



CABINET

Monday, 11 May 2020
10.00 a.m.
Virtual Meeting

Cabinet Members:-

Leader of the Council
Deputy Leader of the Council,
Children's Services and Neighbourhood Working Portfolio
Adult Social Care and Health Portfolio
Cleaner, Greener Communities
Corporate Services and Finance Portfolio
Housing Portfolio
Jobs and the Local Economy Portfolio
Waste, Roads and Community Safety Portfolio

Councillor Chris Read
Councillor Gordon Watson

Councillor David Roche
Councillor Sarah Allen
Councillor Saghir Alam
Councillor Dominic Beck
Councillor Denise Lelliott
Councillor Emma Hoddinott

CABINET

Venue: Virtual Meeting
<https://rotherham.public-i.tv/core/portal/home>

Date and Time: Monday, 11th May, 2020 at 10.00 a.m.

Agenda Contact James McLaughlin, Head of Democratic Services
governance@rotherham.gov.uk

This meeting will be webcast live and will be available to view via the [Council's website](#). The items which will be discussed are described on the agenda below and there are reports attached which give more details.

Rotherham Council advocates openness and transparency as part of its democratic processes. Anyone wishing to record (film or audio) the public parts of the meeting should inform the Chair or Governance Advisor of their intentions prior to the meeting.

A G E N D A

1. Apologies for Absence

To receive apologies from any Member who is unable to attend the meeting.

2. Declarations of Interest

To invite Councillors to declare any disclosable pecuniary interests or personal interests they may have in any matter which is to be considered at this meeting, to confirm the nature of those interests and whether they intend to leave the meeting for the consideration of the item.

Any Member participating in a remote meeting who declares a disclosable pecuniary interest, or other declarable interest, in any item of business that would normally require them to leave the room, must also leave the remote meeting. Their departure will be confirmed by the Governance Advisor who will invite the relevant Member by link, email or instant message to re-join the meeting at the appropriate time.

3. Questions from Members of the Public

To receive questions from members of the public who wish to ask a general question in respect of matters within the Council's area of responsibility or influence.

As the Cabinet will be meeting virtually in accordance with the provisions of the COVID-19 pandemic lockdown regulations, members of the public should email their question to governance@rotherham.gov.uk and an officer will read the question to the meeting. A response to the question will be provided during the meeting and will be available to view through the recording of the meeting on the Council's website. Councillors may also ask questions under this agenda item using the same procedure outlined above.

4. Exclusion of the Press and Public

There are no items of business requiring the exclusion of the press or public from the meeting.

LEADER OF THE COUNCIL

5. Update on the Council Response to the COVID -19 Emergency (Pages 1 - 20)

Report of the Assistant Chief Executive

Recommendations:-

1. That the COVID-19 management and control arrangements that are in place be noted.
2. That the COVID-19 workstreams and the action being taken be noted.
3. That feedback be provided in relation to the workstreams and current actions.

ADULT SOCIAL CARE AND HEALTH

6. Financial Support for Older Peoples Residential Care Homes during the Covid-19 Pandemic (Pages 21 - 43)

Report of the Strategic Director of Adult Care, Housing and Public Health

Recommendations:-

1. It is recommended that Cabinet support Option 1 Cash Grants and approve:
 - i. Advance additional payments of £15k to each Older Peoples' Care Home in Rotherham (a total cost of £495k)
 - ii. The provision of a £100k contingency fund for Adult Care to utilise should additional emergency funding be required.
 - iii. That the costs are funded from the Government grant referred to within the report.
 - iv. That the position be reviewed after the 12 week period (start date 1 April 2020) and any further requirements be brought back to Cabinet for decision.

7. Financial Support for Learning Disability Day Opportunity Providers during the Covid-19 Pandemic (Pages 45 - 68)

Report of the Strategic Director of Adult Care, Housing and Public Health


Recommendations:

That Cabinet approves:

1. The adoption of the approach for each type of service as described in Option 1 with a total estimated cost of £970.1k
2. That the position be reviewed after 12 weeks from 1 April 2020 or sooner if the government amends its guidance and any further requirements are brought back to Cabinet for decision.
3. That the additional costs are funded from the Government grant referred to in the body of the report.

8. Recommendations from Overview and Scrutiny Management Board

To receive a report detailing the recommendations of the Overview and Scrutiny Management Board in respect of the above items that were subject to pre-decision scrutiny on 7 May 2020.



SHARON KEMP,
Chief Executive.

Committee Name and Date of Committee Meeting

Cabinet – 11 May 2020

Report Title

Update on the Council Response to the COVID -19 Emergency

Is this a Key Decision and has it been included on the Forward Plan?

No

Strategic Director Approving Submission of the Report

Shokat Lal, Assistant Chief Executive

Report Author(s)

Jackie Mould, Head of Policy, Performance & Intelligence
01709 823618 or jackie.mould@rotherham.gov.uk

Ward(s) Affected

Borough-Wide

Report Summary

To update on how the Council is currently responding to the COVID-19 global pandemic.

Recommendations

1. That the COVID-19 management and control arrangements that are in place be noted.
2. That the COVID-19 workstreams and the action being taken be noted.
3. That feedback be provided in relation to the workstreams and current actions.

List of Appendices Included

None.

Background Papers

None

Consideration by any other Council Committee, Scrutiny or Advisory Panel

Overview and Scrutiny Management Board – 28 April 2020

Council Approval Required

No

Exempt from the Press and Public

No

Update on the Council Response to the COVID -19 Emergency

1. Background

- 1.1 Coronavirus disease (COVID-19) is an infectious disease caused by a newly discovered coronavirus. The ongoing pandemic of coronavirus disease 2019 (COVID-19) spread to the United Kingdom in late January 2020.
- 1.2 This report provides an overview of how the Council is responding to the crisis, what this means for critical services and the critical issues being addressed.

2. Options Considered and Recommended Proposals

- 2.1 That Cabinet:
- a) Note the COVID-19 management and control arrangements that are in place.
 - b) Note the COVID-19 workstreams and the action being taken.
 - c) Provide feedback in relation to the workstreams and current actions.

3. Key Issues

- 3.1 The Council is working at national, regional and local level to respond to the COVID-19 emergency and to ensure that critical services are delivered and that the most vulnerable residents are supported.
- 3.2 The Council has responded in line with daily Government announcements and guidance. The most significant announcements are as follows:

16 March	The Prime Minister advised people should work from home.
18 March	Government announced school closures to take effect from 20 March.
23 March	Government announces list of 'shielded' residents and writes advising them to stay at home and avoid all face to face contact for a period of 12 weeks.
23 March	Government announces UK 'lockdown' with exceptions only for shopping for essential items, one form of exercise a day, medical need or providing care to a vulnerable person or travel to work only if necessary.
9 April	Government advise it is too early to lift lockdown measures.
16 April	Government extend the lockdown for a further three weeks.

3.3 Governance, management and control arrangements

When the COVID 19 crisis emerged in the UK at the beginning of March, the Council initiated its remote operation of command and control arrangements. These do not replace any established processes and procedures laid out within the Council's Constitution. However, in responding to a major incident, the Council's normal decision-making processes and structures are adjusted in order to respond

effectively to any particular emergency. This is dictated by the Council's Major Incident Plan.

- 3.4** The provisions of the Council's Constitution must be adhered to and decisions must be recorded publicly if they meet the threshold for Delegated Decision Notices to be published. For example, if a service is being stopped which is widely used, then it is a matter of public interest and a decision notice will need to be published.
- 3.5** The command and control structure includes several workstreams, each with a lead officer. Each of the workstreams, the Tactical Group and the Gold Group all represent virtual capabilities and all meetings are Skype and Microsoft Teams enabled. In addition, each directorate has an identified coordinator, who each play a key role in assessing business continuity needs and impact and work alongside the Emergency Planning team through the Business Continuity workstream.
- 3.6** SLT/Gold meetings chaired by the Chief Executive take place daily with a review of current information on the latest COVID position for the borough along with further intelligence about critical service delivery. This meeting sets the strategic objectives in line with national policy and regulations. Local priorities are also reviewed daily and appropriate briefings and actions taken. A daily Tactical meeting, chaired by the Strategic Director of Regeneration and Environment, is responsible for developing actions to achieve the strategic objectives. The workstreams listed below are responsible for delivering the actions which are set out in workstream action plans and raising issues /decisions through the Tactical and GOLD daily meetings.

Workstream	Designated Lead
Managing the deceased	Polly Hamilton, Assistant Director, Culture, Sports and Tourism
Housing	Paul Walsh, Service Manager, Adult Care Housing & Public Health
Rotherham Community Hub (Humanitarian/ Voluntary)	Jackie Mould, Head of Policy, Performance & Intelligence
Communications	Chris Burton, Head of Communications
Staff & Workforce	Lee Mann, Assistant Director HR
Data Collation & Reporting	Jackie Mould, Head of Policy, Performance & Intelligence / Deborah Johnson, Performance & Business Intelligence Manager
Corporate Incident & Business Continuity	Tom Smith, Assistant Director, Community Safety & Street Scene
Health & Social Care Systems	Ian Spicer, Assistant Director, Adult Care and Integration/ Ailsa Barr, Assistant Director, Social Care
Rotherham Pandemic Group	Terri Roche, Director, Public Health
PPE	Richard Hill, Attain Consultant

3.7

Arrangements were put in place to assess the Council's business continuity plans and on 16 March a business impact assessment (BIA) was undertaken to identify the most critical services. A team of directorate co-ordinators meet daily to assess the BIA and to make recommendations to Gold Group about any resource or service delivery issues. The purpose of the BIA is to:

- a) ensure that the Council can continue to deliver critical services during staff shortages,
- b) help the council to prioritise other resourcing decisions (for example: IT and phones) and
- c) respond to new or emerging critical services (for example the community hub) where additional resource needs to be deployed.

3.8 At the South Yorkshire level, the council reports into the South Yorkshire Local resilience forum (LRF) with a senior officer attending daily conferences. The LRF co-ordinates activity across South Yorkshire and formally escalates issues into national government. There are also several South Yorkshire LRF cells which are supported by RMBC staff. These include:

- PPE – Sam Barstow, Service Manager, Community Safety & Street Scene
- Managing the deceased – Polly Hamilton, Assistant Director, Culture, Sports and Tourism
- Adult Social Care – AnneMarie Lubanski, Strategic Director, Adult Care, Housing & Public Health
- Intelligence – Terri Roche, Director, Public Health
- Humanitarian Aid – Jackie Mould, Head of Policy, Performance & Intelligence.

3.9 More recently a further cell has been established to look at recovery which will be supported by Judith Hurcombe, the Assistant Chief Executive. The COVID 19 Multi-Agency Pandemic Group which is chaired by Terri Roche Director of Public Health which co-ordinates multi-agency activity across the Borough.

Rotherham Community Hub

3.10 As part of the Council's response to the COVID crisis the Rotherham Community Hub (RCH) has been established. The RCH call for volunteers was launched on the 25th March; the offer of support to people needing help was launched on the 30th March along with the Council Riverside House foodbank. The Rotherham Heroes volunteer Programme is operating across the borough to ensure support is in place for our most vulnerable residents during the Covid-19 outbreak. The Rotherham Community Hub includes Rotherham Council, Voluntary Action Rotherham and other community partners.

3.11 There have been a total of 2,007 requests for support received so far by the Community Hub since its launch. To ensure the right support is put in place each resident is carefully screened to ensure their individual needs can be met. As at 5pm on the 29th April 1,538 of requests had been resolved and 469 were in progress. Support packages can be made up of one or more items. So far 1,146 have received food support, 721 have been helped with prescription collections, 196 are being supported with loneliness, 54 with pet care, 188 have been signposted to other services and a further 199 with other issues.

- 3.12** The response to the call for community volunteers in Rotherham was immediate. In the first week alone 700 residents had come forward to offer help and since then that figure has grown to 1,243. To ensure the safety of the vulnerable they may be supporting it is important that all necessary checks are carried out. All volunteers are being contacted by the Council to ensure that a DBS check has been completed and that they are ready to be deployed. Volunteers that have been vetted are starting to be matched with residents who need support. As at 30th April 378 volunteers were cleared and available to support RMBC workers with cases.
- 3.13** In addition to individuals responding to the Rotherham Heroes scheme 436 business have also pledged their support.
- 3.14** Finally, a new central Food Crisis Support service has been created. Referrals for this service can be made not only from the Community Hub but by any service or ward member who identifies a person or family struggling to purchase food for whatever reason (i.e. isolation, financial restraints). To date 543 households have been referred to the project resulting in 1,105 food parcel deliveries which have fed 1,155 people, 395 of these being children.

Neighbourhood working

- 3.15** Neighbourhood working is crucial in this time of national crisis. The vital community leadership role provided by ward members is central to the Council's response. Ward members are being supported by the thriving neighbourhood's team and continue to work with local groups and residents to ensure that help is reaching the people that need it.
- 3.16** In line with LGA guidelines for councillors, many Rotherham ward members are also providing direct practical support to isolated and vulnerable residents, keeping in touch with vulnerable residents, organising emergency food deliveries and supporting new community groups on the ground. As part of the Council's support for emergency food deliveries ward members can assess and refer cases directly to the food crisis centre or via the community hub. In addition, a leaflet providing vital information about how and where to get help will be delivered by ward members next week. This will ensure that vulnerable people who may not have digital access can get the help they need.
- 3.17** The neighbourhood team continue to support ward members and virtual ward meetings are taking place to ensure that ward activity such as CAP meetings can continue and to ensure that ward members are supported to invest ward budgets in community activity to support the COVID – 19 crisis.

Communication and engagement

- 3.18** A communication strategy was put in place at the start of the COVID-10 crisis. Its aim is to provide a reliable source of information to all audiences, including residents, businesses, elected members, staff and all partners. This has been achieved by delivering coordinated, frequent and clear public messaging in electronic briefings, COVID-19 specific web pages, printed leaflets for members and a leaflet to be delivered to all households.

- 3.19** The first electronic briefing to elected members and stakeholders was issued on 5 March 2020 and has been issued almost daily since then. The member briefing contains the latest developments and changes to services, government guidelines, the Community Hub and how members can be involved.
- 3.20** The first electronic briefing to residents was issued on 20 March 2020 and sent to approximately 60,000 recipients who had already subscribed to Council news and information newsletters. This briefing was sent daily in the first week and then reduced to twice weekly to avoid over saturation. It includes information about Council services, links to government, NHS and PHE guidelines and signposts to the Rotherham Community Hub and Rotherham Heroes pages on the website. There has been strong engagement with the public briefing with opening rates often exceeding 50 per cent (industry average is 24 percent) and very few unsubscribes.
- 3.21** A COVID-19 website presence has been created which provides general information pointing to the PHE website and multi-language versions of the World Health Organisation's advice. It also points anyone with concerns to contact NHS 111 and general handwashing advice. Webpages are constantly updated with the latest information.
- 3.22** Social media activity has seen positive engagement from audiences. A campaign of videos featuring frontline workers sharing messages about their service has been a huge success with each video receiving around 4,000 views and many positive comments of support. Negative engagement has been rare.
- 3.23** Two printed leaflets have been produced. The first one was information about the Community Hub and how people could ask for help. Each elected member has received 100 copies to give to people who may have been isolating without access to electronic information from the Council. The second leaflet will be distributed to every household from 4 May 2020.
- 3.24** The Council continues to remain in contact with community and voluntary groups and faith organisations through skype and zoom and there are weekly VCS liaison meetings with key infrastructure organisations including VAR, REMA and Fareshare.

Availability and accessibility to PPE

- 3.25** The supply of and appropriate use of PPE is critical to the welfare of vulnerable people; critical services and social care staff working across Rotherham, both for the council and the independent sector. A robust framework has now been established across Rotherham and through the South Yorkshire LRF to coordinate stock control, supply and distribution. This includes accessing the governments national supply chains.
- 3.26** In order to secure enough supplies of PPE several procurement initiatives have been undertaken:
- Maximising existing Council supply routes by increasing orders
 - Supporting providers to maximise their existing procurement routes
 - Exploring and participating in joint procurement with other Councils'
 - Sharing supplies across Place (Mutual Aid)
 - Finding new supply routes

- Participation in South Yorkshire initiatives including via the LRF to procure substantial PPE orders which will support us through to the end of June.

3.27 Frequency of supply has increased as procurement initiatives are taking effect, however longer-term security of supply is the priority.

3.28 Due to scale of use, supplies are currently issued for 3-4 days at a time and procurement intentions are to allow for a longer supply period. A storage and distribution plan has been implemented to withstand the demands and is proving successful with the cooperation of Council departments and the independent sector.

3.29 It is fair to say that as supply is a national issue shared with all other local authorities and the demand has increased exponentially, this remains a critical area of activity. To date we have been able to supply adequate levels of PPE to our own services and support the independent sector as required.

3.30 Relevant Guidance for Adult Social Care relevant to PPE was first issued by Department of Health and Social Care; and Public health England on the 19th March 2020. The guidance has been regularly updated as the impact of the Pandemic has developed, and the impact becomes clearer. Internal guidance for staff including FAQ's have been issued and are updated as needed.

3.31 The advice we are issuing, follows the national guidance and makes clear the expectations of different roles and circumstances in which the right level of PPE applies.

3.32 The provision of PPE has been mainly focused on the Health and Social care workforce, as has most of the government guidance. There is however the need to provide support and guidance to people who work in other areas of front-line service delivery across the Council and for unpaid carers and personal assistants. Guidance and support is now being agreed for such groups.

Managing the Deceased

3.33 The Council leads the local cell on Managing the Deceased with local partners in the borough and participates in the SY LRF Death Management Cell. Forecasting on death rates has been undertaken and deaths are tracked daily. Capacity modelling has been undertaken across certification, registration, body storage, burials and cremations to understand pressure points. Mitigating actions to reduce pressure on services and ensure that the deceased and their next of kin are treated with dignity and respect at all times are as follows:

- Death registration capacity has been increased through the training of additional registrars.
- Additional body storage is planned for the hospital and work with Funeral Directors and Dignity to remove bodies from the mortuary has helped to increase capacity.
- Increased timeslots for funeral services are now available, later in the day and on weekends. Live webcasting, social distancing, increased cleaning schedules and a reduction in the numbers allowed to attend to a maximum of 10 are now in place to ensure that funerals can go ahead and still maintain the measures needed to reduce the risk of transfer of infection.

- Equalities issues continue to be monitored and addressed. Regular calls with the Muslim and wider faith communities have been undertaken. Additional arrangements have been put in place to support the continuation of Muslim faith burials, including close working with the hospital to provide training on safe washing of bodies and use of PPE.

New guidance to the public has been made available via the Council's website.

- 3.34** The Council has followed the latest Government guidance issued including in relation to the closure and subsequent reopening of burial grounds and the crematorium. The closures instructed by Government on 26 March caused distress to some residents. The Council lobbied via the Local Government Association to get clarity on the instructions, in conjunction with other councils and agencies in the bereavement services sector, and amendments to the legislation were made on 20 and 22 April. These amendments now say that crematoria must remain closed except for funerals, and that burial grounds and gardens of remembrance must remain open so that the public can continue to pay their respects, whilst continuing to follow social distancing guidance. As a consequence, Council-owned burial grounds and the grounds of Herringthorpe Crematorium are now accessible to the public for the purpose of visiting and tending graves.

Impact on adult care

- 3.35** The director of adult social care leads on co-ordination of adult care activity across South Yorkshire as well as within the Borough. National Government guidance has been issued in relation to adult social care. This has been implemented by the council and covers:
- controlling the spread of infection in care settings
 - supporting the workforce
 - supporting independence, supporting people at the end of their lives, and responding to individual needs
 - supporting local authorities and the providers of care
- 3.36** It is recognised that as Local Authorities and care providers are facing rapidly growing pressures as more people need support because unpaid carers are unwell or unable to reach them, and as care workers are having to self-isolate or unable to work for other reasons.
- 3.37** The Council is responding to a range of measures by the Government to help the care system manage these pressures. The requirement is that we should do everything we can to continue to meet existing duties prior to the Coronavirus Act provisions coming into force. In the event that we are unable to do so, it is essential we are able to streamline existing assessment arrangements and prioritise care so that the most urgent and acute needs are met. The powers in the Act enable us to prioritise more effectively where necessary than would be possible under the Care Act 2014 prior to its amendment (referred to in this guidance as the Care Act). In any such situations councils must apply to national government for social care easements. These measures are time-limited and are there to be used as narrowly as possible.

- 3.38** The Council is working closely and proactively with its partners across the health system to respond to the new national guidance, increasing care home capacity to enable a more timely discharge from hospital and to help manage hospital resources.
- 3.39** All Care Homes in Rotherham have a named GP who provides regular support to the establishments. This is funded by the CCG through a Local Enhanced Service (LES) agreement. In addition, the Rotherham Foundation Trust provides community support through the Care Homes team providing expert advice on nursing, medication and infection control, working closely with the Care Home managers and staff to implement best practice.
- 3.40** Following the Government guidance on social distancing and in response to the needs of registered providers, the CQC determined on 16th March 2020 that they would no longer carry out routine inspections of registered providers including Care Homes. They will however continue to inspect where there are any safeguarding issues or pressing requirements to intervene.
- 3.41** In order to further support care homes, the council's recently established Rotherham Skills Academy is training front line staff, new to the care sector, so that they can be matched to an employer in need of additional staffing.

Impact on Children's services

- 3.42** The Council continues to manage the flow of work, seeing children who need to be seen and substantially meeting its statutory duties albeit with some things that usually happen face-to-face being undertaken by phone/skype. Most social work visits to children and their families are still being conducted face-to-face by visits to the home whilst maintaining social distancing.
- 3.43** On 3rd April (and this has been updated on several occasions in the subsequent weeks) the DFE published guidance for local authorities on children's social care. The guidance sets out in brief some principles which local authorities should consider.
This provides the Council with confidence that the measure already taken by children's services in relation to children's social care activity in Rotherham is appropriate and proportionate. There have been amendments to some of the legislation which were enacted on 24th April, full guidance from the DFE is yet to be published.
- 3.44** A pre-visit risk assessment tool is being used to guide social workers in how to establish with families prior to a visit whether a visit is safe or not in the light of coronavirus. Social workers are still visiting all children RAG rated as red or amber if the household isn't symptomatic. Other statutory duties are being delivered virtually. The Directorate is working closely with colleagues in education/inclusion services and key multi-agency partners to ensure that the usual routes for escalation and referral of new information is being maintained and weekly conference calls are held with DFE.

- 3.45** All schools are open individually or have worked in collaboration to form localised 'hubs' to ensure that, where home based education isn't possible, the children of key workers and those who are most vulnerable can continue to attend a school within their local area and have familiar staff supervising them. For some of these children this included attending over the normal Easter break period. Attendance figures can fluctuate daily in line with parental/carer work patterns or family circumstances however following the normal Easter break period the numbers have increased to levels of between 600-700 children attending school each day. Of these approximately 75% are the children of key workers and 28% are classed as vulnerable, (please note a child may fall into both categories). The Council expects some clarity on the proposals on a phased reopening of schools, and is developing a plan to support this.
- 3.46** Vulnerable in this context relates to children with a social worker and/or a high level of special need where there are no other arrangements possible through home-based education.

Guidance on regulatory changes to SEND services has now been received and relaxes some of the previous requirements. This is a complex area and guidance for staff is being developed.

Impact on waste services

- 3.47** Kerbside Waste and Recycling Collections
The Domestic collection of general waste (pink lidded bin), paper and card (green bin) and plastic, glass and cans (black bin) are operating normally with no disruption to the service. The level of general waste being collected has increased by 19% year on year. Paper and card being up by 3.8% and glass, plastic and cans being up 28.7% compared to the same period last year. The service is therefore working hard to maintain the service within the existing level of frontline resources. However, due to staffing levels, garden waste collections were suspended from Monday 30th March, initially for a period of six weeks.
- 3.48** Processes have been implemented at Hellaby depot to ensure that social distancing is maintained at the start and end of the day and staff have been deployed appropriately to ensure safety at all times.
- 3.49** Staffing levels in the service have improved over the last few weeks, and the service is planning to reintroduce the garden waste collection service from 11th May, in line with the six-week suspension period. It should be noted however, that this is predicated on having the appropriate capacity which is under daily review.
- 3.50** Household Waste Recycling Centres (HWRCs) have been closed since 12:30 on Friday 27th March following safety issues to the public and staff due to large numbers of customers using sites and large volumes of traffic. Since then national government advice in relation to waste services has been released. Government advice classed HWRCs as a medium priority stating that Councils should "Consider whether priority sites can be maintained with restricted access", and that social distancing is maintained on sites.

3.51 Officers from all three Local Authorities are now working on proposals to reopen the sites with appropriate management in place. Whilst social distancing was in place on the sites prior to them being closed, plans to manage traffic around the sites is critical to support the sites to reopen. The Council is identifying resources to manage traffic, and is working with partners, including the Police to ensure this can be done in a safe way.

Impact on Domestic abuse services

3.52 The Council continues to work with partners through the safer Rotherham Partnership to support victims of domestic abuse. Online help has been improved and enhanced to enable greater promotion of local services and to provide information about the help available. Further work will also be done to ensure that where possible, the provision is multi-platform in terms of phone, online and if possible, contact by text. This is vitally important during the lockdown period. Opportunities have also been identified to promote services in supermarkets, pharmacies and health care settings, many of which have already received training and information.

3.53 In addition, services are preparing for a potential increase in demand as restrictions are relaxed, which may lead to more victims coming forwards. Planning will continue across agencies to ensure that support is available.

Impact on Housing Services

3.54 The COVID crisis has had an impact on Housing services and Housing are responding as follows:

- Management and administration of Council rent debits – the focus is to ensure residents are supported in this area and of rent recovery, advice and support to customers with regards to rent payment, debt and universal credit. There has been significant work activity in response to increased demand for tenancy support, advice and assistance with financial challenges and access to benefits.
- Provision of homelessness services and emergency accommodation – the focus has been on ensuring a sufficient pipeline of properties to maintain adequate emergency provision and sufficient permanent move on accommodation.
- Housing services are also undertaking 'safe and well checks' by telephone on vulnerable tenants to identify if any support is required.
- Providing emergency and critical repairs to Council homes - the Focus has been on the successful mobilisation of the new R & M contract partner arrangements and working with partners to meet the challenges presented by the lockdown restrictions, whilst ensuring sufficient manpower and resources to undertake critical repairs, including to empty homes to support homelessness provision, works to facilitate timely and safe hospital discharges and work to keep Council estates safe from immediate risks and hazards.
- Management of urgent ASB casework and work to contribute to the maintenance of a safe neighbourhood environment – Effective management of casework with a strong focus on responding to and protecting the most vulnerable, through continued joint locality team working arrangements.

- Ensure private rented sector housing standards are maintained – sustaining the selective licensing scheme, working with landlords to ensure compliance and with the Government directives on suspension of evictions etc. Ensuring that housing and environmental standards are maintained to prevent risks to public health; business regulation and enforcement including in relation to government directions on business closures.

3.55 The Council is working with delivery partners, including developers and Homes England to assess current housing programmes and the wider market position, future potential impacts and mitigation and recovery planning.

Access to data on cases of COVID-19 and deaths

3.56 A Rotherham health data cell has been established with representation from RMBC, the CCG and Rotherham Hospital Trust. This group work closely together and with colleagues from across South Yorkshire to ensure consistent and up-to-date understanding of the current position and to provide a consistent approach to predictive modelling regarding the timing of the local 'peak' and the scale of the impact of the pandemic. The Managing the Deceased workstream also closely monitors deaths via death registration certification and monitors points of risk across the bereavement pathway including mortuary capacity. Adult social care are closely monitoring those living in local residential and nursing homes and have daily updates regarding both confirmed and suspected cases of Covid-19 and deaths within homes which are either confirmed or suspected to be due to Covid-19.

Supporting the workforce

3.57 The safety and wellbeing of our workforce is a priority and all guidance issued to staff and managers is aligned to the latest government guidance. As well as usual provision through occupational health and our employee assistance programme, a series of manager and staff briefings have been issued that provide information on what support is available during the current crisis and how managers can best stay in touch and support team members. In addition, work has been undertaken to provide guidance specifically related to working from home arrangements, including a process allowing staff to collect office equipment to support them whilst working from home.

3.58 Additional work is being undertaken to assess the impact of coronavirus on sickness absence levels and any impact on staff mental health. In addition, an updated bereavement offer for staff is being developed by HR and PH colleagues. The PDR process will also be reviewed to place more emphasis on staff support, health and wellbeing during 2020/21.

3.59 As at 27th April 2020, there were 234 open sickness absences equating to a sickness absence rate of 5% across the Council. Sickness rates have traditionally ranged between 3.5% - 4% for the Council's workforce. Of the 234 open sickness absence cases, 19 cases (8% of total sickness) are directly related to coronavirus symptoms with a further 14 cases (6% of total sickness) recorded as virus / infection. The current absence rate (including all absence types) across the Council is 10% and has reduced from 12% since the beginning of the crisis. Total sickness absence and coronavirus related absence have seen reductions over the last two weeks.

- 3.60** Recent collation of workforce MI across regional Local Authorities showed average coronavirus absence levels to be between 5% and 10%. Based on current data, the Council's current absence rate (measuring those currently absent due to coronavirus symptoms, those who are isolating and off work due to caring or vulnerability issues) equates to 5.8% of the workforce; below the average levels seen across the region.
- 3.61** As at 27th April, of the 253 staff currently off work due to coronavirus and unable to work from home, 43 staff are vulnerable or in the shielding group. The remaining 210 staff currently categorised as absent and unable to work from home equates to an FTE of 137.6. It should be noted that this includes a significant number of part time posts many of which work for only a few hours a week.
- 3.62** Work will continue to ensure that current working status is recorded accurately and that all options for working from home have been fully explored. Directorate alternative deployment lists will be reviewed against working status recorded on the HR system.
- 3.63** Following collation and agreement of critical service lists from directorates, Directorate Leadership Teams, working alongside HR Business Partners, were tasked with gathering additional information to aid deployment activity.
- 3.64** The identification and collation of staff who could be deployed to alternative roles is being reviewed on a weekly basis by Directorate Leadership Teams and this information is being used to inform deployment of additional capacity across Council services, including deployment to the community hub.

4. Consultation on proposal

- 4.1 This report is for information therefore, no decision is required and no consultation needed.

5. Timetable and Accountability for Implementing this Decision

- 5.1 Not applicable. This report is for information and no decision is required.

6. Financial and Procurement Advice and Implications

- 6.1 The report provides an update on how the Council is currently responding to the COVID-19 global pandemic. The areas covered will all have some level of linked financial implications, that the Council's finance function is actively monitoring. However, rather than specify within this report those financial implications, they will be covered within a finance report to a future Cabinet meeting.
- 6.2 The report outlines the procurement team's response to PPE. In addition, the team continue to offer support and guidance to directorates in their response to Covid-19 taking account of Cabinet Office guidance to ensure compliance with the Public Contracts Regulations 2015 and the Council's own Financial and Procurement Procedure Rules.

7. Legal Advice and Implications

- 7.1 The Council's response to the Covid 19 emergency as set out above, has been in accordance with Government guidance, relevant legislation. In particular the new Coronavirus Act 2020 and the Regulations made under that Act.
- 7.2 Each decision made during the response by the Tactical and Gold groups has taken into account the relevant legal implications of that decision. Further appropriate legal advice has been provided to each of the work streams described above.

8. Human Resources Advice and Implications

- 8.1 Human Resources implications are set out in sections 3.58 to 3.65.

9. Implications for Children and Young People and Vulnerable Adults

- 9.1 All children and families and vulnerable people are affected by the COVID 19 crisis. Support provided by Children's services is set out in paragraphs 3.42 – 3.47. support from Adult social care is set out in 3.35 – 3.41. Further support is also provided by the Rotherham Community Hub including support for vulnerable people identified on the Government shielded list as set out in 3.10 -3.14.

10. Equalities and Human Rights Advice and Implications

- 10.1 Covid 19 impact all of the population of the Borough, with those who are older and with pre existing health conditions particularly at risk. The report sets out the Council's approach to delivering critical services for the vulnerable including those with protective characteristics. The report specially covers some aspects of disability, age and faith/religious belief.

11. Implications for Ward Priorities

- 11.1 The COVID -19 emergency affects all residents across the Borough. Ward members are working with residents to ensure that people receive the help they need as set out in paragraph 3.15 -3.17.

12. Implications for Partners

- 12.1 The council is working closely with partners across the public, private and VCS sector. The COVID 19 Multi-Agency Pandemic Group co-ordinates activity across the Borough.

13. Risks and Mitigation

- 13.1 There are significant and serious risks associated with the Covid 19 crisis. Each Covid workstream includes a risk assessment including mitigating actions to be taken. The risks are captured in the threat and risk assessment and are reviewed daily by workstream leads and on a weekly basis by gold group and tactical group.

14. **Accountable Officers**

Judith Hurcombe, Interim Assistant Chief Executive
 Jackie Mould, Head of Policy, Performance and Intelligence

Approvals obtained on behalf of Statutory Officers:-

	Named Officer	Date
Chief Executive	Sharon Kemp	04/05/20
Strategic Director of Finance & Customer Services (S.151 Officer)	Judith Badger	04/05/20
Head of Legal Services (Monitoring Officer)	Bal Nahal	04/05/20

Report Author: *Jackie Mould, Head of Policy, Performance & Intelligence*
01709 823618 or jackie.mould@rotherham.gov.uk

This report is published on the Council's [website](#).

PART A - Initial Equality Screening Assessment

As a public authority we need to ensure that all our strategies, policies, service and functions, both current and proposed have given proper consideration to equality and diversity.

A **screening** process can help judge relevance and provide a record of both the process and decision. Screening should be a short, sharp exercise that determines relevance for all new and revised strategies, policies, services and functions.

Completed at the earliest opportunity it will help to determine:

- the relevance of proposals and decisions to equality and diversity
- whether or not equality and diversity is being/has already been considered, and
- whether or not it is necessary to carry out an Equality Analysis (Part B).

Further information is available in the Equality Screening and Analysis Guidance – see page 9.

1. Title	
Title: Update on the Council Response to the COVID -19 Emergency	
Directorate: Assistant Chief Executive	Service area: Policy, Performance and Intelligence
Lead person: Jackie Mould Head of Policy, Performance & Intelligence	Contact number: 01709 823618
Is this a:	
<input checked="" type="checkbox"/> Strategy / Policy	<input type="checkbox"/> Service / Function
<input checked="" type="checkbox"/> Other	
If other, please specify Update report covering the COVID19 workstreams in place.	

2. Please provide a brief description of what you are screening
This is an update report on how the Council is currently responding to the COVID-19 global pandemic. This report provides an overview of how the Council is responding to the crisis, what this means for critical services and the critical issues being addressed

3. Relevance to equality and diversity

All the Council's strategies/policies, services/functions affect service users, employees or the wider community – borough wide or more local. These will also have a greater/lesser relevance to equality and diversity.

The following questions will help you to identify how relevant your proposals are.

When considering these questions think about age, disability, sex, gender reassignment, race, religion or belief, sexual orientation, civil partnerships and marriage, pregnancy and maternity and other socio-economic groups e.g. parents, single parents and guardians, carers, looked after children, unemployed and people on low incomes, ex-offenders, victims of domestic violence, homeless people etc.

Questions	Yes	No
Could the proposal have implications regarding the accessibility of services to the whole or wider community?	X	
Could the proposal affect service users?	X	
Has there been or is there likely to be an impact on an individual or group with protected characteristics?	X	
Have there been or likely to be any public concerns regarding the proposal?		X
Could the proposal affect how the Council's services, commissioning or procurement activities are organised, provided, located and by whom?	X	
Could the proposal affect the Council's workforce or employment practices?	X	

If you have answered no to all the questions above, please explain the reason

If you have answered **no** to **all** the questions above please complete **sections 5 and 6**.

If you have answered **yes** to any of the above please complete **section 4**.

4. Considering the impact on equality and diversity

If you have not already done so, the impact on equality and diversity should be considered within your proposals before decisions are made.

Considering equality and diversity will help to eliminate unlawful discrimination, harassment and victimisation and take active steps to create a discrimination free society by meeting a group or individual's needs and encouraging participation.

Please provide specific details for all three areas below using the prompts for guidance and complete an Equality Analysis (Part B).

- **How have you considered equality and diversity?**

COVID 19 impacts all of the population of the Borough, with those who are older and with pre-existing health conditions particularly at risk. The report sets out in detail the Council's approach to delivering critical services for the vulnerable including those with protected characteristics. The report specifically covers some aspects of disability, age and faith/religious belief.

- **Key findings**

It is too early in the emergency to reach any comprehensive conclusions on the extent to which COVID 19 has had a differential impact on those with protected characteristics. Further work will need to be done at some later stage to determine what lessons can be learned about the impact of the Council's actions on those with protected characteristics.

- **Actions**

Once the Council has reached a point where services can be reset, an Equality Analysis of the actions taken during the COVID outbreak will be undertaken.

Date to scope and plan your Equality Analysis:	To be determined depending on national situation.
Date to complete your Equality Analysis:	As above
Lead person for your Equality Analysis (Include name and job title):	Jackie Mould Head of Policy, Performance & Intelligence

5. Governance, ownership and approval

Please state here who has approved the actions and outcomes of the screening:

Name	Job title	Date
Jackie Mould	Head of Policy, Performance & Intelligence	1 May 2020

6. Publishing

This screening document will act as evidence that due regard to equality and diversity has been given.

If this screening relates to a **Cabinet, key delegated officer decision, Council, other committee or a significant operational decision** a copy of the completed document should be attached as an appendix and published alongside the relevant report.

A copy of **all** screenings should also be sent to equality@rotherham.gov.uk For record keeping purposes it will be kept on file and also published on the Council's Equality and Diversity Internet page.

Date screening completed	1 May 2020
Report title and date	Update on the Council Response to the COVID -19 Emergency
If relates to a Cabinet, key delegated officer decision, Council, other committee or a significant operational decision – report date and date sent for publication	4 May 2020
Date screening sent to Performance, Intelligence and Improvement equality@rotherham.gov.uk	4 May 2020

Committee Name and Date of Committee Meeting

Cabinet – 11 May 2020

Report Title

Financial Support for Older Peoples Residential Care Homes during the Covid-19 Pandemic

Is this a Key Decision and has it been included on the Forward Plan?

Yes

Strategic Director Approving Submission of the Report

Anne Marie Lubanski, Strategic Director of Adult Care, Housing and Public Health

Report Author(s)

Nathan Atkinson, Assistant Director Strategic Commissioning
nathan.atkinson@rotherham.gov.uk

Ward(s) Affected

Borough-Wide

Report Summary

There are 34 Care Homes for Older People in Rotherham with a total capacity of 1,677 beds in the independent sector.

Care Home sustainability is a key driver in ensuring that the social care system supports the NHS hospitals in both Rotherham and Sheffield to discharge Rotherham residents within the 3 hour limit when they are fit for discharge safely back into the borough into a supportive environment, thereby freeing up the valuable hospital beds for other Covid-19 patients.

The Secretary of State for Health and Social Care, Matt Hancock wrote to all local authorities on the 19th March outlining the financial support available to support the response to Covid-19. The Council has been allocated two un-ringfenced grants totalling £16.2m to support the Council in meeting additional costs associated with its response to Covid-19. Within the grant letter were specific requirements to support Adult Social Care based on the guidance previously issued to local authority commissioners by the LGA, ADASS and the Care Provider Alliance to Adult Care commissioners.

This report covers the duties outlined in the Secretary of State for Health and Social Care's letter with a specific focus on the Adult Care Directorate's largest area of spend, Care Homes for Older People covering both residential and nursing provision.

Recommendations

It is recommended that Cabinet support Option 1 Cash Grants and approve:

- i. Advance additional payments of £15k to each Older Peoples' Care Home in Rotherham (a total cost of £495k).
- ii. The provision of a £100k contingency fund for Adult Care to utilise should additional emergency funding be required.
- iii. That the costs are funded from the Government grant referred to within the report.
- iv. That the position be reviewed after the 12 week period (start date 1 April 2020) and any further requirements be brought back to Cabinet for decision.

List of Appendices Included

Appendix 1 Initial Equality Screening Assessment Form

Appendix 2 Equality Analysis Form

Background Papers

Delegated Officer Decision Record - [COVID-19 - LGA Guidance on Home Care Provider Payments](#) – 1 April 2020

Consideration by any other Council Committee, Scrutiny or Advisory Panel

Overview and Scrutiny Management Board – 7 May 2020

Council Approval Required

No

Exempt from the Press and Public

No

Financial Support for Older Peoples Residential Care Homes during the Covid-19 Pandemic

1. Background

- 1.1 The Secretary of State for Health and Social Care, Matt Hancock wrote to all local authorities on the 19th March outlining the financial support available to support the response to Covid-19. The Council has since been allocated two un-ringfenced grants totalling £16.2m. Within the grant letter were specific requirements to support Adult Social Care based on the guidance previously issued to local authority commissioners by the LGA, ADASS and the Care Provider Alliance to Adult Care commissioners entitled: Social care provider resilience during COVID-19: guidance to commissioners.
- 1.2 The Secretary of State's letter specifically reminded local authorities of the need to support the Adult care provider market, though it did not specifically reference the Care Act, the inference was strong.
- 1.3 The Council continues to work to the requirements of the Care Act duty to promote:
- "the efficient and effective operation of the market for adult care and support as a whole."
 - "a sustainable and diverse range of care and support providers, continuously improving quality and choice, and delivering better, innovative and *cost-effective outcomes that promote the wellbeing of people who need care and support.*"
Care and Support Statutory Guidance, Section 4.2

The Council therefore continues to have a legal obligation to support the adult care and support market in Rotherham to enable it to thrive, remain financially viable and most crucially deliver vital services during the period of the Covid-19 threat.

- 1.4 The Secretary of State's letter specifically highlighted that the funding should be utilised to support the following activity:
- a. Protecting [home care] providers' cashflow by accelerating payments and paying 'on plan' where appropriate. We recognise that where the support providers are able to provide is significantly below plan, commissioners may have needed to fund support elsewhere.

This element has already been enacted through the appropriate officer delegated decision making and a decision record published
 - b. Helping providers deal with the costs of increased workforce pressures due to higher sickness absence caused by the outbreak, but also due to self-isolation and family caring responsibilities. Care providers will need to be able to deploy their staff flexibly. They may need to hire new staff quickly or increase use of agency staff, creating additional cost pressures. The funding could also help providers support workers on zero-hour contracts.

- c. Facilitating arrangements for adjusting packages as required in a timely and non-bureaucratic way, especially where providers are having to operate beyond normal services in order to respond to need.
- d. Ensuring councils can adjust care packages in accordance with guidance on prioritisation and social work ethics.
- e. Helping providers to meet costs associated with enhanced infection control and the protection of staff.
- f. Ensuring there is clear and effective transfer of information between commissioners and providers on the general market picture, including the picture around self-funders.
- g. Finding supportive and creative ways to support providers in handling wider pressures caused by Covid-19.

1.5 This report covers the duties b.-g. with a specific focus on the Adult Care Directorate's largest area of spend, Care Homes for Older People covering both residential and nursing provision. This equates to c.£18.5m per annum.

2. Key Issues

2.1 When fully operational, there are 34 Care Homes for Older People in Rotherham with a total capacity of 1,657 beds in the independent sector. There are also a further 120 beds across the two care homes operated by the Council - Lord Hardy and Davies Court. The complete capacity of bed stock for the borough is 1,777 beds.

2.2 The bed occupancy rate is circa 78% with 399 bed vacancies in the independent sector. However, the impacts of residents in Rotherham Care Homes contracting Covid-19 and restrictions that Public Health England (PHE) need to place on care homes with multiple cases, significantly reduces the availability of beds. Prior to a change in the national guidance on 6th April for care home admissions, Public Health England had placed an embargo on six care homes from taking new residents, significantly impacting on the Council's ability to support hospital discharge. This resulted in 23% of the total bed stock being out of commission, including key Discharge to Assess and Intermediate Care beds that specifically form part of the hospital discharge pathway. The revised PHE guidance mitigates such an occurrence unless there is a critical number of confirmed Covid-19 cases, though recent activity demonstrates the potential fragility of the sector. In addition to this, one care provider has pooled staffing resources, resulting in temporary closure of one care home, with the loss of a further 16 beds.

2.3 In response to the Covid-19 pandemic, the government has put in place, through NHS England, new guidelines regarding hospital discharge processes that now must be facilitated within 3 hours and operate from 8am until 8pm, seven days a week. This puts significant pressure on the Council's reablement service, independent sector home care and increasingly care homes to be receptive to taking on new residents at short notice or quickly re-admitting residents after a spell in hospital.

- 2.4 Care Home sustainability is a key driver in ensuring that the social care system supports the NHS hospitals in both Rotherham and Sheffield to discharge Rotherham residents within the 3 hour limit when they are fit for discharge safely back into the borough into a supportive environment, thereby freeing up the valuable hospital beds for other Covid-19 patients.
- 2.5 Admissions to care homes may be on a short-term basis to assesses patients future care and support needs (Discharge to Access) or to rehabilitate them (Intermediate Care) or on a permanent basis when this is the most suitable option for the individual.
- 2.6 The anticipated impacts of Covid-19 on the hospital system have identified the need for additional bed capacity of up to 60 care home beds to be commissioned. These are in effect required to supplement the hospital offer as a 'step down' facility for recovering patients including those with Covid-19 ('hot' sites) and without the symptoms of Covid-19 but still requiring care and support as a result of frailty or long-term conditions ('cold' sites). This work is being led and funded by the Rotherham CCG with support from the Council.
- 2.7 The care homes are, like all other areas of Adult Care, feeling the impacts of Covid-19. They are incurring additional costs within a low profit margin business model and the impact of any one of the following pressures could threaten the stability of the Council's supply of care home beds with a negative impact on the wider health and social care system. Challenges faced by the sector include:
- Increased PPE costs, hand gels and increased costs for routine supplies.
 - Accepting admissions at short notice to people discharged from hospital, or where regular informal support ceases to be available for example due to carer illness.
 - Higher sickness absence rates among their workforce, especially with staff self-isolating
 - Statutory Sick Pay will start at day one rather than day four, and requirements for workers to self-isolate will further increase financial pressures. Further, access to Government funding depends on the number of employees
 - Increased cost pressures from higher use of agency staff including supporting symptomatic residents in self-isolation to protect other residents within the home
- 2.8 Many of the Care Homes in Rotherham are part of a larger national organisation and therefore have interactions with other local authorities across England. The Care Home Sector for Older People has been actively lobbying the Council for financial support citing the LGA guidance referenced above. Working with local providers to understand their challenges and taking the learning from other Council's has been helpful in informing the proposed response in Rotherham and along with LGA Webinar hosted on 14th April which re-iterated the need for Council's to support care homes, but the mechanism for doing so was subject to local determination rather than any mandatory uplift or a national approach.

3. **Options considered and recommended proposal**

- 3.1 In line with commitments from the LGA guidance, an officer delegated decision has already been taken to increase frequency of payments to a weekly basis over a 12-week initial period, back dated to 1 April 2020. This will support their cashflow and ensure the finances are in place to maintain their workforce. This is in line with LGA best practice. The Council has also provided mutual aid to the care sector including the provision of Personal Protective Equipment (PPE), training and regular support.
- 3.2 The Council is also working on a fast track recruitment and training offer that can support the independent/voluntary sector to recruit ready-made applicants to supplement staff shortages as an alternative to agency staffing, to be known as the Rotherham Skills Academy.
- 3.3 It is proposed that the Council also provides direct financial support to the 33 Independent Sector Care Homes for Older People currently operating in the Borough.

Options to be considered:

1. **Cash Grants** - Awarding each Care Home a fixed upfront cash payment. £15k is proposed to support their additional expenditure as a result of Covid-19 over a 12 week period backdated from 1st April 2020. Additional costs of just over £1k per week have been estimated by one of Rotherham's Independent Sector Care Homes. This would support all Older People's Care Homes in Rotherham and consequently the wider Health and Social Care system. Exceptional costs experienced by the care homes directly attributable to Covid-19 above and beyond this lump sum would also be considered on a case by case basis if supported by suitable evidence. This would have a total cost of £495k plus a contingency fund of £100k for any evidenced exceptional costs.(recommended option)

Note: All care homes would receive the same level of funding, regardless of size, bed availability, bed occupancy rates and number of self-funders in care homes.

2. **Percentage uplift in fees** – the most common approach reported by one of the largest care home providers (HC-One) is for the Council to pay a temporary 5% increase on the base fee rate back-dated from 1st April, 2020 until 31st July, 2020 for Council funded placements. This would have a total cost of £310k. This option would not provide financial support to care homes for self-funders. (not recommended).
3. **Fixed payment per Council placement** – one-off payment of £200 per Council funded placement for older people. This would have a total cost of £130k. However, this option would not provide financial support to care homes for self-funders. (not recommended).
4. **Continue with existing contractual/payment arrangements only** – this would increase the risk of care home failure due to the additional costs being incurred. (not recommended).

3.4 It is recommended that Cabinet support Option 1 **Cash Grants**

It is proposed that the following decision is made:

- i. Advance additional payments of £15k to each Older Peoples' Care Home in Rotherham (a total cost of £495k).
- ii. The provision of a £100k contingency fund for Adult Care to utilise should additional emergency funding be required.
- iii. That the costs are funded from the Government grant referred to within the report.
- iv. That the position be reviewed after the 12 week period and any further requirements be brought back to Cabinet for decision.

3.5 It is proposed that the Council send out a cost workbook to the 33 independent sector residential and nursing care providers for Older People currently operating to record any additional costs incurred as a result of Covid-19 from 1st April 2020. The cost workbook will illustrate the additional extraordinary costs incurred due to sick pay, agency staff, PPE, other costs and a total summary of costs. Any advance payments to providers should be reconciled against actual expenditure at a later date and any over provision be reimbursed to the Council.

4. **Consultation on proposal**

4.1 The report has been produced in response to the Covid-19 pandemic and the need for the Council to ensure the financial stability of the Adult Care market, of which Care Homes for Older People make up a key part. Consequently, there has been no opportunity to consult externally on the proposals.

4.2 The Council has however considered written representations received from a range of providers from the Care Home for Older People's market operating in the Borough and the LGA guidance to inform the approach and recommended option.

5. **Timetable and Accountability for Implementing this Decision**

5.1 It is proposed that should the recommendations be taken forward, that any payments made to the 33 Independent Sector Care Homes for Older People currently operating in the Borough are backdated to the 1 April 2020.

5.2 The proposed financial support would be for an initial period of 12 weeks, effective from 1 April 2020 and subject to regular review considering the impact of the Covid-19 pandemic on the 33 Independent Sector Care Homes for Older People currently operating the Borough.

6. **Financial and Procurement Advice and Implications**

6.1 The payment of Cash Grants including the use of the contingency fund would be an additional cost of up to £595k over and above the existing budget.

6.2 In addition to the estimated cost for each option (as stated above), increasing the regularity of payments to Care Homes from fortnightly to every week would have a short-term impact on the Council's cashflow, but this would be within any one month. It would require paying c. £700k per week as opposed to c. £1.4m every 2 weeks. This will need to be managed alongside other changes to payments and receipts as a result of impacts and decisions linked to Covid-19.

6.3 This report sets out recommendations, which are consistent with Cabinet Office Guidance (PPN 02/20) and the Briefing Note agreed at the Gold Emergency Planning Group surrounding supplier relief. Changes to the payment terms and reconciliation of the cash grant should be confirmed in writing with the Providers through a contractual variation to the contract terms which can be enforced.

6.4 The costs associated with this decision would be an appropriate use and allocation of some of the Government Grant provided to manage the costs associated with the Covid-19 pandemic.

7. Legal Advice and Implications

7.1 Under the Care Act 2014 there is a requirement that the local authority supports the provision of services in its area and ensures, so far as it is possible, that those services are able to meet the needs of individuals in its area. The Covid-19 crisis has placed significant strain upon providers and the proposed financial support by the Council will ensure that they can continue to operate in an environment where costs have increased, amongst other things, due illness amongst staff, higher demand for PPE and the requirement for carers to meet the needs of individuals who may have Covid-19.

8. Human Resources Advice and Implications

8.1 There are no Human Resources implications for the Council as a result of the recommendations being taken forward by Cabinet as the financial support proposed is solely for the Independent Sector.

8.2 The proposed recommendation of Option 1 should have a positive impact for the independent sector in providing additional financial support with a direct aim of sustaining the businesses during the Covid-19 Pandemic and ensuring that they can retain key staff delivering care and support to Older People.

9. Implications for Children and Young People and Vulnerable Adults

9.1 There are no implications for Children and Young People or Vulnerable Adults as a result of the proposed recommendations as they apply to Care Homes for Older People aged over 65 years old.

10. Equalities and Human Rights Advice and Implications

10.1 An Equality Analysis has been produced following the completion of the Initial Equality Screening Assessment Form. Both documents are attached at Appendix 1 and 2 to this report

10.2 The implications of the recommended proposal (Option 1) are positive in terms of financially supporting Independent Sector Care Homes to continue to discharge their care and support duties to Older People throughout the Covid-19 pandemic.

11. Implications for Ward Priorities

11.1 The 33 Independent Sector Care Homes for Older People currently in operation are situated across the whole of the Borough.

11.2 The Council Plan has a specific vision that *Every adult is secure, responsible and empowered*. The Council want to help all adults enjoy good health and live independently for as long as possible and to support people to make choices about how best to do this. The Council want a Rotherham where vulnerable adults, such as those with disabilities and older people and their carers have the necessary support within their community. Supporting Older People to reside in Care Homes within the community contributes to this aim at a local level.

12. Implications for Partners

12.1 In addition to older people directly funded by the Council permanently residing in Care Homes for Older People, the homes also play a key role in the hospital discharge pathway. Bed spaces are purchased by the Rotherham Clinical Commissioning Group (CCG) and the Rotherham NHS Foundation Trust (TRFT) to enable medically fit people to be discharged and rehabilitated prior to going home or being admitted into a Care Home of their choice.

12.2 Usually these spot purchase arrangements for Care Home beds are made throughout the winter period, but this has been extended by health partners as a result of the surge planning in response to the Covid-19 Pandemic. The Rotherham Health and Social Care system therefore has a vested interest in the stability and financial sustainability of Care Homes. The recommended Option 1 specifically supports this aim.

13. Risks and Mitigation

13.1. The primary risk of not providing additional financial support, in addition to any mutual aid (e.g. free access to PPE), to Care Homes for Older People is that they become financially unsustainable and unable to effectively discharge care and support to their residents. The Covid-19 pandemic has led to increased staff absences and an upward trajectory in ancillary costs which can further exacerbate financial risk for Care Homes for Older People.

13.2 The recommended Option 1, if accepted by Cabinet should alleviate immediate financial pressures on Independent Sector Care Homes through a backdated cash lump sum of £15k and access to a contingency fund if there is evidence of financial hardship as a result of exceptional costs being incurred in order to discharge care and support duties.

14. Accountable Officers

Nathan Atkinson, Assistant Director, Strategic Commissioning

Approvals obtained on behalf of Statutory Officers:-

	Named Officer	Date
Chief Executive	Sharon Kemp	30/04/20
Strategic Director of Finance & Customer Services (S.151 Officer)	Judith Badger	30/04/20
Head of Legal Services (Monitoring Officer)	Bal Nahal	30/04/20

*Report Author: Nathan Atkinson, Assistant Director Strategic Commissioning
nathan.atkinson@rotherham.gov.uk*

This report is published on the Council's [website](#).

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Completed at the earliest opportunity it will help to determine:

- the relevance of proposals and decisions to equality and diversity
- whether or not equality and diversity is being/has already been considered, and
- whether or not it is necessary to carry out an Equality Analysis (Part B).

Further information is available in the Equality Screening and Analysis Guidance – see page 9.

1. Title	
Title: Financial Support for Older Peoples Residential Care Homes during the Covid-19 Pandemic	
Directorate: Adult Care, Housing and Public Health	Service area: Strategic Commissioning
Lead person: Karen Smith Strategic Commissioning Manager	Contact number: 01709 254870
Is this a:	
<input type="checkbox"/> Strategy / Policy	<input checked="" type="checkbox"/> Service / Function
<input type="checkbox"/> Other	
If other, please specify	

2. Please provide a brief description of what you are screening

Adult Care, Housing and Public Health are presenting a proposal to provide financial support to the care home market for older people, in response to Covid-19.

The aim of this Initial Equality Screening Assessment is to ensure that the residential care market providing care and support to older people receive the additional financial support in response to Covid-19, regardless of protected characteristics of residents. This will ensure that the care market will continue to be sustainable, financially viable and have the ability to deliver vital services to the most vulnerable residents, with the greatest and most complex needs.

Financial support will alleviate pressures in costs of increasing staffing through shielding sickness or self-isolation, greater use of agency staff, increased costs and usage of PPE equipment and other supplies.

The purpose of the Equality Analysis is to ensure that everyone's protected characteristics are considered.

A review of the Residential and Nursing Care Homes Independent Sector (Older People) carried out in 2019/20 shows that:

- 1,657 beds are provided by 33 independent sector care homes for older people
- 682 older people are currently being financially supported by Council which equates to 41% of the current bed base (Insight 27.4.20)
- 20% of residents are self-funders
- 14% Continuing Health Care (CHC) and out of borough placements
- 3% of beds are commissioned from the independent sector by the NHS for hospital discharge services
- 22% of beds are vacant (399 beds).
- NHS Capacity Tracker System (27.4.20) shows that there is a total of 399 vacant beds as follows:

Residential	167
Residential EMI	98
Nursing	82
Nursing EMI	52

The data above also shows that the care market is becoming less financially viable due to the higher than average bed occupancy rate which stood at 237 bed vacancy rate (14.3%) on 18.3.20.

3. Relevance to equality and diversity

All the Council's strategies/policies, services/functions affect service users, employees or the wider community – borough wide or more local. These will also have a greater/lesser relevance to equality and diversity.

The following questions will help you to identify how relevant your proposals are.

When considering these questions think about age, disability, sex, gender reassignment, race, religion or belief, sexual orientation, civil partnerships and marriage, pregnancy and maternity and other socio-economic groups e.g. parents, single parents and guardians, carers, looked after children, unemployed and people on low incomes, ex-offenders, victims of domestic violence, homeless people etc.

Questions	Yes	No
Could the proposal have implications regarding the accessibility of services to the whole or wider community?	Yes	
Could the proposal affect service users?	Yes	
Has there been or is there likely to be an impact on an individual or group with protected characteristics?	Yes	
Have there been or likely to be any public concerns regarding the proposal?		No
Could the proposal affect how the Council's services, commissioning or procurement activities are organised, provided, located and by whom?		No
Could the proposal affect the Council's workforce or employment practices?		No

If you have answered no to all the questions above, please explain the reason

Financial assistance to the care home market will provide a positive impact on accessibility of services to the community and supports residents, regardless of protected characteristics.

There is likely to be no public concerns around this proposal as financial assistance will provide a positive impact to residents living in care homes.

The Council's workforce is not affected by this proposal as this affects the independent sector care home market.

If you have answered **no** to all the questions above please complete **sections 5 and 6**.

If you have answered **yes** to any of the above please complete **section 4**.

4. Considering the impact on equality and diversity

If you have not already done so, the impact on equality and diversity should be considered within your proposals before decisions are made.

Considering equality and diversity will help to eliminate unlawful discrimination, harassment and victimisation and take active steps to create a discrimination free society by meeting a group or individual's needs and encouraging participation.

Please provide specific details for all three areas below using the prompts for guidance and complete an Equality Analysis (Part B).

- **How have you considered equality and diversity?**

The additional financial support to the care home market will have a positive impact to the future delivery of services during/after Covid-19 and to continue to provide support predominantly for older people with disabilities/long-term conditions, regardless of their protected characteristics as follows:

- Around 1,209 residents are living in older people's care homes in Rotherham.
- Around 682 residents are financially supported by the Council
- Around 242 residents are self-funders
- Around 285 residents are financially supported by Continuing Health Care or from another Local Authority

- **Key findings**

The profile of customers accessing the service are:

Age: New admission data in 2019/20 shows that 3% are aged between 65 to 69 years, 6% aged 70 to 74 years, 16% aged 75 to 79 years, 20% aged 80 to 84 years, 28% aged 85 to 89 years, 17% aged 90 to 94 years and 10% aged 95 years and over. The average age of customers entering care is 85 years of age (LAS data)

Gender: 73% are female and 27% are male residents living in older people's care homes which is mainly attributable to the higher life expectancy of females. These types of services are available to all who meet eligibility criteria regardless of their Gender

Race: Rotherham's population aged 18 years and over comprises of 93.04% from a White British background in comparison to 6.96% of customers who are from a BME background (Census, 2011). Around 1% of the local population living in older people's care homes are from minority ethnic backgrounds. Therefore, customers from BME groups appear to be under-represented in this cohort.

Religion or Belief: These services are available to all who meet eligibility criteria regardless of their Religion or Belief.

Marital Status: These services are available to all who meet eligibility criteria regardless of their Marital Status.

Disability: The majority of residents accessing the services are aged 65 years and over and have been identified as having a disability or life limiting long-term condition.

Sexual Orientation: These services are available to all who meet eligibility criteria regardless of their Sexual Orientation. LAS data shows that 6% of residents are heterosexual, 43% don't know and 51% not recorded. This demonstrates a gap in officers routinely capturing the data.

Actions

- Report and Equality Analysis to go to Cabinet
- Letter to Care Homes with regard to financial support provided by Council, including request for completion of cost workbooks
- Revenue and Payments to pay all care homes on a weekly basis for the duration of Covid-19, for a minimum of 3 months
- Cost workbooks to be submitted from care home providers at the end of the Covid-19 pandemic period
- Analysis of cost workbooks to determine whether actual expenditure is higher than the advanced cash payment
- Decision to be reviewed at 3 months or sooner if Government issues new guidance

Date to scope and plan your Equality Analysis:	27 th April, 2020
Date to complete your Equality Analysis:	27 th April, 2020
Lead person for your Equality Analysis (Include name and job title):	Karen Smith, Strategic Commissioning Manager

5. Governance, ownership and approval

Please state here who has approved the actions and outcomes of the screening:

Name	Job title	Date
Nathan Atkinson	Assistant Director Strategic Commissioning Adult Care, Housing and Public Health	
Claire Smith	Head of Adults Commissioning (Joint Commissioning RCCG/RMBC)	27 th April 2020

6. Publishing

This screening document will act as evidence that due regard to equality and diversity has been given.

If this screening relates to a **Cabinet, key delegated officer decision, Council, other committee or a significant operational decision** a copy of the completed document should be attached as an appendix and published alongside the relevant report.

A copy of **all** screenings should also be sent to equality@rotherham.gov.uk For record keeping purposes it will be kept on file and also published on the Council's Equality and Diversity Internet page.

Date screening completed	27 th April, 2020
Report title and date	Financial Support for Care Homes for Older People during the Covid-19 Pandemic
If relates to a Cabinet, key delegated officer decision, Council, other committee or a significant operational decision – report date and date sent for publication	Cabinet decision to be taken on 11 May 2020 (report published on 4 May 2020)
Date screening sent to Performance, Intelligence and Improvement equality@rotherham.gov.uk	04/05/2020

PART B – Equality Analysis Form

As a public authority we need to ensure that all our strategies, policies, service and functions, both current and proposed have given proper consideration to equality and diversity.

This form:

- Can be used to prompt discussions, ensure that due regard has been given and remove or minimise disadvantage for an individual or group with a protected characteristic
- Involves looking at what steps can be taken to advance and maximise equality as well as eliminate discrimination and negative consequences
- Should be completed before decisions are made, this will remove the need for remedial actions.

Note – An Initial Equality Screening Assessment (Part A) should be completed prior to this form.

When completing this form consider the Equality Act 2010 protected characteristics Age, Disability, Sex, Gender Reassignment, Race, Religion or Belief, Sexual Orientation, Civil Partnerships and Marriage, Pregnancy and Maternity and other socio-economic groups e.g. parents, single parents and guardians, carers, looked after children, unemployed and people on low incomes, ex-offenders, victims of domestic violence, homeless people etc. – see page 11 of Equality Screening and Analysis Guidance.

1. Title	
Equality Analysis title: Financial Support for Older Peoples Residential Care Homes during the Covid-19 Pandemic	
Date of Equality Analysis (EA): 27 th April 2020	
Directorate: Adult Care, Housing & Public Health	Service area: Strategic Commissioning
Lead person: Karen Smith Strategic Commissioning Manager	Contact number: 01709 254870
Is this a:	
<input type="checkbox"/> Strategy / Policy	<input checked="" type="checkbox"/> Service / Function
	<input type="checkbox"/> Other

If other, please specify

2. Names of those involved in the Equality Analysis (Should include minimum of three people) - see page 7 of Equality Screening and Analysis Guidance

Name	Organisation	Role (eg service user, managers, service specialist)
Claire Smith	RCCG/RMBC	Joint Head of Adults Commissioning (Joint Commissioning RCCG/RMBC)
Karen Smith	RMBC/RMBC	Strategic Commissioning Manager

3. What is already known? - see page 10 of Equality Screening and Analysis Guidance

Aim/Scope (who the Policy/Service affects and intended outcomes if known)

This may include a group/s identified by a protected characteristic, others groups or stakeholder/s e.g. service users, employees, partners, members, suppliers etc.)

The aim of this Equality Analysis is to ensure that the residential care market providing care and support to older people receive the additional financial support in response to Covid-19, regardless of protected characteristics of residents. This will ensure that the care market will continue to be sustainable, financially viable and have the ability to deliver vital services to the most vulnerable residents, with the greatest and most complex needs.

Financial support will alleviate pressures in costs of increasing staffing through shielding sickness or self-isolation, greater use of agency staff, increased costs and usage of PPE equipment and other supplies.

The purpose of the Equality Analysis is to ensure that everyone's protected characteristics are considered.

A review of the Residential and Nursing Care Homes Independent Sector (Older People) carried out in 2019/20 shows that:

- 1,657 beds are provided by 33 independent sector care homes for older people
- 682 older people are currently being financially supported by Council which equates to 41% of the current bed base (Insight 27.4.20)
- 20% of residents are self-funders
- 14% Continuing Health Care (CHC) and out of borough placements
- 3% of beds are commissioned from the independent sector by the NHS for hospital discharge services
- 22% of beds are vacant (399 beds).
- NHS Capacity Tracker System (27.4.20) shows that there is a total of 399 vacant beds as follows:

Residential	167
Residential EMI	98
Nursing	82
Nursing EMI	52

The data above also shows that the care market is becoming less financially viable due to

the higher than average bed occupancy rate which stood at 237 bed vacancy rate (14.3%) on 18.3.20.

What equality information is available? (Include any engagement undertaken)

The additional financial support to the care home market will have a positive impact to the future delivery of services during/after Covid-19 and to continue to provide support predominantly for older people with disabilities/long-term conditions as follows:

- Around 1,209 residents are living in older people's care homes in Rotherham.
- Around 682 residents are financially supported by the Council
- Around 242 residents are self-funders
- Around 285 residents are financially supported by Continuing Health Care or from another Local Authority

Age: New admission data in 2019/20 shows that 3% are aged between 65 to 69 years, 6% aged 70 to 74 years, 16% aged 75 to 79 years, 20% aged 80 to 84 years, 28% aged 85 to 89 years, 17% aged 90 to 94 years and 10% aged 95 years and over. The average age of customers entering care is 85 years of age (LAS data)

Gender: 73% are female and 27% are male residents living in older people's care homes which is mainly attributable to the higher life expectancy of females. These types of services are available to all who meet eligibility criteria regardless of their Gender

Race: Rotherham's population aged 18 years and over comprises of 93.04% from a White British background in comparison to 6.96% of customers who are from a BME background (Census, 2011). Around 1% of the local population living in older people's care homes are from minority ethnic backgrounds. Therefore, customers from BME groups appear to be under-represented in this cohort.

Religion or Belief: These services are available to all who meet eligibility criteria regardless of their Religion or Belief.

Marital Status: These services are available to all who meet eligibility criteria regardless of their Marital Status.

Disability: The majority of residents accessing the services are aged 65 years and over and have been identified as having a disability or life limiting long-term condition.

Sexual Orientation: These services are available to all who meet eligibility criteria regardless of their Sexual Orientation. LAS data shows that 6% of residents are heterosexual, 43% don't know and 51% not recorded. This demonstrates a gap in officers routinely capturing the data.

Are there any gaps in the information that you are aware of?

Equality data in relation to Pregnancy and Maternity is not applicable to this cohort, as this relates to older people aged 65 years and over.

Gender Reassignment is currently not reported and will be recorded in LAS in future.

Sexual orientation as indicated above is also not well captured in the LAS system.

What monitoring arrangements have you made to monitor the impact of the policy or service on communities/groups according to their protected characteristics?

Equality information on protected characteristics is routinely collected as part of the referral and assessment process for individuals accessing the service and recorded on LAS, which is the adult social case management system.

There are a range of mechanisms for capturing and monitoring the impact of residential and nursing care market for older people. The Council will be sending out a cost workbook to the independent sector residential and nursing care providers for older people to record any additional costs incurred as a result of Covid-19 from 1st April 2020. The cost workbook will illustrate the additional extraordinary costs incurred due to sick pay, agency staff, PPE, other costs and a total summary of costs. Any advance payments to providers should be reconciled against actual expenditure at a later date and any over provision be reimbursed to the Council.

Engagement undertaken with customers. (date and group(s) consulted and key findings)

Engagement has taken place with relatives of residents through telephone and enquiries by letter, surveys, contracting concerns, letters from Solicitors and provision of “A Guide to Residential and Nursing Care for Older People”.

Engagement undertaken with staff (date and group(s) consulted and key findings)

The Council’s/CCG joint commissioning team regularly engage with the care home market through planned and unplanned visits, commissioning newsletters, commissioning enquiries in box, formal tendering exercises, bi-monthly Residential and Nursing Care Forums and twice yearly meetings with owners/regional managers to discuss operational and strategic developments, emerging challenges, new legislation and uplift in fees.

4. The Analysis - of the actual or likely effect of the Policy or Service (Identify by protected characteristics)

How does the Policy/Service meet the needs of different communities and groups? (Protected characteristics of Age, Disability, Sex, Gender Reassignment, Race, Religion or Belief, Sexual Orientation, Civil Partnerships and Marriage, Pregnancy and Maternity) - see glossary on page 14 of the Equality Screening and Analysis Guidance)

These services are available to all older people living in care homes regardless of their Protected Characteristics listed above. The financial support provided to care homes will support all different communities and groups.

Does your Policy/Service present any problems or barriers to communities or

Groups?

The financial support provided to care homes for older people will ensure this will continue to promote choice, control and personalisation to the customer and enable them to remain in the care homes of their choice in greater comfort, security, safety and warm, regardless of any Protected Characteristics.

Does the Service/Policy provide any positive impact/s including improvements or remove barriers?

The additional financial support will provide a positive impact on the care home environment to ensure that adequate staffing levels and provision of PPE equipment and other supplies is available to provide a safe and effective service for vulnerable residents in care homes, regardless of their protected characteristics

What affect will the Policy/Service have on community relations? (may also need to consider activity which may be perceived as benefiting one group at the expense of another)

The proposal should have limited adverse impact on community relations as neighbouring authorities such as Barnsley have adopted a similar type of approach in providing financial support to care homes for older people.

Please list any **actions and targets** that need to be taken as a consequence of this assessment on the action plan below and ensure that they are added into your service plan for monitoring purposes – see page 12 of the Equality Screening and Analysis Guidance.

5. Summary of findings and Equality Analysis Action Plan

If the analysis is done at the right time, i.e. early before decisions are made, changes should be built in before the policy or change is signed off. This will remove the need for remedial actions. Where this is achieved, the only action required will be to monitor the impact of the policy/service/change on communities or groups according to their protected characteristic - See page 11 of the Equality Screening and Analysis guidance

Title of analysis: Financial Support for Care Homes for Older People during the Covid-19 Pandemic
Directorate and service area: Adult Care, Housing & Public Health, Strategic Commissioning
Lead Manager: Karen Smith
Summary of findings:
The Equality Analysis has been completed to ensure that the residential care market are able to continue to provide care and support to older people and receive the additional financial support in response to Covid-19, regardless of resident's protected characteristics.

Action/Target	State Protected Characteristics as listed below	Target date (MM/YY)
Report and Equality Analysis to go to Virtual Cabinet	All	4.5.20
Letter to Care Homes with regard to financial support provided by Council, including request for completion of cost workbooks	All	5.5.20
Revenue and Payments to pay all care homes on a weekly basis for the duration of Covid-19, for a minimum of 3 months	All	1.5.20
Cost workbooks to be submitted from care home providers on a monthly basis during Covid-19	All	Ongoing
Analysis of cost workbooks to determine whether actual expenditure is higher than the advanced cash payment	All	Ongoing

Decision to be reviewed at 3 months or sooner if Government issues new guidance	All	Ongoing
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*A = Age, D= Disability, S = Sex, GR Gender Reassignment, RE= Race/ Ethnicity, RoB= Religion or Belief, SO= Sexual Orientation, PM= Pregnancy/Maternity, CPM = Civil Partnership or Marriage. C= Carers, O= other groups

6. Governance, ownership and approval		
Please state those that have approved the Equality Analysis. Approval should be obtained by the Director and approval sought from DLT and the relevant Cabinet Member.		
Name	Job title	Date
Nathan Atkinson	Assistant Director, Strategic Commissioning	27/04/20

7. Publishing	
The Equality Analysis will act as evidence that due regard to equality and diversity has been given. If this Equality Analysis relates to a Cabinet, key delegated officer decision, Council, other committee or a significant operational decision a copy of the completed document should be attached as an appendix and published alongside the relevant report. A copy should also be sent to equality@rotherham.gov.uk For record keeping purposes it will be kept on file and also published on the Council's Equality and Diversity Internet page.	
Date Equality Analysis completed	27 th April 2020
Report title and date	Financial Support for Care Homes for Older People during the Covid-19 Pandemic
Date report sent for publication	4 May 2020

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Committee Name and Date of Committee Meeting

Cabinet – 11 May 2020

Report Title

Financial Support for Learning Disability Day Opportunity Providers during the Covid-19 Pandemic

Is this a Key Decision and has it been included on the Forward Plan?

Yes

Strategic Director Approving Submission of the Report

Anne Marie Lubanski, Strategic Director of Adult Care, Housing and Public Health

Report Author(s)

Nathan Atkinson, Assistant Director, Strategic Commissioning
nathan.atkinson@rotherham.gov.uk

Ward(s) Affected

Borough-Wide

Report Summary

Independent and Voluntary sector provider sustainability is a key driver in ensuring that the Adult Social Care system in Rotherham continues to support people with a Learning Disability and/or Autism through the impacts of Covid-19. The impact of the Government's social distancing measures has been significant on the provision of day opportunity services for people with a Learning Disability and/or Autism, with many of the services having to close or significantly reduce their offer.

The Secretary of State for Health and Social Care, Matt Hancock wrote to all local authorities on the 19th March outlining the financial support available to support the response to Covid-19. The Council has been allocated two un-ringfenced grants totalling £16.2m to support the Council in meeting additional costs associated with its response to Covid-19. Within the grant letter were specific requirements to support Adult Social Care based on the guidance previously issued to local authority commissioners by the LGA, ADASS and the Care Provider Alliance to Adult Care commissioners.

This report has a specific focus on the Adult Care Directorate's second largest area of spend after Older People, with gross budget of circa £31.6m per annum on supporting people with a Learning Disability and/or Autism.

Recommendations

That Cabinet approves:

1. The adoption of the approach for each type of service as described in Option 1 with a total estimated cost of £970.1k
2. That the position be reviewed after 12 weeks from 1 April 2020 or sooner if the government amends its guidance and any further requirements are brought back to Cabinet for decision.
3. That the additional costs are funded from the Government grant referred to in the body of the report.

List of Appendices Included

Appendix 1 Initial Equality Screening Assessment Form

Appendix 2 Equality Analysis Form

Background Papers

Delegated Decision Record - COVID-19 - Payments and Support to Suppliers – 8 April 2020

Consideration by any other Council Committee, Scrutiny or Advisory Panel

Overview and Scrutiny Management Board – 7 May 2020

Council Approval Required

No

Exempt from the Press and Public

No

Financial Support for Learning Disability Day Opportunity Providers during the Covid-19 Pandemic

1. Background

- 1.1 The Secretary of State for Health and Social Care, Matt Hancock wrote to all local authorities on the 19th March outlining the financial support available to support the response to Covid-19. The Council has subsequently been allocated two un-ringfenced grants totalling of £16.2m. Within the grant letter were specific requirements to support Adult Social Care based on the guidance previously issued to local authority commissioners by the LGA, ADASS and the Care Provider Alliance to Adult Care commissioners entitled: Social care provider resilience during COVID-19: guidance to commissioners
- 1.2 The Secretary of State's letter specifically reminded local authorities of the need to support the Adult care provider market, though it did not specifically reference the Care Act, the inference was strong.
- 1.3 The Council continues to work to the requirements of the Care Act duty to promote:
 - "the efficient and effective operation of the market for adult care and support as a whole."
 - "a sustainable and diverse range of care and support providers, continuously improving quality and choice, and delivering better, innovative and *cost-effective outcomes that promote the wellbeing of people who need care and support.*"Care and Support Statutory Guidance Section 4.2
- 1.4 The Council therefore continues to have a legal obligation to support the adult care and support market in Rotherham to enable it to thrive, remain financially viable and most crucially deliver vital services during the period of the Covid-19 threat.
- 1.5 The Secretary of State's letter specifically highlighted that the funding should be utilised to support the following activity:
 - a. Protecting [home care] providers' cashflow by accelerating payments and paying 'on plan' where appropriate. We recognise that where the support providers are able to provide is significantly below plan, commissioners may have needed to fund support elsewhere.

Note that this element has been addressed by a previous officer delegated decision.
 - b. Helping providers deal with the costs of increased workforce pressures due to higher sickness absence caused by the outbreak, but also due to self-isolation and family caring responsibilities. Care providers will need to be able to deploy their staff flexibly. They may need to hire new staff quickly or increase use of agency staff, creating additional cost pressures. The funding could also help providers support workers on zero-hour contracts.
 - c. Facilitating arrangements for adjusting packages as required in a timely and non-bureaucratic way, especially where providers are having to operate beyond normal services in order to respond to need.
 - d. Ensuring councils can adjust care packages in accordance with guidance on prioritisation and social work ethics.

- e. Helping providers to meet costs associated with enhanced infection control and the protection of staff.
- f. Ensuring there is clear and effective transfer of information between commissioners and providers on the general market picture, including the picture around self-funders.
- g. Finding supportive and creative ways to support providers in handling wider pressures caused by Covid-19.

1.6 This report therefore focuses on the duties b.-g. with a specific focus on the Adult Care Directorate's second largest area of spend after Older People, with gross budget of circa £31.6m per annum on supporting people with a Learning Disability and/or Autism.

2. Key Issues

2.1 Following the issuing of the LGA guidance, which was co-produced with a range of national providers, including a number in Rotherham and further bolstered by the Secretary of State's announcement of government financial assistance for local authorities for Covid-19, there has been a significant increase in financial demands from providers who support people with a Learning Disability and/or Autism in the borough.

2.2 Day Opportunities and Direct Payments

The governments guidance on social distancing as a response to Covid-19 has led to all day opportunities providers ceasing to deliver any building or community based services to people with a Learning Disability and/or Autism, though some of them are continuing to provide a limited offer through telephone and Skype support to individuals. This approach has been supported by Adult Care and is in-line with the Adult Care business continuity plan arrangements.

2.3 The creation of the day opportunities offer has been a core element of the *My Front Door Strategy* to support the move away from more institutional Council day centres such as the recently closed Oaks day centre by offering a wider range of choice of provision to people with a Learning Disability and/or Autism. It is therefore vital that the organisations financial viability during the Covid-19 threat period is not stretched to the point where they will be unable to deliver a future offer. This would put significant pressure on parent carers, with an average age of 65 years old (some of whom are in the social shielding group) and would prevent the planned closure of the Addison day centre taking place in the future. It would also seriously undermine the Council's reputation and integratory.

2.4 Day opportunities providers are either directly commissioned on a spot contract basis (all not for profit organisations of varying size) or are funded through direct payments from the people using the services, including many local micro-enterprises. Consequently, once the services cease to be delivered then the payments from the Council and directly from the customers theoretically cease.

- 2.5 It is proposed that the Council would continue to fund directly commissioned providers during the period of enforced closure in order to keep them financially viable. This would be based on average payments. Staff from these organisations could, and indeed in some instances are, supporting their parent organisations with delivery of other key services in the borough such as residential care or supported living by supplementing the staff deployment depleted as a result of self-isolation, sickness or lack of agency cover.
- 2.6 The situation regarding direct payments and micro-enterprises is a little more complex in that the services are not directly commissioned by the Council. In this instance evidence of average income from direct payments and private income could be used to calculate a reasonable level of payment to support sustainability.
- 2.7 In addition to the micro-enterprises, a number of people with a Learning Disability and/or Autism are supported by Shared Lives carers during the day to access the community and to participate in family activities. The person in receipt of support does not live with the Shared Lives carer and the Shared Lives carer receives payment for a set period on a sessional basis at an agreed rate. Shared Lives carers have been unable to deliver this support since the introduction of social distancing and have therefore ceased to receive payments. It is proposed that the loss of income will be offset during the period of social distancing being imposed to support the Shared Lives carers. This will ensure that they are able to deliver services in the future when it is safe to do so. Payments would be calculated on the basis of average payments for sessional support.

2.8 **Residential Care and Supported Living**

A consequence of the closures of the day opportunities offer is significant for residential and supported living providers who have residents that normally attend day opportunities provision for up to 8 hours a day, Monday-Friday. They are currently paid a set number of hours, excluding the periods of day support and therefore will need to make a request for payment for providing additional care and support hours as a result of the closure of day opportunities services accessed by the people who they accommodate. These payments can be facilitated as part of the individuals care package under the Strategic Director of Adult Care, Housing and Public Health's delegated authority. The balance can be coded to the Covid-19 budget as a legitimate expense.

2.9 **Unpaid Carers and the Voluntary Sector**

Speak Up, the not for profit organisation providing a range of support services have been particularly active in supporting people with a Learning Disability/Autism through innovative approaches during the social distancing period. It is proposed to award a grant of £20k to them from the Covid-19 budget to continue to support people with a Learning Disability and Autism who are lonely and socially isolated as a result of social distancing measures and service closures.

2.10 Following the extension of the social distancing measures, the Council may also need to consider further investment in services to support unpaid carers because of their caring burden increasing as a result of the day opportunities closures. The specific details will need to be worked through as to what is required, but a proportion of the proposed £50k funding could be set aside to invest in this area – perhaps for additional on-line support whilst social distancing remains in force. Local organisations such as VAR, Rotherham Carers Forum and Rotherham Parents Carers Forum are continuing to support self-advocates and carers, despite the challenges posed by Covid-19, but may need to ramp up their offer considerably if social distancing measures continue for a prolonged period.

3. Options considered and recommended proposal

3.1 The issues and proposed approach highlighted in Section 2 above (Option 1 below) are estimated to have a total cost of £970k over a 12-week initial period – assuming that social distancing measures remain in place. It is proposed to back date the start of the 12-week period to 1 April 2020.

3.2 In line with commitments from the LGA guidance, the Council will continue to pay providers supporting people with a Learning Disability/Autism promptly, but now on a weekly basis. This will support their cashflow and ensure the finances are in place to maintain their workforce.

3.3 The Council is also working on a fast track recruitment and training offer that can support the independent/voluntary sector to recruit readymade applicants to supplement staff shortages as an alternative to agency staffing. This is known as the Rotherham Skills Academy.

3.4 In addition to universal commitments to the Learning Disability/Autism provider sector, the Council will also facilitate additional support. There are a number of options that can be considered.

3.5 **Option 1:** Pay the providers additional costs as per the approach outlined in Section 2 and defined by service area in the table below. This is the recommended option.

This approach would differentiate the type of service provision and would consider financial stability taking into account the nuanced funding mechanisms either through commissioned services or through the use of Direct Payments.

Cohort	Proposed Offer	Customer Numbers*	Total estimated costs (£000)**
Supported Living	To pay providers based on the contingency hours for providing additional support to people who can no longer attend day opportunities provision.	83	192.5
Residential	To pay residential providers a fixed fee of £50 for every planned session of day	27	54

	opportunities per week that people were due to attend (and where providers are now providing this support instead)		
Residential and Supported Living	Exceptional costs directly attributable to Covid-19 would also be considered on a case by case basis if supported by suitable evidence		100
Commissioned Day Opportunities Services	To provide financial support to providers who have had to close or are now providing an alternative support service. This will be agreed on a provider by provider basis and subject to the conditions below.	137	279.6
Direct Payments Day Opportunities Micro Enterprises	To provide financial support to providers who have had to close or are now providing an alternative support service. This will be agreed on a provider by provider basis and subject to the conditions below.	128	253
Shared Lives Sessional support	To provide financial support to Shared Lives Carers who provide support to people during the day on a sessional basis	29	21
Carers	To provide a range of support options when required to avoid carer breakdown including additional video conferencing support including a grant of £20k to Speak Up		70
Total			970.1

* Current service

** Based on 12 weeks. Estimates are based on data currently available and the actual costs may be lower e.g. depending on alternative financial support being accessed by providers

- 3.6 The request for additional funding as set out above, must be predicated on the condition that eligible organisations:
- apply for central government support e.g. payment of 80% of staff wages if staff are unable to work
 - apply for business rates relief where applicable
- 3.7 The Council will fund cost pressure up to the contract value (or average spend) after deducting all other financial support available.
- 3.8 Where organisations may be eligible for central government support but the Council could request that staff are redeployed to offer alternative support e.g. as per some day opportunities providers, the Council would consider funding the 80% as well where this is agreed with Commissioners that alternative work is of significant value.
- 3.9 **Option 2:** The Council to pay a temporary 10% increase on all services back-dated from 1st April 2020 until 31st July 2020 for Council funded placements. This would increase the income for supported living and residential care providers as they have a continual income providing support during the social distancing period and most likely increased costs. This would have a total cost of £238k per month, a total of approximately £714k for the 12 week period. However, this option would not provide adequate financial support to any commissioned day opportunities provision or services funded through direct payments such as the micro-enterprises as they currently have no income and cannot operate during the 'lockdown' period.
- 3.10 **Option 3:** awarding a fixed upfront cash sum of £15k per provider to support their additional expenditure as a result of Covid-19 over the next 12 weeks. This would have a total cost of £870k. This does not preclude additional support being provided by the Council, but this will be on a case by case basis. However, this amount would mean that all providers would receive the same level of funding, regardless of the number of people they support, the level of the normal funding they would receive and the potential impact of their loss of income. This would be potentially inequitable.
- 3.11 For all options: additional funding is subject to an open book reconciliation at the end of the emergency period. Any additional payments to providers should be reconciled against actual expenditure and any over provision be reimbursed to the Council.
- 3.12 That Cabinet approves:
1. The adoption of the approach for each type of service as described in Option 1 with a total estimated cost of £970.1k.
 2. That the position be reviewed after 12 weeks from 1 April 2020 or sooner if the government amends its guidance and any further requirements are brought back to Cabinet for decision.
 3. That the additional costs are funded from the Government grant referred to in the body of the report.

4. Consultation on proposal

- 4.1 The report has been produced in response to the Covid-19 pandemic and the need for the Council to ensure the financial stability of the Learning Disability and Autism market. The government's social distancing measures and the enforced closure of a range of day opportunities options for people with a Learning Disability and/or Autism has had a significant financial impact on the sector within a short period of time. Consequently, there has been no opportunity to consult externally on the proposals.
- 4.2 The Council has however considered written representations received from a range of providers from the Learning Disability and Autism market operating in the Borough and the LGA guidance to inform the approach and recommended option.

5. Timetable and Accountability for Implementing this Decision

- 5.1 It is proposed that should the recommendations be taken forward, that any payments made to Learning Disability and Autism providers currently operating in the Borough are backdated to the 1 April 2020.
- 5.2 The proposed financial support would be for an initial period of 12 weeks, effective from 1 April 2020 and subject to regular review considering the impact of the Covid-19 pandemic on the Learning Disability and Autism providers currently operating in the Borough and any new guidance issued by the Government.

6. Financial and Procurement Advice and Implications

- 6.1 For Option 1 the proposed payments to Residential, Supported Living and Carers would be an additional cost of up to £416.5k over and above the existing budget. Proposed payments for day care and shared lives are budgeted (£553.6k) but the Council may not receive a service: the payments are to ensure business continuity. Actual expenditure may be lower depending on alternative funding support accessed by providers and any reduction in costs due to the temporary closure of services.
- 6.2 The recommendations detailed within this report supports the principles of Cabinet Office Guidance detailed in PPN 02/20 and the Briefing Paper approved at the Gold Emergency Planning Group regarding supplier relief, however the procurement implications associated with each of the cohorts is different and summarised below.

6.3 Council Commissioned Supported Living and Residential Care

The proposals outlined in this report to provide support to Council commissioned providers is fully in compliance with PPN 02/20. Formal written communication will need to be issued to Providers outlining the proposal including the reconciliation process and terms to be applied.

6.4 Direct Payments and Shared Lives

The providers of care in the case of direct payments and shared lives are not directly commissioned by the Council. The contractual relationship exists between the Provider and the individual who is receiving the care. These circumstances fall

outside the scope of procurement Regulations, therefore the application of PPN 02/20 is not a mandated requirement as set by Cabinet Office.

6.5 However, the Council recognises that in these circumstances the provider is delivering care to vulnerable adults in the same manner as those providers the Council directly commissions, and therefore to maintain continuity of care and ensure financial stability, the Council is seeking to adopt the principles of Supplier Relief as if they were the Council's own contracted providers.

6.6 The additional costs associated with this decision would be an appropriate use and allocation of some of the Government Grant provided to manage the costs associated with the Covid-19 pandemic.

7. Legal Advice and Implications

7.1 Under the Care Act 2014 the local authority is required to support the provision of services in its area and ensure, so far as it is possible, that those services are able to meet the needs of individuals in its area. The Covid-19 crisis has placed significant strain upon providers and the proposed financial support by the Council will ensure that they can continue to operate in an environment where, amongst other things, services have had to be cancelled due to lockdown and social distancing. The support will ensure that these services are able to survive the down-turn in demand and be available to provide support when the crisis has passed.

8. Human Resources Advice and Implications

8.1 There are no Human Resources implications for the Council as a result of the recommendations being taken forward by Cabinet as the financial support proposed is solely for sole traders, micro-enterprises, the voluntary sector and the independent sector operating within the Borough and supporting people with a Learning Disability and/or Autism.

8.2 The proposed recommendation of Option 1 should have a positive impact for the Learning Disability and Autism market in providing additional financial support with a direct aim of sustaining the businesses during the Covid-19 Pandemic and ensuring that they can retain key staff delivering care and support to 768 people.

9. Implications for Children and Young People and Vulnerable Adults

9.1 There are no implications for Children and Young People as a result of the proposed recommendations as they apply to services supporting people with a Learning Disability and/or Autism aged 18 years old or over. This group by definition falls within the category of Vulnerable Adults and the proposals offer positive support for the sector to ensure continuation of day opportunities options in the future. However, it will ensure that the sector is as robust as possible so that as children transition through to adult services the market is strong and can offer choice to these individuals.

10. Equalities and Human Rights Advice and Implications

10.1 An Equality Analysis has been produced following the completion of the Initial Equality Screening Assessment Form. Both documents are attached at Appendix 1 and 2 to this report

10.2 The implications of the recommended proposal (Option 1) are positive in terms of financially supporting the Learning Disability and Autism market to continue to discharge their care and support duties to 768 people in the Borough throughout the Covid-19 pandemic.

11. Implications for Ward Priorities

11.1 The Learning Disability and Autism market, when fully operational, is a Borough wide offer and is not limited to specific Wards.

11.2 The Council Plan has a specific vision that *Every adult is secure, responsible and empowered*. The Council want to help all adults enjoy good health and live independently for as long as possible and to support people to make choices about how best to do this. The Council want a Rotherham where vulnerable adults, such as those with disabilities and older people and their carers have the necessary support within their community. Supporting people with a Learning Disability and/or Autism within the community contributes to this aim at a local level.

12. Implications for Partners

12.1 Services for Learning Disability and/or Autism are predominantly purchased by the Council, though a range of packages are also joint funded by colleagues from the Rotherham Clinical Commissioning group (CCG). Sustaining the market is therefore vital for the wider Place. Ensuring that there is a vibrant market and a choice of provision forms part of the Rotherham Integrated Health and Social Care Plan though the adoption of the *My Front Door* approach and the requirements of the Transforming Care programme.

13. Risks and Mitigation

13.1. The primary risk of not providing additional financial support, in addition to any mutual aid (e.g. free access to PPE), to sole traders, micro-enterprises, the voluntary sector and the independent sector operating within the Borough and supporting people with a Learning Disability and/or Autism is that they become financially unsustainable and unable to effectively discharge care and support. The Covid-19 pandemic has led to increased staff absences and an upward trajectory in ancillary costs which can further exacerbate financial risk for the Learning Disability and Autism market in the Borough. Further, a range of providers have ceased to receive income due to having to close their services as a result of the governments social distancing measures.

13.2 The recommended Option 1, if accepted by Cabinet should alleviate immediate financial pressures on the Learning Disability and Autism market in the Borough by providing bespoke financial packages for a wide range of providers, This would also support the sustainability and continuation of range of options for day opportunities services for people with a Learning Disability and/or Autism when the Covid-19 pandemic has ended.

14. Accountable Officers

Nathan Atkinson, Assistant Director, Strategic Commissioning

Approvals obtained on behalf of Statutory Officers:-

	Named Officer	Date
Chief Executive	Sharon Kemp	04/05/20
Strategic Director of Finance & Customer Services (S.151 Officer)	Judith Badger	30/04/20
Head of Legal Services (Monitoring Officer)	Bal Nahal	30/04/20

*Report Author: Nathan Atkinson, Assistant Director, Strategic Commissioning
nathan.atkinson@rotherham.gov.uk*

This report is published on the Council's [website](#).

PART A - Initial Equality Screening Assessment

As a public authority we need to ensure that all our strategies, policies, service and functions, both current and proposed have given proper consideration to equality and diversity.

A **screening** process can help judge relevance and provide a record of both the process and decision. Screening should be a short, sharp exercise that determines relevance for all new and revised strategies, policies, services and functions.

Completed at the earliest opportunity it will help to determine:

- the relevance of proposals and decisions to equality and diversity
- whether or not equality and diversity is being/has already been considered, and
- whether or not it is necessary to carry out an Equality Analysis (Part B).

Further information is available in the Equality Screening and Analysis Guidance – see page 9.

1. Title

Title:

Financial Support for Learning Disability Day Opportunity Providers during the Covid-19 Pandemic

Directorate:

Adult Care, Housing & Public Health

Service area:

Strategic Commissioning

Lead person:

Kay Nicholes
Strategic Commissioning Manager

Contact number:

01709 334043

Is this a:

Strategy / Policy

Service / Function

Other

If other, please specify

2. Please provide a brief description of what you are screening

Adult Care is presenting a proposal to provide additional emergency funding to providers who support people with disabilities and long-term health conditions (predominantly Learning Disability and/or Autism).

The proposal is scheduled to be considered by Cabinet on 11 May 2020.

This purpose of this screening assessment is to ensure that this proposal has assessed the impact to determine whether a full Equality Analysis is required.

Overview of the Current Service

The services provide Care Homes, Supported Living and Day Opportunities and are either directly commissioned by the Council or indirectly commissioned through a Direct Payment. The Day Opportunity Services also support the respite needs for the Unpaid Carer(s) of people with disabilities, namely Learning Disabilities and or Autism.

3. Relevance to equality and diversity

Questions	Yes	No
Could the proposal have implications regarding the accessibility of services to the whole or wider community?	X	
Could the proposal affect service users?	X	
Has there been or is there likely to be an impact on an individual or group with protected characteristics?	X	
Have there been or likely to be any public concerns regarding the proposal?		X
Could the proposal affect how the Council's services, commissioning or procurement activities are organised, provided, located and by whom?		X
Could the proposal affect the Council's workforce or employment practices?		X
If you have answered no to all the questions above, please explain the reason		
N/A		

If you have answered **no** to **all** the questions above please complete **sections 5 and 6**.

If you have answered **yes** to any of the above please complete **section 4**.

4. Considering the impact on equality and diversity

If you have not already done so, the impact on equality and diversity should be considered within your proposals before decisions are made.

Considering equality and diversity will help to eliminate unlawful discrimination, harassment and victimisation and take active steps to create a discrimination free society by meeting a group or individual's needs and encouraging participation.

Please provide specific details for all three areas below using the prompts for guidance and complete an Equality Analysis (Part B).

- **How have you considered equality and diversity?**

These services are available to all appropriate groups regardless of their **age, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion and belief, sex, sexual orientation**.

Disability & Carers – These services are specifically provided for people with disabilities or long-term health conditions, mainly Learning Disability and/or Autism.

There is a commitment within Rotherham to offer choice. This is enshrined within the Care Act 2014 and encompassed in the core principles of Valuing People (2001) and Valuing People Now (2009) for people with a Learning Disability. This promotes the rights of independence and social inclusion. The legislation and guidance reaffirm the principles of personalisation, the use of Personal Budgets and Direct Payments.

- **Key findings**

Disability & Carers – These services are specifically provided for people with disabilities or long term health conditions, mainly Learning Disability and/or Autism. The Day Opportunity services also support Unpaid Carers

An Equality Analysis will provide an opportunity to consider in more detail the impact of the service changes and any necessary actions, taking into consideration all of the Protected Characteristics under the Equality Act 2010.

- **Actions**

The Equality Analysis includes an assessment of each Protected Characteristic Collate data and analyse, identify any gaps

Consideration of the future monitoring of the impact of the change in service on communities/groups according to their protected characteristics

Date to scope and plan your Equality Analysis:

27 April 2020

Date to complete your Equality Analysis:

27 April 2020

Lead person for your Equality Analysis
(Include name and job title):

Kay Nicholes, Strategic
Commissioning Manager

5. Governance, ownership and approval

Please state here who has approved the actions and outcomes of the screening:

Name	Job title	Date
Nathan Atkinson	Assistant Director Strategic Commissioning Adult Care, Housing and Public Health	27 April 2020

6. Publishing

This screening document will act as evidence that due regard to equality and diversity has been given.

If this screening relates to a **Cabinet, key delegated officer decision, Council, other committee or a significant operational decision** a copy of the completed document should be attached as an appendix and published alongside the relevant report.

A copy of **all** screenings should also be sent to equality@rotherham.gov.uk For record keeping purposes it will be kept on file and also published on the Council's Equality and Diversity Internet page.

Date screening completed	27 April 2020
Report title and date	Financial Support for Learning Disability Day Opportunity Providers during the Covid-19 Pandemic
If relates to a Cabinet, key delegated officer decision, Council, other committee or a significant operational decision – report date and date sent for publication	Key Decision, to be decided by Cabinet on 11/05/2020 (published on 4/11/2020)
Date screening sent to Performance, Intelligence and Improvement equality@rotherham.gov.uk	04/05/2020

PART B – Equality Analysis Form

As a public authority we need to ensure that all our strategies, policies, service and functions, both current and proposed have given proper consideration to equality and diversity.

This form:

- Can be used to prompt discussions, ensure that due regard has been given and remove or minimise disadvantage for an individual or group with a protected characteristic
- Involves looking at what steps can be taken to advance and maximise equality as well as eliminate discrimination and negative consequences
- Should be completed before decisions are made, this will remove the need for remedial actions.

Note – An Initial Equality Screening Assessment (Part A) should be completed prior to this form.

When completing this form consider the Equality Act 2010 protected characteristics Age, Disability, Sex, Gender Reassignment, Race, Religion or Belief, Sexual Orientation, Civil Partnerships and Marriage, Pregnancy and Maternity and other socio-economic groups e.g. parents, single parents and guardians, carers, looked after children, unemployed and people on low incomes, ex-offenders, victims of domestic violence, homeless people etc. – see page 11 of Equality Screening and Analysis Guidance.

1. Title	
Equality Analysis title: Financial Support for Learning Disability Day Opportunity Providers during the Covid-19 Pandemic	
Date of Equality Analysis (EA): 27 April 2020	
Directorate: Adult Care, Housing & Public Health	Service area: Strategic Commissioning
Lead person: Garry Parvin Joint Head of Learning Disability, Autism and Transitions Commissioning	Contact number: 07887 057 491

Is this a:

Strategy / Policy

Service / Function

Other

If other, please specify

2. Names of those involved in the Equality Analysis (Should include minimum of three people) - see page 7 of Equality Screening and Analysis Guidance

Name	Organisation	Role (eg service user, managers, service specialist)
Garry Parvin	RMBC	Joint Head of Learning Disability, Autism and Transitions Commissioning
Kay Nicholes	RMBC	Strategic Commissioner

3. What is already known? - see page 10 of Equality Screening and Analysis Guidance

Aim/Scope (who the Policy/Service affects and intended outcomes if known)

This may include a group/s identified by a protected characteristic, others groups or stakeholder/s e.g. service users, employees, partners, members, suppliers etc.)

Adult Care is presenting a proposal, in response to the Covid-19 Pandemic, to provide additional financial support to providers who support people with disabilities and long-term health conditions (predominantly Learning Disability and/or Autism).

Overview of the Current Services

The services provide Care Homes, Supported Living and Day Opportunities and are either directly commissioned by the Council or indirectly commissioned through a Direct Payment. The Day Opportunity Services also support the respite needs for the Unpaid Carer(s) of people with disabilities, namely Learning Disabilities and or Autism.

What equality information is available? (Include any engagement undertaken)

There is data available for 768 customers aged over 18 in the Learning Disability/Autism client group accessing 1382 placements/services. Some customers access more than one service. Data is captured on the Adult Care LAS system.

Age: The age range of people within the services is 18 to 95 with the majority of customers, 96% falling into the 20-69 age groups. The services are available to all who have an assessed need, regardless of their Age.

Gender: There are currently 58% males and 42% females accessing the services. No other gender is recorded. The services are available to all who have an assessed need regardless of their Gender.

Race: These services are available to all who have an assessed need regardless of their Race.

Rotherham's 18+ population is 93.04% White British (ref: Census 2011), in comparison 95.82% of the Learning Disability cohort are from this ethnic group.

Customers from Black Minority Ethnic (BME) groups appear to be under-represented in this cohort. 4.18% of the cohort are from a BME background compared with 6.96% of the total population.

The 'Asian-Pakistani' BME group has the highest number of customers - 20 (2.61% of cohort).

This could indicate that the wider BME community are not fully engaging with Adult Care Services in general.

There are 2 customers who did not divulge their Race.

Religion or Belief: These services are available to all who have an assessed need regardless of their Religion or Belief.

The data is not routinely captured. Data gathered around this characteristic informed us that 502 (65%) did not declare a Religion/Belief, had no religion or the information was not captured.

Where a Religion/Belief was captured 27% identified as Church of England, Christian or Other Christian, 3% identified as Roman Catholic and 2% identified as Islam.

The remaining 3% was split across 7 other Religions/Beliefs.

Marital Status: These services are available to all who have an assessed need regardless of their Marital Status.

Data gathered around marital status informed that 83% identify as Single, 2% identify as Married and 1% each identify as Divorced, Partnered or Widowed. This characteristic was not recorded for 13% of customers.

Disability: All people accessing the services identify with a disability, with a primary client group identified as Learning Disability and/or Autism. Therefore disability will be the main focus in relation to this Equality Assessment.

Carers: The Day Opportunity elements of the services meet the assessed needs of both the people and the unpaid carer(s) of people with Learning Disabilities and or Autism.

There are approximately 432 unpaid Carers accessing Day Opportunity services to provide respite to maintain their resilience.

The **age** of these Carers is between 24 and 91. With 55% age 20-64, 37% are aged 65+. There are 36 for whom the data is not recorded or is unreliable.

The data indicates that 75% are female and 25% are male. The 2011 Census data for

Rotherham, shows that 51% of the adult population are female.

The data indicates that Carers are mainly White British 76% with the second highest group being Pakistani 4%. Ethnicity is not recorded for 19%.

The data in relation to **Religion/Belief** was limited with 86% recorded as Not Declared/Not recorded/No Religion/Agnostic/Atheist. Of those where a Religion or Belief was recorded, 10% identified as Christian/Church of England, 2% as Islam.

This proposal to provide financial support to organisations will ensure that the services who support these Carers, by providing Respite, can continue to do so, where appropriate, and that the diverse range of services will still be available to both Customers and Carers in the future.

Are there any gaps in the information that you are aware of?

Data in relation to Gender Reassignment, Pregnancy and Maternity and Sexual Orientation have not been captured. The services are available to all who have an assessed need regardless of the Protected Characteristics.

What monitoring arrangements have you made to monitor the impact of the policy or service on communities/groups according to their protected characteristics?

There are a range of mechanisms for capturing and monitoring the impact of the proposal for people with Learning Disabilities and/or Autism and their unpaid carers in receipt of the services.

Equality information is routinely collected as part of the assessment process for individuals through reviews and the annual reassessment. These processes also afford an opportunity for feedback to be provided by the cared for person and unpaid carers to Adult Social Care staff on the quality of service provision they receive.

People using the services and their Carers have the option to make a formal complaint regarding the quality of the care or pertaining to issues with systems and processes aligned to it through the Councils process regardless of whether the offer is directly delivered by the Council or commissioned from the independent sector. For more serious concerns there is also the route of an s.42 safeguarding investigation being triggered and where appropriate following the Council's Whistleblowing policy.

In addition, the services offered by both the Council and the independent sector are in the main registered with the Care Quality Commission (CQC) and are subject to their monitoring regime. This actively encourages providers to collect user feedback and to respond to complaints in a timely fashion.

Engagement undertaken with	This Equality Analysis is to support a request for
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<p>customers. (date and group(s) consulted and key findings)</p>	<p>additional financial support to providers of services for people with disabilities, namely Learning Disabilities and or Autism. As this is in response to the Covid-19 Pandemic timescales did not allow for full consultation with Customers and unpaid Carers. However, the proposed intervention will provide stability within the market and therefore positively impact the people who access the services.</p>
<p>Engagement undertaken with staff (date and group(s) consulted and key findings)</p>	<p>This Equality Analysis is to support a request for additional financial support to providers of services for people with disabilities, namely Learning Disabilities and or Autism. As this is in response to the Covid-19 Pandemic timescales did not allow for full consultation with Customers. The proposed intervention will provide stability within the market and therefore positively impact the staff within the services.</p>

4. The Analysis - of the actual or likely effect of the Policy or Service (Identify by protected characteristics)

How does the Policy/Service meet the needs of different communities and groups? (Protected characteristics of Age, Disability, Sex, Gender Reassignment, Race, Religion or Belief, Sexual Orientation, Civil Partnerships and Marriage, Pregnancy and Maternity) - see glossary on page 14 of the Equality Screening and Analysis Guidance)

These services are available to all people with disabilities, namely Learning Disabilities and/or Autism who have an assessed need, regardless of any Protected Characteristics.

This proposal is in response to the Covid-19 Pandemic, the proposed financial support will have a positive impact for customers and unpaid Carers as the funding will provide stability for the Organisations who provide the services.

Does your Policy/Service present any problems or barriers to communities or Groups?

These services are available to all people with disabilities, namely Learning Disabilities and/or Autism who have an assessed need, regardless of any Protected Characteristics.

This proposal is in response to the Covid-19 Pandemic, the proposed financial support will have a positive impact for customers and unpaid Carers as the funding will provide stability for the organisations who provide the care and support services.

Does the Service/Policy provide any positive impact/s including improvements or remove barriers?

These services are available to all people with disabilities, namely Learning Disabilities and/or Autism who have an assessed need, regardless of any Protected Characteristics.

This proposal is in response to the Covid-19 Pandemic, the proposed financial support will have a positive impact for customers and unpaid Carers as the funding will provide stability for the organisations who provide the care and support services.

What affect will the Policy/Service have on community relations? (may also need to consider activity which may be perceived as benefiting one group at the expense of another)

These services are available to all people with disabilities, namely Learning Disabilities and/or Autism who have an assessed need, regardless of any Protected Characteristics.

The proposed financial support will have a positive impact on Community Relations as the funding will provide stability for the providers of the services and subsequently the communities they serve.

Please list any **actions and targets** that need to be taken as a consequence of this assessment on the action plan below and ensure that they are added into your service plan for monitoring purposes – see page 12 of the Equality Screening and Analysis Guidance.

5. Summary of findings and Equality Analysis Action Plan

If the analysis is done at the right time, i.e. early before decisions are made, changes should be built in before the policy or change is signed off. This will remove the need for remedial actions. Where this is achieved, the only action required will be to monitor the impact of the policy/service/change on communities or groups according to their protected characteristic - See page 11 of the Equality Screening and Analysis guidance

Title of analysis: Financial Support for Learning Disability Day Opportunity Providers during the Covid-19 Pandemic
Directorate and service area: Adult Care, Housing & Public Health, Strategic Commissioning
Lead Manager: Garry Parvin
Summary of findings:
<p>The Equality Analysis has been completed to ensure that people with disabilities and long-term conditions, namely Learning Disabilities and or Autism are not negatively impacted due to any instability within the market due to the Covid-19 Pandemic. The proposed financial support for the Organisations who provide these services will ensure they are able to continue to provide an increased level of support to the people who access their services during the Pandemic.</p> <p>The Equality Analysis found that the primary focus of the proposal will be to support the organisations who provide services to people with Disabilities and Long Term Conditions together with their Unpaid Carers as the services form part of the Council's statutory duties under the Care Act 2014. However, the process has identified that there are data gaps in terms of some of the Protected Characteristics including: Gender Reassignment, Pregnancy and Maternity and Sexual Orientation have not been routinely and accurately captured.</p>

Action/Target	State Protected Characteristics as listed below	Target date (MM/YY)
Provider sustainability both in relation to current services and the impact on sustainability of provisions in future.	Primary focus on D & C but also A, S, GR, RE, RoB, SO, PM, CPM & O	Ongoing during the Covid-19 Pandemic

The continued provision of choice in the Learning Disability and Autism market, ensuring that this continues to be as diverse as possible	A, D, S, GR, RE, RoB, SO, PM, CPM, C & O	Ongoing during the Covid-19 Pandemic
Continuation of the person's preferred care and support option.	A, D, S, GR, RE, RoB, SO, PM, CPM, C & O	Ongoing during the Covid-19 Pandemic

*A = Age, D= Disability, S = Sex, GR Gender Reassignment, RE= Race/ Ethnicity, RoB= Religion or Belief, SO= Sexual Orientation, PM= Pregnancy/Maternity, CPM = Civil Partnership or Marriage. C= Carers, O= other groups

6. Governance, ownership and approval		
Please state those that have approved the Equality Analysis. Approval should be obtained by the Director and approval sought from DLT and the relevant Cabinet Member.		
Name	Job title	Date
Nathan Atkinson	Assistant Director, Strategic Commissioning	27/04/20

7. Publishing	
The Equality Analysis will act as evidence that due regard to equality and diversity has been given. If this Equality Analysis relates to a Cabinet, key delegated officer decision, Council, other committee or a significant operational decision a copy of the completed document should be attached as an appendix and published alongside the relevant report. A copy should also be sent to equality@rotherham.gov.uk For record keeping purposes it will be kept on file and also published on the Council's Equality and Diversity Internet page.	
Date Equality Analysis completed	27 April 2020
Report title and date	Financial Support for Learning Disability Day Opportunity Providers during the Covid-19 Pandemic
Date report sent for publication	
Date Equality Analysis sent to Performance, Intelligence and Improvement equality@rotherham.gov.uk	