MINUTES OF
HEALTH SCRUTINY COMMITTEE

Tuesday, 8 December 2020
(6:00 - 7:02 pm)

Present: Cllr Paul Robinson (Chair), Cllr Donna Lumsden (Deputy Chair), Cllr Abdul Aziz, Cllr Peter Chand, Cllr Adegboyega Oluwole and Cllr Chris Rice

Also Present:

Apologies:

12. Declaration of Members' Interests

There were no declarations of interest.

13. Minutes (21 October 2020)

The minutes of the meeting of 21 October 2020 were confirmed as correct.

14. Winter Planning and Support to Care Homes

The Council's Head of Adult Commissioning (HAC) presented a report on the Winter Planning and Support to Care Homes. The Council was working closely with Barking and Dagenham, Havering and Redbridge Clinical Commissioning Groups (BHR CCGs) to ensure consistency in quality and availability of services.

The HAC noted that Healthwatch Barking and Dagenham had undertaken independent research that consisted of interviewing 35 residents and relatives, and 57 care home staff asking them about their experience of the pandemic so far, the care and support received, and hospital discharge.

Relatives and residents praised care home staff citing their compassion and assistance. However, concerns were raised in relation to hospital discharges as Covid-19 positive patients were discharged to care homes and there were issues with PPE in the early stages.

The Committee noted that the Healthwatch report was used in the design of the plan.

The North East London Foundation Trust (NELFT) had established an Infection Prevention Control team (IPC). The Council had invested in the IPC to provide support to the Council's providers; undertaking audits to ensure that providers were following hygiene procedures and to provide support. There had been issues with recruitment, however these were being resolved and HAC disclosed that three agency nurses had been recruited.

A 'hot homes' pathway was established which consisted of two designated care homes in Havering and Redbridge which accepted Covid-19 positive discharges. The homes had been inspected by the Care Quality Commission (CQC) which concluded that they were Covid-19 secure. The HAC disclosed that patients stay

at the home for 14 days before being transferred back to the care home they were previously resident in or they are moved to a care home of their choice in a borough of their choice. This process had reduced the risk of transmission within care homes.

Staff were tested on a weekly basis and care home residents were tested monthly, with the frequency increasing in the event of a positive test result by a staff member or resident.

Regular testing was also being undertaken in supported living and extra care schemes, alongside home care agencies. Public Health England (PHE) had put an incident management team process in place that brought together health and social care partners to work through actions to support care homes and to ensure a joined-up approach.

Care Homes were isolating residents, who had been discharged from A&E, for 14 days and Barking and Dagenham, Havering and Redbridge University NHS Trust (BHRUT) had put communication in place between A&E and care homes to ensure that there was no ambiguity in procedures.

A process had been put in place ensuring that no discharges would be made without a confirmed Covid-19 test result. The HAC had indicated that there were still issues with this but was confident that it would be resolved.

Lateral flow testing, a quick test which enabled families to be tested just before they visit relatives was being rolled out in December 2020. Five care homes had already received testing kits and were undertaking training and implementation. Queens Hospital had set up a vaccination hub and care home staff were among the priority group.

The Committee thanked the HAC for her presentation and, noting that Barking and Dagenham had a high rate of infection and that it was likely that London would be moved to tier 3 at some point, sought further assurance that the Council and its health and social care partners would be able to cope with the increased challenges. The Committee also sought clarification on support being provided for particularly vulnerable patients.

The Committee were advised that:

- The winter plan would be able to cope with increased infections and the change to the more restrictive tier 3, and lessons had been learned from earlier outbreaks in care homes. Daily calls were held with Queens Hospital where the welfare of every patient, who was due to be discharged, would be discussed and post discharge support provision would be established;

- A service had been established by the British Red Cross called ‘Home from Hospital Service’ that supported residents who were discharged back to their homes ensuring that they can cope; and

- Vulnerable residents would receive regular phone calls to ensure they are ok and are able to pick up medicines from pharmacies and do their shopping.

The Committee asked about help that was available to patients who were not previously known to care services, did not appear to be vulnerable or rejected offers of assistance. The Committee also asked if there was evidence that the pandemic had reduced take up of the flu vaccine, and were advised as follows:

- The Operational Director for Adult Care and Support (ODACS) acknowledged that identifying such persons was a challenge, adding that in such circumstances patients often contacted their GP in the first instance;

- The Public Health Principal (PHP) disclosed that Flu vaccine take up among older people had not fallen, however there was evidence that a sizable proportion of the two cohorts, infants and pregnant women, where not being vaccinated. The PHP explained that some parents were refusing the vaccine for their children owing to the use of pork gelatine in its manufacture. The Government had introduced an alternative vaccine that did not contain pork gelatine and letters had been sent to nurseries accordingly; and

- In relation to pregnant women, the Council was working with BHR CCGs to enable GPs to vaccinate pregnant women who attended their surgeries. The PHP added that care home staff had also been advised to have the Flu vaccine.

The HAC and ODACS elaborated on the lessons learned from the first wave advising Members that the following key points had been enshrined:

- Communication: ensuring that there were clear communications and ensuring that it was clear on actions that were being taken to support care homes and other provider;

- Infection Control: The Council had been proactive in instructing care homes what and where they could spend the additional money provided by the Government, to ensure that the money was spent in the most effective way possible;

- Preparation: unlike the first wave, the Council, along with its health and social care partners, was able to prepare and ready itself for the second wave; and

- Clarity: Government guidance, during the first wave, often changed and it could be difficult to keep up with the changes. The Council had sought to avoid any ambiguity in relation to guidance and had sought to ensure that staff and patients were given the most up to date guidance.

Following enquiries by the Healthwatch Barking and Dagenham Representative (HBDR) about the cohorts that would be priority for the Covid-19 vaccine, the PDP clarified that care home residents would be in the first cohort for the Covid-19 vaccine regardless of the age of the resident. This would be followed by all persons aged 80 years or more.

The Committee noted that, with Christmas approaching, relatives would

understandably seek to visit relatives and asked about how care homes would deal with this. ODACS responded that;

- Care homes had been risk averse owing to the problems in the first wave but recognised that patient welfare would be undermined if they could not see their relatives; and

- Care homes had introduced innovative solutions to enable visits such as using tablets, window visiting or installing protective pods. In relation to face to face visits priority would be given to those receiving end of life care.

15. Work Programme

The Committee noted the work programme.