Health and Adult Social Care Overview and Scrutiny Committee

Wednesday 29 January 2020

PRESENT:

Councillor Mrs Aspinall, in the Chair.
Councillor Mrs Bowyer, Vice Chair.
Councillors Deacon, James, Parker-Delaz-Ajete, Tuffin and Tuohy and Ms Watkin (substituting for Councillor Nicholson).

Apologies for absence: Councillors Sam Davey and Nicholson.

Also in attendance: Craig McArdle (Strategic Director for People), Anna Coles (Director for Integrated Commissioning); Ruth Harrell (Director of Public Health); Paul Baker and Dr Dafydd Jones (NHS Devon CCG); Dr Adam Morris and Trish Cooper (Livewell SW); Gary Walbridge and Jackie Finnegan (Plymouth City Council); Amanda Nash and Graeme Hemsley (University Hospital Plymouth NHS Trust); Simon Tapley (NHS Devon CCG) and Amelia Boulter (Democratic Advisor).

The meeting started at 3.00 pm and finished at 5.13 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.

37. **Declarations of Interest**

There were no declarations of interest made.

38. **Minutes**

The minutes of the meeting held on 9 October 2019 were agreed.

39. **Chair's Urgent Business**

Ruth Harrell (Director of Public Health) provided an update on the Coronavirus, it was reported that -

(a) the UK has a strong embedded system for identifying and responding to infectious diseases and it was standard procedure for any communicable disease that the correct advice was given. All clinicians have a duty to report communicable disease cases to the Health Protection Agency which was now part of Public Health England;

(b) with regard to the Coronavirus there was an integrated system for responding to an emergency or any kind of major incident. The Local Resilience Forum which includes the City Council, health, police and other services deal with such an incident when it occurs;

(c) Public Health England would be driving responses and updating their website daily;

(d) there were a number of preventative measures in place and as reported in the news people arriving in the UK from China would be undertaking some form of quarantine to see if they develop the illness;

(e) basic prevention for infection control measures such as covering your mouth when you cough or sneeze, or cough or sneeze into a tissue or into the crook of your arm as well as washing your hands regularly.

40. **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.

41. **Policy Update - for information only**

The Policy update for information only.

42. **Primary Care Strategy and Plymouth Prospectus**

Paul Baker and Dr Dafydd Jones (NHS Devon CCG) were present for this item and referred to the report in the agenda pack. In response to questions raised, it was reported that -

(a) with regard to capacity, it was about introducing new ways of working, taking a digital approach and building the workforce with more emphasis on retention as opposed to recruitment;

(b) there was need to attract the workforce as well as making the offer attractive to those already in the system to keep them retained. Over last year the CCG has increased spend on a retention scheme;

(c) there has been a lot of interest in the prospectus both within the city and other parts of Devon with good levels of engagement;

(d) with regard to how people contact a surgery especially those who do not have access to a computer, a call can still be made to the surgery and staff answering the call would run through the same questions that people would be taken through if they did it by the computer system. By being taken through the same questions people were still getting a consistent response whether they ring the practice or go online;

(e) with regard to GP vacancies within the city, there had been a very small increase in terms of headcount. They a good attendance at a couple of recent national job fairs with a number of leads that they were pursuing. They were starting to see improvements around GPs specifically with more pharmacies, more social prescribers, more paramedics to enable GPs to focus what they needed to focus on.

The Committee noted the Primary Care Strategy and Plymouth Prospectus.

43. **Livewell South West**

Dr Adam Morris and Trish Cooper (Livewell SW) were present for this item and referred to the report in the agenda pack. It was highlight that -

(a) in October 2019 they received their annual inspection from the CQC which covered five core services and received an overall rating of good;

(b) Livewell SW were rated as good or outstanding across all 13 core services;

(c) with regard to end of life and Plymbridge House, CQC were very complimentary about the openness and honesty of staff and the relationship with patients. They saw a number of patient and staff interactions, including staff treating patients with respect and dignity and were very impressed with the changes over the last 12 months;

(d) there were four areas that required improvement and actions plans were in place to address this.

In response to questions raised, it was reported that with regard to end of life of care, they had increased training and work very closely with St Luke's hospice by working together as a team, using the same documentation and better planning for people leaving hospital. Teamwork across all the agencies has really been key and by working together had made the difference.

The Chair on behalf of the Committee gave thanks to Dr Adam Morris and his team for another good CQC Report.

The Committee noted the CQC Livewell Report.

44. **Independence@Home Reablement Service**

Gary Walbridge and Jackie Finnegan (Plymouth City Council) were present for this item and referred to the report in the agenda pack. It was highlighted that -

(a) the Independence@Home Service, works in close partnership with Livewell Southwest and University Hospital Plymouth, supporting people after they are discharged from hospital following illness or injury to regain their independence with activities of daily living such as washing, dressing, meal preparation and other domestic tasks;

(b) in November 2019, the CQC carried out their inspection of this service under Section 60 of the Health and Social Care Act 2008 (the Act) as part of their regulatory functions. The inspection was to check whether the service was meeting the legal requirements and regulations associated with the Act. The CQC looked at the overall quality of the service and provided a rating for the service under the Care Act 2014;

(c) the CQC inspection focussed on the five key lines of enquiry Safe, Effective, Caring, Responsive and Well-led. The outcome of this was that the Independence@Home has been rated Good across all areas;

(d) the inspection started on 12 November 2019 and was carried out of 3 days. Inspectors met with the registered manager, office staff and care coordinators, reviewed care records, policies related to the running of the service. They also spoke with 13 people who had received a service, relatives, front line reablement care assistants, health and social care professionals involved about their experiences of the care provided;

(e) the report noted that people received personalised care that promoted their independence and well-being and that the service focused on meeting service user's needs, protecting their safety and promoting their independence. They felt safe and well cared for and their preferences were respected, and staff were sensitive and attentive to their needs;

(f) the inspectors also noted that staff were described as kind, caring and compassionate. Staff said how much they enjoyed working for the service and they were proud of the support they provided to people and had a great sense of achievement when people regained their independence;

(g) next steps included -

- to increase capacity, supporting more people to be discharged from hospital each day to home through this service and support the wider aims of the Caring for Plymouth Plan.

- to bring new people into the care profession and attract those who may have left care back in to this essential and rewarding role.

The Committee acknowledged the findings of CQC's report and endorse the next steps the service is planning to make, continuing to improving and increase the capacity of the Independence@Home service.

45. **Update on Did Not Attend Appointments**

Amanda Nash and Graeme Hemsley (University Hospital Plymouth NHS Trust) were present at the meeting and referred to the report in the agenda pack. It was highlighted that -

(a) they had seen a further fall in the rate of did not attends and as a hospital trust were now rated 27th in the country. This was no easy task particularly given some of the challenges in terms of the population they serve which includes people from Plymouth and across the peninsula;

(b) they wanted to formally record their thanks to staff who deal with a large number of outpatient appointments a month with most of these taking place at Derriford, although appointments do take place at other venues;

(c) they had also made changes to the text messaging system in line with national research and undertook a survey with patients to ascertain what matters to them with regard to their outpatient appointment. They were also looking at how to reduce the number of face to face appointments and to provide appointments in different ways.

In response to questions raised, it was reported that –

(d) they were never complacent and always looking at what else could be done, such as the text reminder service and continuing to make comparisons with their peers;

(e) attendance at outpatient sessions were good with staff in the background checking the lists and making appointments available;

(f) the patient could ring regarding not being able to attend their appointment because of parking, the receptionist or the clinical team running that clinic would do their best to ensure that they could see that patient at the end of the clinic. They were looking to reduce the number of face to face appointments in terms of recognising the burden both on patients and carers of having to come to the hospital for appointments that perhaps could be done in another way.

The Committee noted the report and take assurance from the benchmarking data and the work undertaken.

46. **Fair Shares**

Simon Tapley (NHS Devon CCG) was present for this item and referred to the report in the agenda pack. It was highlighted that -

(a) on the 1 April the CCG's within Devon merged and prior to the merger there were a number of objectives, one of the which both myself and Chair, Dr Paul Johnson was trying to address this issue that has been running for a long time including many conversations with colleagues in the western system;

(b) the paper shared with the committee today went to the public governing body in October, the recommendations within the report were made by an independent group. This has been a tricky issue and whatever was the right answer for one place was the wrong answer for somewhere else so we felt that we needed some independence and were completely committed to trying to tackle this;

(c) a lot of discussion took place around that we should only move towards financial equity by differential investment and the governing body actually rejected that recommendation because they all felt that more flexibility was need and if we were to disinvest in one area to be able to invest in another that would leave us open. Therefore that recommendation was amended;

(d) the CCG currently pays a subsidy to Northern Devon locality because of its remoteness and agreed at governing body that should be set at the national value not what were currently paying and there was a significant difference between the two;

(e) when the CCG receives its allocation there's a capitated or fair share amount for the CCG so the whole of Devon against what we actually receive and it's deemed by national policy to be acceptable for a CCG to be either 2.5% below what its fair share would be or up to 5% above and we felt given that was national policy that that would be a reasonable approach for us to take when we allocate out to each locality;

(f) the CCG was currently ever so slightly above its fair share but very close to zero so when agreeing that we also said under recommendation 10 that where a locality has worse outcomes then the rest of the county we would look to move from below the average towards the average to an acceptable level -2.5% below and that was unacceptable we need people to move to financial equity and that would be the case for the western locality;

(g) they set themselves a three-year pace of change but that was to get inside the 5% or -2.5% and trying to get the western locality particularly those ones that were under and have worse outcomes was that it might take slightly longer than the three years than were actually putting in. So they put in an additional £5m into the western locality and working with colleagues in the western system around how to invest that and that there were no commitments against it so that the local team could really prioritise what were the right things to invest in and in 2021-2022 a further £5.8m which would still leave the western locality £13m below its fair share and that's the bit that we've said was still unacceptable and needs to be brought up;

(h) they feel it's really important to go further than that but need to recognise the financial situation that we're in as a system that that may take slightly longer would like to move quicker and were working on how to invest money and have moved cash down to the system and completely intend to see that see this through.

In response to questions raised, it was reported that -

(i) the allocation which we haven't talked about does move around quite a lot so I'm sure previous colleagues would have been down here and said the real issue was that we were investing too much money in eastern and not enough in western and that had been the narrative. This was true at one point. However there were issues now in South Devon which also includes Torbay who also have poor outcomes and North Devon because of their remoteness and rurality. They were trying to reduce and bring closer to their fair share, they were working with colleagues on an outcomes framework not just about Plymouth on how we can best make sure we tackle and understand the issues;

(j) they also have the aspiration and want to tackle the inequity. As mentioned £5m for 2020 – 2021 allocated to western with no commitments on how this money should be spent. This would be decided by local leaders and not by the CCG or the governing body. His personal aspiration was to tackle this quickly but it was also his responsibility not to destabilise other areas as well;

(k) to provide some assurance to the committee that you would want to see where that £5m invested and this was new money and really important that the work we're doing collectively looking at the outcomes and the impact of those outcomes on our urgent care system, community services, impact on primary care and therefore where we leave investment on a local footprint looking at role of voluntary sector and wellbeing hubs those types of things I think it's really important to say so I think just to reassure committee that you know we are absolutely looking at that preventative element in terms of addressing some of the challenges we have.

The Committee noted the Financial Inequities (Fair Shares) report and requested a report at the March meeting on how the £5m would be invested.

47. **Performance and Corporate Plan**

Rob Sowden (Performance Advisor) was present for this item and referred to the report in the agenda. It was reported that that –

(a) challenges remained within the emergency department with the number and Derriford hospital have been in Opel because of operational pressures and that this performance can feed into that the discussions around urgent care;

(b) there was also an increase in the number of people waiting more than 52 weeks from referral to treatment and this can be addressed when the NHS Operating Plan plans comes to this committee;

(c) they continue to maintain improved performance in relation to delayed transfers of care and achieving the reductions that were set by NHS England;

(d) they were continuing to see positive outcomes for people subject to safeguarding and abuse;

(e) the Stop Smoking Service was continuing to achieve its target of 35% success rate with people stopping smoking following engagement with the service;

(f) and although a small increase in prevalence of excess weight in 10 to 11 year olds this remains lower than the England average.

In response to questions raised, it was reported that –

(g) with regard to a reduction in adult social care service users feeling safe and secure, the Committee were reassured that this was monitored and this indictor was above statistical neighbours. They would continue to monitor and engage with service users;

(h) the NHS Operating Plan would clearly articulate the activity that the CCG would want to see around referral to treatment diagnostics.

The Committee noted the Performance and Corporate Plan Update and for Quarter 4 Performance Report if available to be presented at the meeting in March.

48. **Tracking Resolutions**

The Committee noted the progress made with the regard to the tracking resolutions.

49. **Work Programme**

The Committee noted the work programme.