At the Budget and Spending Review, the government has acknowledged its commitments to reform social care for the long term and announced £5.4 billion of additional funding to support the payment of a fair price to care providers for the cost of care and to introduce a cap on what people will need to pay for their care. This will be funded by the new £13bn a year Health and Social Care Levy. In

England this will introduce a cap of £86,000 for the cost that someone will pay towards their personal care, and expand the means tested support to people with less than £100,000 in relevant assets. At least £500 million from this package will fund investment in the skills, qualifications and wellbeing of the care workforce.

- 9.2 The 2022/23 Market Sustainability and Fair Cost of Care Fund is designed to ensure local authorities can prepare their care market for reform and move towards paying providers a fair cost of care, as appropriate to local circumstances. The Government expects local authorities will carry out activities including:
- conduct a cost of care exercise to determine the sustainable rates and identify how close they are to it;
  - engage with local providers to improve data on operational costs and number of self-funders to better understand the impact of reform on the local market;
  - strengthen capacity to plan for, and execute, greater market oversight and improved market management to ensure markets are well positioned to deliver on our reform ambitions; and
  - use this additional funding to genuinely increase fee rates, as appropriate to local circumstances.
- 9.3 A further £600m is available for distribution in 2023/24 and another £600m in 2024/25. This is conditional upon the conclusion of the cost of care exercise, a publication of a provisional 3-year market sustainability plan on how councils intend to move to a sustainable rate fee and a grant spending report. The distribution of the funding will be decided upon the completion of this work with the funding targeted to those areas with the biggest funding differentials. It is unclear at this stage whether the level of funding will be sufficient.
- 9.4 The Market Sustainability and Fair Cost of Care funding is only a small proportion of that which will be raised via the £13bn per year 'social care levy'. The table below shows the latest information available on how the £5.4bn allocated to Adults Social Care over the next 3 years will be utilised, of which £3.6bn will be directed through Local Government and £1.7bn for wider reform.

**Table 8 – Adult Social Care Reform Funding**

Adult Social Care Reform Funding								
<b>£5.4bn</b> over 3 years on adult social care reform								
<b>£3.6bn</b> over 3 years directly to local government for the cap, means test, and fair cost of care		<b>£1.7bn</b> over 3 years to improve wider social care system						
<b>£2.2bn</b> over 3 years for the cap and means test 22/23: £0m 23/24: £800m 24/25: £1.4bn	<b>£1.4bn</b> over 3 years for fair cost of care: 22/23: £162m 23/24: £600m 24/25: £600m	Funding commitments made in the <i>People at the Heart of Care</i> adult social care reform white paper:*						
		At least <b>£300m</b> to integrate housing	At least <b>£150m</b> for technology and digitisation	At least <b>£500m</b> for workforce training and qualifications	Up to <b>£25m</b> to support unpaid carers	<b>£30m</b> for innovation of support and care	At least <b>£5m</b> to help people understand care and support available	More than <b>£70m</b> to improve the delivery of care and support services

## 10 Commitment to Paying the Real Living Wage

10.1 MCC are a Real Living Wage (RLW) employer and have signed the Unison Adult Social Care charter. MCC are a significant provider of care, with a £28.6m budget for directly provided care. Additional investment has previously been provided to ensure that the home care and extra care providers can pay their workforce the RLW.

10.2 MCC are moving towards ensuring all care home providers can pay the full RLW and to understand the position across all of the care contracts.

10.3 The work to establish the fair cost of care, funded by the £1.8m grant will enable us to determine what a reasonable rate will be across social care providers and provide some additional funding for fee increases in 2022/23. The Council has already committed £5.7m for the uplift to the National Living Wage and the majority of the funding from DHSC of £1.8m will be used to fund the fee uplift this year.

10.4 By September the full position of the care market will be understood and the cost of moving to fully supporting payment of the RLW contracts across all social care markets will be known. Work will then start, including with social care providers to provide a costed implementation plan. It will then be delivered as soon as possible and form part of the 2023/24 budget process with a view to its full introduction by 1 April 2023 at the latest.

## 11 MFT Community Health Aligned Budgets 2022/23

- 11.1 Planning in the NHS is not yet complete, and final funding levels are not yet known, meaning the planning assumptions are subject to change. Table 9 below illustrates the latest draft version of the Community Health planning assumptions for the 2022/23 control total.

**Table 9 - Changes to the MFT Budget Contribution to the Aligned Budget**

	£'000
<b>2021/22 Control Total</b>	<b>104,167</b>
2021/22 Non Recurrent Income	-4,630
Decommissioning Intentions	-766
Long Covid Funding	690
Integrated (Stroke and Neuro) Specialist Community Rehabilitation Service	1,030
D2A Assessment Team	517
<b>2022/23 Control Total – Draft</b>	<b>101,008</b>

- 11.2 Additional funding has been confirmed to support Long Covid (2 years) and a new Integrated Stroke and Neuro Specialist Community Rehabilitation Service (recurrent). Manchester Foundation Trust is funding a Discharge to Assess (D2A) community assessment team (non-recurrently) in order to test the full benefits potential from the extended Discharge to Assess community bed pilot. Included in the control total is also £3m of Ageing Well at Home funding which was new in 2021/22 and assumed to be recurrent. This is supporting the delivery of a Crisis service across the city and a contribution to pro-active care, in line with the requirements associated with the funding.
- 11.3 The overall allocation of these resources will be reassessed with health partners once the NHS Finance Settlement has been received and NHS funding allocations are known, however it is expected that a significant savings programme of at least 3% will be required. A further update will be provided after the funding has been announced.

## 12 MLCO Transformation and Sustainability Programme

- 12.1 The MLCO is currently reviewing all of the programmes in the Transformation and Sustainability Programme. The scope of the current transformation portfolio is broad in that it includes short term change programmes focused on recovery of services following the pandemic (such as urgent care, end of life care pathways, district nursing and Allied Health Professional (AHP)), as well as longer term or multi-year programmes, such as Long Term Conditions, Neighbourhood working through the Integrated Neighbourhood Teams (INTs), IM&T and Better Outcomes Better Lives (BOBL).

- 12.2 The aim of the review is to ensure that all of the transformation programmes are delivering towards the strategic objectives of the MLCO and our partners, the Manchester locality plan and Our Manchester strategy, that they are properly resourced to deliver and most importantly that there are clear and agreed benefits that will be realised as a result of the work for residents, services and staff. The review is currently underway and expected to conclude by March 2022.
- 12.3 MLCO is undertaking a stock take of all of its community health services, originally planned to take place during 2021/22, but the rationale has been strengthened as a result of the pandemic. The aim is to build on the learning from the response of community services to the pandemic to ensure services are sustainable for the future within available financial resources and provide effective, efficient and consistent services to residents.
- 12.4 The outputs of the transformation portfolio review and the service stock take will inform the MLCO Transformation and Sustainability Plan that is planned to commence from April 2022. It should be noted that the Transformation and Sustainability Plan will build from the learning of the BOBL programme and will ensure the identification of interdependencies and opportunities for alignment with community health services across the work in ASC through BOBL and the wider priorities.

## **13 Conclusion**

- 13.1 Overall, the proposals outlined above allow a balanced budget for Adult Social Care to be set. There remain a number of challenges in relation to the delivery of savings from the BOBL programme and the mainstreaming of the New Care Models that have been developed through the joint working through the MLCO. The proposed reforms to Adult Social Care in the context of significant challenges over a number of years nationally, also present a significant set of considerations for the service as it works with the market to create a sustainable care system.
- 13.2 Further work will take place throughout 2022/23 to work with the MLCO, MFT and the new ICS to further develop the integration of Health and Social Care, with the hope that the NHS reforms and recovery from the pandemic will support longer term financial planning across the system.