

ADULT SOCIAL CARE AND COMMUNITIES SCRUTINY COMMITTEE

MINUTES of the meeting of the Adult Social Care and Communities Scrutiny Committee held on Tuesday 7 July 2020 commencing at 10.00 am at the .

PRESENT

Cllr Phil Awford	Cllr Stephen Hirst (Chair)
Cllr Iain Dobie (Vice-Chair)	Cllr Shaun Parsons
Cllr Andrew Gravells	Cllr Brian Robinson
Cllr Terry Hale	Cllr Steve Robinson
Cllr Jeremy Hilton	

Substitutes:

In attendance: Margaret Willcox, Executive Director of Adult Social Care
Sarah Scott, Director of Public Health
Wayne Bowcock, Chief Fire Officer
Simon Harper, Head of Democratic Services
Cllr Carole Allaway- Martin, Cabinet Member for Adult Social Care Commissioning
Cllr Tim Harman, Cabinet Member for Public Health and Communities
Cllr Dave Norman, Cabinet Member for Public Protection, Parking and Libraries
Cllr Kathy Williams, Cabinet Member for Adult Social Care Delivery

Apologies:

29. APOLOGIES

There were no apologies at the meeting.

30. MINUTES

The minutes of the meeting held on 10 March 2020 were agreed and signed by the Chair, subject to the following amendment at page 6, agenda item 26, paragraph 26.7, where it should read:

'Members were also informed that the suicide rate per 100,000 had risen slightly in the last quarter and so was slightly above the target set. The target aimed to focus efforts to deliver an incremental decrease in the number of deaths by suicide. It was explained that additional money had been received in the Council budget to tackle suicide rates in the County, which would enable initiatives to continue to be developed.'

31. DECLARATIONS OF INTEREST

Cllr Jeremy Hilton declared a personal interest as his partner worked in a care home.

32. SUPPORT TO CARE HOMES DURING COVID-19

- 32.1 Margaret Willcox, Executive Director of Adult Social Care, presented a report detailing the support provided to care homes in Gloucestershire during the COVID-19 outbreak.
- 32.2 The Committee was advised that care homes had been provided with practical guidance and advice, PPE and the training on how to use it, as well as financial support. Notably, the Cabinet Member for Adult Social Care Commissioning had delegated authority to the Executive Director of Adult Social Care to award payments to care providers from the Infection Control Fund. It was noted that local authorities were now being asked nationally to consider how to resume normal ways of working, such as the provision of day services.
- 32.3 One member queried what was being done to ensure that care home and agency staff received sick leave pay, to prevent staff feeling compelled to attend work when ill. In response, it was explained that, as part of the financial offer from the Council, care providers were asked to pass on some of the funding to their front line staff, however most had not done this. The Council had ensured that statutory sick pay was being honoured, and that it continued to offer care homes advice and guidance. Additionally, members were advised that levels of staff sickness in care homes resulting from COVID-19 across the County had generally been low.
- 32.4 Another member drew attention to the fact that, as of 16 June 2020, 79 care home settings had been affected by COVID-19 within Gloucestershire, and between 10 April and 12 June, there had been over 200 COVID-19 suspected deaths in care homes in the County. They queried whether care homes should have entered into lockdown sooner, the lack of testing carried out by hospitals before discharging patients into care homes, the lack of testing for staff and residents in care homes, and the lack of a local pandemic management plan. They sought reassurance that measures were being taken to protect care homes in event of a second spike of coronavirus cases.
- 32.5 In response, Margaret Willcox explained that national guidance for care homes going into lockdown had been followed, hospitals had behaved responsibly when discharging patients into care homes, and, on the whole, care homes had been compliant with PPE practice. It was noted that there had not been a shortage of PPE within the County, and that the Council's good relationships with local care providers had paid off during this time. It was also noted that people in care homes had a high level of need, with most residents living in care for between 18 and 24 months on average, and therefore care homes would have seen a number of deaths during this time anyway.

- 32.6 Furthermore, Sarah Scott, Director of Public Health, explained that at the start of the outbreak, there had not been a specific management plan for COVID-19 as it had not existed prior to December 2019; however they had followed the local plan for flu outbreak due to the initial similarities between the viruses. With regards to testing, it was explained that in early June, every care home for dementia and over 65s within the County had been offered testing, and that the first tests as part of the new care home testing strategy would be going out from the beginning of the next week. Officers cautioned against complacency as a result of increased testing in care homes, emphasising the continued importance of social distancing, hand washing and the use of PPE.
- 32.7 One member queried whether care home residents were able to refuse being tested. It was confirmed that residents did have the right to refuse testing, although the Government's approach was that it was an individual's civic responsibility to be tested, and that it would be useful for care homes to understand who had tested positive or negative for COVID-19.
- 32.8 The Committee was made aware that some agency staff had refused to enter COVID-19 positive care homes in Gloucestershire, which had affected relationships between care homes and agencies, and had led some homes to change the way they consolidated their staffing arrangements. Members were also informed that the Council had had to intervene and offer training to some homes in response to reports of failure to use or incorrect usage of PPE.
- 32.9 One member asked whether the pandemic had impacted on the perception of care homes, and therefore impact the number of people going into care homes. It was queried whether more people would choose to stay in the community for care and whether this would lead to a strain on community services.
- 32.10 Margaret Willcox explained that in Gloucestershire, fifty percent of residents in care homes were self funded. A number of care homes were now beginning to admit new residents provided that they were tested and self isolated for 14 days where necessary. She acknowledged that nationally and locally, people had been frightened by the deaths in care homes, and that the change to a more clinical approach to care due to the pandemic had also impacted perceptions. The Committee noted that this could lead to a significant change in the care services provided and commissioned. It was also noted, however, that there had been a drop in demand for domiciliary care as people had been reluctant to have others in their homes, although this was expected to level back up.
- 32.11 In response to a query regarding antibody testing for care home staff, it was explained that antibody testing had initially been offered to NHS staff in hospitals, however around 400 front line social workers had been offered an antibody test. It was noted that going forward the ambition was to try and roll antibody testing out further, however the results would be more useful for research on how COVID-19 had moved through the population, rather than for individual benefit, as it was not clear how long antibodies protected people for.

33. IMPACT AND CHANGES TO GFRS DELIVERY AS A RESULT OF COVID-19

- 33.1 Wayne Bowcock, Chief Fire Officer, provided a verbal update to the Committee on the impact and changes to Gloucestershire Fire and Rescue Service (GFRS) delivery as a result of COVID-19.
- 33.2 It was noted that there had been increased availability of GFRS resources, as during the lockdown into and throughout May 2020, there had been a reduction in the number of incidents responded to in comparison to the previous year. The number of 999 calls to the fire control room had been down 22 percent, and the number of incidents responded to reduced by 17 percent. There had been a 13 percent reduction in fires and a 71 percent reduction in the number of road traffic collisions in the County at the height of lockdown. It was noted, however, that where there had been collisions, these had tended to be severe due to the speed of vehicles and quietness of roads. Since the phased release of lockdown, demand had returned to within 5 percent of expected normal demand.
- 33.3 The Committee was informed that due to lockdown restrictions, the number of safe and well visits carried out had been reduced, which had led to a backlog of around 500 safe and well visits. It was noted that GFRS had continued to undertake safe and well visits with PPE to those identified as high risk. It was also noted that 3 fixed term additional community safety advisers would be brought in to address the back log.
- 33.4 It was explained that the fire safety audit process had to be changed to a desktop audit process due to lockdown constraints. 300 desktop audits had been carried out; however some of these premises would still require a physical visit. Furthermore, the regional training centre had closed during lockdown, which had impacted on the delivery of core training; however a trainee firefighter course had continued to run with social distancing and other measures where social distancing was not possible.
- 33.5 It was explained that GFRS had contributed to the COVID-19 response in Gloucestershire by providing logistical support, as well as personnel and training in support of other organisations. The Committee understood that the level of additional work undertaken by GFRS in response to the pandemic went beyond the Tripartite Agreement that had been agreed by the National Fire Chiefs Council, Fire and Rescue Services National Employers, and the Fire Brigades Union, highlighting the willingness of the work force to support other Council service areas, such as adult social care, public health and children's services, as well as the value of the positive relationships between GFRS and these services areas.
- 33.6 In particular, GFRS had contributed to storing and distributing PPE; delivered food parcels to vulnerable residents; managed the temporary house of rest and mortuary; supported the testing facility at Oxstalls; delivered and collected testing kits to care homes; trained other blue light organisations in the use of P3 respirators; and delivered training to care homes and domiciliary care workers on PPE and effective infection control. Additionally, GFRS was supplying trained drivers and medically trained firefighters to support the South West Ambulance Service.

- 33.7 The Committee was informed that the costs of the response to the pandemic were likely to be offset by the savings associated with pay, reduction in demand and savings for normal overheads. However it was noted that GFRS was in the process of submitting a request for reimbursement from a home office grant scheme.
- 33.8 The Committee noted that a review of the degradation plan had been carried out, which provided a detailed plan as to how GFRS resources could be managed in the event of increased pressures, such as a second wave of Covid-19 infections.
- 33.9 In response to a query relating to GFRS support to the South West Ambulance Service, it was explained that at the height of lockdown, ambulance demand had been down 25 percent of normal levels, and that due to the requirement to carry out rapid risk assessments, the South West Ambulance Service had stopped mobilising GFRS staff to any medical emergency for two weeks.
- 33.10 Members thanked GFRS staff for all their hard work and the level of response that had been provided during the pandemic.

34. DIRECTOR OF ADULT SOCIAL CARE REPORT

- 34.1 Margaret Willcox presented the Executive Director of Adult Social Care Report, highlighting, in particular, that the Adult Single Programme had continued to explore the role of technology in social care; staff had responded well to the move to a 7 day working week, with 12 hour shifts; and despite day services being suspended during the lockdown, staff had continued to visit people in homes, collected medicine and food, and provided respite for families. She advised that in some local authority areas, services had shut down completely during the lockdown and therefore she was proud of Gloucestershire for continuing to support residents.
- 34.2 One member questioned whether the allocation of the Supplier Relief Fund had provided the opportunity to look at contracts with care providers to ensure that they were treating staff well, such as by providing sick pay or ensuring domiciliary care staff had enough time to travel between homes. In response, it was explained that contractual arrangements were reviewed, and income tax returns checked annually, however GCC was not in a legal position to enforce pay rates for staff.
- 34.3 One member asked about support for the homeless, now that hotels were beginning to reopen following lockdown, whilst another member commented that the use of hotels was a temporary measure that needed to be addressed moving forward. Sarah Scott explained that a COVID-19 emergency housing protocol had been developed which had commissioned 3 hotels to house the homeless for 12 weeks. There had been 333 placements at the time the report was written, and despite some placements breaking down, and some people still sleeping rough, the aspiration was to work with the districts to provide suitable longer term accommodation. Work was also ongoing as to how they could continue to use hotels to house the homeless.

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34.4 The Cabinet Members for Adult Social Care Delivery and Adult Social Care Commissioning both highlighted the opportunity the pandemic had provided to work with a group of people in difficult circumstances with good effect. Several members also thanked district and county council staff for the work that had been undertaken to address homelessness during the pandemic.

35. DIRECTOR OF PUBLIC HEALTH REPORT

- 35.1 Sarah Scott presented the Director of Public Health Report, including an update on the Outbreak Management Plan and Homelessness, to the Committee.
- 35.2 The Committee was provided with an overview of the Local Outbreak Management Plan (LOMP) for COVID-19 in Gloucestershire. The Government had requested that all Directors of Public Health have outbreak management plans in place by 30 June 2020. Gloucestershire's LOMP had been built up from an existing communicable diseases outbreak management plan, and was focussed on preventing, containing, monitoring, and responding to outbreaks of COVID-19 in the County.
- 35.3 In particular, it was explained that a COVID-19 Health Protection Board (HPB), chaired by the Director for Public Health, had been established to lead the implementation of the plan. The Strategic Coordination Group, which had been overseeing the response to the outbreak, would be handed over to the Police, and would exist in the background so that it could be stood back up should the HPB require support.
- 35.4 A COVID-19 Outbreak Engagement Board, chaired by the Leader of the Council, had been established. The engagement board was cross party, and represented a number of sectors, including the district councils, GFirst LEP, the Police and Crime Commissioner, and Gloucestershire Care Providers. The board did not have a scrutiny function or decision making powers, however had an advisory role in the further development and delivery of the LOMP, and in engaging with local communities. The importance of having the right people on the engagement board in order to communicate with local residents, and to gather soft intelligence from communities, such as on perceptions of risk from the virus, and on the acceptability of testing and advice, was highlighted.
- 35.5 The Committee was advised that the work on the LOMP and the response to COVID-19 in the County would be the new business as usual, and that because it was such a huge amount of work to deliver and prioritise, some pre-COVID-19 areas of work would have to be parked for the time being.
- 35.6 The Committee was also provided with an update on testing and cases within the County. It was noted that Gloucestershire was currently experiencing a low number of cases, with the number of cases peaking in mid April. It was also noted that published data now included pillar 1 and 2 testing, which provided a more accurate picture of the number of cases within Gloucestershire, enabling any changes and

patterns to be identified. Sarah Scott reassured the Committee that the flow of data from the Department of Health and Social Care was improving but it was not always timely. She continued to receive daily alerts on testing within the County, and was monitoring the situation for potential clusters. She also advised that she received postcode level data on testing in the County, which included information relating to a person's postcode and date of birth which allowed for a better oversight but the fields for ethnicity and occupation were often incomplete.

- 35.7 One member asked whether the local data had been analysed to identify any patterns amongst ethnic minorities in the County, citing concentrations of cases amongst Eastern European residents in Cheltenham. In response, it was explained that the data set on ethnicity was often incomplete as people did not always fill in that field when getting tested, but where possible, this was being looked at. It was also explained that there was no evidence that Eastern Europeans were more susceptible to COVID-19, however certain occupations such as agricultural work and working in meat processing plants, as well as living arrangements could impact on the transmission of the virus. This would be a focus for the prevention work stream of the LOMP.
- 35.8 In response to a query as to where members could access postcode level data on COVID-19 cases, it was explained that this information was not publically available as it was identifiable data. It was noted that a dashboard was being developed for COVID-19 data in the County. This would be brought to the Committee and the Health and Wellbeing Board for scrutiny. It was also noted that the local member would be contacted should a cluster of cases be identified in their division.
- 35.9 There was also a query as to whether any action was being undertaken to address overcrowded living conditions which could be contributing to the transmission of coronavirus.

36. CHIEF FIRE OFFICER REPORT

- 36.1 Wayne Bowcock introduced the Chief Fire Officer report to the Committee, highlighting, in particular, the progress that had been made with the Improvement Board, which had been established in December 2019. GFRS had over 120 actions to address following audits carried out last year, and presently, 42 percent of audit actions had been approved by the Improvement Board Panel and forwarded on to Audit. Reviews had been carried out following each Improvement Board meeting, and an effective working relationship had developed between GFRS and the Audit Risk Assurance Team.
- 36.2 Members were also informed that the next HMICFRS full inspection would likely be delayed due to the impact of the coronavirus outbreak; that the most efficient and effective way to use the 21 fire stations across Gloucestershire would be considered as part of the development of the next integrated risk management plan in consultation with the One Public Estate strategy; and that the work of Trading Standards continued to be affected by the Health Protection (Coronavirus Restrictions) (England) Regulations 2020, however, where possible, work was carried out virtually. Additionally, the Committee noted that the Coroner Service was

continuing to run its core functions, and that the Civil Protection Team had been embroiled in the COVID-19 response, as well as dealing with incidents of flooding and water outages across the County.

- 36.3 There was a query from a member regarding the joint use of facilities with other blue light services. It was explained, in response, that facilities had been closed due to the pandemic, and that the reopening of facilities would be managed by the recovery cell. The collaboration board between the police and GCC/GFRS was being re-established. It was also understood that the Minister of State for Policing had written to the Police and Crime Commissioner advising that no decision would be taken regarding the governance of GFRS ahead of the election in 2021, and that a revised business case would be required should the PCC still wish to take over governance.
- 36.4 A member thanked GFRS for its response to recent flooding in Nailsworth.
- 36.5 There was a further query about the programme being taken forward for road safety, as well as its financing. The Committee was advised that the Road Safety Cabinet Panel had been established to consider the matter, as well as a working group which would consider best practice from elsewhere and engage with relevant parties, such as the police and travel wise team at GCC. Plans for financing road safety had not been discussed at this stage.

37. PERFORMANCE REPORT - QUARTER 4 2019/20

- 37.1 Margaret Willcox, Sarah Scott and Wayne Bowcock presented the performance data for Quarter 4 2019/20 for each of their service areas to the Committee.
- 37.2 Within Adult Social Care, it was explained that the number of people in employment with a disability supported by GCC Forward Services had not met its target as there were less places available for employment, and that officers were liaising nationally regarding this issue. Regarding the missed target for the percentage of service users in long term care who had had a review re-assessment of their needs within the last 12 months, it was explained that new referrals took priority over reviews; desktop reviews were regularly undertaken however this could not be included in the performance data; staff had been increasingly focussing on reviews during the coronavirus pandemic; and following the pandemic, how these reviews were addressed would need consideration. It was also noted that data collection relating to delayed transfers of care from hospital due to Adult Social Care per 100,000 population had been suspended nationally.
- 37.3 The Committee was advised that the score card for Prevention, Wellbeing and Communities had been shortened. It was explained that data was unavailable for the percentage of eligible patients offered a NHS Health Check as the service had been stopped as a result of the pandemic. It was noted that performance data was good for the percentage of pregnant smokers achieving a 4 week quit. It was also explained that the target of 100 percent for the percentage of Universal Partnership Plus infants who received a new birth visit by 30 days old had not been achieved due to some families not being discharged from hospital or residing elsewhere.

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Furthermore, the target for the percentage of Universal Partnership Plus children who received a 12 month review by the age of 15 months had not been achieved due to several families declining as a result of being under the care of other health services. Therefore development checks were completed but not by the Public Health Nursing Service.

- 37.4 The Committee was informed, regarding Public Protection, Parking and Libraries performance data, that the number of safe and well visits undertaken had fallen short of the target as visits had been suspended as a result of the pandemic, and prior to the outbreak, work was being carried out to address the backlog. Work was underway to prioritise appropriately, and additional staff were being brought in to address the backlog. Regarding road safety, it was noted that the number of killed and seriously injured people and children had increased since the previous quarter, and that this was being addressed through education, the safe and social driving partnership, and would be looked at as part of the review into the approach to road safety. In response to a query as to whether wet weather was a contributory factor for the increase, members were advised that a spike was normally witnessed during the winter quarters as a result of the darker evenings and worse weather.

38. WORK PLAN

The Committee agreed to consider reports on the COVID-19 Dashboard, and on COVID-19 testing in care homes and amongst domiciliary care workers, at its meeting on 8 September 2020. A report on the long term viability of care homes and domiciliary care providers would be added to the agenda for the meeting on 10 November 2020.

CHAIRPERSON

Meeting concluded at 12.50 pm

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