

## 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 Thursday, 9<sup>th</sup> July 2020 at 9.30 am

### **Present:**

Cllr H Prior-Sankey (Chair), Cllr M Healey (Vice-Chair), Cllr M Caswell, Cllr B Revans, Cllr A Bown, Cllr G Verdon, and Cllr L Redman

### **Other Members present:**

Cllr D Huxtable, Cllr G Frascini, Cllr J Lock, Cllr M Chilcott, Cllr C Lawrence, Cllr C Paul, Cllr T Munt, Cllr A Kendall, Cllr F Nicholson, and Cllr S Coles

### **Apologies for absence:**

Cllr A Govier and Cllr P Burridge-Clayton

#### **1 Declarations of Interest - Agenda Item 3**

There were no new Declarations of Interest.

#### **2 Minutes from the previous meeting held on 06 May 2020 - Agenda Item 4**

The Minutes were agreed and signed.

#### **3 Public Question Time - Agenda Item 5**

There were no public questions received.

#### **4 CCG Response to Covid 19 - Agenda Item 6**

The Committee heard a presentation from Somerset CCG summarising the measures they have taken to confront the emergency, beginning with the Phase 1 - Level 4 Major Incident on 30<sup>th</sup> of January which caused a change in their way of working. The three main risks they had to deal with were PPE availability, Covid outbreaks in care homes, and testing of patients and health care staff. They are now moving to Phase 2 – Recover, Restore and Transform, which will cover a period of 12-18 months. The temporary service changes that have been made to respond to Covid were discussed, including:

- More telephone and video triage at GP surgeries
- Instituting primary assessment centres for safety (e.g. Burnham on Sea)
- Closure of inpatient beds at some locations with consolidation in fewer locations
- A 24-hour mental health support line for all of Somerset
- Access to specialist support for health care professionals and nursing homes for consultation

- Specialist (acute) service changes including increased testing, use of more digital technology, the relocation of chemo treatment from Yeovil to St Margaret's Hospice, and the standing down of routine dental services.

In response to questions from Members, it was stated that all temporary changes will be reviewed and evaluated to determine if they will be continued; therefore, the best of the new working practices will be maintained, while other services may return to normal. Once this evaluation has taken place, it will be reported to the Committee. As regards video consultations with GP surgeries, CCG are informally gauging opinion from GPs as to its efficacy, but it was agreed that there is a need to do a formal consultation. It was noted that a timeline of the dates when all of the temporary changes were made is available. It was pointed out that as far as dealing with Covid in care homes, support had been high from an early date and exceeded the response from neighbouring counties; they worked with Public Health and contacted all care homes several times a week.

With respect to their April-May performance, it was noted that the national reporting process had been paused, but that:

- There was a 65% decrease in referrals to secondary care, although by the end of May/beginning of June there was a resumption of normal primary care
- From April to June, elective surgery was paused, so waiting times have increased; in response, they are prioritising cases and sending urgent cases to specific hospitals
- With respect to outpatient appointments, 30% were delivered virtually
- Cancer referrals were 70% lower than pre-Covid levels (62% lower nationally)
- There was a reduction in Emergency admissions

In order to ameliorate these issues, the independent sector will be maximised, the restoration plan will include additional capacity and prioritisation of diagnostics, GPs will have access to consultants including in geriatrics, and they are targeting a definitive 62-day maximum period between diagnosis and start of treatment for cancer patients.

In response to a query with respect to statistics on whether delayed cancer referrals have a higher rate of confirmation of diagnosis (known as the "conversion rate"), the presenter said she would enquire if statistics were available, although it may be too early as several months of data are required. Statistics on other major medical issues during the past few months (sepsis, DVT, C-difficile were raised along with cancer) will be brought to the next meeting. When asked if there will be proactive work to encourage people to come forward for cancer diagnosis, it was stated that more details will be

provided later, but they are doing everything to provide both diagnosis and treatment/ operations and are following national campaigns.

**The Somerset Scrutiny for Policies, Adults and Health Committee thanked the CCG and looked forward to the next report with respect to the re-opening of services, the changes in service that will be maintained, and the statistics requested.**

## 5 **Covid 19 and People with Learning Disabilities** - Agenda Item 7

The Director of Adults and Health opened discussion of the report on Adult Social Care Delivery, Activity & Support – Covid-19 by noting that it had been a difficult but interesting endeavour, with all groups pulling together and making more rapid progress than ever before. She stressed the need for the new links and cooperation established during the response to Covid-19 to continue in future. She stated that Somerset ASC had been praised nationally for their work with providers, care after discharge, and work with communities via the voluntary sector.

The Deputy Director discussed their quickly established seven-day weekly/24-hour support for providers, their welfare calls to check in on providers, and their inclusion of providers in cell meetings. Public Health has worked hard with providers on testing, and Somerset has been outstanding in this regard. They have provided a temporary solution for care home staffing by providing a 10% uplift to providers, while national funding grants (75% of which are earmarked for care homes) have been applied for and received by 75% of the care homes. In answer to a question about why not all care homes had applied, he noted that there are some very strict government conditions and reporting requirements attached to the grants (such as not being used for PPE), but they are working with the care homes to ensure they are receiving support and are also complying with staff regulations. As regards the latter, they are working with UNISON (the first county in Somerset to do so) to ensure that care home staff know their rights. They have also been working with health partners with respect to Home Best discharge services and intermediate care services; they have in fact developed a new model for intermediate care, ensuring that it is not just to assist people leaving hospital, but to also to prevent admissions in the first place. They are working with national partners on already established systems, and he noted that said infrastructure enabled them to accelerate their response to Covid very positively.

The Director discussed the 'pop-up' Henford Court care home, which was set up in record time; it was not utilised as much as expected and has therefore been temporarily closed, but it is available if needed in future. It was funded by Covid-19 funds to the CCG and acted as a liaison between hospital and home for those who could not return to their own homes; it provided additional capacity and safety, since Somerset early on changed the unfavourable practice of moving people out of hospitals and back into care homes without testing.

With respect to performance, it was noted that they have used technology very well and this has improved outcomes; practice and quality audits have been stepped up; and there has been a staff survey to ask how they should move forward and change for the better. Overdue assessments have been reduced greatly to less than 10, while overdue reviews will reach zero by August. They have used technology to accomplish this along with some visits, for which they are now doing risk assessments. Unmet needed home care is now at its lowest level, with care packages being provided; and they want to ensure utilisation of furloughed workers by targeting them to join care services. In response to Members' questions, she responded that care homes in Somerset had worked very well in that they had received training, PPE, etc., and she affirmed that the Local Outbreak Management Plan had functioned well in Burnham, but emphasised that the message for anyone with symptoms should be to get tested and stay home, which will be discussed at the Health and Wellbeing Board meeting on 16<sup>th</sup> July.

The Somerset Public Health Covid-19 Dashboard was presented; this is produced daily, although the data referred to in the meeting was from 29<sup>th</sup> June due to reporting deadlines and to many data sources being received at different times. It was advised that in future meetings, the dashboard information would be updated with same-day data. It was noted that there had been a big spike for NHS 111 calls at the end of March through April, but these were very low now. Detected Covid cases in Somerset (which include testing from local labs known as Pillar One, and national labs known as Pillar Two) had flattened off since 8<sup>th</sup> June, and there is a big drop currently in confirmed cases. The R number (rate of transmission from one person to others) is currently around 0.6 to 0.7 in the Southwest, although this number is not the best measure when used alone. With respect to deaths from Covid, there was a big levelling off by the end of June; currently, there are very few Covid deaths (110) compared to other deaths, and they have contributed very little to overall mortality numbers.

ASC Commissioning discussed The Impact of Covid-19 on Learning Disability Services in Somerset, specifically working with people and providers; from the beginning, there has been daily contact with providers, including weekly multi-agency meetings across Health and Social Care, in order to provide a collaborative and coordinated response. Every Tuesday there is a meeting of all care providers, while every Wednesday there is a Learning Disabilities meeting. They are helping providers to provide limited day care services in person and to make contact on an outreach basis; and they are speaking with providers regarding the future of day care. The Covid response has helped to illuminate positive changes that have been instituted, such as community-based local activities. By the end of August they will have clarity about how to move forward, given that by the end of next week or the following week, they will have new national guidance. They have also been discussing housing opportunities to support people while keeping them safe from Covid and better

planning for the needs of persons with LD, which will include speaking to those persons themselves to determine what they really want and need. As far as respite and emergency accommodation, unused sites were earmarked for staff to use temporarily during the Covid response, which has led to discussions regarding emergency accommodation for anyone in crisis.

There were questions raised by Members as to why there is a limited provision of day care services, including supported living and home care, if the providers are receiving full payment; the response was that providers are still being paid in order that they do not go out of business, even if some services are not currently being provided. It was said that they are following up on reports that customers are not receiving services, and said they have told providers they must provide a different type of support based on hours. It was stated that there is a monthly contract performance meeting with each provider that provides data on hours per person for each location; and that these contracts are closely monitored as all others are. Members expressed concern that there were ongoing problems with customers not receiving direct payments; the Director responded that there will be a discussion in regard in September, and she could discuss the matter personally with any Member. It was requested that data be provided on how much funding providers are being paid despite less provision of services, as well as feedback from the carers workshop; it was stated that this information is detailed in the Finance Report, but it was agreed that this will be provided at the next meeting in September, while the Chair requested a briefing note for Adult Care specifically, which the Director agreed to provide.

Transformation was discussed as part of the LD presentation, including Steps 2 Independence and Brain in Hand. The first (S2I) will be shifting from an hourly rate commissioning model to a more goal-oriented, person-centred approach. Brain in Hand is a personalised app that provides people with their own specific coping mechanisms to manage anxiety with team support; it utilises a red/amber/green mood monitoring system. A case study was discussed, and it was stated that there are currently 12 persons using the Brain in Hand app, while they have licenses for 30. A demonstration of the app can be found on the website and downloaded; a link will be provided to the Committee and, if necessary, assistance with setting this up for those who desire it. In response to Member questions, it was noted that Brain in Hand is not really suitable for people with dementia, as it requires a certain domesticity with smart phone use; it can be adjusted to use bigger text and more audio than visual interaction, but other technology can be used for dementia patients. Both S2I and BIH have been paused to a great degree during the Covid response, but there is some resumption of activity this week, which will be reported on at the next meeting.

Members asked if all of the advances in remote working instituted during the Covid response can provide savings; the response was that this might possibly occur at some point but not necessarily, as items such as respite for families now caring for family members were expensive. In that respect, it was asked

what was being done to help Shared Lives and the families caring for elderly and other family members; it was stated that they are having daily discussions with day care providers and carrying out service reviews to ensure that everyone receives the support needed. It was pointed out that there will be a knock-on effect after the Covid crises that leads to more unpaid carers needing support, such as through dementia respite.

**The Somerset Scrutiny for Policies, Adults and Health Committee commended and paid tribute to Somerset County Council and Public Health staff for their outstanding work and expressed the hope that this cooperation will continue.**

**6 Scrutiny for Policies, Adults and Health Committee Work Programme - Agenda Item 8**

The Committee discussed the work programme, observing that a date is still being decided for the August workshop. There is a very substantial agenda for the September meeting; therefore, reports need to be briefer. The Chair observed that we are waiting for liberty protection guidance to come out. It was stated by Adults and Health that they can bring back to the next meeting a discussion of the previous carers workshop, and a link can be provided to Members. The Chair declared that if anyone wanted anything else on the work programme or next agenda, they should advise the Governance Manager.

**7 Any other urgent items of business - Agenda Item 9**

There were no other items of business.

**(The meeting ended at 11:55 am)**

**CHAIR**