

Health Scrutiny Panel

Minutes - 22 October 2020

Attendance

Members of the Health Scrutiny Panel

Tracy Cresswell
Cllr Milkinderpal Jaspal
Cllr Lynne Moran
Cllr Phil Page (Chair)
Cllr Paul Singh (Vice-Chair)
Cllr Wendy Thompson
Rose Urkovskis

In Attendance

Cllr Linda Leach (Cabinet Member for Adults)
Cllr Jasbir Jaspal (Cabinet Member for Public Health and Wellbeing)

Health Partners

David Loughton (Chief Executive of the Royal Wolverhampton NHS Trust)
Paul Tulley (Managing Director of Wolverhampton CCG)
Steve Philips (Group Director – Black Country NHS Foundation Trust)

Employees

Martin Stevens (Scrutiny Officer) (Minutes)
John Denley (Director of Public Health)
Becky Wilkinson (Head of Adult Improvement)
Julia Cleary (Scrutiny and Systems Manager)
Earl Piggott-Smith (Scrutiny Officer)

Part 1 – items open to the press and public

Item No. *Title*

- 1 **Apologies**
Apologies for absence were received from Cllr Bhupinder Gakhal and Cllr Susan Roberts MBE.

David Watts, Director of Adult Services, sent his apologies due to him being on annual leave. Vanessa Whatley, Deputy Chief Nurse at the Royal Wolverhampton NHS Trust sent her apologies to the Panel.

- 2 **Declarations of Interest**
There were no declarations of interest.

3 **City of Wolverhampton Council - Winter Plan (Draft)**

The Chair commented that a Special Meeting of the Health Scrutiny Panel had been called to scrutinise and provide feedback on City of Wolverhampton's draft Winter Plan. The final version of the plan needed to be submitted by the end of the month.

The Portfolio Holder for Adult Services introduced the City of Wolverhampton draft Winter Plan. She stated that Adult Services had worked with Public Health to develop a Wolverhampton response to the Government's Winter Plan. The 2020-2021 Winter Plan set out 15 key actions for Local Authorities and NHS organisations and a further 10 expectations set out for providers. The Panel were asked to consider if any further detail was required to provide assurance that Wolverhampton was preparing for winter challenges in line with Government expectations.

The Head of Adult Improvement for City of Wolverhampton Council gave a presentation to the Panel on the draft City of Wolverhampton Winter Plan. She commented that it was key to consult the Health Scrutiny Panel, the Health and Wellbeing Board and key partners before a final plan was submitted. She stated that there was always a winter plan, it was not a new requirement for 2020/2021. The three main aims of the 2020/2021 plan were to ensure that everyone who needed care or support could receive high quality, timely and safe care throughout the autumn and winter period. The second key aim was to protect people who needed care, support or safeguards, the social care workforce and carers from infections including the Covid-19 virus. The third aim was to make sure people who needed care, support or safeguards remained connected to essential services and their loved ones, whilst protecting individuals from infections including Covid-19.

The Head of Adult Improvement commented that it would be an especially challenging period in the winter months, due to the additional pressures of Covid-19. The Council had engaged directly with the providers on the 10 expectations set out by the Government in their plan. There were 27 chapters in the Winter Plan and the Council had covered all points raised in the plan and not just the 15 key actions. The Council had to confirm to Government that there was a Winter Plan in place by 31 October 2020.

The Head of Adult Improvement thanked Wolverhampton CCG and the Royal Wolverhampton NHS Trust for their assistance in drawing up the plan. They had also received some valuable input from Primary Care Networks regarding how GPs would be supporting Care Homes. She was very pleased with the responses the Council had received from providers in the City during a very busy time; their input had been incorporated into the plan. She was grateful to Public Health who had helped to coordinate the details of the plan alongside the Commissioning team. The Integrated Care Partnership Board had received a draft version of Winter Plan in the preceding week and had given feedback. They had also used the Provider Support Group with a range of representatives to provide input into the plan.

The Head of Adult Improvement commented that they had given thought to how they could address inequalities in the Winter Plan. The Council and NHS organisations were completing equality impact assessments for each decision made and revised local authority equalities plans were underway. PPE (Personal Protective Equipment) had been a considerable concern for the system and the Health Scrutiny Panel in recent meetings. They were continuing to monitor stock and they would

direct providers to the national portal as had been requested. They intended to keep their own stock in place for emergency use.

The Head of Adult Improvement remarked that they had communicated with every single care provider encouraging take up of the flu vaccination. They were working with the CCG where there were logistical issues and were monitoring flu vaccinations on a daily basis. They were required by the Government Winter Plan to offer and make available the flu vaccination to every Care Home resident by the end of December 2020. They continued to support Covid-19 testing in Care Homes. Providers had to re-register for testing every 21 days, the Council were trying to relieve some of this pressure by offering their assistance. If there was any breakdown in the national testing route, they had the support of Public Health to provide pillar one testing.

The Head of Adult Improvement commented that Care Home visiting details were in the plan. Once a week the Council made a decision on reviewing visiting to Care Homes and earlier if required by the data. All providers who had residential provision were working with the Council to develop essential visiting policies that maintained social distancing and necessary levels of PPE.

The Head of Adult Improvement remarked that 130 providers in the City had responded to the questions presented to them in relation to the Winter Plan. Their main focus had been to keep their homes and residents safe throughout winter. Due to the comprehensive feedback received from providers, they had been able to identify a few areas of concern. They had been alerted to the fact that four homes had been struggling to register for the testing portal. The Commissioning team had been able to help them register on the portal. Some had been unsure on the requirements to use the PPE portal, which the Council had also been able to assist them with.

The Head of Adult Improvement stated there was one area in the Government Winter Plan, which the Council was not fully compliant. They had been asked by the Department for Health and Social Care to provide a few settings which they considered to be Covid-19 safe, which they would use to discharge people into from hospital. Within Wolverhampton the Council had been working with the discharge team at RWT and the CCG to make all of their Care Homes they used in the City, Covid safe and safe for receiving people being discharged from hospital. They did not believe it was in the best interests of Wolverhampton to only allow a few Care Homes to receive people being discharged from hospital. She also felt that they needed some legal direction regarding the Choice Based Policy, as someone being discharged from hospital had to be given a choice as to where they would be discharged. Concerns had been raised with the Cabinet Member and the Council's Strategic Executive Board.

The Head of Adult Improvement remarked that they were proposing a holding response whilst they conducted work on establishing the legal position and to make sure everyone was in safe settings. The Government were providing assurance that 500 inspections could be conducted by the CQC (Care Quality Commission) across the country for the designated settings, to make sure they were safe. There were 17,000 residential care settings across the country, so they were not assured that any Care Homes put forward to receive people being discharged from hospital would be inspected in time. So at the present time the discharge process as it stood would

remain in place, this discharge process had been signed off by RWT and the CCG. They would continue to work with the Department for Health and Social Care to understand what they needed. Their main aim was to keep everybody safe within Wolverhampton. They were confident that all the other requirements of the Government's Winter Plan were in place.

The Managing Director of Wolverhampton CCG commented that they had been involved in the development of City of Wolverhampton Winter Plan and were supportive of its contents. It demonstrated a good level of joint working and planning across Wolverhampton.

The Chief Executive of the Royal Wolverhampton NHS Trust remarked that they had worked well as a system together in the development of the plan.

The Manager of Healthwatch Wolverhampton commented that it was a comprehensive and inclusive plan and they were happy with its contents.

The Group Director of the Black Country Healthcare NHS Foundation Trust commented that he was pleased it was an inclusive plan which had involved a range of health partners.

A Member of the Panel commented that the plan was a good example of partnership working and a comprehensive report. She could not see anything which had been overlooked and therefore felt reassured. The plan referred to 3 Conversations, she asked what measures were in place to stop people having a too big of a caseload. She also asked about flu vaccine availability and the turnaround time for Covid-19 test results for Care Homes. The Head of Adult Improvement responded that they had noticed an increase in referrals between wave 1 of Covid-19 and the start of the second wave of Covid-19 for 3 conversations. They had consequently increased staffing capacity to manage the demand. She did agree that it did put a lot of pressure on social workers. Additional flu vaccine supplies were due to arrive mid-November with a view for a full roll out by the end of December. At the present for people aged 65 or over there had been a 52.9% uptake and for those falling in the at risk category it was 56.2%. There was still considerable more vaccinations needed. On testing there had been mixed results for turnaround times. Generally, they were receiving results back within 24 - 48 hours. There had been some issues, which had been escalated for pillar 2 testing, where it had taken up to 8 - 9 days to receive the result.

The Chair asked the Head of Adult Improvement three questions which were as follows:-

1. How can Health Partners use "Digital" to improve the lives of people in care in Wolverhampton? This includes people being able to keep in touch with their family and friends via digital platforms.
2. Can you provide some assurance to the Health Scrutiny Panel, that when people are discharged from hospital having suffered with Covid-19, that appropriate care provision is put in place from the first day of their discharge?
3. Can you provide an update on the figures in Appendix 1. It was clear that on 6 October 2020 that thermometers and certain masks were low in stock?

The Head of Adult Improvement responded that one of the key areas in relation to digital had been the promotion of iPads and iPhones. The NHS Digital Programme had made thousands of iPads available for Care Homes to apply to acquire. Adult Services were working with the CCG to determine which Care Homes had applied to the Digital Programme. Of the Care Homes in Wolverhampton eligible for the programme, 60% had applied. They had enlisted some support to call the Care Homes that hadn't applied to the programme to encourage them to apply. It was a very simple application form that had to be completed. Adults Services were also publicising the programme in their weekly communications. A Task and Finish Group was being setup with the aim of talking to friends and families of people resident in Care Homes. They wanted to hear from them on what they could achieve on a digital platform to help with the isolation that care home residents would feel throughout the winter months.

In response to the question on care needs after discharge, the Head of Adult Improvement stated they had been able to apply some lessons learnt from the first wave of Covid-19. They had created a different discharge pathway, in addition to this pathway there was extra guidance which they had been able to utilise. There was a system wide policy in place. If someone was Covid-19 positive and in hospital they would stay on a dedicated Ward for at least 14 days. They would be tested on discharge from the hospital and the place of discharge were notified of their level of health. They had learnt from the first wave of Covid-19 that recovery times could take longer. As a consequence, there was an extra check in with the discharge pathway to determine if the person was recovering as well as expected. This included soft observations such as temperature checks, mobility and general health. If their level of health was not improving as expected, then their case would be referred back to the Multi Disciplinary team to either increase their care package or for them to receive further hospital treatment or bed based care.

The Head of Adult Improvement in reference to the stock levels running low referred to in Appendix 1, remarked that thermometers were particularly low at the point of writing the report. They did however keep thermometers as an emergency because the CCG had distributed thermometers to all Care Homes as needed. They did have some more thermometers on order but she could reassure the Panel that all Care Homes that needed them had them available. There were only 54 masks of a certain type on the dashboard at time of the report being circulated, they had since ordered 24,000 and they would be arriving soon. She did not have any concerns about supplying masks to the care settings that required them.

The Vice Chair asked the Head of Adult Improvement three questions which were as follows:-

1. How do you ensure Care Homes are following the latest guidance in relation to Covid-19, given the significant amount of changes that frequently take place, sometimes in the same week or same day?
2. How is the uptake of the flu vaccination going in care settings?
3. When there is a visit to a Care Home on compassionate grounds, for example end of life, what is the guidance for Care Homes and how does the Council work with the care setting to ensure absolute compliance?

The Head of Adult Improvement responded that they met with Public Health Colleagues every working day. They were notified of any new guidance directly. They had a dedicated lead in Social Care who provided a summary of any changes in guidance and provided the correct communication material to distribute to Care Homes. If it was a significant change they would enlist their Quality Assurance team to contact each Care Home directly by telephone to ensure they were fully aware of the implications of the guidance change. There was also the Infection Prevention Team at the Royal Wolverhampton NHS Trust which could visit Care Homes. If any care setting had concerns about any guidance, they had fact sheets which listed the contact details for who to communicate with to deal with the enquiry. They had also provided flow diagrams to Care Homes, which were sometimes easier and quicker to follow than extensive guidance documents. Care settings had been given an email address for People Commissioning, where any concerns could be passed to Public Health for them to liaise directly with the Care Home on guidance matters.

With reference to the question on the uptake of the flu vaccination in care settings, this had been led heavily by the CCG and the Quality Team. GPs were entering Care Homes to undertake the vaccinations. There had been a few minor issues relating to GPs having to isolate, which then prevented them from entering the Care Home to carry out vaccinations. When this occurred, the CCG aimed to put in place alternative arrangements.

In answer to the question relating to visits to Care Homes on compassionate grounds, the Head of Adult Improvement responded that they took advice from the lead professional caring for the individual. There was a protocol in place, the Care Home was required to provide a risk assessment and they had to have a full understanding of what PPE was required. They always acted in the best interest of the individual and the family when a visit was requested as part of end of life care.

The Director of Public Health commented that there was an ambition to ensure the uptake of the flu vaccine was as high as possible for the year. There was a target of 75% coverage. A small study had shown mortality was increased if someone caught the flu and Covid-19 at the same time, which highlighted the importance of the flu vaccine.

The Director of Public Health stated that there were five steps which Wolverhampton residents could take to help protect them and other people from contracting Covid-19. Wearing masks, washing your hands and maintaining social distance were three simple actions. The other two were not visiting other households and not allowing other people to visit your own. If these were kept at the forefront of people's minds, it would help reduce the spread of the Covid-19 virus in Wolverhampton.

The Chairman stated that if Members of the Panel thought of any questions or comments after the meeting, on the draft Winter Plan, which they wished to raise, they could write to the Head of Adult Improvement directly with their points.

The Chairman thanked the Head of Adult Improvement for her excellent presentation and responses to the questions raised. He also thanked the Members of the Panel, Portfolio Holders and Health Partners for their attendance and contributions.

Resolved:

A) That the draft City of Wolverhampton Winter Plan 2020/2021 be noted.

4 **Future Meeting Dates**

The future meeting dates of the Health Scrutiny Panel were confirmed as follows:-

19 November 2020 at 1:30pm

14 January 2021 at 1:30pm

24 March 2021 at 1:30pm

The meeting closed at 1:43pm.