

14th March 2022

Agenda Item: 4

**REPORT OF THE CORPORATE DIRECTOR, ADULT SOCIAL CARE AND
HEALTH**

**ADULT SOCIAL CARE PERFORMANCE AND FINANCIAL POSITION UPDATE
FOR QUARTER 3 2021/22**

Purpose of the Report

1. To provide an update on the financial position of Adult Social Care and Public Health at the end of December 2021.
2. To provide Committee with a summary of performance for Adult Social Care for quarter 3, 1 October to 31 December 2021.
3. The Council's Planning and Performance Framework establishes the approach that the Council takes to planning and managing performance to deliver effective and responsive services to the people it supports and their carers.
4. This report provides a summary of the department's financial position at the end of quarter 3 2021/22 and an overview of the adult social care performance measures that fall within the responsibility of the Adult Social Care and Public Health Committee.

Current Financial Position

5. As at the end of December 2021, the Adult Social Care and Public Health Department is forecasting to underspend by £1.01m after reserve movements.

Department	Annual Budget £ 000	Actual to Period 9 £ 000	Year-End Forecast £ 000	Latest Forecast Variance £ 000
<u>ASCH Committee</u>				
Strategic Commissioning and Integration	(32,779)	(61,551)	(33,720)	(941)
Living Well and Direct Services	128,961	102,606	129,202	241
Ageing Well and Maximising Independence	122,327	91,976	121,270	(1,057)
Public Health	631	(3,330)	(538)	(1,169)
Forecast prior to use of reserves	219,140	129,700	216,214	(2,926)
Transfer to / (from) reserves (SCI)	(4,379)	(34)	(3,636)	743
Transfer to / (from) reserves (Living Well)	-	-	-	-
Transfer to / (from) reserves (Ageing Well)	-	-	-	-

Department	Annual Budget	Actual to Period 9	Year-End Forecast	Latest Forecast Variance
Transfer to / (from) reserves (Public Health)	(631)	(35)	538	1,169
Subtotal	(5,010)	(69)	(3,098)	1,912
Net Department Total	214,130	129,631	213,117	(1,013)

6. This forecast takes account of the budget realignment that happened in period 4 which resulted in £5.0m being removed from the Adult Social Care and Public Health budget as a result of the continuing effects of Covid; £3.0m from Ageing Well community care; £1.0m from Maximising Independence Service staffing; and £1.0m from Day Service staffing.
7. The forecast underspend is primarily due to reduced spend on Ageing Well care packages, because of: people delaying coming to social care when Covid infection levels were high who are now seeking support; temporary national Discharge to Assess Funding; additional client contributions and income received. Underspends are also forecast on staffing across the department due to staff turnover, recruitment, and retention challenges.
8. The trend of the Ageing Well budget spend in quarter 4 is now increasing as the Department is working with more people again. There is higher use of short-term residential care as an interim solution to support people while they wait for homecare.
9. Public Health has an increased underspend of £1.17m at Period 9, due to costs being picked up by Covid funding and slippage of projects into future years due to delays linked to Covid, which are shown as reserve movements. The main underspends are on Health Checks, Sexual Health and Corporate staff pay and non-pay. These are all due to staffing working on Covid agendas and lower service take ups due to Covid.
10. The forecast includes a net use of reserves of £3.10m. There is an anticipated contribution to reserves of £0.54m for Public Health, a net use of reserves of £3.59m for Section 256 and £0.54m Pooled Budget reserves and a net contribution to reserves of £0.49 for Carers.

Service Improvement

11. In the 2021/22 financial year, the department had an agreed net savings target of £4.51m. £1.58m has already been delivered with a further £0.20m expected to be delivered during this financial year. As a result of the ongoing response to the pandemic, the delivery of the remaining £2.73m of these savings is expected to slip into 2022/23 and 2023/24.

Summary of Quarter 3 2021/22 Performance

12. Performance for quarter 3 for 2021/22 is attached at **Appendix A** and a summary of the highlights, areas for improvement and issues impacting on performance are contained within the body of this report.
13. Due to the impact of the Omicron variant, the wider health and care system in Nottinghamshire moved back into an emergency and crisis management footing in early December, with the Local Resilience Forum declaring a major incident. Health and care services were under severe pressure during this period. This had begun to ease by the end of January and the system is now seeing reduced Covid 19 outbreaks and staffing levels are slowly improving. The Local Resilience Forum has recently stood down the critical incident and as a Department, Adult Social Care has also stood down its emergency

response, however, significant pressures remain, with workforce shortages still being experienced across the health and care system. This is affecting all independent sector frontline care services, and commissioners are projecting no increased capacity for the next six months within home care or within supported living due to workforce shortages. This is despite all the mitigations in place. The Department is also continuing to face challenges recruiting and retaining Social Workers, Community Care Officers and Occupational Therapists. This means that people are waiting longer for services.

14. The operational teams are managing these pressures daily through prioritisation, capacity, and flow meetings. The Department of Health has issued a national Ethical Framework for Social Care which provides guidance on making strategic and individual casework decisions. The Department's Principal Social Worker has supported the development of a local checklist to aid staff in making and recording tough decisions. Because we had a surge of referrals halfway through the year, the teams all have recovery plans in place to work through the list of people who are a lower priority and are currently waiting for Care Act, Occupational Therapy, or Safeguarding Assessments and Reviews.
15. As reported at the end of quarter 2, recruitment to temporary posts that had been established to add capacity within the workforce continued to be challenging. Due to the short timeframe left it is not anticipated that all posts will now be filled. However, through a combination of dedicated campaigns and work with the Council's approved suppliers of temporary staff it has been possible to recruit an additional 24 Social Workers, 7 Occupational Therapists, 4 Community Care Officers and 27 Service Advisers to help deliver the recovery plans.
16. Staff sickness absence rates have increased considerably within the last 12 months, with an average 21.48 days of sickness per 1 FTE of staff a year compared with 14.46 days in February 2021. This is partly due to Covid and other illnesses, but stress is also one of the top three main reasons for absences. In response to this, the workforce wellbeing plan has a number of actions that include developing a trauma informed approach to support social care staff, along with regular pulse surveys, measured communication, and engagement.
17. The County Council provides some internally run services, for example, reablement services, day centres and overnight short break respite care. Most services, however, are purchased from external care providers. Many external providers of home-based care supported living accommodation and residential care homes are also continuing to face significant challenges due to combinations of workforce shortages, quality issues and financial stability. The difficulty in purchasing the appropriate services to support a person can result in a delay to their hospital discharge date and to the reablement and enablement support available to them. This in turn increases the costs for the delivery of adult social care as alternative, less suitable services may be required for a longer period. A number of initiatives have been introduced to meet these challenges including:
 - targeting the use of the Adult Social Care workforce fund to support recruitment, retention and increase capacity during the Winter period
 - recruitment campaign for 'Working in Social Care' which commenced in early January 2022
 - the mobilisation of existing Council employees who can be deployed to work in an external residential or home care if required
 - an increased level of engagement and regular communication with providers

- twice weekly meetings across a task force group made up of health and social care officers and external providers in Nottinghamshire
- working with providers to ensure that they have business continuity plans in place and that these are being deployed.

Promoting Independence Workers

18. Promoting Independence Workers are part of the Department's Maximising Independence Service. They work with people to develop their independence, for example, enabling people to use public transport and to access local community activities and services. Local lockdowns and measures to reduce infection transmission affected the ability of the team to do their work. As more community services are opening and more people are becoming more confident about going out again, the work is recovering. In April 2021, the team supported 18 people, and this has grown to an average of 33 people each month who are now being supported to achieve their personal independence goals.

Visit from the Chief Social Worker, Lyn Romeo

19. On 11 January the Department received a visit from Lyn Romeo, Chief Social Worker. This was an excellent opportunity for social care staff, as well as some of the members of our co-production group who are carers, to ask questions regarding some of the current issues facing adult social care. It also provided an opportunity for staff to share examples of strengths-based social care practice with Lyn. Some of the examples staff provided of how they had been working in a strengths-based way are shown below:

Lisa works with vulnerable adults. Lisa used a strengths-based approach when she was working with one family. Lisa's intervention was prompted by a relative raising concerns about a family member's ability to care for her father. The daughter had limited additional support and the home was in a poor condition. The whole family had a poor view of social care and had previously declined offers of support. Lisa spent time getting to know the family in a way she describes as 70% listening and 30% doing. This helped Lisa to build a positive relationship with the family. Lisa realised that one particular cause of distress was the lack of a washing machine to be able to wash the father's clothes as frequently as was required. As a first step, Lisa was able to put in place a one-off purchase of a washing machine. This built trust with the father and helped the daughter by freeing up time for her to think about what she wanted out of life. Lisa says listening was a vital part of establishing this trusted relationship with a family that had previously been labelled 'hard to reach'.

Jessica provided an example of an individual she supported who was referred by the East Midlands Ambulance Service after a series of falls. Jessica was able to provide practical support through involving the team's Occupational Therapist who provided equipment such as a bath lift, a long-handled sponge, a leg lifter, and a cream applicator. Through spending time listening to what was important for the person Jessica discovered the person and their partner had a very limited income much of which was being spent on purchasing continence products. Jessica asked the district nurse for a reassessment of support and in the meantime used a small amount of funding to provide some continence products. Jessica also used a whole family approach, considering the carers needs as well as the persons and found a lot of difficulties for the partner came from having to remind the other to do personal care tasks. Jessica provided a memory bell which helped reduce some of the need to remind the partner and helped to support their relationship. Jessica felt that previously the team may not have worked in such a strengths-based way or addressed the couple's support needs in such a holistic way.

20. Carers who are members of the Department's Co-production Group, Our Voice, also spoke with Lyn Romeo about their experience of co-production.

Alyson, a parent carer and advocate for her adult son, shared her experience of co-production. She explained that to her co-production is helping to overcome the 'unproductive environment' of 'mistrust' from people with a disability and carers 'towards staff and from staff'. Through the 'Making it Happen' co-production group, Alison said she has been provided with an insight into the innovation sites and was positive about their work in consulting people and carers in service plans.

Marion has been a carer for the last 17 years. She believes the Better Together strategy can effectively tackle issues around communication, including barriers imposed by inaccessible language. The group feels there is a 'true commitment' to change which will be long-lasting and impactful. Marianne identified the development of the Carers Space and Carers Strategy as proof of a long-term commitment to co-production. She appreciates this not being a tokenistic gesture but instead a process that is always evolving and looking to improve. Within a short time of working co-productively she feels a lot has been achieved through the support of an enthusiastic Senior Leadership Team and innovation leads.

Mental Health Services

21. We are starting to see the benefits of the development of the 24/7 Approved Mental Health Practitioner (AMPH) service regarding a reduction in the amount of time people spend in hospital or custody, better joint working with partner organisations, improved oversight of support and a single team point of contact.
22. Analysis of data between 2019/20 and 2020/21 shows that since the implementation of the 24/7 model, there has been a:
- 5% improvement in the timeliness of assessments - reducing time spent in 136 suites, custody, or A&E overnight

- 6% decrease in assessments through more effective triage
- 15% increase in the use of informal admission as a less restrictive option to compulsory detention.

23. Work has also been undertaken to develop a Principal Approved Mental Health Practitioner role, as recommended by the national AMHP Leads Network and supported by the Association of Directors of Adult Social Services. The post is currently being recruited to and will ensure that the practice of the Approved Mental Health Practitioner team is of an excellent standard and is compliant with legislation and practice guidance.

Other Options Considered

24. Due to the nature of the report no other options have been considered.

Reasons for Recommendations

25. This report is provided as part of the Committee's constitutional requirement to consider performance of areas within its terms of reference on a quarterly basis.

Statutory and Policy Implications

26. This report has been compiled after consideration of implications in respect of crime and disorder, data protection and information governance finance, human resources, human rights, the NHS Constitution (public health services), the public sector equality duty, safeguarding of children and adults at risk, service users, smarter working, sustainability, and the environment and where such implications are material they are described below. Appropriate consultation has been undertaken and advice sought on these issues as required.

Financial Implications

27. At the end of December 2021, the Department's forecast outturn position is an underspend of £1.01m as described in **paragraphs 5 to 10** of this report.

28. As described in **paragraph 11**, the department is likely to under-deliver on its net savings target of £4.51m with the shortfall of £2.73m of savings now expected to be delivered in 2022/23 and 2023/24.

RECOMMENDATION

1) That Committee considers whether there are any further actions it requires in relation to the finance and performance information for the period 1 October to 31 December 2021.

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Constitutional Comments (AK 21/02/22)

29. This report falls within the remit of Adult Social Care and Public Health Committee under its terms of reference.

Financial Comments (KAS 01/03/22)

30. At the end of December 2021, the department's forecast outturn position is an underspend of £1.01m with a shortfall of £2.73m of savings now expected to be delivered in 2022/23 and 2023/24.

Background Papers and Published Documents

Except for previously published documents, which will be available elsewhere, the documents listed here will be available for inspection in accordance with Section 100D of the Local Government Act 1972.

[Adult Care Financial Services update and future service review – report to Adult Social Care and Public Health Committee on 14th June 2021](#)

Electoral Division(s) and Member(s) Affected

All.

ASCPH794