

13th July 2020**Agenda Item: 7****REPORT OF THE CORPORATE DIRECTOR, ADULT SOCIAL CARE
AND HEALTH****SUPPORT TO CARE PROVIDERS INCLUDING CARE HOMES IN
NOTTINGHAMSHIRE****Purpose of the Report**

1. The report provides an overview of the support provided to care providers, including care homes, in Nottinghamshire during the pandemic period and decisions taken by the Corporate Director for Adult Social Care and Health on behalf of the Council under emergency powers, and the implications of these.

Information

2. A major incident was declared by the Strategic Co-ordinating Group of Nottingham and Nottinghamshire Local Resilience Forum (LRF) on Friday 20th March 2020.
3. Meetings of Nottinghamshire County Council's Risk, Safety and Emergency Management Board (which is responsible for co-ordinating the Authority's arrangements for emergencies and business continuity incidents) began on Monday 3rd February 2020. A variety of corporate and departmental business continuity plans were enacted from this time.
4. Adult Social Care and Health activated its Risk, Safety and Emergency Management Group which led the departmental response to emerging risks and issues, Government guidance and instruction, and multi-agency actions agreed by the LRF.
5. Daily reporting took place with the Chairman of Adult Social Care and Public Health Committee in the absence of Committee meetings.
6. Ensuring continuity of care and support for people was a key priority for the department and the core focus of the Adult Social Care and Health Incident Cell planning. Emergency operating models for the department were agreed and were published on the Council's website. A core component of this was the support for the social care market, including care homes, home care and community providers. Whilst national attention has largely focussed on care homes, the department has addressed the care market risk more broadly.

7. The Council has also worked very closely with health partners and from May 2020, the work has been led through the Local Resilience Forum Care Homes and Home Care Cell, which is chaired jointly by a representative of the Council and the Nottingham and Nottinghamshire Clinical Commissioning Group. A range of measures has been put into place to ensure continuity of care, address infection control risk, and work to sustain the market in terms of both quality and financial stability.

Recruitment of relief staff and internal service development

8. The key risk facing Adult Social Care in mid-March was the risk of workforce absence due to illness or caring responsibilities. This applied to both internal services and social care providers with models showing risk of absence of 30-40% of staff which would present significant risk to service continuity.
9. The Council has to date recruited 221 care and support workers to join a temporary relief register and 44 people were in post or in training as at 21st May. This group of staff are available to be redeployed alongside Health staff to providers facing workforce shortages. Currently staff are deployed within Adult Social Care services to provide additional capacity.
10. The new guidance on hospital discharge, the need to discharge people recovering from COVID-19 safely and additional homecare capacity needed in the emergency operating model for day services required additional capacity in existing Council provided Short-term Assessment and Reablement (START) services. This expanded from supporting 90 people a day to supporting 140 people a day and has been achieved through a mixture of temporarily redeployed staff and new temporary staff recruited to our Supply Register.
11. Bishop's Court was temporarily reopened to support safe hospital discharge pathways. This service capacity is in place until August 2020 and a decision is yet to be made as to when this will be stood down.
12. The costs attached to this are set out in a summary in the financial implications section of the report (**paragraph 39**).

Financial Support

13. In the budget on 11th March 2020, the Government announced £1.6 billion funding to go to local authorities to help them respond to COVID-19 pressures across all their services, including increasing support for the adult social care workforce and for services helping the most vulnerable people. Nottinghamshire County Council received £22 million. On 18th April a further £1.6 billion was announced nationally in order to meet additional pressures and continue delivery of frontline services. The Council's share of this funding was £14.6 million.
14. A further key risk of the incident was the financial pressure on social care providers created by the additional costs of responding to COVID-19. On 23rd March a set of financial principles was agreed within the Council and subsequently published on the Council website in order to support the stability and sustainability of the sector. In addition to this

an annual uplift in fees was paid from 6th April 2020 to take account of the National Living Wage increase.

15. These principles are:

- payment on planned activity so that providers know what their income will be
- payment of a cash advance to care homes and Supported Living providers equivalent to 5% for two weeks of their contract value on 27th April to assist with cash flow
- implementation of the Care Service Sustainability Fund, a monthly claims process for COVID-19 related costs. This is available to reimburse providers for increased costs for PPE, wages, training and additional costs the provider has incurred.

16. The provider claims process was created to ensure the costs of COVID-19 went to those providers that incurred the greatest burden. Nationally and regionally, the approaches to supporting the market vary widely. The approach taken by Nottinghamshire County Council is consistent with the guidance that was issued by the Association of Directors of Adult Social Services (ADASS) and the Local Government Association on 8th April [on commissioning principles](#).

17. The process is not intended to meet the loss of income that providers may face due to reduced demand for their services or excess deaths of residents. There is flexibility in the process to meet extraordinary COVID-19 related costs that a provider may face. This can be reviewed on a case by case basis.

18. The costs attached to this are set out in a summary in the financial implications section of the report (**paragraph 39**).

Implementation of national guidance and NHS funding of care

Hospital Discharge

19. On 19th March, an instruction was issued from the Government to Clinical Commissioning Groups and local authorities to prioritise hospital discharge and nationally discharge some 20,000 people to ensure capacity existed to support patients with COVID-19. This set a three hour time limit for local authorities to work in partnership with community health colleagues to discharge patients who are 'medically fit for discharge' through a Discharge to Assess model.

20. The same guidance set out that the costs of all new packages of care that support this work would be met via the NHS. For Nottinghamshire, this gave rise to the following service changes:

- Hospital Social Workers moved to community teams
- re-Opening of Bishop's Court
- extension of the START service
- two virtual integrated health and social care discharge hubs linked to the Community Support Hub.

21. A process is in place for commissioning this care and support and recharging health for these costs.

22. The costs attached to this are set out in a summary in the financial implications section of the report (**paragraph 39**).

Care homes support

23. Through May, the infection risk and higher death rate of care home residents was recognised, and this led to numerous documents issued to local authorities, Clinical Commissioning Groups (CCGs) and care homes directly.
24. This guidance sets a range of measures to be put into place:
- workforce support
 - training for infection control
 - clinical support
 - care home testing.
25. The work to implement this guidance has been led in partnership with both CCGs and the City Council through the Local Resilience Forum.
26. The Minister for Care wrote to Local Authority Chief Executives on 14th and 22nd May with a set of requirements for the Council to demonstrate how it is meeting the guidance. The letters, which are available as background papers, included a requirement to provide information through a template and a covering letter by 29th May to the Department of Health and Social Care and to publish a statement setting out how the local health and care system was responding to the incident in care homes.
27. On 29th May this was published on the County Council website:
<https://www.nottinghamshire.gov.uk/care/coronavirus/guidance-for-employees-employers-and-businesses>

Adult Social Care Infection Control Grant

28. The Infection Control Grant for providers was confirmed in the letter from the Minister of State for Care outlining the care home support package on 22nd May 2020. Nottinghamshire County Council will receive £11.455m.
29. There are significant requirements and national reporting requirements for the grant. The conditions require that the Council passes 75% of the funding direct to providers who are registered with the Care Quality Commission. The grant is intended to support providers to restrict their workforce in order to manage infection and to support the results of whole care home testing. These measures include:
- restricting staff to one location
 - paying for staff to self-isolate
 - paying for locum staff
 - accommodating staff in the local area.
30. The Council will retain 25% to deliver the infection control strategy for the rest of the care market (home care and supported living). The strategy is in development within the Local

Resilience Forum. The use of the grant will cover workforce costs in a similar way to that of care homes.

31. There is significant risk that the grant will be insufficient to meet the workforce costs that a provider faces if the service experiences an outbreak of COVID-19.

Social care provider risks and issues

32. Within Adult Social Care, the rights of people within care homes and those receiving care more generally and the particular risk that COVID-19 presents has been a core focus from the start of the incident. It is expected that this will continue in coming months and existing measures to manage risk will need to remain in place. This includes:
 - daily reporting from providers to inform risk assessment for PPE stock and workforce
 - engagement with the Council's Principal Social Worker for adults and Nottinghamshire Adult Safeguarding Board to address human rights issues presented by care homes restrictions and measures
 - continued practical support managed through the LRF
 - financial support for COVID-19 related costs.
33. The COVID-19 pandemic has impacted on providers in a variety of ways. These include:
 - staffing shortages due to shielding, self-isolation and illness
 - the impact of social distancing on providing face to face services and in particular services for groups, such as day services
 - high costs of PPE, including cleaning equipment.
34. For many care homes there has been a considerable reduction in admissions. Admissions to care homes from the community have almost entirely ceased as families are reluctant to move their family member at this time. In addition, some care homes have sustained COVID-19 outbreaks with high mortality rates and the associated emotional stress for staff teams and residents. Rates of admission are likely to be considerably lower than normal for many months to come. All of this means a loss of income for many care home providers, and potential closure for some.
35. Across most of the County, there has been considerable over capacity in older people's care homes for some time. The Council will need to carefully monitor and manage the impact of the pandemic within the next few months as care home failure, and closure, has serious implications for residents and their families, the business, the staff, and the Council. Work is taking place to consider the sustainability of Nottinghamshire care homes in the short, medium and long term in order to shape the Council's response and to develop a mechanism to determine and evaluate risk in relation to care home failure.

Other Options Considered

36. This report provides an update on work undertaken with care providers during the pandemic period, and ongoing work and its implications, consequently there are no other options considered.

Reason/s for Recommendation/s

37. The report shares with Members the work that has been taking place with care providers whilst the Council has been operating under an emergency operating model in response to national guidance, and in the absence of the Council's Committee meetings and Member scrutiny. The report also indicates priority areas of work with the sector as the Council continues to respond to the pandemic but also considers next steps for the medium term future.

Statutory and Policy Implications

38. This report has been compiled after consideration of implications in respect of crime and disorder, data protection and information governance finance, human resources, human rights, the NHS Constitution (public health services), the public sector equality duty, safeguarding of children and adults at risk, service users, smarter working, sustainability and the environment and where such implications are material they are described below. Appropriate consultation has been undertaken and advice sought on these issues as required.

Financial Implications

39. The table below provides a summary of the known costs incurred to date in relation to support provided by the Council to care providers. As of today's date it is not possible to project costs going forward as there is still uncertainty about how long COVID-19 and infection control measures will be in place.

Known costs - actions to support incident response	Costs to 31st May 2020
Paying for care providers for 100% of commissioned packages (estimate based on last year's slippage rates)	£3.5m
Financial support to all social care providers (5% cash advance plus care services sustainability fund paid claims)	£0.6m
Personal Protective Equipment (PPE) – for all care providers (including Council services)	£2.8m
Total costs to date	£6.9m

40. There will be further costs as the Council has committed to paying providers for commissioned care packages until the end of June when it will be reviewed, and the Care Services Sustainability Fund is still open and processing provider claims for additional costs.
41. There will also be additional staffing costs if the Council deploys any of the temporary care and support workers that have been recruited and there may be an ongoing impact of paying for care packages currently funded by the NHS.
42. The Council has also incurred additional costs in supporting providers in other ways such as Council staff working seven days from 8am-8pm; advice, support and daily bulletins; administering and brokering commissioning and paying providers and recharging Health for all packages related to hospital discharge or admission avoidance.

Implications for Service Users

43. As identified in **paragraph 32**, the rights and protection of people receiving care within care homes, and in receipt of care more generally, have continued to be a key area of focus within the department, and the monitoring and management of risks to people's wellbeing will continue to be at the forefront of the department's response.

Human Resources Implications

44. To support the emergency models staff redeployment and recruitment was undertaken as stated in **paragraphs 8-12** of the report. The response to the pandemic and the changes in ways of working from staff in the department and newly recruited temporary staff has been excellent.

RECOMMENDATION/S

- 1) That Members consider whether any further information or actions are required in relation to decisions taken by the Corporate Director for Adult Social Care and Health on behalf of the Council under emergency powers in the period of March – June 2020.

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Constitutional Comments (EP 11/06/20)

45. Under the Scheme of Delegation to Officers Corporate Directors have authority to exercise the powers of the County Council in the event of an emergency or disaster, including making or approving any arrangement for the protection of persons or property, and will report back to the next appropriate committee or meeting of Council in the event that this authority is exercised. The Adult Social Care and Public Health Committee is the appropriate body to consider the content of this report. If Committee resolves that any actions are required it must be satisfied that such actions are within the Committee's terms of reference.

Financial Comments (KAS 08/06/20)

46. The financial implications of supporting care providers as at 31st May are set out in **paragraph 39** of the report. At this stage it is not possible to say what the total cost will be as it is unknown how long these measures will be required for. However, the Council has currently committed to continue paying for commissioned packages until the end of June and this is under review.

47. At this time no end date has been put on the Care Services Sustainability Fund which enables providers to claim for additional costs incurred as a result of COVID-19.
48. This report only contains the costs to date of the financial support given out to providers. It is not a complete list of the additional costs incurred by the department or Council as a result of COVID-19.
49. Once identified all the financial implications will be factored into the ongoing budget monitoring.

HR Comments (SJJ 08/06/20)

50. The recruitment to the temporary relief staff was undertaken to include all the appropriate recruitment checks in line with the Council's recruitment policy including the Disclosure and Barring Service (DBS), which introduced free-of-charge applications and a new fast-track Barred List check service. Staff were given the appropriate training and induction. Staff who had requested voluntary redundancy at Bishop's Court were asked to remain in post and their notice period was extended with no impact on their redundancy settlement. Existing departmental staff were deployed to work in other services with the appropriate training and support being provided.

Background Papers and Published Documents

Except for previously published documents, which will be available elsewhere, the documents listed here will be available for inspection in accordance with Section 100D of the Local Government Act 1972.

Outbreaks of COVID-19 in care homes, Letter from Public Health England, 22nd April 2020

Roll Out of Whole Care Home Testing, Letter from Rosamund Roughton, Director General, Adult Social Care, Department of Health and Social Care, 13th May 2020

Support for care homes - Letter from Minister of Care, 14th May 2020

Adult Social Care Infection Control Fund Ring-Fenced Grant 2020 Local Authority Circular, published 22nd May 2020

Adult Social Care Infection Control Fund – Letter from Minister of Care, 22nd May 2020

Announcement on funding and responsibilities for Test and Trace service, 22nd May 2020
<https://www.gov.uk/government/news/300-million-additional-funding-for-local-authorities-to-support-new-test-and-trace-service#history>

Electoral Division(s) and Member(s) Affected

All.

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