

AGENDA MANAGEMENT SHEET

Name of Committee **Adult Social Care and Health Overview and Scrutiny Committee**

Date of Committee **7 September 2011**

Report Title **Staffing Capacity**

Summary This report sets out the Adult, Health and Community Services Directorate Staffing Capacity.

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Would the recommended decision be contrary to the Budget and Policy Framework?

Background papers

CONSULTATION ALREADY UNDERTAKEN:-

Details to be specified

- Other Committees
- Local Member(s) Not Applicable
- Other Elected Members Councillor L Caborn, Councillor D Shilton, Councillor S Tooth, Councillor C Watson, Councillor C Rolfe, Councillor R Dodd – **O&S only**
- Cabinet Member Councillor I Seccombe, Councillor A Farnell
- Chief Executive
- Legal Alison Hallworth, Adult and Community Team Leader
- Finance Chris Norton, Strategic Finance Manager
- Other Chief Officers
- District Councils
- Health Authority
- Police

Other Bodies/Individuals

Janet Purcell, Cabinet Manager (OR)
Michelle McHugh, O&S Manager

FINAL DECISION YES/NO

SUGGESTED NEXT STEPS:

Details to be specified

Further consideration by
this Committee

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To Council

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To Cabinet

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To an O & S Committee

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To an Area Committee

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Further Consultation

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Adult Social Care and Health Overview and Scrutiny Committee – 7 September 2011

Staffing Capacity

Recommendation

That the Adult and Community Services O&S Committee notes the achievement of delivering target savings in 2010/2011, and recognises the further work being undertaken to redesign processes to find further efficiencies.

However, members are asked to note the areas where further investment is judged to be necessary.

1. Introduction

- 1.1 During 2010, Adult Social Care and Health directorate accepted the challenge of simultaneously tackling a past trend of overspending budgets, and delivering substantial reductions in base budgets. Clearly, every effort was made to avoid the budget reductions causing loss of services available to those in need, but inevitably there have had to be changes to the way we deliver services, and the nature of the care available. A major element of the savings target was £2million to be secured from staffing reductions, with the potential for a second similar tranche by the end of 2014. The 2010 target has been achieved, more redesign is required for the second reduction.
- 1.2 This report sets out the extent of reductions and the impact on services. However, the picture is very complex and is set in a national picture of changing policy as well as local demand and expectation. We are now fully committed to working in partnership with neighbouring local authorities and with Clinical Commissioning consortia (GP commissioning groups) to achieve economies of scale in commissioning, and with the independent sector to secure efficiencies in contracts.
- 1.3 Whilst relishing the prospect for changing to a more personalised, local service for people with assessed needs, it is important to keep sight of the imperatives to deliver a safe service of appropriate quality. The details below describe the 'art' of achieving this balance

2. Adult Social Care and Support

- 2.1 The Social Care and Support staffing budget includes staffing up to and including Head of Service level. This exercise excludes the Reablement Service as these staff were not in this Business Unit pre-2011/12 and also are subject to separate transformation changes.

2.2 The following table provides a summary of the budgetary changes from 2010/11 and 2011/12:

Description	£ 000 or %	Comment
Staffing budget 2010/11 (as agreed at start of financial year)	13, 233	
Staffing budget 2011/12 (as agreed at start of financial year)	12,233	
Difference	1,000	
Reduction as % of 10/11 budget	7.56%	
Additional savings achieved through early retirement in 2010/11	99	This is the fye. These reductions were additional to the £1million
Total reduction	1099	
Total reduction as % of 10/11 budget	8.3%	
Further savings to be achieved by additional early retirements in 11/12 or 12/13.	244	

2.3 The Social Care and Support Service delivered £1m of staffing savings in 2010/11. These savings came from reductions in management and frontline staff but recent analysis has identified challenges in the ongoing delivery of a safe service given the parallel impact of legislative and national policy directions including:

- The roll-out of Self Directed Support and personalisation, requiring the development of completely different tools (forms) and budget management.
- Adult Social Care Transformation has required hundreds of additional re-assessments of individuals to take place, over and above usual demand.
- The national and local rising workload impact of implementing good adult safeguarding practice, indicated by the government to become a statutory function.
- The drive to reduce hospital inpatient lengths of stay and appropriately avoid admission requires additional social care assessments.
- Introduction of mobile working, with a limited technological solution.
- National recruitment challenges (e.g., AMHP role, where there are significant risks to maintaining staffing levels to deliver the minimum statutory requirement).
- The early retirement scheme, which delivered additional savings over and above the £1million.
- High sickness rates in some teams (10+%).

2.4 Although it is difficult to identify the impact of the £1million reduction alone, there are particular examples relating to timely response to safeguarding situations (backlog of 55 cases) and timely allocations (backlogs of several

hundred across the service).

- 2.5 Reduced management availability has limited the delivery of appropriate case guidance, written professional guidance documents and case-flow management for teams. There is a corresponding increase in complaints (volume has increased, including ombudsman complaints, and challenges of maladministration. The recent apparent reduction in expenditure is thought to be partly due to the backlog situation, whereby people who should be in receipt of services remain un-assessed or partly assessed, rather than in receipt of timely support.

Mitigation

- 2.6 Wider budget analysis across the Social Care and Support Service budgets indicates that there is scope to put in place some additional, temporary management and frontline capacity until the overall situation can be reviewed with respect to demand, or lower projected demand that may be expected as a result of Transformation Programme, business process changes and workforce development.

3. Resources

- 3.1 Savings took place within two areas – learning & development and business support.

a) Learning & Development

A total of 5.5 (of 24 posts) vacancies were removed from the budget along with reductions to programme activity budgets by focussing on service priorities. Work is progressing to ensure that the team is working in conjunction with sub-regional partners so that L&D are as joined up as possible and procurement efficiencies are obtained.

b) Business Support

Further savings were made through 1 post being made redundant as a result of greater efficiencies in administration across the Saltisford office bases.

- 3.2 The overall level of savings targeted under these proposals amounted to £87k within the directorate budget of which £68k was through vacant post with a further £97k all in vacant posts previously funded through area based grant.

4. Local Provider Services

- 4.1 Overall a target of £650k had to be achieved within this area towards the overall £2m target for the Directorate.

4.2 a) Community Support Services management

The management structures were reduced to 2 (was 5.6) managers (One each for the north and south of the county) and 6 team leaders (was 13.8) in a planned response to reduced numbers of customers and the move from a building-based approach to one based on services out in the community. It also reflects the greater responsibilities assigned to community support service officers (next level down).

Further changes are currently taking place under the learning disability commissioning strategy.

b) Service Management:

Reduction of 4.5 vacant posts including 3 quality assurance/project officers posts which supported quality and the development of the services now taken on by operational managers within the service. This has placed greater pressure on operational managers but one which is considered sustainable.

4.3 The service had also employed 1.5 volunteer development workers to promote volunteering, largely within care homes. This has continued to be taken forward by the remaining service development officer, but the final solution for care homes will lose this role.

4.4 The overall level of savings targeted under these proposals amounted to £550k of which £223k related to posts which had previously been left vacant but which remained within the budgets

5. Strategic Commissioning

5.1 The savings target for the SC staffing budget was £300,000 and was achieved within the timescale. A further saving of £50,000 was also secured from the equivalent of a 50% reduction in the Head of Service for Adults (linked to needing only one post for the People Group).

5.2 However, the deletion of the Supporting People 'Admin Grant' (which was comprised of the SP team staffing costs) set an additional target of £250,000. Some of the staff from the old SP team have now been incorporated into the new Strategic Commissioning structure, thus making reductions at the same time as retaining the overall function, albeit at a reduced level.

5.3 The **£501,872 savings achieved**

Area (gross savings i.e. Gross Salaries)	Target Saving:	Actual Saving	Balance
Strategic Commissioning Saving:	-£300,000	-£300,000	£0
SP Admin Grant Saving:	-£250,000	-£250,000	0
Head of Service Saving:	0	-£54,261	£4,260
Totals:	-£550,000	-£604,261	£54,261

- 5.4 The net loss of full-time equivalent staff was 13, representing 22% of the budget. Since the main restructuring, a further management post has been deleted, bringing the overall total to **14**, which is over **24%** of the original budget.
- 5.5 The key areas of capacity affected in the team were:
1. Senior management (1.5 posts deleted)
 2. Lead/Commissioning Officer (net loss of 5.5 posts at this level)
 3. Contract monitoring Officer (2 posts deleted)
 4. Customer Engagement Officer (2 posts deleted)
 5. Carers Support Officer (2 posts deleted)
 6. Business Improvement Team Manager (1 post deleted)
 7. Business Improvement Officer (1.5 posts deleted)
 8. Administration Officer (3 posts deleted)
 9. Warwickshire Quality Partnership Manager (1 post deleted)
 10. Learning & Development Officer, WQP (1 post deleted)
- 5.6 Although we have been able to offer secondment and developmental opportunities for a number of staff to fill the major gaps left in the commissioning function, these staff are on the whole new to the role and relatively inexperienced in this area. The impact of this has been the need for additional management capacity to be directed to these staff in order to provide support alongside a recognition that timescales for projects have needed to include longer set up phases to allow staff to develop a clear understanding of how to address their new responsibilities.
- 5.7 The **impact** of these reductions has been a slowing of the whole Strategic Commissioning programme but the following areas were the areas most affected:
- a. Home care – a delay in the re-commissioning and procurement process which is now expected to conclude October 2011.
 - b. Learning disabilities – delays in launching the strategy (until June 2011) and addressing the high percentage of residential care placements (extra care and ‘Keyring’ schemes will start in 2012).
 - c. Mental health services – a delay in development as key staff were diverted onto the home care project, however, the strategy refresh is now able to be jointly undertaken with Arden PCT, GP Commissioners and

Coventry City.

- d. Supporting People – a major reduction in capacity, leading to a complete review of the programme- launching in September 2011.
 - e. Contract monitoring has been under significant pressure, especially in light of the increased workload from Southern Cross and Castlebeck as well as holding one vacancy.
 - f. Market shaping –not as widely embedded as anticipated at this stage although underway. As facilitating the development of a market which offers choice and alternatives to traditional social care is key to the success of our transformation agenda this lack of capacity does present a risk to our ability to deliver.
 - g. Partnership working, particularly with NHSW and other Health stakeholders. The reduction in management and commissioning capacity has impacted on our ability to forge ahead with some key joint commissioning activity.
 - h. Progress on the redesign of other services such as Direct Payments and Advocacy has also been adversely affected due to lack of capacity and a strong commissioning skill base within the service redesign team which is almost entirely staffed by secondments.
- 5.8 Given the scope and complexity of work being requested, the current structure is at capacity with all areas showing strains (particularly contract monitoring and market facilitation).

6. Conclusion

- 6.1 All divisions have reduced staffing capacity but have simultaneously had to redesign their service and process to 'do things differently' in order to deliver the target outcomes for service users and carers.
- 6.2 For care management services, the volume of change has meant that the directorate is now consolidating and strengthening its workforce. This may be a temporary phenomenon, but demographic trends suggest there will be no decline in demand in the near future to support further reductions.
- 6.3 Changes in the national policy context will inevitably place more burdens on local authorities for quality management, particularly in Care Homes. The focus of the Care Quality Commission is now less about routine monitoring and more about gate keeping entry to the care market and reacting to crises. The public expects that services are continually monitored for quality, but this may take additional investment to manage securely into the future as we withdraw from being a direct provider of care and focus on commissioning from the independent sector.

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