

Emergency Decision

Chief Executive in consultation with the Leader of the Council

NOT FOR PUBLICATION by virtue of Paragraph(s) 3 of Part 1 of Schedule 12A of the Local Government Act 1972 and it is not in the public interest to disclose the information because it includes information relating to the financial or business affairs of any particular person including the Council

Decision Maker	Chief Executive in consultation with the Leader of the Council
Date of Decision:	01/04/20
Subject:	Additional expenditure in support of health and social care in response to Covid-19 emergency
Report Author:	Helen Ramsden – Interim Assistant Director of Joint Commissioning
Ward (s):	All

Reason for the decision: To support the care sector to respond to the Covid-19 challenge, and facilitate rapid hospital discharge.

Summary: The report seeks agreement to implement an initial set of provisions, and also seeks approval to subsequent steps potentially being implemented as required over the next 12 weeks as the challenges for the care sector, arising as a result of Covid-19 materialise. Reports to provide updates will be submitted as the situation develops.

The purpose of implementing a range of short term initiatives is to support the care sector to respond to the Covid-19 challenge, following national directions around hospital discharge, and guidance to commissioners. This includes ensuring that the care sector is adequately able

to accept hospital discharges within 3 hours, manage the care and support of those Oldham residents with health and support needs who are suspected or confirmed Covid-19 positive, and those who would otherwise have remained in hospital. This will assist in the system wide efforts to ensure as far as possible, sufficient capacity in the hospital to provide hospital based care to those in greatest need.

What are the alternative option(s) to be considered? Please give the reason(s) for recommendation(s):

All options considered are included in the attached appendix, including those that are not considered for implementation at this time.

In terms of the point at which to make this decision, there are two options:

Option 1

Wait for more detailed national guidance to be published. Discussions are 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 Treasury, however there is no indication as to when any guidance might be published.

Option 2

Implement a number of the proposals now and approve subsequent steps being implemented as required. Engagement with the care sector has established that we need to act as soon as possible to provide the support required. It is anticipated that any further national guidance may well go further in some aspects than this report recommends. In these circumstances, a further report will be submitted.

Recommendation(s):

The preferred option is option 2, to implement a number of the proposals immediately and approve other measures for implementation as the situation develops. The range of proposals and the intentions around timing of implementation is set out in the Proposals section below.

Implications:

*What are the **financial** implications?*

The provisional cost to the Oldham Health economy should all market support measures be

implemented for a 12-week period, is currently estimated to be approximately £9.983m as illustrated at appendix 1. It should be noted that not all elements have been costed, the costings provided are at best indicative and will vary with demand and the emerging market conditions. The split between the Council and the CCG, based on activity (not who will ultimately carry the cost) is £8.845m and £1.138m respectively.

Both organisations have received funding to assist with the costs of the COVID 19 outbreak.

- The Councils share of a £1.6bn national support package is £7.6m (received in 2019/20 and rolled forward into 2020/21). This will be used to support the Council (and its partners) in its response to the virus including, but not limited to Adult Social Care (predominantly focussing on supporting the provider market), the wider social care market (including Children's Services), homelessness and loss of income. Provisional modelling reveals the additional costs will far exceed the initial allocation that has been received, indications being that further releases of funding will be made available.
- The CCG have access to a £1.3bn national fund to support accelerated discharges from hospital, costs are claimed in arrears and includes relevant costs borne by the Council. In line with National NHS Guidance Oldham CCG will be reclaiming actual costs incurred from NHSE. The Oldham CCG finance team are working closely with OMBC colleagues to ensure that all costs that should be funded by the NHS (for the duration of emergency) are captured accurately to enable them to be submitted to NHSE for payment.

It is not proposed that all the options are implemented in the first instance. The immediate options that will be applied, as per the proposed draft communication to the market at appendix 2, aim to provide reassurance and cashflow support to care providers enabling them to become more financially resilient to economic hardship and the measures of which will also

prove valuable in establishing a discharge pathway. Based on current best estimates the likely cost to the Oldham healthcare economy will be in the region of £2m, with an expectation that this will be funded by a combination of the grants referred to above.

It is felt that this integrated, staged approach will both satisfy care providers apprehensions and allow both the Council and CCG to flexibly consider further investment in what is a highly volatile market. (Danny Jackson)

What are the **procurement** implications?

The Commercial Team supports the decision to commission the services in response to Covid19 pandemic. An award of a direct contract under these circumstances without prior publication of a notice has arisen as a result the extreme urgency of the situation arising from the COVID-19 Pandemic. (Rajnish Ahuja)

What are the **legal** implications?

Legal Services will do what it can to support Adult Care Commissioning Services to put the proposals in the accompanying spreadsheet into action. There will need to be approval for a modification of the Nightingales Contract and a Deed of Variation will have to be sealed to pay for the additional placements required. The Council will follow the requirements of the Government Guidance issued in PPNs 01-02 March 2020 to avail itself of the exemption provisions in the Public Contracts Regulations 2015 and the advice given to support service providers and suppliers during the current state of emergency.

The Council must be mindful of the implications of paying the top up fees for some of the care home placements. The report indicates that this proposal would be for a period of twelve weeks and subject to review. However, the Council would be entering into a contract for a care placement and such placement would become the individual's home and the implications of Article 14 of the Human Rights Act 1989 apply. Furthermore, at this stage it is not clear how long the government guidance to waive its former guidance on top up fees will continue and the longer the waiver continues the stronger the individual's right to call the placement his/her home. In the event that the Council makes a

future decision not to continue to pay the top up fees a decision would have to be made as to whether or not a third party top up payment would be available. Under existing guidance an individual is not entitled to pay his or her own top up fee after the initial twelve-week period of a placement. Therefore, the Council with the individual's agreement, may have to find suitable alternative accommodation to meet the individual's need. It would also have to meet the individual's right of choice under the provisions of the Care Act 2014. This means that the Council would have to have find vacancies in at least more than one care home which could meet the individual's need. The likelihood of being able to meet its statutory obligation to provide choice may be impaired by the consequences of COVID-19 Pandemic and as such, the risk to the Council in continuing its contractual obligation to pay the full cost of a care home placement including the top up fees has to be considered.(Elizabeth Cunningham Doyle)

*What are the **Human Resources** implications?*

There are no direct staffing implications for the Council.
(Emma Gilmartin, HR Business Partner)

***Equality and Diversity Impact Assessment** attached or not required because (please give reason)*

An Equality Impact Assessment has not been completed due to the fact that the proposals relate to actions required which will contribute to the health care and support required for the entire Oldham population.

*What are the **property** implications*

None

Risks:

The risks of implementing the proposals relate largely to legacy issues that may arise. Communications with the care sector will be clear that any arrangements made are initially for a 12 week period only and will be reviewed. The risks of not putting in place the measures described, will be that the health and care sector is unable to adequately respond to the challenges presented by Covid-19. Examples include the government guidance to temporarily waive the former guidance on care home top ups and 1:1 payments.

There is a potential impact during this period on the income social care receives from charging. Whilst difficult to quantify at this time, robust

monitoring arrangements have been implemented and regular liaison with finance leads is taking place to gauge any additional cost pressures.

Co-operative agenda

This decision relates to the Council supporting the independent care sector and the wider healthcare system to respond to the challenge of Covid-19, by taking all reasonable and practical steps to enable the health and care sector to support some of the most vulnerable members of our community.

Has the relevant Legal Officer confirmed that the recommendations within this report are lawful and comply with the Council's Constitution? Yes

Has the relevant Finance Officer confirmed that any expenditure referred to within this report is consistent with the Council's budget? Yes

Are any of the recommendations within this report contrary to the Policy Framework of the Council? No

Reason(s) for exemption from publication: Information relating to the financial or business affairs of any particular person including the Council.

Reason for emergency report To support the care sector to respond to the Covid-19 challenge, and facilitate rapid hospital discharge in the absence of a Cabinet decision.

Reason for exemption from call in The Chairman of the Overview and Scrutiny has agreed to this item being exempt from call in because of the urgent nature of the item.

Reason why this Is a Key Decision


(1) to result in the local authority incurring expenditure or the making of savings which are, significant (over £250k) having regard to the local authority's budget for the service or function to which the decision relates; or

(2) to be significant in terms of its effects on communities living or working in an area comprising two or more Wards or electoral divisions in the area of the

local authority.

Agreement has been sought from the Chair of Overview and Scrutiny and this report is exempt from Call-in.

There are no background papers for this report

Report Author Sign-off:	
	Helen Ramsden – Interim Assistant Director of Joint Commissioning
Date:	01/04/20

Please list any appendices:-

Appendix number or letter	Description
1	Supporting hospital discharge and supporting the market (excel spreadsheet)
2	Draft communication to providers
3	COVID-19: guidance for residential care, supported living and home care https://www.gov.uk/government/publications/covid-19-residential-care-supported-living-and-home-care-guidance
4	Coronavirus (COVID-19): hospital discharge service requirements https://www.gov.uk/government/publications/coronavirus-covid-19-hospital-discharge-service-requirements
5	ADASS/LGA/Care Provider Alliance https://www.local.gov.uk/coronavirus-information-councils/social-care-provider-resilience-during-covid-19-guidance-commissioners
6	Department of Health and Social Care – What the Coronavirus Bill will do https://www.gov.uk/government/publications/coronavirus-bill-what-it-will-do/what-the-coronavirus-bill-will-do
7	Department of Health and Social Care – Care Act Easement Guidance https://www.gov.uk/government/publications/coronavirus-covid-19-changes-to-the-care-act-2014/care-act-easements-guidance-for-local-authorities

Background:

The report seeks agreement to implement and/or make provision to implement a range of initiatives to support the care sector to respond to the Covid-19 challenge, following national directions around hospital discharge, and guidance to commissioners. All guidance and directions have been referenced as appendices to this report.

Proposals:

The short term initiatives (initially for up to 12 weeks) include elements aimed at ensuring that the care sector is adequately able to accept hospital discharges within 3 hours, manage the care and support of those Oldham residents with health and support needs who are suspected or confirmed Covid-19 positive, and those who would otherwise have remained in hospital, including those at the end of their lives. This will assist in the system wide efforts to ensure as far as possible, sufficient capacity in the hospital to provide hospital based care to those in greatest need. In addition the aim is to ensure that care providers operating in neighbourhoods are able to continue to support often vulnerable people and prevent presentation to hospital. Many providers are seeing significant reductions in staffing levels whilst at the same time demand increases.

The proposals are set out below and those for immediate implementation are reflected in the draft letter to providers:

For immediate implementation	To make provision for implementation if required as the situation develops
Suspending consultation on fees for 2020/21 and will recommence at a later date, with decisions backdated to 1 st April 2020.	Where providers have challenges around cashflow or are facing significant costs through the need to backfill staff absences as a direct result of Covid-19, consideration of financial support that be required.
Increasing current fee rates by 5% across all commissioned adult social care services. The only exception to this is rates for PA's.	To support care homes with specialist nursing advice and support in relation to people whose physical health may be more complex than care homes would normally provide for, or for people at the end of life, who would have otherwise died in hospital.
Block purchasing of all vacant beds in the Oldham care home market at a weekly fee rate which recognises the loss of income to providers that would, if not for the hospital discharge directions, have been achieved via private payers and top ups	Making provision for the need to purchase an additional 100 care home placements/packages of care
Paying on commissioned rather than actual care provided and reconcile at a later date. Providers will be asked to continue to record where there is a difference between the care commissioned and the care provided. This also relates to people being admitted to hospital who are in receipt of care at home or in a care home, or other accommodation	Making provision to cover care provided by personal assistants, should they be unable to work as a result of Covid-19.

based service.	
Expansion of the home from hospital service	Making provision to support providers with IT equipment if required to enable them to access health support digitally.
Paying for additional 1:1 support where complexity of need determines that this is necessary to deliver safe care.	Provision for additional funding to support providers to care for people at the end of life, rather than convey to hospital.
Enabling care at home providers to reduce call durations where appropriate and safe to do so to increase capacity. Establishing a central procurement, storage and distribution centre for PPE.	
Launching a recruitment process for temporary staff, which will be via the Greater Jobs website. This will be centrally overseen and applicants directed to providers who have identified key risks and gaps. Providers may want to consider whether they could utilise catering and cleaning staff in caring roles (with training) and backfill catering and cleaning roles which may be less challenging to fill. The advert on Greater Jobs will continue to run and we can expand the roles it will target as we become aware of key staffing challenges.	
Recognising that the hospital discharge directives mean that financial contributions cannot be levied for the care arrangements put in place to facilitate discharge, which will result in loss of income for the local authority.	
Stopping intermediate care and reablement and utilising bed and home care capacity to support hospital discharge.	
Assistive Technology – rapid implementation of assistive technology to support discharge and reduction in carers.	
Equipment – making provision for increases in unit price and volume of equipment to facilitate hospital discharge and support reduction in carers.	

Given the unprecedented nature of the current circumstances, and the difficulty to predict nature and volume of demand, the financial impacts of some elements proposed are difficult to quantify at this stage, but methods have been developed to track and reconcile

across Broadcare (the CCG's case management system for Continuing Health Care and Complex Care) and Mosaic (the Council's social care client database) on a weekly basis. In addition, separate cost centres have been established to capture Covid-19 related expenditure.

With regard to appendix 1, the OMBC/CCG columns do not relate to how these costs might be shared across the organisations, but reflect how each organisations current activity relates. Where it is impossible to split until we know actual activity, or it is a general cost (for example, staffing) this is stated, and is just listed in one column.

Within the next few days, the hospital discharge function will be mobilised, and there is therefore an urgent need to clarify with the market our intentions around financial support, and make the necessary changes to contractual and payment mechanisms.

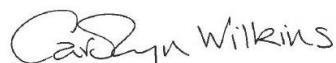
Conclusions:

In order to support the care sector and the hospital to respond to the challenges that Covid-19 is presenting, approval is sought to implement and make provision to implement a range of measures as detailed in appendix 1.

All Covid-19 related expenditure will be captured separately from business as usual expenditure, monitored and reported on a daily basis across both the Council and the CCG. Any expenditure that directly relates to hospital discharge will be reclaimed by the CCG from central government and refunded to the local authority.

Further reports will be provided as the situation develops.

Signed: Chief Executive



Date: 02 April 2020

Signed : Leader of the Council



Date: 02 April 2020