



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

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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

page. Use the 'previous' button at the bottom of the page if you wish to amend your response to an earlier question. **55**

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 56 Director of Adult Social Services (DASS) Director of Adult Social Services (DASS)	Contact details Contact for any queries Contact for any queries
Name	Jon Wilson	Christine Collingwood
Role	Director of Adults & Communities	Commissioning Business Manager
Email address	jon.wilson@leics.gov.uk	christine.collingwood@leics.gov.uk

Please check that your council's name and region below are accurate.

Council

Leicestershire County 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).

LCC have provided support to providers with cash flow support such as a recoverable forward payment, additional monthly payments to mitigate the impact of increased cost, the option to make a claim for exceptional costs, and distributing ICF monies. Since April 2020, LCC have issued 49 information bulletins and held weekly (now fortnightly) Provider conference calls to provide support and guidance. In April the Council launched a recruitment support for all providers in their recruitment processes. In July, we moved from direct recruitment towards a supporting model, providing candidate leads generated through continued marketing. Public Health provide support around infection control. Providers can access infection prevention and control advice and support relating to Covid-19 in care homes. LCC has worked to mitigate problems with provision of PPE. both paying for increased costs and accessing supplies, including LRF emergency supply stocks that could be accessed if care homes were about to run out. LCC have surveillance methods to understand the risk status of providers to target quality improvement and support, identify any impact on key supply if one or more providers were to face instability. LCC works proactively with providers to identify and manage risk and help prevent market instability or provider failure, during summer 2020 we revised and updated our provider failure procedure to mitigate risk if a provider can no longer operate. W have investigated the working age adult residential care market particularly those where there are risks due to the number of long-term vacancies carried, or have shown interest in de-registration/ conversion to supported living LCC set up a phone line for those with Direct payments particularly those with PA's to help with employment, training and PPE Work has also taken place with the providers of Day services to help

Characters remaining: 5

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	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Residential care - older people	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>

	Level of concern				
	Extremely concerned	Moderately concerned	Somewhat concerned	Slightly concerned	Not at all concerned
Residential care - working age adults	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Home care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Home based reablement	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Supported living or extra care housing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Support provided through direct payments	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Other (please specify) 1	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Community / day services					
Other (please specify) 2	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other (please specify) 3	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Further comments					
Please add any further comments as necessary.					

Nursing care	LCC has relatively fewer Nursing care homes than peers so provision has been able to work at capacity
Residential care - older people	Level of challenge to older adult care home providers relating to financial sustainability and other pressures
Residential care - working age adults	we re looking to decrease capacity in this area and move towards more supported living
Home care	The sector overall is stable currently , however the balance is fragile due to recruitment issues in rural areas and concerns regarding quality and capacity
Home based reablement	ability to recruit and retain sufficient capacity for home first and reablement services to support D2A
Supported living or extra care housing	

	59 Further comments
Support provided through direct payments	We have continued to support those with direct payments and provide advice for those pausing services. Please add any further comments as necessary.
Other (please specify) 1 Community / day services	community / day services have been looking at alternative ways to deliver services in a more socially distant or remote manner, however demand is reducing and costs are increasing threatening future viability
Other (please specify) 2	
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

Retention of care staff

COVID-19

60

Nursing care

COVID-19 - Staffing

3

COVID-19 - Infection control

3

COVID-19 - Access to testing

2

COVID-19 - Zoning and cohorting

2

Financial

Fee rates

3

Provider costs

1

Service quality

Safeguarding issues

2

Quality issues

2

Level of local provision

Insufficient local provision

3

Provider business continuity

Insurance issues

2

Voids

2

Other

Other (please specify) 1

Other (please specify) 2

Other (please specify) 3

Residential care - older
people**Workforce**

Recruitment of care staff

2

Retention of care staff

61

Residential care - older people

COVID-19

COVID-19 - Staffing

3

COVID-19 - Infection control

2

COVID-19 - Access to testing

2

COVID-19 - Zoning and cohorting

1

Financial

Fee rates

3

Provider costs

1

Service quality

Safeguarding issues

2

Quality issues

2

Level of local provision

Insufficient local provision

3

Provider business continuity

Insurance issues

2

Voids

2

Other

Other (please specify) 1

Other (please specify) 2

Other (please specify) 3

Residential care - working age adults

Workforce

Recruitment of care staff

Recruitment of care staff

62

2
Residential care - working
age adults
2

Retention of care staff

COVID-19

COVID-19 - Staffing

2

COVID-19 - Infection control

2

COVID-19 - Access to testing

2

COVID-19 - Zoning and cohorting

1

Financial

Fee rates

3

Provider costs

1

Service quality

Safeguarding issues

2

Quality issues

2

Level of local provision

Insufficient local provision

3

Provider business continuity

Insurance issues

2

Voids

2

Other

Other (please specify) 1

Other (please specify) 2

Other (please specify) 3

Home care

Workforce

Recruitment of care staff	63	Home care
Retention of care staff		2
COVID-19		
COVID-19 - Staffing		2
COVID-19 - Infection control		3
COVID-19 - Access to testing		2
COVID-19 - Zoning and cohorting		3
Financial		
Fee rates		2
Provider costs		2
Service quality		
Safeguarding issues		2
Quality issues		2
Level of local provision		
Insufficient local provision		2
Provider business continuity		
Insurance issues		2
Voids		3
Other		
Other (please specify) 1		
Other (please specify) 2		
Other (please specify) 3		

Home based reablement

Recruitment of care staff

64

Home based reablement

1

Retention of care staff

1

COVID-19

COVID-19 - Staffing

2

COVID-19 - Infection control

3

COVID-19 - Access to testing

2

COVID-19 - Zoning and cohorting

3

Financial

Fee rates

3

Provider costs

3

Service quality

Safeguarding issues

3

Quality issues

3

Level of local provision

Insufficient local provision

3

Provider business continuity

Insurance issues

Voids

Other

Other (please specify) 1

Other (please specify) 2

Other (please specify) 3

Supported living or extra care housing

Workforce

65

Supported living or extra care housing

Recruitment of care staff

3

Retention of care staff

2

COVID-19

COVID-19 - Staffing

3

COVID-19 - Infection control

3

COVID-19 - Access to testing

2

COVID-19 - Zoning and cohorting

1

Financial

Fee rates

3

Provider costs

1

Service quality

Safeguarding issues

2

Quality issues

2

Level of local provision

Insufficient local provision

3

Provider business continuity

Insurance issues

3

Voids

3

Other

Other (please specify) 1

Other (please specify) 2

Other (please specify) 3

Workforce

Recruitment of care staff

3

Retention of care staff

3

COVID-19

COVID-19 - Staffing

3

COVID-19 - Infection control

3

COVID-19 - Access to testing

3

COVID-19 - Zoning and cohorting

2

Financial

Fee rates

3

Provider costs

3

Service quality

Safeguarding issues

3

Quality issues

3

Level of local provision

Insufficient local provision

3

Provider business continuity

Insurance issues

3

Voids

3

Other

Other (please specify) 1

Other (please specify) 2

Other (please specify) 3

2. (b) Please add any further comments as necessary to expand on your responses above.

Zoning and cohorting remains problematic where residents are mobile and may not understand the need for restrictions

Nursing care

3. Your response to Question 1 indicated that you are slightly 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 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.

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%

68



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.

Support to help nursing homes recruit nurses

Please add any further comments you feel would be useful in expanding on your response.

We have made the assumption that the percentage change referred to in the question in addition to the current situation. See response around general residential care

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%

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
70

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.

Continue to provide extra financial support for the sector to meet the financial pressures faced by providers continued emphasis on Home first and reablement response on discharge

Please add any further comments you feel would be useful in expanding on your response.

We have made the assumption that the percentage change referred to in the question in addition to the current situation. Substantial work has taken place locally to support care homes with infection prevention and control and testing. The County Council's Public Health Department has led on the development of a helpline and support service to provide Covid-19 specific infection prevention and control advice to care homes across Leicester City, Leicestershire and Rutland (LLR). The scope of the service is to: i. Provide a programme of rapid testing for frontline social care workers, which will help reduce the need for social isolation of staff who test negative; ii. Infection prevention and control advice relating to the safe management of Covid-19 in LLR care homes; iii. Respond to calls and emails from care homes who have a concern or query relating to infection prevention and control and Covid-19; iv. Undertake regular monitoring calls to care homes with an active outbreak following notification from Public Health England; v. Support the consistent dissemination of up to date local and national guidance across the three local authorities within LLR; vi. Contact and support care homes that have not had an outbreak of Covid-19 by: • Providing care home staff with the latest guidance relating to Covid-19 and best practice relating to infection prevention and control and outbreak management; • Providing care homes with signposting information to relevant partner organisations and national guidance should they suspect an outbreak of Covid-19 in the future. All care home staff and associated professionals can access infection prevention

and control advice and support relating to Covid-19 in care homes. The service has received positive feedback on the level of support provided. The Authority has already taken action to mitigate problems with provision of PPE. Providers have received other support from the Government and Council to help with PPE, both paying for increased costs and accessing supplies, including LRF emergency supply stocks that could be accessed in the event that care homes were about to run out. Providers were also provided with extensive guidance which is made available through the regular bulletins and conference calls. The Council has engaged extensively with the care home sector during the pandemic through regular conference calls with providers and individual care homes, establishing a Provider Communication Line providing one route for departmental support, setting up a triage service for urgent PPE supplies and providing targeted virtual and in-situ support for providers in difficulty. Challenges and pressures faced by care homes during Covid-19 have included a reduction in overall occupancy but an increase in temporary admissions, and increased pressure to accommodate discharges from hospital as quickly as possible. Care homes have struggled to access testing and obtain speedy results and have seen increased cost pressures for this as well as for PPE, staffing (recruitment/retention and absences) and insurance. The County Council has developed and is constantly refining surveillance methods to understand the risk status of providers to better target quality improvement and other types of support at certain providers, identify any impact on key supply (such as capacity in geographical areas or service type) if one or more providers were to face instability, and undertake its market oversight duties.

Residential care - working age adults

3. Your response to Question 1 indicated that you are slightly 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 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.

Support (practical or incentives) for homes wishing to move into supported living

Please add any further comments you feel would be useful in expanding on your response.

We have made the assumption that the percentage change referred to in the question in addition to the current situation. In September 2020 we began work to further understand the current capability of the working age adult residential care market to deliver Adult Social Care's commissioning intentions. An initial group of 14 currently operating WAA residential homes have been identified. These are homes where the Authority is aware that there is a potential risk to their continuing operating model due to the number of long-term vacancies carried, or they have previously expressed an interest in de-registration and conversion to supported living. Semi-structured interviews are being carried with representatives from this initial group with Providers to gain a sample understanding of the current 'position' within the market and assess the effect of COVID-19 on their future thinking. A survey will be sent to all 54 registered WAA homes in October/November 2020, to gain quantitative and qualitative data on the current market, and to show current intentions across and capture emerging themes, pressures, support requires and risks

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

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.

Supporting providers with issues around increased insurance fees / difficulty in insuring
Impact of loss of availability is not geographically consistent in some areas of the County are more vulnerable and even a relatively small change could have a significant impact
continued emphasis on Home first and reablement response on discharge

Please add any further comments you feel would be useful in expanding on your response.

We have made the assumption that the percentage change referred to in the question in addition to the current situation Delivered hours have reduced due to higher than

average (COVID-19 related) cancellations of community referrals in particular, but the impact in terms of substantial reductions in income have been mitigated by the payment of planned, rather than actual per minute delivery. This in turn should have enabled providers to offer workers more certainty in terms of hours of employment. • From the end of March to the end of April 2020 there was a sharp decrease in new community referrals, with a corresponding fall in the await care list, as informal family support networks provided care whilst most people remain at home. This is likely to have included those who might be eligible for services but were shielding due to health or age-related vulnerability and not wanting to risk contact with non-household members. • Financial support measures introduced by Local Authorities have provided financial support to cover the additional COVID-19 attributable expenses, such as PPE • Survey and tracker data suggests that workforce capacity has remained strong Many providers are seeing requests for additional hours from employees with partners at home providing support with childcare etc. • Locally there has been a healthy recruitment pipeline throughout March to June 2020, supported by fast-track DBS applications and, in particular, the dedicated in-house recruitment hub, which has freed up provider resources and reduced their recruitment costs • Risks associated with the financial sustainability of care homes due to significantly reduced occupancy rates, combined with a reduction in public confidence in care homes due to recent outbreaks, may lead to individuals and families seeking alternatives, such as home care in both the short and medium term. • There may short-term capacity issues created by a backlog of care workers taking annual leave in the second half of 2020/21, due to pressures to maintain attendance during the pandemic. • Short-notice capacity risks may be created by further waves of self-isolation required by testing, tracking and tracing programmes, as these are rolled out more widely in the community.

Home based reablement

3. Your response to Question 1 indicated that you are somewhat 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 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? 76

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 push for rapid discharge is significantly impacting on fitness on discharge for reablement opportunities and we are finding that a period of recovery at home with both Social care and healthcare support is needed to ensure recovery of approx. 48-72 hrs pre reablement support. We will need to put this in place to ensure the best outcomes for

reablement support . We will need to put this in place to ensure the best outcomes for people and this currently is a gap in the system . Easier access to community health services post discharge is needed to support reablement.

Please add any further comments you feel would be useful in expanding on your response.

We have made the assumption that the percentage change referred to in the question in addition to the current situation. improved national terms and conditions together with funding for home care / reablement staffing

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%



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.

Support for authorities around voids for which they might be responsible Promotion as a viable alternative to residential care Support to move more of transforming care cohort into supported living

Please add any further comments you feel would be useful in expanding on your response.

We have made the assumption that the percentage change referred to in the question in addition to the current situation

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.

Extra support for DP holders who are employers of PA's and their role as an employer

Please add any further comments you feel would be useful in expanding on your response.

We have made the assumption that the percentage change referred to in the question in addition to the current situation Advice and information were given to DP Holders via targeted Mailshots and the County Council website. The content was written in conjunction with the Provider and Staff communications to ensure that information was consistent. DP Holders have told us that this information was invaluable to them at a time when they were being inundated with information from other sources and were not sure which information to trust. A dedicated Helpline and email account were set up for DP Holders which were resourced by redeployed staff from the Library service. As Libraries have begun to re-open those staff have returned to their substantive roles and the Helpline is now resourced by Business Support. DP Holders are utilising the Helpline for assistance on "all things DP" not just on Covid-related matters, i.e. DP Card issues, Support plan queries and PA employment queries and this has reduced the numbers of calls into CSC, Localities and Finance as well as reducing the numbers of redirected calls within the Council. Escalation processes were agreed at the outset, but their use was minimised because the DP Development Plan Manager and the Employment Support Officer had existing knowledge of support plans and DPs. The single-point of contact, Helpline and communications have been very well received by DP Holders, staff and managers. DP Holders have told us that they very much appreciate having a single number to ring for their queries. The staff answering the Helpline have received innumerable comments and thanks. Comments like "I know you'll answer the phone and help me" and "You've saved me from having to phone lots of different numbers" have been frequently received. Callers have commented on how calm Helpline staff were even during very difficult conversations. All the Helpline call-handlers have provided an excellent service particularly the Libraries staff who provided support with no prior

knowledge of Adult Social Care, Direct Payments or the LAS system. All DP Employers have been made aware of the Care Sector funding and are able to arrange free essential training for their PAs via the DP Helpline. There has been a good take-up for this training although it was hoped that the take-up response would be higher.

Community / day services

3. Your response to Question 1 indicated that you are somewhat concerned about the ability of the local care market for Community / day services 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.

Financial and practical support for sector whilst it remodels to post covid world

Please add any further comments you feel would be useful in expanding on your response.

We have made the assumption that the percentage change referred to in the question is in addition to the current situation. As we are now several months into the pandemic, some issues are emerging for community-based/day services:

- The easing of social distancing and lessons learned from the return of schools mean an increasing number of providers are beginning to resume some degree of building-based services.
- Some families are beginning to exhibit the consequences of provider strain and isolation.
- People may have accessed care and support during COVID-19 that may not have previously been available to them (for example, carers who may have supported individuals during the day may be returning to work).
- The County Council continues to pay in many cases on what was commissioned rather than what is now actually being delivered.
- Reports of costs rising for some individuals returning to building-based services due to providers increasing the number of more intensive 1:1 packages.

The framework by which this issue is being addressed is through:

- Engagement with providers as a collective (weekly teleconferences; workshops)
- The structured conversations with individuals and providers
- Additional targeted intensive support with providers to evaluate and provide guidance around COVID-19 secure service

configuration. • Regional research highlights that other Local Authorities are in a similar position to Leicestershire County Council and looking to work with providers to re-open services to high priority individuals • The need to ensure that individuals are supported to return in a planned and COVID safe manner. We are therefore undertaking significant work on the day services sector: • Equal focus on both DP and Managed clients to ensure prioritisation of returning to services is managed equitably • Scope any transport implications of returning to buildings-based services • Structured conversations as part of their review with individuals and their carers who use the commissioned CLC services. These conversations will be used to ascertain what service they are currently receiving, how their needs / aspirations have changed, how sustainable their current situation is and what services do they need in the short/medium term. With as many as possible completed by the end of December. • Structured conversations with providers on re-establishing services, models for delivery (such as support bubbles), safety of buildings, approaches to risk and the funding of services going forward • Work with providers to gauge total service capacity • Financial modelling of the cost implications of future service delivery • Equality Impact Assessment for approach to returning to services.

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 IRC funding

1

Use of IPC funding	84	1
Other financial support		1
Non-financial support		
Contractual support		1
Other support		1
Access to provision		
Access to additional provision		2
Changes to how people are supported		3
Other (please specify)		

Residential care - older people

Financial support		
Use of IPC funding		1
Other financial support		1
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)		

Residential care - working age adults

Financial support		
Use of IPC funding		1

Other financial support

85

Residential care - working
age adults

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)

Home care

Financial support

Use of IPC funding

1

Other financial support

1

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)

Home based reablement

Financial support

Use of IPC funding

1

Other financial support

1

Non-financial support

86

Home based reablement

Contractual support

1

Other support

2

Access to provision

Access to additional provision

2

Changes to how people are supported

2

Other (please specify)

Supported living or extra care housing

Financial support

Use of IPC funding

Other financial support

2

Non-financial support

Contractual support

2

Other support

2

Access to provision

Access to additional provision

2

Changes to how people are supported

2

Other (please specify)

Support provided through direct payments

Financial support

Use of IPC funding

Other financial support

1

Non-financial support

Non-financial support

87

Support provided through
direct payments

Contractual support

Other support

Access to provision

Access to additional provision

Changes to how people are supported

Other (please specify)

b. Self-funded care

Nursing care

Financial support

Use of IPC funding

Other financial support

Non-financial support

Contractual support

Other support

Access to provision

Access to additional provision

Changes to how people are supported

Other (please specify)

Residential care - older
people

Financial support

Use of IPC funding

Other financial support

Other financial support		3
Non-financial support	88	Residential care - older people
Contractual support		2
Other support		2

Access to provision

Access to additional provision		2
Changes to how people are supported		1
Other (please specify)		

Residential care - working age adults

Financial support

Use of IPC funding		1
Other financial support		3

Non-financial support

Contractual support		2
Other support		2

Access to provision

Access to additional provision		2
Changes to how people are supported		1
Other (please specify)		

Home care

Financial support

Use of IPC funding		1
Other financial support		3

Non-financial support

89

Home care

Contractual support

Other support

Access to provision

Access to additional provision

Changes to how people are supported

Other (please specify)

Home based reablement

Financial support

Use of IPC funding

Other financial support

Non-financial support

Contractual support

Other support

Access to provision

Access to additional provision

Changes to how people are supported

Other (please specify)

Supported living or extra care housing

Financial support

Use of IPC funding

Other financial support

Non-financial support

Contractual support

90

Supported living or extra care housing

Other support

Access to provision

Access to additional provision

Changes to how people are supported

Other (please specify)

Support provided through direct payments

Financial support

Use of IPC funding

Other financial support

Non-financial support

Contractual support

Other support

Access to provision

Access to additional provision

3

Changes to how people are supported

2

Other (please specify)

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)	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Partnership (e.g. data sharing agreement with providers)	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Other (please specify)	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
system level support and aid	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>

5. (b) Please add any further comments as necessary to expand on your responses to 5. (a) above.

Covered in previous sector specific sections. Leicestershire County Council has strong process in place to support failing / failed providers and has recently updated its policy.

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)				

the region, service users, providers, Healthwatch, HWB, LRF)	<input checked="" type="radio"/>	92 <input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Information and intelligence (e.g. regional market intelligence, CQC, safeguarding, QA, etc.)	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other (please specify) <input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

6. (b) Please add any further comments as necessary to expand on your responses above.

Leicestershire County Council work with regional partners, practical support such as sharing information, best practice and provider concerns

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	Fairly	Not very	Not at all

	Very confident	Fairly confident	Not very confident	Not at all confident
Issue 1 (please specify) Concurrent incidents (i.e. provider failure plus bad weather, plus winter flu, plus EU exit)	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Issue 2 (please specify) Financial stability of Providers	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Issue 3 (please specify) Carers / family strain	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>

	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) Concurrent incidents (i.e. provider failure plus bad weather, plus winter flu, plus EU exit)	Concurrent incidents of sufficient extent to compromise internal and external resources	Continue to support emergency planning processes and mutual Aid
Issue 2 (please specify) Financial stability of Providers	When providers start to become financially unviable - particularly locally significant providers who provide high share of the local market	More financial support direct to providers and the councils to mitigate additional costs incurred
Issue 3 (please specify)	Carers not being able to access respite and service users remaining out of day services may add to carer strain	Funding to build social capital and

Carers / family strain	<p>services may add to carer strain as well as the impact of isolation which you would consider this issue to be a critical one?</p> <p>Please describe the point at which you would consider this issue to be a critical one?</p>	<p>Funding to build social capital and community resilience</p> <p>What support or actions do you feel are necessary?</p>
	(i.e. beyond which there is a	Please include any details of actions needed now and/or at the critical

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.

The covid 19 period has been extremely challenging for the council, people who use services, their families, providers, the workforce and our partners as a result of intervention to support providers in keeping people safe the authority has incurred significant extra cost. We continue to manage risk locally but national support and financing will be required for months if not years to come. There has been an increase in temporary placements due to discharge to assess arrangements during covid which may mask some of the issues in the reduction of permanent to residential care A reduction in reablement due to new discharge arrangements have created additional strain for Home Care providers.

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	
Legislative (e.g. Market oversight)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="text"/>

	When will this support be needed?				Additional comments
Flexible funding	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	See previous comments
Peer support	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	Please provide any help / funding for more comments to expand on this if needed
Market Intelligence	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	collating intelligence regionally and nationally to build up a view of key market issues eg provider insurance
Other (please specify)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	

8. (b) Please add any further general comments as necessary to expand on your responses above.

The issue around insurance for providers needs to be looked at nationally as providers are increasingly finding this problematic. If providers are stretched financially over a long period there will be an impact on the quality of care.

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-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](#)

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