

Health and Adult Social Care Overview and Scrutiny Committee

Wednesday 20 March 2019

PRESENT:

Councillor Mrs Aspinall, in the Chair.

Councillor Mrs Bowyer, Vice Chair.

Councillors Corvid, Hendy, James, Laing, Dr Mahony and Parker-Delaz-Ajete.

Apologies for absence: Councillors Loveridge.

Jo Beer (University Hospital Plymouth NHS Trust), Elaine Fitzsimmons (NEW Devon CCG) and Anna Coles (Director of Integrated Commissioning (Interim)), Ruth Harrell (Director of Public Health) and Gary Wallace (Public Health Specialist), Nicola Jones (NEW Devon CCG), Jo Watson (Deputy Director of Medicine Optimisation, NEW Devon CCG), Kevin McKenzie (Policy and Intelligence Advisor) and Amelia Boulter (Democratic Advisor).

The meeting started at 10.00 am and finished at 12.43 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.

61. **Declarations of Interest**

Councillor Mrs Aspinall declared a private interest with regard to minute 66, she is a panel member on the Mayflower Procurement Board.

62. **Minutes**

Agreed the minutes of the meeting held on 23 January 2019.

63. **Chair's Urgent Business**

The Chair requested that her concerns were noted regarding Brexit and the impact on health and adult social care.

64. **Winter Pressures**

Ian Tuffin (Cabinet Member for Health and Adult Social Care), Jo Beer (University Hospital Plymouth NHS Trust), Elaine Fitzsimmons (NEW Devon CCG) and Anna Coles (Director of Integrated Commissioning (Interim)) were present for this item and referred to the presentation within the agenda.

In response to questions raised, it was reported that –

- (a) they saw a high demand in January and the beginning of February, however, this winter felt more organised and they now had a better handle on this;
- (b) with the recruitment of Doctors, they find that once recruited they tend to stay because of the number of opportunities available to them. From a nursing perspective, the lack of a Nurse Consultant had impacted on the development of the nursing workforce, this was a key post and interviews for this post would be taking place soon;
- (c) this winter they have been taken by surprise by the demand and this was reflected nationally. Unfortunately they do not have an immediate solution but they were analysing data to understand the causes of the demand and were looking at the flow;
- (d) they were having discussions with GP practices to ascertain why patients were attending the emergency department as well as speaking to patients on why they had presented at the emergency department;
- (e) they have appointed Dr Jonathan Cope, GP at Beacon Medical Group who understands the challenges around primary and acute and he was currently scoping a piece of work with GPs and consultants around opportunities around outpatient appointments and the huge opportunities to work in a more innovate ways;
- (f) that there was a need to be more robust on communications to tell people that the hospital is full and the alternative options for people to be able to access the right help and support rather than presenting at the GP practice or at the Emergency Department.

The Committee noted the Winter Pressures update and requested a follow-up report in July 2019.

65. **Access Healthcare - Substance Misuse Services**

Ruth Harrell (Director of Public Health) and Gary Wallace (Public Health Specialist) were present for this item and referred to the report in the agenda. Officers provided assurance to the Committee on the importance of this service and that all of the patients that were provided the service by Access Healthcare continued to receive their medication.

In response to questions raised, it was reported that -

- (a) the dispensing of blue prescriptions can only be prescribed by GP's that have undertaken the accredited training. There was an additional complication in the enormous rise in the cost of the drug and currently Public Health commission Harbour and Livewell and the CCG commissions the GP practices to administer the medication;
- (b) the communication sent to patients indicated that they would still receive their medication as planned;
- (c) that no one understands the causes that leads to substance misuse, however, 100 percent of substance misusers would have experienced either trauma, homelessness, offending, mental health problems and live in areas of deprivation;
- (d) the Alliance were made up of partners who were subject experts looking to find solutions and prevention to substance misuse;
- (e) Plymouth were trying to move in the right direction to address the wider determinants in health which included prevention whilst ensuring they were addressing the Marmot principles. Public Health was underfunded which has a massive impact on what they can deliver.

The Committee noted the update on the Access Healthcare, Substance Misuse Service and requested that a report on preventative measures against the Marmot principles is added to the work programme.

66. **Integrated Commissioning and Delivery - Next Steps**

Ian Tuffin (Cabinet Member for Health and Adult Social Care), Anna Coles (Director of Integrated Commissioning) and Nicola Jones (NEW 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) they were looking at demand across the service and the range of preventative services through the wellbeing hubs on offer to the public to alleviate the demand on services. and what we are saying to the general public that there are other services that can address your needs;
- (b) mental health needs to be part of the wider community to access a wider workforce to support people. Currently mental health sits separately which creates delays within the system. They were in talks with the Police and have this as an ongoing agenda item to have the system oversight to ensure partners were working together to achieve the right outcomes;

- (c) the health landscape was very complicated and the issues around trying to get a doctor's appointment or where to access the right services was important to the public. In the background a lot of work was being undertaken to alleviate the pressures within the system and for the public to be able to access the right services and at the right time.

Plymouth Health and Adult Social Care Overview and Scrutiny Committee are asked to note the progress in delivering Integrated Commissioning and Delivery and to use these developments to inform its future work programme.

67. **Care Quality Commission Action Plan**

Ian Tuffin (Cabinet Member for Health and Adult Social Care) and Anna Coles (Director for Integrated Commissioning) were present for this item and referred to the report provided.

In response to questions raised, it was reported that they were working closely with partners to best look at the risk that may or may not exist with regard to Brexit. They have demonstrated good partnership working around the workforce challenges and were resilience planning to identify any risks.

The Committee acknowledge the CQC progress report and formally note the end of Plymouth's CQC Local Area Review process.

68. **Electronic Prescriptions**

Jo Watson (Deputy Director of Medicine Optimisation, NEW Devon CCG) was present for this item and referred to the report included in the agenda.

In response to questions raised, it was reported that –

- (a) with regard to the national advertising of electronic prescriptions, there were some issues around the misunderstanding of the adverts but have been reassured by NHS England that the adverts had changed. It also reported that many pharmacies deliver on a private basis to patients;
- (b) in Plymouth; the CCG had been investing early in pharmacy resource, not just Pharmacists within a GP practice but also Pharmacy Technicians. As part of the national contract for GP practices there was an expectation to invest in pharmacy resource, looking at poly pharmacy and ensuring patients were taking the medication that they need and looking at wastage.

The Committee noted the report on Electronic Prescriptions.

69. **Health and Social Care Brexit Preparations**

Councillor Ian Tuffin (Cabinet Member for Health and Adult Social Care), Kevin McKenzie (Policy and Intelligence Advisor) and Anna Coles (Director of Integrated Commissioning (Interim)) were present for this item and referred to the presentation in the agenda pack.

In response to questions raised, it was reported that nationally work was taking place to ensure that medication supplies were not impacted and ensuring all partners were working collaboratively so that the population receives the services and supplies as and when needed.

The Committee noted the Health and Social Care Brexit Preparations presentation.

70. **Integrated Finance Monitoring Report**

The Chair advised that this item together with the integrated commissioning scorecard report had been included on the agenda for information. As no issues had been identified for consideration prior to the meeting, no Cabinet Members or officers had been invited to attend for this item.

71. **Integrated Performance Scorecard**

The Chair advised that this item together with the integrated finance monitoring report had been included on the agenda for information. As no issues had been identified for consideration prior to the meeting, no Cabinet Members or officers had been invited to attend for this item.

72. **Work Programme**

The Committee noted the work programme and requested that the following items are added to the work programme for 2019 – 2020:

- Winter Pressures Update – June/July
- Alliance Action Plan (substance misuse) – June
- Update on GP recruitment - June
- Workforce Development Action Plan
- Select Committee on Mental Health (Cradle to Grave)
- Brexit report – impact on care – June

73. **Tracking Resolutions**

The Committee noted the progress against the tracking resolutions and highlighted the on-going issues around dental health.