

People Scrutiny Commission

13 December 2021



Report of: Hugh Evans, Executive Director – People

Title: Recruitment and Retention in Adult Social Care

Ward: All

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Recommendations:

- To provide Members and People Scrutiny Commission with the status of recruitment and retention in adult social care and particularly the impact on supply of care and support in the City.
- To update Members and People Scrutiny Commission on key mitigations being put in place to support Adult Social Care workforce.

The significant issues in the report are:

- Provision of information about the overall care and support workforce in Bristol (Source: Skills for Care Bristol data ASC - WDS)
- Provision of information about the BCC ASC workforce – social worker, OT, in-house services
- Evidence of the workforce retention and recruitment difficulties being faced by care and support providers in the City
- Evidence of the impact of the current difficulties retaining and recruiting care and support staff on the supply of care in the City
- Workforce initiatives in the City to support retention and recruitment in the care and support workforce and other mitigations to the risks presenting
- Ongoing challenges and support needed from Members, People Scrutiny Commission, partners and Government to support the ASC sector.



1. Summary

This paper provides information on the current state of the workforce across Adult Social Care: in-house and commissioned provision, plus social work and Occupational Therapy (OT) capacity, and it sets out activities and interventions established as mitigations to decreased workforce capacity across different care sectors and settings.

The stability and growth of the ASC workforce nationally and in Bristol is severely challenged currently. This is for a variety of reasons, including the impact of COVID-19, new compulsory vaccination law, fatigue and burnout of the care and support workforce, the impact of Brexit, and the lure of other employment. A challenged workforce increases safeguarding risks, risks to quality, sufficiency of supply duties and ability of BCC to be able to provide care and support for vulnerable adults with eligible care needs. It also means that providers experience business continuity and sustainability issues, sometimes giving back packages of care and stopping referrals into their services.

This report gives data on different aspects of the Adult Social Care workforce and an analysis of the impact of workforce pressures on the supply of care and support in Bristol.

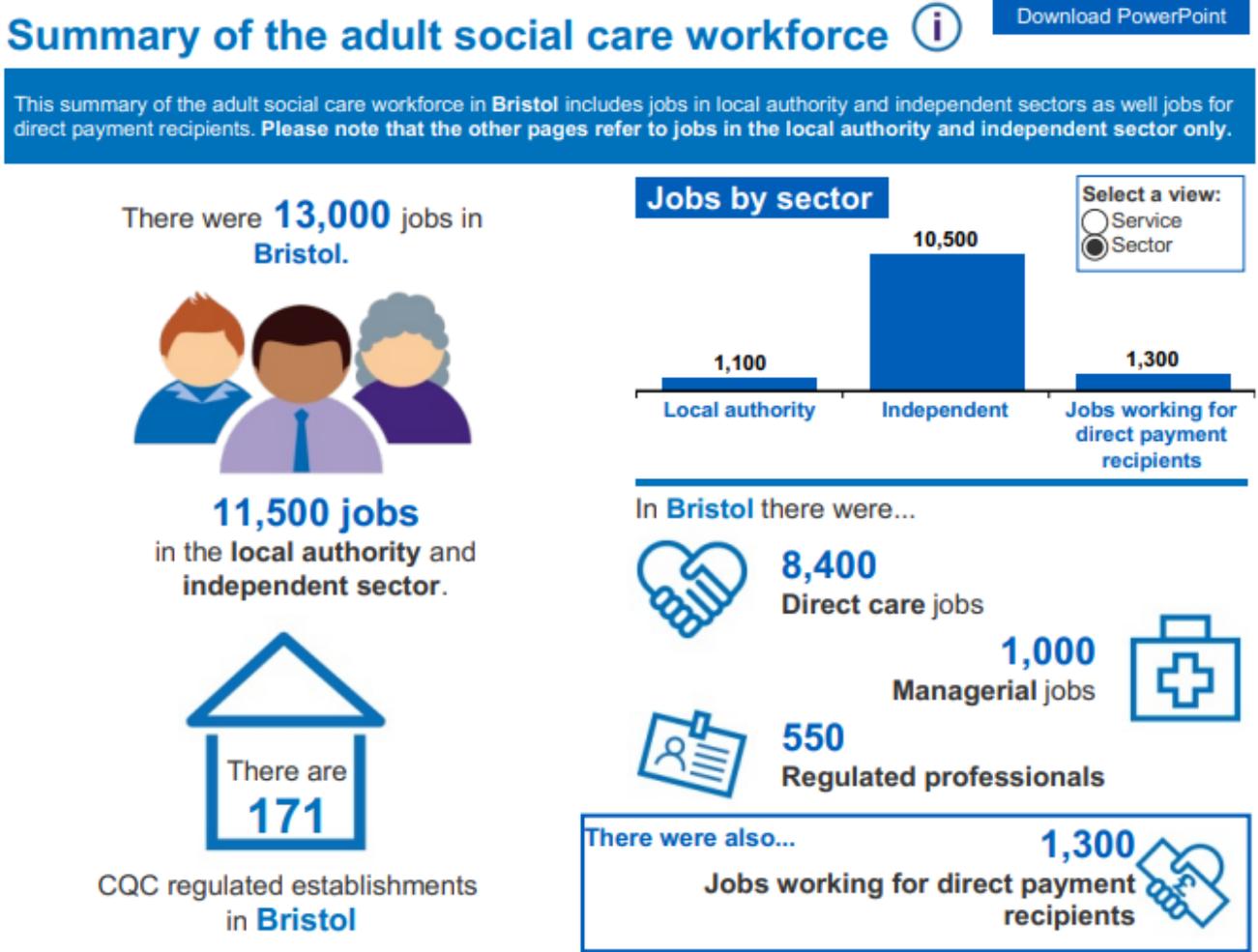
The report also sets out what has been done and is being done to mitigate workforce issues and risks in the City and across BNSSG, including:

- Use of various short-term funds to support workforce recruitment and retention e.g. Workforce Fund, Outbreak Management Public Health funding for ASC, Infection Prevention Control Funding
- Proud to Care recruitment campaigns, job fairs, portal for job applications and consistent advertising of the care sector and jobs in care and support
- BNSSG system wide retention and recruitment initiatives
- Internal agency staff initiative (Guidant staff bank project)
- Provider-led staff banks and mutual support
- Commissioning models that better support terms and conditions for providers and care and support workers e.g. block contracts in homecare
- The importance of the Ethical Care Charter and Ethical Commissioning Charter in driving for improved terms and conditions for the care workforce

The paper also sets out the latest ADASS Director of Adult Social Care requests of Government to ease workforce issues in ASC:

1. Increasing recurrent funding sufficiently to enable parity with NHS roles
2. Adding all care workers to the Shortage Occupation List and reducing the salary threshold for immigration
3. Increasing the amount of workforce grant funding to end March 2022
4. Better recognition from PM and senior politicians to value care as much as medicine and nursing for example
5. Waiving the Immigration Skills Charge for care workers
6. Reducing the cost of obtaining the legal Right to Work for care workers
7. Supporting investment in regional recruitment campaigns
8. Reviewing restrictions on movement between care settings of double-vaccinated and tested care workers.

2. Context – Information on Bristol’s adult social care workforce (Source: Skills for Care November 2021)



In Bristol there are an estimated 13,000 jobs in adult social care, split between local authorities (8%), independent sector providers (82%) and jobs working for direct payment recipients (10%). 11,500 adult social care jobs are therefore employed in the local authority and independent sectors. These include 1,000 managerial roles, 550 regulated professionals, 8,400 direct care (including 6,900 care workers), and 1,700 other-non-care proving roles.

The majority (79%) of the workforce in Bristol is female, and the average age is 42.1 years old. Workers aged 24 and under make up 10% of the workforce and workers aged over 55 represent 22%. An estimated 79% of the workforce in Bristol identifies as British, 13% identifies as of an EU nationality and 8% a non-EU nationality.

Staff turnover rates, sickness rates, zero hours contracts, qualification levels

Skills for Care data estimates that the staff turnover rate in Bristol is 35.0%, which is similar to the regional average of 32.0% and higher than England (29.5%). Variables that influence the likelihood of a worker leaving their role are travel; those under 25, and over 60 years old, are more likely to leave their posts; turnover decreases with higher levels of experience working in the sector; likelihood of

leaving decreases as pay levels increases; likelihood of leaving decreases with higher levels of experience in role and likelihood of leaving decreases if workers have more training; turnover decreases if workers have a higher number of contracted hours; likelihood of leaving decreases if workers have fewer sickness days; workers on zero-hours contracts are more likely to leave their posts and likelihood of high turnover rates increases if the establishment has high turnover historically.

Workers in Bristol have on average eight years of experience in the sector and 78% of the workforce has been working in the sector for at least three years. The average number of sickness days taken in the last year in Bristol was 10.2 (9.4 in South West and 9.5 across England). With an estimated directly employed workforce of 11,000, this would mean employers in Bristol lost approximately 111,000 days to sickness in 2020/21. In England levels of staff sickness have nearly doubled over the course of the pandemic between 2019/20 and 2020/21, in total around six million extra days were lost to sickness than in the year before.

Less than a quarter (14%) of the workforce in Bristol is on zero-hours contracts. Around half (55%) of the workforce usually work full-time hours and 45% are part-time. Skills for Care estimates show that 38% of the direct care providing workforce in Bristol hold a relevant Adult Social Care qualification (46% in South West and 46% in England). Raw data from the ASC-WDS showed, of those workers without a relevant Adult Social Care qualification recorded, 34% had five or more years of experience in the Adult Social Care sector, 53% had engaged with the Care Certificate and 70% had completed training.

Growth of Adult Social Care but contraction in workforce

Adult Social Care is a growing sector. Across England it has increased by 12% since 2012, and in the South West region it increased by 6% over the same period. If the workforce grows proportionally to the projected number of people aged 65 and over then the number of Adult Social Care jobs in the South West region will need to increase by 35% (from 178,000 to 240,000 jobs) between 2020 and 2035.

However, retention and recruitment in ASC is extremely challenged currently and is one of the largest issues faced by employers in ASC and the NHS. The demand for ASC is increasing at a time when workforce is shrinking and the lure of other employment in the service sector is strong. For example, Amazon recruiting to its Avonmouth warehouse with a £2,000 ‘golden handshake’ and a £13-14 hourly rate is attractive and there is anecdotal evidence of targeting of the care workforce to work for such service sector companies. Another lure is the NHS which can be seen as more attractive and secure employment with good progression routes, compared to Adult Social Care roles. This is despite most homecare providers in the City paying above the Real Living Wage (as was at £9.50).

Social work, OT, other social care staffing and in-house service retention and recruitment

The ASC social work and Occupational Therapy (OT) workforce is estimated to be 321 staff:

- 153 Social Workers
- 100 Social Care Practitioners
- 24 Tier 4 Managers (BG14 Team Managers)
- 32 OTs
- 9 OT aides
- 5 OT Team Managers (TMs) and Senior OT's

Social work staff turnover rate is 10% (anecdotally this has increased since COVID-19). This is lower than corporate target of 12%, and the current vacancy rate is estimated to be 10%. Sickness absence stands at average of ten working days lost per staff member which is higher than the corporate target of eight days. A higher % of these is of lower grade staff and stress / depression is main cause of absence. The LGA – Social Worker Health check is live until end of the year and will give a better picture of exact wellbeing of staff. Feedback is one of exhaustion especially at practitioner level.

In-house service staff retention is good (Reablement, Rehab Centres, Concorde Lodge, Redfield Lodge, BCLs and Community Meals Service) with relatively few vacancies currently, low turnover rates and very few staff not vaccinated. However, the resilience of all staff working in ASC has been tested and is stretched after 18+ months of COVID-19. Vacancies though few, are affecting capacity to deliver services and although advertised regularly recruitment is proving difficult.

Impact of workforce crisis on supply of care and support

The current workforce crisis has a significant impact on BCC's ability to source and broker care and support for people with eligible needs under the Care Act (2014). ASC has experienced over 150 'hand backs' (where care providers return commissioned care packages to the Council as they are unable to deliver them) of homecare and reductions in support to access the community packages over the past few months. The current waiting list of people waiting for homecare is c.100 people. Families and carers are being asked to look after those they care for while packages of care are sourced. Social workers have delivered care themselves to clients; social workers and managers are having to prioritise the care and support available; pathways out of hospital that flowed well pre-June 2021 are blocked, with the lack of availability of homecare across BNSSG being a major issue with significant consequences for the health and social care sector. There are risks to life and limb, reputational risks, legal challenge risks and costs associated with people waiting for care, package hand backs to the local authority, resultant waits for care, and changes in provider. There are also safeguarding and quality impacts when workforce is compromised.

Package hand backs received by BCC Adult Social Care since September 2021 = 160 (Homecare and Support to Access the Community 'STAC' services)

Those currently without care or imminently without care = 25 people.

Current waiting lists (packages to be allocated to providers):

Homecare = 46

Reablement = 41

Care Homes = 6

Supported Living = 62

Support to Access Community (STAC) = 69

This is a picture mirrored nationally as evidenced in a report published this week (ADASS Snap Survey Winter 2021). The proportion of local authorities reporting closures, or providers ceasing to trade for home care is 41% for the past six months. This compares to 21% for the previous six months. This figure was 15% for the six months prior to the onset of Covid-19.

Initiatives and investment to support the ASC workforce and to mitigate risks to supply of care and support

There are various initiatives seeking to support retention of care and support workers in Bristol and investment in this.

These initiatives include PR campaigns to attract people to the social care workforce; pilots on the sharing of available workforce across providers; working alongside VCSE partners and COVID-19 volunteer banks for social care support; new commissioning models and diversification of care settings to support alternative ways of looking after people.

PR campaigns

1. DHSC National Recruitment campaign: <https://www.gov.uk/government/news/adult-social-care-campaign-to-build-bigger-and-better-workforce> which offers care providers the opportunity to add their vacancies to DWP/JCP jobs website.
2. **Proud to Care** Recruitment Campaigns. Live campaign is running November 2021 to March 2022.

This campaign has target audiences of young people, older workers and work returners. Each Local Authority (via its Proud to Care Lead) has worked up a schedule for the campaign that will be supported by an ad agency to promote events, emphasise key messages and encourage people to attend events. A social media campaign will be delivered across BNSSG. Respondents to the campaign are directed to a campaign ‘landing page’ that invites them to complete an expression of interest form that links to Proud to Care sites and is then matched to local job opportunities.

There is also a Bristol student campaign starting next week running in November and again in January. There are social media and events at UWE, Bristol University and Glenside targeting students in general and specific campaigns for students on health and care courses. To reinforce the campaign, there will be a series of messages from across the system emphasising the vital role played by social care. Strategic communications will be co-ordinated by Healthier Together Communications.

BCC has a Proud to Care Team and works alongside ASC commissioners, social care providers, Economic Development, DWP and other partners on job fairs, job shops and other initiatives to support retention and recruitment of the social care workforce.

Other support for providers with retention

- **Retention toolkit** – a set of on-line resources have been developed by the BNSSG Retention Working Group for use by all Health and Care employers, includes e-modules, and resources to support retention.

<https://bnssghealthiertogether.org.uk/staff-education-training/retention-e-module-for-managers-2021/>

- **Healthier Together Support Network** – has been launched and is accessible to all those who work in Health and Care. It offers training and resources to support wellbeing and resilience. The offer is hosted by NBT psychology services and also offers facilitated sessions to managers and leaders in boosting resilience within teams, using a Trauma Informed approach.

<https://bnssghealthiertogether.org.uk/support-network/>

Information about these offers has been shared with providers.

Longer Term - workforce and models of care

Under the governance of the Healthier Together Care Provider Board, a piece of work is being scoped to consider strategic needs analysis and market position statement refreshes for the three local authorities in the BNSSG patch. This will include medium- and longer-term workforce requirements, and elements such as career pathways and accredited training. Healthier Together is also recruiting six HEE-funded workforce project managers to support system workforce transformation across health and social care.

Within the BCC Adult Social care division social work teams, there are many initiatives to encourage the development of the workforce including apprenticeships, graduate pathways into social work and OT, secondments and other routes into BCC social care pathways.

Funding to support retention and recruitment of staff

There have also been various sources of funding made available to ASC, mainly short-term funding to support retention and recruitment of the ASC workforce. Most significant funds are:

Public Health Covid Outbreak Management money (COMF) – £2.6m was secured by ASC commissioners for spend by end of March 2022. COMF was introduced in the summer of 2020 to support Local Authorities in England to manage COVID-19 outbreaks in the community. At present, the current round of funding must be spent by 31 March 2022. ASC has apportioned COMF to Bristol City Council-contracted Home Care Providers. Funding will be distributed equitably across the market based on the volume of commissioned hours the provider currently delivers. Home Care Providers are required to use COMF to meet the following outcomes:

- 1) Improve the recruitment and retention of the Service Providers' staff to deliver the service
- 2) Support the Service Providers to maintain and increase capacity to deliver safe provision of care

| Funding Description | Amount | Sector | Method |
|--|----------|-----------|---|
| Recruitment and Retention Funding | £623,500 | Home Care | Allocated by volume of commissioned hours of care & support |
| Home Care Hospital Flow Blocks | £97,500 | Home Care | Opportunity tendered to all Framework providers |
| Extension of existing home care blocks | £131,000 | Home Care | Contract extension for existing block |

| | | | |
|---|---------|------------------------|---|
| | | | contracts (Medacs, HSG, Kumari Care) |
| Comms and Marketing Plan to improve recruitment and retention | £20,000 | All social care sector | BCC Communications Team and BNSSG cost contribution |

There is also £650,000 COMF money allocated to supported living providers to maintain staff and expand workforce to reduce the number of people waiting for provision and to enable new ways of supporting people. There is also £1m for a provider sustainability panel to support requests for support from providers in financial difficulty or at risk of collapse.

Workforce Recruitment and Retention Fund. £162.5m Department of Health and Social Care funding nationally. £1,373,373 is Bristol’s allocation. The main purpose of the Workforce Recruitment and Retention Fund is to support local authorities and providers to address adult social care workforce capacity pressures in their geographical area this winter in order to:

- support providers to maintain the provision of safe care and bolster capacity within providers to deliver more hours of care
- support timely and safe discharge from hospital to where ongoing care and support is needed
- support providers to prevent admission to hospital
- enable timely new care provision in the community
- support and boost the retention of staff within social care
- The payments will be in two tranches – Nov’ 21 and Jan’ 22.
- £1,339,640 will be passported to providers and £20k is allocated to the Proud to Care campaign.

Workforce Fund - Terms and Conditions

- Local authorities should ensure that funding is only passported directly to a provider that is registered with the CQC.
- CQC registered providers will be Care Homes, Domiciliary Care (so include ECH Care and Support and Community Support Services who are registered to provide personal care), Shared Lives.
- 1,498 (27%) out of 5,458 service users in residential / nursing care hence proposing either a) 40/60% or b) 30/70% split
- Allocate pro rata on service user numbers with minimum and maximum allocation.

Infection Prevention Control Funds - The Adult Social Care Infection Control Fund was first introduced in May 2020, to support adult social care providers in England to reduce the rate of COVID-19 transmission. This fund has been extended until 31 March 2022 to support the care sector to put in place crucial measures over the winter period. £2,625,901 has been allocated to Bristol City Council for distribution as per guidance. The direct award element is £818,500.

This is a new grant, with separate conditions to previous Infection Control and Testing Funds.

The local authority discretionary portion of this funding consists of three allocations:

- Infection prevention and control (IPC) funding
- Testing funding
- Vaccines funding

Local authorities must use 30% of the IPC allocation to support the care sector to put in place other COVID-19 infection control measures, but this can be allocated at their discretion. Local authorities must use their discretionary allocation of the testing allocation of the grant to support the care sector to operationally deliver testing.

Local authorities should use 30% of their vaccines allocation to support staff in other care settings, including non-registered settings, and to provide additional support to providers where required in order to undertake the following measures:

- ensuring that staff who need to attend work or another location for the purposes of being vaccinated for COVID-19 or flu are paid their usual wages to do so
- any costs associated with reaching a vaccination facility
- any reasonable administrative costs associated with organising COVID-19 or flu vaccinations where these were not being supported by other government funding streams.

Staff banks and mutual aid

In 2020 during the first wave of COVID-19, ASC commissioners set up a care and support worker staff bank via the agency Guidant. This was to ensure that care and support providers could access agency bank staff to cover shifts when their staff were unwell with COVID-19. Several workers did several shifts in care homes then the initiative folded through lack of demand and complexities of visiting staff on multiple sites. However, Care and Support West with its provider members are also working on a mutual staff bank idea and the wider health system through Sirona and other NHS partners have also been assessing staff bank ideas. This is an ongoing option.

Use of COVID-19 volunteers (working in partnership with the BCC Community Resources Team) and support from BCC Civil Contingencies Team and Operations Centre in case of emergency need for care and support for citizens

ASC commissioners are currently working in a combined team with BCC Civil Contingency Team and BCC Community Resources Team to plan and operationalise a reactive plan for when there is not enough care and support workforce in the City to meet needs. This is an emergency measure but it is currently being planned for winter months. In addition, a more proactive response to drawing on COVID-19 volunteers to support home check-ins, welfare checks and support to access food, prescriptions etc is also currently being developed. Issue being worked through currently are types of volunteer roles, relationship with family members and care providers, classifications of needs to be met, processes established and risks identified and mitigated before any plans and communications are shared more widely with volunteers, providers and families and citizens.

Other ways of supporting the workforce - commissioning models and funding rates

Commissioning models and rates paid to providers are another obvious way to support providers with staff retention and recruitment. For example, block contracts can enable more surety for providers and enables them to passport improved terms and conditions to their workforce. Block homecare

contracts were set up in 2020 using Clinical Commissioning Group (CCG) surge funding and are now being expanded using COMF, and recently approved Discharge to Assess health and social care money. Also currently under review as part of Medium Term Financial Planning (MTFP) are contractual uplifts for providers for 2022/23. BCC has also signed the Ethical Care Charter for homecare and this is underpinning a drive to continually improve terms and conditions for homecare workers in the City.

3. Policy

The issues in this paper fit with the Corporate Strategy vision 2022-27 for BCC to “play a leading role in driving an inclusive, sustainable and healthy city of hope and aspiration, one where everyone can share in its success” and aligns to the current strategic aims to be `empowering and caring` and `fair and inclusive`. It also fits the vision for BCC to be an employer of choice and an ethical commissioner.

4. Consultation

a) Internal

N/A

b) External

N/A

5. Public Sector Equality Duties

- 5a) Before making a decision, section 149 Equality Act 2010 requires that each decision-maker considers the need to promote equality for persons with the following “protected characteristics”: age, disability, gender reassignment, pregnancy and maternity, race, religion or belief, sex, sexual orientation. Each decision-maker must, therefore, have due regard to the need to:
- i) Eliminate discrimination, harassment, victimisation and any other conduct prohibited under the Equality Act 2010.
 - ii) Advance equality of opportunity between persons who share a relevant protected characteristic and those who do not share it. This involves having due regard, in particular, to the need to --
 - remove or minimise disadvantage suffered by persons who share a relevant protected characteristic;
 - take steps to meet the needs of persons who share a relevant protected characteristic that are different from the needs of people who do not share it (in relation to disabled people, this includes, in particular, steps to take account of disabled persons' disabilities);

- encourage persons who share a protected characteristic to participate in public life or in any other activity in which participation by such persons is disproportionately low.
- iii) Foster good relations between persons who share a relevant protected characteristic and those who do not share it. This involves having due regard, in particular, to the need to –
- tackle prejudice; and
 - promote understanding.
- 5b) No EQIA has been done specifically on this report but commissioners will look more deeper now into the equalities impacts of the workforce issues raised in the report and the adverse impact of the workforce crisis on workers with protected characteristics.

Appendices:

None

LOCAL GOVERNMENT (ACCESS TO INFORMATION) ACT 1985

Background Papers:

None