



Oversight and Governance

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HEALTH AND ADULT SOCIAL CARE OVERVIEW AND SCRUTINY COMMITTEE

Wednesday 13 July 2022
2.00 pm
Warspite Room, Council House

Members:

Councillor Mrs Aspinall, Chair
Councillor Deacon, Vice Chair
Councillors Finn, Harrison, McDonald, Murphy, Nicholson, Partridge, Mrs Pengelly, Reilly, Salmon, Tuffin and Wheeler.

Members are invited to attend the above meeting to consider the items of business overleaf.

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Tracey Lee
Chief Executive

Health and Adult Social Care Overview and Scrutiny Committee

1. To Note the Appointment of the Chair and Vice Chair for the Municipal Year 2022/2023

For the Committee to note the appointment of Councillor Mrs Aspinall as Chair, and Councillor Deacon as Vice Chair for the forthcoming municipal year.

2. Apologies

To receive apologies for non-attendance by Committee Members

3. Declarations of Interest

The Committee will be asked to make any declarations of interest in respect of items on this agenda.

4. Minutes (Pages 1 - 4)

The Committee will be asked to confirm if the minutes of 09/03/2022 are correct for the record.

5. Chairs Urgent Business

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

6. Terms of Reference: (Pages 5 - 6)

7. Health and Adult Social Care Policy Brief: (Pages 7 - 10)

8. Healthwatch Plymouth: (Pages 11 - 44)

9. Urgent and Emergency Care, Plymouth (Pages 45 - 78)

- 1) ILL and Out of Hours Primary Care
- 2) Ambulance Handovers
- 3) Admission Avoidance
- 4) Same Day Emergency Care + Emergency Department
- 5) Hospital Discharge

10. Tracking Decisions: (Pages 79 - 80)

11. Work Programme (Pages 81 - 82)

The Chair and Vice-Chair will lead a discussion of items on the work programme for the municipal year 2022/23

Health and Adult Social Care Overview and Scrutiny Committee

Wednesday 9 March 2022

PRESENT:

Councillor Mrs Aspinall, in the Chair.

Councillor Dr Mahony, Vice Chair.

Councillors Mrs Aspinall, Corvid, Harrison, McDonald, Murphy, Salmon and Tuffin.

Also in attendance: Councillor Patrick Nicholson (Cabinet Member), Craig McArdle (Strategic Director for People), Ruth Harrell (Director of Public Health), Anna Coles (Service Director for Integrated Commissioning), Robert Sowden (Senior Performance Advisor), Rob Dyer (Torbay and South Devon NHS Trust), David McAuley (Livewell Southwest), Simon Tapley (NHS Devon CCG) & Jamie Sheldon (Senior Governance Advisor).

The meeting started at 10.00 am and finished at 12.37 pm.

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.

33. **Declarations of Interest**

There were no declarations of interest made in accordance with the code of conduct.

34. **Minutes**

Agreed the minutes of the meeting held on 24 November 2021.

35. **Chair's Urgent Business**

There were no items of Chair's urgent business.

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

Sarah Gooding (Policy and Intelligence Officer) was present for this item and referred to the report within the agenda pack.

Questions from Members related to:

Whether Plymouth City Council would be responding to the 10 year Cancer Plan. Members of the Committee would be given a response following the conclusion of the meeting.

Members noted the update.

37. **Covid Update and Flu Vaccination Update** (Verbal Report)

Dr Ruth Harrell, Director of Public Health gave a presentation referred to in the supplement pack to the Committee prior to members discussing:

Testing and offering free PCR tests to people experiencing symptoms had been expensive during the pandemic response, this however had to be balanced with the cost in how resource intensive people may have been suffering with the virus;

Staffing costs at testing sites would be scaled back or would cease following the changes in policy;

People had been self-reporting symptoms of long COVID and previous statistics determine 2.4% of the entire population had reported COVID symptoms for more than four weeks. Work had continued to understand the causes of long COVID and how this would be reported and treated in the future;

The Vaccination programme continued and Plymouth City Council had encouraged residents to come forward. The younger age groups had been the lowest demographic to receive the vaccine, this has partly been due to school vaccination programmes just being opened up. People who had contracted COVID had to wait for a period of time before they were able to receive the vaccine. The programme had intended to continue with using outreach to reach those that had been unable to get to Derriford or Home Park. Sage had put forward three scenarios with the most optimistic treating the virus as a seasonal vaccination for more vulnerable groups;

The Clinical Commissioning Group continued to lead the vaccination programme and would continue to use Home Park and Outreach vaccination centres to deliver this. The programme could go to peoples homes where necessary to deliver the vaccine;

38. **HEALTH AND ADULT SOCIAL CARE SYSTEM PERFORMANCE**

Rob Sowden (Senior Performance Advisor) presented this item to the Committee and highlighted the following key points:

21 care settings had outbreaks of which the overall number had reduced. 15 of the current outbreaks had been in older person care homes, 5 in homes supporting under 65's and one outbreak involved in a supported living provider;

Long term admission to care homes remained relatively static between 1 April 2021 and 31 January 2022 and with lower admissions in September would see the trajectory on course for lower number compared to 2020/21;

The number of younger people going in care remained low in Plymouth;

Daily numbers showed the number of people in receipt of domiciliary care since the start of the year had been increasing which had a positive effect on the number of people waiting for care;

On 23 February the waiting list had been 115 which showed a decrease from November 2021 which had been recorded at 177. The current waiting list had further reduced in March 2022 to 98;

Safeguarding continued to deliver good outcomes for those people subject to safeguarding enquiries with 337 people or 98% meeting safeguarding personal outcomes fully or partially achieved;

The number of people with a stay in Derriford Hospital of over 14 or 21 days had been an increasing trend since early 2021. From February 2022 this trend reversed slightly with the number of delays having been reduced;

Members discussed:

PPE made available to Care homes would remain free for the next 12 months which had been supported by national government;

24 patients had spent 6 weeks in an intermediate care space before moving on or returning home. 24 people had been waiting for domiciliary provision;

Care workers in the country had a requirement to be fully vaccinated, this legislation would cease after 15 March 2022;

The committee noted the report.

39. **Long-Term Plan**

Simon Tapley (Deputy accountable officer), Liz Davenport (Chief Executive) and Rob Dyer (Medical Director) presented the Long-Term Plan.

Members agreed:-

1. That the Overview and Scrutiny Committee receives this report;
2. That Members support the use of masterclasses as the opportunity to influence the development of the Long-Term Plan for Devon, Plymouth and Torbay.
3. That Members support the development of a Joint Committee with Devon and Torbay so that LTP work that crosses Local Authority boundaries can be considered and scrutinised collectively each of the Scrutiny Committees in the county.
4. That Plymouth City Council's Children's Social Care and Education Overview and Scrutiny Committee consider workforce development for the Health care sector.
5. For all Councillors to have access to information in relation to masterclasses

40. **Local Care Partnership Update (To Follow)**

(Councillor Patrick Nicholson (Deputy leader), Craig McArdle (Strategic Director for People) and Anna Coles (Service Director for Integrated Commissioning) presented the report to the Committee and Members discussed:

Work had been underway to develop links and to prioritise veterans and their access to mental health services. It was noted that this could be brought forward in the planned mental health select committee;

A presentation delivered by Matt Garrett, Service Director for Community Connections would be circulated for the Committee in relation to what the partnership had been doing to rectify issues of homelessness and the use of Bed and Breakfasts. The presentation had been delivered to the last Health and Wellbeing Board;

Committee agreed:-

1. For the Scrutiny Committee to receive the report for information and consideration.
2. The committee are invited to note the content of the report, acknowledging progress and successes.
3. To acknowledge the considerable system wide challenges and pressures that exist within Plymouth, noting strategies to address these in the short, medium and longer term.
4. To acknowledge and note system wide, enabling work relating to Estates and Workforce that will address some of the wider challenges.

41. **Tracking Resolutions (To Follow)**

The committee noted the report

42. **Work Programme (To Follow)**

Members agreed to add the following to the work programme:

1. GP Service within Plymouth
2. For new members of the Committee to be given a briefing prior to the first meeting of the municipal year on the NHS and its functions as well as the functions of this scrutiny committee
3. South west Ambulance Service

Terms of Reference – Health and Adult Social Care Overview and Scrutiny Committee

I. Health and Adult Social Care Overview and Scrutiny Committee

I.1. Responsibility for -

- Relevant policies in the Plymouth Plan
- Integrated Commissioning
- Hospital and community health services
- dental services, pharmacy and NHS ophthalmic services;
- public health services
- Adult Social Care Services
- Adult Safeguarding Services
- Hear call-ins relevant to the role of the committee

I.2. Statutory Role with regard to undertaking all the statutory functions in accordance with Section 244, of the National Health Act 2006, (as amended by Health and Social Care Act 2012) regulations and guidance under that section.

I.3. Partnership Links

- Health and Wellbeing Board
- Plymouth Safeguarding Adults Board
- Integrated Commissioning Board

I.4. **Membership** - All members of the Committee will adhere to the general rules of Overview and Scrutiny. There are thirteen members of the Committee including the Chair and Vice Chair. The Vice Chair is from the opposite political group to the Chair.

- 2. Chair** – The Chair will be from the largest opposition group and will be a member of the Scrutiny Management Board.
- 3. Vice Chair** – The Vice Chair will be from the group in administration and will act as substitute for the Chair on the Scrutiny Management Board.
- 4. Urgent Decisions** – Urgent decisions will be reviewed by the Chair with relevant responsibilities.

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Health and Adult Social Care Overview and Scrutiny Committee



Date of meeting:	13 July 2022
Title of Report:	Health and Adult Social Care Policy Brief
Lead Member:	Councillor Dr Mahony Portfolio holder for Health and Adult Social Care
Lead Strategic Director:	Craig McArdle (Strategic Director for People)
Author:	Sarah Gooding (Policy & Intelligence Advisor)
Contact Email:	Sarah.Gooding@Plymouth.gov.uk
Your Reference:	HASC PB 130722
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: 04 July 2022											

POLICY BRIEF

Health and Adult Social Care Overview and Scrutiny

13 July 2022



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

[The data strategy: a blueprint for the evolution of a trustworthy data system?](#)

The National Data Guardian sets out the conditions that must be satisfied before our health and care data ecosystem can reach full maturity in terms of its trustworthiness to patients and professionals alike.

1. legal compliance
2. strong privacy protections
3. a commitment to transparency
4. establishing and demonstrating public benefit
5. ensuring appropriate mechanisms for choice
6. sharing power with the public

[Better mental health support for people in crisis](#)

A £150 million investment over the next three years will bolster NHS mental health services, better support people in crisis outside of A&E and enhance patient safety in mental health units.

The government has also published its draft Mental Health Bill today (27 June 2022) setting out wide-ranging reform to the Mental Health Act to ensure greater choice and autonomy for patients in a mental health crisis. They will also aim to tackle the racial disparities in mental health services, better meet the needs of people with a learning disability and autistic people and ensure appropriate care for people with serious mental illness within the criminal justice system.

The draft bill is now subject to pre-legislative scrutiny where a parliamentary select committee will examine the draft in detail before the government publishes a final version.

[Health and social care review: leadership for a collaborative and inclusive future](#)

An independent review of health and adult social care leadership, led by General Sir Gordon Messenger and Dame Linda Pollard has been published. The review focused on the best ways to strengthen leadership and management across health and with its key interfaces with adult social care in England. Following extensive stakeholder engagement, the review has now completed making 7 recommendations. These recommendations have been accepted by the government and publication of the report will be followed by a plan committing to implementing the recommendations.

[Senior ministers and civil servants endorse the Menopause Workplace Pledge](#)

The Civil Service has become the biggest organisation to sign the Menopause Workplace Pledge, committing to recognise the impact of menopause and actively support women who are affected. Plans to level up women's health will be set out in the government-led Women's Health Strategy for England shortly. The government will appoint a Women's Health Ambassador to raise the profile of women's health, increase awareness about taboo topics and support the government in implementing the strategy.

Increased funding for nursing in care homes

The weekly rate paid to care homes for NHS funded nursing care has risen by 11.5% from £187.60 to £209.19 for 2022-23 and will be backdated to 01 April 2022.

Chief Social Worker for Adults publishes annual report

The Department of Health and Social Care (DHSC) and the Chief Social Worker (CSW) for Adults, Lyn Romeo, have published the annual CSW report. It highlights key achievements of the past year and sets out objectives for the sector as it looks ahead to 2022/23.

Grant fund launched to support women's reproductive wellbeing in the workplace

Applications are open for funding grants of between £200,000 and £600,000 for the voluntary, community and social enterprise (VCSE) sector who specialise in women's wellbeing services. The funding will ensure women experiencing reproductive issues – such as the menopause or pregnancy loss - are better supported to remain in, or return to the workplace throughout their careers.

Championing what matters to you

Healthwatch in Devon, Plymouth and Torbay
Annual Report 2021-22



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Message from our chair

This report shows the wide range of engagement, representation and impact undertaken by Healthwatch in Devon, Plymouth and Torbay over the past year; a period where we have seen health and social care services begin to recover from the COVID-19 pandemic.

All our services have inevitably been under pressure in such exceptional circumstances. Ongoing feedback has been essential for providers and commissioners to capture what is working well and what may need to be improved.

We have therefore worked closely with our local voluntary, community and statutory partners to ensure that residents' voices, including the most vulnerable, are taken into account.

I would like to thank all those that have supported Healthwatch in our mission to monitor and improve health and social care. Relationships between local organisations are consequently much stronger, and we look forward to our partnerships continuing and strengthening. Together we really are making a difference, and I am confident that such progress is evident in our Annual Report.



Dr Kevin Dixon
Interim Chair
Healthwatch in Devon, Plymouth and Torbay



“The COVID-19 pandemic has thrown long-standing health inequalities into stark relief. With NHS and social care facing even longer backlogs, the unequal outcomes exposed by the pandemic are at risk of becoming worse. Local Healthwatch play an important role in helping to overcome these adversities and are uniquely placed to make a positive difference in their communities.”

Sir Robert Francis QC, Chair of Healthwatch England

Message from our partners



"2021/2022 marks the second year of our new partnership delivering the three local Healthwatch in Devon, Plymouth and Torbay (HW in DPT).

Against the backdrop of continued challenges for health, social care and our service from the ongoing pandemic, our teams rose to the occasion finding new ways to gather feedback and provide information and guidance to our communities using digital platforms.

The result of this adaptability can be seen in the varied and influential projects showcased in this annual report, both at a local Healthwatch level and across the region for HW in DPT. We are particularly proud of the fast-growing Healthwatch Assist network helping us to reach into communities across such a diverse area as Devon and some of the projects in partnership with local services that have helped create positive change in health and social care.

The contents of this report is testament to how all three local Healthwatch have continued to pull together under exceptional circumstances.



Thank you to our staff, volunteers, steering group members and partners."



Pat Harris
Chief Executive Officer
Healthwatch Torbay and
Engaging Communities South West



Janie Moor
Chief Executive Officer
Citizens Advice South Hams



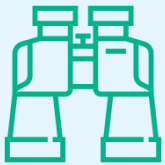
Vicky Shipway
Chief Executive Officer
Colebrook (SouthWest) Ltd



About us

Your health and social care champion

Healthwatch in Devon, Plymouth and Torbay are your local health and social care champions. From Bideford to Salcombe, Plymouth, Torbay and everywhere in between, we make sure NHS leaders and other decision makers hear your voice and use your feedback to improve care. We can also help you to find reliable and trustworthy information and advice.



Our vision

A world where we can all get the health and care we need.



Our mission

To make sure people's experiences help make health and care better.



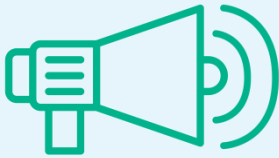
Our values

- Listening to people and making sure their voices are heard.
- Including everyone in the conversation – especially those who don't always have their voice heard.
- Analysing different people's experiences to learn how to improve care.
- Acting on feedback and driving change.
- Partnering with care providers, Government, and the voluntary sector – serving as the public's independent advocate.

Our year in review

Find out how Healthwatch in Devon, Plymouth and Torbay have engaged and supported people.

Reaching out



1491 people

shared their experiences of health and social care services with us, helping to raise awareness of issues and improve care.

1.9 million people

Were able to access clear advice and information about topics such as COVID-19 using our social media channels.

Making a difference to care



We published

11 reports

about the improvements people would like to see to health and social care services.

Our most popular report was

Think 111 first

which asked if the NHS campaign was reaching key groups in Devon, including the Deaf community

Health and care that works for you



We're lucky to have

32

outstanding volunteers, who gifted **650 days** to make care better for our community.

We're funded by our local authorities. In 2021-22 we received:

£560,000

Which is **the same as** the previous year.

We also currently employ

21 staff

Working across **3** local Healthwatch who helped us carry out this work in 2021/22.

How we've made a difference throughout the year

These are some of the projects we worked on from April 2021 to March 2022.

Spring



A team member, who is Polish, translated vital information about COVID-19 into Polish for BBC Radio Devon in a series of health updates.



The Mayflower Medical Group responded to our patient feedback with three positive actions to improve communications.

Summer



We supported the #BecauseWeAllCare campaign which saw 54,000 people come forward to tell us about issues they faced with services.



We urged the Government to act after reporting a 452% increase in people struggling to see an NHS dentist.

Autumn



We teamed up with NHS Devon Clinical Commissioning Group (CCG) to find out why Emergency departments in Devon were so full.



A national Healthwatch survey led to a review of how NHS Dental Services are commissioned in Devon.

Winter



We represent people's feedback and drive change at strategic meetings. On average, we attended 83 meetings per month including various NHS Devon CCG and Patient Engagement Committees meetings.



To support the COVID-19 vaccination programme we talked to different communities to understand their hesitancy towards the vaccine and published guidance to improve trust.

Listening to your experiences

Services can't make improvements without hearing your views. That's why over the last year we have made listening to feedback from all areas of the community a priority, even going online when we couldn't meet in person. This allows us to understand the full picture, and feedback to services to help them improve



Making it easier for key groups to access NHS 111 services

Thanks to experiences shared by people across Devon, Plymouth and Torbay, we've helped the Devon Clinical Commissioning Group (CCG) understand the impact of the Think 111 campaign and the challenges faced when accessing NHS 111 for people who are:



Deaf, visually impaired, parents of children, carers, elderly, living with long term conditions, people with dementia, people with autism, and people who speak English as a second language (ESL). The CCG were satisfied with the research and are using the valuable feedback to inform future campaigns.



92% of people

Who took part in the forums had not seen, or did not recall seeing, the Think 111 promotional material.

The main issues we raised on your behalf:

- Accessibility – visually impaired and deaf people shared their experience of unsuitable promotional materials and difficulties accessing NHS 111 services
- Usability – forum participants were critical of long automated calls, discharge doesn't mean no support, even if people don't need a formal assessment, they may still benefit from informal community support
- Confusion, as some participants said that the NHS 111 TV advert looked like emergencies – for which 999 would be more appropriate
- Participants from the Deaf community said that information should be more accessible to people whose first language is BSL, and that information about accessibility (e.g. the availability of interpreters) should be more prominent in the promotional materials.

What difference did this make

This report will inform the specification and evaluation of a new provider as part of the CCG's Integrated Urgent Care Services contract later this year. The feedback, insight, and patient experience will be used to directly inform the future 111 campaign currently being developed.



"...a valuable report for us to help determine the next steps of the campaign development. The audience for the engagement with Healthwatch was comprehensive and included the main groups we wanted to hear from."



NHS Devon Clinical Commissioning Group

Making sure local people's needs are heard

Healthwatch Devon was asked by the North Dartmoor Primary Care Network (PCN) to find out about the health and wellbeing needs of the local community and gather feedback on how to use the community space at Okehampton Hospital.

healthwatch
Devon



44% of people

In Okehampton, who responded to this survey, felt that a Mental Health drop-in centre was "most important."

Some of the findings from local people that we spoke to:

- Mental health support and activities supporting wellbeing received the highest ratings for the use of community space at Okehampton Hospital. Respondents' suggestions for other uses included resources for exercise, nutrition, and weight loss, new parent and early years support, support groups and activities for people with long term conditions and disabilities, groups and activities for people dealing with loneliness and social isolation, and support for the elderly
- Many respondents feel strongly that the hospital is a valuable local resource, and some were concerned about the loss or reduction of services in Okehampton, particularly inpatient beds and the maternity ward
- Most respondents said it would be difficult for them to travel to another community hospital such as Tavistock or Holsworthy if services were not available in Okehampton.
- When asked what other clinical or medical services they would like to see delivered from Okehampton Hospital, the top five responses were inpatient beds, maternity care, x-ray facilities, dentistry, and oncology
- Some respondents are concerned about Okehampton's population growth and the effect this may have on services, particularly GP and primary care services.

What difference did this make

North Dartmoor Primary Care Network Advisory Group can shape future services based on the feedback of local people.



"The community engagement report from Healthwatch is a rich source of information and intelligence which will inform the work of the North Dartmoor PCN Advisory group and its subgroups going forwards. The size and scope of the respondents add to the robustness of the detail and give us confidence in our direction of travel and our priorities."



Statement from North Dartmoor Primary Care Network

Making it easier to get a GP appointment

Thanks to people sharing their experiences on social media, we have helped residents in Ivybridge and Plympton get better access to their GP.

"30 minutes waiting in a queue on the phone to speak with your GP surgery isn't much fun."

healthwatch
Devon

healthwatch
Plymouth

In May 2021, we noticed a rise in feedback around accessing GP services from Beacon Medical Group (BMG) in Ivybridge and Plympton. We raised the issues with BMG and it was agreed by BMG and NHS Devon Clinical Commissioning Group (CCG), for us to explore further.

During September to October 2021, we conducted a survey about people's experiences of contacting and communicating with BMG surgeries based in Plympton and Ivybridge. The survey was distributed and publicised online via our social media pages, our weekly E-bulletin, Healthwatch Staff and our fantastic volunteers also conducted in-person surveys in Ivybridge on three separate occasions. 616 people responded to the survey; 57.84% were Ivybridge patients and 42.16% were Plympton patients..



94% of people

Who took part in the forums, and who had called the surgery in the last four months felt they waited in a queue for a long time to speak to someone; of these respondents, 54.25% said they waited longer than 30 minutes.

What difference did this make

By patients sharing their experiences, BMG could see that peak times for calls were Monday and Wednesday mornings.

BMG responded by increasing staffing levels during these peak times so they could manage incoming calls.

In two months, call waiting times during peak periods were down on average by 3 minutes.

BMG are committed to improving services for their patients and were pleased to be able to partner with Healthwatch Devon so that their patients can benefit from these insights.

Making it easier for key groups to raise complaints

Healthwatch England's (HWE) report 'Shifting the Mindset' Report, highlighted key national issues that Healthwatch Torbay (HWT) believed their partner Torbay and South Devon NHS Foundation Trust (TSDFT) would benefit from knowing. TSDFT benchmarked themselves against the HWE report and worked with HWT to improve patient experience and the complaints process.

healthwatch
Torbay



Only 38% of NHS

Hospitals are reporting on any actions being taken in response to a complaint

Healthwatch Torbay's recommendations to the Trust included:

- Encouraging staff and Board members to play an active part in learning from complaints
- Using patient feedback to avoid potential patient safety issues before they develop.
- Making it easier for patients to raise complaints and feel confident they are being listened to
- Publishing regular complaints reports that include learning, what has changed and details on learning and improvement that has taken place
- Improving communication and public confidence in the complaints system, visible to the public in more accessible ways
- Collecting demographic data, including information on all protected characteristics, as part of complaints process to help understanding of equalities impact of complaints
- Developing and support hospital staff and boards to empower complaints to be proactive in demonstrating learning from complaints and transparency in reporting
- Themes and analysis of learning from complaints and concerns should be conducted at Integrated Care System to enable proactive changes and learning across trusts.

What difference did this make

By 'Shifting the mindset' Trusts can accept the benefits of listening to patient experiences and learn more from complaints. We will continue to monitor progress as TSDFT make improvements to their complaints process.



"Hospitals need to do more to show patients how the NHS are learning from mistakes."

Sir Robert Francis QC, Chair of Healthwatch England



Three ways Healthwatch in Devon, Plymouth and Torbay have made a difference for the community

Throughout our work we gather information about health and care services key by speaking to people whose experiences aren't often heard.



Getting services to involve the public

Services need to understand the benefits of involving local people to help improve care for everyone.

Due to increased pressure on Emergency Departments (ED), we visited EDs across Devon asked local people what had brought them there. As a result, the NHS Devon Clinical Commissioning Group (CCG) are using these views from local people to create an action plan to improve Urgent Care services in Devon, Plymouth and Torbay.



Building trust in our diverse communities

We believe that everyone in society needs to be included in the conversation. Especially those whose voices aren't being listened to.

Feedback in 2020 told us the lowest uptake in having the COVID vaccine was amongst diverse communities. As a result, NHS CCG recruited 20 Vaccine Ambassadors to represent all people across Devon. Our team member Ola, who has been recognised for her work with the Polish community became 1 of 20 Devon ambassadors.

They have worked with hundreds of people, listening, promote reliable information about the Covid-19 vaccination and helping people to have confidence to have their vaccine.



Local Devon issue triggers national response

We have connections with every community. We gather feedback and act on it so we can drive change on a local and national level.

We have known about dental problems for a long time. In 2018, Healthwatch Devon reported NHS waiting lists had doubled. In 2020, we saw a rise in feedback about access problems and we escalated our concerns. Last year Healthwatch England called for reform of NHS dentistry, co-signing a letter to the Chancellor of the Exchequer calling for NHS dentistry to be accessible and affordable for everyone.

3 ways we helped partners shape health and care services across Devon, Plymouth and Torbay

Healthwatch is an independent partner. We gather people's feedback about services which partners can take onboard before key decisions are made.



Helping people share their views on how inpatient records are stored

Our partners wanted us to ask people in Torbay what they thought about this issue before making any changes.

Response from Torbay and South Devon NHS Foundation Trust:

"[This report] has enabled us to pilot solutions to notes storage that are based on both our legal duty but also the wishes of the people we care for."



Listening to first-hand experiences of people from diverse groups so their views were heard

Our partners wanted us to help them quickly understand the issues faced by learning disabilities carers by gathering feedback independently and reporting them back.

Response from Torbay Adult Social Care:

"We will work with families, providers and Healthwatch to address the concerns identified, and continue to be committed to working together to find solutions."



Helping a community shape their local services

Our partners brought us in early to ask people what they would want from any future development of the site of the former Dartmouth and Kingswear Cottage Hospital.

Response from Torbay and South Devon NHS Foundation Trust and Dartmouth Town Council:

"We wish to thank our colleagues at Healthwatch and the 642 local people who took time to share their views with us. It is clear that local people would like to see more affordable housing and more community facilities. We will make sure that they receive regular updates as our work progresses."

Ways people's experiences are shaping health and care services across Devon, Plymouth and Torbay

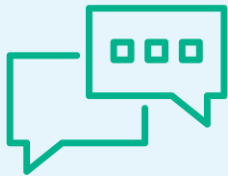
During 2021/22, local service providers asked us to share local people's feedback – so they can know what they want and need, and plan accordingly.



What people told us about GP and Dental services

We value the insight that's gained from analysing people's experiences to learn how to improve care.

Devon County Council and NHS Devon Clinical Commissioning Group (CCG), requested Healthwatch share people's feedback with them to have a clearer understanding of where services were working well and where improvements were required. The reports were well received and "described as "incredibly helpful" for planning future services in the region.

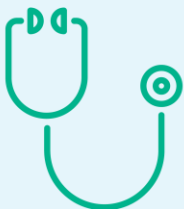


What people told us about the Think 111 campaign

We believe service providers benefit from bringing us in early before key decisions are made.

The CCG asked Healthwatch in Devon, Plymouth and Torbay to ask people if their experiences with the 111 service had improved or changed since the previous research was carried out.

The CCG were pleased with the results saying, "The feedback, insight, and patient experience will be used to shape the public campaign and make improvements to the service itself."



Mystery Shopper exercise helps improve GP services

Healthwatch are capable of understanding (and amplifying) issues that are important to people.

Pathfields surgery wanted to work with an independent organisation who could help them understand their patient's experience of their services. Volunteers acted as if they were patients, and these findings were shared with the surgery. Pathfields found it "helpful to get feedback from a patient's perspective." Adding, "We continue to work on improving our patient experience and thank you for the input this report has given us into this process."

Advice and information

If you feel lost and don't know where to turn, Healthwatch in Devon, Plymouth and Torbay is here for you. In times of worry or stress, we can provide confidential support and free information to help you understand your options and get the help you need. Whether it's finding an NHS dentist, how to make a complaint or choosing a good care home for a loved one – you can count on us.

This year we helped people by:

- Providing up to date information on COVID-19
- Linking people to reliable information they could trust
- Supporting the COVID-19 vaccination and booster programme
- Helping people to access the services they need



Healthwatch Devon and Citizens Advice are working together to help people in Devon get the advice and information they need.



Here are ways we have helped 2 people:



Vulnerable residents get their "freedom" back

A 93-year-old lady called our Healthwatch Champions a month after the lift at her sheltered accommodation stopped working. She was frustrated, angry and suffering uncharacteristic low mood due to being unable to leave her flat and walk to town each day.

A Healthwatch Champion contacted the Housing Association responsible for the properties. They responded and residents were notified that a new lift was on order and temporary stair lifts were to be fitted. The Client was given £200 compensation as acknowledgment of their poor communications.

Thanks to this lady calling our Healthwatch Champions and making a complaint, her neighbours, also unable to leave their homes due to restricted mobility, were also helped.



"Thank you once again for all your help and hard work. I am feeling so much better and I have got my freedom back."



Happy client

Helping people get the care they need

A client who was born female but identifies as male, in his mid-fifties, called our Healthwatch Champions to say he had been waiting 5 years for a follow up appointment with the Gender Reassignment Clinic. With a recent diagnosis of Stage 3 bowel cancer, he contacted us as he wanted help in being given a follow up appointment.

A Healthwatch Champion contacted The Laurels and he was given an appointment within two months. Following his appointment, we called to discuss his progress and general health. He reported that his consultations with The Laurels had gone really well.

They have agreed to fast track to the next stages in the process of gender reassignment and have also taken over the prescribing of testosterone medication. As a result, and despite experiencing severe side effects from his chemotherapy treatment, client was feeling more optimistic.



People across Devon, Plymouth and Torbay can contact us on our Freephone number or Live Web Chat for information or to leave feedback about health and care services.

Freephone 0800 520 0640

 **LiveChat**

healthwatch
Torbay

Here are 2 examples of how we have helped:

Poor communications causes grieving family distress

A Client's father passed away recently at Torbay Hospital. the family is trying to make funeral arrangements however Doctors on the ward have yet to refer his death to the bereavement office or write a medical certificate which is causing the family a lot of stress.


The family tried contacting the ward however don't seem to get anywhere and now being told the ward manager and matron are away on leave. Also tried to contact the Patient Advice and Liaison Service (PALS), however went through to voicemail advising may not get a response for 3 days.

What difference did this make

With support from Healthwatch Torbay, PALS were contacted. PALS in turn responded and made contact with the Medical Examiners Officer who would contact the family directly.

Lack of mental health services in Plymouth

healthwatch
Plymouth

 "I have been searching for mental health support for my 44-year-old son for 4 months and have found no help at all.

He is trying to recover from being alcoholic with seizures, depression and anxiety. He gets so far in stopping but there is no support for his mental health which is the root cause.

We have rung The Samaritans who can only offer a phone call chat, local Live-well service which are the same, Harbour Centre who ring him once a fortnight, GP gave him a First Response number, who referred him back to his GP, applied for a Social Worker who never returned out message, our MP who referred us to a social worker site, contacted a nearby drug rehab centre and it would be 6 months wait. No wonder there are so many people taking their own lives, there is just nothing, no support for mental health."



What difference did this make

A Healthwatch Plymouth adviser linked the caller through to The Advocacy People who could help with the complaints procedure.

Volunteers

We're supported by a team of amazing volunteers who are the heart of Healthwatch. Thanks to their efforts in the community, we're able to understand what is working and what needs improving in NHS and social care.

This year our volunteers:

- Helped people have their say from home, carrying out surveys over the telephone and online.
- Carried out website and telephone reviews for local services on the information they provide and assessing their accessibility.
- Assisted as part of 'Readers' Panels' – checking local services' publications to make them more people focussed and easier to read.





Mary

“I had the opportunity to work on the procurement of a new Primary healthcare provider in Plymouth. I drew on my long-time experience in the NHS, and the support and training I have received as a volunteer. I hope my insights around accessibility, patient involvement/engagement and contribution will help ensure Plymouth gets the best provider for this service.”



Chris

“During the pandemic our Board meeting moved online, and I wasn’t overly technical before. Using the internet is a key skill and gives access to so many other things that I was glad I learnt it. I can now share that knowledge by being a digital champion for my local Healthwatch and helping others learn how to access healthcare online.”



Pam

“As a generalist volunteer, I represent the voice of local people in service improvement. Working virtually keeps me in the mainstream of activity and my carbon footprint low. Working this way, I am more able to share what matters to people and communities from the information I collect. Most rewarding is reviewing patient leaflets to ensure they are easily understood.”



Do you feel inspired?

We are always on the lookout for new volunteers, so please get in touch with your local Healthwatch today.



0800 520 0640



Info@hwdevon-plymouth-torbay.org



www.healthwatchdevon.co.uk

www.healthwatchplymouth.co.uk

www.healthwatchtorbay.org.uk

Finance and future priorities

To help us carry out our work we receive funding from our local authority under the Health and Social Care Act 2012.

Income		Expenditure	
Funding received from local authority	£560,000	Staff costs	£416,601.35
Devon	£348,573	Operational costs	£62,151.16
Plymouth	£115,427	Support and administration	£58,073.69
Torbay	£96,000	Total expenditure	£536,826.20
Additional income	£3,200		
Carry in	£14,344.75		
Total income	£577,544.75		

Top three priorities for 2022–23

1. Integrated Care System framework – Development of local Healthwatch involvement with Integrated Care System for Devon and Local Care Partnerships
2. Equitable access to health services for all patients including those with learning disabilities/language barriers/sight impairment/hearing loss/young people
3. Recovery of Health & Social Care Services due to COVID-19 pandemic.

Next steps

The pandemic has shone a stark light on the impact of existing inequalities when using health and care services, highlighting the importance of championing the voices of those who all too often go unheard.

Over the coming years, our goal is to help reduce these inequalities by making sure your voice is heard, and decision makers reduce the barriers you face, regardless of whether that's because of where you live, income or race.

Statutory statements

About us

Healthwatch Devon, Healthwatch Plymouth and Healthwatch Torbay are provided by Colebrook Southwest in partnership with Engaging Communities South West and Citizen's Advice Devon, r/o Engage South West, St Levan Road, Plymouth PL2 3BG

Healthwatch Devon, Healthwatch Plymouth and Healthwatch Torbay use the Healthwatch Trademark when undertaking our statutory activities as covered by the licence agreement.



The way we work

Involvement of volunteers and lay people in our governance and decision-making.

Healthwatch Devon, Healthwatch Plymouth and Healthwatch Torbay are delivered by a collaborative partnership of Colebrook (SW) Ltd, Engaging Communities South West and Citizens Advice Devon.

The partnership provides the vision, infrastructure, staffing and overall governance, ensuring delivery of the contract as the hosted organisation. As Healthwatch Devon, Plymouth and Torbay are independent services, driven by the voice of local people, a steering group is set up in each locality, Devon, Plymouth, and Torbay.

During 2021/22, we established 3 independent Steering Groups led by lay people, 1 for each local area in Devon, Plymouth and Torbay. The role of Steering Groups is to support delivery of its work-plan, priorities, and statutory functions and work in partnership with the staff team to create a successful local Healthwatch to deliver the vision for the service.

Our Steering Groups meet Quarterly with the first meetings taking place in January 2022. The Steering Groups use local insight from information and signposting enquiries to decide on engagement priorities and will oversee the setting of local priorities.

Methods and systems used across the year's work to obtain people's views and experience in Devon, Plymouth and Torbay.

We are committed to taking additional steps to ensure we obtain the views of people from diverse backgrounds who are often not heard by health and care decision makers.

This year we have done this by, for example talking to Deaf, visually impaired, parents of children, carers, elderly, living with long term conditions, people with dementia, people with autism, and people who speak English as a second language (ESL) around their experiences of the NHS 111 First campaign.

We ensure that this annual report is made available to as many members of the public and partner organisations as possible. We publish it via our website, e-Bulletin and social media channels and are looking at ways to have printed copies accessible across Devon in public places (such as Public Libraries).

Health and Wellbeing Board

Healthwatch in Devon, Plymouth and Torbay are represented on their respective Health and Wellbeing Board.

During 2020/21 our representative has effectively carried out this role by providing patient feedback on GP Services, NHS Dental Services and raising concerns and queries around future service commissioning.

Healthwatch Assists Network in Devon, Plymouth and Torbay

The Healthwatch Assist Network allows us to build links with communities so we can gather information about the health and care services they use.

We established and continue to grow our network of community-based groups and organisations and value their expert knowledge and reach into hard-to-reach communities. **To date: 112 community groups have joined our network.**

In 2021/22, to help our network carry out their own targeted consultations or surveys, we set up the Healthwatch Assist Engagement Grant. This was officially launched in April 2022. The feedback gathered is shared with us so we can ensure local communities are heard by those in charge of making decisions about services.

Responses to recommendations and requests

We had 0 providers who did not respond to requests for information or recommendations.

This year, due to the COVID-19 pandemic, we did not make use of our Enter and View powers. Consequently, no recommendations or other actions resulted from this area of activity. There were no issues or recommendations escalated by our Healthwatch to Healthwatch England Committee and so no resulting special reviews or investigations.



"It was inspiring to hear about the work you do and your plans for the future. This is clearly a time of significant change for your organisation and your detailed plans for the future are thorough and ambitious."

**Delana Lawson, Quality Assurance & Regional Manager,
Healthwatch England**



Healthwatch England Quality Framework assessment

The Quality Framework is made up of 6 domains:

- Leadership and decision
- People
- Sustainability and resilience
- Collaboration
- Engagement involvement and reach
- Influence and impact

Each domain is accompanied by a series of questions and prompts so that Healthwatch in Devon, Plymouth and Torbay can understand and evidence their effectiveness. Healthwatch in Devon, Plymouth and Torbay were successful in completing and met the standards of the quality framework. In addition, we have developed, and agreed, an action plan with Healthwatch England to ensure we continue to excel all six domains for each Local Healthwatch.

Working with our Integrated Care System

On 1 July 2022, a new Integrated Care System for Devon (ICSD) will launch.

An Integrated Care Board (to be known as NHS Devon) will replace the NHS Devon Clinical Commissioning Group and a separate statutory Health and Care Partnership (One Devon Partnership) – made up of partners from the NHS, local government and organisations such as Healthwatch and those from the voluntary and independent sector (VCSE) will begin. This move is hugely beneficial, and key to its success will be a strong focus on enhancing partnership working.

Healthwatch have been recognised by the NHS Devon Clinical Commissioning Group as:

- 'Go to' partners for helping us understand the needs of the local populations
- A long-standing strong relationship – We meet regularly, planned and ad hoc – it is a genuine partnership

Healthwatch have worked with NHS Devon Clinical Commissioning Group on the People and Communities Strategy that sets out how the voices of people and communities will be heard within the ICS and have contributed to:

- The writing of this strategy
- Co-designing the Devon Involvement Network

More widely we have also contributed to:

- Collaboration potential as the evolution to a One Devon system is limitless
- Innovative ways of working together to build partnership – e.g. Involve Platform and ICS Involvement structures

Healthwatch in Devon, Plymouth and Torbay have seats on both the Integrated Care Board and Integrated Care Partnership as valued members of the Devon system .



"Everything we do will be inclusive of our people and communities across Devon, to widen opportunities for involvement, tackle health inequalities and make services better for all. We will achieve our vision through a culture of ongoing conversations and collaboration, built on trust and a shared purpose."



One Devon's Vision

Organisations we work with

We work with hundreds of voluntary organisations across Devon, Plymouth and Torbay representing the views and experiences of local people to influence change in a positive way. To enable us to do this effectively we have continued our representation at key groups and committees, both strategic and operational. This involvement allows a patient perspective to be presented and opportunities for patient involvement to be identified.

Statements from our partners in this section :

- NHS Devon Clinical Commissioning Group
- Royal Devon University Healthcare NHS Foundation Trust
- Director of Public Health, Plymouth City Council
- Torbay and South Devon NHS Foundation Trust
- University Hospitals, Plymouth NHS Trust
- Livewell Southwest
- Beacon Medical Group



Statement from NHS Devon



Andrew Millward
Chief Communications and Corporate Affairs Officer,
NHS Devon



Devon
Clinical Commissioning Group



"Healthwatch in Devon, Plymouth and Torbay (HW in DPT) continue to provide an excellent and consistent level of support and commitment to involving people, especially in the wake of COVID-19 and how people have adapted the way they engage.

We are all really proud of what has been achieved, including a parliamentary award for our response to tackling health inequalities and supporting people accessing their vaccinations. Healthwatch played a pivotal role in all of this work and we are extremely proud of our ongoing relationship with them to put people at the heart of what we do.

The benefits of our relationship were heralded at the recent Healthwatch England (HWE) Committee meeting in June 2022, which was led by Sir Robert Francis - he described the visit as, 'inspirational' and 'amazing.' Being able to showcase how health and care partners work closely with HW in DPT was a key part of the visit and HWE said they felt Devon had achieved a gold standard.

HW in DPT continue to provide fantastic support to the NHS in Devon, as well as championing the voice of local people and communities. The reach and depth of their community networks enables us to access service users and members of the public who are appropriately matched to key pieces of work that informs our decision-making.

The launch of the One Devon Partnership on 1 July provides a real opportunity for us to work even closer with HW in DPT in 2022/23 and we look forward to this."

Ways we have worked together - continued on next page



Ways we have worked together



“Healthwatch have been instrumental in supporting the NHS in Devon to involve communities and this year:

- Supported the Protected Elective Care engagement – Chair Kevin Dixon facilitated multiple focus groups, supported by engagement lead Sarah Bickley and her brilliant team, to help tackle the waiting list for care in Devon
- Were a key stakeholder in our focus groups to develop the new general practice strategy for Devon
- Delivered onsite engagement with service users in Emergency Departments across the four hospitals in Devon to understand experiences and barriers to access
- Supported public engagement to understand experiences and help shape the way patients can better access their GP practices
- Helped Beacon Medical Group conduct engagement with their patients to support better patient experience
- Shared insight from engagement with deaf patients and people using BSL to help inform our patient access review.”



“Beacon Medical Group have welcomed the opportunity to work with Healthwatch Devon and Healthwatch Plymouth during the last year following concerns raised around patient access particularly waiting times when trying to access our services by telephone.

We always aim to provide the best possible care for our patients and the joint work with Healthwatch has allowed us to pinpoint areas where our systems were under pressure and introduce solutions to make accessing our services easier and quicker for patients.

We are pleased that our improvement plan has already delivered a reduction in our call wait times and will continue to work on further improvements. The average wait time for answered calls was 14 minutes for October 2021 and this has since reduced to 10 minutes in for the period from January to April 2022.

Other improvements have also been made or are being developed to support the online ordering of prescriptions, and the use and access to online services.

We will continue to look at development in areas such as the continuation of the reduction of wait times and improvements in access.

Beacon Medical Group appreciate our patient and community feedback and support to help continue with this journey and welcome members of our community to join our Patient Participation Group.”



Statements from partners



Suzanne Tracey
Chief Executive Officer,
Royal Devon University Healthcare NHS Foundation Trust



"The Royal Devon University Healthcare NHS Foundation Trust welcomes the opportunity to provide a statement for the annual report produced by Healthwatch in Devon, Plymouth and Torbay for the year 2021/22.

It is deeply important to us that we listen to what matters to our local communities, and Healthwatch has once again provided us with invaluable insights and support to help us better understand how our patients are experiencing our services, which has enabled us to implement improvements across our services. This includes helping us to adapt and develop our urgent and emergency care services to meet the needs of local people, particularly given the continued challenges of COVID-19.

Healthwatch will continue to play a vital part in our plans for the future - as a newly integrated Trust which provides core services to over 615,000 people and specialist services across the whole of the peninsula, Healthwatch will support us to achieve our commitment of ensuring that the patient voice is at the heart of the services we deliver.

We'd like to thank Healthwatch for their continued support and look forward to further joint working with Healthwatch colleagues in the future."



Statements from partners



Ruth Harrell
Director of Public Health,
Plymouth City Council



“Over the last few years, we have gone through unprecedented times with the Covid-19 pandemic. The impacts are much wider, and longer term, than might first appear; and of course, we are still in a time of uncertainty, although with considerable optimism that we have made huge progress in learning to live with this new virus.

As well as longer term impacts on health, from declines in mental health and wellbeing, to long covid, we have also seen changes to the ways in which services are delivered, and a build-up of waiting lists for many treatments; despite best efforts to tackle this.

At the height of the pandemic, it was so important to reduce face to face contact to a minimum, to keep everyone safe. Now, with the balance of risks having changed, we need to understand much more about how successful different models of service delivery are for different groups of people.

It has previously been shown that often, the people who could most benefit from support of many different types, can often find it the most difficult to access; and that can lead to later diagnosis, less opportunity for preventative measures, and poorer outcomes. It is therefore essential to understand direct from those people of their experience, their concerns, and what they feel could be done differently and better.

The role of Healthwatch has been, and will continue to be, vital in providing very useful insight and support, amplifying the voice of the patient, service user and person.”



Statements from partners



Liz Davenport
Chief Executive
 Torbay and South Devon NHS Foundation Trust



Torbay and South Devon
 NHS Foundation Trust



"We are committed to listening to our communities and having meaningful conversations with people. Healthwatch in Devon, Plymouth and Torbay has been instrumental in helping us to make this a reality as we work together to deliver our vision for better health and care for all.

We have worked with Healthwatch both at a system level to understand people's experiences of Ill services and attendance at Emergency Departments and locally to improve how we gather and use feedback from people who use our services and their carers to make improvements to the care and experience we provide. People's views and feedback are directly shaping our work in this area and the expertise, advice and support of Healthwatch has been, and continues to be invaluable to us.

In Dartmouth, Healthwatch have worked alongside us and Dartmouth Town Council to explore whether the community can buy the former Dartmouth and Kingswear Community Hospital site and whether its redevelopment could include uses specifically to benefit people in and around Dartmouth. They have helped us ensure that we have reached as many people as possible and that their voices have been heard.

We look forward to continuing working in partnership with Healthwatch in Devon, Plymouth and Torbay as part of the Integrated Care System for Devon. There are exciting times ahead as we all work together to reduce health inequalities for our people and better involve people and communities in NHS and care services.

I would like to take this opportunity to thank Healthwatch in Devon, Plymouth and Torbay for their continued support and for their achievements this year. I wish them every success going forward as we continue to work together to support our communities and people to live well and thrive."



Statements from partners



NHS
**University Hospitals
 Plymouth**
 NHS Trust

Ann James
Chief Executive
**University Hospitals
 Plymouth NHS Trust**



Livewell
 Southwest

Michelle Thomas
Chief Executive
Livewell Southwest



“We worked closely with Healthwatch during a difficult two years as we responded to COVID-19. During this time, we built stronger relationships and have capitalised on those strengthened relationships since to improve our services across a wide range of areas. In 2021/22, we have worked closely with Healthwatch in several ways, including:

- Healthwatch have continued to contribute to our Patient Experience and Safety and Quality Committees at UHP and supported with engagement work in the community around children’s services for Livewell Southwest
- Healthwatch undertook a piece of work commissioned by Devon Clinical Commissioning Group to understand people’s use of the Emergency Department at Derriford Hospital. During summer 2021, the Healthwatch Engagement visiting team asked patients questions about their visit to the department, including whether they sought advice or treatment from any other services before arriving, if they were unable to access any other services, and if their visit was related to hospital treatment they are waiting to receive or have recently received. Healthwatch also gathered feedback via its three local websites from people who had used one of the four Emergency Departments across Devon in the past two months. The findings have been instrumental in shaping communications with patients and the public and fed back to operational managers to help them understand how services are used currently and how they might be improved
- 1 July 2021 saw the formal launch of our Integrated Care Partnership between University Hospitals Plymouth NHS Trust and Livewell Southwest, designed to improve pathways and offer patients more integrated care. As we develop this Partnership and improve pathways, for example in cardiology and respiratory, we know that Healthwatch’s continued support will be critical to success as we seek to build improvements around what matters to patients.”



healthwatch Devon

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healthwatch Torbay

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Paignton
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t: 08000 520 029
e: info@healthwatchtorbay.org.uk
www.healthwatchtorbay.org.uk

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Plymouth Health and Adult Social Care Overview and Scrutiny Committee

13 July

14:00 – 16:00

Urgent and Emergency Care Performance and Improvement Plans

INTEGRATED URGENT CARE 111 AND OUT OF HOURS GP

Justin Geddes (CEO Devon Doctors)

Jo Turl (Director of Commissioning NHS Devon)

Integrated Urgent Care

Devon CCG currently holds a contract with Devon Doctors for the provision of integrated urgent care services. This is a single contract for the provision of:

- 111 call handling services (NHS 111)
- Clinical Assessment of 111 calls through the Clinical Assessment Service (CAS)
- Out of Hours GP provision (OOH)



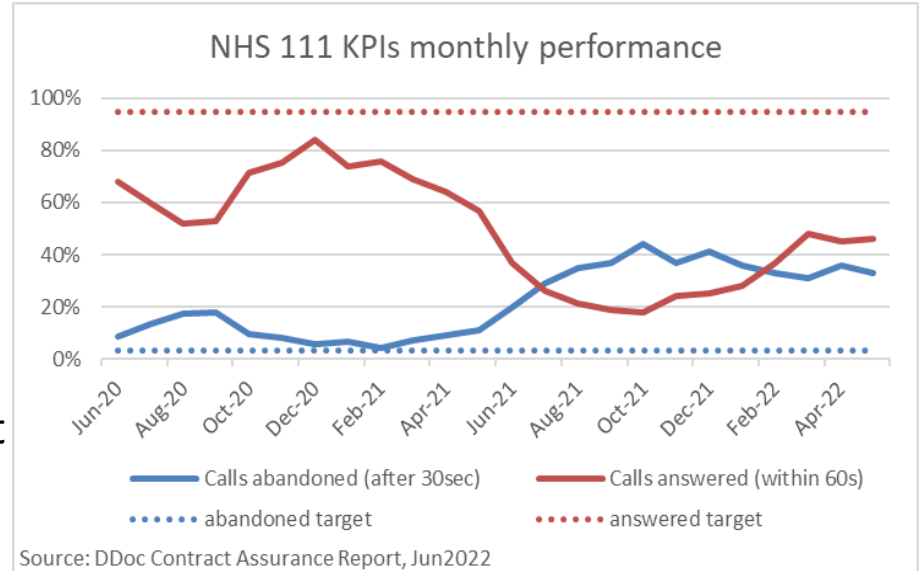
**when it's less
urgent than 999**

111 Performance

Poor performance is being experienced due to low call answering capacity.

Factors include:

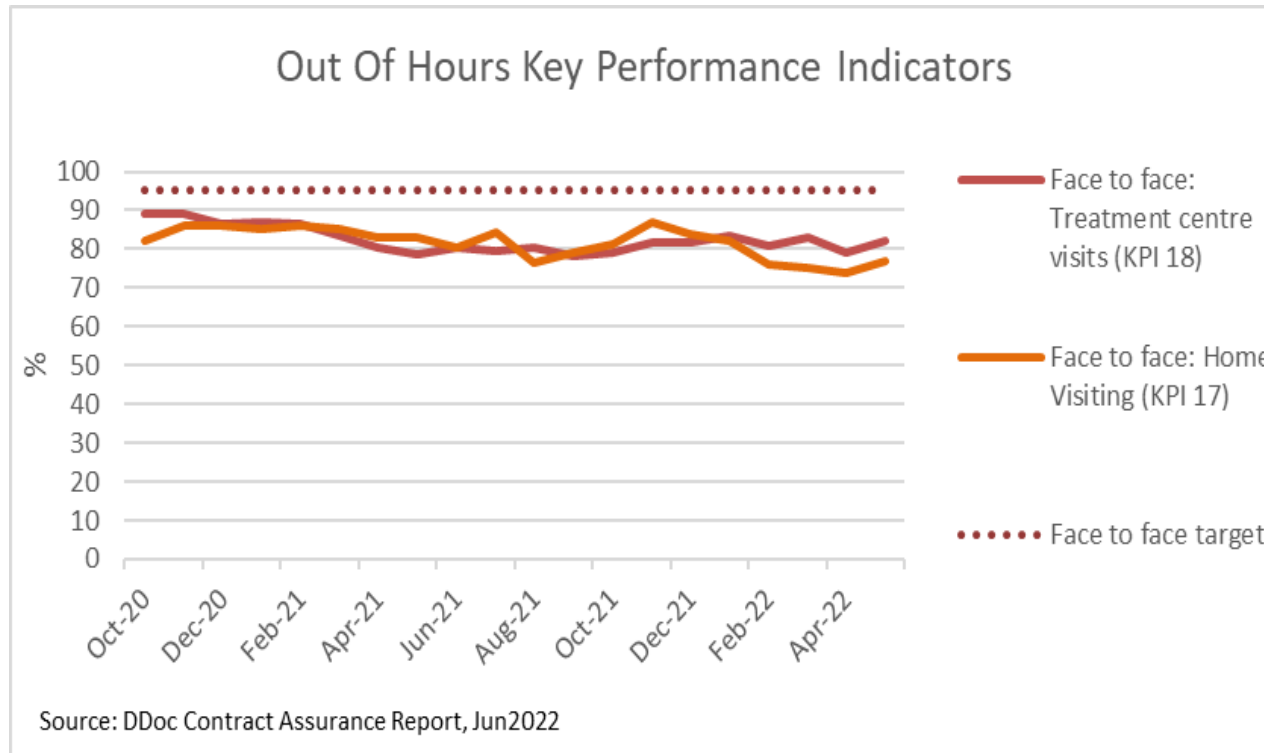
- Unplanned absence
- Insufficient weekend establishment
- High attrition rates, whilst recruitment is ongoing, all providers in the 111 market are experiencing difficulties in recruiting staff
- Training courses put on for those candidates who are offered a role have a high dropout rate
- More recently, Covid-19 amongst staff has again become a driver for absence



Performance Against Key Out-of-Hours Metrics

75%-85% of patients are seen in a face to face at a treatment centre or at home within the timescale identified as clinically appropriate for their needs.

The national target is 95%



IUCS Performance

- Evidence suggests that where 999 outcomes generated by call handlers using the risk-averse algorithm-based “Pathways” system are reviewed or “revalidated” by a clinician, they can often be safely changed to an alternative outcome
- Levels of validation of 999 calls undertaken by Devon Doctors for patients significantly exceed national targets, which is positive for the Devon system (fewer ambulances dispatched and fewer attendances at ED) and in terms of patient experience
- The percentage of patients called back by a senior clinician within the allocated timeframe has varied over the last twelve months
- Performance levels have been between 32% and 69%
- To note, many of these patients will have initially had their case reviewed by a clinical advisor in the 111 service.
- During periods of high demand, Devon Doctors undertake “Patient Safety Calling” whereby call handlers re-contact patients who are waiting to check up on them
- Patients are also given extensive worsening advice to inform them on the actions that they should take if their condition becomes worse between initial contact and detailed clinical assessment.

Contingency Planning

- If and when call handling performance or clinical triage levels reach a critical point, national contingency is used.
- National contingency is when, at the request of a service under pressure, has services across the country take calls for that provider to ensure patient safety and allow the space for the provider to get back on top of demand
- Given the current level of weekend performance in Devon, national contingency is being used on a planned basis for Devon doctors to manage demand

Management of the IUCS Contract

Monthly Contracting & Quality Review meetings are undertaken during which the following are presented and discussed in detail:

- Activity Levels
- 111 Performance
- Out of Hours Performance
- Risk Management
- Rota fill / Staffing Levels
- Call handler audits
- Serious & Moderate Harm Incidents
- Low and No Harm Events/Safeguarding
- Complaints and Feedback
- Friends and Family Test

Twice-weekly capacity meetings review and discuss rota fill:

- Looking backwards over the weekend on a Tuesday
- Looking forwards towards the next weekend on a Thursday
- Daily information is also circulated by the provider on key metrics and pressures

The Future

- Devon CCG has undertaken a comprehensive procurement for provision of the service from 1st October 2022 onwards
- This provided the opportunity to test the market and seek a provider that offers value for money, quality delivery, sustainability and innovation
- The procurement resulted in Practice Plus Urgent Care Group Ltd. being appointed to provide the service from this autumn.
- PPG are rated as 'Outstanding' for the NHS 111 service provided out of their Bristol, South-West region contact centre
- PPG are the largest independent sector provider of healthcare services to the NHS, operating over 20 years. They operate four 111 contact centres, four clinical assessment services (CAS) seven out of hours contracts
- Providers who have multiple contracts nationally are able to flex their wider call handling and remote clinical workforce

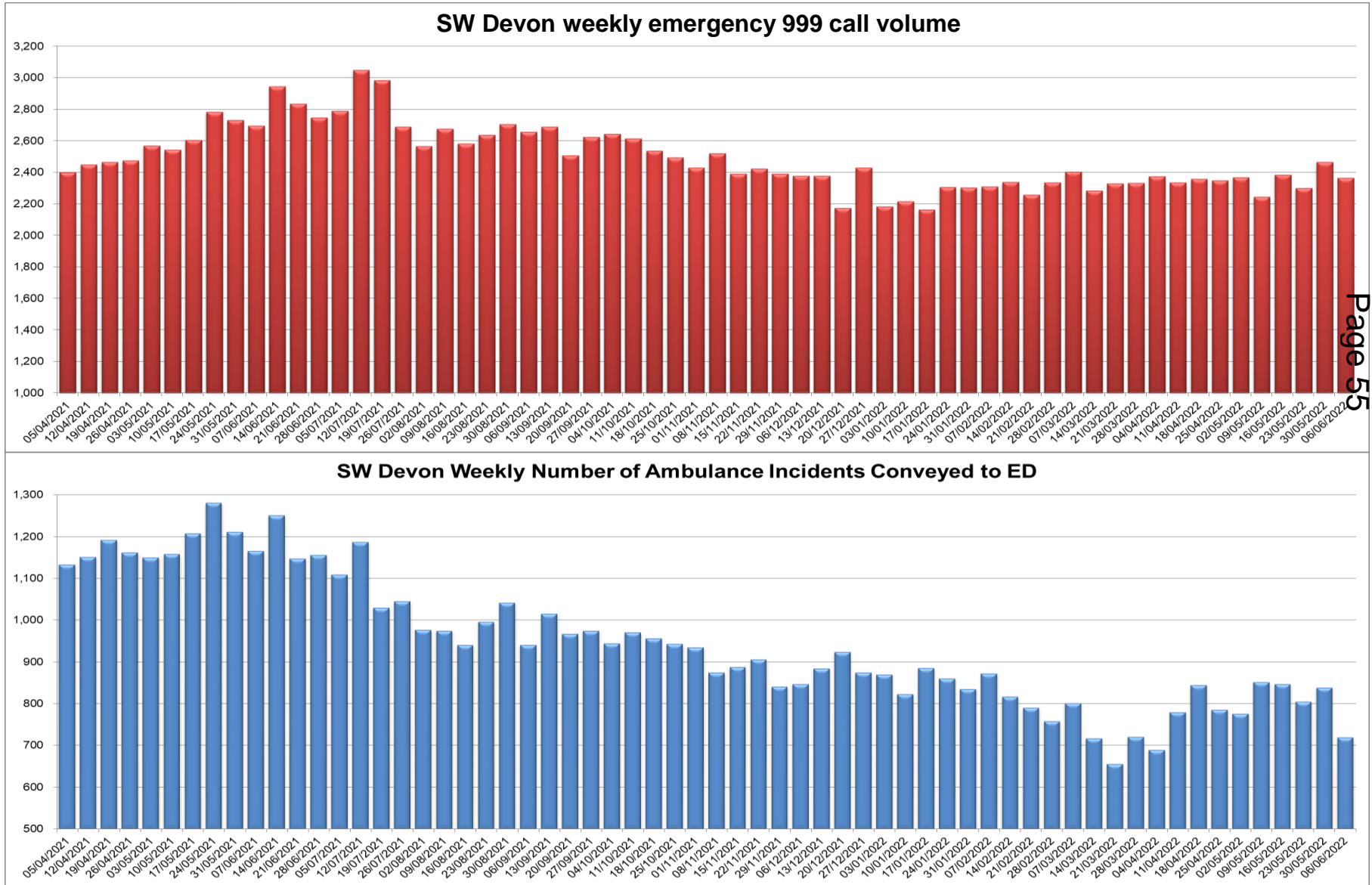
999 AND AMBULANCE PERFORMANCE

David Harper (SWAST County Commander)

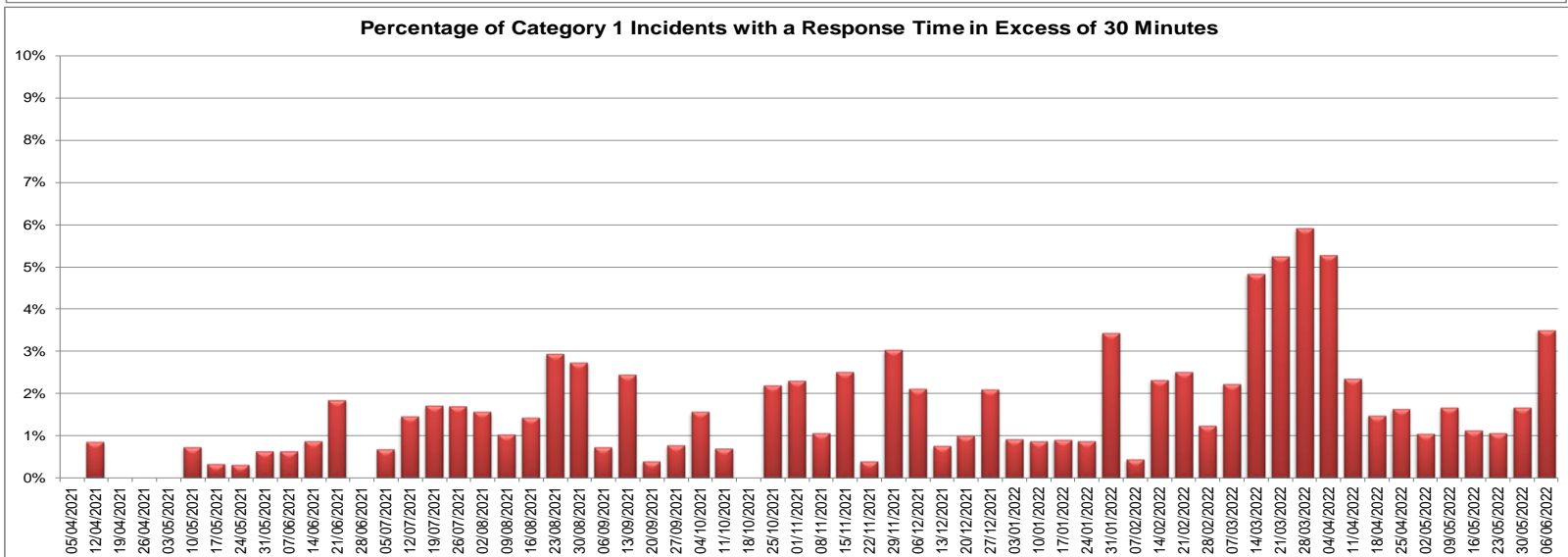
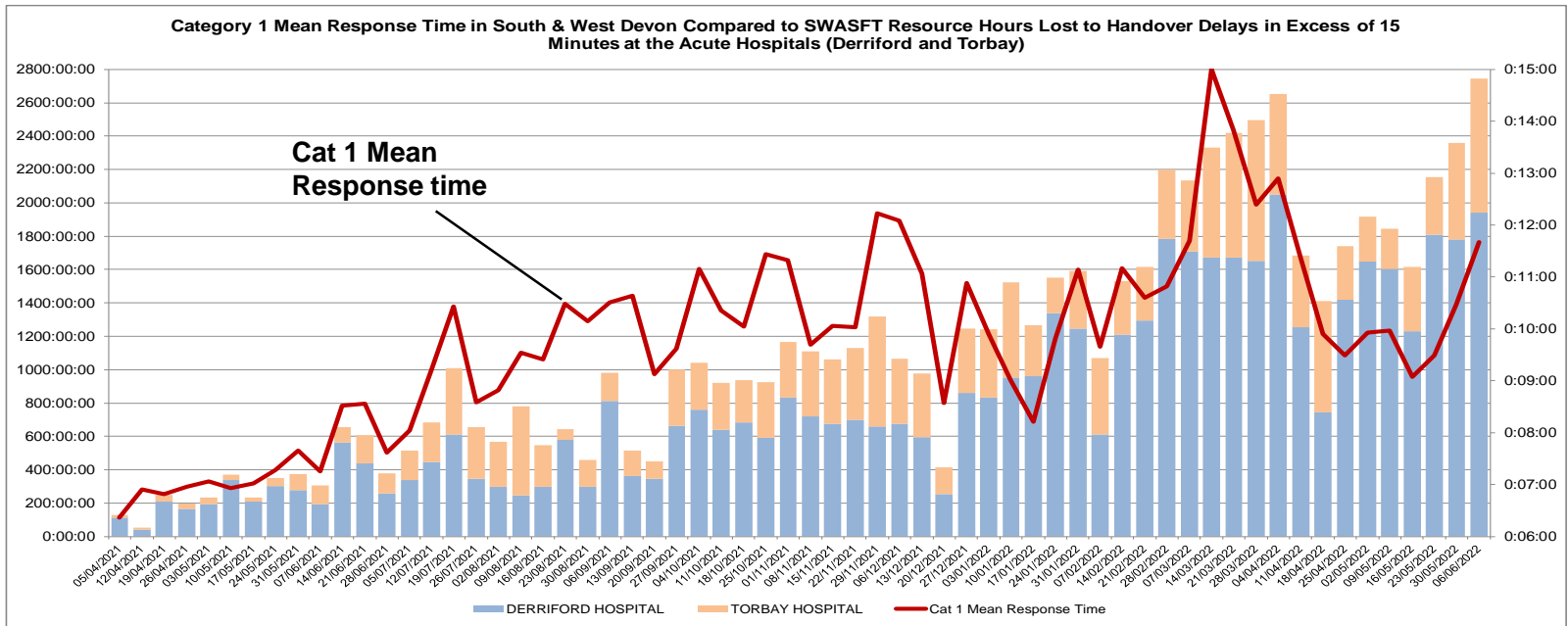
Jo Beer (COO University Hospitals Plymouth)

James Glanville (Head of Urgent Care NHS Devon)

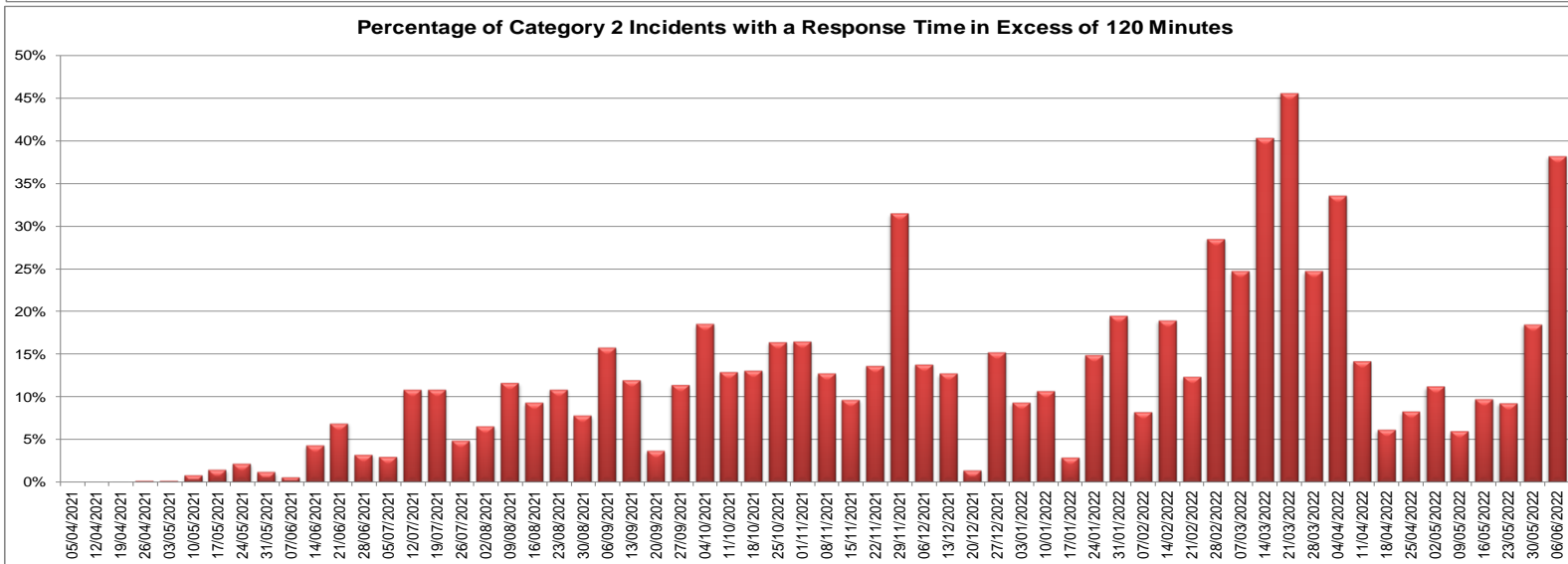
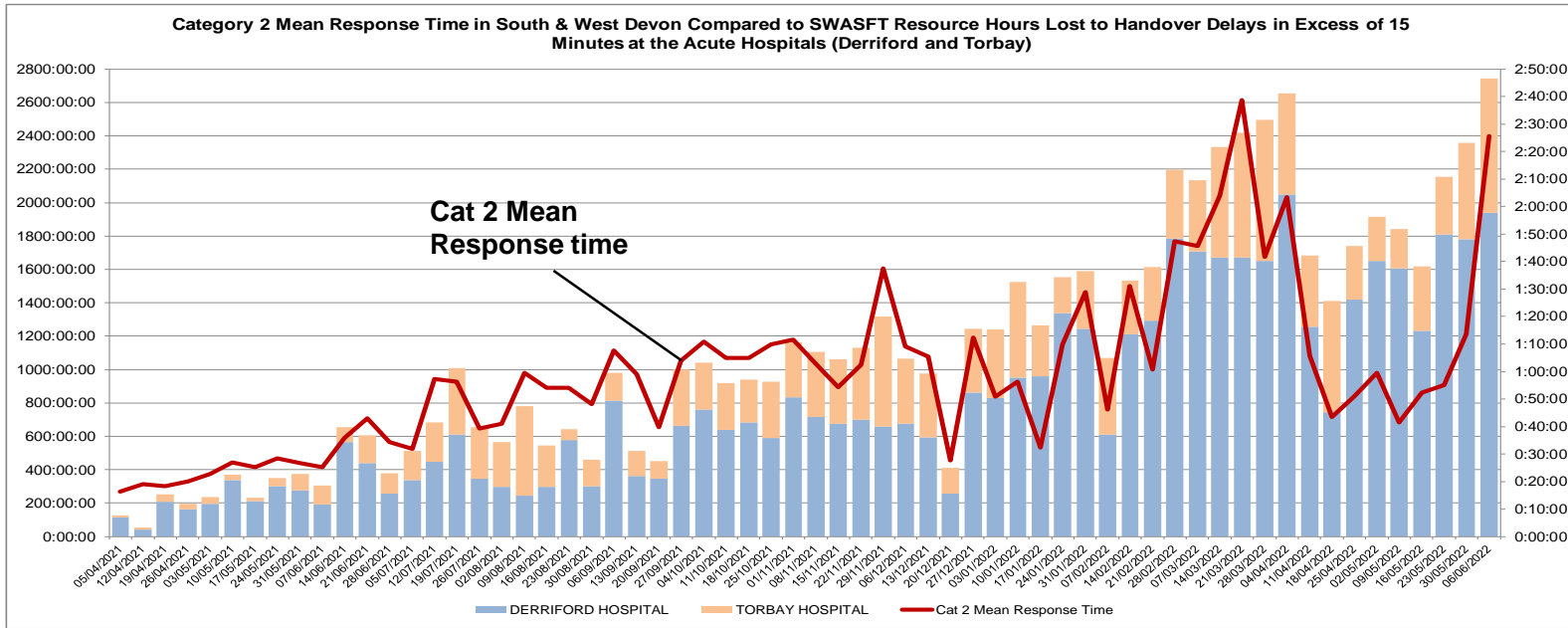
999 call demand compared to the number of ambulances conveyed



South and West Devon Category 1 ambulance response time compared to hours lost at handover (in excess of 15 min target and in excess of 30 min)



South and West Devon Category 2 ambulance response time compared to hours lost at handover (in excess of 15 min target and in excess of 120 min)



Heatmap showing the numbers of ambulances per hour waiting to handover at Derriford ED across a 28 day period

Handovers Waiting - DERRIFORD HOSPITAL

This report looks at the hours of the day and shows how many vehicles were waiting at that time. This report is a rolling 28 days.

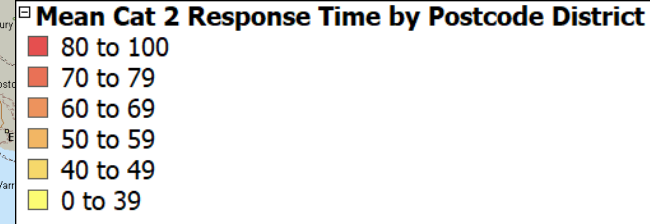
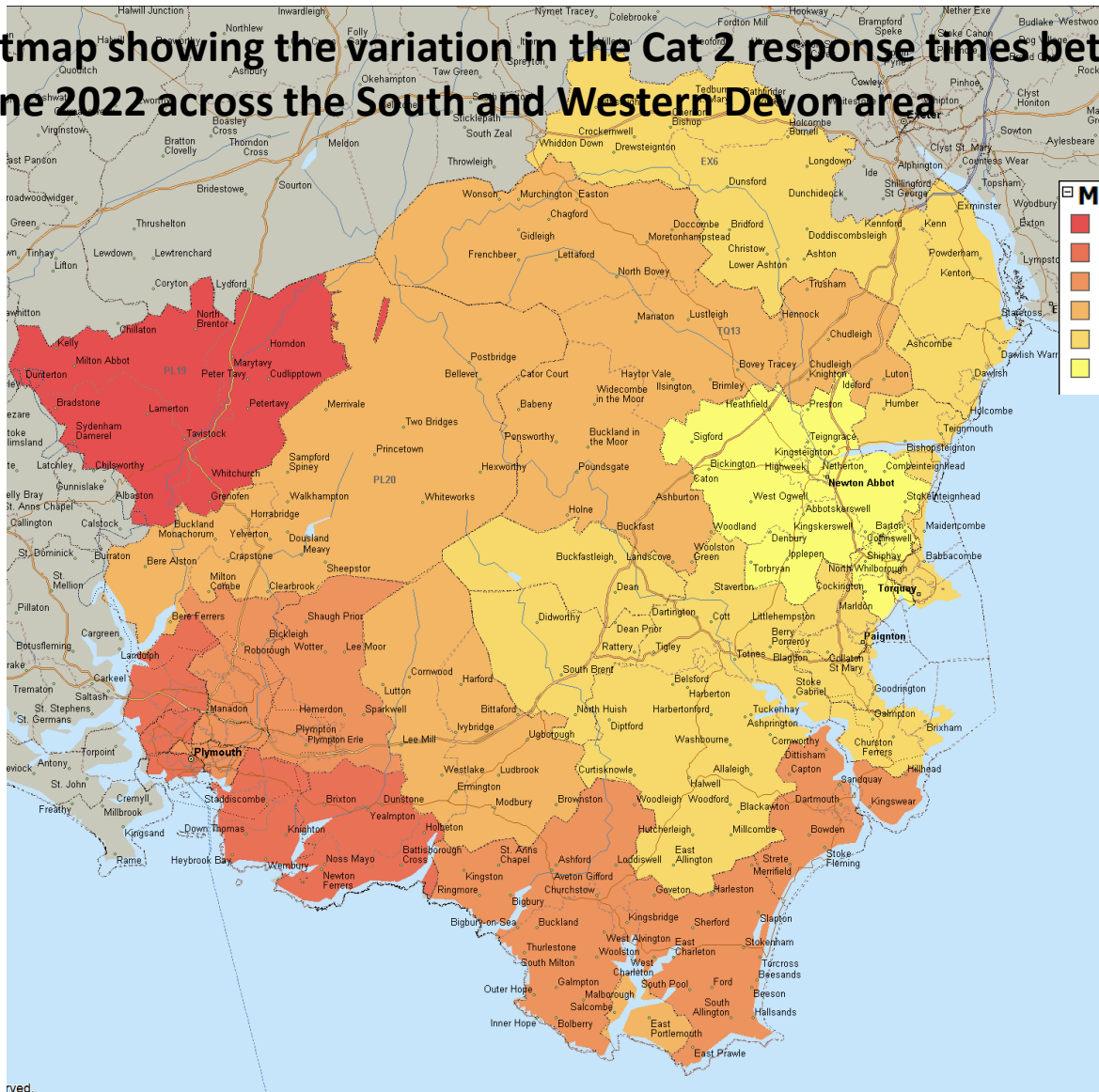
Hospital
DERRIFORD HOSPITAL

Day of Datetime c	0	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	Avg Total
19/05/22	8	8	3	1	3	2	2	1		5	3	4	7	9	9	13	12	16	19	15	18	19	16	16	9.1
20/05/22	17	11	6	9	8	7	8	8	7	6	10	13	7	11	11	15	14	17	15	12	10	10	8	5	10.2
21/05/22	4	5	2	1	1	2	2	2	2	1	1	4	4	2	4	6	7	8	6	5	4	4	3	1	3.4
22/05/22	2	2	1	1		2			2		2		2	4	5	7	10	12	13	13	13	9	7	6	5.9
23/05/22	6	5	5	2	2	1	1	1	4	5	10	8	6	9	8	11	14	15	14	17	20	20	20	20	9.3
24/05/22	21	19	19	18	18	19	19	19	15	15	13	12	11	15	15	15	11	11	12	19	21	20	19	19	16.5
25/05/22	21	16	17	16	12	13	14	12	14	13	17	19	21	16	15	19	22	19	18	17	14	18	16	17	16.5
26/05/22	18	22	16	16	14	12	12	13	13	13	15	16	16	17	18	21	20	22	17	18	15	18	17	18	16.5
27/05/22	14	13	11	10	12	13	12	9	9	14	12	12	13	12	14	17	21	13	11	10	13	14	15	15	12.9
28/05/22	13	11	8	5	5	4	4	2	2	4	5	7	7	12	9	9	10	8	8	5	5	6	8	9	6.9
29/05/22	10	7	7	7	6	6	9	8	9	13	14	14	12	11	10	10	9	16	18	16	16	16	14	14	11.3
30/05/22	14	14	11	12	11	8	9	9	11	15	11	13	15	15	19	17	14	20	20	23	21	15	14	13	14.3
31/05/22	11	11	12	12	14	11	11	9	9	13	12	12	12	16	16	19	16	13	11	9	10	11	11	10	12.1
01/06/22	8	5	5	3	3	3	4	2	2	6	7	6	8	6	7	9	12	10	7	10	10	8	7	9	6.5
02/06/22	10	8	6	6	7	6	7	6	7	12	14	20	22	25	23	26	23	15	11	11	8	3	4	3	11.8
03/06/22	5	3	6	4	5	6	3	4	5	8	11	12	15	17	17	14	15	11	16	11	9	10	10	13	9.6
04/06/22	14	11	10	9	8	8	9	8	9	11	10	9	11	11	15	13	18	18	20	15	13	9	9	9	11.5
05/06/22	9	9	9	9	10	12	9	10	9	13	15	18	22	23	20	17	17	18	17	17	17	21	21	21	15.1
06/06/22	24	22	19	16	13	13	13	16	18	16	18	19	18	22	25	25	28	29	26	20	21	22	23	22	20.3
07/06/22	18	14	12	12	12	13	13	9	9	11	12	9	11	15	17	23	22	19	18	19	20	20	21	22	15.5
08/06/22	19	18	18	18	15	13	14	10	10	10	10	9	10	9	7	8	11	13	14	14	18	12	12	11	12.6
09/06/22	10	11	13	9	7	6	5	5	5	7	8	10	15	14	13	11	12	7	9	15	15	15	16	15	10.5
10/06/22	16	15	11	10	10	10	9	7	6	8	6	9	16	17	14	14	15	13	16	15	13	13	10	10	11.8
11/06/22	10	12	8	6	5	6	6	5	6	8	11	11	14	18	15	14	14	8	10	12	12	13	13	12	10.4
12/06/22	13	12	13	13	10	12	13	15	13	14	13	16	15	16	14	10	10	16	18	12	14	14	13	13	13.4
13/06/22	11	13	14	15	14	12	12	12	11	10	8	12	14	15	16	17	16	20	19	23	21	20	18	18	15.0
14/06/22	16	17	14	14	14	11	12	11	11	12	12	14	13	14	11	13	19	16	14	14	13	15	14	11	13.5
15/06/22	5	4	1			3	2	1	2	6	6	3	5	8	9	16	19	17	15	13	10	10	5	5	7.5
16/06/22	5	4	2																						3.7
Avg Total	12.1	11.1	9.6	9.4	9.2	8.4	8.7	7.9	8.1	10.0	10.2	11.5	12.2	13.5	13.4	14.6	15.4	15.0	14.7	14.3	14.1	13.8	13.0	12.8	11.8

Resource Type Shown
All

Handover Type
All

Heatmap showing the variation in the Cat 2 response times between 25 April to 5 June 2022 across the South and Western Devon area



vised.

Ambulance handover improvement cell

Action item	Progress
<p>Increase SDEC activity by 10% and capacity to reduce SDEC conditions seen in ED and increase ambulance referrals</p>	<p>Opportunity identified as 4 patients per day currently to take from ED these will be accommodated by the ACP role which will ensure the opening hours are until 2200. Further work underway to understand the number of patients outside of the ED cohort that can be directed to SDEC.</p>
<p>Understand and work with top 10 care home referrers to 999 to identify any further community support which may assist.</p>	<p>Data capture underway, themes to be co-ordinated and then shared with market management team.</p>
<p>Deliver and report on Falls Pilot (referrals of clinically appropriate cases from SWAST to UCR)</p>	<p>Referrals from SWAST to UCR in place</p>
<p>Create pathway for 999 to admit directly to MAU/AMU to avoid need to go to ED</p>	<p>UHP need to have recruited to the acute medicine consultant posts and work toward the assess to admit model but this will be Q3/Q4 at the earliest.</p>
<p>Achieve nurse staffing establishment & fill rate in ED to 90% of hours required v hours available</p>	<p>Ongoing weekly meeting to review all elements of nurse staffing within ED, including bank fill, agency, on-going establishment and recruitment. Already having a positive impact on staffing, agency recruitment process now in place.</p>

ADMISSION AVOIDANCE

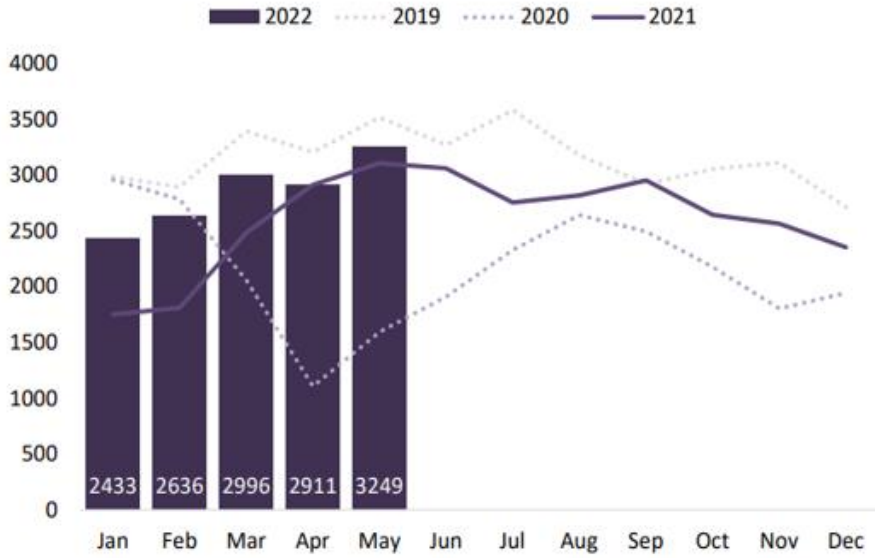
Ian Lightley (Interim Chief Operating Officer Livewell SouthWest)

Sarah Pearce (Head of Service Adult, Frailty and Specialist Services,
Livewell SouthWest)

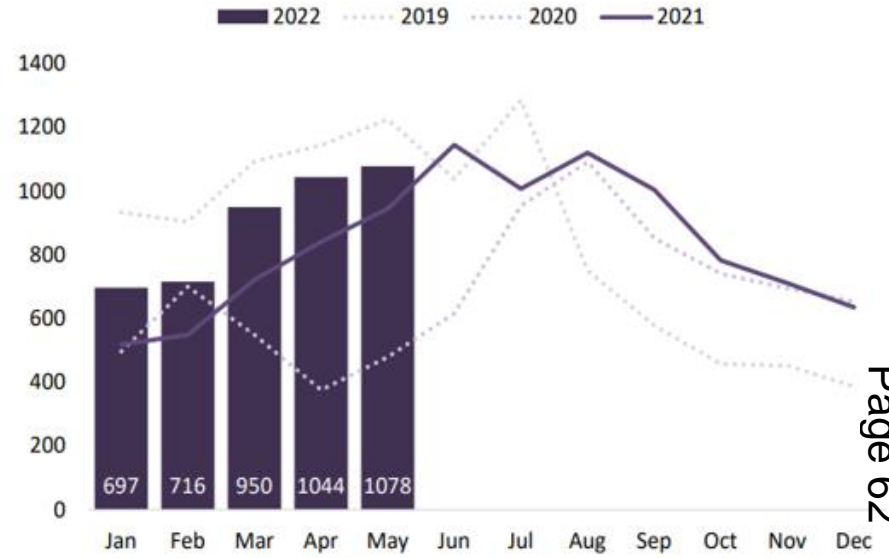
Jo Beer (Chief Operating Officer University Hospitals Plymouth)

Minor Injury Units and Urgent Treatment Centre

Cumberland UTC Attendances

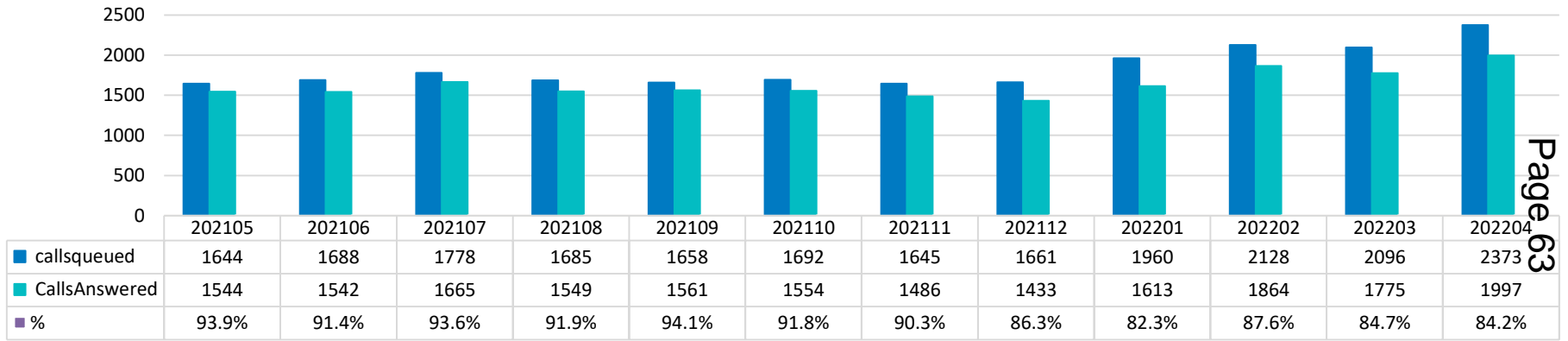


Kingsbridge & Tavistock MIU Attendances

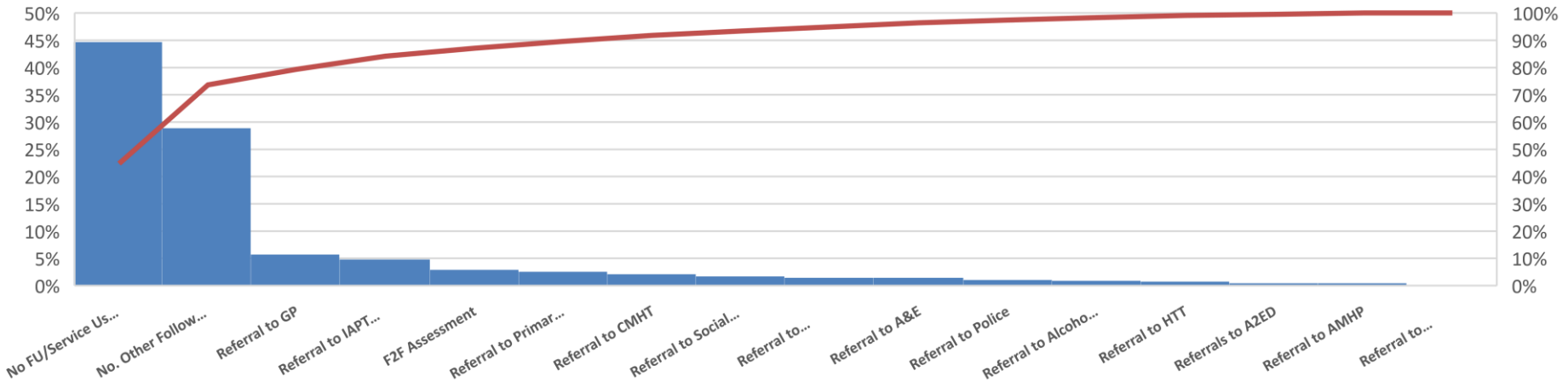


Mental health First Response Service demand and activity has increased. Outcomes are positive with 99% of calls avoiding an ED attendance but the calls dropped have increased.

First Response Service demand

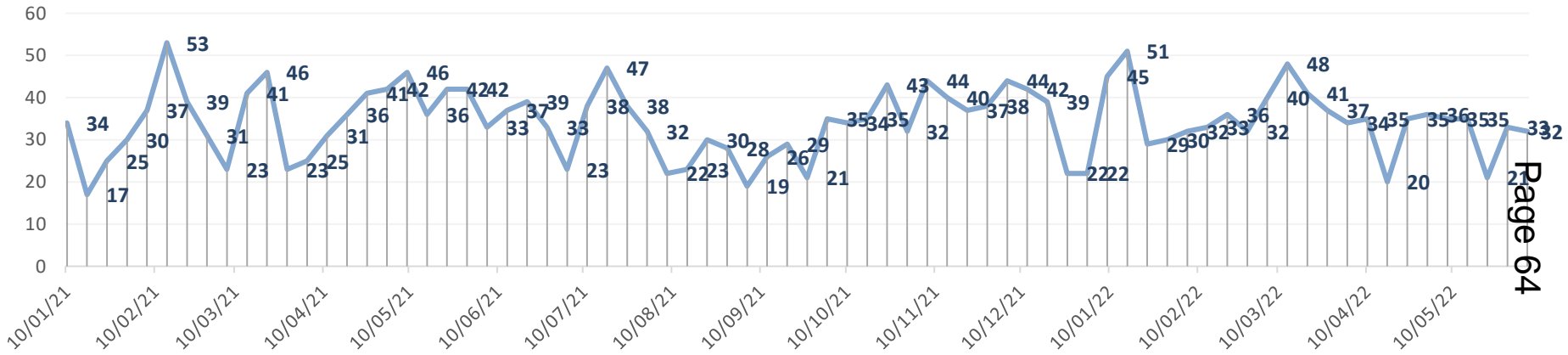


First response service outcomes

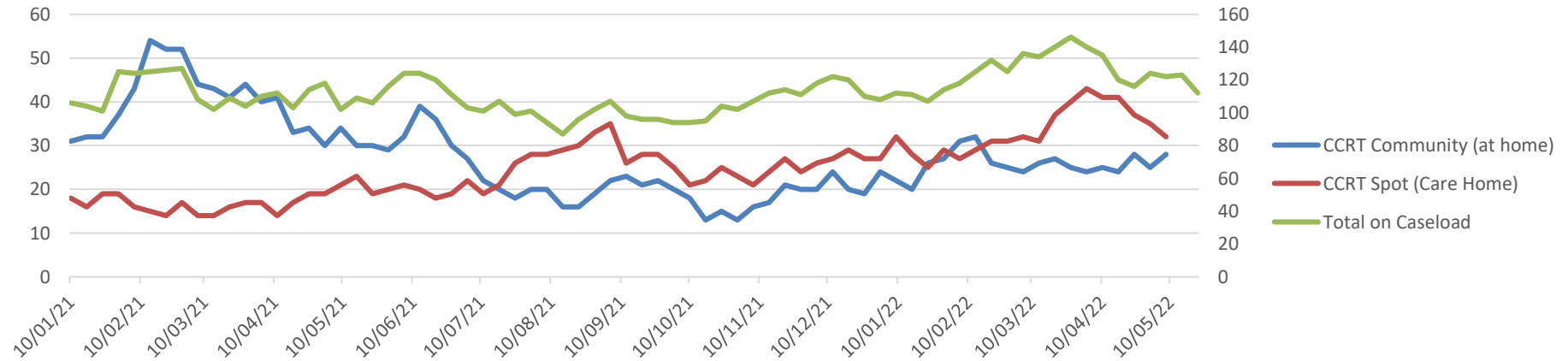


Crisis Community Response Team activity has changed with more support into Care Homes. Since January the team caseload has increased creating competition for CCRT resource between preventative, non-urgent and urgent cases

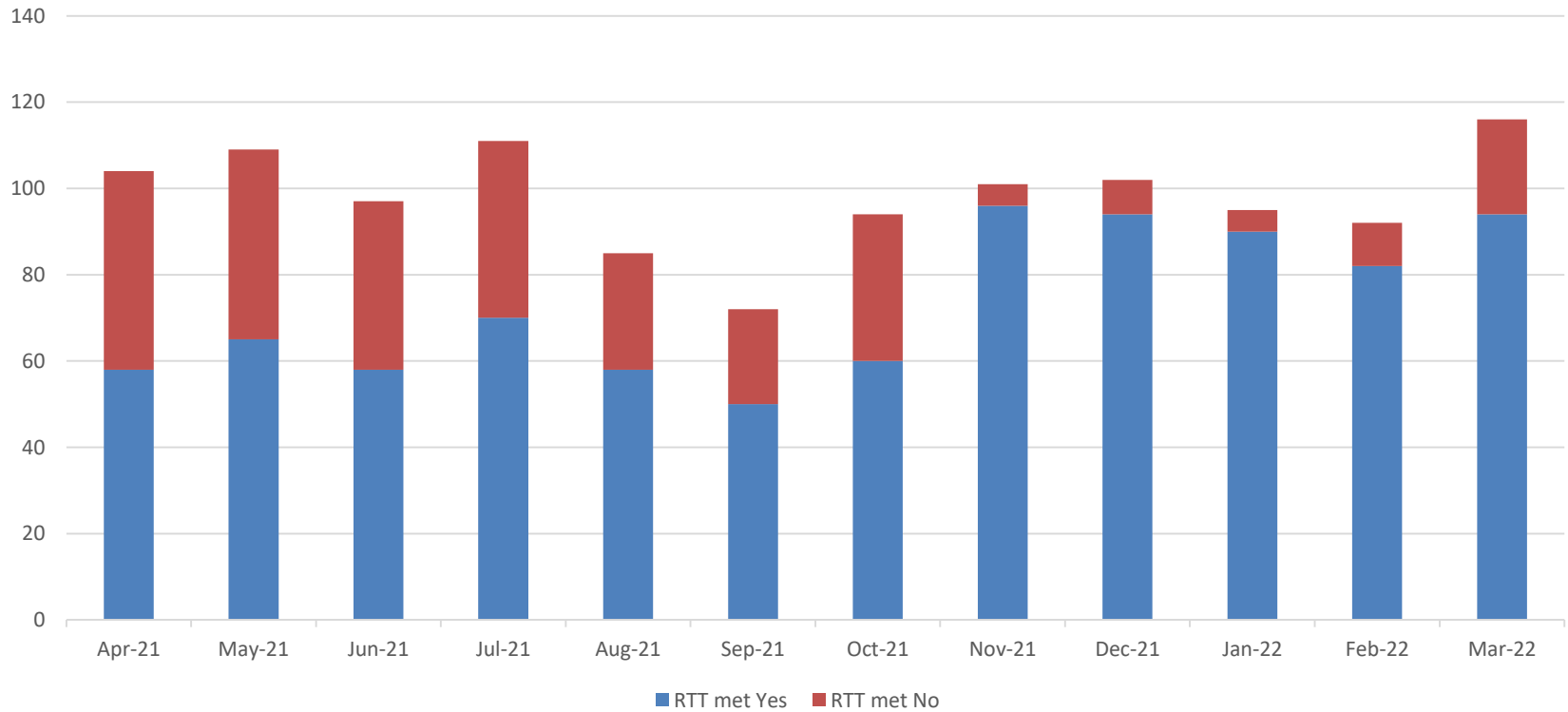
CCRT PLYMOUTH
TOTAL NUMBER OF REFERRALS (AVOIDED HOSPITAL ADMISSIONS)



CCRT Plymouth Total Caseload split by care home and at home



Crisis Community Response Team has improved its 2 hour response KPI



Admission avoidance action plan and progress

Action item	Progress
Increase use of alternatives to ED in community, including: Urgent Community Response, FRS, UTC, MIU & suitable SWAST alternative services/pathways	Increased referrals from SWAST to UCR (11% in May). SWAST conveyance to UTC of 10 pts per month achieved (May)
Promote alternative mental health pathways	Increased referrals to FRS from ED and SWAST (10 and 33 respectively in May) A2ED (new service) confirmed ED avoidance of between 9 and 19 / month.
Increase direct access to secondary care SDEC	Update from AAU at next Big Wall (30/06) Aim to increase SDEC activity by 10% (4 patients / day)
<ul style="list-style-type: none"> Recruitment to UTC/MIU 	<ul style="list-style-type: none"> Operating hours at Cumberland reduced due to vacancies A new 'Practitioning Model' has been introduced and will enable staff to rotate between UHP; UTC and MIU's → This is helping recruitment and retention Demand is continuing to increase month on month Recruitment positive with plans to extend operating hours post September subject to new starters.
Up to date Directory of Services	Complete
Primary care ambassador to promote alternative pathways to GPs	Activity led by Dr. Ruth Bath. 79% practices visited. These have been well received and advise on 'alternatives to admission' e.g. Acute GP Service; First Response, SDEC, Frailty, UCR, etc.

UEC AND SAME DAY EMERGENCY CARE

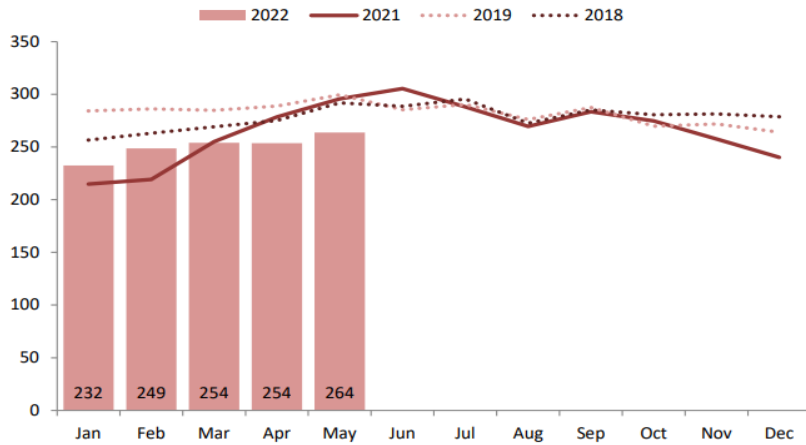
Jo Beer (Chief Operating Officer University Hospitals Plymouth)

Urgent and Emergency Care

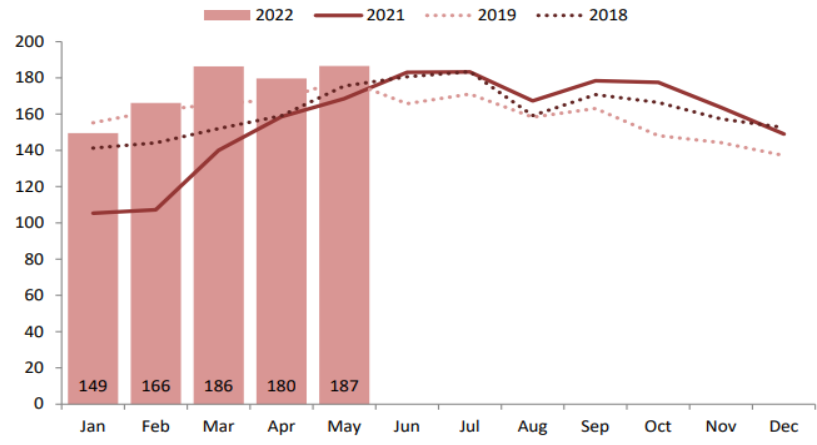
The two charts below compare the monthly daily average between current year and previous baseline years. Total attendances increased slightly in May, and walk-ins continue to be higher than previous years. Actual ambulance arrivals have reduced and walk-in attendances have increased.

- High level of acuity - MTC
- Increasing acuity of 'walk-ins'
- Impact of improvement work
- Impact of long waits for an ambulance
- Hospital Full Capacity Protocol

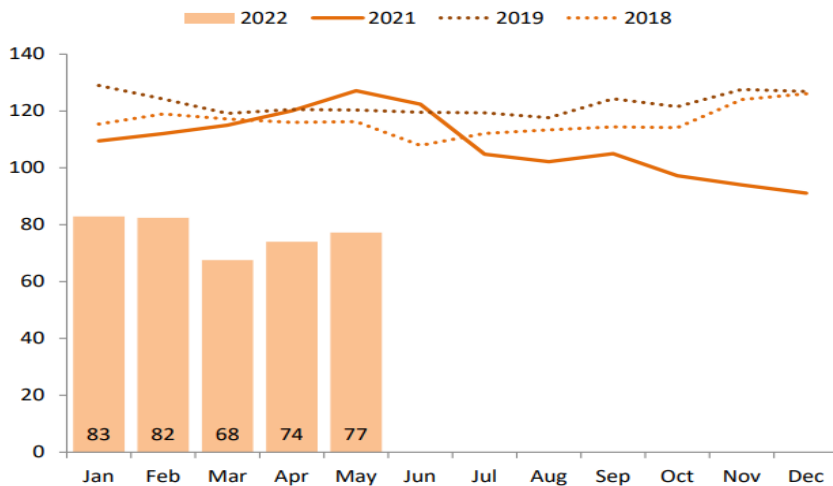
Average Daily Total ED Attendances



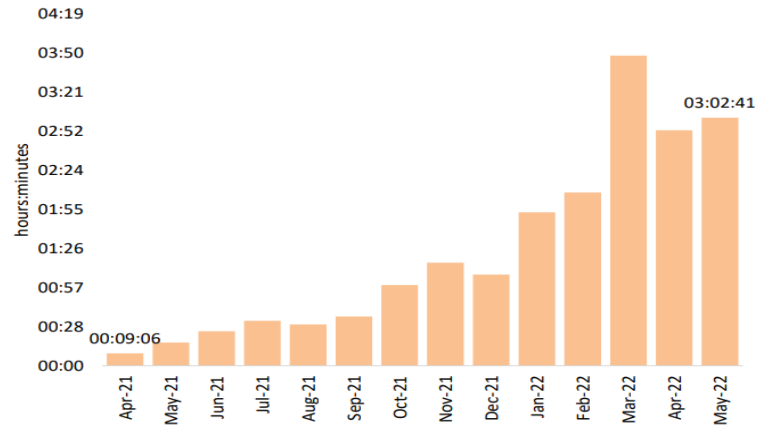
Average Daily ED Walk In Attendances



Average Daily Ambulance Handovers

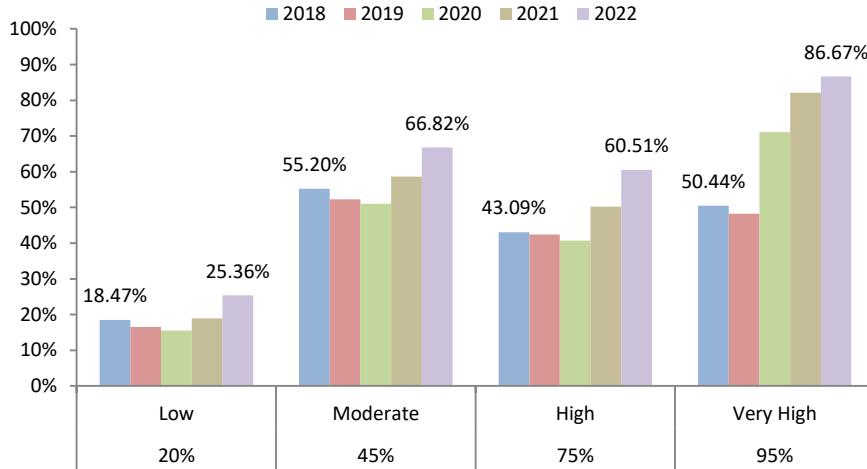


Average handover delay per ambulance handover

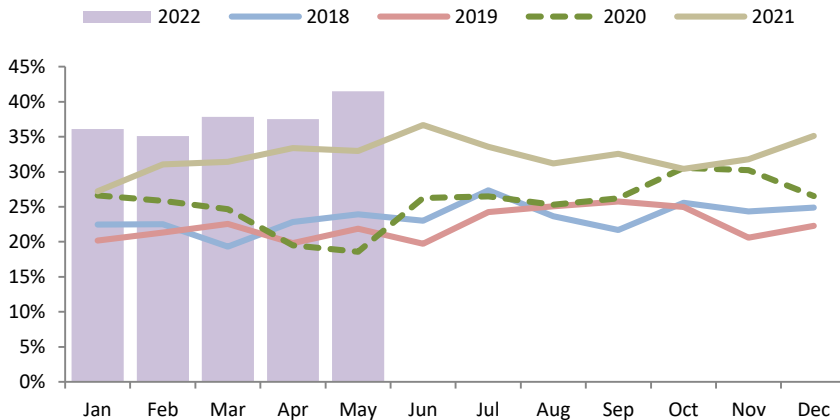


Improving Flow within the hospital: Same Day Emergency Care

AEC Conditions % Discharges within 24hrs - Trust Total



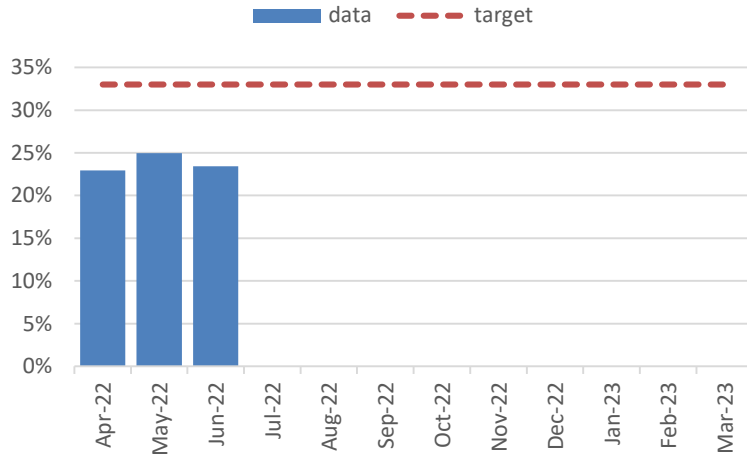
% of Total SDEC 100 admissions with zero day LoS - Trust Total



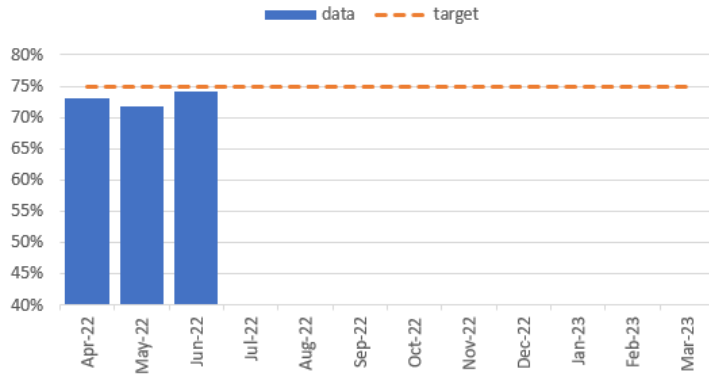
- ✓ Year on Year increase in patients treated with SDEC
- ✓ Currently 40% which places UHP in the Top 2nd quartile for performance
- 2259 patients treated of which 1006 avoided ED and 1253 via ED
- ✓ Still more opportunity - out of hours and at weekends
- ✓ Stretch target to achieve a further 10% and top quartile performance
- ✓ Overall a very positive improvement

Improving Flow within the hospital: Early Flow

% of daily discharges by midday

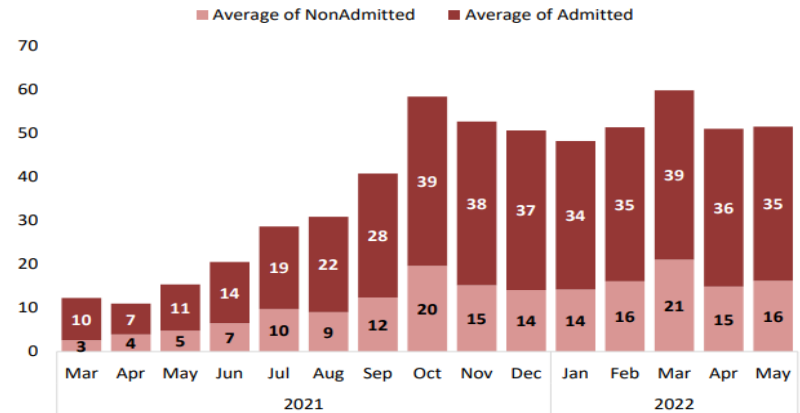


% of daily discharges by 5pm

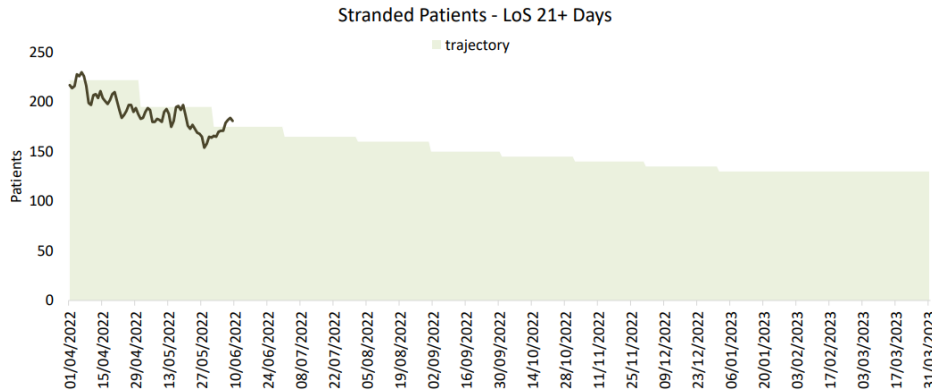
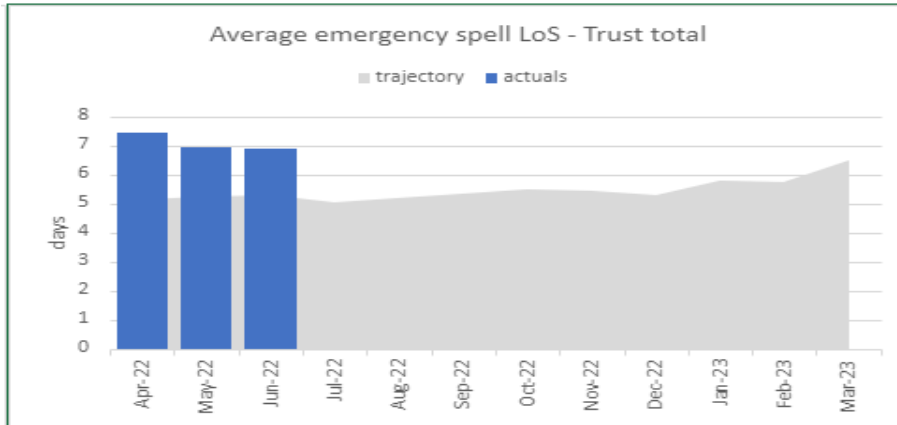


- Why is this important? – Enables early flow from ED to the wards
- What else have we implemented to support: Full Hospital Capacity Protocol
- Discharges by midday – Target 33%
- Discharge/Discharge Lounge/**Boarding**
- Discharges by 1700 – Target 75%
- Part of National Hospital only Discharge Program

Daily average 12hr+ ED stays



Improving Flow within the hospital: Length of Stay



- ✓ Rebased beds to pre-Covid-19
- ✓ Right Patient Right Place program:
 - Phase 1: Acute
 - Phase 2: Community
 - Phase 3: Intermediate Care

Factors Impacting on Length of Stay:

- 1) Covid-19
- 2) Medical Outlier Numbers
- 3) Only operating on very sick, highly specialist/tertiary patients
- 4) Admitting sicker patients
- 5) Major Trauma Centre
- 6) Criteria to Reside (Delayed transfer)
- 7) Processes: Increased Site Management Team to 24/7 clinically led.
- 8) Reduced LoS by 0.5 days in one month

DISCHARGE

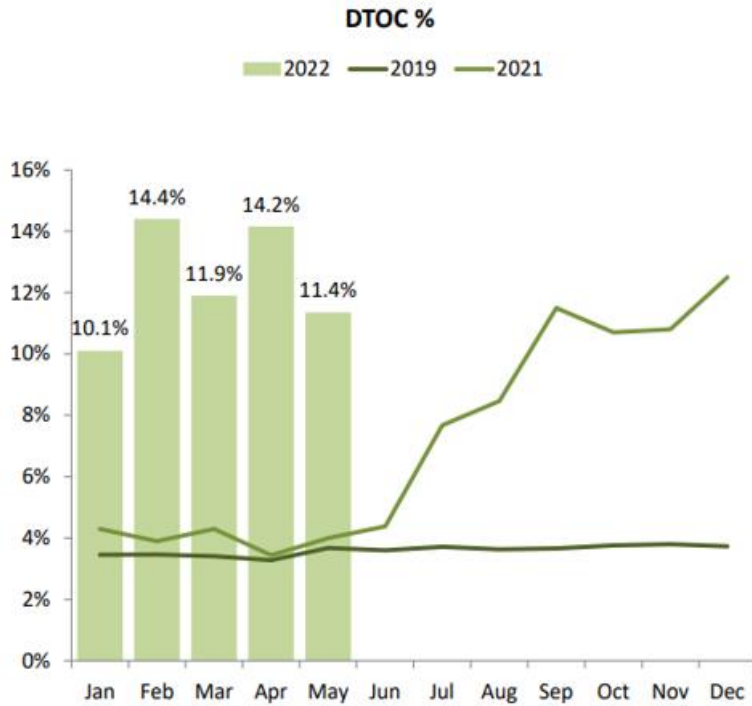
Anna Coles (Service Director of Integrated Commissioning and Locality Director Plymouth, Plymouth City Council and Devon ICS)

Gary Walbridge (Head of Adult Social Care, Plymouth City Council)

Ian Lightley (Interim Chief Operating Officer Livewell)

Sarah Pearce (Head of Service Adult, Frailty and Specialist Services Livewell)

Improving Flow within the hospital: Complex Flow



Local Authority	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19
Cornwall	78	116	127	167	202	168	243	342	251	299	232	259
Devon	110	84	89	73	150	111	139	59	112	234	190	94
Plymouth	638	596	511	556	659	549	588	375	564	567	590	438
TOTAL	826	796	727	796	1011	828	970	776	927	1100	1012	791
% Delayed	3.5%	3.5%	3.4%	3.3%	3.7%	3.6%	3.7%	3.6%	3.7%	3.8%	3.8%	3.7%

Local Authority	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20
Cornwall	224	336	213	140	302	298	428	359	376	314	187	357
Devon	94	105	85	20	31	33	23	41	77	129	112	158
Plymouth	625	750	689	364	347	268	157	218	346	306	365	524
TOTAL	943	1191	987	524	680	599	608	618	799	749	664	1039
% Delayed	3.7%	3.8%	3.9%	3.8%	3.7%	3.1%	2.9%	2.8%	3.2%	3.4%	3.3%	4.8%

Local Authority	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21
Cornwall	384	273	402	283	203	247	328	530	690	527	384	536
Devon	196	167	179	109	131	173	281	326	468	434	431	399
Plymouth	370	316	388	530	633	708	1155	1091	1541	1648	1760	1288
TOTAL	950	756	969	922	967	1128	1764	1947	2699	2609	2575	1983
% Delayed	4.3%	3.9%	4.3%	3.4%	4.0%	4.4%	7.7%	8.5%	11.5%	10.7%	10.8%	12.5%

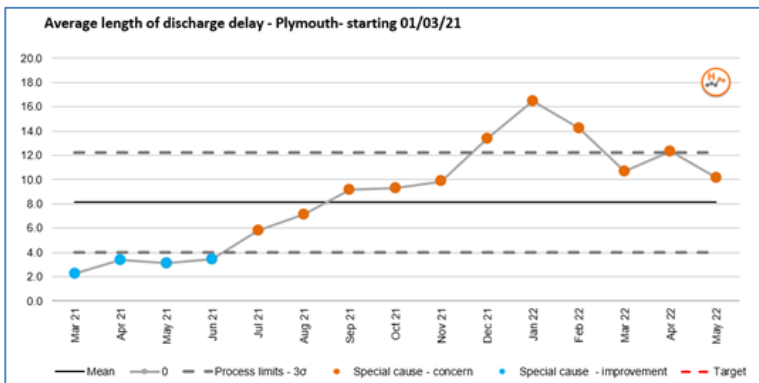
Local Authority	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22
Cornwall	455	939	958	960	1058							
Devon	446	524	521	537	403							
Plymouth	1511	1815	1716	2110	1404							
TOTAL	2412	3278	3195	3607	2865							
% Delayed	10.1%	14.4%	11.9%	14.2%	11.4%							

DTOC % peaked in February 2022 at 14.4%, equivalent to 117 beds per day. May's DTOC improved from April reducing by 2.8% to 11.4% or 93 beds per day

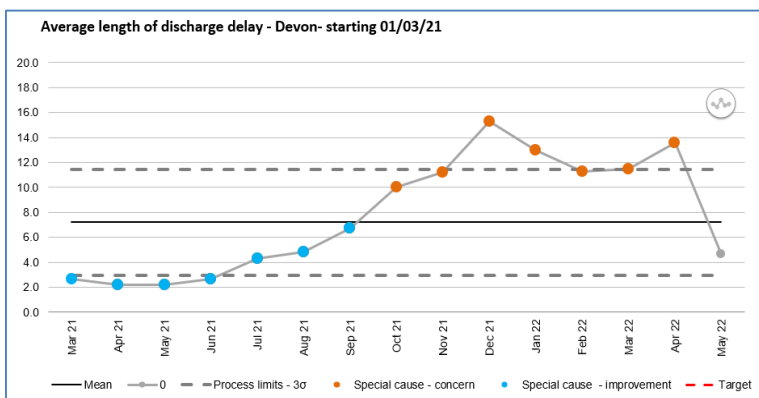
Risks:

- 1) Reset Integrated Hospital Discharge Teams to zones as part of rebase of wards
- 2) Hospital to Home model – test of change to support the first part of the Home First pathway and enable earlier discharge home for people requiring less complex home support.

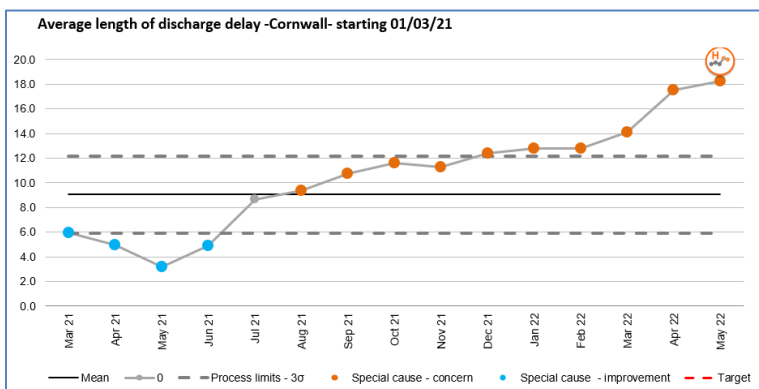
Length of delay in discharging patients (who no longer need acute hospital support) into Plymouth, Devon and Cornwall



Average length of delay for Plymouth patients worsened from the Summer to December. The length of delay (LOD) is now reducing following the Winter recovery actions undertaken.



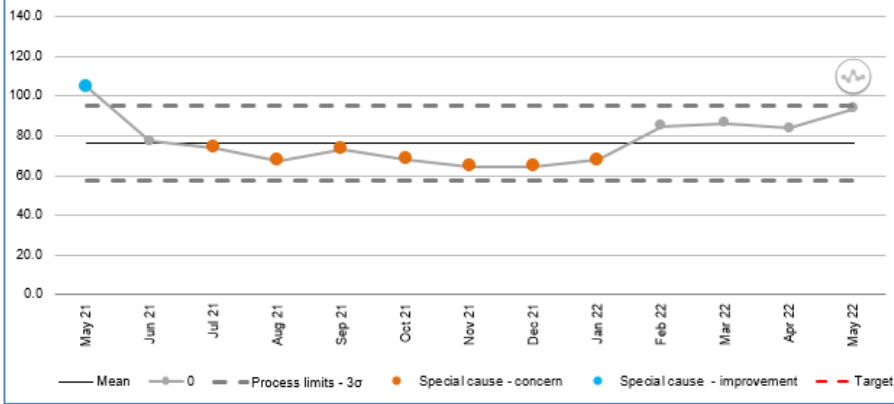
It's a similar picture for Devon although the latest month shows a bigger reduction.



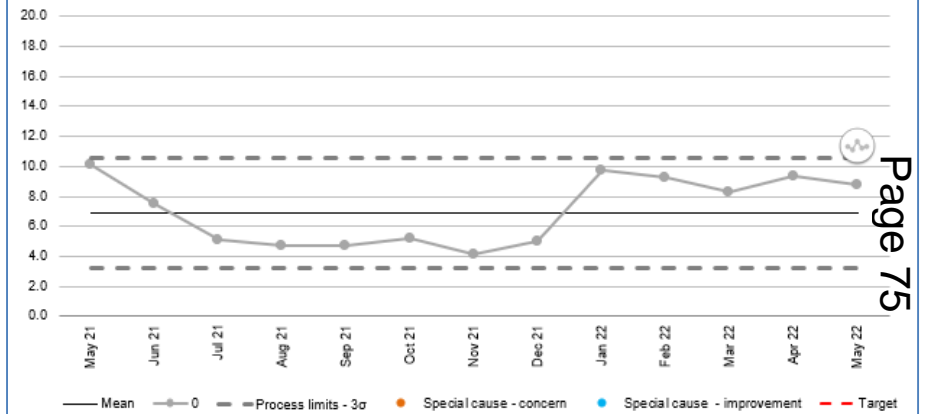
For Cornwall has been a run of increasing length of delay since November 2021. The Plymouth Winter recovery action plan has been shared with Cornwall

Discharge numbers are increasing for people going home unsupported and with care support and for discharges into short term bedded care. There are “green shoots”; a significant jump has not been seen yet (Pathways 0, 1 and 2).

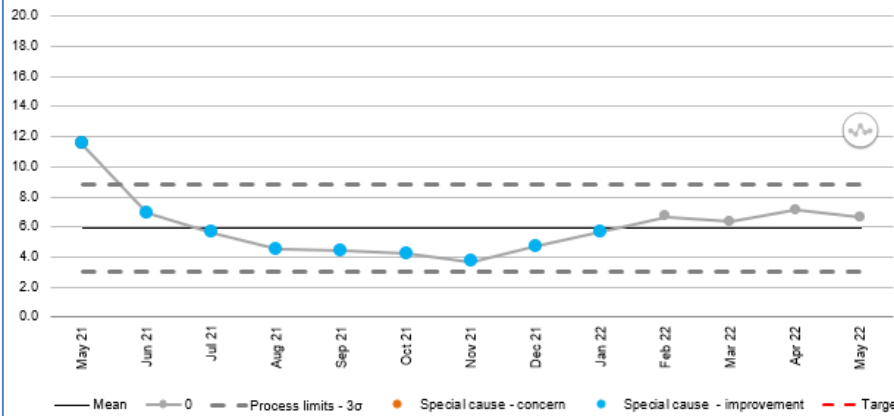
Average Daily Pathway Zero Discharges- starting 01/05/21



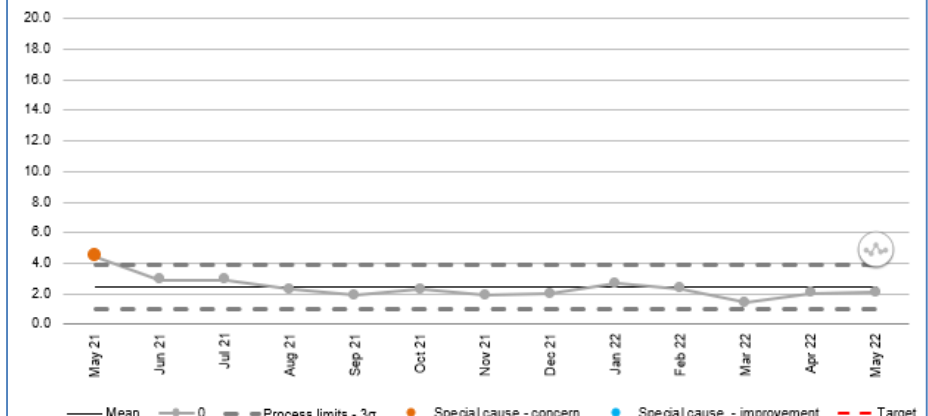
Average Daily Pathway 1 discharges- starting 01/05/21



Average Daily Pathway 2 discharges- starting 01/05/21



Average Daily Pathway 3 discharges- starting 01/05/21



Discharge action plan

Action item	Progress
<p>Hospital-based early flow improvement</p> <ul style="list-style-type: none"> • Governance • Clinical leadership • Methodology for change • Operational site management oversight • Ward processes: MDT board rounds 	<p>UHP are in the National Hospital Discharge programme and have had 3 national visits which have reviewed the Early Flow program in place; A weekly ECIST Consultant Geriatrician is working with us one day a week and the Medical Director is leading on a further piece of work on criteria led discharge. The National program lead also facilitated a system discussion to discuss the impact of delayed transfers and review system plans.</p>
<p>In hospital pharmacy recruitment for UEC flows</p>	<p>In progress – partially recruited</p>
<p>Intermediate care improvement project:</p> <ul style="list-style-type: none"> • Capacity and demand analysis of current therapy and intermediate care resource including productivity analysis • Develop options for optimum use of resource to maximal benefit • Comparison of activity / capacity between D2A and long-term community activity • Review independence at home service and all reablement at home provision to ensure capacity maximised 	<p>Commissioning strategy in development for sign off September Review of existing provision underway supported by ECIST and National Improvement Director</p>

Discharge action plan

Action item	Progress
Capacity Creation	
<ul style="list-style-type: none"> • Increase dementia bedded capacity • Short term intermediate care support • Care home capacity intermediate care support • Additional support into care homes • Pathway 1 support 	34 Dementia beds (Woolwell). Mix of intermediate care and long term care 24 beds at Patricia Venton Centre 24 block beds
<ul style="list-style-type: none"> • Frontline worker pay increase • Care homes • Palliative care 	Added to all contracts April 22 28 NVQ students on placements in 12 Care Homes 100 hours / week for St Lukes
<ul style="list-style-type: none"> • Additional therapy capacity • Additional discharge capacity 	Additional funded OT capacity Hospital to home service (17.7 wte) commenced (3.6 still to recruit) currently taking less-complex cases review. Average support for 7-10 days, included in Intermediate care review
Mental health non-bedded support	Admiral nurses recruited
<ul style="list-style-type: none"> • Resources for short term support • Live in carer • Community link workers • AGE UK and Worsley Trust care navigation role in community and Trust • Livewell recruitment campaign • Staff bank • Return to care 	Pilot designed and first patient identified Service commenced Service commenced Reablement capacity inc. 25 staff and Patricia Venton staff Contract finalised Feb. Over 35 new starters

Discharge action plan

Action item	Progress
Process Redesign	
Bed bureau redesign	Caseload reduced from 88 (Jan) to 21 (June) Long waiters (>21 days) reduced from 8 (May) TO 2 (June)
<ul style="list-style-type: none"> • Discharge pathway improvement • Community in reach • Complex MDT review • Retention payments for care providers for complex cases patients on admission 	Reduction in total waiting (May; 49 and June 25) Reintroduction of additional social care capacity to support discharge planning

Health and Adult Social Care Overview and Scrutiny Committee

Minute No.	Resolution	Target Date, Officer Responsible and Progress
9 March 2022 Health and Adult Social Care Policy Brief – Minute 36	Members asked whether Plymouth City Council would be responding to the 10 Year Cancer Plan. Members of the Committee would be given a response following the conclusion of the meeting.	Date: March 2022 Officer: Progress:
9 March 2022 Long Term Plan – Minute 39	Members agreed: 1. That the Overview and Scrutiny Committee receives this report; 2. That Members support the use of masterclasses as the opportunity to influence the development of the Long-Term Plan for Devon, Plymouth and Torbay. 3. That Members support the establishment development of a Joint Committee with Devon and Torbay, based on the previously agreed protocol for regional Joint Health Scrutiny Committees (2009), so that LTP work that crosses Local Authority boundaries can be considered and scrutinised collectively. 4. That Plymouth City Council's Children's Social Care and Education Overview and Scrutiny Committee consider workforce development for the Health care sector. 5. For all Councillors to have access to information in relation to masterclasses.	Date: March 2022 Officer: Progress: Complete
9 March 2022 Local Care Partnership Update – Minute 40	Committee agreed:- 1. For the Scrutiny Committee to receive the report for information and consideration. 2. The committee are invited to note the content of the report, acknowledging progress and successes. 3. To acknowledge the considerable system wide challenges and pressures that exist within Plymouth, noting strategies to address these in the short, medium and longer term. 4. To acknowledge and note system wide, enabling work relating to Estates and Workforce that will address some of the wider challenges.	Date: March 2022 Officer: Progress: Complete
9 March 2022 Work Programme – Minute 42	Members agreed to add the following to the work programme: 1. GP Service within Plymouth 2. For new members of the Committee to be given a briefing prior to the first meeting of the municipal year on the NHS and its functions as well as the functions of this scrutiny committee 3. South West Ambulance Service	Date: March 2022 Officer: Jamie Sheldon Progress: Complete

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Health and Adult Social Care Overview and Scrutiny Committee

Workplan 2022/23

Meeting Date	Theme	Content	Areas of Focus	Attendees
30.06.2022	Urgent and Emergency Care	Ambulance Handovers, Admission Avoidance Hospital Flow and Improvements Discharges	Demand, Access and Quality Performance Focus on extent of System Working	UHP,SWAST,LWSW,PCC,CCG
TBC	Planned Care	104 and 78 week recovery Elective Recovery Funding for Plymouth and utilisation Future Plans to address capacity constraints-HIP 2	Performance Improvement Plans and Trajectories Quality Aspects of Backlog	CCG,UHP
TBC	Primary Care Services	GP Services, Pharmacy, Dentistry	Access and Quality Improvement Plans	CCG,LPC,Primary Care Colloborative, NHSE
TBC	Adult Social Care	Fair Cost of Care Charging Reform CQC Assurance	Review of Implementation Plans and Emerging Risks	PCC
TBC	Mental Health Adults	Low Level Prevention Services First Response Community Mental	Demand, Access and Quality Performance	PCC,LWSW,CCG, DPT

		Health Framework Dementia Care		
TBC	Mental Health CYP	Emotional wellbeing Low level prevention Eating Disorders CAMHS	Access and Quality Performance	PCC,LWSW
TBC	Prevention	Health and wellbeing Hubs, Thrive Fair Shares schemes delivery and impact	Impact on tackling health inequalities Performance Scorecard	PCC Public Health
TBC	ICS Progress	ICS Plans Review of LCP Progress and Priorities		ICB