

## Commissioning and Procurement Executive Committee – 11 January 2022

<b>Subject:</b>	Workforce Recruitment and Retention Fund for Adult Social Care		
<b>Corporate Director:</b>	Catherine Underwood, Corporate Director for People		
<b>Portfolio Holder:</b>	Cllr Adele Williams (Adults and Health)		
<b>Report author and contact details:</b>	Anna Coltman <a href="mailto:Anna.coltman@nottinghamcity.gov.uk">Anna.coltman@nottinghamcity.gov.uk</a>		
<b>Other colleagues who have provided input:</b>	Karla Banfield		
<b>Key Decision</b>	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<b>Subject to call-in</b>
			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<b>Reasons:</b>	<input 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
			<input checked="" type="checkbox"/> Revenue <input type="checkbox"/> Capital
Significant impact on communities living or working in two or more wards in the City			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<b>Type of expenditure:</b>	<input checked="" type="checkbox"/> Revenue <input type="checkbox"/> Capital		
<b>Total value of the decision:</b>	£1,049,498		
<b>Wards affected:</b>	All		
<b>Date of consultation with Portfolio Holder:</b>	9 December 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"/>	
<b>Summary of issues (including benefits to citizens/service users):</b>			
<p>On 14 September 2021 the government made a commitment in the COVID-19 Response: Autumn and Winter Plan 2021 to support local authorities and social care providers to maintain safe staffing levels over the winter period and to continue working closely with the care sector to build sufficient workforce capacity across services.</p> <p>The adult social care winter plan published on 3 November 2021 sets out the support the government will be providing to the adult social care sector to meet the challenges it faces this winter. The plan includes a commitment to providing workforce recruitment and retention funding, originally announced on 21 October 2021, to support local authorities and providers to recruit and retain sufficient staff over winter, and support growth and sustain existing workforce capacity.</p>			
<b>Exempt information:</b>	None		
<b>Recommendations:</b>			
1	To seek authority to accept and spend the grant funding to Nottingham City Council from the Department of Health and Social Care as per the terms and conditions of the grant.		
2	To delegate authority to the Director for Adult Health and Social Care in consultation with the Portfolio Holder for Adults and Health to award grants to social care providers to support recruitment and retention of staff during winter months.		

## 1. Reasons for recommendations

- 1.1 Nottingham City Council has been allocated £1,049,498 from the Government's Workforce Recruitment and retention fund (WR&R fund), to be spent by 31 March 2022. The primary purpose of the WR&R fund is to deliver additional staffing capacity in adult social care through recruitment and retention activity during the 21 October 2021 to 31 March 2022 period.
- 1.2 This is a ring-fenced grant and will be paid in two instalments to Nottingham City Council:
- the first instalment 60% will be processed as soon as possible
  - the second instalment 40% will be paid in January 2022 and will be conditional on local authorities having completed a return to the Department of Health and Social Care by 14 January 2022.
- 1.3 The expectation is that the grant will be fully spent on addressing local workforce capacity pressures through recruitment and retention activity by 31 March 2022. The grant conditions are clear that 'spent' means that expenditure has been incurred between 21 October 2021 and 31 March 2022.

This means the activity leading to the expense must have happened by 31 March 2022, so that the local authority is accruing the expense and it appears in the local authority's 2021 to 2022 accounts.

- 1.4 We anticipate that up to 20% will be retained by NCC for internal initiatives including communications, marketing, supporting internal assessment capacity and activities to support the independent sector.

Communications and marketing activities:

- a local recruitment campaign aiming increase interest in a job in adult social care among target audiences, increase the number of applications into social care jobs and to raise awareness of the sector.

Adult Assessment support:

- Increase capacity within homecare to support with hospital discharge, manage candidate selection and increase training and development opportunities.

Activities to support the independent sector:

- Planned activities to support the independent sector with recruitment include Jobs Hub Pathways to Health and Social Care events in neighbourhoods and events in partnership with Nottinghamshire County Council.

- 1.5 Up to 80% of the WR&R grant will be passported to homecare providers across the City with the expectation that the grant will be fully spent on addressing their local workforce capacity pressures through recruitment and retention activities.

## 2. Background (including outcomes of consultation)

- 2.1 The main purpose of the WR&R fund is to support local authorities to address adult social care workforce capacity pressures in their geographical area through recruitment and retention activity this winter, in order to:

- support providers to maintain the provision of safe care and bolstering 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 retention of staff within social care.

2.2 This allocation of the grant can only be used to deliver measures that address local workforce capacity pressures in adult social care between 21 October 2021 and 31 March 2022 through recruitment and retention activity.

2.3 Nottingham City Council has worked closely with the provider/external market to agree the measures to be put in place either individually and collectively, including passporting funding directly to the external market. It will be important to retain existing staff capacity as well as encourage new and returning entrants. Examples under consideration are, but are not limited to:

- supporting payments to boost the hours provided by the existing workforce – including childcare costs and overtime payments;
- investment in measures to support staff and boost retention of staff within social care – including incentive and retention payments;
- boosting the current recruitment of carers campaign;
- a proposal to recruit temporary Nottingham City Council employed social care staff to enhance the capacity to support discharge to assess pathways.

2.4 It is suggested that this fund is allocated to the home care market, given the current workforce challenges and risks within this market, which is a national challenge.

- There are 25 homecare providers contracted to work across the City the level of support they provide ranges from 1 citizen with 31.5 hours delivered per week to support for 260 citizens with 2,123.8 hours delivered per week.
- Over 1700 citizens receive homecare across the City.
- Across the independent sector providers in Nottingham, the turnover rate for direct care roles (non-residential) in 2021/22 was 26.7% (1,300 leavers). 28% of leavers remained within the sector.
- In 2020/21, there are 5,000 direct care jobs (non-residential) in the independent sector in Nottingham. The vacancy rate was 2.1% (100 jobs).

2.5 This is a new grant, separate to the third Infection Control and Testing Fund.

### 3. Other options considered in making recommendations

3.1 Given the short-time scales we are unable to fully outline the expenditure in this report, as February’s committee does not allow enough time to spend and allocate the grant funding as per the terms and conditions of the grant.

### 4. Consideration of Risk

RISK	MITIGATION
Onus is placed on Providers to allocate and report on their funding appropriately and previous similar	Offer support to those smaller providers who don’t receive a proportion of funding by joining up with the Jobs Hub and Skills

<p>funding has not been fully spent and has been clawed back.</p> <p>City will decide which Providers receive funding so it will not be equally distributed across all Providers. Potential for some providers to challenge this.</p> <p>This is less prescriptive and we can't control what initiatives Providers will choose to fund or how effective these will be.</p>	<p>for Care to run a recruitment webinar or event.</p> <p>Use a proportion of the funding on a role to support providers to choose and implement effective ways to spend the funding to reduce the likelihood of funds not spent and clawing back. Jobs Hub may be able to match fund.</p> <p>Providers have put forward suggestions to use the funding if passported including:</p> <ul style="list-style-type: none"> <li>• Paying for a pool car</li> <li>• Paying for driving lessons</li> <li>• Admin to arrange student visas</li> <li>• Paying a driver to transport carers to and from care visits</li> <li>• Providing incentives to existing staff who have worked through the pandemic.</li> </ul>
<p>We are not able to accurately measure conversion rates or there is a high cost per contact meaning our internal activities would not represent value for money.</p>	<p>Consider passporting funding across the wider ASC sector including to voluntary sector providers who are supporting ASC and freeing up workforce capacity in ASC.</p>

## 5 Finance colleague comments (including implications and value for money/VAT)

- 5.1 This report seeks approval to accept and spend the Department for Health and Social Care's (DoHSC) Workforce Recruitment and Retention Fund grant, and to delegate authority to the Director for Adult Health and Social Care in consultation with the Portfolio Holder for Adults and Health.
- 5.2 The value of the grant is £1.050m and has been made available to local authorities to address adult social care workforce capacity pressures in their geographical area, for the winter period 21/22.
- 5.3 This grant allocation must only be used to deliver measures that address local workforce capacity pressures in adult social care from 21 October 2021 through to 31 March 2022, through recruitment and retention activity.
- 5.4 Further work is required to identify how the grant will be spent and allocated, however it is expected 80% will be allocated to providers and 20% will be retained by the service to spend on internal activities that support the grants objectives.
- 5.5 The grant terms advise the main purpose of the grant is to support local authorities to address adult social care workforce capacity pressures in their geographical area, 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.

- 5.6 Once the cohort of beneficiary providers has been identified, established processes will be used to communicate to the providers and direct the funding.
- 5.7 It is important to be aware of the short timescales associated with this grant. To be able to maximise the grant effectively, it is recommended the service utilise already established communications and reporting processes. However, there will still be a risk that due to the short timescales involved responses may not be received in time, therefore allowing for a potential underspend on the grant.
- 5.8 Any unspent grant will need to be returned to the DoHSC.
- 5.9 There is an established reporting process that will be used to review provider expenditure to ensure funding is allocated for qualifying spends only.
- 5.10 A clawback process will be used to retrieve surplus grant from providers.
- 5.11 The grants terms and conditions advise local authorities may use a small amount of the funding (capped at 1% of their total Workforce Recruitment and Retention Fund allocation) for reasonable administrative costs associated with distributing and reporting on this funding.
- 5.12 Any subsequent decisions linked to this report will be robustly reviewed by Finance in line with Financial Regulations, ensuring that funding has been identified to support the initiative without resulting in an adverse movement in the Councils financial position, both for 2021-22 and ongoing.

Chanelle Poyser  
 Strategic Finance Business Partner (Adults Social Care)  
 23 December 2021

## **6. Legal colleague comments**

- 6.1 The proposals in this report seek to accept funding from the Department of Health and Social Care (DHSC) to support recruitment and retention of staff by providers in the city.
- 6.2 The Council must ensure that it complies with any terms and conditions imposed upon it in receipt of the funding from DHSC.
- 6.3 Any contracts including grants must be awarded in accordance with the City Council's Contract Procedure Rules and Financial Regulations and should include provisions which flow down any relevant provisions from DHSC such as monitoring and reporting outputs.
- 6.4 Grants are not governed by the Public Contracts Regulations 2015 PCR and so a tender process is not required. However, appropriate grant agreement terms should be put in place between the Council and the recipient providers in order to reflect this.
- 6.5 The grant recipients will be required to undertake their own assessment of the grants received in terms of compliance with the new Subsidy Control Regime.

## 7. **Other relevant comments**

### 7.1 **Procurement colleague comments**

This decision relates to the receipt and expenditure of Department of Health and Social Care (DHSC) Workforce Recruitment and Retention Fund grant which has been awarded to the Council to address adult social care workforce capacity pressures through recruitment and retention activity this winter. This is a ring fenced grant only available for use on eligible recruitment and retention activities between 21 October 2021 and 31 March 2022.

The funding must be used in accordance with the DHSC conditions of grant funding, which include timescales for expenditure and reporting to DHSC. As this is a grant funding arrangement there are no procurement implications, however should any allocations be made to providers which are not grants, the Council's Contract Procedure Rules should be complied with and the Procurement Team will support this as needed.

Jo Pettifor, Category Manager – Strategy & People, 10<sup>th</sup> December 2021

## 8. **Crime and Disorder Implications (If Applicable)**

8.1 N/A

## 9. **Social value considerations (If Applicable)**

9.1 N/A

## 10. **Regard to the NHS Constitution (If Applicable)**

10.1 N/A

## 11. **Equality Impact Assessment (EIA)**

11.1 An EIA is not required because the recommendations do not relate to changes in services received by citizens.

## 12. **Data Protection Impact Assessment (DPIA)**

12.1 A DPIA is not required because the recommendations do not relate to processing personal or sensitive data

## 13. **Carbon Impact Assessment (CIA)**

13.1 A CIA is not required.

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

14.1 None.

## 15. **Published documents referred to in this report**

15.1 None.