



Appendix A4a Service Deficit Mitigation Report

Service Directorate:	Adult Social Care - Services
Deficit amount:	£2.99 million
Details of Deficit: (Problems/Key Issues/Background)	
<p>Total £2.99 million overspend is largely driven by:</p> <ul style="list-style-type: none"> • Circa 5% increase in care home placement demand (£1.5 million) for adults 65+; this is mainly from: <ul style="list-style-type: none"> - cost of living crisis impact on private funded service users depleting their own resources sooner than in the past - hospital discharge impact on placement numbers, • Rising costs of community care for complex cases within Learning Disability / Specialism areas, including Asperger's and Autism (£2.6 million), • Slow turnover in staffing, preventing delivery of vacancy drag (£320 thousand) • Unexpected historical Ordinary Residence potential significant claim that goes back before BCP was formed in 2019 where there has been limited awareness until recently and no budget provision has been made. 	
Mitigation already assumed: (Please include details of any mitigation used to bring it down to the level declared)	
<p>Service user contributions increased profile reflected and income from Health recoverable under contractual agreements (£75) – combined £1.474 million, bringing demand led overspend to reported level of £2.99 million.</p> <p>Further joint funding with Health and seeking continuing healthcare (CHC) eligibility is being explored, pending <u>potentially</u> handing over 1 extremely costly placement to health. It must be noted that the Integrated Care Board (ICB) has unilaterally changed their processes making this more difficult to secure.</p>	
Further Mitigation needed:	
<p>Service Heads – to conduct urgent reviews within areas of responsibility and introduce demand management control measures</p> <p>Enhanced recruitment monitoring ensuring statutory services recruitment only.</p> <p>Further service contribution re-alignment should quarter two provide positive result.</p>	

Conclusion:

More balanced approach is explored in quarter two with expectation to bring the overspend under better control.

Likelihood of success:

Demand led service exposed to continuous challenges not only from external environment (hospitals, community) but also accelerated internally (Children Services transitions into Adult Social Care).

Changes within Health may prove challenging and prevent generating income further beyond assumed levels. Under S75 additional income will be available only if cost of care continues its increasing trajectory.