

**DERBYSHIRE COUNTY COUNCIL
OFFICER DECISION AND DECISION REVIEW RECORD**

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| Officer: Helen Jones <i>*For emergency powers, this would be the Executive Director</i> | | Service: Adult Social Care and Health | |
| Delegated Power Being Exercised: Emergency Powers <i>*The delegation detailed in the Constitution to the specified officer or emergency powers</i> | | | |
| Subject of Decision: (i.e. services affected) | | To temporarily reduce or suspend individual homecare support for individuals who feel able to continue to manage safely in the short term in order to free up capacity to support current pressures on hospital discharge and hospital admission avoidance as a result of the current increased Covid-19 infection rates, increased pressure on acute hospital services and adults social care community support services. Such changes of service would only be undertaken with the consent of the person in receipt of the service and/or their carers and, in the case of those persons who lack capacity, only in the event that this decision was consistent with the individual's best interests | |
| Is this a review of a decision? If so, what was the date of the original decision? | | No | |
| Key decision? If so have Democratic Services been notified? | | Yes | |
| Decision Taken (specify precise details, including the period over which the decision will be in place and when it will be (further) reviewed): | | With the consent of the person in receipt of the service and/or their carers, to temporarily reduce or suspend individual homecare support for individuals who feel able to continue to manage safely in the short term in order to free up capacity to support current pressures on hospital discharge and hospital admission avoidance as a result of the current increased Covid-19 infection rates, increased pressure on acute hospital services and adult social care community support services. | |
| Reasons for the Decision (specify all reasons for taking the decisions including where necessary reference to Council policy and anticipated impact of the decision) Where the decision is subject to statutory guidance please state how this has been taken into consideration. | | To enable a flexible approach to local and strategic contingency planning to ensure that we are able to maintain a key services response that will: <ul style="list-style-type: none"> • Protect and sustain the wellbeing of the most vulnerable members of the community • Respect and facilitate the rights of people to make their own arrangements which will reduce footfall in their homes in the face of the emergence of more virulent strains of Covid 19 • Maximise our homecare service capacity to prevent admissions and support through flow in NHS acute settings | |

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| <p>Alternative Options Considered (if appropriate) and reasons for rejection of other options</p> | <p>Alternative options considered were to take no action and continue to maintain the current position, doing this would very swiftly lead to a critical lack of capacity to deliver to urgent and essential current commitments for people living in the community and also cause a blockage on hospital discharge. We also considered moving current staff from other work settings to support homecare staffing capacity but despite having made a call for volunteers across the department and into the Corporate Business Continuity Group (BCG) we have not had sufficient people volunteer to support this approach. Finally we considered enacting the Care Act easements at level 4 - Last Spring we enacted the Care Act easements at level 4 through undertaking a social work led review of all current recipients of homecare services and identifying, through risk assessment instances where service could temporarily be reduced or ceased. This approach significantly improved our capacity to respond to demand and supported us and the wider system to effectively respond to the initial pandemic peak and what was a rapidly changing situation.</p> <p>Although we now face another significant increase in infection rates and extreme pressure on capacity across the system having worked through the last ten months responding to the pandemic we are more able to anticipate and respond to the changing situation and having reviewed the approach taken last time and recognized that many of the recipients of homecare services at that time made a conscious independent decision to reduce or cancel their homecare calls. This freed up a significant number of hours which in turn enabled us to manage the increase in demand and reduction in staff availability. The current strategy provides for individual service type decisions, by consent, to prioritise short-term allocation of care and support using current flexibilities with the Care Act 2014.</p> |
| <p>Has a risk assessment been conducted- if so what are the potential adverse impacts identified and how will these be mitigated</p> | <p>This approach allows for the exploration of risk on an individual basis with those people potentially affected and their careers.</p> <p>It is a time limited approach with a clear end date which will be kept under review in light of progress made and the wider impact of the roll out of vaccinations on staff availability</p> <p>The risk to the authority is that if we are not able to create sufficient capacity by this approach then we would need to move to stages 3 and 4</p> |
| <p>Would the decision normally have been the subject of consultation with service users and the public? If so, explain why this is not</p> | <p>No, this is not a decision which would be taken in any normal circumstance and is a temporary arrangement to release capacity to meet urgent demand pressures.</p> |

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| <p>practicable and the steps that have or will be taken to communicate the decision</p> | |
| <p>Has any adverse impact on groups with protected characteristics been identified and if so, how will these be mitigated?</p> | <p>An Equalities Impact Analysis (EIA) is attached to this ODR and taken into account when this decision was made. It is not envisaged that there will be a differential impact between groups with protected characteristics under the Equality Act (2010). The EIA however, will be kept under review</p> |
| <p>Background/Reports/Information considered and attached (including Legal, HR, Financial and other considerations as required))</p> | <p>Since the turn of the year there has been a significant increase in demand on the domiciliary care market primarily to support hospital discharges to free-up acute bed capacity for Covid 19 patients. This has also been accompanied in the same period by a significant increase in staff absences within DCC homecare which appears primarily associated with the introduction of Lateral Flow Testing for care worker community cohort (CWC) which in turn has resulted in absences levels when combined with that arising from leave and regular sickness in some areas of the county in the region of 35%.</p> <p>Health colleagues are now taking emergency steps to maintain the acute hospital services and members of the armed forces are now operating alongside clinical staff to maintain operating capacity in the acute hospitals.</p> <p>Adult care are already supporting discharge activity through the use of designated beds across the authority and through use of our short term bedded services but we are reaching a point where the current arrangements will be insufficient and we need to take steps to free up additional domiciliary capacity where we can.</p> <p>This approach has been shared with and scrutinised by ASC legal and our principle Social worker and amended in line with their comments.</p> <p>We will be communicating this approach to people who utilise our services and their carers on an individual basis. These conversations will be supported by key messages which will be available on our public facing website. We will also ensure that our Stakeholder engagement group is briefed and we are able to manage enquiries</p> <p>As this approach is at stage 2(pre-easement) it is not notifiable to the Department of Health and Social Care (DHSC)</p> <p>Legal considerations The Council’s Constitution provides that “notwithstanding any other provision of the Constitution Strategic Directors</p> |

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| | <p>shall have the power, after discussion, if practicable, with the Leader of the Council or the relevant Cabinet Member or Chair, to take such actions deemed to be necessary and expedient in matters requiring urgent consideration and which, because of the timescale involved, or the need to safeguard the interests of the County Council, cannot be dealt with by submission to the next following meeting of the Council, Cabinet, Cabinet Member or Committee.”</p> <p>The Improvement and Scrutiny Procedure Rules states: “13(6) The call-in procedure set out above shall not apply where the decision being taken by Cabinet is urgent. A decision will be urgent if any delay likely to be caused by the call-in process would seriously prejudice the Council’s or the public interest. All reports recommending that decisions be taken should say whether or not it is proposed that call-in be waived. The record of the decision, and notice by which it is made public, shall state whether in the opinion of the decision-making person or body, the decision is an urgent one, and therefore not subject to call-in. The Chairman of the appropriate Improvement and Scrutiny Committee should agree both the decision proposed is reasonable in all the circumstances and to it being treated as a matter of urgency. Decisions taken as a matter of urgency should be reported to the next available meeting of the Council, together with the reasons for urgency.”</p> <p>In accordance with the Access to Information Procedure Rules, where it is intended to make a key decision in cases of special urgency, then the key decision can only be taken if the decision maker obtains the agreement of the chairman of a relevant Improvement and Scrutiny Committee that the taking of the decision is urgent cannot be reasonably deferred.</p> <p>The decision making is in keeping with Stage 2 of the Easements, applying flexibilities under the pre-amendment Care Act 2014.</p> |
| <p>Consultation with relevant Cabinet Member (s) – please note this is obligatory.</p> | <p>Discussed and agreed with Cllr Jean Wharmby, portfolio holder for ASC</p> |
| <p>Approval of Chair of appropriate Improvement and Scrutiny Committee where call in is intended to be waived and key decision to be made without requisite notice – please note this is obligatory in those circumstances</p> | <p>Councillor Musson, Chair of Improvement and Scrutiny Committee – People has approved the waiver of the call in due to the urgent nature of the decision required; has agreed special urgency applies and the notice of key decision is not required; and supports the action being taken.</p> |

Decision:

Corporate Management Team agreed 28/01/2021

Signature and Date:



Helen Jones 02/02/2021