



# Item No: 17

Meeting Date: Wednesday 27<sup>th</sup> March 2019

## Glasgow City Integration Joint Board

**Report By:** Susanne Millar, Chief Officer, Strategy and Operations /  
Chief Social Work Officer

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### CARE SERVICES CONTINGENCY PLANNING – EQUAL PAY

**Purpose of Report:**

The purpose of this report is to provide an overview of the evolving plan that HSCP Care Services have developed to mitigate as far as possible the risks associated with the potential loss of capacity in home care as a result of the settlement of the equal pay dispute.

**Background/Engagement:**

In February 2019 Glasgow City Council agreed to settle the long running equal pay dispute which involves significant numbers of care services staff. A Contingency planning group was established in January 2019 involving both Glasgow City Council HR staff and the senior management team of Care Services. This group are developing a detailed Equal Pay Contingency Plan, outlining potential areas of risk including the recruitment of new home care staff.

**Recommendations:**

The Integration Joint Board is asked to:

- a) note the content of the paper;
- b) agree the initial actions to be taken immediately particularly around recruitment; and
- c) instruct officers to report back as necessary on the Equal Pay Contingency Plan.

**Relevance to Integration Joint Board Strategic Plan:**

The home care service forms a critical element of community services in the city, with over 10,000 service users accessing the service each year. It also plays a pivotal role in its partnership with the NHS Acute Sector, with 60% of service uses being referred direct from a hospital, starting service on the day they are referred, with no bed days lost linked to home care. Currently home care delivers 87,000 visits a week to 5,500 service users 24/7.

## Implications for Health and Social Care Partnership:

<b>Reference to National Health &amp; Wellbeing Outcome:</b>	HSCP Care Services operates to all the national health and wellbeing outcomes, with 6 Care Inspectorate registered services.
<b>Personnel:</b>	Currently in scope to receive an equal pay settlement are <u>78%</u> of the home care services workforce of <u>2,677</u> . The potential implications for staffing levels in Home Care Services are outlined within this paper.
<b>Carers:</b>	The impact on carers could be significant, however the plan is intended to mitigate this risk.
<b>Provider Organisations:</b>	Care Services currently utilise a range of providers and all have been briefed on the anticipated impact of equal pay on home care services.
<b>Equalities:</b>	This will be progressed as the HSCP plans are fully implemented.
<b>Fairer Scotland Compliance:</b>	The equal pay settlement contributes to duty on public authorities to do more to tackle the inequalities of outcome caused by socio-economic disadvantage.
<b>Financial:</b>	The full cost of the plan and its implementation is as yet unknown. The costs agreed as at February 2019 are £30K to implement a recruitment plan through the use of a range of media channels. Further costs such as planning for a transitional workforce are yet to be forecasted.
<b>Legal:</b>	Home Care Services are provided under the Social Work Act 1968, a mandatory delegated function and regulated by the Care Inspectorate.
<b>Economic Impact:</b>	It is intended to target local communities in the campaign to recruit a new workforce.
<b>Sustainability:</b>	The contingency planning referred to in this paper will contribute to the overall sustainability of home care service provision in the city.
<b>Sustainable Procurement and Article 19:</b>	None
<b>Risk Implications:</b>	Risks are set out in this report and included in the HSCP Risk Register.

<b>Implications for Glasgow City Council:</b>	Reputational damage for not meeting statutory responsibilities for service users whose care needs meet the eligibility criteria.
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<b>Implications for NHS Greater Glasgow &amp; Clyde:</b>	A reduction in home care capacity could affect home care's ability to meet the service demands from Acute NHS for hospital discharge.
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<b>Direction Required to Council, Health Board or Both</b>	Direction to:	
	1. No Direction Required	
	2. Glasgow City Council	✓
	3. NHS Greater Glasgow & Clyde	
	4. Glasgow City Council and NHS Greater Glasgow & Clyde	

## 1. Purpose

- 1.1 This report sets out the high level implications associated with the equal pay settlements, with the implications to Care Services staff, predominantly focussing on home care services. This report also outlines the potential impact on the city wide social care model and the HSCP contingency plans to mitigate those risks.

## 2. Background

- 2.1 HSCP Home Care Services is the largest in Scotland, with 6 registered care at home services regulated by the Care Inspectorate. The service operates 24/7 and the following data illustrates the size and complexity of the care at home service across the city:

There are:

- 2,677 home care staff
- An average of 40 service users discharged each day from hospital, 65% discharged on short notice referrals.
- 101 frail elderly people in receipt of supported living services with an average age 83, and 74% diagnosed with dementia.
- 100 service users supported overnight.
- 87,000 home care visits a week
- The average age of service users is 81 years, in receipt of 9.5 hours of home care.

- 2.2 In December 2018 a range of detailed data relating to equal pay claimants currently employed in home care was made available to care services management team. This enabled a detailed analysis to take place on what the impact of a settlement would potentially mean for the current service model.

- 2.3 Having considered in detail the data available, and the experience of managing a front line workforce during a period of rapid change, the following key points outline the staffing impact and the potential consequences of the equal pay settlement on the operational model of Care at Home Services **without corrective actions being taken.**

- It is anticipated that between 18 – 40% of our home care staff may choose to leave. Furthermore it is predicted that 50-80% of staff in supervisory roles who are key to the day to day planning of work, assessment and supervision of front line staff may choose to leave.
- This potential loss of staff, when considering the shift patterns and hours worked of those who may leave translates to a 38-40% loss of capacity in service.
- Further consideration needs to be given to our experience that in periods of change and uncertainty, absence levels may increase.
- Currently 121 wards across the Acute NHS refer 7 days a week to home care, with an average of 40 referrals per day. There have been no delays in 11 years linked to home care. The model depending on flexibility, early assessment and intervention, ensuring service users flow through the care model. 38% of service users leave the service within 6 weeks after a period of re-ablement. It is important that the HSCP endeavours to sustain this level of performance.
- Within the community, our home care services, could not sustain the service to our 5,500 service users with this loss of capacity.

### **3. Response**

- 3.1 In response to this analysis the Contingency Planning Group with wide representation of managers identified the key risks and mitigating action.
- 3.2 A critical task for the group is to continue to develop our analysis on the potential impact of the settlement based on refreshed data on the scale and timing of the settlement and we are gathering data per service, per role, to identify at locality level the potential impact on services.
- 3.3 This ongoing, dynamic analysis is informing our recruitment plans, firstly we intend communicating with our existing workforce to gather preferences for staff who want to stay on reduced hours or increased hours, or consider other roles. A range of options will be available to maximise the retention of skilled individual home carers. Secondly we are planning a detailed recruitment campaign involving TV, Radio, Social media with a target of 1,000 applications to recruit to c. 400 jobs.
- 3.4 A detailed plan has been agreed to train potentially a minimum number of 400 new home carers over a 2 – 3 month period. Currently it takes 8 full days plus 2 shadowing days to complete induction training. All candidates must have valid references (2) and a PVG before they can start employment. This cannot be compromised, and is a Care Inspectorate auditable process to ensure we comply with current legislation. All new home carers must also register with the Scottish Social Services Council (SSSC).
- 3.5 It is recognised that communication will be critical to the success of this contingency plan, with a range of internal and external stakeholders particularly our staff, service users and their families.
- 3.6 Home care is challenged by the use of a range of IT systems, with all of care at home services operating in a paperless environment. The role of co-ordinators and assistant area managers is key, as they schedule and plan work (87,000 visits a week). The contingency plan recognises that further work is required with the

Council's IT provider to improve home care's current system "CareSafe" and work is ongoing in this area.

3.7 A range of options considering service reform are being evaluated and our thinking is being developed to redesign services including:

- Optimising of hospital discharge pathways to ensure proportionate care packages to need and access to services.
- Eligibility criteria
- The numbers and profile of the very high in hours care packages.
- The maximisation of digital technology, including the use of Telecare.

3.8 The Care Inspectorate has been kept apprised of the developing picture in relation to the equal pay settlement and the potential impact on service delivery and we have shared our analysis to date and planned mitigating actions.

3.9 The plan identifies a number of high level risks to the home care service, if no mitigating action is taken.

<b>Risk Title</b>	<b>Risk Description</b>
<b>Risk to Service Users</b>	If the HSCP have to reduce either the number of visits or remove services then this may leave vulnerable service users without the necessary care provision.
<b>Hospital Discharge Pathway Compromised</b>	NHS acute refer 40 service users per day. It is highly unlikely that the HSCP could sustain this level of discharge if there is a reduction of 38-40% in the capacity of home care.
<b>Absence Levels</b>	Absence levels may be impacted during a period of rapid change resulting in a further loss of capacity.
<b>Home Care Recruitment</b>	If the recruitment campaign does not attract sufficient interest or the HSCP fails to implement the recruitment strategy within the timescales (April – June).
<b>Reputational Damage</b>	The public and media perception that GCC and HSCP have not planned or taken the necessary steps to address, in advance, the significant loss of capacity in the home care service.

#### 4. Recommendations

4.1 The Integration Joint Board is asked to:

- a) note the content of the paper;
- b) agree the initial actions to be taken immediately particularly around recruitment; and
- c) instruct officers to report back on progress and performance related to the Equal Pay Contingency Plan.

## DIRECTION FROM THE GLASGOW CITY INTEGRATION JOINT BOARD

1	Reference number	270319-17-a
2	Date direction issued by Integration Joint Board	27 March 2019
3	Date from which direction takes effect	27 March 2019
4	Direction to:	Glasgow City Council only
5	Does this direction supersede, amend or cancel a previous direction – if yes, include the reference number(s)	No
6	Functions covered by direction	Home Care Services
7	Full text of direction	Glasgow City Council are directed to urgently progress the recruitment of c400 care at home staff as set out in 3.3 above, and to ensure that Council employees and resources are appropriately supported within the HSCP to further develop the Equal Pay Contingency Plan of the HSCP.
8	Budget allocated by Integration Joint Board to carry out direction	Within existing resources
9	Performance monitoring arrangements	In line with the agreed Performance Management Framework of the Glasgow City Integration Joint Board and the Glasgow City Health and Social Care Partnership.
10	Date direction will be reviewed	27 March 2020