



'To Follow' Agenda Items

This is a supplement to the original agenda and includes reports that are additional to the original agenda or which were marked 'to follow'

Nottingham City Council Health and Adult Social Care Scrutiny Committee

Date: Tuesday 30 January 2024

Time: 3:00pm

Place: Ground Floor Committee Room - Loxley House, Station Street, Nottingham, NG2 3NG

Scrutiny and Audit Support Officer: Adrian Mann

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Adult Social Care budget proposals

1. Closure of Barkla Close and purchase of Residential Respite Care from the external market:

Ref: DP(E) – 2402

Savings per year: 2024/2: £61,000; 2025/26 -£61,000

Summary of proposal:

The proposal is to reduce cost by commissioning more respite care from the external market and closing Barkla Close. For existing people using these services this would mean a change in their respite care arrangements for them and their families.

EQIA link: <https://www.nottinghaminsight.org.uk/Document-Library/Document-Library/acsBGA9P#>

Deliverability: A formal tender process would be required to commission the service externally. There is currently one externally commissioned service as well as the in-house service; and current demand for additional respite services. There is a risk that we may not be able to secure an appropriate alternative service.

Risks identified and mitigations:

The new service would be commissioned to meet assessed needs, replacing the current service. The people attending currently would experience a change of staff, venue and surroundings. This would be mitigated by social care worker support to each individual and their family.

2. Cease all grant funding of Lunch Clubs

Ref DP(A)-2412

Savings per year: 2024/25: -£37,000; 2025/26 - £37,000

Summary of proposal:

The annual spend is approximately £74,000. The larger Lunch Clubs tend to use their allocated monies for catering staff hours that they consider to be appropriate to the service. The smaller clubs use their allocated funding similarly or to offset room rentals. This proposal proposes the removal of the funding. Nottingham City Council currently allocates a lunch club meal grant to the following 5 recipients:

ACNA - Afro Caribbean Lunch Club – St Anns

Indian Community Centre – based in Carrington (City and County service users)

Marcus Garvey (City and County service user) – based in Lenton

The Pakistan Centre – Citywide based in St Anns

Wollaton Care Group – based in Wollaton.

EQIA link: <https://www.nottinghaminsight.org.uk/Document-Library/Document-Library/acsBGA9P#>

Deliverability: deliverability of the saving would be achieved if the decision is approved by formal written notification to the clubs/centres.

Risks identified and mitigations: The lunch clubs provide culturally appropriate meals to their specific communities, and it is unknown if they will be able to continue to function in the same way without funding support.

3. Close The Oaks and Cherry Trees Residential Care Homes for Adults

Ref: DP(A)-2412

Savings per year: 2027/28: £313,000

Summary of proposal:

Two in-house Residential Homes for older people, Cherry Trees and The Oaks. There are currently 79 over-65 care home beds, for long term care; and 8 short-term step-down beds. The services may be sold as a going concern, or closed a care provided in commissioned services.

EQIA link: (currently not published)

Deliverability: Resource will be required to manage the project; consult and engage with citizens and partners; commissioning capacity, HR, finance, analysis and insight, legal support will be required as well as project management support. Social Work capacity will be required to assess and update support plans and liaise with families. Significant capacity would be required to de-commission the service - regardless of model. This could not be managed within existing resources and specialist advice and support would be needed. The on-going savings and costs will depend on individual needs and the contract negotiated with the buyer if sold as a going concern.

Risks identified and mitigations:

The model with least impact for residents at the home would be the option of sale as a going concern – this would mean residents continue to live in the home, do not have to move, and likely are supported by familiar staff if TUPE rules apply. If this is not viable, the second option of closure of the homes and re-commissioning of care individually would mean residents have to move; may not be with their current friendship groups; and will be supported by new staff and providers. The service and the social care teams would seek to mitigate the impact of this by providing as much support and advice as possible, including allocating a nominated worker to each resident.

Close Jackdawe in-house homecare and source from external market

Ref: DP(A)-2411

Savings per year: 2024/25: £189,000; 2025/26: £95,000

Summary of proposal:

Close Jackdawe in-house homecare service and commission homecare packages from external care providers. The Jackdawe in house homecare service supports up to 30 citizens with long term homecare.

EQIA link: <https://www.nottinghaminsight.org.uk/Document-Library/Document-Library/acsBGA9P#>

Deliverability: These packages of care would be commissioned via the normal homecare process from the external market. It is possible that in some cases no external provider may be found to support the needs of the individuals. No transfer should take place without confidence in a safe transition, to a provider confident in meeting the person's needs, through a carefully managed handover process.

Risks identified and mitigations

Direct (one to one) consultation will be required to assess the needs of each individual impacted (people currently using the service). These citizens have been in this service for significant amounts of time and therefore there is likely to be an impact on these citizens if moved; this would need to be assessed on an individual basis and the transition managed safely.

This service and the social care reablement service collectively operate as a 'service of last resort' and enable the council to meet its duties in respect of external provider failure. If this service closes, and the social care reablement service changes it' criteria on order to deliver proposal **Ref: DP(A)-2406**, this would reduce the capacity in the council to act in urgency to meet the needs of citizens handed back by external providers. We would work with providers to mitigate any risk.

4. **Reduce Personalisation Hub capacity**

Ref: DP(A)-2409

Savings per year: 2024/25 -£148,000; 2025/26 -£148,000

Summary of proposal:

Reduce c.6 FTE more posts in The Personalisation Hub. As 4 posts have already been deleted and a further 2 posts are health funded, this constitutes a more than 50% reduction to the team.

EQIA link: <https://www.nottinghaminsight.org.uk/Document-Library/Document-Library/acsBGA9P#>

Deliverability: The 24/25 year saving can be managed without redundancy, via offer of ring fenced posts and holding posts vacant. To meet outcomes with reduced capacity will require service re-design.

Risks identified and mitigations

The work currently carried out by this team enables citizens to manage their own direct payments. Without effective re-design, there is a risk that citizens may be less able to manage their DP effectively, and waiting lists for reviews may increase. The mitigation required would be to manage this proposal as part of the larger scale re-design of ASC operational services.

5. **Reduce Adult Safeguarding & Quality Assurance, learning and development team resource**

Ref: DP(A)-2405

Savings per year: 2024/25: £26,000; 2025/26: £13,000

Summary of proposal:

The Adult Safeguarding & Quality Assurance Team oversees Early Intervention, Provider Investigations and closures of Regulated Provider Services when this is due to Safeguarding. The Quality Assurance Officer in the team previously monitored Internal Adults Regulated services, but the decision was made for these services to self-regulate, meaning this post is not required in learning and development.

EQIA link: not published

Deliverability: as it had already been identified that less resource was required in the learning and development team as described above, it would be proposed that the saving be delivered through deletion of this post.

Risks identified and mitigation

As the Commissioning Team has expanded its monitoring arrangements there will be minimal impact if this post is deleted.

6. **Reduction and redesign of assessment capacity in ASC**

Ref: DP(A)-2401.2.3

Savings per year: 2024/25: £636,000; 2025/26: £1,567,000

Summary of proposal:

This proposal requires the redesign of the Adult Social Care operating model based on learning from within the service, LGA review and good practice from other areas. A reduction in staffing costs and revised structures in the assessment, review, OT assessment, sensory functions would follow. These budget areas are joined up in this proposal in order to allow for a strategic overview and holistic approach to service transformation, to seek, where possible, to mitigate the impact.

EQIA link not published

Deliverability: To achieve the financial saving required, current vacancies will be reviewed first in order to reduce the risk of redundancy for the first year. The process of evaluation and review of structures, criteria, processes, use of systems, practice and key principles of digital by default; improved ways of working in line with strengths-based practice to improve customer experiences will be developed to move to a new ASC operating model in 25/26.

Risks identified and mitigations Without mitigations, reducing posts may result in increased risks to citizens, reduced capacity for transforming activity, increased costs in care purchasing and a risk of CQC rating deteriorating to 'Inadequate' resulting in intervention. The service does currently have waiting lists, identified by CQC and managed through risk assessment and prioritisation. Transformation capacity and support will be required to develop plans for and manage delivery of a revised ASC delivery model. Current work is in train to develop the work programme.

7. **External Residential and Nursing Care Placements**

Ref: DP(C)-2405

Savings per year: 2025/26: £1,070,892

Summary of proposal:

The Brokerage service will review existing placements within residential and nursing and seek to renegotiate where it is deemed best value is not being achieved. It will prioritise the use of standard and banded rated provision before any variable rated home. All new placements will also be sourced and negotiated by the Brokerage function.

EQIA link; not published

Deliverability: The Brokerage service will start by reviewing all existing packages and will also begin to source and negotiate all new placements, leading to a more consistent approach. These care packages relate to residential and nursing placements for adults aged 18 and upwards with varying needs and complexities. All individual assessed needs will still be met.

Risks identified and mitigations

This saving assumes we can ensure every citizen is commissioned on a banded rate which is unlikely, as they will all have different needs; however, Brokers will review every package. There could be an impact on individuals within the provision if the provider refuses to reduce their costings and gives notice on the package. This would lead to alternative provision being sourced if a compromise with the provider can't be achieved.

Consistent purchasing of ASC home care packages

Ref: DP(C)-2402

Savings per year: 2025/26 £210,000

Summary of proposal:

Consistent purchasing of Adult Social Care homecare packages to ensure all packages of homecare are purchased at contracted provider rates.

EQIA link not published

Deliverability: A Strategic Commissioning Review of Homecare, including the Homecare pathway discharge to assess is planned for 24/25 and essential for a sustainable model.

Risks identified and mitigations

There is likely to be an impact on citizens where their care provider fails to join the framework and their package of care is moved to a contracted provider. Engagement with the individuals will need to be undertaken as part of this work, so that they are fully aware of the reasons for any changes, and any transfer is managed via a safe planned transition.

8. External Care Placements – Homecare Guidance

Ref: DP(C)-2401

Savings per year: 2025/26: £1,184,000

Summary of proposal:

Review and revision of external placement policy guidance to enable the service to continue to meet the care needs of citizens in the most appropriate but most cost effective way. The updated guidance will set out the Council's approach towards individual choice and appropriate use of public funds. It will support decision making around what the Council is required to pay and how the element of choice will be considered within this.

EQIA link: not published

Deliverability: This financial saving is modelled on the premise that some citizens could potentially be supported in lower cost ways in different settings, and that currently, the council may not have made the lowest cost offer. In some cases the person may decline an alternative, and their individual situation must be assessed and considered.

Risks identified and mitigations

There is a potential impact on service users as they may be required to pay more for their care, if they choose to have their needs met through a more expensive method than is identified as reasonable by the Council. The Council would still be required to meet eligible needs.

9. Funding of Sheltered Alarm costs

Ref: DP(A)-2407

Projected Savings per year: £177,000 in 2024/25

Summary of proposal:

Sheltered alarm costs for adults in care will be funded from the Housing Revenue Account.

Agreement has been given for the cost of the service for 23/24 to be refunded from the HRA to the General Fund and for future years costs to be charged directly to the HRA.

EQIA link not published

Deliverability: delivered on decision.

Risks identified and mitigations: None.

10. Reduce Social Care Reform Activity

Ref: DP(E)-2406

Savings per year: 2024/25: -£511,000; 2025/26: -£170,000

Summary of proposal:

Resource in year has been deployed against transformation programme activity, including external project support and some internal temporary roles in ASC. These roles would end as planned.

EQIA link not published

Deliverability: temporary posts would end as currently planned.

Risks identified and mitigations The risks in relation to the grant - It is not clear if the reforms it is intended to support may still yet be introduced, with the associated expectation that this grant is used for implementation as originally intended.

Expand Deputyship Service leading to increased fee revenue

Ref: DP(A)-2408

Savings per year: 2025/26: £300,000

Summary of proposal:

Expansion of the Deputyship service to accommodate citizens who currently benefit only from appointeeship via Adult Residential Services. This would ensure a more effective and efficient process for both the citizen and the Council. There would be increased income from an increased Deputyship Service, covering staffing costs. This will enable citizens assets and income other than benefits (Occupational or Private Pensions) to be accessed to correctly pay care bills, or become self-funding of their care.

EQIA link: not published

Deliverability: This is business as usual activity.

Risks identified and mitigations The savings modelled assume the deputyship service can support more people - it is the office of the public guardian that appoints deputy's. It is very unlikely they would not do so.

11. **Increase impact of social care reablement to reduce need for long-term care**

Ref: DP(A)-2406

Savings per year: 2025/26: £300,000

Summary of proposal:

Reduce ongoing need for homecare through changes in social care reablement work to increase the impact it has on citizens' independence.

EQIA link: not published

Deliverability: There is a risk that the possible further improvements to the service identified cannot be met due to resources required. The service would need to work closely with health and care system partners to enact the changes.

Risks identified and mitigations The Jackdawe service and the social care reablement service collectively operate as a 'service of last resort' and enable the council to meet its duties in respect of external provider failure. If Jackdawe closes, and the social care reablement service changes its criteria in order to maximise reablement capacity, this would reduce the capacity in the council to act in urgency to meet the needs of citizens. To mitigate this the commissioning team would need to work very closely with the external sector and ensure far fewer hand backs and provider failures.

12. **Cease Chronically Sick and Disabled Persons Telephone Service**

Ref: DP(A)-2404

Savings per year: 2024/25: £10,000; 2025/26: £5,000

Summary of proposal:

Cease paying for the phone lines for people and meet any assessed needs through the individuals' care package, where required. There are currently approximately 50 citizens whose telephone line is paid for by Adult Social Care. Payment of these telephone lines relates to a duty outlined in the Chronically Sick and Disabled Persons Act 1970 (CSDPA). Each citizen will be reviewed and a determination made as to whether they still have a land line and if they do whether that is something adult social care should fund.

EQIA link <https://www.nottinghaminsight.org.uk/Document-Library/Document-Library/acsBGA9P#>

Deliverability: assessment capacity is required to carry out individual assessments.

Risks identified and mitigations Low risk, as each case will be considered individually and assessed eligible needs will still be met. There are now more digital options available to people, for example a land line is not required for telecare/pendant alarm call services.

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