

Adult Social Care, Health and Wellbeing Sub-Committee

Thursday, 3 June 2021

Present: Councillor J Kirwin (Chair)
Councillors J Allan, Arkley, J Cassidy, M Hall, M Madden,
P McIntyre, T Mulvenna, P Richardson, J Shaw and
J O'Shea

In attendance:
Councillors A McMullen

Apologies: Councillors J Montague and T Brady

ASCH1/21 Appointment of Substitute Members

Pursuant to the Council's Constitution, the appointment of the following substitute members was reported:

Councillor J O'Shea for Cllr T Brady

ASCH2/21 Declarations of Interest

There were no declarations of interest.

ASCH3/21 Minutes

Resolved: That the minutes of the meeting held on 31 March 2021 be confirmed and signed by the Chair.

ASCH4/21 Covid Update - Public Health and Adult Social Care

The Sub-committee received a Covid 19 update covering public health and adult social care.

It was noted that the Delta/Indian variant of concern had been detected in the Borough. The Borough is currently an outlier for Covid rates and rates are high, but much lower than rates reached during previous peaks, and considerably lower than those areas with the highest rates such as Bolton and Blackburn. The case rate for the last 7 days is 71.2 per 100,000 based on 148 positive cases. It was noted that the infection rate for the 5-34 age group is double the rate for the borough overall, with young people under 20 driving the infection rate. This is a reflection of low vaccination rates in young people.

The Sub-committee noted the extra measures that had been put in place to address the issue, including surge testing facilities in three areas. It was noted that a small number of positive cases had been found as a result of surge testing and follow up action was being taken to provide advice on self isolation and to identify close contacts.

In relation to care homes, following 8 weeks with no positive cases, there are currently three cases with two of these asymptomatic and one resident who had symptoms but had not been vaccinated.

In relation to current outbreaks, it was noted that the majority of these related to schools, work places and sporting clubs. At the moment there has not been an impact on hospital admissions. It was noted that the current variant was providing to be more transmissible with a 100% transmission rate being experienced within households in the borough.

There was some discussion about the relevance of the R number. It was noted that the R number provides a picture of what is happening on a national level but is less useful at a local level and more real time data is now available to give a more accurate picture of what is happening at a local level.

A member raised an issue about the recent misunderstanding over travel restrictions in the borough. It was noted that this issue had been clarified after discussions with central government.

Members asked about the effectiveness of the in-house test and trace system. It was noted that the small team was acting in combination with Public Health England in relation to complex cases. It was noted that the local team had a completion rate of 95% which was higher than the national system, although the national system has improved. It was noted that using a local number to contact people can be more effective and also there was a final option to directly visit people if necessary.

There was some discussion about the isolation pilot. It was noted that there was an extended financial scheme which was available to anyone financially disadvantaged by the need to isolate, and also regular contact from the local team and the introduction of shopping vouchers for families.

In relation to Adult Social Care, the sub-committee received an update on support to care homes. It was noted that there is currently one care home in an outbreak situation and advice and support on infection control has been provided.

In relation to vacancy rates, it was noted that one home has recently closed with residents moved to its sister home.

It was noted that the Council continues to offer support to promote vaccinations to care homes and their staff. It was noted that there is currently a government consultation on whether vaccination should be a condition of employment for care homes and some care homes are making vaccination a condition for new staff. It was also noted that infection control, including vaccine rates, will be included in quality monitoring visits which are due to begin again in the near future.

It was noted that CQC registered providers are able to access free PPE through a government portal.

There was some discussion about additional financial support that has been made available to care providers, including the Infection Control Fund and funding to cover staff sickness. It was noted that funding has been made available on a periodic basis with allocations based on numbers of beds and linked to specific grant criteria. It was noted that infection control funding was specifically for infection control within the home and did not cover workforce

absence. A member raised concern about sick pay for staff in care homes. It was noted that individual terms and conditions will vary depending on individual employers but the Council would expect all employers to meet statutory requirements. Members asked if a report could be brought to the next meeting to set out the additional financial allocations via the various grants that have made to care providers in the borough

It was agreed:

That officers be asked to provide a report to the next meeting setting out the additional financial allocations that have been made to care providers in the Borough during the pandemic and an explanation of the various grants and grant conditions during this time.

ASCH5/21 Home care pilot - health and social care

The Sub-committee considered a presentation which set out proposals for a home care pilot which would combine some areas of work between health and social care. This would result in a combination of health and social care tasks being carried out by a single person during home care visits and reduce duplication requiring multiple visits from different teams. It was noted that the pilot built on previous work undertaken by this Sub-committee to consider options for delivering home care via in-house provision.

It was noted that work streams had been developed with the NHS and a pilot covering around 50 people would be launched in August/September 2021 and will last for around 12 months. This was originally envisaged to focus on the North West of the Borough but may now incorporate other areas in order to find the right cohort of people. The project would involve the pooling of budgets with a review of how funding can be used differently to better meet needs. The pilot will not involve the external sector but will be taken forward with staff from the NHS and social care.

There was some discussion about how the pilot will be managed. It was noted that the pilot had support from the senior leadership at both the Council and Northumbria Heathcare Trust and the project group was lead and supported by senior managers from both organisations. Members stressed the need for a clear management structure in order to ensure clear lines of responsibility to address any problems that may arise.

Members raised questions about the qualifications of the visiting professional and what this skill level will be in in order to deliver the necessary medical and social care support. It was noted that this pilot will cover home care and community nursing interventions only and will be separate from other professional support that may be needed eg social work or physiotherapy support.

Members highlighted the difficulty of bringing together health service and local authority services. Members were in favour of the sub-committee having a strong role in monitoring the project as it goes forward to ensure it is effective and is meeting the needs of customers. Members also raised questions about public involvement with those involved in the pilot and whether they have a choice whether to take part. It was suggested that other Councillors who are not involved in this Sub-committee should also be provided with information on the pilot as it is likely to impact on residents in their wards.

Officers highlighted that Northumbria was currently looking at using their existing workforce to staff the pilot and that monitoring would be in place to ensure that individual's needs are being met.

The Chair thanked Officers for the presentation.

ASCH6/21 Work Programme 2021-22

The Sub-committee considered the draft Work Programme for 2021-22.

The sub-committee expressed interest in receiving more information about the proposed changes to the NHS and also the Future Care Board. It was noted that the Health and Wellbeing Board would be receiving information about this at their next meeting and there was an intention to invite members of this Sub-committee to attend the meeting to avoid duplication of information, subject to adequate space being available in line with Covid restrictions. It was also noted that the Joint Regional Scrutiny Committee's role was to scrutinise the development of the Integrated Care System (ICS) covering the North East and North Cumbria and members would be feeding back to this sub-committee from the regional meetings.

The following additional suggestions were put forward for inclusion in the work programme:

- Commissioning of Dental Services
- Sheltered Housing – is adequate support being provided for residents?
- Recovery of hospital services and tackling the operations backlog

It was noted that a Study Group had been set up some time ago to look at Home Care Services. This group had been on hold since March 2020. The following suggestions were put forward in relation to sub-groups:

- Sheltered Housing
- Monitoring of the Home Care Pilot
- Continuation of the previously established Home Care Sub-group.

Members were asked to consider which one of the sub-group topics should be taken forward as a priority and to email comments to democratic services.