

Adult Care and Well Being Overview and Scrutiny Panel Tuesday, 22 September 2020, Online only - 2.00 pm

Present:

Minutes

Mrs J A Potter (Chairman), Mr R C Adams, Mr T Baker-Price, Mr A Fry, Mr P B Harrison, Mr R C Lunn, Mrs E B Tucker (Vice Chairman) and Ms S A Webb

Also attended:

Margaret Reilly, Healthwatch Worcestershire

Frances Kelsey (Lead Commissioner, People Directorate), Lennie Sahota (Interim Senior Social Work Lead, People Directorate), Morgan Price (Provider Services Manager, People Directorate), Steph Simcox (Head of Finance), Sally Baldry (Principal Management Information Analyst), Samantha Morris (Scrutiny Co-ordinator) and Jo Weston (Overview and Scrutiny Officer)

Available Papers

The Members had before them:

- A. The Agenda papers (previously circulated);
- B. The Minutes of the Meeting held on 27 July 2020 (previously circulated).

(A copy of document A will be attached to the signed Minutes).

361 Apologies and Welcome

The Chairman confirmed the arrangements for the remote meeting.

Apologies had been received from the Cabinet Member with Responsibility for Adult Social Care, Mr A I Hardman.

362 Declarations of Interest

None.

363 Public Participation

None.

364 Confirmation of the Minutes of the Previous Meeting

The Minutes of the Meeting held on 27 July 2020 were agreed as a correct record and would be signed by the Chairman.

365 Update on Residential and

Senior Officers from the People Directorate had been invited to the meeting to provide an update on residential

Nursing Care Provision

and nursing care provision following on from a 2019 scrutiny task group on quality assurance and more recently, the Government's requirement for all Councils to put in place a COVID Care Home Support Plan.

Officers went through the Agenda Report and the following main points were made:

- The 'Worcestershire Care Home Hub' had been established in March 2020. Made up of health, public health and social care partners, this pooled capacity and resource had provided a strategic lead to co-ordinate and facilitate action to support and advise providers with the aim of minimising outbreaks, cases and deaths in homes
- Intensive work had taken place to support care homes to put in place effective infection prevention and control measures. The pressure on providers across the County was immense, a picture replicated nationally
- A large amount of data was being collected nationally on a regular basis, through the 'national capacity tracker', enabling comparisons to be made and for contingency planning to be undertaken nationally
- This data would also help review and shape the care home market in Worcestershire, underpinning the proposed new model of care of 'Home First'
- Members were reminded that in Worcestershire the care home market was fragile, in part, with some providers at risk of financial difficulty. In addition, there were gaps in the market, such as for patients with more complex needs or for high needs dementia care. The longer term piece of work to develop the market would aim to mitigate the gaps
- Cases of COVID-19 in care homes was increasing, mainly amongst staff and there had been increasing quality concerns putting additional pressure on managers and providers. In all cases, Officers were working closely with providers to assist and if necessary, compile action plans.

In the ensuing discussion, key points included:

- When asked whether patients discharged from hospital to a care home were being tested for COVID-19, it was reported that systems were now in place to do so and central Government had

recently published guidance to ensure that all patients being discharged back to a care home would need to be tested

- The national capacity tracker was linked to infection control monies and providers had an incentive to complete the tracker. Questions included areas such as vacancy rates and discharge. Officers agreed to share the list of questions asked
- A Member asked whether care homes were getting enough support with testing, to be informed that the situation had been challenging in part, however, was improved and care homes were deemed a priority. It was clarified that an outbreak constituted 2 or more cases and as of 31 August 2020, 69 care homes, out of 179, in Worcestershire, had experienced outbreaks
- In relation to a question about external quality assurance visits being undertaken, it was reported that the Care Quality Commission (CQC) had suspended visits. Officers agreed to follow up with CQC as to when they envisaged restarting
- The Council's Quality Assurance team had restarted visits in the last two weeks, only if essential, and with Officers wearing full personal protective equipment (PPE). Likewise, Social Workers were also permitted to enter care homes with full PPE
- The Chairman referred to a recent event she remotely attended where it was mentioned that CQC had visited around 300 homes in August to look at best practice
- In response to a query about any change to risk assessments, Officers reported that they would always refer to the latest advice from Public Health
- A Member referred to the Agenda Report and asked for definitions of high risk and moderate risk referrals. Quality Assurance Officers would use a risk matrix to identify areas of risk, however, as an example, Safeguarding was always a high risk. Further information was requested from Officers
- Concerns about providers could include concerns about management, which would result in an action plan being developed jointly between the provider and the Council to rectify the situation. If no improvement, sanctions could include the Council stopping admissions to the home
- A Member had understood that care homes with less than 3 beds were not subject to inspection. Officers agreed to clarify the position

- The current pandemic was proving challenging for providers. Partnership working was important and shared intelligence was vital
- On the advice from Public Health, all Worcestershire Care Homes were currently closed to visitors and a number were also closed to admissions as the number of cases was rising. A Member asked if the County had enough bed capacity, to be informed that the situation was being closely monitored, however, there was enough capacity in the system at present as a large number of homes had vacancies at the current time
- In response to a question as to whether any home was at risk of permanent closure, it was reported that financial risk was very real. The Council was investigating the possibility of introducing block contract beds to ensure financial stability, however, there was also a need to ensure that the right type of care was available. There was a piece of work being undertaken regionally to monitor the fragile situation
- A Member referred to the reported 19 Care Homes with current outbreaks and asked whether the Staff were employed at other establishments. It was not information that was recorded; however, it was known that most cases were amongst the Staff, rather than residents. The Infection Control Team would look at each setting and all homes were sent regular information and guidance. A Member spoke personally and commended the information and guidance received and thanked Officers for the very good advice
- In usual circumstances, a Care Home would hope to operate at around 90% occupancy, with less than 80%, for a period of time, being a cause for concern. The capacity tracker was extremely helpful as it was gathering intelligence on occupancy of the whole home, not just Council funded residents
- In relation to decreasing supplies of PPE, there had been national issues and homes had reported inflated costs, however, the Council's Commercial Team were praised for sourcing resources when individual homes struggled. Officers reported that they were awaiting guidance on the recent Government announcement that care homes would receive free PPE
- In response to a query as to whether Officers foresaw admissions to permanent care reducing, it was reported that it was a concern, however,

regionally, early conclusions had suggested that the future market would look different as perceptions of care were already changing and alternative options was a growth opportunity, such as supported living or extra care. It was felt that these possibilities would reduce the reliance on care beds and provide the drive to support people to live independent lives in their own homes: some modelling was being carried out in this area

- The Agenda referred to an outline business case for high needs dementia beds, which Officers reported had been on hold due to the pandemic. The Panel requested sight of it, something which Officers would check on its status and report back
- The future of block purchasing would also likely change, with Officers reporting huge success in short term immediate placements. In the medium and long term, the Council could proactively work with the market to ensure the right type of provision was available however there would need to be a lot of detailed negotiations. The Panel also noted that a risk to the Council would always be that residents had the right to choose where they lived and that any setting where a block purchase was in place may not be where residents wished to live.

The Panel Chairman summed up the discussion and invited the Engagement Officer from Healthwatch to comment. Healthwatch agreed with the Council's actions taken to date and recognised the balance of risk in relation to visits to Care Homes, however, it was a worrying time for family and friends. It would be helpful to be assured that if anyone had any concerns which needed to be escalated, that information could be shared appropriately with families.

During the discussion, the following information was requested:

- The specific questions from the national activity tracker
- Care Quality Commission steer as to when visits would recommence
- Further detail from the Quality Assurance Team on risk matrix and definitions of high risk and moderation risk
- Clarification on whether small homes are subject to inspection
- A copy of the outline business case for high needs dementia beds.

366 Reablement Services

The Council's Provider Services Manager drew attention to the following points when taking the Panel through the Agenda Report and Presentation:

- Reablement was defined as a short term (up to six weeks) goal-focussed intervention, providing support and confidence to enable an individual to recover or maintain physical functions, such as mobility or walking support, in their own home or care home. The support may come from Occupational Therapy or Physiotherapy and it did not replace the need for social work nor appropriate assessment
- The Council's Community Reablement Pathway, suitable for all adults aged 18+ regardless of additional needs, was due to commence in April 2020, however, due to the COVID-19 pandemic, delivery was put on hold with the hope that the 7 day running service would now commence in late October 2020. Since April, Staff had been utilised in other work areas, such as supporting patients who were discharged home from hospital
- Referrals would be made via operational teams, such as the hospital based Onward Care Team, with individuals allocated a professional who would be the key contact throughout the whole process, including assessment, review and any handover in relation to long term social work or further provider intervention. The Pathway was available to all residents, including self-funders, and could be used as a hospital or care home admission avoidance opportunity. Prisoners from the two County prisons were also eligible for referral
- It was envisaged that appropriate ongoing rehabilitation support would be identified early, after Care Act assessments had taken place and financial assessments undertaken, which would move away from the traditional 'Time and Task' support available
- Residents were instrumental in developing and agreeing their own reablement plan, with Staff working with all health and social care partners to ensure that the desired outcomes were embedded in any future provision, ultimately aiming to reduce demand on hospitals and care homes.

In the ensuing discussion, the following key points were made:

- A Member asked how people would be referred into the Community Reablement Pathway and it was clarified that if the individual was in a hospital setting, the Onward Care Team would always take the 'Home First' approach. If an individual was at home, referrals could come through a social worker as part of the 3 conversation model of care
- When asked how confident Officers were that there was sufficient resource to commence the service in late October, given that Staff were redeployed on COVID-19 duties, it was reported that based on current modelling, no issues were foreseen
- Referring to the Agenda, which highlighted a number of benefits including a saving of £1.5m, a Member queried how this would be achieved. It was clarified that the figure included cost avoidance measures, such as lower demand long term for domiciliary care and care home placements, the deletion of surplus posts and organisational restructure. The Senior Social Work Lead added that nationally, other Local Authorities had seen the effectiveness of reablement, resulting in less long term support
- Given the uncertainty surrounding any long term health issues arising from COVID-19, a Member asked whether Officers had any concerns going forward. It was difficult to predict, however, the Panel noted that the hospital discharge process had changed and during the initial response stage, planned surgery did not take place, therefore the number of people supported was much lower. In the longer term, it was feasible that patients recovering from COVID-19 could have some mobility issues due to breathing difficulties arising from the pandemic
- In response to a question as to whether self-funders (those with savings in excess of £23,250) would have to fund the six week reablement support, it was clarified that it was free to all, as the benefit to the Council would likely occur either in the short or long term. However, if a resident was a self-funder in a care home, then the care home fees would continue to be due.

The Engagement Officer from Healthwatch Worcestershire was invited to comment on the discussion and made some observations:

- Whether the system as a whole had the capacity

367 Performance and In-Year Budget Monitoring

to support the Community Reablement Pathway, not just within the six week programme, but longer term in areas such as numbers of therapists and the expected demand on home adaptations for example

- Recognised the need for a whole system approach, however, it would require a new way of thinking to ensure that there was consistency not just within the six weeks but also with any after care
- Queried the level of awareness of the service and offered the services of Healthwatch in promoting the intervention.

In response, the Council's Provider Services Manager acknowledged the points raised and recognised the requirement for promotion whilst balancing that with keeping the service from being overwhelmed.

The Panel Chairman thanked everyone present for a helpful discussion and requested an update at an appropriate time in the future.

The Panel had been provided with performance information for Quarter 1 (April to June 2020) and financial information for period 3.

Performance

Officers reminded Members that the report was presented to them on a regular basis and indicators focussed on the key priorities of reducing long term care and keeping people living independently for as long as possible. The four Adult Social Care Outcomes Framework (ASCOF) measures were reported nationally and reported on a rolling year basis, with the latest data available to June 2020.

As expected, due to the COVID-19 pandemic, there had been a reduction in Admissions to Permanent Care per 100,000 in both 18 to 64 years (ASCOF 2a(i)) and age 65+ (ASCOF 2a(ii)). In comparison, although not shown, there had been an increase in demand for domiciliary care and an increase in hours provided over the period. Historically, Worcestershire had a higher rate of admissions in comparison to other local authorities and it was pleasing to note the figure reducing.

The two indicators associated with reablement were showing positive trends. ASCOF 2d, the % of people with no ongoing social care needs following reablement after hospital discharge, had always performed well,

however from April 2020, provisional figures showed that numbers were down, attributed to new ways of working. Likewise, with the % of 65+ at home following rehabilitation (ASCOF 2b), there was good performance against the target, although more fluctuation due to more complex cases going through the service.

The Panel heard that the indicator for Delayed Transfers of Care had been stopped nationally and discussions had been taking place on a replacement reporting measure. Locally, discussions had continued with the Onward Care Team, who had reported that patient flow through the hospitals was working well.

The final performance indicator on Annual Care Packages Reviews Completed showed that the target of 95% had not been met for some time, however, there had been a slight improvement in Quarter 1. Monitoring was in place, however, performance fluctuated across different teams due to the complex nature of some cases and funding reviews in light of the COVID-19 pandemic.

The Strategic Director for People would be looking at all performance indicators, with the expectation of introducing a set of measures which were outcome focussed and supported the People Directorate vision.

In the ensuing discussion, the following points were made:

- With rolling year data potentially masking the true picture, it was agreed that month on month data for admissions to permanent care would be provided to the Panel to demonstrate an improvement over time
- When asked whether Officers expected a decline in the use of Care Homes, it was reported that Worcestershire's strategy was to keep people living in their own homes and as independently as possible for the longest time, with initiatives such as supported living and extra care designed to help. Performance was going in the right direction, with improvements year on year
- A Member asked about the interventions in place to improve the number of Annual Care Package Reviews Completed, querying whether telephone or video conferencing options were available to Staff. Officers shared the view of looking at alternative ways of working, in line with the requirements of the Care Act, however also clarified that increasing numbers of cases were

complex and time consuming

- Moving forward, within Learning Disability services, Officers were considering moving towards a 'named worker' model which would potentially increase efficiency and, subject to Cabinet approval, the Mental Health social work team would be brought back in house in six months' time which would result in direct control of the reviews. In addition, an advert was being placed for 3 mental health social workers due to vacancies being held
- When asked whether the Council was in breach of the Care Act by not achieving the 95% target, it was reported that nationally, anything over 90% was considered good performance.

Finance

The Head of Finance explained that due to the timing of the meeting, the Panel had been presented with information from the end of Quarter 1, Period 3 (June 2020). At that point, there had been a forecasted year-end overspend of around £2m, however, senior leaders had been working to reduce that figure and the end of Period 5 position showed that the forecasted overspend had reduced significantly.

The impact of COVID-19 on the Council's resources was balanced with a significant grant and funding from various central government departments and the Herefordshire and Worcestershire Clinical Commissioning Group. Monies had been passported to providers for areas such as infection control and personal protective equipment.

In the discussion, Members asked the following questions:

- A Member asked whether the assumption that external funding, either received or expected, was robust and would cover all COVID-19 related costs. It was reported that senior leaders were content it would and although expenditure within adult social care was high, the income was sufficient
- All assessments had been based on the information available at that time, however, assumptions had been made on there being no second wave of COVID-19, or if so, then predictions had been based on the knowledge and level of intervention during the first wave

368 Work Programme 2020-21

- Forecasts were based on the best intelligence available at a particular point in time, with opportunity to reflect as time progressed
- A Member asked whether all funding had been received from central government. It was noted that £7.4m had been received for infection control (in the first wave) and following a government announcement, a further £6.8m to £7m was expected (with guidance awaited)
- CCG funding was received in a different way due to internal audit processes and COVID-19 related claims were made to the CCG by the Council each month. The Panel noted that overall, monies owed to the Council and monies owed to the CCG would hopefully be clarified by the respective Chief Financial Officers shortly
- When asked whether there had been a pause to the savings programme, it was reported that Adult Social Care had been requested to make £4.4m savings in the current financial year of which £2.8m had either been delivered or was on target to be delivered by March 2021. A further £0.5m would be potentially be delivered and around £1m was at risk of non-delivery, with 4 to 5 specific areas of activity having stalled due to the pandemic. Some COVID-19 funding had been used to mitigate the £1m at risk saving target, however, Officers were hopeful to pick up the 4 to 5 areas towards the end of the financial year
- In response to a query as to what the COVID-19 funding or grants had been used for, the Head of Finance listed items such as additional PPE, paying care providers a 5% top up to cover cleaning, staffing etc, implications of social distancing, such as signage, staffing and logistics, loss of income generation for libraries or archive services, investment in technology, including licences for Zoom and additional visits for those at risk or vulnerable.

Members had nothing to add at this time.

The meeting ended at 4.05 pm

Chairman