



Oversight and Governance

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HEALTH AND ADULT SOCIAL CARE OVERVIEW AND SCRUTINY COMMITTEE

Wednesday 8 February 2023

2.00 pm

Council House

Members:

Councillor Mrs Aspinall, Chair

Councillor Deacon, Vice Chair

Councillors Finn, Harrison, McDonald, McLay, Murphy, Nicholson, Noble, Partridge,
Mrs Pengelly, Reilly and Tuffin.

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

1. Apologies

To receive any apologies for non-attendance from Committee members.

2. Declarations of Interest

To receive any declarations of interest from Committee members in relation to items on this agenda.

3. Minutes (Pages 1 - 18)

The Committee will be asked to confirm if the minutes of 16 November 2022 are a correct version, for the record.

4. Chair's Urgent Business

To receive any reports on business which, in the opinion of the Chair, should be brought forward for urgent consideration.

5. Health & Adult Social Care Policy Brief: (Pages 19 - 24)

6. Health & Adult Social Care Risk Monitoring Report: (Pages 25 - 34)

7. Urgent and Emergency Care Services: (To Follow)

8. Fair Cost of Care and Market Sustainability Plans, Update: (Pages 35 - 54)

9. Motion On Notice - Defibrillators

For the Committee to discuss the Motion on Notice, 'Defibrillators', referred to the Health and Adult Social Care Overview and Scrutiny Committee by City Council on 30 January 2023.

10. Tracking Decisions (Pages 55 - 60)

For the Committee to review the progress of Tracking Decisions.

11. Work Programme (Pages 61 - 64)

For the Committee to discuss items to add to the work programme.

Health and Adult Social Care Overview and Scrutiny Committee

Wednesday 16 November 2022

PRESENT:

Councillor Mrs Aspinall, in the Chair.

Councillor Deacon, Vice Chair.

Councillors Harrison, McDonald, Murphy, Nicholson, Partridge, Mrs Pengelly, Reilly, Salmon, and Tuffin.

Apologies for absence: Councillors Wheeler and Finn.

Also in attendance: Councillor Jemima Laing, Anna Coles (Strategic Director for People), Jo Turl (NHS Devon), Matt Ward (Head of Strategic Development Projects), Ruth Harrell (Director of Public Health), Gary Wallace (Public Health Specialist), Rob Nelder (Consultant Public Health), Dave Schwartz (Public Health Specialist), Sarah Lees (Consultant, Public Health), Ross Jago (Head of Governance, Performance and Risk), and Elliot Wearne-Gould (Democratic Advisor).

The meeting started at 14:00 and finished at 17:15

Note: At a future meeting, the Panel will consider the accuracy of these draft minutes, so they may be subject to change. Please check the minutes of that meeting to confirm whether these minutes have been amended.

22. **Declarations of Interest**

Councillor	Interest	Description
Natalie Harrison	Personal	In relation to agenda item 11, Councillor Harrison declared she had recently been recruited to work as a community builder.

23. **Minutes**

The Committee agreed the minutes of 07 September 2022 as a correct record.

24. **Chair's Urgent Business**

(1) The Chair, Councillor Mary Aspinall, requested an update on delayed transfers to care from Anna Coles (Interim Strategic Director for People & Strategic Co-operative Commissioning). It was reported that-

- a) Since the last meeting of the H&ASC Committee, Cornwall had seen an improvement regarding delayed transfers to care;

- b) At the time of this meeting, the average delays for Plymouth were 5.7, Cornwall's average was 13.9, and Devon's average was 4.3;
 - c) At the time of this meeting, there were 57 people in Plymouth, 51 people in Cornwall, and 14 people in Devon, who were ready and awaiting hospital discharge.
- (2) The Chair, Councillor Mary Aspinall, thanked Anna Coles for the update, and requested figures for Ambulance delays be brought to a future meeting. There were no additional questions from the Committee.
- (3) The Chair, Councillor Mary Aspinall, advised the Committee that a response had been received from a letter sent to Rachel Pearce (Regional Director of Commissioning, NHS England), regarding dental concerns in Plymouth.
- i. The Committee agreed to circulate this response to all Committee members.
- (4) The Chair, Councillor Mary Aspinall, outlined plans to hold a Mental Health Select Committee in the New Year. The Committee requested-
- a) This review be 'Cradle to Grave', incorporating young people, adults, veterans and service children.

25. **Health and Adult Social Care Policy Brief**

Alan Knott (Policy and Intelligence Advisor) delivered the 'Health and Adult Social Care Policy Brief' to the Committee, and highlighted the following points-

- a) There would likely be supplementary briefings to this one, following the release of the Chancellor's budget in one days' time;
- b) Plymouth City Council (PCC) and its academic partner, the University of Plymouth, had been awarded £4.7 million from the National Institute for Health and Care Research, to help tackle inequalities and improve resident health as part of the 'levelling up agenda';
- c) The Government had released 'Our Plan for Patients' in September, setting out a package of measures to ensure the public receive the best level of care this winter and next;
- d) On 02 November 2022, the Government had launched the 'Made with Care Campaign', publicising opportunities for careers in care. This national campaign aimed to address staff shortages by encouraging people to join the social care workforce.

In response to questions from the Committee, it was reported that-

- e) Plymouth had received the maximum possible research bid (£4.7 million) following an application by the Public Health Team at PCC and the University of Plymouth. Further detail would be provided about the project in due time.

The Committee thanked Alan Knott, and agreed to note the report.

26. **Risk Monitoring Report**

Ross Jago (Head of Performance and Risk) delivered the 'Risk Management' Report to the Committee, and highlighted the following points-

- a) Increasing demand and reducing resources had contributed to a number of ongoing risks;
- b) Adult Social Care Reform remained an amber risk. A self-assessment process would be completed by end of the year, and an update would be brought back to the Health and Adult Social Care Overview and Scrutiny Committee soon after.

In response to questions from the Committee, it was reported that-

- c) The 'Month 6 Financial Monitoring Report' had been approved by cabinet, and was now publically available.

The Committee agreed -

- I. To add the 'Monthly Consideration of Directorate Level Financial Issues Report' as a standing item on this Committee's agenda.

27. **COVID and Flu Update** (Verbal Report)

Ruth Harrell (Director of Public Health) delivered the 'Covid and Flu verbal update' to the Committee, and highlighted the following points-

- a) Covid and Flu were the two winter viruses of large concern for the Public Health Team;
- b) On average, Covid infections had now reduced to 2.4% of the population affected at any one time (1 in 40 people), having fallen from their peak a few weeks ago. A variety of variants of Covid-19 were present, all based around Omicron, and without significant deviations. The Public Health Team were expecting levels of Covid infections to rise again over winter;
- c) There had been early signs of Influenza showing increased activity on the past 3 years. These levels had been largely suppressed during the pandemic due to peoples reduced contact however, was now starting to show a sharp increase;

- d) The NHS 'Seasonal Vaccination Programme' (including Covid-19) was working well, particularly to address inequalities, with dedicated teams working to encourage vaccine uptake among the homeless, those in insecure housing, and areas of lowest uptake;
- e) So far, vaccine uptake for Flu in Plymouth was showing positive signs, scoring above the England average for all age groups. This trend was also present for the Covid-19 vaccination levels, with 59.7% of Plymouth's population receiving the autumn booster, compared to England's average of 55%;

In response to questions from the Committee, it was reported that-

- f) PCC staff had been offered Flu vaccination clinics, particularly targeting frontline staff, and those often unable to access vaccinations;
- g) The majority of Covid-19 variants in circulation appeared to follow the pattern of Omicron, with vaccine uptake contributing to relatively low hospital admission rates. However, while the severity of the variants appeared low, there were high levels of transmission;
- h) There were emerging patterns of Covid immunity peaking at 1-2 months after vaccination, with immunity dropping-off after this point. There was not yet enough evidence to finalise future vaccination programmes.

The Committee thanked Ruth Harrell, and agreed to note the report.

28. **Public Health Commissioning**

Sarah Lees (Consultant in Public Health) delivered the 'Public Health Commissioning' report to the Committee, and highlighted the following points-

- a) Sexual Health services, Drug & Alcohol services, and Children's services, among others, were commissioned by PCC in a collaborative partnership with University Hospitals Plymouth (UHP) and the NHS;
- b) Investment in these commissioned services, in the long term, had been shown to save money. For example, every £1 invested towards preventing teenage pregnancy had saved approximately £11 in healthcare costs down the line;
- c) Approximately 85% of the Public Health Grant received had been invested in the commissioning of these services.

In response to questions from the Committee, it was reported that-

- d) Plymouth had an older and longer-term cohort of drug users, reflecting Plymouth's above national average rate of drug related deaths. Nationally, these deaths were predicted to rise however, a supplementary Substance Misuse Grant was due to be received which would increase capacity to address drug dependency;

- e) Drug and alcohol problems were not treated in isolation, but were often the result of multi-comorbidities, such as mental health issues. Plymouth had renewed efforts towards tackling drug and alcohol problems, as well as an investment plan approved by central government;
- f) While drug use was spread relatively evenly across the population, drug addiction and misuse tended to be concentrated in poorer areas. Plymouth tended to be in line with its statistical neighbours;
- g) The nature of the drug market had changed considerably over time. While there had not been a repeat of the 'Heroin Epidemic', internet access had enabled broader access to drugs;
- h) It was felt that Plymouth did not receive its 'fair share' of the Public Health Grant from national Government, since changes to national budget organisation in 2012. Plymouth's Public Health Team worked hard to make the most efficient use of resources available.

The Committee thanked Sarah Lees, and agreed to note the report.

29. **Life Expectancy and Health Expectancy**

Ruth Harrell (Director of Public Health) delivered the 'Life and Health Expectancy' report to the Committee, and highlighted the following points-

- a) 'Life expectancy' was an estimate of the average length someone might live from birth, while 'healthy life expectancy' was an estimate of the average time someone lived in 'good health', based on self-reported disability or illness. While both figures were useful for tracking trends, they had limitations due to data collection methods, and only showed an average;
- b) Nationally, 'life expectancy' had risen continually from 1841-2010 due to medical, scientific, and lifestyle improvements however, since 2010 'life expectancy' had begun to plateau. In the most recent data, 'life expectancy' had fallen however, it was noted that this included the Covid-19 Pandemic years. The 'life expectancy' figures for 2021 were therefore similar to those of 2010;
- c) It was important to note significant inequalities in 'life expectancy' data. The biggest drop of 'life expectancy', experienced in 2021, was disproportionately experienced by those in deprived areas compared to wealthier populations. There also remained a noticeable variation between the life expectancy of men and women, with women living statistically longer;
- d) Plymouth's life expectancy was below the England average, however, compared to areas with statistically similar populations and deprivation, Plymouth performed well. Furthermore, the gap between the National, and Plymouth average had narrowed during the Pandemic years, with Plymouth experiencing one of the lowest Covid death rates in the country;

- e) Plymouth performed below the national average for women's 'healthy life expectancy' however, male healthy life expectancy matched national trends. While there was no obvious cause for low female healthy life expectancy in Plymouth, the Public Health Team were pursuing multiple lines enquiry including employment market trends, the gender wage gap, Plymouth's lower job density, and Plymouth's statistically higher part-time work.

In response to questions from the Committee, it was reported that-

- f) It was possible that Plymouth's struggling health services were discouraging residents from seeking timely advice or assistance with minor health conditions, potentially resulting in more severe illnesses later on.
- g) Updated census data would shortly be available, as well as other data sources, to provide a more enhanced insight into age, gender and health correlations. It was important to establish what age people reported losing their health, and if this was being caused by a particular event.
- h) The disparity between men and women's life expectancy had been narrowing throughout the years. This had traditionally been due to occupational health but was now largely due to risk, with men tending to be higher drinkers, smokers, fast drivers, and accident prone. Overall trends therefore showed that while men tended to die younger, women suffered from illness, earlier.
- i) The cost of living crisis and impact of long-covid would likely cause further challenges for healthy life expectancy in the future, with some forced to choose between heating and eating.

The Committee agreed to-

1. Recommend that the Director of Public Health continues to work to understand the issue of low female 'healthy life expectancy' in Plymouth, including analysis of further data, and seeking the latest evidence as it becomes available;
2. To receive a further report from the Director for Public Health regarding life and healthy life expectancy, in one year's time;
3. To note the report.

30. **Thrive Plymouth**

Sarah Lees (Consultant, Public Health) delivered the 'Thrive Plymouth Programme' Update report to the Committee, and highlighted the following points-

- a) Thrive Plymouth was Plymouth City Council's city-wide programme, led by Public Health, which worked with partners to address health inequalities across the city;

- b) The programme had been paused for 2 years during the Pandemic due to staff resource redirection however, Thrive Year 7 had been launched in May 2022 to 'listen, learn and reconnect', following the pandemic;
- c) This year's programme was designed to engage with the population to understand and recognise people's experiences throughout the pandemic, and re-engage with partners, networks and communities across the city;
- d) While the pandemic had brought many challenges and the widening of inequalities, there had also been some positive outcomes which the programme aimed to capitalise on, such as the organisation of communities and voluntary networks for support;

In response to questions from the Committee, it was reported that-

- e) It was relevant and important following Covid, to listen carefully to residents to discover the long-term impact of the pandemic on people's ongoing health and behaviours.

The Committee agreed to note the report.

The Committee adjourned at 15:30 for a 10 minute comfort break.

Councillor Nicholson left the meeting at this time.

31. **Active to Thrive**

The Committee reconvened at 15:40.

Ruth Harrell (Director of Public Health) and Claire Beney (Active Devon) delivered the 'Active to Thrive' report to the Committee, and highlighted the following points-

- a) 'Active to Thrive' formed part of the Thrive Plymouth agenda, designed to encourage physical activity in day-day life. The Active to Thrive programme had a vision for Plymouth to be the most physically active coastal city in England by 2034;
- b) Funding had been secured for Plymouth through Sport England, for the 'Plymouth Pathfinder Project'. This project had been working intensively in 3 secondary schools across Plymouth, supporting children with adverse childhood experiences or special educational needs to build resilience, through physical activity;
- c) The project had created many valuable learning experiences, bringing together communities such as those in Keyham, and enabling youth workers to informally mentor and support and young people through challenging events;
- d) The project had shown progress against all 6 of its strategic aims. While funding for the project was due to expire in July 2023, reviews were regularly

being conducted to secure a future for the programme, with potential for 'place funding'. There were future ambitions to expand the reach of the programme to maximise the benefit for children and young people across the city;

- e) The programme focussed on bringing together partners across the city to drive physical activity, with long term benefits for health and wellbeing.

In response to questions from the Committee, it was reported that-

- f) The Plymouth Pathfinder Project brought together partners to utilise existing community provision for physical activity, and was focused in areas of deprivation or identified need. The project was currently deployed in Stoke Damerel, Marine Academy, and Sir John Hunt schools;
- g) Tinside Lido had hosted a range of events over the summer, designed to broaden the demographic of residents using the facility and encourage physical activity. Plans for events and programmes were being evaluated for the next season;
- h) Physical activity and sports provided valuable opportunities for people of all ages to improve their mental and physical health, as well as the development of fundamental social, team and leadership skills.
- i) While the Pathfinder project was particularly targeted towards vulnerable young children, it was also essential to promote physical activity among families, and other ages across the city.
- j) Plymouth was a Trauma Informed city, with programmes deliberately targeted towards areas and populations with the greatest need.

The Committee praised the work of the Public Health Team and programmes deployed across the city, and agreed to note the report.

32. **Children's Healthy Weight Plan**

Dave Schwartz (Public Health Specialist) and Julie Frier (Consultant in Public Health Medicine) delivered the 'Children's Healthy Weight Plan' to the Committee, and highlighted the following points-

- a) The Children's Healthy Weight Plan was a 10 year plan, based on the collation of years of evidence and research, as well as an appreciative inquiry with local Plymouth families;
- b) Childhood obesity and excess weight were key issues for Plymouth, with potential to cause significant long-term impacts. Living with obesity increased the likelihood of diseases such as diabetes, stroke, coronary heart disease, cancer, bone and joint problems, breathing difficulties, stigmatisation and bullying, and was therefore essential to address at a young age;

- c) The latest NCPM (national chart measurement programme) data for the city showed that while there were positive trends since the last survey, Plymouth had more children in year reception (5 years old), measured as overweight or obese than the national average. In year 6, Plymouth had lower levels of obesity than the England average however, these figures still demonstrated an increase from reception figures;
- d) While Plymouth performed better than the national average for adults, the data showed 62% of Plymouth's adult population would be classified as overweight or obese, with significant impacts for long-term health;
- e) Through the appreciative enquiry, it had become apparent that there were significant complexities to excess weight including long-term medical conditions, autism, mental health, low income, family dynamics, trauma, and access to activities. As a result, there was no universal solution to excess weight;
- f) The Children's Health Weight plan utilised a compassionate approach to break stigmas and promote engagement over a 10 year period. It was recognised that a healthy lifestyle and weight consciousness were essential from birth, with the plan incorporating infant nutrition;

In response to questions from the Committee, it was reported that-

- g) Further promotion and engagement was needed with the 'Healthy Start Programme', which provided access to free milk, fruit, vitamins, and other resources to encourage healthy lifestyle choices from a young age;
- h) While excess weight was a significant issue, the Healthy Weight Plan also aimed to support underweight Children;
- i) The Children's Healthy Weight plan formed part of a system wide effort to encourage healthy behaviours from a young ages, working alongside schemes such as the 'Family Hub Start to Life Initiative' and 'Infant Nutrition Scheme'.

The Committee thanked Dave Schwartz, and agreed-

- 1. To note the report;
- 2. To receive an update on the Children's Healthy Weight Plan at a future meeting, to monitor the progress of the new initiative.

33. **From Harm to Hope**

Gary Wallace (Public Health Specialist) delivered the 'From Harm to Hope' report to the Committee, and highlighted the following points-

- a) 'From Harm to Hope' was the Governments new strategy for addressing drug issues, with significant research being conducted into drug usage behaviours and effects. There were plans for school based prevention and

intervention programmes, as well as a review of the criminal justice response to drug use;

- b) Local authorities including Plymouth would receive a significant amount of funding over the next 3 years to rebuild drug services, targeting increasing commissioning capacity, increasing governance, and the training and recruitment of specialist medical roles;
- c) This funding would deliver an additional 55 posts over the next 3 years, helping to alleviate caseloads, and tackle drug behaviours at the earliest opportunity.

In response to questions from the Committee, it was reported that-

- d) Under the terms of the scheme, a partnership would be established enabling cross-party political engagement, as well as the integration of health organisations and networks;
- e) As the entire country would be benefiting from the new scheme and seeking to recruit simultaneously, there were concerns regarding workforce challenges and ability to fill the available posts. Innovative methods of recruitment were being discussed both locally, and regionally to plan for this recruitment;
- f) While approximately 97% of people had been seen within government prescribed waiting times, drug service caseloads had been severely high. This funding and increased capacity would therefore improve safety, reduce risk and enhance the attractiveness of both the job-role, and the drug service;
- g) When announced, the funding was proposed for a three year scheme, becoming permanent upon completion. While this was announced under a previous Prime Minister, there were no indications that the Government would not follow through on this promise;
- h) The nature of the drug market had changed considerably, with the internet providing a means of access to both illegal and 'grey market' drugs.

The Committee thanked Gary Wallace for the report, and welcomed additional funding to boost capacity of the drug service.

The Committee agreed-

1. To note the report;
2. To receive an updated report at a future meeting to evaluate the implementation and progress of the funding.

34. **Dashboard- Review of Indicators PHOF**

Rob Nelder (Consultant, Public Health) outlined the Public Health indicators to the Committee, and highlighted the following points-

- a) In order to provide a holistic representation to the Committee, Public Health Indicators had been incorporated into today's reports and presentations of Plymouth's Public Health programmes;
- b) Public Health England no longer produced the 'General Health Profile for Plymouth'. Instead, Plymouth's Public Health team would now produce a similar report on an annual basis;

The Committee thanked the Public Health Team for their ongoing work and presentations, and agreed to review their progress at a future meeting.

35. **West End Health Hub (To Follow)**

Jo Turl (NHS Devon) and Matt Ward (Head of Strategic Development Projects) delivered the 'West End Health Hub' update to the Committee, and highlighted the following points-

- a) Plymouth's planned West End Hub formed part of the national Cavell programme. Plymouth was one of the largest and most advanced of the 6 pilot projects;
- b) The National Cavell Board had expected to secure capital funding through the last Spending Review however, were unable to submit the case in time. The project had since received revenue funding of 2.6 million, which had been utilised to fund the project team and develop a fully compliant business case, which could be 'shovel ready' to commence building works as soon as capital funding was attained;
- c) The National Cavell Board had since been informed that there was no capital funding available within the current spending review, and were awaiting the results of the Autumn Review, which would be released shortly;
- d) The National Cavell Board were composing a business case to submit to the Treasury, for inclusion in the next spending review;
- e) The project was 'live' from a national prospective and supported the 'Fuller stocktake', promoting integrated services for health and wellbeing;
- f) Consultation had been undertaken with the public regarding future improvements and access to services;
- g) The National Cavell Board had always been clear they did not yet have the necessary capital secured to undertake this development;

- h) A full business case had been signed off by the Local Cavell Steering Group and sent to the Integrated Care Board, and region for approval. While not yet fully approved, initial responses had indicated that the business case met all criteria, except the acquisition of funding;

In response to questions from the Committee, it was reported that-

- i) The proposed site of Plymouth's West End Health Hub was located in a ward with the highest levels of health inequalities and deprivation in Plymouth. News of funding delays were a significant disappointment to many;
- j) Significant resources had already been committed to the project, including the demolition of buildings and clearance of land. The Committee questioned the organisation and communication surrounding the project, which had not previously featured doubt of completion.

The Committee thanked Jo Turl and Matt Ward for the update and agreed-

1. To reaffirm its strong support for the West End Health Hub project, part of the national Cavell Centre Programme;
2. To recommend that the ICB should consider funding the project through their capital programme unless this risks the maintenance of critical health infrastructure;
3. That at a future meeting of the committee, the ICB reports on the use of capital funding in Plymouth;
4. To welcome the offer of Right Honourable Robert Jenrick MP to visit Plymouth and to broker a meeting. The committee requested that his successor honour this offer and visit to facilitate the meeting between the ICB, Council, effected GP services and NHS England to identify innovative or creative solutions to move the project forward.

Following this, the Committee considered passing a resolution under Section 100A(4) of the Local Government Act 1972 to exclude the press and public from the meeting for the following item of business on the grounds that it involved the likely disclosure of exempt information as defined in paragraph 3 of Part 1 of Schedule 12A of the Act, as amended by the Freedom of Information Act 2000.

Councillor Tuffin proposed this motion;

Councillor Pengelly seconded this motion;

The Committee agreed this motion.

Please note, there is a confidential part to this minute.

36. **Work Programme**

The Committee agreed to bring an Urgent and Emergency Care Update to the next meeting in February.

37. **Tracking Decisions**

There were currently 2 tracking decisions marked 'in progress', with the remainder marked 'completed'. The Committee agreed to review these actions at the next Committee meeting.

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The following relates to exempt or confidential matters (Para(s) 3 of Part 1, Schedule 12A of the Local Govt Act 1972). Any breach of confidentiality could prejudice the Council/person/body concerned & might amount to a breach of the councillors /employees codes of conduct.

Document is Restricted

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Health and Adult Social Care Overview and Scrutiny Committee



Date of meeting:	08 February 2023
Title of Report:	Health and Adult Social Care Policy Brief
Lead Member:	Councillor Dr Mahony (Cabinet member for Health and Adult Social Care)
Lead Strategic Director:	Anna Coles (Strategic Director for People)
Author:	Alan Knott (Policy & Intelligence Advisor)
Contact Email:	Alan.Knott@Plymouth.gov.uk
Your Reference:	HASC PB 08.02.23
Key Decision:	No
Confidentiality:	Part I - Official

Purpose of Report

To provide Health and Adult Social Care Overview and Scrutiny Committee with the latest national picture in respect of policy announcements and legislation relating to health and social care.

Recommendations and Reasons

For Scrutiny to consider the information provided in regard to their role and future agenda items.

Alternative options considered and rejected

N/A

Relevance to the Corporate Plan and/or the Plymouth Plan

Delivery of the Corporate Plan and Plymouth Plan needs to take account of emerging policy and the legislative picture.

Implications for the Medium Term Financial Plan and Resource Implications:

N/A

Carbon Footprint (Environmental) Implications:

N/A

Other Implications: e.g. Health and Safety, Risk Management, Child Poverty:

** When considering these proposals members have a responsibility to ensure they give due regard to the Council's duty to promote equality of opportunity, eliminate unlawful discrimination and promote good relations between people who share protected characteristics under the Equalities Act and those who do not.*

N/A

Appendices

*Add rows as required to box below

Ref.	Title of Appendix	Exemption Paragraph Number (if applicable) <i>If some/all of the information is confidential, you must indicate why it is not for publication by virtue of Part 1 of Schedule 12A of the Local Government Act 1972 by ticking the relevant box.</i>						
		1	2	3	4	5	6	7
A	Health and Adult Social Care Policy Brief							

Background papers:

*Add rows as required to box below

Please list all unpublished, background papers relevant to the decision in the table below. Background papers are unpublished works, relied on to a material extent in preparing the report, which disclose facts or matters on which the report or an important part of the work is based.

Title of any background paper(s)	Exemption Paragraph Number (if applicable) <i>If some/all of the information is confidential, you must indicate why it is not for publication by virtue of Part 1 of Schedule 12A of the Local Government Act 1972 by ticking the relevant box.</i>						
	1	2	3	4	5	6	7

Sign off:

Fin	N/A	Leg	N/A	Mon Off	N/A	HR	N/A	Assets	N/A	Strat Proc	N/A
Approved by: Giles Perritt, Assistant Chief Executive											
Date approved: 30.01.23											

POLICY BRIEF

Health and Adult Social Care Overview and Scrutiny

8 Feb 2023



The information within this Brief is correct at the time of approval for publication and contains relevant recent announcements made by Government and its departments and regulators.

GOVERNMENT POLICY, LEGISLATIVE ANNOUNCEMENTS AND NEWS

[NHS to expand services to keep vulnerable out of hospital](#) (January 2023)

Elderly and vulnerable people will receive tailored support at home as part of a new NHS plan to improve waiting times for emergency care. Community services including falls and frailty teams will be scaled up, with up to 50,000 people a month supported by clinicians at home in high-tech 'virtual wards'. Urgent community response teams will be scaled up to provide more patients with support at home within two hours, in recognition of the pressures facing A&E. The government and NHS England will publish an Urgent and Emergency Care Plan tomorrow to reduce waiting times and improve care for patients.

[Up to £250 million to speed up hospital discharge](#) (January 2023)

The government has made available up to £200 million of additional funding to immediately buy short-term care placements to allow people to be discharged safely from hospitals into the community where they will receive the care they need to recover before returning to their homes. The fund is designed to increase capacity in post-discharge care and support improved discharge performance, patient safety, experience and outcomes. Through use of this fund, ICBs are expected to deliver reductions in the number of patients who do not meet the criteria to reside but continue to do so, as well as improvements in patient flow which in turn help waiting times in emergency departments and handover delays. This funding should be used to purchase bedded step down capacity plus associated clinical support for patients with no criteria to reside but who cannot be discharged with the capacity available through existing funding routes or the Adult Social Care £500m Discharge Fund announced in November (Below).

[Mental health services boosted by £150 million government funding](#)

The Government has announced that they are investing £150 million of capital funding into NHS mental health crisis response and urgent and emergency care services up to April 2025. This includes £7 million for the procurement of specialised mental health ambulances, with the remaining £143 million being used to provide new and improve existing mental health crisis response infrastructure, including schemes such as crisis cafes, houses and hubs.

[Adult Social Care Discharge Fund: local authority and Integrated Care Board \(ICB\) allocations](#) (November 2022)

These guidance documents set out the funding allocations for the £500 million Adult Social Care Discharge Fund. Of the funding, 40% (£200 million) will be distributed to local authorities and 60% (£300 million) to Integrated Care Boards (ICBs). Local authorities and ICBs will work together to plan how to spend the money locally. Local areas will be free to spend this money on initiatives which will have the greatest impact in their area on reducing discharges into social care, which in most areas will mean prioritising home care. Funding may also be used to boost adult social care workforce capacity, through staff recruitment and retention where that will help reduce delayed discharges -

[Details of £500million discharge fund.](#)

Devon ICB received £5,906,000. Plymouth City Council received £1,070,087.

Workforce Recruitment and Retention Funds: outcomes and findings

The Government made £462.5 million available to local authorities through the Workforce Recruitment and Retention Funds (WRRFs). The first fund was announced on 21 October 2021 (£162.5 million) and the second fund was announced on 10 December 2021 (£300 million). These funds were made available to local authorities to be spent on activities to address workforce capacity pressures in the adult social care sector through recruitment and retention activity between 21 October 2021 and 31 March 2022. They followed the £120 million Workforce Capacity Fund (January to March 2021). (Plymouth £1,605,131)

Summary of Outcomes:

A key source of data for the evaluation came from the monitoring information gathered as part of the final reporting point for the WRRFs.

- Local authorities reported that 23.2 million staff hours were generated by measures supported by the WRRFs.
- Local authorities reported that 109,000 recruits were generated by WRRF measures.
- Local authorities passported the majority of the funds to providers (82.6%), while 14.9% of the total funds was spent directly by local authorities. There was some variation geographically, with local authorities in London spending an average of 28.7% of their allocation directly.

Independent review of integrated care systems

The government has announced a new independent review into oversight of ICSs to reduce disparities and improve health outcomes across the country, following record investment in health and social care. The review will be led by former Health Secretary the Rt Hon Patricia Hewitt who is currently chair of NHS Norfolk and Waveney Integrated Care Board, and will explore how to empower local leaders to focus on improving outcomes for their populations.

GP practice data available for first time

New data published on GP appointments for the first time. This will allow patients to make more informed choices on the GP practice they choose to visit. Data showing detailed appointment waiting times was published for the first time Thursday 24 November 2022.

New measures to improve access to dental care

NHS dentists will now receive fairer payments for delivering complex dental care to incentivise practices to take on high needs patients who require treatment the most. Dentists will also be required to update the NHS website regularly to make it clear which practices are taking on new patients and the services available, improving access.

Government setting up an Elective Recovery Taskforce and new Community Diagnostic Centres

The Department for Health and Social Care has announced that patients will benefit from quicker access to treatment and diagnostic tests following the launch of a new Elective Recovery Taskforce. The taskforce, will bring together a group of experts to work on a series of recommendations which will be put to the government early next year on how the NHS can better commission the independent sector, supporting the NHS to tackle the COVID-19 backlogs.

Patients to carry out health checks in comfort of own home to ease pressure on frontline services

Cornwall has been announced as the first area in England to trial NHS Digital Health Check as part of government plans to digitise existing face-to-face health check.

Plans set out to retain more experienced NHS workforce

Plans have been set out to amend NHS pension rules to retain more experienced NHS clinicians and remove barriers to staff returning from retirement. The government has launched a [consultation](#) on the proposals, building on actions set out in [our plan for patients](#) in September. The consultation closes on 30 January 2023.

Adult social care workforce retention guide

Skills for Care, the strategic workforce development and planning body for adult social care in England, and Partners in Care and Health, a partnership of the Local Government Association and Association of Directors of Adult Social Services, have developed a guide - 'top tips for adult social care workforce retention'.

Hewitt review: call for evidence

The government has announced a call for evidence to gather views from across the health and social care system, as well as from patients, the public, and the wider voluntary sector to inform the Hewitt Review of the oversight and governance of integrated care systems (ICSs). The review will consider how the oversight and governance of ICSs can best enable them to succeed and focus on real time data shared digitally with the Department of Health and Social Care. The consultation closes on the 9 January 2023.

NHS App hits over 30 million sign-ups

The app, which launched four years ago, was one of the most popular free health apps of 2022 – with more people accessing its range of features, including over 65 million GP record views. The government has already met its target to have 68% of people in England registered with the NHS App by March 2023 and is firmly on track to meet its second target to have 75% of people registered by 2024. The app offers a digital front door for interacting with the NHS and has seen a host of new features launched in the last 12 months – empowering patients to access services from the comfort of their homes.

New funding announced to increase the number of life-saving defibrillators by at least 1,000.

The Department of Health and Social Care will invest the funding through an independent partner in the new year who will manage grant applications from bidding organisations. Those selected will be asked to match the funding they receive fully or partially, potentially doubling the number of new defibrillators created by the fund.

New hiring toolkit supports care providers with safer recruitment

A collaboration between safeguarding experts has led to the publication of a best practice recruitment resource for the social care sector.

New breast cancer screening units to speed up diagnosis

The government has pledged an additional £10 million to deliver 29 new breast cancer screening units, 58 remote access upgrades and nearly 70 life-saving service upgrades to speed up diagnosis and treatment.

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Health and Adult Social Care Overview and Scrutiny Committee



Date of meeting:	08 February 2023
Title of Report:	Risk Monitoring Report
Lead Member:	Councillor Mark Shayer (Deputy Leader and Cabinet Member for Finance and Economy)
Lead Strategic Director:	Giles Perritt (Assistant Chief Executive)
Author:	Ross Jago, Head of Governance Performance and Risk
Contact Email:	Ross.jago@plymouth.gov.uk
Your Reference:	RS/RM
Key Decision:	No
Confidentiality:	Part I - Official

Purpose of Report

The attached report (Appendix A) provides an update on the Strategic risk register pertinent to the committee. The register offers additional information including detail on Key Controls and Sources of Assurance and how progress against mitigation will be measured.

Adult Social Care reforms have been highlighted as a risk. There are a number of reforms that will create financial uncertainty in terms of being able to accurately understand the impact on costs and resources. This amber risk has been scored as 'Likely' to happen and a 'Major risk' to the operation of the council.

Recommendations and Reasons

The Health and Social Care Overview and Scrutiny Committee is recommended to:

1. Note the current position.
2. Consider whether any risks identified should be programmed for further discussion by the Committee.

Reason: As part of the Committee's responsibility for monitoring the implementation and ongoing processes for identifying and managing key risks of the authority.

Alternative options considered and rejected

Effective risk management processes are an essential element of internal control and as such are an important element of good corporate governance. For this reason alternative options are not applicable.

Relevance to the Corporate Plan and/or the Plymouth Plan

The Strategic Risk and Opportunity Register includes links to the Corporate Plan priorities – monitoring of control action for strategic risks therefore contributes to the delivery of the council's core objectives.

Sign off:

Fin	N/A	Leg	N/A	Mon Off	EJ/38 851/6 .1.23(I)	HR	N/A	Assets	N/A	Strat Proc	N/A
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Originating Senior Leadership Team member: Giles Perritt

Please confirm the Strategic Director(s) has agreed the report? Yes

Date agreed: 20/12/2022

Cabinet Member approval: Councillor Mark Shayer (Deputy Leader and Cabinet Member for Finance and Economy)

Date approved: 05/01/2023

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RISK MANAGEMENT MONITORING REPORT

February 2023



1. Introduction

- 1.1. This report provides the position with regard to the strategic and operational risk registers.
- 1.2. The next formal review of the strategic risk and opportunity register will take place in March 2023, the operational risk register will also be reviewed at this time. Risk registers are however a live document and will be regularly discussed at Directorate Management Teams.

2. Strategic Risk Register – Monitoring Summary

- 2.1. Two risks have been identified as sufficiently mitigated and have been moved to the operational register. These are -
 - The Council not meeting its obligation to keep data secure by failing to adhere to Data Protection Act 2018 Regulations.
 - The Council not meeting its legal obligations regarding the health, safety and wellbeing of its workforce.

3. Strategic Risk Register

- 3.1. There are 18 strategic risks currently being managed. In total there are five red risks, one of the red risks relates to the Committee -
 - **Risk number five in table two** relates to workforce concerns and the growing fragility of the Adult Social Care Market that might lead to the inability of the Local Authority to meet statutory duties and meet eligible need.

3.2 Strategic Risk update table one

Table one provides an update on strategic risks pertinent to the Committee with mitigation that is fully influenced by Plymouth City Council, this is 9 of the 18 risks on the strategic risk register

Table one – Strategic Risks fully mitigated by Plymouth City Council

Risk Register No.	Description	Mitigation	Risk Score	Previous risk rating	Current risk rating	Risk Owner
9	Increased and sustained pressure on Adult Social Care budget due to increased costs of providing care , growing numbers of people and increased complexity of need. As this is a statutory service and largest single budget it could have a significant impact on the Authorities overall financial position.	<ul style="list-style-type: none"> - Real time management information - Strong Reablement Offer - Established Review Programme - Commissioning Intentions and Commissioning Activity to develop new models of care - Budget containment meetings in place - Focus on reviews and reablement to right size packages of care including focused work on 18 to 64's - Emergency Plan to cover need to prioritise critical services 	16	Amber ██████	Amber ██████	Anna Coles

3.3 Strategic Risk update table two

Table two provides an update on strategic risks pertinent to the Committee with mitigation that is influenced by Plymouth City Council but is also dependent on other outside factors, this is nine of the 18 risks on the strategic risk register.

No.	Description	Mitigation	Risk Score	Previous risk rating	Current risk rating	Risk Owner
5	Lack of adult social care workforce and growing fragility of Adult Social	<ul style="list-style-type: none"> - Establishment of Community Capacity Command Centre to provide greater oversight of market and capacity 	20	Red ██████	Red ██████	Anna Coles

No.	Description	Mitigation	Risk Score	Previous risk rating	Current risk rating	Risk Owner
	Care Market leading to inability of Authority to meet statutory duties and meet eligible need.	<ul style="list-style-type: none"> - Local Authority has set up a Care Company to ensure continuity of provision in the event of market failure - Care Home liaison work being undertaken by Livewell Southwest, to increase levels of support to Residential and Nursing care marker - Risk to be continued to be monitored through contract monitoring and market intelligence - Supporting market wide workforce recruitment / retention across residential and domiciliary sector - Remodelled bed bureau launched to support Care Homes to manage complex discharge cases - Incentive payments to workforce - Managing risk through winter strategy for the domiciliary care market. 			Red since Oct 2021	
7	Ongoing COVID-19 rates (with potential for further peaks) affect city's recovery / reset plans.	<ul style="list-style-type: none"> - The key mitigation of vaccination has now reached around 85% (one or more doses) of those eligible. There have been reductions in the mitigations (reduced testing, support payments and legal need for self-isolation) and this has created uncertainty around case rates and the risk of delayed detection of new variants. The longstanding advice to the general public remains in place and is re-emphasised at regular intervals. 	16	Amber ██████	Amber ██████	Ruth Harrell
8	Failure to reduce Health Inequalities will mean our poorest residents continue to live shorter lives as well as more years in ill health. Mounting evidence that COVID-19	<ul style="list-style-type: none"> - Persistent action across the Council is required at many levels to tackle inequalities by addressing the wider detriments of health. The Public Health Team and partners continue to work with employers (year one focus) and schools (year two focus) to influence healthier lifestyles. The team continues to embed and promote the national One You campaign across the city. 	16	Amber ██████	Amber ██████	Ruth Harrell

No.	Description	Mitigation	Risk Score	Previous risk rating	Current risk rating	Risk Owner
	<p>is having differential health impacts across communities, adding to existing health inequalities. This is through either the disease itself or the mitigations put in place. There is an ongoing impact of this due to the economic downturn.</p>	<ul style="list-style-type: none"> - The 'five ways to wellbeing' has been adopted across the City as the single approach to improving mental wellbeing. The work that started in year five on 'people connecting through food' is ongoing with a number of new initiatives developed. The intention was that the year six focus would be arts, culture, heritage and health (using the Mayflower 400 commemorations as the vehicle for delivery). However, this year was curtailed as a result of the pandemic and a two year pause was put on the programme. Subsequently, Thrive Plymouth Year seven was launched in May 2022 with a focus on Listening and Reconnecting. - There is a need to reflect on our experiences and acknowledge what we have been through. Though there has been much trauma, we believe that there have also been some positives which we want to help the city to build on and apply to the wider challenges of inequality. - Evidence has been provided to the Health and Wellbeing Board on the risk of widening health inequalities which partners are working together to try to mitigate. The Local Care Partnership priorities are being refreshed and includes tackling inequalities. Both of these routes bring partners together to understand the issues and the steps needed to tackle health inequalities in the City. In addition to this, to support the work of the Council's cross-party Child Poverty Action Plan Working Group, a high level review of the evidence of the impacts of the pandemic on the mental wellbeing of children and young people has been carried out. As already stated, the primary role of the ODPH and the Public Health Team in particular is now to minimise the impact of COVID- 				

No.	Description	Mitigation	Risk Score	Previous risk rating	Current risk rating	Risk Owner
		19 in the city therefore protecting most deprived communities from further negative impacts.				
10	<p>Adult Social Care (ASC) Reforms - There are a number of reforms to ASC that will create financial uncertainty in terms of being able to accurately understand the cost and resources impact once reforms have been implemented. It is not clear whether any additional monies will be made available for local authorities and there is currently no reliable way of forecasting impact.</p> <p>Examples of reforms include;</p> <p>Fair cost of care</p> <p>Charging reforms</p> <p>Local Protection Safeguards</p> <p>Care Quality Commission Assurance programme</p>	<ul style="list-style-type: none"> - This risk will continue to be monitored closely as the reform programme progresses. - We will assess the impact of charging reforms on 'trailblazer' local authorities who are early adopters of these reforms. - We will continue cost of care exercises locally, including working with our local care market to better understand impact on finance and resources. - We will continue engagement with Local Government Agency and regional and national groups (such as ADASS) to determine approach to managing all reforms. - We will continue to seek to understand impacts of all reforms through our established reform programmes, and will consider potential use of Offers and Asks due to cost of new burdens on the service. 	16	Amber New risk	Amber	Anna Coles

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Health and Adult Social Care Overview and Scrutiny Committee



Date of meeting:	08 February 2023
Title of Report:	Fair Cost of Care and Market Sustainability Plans Update
Lead Member:	Councillor Dr John Mahony (Cabinet Member for Health and Adult Social Care)
Lead Strategic Director:	Anna Coles (Strategic Director of People)
Author:	Ross Johnston/Moriah Priestley
Contact Email:	
Your Reference:	FCoC/MSP
Key Decision:	No
Confidentiality:	Part I - Official

Purpose of Report

To provide committee with update on Fair Cost of Care exercise and overview of the development of the market sustainability plans for over 65 Care Homes and over 18 Homecare markets in the City.

Recommendations and Reasons

To note the outcome of the Fair Cost of Care work

To support the proposed approach to fee setting with Providers for 23/24

To note the strategic direction as set through the emerging market sustainability plans

Alternative options considered and rejected

The Local Authority is required to complete and publish findings from both the Fair Cost of Care exercise and Market Sustainability Plans as part of the Adult Social Care reform agenda

Relevance to the Corporate Plan and/or the Plymouth Plan

Responsible- review of work completed to date and support for next steps.

Caring for People and Communities- Adult Social Care supports over 4000 vulnerable people across the City and this work will shape provision of care and support over the coming years

Implications for the Medium Term Financial Plan and Resource Implications:

N/A

Financial Risks

N/A

Carbon Footprint (Environmental) Implications:

Considerations will be made through design work with Providers to reduce unnecessary travel across the City and consider new ways of working to reduce carbon footprint.

Other Implications: e.g. Health and Safety, Risk Management, Child Poverty:

* When considering these proposals members have a responsibility to ensure they give due regard to the Council's duty to promote equality of opportunity, eliminate unlawful discrimination and promote good relations between people who share protected characteristics under the Equalities Act and those who do not.

[Click here to enter text.](#)

Appendices

*Add rows as required to box below

Ref.	Title of Appendix	Exemption Paragraph Number (if applicable) <i>If some/all of the information is confidential, you must indicate why it is not for publication by virtue of Part 1 of Schedule 12A of the Local Government Act 1972 by ticking the relevant box.</i>						
		1	2	3	4	5	6	7
A	Briefing report title							
B	Equalities Impact Assessment (if applicable)							

Background papers:

*Add rows as required to box below

Please list all unpublished, background papers relevant to the decision in the table below. Background papers are unpublished works, relied on to a material extent in preparing the report, which disclose facts or matters on which the report or an important part of the work is based.

Title of any background paper(s)	Exemption Paragraph Number (if applicable) <i>If some/all of the information is confidential, you must indicate why it is not for publication by virtue of Part 1 of Schedule 12A of the Local Government Act 1972 by ticking the relevant box.</i>						
	1	2	3	4	5	6	7

Sign off:

Fin	Click here to enter text.	Leg	Click here to enter text.	Mon Off	EJ/38851/31.1.22(1)	HR	Click here to enter text.	Assets	Click here to enter text.	Strat Proc	Click here to enter text.
Originating Senior Leadership Team member: Anna Coles (Strategic Director for People)											

Please confirm the Strategic Director(s) has agreed the report? Yes

Date agreed: 30/01/2023

Cabinet Member approval: Councillor John Mahony (*Cabinet Member for Health and Adult Social Care*)

Date approved: 30/01/2023

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**Fair Cost of Care
and Market
Sustainability Update**

What is the Fair Cost of Care (FCoC)



- The Department of Health and Social Care (DHSC) fair cost of care review asked for information from Older People's Care Homes (65+) and Home Care Providers (18+)
- There is a requirement to complete a Market Sustainability Plan. The Market Sustainability Plan requires information on the current market position, key challenges in the next few years and plans to address these.
- All local authorities were required to complete a cost of care review and is a condition of future FCoC funding from the DHSC.

Provider Engagement



Meetings were set up in June 2022 with providers to discuss the exercise. The templates providers were being asked to complete were reviewed, and discussions with providers took place. These sessions included guidance on completion and an opportunity to clarify any questions.

The information included:

- An introduction to the Local Authority team working on it
- Deadlines for the submission of documents for the Local Authority
- The service types that were being reviewed, ie Residential & Nursing for 65+ cohort and Home Care for 18+
- Information on the Market Sustainability Planning approach and content

Methodology



Tools to capture information from providers around costs of running the services were developed in conjunction with Association of Directors of Adult Social Services (ADASS) and Local Government Association (LGA), and used nationally:

- Home Care – spreadsheet based tool that captured costs & relevant information (no's of clients, mileage etc) for 2021/22
- Care Homes – tool developed by IESE capturing costs and information for 2021/22, including Return on Operations and Return on Capital, and asking providers to give their view on a % uplift required to inflate costs to 2022/23 rates

Tools used information from providers to give hourly / weekly rate (home care / care homes)

PCC provided regular support to the Care Market during this time

Outcome



- DHSC have since confirmed that the cost of care exercise was not intended to be a replacement for the fee setting process
- Evidence gathered is not considered robust or representative of the sector locally:
 - Low response rate
 - Wide range of costs and rates
 - Large differences in profit levels between providers
- Like other Local Authorities the Data contained in the returns, even after clarification, does not present information that will allow the Council to develop an accurate and reflective picture of the cost of care in Plymouth.
- The Council will be undertaking formal engagement with providers to work towards fee setting & potential payment of funding

What is the market sustainability plan and why do we need it?



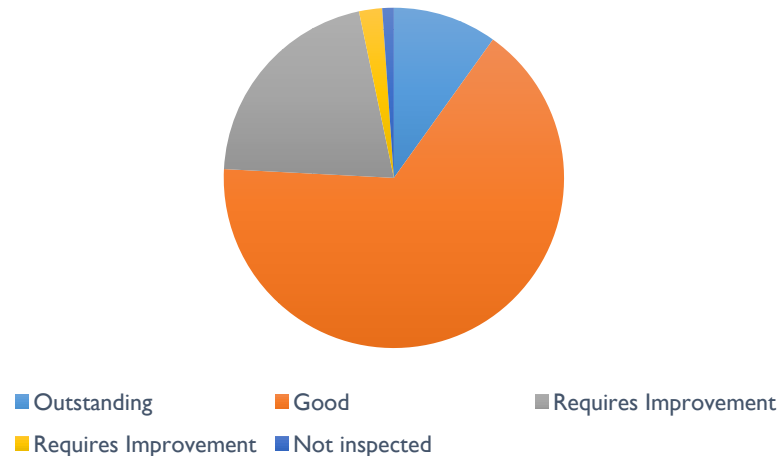
- The purpose of the market sustainability plan is **for local authorities to assess and demonstrate how they will ensure local care markets are sustainable, as they move towards implementing reform.**
- There will be one plan for 65+ Care Homes and one plan for 18 Home Care

Overview of Care Homes

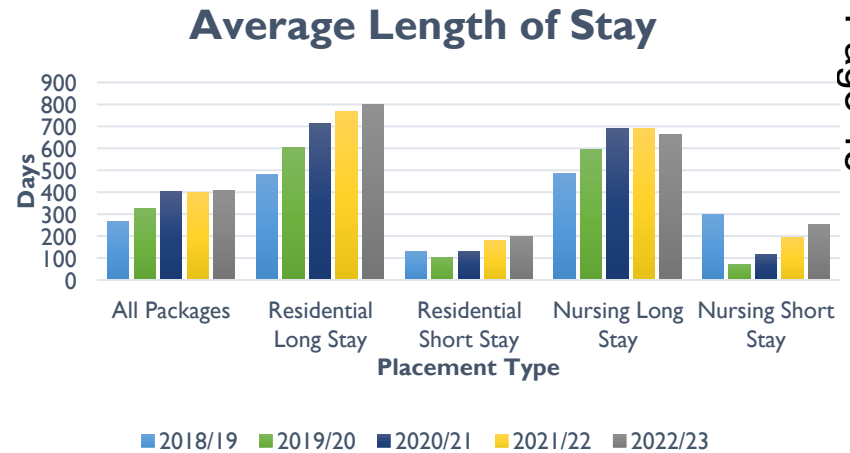
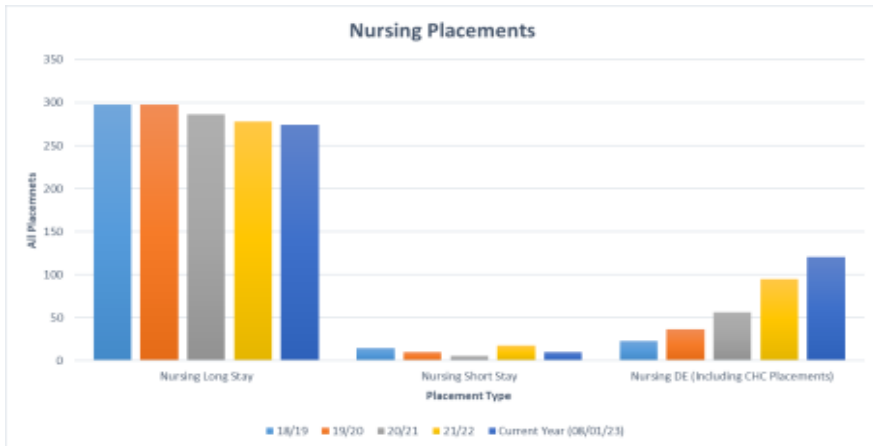
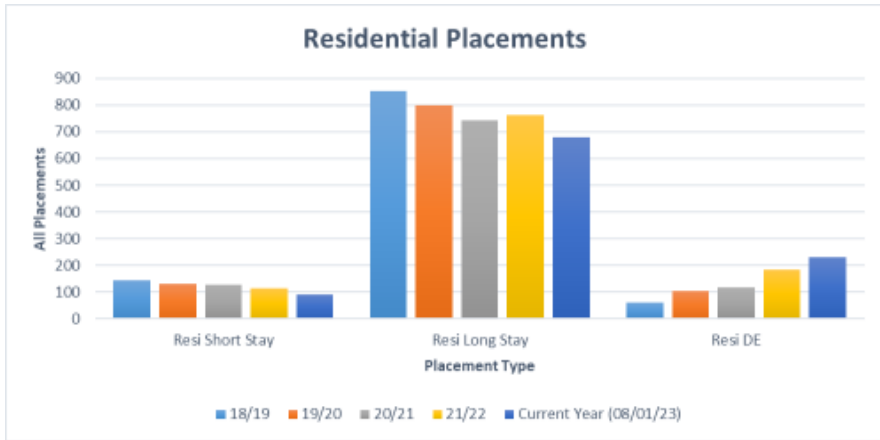


- £45m budget in financial year 2022/23;
- 91 CQC registered homes in the city of which;
- 56 are older persons;
 - Residential – 38; Nursing – 18, including dual registration
- 35 homes support under 65s with complex mental, physical and learning disabilities

Plymouth Care Home CQC Ratings



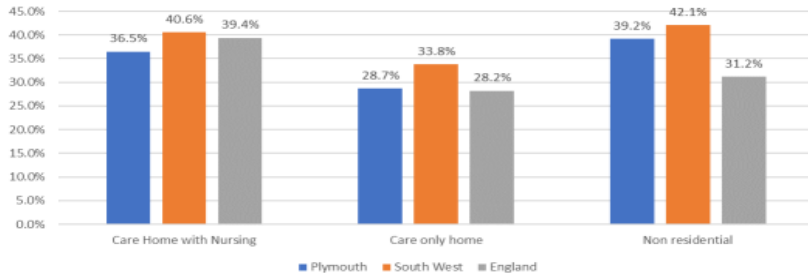
Older Persons Care Home Placements



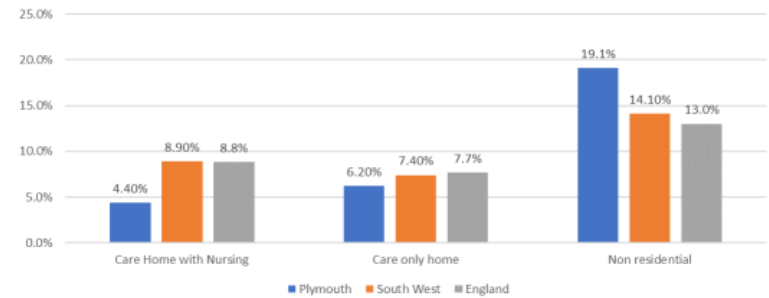
Recruitment and Retention 2021 / 22



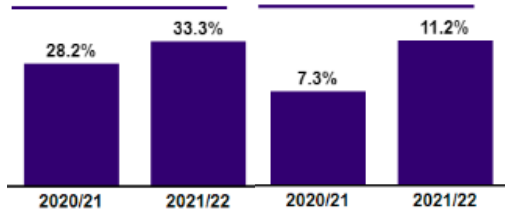
Turnover rate



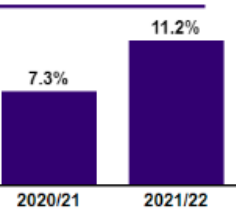
Vacancy rate



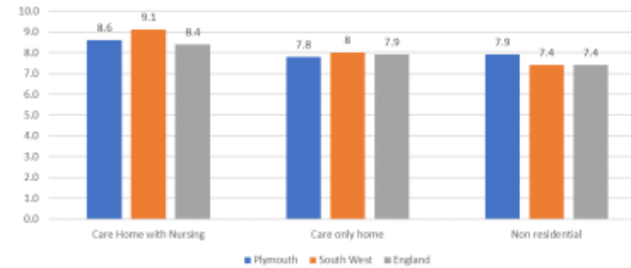
Turnover trend



Vacancy trend



Sickness rate



Assessment of Current Market Sustainability: Care Homes



- 1 new entrant (older persons) , 6 Exits (1 older persons, 5 specialist) in the past 12 months
- Occupancy – Average Occupancy 90% - Ranges from 42% - 100%
- Increased use of agency staff to cover shifts at high rates
- High levels of inflation and rising energy costs impacting provider financial viability
- Rising cost of living impacting further on recruitment and retention
- Hard for providers to compete with other sectors, i.e. retail, NHS
- Very limited availability of nursing and nursing dementia beds
- High vacancy levels across basic residential care homes
- Large amount of ‘spot purchasing’ taking place at higher rates, mainly hospital discharges (Intermediate Care)

Plans for addressing sustainability



- Re-design of care home market to support providers to develop specialisms e.g. dementia nursing care
- Enhanced clinical support to enable care homes to manage more complex needs
- Cohorting of discharge to assess patients to ensure reduced length of stay and proactive therapy support
- Further development of extra care provision to reduce reliance on traditional care home provision
- Targeted capital investment to address environmental constraints
- Development of career pathways with partner agencies to grow the workforce for the future

Overview of Home Care

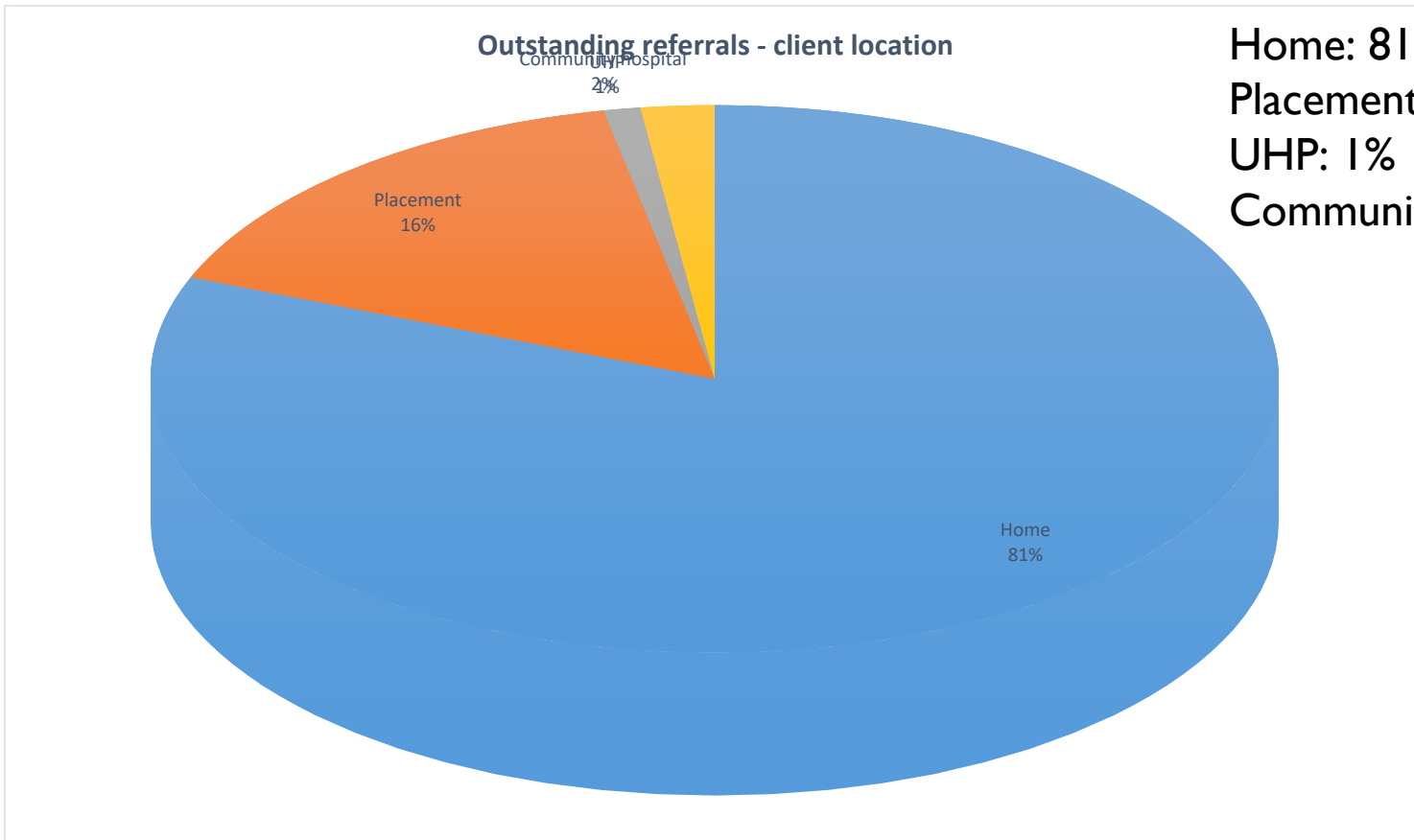


- £12m spent on contracts per annum
- Over 20 different providers delivering circa 10,000 hours of care per week
- Small providers lack resilience
- Care staff travel distances across the City, reducing the time available to deliver frontline care
- Regular contract handbacks results in a lack of consistency of care staff for some people in the City
- Hourly rates variable across the market

Assessment of Current Market Sustainability: Home Care



- Over 100 people currently awaiting a for placement (104 as at 27/01/23)



Home: 81%
Placement: 16%
UHP: 1%
Community Hospital: 2%

Assessment of Current Market Sustainability: Home Care



- Capacity issues in the care at home market and pressures to rapidly discharge people from hospital is resulting in more short term care home placements
- Geographical challenges: some post code areas have high demand and difficult to place in those areas
- Increased complexity of need and comorbidities in home care client group, incl. mental health/challenging behaviour/complex dementia
- Rising cost of living impacting further on recruitment and retention
- Hard for providers to compete with other sectors, i.e. retail, NHS

Plans for addressing sustainability



- Re-design of care at home contract to increase capacity in the community and prevent unnecessary care home placements to create capacity.
- Integrated Brokerage Service with Health, incl. hospital discharges
- Review of alternative models of care, i.e. ECH
- Review approach to contract management,
 - Development of provider risk assessment platform
 - Developing contract management expertise in-house and targeted capacity

Future market changes / challenges



- More self funders asking LA to commission care
- Cost of living / inflation continues to rise
- LA fee rates may not be reflective of true cost of care
- Providers competing for same workforce
- Increasing numbers of staff choosing to leave the sector
- Increased risk of provider failure / home closures
- Increasing demand / complexity, not enough capacity in system to meet demand
- Change in CQC's approach to regulation
- Impact of Integrated Care Systems

Minute No.	Resolution	Target Date, Officer Responsible and Status	Response
<p>16 November 2022</p>	<p>The Committee reaffirmed its support for the West End Health Hub project, part of the national Cavell Centre Programme, and <u>agreed</u> to recommend that-</p> <ol style="list-style-type: none"> 1) The ICB should consider funding the project through their capital programme unless this risks the maintenance of critical health infrastructure. 2) That at a future meeting, the ICB reports on the use of capital funding in Plymouth. 3) That Jo Turl and NHS Devon improve the communication regarding updated progress of the Health and Wellbeing Hub to the public. 4) The Committee welcomed the offer of the Right Honourable Robert Jenrick MP to visit Plymouth and to broker a meeting. The committee requested that his successor honour this offer and visits to facilitate the meeting between the ICB, council, effected GP services and NHS England to identify innovative or creative solutions to move the project forward. 	<p>Date: February 2023</p> <p>Officer: Anna Coles/ Jo Turl</p> <p>Status:</p> <ol style="list-style-type: none"> 1) Awaiting Response 2) Awaiting Response 3) Awaiting Response 4) Complete: Letter sent by the Public Health Team 	
<p>16 November 2022</p>	<p>The Committee <u>agreed</u> to recommend-</p> <ol style="list-style-type: none"> 1) That preparations are made for a H&ASC OSC Mental Health Select Committee in the New Year. 	<p>Date: February 2023</p> <p>Officer:</p>	

		Elliot Wearne-Gould, & Anna Coles. Status: In Progress	
<u>16 November 2022</u>	The Committee <u>agreed</u> to recommend – 1) To Ruth Harrell (Director of Public Health) that the Public Health team investigate further into why Women’s health in Plymouth is statistically lower than the National Average.	Date: February 2023 Officer: Ruth Harrell Status: Response received 15/12/2022	The DPH has continued the process of investigating the fact that women in Plymouth have a lower Healthy Life Expectancy than might be expected based on similar comparator areas. As reported at the meeting, a number of the more obvious hypotheses had already been considered but found not to explain this difference and so this piece of work will take some time. It is suggested that the Committee receive an update 6 months on.
<u>16 November 2022</u>	The Committee agreed to request - 1) To be provided with the ‘Monthly consideration of directorate level financial issues’ at the next meeting. 2) To receive an updated report on ‘Delayed Transfers to Care’ at the next meeting.	Date: February 2023 Officer: Anna Coles, Gary Wallace. Status: 1) Added to work Programme	

	3) For Gary Wallace to bring an update on the progress and outcomes of the drug and alcohol oversight board to a future committee meeting.	2) Added to work Programme 3) Added to work Programme	
<u>16</u> <u>November</u> <u>2022</u>	The Committee agreed to - 1) Circulate the 'Rachael Pearce' Dental letter reply to Committee members.	Date: November 2022 Officer: Elliot Wearne-Gould (Democratic Support) Status: Complete	
<u>07</u> <u>September</u> <u>2022</u>	The Committee agreed to - 1) Circulate to all members, a copy of the letter received from Ministers in response to a Motion-on-Notice from the City Council, relating to ambulance delays in Plymouth; 2) Circulate to this committee, a copy of the holding email received in response to a letter to Rachel Pearce regarding dental service concerns in Plymouth; 3) Add the 'Risk Register' as a standing item on the agenda; 4) Add 'Adult Social Care Reforms' to the Work Programme.	Date: September 2022 Officer: Elliot Wearne-Gould (Democratic Support) Status: 1) Complete 2) Complete 3) Complete 4) Complete	Letters circulated to members as requested. Work programme updated.

<u>07 September 2022</u>	The Committee agreed to recommend- that a letter be written to the appropriate minister, recommending that the cap be raised on medical school places, to enable more GPs/ doctors to train.	Date: September 2022 Officer: Anna Coles Status: Complete	Letter Sent
<u>07 September 2022</u>	The Committee agreed to recommend- that an opportunity be made for Committee members to gain experience working with/ shadowing GPs –	Date: September 2022 Officer: Dafydd Jones (GP) Status: Complete - Educational Resources provided by Dafydd Jones	Improving health and care in Plymouth: general practice - YouTube media release
<u>07 September 2022</u>	The Committee agreed- to recommend to NHS Devon ICS, that any final version of a 'Primary Care Strategy', must include a variety of means of access to GP services such as phone, digital and walk in. These must also be answered/ responded to in a reasonable timeframe.	Date: September 2022 Officer: Jo Turl (NHS Devon ICS) & Suzanne Smart (Deputy Director of Commissioning- NHS Devon) Status: Complete <i>Primary Care Strategy to be brought for review at a future meeting?</i>	Response Circulated to all Committee members.

<p><u>13 July 2022</u> Health and Adult Social Care Policy Brief- Minute 6</p>	<p>The committee sought further clarification- regarding PCC's intentions to apply for grant funding for 'Women's reproductive wellbeing in the workplace'.</p>	<p>Date: August 2022 Officer: Sarah Gooding (policy and Intelligence) Status: Complete</p>	<p>Response Circulated to all Committee members.</p>
<p><u>13 July 2022</u> Healthwatch Plymouth- Minute 7</p>	<p>The committee agreed to recommend- that The CCG recommission Healthwatch to repeat their survey of ED attendance at a future date to track changes since lockdown.</p>	<p>Date: August 2022 Officer: Jo Turl (NHS Devon ICS) Status: Complete</p>	<p>Response Circulated to all Committee members.</p>
<p><u>13 July 2022</u> Urgent and Emergency Care, Plymouth – Minute 8</p>	<p>The committee agreed- to invite Dr Dafydd Jones & Jo Turl back to report on Integrated Urgent Care Services and I I I, once PPU had assumed the contract from Devon Doctors in October 2022.</p>	<p>Date: August 2022 Officer: Craig McArdle/ Anna Coles Status: Complete</p>	<p>Item provisionally scheduled for February 2023 H&ASC OSC meeting.</p>

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HEALTH AND ADULT SOCIAL CARE OVERVIEW SCRUTINY COMMITTEE

Work Programme 2022 - 23



PLYMOUTH
CITY COUNCIL

Please note that the work programme is a 'live' document and subject to change at short notice. Please also note this is currently a draft document, under consideration with the chair and council officers.

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

Date of meeting	Agenda item	Prioritisation Score	Reason for consideration	Responsible Cabinet Member / Officer
13 July 2022	Urgent and Emergency Care (Includes: Ambulance Handovers, Admission Avoidance, Hospital Flow and Improvements Discharges)		Long delays and wait-times for ambulances, elective surgery, GP appointments, and out of hour's services.	Cllr John Mahony
07 September 2022	Primary Care. (Includes GP services and Pharmacy)		Long waiting lists and lack of availability.	Cllr John Mahony
	Part Two Briefing - Cavell Centre		Requested by committee. Concerns over timetables/funding.	Cllr John Mahony. Anna Coles.
16 November 2022	Risk Monitoring Report & Policy Brief			Alan Knott & Ross Jago
	Dashboard- Review of indicators			Rob Nelder
	Public Health Commissioning			Sarah Lees
	Life expectancy and healthy life expectancy			Ruth Harrell
	Thrive Plymouth			Rob Nelder
	Active to thrive			Ruth Harrell
	Children's healthy weight plan			Dave Schwartz/ Julie Frier
From Harm to Hope			Gary Wallace	

	Covid and flu update			Ruth Harrell
	West End Health Hub			Jo Turl
08 February 2023	H&ASC Policy Brief		To consider relevant policy updates and add to the work programme as required.	Alan Knott
	Risk Monitoring Report		To continue tracking relevant risks, and add risks to the work programme where required.	Ross Jago
	Integrated Urgent Care Services and III update – including delayed transfers to care, care hotel, and UHP CQC report.		To provide an updated report for comparison against the Committee session in July 2022.	Chris Morley
	ASC Market Sustainability Plans		To provide opportunity for scrutiny and public visibility.	Anna Coles
	Motion on Notice – Defibrillators		To consider action, following the Defibrillator Motion on Notice at City Council, January 2023	Anna Coles
27 June 2023	Dental Health and Performance (provisional)			
	Monthly consideration of directorate level financial issues. (provisional)			
	ICB Cavell Centre Report (provisional)			
Select Committee:				
Mental Health – In Progress (Provisional 6-7-8 March)				
Future Items:				
Implementation of Health and Wellbeing Hubs				
Health and Social Care Workforce				
Adult Safeguarding Board – check when last came to the board				
Delayed Transfers to Care Update (Regular)				
Community Empowerment Framework				
Dental Health				

Workforce (retention and career pathways)
Learning from Covid, (support to the care home market and how to develop training and support in a sustainable way)
Impact on care homes and care sector due to Covid
Care package
Care agencies
Reports from primary care, secondary care and domiciliary on carbon reduction
Update from Derriford Hospital on Pharmaceutical 'Discharge Medicines Service' progress
Adult Social Care Reforms
Cavell Centre- The ICB to bring a report on capital funding in Plymouth
Gary Wallace - update on the progress and outcomes of the drug and alcohol oversight board
Monthly consideration of directorate level financial issues

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