

MUNICIPAL YEAR 2019/2020 REPORT NO. 251

MEETING TITLE AND DATE:

Cabinet
13th May 2020

REPORT OF:

Director of Adult Social Care,
Bindi Nagra

Agenda – Part:1	Item: 7
Subject: COVID 19 Care Home Support.	
Wards: ALL	
Cabinet Member consulted: Cllr Cazimoglu.	

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1. EXECUTIVE SUMMARY

This report details the support being provided to Care Homes in Enfield, which has the 3rd highest number of care homes of any London Borough.

Every Covid-19 death is a tragedy and it is apparent that social care services and care homes in particular are on the frontline of the coronavirus pandemic. The Council is doing everything we can to protect vulnerable residents and staff from this dreadful disease. We are putting every possible effort into supporting people in care homes and those receiving care in their own homes. Resources are prioritised for social care services supporting those most at risk and we are working with all care homes on addressing Covid-19 pressures, including on staffing levels, access to suitable PPE supplies, and coronavirus testing.

In addition, the report details the provision of a time limited grant payment to each of our individual care home (residential & nursing) providers covering a period of up to three months. Each provider will receive a 5% uplift on all current Placements spot purchased for this period for which the Council is responsible. Where block purchasing arrangements are in place, this additional payment will not apply.

The payments are necessary to support the sustainability of the market, both in terms of capacity and the quality of care which is provided. The risk of provider failure due to financial sustainability issues as a direct result of the Covid 19 outbreak requires a significant and meaningful response, not only from Enfield Council but also from all North Central London Councils.

The grant payments will initially cover the months of April and May 2020, with the possibility of extending it to include June 2020.

A number of care providers are writing to local authorities, many referencing the co-signed statement from LGA and ADASS on temporary funding for care providers and the £1.6bn announced by the Ministry of Housing, Communities and Local Government for councils, requesting additional funding from councils to support with extra costs associated with COVID response.

2. RECOMMENDATIONS

Cabinet is asked to:

- a. Note the distressing and disproportionate impact that Covid-19 has had on our Care Home residents, their relatives and staff; and
- b. the extent of the support provided to the Care Home Sector and;
- c. potential future considerations and requirements for rescue of care providers that have been significantly impacted by Covid-19.and:
- d. agree the additional time limited grant payment to each of our individual residential/nursing care home providers equivalent to 5% of the cost of current placements.

3. BACKGROUND

Enfield has a significant care market, one of the largest in London and this market is of strategic importance to the Council. The care home market is a regional one and all NCL boroughs (Barnet, Camden, Enfield, Haringey and Islington) place residents in Enfield care homes. Ensuring a consistent approach is seen as vital to ensuring provider sustainability, capacity and prevent upward cost pressures in the market, as this will directly impact the Council.

Along with the other Boroughs in the North Central London (NCL) area, Enfield has agreed to the principle of taking a sub-regional approach to meeting short-term, additional costs associated with COVID-19 for its care home providers. This takes for form of a time limited grant payment to each of our individual residential/nursing care home providers equivalent to 5% of the cost of current placements paid by Enfield Council. This payment would apply to all placements made to any care home in North Central London by Enfield Council. The rationale for this is that each Council has a responsibility for market sustainability in its area. Given Enfield and Barnet operate in a regional context given the number of homes in our respective areas we have been able to agree an approach with all 5 Councils in North Central London to support our large shared care home markets.

The approach, to provide 5% temporary funding, is agreed through the respective Directors of Adult Social Services (DASS) in each Borough. Communication with NCL CCG is also ongoing in order that a joined-up health and social care response is put in place.

The Council had originally planned to engage with individual providers of residential and nursing care in order to agree any uplift requests for the financial year 2020/21. The main impact on increased costs for providers in

this financial year would have been the increase in the national living wage. The annual uplift process has been suspended but will be reinstated when provider capacity is restored, and any payments agreed will be back dated to 1st April. This is also a consistent approach being taking with other North Central London Councils.

The other significant financial pressure on care homes currently is the number of void beds they are carrying due to an excess number of deaths so far and reduced staffing levels.

In order to manage this pressure homes are reducing temporary staffing levels and maintaining permanent staff in their roles to continue to deliver care safely and effectively. There is very little evidence currently of any staff being furloughed.

The current proposal to providers of providing a time limited 5% top up to existing spot-purchased placement fees, includes the option of further discussion with commissioners, should any provider feel that the temporary financial aid is insufficient to meet their needs. It is unclear at this stage how many or if any providers will be become financially unsustainable and it is likely to be several months before this becomes clear. Should assistance be required or requested more detailed discussions with providers will take place on an individual basis as it will need to reflect the individual circumstances of each provider. The following considerations will need to be factored into any future decisions:

- CQC rating for the home
- Any Safeguarding concerns
- The extent to which Enfield Council has purchased or not beds from the home.
- The extent to which other Council's and CCG's have purchased beds from the home.
- Any block contract that might exist with the home, which is paid regardless of occupancy level.
- The quality of the building and extent to which the home is considered viable in normal circumstances.
- Previous occupancy running levels in the home.
- Any specialist provision including client specific that the homes provided.
- The extent to which any financial instability has been a direct result of Covid-19.

The provisions within the Care Act 2014 place a legal duty on Councils to have a direct responsibility for Care Home Market Management and the extent of this is to ensure that quality standards are achieved and there is sufficient capacity to meet the needs of local people, both Council supported residents and self-funders. There are a range of options that could be deployed depending on the circumstances identified above. These could include providing direct grants, loans and block purchasing vacant beds to be used for new residents, In addition commissioners will want to consider options to consolidate capacity especially where this relates to small homes or

consideration of buyout options where owners are no longer able or choose to no longer to operate in this market place. The options in each case as they arise will need to be explored carefully.

The addition to the time limited grants compliments the support already provided to our residential and nursing homes in the borough, which includes:

- Provision free of charge of over 1.5 million items of PPE to all of our providers over the last four weeks;
- Maintaining information and advice and disseminating this to all of our providers via email, on our Mylife portal and through webinars for training and practical advice on all PPE and infection control matters relating to Covid 19;
- Provision of daily contact support, guidance and advice to care providers through existing and extended council quality assurance and commissioning functions;
- Launch of a London wide recruitment campaign #proudtocarelondon, which has attracted hundreds of north London residents to apply for roles in care;
- Supporting providers to access NHS mail to support better information flows;
- Supporting over 80 of our local providers to access tablets as a pilot to increase social contact with family and friends during the lockdown period;
- Provision of vital signs equipment and training where needed and as appropriate for all of our providers to ensure we remain vigilant to signs of declining health;
- Providing a £1000 payment to all of our local providers to support the purchase of PPE;
- Extending the Council's Employee Assistance Programme free of charge to all of our providers in the borough;

4. ALTERNATIVE OPTIONS CONSIDERED

The principles were considered and agreed by all councils across the NCL.

Our options are to enhance this payment or if not, to run the risk of residential and nursing homes becoming financial unstable and closing. Additionally, not paying the same rate as other NCL Councils.

Other alternatives have already been employed. The Council has provided, in kind, support through the provision of PPE free of charge to all providers who need it as well as other types of support. Our local community health provider, Barnet Enfield and Haringey Mental Health Trust also provides clinical support through qualified nursing/medical staff to cover any gaps in cover that homes may have due to staff absence.

5. REASONS FOR RECOMMENDATIONS

NCL care home commissioners have suggested that a regional approach to meeting short-term additional costs associated with COVID-19 would be helpful. This is because the market-place is regional, and consistency is therefore helpful to prevent an upward pressure on cost; and also because multiple organisations are purchasing services from shared providers.

Enfield currently has 82 homes with 1831 beds. In total we have placed 862 individual placements in care homes both in and out of Borough. Our providers are a significant source of both employment and care placements within the borough. As a council we must support this vital sector who support Adult Social Care and the local economy.

6. COMMENTS FROM OTHER DEPARTMENTS

a. Financial Implications

The cost of these temporary grants paid on spot purchased placements will be £151k for April and £156k for May. These payments represent 5% of the care purchasing costs (nursing and residential) for April and May which the Council has with each home.

If any additional payments are made for June, this will be calculated on the same basis as the previous months, (5% of the care package costs for the month). The total costs therefore for three months will be £457k.

The 5% increase is the same rate that will be will paid across all North London Central councils.

The Council has received a total of £17.9m (two tranches) from central Government for additional costs relating to Covid-19. The funding is not ring fenced and will be used to fund the above grants.

b. Legal Implications

The Care Act 2014 places a duty on local authorities to promote the efficient and effective operation of adult care and support, ensuring that enough services are available for meeting the needs for care and support of adults in its area and ensuring the sustainability of the market. In performing these duties, local authorities must facilitate a market that offers a diverse range of high-quality and appropriate services and there is adequate provision of good quality care and support providers. In addition, local authorities have a duty to ensure adults needs are continued to be met when a provider is unable to because of business failure. The recommendations in this report are in line with the local authorities' powers and duties.

c. Property Implications

Any financial proposal to rescue a struggling provider we will need to be given consideration to the physical environment conditions of the home and consideration of the purchase either as a ongoing concern or for a different purpose.

7. KEY RISKS

7.1 Failure of residential/nursing care home providers of strategic importance both to the Council and to the wider NCL sub-region due to impact of Covid 19 (high excess death rates) on financial stability and viability.

7.2 In the event there are multiple failures of care homes in the borough due to lack of financial viability then moving very vulnerable service users at this time to alternative accommodation would create a risk to the health and wellbeing of those residents.

7.3 Many providers are not accepting new referrals at this time due to perceived risks of cross-infection so it is possible that in the event of multiple provider failures, there would be insufficient capacity to accommodate them elsewhere.

7.4 The rate of new admissions over the last six weeks has been extremely low. However, it is anticipated that once lockdown restrictions are eased, new admissions to residential and nursing care both from the community and from hospital settings will increase. In the event of multiple provider failures, then there may be a lack of provision available and this may also increase the price at which the Council is able to secure beds.

8. IMPACT ON COUNCIL PRIORITIES – CREATING A LIFETIME OF OPPORTUNITIES IN ENFIELD

a. Good homes in well-connected neighbourhoods

Supporting vulnerable residence and families to be able to have choice and control and that this vulnerable community are safely looked after.

b. Sustain strong and healthy communities

Enfield currently has 862 residents in care homes, has 90 homes in the borough and our providers are a significant source of both employment and care placements within the borough.

c. Build our local economy to create a thriving place

As a council we have to support this vital sector who supports Adult Social Care and the local economy through employment and purchasing services.

9. EQUALITIES IMPACT IMPLICATIONS

There are no equality impact implications relevant here

10. PERFORMANCE AND DATA IMPLICATIONS

Not applicable

11. HEALTH AND SAFETY IMPLICATIONS

Not applicable

12. HR IMPLICATIONS

Not applicable

13. PUBLIC HEALTH IMPLICATIONS

Promoting good health, wellbeing, and high-quality services for people in residential/nursing care settings, a settled, well-trained and supported workforce is essential. Providing good, well-supported employment/meaningful activity opportunities for local people is and remains a priority for the Council and IWE Ltd is a significant local contributor to this.

Background Papers

None