

Adult Care and Well Being Overview and Scrutiny Panel

Thursday, 11 June 2020, Online Only - 11.00 am

Minutes

Present:

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

Also attended:

Mr A I Hardman, Deputy Leader and Cabinet Member for Adult Social Care
John Taylor, Healthwatch Worcestershire

Paula Furnival (Strategic Director for People), Elaine Carolan (Assistant Director for Adult Social Care), Frances Kelsey (Lead Commissioner, Commissioning, People Directorate), Samantha Morris (Scrutiny Co-ordinator) and Emma James (Overview and Scrutiny Officer, Commercial & Change)

Available Papers

The members had before them:

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

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

347 Apologies and Welcome

The Chairman welcomed everyone to the meeting, and introduced Paula Furnival, new Strategic Director for People.

The Chairman explained that this meeting was being held online to comply with regulations issued for the coronavirus pandemic and enabled County Council meetings to take place, visible to the public, whilst they could not take place at County Hall.

Apologies had been received from Panel members Andy Fry and Phil Grove.

348 Declarations of Interest

None.

349 Public Participation

None.

350 Confirmation of the Minutes of the Previous Meeting

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

351 COVID-19 People Directorate Response for Adult Services

In attendance for this item were:

Paula Furnival, Strategic Director for People
Elaine Carolan, Assistant Director for Adult Social Care
Fran Kelsey, Lead Commissioner, People Directorate
Cllr Adrian Hardman, Cabinet Member with Responsibility for Adult Social Care

The Director provided a summary of the Agenda report and thanked staff across Adult Social Care for all their work and commitment. The report set out how the Directorate had responded to the COVID 19 pandemic in respect of Adult Services, including:

- meeting the needs of those in receipt of care and support
- Care Act easements (the Corona virus Act 2020 allowed all Councils to apply 'easements' to the Care Act, which effectively permitted the Council to turn its duties under the care Act into powers, so long as its actions remained compliant with Human Rights legislation)
- safeguarding
- hospital discharges
- workforce and working practices
- funding arrangements
- supporting the market
- personal protective equipment (PPE)
- social care day centres
- home care
- residential settings
- prevention as part of the response
- Worcestershire's Local Outbreak Plan

The Chairman invited discussion and the following main points were raised:

- The Chairman asked whether the Government's Adult Social Care Infection Control Fund had been accessed and whether it was sufficient? The Lead Commissioner advised that the grant had been received, and had quite specific conditions for use. 75%

would go directly to care homes, equating to approximately £960 for each and first instalments would be received over the next few days.

- The Chairman asked about the COVID-19 outbreak in prisons and was advised that cases reported early on at Hewell prison, which had a more transient population, had been dealt with appropriately. Other prisons had stopped transfers. Adult Social Care Officers were working closely with Public Health colleagues and maintained a good overview of the situation and social care staff visiting prisons had appropriate Personal Protective Equipment (PPE).
- The Vice-Chairman reported very positive feedback on the Council's response to COVID-19, however asked what had been most problematic and scary. Within the context of the Government funding to health and social care to help respond to COVID-19, she also asked about progress with looking at how care was funded between the Council and the Clinical Commissioning Group (CCG). The Directorate's Officers explained that early on the Council had made some brave decisions to get ahead, based on what would protect Worcestershire residents. Officers' knowledge of the county's care homes and the well-maintained Quality Assurance Team had made a big difference, as well as good working relations with the CCG, other health colleagues and the Council's Public Health Team. In general providers felt well supported. The Council was working on its restoration plan, as well as seeking to influence others' plans where relevant to adult social care. Alongside the challenges, a lot of learning had taken place and new ways of working had, in some cases proved beneficial; it would be important to assess learning points and what should be retained.
- Comment was invited from the Cabinet Member with Responsibility (CMR) for Adult Social Care, who thanked Panel members for their praise of Adult Services' response to COVID-19. He agreed that decisions made early on before the pandemic peaked had been helpful, for example procurement of PPE, which had proved vital. There had been difficult times, in particular not knowing the

extent of the pandemic. There had been some criticism that so many hospital beds had been freed up, however when this decision had been taken there was no way of knowing how many would be needed.

- A Panel member asked for further detail about the Council's position regarding Care Act easements, whilst pointing out that he was very pleased to hear that the Council had not needed to apply for any to date. The Officers explained that the Council was taking a very considered approach, with weekly monitoring, including what was happening regionally. At this stage they did not envisage needing to use easements although the future was not known. The Health and Wellbeing Board was being kept informed.
- A Panel member asked about safeguarding and whether the Council anticipated and was prepared for any potential increase in issues whilst some of the usual lines of detection had not been available? He was advised that from a Worcestershire Safeguarding Adults Board perspective, an increase in domestic violence was a concern. Within the first few weeks of the pandemic, all older people clients and those with learning disabilities had been risk-assessed, and increasingly staff were available to go out with PPE. Some clients on the autistic spectrum had been found to interact better to current remote working. Officers acknowledged that staff may not hear from everyone but they were trying to contact the most vulnerable.
- When asked how Respite Services were being restored, and the impact on carers, Officers advised that not all respite services had been suspended, a targeted approach had been adopted for specific individuals where needed, as well as reviewing the Government guidance and risk assessing needs. Working with all internal and external day service providers, the Council was asking those considering reopening to do risk assessments for services and users, and to adopt a gradual approach, to stay safe. Carers Week had also meant a lot of publicity had been made available.
- The Strategic Director advised that ideas about respite needed to be considered in the wake of COVID-19, since the current provision was very buildings-based and capacity was

therefore reduced – this was an area which the Scrutiny Panel may be able to help with.

- The Panel enquired about future working on discharge of patients from hospital and the Director agreed this continued to be a fascinating area and whilst certain components of the system worked well, robust discussions and a concerted effort were needed to ensure a progressive approach. The Director hoped to develop and progress the conversations in hand and Officers were already looking at how to avoid the system slipping into old ways, for example looking at 7 day working.
- Several members praised the Here2Help scheme and hoped that it could be retained and the Director highlighted her support for this, since the scheme provided an important 'glue' in the system.
- It was confirmed that the Rockwood scale (referred to in paragraph 18 of the agenda report, regarding hospital discharge) was a frailty score and formed part of an assessment for discharging patients and whether they would go to a community hospital, or go home with appropriate support.
- Regarding people in care homes who self-funded their care, where their capital fell below the £23,250 threshold during the pandemic, Officers confirmed that the Council would continue to fund their placements instead of the usual process where it would explore whether a better value placement was available. This was to avoid unnecessary worry. It was clarified that this approach was under review and there would need to be continued conversations with the CCG about funding streams.
- Similarly, Officers advised that funding conversations would also be needed around Continuing Healthcare Assessments (CHC) – the Government had paused all assessments during the pandemic and was due to issue guidance.
- A Panel member asked about the number of deaths in care homes, including numbers who were of black, Asian or minority ethnic background. He also asked about the level of COVID-19 testing prior to hospital discharge. Officers acknowledged that in the early stages the process around testing of people leaving acute hospital was not quite right locally or

nationally, which was reason for the shift away from moving people into care settings because of the risk of infection, although no organisation would knowingly transfer someone who was positive. Proactive testing had revealed that some individuals continued to test positive for COVID-19 even after 14 days of diagnosis, and that people could test positive even if they had no symptoms at all. Quickly, the Council had established an effective testing system, and had reacted and rearranged the process in order to shield care homes, and was very much working in partnership with community hospitals. Care homes were now rated as red (with COVID-19 cases) or green. The number of homes with infections was now steadily decreasing. Officers, frontline staff and CCG staff had a daily 'huddle' to assess action needed and the Assistant Director would forward updated data to the Panel. Numbers of death were clearly higher although figures were still being analysed by Public Health staff to verify further cases which may be COVID-related.

- When asked about the number of care homes with live-in staff and whether this had influenced infection rates, Officers did not believe such information was collected although they were aware of staff using campervans etc. Officers believed everything possible had been done to minimise the number of people going into care homes – very early on homes were told to pay any staff who were self-isolating so that they did not go in and the Council had guaranteed some funding so that homes could block purchase the same staff. Officers had also had individual conversations with homes experiencing financial difficulty.
- A Panel member asked about capacity to deal with another potential spike of COVID-19 cases and the Director spoke about the Outbreak Plan being worked on with Public Health colleagues, who were the experts in such guidance. Despite the challenges, she felt that the Council now had the right support, relationships and governance in place to be able to respond without delay.
- The Vice-Chairman was concerned by national news that some care homes had imposed extra fees on self-funding residents because of

extra costs and asked whether this was the case in Worcestershire? The Lead Commissioner was aware of a couple of national chains which had homes in Worcestershire, which could potentially impact in this way, but Officers continued to work very closely with providers to support resilience on an individual basis.

- When asked about the number of self-funders who had dipped below the funding threshold, Officers advised that they were supporting approximately 100 people and the trend of numbers was increasing. The latest figure would be provided to the Panel; the number was not vast but such instances were an important time for service users and their families.
- Officers were working closely with care homes to support care home resilience as well as being involved in discussions regionally. The pandemic had shaken people's confidence in care homes, which was envisaged to influence choices in future and people may look at other options, in particular self-funders; it was envisaged that some care homes would go out of business. The Assistant Director chaired a network of local authorities and discussions would take place regionally to look at the post-COVID care home market.
- Comment was invited from the Healthwatch Worcestershire representative present, who sought reassurance that as matters were reviewed, that the voices of individuals would be taken into account? The Officers agreed that this was part of good social care practice, although the Council would need to resurrect work to look at budget pressures and the fact that people at times placed themselves into care because they were unaware of other options. It would be important to continue to develop alternatives such as extra care housing.
- The Healthwatch representative also asked what work had been done during this period with people who received their own social care budgets through direct payments, and Officers explained that Government advice had in the main overlooked this sector, therefore the Council had stepped in to provide advice for example on PPE.

352 COVID-19 Care Home Support Plan

In conclusion, the Panel Chairman perceived areas for the Panel to monitor as included:

- use of technology in providing adult social care
- assessment of respite services
- hospital discharge
- Continuing Healthcare (CHC) Assessments
- watching brief on care Act easements
- sustainability of the care home market

The Vice-Chairman highlighted the need to keep abreast of the approach being developed in view of the likelihood of a second spike of COVID-19, as well as monitoring use of 'test, trace and isolate' (TTI) and the outcome of discussions with the CCG about grants and funding.

The Assistant Director advised that additional capacity measures were starting to be reduced, but with contingency to rebuild capacity if needed, until there was more confidence about a second spike.

It was agreed that the Panel would be provided with updated COVID-19 figures in relation to care homes, as well as the number of self-funders in care homes whose capital had fallen below the £23,250 threshold.

The Director also undertook to keep the Panel updated on Care Act easements and funding discussions, the latter of which would be helpful for the Panel in its scrutiny role.

Paula Furnival, Strategic Director for People
Elaine Carolan, Assistant Director for Adult Social Care
Fran Kelsey, Lead Commissioner, People Directorate
Cllr Adrian Hardman, Cabinet Member with Responsibility for Adult Social Care

Fran Kelsey, Lead Commissioner provided a brief summary of the COVID-19 Care Home Support Plan, which was something the Government had asked all councils to work on, to help combat the spread of the virus in care home settings. The Council was already well placed in this work – key to which was the Worcestershire Care Home Hub, a partnership involving Adult Social Care, Public Health, Public Health England, the Clinical Commissioning Group (CCG) and other partners.

The Care Home Plan was very much a live document, which would be updated.

The Chairman invited discussion and the following main

points were raised:

- The Vice-Chairman asked how long the Council had been given to complete the Plan and was advised that two weeks had been given, however the Council was already in a good place to do this.
- When asked for more information about the increase in fees to care homes, the Officers explained that an annual fee increase took place at the beginning of April. The COVID-19 increase of 5% on banding rates was temporary and open-ended but under review. Rates at quite a few homes were above banding rates, so not all would receive 5%, some may receive 2%, which was why homes had been given the additional option of support depending on their individual pressures. It was confirmed that the increase had come from the Government funding for COVID-19 and was not intended to supplement homes on an ongoing basis.
- In respect of training for infection control offered to homes, a Panel member asked whether this had been virtual and about take up from homes? Officers advised that the approach had been mixed, for example some was virtual and some had been delivered in carparks, with clinical health staff being trained to deliver training, as well as some Council staff. Take-up had been slower than expected, but the Quality Assurance Team had worked tirelessly to increase this. An audit trail was kept and for any home becoming infected, training was insisted upon.
- Reassurance was sought about availability of PPE, which had been subject to debate nationally. Officers confirmed that the Council had always been able to supply care homes, with 75% sourced independently. Some care homes had complained about the Council not providing all PPE; therefore, homes had been reminded that it was the responsibility of homes to source PPE, with the Council as fallback. However, the majority of homes were happy with the PPE support provided. At one point care homes were struggling to procure PPE as suppliers had been told only to supply the NHS, and the Council had stepped in to address this.
- A Panel member pointed out the important role of local councils and their ability to often come up with solutions.
- Comment was invited from the Healthwatch Worcestershire representative present, who

353 Work Programme

advised the Panel that Healthwatch had written to the Council's Chief Executive in April to raise a number of points about care homes. The response was awaited and all correspondence was available to the Panel.

- Anecdotally, Healthwatch was aware of some care home residents being very dependent on staff and the Healthwatch representative asked about support being provided to these vulnerable individuals. The Assistant Director advised that the Council had not moved away from the normal processes around Deprivation of Liberty Safeguards (DoLS). It was recognised that many residents had not seen their family for months. However, there were lots of good examples of how homes had endeavoured to maintain contact and the Council had been very clear with homes about relatives being able to visit during end of life care. Locality Teams know service users well regardless of the setting and were an absolute priority for the Council's social care staff.

The Chairman thanked everyone for their attendance and contribution.

As part of the Panel's discussion during Agenda Item 5 (COVID-19 people Directorate Response for Adult Services) it had been agreed that the Panel would be provided with updated COVID-19 figures in relation to care homes, as well as the number of self-funders in care homes whose capital had fallen below the £23,250 threshold.

The Panel acknowledged the need to continue to monitor care home fees and resilience.

The Chairman invited discussion of the Work Programme and any potential changes in light of COVID-19.

Panel members' preference was to maintain the meeting scheduled for 17 July. It was agreed that discussion of feedback from the peer review was a priority and the Director was happy to provide this for the July meeting, within the broader strategic approach being developed across the Directorate.

The Panel identified the following items as appropriate for consideration in the near future:

- The Council's approach when self-funders in residential care homes run out of funds
- Here-to-Help – future development

- Watching brief on the Care Act easements
- Respite Offer (addition to the Work Programme)
- Joint Funding arrangements not just CHC across the Board and maybe cross cutting to include children (addition to the Work Programme)
- Care home market resilience

The Chairman, on behalf of the Panel paid tribute to the dedication of all staff involved in adult social care, and asked that the Director pass on her thanks.

The meeting ended at 1.15 pm

Chairman