

# Health and Adult Social Care Overview and Scrutiny Committee

**Wednesday 13 December 2023**

## **PRESENT:**

Councillor Murphy, in the Chair.

Councillor Harrison, Vice Chair.

Councillors Finn, Dr Mahony, McNamara, Noble, Penrose, Raynsford (Substitute for Councillor Krizanac), Reilly, Ricketts, Tuohy and Ms Watkin.

Also in attendance:

Gary Walbridge (Interim Service Director for People), Helen Slater (Lead Accountancy Manager), Tony Gravett (Healthwatch), Rob Sowden (Senior Performance Advisor), Geoff Baines (Livewell SW), Jo Turl (NHS Devon) Chris Morley (NHS Devon), Alex Deegan (NHS Devon), Melissa Redmayne (NHS Devon), Ruth Harrell (Director of Public Health), David Bearman (Devon Local Pharmaceutical Committee), and Elliot Wearne-Gould (Democratic Advisor).

The meeting started at 2.00 pm and finished at 17:30.

*Note: At a future meeting, the Panel will consider the accuracy of these draft minutes, so they may be subject to change. Please check the minutes of that meeting to confirm whether these minutes have been amended.*

## 25. **Declarations of Interest**

There were three Declarations of Interest:

<b>Councillor</b>	<b>Interest</b>	<b>Description</b>
Will Noble	Other Registerable Interest	Employee at University Hospitals Plymouth
Lee Finn	Other Registerable Interest	Member of the Mayflower Patient Participation Group
Natalie Harrison	Other Registerable Interest	Member of the Pathfields Patient Participation Group

## 26. **Minutes**

The Committee agreed the minutes of 26 October 2023 as a correct record.

## 27. **Chair's Urgent Business**

There were no items of Chair's Urgent Business.

28. **H&ASC Performance and Finance**

Rob Sowden (Senior Performance Advisor) delivered the Quarterly Performance report for Health and Adult Social Care to the Committee, and discussed the following:

- a) Steady demand for the Livewell South West 'Referral Service', and ongoing work to reduce the waiting list;
- b) 94.9% success in safeguarding investigation performance for 'Quarter Two';
- c) Long-term placements into residential and nursing care homes, and reduced admission numbers since June 2023;
- d) An improved position for the 'Domiciliary Care Package' waiting list;
- e) Increased numbers of people in receipt of 'Direct Payments';
- f) Improved outcomes for people using the 'Independence at Home Reablement Service' with 77% requiring no ongoing care;
- g) Reduced numbers of Adult Social Care (ASC) complaints received against Plymouth City Council (PCC);
- h) High compliance statistics for Freedom of Information Requests (FOIs);
- i) Improved staff sickness levels.

Following questions, the Committee discussed:

- j) Challenges for Domiciliary Care assessments and package review waiting lists;
- k) Care Quality Commission (CQC) assessments of Local Authorities;
- l) Increased admissions to Community Nursing Care, and correlations to reduced numbers admitted to Residential Care;
- m) Increased acuity of need and complex care requirements both in hospital, and in the community;
- n) Positive impacts of 'workforce recovery' in addressing waiting lists and service capacity;
- o) Improving Reablement figures however, performance remained below the national benchmark.

Helen Slater (Lead Accountant) delivered the Quarterly Finance report (Q2, Month 6) for Health and Adult Social Care to the Committee, and discussed:

- p) Cost pressures of £1.298 MM for Adult Social Care (ASC), driven primarily by Domiciliary Care and Long Stay Nursing;
- q) Credible risks for ASC cost pressures to increase by the end of the year, despite additional grant funding and client income utilised to offset pressures;
- r) Ongoing work to mitigate cost pressures including Care Package 'deep dives', maximising income streams from grants and health partners, and enhanced governance arrangements;
- s) Confidence that the £3.7 MM Delivery Plan savings target would be achieved.

Following questions, the Committee discussed:

- t) The impact of winter pressures on cost pressures and savings targets.

The Committee agreed:

1. To request figures detailing the number of people awaiting an assessment for a care package, and figures for short-term vs long-term need;
2. To note that the Quarterly Performance report would be reviewed and updated to include other appropriate benchmarks, targets and metrics;
3. To note the reports.

29. **No Criteria to Reside Update** (Verbal Report)

Gary Walbridge (Interim Strategic Director for People) delivered a verbal update regarding 'No Criteria to Reside' at University Hospitals Plymouth (UHP), and discussed:

- a) Since last reported at 11% in October 2023, 'No Criteria to Reside' performance had improved, to 8% in December 2023;
- b) The system's target remained 7%;
- c) 'No Right to Reside' performance was crucial for ensuring capacity to meet anticipated winter pressures.

The Committee agreed to note the update.

**Change to the Order of Business**

The Committee agreed to bring forward items 11 (Tracking Decisions) and 12 (Work Programme).

30. **Tracking Decisions**

Elliot Wearne-Gould (Democratic Advisor) gave an overview of the Tracking Decision Log, and highlighted the following points:

- a) There were 12 Tracking Decisions recorded on the log, with four now marked complete, and eight part complete;
- b) Information regarding Winter Pressures social media and the Choose Well Campaign had been received post publication of this agenda, and would be circulated to Committee members after this meeting;
- c) Access times for defibrillators would be queried, and an updated position brought to the Committee at the next meeting.

The Committee agreed:

- I. To note the progress of the Tacking Decisions Log

31. **Work Programme**

Elliot Wearne-Gould (Democratic Advisor) presented an overview of the Work Programme and highlighted the following points:

- a) The next meeting of the Committee would be held on the 20 February 2024. The draft agenda was:
  - i. Residential Care Homes Commissioning Plan;
  - ii. End of Life Care.

The Committee agreed to note the Work Programme.

32. **General Practice**

Jo Turl (NHS Devon ICB) and Alex Deegan (NHS Devon ICB) delivered the General Practice report to the Committee, and discussed:

I) West End Hub

- a) Collaborative work and meetings undertaken with the three GP practices (Adelaide surgery, Armada surgery & North Rad West surgery) effected by the withdrawal of the West End Hub plans;
- b) Work undertaken to Develop an NHS PCN Estates Toolkit across Devon, identifying opportunities to invest in existing estates, and where there were areas of concern for future sustainability;
- c) Adelaide surgery, Armada surgery & North Rad West surgery had been identified as a top priority for any future funding;

- d) Partnership discussions between NHS Devon, Plymouth City Council, and Landlords had ensured that there were presently no risk of eviction for the three above GP practices;
- e) The Director of Estates, in consultation with the national team, had identified Primary Care and Community Neighbourhood Hubs as a priority for the Next Spending Review 2024.

## 2) Mayflower Medical Procurement

- f) Following procurement, the Mayflower Medical contract had been awarded to Fuller and Forbes for 10 years;
- g) Staff would be retained by the new provider, ensuring employment security;
- h) Timelines for transition were currently on track;
- i) A comprehensive communication campaign was ongoing.

## 3) GP performance

- j) National targets for 'same day' GP appointments were 35%. Plymouth performed higher, although standards across practices varied. Plymouth also performed best in Devon for 'appointments within 2 weeks', and second highest in the country for number of appointments offered per population size;
- k) The two GP practices closest to Derriford hospital produced the highest ED attendances;
- l) The national Primary Care Access Recovery Plan had been launched to improve patient contact and manage patient requests on the same day. The programme aimed to empower patients, modernise practices, reduce bureaucracy, and build capacity within the system;
- m) 18 practices were now utilising cloud-based telephony, which enabled patients to know their position in the queue, and receive a call-back if necessary;
- n) 170 additional roles had been recruited, and this would raise to 190 due to Government funding;
- o) NHS Devon were aware of sustainability concerns for some practices in Plymouth, and were working to identify opportunities for estate expansion and modernisation;
- p) Patient satisfaction in Plymouth was below the national and Devon average. This was a target for improvement;

- q) Diverse improvement activities were being undertaken across Primary Care networks and a deep dive had been undertaken.

*(Councillor Reilly left the meeting at this time)*

In response to questions, the Committee discussed:

- r) The use and role of Physician's Associates in supporting GP demand;
- s) Fuller and Forbes' commitment to improving patient access and satisfaction performance;
- t) The assessment and assurance criteria that had been utilised during the Mayflower Medical procurement;
- u) Primary Care contracts issued by NHS Devon incorporated funding for building rental and maintenance;
- v) Primary Care challenges were a national issue, and as such, national plans were in place to drive improvements. Challenges included an aging population, increased complexity of need, impacts of the Covid-19 Pandemic, and workforce issues;
- w) Data for total patient consultations was comprised of all forms of communication, including telephone conversations, e-consults, and in-person appointments;
- x) The introduction of a maximum daily/weekly caseload for GPs was based on safety assurance concerns, and was designed to prevent fatigue and/or errors;

The Committee agreed to note the report.

### 33. **Health System 100 Day Challenge**

Chris Morley (NHS Devon ICB) delivered the 'Health System 100 Day Challenge' report to the Committee, and discussed:

- a) The 100 Day Challenge was a programme funded by NHS England, to address Urgent and Emergency Care in Plymouth;
- b) The programme focussed on testing new concepts and initiatives to tackle demand, and improve performance;
- c) The 100 Day Challenge was in the delivery stage, and would conclude on 20 December 2023;
- d) An evaluation stage would follow the delivery stage to identify key learning and ensure improvements were maintained;

- e) Key areas of focus for the challenge included: Tackling avoidable admissions from falls, tackling avoidable admissions at end of life, and improving care for people with long-term health conditions.

In response to questions, the Committee discussed:

- f) The review of Treatment Escalation Plans (TEP) to ensure they were current, and amended when an individual's circumstances changed;
- g) Dedicated support and work undertaken with care homes to ensure referral to hospital was appropriate, and minimised where possible;
- h) Funding from NHS England had supported the purchase of laptops and tablets for care homes, as well as the commissioning of Immedicare to provide clinical support to patients;
- i) The complexity of the health system and the importance of signposting.

The Committee agreed:

1. To request further information regarding how much funding had been secured for the 100 Day Challenge;
2. To note the report.

#### 34. **Community Pharmacy**

Jo Turl (NHS Devon ICB), Alex Deegan (NHS Devon ICB), Melissa Redmayne (NHS Devon ICB), and David Bearman (Devon Local Pharmaceutical Committee) delivered a report on Community Pharmacy, and discussed:

- a) The predicted decline in pharmacy numbers across Devon, from May's total of 222, as well as a decline in the hours of opening;
- b) Contract 'hand-backs' by Lloyds and Boots pharmacy;
- c) Challenges to pharmacy viability due to 'flat finances' (funding) since 2019;
- d) Changes to the criteria for pharmacy funding, resulting in a heavier focus on clinical services;
- e) Ongoing workforce challenges, particularly due to the migration of many pharmacy staff to General Practise;
- f) The importance of community pharmacy in relieving pressures from General Practise and ED, as part of a systems response;
- g) Future opportunities and diversification of pharmacy services;

- h) The recent announcement from Boots of the intention to close 6 pharmacies. All patients had been informed, and an impact assessment had been undertaken. There was alternative pharmacy provision within one mile of all planned closure sites during weekdays, with the exception of one site at weekends;
- i) Support and engagement had been undertaken with the remaining practices to ensure provision was adequate. Some pharmacies planned to increase their opening hours and capacity as a result;
- j) A specific 'closedown process' was being followed to ensure efficient patient transitions and the maintenance of adequate provision;
- k) The Plymouth Pharmaceutical Needs Assessment (PNA) would be reviewed to evaluate provision, and supplementary statements would be issued as appropriate.

In response to questions, the Committee discussed:

- l) National medication shortages and their impact on local provision, as well as delays to prescription fulfilment;
- m) Potential limitations to pharmacy expansion due to physical infrastructure and storage space;
- n) The expansion of the Pharmacy at Derriford Hospital to address demand issues;
- o) The cause of pharmacy closures was largely reported to be financial and business related. Work was ongoing with providers to identify sustainability concerns in advance, so that support could be given where appropriate;
- p) The benefits of online pharmacy services for patient choice however, this potentially generated challenges for the sustainability of community pharmacies;
- q) The launch of the NHS Community Pharmacy Independent Prescribing Pathfinder Programme, which would qualify pharmacists as independent prescribers by 2026;
- r) Challenges securing pharmacy student placements due to limited capacity, and increased complexity of training.

The Committee agreed:

1. To request further information regarding the total number of people impacted by the planned and enacted pharmacy closures;
2. To request further information regarding the cause of pharmacy closures;



3. To request that results from the Independent Prescribing Pathfinder Programme are brought to a future meeting;
4. To request further information regarding the opportunities for pharmacies to be integrated within the new Wellbeing Hubs in the city;
5. To recommend that the Health and Wellbeing Board considers a supplementary statement to the PNA at the next Board meeting in January.
6. To note the report.

35. **Adult Social Care Assurance**

Gary Walbridge (Interim Strategic Director for People), Rob Sowden (Senior Performance Advisor), and Geoff Baines (Livewell SW) delivered the Adult Social Care Assurance report to the Committee, and discussed:

- a) The introduction of a new Care Quality Commission assessment framework, which enabled the CQC to inspect local authorities on the delivery of ASC against the Care Act 2014;
- b) Since the launch of the framework in April 2023, five pilot inspections had been undertaken, with 20 assessments due in the new year. Plymouth City Council (PCC) could be one of these inspected authorities;
- c) Preparation works being undertaken for a potential inspection included self-assessments, evidence capture and close collaboration with Livewell SW;
- d) The use experiences and reports from the pilot sites as a valuable form of preparation for Plymouth's future inspection;
- e) The development of an improvement plan for ASC in Plymouth, which would be considered by this Committee at a future date.

In response to questions, the Committee discussed:

- f) Areas identified for improvement included reviews of care packages, file audits, carer satisfaction, and user feedback, engagement and access to information;
- g) Statutory surveys were undertaken for ASC each year, with around 1,500 long-term users consulted. Carers were also surveyed every two years;
- h) ASC staff were aware of areas for improvement and had enacted measures to address any shortfalls;
- i) The various possible outcomes of a CQC inspection. Should the authority be rated 'inadequate' and requiring intervention, there were financial implications for the authority;

- j) The CQC would take into account the financial implications and context as part of their assessment;
- k) Preparations for inspections used existing staff and finance capacity. It was not known that any funding was available to assist with this process.

The Committee agreed to note the report.

36. **Exempt Business**

There were no items of exempt business.