

Monmouthshire Select Committee Minutes

Meeting of Adults Select Committee held at Remote Microsoft Teams Meeting on Thursday, 2nd July, 2020 at 10.30 am

Councillors Present

County Councillor F. Taylor (Chairman)
County Councillor L. Brown (Vice Chairman)

County Councillors: L.Dymock, R. Edwards,
M.Groucutt, R. Harris, P.Pavia, M. Powell and
S. Woodhouse

T. Crowhurst

Also in attendance County Councillors:

A.Davies and A. Easson

Officers in Attendance

Julie Boothroyd, Chief Officer Social Care,
Safeguarding and Health
Eve Parkinson, Head of Adult Services
Shelley Welton, Lead Commissioner Transformation
Ceri York, Group Manager Service Development
and Commissioning
David Jones, Head of Public Protection
Gillian Dicken, Principal Environmental Health
Officer (Commercial)
Hazel Ilett, Scrutiny Manager
Robert McGowan, Policy and Scrutiny Officer
Richard Drinkwater, Community Hub Manager

APOLOGIES: None

1. Meeting Start

The chair asked officers to introduce themselves and she reminded members of actions of the previous meeting. The actions included writing a letter of thanks to social care staff and writing to the Aneurin Bevan University Health Board to request information on a range of matters identified by the select committee.

2. Declarations of interest

3. An overview of the Test Trace and Protect system operating in Gwent

The committee were presented a generic overview of the current situation and the Track Trace and Protect (TTP) system which has been operating for a month. Officers advised that the collaboration with health and Torfaen County Borough Council has been working well so far. Approximately 300 tests were being done daily and so far, only 1% of tests were positive. It was explained that because the number of cases are fewer than England, the system is quite different to the system operating in England, with the council's Environmental Health Officers playing a vital role in contact tracing. Members heard that existing staff are taking the lead on contact tracing, but that over the longer term, roles are likely to need to be recruited. The committee heard that this entirely new way of working has required a significant amount of work to be undertaken over a very short time to establish a functioning system.

Officers advised that one of the key advantages to the local authority leading on TTP is knowing and understanding the locality very well, so that unlike the national system in England, the team can respond rapidly. The team works proactively with health to

understand what the issues might be and for example, had been in contact with some of the meat processing plants to make sure they are familiar with what they can do in terms of preventative action. Members heard that a second testing centre opened yesterday in Blaenau Gwent (additional to Rodney Parade) and that this is likely to increase the number of positive covid results.

Questions:

- There are concerns relating to farmers visiting slaughterhouses and meat processing sites. Are protocols in place to ensure masks are worn, regardless of whether the person has symptoms?
Farming and Slaughterhouses and meat processing plants are Food Standard Agency regulated and also are governed through the Health and Safety Executive, so they should be following guidelines, but officers will raise concerns around social distancing with them.
- Is antibody testing still taking place, which would allow people to return to work with some immunity?
At the moment, there are concerns about the reliability of the antibody test, so it is being piloted in schools as a first phase.
- Please can you explain the resourcing around the TTP system and the pairing up with Torfaen. What happens when EHO's return to their day job?
Resourcing this is a matter for Welsh Government (WG) to determine. We are expecting a response from them this week to see what they will support. There is an expectation from WG and health colleagues that we absorb the costs for now, given that EHO's are not performing their usual duties due to the closure of many food and retail premises, but when officers return to their usual roles, we will need to specifically recruit people. When testing increases, we will need to ramp up our TTP staff capacity, but we are awaiting clarity. The rationale for partnering with Torfaen Council was to reduce duplication of effort and to mutually benefit from shared learning. It was a symbiotic move for both councils to begin in this way and it enabled us to operate at a very local level. We have been flexible and have helped with some incidences in the Royal Gwent Hospital and also incidences in North Wales, through which we have learnt greatly.
- Please can you explain how data is collected and how useful the data is in enabling us to react at a local level?
All the test results are sent through to St Cadoc's Hospital, so we don't have the same issue that England has with data. We have close links with health colleagues which provides us with local data so that we can react rapidly. Whilst we don't have some of the same issues Leicester, we know that close proximity and confined spaces such as those in factory settings, particularly breakout spaces such as tearooms and smoking areas are areas where the infection can spread easily. We have a Gwent wide out of hours' system to coordinate any wider action such as local lockdowns, if this were necessary. So far, we have traced 68 people in Gwent and approximately 36% of those traced were traced by Monmouthshire staff, so we are feeling more confident as a council in our understanding of this.

- How quickly do you contact someone who has been in contact with someone who has tested positive? Does the TTP process also apply to care home workers?

People are contacted within 48 hours, which is fairly rapid. The media has covered stories around non-responders, but we haven't found this to pose a problem with people being generally very cooperative. To confirm, the TTP process does apply to care home workers.

- You have covered concerns on capacity, resource and information sharing, but can I ask whether data security and data governance has been fully considered?
We are very clear who we are sharing the data with and in terms of our governance process, the data security issues have been fully resolved.

- Are you able to offer the R rate for Monmouthshire? Where are the testing centres?

No, there are many complexities around calculating the R. The 68 positive tests are a Gwent Wide figure. What is interesting is the number of asymptomatic cases, because we are only testing symptomatic people at the moment. The centres in Gwent are Rodney Parade, Newport and the new centre in Blaenau Gwent that opened yesterday. Home tests are available, but there are a high number of failures due to tests not being completed properly.

- Do we have enough information out there to encourage people to get tested even if they only have minor symptoms? How are we reaching out to BAME communities?

We have a highly skilled officer in our Communities and Partnerships Team whose role involves liaising directly with the BAME communities in Monmouthshire and he is sharing information with communities through established networks, to ensure everybody receives the guidance.

Chair's Conclusion:

The report has provided a very useful overview of the new TTP system and has provided the committee with much greater confidence that the process is working well and that we are suitably prepared in case we have a second wave of the virus.

4. An overview of Care Homes for Older People in Monmouthshire and the impact of COVID-19

The Chief Officer advised that this report requested by the committee was timely and enabled members to be sighted on the key issues facing care homes ahead of any future public inquiry. She introduced the report advising that Monmouthshire has experienced 27 deaths in care homes, which is devastating for the families affected and explained there is a need for caution going forward. We have data which helps us to understand the picture and context - whilst there has been a decline in current occupancy in care homes, this is not solely due to covid 19. It is important to recognise that some settings are new and are not fully up to their capacity and some have been instructed by the external regulators to reduce numbers whilst taking specific actions. Partnership working has been very important, with care homes needing a lot more contact and support. Personal Protective Equipment (PPE) was a major concern, care

settings usually sourcing their own, but with restrictions meaning they could not access it, we had to ensure an effective distribution system. Infection control has also been a major issue, with changing guidance at a rapid pace. In terms of hospital discharge and testing, the procedure has been revised to require a negative test 48 hours prior to discharge. The financial stability of care homes has been affected by fewer admissions and if settings have had a case, they have been restricted on taking in new patients.

In terms of what happens next and how we move forward, we are identifying the support providers require to continue in the immediate future. We'll keep in place procedures that have helped our care homes. We need to better understand the capacity for beds and we must continue to make sure PPE is available. We also must ensure we provide clear guidance on infection control. We are awaiting news from Welsh Government (WG) on the 'Hardship fund' and whether these monies will continue post June. In addition, we are working with settings to consider pragmatically how they can take in new patients.

Questions:

- Have there been any challenges in interpreting WG guidance and claiming the hardship funding?
We have given settings as much information as possible on WG guidance and we have assisted them to claim monies to assist them. We have had one claim challenged, which is disappointing, as providers need these monies to survive.
- In terms of PPE, some areas have over capacity of PPE and problems storing it. Have we got the right items and sufficient storage of these for any potential 2nd wave?
We have a good PPE stock and we have stores in the county which are accessible 24/7 if needed. The Army gave guidance to WG on delivering what areas needed, rather than supplying simply what was available. We are in a confident position going forward in terms of PPE.
- How resilient economically is the sector?
In terms of the long term viability, care homes need a greater profile. 2.5% of the population live in a care home, so it's perhaps not on most people's radar, but is a major issue as to what the future holds for this sector and for people who need residential care. We will be able to share an update on Crick Road when we are clearer on the funding.
- To what extent is there a long term recovery method required for these homes to sustain themselves?
That is a key issue for which we don't have any foresight at the moment.
- Are we sufficiently staffed? Are there any issues recruiting?
We are fortunate that at the moment, we have good staffing levels.
- Are there clear protocols in place to clarify infection control?
Infection control and management of behaviour around social distancing and car sharing is high on our radar. Environmental Health Officers (EHO's) work closely

with Social Care teams to ensure there is clear communication on infection control. This is not just an issue for care homes but also for domiciliary care and agency workers and it is something that we work on closely across Gwent.

- There has been very little mention of unpaid carers and the health sector. Unpaid carers have suggested in some arenas that they have felt to have been ignored all the way through this process. This surely needs to change.

That is a fair point, but I'd like to reassure you that whilst the focus was initially on hospitals, that was due to the perception that hospitals would be overloaded with coronavirus cases, but that's not been the case. We have worked closely on hospital discharge with health. We have also done a lot of work with carers on how we can support them, but there aren't going to be significant changes to the services we can offer them in short term and we really do recognise that these services such as day services are what is really important to them. We have learnt a lot through this process. We are constantly engaged with health and we are integrated to some degree locally but regionally, it's ramped up. The rush to discharge people from hospital is likely to be a future area for discussion. Any working with health has been massively improved by the speed we have achieved through this crisis and I think we have to balance this against the situation.

- Are the Nightingale hospitals dismantled?
No, these have been retained as far as we know for the winter period to provide for any second wave of the virus. The Grange hospital is ready to open in November if required.

Chairs Conclusion:

The committee thanks officers for briefing members on the situation. The committee is significantly concerned that the 'Hardship Fund' has not yet been confirmed post June and we await further clarification from WG on this matter. As the chair for this final committee meeting, I will send members the email that I have received from Aneurin Bevan University Health Board and your next meeting will be chaired by Councillor Simon Howarth. I thank members for a productive year and all officers for assisting us in our scrutiny activity.

5. Work Programme

The committee agree that this is under development and will discuss at a future informal meeting.

6. To confirm the minutes of the previous meeting

Agreed as a true and accurate method.