

# Health and Adult Social Care Overview and Scrutiny Committee

**Wednesday 31 July 2019**

## **PRESENT:**

Councillor Mrs Bowyer, in the Chair.

Councillor Tuffin, Vice Chair.

Councillors Mrs Bowyer, Corvid, Deacon, James, McDonald (substitute for Councillor Mrs Aspinall), Nicholson, Parker-Delaz-Ajete and Tuohy.

Apologies for absence: Councillor Mrs Aspinall.

Also in attendance: Nick Pearson and Jo Turl (NEW Devon CCG), Amanda Nash (University Hospital Plymouth NHS Trust), Tony Gravett (Healthwatch), Danielle Morris (Livewell SW), 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, Councillor Kate Taylor (Cabinet Member for Health and Adult Social Care), Gary Wallace (Public Health Specialist), Craig McArdle (Interim Strategic Director for People), Anna Coles (Director for Integrated Commissioning), Gary Walbridge (Head of Adult Social Care and Retained Functions), Claire Anderson (Strategic Commissioning Manager), Harry Sherwin (Project Manager), Andrew Loton (Senior Performance Advisor) and Amelia Boulter (Democratic Advisor).

The meeting started at 2.00 pm and finished at 4.53 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.*

## 14. **Declarations of Interest**

The following declaration of interest was made by Councillor Mrs Bowyer in respect of minute 21, knows a volunteer that works for Healthwatch Plymouth.

## 15. **Minutes**

The minutes of the meeting held on 19 June 2019 were agreed.

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

The Chair highlighted a change to the agenda as previously communicated to Members. The Integrated Care System Performance would be replaced with the Older People's Care Pathway and taken before the Adult Social Care item.

17. **Mapping of Corporate Plan to Scrutiny Committees**

The Mapping of the Corporate Plan to Scrutiny Committees would be a standing item on the agenda. For information and to be used as a reference against the Committee's terms of reference.

18. **Devon Long Term Plan Consultation**

Nick Pearson and Jo Turl (NEW Devon CCG), Amanda Nash (University Hospital Plymouth NHS Trust), Tony Gravett (Healthwatch) and Danielle Morris (Livewell SW) were present for this item.

In response to questions raised, it was reported that –

- (a) the Long Term Plan slots into the operational plan on how the NHS would run from year to year and how this looks for Devon for the next 5 years. They were aware of the workforce challenges and the skills, competencies and workforce would look different in the future;
- (b) they were really clear on the deliverables for next year, such as a reduction of people presenting at hospital, also a priority was mental health and crisis cafes and being able to deliver a better offer within the community and provide that low level support;
- (c) with regard to preventable illnesses, such as obesity and smoking, smoking rates had reduce significantly and were seeing the benefits, however, there were still a large cohort of people that smoked despite the increase in taxation and smoking bans;
- (d) with regard to making the argument for more funding, it was reported that they always raise this and work with local members to have that influence and requested Members to do the same.

The Committee noted the update on the Devon Long Term Plan Consultation.

19. **University Hospitals Plymouth NHS Trust CQC Action Plan: Emergency Department Inspection**

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 the item and referred to the report in the agenda pack. It was highlighted that the hospital had three must do's:

- To reduce crowding within the emergency department: there were two key strands to address this, the estate and environment of the department and the new build was in design stage but they have made some interim

improvements to resus and paediatrics department. Trying to reduce some of the delays and have GP attending minors as a pilot to increase primary care streaming and emergency care nurses undertaking further training to help increase their scope and help reduce the delays;

- Triage. This is a medium term improvement project within the department;
- Recording of clinical observations. Ensuring first set accurately recorded in the clinical notes from the ambulance services or whether we undertake our own set of notes and an audit was in this was taking place.

In response to questions raised, it was reported that:

- (a) they were currently in the process of looking to replace the electronic systems that supports clinical processes. At the last meeting Healthwatch mentioned how e-consult was working in general practice to help streamline the interaction and there was a potential to introduce e-consult to the emergency department to streamline the patients journey;
- (b) joining up information from primary care to the hospital was an important issue and a huge project was currently taking place across Devon, however, they had focused on the immediate actions within the emergency department but was a valid point to include this area of work within the plan to support the future streamlining of the emergency department;
- (c) the challenge for the hospital was to achieve greater connectivity between the various systems, not only within the emergency department, outpatients and for more timely information back to the GP and the hospital were actively exploring this;
- (d) Recently set up a digital board and the technology issues are long standing issues and not unique to the hospital and appreciate the impact to the patients and clinicians. Two possible solutions, one that integrates with the community and other an internal system and have been assessing these two options and would keep the Committee updated;
- (e) the duplication of asking for name, address etc does get replicated a lot but if a front end system that collects the information at the start of the patients journey stops the need to constantly requesting the same information would help the patients pathway;
- (f) the training for triage nurses would be a combination of formal training and internal training. They were also looking at the advanced nurse practitioner to help support the junior nurses be able make some of the decisions at the front end.

The Committee noted the University Hospitals Plymouth NHS Trust CQC Action Plan: Emergency Department Inspection report.

20. **Update following the closure of Broadreach/Longreach House**

Councillor Kate Taylor (Cabinet Member for Health and Adult Social Care) and Gary Wallace (Public Health Specialist) were present for this item. It was reported that following the closure, the 4 patients that were residing at Broadreach have been successfully placed in alternative facilities. As part of the in-patient contract with Broadreach and placed around 20 patients a-year, this contract was over a 10-year period. They were now in discussions with Boswyns in Cornwall to pick that the provision to ensure that patients do not lose loss of service.

In response to questions raised, it was reported that –

- (a) the estimated number of patients have used the facilities at Broadreach and Longreach was 20 in-patient and 10 in re-hab. Plymouth City Council was not a major customer;
- (b) the Alliance had a conversation with the administrator and it became apparent that the business model was unsustainable. Plymouth City Council were made aware of the closure 4 days before they closed;
- (c) it was disappointing that they didn't disclose their current position, however, there were extenuating circumstances on why they didn't share this information with us. The unfortunate closure had helped them to work differently with partners on subsidiaries that were available, if they need financial assistance;
- (d) this was a national problem with many rehabilitation centres closing over the last decade due to cuts in local authority budgets, on-going national discussions were taking place on the current model and whether it was sustainable;
- (e) a lot of people choose not to have their rehabilitation locally because they want to get away from drug dealers and their current environment, also Boswyns have a flexible arrangements in place such as the use of SKYPE to communicate with patients.

The Committee noted the update on closure of Broadreach/Longreach House.

21. **Healthwatch Annual Report**

Tony Gravett (Healthwatch) was present for this item and referred to the report in the agenda. It was highlighted that in October GP evening and weekend appointments commenced, however, this was not communicated widely with the public and they were currently working on public knowledge around that offer. This was a significant programme of change to alleviate the pressures general practice.

In response to questions raised, it was reported that –

- (a) Healthwatch were continuing to reach out and engage with the BME community to gain a better understanding of the different cultures to ensure that services were accessible;
- (b) with regard to children's dental health, parents have approached us regarding access to dental services for their children. These 2 cases were dealt with and children were seen at the Dental Access Centre. The Local Dental Network visit schools to educate children on oral hygiene and oral education. There was a need to think about the homeless population and people living in sheltered accommodation, it was also highlighted that access to dental services crosses a whole age range across the city;
- (c) patients wanting a routine appointment were now having to wait 3 weeks for an appointment. The primary care network which are made up of individual surgeries working together at scale to provide additional services but there were some groups of surgeries that are meant to work together but there were issues around patients being offered appointments outside of their locality and transport issues. Primary Care Networks potentially one way to provide additional services.

The Committee noted the Healthwatch Annual Report 2018 - 19.

22. **Older People's Care Pathway**

Councillor Kate Taylor (Cabinet Member for Health and Adult Social Care), Craig McArdle (Interim Strategic Director for People), (Anna Coles (Director for Integrated Commissioning), Gary Walbridge (Head of Adult Social Care and Retained Functions), Claire Anderson (Strategic Commissioning Manager), Harry Sherwin (Project Manager) and Andrew Loton (Senior Performance Advisor) was present for this item and referred to the report in the agenda.

In response to questions raised, it was reported that:

- (a) they were not seeing a large number of people going into

care homes but currently have a static population and this number would gradually reduce over time. They want to minimise the number of people entering care by providing enablement and for people to stay at home longer;

- (b) over time residential care and the profile of what would be required will change and that information would be analysed. In the next agenda item the market position statement sets out the future needs for residential nursing and extra care provision for the next 10 – 15 years;
- (c) There were night sitting services across the city and how we can more intelligently deploy this services and what we do to enhance what was currently available moving forward;

The Committee noted the Older People's Care Pathway Update.

(This agenda item replace the Integrated Commissioning Scorecard).

### 23. **Adult Social Care - Future Direction Presentation**

Councillor Kate Taylor (Cabinet Member for Health and Adult Social Care), Craig McArdle (Interim Strategic Director for People), Anna Coles (Director for Integrated Commissioning), Gary Walbridge (Head of Adult Social Care and Retained Functions) were present for this item and referred to the presentation attached.



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In response to questions raised, it was reported that -

- (a) there were a range of services within the system that were not necessarily joined together in a cohesive way. They were looking at providing a consistent offer to ensure timely access to services, however, they still had some improvements to make around joining services together to improve pathways and manage the demand;
- (b) the work they were undertaking would address managing demand in particular looking at the services for people living more complex lives and how services would be provided in a more appropriate way;
- (c) the workforce relates to the social care workforce and it was reported that they were reviewing the operating model and have found that there was a high dependency on

highly professional staff providing information and advice. As part of the review they were looking at the access to advice out in the communities and this would then reduce the interfaces with the highly professional staff. They were also looking at ways of building a more resilient workforce and how they promoting career opportunities within the social and healthcare landscape;

- (d) from the outcomes adult social care were performing well over and there had been big improvements on hospital discharges, they have expanded extra care which was about the right care, right time and right place and were opening disability schemes this years, however they do need to do better for the vulnerable adults in the city;
- (e) the quality care team were now focussing on the domiciliary care work, working with the providers, workshops to ensure they were inspection ready and want to improve the quality standard;
- (f) there was a requirement by law for providers to pay their staff the national living wage;
- (g) some of the challenges with care and keeping people in their own homes and how they acquire services right for them as well as respecting confidentiality and how family members are supported. Real peoples experiences help them to understand how improvements can be made to services;
- (h) the workforce agenda was a conversation taking place across the STP and they were engaged in a number of initiatives such as Proud to Care and giving more recognition for choosing a role in care sector. It was also not just about money but other values a person would find in the role, they were also looking at career paths and what motivates people to return to care and having the right mechanisms in place to catch them, more flexible arrangements for a more sustainable workforce;
- (i) as part of the assessment in the home it was a requirement to identify children in the home and this was taken into consideration when planning support and to not overly burden the child.

The Committee to note the future direction of Adult Social Care.

#### 24. **Work Programme**

The Committee noted the work programme.

25. **Tracking Decisions**

The Committee noted the progress made against the tracking resolutions.