

Public Document Pack

SOLIHULL METROPOLITAN BOROUGH COUNCIL

CPH ADULT SOCIAL CARE AND HEALTH DECISION SESSION

THURSDAY 15 APRIL 2021 at 6pm.

ARRANGEMENTS FOR PUBLIC ACCESS TO REMOTE MEETINGS

During the Covid 19 pandemic virtual meetings are taking place.

PLEASE NOTE that any member of the press and public may listen to proceedings at this virtual meeting via a weblink which will be publicised on the Council website at least 24hrs before the meeting.

To view live paste this link into your browser:

<https://www.youtube.com/channel/UC7DDSVoAlgTnwgp0Ku8iFLQ>

Members of the press and public may tweet, blog etc. during the live broadcast, as they would be able to during a regular Committee meeting in the Council Offices. It is important, however, that Councillors can discuss and take decisions without disruption, so the only participants in this virtual meeting will be the Councillors concerned and the officers advising the Committee.

Disclosing Pecuniary Interests - What Must You Do?

(a) You must complete a declaration of your disclosable pecuniary interests, including those of your spouse/civil partner (or someone with whom you are living as such) and send it to the Monitoring Officer within 28 days of your election or appointment to the Council.

(b) When you attend a meeting of the Council, Cabinet, Scrutiny Board, Committee, Sub-Committee or Joint Committee etc, and a matter arises in which you have a disclosable pecuniary interest, unless you have been granted a dispensation, **you must:**

- Declare the interest if you have not already registered it
- Not participate in any discussion or vote
- Leave the meeting room until the matter has been dealt with
- Give written notice of any unregistered interest to the Monitoring Officer within 28 days of the meeting

(c) If you are the Leader or a Cabinet Portfolio Holder you may not exercise any of your delegated powers as a single member in relation to a matter in which you have a disclosable pecuniary interest or take any other step except to give written notice of any unregistered interest to the Monitoring Officer within 28 days of your becoming aware of the interest, or arrange for another person or body to deal with the matter.

Disclosable Interest	Description
Employment, office, trade, profession or vocation	Any employment, office, trade, profession or vocation carried on for profit or gain by you or your partner.
Sponsorship	Any payment or provision of any other financial benefit (other than from the Council) made or provided within 12 months of your declaration of interests in respect of any expenses incurred by you in carrying out duties as a member, or towards your election expenses.
Contracts	Any contract between you or your partner (or a firm or body corporate in which you or your partner is a partner or a director, or in the securities of which you or your partner has a beneficial interest) and the Council (a) under which goods or services are to be provided or works are to be executed; and (b) which has not been fully discharged.
Land	Any beneficial interest in land which is within the area of the Council and which gives you or your partner a right to occupy the land or receive income.
Licences	Any licence held by you or your partner (alone or jointly with others) to occupy land in the area of the Council for a month or longer.
Corporate tenancies	Any tenancy where (to your knowledge)— (a) the landlord is the Council; and (b) the tenant is a body in which you or your partner has a beneficial interest i.e. a firm or body corporate in which you or your partner is a partner or a director, or in the securities of which you or your partner has a beneficial interest.
Securities	Any beneficial interest held by you or your partner in securities of a body where— (a) that body (to your knowledge) has a place of business or land in the area of the Council; and (b) either— (i) the total nominal value of the securities exceeds £25,000 or one hundredth of the total issued share capital of that body; or (ii) if the share capital of that body is of more than one class, the total nominal value of the shares of any one class in which you or your partner has a beneficial interest exceeds one hundredth of the total issued share capital of that class. “securities” means shares, debentures, debenture stock, loan stock, bonds, units of a collective investment scheme within the meaning of the Financial Services and Markets Act 2000 and other securities of any description, other than money deposited with a building society.

SOLIHULL METROPOLITAN
BOROUGH COUNCIL

To:
Councillors M Brain, K Grinsell, L McCarthy
and R Sexton

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Date 8 April 2021

CPH ADULT SOCIAL CARE AND HEALTH DECISION SESSION

THURSDAY 15 APRIL 2021

AGENDA

Mayor/Chairman of the meeting to announce:

'May I remind everyone present that this meeting will be broadcast live via the internet.'

1. **APOLOGIES**
To receive any apologies.
2. **DECLARATIONS OF PECUNIARY OR CONFLICTING INTERESTS FROM MEMBERS**
To receive declarations of interest from Members in accordance with the Code of Conduct.
3. **QUESTIONS AND DEPUTATIONS**
To receive any questions or deputations.
4. **COVID FUNDING APRIL TO JUNE 2021** (Pages 5 - 10)
To set the requirements for the usage of the Infection Control and Testing Fund.
To obtain approval for the use of the discretionary elements of the Fund.

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Meeting date: 15th April 2021

Report to: Cabinet Portfolio Holder Health and Adult Social Care

Subject/report title: Covid Funding April to June 2021

Report from: Karen Murphy – Assistant Director, Commissioning

Report author/lead contact officer: Caroline Potter – Strategic Commissioner: Strategy and Planning
Caroline.potter@solihull.gov.uk



Wards affected:

- All Wards | Bickenhill | Blythe | Castle Bromwich | Chelmsley Wood |
 Dorridge/Hockley Heath | Elmdon | Kingshurst/Fordbridge | Knowle |
 Lyndon | Meriden | Olton | Shirley East | Shirley South |
 Shirley West | Silhill | Smith's Wood | St Alphege

Public/private report: Public

Exempt by virtue of paragraph:

1. Purpose of Report

- 1.1 To set the requirements for the usage of the Infection Control and Testing Fund.
1.2 To obtain approval for the use of the discretionary elements of the Fund.

2. Decision(s) recommended

- 2.1 To approve the allocation of the Infection Control and Testing Fund as set out in section 4.

3. Matters for Consideration

- 3.1 On the 18th March the government announced further funding for the social care sector to manage the ongoing impact of the Covid-19 pandemic.
- 3.2 On the 29th March the guidance for the Infection Control and Testing Fund was published. This detailed the funding, for use from the 1st April 2021 to 30th June 2021, to support the care sector to meet the continued costs of infection control requirements and the continued delivery of testing of workers and visitors within care settings.
- 3.3 This grant is the successor to the separate Infection Control Fund and Rapid Testing

Funds.

3.4 The grant guidance states:

“The purpose of this fund is to support adult social care providers, including those with whom the local authority does not have a contract, to:

- reduce the rate of COVID-19 transmission within and between care settings through effective infection prevention and control practices and increase uptake of staff vaccination; and
- conduct rapid testing of staff and visitors in care homes, high risk supported living and extra care settings, to enable close contact visiting where possible.”

3.5 Allocations for Solihull are as follows:

		Allocation
Infection Control Fund	Care Homes	£486,203
	Community	£136,101
	Discretionary	£266,702
	Total ICF	£889,006
Testing Fund	Care Home	£380,579
	Discretionary	£213,068
	Total Testing	£593,647
	Total	£1,482,653

3.6 As with previous iterations of the Infection Control Fund, and with the Rapid Testing Fund, the allocations to Care Homes and to the Community providers have a mandatory allocation methodology. Care Home allocations must be made on a ‘per bed’ basis for beds in the borough. Community, on a “per service user” basis, determined by the self-reported numbers of customers on the National Capacity Tracker. These are for providers based in Solihull (for residential the home is within the borough, for community providers, their CQC registered office is within the borough), for all placements not just those commissioned by the Council.

3.7 The numbers listed for these two allocations in the grant determination are: 2135 beds for the residential distribution, and 1856 community customers.

3.8 In line with previous reports, it has been necessary to adjust the bed figure, as the CQC report used to inform the national allocations contains duplicate and out of date records, and beds which have not yet opened in new homes. The CQC report also differs by 8 beds from the allocation table for residential. The table below shows the revised bed figure:

CQC 1st March Solihull Beds	2,127
Less:	
Duplicate, unopened and closed beds	418
Revised Bed total	1,709

- 3.9 This gives an indicative allocation per bed for the Infection Control element of £284.50, and for Testing of £222.69 assuming all homes accept the grant.
- 3.10 The community figure is less fixed, and the most recent report from the national tracker shows 1877 customers. This gives an indicative allocation of £72.51 per customer.
- 3.11 The discretionary allocations of both elements have guidance attached. For the Infection Control element, the guidance suggests:
- “Providing additional support to care homes or other providers that are currently experiencing an outbreak to ensure that they are able to put in place sufficient IPC measures
- providing support on the IPC measures outlined above to a broader range of care settings, including, but not limited to:
 - community and day support services
 - carers support services
 - individuals who directly employ one or more personal assistants to meet their care needs
 - individuals who are in receipt of direct payments
 - the voluntary sector
 - measures the local authority could put in place to boost the resilience and supply of the adult social care workforce in their area to support effective infection prevention and control”
- 3.12 For the Testing element, the guidance suggests:
- “supported living and extra care settings eligible for LFTs
 - care homes or other providers that are currently experiencing an outbreak to ensure that they have the resources needed to administer the LFTs and equipment that they need to increase lateral flow testing
 - smaller homes to implement lateral flow testing as they may face relatively higher costs compared to large homes
 - other parts of the sector with lateral flow testing in line with any further rollouts.”
- 3.13 First payments are due to be made within 20 working days of the allocation announced on the 29th March.
- 3.14 In terms of distribution of the grant, the guidance stated “In order to receive funding, care providers (including providers with exclusively self-funded clients and homes run by local authorities) will be required to have completed the Capacity Tracker at least twice (two consecutive weeks), and have committed to completing the Tracker at least

once per week until the conclusion of the fund. The local authority must not make a first allocation of any funding to a provider unless they have met the above conditions, even if this means payments are not made within 20 working days.”

3.15 All expenditure financed by this grant should be incurred on or before 30 June 2021. Any funds not used at this point will be recovered by the Department of Health and Social Care.

4. What options have been considered and what is the evidence telling us about them?

4.1 The mandatory elements of the grant will be issued in line with the grant conditions.

4.2 The consideration of the discretionary elements has been made based on the experience of the first two tranches of infection control grant, and the experience of local providers.

4.3 For Infection Control, support for the voluntary sector and day care are locally important. This is because of the need to ensure that information, advice and support are available to prevent escalating needs and to support people who are isolated as a result of covid restrictions. For daycare, the need to increase capacity of covid-safe day provision is essential, to prevent increased loneliness and so that carers can have breaks.

4.4 Direct payment recipients have not been reporting additional costs, but many have reduced support, relying more on family, to manage infection risks. Support for carers and ensuring day centres can open safely are therefore fundamental to supporting those family members who are in need of further support.

4.5 Workforce continues to be a challenge locally, therefore the funding will also be used to boost recruitment initiatives.

4.6 It is therefore recommended that the £266,702 discretionary funding is split as follows:

Area for funding	Aim	Indicative Amount
Voluntary sector	Increase capacity for face to face covid-secure support	£100,000
Daycare	Funding for services to increase spaces available for covid-secure delivery	£100,000
Workforce	Increase recruitment and retention.	£66,702

4.7 Providers will be asked to do a brief bid for the funding.

4.8 For the Testing fund, Extra Care and Supported Living settings will be the priority for funding support, due to the need to increase visiting support, whilst preventing further

outbreaks in the settings. Local providers have been signed up for the testing regime and the funding will support the delivery of those tests within the settings.

- 4.9 There will also be testing support for care at home providers who have signed up to the lateral flow scheme. This will enable early identification and isolation of carers who may be infectious and help to ensure the safety of those getting care in their own home.
- 4.10 The split of the proposed funding will be therefore made on the 1877 community customers (a final number will be taken just before the payments are made, so this may vary), giving an indicative allocation of £113.52 per customer.

5. Reasons for recommending preferred option

- 5.1 The recommendations get the majority of the funding out quickly to the care market to ensure that their infection control practices are maintained and to support their testing programme.
- 5.2 Inviting bids for the discretionary Infection Control element means this ensure it is spent where it can make the most difference.
- 5.3 There are two reporting points for the funding, in 19th May for the spend up to 30th April, and on the 30th July for the final spend to 30th June.

6. Implications and Considerations

6.1 State how the proposals in this report contribute to the priorities in the [Council Plan](#):

Priority:	Contribution:
<p>Economy:</p> <ul style="list-style-type: none"> 1. Revitalising our towns and local centres. 2. UK Central (UKC) and maximising the opportunities of HS2. 3. Increase the supply of housing, especially affordable and social housing. 	Supporting local businesses with Covid-related costs of care.
<p>Environment:</p> <ul style="list-style-type: none"> 4. Enhance Solihull’s natural environment. 5. Improve Solihull’s air quality. 6. Reduce Solihull’s net carbon emissions. 	N/A
<p>People and Communities:</p> <ul style="list-style-type: none"> 7. Take action to improve life chances in our most disadvantaged communities. 8. Enable communities to thrive. 	Managing infection control across the health and social care system.

9. Sustainable, quality, affordable provision for adults & children with complex needs.	
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6.2 Consultation and Scrutiny:

6.2.1 N/A

6.3 Financial implications:

6.3.1 Set out in the main body of the report.

6.4 Legal implications:

6.4.1 The grant must be spent in line with the determination, these proposals are in line with that. All providers will be asked to confirm their agreement to spending in line with the conditions before the payments will be made.

6.5 Risk implications:

6.5.1 The longer it takes to distribute the funding the greater the chance of an underspend.

6.6 Equality implications:

This grant helps ensure the safety of people with disabilities in the receipt of their care, and helps ensure the safety of the care workforce, which has a higher proportion of female and black and minority ethnic people than the general population.

7. List of appendices referred to

7.1 N/a

8. Background papers used to compile this report

8.1 n/a

9. List of other relevant documents

9.1 n/a