

Health and Adult Social Care Overview and Scrutiny Committee

Wednesday 25 July 2018

PRESENT:

Councillor Mrs Aspinall, in the Chair.

Councillor Mrs Bowyer, Vice Chair.

Councillors Corvid, Hendy, James, Dr Mahony, Parker-Delaz-Ajete and Vincent.

Apologies for absence: Councillors Loveridge

Also in attendance: Kevin Baber (Chief Operating Officer) and Amanda Nash (Head of Communications) from University Hospital Plymouth Trust NHS, Councillor Ian Tuffin (Cabinet Member for Health and Adult Social Care), Carole Burgoyne (Strategic Director for People), Anna Coles (Co-operative Strategic Commissioning), Nicola Jones (NEW Devon CCG), Tony Gravett, Healthwatch Deputy Manager and Amelia Boulter (Democratic Support Adviser).

The meeting started at 2.00 pm and finished at 4.45 pm.

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.

9. **Declarations of Interest**

There were no declarations of interest.

10. **Minutes**

Agreed the minutes of the meeting 13 June 2018.

11. **Chair's Urgent Business**

The Chair reported that members of the Committee visited the Acute Assessment Unit and were given a valuable introduction into how the unit interrelated with the emergency department. They were shown plans for a new emergency department which desperately needs updating and were introduced to staff that work brilliantly within the current constraints of the emergency department. The Chair gave thanks to Kevin Baber and Amanda Nash for taking the time to show them around.

12. **An update on our Plymouth System Reset**

Kevin Baber (Chief Operating Officer) and Amanda Nash (Head of Communications) from University Hospital Plymouth Trust NHS were present for this item. It was reported that -

- (a) the hospital failed to achieve the 95% accident and emergency target for the last two years and even with including the minor injury unit (MIU) attendances still failed to achieve the national

standard. From August last year the hospital took over responsibility for the MIUs at Devonport, Kingsbridge and Tavistock;

- (b) on the back of improvement work which was being undertaken by Royal Devon and Exeter Hospital (RDE) they decided as a system led by the western locality improvement board to undertake a system reset. It was important to note that behind every delay there's was a patient involved;
- (c) they had agreed a number of objectives:
 - Reduce stranded patients;
 - Delayed transfers of care to 35 patients per day;
 - Reduce bed occupancy to 800 beds;
 - Reduce length of stay in non-specialist community beds;
 - Home First to see 60 – 75 patients per week;
 - Reduce number of patients in intermediate care beds.
- (d) they had learnt from RDE and their experiences and had a successful return to normal programme, they focussed communications on two groups: staff and partners and patients and their families. The 'Think MIU' Campaign nudged people towards the MIU at the Cumberland Centre and this had been a really successful campaign;
- (e) with regard to delayed transfers of care, it was reported that they had been on an improvement journey for some time and introduced systematic reviews. It was not uncommon to discharge up to 40 complex patients a day;
- (f) the hospital to receive £26m to build radiology theatres over the next couple of years. They were putting forward a second bid for £25m for a new emergency department and were at the top of list and would hear whether they have been successful in the autumn.

In response to questions raised, it was reported that –

- (g) electronic prescribing was used by a lot of patients and Devon Docs do carry a stock of frequently prescribed medicines when visiting patients. The Chair raised that electronic prescription would be explored at a future scrutiny meeting;
- (h) they receive a twice daily update from the ILL service and have asked them to provide assurance on staffing levels especially at weekends. They were aware of the issues and have concerns that people were either being held up on the phone or not being able to speak to someone which in turn leads to a trip to the emergency department.

The Committee noted the report.

13. **Care Quality Commission Action Plan Update**

Councillor Ian Tuffin (Cabinet Member for Health and Adult Social Care), Carole Burgoyne (Strategic Director for People), Anna Coles (Co-operative Strategic Commissioning) and Nicola Jones (NEW Devon CCG) were present for this item. It was reported that in December 2017, Plymouth was selected as one of 20 areas to undertake a comprehensive targeted review which focused on the entire health and social care pathway for people aged 65+ years.

The review focussed on three specific areas of care:

- Maintaining the wellbeing of a person in their usual place of residence
- Managing people in crisis
- Stepping down people to their usual or new place of residence

Next steps they would be focussing on:

- Development of two year commissioning plan supporting the commissioning intentions, including:
 - Implementation of Enhanced Health in Care Home model
 - Launch of two more Health and Wellbeing Hubs
 - Development of the Local Workforce Strategy
- Maintaining improvements in system performance

In response to questions raised, it was reported that:

- (a) a Local Workforce Strategy Plan was being produced with key representatives aiming to address both the short and longer term gaps over the next 5 years;
- (b) section of the plan focusses on the health and wellbeing of the workforce and that they would continue to build on what was already in place;
- (c) a recent event showcasing Plymouth as part of an international recruitment campaign to attract doctors to city was very successful;
- (d) the domiciliary care market continues to be a challenge and they have been acknowledged as a system that works well with partners and providers and have used that in how they shape the market. Domiciliary care providers have joined us as part of the CQC review and keen on innovation and looking at how we support people in their home;
- (e) they invest in training and development and run leadership programmes for providers. As part of the contractual management staff have to undertake safeguarding training and this was reviewed regularly;

- (f) they have adopted an approach on information sharing across a range of different of systems,. However, it was difficult to have a system that met the needs of an individual and were working on how to share information across a range of systems so that professionals on the ground can access that individual's information both statutory and non-statutory. A major step forward was the achievement of using the NHS identifier across both systems.

The Committee noted the report.

14. **Healthwatch Plymouth Annual Report 2017/18**

Tony Gravett, Healthwatch Deputy Manager was present for this item. It was highlighted that –

- (a) they worked with primary care commissioning, CCGs and GP surgeries and conducted an access survey around people trying to get an urgent appointment. It was reported that most people were seen or received a GP call back within 48 hours. The survey took place during winter 2017 and run again winter 2018 and the recent results show that it hasn't got worse;
- (b) they had undertaken a focussed piece of work on the Surgical Assessment Unit at the request of the hospital looking at patient engagement, expectations and waiting times. We provided some recommendations of which some were taken forward such as a board explaining the process and how long you can expect to wait because of diagnostic testing which may be required. A further date has been arranged to review the progress;
- (c) they had been contacted by a patient diagnosed with Sarcoidosis, a rare condition which affects the lung capacity but can affect other parts of the body and difficult to diagnose. The patient felt that they were not being treated holistically and there was no support group in place. They had since set up a South West Support Group which now has 50 members and now understanding the range of issues this group were facing;
- (d) they were working with the Sustainable Transformation Partnership alongside Healthwatch Devon and Healthwatch Torbay sitting on different boards and committees;
- (e) they have had several meetings with the CQC under their 3 main strands: acute service, social care and primary care which has led us to both understanding each other's roles and have provided help with the planning of inspections;

- (f) there was a shortage of British sign language and interpreters for primary care and Derriford for a health appointments. This had been partly caused by the contracted provider. They were currently reviewing this and would like to bring this back to scrutiny in the autumn;
- (g) they have been involved in the working groups with the trust around complex hospital discharge and looking to undertake a survey to hear from patients who had gone through the complex discharge pathway. They were also looking at the adult social care discharge process;
- (h) they have been involved in STP work around children's procurement services and have also have been commissioned by NEW Devon CCG to look at Autism Services in Plymouth.

In response to questions raised, it was reported that -

- (i) it had always been difficult to make the links with minority groups but as part of the Health and Wellbeing Hubs had managed to engage with some of these groups. The evidence so far shows that we are not seeing too many issues but engagement was required;
- (j) they were aware of a project by the CCG to raise awareness of PPGs and to get PPGs more focused in supporting their surgeries;
- (k) Plymouth University have been working with Healthwatch Torbay on a Digital Inclusion Programme which aims to educate people on how to use an on-line system for making a routine appointment. Access to GPs remains an issue and an on-line system for making an appointment should not be the only method.

The Committee noted the report.

15. **Integrated Commissioning Scorecard**

Following a short debate, the Chair confirmed that if any member of this committee wished to explore anything contained within the Integrated Commissioning Scorecard to contact the Chair or Democratic Support Adviser. It was reported that the Chair and Vice Chair would be meeting with a Performance Officer to go through the scorecard at future meetings and would highlight any concerns back to the Committee.

16. **Integrated Finance Monitoring Report**

The Chair advised that this item together with the integrated finance monitoring report had been included on the agenda for information. As no issues had been identified for consideration prior to the meeting, no Cabinet Members or officers had been invited to attend.

17. **Work Programme**

The Committee noted the work programme.

18. **Tracking Resolutions**

The Committee noted that tracking resolutions which were either progressing or complete.