



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

HEALTH AND ADULT SOCIAL CARE SCRUTINY PANEL

15th July 2020 at 4.00 p.m.

Present:

Councillor Hudson (in the Chair)
Councillors Furneaux, Green, Hyldon-King, Rudd, Silvester and Wilson

Officers in attendance:

- Helen Kenyon (Chief Operating Officer - Clinical Commissioning Group (CCG))
- Stephen Pintus (Director of Health and Wellbeing)
- Zoe Campbell (Scrutiny and Committee Advisor)

Also in attendance:

- Councillor Margaret Cracknell (Portfolio Holder for Health, Wellbeing and Adult Social Care)
- Simon Thackray (Northern Lincolnshire & Goole NHS Foundation Trust)
- Shaun Stacey (Northern Lincolnshire & Goole NHS Foundation Trust)
- James Bailey (Hull University Teaching Hospital NHS Trust)

SPH.1 APOLOGIES FOR ABSENCE

Apologies for absence were received for this meeting from Councillor Woodward.

SPH.2 DECLARATIONS OF INTEREST

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

SPH.3 QUESTION TIME

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

SPH.4 MINUTES

A member queried as a result of the Covid-19 if it had slowed down the progress of the sustainable transformation plan (STP)? Mr Pintus confirmed that work had halted and as the NHS restored services over the coming weeks and months the STP would emerge and transport would be incorporated.

RESOLVED – That the minutes of the Health and Adult Social Care Scrutiny Panel meeting held on 22nd January 2020 were agreed as an accurate record.

SPH.5 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.6 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 Forward Plan be noted.

SPH.7 COVID – 19 OUTBREAK MANAGEMENT PLAN

The panel considered the recommendations from the local outbreak management plan which went to Cabinet on 29th June 2020.

Mr Pintus explained the main areas were to help schools reopen in September and keep Covid-19 out of care homes and reduce the spread in hospitals. He confirmed that businesses particularly in food processing were a high-risk of outbreak but thankfully we had not seen that within North East Lincolnshire, however it was important to support businesses to put in safe working practices to stop the transmission of the virus.

The panel we reassured that officers were working with the vulnerable people within the communities and in particular Harbour Place, Open Door and ethnic minority groups across North East Lincolnshire.

Mr Pintus explained there were fifteen stewards recruited to ensure that businesses across the borough were complying with the rules around social distancing. This additional resource would also help to manage a local spike, if there was one in the autumn or winter.

Members of the panel were impressed with the document and expressed concern about the resort being promoted over the summer months that would encourage people from outside the area to come unknowingly and spread Covid19. Members asked what plans were in place to manage this especially during the summer months? Mr Pintus shared members concerns and confirmed it was a risk. He reassured the panel that there was a lower risk outdoors of catching the virus however inside confined spaces was a risk. The stewards would be out and about in public spaces to help people and be a visible reminder of the rules that still applied.

Members queried the number of statistics that were set out in the plan and how were they being monitored? Mr Pintus confirmed there was a local Covid-19 plan coordinating group that was set up to monitor the implementation of the plan and would be over seen by the Place Board. Mr Pintus explained that he was a member of the Humber group whose role was to make sure that testing, tracing and swabs were available across the region and that care homes, schools and business had all undertaken risk assessment in their main settings.

There was concern by members that if the plan was evolving, they would like to be made aware of any changes or updates. Mr Pintus reassured the panel that scrutiny would be kept up to date. He also confirmed that going forward local outbreaks of Covid-19 would be managed in settings or certain communities to get on top of the outbreak and stop the spread of the virus without affecting the local economy.

Members queried if employers had to report if employees were off sick? Mr Pintus explained that in high risk areas, people were encouraged to support the testing process to get in there early, but it was not mandatory for employers to report any suspected cases unless employees had been tested.

RESOLVED –

- (1) That the update be noted.
- (2) That the panel were kept up to date on any changes or updates to the local Covid-19 management outbreak plan.

SPH.8 PROVISIONAL OUTTURN REPORT 2019

The panel received a report from the Director of Resources and Governance providing key information regarding the Council's provisional financial outturn for 2019/20.

Mr Kirven explained that 2019/20 was a financial challenging year however the Council had achieved a balanced budget. There was pressure in several services which had resulted in them overspending. The priority for the Council was to make long term investments and still retain the same general reserves of £8.3m.

Covid-19 would have a financial impact on the 2020-21 budget, and it was key that the Council made sure the financial plans were robust going forward.

Members queried what projects were not undertaken in respect of those earmarked reserves (EMR) that had been used to balance the budget in Adult Social Care in 2019-20. Mr Kirven confirmed he would speak to officers and see which projects have been deferred and email the panel a response.

Members queried why there was an underspend in the disabled facilities grant (DFG). Mr Kirven confirmed there was an underspend which would not be lost and would be slipped into the 2020-21 capital programme. Members were concerned that residents were waiting a long time for the grants to come through and why was that when there was an underspend. Ms Kenyon confirmed that one of the delays in the usage of the DFG was around shortage of therapists to carry out the assessments to determine what the best cause of action was for the individuals and meet the needs of the accommodation they lived in. Ms Kenyon acknowledged there was a backlog and extra money had been set aside to recruit extra therapists. Work had been carried out with Engie to ensure that once the assessments were completed that there was the resource to carry out the improvement work. Ms Kenyon confirmed that it had been a work process issue and felt this had now been improved.

There was a concern from members that this funding needed to be spent so that it was not removed. Ms Kenyon confirmed officers would come back with an analysis of the total spend over the last few years to give the panel reassurance that the grant was being used effectively to enable people, where possible, to remain living in their own homes for as long as possible.

RESOLVED –

- (1) That the report be noted
- (2) That the panel receive an email confirming which projects were not undertaken as EMR's in the Adult Social Care 2019-20 budget.
- (3) That the panel received the total spend on disabled facilities grant spend for the last 3 financial years.

SPH.9 HEALTH AND ADULT SOCIAL CARE SCRUTINY PANEL WORK PROGRAMME

The panel considered a report outlining the panel's work programme for the ensuing municipal year 2020/21.

The panel discussed the work programme and suggested that the following items be considered:

- Early diagnosis of cancer in deprived wards
- Health in equalities across the borough

- Children's dental care and oral hygiene
- Transport and the accessibility to GP surgeries
- Identify where the stumbling blocks were in the lifecycle and what services were required to fill the gaps.
- Health determinants – prevalence of conditions within wards

RESOLVED – That the items be considered in the work programme for 2020/21.

SPH.10 HAEMATOLOGY SERVICE UPDATE

The panel received an update on the Haematology service across Northern Lincolnshire and Goole and Hull NHS Foundation Trusts

Mr Stacey explained to the panel that the future of the haematology services needed to be reviewed. In 2017 a peer review highlighted significant risks to NLaG about the services provision and planned changes were discussed. There was now a need to make changes to the service to ensure its sustainability for the local area. Dr Thackray explained that a partnership working model sharing resources was the way forward. Over the past 18 months NLaG had required the further expertise from Hull with a contemporary view of delivering the service had been important. Extensive work had taken place in developing a new clinical pathway that would allow the service to continue in a safe way. The main issue was trying to recruit to the consultant posts. One of the lead consultants was retiring and that would leave one locum consultant cross NLaG which was not sustainable. Despite extensive recruitment campaigns the trust were unable to fill the vacancy. Dr Thackray confirmed there was a national shortage of consultants and it was difficult to recruit. The transfer of the services to Hull University Teaching Hospital (HUTH) to ensure ongoing safe services and inpatient care at Hull was the safest way forward.

There was a drive across the trust to employ and train up clinical specialist nurses. Dr Bailey confirmed there were five at present and when all the vacancies were filled would give 8 specialist haematology nurses and also specialist doctors in this field. These roles would support the move away from a consultant led approach to a team led service with the Consultant being the main overarching oversight of the service.

Mr Stacey explained that the initial expected impact of change to locum only provision at NLaG was:

- Where appropriate, patients to be managed in primary care with advice and guidance from consultant haematologists.
- Patients who could be managed with a virtual appointment would be offered this.
- Pathways established to manage some patients in other specialties at local hospital (for haemochromatosis and iron deficiency) patients with suspected malignant blood conditions (cancer) and other non-

cancer patient and complex conditions would be seen face to face in Castle Hill Hospital in Hull.

The impact of change on new appointments was interim, whilst an options appraisal and consultations were undertaken, all new patients requiring a first face to face appointment would be seen in Castle Hill Hospital in Hull. For follow up appointments, the clinical teams were undertaking clinical validation of those patients currently under follow-up to discharge those who did not require clinical follow-up and it was expected that this would reduce the number of follow up appointments by 50% compared to 2019/20 levels. Dr Thackray confirmed that all Doctor led review attendances were to consolidate to a single site in NLaG (by end October, sooner if possible) and a single site impact assessment was in progress.

The next steps were for HUTH and NLaG need to continue to work together towards a single unified shared haematology service. Difficulties in recruitment, the ever-increasing complexity and sub-specialisation within haematology meant that small units would no longer be able to provide high quality services which were both equitable and comparable to larger units with bigger consultant teams. The ultimate aim would be to provide a subspecialty-based service delivering care as close to the patient's home as possible across the entire region.

The service review proposed a single team employed by, and based out of, HUTH providing a high quality equitable service to patients in the combined HUTH and NLaG geographic region. For the foreseeable future was unlikely that medical staffing levels would be able to support outpatient clinics on all NLaG sites as well as Castle Hill Hospital, Hull.

Mr Stacey asked the scrutiny panel to consider and advise on requirements for engagement or formal consultation regarding the future model for Haematology services. He recognised the urgency and appreciated the panels support and they would come back with further information around the design of service going forward.

Members of the panel acknowledged the national shortage of consultants and queried if there was anything being done at a national level that acknowledged local problems? Mr Bailey confirmed it was a national problem and unfortunately it would get worse before it got better.

Members acknowledged the problems are were worried that because there was a national issue, how would the plan be affected over the long term? Mr Bailey explained the risk were significant that's why it was important to look other ways of operating with new technology and different ways of providing care, so people had equitable access to services.

Ms Kenyon explained the Humber needed to work together with better use of technology and the next phase was to support and find solutions

that delivered the services that were safe for the clinical teams who delivered the services.

Members queried if there was a framework of decision making if so could it be challenged, and if the consultants were left with the main decisions? Dr Thackray confirmed that everyone was working to their maximum capability. Three extra nurse specialists had been recruited and they were training up advanced care practitioner to take over medical roles as part of a national programme. These members of staff would need a degree of supervision and it came down to been over seen by a consultant.

Members suggested that it would be useful to take patients through a patient journey in the new process step by step and explain the changes and bring this feedback to the next meeting.

The panel supported the proposed plans for the haematology service because patient safety was paramount. Members requested that NLAG come back to a future meeting with an update on how the changes were taking effect.

Ms Kenyon confirmed the next steps were to continue to recruit, and an impact and needs assessment was in the process of being completed.

RESOLVED –

- (1) That presentation be noted.
- (2) That the panel supported the future plans for the Haematology service.
- (3) That the panel updates of the service review at a future meeting.
- (4) That the patient journey on the new service was presented to the next panel meeting on the 16th September 2020.

SPH.11 QUESTIONS TO PORTFOLIO HOLDER

There were no questions for the Portfolio Holder at this meeting.

SPH.12 CALLING IN OF DECISIONS

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

There being no further business, the Chair declared the meeting closed at 6.30 p.m.