

Health and Adult Social Care Overview and Scrutiny Committee

Wednesday 9 October 2019

PRESENT:

Councillor Mrs Aspinall, in the Chair.

Councillor Mrs Bowyer, Vice Chair.

Councillors Corvid, Deacon, James, Nicholson, Parker-Delaz-Ajete, Tuffin and Tuohy.

Also in attendance: Elaine Fitzsimmons (NHS Devon CCG), David Brown (University Hospital Plymouth NHS Trust), Councillor Kate Taylor (Cabinet Member for Health and Adult Social Care), Rachel Silcock (Strategic Commissioning Manager), Councillor Kate Taylor (Cabinet Member for Health and Adult Social Care), Ruth Harrell (Director of Public Health), Claire Turbutt (Advanced Public Health Specialist), Jo Watson (NHS Devon CCG), Anna Coles (Director of Integrated Commissioning), Ben Chilcott (NHS Devon CCG), Helen Foote (Plymouth City Council), Craig McArdle (Interim Strategic Director for Place) and Amelia Boulter (Democratic Advisor).

The meeting started at 2.05 pm and finished at 5.02 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.

26. **Declarations of Interest**

The following declaration of interest was made by Councillor Tuohy in respect of minute 31, Health and Wellbeing Hubs, is a Board Member of The Wolseley Trust/Jan Cutting Living Centre.

27. **Minutes**

The minutes of the meeting held on 31 July 2019 were agreed.

28. **Chair's Urgent Business**

There were no items of Chair's urgent business.

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

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

30. **Winter Planning**

Elaine Fitzsimmons (NHS Devon CCG) and David Brown (University Hospital Plymouth NHS Trust) were present for this meeting and referred to the presentation in the agenda pack.

In response to questions raised, it was reported that:

- (a) OPEL (Operational Pressures Escalation Levels) from 1 to 4 with 4 being the highest. The hospital were currently operating on OPEL 4 which meant that they were responding to a major incident. The fantastic work from staff the hospital meant that they would be imminently out of OPEL 4;
- (b) to avoid future escalation to OPEL 3 or 4, the hospital were looking at systematic improvements such as improving the system of care at the weekends and same day emergency care by providing a high quality pathway for patients that do not require an overnight stay. By looking at each of the pathways could start to see where they were making a difference;
- (c) resilient staffing was critical moving into the winter period and the hospital have more staff available than last winter. The hospital have a portfolio of services they have to provide and if they have staff shortages within urgent and emergency care then staff would be moved from other areas to ensure service continuity. The hospital's mission this winter was to continue to provide high quality emergency and urgent care as well as surgical care to patients;
- (d) last year they worked as one system and nominated a chief operating officer to ensure the right levels of staffing were in place across the system. They were also reviewing the role GPs play and to ensure there were have enough out of hours GPs;
- (e) they were looking at different options to bring people that may have recently retired back into work at short notice if required;
- (f) the uptake of the flu vaccination were similar year on year. However the vaccination programme led by NHS England was focusing on the hard to reach groups but despite this the uptake was still around 70%;
- (g) an on-line repeat prescribing function had been set up in Plymouth allowing patients to phone a separate number to receive their repeat prescriptions and this was starting to reduce the pressure on GPs;

- (h) there was a co-ordinated approach to communications and how to get information out to the population on the different options available other than presenting at the GP practice and/or emergency department;
- (i) the complex care response team has a good rate of accepting patients to be cared for at home but have had an arrangement that the patient would be seen by a GP before being referred to the team. This year they had invested additional money into highly trained nurses and paramedics for them to undertake the visit on the GPs behalf and this idea was shared at a recent GP forum and was received positively;
- (j) they were undertaking a piece of work looking at high intensity users of the emergency department and doctor surgeries and trying to understand why they are using these services which were often not health related and how they could have been better supported within the community. GPs were also taking a proactive approach with the frail elderly patients.

The Committee noted the presentation and were:

- Assured that comprehensive work has been undertaken in relation to attempting to understand urgent care demand and building this into the local work plan.
- Assured that commissioners and providers continue to learn and build upon prior experience.
- Assured that planning for winter is being done in partnership with due regard to key risks and challenges to the system.

The Committee also agreed to be provided with a briefing report at the end of the winter period.

(Councillor Mark Deacon left after this agenda item).

31. **Health and Wellbeing Hubs**

Councillor Kate Taylor (Cabinet Member for Health and Adult Social Care) and Rachel Silcock (Strategic Commissioning Manager) were present for this item and referred to the report in the agenda. Councillor Kate Taylor thanked everyone involved in the development of the health and wellbeing hubs and to the staff and volunteers that were a credit to their communities.

In response to questions raised, it was reported that:

- (a) communications relating to the health and wellbeing hubs would be shared with Councillors and apologies if this was not the case;

- (b) they prioritised the hubs based on deprivation and need within the city and therefore hubs in the Plympton area had been delayed. However the Plympton community were engaged and were part of the hubs leadership programme to ensure that the community were ready to launch and undertake an active role;
- (c) they were making the most of the community resources already available within the community and by working with the various groups within that community to enable them to deliver the hubs in 2020;
- (d) there were a suite of services for each of the health and wellbeing hubs and performance indicators were attached to the hubs. They were also looking across the whole system to ascertain what people gained from visiting the hubs and the services they received;
- (e) they had looked at how other hubs had been evaluated and had found that good quantitative data around social prescribing and then qualitative as whole had worked well. They would like to take this approach in Plymouth however would be resource intensive but they have engaged with the Universities of Plymouth and Exeter to seek assurance that they were taking the right approach;

Agreed that:

- 1. A small group of this committee to review the programme with officers and agree a wider communication to elected members and to clarify the situation on external funding opportunities available.
- 2. The Committee notes and supports the delivery of this exciting programme of Wellbeing Hubs.
- 3. The Committee to review the performance of the Health and Wellbeing Hubs at a suitable time.

32. **Director of Public Health Annual Report**

Councillor Kate Taylor (Cabinet Member for Health and Adult Social Care), Ruth Harrell (Director of Public Health), Claire Turbutt (Advanced Public Health Specialist) were present for the item and referred to the report in the agenda.

In response to questions raised, it was reported that:

- (a) there was a need to talk more about mental health to reduce the stigma and that mental health was no different to physical health. It was also well known to get support from supportive friends and colleagues around you;

- (b) they were currently trying to understand why life expectancy in women was falling but do not have the answers but were looking across everything we do to try and identify what was causing the problem;
- (c) unhealthy foods cheaper and easier to access in more deprived areas and obesity certainly an issue for different generations and Thrive Plymouth was working to tackle this;
- (d) funding allocation to the NHS historically given based more on demand rather than need and that people in more deprived areas were less likely to seek medical attention when required which results in deprived areas receiving less funding. The CCG had recognise the lack of funding within the western locality and conversations were taking place to rebalance of funding across the locality.

The Committee agreed:

1. To note the content (including recommendations) of the Director of Public Health Annual Report.
2. To commit to considering what each partner organisation could contribute to these recommendations.
3. To consider our response, if any, to the national picture.

The Committee supported meetings taking place to address the fair funding for the city.

(Councillor Nicholson left during this item).

33. **Brexit - Verbal Update**

Jo Watson (NHS Devon CCG), Ruth Harrell (Director of Public Health) and Anna Coles (Director of Integrated Commissioning) were present for this item and provided a verbal update to the Committee. It was highlighted that:

- (a) they were planning for potential no-deal Brexit and were looking at all the impacts. Two risk registers were submitted recently to Cabinet, one on the internal council risks and risks across the city and they were looking at the mitigations;
- (b) after looking at the mitigations two issues highlighted related to our own suppliers on provision of social care and medicines;
- (c) the Director of Public Health recently attended a Local Resilience Forum meeting and it was reported that in preparation for Brexit suppliers have been asked to order 6 weeks supplies on top of their normal supplies and this had been achieved for 80% of medicines;

- (d) a commitment had been made that if supplies were unable to reach areas of the south west then the military would be drafted in to fly in supplies if necessary. All professionals have been asked to prescribe as usual and for patients not to over order.

In response to questions raised, it was reported that:

- (e) they have been in discussions with social care providers since last February as part of business continuity to understand the potential implications with regard to EU nationals and possible impacts. Care providers have been having conversations with staff and to identify potential risks, providing support and information around the settlement process and whether EU nationals were likely to stay or leave;
- (f) they were also looking at personal protective equipment (PPE) used largely in the social care market and ensuring sufficient supplies and identifying back up resources. There has been considerable engagement with the providers of social care and all commissioned services have been audited to ensure they were aware of the potential issues and be prepared as they could be and we feel that we were in good position to cope in the south west;
- (g) if a medicine was not available then alternatives would be prescribed. They have introduced the serious shortage protocol to allow the community pharmacy to make the changes instead of the going back to the original prescriber to make the change thus enabling the pharmacist on the front line to make the change;
- (h) important to note that there might be a slight delay for some patients receiving their medications, this was not ideal but pharmacists were generally aware of the issues that patients were facing and ensuring that their needs were met.

The Committee noted the verbal update on Brexit and requested a summary of the points raised to be circulated to members.

34. **Plymouth Integrated Fund Finance Report - Month 5 2019/20**

Ben Chilcott (NHS Devon CCG) and Helen Foote (Plymouth City Council) were present for this item and referred to the report in the agenda. It was reported that:

- (a) currently between the CCG and the PCC they were declaring an in-year pressure of £1.271 million and majority of this pressure related to children's services at Plymouth City Council;
- (b) the report also provides an overview of the integrated fund such as the services included, the section 75 agreement, financial framework and risk share agreement;

- (c) the overall position for the CCG health budget was just under £1.9 billion and they were working towards a planned deficit of £29m with the month 5 position showing them on target to deliver that deficit however with significant risks emerging in-year. They were behind target of achieving £80 million savings and were in the process of pulling together a recovery plan.

In response to questions raised, it was reported that:

- (d) Children Social Care and Education Overview and Scrutiny Committee would address the current overspend within the Children Services directorate;
- (e) from a health perspective they know what the financial allocation would be for the next few years and were currently in the process of setting out the long term plan final submission in November 2019.
The plan sets out a do nothing gap with a series of over a short number of years a set of savings plans to bring the position back to balance;
- (f) the council precept and allocated funding was subject to further consultation in the autumn.

The Committee noted the Plymouth Integrated Fund Finance Report – Month 5 2019/10 and to review the Long Term Plan at a future meeting.

35. **Devon Integrated Care System Performance Quarter One 2019/20**

The Chair deferred this item but requested that any questions the committee had in relation to the Devon Integrated Care System Performance Quarter One 2019/20 report be sent to Rob Sowden. Officers put forward a suggestion that when the Committee next receive the Winter Plan that the report should include performance.

36. **Work Programme**

The Committee noted the work programme and requested that the following items to be scheduled:

- Alliance Contract/Action Plan – how this item will be scrutinised;
- Marmot principles/review together;
- Food Justice – Cllr Mrs Bowyer to email the group to find a member;
- Mental health take place towards the end of the year;
- Long Term Plan.