

Present: Councillor Fielding (Chair)
Councillors Brownridge, Chadderton, Chauhan, Jabbar, Moores,
Mushtaq, Roberts and Shah

1 **APOLOGIES FOR ABSENCE**

There were no apologies for absence received.

2 **URGENT BUSINESS**

There were no items of urgent business received.

3 **DECLARATIONS OF INTEREST**

There were no declarations of interest received.

4 **PUBLIC QUESTION TIME**

There were no public questions received.

5 **ADDITIONAL EXPENDITURE IN SUPPORT OF HEALTH
AND SOCIAL CARE IN RESPONSE TO COVID-19
EMERGENCY**

Consideration was given to a report of the Managing Director Community Health and Social Care Service and DASS which sought approval to extend the support to the care sector due to the impact of Covid-19 from 1st July 2020 and for the remainder of the financial year.

The report provided an update on the support provided thus far to the care sector through the Covid-19 pandemic and sought agreement to extend some support measures until there was further clarity on the national position, particularly with regard to market sustainability.

The requested support reflected the ongoing requirements around the use of personal protective equipment, the impact of regular testing on the workforce, the vacant care home beds in the market and the resultant financial implications.

The report provided details of the current position in relation to:

- Care homes and vacancy rates
- Workforce
- Support to the Care Sector
- Carers
- Financial support
- Annual Adult Social Care budget survey
- Recovery

Options/alternatives considered

Option 1- Do nothing. Allow the support implemented up to the 30th June 2020 to end. This was not considered to be a viable option for the reasons set out in the current position above. In order to ensure that Care Act eligible care and support needs could be met, there needed to be sufficiency, sustainability, quality and choice of provision in the local care market (Care Act section 5 and Care Act Statutory Guidance section 4 relate).

Whilst there may be a need to revise the commissioning plans in relation to care and support services to reflect a shift in future demand, any contraction or other changes in the market needed to be undertaken in an informed and managed way.

Option 2 - Do nothing and respond to national directives when these were published. Discussions were continuing at a national level between the Association of Directors of Adult Social Services, Department of Health and Social Care, the Ministry for Housing, Communities and Local Government and the Local Government Association, however there was no indication as to when any guidance might be published.

Option 3 - Extend the majority of the proposals now until such time as any national guidance or funding was announced.

RESOLVED – That:

1. The 90% bed occupancy guarantee be extended until the end of July 2020, and authority be delegated to the Director of Adult Social Services to adjust this support from that point onwards up until the end of October 2020 (subject to interim reviews), to respond to the prevailing market conditions, in order to meet Care Act duties to meet eligible care and support needs, and ensure sufficiency, sustainability and quality of supply of care services to meet those needs. Whilst it was difficult to predict the financial implications of this proposal in an ever changing picture, a worst case scenario of continuing to guarantee 90% bed occupancy to the end of October 2020, based on the current vacant bed position would be £1.6m.
2. The Financial Support Panel to be continued until the end of October 2020 (subject to interim reviews) in line with Procurement Policy Note (PPN 04-2020), or until such time as there was further national guidance or funding in relation to the financial impact of covid-19 on the operational running costs of care services. It was further proposed that information and outcomes of the panel were shared with the Financial Assistance Board and Procurement Bronze Group to ensure oversight and connectivity. The number of claims that directly related to measures within the infection control fund, should reduce. However, for care homes there may be ongoing or incidental costs that fall outside of the scope of the grant, and for other providers who would not benefit from a share of the non-care home element of the grant, there needed to be recognition of the increased costs. Using the past three months activity through the panel, and not factoring in the favourable impact of the infection control fund, an estimate until the end of October was £0.582m.
3. The continuation of funding commissioned rather than actual care delivered in the care at home sector until the end of October 2020 (subject to interim reviews) in line with Procurement Policy Note (PPN 04-2020), or until such time as there is further national guidance or funding in relation to the financial impact of covid-19 on the operational running costs of care services be agreed. This recognised the need for flexibility within the sector to

be able to respond to fluctuating and irregular demand, the need to respond differently as lockdown easements are implemented, and the unknown impact on the workforce of test, track and trace, or further Covid-19 outbreaks in the community. Based on the last three months, and assuming no change in volume of activity, an estimate until the end of October was £0.4m.

4. The 5% uplift would continue to apply for the remainder of 2020/21, and by default had become Oldham's uplift in social care fees for the current financial year. Prior to the Covid-19 pandemic, and in line with usual process, consultation commenced with the commissioned providers in the care sector regarding fee levels for the financial year 2020/21. The uplifts proposed to the market averaged at 3.5%. Feedback received (but not progressed through to decision) referenced, amongst other factors, the increase in the National Living Wage of 6.2%, and a view that commissioned rates should be increased accordingly. Ongoing dialogue with providers throughout the year would enable an assessment to take place of the extent to which this, along with the other measures proposed, were ensuring sufficiency, sustainability, quality and choice of provision. During the pandemic, the Local Government Association (LGA) and Association Directors of Adult Social Services (ADASS) issued guidance for commissioners, which included a recommendation that fee increases should be uplifted by around 5% to take account of the National Living Wage, and that when taking account of additional Covid-19 related costs, increases of up to 10% in costs were being experienced by the sector. Individual discussions between LGA finance leads and council officers recognised that the 5% uplift, along with the wider financial support available, was in line with the published guidance.

Given the current circumstances and the volatile operating environment, which made it difficult to establish what typical cost pressures across the sector were, and how these might fluctuate over time, it was proposed that the 5% uplift continued to apply for the remainder of 2020/21, and by default became Oldham's uplift in social care fees for the current financial year. Dialogue would continue with providers during the course of the year with regard to cost pressures and financial viability.

Based on the current volume of activity, it was anticipated that the cost of the uplift for the remainder of the financial year was £2.37m.

The Cabinet noted the CCG had agreement from the Governing Body to extend the 5% uplift for care services until 31st July 2020, in line with NHS guidance, with a view to reviewing the position once further guidance was received.

5. The Cabinet Acknowledged in relation to adaptations to properties being undertaken by framework contractors through the Disabled Facilities Grant, there were additional costs now associated with Covid-19 such as

PPE, additional cleaning and the impact of social distancing that were not originally priced for as part of the tender undertaken in 2018, and to offer a uniform amount, as all other costs within the framework are set. This was suggested as £30.00 for PPE plus £120 for additional labour/cleaning costs per job.

6. The Cabinet acknowledged there was further major construction requirements tendered on an individual basis through use of the Disabled Facilities Grant, (typically extensions) and this resulted in additional costs associated with Covid-19 to be priced for within each individual tender.
7. The Cabinet noted the proposal to make further provision by applying a 5% uplift on current activity recognising the potential for increased demand for carer respite and carer breakdown.

The meeting started at 6.00pm and finished at 6.19pm