

Health and Adult Social Care Overview and Scrutiny Committee

Wednesday 19 June 2019

PRESENT:

Councillor Mrs Aspinall, in the Chair.

Councillor Mrs Bowyer, Vice Chair.

Councillors Corvid, Deacon, James, McDonald (substituting for Councillor Tuffin), Nicholson, Parker-Delaz-Ajete and Tuohy.

Apologies for absence: Councillor Tuffin.

Also in attendance: Councillor Kate Taylor (Cabinet Member for Health and Adult Social Care), Kevin Baber, Amanda Nash, Julie Morgan and Stuart Windsor (University Plymouth Hospitals NHS Trust), Ross Jago (NHS Devon Clinical Commissioning Group), Anna Coles (Director of Integrated Commissioning), Mark Proctor (NHS Devon Clinical Commissioning Group), Rob Sowden (Performance Advisor), David Northey (Head of Integrated Commissioning) and Amelia Boulter (Democratic Advisor).

The meeting started at 2.00 pm and finished at 4.50 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.

1. **To Note the Appointment of Chair and Vice-Chair**

Agreed to note the appointment of Councillor Mrs Aspinall as the Chair and Councillor Mrs Bowyer as the Vice Chair of the Health and Adult Social Care Overview and Scrutiny Committee for the municipal year 2019 – 20.

2. **Declarations of Interest**

The following declarations of interest were made by Councillors in accordance with the code of conduct in respect of items under consideration at the meeting –

Name	Minute	Reason	Interest
Councillor Mrs Aspinall	Minute 7	Blue Badge Holder	Personal
	Minute 9	Sits on the Mayflower Procurement Board	Personal
Councillor Mrs Bowyer	Minute 7	Knows a volunteer buggy driver at Derriford Hospital	Personal

3. **Minutes**

Agreed the minutes of the meeting held on 20 March 2019.

4. **Chair's Urgent Business**

There were no items of Chair's Urgent Business.

5. **Terms of Reference**

The Committee noted the Health and Adult Social Care Overview and Scrutiny Terms of Reference. The Chair highlighted that the Terms of Reference would be discussed at the Scrutiny Management Board, in particular sport and the best committee to deal with this topic.

6. **CQC Report on Derriford's Emergency Department**

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. It was reported that following the inspection in April 2019, the key findings were as follows –

- not enough available beds in the hospital to allow emergency patients to be admitted to a ward as soon as was required. This resulted in a crowded emergency department with patients receiving care and treatment in unsuitable environments;
- patients waiting up to an hour to be seen/triaged which could lead to serious medical conditions that could remain undetected and delay in the patient receiving treatment;
- the recording of patient observations were not accurate.

In response to questions raised, it was reported that –

- (a) the action plan would be completed by the end of June and the hospital were already addressing the actions that had been picked up as part of the CQC inspection;
- (b) Derriford was one of 14 hospitals looking at the new accident and emergency standard and triage times and this was an on-going project. They were also exploring whether part of the triage process could be undertaken electronically;
- (c) to avoid the patient having to repeat information, the hospital were exploring new IT systems and an option was to use a system used by the majority of general practices to retrieve patient records;
- (d) patients that were admitted late in evening unfortunately had to wait for a long period of time this was now a more regular occurrence;

- (e) they have had success with nurse recruitment within the emergency department but were struggling to recruit medical tier junior doctors.

It was agreed that the CQC Action Plan on Derriford's Emergency Department will be presented to the committee in July.

7. **Disability Parking at Derriford Hospital**

Stuart Windsor, Kevin Baber and Amanda Nash were present for this item and referred to the report in the agenda. The Chair welcomed Bruce Abbot, Chair of the Plymouth Area Disability Action Network (PADAN) to the meeting for this particular item and to share the views on behalf of PADAN.

In response to questions raised, it was reported that -

- (a) they were looking at a longer term plan with regard parking and part of that plan to look at freeing up capacity and making sure there was the right balance of spaces available;
- (b) as a Trust they were looking at the demand for healthcare and how follow-up appointments could be undertaken within the community;
- (c) the hospital had limited areas where they can add additional parking and adding capacity was probably not the solution. They need to further promote car sharing, park and ride across the city to free up spaces at the hospital;
- (d) they have addressed staff parking in blue badge holder bays but as a rule staff generally do not park in the disabled car parks because it is cheaper to park in the staff car park;
- (e) the buggy service was currently out of action due to the lack of the volunteers. They have visited other trusts and looked at a volunteer led visitor centre and there was also a need to replace the current buggy to ensure better access to other entrances on site;
- (f) they were looking at different ways of working for staff to help reduce the pressure on the overall site as well as physical space;
- (g) the Site Development Plan was being updated and business cases produced and an opportunity for the Committee to review this in the autumn.

The Committee noted the report and welcomed a site visit to review the parking at the hospital and to review the Site Development Plan in the autumn.

8. **A Long Term Plan (LTP) for Devon**

Anna Coles (Director of Integrated Commissioning) and Ross Jago (NHS Devon Clinical Commissioning Group) were present for this item and referred to the report in the agenda.

In response to questions raised, it was reported that –

- (a) local areas were important to identify whether information was still valid and to identify gaps for further work to be undertaken if required;
- (b) the workforce would be a key work stream and the capacity of the system to deliver the priorities was a factor. Scrutiny was key to this process and there would be more joint scrutiny with Devon and Torbay in the future.

It was agreed that the Committee –

- 1. notes the progress to date and the proposed timescales, materials and levels of engagement for the development of Devon's Long-Term Plan.
- 2. endorses the robustness of the process before the engagement starts.
- 3. programmes additional consideration on the Committee's work programme.

9. **General Practice Update**

Mark Procter and Ross Jago (NHS Devon Clinical Commissioning Group) were present for this item and referred to the report in the agenda.

In response to questions raised, it was reported that –

- (a) there were still a number of significant vacancies across all the professions, however, there was a need to improve on workforce planning around general practice and that new opportunities would be created as part of the new care model;
- (b) contracting for general practice they follow a national core specification. Locally they would engage with the practice on what they need to deliver and to align with the commissioning intentions and broader system requirement. From an Estates perspective, this was a challenge and have to bid for capital along all health requirements. They were undertaking an extensive review of GP property and reviewing this against population growth and care model requirements;

- (c) they were focusing on working with the planning department to ensure a single point of contact from a primary care perspective to put in for 106 money at the appropriate time, this was a key priority;
- (d) services were being provided by a broader range skills and as part of the new care model would be the right way to provide services moving forwards;
- (e) they need to understand what to deliver in the more deprived areas and were working with a group of practices called the deep end group to look at more targeted resources and GP capacity to support delivery;
- (f) with regard to retaining GPs they were working more broadly with the service and Plymouth City Council to make the role more attractive as a career;
- (g) they were in the process of refreshing the GP Strategy to reflect the new care model which would also include workforce, estates and digital;
- (h) the medical optimisation programme deliver an extensive programme Devon-wide and they have to deliver a large number of saving year on year;
- (i) a pilot was taking place in the Drake Alliance, a prescribing ordering service and they were using a single hub approach to analyse and ensure that the right drugs were being issued.

The Committee:

1. noted the report;
2. to schedule a further update in line with the Committee's recommendations in November 2018 (Select Committee minute 13 (4,5,6) refers)
3. reviews the GP Strategy/Commissioning Intentions possibly as joint committee with Torbay Council and Devon County Council.

10. **Integrated Care System Performance Report**

Councillor Kate Taylor (Cabinet Member for Health and Adult Social Care), Rob Sowden (Performance Advisor) and Anna Coles (Director of Integrated Commissioning) were present for this item and referred to the report in the agenda. It was highlighted that the scorecard had been revised and for the Committee to have an oversight of the wider Devon footprint.

In response to questions raised, it was reported that –

- (a) the Adult Social Care survey was a snapshot in time and that data and intelligence gave a flavour on how the community were feeling about of adult social care services. They did have concerns on the low return rate which resulted in developing an action plan around the different means for completing the survey;
- (b) this report was an opportunity to drill down into different areas, however it was reported that some of the trajectories such as life expectancy which had long term outcomes would take time to show improvements;
- (c) the indicators were agreed as part of the integrated system as being the most appropriate indicators for each of the outcomes;
- (d) work as part of Thrive Plymouth was designed around helping people to be more healthy and more active which in turn would help with some of the indicators;
- (e) delayed transfer of care historically has been a real challenge and as a system have delivered better community resilient for people getting the right care at the right time.

The Committee noted the Integrated Care System Performance Scorecard.

11. **Integrated Finance Report**

David Northey (Head of Integrated Finance) and Helen Foote (Finance Business Partner) were present for this item and referred to the report within the agenda.

In response to questions raised, it was reported that –

- (a) officers would speak to colleagues at NHS Devon Clinical Commissioning Group (CCG) to clarify what was meant by 'system management agreements';
- (b) there was a pressure of £1.1m overspend for Plymouth City Council (PCC) and as a statutory body are required to have a balanced budget. They were reporting on a better position than the start of the year and both PCC and the CCG had stated that this would be a difficult year.

The Committee noted the Plymouth Integrated Fund Finance Report – Month 12 2019/19.

12. **Work Programme**

The Committee noted the work programme and requested the following items are added to the work programme:

- Dental Services;
- Update on Disabled Parking at Derriford Hospital;
- Community Care;
- Health and Wellbeing Hubs;
- Section 106 and Health;
- GP Strategy;
- Blood Transfusion Service.

13. **Tracking Decisions**

The Committee noted the progress against the tracking resolutions.