

**OFFICER DELEGATION SCHEME
RECORD OF OPERATIONAL DECISION**



TO BE UPLOADED TO THE INTERNET BY DEMOCRATIC SERVICES

Date: 25 th March 2020	Ref No: 2034	
Type of Operational Decision:		
Executive Decision <input checked="" type="checkbox"/>	Council Decision <input type="checkbox"/>	
Status:		
Title/Subject matter: Recruitment of Additional Care Staff		
Budget/Strategy/Policy/Compliance – Is the decision:		
(i) within an Approved Budget	<input type="checkbox"/>	
(ii) in accordance with Council Policy	<input type="checkbox"/>	
Equality Impact Assessment [Does this decision change policy, procedure or working practice or negatively impact on a group of people? If yes – complete EIA and summarise issues identified and recommendations – forward EIA to Corporate HR]		
Details of Operational Decision Taken <i>[with reasons]:</i> Permission to recruit additional care staff to deploy: 1, Intermediate Care and Reablement – Council Provision 2, Independent Sector Care Providers, Care homes, Supported Living and Care at home, who have insufficient staffing to maintain safe service levels		
Decision taken by:	Signature:	Date:
Joint Chief Finance Officer (CCG & LA)		

Interim Executive Director - Communities & Wellbeing	J. Coude	2 April 2020
Head of Workforce – Communities & Wellbeing		
Members Consulted [see note 1 below]		
Cabinet Member/Chair		
Lead Member	A. R. Singh	2 April 2020
Opposition Spokesperson		

Notes

1. It is not generally a requirement to consult with any Members on Operational Decisions but where a Chief Officer considers it necessary to consult with the appropriate Cabinet Member and/or Lead Member, they must sign the form so as to confirm that they have been consulted and that they agree with the proposed action. The signature of the Opposition Spokesperson should be obtained to confirm that he/she has been consulted.
2. **This form must not be used for urgent decisions.**

Introduction

Local Authorities are beginning to see between 25-50% reductions in adult social care staffing capacity due to sickness or self-isolating.

This represents tens of thousands of hours care in the North West.

This reduction will build from now and, based on government assumptions, peak in May/June.

The majority of the workforce deliver frontline care to people either in their own home or in a residential setting and are employed by a range of organisations including local authority, independent, voluntary sector.

The loss of up to half of the workforce will mean that there is a significant risk to meeting need of some of the most vulnerable people in our communities.

Proposal

To fill anticipated shortages in the social care workforce it is proposed to create an auxiliary NW social care workforce in every local authority in the North West.

The auxiliary workforce will be made up of a mix of people. Some will have experience or qualifications in care and some will have no previous experience and maybe transferring from another sector.

A high-profile and high-impact comms campaign will target specific groups of people such as those with experience; those who may have been laid off as their sector has

reduced demand; and, those who have time and will volunteer out of a sense of civic duty.

This will start today 25th March 2020

People who sign-up will undergo a quick values-based recruitment procedure by a recruitment agency (this will include DBS). Those appointed will undergo a shortened and adapted training programme if required.

This auxiliary workforce will be held in reserve and called upon when required to fill capacity. LAs/providers who identify a shortage will draw down on the reserve. People would be effectively 'called up' when required.

Recruitment will be handled by Bury ACES recruitment agency. The recruitment agency will manage the recruitment process. People will be recruited onto agency terms and conditions and will have a contract with the agency. The duration of the contract will be for as long as the provider/authority requires the staff member for.

People would apply through a single point of contact (SPOC) website (Greater Jobs). The SPOC would be used on all marketing materials.

Training

For most posts, unless the applicant is transferring from an existing caring role, basic training will be needed. There will be national best practice on what would constitute a minimum standard (being developed by Skills for Care).

Providers will deliver training as usual (using national guidance to support faster start)

Training will include basics such as moving and handling, meds management, food prep, safeguarding. Areas may also consider other arrangements to support newly appointed staff such as buddying arrangements.

Disclosure and Barring Service (DBS)

Applicants will require DBS checks, however, CQC guidance on urgent appointment will be followed to allow people to start work as soon as possible. Under this guidance new members of staff who are going to work in regulated activity with adults can begin work before their DBS certificate has arrived, using the 'Adult First' system.

Adult First is a service that allows an individual to be checked against the adults' barring list while waiting for the full DBS check to be completed. It can only be used where the registered umbrella body has payment on account arrangements with the DBS and email facilities. The DBS also needs to have received an application for an enhanced check with barred list information in order to process an Adult First check.

Funding

It is proposed that all these roles will initially be funded from some of the £5 billion Covid 19 relief fund announced by the Chancellor in the March 2020 budget of which the following will be received by Local authorities and Clinical Commissioning Groups (CCGs)

- £1.6bn has been made directly available to local government (Bury Council Allocation is £5.364m) to Meet the increased demand for adult social care and enable councils to provide additional support to social care providers.
- £1.3bn to be held by CCGs to pay for Enhancing the NHS discharge process (Bury CCG allocation TBC)

However the above funding streams aren't likely to be enough to cover all the demands and loss of income that the council will incur as a result Covid 19 pressures

Bury Council recognises that it isn't solely about providers continuing to get paid for the care they deliver. There is the issue where it's potentially costing more to deliver the same service, especially where staff are sick or self-isolating and are continued to be paid but the provider still has to cover the same shifts with additional agency staff (i.e. paying twice). In normal times this issue is usually dealt with by implementing the providers Business continuity plan. However where considerable cohorts of staff are sick or self-isolating, the costs are increased dramatically for providers to deliver the same amount of care using greater numbers of agency staff.

As mentioned above the council acknowledges the issue of double running costs with regards to staffing but asks providers **to clearly and separately identify Covid 19 specific costs** when invoicing to enable later reconciliation with regards to identifying those costs that can be offset against the Covid relief funding resources highlighted earlier.