

# Health and Adult Social Care Overview and Scrutiny Committee

**Wednesday 23 January 2019**

## **PRESENT:**

Councillor Mrs Aspinall, in the Chair.

Councillor Mrs Bowyer, Vice Chair.

Councillors Corvid, Hendy, James, Laing, Dr Mahony and Nicholson (substitute for Loveridge).

Apologies for absence: Councillors Loveridge and Parker-Delaz-Ajete.

Also in attendance: Councillor Ian Tuffin (Cabinet Member for Health and Adult Social Care), Andy Bickley (Independent Chair), Jane Elliot Tonic (Strategic Safeguarding Lead (Adults)), Kevin Baber (Chief Operating Officer), Amanda Nash (Head of Communications) and Julie Morgan (Head of Audit, Assurance and Effectiveness) from University Hospital Plymouth NHS Trust, Carole Burgoyne MBE (Strategic Director for People, Plymouth City Council) and Sonja Manton (Director for Strategy, South Devon and Torbay CCG and NEW Devon CCG) and Amelia Boulter (Democratic Adviser).

The meeting started at 2.00 pm and finished at 4.30 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.*

## 50. **Declarations of Interest**

There were no declarations of interest made.

## 51. **Minutes**

Agreed that the minutes of the meeting held on 21 November 2018 were confirmed as a correct record.

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

There were no items of Chair's urgent business.

## 53. **Report from Independent Chair, Plymouth Safeguarding Adults Board (PSAB)**

Andy Bickley (Independent Chair), Jane Elliot Tonic (Strategic Safeguarding Lead (Adults)) and Councillor Ian Tuffin (Cabinet Member for Health and Adult Social Care) were present for this item and referred to the report attached to the agenda.

In response to questions raised, it was reported that –

- (a) his role as Chair was to challenge agencies and to seek assurance. There was very good engagement across the city and at the quarterly board meetings they were now looking at themes and how they collectively keep people safe;
- (b) the Creative Solutions Forum reflects the exceptional leadership of different organisations across the city in particular around public health which highlighted a number of vulnerable people with acute and chronic drug and alcohol dependency who create a significant demand on services. The Forum was created as an open space for agencies to meet and discuss these cases to try and achieve a successful resolution;
- (c) they commissioned Healthwatch to undertake extensive participation and engagement reviews to ensure that the Board were better sighted on the 'lived experience' of users and carers involved in the safeguarding process;
- (d) they were looking at how to engage in a more preventative work to gain a better understating on vulnerability and safeguarding across all organisations to prevent people from being abused and/or at risk of being abused;
- (e) assurance sits at the heart of what the Board undertakes on behalf of the community and there was a need to find innovative ways to ensure that recommendations from a serious case review were being delivered and that the Board were making a difference.

The Committee agreed -

1. To note the report and update from the Independent Chair, Plymouth Safeguarding Adults Board.
2. To receive the Healthwatch consultation results when available.
3. To explore how the Health and Adult Social Care Overview and Scrutiny Committee receive regular updates from the Plymouth Safeguarding Adults Board in the future.
4. To receive copies of the Creative Solutions Forum case studies.
5. To encourage all Members to attend the safeguarding training.

54. **Progress Update on CQC Action Plan**

Kevin Baber (Chief Operating Officer), Amanda Nash (Head of Communications) and Julie Morgan (Head of Audit, Assurance and Effectiveness) from University Hospital Plymouth NHS Trust were present for this item and referred to the report included in the agenda. It was highlighted that -

- (a) the CQC visited the hospital in December 2018 to re-inspect progress against the two warning notices. It was reported that progress was concluding and would shortly be receiving the draft report;
- (b) with regard to pharmacy and the capacity at a senior leadership level, it was reported that support had been provided to move the work programme forward and the team were now at establishment which was a significant achievement. The Pharmacy Board would start meeting on a weekly basis from next week;
- (c) good progress had been made with diagnostic imaging but it was acknowledged that the changing of the culture would take some time;
- (d) with regard to the overall action plan, 43% of the actions were now complete and it was reported that they now have the funds to build the new Emergency Department;
- (e) there were challenges around mandatory training with a number of actions related to this which had resulted in a task and finish group to take this forward.

In response to questions raised, it was reported that –

- (f) they were undertaking a piece of work to address whether the workforce within pharmacy was sufficient for the workload around dispensing and undertaking audits and checks. They were developing a business case to address the future staffing arrangement within pharmacy;
- (g) the writing and dispensing of a prescription was complex and that patients that were fit for discharge in the morning would have to wait for their prescription to be signed off. There was an in day delay which kept patients in hospital and pharmacy would have a part to play in that;
- (h) they do have challenges with the workforce and this was an on-going challenge for the hospital;
- (i) they highlighted to the CQC their concerns around the staff survey results in pharmacy when they visited. The Chief Executive also had taken a huge interest in trying to resolve this;
- (j) guidance and discussions on Brexit was being handled centrally with the major pharmaceutical companies and they were not expected to make any special provision or stockpiling of medicines.

The Committee noted the progress made so far and agreed to receive a written update report on the latest submission to the CQC.

55. **Missed Hospital Appointments**

Amanda Nash (Head of Communications) and Kevin Baber (Chief Operating Officer) from the University Hospital Plymouth NHS Trust were present for this item and referred to the report included in the agenda. It was highlighted that that the trust were in the top 25% for Did Not Attends (DNAs), however they were not complacent and continually making improvements.

In response to questions raised, it was reported that -

- (a) patients that had problems with parking would not fall into this category and would find them another appointment;
- (b) they follow national guidance in terms of the waiting list policy. The waiting list policy had been scrutinised externally and they were confident that there won't be any exceptions that would discriminate against any groups;
- (c) we try and give as much notice as possible for an appointment, always try and give patients at least 2 weeks' notice;
- (d) it was important to have a good understanding of why patients DNA and they were keen to undertake research on how this cohort was made up and barriers to not attending;
- (e) they were exploring alternatives to attending the hospital for an appointment such as taking outpatient appointment closer to the patient by using the Cumberland Centre or Mount Gould.

The Committee notes that the University Hospital Plymouth NHS Trust is among the best performing trusts in the country for Did Not Attend (DNA) and the measures taken to further reduce DNAs and requested a follow up report in 6 months' time.

56. **Sustainability and Transformation Partnership (STP) and Integrated Care System (ICS) Update**

Carole Burgoyne (Strategic Director for People, Plymouth City Council) and Sonja Manton (Director for Strategy, South Devon and Torbay CCG and NEW Devon CCG) were present for this item and referred to the report included in the agenda. It was highlighted that –

- (a) the reports outlines the key developments in the Sustainability and Transformation Partnership (STP) and Integrated Care System (ICS) journey;
- (b) the NHS long term plan sets out the intent on how systems are to work together in new ways to improve the outcomes and offers to our population;
- (c) they were expected across the wider Devon footprint to put forward a 5 year plan for our population on how we will address inequality and improve outcomes and this will be the opportunity to get the planning right with all of our partners and to ensure the right governance around this.

In response to questions raised, it was reported that -

- (d) with regard to the Digital Strategy there were 4 areas of priority to become digitally enabled -
  - one system – sharing of care records and only tell story once;
  - technology together - shared infrastructure;
  - digital citizen – access to appointments and self-care;
  - harnessing information - using information to understand our population needs
- (e) the plan needs to be co-designed to ensure that our communities have a say on the local priorities but the plan needs to realistic and with the support of this committee to assist with the conversation to shape the plan;
- (f) they would use existing mechanisms to engage with communities and have infrastructure with our partners to get people together to work alongside councillors to share the plan and develop together;
- (g) they were constantly in touch with partners around health and wellbeing on developing plans for the future.

The Chair on behalf of the Panel thanked Carole Burgoyne MBE for her contribution to the Committee and wished her a very happy retirement.

The Committee noted the contents of the report.

*(This item was moved to facilitate good meeting management).*

## 57. **Integrated Finance Monitoring Report**

The Chair advised that this item together with the integrated commissioning scorecard 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 for this item.

58. **Integrated Performance Scorecard**

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 for this item.

59. **Work Programme**

The Committee noted the work programme.

60. **Tracking Resolutions**

The Committee noted the tracking resolutions.