



**ADULTS AND COMMUNITIES OVERVIEW AND SCRUTINY COMMITTEE**  
**8 MARCH 2021**

**CARE HOMES SUSTAINABILITY**

**REPORT OF THE DIRECTOR OF ADULTS AND COMMUNITIES**

**Purpose of report**

1. The purpose of this report is to provide the Committee with an update of the current position in care homes across Leicestershire and the support being offered to them by the County Council to provide safe and effective care, in the context of the ongoing Covid-19 pandemic.
2. The report also provides an update on the supply and future plans for building extra care facilities in Leicestershire.

**Policy Framework and Previous Decisions**

3. The activities described within this report are underpinned by the Council's Strategic Plan and the Adults and Communities Department Strategy 2020-24, the latter of which was approved by the Cabinet at its meeting of 18 September 2020. The Strategy sets out the aim to ensure that the services delivered meet the eligible needs of the citizens of Leicestershire to maximise their opportunities and wellbeing. The Strategy promotes independence, supporting individuals to remain in their own homes and reducing the need for residential care.
4. The Medium-Term Financial Strategy (MTFS) is also key to ensuring that the support provided to adult social care providers is affordable and minimises any additional financial risk to the Council.

**Background**

5. On 2 November 2020, the Committee received an in-depth description of the challenges outlined in a report which was considered by the Cabinet on 20 October 2020 about the Adult Social Care Winter Plan 2020-2021. The report summarised the pressures that providers were, and indeed still are, facing as a consequence of the Covid-19 pandemic, how this may impact on the future supply of care and support available to the County Council and the citizens of the County in general, and potential mitigations.

6. The Council's Care Act responsibilities include market oversight, and currently this includes understanding financial and other issues arising from the circumstances which may impact on providers. The November report identified how the Council will use its market shaping responsibilities to ensure that there is a vibrant care market. There are continuing concerns nationally, regionally and locally about the sustainability of the care home sector and individual businesses operating within it.
7. The Council undertook research in late 2020 to identify options available to sustain the care homes market. This included learning from other local authorities as to what models are effective in sustaining the market. This intelligence has been used to inform further activity outlined in this report that could potentially reduce the risk of provider failure.

### **Current Position**

8. All providers of adult social care and support have faced significant challenges during the Covid-19 emergency and the sector has shown resilience and dedication in keeping Leicestershire's people safe at a time of great change and uncertainty.
9. There are 171 care homes currently operating within Leicestershire, comprising:
  - 95 residential care homes for older adults;
  - 31 residential nursing care homes for older adults;
  - 45 care homes for working age adults including those supporting people with mental health needs, learning disability, physical disability and sensory impairment.

### **Older Adults**

#### **Permanent Admissions**

10. Between 1 April 2020 and 28 January 2021, there have been 564 permanent care admissions; 218 of these were funded placements by the Council.
11. The estimated number for the full year of 2020/21 is 800, which is lower than the previous year, as there were 890 admissions in 2019/20. This will be the third reduction in admissions in as many years – down from 958 admissions in 2017/18.
12. The trend for the year has been a reduction of admissions during the spring and autumn, but with an upturn since September due to the reviews of Covid-19 patients who had been on Covid Scheme 1 (NHS) funding up to 31 August 2020.
13. From March 2020 to August 2020, the Government agreed to fully fund the cost of new or extended out-of-hospital health and social care support packages, for people being discharged from hospital or who would otherwise be admitted into it for a limited time, to enable quick and safe discharge and more generally reduce pressure on acute services. This is known as 'Scheme 1'.

14. From 1 September 2020 to 31 March 2021, the Government will provide up to six weeks of funded care and support for people being discharged from hospital. This is known as 'Scheme 2'.

### Temporary Admissions

15. Temporary admissions from the community reduced during the early part of the pandemic, although there was an increase through to early September (20 admissions per week commencing 7 September 2020). Weekly admissions have since decreased and have averaged seven through January 2021.
16. For temporary admissions following hospital discharge, there was an initial increase at the start of the pandemic, peaking at an average of 32 weekly admissions in June, and then the number of admissions started to decline through the summer reaching a low point of 17 per week at the end of October (still somewhat higher than 7-8 weekly admissions pre-pandemic). The numbers have subsequently risen again through the end of the autumn and winter periods and are averaging 25 per week in January.
17. In general, this recent higher level of temporary care home admissions is for people who no longer need care in a hospital environment and for whom a care package in their own home cannot yet begin. This is usually because of temporary capacity shortages in the home care market due to unprecedented demand. In the medium term it is expected that the number of temporary admissions following hospital discharge will decrease in line with hospital pressures.

### Permanent Placements

18. The previous report noted the number of people in health funded permanent placements - an increase of 56% from 134 on 1 February 2020 to 209 on 1 September 2020. During the autumn, and the undertaking of Scheme 1 reviews, this number reduced from the peak of 209 to 171 on 1 January 2021. Some people will have remained in permanent care with funding switching from health to adult social care. As such there was an increase of 5% of social care funded placements through the autumn peaking at 1,495 on 1 December, following which there has been a small reduction to 1,460.
19. For people aged 65 or over, the number of admissions in 2019/20 (536.3 per 100,000 population) was an improvement on the previous year (575.6 per 100,000 population) and as such performance was better than the England average (584.0) and that of similar shire authorities (546.1). The number of admissions per 100,000 population in East Midlands was lower at 511.7. The estimated forecast for 2020/21 is 493.0 per 100,000.

## **Working Age Adults**

### **Permanent Admissions**

20. For people aged 18-64, the number of permanent admissions in Leicestershire in 2019/20 was 5.5 per 100,000 population. This very low figure put performance amongst the top 25% of authorities in England. Furthermore, it was considerably lower than comparable averages – England (14.6 /100,000 population), East Midlands (15.6), similar shire authorities (14.0).
21. At the start of September there were 327 people aged 18-64 in permanent placements. This has subsequently reduced by a further 6% to just 307 at the start of January 2021. Reviews of Scheme 1 Covid funded placements has had little impact on the downward trend in placements.
22. During the last six months there has been only one permanent care admission per month and the forecast of 15 admissions throughout 2020/21 will be a considerable reduction on 24 in the previous year. There were 12 permanent care admissions between 1 April 2020 and 28 January 2021. The forecast for the full year is 15 admissions or 3.6 per 100,000 population.

### **Temporary Admissions**

23. From the community, there was a reduction in temporary admissions during the early pandemic noted in the report to the Committee on 2 November 2020. There was a small increase (up to an average of four admissions per week) in the early autumn, although the number remained significantly lower than the average of 22 admissions per week pre-pandemic. A slight reduction has been seen since early autumn with the average weekly admissions at two during January 2021.
24. The number of people being admitted temporarily following hospital discharge continues to average at 2-3 per week.

## **Key Challenges**

25. The period since March 2020 has been extremely challenging for adult social care providers given the ongoing pandemic. All provider categories have faced their own set of challenges specific to their model of service delivery and the support needs of the people they serve.
26. Care homes have experienced a broad range of challenges from Covid-19, many of which occur simultaneously. These were covered extensively in the report to the Committee on 2 November, but are summarised as follows:
  - Outbreaks of Covid-19;
  - Increased mortality rates;
  - Workforce availability, including illness, self-isolation, and childcare/home schooling requirements;

- Access to and speed of results of testing;
- Reduction in permanent admissions resulting in high vacancies;
- Understanding, keeping up to date with and applying Government guidance;
- Cost pressures relating to sourcing Personal Protective Equipment (PPE), testing, vacancies, staff recruitment, retention and absences, and increased home insurance premiums.

27. Some improvements have been made in the following areas:

- Availability and price of PPE: the supply of PPE has now steadied, and providers delivering regulated services can order PPE for free for their Covid-19 needs from a national portal;
- Creation of Covid-positive 'designated settings' for people needing care in a care home following discharge from hospital.

28. The Council has provided extensive support to providers to understand and mitigate care homes' challenges; these were outlined in the report presented to the Committee on 2 November and are ongoing.

29. There have been restrictions around movement and access to care homes due to Covid-19. This has presented difficulties for professionals as it has reduced the ability to visit care homes. In addition, there is a reduction in feedback from visitors to raise issues or concerns about the home or service delivery, which pre-Covid might have highlighted safeguarding concerns at an early stage.

30. Each visit presents a risk to people living in a care home which must be assessed prior to a visit to ensure it is essential. This has made it more challenging, but visits have still taken place where necessary, with the Council's officers wearing the appropriate PPE and observing Infection, Prevention and Control (IPC) measures to reduce risk to the residents, staff and to themselves.

31. There are eight homes which are currently rated inadequate within Leicestershire. The Authority's Quality and Contracts function works closely with the Care Quality Commission (CQC) to share information between partners to identify the issues where there are concerns with a provider and agree on actions to be taken including visiting the provider. Ongoing work is being completed with all eight homes to assist them with making the required improvements.

32. On occasion, a care home encounters instability as a result of Covid-19 and other challenges. The County Council has the responsibility to ensure all residents' safety in these circumstances, whether they are funded by the Authority or self-funders, and in certain circumstances will deploy its own staff to oversee the quality of care and support in the home whilst alternative arrangements are made for the residents.

### **Improved Intelligence Gathering**

33. The Council has invested in additional Quality and Contract Officers who will support the implementation of a new risk management 'RAG' system. The RAG reporting system is a project management tool for rating status reports, based on the traffic light colour designations:
- Red: critical;
  - Amber: some concerns;
  - Green: compliant.
34. This includes but is not limited to the CQC status, safeguarding incidents, complaints and the size of the home. This information is then 'RAG' rated to agree on what action is required. The RAG rating will indicate what level of intervention is required which could be either a desktop review or a visit to the home. The implementation of this tool will allow the Council to design a protocol to support care homes at an early stage to avoid them going into crisis. For example, random checks might take place on homes in green and amber, providing support earlier to avoid escalation into the red RAG rating. The rating tool is currently in the development stage and it is anticipated that it will be completed in the summer 2021.
35. Contracts Officers review all information which is received about each provider. This includes provider performance monitoring forms, whistle blowing concerns, safeguarding alerts and general feedback on the provider. The intelligence is reviewed monthly and escalated whenever risk is growing to senior managers as soon as risk begins to increase.
36. A new monitoring tool has been developed which looks at key areas including infection prevention and control, training, staff levels and management within the home. Evidence is gathered virtually and reviewed, and a report is sent to the provider. This monitoring tool would identify if the providers are contractually compliant or if a contract monitoring visit is required for further investigation. This gives further intelligence on a provider to determine the risk status.
37. The Council is reviewing a new risk tool which Leicester City Council are currently using. This tool has been successful in monitoring providers' progress. The tool would be updated monthly and be available for all locality workers and operational staff to review to determine the current status of a provider each month.

### **Provider Engagement**

38. Officers are in regular contact with care home providers to give bespoke support and address queries. On average, each care home within Leicestershire receives a phone call from a known officer at least once every fortnight.

39. The Council continues to hold fortnightly care home provider meetings to engage with providers and give a two-way flow of information to support care homes to remain stable during the pandemic period. The content of the meetings usually covers matters such as financial support, PPE, testing, visiting guidance, vaccinations, training and any other pressures or concerns providers wish to discuss. These have been well received by providers since their initiation in March 2020 and could be utilised to deliver improvement projects moving forward.

### **Personal Protective Equipment (PPE)**

40. The Council gave a monthly payment to care home providers between April 2020 and September 2020 to meet their additional costs arising a range of sources, but particularly PPE. A free national PPE scheme began in September 2020 with an aim to meet the Covid-19 related PPE needs of providers delivering regulated activities. Overall, these payments amounted to £1.8m and are currently paused because of the free scheme, but reinstating this support remains an option.
41. The majority of care homes' additional costs should have been met by the additional payment made by the Council, support from the Local Resilience Forum and free PPE from the PPE Portal. However, there is concern about how long the free PPE offer set up by the National Government will endure in 2021/22 as it is currently due to run until June 2021.
42. The payments made by the Council between April and September were equivalent to an increase payment of £15.13 per week (per annum) which compared with the standard fee of £603 per week is a 2.5% increase. To that extent the Council has provided a good level of support with PPE costs during 2020 in respect of the residents it supports. However, the Council remains open to considering further exceptional Covid-19 costs which providers can evidence have not been met by the national and local provisions.

### **Financial Support**

43. The Infection Control Fund (ICF) Round 1 ran from May to September 2020. Payments equated to £1,011 per bed, and some £5m of national funding was distributed to Leicestershire care homes. The reported total expenditure exceeded the grant by 7%.
44. The ICF Round 2 is in progress and some £3.5m, the full grant for October 2020 to March 2021, has been distributed. Whilst this is a significant sum, actual expenditure for the period is projected to be £5m, leaving the sector with a large shortfall that the Council is monitoring and seeking to mitigate.

### **Fee Uplifts for 2021-22**

45. The backdrop for the April 2021 uplift is complex with the whole health and social care system under pressure. Care homes have faced significant increases in costs, many of them mitigated by additional funding and support, for example ICF,

during 2020, but much of that support is presently scheduled to end in March 2021.

46. The Council has experienced unprecedented increases in costs and loss of income, which means it faces a medium-term funding gap of £92m and increased cost pressures of £14m next year and therefore significant savings will have to be made.
47. Allied to this, the social care funding landscape is overdue for reform and weighted against county councils, which leaves Leicestershire as one of the lowest funded councils in the country.
48. The Council's approach to the residential fee uplift in April 2021 is governed by the fee review undertaken in 2019. It was agreed by the Cabinet on 25 June 2019 that increases for April 2019, 2020 and 2021 would be calculated using a formula based on the annual increase in the Average Weekly Earnings (services rate) and the Consumer Price Index.
49. The work to determine the care homes fees for 2021/22 is ongoing; the Council has engaged with care homes to obtain information about the cost pressures and loss of income they are experiencing, and the uplift is expected to be determined shortly.

#### **Rapid Testing Fund and Workforce Capacity Fund**

50. The national Rapid Testing Fund (RTF), with total funding in Leicestershire of £1.6m with a requirement to passport 80% to care homes, will mitigate the costs associated with Lateral Flow Device (LFD) testing between December 2020 and March 2021. Similarly to the ICF, the funding must be spent by 31 March 2021, but it is unlikely that the practice of testing staff twice weekly and the use of LFD testing to support visiting will cease in March.
51. The Workforce Capacity Fund was announced in February 2021, and will support providers to deliver measures that result in additional staffing capacity for adult social care to:
  - support providers to maintain the provision of safe care;
  - support providers to restrict the movement of staff between care homes and other care settings;
  - support safe and timely hospital discharges from hospital into care settings;
  - enable new admissions from the community into care services.
52. The amount allocated to Leicestershire is £1.2m and is to be spent by 31 March 2021.



### **Covid-19 Vaccination in Care Homes**

53. The Covid-19 vaccination programme in Leicestershire began in December 2020, shortly after the vaccination of the first person in England. The priority order being followed is that of the national Joint Committee on Vaccination and Immunisation list, with 'cohort 1' including residents and staff in care homes.
54. For care home workers, vaccinations were initially offered, and continue to be offered, through the Leicestershire hospital hubs. During January, vaccinations were carried out on-site within each care home building by the relevant local Primary Care Network.
55. By the national deadline of 24 January 2021, 97% of care homes in the County had been visited by a Primary Care Network, with the vast majority of residents being vaccinated. Where visits had not taken place, this was as a result of a significant outbreak at the home at that time; subsequently vaccinations have been carried out at these locations.
56. At 19 February 2021, 68.4% of care home staff in Leicestershire had received their first Covid-19 vaccine dose.
57. Every encouragement and support are being given to providers and staff to encourage workers to take up their vaccination. Some of the methods employed include:
  - Virtual question and answer sessions and webinars, including clinical experts;
  - Publicity materials;
  - Frequently Asked Questions documents, including those developed in Leicester, Leicestershire and Rutland;
  - Communications produced by and for Black, Asian and Minority Ethnic communities;
  - Work with health organisations to ensure that vaccination can take place in convenient locations;
  - Dedicated social care provider and staff vaccination enquiry web page, enquiry form, enquiry email address, and booking phone line;
  - Weekly email updates to providers to encourage uptake and share the latest information on vaccination roll-out.
58. In the medium term, the Public Health Department is undertaking research with providers to gain insights to improve the take up of the vaccine further.

### **Workforce Development**

59. Recruitment and retention have been continuous pressures for providers throughout the pandemic. Providers identified that the issues with staff shortages have been due to sickness, shielding and staff seeking 'safer' roles.

60. The Council's Inspired to Care project has continued to support the external market via an attraction campaign and supplementing provider efforts by sending candidate CVs and leads for them to process independently. This work continues to be received very positively and to date, since the start of the pandemic, over 6000+ applications and CVs have been sent. The vacancy rate in Leicestershire has reduced by 2.5% from the previous year; from 8% in 2018/2019 to 5.5% in 2019/2020.
61. Inspired to Care is continuing to support the external market with recruitment, but also retention and development of the workforce. Workstreams include:
- Education around careers within the sector;
  - Changing perceptions and attraction via social media and the Inspired to care website;
  - Collaborative working to deliver the virtual Care Professional of the year awards;
  - Media engagement and positive news stories for press releases;
  - Work academies programme;
  - Virtual topic conferences;
  - Work with the Leicestershire Social Care Development Group on development, training, career pathways and leadership in the sector;
  - Interview skills workshops for values-based recruitment.

### **Care Charter**

62. The Council is currently considering the implications of signing up to the Unison Ethical and/or Residential Charter Marks.
63. The over-riding objective behind the charters is to promote safety, quality and dignity of care through workers' employment conditions. The Charter provides a set of standards for local authorities to follow when they are commissioning homecare or residential services. The Care Charter requirements are set out in an Appendix to this report.
64. The County Council ensures that providers meet national wage standards, including appropriate pay for any time staff spend travelling between appointments. New market shaping duties on local authorities mean that Councils must also stimulate, signal to and engage with providers and must not undertake any actions which may threaten the sustainability of the market e.g. setting fee levels below a sustainable amount for providers in the long term. Appropriately trained and remunerated workforce is the key to delivering good quality care and support in Leicestershire.
65. As at January 2021, 43 local authorities have signed up to an Ethical Care Charter and have varied the speed and scope of implementation to meet their situations. Feedback provided by local authorities showed that the main challenge in implementing the care charter were around the financial implications.

66. The Care Charter also includes a commitment that home care staff should be paid for travel time, expenses, and have opportunities to meet to avoid isolation. There would also be a requirement to pay Foundation Living Wage as a 'take home' minimum pay level, the introduction of an occupational sickness pay and pension scheme.
67. Representations might also be anticipated from providers of other commissioned care services, seeking parity of minimum pay levels, therefore due consideration must also be given to potential impact of implementing the Living Wage for all commissioned social care services. Though councils have faced budget cuts, the charter can be implemented gradually.
68. Feedback given from a local authority to the County Council on the positive impact of signing up included that they experienced improved capacity and improved recruitment and retention. Local authorities reported the importance of improving the image of care work and ensuring that carers receive the recognition for their hard work and dedication for caring for vulnerable people.
69. The Council is scoping options and consulting with providers before determining whether a charter mark will be implemented in Leicestershire.

### **Extra Care Build Programme**

70. The Council has indicated its commitment to the development of additional extra care housing (ECH) schemes through its support for the Social Care Investment Plan. These would be delivered through both partnerships with experienced developers of ECH and potentially utilising its own assets and developing the County Council's ECH. The latter of these is presently subject to an options appraisal aiming to determine how best 'value for money' can be achieved.
71. In line with the County Council's Adult Social Care Strategy and the Older Persons Accommodation Strategy 2016-2020, extra care services have been designed to ensure that people get the right level and type of support, at the right time to help prevent, reduce or delay the need for residential care and maximising their independence.
72. Extra care is designed to help people optimise their independence at home, by offering a service model focused on reablement and maximising independence. People are being enabled to manage their own care wherever possible, improve their resilience to deal with issues in the future and improve their health and wellbeing outcomes.
73. Extra care housing schemes offer care and support for older people aged 55+. The service consists of providing care packages which are assessed by the Locality Teams to ensure the residents' needs (usually personal care) are being met, a Wellbeing Service and a Waking Night Service. The Wellbeing Service predominantly consists of support services but with provision to meet residents'

urgent and unplanned care needs as these arise. Support is aimed at promoting independence, health and wellbeing, supporting social inclusion and preventing, reducing or delaying the need for additional health or social care services. In addition to the Wellbeing Service, a Waking Night Service may also be commissioned for individuals who may be approaching the end of their life or their needs are of an unpredictable nature such that they require direct care or supervision overnight.

74. Extra care is relatively limited in scale as a housing option and not a widely understood or promoted resource, locally or nationally, compared to more traditional housing options like residential care or sheltered housing. There is an ongoing challenge for County Councils to work with local housing authorities and extra care landlords to ensure that the schemes are widely promoted. Raising awareness among health, social care and even housing professionals is also critical.
75. In 2018, the Council commissioned care and support within six Extra Care Schemes across the County as set out below:

Extra Care Scheme	Care Provider	Housing Provider	Capacity	Current utilisation
Waterside Court	Help at Home	East Midlands Housing	62	54
Connaught House	Help at Home	Places for People	38	33
Gretton Court (Melton Mowbray)	Radis Community Care	Melton Borough Council	42	26
Oak Court (Blaby)	Help at Home	East Midlands Housing	50	47
Birch Court (Glen Parva)	Help at Home	Anchor Hanover	33	25
St Mary's House (Lutterworth)	Help at Home	East Midlands Housing	28	24

76. The data shows that there has been a small increase of people accessing extra care housing. One potential rationale for this is due to the Covid-19 pandemic. People have reported to have been concerned about moving into new accommodation during this challenging period and families have also chosen to keep their family members at home throughout the pandemic.

77. A further 70-unit scheme will open in July 2021; Springfield has been developed by East Midlands Homes and is located in Ashby-de-la-Zouch. Five of the units are for market sale. Core care and support services will be funded by East Midlands Homes via a direct charge to tenants. The Council has been invited to join the allocations process and eight of the units will be available to adults with needs below the age of 55.
78. The above results in 253 units of commissioned ECH being available across the County with additional 'affordable' units being available at Springfield.
79. The contracts for extra care run from 28 October 2018 until October 2022. The Council will conduct a strategic review in the upcoming months of the current extra care model, identifying what is working well and what developments will need to take place to ensure residents remain independent as possible.
80. The Council will also support the following developments:
- Additional capacity in North West Leicestershire delivered through proposed 66-unit scheme located on the Snibston Colliery site;
  - Addressing the lack of ECH in Hinckley and Bosworth through a proposed 70-unit scheme in Hinckley;
  - Replacing Gretton Court in Melton as it has physical deficits when compared to modern ECH developments – no suitable replacement site has been identified at this time.
81. Whilst fulfilling the above will improve the situation across the County, it will not meet the additional capacity identified in the Social Care Investment Plan. Based on the Housing and Economic Development Needs Assessment and the Joint Strategic Needs Assessment, 1,100 additional units are indicated to be required over the next 15 years. This volume would be delivered through partnerships with experienced developers of ECH and potentially the Council utilising its own assets and developing Council ECH. The latter of these is presently subject to an options appraisal aiming to determine how best 'value for money' can be achieved.
82. Delivering to or close to this volume will ensure a supply of ECH across the County offering a choice to citizens whose needs are appropriate to ECH who would otherwise be at risk of admission in a registered care home.

### **Response to Provider Instability and Failure**

83. During the Covid-19 pandemic, the Council has found increased risks of provider failure and instability. The risks of failure are due to lower occupancies in care homes, lower levels of referrals to care homes and increasing costs for providers due to the use of personal protective equipment and new ways of working. The risks of instability are due to outbreaks and staff absence due to testing positive even when asymptomatic. The indication to date is that there is no specific type of

care home which could be classed as the most vulnerable to potential instability.

84. Vacancy levels have risen by around 10% since the start of the pandemic and are around 20% currently. Some homes have higher vacancy levels, and this does present a risk to them remaining viable. The Council monitors these homes carefully for indicators of potential risk and offers support to the providers. Smaller providers may be more at risk as they often do not have the financial resources of larger organisations which may cushion against reduced occupancy.
85. There are increased vacancies across all types of care homes. This is because more people are choosing to receive care in their own homes where possible, which is in line with the Council's strategic intentions to support people to live in their own homes for longer, and there is reluctance in some cases to move into a care home due to concerns regarding the pandemic.
86. In the past 12 months there have been three home closures in Leicestershire. One was a small working age adult home and closed due to the provider no longer wanting to provide care; one was a small older persons' home which closed due to vacancy levels and quality concerns; and a medium sized home which closed due to quality concerns.
87. Homes rated inadequate by CQC are at risk due to people being less willing to move into these services. All eight homes currently rated inadequate are older persons homes. Vacancy levels and quality ratings are monitored by the Council. Although one home cannot be promoted above another in order to increase occupancy if a home has high vacancy levels, they are monitored more closely, and conversations are held with the provider if this may affect their viability. Where a provider is struggling due to quality concerns, tailored support is offered.
88. Work is underway to consider the future shape of the care home market. There will always be a need for residential care, although the level of provision may change as homes cannot sustain their present vacancy levels indefinitely. Where appropriate, providers would be supported to consider changing their offer. Consultation and advice events have been held with all providers of residential provision for working age adults to enable them to explore other options such as supporting people to develop independence as a step through model, in line with the Council's strategic direction.
89. Providers are currently testing staff weekly and residents monthly for Covid-19. This has identified, in some cases, high numbers of staff who test positive. This means staff then must isolate which has put providers at risk due to low staffing levels. As staff are not allowed to work between different settings in order to reduce the likelihood of spread of infection, this has meant providers have sometimes struggled to cover in the case of high levels of absence which has led to quality concerns within homes. There is support for all homes during an outbreak from the IPC and from the Department's Quality and Contracts team. Advice and support are given around how to ensure infection, prevention and

control methods are appropriate to reduce the risk of spread of infection, and advice around staffing to ensure people's needs are met safely. If necessary, visits are undertaken to review the situation and offer more practical support and to have oversight of the situation. Providers are given advice on business continuity planning to support them before this situation has arisen.

90. The Council has learnt about the potential indicators of a provider struggling with an outbreak. As a result of this the support offered to homes and the escalation points of concerns for a home's ability to manage the situation has changed, to enable a multi-disciplinary approach.
91. Providers are supported with recruitment through the Inspired to Care team. Although they do not act as a short-notice recruitment agency, they are able to support a provider with long term recruitment to enable them to fulfil their staffing requirements which reduces financial pressure on a home as well as providing continuity of care for people living there.
92. Work has been undertaken within the East Midlands region to identify which providers are used across different authorities and the spend with each of these providers. This informs greater oversight of the wider market. A regional information sharing protocol can be instigated in certain circumstances which would include potential financial instability or serious quality concerns. The protocol triggers the notification of all Councils working with the provider so all parties can consider how this may impact on the services within their area. Therefore, if there was to be a large scale provider failure all applicable Councils would be required to work together to address the issue. In case of provider failure within Leicestershire there is a mutual aid agreement where all partners become involved to ensure people are cared for safely. This includes health partners where clinical support may be needed, the CQC and internal direct services in case of additional hands on support being required.
93. The Council uses a variety of options to respond to provider failure depending on the size, vulnerability and risks of a home. In order to respond to complex situations and larger homes, the Council is currently undertaking consultation with the care market to identify its capacity in supporting a failing care home in a crisis.
94. An advert was placed on the Official Journal of the European Union, Contract Finder and the East Midlands Tenders on 8 December 2020. The outcome suggests that there are not many organisations that have capacity to provide the urgent support of significant scale that the Council requires. The advert will be out for consultation until the 28 February 2020, so there is a possibility of further interest. After the consultation period has ended, the Council will consider whether the option to commission a framework is viable.
95. The Council continues to use its provider instability and failure protocol and checklists. The checklist provides a framework to enable the Council to manage issues in care homes and has been successful in addressing quality concerns in care homes within Leicestershire.

96. New posts have been agreed within the Department to support provider sustainability. These roles will have market oversight and where a provider is beginning to show the signs of becoming unstable they will provide intense support to a provider to manage any quality concerns they have, to support all partners being involved and would provide very targeted support so a provider can make the required improvements very quickly. This team would support providers with serious quality concerns and as a last resort could support with managing the service.

### **Consultation**

97. In September 2020, care homes were contacted via email to identify the key pressure areas and how the Council might consider support where appropriate moving forwards. The top 20 care homes with vacancy issues were also contacted via telephone; in total the Council successfully engaged with 23 homes. The information provided was invaluable in understanding the state of the Care Home Market and in identifying key pressures. Feedback was also provided by East Midlands CARE and Health colleagues. The Council tailored its support measures to minimise pressures highlighted by providers.
98. The Council continues to engage with providers through regular individual contact, fortnightly conference calls, bespoke recruitment and retention advice, and contract management and quality support and advice.

### **Risks**

99. Risks are highlighted throughout this report, including the measures which the Authority has been undertaking, or is considering, to mitigate them.
100. Central to the Council's approach to risk is the need to ensure the safety of people using its services and those of the adult social care providers which it commissions.

### **Resource Implications**

101. ICF2 and the RTF will end in March 2021; the free Covid-related PPE is due to end in June. Covid-related cost pressures will run on into 2021 but the extent to which they will be reduced by Central Government is currently unclear.
102. The County Council is committed to consider providers' reasonable additional costs from Covid-19, where they have not been met through existing national and local funding streams and initiatives. The Authority continues to consider such requests on a case by case basis on the evidence presented.



## **Conclusions**

103. The Care Homes Market has been substantially impacted by the Covid-19 pandemic over the past 11 months. Despite the challenges, the sector has shown resilience, commitment and determination throughout a very difficult period. Providers have been outstanding in working closely in partnership with the Council to provide safe, quality care to vulnerable people in Leicestershire.
104. The Council will continue to support providers via workforce support, maintaining communication and dialogue, and financial support where appropriate.
105. The Residential Expenditure budget is £96.3m. Currently the forecasted spend is £115.7m, an overspend of £19.4m composed of passporting of the ICF payments to Residential Care Providers of £8.8m, plus additional support payments of £2m and demand pressures of £8.6m.
106. The Council has taken further measures to support care homes further to reduce the risk of instability, and to respond sooner if it arises. This has included investing in additional resources and the development of new quality and monitoring tools.
107. The Council will use the recent research, intelligence and consultation to identify potential solutions to increasing support and promoting provider sustainability.
108. The Committee is invited to note the analysis undertaken of the current position of the care home sector in Leicestershire and comment on the support being offered to providers by the Council.

## **Background Papers**

Report to the Cabinet: 25 June 2019 – Review of Long Term Residential and Nursing Care Fees

<http://politics.leics.gov.uk/ieListDocuments.aspx?CId=135&MId=5604&Ver=4>

Report to the Cabinet: 18 September 2020: Adults and Communities Department Strategy 2020-24 – Delivering Wellbeing and Opportunity in Leicestershire

<http://politics.leics.gov.uk/ieListDocuments.aspx?CId=135&MId=5997&Ver=4>

Report to Cabinet: 20 October 2020 – Adult Social Care Winter Plan and Measures to Support Care Home Provider Sustainability –

<http://politics.leics.gov.uk/ieListDocuments.aspx?CId=135&MId=5998&Ver=4>

Medium Term Financial Strategy 2021/22-2024/25

<http://politics.leics.gov.uk/ieListDocuments.aspx?CId=134&MId=6476&Ver=4> (item 6)

Adult Social Care: Coronavirus (Covid-19) Winter Plan 2020 to 2021

<https://resources.leicestershire.gov.uk/sites/resource/files/field/pdf/2020/12/7/Draft-winter-plan-for-Adult-Social-Care.pdf>

Report to Adults and Communities Overview and Scrutiny Committee: 2 November 2020 – Care Home Sustainability

<http://politics.leics.gov.uk/ieListDocuments.aspx?CId=1040&MId=6171&Ver=4>)

### **Circulation under the Local Issues Alert Procedure**

109. A copy of this report will be circulated to all members via the Members' Digest.

### **Equality and Human Rights Implications**

110. An Equality and Human Rights Impact Assessment (EHRIA) has been completed on the impact of Covid-19 on Council services and is available upon request.

111. A Covid-19 action plan is being developed that addresses any disadvantages people with protected characteristics may have with access to social care support and services. The action plan is specifically for the Adults and Communities Department. This is based upon the corporate EHRIA that was conducted regarding the Covid-19 restrictions.

### **Other Relevant Impact Assessments**

#### **Appendix**

Care Charter Requirements

#### **Officers to Contact**

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