

**Executive Board  
16 November 2021**

<b>Subject:</b>	Conversion of Current Temporary Homecare Team to Permanent Staffing
<b>Corporate Director(s)/Director(s):</b>	Catherine Underwood, Corporate Director for People Sara Storey, Director for Adult Health and Social Care
<b>Portfolio Holder(s):</b>	Adele Williams, Portfolio Holder for Adults and Health
<b>Report author and contact details:</b>	Matthew Jones, Service Provision Manager – Nottingham Homecare <a href="mailto:matthew.jones@nottinghamcity.gov.uk">matthew.jones@nottinghamcity.gov.uk</a> , 07720041520
<b>Other colleagues who have provided input:</b>	Paul Haigh, Head of Social Care Provision – Adults Mandy Oliver, Service Provision Manager
<b>Subject to call-in:</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Key Decision:</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Criteria for Key Decision:</b>	
(a) <input checked="" type="checkbox"/> Expenditure <input checked="" type="checkbox"/> Income <input type="checkbox"/> Savings of £750,000 or more taking account of the overall impact of the decision	
<b>and/or</b>	
(b) Significant impact on communities living or working in two or more wards in the City <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<b>Type of expenditure:</b> <input checked="" type="checkbox"/> Revenue <input type="checkbox"/> Capital	
<b>Total value of the decision:</b> £1,326,000 (funding allocation provided by the Nottingham and Nottinghamshire Clinical Commissioning Group)	
<b>Wards affected:</b> All	
<b>Date of consultation with Portfolio Holder(s):</b> 23/09/2021	
<b>Relevant Council Plan Key Outcome:</b>	
Clean and Connected Communities	<input type="checkbox"/>
Keeping Nottingham Working	<input type="checkbox"/>
Carbon Neutral by 2028	<input type="checkbox"/>
Safer Nottingham	<input type="checkbox"/>
Child-Friendly Nottingham	<input type="checkbox"/>
Healthy and Inclusive	<input type="checkbox"/>
Keeping Nottingham Moving	<input type="checkbox"/>
Improve the City Centre	<input type="checkbox"/>
Better Housing	<input type="checkbox"/>
Financial Stability	<input type="checkbox"/>
Serving People Well	<input checked="" type="checkbox"/>

**Summary of issues (including benefits to citizens/service users):**

Nottingham City Council's Adult Health and Social Care team has been working collaboratively with the Nottingham and Nottinghamshire Integrated Care System (ICS) in order to proactively plan for and respond to health and care system pressures and workforce challenges. In particular, an increase in demand for homecare support and reduced capacity in social care front line roles has been identified as a key priority for the system to address, in order to maintain transfer flows between hospital and home, and reduce risks to individuals from extended (avoidable) hospital stays and avoidable hospital and care home admissions.

**Exempt information:** None.

**Recommendation(s):**

- 1** To note the positive collaborative approaches developed through health and care system partnerships, and the subsequent positive outcomes for Nottingham citizens as a result of an increased shared understanding of health and care system priorities and operating context.
- 2** To approve the receipt of £1,326,000 from the Nottingham and Nottinghamshire Clinical Commissioning Group, and the associated expenditure in relation to the staffing arrangements outlined in this report.
- 3** To agree to convert the current 47.67 full-time equivalent Temporary Emergency Support Team posts to permanent.

**1 Reasons for recommendations**

- 1.1 The recommendation to permanently establish the current temporary homecare service is to mitigate the pressures from current increased demand and reduced capacity in homecare capacity. Establishing the TEST posts within the team as permanent will improve the prospects of successful recruitment and retention leading to more efficient and effective service delivery. Leaving gaps in the team's rotas as people leave and/or not making posts permanent means the service is less efficient and a lower proportion of contact time can be delivered.

**2 Background (including outcomes of consultation)**

- 2.1 A key decision was taken in June 2020 to establish the TEST in response to the Covid-19 pandemic, funded temporarily by Discharge to Assess (D2A) funding. The pressures on the NHS and Social Care system require the homecare system in particular being adequately staffed to assist the NHS with hospital avoidance and timely hospital discharges which is a primary function of this temporary team.

- 2.2 The pressures experienced since the onset of the pandemic have however continued with high demand across the health and social care system – this increase in demand is reflected nationally. The resource that existed up to the onset of the pandemic is insufficient to safely manage current demand, a situation that is further exacerbated by a shortfall in capacity across almost all health and social care roles. The negative impact for people in Nottingham of insufficient resource are delays in getting home from hospital; delays in accessing the right level of support and for some people, an increase in both short and long term needs due to those delays. As a result of the system pressures, the subsequent impacts are increased delays for access to urgent and emergency care, for example ambulance responses.
- 2.3 The current temporary additional capacity is due to end on 31 March 2022. While these positions remain temporary, it is difficult to recruit and retain a sustainable, effective and efficient workforce that will enable the team to meet the demands to support the gap in homecare capacity. The high turnover rates across the independent sector and the difficulties in recruiting new people into care roles mean that it is crucial that we seek to retain as many people as we can in the sector, in particular any existing trained and experienced care workers. There is an imminent risk that colleagues currently undertaking temporary roles will leave not just the service but the sector, reducing the current capacity still further, if their posts are not made permanent.
- 2.4 This additional capacity is currently supporting around 60 citizens receiving homecare support, at any one time, who would otherwise be delayed in the social care reablement service, and without this service being continued there would be a significant risk to our ability to continue to support these people or maintain capacity to respond to new referrals. The benefits for people of continuing this service are that the personal care needs will be met at the right time and the right level; to ensure that people can return home from hospital promptly; to support people to maximise and maintain their independence; and avoid unnecessary hospital and care home admission.
- 2.5 The Nottingham and Nottinghamshire Clinical Commissioning Group (CCG) has now committed to continue to meet this cost on a recurring basis, and this has now been approved by the CCG Board.

The posts to be established are outlined below.

<b>Title</b>	<b>Grade</b>	<b>FTE</b>
<b>Care Worker Level 2</b>	NCC_D_D2	37.91
<b>Care Team Leaders</b>	NCC_G_G2	6.00
<b>Care Worker Level 3</b>	NCC_E_E2	1.76
<b>Coordinators</b>	NCC_D_D2	2.00
		<b>47.67</b>

### **3 Other options considered in making recommendations**

- 3.1 Redeployment of other Council staff: during the pandemic, the service was able to increase its staffing through the re-deployment of other Council staff. However, this is no longer a viable option as these staff have had to return to their substantive posts.

- 3.2 Commissioning staff externally: there is also an agreement to at the same time further increase capacity by commissioning increased external services through a block contract arrangement, also funded by D2A funding to date. Consideration has been given to the potential to also commission the resource that this paper refers to from the independent sector. This option is thought not to be practically viable, due to the existing challenges in workforce recruitment and retention. The Council is not currently able to commission sufficient homecare hours to meet the balance of long term care demand, let alone commission this capacity on top of the current provision. It is unlikely that colleagues currently working for the Council in temporary posts would transfer to independent providers under different terms and conditions. We would therefore likely lose them completely from the sector.
- 3.3 The reablement service and the temporary additional capacity can deliver specific outcomes that are not currently commissioned externally (for example, by extending the period of reablement) by ensuring that all staff are trained and supported in enabling approaches and offers a strategic advantage as it often operates as a 'provider of last resort' when no other support can be found.
- 3.4 Ensuring a balance of both in-house and independently commissioned provision supports the Council to deliver its statutory duties to manage a diverse market with a range of providers. This decision, in terms of the option to deliver in house rather than commission externally, is taken based on the current set of operational and market conditions. These market conditions have changed rapidly over the last 18 months, but the sector was not wholly resilient prior to the Covid-19 pandemic. Increased demands, system risks, and reduced workforce capacity have further destabilised the market. The procurement strategy and approach toward ensuring sufficient homecare capacity is available to meet the needs of people in Nottingham should remain under review, in order to take account of changing market conditions and respond flexibly to shifts in demand and capacity.
- 3.5 It is clear that nationally, a long term sustainable funding model is required to ensure that all of the care workforce, sector wide, can benefit from equitable career development opportunities, terms and conditions and pay, issues that are not wholly within the Council's control unless it directly employs care workers. Work is on-going across the sector to develop ways to achieve consistent improved benefits. Until this is achieved, a focus on retaining existing workforce in current roles is essential, reducing turnover and maintaining consistency for people who receive support.
- 3.6 Consideration of procurement strategy options that have informed this recommendation:
- The recommendation to make these posts permanent is given with assurance that the in-house provider service can deliver the outcomes required in a way that is aligned to the values of the Council and ensures the Council can meet its statutory duties.
  - The service is resilient and overseen by experienced and established management, with a well-established quality assurance framework.
  - The service is registered with the Care Quality Commission and meets the legal requirements of registration.
  - It is possible that if this service could be commissioned externally, it may be at an overall lower unit cost, offering better value. Because the capacity is not available externally however, the comparable costs cannot be evaluated, and this is currently the best value option available. Future review of the commissioning and procurement

strategy should take account of changing unit costs, and the impact of National Living Wage increases, plus the investment that may be required into workforce development in order to increase whole sector capacity.

#### 4 Consideration of Risk

4.1 See sections 5-7.

#### 5. Finance colleague comments

5.1 The total value of the decision to change the Temporary Emergency Support Team from temporary to permanent is £1.326 million per annum, including on-costs (based on 2021/22 pay scales and the structure outlined by the report author based on 47.67 full-time equivalent posts). These costs are to be met in full from additional recurrent Health funding, to enable safe and timely hospital discharge. Any shortfall in funding received would impact upon the Medium Term Financial Plan and create a budget pressure. It is therefore essential that the costs are proactively managed and aligned to the current and future funding requirements. The department will need develop a strategy to manage the numerous risks linked to this arrangement, but will also need to consider all potential changes that could have a financial impact, including but not limited to the following:

- **Changes to the pay structure, such as annual pay awards** – agreement by the awarding body to fund any increase in costs on an annual basis should be sought in advance and made transparent to protect the authority from any future pressures as a result of this decision.
- **Future amendments to the team establishment impacting on the costs** – this would also need to be agreed with the funding authority in advance to reduce the risk of an unfunded pressure.
- **Reductions in the Health funding received** – this would need to be managed with consideration given to the impact on service levels where any reduction made with any exit costs (where appropriate) to be managed by the service.
- **Any changes in activity may have an impact on the level of funding and resource required** – the process for seeking approval for any changes to that initially agreed will need to go through an established and approved governance framework, which is in the process of being agreed under the D2A commissioning and planning group, however this will also need to include the details pertaining to the approval processes.
- **A strategy will need to be developed and agreed to manage transition/exit costs** (where appropriate) in the event of the funding being withdrawn/reduced.
- **The Council MTFP position includes an assumption relating to this income being received in 2022/23+**, which results in a reduced budget requirement for external homecare. Any changes to the level of service provided by this team could impact upon the external homecare budget and therefore the assumptions included when rebasing the MTFP requirement for future years.

- 5.2 The total decision cost outlined above is based on staffing costs **only** and does not include any provision for non-staffing related expenditure, such as mileage, IT equipment etc. It would be expected for these costs to be managed within the total value of this decision through underspends created via staff turnover etc.
- 5.3 Enabling the positions to become permanent in the Council establishment will ensure all staff are trained to the standards required by the Authority. The staff would be employed under the Council's terms and conditions, this will help to ensure the team are appropriately skilled but also performance managed and supported to ensure they are able to provide the level of service required in line with the Council's objectives, therefore ensuring that the needs of citizens are met and that value for money is achieved for the organisation.
- 5.4 As part of this process, this arrangement should continuously be reviewed by both parties to ensure that it still meets the original objectives set and provides the most effective and efficient service in this ever changing landscape.
- 5.5 The costs associated with this decision will need to be robustly monitored by the service. If costs exceed that outlined/agreed via this report, further approval will be required through the corporate process with additional funding to be identified and agreed with Health via any governance process established.
- 5.6 As briefly referred to by the report author, the additional recurrent Health funding relating to the block homecare contracts will be subject to a separate report/approval process.

Advice provided by Hayley Mason (Finance Team Leader – Training and Improvement) on 20/10/2021.

## **6 Legal colleague comments**

- 6.1 If the recommendation to permanently establish the current Temporary Homecare Service Team (TEST) is approved then, as part of the implementation process, individual employees in the TEST should be approached in order to ascertain whether they would agree to their fixed-term contracts of employment being made permanent. For those that agree, permanent contracts of employment should be drawn up which incorporate the terms and conditions given to permanent employees of Nottingham City Council. In particular, the levels of pay to be offered should be consistent with the pay scales and policies of the Council. With regards to individual employees who do not agree their contracts of employment will end in accordance with the fixed-term provisions of their contract of employment and the appropriate exit plan should be determined and utilised.
- 6.2 In so far as this recommendation could lead to any new posts or vacancies being created, any appointment to these new roles should be based on merit. Furthermore, the level of pay attached to those new roles should reflect a level that is consistent with the pay scales and policies of Nottingham City Council.

Advice provided by Aman Patel (Solicitor – Commercial, Employment and Education Team) on 12/10/2021.

## **7 Human Resources colleague comments**

- 7.1 The total full-time equivalent (FTE) of the decision to change the Temporary Emergency Support Team (TEST) from temporary to permanent is based on 47.67 FTE as outlined by the report author. These posts are existing posts occupied on a fixed-term contracts basis as part of the original set up of the TEST team.
- 7.2 Recruitment to these posts has been undertaken under the Council's on-merit approach so it is therefore appropriate that the occupants in these posts should be consulted to change the nature of their role from fixed-term to permanent. The report author should discuss these proposed changes with Trade Union colleagues at the next Adults Joint Negotiating Consultative Committee (JCNC).
- 7.3 As part of the Council's pay structure, any colleague that has been in post (on a fixed-term or permanent contract) should advance to level two of the grade providing they have successfully completed their probationary period. This will need to be factored into the costs as outlined by finance colleagues and the appropriate transactional process followed to ensure colleagues advance to level two of the grade at their one-year anniversary.
- 7.4 Should there be any changes in funding arrangements, the report author will need to consider the impacts on the permanent workforce and ensure appropriate exit strategies are in place, and any redundancy and pension strain is accounted for as part of this decision.
- 7.5 If there are any further vacancies arising from this decision in the TEST team, they should be considered for redeployment opportunities as a first priority, supporting alternative opportunities for those colleagues who are adversely impacted by the vaccination regulations in care homes. After redeployment has been exhausted, the report author should develop a recruitment campaign that is attractive to Nottingham's diverse communities and develops a selection process that supports on-merit principles.

Advice provided by Rachael Morris (HR Business Lead – People) on 20/10/2021.

## **8 Social value considerations**

- 8.1 Social care is an important economic sector in the City and this service will provide permanent employment opportunities to Nottingham citizens, improving the economic profile.

## **9 Equality Impact Assessment (EIA)**

- 9.1 Attached as Appendix A to the report, and due regard will be given to any implications identified in it.

## **10 Data Protection Impact Assessment (DPIA)**

- 10.1 Not applicable.

**11 Carbon Impact Assessment (CIA)**

11.1 Not applicable.

**12 List of background papers relied upon in writing this report (not including published documents or confidential or exempt information)**

12.1 None.

**13 Published documents referred to in this report**

13.1 Delegated Decision 4109: Adult Social Care Workforce requirements due to Covid-19 Pandemic (<https://committee.nottinghamcity.gov.uk/ieDecisionDetails.aspx?ID=5455>)