



Cabinet Member Response to Adult & Health Scrutiny Topic Review Recommendations

Purpose

- 1.1 To receive the response from the Cabinet Member for Adults, Health and Housing to the recommendations made in the Topic Review.

Recommendation

- 2.1 To note the Cabinet Member response to the recommendations made in the Topic Review carried out by the Adults and Health Scrutiny Review Board on Protecting Care Home Residents and Staff.

Reason

- 3.1 At the Council Cabinet meeting on 16 November 2022 the responses at Appendix 1 were agreed by Council Cabinet.

Supporting information

- 4.1 See Appendix 1 for the recommendations arising the Adults and Health Scrutiny Review Board Topic Review on Protecting Care Home Residents and Staff and the Cabinet member response.

Public/stakeholder engagement

- 5.1 Not applicable.

Other options

- 6.1 Not applicable.

Financial and value for money issues

- 7.1 Not applicable.

Legal implications

8.1 Not applicable.

Climate implications

9.1 Not applicable.

Socio-Economic implications

10.1 Not applicable

Other significant implications

11.1 Not applicable.

This report has been approved by the following people:

| Role | Name | Date of sign-off |
|---|------|------------------|
| Legal Finance Service Director(s) Report sponsor Other(s) | | |

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| Background papers: List of appendices: | Appendix 1 – Recommendations from the Topic Review by the Adults and Health Scrutiny Review Board on Protecting Care Home Residents and Staff and Cabinet Member response. ... |
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Recommendations from the Topic Review by the Adults and Health Scrutiny Review Board on Protecting Care Home Residents and Staff and Cabinet Member response

| RECOMMENDATION | CABINET MEMBER RESPONSE |
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| Establish a Care Forum in Derby to ensure ongoing and ready communication between all the relevant health and local authorities, care partners and the cared for and their advocates and relatives | There are currently no resources within adult social care or wider Council budgets dedicated to do this. We already have forums with care providers which the NHS and CQC attend, but we are unable broaden that without significant additional resource to include the large number of individuals, families and advocates. |
| Rethink emergency planning measures so that they more systematically incorporate anticipating the unknown to prevent hierarchical lines of authority and pre-established knowledge hindering the flexible | Emergency planning measures are nationally determined and outside the jurisdiction of the Council. Emergency planning is delivered by national direction and is locally coordinated by the Local Resilience Forum (LRF). |

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| response needed when the unknown arises. | |
| Advocate for more two-way channels of communication between national and local government so that national guidance can be made more locally relevant and also be adapted to readily respond to actual needs in the community | We already have two way channels established and use them both through the 'Regional teams' to the bronze, silver and gold national calls but also through Department for Levelling Up, Housing and Communities (DLUHC) liaison through the LRF (a senior officer from the Council sits on the Strategic Coordinating Group (SCG)). |
| Formalise the partnership working and informal local relationships that worked relatively well in Derby during the pandemic so that they are not dependent on ad hoc individuals but are structurally embedded in institutional resilience | The new Integrated Care System (ICS) structures enables this, and we have an Integrated Care Partnership which is co-chaired by both Cabinet members for health and care in the city and county councils in their role as chairs of their respective Health and Wellbeing Boards. In addition, we have also established the Health Inequalities Partnership to develop our relationship with communities. |
| Work towards ensuring that GP services are be more integrated into the NHS and LA emergency response teams and partnership working | This is an issue for national government and strategically links to the requirements of the GP contract which governs their responsibilities and work. However, it is recognised that GPs played a major role throughout the pandemic, providing capacity to deliver a significant number of vaccinations across Derby. |
| Accelerate the Integrated Care Board's work on creating joint health and social care funds so that funding can be readily and rapidly directed to a given need without inter-institutional barriers | This is for the Integrated Care Board to determine, and the city council is a statutory member on the board through the Strategic Director of People Services. |
| Where relevant to a future pandemic, ensure that regular testing is established as soon as feasible and ensure that stocks of PPE are adequate and available to care staff as well as NHS workers | This is agreed but is not in the control of the Council. We have learning to step up once there is available testing and any PPE requirements. |
| Establish an annual civic awards event to recognise outstanding work by carers | Consideration will be given to how this could be integrated as a category within other award ceremonies. |
| Encourage all care homes to designate one member of staff to act as a 'communication bridge' between their residents and their families and friends | This is a matter for care home leaders to determine in light of registration and regulatory requirements (and inspection) from the Care Quality Commission. |
| Further assist all care homes to promote cultural competency, and to address 'who' a care home resident is, alongside 'what' their care needs are | As above |

Promote information about the care system and how to access it via community groups and their community centres in the city

This is agreed and can be taken forward as a whole via the Council Plan and the Partnership Board.