



# Domiciliary Care, Social Work Workforce and Market Pressures

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## **Context**

Domiciliary care provision is a crucial element of a system that is built around the notion of promoting people's independence and wellbeing. The service is integral to helping people to remain at home. The service is also critical in ensuring that people in hospital who have assessed needs receive an adequate level of support to be discharged home safely and in a timely manner. The service provides a range of tasks; Personal care, Meal preparation, Medication. We have a statutory duty under the Social Services and Wellbeing (Wales) Act to assess anyone who appears to have care and support needs and to ensure there is a market to meet these needs. There is a growing workforce pressure within the health and care system which is impacting on our ability to meet our obligations under the Act. Should the position worsen then this is a significant risk to the authorities ability to meet its statutory duties.

### **Current position in house domiciliary care service (Carmarthenshire)**

In Carmarthenshire the in-house service currently has approximately 33% share of the market and employs 366 domiciliary care staff. Going forward the ambition is to grow the in-house service to 40%.

During the pandemic, we had a rolling programme of recruitment and successfully recruited additional staff. In recent months, this has been less successful, we currently have 22 vacancies at present equating to 555 hours of care. We are progressing a recruitment strategy which will outline a number of approaches such as using social media and local campaigns.

Currently sickness levels within the in-house service are running at approx. 15% which is challenging. There are 23 people currently on sickness absence equating to 606 hours of care. Furthermore, the majority of sickness is short term which compromises the services ability to contingency plan. It is perhaps useful to note that during the first covid wave sickness levels were approximately 8/9 %.

## **Mitigations**

We are meeting as a management team to do some contingency planning for a worst-case scenario given our recruitment challenges. This will include current vacancies and pre planning for resignations, retirement, and stage three dismissals under sickness policy. What is clear is that our attrition rate far outstrips our ability to recruit, so we may need to start looking at reviewing existing care and support plans to see where we can rationalise some packages.

We are training our supervisors in reablement to be able to undertake SSWBA Assessments and review care and support plans which will relieve some of the pressure and assessment waiting times in care management teams. At present we have 33 waiting in reablement for long term care. Consideration is also being given to how reablement capacity is supporting long term care to sustain packages due to the current demand/capacity pressures ,and also to meet regulatory requirements .

Additional recruitment, retention and remuneration measures are recommended at the end of this paper.

## **Commissioned sector**

There are currently 11 providers on the domiciliary care framework providing care & support to 863 services users which equates to 9,388 hours. We have been alerted to five providers experiencing workforce challenges which is having an impact on their ability to meet service users' needs and one provider who has handed back 10 packages of care.

There are currently 41 packages waiting for domiciliary care, 20 within hospital and 21 within the community, in addition reablement has a waiting list of 34 people (as at end July '21).

There is no single cause of the workforce challenges, but feedback from providers and our own experience has highlighted that it is a combination of the following:

- staff sickness (the lag impact of Covid and general fatigue within the sector),
- the summer holiday season and staff legitimately requiring leave,
- staff isolating as a result of covid contacts via TTP,
- the impact of Brexit and reduced immigration has resulted in a reduction in the overall pool of labour to meet hospitality, tourism, retail etc and the associated knock-on effect for the care & support market.
- the associated service challenges i.e., unsociable hours, isolated roles, parity of pay when compared to other service areas etc.
- Active recruitment from Welsh Government agencies and Health at better terms and conditions taking people from the front line of social care.

## **Demand**

The demand on the whole sector has seen a rise in the number of service users and number of hours being commissioned in the Local Authority and the Independent sector.

In February 2020 (Pre Covid) the number of Service Users were 1139, and provided 12,472 hours. The in-house team supported 317 service users and 3,860.5 hours, and the independent sector supported 836 and 8,611.5 hours. (14 service users were supported by in-house and the independent sector)

At the end of June'21, the Number of Service Users were 1170, and provided 13,213 hours. The in-house team are broadly supporting a similar level of service users and hours at 317 service users and 3,825.5 hours. The independent sector has picked up the additional demand who now support 863 service users and 9,387.5 hours. (10 service were support supported by in-house and the independent sector)

The additional pressure has seen the demand on the independent sector has increased by 776 hours from February 2020 to the end of June 2021. Based on the average staff contact of inhouse staff, there would be a requirement for an

additional 30 staff to meet the contracted hours without any cover for sickness, holidays, etc.

### **Mitigations**

A Regional Escalation policy for domiciliary has been developed and awaiting sign off, this provides a consistent framework across the region in relation assessing system pressures in the market. It also details the contingency approach to escalation.

It is a contractual requirement for all providers to have contingency arrangements and a RAG based approach to delivery of care forms part of this.

Effective brokerage working with providers to effectively use available resources

The recommissioning of domiciliary care commenced, and the tender is currently out. We have worked with the sector to develop the new framework and learnt from the previous recommissioning exercise

An all Wales Workforce Strategy has been developed and regionally there is now a strong focus to develop a Regional strategic approach to inspire people with the right value base and attitudes to start a career in care. This will involve a marketing campaign, use of social media feeds etc

Rebalancing the care market supporting the growth of the in-house service and therefore capacity to support contingency/ provider of last resort.

A regional rapid recruitment pilot project - response to joint induction framework and blended induction approach of virtual learning linked to Social Care Wales recruitment portal.

We are developing our Direct Payments offer as an alternative to commissioned services.

We are developing a business case to develop micro markets to respond to hyper local needs, especially in more rural parts of the County

Key recruitment and retention initiatives are recommended to proceed at pace- These are at the end of the paper.

### **Older People Services Assessment and Care Management:**

We have experienced unprecedented numbers of complex referrals following the easing of restrictions and currently have 284 assessments waiting allocation. We are screening all requests for assessments as they come in and risk assessing each referral and RAG rating them in order to prioritise allocation. We have an emergency duty officer on call every day, so any emergencies are seen in a timely manner. Social Work recruitment is at a critical point with growing numbers of vacancies in adults and children's. There is evidence that Welsh Government (CIW, CAFCASS) and Health board recruitment are all taking capacity out of the social work and social care workforce. All referrals are being dealt with by our Information,

Advice and Assistance service to divert or respond to without the need for social work assessment.

### **Mitigations:**

- We are advertising for social workers but are having limited number of applicants (we have advertised 4 posts in recent weeks and only had one applicant for one post).
- We are also approaching agencies for social workers with no success, but continue to do so.
- We are looking at new ways of working to manage demand ensuring we continue to work within legislative remit; there is scope to look at the reablement pathway and take a trusted assessor approach for screening for suitability into the service, rather than require a professional assessment.
- Further recommendations are contained at the end of this report.

### **Domiciliary Care Demand Mitigations:**

- We review everyone on brokerage in both hospital and the community on a weekly basis to look at opportunities to decrease the level of support needed as level of independence improves. As part of this, we will be having conversations with families about what they can do to support their loved ones on an interim basis until care can be secured and look at options to safely support people home from hospital whilst they are waiting for a package of care.
- Our Releasing Time to Care Team/Review Team are routinely reviewing all existing packages in excess of 28 hours per week to look at every opportunity to right size/release hours where possible.
- We are offering all those waiting in hospital for domiciliary care short-term placements in residential care whilst they are waiting. This offer however is being met with some resistance due to the 14-day isolation required on transfer to a care home and the fear factor of going into a residential setting following the number of deaths in care homes in the first and second waves.
- We are continuing to use ART Crisis Response, Delta and the Community Independence Service to bridge packages of care wherever possible and where capacity allows.
- We are transferring people out of acute beds to our community hospitals where appropriate to wait for a package of care.
- We continue to develop the step-down assessment unit in Llys Y Bryn to support a safe step-down from hospital before patients are ready to go home.
- Further recommendations are contained at the end of this report.

## **Regional perspective**

Workforce challenges are being experienced across West Wales and however more acutely the further west in Pembrokeshire and Ceredigion.

In Ceredigion there are 46 clients waiting (approx. 450 hours), and they have one provider exiting the market thus handing back 5 service users (approx. 49 hours)

Pembrokeshire- @ 100+ packages waiting, five providers in escalation, and to date 91 packages handed back. The position is exacerbated by tourism and hospital sectors competing for limited workforce resource. Recruitment and retention initiatives are being actively pursued and this is being fed into a regional integrated action plan with Health reflecting a whole system ownership of the workforce challenges.

## **Further Recommendations for Immediate Action:**

1. That we complete a rapid recruitment and retention analysis regarding social work across children's and adult social care. This will consider – vacancies, advertising, response, and benchmarking salaries/ T& Cs) across the region.
2. Consider pace of implementing a new HR system for recruitment- waiting on a green light to procure corporately. Deliver a temporary micro site to manage promotion of service and posts.
3. Agree a retitle of jobs from domiciliary care worker to Home care worker (or similar)
4. Agree abridged application process and preapproval to advertise corporately
5. Suspend requirement to go to redeployment for Dom care, Res care and social work- Do in parallel rather than before advertising).
6. Agree rolling recruitment for social work, domiciliary and residential care with applicants interviewed weekly.
7. Review numbers from unqualified posts seconded and produce a recommendation of expansion of grow your own.
8. Agree offer to Dom care workers only for paid leave of up to 10 days (Total) between 14/8-14/9 and 14/12 and 7/01.
9. Pay time and a half for every hour a Dom care works over 16 hours- to be reviewed Bi-monthly).
10. Write formally to the health board and Welsh government asking them to pause health care assistant, CIW and Cafcass recruitment).