



Date: Monday, 19 April 2021

Time: 11.00 am

Venue: THIS IS A VIRTUAL MEETING - PLEASE USE THE LINK ON THE AGENDA TO LISTEN TO THE MEETING

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HEALTH & ADULT SOCIAL CARE OVERVIEW AND SCRUTINY COMMITTEE

TO FOLLOW REPORT (S)

3 Minutes (Pages 1 - 4)

To confirm the minutes of the meetings held on 9 November 2020 and 25 January 2021 (to follow)

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SHOPSHIRE COUNCIL

HEALTH & ADULT SOCIAL CARE OVERVIEW AND SCRUTINY COMMITTEE

Minutes of the virtual meeting held on 9 November 2020
10.00 am – 12 noon

Responsible Officer: Amanda Holyoak
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Present

Councillors Karen Calder , Madge Shingleton, Gerald Dakin, Kate Halliday, Simon Harris, Simon Jones, Heather Kidd and Paul Milner

65 Apologies for Absence

Apologies were received from Councillor Roy Aldcroft.

66 Disclosure of Pecuniary Interests

Councillor Simon Harris reported that he was a Director of a Care Home In Broseley. Councillor Madge Shingleton reported that she was a member of Health Concern.

67 Minutes

The minutes of the meeting held on 21 September 2021 were confirmed as a correct record.

68 Public Question Time

There were no public questions.

69 Member Question Time

There were no member questions.

70 Adult Social Care Winter Planning

Tanya Miles, Interim Director Social Care and Housing, Deborah Webster, Service Manager Commissioning & Governance, and Patricia Blackstock, Service Manager Hospital and Reablement were welcomed to the meeting. The Interim Director introduced the report before Members explaining the purpose of the Winter Plan and its aim. Deborah Webster and Patricia Blackstock gave a presentation outlining the themes of the plan and Members went on to ask number of questions including the following:

- Who had the responsibility on deciding whether care home visits were permissible

The importance of family contact was understood and it was recognised that home owners and managers were best placed to understand the risks in their homes and individuals that they cared for. Advice on a local risk based approach was provided and

weekly calls were made to ensure that any support needed was available

- Was there additional provision for visits from relatives to be with their loved ones near the end of life?

An exceptions process was in place to allow limited and protected visits for longer periods of time in these circumstances with as much protection for others in the home as possible.

- What support was currently provided for the homeless population of Shropshire, including mental health needs and substance misuse support.

The work started in the first lockdown would continue in a number of settings. Anyone who was rough sleeping was offered a place to sleep in a winter, cold weather provision support was available from the government. The Council worked closely with ARK face to face contact daily support and Riverside Medical Practice provided support to individuals mental health practitioners work alongside that team with rough sleepers.

- Capacity in care provision and mental health support appeared to vary across the county, could the committee have more detail on availability across the council? If a person could not be admitted to Redwoods it appeared to be difficult to find an alternative placement, particularly in the light of Covid – were there plans to increase that capacity.

A lot of work was underway looking at demand and capacity across care homes and in different areas of the county. Additional winter beds had been arranged and there was good spread across all areas with a combination of nursing and nursing EMI beds. Capacity changed continuous. With regard to specialist services some providers were looking at diversifying into areas where there were shortages. Mental health would be considered by the Committee in the new year.

- Was respite care available during the pandemic?

Respite provision was particularly challenging at the moment because of the 14 days isolation period. Looking at different options around respite at the moment and one solution would be to use a holiday lodge with a domiciliary care package.

- Was the quality of information provided about a patient's condition on discharge from acute care adequate?

Patients were usually discharged following confirmation from consultant, and a discharge letter should follow them into the next setting. Were aware of challenges around quality of information in relation to discharge and processes had been set up to monitor this to ensure that the best and most accessible information supports the discharge. A Task and Finish Group had been set up to focus on this issue and a Healthwatch survey looking at the quality of support and outcomes following discharge was expected to report soon.

- Would it be possible to see the RAG rating document behind the Plan

It was confirmed this would be made available

- Do all care homes have the PPE they need and were residents of care homes receiving the essential treatment they needed ?

A process was in place for care homes to report into every three days including the situation on PPE. This was monitored continuously. Advice was also provided on a number of issues from staffing to cleaning products. Appointments for patients in care homes, the government had stressed that all NHS appointments should be continued. Those discharged from hospital were tested to determine their destination.

Officers responded to other questions raised in relation to funding for domestic violence and substance abuse support, availability and take up of the flu vaccine, demand for covid testing, involvement of partners in producing the report, training available to domiciliary care workers, work of community reassurance teams and contact tracing.

The Director said that the Plan would be regularly updated on a fortnightly basis moving forward into the winter. Another full national lockdown had not been expected but was not a surprise and the Plan would be regularly updated. This was the first stand alone winter plan for the Council which had been pulled together quickly. Life after covid was also being planned for, the mental health impact of the pandemic should not be underestimated. Additional support would be needed for mental health had those suffering from long covid.

The Committee thanked officers for their time and for the answers to its questions. It looked forward to receiving the RAG rating, more detail around the action plan and more detail about capacity across the county.

71 Work Programme

The Committee noted the proposals for its work programme. It was confirmed the the New Homes Bonus would come under the remit of the Communities Overview Committee.

Signed (Chairman)

Date:

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