

OFFICER DECISION RECORD 1 FORM

This form should be used to record Officer Decisions in Excess of £100k (but below the key decision threshold), or where required by Financial, Contract or other Procedure Rules or following formal delegation from Cabinet or a Cabinet Member or a Council Committee.

Decision Reference No: AHWB.008.2021 2021/2022 Provider Care Fee Increases for Residential Care

BOX 1**DIRECTORATE: AHWB****DATE: 26/02/2021****Contact Name: Kathryn Anderson-****Tel. No.: 737013 / 737859****Bratt and Paul Williams****Subject Matter: 2021/2022 Provider Care Fee Increases for Residential Care.****BOX 2****DECISION TAKEN**

1. To increase the provider care fees as set out in the following table:

Category	Description	Current Fee 2020/21 £	Proposed Inflation 2021/22 %	Proposed Fee 2021/22 £
Residential Contracted (Allowable Rate)	Residential, Nursing, Residential EMI, Respite – weekly rate	535.52	1.61	544.16
Residential Contracted (Allowable Rate)	Nursing EMI – weekly rate	587.79	1.67	597.61
Specialist Residential Negotiated	Residential - Specialist (mainly WAA) – weekly rate	Various	Negotiated	Various

The above rates will be implemented to financially assess client contributions.

BOX 3**REASON FOR THE DECISION**

Care fees are reviewed annually as part of the budget setting process (and in accordance with service specific contractual obligations as appropriate) to reflect inflationary pressures in line with the Care Act 2014 'Support Statutory Guidance' which specifically requires Local Authorities to:

- Reflect a fair cost of care in fee setting, and not to set arbitrary or unsustainable fees.
- Enable providers to pay at least the national minimum/living wage.
- Understand the business environment and risks faced by providers.

For 2021/2022, the key inflationary factors effecting care provider costs are –

- The National Living Wage (for adults 25 or over) increasing by 2.18% to £8.91 per hour with effect from April 2021.

- The Consumer Price Index (CPI) 12-month rate was 0.5% in September 2020.

In recognition of the partnership and in line with joint commissioning responsibilities, the Council has liaised with CCG colleagues in considering the 2021/2022 fee proposals.

The proposals contained in this ODR enable the Council to fulfil its Care Act responsibilities in relation to market stability and ensure adequate and appropriate service provision.

Residential Care Homes

Within the context of the on-going and challenging public sector budgetary situation, the Council regards it as appropriate, necessary and prudent to reflect the unavoidable additional costs faced by the care home market. This includes additional costs brought about by the Covid-19 pandemic.

After consultation with care home providers the existing rates have been revised as follows:

Residential/Residential EMI/Nursing 2021/2022 (excluding FNC) - £544.16

Nursing EMI 2021/2022 (excluding FNC) - £597.61

These rates reflect the inflationary increase for National Living Wage and CPI identified above.

The 2021/22 fee rates reflect a total increase of 1.61% for residential homes and 1.67% for nursing EMI.

The Funded Nursing Care (FNC) is the funding provided by the NHS to homes providing nursing to support the provision of nursing care by a registered nurse. The FNC is a nationally set rate. The rate for 2021/2022 is yet to be confirmed by the Department of Health. This cost is met locally by Doncaster Clinical Commissioning Group (CCG). The total amount paid to the care home providers for these Nursing placements would be the Doncaster Council rates when agreed along with the FNC rate paid by the CCG.

Specialist Residential Fees

Within the context of the on-going and challenging public sector budgetary situation, the Council regards it as appropriate, necessary and prudent to require high cost specialist providers to also generate efficiencies to contribute towards the uplift of the National Living Wage, the roll out of workplace pensions and more general inflation.

The actual financial effect of inflationary pressures will be unique to each provider and dependent upon:

- the number of staff employed
- applicable pay rates for each member of staff
- the proportion of staffing costs to other costs and margins.

Any inflationary decision following discussion with an individual provider must take into account the requirement for high cost specialist providers to generate efficiencies and be undertaken within the principles of "open book" accounting methodologies..

BOX 4

ALTERNATIVE OPTIONS CONSIDERED AND REJECTED

The option to not increase the fees was considered but was not recommended due to true unavoidable increasing provider costs being recognised.

Further options were suggested by care providers as part of the consultation. These are set out in Appendix Two with responses to each point raised.

BOX 5

LEGAL IMPLICATIONS

Section 1 of the Localism Act 2011 provides the Council with a general power of competence, allowing the Council to do anything that individuals generally may do.

The Care Act 2014 obligates the Council to meet the eligible needs for care and support of its population in accommodation in a care home or by providing care and support to those individuals in their home or in the community. The Council can provide these services themselves or arrange for someone else other than it to provide the service.

When setting the fee to be paid for these services the Council must follow statutory guidance which includes:

- Ensuring contract terms, conditions and fee levels are appropriate to allow providers to deliver care with the agreed quality whilst allowing them to meet statutory obligations to pay at least the national minimum wage.
- Understanding the business environment of the providers offering services in their area and seeking to work with them facing challenges and understand their risks.
- Not undertaking any actions which may threaten the sustainability of the market.
- Having regard to the actual cost of good quality care and not set arbitrary amounts or ceilings for particular types of accommodation that do not reflect a fair cost of care.

Furthermore there must be full consultation before reaching the decision regarding the fees and due regard paid to the actual costs of care.

The decision maker must also comply with the public sector equality duty pursuant to section 149 Equality Act 2010 when reaching decision regarding fees in terms of considering the need to promote equality for persons with “protected characteristics”: age, disability, gender reassignment, pregnancy and maternity, race, religion or belief, sex, sexual orientation and have due regard to eliminate discrimination, harassment, and victimisation, advance equality of opportunity and foster good relations between persons who share a relevant protected characteristic and those who do not share it.

In order to do this the decision maker will need to have sufficient information about the effects of the proposed changes on the aims of the equality duty. The Equalities Implication section (paragraph 8 below) is designed to assist with compliance with this duty and so the decision maker must take that into consideration and the public sector equality duty before taking the decision.

Legal Services to assist with documenting revised rates between the contracting parties.

Name: Paula Coleman Signature: By e-mail Date: 4th March 2021
Signature of Assistant Director of Legal and Democratic Services (or representative)

BOX 6**FINANCIAL IMPLICATIONS:**

The purpose of this ODR is to agree the annual uplift of provider care fees. The Council's proposed budget for 2021/2022 includes an allocation of £1.5m towards price inflation for Adults, Health and Wellbeing directorate. The proposed care fee uplifts have all been costed and will be managed within that allocation.

Client Contributions will be charged against the rates included in this report in accordance with the Council's 'Charging and Financial Assessment for Adult Social Care and Support' policy

Name: Paul Williams Signature: By Email Date: 03/03/201

Signature of Assistant Director of Finance & Performance

(or representative)

BOX 7**OTHER RELEVANT IMPLICATIONS**

N/A

Name: _____ Signature: _____ Date: _____

Signature of Assistant Director (or representative)

ANY IMPLICATIONS SENT TO DEPARTMENTS SHOULD GENERALLY BE SUBMITTED AT LEAST 5 WORKING DAYS IN ADVANCE TO ENSURE THESE CAN BE GIVEN THE RELEVANT CONSIDERATION.

BOX 8**EQUALITY IMPLICATIONS:** (To be completed by the author).

The Council must consider and have due regard to the three aims of the general equality duty when developing and implementing its budget and changes to care fees.

The Council will ensure it makes fair and informed financial decisions, demonstrating its commitment to improving outcomes for the most vulnerable groups of people living in Doncaster. The Council uses a simple due regard process to ensure due regard is considered and to support a transparent, effective process that is accountable to users and residents.

The care fee proposals therefore require a due regard assessment prior to implementation. The inflationary increases proposed in this report are being applied to all placements and are not inequitable to any protected groups. Client contributions are charged in accordance with the Council's 'Charging and Financial Assessment for Adult Care and Support' policy. The policy ensures that people are only required to pay what they can afford towards their care and support, and people are entitled to financial support based on a means-test.

Due regard has also been considered in relation to the service being provided i.e. the Homecare Service received by service users.

BOX 9**RISK IMPLICATIONS:** (To be completed by the author)

The risks relating to this ODR are twofold:

- Potential market destabilisation and sustainability risks arising from not recognising and mitigating unavoidable provider inflationary costs pressures particularly in respect of staffing (National Living Wage).
- Non-compliance with statutory legislation (Care Act 2014) requiring Councils to ensure that fee levels are appropriate to allow providers to deliver care with the agreed quality whilst allowing for them to meet statutory obligations to pay at least the national minimum wage and not undertaking any actions which may threaten the sustainability of the market.

BOX 10**CONSULTATION**

A four week consultation has been carried out with care home providers in Doncaster. The document that set out the consultation proposals is attached as Appendix One. A summary of feedback from care home providers with responses to substantive points from the Council and the CCG is attached as Appendix Two.

Consultation feedback from providers is not regarded as sufficient to change the initial proposals with regard to 2021-22 fee rates. There was further consultation feedback from providers about 2020-21 void costs that has been taken into account and are the subject of further consideration.

BOX 11**INFORMATION NOT FOR PUBLICATION**

In accordance with the Freedom of Information Act 2000, it is in the Public's interests for this decision to be published in full, redacting only the signatures.

Name: Gillian Parker Signature by email Date: 04/03/2021
Signature of FOI Lead Officer for service area where ODR originates

BOX 12**BACKGROUND PAPERS**

Please confirm if any Background Papers are included with this ODR YES

(If YES please list and submit these with this form)

Appendix One: Consultation Document

Appendix Two: Consultation Feedback and Response

**BOX 13
AUTHORISATION**

Name: Phil Holmes Signature :  Date: 12/03/2021

Director of Adults, Health and Wellbeing (DASS)

Does this decision require authorisation by the Chief Financial Officer or other Officer


YES

If yes please authorise below:

Name: Debbie Hogg Signature:  Date: 16/03/2021

Director of Corporate Resources

Consultation with Relevant Member(s)

Name Councillor Rachael Blake Signature  Date: 16/03/2021

Portfolio holder for Adult Social Care

Declaration of Interest ~~YES~~/NO

If YES please give details below:

PLEASE NOTE THIS FORM WILL BE PUBLISHED ON THE COUNCIL'S WEBSITE IN FULL UNLESS IT CONTAINS EXEMPT OR CONFIDENTIAL INFORMATION.

Once completed a PDF copy of this form and any relevant background papers should be forwarded to Governance Services at Democratic.Services@doncaster.gov.uk who will arrange publication.

It is the responsibility of the decision taker to clearly identify any information that is confidential or exempt and should be redacted before publication.

APPENDIX ONE: CONSULTATION DOCUMENT

Residential and Nursing Care Home Fee Setting 2021/2022

Consultation Document

1. Proposed approach, stages and timescales

- 1.1 Doncaster Council and Doncaster Clinical Commissioning Group (CCG) need to make decisions about fee rates for the new financial year from April 2021 to March 2022.
- 1.2 There will be three stages to this:
- The initiation and conclusion of formal consultation with all providers in Doncaster within scope on the basis of proposals for 2021-2022 fee rates drawn up by the Council and CCG. This will run between **5pm on Thursday 21st January 2021 and conclude at 5pm on Thursday 18th February 2021**. Any responses received after this date / time will not be considered.
 - A decision-making stage incorporating full consideration of all consultation feedback by the Council and CCG. This will follow appropriate governance within the constitutions of both the Council and the CCG. For the Council this will involve the Lead Cabinet Member for Adult Social Care. This will conclude **on Tuesday 2nd March 2021**
 - An implementation stage when decisions and justifications are communicated to care home providers and arrangements put in place to pay revised fees. This will be **on Wednesday 3rd March 2021**
- 1.3 The Council is required by law to set a balanced budget for each financial year. This will be agreed by full Council in March 2021 for the financial year running from April 2021 to March 2022. Therefore this overall process must be concluded in line with the timescale above.
- 1.4 There will also be consideration of consultation feedback about any additional financial provision that providers suggest is still necessary in 2020-21 to cover increased Covid costs that have not been picked up by Government grants.
- 1.5 The Council and CCG continue to welcome the role of CHAD in seeking to represent the wider sector throughout the above process to ensure continuing constructive dialogue. This does not preclude the rights of individual care homes to independently engage and communicate should they wish to.
- 1.6 Decision-making is the preserve of the Council and CCG. The above process is intended to ensure that feedback from providers is fully taken into account and decisions made are on a robust and lawful basis.

2. Base Rate Calculations – 2020/2021

- 2.1 An exercise was completed in 2019 to calculate a revised base rate for Residential and Nursing fees within Doncaster for 2020/2021. Providers

were invited to submit their costings on a template provided by the Council and CCG. A number of providers engaged in the process and following consultation the following rates were implemented:

Residential/Residential EMI/Nursing 2020/21 (excluding FNC) - £535.52

Nursing EMI 2020/21 (excluding FNC) - £587.79

3. Proposed Inflationary Increase

3.1 The Council and CCG propose to inflate base costs by the nationally recognised metric CPI for September 2020 confirmed in October 2020

3.2 The Council and CCG will apply National Living Wage increase to staffing costs as calculated within the 2019-2020 base fee to ensure providers are able to continue to retain appropriate differentials between staff groups that reflect their seniority.

3.3 This will mean that the proposed fee rates for implementation in the financial year 2021-22 are:

Residential/Residential EMI/Nursing (excluding FNC) – **£544.16**, an overall increase of 1.61%.

(Breakdown of rate: Staffing £355.59 + 2.18% NLW = £363.33; Non-staffing £179.93 + 0.50% CPI = £180.83)

Nursing EMI (excluding FNC) - **£597.61**, an overall increase of 1.67%.

(Breakdown of rate: Staffing £410.01 + 2.18% NLW = £418.94; Non-staffing £177.78 + 0.50% CPI = £178.67)

3.4 Consultation responses are invited on the proposal set out in 3.3. Consultation responses may wish to pick up the base rate as well as the inflationary proposal. As previously the way the Council will seek to understand and challenge to the base rate is via open-book accounting.

3.5 Additional Covid-related costs are covered in the section below and are not incorporated in the above exercise.

4. Financial Support to the Market – Covid Response

4.1 During the financial year 2020-2021 the Council have put in place mechanisms to support the sector to respond to the demands of the Covid response.

- **Supplier Relief Scheme**
- **Void Payments**

4.2 These schemes ran between April and October 2020. The Council is seeking feedback to understand any pressing cases for financial relief that covers the period from November 2020 to the end of March 2021.

4.3 In addition within 2020-21 care home providers have also seen additional monies provided to support Infection Prevention and Control measures during the response to Covid. The Doncaster older people care homes have been allocated £3,358,852 over two grants paid in June 2020 and November 2020.

- 4.4 Providers were initially supported with additional PPE costs through the Supplier Relief scheme referenced in 5.1; in addition to this, the Government has put in place access to free PPE through the Clipper scheme from June 2020 onwards. This scheme is being continued until the end of June 2021.

5. Conclusion

- 5.1 Providers are welcome to make comment on all matters outlined above specifically those set out in points 3.3 and 4.2.
- 5.2 Representations are welcome from all care home providers either through collective representations by CHAD or individually. All representations will be duly considered.
- 5.3 As undertaken in previous years, consultation proposals will be shared with CHAD ahead of wider care home circulation in respect of CHAD's coordinating and negotiating role. As already mentioned, individual care home providers will have every right to respond in whichever way they wish during the consultation period.
- 5.4 The Council and CCG will make every effort to accommodate meetings although CHAD will appreciate these meetings will need to be undertaken virtually whilst the Covid response is ongoing. This planned contact will ensure clear and respectful communication throughout the consultation period.

Addendum: 2020-21 fee rate comparison

A benchmarking exercise has been undertaken to determine where Doncaster Care Home Fee Rates compare regionally with Yorkshire and Humber and sub-regionally within South Yorkshire.

Local Authority	RESIDENTIAL		NURSING	
	2020/21 rate		2020/21 rate	
	Minimum	Maximum	Minimum	Maximum
Barnsley	503.40	548.81	503.40	548.81
Bradford	494.83	545.09	580.09	580.09
Calderdale	489.26	514.00	561.98	589.28
Calderdale EMI	564.72	589.84	589.28	614.38
Doncaster	535.52	535.52	535.52	587.79
East Ridings of Yorkshire	524.02	569.38	524.02	569.38
Hull	474.80	508.30	474.80	508.30
Kirklees	533.82	562.56	545.71	574.45
Kirklees - with dementia	553.82	582.56	565.71	594.45
Leeds	559.00	623.00	590.00	640.00
North East Lincolnshire	517.37	517.37	517.37	517.37
North Lincolnshire	496.48	526.90	n/a	n/a
North Yorks	579.04	579.04	572.39	572.39
Rotherham	479.00	500.00	493.00	547.00
Sheffield	505.00	505.00	505.00	505.00
York	534.80	534.80	567.22	567.22
York - with dementia	575.39	575.39	615.95	615.95

APPENDIX TWO: CONSULTATION FEEDBACK AND RESPONSE

1. Background

Feedback Received	Council Response
<p>Members find the derisory offer of 1.61% - 1.67% fee increase for 2021/2022 unacceptable. After a year of unprecedented hardship but also a year when social care providers came to the fore with their commitment to support both their service users and staff but more importantly the health and social care system as a whole, it feels like the proverbial 'slap in the face'. Many us and our staff put our lives on the line and their reward as well as ours, will in real terms be nothing! We would strongly urge the Local Authority and its partners to show strength and decency and re-look at the derisory offer, to take a moral stance that shows respect to providers who are providing care to the most vulnerable people in society on your behalf by paying a fair and reasonable fee for the services we provide. We would also remind you that a 1.61% - 1.67% increase on an already low fee is yet another low fee and will do little to sustain the sector or encourage/support providers to continue to invest and provide services in Doncaster. Providers have needed to subsidise their Doncaster homes from profits in other areas - how long are providers expected to do this. The upcoming years fee rate does not show how much providers are valued and does not give a lot of impetus to continue in investing and subsidising in Doncaster.</p>	<p>The incredible skill and commitment of care home staff and managers in dealing with an unprecedented situation can never been acknowledged enough. Day to day Council and NHS staff have sought to increase the support available to care homes, from improving Infection Prevention and Control to helping make sense of the myriad national guidance documents. In relation to our fee rate proposal, we have entered into consultation in good faith. Our proposal is based on increasing last year's rates via nationally understood inflationary metrics, but we are open to feedback based on additional cost pressures that providers may be able to demonstrate.</p>
<p>The consultation already feels rushed with unnecessary tight timescales</p>	<p>The Council and CCG have allowed four weeks for consultation feedback which is considered to be enough for care home providers to consider and submit their views and supporting information.</p>
<p>Would like assurance that the officer response to this consultation also represents the members response, and suggested any subsequent sessions include the Adult Social Care Portfolio Holder</p>	<p>The Adult Social Care Portfolio holder is the Council's decision-maker. They will receive a report from officers setting out consultation feedback and recommending a final decision. This report will be fully shared with care home providers. A further session ahead of the decision being made will be set up with the Portfolio holder as requested by care home providers.</p>

2. Base costs

Feedback Received	Council Response
The exercise in 2019 mentioned in the consultation document was flawed, a number of issues were highlighted, all extensively documented but never addressed, therefore wholly inappropriate to continue to use.	2020-21 fee rates were decided upon following an open-book exercise with care home providers who agreed to participate. The Council and CCG explained the approach used when developing the model, and changed parts of the model on consideration of feedback from care home providers.
Even if the 2019 exercise was conducted correctly it would still be inappropriate to use as it no longer represents the current market and the changed circumstances since Covid. For example, the model in 2019 would be underpinned by an occupancy much higher than the current occupancy in Doncaster. The drop in occupancy inevitably drives up cost. National figures show an average 9% drop in occupancy.	2020-21 fee rates have been used as the base to which inflationary indices have been applied in order to determine a proposed 2021-22 fee rate. Both the base and the inflationary indices are open to consultation.
Using historic costs for forward projecting is misleading and therefore need to ask providers to submit what they think it would cost them to provide a service that is expected.	It is true that the open-book exercise was based on actual costs. This is in the context of the majority of care home providers providing quality support registered as Good by the Care Quality Commission. It is also in the context of care home providers having stated that private fee payers were subsidising publicly funded residents. The exercise allowed the Council and CCG to look at total costs and to set a rate accordingly.
There is a cost difference between residential and residential dementia - Barnsley have separate rates, and therefore find it unclear on the nature of the costs when it comes to Doncaster's fee rates being the same for both.	Doncaster's rates for Residential and Residential Dementia are the same because the open book exercise carried out in 2019-20 did not evidence significant additional costs that justified a differential rate
The decrease in self-funders needs to be factored into the fee rates - providers are even more so reliant on local authority fees than in previous years.	The modelling work that the Council and CCG did with care home providers in 2019-20 was on an open book basis and was therefore intended to be reflective of all care home costs, including those of self-funders.
Request for CHAD to review the raw data from 2019 to provide an alternative base rate to work from, otherwise providers will always be paid a lower fee than the true cost of care.	The Council and CCG are always open to care home providers providing evidence to show costs of care. Care home providers have access to the data from previous exercises because this was submitted by care home providers themselves and can therefore be shared with their permission.

3. Benchmarking and inflationary costs

Feedback Received	Council Response
<p>It was pointed out that there were inaccuracies in the table of fee rates contained in your consultation material. Is it your proposal that these figures will be amended and recirculated or was it decided that benchmarking was not relevant to the Cost of Care debate and that the table will be deleted. As part of Case Law Legislation benchmarking should not be included against other authorities, and urged this not to be part of the decision making process - the Care Act is the fair price for care.</p>	<p>To confirm, the table previously shared compared 20/21 rates only. It is agreed that commissioners should not rely only on benchmarking to set their rates because local factors should be taken into account.</p>
<p>Inflationary increase is not correct as staffing has significantly increased due to increasing dependency</p>	<p>Our work with providers to model 20/21 rates picked up actual staffing levels amongst those who opened books. It is very likely that Covid increased staffing intensity at homes dealing with outbreaks. The government grants in relation to Infection Control and Workforce were intended to support these costs. Care homes have not provided evidence of any longer-term costs in relation to increasing dependency.</p>
<p>CPI is not an appropriate inflator for other costs. For example, utilities and insurance have increased greater than CPI. Members have reported insurance costs doubling and in some cases increasing by 400%.</p>	<p>CPI is a blended rate that takes into account a basket of applicable cost factors. Care home providers have not shared any robust information about utilities or insurance costs with the Council or CCG within the consultation period that supports an additional inflator of these costs.</p>
<p>Pension costs have increased sharply due to increased take up and employer contribution now stands at 3%.</p>	<p>The 2019-20 fee rate exercise took into account the 3% Employers' pension contributions rate and assumed opt-in from all Doncaster care homes.</p>
<p>The NLW increases again in April 2021 from £8.72, to £8.91 and has been extended to encompass employees over 23 years of age, as opposed to 25 years of age. This has a significant financial impact for our organisation, with a total cost of just meeting the NLW, of £1.23 million. Seeking to offset some of the additional cost, by applying an inflationary uplift to all care fees of at least 4%, so ensuring that our income is sufficient to support a sustainable organisation.</p>	<p>National Living Wage inflation is applied to all staffing costs, there is no weighting / adjustment to take account of how different age groups are affected by NLW legislation. So employees aged 23-25 have already been allocated full NLW inflation in the fee uplift.</p>

4. NHS pressures

Feedback Received	CCG Response
<p>Providers are not recognised by the Council or Health authorities for having a Gold Standard Framework for End of Life and Acute care facilities. Some homes have been paid over and above basic standard homes by other authorities.</p>	<p>The Council and CCG wish to commission a high quality service from all providers and there is no specific requirement to meet gold standard frameworks therefore this is not included in the rates offered</p>
<p>Complexities of individuals don't seem to be factored in e.g end of life and acute care, S117 and CHC placements and it is unsustainable to support them on the basic rate, and would therefore suggest a premium rate, and costs shared across a number of beds rather than to an individual.</p>	<p>Where patients are specifically complex and have additional requirements the CCG often funds additional 1-1 support for these individuals over and above the basic rates. The CCG is still intending to complete the complexity of care model to better understand this but unfortunately this has been put on hold during the pandemic.</p>
<p>Staff recognition needs to be given - the figures in 3.3 proposed will not cover a much needed substantial pay rise for staff of nurses, before payment for the many other inflationary rates of associated costs.</p> <p>Staff retention and recruitment, particularly of Registered Nurses is becoming extremely difficult. We are not meeting NHS Banding, and that is not right.</p>	<p>Nursing costs are covered by the nationally determined Funded Nursing Care rate which in recent years has increased by 9% backdated for 2 years and a further 2% in 20.21. It is important that providers utilise these increases to target inflationary uplifts for those staff funded by this fee.</p>

5. 2020-21 financial support

Feedback Received	Council Response
<p>We invite Doncaster to provide open book on what monies have been received from the Government and how the money has been spent.</p>	<p>The Council has reported in public on this. The full amount of grant received from central government can be viewed in the table on page 30. The use of un-ringfenced Covid funding up until the end of Quarter 3 can be seen in the table in paragraph 85 (page 15). https://doncasterintranet.moderngov.co.uk/documents/s29174/i6%20cab%20230221%20-%202020-21%20Q3%20Finance%20Performance%20Report%20Pack-%20Cabinet%20003.pdf</p>
<p>Monetary support outside of government grants has been higher in Rotherham and Barnsley. Other authorities quickly either passed on a lump sum or increase % in fees relating to Covid costs and advanced payments. The Supplier Relief Scheme was incredibly slow, complex and unnecessary. Many members experienced huge delays in receiving funds at a time when funds were needed the most. The scheme was far less efficient than any others members have experienced.</p>	<p>The Supplier Relief Scheme has been based on individual consideration of applications from providers to ensure resources go to those who need them most. Processing of applications have been too slow, particularly in the early stages of the scheme, but these are now being expedited as quickly as possible.</p>
<p>Providers with CHC placements have been significantly impacted by the CCG not paying for voids and did not benefit from the Councils 6 week scheme.</p>	<p>This is understood. The CCG report being advised that NHS Covid monies cannot be used for this purpose.</p>
<p>The Covid Grant allocated to (name of home) covered cohorting of staff and nurses to maintain cover and therefore did not cover initial projected spending, ie: sanitiser machine and structural changes. It was not sufficient to cover full wages of staff whilst off with Covid, and this came from income. The disadvantage was having lower bed numbers than others who were entitled, as it was paid on a per bed basis.</p>	<p>The two Infection Control Grants and the further Workforce Grant from central government were intended to support covering these costs. The rationale of providing a pro rata allocation on a per bed allocation feels logical but it is agreed that smaller care homes may well have been disproportionately affected by additional Covid costs.</p>
<p>With reference to 4.2 the pressing issue is payment of staff to come in for testing and more relief for staff off who are Covid positive. The Covid grant paid on the per bed basis was insufficient to meet all providers needs. Further funding is needed to cover administrative costs as this is currently performed by Senior Managers which depletes patient contact time and means we have to work excessive hours to meet registration requirements.</p>	<p>The DHSC Workforce Grant that was recently made available explicitly covers administrative costs of the nature described.</p>

<p>Void payments do not cover actual voids. Members do not understand how they are being calculated and Doncaster have not been open and transparent in this regard. Members agree that this is wholly insufficient to cover actual voids, many homes have been unable to recover their occupancy. How have other authorities been able to fund voids in the way they have? The 6 weeks void payments is not rational as occupancy wont be recovered in this time. Fundamentally voids have not worked and will have a knock on affect on the fee rates.</p>	<p>The Council's void payment scheme covers Council-funded vacancies in care homes with Covid outbreaks for six weeks from the start of the outbreak. Some outbreaks in the second wave of the pandemic lasted longer than six weeks and following consultation feedback the Council has committed to paying void costs from Council-funded places for the full length of time that homes were closed in these cases.</p>
<p>Concern regarding the PPE purchased by Doncaster, which was at a higher rate than some providers were able to purchase.</p>	<p>The Council purchased additional PPE for the benefit of other care providers in Doncaster particularly during the first wave of the pandemic when many providers struggled with sourcing their own supply.</p>

6. Future planning and contingencies

Feedback Received	Council Response
<p>Without the context of Doncaster's market position statement it is unhelpful and doesn't give provider the opportunity to make business decisions as to how they could steer their businesses forward. The Care Home strategy which has sadly been set aside, was to produce a robust and sustainable care home market. The fundamental success of this is to have robust fees in place otherwise it will fail.</p>	<p>It is agreed that Doncaster Council should develop a Market Position Statement (MPS) and share this with care home providers on a regular basis to help understanding of local conditions and anticipated trends. Work in ongoing on our MPS and care home providers will be updated on progress.</p>
<p>Homes have been affected even without experiencing an outbreak given demand is lower than previously known. There have been significant changes in the market since the last cost of care exercise as recorded by Knight Frank in their annual review of the market. They reported that nationally there had been an initial occupancy reduction of 8.5% followed by a slight recovery of 1.2%. No short term voids scheme can remedy this position. Professor Martin Green of Care England stated that "decreased occupancy in the adult care sector has had an adverse impact on care provider sustainability. Decreased occupancy has in turn increased care costs per head. This is at a time when care providers have been confronted with additional COVID related costs." Will any contingencies be put in place/made available via local authorities when government funding ceases, in terms of occupancy a lot of providers will have occupancy issues going forward due to the effect of Covid. There are also concerns of attracting people back into homes and is a big fear among a lot of providers.</p>	<p>It is agreed that there have been significant changes in occupancy across Doncaster as a whole. A relatively small number of providers still have very high occupancy. Some providers have very low occupancy in historical terms mainly because of significant Covid outbreaks. The majority of providers have experienced some form of reduction in occupancy.</p> <p>Prior to the Covid pandemic Council demand for care home places had been decreasing gradually for a number of months because of older people being helped to stay in their own homes for longer. Covid has sadly exacerbated this. Demand is very likely to recover to its previous level but this will be insufficient to increase occupancy in at least some homes to sustainable levels. It is very likely that Doncaster now has too much care home capacity in relation to likely future needs.</p> <p>The Council will certainly want to work with care home providers on contingencies in 2021-22 sufficient to ensuring that a good quality choice of provision still exists in the Borough to meet local needs.</p>
<p>It would be helpful to look ahead post June for what options are available once the clipper scheme has ended, and to consider the implications of Brexit.</p>	<p>The Council and CCG will work with care home providers during 2021-22 to address any emerging risks. The Council, through membership of the Association of Directors of Adult Social Services (ADASS) is lobbying central government for funding that recognises the continuing impact of Covid into the new financial year.</p>