

Health and Adult Social Care Overview and Scrutiny Committee

Wednesday 22 September 2021

PRESENT:

Councillor James, in the Chair.

Councillor Mrs Aspinall, Vice Chair.

Councillors Carlyle, Corvid, Harrison, Dr Mahony, McDonald, Murphy, Salmon and Tuffin.

Also in attendance: Craig McArdle (Strategic Director for People), Anna Coles (Service Director for Integrated Commissioning), Rob Nelder (Consultant in Public Health), Sarah Gooding (Policy and Intelligence Advisor), David Northey (Head of Integrated Finance), Helen Foote (Finance Business Partner), Rob Sowden (Senior Performance Advisor), Rob Sowden (Senior Performance Advisor); Tony Gravett MBE (Healthwatch Devon, Plymouth and Torbay); Councillor Mrs Pengelly (Cabinet Member for Housing and Communities) and Matt Garrett (Service Director for Community Connections); Paul Green (NHS Devon CCG) and Amelia Boulter (Democratic Advisor).

The meeting started at 10.00 am and finished at 1.00 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.

12. **Declarations of Interest**

The following declaration of interest were made in accordance with the code of conduct.

Name	Minute	Reasons	Interest
Councillor Tuffin	Minute 20	Member of PCH Board	Personal

13. **Minutes**

Agreed the minutes of the meeting held on 28 July 2021.

14. **Chair's Urgent Business**

There were no items of Chair's urgent business.

15. **Covid Update**

Rob Nelder (Consultant in Public Health) was present for this item and highlighted the following:

- On 27 August, Plymouth, along with its neighbouring local authorities, was classed as an Enhanced Response Area (ERA) by the Government. This was because rates were the highest in England;
- As a result of being an ERA they have a number of engagement exercises taking place across the city with pop-up vaccination clinics across the city over the next two weekends;
- Since becoming an ERA rates have fallen, but they were still higher than the England average;
- The ERA process ends automatically on Friday 1 October.
- The Covid-19 Autumn and Winter Plan has also been published. The Government aim to sustain the progress made and prepare the country for future challenges, while ensuring the NHS does not come under unsustainable pressure.
- As at 21 September there have been a total of 24,543 Covid-19 cases in Plymouth. The rate per 100,000 population (for comparability purposes) is 265.6 in Plymouth, 195.1 in the South West and 255.5 in England.
- Hospital admissions remain at a high level and in Derriford with over 40 Covid-19 cases, and this has a significant impact on the way in which the hospital operates.
- As at 8 September (registration date), there have been 252 deaths of Plymouth residents as a result of Covid.
- Vaccination levels in Plymouth were higher than the national average for each age category and have seen a strong uptake in younger people.
- In total 80% Plymouth residents have received at least one dose of vaccine, and 73% Plymouth residents have received two doses.
- Booster programme for people aged 50 years and over, health and social care workers and younger people at risk are being offered a booster dose of coronavirus (COVID-19) vaccine. This booster dose would help extend the protection gained from the first two doses and give longer term protection.
- 12-15 programme - all children aged 12 to 15 years are being offered a first dose of vaccine as part of the school-based COVID-19 vaccination programme. Children who are 12 years old and over on the day the School Age Immunisation Service (SAIS) team visits the school, would be offered a vaccination as part of the in-school vaccination programme.
- Long Covid - PHE recently published an evidence review entitled 'Long COVID Impact on Health and Wellbeing'
- Diagnosis of Long COVID remains a challenge with c. 27% of General Practitioner (GP) practices not using Long COVID codes, and patients are reporting fear, helplessness, and a variation in the quality of care provided by healthcare staff.
- Emerging evidence on Long COVID treatment strategies suggest that patients would benefit from integrated care pathways including pulmonary rehabilitation, physical rehabilitation, and treatment for mental health issues, as well as support from social and financial services for loss of work capacity and ongoing ill health.

Questions from members related to:

- How were we supporting our staff due to long Covid?

- How were we informing people where the walk-ins are and how this was being advertised to the younger cohort?
- At what point do you go into an enhance response?
- The pop up vaccinations sites were they in certain areas of the city due to the number of cases in that area or lack of people being vaccinated?

The Committee noted the Covid updated and requested that the Long COVID Impact on Health and Wellbeing' to be forwarded to the committee.

16. **Policy Brief**

Sarah Gooding (Policy and Intelligence Advisor) was present for this item.

Questions from Members related to:

- How many veterans do we have in the country and what support do they receive? Could this be looked at more thoroughly?
- Paying for care and whether more detail could be provided at a future meeting?
- What was Op COURAGE?

The Committee noted the Policy Brief update and requested further information on the cap on care costs.

17. **Finance Monitoring Report**

David Northey (Head of Integrated Finance) and Helen Foote (Finance Business Partner) were present for this item.

Questions from Members related to:

- £89m how was this allocated? What were the pressures within adult social care? How do they scrutinise the budget when they don't receive the a breakdown of the areas they need to review;
- Public Health underspend of £100k?
- Adult social care workforce and whether that was going to cause stress on the budget or was the budget adequate to help with the rise in demand?
- Would there be any additional grants to cover the Covid pandemic?

The Committee noted the Finance Monitoring Report.

18. **Health and Social Care System Performance Report**

Rob Sowden (Senior Performance Advisor) was present for this item. It was highlighted that:

- The number of outbreaks within care settings was 24 on 10 September. In addition to this there were a further 16 settings with at least one suspected positive case.
- 16 of the outbreaks were within care homes for older people (aged 65+), two care homes for younger people (18-64) and the remaining six spread across Supported Living, Domiciliary Care and Day care.
- The number of admissions to residential/nursing care of people aged 65 and over remained relatively static.
- Between April the end of August 2021 445 outcomes to reablement have been recorded. On average 56% of these cases the individual in receipt of the reablement has left the service fully independent requiring no further service. Of those individuals who go on to require long term care, the majority go on to a package that is at a lower cost to any previous package received.
- Between 1 April and 30 June 2021, 201 individuals were the subject of a completed safeguarding enquiry, 148 of whom expressed a desired outcome at the start of the enquiry (73.6% compared to 70.3% in quarter four). The proportion of people not asked about their preferred outcome decreased to 18.4% (23.4% in quarter four). The percentage of enquiries with outcomes that have been either fully or partially achieved increased in quarter one to 95.3% (141), while those fully achieved decreased slightly to 62.8% (93), compared to 64.6% in quarter four. This continues a declining trend in the percentage of outcomes fully achieved.

Questions from members related to:

- The numbers of people in care home settings remains static, and in line with national COVID-19 Discharge guidance a number of people will be in receipt of care within homes but currently funded by the NHS. These will not be included in these figures but are being monitored. Can this information be provided to the committee?
- The care packages at a lower weekly cost. How can this cost be reduced?
- Some care homes have significant vacancies was this because less people were choosing to be cared for in a different setting? How would this impact on the long term viability of care homes as a result of vacant beds?
- What was the reason behind the deaths of the patients that had received reablement support in August 2021?
- Closure of the minor injury unit due to staff shortages. This was a big concern and would add additional pressure on the emergency department. Has this been resolved or was this due to staff being off because of Covid?
- On average how many days would a patient have to stay in hospital before appropriate care was found prior to discharge from hospital?
- Has an impact assessment been undertaken with regard to Brexit and loss of staff across the hospital system?
- Average day MIU attendance graph can this be separated out and can this be shared?

- The hospital was working closely with NHSE/I and the CCG on work to improve ambulance transfers. Were they aware of what improvements were in place to alleviate the pressures as we move towards the winter months?
- How many people affected by staff shortages and were people being discharged home with no package at all?

The Committee noted the Health and Social Care System Performance Report and requested the following information:

- Has Brexit impacted on staffing across the hospital system?
- Average day MIU attendance graph can this be separated out and can this be shared?

19. **Healthwatch Annual Report 2020 - 21**

Tony Gravett MBE (Healthwatch Devon, Plymouth and Torbay) was present for this item and referred to the report in the agenda pack. It was highlighted that:

- Devon, Plymouth and Torbay pulled together into one single provider across the county. Colebrook SW was the successful in the tender and working with Devon and Community SW in Torbay to deliver Healthwatch service;
- With the arrival of Covid they have had to look at different ways of working and digital engagement has drawn benefits in some of the reports that have been produced.

Questions from members related to:

- Whether Covid had pushed virtual consultation and eConsult agenda forward?
- When would surgeries be actually opening their front doors? If you can't sort by using the telephone or eConsult it could be resolved by speaking to the receptionist but only if surgeries opened their doors?
- The use of social media to report experiences?
- Have you received reports from users using the Pushdocter service?
- Have you lost feedback from people as a result of the Covid pandemic?

The Committee noted the Healthwatch Annual Report 2020 – 21 and when available receive a copy of the Emergency Department report commissioned by NHS Devon CCG.

20. **The Plymouth Alliance**

Councillor Mrs Pengelly (Cabinet Member for Housing and Communities) and Matt Garrett (Service Director for Community Connections) were present for this item. It was highlighted that homelessness was on the rise across the country:

- The number of people approaching the council as homeless or threatened with homelessness over the last three years had increased;

- Numbers of households in Bed and Breakfast currently 75 compared to 43 households in March 2020;
- Rough Sleeping Numbers had decreased from 19 in 2019 to 16 in 2020, and they have received national recognition for their response during the pandemic.
- The Plymouth Alliance consists of seven members Bournemouth Churches Housing Association (BCHA), Harbour Centre, Hamoaze House, Shekinah, The Zone, Livewell Southwest and Plymouth Access to Housing (PATH).
- Over a four year period Plymouth City Council, in conjunction with partners and people who use services, co-designed the new complex needs system as one which would enable people to be supported flexibly, receiving the right care, at the right time, in the right place.
- This holistic approach was seen as a way of supporting people with multiple needs to finally get the support that stops them falling out of services and prevents the revolving door syndrome that plagues many systems.
- In response to the COVID crisis, 26 bed spaces across two properties were leased with staff from across the Alliance providing 24 hour support. This approach worked well and in the first 6 months supported 70 people in total with 13 people supported to move on to their own private rented accommodation/social housing tenancy, 2 reconnected with family and 22 moving into supported accommodation.
- An additional 54 bed places were also brought by the Plymouth Alliance to meet the demand and by August 2020, 213 individuals had accessed this accommodation under COVID.
- In addition they have been awarded funding from Changing Futures (£2.4 million). The Changing Futures Programme seeks to deliver whole system transformation for people experiencing multiple disadvantage including homelessness, substance use, domestic abuse and sexual violence and perpetrator work.

Questions from Members related to:

- Those housed with social landlords how do we ensure that the placement was successful?
- Do you capture stats to track where a person was being disruptive? How do we engage our communities to support our homeless to help with the integration?
- A breakdown of age groups of homelessness people within the city to be provided;
- How we they planning for the future and what was the direction of travel for hostels?
- Whether funding was still available or had this been reduced?
- Safe spaces and the implementation of the Covid safe winter provision. Was this programme ongoing for the city's rough sleepers?
- Programme for the exchange of needles and how was this working?

The Committee noted the progress to date on the implementation of the Plymouth Alliance and required the following information:

- Statistics on the number of people that have been disruptive with a social housing setting.
- How were communities engaging with this cohort to help with integration back into the community?
- An age breakdown on the people currently homeless within the city.

21. **Tracking Decisions**

The Committee noted the progress made against the tracking resolutions. In relation to minute 8 – GP surgeries. It was suggested that this committee to widen the remit to cover GP access across the city. It was reported that primary care would be further scrutinised at the next meeting.

22. **Work Programme**

The Committee noted the work programme and a further request to ensure items related to adult social care raised by Councillor Murphy were included in the work programme.

23. **Exempt Business**

Agreed that under Section 100(4) of the Local Government Act 1972, to exclude the press and public from the meeting for the following items of business on the grounds that involves the likely disclosure of exempt information as defined in paragraphs 1, 2 and 4 Part I of Schedule 12A of the Act, as amended by the Freedom of Information Act 2000.

24. **Mayflower CQC Action Plan Update**

Paul Green (NHS Devon CCG) was present for this item.

The Committee noted the Mayflower CQC Action Plan Update.