

Local Members Interest
N/A

Health and Care Overview and Scrutiny Committee - Monday 13 December 2021

Home Care Update

Recommendations

I recommend that the Committee:

- a. Consider the challenges facing home care market in Staffordshire.
- b. Note the actions being implemented to support the sector and increase capacity, especially over the winter period.

Report of Cllr Julia Jessel, Cabinet Member for Health and Care

Summary

1. This report provides Overview and Scrutiny with an overview of the challenges currently faced in home care, the impact this is having on people in Staffordshire, and the actions underway to try and mitigate these challenges.

Main report

Introduction

2. For most of Covid pandemic, the care market performed well in terms of being able to meet demand, with levels of staff turnover improved in 2020/21 compared to the previous year.
3. However more recently demand for care has increased: a recent ADASS survey suggests that since the summer demand is up by around 20% nationally and this reflects our experience in Staffordshire. The cause of this is believed to be the effect of prolonged periods of isolation and inactivity on older people during the pandemic, possibly exacerbated by reduced access to health services due to Covid restrictions, and/or people's own concerns about the risk of infection.
4. At the same time the care market is facing workforce shortages as a result of:

- a. **Increased difficulties in retaining and recruiting staff.** As the economy has “opened-up” following lockdown, staff have been drawn to other sectors which can appear more attractive (either in terms of the job role, pay rates or both).
 - b. **Reduction in staffing levels due to the requirement to isolate.** With Covid case rates remaining high, a significant number of staff are having to isolate because they have symptoms or test positive.
 - c. **Loss of staff to other providers within the sector.** As providers face increased challenges in retaining and recruiting sufficient staff to work in their services, there is increased competition between providers for staff, including companies who are able to offer higher pay because they are commissioned at a higher hourly rate, either by the NHS or self-funders.
5. The gap between demand and supply of care is particularly acute in home care, where demand has risen and workforce shortages are most pronounced.

Current Position

6. The rising demand is leading to backlogs of people waiting for both Care Act assessments and the commencement of care and support packages and placements – again this is a national rather than a local problem. The Council is tracking these backlogs very carefully and prioritising assessments as well as care and support for those individuals at highest risk. At 29 November the backlogs were as follows:
- a. 200 new people awaiting completion of a Care Act assessment for more than 28 days.
 - b. 302 people already in receipt of care and support awaiting completion of a Care Act reassessment for more than 28 days.
 - c. 517 people with an assessed eligible need and outside timescales for commencement of a package and placement, of which 193 are already in receipt of care and support.
7. A range of actions are underway and planned to try and reduce the backlog of Care Act assessments:
- a. **Triaging** and review of all new clients to ensure that the most urgent cases are assessed quickly and that people in the queue are safe.
 - b. Use of **overtime and agency staff** where appropriate to increase capacity short term.

- c. **Recruitment** of additional social workers. £500k has been earmarked for additional capacity and a recruitment campaign is underway.
- d. Contracting out **Deprivation of Liberty Safeguards assessments** to free up SCC/MPFT social work time
- e. Exploring completion of **Care Act reviews** by non-professionals in 'short form' for people in good quality, stable and cost-effective placements with contracted providers.
- f. **Practice audits** have been suspended to enable social work staff to focus on current workloads.

Actions Underway and Planned

8. The Council also has a range of actions underway and planned to address the deficit between demand and supply of home care to ensure we are able to continue to meet our statutory obligations. These have been developed following feedback from the market.

- a. **Managing demand.** In addition to our usual processes for quality assurance of assessed eligible care needs we are:
 - i. Prioritising the most urgent cases and maintaining contact with those in the queue to ensure that they remain safe. We are advising people that where they are not the highest priority then there may be a delay in sourcing care.
 - ii. Ensuring that all packages are proportionate to identified need (i.e. that regulated services are used efficiently) and reviewing needs of all service users to consider alternative options, including promoting the use of personal assistants.
 - iii. Scrutinising requests for handbacks of packages from existing providers carefully and ensuring that these are only accepted as set out in the contractual requirements.
 - iv. Rechecking whether any double staffed packages of care could be reduced to a single staff member safely, for example by use of equipment.
 - v. Where people are in receipt of large packages but still struggling then considering Extra Care, Supported Living or residential care as an alternative.
 - vi. Replacing non-regulated care and health tasks with help from family, friends, support from the community or use of assistive technology where possible.
- b. **Maximising effective use of available capacity.** In addition to our existing processes for sourcing home care we are:

- i. Ensuring that call times are as flexible as possible to maximise efficient runs of care calls.
- ii. Regularly reviewing the clarity of information sent to providers through the procurement portal, supplementing this with email and phone contact with providers, and bringing together groups of packages of care so that providers can identify where they can create efficient runs of care calls.
- iii. Increasing brokerage team capacity and commissioning support.
- iv. Using a postcode checking tool to identify providers already operating close to unsourced packages of care, so that they can be approached directly.
- v. Encouraging providers to work co-operatively where they could create more efficient use of staff time by exchanging packages of care.
- vi. Rechecking whether there are any non-regulated home care tasks that could be supported by the voluntary sector instead.
- vii. If contracted providers do not have capacity, approaching non-contracted providers – noting that this carries a risk that they are not subject to the quality assurance processes that are built into the normal Council contracts (although they are subject to the same CQC regulations) and can hand back packages of care at short notice.

c. Incentivising take-up of packages of care. In addition to our existing processes for incentivising take-up of harder to source packages, we are:

- i. Extending the use of starter bonuses – an additional one-off payment to providers to incentivise picking up a new package of care in circumstances where capacity is constrained, or the package of care is more difficult than normal to provide.
- ii. Building on the current approach through which providers act as a trusted assessor, identifying circumstances where care can appropriately be reduced or ceased (with the agreement of the Council) by developing and rapidly implementing a gain share model.

d. Supporting retention and recruitment of staff. In addition to our range of training and good practice resources and wellbeing support we are:

- i. Running a campaign to support recruitment into existing home care roles.
- ii. Increasing our training offers and the availability of grants to support staff into NVQs and help develop career pathways.

- iii. Implementing contractual changes to pay providers for clients for up to seven days whilst they are in hospital and support them to offer guaranteed shifts to staff.
- iv. Working with providers to develop loyalty schemes to retain staff over the winter, funded by £2.8m from the NHS.
- v. Exploring use of drivers to support care workers who are unable to drive - this may be piloted through Nexxus.
- vi. Exploring the potential to offer loans to prospective staff to fund driving lessons and/or purchase vehicles, possibly with an incentive for electric cars.

e. **Creating additional service capacity.** In addition to the range of existing services that we already commissioning from the market we are:

- i. Working with the NHS to implement a reservist model of care with staff who are trained and have carried out a minimum number of shifts before deployment.
- ii. Working with the NHS to establish an additional service to free up Home First services – this would be in North Staffordshire initially, funded by the NHS and provided by Stoke City Council.

9. The hope is that collectively these actions will help to reduce the gap between demand and supply of home care. They are however a partial and temporary solution to systemic issues in the market nationally.

10. There is more strategic work underway to try and improve staff retention and recruitment and retention. This includes working with the NHS and others to consider the factors that might motivate people to join the sector and considering the development of career pathways that could offer good leadership, training, recognition, and a good balance between work and home life.

11. The level of pay for home care staff is a significant factor in retention and recruitment and in allowing providers to compete with other sectors of the economy. This is not something that the Council is in a position to address within the funding currently allocated in the MTFs: £1 on the hourly home care rate creates a recurrent cost pressure of around £2.5m annually. We will need to continue to lobby HM Government for a sustainable long-term funding settlement for adult social care.

Link to Strategic Plan

12. Be healthier and independent for longer.

Link to Other Overview and Scrutiny Activity

13. Considerations of demand pressures on the NHS.

List of Background Documents/Appendices:

N/A

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