Leicester
City Council

MEETING OF THE ADULT SOCIAL CARE SCRUTINY COMMISSION

DATE: TUESDAY, 10 NOVEMBER 2020
TIME: 5:30 pm
PLACE: Virtual Meeting using Zoom

Members of the Committee

Councillor Joshi (Chair)
Councillor March (Vice-Chair)

Councillors Batool, Kaur Saini, Kitterick and Thalukdar

One unallocated Labour group place
One unallocated non-group place

Standing Invitee (Non-voting)

Representative of Healthwatch Leicester

Members of the Committee are invited to attend the above meeting to consider the items of business listed overleaf.

For Monitoring Officer

Officer contacts:

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PUBLIC SESSION

AGENDA

LIVE STREAM OF MEETING

A live stream of the meeting can be viewed on Zoom using the following YouTube Link:

https://www.youtube.com/channel/UCddTWo00_gs0cp-301XDbXA

1. APOLOGIES FOR ABSENCE

2. DECLARATIONS OF INTEREST

Members are asked to declare any interests they may have in the business to be discussed.

3. MINUTES OF THE PREVIOUS MEETING **Appendix A (Pages 1 - 12)**

The minutes of the meeting of the Adult Social Care Scrutiny Commission held on 8 September 2020 have been circulated and the Commission is asked to confirm them as a correct record.

4. PETITIONS

The Monitoring Officer to report on any petitions received.

5. QUESTIONS, REPRESENTATIONS AND STATEMENTS OF CASE

The Monitoring Officer to report on any questions, representations or statements of case.

6. LEICESTERSHIRE COUNTY CARE LIMITED (LCCL) - VERBAL UPDATE

The Strategic Director, Social Care and Education, will provide an verbal update to the Adult Social Care Scrutiny Commission on Leicestershire County Care Limited (LCCL).

7. SUPPORT FOR CARERS AND CARER STRATEGY UPDATE **Appendix B (Pages 13 - 24)**

The Strategic Director Social Care and Education submits a report to provide the Scrutiny Commission with an update on the Joint Social Care and Health Recognising, Valuing and Supporting Carers in Leicester, Leicestershire and Rutland Carer Strategy – 2018 to 2021. The report also provides an update on the support that has been provided to carers during the Covid-19 pandemic. A presentation will be delivered at the meeting.

The Adult Social Care Scrutiny Commission is recommended to note the content of the report and are invited to provide comment and feedback to the Strategic Director and Executive. The Commission is also recommended to note the report is to be shared with the Children's Social Care Scrutiny Commission.

8. ADULT SOCIAL CARE WINTER PLAN AND SELF-ASSESSMENT QUESTIONNAIRE - SERVICE CONTINUITY & CARE MARKET REVIEW 2020/21 **Appendix C (Pages 25 - 74)**

The Strategic Director Social Care and Education submits a report to provide the Adult Social Care Scrutiny Commission with an overview of the winter planning requirements and the completion of a Self-Assessment Questionnaire regarding service continuity and care market review as required by the Department of Health and Social Care.

The Adult Social Care Scrutiny Commission is recommended to note the Council's response to the Winter Plan and to provide comment and feedback to the Strategic Director and Executive. The Commission Members are also asked to note the Council's response to the Service Continuity and Care Market Review self-assessment questionnaire.

9. REABLEMENT SERVICE: RESPONSE TO COVID-19 AND WINTER RESILIENCE **Appendix D (Pages 75 - 82)**

The Strategic Director Social Care and Education submits a supplementary report to the Winter Plan to the Scrutiny Commission which highlights the specific issues for the Reablement Services operated by Leicester City Council, arising from the Covid-19 pandemic and winter resilience planning.

The Adult Social Care Scrutiny Commission is recommended to note the content of the report and are invited to provide comment and feedback to the Strategic Director and Executive.

10. ANY OTHER URGENT BUSINESS

Appendix A

Leicester
City Council

Minutes of the Meeting of the
ADULT SOCIAL CARE SCRUTINY COMMISSION
(Virtual Microsoft Teams Meeting)

Held: TUESDAY, 8 SEPTEMBER 2020 at 4:00 pm

P R E S E N T:

Councillor Joshi (Chair)
Councillor March (Vice Chair)

Councillor Batool
Councillor Kaur Saini
Councillor Kitterick
Councillor Thalukdar

In Attendance

Councillor Russell – Deputy City Mayor, Social Care and Anti-Poverty

Also Present

Matt Errington – Locality Manager (Midlands), Skills for Care

* * * * * * * *

65. APOLOGIES FOR ABSENCE

There were no apologies for absence.

The Chair welcomed everyone to the meeting, and reminded everyone it was a virtual meeting, as permitted under Section 78 of the Coronavirus Act 2020 to enable meetings to take place whilst observing social distancing measures. The procedure for the meeting was outlined to those present. At the invitation of the Chair, all officers present at the meeting introduced themselves.

66. DECLARATIONS OF INTEREST

Members were asked to declare any interests they had in the business on the agenda.

Councillor Joshi declared an Other Disclosable Interest in that his wife worked for the Reablement Team at Leicester City Council.

In accordance with the Council's Code of Conduct, the interest was not

considered so significant that it was likely to prejudice the Councillor's judgement pf the public interest. Councillor Joshi was not, therefore, required to withdraw from the meeting during consideration and discussion of the agenda items.

67. MINUTES OF THE PREVIOUS MEETING

Minute 61. Adult Social Care – Response to Covid-19, Action 3.
Users of the service had not been cross referenced with Liquid Logic, but all on the list had been contacted to ensure they were still receiving support.

Minute 63. Revision to Adult Social Care Charging Policy
The Scrutiny Commission had agreed that Option 1 be taken as the agreed option from the report to maintain the status quo. Members asked to be kept updated on this topic.

The Chair and Members of the Scrutiny Commission thanked the Executive for listening to scrutiny and were grateful for making the decision to continue with the status quo until such time things changed post Covid-19 time.

AGREED:

That the minutes of the meeting of Adult Social Care Scrutiny Commission held on 30th June 2020 be confirmed as a correct record.

68. PETITIONS

The Monitoring Officer reported that no petitions had been received.

69. QUESTIONS, REPRESENTATIONS AND STATEMENTS OF CASE

The Monitoring Officer reported that no questions, representations or statements of case had been received.

70. ADULT SOCIAL CARE - RESPONSE TO COVID-19 CARE HOME TESTING

The Strategic Director Social Care and Education submitted a report which provided the Commission with an overview of the testing regime for the local residential and nursing care homes in Leicester and provided a snapshot of the infection rates and number of deaths associated with Covid-19. Members were recommended to note the report and provide and comments and feedback to the Strategic Director and Executive.

Martin Samuels, Strategic Director Social Care and Education, introduced the report. It was reported that Adult Social Care had looked at a range of options in terms of protecting care homes that had become national policy. The report also set out the number of care homes in the city and what types of support were provided and age ranges.

Members were asked to note that in summary, what had been found was a

steadily reducing rate of infection in care homes. Details showed that when care homes were first tested in late spring infection rates in staff and residents were at 2.75% and 4.27% respectively and numbers were reported at .5% (staff) and 1% (residents) at the beginning of July.

The Strategic Director took the opportunity to mark the considerable efforts made by staff in care homes and in their home lives, and their hard work was reflected in the mortality rate in care homes, the number of infection rates coming down and the small number of residents who had been hospitalised. It was noted there had been logistical issues in delivering the national scheme and staff were conscious of the impact on the quality of life for residents and cares, for example, people had not been able to visit loved ones.

Tracie Rees, Director of Adult Social Care and Commissioning informed the Scrutiny Commission that the authority contacted care homes at least once a week and an intelligence tracker had been developed by the Council to identify emerging issues and trends. Information and training on infection control had been provided, and homes supported through the testing process. The use of smart phones had also enabled family members to connect with loved ones. Plans were also in place to support initial testing of residents in the 18 supported living schemes in the city. Mass testing had not been progressed with domiciliary care as Public Health had advised that workers could access community testing.

The Chair stated he was pleased to hear there had been no deaths in older people since 21st July and wanted to thank the staff in care homes and council staff for their commitment and for working hard to reduce infection rates.

In response to Members' questions and observations, the following points were made:

- Initially the Ranox testing kits had been put to one side as there were questions regarding their safety, and the subsequent withdrawal of these test kits had led to some delays. Issues had now been resolved. It was reported that issues were starting to arise in terms of the results of tests being provided, with waits of over a week in some cases. This had become a national issue over the last few weeks, with some staff taking another test before results of the previous test were known. Figures shown were for staff who were asymptomatic, as staff with symptoms would be referred to other testing routes.
- Also, it was reported there were delays in labs, and on occasion some samples going out of date as they were time limited. The Strategic Director sat on the national advisory group and testing group on behalf of the Association of Directors of Adult Social Care Services (ADASS), and issues were being flagged with the national team. Homes were being encouraged to test on a Friday or Saturday when labs seemed to have more capacity.
- The frequency of testing policy had been introduced at a time when Leicester had a high number of cases. As Leicester when down to low positivity rates, thought would be given to the frequency of testing, but the key question was at what point in the infection rate should proactive testing

be stopped, and there was almost a Human Rights issue whether it was appropriate to subject people to an unpleasant testing experience in a situation where it was thought the prevalence of an infection rate was so low they would almost certainly not be positive, and the testing regime was placing a heavy burden on care homes. The decision to end testing would be a national one and advice would be sought from Public Health when needed.

- The report showed that slightly more than half of staff were tested each week, but it was unclear if it was the same staff members or different staff due to shift patterns, as the national system had no way of identifying this. Although the authority collected data from care homes directly this was only able to establish how many staff were tested, not which staff. It was noted that care homes received no additional funding for testing. If staff were called in for a test on their day off, it was not unreasonable for them to want to be paid. Further analysis would be undertaken on the data being received to find out what proportion of staff were being tested.
- Emergency PPE was available from the Local Resilience Forum for distributing, but the arrangement was about to stop nationally.
- With regards to care home culture and infection rate links, the authority mapped homes across the city and good intelligence was gathered. It was reported there was no evidence to link the culture in a home with Covid-19 outbreaks.
- At 4.8 in the report it was queried why the number of homes reported upon reduced from 135 to 103 in week 32. It was noted that when data was first collected in the lockdown areas it had included part of the county, which then switched in week 32 to reporting on city care homes only.

Councillor Russell, Deputy City Mayor, Social Care and Anti-Poverty gave recognition to the data collected by the authority to enable the reporting of information on infection rates daily. It was noted that the team had been working closely with care homes and had developed positive and constructive relationships but needed to continue to challenge care homes when required to. Councillor Russell want to place on record her thanks to the team who had worked tirelessly with the care homes.

The Chair commented that with all the work done so far, the authority was well prepared for the coming winter months. He asked that it be put on record the thanks and gratitude from the Commission be passed on to all the staff involved in ensuring infection rates were kept low, and the testing regime was strictly adhered to.

The Chair recommended that the report be noted and also recommended that a detailed report be presented to the Commission at a future meeting as stated at 2.5 in the Commission report.

AGREED:

that:

1. The report and comments by the Scrutiny Commission be noted;
2. A further detailed report on testing for supported living be

presented to a future meeting of the Commission.

71. LEICESTERSHIRE COUNTY CARE LIMITED (LCCL) - UPDATE

The Chair agree to hear the agenda items out of order and took the following report next.

The Strategic Director Social Care and Education submitted a report which provided the Commission Members with an update on the proposal made by Leicestershire County Care Limited (LCCL) to change the Terms and Conditions of staff that had transferred from the Council's employment in 2015. Members were recommended to note the report and provide and comments and feedback to the Strategic Director and Executive.

It was noted that Members had received a report on the situation at the last meeting of the Commission on 30th June 2020, whereby it was believed LCCL were at the end of their consultation process with staff members. It was reported that subsequently the LCCL had imposed new terms and conditions, and officers were of the understanding from Unison that those staff affected did sign new contracts on 4th July 2020. There had been no staffing issues raised, and checks had been made to ensure there were adequate staffing levels. It was further noted that the terms and conditions imposed on them were still better than those commonly used in the care home system, though it was pointed out that terms and conditions across the sector were below the standard that officers believed was required to reflect the demands of the work.

Members had previously been informed of a request from LCCL to defer a capital payment. The Council had responded by asking LCCL to defer the change to terms and conditions, with no response given. Therefore, the remainder payment to the Council for the sale of the home was expected on the existing timetable at the end of October 2020 and no extension would be granted.

Members raised concern that standards would decline over a period of time, and asked for a recommendation that officers keep a watching brief on the deferral of payment, and that the care homes be monitored in twelve months-time to see if there had been any long-term implication on the change of conditions and staff turnover.

Councillor Russell, Deputy City Mayor, Social Care and Anti-Poverty stated that the LCCL had not approached the Council again for a deferral in payment. It was noted that the previous report had mentioned the regular checks made by the Quality Team, and that contact with Unison would be maintained and staff would continue to be supported. It was agreed that an update report on payment and quality of care would be brought back to the Commission at a future meeting.

It was also asked if the guise of choice of care was a misnomer and an aspiration. Councillor Russell agreed that choice could be a misnomer, but that personal funds dictated what choice people did or did not have. Tracie Rees

added that if a home was not adhering to quality checks and there were concerns, the authority could take action and in some cases in the past had terminated contracts. It was noted that moving residents was the last resort, and if required was not undertaken lightly, the preference being to work with a care home to improve standards. It was further stated that with regards to choice there were 103 care homes in the city and as a council had contracts with 99 of them, and depending on an individuals' circumstances, a person might not get first choice because of vacancies available.

Councillors asked if Essex County Council had been contacted to discuss what had happened with the care company in their area, highlighting that Essex County Council had given ECCL a reference, and since where there had been a period of failing and regulatory problems that meant 64 people had to be moved from their care setting when homes were mothballed. It was further noted that two key performance indicators that ECCL used were to monitor bed occupancy rates and the proportion of turnover spent on wage costs, and no mention of the quality of care. In response officers had not spoken to Essex, with the preference for the authority to follow its own checks but would be happy to contact Essex if Members felt it would be of benefit.

Martin Samuels apologised and left the meeting at this point due to attendance at another meeting.

The Chair stated that the saga with LCCL had been appalling and referred to discussions in previous meetings how the company had treated its staff deplorably and had been challenged on occasions. Being a private company, it was recognised the authority had done as much as it could to ensure staff welfare was considered and was confident Unison would ensure staff employee terms and conditions were also met. The Chair added the matter had been deliberated fully and most Members had voiced valid concerns as the situation had developed over the months and he agreed with Members the Commission should keep a watching brief on the company with regards to the deferral of payment. As a recommendation it was requested an update report be brought to a future meeting in 12 months' time, and for the authority to apply appropriate pressure to ensure the welfare of staff be maintained and that standards be maintained.

Councillor Kitterick asked that officers to have a conversation with Essex County Council about their experience would be valuable and should be added to the recommendation.

The Chair thanked the officers for the report.

AGREED:

1. The report and comments by the Scrutiny Commission Members be noted.
2. That an update report be brought to a future meeting of the Scrutiny Commission in 12 months' time to see if there had been any long-term implications on the change of conditions and staff turnover.

3. Officers keep a watching brief on the deferral of payment.
4. Officers to have conversation with Essex County Council about their experience with ECCL.

72. IMPACT OF COVID-19 ON DAY CARE SERVICES FOR INDIVIDUALS WITH A LEARNING DISABILITY

The Strategic Director Social Care and Education submitted a report which provided the Commission with an overview of work in progress to understand the impact of Covid-19 on individuals with a learning disability and to consider new models of support. Members were recommended to note the report and provide and comments and feedback to the Strategic Director and Executive.

Tracie Rees, Director of Adult Social Care and Commissioning introduced the report which gave a brief overview of the day care services that had had to close and the impact on service users. Points made were:

- Officers had heard and seen over the weeks the difficulties for people with learning disabilities in not undertaking their usual daily routines, and the strain it had placed on families and carers.
- With the services closed it had given officers an opportunity to see how differently the service could be provided. ADASS had appointed consultants (at no cost to the Council) to look at what was happening regionally and nationally and to present alternative models of care. Members asked for a report to be brought to a future meeting of the Commission.
- Work had started on understanding the impact on other groups who would usually attend day care or receive community-based support. A report would be brought to the Commission at a future meeting.

In response to Members questions, the following points were made:

- With regards to the pandemic effect on carers looking after vulnerable people, regular contact had been maintained with families and individuals, for example, staff from Hastings Road Day Centre had kept in regular touch through weekly calls and outreach support. Individuals had also been supported in their homes, as a means of giving carers respite, this included virtual Zoom calls and delivering activity packs to individuals which had helped to alleviate stress levels.
- It was reported there were instances where families had gone into crisis. There were very often complex health needs as well as a learning disability, and the families had been supported but it would have been better if there had been more crisis response services to prevent individuals from being admitted to hospital. Officers had worked with health colleagues to look at carer/ family breakdowns which appear to have been triggered by the lack of daily routine and social interaction, and health issues. It would be interesting to find out what had worked well and what hadn't.
- The Carers Survey was due to be completed in 2021. When the survey responses were returned, the results would be reported back to the Scrutiny Commission at a future meeting, to allow the Commission to compare models of support.

- For the 29 individuals who used Hastings Road Day Care service, outreach was offered to all families and 12 families had taken up support, where the authority's own staff had gone in and provided assistance. For the remaining families weekly calls had been made. If they had needed support they had been visited at home. During the period there was one individual who had been particularly distressed and the services had been opened up for that individual to attend a couple of hours a day to support their mental health and wellbeing, as well as offering the career respite. It was also recognised that quite a lot of carers were elderly and the authority had been conscious they too needed support.
- The Council had been working with other authorities to share good practice and to understand what options should be developed.
- Online support is offered for those with learning disabilities and complex needs, and outreach support provided by the Council ensured that assistance could be accessed by those who needed help.
- The service had also engaged the 'We Think' group, which is a group of individuals with a learning disability who acted as advocates for others.
- Carers had also been asked if they would participate in 1:1 discussions with the consultants that were undertaking work as part of the Regional and National scheme. Support would be given to carers with no access to IT.
- For practical support, sessions were also being offered through The Richmond Fellowship for people, a mental health support service the authority helped fund to support people under the current circumstances if they felt their mental health had been affected.

The Chair thanked the officer and colleagues for the report and for the questions from members.

The Chair asked Members to note the report, and that it be recommended the Consultants' Report, the report on the impact on other groups who would usually attend day care or community-based support, and information on shared good practice between authorities be added to a future report.

AGREED:

that:

1. The report and comments by the Scrutiny Commission be noted.
2. The Consultants' report for ADASS be brought to a future meeting.
3. Work on understanding the impact on other groups who would usually attend day care or community-based support be reported to Scrutiny at a later date.
4. Shared good practice between authorities to be added to a future report.

73. ADULT SOCIAL CARE WORKFORCE PLANNING - LOOKING TO THE FUTURE

The Chair introduced the Task Group report 'Adult Social Care Workforce Planning: Looking to the Future' a review that looked into the future and

reviewed the findings of workforce planning. The Chair wanted to convey his sincere thanks to the Task Group Members and Councillor March for conducting the review and producing the report which he described as informative and presented in a way that was easy to digest.

Cllr March thanked Task Group Members, Adult Social Care Officers, Nazir Hussein from the Social Care Development Group, Matt Errington from Skills for Care, and Anita Patel (Scrutiny Policy Officer) for her assistance in bringing the report together. Councillor March also thanked other people including care homes and unions that had taken part. The following points were made during the presentation of the report:

- The report highlighted the severity of a situation the authority would find itself in in 15 years' time.
- The lowlight was the authority would have to recruit 1.5 times the existing workforce again.
- There were two key recommendations highlighted:
  1/ As soon as reasonably possible, it was recommended to pay the Real Living Wage and commissioning out care at the Real Living Wage and to shape the expectation for those providing care locally around slightly higher wages.
  2/ To expedite the 2019 Manifesto commitment to sign up to the Ethical Care Charter and implement the requirements there as soon as possible.
- Other changes were recommended on moving towards better work and care, many of which were free or low cost.

Matt Errington was present from Skills for Care, a national charity funded by the Department for Health and Social Care. The following points were made:

- The meeting was informed that part of the work programme was the Adult Social Care Workforce Data Set (ASC-WDS), which historically was called the National Minimum Data Set (NMDS-SC). Completion of the data set was mandatory for local authorities but not mandatory for the private, independent or voluntary sector care providers.
- It was noted that completion rates varied across the country. In Leicester the rate of return as of June 2020 was 34% of providers which was below the national average at around 55%. Based on the level of their return it made them illegible to be able to claim from the Workforce Development Funding which was dispersed by Skills for Care to upskill the adult social care workforce with qualifications and training for staff relevant to the sector.
- Data in the report was largely taken from the ASC-WDS system and could be analysed. Based on the data it was considered the workforce needed to grow by 36% in line with the ageing population. Taking into consideration other factors, for example, turnover of workforce, and the number of staff reaching retirement age in the next 15 years, it was anticipated that an extra 7 – 15% of extra people were needed dependent on job roles, and was a particular issue in the domiciliary care market.

Councillor Russell, Deputy City Mayor, Social Care and Anti-Poverty

commented the document was impressive in its detail and longevity of vision, and there were many recommendations included she would like to see taken forward, though for some finances might be a challenge. She further noted the broader challenges across the sector, not just financial, but the level of respect and how positions were promoted. She further added there were vulnerabilities around the profession which was under respected and traditional considered as 'womens work' and society did not recognise caring on the same level as other professions.

Councillor Russell recommended the report be shared with local MPs Liz Kendal and Jonathon Ashworth given their national responsibilities to assist them to influence national discussion.

In response to Members observations and questions the following was noted:

- The recommendation for creating an internal agency for Leicester City Council staff was noted, to invest in apprenticeships, degrees and recruitment, not just for health and social care. It was noted that investing in a trading arm would not be without cost. The new Kick Start programme was noted.
- Members found it alarming that 50% of the care workforce had no qualifications, but were looking after the most vulnerable, sometimes with mental health and physical issues. It was noted the 50% figure referred to qualifications and was reflective of the national average, and that carers undertook mandatory training such as moving and handling.
- It was requested that LASALS be approached to ask if they could offer the Health and Social Care Level 2 qualification freely to those locally employed on less than £16k per year and share with them the findings of the report.
- It was asked if the local authority could influence that carers must have completed health and social care qualification within 12 months but acknowledged it would be logistically challenging.
- It was believed there was a disincentive to train people and continue to pay them the minimum wage, and that ultimately the single most important recommendation was how to get people onto the Real Living Wage. It was added the market indicator was turnover and staffing levels, and the amount of people leaving the market. It was further noted that unless people were persuaded to change the situation would reach crisis level.

Councillor March noted the recommendations on qualifications and would work with Councillor Batool to strengthen the recommendations in the report. It was further noted the gender inequality and the sector not having the upskilling required.

It was asked if grant funding could be given to one charity to provide training to those already in the workforce with no formal qualifications. Councillor Russell responded it could be considered, but would have to be considered alongside the range of other training provided, some of which was offered by organisations themselves, some by other adult education providers in the city, and that there would need to be evidence as to why grant money should be put towards an organisation for training instead of one of the other things funded

such as carers mental health, and the authority would need to ensure it was not being fulfilled elsewhere.

Councillor Russell also agreed with Members that getting providers to understand that the better training and remunerated its staff were, the more likely they were to stay with the organisation, and that by getting providers to recognise this was a bigger challenge.

The Chair commended the report and that the report and hoped the recommendations would be seriously thought about and acted upon, and that the strategy of Government needed to change to recognise the value the workers and industry.

Councillor March moved that the draft report be approved, and this was agreed by the Chair. It was noted that the report would be taken to Overview Select Committee, and to the Executive, and to return to Scrutiny to note any comments.

AGREED:

1. That the report be noted.
2. The report be taken to Overview Select Committee and the Executive for comment, and to be brought back the Adult Social Care Scrutiny Commission at a future meeting.

74. ANY OTHER URGENT BUSINESS

There being no other items of urgent business, the meeting closed at 6.10pm.

Appendix B

Adult Social Care Scrutiny Commission Report

Support for Carers & Carer Strategy Update

ASC Scrutiny Commission Date: 10.11.2020
Lead Member: Cllr Sarah Russell
Lead Director: Martin Samuels

Useful information

- Ward(s) affected: All
- Report authors: Bev White/Nic Cawrey
- Author contact details: beverley.white@leicester.gov.uk / Nicola.cawrey@leicester.gov.uk
- Report version number: 1

1. Purpose of report

1.1. To provide the Adult Social Care Scrutiny Commission with an update on the Joint Social Care and Health Recognising, Valuing and Supporting Carers in Leicester, Leicestershire and Rutland Carer Strategy - 2018 to 2021.

1.2. To provide the Adult Social Care Scrutiny Commission with an update on the support that has been provided to carers during the COVID-19 pandemic

1.3. To provide the Children's Social Care Scrutiny Commission with an update on the work happening with young carers

2. Summary

2.1. The strategy developed in conjunction with the three local Clinical Commissioning Groups (CCG's) and the three Local Authorities (Leicester, Leicestershire and Rutland (LLR)) was signed off in October 2018.

2.2. The report outlines the progress made by the City Council since March 2020 in relation to support for family carers.

2.3. The number of people providing unpaid care to a friend or family member in Leicester City is thought to have increased from approximately 32,000 to 46,000 post COVID-19. The GP carer registers have increased from 9,631 in February 2020, to 9,901 in October 2020. Further information on this is included in paragraph 4.11

2.4. Information pertaining to adult family carers can be found at paragraphs 4.9 – 4.15

2.5. Information pertaining to young carers can be found at 4.9, 4.16-

3. Recommendations

3.1. The Adult Social Care Scrutiny Commission is recommended to:

a) note the report and provide comments / feedback

b) note that the report is to be shared with the Children's Social Care Scrutiny Commission

4. Report

Recap of the Carer Strategy Vision and Guiding Principles

4.1. The strategy defines a shared vision and guiding principles for recognising, valuing and supporting carers.

4.2. The vision is that family members and unpaid carers, including young people across Leicester, Leicestershire and Rutland will be identified early, feel valued and respected. They will receive appropriate support wherever possible to enable them to undertake their caring role, whilst maintaining their own health and wellbeing.

4.3. The strategy was written with a broad range of stakeholders and carers and runs from 2018 to 2021. Progress on delivering the strategy is reported to the LLR Joint Carers Delivery Group and to the Social Care and Education's Leadership Team.

4.4. There are eight guiding principles each with high level actions. Members of the Carers Delivery Group report their progress against those principles. The guiding principles are:

- Carer Identification
- Carers are valued and involved
- Carers are informed
- Carer Friendly Communities
- Carers have a life alongside caring
- Carers and the impact of Technology Products and the living space
- Carers can access the right support at the right time
- Supporting Young Carers

4.5. The strategy can be found at https://www.leicester.gov.uk/media/185857/joint-carers-strategy-2018-2021-recognising-valuing-and-supporting-carers-in-leicester-leicestershire-and-rutland.pdf

Update on the City of Leicester Delivery Plan

4.6 The delivery plan was signed off by SCE Leadership in March 2020 after a significant amount of engagement with both adult and young carers in the City.

4.7 Regular updates on the delivery outcomes are fedback through highlight reports to the Leicester, Leicestershire & Rutland Carer Delivery Group which meets bi-monthly.

4.8 The task and finish group set up to progress young carer work has continued to meet during the pandemic.

Progress on Delivery of the Strategy

4.9 We can report progress in the following areas:

LLR Carers Strategy Guiding Principle:	Actions:
Carers are identified early and recognised	- Staff from the commissioned carer support service have visited frontline ASC teams to promote the service and the importance of early identification - A carer ID badge was launched in June 2020 during Carers Week to support carers to self-identify, for example whilst shopping and as part of the plan to support carers with contingency planning (see Appendix 1) - Awareness raising during Carers Week in June which largely focused on supporting carers to self-identify by utilising an image designed to encourage people to think about the tasks they undertake for the people they look after (see Appendix 2) and informing them of the support that is on offer to them through the Council's existing communication networks, such as the social media channels and Your Leicester. Links to both the City Council Support for carers webpages and the COVID-19 information specifically for carers were promoted not only to external audiences but internally through FACE and the ASC newsletter.
Carers are valued and involved	- The carers forum, named 'Carers Got Talent' (CGT) by the carers that attend, met for the first time on 16th March just before lockdown - Although the CGT has not met during the pandemic, there has been regular communication with those involved with the group - Carers from Leicester were involved in providing a very thorough response detailing the impact of COVID on them when asked by ADASS. - Carers got involved in the recent Local Safeguarding Adults Board consultation and fedback that they would benefit from training about safeguarding. The commissioned Carer Support Service will be responding to this request by providing safeguarding training during National Safeguarding Week in November 2020.
Carers are informed	- A specific section for family carers was created on the City Council website Coronavirus pages during the pandemic with frequently asked questions for family carers including a process for obtaining PPE - Carers and the support services working alongside them have been sent daily e-mails in relation to Community COVID-19 testing locations after concerns were raised about the legitimacy of people knocking at the doors of vulnerable people - Improved links have been made with the Leicester City Parent Carer Forum in order to ensure they receive

	information that is useful to their circumstances, and that their needs are considered in strategic planning and decision making particularly when their children are transitioning from children's services through to adult services
Carer friendly communities	- Carers of people living with dementia are involved in the procurement of the Dementia Support Service jointly commissioned with Leicestershire and the CCGs - The commissioned Carer Support Service, provided by Age UK, is linking in with PCN social prescriber 'link workers'
Carers have a life alongside caring	- The Council's internal carer passport and support group for family carers were promoted during Carers Week - The models for the Flexible Short Break (respite) Framework and the Community Opportunities (day services) framework now make reference to the benefits these can have for carers with aims for the service not only being to improve and maintain the person's physical and mental health and wellbeing but to also achieve those aims for their carer by providing a flexible short break from their caring role. This will also improve the carers overall health and wellbeing and reduce carer stress and strain potentially preventing carer breakdown requiring emergency replacement care. - Work to progress 'Carefree' has paused temporarily whilst the impact of COVID-19 on the hospitality industry is considered. Carefree is a scheme that works to create a nationwide system of hotel and holiday home providers who are willing to donate any excess capacity to family carers so that they can have a short break (see Appendix 3). Carers are asked to pay an annual fee of £25 and there is no cost for local authorities that wish to implement this in their areas. - Commissioned service has delivered virtual groups for carers when physical meetings have been unable to take place. We are considering how the cost of the annual fee can be met as part of a direct payment for eligible carers.
Carers and the impact of Technology products and the living space	- Carers continue to be a priority cohort within the Assistive Technology strategy that has now been signed off by SCE leadership.
Carers can access the right support at the right time	- The commissioned Carer Support Service team, delivered by Age UK, have had training from the strengths-based practice implementation lead in order to improve the pathway and communication between the service and ASC. This will provide Adult Social Care staff with background information about the type of support the carer has already received which should help to inform the carer assessment.

	- SCE staff newsletter has featured an article on strengths-based practice as it applies to carers - A mapping exercise of the carer journey will be undertaken to inform a programme of awareness raising across the health and social care landscape to ensure that teams can become carer aware - The commissioned Carer Support Service continues to support carers post caring where there have been bereavements, particularly pertinent during COVID -19 with restrictions on funerals etc.
Supporting Young Carers	- A divisional communication plan has been devised linking in the young carer agenda with work already being undertaken around the Troubled Families agenda but during Carers Week social media channels were utilised extensively to raise awareness of young carers and the support available to them including a video on social media using sign language. - Separate LLR working group has been meeting to look at the support available to young adult carers (16+) in response to a gap identified in current provision - The current Barnardo's contract is due to end, and a review is taking place to inform the future model as the support to young carers is recognised as a priority - Links are being established with schools to raise awareness of young carers - Training for staff in relation to identifying young carers is being planned. - Continued participation of young carers in all aspects of this work is being scoped

4.10 Officers are also working hard to ensure that the Carers Got Talent group has robust links with the Learning Disability and Mental Health Partnership Boards to ensure that the carer voice and perspective feed effectively into those areas in a more streamlined manner, but also that issues discussed at those boards are factored into the work of the Leicester, Leicestershire & Rutland Carer Delivery Group.

Support that has been provided to family carers during the COVID-19 pandemic

4.11 The increase in family carers from an estimated 32,000 to 46,000 is thought to be due to a combination of factors. Firstly, there were those people who, prior to the pandemic were largely independent but fell into the shielding category. These people became reliant on family members for things like shopping and collecting medication. For some families, caring responsibilities increased when some of their usual care services were temporarily forced to

close such as community opportunity provision. Family carers would then look to other family members who were perhaps not involved in caring before to help. There were also examples of families cancelling care packages due to the fear that care workers may bring COVID-19 into the home – again seeking support from wider family. Early on into the pandemic, the Council also used its social media channels to encourage carers to self-identify and access appropriate support. It is possible that some carers identified with this.

4.12 The Leicester Carer Support Service has been undertaking wellbeing calls to carers that they support, which at times have been daily if required for some families. The provider has also been running a COVID-19 helpline which has helped to identify more family carers and signpost into appropriate support. Usual group provision has operated online, and the Carer Hub is open albeit working on an appointment only basis at this time. There has been a focus on supporting individual carers to develop contingency plans as well as providing carers with ID cards if they have needed to be out to undertake their caring role during lockdown or needed to take advantage of priority shopping slots.

4.13 The Council's own social care teams have also been supporting carers through wellbeing calls and increased support through, for example, domiciliary care. Family carers have reported that this contact has been invaluable. A family carer, who is involved in the Carers Got Talent group cares for his partner who has mental health difficulties as well as his elderly mother, fedback that the City Council had been incredibly supportive during the COVID-19 pandemic. His partner's anxiety levels had heightened as a result of being in the shielding category and following a fall at the supermarket where he hurt his knee, he discussed with the social care team his worry that he wasn't coping. Social care staff were able to increase the care package in place to include an emphasis on social inclusion, which would have a positive impact on his partner's mental health and also provide him with a break from his caring role.

4.14 Other organisations have also been continuing to support carers during the pandemic in various ways. The Carers Centre have had a variety of support options available, as has the Dementia Support Service, Lamp, Richmond Fellowship, Turning Point, Dear Albert etc.

4.15 Despite the shortages experienced across the rest of the Country in relation to PPE, the City Council has been able to provide PPE to family carers that have requested it.

4.16 Community door to door COVID-19 testing was highlighted by carers as something that could potentially put the safety of vulnerable adults at risk, particularly if they were not able to access information digitally. We were very quickly able to provide our networks with direct information about the day to

day geographical area that community door to door testers would be visiting which included information about the identification that the volunteers would show.

Support that has been provided to young carers during the COVID-19 pandemic

4.17 The Barnardo's Carefree Young Carers' Service commissioned by the City Council has continued to support families during the COVID-19 pandemic, although referrals into the service at the start of the pandemic were slightly lower, these have now picked up.

4.18 Staff within the Carefree service were able to refer into the See Hear Respond service which provided rapid support for children and young people affected by COVID-19 and this provided targeted support particularly in terms of getting young carers back into school. Often parents were not aware that this was an option for their children.

4.19 One of the main challenges for families accessing the service, were the anxiety levels experienced when an adult family member was in the shielding category and children were able to return to school. Barnardo's staff were able to advocate on behalf of those families with schools to reassure them about the measure's schools had in place for managing COVID-19.

4.20 In some circumstances, Barnardo's were able to support families to access grant funding to purchase bikes for children to get to school, therefore avoiding the need for children to use public transport and reducing exposure to the risk of transmission. For those families that couldn't facilitate virtual learning, grant funding was obtained to purchase, tablets, laptops and dongles ensuring contact was maintained with schools.

4.21 Whilst group provision delivered by both the City Council youth services and Barnardo's had to stop, contact was still maintained with the young people that attended and a virtual alternative made.

4.22 Barnardo's groups would ordinarily stop during the school summer holidays, but the Barnardo's team ensured they maintained contact with those young people on a fortnightly basis during the summer holidays.

4.23 All families that were being supported by Barnardo's were RAG rated. Where families were identified as having less contact with the service, the team tried to establish more contact with them and in some instances, knocking on doors to ensure everyone was ok, and to establish support needs.

5. Financial, legal and other implications

5.1 Financial implications

There are no direct financial implications arising from this report.

Rohit Rughani, Principal Accountant, Ext. 37 4003

5.2 Legal implications

No Legal implications.

Dominic Taylor
Solicitor ex 3560

5.3 Climate Change and Carbon Reduction implications

There are limited climate change implications associated with this report. However, the use of remote digital support and engagement has the potential to reduce carbon emissions from travel for service delivery and could be considered for future use in instances where it is judged to be practical and appropriate for the service.

Aidan Davis, Sustainability Officer, Ext 37 2284

5.4 Equalities Implications

When making decisions, the Council must comply with the Public Sector Equality Duty (PSED) (Equality Act 2010) by paying due regard, when carrying out their functions, to the need to eliminate unlawful discrimination, harassment, victimisation and any other conduct prohibited by the Act, to advance equality of opportunity and foster good relations between people who share a 'protected characteristic' and those who do not.

In doing so, the council must consider the possible impact on those who are likely to be affected by the recommendation and their protected characteristics.

Protected Characteristics under the Equality Act 2010 are age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex and sexual orientation.

Whilst there are no direct equality implications arising from this report as it is for noting. Any ongoing work on the Joint Carers Strategy and the support being provided to carers during the COVID-19 pandemic needs to ensure equality considerations are embedded and any impacts and mitigating actions are identified and actioned as appropriate.

Sukhi Biring, Equalities Officer, 454 4175

6. **Background information and other papers:** None

7. **Summary of appendices:**

   Appendix 1 – Carer ID badge

   Appendix 2 – Definition of a Carer image

Appendix 1 – Carer ID Card

I AM A CARER SOMEONE RELIES ON ME

My name .....

I care for .....

Please turn over for my keyholders and emergency contacts

Key holders and/or emergency contacts

1.....

2.....

3.....

If you're unable to contact any of the above please call Adult Social Care on 0116 454 1004 (including out of hours)

ageUK
Company Registration No. 7844309
Registered Charity No. 1146649

Leicester Shire & Rutland ageUK

Leicester Carers Support Service

Leicester City Council

Appendix 2 – Definition of a carer image

looking after someone?

Carers look after someone in their family or a friend who cannot cope without support

Carers help in lots of different ways:

- Washing bodies, laundry and dishes
- Helping with letters and forms
- Collecting shopping or medication
- Offering a listening ear
- Dealing with finances
- Dealing with doctors and social workers

Find out more: leicester.gov.uk/supportforcarers

Leicester City Council

Appendix C

Adult Social Care Scrutiny Commission Report

Adult Social Care Winter Plan and Self-Assessment Questionnaire - Service Continuity & Care Market Review 2020/21

Date: 10.11.2020

Lead Member: Cllr Sarah Russell

Lead Director: Martin Samuels

Useful information

- Ward(s) affected: All
- Report author: Tracie Rees
- Author contact details: Tracie.rees@leicester.gov.uk
- Report version number: version v1

1. Purpose

1.1 To provide the Adult Social Care Scrutiny Commission with an overview of the winter planning requirements and the completion of a Self-Assessment Questionnaire regarding service continuity and care market review as required by the Department of Health & Social Care.

2. Summary

2.1 The Department of Health & Social Care (DHSC) has placed a requirement on all local authorities to develop a plan, which details how the Council will respond to winter pressures associated with Covid19, and to complete a self-assessment questionnaire, detailing the risk to the continuity of services in the provider market.

2.2 **Adult Social Care Winter Plan**. The City Council is required to develop a plan by 31.10.2020, to give assurance that the authority can respond to additional winter pressures associated with Covid19 for 2020/21.

2.3 A copy of the plan is attached at Appendix A (not available - still in draft). Although, there is no requirement to submit the plan to the DHSC, a letter of confirmation of its development must be submitted by 31.10.2020.

2.4 **Service Continuity and Care Market Review.** The self-assessment questionnaire was submitted on 21.10.2020 and is designed to provide an understanding of the risks to the continuity of services across the different provider care settings and consider how to mitigate risks. A copy of the questionnaire submission is attached at Appendix B.

2.5 Following a regional peer process, the submissions from each local authority will be passed to DHSC officials, along with a regional overview, bringing out the key issues in the care market at that level. A national assessment will be prepared, based on the 151 individual council responses and the nine regional overviews, which will be presented to Ministers before the end of the calendar year. The intention is that this will provide an assessment of the overall care market position, flag key risks, and outline areas where national intervention or support might be beneficial. A summary of the assessment will be published in due course.

3. Recommendations

3.1 The Adult Social Care Scrutiny Commission is recommended:

a) to note the Council's response to the Winter Plan and to provide comment/feedback.
b) to note the Council's response to the Service Continuity and Care Market Review self-assessment questionnaire.

4. Report

4.1 **Winter Plan**. The following information provides a summary of the information that is required by the Department for Health & Social Care to give assurance that the City Council can respond to additional winter pressures associated with Covid19.

a) Local authorities should work with NHS colleagues to ensure primary and community services are supporting local providers, as well as social care services and voluntary organisations to ensure people can access the help and support they need to remain well.
b) Local authorities should ensure providers are kept up to date with the local guidance and there is weekly communication from the Director of Adult Social Services and Director of Public Health.
c) Local authorities should maintain oversight of the local care home sector, ensuring providers are well supported to prevent infection outbreaks in care settings. This includes distributing free Personal Protective Equipment (PPE) to providers who cannot access the PPE portal; promoting the flu vaccination programme; supporting providers with staffing issues and working with the Care Quality Commission (CQC) on the designation scheme for premises for people discharged from hospital who cannot go straight into a care home.
d) Local authority directors of public health should give a regular assessment of whether visiting care homes is likely to be appropriate within their local authority, taking into account the wider risk environment and immediately move to stop visiting if an area becomes an 'area of intervention', except in exceptional circumstances such as end of life.
e) Local authorities should act as lead commissioners for those discharged from hospital using the Treasury/NHS money, unless otherwise agreed.
f) No care home should be forced to admit an existing or new resident to the care home if they are unable to cope with the impact of the person's COVID-19 illness safely. Local authorities remain responsible for providing alternative accommodation.
g) Local authorities must distribute funding made available through the extension of the Infection Control Fund to the sector as quickly as possible, and report on how funding is being used, in line with the grant conditions.
h) CHC and Care Act Assessments have been restarted and local authorities

should work with CCG colleagues to ensure they are being completed, including any deferred assessments for 19 March to 31 August 2020.

i) Local authorities and NHS organisations should continue to put co-production at the heart of decision-making, involving people who receive health and care services, their families, and carers.

j) Direct Payments guidance should be followed to support people and their carers to use these flexibly and innovatively.

k) Local authorities should ensure providers are aware of the suite of national offers available to support with staff recruitment, induction, training and wellbeing.

4.2 **Service Continuity and Care Market Review**.

The following information provides a summary of the information submitted to the Department for Health & Social Care on 21.10.2020.

a) overview of the contingency planning currently being developed by the authority.

b) understanding risk, in terms of the local care market to provide the capacity needed between now and the end of March 2021 and 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.

c) to understand the Council's view on the underlying causes of the risks that have been identified.

d) to understand the tipping point that will determine the Council's inability to 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.

e) to understand the specific steps the Council has taken to prepare providers for service change or closure.

f) to understand the steps the Council has taken to develop their contingency plans and crucially partners involvement.

g) to give the authority an opportunity to highlight the three issues of greatest concern and to understand what support would be needed to mitigate the situation.

5. Finance, Legal and other implications

5.1 Finance
There are no direct financial implications associated with this report.

Martin Judson Head of Finance – adults and children's

5.2 Legal
There are no direct legal implications associated with this report.

5.3 Equality Implications

When making decisions, the Council must comply with the Public Sector Equality Duty (PSED) (Equality Act 2010) by paying due regard, when carrying out their functions, to the need to eliminate unlawful discrimination, harassment, victimisation and any other conduct prohibited by the Act, to advance equality of opportunity and foster good relations between people who share a 'protected characteristic' and those who do not.

In doing so, the council must consider the possible impact on those who are likely to be affected by the recommendation and their protected characteristics.

Protected Characteristics under the Equality Act 2010 are age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex, sexual orientation.

Whilst there are no direct equality implications arising from this report as it is for noting, need to ensure that both the responses to the Winter Plan and to the Service Continuity and Care Market Review self-assessment questionnaire have embedded equality considerations across the relevant protected characteristics and put into place mitigating actions.

Sukhi Biring, Equality Officer, 454 4175

5.4 Climate Change

There are no significant climate change implications directly associated with this report. Where delivery of the services detailed has implications for carbon emissions these should continue to be addressed as appropriate, such as through use of sustainable transport, efficient use of buildings and equipment and sustainable procurement processes.

Aidan Davis, Sustainability Officer, Ext 37 2284

6. Background papers

None

7. Appendices

a) Winter Plan
b) Service Continuity and Care Market Review

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

Download PDF

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 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	Contact details

	Contact details Director of Adult Social Services (DASS)	Contact details 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	○	○	●	○	○
Residential care - older people	○	○	●	○	○

	Level of concern				
	Extremely concerned	Moderately concerned	Somewhat concerned	Slightly concerned	Not at all concerned
Residential care - working age adults	○	○	●	○	○
Home care	○	○	○	●	○
Home based reablement	○	○	○	○	●
Supported living or extra care housing	○	○	○	●	○
Support provided through direct payments	○	○	●	○	○
Other (please specify) 1 Community Opportunities/Day Care	○	○	●	○	○
Other (please specify) 2 Emergency Respite	○	○	●	○	○
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 Community Opportunities/Day Care	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.
Other (please specify) 2 Emergency Respite	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.
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	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	2
Other	
Other (please specify) 1 Recruitment of nursing staff	1
Other (please specify) 2 Rentention of nursing staff	1

Other (please specify) 3	Nursing care

	Residential care - older people
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	1
Other	
Other (please specify) 1	
Recruitment of nursing staff	
Other (please specify) 2	

Rentention of nursing staff	
Other (please specify) 3	

	Residential care - older people

	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	

	Residential care - working age adults
Other (please specify) 2	
Rentention 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	

	Home care
Recruitment of nursing staff	
Other (please specify) 2	
Rentention 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	

	Home based reablement
Other (please specify) 1 Recruitment of nursing staff	
Other (please specify) 2 Rentention 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

Other	Supported living or extra care housing
Other (please specify) 1 Recruitment of nursing staff	
Other (please specify) 2 Rentention 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 Rentention 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%
- [x] 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
- [x] 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
- [x] 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

now and the end of March 2021?

- [ ] Net reduction in availability of suitable provision of less than 10%
- [x] 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
- [x] 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
- [x] 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?

- [x] 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
- [x] A combination of increased demand and 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	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	

	Residential care - older people
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	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)	

	Home care
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	

	Supported living or extra care housing
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	

	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

	Nursing care
Other (please specify)	
Community Opportunities	

	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

	Residential care - working age adults
Other (please specify)	
Community Opportunities	

	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	
	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)	

Community Opportunities

Support provided through direct payments

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)	●	○	○	●	○	○
Partnership (e.g. data sharing agreement with providers)	●	○	○	●	○	○
Other (please specify)	○	○	○	○	○	○

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

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)	●	○	○	○
Information and intelligence (e.g. regional market intelligence, CQC, safeguarding, QA, etc.)	●	○	○	○
Other (please specify)	○	○	○	○

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)				

	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 2 (please specify) Provider failure due to loss of workforce	○	●	○	○
Issue 3 (please specify) Quality and Safeguarding incidents not being identified	○	○	●	○

	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
	Needed urgently	Needed within the next three months	Needed in response to a specific event (e.g. a tipping point)	Not needed	
Legislative (e.g. Market oversight)	●	○	○	○	If social care had a long term funding solution, we would not be as vulnerable. Reform is urgently needed
Flexible funding	●	○	○	○	Please provide any comments to expand on this if needed. To make IPC grant less restrictive
Peer support	○	○	○	●	In place via ADASS, IMT structure and the LRF
Market Intelligence	○	●	○	○	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) Capacity Tracker	○	●	○	○	To agree a consistent and reliable data capture system across the country

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

Appendix D

Adult Social Care Scrutiny Commission

Briefing Note

Reablement Service: Response to Covid19 and Winter Resilience

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Lead Member: Cllr Sarah Russell

Lead Director: Ruth Lake

Date:10 November 2020

Wards Affected: All
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Version Control: v1

1. Purpose

1.1 This briefing note is supplementary to the Winter Plan report being taken at the ASC Scrutiny Meeting of 10th November 2020. It highlights the specific issues for the Reablement Service operated by Leicester City Council, arising from the Covid-19 pandemic and winter resilience planning.

1.2 The briefing note covers:

- Background and context of the Reablement Service
- Impact of Covid-19
- Winter resilience plans

2. Briefing Information

2.1 Background and context

2.1.1 The Reablement Service was formally established in September 2009. It is a regulated service, registered with the Care Quality Commission and provides personal care to individuals in their own homes. It is specifically focussed on providing care that is therapeutic in nature, working with people who have lost and could regain a level of independence. The service is staffed by social care workers but operates in partnership with community therapy and nursing staff provided by Leicestershire Partnership Trust. Therapy staff support individuals receiving reablement, through their assessment and setting of independence goals, supported by therapy plans.

2.1.2 The service is short term, offering people a targeted intervention for up to 6 weeks. It is not a chargeable service, being covered by the Care Act 2014 regulations on the provision of free intermediate care. It is available to any adult aged 18+; however, it typically supports more older people, who have a degree of frailty and multiple long term health conditions.

2.1.3 The service is able to deliver a maximum of 1,400 contact hours per week and has 100 staff in its employment. The workforce is diverse, representative of the population it supports, with many carers living locally to the areas they work.

2.1.4 The Reablement service is rated as Good, for all 5 CQC domains (Safe / Effective / Caring / Responsive / Well-led). The service also participated in a national audit of Intermediate Care in 2018 and 2019. This identified that

it performs strongly and offers good value for money when compared to similar services in England. Of particular note:

- The average waiting time from referral to service start (Leicester 1.0 days / England average 5.3 days)
- Independence gained* (Leicester 18 / England Average 4.2)
- Total direct costs per individual supported (Leicester £1,540 / England average £1,937)

* This is measured using a tool called the Sunderland scale – a survey based assessment completed at the start and end of a reablement episode

2.1.5 The Reablement service is a critical element of the local health and care system and works are part of the integrated Home First offer within Leicester City. It supports two key objectives:

- Supporting people who are in the community and otherwise at risk of going into care / hospital, due to a change in personal circumstances (such as a fall or change in health condition).

- Supporting people in hospital to be discharged safely and receive a period of support aimed at recovery and increased independence at home.

2.1.6 The Reablement services operates an integrated model with community nursing and therapy services, all based at the Neville Centre. People are supported holistically and the nursing, therapy and social care staff hold frequent multi-disciplinary team meetings to ensure the right care is provided by the right professional. This removes organisational barriers in accessing care (such as referral processes) and avoids duplication, to give people a coordinated care response in their home.

2.1.7 The Reablement service sits within the Independent Living Service, which is an ASC portfolio that includes Reablement, Integrated Crisis Response Service (ICRS), LeicesterCare Community Alarm service and Assistive Technology. This supports a ‘wrap around’ pathway for people at a point when a life event occurs that threatens their independence. The case scenarios below illustrate how they connect to provide a coordinated response to people.

Case Scenario 1

2.1.8 Mr Singh lives with his wife; they are both 85 years old. Mr Singh had a fall and used his pendant alarm to call for help. The LeicesterCare service triaged the call and identified that Mr Singh was not obviously injured but was shaken and stiff. They requested a visit from ICRS, who attended within the hour. ICRS are trained falls responders. ICRS supported Mr

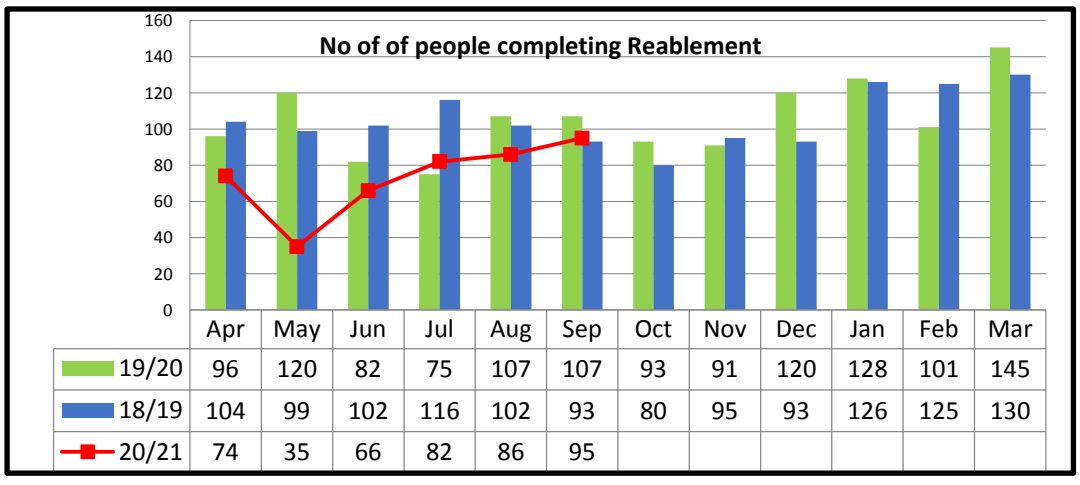
Singh for 48 hours and asked for an OT visit. They identified that he needed ongoing help with washing and dressing and passed his care over to the Reablement team. The Reablement team provided support for a further 3 weeks, by which stage Mr Singh had regained his confidence and mobility to its previous level, He was provided with small pieces of equipment, but had no further need for personal care.

Case Scenario 2

2.1.9 Miss Ball is 94 years old and lives alone. She was admitted to hospital after a period of confusion, resulting from a persistent infection. Whilst in hospital, there were concerns about her mental capacity and it was suggested she may not be safe to go home. Miss Ball was adamant that she wanted to go home and she had been managing with some support from a friend before her admission. Miss Ball was assessed on the ward by the hospital therapist and referred to ASC. She needed support with washing, dressing, transferring and meals preparation. The social work team triaged the referral and asked the Reablement Service to provide three care calls daily; Miss Ball left hospital the next day. She was supported over a period of 6 weeks and made good progress once back in a familiar environment. It appeared that Miss Ball's ability to manage by herself was reduced on an ongoing basis and a package of home care was commissioned as she finished her reablement period. This was at a reduced level, of a short call each day to get fully washed. Equipment was provided including a pendant alarm and the community pharmacist completed a medication review. Miss Ball was able to stay at home, which was her wish.

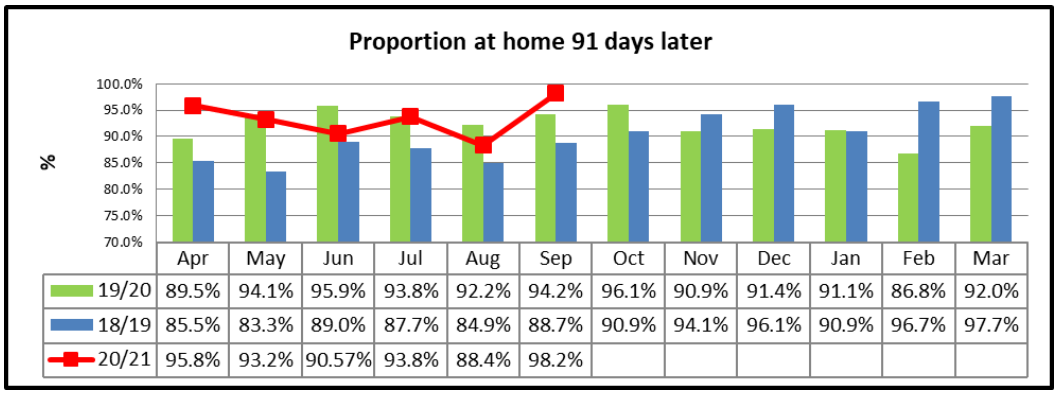
Activity and Outcomes

2.1.10 The table below reports the numbers of people completing the service each month, since April 2018. The dip in activity in this year is related to the impact of Covid-19 which is further detailed below.



	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
19/20	96	120	82	75	107	107	93	91	120	128	101	145
18/19	104	99	102	116	102	93	80	95	93	126	125	130
20/21	74	35	66	82	86	95						

2.1.11 The table below illustrates the outcomes of people who used the service, in terms of their remaining at home. This is a statutory indicator reported via the Better Care Fund programme.



	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
19/20	89.5%	94.1%	95.9%	93.8%	92.2%	94.2%	96.1%	90.9%	91.4%	91.1%	86.8%	92.0%
18/19	85.5%	83.3%	89.0%	87.7%	84.9%	88.7%	90.9%	94.1%	96.1%	90.9%	96.7%	97.7%
20/21	95.8%	93.2%	90.57%	93.8%	88.4%	98.2%						

2.1.12 The Reablement service is measured through the new Ageing Well programme, in relation to its ability to respond to requests for care within 2 days. It achieves this in 100% of cases.

2.1.13 Additional services

The Reablement service is the Council's only direct personal care service and as such, is used to support need flexibly in addition to a reablement offer.

A notional Hospital Discharge Holding Team will provide (bridge) domiciliary care for hospital cases only (when the allocated domiciliary care provider is unable to start in time for the discharge date). This is a small part of activity but gives excellent resilience and assurance in meeting our discharge expectations.

The team have also supported external providers at risk of failure.

2.2. **Covid-19 Impact**

2.2.1 The reablement service has experienced changes over the last few months, as a result of the Covid-19 pandemic.

2.2.2. It should be noted that the service has remained fully operational throughout, which is testament to the dedication and skill of staff and managers. They have worked directly with people known to be Covid-19 positive. Individual risk assessment, for staff and for people receiving care, is core to this continued safe delivery of services.

2.2.3 The service prepared itself for a major surge in activity in March 2020, as hospitals sought to discharge people quickly and then experienced the

inflow of Covid-19+ patients. However, this surge did not materialise. There were few people in hospital who were well enough to leave but had not already done so, because the service is already very responsive to discharge. The cancellation of elective surgery and general reduction in people going to hospital for non-Covid reasons affected the usual flow of people into reablement. Hence capacity was good throughout and no people were delayed in a hospital setting due to lack of care at home. Of those who were discharged through the Reablement service, the outcomes were less positive than usual, which is directly linked to the complex health needs of the people being cared for. This is improving. The activity and outcomes impacts can be seen in the two charts above.

2.2.4 In terms of other Covid-related issues, the service has led the Council's response to PPE provision. It has also supported other activity such as safe and well checks.

2.3 **Winter Resilience**

2.3.1 As a core element of the social care system, the Winter Plan 2020 and the Service Continuity and Care Market Review, include the Reablement service and to that extent a full evaluation of risks and mitigations has been completed.

2.3.2 For ease of reference, in addition to the Winter Plan / Service Continuity and Care Market Review report, the key points for the Reablement service are summarised here.

Winter Plan

2.3.3 The Winter Plan includes actions for providers, and we have considered our position as the provider of Reablement services. We are satisfied that arrangements are in place that allow us to confirm that these actions (where relevant to the service) are completed. This includes:

- Needs and safety of people and staff is forefront
- Business continuity plans are reviewed
- All guidance is followed
- PPE is available
- Testing is available
- Flu vaccines are promoted

Service Continuity and Care Market Review

2.3.4 Assessed concerns regarding capacity

We have assessed our Reablement services as being 'not at all concerned'

2.3.5 Risks and Challenges

In response to the prompt list of anticipated challenges, in the Service continuity assessment (Workforce / COVID-19 / Financial / Service quality / Level of local provision / Provider business continuity) we have identified no risks requiring a level of concern to be rated.

2.3.6 Summary of resilience and capacity

We have assessed the Reablement service issues as follows:

"At present, the Council's in-house reablement service has capacity to support increased hospital discharges and could further increase this by assertive management of the duration of reablement episodes and the prioritisation of cases. This approach was used in the initial pandemic response and creates an additional 250 hours per week of capacity, which could be increased further by the use of overtime. Whilst not a risk arising from reablement capacity directly, the service is a contingency for external provider failure. 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. Further, extensive support to external providers (i.e. several at the same time) through use of this contingency would impact on capacity to deliver the core service."

2.4 Conclusion

2.4.1 In summary, this is a highly regarded and resilient service, well respected by partners and people who receive support. We are confident, following the early pandemic response, that we are prepared for winter. This may present challenges, but mitigations and contingencies are in place that give us a good deal of confidence. The hard work of staff, who deliver this service 365 days per year, often in difficult situations and with a high degree of personal impact, should be recognised and commended.

3. Recommendations

3.1 The Adult Social Care Scrutiny Commission is recommended to:

a) Note the report and to provide comment/feedback.

4. Supporting Papers

4.1 Adult Social Care Winter Plan and Service Continuity & Care Market Review 2020/21, 10th November 2020