

Questions and Answers

Health and Wellbeing Board

Thursday, 21st May, 2020

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Questions and Answers



Public Questions as specified in the Council's Procedure Rules of the Constitution

(a) Questions submitted to the Portfolio Holder for Adult Social Care by Mrs Alex Osterritter from West Berkshire Learning Disability Partnership Board:

- i) *“Does the Health and Wellbeing Board know how many people are currently placed out of area?”*
- ii) *“When were services supporting West Berkshire residents who are placed out of our area last visited, or when did the Care Quality and Safeguarding function last receive intelligence to provide assurances that they are of good quality?”*
- iii) *“With no Care Quality Commission visits being able to take place due to Covid19, how can the Health and Wellbeing Board be assured that those placed out of area are in homes where there is sufficient Personal Protective Equipment (PPE) and resources to keep them safe, well and not restricted of their liberty any more than absolutely necessary?”*

The Portfolio Holder for Adult Social Care answered:

- i) Adult Social Care funds the care of 52 learning disability clients out of area.
- ii) Of the 52 clients supported out of area, 30 have received a formal assessment or review within the last 12 months (this does not mean that there has been no contact in respect of the remainder, simply that any contact did not constitute a formal assessment / review). The longest that any client has been waiting for a formal assessment / review is 17 months.

Not all of those reviews will necessarily have included a visit, but the West Berkshire Council (WBC) Care Quality Team receive monthly updates from regional providers that we have data sharing arrangements with - Care Quality is also currently investigating using a process of self-certifications review for some out of area placements to further improve knowledge.

- iii) PPE / Resources: In the same way that WBC is responsible for supporting the care market, including care settings, within the district (our Care Quality Team and Berkshire Healthcare Foundation Trust's (BHFT) Care Home Support Team are working with all providers around infection control, and associated PPE requirements, supplemented by a panel that reviews requests for emergency PPE), we are reliant on local host authorities to take the necessary actions to support their care settings. We must also rely upon the care settings themselves to bring any concerns about PPE and other resources to the attention of their local authority in the same way that care providers within the district bring such issues to our attention.

Deprivation of Liberty Safeguards (DoLS): So far as restrictions on liberty are concerned, the approach within the council to managing Deprivations of Liberty has needed to change as a result of Covid. In order to reduce the risk of spreading infection, DoLS assessments have not been carried out in person but, where possible, they have been carried out virtually. Cases in which the individual is objecting have been prioritised for assessment.

In the same way that we have all been restricted in our movements as a result of Covid, people who lack mental capacity – especially those who are at risk because of their age or underlying health conditions – will also have had their movements restricted for their own safety and the safety of others. The balance of proportionality is a difficult one and the Department for Health and Social Care has issued helpful guidance which has been circulated widely, for example - [DHSC Guidance](#).

(b) Questions submitted to the Portfolio Holder for Public Health and Community Wellbeing by Dr Julie Wintrup:

- i) *“Following Michael Gove’s announcement on Sunday 17 May 2020 that 17,200 contact tracers had been employed and trained across the UK can the Board confirm how many of those are being employed in West Berkshire?”*
- ii) *“Who is employing and training these trainers to contact trace?”*
- iii) *“When will the tracers start working?”*
- iv) *“Is the Board confident that West Berkshire’s Public Health team is currently adequately resourced and capable of providing the highest standard of testing, contact tracing (including for example signing into workplaces and other venues), and ensuring that effective isolation is maintained?”*
- v) *“Is the Board confident that West Berkshire is adequately staffed to support the current and forthcoming needs of its citizens?”*

The Portfolio Holder for Public Health and Community Wellbeing answered:

- i) We do not have access to this information as recruitment is being led by the Government.
- ii) The Government is leading on the new contact tracing service and the recruitment and training of contact tracers. Adverts for clinical contact caseworks are currently being advertised on the [NHS Professionals website](#) and call handlers are being sourced via a national private agency.
- iv) We do not know when the new contact tracing service will become operational, although the prime minister has announced that this will be by the 1st June 2020.
- v) It is envisaged that the majority of contact tracing will be undertaken by call handlers and health professionals recruited by the Government. Whilst details are still emerging, the local public health team and wider council are likely to have a key role in supporting Public Health England and advising on local outbreaks across settings such as schools, care homes and workplace. The Council is awaiting further details on the role of the local authorities and will review the resources required to support this as more information comes to light.
- vi) The question is difficult to answer as all partners (NHS, Council and Voluntary Sector) have a role to play and provide resources to support the health and wellbeing of our population. The Council and its partners have moved quickly to reallocate staff as necessary to respond to the Covid-19 outbreak. Despite the unprecedented

circumstances, public services have coped with the additional demands placed upon them and local hospitals have not been overwhelmed. We have been fortunate to have had so many offers of support from volunteers, who have been effectively deployed through the Community Hub to supplement existing public services and ensure that the needs of our local communities are met. As we move into the recovery phase, we will continue to deploy our staff resources as needs dictate and will seek to continue to make effective use of our volunteers. As things stand, we do not envisage that there will be a staff shortfall amongst local public and healthcare services. In relation to the track and trace, staff resources are to be employed directly by central government.

(c) Question submitted to the Portfolio Holder for Public Health and Community Wellbeing by Ms Caroline Ffrench Blake

- i) *“Does the Council consider it is too early for post COVID planning in the area of ongoing health and wellbeing for Newbury town centre residents?”*

The Portfolio Holder for Public Health and Community Wellbeing answered:

- i) There is a funding allocation of £40,000 to investigate and implement tree planting in town centres this financial year. The project is slightly delayed due to the response to the ongoing pandemic, however this will resume in the near future.

Traffic Management Officers are looking at pinch-points on the road network to see where temporary measures to reallocate road-space to cyclists and pedestrians can be safely implemented. To look at the whole of the road network in the district is a huge task, so the priority will be the urban retail and employment centres where we feel reallocating road space for cycling and walking will have the greatest impact and benefit. Work has already started and measures will be implemented in the coming weeks starting with the 24 hour pedestrianisation of Newbury town centre on 01 June.

Members' Questions as specified in the Council's Procedure Rules of the Constitution

- (a) **Questions submitted to the Portfolio Holder for Adult Social Care by Andrew Sharp from Healthwatch West Berkshire:**
- i) *“What level of scrutiny/ transparency is happening in relation to Care Homes and Covid infection in West Berkshire, their levels of PPE, and numbers of staff trained to use PPE adequately?”*
 - ii) *“How many care homes are on the ‘place with caution’ list currently due to Covid?”*
 - iii) *“How many care homes currently have a death or multiple deaths from Covid?”*
 - iv) *“Are Covid positive patients being discharged from Hospital to care homes in West Berkshire?”*

The Portfolio Holder for Adult Social Care answered:

- i) In response to these questions, I am going to look at care settings, rather than specifically care homes, because that's how Adult Social Care looks at the data, the risks, and safeguarding, and so forth.

With regard to Covid, the first thing to say is that Public Health England notifies Adult Social Care of outbreaks in care settings, we've also got the BHFT Care Home Support Team that's keeping a record, and Adult Social Care maintains a log to track whether a care setting within the district has had a suspected or a confirmed outbreak, how many residents and staff have been affected, how many have recovered, and regrettably how many have died.

Now of course, that is not to say that a death may directly be Covid even though a home has had a Covid outbreak, because I think we all know of the difficulties, particularly at the outset, when essentially three tests were treated as a Covid outbreak. Someone dies, the death certificate might say Covid, it might not say Covid, there might be a certificate of Covid, so to some extent you have to look at excess deaths in order to really get to grips with what we really think is going on.

Another thing I want to say is that we (Adult Social Care officers) have to be careful not to overload providers with requests for information, because they are being contacted by the CQC and we can have information overload and we can have providers saying “stop contacting me and let me get on with the day job”. On the other hand, and this is important, if they want our assistance – whether in relation to financial support or PPE – we have to have data to support such a request.

So turning to the question of PPE, and infection control, our Care Quality Team and the BHFT Support Team are working with all providers to ensure that both correct infection control measures are in place and that they have sufficient PPE – and that that PPE is being used correctly and the staff are being appropriately trained in its use – those teams are supplemented with a panel that reviews requests for emergency PPE. I want to emphasise that it is the responsibility of the provider (and that is exactly the same for the council) to source PPE in the market – the stock that's held through the Local

Resilience Forum is for emergencies only, so I think that I'm satisfied that there is scrutiny and transparency, that there is adequate PPE, and that the staff have the training and have access to the training to know how to use that PPE adequately.

- ii) We don't have a 'place with caution' category that relates directly to Covid, but as I have just said we are working with providers to understand actually what is going on in the care homes where there are outbreaks and what measures are being taken by care homes to deal with outbreaks or to avoid outbreaks, so that we are ensuring that when we place a client into a care home / care placement / care setting, we are doing that appropriately and we are not placing clients at risk into an inappropriate setting. That's down to the team and they are looking at all those factors when they make a placement.
- iii) I'm going to, if you don't mind, change the third question, it asks "How many care homes have a death or multiple deaths from Covid". If you will permit me, I will answer the question as "How many care settings in the district have recorded one or more deaths from Covid or suspected Covid?", in which case the answer is eight as at last Tuesday [19 May].
- iv) Finally, the question is about Covid positive patients being discharged from hospital into care homes. My understanding is that for the North Hampshire and Berkshire Healthcare Trusts, patients are not being discharged if they have tested positive and they are retest until they test negative. Whereas for Royal Berkshire, my understanding is that Covid positive patient might be discharged if they are non-symptomatic, so it is then up to the care home, in other words the registered care home manager, whether to accept a particular patient into that home. The manager can refuse and it is my understanding, advised by officers, is that that issue would not be pushed if a care home manager refused to take a patient out of Royal Berks.

SUPPLEMENTARY RESPONSE: Further to my answer at the Health and Wellbeing Board, Graham Sims (Chairman of the Royal Berkshire NHS Foundation Trust) has since confirmed: *"(We) only discharge any patient to any destination after they have been tested for CV. In the case of Care homes we wait until the results come back and the patient is negative or we keep them in. No-one knowingly leaves the hospital with positive CV"*, so on this basis my answer at the meeting (that positive patients were being discharged by RBFT to care homes if the registered manager agreed) was incorrect.