

Health and Adult Social Care Overview and Scrutiny Committee

Wednesday 13 July 2022

PRESENT:

Councillor Mrs Aspinall, in the Chair.

Councillor Deacon, Vice Chair.

Councillors Finn, Harrison, Laing (Substitute for Cllr McDonald), Murphy, Nicholson, Partridge, Reilly, Salmon, Tuffin and Wheeler.

Apologies for absence: Councillors Mrs Pengelly and McDonald.

Also in attendance: Anna Coles (Service Director of Integrated Commissioning- PCC), Jo Beer (Chief Operating Officer- Derriford Hospital), James Glanville (Head of Urgent and Emergency Care- NHS Devon), Sarah Gooding (Policy and Intelligence Advisor), Tony Gravett MBE (Healthwatch Plymouth), David Harper (County Commander SW Devon- SWAST), Ross Jago (Head of Governance, Performance & Risk), Dr Dafydd Jones (GP), Ian Lightly (Head of Integrated Community Services- Livewell SW), Councillor John Mahony (Cabinet member for Health & Adult Social Care), Craig McArdle (Strategic Director for People- PCC), Sarah Pearce (Head of Adult Frailty and Specialist Services- Livewell Southwest), Jo Turl (Director of Commissioning- NHS Devon), Gary Walbridge (Head of ASC and Retained Functions- PCC), and James Wenman (Associate director for Urgent Care).

The meeting started at 14:00 and finished 17:30.

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.

1. **To Note the Appointment of the Chair and Vice Chair for the Municipal Year 2022/2023**

The appointment of Councillor Mrs Aspinall as Chair and Councillor Mark Deacon as Vice-Chair was noted.

2. **Declarations of Interest**

Name	Minute Number	Reason	Interest
Councillor Mrs Laing	7	Patient at Mayflower Medical Group	Private
Councillor Wheeler	7	Patient at Mayflower Medical Group	Private
Councillor Harrison	8	Worked with Ukrainian Refugees	Private

3. **Minutes**

The minutes of the meeting held on the 9 March 2022 were confirmed as a correct record, subject to the correction of a grammatical error.

4. **Chairs Urgent Business**

There were no items of Chair's urgent business.

5. **Terms of Reference**

The Committee's terms of reference were noted.

6. **Health and Adult Social Care Policy Brief**

Members of the Committee considered the Health and Adult Social Care Policy Brief.

Sarah Gooding (Policy & Intelligence Advisor).

Members raised questions concerning-

- a) Better mental health support for people in crisis;
- b) Grant fund to support women's reproductive wellbeing in the workplace;
- c) Increased funding for nursing support in care homes.

In response to questions from members further information would be provided outside of the meeting.

The Committee noted the report.

7. **Healthwatch Plymouth**

Tony Gravett MBE introduced the Healthwatch Annual Report to the Committee and highlighted the following key points-

- a) Citizens' primary concerns regarded access to services such as NHS Dentistry, GPs, Mental Health services, Children's services, & Urgent and Emergency Care, leading to low patient confidence;
- b) Healthwatch had undertaken numerous work-projects throughout the year to gather public experiences including face-face visits to the Emergency Department (ED), NHS 111 campaign effectiveness surveys, 111 non-emergency patient surveys, and mystery shopping work for Pathfields.

In response to questions from the Committee, it was reported that-

- a) The Covid-19 pandemic had caused a reduction in the diversity and quantity of Healthwatch volunteer staff. It was recognised that a recruitment campaign was needed;
- b) Patient surveys were being considered through a variety of media formats such as SMS, email, and social media, as well as a regular newsletter. A GP

patient survey was currently being finalised with Healthwatch, Livewell Comms, and the Mayflower Group;

- c) While Healthwatch's in Devon, Plymouth and Torbay did not have an active role in the patient complaint process, they offered sign-posting to numerous advocacy services.

The Chair thanked Mr Gravett for the report, and praised the efforts of Healthwatch volunteers.

The Committee agreed to recommend that the CCG/ HNS Devon recommission Healthwatch to repeat their survey of ED attendance, at a future date.

The committee noted the report.

8. **Urgent and Emergency Care, Plymouth**

Dr Dafydd Jones (GP) & Jo Turl (Director of commissioning for NHS Devon) delivered a presentation on Integrated Urgent Care, I I I, and Out of Hours General Practise, and highlighted the following points to the Committee-

- a) The Integrated Urgent Care Services (IUCS) currently provided by Devon Doctors were underperforming however, there were both short-term and long-term plans in place to resolve many issues;
- b) The I I I service suffered from a low call answering capacity due to unplanned absence, insufficient weekend establishment, high attrition rates and recruitment difficulties;
- c) The I I I service was however, effective at signposting and triaging to reduce unnecessary demand on 999 and the Emergency Department;
- d) There were contingency plans to enable national flexibility when regional call handlers reached capacity. This was now being used on a planned basis due to demand pressures;
- e) Plymouth had a comprehensive procurement plan in place for a long-term solution: From 1 October 2022, 'Practise Plus Urgent Care Group' (PPU) would be taking over the contract from Devon Doctors, bringing greater national capacity, flexibility, experience, and a rating of 'outstanding' for I I I call handling.

The Committee welcomed the various measures enacted to improve Integrated Urgent Care Services. In response to questions raised by the committee, it was reported that-

- a) Devon Doctors were in 'special measures', with demand outstripping capacity however, the new provider (PPU) had enhanced capacity and flexibility in times of peak demand;
- b) Workforce and staffing issues were an ongoing national issue that did not solely impact on Plymouth;
- c) Temporary creative solutions were currently in place to bolster staffing including; flexible hours, incentive schemes, and the return of retired staff.

The Committee agreed it would prove beneficial to invite Dr Dafydd Jones & Jo Turl back once PPU had taken over from Devon Doctors in October 2022.

David Harper (County Commander SW Devon- SWAST), James Glanville (Head of Urgent and Emergency Care- NHS Devon), James Wenman (Associate director for Urgent Care), & Jo Beer (Chief operating officer- Derriford Hospital) gave a presentation to the Committee on 'Ambulance Handovers', and highlighted the following key points-

- a) Ambulance demand had reached unprecedented levels last summer, with over 400+ incidents per day, compared to 335 per day in April 2022, and 333 per day in May 2022. This had now returned to more expected levels;
- b) There were now significant delays in ambulance response times for category 1 and 2 calls, which correlated with increased hospital handover times. These handovers now regularly exceeded 3hrs and caused a significant reduction in the amount of patients seen by the ambulance service each day;
- c) Increased activity was not seen as a major factor driving increased response times in SW Devon, with 65% of patients managed without admittance to the ED.

Following questions from the Committee, it was reported that-

- a) There were specialist teams investigating patient safety incidents where unnecessary harm may have been caused by handover/ response delays. The committee requested this data be brought to the next meeting;
- b) While there was currently a single point of entry to University Hospitals Plymouth (UHP), there were alternatives being considered, as well as admissions avoidance strategies and alternative pathways;
- c) A business case was being prepared for a new Urgent Treatment Centre (UTC) on the NW quadrant of Derriford Hospital. A funding bid was being launched to secure the capital necessary;
- d) Ambulance attendance at care homes had reduced but there was ongoing work being done to enable staff to assist residents without the need for an ambulance response;
- e) While SWAST had seen a reduction in patient demand in recent months, this could likely be the result of people attending on-foot themselves, due to delayed ambulance response times.

The Committee requested that further information regarding the III service and trialling of hospital admissions systems be provided outside the meeting.

Jo Beer (Chief Operating Officer- Derriford Hospital), Ian Lightly (Head of Integrated Community Services- Livewell SW), and Sarah Pearce (Head of Adult Frailty and Specialist Services- Livewell Southwest) delivered a presentation on 'Admission Avoidance' to the committee, and highlighted the following key measures in place to reduce unnecessary ED attendance-

- a) There had been an increased demand at Minor Injuries and Urgent Treatment Centres in last few months (Kingsbridge Tavistock &

- Cumberland). Despite reduced opening hours due to staffing issues, patient through-flow had been maintained;
- b) Staff were being trained in a 'Practitioner model' to allow them to treat minor injuries/illnesses at a variety of locations;
 - c) The ILL service provided a 'Directory of Services' to correctly signpost and triage patients;
 - d) The open access Mental Health 1st Response Service provided by Livewell SW had seen increased demand;
 - e) The multi-professional Community Crisis Response Team had recently increased their hours to 8am-8pm to offer patients home alternatives to hospital admission;
 - f) Same-day emergency care pathways which had closed during the pandemic had been reopened, achieving targets of 40%. New targets of 50% of patients to be treated through the same-day pathway had been set.

In response to questions from the Committee, it was stated that-

- a) A new electronic record system (Nerve Centre) had been introduced in ED to enable the tracking and analysis of attendance statistics;
- b) Negative press coverage of the challenges in accessing health resources such as the ILL service, GPs, and ambulances had undermined the 'Choose-well' campaign and led to many patients bypassing triaging to attend ED directly;
- c) The construction of the West End Health Hub presented an unprecedented opportunity to succinctly integrate primary care, community services, and the voluntary sector;
- d) Plymouth would need additional resources in the long-term to deal with the backlog in elective care. Plymouth was part of the national 'New Hospitals Programme', and there were plans in progress to construct a Planned Care Centre on the NW quadrant at Derriford;
- e) The new ED build would start this year.

The Committee praised the admissions avoidance measures in place to reduce unnecessary ED attendance, and long-term plans to increase capacity.

The Committee reaffirmed their support for the West End Health Hub.

Jo Beer (Chief Operating Officer- Derriford Hospital) delivered a presentation to the Committee on 'Same Day Emergency Care and ED', and highlighted the following key points-

- a) Plymouth stood in the top 10 challenged trusts for ambulance performances, and top 5 for ambulance handover delays. This deterioration started in March 2021;
- b) There had been a reduction in ambulance arrivals at ED, but an increase in walk-ins;
- c) The primary issues preventing ED offloading patients from ambulances were space, flow, and staff problems;
- d) The resumption of 'same day emergency care pathways' which had been closed during peak-pandemic, had since resulted in a gradual and continued improvement;

- e) Ensuring coordinated and timely patient discharges was essential to the smooth-running and flow of ED. Complex discharges presented a significant challenge, currently falling below the lunch-time daily target of 30%. Daily discharge targets for 5pm were being met;
- f) A bespoke discharge lounge had been created with 17-20 chairs. Patients awaiting discharge could also be placed in ward corridors to free up bed space;
- g) Staff sickness and unplanned absences presented a significant challenge. At the date of this committee meeting there were approximately 120 patients in Derriford with Covid-19, and 400 staff on sick-leave with Covid-19;
- h) Derriford routinely operates at 104% capacity, with ED regularly receiving more patients than its staff/ design capacity;
- i) Plymouth had substantially reduced its lost-bed days due to discharge delays however, support was being given to Cornwall to do the same.

In response to questions from the Committee, it was stated that-

- a) Ongoing work was being done to improve Pharmacy delays in patient discharges;
- b) The District Nursing Service was available through GP referral, which helped reduce ED attendance;
- c) It was too early to specify when services would return to a previous standard. Many measures were currently in place to alleviate pressures, but long-term solutions would take time;
- d) UHP would look at the possibility of fast-tracking international staff applications however, it often proved difficult to validate/ transfer international qualifications. A health Skills Partnership had been created to assist recruitment and retention issues.

The Committee thanked staff for the presentation and recognised the ongoing challenges, and improvements being made.

9. **Tracking Decisions**

The Committee noted that all tracking decisions had been actioned.

10. **Work Programme**

The Committee agreed that Primary Care, including pharmacy and dentistry, would be brought to the next meeting on 07 September 2022.

The Committee agreed to add the following items to the work programme-

- a) Colin Campbell Court Wellbeing Hub Update

The Committee also requested that future reports use full terms for acronyms and initialisms, or alternatively, provide a key.