

SHOPSHIRE COUNCIL

HEALTH & ADULT SOCIAL CARE OVERVIEW AND SCRUTINY COMMITTEE

Minutes of the Virtual meeting held on 20 July 2020
10.00 am - 12.48 pm

Responsible Officer: Amanda Holyoak
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Present

Councillors Karen Calder (Chair), Madge Shineton (Vice Chair), Roy Aldcroft, Gerald Dakin, Kate Halliday, Simon Harris, Tracey Huffer, Simon Jones, Heather Kidd and Paul Milner

48 Apologies for Absence

49 Disclosure of Pecuniary Interests

Members were reminded to disclose any pecuniary interest in any matters to be discussed not included in the register of interests and leave the Meeting prior to the matter being discussed. Councillor Tracey Huffer reported that she was a nurse at a GP Practice in Ludlow and Councillor Simon Harris said he was the Director of a Care Home in Much Wenlock.

50 Minutes

The minutes of the meeting held on 20 January 2020 were confirmed as a correct record.

51 Public Question Time

Public Questions relating to Covid 19 had been submitted by Diane Peacock. The full questions and answers provided to them are attached to the webpage for the meeting.

52 Member Question Time

There were no questions from Members.

53 Shropshire Care Home Covid-19 Support and Resilience Plan

Deborah Webster, Service Manager Commissioning and Governance and Sue Lloyd, Public Health consultant presented a report which summarised the ongoing work of Shropshire Council with care homes in the County through the pandemic. The Care Home Support and Resilience Plan drew together the ongoing work and support to care homes across the STP. The partnership was strong and robust and work had been effective throughout the pandemic.

The Chair thanked officers for presenting the report and invited questions and comments from Members.

In response to questions and observations from Members, the Service Manager and Assistant Director Social Care and Housing explained that:

- Support had been provided to care homes from the beginning of March but the requirement to restrict visitors had been implemented throughout the month, with government guidance not being issued until later in March
- It was recognised that some organisations had struggled early on with keeping up to date with and interpretation of guidance which had changed 13 times.
- As well as the support offered to care homes, there was also a domiciliary care team providing regular information and communication for providers
- Testing for all being discharged from an acute setting had not been implemented by Government until 16 April but prior to that, the majority of Shropshire providers had been very responsible and said they were not prepared to accept admissions without a test prior to discharge. This meant that Shropshire had not seen the numbers of infections seen elsewhere in the country. Most patients had been discharged to their home or into a community hospital.
- The offer of the Committee to support representations made regarding seven day rolling testing in care homes was very welcome.
- It was acknowledged that providers had felt bombarded with information and struggled to keep up to date with ever changing guidance. Officers thanked all providers and care workers who had continued to work every day and supported people so well. The county had an excellent care sector which was dedicated and impressive throughout. A weekly round up of important messages was now circulated by the Council across the system.
- The care sector has always sourced own PPE but when it became clear the supply chain was struggling and the price was becoming excessive, the Council took a leadership role in the system.
- The next tranche of the grant to be made available for providers for staffing, PPE and infection prevention was expected shortly. In the case of care homes this could not be spent on PPE, and representations had been made to government about this.
- Where a provider had taken a decision to end business support was being actively provided to ensure safe transfer of residents into a new setting

The Chair commented that the Committee had been reassured by the exemplary level of co-operation across the system and the excellent working relationship with Shropshire Partners in Care. She thanked all officers for this excellent work and asked that the Committee's appreciation be passed on to care home staff.

The Portfolio Holder for Adult Social Care and Health added his thanks for the extraordinary efforts of officers in making the system as straight forward as possible for care providers, particularly in relation to accessing clear information, PPE and funding.

RESOLVED:

That the Committee add its support for rapid implementation of seven day rolling testing by means of a letter from the Chair.

54 Shropshire Covid-19 Outbreak Control Plan

The Director of Public Health introduced her report (copy attached to signed minutes) which included an update on COVID-19 within Shropshire, the Local Response to Test and Trace and the publication of the Local Outbreak Control 2020. She also provided a presentation (copy also attached to signed minutes) reflecting on the time since the Committee had last met.

To date in Shropshire there had been 1,410 cases, and 248 deaths in the community, care home and hospital sectors. Every life lost had been tragic and the pandemic had impacted on every single person.

The presentation showed how the pattern across Shropshire had differed to that of the national one being delayed, longer and flatter. The pandemic had progressed to an outbreak stage and a close eye needed to be kept on the situation - local outbreaks would happen and preparation was needed for a potential second peak. She referred to the phenomenal collaboration over the last months and the Outbreak Plan was built on this good practice. The Plan was a live one which would be updated and strengthened continually to taken into account new guidelines and improved understanding of the disease.

Members noted that in Shropshire, 57% of the population had some sort of clinical vulnerability including those in deprived areas, lower paid roles, BAME or in care home settings. The Plan had particular focus on these groups and acknowledged wider economic needs and social impacts during the outbreak situation.

The Director emphasised that it was a system wide plan with priorities within it owned by different parts of the system with the public and communities having a significant role to play. It focused on prevention of spread and set out operational procedures for all settings. When outbreaks occurred, they would need to be identified and managed quickly with an approach that reflected local need. The Plan was also designed to ensure the system would be ready for if and when there was a second wave.

In response to questions and comments from Members, the Director of Public Health reported that:

- Some Pillar 2 testing data was made available to the Council and this included postcode but more data would be very useful and the Committee's support in requesting this would be welcomed.

- The responsibility for mobile testing units was passing to Directors of Public Health – Telford and Wrekin and Shropshire both had one and additional ones could be called on if necessary. These were currently sited in Shrewsbury and Oswestry.
- There was currently a complex system of testing in place which it was hoped to simplify as much as possible. It was intended that very local testing sites could be set up in towns and villages if necessary. The national track, trace and test system was currently achieving a 75% follow up rate. Many people were not answering track and trace calls. More complex cases were passed to local teams which were able to achieve a 100% follow up rate. A pilot scheme for tracing lost follow ups was due to start at the end of July.
- It was recognised that some of the population had particular needs for example the need for translation or the need for a more hands on approach for track and trace and the Community Resilience Team was able to help with this.
- In response to member concerns about confusion for some, eg taxi drivers, and some pubs not implementing social distancing or taking details for track and trace, officers agreed to provide a simple guide that Members of the Council could circulate to business within their electoral divisions as necessary. Attention was drawn to the whole systems approach in place including the police, licensing colleagues, local councils and business improvement districts and local intelligence would be welcome in monitoring the situation. It was however, important to be aware that regulations were changing frequently. The Director of Public Health reiterated that members were crucial in two way communication with local communities.
- The issue of young people meeting in homes for parties had been recognised and a communications targeting young people would be released shortly.
- Access to testing for people without transport was under consideration and on line testing and arranging at people's homes could be arranged.
- Mental health had been a significant area of work and additional services, resources and online support had been made available, including social prescribing specifically for young people.
- In relation to cross border working, scenario testing and planning was underway with colleagues in different authorities.
- The needs of groups living in homes of multiple occupation had been identified and outbreaks relating to work places were often due to interaction outside of the work place itself. Specific targeting of support to some businesses and communities was underway.

The Chair thanked the Director of Public Health and Consultant in Public Health for the report and for the huge amount of work it represented.

RESOLVED

.....That the Chair write on behalf of the Committee to the Regional and National Conveners Team supporting the request for greater access to Pillar 2 testing data

55 Work Programme

The Committee considered the proposed work programme and suggested future areas for inclusion. These included: emergency out of hours dentistry; access to drugs during the pandemic; a regular agenda item on covid; impact of covid on other health services and access to them; issues in accessing transport for outpatient appointments; care home demands on GPs and PCNs, and links with domiciliary care; suicide rate, particularly in rural areas.

A member suggested that the work of the Joint Health Overview and Scrutiny Committee on access to and the funding of mental health support be reported to the Shropshire Committee so that it could feed into this work if necessary. The Overview and Scrutiny officer recommended that issues raised both in this committee and at the People Overview Committee in relation to CAMHS be fed into the work of the Joint HOSC and that these committees be kept up to date with the work.

The Overview and Scrutiny Officer and Chair agreed to meet to consider these suggestions and bring an updated suggested work programme report to the next meeting.

Signed (Chairman)

Date: