

Norfolk County Council

Record of Cabinet Member decision

Use of the Department for Health & Social Care Workforce Capacity fund

Responsible Cabinet Member:

Executive Leader of the Council

Background and Purpose:

<p>The workforce grant from the Department of Health and Social Care (DHSC) to local authorities is ringfenced exclusively for actions which enable local authorities to deliver measures to supplement and strengthen adult social care staff capacity to ensure that safe and continuous care is achieved to deliver the following outcomes:</p>
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| <ul style="list-style-type: none">• maintain care provision and continuity of care for recipients where pressing workforce shortages may put this at risk• support providers to restrict staff movement in all but exceptional circumstances, which is critical for managing the risk of outbreaks and infection in care homes• support safe and timely hospital discharges to a range of care environments, including domiciliary care, to prevent or address delays as a result of workforce shortages• enable care providers to care for new service users where the need arises |
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Decision:

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| <ol style="list-style-type: none">1. To agree to utilise the new £2.089m as recommended in section 2 of this paper in order to meet the explicit conditions attached to the grant.2. To agree that the Executive Director have 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. |
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Is it a key decision?

Yes

Is it subject to call in?

No

<p>Not subject to call in because of the urgency of using the grant in line with specific conditions, and allowing the care market to make full use of the grant within the timescale available.</p>
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Impact of the Decision:

COVID-19 has impacted on the care market including the workforce –

- There is already a skills shortage in the care market, and multiple organisations are looking for the same skilled workforce
- The number of available workers may already be diminished if self-isolating or shielding due to underlying health conditions
- The potential ability for some of these workers to have limited mobility – in terms of being able to travel to the venues we may need as they not all drive.

This proposal, with a combination of responses to the sector, seeks to mitigate the aforementioned risks to the market and support providers to care safely for their residents whilst supporting longer term sustainability.

Evidence and reason for the decision:

The proposed model gives maximum flexibility in how the fund will be utilised whilst ensuring a firm grip on that spend to remain within budget. There is the opportunity to scale up the staffing bank and administrative support as needed and build on the existing sourcing arrangement with GRI. Processes are already in place to identify providers eligible for funding support through the Infection Control Fund and Providers at Risk fund, and these will be utilised for this fund. Keeping this contained within the QA team with additional HR support will ensure a single point of contact for providers that they are already familiar with. It will utilise staff identified for redeployment and allows us to support providers at pace at a time where the numbers of providers at risk is still increasing.

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 a split of the funding. This was deemed as resulting in an award too low to make any impact of providing additional staffing or recruitment support.

Financial, Resource or other implications considered:

The proposals contained are limited in value to the maximum value of the grant, being £2.089m.

The development of the staff bank has involved officer time from HR and Commissioning Teams. Additionally 3 administrative staff have been re-deployed to support the QA team and providers with administrative tasks

Record of any conflict of interest:

Background Documents:	
Date of Decision:	15th February 2021
Publication date of decision:	19th February 2021
Signed by Cabinet member: I confirm that I have made the decision set out above, for the reasons also set out Signed: Andrew Proctor Print name: Cllr Andrew Proctor Date: 15 th February 2021	
Accompanying Documents:	

Individual Cabinet Member Decision Report

Item No:

Decision making report title:	Use of the Department for Health and Social Care Workforce Capacity Fund
Date of meeting:	N/A
Responsible Cabinet Member:	Cllr Andrew Proctor (Executive Leader of the Council)
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.	

Executive Summary

As part of the UK Government's commitment to Adult Social Care in its COVID-19 Winter Plan, the Department of Health and Social Care (DHSC) announced on 16th January an extra £120m funding to support local authorities to manage workforce pressures. For Norfolk County Council (NCC) this national amount corresponds to £2.089m of new funding. This funding will be paid as a Section 31 grant, ring fenced exclusively for actions which enable local authorities to deliver measures to supplement and strengthen adult social care staff capacity to ensure that safe and continuous care is achieved to deliver the following outcomes:

- a) maintain care provision and continuity of care for recipients where pressing workforce shortages may put this at risk
- b) support providers to restrict staff movement in all but exceptional circumstances, which is critical for managing the risk of outbreaks and infection in care homes
- c) support safe and timely hospital discharges to a range of care environments, including domiciliary care, to prevent or address delays as a result of workforce shortages
- d) enable care providers to care for new service users where the need arises

This funding has a limited window to be spent and any underspend funds as of 31st March 2021 must be returned. This paper covers the recommended utilisation of this grant.

Recommendations

- a) To agree to utilise the new £2.089m as recommended in section 2 of this paper in order to meet the explicit conditions attached to the grant
- b) To agree that the Executive Director have 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 – £84 million (70% of funding) by early February 2021
 - b) Payment 2 – £36 million (30% of funding) in March 2021.
- 1.2. The 2nd payment will be conditional on local authorities having completed a return to DHSC by 12 February outlining intended use for the grant. In addition to this report, NCC as a grant recipient must also complete returns to DHSC on the 5th March and 15th May 2021. NCC can utilise this funding against any eligible expenditure incurred between 16th January and 31st March 2021. Any unspent monies as at 31st March 2021 needs to be refunded to DHSC.
- 1.3. The grant is ringfenced exclusively for actions which enable local authorities to deliver measures to supplement and strengthen adult social care staff capacity to ensure that safe and continuous care is achieved to deliver the following outcomes:
 - a) maintain care provision and continuity of care for recipients where pressing workforce shortages may put this at risk
 - b) support providers to restrict staff movement in all but exceptional circumstances, which is critical for managing the risk of outbreaks and infection in care homes
 - c) support safe and timely hospital discharges to a range of care environments, including domiciliary care, to prevent or address delays as a result of workforce shortages
 - d) enable care providers to care for new service users where the need arises

2. Proposals

- 2.1. The proposal for utilisation of the funding in Norfolk has five schemes;
 1. **to set up an Emergency Agency Staffing Bank** with the support of GRI, and potential access to staff being made available via NCC's in-house care providers, delivering the following key roles:
 - i. Senior Care staff - to administer medications, cognisant of safeguarding and Mental Capacity Act processes, managing behaviours that challenge. Provider feedback is senior care staff are most currently in need to support urgent workforce challenges
 - ii. Cleaners - experience of carrying out deep cleaning and able to work day and night shifts. This role includes being able to carry out laundry duties
 - iii. Cooks - predominately required during the day to provide meals and drinks
 - iv. Caretaking staff - important to ensure correct maintenance and repair of items – this also enables correct cleaning and infection control.
 - v. Registered Managers
 - vi. The staff bank will be supported by a team of administrators and officers aligned to the Quality Assurance (QA) team to support care providers with their efforts to source staff and to liaise with providers and agencies to deploy the staff bank. If necessary, they may source questions arising from the agreement to nplaw

2. **to provide financial support to providers for whom Covid-19 has compromised their ability to deliver services owing to staffing issues.**
The fund will provide support to mitigate the impact of having to pay for agency fees, additional overtime payments, childcare, additional recruitment costs and health and well-being initiatives that will help keep staff in the sector.
3. **to roll out 'iStumble' across the 50 homes with the highest number of falls amongst residents.** iStumble is a training programme that will support care staff with resident safety and empower them to care safely for residents that have fallen. It has the potential to free up staff time to allow other duties to be undertaken, and prevent unnecessary hospital admissions that consequently supports safe and timely hospital discharges.
4. **Health and Wellbeing support.** Care workers are able to access a support line commissioned by NSFT. A number of additional facilitated workshops will be funded via the DHSC funding as part of the wider Health and Wellbeing offer to help support teams during the pandemic.

5. **To carry out a recruitment campaign** to attract new staff to the sector

- 2.2. The proposals include sufficient flexibility, that should staff requirements change due to the impact of the pandemic, the roles and processes detailed above will also be able to adapt. Schemes will be made available to residential and home care providers, although intelligence indicates that the majority of staffing resource is likely to be best targeted at Norfolk's care homes due to current pressures.

2.3. **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	Activity
Costs for Staffing Bank sourced through GRI for 7 weeks	£357,150.75	Set up an Emergency Agency Staffing Bank with the support of GRI, and potential access to staff being made available via NCC's in-house care providers
Admin Team aligned to QA	£13,644	Supporting the QA team to liaise with providers to ensure national trackers completed, help with recruitment making full use of the Norfolk Care Careers website
Project Team aligned to QA to own end to end process	£5,989	To manage the deployment of the emergency staff bank
Fund to support providers financially	£1,565,216.25	To support providers with additional staffing costs
Recruitment campaign	£40,000	To support permanent recruitment and encourage new recruits to the care sector

iStumble	£57,000	Staff training programme and provisions of lifting equipment – with the potential to free up staff time to allow other duties to be undertaken, and prevent unnecessary hospital admission
Health and Wellbeing workshops	£50,000	To support staff in dealing with bereavement and other impacts of the Covid pandemic
Total Cost	£2.089m	

3. Impact of the Proposal

- 3.1. COVID-19 has impacted on the care market including the workforce –
- a) There is already a skills shortage in in the care market, and multiple organisations are looking for the same skilled workforce
 - b) The number of available workers may already be diminished if self-isolating or shielding due to underlying health conditions
 - c) The potential ability for some of these workers to have limited mobility – in terms of being able to travel to the venues we may need as they not all drive
- 3.2. This proposal, with a combination of responses to the sector, seeks to mitigate the aforementioned risks to the market and support providers to care safely for their residents whilst supporting longer term sustainability.
- 3.3. Implementation of the workstreams will be monitored carefully and reviewed as they are mobilised and delivered.

4. Evidence and Reasons for Decision

- 4.1. The proposed model gives maximum flexibility in how the fund will be utilised whilst ensuring a firm grip on that spend to remain within budget. There is the opportunity to scale up the staffing bank and administrative support as needed and build on the existing sourcing arrangement with GRI. Processes are already in place to identify providers eligible for funding support through the Infection Control Fund and Providers at Risk fund, and these will be utilised for this fund. Keeping this contained within the QA team with additional Human Resources support will ensure a single point of contact for providers that they are already familiar with. It will utilise staff identified for redeployment and allows us to support providers at pace at a time where the numbers of providers at risk is still increasing.

5. Alternative Options

- 5.1. An alternative option would be to adopt a universal approach to supporting providers and allocating each residential and home care provider a split of the funding. This was deemed as resulting in an award too low to make any impact of providing additional staffing or recruitment support.

6. Financial Implications

- 6.1. 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 £2.089m.

7. Resource Implications

7.1. Staff:

- 7.1.1 The development of the staff bank has involved officer time from HR and Commissioning Teams. Additionally, three administrative staff have been re-deployed to support the QA team and providers with administrative tasks.

7.2. Property:

- 7.2.1 None identified.

7.3. IT:

- 7.3.1 None identified.

8. Other Implications

8.1. Legal Implications

- 8.1.1 Advice has been provided by nplaw and risk and insurance in relation to liability for, and the insurance ramifications of, NCC identifying a range of agency workers whose services may be utilised by care providers. A provider agreement has been drawn up to set out the basis for the arrangements and to make it clear that care providers will be responsible for the day to day management of these workers, in order to mitigate risk as far as possible."

8.2. Human Rights implications

- 8.2.1 None identified.

8.3. Equality Impact Assessment (EqIA) (this must be included)

- 8.3.1 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? Diverse groups are:

- a) This service will improve support for those who receive care in a residential or home environment
- b) As the service is open to all within those environments, there should be no inequalities experienced by diverse groups in using the service
- c) Groups most likely to be benefited by the workstreams will be based on age and/or disability, based on the targeted measures to support care providers

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 the robust care provider engagement and monitoring of grant delivery

8.4. Health and Safety implications (where appropriate)

- 8.4.1 Liability for agency workforce will be held by care providers, where staffing from the emergency staffing bank are deployed to support them. An agreement is being drawn up by NPLaw between NCC and providers to provide necessary mechanism to support that approach.

8.5. Sustainability implications (where appropriate)

- 8.5.1 None identified

8.6. Any other implications

- 8.6.1 None identified.

9. Risk Implications/Assessment

9.1. NCC Liability and Insurance

Advice has been provided by NPLaw on liability and insurance ramifications of NCC providing agency staff directly to care providers. Mitigating actions have been taken via a provider agreement to hold liability for agency workforce deployed to their settings.

Using re-deployed NCC staff for the admin team

There is a risk that any internal staff supporting with delivery of the funded workstreams will be required to return to their own substantive roles and teams prior to the ending of this piece of work.

10. Select Committee comments

- 10.1. N/A

11. Recommendations

- 11.1.
 - a) **To agree to utilise the new £2.089m as recommended in section 2 of this paper in order to meet the explicit conditions attached to the grant**
 - b) **To agree that the Executive Director have 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**

12. Background Papers

- 12.1. [Full details relating to the Workforce Capacity Grant](#)

Officer Contact

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

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