

Meeting	Health and Adult Social Care Policy and Scrutiny Committee
Date	10 November 2020
Present	Councillors Doughty (Chair), Cullwick (Vice-Chair), Hook, Norman, Perrett, Waudby and K Taylor

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## **1. 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. None were declared.

## **2. Minutes**

The Chair stated that since the last public meeting held pre-Covid-19, in February, a series of informal meetings had been held to consider areas of work that fall under the remit of this committee. The Chair was keen to formulate a work plan for this committee, at the earliest opportunity.

Resolved: That the minutes of the previous meeting of the Committee held on 18 February 2020 be approved and signed at a later date.

## **3. Public Participation**

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

## **4. Verbal update on how GP Practices are coping with the Coronavirus emergency**

The Chair of NHS Vale of York (VOY), Clinical Commissioning Group (CCG); the Accountable Officer, NHS VOYCCG and the Acting Director for Primary Care and Population Health for NHS, VOYCCG, gave a verbal update on how GP practices were coping with the Coronavirus emergency.

Dr Wells explained that in March their priorities had been: saving lives; protecting the vulnerable and keeping services going, which is what Primary Care services have done for the last 9 months.

He outlined how they had protected the vulnerable and staff by providing telephone triage, remote working, and continuing to provide essential services via text messaging and phone calls. There had been some video consultations however, the technology for this was not available as yet. The priority had been caring for the most vulnerable and end of life patients.

It was reported that the current activity at GP practices had included:

- Attending to routine clinical demand; catching up with the deferred backlog of appointments and need arising from the first wave of the Coronavirus and helping those with long term conditions and mental health concerns.
- Responding to the increase in take up for the flu vaccination which had increased from approx. 60 percent to over 75 percent.

Some of the challenges currently faced by GP practices (during the second lockdown) had included:

- Staff absenteeism: practices have been subject to the same staff absences as can be seen in other workplaces for reasons such as needing to self-isolate, Covid fatigue, child care arrangements.
- Wellbeing of staff: and providing support, building resilience for the winter. National and regional online resources were available. The CCG had recognised the additional pressure that GP receptionists were under and had put in place 'wellbeing champions' and were doing a media campaign on the back of national campaigns, encouraging patients to be kind to the GP receptionists. Practices were signposting service users to 111 and encouraging patients to self-care, where appropriate. It was explained that due to budgetary constraints it was not possible to recruit additional staff.
- Face to face appointments - twice as long due to the time taken in relation to PPE and cleaning.
- Service user's expectation and communication:
  - Urban myth nationally that GP practices had closed its doors. In March, the number of patients seen had been reduced. Currently service had been restored and busier than ever, with more consultations

undertaken than at the same period of time in the previous year. York Medical Group had received 42k phone calls in September 2019, in September 2020 they had received over 50k phone calls. That was replicated with telephone and face to face contact.

- The City of York was fortunate in that they had a service which was rated good or better, which was important in the context of discussions around patient expectation. There are a number of practices which are larger than others. Their combined resources had created a resilience that smaller practices cannot reach. That hot and cold service is not available in other regions. (Meaning: split 'hot' emergency and urgent care from 'cold' planned surgery). York practices should be commended for having this outstanding resilience and flexibility.
- Resident's had reported that they had been asked to attend appointments across the City. It was explained that it had been necessary to arrange face to face appointments, at protected 'hot' sites due to the infection risk in order to protect staff and the vulnerable.
- In relation to criticism of the GP practices and services, Members agreed that there appeared to be a mismatch between the service offered and what residents expected. The representatives from the CCG considered that what the NHS were communicating, for whatever reason, was not being understood and welcomed anything Members could do to speak in support of these services and clarify any misconceptions to its residents. It was felt that change and understanding needed to come from a societal view.
- Managing resources
  - Additional resources to support Primary Care services were provided in March and had included: additional PPE; IT allocation; spend on the physical infrastructure such as plastic screen barriers, and some additional sessions to support clinical activity. Further information on these additional sessions would be provided to Members.
  - There were 80 new staff appointments involved in social prescribing and link workers, which has enabled Primary Care services to work better with voluntary services.

- The Covid crisis had created a new way of encouraging 'returners' back to the service. The City was well supported in their recruitment and retention levels.
- Increase in mental health concerns:
  - The senior representatives from the CCG confirmed that they were seeing an increase in mental health presentations across all age groups and that they were seeing people referred who had never met this service before. They were working with our partners in Tees, Esk and Wear Valleys (TEWV) NHS Foundation Trust on long term projects in this aspect, over the next five years and beyond.
  - From April onwards, new mental health workers would be available for practices to employ (April as posts are linked to training programmes).
  - The CCG were working with our mental health providers to ensure more joined up working and were signposting service users to available online services – which was acknowledged works very well for some, recognised it was not suitable for all.

Going forward, the senior representatives from the CCG reiterated that Primary Care services and GP practices were under extreme pressure with a finite resource available, therefore communication was key. They talked about the need to move beyond reliance on services from primary healthcare and from looking at numbers, and instead look at societies wellbeing, outcomes and quality of life - looking at the whole person/family, because there is not always a medical solution, it is more about societies wellbeing and having a richness of communities, the prevention agenda. For now, the message is look after your own health as advised and consider preventative health measures and how the City of York can be healthier.

It was reported that preparations were underway to roll out the new Pfizer vaccine. The Director of Public Health reported that she had been working with colleagues in the CCG and Primary Care services on the first draft of plans that would need to be in place by the end of November. The vaccine would be available in small quantities at first, likely to be administered after Christmas. The first would be delivered in partnership with GP practices to people over 80 years, care home residents and frontline health care workers, then to the most vulnerable and so forth.

Regarding misinformation in relation to the vaccination, Public Health England had a behavioural change specialist unit that would be working on health promotion material, when the vaccine becomes available.

The Chair and Members thanked the senior representatives from the CCG for attending this meeting and sharing their thoughts and experiences with the Committee and reiterated their support in communicating clear messages from the NHS to residents on looking after their own health and looking after each other.

## **5. 2020/21 Finance and Performance First Quarter Report Health and Adult Social Care**

Members considered a report which analysed the latest performance for 2020/21 and forecasted the financial outturn position by reference to the service plans and budgets for all the relevant Health and Adult Social Care services falling under the responsibility of the Corporate Director of Health Housing & Adult Social Care. She was joined by the Head of Finance: Adults, Children & Education and the Strategic Support Manager (Adults and Public Health), who were in attendance to present the report and to respond to questions.

Key points arising from discussion of this item included:

- Overspend in quarter one was due to carried forward overspend from previous year when the budget was set for 2021. The Coronavirus emergency had impacted upon the ASC budget.
- Healthy Child Service had continued to operate throughout the pandemic adapting its service in the first wave of the pandemic. Routine home visits and new births were prioritised and then given continued support online and via telephone.
- Delayed Transfers of Care: The Department of Health and Social Care had suspended the monitoring of that information as it was considered that this was not a productive way to address performance concerns. The department does measure the length of time a patient remains in hospital once they are deemed fit – which should be hours not days.
- Haxby Hall: Members requested further explanation on the projected overspend, to its next meeting.

- Sickness rates of Adult Social Care staff had fallen. Officers considered this had been due to the flexibility of working from home. Measures to reduce this further included encouraging staff to get away from their desks, taking regular breaks and measures to support their physical and mental wellbeing.
- Health Checks: Members expressed concern regarding York's underperformance in undertaking these checks as compared with the regional and national averages. These were NHS health checks that the government transferred for commissioning to local authorities, however the health checks were provided by GP practices. The local authority was reliant on GP service data to identify those invited for checks in the 40 – 75 age group. There had been a number of obstacles to getting this process underway. This had been a five year cycle which had started last year. The programme had been halted due to safety concerns in relation to the Coronavirus pandemic and Health Trainers had been re-deployed to support the contact tracing.
- Continuing Health Care (CHC) funding concern regarding ongoing issues of customers no longer qualifying for 100% CHC funding and responsibility passing across from Health to ASC – the Directorate assured Members that a lot of work had been done to ensure customers were receiving all of their entitlements.
- Psychological therapies (IAPT): Q2 data on improving access to this in the Vale of York CCG area shows the referrals to IAPT (504 per 100,000) are lower than the England average (953 per 100,000) this data is compiled by the NHS CCG as referrals are made by GPs . The Committee were advised to write to the Accountable Officer, NHS VOYCCG should they required further information on this aspect.

Resolved: That the Committee considered and noted the 2020/21 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 2020/21.

## **6. Adult Social Care Winter Plan 2020**

Members received the Winter Plan for the City of York Council, which had been developed in response to the Government policy paper *Adult social care: our COVID-19 winter plan 2020*

to 2021, published in September and its requirement for all councils to have a plan in place. The Assistant Director Joint Commissioning (CYC and VOYCCG) was in attendance to present the report and to respond to questions.

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

- The plan had been prepared with the support of partners across the health and social care system.
- Officers confirmed that although the York Dementia Alliance (YDA) work was coming to an end in September 2020, the programme of work around supporting people with dementia and their carers remained in place and that this area of work had evolved into other projects.
- Peppermill Court was opened as a residential care setting for people who had been diagnosed with Covid-19 in care settings and had already existed, funded through the NHS. It will be used by service users in North and East Yorkshire as necessary. It currently held 3 service users and had 7 service users in total since mid-October.
- Care homes in York had managed extremely well. Whole site precautionary measures had been in place since May and onsite testing of staff. Where staff had been symptomatic, Covid-19 had not been passed on to service users due to staff's professional practice and adherence to guidelines, which had been excellent.

The Chair and Members thanked the Assistant Director, Joint Commissioning for the tremendous effort of staff in care homes throughout the whole of the Adult Social Care sector during the Covid-19 pandemic.

Resolved: That the Committee noted the City of York Council's Adult Social Care Winter Care Plans.

Reason: To keep the Committee informed of arrangements in place for Adult Social Care over the winter.

Cllr P Doughty, Chair

[The meeting started at 5.30 pm and finished at 8.10 pm].