

Health and Adult Social Care Overview and Scrutiny Committee

Wednesday 24 November 2021

PRESENT:

Councillor James, in the Chair.
Councillor Mrs Aspinall, Vice Chair.
Councillors Corvid, Harrison, Dr Mahony, McDonald, Murphy, Salmon and Tuffin.

Apologies for absence: Councillors Carlyle.

Also in attendance: Sarah Gooding (Policy and Intelligence Officer);

The meeting started at 10.00 am and finished at 1.35 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.

25. **Declarations of Interest**

There were no declarations of interest made in accordance with the code of conduct.

26. **Minutes**

Agreed the minutes of the meeting held on 22 September 2021.

27. **Chair's Urgent Business**

There were no items of Chair's urgent business.

28. **Policy Brief**

Sarah Gooding (Policy and Intelligence Officer) was present for this item and referred to the report within the agenda pack. It was also highlighted to the committee that a briefing paper was circulated on the care cap in response to questions raised at the last committee.

Questions from Members related to:

- That the under the current proposals benefits wouldn't count towards the care cap;
- The high number of low income families in Plymouth and how they would be affected by precept and that there was an unfairness across the country with regards to precepts;

- That it was important to have this precept to raise additional funding and whether all that funding went into adult social care?
- Whether it was appropriate to lobby government on the unfairness of the precept?
- Related to the new every minds matter campaign to improve people's mental health and update on OP Courage and that this would be useful information for the forthcoming Mental Health Select Committee;
- The recruitment campaign announced by Sajid Javid MP was this a regional or national campaign?

Agreed that further background information is provided on OP Courage and Every Minds Matter ahead of the Mental Health Select Committee.

29. **Covid Update and Flu Vaccination Update**

Ruth Harrell (Director of Public Health) was present for this item and provided committee with a verbal update. It was reported that:

- That rates in Plymouth have increased recently and currently we are at 580 per 100,000 in a week and that compares not very favorably to the England average, which is 418 at the moment;
- Young people were a strong driver and had been the case for some time and the dip that they saw a few weeks ago was almost definitely due to half term but since then have picked up again;
- The virus transmits quite easily particularly in household settings, and therefore have seen a secondary peak in the 40 to 50 age groups being in a family setting with children;
- Again seeing a high number of patients in hospital and which would have a significant impact on winter pressures;
- That unfortunately as well they were continuing to see a high number of excess deaths across the country;
- That the vaccine does help to protect against infection and helps protect against being so seriously ill that you are then hospitalised. However you can still catch covid and transmit covid;
- covid vaccination levels were pretty good in the city and the booster programme was showing real success;
- Clear evidence now shows that that third vaccine that booster dose does make a difference to immunity levels;
- The children's flu vaccination program has been delivered in schools has been slightly delayed to enable the covid vaccination programme to be delivered;

Questions from Members related to:

- Whether the vaccinations would be an annual event?
- Vaccinations centres and accessibility for the more vulnerable?
- Why rates were higher in Plymouth than the rest of the country?
- Concerns about the drop in centres and access to vaccinations for the younger generation;

- What were the covid death rates figures?
- Whether the messages about hand sanitisation and the wearing of face masks in public was strong enough?
- Whether there were enough sites offering the booster vaccination for the elderly on more remote areas of the city?
- How the hospital was coping with long covid?
- Vaccination of pregnant women?
- the impact of the COVID-19 on the black and ethnic minority groups within the city?

The Committee noted the Covid Update and Flu Vaccination Update.

30. **Winter Plan to include Adult Social Care, Urgent and Emergency Care and Planned and Elective Care**

Councillor Nicholson (Cabinet Member for Heath and Adult Social Care), Craig McArdle (Strategic Director for People), Anna Coles (Locality Director), Gary Walbridge (Head of Adult Social Care and Retained Functions), Jo Beer (University Hospitals Plymouth NHS Trust) and Mandy Seymour (Livewell SW) were present for this item. The committee first heard about the challenges in adult social care. It was highlighted that:

- There were continued challenges around the workforce in particular recruitment and retention of that workforce. Also it was a really tired, exhausted workforce working through the pandemic since March 2020;
- Vaccination of care home staff and how many people have left this area of work because they were not vaccinated would have an impact on recruitment and retention;
- They were seeing an increase in referrals and services for safeguarding;
- The reform of adult social care and funding reforms that would be significant. Work for the local authorities to undertake but there would be wider reforms which would mean that adult social care would be subject to a greater assurance process from the Care Quality Commission;
- Also there were changes to legislation around liberty protection safeguards and the Mental Health Act;
- Continued to work with colleagues at Livewell SW and University Hospitals Plymouth and have recruited additional staff to assist with home care and respite care as well as working hard on commissioning alternative bedded capacity including the Care Hotel;
- There were a number of care hotels in the city and during the pandemic were useful capacity to support urgent and emergency care flow from the acute hospital;
- They were working to identify areas to increase dementia care home capacity including supporting homes that weren't currently registered;
- Working closely with providers across the city to identify where there may be additional capacity subject to workforce that can be opened to support the winter response.

Questions from Members related to:

- The Care Hotel and how this was managed, staffed and the number of beds available;
- What type of patients were transferred to the Care Hotel and how to ensure covid safety for staff and patients;
- Whether there was a backlog with safeguarding referrals and carer assessments?
- Whether they were successful in attracting new recruits following the big advertising campaign;
- The delays in transfers in care;
- How to make working in care a more attractive offer;
- How to support vaccine hesitant care workers and to provide them with the information and support they need to be able to feel comfortable accessing the vaccine;
- Visitors in care home and covid safety;
- Food within the care home setting and ensuring that they were nutritionally balanced;
- The complaints procedure within a care home setting and inspection of care homes by the CQC'
- Longer term service developments for care and Colwill Lodge and the Vines.

The Committee were then provided with an update on the Winter Plan, Urgent and Emergency Care and Planned and Elective Recovery. It was highlighted that:

- The western locality winter plan brings together a range of initiatives that would endeavour to support the health and care system through what would be a particularly challenging winter;
- In terms of COVID prevalence, there was an increase in demand across the system with a workforce that was exhausted after 18 month's worth of covid response;
- There were also some significant challenges in terms of workforce and recruitment and the winter plan aims to provide an oversight around the demands they were facing;
- The plans have to be dynamic to changes that they were not necessarily expecting;
- They were expecting the peak to be around about the 12 or 14 December and likely to be in the region of around 80 patients requiring hospitalisation. With the increase in patients constitutes a reduction in critical care capacity for a major trauma centre status but also for some tertiary and specialist surgeries;
- The winter the plan also tries to take into account how to recover the elective capacity. Currently have 52 beds taken up to covid. This related to two wards that would have been used for either emergency or elective surgery;
- The emergency demand pushes out the elective capacity and then that has an impact on the ability to recover some of the waiting lists and long waiting patients. They were undertaking a huge piece of weekly work around

prioritising patients according to their clinical status and prioritise theatre lists every three months;

- The workforce challenges were significant and relate to all services;
- They were looking at how to get optimum flow across the patient pathways for patients that required services;
- They had been challenged in terms of ambulance handovers for some time and were one of the worst performing trusts in the region on a regular basis and were having three weekly meetings with the regional team;
- They were aware of the need for a bigger emergency department (ED) and build on the new emergency department commences next year with an aim of being delivered by 2024;
- They were however seeing an increase in the people arriving at ED on foot and seeing a real variation of why people were presenting such as some were really unwell while others didn't need to come at all. They were working through the options to support people in accessing the best services;
- They were really keen to ensure that ED was only used for emergencies and that was not the case at the moment and were working with ED, ILL, Livewell SW and Plymouth City Council on the alternatives to admission;
- They were undertaking improvement work to ensure they were being as efficient as they possibly could be and to ensure that patients flow through the pathways as efficiently as possible and includes making the right decisions around peoples complexity of need;
- The teams were working with the hospital at the front door on how they can support older and frailer patients to be turned around and to go home;
- Significant amount of work around mental health, provision and support for patients with mental health needs;
- Livewell SW were doing a huge amount of work so support Plymouth City Council with recruitment with the care pathways relating to patients requiring intermediate care and long term care and support for patients in care homes;

Questions from Members related to:

- Where there any specific protocols or routing to ensure that people were not in close proximity with a covid patient and moved as quickly as possible into a well ventilated properly protected COVID ward?
- Primary care and whether practices had opened their front doors so that patients can talk to a receptionist;
- The closure of Estover Surgery;
- Ed Healthwatch Report and when available?
- Explanation of OPAL Escalation level 4;
- Public perception of access to health services;
- What was the average length of wait time within ED;
- Whether there were pressures in in certain wards;
- Long covid and how this would be managed;
- People suffering with the mental health issues and what support was provided.

The Committee thanked officers and noted the update on the Winter Plan, Adult Social Care, Urgent and Emergency Care and Planned and Elective Care.

31. **Tracking Resolutions**

The Committee noted the progress made on the tracking resolutions.

32. **Work Programme**

The Committee noted the work programme and the following items were discussed for inclusion:

- Care Homes and the monitoring and inspection of Care Homes and complaint process
- The need for an additional Health and Adult Social Care Overview and Scrutiny Meeting to take place at the end of January to discuss Primary Care (to be discussed at Scrutiny Management Board);
- Whether future meetings could start at a different time to accommodate Councillors only having to take half a day's leave from their work commitments;
- Integrated Care System;
- Dental Health;
- Thrive Programme Update.