



To be submitted to the Council at its meeting on 17<sup>th</sup> December, 2020

## **HEALTH AND ADULT SOCIAL CARE SCRUTINY PANEL**

**16<sup>th</sup> September 2020 at 4.00pm**

### **Present:**

Councillor Hudson (in the Chair)  
Councillors Green, Freeston (substitute 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)
- Guy Lonsdale (Finance Group Manager)

### **Also in attendance:**

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

### **SPH.13 APOLOGIES FOR ABSENCE**

Apologies for absence from this meeting were received 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 15<sup>th</sup> July 2020 be agreed as an accurate record.

## **SPH.16 QUESTION TIME**

There were no questions from members of the public for this panel meeting.

## **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 areas.

The CQC next steps included an inspection anytime from September 2020 onwards and the possibility of a visit before Christmas. Mr Stacey explained that the trust was starting to work to prepare the provider information return (PIR) and continued 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 such as 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 response, 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 risk assessments and system workings.

Following attendance at a previous meeting of this panel, an update was provided on the impact of changes to the ear, nose and throat (ENT) and urology services. This included quality impacts such as quicker diagnosis for patients and positive impacts on staff as a result of improved on-call arrangements.

Members of the panel queried why there was a 26-week delay for patients to have a scan. Mr Stacey explained that this was mainly due to prioritisation of emergency scans. A review of people waiting a long time for a routine scan had established that the harm level was low. Members 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 six weeks and this was close to being met prior to 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 whether it had been made clear to them what they needed to do if their symptoms got worse or changed whilst waiting for a scan. Mr Stacey confirmed that patients were aware of the delay and how to escalate concerns and these would be 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.

The panel sought clarification as to why the expected death rate had improved. Dr Wood noted that there was risk adjusted mortality data, quality of care and patient flow to consider. The trust had gone through case notes, areas of good practice and where care could have been better, to help bring improvement. Crucially, there had been a focus on 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 scan results. Mr Stacey confirmed that recruitment had gone reasonably well but there were nursing vacancies and a delay of new starters coming from overseas because they had to wait for their Covid test results before they could start work. In terms of special radiography, there was a strong staffing position and team in place.

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 behind the Humber Acute Services review - being patient focused; clinically led, evidence based; having a focus on hospital services and not buildings and organisations; and being 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 reported that stakeholders considered good quality care and the best possible chance of getting well to be most important along with having the right workforce in place, 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 success 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 that 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.

On staffing, Ms Overton was pleased to report that primary care networks and community nursing teams 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. Overall, providers had 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 had been very helpful.

Despite all the challenges of the amount of work in a very short space of time, 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, there had been a lot of positives. In conclusion, Ms Overton thanked all involved for their tremendous work in dealing with the pandemic.

Members referred to the national testing problems and asked 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 they were running 24/7, mostly for health and social care system patients and staff. The system was at its maximum level and the risk was that 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 had 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 was introducing several new labs across the country. Lincoln Show Ground had recently 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 Hugh's 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 communication was approached on a whole community basis 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 that 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 council's income and therefore any shortfalls would have an impact on services. This was something 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.

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