

North Tyneside Council

Report to Cabinet

Date: 29 June 2020

Title: Adult Social Care Action Plan

Portfolio(s): Adult Social Care Finance and Resources	Cabinet Member(s): Councillor Gary Bell Councillor Ray Glindon
Report from Service Area:	Commissioning & Asset Management Head of Health, Education, Care & Safeguarding
Responsible Officer:	Mark Longstaff, Head of Commissioning & Asset Management (Tel: (0191) 6438089) Jacqui Old, Head of Health, Education, Care & Safeguarding (Tel: (0191) 6437317) Janice Gillespie, Head of Resources (Tel: (0191) 6435701)
Wards affected:	All Wards

PART 1

1.1 Executive Summary:

The health and wellbeing of residents is one of our top priorities. We care for people every day and will continue to do so despite the challenges faced. The sector is hugely important to support people in our communities offering safe and dignified places for residents who may be struggling at home or with specific medical needs.

This report sets out the approach which North Tyneside Council and its partners are taking in response to the Covid-19 pandemic in respect of adult social care. The report is aligned to the overarching Our North Tyneside Plan and the Department for Health and Social Care (DHSC) Social Care Action Plan¹.

The report also sets out a proposed approach to securing greater market stability within a longer -term program of work to consider service redesign and market reshaping as a result of the experience of Covid-19 and the changing nature of demand for adult social care services.

1.2 Recommendation(s):

It is recommended that Cabinet:

- (1) Note the work done to date to support the adult social care market; and
- (2) Agree the approach to securing longer term market stability

¹ DHSC "Covid-19: our action plan for social care"

(3) Authorise the Chief Executive, Head of Health Education Care and Safeguarding, Head of Resources and Head of Commissioning and Asset Management in conjunction with the Cabinet Member for Adult Social Care and Cabinet Member for Resources to work towards a sustainable and affordable solution to an appropriate social care offer to meet the needs of residents

(4) Receives a further report on progress and considers any future contractual proposals.

1.3 Forward Plan:

Twenty-eight days' notice of this report has been given and it first appeared on the Forward Plan that was published on 29 May 2020.

1.4 Council Plan and Policy Framework

This report relates to the following priority contained within the 2020-2024 Our North Tyneside Plan. Our People will:

- Be listened to so that their experience helps the council work better for residents.
- Be healthy and well – with the information, skills and opportunities to maintain and improve their health, well-being and independence, especially if they are carers.
- Be cared for, protected and supported if they become vulnerable including if they become homeless.
- Be encouraged and enabled to, whenever possible, be more independent

1.5 Information:

1.5.1 Background

The health and wellbeing of residents is one of our top priorities. We care for people every day and will continue to do so despite the challenges faced. The sector is hugely important to support people in our communities offering safe and dignified places for residents who may be struggling at home or with specific medical needs.

Covid-19 has imposed significant and additional demands on the care market. Local care providers, the Local Authority and NHS services, have been working together since the start of the pandemic to understand and respond to these challenges.

Within North Tyneside Council, the total adult social care budget for 2020/21 is £62.9m. Of this, £30.5m is used to commission services from the adult social care provider market. This is determined by a joint strategic assessment with North Tyneside Clinical Commissioning Group (CCG).

Services are commissioned from 92 providers (both commercial and not-for-profit) to deliver services to 3,455 people,² and, collectively, the adult social care provider market is one of the largest employers in North Tyneside, employing around 3,140 people.

Services provided are in the following categories and Table 1 below shows the current numbers involved:

² Figures correct as of 19 May 2020

- residential and nursing care (older people, learning disability and mental health)
- homecare or domiciliary services (delivered in a person's own home)
- extra care services (larger group-based sites to support those with their own tenancy)
- Independent Supported Living (ISLs); individual or small group-based settings in individual houses

Table 1: North Tyneside Adult Social Care Market (as at 19 May 2020)

Service	Homes / Schemes	Providers	Customers	Staff
Older People Residential & Nursing Care	31	20	1,495	1,350
LD/MH Residential & Nursing Care	13	10	179	260
Home Care	-	29	1,100	615
Extra Care	9	3	381	165
Supported Living	130	30	300	750
Totals	79	92	3,455	3,140

Beyond the current context with Covid-19, the adult social care market faces the same challenges as those seen nationally i.e. increasing intensity and complexity of need; rising staffing costs due to the National Living Wage; and, care staff recruitment and retention.

The Care Act 2014 gave local authorities, the NHS and the CQC (Care Quality Commission) clear legal responsibilities for managing different elements of the adult social care market. These include:

- developing the quality and range of services that local people want and need
- integrating commissioning of services from the care market with key partners, including the NHS and housing, and
- ensuring a diverse range of services, so people have choice.

The Care Act 2014 also sets out duties on local authorities when providers fail. Local authorities routinely manage closures of smaller-scale services and are always required to meet an adult's needs for care and support which are no longer being met as a result of the provider failing. These specific duties apply to all individuals present in the Authority's area, including those who are self-funders, and those whose services are funded by another local authority.

Should a care provider fail financially and services cease, the local authority must take steps to ensure that all people receiving care do not experience a gap in the services they need. This duty applies temporarily until the local authority is satisfied that each person's needs will be met by a new provider or in a different way.

In North Tyneside our key objectives with the market since 19th March are set out in the Authority's overall Covid-19 response plan which aims to:

- slow the spread of infection by flattening the curve and protecting the vulnerable
- protect staff, and
- support the Borough by delivering essential services and working in partnership with business and the community and voluntary sector.

As part of the Government's response to the Covid-19 pandemic, some temporary relaxations have been made to the duties on local authorities under the Care Act (from 31 March 2020), making it possible for local authorities to reduce some of their usual

duties. However, these relaxations do not apply to any Care Act duties for market oversight. The Department of Health and Social Care's Action Plan, 16 April 2020, sets out their approach which is made up of 4 pillars:

- controlling the spread of infection
- supporting the workforce
- supporting independence, supporting people at the end of their lives and responding to individual needs
- supporting providers of care and support

Set out below is an assessment of the current situation and how Covid-19 has impacted on Adult Social Care in North Tyneside. This is set out against each of the pillars in this plan.

1.5.2 Minister for Care – Support for Care Homes

On 14 May 2020, the Minister for Care required all local authorities with adult social care responsibilities to work with system partners to agree a return consisting of:

- A letter setting out an overview of current activity and a forward plan
- Completion of a short template confirming the current level of access to the support offer
- Confirmation that the Local Authority is carrying out a daily review of the local care market, including care homes

This information was submitted to the Minister for Care on 29 May 2020 and has subsequently been published on the North Tyneside Council website. This gives the detail on the North Tyneside position on each of the bullet points set out above.

1.5.3 **Impact of Covid-19 on Adult Social Care in North Tyneside**

1.5.4 **Controlling the spread of infection in Care Settings**

1.5.4.1 Current Position

- In North Tyneside, a total of 132 people died with Covid-19 between 6 March 2020 and 15th May 2020. 52 of those deaths were care home residents. This represents 13.8% of the total deaths in care homes for that period, compared to 27.5% across England as whole. The rate in Covid-19 deaths in care homes started to rise from the week ending 10 April.

1.5.4.2 Key progress to date

- Northumbria NHS Foundation Trust's Infection Prevention Control (IPC) team have provided training and audit support prior to the pandemic and have continued to provide advice and guidance throughout the period – all care homes across North Tyneside have had the required training in line with NHS England requirements.
- Northumbria NHS Foundation Trust have provided fit testing for those staff looking after customers in the community that may require aerosol generating procedures. Northumbria University have also provided the CCG with a list of companies from industry that are certified fit testers.

- A new multi-disciplinary Prevent and Protect Team has been set up with the Authority and CCG staff to provide additional support to care homes with practice-based issues and assurance visits. This team are delivering the national infection control training programme in each Care Home.
- Providing alternative accommodation; the Local Authority and CCG commissioned 30 Covid -19 positive specific step down beds from a large care home provider in early April 2020. Overall, activity and usage has been low; the bed capacity reduced to 14 from 1st June 2020. There are a further 40 beds across two sites that can be accessed for hospital discharge, as well as the widely used reablement team, for short term focussed home care support for people in their own homes.

1.5.4.3 Next Steps

- Continued offer of training and support for care providers and workforce in care home settings
- Guidance on infection control, testing etc. as this is further developed and updates are received to ensure this is understood locally and implemented by providers
- Commenced an assurance process with all care homes to ensure that infection protection and control, good hygiene, isolating and shielding is understood by all staff within each care home setting and the practice in the care home meets current good practice and guidance

1.5.5 Supporting the Workforce

1.5.5.1 Current Position

- The impact of staff absent from work due to Covid-19 has varied throughout the period and by care sector. This is set out in Table 2 below and although the greatest impact in terms of numbers of staff absences has been in extra care, this has been able to be mitigated more easily than the situation in care homes. In addition, whilst the average absence for staff in care homes at 10% is consistent with what is happening nationally, this can vary a great deal from home to home with some experiencing absences up to 40% for a period.
- The majority of providers have used their own workforce during the period, with minimal use of agency or mutual aid. This has helped to prevent cross infection and has enabled continuity of care provision. All providers are now seeing a very small but positive increase in the number of staff returning to work

Table 2: Care Market Staff Absences

Sector	Total Staff	Staff Absence (1 st May)
Older People Residential & Nursing Care	1,350	10%
Learning Disability/Mental Health Residential & Nursing Care	260	10.5%
Home Care	615	13%
Extra Care	165	14.5%
Supported Living	750	8%
Total / Average	3,140	11.2%

1.5.5.2 Key Progress to date

- Support for care providers to order PPE through the Local Authority has been put in place and full guidance has been provided to all care homes regarding the appropriate usage of PPE
- Symptomatic testing for all care home residents and staff is available via the NHS local lab (Pillar 1 testing)
- Testing for all asymptomatic residents and staff is provided through the national care home testing portal (Pillar 2 testing). A prioritisation exercise has been undertaken in line with Government guidance, to include care settings that work with older people and larger care homes (50+ beds)
- For Pillar 1 testing, the Public Health England Local Health Protection Team is notified of all results and support is provided to care homes in the management of outbreaks. There is an agreed standard operational procedure. For Pillar 2 testing, the Director of Public Health jointly with the Director of Adult Social Services will receive notification of results and this will inform local action to support care homes with complex outbreaks, in partnership with The Public Health England Local Health Protection Team
- For those in receipt of domiciliary care who are symptomatic, tests can be accessed via self-referral testing portal (Pillar 2 testing). Information from this will inform the risk assessment process for staff providing care into people's homes
- Technical training has been provided, including linked to infection control work
- Psychological /mental health and wellbeing support has also been made available to all care home staff through Cumbria, Northumberland Tyne & Wear NHS Mental Health Trust.

1.5.5.3 Next Steps

- Contact tracing will be undertaken by a mixed model of national and local teams. Initial contact tracing work will be based on laboratory confirmed cases who have been identified through local NHS labs (Pillar 1) and national testing (Pillar 2). Any complex cases will be passed to the Local Health Protection Team for management supported by Local Authority Public Health Teams.

1.5.6 **Supporting Independence**

1.5.6.1 Current Position

- There is no clear evidence to show that the quality of care offered by providers has reduced or is adversely impacting on people. However, the quality of life of people with social care needs will have been disproportionately impacted by social distancing and shielding requirements, in all care and community settings.
- Communal activities in care homes have been significantly reduced and social elements of all community care packages have similarly been curtailed. In addition, on site routine quality monitoring activity by commissioners and CQC have in the main been suspended.

1.5.6.2 Key Progress to date

- North Tyneside CCG have provided care homes with the Whzan News kits (and relevant training) for undertaking clinical observations and recording of the NEWS2 score which helps to identify deteriorating patients
- Working with the CCG and FT on hospital discharge
- Working with the CCG and FT on hospital discharge plus the commissioning of 30 additional step-down beds rather than direct discharge to care homes
- Care homes have received Reminiscence Interactive Therapy software for people with dementia and additional Samsung tablets which are being used to communicate with relatives and undertake video consultations with the GP practice and frailty nurses
- The CCG have supported care homes to access NHS mail accounts for the safe transfer of patient information.
- NHFT Palliative Care Nurses are contacting all care homes daily to offer clinical advice about end of life care
- The NHFT Tissue Viability team had rolled out 'react to red', a pressure ulcer prevention campaign, prior to the outbreak and continue to support homes with its implementation
- The frailty nurse team are endeavouring to deliver a service as close to normal as possible, whilst only attending the homes when necessary
- The District Nursing Service is working 7 days per week with no reduction of staff numbers over the weekend

1.5.6.3 Next Steps

- Continued support to discharge process for people coming out of hospital, jointly with the CCG and other providers across the health care system
- Continued support for people to access primary and community health care services as well as social care services as required

1.5.7 **Supporting Providers of Care and Support**

1.5.7.1 Current Position

- The Commissioning team have spent some time in detailed direct conversations with care setting owners, managers and staff. They have told us that the following issues are important:
 - ensuring the safety of residents/customers and managing infection
 - ensuring the provision of suitable PPE
 - the availability and supply of staff
 - ensuring clear advice and information is provided
 - the effective co-ordination of hospital discharges
 - management of Covid-19 positive residents admitted to care homes
 - additional costs incurred and how these will be met
 - longer-term financial sustainability (linked to care home occupancy)

- Occupancy levels have been affected by the pandemic. Where levels have fallen below what is expected, we are working with those providers directly in line with our statutory duty.
- As of mid- March 2020, the number of vacancies across all older person's care homes was 181, which equates to 12.5% of beds. Latest data on number of vacancies as of Monday 19th May 2020 was 242 (16%).

1.5.7.2 Key Progress to date

- In April 2020 the Authority provided to care providers, a 5% increase in funding (£1.453m) along with an additional 5% to cover other Covid-19 costs (reviewable every 4 weeks). The 5% increase in funding has been paid 2 weeks in advance to ease financial pressures
- In addition, care home providers have been asked to submit requests for any further financial support for additional Covid-19 costs (over the 5% already paid) and these are being be paid as soon as possible.
- A new market resource team has been set up within the Authority to support care providers to source additional staffing capacity where needed through a combination of mutual aid and redeployed staff from within the Authority
- The Authority's commissioning team contact all care home at least twice weekly, to offer support and gather information
- Care homes are being encouraged to use the North East Commissioning Support (NECS) Tracker in line with national guidance
- The Authority co-ordinates the communication of all current guidance (on behalf of the Authority and CCG) via email and website
- Advance distribution of the market share of the national £600m fund for Infection control. 50% has been forwarded to all care homes with the remaining balance to be paid following evidence of compliance with the grant conditions.

1.5.7.3 Next Steps

- Additional staffing capacity for care homes will be in place through recruitment of staff (including via a regional recruitment campaign and a regional redeployment hub for returning nurses and medical students)
- Further improvements will be made to ensure a more streamlined and targeted approach to the communication of guidance.

1.5.8 Future Commercial Framework

Notwithstanding the work done to date a longer- term approach and commercial framework needs to be established in order to secure and sustain an appropriate social care offer to meet the needs of residents. The Negotiating Remit within the Framework would encompass the following elements:

1.5.8.1 Strategic Objectives

The Authority is aiming for a set of commercial arrangements which:

- **Need;** Meet our assessment of need for social care services in North Tyneside in line with our statutory duty and our Joint Strategic Needs Assessment
- **Sustainability;** Support a sustainable care market which can treat its staff and customers well; and
- **Value for money;** Which represents transparent value for money for the tax-payer and can be accommodated in the Medium-Term Financial Plan.

1.5.8.2 Negotiating Context

The Authority is negotiating in the following context:

- **Required outcomes;** the list of needs to be met, outcomes required and services which would deliver those outcomes
- **Current market assessment;** the range of providers currently engaged and their characteristics
- **Current commercial assessment;** how many providers the Authority contracts with, what is paid and how that compares nationally and locally
- **Social Value;** the Authority's current social value policy and how that applies to the care market – for example local supply and good employment practice; and
- **Our strategic plans and values;** how those the Authority works with will contribute to the strategic goals. For example, local business, engagement with a health and social care career framework.

1.5.8.3 Value for money

Based on the Medium-Term Financial Plan (MTFP), what the Authority can afford. While the current crisis is putting significant pressure on the Authority's budget and MTFP, the Authority needs to take a judged view on what is possible and affordable.

This would also be triangulated with where the Authority sits relative to other fees from other local authorities.

1.6 Decision options:

The following decision options are available for consideration by Cabinet:

Option 1

Note the current position, work done to date, progress and next steps and agree approach to outlined in establishing the Commercial Framework.

Option 2

Note the current position, work done to date, progress and next steps and not agreeing the approach to outlined in establishing the Commercial Framework.

Option 1 is the recommended option.

1.7 Reasons for recommended option:

Option 1 is recommended for the following reasons:

It provides a detailed update on the response work done in Adult Social Care and establishes a structured approach to a set of commercial arrangements with all social care providers.

1.8 Appendices:

There are no Appendices to this report.

1.9 Contact officers:

Mark Longstaff, Head of Commissioning & Asset Management, tel. (0191) 643 8089
Jacqui Old, Head of Health, Education, Care & Safeguarding, tel. (0191) 643 7317
Janice Gillespie, Head of Resources, tel. (0191) 643 5701
Scott Woodhouse, Strategic Commissioning Manager, Adults, tel. (0191) 643 7082

1.10 Background information:

The following background papers/information have been used in the compilation of this report and are available at the office of the author:

(1) [DHSC-Covid 19: Our action plan for adult social](#)

(2) [DHSC-Covid 19: Care home support package](#)

(3) DHSC- Covid 19: Infection Control Grant Funding Guidance

(4) Care Home Planning Return North Tyneside Council

PART 2 – COMPLIANCE WITH PRINCIPLES OF DECISION MAKING

2.1 Finance and other resources

Within North Tyneside Council, the total adult social care budget for 2020/21 is £62.9m. Of this, £30.5m is used to commission services from the adult social care provider market. This is determined by a joint strategic assessment with North Tyneside Clinical Commissioning Group (CCG).

Over and above the inflationary fee increase for 2020/21 of 5% a further 5% additional increase is being paid to recognise additional pressures across all care service provision together with funding to support evidenced based additional costs.

National Infection Control Fund allocation of £600m, with North Tyneside receiving its share of just over £2.2m. 75% of this funding just over £1.65m to be forwarded to registered care homes to assist with infection control measures. There are specific grant conditions in relation to the Infection Control Fund which care homes will have to comply with, any non-compliance could result in claw back of the grant.

The Authority's current estimate of the financial risk due to the additional pressures of Covid-19 is in the region of £21m. The Authority has received £12m of Government support grant, which has been allocated to meet these pressures, leaving a net financial risk of £9m.

The financial impact of negotiations on future contractual arrangements will be included within the MTFP.

2.2 Legal

The Care Act 2014 gave local authorities, the NHS and the CQC clear legal responsibilities for managing different elements of the adult social care market. These include:

- developing the quality and range of services that local people want and need
- integrating commissioning of services from the care market with key partners, including the NHS and housing, and
- ensuring a diverse range of services, so people have choice.

The Care Act 2014 also sets out duties on local authorities when providers fail. Local Authorities routinely manage closures of smaller-scale services and are always required to meet an adult's needs for care and support which are no longer being met as a result of the provider failing. These specific duties apply to all individuals present in the Authority's area, including those who are self-funders, and those whose services are funded by another local Authority.

2.3 Consultation/community engagement

2.3.1 Internal Consultation

There has been a whole Council approach to dealing with COVID-19 and specifically in relation to support for the social care market.

The Commissioning Team, colleagues in Adult Social Care and Public Health have played significant role in supporting this work and this work is governed and overseen by:

- Chief Executive
- Head of Health Education Care and Safeguarding (lead)
- Head of Commissioning and Asset Management
- Head of Resources
- Director of Public Health

2.3.2 External Consultation/Engagement

External consultation and engagement have taken place with a range of partners as part of the overall response to COVID-19 and in relation to the response to the care market, including care homes.

Specifically, in relation to this work, this has included:

- North Tyneside CCG
- Northumbria Healthcare Trust
- Healthwatch North Tyneside
- Health and Wellbeing Board
- Care Home Providers and representative bodies

2.4 Human rights

The proposals within this report do not have direct implications in respect of the Human Rights Act 1998.

2.5 Equalities and diversity

Public Health England recently published (June 2nd 2020) a report 'COVID-19 review of disparities in risks and outcomes'. The report sought to review the impact of the pandemic particularly in terms of the differential risks of both infection and death for service users and staff with protected characteristics. In particular the impact was considered greater for:

- Older people
- Males
- People living in more deprived area
- Black, Asian and Minority Ethnic people.

The emerging evidence base will continue to inform future work.

The Care Act 2014 gave local authorities, the NHS and the CQC clear legal responsibilities for managing different elements of the adult social care market. These include:

- developing the quality and range of services that local people want and need
- integrating commissioning of services from the care market with key partners, including the NHS and housing, and
- ensuring a diverse range of services, so people have choice.

2.6 Risk management

Potential future financial pressures against the Authority are covered in this report and registered through the Authority's risk management process. The early findings from the recently Public Health England report (June 2nd, 2020) 'COVID-19 review of disparities in risks and outcomes' will continue to inform future work and consideration of risk management arrangements for care workers and service users.

2.7 Crime and disorder

There are no crime and disorder implications arising from this report

2.8 Environment and sustainability

There are no environment and sustainability implications arising from this report

PART 3 - SIGN OFF

- Chief Executive
- Head(s) of Service
- Mayor/Cabinet Member(s)
- Chief Finance Officer
- Monitoring Officer
- Head of Corporate Strategy and Customer Service