

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

**ADULT SOCIAL CARE PERFORMANCE AND FINANCIAL POSITION UPDATE
FOR QUARTER 2 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 September 2021.
2. To provide Committee with a summary of performance for Adult Social Care for quarter 2, 1 July to 30 September 2021.

Information

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 2 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. 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.
6. As at the end of September 2021, the Adult Social Care and Public Health Department is forecasting to underspend by £2.31m.

Department	Annual Budget £ 000	Actual to Period 6 £ 000	Year-End Forecast £ 000	Latest Forecast Variance £ 000
<u>ASCH Committee</u>				
Strategic Commissioning and Integration	(32,806)	(66,580)	(33,228)	(422)
Living Well and Direct Services	128,967	75,731	129,031	64
Ageing Well and Maximising Independence	122,327	64,209	119,877	(2,450)
Public Health	631	(12,762)	241	(390)
Forecast prior to use of reserves	219,119	60,598	215,921	(3,198)
Transfer to / (from) reserves (SCI)	(4,352)	(34)	(3,852)	500
Transfer to / (from) reserves (Living Well)	-	-	-	-
Transfer to / (from) reserves (Ageing Well)	-	-	-	-
Transfer to / (from) reserves (Public Health)	(631)	(35)	(241)	390
Subtotal	(4,983)	(69)	(4,093)	890
Net Department Total	214,136	60,529	211,829	(2,307)

7. The forecast underspend is primarily due to: reduced spend on Ageing Well care packages, as a result of delayed demand arising from Covid; difficulties sourcing care; additional client contributions and income received; and also forecast underspends on staffing across the department due to difficulties in recruiting to vacant posts.
8. The forecast includes a net use of reserves of £4.09m. There is an anticipated use of reserves of £0.24m for Public Health, £3.57m for Section 256, and £0.64m Pooled Budget reserves. There is a net contribution to reserves of £0.36m for Carers.

Service Improvement

9. In the 2021/22 financial year, the department had agreed savings of £4.51m. £1.36m has already been delivered with a further £1.57m expected to be delivered during this financial year. As a result of the ongoing response to the pandemic, the delivery of the remaining £1.58m of these savings is expected to slip into 2022/23 and 2023/24.

Summary of Quarter 2 2021/22 Performance

10. Performance for quarter 2 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.
11. In July and September 2021, the Adult Social Care and Public Health Committee approved 55.5 FTE of temporary social care posts as part of its recovery plan to address the impact that delayed and new demand due to Covid 19 has had. Recruitment has been challenging but of the additional capacity, 21 FTE of Social Worker, Community Care Officer and Occupational Therapy posts are now in place. An Occupational Therapy agency has also been procured to support the department to reduce the numbers of people waiting for an assessment.
12. A further 55.5 FTE of temporary posts were approved to support recovery and service improvement work, which was also impacted due to the department's priority being on managing the pandemic, and to accelerate workstreams within the Adult Social Care

Service Improvement Plan. 13 FTE of these posts are now in place to provide project support, specialist resource on financial and reporting functionality within Mosaic, Quality & Contracts Officer support to providers and progress the use of Technology Enabled Care initiatives. However, recruitment has remained a challenge and has not been successful in several roles. Due to the short timeframe left it is not anticipated that all posts will be filled to support new initiatives as previously thought. The use of agency roles to reduce the recruitment gap is now being actively pursued.

13. Locally and regionally health and care systems are facing unprecedented demand, coupled with chronic workforce shortages, and this means most systems are declaring Opex 3 and Opex 4 being the highest level of risk and escalation across primary care, community services, ambulances and across three acute hospitals. This level of risk and escalation also exist in adult social care. As a result, the department continues to be challenged in terms of performance, and is likely to see a similar trend continuing for most of this financial year. Having said that, recent success in recruitment and the robust approach to risk management, prioritisation and moving resources where it is needed most should help to mitigate capacity and demand challenges during this winter.
14. The trends of significant increases in demand for Safeguarding referrals, Care Act, Occupational Therapy and Mental Health Act assessments continue, and the combination of these factors continue to affect the department's performance indicators. A process is in place to monitor weekly trends in incoming work, capacity, waiting times and community-based care market capacity. This shows if the recovery plans are on track and if further mitigations or escalation of risk is required.
15. A report on Winter Planning and the National Hospital Discharge Policy, which is also on the agenda of today's Committee meeting, provides an update on progress with partners to implement the national discharge policy, to prepare for Winter, and to build sustainable capacity for the future. The report also seeks approval for some temporary re-ablement posts to provide additional capacity up to the end of March 2022, funded from the national NHS Discharge to Assess Fund. These posts will provide extra re-ablement capacity to meet projected additional demand over the Winter to support people home after a hospital stay.
16. The workforce shortage is not only affecting operational social care community teams, it is also being experienced by the independent sector care market both locally and nationally. The impact of this is that it is difficult to source care to support people of all ages at home and people are experiencing waits for services. Residential and nursing homes are also experiencing staff recruitment and retention difficulties, however, because there is an oversupply of residential care across Nottinghamshire it is still possible to source this for people who need it in a more timely way. Positively, the Council run re-ablement services are still currently recruiting and retaining staff. Short breaks, day service and enablement services are however experiencing the same recruitment and retention difficulties as the rest of the sector.
17. In response to the care sector workforce issues the department has put together a care market action plan with actions designed to have impact in both the short and long term. A robust Winter capacity plan has also been developed with partners which includes an ambitious set of proposals aiming to increase capacity and sustainability of home care during this Winter and if as a system these proposals can be maintained beyond March

2022 it will help to achieve the Council's longer-term ambitions. A local recruitment drive is being developed with partners to run alongside the national one. The campaign plans to include adverts on buses, social media, radio adverts, video from senior leaders and website between partners on job opportunities and on career pathways.

18. In addition, through the recently announced Adult Social Care workforce fund (£2.3m), providers will be encouraged to bid for monies to support recruitment, retention and increase capacity during this Winter. From recent market engagement, providers have told the Council that they would like to use the funding to pay bonuses to retain staff, purchase digital/technical solutions, golden handshakes for new staff and invest more on training and development.
19. The rest of the report highlights by way of example some of the issues faced and improvement plans that are being worked on in more detail.

Re-ablement

20. Since June 2021 referrals for re-ablement have reduced from previous levels and performance on number of people offered the service has reduced. This is due to some traditional sources of work being much reduced as a result of the pandemic, for example, elective surgery and planned reviews. Also, people who may need homecare are spending longer in the service due to having to wait longer for providers to respond. The numbers of people successfully re-abled is also slightly lower than usual, because the Council's re-ablement service has been picking up urgent homecare calls where the independent sector provider has been unable to cover them.
21. The Maximising Independence Service re-ablement teams are exploring these and other reasons and have developed an improvement plan and are working across the community teams and with health partners to find simple ways of increasing the flow of referrals to them. They are also doing a number of workshops to make sure staff are aware of who to refer and are not ruling people out who could benefit.

Mental Health Services

22. There have been several changes and new initiatives in mental health provision which are positively contributing to performance, particularly the Council's core metrics of Quality of Life, Independence and Use of Resources.
23. **24/7 Approved Mental Health Practitioner service** - the implementation of the 24 hour/7 day a week service was completed in September 2021. This has brought about a number of positive impacts for people with mental health issues, including immediate access to advice, guidance and signposting at all times of the day and night, a quicker response to incoming referrals and better management of the volume of referrals received. It has enabled earlier assessment of people under the Mental Health Act, consistent input, smoother liaison with partners and joint care planning for people in distress and/ or crisis. Feedback from other professionals has been extremely positive and being able to talk directly to an Approved Mental Health Practitioner 24/7 is speeding up decision making.
24. **Mental health discharge support and hospital avoidance services** - as part of the Mental Health Winter Pressures programme and using the Mental Health Recovery Fund,

the department initiated a number of projects to support improved discharge work and avoidance of hospital admission. This included six Discharge to Assess beds with occupational therapy and reablement input, a new rapid response enhanced community support offer and a flexible fund to support people to move into their own homes. This has enabled people to be discharged more rapidly once they are well enough to leave hospital and be supported to build the skills and confidence to maximise their independence.

Digital Systems and Process

25. One of the themes within the Service Improvement Plan for 2021/22 – 2023/4 is about ensuring the department can respond and support people through digital means, as well as interact and share information with health partners. Some examples of the work that is happening are described in **paragraphs 26 to 28**.
26. The department has been working with colleagues from across the Integrated Care System to bid for funding from the NHSx Digitising Social Care Programme to support the following pilots:
 - a) Digital exemplar care homes – the aim of this project will be to demonstrate how a care home, that has fully embraced the use of digital, can provide an improved health and wellbeing service model for residents and the workforce, as well as enabling system efficiencies and joined-up care.
 - b) 24-hr proactive care monitoring service – a pilot to assess the use of Technology Enabled Care, to deliver a 24-hour home assessment and care service for an initial six-week period post-hospital discharge.
 - c) Care@Home – the aim of this project will be to pilot a number of digital care@home schemes to support patients with existing care packages. The schemes will focus on the use of technology to support early intervention and prevention; improve resident quality of life and ability to self-manage; and reduce levels of social isolation.
27. Colleagues in the department have secured one of only five invitations to take part in the Local Government Association Digital Leadership Programme, alongside officers from Norfolk County Council, Hampshire County Council, Gateshead Council and Rotherham Metropolitan Borough Council. The programme, which runs between November 2021 and March 2022, provides coaching and peer support to councils to help them on their digital journey and to tackle the barriers which are preventing them from reaching their digital goals.
28. In September 2021, Nottinghamshire County Council and Nottinghamshire Health Care Trust went live with the first phase of digital Mental Health referrals between the two organisations. Patient information is now sent directly from Nottinghamshire Health Care Trust's Rio system into the Mosaic social care record system. This is helping to reduce the time that Nottinghamshire Health Care Trust clinical staff spend sending referrals, and to reduce the time for referrals to reach social care. Later phases will add outcomes reporting data so that commissioners have greater oversight of patient outcomes and gaps in service availability.

Other Options Considered

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

Reasons for Recommendations

30. 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

31. 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

32. At the end of September 2021, the department's forecast outturn position is an underspend of £2.31m as described in **paragraphs 5 to 8** of this report.

33. As described in **paragraph 9**, the department is likely to under-deliver on its savings target of £4.51m with the shortfall of £1.58m 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 July to 30 September 2021.

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Constitutional Comments (LW 23/11/21)

34. Adult Social Care and Public Health Committee is the appropriate body to consider the content of the report.

Financial Comments (KAS 01/12/21)

35. At the end of September 2021, the department's forecast outturn position is an underspend of £2.31m with a shortfall of £1.58m 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.

[Adults and Health Recovery from Covid - report to Adult Social Care & Public Health Committee on 26th July 2021](#)

[Update on Adults and Health Recovery from Covid - report to Adult Social Care & Public Health Committee on 20th September 2021](#)

Winter Planning and the National Hospital Discharge Policy – report to Adult Social Care & Public Health Committee on 13th December 2021

Electoral Division(s) and Member(s) Affected

All.

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