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**MINUTES OF A MEETING OF THE
INDIVIDUALS OVERVIEW & SCRUTINY SUB-COMMITTEE
VIRTUAL MEETING
15 September 2020 (6.00 - 7.00 pm)**

Present:

Councillors Christine Smith (Chairman), Michael White (Vice-Chair), Nic Dodin, Ciaran White and Linda Van den Hende

Councillor Denis O'Flynn was absent.

**1 PROTOCOL ON THE OPERATION OF THE OVERVIEW & SCRUTINY
SUB-COMMITTEE**

The Committee considered the report and **NOTED** its contents.

2 MINUTES

The minutes of the meeting held on 5 March 2020 were agreed as a correct record and would be signed by the Chair at a later date.

Point for action:

The Director of Adult Services to provide a feedback on the work done with women surrounding energy saving trust by the next meeting.

The sub-committee also received an update on the outcomes from Voluntary and Community sector services. Members were informed that two Local Area Coordinators have been appointed, they are currently working with resident in Harold Hill and will extend to Rainham.

3 QUARTER 1 PERFORMANCE REPORT

The Sub-Committee received the quarter one performance indicators (PIs) update. The PIs are the standards by which performance of services are measured within the Council.

The update provided an overview of performance against the two performance indicators selected for monitoring by the Sub-Committee in 2019/20 as the final meeting of the 2019/20 financial year was cancelled due to the Covid-19 pandemic and lockdown. Therefore the Sub-Committee

has not had the opportunity to consider which indicators it wishes to receive during 2020/21.

The update report also sought clarification from the Sub-committee whether it wishes to continue receiving these, or any alternative indicators.

It was noted that the sub-committee would be supplemented with regular updates on the results of the Homecare Outcomes Survey which was last delivered at the February meeting.

The Sub-Committee noted the following highlights for the two reported indicators.

The percentage of service users receiving direct payment was rated at Amber, it was noted that this was within tolerance.

The Sub-Committee was informed that there was a consistent number of service users receiving direct payments. It was noted that over a third of recipients of community based care were receiving their care via a direct payment.

The Sub-Committee was informed that at the end of quarter one, there were 1858 service users receiving direct payment in contrast to 1865 at the same stage last year. The percentage was recorded at 35.2% which was within acceptable tolerance and this percentage was also noted to be significantly above the London average of 27.4%.

The rate of permanent admission to residential and nursing care homes per 100,000 population for person aged 65+ (no recorded target). The value for the rating indicated smaller being better.

The report outlined an improvement in the number of service users 65+ permanently admitted into Long Term Care. It was stated that there were 38 adults aged over 65 in council supported permanent admissions, at this same time in 2018/19 there were 59 adults.

The sub-committee was informed that the figures for quarter one could be considered artificially low as a result of Covid 19, it is noted that there have been an increase in admissions to care homes due to breakdown in family care responsibility due to Covid which may impact on figures from quarter three onward.

In response to the length of time an elderly will stay in a care home, it was noted that the average time could be about six to nine months but this could be longer in a residential care home. It was noted that the sub-committee would be provided the actual timescale outside of the meeting.

The Sub-Committee noted the contents of the report and presentation.

Members requested to be provided with the comprehensive list of indicators for the sub-committee in order to consider if to select any new indicators.

4 UPDATES

The Chairman requested that members of the sub-committee forward any subject area for inclusion on the work programme.

The Sub-Committee received a briefing on the work carried out by Adult Social Care Services around Covid 19.

Members were informed that in order to make hospital acute beds available, a new hospital discharge policy was introduced which meant that the clinical commissioning group were made responsible for arranging the discharge and funding of all new care package placement for those leaving hospital.

This resulted in a lot of elderly persons going in to care home settings. At the end of August, NHS England decided that the initial Covid 19 was now over. It was stated that Adult Social would now be undertaking individual review.

It was stated that at the beginning of September, NHS introduced a new hospital discharge arrangement that the first 6 weeks of hospital discharge would be funded by the NHS to enable a discharge be effected and for ongoing assessment to take place as it was felt no person should stay in an acute bed unnecessarily.

In response to a Member enquiry, the Director for Adults Services assured the sub-committee that there was no risk of any vulnerable person being stepped down from not receiving a care home setting.

The Public Health Consultant also briefed the sub-committee on the Adult Social Services activities with care homes throughout the emergency period. It was stated that from the very early start of Covid 19 the Director of Public Health was organising meetings to understand what needed to be planned for and what to expect.

Adult Social Services at the early stage started to procure personal protection equipment (PPE) from the wider market where it was available.

The sub-committee was informed that the service started to give support to care homes in terms of advice as the National Organisation for Infection Control was beginning to get overwhelmed responding to care homes. The service was able to give guidance on how to admit new patients to care homes.

The sub-committee was informed that the service and public health were able to provide training on infection control to care homes.

The Public Health Consultant outlined to the sub-committee noted that the service was able to model what was thought to be needed within Havering care homes on a week on week basis and procure such requirements. The

Public Health Consultant also supported the creation of an Infection Control Team which covered the BHR area providing generally telephone advice and visiting care homes.

It was noted that during the first month of the pandemic, the service kept an open door communication with providers.

A Provider Emergency Command Centre that worked 7 days a week was put in place to respond to any emergency situation.

It was mentioned that Adult Social Care supported the shielded patient list response programme through outbound calls to vulnerable person in the community. The shielded patient list contained about ten thousand names in addition to the seven thousand list that adult social care already have on its records.

The briefing informed the sub-committee that Adult Social Services was already considering plans for how to respond in the future in general terms to future outbreaks such as Covid.

The Director for Adult Services also mentioned plans for the future to provide the sub-committee with information and data on lessons learnt. This would provide Members an opportunity to speak with Care Providers and family members of patients.

A Member mentioned that the Carers Trust were capturing data on what went well and could be done in preparation for a second wave. It was stated that such information could be shared with the service as part of lesson learnt process.

The following other areas would be considered:

- Day Centres - the impact of its closure on users and families
- Hospital discharge – the new policy
- Impact on how the service had to respond to care home resident with learning difficulties or dementia and their families

The Sub-Committee noted the briefing.

Chairman