



**Oversight and Governance**

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Published 01 March 2024

## **HEALTH AND ADULT SOCIAL CARE OVERVIEW AND SCRUTINY COMMITTEE**

### **SUPPLEMENT PACK FOR RECONVENED SESSION (06/03/2024)**

Tuesday 20 February 2024  
2.00 pm  
Warspite Room, Council House

**Members:**

Councillor Murphy, Chair

Councillor Harrison, Vice Chair

Councillors Finn, Krizanac, Dr Mahony, McNamara, Nicholson, Noble, Penrose, Reilly, Ricketts, Tuohy and Ms Watkin.

Members are invited to attend the above meeting to consider the items of business overleaf. For further information on attending Council meetings and how to engage in the democratic process please follow this link - [Get Involved](#)

**Tracey Lee**  
Chief Executive

## **Health and Adult Social Care Overview and Scrutiny Committee**

- 5. End of Life Care: (Pages 1 - 30)**
- 6. Tracking Decisions (Pages 31 - 40)**



**St Luke's**  
Hospice Plymouth

# Overview & Scrutiny Committee End of Life Care Plymouth



## Part 2

6 March 2024

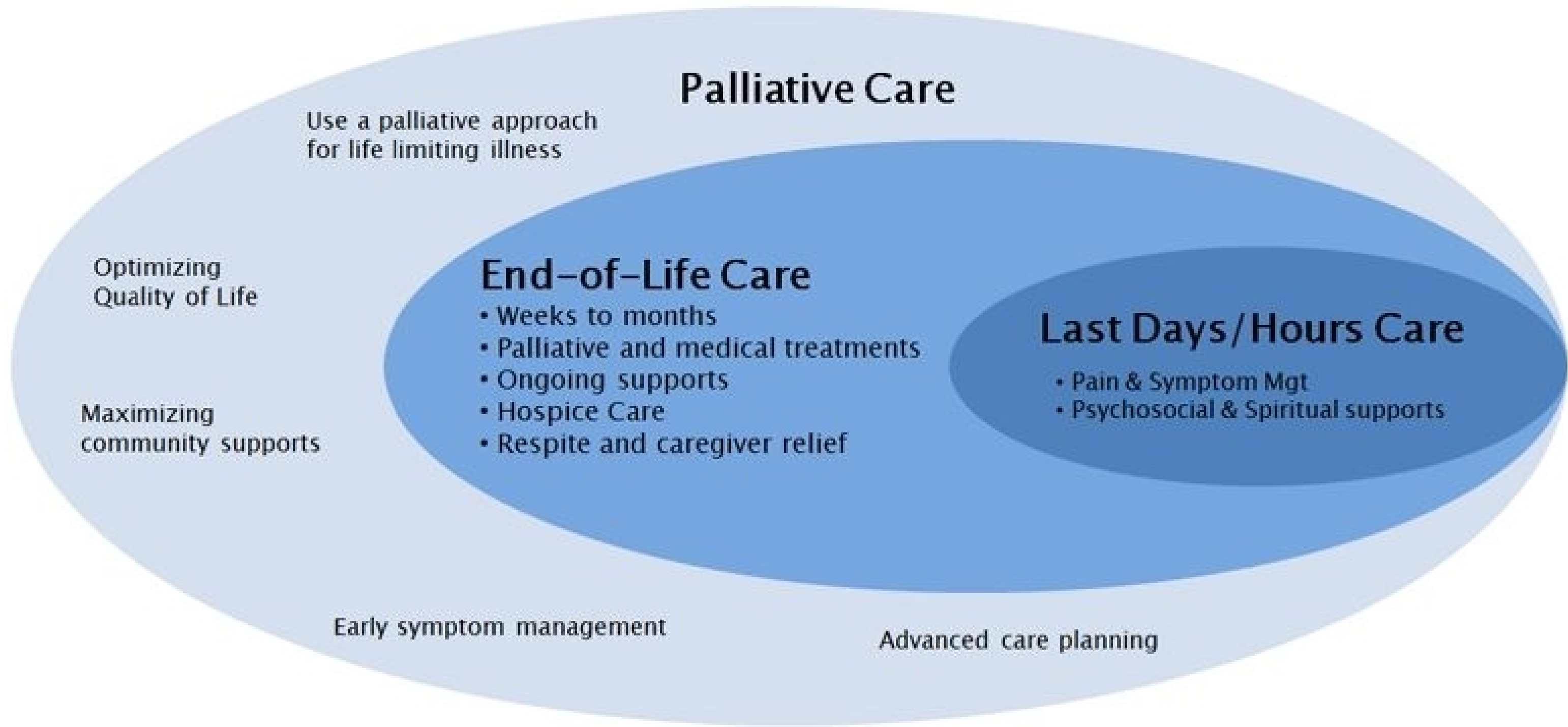
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Agenda Item 5



Proud to be part of One Devon: NHS and CARE working with communities and local organisations to improve people's lives

# Definitions



“Remember that death is a social event with a medical component, not a medical event with a social component. The larger part of dying happens outside of the institution and professional care”.

Allan

Kellehear



# 100 Day Challenge

# Outward Mindset - 100 day challenge

Autumn 2023

The 100 Day Challenge End of Life goal:

***To support more people to have a good death in their care home and reduce the number of EoL patients coming to ED from the top 10 conveying care homes by 10%***



# 100 Challenge recommendations

- Set standard of 'What Good Practice' Looks Like for Care Homes for those at EoL
- The creation of an education offer which couples the availability of resources in the locality, whilst also responding to challenges across the care home working environment
- In conjunction with commissioning, PCNs should be encouraged to agree minimum standards of support/engagement with care homes (i.e. ward rounds, visits etc)
- Revisit the Immedicare offer in terms of literature, resources and encouragement to use. Mandate a standardised approach to utilisation.
- Extend the administration and availability of IV Antibiotics and Fluids to care homes and revisit/conceive pathway
- Create end of life support line (and register) for those who are (patients, families, carers and professionals) are in the last 12 months/last phase of life
- Create patient and family's information leaflet



# Devon and Cornwall Shared Care Record

# New look Treatment Escalation Plan

In Autumn 2023 healthcare providers in Plymouth and West Devon will be able to use the Devon and Cornwall Shared Care Record (DCCR) to complete and edit TEP forms.

This development will mean a single version of the truth that represents patient wishes and improve quality of care

## Treatment Escalation Plan

Last updated by on 26-Sep-2023 10:49 (v. 3)

**i** This is a copy of a TEP form. To ensure that this is the latest version, please visit the Devon and Cornwall Care Record

**i** This form is for clinical guidance and it does not replace clinical judgement

Do you believe the patient has capacity to be involved in making treatment escalation decisions?

Yes

Are there any of the following related documents in place

**Lasting Power of Attorney for health and welfare (LPOA)**

- [ADRT LPOA advance statement](#)

CDV Tree Links

**i** There are no associated documents.

### Care Choices

Community Setting	For home based care focusing on management of symptoms and comfort measures
Acute Setting	For ward based care focusing on management of symptoms and comfort measures

### Cardiopulmonary Arrest

In the event of Cardiopulmonary Arrest Allow a natural death (do not attempt cardiopulmonary resuscitation)

**! ALLOW NATURAL DEATH (do not attempt cardiopulmonary resuscitation)**

#### Completing Clinician (only)

Date and Time discussed with patient	02-Aug-2023 12:00	Role	RN
Clinician Name		GMC/NMC No. (or equivalent)	12345r

Provide a summary of how you and the patient/advocate have come to these decisions (be as specific as possible) **Patient diagnosis**

Has the treatment escalation plan and resuscitation decisions been discussed with the patient/patient's relatives /next of kin/carers/IMCA? **Yes**

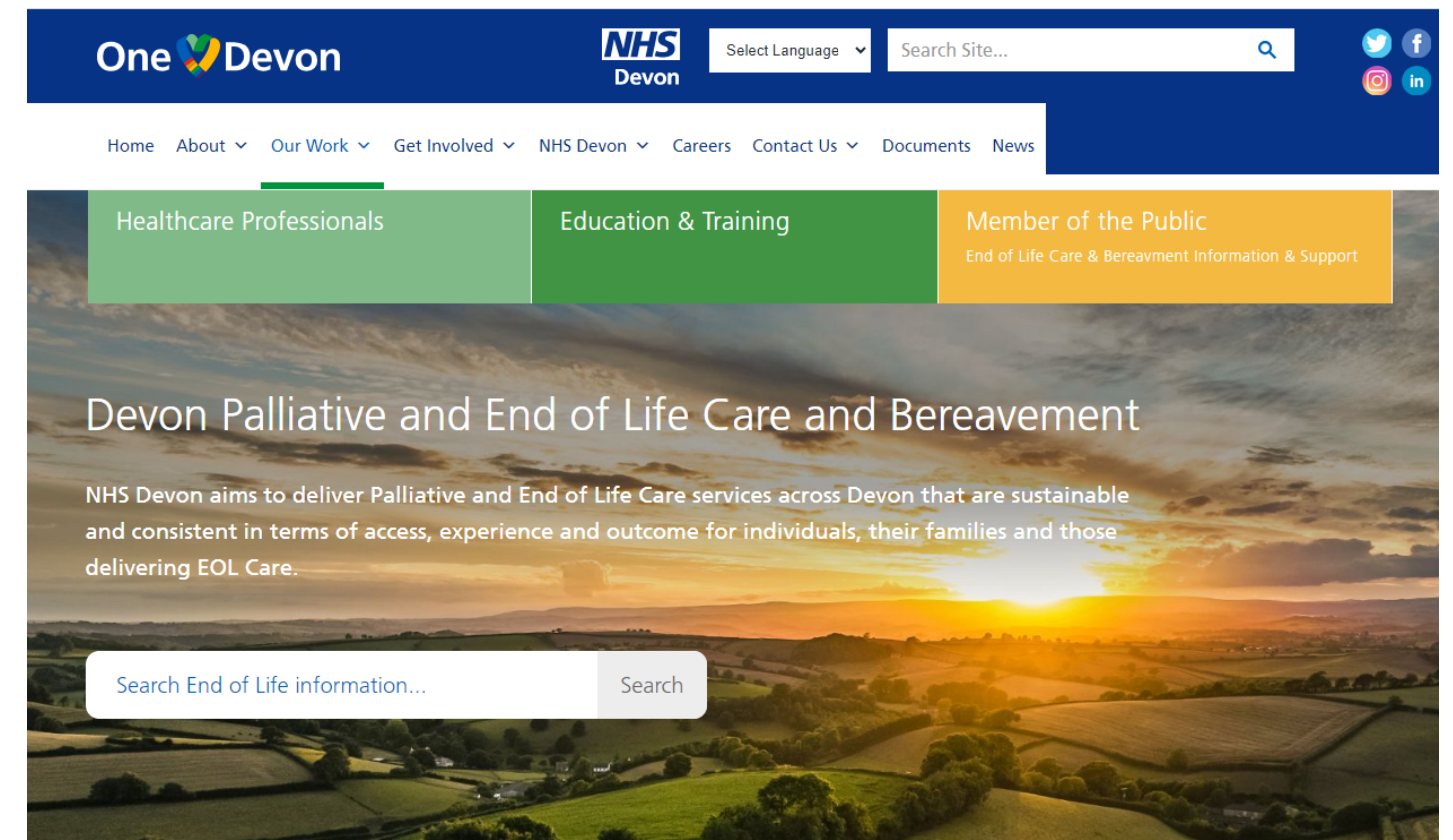
Name and relationship **dddd**

- [IMCA](#)

# Resources and additional information

## Resources

- TEP best practice video for professionals: [Overview of TEP](#)
- Patient resources: [Public TEP overview](#)
- New EOL website: <https://onedevon.org.uk/eol/>
- [DCCR Resource Library](#)
- 



# Marie Curie – Estover project

Karen Burfitt  
Associate Director, Strategic Partnerships and Services  
Marie Curie – South West and South East of England

# Segmentation


L   L49   L50   L51   L52   L53

L

## Vintage Value

Elderly people with limited pension income, mostly living alone

🏠 6.46% | 👤 4.17%



**Key Features**

- Retired singles
- Council/HA tenants
- No qualifications
- Low discretionary income
- Very low-tech households
- Fuel and water poverty


**Who We Are**

<b>Age</b>	<b>Household income</b>
66+	<£15k
408   75.4%	466   76.7%
<b>Household composition</b>	<b>Number of children</b>
Single	No children
190   75.4%	144   99.8%
<b>Tenure</b>	<b>Residency type</b>
Council/HA	Flat
318   56.2%	204   47.2%







**Advert Response Channel**

76	89	77
51	59	97

**Household Technology**

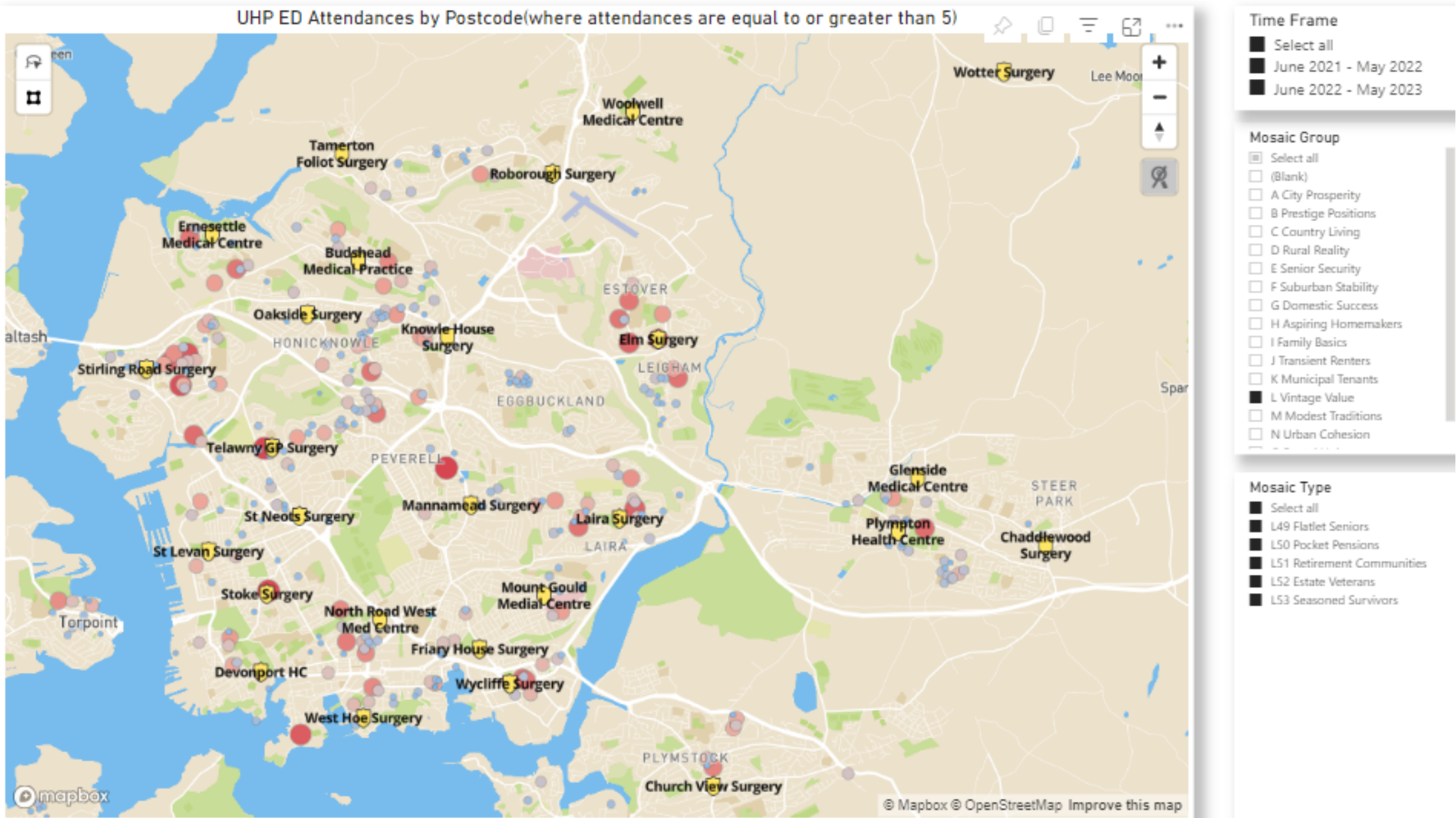


Very Low

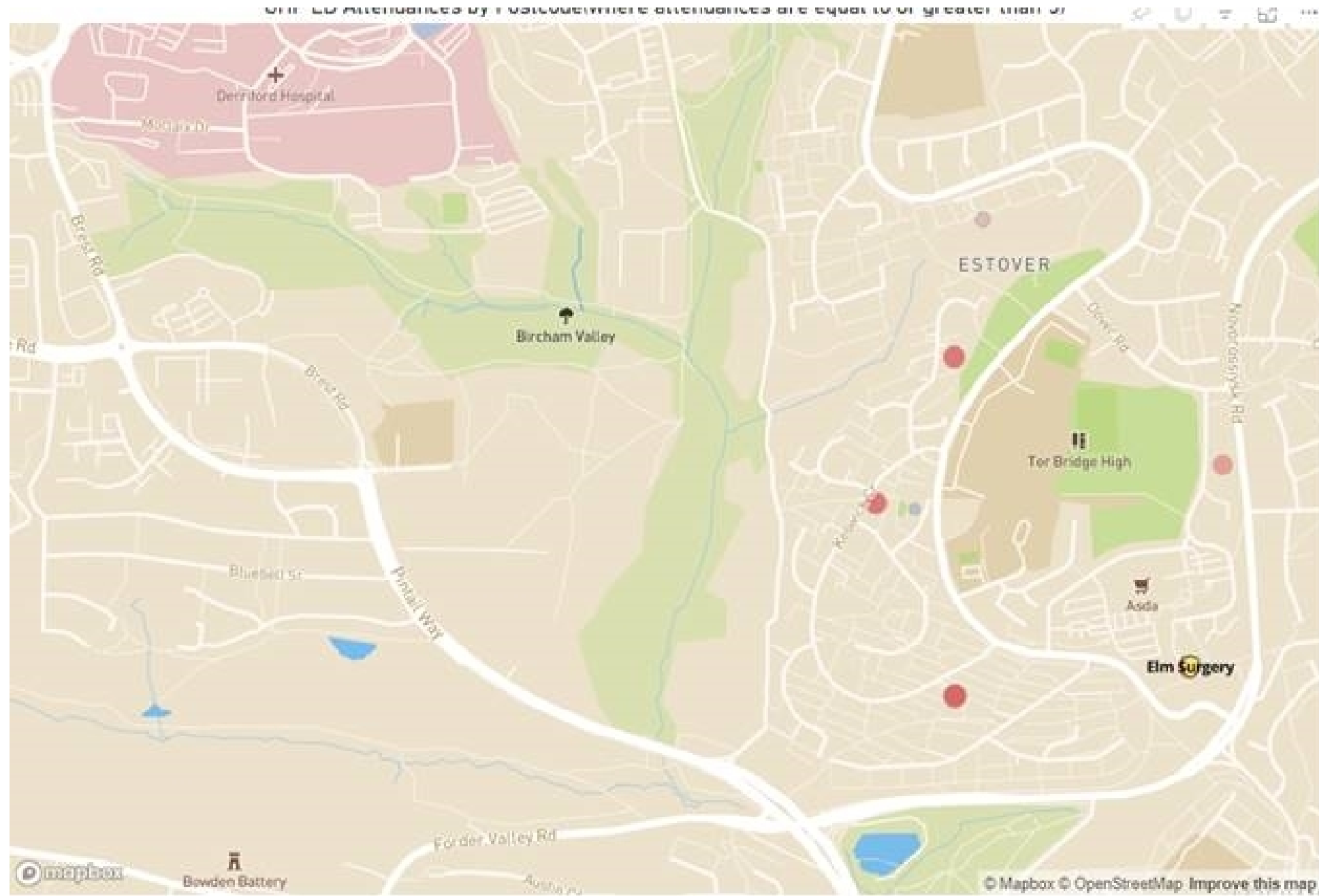







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www.segmentationportal.com

# Vintage value – both years



# Area



# Housing stock

Postcode	No. of ED attendances for 2 years	Location
PL6 8UF	85	127 Leypark Walk – Anchor Care Runnymede Court rented housing with extra care has 38 one and two bed retirement apartments with shared gardens and a guest room for visiting friends and family <a href="https://www.anchor.org.uk/our-properties/runnymede-court-rented-housing-extra-care-plymouth">https://www.anchor.org.uk/our-properties/runnymede-court-rented-housing-extra-care-plymouth</a>
PL6 8SL	91	Keswick Crescent – 2 bedroom houses - ? Social housing – not PCH
PL6 8TL	23	Wasdale Close – mixed some owner occupied / some social housing – opposite school and nursery
PL6 8TH	71	Wythburn Gardens – one bedroom bungalows - ? social housing
PL6 8UE	55	Leypark Court – Sheltered Housing – 30 flats run by PCHomes
PL6 8TT	72	Keswick Crescent – near Premier Stores – looks like 2 bedroom houses
PL6 8XB	37	Penrith Walk – some maisonettes and one bedroom bungalows – zero deposits rentals



# Estover Cause of Death

<b>Malignant neoplasm of bronchus or lung, unspec</b>	<b>6.5%</b>
<b>Chronic obstructive pulmonary disease, unspecified</b>	<b>6.5%</b>
<b>Acute myocardial infarction, unspecified</b>	<b>4.8%</b>
<b>Malignant neoplasm of pancreas, unspecified</b>	<b>4.8%</b>
<b>Malignant neoplasm of oesophagus unspecified</b>	<b>4.8%</b>
<b>Pneumonia, unspecified</b>	<b>4.8%</b>
<b>Chronic obstruct pulmonary dis with acute lower resp infec</b>	<b>3.2%</b>
<b>Malignant neoplasm, intrahep bile duct carcinoma</b>	<b>3.2%</b>
<b>Chronic ischaemic heart disease, unspecified</b>	<b>3.2%</b>
<b>Peripheral vascular disease, unspecified</b>	<b>3.2%</b>
<b>Pulmonary embolism without mention of acute cor pulmonale</b>	<b>3.2%</b>
<b>Septicaemia, unspecified</b>	<b>3.2%</b>

	East	North	Plymouth	South	West	Devon Total
Malignant neoplasm of bronchus or lung, unspec	4.5%	4.1%	5.3%	4.0%	3.8%	552
Chronic ischaemic heart disease, unspecified	4.7%	4.4%	2.9%	3.5%	4.4%	492
Other specified general symptoms and signs	2.8%	3.4%	3.6%	3.7%	2.2%	413
Vascular dementia, unspecified	3.3%	2.3%	3.1%	3.1%	3.2%	379
Alzheimer's disease, unspecified	3.2%	2.9%	2.9%	2.7%	3.2%	370
Pneumonia, unspecified	2.6%	2.5%	2.2%	2.7%	2.6%	318
Acute myocardial infarction, unspecified	2.5%	2.8%	2.7%	2.4%	1.8%	315
Atherosclerotic heart disease	1.5%	1.3%	3.3%	2.8%	1.2%	275
Chronic obstructive pulmonary disease, unspecified	1.9%	2.3%	2.8%	1.8%	1.6%	259
Chronic obstruct pulmonary dis with acute lower resp infec	1.2%	1.3%	2.6%	2.1%	2.0%	224
Malignant neoplasm of pancreas, unspecified	1.8%	1.5%	1.6%	1.2%	1.6%	191
Malignant neoplasm of breast, unspecified	1.6%	1.5%	1.4%	1.3%	1.2%	178
Heart failure, unspecified	1.5%	1.7%	1.2%	1.3%	0.2%	170
Malignant neoplasm of oesophagus unspecified	1.5%	1.1%	1.0%	1.4%	2.0%	168
Bronchopneumonia, unspecified	1.1%	1.2%	1.3%	1.4%	0.6%	152
Cerebrovascular disease, unspecified	1.2%	1.7%	0.9%	0.8%	1.8%	142
Aortic (valve) stenosis	1.1%	0.8%	0.8%	1.2%	0.6%	128
Congestive heart failure	1.3%	1.8%	0.7%	0.4%	1.0%	124
Septicaemia, unspecified	0.9%	1.3%	1.5%	0.6%	0.6%	124
Alzheimer's disease with late onset	1.0%	0.5%	0.7%	1.2%	1.0%	117
Malignant neoplasm of bladder, unspecified	0.8%	1.0%	0.9%	1.2%	0.4%	116
Intracerebral haemorrhage, unspecified	1.1%	1.0%	1.0%	0.4%	1.6%	108
Malignant neoplasm of colon, unspecified	0.9%	1.0%	0.7%	0.5%	0.8%	97
Other interstitial pulmonary diseases with fibrosis	0.5%	0.9%	0.3%	0.9%	1.4%	88
Chron obstruct pulmonary dis with acute exacerbation, unspec	0.6%	0.8%	0.9%	0.6%	0.2%	85
Urinary tract infection, site not specified	0.6%	0.5%	0.9%	0.7%	0.2%	81
Gastrointestinal haemorrhage, unspecified	0.5%	0.5%	0.7%	0.6%	0.6%	75
Pulmonary embolism without mention of acute cor pulmonale	0.5%	0.9%	0.9%	0.4%	0.2%	74
Multiple myeloma	0.6%	0.4%	0.5%	0.6%	1.0%	71
Cerebral infarction, unspecified	0.3%	0.2%	1.0%	0.8%	0.2%	71
<b>Other Diagnoses (including uncoded):</b>	<b>24.3%</b>	<b>24.3%</b>	<b>26.2%</b>	<b>27.4%</b>	<b>29.4%</b>	<b>3219</b>

Note: There may be some coding issues and missing data

# Marie Curie Project

Started 18<sup>th</sup> January 2024



# Partners engaged to date

- Elm Surgery
- St Luke's
- Elm Community Builder
- Compassionate City development worker
- Plymouth City Council – Research / Public Health
- Belong in Plymouth
- Plymouth Community Homes
- Eldertree
- Asda

# Compassionate City

Frances Hannon

Associate Director Quality & Patient Experience

St Luke's Hospice Plymouth



# Plymouth - A Compassionate City

**A compassionate city is a community that recognises that care for one another at times of crisis and loss is not simply a task solely for health and social services but is everyone's responsibility.**

In a compassionate city, we all stand to benefit.

At a conference held in Plymouth in 2018, schools, places of worship, GP surgeries, solicitors and charities – and many other organisations and groups from across the community – called for our city to have an End of Life (EoL) Compassionate City Network and all agreed the following vision:

*Our Vision: Plymouth will not shy away from the taboo subject of death, but talks openly about it, in order to create a city that is truly informed and compassionate towards those facing end of life or experiencing loss and bereavement.*

We will create a Compassionate City by working towards the international Compassionate City End of Life Charter. For more information, [click here](#).

We're pleased that Plymouth now has a thriving end of life network, with over 90 individuals and organisations already signed up to work towards the key objectives of the EoL Compassionate City Charter which has been formally adopted by Plymouth City Council.

## Establish a Compassionate City Steering Group – Original Spec.

The aim of this objective is to ensure that the collective will across the city delivers the aims of the Compassionate City Charter for End of Life. This requires a co-ordinated effort from all sectors to improve the lives of those who are dying or experiencing loss, death and bereavement.

The charters objectives will be delivered through a city-wide End of Life Compassionate Steering Group which will have leads who are linked to charter action groups that will implement the Compassionate City Action plan, using the Compassionate City Charter as a framework.

This network will be hosted by Plymouth City Council and administered by St Luke's. It will be led by the different sector leads/organisations in the city and surrounding areas.

There will be a Compassionate City Charter End of Life Steering group who will review the activities and progress of the network to promote engagement and support from all sectors of the city.

### Where CC is as of 2024?

Covid led to *network* dissipating. New ideas (similar ethos) came along – Belong in Plymouth, Trauma Informed City, Welcoming City. Often similar organisations as involved in Compassionate City.

Lack of individual, energy, time and capacity to drive. Compassionate City has become known as a St Lukes initiative **rather than** a St Lukes **supported** initiative. Our SLH small comm dev team (1.2 wte) have continued to support where there is pull (schools, cafes, death Literacy.) The approach aspire to is asset based community development – to work alongside and **not do to** local communities

# Why Compassionate

## Communities are important

Care of the dying and bereaved has become over medicalised and society has been very dependent on the health and social care system - need to view this differently?

5% of time is spent in contact with health and social care professionals when someone is in the last months of life - What about the 95%?

Local Community Spirit!

# St Luke's Hospice Community Development Team



1.2 wte work alongside  
community

Normalise death, dying & grief

Help us ***all*** to build on our assets,  
so feel able and comfortable to  
support others

# Key priorities for 2024

- In collaboration, PCC, UoP, teachers, staff & pupils spread Compassionate Schools, including primary
- Support more communities to establish Compassionate Cafes
- Continue Compassionate Friends awareness sessions with focus on supporting cafes rather than network
- Introduce Last Day's Matter
- Strengthen links with key stakeholders e.g. Plymouth Community Builders, POP, PCC & Marie Curie, inter faith communities
- Death positive libraries
- Connect work into existing programmes e.g. – Belong in Plymouth





# Compassionate Cafes



There are now **9** Compassionate Cafes across Plymouth, East Cornwall and West Devon



2 new cafes starting soon in Tavistock and Gunnislake

Working in **partnership** to develop Compassionate Cafes with Wellbeing Hubs, places of worship and local charities and community groups including Wolseley Trust, Argyle Community Trust and South Brent and District Caring.

There are now **9** Compassionate Cafes across Plymouth, East Cornwall and West Devon



# Palliative Care Ambitions Framework

# Ambition 1 – Each Person is Seen as an Individual

- Some progress has been made in this area with the implementation of the electronic TEP and embedding Advance Care Planning
- End of life is a key priority for system partners transformation programs
- Areas of focus 24/25:
  - Development of clear communication & training strategy (role specific)
  - Data capture process to monitor training uptake
  - Clearly understood service offer across partner organisation with central information point individuals can access to understand service offer, expectations and eligibility
- Areas of focus 25/26:
  - Development of Personal Health Budget at End of Life

# Ambition 2 – Each Person Gets Fair Access To Care

- Strong partnership approach to end-of-life care delivery within Plymouth. St Lukes End of Life Urgent Care Service offers rapid home-based care for individuals and has been enhanced to respond to increased demand
- Development of Mount Gould Beds away from busy Emergency Department and Hospital Wards
- Despite capacity growth and additional investment, we know too many people are dying in Hospital or away from their preferred place of death and addressing this through enhanced community provision is a key priority area for the next 12 months
- Areas of focus 24/25:
  - Undertake demand & capacity analysis to better understand end of life care needs within Plymouth, current service offer and specific areas of service gap – (considering bedded/non bedded care and urgent/non-urgent services)
  - Develop commissioning intentions to develop service offer to meet identified need
  - Utilise NHSE Vital Signs Work to ensure clear indicators at a local level alongside data relating to place of death to evaluate service improvement

# Ambition 3 – Maximising Comfort and Wellbeing

- Devon wide review of Just-in Case Medication completed with improvements made to improve literature and support
- Advice and guidance through Care-Coordination Hub development and Single Point of Contact development
- Areas of focus 24/25:
  - Develop a process for regular audit of end-of-life care to ensure priorities for individuals are being met
  - Through development of local coordination hub spoke ensure specialist end of life advice and support is embedded

# Ambition 4 – Care Is Coordinated

- Development of the Care Co-ordination Hub offer across Devon has provided additional support for professionals responding to an escalation of need, however, there remains a gap in ensuring consistent identification and a coordinated response to individuals requiring end of life care
- The Estover Pilot with Marie Curie offers a positive opportunity to test a different way of working to support identification of end-of-life care needs and enable better link with VCSE service offers in local communities
- Areas of focus 24/25:
  - Identify a tool consistent identification for end of life (e.g. Gold Standards Framework, Daffodil Standards, SPIC)
  - Develop and embed a DCCR end of life register to ensure individuals are identified and recorded to ensure appropriate support as and when required
  - Locality contribution to and delivery of the Devon End of Life service specification
  - Development of a local coordination hub for individuals at end of life (including links to Care Coordination Hub/Spoke model to offer advice/guidance)
  - Explore 'orange folder' to bring together patient assessment, literature, wishes document etc for the patient

# Ambition 5 – All Staff Are Prepared To Care

- Significant work has been undertaken over several years to deliver a training offer that ensures consistency for Health & Social Care staff across all settings. The Six Steps programme offered by St Lukes has been successfully delivered to Care Homes and more latterly to a small number of Dom Care providers. However, recent high levels of staff turnover means not all staff are as confident as they once were and Care Homes are reporting this is resource heavy and costly
- UHP have successfully ensured 'Dying Matters' training is now part of mandatory training requirements for all staff
- Livewell have an embedded training model to ensure Staff involved in caring for those people at end of life and/or their loved ones are appropriately skilled is this embedded?
- Areas of focus 24/25:
  - Development of health & social care workforce training/education strategy and development plan – jointly with PCC

# Ambition 6 – Each Community Is Prepared To Help

- Plymouth signed up to the Compassionate City Charter in 2018 and a range of activity/connections have been made
- The NHS fair shares funded Community Builders programme offers an opportunity to better understand and support need in local communities
- Areas of focus 24/25:
  - Dying Matters Week 6<sup>th</sup> – 12<sup>th</sup> May 2024 to be supported in Plymouth across system partners
  - Building on the Compassionate City work programmes develop a strategy for working with communities to further 'Death Literature' and build on community assets



**HEALTH AND ADULT SOCIAL CARE OVERVIEW SCRUTINY COMMITTEE**

Tracking Decisions Log 2023 - 24



**Please note that the Tracking Decisions Log is a 'live' document and subject to change at short notice.**

For general enquiries relating to the Council's Scrutiny function, including this committee's work programme and tracking decisions, please contact Elliot Wearne-Gould, Democratic Support, on 01752 398261

Tracking Decision Overview	
<b>Complete</b>	<b>5</b>
<b>Part-Complete</b>	<b>7</b>
<b>On Hold</b>	
<b>Awaiting Action</b>	
<b>Total</b>	<b>12</b>

Enter any content that you want to repeat, including other content controls. You can also insert this control around table rows in order to repeat parts of a table.

Rec No.	Meeting Date	Resolution	Officer Responsible	Status
1.	13/12/2023	The Committee agreed: 1. To request figures detailing the number of people awaiting an assessment for a care package, and figures for short-term vs long-term need; 2. To note that the Quarterly Performance report would be reviewed and updated to include other appropriate benchmarks, targets and metrics;	Rob Sowden (Senior Performance Advisor)	Part-Complete
<b>Response:</b> These figures have been compiled and will be included in the next updated format of the Quarterly Performance report for this Committee.				

Rec No.	Meeting Date	Resolution	Officer Responsible	Status
2.	13/12/2023	To request further information regarding the level of funding that had been secured for the 100 Day Challenge;	Chris Morley (NHS Devon)	Part-Complete
<b>Response:</b> Enquiries have been made and a figure will be provided shortly.				

Rec No.	Meeting Date	Resolution	Officer Responsible	Status
3.	13/12/2023	1. To request further information regarding the total number of people impacted by the planned and enacted pharmacy closures; 2. To request further information regarding the cause of pharmacy closures; 3. To request that results from the Independent	Melissa Redmayne (NHS Devon ICB)	Part-Complete

		Prescribing Pathfinder Programme are brought to a future meeting; 4. To request further information regarding the opportunities for pharmacies to be integrated within the new Wellbeing Hubs in the city;		
<p><b>Response:</b> Additional information provided below. The Pathfinder Programme has been added to the Work Programme for future consideration.</p>				

Please see below number of items per site.

Pharmacy Name	Address	Exit Date	Average items / months (Exit)	Distance (miles) to nearest	Pharmacies within a mile	Nearest Pharmacy Name	Address
Boots Pharmacy	Plympton Health Centre, Mudge Way, Plympton, PL7 1AD	18/11/2023	9497	0.2	3	Boots Pharmacy	3 St Stephens Place, Ridgeway, PL7 2ZN
Boots Pharmacy	Chard Road Health Centre, St Budeaux, Plymouth, PL5 2UE	06/01/2024	7850	0.4	2	Well Pharmacy	St Budeaux Health Centre, Stirling Road, PL5 1PE
Boots Pharmacy	6-8 Eggbuckland Road, Mannamead, Plymouth, PL3 5HE	06/01/2024	7468	0.5	3	Well Pharmacy	146 Eggbuckland Road, Higher Compton, PL3 5JU
Boots Pharmacy	7 Claremont Street, Plymouth, PL1 5AQ	06/01/2024	9055	0.4	5	King Street Pharmacy	140 King Street, Stonehouse, PL1 5JE
Boots Pharmacy	4B Cattedown Road, Cattedown, Plymouth, PL4 0AY	22/03/2024	5276	0.6	4	Ebrington Pharmacy	61A Ebrington Street, PL4 9AA
Boots Pharmacy	58 Salisbury Road, St Judes, Plymouth, PL4 8SY	23/03/2024	6481	0.6	5	Ebrington Pharmacy	61A Ebrington Street, PL4 9AA

Positively Boots have indicated that they are going to increase their Supplementary hours at a number of their remaining branches.

There are a range of factors that will be driving closures however, key factors cited by the sector are workforce and financial viability. The hub have requested site specific reasons from Boots but unfortunately no further information has been provided other than for business reasons which was reported at the meeting.

Rec No.	Meeting Date	Resolution	Officer Responsible	Status
4.	13/12/2023	To recommend that the Health and Wellbeing Board considers a supplementary statement to the PNA at the next Board meeting in January.	Councillor Mary Aspinall (Cabinet member for H&ASC & Chair of H&WB)	Complete
<p><b>Response:</b> Presentations regarding pharmacy provision and closures were delivered by NHS Devon ICB at H&amp;WB in January, as well as the consideration of a Pharmaceutical Needs Assessment update. The H&amp;WB agreed to accept the proposal to 'go early' with the publication of the next Plymouth PNA (March 2025 as opposed to September 2025), and to support and engage in the development (in the coming months) of the NHS Devon ICB Pharmacy Strategy (which in turn will inform the 2025 version of the Plymouth PNA).</p>				

Rec No.	Meeting Date	Resolution	Officer Responsible	Status
5.	26/10/2023	<p>The Committee requested:</p> <ol style="list-style-type: none"> <li>1. To be provided with further information regarding the financial implications of compensation awards, following LGO complaint recommendations.</li> <li>2. To recommend that the Cabinet Member for H&amp;ASC review the template and process for complaint responses, to ensure they are clear, readable and personal.</li> <li>3. To recommend that the Cabinet Member for H&amp;ASC has oversight of all LGO reports and recommendations relating to their portfolio.</li> </ol>	Helen Slater/ Rob Sowden/ Emma Crowther.	Part-Complete

**Response:** A report detailing the financial implications of LGO complaints has been compiled and will be included in the next Quarterly performance report for H&ASC. The Cabinet member has agreed to review the process for complaint responses, and an update will be brought to the Committee when complete. The Cabinet member has oversight of LGO complaint responses during PFH meetings.

Rec No.	Meeting Date	Resolution	Officer Responsible	Status
6.	26/10/2023	The Committee agreed to review the methodology for Domiciliary Care Procurement at a future date, as well as the New Commissioning Plan, following its review at Cabinet.	Elliot Wearne-Gould	Complete
<b>Response:</b> Item added to the work programme for future consideration.				

Rec No.	Meeting Date	Resolution	Officer Responsible	Status
7.	26/10/2023	The Committee recommended that Councillors promote and share the 'Choose Well Campaign', as well as NHS Devon's Communications Strategy within their wards and communities to assist preparations for winter demand.	Livewell SW	Complete
<b>Response:</b> The Choose Well Campaign is available here: <a href="https://www.wwl.nhs.uk/choose-well">https://www.wwl.nhs.uk/choose-well</a> . Information on how to promote signposting and the Choose Well Campaign through social media has been circulated to Committee members.				

Rec No.	Meeting Date	Resolution	Officer Responsible	Status
8.	27/06/2023	The Committee recommended that the Cabinet Member for H&ASC install defibrillators at the 5 locations identified within the report, and that the methodology was re-	Councillor Mary Aspinall (Cabinet Member for Health and	Part-Complete

	<p>examined to include additional locations such as the Council House, and appropriate city libraries. The Committee welcomed the Cabinet member’s amendment of recommendation 7: ‘That PCC work with partners to provide defibrillators at St Budeaux library and Southway library’ to include “and other appropriate locations”.</p>	<p>Adult Social Care), Ruth Harrell, and Ann Thorp</p>	
<p><b>Response:</b> (Ann Thorpe) Installation of defibrillators across the city:                  Following my earlier response, I have been contacted by the DHSC and following some discussions with the PICs at our sites have been able to confirm that all 5 sites (St Budeaux library, Southway library, Raglan Court, The Reatch Centre and Colwell Lodge) could match the criteria for the funding and they have now offered us partial funding for 5 defibrillators.                  The Guildhall. There is a unit at The Guildhall with standard availability being 8.00 to 16.30, with additional availability when there is an event onsite. We will be making this available 24/7 by locating it externally subject to Historic England advice.                  Chelson Meadow. There are 2 units at Chelson Meadow, one at The Ride available 24/7 and one in the recycling centre available 08:30-17:30. An additional defibrillator has been located at Southway Youth Centre with support from the local community group. The defibrillators in situ as shown above are also registered on The Circuit and with Facilities Management for ongoing maintenance.</p>			

Rec No.	Meeting Date	Resolution	Officer Responsible	Status
9.	Mental Health Select Committee 07/03/2023	Based on evidence submitted by the Plymouth Youth Parliament, the Committee recommends to the Plymouth Education Board, that a ‘place-based’ teaching approach of the physical health and mental wellbeing section of the statutory relationships, sex and health education curriculum be developed in the city, which must address social media, exams, drugs, alcohol and vaping.	Annie Gammon (Interim Service Director Education, Participation and Skills)	Part-Complete
<p><b>Response:</b> This item has been covered at the Plymouth Education Board in May 2023 – particularly the focus on mental and emotional health. Further communications to schools about vaping have been jointly produced by Public Health and EPS. A further discussion will take place at the next PEB in February 2024.</p>				

Rec No.	Meeting Date	Resolution	Officer Responsible	Status
10.	Mental Health Select Committee 07/03/2023	The Committee recommends that the Plymouth Education Board strongly encourages schools to participate in Plymouth's Youth Parliament and ensures that links between Youth Services and schools are developed and strengthened.	Annie Gammon (Interim Service Director Education, Participation and Skills)	Complete
<p><b>Response:</b> Communications about participation in Youth Parliament, and about Youth Services, were circulated in an Autumn bulletin to schools as well as being further promoted in the Head teachers' online briefing in December 2023.</p>				

Rec No.	Meeting Date	Resolution	Officer Responsible	Status
11.	Mental Health Select Committee 07/03/2023	The Committee is not adequately assured that the mental health support for veterans in Plymouth is sufficiently coordinated or communicated. The Committee therefore recommends that at a future Armed Forces Covenant meeting, the support for veteran's mental health and wellbeing is evaluated, and findings fed back to this Committee. The Committee also: <ul style="list-style-type: none"> <li>a. Pledges its support and gratitude to all Veterans across the City;</li> <li>b. Recommends that NHS England engages with the Defence Medical Services to ensure a suitable plan is arranged for service personnel when leaving the military, and that this is followed up on post discharge.</li> <li>c. Recommends that the Plymouth online directory is</li> </ul>	Armed forces Covenant , NHS England, PCC, MH Provider Collaborative, NHS Devon ICB, Livewell SW	Part-Complete

		<p>more widely communicated to ensure that all residents and elected members have a centralised point to access support.</p> <p>d. The role of veterans mental health champions and improved support be considered within the City</p> <p>e. Healthcare Services within the City seek to achieve Veteran Aware Status.</p> <p>f. The Chair writes to Johnny Mercer MP advising that the Armed Forces Covenant will be undertaking a review of existing health and wellbeing support for veterans across the city, and urges him to continue to work cooperatively to boost communication and signposting for veterans.</p>		
<p><b>Overview Response:</b> Veterans mental health and wellbeing support is provided by numerous health partners and VSCE organisations across the City. Information regarding access and availability of support can be found on the Plymouth Online Directory, and the Councillor Hub has been updated with directions to this. The Armed Forces Covenant will be reviewing veterans support in the City, and an invitation extended to all relevant providers. A letter to Johnny Mercer MP has been drafted, and will be sent following confirmation of the AFC meeting.</p>				
<p><b>Response, NHS Devon ICB:</b> We would be happy to engage with the recommendation to collectively review support for veteran’s mental health and wellbeing as part of a future Armed Forces Covenant meeting.</p>				
<p><b>Response, Councillor Chris Penberthy, AFC:</b> I would like to thank the Select Committee for their time and their valuable insights.</p> <p>The Armed Forces Community Covenant as a whole was also scrutinised last year by a Select Committee convened by the Performance, Finance and Customer Experience Overview and Scrutiny Committee. Issues of mental health not only for veterans but also for the children, young people and partners of serving personnel as well as that for those serving were identified as needing improvement. That Select Committee also identified concerns about housing, transition, broader educational support, spousal employment and partnerships. Issues of armed forces family member’s mental health, especially that of children, was also raised by the Children and Young Peoples Overview and Scrutiny Committee.</p>				



This administration welcomes the input from all of this Scrutiny activity; it highlights that we need to do better. We will be working on including the recommendations as we now take responsibility for our Armed Forces Community Covenant

This administration believes that we need to build on our previous covenant commitments, learn from the Scrutiny Select Committees that were undertaken and other feedback that I have been hearing in order to do better than we have done before. In order to do this we will be reviewing our Armed Forces Community Covenant, developing a work programme, revisiting the city-wide support structures and revitalising our approach to partnership. Once the detailed timetable for this work has been agreed I will be requesting that the new approach to our Armed Forces Community Covenant and how the broader Covenant is supported in Plymouth is scrutinised by the Performance, Finance and Customer Experience Overview and Scrutiny Committee.

I am pleased that Cllr Pauline Murphy has been appointed as our Armed Forces Community and Veterans' Champion and in this role will be Chairing the Plymouth Armed Forces Covenant. I look forward to working with Cllr Murphy as we undertake the activity described and deliver the work programmes that arise.

**Response, Livewell SW:** We would be happy to engage with the recommendation to collectively review support for veteran's mental health and wellbeing as part of a future Armed Forces Covenant meeting.

Rec No.	Meeting Date	Resolution	Officer Responsible	Status
12.	10/03/2023	The Committee recommends that NHS Devon respond within 15 working days, detailing a fully-costed plan to ensure the sustainability and viability of the 3 effected GP practises who were due to take up residence in the West End Hub. The Committee recommends that the ICB report to a future scrutiny meeting on the work being undertaken to support local GP practices and ensure health outcomes are maintained/ improved across the city.	Jo Turl & Alex Cameron (NHS Devon ICB)	Complete

**Response:** NHS Devon attended H&ASC in December 2023 to update on the 3 affected GP practices. The Committee will continue to monitor the sustainability and support given to the 3 GP practices, along with further plans for the Colin Campbell Court site.

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