

PUBLIC

**MINUTES** of a meeting of **the IMPROVEMENT AND SCRUTINY COMMITTEE – PEOPLE** held on 2 September 2020

**PRESENT**

Councillor G Musson (in the Chair)

Councillors J Coyle, C Dale, R Flatley, R George, R Iliffe, D Taylor and J Twigg

Also in attendance - S Stevens

Apologies for absence were received on behalf of Councillor J Frudd

**17/20** **MINUTES RESOLVED** that the minutes of the meeting of the Committee held on 22 July 2020 be confirmed as a correct record.

**18/20** **PUBLIC QUESTIONS** There were no public questions.

**19/20** **CABINET MEMBER PORTFOLIO UPDATE** Councillor Jean Wharmby, Cabinet Member for Adult Care, provided the Committee with a comprehensive update on the work done by the Service over the previous year. The highlights of her report were:

- There had been significant progress made against ongoing commitments over the past 6 months, as well as navigating the unprecedented challenge the COVID pandemic brought;
- Better Lives Programme work had refocused the vision for Adult Social Care and how to better support them, in line with Vision Derbyshire recognising the Derbyshire Spirit and thriving Communities work;
- Direct Care Homecare Service to provide an intensive reablement style Short Term Service enabling the Council to focus on key priorities to ensure people are supported to remain as independent as possible;
- Learning Disability Day Opportunities;
- Housing and Accommodation Strategy - now working jointly with PSP (Derbyshire Partnership) LLP to progress opportunities and with Homes England to explore funding options;
- Market Position Statement: working to update the original MPS due to the impact of Covid-19;
- Homes for Older People consultation - none of the seven homes proposed for closure would close with a programme of repair and refurbishment for these homes to be developed, and assistive technology including two technology pilots;

- Budget performance – delivering a total of £6.098m savings;
- COVID – the Department has had to work at an unprecedented level of scale and pace to ensure continued support to vulnerable adults to continue to receive the care and assistance they needed, particularly through bed availability and capacity, the provision of care staff and implementation of new initiatives.

There continued to be challenges for the Department, particularly with the COVID pandemic heading into Winter, care worker recruitment and financial pressures. Market management continued to be a focus, recognising a need for growth in the number of nursing homes and challenges regarding attracting and retaining nurses.

The Chair and members of the Committee recognised the hard work done by the Service and the challenges it faced. Particular issues noted by all parties were the number of care homes in Derbyshire, the opening of homes to visitors and recruitment of staff.

**20/20**      **SUPPORT FOR UNPAID FAMILY CARERS**      The Committee was given an update which highlighted some of the themed issues being raised by carers in relation to the Covid-19 pandemic, the areas of support required for carers and the action taken to address that need.

Many carers had been affected by the reduction/closure of services or the reduced need for formal care due to fear of infection. Some carers had benefitted from increased support and recognition from wider family networks, whilst others were facing significant challenges and increased isolation. The Adult Social Care Transformation Team and Prevention and Personalisation teams were working hard to get day care opportunities opened up, but this was limited due to the Covid-19 restrictions. They had been in touch with individuals and their carers on a fortnightly basis throughout the lockdown and were starting to have conversations with clients to determine how day care opportunities could be reinstated safely and fairly.

There had been a notable increase in the level of information and support delivered to carers requiring financial and employment advice. Some carers had experience financial difficulty following a reduction in income or increased living costs. These had been referred to food banks, community support groups and specialist financial/welfare benefits organisations. Some carers had been expected to return to work, raising concerns about the risk posed to the person depending on them for care. The commissioned carers service had provided carers with 'letters of recommendation' to provide evidence of the caring role to employers.

Many carers had experienced distress, anxiety, isolation and fatigue alongside worries and concerns for the wellbeing of the person depending on care. These had been offered regular telephone support, befriending and/or

had been connected with other carers and other organisations to reduce duplication and pool resources to reach more carers. The commissioned carer's service had assisted carers to update emergency plans and issued carer identification cards to enable priority access to shopping and other essentials.

Many carers had sought bereavement support following the death of loved ones and, in some instances, coming to terms that the person depending on care had died alone. The carer's service was signposting carers to specialist bereavement, talking therapies and befriending support in addition to offering a counselling service funded through the National Lottery.

The carers service had coordinated practical solutions for carers in relation to food, medicine, continence products, aids, PPE and access to on-line information. The Service had resumed carer assessment and support planning which, in some cases, would result in the delivery of a carer personal budget to resource eligible need and improve health and wellbeing.

Many carers had been linked to the Community Response Unit, the 24/7 Mental Support Health Line, local volunteering and mutual aid schemes. Partnership work was underway to ensure these services developed to meet the early identification and support of carers, particularly for hidden carers and those who had care and support needs in their own right. The carer's service was also delivering virtual and paper-based peer support and social groups with training and learning activities available.

The Carers Strategy 2020-2025 set out local system wide priorities based on the findings of the Healthwatch Carers Report, ADASS self-assessment, Survey of Adult Carers in England as well as extensive engagement carried out with carers in Derbyshire throughout 2019. The Carers Strategy Delivery Group, led by DCC, would ensure delivery of the strategy action plan and in the current climate (created by COVID-19 with partial lockdown) was considering how best to undertake this work as well as working closely with Derbyshire Carers Association to refocus the carers support service through the recovery and restoration phase.

**21/20      ACTIONS FOLLOWING LGO INVESTIGATION** Simon Stevens, Assistant Director gave the Committee an update on progress of work outlined in the report of 12th February 2020 following an investigation into the death of Mrs C at the Grange Care Home in Eckington.

The report recapped on the LGO's findings and its acknowledgement of the work undertaken by the Council since late 2016. The Council had accepted the LGO's recommendations in full and responded to all of the requirements laid down – these included making a full and unreserved apology to the family, making a payment of £1,000 to a registered charity of the families' choice and to pay for a memorial. The Council also refunded Mrs C's estate with all fees paid to the care home.

In accordance with the recommendations of the LGO, the Council undertook a further review of Mrs C's death, with specific focus on the key areas of concern identified in the report; as a result of this review, a Quality Improvement Board was established to ensure that the quality and improvement of the Council's directly provided services was the responsibility of the whole directorate and not just Direct Care. The work of the board was split in to six critical work streams: Safe Services, Quality Recording, Quality Monitoring and Improvement, Quality Workforce, Communications and Quality Policies and Procedures, each having a set focus, purpose and key actions to address the learning points.

The report set out in some detail the progress made against the key actions. These detailed workstream action plans were working documents continued to support the on-going work. The action plans continued to adapt through completing tasks and adopting new ones to ensure there was a continuous improvement cycle.

Since the last report to this Committee, Covid-19 had spread across the country. An important part of the quality work undertaken during this unprecedented period had focused on the ability of the Council's directly provided services to respond appropriately to the increasing demands placed on them by the virus. Covid-19 had a significant impact on care homes across the country, both in terms of its impact upon residents and their families, as well as the increasing demands on the staff working within those environments. In response to this, new risk assessments, infection control procedures, training around the safe use of PPE had been developed and adopted at pace.

At a previous report to the Governance, Ethics and Standards Committee, Adult Care confirmed that Alan Jefferson, the independent expert engaged following the incident at the Grange, had completed a review of the progress of the Council's quality improvement work. As part of the recommendations from that review, Mr Jefferson suggested that a further assessment of the new processes would be required before making further comment on their value and that a period of six months would be required for the new processes to be properly embedded. That further review had been conducted and, although the outbreak of Covid-19 had meant that Mr Jefferson was not able to revisit the establishments originally audited, he had reviewed a wide range of documentation and spoken to the Quality and Compliance Team in order to provide a further report. He concluded that:

"Notwithstanding delays occasioned by the need to give priority to managing DCC's response to the COVID 19 pandemic, I found evidence of continuing improvements in the Council's implementation of its QIP. The highly motivated, quality and compliance team was able to demonstrate that it was "on top" of its brief. The work it had undertaken prior to the COVID 19 lockdown was of a high standard and the, more focussed, activities post-

lockdown demonstrated a clear grasp of the need for a collaborative and encouraging approach to achieving quality services. The team was well-aware of its boundaries and its off-line role and had given careful thought about how best to influence operational staff. I also found evidence that the work being done by DCC was being recognised by CQC and, in several instances, this was being reflected in improved judgements about individual services. The task now was to ensure that this work became consolidated and sustained.”

A number of questions were put to Mr Stevens by Committee Members; mostly focused around staff training.

The Chairman thanked Mr Stevens for the report and congratulated the team on the hard work done.

**22/20**      **BETTER LIVES PROGRAMME UPDATE**      Simon Stevens, Assistant Director outlined the background to the programme. The Council engaged with Newton Europe to do a diagnostic piece of work in order to find a more effective service, that would make better use of the money available whilst addressing growing demand. This process identified a number of areas for improvement. An expert partner, Newton Europe, was procured to assist with this work and the programme started in January 2020.

Mr Stevens introduced Alan Rogers of Newton Europe who gave a presentation on the programme’s aims and vision. The Better Lives programme aimed to help the people of Derbyshire achieve the most independent outcomes possible, live their best life, regardless of age or disability, and to seek better, more innovative ways of supporting staff, the children and adults cared for. As a result, it was believed that the Council would achieve savings of £21m.

In light of Covid-19, the core workstreams within the programme remained the same but the approach on how to deliver them had evolved. Also, through the pandemic many individuals and teams had embraced the value of information in supporting the decisions they make on a daily basis. The availability of critical evidence had led to the development of a new element and developed Evidence Led Services.

The response by the people of Derbyshire and Derbyshire County Council had been extraordinary, with countless examples of people going above and beyond to support others.

The ambition of the programme was to support as many people as possible to safely return home after a stay in hospital. Experience had shown that many people who go into short-term bedded care after hospital never leave and the longer someone stays in these beds, the less likely it was they could return home to the life they enjoy.

Programme delivery plans had evolved, not only to account for workstreams that had been delayed, but also to build in future flexibility. The key areas of focus would be:

- Linking everything with a golden thread from One Council vision, through ASC strategy, through to Better Lives vision and workstream aims;
- Increasing the pace and scale of prototypes across the programme;
- Continue towards self-led teams, developing the tools necessary for teams to easily assess their performance, workshops to continue supporting the adoption of evidence and information in how services are run.

The Committee asked the Assistant Director a number of questions around the quality of evidence gathering, the impact of COVID-19 on the service and the quality of long-term care, particularly in the home.

The Chairman thanked Mr Stevens for the presentation and appreciated that the landscape had changed significantly in recent times and stated that this work fitted in well with that of the Committee.

**23/20**      **SCRUTINY WORKING GROUP UPDATE - HOMES FOR OLDER PEOPLE** The Chair of the Committee presented a scoping report, following a request by the Places Scrutiny Committee to form a working group to oversee the next steps in relation to the outcomes of a consultation on the proposed closure of seven, and the refurbishment of three, Direct Care homes for older people. Cabinet approved that:

- none of the homes proposed for closure would close unless a local care home or alternative provision was available to replace it; further consultation would be undertaken as appropriate;
- a further report setting out a programme of repair and refurbishment for the seven homes, including any works required immediately to ensure their soundness and safety, would be presented to Cabinet in due course;
- the plans to undertake a programme of work to refurbish the three homes would continue with a further report presented to Cabinet seeking a business case and procurement approval in due course;
- the People Scrutiny Committee be invited to consider including within its work programme, oversight of the next steps (with particular reference to the need for and type of local provision required) to ensure transparency of decision making and to make any recommendations to Cabinet or elsewhere that may arise as a result of such scrutiny and
- a revised strategy and investment plan, taking into account reviews of the Market Position Statement and of the strategic needs analysis, would be presented to Cabinet by the end of 2020.

The scrutiny working group proposed that evidence would be sought from the Cabinet Member for Adult Care, the Executive Director for Adult Social Care and senior officers from Adult Social Care and Property Services. It was anticipated that the Committee's recommendations would be submitted to Cabinet before the end of the year, with the following key lines of enquiry being identified:

1. How would the robustness and durability of on-going mitigation measures be assessed?
2. How would demand for current and future provision for older people be assessed?
3. How would the market be assessed?
4. What factors would be considered when determining what was local provision?
5. How would factors that determine what was suitable alternative provision be identified and assessed?
6. How would stakeholders be engaged?

**RESOLVED** that the Committee (1) agree the key lines of enquiry and scope of the work described above; and

(2) note that the working group would report its conclusions to the Improvement and Scrutiny Committee in due course.