

ADULTS COMMITTEE: MINUTES

Date: Tuesday 12 May 2020

Time: 2.00 pm to 4.00 pm

Present: Councillors A Bailey (Chairwoman), D Connor, A Costello, S Crawford, D Giles, M Goldsack, N Harrison (Substitute for L Nethsingha), M Howell (Vice-Chairman), D Wells and G Wilson.

Apologies: Councillor L Nethsingha

271. APOLOGIES FOR ABSENCE AND DECLARATIONS OF INTEREST

Apologies received from Councillor L Nethsingha, substituted by Councillor N Harrison. No declarations of interest were received.

272. MINUTES – 12 MARCH 2020

The minutes of the meeting held on 12 March 2020 were agreed as a correct record and would be signed by the Chairwoman when next possible.

273. ACTION LOG

The action log was noted

274. PETITIONS AND PUBLIC QUESTIONS

No petitions or public questions received.

275. COVID-19 RESILIENCE FUNDING TO SUPPORT INDEPENDENT SECTOR PROVIDERS OF ADULT SOCIAL CARE

The Committee received a report that provided an update on the award of a 10% resilience payment to adult social care independent sector providers based on current spend.

In introducing the report officers explained that the decision to award the payment had already been taken under emergency powers by the Chief Executive of Cambridgeshire County Council and Peterborough City Council, and would support resilience of the market to manage significantly increasing costs which had been born out of COVID-19, and also ensure continuity of care for service users. Officers clarified that throughout the crisis, the Council had taken a proactive approach to engaging with the market to understand their pressures and how the Council would be able to support them through this difficult time, with the ultimate aim being to ensure continuity of care for service users. Officers explained that the Commissioning and Contracts team had supported the market in the following ways:

- Single Point of Contact: A single point of contact within the Council's Contracts Team has been established and is monitored regularly.
- Provider Newsletter: Daily updates were sent to all providers. These updates include advice on access to PPE, summaries of the latest guidance and links to advice, evidence of good practice and key contacts for escalation of risks and issues.
- Provider Forums: The Council was running virtual forums on a weekly basis to give providers the opportunity to discuss local issues, key themes and share good practice.
- Redeployment of staff: A robust process had been established whereby staff who usually worked within Council provided day services, which had now temporarily closed could be re-deployed to local providers who had seen a reduction in staff numbers as a result of the pandemic.
- Emergency Personal Protective Equipment (PPE) Supplies: Reduced levels of PPE equipment had presented as an issue internationally. Through the newsletter the Council shared details of local PPE suppliers with providers. Should a provider highlight to the Council that their levels of PPE were seriously low, the council would be able to provide emergency provision for a period of 7 days per application.

In discussing the report :

- A Member explained that he was happy to support the uplift but queried why the Committee had not been told about the decision in advance of the decision being made. The Chairwoman apologised to the Committee that she had not been able to inform them of the urgent decision before it had been made and a press release sent out. She explained that the situation had moved very quickly.
- A Member questioned the two elements of funding that were set out in the FAQs that had been circulated to the Committee prior to the meeting; a one off distress fund payment for providers who were facing significant financial difficulty which could lead to imminent failure, and flexibility to increase domiciliary care fees where packages were hard to source and how they related to the 10% uplift. He also sought clarity on what would happen at the end of June in terms of any additional funding. Officers clarified that the distress fund was currently funded by NHS England via the Clinical Commissioning Group (CCG) as had the flexibility to increase domiciliary care fees. He explained that individuals needed to be placed on discharge from hospital quicker than normal and funding these areas in this way is designed to support this. It was also confirmed that all funding through the CCG was of a temporary nature, and would be under constant review. He explained that there would be a mechanism to maintain

the fee uplift and that Members would be kept up to date on this and that different options were being looked into.

- A Member queried whether there had been any indication of more Government Funding. Officers explained that there had not been any further indication from Government on if further funding would be made available. Officers highlighted that they were working closely with the CCG to access funding through NHS England, and that this was under close scrutiny and review.
- Members requested to see examples of the newsletter circulated to Providers. **ACTION**
- A Member questioned whether the funding that had been made available could be used towards addressing PPE issues and staff pay. Officers clarified that the funding could be used for any COVID-19 related costs.
- A Member sought clarity on whether officers had any idea of what the actual costs would be in relation to COVID-19 and how this had been factored in to the 10% uplift. Officers explained that NHS England had funded discharges from hospital and admissions avoidance and that the block beds had been funded by NHS England through the CCG for 6 months, which equated to 340 beds. Officers explained that at a national level Association of Directors of Adult Social Services (ADASS) and the Local Government Association (LGA) had recommended a 10% uplift and that discussions had been ongoing with providers.
- Members thanked officers across the council for their support for care homes. The Chairwoman highlighted that care homes in Cambridgeshire and Peterborough had felt well supported throughout the crisis and it had been a whole community response.

It was resolved unanimously to:

note the decision made under emergency powers by the Chief Executive of Cambridgeshire County Council and Peterborough City Council in consultation with the Chairman of the Adults Committee, to award the temporary 10% resilience payment to adult social care independent sector providers, which has been applied based on current spend from 20 April 2020 until the end of June 2020, at an estimated maximum cost of £3.5m.

276 COVID-19 - UPDATE REPORT ON THE COUNCIL'S RESPONSE

The Committee received a report that outlined the Council's response to the current Coronavirus pandemic; the immediate actions taken by Adults and Safeguarding and Commissioning teams to respond to the pandemic and to

ensure business continuity of critical services and the Council's initial approach to recovery.

In introducing the report the Executive Director for People and Communities highlighted a number of key points within the report which included:

- The establishment of a Strategic Coordination Group to co-ordinate the multi-agency response as well as a number of sub groups that focused on areas such as PPE and testing. The group met three times a week and any areas of concern were raised on a daily basis.
- The Community Resilience Sub Group for Cambridgeshire and Peterborough had been set up to support the individuals that were shielded in order to provide food delivery and medication. Approximately 30,000 individuals had been identified in this group in Cambridgeshire and Peterborough.
- Redeployment of council staff had taken place and there was co-ordination of volunteers at a district and local level and provision of additional services for vulnerable groups that did not come under the shielded category.
- The Joint Management team met three times a week and provided weekly highlight reports for Councillors.

In a further overview of the report officers highlighted a number of key points in relation to the commissioning of services which included:

- A strategy to discharge as many people from the acute settings as possible to release capacity in the hospitals which had resulted in increasing block bed capacity for 6 months which equated to 340 beds.
- Volunteers were helping to support domiciliary care capacity.
- Support for the market with the 10% fees uplift until the end of June to keep the market financially sustainable and to provide PPE.
- A significant communications infrastructure had been established with providers and there were daily conversations.
- Increased the amount of equipment and availability of equipment to help get people home.
- Worked closely with the CCG using joint brokerage meetings to review care and quality issues.

Officers highlighted a number of operational points covered in the report which included:

- Ensuring that providers could maintain business as usual where possible and responding to providers quickly where they needed support.
- Dealing with staffing issues through a live call with managers every morning, and problem solving on a rapid basis; received good support from corporate colleagues.
- Work to source PPE, working with Trading Standards in terms of quality control assurance and the NHS Virus Control team.
- Successful recruitment to reablement roles continued and there had been redeployment of staff from HR and Road Safety to become reablement workers.
- Testing of staff remained an issue and national government continued to work on this. The Director of Public Health now had responsibility for testing locally and homes were being prioritised for testing.
- List of people that do not have any other support had been shared with Cambridgeshire and Peterborough NHS Foundation Trust (CPFT).
- Reviewing support to carers throughout the crisis and in the long term.
- Work on Adults Positive Challenge Programme continued in terms of use of technology in care homes and support for carers.

In discussing the report:

- The Chairwoman thanked officers for such a comprehensive report and associated appendices. She also highlighted the documents that had been circulated to the Committee the day before that gave them further information on care homes death statistics from the Office of National Statistics (ONS).
- A Member thanked all officers for their comprehensive support. He highlighted the co-ordination of volunteers within his village and explained that his main concern were the individuals he had encountered that had fallen through the cracks. Officers explained that members should approach Adult Early help in the first instance. Officers acknowledged that some CPFT services that had been stopped but were about to be restarted. The Chairwoman explained that in the District Councils weekly forums had been set up so that issues could be shared and that such cases could be highlighted and learning shared.
- A Member queried if there were any weaknesses in services where more resources would be needed in the future. Officers explained that

they had been looking at what would be needed in the medium and long term particularly focusing on individuals who were vulnerable and living with family who would normally have gone into residential care. Officers also highlighted the extra support that would be needed for carers to support their physical and mental health during and after the crisis. Officers clarified that community and local hubs identified individuals all of the time that needed support and some of these individuals included those with sensory impairments and English as a second language.

- A Member questioned whether the Council could help voluntary groups to fund DBS checks for their staff. He also highlighted the great work of volunteers and explained that he had spoken to a number of volunteers who had told him that they had found their new vocation in care. Officers explained that volunteers could be linked in the future to an agency or local organisation in terms of safeguarding requirements. Officers clarified that to have a DBS check you had to meet an eligibility criteria and a lot of the volunteers did not meet this criteria as they were not providing personal care. Officers highlighted that it was important that volunteers had safeguarding training so that they could identify any concerns.
- A Member sought clarity from officers that care homes and domiciliary care staff had sufficient PPE supplies and that they were clear on what testing they were able to get. He highlighted the helpful information that had been provided to the Committee from the ONS on care home deaths. He also queried whether officers knew how much the costs of COVID 19 would be, taking into account the savings that the Council would not now be able to make. Officers explained that the Local Resilience Forum had set up a central PPE Hub and that any organisation that did not have sufficient supply could apply for emergency provision. Officers commented that the issue of testing was ongoing but that now the Director of Public Health had been given the responsibility to oversee testing locally and testing would be prioritised for care homes. Officers highlighted that some sources of testing took longer to get the results than others and that this was an issue nationally. Officers clarified that senior officers across the Council were looking forward and estimating what funding might be needed in the future coming out of the pandemic and developing business cases to reflect their findings. Officers explained that there was lobbying nationally and that every local authority would need over and above what they had currently in terms of funding. Officers confirmed that a report would be going to the next General Purposes Committee on this subject and would have further information on estimated figures.
- A Member queried what the national guidance was in terms of homelessness in relation to the pandemic and the future strategy. Officers explained that national guidance was still awaited and that

they would share this with the Committee when more guidance was received. **ACTION**

- Members discussed Delayed Transfers of Care (DTOCs) and hospital discharges and the issue of individuals being tested and confirmed as having the virus or receiving a false negative test result. Officers explained that hospital discharges were a live issue and there was national guidance that individuals would not be discharged until they had been tested. Officers commented that some care homes had been taking people that had COVID-19 back into the home if they were confident they could socially isolate them and this was done on a case by case basis and risk assessed. Officers explained that DTOCs were not being recorded at the moment but that there was a desire to return to more business as usual.
- A Member raised her concerns in relation to death rates in care homes being six times higher than in hospitals and referred to the current ONS data. She commented that full testing of all individuals would help GPs diagnose real causes of deaths. Officers commented that it was not clear from looking at the ONS figures that death rates were six times as high but that they would review the figures and clarify this for the Committee. **ACTION.** Officers explained that there was a real shift nationally to ramp up testing and that there were many options. Officers clarified that as the Director of Public Health now had the responsibility for this locally that a plan would be formulated with the CCG and testing rolled out accordingly.

In bringing the debate to a close the Chairwoman thanked all of the officers for keeping the Councillors briefed with daily information. She commented that the officers continued to implement the Adults Positive Challenge programme and that this was really positive. She thanked all staff that had been redeployed and all volunteers and commented that it was a huge ask to put themselves on the front line. She gave her personal thanks to Dee Revens for her work sourcing PPE at the outset of the pandemic and supporting the set-up of the PPE hub. She highlighted the speed in which communities had stepped up to the challenge and that all individuals had a responsibility to play in directly protecting our care homes by staying at home as much as they possibly could.

It was resolved unanimously to:

note and comment on the progress made to date in responding to the impact of the Coronavirus.

277. AGENDA PLAN

A Member commented that Brexit preparation review needed to be added to a Committee later in the year. **ACTION**

It was resolved unanimously to:

note the Agenda Plan.

270. DATE OF NEXT MEETING

It was resolved to note the date of the next meeting as Thursday 11 June 2020.

Chairwoman