To be submitted to the Council at its meeting on 29th July 2021

HEALTH AND ADULT SOCIAL CARE SCRUTINY PANEL

17th March 2021 at 4.00pm

Present:

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

Officers in attendance:

- Zoe Campbell (Scrutiny and Committee Advisor)
- Helen Kenyon (Chief Operating Officer of North East Lincolnshire Clinical Commissioning Group)
- Geoff Barnes (Deputy Director of Public Health)
- Guy Lonsdale (Finance Group Manager)

Also in attendance:

- Councillor Margaret Cracknell (Portfolio Holder for Health, Wellbeing and Adult Social Care)
- Jug Johal (Northern Lincolnshire and Goole NHS Foundation Trust)
- Sarah Howson (Northern Lincolnshire and Goole NHS Foundation Trust)
- Mike Simpson (Northern Lincolnshire and Goole NHS Foundation Trust)
- Anwer Qureshi (Northern Lincolnshire and Goole NHS Foundation Trust)
- Ivan McConnell (Hull Clinical Commissioning Group)
- Linsey Cunningham (Hull Clinical Commissioning Group)
- Shaun Stacy (Hull Clinical Commissioning Group)
- Steven Courtney (Hull Clinical Commissioning Group)

SPH.52 APOLOGIES FOR ABSENCE

Apologies for absence were received for this meeting from Councillor Furneaux and Silvester.

SPH.53 DECLARATIONS OF INTEREST

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

SPH.54 MINUTES

RESOLVED – That the minutes of the Health and Adult Social Care Scrutiny Panel meeting held on 20th January 2021 be agreed as an accurate record.

SPH.55 QUESTION TIME

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

SPH.56 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.57 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.58 DIANA PRINCESS OF WALES HOSPITAL NEW A&E DEPARTMENT PLANS

The panel considered an update on the new plans for the A&E department including transport assessment, design, and access.

Mr Simpson talked through the scope of the new emergency and acute assessment development and explained that the trust needed a modern facility that was fit for purpose. He reassured the panel that the new building would be built whilst continuing to provide the usual services. Mr Simpson confirmed that full planning application had been submitted and procurement was underway. The work planned for 2021/22 was complex and included a temporary car park, new blue lights area and bus routes into the hospital, a new staff car park, relocation of on call doctor's accommodation and some minor demolition work to enable the new building to house the new imaging facilities to be built.

The panel were shown the new design concept and site map in which Mr Johal explained that this was the biggest capital investment of £130m across NLAG and benefits to the patients would be significant.

Members welcomed the new development and asked NLAG to consider in the design that the bus stops outside the hospital had seats and be sheltered from the weather elements. Mr Johal explained there were temporary standard bus stops in place that were steel framed with roofs that were standard on the public highway however he confirmed the new route would have new bus shelters and they were on the same side of the A&E building on the main path which members welcomed.

In the new design members asked if NLAG had considered a quiet room where people in distress with mental health concerns could wait rather than being sat in the main waiting area so that it was calm and less stressful. Mr Johal reassured members that there was a mental health room in the new design for patients and a relative's room. He explained that the new emergency department was designed in a way to prevent aggression and reduce the stress for patients waiting.

Members queried if Wi-Fi would be available so that there was something to do when waiting. Mr Johal confirmed there would be Wi-Fi and he talked through the new coffee shop/restaurant that was going to be located next to the main entrance to the building.

The assessment area located next to the ambulance entrance was highlighted by members of the panel as being very cold and felt this was an unpleasant experience for patients and they queried if this had been taken into account in the new design. Mr Johal reassured members that when the ambulances arrived, they would be streamed straight into the right department which would solve the problem around the entrance and reduce waiting times as part of the patient journey. He explained that they were currently trailing the new patient streaming process that would be implemented in the emergency department with the intended outcome of patients (unless being kept in hospital) being discharged within 72 hours which the panel welcomed.

There was a general concern from members about the routes in and around the main entrance and the Pink Rose department in terms of space and congestion on the temporary walkway, smoking outside the building and litter that they felt needed addressing. Mr Johal explained that there were various strategies to help reduce smoking in general and the aim was for people would take pride in the area with the new investment and respect it and other users. He confirmed that staff would continue to patrol the area and he would take back members concerns and address them.

Members queried about the new building and its impact on the green agenda. Mr Johal confirmed that NLAG had received £40.3m for energy preservation measures across three sites

RESOLVED – That the updated be noted.

SPH.59 QUARTER 3 FINANCE MONITORING REPORT

The panel considered a report on the Council's provisional financial outturn at quarter three.

Mr Lonsdale confirmed that there was a balanced budget position overall at the end of quarter three which was an improvement on quarter two. Adult services had seen an improvement in the overspend coming down. Support from the government around the Covid agenda and a reduction in the level of demand for services had helped and people were living with families or being offered support at home meant a reduction in the uptake of places in care homes.

£2.8m of capital funding around the disabled facilities grant to support independent living and out of the care sector was received from the government however Mr Lonsdale highlighted that that going forward the financial challenges would be funding the long term impact of Covid-19 and the NHS reform and demographic pressures which had been factored into the budget pressure.

Members queried how the budget pressures would impact on service users. Mr Lonsdale confirmed that it would be monitored in the financial plan on a monthly basis.

Members queried if any analysis would take place on the increased charges as a result of the adult social care charging policy. Mr Lonsdale explained that the charging considered other fees, charges and levies however he reassured members that the charging policy was means tested.

RESOLVED – That the report be noted

SPH.60 HUMBER ACUTE SERVICE PROGRAMME

The panel considered a briefing paper and received a presentation on the Humber Acute Service programme.

Good quality care, close to home was key for members and the residents of North East Lincolnshire. Concern was highlighted by members about transport and felt it was a key consideration in terms transport to hospital appointments and access for families and friends to visit patients who may have to go out of area for treatment. Mr McConnell explained that the team were looking to host a transport working group and he agreed that it was key to engage with people around transport and the need to reflect this in the speciality pathways and make it easy for people to travel.

Ms Kenyon explained that during the covid pandemic it had thrown up challenges around face to face appointments and she highlighted the

work by the out of hospital teams in primary care where they had adapted to working differently to provide services to patients and it gave a glimpse of a different future for people. Members were concerned that patients could be at a disadvantage it they didn't have access to technology to enable them to access services and appointments virtually. Ms Kenyon explained that there would need to be work to support patients going forward to access their care in different ways.

Members fed back that there needed to be more joined up working across departments within the hospitals so that patients were not having to attended numerous appointments over a few days which could all be carried out on the same day. Mr Stacy agreed that as part of the new vision for the service pathways, this point raised by members needed to be considered and included in the transformation plan.

Members fed back that they would like the team to attend panel meetings at the key milestones within the HAR programme to provide assurance.

RESOLVED – That the report be noted.

SPH.61 COVID-19

The panel received a verbal update on the latest covid-19 epidemiology. Mr Barnes explained that there had been a spike in cases locally due to two outbreaks within the food processing sector, retail and care homes. He confirmed that the number of covid patients in hospital was down 82% from at its peak. The vaccine programme was going well with high up takes. There was some concern about the take up of vaccine in some of the more deprived wards which Mr Barnes confirmed was being addressed by the team who were following up with individuals after they had received their GP invite for the vaccine.

Mr Barnes referred to the outbreak plan which had been revised with the expectation of lower numbers of covid positive cases in the future. He explained that the intention for local area was to be able to stay on top of immerging situation of outbreaks especially around testing to stop community spread. Highlighted in the plan was to support the high risk areas such as the Cleethorpes resort especially in the summer, support vulnerable residents who needed to isolate and continue to promote the message of test, trace and isolate particularly in schools and businesses with regular testing.

Members of the panel were concerned about increase in the number of covid cases however they were reassured to know about how effective the test and trace system was working.

Members queried if there was any merit in more proactive lateral flow testing within workplaces and some communities. Mr Barnes explained that during a recent outbreak at a food processing factory they had sent a mobile testing unit on site and as a result there were eleven people

who were ‘a-symptomatic’ that were sent home to isolate and stop the spread of the disease any further.

RESOLVED – That the update be noted.

SPH.62 SCRUTINY PANEL – REVIEW 2020/21 AND WORK PROGRAMME 2021/22

The panel received a report from the Statutory Scrutiny Officer (Assistant Chief Executive) summarising the panel’s agreed 2020/21 work programme and the timetable of activities to undertake this work. The panel will also consider any issues it may wish to retain in or add to its work programme for 2021/22

Members requested that panel adds the following items to the work programme for 2021/22:

Post covid healthcare in terms of how people have been affected by covid both mentally and physically and for the panel to be reassured what services would be available to support residents and this could be linked to an update about recovery plan. Ms Kenyon confirmed that work was taking place to resurrect services and waiting lists. Officers would come back to a future meeting with a general overview of recovery with timescales for members then to pin point within the recovery any specific areas of concern.

Members felt that covid had exposed more health inequalities across the borough and an idea was raised for the panel to use the information in the Director of Public Health annual report to establish what exactly was being done to reduce health inequalities, the programmes that were in place to improve the situation for residents.

SPH.63 QUESTIONS TO PORTFOLIO HOLDER

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

SPH.64 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 5.47 p.m.