
Meeting	Health & Adult Social Care Policy & Scrutiny Committee
Date	17 September 2019
Present	Councillors Cullwick (Vice-Chair, in the Chair), Pearson, Perrett, Kilbane, Melly and Rowley (Substitute)
Apologies	Councillors Waudby

17. Declarations of Interest

Members were asked to declare, at this point in the meeting, any personal interests not included on the Register of Interests or any prejudicial or discloseable pecuniary interest that they might have in respect of the business on the agenda.

Councillor Rowley declared a personal non-prejudicial interest in item 4 of the agenda, the Unity Health Progress Update report, in that his wife had worked at Unity Health 4 years ago. There were no further declarations of interest.

18. Minutes

Resolved: That the minutes of the previous meeting of the committee held on Tuesday 30 July be approved and signed as a correct record.

19. Public Participation

It was reported that there had been no registrations to speak under the Council's Public Participation Scheme.

20. Unity Health Progress Update report

Louis Johnston, Managing Partner, Unity Health and Dr Richard Wilcox from Unity Health were in attendance following the reporting of an independent patient survey for NHS England January 2019, where 60 per cent of patients rated their experience with Unity Health as "good", a significant drop from 80 per cent from 2018. Unity Health took the opportunity to provide an update report in more detail on the 2019 GP Patient Survey. A presentation of this survey was circulated and can be found at item 4 of this agenda. It was reported that the

survey and plan of action arising from the survey would be agreed by the Patient Participation Group (PPG) at the end of September. Responses had been received by 5% of the practice list.

The Managing Partner and Dr Richard Wilcox had attended previous scrutiny committees to address concerns further to an Ofsted inspection in May 2018, where the practice had been rated “inadequate”. Subsequent Care Quality Commission (CQC) follow up and reports in September 2018, January 2019, and July 2019 had been positive. They were keen to explain that the NHS England survey results reflected their position last year. Their in-house patient survey was undertaken in June 2019 and the results demonstrated the improvements that had been made in response to concerns raised at the previous scrutiny committee meetings which had included: telephone communication, lack of staff and negative publicity.

In response to questions from members, it was reported that the Patient Participation Group (PPG) had chosen a new telephone system which had been used successfully at the Elvington practice. The benefits of the system were that patients knew where they were in the queue. It directed the call to the correct area of service and calls were recorded, which had assisted with staff training.

A number of measures had been implemented to increase and maximise the staff resource. Particularly at busy times such as the intake of new students in September to December, these had included:

- an additional receptionist available for busy times.
- appointments made available online.
- two additional nurses able to deal with minor ailments.
- consideration had been given to making more appointments available on a daily basis.
- trained specialist nurse led clinics for specific areas such as: hypertension, diabetes and pulmonary disease
- improvements to the mental health provision. An eating disorder counsellor is available on Wednesday's, two Primary Care workers at the practice once a week. IAPT clinics later available from September onwards.
- additional staff training.
- increase in pharmacy hours to 50 hours as part of the Primary Care Network's shared resources. Pharmacists can prescribe for minor ailments, freeing up GP time.

To improve the perception of their health service, the Managing Partner highlighted their intention to:

- publicise the action plan arising from their patient survey, once it had been agreed with the PPG.
- capture good feedback particularly from the elderly and vulnerable groups, using Duty Managers to seek qualitative feedback.

Members queried whether the patient survey responses had been taken from a representative sample, noticing that three out of four of the responses received were female. Unity Health confirmed they had noted this and could not say why this was particularly the case and that they would ensure they have a representative sample in future. They assured members that vulnerable groups such as the elderly, had been accurately represented in this survey.

Speaking in support of Unity Health, Andrew Lee, Director of Primary Care and Population Health for the Vale of York Clinical Commissioning Group, spoke of the intense scrutiny Unity Health had been under, and commended their efforts in the face of public scrutiny to achieve the progress they had made which had been recognised by positive CQC since initial concerns were raised.

Resolved: The committee noted the improvements that had been made to date address CQC, Survey and Health Scrutiny concerns.

Reason: To ensure a good standard of medical care for the Hull Road ward.

21. Repeat Medicines Ordering

Dr Andrew Lee, Director of Primary Care and Population Health, Vale of York Clinical Commissioning Group (CCG) and Jamal Hussain, Senior Pharmacist, Vale of York CCG introduced the above report outlining how the NHS Vale of York CCG were implementing a project changing the way that repeat medicines were ordered.

It was reported that from the beginning of September 2019, following extensive communication with relevant parties, GPs

would no longer be accepting repeat prescription requests from dispensing or appliance contractors (DC) such as a community pharmacy. Exceptions would be made for some vulnerable patients or those unable to get to a GP practice. The purpose of these changes were to improve patient safety in terms of reducing the risk of errors in what is dispensed, and to reduce the number of unwanted medicines being received by patients.

In response to questions from members on how this new method of ordering would reduce waste Dr Lee explained that patients would be in charge of making their prescription request at the practice. The GP would then review the prescription, leading to less waste and improved ordering, as medication would not be from a third party and only ordered when needed. It had been a concern in the past that medication that was not required had been ordered. Once medication had been ordered for a patient, where it is not required, that medication cannot be re-issued. This had implications in terms of toxicity and disposal.

Members queried whether this process would increase GP workload. Dr Lee responded that all patients should receive an annual review of their medication, this process would lead to fewer prescriptions.

A member mentioned that whilst they had found the new NHS app to be excellent, they had experienced difficulty when installing the app. Dr Lee responded that GP reception staff were receiving training so that they would be able to assist patients with this.

In response to questions regarding learnings from other CCGs that had implemented this process, Dr Lee explained that there had been some initial resistance from patients, however, once patients had understood the reasoning behind this and had used this service for a year or so, the feedback had been positive.

Members shared the views and experiences of residents affected by the changes, along with the fear and uncertainty by vulnerable residents of the impact of the changes.

Members expressed concern that information regarding the changes had not come to scrutiny earlier, as this would have allowed members to share potential resident concerns, as well

as communicate changes proposed to residents in a timely manner. Dr Lee agreed to consult this committee on such matters at an earlier stage, to ensure that members would be in an informed position to support and advise residents in their wards.

Resolved: That the committee:

- (i) Considered the report on Repeat Medicines Ordering and appreciate and recognise the significant safety risks and costs associated with medicines waste and note how this project will work to reduce this waste.
- (ii) Acknowledged the Clinical Commissioning Group project.
- (iii) Will share details of the project with their wards and member constituents.

22. 2019/20 Finance And Performance First Quarter Report - Health And Adult Social Care

Members considered the report which analysed the latest performance for 2019/20 and forecasted the financial outturn position for all of the services falling under the responsibility of the Corporate Director of Health, Housing & Adult Social Care. Sharon Houlden, Michael Wimmer, and Terry Rudden were in attendance to present the report and to respond to questions.

The following information was provided in response to questions from committee members:

Regarding the likelihood of receiving additional funding during the year to meet the financial challenges within ASC, the Corporate Director of Health, Housing & Adult Social Care reported that the Better Care Fund would continue and that there was a strong possibility that the CYC could expect Government funding in this year's allocation. The council would want to allocate funding towards invest to save allocation to produce more sustainable long-term programmes. If a Green Paper is received, trends indicate that it would be unlikely to address the funding shortfall. The service area would consider solutions that relate to assets within York, such as the high

proportion of self-funding ASC, capitalising on that and generating an income. There were several different ways to do that which would include considering investment in additional allocation.

Regarding NHS Checks to prevent heart disease, stroke, diabetes and kidney disease, it was reported that 0.7% of York's eligible population received a check which is a lower rate compared with the regional (1.9%) and national (2.0%) averages. This was due to staffing issues. Geographic information system (GIS) mapping work had been undertaken to identify wards with higher rates of cardiovascular disease but with no immediate health check venue within the ward. Officers reported that additional health staff had been appointed to deliver this service at locations within the city. This reduction in figures would appear in the next quarter and improvements would show in quarters three and four. Postal code data analysis had shown that it tended to be older males in wards with higher deprivation, with health check venues in their wards, who were not coming forward. They received a request to attend a health check via text or letter. Officers would consider ways to re-invite them.

Regarding placing people in nursing or residential care and whether or not insourcing, having and staffing nursing or residential care in York had been considered, officers explained that this current administration aspires to deliver the support required in the community or preferably in customers' home, even for high dependency care. Results from surveys undertaken in the city on older people's needs had shown that the vast majority of people do not want residential care and would prefer support within their home. There were a range of models for delivering and supporting care. This had include institutionalised care if that was the only option for that customer. Officers clarified that there was no direct correlation between the closure of private care homes or residential nursing care homes and overspend in that aspect of the budget. At the same time, the number needing to be placed is greater than the number of places available in York. It would not be viable to run nursing homes that were empty. The issue is beyond that of take-up, as some care homes close as the care is inadequate.

Officers reported that there was a slight reduction in the number of women smoking during pregnancy. The number of ladies

that smoke during pregnancy were very low, however, there was some inconsistency between wards. An officer visits midwives and hospital based midwives to support them in understanding this issues. There had been a considerable increase of referrals from midwives sending pregnant ladies to the smoking cessation clinic. Where there was a high number in a particular ward, an officer worked within that community to build trust. Officers were working with our partners in the Tobacco Alliance. A members asked for data by ward which would support the committee in work to mitigate this. It was agreed that the officer would contact that member directly with the relevant information.

This committee had previously received a report on the Learning Disabilities Health Plan, delivered by the Vale of York (VOY) GPs. Previously uptake of health checks for those of any age with a learning disability who have an annual health and medication check had been low. This had significantly improved from 40% to 60% .

Officers reported that CYC figures were just below the national average in respect of uptake of the 2 year early years progress check. All eligible parents were offered a review, the up-take was 3 out of 4 parents. To address this a pilot would commence which would combine the two and a half year review with the two year old early years progress check to be delivered in Local Authority nurseries. A review would consider whether or not this improves the uptake of this measure.

Regarding the percentage of opiate users in treatment who successfully completed drug treatment (without representation within 6 months) it was reported that opiate and alcohol user numbers had reduced, however, there were a large number of people not accessing treatment. The committee were to receive a report for consideration at its next meeting in October.

Resolved: That the Committee considered and noted the 2019/20 Finance And Performance First Quarter Report for Health And Adult Social Care.

Reason: So that the committee is updated on the latest financial and performance position for 2019/20.

23. Six Monthly Quality Monitoring Report - Residential, Nursing and Homecare Services.

Sharon Houlden and Gary Brittain were in attendance to introduce the above report.

The following information was provided in response to questions from committee members:

- Care Homes are approximately 98% full in York and 70% nationally.
- There is no data on the number of people that are on waiting lists for Care. A number of people are on waiting lists years before they require this.
- Officers outlined various models of care in relation to supported living.
- Officers acknowledged the national shortfall in recruitment to the Care sector. It was hoped that the development of key worker housing would help to alleviate this concern. Members encouraged officers to consider using the Bootham Park Hospital site, due for closure in October, for development as homes for key workers.

Resolved: That the committee considered and noted the performance and standards of provision across care service in York.

Reason: So that the committee is updated on the performance and standards of provision across care service in York.

24. Safeguarding Adults at Risk Annual Assurance

Kyra Ayre, Head of Safeguarding CYC and Michael Melvin, Assistant Director of Adult Social Care CYC were in attendance to introduce the above report.

The following information was provided in response to questions from committee members:

- CYC are working with North Yorkshire to produce a self-neglect policy in the next few months.
- The team were working on examining links between crime and modern slavery.

- The team are processing a Corporate Safeguarding Policy underlining everyone's responsibility in terms of safeguarding. The committee requested to receive the draft policy at its next committee meeting.
- There has been an 11 per cent rise in safeguarding concerns in the last year. Head of Safeguarding explained that the team's role is to ensure that everyone understands and is involved with safeguarding concerns, not just adult care. Building more resilient communities where all can feel safe.

Resolved: That the committee:

- (i) Considered and noted this report and are assured that arrangements for safeguarding adults are satisfactory and effective.
- (ii) Will receive the draft Corporate Safeguarding Policy at its next committee in October.
- (iii) will receive the SAB annual report following its publication.
- (iv) will receive updates to this report on an annual basis.

Reason: So that the committee is updated and receives assurance on work undertaken regarding Safeguarding Adults at Risk in York.

25. Work Plan 2019-20

Members considered the work plan for 2019/20

It was noted that the draft Corporate Safeguarding Policy would be received at the October meeting.

Members requested that the scrutiny officer invite York Public Health to attend a future meeting for consideration of an item on emergency dental work.

The scrutiny officer confirmed that members would be re-invited to an Adult Social Care session. The previous session had been cancelled.

Finally, it was noted that an update on the Healthy Start Programme would be circulated to members.

Cllr Doughty, Chair

[The meeting started at 5.30 pm and finished at 8.00 pm].