



Department of Health & Social Care

We thank you for your time spent taking this survey.
Your response has been recorded.

Below is a summary of your
responses

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Service Continuity and Care Market Review: Self-Assessment by Councils

The Government's Adult social care: [coronavirus \(COVID-19\) winter plan 2020 to 2021](#), says that 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), will carry out a **Service Continuity and Care Market Review** this Autumn.

This self-assessment questionnaire (SAQ) is the essential building block of this review. It will provide an invaluable understanding on a council by council basis of your analysis of the risks to the continuity of services in the provider sector across each care setting. It will explore the plans that you have to mitigate these risks particularly with regard to the impact of COVID-19 and EU transition alongside your winter planning arrangements.

An important feature of this questionnaire is that it gives you a full opportunity to share examples of good practice and what works well both at individual council and regional level. I am aware of the very significant work and developments both in councils and in regions to support and develop your commissioning activities

particularly as these impact on market sustainability and capacity. Many of these plans are well advanced.

You are asked in this questionnaire to specifically set out, based on your own analysis, where additional support could be targeted. We are already working with the LGA, ADASS and with the Care and Health Improvement Programme (CHIP) to consider targeted intensive support as part of the response to these challenges.

The date to complete the guided self-assessment questionnaire is midnight Wednesday 21st October. We are encouraging councils to share their self-assessments with other councils in your region. As part of the partnership approach that we are taking, ADASS regions and CHIP will also provide support you during the process, as well as adding a regional picture and overview as part of the feedback to DHSC.

The questionnaire and process are designed to enable you to enter information and then update or develop your responses up until your final submission is made. Once the final submissions have been made both the SAQ and regional overview will be available in full for DHSC to draw the information together alongside other sector and market information and to produce a final report in mid-November. This report will be shared with the LGA, ADASS and councils. It is anticipated that an overview and summary will be published.

Throughout the next three weeks the LGA, ADASS and DHSC will be working together to support you in getting the very best outcomes from this questionnaire. For information and support about the purpose and use of the self-assessment please contact servicecontinuitysaq@dhsc.gov.uk. If you have any other questions that relate to this process, please email adass.lga.covid@local.gov.uk. All questions to this email account will be anonymised and responded to by DHSC, LGA or ADASS, as appropriate. This could include technical questions or anything in relation to the requirements of this self-assessment. All questions and responses will be included in a [Frequently Asked Questions \(FAQ\) document](#).

Thank-you for taking the time to complete this questionnaire particularly in this time of unprecedented demand on services.

Ian Winter CBE,
DHSC, Service Continuity and Care Market Review Project Delivery Director
30th September 2020

Completing the self-assessment

You can navigate through the questions using the buttons at the bottom of each page. Use the 'previous' button at the bottom of the page if you wish to amend your

page. Use the 'previous' button at the bottom of the page if you wish to amend your response to an earlier question.

If you stop before completing the return, you can come back to this page using the link supplied in the email and you will be able to continue where you left off. To ensure your answers have been saved, click on the 'next' button at the bottom of the page that you were working on before exiting.

All responses will be treated confidentially and used within DHSC, the LGA and ADASS to support the development of the Service Continuity and Care Market Review (SCCMR). For the purposes of any externally accessed publications information will be aggregated, and no individual or authority will be identified in any publications without your consent. In addition, identifiable information may be used internally within the LGA and ADASS but will only be held and processed in accordance with the LGA's privacy statement. Individual council responses may be accessed to aid the legitimate interests of the LGA and ADASS in supporting and representing authorities.

Please indicate that you give permission for the data you provide to be used in the manner described above.

Yes, I give my permission for the data I provide to be used in accordance with the statement above and the LGA's privacy statement.



If you would like to see an overview of the questions before completing the survey online, you can [access a PDF here](#). You can [access the web page to this project here](#).

For any technical support with completing the online form please contact adass.lga.covid@local.gov.uk.

Thank you for taking the time to complete this self-assessment.

Please could you confirm that the details for your Director of Adult Social Services are correct, and if appropriate please provide a contact for any queries we may have about your response.

	Contact details Director of Adult Social Services (DASS) Director of Adult Social Services (DASS)	Contact details Contact for any queries Contact for any queries
Name	Martin Samuels	Tracie Rees
Role	Strategic Director: Social Care & Education	Director: ASC & Commissioning
Email address	martin.samuels@leicester.gov.uk	tracie.rees@leicester.gov.uk

Please check that your council's name and region below are accurate.

Council

Leicester City Council

Region

East Midlands

Please give an overview of the current contingency planning work you are doing to maintain service continuity (2,000 character limit).

At the start of the pandemic a Social Care Cell (SCC) was created as part of the Local Resilience Forum. The SCC also includes representatives from the local provider market, which has enhanced relationships and developed trust and understanding across the partners. At the same time the Council also developed a local intelligence tracker to collect real time information on the status of infection rates in local care homes. This provides oversight and comparison between care homes in Leicester and enables additional support to be targeted if required. As data is difficult to obtain from the national system, this local approach has been resource and time intensive, but vital to gain a clear understanding of the local picture. When Leicester was placed into additional lockdown measures in July 2020, an Incident Management Team was created, which incorporated the Social Care Cell. A key aim was to prevent infection re-entering care homes thus avoiding large outbreaks. Throughout the ongoing restrictions, levels of infection have remained very low both in residents and staff. Leicester City Council has developed a system wide Provider Failure Contingency Plan with neighbouring authorities in Leicestershire & Rutland. The plan is underpinned by a Memo Of Understanding (pending approval) which corresponds with the local health footprint across the three local authority areas providing clinical/support oversight. Key components of the plan include the relevant escalation triggers to determine the level of risk and system response. This includes use of the Council's in house reablement service, which could step in to provide personal care. The authority also has agreement with a number of local home care agencies to provide mutual aid if needed. Local volunteers can also be used

to a lesser extent to undertake domestic tasks. However, there are challenges, including insurance provision and capacity if a number of facilities faced reduced staffing levels at anyone time.

Characters remaining: 1

Section 1 - Understanding Risk

The purpose of this question is to understand the council's assessment of risk across different service types for both council funded and self-funded people. You will be asked to assess risks to capacity and sustainability in all types of service provision.

1. Using local intelligence and your knowledge of the market and current challenges, what is your level of concern about the ability of the local care market to provide the capacity needed between now and the end of March 2021? Each level of concern relates to the council's ability to ensure service continuity and / or secure appropriate alternative provision where needed. This includes the provision for both council commissioned services and self-funded care.

Please use the following guidelines to indicate your level of concern:

Extremely concerned - A point of crisis that compromises our ability to ensure continuity of care has already been reached, or is expected to be reached before Christmas (between now and 15/12/2020)

Moderately concerned - Expect to reach a point of crisis that compromises our ability to ensure continuity of care between Christmas and the end of March 2021 (between 15/12/2020 and 31/03/2021)

Somewhat concerned – Expect serious challenges which may compromise our ability to ensure continuity of care between now and the end of March 2021

Slightly concerned – Expect serious challenges between now and the end of March 2021, but are confident that these will be addressed through our plans to ensure continuity of care is not compromised.

Not at all concerned - Given current knowledge, intelligence and plans we don't expect to face a crisis or serious challenges in relation to continuity of care before the end of March 2021

	Level of concern				
	Extremely concerned	Moderately concerned	Somewhat concerned	Slightly concerned	Not at all concerned
Nursing care	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Residential care - older people	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>

Level of concern

	Extremely concerned	Moderately concerned	Somewhat concerned	Slightly concerned	Not at all concerned
Residential care - working age adults	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Home care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Home based reablement	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Supported living or extra care housing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Support provided through direct payments	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other (please specify) 1					
Community Opportunities/Day Care	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other (please specify) 2					
Emergency Respite	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other (please specify) 3					

Further comments

Please add any further comments as necessary.

Nursing care	A memorandum of understanding with health colleagues is in the process of being approved. This will provide health input / clinical oversight and nursing support to failing providers. Once approved this would drop the concern to 'slightly'
Residential care - older people	Emergency workforce plan in place, but awaiting sign off from insurers, to reduce concern to 'slightly'
Residential care - working age adults	Emergency workforce plan in place, but awaiting sign off from insurers, to reduce concern to 'slightly'
Home care	Spot contracts in place until 31.3.2021, plan to open up the framework to align with this and increase capacity. Also in the process of procuring a hospital bridging service, to go live November 2020. Leicester's

	Further comments
	contracts only represent a small % of the overall market, so its unlikely there will be a capacity issue.
Home based reablement	Please add any further comments as necessary.
Supported living or extra care housing	Could utilise dom care agencies who are also recruitment agencies. The authority is in the process of developing a workforce sharing agreement to underpin this approach.
Support provided through direct payments	We have established effective communication with people who receive a DP, and a means by which they can advise the local authority of any issues. However, we do not have the same oversight at this stage of the provider market supporting DPs.
Other (please specify) 1	Working with providers to re-open services, after the completion of risk assessments. However, there are a small % of providers not currently planning to re-open and therefore there is an impact on continuity and potentially supply. An issue for this market is no routine asymptomatic testing available.
Community Opportunities/Day Care	
Other (please specify) 2	Struggling with unplanned / emergency respite, due to capacity in the market and the lack of an ability to fast track testing or to isolate individuals with complex/challenging behaviours.
Emergency Respite	
Other (please specify) 3	

The purpose of this question is to understand the council's view on the underlying causes of the risks highlighted in Q1. The key measurement relates to the requirements of the Care Act as it applies to continuity of care for the provision for both council commissioned services and self-funded care.

2. (a) Using the prompt list of challenges, please assess the extent to which you feel they will present a risk to your council meeting its duties and responsibilities under the Care Act, between now and end of March 2021.

Please provide a number between 1 and 3 for each challenge and for each type of care, where the numbers signify the following:

- 1-** It will present a risk to the service area in question **to a great extent.**
- 2-** It will present a risk to the service area in question **to a moderate extent.**
- 3-** It will present a risk to the service area in question **to a small extent.**

Please leave any of the boxes blank where you feel there is no notable risk to the service area.

Nursing care

Workforce

Recruitment of care staff

Retention of care staff

COVID-19

COVID-19 - Staffing

COVID-19 - Infection control

COVID-19 - Access to testing

COVID-19 - Zoning and cohorting

Financial

Fee rates

Provider costs

Service quality

Safeguarding issues

Quality issues

Level of local provision

Insufficient local provision

Provider business continuity

Insurance issues

Voids

Other

Other (please specify) 1

Other (please specify) 2

Other (please specify) 3

Nursing care

Residential care - older people

Workforce

Recruitment of care staff

Retention of care staff

COVID-19

COVID-19 - Staffing

COVID-19 - Infection control

COVID-19 - Access to testing

COVID-19 - Zoning and cohorting

Financial

Fee rates

Provider costs

Service quality

Safeguarding issues

Quality issues

Level of local provision

Insufficient local provision

Provider business continuity

Insurance issues

Voids

Other

Other (please specify) 1

Other (please specify) 2

Retention of nursing staff

Residential care - older people

Other (please specify) 3

Residential care - working age adults

Workforce

Recruitment of care staff

3

Retention of care staff

2

COVID-19

COVID-19 - Staffing

3

COVID-19 - Infection control

2

COVID-19 - Access to testing

3

COVID-19 - Zoning and cohorting

3

Financial

Fee rates

3

Provider costs

2

Service quality

Safeguarding issues

1

Quality issues

1

Level of local provision

Insufficient local provision

3

Provider business continuity

Insurance issues

1

Voids

3

Other

Other (please specify) 1

Recruitment of nursing staff

Other (please specify) 2

Residential care - working
age adults

Retention of nursing staff

Other (please specify) 3

Home care

Workforce

Recruitment of care staff

3

Retention of care staff

2

COVID-19

COVID-19 - Staffing

3

COVID-19 - Infection control

2

COVID-19 - Access to testing

2

COVID-19 - Zoning and cohorting

3

Financial

Fee rates

3

Provider costs

2

Service quality

Safeguarding issues

2

Quality issues

1

Level of local provision

Insufficient local provision

2

Provider business continuity

Insurance issues

1

Voids

Other

Other (please specify) 1

Recruitment of nursing staff

Home care

Other (please specify) 2

Retention of nursing staff

Other (please specify) 3

Home based reablement

Workforce

Recruitment of care staff

Retention of care staff

COVID-19

COVID-19 - Staffing

COVID-19 - Infection control

COVID-19 - Access to testing

COVID-19 - Zoning and cohorting

Financial

Fee rates

Provider costs

Service quality

Safeguarding issues

Quality issues

Level of local provision

Insufficient local provision

1

Provider business continuity

Insurance issues

1

Voids

Other

Other (please specify) 1

Recruitment of nursing staff

Home based reablement

Other (please specify) 2

Retention of nursing staff

Other (please specify) 3

Supported living or extra care housing

Workforce

Recruitment of care staff

3

Retention of care staff

3

COVID-19

COVID-19 - Staffing

3

COVID-19 - Infection control

2

COVID-19 - Access to testing

2

COVID-19 - Zoning and cohorting

3

Financial

Fee rates

3

Provider costs

2

Service quality

Safeguarding issues

1

Quality issues

1

Level of local provision

Insufficient local provision

2

Provider business continuity

Insurance issues

1

Voids

3

OtherSupported living or extra
care housing

Other (please specify) 1

Recruitment of nursing staff

Other (please specify) 2

Retention of nursing staff

Other (please specify) 3

Support provided through
direct payments**Workforce**

Recruitment of care staff

2

Retention of care staff

2

COVID-19

COVID-19 - Staffing

3

COVID-19 - Infection control

2

COVID-19 - Access to testing

2

COVID-19 - Zoning and cohorting

3

Financial

Fee rates

3

Provider costs

2

Service quality

Safeguarding issues

2

Quality issues

1

Level of local provision

Insufficient local provision

3

Provider business continuity

Insurance issues

1

Voids

Support provided through
direct payments

Other

Other (please specify) 1

Recruitment of nursing staff

Other (please specify) 2

Retention of nursing staff

Other (please specify) 3

2. (b) Please add any further comments as necessary to expand on your responses above.

Safeguarding - reduced oversight due to extended lockdown in Leicester has resulted in reduced safeguarding alerts. Quality - reduced oversight/monitoring visits due to extended lockdown in Leicester is likely to lead to poor care practices remaining unidentified, which could lead to the possible closure of services. Insurance - providers may not be able to get indemnity insurance and may refuse to take new clients and decide to close their business and leave the care market. Voids - there are currently 25% of all beds available as voids within the local residential care homes for older people, this is likely to impact on the quality of care and financial stability of the sector post the IPC monies. Recruitment of nursing staff - homes may have to close if they cannot recruit qualified staff, especially if staff are having to self-isolate. This is also compounded by the limited availability of agency staff, as many are now contracted to the NHS rather than to nursing homes. Reablement - although the Council has no concerns about this service, it is available to be used to support failing providers. Therefore, if a number of external provider services were not able to operate due to staff shortages, it may not be possible to assist all facilities, due to limited capacity, especially if also supporting a large number of hospital discharges. Retention of nursing staff - the ageing workforce, as well as higher pay in the NHS or from an agency, is reducing the availability of nursing staff.

Nursing care

3. Your response to Question 1 indicated that you are somewhat concerned about the ability of the local care market for nursing care to provide the capacity needed between now and the end of March 2021, and expect serious challenges which may compromise your council's ability to ensure continuity of care between now and the end of March 2021.

This question is about your view of if the council will reach a tipping point, when and what will be the cause of this. You should use your own interpretation of what a tipping point looks like locally, but the tipping point is likely to be signified by, for example a crisis in the local social care market and/or the council taking the view that they can no longer reasonably expect to be able to access the type and level of provision needed to meet the social care needs of local people. The question asks you to provide a judgement on if you feel a tipping point will be reached locally, the scale of change that would lead to this tipping point and the main cause of this change.

In thinking about your response to Question 1, please could you indicate below what scale of change you feel would precipitate a tipping point, beyond which the council's ability to ensure service continuity and/or secure alternative provision where needed for that service area would be critically compromised. The type of change could be due to increased demand, reduced access to provision or a combination of both. This includes the provision for both council commissioned services and self-funded care.

In your opinion what is the scale of change that would lead to a tipping point between now and the end of March 2021?

Net reduction in availability of suitable provision of less than 10%

Net reduction in availability of suitable provision of between 10 - 20%

Net reduction in availability of suitable provision of over 20%

Other trigger point (please specify in the box below)

What do you anticipate would be the most likely cause of the net reduction that would lead to a tipping point between now and the end of March 2021?

Predominantly due to increased demand for support

Predominantly due to a decrease in access to suitable provision



A combination of increased demand and a decrease in access to suitable provision



Other trigger point (please specify in the box below)



What support or actions do you feel are necessary? Please include any details of actions needed now, and/or at the tipping point.

Whilst the authority is able to look at options to support the workforce for non-clinical staff, there is a shortage of qualified nursing staff. When retired nursing staff or those who had left the sector were asked to return, it rapidly became clear that the majority of those who came forward had health issues and were not able to work in the nursing homes. Action: NHS to create a bank of local nursing staff to support the nursing homes. Actions: DHSC to underwrite insurance liabilities, especially if NHS clinical staff have to provide support in residential care homes. This is a national issue.

Please add any further comments you feel would be useful in expanding on your response.

Residential care - older people

3. Your response to Question 1 indicated that you are somewhat concerned about the ability of the local care market for residential care for older people to provide the capacity needed between now and the end of March 2021, and expect serious challenges which may compromise your council's ability to ensure continuity of care between now and the end of March 2021.

In thinking about your response to Question 1, please could you indicate below what scale of change you feel would precipitate a tipping point, beyond which the council's ability to ensure service continuity and/or secure alternative provision where needed for that service area would be critically compromised. The type of change could be due to increased demand, reduced access to provision or a combination of both. This includes the provision for both council commissioned services and self-funded care.

In your opinion what is the scale of change that would lead to a tipping point between now and the end of March 2021?

Net reduction in availability of suitable provision of less than 10%

Net reduction in availability of suitable provision of between 10 - 20%

Net reduction in availability of suitable provision of over 20%

Other trigger point (please specify in the box below)

What do you anticipate would be the most likely cause of the net reduction that would lead to a tipping point between now and the end of March 2021?

Predominantly due to increased demand for support

Predominantly due to a decrease in access to suitable provision

A combination of increased demand and a decrease in access to suitable provision

Other trigger point (please specify in the box below)

What support or actions do you feel are necessary? Please include any details of actions needed now, and/or at the tipping point.

Although the authority has identified an emergency (non-clinical) workforce, this would only be able to support 10% of the residential homes. However, with current high void levels of 25% across this sector, it may be possible for the homes to continue to operate with reduced staffing numbers due to low occupancy. Support: Support may be needed, especially staff who could provide personal care.

Please add any further comments you feel would be useful in expanding on your response.

Residential care - working age adults

3. Your response to Question 1 indicated that you are somewhat concerned about the ability of the local care market for residential care for working age adults to provide the capacity needed between now and the end of March 2021, and expect serious challenges which may compromise your council's ability to ensure continuity of care between now and the end of March 2021.

In thinking about your response to Question 1, please could you indicate below what scale of change you feel would precipitate a tipping point, beyond which the council's ability to ensure service continuity and/or secure alternative provision where needed for that service area would be critically compromised. The type of change could be due to increased demand, reduced access to provision or a combination of both. This includes the provision for both council commissioned services and self-funded care.

In your opinion what is the scale of change that would lead to a tipping point between now and the end of March 2021?

Net reduction in availability of suitable provision of less than 10%



Net reduction in availability of suitable provision of between 10 - 20%



Net reduction in availability of suitable provision of over 20%



Other trigger point (please specify in the box below)



What do you anticipate would be the most likely cause of the net reduction that would lead to a tipping point between now and the end of March 2021?

Predominantly due to increased demand for support



Predominantly due to a decrease in access to suitable provision



A combination of increased demand and a decrease in access to suitable provision



Other trigger point (please specify in the box below)



What support or actions do you feel are necessary? Please include any details of actions needed now, and/or at the tipping point.

The number of vacant placements for this cohort is fairly low, therefore it would be difficult to secure alternative provision in the city, which may mean that individuals would have to be placed out of area. Support: Access to specialist workforce. Whilst the authority has identified a (non-clinical) workforce to support older persons care homes, this cohort are likely to need staff who have experience in dealing with individuals with complex/challenging behaviours.

Please add any further comments you feel would be useful in expanding on your

response.

Home care

3. Your response to Question 1 indicated that you are slightly concerned about the ability of the local care market for home care to provide the capacity needed between now and the end of March 2021, and expect serious challenges between now and the end of March 2021, but are confident that these will be addressed through your plans to ensure continuity of care is not compromised.

In thinking about your response to Question 1, please could you indicate below what scale of change you feel would precipitate a tipping point, beyond which the council's ability to ensure service continuity and/or secure alternative provision where needed for that service area would be critically compromised. The type of change could be due to increased demand, reduced access to provision or a combination of both. This includes the provision for both council commissioned services and self-funded care.

In your opinion what is the scale of change that would lead to a tipping point between now and the end of March 2021?

Net reduction in availability of suitable provision of less than 10%

Net reduction in availability of suitable provision of between 10 - 20%

Net reduction in availability of suitable provision of over 20%

Other trigger point (please specify in the box below)

What do you anticipate would be the most likely cause of the net reduction that would lead to a tipping point between now and the end of March 2021?

Predominantly due to increased demand for support

Predominantly due to a decrease in access to suitable provision

A combination of increased demand and a decrease in access to suitable provision

Other trigger point (please specify in the box below)

What support or actions do you feel are necessary? Please include any details of actions needed now, and/or at the tipping point.

Whilst the local authority has introduced 'spot' purchase arrangements to supplement its designated framework of home care providers, if a large number of discharges occur and the infection rate of home care workers increases to beyond 20%, this will create a capacity problem. Support: Non-clinical staff, especially those able to deliver personal care, would be required.

Please add any further comments you feel would be useful in expanding on your response.

Home based reablement

3. Your response to Question 1 indicated that you are not at all concerned about the ability of the local care market for home based reablement to provide the capacity needed between now and the end of March 2021, and given current knowledge, intelligence and plans you don't expect to face a crisis or serious challenges in relation to continuity of care before the end of March 2021.

What support or actions do you feel are necessary? Please include any details of actions needed now, and/or at the tipping point.

At present, the Council's in-house reablement service has capacity to support increased hospital discharges, by moving from a 6-week reablement period to 2 weeks. This also includes the prioritisation of cases. This has created an additional 250 hours per week of capacity, which could be increased further by the use of overtime to support failing care providers. However, the authority is still awaiting confirmation from its insurers that Council staff can work in privately-owned establishments. This reflects a growing concern at the reluctance of insurers to take on exposure in the market, due to the perceived risks.

Please add any further comments you feel would be useful in expanding on your response.

Supported living or extra care housing

3. Your response to Question 1 indicated that you are slightly concerned about the ability of the local care market for supported living or extra care housing to provide the capacity needed between now and the end of March 2021, and expect serious challenges between now and the end of March 2021, but are confident that these will be addressed through your plans to ensure continuity of care is not compromised.

In thinking about your response to Question 1, please could you indicate below what scale of change you feel would precipitate a tipping point, beyond which the council's ability to ensure service continuity and/or secure alternative provision where needed for that service area would be critically compromised. The type of change could be due to increased demand, reduced access to provision or a combination of both. This includes the provision for both council commissioned services and self-funded care.

In your opinion what is the scale of change that would lead to a tipping point between

In your opinion, what is the scale of change that would lead to a tipping point between now and the end of March 2021?

Net reduction in availability of suitable provision of less than 10%

Net reduction in availability of suitable provision of between 10 - 20%

Net reduction in availability of suitable provision of over 20%

Other trigger point (please specify in the box below)

What do you anticipate would be the most likely cause of the net reduction that would lead to a tipping point between now and the end of March 2021?

Predominantly due to increased demand for support

Predominantly due to a decrease in access to suitable provision

A combination of increased demand and a decrease in access to suitable provision

Other trigger point (please specify in the box below)

What support or actions do you feel are necessary? Please include any details of actions needed now, and/or at the tipping point.

Support: Access to specialist support, whilst the authority has identified a (non-clinical) workforce to support older persons, this cohort are likely to need staff who have experience of dealing with individuals with complex/challenging behaviours.

Please add any further comments you feel would be useful in expanding on your response.

Support provided through direct payments

3. Your response to Question 1 indicated that you are somewhat concerned about the ability of the local care market for support provided through direct payments to provide the capacity needed between now and the end of March 2021, and expect serious challenges which may compromise your council’s ability to ensure continuity of care between now and the end of March 2021.

Support provided through direct payments

3. Your response to Question 1 indicated that you are slightly concerned about the ability of the local care market for support provided through direct payments to provide the capacity needed between now and the end of March 2021, and expect serious challenges between now and the end of March 2021, but are confident that these will be addressed through your plans to ensure continuity of care is not compromised.

In thinking about your response to Question 1, please could you indicate below what scale of change you feel would precipitate a tipping point, beyond which the council’s ability to ensure service continuity and/or secure alternative provision where needed for that service area would be critically compromised. The type of change could be due to increased demand, reduced access to provision or a combination of both. This includes the provision for both council commissioned services and self-funded care.

In your opinion what is the scale of change that would lead to a tipping point between now and the end of March 2021?

Net reduction in availability of suitable provision of less than 10%

Net reduction in availability of suitable provision of between 10 - 20%

Net reduction in availability of suitable provision of over 20%

Other trigger point (please specify in the box below)

What do you anticipate would be the most likely cause of the net reduction that would lead to a tipping point between now and the end of March 2021?

Predominantly due to increased demand for support

Predominantly due to a decrease in access to suitable provision

A combination of increased demand and a decrease in access to suitable provision

Other trigger point (please specify in the box below)

What support or actions do you feel are necessary? Please include any details of actions needed now, and/or at the tipping point.

Greater market intelligence is needed to understand this sector, as the authority is not confident that it has enough data at this time on where individuals are spending their DP, so it is not possible to undertake a risk assessment to determine what is needed. Action: to create and survey individuals using a DP and to complete an analysis of the data to understand what is needed for this cohort.

Please add any further comments you feel would be useful in expanding on your

response.

Community Opportunities/Day Care

3. Your response to Question 1 indicated that you are somewhat concerned about the ability of the local care market for Community Opportunities/Day Care to provide the capacity needed between now and the end of March 2021, and expect serious challenges which may compromise your council's ability to ensure continuity of care between now and the end of March 2021.

In thinking about your response to Question 1, please could you indicate below what scale of change you feel would precipitate a tipping point, beyond which the council's ability to ensure service continuity and/or secure alternative provision where needed for that service area would be critically compromised. The type of change could be due to increased demand, reduced access to provision or a combination of both. This includes the provision for both council commissioned services and self-funded care.

In your opinion what is the scale of change that would lead to a tipping point between now and the end of March 2021?

Net reduction in availability of suitable provision of less than 10%

Net reduction in availability of suitable provision of between 10 - 20%

Net reduction in availability of suitable provision of over 20%

Other trigger point (please specify in the box below)

What do you anticipate would be the most likely cause of the net reduction that would lead to a tipping point between now and the end of March 2021?

Predominantly due to increased demand for support

Predominantly due to a decrease in access to suitable provision

A combination of increased demand and a decrease in access to suitable provision

Other trigger point (please specify in the box below)

What support or actions do you feel are necessary? Please include any details of actions needed now, and/or at the tipping point.

Community Opportunities/Day care provides activities to a range of vulnerable individuals. Although a reduced service has been maintained over the last few months, there are more incidents of individuals going into crisis and ending up in specialist hospitals, especially those with complex and challenging behaviours. The tipping point would be a loss of 15% of existing providers. Action: Weekly testing of care staff and additional funding to ensure the viability of providers.

Please add any further comments you feel would be useful in expanding on your response.

Emergency Respite

3. Your response to Question 1 indicated that you are somewhat concerned about the ability of the local care market for Emergency Respite to provide the capacity needed between now and the end of March 2021, and expect serious challenges which may compromise your

council's ability to ensure continuity of care between now and the end of March 2021.

In thinking about your response to Question 1, please could you indicate below what scale of change you feel would precipitate a tipping point, beyond which the council's ability to ensure service continuity and/or secure alternative provision where needed for that service area would be critically compromised. The type of change could be due to increased demand, reduced access to provision or a combination of both. This includes the provision for both council commissioned services and self-funded care.

In your opinion what is the scale of change that would lead to a tipping point between now and the end of March 2021?

Net reduction in availability of suitable provision of less than 10%

Net reduction in availability of suitable provision of over 20%

Net reduction in availability of suitable provision of over 20%

Other trigger point (please specify in the box below)

What do you anticipate would be the most likely cause of the net reduction that would lead to a tipping point between now and the end of March 2021?

Predominantly due to increased demand for support

Predominantly due to a decrease in access to suitable provision

A combination of increased demand and a decrease in access to suitable provision

Other trigger point (please specify in the box below)



What support or actions do you feel are necessary? Please include any details of actions needed now, and/or at the tipping point.

Demand for respite for emergency/crisis support is increasing, due to carer breakdown at a time when the providers of (predominately) residential care for WAA are reluctant to take individuals without a negative covid test. This has resulted in individuals being admitted to specialist hospital provision instead. Action: fast track testing for individuals needing an emergency placement.

Please add any further comments you feel would be useful in expanding on your response.

Section 2 - Contingency Planning

The purpose of this question is to understand the specific steps councils have taken in relation to policy and practice, to prepare for provider service change or closure.

4. To what extent do you have in place or use the following measures, plans and contingency approaches to reduce the risks to continuity of care from provider failure?

Please provide a number between 1 and 3 for each measure and for each type of care, where the numbers signify the following:

- 1- The measure is in place within the service area **to a great extent.**
- 2- The measure is in place within the service area **to a moderate extent.**
- 3- The measure is in place within the service area **to a small extent.**

Please leave any of the boxes blank where the measure is not in place at all within the service area. Where a measure has been used in different service

areas, please use the numbers to help differentiate the scale of support provided.

a. Local authority funded care and support

Nursing care

Financial support

Use of IPC funding

Other financial support

Non-financial support

Contractual support

Other support

Access to provision

Access to additional provision

Changes to how people are supported

Other (please specify)

Residential care - older people

Financial support

Use of IPC funding

Other financial support

Non-financial support

Contractual support

Other support

Access to provision

Access to additional provision

Changes to how people are supported

Other (please specify)

Community Opportunities

Residential care - older people

Residential care - working age adults

Financial support

Use of IPC funding

2

Other financial support

3

Non-financial support

Contractual support

1

Other support

1

Access to provision

Access to additional provision

3

Changes to how people are supported

1

Other (please specify)

Community Opportunities

Home care

Financial support

Use of IPC funding

2

Other financial support

3

Non-financial support

Contractual support

1

Other support

1

Access to provision

Access to additional provision

1

Changes to how people are supported

1

Other (please specify)

Community Opportunities

Community Opportunities

Home care

Home based reablement

Financial support

Use of IPC funding

Other financial support

Non-financial support

Contractual support

Other support

Access to provision

Access to additional provision

Changes to how people are supported

Other (please specify)

Community Opportunities

Supported living or extra care housing

Financial support

Use of IPC funding

Other financial support

Non-financial support

Contractual support

Other support

Access to provision

Access to additional provision

Changes to how people are supported

Other (please specify)

Community Opportunities

Supported living or extra care housing

Support provided through direct payments

Financial support

Use of IPC funding

2

Other financial support

3

Non-financial support

Contractual support

1

Other support

1

Access to provision

Access to additional provision

2

Changes to how people are supported

1

Other (please specify)

Community Opportunities

b. Self-funded care

Nursing care

Financial support

Use of IPC funding

1

Other financial support

3

Non-financial support

Contractual support

1

Other support

1

Access to provision

Access to additional provision

2

Changes to how people are supported

2

Other (please specify)

Community Opportunities

Nursing care

Residential care - older people

Financial support

Use of IPC funding

1

Other financial support

3

Non-financial support

Contractual support

1

Other support

1

Access to provision

Access to additional provision

2

Changes to how people are supported

2

Other (please specify)

Community Opportunities

Residential care - working age adults

Financial support

Use of IPC funding

1

Other financial support

3

Non-financial support

Contractual support

1

Other support

1

Access to provision

Access to additional provision

2

Changes to how people are supported

2

Other (please specify)

Community Opportunities

Residential care - working age adults

Home care

Financial support

Use of IPC funding

1

Other financial support

3

Non-financial support

Contractual support

2

Other support

1

Access to provision

Access to additional provision

1

Changes to how people are supported

2

Other (please specify)

Community Opportunities

Home based reablement

Financial support

Use of IPC funding

Other financial support

1

Non-financial support

Contractual support

Other support

1

Access to provision

Access to additional provision

1

Changes to how people are supported

1

Other (please specify)

Community Opportunities

Community Opportunities

Home based reablement

Supported living or extra care housing

Financial support

Use of IPC funding

1

Other financial support

3

Non-financial support

Contractual support

1

Other support

1

Access to provision

Access to additional provision

3

Changes to how people are supported

2

Other (please specify)

Community Opportunities

Support provided through direct payments

Financial support

Use of IPC funding

1

Other financial support

3

Non-financial support

Contractual support

2

Other support

1

Access to provision

Access to additional provision

2

Changes to how people are supported

2

Other (please specify)

The purpose of this question is to understand the steps the council has taken in developing their contingency plans and, crucially, partners' involvement.

5. (a) What policy and practice arrangements do you have in place in the event where a provider closes, or alternative provision needs to be made for other reasons?

This includes the provision for both council commissioned services and self-funded care

	People supported through council commissioned care			People supported through self-funded care		
	Yes, already in place	Arrangements in progress	No, not in place	Yes, already in place	Arrangements in progress	No, not in place
Policy (e.g. transfer arrangements)	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Partnership (e.g. data sharing agreement with providers)	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other (please specify) <input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

5. (b) Please add any further comments as necessary to expand on your responses to 5. (a) above.

The Council already has established provider failure plans in place, including a dedicated team to provide emergency support for commissioned and non-commissioned services. The team works in a multi-disciplinary approach with NHS colleagues, CQC and other stakeholders to identify poor care practice and to support improvements. Where providers are not able to respond to immediate concerns due to staff shortages or appropriate management oversight, the Council is able to deploy its in-house reablement service for up to 72 hours to ensure the provision of safe care. After this time, the Council would expect the provider to make alternative arrangements. Where this is not possible, the authority has a multi-agency policy in place to ensure the safe closure and transfer of

the authority has a multi-agency policy in place to ensure the safe closure and transfer of residents to other facilities. Latterly, the Council's plans have been enhanced to reflect a whole systems approach to provider failure, which has been agreed via the Incident Management Team structure. The enhanced Provider Failure Contingency Plan incorporates the 2 neighbouring authorities (Leicestershire & Rutland) to create a Leicester, Leicestershire & Rutland (LLR) response, which is underpinned by a Memorandum Of Understanding (pending approval) and encompasses the corresponding LLR health footprint. In terms of the Council's workforce being able to operate in privately-owned establishments, there has been an concern raised, due to insurance indemnity issues. The authority is currently awaiting confirmation from its insurers that council staff can continue with these arrangements if required.

The purpose of this question is to understand the council's view of risk to service continuity, in light of the actions they are taking.

6. To what extent have the following local or partnership arrangements for managing and responding to risks been part of your contingency planning approach?

	To a great extent	To a moderate extent	To a small extent	Not at all
Working with partners (e.g. other councils, the region, service users, providers, Healthwatch, HWB, LRF)	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Information and intelligence (e.g. regional market intelligence, CQC, safeguarding, QA, etc.)	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other (please specify) <input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

6. (b) Please add any further comments as necessary to expand on your responses above.

The authority has established networks and systems in place for identifying risk with providers. This includes a risk based tool, which uses a range of data and local intelligence (including safeguarding alerts) to create a risk score for each facility, this in turn triggers appropriate interventions. The Council also works closely with CQC, NHS and neighbouring authorities to share local intelligence and information relating to facilities where concerns have been raised. The local Healthwatch service has also been involved in quality assurance visits to local care homes. The Incident Management Team (IMT), which operates across the LLR health and social care footprint meets on a twice-weekly basis to share information about infection rates for residents and staff and the providers markets resilience to staff reductions. Infection rates and positivity are collected by the City Council for each care home, which enables oversight and comparison between care homes in Leicester and the targeting of additional support. The IMT structure is also underpinned by a number of cells, which include staff from across Leicester, Leicestershire & Rutland, NHS, provider representatives and Public Health. The cells include Social Care & Education, Care Homes, Testing and the PPE. Information relating to the infection rates across all the provider services are shared with the City Mayor and Executive on a daily basis to ensure they are fully appraised of the impact of covid on the local care market in Leicester. The authority is also part of the ADASS regional market resilience monitoring group and is able to share learning and good practice across authorities.

Section 3 - Support

The purpose of this question is to give councils an opportunity to highlight the three issues of greatest concern and explain likelihood, timing and support plans.

7. (a) What are the three most significant issues that cause you concern as a risk to your ability to deliver on Care Act responsibilities / continuity of care between now and the end of March 2021?

Please describe below the issues that cause you most concern.

	How confident are you that your mitigation and contingency plans will minimise / address this risk?			
	Very confident	Fairly confident	Not very confident	Not at all confident
Issue 1 (please specify)				

Provider failure due to financial collapse	How confident are you that your mitigation and contingency plans will minimise / address this risk?			
Issue 2 (please specify)	Very confident	Fairly confident	Not very confident	Not at all confident
Provider failure due to loss of workforce	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Issue 3 (please specify)				
Quality and Safeguarding incidents not being identified	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>

	Please describe the point at which you would consider this issue to be a critical point? (i.e. beyond which there is a significant risk to continuity of care)	What support or actions do you feel are necessary? Please include any details of actions needed now, and/or at the critical point
Issue 1 (please specify) Provider failure due to financial collapse	Where the scale of financial failure in the market outweighs demand	National funding solutions, not limited to the ICP grant which has restrictive conditions. If failure occurs then it would require a regional response
Issue 2 (please specify) Provider failure due to loss of workforce	This will occur if the loss of the workforce is on a large scale. i.e several providers not able to operate due to the lack of staff self isolating	Insurance issue to be resolved nationally
Issue 3 (please specify) Quality and Safeguarding incidents not being identified	A significant increase in safeguarding incidents and loss of confidence in the system	CQC to undertake more inspections. Exemptions by DHSC to allow in-person quality monitoring visits in lock down areas.

7. (b) Council narrative - Please provide a narrative that reflects the situation in your local area, particularly highlighting any points you feel have not already been covered in previous responses.

1. Financial impact on the market - The council has worked closely with the care market to establish the fair cost of care and to set fees. However, the care home sector has raised concerns about decreasing demand for beds and increasing cost associated with covid beyond ending of the ICP grant. In Leicester there are also 25% of all residential care beds for older people vacant. Whilst the authority accepts the future for care homes will be subject to market forces, there is the risk that this might potentially reduce the quality of care, if the market shrinks and there is a limited number of placements. 2. Provider failure due to loss of workforce - whilst the council is able to use its in-house reablement service to cover staffing shortages with its own staff who are able to provide personal care, if a number of care homes have staff losses at the same time this may not be possible. If this was the case then a request could be made to the local home care market for support, but their ability to respond would be dependent on their staffing levels. 3. Quality and Safeguarding incidents may not be identified - with Leicester having been in lockdown since March to early October, it has not been possible for the council to undertake its normal level of quality assurance visits across the care sector. It has also been noted that the number of safeguarding reports have reduced, which is indicative of the different professionals and family members not being able to visit the care homes in the city. With the recent easements, quality visits will commence, but these will be limited to basic hygiene standards, rather than focussing on the individuals experience.

The purpose of this question is to understand what type of support a council would most want and when this may be required.

8. (a) What further support would you want to see in place to help you deal with the expected service continuity challenges between now and the end March 2021?

Please include support from, for example the Care and Health Improvement Programme (CHIP), including the LGA and ADASS, neighbouring councils and others within your region, the Department for Health and Social Care. If there is a specific delivery channel that is not clear in the type of support detailed, please expand in the comments alongside.

When will this support be needed?				Additional comments
Needed urgently	Needed within the next three months	Needed in response to a specific event (e.g. a tipping point)	Not needed	Please provide any comments to expand on this if needed

	When will this support be needed?				Additional comments
	<input checked="" type="radio"/> Needed urgently	<input type="radio"/> Needed within the next three months	<input type="radio"/> Needed in response to a specific event (e.g. a tipping point)	<input type="radio"/> Not needed	
Legislative (e.g. Market oversight)	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	If social care had a long term funding solution, we would not be as vulnerable. Reform is urgently needed
Flexible funding	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	To make IPC grants less restrictive
Peer support	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	In place via ADASS, IMT structure and the LRF
Market Intelligence	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	Request a resource to analyse provider data on regional and sub regional level. It is important to understand the footprint that providers work across
Other (please specify)	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	To agree a consistent and reliable data capture system across the country
Capacity Tracker					

8. (b) Please add any further general comments as necessary to expand on your responses above.

Legislative - if CQC were able to provide more oversight of quality and financial sustainability of provider services, it would reduce the burden on local authorities to undertake this role. Funding - the guidance for the recent IPC grants are even more restrictive and some local providers have indicated they may refuse to accept the monies due to the onerous reporting requirements (i.e. monthly returns). This situation could destabilise the market, at a time when the council needs providers to support hospital discharges and to provide safe services. Capacity tracker - whilst Leicester City Council has developed its own intelligence tracker, which enables oversight of infection rates, availability of staff, PPE levels etc, a consistent data capture system across the country would enable the city to learn good practice and compare its response and support to the care sector.

You have reached the end of this self-assessment. Please tick the box below to indicate that this self-assessment has been signed off by your Director of Adult Social Services (DASS) and your Chief Executive.

Yes, the Director of Adult Social Services (DASS) has signed off this self-

Yes, the Director of Adult Social Services (DASS) has signed off this self-assessment.



Yes, the Chief Executive has signed off this self-assessment.



Once you press the 'Submit' button below, you will have completed the survey. You will then be shown an automatically generated summary of your response, which you will be able to download as a pdf.

Once you have submitted this form you will no longer be able to modify your response. If you submit the form and would like to make a further change, please contact us at adass.lga.covid@local.gov.uk to have your response reopened.

Many thanks for taking the time to complete this self-assessment. You are in control of any personal data that you have provided to us in your response. You can contact us at all times to have your information changed or deleted. You can find our full privacy policy here: [click here to see our privacy policy](#)