

SCRUTINY FOR POLICIES, ADULTS AND HEALTH COMMITTEE

Minutes of a Meeting of the Scrutiny for Policies, Adults and Health Committee held in the Virtual Meeting, on Wednesday 6 May 2020 at 9.30 am

Present: Cllr H Prior-Sankey (Chair), Cllr M Healey (Vice-Chair), Cllr P Clayton, Cllr M Caswell, Cllr A Govier, Cllr B Revans, Cllr A Bown and Cllr G Verdon

Other Members present:

Cllr D Huxtable, Cllr G Fraschini, Cllr J Lock, Cllr M Chilcott, Cllr C Lawrence, Cllr C Paul, Cllr M Rigby, Cllr T Munt, Cllr D Ruddle and Cllr L Redman

Apologies for absence:

1 **Declarations of Interest** - Agenda Item 2

There were no new Declarations of Interest.

2 **Minutes from the previous meeting held on 04 March 2020** - Agenda Item 3

The Minutes were agreed subject to the correction of a typing error on page 1 first paragraph. 580,00 should read 580,000. This correction was made, and the minutes signed.

3 **Public Question Time** - Agenda Item 4

There were three public questions: -

Public Questions from David Orr

Q1. Will the County Council publish Somerset-wide KPIs (at least weekly) so that the local media and local people can see openly and transparently the pandemic outbreak situation in our Somerset Care Homes and communities: number of care homes with suspected Covid-19; the number of deaths in care homes (where COVID-19 is mentioned on the death certificate whether the main cause of death or not); the number of deaths in the community (where COVID-19 is mentioned on the death certificate whether the main cause of death or not); the number of care staff who have had Covid-19 tests and the infected numbers; number of reports of PPE shortages (or inadequate PPE) across Somerset?

Response: -

We have a dashboard that we have been developing which we will be publishing each week on Wednesdays. This contains much of the information

you are asking for. It provides an overview of the epidemiology of epidemic in Somerset. The data is released nationally once a week. As you can imagine there is a slight time delay on the data as death registration needs to take place, but the important part is tracking the trend of the epidemic and understanding whether we are controlling the spread or not.

Q2. What plans are being made for contact tracing in Somerset as a key component of safely coming out of the current lockdown in phases and will the contact tracing and associated funding be devolved to Somerset District Councils with Environmental Health Officers as a key skills base (supplemented by volunteers)?

Response: -

As announced by Government, contact tracing will be a key measure to help control the spread of infection as we go forward. It is a tool that is widely used in Public Health already for all kinds of infectious disease and it was used at the start of the UK epidemic before the lockdown. The Government are currently developing their strategy for contact tracing and it is likely to be driven at a national level. My understanding to date is that there will be a number of levels of contact tracing, including an App which was launched in the Isle of Wight on Monday to testing. There will be a team of health professionals...we think about 3000 nationally (some of these may be EHOs) that will be used to oversee the contact tracing, supported by a large team of call handlers. It is thought that this team will undertake the more straightforward contact tracing. The more complex contact tracing is likely to be done jointly at a more regional/local level between the regional PHE and LA Public Health. We have a good relationship with our local EHOs who are keen to collaborate with us. EHOs are a valuable resource and play an important role in the response and local health protection already, we need to be careful that we do not overstretch their capacity. I am keen that we get cracking with contact tracing, so I have volunteered to be part of the regional team to help develop the service.

Q3. Could a chart/table be drawn up showing how roles and responsibilities are apportioned (or shared) during the Covid-19 outbreak with regard to: PPE provision, safe working practices, infection control, reporting, testing, tracing etc between the CQC, NHS, Private Care companies, Avon & Somerset Resilience Forum, SCC Director of Adult Social Care, SCC Director of Public Health?

Response: -

There is a robust process in place to provide information to relevant providers across the Somerset system on how PPE should be obtained, assist with modelling potential PPE requirements and act as a point of escalation to meet any shortfalls in supplies, where required, through access to a Mutual Aid PPE Supply.

To ensure there is sufficient supply there is Communication and signposting to provide information to relevant providers on PPE Guidance, the process for ordering PPE supplies and how to escalate issues via the National Supply Disruption Response (NSDR) system.

In addition, the following has been established: -

- **Business Intelligence** – Work with providers to model PPE requirements (using new guidance), to assist with identifying their estimated needs when ordering on the new supply chain platform.
- **Specialist advice & Risk Assessment** – Utilise our Infection & Prevention Control (IPC) experts to support providers with advice on PPE, and risk assess any offers of PPE donations for use within the Mutual Aid PPE Stock.
- **Escalation** - Ask providers to escalate where PPE supplies are below 48hrs worth of supplies, and they are experiencing any issues with the supply chain.
- **Mutual Aid** – Co-ordinate the provision of short-term Mutual Aid PPE to providers that have escalated if they have less than 48hrs supply. This will be distributed via the Somerset County Council depot.
- **Provider PPE Stock Levels** – We have an overview of the PPE stock levels that Providers are holding within the Somerset system so that discussions can be held to reallocate stock (should stock levels not be available within the Mutual Aid PPE Supply) to meet the needs of other providers in urgent need of PPE supplies.

4 **Virtual Meeting - Guidance** - Agenda Item 5

The Committee discussed a report that set out the procedure and guidance for new virtual committee meetings starting in May and for the foreseeable future. It outlined the new regulations that came into force on 4 April 2020 and the various considerations emerging from these and notes there are likely to be further updates and issues during this transition period. In brief the guidance covers the following areas relevant to public Committee hearings: -

Accessing meetings

- Microsoft Teams is the virtual meetings solution recommended for hosting remote / virtual meetings by Somerset County Council. It has functionality for audio, video, and screen sharing. For external users, they can also use the Teams app, by downloading it to their laptop, smartphone or tablet. External

participants can be sent the meeting request via email. Alternatively, someone can be added to a meeting as a voice call.

Accessing agendas and reports

- Democratic Services will continue to publish the agenda and reports for committee meetings ahead of these taking place on the Council's website and will notify councillors by email in line with usual practice. Because of the Covid19 social distancing requirements, printed copies will no longer be available for inspection at the Council's offices and this requirement was removed by the Regulations.

Meeting procedures

- At the start of the virtual meeting, the Democratic Services Officer will check all required attendees are present. The Democratic Services Officer will also have details of any Members of the public attending and / or press. The public and press will be notified via the meeting information on the website that they will need to contact the Democratic Services Officer to obtain the link or code for the meeting. The Chair will ask all Members and Officers to turn off all unnecessary microphones, unless they are speaking. This prevents background noise, coughing etc which is intrusive and disruptive during the meeting. Members would then need to turn their microphones back on when they wish to speak. The Chair, who will use video when speaking will ask all participants to turn off their video cameras. Participants will be asked to only turn on their microphones when they are invited to speak and keep their video functions turned off. For members of the Committee who wish to speak in the debate, they should click on the meeting chat facility and simply write their question or state they wish to ask a question so that the Chair and meeting administrator are aware. When the Chair invites someone to speak at the meeting, the speaker should say whom they are for the benefit of everyone listening to the meeting, so it is clear who is speaking at any point.

Minutes of the meeting

- Following consent from the committee, the Chair will sign the minutes of the meeting as a correct record at the next scheduled virtual meeting of the committee remotely using an electronic signature.

Public Participation

- Participation by members of the public will continue in line with the current public participation scheme. This can include speaking and / or asking formal questions. Members of the public can listen to or observe the proceedings of a committee.

Voting

- Within the Team facility, there is a straight-forward mechanism to deal with voting. The chat function should be used to ask the Committee to take a vote.

Confidential or exempt issues

- There are times when part of a council meeting is not open to the public, when confidential, or “exempt” issues – as defined in Schedule 12A of the Local Government Act 1972 – are under consideration. It is important to ensure that there are no members of the public at remote locations able to hear or see the proceedings during such periods of a meeting. Any Councillor in remote attendance needs to ensure that only they are able to hear the debate or consider any exempt information else they could be in breach of the Council’s Code of Conduct.

Disturbance from Members of the Public

- In line with the council’s procedural rules, if any member of the public disrupts a meeting the Chair will ask them to stop and advise them that they may be asked to leave the virtual meeting. If that person continues to interrupt or disrupt proceedings the Chair can ask the Democratic Services Officer to remove them as a participant from the meeting.

Technical issues

- In the event that the Chair or Democratic Services Officer identifies a failure of the remote participation facility, the Chair should declare an adjournment while the fault is addressed. If it is not possible to address the fault or if the meeting becomes inquorate at any point, the meeting can only continue with information items only and decision items will have to be postponed to the next virtual meeting.

The Committee discussed the paper and the proposed guidance for conducting Committee meetings using the remote facility. The Committee agreed that these procedures needed to be kept under review in the light of experience. The Committee recognised that the Local Government Regulations were still operating behind these proposals and that further changes could be included once this guidance and procedure had been used for Scrutiny Committee Meetings.

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Committee considered the procedure and guidance on Virtual Committee Meetings and agreed to adopt them and update in the light of experience.

5 **Covid 19 - Assurance** - Agenda Item 6

The Committee considered a detailed report on the key areas of activity that have been undertaken by Somerset County Council Adult Social Care (ASC), with its partners across health, care providers and the voluntary sector; relating to the care of vulnerable adults and their carers during the pandemic. The Committee heard that there have been a number of changed requirements and "easements" proposed to the way ASC is delivered by Councils across England. These are contained in the main in the 19th March 2020 Hospital Discharge service requirements documents, and the Coronavirus Act 2020. . The key areas covered in the presentation included: -

- The new operational model for ASC Discharge from hospital – changes to the joint Hospital Interface Service,
- Integration and locality working and
- Support for commissioned services and providers.

The planning for worst case numbers affected by the pandemic resulted in a need to move quickly and with real purpose to work better with health care colleagues. It was clear that the care sector and care homes would need considerable support to cope with the demands of a pandemic. Somerset has been noted at a national level for the support put in place. This has included a dedicated webpage, guidance, news and information as well as a dedicated email address so response to any emergency can be quick and effective. Somerset has given a 10% uplift in fees for three months in recognition of the anticipated additional cost of PPE and Agency Staff. Two new interim care homes were identified in Henford Court in Yeovil and Popham House in Wellington. These offered transitional support and care for people leaving Hospital following treatment for a Covid 19 infection. The care home in Yeovil is operational, and Wellington remains an option should there be a demand. Community Connect has identified all clients who need shielding. Village Agents and Community Support Workers have made contact with most and offered a range of support.

The interface with hospitals in Somerset is still the Home First service and this has ensured a 50% of bed capacity in them.

£1million a month has been used to support providers of care across Somerset, SCC is offering a 7 day a week service, linked to GP surgeries, to support pathways out of hospital care. There is now a better hospital avoidance and discharge service which will prevent admission in the first place and speed up patients return to home. The is being run from a 'Discharge Lounge' to make sure the right support is in place at the right time.

The Committee discussed the current position on reviews of Ccre. The number of overdue reviews has dropped and is on track to be down to about 40. The

Committee noted that there will always be some that are recorded as 'overdue' but in fact this is because they take longer than the 28 days to complete. The Committee observed that there has been a reduction in the number of people placed in care homes on a permanent basis but an increase in temporary placements. This was because it took longer for people to recover from Covid 19 infections.

Testing in care homes for the Covid 19 infections has increased. The Committee were interested to have some local information on deaths in care homes as this had become the focus of national interest. The Committee heard that in an average April (based on the last three years data) there would be about 66 deaths in Care Homes across Somerset. This April there have been 98. The Committee understood that not all were Covid 19 related and it was too early to make simple mathematical deductions from this raw data.

The Committee discussed the report and paid tribute to the staff working so hard across the county to support the care sector during this current pandemic. Feedback to committee members has been that many care homes feel very supported by SCC. There have been some occasions that care homes not operated by SCC have felt support was lacking. The Committee was invited to let officers know of specific case where the support could be better.

There was some discussion around the supply of PPE (Personal Protection Equipment). The Committee welcomed the quantity of equipment being supplied to care homes but there had been some anecdotal evidence that the quality was not always the best. The Committee was again invited to encourage feedback but were assured that the equipment being distributed was appropriate to the needs of each location and setting and was quality controlled.

There was a discussion about going beyond the expectations of national Government and then not being able to recover or justify the spend. The Committee agreed that it was essential to provide PPE in advance of the supplies being sourced by the Government. The funding for the two additional nursing homes and some of the PPE costs would come from the CCG. The response was proportional to the need at the time and was reasonable given the request to prepare for 'worst case scenario'. The Committee agreed that although the first peak may be in the past it was not clear what will happen once the lockdown measures are lifted.

The Committee asked about disability and carers services in lockdown. It was confirmed that some of the support is still being offered in a different way and that carers who had refused support in the early days of lockdown were now beginning to emerge and seek support. Community Connect and Village Agents have changed the way they work but continue to offer support in other ways. The Committee asked about micro-providers and access to PPE. They were assured that they were all included in distribution of supplies and the pandemic has increased the number of such providers.

The Committee asked about the number of vacancies being advertised by SCC and its contractors; concerned this might be an issue. The vacancies are part of

natural churn and SCC is always advertising in this area as recruitment is an ongoing activity. The Committee heard that the pandemic has encouraged more people to consider care as a career option.

The Somerset Scrutiny for Policies, Adults and Health Committee:

- **Thanked all the officers and staff who had responded so well to the challenge of the current pandemic.**

Agreed to encourage those with concerns about supply of PPE or needing support to get in touch with the dedicated e-mail.

6 Scrutiny for Policies, Adults and Health Committee Work Programme - Agenda Item 7

The Committee discussed the agenda for the next meeting and agreed to wait for the update from officers on the items that were to have been on the Work Programme. They agreed that the current pandemic should be a standing item and agree to the temporary suspension of Fit for My Future activities while the Covid 19 pandemic was a priority. The Committee agreed that it was important not to lose sight of future plans as well as supporting the operational necessity of the current pandemic.

7 Any other urgent items of business - Agenda Item 8

There were no other items of business.

(The meeting ended at 10.52 am)

CHAIR