

# **Adult Social Care and Communities Scrutiny Committee**

**25 January 2022**

## **Report from the Executive Director of Adult Social Care and Public Health**

### **Update on the state of the independent care market in Gloucestershire and actions taken and the interim market support plan.**

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#### **Introduction**

This report will provide an overview of the pressures on the independent adult social care market and will outline the work that Gloucestershire County Council (GCC) is doing to support the market. GCC has a statutory duty to manage the adult social care market, and previous briefings to the committee have discussed this duty and our approach.

The social care market is facing unprecedented challenging times both locally and nationally. A sustainable independent sector workforce is an emerging issue. The volume and responsiveness of local care provision is at risk of being insufficient to enable the county council to meet its duties under the Care Act and the county council's responsibilities with regard to safe and effective hospital discharge are significantly impacted. Our analysis of need is well understood; we have a growing cohort of older people, however, our understanding of the longer-term impact of Covid on the older population is still being developed.

#### **Needs Analysis**

Older people form over a quarter of Gloucestershire's current population and the 65+ population is projected to experience the greatest growth, increasing by almost 70,900 people, or 52.5%, by 2043. All districts are expected to experience an increase in the 65+ age group. The increase is projected to be highest in Cotswold (65.1%) and smallest in Cheltenham (45.5%). Only a small proportion of the older population will go on to require care, however, since the population is rising, it is inevitable that the demand for care will rise proportionately.

The demand for adult social care is projected to increase significantly over the next 20 years. The Department of Health & Social Care (DHSC) predicts that 57% more adults aged 65 and over in England will require care in 2038 compared to 2018. The percentage increase projected for adults aged between 18 to 64 over the same period is 29%. In Gloucestershire, an estimated 25,400 older people have a long-term illness or disability that limits their day-to-day activities a lot. That number is predicted to rise by 39,000 by 2030. The numbers of people with physical disabilities and learning disabilities are also projected to rise significantly over the same period. Advances in medicine mean that a percentage of older people will also have a long-term condition (learning or physical disability), and they may therefore require a more focused or specialised package of support.

### **Overview of Difficulties in the market currently**

Locally, the effect of the Covid-19 pandemic is not yet wholly understood, but there are likely to be medium and long-term consequences for the care market. We do know that the support we have given care homes through the pandemic (in the form of central government funding, local authority grants such as the Infection Control Grant, and the PPE, testing and vaccination cells) has sustained the market through a difficult time. We also know that this additional funding has created an artificial level of income for homes which it will not be possible to sustain in future. Over the summer of 2021 we have experienced a significant number of homes expressing a need to close and are now facing capacity issues across the market, but most particularly in domiciliary care, that exceed any we have experienced before. These issues are repeated in the national picture as well as locally and can be summarised:

- **High level of demand for Domiciliary care (number and size of packages)**  
Many people are leaving hospital at this time with higher levels of need than they might previously have been discharged with. In addition to the number of care hours required the complexity of need results in increased demand for skilled staff who are in short supply
- **Reduced supply of care workers**  
Providers across the sector report that they are currently unable to recruit additional staff and are short staffed. National data tells us that for 2019-20

the Southwest had an average vacancy rate of 6.7% and the national turnover rate for staff was 30.4%<sup>[i]</sup>. Skills for Care tracking of monthly staffing and occupancy indicates that the Southwest has seen a reduction of 1.9% in numbers of staff working in domiciliary care from March to July 2021<sup>[ii]</sup>. Factors that affect recruitment include: poor rates of pay compared to retail and hospitality sector where more jobs are available again as Covid restrictions have eased (Skills for Care indicates that the median rate of pay for private sector care staff in March 2020 was £8.50 per hour less than that paid for cleaners and domestics, sales and retail assistants<sup>[iv]</sup>); a reluctance of staff to enter a profession where invasive medical procedures are compulsory; burn out – many staff in the care industry migrate between providers over the course of their career but the harsh working period they have experienced as a result of Covid has resulted in their looking at alternative opportunities.

- **Impact of compulsory vaccinations**

It is now compulsory for all staff working in care home to be double vaccinated. And from 1 April 2022 any front-line member of staff who works in the health or care sector will also be required to be double vaccinated. However, this legislation does not require staff to have the booster vaccination.

- **Impact of Brexit**

Whilst previously our provider market had not seen significant impact of staff reduction due to Brexit more recently it has become a growing issue. Locally one domiciliary care provider experienced 17 members of staff returning to Europe permanently in September.

### **State of the market**

The adult social care market continues to be extremely challenged as we are facing a dearth in capacity across the system. The Capacity Tracker survey, which ran from September to October 2021, gives a good overview of the situation. Nationally 8,941 settings responded to the survey, of which 4,051 were care homes and 4,440 were domiciliary care providers. This represents a response rate of 27% of all CQC-registered care homes and 44% of all CQC-registered domiciliary care providers.

These statistics cover views on:

- retaining staff
- recruiting staff
- maintaining staff morale
- accessing agency staff
- assistance from government

### The overall situation

Respondents were asked “Compared to April 2021, how would you describe the current level of workforce challenges in your service or location for?”

- retaining staff
- recruiting staff
- maintaining staff morale
- accessing agency staff

These questions were the first question for each of the 4 sections. Results are summarised in table 1 below. The most challenging area reported by respondents was recruiting staff, which was reported to be more challenging than in April 2021 by 81.9% of non-N/A respondents.

Question	More challenging	About the same	Less challenging	Response rate (with number)
<b>Retaining staff</b>	70.3%	25.0%	4.5%	98% (8765)
<b>Recruiting staff</b>	81.9%	15.1%	2.5%	97% (8677)
<b>Maintaining morale</b>	70.6%	24.5%	4.4%	98% (8735)
<b>Accessing agency staff</b>	77.9%	16.6%	2.4%	58% (5238)

Table 1: responses to “Compared to April 2021, how would you describe the current level of workforce challenges in your service or location for...?”

## Retention

70.3% of non-N/A respondents reported that retaining staff was more challenging than April 2021. 25.0% reported that it was about the same and 4.5% reported this was less challenging than April 2021 (table 1). At a regional level, the results were as follows.

Region	More challenging
East of England	70.9%
London	56.0%
Midlands	70.3%
Yorkshire and the North East	70.5%
North West	69.5%
South West	76.7%
South East	72.4%

Table 2: responses to “Compared to April 2021, how would you describe the current level of workforce challenges in your service or location for retaining staff?” by region

The situation with capacity is exacerbated due to staff leaving the sector and, more recently, an increase in Covid related absence due to the surge of the Omicron variant.

## **Action taken to address recruitment and retention in the care sector**

The GCC response to tackling recruitment and retention issues stems from two plans; firstly the Market Support Plan and secondly the Domiciliary Care Plan. The key actions are summarised below:

### ***Proud to Care***

Is the recruitment programme that aims to not only recruit and retain staff within the caring profession, but also demonstrate the caring can be a rewarding career. We have appointed an additional staff member to the Proud to Care team. This will increase the capacity of the team and there are plans in place to recruit another as soon as possible. The increase in staff has allowed the team to update their strategic plan in response to the current market needs. We are focusing our energies currently on:

- supporting the market with recruitment
- promoting care as a career
- identifying and screening potential candidates
- working with job centres
- developing very local recruitment campaigns
- using social media campaigns

The Gloucestershire Proud to Care website can be found on this link:  
<https://www.proudtocareglos.org.uk/>

### ***Integrated Brokerage Team***

GCC and the CCG operate an integrated Brokerage team. This team buy all packages of domiciliary care, residential and nursing home beds on behalf of GCC and the CCG. We have appointed a new Strategic Commissioning Manager who will lead on strategic market planning which includes the proposal to commission domiciliary care in a different way which will enable providers to free up some more capacity. Whilst we wait for the appointee to start, we have a temporary person in post. They have initiated the exploration of creating small geographically defined blocks of domiciliary care in hard to cover areas. We will offer these blocks to providers in other areas who have capacity to provide the care.

We are offering additional incentives to domiciliary care providers to take packages of care rapidly from the acute and community hospitals. There are two strands:

- a one-off enhancement payment to hasten hospital discharges using a provider's response time as the gauge and to assist and hasten the more complex, harder to source and larger packages of care

or

- an enhanced hourly rate to the providers to encourage offers.

These schemes will operate until 31 January.

We are also buying more care packages from providers outside of contractual framework. This is a short-term measure for the next month.

In addition, we will be utilising the enhanced hourly rate within the community when it pertains to a current 'Progression' case. Progression cases are Home First (Reablement Teams) care provision where the need for reabling has ended, there is still a need for personal care, so a Home Care service is required.

### ***Use of non-recurrent funding to support the adult social care market***

There have been a number of non-recurrent funding streams made available to the independent care sector during the pandemic. These include the Infection, Prevention and Control Fund and Rapid Testing Fund. Details of these funds have been provided in earlier scrutiny briefings. More recently the Government has issued a Workforce Recruitment and Retention Fund (WRRF) 1 and 2.

For WRRF1 we have received £1.7m. We took advice from the Gloucestershire Care Providers Association as to how best to allocate the funding to the front-line care workers. We have, therefore taken the decision to distribute this to providers to make a payment to all staff across all provisions who have been in post for more than 6 months on 31 December to recognise their contribution over the last 2 years. This money will be distributed from the middle of January.

We have recently received the following comment from one of our providers regarding the WRRF 1.

*“Also, please can I take this opportunity to thank everyone involved in this Grant. This will be such a boost to staff during such difficult times. I can’t wait to tell everyone, I feel like a child at Christmas. My business has been staying afloat because of the Infection Control Fund, but without that I don’t think I would have been able to survive. So, to have this opportunity to thank staff further is the icing on the cake.”*

GCC has secured an additional £1.7m from the CCG that will enable a second payment to staff on the same basis which will support retention of staff. This will be distribution in the Spring/early Summer.

Shortly before Christmas a second tranche of the WRRF was announced. GCC will receive a further £3.1m under this fund. This will allow a third payment to staff which will again support retention. We also plan to use this fund to target specific areas of the market which are proving particularly problematic and in Gloucestershire this will largely be targeting domiciliary care and specifically in hard-to-reach areas.

The obvious solution to recruitment and retention is to permanently uplift the payments to the independent care sector. Whilst we do increase our rates each year, using a formula agreed with provider representatives, this is not sufficient to resolve the recruitment and retention issue. The recent adult social care White Paper outlined the work we need to do over the next two years. For example, in 2022 we will conduct a Cost of Care Exercise. This will determine sustainable rates for the local care sector and how close this is to the current rate paid by GCC. This exercise will form part of the work to deliver the charging reform and will be the subject of further briefings to scrutiny once the guidance is published in May.

### ***Supporting families to offer care***

This initiative is largely focusing on supporting hospital discharge arrangements. Where people cannot go home as they need a low level of care or support and this cannot be sourced from the market families are being supported to step in where



appropriate and possible. They are able to access payment via the Direct Payments scheme. This can be a permanent or temporary arrangement.

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[i] <https://www.skillsforcare.org.uk/adult-social-care-workforce-data/Workforce-intelligence/publications/national-information/The-state-of-the-adult-social-care-sector-and-workforce-in-England.aspx>

[ii] <https://www.skillsforcare.org.uk/adult-social-care-workforce-data/Workforce-intelligence/publications/Topics/COVID-19/Staffing-and-occupancy-monthly-tracking.aspx>

[iv] <https://www.skillsforcare.org.uk/adult-social-care-workforce-data/Workforce-intelligence/publications/Topics/Pay-rates.aspx>