



Oversight and Governance

Chief Executive's Department
Plymouth City Council
Ballard House
Plymouth PL1 3BJ

Please ask for Elliot Wearne-Gould
T 01752 305155
E democraticsupport@plymouth.gov.uk
www.plymouth.gov.uk

Published 04 December 2024

HEALTH AND ADULT SOCIAL CARE SCRUTINY PANEL - SUPPLEMENT PACK

Tuesday 10 December 2024
2.00 pm
Warspite Room, Council House

Members:

Councillor Murphy, Chair

Councillor Ms Watkin, Vice Chair

Councillors Lawson, McLay, Morton, Ney, S.Nicholson, Noble, Penrose, Reilly and Taylor.

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 Scrutiny Panel

- 6. Livewell Southwest Performance Report: (Pages 1 - 16)**
- 9. UHP Maternity Care Report: (Pages 17 - 36)**

Health and ASC Scrutiny

Ian Lightley – Chief Operating Officer

Sarah Pearce – Assistant Director

.

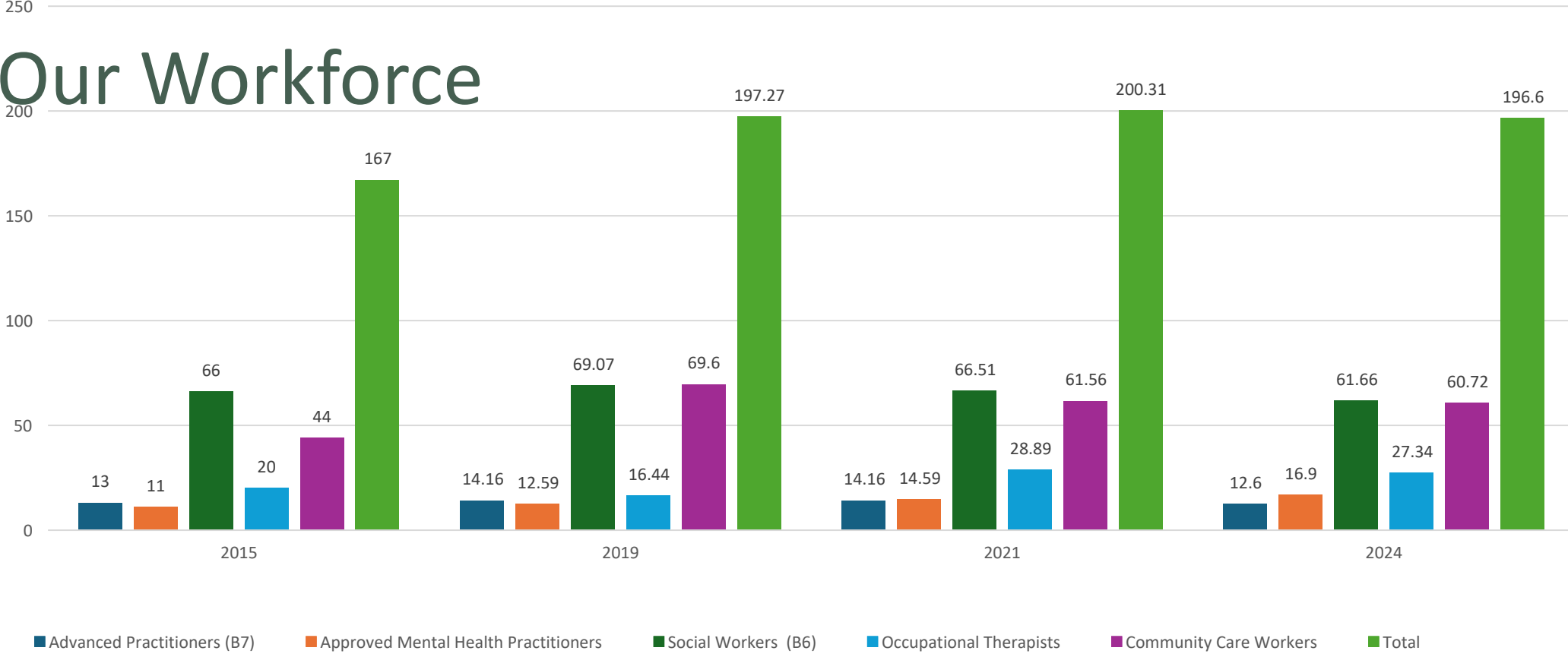


Overview

- Workforce and Structure
- The Model
- Waiting Times and Changing Patterns of Demand
- Mental Health
- Urgent and Intermediate Care Teams – admission avoidance and swift discharge

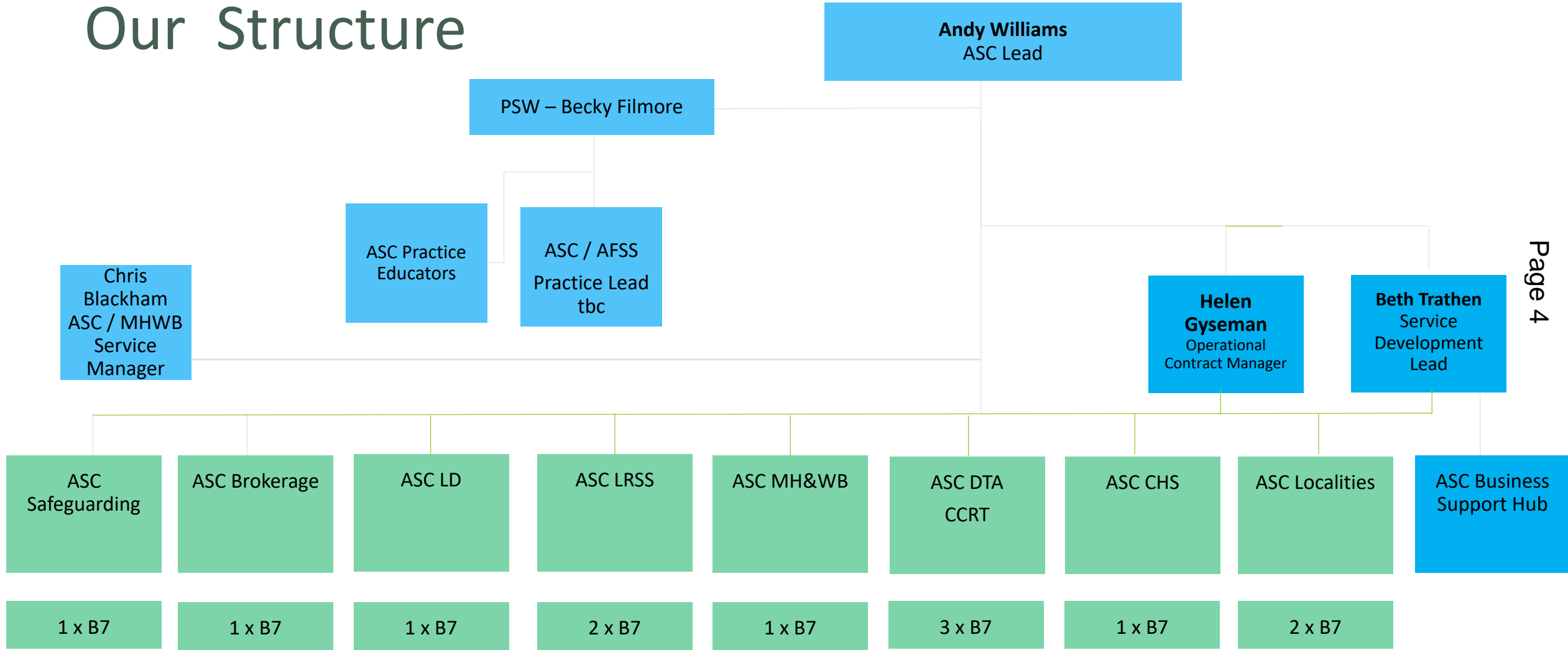


Our Workforce



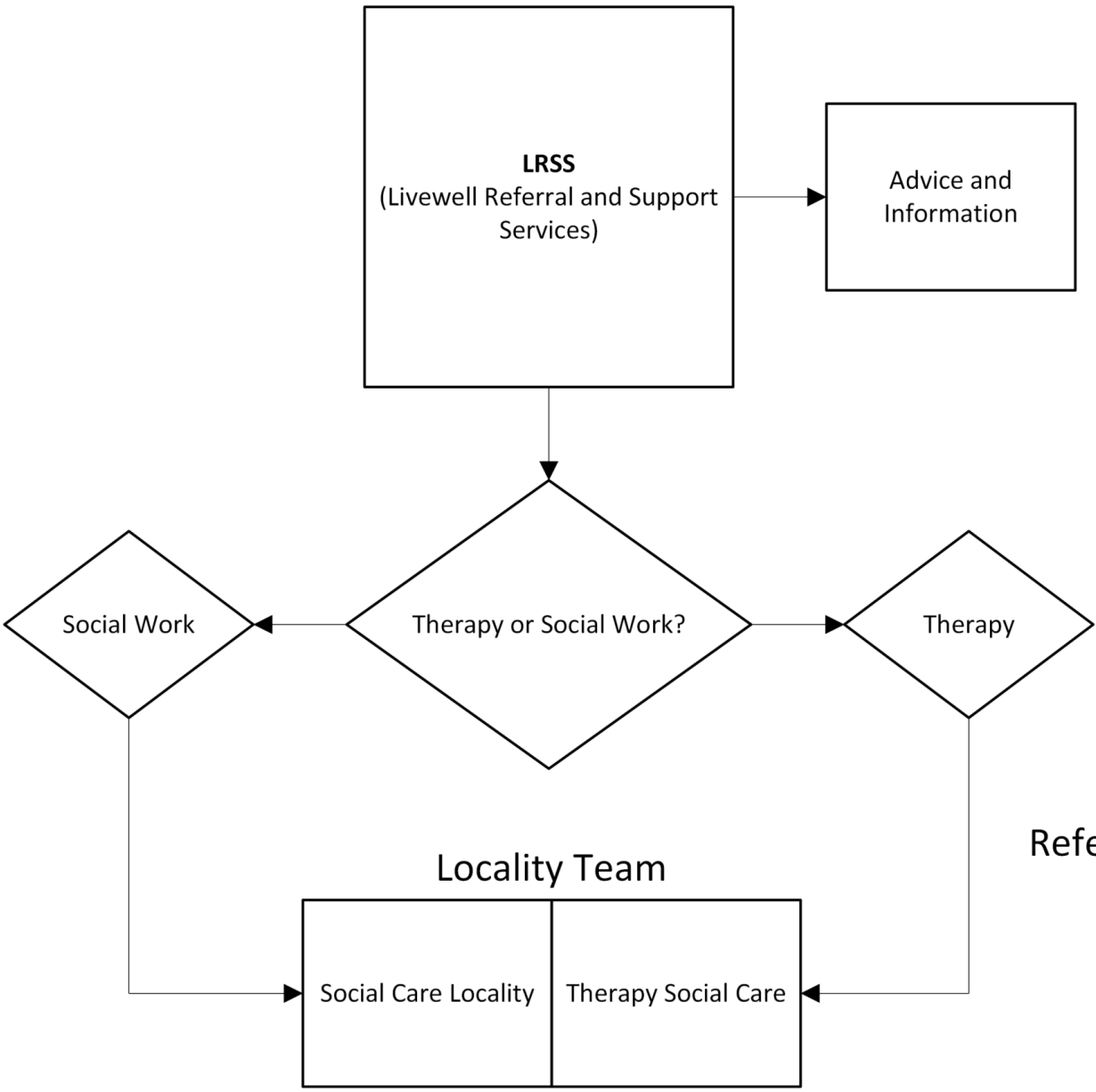


Our Structure





The Model



Referrals are given a priority rating based on risk (RAG)



Waiting Times

45.80% reduction in unallocated assessments since

April '24.

Apr - 917

Nov - 497

17.83% reduction in overdue reviews since April '24.

Apr 24 – 3639

Nov 24 - 2990

Significant improvement work has been taking place between Livewell and Plymouth City Council to reduce the number of overdue reviews and outstanding assessment requests.

This is a combination of data cleansing work and improved productivity for reviews



Waiting Times

Care Act Assessments

Longest open (allocated) - 507 days, created 10/07/2023

Longest open (unallocated) - 503 days, created 14/07/2023

Adults: Legacy Review

longest open and unallocated is 433 days created 22/09/2023

Adults: Review

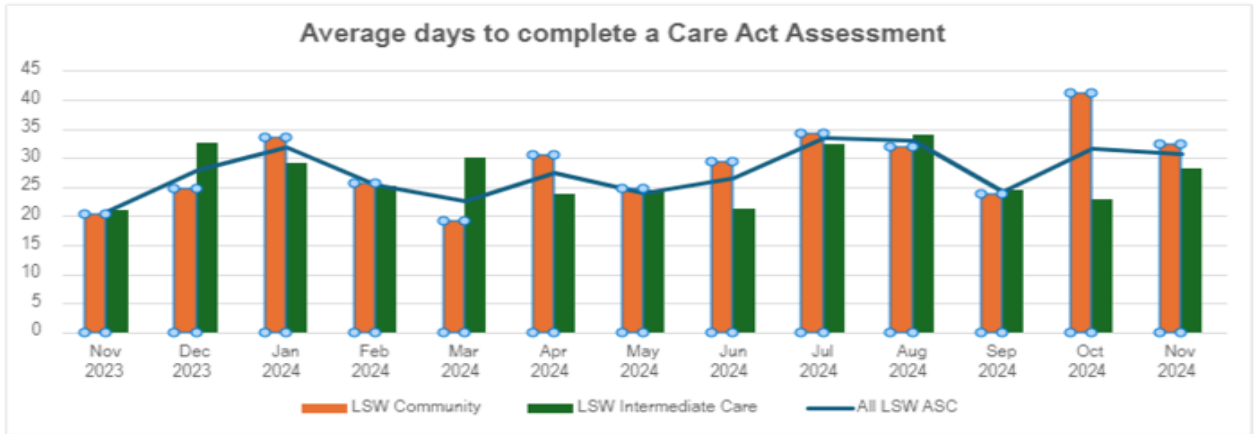
longest unallocated is: 506 days, created 11/07/2023

Despite these improvements, there are still assessment and review requests outstanding – the figures show the longest waiting to date



Waiting Times

Assessment Completion Timescales



	Nov 2023	Nov 2024
All LSW ASC	20.7	30.7
LSW Community	20.4	32.4
LSW Intermediate Care	21	28.2

There is no set time frame for a Care Act assessment, but it should be completed in a reasonable time. In the last national survey in 2021 7,000 people were found to be waiting more than six months for a social care assessment.

Based upon national averages we are reporting 30.7 days to complete the assessment once allocated.



Waiting Well

ASC Waiting Well Policy

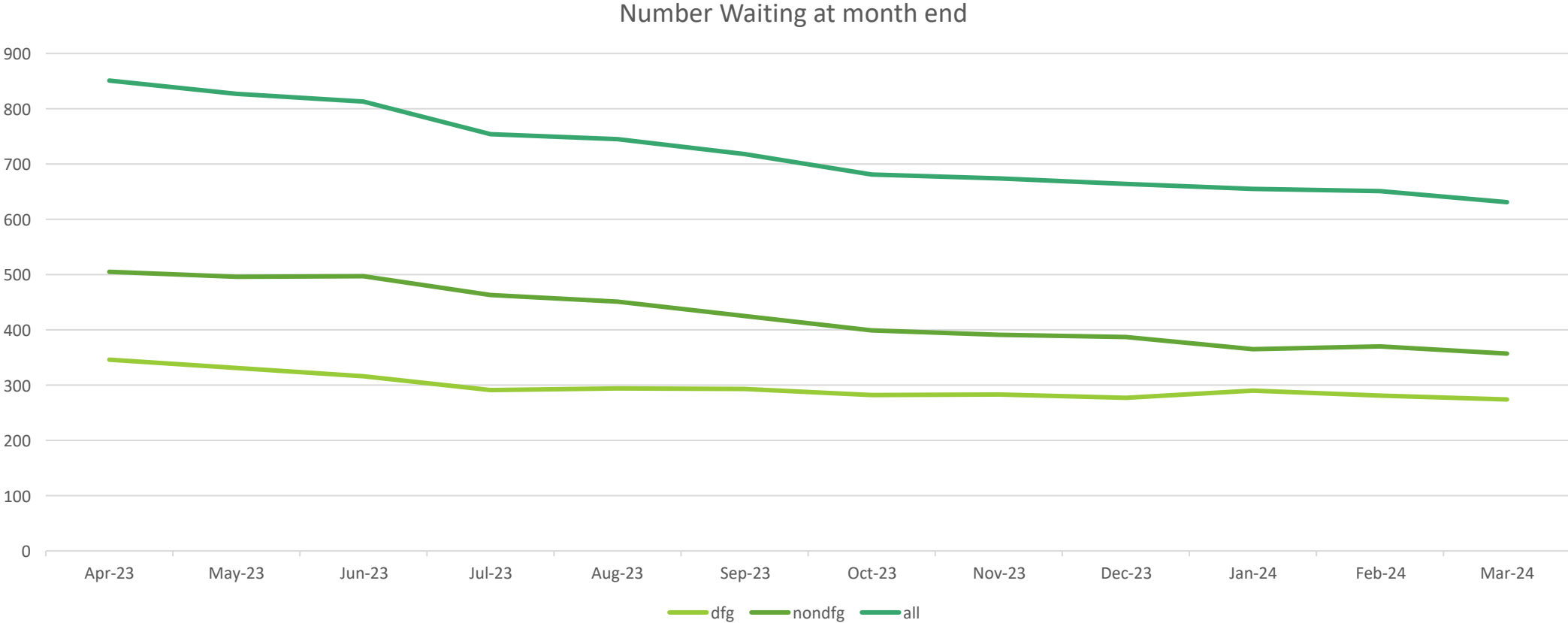
We are in the process of implementing our Adult Social Care Waiting Well Policy. This sets out how we remain engaged in and support people on our waiting lists. It includes assessment of risks, escalations and keeping in contact with those waiting for Adult Social Care assessments and support. This is through a mix of letters, automated e-mails and texts. Our aspiration is to establish and maintain contact on a regular basis –

- 12 weeks for overdue Assessments.
- 24 weeks for overdue Reviews.

We are working with PCC transformation team and our own Business Intelligence team to roll this out and establish reporting functions to monitor and review this.



Waiting Lists – Occupational Therapy

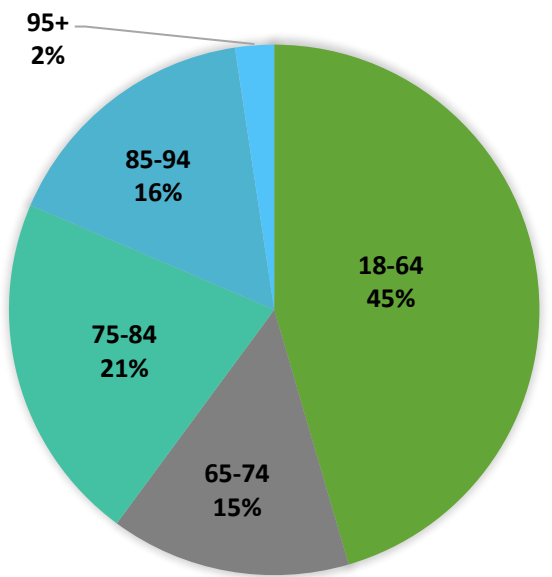




Changing Patterns of Demand

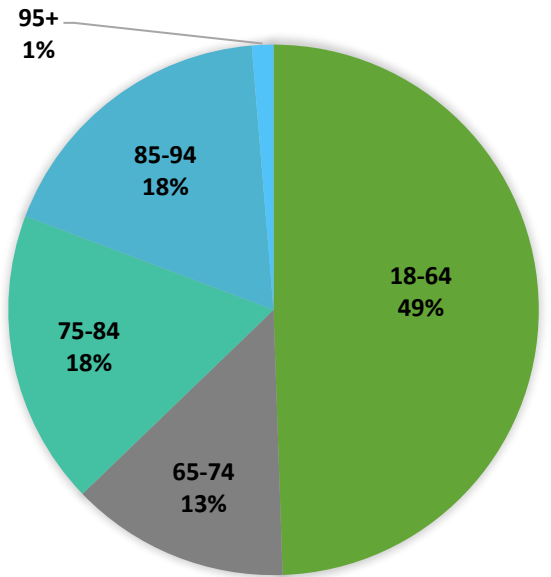
NOV '23

ALLOCATED & UNALLOCATED (30/11/2023)



NOV '24

Allocated & Unallocated (26/11/2024)



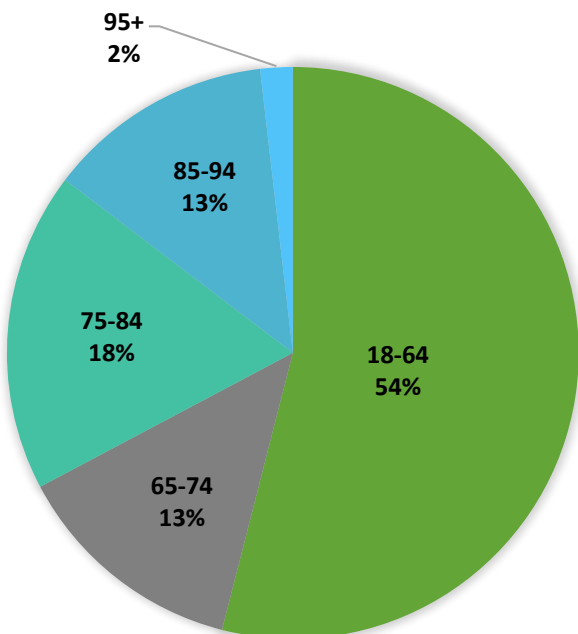
A steady increase in the number of working age adults approaching for support



Changing Patterns of Demand– Service Provision

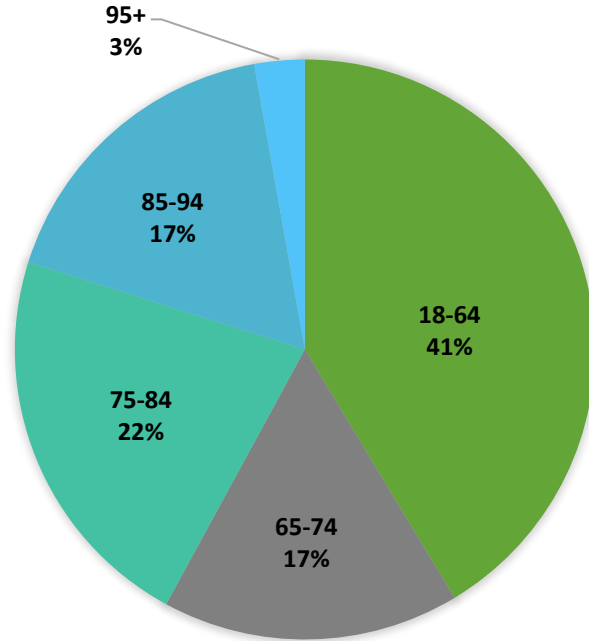
NOV – '23

ALLOCATED & UNALLOCATED (30/11/2023)



NOV – '24

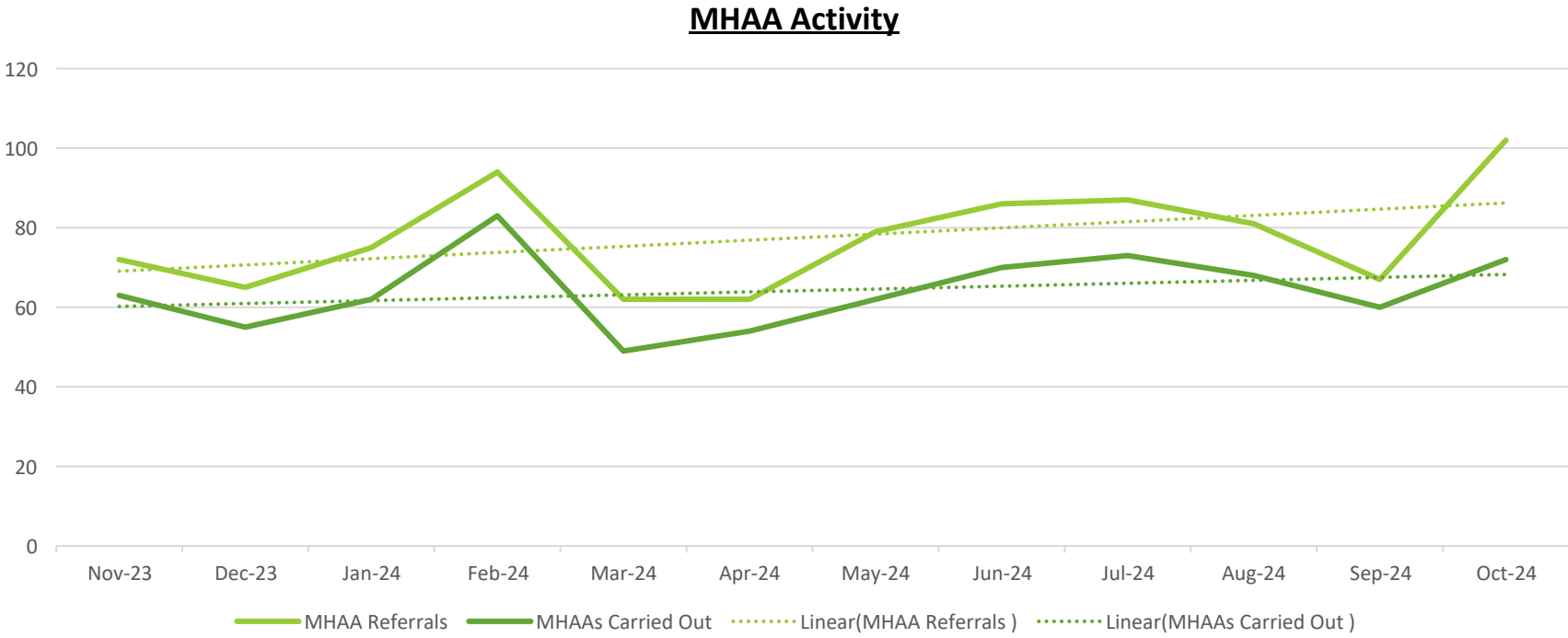
ALLOCATED & UNALLOCATED (26/11/2024)



This shows the distribution of 'reviews needed of packages of care' across the age groups. This shows that whilst our social workers are seeing more people of working age, the number of commissioned services or direct payments for this group is declining. This means that there is less capacity available across our teams to support our older population, which is where the majority of Care Act Eligible need is.



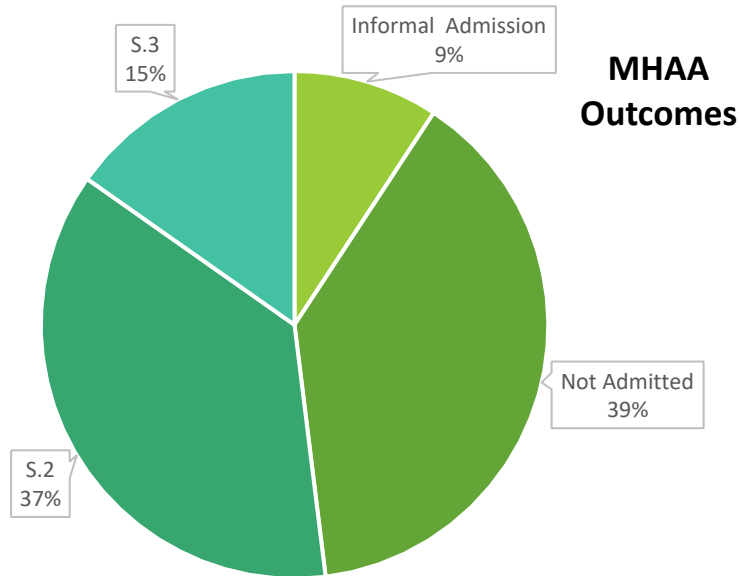
Approved Mental Health Professionals



Requests for Mental Health Act assessments continue to rise



Approved Mental Health Professionals



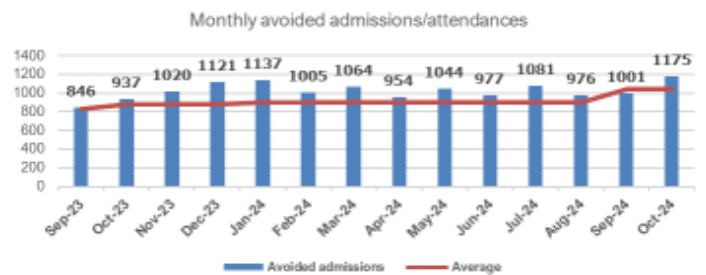
52% of People are detained to hospital after a Mental Health Act Assessment.

Despite rising referral numbers, our 24/7 AMHP team continues to perform exceptionally well, with very few delays in responding to requests.

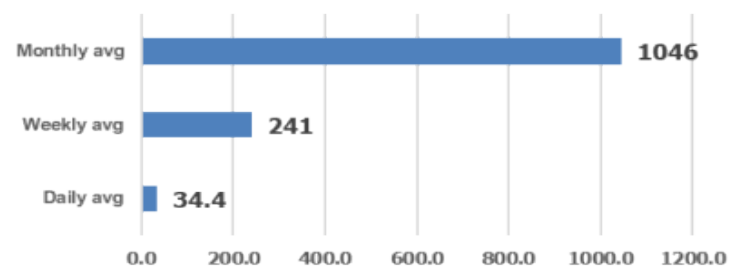


System overview

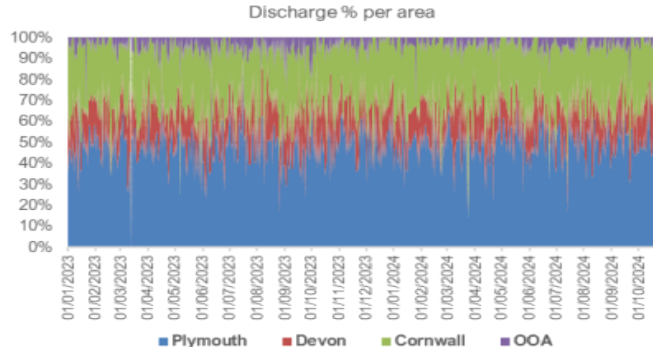
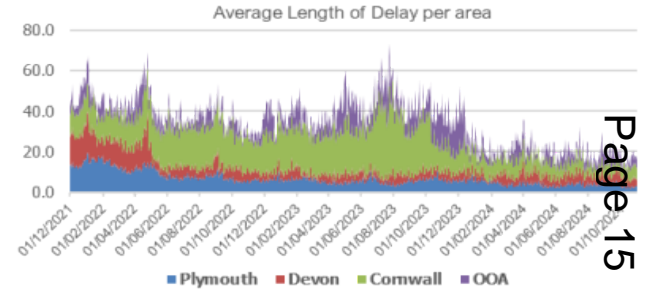
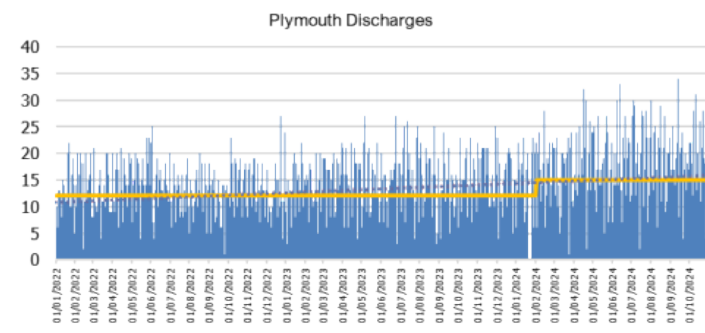
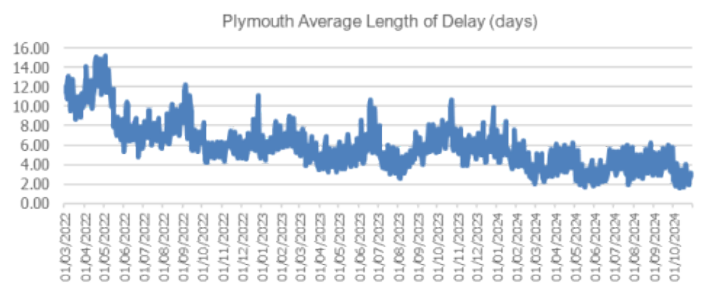
Front door - Avoided attendances/admissions



Average number of avoided admissions/attendances breakdown last 12 months - Full Livewell offer



Back door – Discharge and flow



This page is intentionally left blank

Plymouth Health and Adult Social Care Scrutiny Panel - December

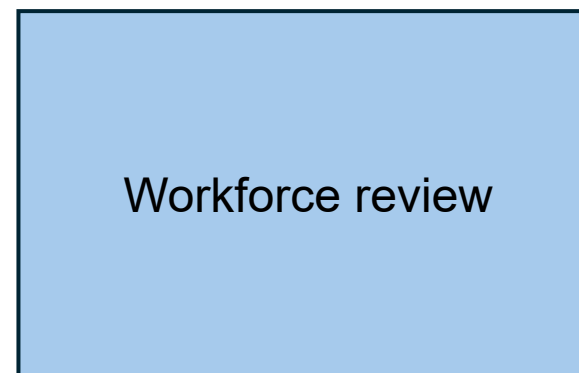
meeting

Maternity & Neonatal Improvement
Programme



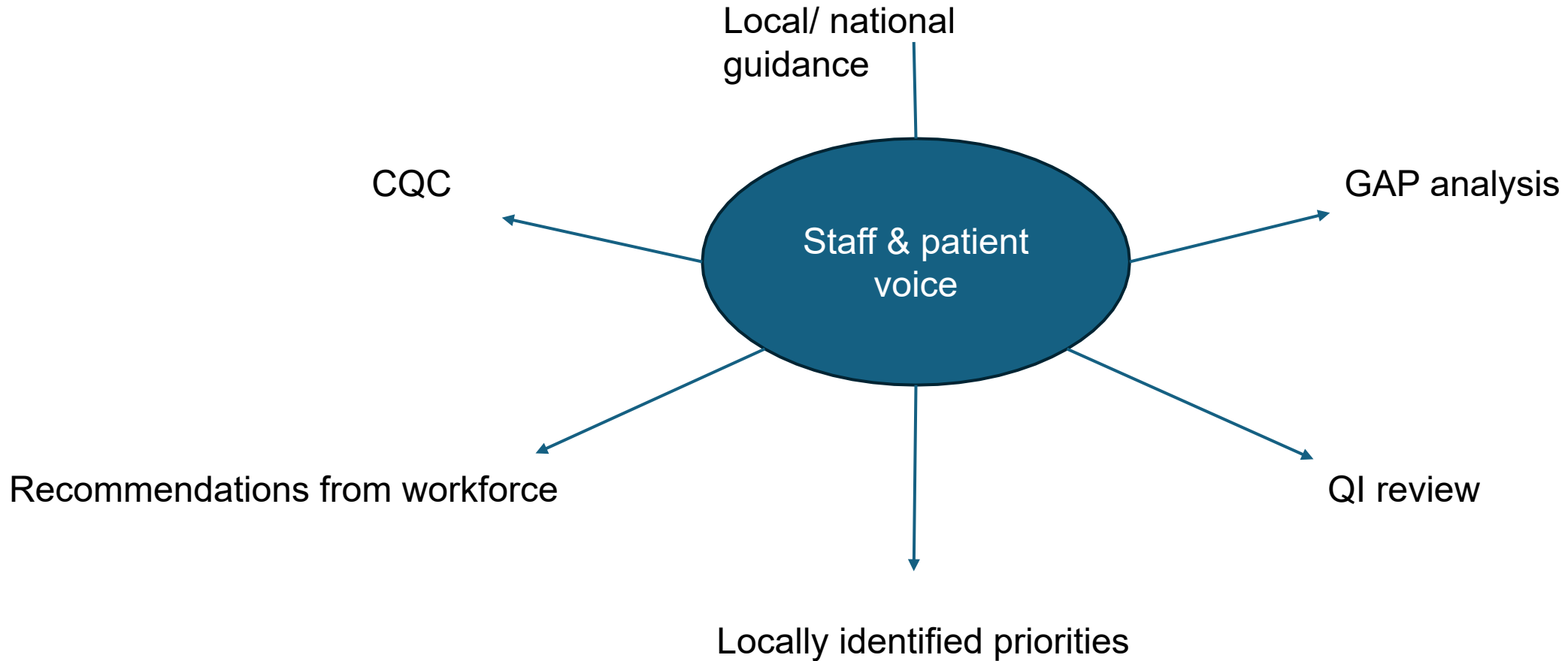
Maternity Safety Support Programme

- April 2024 formally invited and entered programme in response to NOF 4
 - Diagnostic review of Maternity services
 - Staff engagement / feedback



MNIP

(Maternity & Neonatal Improvement Programme)



Thematic analysis to identify 5 workstreams



Working equitably with Women & Families

Developing a positive learning safety culture

Infrastructure (Digital & Estates)

Growing, retaining & supporting our workforce

Developing, embedding and sustaining a positive culture



Key Priorities

Workstream 1: Working equitably with Women & Families

Ensure consistency & equity of care that is accessible for all service users, specifically recognising vulnerable groups. Listening to and working with service users to compassionately inform a personalised care journey

- **Sonography & Fetal Medicine**
- **Community Services**
- **Maternity Triage**
- **Exploration of MLU**
- **Transitional Care Services**
- **Bereavement Services**
- **Service user feedback**
- **MNVP workplan**

Workstream 2: Developing a positive learning safety culture

Developing & sustaining a positive culture of safety, learning from practice to ensure continued oversight and accountability

- **Maternity governance structure & reporting**
- **W&C Risk Register**
- **PMRT**
- **Saving Babies' Lives version 3**
- **Clinical Quality dashboard**
- **Repository of evidence**
- **Quality Improvement**

Key Priorities:

Workstream 3: Infrastructure (Digital & Estates)

To optimise and maintain an IT infrastructure that is reliable and well embedded, with assurance of staff education and onward reporting. Supported by an estates infrastructure that allows for the maximisation of effective and safe utilisation.

- **Digital infrastructure**
- **Trust wide information integration**
- **Neonatal Estates**
- **Community Midwifery estates**
- **Maternity theatre 2**

Workstream 4: Growing, retaining & supporting our workforce

Workforce review to ensure we have the right people, in the right place at the right time

- **Maternity workforce**
- **Obstetric medical workforce**
- **Neonatal workforce**
- **Administration & Clerical workforce**
- **Training & development**
- **Staff retention**

Key Priorities:

Workstream 4:
Developing, embedding
and sustaining a positive
culture

To ensure a culture of equity and psychological safety for all. Embedding processes to speak up and influence service provision.
Compassionate and visible leadership that advocates high quality care and empowerment of our valued staff

- **Measuring culture**
- **Staff satisfaction**
- **Staff retention**
- **Staff wellbeing**

Workstream 1 – Lead: Charlotte Wilton, Head
of Midwifery

Working equitably with Women & Families



Workstream 2 – Lead: Sam Rafferty, Associate
Chief Nursing Officer

Developing a positive learning safety culture



Workstream 3 – Lead: Stef Glanville, Cluster
Manager

Infrastructure (Digital & Estates)



Put people first
Take ownership
Respect others
Be positive
Listen, learn, improve

Workstream 4 – Lead: Helen Harling, Head of
Nursing W&C Care Group

Growing, retaining & supporting our workforce



Put people first
Take ownership
Respect others
Be positive
Listen, learn, improve


Workstream 5 – Lead: Sarah Saxby,
Transformation Midwife

Developing, embedding and sustaining a positive culture



Put people first
Take ownership
Respect others
Be positive
Listen, learn, improve

MNIP- A snapshot

Longform Work		Method - Care groups to set a series of actions / interventions they are going to undertake that will incrementally meet the Goal.	Outcome - Outcomes to be linked to the Method and should be measurable	KPI/ Measure - Measures to link to the Goal and form Part of assurance dashboard
	Specialist Services	Complete the educational training for the three recently appointed sonography trainees, to be qualified and practicing by March 2025. Recruit two further trainees to commence educational training thereafter	*3 midwifery sonographers trained and working within establishment by March 2025 *An additional 2 midwifery sonographer trainees undertaking education and working within establishment	* Appropriate staffing levels to meet service delivery standards
		Complete 5-year workforce planning for sonography service.	Workforce plan in place and evidence contained within folder.	* 100% of women identified as at risk of fetal growth restriction in pregnancy receive umbilical artery doppler scans prior to 24wks
		Signed off trainer to cascade training to all sonography staff to undertake uterine artery dopplers (currently only undertaken by Fetal Medicine Consultants).	Suitably trained workforce to deliver full expectation of antenatal scanning provision.	* Compliance with SBL Elements reported through MAG
		To develop a training package to support staff education and competencies in uterine artery dopplers. This will ensure an upward trajectory that will be closely monitored to ensure continued increased percentage compliance, to meet screening KPI by the end of November.	*Three sonographers trained as 'train the trainers' to deliver uterine artery doppler training by November 2024 *Identified suitably trained sonographers trained, in-house, to perform umbilical artery doppler scans to meet ask of SBLv3	* Percentage completion of module reported through MAG
	Sonography & Fetal Medicine	Replace outdated equipment to ensure: 1) Image quality, reducing the re-scan rate 2) The ability to offer all antenatal ultrasound screening across all rooms with all scanners	* Two new ultrasound scanners set up and utilised in clinic * Increase full scanning capability from 4 -6 fully equipped rooms, utilised Monday - Friday 08:00-17:00	* Reduction in overtime pay by INSERT * Reduction in repeat scans by INSERT * Increased scanning capacity, meeting KPI for timely AN dating/anomaly USS
		Adopt a "twice on the couch" approach to first trimester screening to avoid repeat scan rate	Reduction in re scan rate which will increase ultrasound capacity	? what is average repeat rate? KPI

K	L	M	N	O	P	Q	R	S	T	U	V
Workstream Lead	Goal Lead	Timeframe	Progress	GrARGB	Improvement	Evidence Location (Include hyperlinks to Trust compliance docs)	SCORE	CNST	3YDP	SBLv3	CQC
CW	BO	March 2025 & March 2026	2.8 WTE trainees on track for course completion. 2 newly appointed trainees to commence training December 2024			G:\Maternity\Compliance\01 - Maternity & Neonatal Improvement Plan (MNIP)\Evidence\Work with Women & Families\Sonography & FM		✓		✓	
CW	BO	01/12/2024	Review underway			G:\Maternity\Compliance\01 - Maternity & Neonatal Improvement Plan		✓		✓	
CW	BO	11/11/2024	Training booked in Bristol for 11/11/2024 for three assigned sonographers			G:\Maternity\Compliance\01 - Maternity & Neonatal Improvement Plan (MNIP)\Evidence\Work with Women & Families\Sonography & FM		✓		✓	
CW	BO	01/12/2024	Training course confirmed in Bristol 11/11/2024 for three assigned staff to cascade training -Roll out of designated clinics with			G:\Maternity\Compliance\01 - Maternity & Neonatal Improvement Plan (MNIP)\Evidence\Work with Women & Families\Sonography & FM		✓		✓	
CW	SG	01/11/2024	Equipment procured, to be placed and in use by Monday 7th October			G:\Maternity\Compliance\01 - Maternity & Neonatal Improvement Plan (MNIP)\Evidence\Work with Women & Families\Sonography & FM		✓		✓	
CW	RN	Complete				G:\Maternity\Compliance\01 - Maternity & Neonatal Improvement Plan (MNIP)\Evidence\Work with Women & Families\Sonography & FM					

Reporting & oversight



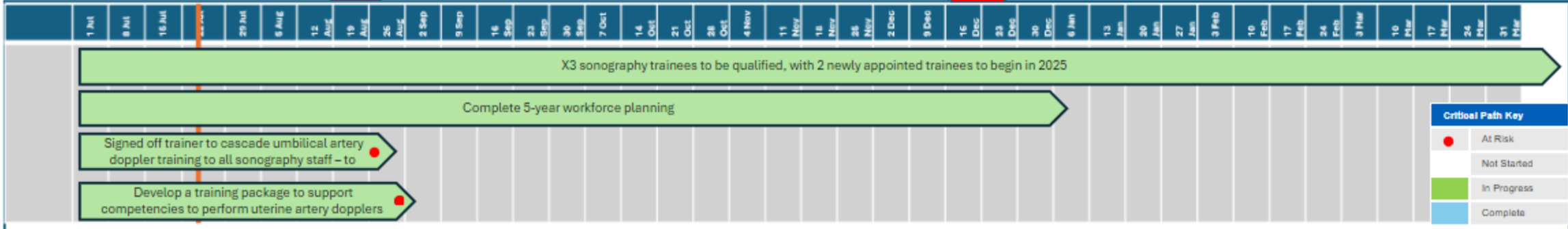
Working equitably with women & families

Goal 1

All women who are identified to be at risk of fetal growth restriction in pregnancy should be offered umbilical artery dopplers by 24 weeks gestation and increased surveillance where indicated. Percentage compliance from 16% to 100% implemented by November 2024

Updated: XX/XX/XX

SRO		PROJECT DELIVERY Status and reason.	BENEFITS Status and reason
Clinical lead	Charlotte Wilton		
Action Lead	Ben O'Neill		



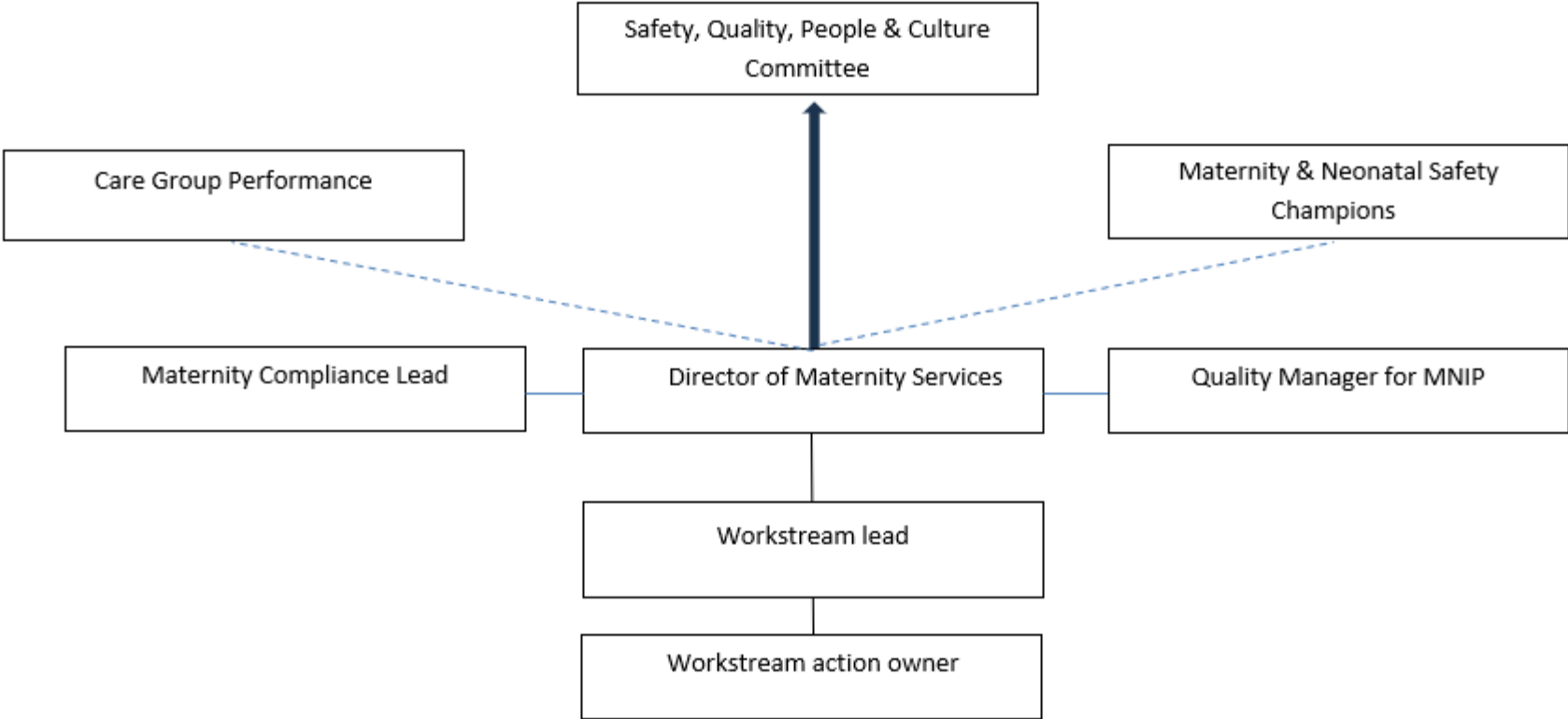
Core KPI
100% of women identified as at risk of fetal growth restriction in pregnancy receive umbilical artery doppler scans prior to 24wks
Percentage completion of module reported through MAG
... Current percentage
KPIs: Compliance with SBL Element 2 Appropriate staffing levels to meet service delivery standards (x3 trainees qualified, 2 in training)

Interdependencies, target completion date & status		
Completion of element 2 of SBLv3 & SA.... CNST		

Achievements in last month	Key priorities for next month

Risks/Issues/Escalation – with mitigations (risks) or actions (issues) plus support required			
#	Risk/Issue/Escalation	Mitigation/Action	Support Required
1	(I) Inability to source accredited training module	DOM – Out to region for support	
2	(R) Failure to meet CNST compliance within reporting period		
3	(E)		

Maternity & Neonatal Improvement Plan reporting structure



Thank you & Questions



This page is intentionally left blank