Meeting:	Caring Sub-Committee
Date:	30 January 2025
Title:	Care Worker Conditions

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Service:	Adult Social Care
Wards affected:	All

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1. Purpose of Report

1.1 To provide an overview of the care conditions relating to members of staff employed by external care providers delivering social care services for vulnerable adults in North Tyneside.

1.2 The report will cover the following areas:

a) Our commissioning arrangements
b) Provider contracts and fees
c) Skills for Care dataset on care workers across North Tyneside
d) Quality of service provision and user satisfaction

2. Recommendations

2.1 Members of the Sub Committee members are asked to note the report and comment on the information presented.

3. Information

Context of Commissioned Services

3.1 Under the Care Act 2014, the Authority has a statutory duty to ensure there is a sufficient supply of social care services to meet the needs of the adult population of North Tyneside. This includes services and provision to not only

those people that have assessed and eligible needs under the Care Act, but also to the wider population. This will include self funders, ie those people responsible for finding and paying for services.

3.2 The services that the Authority commissions are set out below:

a) Residential care and nursing care – within North Tyneside and out of area
b) Home care
c) Extra care
d) Supported living and outreach services
e) Day services
f) Personal budget / direct payment funding, including for Personal Assistants
g) Individual service fund arrangements, this is a variation of a direct payment, where the budget is held and managed by the care provider

3.3 Each of the above is across various client group areas, ie older people, working age adults – learning disability, mental health, physical disability and also in relation to short term support and long term support.

3.4 The provision must also be sustainable, ie be available and of sufficient quality to meet needs now and in the future. Adult Social Care has recently undertaken and completed a range of market sustainability plans that look at the following service areas:

a) Care homes and home care for older people
b) Services to support people with a learning disability / complex needs / autism, and
c) Services to support people with a mental health problem (working age adults)

Each of these look at the current levels of demand and supply and any current market / provider issues that are prevalent and then an assessment of future market changes over the next two / three years, this is both in relation to demand, supply, challenges and opportunities. The final part of the plan is to address sustainability issues including fee rate issues where they are identified.

It should be noted that there is a difference between looking at sustainability of the market as a whole versus issues affecting an individual supplier / provider in that market.

3.5 There is significant gross spend associated with the above as set out in the table below, split by service type and client group type. A key component of the Adult Social Care budget is in relation to the income. This a critical part of the overall budget to ensure the net spend is in line with the budget.

	Budget £m
Commissioning - Expenditure	**£113.923**
Direct Payments	£6.453
Nursing - CCG Element	£3.318
Adult Family Placements	£0.440
Individual Service Fund	£8.745
Nursing Care (incl DMT)	£10.413
Residential Care (incl DMT)	£34.367
Respite Care	£0.860
Day Care	£2.116
Supported Living	£23.506
Homecare	£11.883
Extra Care	£7.922
Other Services	£3.901
Commissioning - Income	**(£59.389)**
Client Contributions	(£19.378)
NHS Recharges (FNC, S117, Shared Care)	(£13.183)
Grants & Other Income	(£26.828)
Commissioning - Net	**£54.534**

Commissioning	Budget £m
Older People & Physical Disability	£57.596
Learning Disability Services	£42.403
Mental Health Services	£10.377
Other Services	£3.548
Client Contributions	(£19.378)
NHS Funding	(£13.183)
Grants & Other Income	(£26.828)
Sub Total	**£54.534**

Contracts, Procurement and Fees

3.6 There are general clauses in all the social care contracts relating to the members of staff that are employed by the care providers. This includes specific requirements in relation to:

a) Providers meeting their statutory requirements in relation to service delivery, this will cover areas such as Health and Safety, CQC registration requirements, paying staff at least the National Minimum Wage and other areas such as sickness absence, pay etc.
b) Quality of service, with specific reference to the competence and capability of members of staff to deliver the specified service, this will also include ensuring there are sufficient staff to discharge their duties.
c) The staff will need to be suitably experienced, trained and qualified to deliver the specified service.
d) Safeguarding matters, such as enhanced DBS checks, training that is in line with the service and the requirements of the individual being supported or cared for, ie dementia training for staff working in a care home that supports older people with mental health / cognitive issues or working with a young adult with a learning disability and challenging

behaviour or someone with specific mobility and moving and handling requirements.

3.7 Within the fees that are paid to care providers, it is acknowledged that this will be different for each care provider and for each type of care setting, but that the following areas are generally included within any overall baseline cost:

a) Direct staff costs, wages
b) Indirect staff costs, NI, pension, sick pay, training
c) Direct service costs, operating costs to run the service
d) Premises related costs, primarily for care homes and day services
e) Return on capital, interest on loans
f) Return on investment, profit

This was information that was sourced from care homes and home care providers as part of the abandoned "Fair Cost of Care" work that was undertaken in 2022.

3.8 As we are considering annual fee increases, we will gather information from providers and the market generally on the cost pressures they are facing over the last year and an estimate over the year ahead. As part of this work, we will gauge the impact of costs in line with some of the headline information from the above work, and look at a breakdown of cost based on:

Care type	Cost Split - Employee : Other	Basis of Employee Cost
Care homes	70:30 *	National living wage
Home care / extra care	80:20	Real Living Wage
Supported living / outreach, day services	80:20	National Living Wage
	* under review	

As an Authority, we have been keen to ensure that appropriate cost pressures are identified and acknowledged and we have been able over the last 10 years to ensure that increases do keep track with changes to the National Living Wage and the Real Living Wage. Clearly, over the last couple of years, CPI has been at a much higher level and this has further impacted on provider costs and increases to services

Our Monitoring of Care Provision (focus on staff delivering services)

3.9 The main aspect of this relates to on-site quality monitoring visits to providers that have a contract and are delivering services in North Tyneside. This is part of a planned programme of visits to various care services operating across North Tyneside.

3.10 In advance of the visit there is a desktop exercise undertaken to review information received from each provider, this includes a range of policies and procedures alongside specific information. In relation to staff employed by the provider in the delivery of the service this is shown in appendix 1 (part A).

3.11 On the visit itself there is a more detailed monitoring tool that is used and this covers a range of areas of service delivery. In relation to staff employed in the delivery of the service, this is set out in Part B of the appendix. For each provider monitoring visit there will be two members of staff from the Commissioning Team, and for nursing homes there will generally be an additional member of staff from the Integrated Care Board, who will be looking at clinical aspect of service delivery.

3.12 This will include a review of a random sample of employee files to gather information as identified in the tool, as well as observation of staff (where this is possible to do) and interviews with care staff on the day of the monitoring visit.

3.13 For each aspect of the monitoring tool that is looked at there will be a score in place to show if it is fully met, partially met or not met at all. For areas that are not met, the provider will be expected to develop an action plan to improve that aspect.

3.14 At the end of the monitoring visit this is summarised into a report for the provider, this information is also summarised for all provision into a high level summary of service quality.

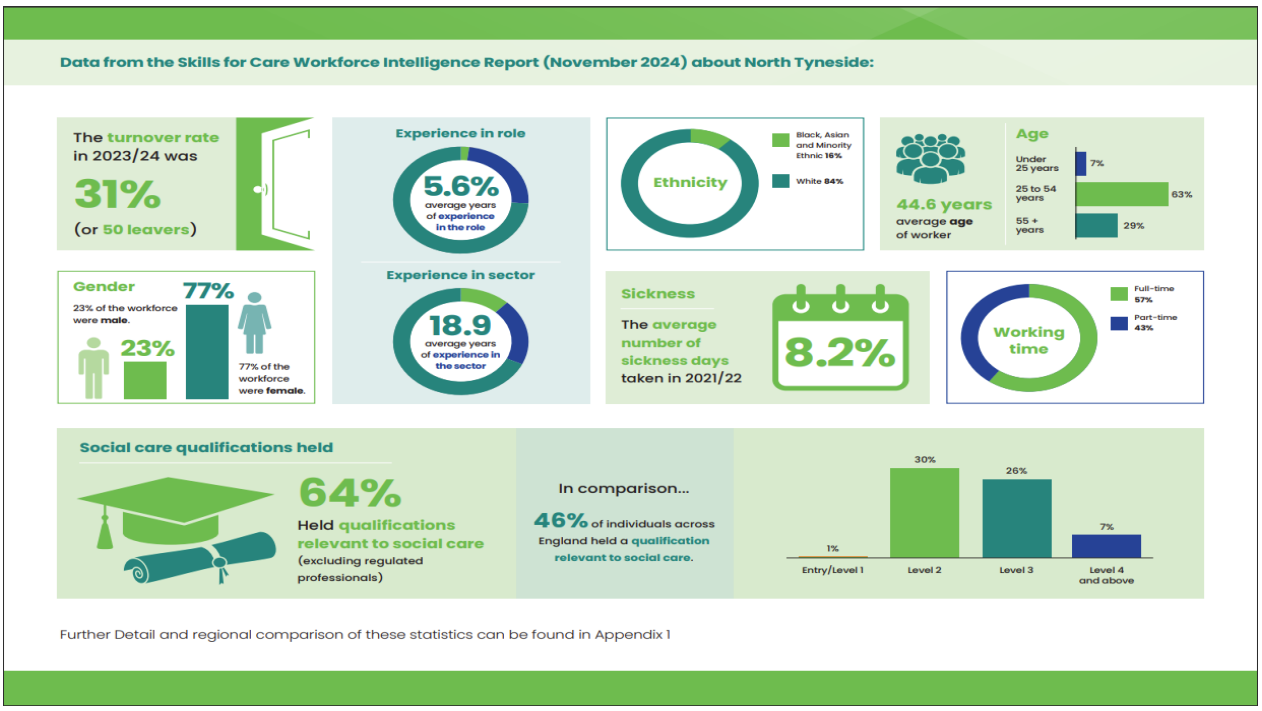
Skills for Care – Workforce Data

3.15 Skills for Care collect an annual dataset from the care market, this includes for local authority direct provision as well as from the external sector. In North Tyneside, this will be primarily for the external sector as we have limited internal direct provision by the Authority.

3.16 This dataset and collection covers a range of areas, including:

a) Size of workforce
b) Recruitment and retention
c) Demographics
d) Pay
e) Qualifications

3.17 A summary of this is in the infographic below:



3.18 With regards to average pay for direct care workers that are employed by external providers delivering care and support in North Tyneside, the following table shows the average hourly rate:

Hourly pay

Region	Local authority	
North East	Northumberland	£11.33
	Gateshead	£11.16
	North Tyneside	£11.13
	Middlesbrough	£11.06
	Durham	£11.03
	Darlington	£11.00
	Newcastle upon Tyne	£10.99
	Sunderland	£10.97
	South Tyneside	£10.96
	Hartlepool	£10.93
	Stockton on Tees	£10.88
	Redcar & Cleveland	£10.68

Note that this benchmarking was completed in 2023/24 from provider returns, when the National Living Wage was set at £10.42 per hour.

As can be seen, the average hourly rate for North Tyneside is reported at £11.33 per hour, which is £0.91 per hour above the National Living Wage – 8.7%.

Care Workers – Workforce Strategy 2025/26 and North Tyneside Care Academy

3.19 As stated earlier in this report, the quality of the provision of care and support to our most vulnerable adults is down to the quality of staff delivering the service. In a number of instances over the last few years we have seen specific concerns raised by providers in relation to recruitment and retention.

3.20 In order for the Authority to be assured about the sufficiency and sustainability of the market, we need to be assured that providers have access to enough care and support workers. This has been a real issue in the care sector in North Tyneside since 2022, equally this is an issue regionally and nationally.

3.21 In order to address this, the Authority has developed a new extended Workforce Strategy to include the external care market within it, and also established the North Tyneside Care Academy to grow and retain the social care workforce.

3.22 The key priorities within the Workforce Strategy are:

a) How we attract new people into social care, into a wide variety of roles delivered by different care providers, inspire people to work in social care
b) How the workforce is developed to deliver high quality services to our people
c) How we retain staff and value them and the work they do
d) And underpinning all of that, how we support the mental health and wellbeing of staff

3.23 The focus of the Care Academy over the coming 12 months is to:

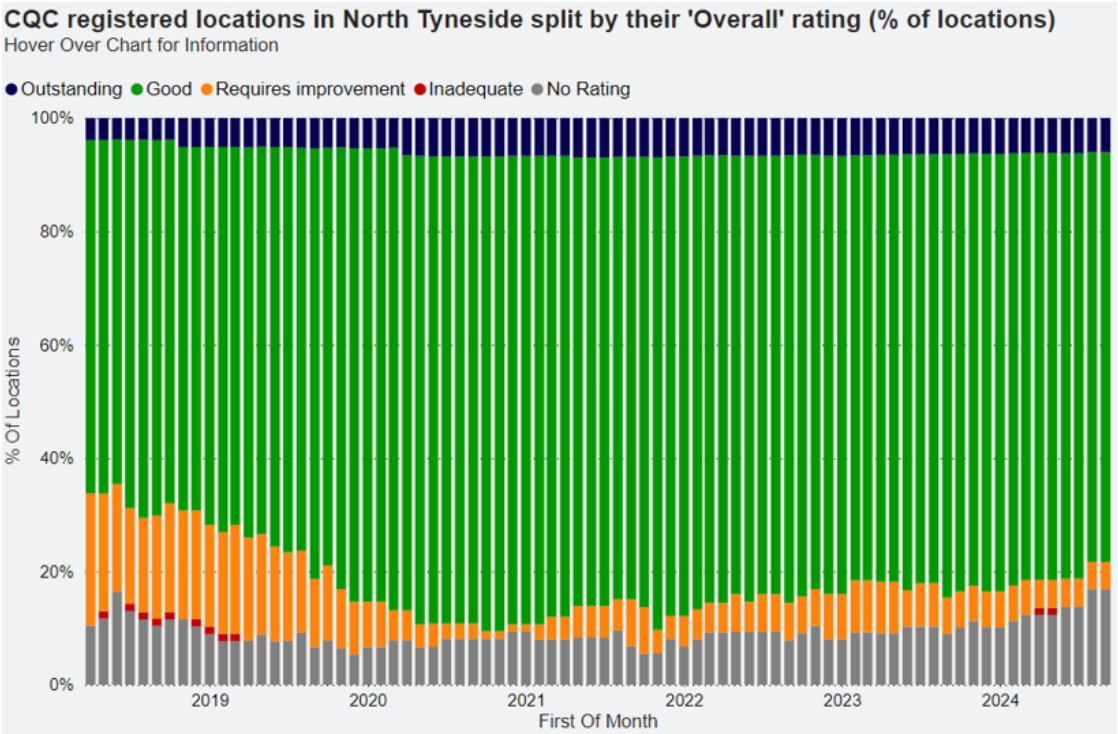
a) Develop the Care Academy website and promote job vacancies for care providers
b) Identify opportunities to promote social care as a career of choice
c) Ensure we have clear career pathways for workers in social care with appropriate access to training support

The Impact on Quality of Provision – CQC Ratings and Service user Feedback

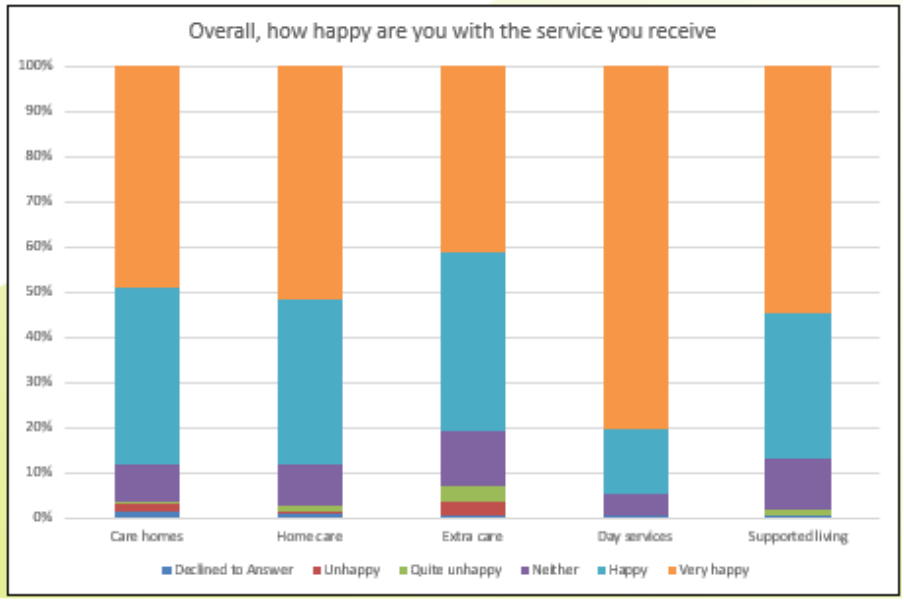
3.24 As stated previously in this report, the delivery of care and support is heavily impacted by the members of staff that are employed to undertake that work and deliver direct care and support to individuals. A key element of user feedback continues to be related to continuity of care and that is underpinned by this being delivered by the same member of staff or a relatively small staff team.

3.25 Overall, in North Tyneside we can demonstrate a good position in relation to both service user feedback and the proportion of services that are rated good or outstanding by the Care Quality Commission – the regulator of social care services.

In North Tyneside we have 94.1% of services that are good or outstanding (note this excludes those services that do not have a rating). This figure compares with an average of 90.7% across the North East and an average of 83% across England.



3.26 Service user feedback is similarly very positive with between 80% and 90% of people receiving services stating they were either happy or very happy with the service received, this came from an on-going survey linked to formal social work led reviews of over 1200 people in 2024



Appendix 1

Part A – Staff Information – pre visit requirements

1. Please provide details of the number (full time equivalent and headcount) of staff who have achieved the Care Certificate.
2. Please provide details of the number of staff with guaranteed hour and zero hour contracts. Where a provider uses zero hour contracts, this should be of benefit to Care Workers as well as the Provider and therefore the Provider should not use exclusivity clauses as part of its contracts for zero hours employees.
3. Please provide details of the system in place to ensure employees can speak, read and write English to an acceptable standard, have good communication skills and communicate well with Service Users of all backgrounds.
4. Please provide evidence of how Care staff salaries are calculated to ensure they are paid at least the National Living Wage. (The following relates to Home Care - Care staff shall be paid for travel time; required breaks; use of personal mobiles; parking costs; and the use of parking permits when required).
5. Please provide details of the rates of pay and any enhancements for Care Workers covering all age ranges including apprentices and evening enhanced rates, public holiday enhanced rates, (Home Care - mileage allowance) etc
6. Please provide details on annual leave entitlements for Care Workers? What is the annual basic and/or enhanced entitlement for a full time member of staff, i.e. 20 days basic, plus 8 public holidays. Staff with 5 years' service, 25 days basic, plus 8 public holidays, etc
7. Do you operate a staff referral scheme for new employees? If so, what is the referral reward? Please outline the terms and conditions of the referral scheme.

Part B – Areas covered by the Quality Monitoring Toolkit – example shows for residential / nursing care home

Effective Recruitment
1.2a. The home has a recruitment policy/procedure. Including Covid Specific recruitment procedures. A system in place as part of the interview process to ensure potential employees can speak, read and write English to an acceptable standard, have good communication skills and communicate well with Service Users of all backgrounds.
1.2b. Recruitment checks for staff and volunteers include two references, one of which should be from the current / most recent employer. All references are recorded and verified by the Manager. A satisfactory explanation for any gaps in employment are obtained.
1.2c. The competencies of nursing staff (permanent and agency) should form part of the recruitment checks.
1.2d. There is a process in place to check for any restrictions on NMC PIN registrations for all nursing staff (permanent and agency).
1.2e. There is a process in place to support Revalidation requirements.
1.2f. DBS's (Disclosure and Barring Service) are at an enhanced level or Enhanced for Regulated Activity and are obtained for all staff and volunteers and updated at least every three years (alternatively, a rolling programme is in place or yearly declarations may be evident).
1.2g. Where the Manager accepts staff into post who do not have a clear DBS, there is a clear process/policy to underpin this which should include discussion at interview and declaration on application forms. Any decision to employ is clearly recorded with supporting risk assessment documentation available. (Risk Assessments should cover these key areas: 1. Nature of Offences, 2. Seriousness, 3. Relevance, 4. Criminal Offence, 5. Pattern of Offending Behaviour, 6. Change in Circumstance, 7. Personal Qualities of Applicant).
1.2h. The working time directive is addressed with opt out forms held for each staff member, where applicable.
1.2i. Living wage is being paid.

Training
2.2c. All staff new to the health and social care sector have achieved competency in the 15 standards that make up the Care Certificate before working unsupervised. Providers are advised that all adult social care practitioners should complete the standards within 12 weeks of starting their job (consideration will be given to increased timescales for part time workers and other exceptions). The 15 Standards in the Care Certificate are: Standard 1 - Understand your role Standard 2 - Your personal development Standard 3 - Duty of care Standard 4 - Equality and diversity Standard 5 - Person centred values Standard 6 - Communication Standard 7 - Privacy and dignity Standard 8 - Fluids and nutrition Standard 9 - Mental health, dementia and learning disabilities Standard 10 - Safeguarding adults Standard 11 - Safeguarding children Standard 12 - Basic life support Standard 13 - Health and safety Standard 14 - Handling information Standard 15 - Infection prevention and control Should employees have the old style CIS, employers may, as good practice, ask them to complete the standards in the care certificate which weren't covered by CIS i.e. fluids and nutrition. Domestic and ancillary staff would not be expected to complete unless they also provide hands on care as part of their role.

2.2d Staff shall have undertaken mandatory training. This must be current and evidence when training expires which as a minimum must include: -Health and Safety, valid certificate - refreshed every 3 years -Moving and Handling, valid certificate - refreshed annually -Fire Training - every 3 years but evidence of regular evacuation procedures -First Aid Awareness -every 3 years -Emergency First Aid at Work (EFAW) - person on shift at all times with this - every 3 years -Basic Food Hygiene, valid certificate - refreshed every three years -infection prevention and control - refreshed annually -Safeguarding - initial awareness course and refreshed annually -Medication Safe Handling and Awareness (which includes homely remedies), valid certificate - refreshed every 3 years plus annual competency checks (if appropriate to role) -Nutrition and Hydration -Positive Risk Taking - Mental Capacity and DoL - Care Planning - Person Centred Care and Support - oral needs including not only dentures or teeth but also all mouth care.
2.2e. On completion of the Common Induction Standards staff should be offered the opportunity to achieve a recognised vocational qualification (Level 2 or 3 Diploma in Health and Social Care - formerly NVQ 2 or Degree) and for nursing staff to attend associated courses.
2.2f. Staff have been trained to understand the cultural and communication needs of individuals including where the person may be experiencing the effects of dementia associated with condition / age.
2.2g. Staff training is relevant, regular, updated and recorded with training hours being supported within rota. There are clear records of staff training including annual refresher courses delivered by professionals qualified to do so. There is evidence that annual competency checks are also carried out. (There should be a list of staff responsible for the administration of medication and all of those staff have received training in the safe handling of medication).
2.2h. The service can evidence an annual training matrix, this must clearly show when the person has completed training and subsequent expiry date along with details of who has delivered the training.
2.2i. The service can demonstrate that all staff have had their competence assessed against the National Safeguarding Competence Framework

2.2j. The initial induction programme is offered independently of rota hours. As a minimum it should include:
-Orientation of premises and introduction to service users
-Fire instruction on first day with further one within first six months
-Moving and Handling of persons and objects
-Introduction with on going training on policies and procedures
-Provision of staff handbook and discussion on all contents
-Safeguarding of Adults at Risk
-Dementia Awareness
-Falls Prevention Awareness
-Medication training appropriate to role
-Confidentiality and Data Protection
-Understanding of Human Rights Act and implications
-Equal Opportunities Policy to include discussion and instruction on all areas (as appropriate to the needs of the individual)
- Wound Management (Nursing Staff)
- Catheter Care and Insertion, Male and Female (Nursing Staff)
- End of Life Care
- PEG feeds (Nursing Staff)
- Stoma Care (Nursing Staff)
- MCA and DoL's
- Syringe Driver (Nursing Staff)
- Continence Assessment and Bowel Management (Nursing Staff)
- Hydration and Nutrition (Nursing Staff)
- Management of Long Term Conditions e.g. Diabetes (Nursing Staff
- Pressure area Care/Skin integrity
- Basic Life Support (Nursing)
- Equality and Diversity

2.2k Best practice would dictate that staff training is relevant to the needs of the service users. Examples include the following where appropriate: - epilepsy - autism - stroke awareness - diabetes - COPD - stoma care - Parkinson's disease - falls (prevention and management) - dementia - restraint, de-escalation techniques - continence care (urinary and bowel management) - catheterisation and catheter care (both male and female)(Nursing staff) - supra pubic catheter care (Nursing Staff) (not an exclusive list for training). - Nutrition - Tissue Viability There is evidence of up to date training and competencies for the administration of any specialist medication (where applicable) e.g. PEG, oxygen, insulin or rectal administration of medicines.
2.2l. Nursing staff have up to date training to administer subcutaneous fluids. The home follows the local Nutrition Pathway for referral to Community Dietetics service.
2.2m. All relevant staff groups have received appropriate pressure management training.
2.2n. Nursing staff have internal/external wound management training. (Do the Specialist Tissue Viability Team provide any of the training).
2.2o. Appropriate staff groups receive oral, enteral, parenteral, PEG and prescription nutrition training.
2.2p. The home has a system in place to ensure qualified nursing staff have an up to date NMC PIN. Evidence of revalidation for nurses should be clearly documented.
2.2q. Providers to evidence that staff first aid and CPR skills are up to date and ensure that all staff are aware of resident wishes around these matters.

Positive Staff Moral
5.1a. As a minimum, an annual staff satisfaction survey or alternative is carried out which results in an **action plan.**
5.1b. The Provider has a system (can be in a variety of forms) to encourage and reward good practice, loyalty to the service or innovation.

5.1c. Feedback from service users/carers and observations during the course of the monitoring visit indicate that the staff team have good morale.
5.1d Feedback from staff/service users and evidence from team minutes indicate good morale.
Staff Supported to Undertake their Duties
5.2a. The home can evidence that staff undertake regular supervision and there is an effective yearly appraisal system in place. This should identify an individual development plan. (The Registered Manager should also receive regular supervision).
5.2b. There is a Supervision Policy which reflects current guidance and good practice, has been reviewed / updated within the last 12 months and staff have signed to acknowledge they have read and understood the content.
5.2e. Regular staff meetings which cover all staff roles and shifts take place in working hours. Staff must sign to show evidence of their attendance or to acknowledge that minutes have been read.
5.2f. The home makes sure staff fully understand their role and what they are meant to do and provides clear guidance for staff on how to prioritise work demand in order to avoid feeling overwhelmed.
5.2g. There is an accountable member of staff with overall responsibility for clinical supervision at all times (Nursing Homes).
5.2h. Handovers at the beginning of each shift are included as part of rota hours. Staff sign to indicate handover information has been received. (Explore the possibility of sitting in on a handover as part of the visit).
5.2i. There is a system in place to ensure handovers are completed effectively and clearly identify who is lead for each shift and show shift responsibilities. The practice of agency staff handing over responsibility to agency staff is avoided where possible. Consider including additional handover evidence, such as safety huddles, mid shift updates, flash meetings etc. Is there evidence of recording handovers? To demonstrate those not in the handover are able to access the information.