

29 March 2021

Agenda Item: 15

## **REPORT OF THE CORPORATE DIRECTOR, ADULT SOCIAL CARE AND HEALTH**

### **MARKET MANAGEMENT POSITION STATEMENT**

#### **Purpose of the Report**

1. To inform Committee about the work undertaken by the Quality and Market Management Team (QMMT) during the Covid-19 pandemic in response to the Local Authority's statutory duty to ensure that there is a robust and sustainable social care market available for people who live in the County.
2. To provide Committee with an update about social care services that have had their contract with the Council suspended; this information is contained in the **Exempt Appendix**.

#### **Information**

3. Some information relating to this report is not for publication by virtue of Schedule 12A of the Local Government Act 1972 and is therefore included in an Exempt Appendix. Having regard to all the circumstances, on balance the public interest in disclosing this information does not outweigh the reason for exemption because the information would add a limited amount to public understanding of the issues but may damage the financial or business affairs of any person (including the Council).

#### **Financial support to Providers**

4. Since the establishment of the Infection Control Fund (ICF) grant in early 2020 there has been a further allocation of monies (ICF Grant: Round 2) made available for providers in September 2020. The same conditions remain with this allocation in that the providers must ensure they complete a monthly return on the spend of their allocation and also complete the NHS Capacity Tracker (for care homes and domiciliary care agencies).
5. In addition to the ICF grants, the Government has announced a further £249 million funding that will be allocated to local authorities for sharing with providers. There are two grants which will assist providers with Covid-related expenses in respect of the Covid testing regime and also to support with the workforce. These grants will be shared with providers on the same basis as the ICF grant meaning providers have to apply for their allocation with

the expectation they will evidence how their allocations have been spent on a monthly basis. All three of these grant allocations need to be spent by the end of March 2021.

6. The QMMT continues to support providers in accessing funds for Covid-related expenses. Currently there is still the monthly claims process (Sustainability Grant) available for providers to claim additional costs that are not covered by the three grants.

### **Covid 19 Taskforce**

7. In November 2020 the system experienced a second significant increase in the number of Covid 19 outbreaks in care homes with the additional impact on the community-based services workforce. In response to this worsening situation it was decided that a multi-agency approach was needed to try to manage/support the social care market in Nottinghamshire and Nottingham.
8. The Taskforce was implemented overnight and included representatives from the QMMT, Clinical Commissioning Group (CCG), Infection Prevention Control, Nottingham City Council, Public Health, Care Quality Commission (CQC) and Notts Healthcare Trust. The purpose of this group was to meet on a daily basis to discuss support for those social care services that were experiencing difficulties due to Covid 19. The Taskforce has evidenced really positive outcomes in that the system partners have worked together to provide support/guidance and plans to support the services which have experienced very difficult times.
9. For services where there has been a significant outbreak an Outbreak Control Team (OCT) meeting is implemented by the Taskforce. OCTs are joint meetings led by Public Health with attendees from Infection Control colleagues and QMMT with the purpose of trying to ascertain how the outbreaks have spread, assistance with control measures and to support providers, where needed, with any further training requirements to ensure no further outbreaks happen. To date, there have been over 20 OCT meetings held for Nottinghamshire services.
10. Prior to the Christmas period, the Taskforce was able to reduce to twice weekly meetings due to the levelling off of outbreaks. Unfortunately after the Christmas and New Year period, there was again a further significant increase in the number of reported outbreaks, not seen at this level since the beginning of the pandemic, which meant mobilising the Taskforce back to daily meetings. The Taskforce continues to support over 30 services on a daily basis, which for some services will mean a minimum of daily telephone calls or visits to the service if the levels of concern or support are required.

### **Workforce Taskforce**

11. At the peak of the outbreaks there were over 100 services experiencing Covid outbreaks, with some of these outbreaks causing significant impact to the workforce. In response to this an internal Covid 19 taskforce of staff was established. This taskforce was formed from a variety of staff from teams within Adult Social Care who volunteered to be part of this group of staff, who at very short notice would be asked to work in an external care home to ensure safe delivery of care for a period of time. The workforce taskforce is on standby to be called on if a care home's own workforce contingency plans fail meaning that urgent

support is needed. To date this team has not been called on as providers' own contingency plans have worked.

### **QMMT Working 7 days**

12. Since March 2020 the QMMT has supported the social care market to ensure that there is on-going delivery of safe care. The support from the QMMT is available 7 days a week, with the team making contact or visiting services outside of the normal working hours. There are officers from the team on duty over the weekend and this will continue until April 2021 when the situation will be reviewed.

### **Home Care – Early Deterioration in Home Care (Better Care Fund)**

13. In September 2020, the Early Deterioration in Home Care Project was set up following a successful bid for Better Care Fund monies by Fosse Healthcare and joined with a similar project proposed by the Nottingham and Nottinghamshire Clinical Commissioning Group.
14. The project is made up as follows:
  - Fosse Healthcare Limited
  - Birdie Care Services Ltd
  - Nottinghamshire County Council
  - Nottingham and Nottinghamshire CCG
  - East Midlands Academic Health Science Network
  - Primary Care Network in Newark
  - Nottinghamshire Alliance Training Hub.
15. The project was set up to explore the concept of how domiciliary care could contribute to the early identification of changes in service user's habits and routines that would identify a significant change in their health and wellbeing.
16. The ambition of the project is to demonstrate the benefits of new ways of working between adult social home care and healthcare, enabled by digital technology. The project team carried out market investigations to select and short-list a suitable digital solution that could support the home care workers and managers in the identification of early warning signs. Birdie Care Services Limited was selected through the process and joined the project team from January 2021.
17. Since January 2021, Fosse Healthcare care workers in the Newark District have been using a digital deterioration and escalation tool to recognise the Soft Sign changes of service users. Case studies to date have realised the benefits to service users in improved health outcomes through early recognition and crisis prevention. The clinical benefits are the consistent application of care planning and escalation and service users accessing the right services first time. Efficiencies in the system would be the reduction in ambulance calls outs and service users going to A&E.
18. The East Midlands Academic Health Science Network are working to secure an academic partner to deliver the evaluation. Robust evaluation will allow for an external evaluation which would provide objective analysis of outcomes and benefits for service users, home care providers, health systems and their constituent organisations. The evaluations will

cover acceptability, clinical safety and factors influencing successful deployment. Securing an academic partner will provide regional and national assurance and credibility and provide a further potential programme for spread and adoption locally and nationally.

19. In March 2021, the next phase of the project commenced with the introduction of a Level 2 Carer Worker. The Level 2 care workers are senior, trained care workers who will respond to initial soft sign concerns raised by the Level 1 care workers by taking additional observations with the service user. Drawing on the widely recognised RESTORE 2 methodology, they will take vital sign measurements (blood pressure checks, temperature etc.) resulting in the so called NEWS2 score, alongside a structured observation about the service user (using the SBARD Tool). They will record information on Birdie's digital care management app, and Level 2 care workers are then able to share it with Primary Care professionals (GPs, or 111 and East Midlands Ambulance Service where appropriate) to help them make earlier, more robust clinical decisions (including remotely) using this information. This approach has been developed and adapted with clinical input from a GP of the Newark Primary Care Network. This next phase of the project is intended to run for a pilot period of 4-6 months in order for the academic partners to undertake their evaluation.

### **Home Care – Collaborative Working between Home Base Care Lead Providers**

20. Work has commenced with the Home Based Care Lead Providers to explore ways in which they can start to work together to collaborate and share best practice using a Trusted Partner Model. Introductory meetings have taken place and the lead providers have agreed to put in place a Memorandum of Understanding to support this mutual agreement. They have agreed to meet on a monthly basis, with all meetings being provider-led. The providers will share their work and discussions with the County Council at a strategic level.

### **Home Care – Hospital Discharge – Joint Covid Response**

21. In response to the increase in the number of hospital admissions across Nottinghamshire, an emergency approach was developed to support the timely discharge of patients out of hospital. The workstreams lead to the development of a joint Covid response between QMMT, Commissioners, MIS (Maximising Independence Service) Reablement, and the Council's contracted Home First Response and Rapid Response Services.
22. The joint response partnership has been meeting on a daily basis since mid January 2021, to support the safe and timely discharge of patients in hospital across Nottinghamshire. The services have innovatively worked together to provide a care and support service, until another service can start or jointly provide care in a collaborative way, supporting around 60 people to date.

### **Quality Monitoring**

23. The QMMT continues to provide support through the well-established quality monitoring processes. During the pandemic the QMMT has supported providers in ensuring their ability to maintain service continuity with robust contingency plans in place. A high level of contact with care homes, home care and supported living services remains due to the on-going outbreak management processes (in addition to the Taskforce).

24. There is now a slowing in the number of Covid outbreaks. At its peak in January 2021 there were over 100 services experiencing an outbreak, which meant reduced impact on service continuity. Covid has had and will continue to have an impact on services and the QMMT is beginning to see an increase in quality concerns, which means the focus of the team is to now support services to improve. During the pandemic the Care Quality Commission (CQC) stood down their normal inspection regime, focusing on Infection Control Inspections on care homes experiencing significant outbreaks.
25. The QMMT team has maintained the risk assessment of services over the last year based on quality data, Covid data, financial information and other intelligence that informed the level of monitoring/support needed. The team has carried out quality monitoring visits as and when required, with some services requiring significant support.
26. The CQC has not inspected in the last year as they would do and this has meant for some services their inspections are overdue. An overview of the current ratings for care homes in Nottinghamshire for the past two years are as follows:

<b>CQC RATING</b>	<b>NUMBER OF SERVICES 2020</b>	<b>NUMBER OF SERVICES 2021</b>
Outstanding	21	21
Good	197	194
Requires Improvement	51	53
Inadequate	2	4

27. Since the last report there has been an increase in the number of Inadequate rated services. The number of Outstanding care homes remained the same with a small reduction of Good rated services.

### **Contract suspensions**

28. Sometimes it is necessary to suspend a contract with a provider. This means that they continue to provide the service but for a period of time the Council does not give any new work to the provider. This is usually due to concerns about poor quality and when this happens the service is monitored closely, usually through an Action Plan which is monitored to ensure that the required improvements are made and sustained before lifting the contract suspension is considered.
29. Services that have a contract suspension currently are as follows:

Type of service	Number of services	Contract Status	District
Care Home – Ageing Well	5	Suspended	Gedling, Ashfield Bassetlaw, Newark, Broxtowe
Care Home – Living Well	2	Suspended	Bassetlaw
Homecare	1	Suspended	Newark

30. Since the previous report to Committee in December 2020 there has been an increase in the number of contract suspensions.

### **Other Options Considered**

31. No other options have been considered.

### **Reason/s for Recommendation/s**

32. The report provides an opportunity for the Committee to consider any further actions arising from the issues contained within the report.

### **Statutory and Policy Implications**

33. 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**

34. There are no financial implications arising from this report.

### **Implications for Service Users**

35. The Council has a duty under the Care Act 2014 to ensure that high quality services are available for people in Nottinghamshire whether they are funded by the Council or fund their own care either fully or in part. The market shaping duty also requires that the Council works collaboratively with relevant partners including people that use services and their families. The proactive approach of quality monitoring undertaken in Nottinghamshire ensures that every effort is made to ensure that people live independent lives and that their care and support needs are met by high quality care providers that deliver a sustainable service.

## **RECOMMENDATION/S**

That:

- 1) Members consider whether there are any actions they require in relation to the issues contained within the report.
- 2) Members advise how the Committee wishes to monitor the actions /issues contained within the report.

**Melanie Brooks**

**Corporate Director, Adult Social Care and Health**

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**Constitutional Comments (CEH 02/03/21)**

36. The report and recommendations fall within the remit of Adult Social care and Public Health Committee under its terms of reference.

**Financial Comments (DG 02/03/21)**

37. There are no direct financial implications arising from this report.

**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.

[Market management position statement – report to Adult Social Care and Public Health Committee on 7th December 2020](#)

**Electoral Division(s) and Member(s) Affected**

All.

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