

Bath & North East Somerset Council		
MEETING/DECISION MAKER:	Children, Adults, Health & Wellbeing Policy Development & Scrutiny Panel	
MEETING/DECISION DATE:	09/10/2023	EXECUTIVE FORWARD PLAN REFERENCE:
TITLE:	Care Workforce in B&NES and The Care workforce in our in-house provision – Review Autumn 2023	
WARD:	All	
AN OPEN PUBLIC ITEM		
List of attachments to this report: None		

1. THE ISSUE

1.1. Over the last few years there has been growing concern about the capacity and pressures for the care and health workforce. This report is an opportunity to explore and consider the issues and the responses currently in place to support both the wider Care and health workforce in B&NES and specifically the workforce related to the provision run directly by the Council.

2. RECOMMENDATION

2.1. The Panel is asked to note the report.

3. THE REPORT

3.1. The makeup of the care workforce in B&NES

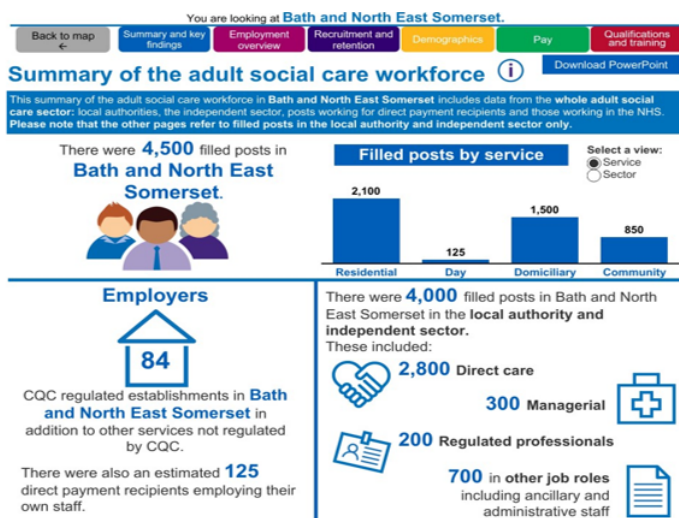
Bath and North East Somerset have a care workforce of around 4,500¹. This is made up of care workers in care homes, home care and extra care across 80 registered services, 68% care homes (nursing and residential) and 32% home care/extra care.

About 15% of these workers are on zero hours contracts with 85% having specific contracted hours. 42% are working fulltime. Part-time and zero hours contracts remain popular options for care workers as the majority are fitting their work around caring responsibilities for families, children and older parents.

The turnover rate of care staff within B&NES is 26.9%, which is the lowest in the South West, although it is comparably higher than some other employment sectors. Most providers are working with an average vacancy rate of 11.5% which is average for the South West, with 61% of recruitment taking place from within the sector.

This is a predominantly female workforce, with 85% of workers being female, but since the recession local intelligence suggests that the next data collection will suggest a slight rise in the number of men gaining employment in caring roles.

¹ <https://www.skillsforcare.org.uk/Adult-Social-Care-Workforce-Data/Workforce-intelligence/publications/local-information/Local-area-comparison.aspx>



Roughly a third of the workforce are over 55 years of age and, reflecting the B&NES population, are 88% British and those from Europe make up a further 7% of the workforce. 91% of the workforce are not from black, Asian or ethnic minority groups.

All workers are recorded as being paid at or above the minimum wage, with an average salary that is one of the highest in the Southwest. However, B&NES compares low to other local authorities in the Southwest with only 33% of workers having a care qualification.

Council Managed provision

Within this workforce B&NES Council operate 9 distinct services under 5 separate CQC registrations. These include 3 Community Resource Centres (Care Homes), 5 Extra Care Housing Schemes (ECH) including 7 Stepdown units and a domiciliary care agency called United Care B&NES (UCB). Some of these services are provided solely by the Council (the CRCs), and some of these are provided in partnership with other organisations; Extra Care/Stepdown (x3 Housing provider partners) and the domiciliary care agency UCB, which is a pilot between B&NES Council and RUH (2 year pilot). There are approximately 689 staff, including bank staff who work in these services. (15% of the B&NES care workforce).

These in-house provider services are broadly reflective of the wider workforce described above; with only 8% of our workforce being men, and the majority of the workforce are again not from black, Asian or ethnic minority groups, and a similar level of qualifications and pay rates, but generally better terms and conditions.

3.2. Current Challenges

The care sector has been under considerable challenge over the last few years. The covid pandemic and Brexit, closely followed by the current cost of living crisis, has put the workforce under considerable pressure. The following key areas are of concern:

3.2.1. Recruitment and Retention

The Care Quality Commission raised six clear areas of significant concern in October 2022, namely:

- Providers are losing the battle to attract and retain enough staff.
- The persistent understaffing across health and social care poses a serious risk to the safety and wellbeing of people who use services.
- More than 9 in 10 NHS leaders have warned of a social care workforce crisis in their area, which they expect to get worse.
- Care homes have found it very difficult to attract and retain registered nurses. We have seen nurses moving to jobs with better pay and conditions in the NHS, and care homes that have had to stop providing nursing care.
- Of the providers who reported workforce pressures having a negative impact, 87% of care home providers and 88% of homecare providers told us they were

experiencing recruitment challenges. Over a quarter of care homes that reported workforce pressures told us they were actively not admitting any new residents.

- Only 43% of NHS staff said they could meet all the conflicting demands on their time at work. Ambulance staff continue to report high levels of stress.

Council Managed provision has not been exempt from these pressures, particularly having been transferred from Sirona care & health back to the Council in October 2020, mid-pandemic.

On transfer, with an already depleted and exhausted workforce, the in-house services relied heavily on agency staff to ensure safe levels of staffing. This agency usage severely impacted both budget and quality of service, and has been a significant factor in 2 care homes rated by CQC as Requires Improvement and 1 Inadequate in October 2022 (this has subsequently been rating improved to RI). New approaches in the last year have started to make an impact on this and overall use of agency staff has reduced, however staying on-top of recruitment and retention remains an on-going challenge.

3.2.2. Limited Training and Qualifications

As noted above, with high turnover and difficult recruitment, training has not been significantly prioritised across the sector. Workers often leave or move on to other providers, but do not start or continue their studies. This can mean that training beyond mandatory expectations can be limited and does not support carers taking forward a career in care. The Care Skills Agency has continued to offer a broad range of training and support to providers, but providers have not always wanted or, in some cases, given sufficient encouragement to engage.

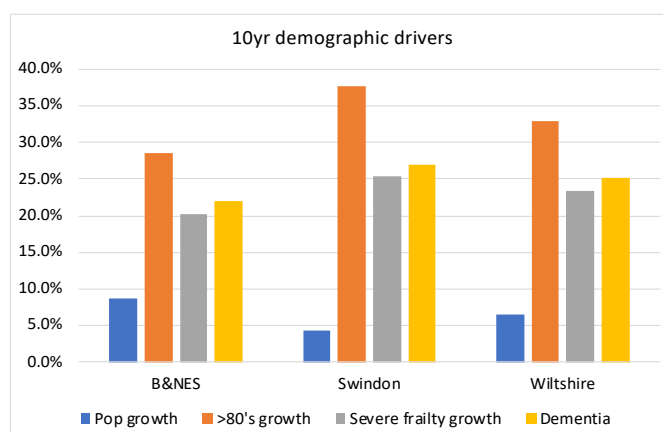
For our Inhouse provision we have also struggled with qualifications, with approximately 60 - 70% compliance with mandatory training across all the services. Currently 5% have a specific care qualification.

When the in-house services transferred back to the Council, they lacked training infrastructure such as a service-based qualified trainer, for example. A full training programme and new training provider had to be procured, in order to ensure that staff were trained at least to mandatory training levels, as required under our registration with CQC.

We now support and encourage our new staff to complete the care certificate, and existing staff can complete the self-assessment tool. During induction, staff members work with their line manager to complete the workbook over a 12 week period. This is then marked by an internal verifier. Particular support has been given setting up the training “kiosk” to support staff to access online learning which they had not been used to previously and had been somewhat nervous about. This has been welcomed by staff.

3.2.3. The growing Elderly population

Care providers are also aware that the population of older people is increasing, this is particularly so in the South West with not just an overall increase in the number of older people, but a specific



increase in people with dementia and severe frailty.

The reality is a growing imbalance in number of people who are older and frailer, with fewer younger people available to look after them.

For Inhouse Care this increased frailty has also been experienced. Our extra care services now receive referrals for clients with the type of need that would historically have been met with Residential care. People who lived in these services used to be with us for between 3-5 years, now it is closer to 1 year to 18 months. The services have recently undergone a review of care charges for the first time in 15 years, leading to a new set of criteria. This includes an increase in the number of hours that we can offer to extra care residents, enabling them to remain with us for longer.

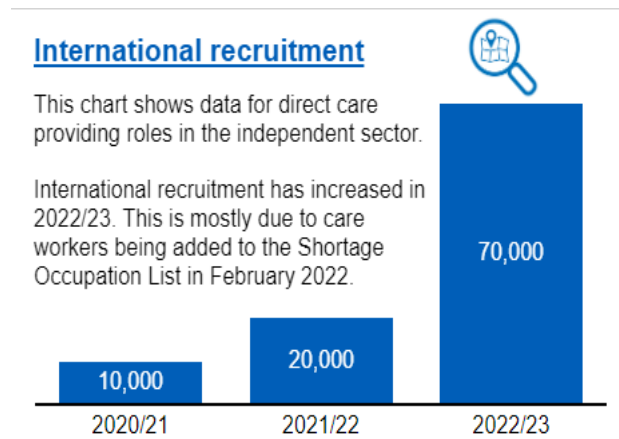
There is also an increase in the number of people living with more complex dementia; this demand has resulted in us notifying CQC of our request to provide complex dementia nursing at one of our Care Homes; this would enable our residents to continue living the rest of their lives with us, preventing the need to for them to move to another Home.

3.2.4. Overseas Recruitment

In response, many providers have been turning to overseas recruitment following changes to the shortage occupations list in February 2022 to include care workers and home carers. As a result, new starters in the workforce arriving in the UK increased by 7% in 2022 and recent figures published by Skills for Care suggest the impact of this trend is still increasing despite limited to no impact on the overall vacancies in the sector. This solution has not been easy for care providers. For providers there are challenges in:

- Identifying legitimate employment agencies
- High fees from agencies, that could be bona fide or inflated by middle men and women
- Navigating the administrative process
- Organising travel arrangements for workers once in the UK, including getting to site and clients' homes
- Providing support for new recruits as they cope with different cultures, languages and systems
- Understanding the legal responsibilities and expectations for sponsored and overseas workers
- Securing accommodation for incoming workers, particularly those who come with families.

There are also significant risks for the care workers. Nottingham University has over the last eight years been exploring the risks for care workers, raising 4 key areas of concern²³:



² https://www.nationalcareforum.org.uk/wp-content/uploads/2019/12/MSEU-Briefing_Modern-slavery-risk-in-adult-social-care_FINAL.pdf

³ <https://www.nottingham.ac.uk/Research/Beacons-of-Excellence/Rights-Lab/resources/reports-and-briefings/2022/July/The-vulnerability-of-paid-migrant-live-in-care-workers-in-London-to-modern-slavery.pdf>

- Debt bondage – migrant workers were found to have borrowed money to travel to the UK for employment and were working in the care sector to pay off their debts and, since recent changes, are being held responsible for sponsorship fees.
- Remuneration risks – such as the withholding of wages, excessive deductions from wages for food and rent, receiving a rate of pay below the national living or minimum wage, or not receiving a wage at all. Migrants, particularly those who have no legal right to work, were found to be especially vulnerable.
- Recruitment and selection risks – care home managers acknowledged that the use of recruitment agencies left open the possibility of omissions in recruitment and selection checks that fall short of regulation guidelines.
- Occupational risks – care-workers were found to be particularly vulnerable to excessive overtime, the threat of physical violence and the risk of sexual abuse often not followed up or known about by the provider.

Recently, this has particularly come to the fore in the media, noting similar risks as have previously been seen in other areas of the workforce, but not as well understood in the care sector. Unison⁴ have also noted the huge financial burdens being placed on care workers with a wider indictment noting the poor treatment of workers from basic lack of respect and thanks to legal exploitation and modern slavery for overseas workers.

This has created a complex problem with difficulties separating out wilful exploitation by third party agencies, negligence or lack of understanding by care providers about their responsibilities and ultimately provider failure potentially leaving residents in B&NES without care.

For Inhouse Care so far, we have largely aimed not to use overseas recruitment apart from in the newest homecare service United Care B&NES through recruitment led by RUH. During this time we, like other providers, have struggled with the rules and regulations around overseas recruitment.

3.3. Strategies Supporting the workforce in B&NES

To respond to these challenges and support providers within B&NES, the Integrated Commissioning teams have taken forward a number of pieces of work:

- **Funding** – B&NES Council have used available resources, both during and post pandemic, to ensure that providers are best placed to be sufficiently remunerated to provide quality care. B&NES now pay an hourly rate for home care that meets the thresholds recommended by the Home Care Association⁵ and will be working towards the programme of reforms with the Build Back Better Government initiative and a grant announced in July 2023 for workforce costs⁶ to ensure pay is as good as it can be.
- **Extra support to getting to CQC “good”** - In July 2023, 38 of 53 (72%) of care homes inspected by the CQC were rated as Outstanding or Good. This is comparably low to the national average of 82%. For home care, 20 of 24 (83%) were rated as Outstanding or Good compared to a national average of 86%. The resultant action has been to develop the B&NES Quality and Risk Oversight Group, consisting of representatives from the commissioning teams, safeguarding team, the Quality Team from the BSWICB and the CQC, to share information on services

⁴ <https://www.unison.org.uk/news/press-release/2023/07/migrant-care-staff-in-uk-exploited-and-harassed-by-employers-says-unison/>

⁵ <https://www.homecareassociation.org.uk/about-us.html>

⁶ <https://www.gov.uk/government/news/600-million-social-care-winter-workforce-and-capacity-boost>

and providers with a view to setting clear actions to address areas of poor quality and move to a more proactive approach to managing quality and risk.

- **Expanded contract management and continued work with Safeguarding teams and CQC** – The commissioning teams have now included questions regarding exploitation in assessing new providers for entry onto frameworks and during the quality and contract management of existing providers. This work is done alongside Safeguarding teams and the CQC who meet regularly to assess and monitor the quality of providers. Commissioning teams have been able to support providers to challenge areas of concern and explore processes to support and manage risks. There are however, we are pleased to say, few providers that have given us cause for serious concern. Our experience so far has been that providers are not wilfully exploiting workers, but sometimes don't recognise the support they could be giving to staff and are not always fully aware of their responsibilities. Currently, there are two providers who are under additional scrutiny. This scrutiny is always taken forward with the CQC and with support from safeguarding. Appropriate decisions and information are made and shared with the police and/or the Home Office as necessary. As of September 2023, only one case, in June 2023, led to contracts being removed from a provider under Wiltshire Council's responsibilities, but with some B&NES clients (the outcome of the case is still pending). In this instance confidentiality is being maintained while the police and home office take forward their investigations. At this stage CQC have not withdrawn the providers registration, but in line with Wiltshire, all those needing care have successfully had their care moved to a new provider to ensure least disruption to the individual's safe care.
- **Training and awareness raising for commissioners** – all commissioners have been given opportunities to raise their awareness around the risks and concerns around modern slavery and our responsibility to support the effective development and management of the market. The council now makes awareness raising materials available to commissioners and leaders of our inhouse provision.
- **Reviewing the provider failure policy** – The Local Authority has a policy to respond to provider failure whether that be over a phased closure or an immediate closure due to irregularities or sudden collapse. This is being reviewed and revised to respond to the scope of the difficulties now facing providers ensuring that B&NES residents and the workers are supported through difficult times.
- **Creating the BSW Academy Domiciliary Care Steering Group** – The Director of Adult Social Care, Suzanne Westhead, has led the BSW Academy⁷ Domiciliary Care Steering Group to investigate the concerns and challenges particularly for domiciliary providers. This has resulted in a BSW action plan that supports recruitment, training and planning. A number of recruitment events have been run in the past 2 years. This has been supported by B&NES investing in work with Proud to Care⁸, Clean Slate⁹ and Westco¹⁰ to support the recruitment of care staff for providers operating within B&NES. We are also promoting the use of the Adult Social Care Recruitment Guide from DHSE¹¹.
- **Creating United Care B&NES** (a partnership between Royal United Hospital and the Council to create new home care provision) In 2022, under the auspices of the

⁷ [file:///C:/Users/westcoj/AppData/Local/temp/BSW-Academy-Strategy-v4%20\(1\).pdf](file:///C:/Users/westcoj/AppData/Local/temp/BSW-Academy-Strategy-v4%20(1).pdf)

⁸ <https://www.proudtocaresw.org.uk/>

⁹ <https://www.cleanslateltd.co.uk/>

¹⁰ <https://www.westcocommunications.com/>

¹¹ <https://www.adultsocialcare.co.uk/include/documents/res/ASC-Recruitment-Campaign-Recruitment-Guide.pdf>

BSW ICA in B&NES, the Council and RUH came together to create the new home care agency (UCB) with the aim to recruit people from non-care backgrounds into an in-house provision that could create more care, particularly crossing over between health and social care provision. This agency is now doing well and is delivering a significant number of hours of home care in B&NES. This has enabled us to create more care, understand the needs and demands within the sector and flex to support areas of provider failure and support pressures in hospital discharge. Alongside this the commissioning team has drawn in new providers to the framework with a 25% increase in commissioned providers since this time last year.

- **Supporting specific recruitment with prime and anchor providers** – we work closely with key partners, to where possible, support the recruitment of key and critical posts. Prime providers are given access to each other's recruitment websites and will work together to recruit and train new staff. This approach is building on the strategic directives set out by the NHS¹² and enacted through our integration with partner organisations such as RUH, AWP and HCRG CG.
- **Supporting the wellbeing of carers** – During covid and onwards the Commissioning team used Infection, Prevention and Control grants to support the sector. This included looking to the wellbeing of staff. B&NES Council worked with the Community Wellbeing Hub to offer staff a range of activities that gave them time to unwind and do something other than care. This included woodcrafts and other leisure activities in B&NES.
- **Developing a Technology Programme** – Technology is now well used in the majority of professions, and this is also true of the care sector with many new and innovative approaches and equipment available to people to enable independent solutions to care needs. When used well this can reduce the need for care workers. B&NES ICA and Council have agreed to use Better Care Funds and apply for national funds to support a significant investment in B&NES to develop the use of technology. This will work alongside work with the Community Wellbeing Hub and third sector providers to ensure B&NES residents gain more opportunities for social contact through community provision. Using technology is one of a number of strategies also focused on ensuring that draws on statutory support are right sized.
- **Investing in forums and reviewing the role of provider alliances** – B&NES commissioners have always invested in strong relationships with care providers. Forums are well attended and engagement is high in engagement activities. We run forums for care home and home care providers, have regular newsletters and created a Market Sustainability Plan with providers. External providers have access to Council run training¹³. We are currently reviewing how we can work more closely with Skills for Care to increase the uptake of training through the Workforce Development Fund, use Skills for Care resources¹⁴ around workforce development and developing how we work with the Care Associations to support providers in the sector including our inhouse workforce.

Support for the For Inhouse Care Workforce

The In-house workforce has benefited from the wider measures taken and have set out a development programme using various and innovative ways of improving recruitment and retention including:

¹² <https://www.england.nhs.uk/wp-content/uploads/2023/06/nhs-long-term-workforce-plan-v1.2.pdf>

¹³ <https://beta.bathnes.gov.uk/sites/default/files/2021-06/Childrens-and-Adults-Workforce-Training-Strategy-2021-2024-v1.pdf>

¹⁴ <https://www.skillsforcare.org.uk/Support-for-leaders-and-managers/Workforce-commissioning-planning/Operational-workforce-planning.aspx>

- Working closely with a small dynamic element of the recruitment team, to recruit through platforms (such as Indeed¹⁵) and promote roles through social media.
- Working with Clean Slate⁹ to support 6 people back to work.
- Identifying 'hard to fill' posts that would be eligible for "golden hello" payments, market supplements, and retainment payments.
- Working with Bath College to bring on our own new staff
- Restructured the services to consolidate our care offer and to put in place shift patterns that meet what staff have been asking for, and which also deliver better quality outcomes for our residents through consistency of staff.
- Putting forward new proposals to create a balanced portfolio of care.

3.4. Successes/Outcomes from Investing in the Workforce

Growing the Work Force - By working with Providers and developing our in-house services we have facilitated the work supporting people to remain at home for longer, with the number of home care hours delivered increasing from 4,300 to 6,200 between July 2022 and July 2023.

Keeping People Safe - In terms of the quality of the workforce, the Adult Social Care Outcomes Framework (ASCOF) figures for 21/22 reported that 91.4% of adults felt safe and secure by the services they received. There has been a steady rise in this level over the last six years and B&NES compares well to the national figure of 85.6%. People feeling safe when receiving care is an important measure, but we also need to do more work to support care workers to feel safe and valued in delivering care.

For our in-house services, the work carried out by our small recruitment team recruiting through Indeed, has paid dividends. In February 2023 there were 62 vacancies across the provider services. By September 2023 we have brought this number down to 26 vacancies. That is an increase of 58% in recruitment over a 7 month period.

Responding to pressures and challenges - Having an Inhouse workforce, has also enabled us to respond quickly and flexibly to support someone in crisis. For example:

- Charlton House provided a place of safety for a gentleman who required nursing when his wife who was his main carer was admitted to hospital recently. The call for help came in at 4.58 pm and he was in the service by 8 pm. He has now returned home as his wife was discharged home.
- During the Pandemic one of the care homes was also able to stand in for one of our community hospitals when the degree of covid related sickness and recruitment challenges meant the ward could no longer operate. Within 5 days all patients were being looked after on a floor of one of our care homes with our in-house workforce.
- When a private home care agency was suspended under Modern Slavery concerns, pending a police enquiry, UCB picked up 16 clients (202 hours) with minimum fuss and disruption to clients. UCB has kept 6 packages of care themselves and held the remaining 10 until other permanent agencies could be found.

¹⁵ <https://uk.indeed.com/jobs?q=care&l=Bath%2C+Somerset&vjk=765c9ec3f6132e0b>
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3.5. Summary

Overall, the challenges within the care workforce are significant. B&NES Council take their responsibilities seriously in this field and do not underestimate the complexity of the issues at hand. B&NES have taken an integrated and coordinated approach to meeting these workforce challenges, benefiting from a balanced use of in-house provision, working closely with anchor institutions, private and third sector providers, to ensure that we continue to work towards a capable, caring and sufficient workforce now and in the future. Our approach continues to be based on ongoing review of staffing and pressures between B&NES strategic commissioning function and B&NES providers – both in house and the wider provider market.

4. STATUTORY CONSIDERATIONS

- 4.1. As a Local authority, we are tasked under the Care Act 2014 to commission, contract and monitor care for the people of B&NES. Specifically, local authorities are to *“Influence and drive the pace of change for their whole market, leading to a sustainable and diverse range of care and support providers, continuously improving quality, and delivering better, innovative and cost-effective outcomes that promote the wellbeing of people who need care and support”*. As of July 2023, 34% of home care and 17% of care home beds were funded by B&NES Council reflecting the relative affluence of B&NES residents. The Local Authority however has a responsibility to ensure the whole market is sufficient, stable, safe and of the best quality possible. This responsibility is shared with the Care Quality Commission (CQC) and Skills for Care.
- 4.2. Adult Social Care is now in the first stages of becoming part of national assurance and inspection regime in a similar way to approaches that have been in place for Children’s services, SEND provision, care providers and schools for many years. This will be closely followed by system level inspection across Integrated Care systems. These inspections will be interested in workforce support as part of four themes of investigation and will look at both the support given to the wider workforce and also to care and health workers in our in-house provision.
- 4.3. B&NES Council provider services are also independently CQC regulated in the same way all care services are regulated. We work under 5 CQC standards and are responsible for ensuring that the services are Safe, Effective, Caring, Responsive and Well-Led.
- 4.4. The in-house workforce also needs to meet the outcomes highlighted in the Council’s Corporate People Strategy; with our new employer brand built around our BEST values to create an identity so that we improve the way that we attract and retain our staff, create a strong culture and promote the behaviours that will help us deliver our Corporate Strategy.

5. RESOURCE IMPLICATIONS (FINANCE, PROPERTY, PEOPLE)

- 5.1. This paper is focused on the implications of challenges within the workforce. As such there are ongoing risks to the Council in meeting its statutory obligations to provide care and offer this at best value to the individual, the Council and the ICA. The lack of capacity and particularly the growing number of people who need care will continue to bring pressures.

6. RISK MANAGEMENT

6.1. A risk assessment related to the issue and recommendations has been undertaken, in compliance with the Council's decision making risk management guidance.

6.2. Overall the risks are significant and relate to:

6.2.1. Provider failure where investigations around modern slavery have significant points of concern that can lead to needing to move care at speed away from a provider.

6.2.2. Escalating costs in relation to both in-house and all fees charged by providers to meet appropriate salary levels.

6.2.3. Insufficient capacity and skill in the market to meet demand for care.

6.2.4. Reputational concerns where providers, including in-house provision, struggle to meet standards.

6.2.5. Legal concerns where providers break the law in relation to registered care and employment law, in particular, in relation to modern slavery.

6.3. Mitigations will include the utilisation of a new grants available this year, the Market Sustainability and Improvement Funds (MSIF) which have specific workforce elements and the continuing implementation of the strategies described here within the Directorate's plans. These risks are also under discussion in the planned reviews of the Adult Social Care Risk Register.

7. EQUALITIES

7.1. There are significant equalities issues that need to be managed for the workforce including parity of pay, terms and conditions, and access to support. Unions continue to suggest that the care workforce remains undervalued and under recognised with pay levels and appreciation still lacking parity in relation to other professions.

7.2. There are also equality consequences of the challenges to the workforce for our communities. Difficulties in recruitment are often most notable in rural areas and localities with higher deprivation. This can mean unequal access to care for people in these localities.

7.3. In response as commissioners, we often need to offer higher rates in these areas to facilitate salaries which attract the workforce and cover mileage costs.

8. CLIMATE CHANGE

8.1. The 4,500 workforce are a significant part of the B&NES workforce. As such they are both part of the problem and the solution responding to climate change. Care providers have been supported to consider management of resources. For example, management of fuel options. Our own UCB service has been exploring the use of electric bikes and all providers are encouraged to consider how managing and expanding the workforce can support climate change initiatives.

9. OTHER OPTIONS CONSIDERED

9.1. Further reviews are underway to consider the scope of in-house provision and on-going work will continue in commissioning to support the development of the workforce.

10. CONSULTATION

10.1. No consultation required as this report is to update on current issues.

Contact person	Judith Westcott – Senior Commissioner – Community Transformation Anne Marie Stavert – Head of In-House services
Background papers	.
Please contact the report author if you need to access this report in an alternative format	