

## Adult & Community Services O&S Committee – 7 September 2011

### Staffing Capacity

#### **Recommendation**

That the Adult and Community Services O&S Committee notes the progress in tackling the staffing capacity deficits in prescribed areas.

#### **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, but following extensive examination of financial management and performance, and significant strengthening and improvement of the management function, other methods have been able to be used to meet the second savings target.
- 1.2 In September Scrutiny received a report setting out the extent of reductions and the impact on services. However, the picture remains very complex and is set in a national picture of changing policy as well as local demand and expectation. For instance we still await Government steer on long term funding for older people's care needs, and the impact of the Health and Social Care Bill is still unclear. Locally, GPs working in Clinical Commissioning groups (or consortia) are emerging as the lead commissioners, supported by Commissioning Support Services led by Rachel Pearce from Arden Cluster PCT. 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 Service delivered £1m of staffing savings in

2010/11. These savings came from reductions in management and frontline staff. In addition to this, on-going challenges include the savings plans associated with the austerity measures and the impact of welcome drivers, such as raising the awareness and reporting of adult safeguarding, which has led to significantly increased safeguarding alerts. With multiple and interconnected changes happening across health and social care, it is difficult to identify the impact of the £1 million reduction alone. However, there continue to be particular examples which strongly indicate the impact of the staffing reductions.

These include an on-going, significant case backlog situation, stretched management capacity to deliver the extent of transformational change needed to deliver modernised services and a higher level of complaints.

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 Mitigation was put in place, subsequent to the last report, which has provided some benefit.

- Additional temporary frontline capacity (including first line management) has eased the backlog situation, although safeguarding work continues to increase and add pressure to the system.
- In particular, the Hospital Social Work Services have continued to be able to respond well through the Winter Period as an essential component of the health and social care system.
- There has been significant Head of Service oversight relating to the complaint situation, resulting in a reduction of active complaints at any time (i.e. an indicator of more timely response per complaint), and a reduction in the number being referred to the Ombudsman.
- Additionally, strategic direction remains focused on redesigning processes and practice to be as efficient as possible and eliminate 'duplicated' activities wherever possible, with both staff and managers putting forward ideas to progress this agenda.

2.3 For ease of reference the following list of challenges face Social care and support:

- 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 As a result of robust management of demand, and the additional resources made available for social care from Health, staff have brought the structural overspend under control and will manage resources in 2011/12

### **3. Resources**

3.1 Effects of Staffing Reductions in Local Provider Services and Resource Teams :

During 2010/11, a total of £650k was saved from the following staffing reductions:

- 1 administrative post was made redundant in Business Support
- 5.5 vacancies were removed in Learning & Development
- Within Community Support Services, the management structure was reduced from 4.6 managers and 13.8 deputies to 2 managers and 6 team leaders
- 4.5 vacant posts were removed within the local provider services management structure; and
- The volunteer development staff (1.5 posts) were made redundant

During 2011/12 as a part of the continuing transformation programme:

- 2 care homes were closed and approximately 80 staff made redundant
- Internal home care services are in the process of being transferred to the external sector. Staff are either being redeployed to the Reablement Service, transferring through TUPE to the private sector or being made redundant.
- Further restructuring has taken place within community support services with community support services officer posts reducing from 34 to 25. Due to the strategy of improving access to mainstream services through personal budgets and the consequent reduction in day centre services, there has also been a higher turnover but temporary appointments have been made to cover the gaps.
- The Local Provider Services management structure has been reduced by a further 3 posts in line with the overall reductions in volume of service.

The changes made during 2010/11 were achieved without any significant impact on services. Those taking place during 2011/12 have to be very

carefully managed. The closures of the two care homes were successfully achieved and residents transferred with minimal effects. The home care externalisation is also being successfully accomplished although there are difficulties in establishing new contract arrangements and establishing fast response. Again, however, there has been no appreciable effect on customers and safe services have been maintained. The changes within community support services form part of the learning disability strategy and are placing a strain on the ability of the day centres to maintain the variety of daily activities during this period as a result of the transition although all customers in need continue to receive a service.

#### **4. Strategic Commissioning**

- 4.1 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).
- 4.2 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.
- 4.3 The key areas of capacity affected in the team were in the contract management function, where posts had been lost and capability to deliver vital quality assurance in the independent sector impacted. The restructuring of Provider services has enabled some capacity (2 posts) in quality management to be transferred into contract monitoring. In addition, closer working with PCT colleagues has enabled a joint approach to be planned to address a review of the methodology employed. The team will not be able to make routine visits to every contracted service, but will deliver the impact on care by triangulating :
  1. Structured analysis of data and reports from providers, carers and family and service users, Peer assessors, and Care managers and staff conducting their reviews of individuals
  2. A programme of joint health and social care unannounced visits
  3. Joint reactive response teams when a cluster of concerns is noted
- 4.4 There has been an additional challenge to face in bringing together the strategic commissioning function for Adults and children and young people, but this is now emerging as a strength in common underpinning theory, procedure and intelligence.
- 4.5 In September it was reported that there had been a slowing of the whole Strategic Commissioning programme, but progress has been maintained:
  1. Home care – a delay in the re-commissioning and procurement process has concluded, and is now completing the final transfer of staff previously employed by the council.

2. Learning disabilities – will be reporting progress in April
3. Mental health services – has experienced a delay in development but this has been largely due to difficulties in engaging key partner agencies
4. Supporting People – is now underway.
5. 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.
6. Progress on the redesign of other services such as Direct Payments and Advocacy has also been adversely affected due to lack of capacity

## 5. Conclusion

- 5.1 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.
- 5.2 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.
- 5.3 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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