

## ADULT SOCIAL CARE AND COMMUNITIES SCRUTINY COMMITTEE

Minutes of the meeting of the Joint Meeting of the Adult Social Care and Communities Scrutiny Committee and Health Overview and Scrutiny Committee held on Tuesday 26 January 2021.

The meeting was held as a virtual held meeting via Webex and can be viewed on the Gloucestershire County Council website [here](#)

<b>ASCC Members</b>	Cllr Iain Dobie (Vice-Chair)	Cllr Shaun Parsons
	Cllr Terry Hale	Cllr Brian Robinson
	Cllr Jeremy Hilton	Cllr Steve Robinson
	Cllr Stephen Hirst (Chair)	Cllr Brian Tipper
	Cllr Andrew Gravells MBE	

<b>HOSC Members</b>	Cllr Brian Robinson (Chair)	Cllr Robert Vines
	Cllr Paul Hodgkinson (Vice-Chair)	Cllr Suzanne Williams
	Cllr Brian Oosthuysen	Cllr Martin Horwood
	Cllr Nigel Robbins OBE	Cllr Dilys Neill
	Cllr Terry Hale	Cllr Collette Finnegan
	Cllr Stephen Hirst	Cllr Steve Lydon
	Cllr Pam Tracey MBE	Cllr Jill Smith

### 1. INTRODUCTIONS AND APOLOGIES

Chairman of the Adult Social Care and Communities Scrutiny Committee, (ASCC), Cllr Stephen Hirst, and Chairman of the Health Overview and Scrutiny Committee, (HOSC), Cllr Brian Robinson, welcomed everyone to the meeting. Making reference to the mutual interest of the two committees in considering the response to the Covid-19 emergency, Cllr Hirst outlined the purpose of holding a joint meeting.

Sarah Scott attended the meeting as Executive Director of Adult Social Care and Public Health at Gloucestershire County Council, (having taken over the role of Executive Director for Adult Social Care and Communities from Margaret Willcox, who had recently retired from the County Council). It was noted that Sarah Scott, (in her role as Director of Public Health), had also attended the HOSC meeting on 17 November 2020, giving scrutiny members an opportunity to ask questions on public health related issues at that meeting.

Apologies were received from Cllr Phil Awford, (a member of the Adult Social Care and Communities Scrutiny Committee). Cllr Brian Tipper represented Cllr Awford at the meeting.

### 2. DECLARATIONS OF INTEREST

No declarations of interest were made at the meeting.

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### **3. MINUTES**

The minutes of the Adult Social Care and Communities Scrutiny Committee meeting held on 10 November 2020 were confirmed and agreed as a correct record of that meeting.

### **4. RESPONSE TO COVID-19 (ADULT SOCIAL CARE AND PUBLIC HEALTH)**

Sarah Scott, Executive Director of Adult Social Care and Public Health, (Gloucestershire County Council), gave a detailed update on the Gloucestershire response to the Covid-19 Emergency.

A Covid-19 intelligence summary update, (detailing performance indicators for the period 14 to 21 January 2021), had been circulated on the morning of the meeting, providing members with the latest information. The intelligence document is attached to the minutes of the meeting.

Included in the summary information, were performance updates relating to; the number of Covid-19 confirmed cases for the county, the number of hospitalisations, including the number of patients in critical care; the number of death (Covid-19) registrations made during the past 7 days; the number of excess deaths in the county; the number of Covid-19 confirmed cases in care homes, (staff and resident), an update on the South-West R value range; and an overview of Gloucestershire and National Performance Indicators, including comparisons between Gloucestershire and its geographical neighbours.

The Executive Director of Adult Social Care and Public Health, (with input from NHS staff), introduced the update report and clarified the following information: -

- a) Referencing the high number of Covid-19 cases in the Gloucester City area, a local member asked what was being done to manage the situation? It was confirmed that Gloucester City had experienced a high number of cases, but that this had started to reduce. Working with Gloucester City colleagues, local leaders and community representatives, the public health team hoped to gain a better understanding of some of the behaviours that may have created this surge, particularly among Black and Asian Minority Ethnic Groups (BAME). To address some of the challenges brought about by communication issues with people from BAME communities, it was agreed strong messages of support and reassurances would be vital in developing confidence and building trust.
- b) A member referred to reports via social media suggesting evidence of low transmission levels in outdoor locations. Questioning how this might impact on the easing of restrictions for the county, members were informed that, whilst ventilation helped to reduce the transmission of the virus, it was still important to adhere to hand washing/face mask and social distancing guidelines. Acknowledging concerns about the impact of the pandemic on the local economy, the Executive Director reinforced the need to balance

decisions being taken to protect lives with the easing of restrictions to re-energise tourism.

- c) Another member stressed the need for more in-depth data to enable better understanding of the variances in infection rates, particularly in relation to specific age groups. The Executive Director reported that the public health team continued to work under very difficult circumstances to analyse the data available to them. It was not an easy task, particularly given the wide range of underlying factors and large numbers of asymptomatic people in the county. The work was ongoing and it was hoped additional funding would enable the council to invest more resources into this work.
- d) Enquiring about the levels of infection in school children, it was explained that that a high proportion of children were asymptomatic, making it difficult to determine the spread of the virus in schools, and in what numbers. The decision to close schools had been a national decision, for which the county continued to adhere to government guidelines. Teachers had responded incredibly well to the challenging circumstances and in delivering home schooling, with the support of parents.
- e) Updating members on the roll out of the Gloucestershire Covid-19 vaccination programme, the Executive Director confirmed that the initial roll out had been positive. Phase 1 of the roll out aimed to vaccinate over 400,000 people by the end of April 2020. This included vaccines administered via a hospital hub for health and social care staff and at 10 Primary Care Networks located across the county for eligible members of the public. Working closely with NHS colleagues, the public health team was working hard to obtain data and inform the public about uptake and coverage.
- f) The Joint Committee for Vaccination and Immunisations (JCVI) had identified priority groups for vaccination. Whilst crucial in protecting the most vulnerable people in society and easing pressures on the health and social care system, the vaccine would not necessarily stop people from getting the virus completely. It would, however, help to reduce serious complications or death in those at most risk.
- g) Priority Group 2 of the key priority groups included all frontline health and social care workers. The County Council and Clinical Commissioning Group, working with NHS partners, aimed to ensure everyone eligible for vaccination were vaccinated as quickly as possible.
- h) The list of health and social care staff eligible for vaccination included: staff who had frequent face-to-face contact with patients (children or adult) and directly involved in patient care in either secondary or primary care, mental health, urgent and emergency care and community settings; those working in independent, voluntary and non-standard healthcare settings such as hospices, and community-based mental health or addiction services; laboratory, pathology and mortuary staff; those working for a sub-contracted

provider of facilities services; temporary, locum or 'bank' staff, including those working in the Covid-19 vaccination programme, students, trainees and volunteers working with patients; and frontline social care workers working directly with vulnerable people (children or adults) who needed care and support, irrespective of where they worked

- i) To ensure maximum impact, priority would be given to frontline workers in regular close contact with individuals with either confirmed or suspected Covid-19 and staff working with people at highest risk of being infected or in becoming seriously ill. Each service was being asked to further prioritise staff based on personal vulnerabilities such as age and ethnicity or existing health conditions.
- j) Vaccinations would be administered in home environments for members of the public with mobility or serious health issues.
- k) Responding to concerns about available hospital bed spaces caused by pressures from increased rates of Covid-19, members were reassured that the system was coping well, supported by the NHS Home First Programme for people discharged from hospital and able to be treated at home.

Commending the combined efforts of the public health team, NHS, support agencies, community organisations and volunteers, the committee agreed that the response to the virus was not to be underestimated and that there was still a lot of work to be done.

The report was noted.

## **5. RESPONSE TO COVID-19: NHS GLOUCESTERSHIRE CLINICAL COMMISSIONING GROUP (GCCG)**

Mary Hutton, (representing GCCG and One Gloucestershire Integrated Care System), presented a summary of current issues relating to the Covid-19 virus.

Expanding on the update presented earlier in the meeting regarding the Covid-19 vaccination programme, it was confirmed that vaccinations were being administered via 10 Primary Care Network hubs located across the county, (including a fire station in Cheltenham), by Gloucestershire Hospital NHS Foundation Trust (GHT) and Gloucestershire Health and Care (GHC).

Based on data reported from the start of the roll out in December to 22 January 2021, 71,000 vaccinations had been administered to people from the first 4 national priority groups, including; care home residents and staff; people aged 70 and over; frontline health and social care staff; and people classified as clinically extremely vulnerable. 85% of residents aged 80 plus and all care homes, (excluding 3 care homes with a confirmed outbreak of Covid), had been vaccinated. Gloucestershire CCG was following the national directive of pausing the roll out of the second vaccination to enable more people receive their first vaccine.

At the time of the report, (22 January 2021), Gloucestershire had been at the top of the national league table as the top performing Sustainability and Transformation Partnership/Integrated Care System in England for administering vaccinations. The national target for the top 4 priority groups to be vaccinated was mid-February 2021.

Cllr Stephen Lydon commended the success of the roll out of the vaccine in Gloucestershire and asked how people not registered with a local GP would be vaccinated? Dr Andy Seymour, Clinical Chair for Gloucestershire CCG was able to confirm that a great deal of work, including work with the public health team, was involved in ensuring equitable distribution of the vaccine. NHS England was aware of the issue and hoped to resolve the problem in forthcoming weeks.

Prior to the meeting, Cllr Lydon submitted a couple of written questions, for which written responses had been provided after the meeting. In the first of two questions, Cllr Lydon referred to reports of unused quantities of the pfizer vaccine due to the limited shelf life of the vaccine. Cllr Lydon asked to what extent was this an issue in Gloucestershire and what was being done to address the problem. In a written response, members were assured that it was the CCG's absolute priority not to waste vaccines and that processes were in place to minimise the risk. All vaccination sites held 'reserve' lists of people who could be called at short notice if it appeared, towards the end of the day, there might be a surplus of the pfizer vaccine

In a second question, Cllr Lydon reiterated concerns about people not registered with a Gloucestershire GP being eligible for vaccination. These included a large proportion of people working for the NHS and care staff from overseas. Cllr Lydon asked what proportion of Gloucestershire residents were not registered with a GP and what was being done to address the issue, particularly, in relation to front line staff receiving vaccines? In a written response, the CCG informed Cllr Lydon that, whilst it was more efficient if a person was registered with a GP, it was not essential. As an interim measure, vaccination sites could use paper forms to record a person's details. Both locally, and nationally, the NHS was encouraging people to register with a GP.

Updating members on the supply of Personal Protective Equipment,(PPE), it was confirmed that the CCG continued to provide PPE to all NHS health and social care providers via a storage and delivery arrangement with the Gloucestershire Fire and Rescue Service.

In Spring 2020, Infection, Prevention and Control (IPC) training had been delivered to all NHS care homes, for which ongoing support continued to be provided, particularly during the event of an outbreak of COVID. Refresher training programmes were about to be offered.

As of 22 January 2021, Covid patients occupied 26% of all acute hospital beds in Gloucestershire. During the current wave of the virus, the length of stay in hospital was notably longer than the first wave. Working closely with community health services, care homes and social care, the CCG was working hard to keep the flow

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of patients in Gloucestershire hospitals moving. The principle aim was to provide NHS Home First support where possible.

Noting the work involved in providing treatment for Long Covid patients, a member asked whether anti-body testing would be offered to those people who may have had the virus but had not been tested. The committee was informed that antibody testing was not something that was being offered but was a matter that could be discussed with a person's GP.

The Covid virtual ward continued to provide support services to both early and safe hospital discharge patients, and wherever possible, avoid admission for Covid patients experiencing mild symptoms.

During the first wave of the virus, a significant number of patient operations and diagnostic tests had been cancelled. In Gloucestershire, however, patients diagnosed with cancer had continued to receive treatment throughout the pandemic, and currently continuing to do so. A detailed plan had been produced to treat those patients whose operations had been cancelled in 2020.

Reflecting on the pressures placed on staff during the pandemic, members were advised that staff wellbeing was at the forefront of the everyone's focus. Every effort was made to ensuring staff received the support available to them, in respect of both physical and mental wellbeing.

The two committees commended the good work detailed in the reports presented at the meeting. One member suggested producing a record of the various stages of activity involved in the response to the pandemic and any lessons learnt. It was generally agreed that it would be important to log and reflect on the events and activities involved in the response and recovery process going forward. The CCG confirmed that a huge amount of work was being done to capture this information and that a CQC publication would be published in due course, which would be shared with the committee.

The update was noted.

## **6. RESPONSE TO COVID-19: GLOUCESTERSHIRE HEALTH AND CARE NHS FOUNDATION TRUST (GHCFT)**

Representatives from Gloucestershire Health and Care NHS Foundation Trust (GHCFT) provided a detailed briefing note on the response to the pandemic. The update was circulated with the agenda and included information on the response to Covid-19, including the care provided to Covid patients in community hospitals across the county.

Trust colleagues were involved in lateral flow testing twice weekly and running the Polymerase chain reaction (PCR) Testing Centre at Edward Jenner for staff and families of GHC, GHT and social care and for people requiring a pre-procedure test.

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The provision of Personal Protective Equipment (PPE) to Trust staff remained a key element of the Trust response, as was providing Covid-secure buildings for both staff and patients. Many Trust colleagues continued to work remotely, where possible, to help reduce the risk of spread among teams and services.

The Trust was also involved in leading the development of clinics for people who continued to suffer with Covid symptoms 3 months after diagnosis. The Trust was currently testing a multi-disciplinary approach with colleagues from Gloucester Hospitals and Primary Care with the aim of developing this as a key programme of support in line with national guidance.

The Trust was heavily involved in the roll out of the Covid Vaccination Programme, working alongside the Primary Care Networks and Gloucestershire Hospitals NHS Foundation Trust. In line with the national guidance on the priority groups for vaccination, some Trust colleagues had started to receive the vaccine and had commenced a programme to support the immunisation of its own inpatients, particularly those who are vulnerable due to their complex health needs. A Housebound vaccination programme was being offered.

The Trust continued to focus on the Home First approach and the need to increase the number of discharges from both acute and community hospitals who returned directly to home rather than to a nursing or residential home

Vaccinating Trust colleagues against the flu had been an important consideration this year due to the increased risk of contracting flu and Covid. More than 90% of frontline colleagues had received the flu vaccine. The Childhood Immunisation Team had worked throughout the winter months in delivering the flu vaccine to all primary school children (Reception to Year 6) and all Year 7 children in secondary school. The majority of immunisations were delivered within schools. At the time of the report, more than 40,016 school children had been vaccinated.

The briefing note was noted.

## **7. PUBLIC HEALTH REPORT**

Sarah Scott, Executive Director of Adult Social Care and Public Health, introduced the Public Health Report.

A member noted the work involved in trialling treatments to prevent individuals from contracting HIV and asked if this work could be coordinated alongside work by Gloucestershire Health Care's sexual health and advisory service. The request was noted and the Executive Director agreed to make enquires with the current provider. **Action by – Sarah Scott**

Another member requested an update on sexual health services at the next meeting and this was agreed. An update to be included in the next Public Health report to the committee.

The report was noted.

## **8. ADULT SOCIAL CARE REPORT**

Sarah Scott, Executive Director of Adult Social Care and Public Health, introduced the Adult Social Care Report.

A member enquired about the impact of increased pressures at work from Covid-19 and the challenges of working in a crisis on the public health team. The Executive Director confirmed that the team was working in extremely difficult conditions. Staff were exceptionally busy and continuing to maintain appropriate standards in spite of the challenges. There were no issues to report at this time.

The report was noted

## **9. CHIEF FIRE OFFICER REPORT**

Wayne Bowcock, Chief Fire Officer (CFO) for Gloucestershire Fire and Rescue Service (GFRS), gave a detailed update on current issues/key areas of work within the CFO portfolio of services, including: Fire and Rescue Service, Trading Standards, Civil Protection and Coroners Services.

Updating members on the response to the Covid-19 emergency, the Chief Fire Officer stated that, throughout the national emergency, GFRS had collaborated with GCC colleagues and with regional and national emergency services to support the local community. The actions of GFRS in response to the pandemic had been recognised in a letter from the Fire Minister, Lord Greenhalgh, received in November 2020, following an application to the Fire Covid-19 Contingency Fund.

It was reported that GFRS had been the subject in the 'first round' HMICFRS Covid-19 Inspection in November 2020. During the inspection the following factors had been considered (a) What was working well and what had been learned; (b) How the fire sector had responded to the Covid -19 emergency; (c) How fire services were dealing with the problems they faced; (d) What changes were likely as a result of the pandemic. Although the inspection report was not yet publicly available, it was believed GFRS had performed well and that the report was favourable.

A summary of activities performed by GFRS in response to the pandemic is summarised below:

Community Covid-19 Testing – the recent government announcement that people unable to work from home could access LFD (Lateral Flow Device) testing had created some issues. GCC and GFRS were looking at how this might be implemented. The Operational Resilience Cell, together with colleagues from GCC, Public Health and DHSC were looking to establish a Local Testing Site (LTS) at various locations around the County. This would be a walk-in model to allow people to access a full PCR (Polymerase Chain Reaction) test without the need for an appointment. The first LTS will be located in Gloucester City. A Mass Testing Site at the Royal Agricultural University, Cirencester went live on 3 December 2020, with training and induction taking place in conjunction with colleagues from GCC. GFRS continued to supply staff to deliver this project. In response to rising infection rates,



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a testing site in Gloucester City had been set up. It was expected that GFRS staff will be involved in the work at this site.

In addition, fire crews were carrying out test & trace welfare checks on residents who had not responded to contact by national or local test & trace services. GFRS was working with Public Health to review the impact of this activity. At least 1000 of these visits had been carried out by GFRS staff.

Covid-19 Vaccinations: Clinical staff inductions had taken place at the Primary Care Networks Vaccination Site at Cheltenham East Fire Station on 2 December 2020. The first Covid Vaccination Clinic had been delivered on 16 December 2020. The site had delivered 330 vaccines each day prior to the Christmas holiday. Capacity was expected to rise to 1000 plus per day. The Operational Resilience Cell was currently making preparations for further vaccination centres, as required.

The NHS Acute Team had taken up the offer of using SkillZONE to deliver Covid vaccinations from Monday 18 January 2021.

The additional vaccination site, run by Gloucestershire Health and Care NHS Foundation Trust, was currently being set up and will initially cater for approximately 20,000 frontline health and social care workers. Staff from SkillZONE will support the day-to-day operations at this site.

Flu Vaccinations: Flu vaccination clinics had been taking place at some of GFRS call stations including: Cheltenham East, Gloucester North, Coleford, Cinderford, Stroud, and Wotton. Additional weekend drive-through clinics had been set up at Gloucester North, Stroud, Cirencester, Chipping Camden and Cheltenham East. These were run by the Gloucestershire Pharmacy Network to target the most vulnerable groups in the community, such as care home staff and domiciliary workers. GFRS was assisting in the facilitation of these clinics.

Mortality Cell: The Mortality Cell and Temporary Chapel of Rest had reopened on Wednesday 16 December 2020. GFRS staff were in place to assist with the work at the Chapel. It was anticipated that the site would run until 23 March 2021. Support and welfare was being offered to staff.

PPE Training: GFRS was storing and distributing emergency PPE supplies to social care, school and other key users. The GFRS supply chain, via the NFCC procurement hub, had been used to procure extra supplies. Since the start of the pandemic, GFRS had made 3861 individual deliveries of PPE to various settings across the County, equating to 8.5 million pieces of PPE. Recent increases in infection rates, particularly in care homes, had resulted in an increased demand for training in these care settings. Additional resources had been allocated to this task and over 200 care home staff had requested and received PPE training as part of the second wave response.

SWAST: Formal confirmation had been provided to SWAFT of GFRS continued support in respect of an extension of the provision of First Responder Service mutual aid until week commencing Monday 7 April 2021. During the period 1 to 11

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November 2021, GFRS had provided 174 shifts and attended 637 incidents as part of an ambulance crew, equating to some 1485 mobilisations since the commencement of the mutual aid agreement. SWAST had declared a critical incident due to the unprecedented demand on their service. In response, GFRS was continuing to increase the number of shifts it was able to cover. The response to the recent advert for additional volunteers had been good. It was hoped to have additional staff trained shortly. Additional welfare arrangements were in place for GFRS employees to support any mental wellbeing needs they may be experiencing due to the potential exposure to traumatic incidents.

Other activities included: Support to GCC and Highways, including putting up signage as part of the wider Covid Communication Strategy; Delivering food to vulnerable people; Local Track & Trace; Outreach swabbing; Delivery of laptop computers to young people.

The committee commended the good work being provided by GFRS. One member enquired about vaccinations for firefighters, (not included in the first 9 priority groups), and was assured all staff supporting SWAST had been offered the vaccine. In addition, all staff had been provided with PPE. A request was made for the CFO to come back to the committee on the number of GFRS staff taking up the vaccine. Another member asked for an update on fire-fighter pensions and sick pay. It was agreed updates on these issues would be included in the CFO report to the committee at the next meeting. **Action by – Wayne Bowcock**

A member enquired if there had been any developments in the proposed bid to takeover the fire service by the Office of the Police Crime Commissioner (OPCC) and if there had been an increase in the number of road traffic accidents during lockdown. Cllr Dave Norman, Cabinet Member: Public Protection, Parking and Libraries confirmed that the position had not changed regarding the bid by the OPCC but would advise of any updates, when received. The Cabinet Member confirmed that a robust challenge would be made to any developments made by the OPCC.

The Chief Fire Officer confirmed that there had been a 40% reduction in fires during the first lockdown and a 30% reduction in road traffic accidents. There had been, however, a notable increase in speeding incidents.

The Chief Fire Officer update was noted.

## **10. ROAD SAFETY CABINET PANEL**

Members noted the final report of the Road Safety Cabinet Panel, (introduced by Cabinet Member: Public Protection, Parking and Libraries, Cllr Dave Norman). The report will be presented to Cabinet at its meeting on 24 March 2021. The report can be viewed at the link [here](#)

Comments made at the meeting, (in response to the Panel's recommendations), included i) concerns about the complexities of the Traffic Regulation Order (TRO) process; ii) lack of enforcement in relation to speeding issues; iii) safety concerns

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about the use of electronic scooters in public places; and iv) the need for increased investment in the council's road safety budget.

The committee endorsed the report, subject to the comments made at the meeting.

## **CHAIRPERSON**

Meeting concluded at 12.50pm