



LEAD MEMBER FOR ADULT SOCIAL CARE AND HEALTH

DECISIONS to be made by the Lead Member for Adult Social Care and Health,
Councillor Carl Maynard

WEDNESDAY, 12 JANUARY 2022 AT 10.00 AM

COUNCIL CHAMBER, COUNTY HALL, LEWES

AGENDA

++Please note that this meeting will be taking place remotely++

5. Workforce Recruitment and Retention

PHILIP BAKER
Assistant Chief Executive
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4 January 2022

Contact

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Report to: Lead Member for Adult Social Care and Health

Date of meeting: 12 January 2022

By: Director of Adult Social Care

Title: Workforce Recruitment and Retention Fund allocations

Purpose: To seek agreement for use of the Government's Workforce Recruitment and Retention Fund (WRRF)

RECOMMENDATIONS:

The Lead Member is recommended to:

- 1) agree that the Workforce Recruitment and Retention Fund (WRRF) is allocated to independent care providers as outlined in this report and;
 - 2) delegate authority to the Director of Adult Social Care to take all actions necessary to give effect to the recommendation
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1 Background

1.1 On 16 December 2021, the Government published guidance for the Workforce Recruitment and Retention Fund (WRRF) for adult social care, round 2. As with the first Fund, the funding is to be allocated within the period running from now until 31 March 2022. The purpose of both elements of the WRRF is to support local authorities and independent providers to recruit and retain sufficient staff over winter, and support growth and sustain existing workforce capacity.

1.2 Specifically, the WRRF is designed to:

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

1.3 The initial WRRF allocation for East Sussex Adult Social Care totalled £1.75m. The second allocation is £3.23 million. The two allocations give a combined total of £4.982m.

2 Supporting information

2.1 The entire care sector is facing unprecedented challenges in respect of workforce recruitment and retention. The WRRF provides opportunity to both reward front line care staff for their hard work during the pandemic, whilst also providing an incentive for them to remain in post through the challenging winter period.

2.2 Discussions have taken place with the independent care sector as to the best use of the WRRF and there is clear support to utilise the fund to retain existing staff over the winter period as a priority.

2.3 The recommended focus of the grant deployment is therefore on the retention of the existing care workforce (as recruitment has a longer lead in and there are already a number of initiatives in place in respect of recruitment).

2.4 Market intelligence indicates that significant numbers of staff are leaving, or planning to leave, the care sector to work in other areas. The rapid dispersal of this grant funding to providers is therefore critical in assisting them to retain their existing staff through the challenging winter period and anticipated Coronavirus post-Christmas/New Year spike.

2.5 During this period of increased pressure, the health and care system will be heavily reliant upon the availability of independent sector care home and home care capacity to maintain flow out of acute and community hospitals. The independent sector capacity required to respond to these system pressures is dependent upon staff remaining employed to deliver care and support in registered settings and peoples own homes.

2.6 It is recommended that the WRRF is allocated to independent care providers, based upon the number of staff recorded on the Department of Health and Social Care (DHSC) Capacity Tracker. The Council will advise all recipients of the funding to pass on the full amount to their workforce and also highlight the relevant Government guidance. On current information, this will equate to 11,649 staff receiving a payment of £436.00 per person.

2.7 An alternative approach to allocating the funding would be a per client/bed option. However, this approach is not recommended as there are quite significant variations in staff numbers per registered bed. Utilising a bed-based calculation disproportionately reduces funding to providers with higher ratio support teams. For instance, a five-bed service with 20 staff would get a quarter of the allocation of a 20-bed dementia home with 20 staff.

2.8 It should be noted that whilst East Sussex County Council can and will confirm to independent care providers the intended purpose of the fund, Government guidance and the East Sussex County Council decision regarding allocations, it is not possible to direct independent care providers to make payments to staff as outlined above.

3. Conclusion and reasons for recommendations

3.1 Notwithstanding the short notice of this funding and the timescales within which it needs to be spent, the Council has undertaken consultation with independent care providers about the potential uses of this funding. The Council has considered a range of options, as set out at paragraph 3.2 below.

3.2 The alternative options considered include:

- Allocating funding to independent care providers but on a per bed/client member basis using the DHSC Capacity Tracker information. This is considered to be a less favourable option for the reasons set out above.
- Utilising the funding to support wider workforce recruitment initiatives. There are already a large number of initiatives and campaigns looking to address workforce issues. Any additional short-term project resources are unlikely to make a significant difference to capacity within the sector over and above the work already being undertaken.

- Allocating additional funding to the Council's Adult Social Care staff – frontline care staff on the salary scale at Single Status or below have already been given a one-off payment. Additionally, council terms and conditions are more favourable than those in the independent sector.

3.3 Information from other local authorities indicate that the Council's proposals are broadly in-line with what other Councils are proposing, albeit that many are yet to finalise their decisions.

3.4 Discussion with the Chair of the Registered Care Association for East Sussex has indicated that the proposal to passport the WRRF funding to providers based on staff numbers would be met favourably by the sector. Feedback is also that most providers are intending to pass the full amount on to staff as a retention bonus payable at the end of March, or to bring forward pay awards.

3.5 For the reasons set out above, it is therefore recommended that the WRRF is allocated to independent care providers, based upon the number of staff recorded on the DHSC Capacity Tracker.

MARK STANTON

Director of Adult Social Care

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