

# Establishment of posts to create a care home brokerage team

Date: 10<sup>th</sup> March 2023

Report of: Head of Commissioning - Contracts

Report to: Interim Director Adults & Health

Will the decision be open for call in?  Yes  No

Does the report contain confidential or exempt information?  Yes  No

## Brief summary

To meet the demand for a more efficient brokerage process for the sourcing of care home placements, it is proposed to establish an older adults' care homes brokerage team alongside the existing homecare brokerage team, with a shared management structure.

## Recommendations

The Interim Director of Adults and Health is recommended:

- a) To approve the establishment of 1 FTE PO2 Commissioning Manager post to have management responsibility for the combined care home and home care brokerage team.
- b) To approve the establishment of 2 FTE C3 Team Leader posts, one for the care home brokerage section and one for the home care brokerage section.
- c) To approve the establishment of 3 FTE C1 broker posts for the care home brokerage section.

## **What is this report about?**

- 1 The report describes the need to establish a brokerage team for residential and nursing care home placements to support discharges from hospital and placements for people within the community. A similar team is already well established for the brokerage of home care packages.
- 2 To support a lean staffing structure, it is proposed that the care home brokerage and home care brokerage teams (CCC) are placed together under a single line management structure.

## **Background information**

- 3 Prior to February 2022 any placements for people needing a residential or nursing care home bed were arranged directly by the social worker who was assigned to that person's case. This resulted in many social workers across the city being required to contact care homes to search the market for bed availability and discuss relevant care options with care home managers. This process could take a considerable amount of time with a social worker having to contact numerous care homes to establish vacancies, chase responses and secure a placement at a home. In addition, the information flow back to the home could sometimes be problematic with homes holding vacant beds which were no longer required. This administrative work is an additional burden for social workers at a time when social work resource is already at a premium.
- 4 As part of the home care contract for older people there is a well-established model which utilises a brokerage team, the Care Communications Centre (CCC), to set up packages of care in people's homes directly with the care providers. The home care brokerage process supports specialised roles for social workers to focus on social work practice of conversations with people who need care, with the care communication brokers focusing on finding a suitable care package with and commissioning officers on market capacity and quality. Social workers, CCC and the home care contracts team have developed a strong working relationship which demonstrates its value when responding to capacity challenges and managing complex, urgent or challenging placements with providers. In addition, the CCC team have been able to develop strong working relationships with the provider market allowing good information flows between Adults and Health and the care providers and the ability to resolve any issues which may arise as part of the brokerage process, more quickly.
- 5 Over the last year, there has been increasing pressure within the hospital relating to patient flow and considerable difficulties in sourcing care home placements for people who are in hospital awaiting discharge. This has in part been exacerbated by the lack of sufficient hospital social work capacity and the time it is taking social workers to find suitable placements to support prompt discharges. Any delay in finding a suitable care home placement for people has a significant impact on the efficient functioning of the hospital. This is at a time when social work resource is already at a premium.
- 6 To assist social workers working in the hospital with finding placements for people in a hospital bed who were assessed as needing a long-term care home placement, a small temporary care home brokerage team was established in February 2022. Staff within the team were seconded from other areas of Adults and Health or loaned from the Leeds Office of the West Yorkshire Integrated Care Board. The role of the team was to act as the link between the social worker and the care home in sourcing a care home bed for people who no longer had a reason to reside in hospital.

- 7 Since starting this work, the team have been able to establish an efficient process to ensure care home beds are found as quickly as possible for people residing in a hospital bed. Like the CCC team, the care home team have been able to develop good working relationships with care home providers in the city which has allowed a detailed centralised knowledge of the market, care types and available vacancies within the homes to be built up within the team. With staff in the team having this knowledge and responsibility for sourcing the placement with a provider, this has allowed valuable social work time to be freed up to concentrate on their conversations with clients and their families and the statutory function of assessing need. It has also significantly helped with relationships with providers ensuring good information flows between Adults and Health and the provider.
- 8 The temporary brokerage team have now started to broker care placements for people residing in the community who require a care home placement.
- 9 It is now proposed to establish the care home brokerage team on a permanent basis to broker placements for people from both a hospital and the community and to bring the management of this team and the CCC under one management structure.

### **What impact will this proposal have?**

- 10 This proposal will establish a permanent care home brokerage team which will work alongside the existing home care brokerage team under a single management structure. This will have the following impacts:
  - a) Establishing the posts for a care home brokerage team alongside the existing CCC homecare brokerage team will Adults and Health is able to broker care home placements more efficiently than these being sourced directly by social workers.
  - b) The proposal will move the functions of finding, arranging, and recording care home placements from social workers to a team of specialist brokers. The establishment of the care home brokerage team will improve relationships with providers, enable more efficient processes to be established, improve the timeliness of recording into the CIS system and improve the link between the demand for care with the commissioning of care. The intention is for the sourcing of all placements both from hospital and from the community social work teams to be transferred to the care home bed brokerage team once it is established and fully staffed.
  - c) By increasing the efficiency by which care home placements are sourced, will see a reduction in the time patients remain in hospital which is currently at a cost of £250 per day. This will see a direct benefit to the health and social care system in the city and will help care home providers fill vacancies to support their financial viability which maintains choice for service users.
  - d) The brokerage work had delivered an estimated 832 hours of brokerage time in the 4 months August to November 2022. These tasks had previously been undertaken by hospital social work staff and has therefore potentially saved these hours for social workers to concentrate on their statutory functions.
  - e) As the brokerage team would also be undertaking the brokerage function for people in the community this will also have significant impact on social worker time in this area. In the last 12 months approximately 351 placements have been managed by community social work teams which averages at 30 placements per month. This level of activity would require an estimated 842 hours of brokerage which will again save social work time.

- f) At times of severe pressure within the hospital, the care home brokerage can act as a single point of communication with care home providers to bring forward start dates for care placements and find urgent capacity. This function is already established in CCC.
- g) Having a central team to handle the brokerage of the care home placement will allow a single point for care home managers to contact thus avoiding the need for them to have to contact multiple social work teams seeking referrals or for additional information or a response to a query. Again, this approach already works successfully within CCC.
- h) Establishing a layered team structure for care home and home care brokerage supports a lean, efficient processes and will establish good links to residential and homecare commissioning. Having a shared manager oversight and common team leader roles to support and develop staff as well as the expertise to manage brokerage of complex and challenging care packages will be beneficial to both teams. A joint manager strengthens resilience of what will be a critical service risk for Leeds City Council through being able to provide mutual aid between teams, shared expertise, shared technology, shared specialist training, common reporting, and a career structure for staff within the teams.

**How does this proposal impact the three pillars of the Best City Ambition?**

Health and Wellbeing       Inclusive Growth       Zero Carbon

- 11 The establishment of a care home brokerage team will mean that care home placements will be made more efficiently which will have a positive impact for service user and family wellbeing as it will shorten the time individuals spend in inappropriate care settings, will reduce carer strain and will free up beds and resources in the hospital for other patients and families.
- 12 The development of the care home brokerage team alongside the existing homecare team facilitates better, more coordinated information sharing between providers, commissioners, and brokers. The better knowledge of the available providers supports a better match to service user requirements, better management of available market capacity and improved monitoring of demand trends and quality issues.
- 13 Moving the brokerage function from social workers to the brokerage team will have a significant impact on social worker time spent on this function thus freeing up this valuable resource to concentrate on their statutory functions.

**What consultation and engagement has taken place?**

Wards affected:

Have ward members been consulted?       Yes  No

- 14 The impact of this proposal will have a benefit across all wards within Leeds therefore the Executive Member for Adult and Children's Social Care and Health Partnerships has been kept apprised of the need for this development.
- 15 The proposal to establish these posts has been shared with Trade Unions and consultation with Trade Unions has taken place. The Trade Unions were provided a copy of this report on 24<sup>th</sup> February requesting comments by the 3<sup>rd</sup> March. The Trade Unions have provided responses during the consultation. Specifically about a request in another A&H service for some posts to be regraded to C3, These are not related to the structure changes contained in this report and are noted.

**What are the resource implications?**

- 16 This report proposes that a PO2 Brokerage Team manager post is established to offer direct operational management of the Care Communications Centre (CCC) and Care Home Brokerage team. The establishment of a PO2 Brokerage Team Manager will cost £45,953 including on-costs. This post will be line managed through an existing Commissioning manager post in the commissioning team.
- 17 The report proposes the creation of a C3 section leader post within CCC at a cost £34,466 including on-costs. This post will provide direct supervision and day to day management support to staff within the CCC team, manage the brokerage of complex challenging to deliver care, re-brokerage of failed care packages or those re-brokered after a complaint, the quality checking of referrals including addressing with referrers the issue of insufficient or accurate information.
- 18 The report proposes the creation of a C3 section leader post within the bed brokerage team at a cost of £34,466 including on-costs. This post will provide direct supervision and day to day management support to staff, manage the brokerage of complex challenging to deliver care especially where providers require additional information on patient needs and behaviours before they will offer a placement and work with providers requesting one-to-one to support to identify the reasons and support the monitoring of the duration and end of any additional support agreed during brokerage. In addition, the C3 post will manage quality checking of referrals including addressing with referrers the issue of insufficient or accurate information.
- 19 The establishment of 3 x C1 broker roles for the Bed Brokerage to undertake core broker roles will cost £31,101 per post including on-costs, a combined cost of £93,030 including on-costs.

20 The financial implications are:

New Posts	
PO2 -	£ 45,953
C3 Bed Brokerage	£ 34,466
C3 CCC	£ 34,466
3 x C1 posts for Bed Brokerage	£ 93,030
<b>Total</b>	<b>£207,915 including oncosts</b>

21 The cost of establishing these new posts will be funded through realignment of resources within the Adults and Health base budget. The actual realignment will be dependent upon the impact on several budget streams e.g. the impact it will have on reducing the 'excess bed days' cost (estimated at £500k for 2023/24), any impact the expertise will bring towards the level of top-ups to framework prices and any impact on staffing resources. It is noted that an additional 0.5% turnover factor on social work would deliver this sum and be deliverable without restricting recruitment.

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

- 22 If the care home brokerage team is not established, then this workload would either fall to the social work staff within the hospital and community to process, which would again take up considerable social work time and capacity or would need the commissioning of an external brokering service at potentially greater cost. The establishment of a brokerage team with good links to commissioning in a similar model to that functioning in homecare (CCC), supports more efficient use of staff resource and knowledge, efficient brokering from hospital to reduce waiting, better use of existing commissioning teams and protects social work capacity.
- 23 The care home brokerage may not be able to process sufficient packages to support all the required discharges from hospital if the brokerage team is unable to secure regular experienced staff. This will have a detrimental impact on timely hospital discharges. The care home

brokerage team when they commenced brokering achieved placements on average within 20.2 days working with new systems and frequently with only one or two staff active. The longest average brokerage duration was in September with an average of 25 days before completion. The brokerage team reported completion of the placements had improved to an average 17.7 days by November 2022. The ICB have stated the cost of a hospital bed can be £250 per day. This increase in speed of discharge was achieved with a combination of seconded and loaned staff requiring frequent retraining of new individuals. Recruiting a stable and long-term team who can become familiar with care home contacts and can refine their processes it is expected speed of discharge could be further improved with savings to the system as a result.

- 24 Residential and nursing providers are under significant pressure to fill available capacity and have a regular predictable income stream to meet increasing financial demands due to inflationary pressure of their costs. Empty capacity due to slow processes adds to the pressure on the provider and could lead to providers becoming financially unviable. This loss of capacity would have a negative effect on the ability of the market to support timely hospital discharge and community placements. A functional brokerage team will support more efficient placements and reduce this risk.

### **What are the legal implications?**

- 25 There are no anticipated legal implications to the establishment of these posts.

## **Options, timescales and measuring success**

### **What other options were considered?**

- 26 Prior to the development of the brokerage team, the task to secure placements was undertaken by social workers. This required social workers to be familiar with the whole process as well as commit time to researching homes within the chosen area of the family. The task required social workers finding available capacity within a rapidly changing market, negotiating fees and work with families to achieve acceptance of the offered placement which are all very time-consuming tasks. Using a specialised brokerage team freed up social work teams to undertake their statutory functions.

- 27 The other option that could be considered would be to source the brokerage function from an external private provider; however, this option would be considerably more expensive than resourcing the staff team inhouse and the CCC team would still need the management functions mentioned in the report, if the option to go externally was considered.

### **How will success be measured?**

- 28 Performance monitoring reporting from the care home brokerage team and care communications team is regularly reported into the System Resilience Operational Group. This will show what type of placements were requested, how quickly they were achieved and with which providers. The reporting will also show how many packages have been delayed and for how long with regularly reviewed targets to improve speed of placement. The numbers of home care change of provider requests are also monitored for improvement. The Contracts team also access the capacity tracker to map available capacity and monitor whether providers are successful in gaining admissions and reducing their vacancies.

### **What is the timetable and who will be responsible for implementation?**

- 29 The Deputy Director of Integrated Commissioning will be responsible for ensuring this proposal is implemented once the decision has been approved.

## **Appendices**

- Appendix 1.  
Proposed brokerage team structures
- Appendix 2  
Equality Impact Screening Tool.

## **Background papers**

None.

**Appendix 1**

**Bed brokerage and Care Communications Team proposed structures.**

	<p>Commissioning Manager (1 x PO4) (Existing Post)</p>	
	<p><b>Brokerage Team Manager</b> (1 x PO2) (New Post)</p>	
<p><b>Bed Brokerage Team Leader</b> (1 x C3) (New post)</p>		<p><b>CCC Brokerage Team Leader</b> (1 x C3) (New post)</p>
<p><b>Bed Brokers</b> (3 x C1) (New Posts)</p>		<p>CCC Brokers (5 x C1) (Existing Posts)</p>