REPORT TO: East Lothian Integration Joint Board

MEETING DATE: 19 December 2024

BY: Chief Officer

SUBJECT: Risk for Clinical and Social Work Services Arising from Current and Planned Budget Recovery Actions.

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1 PURPOSE

1.1 To present to the Integration Joint Board (IJB) the risk to adhering to Professional Standards associated with the current and planned programme of fiscal recovery actions, associated efficiencies and service reductions across East Lothian Health and Social Care Partnership, as assessed by professional leads for Social Work, Allied Health Professionals and Nursing and the Clinical Director.

2 RECOMMENDATIONS

2.1 The IJB is asked to:

2.1.1 Note the professional standards required to be upheld by the Health, Social Work and Social Care workforce are at risk.

2.1.2 Agree that the risks described demonstrate that financial savings to date have increased the stress on already vulnerable services and with the continued increase in demand on services together with the financial constraints may limit further efficiency within service delivery being achieved.

2.1.3 Agree that continued efforts will be made to ensure efficiency in service delivery, but that any further pressure on the HSC budget in order to deliver a balanced budget, may reduce the ability to achieve positive health and wellbeing outcomes for East Lothian residents.

2.1.4 Formally escalate these concerns to the IJB's Partners as part of the wider discussions on financial recovery plans with funding Partners.

3 BACKGROUND

3.1 In response to the financial pressures of current and projected budget overspends arising from various factors, East Lothian HSCP management team and service managers developed recovery plans for all services managed and hosted by ELHSCP. This has involved scrutiny of all aspects of budget spend across all services to deliver savings. To date, it has not been possible to deliver all savings plans whilst still delivering safe and effective services. As detailed through the paper the safety and wellbeing of service users, patients and their carers remains of paramount importance.

3.2 The IJB has been involved in discussions and agreed on planned transformational work, reduction in building utilisation, closure of facilities and changes to service delivery to try to establish a stable financial position.

3.3 All changes to policy and services underwent Integrated impact assessments and the impact of the decisions are being reviewed through the IIA process. This process will help to alleviate the risk associated with the planned actions.

3.4 Workshops for the IJB have considered financial pressures in-year and those that are likely to arise in 2025-26 and considered the efficiency plans and potential impacts of the actions on the IJB Strategic Plan. In addition, a formal meeting of the IJB has agreed allocation of its financial reserves to assist in moving towards a balanced budget.

3.5 To assist in forward budget planning, the intention is to provide the IJB with a five-year financial plan at its 19th December 2024 meeting.

3.6 As well as financial risks, there are risks that some changes to service delivery will have a detrimental impact on service quality, performance, and result in a poorer experience of patients, service users and carers who depend on these services. The impact could be long term and irreversible.

3.7 No one service works in isolation thus changes in one aspect of provision will impact on another service and therefore it is imperative to keep this holistic view of the changes in service delivery and how it impacts across all areas both in the short medium and long term.

3.8 With regards to Health staff, it needs to be noted that the requirement to deliver a Reduced Working Week (as part of the Scottish Government 2023 pay deal for NHS staff under the Agenda for Change Conditions of Employment agreement) for all staff, is already putting a significant strain on the delivery of front line services.

3.9 The impact of the financial recovery program is detailed in Appendix 1 and have further contributed to the pressures faced by all Health and Social Care Services in relation to population growth coupled with a crisis in recruitment and retention within the sector.

3.10 The HSCP professional leads for Social Work, AHPs, Nursing and the Clinical Director have reflected on the current and likely impact of efficiencies programmes on their colleagues and the services they deliver. The specific concerns articulated by these colleagues are set out below.

3.11 **Social Work**

3.11.1 The Scottish Social Services 'Codes of Practice' set out the standards of practice and behaviour expected of everyone who works in social services in Scotland. As part of their professional registration, all social workers are required to work to these standards and continued registration requires evidence they are being followed. The codes also detail standards expected of employers of social service workers in Scotland.

3.11.2 Section 5.1 sets a requirement for workers to "Meet relevant standards of practice and work in a lawful, safe and effective way." Section 3.3 of the code obliges social service workers to "Tell employers, or the relevant authority, about resourcing or operational matters that might get in the way of providing care or support".

3.11.3 Social Work recognises their responsibilities in supporting delivery of a balanced IJB budget. In the past year they have taken significant actions to secure the financial position and provide sustainable services, through:

- Reducing the number of care home placements, by improved scrutiny of referrals and ensuring we are delivering on 'right care in the right place'.
- Reviewing all care packages to ensure only required services are in place. We have seen a reduction in Care at Home hours as we move more people onto other supports and have in place a Care at Home Huddle and Resource panel to support the allocation of this limited resource.
- Maximising independence and ensuring 'just enough' support is offered.
- Reviewing skill mix across the Social Work staffing establishment. Whilst ensuring we have sufficient staff able to act as 'Council Officers' and MHO's.
- Tightening 'grip and control' across budgets through a robust resource panel which scrutinises every care package request before approving or declining,
- Establishment of a financial compliance meeting to take prompt action if people haven't returned documentation needed to assess their financial contribution for chargeable care.

- Establishment of an ‘Ordinary Residence’ panel that scrutinises every transfer of care from other local authorities and ensure care is moved on where appropriate.

- A debt management meeting to promptly deal with any debt being accrued.

3.11.4 Within both the Social Work Governance and their Workforce Group, concerns are being raised by professionals about the impact of seeking to make further savings and efficiencies on the services of the people they support. Further reductions to care services, will see already stretched services unable to deliver.

3.11.5 The number of Council owned care beds has reduced by over 100 since 2017. This has resulted in reduction in the availability of social work funded beds. This creates disparity as there are fewer placements available for people who do not have sufficient funds to self-fund their care. This results in longer waits for hospital for a local authority care home placements and people having to remain at home with care that is not sufficient to meet their needs, for longer.

3.11.6 The legislative framework Social Workers are required to work to and Code of Practice they must follow is being challenged and cannot be delivered if further reductions in staffing levels and services are made It is a statutory requirement to monitor and supervise private guardianships – currently, 172 remain outstanding for review and there is no capacity to do this work. There are 63 outstanding cases to be reviewed where the Guardianship is managed by the Local Authority.

3.11.7 The focus must be on supporting the well-being and independence of individuals and carers living in East Lothian whilst protecting them and the community in which they live as far as possible from harm. The current financial climate where, the bare minimum of support is offered – a ‘life and limb’ approach, risks affecting the delivery of safe, person-centred, asset-based support. Additionally, it is the long-term impact of services being delivered in this way that is hard to quantify but will have significant impact and consequently cost more in the future rather than less.

3.11.8 Social workers are trained to maximise independence, assess need and protect Adults at risk of harm through support and implementation of legislative frameworks. To do this they must uphold public trust. Current and further reductions will:

- Compromise the delivery of the HSCPs and East Lothian Council’s statutory requirements and ability of social care staff to practice and work in a lawful way in line with their Codes of Practice.

- Compromise the safety of practitioners when key posts that support delivery of safe and effective social work and public protection operational posts are not filled.

- Reduce the HSCP's ability to keep adults at risk of harm safe, protected and supported.

- Place an increased and imbalanced focus on crisis intervention work only,

- Significantly reducing preventative work that addresses risks proactively, allowing corrective action to keep individuals safe and to promote positive outcomes and reduce overall cost of social work delivery.

- Potentially increase the use of interventions under Mental Health and Adult Support and Protection legislation as risks escalate which is not in keeping with 'least restrictive' principles social workers should be following.

- Potentially lead to some private guardians misusing their power or failing to seek authorisation for actions that are out with the principles of Adults with Incapacity legislation, if they do not receive oversight or management.

- Cause delays and a reduction in the quality of social work interventions, with a resulting impact on staff morale.

3.12 **Allied Health Professionals (AHPs)**

3.12.1 The Health and Care Professions Council (HCPC) outlines the standards expected for all AHPs to abide to through the Standards of Conduct, Performance and Ethics. There are additional profession specific standards of proficiency for each of the regulated specialities. AHPs must be able to evidence their ability to work to these standards on an ongoing basis as part of the renewal process.

3.12.2 Section 7.1 of the Standards of conduct, performance and ethics notes registrants must report any concerns about the safety or wellbeing of service users promptly and appropriately whilst section 7.4 states You must make sure that the safety and wellbeing of service users always comes before any professional or other loyalties.

3.12.3 Many AHPs are also members of their profession specific professional bodies including the Chartered Society of Physiotherapy (CSP) and Royal College of Occupational Therapy (RCOT). Both bodies set out additional levels of professional values and behaviours expected.

3.12.4 The CSP published code of Members Professional Values and Behaviours (2019) states under section 3.1.2 members must Advocate for individuals' quality of care and safety and raise concerns if there is a risk of individuals' care being compromised. The CSP note members have a responsibility to raise concerns and report other people or organisations where a situation has caused harm or distress or is likely to result in harm or distress if it continues. This includes the following

example: Your employer – if you believe patient safety or the standard of care is being compromised.

3.12.5 The RCOT publish the Professional standards for occupational therapy practice, conduct and ethics which note under section 3.1.6.8 When you consider that wellbeing, safety and care standards are not being met, you raise your concerns with an appropriate person and 3.2.1.9 You know, and act on, your responsibility to protect and safeguard the interests of vulnerable people with whom you have contact in your work role.

3.12.6 Community Occupational Therapy (ELC) services are covered by numerous statutory legislations including the Social Work Scotland 1968 Act (section 12A), Disabled Persons Act 1986, Housing Scotland Act 2006 & 2009, Chronically Sick and Disabled Persons Act 1970 – these also note the legislation background for the assessment and provision of adaptions for people with disabilities.

3.12.7 East Lothian Rehabilitation Service (ELRS) AHP's acknowledge the collective need for financial grip and control across all aspects of the service and professional groups in order to support the balancing of the ELHSCP financial budgets. Significant savings and efficiencies have already been delivered through the following:

- Large scale review of community and maintainable equipment provision which is increasing efficiencies within internal processes and working towards releasing financial savings.
- External handrails and key safes are no longer provided as standard.
- Additional senior level scrutiny in place for any requests for major adaptations and large maintainable equipment through the Equipment and Adaptations Panel.
- Monthly and quarterly scrutiny of community equipment orders.
- 4.0 WTE Physiotherapy posts permanently removed and 4.2 WTE Community Occupational Therapy posts remain vacant at present.
- A significant number of vacant posts have also been paused in the current financial year, with non-recruitment to vacant maternity leave positions.
- Removal of financial contribution to Enjoy Leisure for Exercise Pathway.
- Significant reduction in non-pay service spends.
- In addition, the Community Occupational Therapy Service has completed a waiting lists review to ensure referrals are appropriate, reduce duplication and bottlenecks within the system.
- Further service re-design and development continue to be considered.

3.12.8 While further efficiencies are necessary, the impacts of any additional service restrictions pose significant risk to safe and effective AHP service delivery for service users across East Lothian.

3.12.9 Service risks identified by the AHP Lead for East Lothian include:

- Significantly extended waiting times for urgent and routine Physiotherapy and Occupational Therapy (NHS and ELC) assessment and intervention.

- New non-compliance with Scottish Government (SG) Urgent MSK Waiting Time Governance KPI – 13.3% of patients now not being seen within 2 weeks. Additionally, the Community Physiotherapy service is now breaching the SG 12-week target. Further reduction in Physiotherapy staffing will worsen these gaps, causing broader KPI breaches across all Physiotherapy service. This will have a detrimental impact on patient care and long-term outcomes.

- Corresponding pressure on Primary Care with increased GP consultations and potentially higher prescribing costs, as a direct result of slower access to therapy input.

- Poorer system flow, higher length of stay and bed occupancy both in acute and downstream ELCH beds.

- Inability to respond to Prevention of Admission requests from GP's, potentially increasing avoidable attendances at A&E.

- Negative impact on intensity and frequency of rehabilitation interventions provided which may affect long terms service user outcomes (e.g. the stroke pathway).

- Delay in providing early interventions.

- Delay in progressing major adaptations to property which support people to remain at home with or without support and personal independence, thereby preventing admission to hospital or long-term care. Private Sector Housing Grant (PSHG) funding constraints in 2023/24 created a waiting list of those waiting for an adaptation. It is anticipated this funding stream will reduce in 2025/26. Paused Occupational Therapy (ELC) recruitment has resulted in insufficient staffing and therefore the ability to support this workstream effectively.

3.13 **Nursing**

3.13.1 The Nursing and Midwifery Council (NMC) is the regulator for nursing and midwifery professions in the UK, maintaining a register of all nurses within the UK. The purpose of the Council is to 'promote and uphold the highest professional standard in nursing and midwifery to protect the

public and inspire confidence in the professions '. This is done through the NMC Code which is structured around 4 themes: prioritise people, practise effectively, preserve safety and promote professionalism and trust.

3.13.2 Employers have a duty to support staff in upholding the standards in their professional code as part of providing the quality and safety expected by service users and regulators.

3.13.3 The standard of care provided is monitored through organisations such as Health Improvement Scotland, Care Inspectorate and the Mental Welfare Commission. They set very clear guidelines around the assurance that is required around the provision of both person centred and safe care.

3.13.4 The Health & Care (Staffing)(Scotland) Act 2019 includes a 'Duty to Ensure Appropriate staffing'. This states that every Health Board and Agency has a duty to ensure that at all times suitably qualified and competent individuals, from such a range of professional disciplines as necessary are working in such numbers as are appropriate for: 'the health, wellbeing and safety of patients, the provision of safe and high quality health care and in so far as it affects either of these matters, the wellbeing of staff.'

3.13.5 The reduced working week to 36 hours over the next 3 years (as part of the Scottish Government 2023 pay deal under the Agenda for Change Conditions of Employment agreement) will significantly impact the nursing teams, leading to an overall accumulative reduction in nursing hours. In addition, there will be the requirement to provide protected learning time for all nurses.

3.13.6 Nursing within East Lothian spans many specialities, covering an age range of a few weeks up to 90+ years and providing direct care, long-term condition management, health promotion and supporting child and adult protection. East Lothian's nurses work in many settings, often working in partnership with other professions to plan and deliver high quality care through the following teams:

- School Nursing,
- Health Visiting and preschool immunisation,
- Inpatient wards,
- Outpatients and endoscopy,
- Mental Health and Learning Disability,
- District Nursing,
- Palliative Care Team,
- Hospital at Home,
- Hospital to Home,

- Care Home Team,
- CTAC,
- Immunisation,
- CWIC,
- Inpatient Nurse Practitioners,
- ICAT.

3.13.7 As part of the delivering efficiencies, all services within nursing have been reviewed and some changes made through remodelling of service provision. Ongoing quality improvement planning is looking at how nursing can more effectively deliver person centred care collaboratively with other professional colleagues, ensuring that our services are as efficient as they can be and that changes do not adversely impact on other services. However, staffing levels need to be maintained to deliver this service and there are concerns within the profession that any further reduction in nursing provision will directly impact on the care that the teams are able to provide.

3.13.8 As an example, District Nursing is a service that does not operate a waiting list system as it must be responsive to urgent changing care needs for issues such as the administration of end-of-life medication. The current pressures mean that the team are regularly assessing what are essential visits for that day. Reducing this service further would impact on the quality of care and experience, potentially increasing admissions to hospital, increasing delays in discharge and requiring the transfer of care to other teams.

3.14 **Medical and Wider Clinical Services**

3.14.1 The General Medical Council guidance, Good Medical Practice 2024, states, ‘If patients are at risk because of inadequate premises, equipment or other resources, policies, or systems, you should first protect patients and put the matter right if that’s possible. Then you must raise your concern in line with your workplace policy and our more detailed guidance on Raising and acting on concerns about patient safety.’

3.14.2 Medical and wider clinical teams include adult and older peoples’ psychiatry and mental health, substance use, medicine for the elderly, hospital at home, CWIC, primary care and general practice. These teams work in partnership with all HSCP managed and community-based services to meet the specific needs of a diverse and growing population in the urban and rural communities they serve across East Lothian, some who experience health inequalities.

3.14.3 As with all HSC services, clinical services have already been stretched by difficulty in recruitment (especially in general psychiatry), recovery from the coronavirus pandemic, ageing and growing populations (without corresponding increased funding of workforce and premises), a progressive shift of clinical care into community settings, increased requests for primary care teams to do clinical work on behalf of secondary care clinicians,

3.14.4 Delays in funding and implementation of the 2018 GMS (General Practice) contract, and many years of cumulative prescribing efficiencies that have already addressed the more easily achievable savings.

3.14.5 Doctors and other clinicians are at increased risk of burnout and moral injury due to: repeatedly having to explain and justify long waiting lists; repeated presentations of people with uncontrolled symptoms; prescribing more drugs to control symptoms that would not previously have been necessary; repeated requests to expedite appointments because conditions are deteriorating; carrying the stress of difficult decisions around the urgency of making, assessing and triaging referrals; and managing people who are experiencing physical and emotional distress while waiting to be seen. There are lengthening waiting lists for assessment of ADHD, autism, dementia assessment, routine psychiatric reviews leading.

3.14.6 Clinicians are constantly dealing with crisis situations and urgent care needs that they are struggling to make the time to develop systems of care and maximise efficiencies.

3.14.7 Reduced levels of care at home provision and reduced continuity of carers means that more requests are made to community teams (district nurses, community psychiatric nurses, mental health teams, GPs, etc) for reviews and visits that might not have previously been needed with a regular, known carer.

3.14.8 Double presentation of people to GPs and other primary care services while waiting to see other practitioners (e.g. mental health teams, MSK physio, etc)

3.14.9 GPs are less able to provide the relational continuity of care and generalist leadership that creates further efficiencies (evidence demonstrates that relational continuity of care by general practitioners reduces morbidity, mortality, prescribing costs, unnecessary admissions, health inequalities, clinician ‘burnout’ and workload; and improves safety, quality of care, early disclosure of symptoms, adherence to treatment plans, engagement with preventative healthcare and patient experience)

3.14.10 In meetings across all the specialisms described above, colleagues are regularly reporting that services are stretched to a degree that has never previously been experienced. Many are considering strategies to change profession, leave the country to work abroad or retire early (regardless of financial penalties) Particular difficulty recruiting to consultant psychiatry posts (and thus having to prioritise

care for only the most seriously unwell people, inpatients and those subject to the Mental Health Act)

3.14.11 Reduced capacity across all teams (especially mental health and substance use) to efficiently and effectively engage with significant adverse event reviews. This impacts on governance, assurance, and learning from such events, reduces the efficiency of processes and ties up senior clinician and management time.

3.15 Internal Care at Home Service

3.15.1 Our Care at Home services are regulated by the Care Inspectorate, which conducts inspections based on Scotland's Health and Social Care Standards. The demand for these services are exceptionally high, placing significant pressure on care staff to complete all assigned visits. As we support an increasing number of individuals with complex needs at home, the role requires staff to be highly skilled and experienced.

3.15.2 This growing demand is contributing to increased levels of staff sickness absence and turnover. Allocated time for visits are often insufficient to fully meet individuals' outcomes, particularly for those with complex needs. The combined pressures of delivering care and covering staff absences make it challenging to provide a flexible service that can adapt to individuals changing needs and risks, which is essential to maintaining individuals safely at home preventing hospital admissions.

3.15.3 Releasing staff to undertake essential and mandatory training is challenging, and opportunities for further learning and development is difficult, posing a risk to the quality and safety of services.

3.15.4 Additionally, the service is currently operating with a budget pressure of £400,000 and the partnership faces the challenge of balancing the risk of service delivery failures with the need to maintain a balanced budget.

4 ENGAGEMENT

4.1 All professional leads have been consulted with in the development of this paper and statutory papers have been considered to inform the opinions within the paper.

5 POLICY IMPLICATIONS

5.1 There are no specific policy implications from this paper. Policy considerations may arise from the service changes described within.

6 INTEGRATED IMPACT ASSESSMENT

6.1 A number of IIA's have been completed in relation to the Financial Recovery Programme and these are under review so the impact and risk identified can be managed.

7 DIRECTIONS

7.1 Directions will be impacted as a result of the budget recovery actions being taken. Any changes in the delivery of the directions will be reported to the IJB and incorporated into the IJB's strategic plan.

8 RESOURCE IMPLICATIONS

8.1 Financial – none.

8.2 Personnel – none.

8.3 Other – none.

9 BACKGROUND PAPERS

9.1 None.

Appendix 1: Impact of Financial Recovery Programme 2024-2025

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Appendix 1 – Impact of Financial Recovery Programme 2024/25

Background

The narrative below relates to the impact to date (at November 2024) of individual elements of the programme of financial recovery activity agreed by East Lothian IJB at its March 2024 meeting.

It should be noted that implementation of recovery activities are still relatively recent, and in some cases measures have only been partly implemented as yet, meaning that only the initial impact is evident, and that additional impact may be witnessed in the longer term.

Closure of Care Home Beds (The Abbey and Blossom House) – Target: £727k and £362k respectively

Both The Abbey and Blossom House (Belhaven) were closed to admissions following the IJB decision in March 2024 and existing residents were matched to alternative care home placements and moves to new placements were completed by the end of August.

Previous provisioning work had identified that, even with these closures, there would still be sufficient care home beds across private and local authority care homes to meet need. While this remains the case in terms of overall bed numbers, the reduction in Council owned beds has had an impact as there are now fewer care home placements available to people who are not self-funding, resulting in longer waits in either hospital or the community for these individuals.

The savings targets related to these closures have not yet been achieved. This is in part due to the process of closing the homes taking longer than anticipated and in part a result of costs associated with the closures. The full financial saving will be delivered in 2025/26.

Closure of Inpatient Hospital Beds (Edington and Belhaven Hospitals) – Target: £834k and £1,064k respectively

Belhaven hospital beds were effectively closed from 2022 when existing inpatients were transferred to East Lothian Community Hospital (ELCH) due to building issues. Any impact of removing the beds had already been absorbed by the time the IJB made its decision to permanently close Belhaven.

Edington Hospital beds were moved to ELCH in 2021 due to workforce issues, before being closed from March 2024 following the IJB decision. Although there was a rise in hospital delays around this time, removing the Edington beds was just one of the contributing factors and had only a temporary impact (other factors included care homes being closed to admissions due to Large Scale Investigations at the start of 2024/25).

The full financial saving anticipated will not been achieved in 2024/25 but will be delivered in 2025/26.

Homecare (Internal Care at Home) - £492k

Further measures have been introduced in the current year to support close monitoring and management of care at home resources. Currently, a daily Care a Home Huddle meets to review all new and existing care at home requests, in order to manage demand and risk. A Resource Panel has also been established to scrutinise each care package request before approval. As a result of these

measures, we have managed to maintain a steady position in terms of levels of unmet assessed need in East Lothian (people assessed as needing a care package that has not yet been fulfilled). However, despite this robust management of resources, ongoing service pressures have meant that we will not be able to deliver the anticipated savings for 2024/25.

Reduced Third Sector Funding - £51k

Feedback from third sector organisations identified a number of adverse impacts resulting from reductions to their funding in the current year. For some organisations this has included a decrease in capacity, leading to growing waiting lists, and in at least one instance, the temporary closure of a waiting list to new referrals.

Reduced capacity within the third sector can put additional pressure on statutory services in a number of respects, including limiting opportunities for statutory services to refer people onto third sector provision as an alternative to, or to complement, more formal support. In addition, services provided by the third sector often focus on early intervention / prevention, and reductions in this type of provision may contribute to more people presenting to statutory services with higher levels of need that could have been prevented or managed effectively.

Currently, evidence of impact on statutory services is largely anecdotal, as it is difficult to make direct inference from the relatively short term data available at present. However, some of the increase in waiting lists / times for statutory mental health services is likely to be due to reduced capacity in third sector mental health services.

A further consequence of reductions to funding noted by organisations is that this can be more challenging to secure additional, match funding from other sources where grant funding is stopped or reduced. A number of organisations has also been impacted by funding reductions in neighbouring HSCPs where they receive funding to provide a service in more than one local authority area.

The full saving has been delivered in 2024/25.

Care Home (Reduction in Admissions) – Target £700k

The Care Home 'Home First' project has delivered a reduction in the number of care home placements over the year by improved scrutiny of referrals to ensure people are only admitted to care homes if their care and support needs cannot be met at home.

We are on target to deliver the full financial saving anticipated this year.

Prescribing (Polypharmacy) Savings - £900k

The financial savings related to prescribing (polypharmacy) is on target to be delivered in full during 2024/25. These have been achieved through the implementation of good practice / evidence based changes and no adverse impact has been identified.

Learning Disability Commissioning - £928k

At the end of October, the Learning Disability Service had completed 210 out of 350 client reviews. Of these reviews, 153 were annual reviews and led to a net recovery of £30k. The remaining reviews were 'allocated cases', necessitated by a change in clients' needs and resulted in a net increase cost of £650k.

Annual reviews carried out are based on 'critical and substantial' criteria, however, as the service is already working to that level of provision, there is limited opportunity to make reductions to packages of care, and in some cases, increases have been needed to safely meet people's needs.

In relation to 'allocated cases', increases in care packages are in part due to people's care needs often increasing as they grow older, and / or parents age and are less able to provide care, in some cases leading to clients leaving the family home and requiring higher levels of care within a supported tenancy.

Intensive Housing Management - £300k

This activity relates to applying for external funding and has no adverse impact on service users. Work in relation to this is ongoing, with six applications made and a further 25 forms completed and awaiting submission by Council colleagues. Delay in submission has reduced the financial offset to date.

Workforce Vacancy Panel

A weekly Vacancy Panel now meets to review all requests for new and replacement posts. This has led to some non-essential posts not being filled in order to deliver savings. Services have suggested that this has placed additional pressure on teams, and in some cases has led to increased waiting times for services. However, there are also issues with staffing levels as a result of services being unable to recruit to vacancies that have been approved by the Panel.

Services will continue to monitor the impact of unfilled posts in terms of service delivery, with further review of these posts via the Vacancy Panel being caried out as required.