

Health Partner funding for Community Support

Date: 31st August 2022

Report of: Chief Officer Resources and Strategy

Report to: Director of Adult and Health

Will the decision be open for call in? Yes No

Does the report contain confidential or exempt information? Yes No

What is this report about?

Including how it contributes to the city's and council's ambitions

This report seeks to acknowledge the receipt of £4.0m funding from NHS partners in Leeds and to seek approval for the planned spend as agreed with those same NHS partners.

- £2.0m of funding will be used to fund an increase in the basic hourly rate for procured home care and home care type services with effect from April 2022, in recognition of the pressures to attract and retain staff in that sector. The spend of this funding was approved in the Fees report taken to the February Adults and Health Delegated Decisions Panel.
- £2.0m of funding will be used to pump prime the Community Wellbeing initiative.

Recommendations

- a) That the director acknowledges the receipt of £4.0m of NHS funding to support community care
- b) That the director acknowledges £2.0m of this funding has been utilised to fund an uplift in the core home care rate from £9.50 to £10.50 with effect from April 2022 (applied to home care and home care-type services) (approved February Delegated Decision Panel)
- c) That £2.0m of this funding be utilised to pump prime the Community Wellbeing programme

Why is the proposal being put forward?

- 1 Though Covid is still very much a prevalent feature of daily life the move to Living with Covid has led to increased pressures in the health service which led directly to pressures within social care. As the economy began to open many care workers opted for employment in the retail and hospitality sectors; rates of pay and working conditions were better than those in care work. This led to a system pressure for maintaining services to existing clients and for an increased number of hospital patients awaiting discharge. Regular discussions between Health partners and Adult Social Care were targeted at resolving this pressure.

- 2 In February 2022 agreement was made to release funding from NHS partners (principally the CCG, LTHT and LYPFT) to fund two specific areas to address both an immediate pressure and to determine a new model of care working with partners in the public, independent and third sectors.

What impact will this proposal have?

Wards Affected: all wards

Have ward members been consulted? Yes No

- 3 Understanding that the reasoning for struggling to retain the care worker numbers and a failure to address an increasing demand was due to higher pay rates elsewhere it is calculated that increasing the core hourly rate for home care (and home care-type) services will retain the current workforce level and start to attract new or returning workers to the care market.
- 4 Leeds City Council and Leeds Community Hospitals are embarking on an ambitious change programme to improve the delivery of commissioned home care, intermediate care services and community nursing and therapy services. The programme is wide ranging and involves changes to every aspect of the system from planning care packages to delivery, reviews, and finance.
- 5 We want to change how home care is commissioned and provided but we are positioning this change within a wider piece of work that aims to transform relationships between health and social care services. We will create a provider alliance that maximises resources in a locality and co-ordinates care and support that is flexible, personalised and focused on an individual's goals and stated outcomes.
- 6 A key desired outcome of this change is for the city to have a stable home care provider base, employing skilled staff on good terms and conditions to create capacity when needed to ensure that care packages start in a timely way.
- 7 The programme is exploring how home care services can support community health partners to deliver their services which could include activity around same-day response, routine healthcare in the community, and intermediate care to reduce avoidable hospital admissions and un-necessary hospital stays.

What consultation and engagement has taken place?

- 8 In terms of the fee uplift the Council had commissioned external consultants to undertake a fair cost of care exercise with the home care market. The figures returned from that exercise were accepted by the Council; however, though those figures were only determined in the late summer/early autumn, it was quickly noted the impact of the opening up of the economy was having a detrimental effect on the number of care workers within the system and the inability of the sector to manage the growth of service requirements but also to maintain existing levels of service and therefore the further increase supported by this funding was applied.
- 9 The Community Wellbeing development is ongoing but has been the subject of discussion with health partners. Funding was released from health partners on the basis of these discussions.

What are the resource implications?

- 10 Health partners (CCG, LTHT, LYPFT) have identified a non-recurrent £4.0m for the two areas identified.
- 11 Increasing the pay rate for home care type services by £1 per hour will be contained within the £2.0m allocated. Discussions with health partners to make this recurrent have started. If the funding is not made recurrent it will form a part of the directorates budget proposals for 2023/24.
- 12 The pilot costs are being worked up but are to be limited to the £2.0m allocated. Further rollout will be based on a successful pilot, a criteria of which is that it will cost no more than existing provision.

What are the legal implications?

- 13 The transfer of funding from Health partners was with the understanding that the funds would be used as prescribed.
- 14 If approval is granted to proceed with the request, the Director of Adults and Health will be the lead for implementation.

What are the key risks and how are they being managed?

- 15 Risk 1: a key risk is that the payment of the additional rate does not deliver the stability and growth in the care market. This will be mitigated through monitoring of the backlog list and through discussions with care providers. Should this not be successful the health and care sector may need to identify further resources. A further mitigation relates to the success of the Community Wellbeing pilot, offering more security through salaried roles.
- 16 Risk 2: the Community Wellbeing programme is ground-breaking and therefore success in this complex area cannot be guaranteed. Though the level of funding is significant, the opportunity of success in this broken market far outweighs this. It should be noted that the pilot will only be rolled out if it is successful in its aims, one of which is to be of no greater cost than current budgets.

Does this proposal support the council's 3 Key Pillars?

Inclusive Growth

Health and Wellbeing

Climate Emergency

- 17 People's quality of life will be improved by access to quality services and supporting people to stay well at home for as long as possible.
- 18 A key target of the Community Wellbeing programme is to elevate the status of care workers and to open up opportunities to people currently excluded from the workforce, particularly those living in disadvantaged communities.
- 19 A key element of the Community Wellbeing programme is to localise service delivery thus reducing travel time between calls and increasing the number of workers travelling on foot, bike, or public transport

Options, timescales and measuring success

a) What other options were considered?

- 20 The discussions with Health partners were centred around the pressures facing the health and care system, principally ensuring that pathways out of hospital are not only maintained

but enhanced. An enhanced pay rate and a new way of delivery were the only realistic options identified.

b) How will success be measured?

21 For the enhanced pay rate, success will be measured through reduced waiting lists for home care and for the Community Wellbeing pilot, success will be measured in the delivery and roll-out of the successful model.

c) What is the timetable for implementation?

22 The enhanced rate of pay will be payable from 1st April 2022, and discussions with partners on this complex area have started with a likely pilot start date of February 2023.

Appendices

23 None.

Background papers

24 None.