Recruitment and retention of a social care workforce for older people

Phase 1 national survey of local authorities

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Summary

- Aims and methods
- Survey findings
- Typology of local authorities
Aims

• To explore the nature of local authority commissioning, contracting and care management arrangements for older people’s services

• To identify factors within these processes which influence employment practices within domiciliary care services and care homes and recruitment and retention

• To provide a framework for the selection of sites for Phase II
Methods

- Selective literature review
- Postal survey of English local authorities
- Creation of typology using cluster analysis
- Validation of typology
• Overall response rate 62%
• Regional response rate highest in Eastern (80%) and lowest in the South West (40%)
• By authority type highest in principal metropolitan cities (83%) and shire counties (65%) and lowest in outer London (50%)
Commissioning arrangements (1)

Description

• Nearly all local authorities (LAs) described these as ‘a means of ensuring the views of older people and their carers are reflected in the design of services’
• Just over three fifths described these as ‘a means of ensuring providers comply with employment legislation’
Joint commissioning

• Almost all LAs jointly commissioned with the NHS for intermediate care and over half for old age mental health services
• Three quarters had joint plans and planning processes
• Over two fifths pooled ring fenced monies
• A minority pooled total agency budgets
• Less than a third had a single lead commissioner for health and social care
Commissioning arrangements (3)

Involvement of stakeholder groups

- Nearly all LAs had a provider forum, typically meeting three or four times a year
- LAs routinely consulted with a wide range of stakeholders
- Nearly all consulted current service users and their carers and most consulted providers
- Less than half consulted next generation older people and only a third, employee representatives
Contracting arrangements: domiciliary care (1)

- LAs were most likely to contract with providers who operated in areas both in and outside their geographical boundary
- The majority used block contracting, although nearly two fifths had no block contracts for this provision
- Contracts were typically two to three years in length and of fixed term
- Over a third of LAs reported having a standard price. Where there was no standard price, it was most likely to vary by different providers or type of contract
Contracting arrangements: domiciliary care (2)

Tendering/contracting

• Most LAs specified induction and training for new staff and staff development and appraisal
• Less than a third specified the provision of sick pay and payment for staff attending training
• Less than half specified payment for mileage and/or travel time
• Just under two thirds specified flexibility and around the clock services
Contracting arrangements: residential care (3)

- Homes were more likely to be run by organisations owning and managing a number of homes
- Block contracting formed only a small part of contracting arrangements for residential care
- Majority of LAs purchased less than 10% of independent sector beds by this method
- Inner London authorities paid the highest prices
- Dementia nursing was more expensive than nursing or residential care
Contracting arrangements: residential care (4)

Tendering/contracting

• Most LAs specified induction and training for new staff and staff development and appraisal
• Around a quarter specified the provision of sick pay and payment for staff attending training
Training of care staff

• Most LAs formed a training partnership with other agencies, most typically, independent providers
• A wide range of training courses were provided to care staff
• Training courses were more likely to be made available to in-house staff than to those in the independent sector
Care management arrangements (1)

- Approach to micro commissioning most likely to be described as one whereby the ‘assessor purchases required services from provider.’
- Least likely to be described as one whereby ‘provider assesses and provider allocates’
- A minority of local authorities had a system of self assessment for domiciliary care
- Nearly all reported having a direct payments support scheme
Care management arrangements (2)

- Almost a quarter of LAs had other arrangements for flexible budgets to access care for older people.
- One quarter of LAs had devolved budgeting arrangements
- Just over a third had intensive care management arrangements, with authorities most likely to have these in both long term community support services and the intermediate care sector
Fourteen variables were selected from the national survey and apportioned to three domains of interest:

• Commissioning and contracting arrangements
• Employment practices
• Flexibility in service provision at the level of the service user
<table>
<thead>
<tr>
<th>Indicator</th>
<th>Present</th>
<th>Absent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of stakeholder groups routinely involved in commissioning</td>
<td>10 or more</td>
<td>Less than 10</td>
</tr>
<tr>
<td>Pooling of ring fenced monies or total agency budgets for the joint commissioning of services</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Proportion of hours provided by independent providers that are block contracted</td>
<td>61% or more</td>
<td>60% or less</td>
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<tr>
<td>Specify flexibility and around the clock services in tendering/contracting for domiciliary care</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Standard price for domiciliary care within current contracts</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Requirement for providers to separate the wages element from other costs in tendering/contracting processes</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Time frame typically specified in contracts with independent providers</td>
<td>4 years or more</td>
<td>Less than four years</td>
</tr>
</tbody>
</table>
## Employment practices

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Present</th>
<th>Absent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Form a training partnership with the NHS</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Same training courses provided to both independent sector and in-house staff</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Describe commissioning arrangements as ‘a means of ensuring compliance with employment legislation’</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Specify payment for travel time and/or mileage in tendering/contracting for domiciliary care</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Specify payment for staff attending training in tendering/contracting for domiciliary care</td>
<td>Yes</td>
<td>No</td>
</tr>
</tbody>
</table>
## Flexibility in service provision at the level of the service user

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Present</th>
<th>Absent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Arrangement for outcome based commissioning of domiciliary care ‘assessor purchases required services from provider’</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Presence of intensive care management service</td>
<td>Yes</td>
<td>No</td>
</tr>
</tbody>
</table>
Seven types of local authority were identified.
Using the mean score for each variable, mean scores for each domain of interest were calculated for each cluster.
These were categorised to provide a summary descriptive measure of activity in each cluster by domain of interest.
This was then used to determine how active each cluster of LAs was in each domain of interest.
<table>
<thead>
<tr>
<th>Cluster</th>
<th>No. of authorities</th>
<th>Commissioning and contracting arrangements</th>
<th>Employment practices</th>
<th>Flexibility in service provision at the level of the service user</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>15</td>
<td>Medium</td>
<td>Medium</td>
<td>Medium</td>
</tr>
<tr>
<td>2</td>
<td>19</td>
<td>Medium</td>
<td>Medium</td>
<td>Low</td>
</tr>
<tr>
<td>3</td>
<td>11</td>
<td>High</td>
<td>Medium</td>
<td>High</td>
</tr>
<tr>
<td>4</td>
<td>15</td>
<td>Low</td>
<td>Low</td>
<td>Medium</td>
</tr>
<tr>
<td>5</td>
<td>6</td>
<td>Medium</td>
<td>High</td>
<td>Medium</td>
</tr>
<tr>
<td>6</td>
<td>13</td>
<td>Medium</td>
<td>Low</td>
<td>Low</td>
</tr>
<tr>
<td>7</td>
<td>13</td>
<td>High</td>
<td>High</td>
<td>High</td>
</tr>
</tbody>
</table>

Note: High ≥0.6, Medium 0.4-0.5, Low ≤0.3.
Validation of findings of cluster analysis

- Ecological validity – domains of interest agreed with stakeholders
- Statistical tests – confirmed that several of the clusters were significantly different from others with respect to the domains of interest
- Ideal type – typology has all characteristics associated with this

PSSRU
Personal Social Services Research Unit at the University of Manchester
Next steps

Phases II and III will be undertaken by European Work and Employment Centre at the University of Manchester

- **Phase II: Telephone interviews**
  - Key actors in local authorities responsible for commissioning
  - Independent and in-house providers

- **Phase III: Detailed study of providers**
  - Domiciliary care
  - Residential care
  - Managers and care staff
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