

**RECRUITMENT AND RETENTION OF CARE AT HOME STAFF
AND LOCALITY UPDATE**

1.0 EXECUTIVE SUMMARY

- 1.1 The recruitment and retention of care staff is a nationally recognised problem. Although this is affecting care provision in a number of our urban localities, it is a particularly acute issue for rural and remote locations. Future demographics are suggesting that this issue will become increasingly critical in the years to come. This report highlights the work Adult Care has undertaken to date to address the current issues and its plan for future provisions.
- 1.2 Adult Care acknowledges the challenges they are faced with in future provision of care at home services. Ongoing commitment is required from our staff group and partner providers. Recruitment, retention and long term sustainability of care staff is paramount to move this forward. Intelligent Commissioning across service groups needs to be explored within Community Services. This would seek to improve conditions of service for care staff, increase skills in the staff group and lead to additional flexibility and resources when required at pressure times throughout the day.
- 1.3 The provision of Care at Home services in some rural localities is proving very difficult to resource due to staffing capacity issues. The solutions currently available to Older People in some localities are limited to assistance from Community Nursing where possible, residential care or sheltered housing in the nearest town and input from family and neighbours.
- 1.4 It is recommended that the Community Services Committee note the content of the report.

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2.0 INTRODUCTION

- 2.1 The recruitment and retention of care staff is a nationally recognised problem. Although this is affecting care provision in a number of our urban localities, it is a particularly acute issue for rural and remote locations. Future demographics are suggesting that this issue will become increasingly critical in the years to come. This report highlights the work Adult Care has undertaken to date to address the current issues and its plan for future provisions.
- 2.2 During the last two financial years, Argyll & Bute social work services have continued to support more people to live at home with a year on year increase in the number of people aged 65+ directly receiving homecare, from 830 in 2011/12 to 1070 in 2013/14 (increase of 28.9% over two years) and the number of paid hours provided increased from 622,727 hours to 708,967 hours of service during the same period (increase of 13.8%). Alongside this there has also been an increase over the last three year period relating to those receiving personal care, receiving a service during the evening and overnight and those receiving a service at the weekend. (Refer to Appendix 1)
- 2.3 This is a continuation of the improvement journey the service has made over a number of years in providing service users with the choice of living in their own home or sheltered accommodation at a time when the availability of staff to work what are increasingly unsocial hours has become problematic.
- 2.4 While the growth has continued from January 2013 when a number of services were externalised it has become increasingly problematic in keeping up with the demands for the service with the specific issue of recruitment and staff capacity. This applies to all areas of the Council with the exception of the Helensburgh & Lomond area.
- 2.5 There is presently a waiting list for services due to non-availability of staff (see Appendices 2 for details of number).

- 2.6 An operational practice note has been issued by the Head of Service Adult Care in order that the level of risk of individual cases is routinely reviewed by Social Workers, Team Leaders and the Area Managers. The process allows for cases to be prioritised and re-prioritised and expectation for Team Leaders and Area Managers to take responsibility for engagement with service users and their families.
- 2.7 The Council previously invested resources into additional quality monitoring at operational level covering both internal and external services in order to maintain and improve the quality of care provided and the Care Inspectorate grades. Care Inspectorate grades are attached providing a relatively positive summary of the Home Care provision across Argyll & Bute. (Appendix 3).

3.0 RECOMMENDATIONS

- 3.1 It is recommended that the Community Services Committee note the content of the report.

4.0 DETAIL

- 4.1 Adult Care services have taken a number of steps to look at both short and long term solutions. Working in partnership is crucial to any solution sought and our partner providers are embracing all proposals with enthusiasm and there is real feeling of equal partnerships being formed. This is leading to increased input from providers around service redesign and strategic commissioning. This is a welcome change to the relationship and commissioners are taking on board proposals from those at the front line of service delivery.

- 4.2 In addition, Adult Care has been working with the following agencies to look at innovative ways of finding solutions:

4.3 IRISS

Adult Care were offered free support from IRISS (Institute for Research and Innovation in Social Services) as one of three national pilots to work with our partner providers to identify issues and find solutions to address the identified issues. IRISS provided two meetings in each locality and one central event for all partners. A number of work streams were identified and Adult Care has identified leads and prioritised them with associated timescales (See appendix 4). A further event has been arranged for 4th December to measure progress.

4.4 EMPLOYABILITY PARTNERSHIP

As a member of the Employability Partnership, Adult Care are working with all partners including Skills Development Scotland, local schools and colleges to promote the social care sector and encourage young people to join the social care workforce.

4.5 MODERN APPRENTICESHIP SCHEME

Argyll and Bute Council has made a commitment to implement a Modern Apprenticeship scheme. Adult care has agreed to offer young people opportunities to develop their skills whilst gaining qualifications and work experience in the care sector. We should be promoting all in house opportunities in particular, initiatives such as the “grow your own” access to Social Work degree to promote opportunities available and attract young people who may want to progress within the sector. Initially, Adult care will focus these opportunities in localities which provide in-house services in difficult to serve areas.

4.6 ARGYLL COLLEGE

Adult Care is currently working in partnership with our care at home providers and Argyll College. Argyll College are developing an access course in Social Care, due to start in January 2015. The College has given providers and the Council the opportunity to assist in the structure and content of the course to ensure it is relevant and applicable to current social care needs. In return, providers have agreed to offer two day placements to young people for the duration of the course. This is ongoing in all localities.

4.7 DWP

Adult Care is currently working in partnership with our care at home providers and the DWP. The aim is to develop local work based academies where providers will offer short term taster sessions to people showing an interest in the care sector. Providers have agreed to carry out presentations to job centre staff to raise awareness of the sector. The DWP are keen for this to happen as they feel their own staff may be inadvertently preventing people from entering the sector due to the negative publicity the sector receives. Providers will promote the sector and the conditions of service offered. In addition, the providers have also agreed to work with job centre clients in a group setting to offer information and advice to those thinking of entering the sector.

4.8 The DWP have commissioned a 1 week care focussed training course in Oban in November. The course will accommodate 12 people. Care at home providers have agreed to promote the sector at the course, alongside Argyll College, who will be looking for potential students for

their access course in January. If this is successful we should mirror this in all localities.

4.9 **YOUNG PEOPLE'S PROJECTS**

Adult Care is also working with Council funded young people's projects. The HELP project in Cowal has agreed to hold a mini job fair in November 2014. Providers will attend alongside Argyll College to promote the care sector. Providers will offer young people who show an interest in the sector, taster sessions within their organisations. The DWP will also refer young people to the event. Funding for PVG's on this occasion is being provided by Community Services Education and the HELP project. If successful, the HELP project have agreed to run this type of event as often as it's required. This is planned to be rolled out across localities with Kintyre being the next locality identified. However, a future funding source for PVG's will need to be identified, to enable Adult Care to continue to organise these type of job fairs across the area.

- 4.10 Key to all aspects of the work streams noted is to develop a career pathway for people entering a health and social care role that is supported by a linked health and social care academic pathway and associated opportunities.

4.11 **MOVING FORWARD**

Adult Care has developed all of the above models over the last few months. However, a more coordinated approach is required and a workforce strategy needs to be developed. The Head of Adult Care proposes to create a long term strategic group in order to manage this issue; the group would be led by Adult Care, though a corporate approach will be crucial if this is to succeed. Representation will be required from NHS Highland, Human Resources, Procurement and Commissioning, Community and Culture, Education, Employability Partnership, Communication Team, Economic Development and support from the relevant Policy Leads and local Elected Members as required.. In addition, independent providers, Argyll College and the DWP would have key roles within the group.

- 4.12 The main focus of the group is to plan and launch a marketing strategy to promote the Adult health and social care sector, not exclusively Home Care, in order to address a number of issues facing the sector; in particular; recruitment/retention, training, conditions of service and deployment of resources.(the group would have the potential to work across all health and social care recruitment & retention issues)
- 4.13 A number of specific issues in addition to those mentioned will also be the focus of the group. Specifically:

- 4.14 In addition to the agreed work streams from the IRISS events, the Head of Adult Care and the Commissioning Service are also working with the independent providers in moving them to a position whereby a number of other issues are being considered. Specifically:
- A single recruitment process for each area so that providers are not competing against each other for a scarce resource.
 - A single set of conditions of service. While the conditions of service are very similar in terms of net pay they are presented very differently in relation to basic pay and travel & subsistence rates. As a consequence, there continues to be unnecessary movement of staff across different companies resulting in staff often not being deployed consistently and efficiently.
 - The termination of zero hour contracts where appropriate. The history of the sector is one where zero hour contracts has been the norm in order to protect the provider from costs associated with client turnover; effectively if there are gaps in service provision due to clients being admitted to hospital for example the employer is not contracted to pay anything other than for the hours worked. Given that there continues to be a significant growth in client demand and that the Council has a waiting list for service delivery due to the non-availability of staff, it is considered sensible to combine efficient recruitment and deployment of staff with secure conditions of service that it is envisaged will assist with the recruitment process. It is acknowledged that fixed contracts may not suit all staff, some of whom prefer not having an obligation to work specific hours as directed. It is envisaged that those wishes for existing staff would be given consideration during any change in this area.
- 4.15 The marketing strategy should look out with routine advertising and recruitment processes' and focus on ways to reach people who would not have previously considered working in the sector. The group would also work with local community groups in remote and rural localities to identify local solutions and build on existing infrastructures within these communities, to make them more resilient to support their community in the future.
- 4.16 In addition, a rolling programme of recruitment events should be carried out monthly in at least one locality with both urban and rural areas being targeted. In the urban localities we should continue working alongside the DWP, NHS and Argyll College using the models described above. In the remote and rural localities we should work alongside community groups and target village halls, local hotels and schools to hold mini job fairs.
- 4.17 Marketing is considered to be crucial to the success of this plan; in order to run a successful marketing campaign it is expected that additional

resources will need to be identified by those partner agencies within the group. This type of approach will enable providers to increase consistency in terms of recruitment resulting in a staff group with a long term commitment rather than 'losing' new recruits after the training investment has been made and the service delivery becomes a reality.

WHAT ARE WE DOING NOW / LOCALITY UPDATES

General:

- 4.18 All cases are subject to review in order to confirm that the level of service provision reflects the level of care needs. Given that the majority of care packages are put in place at a time of crisis it is both good social work practice and cost effective to review the level of service delivery required once the crisis has passed.
- 4.19 For the remaining in house services we continue to attempt to recruit additional staff in order that staff are deployed efficiently in order to minimise paid travel time and overtime.
- 4.20 Community nursing staff are helping to cover service users where they are already involved. The capacity to assist in this manner varies from area to area.
- 4.21 Self-Directed Support options are actively considered in such cases where home care services are having difficulty in covering whether this be via a direct payment for families to recruit their own carers or commissioning services out with the general group of local providers. This option does have limitations both in terms of identifying potential carers and for those families who do not live locally it is difficult to manage from a distance and therefore the preference is that the Council either commissions or directly provides the service.
- 4.22 We are working with all the independent care providers to assist in making sure that all staff are deployed in the most efficient manner possible in order to reduce travel time and maximise service user contact time. This includes transferring work from one provider to another, with service user consent, in order to achieve the efficiency that can be re-invested into the service.

Area Specific:

4.23 OBAN, LORN AND ISLES

Mapping of Services

Outlying areas such as Benderloch, Taynuilt and Dalmally have previously been mapped and have well established teams that cover

current services. A further mapping exercise for central Oban has been agreed with all providers. It is anticipated that all new services will be allocated to the preferred provider in their specific area. If the preferred provider in the area does not have capacity at the time of the offer, partner providers have agreed to provide the service on a temporary basis until the preferred provider can take on the work. This will be done in line with the model currently provided by the joint Health & Social Care Extended Community Care Teams. Resources and Operations Team Leads will be instrumental in moving this forward and this should be highlighted as a priority area of work.

4.24 *Rural Areas*

Adult Care is still facing difficulty with the recruitment and retention of Care at Home staff in rural and remote communities. It is a particularly acute issue for Bridge of Orchy, Appin/Lismore and Luing. This is both a current and historical problem. Rural subsidies have been discussed with providers. However, they are advising this is not a financial issue but solely a resource issue. All commissioning avenues have been exhausted and local solutions should be looked at for these areas.

4.25 **BUTE AND COWAL**

Mapping of Services

As previously stated outlying areas like Strachur and Tignabruich are well defined. However, an increase in demand in these areas has led to a recent shortage of available services. In order to cover service in recent months it has been offered to off framework provider. This has led to excessive travel and mileage costs that are being addressed as a matter of urgency. Negotiations have started with our preferred providers to discuss rural subsidies.

4.26 A further mapping exercise is underway to address issues in Innellan, Strone and Ardentinny.

4.27 *Rural Areas*

Although Lochgoilhead and Cairndow are currently serviced by the Strachur run, these two areas cause ongoing difficulties. This is due to the travel involved and the resources required. As demand is increasing, providers are using staff who are already working for the external agencies to travel to rural and remote localities. They are unable to increase the staff pool and although they may be solving a problem in one area, at a high cost, they are creating a problem in another. Local solutions should be looked at for both these areas.

4.28 **HELENSBURGH AND LOMOND**

Mapping of Service

Outlying areas such as Arrocher, Luss and the Garelohead peninsula are well defined. Currently there is capacity in all areas. Work will start in the next quarter to map local areas to reduce travel time and prevent care staff from different organisations providing service in the same area.

4.29 *Inclusive Rates*

Inclusive rates require to be agreed with a number of providers in Helensburgh. Again this will be addressed in the next quarter.

4.30 **MID ARGYLL, KINTYRE AND ISLAY**

Work is currently underway around contracted hours and the medication issue for in house staff. The independent sector is currently used to meet all medication requirements. Due to this, no strategic oversight can be applied when commissioning these services. Once this issue is resolved, Adult Care will be able to map services which should provide efficiencies within the current costs.

4.31 Adult Care are still facing difficulty with the recruitment and retention of Care at Home staff both in centres of population and rural communities. This is reflected in their waiting time figures, with no clear distinction between these areas. In some localities there is currently no service being delivered at this time.

LOCAL SOLUTIONS FOR RURAL AREAS

4.32 **Option 1**

Adult services are looking at local solutions for very rural areas. The pressure areas are Bridge of Orchy, Luing, Appin/Lismore, Lochgoilhead, Cairndow and Carradale. Adult Care have had discussions with the Social Enterprise Team within Development and Infrastructure Services to explore co-production opportunities and investigate what local solutions have been agreed for other service sectors and the infrastructures in place to support groups in the local communities.

4.33 Adult Services propose to meet local community groups to make use of their local knowledge. The aim of these meetings is twofold. Firstly we would ask the community groups to assist the Council to identify local people who may be willing to work for an hour or two per day in the care sector but may not want to commit to full time work. In addition, we would

work alongside the Social Enterprise Team to assist us to identify a local group or organisation that has the infrastructure already in place, to act as a host agency, for the local management of this small staff group.

4.34 If successful in identifying both of the above, Adult Services would source appropriate training provision for this group along with external professional support for both the staff group and the host agency. This could include payroll and employment law services. Care would be provided in line with the priority of need framework.

4.35 **Option 2**

A further option is to work in partnership with NHS colleagues to look at a health based care worker employed locally, using Integrated Care funding. Preliminary discussions have taken place, however this option requires to be explored further and will be reliant on a successful bid to the fund.

5.0 CONCLUSION

5.1 Adult Care acknowledges the challenges they are faced with in future provision of care at home services. The above steps have been taken to date but ongoing commitment is required from our staff group and partner providers. Recruitment, retention and long term sustainability of care staff is paramount to move this forward. Intelligent Commissioning across service groups needs to be explored within Community Services. This would seek to improve conditions of service for care staff, increase skills in the staff group and lead to additional flexibility and resources when required at pressure times throughout the day.

5.2 The future of Care at Home provision in exceptionally rural localities is reaching crisis point. The solutions currently available to Older People in some localities are residential care or sheltered housing in the nearest town.

6.0 IMPLICATIONS

- | | |
|-----------------|-------------------------------------------------------------------------------------------------------------------|
| 6.1 Policy: | Consistent with Reshaping Care for Older People national direction and Joint Commissioning Plan for Older People. |
| 6.2 Financial: | Potential impact of rural subsidies to be costed following discussions with Providers. |
| 6.3 Legal: | Nil |
| 6.4 HR : | Nil |
| 6.5 Equalities: | Nil |

6.6 Risk: Urgent attention requires to be given to proposals within this report to ensure care at homes services are delivered in line with assessed need and in recognition of the rural and remote communities we serve.

6.7 Customer Service: Nil

Cleland Sneddon, Executive Director of Community Services

Councillor Douglas Philand, Policy Lead

4 November 2014

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APPENDICES

Appendix 1: Growth in Home Care Services

Appendix 2: Waiting List Information

Appendix 3: Care Inspectorate Grades for Care at Home Providers

Appendix 4: IRISS Outcomes

Appendix 1

Providing Care at Home

Homecare SPI Data	2011/12		2012/13		2013/14	
Number of people aged 65+ receiving homecare	830		933		1,070	
Total volume of service Total No homecare hours per 1000 population aged 65+	8,584	443.6	9,329	473.8	10,650	540.9
No and % in receipt of : Personal care	819	98.7	921	98.7	1,064	99.1
No and % in receipt of: A service during evening/overnight	438	52.8	467	50.1	553	51.5
No and % in receipt of : A service at weekends	748	90.1	850	91.1	967	90.0

Data Source:

Audit Scotland SPI Return - Homecare Section9

Appendix 2

Waiting List Information as @ 6 October 2014

Area	No of people waiting service from date of assessment under 4 weeks	No of people waiting service from date of assessment over 4 weeks	No of people waiting service from date of Assessment over 12 weeks	Area Totals
B&C	5	1	6	12
MAKI	9	7	4	20
HL	0	0	0	0
OLI	3	1	1	5
TOTALS	17	9	11	37

Appendix 3 Care Inspectorate Grades

External Providers

Provider	Date of Care Inspection	Care Inspectorate Grades		
		Quality of Care & Support	Quality of Staffing	Quality of Management & Leadership
Allied Healthcare	25/01/2013	6	6	5
	26/03/2012	6	6	5
Argyll Homecare	02/10/2014	5	4	4
	05/08/2013	4	4	4
	14/09/2012	5	5	5
Careplus	29/05/2014	6	5	6
	11/06/2013	6	5	6
	11/06/2012	6	5	6
Care + Oban	26/05/2014	4	4	3
	06/06/2013	4	4	3
	14/06/2012	4	3	3
Care UK	Awaiting CI report	-	-	-
	28/12/2010	5	Not assessed	Not assessed
Carers Direct	31/03/2014	6	5	6
	14/02/2013	5	4	6
	20/05/2010	5	4	4
Carewatch	02/06/2014	5	5	5
	30/01/2013	4	5	4

Provider	Date of Care Inspection	Care Inspectorate Grades		
		Quality of Care & Support	Quality of Staffing	Quality of Management & Leadership
	22/09/2011	5	4	4
Carr Gomm	27/05/2014	4	4	5
	30/01/2013	4	4	4
Cowal Carers	29/05/2014	5	4	4
	06/02/2013	5	5	5
	08/06/2011	5	4	5
Joans Carers	10/02/2014	5	5	5
	08/03/2013	5	5	5
	02/02/2012	4	4	4
M&J	14/02/2014	3	3	3
	19/08/2013	2	2	2
	03/08/2012	4	4	4
Mears	20/11/2013	3	3	3
	19/10/2012	2	3	3
	04/11/2010	4	4	4
Premier Healthcare	20/11/2013	6	6	6
	08/03/2013	6	6	6
	27/04/2010	5	4	5
Quality Care	05/04/2014	4	4	3
	17/09/2012	4	4	3
	19/10/2010	5	5	5

Internal Providers

Provider	Care Inspectorate Grades			
	Date of Care Inspection	Quality of Care and Support	Quality of Staffing	Quality of Management and Leadership
MAJIK (Mid Argyll, Jura, Islay and Kintyre) Homecare	13/12/2013	4	5	4
	12/12/2012	5	4	4
	30/07/2010	5	4	4
Oban/Mull Homecare	27/02/2014	3	4	3
	11/03/2013	4	4	4
	13/12/2011	3	4	3

Care Inspectorate Grading

- 6 – Excellent
- 5 – Very Good
- 4 – Good
- 3 – Adequate
- 2 – Weak
- 1 – Unsatisfactory

Not Assessed – this area was not assessed during the recent Care Inspection.

Appendix 4

IRISS Outcomes

GROUP 1

Group 1	Idea: Develop generic support workers across health, social care and private sector
What partners will be involved? Health, Social Work and Private Providers	
What needs to be done in the next 3 months to implement this? Create working group	

GROUP 2

Group 2	Idea: Independent Social Care Assessor
What partners will be involved? ALL - Social Work, NHS, Council, Providers, Commissioning Team, every agency SDS promotion, people who use services	
What needs to be done in the next 3 months to implement this? Commitment from Social Work to improve practice in offering full informed choice to people.	

GROUP 3 IDEA MAPS

Group 3	Idea: Alert Response Team
What partners will be involved? SAMS, Argyll & Bute, Commissioning, NHS, GPs, 3 rd Sector	
What needs to be done in the next 3 months to implement this? Identify pilot area Speak to NHS Arran – Stats – costing, call outs, hospital preventions and hospital discharges Create working group Discuss with carers and users	

GROUP 4

Group 4	Idea: Service should be delivered by two carers even on single services, team approach to group
What partners will be involved? Service Providers, Commissioning staff and Finance .	
What needs to be done in the next 3 months to implement this? Working group formed. Group has met and discussed model. design strategic proposal Desk top trial led by Finance Consultation with service user/carers groups Implement in partnership with providers.	

Group 4	Idea: Ending fixed service times and commissioning services with general reference to time and type of service. Ie. Morning service, afternoon service, evening service, etc,
What partners will be involved? Commissioning officers and service providers coordinators	
What needs to be done in the next 3 months to implement this? Working group formed. Group has met and looked at a number of models. Meeting arranged with other Councils to look at design. Develop strategic proposal Identify pilot areas Consultation with service user/carers groups Implement in partnership with providers.	

GROUP 6

Group 6	Idea: Implement dedicated reablement teams
What partners will be involved? NHS, A&B Council, Independent Care providers, Third sector agencies involved in delivering reablement	
What needs to be done in the next 3 months to implement this? Link with workstream 3; IT Governance Clarity; Clarity of ECCT's; Lead Professional in Place SPOA established; Intensive reable training for identified team; Spread existing good practice eg. RPIW work Bute	

GROUP 7

Group 7	Idea: Unified Training – Care Worker Passport
What partners will be involved? Providers, Care Inspectorate, Local Authority, NHS, Colleges, SSSC, SVQ	
What needs to be done in the next 3 months to implement this? Need agreement, Awareness, Canvass the views of the providers re buy-in	

GROUP 8

Group 8	Idea: To provide good quality training & underpinning knowledge to the care workforce.
What partners will be involved? Argyll College, NHS, Private Sector, A&B Council	
What needs to be done in the next 3 months to implement this? Idea fast tracked and agreement has been reached with a number of providers to offer placement opportunities. Ongoing work required to get agreement from more providers.	

Group 8	Idea: Delivery of full time “Social Service and Healthcare” SVQ
What partners will be involved? Argyll College, NHS, Private Sector, A&B Council (ALL)	