



Leicester
City Council

Minutes of the Meeting of the
ADULT SOCIAL CARE SCRUTINY COMMISSION
Microsoft Teams Meeting

Held: TUESDAY, 10 NOVEMBER 2020 at 5:30 pm

P R E S E N T:

Councillor Joshi (Chair)
Councillor March (Vice Chair)

Councillor Batool
Councillor Kaur Saini

Councillor Kitterick
Councillor Thalukdar

In Attendance

Councillor Russell – Deputy City Mayor, Social Care and Anti-Poverty

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75. APOLOGIES FOR ABSENCE

There were no apologies for absence.

The Chair welcomed everyone to the meeting, and reminded everyone it was a virtual meeting, as permitted under Section 78 of the Coronavirus Act 2020 to enable meetings to take place whilst observing social distancing measures. The procedure for the meeting was outlined to those present. At the invitation of the Chair, all Members and officers present at the meeting introduced themselves.

76. DECLARATIONS OF INTEREST

Members were asked to declare any interests they had in the business on the agenda.

Councillor Joshi declared an Other Disclosable Interest in that his wife worked for the Reablement Team at Leicester City Council.

For the avoidance of doubt, Councillor Joshi declared he would therefore remove himself from the meeting when agenda item 9, Appendix D (title) was discussed. Councillor March would take the position of Vice-Chair in the Chair at this point.

There were no other declarations of interest made.

77. MINUTES OF THE PREVIOUS MEETING

AGREED:

That the minutes of the Adult Social Care Scrutiny Commission Meeting held on 8 September 2020 be confirmed as a correct record.

78. PETITIONS

The Monitoring Officer reported that no petitions had been received.

79. QUESTIONS, REPRESENTATIONS AND STATEMENTS OF CASE

The Monitoring Officer reported that no questions, representations or statements of case had been received.

The Chair confirmed with Members at this point that they had received additional information for Agenda Item 8, the Winter Care Plan. This was confirmed by Members.

80. LEICESTERSHIRE COUNTY CARE LIMITED (LCCL) - VERBAL UPDATE

The Strategic Director for Social Care and Education provided a verbal update to the Commission on Leicestershire County Care Limited (LCCL). The following points were made:

- LCCL had taken over a number of care homes on the agreement they would pay a Capital sum over a period of time. The finance arrangement involved a significant capital payment, the last element of which £265k should have been paid in September. LCCL had asked for a deferment to take instalment payments to the end of the financial year. The Council said it would not agree unless LCCL ceased its proposal to make negative changes to terms and conditions for staff.
- Concern was expressed by the Council that LCCL in fact went ahead and changed the terms and conditions for staff during the summer of 2020. Firm representations were made by the Authority, though it did not have any contractual powers or authority to prevent any changes. The changes were undertaken and without exception the current staff body had accepted the changes to terms and conditions and continued to work under new contracts. The quality of care continued to meet the standards and there were no issues reported.
- The final payment had not been received. A request for deferment and instalment payments had again been received after the due date for payment. The Authority had asked for evidence for reasons why LCCL needed to pay in instalments, which had been provided and showed the organisation was in a significantly worse state now than previously.
- Looking at the financial position of the organisation, it would be counter-

productive for the residents if the organisation were to fail. A discussion would be had with finance colleagues on how to chase payment as a bad debt.

- The Authority had been advised not to hold back the value of the debt from monies such as infection control monies as they were a grant from DHSC, and the Council would not have any authority to deduct the outstanding amount from it. It was also considered to be precarious to the organisation given the current situation.

Members had further discussion following the update. Points made and questions raised were responded to as follows:

- Members commented on their disappointment on how the organisation had treated its staff. Members further noted that the option for a deferred payment plan was not being considered, but if the worse came to the worse would it not be better to have a deferred payment plan to recoup some of the money. The Strategic Director responded there was no risk the Authority would not receive the £200k but was a question of whether it received it quickly or over a period of months. If the organisation went into financial collapse, there were sufficient routes where the money could be recovered. It was further noted the Authority had been clear with LCCL there was a legal agreement that they owed the £200k.
- LCCL had been flagged as a concern at the last meeting of the Commission, since which a home in the chain outside the city had been closed by the CQC, and the payment owed had not been honoured. Members were worried at what the situation might be at the next Commission meeting. Members asked if Essex CC had been contacted. If so, what were the outcomes of those discussions and was the City Council fearful of the current position of the organisation? Members were informed that councils were required to contract with any care providers that met the standards offset by the CQC, and if a member of the public went into a care home that met national requirements, the authority would have to support them. It was noted the authority was actively engaged in all homes, though its levers of control were very limited as long as they met CQC standards.
- It was further reported a conversation had been had with a contracting director at Essex CC, who had sold care homes to Essex County Care Limited seven to eight years previously. Essex CC had had issues with care in one of the homes and the council had taken the decision to terminate the contract with the home. ECCL had then chosen to close 4 out of 5 homes. ECCL had persons placed by the local authority the remaining open home, and the quality of care was reported as good.
- Officers had also spoken with the CQC for the local area to understand what concerns they might have. They confirmed there were no problems in terms of the care in the home that was open which was reported as good. However, the CQC had concerns about LCCL, ECCL and Strathmore Care around leadership rather than financial concerns, and they were monitoring the situation. The CQC were aware of what was going on in Leicestershire and had an overall view. A home was recently closed in Leicestershire due to the quality of care. Checks had been undertaken on LCCL homes in the city and care was reported as good, with no concerns identified, but would

continue be watched closely by the Authority to ensure quality of care was not compromised for those people the Authority supported.

Members reiterated concerns over changes to the terms and conditions of staff, the closure of The Limes in Hinckley, the debt of a quarter of a million pounds to the Council and the fact the organisation was reporting financial troubles after previously recording a profit of over £1m, and the CQC questioning the leadership of LCCL, ECCL and Strathmore homes. Members were worried for the care homes' staff and residents and the culture around LCCL. Members asked that LCCL be kept as a standing agenda item to monitor the situation and that the City and County Council's finance people look forensically at the accounts for LCCL due to concerns over the organisation's finances.

The Scrutiny Commission expressed its continuing concerns and disappointment in LCCL and requested continued monitoring of LCCL with a progress update to be provided at each forthcoming Scrutiny Commission meeting.

Councillor Russell, Deputy City Mayor Social Care and Anti-Poverty, agreed the request and importance for regular reporting on LCCL. She stated that understanding of both the financial and quality position of LCCL and their homes within the City was vital. It was stated the Quality Assurance Team were working with the CQC and others to ensure quality was maintained. Members noted the issue around finances was key and the potential for wider knock on impact. The authority was using the opportunity for the request for a deferral to see the organisation's finances, and there would be no difficulty in bringing back an update to subsequent meetings.

The Chair expressed worry about staff arrangements and contracts and said the way the organisation was working was deplorable. The Chair recommended the organisation continue to be monitored and the item be brought to the next meeting as a verbal update and be placed as a regular item on the agenda as Scrutiny Commission Members had concerns regarding the company. The recommendation was agreed by Members of the Scrutiny Commission.

The Chair thanked the officers for the update.

AGREED:

That the organisation continued to be monitored, and the item be brought to the next meeting as a verbal update and be placed as a regular item on the agenda.

81. SUPPORT FOR CARERS AND CARER STRATEGY UPDATE

The Strategic Director Social Care and Education submitted a report which provided the Scrutiny Commission with an update on the Joint Social Care and Health Recognising, Valuing and Supporting Carers in Leicester, Leicestershire and Rutland Carer Strategy – 2018 to 2021. The report also provided an update on the support that had been provided to carers during the Covid-19

pandemic. A presentation was also delivered at the meeting.

Tracie Rees, Director for Adult Social Care and Commissioning introduced the report and provided a quick overview. It was noted that a joint LLR Carers Strategy had been in place since 2018 to run to 2021 (three-year strategy). The strategy update had been brought back to the Commission to run through some of the issues and challenges being dealt with, especially those that related to Covid-19 in adults and young carers.

Bev White (Lead Commissioner) and Nicola Cawrey (Business Change Commissioning Manager) delivered a presentation (attached for information). During the presentation, the following points of note were raised:

- It was believed that the number of carers had increased from 32k to 46k post Covid-19. Included in the numbers were the number of carers registered with GPs, which had increased from 9,631 Feb 2020 to 9,901 in Oct 2020. It was noted carers had been encouraged to register with their GPs, and figures showed there had been some success in this.
- Possible reasons for the increase in numbers of carers was given, including those now shielding, closure of care services and cancellation of care packages due to fear of Covid-19 from care workers in the home.
- Priority One in the carer strategy was the identification of carers. On a positive note the work to raise the profile of family carers had had a positive impact in suggesting to people they might come forward and identify themselves as carers.
- Leicester Carer Support Service, the Council's commissioned service for carers over the age of 18 with various conditions and disabilities run by Age UK, had continued to support carers all through the Covid-19 pandemic, and included wellbeing calls, virtual support groups, information service, linking with Age UK's Covid-19 helpline, and talking to carers with a focus on drawing up contingency plans, and ensuring carer ID cards were used, for example, to evidence reasons for being out during lockdown, supermarket preferential treatment. Officers had been working on a carer's Passport across LLR and were in the process of being printed. Members were encouraged to share the information with constituents to ensure it helped as many carers as possible.
- Social care teams had been looking after carers through wellbeing calls, support packages for carers under strain and supplying PPE to family carers when asked. The Council's website had a Covid-19 page specifically for carers. Carers on the 'Carers Got Talent' distribution list had also been provided with information, including information on community testing.
- Initially several queries were received from carers and organisations reporting people knocking on doors, and not knowing if they were genuine callers. Working with public health colleagues, advice and guidance had been provided, for example, asking for ID badges, directing to testing centres.
- Support had been provided to young carers by Barnados, the commissioned young carer service. They had a See Hear Respond service to provide rapid support to children and young people affected by Covid-19. They had undertaken wellbeing calls and doorstep visits to young carers

and families, and had helped families access grants, for example, the purchase of bikes to allow children to get to school when families were concerned about using public transport. Virtual groups had been run by the Youth Service and Barnados through technology.

- Getting people to identify as carers and not husband / wife / daughter / friend was a challenge, and the Carer Passport was one way of trying to get carers to identify as such.
- The health and social care system did not always recognise the different roles that carers undertook, for example, schools did not always make the link with what that young person was telling them about their family situation and that they were a young carer. Once a carer was in the health and social care system there was support to help them to navigate the system, put them in touch with the Carer Support Service, and if necessary put them in touch with adult social care services.
- Those using support services and day services would be reassured the services and agencies were still running, and Covid-19 safety measures were in place including PPE and social distancing requirements, and people should continue to receive their care package. People would be urged to go back to day services.

The Chair offered his sincere appreciation to all the carers who looked after loved ones, but especially during the pandemic and all the work they did.

Officers received questions from Members and the following responses were made:

- GPs held the carer register so anybody that registered with a GP was captured on the register, currently at 9,631. It was noted there were also carers who had received statutory carers assessments, carers accessing the commissioned service, and carers which had also accessed other voluntary sector support, so in terms of how all 46k were identified there was not central point of register.
- With regards to issues experienced by carers, there was no doubt that carers would have been affected, for example, different arrangements accessing GP surgeries. Carers were frustrated and under increasing strain, were fatigued and under pressure with the Covid-19 pandemic and the situation in Leicester with the long and protracted lock down.
- All services that supported carers had not reduced their offer but had delivered services differently. In terms of services loved ones received, when it was known that carers needed additional support, that support had been given. Day services had remained open but operated in different ways. The virtual offer continued and had been more convenient for some, so some positives had come out of that.
- Officers continued to listen to carers and were trying to build up carers network. The Carers Passport was in response to carers saying they could not leave their loved one to go shopping and stand in long queues.
- The Carer Passport was launched two weeks prior to the Scrutiny Commission meeting and could be accessed through the commissioned Carer Support Service in the city. The County commissioned a separate carer support service, and Rutland had a slightly different offer with access

to the Carer Passport. Each area had its own promotional material, but was branded so all looked the same, but with contact details relevant to the area the carer lived in.

- In terms of GPs, awareness had been raised on the Carer Passport in surgeries. It was difficult during the Covid-19 pandemic to have hard copies such as posters or leaflets anywhere but, subject to things changing in the future, there would be promotional material for the Carer Passport.
- Lots of communication on how people could access a Carer Passport had been sent out, for example, posters sent to supermarkets to advertise on their community notice boards, which would signpost people to the Carer Support Service provided by Age UK.
- The Carer Support Service as part of their monitoring information have a database of people that have accessed the service, and it was hoped there would be an increase in the numbers of people accessing the Carer Support Service as a result of the Carer Passport. Any stakeholder involved in the strategic group across LLR will be promoting the Carer Passport and signposting accordingly, and hopefully that would support the identification message.
- A big launch of the Passport had been planned around Carers Rights Day on 26th November but had been brought forward because of the National Lockdown situation continuing. Communication would continue to ensure the message went out to the people that needed it.
- The Carers Got Talent group replaced what was the Carers Reference Group. When working on the Carers Strategy and underlying implementation plan of that strategy a lot of engagement work was undertaken with the carers, an event was held during National Carers Week, on Carers Rights Day in November 2019, and also brought to scrutiny.
- The plan was to make the CGT representative of all diverse communities, such as different areas, deprived, hard to reach. It was clear at the first meeting in March 2020 that there needed to be more carers on the group. Work would continue on the terms of reference for the group, and a meeting has been arranged for November to consider issues, and a small focus group arranged to promote the purpose of the group, and thought would be given to encouraging people to join from hard to reach groups.
- The safeguarding training was a virtual training session provided by a resource through the Safeguarding Board. The Carer Support Service were linking in with a representative through the safeguarding board to make sure it was being delivered effectively.
- With regards to the impact of technology when developing the implementation plan, the technology strand was the one carers were least interested in and was probably due to the language used to describe technology. Also assistive technology or a technological response to support caring roles sometimes prevented the need for approaching adult social care for different types of support, so technology could be considered as a strand of support, and assisted technology was taking shape in the Council.
- The impact of technology was not necessarily around digital inclusion, but around the identification and support of carers. Officers were always aware that carers may not always be digitally savvy and would have to provide

- information that did not always rely on digital inclusion.
- There were no specific criteria for anyone wanting to apply for a Carers Passport and people could contact the Carers Support Service to talk about their circumstances.
 - With regards to power of attorney, officers would work with family members and carers who had power of attorney, and whilst not being specialist legal advisers would try to support people and help people find routes to the right information if they were finding the process difficult. The Council also had a relationship with the Office of Public Guardian (OPG) who had delivered a presentation to social work staff to help them understand how the OPG worked so they could support family members with the process of power of attorney, and would also help the authority with concerns if they believed the power of attorney was being abused, or there was dissension in the family.
 - With regards to reaching out to communities where language could be a barrier, in conjunction with Carers Week and Carers Rights Day, events had been held, for example, in temples, on the radio, and with organisations and community groups around the city to spread and promote the carer word and information on support to families should they need it. The description of carer needed to be carefully explained to some people who did not identify as carer.

The Assistant City Mayor thanked Nicola and Bev for their passion and commitment, the willingness to adapt to change, to listen to different ideas and do anything they could to reach new audiences and were inspirational, and there was a real sense of wanting to get things right for residents, and when faced with challenges officers worked hard to overcome them. She added she wanted to place on record her thanks to them and long may the expansion of work continue. It was recognised the different roles people had from the person making doctor appointments right through to persons delivering care and everything in-between were crucial roles, that society could not run and the city would not be able to afford the work of carers, and that recognising the role of carers was vital.

The Chair and Commission Members echoed the words and sentiment and sincerely thanked the officers for their work and wanted to put on record thanks for the work of carers also.

The Chair recommended that the report be shared with the Children and Young People Scrutiny Commission and welcomed the initiative of the new Carers Passport and hoped work continue through publicity to target and raise awareness through various methods of communication to ensure all communities were included in the process.

AGREED:

That:

1. the report and comments by the Scrutiny Commission be noted;
2. the report be shared with the Children and Young People Scrutiny Commission;

3. to continue through publicity to target and raise awareness through various methods of communication to ensure all communities were included in the process.

82. ADULT SOCIAL CARE WINTER PLAN AND SELF-ASSESSMENT QUESTIONNAIRE - SERVICE CONTINUITY & CARE MARKET REVIEW 2020/21

The Strategic Director Social Care and Education submitted a report which provided the Adult Social Care Scrutiny Commission with an overview of the winter planning requirements and the completion of a self-assessment questionnaire regarding service continuity and care market review as required by the Department of Health and Social Care.

Martin Samuels, Strategic Director presented the report and gave the following information:

- The Commission was aware there had been a lot of demands on adult social care over the past six to seven months, and may well be starting the hardest part where the long expected second-wave of the virus had arrived and there was uncertainty as to how adult social care services would deal with the pressure on entering the winter period which was often a very demanding time for adult social care services anyway.
- There was the possibility of implications with the country's new relationship with the EU on 1st January 2021, and there was potential for an impact on the availability of supplies, on staff etc. for the social care systems.
- The Department of Health and Social Care wanted to have assurance local authorities across the country were well prepared for the above. In September the Department published a national winter plan which set out a significant number of actions that the Department and other bodies were going to take, and local authorities were expected to take. The Department also released a self-assessment questionnaire relating to service continuity and the care market which the authority completed.
- Adult social care had worked during the course of October to address the winter plan and questionnaire. Firstly for the winter plan the Statutory Director was required to write to the Minister by the end of October 2020 to state the authority had a plan, but there was no requirement to submit the plan to the department, or indeed, have a single document rather than have the plan captured in a range of inter-related documents. The authority's plan had been circulated to the Commission Members as a single document. Secondly the service continuity and care market review was submitted on 21 October, also circulated to the Commission. All local authorities had submitted the questionnaire.
- Self-assessment questionnaires for each local authority within a region were returned and each regional group of ADASS was asked to pull together responses and provide as a report to the Department of Health and Social Care. Because they were treated as advice to Ministers they were not published documents, however, headlines were provided and all of the things Adult Social Care were expected to be concerned about had been identified through the questionnaires, such as, the level of workforce

capacity, the high rate of turnover of staff and ongoing vacancies in the sector which was expected to get worse. There were concerns with the availability of home care capacity in some parts of the region (less so in the city), the availability of qualified nurses to support nursing homes which was a worsening situation, the resilience of care homes, and the financial impact on care providers which had been very significant. The various additional funds that had been available to them, for example, the infection control grant and money received from the council, had largely allowed providers to meet the additional costs associated with the virus, but there had been a significant reduction in the number of people that wanted to be in the care system for understandable reasons, that had led to a high number of vacancies in care homes, which meant significantly less income but the same running costs. There were currently 20-25% empty beds in care homes (approximately 4-500 bed vacancies) and had a significant impact on the viability of care homes.

- In due course rebalancing of the market might see some providers leaving the market, which would lead to some difficult situations for residents of care homes closing, and a number of care homes could go under at the same time. The concerns had been picked up by a number of authorities in the region and had been sent to the Department. There was a national process of assessment being undertaken and a range of actions being considered as to what should be done at national level and at regional level.
- The authority had a winter plan and awareness of issues locally. The team were taking significant steps to ensure the quality and availability of care required for the winter period was there. During the second wave of the virus it was clear that pressures were growing on the NHS system and those parts of Adult Social Care system which supported the NHS were being preparing to support further.

The Chair noted the authority was prepared for winter months, and the key to the success was better communication with all relevant departments working in union as outlined in 4.1(a) Winter Plan in the report. The Chair asked if the authority was confident enough that all the providers and working partners were working together to face the winter months with the added addition of flu and the Covid-19 virus. The Strategic Director stated that he was struck by the quality and depth of engagement and the grip that the Directors and their teams had on the situation. He added the people of Leicester were lucky they had the Adult Social Care Team that they did.

Tracie Rees, Director for Adult Social Care & Commissioning, informed the Commission that since March, it had started with daily but were now weekly communication with providers who were asked for a range of data. Officers had an information tracker, which included infection rates/ vacancy rates / any issues that could be affecting the home such as staffing numbers, PPE. There were also escalation processes through the Incident Management Team and LRF. There were also systems in place, and various working cells across LLR, for example, for care homes. There were providers representatives sitting on those groups, for example, the care home cell had representatives from EMCare, the East Midlands Care Association, who as well as supporting care homeowners were able to pass on information from the authority to care

homes. The sharing information of information and communications was covered with support from providers across the city.

Members of the Commission asked questions, and the following information was provided:

- With IPC monies, a second tranche payment of monies had just been made to the care homes. As part of monitoring how the money was spent all care providers had to provide a monthly return to state what the money had been spent on, for example, paying staff their full wages if they were having to isolate, the installation of a pod or room to allow visitors, building alterations to help in terms of isolation to ensure there was no opportunity for the virus to move around the home. Money could not be used to cover a lack of income from beds. Care home providers would not get the second tranche of monies if the Authority was not satisfied regarding what the first tranche had been spent on.
- Safeguarding alerts did drop across the community and nationally, and not just for care homes, but for people living in the community. Officers were beginning to see alert numbers steadily increasing again. A weekly cross-service LLR meeting took place to share issues, concerns, service impacts if, for example, services closed and what that would mean for service users. The meetings were helpful in terms of picking up issues that would normally be picked up by other services, such as, mental health nurses, day service providers. Consideration would be given to see how some work could be continued with care homes, for example, social workers working remotely feeding back issues to the Quality Assurance Team.
- Public facing messages had been sent out to alert people to the fact the service was still working for people with safeguarding concerns.
- Referred to in the national Winter Plan was what had become the designated care homes approach, which was essentially that during the first wave of the virus, there was some evidence that people were being discharged into care homes without it being known if they were Covid-19 positive, and given the vulnerability of care home residents and for the potential for the virus to travel very quickly around a care home, the Government had taken the view through the winter plan that no-one should be discharged into a care home if they were Covid-19 positive unless that home was able to take a Covid-19 positive patient. The authority was in a situation where it had a designated care home for elderly people which could take someone who was discharged from hospital and identified as being Covid-19 positive, and involved the care home having a contract with the local authority to do so following a special inspection through the CQC to say they met requirements and would become the sole route for people discharged from hospital into care homes, to ensure there was no risk of Covid-19 from hospital into care homes.
- There was a challenge to identify a designated care home for people with learning disabilities, as there were no care home organisations in the city who had come forward who were prepared to designate part of their home or have a separate unit where they could support people with complex needs. The authority was in discussion with the County Council who had their own internal homes for people with learning disabilities and could

potentially make 2-3 beds available if needed and would hopefully be available in the near future.

- The hospital bridging service was referred to in the reablement report.

The Deputy City Mayor Councillor Russell referred to the volume of work that had been undertaken and continued to support the sector through unprecedented times. She noted the Adult Social Care department was aware of vulnerabilities that may be faced over coming months and had put in place where possible mitigations and to recognise challenges and had not been easy for any local authority.

The Chair welcomed the report and echoed the Deputy City Mayor's sentiments. He praised the work of Adult Social Care services and all the staff and agencies that were working so hard in preparing and implementing the winter care plan, especially through the Corona Virus pandemic. He gave sincere thanks and appreciation for those providing care and support.

The Chair noted the recommendations contained within the report and noted the Council's response to the Service Continuity and Care Market Review questionnaire which had been thoroughly prepared.

The Chair thanked the Strategic Director and his Team for the report.

AGREED:

That the Adult Social Care Scrutiny Commission:

1. Note the Council's response to the Winter Plan and to provide comments and feedback to the Strategic Director and Executive;
2. Note the Council's response to the Service Continuity and Care Market Review self-assessment questionnaire.

83. ANY OTHER URGENT BUSINESS

The Chair agreed to hear the agenda items out of order. The following agenda item was heard next.

Councillor March informed the meeting that the Task Group report 'Adult Social Care Workforce Planning: Looking to the Future' had been taken to a City Mayor briefing and had received with positive comments. Recommendations received would be brought to the first meeting of the Adult Social Care Scrutiny Commission in the new year.

The Chair congratulated Councillor March on the report.

Due to an earlier declaration of interest, Councillor Joshi left the meeting at this point. Councillor March was Vice-Chair in the Chair for the following agenda item.

84. REABLEMENT SERVICE: RESPONSE TO COVID-19 AND WINTER RESILIENCE

The Strategic Director Social Care and Education submitted a supplementary report to the Winter Plan to the Scrutiny Commission, which highlighted the specific issues for the Reablement Service operated by Leicester City Council, arising from the Covid-19 pandemic and winter resilience planning.

Ruth Lake, Director of Adult Social Care and Safeguarding introduced the report which built on the previous report of winter resilience and included activity data and key quality indicators. The following points were made:

- The current CQC rating for the registered service was 'Good'.
- National benchmarking information was included following an audit the service participated in over the past two years.
- Also described was how the Reablement Service fitted within the range of services offered, for example, it provided support for residents to prevent them going into care or hospital unnecessarily and also in returning home after something in their lives had happened, such as an illness or a fall, and a couple of case scenarios were provided in the report as examples.
- Key impacts of Covid-19 since March were included, and as previously reported activity had been seen to decrease rather than increase, but it was believed it would be slightly different when going into the second wave of the pandemic with the hospital continuing to provide elective surgery where it could, and that was a large pathway through into reablement services, whereas a lot of activity had been curtailed in the first wave of the pandemic.
- Resilience through the period was testament to staff and managers who had had to adapt, for example, wearing enhanced PPE, working with people known to have Covid-19. It was also an older workforce.
- In the Winter Plan and Service Continuity Self-Assessment there was one line that referred specifically to reablement. Staff were very watchful and keeping a close eye on issues but were not substantially concerned about the capacity and resilience of the Council's own Reablement Service going through the winter period, and there was confidence they would fulfil their core function.
- The Reablement Service was a service of last resort and supporter of other services which were struggling and there was some concern in terms of agency's expectations that they would be able to assist them with their activity.

Members noted the report. In response to queries raised the following points were noted:

- The issue in relation to insurers was not an issue specifically for the services, but was whether or not Council's insurance or insurance providers covered officers going into different settings, for example if some of the Council's staff had to go in and work in a care home, for example, if the care home was struggling due to loss of staff, or other issues. Guidance had been taken from the Council's insurers who confirmed staff going into

- other care settings were covered by the Council's insurance to do that.
- The Reablement Service is provided in a people's own homes by carers, and not a service provided in a care setting. A step-down service is provided, for example, someone may have had to go into a care home setting but were now returning home, the Reablement Team may pick up the care provided and continue to support the person at home.
 - The Council worked closely with the district nursing service and community therapy service but did not directly provide it. Through the Home First offer there were daily meetings to talk about people that needed support from the health and care sector to try and ensure they received that in a coordinated way.
 - Covid-19 was not of itself an issue and was not a determinant in whether a person did or did not receive the service and people would continue to be supported if that was the case.
 - In the very first responses as hospitals were announcing their intention to clear their hospital beds as the country went into lockdown, Adult Social Care reviewed its operational procedures and the view was taken to support people for the shortest amount of time it was appropriate to do before moving them on to another service.
 - The Reablement Service was often described as a six-week service but was there for as long as people would benefit from it, up to six-weeks. It was reported it was often the case that people would be assessed on their reablement journey and some people would move off after days, a couple of weeks or the full six-weeks. Officers would ensure daily rigour about the point where it was found people would no longer benefit anymore from the reablement offer but would be moved on to other ongoing care, which was good practice rather than a Covid necessity
 - In the first wave of the pandemic the service was working with people who had been very poorly and were still affected by Covid19-related issues and were recuperating. It had also become obvious at the time there were some people who were going to require ongoing support for quite some time.
 - During the first wave those not being looked after were people who would normally require short-term support, for example, those who had had elective surgery such as hip operations and would require a therapeutic approach. It was noted that over the next wave there would be a balance of the two.

The Chair noted the contents of the report and praised the work of the staff working in the Reablement Service, often in difficult circumstances, to help people regain choice and independence.

AGREED:

1. That the Adult Social Care Scrutiny Commission note the report and provide and comments and feedback to the Strategic Director and Executive.

85. CLOSE OF MEETING

There being no other items of urgent business, the meeting closed at 7.51pm.