

CABINET MEMBER FOR HEALTH, WELLBEING & SOCIAL CARE

RECORD OF DECISIONS of the Cabinet Member for Health, Wellbeing & Social Care 's meeting held remotely on Tuesday, 8 September 2020 at 2.00 pm

Present

Councillor Matthew Winnington (in the Chair)

Councillors Matthew Atkins
Graham Heaney
Jeanette Smith

16. Apologies for absence

There were no apologies for absence from members. Innes Richens and Helen Atkinson sent apologies.

The Cabinet Member agreed to vary the order of items on the agenda as some officers had further commitments that day. For ease of reference, the minutes will be kept in the original order.

17. Declaration of interests

Councillor Smith declared an interest as she is in paid employment for the Hampshire branch of Unison so would withdraw from any item where her interest is relevant.

18. Providing respite care to citizens with a learning disability

Andy Biddle, Director of Adult Care, introduced the report and explained that it was estimated that it would take until about January 2021 before the two permanent residents who wished to move from Russets were found new accommodation. Although their move would increase the respite offer currently available the reconfigured provision would be likely to entail increased staffing costs.

In response to questions Mr Biddle clarified that

A considerable amount of respite had been lost due to Covid-19. Making alternative arrangements was difficult as there were limited providers (currently only two) in the market. Adult Social Care (ASC) has been using the independent sector where possible and hopes to go out to the market to attract a range of provision. During the first wave of COVID-19, staff who could not perform their usual jobs were redeployed to help support families, mainly through day service provision.

Having a range of increased respite options for respite might help mitigate the costs of having to comply with Covid-19 restrictions. Costs will also depend on the staff and client ratios as well as how long Covid-19 is present. Longer

term placements may be needed if there is no support in place for some clients. These factors are relevant until at least the end of this financial year.

ASC is investigating options for the two residents who want to move from Russets; some have been identified but depend on if they suit the individual. If the options are inappropriate ASC will look further afield but always prefers to keep people in or close to the city boundary.

Councillor Winnington thanked officers for their work and noted another report showing work on a long-term plan for respite would be brought towards the end of the financial year.

DECISIONS

1. Agreed that respite recommences at Russets as soon as possible given the planning and building works constraints (at the earliest 1st September).
2. Agreed that engagement work commences with the two residents who have expressed a wish to move from Russets.
3. Agreed that Planning is undertaken to consider how long term accommodation is managed in Russets (by 1st January 2021).
4. Agreed that an options appraisal for respite provision for adults with learning difficulties in the city is developed in line with the commissioning intentions of the Integrated Learning Disabilities service for respite in the short, medium and long term.

19. Adult Social Care response to Covid-19

Andy Biddle, Director of Adult Care, introduced the report, which considered key matters ASC has faced since the decision meeting on 7 July. Having a senior officer in charge of personal protective equipment (PPE) was very successful; no providers had gone without PPE and they had given positive feedback. New guidance on hospital discharge was issued in August which took effect from 1 September. Government funding had been provided without an end date to cover care costs; however, the new scheme has an expectation that care costs will only be funded through the NHS for up to six weeks post-discharge from hospital. About half of those discharged needing support will need care and reablement. During the six weeks financial and needs assessments must be undertaken. As at 20 August there had been no Covid-19 cases in PCC care homes for 115 days; advice is taken from Public Health and the NHS when considering changes, for example, allowing visits. It remains to be seen if issues around testing in care homes will be resolved after 7 September as the DHSC have advised.

In response to questions Mr Biddle said there was fragility in the care sector both locally and nationally. Government funding has been in the form of short-term grants and a green paper on longer-term sustainable funding for adult social care, mentioned around three years ago, has not materialised. Nursing home placements have decreased both locally and nationally since Covid-19, placing extra strain on providers. However, Portsmouth has good dialogue with local providers and holds regular meetings with them to understand the pressures in the market. There is an open invitation for providers to talk to ASC individually. Providers are reimbursed if they have to buy PPE. ASC is

currently reviewing to understand providers' financial position following the end of the Minimum Income Guarantee in October 2020. A report expected from the Social Care Taskforce this month is expected to consider the sustainability of the sector.

Members noted the great partnership working with the independent sector in Portsmouth and that it should be sustained to help provide stability. The ongoing uncertainty around guidance and funding is a great concern to providers.

Richard Webb, Finance Manager, said that there is currently a significant forecast cost from packages of care put in place under the temporary COVID arrangements. As the situation is still changing it is difficult to accurately forecast this cost. In terms of the corporate position, the S151 Officer has reported this to Cabinet and again the position is still subject to change. When considering ASC's financial position account, again this is still subject to change due to the temporary funding arrangements, the changes to funding since 1 September, how many of the assessed clients are self-funding, how social distancing requirements will affect respite and day care, and a possible second wave so it is too early to state the position for the next and ongoing years. A more detailed position will be available later in the year.

The backlog of assessments is due to both Covid-19 and increased demand because of other factors. Some people did not want home visits and it is difficult to do remote assessments. The guidance on discharge from March to 1 September meant no assessments were completed for people being discharged from hospital. There is also increased demand in referrals for support, more so than this time last year. How resources for recovery will be allocated is for the Cabinet Member to decide.

Councillor Winnington noted that the long-term impact on health of having Covid-19 may not be known for months and this is just one of many unknowns. Finances are constantly shifting and there has never been a situation like the current one. Some government funding may be allocated to ASC but by no means will it fill the void of lost income.

The Cabinet Member noted the report. The report is for information only and is not subject to call-in.

20. Portsmouth Covid-19 intelligence summary

Matthew Gummerson, Strategic Lead for Intelligence, introduced the report. The figure of 10,000 in section 1.1 should be 100,000. There are more younger people being tested now, many of whom are asymptomatic. Some of the recent excess deaths in section 2.2 might be attributed to the hot weather in the last two weeks of August.

The Cabinet Member thanked Mr Gummerson for his report as it useful to see comparisons. The lower figures for Portsmouth show the good work being done in Portsmouth and how it needs to continue.

The Cabinet Member noted the report. The report is for information only and is not subject to call-in.

21. Covid-19 Test and Trace contact tracing and 'Reservist' programme in Portsmouth

Dominique Le Touze, Public Health Consultant, and Daniel Williams, Public Health Development Manager, introduced the report on behalf of Helen Atkinson. Sign-off on the local test and trace system is expected any day now and a team of 12 contact tracers are on standby. At least five shielding employees are interested in the Reservist role. A job role has been drafted and it is hoped to recruit 20 people. Communication will be sent out across the organisation soon and it is hoped the programme will start at the beginning of October.

In response to questions from members, officers clarified that

If someone cannot be traced then the case would be passed to the national test and trace system. It is a struggle to contact every single case but Portsmouth could add their local efforts to the national efforts. Portsmouth would use the council's existing data sets with appropriate sharing agreements in place, for which there is permission as it is a life or death situation. The local team would not follow up people using PCC data without a basis in law.

Contact tracers will call people at least twice in 24 hours, perhaps more depending on the prevalence of Covid-19. It might be that someone is too ill to answer the phone. Public Health is working with IT on the "least threatening" phone numbers as it is acknowledged people are wary of answering calls from unknown numbers.

If there is no contact the case is likely to be passed from the national team to Portsmouth within 24 hours, rather than the current 48 hours. The number of times someone is followed up can be considered during the pilot; this is an advantage of going first. In addition, local teams can draw on links with community leaders and the voluntary sector.

The Cabinet Member noted that buy-in to test and trace is critical, especially with colder weather approaching.

The Cabinet Member noted the report. The report is for information only and is not subject to call-in.

The meeting concluded at 3.15 pm.

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Councillor Matthew Winnington
Chair