To be submitted to the Council at its meeting on 17th December, 2020

HEALTH AND ADULT SOCIAL CARE SCRUTINY PANEL

16TH SEPTEMBER 2020 at 4.00pm

Present:

Councillor Hudson (in the Chair)
Councillors Green, Freeston (sub for Furneaux) Hyldon-King, Rudd, Silvester, Wilson and Woodward.

Officers in attendance:

- Helen Kenyon (Chief Operating Officer - Clinical Commissioning Group (CCG)
- Zoe Campbell (Scrutiny and Committee Advisor)
- Emma Overton (Policy and Practice Development Lead (CCG)
- Diane Halton (Associate Director of Public Health)

Also in attendance:

- Councillor Margaret Cracknell (Portfolio Holder for Health, Wellbeing and Adult Social Care)
- Shaun Stacey (Northern Lincolnshire & Goole NHS Foundation Trust)
- Dr Kate Wood (Medical Director at Northern Lincolnshire & Goole NHS Foundation Trust (NLAG)
- Sarah Lovell (Director of Collaborative Acute Commissioning Humber CCG's)
- Adrian Beddow (Northern Lincolnshire & Goole NHS Foundation Trust)
- Dr Peter Reading (Chief Executive at Northern Lincolnshire & Goole NHS Foundation Trust)
- Steven Courtney (Hull Clinical Commissioning Group)
- Linsey Cunningham (Hull Clinical Commissioning Group)

SPH.13 APOLOGIES FOR ABSENCE

There were apologies for absence received for this meeting from Councillor Furneaux.

SPH.14 DECLARATIONS OF INTEREST

There were no declarations of interest received in respect of any item on the agenda for this meeting.

SPH.15 MINUTES

RESOLVED – That the minutes of the Health and Adult Social Care Scrutiny Panel meeting held on 15th July 2020 be agreed as an accurate record.

SPH.16 QUESTION TIME

No members of the public put questions to the Health and Adult Social Care Scrutiny Panel.

SPH.17 FORWARD PLAN

The panel received the published Forward Plan and members were asked to identify any items for examination by this Panel via the pre-decision call-in procedure.

RESOLVED - That the report be noted.

SPH.18 TRACKING THE RECOMMENDATIONS OF THE SCRUTINY PANEL

The panel received a report from the Statutory Scrutiny Officer tracking the recommendations previously made by this scrutiny panel, which was updated for reference at this meeting.

RESOLVED – That the report be noted.

SPH.19 NORTH LINCOLNSHIRE AND GOOLE NHS FOUNDATION TRUST

The panel considered an update on the report published in January 2020 following the Care Quality Commission (CQC) inspection that took place in September 2019.

Mr Stacey explained that the trust were extremely disappointed that as a result of the CQC inspection that took place in September 2019 the overall rate was 'requires improvement' which meant that the trust remained in both quality and financial special measures. He confirmed that there were six key areas of priority and they were:

- accident and emergency in terms of staffing,
- end of life care,
- complaints management
- mandatory training
- waiting lists
- diagnostics (both scanners and reporting)

Mr Stacey highlighted to the panel the improvement work and lessons learnt in each of the priority area.

The CQC next steps included an inspection anytime from September 2020 onwards and the possibly of a visit before Christmas. Mr Stacey explained that the trust was starting to work to prepare the provider information return (PIR) and continue to work within the trust and across the system on the actions and improving services for our communities.

Dr Wood gave the panel an update on the trust's response to COVID-19 she explained the trust had changed wards and teams often and at pace to respond to new guidance. They adopted new ways of working e.g. virtual consultations, enhanced PPE and redeploying staff to where most needed. Staff training had taken place on how to don and doff PPE and critical care skills. There were new ways to manage 'visiting' – communications with patients via tablets which was welcomed by the patients and their support networks. New pathways for patients were designed and ways to support staff through the pandemic had been crucial.

Dr Wood explained that the trust had moved into phase three of the COVID-19 responses, where there was a return to non- Covid services which included diagnostics, electives, outpatients and clinical prioritisation of patients. Preparation for winter was well underway and lessons from Covid were being learnt in terms of workforce -staff risk assessments and system workings.

NLAG attended a panel meeting to talk about the changes to the ear, nose and throat (ENT) and urology. The panel asked NLAG to give an update on the impact of the services changes on quality and staffing.

The quality impact for ENT was quicker diagnosis for patients, continuity of care and admission to one site as opposed to being transferred mid-stay when the on-call site swapped (which was the previous model of care) The impacts on the staff included new rotas developed for clinical teams including a consultant of the week, improved consistency as same consultant now on call from Tuesday – Tuesday. Middle Grade establishment expanded to include a 7th middle grade to allow for a rotational working pattern and new flow processes introduced in A&E to allow safe transfers of appropriate patients according to the working agreements.

The quality of impact for urology included quicker diagnosis for patients,

increased number of laser treatments performed on admission, stone patients treated within 24-48 hours, as per GIRFT recommendation and continuity of care with Consultant of the week. The impact on staff was less pressure on urology on call team by reducing the cover from two sites to one site. Clear pathways in place for patients moving through A&E reducing time wasted by physicians and surgeons. Patients admitted were appropriate for urology. Decreasing the number of patients to be reviewed and the thrusts ability to recruit to consultants and doctor vacancies as one site on-call was more attractive.

Members of the panel queried why there was a 26-week delay for patients to have a scan? Mr Stacey explained that making sure that emergency scans got priority. A review of people waiting a long time for a routine scan and the harm level was low. Members were concerned that half a year was too long and asked if there were any plans to reduce the waiting time for the scans? Mr Stacey confirmed that the goal was to ensure that all routine scans took place within 6 weeks and they were nearly there before Covid. Additional mobile scanners had been bought however with the mobile scanners they were not as productive as the new fixed scanners. Mr Stacey explained that the aim with the new scanners in place was to get back to a normal level of scanning within 18 months which took Covid prevalence into account.

There was concern from members about the communication of the delays to patients and they queried the steps that were taken to highlight what the public needed to do if their symptoms got worse or changed whist waiting for a scan. Dr Wood confirmed that patients were aware of the delay and how to escalate concerns and if so, they were referred to the clinician to review the patient's case.

Members were reassured by the purchase of the new state of the art scanners and welcomed the work that was being done around of end of life care.

Members queried the expected death rate and asked what was the improvement down too? Dr Wood confirmed there was risk adjusted mortality, data, quality of care and patients flow. The trust had gone through case notes, areas of good practice and where care could have been better especially end of life care when patients came into hospital unnecessarily when care could have been provided at home. Dr Wood explained the trust were working with the CCG joint mortality group to provide the opportunity for care in the community.

Members asked about the recruitment and lack of consultants to interpret the scan results. Mr Stacey confirmed that recruitment had gone reasonably well however there were nursing vacancies and a delay of new starters coming from overseas to work because they had to wait for their Covid test results before they could start work. In terms of special radiography, there was a strong team in place and in a strong staffing position.

RESOLVED – That the presentation be noted.

SPH.20 HUMBER ACUTE SERVICES REVIEW (HASR)

The panel considered an update on the next phase of the Humber acute service review.

Ms Lovell gave a presentation on the future hospital services and the principles that the Humber Acute Services review was working to which she referred to as being patient focused, clinically lead, evidence based, a focus on hospital services and not buildings and organisations would be developed in accordance with the levels of human, physical and financial resource expected to be available.

Plans for future provision would include urgent and emergency care (UEC) and maternity care in Hull, Grimsby and Scunthorpe. The review would follow an agreed programme plan that set out objectives, processes, timescales and resources.

Ms Cunningham talked about the involvement and engagement that had taken place and as a result what stakeholders felt was most important was good quality care and the best possible chance of getting well. The right workforce, in particular having enough staff with the right skills and having a good experience of care.

She explained what the vision for the hospital service would look like in North East Lincolnshire in the future, the specialist hospital services, the improvements for people and how the ambition would be delivered.

Programme one was the interim clinical plan and programme two was urgent care, paediatrics and planned care. Ms Cunningham confirmed that the team would be seeking the views of the panel as the plans developed.

Members of the panel were concerned about telephone consultations especially since lockdown when this method was used instead of face to face appointments. Members felt if this was a future service offer, patients should not have to go back through their medical history which had happened. Dr Wood explained that as a result of Covid the telephone and video clinics had been an overall successful and there was monitoring through the learning and feedback applied to the next clinics. She appreciated the patients still liked a safe place for consultation and going forward the team needed to be aware of the risk of modern technology and how it was used.

Transport was a concern for members because of the lack of transport amongst some of the residents in the most deprived wards but were reassured about the alternative access to services through technology would reduce the need to travel to hospital appointments. Members highlighted that it was essential that there was support networks in place

to help people to use technology. Ms Kenyon explained that the CCG were developing solutions that joined up different types of care and a transparent, collaborative and inclusive approach that engaged with key stakeholders.

RESOLVED – That the presentation be noted.

SPH.21 IMPACT OF COVID-19 ON ADULT SOCIAL CARE

The panel considered a briefing note on the impact of Covid-19 on adult social care in North East Lincolnshire.

The panel heard from Ms Overton that the use of technology had a positive impact and sharing NHS laptops or tablets with providers enabled them to take part in conference calls with GPs and community nurses where required. The CCG found it a useful tool to keep the lines of communication open which included webinars with providers and sometimes facilitated virtual family visits.

A new end of life care system was starting to be used that took effect when a patient was in the last 12 months of life to ensure that everyone was aware of the wishes of the patient in the final stages of life.

Observation equipment would soon be distributed to care homes following CCG facilitated training on the equipment. This would enable staff in care homes to report basic observations to the relevant GP or community nurse to inform better communication and reduce the need for people to go to the GP or be seen in person in the care home.

Staffing – PCNs were aligned with care homes. The infection control team had offered a lot of support to homes, and NAVIGO had provided mental health support for residents and staff where required.

From a staffing perspective, overall providers have coped very well with their staffing levels and their business continuity plans mostly held out under very difficult and challenging times for care homes and providers.

Ms Overton gave other examples of the work that had gone on; for example, focus independent adult social work had revised the local Mental Capacity Act training offer for delivery online.

Significant work had been required to ensure that the CCG appropriately supported provider sustainability in challenging times, and to manage and distribute the national Infection Control Fund within very tight timescales. Positive relationships between providers and CCG officers was very helpful.

Despite the challenges of the amount of work in a very short space of time and the volumes and complexity of the guidance from government and often the speed of which the guidance changed which meant that time was not spent on other projects whilst concentrating on Covid.

Members referred to the national testing problems and, what was going to happen to improve the situation? Dr Reading confirmed that we needed a local, permanent testing facility however at present there were two labs in Scunthorpe with the capacity to carry out 930 tests a day and were running 24/7 which was mostly health and social care system patients and staff. The system was at its top level and the risk was if either one of the two testing machines broke down it would affect the testing rate. A new testing machine had been provided from America, but it only came with 7000 swab tests, so it was been kept in reserve because there were no more supplies coming over from America at the present time.

Dr Reading explained the test and trace system was past breaking point due to the increase in number of people taking tests. The government were introducing several new labs across the country. Lincoln Show Ground closed to manage the imbalance between supply and demand. Members appreciated that and were reassured that we were doing the best we could locally for the residents of North East Lincolnshire.

Members were concerned about complacency of catching Covid in the area because of the low rates compared to other areas and questioned if this had been factored into the plan? Ms Kenyon explained the number one priority was to limit the spread of Covid-19. Red and green zones were set up in the hospital so that treatment of patients could continue. She gave an example of the use of St Hughs hospital in Grimsby being used for non-emergency treatment, leaving space in the Diana Princess of Wales hospital for emergency and Covid patients. At present, officers were targeting communications across the borough where it was needed to reduce complacency.

Ms Halton referred to the outbreak management plan and highlighted that there were significant sections around communication that included care homes and schools. Complacency was a risk and Ms Halton reassured the members that the coms was approached as a whole community and significant resources had been allocated to this element of the plan.

Members asked if there was any feedback from schools how it was working now the children were back at school? Ms Halton confirmed that officers monitored the activity around schools in terms of the number of confirmed cases and those isolating because they had symptoms. This acted as an early warning system and the link officers would contact the schools to understand the picture. Ms Halton confirmed it was a mixed picture so far and there would be some further communication around the distinction between a cough and a cold and symptoms of Covid.

RESOLVED – That the briefing note be noted.

SPH.22 QUARTER 1 FINANCE MONITORING 2020/21

The panel received a report from the Director of Resources and Governance providing key information and analysis of the Council's position and performance at the end of quarter one of the 2020/21 financial year.

Mr Lonsdale explained the quarter one finances were significantly affected by Covid. There was an overall overspend of £1.7m across all services and this was after the grant funding received from national government. This came in three tranches when it was recognised that local government had incurred financial pressures due to Covid.

In terms of the health and adult social care budgets there was an increase in hospital discharges which meant that there was investment required for additional facilities. There were additional sustainability payments for adult social care to providers and additional cost of the extra PPE that was required. In total the health budget saw a £3.9m overspend which was offset by the grant that the Council received.

Mr Lonsdale flagged the major risk going into the next financial year was the reduction in the income stream and in particular the local taxation. The collection of business rates and council tax was under pressure. Council tax and business rates equated to around 80% of the councils income and therefore any shortfalls would have an impact on services and that all scrutiny panels needed to be mindful of and monitor throughout the financial year.

RESOLVED – That the report be noted.

SPH.23 QUESTIONS TO PORTFOLIO HOLDER

There were no questions for the portfolio holder at this meeting.

SPH.24 CALLING IN OF DECISIONS

There were no formal requests from Members of this panel to call in decisions taken at recent meetings of Cabinet.

SPH.25 URGENT BUSINESS

There was no business which, in the opinion of the Chairman, was urgent by reason of special circumstances which must be stated and minuted.

There being no further business, the Chair declared the meeting closed at 6.31 p.m.