

Norfolk County Council

Record of Individual Cabinet Member Decision

Responsible Cabinet Member: Cllr Bill Borrett (Cabinet Member for Adult Social Care, Public Health & Prevention)

Background and Purpose:

As part of the UK Government's commitment to Adult Social Care in its COVID-19 Autumn and Winter Plan, the Department of Health and Social Care (DHSC) announced on 3rd November 2021 its adult social care winter plan, which set out the support the government will be providing to the sector this winter. The plan includes a commitment to provide workforce recruitment and retention totalling £162.5m through a ring-fenced grant. For Norfolk County Council (NCC) this national amount corresponds to £2.829m of new funding. This funding will be paid as a Section 31 grant, ring fenced exclusively for actions which enable local authorities to address local adult social care workforce capacity pressures this winter to deliver the following outcomes:

- a) support providers to maintain the provision of safe care and bolstering capacity within providers to deliver more hours of care
- b) support timely and safe discharge from hospital to where ongoing care and support is needed
- c) support providers to prevent admission to hospital
- d) enable timely new care provision in the community
- e) support and boost retention of staff within social care

The funding is time limited and must be spent by 31st March 2022. Any underspend will need to be returned.

The workforce grant from the Department of Health and Social Care (DHSC) to local authorities will be paid as a Section 31 grant. The grant will be paid in two instalments nationally:

- a) Payment 1 – £97.5 million (60% of funding) to be paid during November 2021. This funding was received 23rd November 2021.
- b) Payment 2 – £65 million (40% of funding) will be paid in January 2022

The 2nd payment will be conditional on local authorities having completed a return to DHSC by 14th January 2022 reporting on spending between 21st October 2021 and 30th November 2021.

Decision:

To agree to utilise the new £2.829m as recommended below in order to meet the explicit conditions attached to the grant.

To agree that the Executive Director has delegated authority to make variations to the recommended utilisation, should they need to, in order to make full use of this grant within the timescale available

To agree utilisation of the funding in Norfolk across three key elements:

1. **To passport £2m (71%) of the funding directly to external care providers:**
this will enable funding to in the main be used by providers to address local needs and measures that will help to retain their staff and support increasing staffing capacity within their organisation. These could include measures such as incentive and retention payments, occupational health and wellbeing support as well as supporting payments to boost the hours provided such as childcare costs and overtime payments. We are not proposing to require any one measure to be used but would encourage providers to consider actions that can help support and retain the workforce.
 - a) £1.500m (75%) to be passported to home support providers based on the number of people supported. This will amount to £245 per person supported
 - b) £0.500m (25%) to be passported to care homes based on a fixed amount per home. This will amount to £1,562.50 per care home. The rationale is to enable funding to have some impact for smaller homes, where safe levels of care are likely to be a higher risk

This support does not include payments to NCC companies or to Norfolk First Response, which is an internal organisation, as different considerations will apply.

2. **To support capacity to manage the impact of care packages being handed back and delivery of a provider of last resort role:**
Currently NCC's in house reablement team are providing temporary support where packages are not available through external routes. We are working with health partners to support all options to enable capacity, which in turn will support discharges. Measures could include separating some functions, securing agency care support, if available and looking at all opportunities to provide mutual aid. In addition, emergency support from NCC staff will be considered to mitigate risks and undertake tasks, appropriate to skills and experience.
3. **To provide a range of measures and recruitment initiatives that can benefits all parts of the care market:**
Providers have asked for more support to help attract new recruits and we have already launched our Recruitment Campaign across tv, radio and social media. The following additional initiatives are proposed:
 - a) Wellbeing support programme
 - b) Support into work – care academy approach working directly with job centres and colleges
 - c) Extending the recruitment campaign to market towns across Norfolk
 - d) Providing recruitment workshops for providers
 - e) Overseas recruitment advice and guidance
 - f) Earn and learn initiative – to encourage those in education to work in part time jobs in the sector

The proposals include sufficient flexibility, that should the situation change, or it is difficult to implement certain aspects, then the funding can be adapted and redirected.

Fund element	Indicative Cost (£m)	Activity
Payments to providers (60% as soon as possible and 40% in January)	2.000	Payment to enable providers to fund measures to increase availability of care within existing workforce and recruitment and retention initiatives and payments. As set out above the payments will be focussed particularly on home support reflecting the areas of highest demand/lack of capacity in the system
To support capacity to manage the impact of care packages being handed back and delivery of a provider of last resort role	0.569	Securing additional hours of care through agency and opportunities to share resource with health organisations. Operational resource to enable provider of last resort function Set up and manage emergency support from NCC staff to, depending on skills, mitigate risks – including welfare checks.
Care sector wide measures to improve recruitment and retention	0.246	Detailed below
	0.035	<i>Wellbeing support programme</i>
	0.050	<i>Direct provider workforce support for quality concerns</i>
	0.032	<i>Piloting a Norfolk care academy model</i>
	0.025	<i>Extend recruitment campaign – roving model across Norfolk towns</i>
	0.008	<i>Earn while you learn initiative</i>
	0.021	<i>Extend employer recruitment workshops</i>
	0.010-0.075	<i>Supporting overseas recruitment (£ dependent on model)</i>
Total Cost	£2.829m	

Is it a key decision? Yes

Is it subject to call-in? No - see special urgency notice. [This notice was uploaded to the cabinet webpage on 1 December 2021](#)

If Yes – the deadline for call-in is: N/A

Impact of the Decision:

This proposal aims to provide a range of financial support and measures, to take a mix of localised action and also county wide initiatives to help increase staff retention and to enable additional workforce capacity during the winter period. The proposals are skewed towards the home support market as this is the sector where there is the greatest variance between demand and capacity.

Evidence and reason for the decision:

The proposed model balances the need for local actions that can best be determined by each provider, with ensuring wider initiatives are in place that can have more impact when delivered on a larger scale – such as the wellbeing programme and recruitment work. There is, however, a need to ensure that there is capacity to support people who may have had care packages handed back to the council and where no alternative home care provision is available. This has been identified as provider of last resort and will be supported through the Council Norfolk First Response service. In order to reduce impact on reablement services, additional capacity is being sought to help deliver care. Should it not be possible to secure additional hours this funding would be reallocated to providers in the second instalment in January 2022.

Alternative options considered and rejected:

An alternative option would be to adopt a universal approach to supporting providers and allocating each residential and home care provider an even allocation of the funding based on usage. This was deemed as resulting in an award too low to make any impact on the key issues facing the sector.

Financial, Resource or other implications considered:

Funding will be from the £2.829m Workforce Recruitment and Retention Grant allocated for Norfolk. The funding is one-off and must be spent by 31st March 2022 or returned. The proposals contained are limited in value to the maximum value of the grant.

Record of any conflict of interest:

None identified

Background documents:

- [Workforce Recruitment and Retention Fund for adult social care](#)
(Published 3 November 2021)

Date of Decision: 1/12/2021

Publication Date of Decision: 1/12/21

Signed by Cabinet Member: 26/11/21

I confirm that I have made the decision set out above, for the reasons also set out.



Signed:

Print name: Cllr Bill Borrett

Date: 26/11/2021

Accompanying documents:

- Use of the Department for Health and Social Care Workforce Recruitment and Retention Grant

Once you have completed your internal department clearance process and obtained agreement of the Cabinet Member, send your completed decision notice together with the report and green form to committees@norfolk.gov.uk

Cabinet

Item No:

**Report Title: Use of the Department for Health and Social Care
Workforce Recruitment and Retention Grant**

Date of Meeting: N/A

**Responsible Cabinet Member: Cllr Bill Borrett (Cabinet Member for Adult
Social Care, Public Health & Prevention)**

**Responsible Director: James Bullion (Executive Director – Adult Social
Services)**

Is this a Key Decision? Yes

**If this is a Key Decision, date added to the Forward Plan of Key
Decisions: DD Month YYYY**

Executive Summary / Introduction from Cabinet Member

As part of the UK Government's commitment to Adult Social Care in its COVID-19 Autumn and Winter Plan, the Department of Health and Social Care (DHSC) announced on 3rd November 2021 its adult social care winter plan, which set out the support the government will be providing to the sector this winter. The plan includes a commitment to provide workforce recruitment and retention totalling £162.5m through a ring-fenced grant. For Norfolk County Council (NCC) this national amount corresponds to £2.829m of new funding. This funding will be paid as a Section 31 grant, ring fenced exclusively for actions which enable local authorities to address local adult social care workforce capacity pressures this winter to deliver the following outcomes:

- a) support providers to maintain the provision of safe care and bolstering capacity within providers to deliver more hours of care
- b) support timely and safe discharge from hospital to where ongoing care and support is needed
- c) support providers to prevent admission to hospital
- d) enable timely new care provision in the community
- e) support and boost retention of staff within social care

The funding is time limited and must be spent by 31st March 2022. Any underspend will need to be returned. This paper covers the recommended utilisation of this grant.

Recommendations:

- a) To agree to utilise the new £2.829m as recommended in section 3 of this paper in order to meet the explicit conditions attached to the grant
- b) To agree that the Executive Director has delegated authority to make variations to the recommended utilisation, should they need to, in order to make full use of this grant within the timescale available

1. Background and Purpose

- 1.1 The workforce grant from the Department of Health and Social Care (DHSC) to local authorities will be paid as a Section 31 grant. The grant will be paid in two instalments nationally:
 - a) Payment 1 – £97.5 million (60% of funding) to be paid during November 2021
 - b) Payment 2 – £65 million (40% of funding) will be paid in January 2022
- 1.2 The 2nd payment will be conditional on local authorities having completed a return to DHSC by 14th January 2022 reporting on spending between 21st October 2021 and 30th November 2021. In addition to this report, NCC as a grant recipient must also complete a final return to DHSC on the 29 April 2022 to cover the expenditure for the entire period. NCC can utilise this funding against any eligible expenditure incurred between 21st October and 31st March 2022. Any unspent monies as at 31st March 2022 needs to be refunded to DHSC.
- 1.3 The grant is ringfenced exclusively for actions which enable local authorities to address adult social care workforce capacity pressures in their geographical area this winter, in order to:
 - a) support providers to maintain the provision of safe care and bolstering capacity within providers to deliver more hours of care
 - b) support timely and safe discharge from hospital to where ongoing care and support is needed
 - c) support providers to prevent admission to hospital
 - d) enable timely new care provision in the community
 - e) support and boost retention of staff within social care
- 1.4 The allocation of the grant must 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. We have taken a view of the current system pressures in Norfolk, as well as feedback from provider associations, to consider how funding should best be spent, including passporting funding directly to providers where appropriate. The grant conditions reiterate that it is important to retain existing staff capacity as well as encourage new and returning entrants.

Examples of this include, but are not limited to:

- a) supporting payments to boost the hours provided by the existing workforce – including childcare costs and overtime payments
- b) investment in measures to support staff and boost retention of staff within social care – including occupational health, wellbeing measures, incentive and retention payments

- c) the creation and maintenance of measures to secure additional or redeployed capacity from current care workers – for example:
 - i. shared staff banks
 - ii. redeploying local authority staff
 - iii. emergency support measures
 - iv. overtime payments
- d) local recruitment initiatives
- e) activities to support hospital discharge or to prevent or address delays as a result of workforce capacity shortages
- f) activities which support the recruitment of local authority employed social care staff, or which enhance or retain the capacity of existing local authority employed social care staff
- g) local authorities and, where funding has been passported, providers to use the grant to cover reasonable administrative and/or set up costs they incur for new measures that deliver additional staffing capacity through recruitment and retention activity

2. Context

- 2.1 The Norfolk social care workforce is estimated at 27,000. c11,000 people are employed within residential and nursing care and c10,000 within home support. Although vacancy rates can vary considerably, a recent Skills for Care report estimated 8% of care jobs were vacant in the East of England region, which is above pre-pandemic levels. In recent months, providers have reported a worsening situation, which has been seen through a reduction in care capacity available within the care market.
- 2.2 The situation has been exacerbated by wider workforce shortages, which has led to other sectors increasing pay. For care homes mandatory vaccination has also been implemented from 11th November 2021, which has led to at least 350 people leaving the sector.
- 2.3 For older people residential and nursing care occupancy levels have recovered slightly at 85% on average, but many providers have reported workforce shortages preventing safe admissions. From a system perspective, although there are some delays into residential care due to type of care and location, in overall terms there are not shortfalls being reported. The situation is different for working age adults residential and nursing, where settings can be far smaller, with less staff. Small numbers of people leaving can more easily affect safe staffing levels and we are seeing an increase in quality concerns.
- 2.4 The most significant impact from a volume perspective is being felt across home support services, where workforce shortages have led to some providers being unable to take new care packages, and in some case whole or part packages being handed back. There is limited availability of agency care staff, which is limiting options for individual providers. The Council needs to ensure that people have their eligible care needs met and this has led to our in-house reablement services temporarily holding care packages, undertaking a role of provider of last resort. In turn this reduces capacity to support discharges from hospital meaning that more people are waiting to be discharged.
- 2.5 Home support providers are predominately contracted by the council via the home support framework, where the rate is set at £19.68. This rate compares favourably in

the region but means that providers will not have been able to increase their price for home support to react to the current position.

3. Proposal

3.1 The proposals are based on addressing the immediate issues facing the provision of care across the county. Whilst it is recognised that all of the care sector is experiencing workforce shortages and exceptional challenges for delivery of care, the impact for care provision and for the wider health and social care system is more varied.

3.2 The proposal for utilisation of the funding in Norfolk has three key elements:

1. To passport £2m (71%) of the funding directly to external care providers:

this will enable funding to in the main be used by providers to address local needs and measures that will help to retain their staff and support increasing staffing capacity within their organisation. These could include measures such as incentive and retention payments, occupational health and wellbeing support as well as supporting payments to boost the hours provided such as childcare costs and overtime payments. We are not proposing to require any one measure to be used but would encourage providers to consider actions that can help support and retain the workforce.

- a) £1.500m (75%) to be passported to home support providers based on the number of people supported. This will amount to £245 per person supported
- b) £0.500m (25%) to be passported to care homes based on a fixed amount per home. This will amount to £1,562.50 per care home. The rationale is to enable funding to have some impact for smaller homes, where safe levels of care are likely to be a higher risk

This support does not include payments to NCC companies or to Norfolk First Response, which is an internal organisation, as different considerations will apply.

2. To support capacity to manage the impact of care packages being handed back and delivery of a provider of last resort role:

Currently the Council's in house reablement team are providing temporary support where packages are not available through external routes. We are working with health partners to support all options to enable capacity, which in turn will support discharges. Measures could include separating some functions, securing agency care support, if available and looking at all opportunities to provide mutual aid. In addition, emergency support from NCC staff will be considered to mitigate risks and undertake tasks, appropriate to skills and experience.

3. To provide a range of measures and recruitment initiatives that can benefits all parts of the care market:

Providers have asked for more support to help attract new recruits and we have already launched our Recruitment Campaign across tv, radio and social media. The following additional initiatives are proposed:

- a) Wellbeing support programme
- b) Support into work – care academy approach working directly with job centres and colleges

- c) Extending the recruitment campaign to market towns across Norfolk
- d) Providing recruitment workshops for providers
- e) Overseas recruitment advice and guidance
- f) Earn and learn initiative – to encourage those in education to work in part time jobs in the sector

3.3 The proposals include sufficient flexibility, that should the situation change, or it is difficult to implement certain aspects, then the funding can be adapted and redirected.

3.4 Overall estimate of costs

The initial following costs are based on an estimate of the staffing and resources required and the assumption that staff and resources will be available:

Fund element	Indicative Cost (£m)	Activity
Payments to providers (60% as soon as possible and 40% in January)	2.000	Payment to enable providers to fund measures to increase availability of care within existing workforce and recruitment and retention initiatives and payments. As set out above the payments will be focussed particularly on home support reflecting the areas of highest demand/lack of capacity in the system
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	0.021	<i>Extend employer recruitment workshops</i>
	0.010-0.075	<i>Supporting overseas recruitment (£ dependent on model)</i>
Total Cost	£2.829m	

4. Impact of the Proposal

- 4.1 COVID-19 and large scale national workforce shortages has impacted on the care market:
- a) There is already a significant skills shortage in in the care market, and multiple organisations are looking for the same skilled workforce, together with additional competition from other sectors that are able to increase pay and rewards
 - b) The number of available workers continues to be impacted by self-isolating and has recently had further losses due to mandatory vaccination in care homes. This legislation is being widen to the remaining registered care sector and health in April.
- 4.2 This proposal aims to provide a range of financial support and measures, to take a mix of localised action and also county wide initiatives to help increase staff retention and to enable additional workforce capacity during the winter period. The proposals are skewed towards the home support market as this is the sector where there is the greatest variance between demand and capacity.
- 4.3 All interventions have some risk of negative impact on other areas of the care sector, as the pool of people is likely to be similar. Therefore, the actions have primarily centred on direct funding for individual providers and measures to both retain staff and to support recruitment to attract new people into the sector. However, some of the funding has necessarily been earmarked to help manage and create capacity for the provider of last resort role, which provides a safety net.

5. Evidence and Reasons for Decision

- 5.1 The proposed model balances the need for local actions that can best be determined by each provider, with ensuring wider initiatives are in place that can have more impact when delivered on a larger scale – such as the wellbeing programme and recruitment work. There is however a need to ensure that there is capacity to support people who may have had care packages handed back to the council and where no alternative home care provision is available. This has been identified as provider of last resort and will be supported through the Council Norfolk First Response service. In order to reduce impact on reablement services, additional capacity is being sought to help deliver care. Should it not be possible to secure additional hours this funding would be reallocated to providers in the second instalment in January 2022.

6. Alternative Options

- 6.1 An alternative option would be to adopt a universal approach to supporting providers and allocating each residential and home care provider an even allocation of the funding based on usage. This was deemed as resulting in an award too low to make any impact on the key issues facing the sector.

7. Financial Implications

- 7.1 This paper covers the allocation of new, one-off funding for NCC. The proposals contained are limited in value to the maximum value of the grant, being £2.829m.

8. Resource Implications

8.1 Staff:

The measures set out will require additional staff to support the provider of last resort role. All staffing costs will be met within the time limited grant.

8.2 Property:

None identified.

8.3 IT:

None identified

9. Other Implications

9.1 Legal Implications:

None identified

9.2 Human Rights Implications:

None identified

9.3 Equality Impact Assessment (EqIA) (this must be included):

EqIAs will be conducted, and equality issues will be considered, as part of the development of any agreed elements of the plan that impact on our residents.

What possible inequalities could be experienced by diverse groups seeking to access this service or part of this service?

- a) This proposal will improve support for those who receive care in a residential or home environment
- b) As the measures are open to all within those environments there should be no inequalities experienced by diverse groups in using the service
- c) Residential care for people with disabilities or mental health needs can be in smaller establishments, that would attract less funding on a per bed basis, but can have a disproportionate impact from reduced staffing

What process will you use to work with diverse groups to decide upon workable and appropriate solutions to tackling the above issues?

- a) We have a robust engagement framework with care providers on service delivery, including ensuring it offers an equal service across diverse groups.

How will you demonstrate that the solutions you put in place have resulted in better outcomes for diverse groups?

- a) This will be monitored through care provider engagement and monitoring of grant delivery

9.4 Data Protection Impact Assessments (DPIA):

9.4.1 No Data Protection impact identified.

9.5 Any Other Implications:

None identified

10. Risk Implications / Assessment

10.1 Availability of staff

There is a risk that funding set aside to increase capacity for provider of last resort will not be spent, if staffing resources cannot be identified. It is proposed that if this risk remains in January 2022 that any funding not expected to be spent is reviewed and either added to provider allocations within the second instalment or to measures that have had good traction and support provider needs.

11. Select Committee Comments

11.1 None

12. Recommendations

Cabinet is recommended:

- a) To agree to utilise the new £2.829m as recommended in section 3 of this paper in order to meet the explicit conditions attached to the grant
- b) To agree that the Executive Director has delegated authority to make variations to the recommended utilisation, should they need to, in order to make full use of this grant within the timescale available

13. Background Papers

13.1 [Workforce Recruitment and Retention Fund for adult social care](#)
(Published 3 November 2021)

Officer Contact

If you have any questions about matters contained within this paper, please get in touch with:

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