

Health and Wellbeing Board

Provider Workforce Update

12 January 2022

1. Recommendation(s)

That the Health and Wellbeing Board:

- 1.1. Notes and comments upon the impact of the recruitment and staff retention challenges currently facing the Adult Social Care (ASC) market.
- 1.2. Notes and comments upon the similar workforce pressures within the children's public health and children's social care commissioned provision and the mitigations being undertaken to manage pressures and risk.
- 1.3. Supports the short-term actions being taken locally by health and social care partners to assist/improve recruitment and retention.
- 1.4. Supports the further long-term options to assist/improve recruitment and retention that may be available to health and social care partners.

2. Executive Summary

- 2.1. Nationally, the ASC commissioned provider market sector is reaching a crisis point. Care providers are facing acute problems in recruiting and retaining frontline staff for a variety of reasons, including burnout from the pandemic and higher pay rates being available elsewhere as the economy picks up.
- 2.2. Nationally the number of people working in ASC was estimated at 1.54million during 2020/21 and the number of ASC jobs in England was estimated at 1.67 million – meaning a shortage of staff in the region of 0.13m nationally. The number of vacancies has increased by around 2.8% (45,000 jobs) between 2019/20 and 2020/21. ASC data collected between March 2021 and August 2021 shows a decrease in filled posts in recent months. Overall, the decrease was around -1.8% and was higher in care homes (-2.2%) than in domiciliary care (-0.8%). An estimated 17,700 organisations were involved in providing or organising ASC in England during 2020/21. Those services were delivered in an estimated 39,000 establishments.
- 2.3. Across Warwickshire, the national workforce issues are impacting at a local level. There are significant issues with recruitment and retention of front-line care staff across Learning Disability Supported Living Schemes, Domiciliary Care Services (including Extra Care Housing and Specialised Supported Housing provision) Residential and Nursing Care Homes. This is resulting in an ASC commissioned care market that is unstable and at risk of not upholding consistency of service delivery and acceptable standards of quality.
- 2.4. In response to the challenges being experienced, there are a number of immediate system processes and protocols underway; Silver, Bronze and Gold escalation

meetings at a health and social care strategic level and at a more granular level, the Council has convened a Workforce Officer Group which is both implementing and considering a number of solutions aimed at sustaining a strained market in the short and longer term.

2.5 The Council is also passporting the national funding to the commissioned provider market. An overall total of £28million has been allocated to date since the start of the pandemic as quickly and flexibly as possible to try to mitigate some of the workforce pressures. This funding distribution can be summarised at the current time as follows:

- a) Infection Control and Testing Fund (round 3) – the Council has been allocated more than £4.2m, which has been passed to the adult social care sector for the purposes of funding infection control measures, e.g., paying staff full wages for periods of self-isolation, associated costs of testing and vaccines.
- b) Workforce Recruitment and Retention Fund – the Council has received a further £1.5m funding which is to be used to deliver measures that address local workforce capacity pressures in adult social care between 21 October 2021 and 31 March 2022 through recruitment and retention activity, e.g. pay overtime rates to encourage staff to work shifts additional to their usual or contracted hours.
- c) Additional Winter Workforce funding – although full details are still to be confirmed, the Council is scheduled to receive close to £3m in the near future to help recruit and reward social care workforce *in Warwickshire*.

2.6. In the longer term, the Council's People Strategy & Commissioning service will be developing a workforce strategy that will detail how the Council will respond to the ongoing workforce pressures within the commissioned social care market. A first draft of this strategy will be available in April 2022.

3. Supporting Information

3.1. Domiciliary Care

3.1.1. Domiciliary Care commissioned providers continue to report a severe and growing shortage of domiciliary care provider workforce capacity since the end of the national lockdown measures in July 2021. This is generating significant delays in resourcing care packages, i.e., demand is outstripping supply. This is in turn negatively impacting on timely hospital discharges as well as increasing risks for other vulnerable customers in need of care, e.g., customers in the community already in receipt of a care package who require an increase in hours to maintain their independence and wellbeing.

3.1.2. Providers have cited a variety of reasons for the current problems including.

- Staff leaving to join agencies and/or other sectors, e.g., hospitality, catering, retail, delivery etc.
- Low Pay, unsocial hours, and low pay for travel time
- Rising cost of fuel providing a disincentive to provide care at home
- Recruitment issues
- Public's behaviours/actions

- Mental Health issues, such as staff burn out
 - Lack of recognition for domiciliary care market when compared to NHS
 - Escalating costs of agency staffing
 - Untaken A/L carried over from 2020/21
- 3.1.3. Similar workforce pressures outlined in the section above are also being seen in the wider care at home services, particularly Extra Care Housing and Learning Disability Supported Living services. Extra Care and Specialised Supported Housing (for people with Disabilities).

3.2. Residential/Nursing Care

- 3.2.1. Residential and Nursing Care services are also being affected by the issues outlined above, as well as the introduction on 11th November of new legislation requiring registered persons of all Care Quality Commission (CQC) registered care homes (which provide accommodation together with nursing or personal care) to ensure that a person does not enter the indoor premises unless they have been vaccinated (subject to certain exemptions). Overall, this legislation has resulted in a loss of 121 staff from the Warwickshire residential and nursing home market as staff who did not wish to be vaccinated have had to leave their employment in the sector.
- 3.2.2. Some homes are restricting overall capacity or new admissions because of reduced staffing levels. Signs of market recovery had been good in summer 2021 but the increase in care homes occupancy has halted.
- 3.2.3. Market potential for commissioning hospital discharge pathway beds to meet the very high volume this winter has been limited by the lower available staffing. Where bed availability is reduced, there can be local increases to bed price.

3.3 Community Equipment Provision

- 3.3.1. The service is currently dealing with significant issues nationally within both the social care sector providers and community equipment providers as a result of Brexit and moving out of restrictions from the pandemic, these include: -
- Manufacturing and Shipping
 - Operational demand
 - Recruitment and retention
- 3.3.2. Commissioners, partners and the contracted provider have worked together to put the following mitigation in place:
- Contract extensions have been agreed where possible. This will support both the provider market and partners to focus on business continuity and resilience planning to manage and mitigate current pressures. The extensions enable shipping and supplier chains to recover following the initial impact of Brexit and the Covid restrictions.
 - The provider has introduced additional capacity to oversee the operations including drivers/deliveries, logistics and operations.
 - The provider has revised driver contracted working hours to better align coverage throughout the working day with the pressure points.

- The Provider has committed to explore innovative ways to improve staff retention and attract new staff.
- Ongoing promotion of the equipment counter collection facility at the depot.
- Exploration of the use of volunteers to support equipment delivery and drop-off.
- Proposals to maximise the collection of priority equipment from the community.

3.4 Current ASC Job Vacancy Issues

3.4.1 With domiciliary and residential care being the areas of the market currently most under pressure, it is worth noting the current job vacancy and staff turnover figures below:

Table 2 – ASC vacancy figures (October 2021)

| Service Area | Job Vacancy % rate | Staff turnover rate |
|------------------|--------------------|---------------------|
| Residential Care | 9% | 34% |
| Nursing Home | 6% | 38% |
| Domiciliary Care | 6% | 41% |

3.4.2 A recent survey of the Council's commissioned providers indicated that there are over 850 vacant ASC jobs, including Managers, Deputies, Social Care, Catering and Housekeeping, with some of the larger providers carrying up to 20 to 30 job vacancies. Current estimates indicate that 121 staff (2%) have exited the sector due to the government's 11 November mandatory vaccine deadline.

3.5 Children's Public Health and Social Care Commissioned provision.

3.5.1 Workforce capacity pressures are also impacting on children's public health and children's social care commissioned provision. For public health services, pressures are particularly impacting on health visitors' capacity to undertake the five mandated contacts and deliver the breadth of the Healthy Child Programme for 0-5s, leading to a significant drop in performance for the mandated contacts. This is due to a combination of factors including: national shortages of health visitors causing recruitment challenges, increase in cohort of babies, increase in complexity of presenting need, numbers of staff on maternity leave and sickness absence, ageing workforce with staff retiring, and the existing workforce depleted from the level of intensity required to sustain provision during the pandemic. An Emergency Management Plan has been co-developed between the Council and its provider to prioritise clinical delivery of this service during this challenging period, and to escalate pace of ongoing and new work to mitigate risks and create capacity within the team.

3.5.2 The School Health and Wellbeing Service is also noting increases in both referrals and levels of need since the pandemic commenced, and these are now stretching our providers' ability to respond and deliver the breadth of the Healthy Child Programme for 5-19s. Work is continuing with both providers, and a further update on progress will be available at the meeting.

3.5.3. It is important to note that these issues are also impacting on services across the region and nationally. The Institute of Health Visiting recently published their report on the State of Health Visiting 2021 and this noted that there is a national shortage

of 5000 health visitors, with only 9% of health visitors holding the recommended caseloads of 250 children per WTE Health Visitor.

- 3.5.4. For children's social care provision, Children and Family Centres are echoing issues in relation to levels of workforce pressures and presenting need. In addition, feedback from the foster care and residential provider market is that they too are facing staffing issues like everywhere else. Covid is meaning that staff are absent and as such agency staff are being used more which, where excessive, can have an impact on quality of provision.
- 3.5.5 Our experience from our own internal children's home recruitment is that good quality staff are becoming increasingly difficult to source, registered managers especially, are hard to come by. Providers are paying extra to keep the good ones. With so many homes opening up there are plenty of vacancies and providers do not want to risk their business by losing skilled staff and managers.

4. Financial Implications

- 4.1 With the end of the 2021/22 financial year drawing to a close, planning is under way in terms of the inflationary uplift that will be required to sustain the ASC market for 2022/23 and beyond.
- 4.2 2021/22 saw an average inflationary uplift of 2% across the commissioned ASC market. Officers are currently giving due consideration to a number of options to meet inflationary pressures following a period of market engagement.
- 4.3 The financial implications of the workforce pressures within commissioned social care provision may result in costs to the Council increasing. Commissioned providers may have to request a higher charge to the Council for services provided, if they are unable to sustain a stable workforce. We have received feedback that care agencies are increasing their charges to providers for using their agency bank of staff and therefore the hourly rate that providers receive is not covering this cost. Providers are also evidencing that unless care roles can pay above the National Living Wage of £9.50, then a career in care remains unattractive. When the care sector is directly competing against big nationals then these care roles will remain vacant.

5. Environmental Implications

None

6. Timescales associated with the decision and next steps

6.1 Short Term Solutions within ASC

- 6.1.1. A number of options to resolve or ease the current recruitment problems are already under way. These include:

- a). Short Term Funding: Central government funding streams are available through to the end of the current financial year, e.g., the Workforce Recruitment and Retention Fund (and now additional Workforce Grant), discretionary COVID funding, Hospital Discharge. We are taking action to passport these funds to providers as quickly as possible.
- b) System Escalation: Working closely with acute NHS providers and CCG colleagues through bronze, silver and gold meetings to share updates on initiatives that are in place to mitigate the commissioned provider workforce issues.
- c) Silver escalation meeting has developed a system wide action plan across Coventry and Warwickshire and there are a number of actions that the Council is taking in relation to this:
 - Commissioning colleagues to undertake ‘roadshows’ across the 3 acute NHS providers to share in detail the workforce pressures being experienced and to outline how ward staff can assist, by managing patient expectations before they are discharged.
 - Consideration of the development of the hotel model which sees patients being discharged into the hotel with care; this mitigates the need for the workforce to travel as care is delivered over 1 site.
 - The development of a retiree driver scheme, to assist domiciliary care services that need transport for carers to attend their care calls.
- d). Business Support: Supporting the domiciliary care sector to review/streamline its rotas and ensure the workforce is being used efficiently and effectively, particularly in the under-pressure areas.
- e). Introduction of Recruitment ‘Special’ Mutual Aid meetings: Commissioning staff from the Council and the CCG meeting with commissioned learning disability and domiciliary care providers regularly to focus on problems facing the sector, looking at the potential solutions from both a provider and commissioner perspective.
- f). Learning & Development: the Council’s team continue to work with the market and support partners in accessing a number of initiatives aimed at increasing workforce capacity. These include:
 - Recruitment campaigns - including a radio campaign during December 2021
 - Linking to recruitment specialists who offer courses to upskill the market and/or offer funding to pay for driving lessons/tests, uniforms, DBS etc.
 - Linking up with the NHS to re-direct potential candidates that were not successful in an NHS job, but have transferrable skills to work in social care.
 - Working with colleges to take apprenticeship placements
 - Working with veterans leaving the forces to match jobs to suitable candidates
 - Maildrops in most areas
 - Events to raise the profile of social care, e.g., Job Fairs
 - Developing a career progression pathway for domiciliary care

6.2. Long Term Solutions

- 6.2.1. There is acknowledgement that whilst the short-term solutions should assist with immediate workforce pressures, there is a requirement to undertake strategic planning to find ways for commissioned services to continue to be sustainable in this new era of pressure. A number of national initiatives are developing at pace, that will impact on Warwickshire.

- National mandatory Covid vaccine requirement for those staff working in regulated care and within the NHS
- 'Build Back Better' The Governments plan for health and social care, which proposes the introduction of the Health and Social Care Levy from April 2022
- 'People at The Heart of Care' Adult Social Care reform white paper, outlining a 10 year vision
- Additional workforce funding of £300 million ringfenced to help recruit and reward social care workforce.

6.2.2. From a local perspective the national initiatives are being planned into the commissioning cycle across Warwickshire. All the local pursuits will be underpinned by a Warwickshire Commissioned Provision Workforce Strategy which is being developed by the Councils Strategy & Commissioning team that will be presented in first draft form in April 2022. Key elements within the strategy to include:

- Development of the Integrated Care System and how this will impact and create opportunities for a joint health and social care workforce
- Commissioning at place, which may result in workforce requirements differing depending on where a service is being delivered.
- Designing and pricing models for commissioned provision with the aim of achieving value for money whilst supporting the market to thrive.
- Considering opportunities for capital investment.
- Embedding commissioning models that are outcome based in delivery, this will give providers the autonomy to be flexible with care delivery. This will create an agile care workforce that only delivers and supports what is needed.
- A push on the preventative offer for citizens of Warwickshire, to ensure that the voluntary sector and other community groups can be utilised to compliment or replace commissioned care provision
- The use of assistive technology to ensure that citizens receive the support they require, but this does not always need to be from a physical presence.
- Phase 2 delivery of the Specialised Supported Housing Programme (Extra Care Housing (ECH) and Specialised Housing all age disability (SHAD)) based on a review of place-based need.

Appendices

None

Background Papers

None

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Local Members consulted: None

Other Members consulted: Councillors Bell, Drew, Golby, Holland and Rolfe