



## Short Briefing Note

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**Title - Service Continuity and Care Market Review: Self-Assessment (SAQ) by Councils**

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### Introduction

Local Authorities were requested by the Department of Health & Social Care (DHSC), in partnership with the Association of Directors of Adult Social Services (ADASS) and the Local Government Association (LGA) to complete a Care Market Self- Assessment by the 21<sup>st</sup> Oct 2020. This Self-Assessment was designed to provide a council by council analysis of the risks to the continuity of services in the provider sector. It also aimed to explore the plans that Local Authorities had in place to mitigate these risks with a focus on the impact of COVID-19 and winter planning arrangements. It was also envisaged that it would provide an opportunity to share examples of “what works well” locally to inform national best-practice.

### Context

The Self- Assessment Questionnaire is itself the product of the Government’s Adult social care: coronavirus (COVID-19) winter plan 2020 to 2021 and will feed into the Service Continuity and Care Market Review planned originally for this Autumn. It is likely that the outcome of this review will be the inspections by the Care Quality Commission of those Local Authorities/Regions that appear to be failing in their statutory duty to manage the market through robust planning arrangements.

### Summary Outcome of the SAQ- Nottinghamshire

Nottinghamshire County Council has always had a proactive partnership with social care providers in the county and this has stood us in good stead for the challenges during the current pandemic. The Council has worked very closely with key partners, including CCG and CQC and has robust plans are in place manage market failure.

Unlike other parts of the Country, Nottinghamshire has an over-supply of Residential Care and Nursing Care which reduces the risk of wholesale market failure in the Care Home Sector. Although the delivery of Homecare across the County can be impacted by rurality it continues to effectively support Hospital discharge and the waiting time for care is minimal. Day Service’s have struggled to deliver support in the “built environment “as a result of the restrictions around Covid, but they continue to deploy staff to support vulnerable clients in the community. Those clients receiving Direct Payments have been reviewed and contingency plans put in place to manage Carer breakdown. The “in-house” Reablement Service continues to deliver a stable service and resources have been increased to meet developing demand