



Scrutiny Committee

Minutes of the Meeting Held on 22 July 2020
at 10:00 as a virtual teams meeting

Present:

Cllr Steve Morphew (Chair)
Cllr Alison Thomas (Vice-Chair)

Cllr Stefan Aquarone
Cllr Roy Brame
Cllr Emma Corlett
Cllr Phillip Duigan
Cllr Ron Hanton

Cllr Judy Oliver
Cllr Richard Price
Cllr Dan Roper
Cllr Hayden Thirtle

Substitute Members present:

Cllr Rhodri Oliver for Cllr Joe Mooney
Cllr Brenda Jones for Cllr Chris Jones

Parent Governor Representative

Mr Giles Hankinson

Also present (who took a part in the meeting):

Bill Borrett	Cabinet member for Adult Social Care, Public Health and Prevention
Fiona McDiarmid	Executive Director Strategy and Governance
Debbie Bartlett	Adult Social Services Assistant Director - Strategy & Transformation
Craig Chalmers	Director of Community Social Work
Ceri Sumner	Director, Community, Information and Learning
Laura Clear	Director of Community Health and Social Care Operations
Chris Scott	Adult Social Services Assistant Director - Community Commissioning
Lucy Hohnen	Adults Social Services Assistant Director Workforce, Markets & Brokerage
Al Collier	Director of Procurement, Finance and Commercial Services
Dr Louise Smith	Director of Public Health
Helen Edwards	Director of Governance
Martin Hinchliffe	Digital Skills Consultant Strategy and Governance Department
Karen Haywood	Democratic Support and Scrutiny Manager
Tim Shaw	Committee Officer

1. Apologies for Absence

- 1.1 Apologies were received from Cllr Chris Jones (Cllr Brenda Jones substituting), Cllr Joe Mooney (Cllr Rhodri Oliver substituting), Ms Helen Bates (Church Representative) and Mr Paul Dunning (Church Representative).

2 Minutes

- 2.1 The minutes of the meetings held on 29 June 2020 were confirmed as an accurate record and signed by the Chair.

3. Declarations of Interest

- 3.1 Cllr Emma Corlett declared an "Other Interest" for item 8 because she was s Chair of the Trustees of Leeway.
- 3.2 Cllr Hayden Thirtle declared an "Other Interest" for item 8 because he was a Governor at the James Paget University Hospital.

4 Urgent Business

- 4.1 No urgent business was discussed

5. Public Question Time

- 5.1 There were no public questions.

6. Local Member Issues/Questions

- 6.1 No local Member questions were received.

7. Call In

- 7.1 The Committee noted that there were no call-in items.

8. Covid-19 -Support for Shielded and Vulnerable People in Our Communities

- 8.1 The Executive Director of Strategy and Governance introduced a report that provided a structure for the Committee to consider each of the following areas of work to provide support for shielded and vulnerable people in our communities:
- Shielded and vulnerable – including Care homes
 - PPE
 - Norfolk's Local Outbreak Control Plan

8.2 RESOLVED

That the Committee note the covering report.

8A Covid-19 Response: Supporting Vulnerable Adults in Norfolk

- 8A.1. The Committee received a report by the Executive Director for Adult Social Services and several PowerPoint presentations from various Council officers that explained the key challenges faced by the Council in providing support for vulnerable adults in Norfolk.

8A.2 The presentations (which can be found on the Committee pages website) covered in detail the following areas of activity:

- Overview; Key Issues and Risks
- Social Care
- Safeguarding
- Delivering essential support and supplies to those most in need
- Befriending support for vulnerable and isolated people
- Outline communications plan to build confidence in the Shielding and general population
- Pathways to information to support people
- Hospital Discharge
- Additional Capacity
- Residential Care

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8A.3 The issues that were discussed included the following:

- Officers said that over 43,000 vulnerable people in Norfolk were Identified and contacted to offer support whilst shielding. Over 15,000 of the people who were supported by Adult Social Care had had their situations reassessed to ensure that they were coping with the pandemic.
- Adult Social Care had risk assessed around 8,000 vulnerable people before lockdown to ensure contingency plans were in place. This forward planning was a major initiative in ensuring these people were able to cope during the pandemic.
- Officers said the increase in domestic abuse cases during the pandemic had increased the appetite for learning in this area, so domestic abuse information, courses and services would be promoted more extensively in future.
- Councillors asked what could be done (beyond the signposting of information) to support those adults and children who had suffered domestic abuse during the pandemic and to identify and support those who were vulnerable in a second wave. They asked that the Committee examine this issue at a future meeting.
- Officers pointed out that £200,000 of emergency funding was allocated for domestic violence services in the first weeks of lockdown. Now that the lockdown process had come to an end some of the extra money that had been put into the system at the start of the pandemic that remained to be spent would be used to work with perpetrators and the police to prevent domestic abuse from happening in a second wave and to reshape priorities in this area of work.
- In reply to questions about safeguarding issues, Officers said that there was a 25% reduction in safeguarding concerns and a 18% reduction in safeguarding enquires in the lockdown period (compared with March and April 2019). Safeguarding concerns had risen in recent months, signalling a return to more expected levels
- In reply to questions about numbers of safeguarding cases, it was pointed out that the February 2020 safeguarding figures were 402 compared to 312 for June 2020. Figures post June 2020 would be made available to Councillors at a future meeting.
- In reply to other questions, it was pointed out that there would not be a cliff

edge to the support available to the vulnerable when the formal shielding programme was paused on 31 July 2020. Some of the pathways for support for vulnerable people would remain active, particularly in relation to advice about obtaining priority food delivery slots from supermarkets and about the befriending support for vulnerable and isolated people through the work of the Norfolk Vulnerability Hubs. The food hardship fund would also remain in place.

- The Committee also heard that the Council continued to develop a single source of information on services in collaboration with other directories in Norfolk (Lily, Brightmap, Lumi) to provide information at an early stage to those who needed it and to promote self-help.
- The Chair placed on record the Committee's thanks to the Adult Social Care staff for their professionalism and agility in dealing with the challenges that had arisen from the pandemic and in the innovative ways in which they had made Council services more resilient for the future.
- The Cabinet Member for Adult Social Care, Public Health and Protection said that the positive way in which Norfolk people and Adult Social Care staff had responded to the emergency, when taken together with the positive changes in relationships with partner organisations that had arisen from the adoption of the most recent Norfolk Health and Wellbeing Strategy, were big game changers in limiting the impact of the pandemic.
- The Cabinet Member added that the County Council was providing an input into the NHS recovery plan and recovery plans of partner organisations.
- The Vice-Chair and other Councillors spoke about the importance of putting in place lasting legacies as a result of the pandemic and protocols that were embedded in adult social care operating models in ways that they would not be lost.
- The Vice-Chair asked for the Committee to hear at a future meeting about the lessons that had been learnt on how to support the Independent Care Home Sector (where the CQC was responsible for inspections) in its dealings with acute hospitals at a time when there might be a second wave of the pandemic and acute hospitals would be looking to discharge patients safely but quickly into the community.
- Officers said that a whole-system process had been put in place for hospital discharge of people who were COVID-19 positive or negative. The discharge protocol included making use of a new step-down facility that was established at Cawston Lodge.
- In reply to questions, officers pointed out the ASC had put in place a capacity tracker mechanism (and other forms of soft intelligence) to provide a picture of the number of people who worked across more than one care setting. The measures that were in place, and the financial support made available to care homes, had helped to reduce the number of people who worked in this way. The Committee required further detail on this matter at a future meeting.
- Councillors said that it was critical for the Council not to lose the effective working and support for the care market post-COVID and to embed that approach in business as usual.
- The Cabinet Member said that many of the more positive changes that arose from the pandemic were of things that the Council had wanted to do for many years. As a result of the pandemic the NHS better understood the requirements of adult social care.
- Officers said that depending on budgetary considerations, the move by Adult Social Care to a more extended seven days a week service would continue

but would need to be proportionate to changes in NHS discharge arrangements at weekends and the requirements of Care Home providers.

- It was pointed out that Adult Social Care had re-organised hospital discharge teams over a very short period to adapt to new ways of working and had included mental health in the discharge arrangements, which had greatly improved matters on previous delays. The pandemic had, however, illustrated that there would always be unforeseen problems. Adult Social Care had demonstrated its ability to be agile in developing responses to those problems.
- Councillors said that some care providers had experienced difficulties with obtaining and using Personal Protective Equipment (PPE). Officers said that this was an issue at the start of the pandemic until care home staff became familiar with the use of the equipment. Care providers had benefited from the help and support provided by the County Council on the correct use of PPE. There were 19 changes in guidance on face-to-face working and PPE requirements communicated to staff and care homes as a result of the pandemic.
- Officers said that the intensity of the emergency had accelerated the Council and partner organisations understanding of whole system working; organisations like NORCA were increasingly vital in ensuring that the voice of the care market was strengthened.
- In response to the pandemic a multi-disciplinary outbreak team was established with a quality monitoring officer, infection control nurses and public health consultants to respond to outbreaks and prevent further outbreaks. Those care homes of most concern in terms of infection control had a greater degree of scrutiny placed on them.
- Councillors asked for data at future meetings on numbers of cases and timelines (including benchmarks with other Councils) to be placed on the actions taken by the Council during the pandemic.
- Officers said that communications across adult social care teams, with partner organisations and the public were strengthened through digital methods. This helped to ensure a sense of shared purpose and to keep everyone informed.
- It was pointed out by Councillors that many informal carers had felt isolated during the pandemic and had concerns about the use of personal budgets and about whether they would be able to retain any unspent monies in their accounts. Concerns were also expressed by Councillors about how well equipped some vulnerable people were to support personal assistants with PPE and to deal with furloughing issues.
- In addition, Councillors said that there were learning issues around families in need of respite care, of individuals with impediments struggling to comply with social distancing rules, particularly when out walking on the streets with guide dogs, and of individuals in need of support with sign language issues.
- In reply, officers said that these issues had presented the Council with difficulties at the start of the pandemic, particularly about how it should apply the Care Act. As the pandemic progressed, guidance on how to apply the Act in more imaginative ways had allowed for personal budgets to be used more widely than for only traditionally assessed eligibility needs. Those in receipt of direct payments were contacted on a regular basis throughout the pandemic and lessons learnt about the areas of care where additional support was most needed. Twenty weeks of direct payments would remain in carers accounts and not be reclaimed as unspent monies.

- Government guidance had made it clear that because of the risks to service users it was not possible to provide day care services in the community during the pandemic. It was pointed out that guaranteed payments were made to day care providers when day centres were closed. Officers had recently contacted day care providers to ask for details by 31 July 2020 of their transition plans for providing day care services after the pandemic and their financial models for maintaining services. When this piece of work was complete it would be reported back to the Committee.
- Councillors heard that those individuals with learning disabilities whose usual activities were stopped because of social distancing were contacted to offer support and to check on their welfare. This level of support had continued after the pandemic.
- A Councillor said that there should be an independent local enquiry into the pandemic at the earliest possible opportunity. Other Councillors expressed a wide range of views as to if this was the best approach to take on this issue.
- Officers said that it was too early to say what changes would be made in the adult social care operating models in the long term as a result of the pandemic.
- In reply to questions from the Vice-Chairman it was pointed out that partner organisations were being asked to give publicity to the dangers of scams of the most vulnerable.

8A.4 **RESOLVED**

That the Committee:

- **Note the report and place on record thanks to the officers from Adult Social Care on their helpful presentations and to all Adult Social Care staff on their hard work in providing the Council's response to the Covid-19 pandemic.**
- **Ask for follow up information at a future meeting on the following issues:**
 - **support for those adults and children who have been identified as having suffered domestic abuse during the pandemic;**
 - **evidence to show that newly introduced tracker measures have made a significant difference;**
 - **numbers of cases and timelines (including benchmarks with other Councils) that can be placed on the actions taken by the Council during the pandemic;**
 - **lessons that have been learnt about how the CC can support the Independent Care Home Sector.**

8B **Personal protective equipment for the Covid-19 pandemic**

8B.1 The Committee received a report by the Director of Procurement about how successful the Council was in procuring personal protective equipment (PPE) for use by its staff and education, health and care providers, on its own behalf and on behalf of the Norfolk Resilience Forum, of which it was a member.

8B.2 The issues that were discussed included the following

- Adult Social Services had ordered a 'buffer' stock of PPE for its own

purposes around 15 February. A further corporate stock was ordered on 3 March.

- The difficulty was in assisting those outside of the Council to obtain equipment from mid-March to mid-April 2020.
- The Council had a stockpile of PPE that could be make available in the autumn/winter if necessary and would take a view in the New Year as to whether a longer-term stockpile was required.
- Councillors referred to the speed in which local businesses, the voluntary and community sector and the UEA had helped to provide hand sanitiser and develop a local apron supply chain.

8B.3 **RESOLVED**

That the Committee

- **Note the information provided in this report on the provision of Personal Protective Equipment and place on record thanks to the local businesses, the voluntary and community sector and the UEA who have helped provide hand sanitiser and develop a local apron supply chain.**
- **Place on record thanks to the Director of Procurement on the Council's relative success in PPE sourcing which was achieved through the establishment at a relatively early stage of a dedicated procurement team.**

8C **Local Outbreak Control Plan**

8C.1 The Committee received a report and PowerPoint presentation (available on the committee pages website) by the Director of Public Health about the Local Outbreak Control Plan that set out how Norfolk was preparing for people, businesses and communities to go about their normal daily lives as safely as possible whilst the Covid-19 pandemic remained.

8C.2 The issues that were discussed included the following:

- The Committee discussed the different levels of responsibility and joint management arrangements at the national and local level for the control of outbreaks.
- The Committee also discussed the arrangements for NHS Test and Trace (which was a national responsibility), arrangements for dealing with outbreaks of Covid-19 in care homes and in prisons, the requirements of those in need of additional support and the responsibilities of employers and the public for dealing with future outbreaks in places of work and in holiday settings.
- The Director of Public Health said that decisions about the level of responsibility that the County Council might take on for contact tracing had yet to be reached with the DFH. Such decisions were likely to be made on a "settings by settings" basis.
- It was pointed out that information about Covid-19 would next be sent to Norfolk households in August 2020. At Councillors request this would include information on the use of face coverings.

- There was a risk that outbreak information, participation in NHS Test and Trace and testing data might not be provided in a timely manner to implement an effective local response.
- Councillors wanted to be further assured at a future meeting that the Council had all the data that it needed (and in the right form) for Public Health to do their job and for the local control system to work successfully.
- Councillors also wanted to be assured that robust systems of leadership and accountability were being put in place for “test and trace”. They asked for details regarding the size of this aspect of the “test and trace” task in relation to care homes.

8C.3 RESOLVED

That the Committee thank the Director of Public Health on what was a detailed and helpful presentation and to ask for additional information on the issues raised in this meeting when the Committee next considers the local Outbreak Control Plan.

9 Briefing on COVID-19 and Strategic and Financial Planning

9.1 This item was deferred to the following meeting.

10. Scrutiny Committee Forward Work Programme

10.1 The Committee received a draft of the forward work programme.

10.2 RESOLVED

That the Committee agree its forward work programme as set out in a report by the Executive Director of Strategy and Governance.

The meeting concluded at 15:30

Chair