

# Health and Adult Social Care Overview and Scrutiny Committee

**Wednesday 28 July 2021**

## **PRESENT:**

Councillor James, in the Chair.

Councillor Mrs Aspinall, Vice Chair.

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

Apologies for absence: Councillors Hulme.

Absent from the meeting: Councillor Carlyle.

Also in attendance: Councillor Nicholson (Cabinet Member for Health and Adult Social Care), Craig McArdle (Strategic Director for People), Anna Coles (Service Director for Integrated Commissioning), Ruth Harrell (Director of Public Health), Sarah Gooding (Policy and Intelligence Advisor), David Northey (Head of Integrated Finance), Helen Foote (Finance Business Partner), Jo Turl (NHS Devon CCG), Dr Alex Degan (NHS Devon CCG), Jo Beer (University Hospital Plymouth NHS Trust), Bryonie Brindley (University Hospital Plymouth NHS Trust), Nicola Collas (University Hospital Plymouth NHS Trust), James Ellis (University Hospital Plymouth NHS Trust) and Amelia Boulter (Democratic Advisor).

The meeting started at 10.00 am and finished at 1.05 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.*

## 1. **To note the Appointment of the Chair and Vice Chair**

Agreed to note the appointment of Councillor James as the Chair and Councillor Mrs Aspinall as the Vice Chair of the Health and Adult Social Care Overview and Scrutiny Committee for the municipal year 2020 – 21.

## 2. **Declarations of Interest**

The following declarations of interest were made by Councillors in accordance with the code of conduct in respect of items under consideration at the meeting –

Name	Minute	Reason	Interest
Councillor James	Minute 9	Patient at Beacon Medical Group	Personal
Councillor Mrs Aspinall	Minute 9	Patient at practice mentioned	Personal

3. **Minutes**

Agreed the minutes of the meeting held on 24 March 2021.

4. **Chair's Urgent Business**

There were no items of Chair's urgent business.

5. **Policy Brief**

Sarah Gooding (Policy and Intelligence Advisor) added that the National Disability Strategy was published this morning.

Questions from members related to:

- Wanting to receive more information on exercise/weight and healthy living;
- To be aware of closing dates on any consultations.

The Committee noted the Policy Brief and for any consultations of relevance to be shared with the Chair and Vice-Chair.

6. **Covid Update - Verbal Update**

Ruth Harrell (Director of Public Health) was present and provided a verbal update on Covid. It was reported:

- they were above the England average but figures were dropping well;
- there had been a considerable amount of mixing over the last couple of weeks which triggered cases rising and then people changed their behaviour and cases have dropped;
- vaccination figures for Plymouth for first dose was 82%;
- an additional testing centre now in place at Tesco at Transit Way;
- with the increase in figures over the last month saw an increase in admissions at the hospital but the number was a lot lower than expected. The reduction was due to the vaccine;
- Home Park were accepting walk ins;
- mobile vaccine buses at Union Street and Devonport both ran out of vaccines and the mobile units would be in attendance at events across the summer;
- working on a programme with students to get the word out on the streets to that cohort to understanding what they need to do;
- awaiting guidance on 16 August on self-isolation for people that were double vaccinated.

Questions from members related to:

- people admitted to hospital with Covid have they been vaccinated?
- the delta variant transmissibility and were there other variants that were of concern?

- what was happening with regard to the booster injections and would the vaccinations be undertaken at GP practices or at Home Park?
- the care home sector and marked reluctance for some staff to be vaccinated can these staff continue to care? Do we as a local authority have responsibility for safeguarding?
- does the patient have the right not to be cared for by someone that not vaccinated?
- What was the current thinking for the under 16's on vaccinations?

The Committee noted the update and requested a Covid update at the next meeting to include the implications of long Covid.

(Agenda item 7 took place first before 6 to facilitate good meeting management).

## 7. **Finance Monitoring Report Month 2**

David Northey (Head of Integrated Finance) and Helen Foote (Finance Business Partner) were present for this item. Further supplementary information was tabled at the meeting.

Questions from members related to:

- budgets vary considerably each month and whether they were able to project further than month 2 or was that too early?
- covid and additional packages for clients and whether clients were requiring more complex care packages?
- children's and the people's directorate accounts for majority of the council's budget and for this committee to be provided with a more detailed budget report on health and adult social care.

The Committee noted the current revenue monitoring position and requested that future reports include a breakdown of health and adult social care budget.

## 8. **GP Surgeries**

Jo Turl (Director of Commissioning, NHS Devon CCG) and Dr Alex Degan (Primary Medical Director for the Integrated System, NHS Devon CCG) were present for this item. It was highlighted that:

- significant work had been undertaken by GPs in response to the pandemic and vaccination programme and want to recognise and thank GPs for their support;
- conscious that some patients struggling to access GP services and that the Emergency Department was struggling but want to highlight the data and evidence they have on access to general practice and recognise that face to face appointments had reduced during the pandemic;
- face to face appointment had started to slowly increase and were above the national average;

- the National Patient Survey run by IPSOS Mori showed that the overall patient experience in Devon was very positive given the situation that GPs have been in for the last 18 months;
- for Plymouth patients the overall experience was very positive with a majority of people saying good or fairly good but there were individual practices not as high as others;
- access by the phone data used alongside the user experience was reviewed on a monthly basis and work with practices and review actions plans to make improvements where needed;
- all practices have to undertake a lot of work behind the scenes to keep patients and staff safe via guidance from NHS England;
- demand has been huge and dealing with 18 months of medical problems;
- most GPs work on 10 to 15 minute appointments and it was not safe to deal with several problems in one appointment;
- backlog of planned care and investigations;
- there was a shortage of GPs and there was a need to think differently about how to provide care such as clinical pharmacists to undertake medication reviews for patients;
- provide support to GPs at the start and end of their careers, such as mentors for newly qualified GPs.

Questions from Members related to:

- seeking clarification on the 60% of appointments face to face? Were they in the surgery or on eConsult?
- the public have the perception that they cannot see a GP and the survey says differently. Do we have any idea on how many patients fail to get through to their GP practice?
- what support would be given to patients when we return back to normal to help them understand the new practices?
- the elderly cannot deal with the modern ways;
- when was the National Survey conducted?
- whether the virtual panel was representative and huge flaws within this report with Plymouth having much bigger issues with specific practices within Plymouth. People cannot access their GP practice and this report does not reflect on this situation;
- people with cognitive and sensory access issues we need to ensure this was well designed for this population that is accessible to everyone and to ensure there wasn't a digital divide;
- experiences with eConsult and NHS111 has been negative. Used eConsult and on completion of the form told to phone the GP, then phone the GP put the phone down after being on hold for over 30 minutes;
- more thought to be given to people with disabilities and how they access services;
- face to face appointment were required for some people to explain their medical conditions and there was a need to get the balance right. How the CCG works with GPs to get that balance right and eConsult needs

drastic changing to ensure accessibility was the same for all patients across the city.

The Committee noted the GP Access report and requested the Improvement Plan and update from Healthwatch on their findings on the Emergency Department.

## 9. **CQC and Urgent and Emergency Care**

Jo Beer (Chief Operating Officer, University Hospitals Plymouth NHS Trust) was present for this item. It was highlighted that:

- the Care Quality Commission (CQC) came to the hospital for an unannounced inspection on 8 March 2021 and focused the inspection on urgent and emergency care and diagnostic imaging;
- sustained improvements made in diagnostic imaging was recognised and reflected in CQC's feedback;
- concerns identified about the risk to patients while they wait to be seen in the emergency department and how these risks were being mitigated, particularly when the department under pressure;
- on the 25 March 2021 a Warning Notice under Section 29A (S29A) of Health and Social Care Act 2008 was issued with regard to urgent and emergency care;
- S29A correspondence indicated the CQC were assured by the information they shared that immediate risk being managed to ensure patient safety, but not assured UEC provided in a safe way and risks not being fully mitigated while patients waited to access the emergency department. They gave the following reasons for their view that the quality of health care provided requires significant improvement:
- Performance data shows delays in patients both accessing the emergency department and waiting to be seen.
- CQC were not assured there was adequate oversight and responsibility of the patients who were waiting to be seen.
- Patients were not being seen in priority based on their clinical need.
- The CQC were not assured patients were safe while they waited in crowded areas.

The CQC issued 4 'must do's'

- 1) Ensure patient care and treatment is provided in a safe way and risks are being fully mitigated while patients wait to access the ED. Ensuring there is adequate oversight and responsibility of the patients who are waiting to be seen, while they wait in ambulance queues or walk into the Emergency Department, and they are seen in priority based upon their clinical need.
- 2) Ensure patients are safe while they wait in crowded areas. To include appropriate protection in line with Covid-19 infection prevention and control guidelines and for staff to be clear on how they monitor patients while they wait in these areas.
- 3) Ensure the appropriate personal protective equipment is always used by staff to reduce the risk of infection and prevent and control the spread of infection. The trust must ensure staff are maintaining good levels of infection

prevention and control, including wiping down surfaces and computers following use. High levels of cleaning should be maintained within the Emergency Department

- 4) Ensure the mitigations, in the absence of a full-time paediatric emergency medicine consultant are effective to ensure children are provided with care or treatment by clinical staff with the correct qualifications, competence, skills and experience to do so safely. The trust should ensure there is clear allocation of medical cover (or equivalent) for the paediatric department and timely response to emergencies.

Questions from member's related to:

- the recruitment of a hybrid Paediatric Emergency Physician – when would this post be filled?
- people turning up to the emergency department because they cannot get access to their GP;
- what was the biggest staffing pinch at the hospital and was there a way to educate patients on which services to access?
- Covid surge at the hospital was that affecting the staffing and provision at the emergency department;
- were the CQC coming back to ensure measures were in place?

The Committee noted the CQC and Urgent Emergency Care Report and the progress made.

#### 10. **Future Hospital Programme Phase I**

Nicola Collas, Bryonie Brindley and James Ellis (University Hospital Plymouth NHS Trust) were present for this item. It was reported that Phase I Project to include:

- new emergency department facilities;
- a same-day emergency care facility;
- imaging facilities;
- interventional radiology facilities;
- training facilities;
- staff rest and welfare facilities;
- emergency surgery theatres;
- administrative offices;
- a reconfiguration of the ambulances arrival and drop-off area;
- the 'gateway project' for the wider Derriford masterplan.

Key benefits of Phase I:

- a purpose-built facility offering new facilities for the sickest patients;
- space to care effectively and efficiently for the increasing numbers of patients presenting with urgent and emergency conditions;
- a new same day Emergency Care Facility to reduce waiting times for those who need to be seen and treated but not admitted;

- state of the art diagnostic equipment to support faster diagnosis as well as new interventional radiology theatres and surgical theatres to be able to treat patients more quickly and improve outcomes;
- ability to treat patients from across Devon and Cornwall in a timely way in the most up to date healthcare environment.

Questions from Members related to:

- the funding package – was this new money on offer or were you using hospital reserves?
- treasury very volatile were there any dangers to getting the final amount and the plan could get reduced?
- this was really exciting plan but have concerns on the plan beyond phase I?
- current building and mental health facilities within the hospital – was there a parity between mental and physical health and can we be assured that this would be reflected within the design?
- zero carbon emission for this building and whether a more detailed plan could be circulated for future consideration and for this to be share with residents?
- would the building be dementia friendly for people with cognitive and sensory issues?
- will the new facilities be staffed from existing staff;
- parking an issue at the hospital – what would the parking availability within the new facilities?

The Committee noted the Future Hospital Programme Phase I.

## 11. **Work Programme**

The Committee discussed items for the work programme and raised the following items for inclusion on the work programme:

- Impact on care homes and care sector due to Covid;
- Hospital discharges;
- Care package;
- Care agencies;
- Reports from primary care, secondary care and domiciliary on carbon reduction;
- GP Access meeting which was postponed to be followed up;
- Budget scrutiny and which areas to scrutinise.

It was agreed for a meeting to be set with Councillor Murphy, Chair, Vice-chair and relevant officers to discuss the items on the care sector for inclusion on the work programme.