



To be submitted to the Council at its meeting on 17th December 2020

HEALTH AND ADULT SOCIAL CARE SCRUTINY PANEL

11th November 2020 at 4.00pm

Present:

Councillor Hudson (in the Chair)

Councillors Furneaux, Freeston (substitute for Woodward), Hyldon-King, Rudd, Sheridan (substitute for Green), K Swinburn (substitute for Silvester) and Wilson.

Officers in attendance:

- Emma Overton (Policy and Practice Development Lead (CCG))
- Diane Halton (Associate Director of Public Health)
- Bev Compton (Director for Adult Social Care)
- Stephen Pintus (Director for Health and Wellbeing)
- Guy Lonsdale (Finance Group Manager)
- Bruce Bradshaw (North East Lincolnshire Clinical Commissioning Group)
- Sarah Savage (Focus)
- Zoe Campbell (Scrutiny and Committee Advisor)

Also in attendance:

- Councillor Margaret Cracknell (Portfolio Holder for Health, Wellbeing and Adult Social Care)

SPH.25 APOLOGIES FOR ABSENCE

Apologies for absence from this meeting were received from Councillors Woodward, Silvester and Green.

SPH.26 DECLARATIONS OF INTEREST

There were no declarations of interest received in respect of any item on the agenda for this meeting.

SPH.27 MINUTES

RESOLVED – That the minutes of the Health and Adult Social Care Scrutiny Panel meeting held on 16th September 2020 were agreed as an accurate record.

SPH.28 QUESTION TIME

There were no questions from members of the public for this panel meeting.

SPH.29 FORWARD PLAN

The panel received the published Forward Plan and members were asked to identify any items for examination by this Panel via the pre-decision call-in procedure.

RESOLVED - That the report be noted.

SPH.30 TRACKING THE RECOMMENDATIONS OF THE SCRUTINY PANEL

The panel received a report from the Statutory Scrutiny Officer tracking the recommendations previously made by this scrutiny panel, which was updated for reference at this meeting.

RESOLVED – That the report be noted.

SPH.31 COVID-19

The panel considered a verbal update on the latest Covid-19 epidemiology, recovery plan and outbreak management plan across North East Lincolnshire.

Mr Pintus gave a presentation which covered the national picture. He confirmed that locally North East Lincolnshire had one of the highest increases in the number of people testing positive for Covid-19. He confirmed that there were currently 1000 cases per week and it was now touching everyone's lives. The number of cases were doubling approximately every 10 days and the main concern was the number of people over 65 who were catching Covid. They were hoping to see a slow down in cases after the second lockdown and it could be spring before we get back to seeing low levels of cases. A problem had been the relaxed attitude from people and communications were needed to encourage the community to become more vigilant. Mr Pintus explained that the rise in cases was across the wards but, in particular, in South and Heneage ward at present.

The impact on hospitals and care homes as a result of the rise in cases for the over 65's meant there had been increased admissions to hospital

and onto the Intensive Care Unit. There was a total of 156 residents across 13 care homes who had tested positive which was a great cause for concern and the number of deaths were increasing.

Mr Pintus explained that we were seeing an increase in the spread across care homes, schools, workplaces, hospital and households. He highlighted that the common denominator was people still in relaxed mode and not seeing/believing Covid was affecting North East Lincolnshire and it was spreading during socialising and downtime, car sharing, locker rooms, smoking shelters and during breaks.

The key message was to follow the guidelines to ensure that North East Lincolnshire did not go into the local Covid very high alert level following the latest national lockdown and to save lives.

Next steps were to set up the local contact tracing service, more targeted communications, infrastructure of support to vulnerable people affected by Covid, implementing new guidance, workforce wellbeing and business continuity for the predicted impact on the workplace.

Members queried why some of the Grimsby wards were spilt in the breakdown of statistics. Mr Pintus confirmed that he would provide a colour coded map and break down by geography.

Members queried why North East Lincolnshire Council was not included in the mass testing system like Liverpool and Hull. Mr Pintus confirmed that Liverpool was a one off mass testing programme and we would follow carefully the take up, consequences and results because it would have an impact on absenteeism from the workplace and an increase in the contact tracing system. Regarding Hull and East Riding, there was an expression of interest for local authorities to take part in the lateral flow testing. Mr Pintus confirmed that North East Lincolnshire were in a different place in terms of the numbers of Covid cases at that time. He confirmed that the council would now engage with that process but approach cautiously and think about targeting for the rapid testing so we didn't do more harm than good.

Members referred to temperature testing that was taking place abroad, where if there was a rise in the temperature at an early stage they were sending the individuals for testing, isolate and track and trace early. Members asked if there was any science behind this method. Mr Pintus confirmed there was no evidence of the effectiveness of temperature testing from the national advisory group. It could give a false representation because people could have a higher than normal temperature for a variety of reasons.

Members asked for reassurance that it was the right timing, in the middle of a pandemic, to have a shared Director of Public Health with North Lincolnshire. Mr Pintus said it was the right thing to do in terms of continuity as bringing someone new into North Lincolnshire would take six months for them to get to speed and Mr Pintus had already been

working with North Lincolnshire. He confirmed the joint post would not detract from his work across North East Lincolnshire.

RESOLVED –

1. That the report be noted.
2. That the panel be provided with a colour coded map and break down by geography of positive Covid cases.

SPH.32 QUARTER 2 FINANCE MONITORING 2020/21

The panel received a report from the Director of Resources and Governance providing key information and analysis of the Council's position and performance at the end of quarter one of the 2020/21 financial year.

Mr Lonsdale confirmed there was a £3m overspend in the adult social care budget due to provider sustainability payments, hospital discharges and the delay in the transformation programme. He confirmed that the Council had received a £2.2m discretionary grant to support care homes and a further £2m to support the sector under strain from Covid-19. Mr Lonsdale confirmed that the reporting on the Covid-19 funding allocations would be included in the quarter three finance monitoring report.

RESOLVED – That the report be noted.

SPH.33 ADULT SOCIAL CARE CHARGING REVIEW 2020

The panel considered a report on the adult social care charging policy review 2020. Ms Overton reminded the panel that all councils were required to review the adult social care charging policy periodically and in consultation with local residents. Ms Overton confirmed that this review was not just about the potential for raising additional revenue but a crucial part of the council's ongoing programme of engagement with residents of North East Lincolnshire.

There were a number scrutiny workshops that members were involved in that looked at proposals for public consultation. She confirmed that the public consultation was completed by an independent company called SMSR who reported on the outcome of the consultation. An impact assessment was also created.

There was a caveat to the data summarised in the report for Scrutiny. Ms Overton explained the outcome of the consultation was based on written consultations (both paper based and online) and face to face events. The data in Scrutiny's report focused on written data (around 450 responses were received) as opposed to face to face (around 120 contributions were made). Details behind this data indicated that service users were generally more likely to oppose the proposals in comparison

to non-service users. In addition, those people who attended face to face consultations were generally less favourably disposed to the proposals than those who responded in writing or online.

The panel were asked to consider which, if any, of the proposals members would like to recommend to Cabinet to be included in the policy from April 2021 onwards and whether to instigate a phased approach to any of the proposals.

Limiting allowances for disability related expenditure (DRE)

Members were reassured that the proposed limits were always subject to discretion and if someone needed additional allowance that would be considered on an individual basis

1.Social activities limited to £50 per week -. Some members were concerned that discretion and individual circumstances wouldn't be considered in a way that would avoid disadvantage. The panel voted on the proposal and the vote was tied. With the casting vote from the Chair, it was agreed for this proposal to be recommended to Cabinet.

2.Gardening limited to £15 per week - Members referred to the feedback from the consultation predominantly agreeing to this cap and noted that it would not affect the majority of people claiming for this service. Some members felt that £15pw was insufficient to pay for a gardener per week as it would not cover minimum wage, and this would not cover a large garden. The panel voted on the proposal and the vote was tied. With the casting vote from the Chair, it was agreed for this proposal to be recommended to Cabinet.

3.Window cleaning limited to once per month. The panel voted on the proposal and the vote was tied. With the casting vote from the Chair, it was agreed for this proposal to be recommended to Cabinet.

Adopting national allowances for minimum income guarantee (MIG)

4.Less generous (MIG) allowances for individuals of all ages. Members were uncomfortable with this recommendation because of the small difference it would make against the cost they feared would be required to implement and that low numbers during the consultation agreed with the proposal. It was agreed unanimously that this proposal would not be recommended to Cabinet.

5.Less generous (MIG) allowances for couples of all ages - Members felt this was making a large impact on people's incomes all at once and it was agreed unanimously that this proposal would not be recommended to Cabinet.

Administration fee for arranging care for those who can afford it

6. Increase administration fee from £50 per annum to £170 per annum for arranging care - Members initially agreed for this to be included in the consultation because it would only affect those people who could afford to pay. It was noted that the current cost of the administration service was £170 for the service and this increase would allow the council to break even. The panel voted on the proposal and the vote was tied. With the casting vote from the Chair, it was agreed for this proposal to be recommended to Cabinet.

Due to the significant increase between £50 (current fee) and £170 (proposed fee), members considered a proposal put forward during consultation, that the increase be phased in over a period of years. Members felt that any rise in cost should be phased and agreed that this proposal should be recommended to Cabinet with a two year phased approach.

Increase fixed charges to catch up and keep up with costs (in line with inflation)

Members considered a number of linked proposals to add an increase to fees under each of the below 4 headings, at a level that would allow fees to 'catch up' with inflationary increases since the fees were last increased. Members were asked to note that inflationary increases were calculated at the time proposals were put forward for consultation and it was likely that inflation would have increased again by April 2021, when the new policy was implemented. Fees would continue to increase each year by reference to inflation.

7. Respite: banded rates to increase by reference to the increase in costs since the last increase in charges, and to increase on the same basis each year. Based on 2019/20 costs this was an increase of 17.6% (the rate of increase for April 2021 was not yet known). The panel questioned the rate of increase and whether this linked to inflation. Ms Overton confirmed that officers knew the rate of inflation when they suggested the proposal for consultation but they could not predict what it would be in 2021. The Chair asked if there could be more work carried out to understand the basis of respite care costs. Ms Overton referred to the recent cost of care exercise which looked, with providers, at what a fair rate was to pay providers to care for long-term residents of North East Lincolnshire. Further work could be done to build on the approach to long-term care but in the context of respite. Members agreed unanimously that some further work needed to be carried out and, once that was complete, then a further view could be taken.

8. Day care: rates to increase by reference to the increase in consumer price index (CPI) since the last increase in charges and to increase on the same basis each year. When calculated in 2019 this was 7.2% (the CPI rate for April 2021 was not yet known). The panel voted on the

proposal and the vote was tied. With the casting vote from the Chair, it was agreed for this proposal to be recommended to Cabinet.

9.Transport: rates to increase by reference to the increase in consumer price index (CPI) since the last increase in charges and to increase on the same basis each year. When calculated in 2019 this was 7.2% (the CPI rate for April 2021 was not yet known). With the casting vote from the Chair, it was agreed for this proposal to be recommended to Cabinet.

10.Laundry: rates to increase by reference to the increase in consumer price index (CPI) since the last increase in charges and to increase on the same basis each year. When calculated in 2019 this was 7.2% (the CPI rate for April 2021 was not yet known). Members queried why there was an increase when it only penalised one person which seemed unfair, and also feared that it would cost more in administration. The panel voted on the proposal and the vote was tied. With the casting vote from the Chair, it was agreed for this proposal to be recommended to Cabinet.

A concern was raised about the impact assessment for these proposals and whether it had taken into account that some individuals may be subject to all these increases.

RECOMMENDED TO CABINET –

1. That the following options form part of a revised adult social care charging policy:

(i) Limiting allowances for disability related expenditure (DRE)

- Social activities limited to £50 per week
- Gardening limited to £15 per week
- Window cleaning limited to once per month.

(ii) Administration fee for arranging care for those who can afford it

- Increase administration fee from £50 per annum to £170 per annum for arranging care, with a phased approach over two years.

(iii) Increase fixed charges to catch up and keep up with costs (in line with inflation)

- Day care rates increased by reference to the CPI and to increase on the same basis each year.
- Transport rates increased by reference to the CPI and to increase on the same basis each year.
- Laundry rates increased reference to the CPI and to increase on the same basis each year the CPI rate for April 2021 was not yet known.

2. That, with regard to the proposal to increase banded rates for respite, further work be carried out to look at the long-term approach to respite care and how this may impact on the rate of proposed increase to banded rates.

SPH.34 CHILDREN'S ORAL HEALTH AND DENTISTRY

The panel considered a briefing paper on the oral health improvement plan. Ms Halton gave a presentation which gave the background to oral health and the NHS spend on dental services as a result of tooth decay. She explained that to prevent tooth decay there needed to be increased exposure to fluoride, sugar reduction, healthy eating, regular visits to the dentist and targeted supervision of tooth brushing in early years settings. These actions would have a positive impact on those at the greatest risk of poor oral health and would help reduce oral health inequalities. Ms Halton confirmed there was considerable differences in tooth decay across the wards, with the East and West marshes having a greater prevalence. She explained the Northern Lincolnshire Joint Oral Health Improvement Strategy 2019-2023 aimed to improve the oral health and reduce oral health inequalities, with an emphasis on giving every child the best start in life and adopting the principle of proportional universalism through its objectives.

Ms Halton talked through the action plan that would build capacity for oral health improvement, optimising exposure to fluoride and explained the work of the oral health promotion service and access to dental services which were commissioned by National Health Service England (NHSE).

Members were concerned over the number of the local dentists closing and the affect this would have on children within areas of deprivation. Ms Halton thought it would be useful for the panel to have the current position from NHS England on the number of dentists in the area and the capacity they were commissioned to provide services to. Members queried why the dentist service in schools had stopped and Ms Halton referred to tooth brushing in schools and confirmed that some schools did this. However, she felt that it was the early years settings where the focus needed to be and would have the biggest impact on children's oral health.

RESOLVED –

- (1) That the presentation be noted.
- (2) That this panel receive the current position from NHSE on the number of dentists in the area and the capacity they were commissioned to provide services to.

SPH.35 COST OF CARE

The panel received a briefing paper following the Adult Social Care Select Committee recommendation on the cost of care.

Ms Compton explained that each year the local authority undertook a review of fees with providers and it was a legal requirement to consult and engage with them on their increase in the cost of care. She confirmed that our fees were lagging behind other areas and the providers were saying this was not covering the cost of care. This challenge had led to a local cost of care rate being established with a method to uplift the cost of care rate over a three year period.

There being no further questions, the Chair thanked officers for the excellent work and the good outcome.

RESOLVED – That the briefing paper be noted.

SPH.36 CARE HOMES DASH BOARD AND WINTER PLANS

The panel received a presentation on the care homes dash board and winter plans.

Winter Plans

Ms Compton talked the panel through the winter plans and explained that every year the Council had to work with health colleagues to provide a local winter plan for health and social care response. Six weeks ago, the Council were issued with a guidance note from the government with regard to how winter planning was approached. Ms Compton confirmed she went through the guidance with colleagues in social care to gain reassurance that care homes were carrying out regular testing, the correct PPE was being worn, infection control measures were working well and there was an effective mechanism to monitor these measures. Ms Compton confirmed that between 80 and 90% of the measures in the guidelines from government were in place and working well. An action plan to reduce the gaps and risks within the healthcare system had been developed and was in place.

Ms Compton explained the risks, starting with a potential outbreak of flu on top of Covid-19. She noted that this year, officers had ramped up the number of flu vaccinations given to people in care homes and healthcare workers to an unprecedented level to try to reduce the risk of them catching flu. A further risk was the higher than normal absenteeism in the workplace which could compromise the ability to deliver safe care. This had been exacerbated by the regular Covid testing amongst healthcare staff, which had resulted in them having to self-isolate. A series of actions had been drawn up to bolster providers with business continuity plans to ensure a supply of workforce. A third area of risk was primary care input into care homes not being adequate, impacting on their ability to support care homes when residents had Covid. Ms

Compton highlighted that this support needed to be enhanced for people who needed rehabilitation and support when they returned home.

Care Homes Dashboard

Mr Bradshaw explained the capacity tracker was a piece of work that evolved since January 2020 and registered care home providers in one place and, due to Covid, it was mandated that providers updated it on a regular basis. He confirmed that the tracker enabled officers to see where there was or had been an outbreak of Covid in particular care homes, in both staff and residents. It also allowed staff to look at each care home's outbreak status and PPE requirements. He confirmed the providers worked well with the system and there were several different reporting streams, especially around PPE supplies and staffing levels due to absenteeism because of Covid. The contracts team kept in regular contact with the providers to ensure their business continuity plan was supporting them through this period and if any other support was required. Officers used the quality and quantity data side by side to make sure the providers were in contact and what was happening. This information was transferred into a dashboard to help other colleagues across the Clinical Commissioning Group (CCG) and, in particular at present, the staffing issues raised by providers.

RESOLVED – That the update be noted.

SPH.37 QUESTIONS TO PORTFOLIO HOLDER

There were no questions for the portfolio holder at this meeting.

SPH.38 CALLING IN OF DECISIONS

There were no formal requests from Members of this panel to call in decisions taken at recent meetings of Cabinet.

There being no further business, the Chair declared the meeting closed at 6.11 p.m.