

7th December 2020**Agenda Item: 9****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 Some information relating to this report is not for publication by virtue of Schedule 12A of the Local Government Act 1972 and is therefore included in an Exempt Appendix.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. In response to the financial difficulties faced by providers the Government has extended the Infection Prevention Control (IPC) Grant Infection Control Fund (ICF) round 2 until March 2021. In order to receive the second instalment, providers will need to be able to demonstrate that they have realistic plans to spend the funding that are consistent with the conditions of the Grant. In particular, before the first instalment can be paid, they will need to have completed either the CQC (Care Quality Commission) Care home tracker or CQC homecare survey, as appropriate, at least twice and commit to completing them weekly going forward. The Grant has specific conditions and below are some examples of how/what the providers can use their allocation on:
 - uplift the pay of staff who are self-isolating in line with government guidance to their normal wages to ensure they do not lose income while doing so. This would uplift the

pay of those who need to isolate and who would normally receive less than their full wages (whether Statutory Sick Pay or a preferential but partial payment) while unwell or isolating.

- dedicated staff to support and facilitate visits. Additional IPC cleaning in between visits. Capital based alterations to allow safe visiting such as altering a dedicated space.
 - payments to staff at their normal hourly rate to attend work or a suitable testing facility when they are not on shift. This includes compensation for travel time taken to reach a testing facility if required. Costs associated with testing, including the costs of fuel or transport to reach a testing facility.
 - the cost of bike, taxi, minibus or car mileage to collect staff teams in a locality. The cost of parking, provided that there is no free parking available on site.
 - costs associated with the creation of a changing facility, including structural changes. The cost of reduced occupancy where this is required to convert a bedroom into a changing facility. Provision of extra facilities such as bike stands.
5. For Care Homes the permitted areas of use for the ICF 2 have now extended to include supporting safe visiting in care homes, and ensuring that staff who need to attend work for the purposes of being tested for Covid-19 are paid their usual wages to do so, but the 'Other' category has been removed (which has removed some flexibility). The QMMT has two dedicated officers that will support providers to access their grant allocations over the next few months.
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.

Winter Plan and Self Assessment

7. Local Authorities must put in place their own Winter Plans and inform the Department of Health & Social Care (DHSC) that they have done so by 31st October 2020.
8. The DHSC has described three overarching priorities for adult social care in its Covid-19 Winter Plan for 2020/21 which are:
- ensuring everyone who needs care or support can get high-quality, timely and safe care throughout the autumn and winter period
 - protecting people who need care, support or safeguards, the social care workforce, and carers from infections including Covid-19
 - making sure that people who need care, support or safeguards remain connected to essential services and their loved ones whilst protecting individuals from infections including Covid-19.
9. The QMMT will be supporting the delivery of the Winter Plan 2020-21 by:
- managing staff movement – between care homes and/or other health services
 - ensuring the availability of Personal Protective Equipment (PPE)
 - supporting the access to Covid-19 testing
 - providing guidance on infection prevention and outbreak management
 - providing guidance on visiting

- monitoring workforce capacity
 - supporting the delivery of the Infection Control Fund
 - monitoring provider sustainability
 - providing CQC support via the Emergency Support Framework and sharing best practice.
10. Local Authorities were also requested by 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 21st October 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. An example is how risk is analysed in the assessment of financial viability of the care home sector in Nottinghamshire, with a monthly credit status check using Dun and Bradstreet (credit reporting organisation). There has also been a requirement of the Council by the DHSC to complete a self-assessment on progress on the Winter Plan; a report on the Winter Plan 2020-2021 is also on the agenda of this meeting.
 11. 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 Clinical Commissioning Groups (CCG) and the CQC and has robust plans in place to manage market failure. It was also envisaged that it would provide an opportunity to share examples of “what works well” locally to inform national best practice.

NHS Capacity Tracker and Dashboard Data

12. The QMMT is working closely with Care Homes to ensure that they are using and updating the NHS Capacity tracker. Providers are required to update the system on a daily basis with their business continuity data and other Covid related questions. The QMMT ensures that they update their data in a timely manner which allows them to be eligible for ICF Grant (Round 2). In addition to the two dedicated officers the team continues to make contact with providers on a regular basis (often daily).
13. The QMMT still maintains the Local Authority data dashboard to assist with the daily Operational Pressures Escalation Levels (OPEL) ratings, which then feeds into the wider partnership management of the market.

Home Care – Supplementary Providers

14. In October 2020 a procurement exercise was completed and 23 domiciliary care providers were awarded supplementary contracts. These additional providers were sought to support the on-going demand for home care in Nottinghamshire. There are now 49 providers that have contracts with Nottinghamshire County Council.

Covid Positive Care Homes – Designated Care Homes/Units

15. To support safe discharges from hospital for people who are Covid positive a local checklist process was established. This local process enables care homes who are willing to accept Covid positive patients to apply to be on a list of homes that are IPC (Infection Prevention

and Control) compliant and that can evidence that their services can safely manage a resident for the required period. What this means is homes that are able to zone their buildings and isolate positive residents for the required period are likely to be compliant.

16. In October the Department of Health & Social Care wrote to the Local Authority with the guidance that all Covid positive discharges from hospital settings must only be admitted into 'Designated Homes/Units', which will be classified as this following an inspection from the CQC. The Local Authority shared the list of care homes/services for inspection by the CQC with a completion date at the end of November 2020. Until the outcome of these inspections are shared the current process remains with the addition of alternative provision available to support Covid positive discharges from hospitals.

Visitors to Care Homes/Supported Living

17. The Local Authority recognises how important it is to allow care home residents to safely meet their loved ones, especially for those at the end of their lives. The Local Authority recognises the particular challenges visiting restrictions pose for people with dementia, people with learning disabilities and autistic adults, amongst others, as well as for their loved ones.
18. The Local Authority's first priority remains to prevent infections in care homes and protect staff and residents. The challenges faced by care homes, as distinct from other health and care settings, in safeguarding their residents from infection, and the particular risks of outbreaks of infection in care homes, are appreciated.
19. In response to increasing infection rates of Covid-19 across Nottinghamshire, as of 14th October 2020 Nottinghamshire County, including Nottingham City, was designated as a 'high alert level' area. In line with the government's guidance on policies for visiting arrangements in care homes, 'local areas with a high local COVID alert level (high risk or very high risk), visiting should be limited to exceptional circumstances only such as end of life'. In these circumstances, care homes should support visiting in a 'virtual' manner.
20. Alternative ways of communicating between residents and their families and friends should be discussed and offered by the care home. The care home should also provide regular updates to residents' loved ones on their mental and physical health, how they are coping and identify any additional ways they might be better supported, including any cultural or religious needs. To support care homes and relatives there will be local visiting guidance issued which will assist services to implement Covid safe visitation.

Business as Usual - Quality Monitoring and Quality Audit

21. The QMMT continues to support providers and maintains the quality audit process, which is undertaken virtually. The team is risk assessing services based on quality data, Covid data and other intelligence and this will inform the level of monitoring needed for each care home. A high level of contact with care homes/home care remains due to the on-going outbreak management processes.
22. Regulated services are inspected and rated by the CQC. An overview of the current ratings for social care homes in Nottinghamshire for the past two years are as follows:

CQC Rating	Number of Services 2019	Numbers of Services 2020
Outstanding	23	32 (21 care homes)
Good	280	276(249 care homes)
Requires Improvement	60	72 (51 care homes)
Inadequate	14	3 (2 care homes)

23. Since the last report there has been a further decrease in the number of Inadequate rated services as this has reduced to three. The other ratings have remained static due to CQC not carrying out their normal inspection processes.

Contract suspensions

24. 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.
25. Services that have a contract suspension currently:

Type of service	Number of services	Contract Status	District
Care Home – Older People	5	Suspended	Gedling, Mansfield, Bassetlaw, Newark
Care Home – Younger Adults	1	Suspended	Bassetlaw

26. Since the previous report to Committee there has been a reduction in the number of contract suspensions.

Other Options Considered

27. No other options have been considered.

Reason/s for Recommendation/s

28. 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

29. 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

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

Implications for Service Users

31. 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

For any enquiries about this report please contact:

Gemma Shelton

Interim Group Manager, Quality & Market Management

Adult Social Care and Health

T: 0115 9773789

E: gemma.shelton@nottscc.gov.uk

Constitutional Comments (18/11/20)

32. This report falls within the remit of Adult Social Care and Public Health Committee by virtue of its terms of reference.

Financial Comments (DG 18/11/20)

33. 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 14th September 2020](#)

Electoral Division(s) and Member(s) Affected

All.

ASCPH734 final