



Oversight and Governance

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HEALTH AND ADULT SOCIAL CARE OVERVIEW AND SCRUTINY COMMITTEE

Tuesday 27 June 2023
2.00 pm
Warspite Room, Council House

Members:

Councillor Murphy, Chair
Councillor Harrison, Vice Chair
Councillors Finn, Dr Mahony, McNamara, Nicholson, Noble, Penrose, Reilly, Stephens, Tuohy
and Ms Watkin and a Free Independent Vacancy.

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

Tracey Lee
Chief Executive

Health and Adult Social Care Overview and Scrutiny Committee

1. Appointment of a Chair and Vice Chair for the Municipal Year 2023-24

For the Committee to note the appointment of Councillor Pauline Murphy as Chair, and Councillor Natalie Harrison as Vice-Chair for the municipal year 2023-34.

2. Apologies

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

3. Declarations of Interest

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

4. Terms of Reference (Pages 1 - 12)

For the Committee to note the Terms of Reference of the Health and Adult Social Care Overview and Scrutiny Committee.

5. Minutes (Pages 13 - 28)

The Committee will be asked to confirm that the minutes of the meetings held on 08 February 2023 and 10 March 2023, are a correct record.

6. Chair's Urgent Business

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

7. Quarterly Performance And Financial Update For Health And Social Care, And Risk Monitoring Report (Pages 29 - 68)

To receive an update on the quarterly performance and finance status for Health and Social Care.

The Committee is invited to review the risk register as published for the Audit and Governance Committee in March 2023.

8. No Right to Reside Update: (Verbal Report)

9. Better Care Fund Plan: (Pages 69 - 80)

- | | |
|--|--------------------------|
| 10. Future Hospitals - Derriford Urgent & Emergency Centre: | (Pages 81 - 102) |
| 11. Community Diagnostics Centre Update: | (Pages 103 - 110) |
| 12. Motion on Notice- Defibrillators: | (Pages 111 - 116) |
| 13. Tracking Decisions | (Pages 117 - 130) |

For the Committee to review the progress of Tracking Decisions.

Responses to Tracking Decisions

- | | |
|---------------------------|--------------------------|
| 14. Work Programme | (Pages 149 - 150) |
|---------------------------|--------------------------|

For the Committee to discuss item on the Work Programme.

15. Exempt Business

To Consider passing a resolution under Section 100A(2/3/4) of the Local Government Act 1972 to exclude the press and public from the meeting for the following items of business, on the grounds that they involve the likely disclosure of exempt information as defined in paragraph 3 of Part 1 of Schedule 12A of the Act, as amended by the Freedom of Information Act 2000.

15.1. Private Meeting

Agenda

(As required)

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PLYMOUTH CITY COUNCIL CONSTITUTION

**PART D: OVERVIEW AND
SCRUTINY FUNCTIONS &
PROCEDURES**

I. Overview and Scrutiny Functions

1.1. The aims of the Overview and Scrutiny process are to-

- add value to Council business and decision-making;
- hold the Cabinet to account;
- monitor the budget and performance of services;
- assist the Council in the development of policy and review the effectiveness of the implementation of Council policy;
- review relevant central government policy development and legislation to assess the impact on the City and make recommendations to Cabinet.

2. Scrutiny Management Board

2.1 The purpose of the Scrutiny Management Board is to manage scrutiny in a way that ensures the functions of overview and scrutiny are fairly balanced across all aspects of the Council's work, with a view to improving services, reducing inequalities and improving outcomes for the people of Plymouth.

2.2 Role of the Scrutiny Management Board

- To ensure that work is allocated fairly across the four scrutiny committees and reflects all aspects of the Council's work by providing oversight and direction to the committees' work programmes
- To ensure corporate and cross cutting business is dealt with by the relevant committee
- To review performance against the relevant corporate priorities and inform work programmes as appropriate
- To commission select committee reviews where necessary and appropriate
- To receive for information, and oversee implementation of, recommendations made by each Scrutiny Committee
- To plan and oversee implementation of the process for annual Budget Scrutiny
- To produce an annual scrutiny report to Council (in conjunction with the scrutiny committees)
- To review national best practice and guidance in relation to overview and scrutiny and recommend any changes to the way overview and scrutiny is undertaken as a result

2.3 **Membership** – the Scrutiny Management Board will consist of the Chairs of each of the scrutiny committees. The relevant committee Vice-Chair can act as substitute for the relevant Chair if required.

2.4 **Chair** – the Chair of the Board will be from the from the largest opposition group.

2.5 **Vice-Chair** – the Vice-Chair will be from the group in administration.

3. Role of Overview and Scrutiny Committees

3.1. The relevant scrutiny committee will:

- hear call-ins, Councilors' call for action and petitions;
- approve time limited select committees for issues within its remit;
- monitor performance against the relevant corporate priorities;
- receive finance and performance reports;
- agree recommendations to Cabinet, Council and partner organisations;
- agree appointments of co-opted representatives;

- monitor the forward plan;
- help Council and the Cabinet to develop policy by studying issues in detail through time limited Select Committees;
- review new and developing legislation to assess its impact on the city;
- consider and introduce schemes to involve the public in developing policy;
- work with national, regional and local organisations to promote the interest of local people.

4. Growth and Infrastructure Overview and Scrutiny Committee

4.1. Responsibility for

- Relevant policies in the Plymouth Plan
- Response to Central Government's Policy Making
- Capital Programme
- Strategic Procurement
- Corporate Property
- Development planning
- Strategic Highways
- Economic Development
- Heart of the South West Productivity Plan
- Strategic Transport policies and strategies
- Cultural Infrastructure
- Climate change and sustainability
- Reviewing impact of Brexit on the city
- Proposing measures that Government should take to provide stability for the council and partners in light of Brexit
- Exploring powers could be devolved from the EU directly to local authorities
- Hear call-ins relevant to the role of the committee

4.2. Partnership links

- Growth Board
- Joint Committee for Heart of the South West
- Heart of the South West Local Enterprise Partnership

4.3. **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.

4.4. **Chair** – The Chair will be from the largest opposition group and will be a member of the Scrutiny Management Board.

4.5. **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.

4.6. **Urgent Decisions** – Urgent decisions will be reviewed by the Chair with relevant responsibilities

5. Performance, Finance and Customer Focus Overview and Scrutiny Committee

5.1. Responsibility for -

- Relevant policies in the Plymouth Plan
- Corporate Performance Monitoring
- Financial Performance Monitoring
- Annual Budget Setting Process
- Medium Term Financial Strategy
- Revenues and benefits
- Homelessness
- Communications
- Human resources
- Audit and Risk
- Transformation
- Bereavement Services and Register Office
- Community Safety
- Customer Services
- Street scene and Waste
- Parking
- Hear call-ins relevant to the role of the committee

5.2. Partnership links

- Health and Wellbeing Board
- Safer Plymouth
- Police and Crime Panel

5.3. **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.

5.4. **Chair** – The Chair will be from the largest opposition group and will be a member of the Scrutiny Management Board.

5.5. **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.

5.6. **Urgent Decisions** – Urgent decisions will be reviewed by the Chair with relevant responsibilities

6. Education and Children's Social Care Overview and Scrutiny Committee

6.1. Responsibility for-

- Relevant policies in the Plymouth Plan
- Early Years Services
- Schools, colleges and other educational settings
- Child Poverty
- Special Education Needs, behaviour and attendance, narrowing the gap in

outcomes

- Safeguarding Children
- Cared for children
- Youth offending
- Adoption and Fostering
- Corporate Parenting
- Hear call-ins relevant to the role of the committee

6.2. Partnership Links

- Plymouth Safeguarding Children's Board
- Plymouth Education Board
- Health and Wellbeing Board
- Regional Adoption Agency
- Children's Partnership

6.3. 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.

6.4. **Chair** – The Chair will be from will be from the group in administration and will be a member of the Scrutiny Management Board.

6.5. **Vice Chair** – The Vice Chair will be from the largest opposition group and will act as substitute for the Chair on the Scrutiny Management Board.

6.6. **Urgent Decisions** – Urgent decisions will be reviewed by the Chair with relevant responsibilities

7. Health and Adult Social Care Overview and Scrutiny Committee

7.1. 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

7.2. 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.

7.3. Partnership Links

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

- 7.4. **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.
- 7.5. **Chair** –The Chair will be from the group in administration and will be a member of the Scrutiny Management Board.
- 7.6. **Vice Chair** – The Vice Chair will be from the largest opposition group and will act as substitute for the Chair on the Scrutiny Management Board.
- 7.7. **Urgent Decisions** – Urgent decisions will be reviewed by the Chair with relevant responsibilities

8. Overview and Scrutiny Procedures

Conflicts of interest

- 8.1. Unless they have a dispensation, members of the Overview and Scrutiny Committees cannot scrutinise decisions they were involved in taking and must leave the room when these decisions are scrutinised. Before they leave they can make representations and answer questions or give evidence if other members of the public would also have this right.

Procedure when a councillor resigns from a committee

- 8.2. A Councillor can resign from a Committee by writing to the Monitoring Officer.
- 8.3. A replacement member will be confirmed at the next Council meeting.

Procedure when a committee member stops being a councillor

- 8.4. If a Committee member stops being a Councillor, a replacement member will be confirmed at the next full Council meeting.

Co-opted members of overview and scrutiny committees

- 8.5. Non-voting co-opted members can serve on an Overview and Scrutiny Committees or for a specific policy review.
- 8.6. Co-opted members cannot vote unless they have the legal right to do so.
- 8.7. The Overview and Scrutiny Committee that deals with education matters will appoint four (statutory) co-opted members (two parent governor representatives and two church representatives). One of the church representatives will be nominated by the Diocesan Board of Education for the Church of England diocese and the other will be nominated by the Bishop of the Roman Catholic diocese within the area.

Overview and scrutiny committee meetings

- 8.8. The annual calendar for Overview and Scrutiny Committee meetings is set by Council. If Overview and Scrutiny Committees need to have extra meetings, they set the dates

themselves.

- 8.9. The Chair is responsible for the start times of committees in consultation with the Monitoring Officer.
- 8.10. The Monitoring Officer or the Overview and Scrutiny Committee Chair can decide to call a special meeting.
- 8.11. If a Committee has no business at one of its fixed meetings, the Monitoring Officer can cancel it after consulting the chair.

Substitutes, quorum and training

- 8.12. Members of the Committees can send other Councillors (who must belong to the same political group) as substitutes. Substitutes have the powers of an ordinary member of the committee.
- 8.13. Substitutions must be for a whole meeting. A member cannot take over from their substitute or hand over to them part way through a meeting.
- 8.14. If a member wants to send a substitute, they must inform the Monitoring Officer before the meeting.
- 8.15. Substitutes cannot appoint substitutes of their own.
- 8.16. If a Councillor is a member of a Select Committee Review, once the group has started its work, no substitution is allowed.
- 8.17. The quorum for a meeting is three members

Chairs and vice-chairs of overview and scrutiny committees

- 8.18. Election of chair and vice-chair
- 8.19. Chairs and vice-chairs are appointed at the annual meeting of Council.
- 8.20. Resignation of chair or vice-chair
- 8.21. If a Councillor wants to resign as chair or vice-chair, they must write to the Monitoring Officer. A new chair or vice-chair will be confirmed at the Committee's next ordinary meeting.

Programme of work

- 8.22. The Overview and Scrutiny Committees set their own programmes of work. The Committees must also review anything they are asked to review by Council.

Call in

- 8.23. Items called in will be heard at a meeting of the relevant committee within 10 working days of the end of the call in period relating to that item.

Agenda

- 8.24. Any Councillor may place any local government matter (other than excluded matters – see below) which is relevant to the functions of the Committee or board on the agenda of a meeting. The Councillor will be invited to attend the meeting at which the item is to be considered and to explain the reasons for the request.

Considering matters

- 8.25. When considering a local government matter referred by a Councillor, the Committee will decide whether to:
- review or scrutinise a decision taken by the cabinet or cabinet member;
 - make a report or recommendation to the Council or cabinet on how cabinet carries out its functions;
 - review or scrutinise a decision taken by a Council body other than the cabinet or a cabinet member;
 - make a report or recommendation to the Council or the cabinet on how a Council body other than the cabinet carries out its functions;
 - make a report or recommendation to the Council or the cabinet on matters which affect the city or the inhabitants of the city;
 - take no action.

- 8.26. The Committee will then report back to the Councillor who raised the local government matter about the decision and the reasons for the decision.

Excluded matters

- 8.27. The following matters cannot be considered by an Overview and Scrutiny Committee:
- any matter relating to a planning decision;
 - any matter relating to a licensing decision;
 - any matter relating to an individual or body if s/he/they have, by law, a right to a review or right of appeal ;
 - any matter which is vexatious, discriminatory or not reasonable to be included in the agenda for, or to be discussed at, a Committee or board meeting .
- 8.28. The Monitoring Officer in consultation with the Scrutiny Officer and Chair (or Vice-Chair in the chair's absence) of the relevant Committee will determine whether a matter is an excluded matter.

Speaking on agenda items

- 8.29. Any member of the public and any Councillor who is not a member of the Committee can speak on an agenda item if the Chair agrees. The Chair will decide how long they can speak for (unless the meeting is for call-in).

Policy review and development

- 8.30. The overview and scrutiny Committees' role in developing the policy framework and budget is set out in paragraph 1.

- 8.31. In areas that are not covered by the policy framework and budget, the Overview and Scrutiny Committees can suggest policies for the cabinet or a cabinet member to develop.
- 8.32. The Overview and Scrutiny Committees can hold inquiries and consider future policy. This may involve appointing advisors, inviting witnesses, making site visits, holding public meetings, commissioning research or doing anything else which is necessary.

Select committee reviews

- 8.33. Overview and Scrutiny Committees may appoint time limited Select Committee Reviews to undertake pieces of scrutiny work as required and will be time specific.

Requests for reviews from full council

- 8.34. The Overview and Scrutiny Committees must review anything full Council asks them to review as soon as they can make space in their programme of work.

Requests for reviews from the cabinet

- 8.35. The Overview and Scrutiny Committees can (but do not have to) review items the Cabinet or a Cabinet Member asks them to review.

Reports on overview and scrutiny reviews

Select committees

- 8.36. The Overview and Scrutiny Committees may appoint Select Committees to undertake pieces of scrutiny work as required and will be time specific. The Chair of and members of Select Committee can be any member not excluded from scrutiny. Select Committees will be subject to rules of proportionality.

Committee/Select Committee Review report

- 8.37. At the end of each policy review, the Overview and Scrutiny Committee / Select Committee Review will send the report to the Cabinet or a Cabinet Member (if it is about executive responsibilities) or to Council (if it is about Council responsibilities) or to another organisation, as appropriate.

Minority report

- 8.38. For each policy review, there can be a minority report giving any dissenting views. The Cabinet, Cabinet Member or Full Council will consider the minority report at the same time as the Committee/ review report.
- 8.39. Each Overview and Scrutiny Committee / Select Committee Review member can vote for one report but no more than one. The report with the most votes will be the Overview and Scrutiny Committee / Select Committee Review report.

Timing

- 8.40. If an Overview and Scrutiny Committee decides to send a report to the Cabinet, a cabinet member or Council:
- the Cabinet must, where practicable, consider it at its next ordinary meeting if it is about executive responsibilities;
 - Council must, where practicable, consider it at its next ordinary meeting if it is about Council responsibilities.

Arrangements for cabinet to comment on reports to full council

- 8.41. When the Overview and Scrutiny Committee sends a report to full Council, the Monitoring Officer will send a copy to the Cabinet/Cabinet Member. Council must consider the Cabinet or cabinet member's comments on anything that affects the policy framework and budget.

Overview and scrutiny members' rights to see documents

- 8.42. Overview and Scrutiny members' rights to see documents are set out in the Access to Information Rules ([see Part F](#)).

Duty of cabinet members and officers to attend overview and scrutiny meetings

- 8.43. Overview and scrutiny meetings can require members of the Cabinet and senior officers to attend and answer questions about:
- their performance
 - decisions they were involved in
 - the extent to which they have followed the policy framework and budget
- 8.44. The Lead Scrutiny Officer will inform the Councillor or officer that they are required to attend, what it is about and whether they need to produce a report or provide papers.

Timing

- 8.45. The Councillor or officer must be given reasonable time to compile information.

Whipping

- 8.46. Political groups should not pressure their members over how they speak or vote at Overview and Scrutiny meetings.

Order of business at overview and scrutiny committees

- 8.47. The overview and scrutiny committee will consider:
- declarations of interest
 - minutes
 - anything that has been called in
 - any Cabinet/Cabinet member's responses to the committee's reports
 - anything else on the agenda

- 8.48. This procedure can be suspended if at least half of all the voting members are present and there is a simple majority in favour. It can only be suspended until the end of a meeting.

Witnesses at overview and scrutiny meetings

- 8.49. Witnesses should be treated with politeness and respect.
- 8.50. Witnesses will only be required to attend Scrutiny meetings where the law requires their attendance.

Items affecting more than one overview and scrutiny committee

- 8.51. If an item affects more than one Overview and Scrutiny Committee, the Chairs and Vice Chairs of the Committees will consider the creation of a Joint Select Committee to review it.

Minutes

- 8.52. At the first meeting when the minutes are available, the chair will move that the minutes are correct and sign them. The committees will not discuss anything arising from the minutes.

Gaps in these procedures

- 8.53. If there is a gap in these procedures, the Chair will decide what to do.

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Health and Adult Social Care Overview and Scrutiny Committee

Wednesday 8 February 2023

PRESENT:

Councillor Mrs Aspinall, in the Chair.

Councillor Harrison, Vice Chair.

Councillors McDonald, McLay, Murphy, Noble, Partridge, Reilly, Tuffin and Hulme (Substitute for Councillor Nicholson).

Apologies for absence: Councillors Finn, Mrs Pengelly and Nicholson.

Also in attendance: Anna Coles (Strategic Director for People), Ruth Harrell (Director of Public Health), Ross Jago (Head of Governance, Performance and Risk), Alan Knott (Policy and Intelligence Advisor), David Harper (SWAST), Jo Turl (NHS Devon), Jo Beer (Livewell SW), Ian Lightley (Livewell SW), Sarah Pearce (Livewell SW), James Glanville (NHS Devon), Dafydd Jones (GP), Gary Walbridge (Head of ASC and Retained Functions, PCC), Moriah Priestly (Interim Head of Commissioning, PCC) and (and Elliot Wearne-Gould (Democratic Advisor)

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

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.

38. **Declarations of Interest**

There was one declaration of interest:

Councillor	Interest	Description
Noble	Personal	Councillor Noble worked at University Hospitals Plymouth

39. **Minutes**

The Committee agreed the public and private minutes of the meeting held on 16 November 2022 as a correct record.

40. **Chair's Urgent Business**

The Chair, Councillor Mary Aspinall, welcomed Councillors Hulme, McLay, and Noble to the Committee, following changes agreed at City Council on 30 January 2023.

41. Health & Adult Social Care Policy Brief

Alan Knott (Policy and Intelligence Advisor) outlined the Health & Adult Social Care Policy Brief to the Committee.

The Committee agreed to-

1. Request a copy of the 'Delivery plan for recovering urgent and emergency care services' which had been discussed within the report;
2. Note the report.

42. Health & Adult Social Care Risk Monitoring Report

Ross Jago (Head of Oversight, Governance & Risk) delivered the Health & Adult Social Care Risk Monitoring Report to the Committee, and highlighted the following points-

- a) There had been a reduction in the overall number of risks on the Strategic Risk Register;
- b) The risks relevant to the Committee had remained relatively static;

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

- c) Rates of Covid-19 had been steadily increasing, both nationally and locally, following their earlier decline. On 23 January 2023, University Hospitals Plymouth (UHP) had approximately 23 Covid positive patients however, today's figure was approximately 80;
- d) While UHP had to regulate visitor numbers to wards during peak times, there were currently no restrictions against visiting Covid patients;

The Committee agreed to note the report.

43. Urgent and Emergency Care Services (To Follow)

David Harper (SWAST) delivered an update on the South and West Devon County Ambulance Service to the Committee, and highlighted the following points-

- a) In July, SWAST saw an increase in ambulance activity, peaking at over 400 incidents per day. Since then, ambulance activity had reduced much closer to expected levels, with 2022-2023 data demonstrating close to pre-pandemic trends;
- b) There had been a particular increase in December 2022, with incidents rising to approximately 380 per day, placing significant pressure on the system. This had likely been due to a combination of Covid, Flu, and Strep-A infections;

- c) Even during peak activity, SWAST had been successful in limiting the number of patients conveyed to ED, to around 34% of all patients seen. This had been achieved through placing emphasis on clinical hubs and a 'see and treat' strategy, and had thus prevented excess pressure on ED and hospital services;
- d) Through January 2023, the ambulance service had seen a large reduction in demand, likely due to the reduction in Covid and Flu cases, combined with media coverage of NHS pressures, as well as industrial actions;
- e) SWAST had seen a large increase in frontline vehicle service hours. In 2019-2020, approximately 37,000 vehicle hours had been used, however this was now approximately 48,000 hours. While SWAST was funded for 5,400 hours per week, performance data showed they were often providing more;
- f) There was a noticeable correlation between hospital handover delays, and ambulance repose times. There had been a significant improvement in ambulance response times since the reduction in demand, and handover delays;

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

- g) When an ambulance arrived at the hospital forecourt, hospital staff then assumed responsibility for that patient. However, there was a collaborative responsibility between the ambulance crew and hospital staff while the patient remained waiting in the ambulance;
- h) A new system of rapid assessment and triage had been established, where every patient arriving at ED by ambulance was triaged in the hospital face to face within 30 minutes, before ongoing treatment was organised;
- i) There had recently been a power outage to the sever network at Derriford Hospital, which had compromised the hospitals ability to use the IT network to order clinical services. This had caused significant disruption, and taken considerable time to recover;
- j) There had been a significant increase in ambulance crew on-scene times, with crews trying to manage patients at home, without the need to convey patients to ED;

The Committee praised the hard work and dedication of ambulance crews, and agreed to note the report.

Jo Turl (NHS Devon) delivered a presentation to the Committee on the 'III and Out of Hours GP service', and highlighted the following points-

- a) The III and Out of Hours GP service had recently changed to a new provider, PPG. While the winter period had been very challenging and hard to predict or prepare for, there had been strong collaboration across the services, and signs of service improvement;

- b) Call answering and abandonment rates had improved greatly from this time last year despite a very challenging December period however, there remained significant challenges recruiting frontline staff;
- c) While 111 call answering performance had greatly improved, there remained ongoing challenges providing face-face appointments, due to staffing pressures;

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

- d) The service was rated by national targets such as call answering time, and abandonment rate, which did not always reflect the quality or effectiveness of the service provided. Through the improvement programme, patient experience data was now being collected to provide a more holistic evaluation of the service;
- e) Through the improvement plan, NHS Devon were exploring options to digitally transfer patients who called 999 to the 111 service, where appropriate, to prevent patients experiencing additional delays by having to hang up, and call 111 themselves.

The Committee thanked Jo Turl, and agreed to note the report.

Jo Beer (UHP), Ian Lightley (Livewell SW), and Sarah Pearce (Livewell SW) delivered a presentation to the Committee on 'Admissions Avoidance', and highlighted the following points-

- a) There had not been a significant increase in attendances at Minor Injuries Units (MIU) or Urgent Treatment Centres (UTC) recently however, there had been a considerable effort to upskill staff, as well as the appointment of a primary care clinical lead for UTC. There were opportunities to consider moving some UTC capacity closer to Derriford hospital, where walk-in activity was high, and could be managed through a UTC to free up space within the Emergency Department (ED);
- b) Community Care teams across the city such as the Community Crisis Response Team (CCRT) and Urgent Care Nursing Service (UCNS), helped reduce emergency admissions by providing early intervention and patient management within the community. Plymouth's CCRT met the newly introduced national standards, providing an 8am-8pm multi-professional service, assessing patients within 2 hours of referral;
- c) Having identified a significant demand for ambulance and ED resources related to patients falling at home, these teams had demonstrated significant success at preventing admissions to hospital. From 20 February 2023, a dedicated 24hr 'fallers response service' would be provided;

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

- d) The ongoing integration of locality services was designed to bring a greater 'wrap around care', focussing on prevention. The majority of primary care networks were now signed up to 'Aging Well', focussing on a frailty prevention strategy;
- e) Workforce and recruitment remained one of the largest challenges however, long-term workforce plans were being developed, and progressing;
- f) Livewell SW provided a 24hr Mental Health Response service through a multi-professional team, delivering telephone and face-face crisis response. Towards the end of the year, there had been a significant increase in call volume, leading to a reduction in calls answered. However, this had since recovered, and the call abandonment rate after 60 seconds was within the national 5% target. After each call, the crisis was either resolved, or referred to additional partner services for further support;
- g) UTCs and MIU services had seen significant improvements since last year, where services were forced to close on a regular basis due to staffing issues. Work in recruitment and training had ensured closure rates had dropped from around 25% a year ago, to under 1% today;
- h) A directory of services had been introduced for medical professionals to signpost patients to the most appropriate service, and ongoing work was being undertaken to ensure ease of access and awareness;
- i) Frequent users of ED were being reviewed to assess measures to prevent frequent admittance, and NHS Devon had commissioned Immedicare, providing care homes with quick access to clinical advice, as an alternative to hospital admission. This had shown positive results across the country, with potential to reduce admissions by up to 50%. 48 care homes were currently undertaking the trial in Plymouth;

The Committee thanked Jo Beer, Ian Lightley, and Sarah Pearce for the report, and agreed to-

1. Receive an update on progress at a future meeting;
2. Note the report.

Jo Beer (UPH) delivered a presentation to the Committee regarding 'Same-day Emergency Care', and highlighted the following points-

- a) Demand in ED had steadied since the last Covid peak however, ED had experienced an increased sickness of patients presenting at walk-in, primarily due to ambulance delays. Since improvements to ambulance capacity and performance, the number and severity of 'walk in' patients had now reduced;
- b) The standard dictated that all patients should be assessed within 15 minutes of arriving at ED. This was more consistently met for people arriving in Ambulances, than 'walk-ins' however performance metrics were on an

improving trajectory. The introduction of a Rapid Assessment and Treatment area within ED was hoped to further reduce waiting times;

- c) It was widely recognised that ED delays were detrimental and distressing to patients, their families, and staff. In December, the longest wait for a bed following ED admittance, was 19 hours. The mean time for discharge from hospital was 6 hours. This resulted in delays at ED due to lack of ward capacity to move patients onwards. There were ongoing improvement projects to improve discharge rates across the hospital. At the time of this meeting, there were no patients waiting over an hour for ambulance handovers;
- d) The hospital had recently experienced nursing and ambulance strikes, further adding to pressures;
- e) The number of patients arriving at ED with mental health related illnesses had increased recently, and thus required improvement;
- f) The Acute Assessment Unit was designed for patients who did not require admission, but required examination or tests, before returning home with support and a treatment plan. Recruitment was currently underway to expand this services hours of operation, to free up capacity within the hospital. UHP was within the top 50 trusts for same day emergency care, and had aspirations to improve further;

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

- g) It was sometimes necessary to ‘fast-track’ patients at ED who arrived after others, due to greater clinical need and/or involvement of other emergency services. While this was often seen as unfair, it was sometimes necessary for safety, and to reduce disruption to the department;
- h) There had been significant improvements to Plymouth and Devon’s discharge delays from hospital however, these trends were not present for Cornwall, leading to reduced hospital capacity;
- i) ED staffing was a great challenge, and although significant improvements towards education, recruitment and sustainability had been made, the ED regularly operated over designed capacity.
- j) Derriford no longer had a Clinical Decision Unit (CDU) within the ED, as it been replaced by the HALO space, to assess those unloaded from ambulances. This space would soon be used for the new Urgent and Emergency Care Centre. A business case for a UTC on the derriford site had been developed, and land purchased, following recommendation from the national team. Funding was now being sourced.

The Committee thanked Jo Beer for the update, and agreed to note the report.

James Glanville (NHS Devon), Ian Lightley (Livewell SW), Gary Walbridge (Head of ASC and Retained Functions, PCC) delivered a presentation to the committee on 'Hospital Discharges', and highlighted the following points-

- a) Pre pandemic, Plymouth experienced good hospital discharge times however, due to Covid pressures, discharges now regularly involved considerable delays. Plymouth struggled to discharge more patients than were admitted per day, and had installed a target of 5% no right to reside within the acute trust;
- b) It was important to tackle discharges holistically and as a collective, incorporating the community care services, PCC, and the voluntary sector;
- c) On the morning of this meeting, Plymouth had experienced 22 discharge delays, Devon had experienced 8, and Cornwall had 47. These figures showed significant progress, meeting the 5% target however, there was still considerable work to do to reduce Cornwall's discharge delays;

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

- d) 'Winter Pressures' monies had been guaranteed for another two years at similar levels, with possibility to increase year on year. There were already plans being developed to ensure capacity next winter. The Care Hotel had been utilised to provide additional capacity this year, and plans were ongoing between Livewell and PCC to reduce need for this through expanding services such as the 'Home First service', 'Hospital to Home' and the 'Short Term Care Centre';
- e) A review of all discharge services was being undertaken post-pandemic, to evaluate their performance ahead of expected high demand next year;
- f) There were a number of training and recruitment initiatives underway for GPs across the South West to address staffing and retention challenges however, this was a long-term strategy, and was unlikely to lead to a rapid workforce solution;
- g) Due to demand, capacity and resourcing pressures, the health service across the board had been driven to innovation and change. New ways of working had been developed, and practices were unlikely to return to pre pandemic systems and public perceptions.

The Committee thanked James Glanville, Ian Lightley and Gary Walbridge for the update, and agreed to-

- 1) Recommend that Healthwatch be recommissioned to repeat their patient experience survey of ED following the numerous improvement strategies and works detailed at this meeting;
- 2) Note the report.

44. **Fair Cost of Care and Market Sustainability Plans, Update**

Anna Coles (Strategic Director for People), Moriah Priestley (Interim Head of Commissioning), and James Stannard (Care Home Business Improvement Partner) delivered the 'Fair Cost of Care and Market Sustainability Plans' update to the Committee, and highlighted the following points-

- a) As part of the Adult Social Care Reform agenda, all local authorities had been required to engage with their local care providers to complete a 'Fair Cost of Care exercise'. This engagement work had begun during summer 2022, to better understand the cost of delivering care throughout older-persons care homes and the home care market. Local authorities had been required to publish their final findings by 01 February 2023, and develop market sustainability plans to identify gaps in current care provision, and future options to strengthen resilience;
- b) Plymouth had previously identified gaps in home care provision across the city, particularly for complex dementia care, resulting in delays to domiciliary services and hospital discharges. This sometimes required outsourcing care to other local authorities, which was recognised as having potentially detrimental impacts for patients and their families. From April 2023, Plymouth City Council was looking to uplift home care contracts by 10%, and care home contracts by 8%;
- c) Responses from providers had been low (around 30%) and it had therefore been difficult to draw conclusive trends and outcomes from the engagement work however, it was recognised that:
 - i. The care home market had gone through a challenging period recently, and key gaps in provision had been identified;
 - ii. Home care providers were stretched a little too thin across the city;
 - iii. A 'zoned' approach to care was being explored for the city, which would bring care providers and clients closer, thus seeking to address these gaps;
 - iv. Other local authorities had experienced similar market trends and care provision challenges.
- d) Significant additional efforts had been undertaken to boost engagement with the care providers, including extending deadlines, personalised sessions, and 1:1 calls. It was recognised that many care providers struggled with a lack of capacity to engage in this exercise, thus leading to a lower rate of return than anticipated. These trends had also been experienced by other local authorities;
- e) Having now concluded, there was not sufficient information to use the 'Fair Cost of Care' exercise as it was initially intended, resulting in the need to engage in fee negotiations with individual care providers. Plymouth was therefore now engaging with the market to set its fee rates for 2023/34;

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

- f) The documentation and assessment process for the 'Fair Cost of Care' exercise followed a standardised methodology, set nationally, thus PCC had little ability to amend or simplify the process;
- g) Fee rate negotiations took place annually, examining cost pressures across the market and available resources. The 'Fair Cost of Care' exercise was the first national exercise to understand the cost of care across the adult social care market;
- h) PCC regularly engaged with care homes regarding vacancy levels, staffing levels and other performance metrics through contractual arrangements however, this national exercise had been voluntary;
- i) Due to market failures and care provision gaps, the Council had previously explored options to provide care 'in-house'. This had led to the creation of a care company (@Plymouth Care).

The Committee expressed their disappointment at the low rate of engagement from care providers which had aimed to produce a national picture of care costs, challenges, and opportunities, and agreed to-

- 1. Note the outcome of the 'Fair Cost of Care' engagement report;
- 2. Support the proposed approach to fee setting with providers for 2023/24;
- 3. Note the strategic direction as set through the emerging market sustainability plans.

45. **Motion On Notice - Defibrillators**

Ruth Harrell (Director of Public Health), Anna Coles (Strategic Director for People), and Elliot Wearne-Gould (Democratic Advisor) outlined the 'Motion on notice- Defibrillators' to the Committee, and highlighted the following points-

- a) A Motion on Notice from City Council, 27 February 2023, had been referred to the Health and Adult Social Care Overview and Scrutiny Committee for consideration. The motion stated: Not all our public buildings have defibrillator and it's essential that there is this valuable piece of equipment on site here in the Council House and other Council owned buildings across the City;
- b) Defibrillators were not needed often, but when they were, could save lives. There were approximately 140 cardiac arrests in Plymouth per year, with the majority (3/4) occurring at home. Due to a lack of clear guidance, it was difficult to know the best location to install defibrillators however, it was widely recognised that rapid intervention with a defibrillator increased the chances for patients' recovery. As a result, it

was important to consider placing them in areas of high footfall, as well as considering age/ social groups of particular vulnerability, and the financial implications of instillation, training, and ongoing maintenance.

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

- c) The majority of modern defibrillators were automated, and therefore provided step by step instructions to the user on how to prepare the patient, position pads, administer CPR, and automatically monitored cardiac rhythm, only allowing a shock to be delivered if appropriate. Defibrillator training was also now a common component of first aid courses.

The Committee agreed to request a report covering the health and financial implications of the instillation of defibrillators across Council buildings, so that options could be considered at the next meeting of this Committee.

46. **Tracking Decisions**

The Committee agreed to note that there were 2 tracking decisions in progress, with the remainder marked completed.

47. **Work Programme**

The Committee agreed to:

1. Bring a report on 'Defibrillators' to the next Committee meeting in June 2023;
2. Recommend that the Work Programme be amended to group future items into targeted session for the next municipal year.

Health and Adult Social Care Overview and Scrutiny Committee

Friday 10 March 2023

PRESENT:

Councillor Mrs Aspinall, in the Chair.

Councillors Finn, Harrison, Laing (Substitute for Councillor Noble), McLay, Murphy, Nicholson, Partridge, Penberthy (Substitute for Councillor McDonald), Reilly and Tuffin.

Apologies for absence: Councillors Deacon, McDonald, Noble, and Mrs Pengelly.

Also in attendance: Anna Coles (Strategic Director for People), Matt Ward (Head of Strategic Development Projects, PCC), Sarah Lees (Consultant in Public Health), Jo Turl (NHS Devon ICB), Nigel Acheson (NHS Devon ICB) and Elliot Wearne-Gould (Democratic Advisor).

The meeting started at 14:00 and finished at 17:10

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.

1. Declarations of Interest

There was one declaration of interest:

Councillor	Interest	Description
Lee Finn	Personal	Chair of the Mayflower Patient Participation Group.

2. Chair's Urgent Business

There were no items of Chair's urgent business.

3. West End Hub Programme Delivery

Jo Turl (NHS Devon ICB), Nigel Acheson (NHS Devon ICB), and Matt Ward (Head of Strategic Development Projects, PCC) delivered an update to the Committee regarding the 'West End Hub Programme Delivery', and highlighted the following points-

- a) The board paper within the Committee's agenda pack would be going to NHS Devon's public board on Wednesday 15 March 2023 for discussion and a decision;

- b) Since last attending this Committee, Jo Turl and the ICB had written to the Health Secretary, Lord Markham, to identify the future of the Cavell project and any possible solutions to the funding issues. This included seeking national capital to support the Cavell project, and potential to combine the project with the Community Diagnostic project which was underway in Plymouth. A formal response had not yet been received;
- c) While NHS Devon had always stated that the Cavell project was reliant on national capital, they had since explored all options locally to support this project too;
- d) All of the 6 national pioneer sites of the Cavell project had been written to by the National Cavell team, asking them to stand down. A national business case had now been prepared for submission to the treasury, hopefully for funding in the next spending review;
- e) An options analysis had been undertaken, but had unfortunately identified that it was currently unaffordable to support the project from local NHS Devon monies. NHS Devon had received an offer from Plymouth City Council to borrow the capital required however, NHS Devon could not afford the interest repayments on this loan, given their current deficit position;
- f) The people most affected by this would be the 3 GP practices and their patients, who had been poised to move into the West End Hub on its completion. NHS Devon were committed to working with these practices, “whatever happens”, to ensure there were sustainable and high quality primary care facilities across the city, and meetings with those affected had been scheduled.
- g) While no decisions had yet been made, the recommendation to be taken to NHS Devon’s board was regrettably that:
 - i. ‘The Board commends the work which all partners have undertaken through the Cavell Project Board to achieve the completion of the Full Business Case’;
 - ii. ‘The Board supports the view of the Executives that, given the change in the national position on capital resources available, at present we cannot support any option that takes the Plymouth scheme forward at this stage. As we are in SOF4, and are facing a £49.5m overspend, our options are severely limited at this stage, unless or until the national position on capital for Cavell schemes changes (Option 6)’;
 - iii. ‘Continue to work with the practices to mitigate risks to the practices in the short-term. We will also work with the practices to identify all risks and opportunities as part of the PCN Estates Toolkit process’.

- h) All of NHS Devon's capital was committed for the next year, and due to a backlog in critical and essential maintenance it was not possible to commit future years' capital to the project.

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

- i) University Hospitals Plymouth (UHP) contributed to £17m of deficit, within the ICB's £49.5m overspend;
- j) The ICB were committed to working with the 3 affected GP surgeries to ensure they remained open and delivering high quality care to their patients;
- k) NHS Devon ICB had nominated Plymouth as a pioneer site as they recognised the community health needs, and potential this project could have for the city's primary care provision. Conversations had already started to ensure support was provided to the 3 GP practices;
- l) The ICB had thoroughly examined all of the potential benefits of the Cavell centre through the business case, including the effect of primary and preventative care. The project would have roughly broken financially even however, without a balanced budget it was not affordable;
- m) NHS Devon had been offered a loan from Plymouth City Council to fund the initial build cost of the Cavell centre, subject to the monies being reclaimed over a 40 year period. However, due to NHS Devon facing a deficit position both within Devon, and Plymouth, it would be irresponsible to commit to further spending when it could not be guaranteed that future budgets would be in a sustainable place. The project would cost approximately £45m, with an approximate interest charge of 5.35% costing around £2.6m. The ICB's budget for 2022/23 had been £2.4b however, this year alone had seen a £53m overspend, with next year's projections showing further deficit accumulation;
- n) NHS Devon and local authorities could only operate under the financial parameters provided by government. While national Government had initially indicated it would provide the needed capital, it was felt that NHS Devon and PCC had been misled, with options of funding pulled at the last minute. This was regarded as hugely disappointing all round, with considerable time and financial investment having been made, as well as expectations having been raised across the city. NHS Devon and PCC had not pre-empted decisions, but had instead fulfilled their requirements through developing a business case and locating and clearing a site, to meet the criteria for funding;
- o) NHS Devon ICB would not stop in its goal of striving to improve health and healthcare for residents across the city. While the Cavell project had offered an innovative new method of tackling issues, the ICB had many other avenues towards health improvement;
- p) Approximately 4 years ago, PCC had identified the need to re-develop the Colin Campbell Court site, and had undertaken work to explore how the

Council could commission a primary care facility there. This “oven ready” project then received significant interest from other health partners, and with demand greater than anticipated, NHS England offered funding of £2.5m for the ICB to develop a business case;

- q) PCC had several options to consider in regards to the future of the Cavell Project, and the site at Colin Campbell Court:
 - i. Wait until the spending review in autumn 2024. If the spending review did happen, and funding for the Cavell project was allocated, this would not be available until April 2025. There were no certainties;
 - ii. Meanwhile, the Colin Campbell Court site was in need of regeneration, as PCC had had to complete demolition to meet the timescales set by NHS England. PCC was liaising with UHP regarding the potential for the Community Diagnostics Centre (CDC) to be located on the site, and options were being analysed for integration of the Cavell Hub with the CDC if funding became available later.
- r) UHP Derriford had submitted a funding bid for £25m to cover the complete cost of the proposed CDC. This was a separate funding source to the Cavell project, and did not impact NHS Devon’s financial position. A decision on the funding allocation for the CDC was expected by the end on February 2024;
- s) While the current position of the national Cavell project was disappointing, there had been significant achievements and positives throughout the process, including strong system and partnership working that was important to maintain going forward;
- t) NHS Devon had explored the possibility of a purpose built, stand-alone facility for the 3 GP services however, this would cost approximately £15m, and combined with interest charges, presented identical challenges to the Cavell centre, with the current financial position. Instead, the ICB would need to examine existing premises and evaluate the best way to support them in their current form;

The Committee raised concerns regarding-

- u) The practicality of working with the 3 affected practices to ensure their sustainability during a potentially long-term period of uncertainty was doubted, when all were in a state of crisis due to expiring or expired leases, insufficient working space, poor maintenance/ conditions, and inability to recruit or retain staff. The Committee questioned the potential for Stonehouse to lose all 3 of its GP practices, should inadequate support be provided;
- v) The lack of a detailed plan from NHS Devon, outlining how they would work with the affected GP practices to ensure their survival and the delivery of

high quality primary care was concerning, with issued statements appearing vague. The Committee highlighted that any pause or abandonment of this project would significantly and negatively impact one of the poorest communities in Devon, and Plymouth, with some of the lowest health outcomes in the city. There were approximately 7.7 years difference in life expectancy between the East and West of the city, and while these figures were not worsening, they were heavily engrained and would prove a challenge to address;

- w) The Cavell project had offered an innovative and long-term solution to tackling the inequality of health outcomes in Plymouth, and would have made significant steps to alleviate pressures on other care resources across the city. It was widely recognised that unemployment within Plymouth was linked to health problems, with delays to medical treatment preventing many from working, and significantly impacting on resident's quality of life. It was therefore felt that giving up on the project would be short-sited, leading to future financial, resource, and health outcome shortfalls;
- x) It was particularly disappointing for the project to be in this position at such a late stage, with many of the primary obstacles overcome. Considerable NHS monies had been spent developing a business case and towards project management, while a site had been identified and cleared, and numerous GP and care facilities were set to move into the Hub on its completion;

The Committee agreed to-

1. Recommend that the Chair of the Health and Adult Social Care Overview and Scrutiny Committee write to the National Audit Office, expressing concerns regarding the expenditure of the Cavell Programme, which now appeared to have no DHSC funding for delivery. This had led to considerable reputational damage to local authorities, which must be prevented in future;
2. Recommend that the Chair of the Health and Adult Social Care Overview and Scrutiny Committee write to NHS England regarding potential to fund the interest payments on the capital loan offered by PCC to support the West End Health Hub project, and continues to drive to secure the required capital funds;
3. Recommend that the Chair of the Health and Adult Social Care Overview and Scrutiny Committee write to the 3 affected General Practise managers, seeking their views on delays to the Cavell Programme, and explores brokering a meeting between parties involved;
4. Recommend that the ICB and NHS England prioritise systems working and early intervention and prevention, addressing long term need, rather than short term financial viability;
5. Recommend that a Devon-wide meeting with MPs be explored to ensure accountability and ongoing cooperation to improve the health outcomes in

Devon and Plymouth, and continue to lobby to secure funding for this project;

6. Recommend that NHS Devon respond within 15 working days, detailing a fully-costed plan to ensure the sustainability and viability of the 3 affected GP practises who were due to take up residence in the West End Hub. The Committee accepts the offer of the ICB to report to a future scrutiny meeting on the work being undertaken to support local GP practices and ensure health outcomes are maintained and improved across the city;
7. Recommend that NHS Devon provide full financial visibility of revenue and capital budgets to this Committee, to enable consideration of whether allocated funding is proportionate to the population needs of the City;
8. Recommend that PCC officers work with UHP to look at the master planning of the Colin Campbell Court site, ensuring any alternative facilities, such as the Community Diagnostics Centre, are in line with regeneration proposals;
9. The Committee offered its appreciation Jo Turl and Nigel Acheson for their attendance at this meeting, but expressed disappointment that NHS Devon's Chief Executive Officer and Chief Financial Officer were not in attendance. The Committee would be seeking a further discussion with them to ensure that all avenues for the Cavell Project had been adequately considered;
10. The Committee recorded their significant concerns regarding the viability and sustainability of the 3 GP practices which were due to take up residence in the new West End Hub. Concerns were also noted regarding the future accommodation of the voluntary, community, and other health services which had been planned for integration into the hub;
11. The Committee expressed concerns regarding Plymouth's current insufficient health provision, and requested that NHS Devon provide assurances of their plan to ensure adequate health care is in place to align with Plymouth's Plan for Homes, and population growth, including seeking appropriate contributions through section 106 agreements with developers.

4. **Exempt Business**

There were no items of exempt business.

Health and Adult Social Care Overview and Scrutiny Committee



Date of meeting:	27 June 2023
Title of Report:	Health and Adult Social Care Performance Report
Lead Member:	Councillor Mrs Mary Aspinall (Cabinet Member for Health and Adult Social Care)
Lead Strategic Director:	Anna Coles (Strategic Director for People)
Author:	Rob Sowden
Contact Email:	Robert.sowden@plymouth.gov.uk
Your Reference:	H&ASCPERF0623
Key Decision:	No
Confidentiality:	Part I - Official

Purpose of Report

The purpose of this report is to inform members of the latest performance against a number of key indicators that provide a view of how health and adult social care is being delivered to the people of Plymouth.

Recommendations and Reasons

The Health and Adult Social Care Overview and Scrutiny Committee notes the Health and Adult Social Care Performance Report

Alternative options considered and rejected

N/A

Relevance to the Corporate Plan and/or the Plymouth Plan

This performance report links to the following Corporate Plan priorities; Working with the NHS to provide better access to health, care and dentistry, and Keeping children, adults and communities safe.

Implications for the Medium Term Financial Plan and Resource Implications:

Performance and activity across the health and social care system will impact on budgets, this will be covered in financial updates.

Financial Risks

Performance and activity across the health and social care system will impact on budgets, this will be covered in financial updates

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) 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.						
		1	2	3	4	5	6	7
A	Health and Adult Social Care Performance							
B								

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) 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.						
	1	2	3	4	5	6	7

Sign off:

Fin	DJN2 3.24.4 2	Leg	EJ/11 14/7. 6.23(1)	Mon Off	Click here to enter text.	HR	Click here to enter text.	Asset s	Click here to enter text.	Strat Proc	Click here to enter text.
Originating Senior Leadership Team member: Anna Coles											
Please confirm the Strategic Director(s) has agreed the report? Yes											
Date agreed: 14/06/2023											
Cabinet Member approval: Verbally approved by Cllr Mary Aspinall											
Date approved: 14/06/2023											

HEALTH AND ADULT SOCIAL CARE PERFORMANCE REPORT

June 2023



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INTRODUCTION

Public Sector organisations across the country are facing unprecedented challenges and pressures due to changes in demography, increasing complexity of need and the requirement to deliver better services with less public resource. Plymouth and Devon also face a particular financial challenge because of the local demography, the historic pattern of provision and pockets of deprivation and entrenched health inequalities.

This report aims to show progress against some key activity and performance measures from across the health and social care system, and will be provided to the Health and Adult Social Care Oversight and Scrutiny Committee on a quarterly basis. The contents of the report will be flexible and can be changed in line with changing priorities if required.

ADULT SOCIAL CARE

The provision of data and performance information remains critical to delivery, even more so as the [Health and Care Act 2022](#) gives the Care Quality Commission (CQC) new powers to provide a meaningful and independent assessment of care at a local authority and integrated care system level.

Plymouth City Council has the statutory responsibility for the delivery of all Adult Social Care (ASC) services in Plymouth, and will be subject to a CQC assessment. The Council's partners are playing a significant role in how we prepare for the new assessment framework, including Livewell Southwest, who are commissioned by the Council to provide statutory Adult Social Care services, including assessments and reviews.

Below are some key delivery statistics in relation to Adult Social Care in Plymouth;

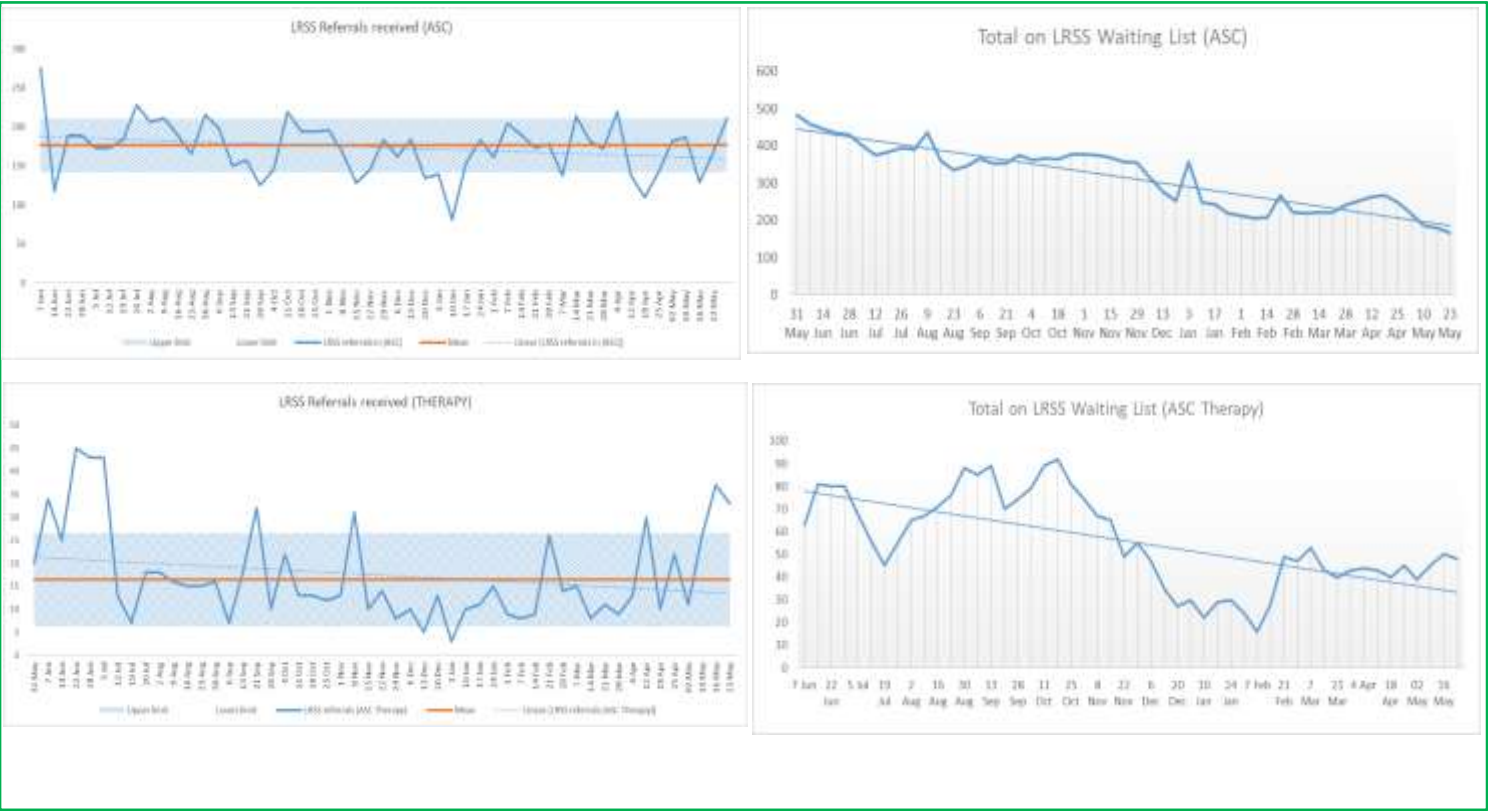
In 2022/23;

- 12,030 requests for support from new clients
- 4,516 people accessed long term adult social care support
Of above, 1,742 aged 18 to 64 and 2,774 aged 65 and over
- 1,318 people received care in a Residential or Nursing Care
- 3,198 people received care in a Community Based Setting
- 7,290 safeguarding referrals received, leading to 874 safeguarding concerns and 393 section42 enquiries
- 400 Carers Assessments undertaken
- 699 individuals received social care support via a Direct Payment

Period to: week of 2 May 2023

Subject: Adult Social Care Demand/ Unmet Demand

	13 Dec	20 Dec	3 Jan	10 Jan	17 Jan	24 Jan	1 Feb	7 Feb	14 Feb	21 Feb	28 Feb	7 Mar	14 Mar	21 Mar	28 Mar	4 Apr	12 Apr	18 Apr	25 Apr	02 May
LRSS referrals (ASC Therapy)	5	13	3	10	11	15	9	8	9	26	14	15	8	11	9	13	30	10	76	11
LRSS referrals in (ASC)	135	139	81	153	183	161	205	190	173	178	138	214	182	172	220	138	110	142	127	187
Total on LRSS Waiting List (ASC Therapy)	35	27	30	22	29	30	24	16	28	49	47	53	43	40	43	44	43	40	45	39
Total on LRSS Waiting List (ASC)	277	251	358	247	243	218	212	205	207	266	221	219	220	221	241	251	263	268	248	218



Narrative

The number of referrals being received by the Livewell Southwest Referral Service (LRSS) continue on a slightly reducing trend. The average weekly number of ASC referrals between 1 November 2022 and 2 May 2023 is 161, down from 186 between 31 May 2022 and 25 October 2022. Over this same period the number on the LRSS waiting list has been on a reducing trend. However, in recent weeks the waiting list showed signs of starting an increase, but this has stalled with numbers back down to 218 in week of 2 May 2023. This is down from a high of 482 when weekly data was provided on the 31 May 2022.

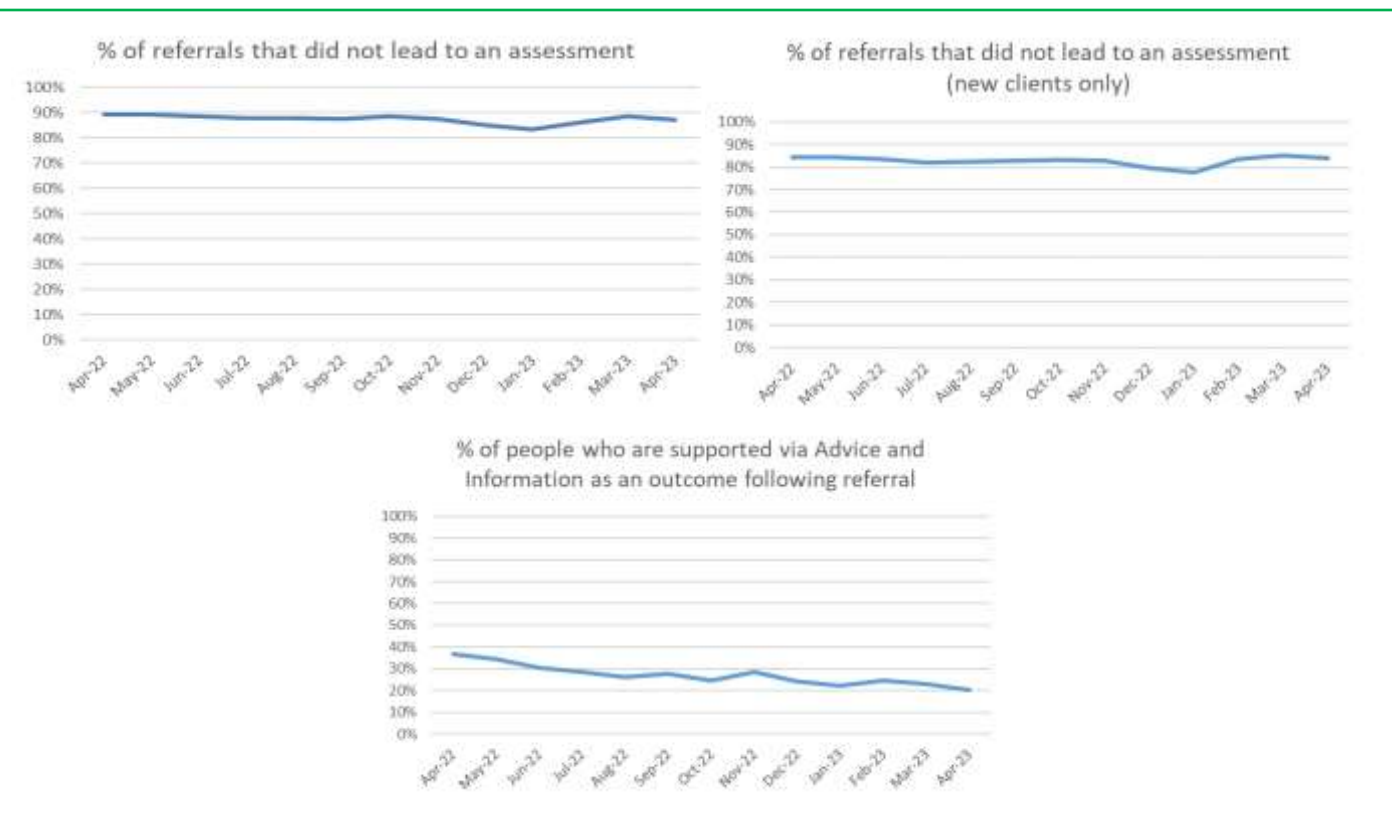
Over the longer term LRSS ASC Therapy referrals are on a decreasing trend, but have been on a slightly increasing trend since mid-November 2022.

The Therapy ASC waiting list has increased in recent weeks having been steady for several months, following a period of sustained reduction. A slightly increasing trend in referrals since mid-November may be contributing to a static waiting list since mid-February. On 2 May 2023 there are 39 on the ASC Therapy list.

Period to: April, 2023

Subject: Adult Social Care – Referral Outcomes

	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23
Number of referrals	891	1019	917	922	972	847	874	835	600	880	775	917	714
% of referrals that did not lead to an assessment	89.1%	89.3%	88.6%	87.7%	87.9%	87.4%	88.5%	87.4%	85.1%	83.3%	86.1%	88.4%	87.3%
% of referrals that did not lead to an assessment (new clients only)	84.2%	84.3%	83.6%	81.8%	82.4%	82.8%	83.3%	82.8%	79.7%	77.5%	83.4%	85.2%	83.9%
% of people who are supported via Advice and Information as an outcome following referral	36.6%	34.5%	30.4%	28.6%	26.2%	27.7%	24.6%	28.5%	24.0%	22.4%	24.6%	23.1%	20.3%



Narrative

Tracking referral outcomes is one way to assess the availability of alternatives to long term social care support.

In 2022/23 more than 9,000 referrals did not progress onto an adult social care assessment of need, this means that more than 87% of referrals resulted in a signposting to an alternative to long term care. Our Caring for Plymouth Model continues to focus on providing early support and reablement to reduce the number of people requiring long term care.

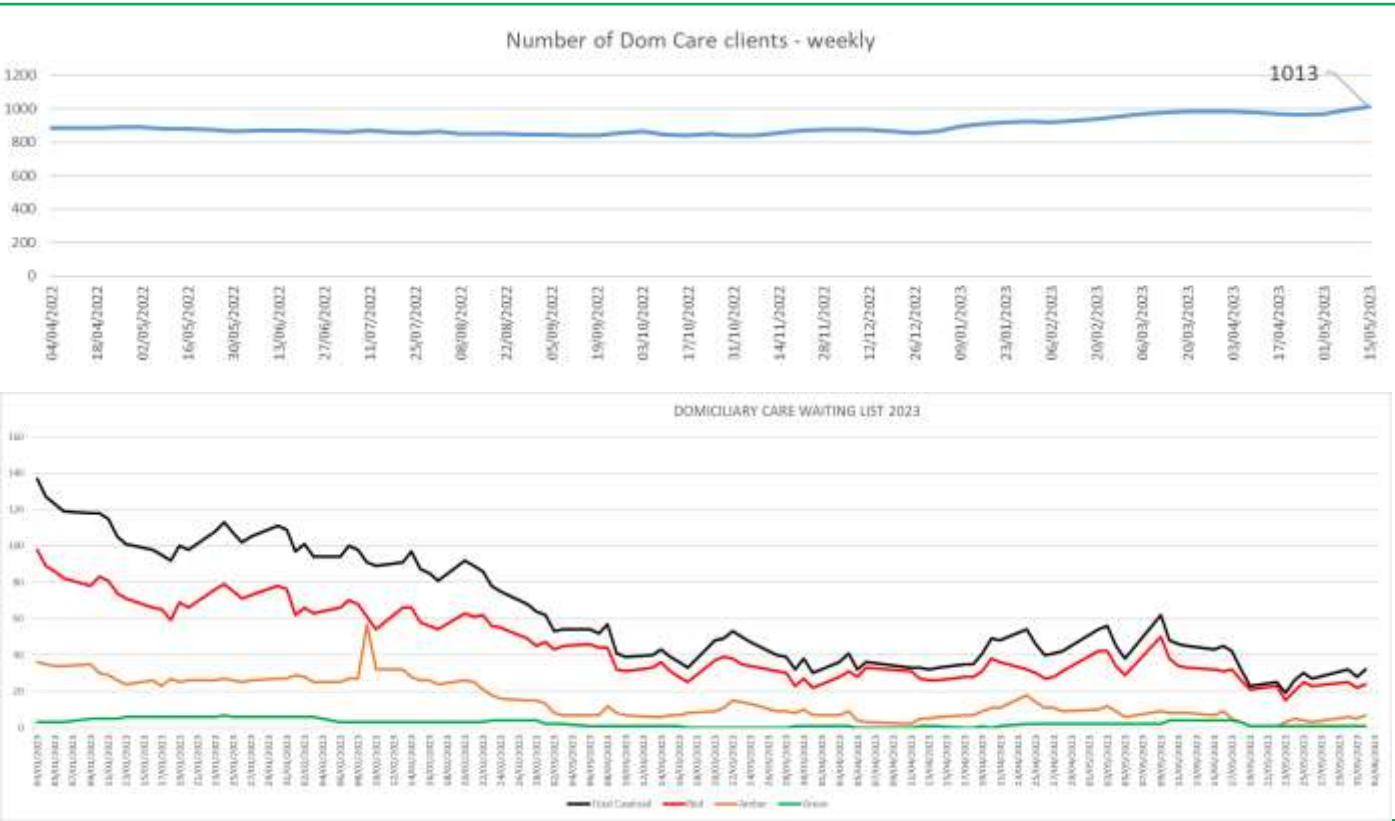
We know that in 2022/23 nearly 3,000 were supported by the advice and information service, equating to approximately 28% of all referrals.

Period to: 1 June, 2023

Subject: Adult Social Care - Domiciliary Care

Week commencing	06/02/2023	13/02/2023	20/02/2023	27/02/2023	06/03/2023	13/03/2023	20/03/2023	27/03/2023	03/04/2023	10/04/2023	17/04/2023	24/04/2023	01/05/2023	08/05/2023	15/05/2023
Weekly number of people receiving Domiciliary Care	922	928	938	955	969	982	987	984	986	980	969	965	972	993	1013
Weekly contracted Domiciliary Care Hours	11,171.25	11,446.75	11,360.50	11,574.50	11,854.75	12,235.50	12,337.00	12,403.75	12,551.50	12,417.75	12,216.50	12,202.00	12,229.75	12,582.00	12,620.00

DATE	11/05/2023	12/05/2023	15/05/2023	16/05/2023	17/05/2023	18/05/2023	19/05/2023	22/05/2023	23/05/2023	24/05/2023	25/05/2023	26/05/2023	30/05/2023	31/05/2023	01/06/2023
Total Caseload	46	45	43	45	42	32	23	25	19	26	30	27	32	28	32
Red	34	33	32	31	32	26	21	23	15	20	25	23	25	22	24
Amber	8	8	7	9	5	3	1	1	3	5	4	3	6	5	7
Green	4	4	4	4	4	3	1	1	1	1	1	1	1	1	1



Narrative

The number of people in receipt of Dom Care packages (Care in their own home) continues to increase. Overall numbers are on an increasing trend since mid-October 2022 and are at 1,013, breaking the 1,000 barrier. The number of people in receipt of domiciliary care is at its highest point since July 2021.

The number of people waiting to receive domiciliary care continues to be low, following a period of significant reduction since late 2022. On the 1st June the number of people waiting is 32, 77% less than the numbers waiting on the 1st January 2023.

Period to: 21 May, 2023

Subject: Adult Social Care - Reablement

	06/02/2023	13/02/2023	20/02/2023	27/02/2023	06/03/2023	13/03/2023	20/03/2023	27/03/2023	03/04/2023	10/04/2023	17/04/2023	24/04/2023	01/05/2023	08/05/2023	15/05/2023
Number of people in receipt of reablement	114	116	124	129	130	121	118	117	116	119	129	122	126	111	105
Indicator	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23
Percentage of people who require 'no ongoing needs' following a period of reablement	68.6%	71.4%	67.9%	73.4%	73.9%	79.3%	76.2%	72.5%	73.1%	67.2%	76.9%	33.0%	64.6%	62.9%	72.4%



Narrative

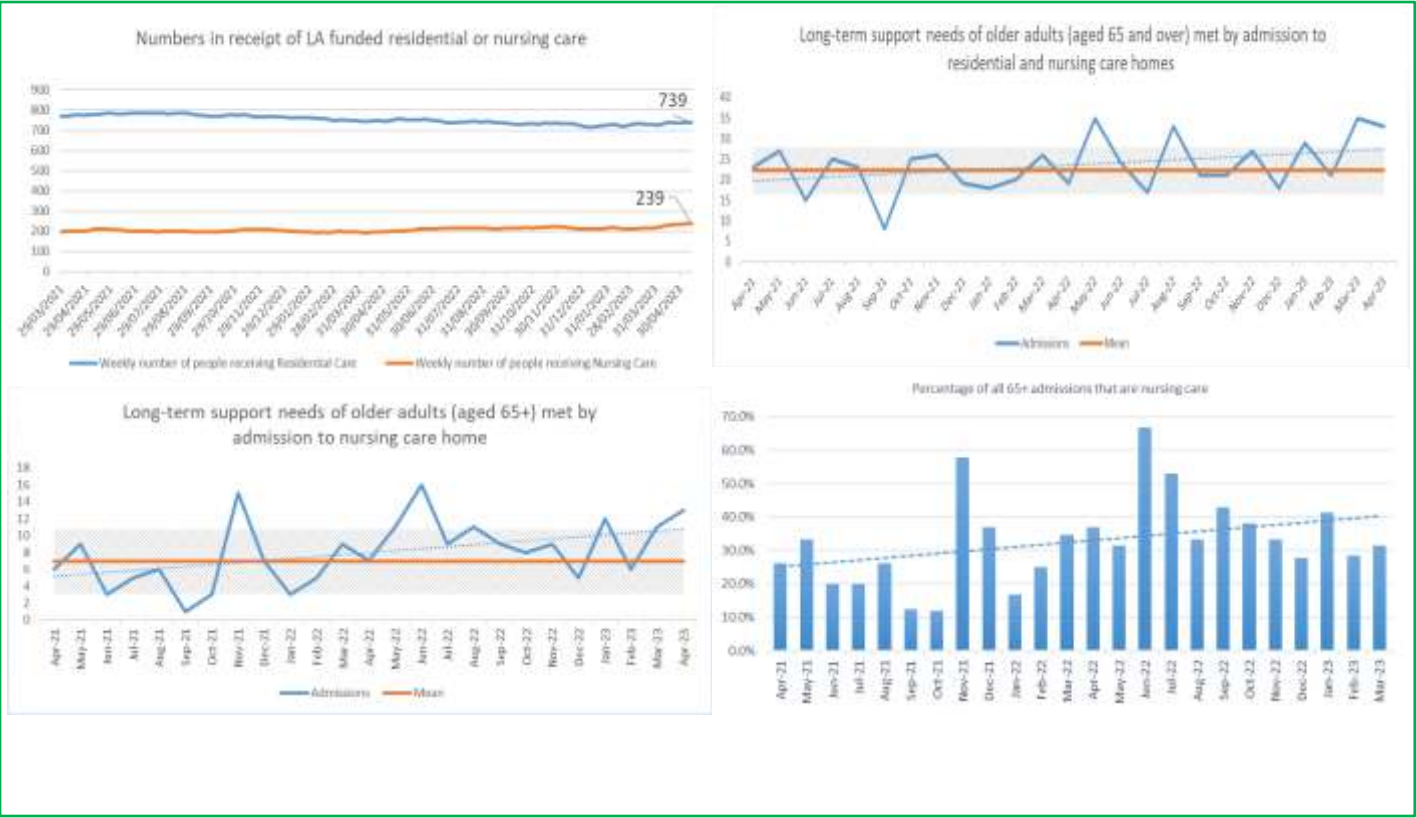
On week beginning 15 May numbers have dropped to 105. Numbers are down over the longer term, with the 105 during the week commencing 1 May lower than April 2021 (150).

The percentage of people who have left a period of reablement requiring 'no ongoing needs' continues to be regularly monitored. During April 2023, 76 people finished a period of reablement, 55 (72.4%) of which left with no ongoing needs.

Period to: 21 May, 2023

Subject: Residential and Nursing Care

Weekly	06/02/2023	13/02/2023	20/02/2023	27/02/2023	06/03/2023	13/03/2023	20/03/2023	27/03/2023	03/04/2023	10/04/2023	17/04/2023	24/04/2023	01/05/2023	08/05/2023	15/05/2023
Weekly number of people receiving Residential Care	729	727	720	727	732	732	730	728	727	732	739	738	738	738	739
Weekly number of people receiving Nursing Care	219	216	213	210	210	214	216	215	219	226	229	232	233	238	239
2A (2): Long-term support needs of older adults (aged 65 and over) met by admission to residential and nursing care homes	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23
	20	26	19	35	24	17	33	21	21	27	18	29	21	35	33
2A (2): Long-term support needs of older adults (aged 18-64) met by admission to residential and nursing care homes	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23
	1	3	1	0	3	2	1	1	1	1	3	1	2	1	3
Long-term support needs of older adults (aged 65+) met by admission to nursing care home	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23
	5	9	7	11	16	9	11	9	8	9	5	12	6	11	13



Narrative

In 2022/23 long term admissions increased (298 in 22/23 vs 255 in 21/22). Up 16.9%. A spike in March 2023 of 35 admissions have driven this increase up, and this has been followed by 33 admissions in April 2023.

In 2022/23 there were 113 admissions of 65+ to nursing homes, up from 72 in 2021/22 (+56.9%).

Numbers in nursing care continue to increase, reaching 239, already up from 215 at the end of the previous financial year 2021/22. This indicates the growing complexity of need which the service is managing. Analysis is underway to ascertain whether hospital discharge practices are also impacting on this metric.

Period to: 23 May, 2023

Subject: Supported Living

	06/02/2023	13/02/2023	20/02/2023	27/02/2023	06/03/2023	13/03/2023	20/03/2023	27/03/2023	03/04/2023	10/04/2023	17/04/2023	24/04/2023	01/05/2023	08/05/2023	15/05/2023
Number of people in receipt of supported living	688	686	687	689	687	689	688	695	699	700	698	700	697	695	696

	15 Mar	22 Mar	29 Mar	13 Apr	20 Apr	3 May	4 May	10 May	17 May	23 May
Waiting List	37	36	31	30	33	34	34	35	37	38



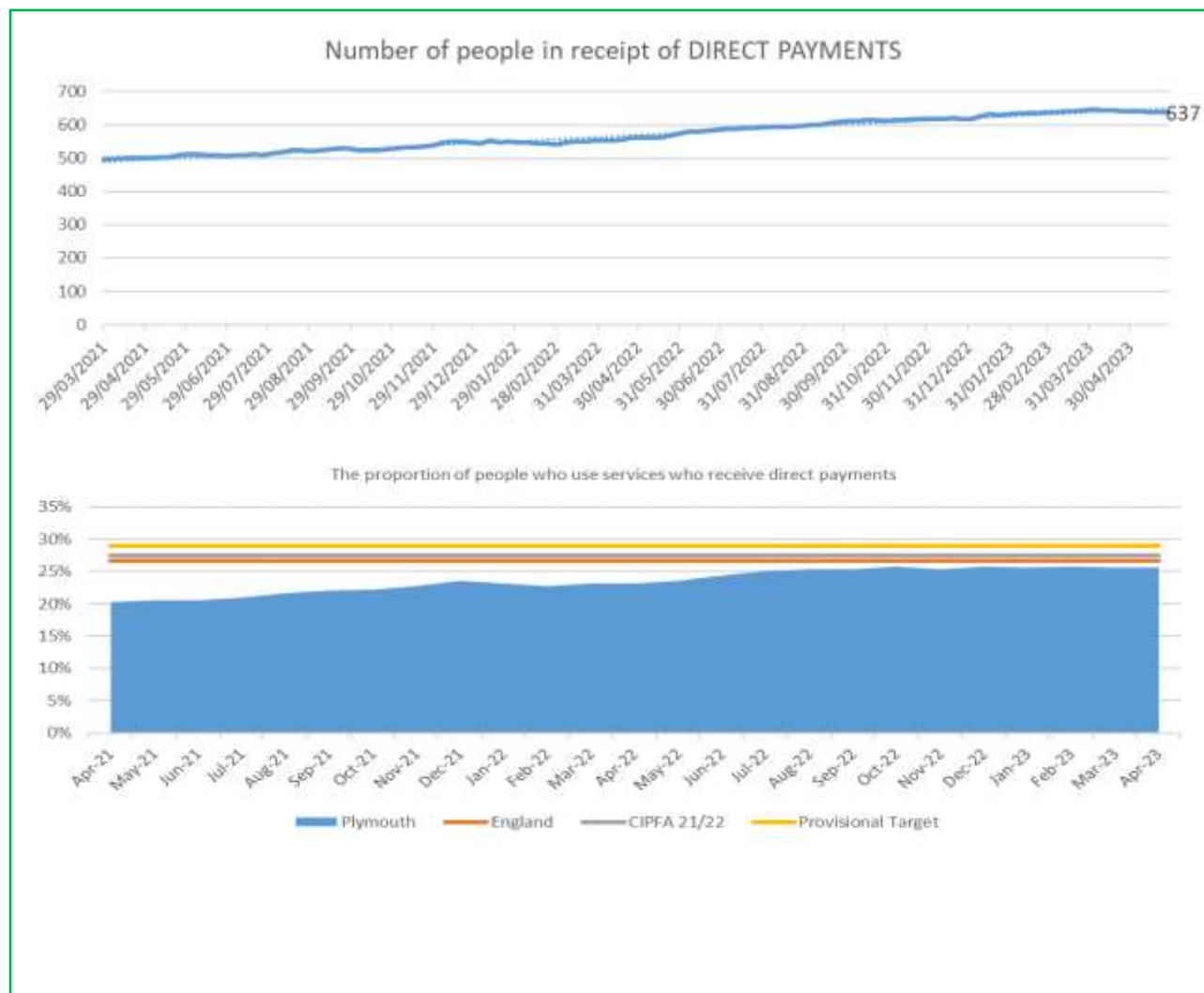
Narrative

Numbers in receipt of a supported living package of care are on an increasing trend. During the week commencing 15 May 2023 696 were in receipt of a package, this is 10% higher than the end of March 2021.

Like domiciliary care the waiting list is currently low, on the 23 May, 38 are awaiting a care package, a number that is 40% lower than the waiting list peak of 63 in July 2022.

Period to: 5 June, 2023**Subject: Direct Payments**

DIRECT PAYMENTS	20/02/2023	27/02/2023	06/03/2023	13/03/2023	20/03/2023	27/03/2023	03/04/2023	10/04/2023	17/04/2023	24/04/2023	01/05/2023	08/05/2023	15/05/2023	22/05/2023	29/05/2023
Number of people in receipt of DIRECT PAYMENTS	636	639	639	640	641	645	646	643	643	641	641	640	638	637	637



Narrative

The number of people in receipt of direct payments is on an increasing trend, 637 people were receiving a direct payment at the beginning of April 2023, and this is 15% higher than April 2022 (554) and 28% higher than April 2021 (498).

The percentage of people in receipt of direct payments is increasing, reaching 25.6% of all service users at the end of April 2023.

Period to: March, 2023

Theme: Safeguarding Outcomes

	2018/19	2019/20	2020/21	2021/22	2022/23
Safeguarding demand - number of referrals	4781	5672	6921	7442	7204
Number of safeguarding concerns	1059	1177	1642	1328	860
Number of safeguarding S42 enquiries	757	769	977	846	382

	Qtr 1 21/22	Qtr 2 21/22	Qtr 3 21/22	Qtr 4 21/22	Qtr 1 22/23	Qtr 2 22/23	Qtr 3 22/23	Qtr 4 22/23
Safeguarding enquiry outcomes - risk reduced or removed	87.10%	86.10%	86.40%	79.60%	87.90%	81.90%	93.20%	86.50%
Safeguarding enquiry outcomes - asked their desired MSP outcomes	79.80%	82.40%	73.50%	77.70%	86.40%	82.80%	85.30%	92.10%
Safeguarding enquiry outcomes - MSP outcomes fully/partially achieved	95.20%	94.40%	98.60%	92.50%	95.30%	97.60%	96.90%	98.60%



Narrative

In 2022/23 7,204 safeguarding referrals have been received. Demand (referral received) remains relatively steady with the numbers received in 2022/23 reducing by 238 (-3.2%) compared to 2021/22. The longer term trend is upward.

The number of safeguarding concerns completed in 2022/23 is 860, 35.2% less than the 1,328 completed in 2021/22. The number of Section 42 safeguarding enquiries completed in 2022/23 was 382, 54.9% less than the 846 completed in 2021/22.

In 2022/23 69.5% of desired outcomes were fully met, this is an increase from 67.0% in 2021/22. The percentage of outcomes partially met decreased in to 27.4% compared to 28.4% in 2021/22.

Overall, in 2022/23 96.9% of expressed outcomes were partially or fully met.

Period to: March, 2023

Theme: Adult Social Care Complaints

	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23
Total number of ASC complaints received	5	13	4	6	14	8	10	10	3	6	11	8
Number of new Adult Social Care complaints received (Livewell Southwest)	4	6	3	2	7	7	9	4	3	4	7	3
Number of ASC Stat complaints received	1	7	1	3	7	0	0	5	0	1	4	5
Number of LGO complaints received	0	0	0	1	0	1	1	1	0	1	0	0



Narrative

Year to date the overall number of ASC related complaints is down on the same period last year. In 2022/23 there have been 98 complaints received, down from 108 in 2021/22.

Within this there has been a small increase in the number of statutory complaints received by the local authority, rising by six from 28 to 34 in 2022/23.

This has been driven by higher complaints received in May and August 2022.

Complaints received by Livewell Southwest are down in 2022/23 from 67 to 59 and LGO complaints are down from 13 to five.

Period to: 2023

Subject: Annual Adult Social Care Survey

Narrative

Overall **satisfaction** rates have dropped slightly with 66.8% of respondents reporting that they are 'Extremely or Very satisfied' with care and support. This remains higher than the latest national average of 63.9% (2021/22). An action plan is being developed and will be monitored through the Carers Strategic Partnership which is chaired by the Head of Adult Social Care in Livewell Southwest.

Overall those aged 18 to 64 are more positive about the **choice** they have on services. Overall, the percentage who feel they have enough choice increased by 5.4 percentage points to 66.5%, and is above the England average of 64.0%.

The percentage of people stating that they have as much **control** over their life has declined for the past two years. In the 2023 survey 36.6% of respondents state that they have 'as much control over my daily life as I want', this is down from 40.2% in 2022 and 45.5% in 2020 (no survey in 2021 due to COVID-19). Despite the drop the percentage is still above the 2022 England average.

In 2022/23, of those who tried to find information 34.2% responded that they found it 'easy to find'. This is an improvement from 30.2% in 2021/22 and is now above the England average of 29.1%.

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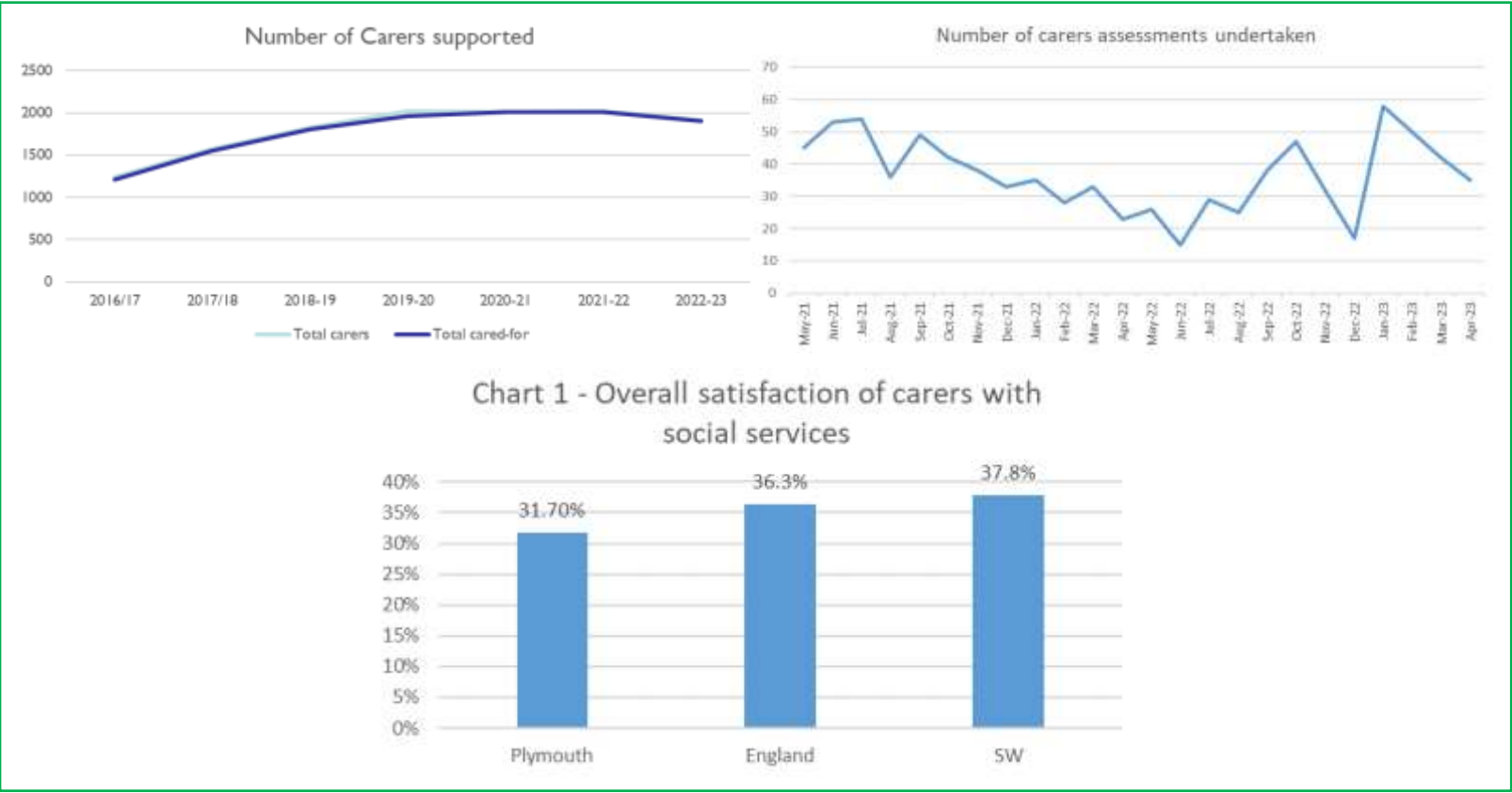


Period to: April 2023

Subject: Support for Carers

	2019-20	2020-21	2021-22	2022-23
Total number of adult carers	2025	2013	2021	1919
Total number of people cared-for	1960	2008	2011	1906

	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23
Number of carers assessments undertaken	28	33	23	26	15	29	25	38	47	32	17	58	50	42	35



Narrative

In 2022/23, 1,919 carers received support, this is a decrease of 5% (-102) compared to 2021/22.

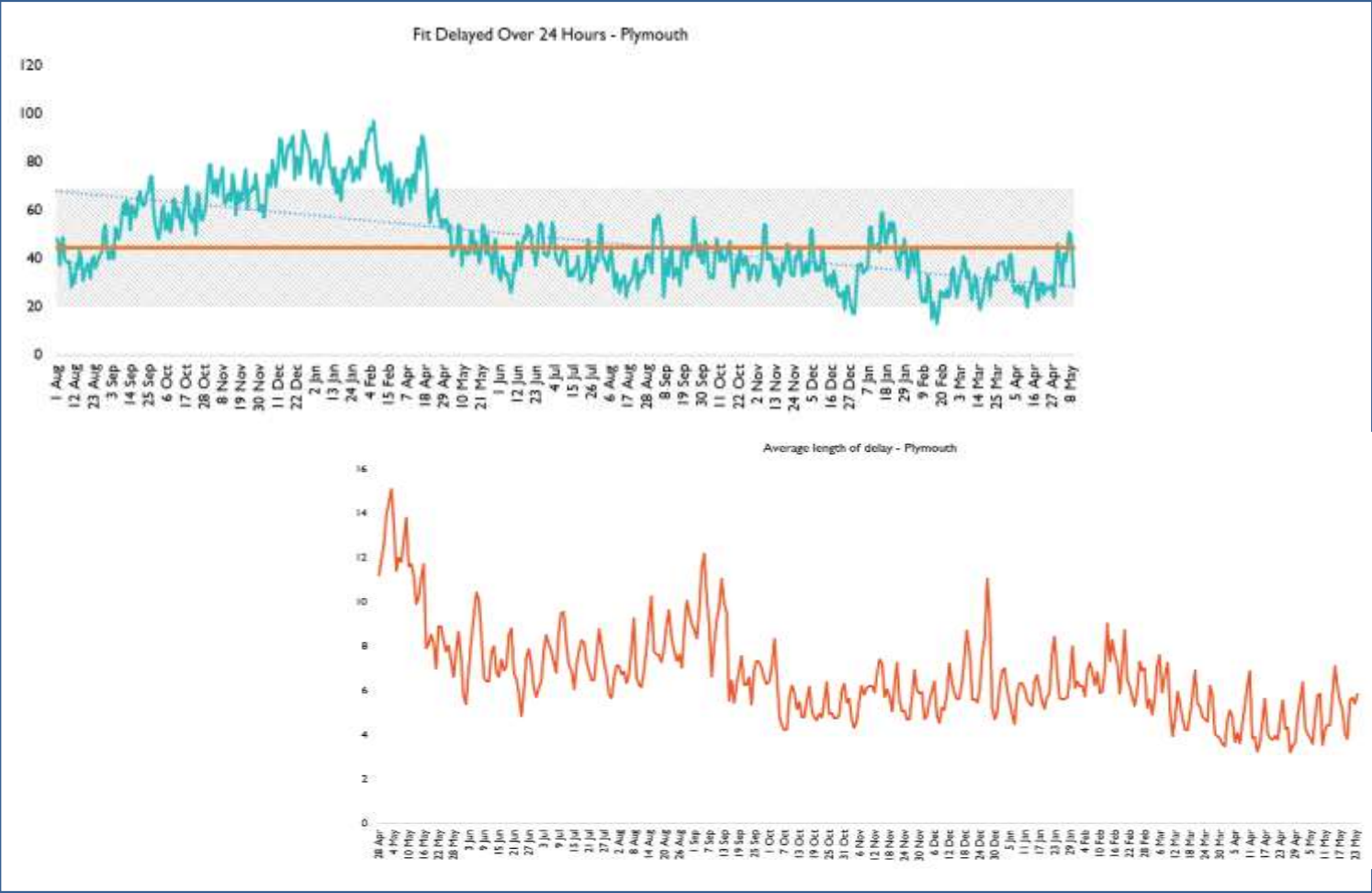
The total number of people on our system as a ‘cared for’ person is 1,906, down 5.2% on last year (-105).

The number of carers assessments undertaken fluctuates month on month. Since June 2022 the trend has been upward. In 2022/23 there have been 400 carer assessments undertaken, down from 497 in 2021/22, this decrease is in line with an overall drop in numbers of people in receipt of care.

Period to: 10 May, 2023

Subject: Criteria to reside (Acute setting)

	21 Apr	22 Apr	23 Apr	24 Apr	25 Apr	26 Apr	27 Apr	28 Apr	29 Apr	30 Apr	1 May	2 May	3 May	4 May	5 May	6 May	7 May	8 May	9 May	10 May
Plymouth delay 24+	30	25	28	28	27	27	29	24	35	46	43	36	29	42	39	43	51	50	43	28
Plymouth - average length of delay	4.0	3.8	4.7	5.6	4.3	4.3	3.2	3.5	3.6	4.9	5.5	6.4	4.3	4.0	3.9	3.6	4.8	5.8	5.9	3.5
Plymouth Fit for Discharge	40	36	32	31	47	47	48	46	54	48	48	41	59	66	65	64	52	51	48	65



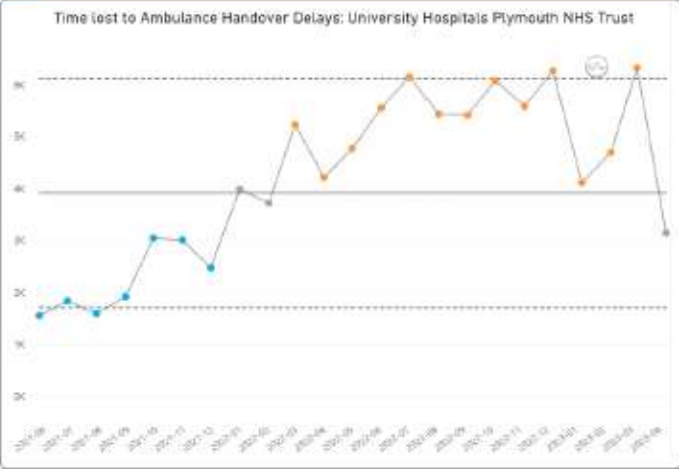
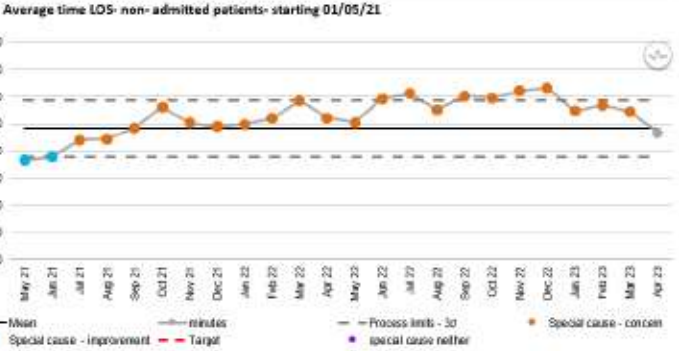

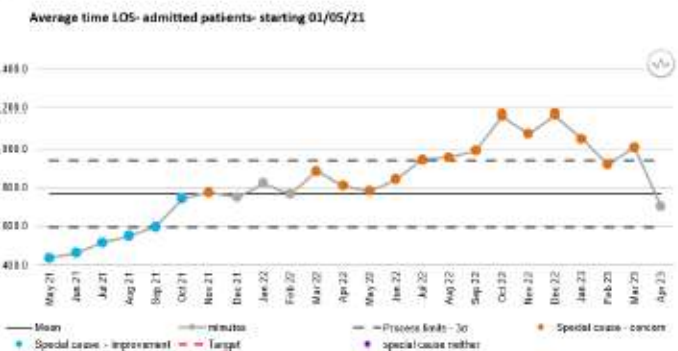
Narrative

The number of people delayed at University Hospitals Plymouth is on a reducing trend over the longer term. During 2022 the daily average number of delays was 77, between January and May 2023 this average has dropped to 34.

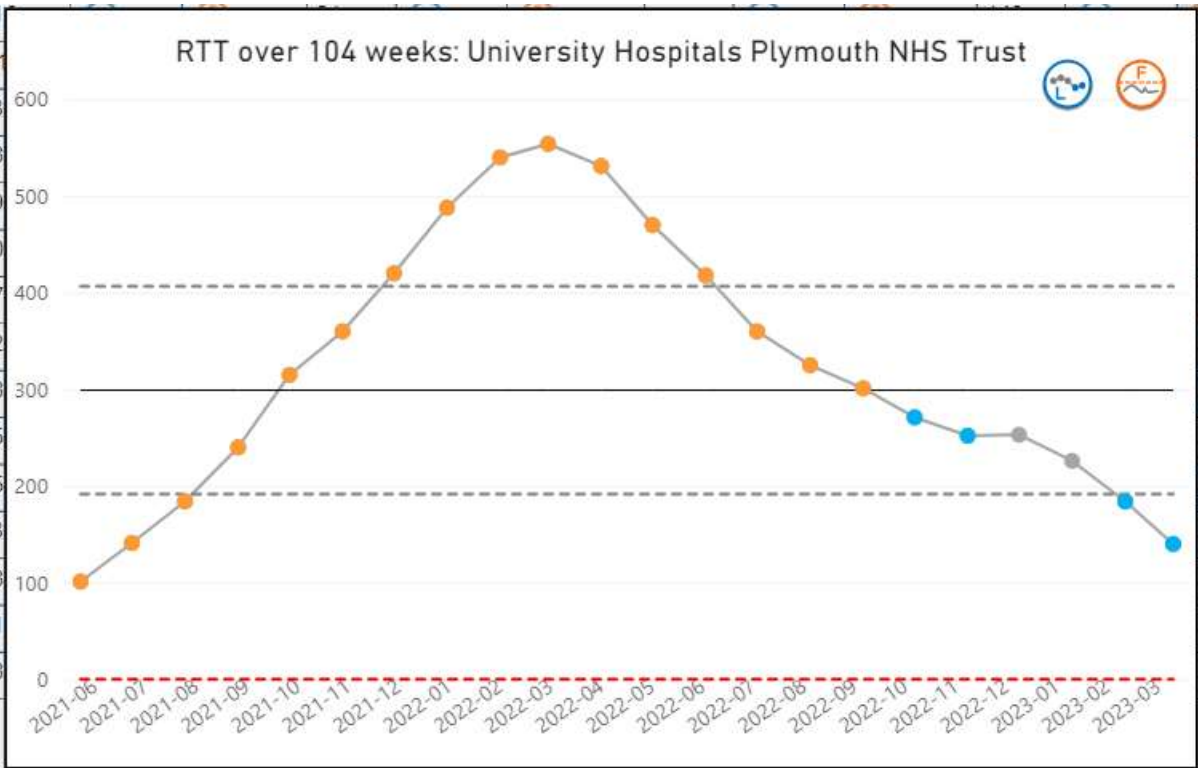
During April 2023 the daily average number of delays was 30, compared to 31 in March, 28 in February and 45 In January.

The average length of delay has been on a steady trend since early September 2022.

Urgent and Emergency Care – University Hospitals Plymouth

Data	Analytical Summary
<div data-bbox="181 252 857 722"><p>Time lost to Ambulance Handover Delays: University Hospitals Plymouth NHS Trust</p></div> <div data-bbox="181 738 857 1090"><p>Average time LOS- non- admitted patients- starting 01/05/21</p></div> <div data-bbox="880 252 1556 722"><p>Ambulance arrivals delayed over 15 minutes: University Hospitals Plymouth NHS Trust</p></div> <div data-bbox="880 738 1556 1090"><p>Average time LOS- admitted patients- starting 01/05/21</p></div>	<div data-bbox="1637 252 2072 938"><p>Analytical Summary</p><ul style="list-style-type: none">• Daily ED attendances remained unchanged showing common cause variation.• The total hours lost to ambulance handover delays reduced by 50% in April to 3,153 hours demonstrating a move towards common cause variation.• The percentage of ambulances delayed over 15 minutes continues to exceed 80%.• The percentage of all patients waiting >12 hrs in ED remains above average.• Percentage of ED patients assessed <15 mins increased to 49%</div>

Planned Care: System 104 Week Wait



Narrative

UHP Operational Summary

UHP have the highest number of 104ww patients, however in May they are ahead of the operating plan trajectory of 126 against a plan of 145. This is giving a positive variance of 19 patients in month.

104 & 78 weeks: Neurosurgery – lack of capacity both admitted & non-admitted (increasing capacity with S64 clinics (super clinics) & new locum, but these appointments do not necessarily stop the clock).

Orthopaedics – there is not enough capacity to treat P2s & P3s and longest waiters – these are the most complex and surgeons have P2 & P3 backlogs to clear. Mutual aid remains in place both within and outside of the system. Additionally, insourcing opportunities being used where possible together with a system drive to improve orthopaedic productivity based on the SWAOC pathways which is in the process of being rolled out where appropriate at UHP. However, risk remains.

Urology – increased cancer demand displacing routine work.

Cardiac Surgery – receiving continued late IPTs from other providers, this remains a risk. Mutual aid opportunities are being sought through the DMAS platform, however due to IS providers most often not being able to take more complex patients (ASA grade 3 etc.) due to a lack of critical care facilities.

Trust is still working to improve mitigation for industrial action, impact & other unexpected challenges e.g., Cardiology Consultant sickness.

Cardiology – working to book more diagnostics & outpatients to potentially stop more non-admitted clocks stops.

Exploring options to manage Rheumatology challenge of additional Osteoporosis referrals.

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Health and Adult Social Care Overview and Scrutiny Committee



Date of meeting:	27 June 2023
Title of Report:	Adult Social Care Finance Report
Lead Member:	Councillor Mrs Mary Aspinall (Cabinet Member for Health and Adult Social Care)
Lead Strategic Director:	Anna Coles (Interim Strategic Director for People)
Author:	Helen Slater
Contact Email:	Helen.slater@plymouth.gov.uk
Your Reference:	ASCFIN0623
Key Decision:	No
Confidentiality:	Part I - Official

Purpose of Report

The purpose of this report is to inform members around the budget for Adult Social Care for 2023/24 and the outturn for the 2022/23 financial year.

Recommendations and Reasons

The Health and Adult Social Care Overview and Scrutiny Committee notes the Adult Social Care Finance report.

Alternative options considered and rejected

N/A

Relevance to the Corporate Plan and/or the Plymouth Plan

This finance report links to the following Corporate Plan priorities; Working with the NHS to provide better access to health, care and dentistry, and Keeping children, adults and communities safe.

Implications for the Medium Term Financial Plan and Resource Implications:

Provides information about budgets set in line with the Medium Term Financial Plan

Financial Risks

N/A information only

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	ASC Finance – Scrutiny June 2023							
B								

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	DJN. 23.24. 43	Leg	n/a	Mon Off	n/a	HR	n/a	Asset s	n/a	Strat Proc	n/a
Originating Senior Leadership Team member: Anna Coles											
Please confirm the Strategic Director(s) has agreed the report? Yes											
Date agreed: 13/06/2023											
Cabinet Member approval: Cllr Lowry – approved by email – 12/06/23											
Date approved: 12/06/2023											

ADULT SOCIAL CARE FINANCE

Outturn 2022/23 and Budget 2023/24



- The Adult Social Care Budget for 2022/23 was £85.044m and the final outturn was £83.222m, an underspend of £1.822m, which allowed the service to support pressures within Community Connections, particularly in relation to homelessness.

PCC ASC Spend by Year - Excl Leisure Mgmt & Childrens Commissioning								
	2015/16	2016/17	2017/18	2018/19	2019/20	2020/21	2021/22	2022/23
	£m	£m	£m	£m	£m	£m	£m	£m
Budget	68.233	68.180	66.503	74.051	76.446	78.711	80.161	85.044
Outturn / Forecast	67.946	68.250	66.304	73.700	76.414	78.687	80.037	83.222
Adverse / (Favourable) Variation	(0.287)	0.070	(0.199)	(0.351)	(0.032)	(0.024)	(0.124)	(1.822)

- In 2022/23 the main pressures within care packages were in Domiciliary Care and Direct Payments but these were offset by increased client and joint funding income, and additional Government Grant funding.

Individual care packages - Outturn 2022/23	Budget	Outturn	Variance
Day Care	1,419,552	1,417,943	(1,609)
External Dom Care	12,388,925	14,178,831	1,789,906
Extra Care Housing	3,579,045	3,445,757	(133,288)
External Short Stays	2,390,581	2,615,468	224,887
Direct Payments	9,922,694	10,864,729	942,035
Supported Living	23,224,165	23,636,124	411,959
Residential and Nursing	43,616,933	43,899,399	282,466
Total Individual Care Packages	96,541,895	100,058,252	3,516,357

- The Directorate was given a budget uplift of £7.582m in 2023/24 to allow for expected cost pressures resulting from increases to National Living Wage and inflation. Additional delivery plan saving targets were also identified by the service of (£3.712m) to give a net budget increase to £3.870m.
- The below table breaks down the delivery plan savings targets identified for 2023/24.

Delivery Plans - 2023/24	Target Savings	
	£m	
Managing and reducing cost pressures across care provider market		1.000
18-64 Review Programme and Reducing Transition Packages		0.430
Managing and Reducing Demand of ASC Packages (65plus)		1.000
Review Reablement Service		0.250
Review contracts to deliver efficiencies		0.205
Develop a new operating model across the directorate		0.200
Maximise Grants to support Wellbeing Services/Transfer Wellbeing Funding to Public Health		0.627
Delivery Plans - 2023/24		3.712
b/f one-off savings		5.606

Adult Social Care Budget 2023/24

Budget Areas	2023/24 Approved Budget	
Expenditure	£m	
Care Packages		
Residential - Long Stay	38.195	
Residential - Short Stay	2.261	
Nursing - Long Stay	10.040	
Nursing - Short Stay	0.376	
Supported Living	26.551	
Domiciliary Care	13.066	
Direct Payments	12.170	
Extra Care Housing	3.793	
Day Care	1.407	
Own Provision (incl staffing costs)		
Colwill Lodge	0.806	
The Vines	0.892	
Independence at Home	0.624	
Community Reablement Team	0.397	
Retained Client	0.560	
Staffing (excl Own Provision)		
Commissioning & Safeguarding	1.500	
Management & Transformation	1.005	
Contracts		
Social Care Contract	7.599	
External Contracts/Community Commissioning	9.737	incls contracts with Alliance, Plymouth Guild, CAB, Sanctuary etc
NRS Equipment Contract	1.540	
Other Management Costs	2.093	incls contribution to Out of Hours Service, Legal Costs, BCF funding allocated to ICB
Income		
Crag Income	(14.330)	
Fairer Charging and Direct Payment Income	(4.568)	
Joint Funding	(5.284)	
Health Income (including BCF and iBCF)	(9.907)	incls funding that offsets some contract costs
Government Grant Funding	(1.488)	
Other Income	(0.858)	incls internal recharges of contract costs (e.g. to PH)
Delivery Plans	(3.712)	
b/f one off savings from Previous Years	(5.606)	previous year savings achieved by one-offs rather than a permanent budget reduction
Total Net Budget	88.859	

Audit and Governance Committee



Date of meeting:	20 March 2023
Title of Report:	Risk Management Monitoring Report / Scrutiny Update – March 2023
Lead Member:	Councillor Mark Shayer (Deputy Leader and Cabinet Member for Finance and Economy)
Lead Strategic Director:	Giles Perritt (Assistant Chief Executive)
Author:	Ross Jago, Head of Governance Performance and Risk
Contact Email:	Ross.jago@plymouth.gov.uk
Your Reference:	RS/RMMar22
Key Decision:	No
Confidentiality:	Part I - Official

Purpose of Report

The attached report provides an update on the Strategic register for the organisation.

Strategic Risk Register

The total number of strategic risks being managed is 22. Six risks have a rating of Red; these relate to responding to Council expenditure, the growing volume and complexity of demand on the Children, Young People and Families Service, IT supply chain constraints, cyber-attacks, lack of adult social care workforce, accounting methods concerning a pension transaction and the Sustainable Drainage Systems (SuDS) Approval Body.

Risk number 17 “Risk of failure to deliver the range of housing to meet Plymouth’s need” has had its risk score decreased to 9 and is now green.

Risk number 6 “Risk to vulnerable children and young people in the care system” has been reported as green at the last two reviews and now is considered sufficiently mitigated and has been moved to the Operational Register.

Risk @ Scrutiny

The Performance Finance and Customer Focus, Education and Children’s Social Care, Health and Adult Care and the Growth and Infrastructure Overview and Scrutiny Committee Overview all considered risks pertinent to the committee’s terms or reference in the most recent cycle of meetings. The risk register also formed part of budget scrutiny recommendations. There were no specific recommendations resulting as initial reviews of the risk register have resulted in items scheduled for future meetings.

Recommendations and Reasons

The Audit and Governance Committee is recommended to note the current position with regard to the Strategic Risk Register.

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

Alternative options considered and rejected

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

Relevance to the Corporate Plan and/or the Plymouth Plan

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

Implications for the Medium Term Financial Plan and Resource Implications:

None arising specifically from this report but control measures identified in Directorate Operational Risk and Opportunity Registers could have financial or resource implications.

Financial Risks

None arising specifically from this report but control measures identified in Directorate Operational Risk and Opportunity Registers could have financial or resource implications.

Carbon Footprint (Environmental) Implications:

Failure to deliver against actions in the Climate Emergency Action Plan and Corporate Carbon Reduction Plan are included on risk registers.

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.*

The risk registers specifically supports the council's overall governance arrangements.

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	Risk Monitoring Report							

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)						
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Sign off:

Fin	pl.22. 23.3 72	Leg	EJ/11 23/14 .3.23(1)	Mon Off		HR		Assets		Strat Proc	
Originating Senior Leadership Team member: Giles Perritt											
Please confirm the Strategic Director(s) has agreed the report? Yes											
Date agreed: 15/03/2023											
Cabinet Member approval - Councillor Mark Shayer											
Date agreed: 15/03/2023											

APPENDIX A - RISK MANAGEMENT MONITORING REPORT

March 2023



Introduction

This report provides the position with regard to the strategic and operational risk registers.

The next formal review of the strategic risk and opportunity register will take place in June 2023, the operational risk register will also be reviewed at this time. Risk registers are however a live document and will be regularly discussed at Directorate Management Teams.

Strategic Risk Register – Monitoring Summary

The updated strategic risk register is summarised below. The register offers additional information including detail on Key Controls and Sources of Assurance and how progress against mitigation will be measured.

Strategic Risk Register

During this review of the strategic risk register there has been three new risks added, bringing the total strategic risks managed to 22. The new risk relates to funding and governance issues in relation to the Peninsula Sub-National Transport Body and the creation of a Sustainable Drainage Systems (SUDs) Approval body. In addition “Response to Ofsted Focused Visit to the Front Door does not result in required improvements” has been added to the register. It is currently reported as amber and will remain on the strategic register until further visits by OFSTED, anticipated to be within the next twelve months.

In total there are six red risks. These are shown below;

1	The Council's expenditure exceeds the resources available to meet that expenditure within the medium term financial plan period (2022/23-2025/26).
2	Failure to meet statutory duties due to growing volume and complexity of demand for children's social care services
3	A Cyber-attack renders all of the Council's IT inaccessible for an extended period of time therefore impacting on the Council's ability to deliver services.
4	IT supply chain constraints results in increased costs and extended lead times for equipment.
5	Lack of adult social care workforce and growing fragility of Adult Social Care Market leading to inability of Authority to meet statutory duties and meet eligible need.
20	Lawful Accounting Treatments in Respect of the Pensions Fund
21	The Government intends to implement Schedule 3 of the Flood and Water Management Act in 2024 and put in place a Suds Approval Body (SAB). Schedule 3 provides a This is highly likely to be introduced from 2024 and will be a risk for the local authority from 2024/2025. No provision has yet been made in the MTFP (which is under review).

Risk Register No.	Description	Mitigation	Previous risk rating	Current risk rating	Risk Owner
1	The Council's expenditure exceeds the resources available to meet that expenditure within the medium term financial plan period (2022/23-2025/26).	<ul style="list-style-type: none"> The Council has also taken the following steps to adopt a 5 year MTFP and has adopted a system of monthly financial reporting to Directorate Management Teams, Corporate Management Team, and Cabinet and Quarterly to Full Council, with monthly consideration of directorate level financial issues at each Scrutiny Committee. The Council has introduced a system of detailed monitoring of the delivery of savings targets so that a view is published monthly in Cabinet reports. This will also include any significant issues which emerge from the cost of living crisis. The Council also holds an annual review of fees and charges and has annual and ongoing programmes of work to identify and understand potential savings opportunities. The governance system of the Council - as unpacked in the Annual Governance Statement comprise a rigorous system of financial control. It was of critical importance to the Council and City that CMT and Cabinet found mitigations to reduce the costs of the Council to fully mitigate the forecast budget shortfalls in future years. The Deputy leader/PFH for Finance is meeting each week with S151 Officer and Strategic Director for Customer & Corporate Services to review the 2022/23 Monitoring position. In year, at Month 10 the forecast overspend has reduced to £1.318m. At the Full Council meeting 27 February 2023, the revenue and capital budget 2023/24 was approved, including setting the Council Tax charge for 	25	25	David Northey

		the financial year. The SI51 Officer is now ensuring the 2023/24 budget allocations and resource assumptions are incorporated into the 5 year MTFP. Further refinement of the Capital Programme and reports are being reviewed.			
2	Failure to meet statutory duties due to growing volume and complexity of demand for children's social care services	<ul style="list-style-type: none"> • Additional social work capacity agreed to support effectively delivery of casework. Recruitment is ongoing to some of these posts on a permanent basis. • Fostering Project Delivery Plan in place to increase foster carer resource to reduce costs. • High cost placement review takes place on a frequent basis each month to ensure all costs closely monitored and reduced. • Ongoing rigour in decision making to manage demand via Placement Panel which takes place weekly and overseen by a dedicated service manager with responsibility for reducing costs of individual placements and ensuring timely step down. • Ensuring action plan milestones are reached via monthly monitoring at Programme Board/Finance DMT. • Service redesign is occurring to ensure an operating model that supports much earlier intervention and prevention of children coming into care wherever possible. 	20	20	Sharon Muldoon
3	A Cyber-attack renders all of the Council's IT inaccessible for an extended period of time therefore impacting on the Councils ability to deliver services.	<ul style="list-style-type: none"> • LGA Cyber 360 review completed in March - review findings and recommendations due in April. • Cyber 360 recommendations will be included in the Cyber improvements plan overseen by the Cyber Governance Board and Optimising our Assets Programme Board • Cyber security briefing for SLT planned in April to raise awareness further of the threat and requirements of staff to reduce the risk of attack. Hackney Council are due to speak about their experience recovering from a major ransomware attack • Cyber security awareness week planned for May 23, including a business continuity exercise, Member awareness training and staff briefings 	20	20	Andy Ralphs

		<ul style="list-style-type: none"> Finance, Customer and Performance Scrutiny Panel reviewed PCC cyber security and readiness in February and have requested a further update (date TBC) IT Health check (previously PSN certification) testing to take place in March, remediation to be included into the Cyber improvements plan 			
4	IT supply chain constraints results in increased costs and extended lead times for equipment.	<ul style="list-style-type: none"> PCC to pre plan as far ahead as possible on any purchases of technical goods or services, notifying Delt during the planning phase of such work. Delt have been provided with the Capital plan for 2022/23 Delt engagement with current suppliers and escalation of any changes to current prices / lead times Assessment of alternative suppliers 	20	20	Andy Ralphs
5	Lack of adult social care workforce and growing fragility of Adult Social Care Market leading to inability of Authority to meet statutory duties and meet eligible need.	<ul style="list-style-type: none"> Health & ASC Winter Plan which will bring in additional elements of contingency planning Establishment of Community Capacity Command Centre to provide greater oversight of market and capacity Local Authority has set up a Care Company to ensure continuity of provision in the event of market failure Care Home liaison work being undertaken by Livewell Southwest, to increase levels of support to Residential and Nursing care marker Risk to be continued to be monitored through contract monitoring and market intelligence Supporting market wide workforce recruitment / retention across residential and domiciliary sector Remodelled bed bureau launched to support Care Homes to manage complex discharge cases Incentive payments to workforce. Managing risks for the domiciliary care market 	20	20	Anna Coles

6	Insufficient economic performance to sustain the City's economy and growth plans.	<ul style="list-style-type: none"> We are seeking to maximise all opportunities to secure additional funding for economic initiatives including focussing on creating new jobs in the Blue and green economy. The initiatives include: The Plymouth and South Devon Freeport, National Marine Park. We will continue to maximise all funding opportunities for our city region. 	16	16	Anthony Payne
7	Ongoing COVID-19 rates (with potential for further peaks)	<ul style="list-style-type: none"> The key mitigation of vaccination has now reached around 85% (one or more doses) of those eligible. There have been reductions in the mitigations (reduced testing, support payments and legal need for self-isolation) and this has created uncertainty around case rates and the risk of delayed detection of new variants. The longstanding advice to the general public remains in place and is re-emphasised at regular intervals. 	16	16	Ruth Harrell
8	Failure to reduce Health Inequalities will mean our poorest residents continue to live shorter lives as well as more years in ill health.	<ul style="list-style-type: none"> Persistent action across the Council is required at many levels to tackle inequalities by addressing the wider detriments of health. Failures of NHS England to provide required capital funding for the West End Health Hub (Cavell Centre) is likely to reinforce inequalities experienced within the City Centre area, the Council continues to lobby government in an attempt to resolve this issue. The Public Health Team and partners continue to work with employers and schools to influence healthier lifestyles. The team continues to embed and promote the national One You campaign across the city. The 'five ways to wellbeing' has been adopted across the City as the single approach to improving mental wellbeing. The work that started in year five on 'people connecting through food' is ongoing with a number of new initiatives developed. Subsequently, Thrive Plymouth Year seven was launched in May 2022 with a focus on Listening and Reconnecting. 	16	16	Ruth Harrell

		<ul style="list-style-type: none"> The Local Care Partnership priorities are being refreshed and includes tackling inequalities. Both of these routes bring partners together to understand the issues and the steps needed to tackle health inequalities in the City. In addition to this, to support the work of the Council's cross-party Child Poverty Action Plan Working Group, a high level review of the evidence of the impacts of the pandemic on the mental wellbeing of children and young people has been carried out. As already stated, the primary role of the ODPH and the Public Health Team in particular is now to minimise the impact of COVID-19 in the city therefore protecting most deprived communities from further negative impacts. 			
9	Increased and sustained pressure on Adult Social Care budget due to increased costs of providing care, growing numbers of people and increased complexity of need.	<ul style="list-style-type: none"> Real time management information Established Review Programme Commissioning Intentions and Commissioning Activity to develop new models of care Budget containment meetings in place Focus on reviews and reablement to right size packages of care including focused work on 18 to 64's Emergency Plan to cover need to prioritise critical services 	16	16	Anna Coles
10	Adult Social Care (ASC) Reforms - There are a number of reforms to ASC that have created significant financial uncertainty in terms of being able to accurately understand the cost, volume and funding that will be made available to deliver these reforms.	<ul style="list-style-type: none"> This risk will continue to be monitored closely as the reform programme progresses. We will assess the impact of Charging reforms on 'trailblazer' local authorities who are early adopters of these reforms. We will continue cost of care exercises locally, including working with our local care market to better understand impact on finance and resources We will continue engagement with Local Government Agency and regional and national groups (such as ADASS) to determine approach to managing all reforms. We will continue to seek to understand impacts of all reforms through our established reform programmes, and will consider potential use of Offers and Asks due to cost of new burdens on the service. 	16	16	Anna Coles

11	The Council having insufficient workforce capacity and resilience to deliver the required range of services to meet statutory obligations and administration priorities	<ul style="list-style-type: none"> • Targeted support for Children Services – resourcing and capacity • Grading review • Review of People Strategy for 2024 • Recruiting to key chief officer roles • Reviewing Recruitment and retention strategy • Improving induction processes • Reviewing market factor supplements • Support for employee wellbeing 	15	15	Andy Ralphs
12	The Council not meeting its obligation to keep data secure by failing to adhere to Data Protection Act 2018 Regulations results in loss of trust in the Council and/or financial penalty from the Information Commissioner's Office (ICO)	<ul style="list-style-type: none"> • Continued roll out staff awareness training to all staff. • Implement greater reporting consistency within directorates. • Implement improved incident analysis within the Service Desk. • Improved contract management with partners. • Improve Privacy notice templates and ensure all gaps are addressed • Standardised breach management processes distributed to key staff. • Reviewed policies to be communicated to all staff 	15	15	Andy Ralphs
13	Sustainability of School Improvement Partnership	<ul style="list-style-type: none"> • Plymouth Education Board (PEB) (and sub groups) has been reviewed with the new Board started, strengthening education partnership. School Causing Concern procedure has been reviewed and strengthened. • These have lead to a partnership of distinct interventions to drive improvement and raise achievement. • Cause for concern meetings, Early Years Board, Primary and Special School Partnership, Inclusion Strategy Board have added strength to the work governed by PEB. • Proposed Inclusion Mark for the City to celebrate inclusion. • The Plymouth Standards Partnership Recovery & Improvement Plan: A key priority is work to support disadvantaged pupils. The work of the Plymouth Commission has been extended to focus on attainment for secondary aged pupils and school improvement. Schools have been offered a catch up premium of £80 per pupils for most schools, to assist with programmes of learning to support pupils who require additional support 	15	15	Sharon Muldoon

		following Covid. Schools have been sent a survey to confirm how this has been spent and the effectiveness of any programmes introduced. Summer 2021 GCSE, AS and A level were teacher assessed with the reintroduction of exams in 2022. Initial unvalidated indications are that 2022 examination outcomes are very positive and show an improving Plymouth picture against national benchmarks.			
14	The Council not meeting its legal obligations regarding the health, safety and wellbeing of its workforce.	<ul style="list-style-type: none"> • Reviewing of risk assessments and DSE assessments to ensure compliance • Review of mandatory training to ensure compliance • Targeted audits across the council • IOSH for senior managers • Development at SLT and Team Plymouth 	15	15	Andy Ralphs
15	Risk of financial impact of delivering proposed changes to Waste Services as set out in the Government's Draft Environment Bill.	<ul style="list-style-type: none"> • The Council have partnered with the Waste Industry body WRAP to jointly commission external support to assess the likely impacts and opportunities of the Environment Act. The funding for this work has been wholly met by DEFRA. The initial report was completed with broadly inconclusive findings. The scope of ongoing work is as follows: <ul style="list-style-type: none"> ○ To understand the implications of, and ensure the Council meets, the government's requirements as proposed in the Resources & Waste Strategy ○ To help inform the future design of the Council's household waste collection service and understand the implications in terms of reprocessing infrastructure ○ To understand the likely impact that changes to the current household waste collection service will have on the Council's recycling performance ○ To consider where operational efficiencies can be achieved whilst still delivering a service that meets the needs of its residents and allows the Council to maintain high levels of customer satisfaction ○ To appraise whether existing waste management infrastructure and assets in Plymouth, and the surrounding area, are likely to be sufficient for future 	12	12	Anthony Payne

		requirements; and if they are deemed not to be then to provide options to inform the Council's waste strategy and spatial planning.			
16	Risk of failing to meet carbon reduction targets to reach net zero by 2030.	<ul style="list-style-type: none"> Year 1, 2 and 3 CCRPs and CEAPs have been prepared to date, covering the period 2020-2022. The focus of the CCRP is on the things in the direct control of the City Council; the focus of the CEAP is on the wider things the Council is able to influence as well as some of the climate actions of City partners. The Climate Emergency strategy and action plan process is currently under review, with a view to making revisions from 2023, providing a more strategic approach. Growth and Infrastructure Overview and Scrutiny Committee receive 6 monthly performance updates 	12	12	Anthony Payne
17	Risk of failing to deliver the range of housing to meet Plymouth's need	<ul style="list-style-type: none"> Strategic Land Review completed and released 50 housing sites to the market. Established Housing Investment Fund in Plan for Homes 3 to support interventions to unlock housing delivery. Working with Homes England to develop a Placed Based Strategic Partnership to unlock and deliver a pipeline of housing sites, support City Centre renaissance and to help align Government funding with housing site opportunities. Proposal to establish a tripartite partnership between DLUHC, HE and PCC/S&WD with the vision to transform the pace and quality of housing provision to fully meet housing need including the 35% urban uplift. Work with Homes England has led to agreed solutions and Deeds of Variations on four legacy sites to unlock delivery. Launched the Plymouth Eco-Homes Programme to support building a pipeline of over 250 low-carbon and net-zero homes across Plymouth. Embarking on our Direct Delivery of new homes to drive up good design, quality and sustainable living, and identifying a pipeline of future sites to support our direct delivery ambitions. 	12	9	Anthony Payne

		<ul style="list-style-type: none"> Developed two Housing Partnership Agreements with key Housing Association Partners to maximise their investment and delivery in the city. Considering site acquisitions and provided funding to help unlock stalled JLP sites. Reviews of JLP sites completed and monitored, with delivery strategies being implemented. Secured £2.2m Brownfield Land Release Funding to help unlock 325 affordable homes on PCC owned land. Ongoing innovation to improve the proactive and fast track approach to planning to deliver housing. Monitoring development activity in the construction sector to understand the effect of COVID-19 on housebuilding. We will manage the 5 year land supply position to ensure that decisions on sites are taken using a balanced and objective assessment of market conditions. We will work with DLUHC and Homes England. Continuing to bring long term empty homes back into use. 			
18	Risk to vulnerable children and young people in the care system.	<ul style="list-style-type: none"> Continue to drive forward change across the partnership in relation to whole family working, engagement with the Early Help Assessment Tool process, data exchange and achieving the outcomes required within the Troubled Families Outcomes Plan. 	6	6	Moved to operational register.
19	Viability of commercial bus operators	<ul style="list-style-type: none"> The Council continues to pay concession fare reimbursement above actual level of travel, although this is reducing in line with Government guidance by 5% every 2 months until such time it is less than reimbursement based on actual trips. To address loss of commercial services from 4th September, a virement from concession fares reimbursement budget to non-commercial services budget of £557K in 23/24 to pay for non-commercial services secured through competitive tender and enable all areas of Plymouth to continue to have a bus service, at least on Mondays to Fridays. To make the budget go as far as possible, routes have been redesigned where possible to be able to use developer 	15	15	Anthony Payne

		<p>contributions to part or wholly fund some non-commercial routes.</p> <ul style="list-style-type: none"> Schemes continue to delivered through the Transport Capital Programme to encourage patronage returning to pre-Pandemic levels as soon as possible. Increased commitment to non-commercial services is up until March 2024. Tenders will be sought late in 2023 when it is envisaged that commercial viability on a number of routes will have improved. 			
20	Lawful Accounting Treatments in Respect of the Pensions Fund	<ul style="list-style-type: none"> Mitigations are limited to different legal accounting methods 	N/A	25	David Northey
21	The Government intends to implement Schedule 3 of the Flood and Water Management Act in 2024 and put in place a Suds Approval Body (SAB). Schedule 3 provides a This is highly likely to be introduced from 2024 and will be a risk for the local authority from 2024/2025. No provision has yet been made in the MTFP (which is under review).	<ul style="list-style-type: none"> This is proposal and would not be implemented until 2024. Previously when the LLFA's were established, ring fenced government funding was provided for the first 3 years on a reducing basis. Consultation likely in 2023 and therefore responses need to reflect the need for funding to take on this function. The key considerations will be: <ul style="list-style-type: none"> Policy requirements; national standards and guidance requirements; cost and funding; future working with partners; skills and capability of local authority to take on this function. 	NEW	20	Anthony Payne
22	The Department for Transport (DfT) has set out expectations of the Peninsula Transport Body (STB) for a core team of staff representing a single point of contact between the STB and the DfT and perform a wider strategic role supporting individual Local Transport Authorities.	<ul style="list-style-type: none"> The DfT has restated their commitment to ensure that the host authority for these positions will not be liable for all costs relating to these posts and any redundancies should they be required. A meeting between the STB, DfT and PCC will take place to understand whether DfT are able to honour their commitment to cover cost of salaries and underwrite cost of redundancies before commencing recruitment. 	NEW	8	Anthony Payne

	Currently the DfT is unable to confirm funding to cover 23/24 salary costs.				
23	Response to Ofsted Focused Visit to the Front Door does not result in required improvements.	<ul style="list-style-type: none"> • A new Improvement Board is in place for the Children's Services across the Plymouth (March 2023). • Service Director chairs a fortnightly Improvement Board for the Front Door which has partner engagement (Feb 23). • Improved capacity in management structures has been in place since January 2023. • Review of processes and focus on performance improvement in place. • Key metrics are reviewed alongside Audit activity to test quality of decision making. 	NEW	9	Sharon Muldoon

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Health and Adult Social Care Overview and Scrutiny Committee



Date of meeting:	27 June 2023
Title of Report:	Better Care Fund 2023-2025
Lead Member:	Councillor Mrs Mary Aspinall (Cabinet Member for Health and Adult Social Care)
Lead Strategic Director:	Anna Coles (Interim Strategic Director for People)
Author:	Gary Walbridge/Christopher Morley
Contact Email:	Gary.walbridge@plymouth.gov.uk
Your Reference:	Click here to enter text.
Key Decision:	No
Confidentiality:	Part I - Official

Purpose of Report

The Better Care Fund is provided to help support joint Health and Social Care planning to improve hospital no right to reside performance and admission avoidance. This report allows us to review with Scrutiny the plan and future investment intentions.

Recommendations and Reasons

Noting the report and monitoring of progress

Alternative options considered and rejected

N/A

Relevance to the Corporate Plan and/or the Plymouth Plan

In line with our priorities to make Plymouth a great place to grow up and grow old. Specifically supporting working with the NHS to provide better access to healthcare and dentistry.

Implications for the Medium Term Financial Plan and Resource Implications:

None

Financial Risks

None

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

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		1	2	3	4	5	6	7
A	Slide Deck – Better Care Fund							

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.

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	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
Originating Senior Leadership Team member: Gary Walbridge											
Please confirm the Strategic Director(s) has agreed the report? Yes											
Date agreed: 19/06/2023											
Cabinet Member approval: Councillor Mary Apinall (Cabinet Member for Health and Adult Scoail Care)											
Date approved: 14/06/2023											

Better Care Fund 2023-2025

Chris Morley, Interim Locality Director – Plymouth
Gary Walbridge, Head of Adult Social Care

Better Care Fund 2023 - 25

- The Better Care Fund (BCF) is the only mandatory policy to facilitate integration between Health and Social Care, providing a framework for joint planning and commissioning. The BCF brings together ring-fenced budgets from NHS allocations, ring-fenced BCF grants from Government, the Disabled Facilities Grant, and voluntary contributions from local government budgets. The Health and Wellbeing Board has oversight of the BCF and is accountable for its delivery.
- National planning requirements for the BCF are set out within The Better Care Fund (BCF) Policy Framework and were published on 5 April 2023 by DHSC & DLUHC. The Policy Framework sets out the Government's priorities for 2023-25, including improving discharge, reducing the pressure on Urgent and Emergency Care and social care, supporting intermediate care, unpaid carers and housing adaptations.
- The vision for the BCF over 2023-25 is to support people to live healthy, independent and dignified lives, through joining up health, social care and housing services seamlessly around the person. This vision is underpinned by the two core BCF objectives:
 - Enable people to stay well, safe and independent at home for longer
 - Provide the right care in the right place at the right time

BCF Planning Requirements

The planning requirements set out within the BCF Policy Framework mandate the following:

- Submission of BCF plan documents covering 2023-25 by 28 June 2023. NHS England will assure and approve the plans, writing to areas to confirm that the NHS minimum funding can be released. Approval letters will be issued by 8 September 2023 giving formal permission to spend (NHS minimum).
- A s.75 (NHS Act 2006) agreement between each HWB Board and NHS Devon (Integrated Care Board) to be completed by 31 October 2023. This agreement cannot be finalised until the annual BCF plan has been approved by NHS England.
- In total, there are three BCF Plans submitted for Devon, one for each Health & Wellbeing Area and as per the national planning requirements each plan includes:
 - A narrative plan (headings as recommended by the planning requirements)
 - A template spreadsheet plan

Utilisation of the BCF

- BCF investments have been developed over a number of years, and in order to ensure long term sustainable service, investment has been agreed to enable recruitment to substantive posts, or as part of enhancements to contracts with care sector and VCSE.
- Investment supports the key objectives required by the national planning requirements.
- A key component of the BCF has been to support the development of and fund the Discharge to Assess pathways over several years (prior and subsequent to the national schemes as part of the Covid response). Costs associated with this remain part of the BCF plans across the ICS.
- As part of planning an evaluation of the schemes has been undertaken to consider delivery and impact.

BCF Metrics

The National Planning Requirements set out a set of key metrics shown below that form the basis of monitoring performance against the BCF plan:

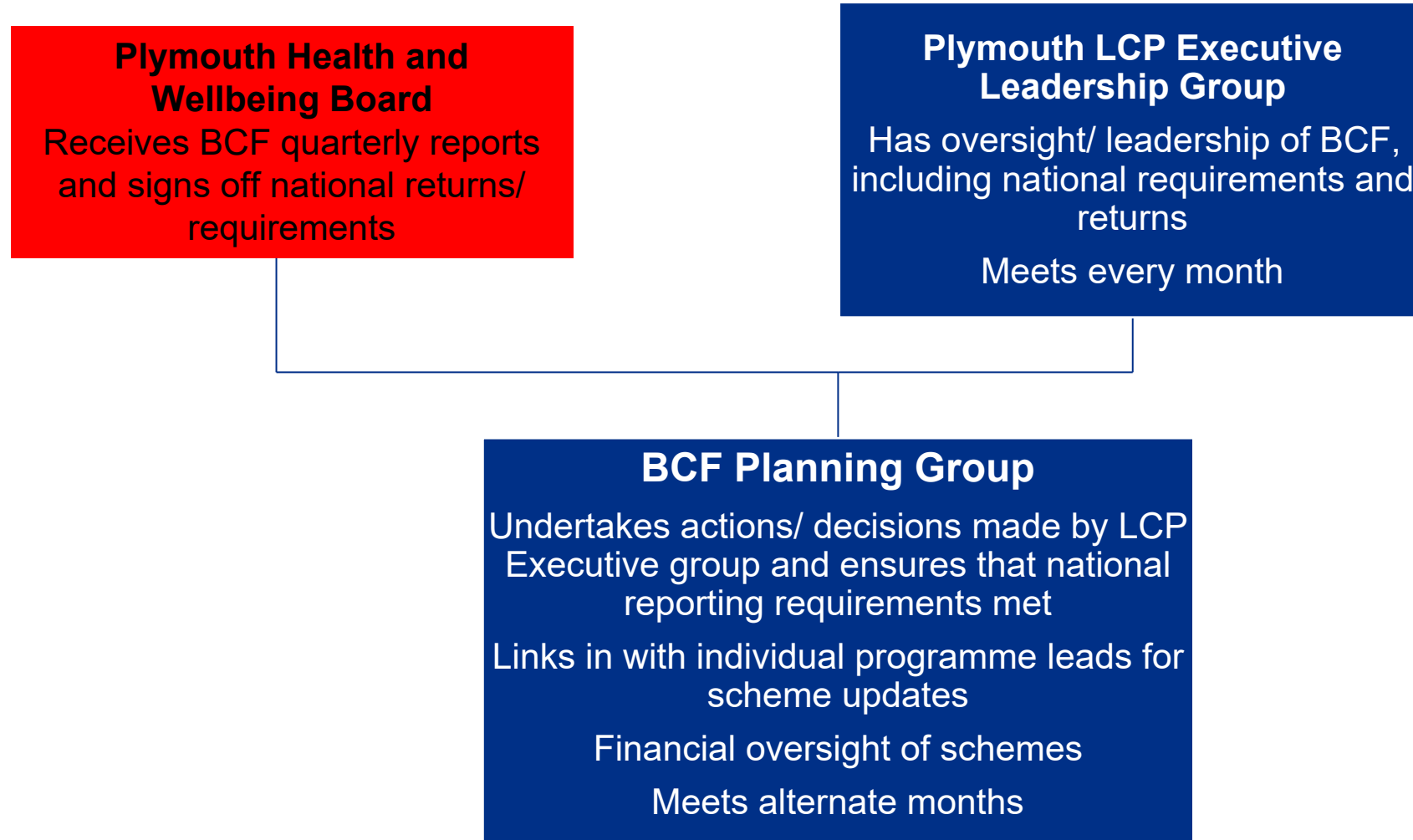
- Avoidable Admissions
- Falls
- Discharge to Usual Place of Residence
- Residential Admissions
- Reablement

We are currently reviewing our trajectories against these to ensure our plans and investments are targeting and delivering against these and will review our BCF investments in year to ensure these remain aligned

Additional Discharge Fund

- In 2023-24, the Government is providing £600 million (£300 million for ICBs, £300 million for local councils) to enable local areas to build additional adult social care (ASC) and community-based reablement capacity to reduce delayed discharges and improve outcomes for patients. For 2024-25 this fund increases to £1billion.
- Local areas should use the discharge funding as part of BCF plans and in conjunction with wider funding to build additional social care and community-based reablement capacity, maximise the number of hospital beds freed up and deliver sustainable improvements for patients.
- The funding can be used to continue to support investments made in services from the ASC Discharge Funding in 2022-23 but should not use the new discharge funding in 2023-24 to replace existing expenditure on social care and community services.
- The Plymouth allocation of this fund for 2023-24 is £3.341m (funding is allocated across PCC £1.81m and NHS Devon Plymouth Locality £1.528m)

Plymouth BCF Governance



Plymouth BCF Plan 2023-25

Plymouth Better Care Fund 2022/23 Investments (£37.8m)

Core Mandated Services

- Community Equipment Service (£1.5m)
- Disabled Facilities Grant (£2.8m)

Support to Social Care (£6.4m – unchanged since 2018)

Hospital Discharge – focused investment supporting capacity creation, outcome-focused reablement provision, underpinned by a Home First approach promoting independence and reducing long term need

- Investment in Independence @ Home Reablement Service & Homefirst Service (Pathway 1) (£1.6m)
- Commissioning of Pathway 2 placements along with enhanced community support (full MDT input) to manage recovery and return home) (£2m)
- Delivery of a Trusted Assessor model acting as an interface between hospital system and DTA placements, supported by a bed bureau process to ensure efficient identification of placements (£69k)
- Discharge to Assess care delivery, IHDT Command Centre, and review capacity to support timely review and discharge (improved individual outcomes optimising capacity) (£13.1m)

Plymouth Better Care Fund 2022/23 Investments (£37.8m)

IHDT Command Centre, and review capacity to support timely review and discharge (improved individual outcomes optimising capacity) (£13.1m)

Admission Avoidance – short term support and interventions to prevent avoidable hospital admissions

- Commissioning of Intermediate Care Placements (within Care Home Market) to enable respite, rehabilitation and reablement along with enhanced community support (full MDT input) to manage recovery and return home (£1.8m)
- Frailty Nurses – Providing in-reach at the front door of the Derriford Hospital ED and MAU (£160k)

Care Market/Social Care - increased resilience supporting system flow

- Domiciliary Care investment through enhanced rates to support resilience (through recruitment and retention) (£2m)
- Primary Care Support to market (inc OOH) (£203k)
- Care Home Quality Support (£300k)

Other

- Carers Services – providing support and guidance, Carers Personal Budgets, preventing carer breakdown and raising the profile of carers (£2.1m)
- Health Navigators (£100k)
- Crisis Café (£50k)
- Community Crises Response (£117k)
- VCSE Investment (£180k)

Additional Discharge Funding – targeted schemes to support delivery of D&C modelling to meet discharge need (£3.3m)

Request that the Health and Adult Social Care Overview and Scrutiny Committee support the move to Full Business Case of Phase 1 of the Future Hospital at University Hospitals Plymouth NHS Trust

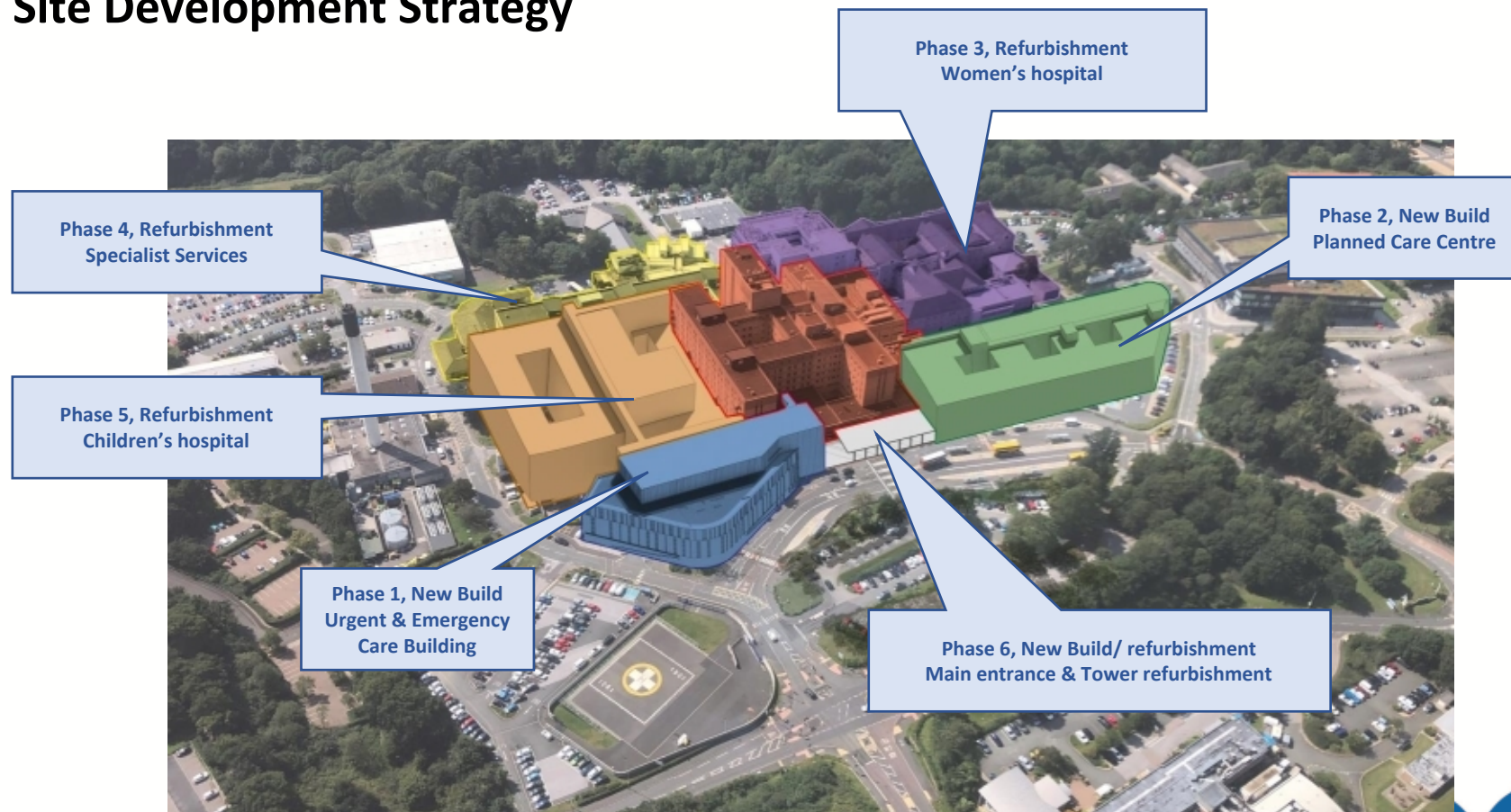
June 2023



Phase 1 Future Hospitals

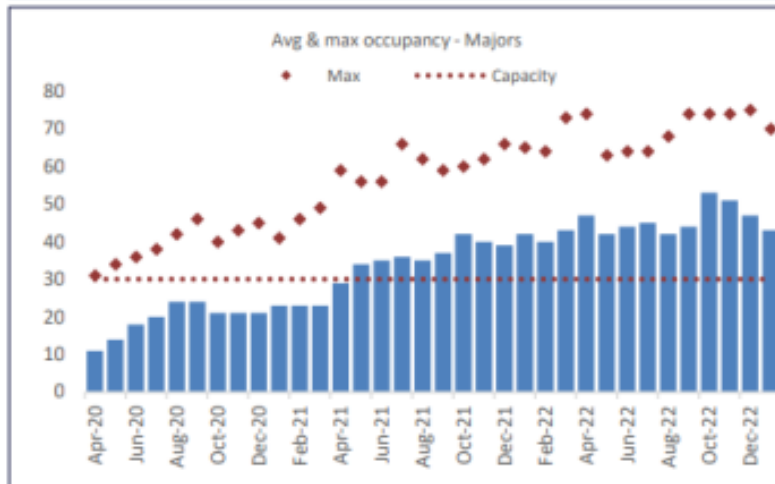


Site Development Strategy

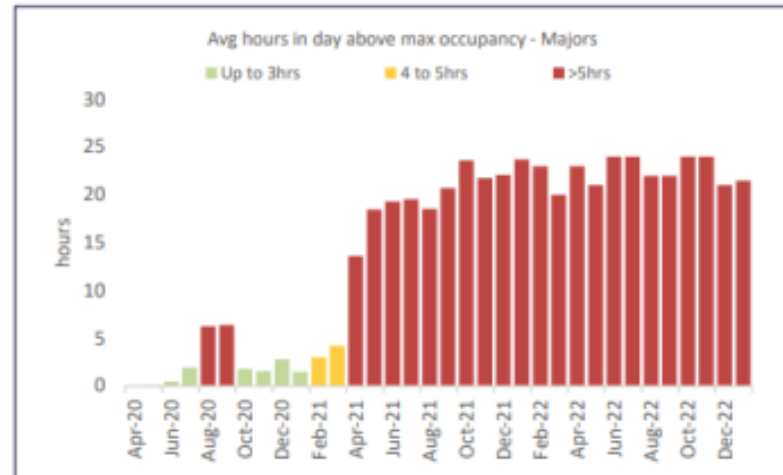


Crowding in Emergency Department

Average and Max Occupancy-Majors



Average hrs in day above max occupancy



Phase 1 – new Urgent and Emergency Care Facility

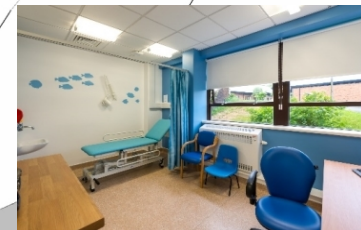
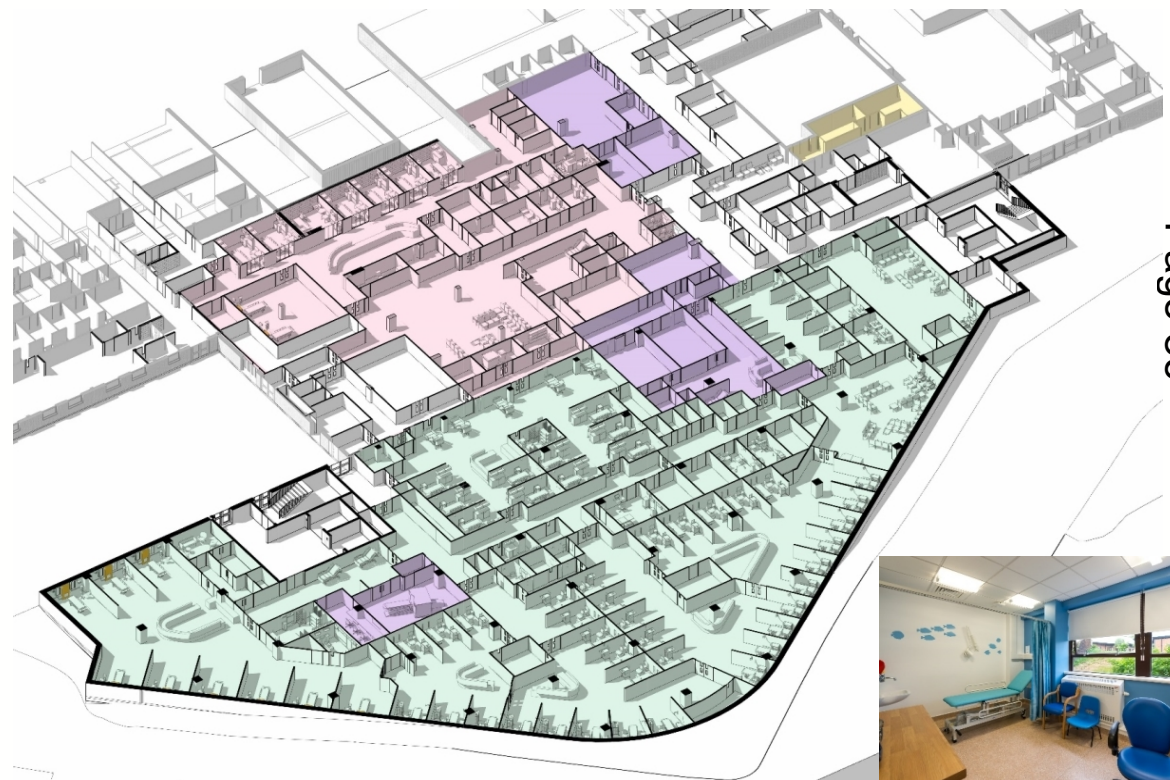


Building Layout – Level 6

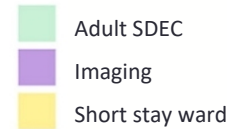
- Adult Emergency Department
- Paediatric Emergency Department
- Imaging
- Mental Health

Level 6 is at the same level as the hospital main entrance and is the main **Emergency Department floor for adults and children.**

Separate ambulance and 'walk-in' entrances are provided.



Building Layout – Level 7

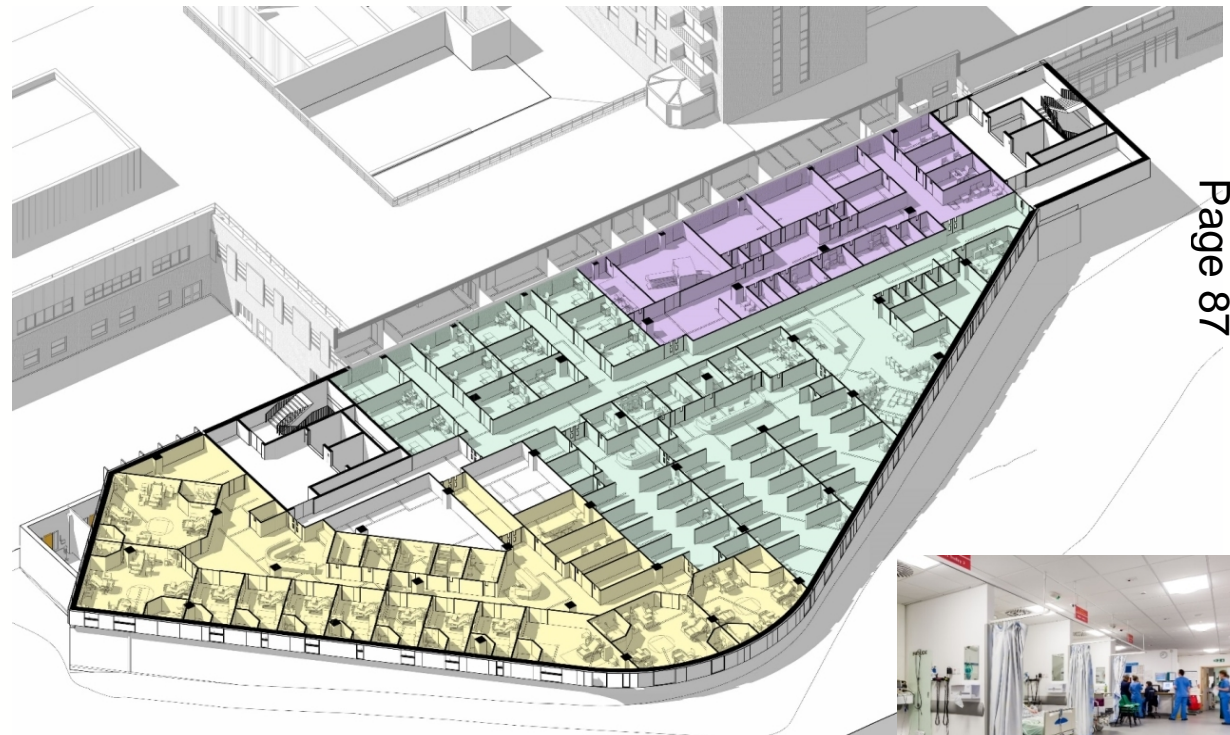


Level 7 contains the ‘**Same Day Emergency Care**’ (SDEC) facilities, these include chair based assessment spaces and private consultation and examination spaces.

The level also provides a **24 bed short stay ward**.

Separate Imaging facilities are provided including x-ray and a CT scanner.

SDEC provides for the growth in admitted non-elective activity for patients who spend one to two days in hospital.



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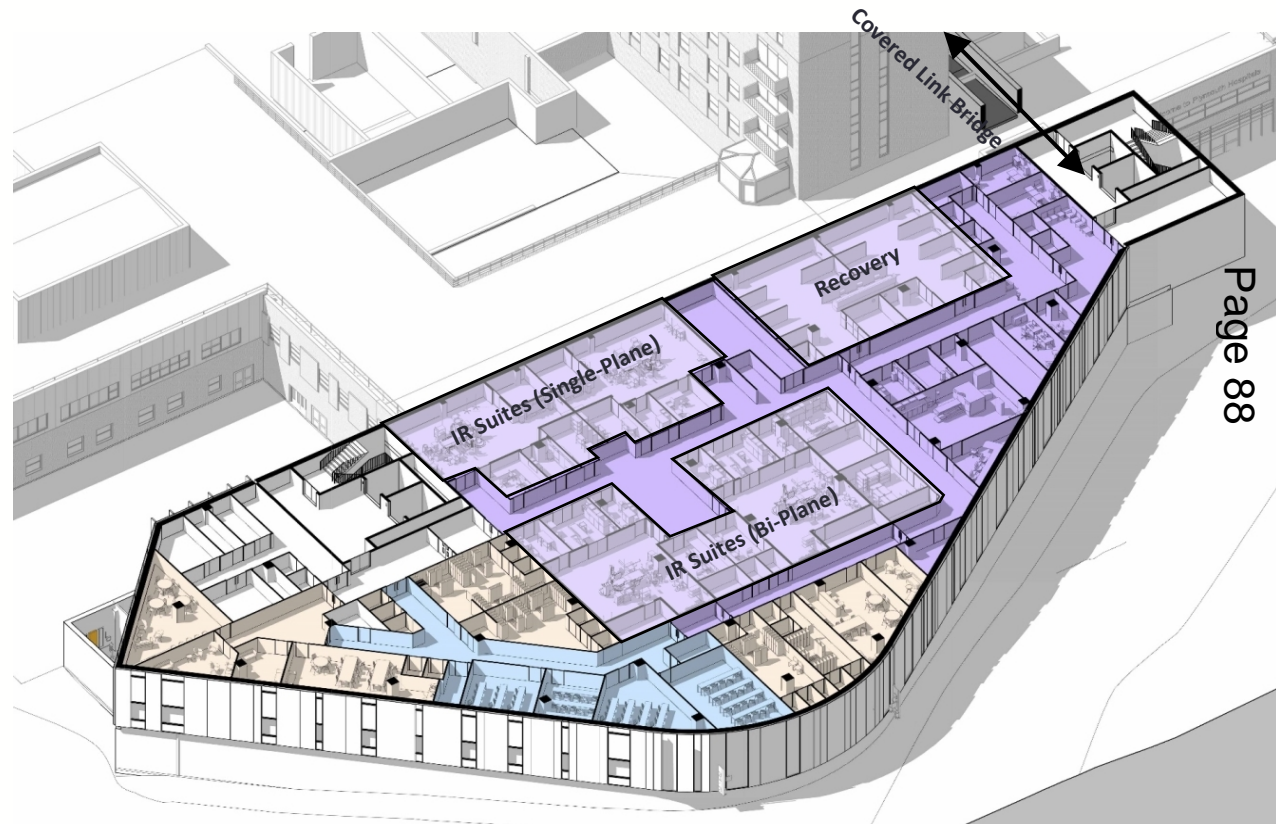
Take
Respect others
Be positive
Listen, learn, improve

Building Layout – Level 8

- Administration
- Staff Welfare
- Radiology

Four new **Interventional Radiology Suites** (Bi-Plane and Single-Plane) with adjacent patient recover facilities.

A new connection linking the existing hospital with the new facilities is also to be provided on Level 8.

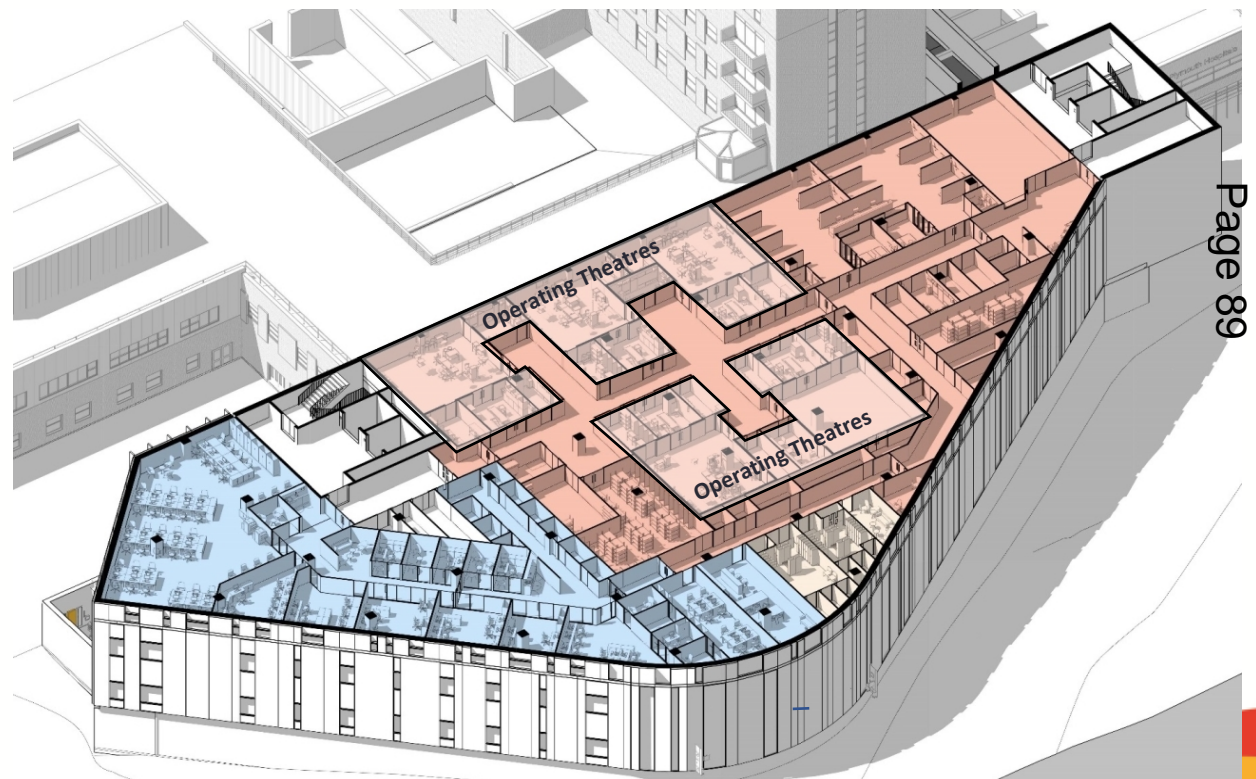


Building Layout – Level 9

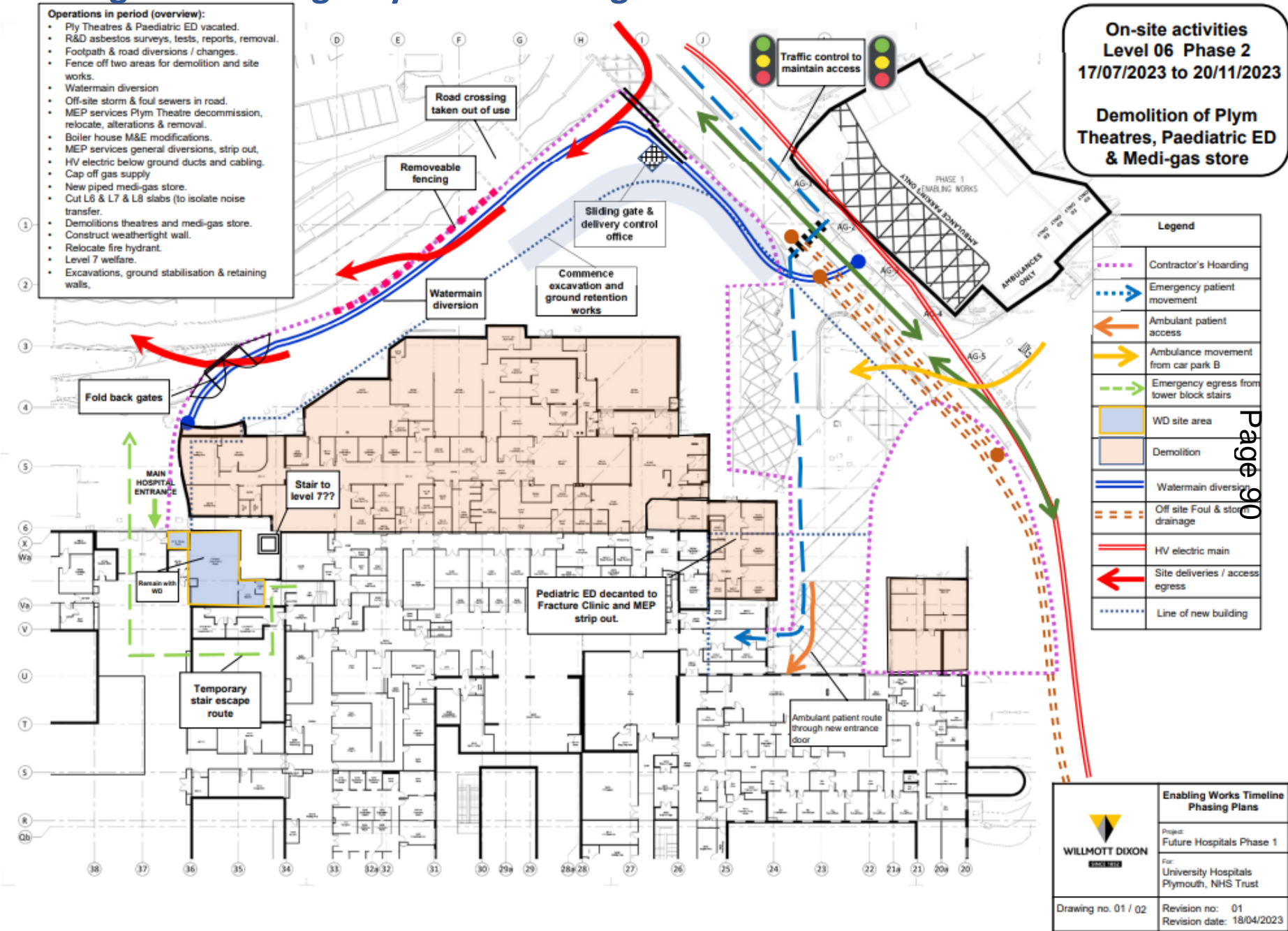
- Administration
- Staff Welfare
- Emergency Surgery

Level 9's primary use is for **Surgery facilities** with 5 new operating theatres provided.

Administrative offices and welfare facilities are also incorporated on this floor to the east of the floor plan.



NHP Urgent & Emergency Care Building : Build Phase 2



- Operations in period (overview):**
- Ply Theatres & Paediatric ED vacated.
 - R&D asbestos surveys, tests, reports, removal.
 - Footpath & road diversions / changes.
 - Fence off two areas for demolition and site works.
 - Watermain diversion
 - Off-site storm & foul sewers in road.
 - MEP services Plym Theatre decommission, relocate, alterations & removal.
 - Boiler house M&E modifications.
 - MEP services general diversions, strip out.
 - HV electric below ground ducts and cabling.
 - Cap off gas supply
 - New piped medi-gas store.
 - Cut L6 & L7 & L8 slabs (to isolate noise transfer.
 - Demolitions theatres and medi-gas store.
 - Construct weatherlight wall.
 - Relocate fire hydrant.
 - Level 7 welfare.
 - Excavations, ground stabilisation & retaining walls.

On-site activities
Level 06 Phase 2
17/07/2023 to 20/11/2023

Demolition of Plym Theatres, Paediatric ED & Medi-gas store

Legend	
	Contractor's Hoarding
	Emergency patient movement
	Ambulant patient access
	Ambulance movement from car park B
	Emergency egress from lower block stairs
	WD site area
	Demolition
	Watermain diversion
	Off site Foul & storm drainage
	HV electric main
	Site deliveries / access egress
	Line of new building

	Enabling Works Timeline Phasing Plans	
	Project:	Future Hospitals Phase 1
	For:	University Hospitals Plymouth, NHS Trust
	Drawing no. 01 / 02	Revision no: 01 Revision date: 18/04/2023

Mitigations

- Fracture Clinic / Paediatric ED
- Urgent Treatment Centres
- Primary Care Streaming
- Discharge Assessment Capacity
- Additional Bed Capacity



Early Stakeholder Engagement

- We have been engaging around Future Hospitals since 2018
- We have a comprehensive Communications and Engagement plan which covers Phase 1 of the new Urgent and Emergency Care Centre as well as other major capital developments
- Learning from and sharing best practice, we have developed messaging, innovative materials and have maintained strong support from MPs and partners
- Feedback we have already received includes:

Cornwall Council HASCOSC

“Having had the benefit of a full presentation on 16 November 2022., the committee agreed that this was a vital and long overdue development, which will benefit residents of Cornwall who use this facility, both as their local hospital and those who may need to use Derriford as the region’s Major Trauma Centre.

Devon ICB: “It will help deliver key objectives of the Long Term Plan with the consistent delivery of efficient and effective care, addressing quality and productivity; and improving equity of access across the county.”



Activity in numbers (April – December 2022)

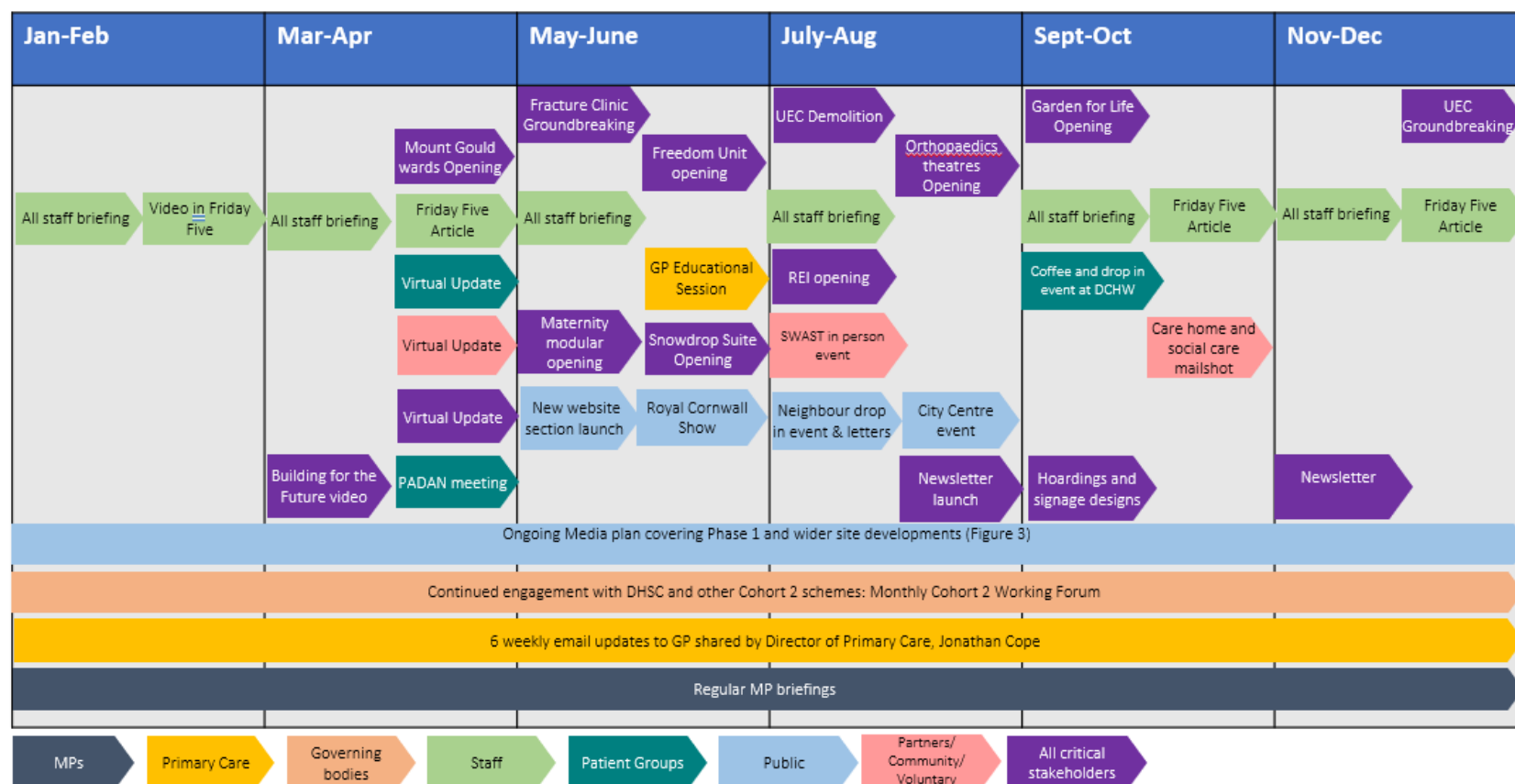
- Stakeholder engagement – 100+ meetings including all staff briefings, cohort 2 programme meetings, sustainability meetings, and working with south west colleagues to learn from and share best practice
- Two large scale in person events with 213 attendees at Virtual Reality event
- 31 pieces of media coverage including regional, national and specialist media coverage across online, print and broadcast
- [Content: 11 videos](#) in 'Building for the Future' YouTube playlist, 5 articles in Friday Five, covered in Cascade magazine, 7 press releases, creation of sustainability blog and Site Services news bulletin, branding, website content



Staff and stakeholder VR event in September 2022



Figure 1: Communications and Engagement Plan Overview 2023



Ongoing: Stakeholder support for Phase 1

Key themes from engagement which we have fed back into the programme

- Support for the plan
- Provision for mental health care
- Staffing
- Further expansions e.g. beds
- Environmental
- Community care
- Access and car parking
- Staff rest areas



Stakeholder Engagement and Support

Recent engagement – summer 2023



Royal Cornwall Show

Public engagement session held across three days at the Royal Cornwall Show in Wadebridge. This event was in collaboration with the ICB and Royal Cornwall Hospitals with the aim of engaging with people from across Devon and Cornwall

Citizens Advice Plymouth

“It’s really good to be invited to this as a charity working hard in the city so thank you for inviting us”

Virtual Briefings

Critical stakeholder briefing and Q&A session hosted by Programme Director, Stuart Windsor and third sector and community groups briefings and Q&A session hosted by Programme Manager, Nicki Collas



National Team Visit

UHP recently hosted a visit from Morag Stuart, Chief Programme Officer and Jonathan Scott-Baker, Senior Executive for the New Hospital Programme



Previous support from this Committee: October 2022



Moving to Full Business Case - Timeline

Future Hospital Programme Critical Path



Our ask of the Committee

As we move to Full Business Case we request a letter formally expressing

- ☐ members' support for the scheme and
- ☐ confirming that the case does not require public consultation



Questions



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Community Diagnostic Centre

Project Update
June 2023



Project History

- October 2020 - Requirement identified by Professor Sir Mike Richards to address diagnostic waiting times and national programme established
- September 2021 – December 2022 Initial work on Business Case in liaison with NHS-E regional colleagues and Plymouth City Council, identifying a site in the West End to compliment the proposed Cavell Centre
- May 2023 – Revised Business Case submitted for a CDC on the Colin Campbell Court site. Project Board established with PCC colleagues.
- June 2023 – SoS approval of £25m scheme, subject to conditions.



CDC Programme Aims

- To improve population health outcomes
- To increase diagnostic capacity
- To improve productivity and efficiency
- To contribute to reducing health inequalities
- To deliver a better and more personalised diagnostic experience
- To support integration of care across primary, community and secondary care

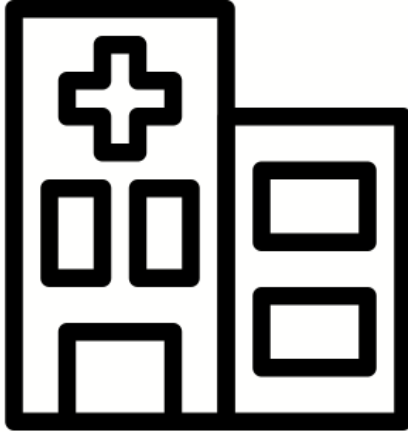
By 2025, the Government and NHS aim to deliver over 160 community diagnostic centres across England to decrease the NHS waiting list and improve the number of patients receiving care.

They are expected to provide over 500,000 additional tests, checks and scans a year.

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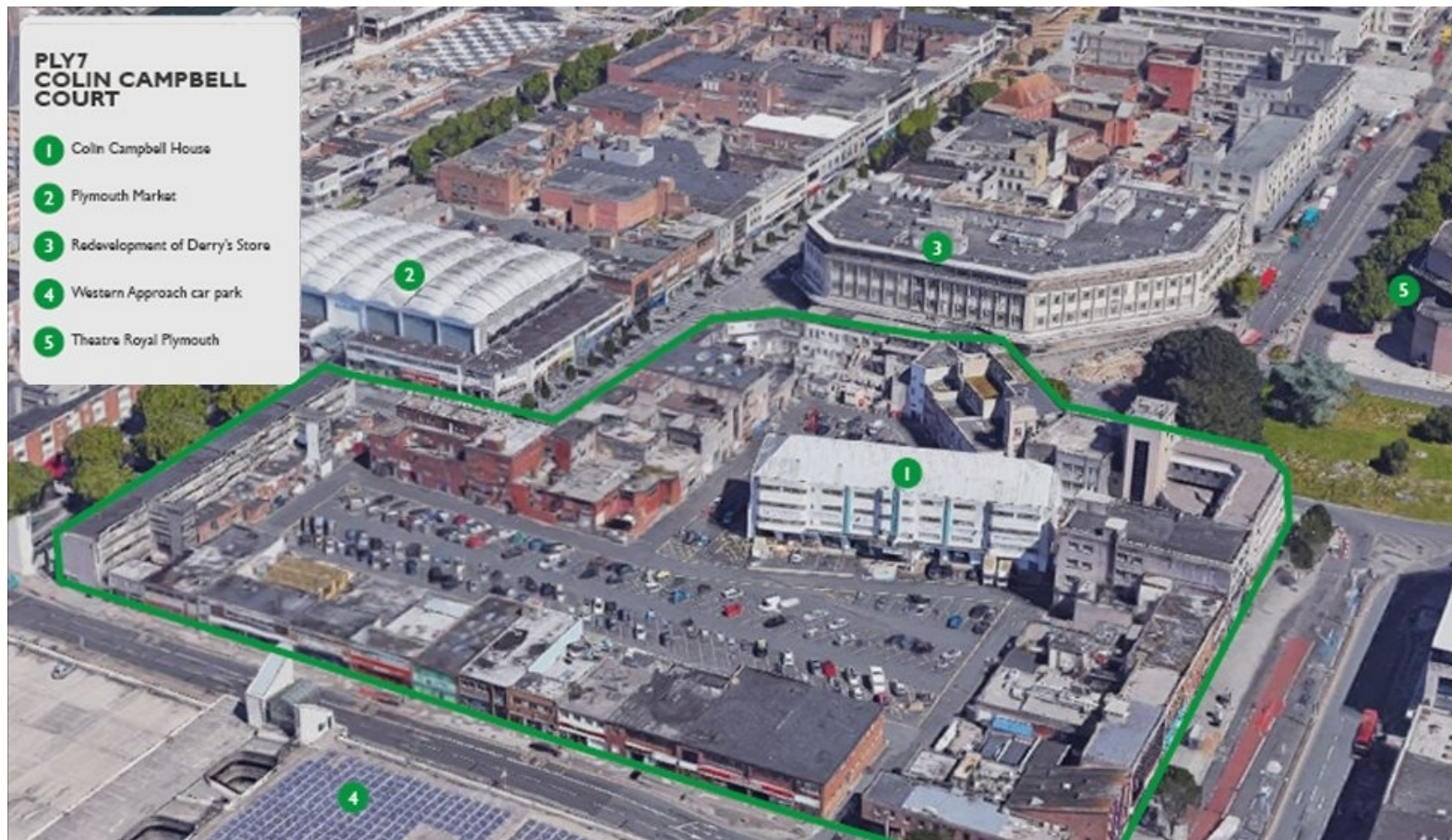
'Standard' Archetype CDC



'A CDH that provides the minimum diagnostic tests, except for endoscopy, and any other diagnostic test deemed a priority locally. Only diagnostic testing is required to be carried out in this archetype; however, provision of consulting rooms should be considered if there is an opportunity for streamlining and providing more efficient overall patient pathways'



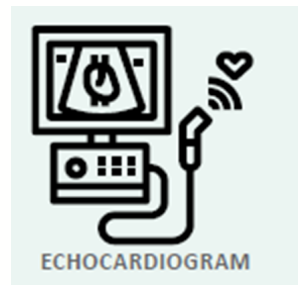
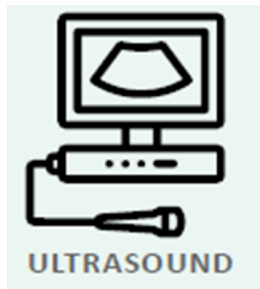
Colin Campbell Court site



Current Site Status



Proposed CDC Services



- 2 x MRI Scanners
 - 2 x CT Scanners
 - 1 or 2 x Xray Rooms
 - 4 x Ultrasound Rooms
 - Point of Care Testing
 - Audiology Suite
-
- **New Requirement:**
Physiological Measurement Services including Echocardiography, Electrocardiogram, Blood Pressure Monitoring, Spirometry, Pacemaker



Two Phase Approach



- Initial diagnostic activity will be delivered via temporary mobile CT scanner by end of September 2023.
- The main build will then be developed to open on 1st April 2025.



Health and Adult Social Care Overview and Scrutiny Committee



Date of meeting: 27 June 2023
Title of Report: **Public Access Defibrillators**
Lead Member: Councillor Mrs Mary Aspinall
Lead Strategic Director: Ruth Harrell (Director of Public Health)
Author: Ruth Harrell
Contact Email: Ruth.Harrell@plymouth.gov.uk
Your Reference: [Click here to enter text.](#)
Key Decision: No
Confidentiality: Part I - Official

Purpose of Report

On 30th January 2023, a [Motion on Notice](#) was raised and subsequently referred to the Health and Adult Social Care Overview and Scrutiny Committee. This specifically addressed defibrillators in Council- owned Public Buildings, in particular the Council House. This paper makes recommendations to the Motion on Notice, but it also covers a broader scope.

Recommendations and Reasons

Rapid access to a defibrillator can help to save lives. Having reviewed PCC provision, and the information on the wide distribution of PADs, the following recommendations are made;

That Plymouth City Council

- That PCC works with partners to promote 'Restart a Heart Day' which takes place on and around 16 October each year.
- That PCC works with partners to promote CPR training.
- That all defibrillator owners across Plymouth are encouraged to register their defibrillators on The Circuit [The Circuit - the national defibrillator network](#)
- That all defibrillators owners across Plymouth suitable for public access should consider whether access could be widened to 24/7, if not already.
- That PCC promote schemes to access funding for publicly accessible defibrillators amongst communities.
- That Plymouth City Council commission defibrillators at the locations identified which includes the Guildhall
- That PCC work with partners to provide defibrillators at St Budeaux library and Southway library

Alternative options considered and rejected

Doing nothing would rely on current provision. The closed PADs are limited in the hours that they can be accessed and so this option has been rejected since Councillors and the Public use our sites out of those usual working hours.

Relevance to the Corporate Plan and/or the Plymouth Plan

Plymouth's vision is to be one of Europe's most vibrant waterfront cities where an outstanding quality of life is enjoyed by everyone. Although the risk of needing to use a public access defibrillator, if it is needed, it can save lives; and even if unsuccessful, those present and the family and friends will know that every effort was made.

Implications for the Medium Term Financial Plan and Resource Implications:

Minor – the costs of the additional PADs is low

Financial Risks

None

Carbon Footprint (Environmental) Implications:

None

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.*

The action plan will be developed in partnership with the Child Poverty Action Plan and supports the implementation of this Plan to reduce child poverty in the City. This will ensure we consider a whole family, multi-generational approach.

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	Report							
B								

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)
----------------------------------	--

		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.						
		1	2	3	4	5	6	7

Sign off:

Fin	DJN. 23.24. 41	Leg	EJ/1 114/ 6.6.2 3	Mon Off	Click here to enter text.	HR	Click here to enter text.	Asset s	Click here to enter text.	Strat Proc	Click here to enter text.
Originating Senior Leadership Team member: Ruth Harrell											
Please confirm the Strategic Director(s) has agreed the report? Yes Date agreed: 05/06/2023											
Cabinet Member approval: Councillor Mary Aspinall (Cabinet Member for Health and Adult Social Care) Approved by email Date approved: 06/06/2023											

INTRODUCTION

The heart is controlled by an electrical impulse that normally makes it beat in a regular rhythm. When a person has a sudden cardiac arrest, the normal rhythm becomes disrupted and disorganised, meaning that their heart stops being able to pump blood around the body and also affecting their breathing.

If this happens to someone, it is essential that CPR (cardio-pulmonary resuscitation) is performed straight away; this helps to keep oxygen moving around the body to the organs that need it

A defibrillator gives a jolt of energy to the heart, which can help restore the heart's rhythm, and get it beating normally again.

The sooner this can happen, the better the chances of survival; data from British Heart Foundation suggests that if a defibrillator is used within 3-5 minutes of cardiac arrest, survival rates jump from 6 per cent to 74 per cent.

This simple piece of equipment is easy to use and doesn't require training, but it could make the difference between life and death – so it's important to find and use a defibrillator in an emergency.

You might also hear a defibrillator be called a defib, an AED (Automated External Defibrillator) or a PAD (Public Access Defibrillator).

Motion on notice

On 30th January 2023, a [Motion on Notice](#) was raised and subsequently referred to the Health and Adult Social Care Overview and Scrutiny Committee. This specifically addressed defibrillators in Council- owned Public Buildings, in particular the Council House. This paper makes recommendations to the Motion on Notice, but it also covers a broader scope.

INFORMATION ABOUT DEFIBRILLATORS

How often is a defibrillator needed?

Across England, there are approximately 30000 cardiac arrests that happen outside a hospital per year. It is estimated that around 70% of these happen at home and only 20% occur in public places.

Broadly then, there might be around 30 cardiac arrest a year in the population of Plymouth, in a public space, in a year. As can be seen from this figure, it is very difficult to predict where one might take place in order to ensure that there is a defibrillator close by and accessible at the time.

How would you decide where one is needed?

Firstly, it is important to note that this is not a system which is overseen by the NHS and very much depends on people (businesses, community and voluntary sector, and communities) coming together to decide to provide one.

The British Heart Foundation suggest that a risk assessment takes place which considers;

- consideration of how many people may be in, near, or passing through your workplace (as the likelihood of cardiac arrest increases with more people)
- the age of those people (as age is a risk factor for heart disease)
- the nature of the location (as remoteness may affect emergency service response times and the availability of alternatives).

They also make the point that this is a relatively low cost device, which could save a life.

How much do they cost?

The costs of defibrillators are of the order of £1700 excluding VAT for an automated defibrillator plus an external cabinet with fitting costs on top of this.

What are the ongoing costs?

A defibrillator should be checked once a week if not used. Batteries and pads need to be replaced approximately every 5 years at a cost of £250 – with pads needing replacement if used for a cardiac arrest.

DEFIBRILLATORS IN PLYMOUTH**Where are they sited?**

Previously, Ambulance Trusts did what they could to keep an up to date list of defibrillators which were available to the public and would direct people to them if required. However, there were ongoing concerns that this was not comprehensive and so opportunities to save lives may have been lost.

In response, a national central database has been set up to manage this information more effectively and efficiently; The Circuit (www.thecircuit.uk). This is run in partnership with all ambulance Trusts, the Resuscitation Council UK and St John Ambulance.

Since this is a relatively new initiative, one of the recommendations in the paper is for PCC to promote this site widely across Plymouth to encourage anyone with a public access defibrillator to register on the site. We have ensured that this has been completed for those owned by PCC.

There are a large number of defibs accessible across Plymouth according to the website, in excess of 120. These range from businesses, community groups, public spaces and schools; many are not available 24/7 and /or have restricted access to the public. It would not be appropriate to list them here since the list is often updated, and the advice from the Ambulance Trust is to call them (using 999) if there is an incident so that they can signpost to the nearest one, as well as giving advice and dispatching an ambulance. However, if people would like to see what is available near to them, a map can be accessed here www.defibfinder.uk.

Do we need more?

There are no standard quantified measures of how many are needed. However, a risk assessment process is recommended by the BHF which suggests that the locality of a defibrillators is assessed on the amount of footfall in the area and the likely age of those people.

Plymouth City Council have undertaken a review of council owned buildings, taking account the proximity of defibrillators to our buildings and the BHF guidance, and have reached the following conclusions;

- 59 of our sites have a defibrillator is close proximity suitable for emergency use.

Of those building reviewed, 6 have been identified as having a high risk profile and therefore a defibrillator is recommended;

- 5 defibrillators to be installed at The Guildhall, Chelson Meadow, Raglan Court, The Reatch Centre and Colwell Lodge, funded by capital borrowing and managed by FM revenue budget
- 2 other locations, St Budeaux library and Southway library to have defibrillators installed funded with partners.

Considering the city as a whole, though it is not possible to answer the question of how many are needed, it is certainly reasonable for a number of actions to be recommended;

- That all defibrillator owners across Plymouth are encouraged to register their defibrillators on The Circuit [The Circuit - the national defibrillator network](#)
- That all defibrillators owners across Plymouth suitable for public access should consider whether access could be widened to 24/7, through use of an external cabinet for example.
- That PCC promote any schemes to access funding for publicly accessible defibrillators amongst communities to widen the reach of these throughout the city

PUBLIC AWARENESS

To increase the chances of someone surviving a cardiac event, it is important to call 999, perform CPR and use a defibrillator if there's one available nearby.

The Resuscitation Council UK along with the British Heart Foundation, British Red Cross, St John Ambulance and others work together to help raise awareness of cardiac arrest and teach CPR. They run "Restart a Heart Day" which takes place on and around 16 October each year and we propose that this is promoted across Plymouth.

Part of this is promoting CPR training - this is an essential part of emergency treatment for someone in cardiac arrest and must be done until a defibrillator is accessed. There are many courses available including this online course from the British Heart Foundation which is free, and takes just 15 minutes. [Learn CPR in 15 minutes | RevivR | BHF - BHF](#)

RECOMMENDATIONS

- That PCC works with partners to promote 'Restart a Heart Day' which takes place on and around 16 October each year.
- That PCC works with partners to promote CPR training.
- That all defibrillator owners across Plymouth are encouraged to register their defibrillators on The Circuit [The Circuit - the national defibrillator network](#)
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HEALTH AND ADULT SOCIAL CARE OVERVIEW SCRUTINY COMMITTEE

Tracking Decisions Log 2023 - 24



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

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

Rec. No.	Minute No.	Resolution	Target Date, Officer Responsible and Status	Response
1	<u>Mental Health Select Committee</u> <u>7-8 March 2023</u>	Based on evidence submitted by the Plymouth Youth Parliament, the Committee recommended that the Devon Integrated Care Board explore the provision of dedicated mental health professionals for schools / academy groups in Plymouth and beyond, for specialist mental health support.	Status: Complete	Response Received (See Rec 1)
			Target Date: June 2023	
			Officer: NHS Devon ICB (Jo Turl/ Alex Cameron)	
2	<u>Mental Health Select Committee</u> <u>7-8 March 2023</u>	Based on evidence submitted by the Plymouth Youth Parliament, the Committee recommends to the Plymouth Education Board, that a 'place-based' teaching approach of the physical health and mental wellbeing section of the statutory relationships, sex and health education curriculum be developed in the city, which must address social media, exams, drugs, alcohol and vaping.	Status: In Progress	Holding Email Received – Awaiting Response
			Target Date: June 2023	
			Officer: Annie Gammon	

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Agenda Item 13

3	<u>Mental Health Select Committee</u> <u>7-8 March 2023</u>	<p>The Committee recommends that the Plymouth Education Board strongly encourages schools to participate in Plymouth's Youth Parliament and ensures that links between Youth Services and schools are developed and strengthened.</p>	<p>Status: In Progress</p> <p>Target Date: June 2023</p> <p>Officer: Annie Gammon</p>	<p>Holding Email Received – Awaiting Response</p>
4	<u>Mental Health Select Committee</u> <u>7-8 March 2023</u>	<p>The committee is not assured that sufficient progress toward parity of esteem has been achieved over the past decade. The committee recommends that the Mental Health Provider Collaborative, re-evaluate the funding streams for Public Health Initiatives in the City to ensure that programmes are aligned, and that funding is adequate, fair and efficient and make recommendation for further resource to the ICB to achieve parity of esteem in the future. To this end, the Committee recommends that NHS Devon ensures Plymouth receives its fair share of funding for Health, helping reduce the regional variation currently experienced.</p>	<p>Status: Complete</p> <p>Target Date: June 2023</p> <p>Officer: NHS Devon ICB (Jo Turl/ Alex Cameron) + Mental Health Provider Collaborative (Melanie Walker & Colm Owens)</p>	<p>ICB – Response Received (See Rec 4)</p> <p>Melanie Walker and Colm Owens (Mental Health Provider Collaborative) Response Received - Rec Needs Amending</p>

5	<u>Mental Health Select Committee</u> <u>7-8 March 2023</u>	The committee is aware that the access point to healthcare for most residents is their General Practitioner. The committee therefore recommends that residents are re-directed to mental health services, which do not require referral, at initial contact with health care services (through e-consult pop-up / telephone advice), and that service signposting is improved, including on the Councillors Hub, and Plymouth City Councils' public website.	Status: Complete	ICB Response Received (See Rec 5)
			Target Date: June 2023	Councillors Hub Updated with Plymouth Online Directory
			Officer: NHS Devon ICB (Jo Turl/ Alex Cameron) + PCC Health Team	
6	<u>Mental Health Select Committee</u> <u>7-8 March 2023</u>	The Committee welcomes the current provision of 22 Wellbeing Champions, trained in Mental Health 1 st Aid and recommends the relevant Cabinet Member seeks to promote this approach within the Plymouth business community, and through our existing networks.	Status: Complete	Councillor Mary Aspinall Acknowledged
			Target Date: June 2023	
			Officer: Councillor Aspinall	
7	<u>Mental Health Select Committee</u> <u>7-8 March 2023</u>	The Committee recommends that the Health and Adult Social Care Overview and Scrutiny Committee consider adding an update on the Qwell programme to its work programme to examine targets, performance and future opportunities.	Status: Complete	Kamal Patel: "This report could be brought in September as time is needed to acquire data for the first year of the pilot." Item added to Work Programme
			Target Date: June 2023	
			Officer: Kamal Patel	

8	<u>Mental Health Select Committee</u> <u>7-8 March 2023</u>	<p>That Livewell SW and NHS Devon ICB work more closely with the Voluntary and Community Sector, ensuring the voice of those with lived experience remains central to the development, improvement and redesign of services, led by the Mental Health provider collaborative in the city.</p>	<p>Status: Complete</p> <p>Target Date: June 2023</p> <p>Officer: NHS Devon ICB (Jo Turl/ Alex Cameron) + Livewell SW (Sara Mitchell & Ian Lightley)</p>	<p>ICB – Response Received</p> <p>Response received from Livewell SW 12/06/23 (See Rec 8)</p>
9	<u>Mental Health Select Committee</u> <u>7-8 March 2023</u>	<p>In line with our commitments as a Dementia friendly City, the Committee recommends that:</p> <ol style="list-style-type: none"> Livewell Southwest prioritises Dementia diagnosis waiting times to ensure patients receive support in sufficient time; the potential for a dementia one stop shop is seriously explored and reported to committee at a future date; Resources are sought for the provision of an MRI scanner to assist in the reduction of diagnostic waits. 	<p>Status: In Progress</p> <p>Target Date: June 2023</p> <p>Officer: Livewell SW (Sara Mitchell & Ian Lightley)</p>	<p>ICB – Holding Email Received</p> <p>Response received from Livewell SW 12/06/23 (See Rec 9)</p>
10	<u>Mental Health Select Committee</u> <u>7-8 March 2023</u>	<p>The Committee recommends that the Memory Café and other voluntary and community enterprises are communicated to Councillors, so that they can promote their services.</p>	<p>Status: Complete</p> <p>Target Date: June 2023</p>	<p>Plymouth Online Directory added to the Councillors Hub, and press release being designed</p>

			Officer: PCC – Health Team	
11	<u>Mental Health Select Committee</u> <u>7-8 March 2023</u>	The Committee recognises the progress and achievement of CAMHS service performance and recommends that Livewell SW undertake a communication engagement project to ensure awareness of the self-referral system and that Livewell consider rebranding of the service.	Status: Complete Target Date: June 2023 Officer: Livewell SW (Sara Mitchell & Ian Lightley)	Response received from Livewell SW 14/06/23 (See Rec 11)
12	<u>Mental Health Select Committee</u> <u>7-8 March 2023</u>	The Committee notes with concern, a 90% increase in Hospital admissions for eating disorders since the start of the Covid-19 pandemic. The committee supports the Provider Collaborative's creation of a business case for the establishment of a specialist eating disorder unit within the South West region. The committee recommends this unit is centrally located within the region.	Status: In Progress Target Date: June 2023 Officer: Mental Health Provider Collaborative (Melonie Walker & Colm Owens)	Response Received from Melanie Walker and Colm Owens (Mental Health Provider Collaborative) 01/06/2023 Rec needs Amending
13	<u>Mental Health Select Committee</u>	The Committee notes with concern, the prolonged waiting times for neurodevelopmental assessment, and the negative impacts on all those involved. The Committee recommends that the provider collaborative	Status: In Progress	Response received from Melanie Walker and Colm Owens (Mental Health

	<u>7-8 March 2023</u>	produces an action plan to tackle waiting times, and reports to a scrutiny session in the early part of the next municipal year.	Target Date: June 2023	Provider Collaborative) 01/06/2023 (See Rec 13)
			Officer: Mental Health Provider Collaborative (Melonie Walker & Colm Owens)	Rec Needs Amending
<u>14</u>	<u>Mental Health Select Committee</u> <u>7-8 March 2023</u>	The Committee recommends that Livewell SW provide a report to the Children's OSC regarding the number of Care experienced people using mental health services, and lists which services are in demand, and how they are being accessed.	Status: Complete	Response Received from Livewell 14/06/23
			Target Date: June 2023	"We will develop a report to share on where care experienced young people/young adults are accessing any Livewell Mental health services."
			Officer: Livewell SW (Sara Mitchell & Ian Lightley)	
<u>15</u>	<u>Mental Health Select Committee</u> <u>7-8 March 2023</u>	The committee believes that social prescribing, which connects people to activities, nature, groups, and services in their community, can have significant positive impacts on physical health and mental wellbeing. The committee recommends to the LCP that work is undertaken to ensure existing provision is coordinated and fully understood, and any gaps in provision are shared so that financial support, if available, can be profiled for these initiatives.	Status: In Progress	Holding Email Received Awaiting Response
			Target Date: June 2023	
			Officer: Local Care Partnership	

16	<p><u>Mental Health Select Committee</u></p> <p><u>7-8 March 2023</u></p>	<p>The Committee is not adequately assured that the mental health support for veterans in Plymouth is sufficiently coordinated or communicated. The Committee therefore recommends that at a future Armed Forces Covenant meeting, the support for veteran's mental health and wellbeing is evaluated, and findings fed back to this Committee. The Committee also:</p> <ol style="list-style-type: none"> Pledges its support and gratitude to all Veterans across the City; Recommends that NHS England engages with the Defence Medical Services to ensure a suitable plan is arranged for service personnel when leaving the military, and that this is followed up on post discharge. Recommends that the Plymouth online directory is more widely communicated to ensure that all residents and elected members have a centralised point to access support. The role of veterans mental health champions and improved support be considered within the City Healthcare Services within the City seek to achieve Veteran Aware Status. The Chair writes to Johnny Mercer MP advising that the Armed Forces Covenant will be undertaking a review of existing health and wellbeing support for veterans across the city, and urges him to continue to work cooperatively to boost communication and signposting for veterans. 	<p>Status: In Progress</p> <p>Target Date: June 2023</p> <p>Officer: Armed forces Covenant - NHS England PCC MH Provider Collaborative NHS Devon ICB Livewell SW</p>	<p>Armed forces Covenant – Response in Progress (Cllr Penberthy & Cllr Murphy)</p> <p>ICB – Response Received</p> <p>Response from Melanie Walker and Colm Owens (Mental Health Provider Collaborative) 01/06/2023</p> <p>Response received from Livewell SW 12/06/23 (See Rec 16)</p>
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17	<u>Mental Health Select Committee</u> <u>7-8 March 2023</u>	The Select Committee provides its full support and appreciation to the Voluntary and Community Sector mental health and dementia charities and enterprises, which perform a crucial role in alleviating pressure from other NHS services.	Status: Complete	No Further action required
			Target Date: June 2023	
			Officer: N/A	
18	<u>Mental Health Select Committee</u> <u>7-8 March 2023</u>	For Anna Coles and Elliot to review and organise the work programme for targeted sessions in the new municipal year.	Status: Complete	Work Programme updated
			Target Date: June 2023	
			Officer: Anna Coles and Elliot Wearne-Gould	
19	<u>10 March 2023</u>	The Committee recommends that the Chair of the Health and Adult Social Care Overview and Scrutiny Committee writes to the National Audit Office, expressing concerns regarding the expenditure of the Cavell Programme, which now appears to have no DHSC funding for delivery. This has led to considerable reputational damage to local authorities, which must be prevented in future.	Status: In Progress	Anna Coles- there is a meeting with Lord Markham in June so do not recommend we send anything until after this. It is recommended to gain support of other national Cavell Programmes before a letter is sent in isolation.
			Target Date: June 2023	
			Officer: Anna Coles	

20	10 March 2023	The Committee recommends that NHS Devon provide full financial visibility of revenue and capital budgets to the committee, to enable consideration of whether allocated funding is proportionate to the population needs of the City.	Status: In Progress	ICB - Holding Email Received – Awaiting Response
			Target Date: June 2023	
			Officer: NHS Devon ICB (Jo Turl/ Alex Cameron)	
21	10 March 2023	The Committee thanks Jo Turl and Nigel Acheson for their attendance today but express their disappointment that NHS Devon's Chief Executive Officer and Chief Financial Officer were not in attendance. The Committee will be seeking a further discussion with them to ensure that all avenues for the Cavell Project have been adequately considered.	Status: Complete	No further action required
			Target Date: June 2023	
			Officer: NHS Devon ICB (Jo Turl/ Alex Cameron)	
22	10 March 2023	The Committee recorded their significant concerns regarding the viability and sustainability of the 3 GP practices which were due to take up residence in the new West End Hub. In addition, concerns were also noted regarding the future accommodation for the voluntary community, and other health services which were planned for the centre.	Status: Complete	No further action required
			Target Date: June 2023	
			Officer: NHS Devon ICB (Jo Turl/ Alex Cameron)	

<u>23</u>	<u>10 March</u> <u>2023</u>	The Committee recommends that a Devon wide meeting with MPs be convened to ensure accountability and ongoing cooperation to improve Devon and Plymouth health outcomes, and continues to lobby to secure funding for this project.	Status: In Progress	Conversations are ongoing to assess the scope and details of this meeting.
			Officer: Anna Coles	
<u>24</u>	<u>10 March</u> <u>2023</u>	The Committee recommends that the ICB/ NHS England prioritises systems working and early intervention and prevention, prioritising long term need, rather than short term financial viability.	Status: In Progress	ICB - Holding Email Received – Awaiting Response
			Target Date: June 2023	
			Officer: NHS Devon ICB (Jo Turl/ Alex Cameron)	
<u>25</u>	<u>10 March</u> <u>2023</u>	The Committee expressed concerns regarding Plymouth's current insufficient health provision, and requests that NHS Devon provide assurances of their plan to ensure adequate health care is in place to align with Plymouth's Plan for Homes, and population growth, including seeking appropriate contributions through section 106 agreements with developers	Status: In Progress	ICB - Holding Email Received – Awaiting Response
			Target Date: June 2023	
			Officer: NHS Devon ICB (Jo Turl/ Alex Cameron)	
<u>26</u>	<u>10 March</u> <u>2023</u>	The Committee recommends that NHS Devon respond within 15 working days, detailing a fully-costed plan to ensure the sustainability and viability of the 3 effected GP practises who were due to take up residence in the West End Hub. The Committee recommends that the	Status: In Progress	ICB - Holding Email Received – Awaiting Response
			Target Date: June 2023	

		ICB report to a future scrutiny meeting on the work being undertaken to support local GP practices and ensure health outcomes are maintained/ improved across the city.	Officer: NHS Devon ICB (Jo Turl/ Alex Cameron)	
27	<u>10 March</u> <u>2023</u>	The Committee recommended that the Chair of H&ASC write to NHS England regarding the potential to fund the interest payments on the capital loan offered to support the West End Health Hub project, by Plymouth City Council.	Status: Complete	Letter Sent
			Target Date: June 2023	
			Officer: Anna Coles/ Councillor Mary Aspinall	
28	<u>10 March</u> <u>2023</u>	The Committee recommends that officers work with UHP to look at the master planning of the Colin Campbell Court site, ensuring any alternative facilities, such as the Community Diagnostics Centre, are in line with regeneration proposals.	Status: Complete	“Discussions with UHP regarding the CDC are progressing. At the same time PCC has appointed architects to start looking at the wider master planning of the Colin Campbell Court site. We are ensuring that the designs for the CDC will fit with the wider masterplan and have connected both design teams to ensure there is a comprehensive approach.”
			Target Date: June 2023	
			Officer: Matt Ward PCC	

29	10 March 2023	The Committee recommends that the Chair of the Health and Adult Social Care Overview and Scrutiny Committee writes to the 3 affected General Practise managers, seeking their views on delays to the Cavell Programme, and brokering a meeting between parties involved. This is to include the Cabinet portfolio holder, shadow portfolio holder, ward councillors, and public health.	Status: In Progress Target Date: June 2023 Officer: Nicola Jones	Nicola Jones to coordinate meeting
30	10 March 2023	The Committee recommends that the Chair of the Health and Adult Social Care Overview and Scrutiny Committee writes to Amanda Pritchard providing an overview of the Plymouth Cavell Project, this Committees findings, and recommendation's, and continues to drive to secure the required capital funds.	Status: Complete Target Date: June 2023 Officer: Anna Coles/ Councillor Mary Aspinall	Letter Sent
31	08 February 2023	To organise a select review regarding the Motion on Notice 'Defibrillators'	Status: Complete Target Date: June 2023 Officer: Anna Coles/ Councillor Mary Aspinall	Added to Work Programme for meeting on 27 June 2023

32	08 February 2023	<p>Access to abortions in a safe and timely manner is a critical healthcare service, so:</p> <p>1) are we noticing an increased demand for early-stage and surgical abortions in Plymouth and;</p> <p>2) if so, what measures are we putting in place to ensure those that need access to these services can do so in a swift, safe and compassionate way?</p>	<p>Status: In Progress</p> <p>Target Date: June 2023</p> <p>Officer: Ruth Harrell</p>	Ruth Harrell chasing NHS Devon – 10+ weeks overdue
33	16 November 2022	<p>The Committee reaffirmed its support for the West End Health Hub project, part of the national Cavell Centre Programme, and <u>agreed</u> to recommend that-</p> <p>1) The ICB should consider funding the project through their capital programme unless this risks the maintenance of critical health infrastructure.</p> <p>2) That at a future meeting, the ICB reports on the use of capital funding in Plymouth.</p>	<p>Status: Complete</p> <p>Target Date: Date: February 2023</p> <p>Officer: Anna Coles/ Jo Turl</p>	<p>1) Jo Turl responded at H&ASC OSC meeting on 10 March 2023</p> <p>2) Added to work programme</p> <p>3) Letter / communication campaign being</p>

		<p>3) That Jo Turl and NHS Devon improve the communication regarding updated progress of the Health and Wellbeing Hub to the public.</p> <p>4) The Committee welcomed the offer of the Right Honourable Robert Jenrick MP to visit Plymouth and to broker a meeting. The committee requested that his successor honour this offer and visits to facilitate the meeting between the ICB, council, effected GP services and NHS England to identify innovative or creative solutions to move the project forward.</p>		<p>designed by NHS Devon</p> <p>4) Letter sent by the Public Health Team</p>
34	<u>16 November 2022</u>	<p>The Committee agreed to request -</p> <p>1) To be provided with a 'Quarterly Performance and Financial Update for Health And Social Care'.</p> <p>2) To receive an updated report on 'Delayed Transfers to Care' at the next meeting.</p> <p>3) For Gary Wallace to bring an update on the progress and outcomes of the drug and alcohol oversight board to a future committee meeting.</p>	<p>Status: Complete</p> <p>Target Date: February 2023</p> <p>Officer: Anna Coles, Gary Wallace, Rob Sowden & Helen Slater</p>	<p>1) Added to work Programme for 27 June 2023</p> <p>2) Added to work Programme for 27 June 2023</p> <p>3) Added to work Programme</p>

RECOMMENDATION 1

<u>Mental Health Select Committee</u> <u>7-8 March 2023</u>	Based on evidence submitted by the Plymouth Youth Parliament, the Committee recommended that the Devon Integrated Care Board explore the provision of dedicated mental health professionals for schools / academy groups in Plymouth and beyond, for specialist mental health support.	Status: Complete	ICB - Response Received																												
ICB Response-	<p>Dedicated mental health support in schools has formed part of national strategy in recent years, known as Mental Health Support Teams (MHSTs). An incremental programme of implementation has attracted national funding to date, with MHSTs being established and reviewed in pilot sites initially.</p> <p>The continuation and pace of implementation will be influenced by national intentions and funding, though school-based support remains part of NHS Devon’s strategy. National funding to achieve full coverage has been indicated but not confirmed. The national requirement so far has been defined in “waves” of implementation, to initially achieve a Mental Health Support Team per 7,000 school-age children, which covers 44% of the population.</p> <p>The implementation waves in which Devon has been involved are shown below:</p> <table><tr><th>Wave</th><th>Location</th><th>Provider</th><th>Training year</th><th>Operational tear</th></tr><tr><td rowspan="3">1</td><td>Torbay</td><td>CFHD</td><td rowspan="3">September 2019/20</td><td rowspan="3">September 2020</td></tr><tr><td>Plymouth</td><td>LSW</td></tr><tr><td>Exeter</td><td>CFHD</td></tr><tr><td>3</td><td>North Devon</td><td>CFHD</td><td>September 2020/21</td><td>September 2021</td></tr><tr><td rowspan="3">5</td><td>Plymouth</td><td>LSW</td><td rowspan="3">September 2021/22</td><td rowspan="3">September 2022</td></tr><tr><td>Torbay</td><td>CFHD</td></tr><tr><td>Teignbridge</td><td>CFHD</td></tr></table>			Wave	Location	Provider	Training year	Operational tear	1	Torbay	CFHD	September 2019/20	September 2020	Plymouth	LSW	Exeter	CFHD	3	North Devon	CFHD	September 2020/21	September 2021	5	Plymouth	LSW	September 2021/22	September 2022	Torbay	CFHD	Teignbridge	CFHD
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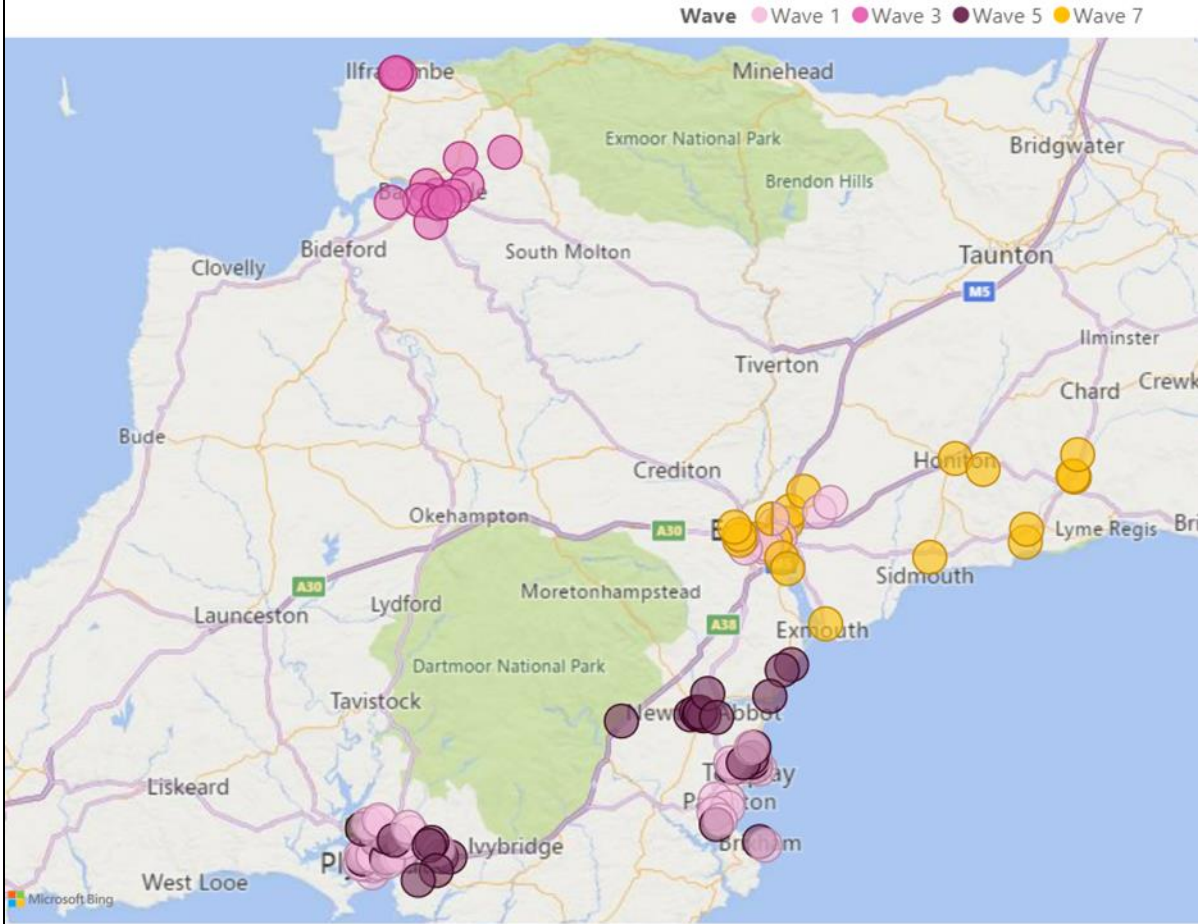
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Agenda A

RECOMMENDATION 1

Wave	Location	Provider	Training Year	Operational Year
7	East Devon	CFHD	September 2022/23	September 2023
	Exeter	CFHD		
9	South Hams	CFHD	September 2023/24	September 2024
	Mid Devon	CFHD		
Total combined: 11 teams Once all MHST in place, based on NHSE/I guidance of 1 MHST: per 7000 school aged CYPS. Coverage 44% eligible population.				
CFHD = Children and Family Health Devon LSW = Livewell Southwest				

RECOMMENDATION 1



Self-directed access to support outside of school settings also forms part of our commissioned provision for young people. For example, Kooth’s online provision. (www.kooth.com/video).

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RECOMMENDATION 4

<p><u>Mental Health Select Committee</u></p> <p><u>7-8 March 2023</u></p>	<p>The committee is not assured that sufficient progress toward parity of esteem has been achieved over the past decade. The committee recommends that the Mental Health Provider Collaborative, re-evaluate the funding streams for Public Health Initiatives in the City to ensure that programmes are aligned, and that funding is adequate, fair and efficient and make recommendation for further resource to the ICB to achieve parity of esteem in the future. To this end, the Committee recommends that NHS Devon ensures Plymouth receives its fair share of funding for Health, helping reduce the regional variation currently experienced.</p>	<p>Status:</p> <p>Complete</p>	<p>ICB – Response Received</p> <p>Melanie Walker and Colm Owens (Mental Health Provider Collaborative)</p> <p>Response Received - Rec Needs Amending</p>
<p>ICB Response-</p>	<p>NHS Devon and the Mental Health, Learning Disability & Neurodiversity (MHLDN) Provider Collaborative agree with the need to more critically evaluate MHLDN spend, including funding streams for relevant Public Health initiatives.</p> <p>Two actions are in train in this regard. At a high level, long term financial planning in the NHS is being undertaken which includes assumptions for MHLDN; in recent years the Devon Clinical Commissioning Group/Integrated Care Board have achieved spend at the level of expectation defined by the national Mental Health Investment Standard.</p> <p>At a more detailed level, a newly formed Finance and Performance Group within the MHLDN Provider Collaborative is undertaking review of spend and of cost and of distribution of MHLDN spend (from various sources) to enable clearer choices in the targeting and equity of spend for our populations.</p>		
<p>Mental Health Provide Collaborative Response-</p>	<p>This is an action for NHS Devon at this time. It is beyond the current scope of the PC. Going forward, depending on delegated responsibility, this may well become a Collaborative responsibility (for health) and that operating model development will support future discussions about fair shares</p>		

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RECOMMENDATION 5

<p><u>Mental Health Select Committee</u></p> <p><u>7-8 March 2023</u></p>	<p>The committee is aware that the access point to healthcare for most residents is their General Practitioner. The committee therefore recommends that residents are re-directed to mental health services, which do not require referral, at initial contact with health care services (through e-consult pop-up / telephone advice), and that service signposting is improved, including on the Councillors Hub, and Plymouth City Councils' public website.</p>	<p>Status: Complete</p>	<p>ICB Response Received (See Rec 5)</p> <p>Councillors Hub Updated with Plymouth Online Directory</p>
<p>ICB Response-</p>	<p>While it is true that most mental health support is delivered in communities and very often accessed via General Practitioners, a range of services do not require referral. These can be directly accessed and, in many cases, provide convenient online options. Among our commissioned services in the Plymouth area with direct access are:</p> <ul style="list-style-type: none"> • NHS Talking Therapies, provided by Plymouth Options (NHS Talking Therapies for anxiety and depression Livewell Southwest) • Qwell (www.qwell.io/video) • Kooth (www.kooth.com/video) • Young Devon (www.youngdevon.org/what-we-do/wellbeing) <p>Additionally, Livewell Southwest, together with GP Primary Care Networks (PCNs) in the city, provide mental health staff to PCNs (sometimes known as “ARRS workers” due to the funding moniker, Additional Roles Reimbursement Scheme) to better integrate access to mental health services with primary care.</p>		

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RECOMMENDATION 8

<u>Mental Health Select Committee</u> 7-8 March 2023	That Livewell SW and NHS Devon ICB work more closely with the Voluntary and Community Sector, ensuring the voice of those with lived experience remains central to the development, improvement and redesign of services, led by the Mental Health provider collaborative in the city.	Status: Complete Target Date: June 2023 Officer: NHS Devon ICB (Jo Turl/ Alex Cameron) + Livewell SW (Sara Mitchell & Ian Lightley)	ICB response received Response received from Livewell SW 12/06/23
Response Livewell SW	<p>The Devon Alliance are represented at the Devon system Mental Health Provider Collaborative Senate and Strategic Oversight Group and associated board/workstream meetings.</p> <p>We are continuing to build on the work undertaken with Devon VCSE Alliance within the CMHF and other community services to ensure partnership working with the VCSE, and people with lived experience/carers are involved.</p> <p>As well as the Devon VCSE Alliance we have positive partnership working relationships with other voluntary sector partners ie Elder Tree, Colebrook/Headscount.</p> <p>In continuing to take work forward we are committed to always be working with people with lived experience and/or carers and the VCSE in the redesign of services.</p>		
Response NHS Devon ICB	<p>The MHLDN Provider Collaborative has established an expert Senate to oversee and advise on its work. This brings together experts by experience and experts by training at the core of strategic MHLDN decision making.</p> <p>The Senate is co-chaired by an expert by experience and by the Provider Collaborative's Medical Director. At the level of individual 'workstreams' set up to design and implement improvements in particular areas of care, experts with lived experience a core workstream members.</p>		

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RECOMMENDATION 9

<u>Mental Health</u> <u>Select</u> <u>Committee</u> <u>7-8 March 2023</u>	<p>In line with our commitments as a Dementia friendly City, the Committee recommends that:</p> <ol style="list-style-type: none"> Livewell Southwest prioritises Dementia diagnosis waiting times to ensure patients receive support in sufficient time; the potential for a dementia one stop shop is seriously explored and reported to committee at a future date; Resources are sought for the provision of an MRI scanner to assist in the reduction of diagnostic waits. 	<p>Status: In Progress</p> <p>Target Date: June 2023</p> <p>Officer: NHS Devon ICB (Jo Turl/ Alex Cameron) + Livewell SW (Sara Mitchell & Ian Lightley)</p>	<p>ICB – Holding Response Received</p> <p>Response received from Livewell SW 12/06/23</p>
Response Livewell SW	<p>We are currently redesigning our dementia assessment pathway model in keeping with work that was done across multiple London organisations in 2017.</p> <p>This work identifies exactly the same issues as Plymouth has experienced and therefore we are changing the model to incorporate the following:</p> <ul style="list-style-type: none"> A review of the triage process and streamlining the assessment model to ensure that this is both timely and completed by a number of different practitioners, therefore, enabling a higher number of people to be diagnosed effectively. The above guidance includes the neuro-imaging/scanning or people only when necessary and not when there is a clear and defined diagnosis that can be made on assessment. We are working with NHSE specialist dementia team to assist with implementation of the above and in addition this is supported by our own project management support and QI teams. <p>A thorough skill-mix review is taking place as part of this work and will enable practitioners to complete Non-Medical Prescribing qualifications and dementia assessment competencies.</p>		
Response NHS Devon ICB			

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RECOMMENDATION 11

<u>Mental Health Select Committee</u> <u>7-8 March 2023</u>	<p>The Committee recognises the progress and achievement of CAMHS service performance and recommends that Livewell SW undertake a communication engagement project to ensure awareness of the self-referral system and that Livewell consider rebranding of the service.</p>	<p>Status: Complete</p> <p>Target Date: June 2023</p> <p>Officer: Livewell SW (Sara Mitchell & Ian Lightley)</p>	<p>Response received from Livewell SW 14/06/23</p>
<p>Response Livewell SW</p>	<p>We are planning a community engagement event in September/October to engage young people and families. We are also going to use this opportunity to seek feedback from the community about CAMHS services.</p> <p>The event will consist of</p> <ul style="list-style-type: none"> • Stands from each services in CAMHS • Poster presentations of good practice • Drop in early help advice and guidance • Admin support for waiting list enquiries • Stands from other EHVB providers such as Kooth, Eat that Frog etc • Parental Support • First Response Service <p>We will also be producing a comms plan to share our improved position with the community.</p>		

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RECOMMENDATION 13

<u>Mental Health Select Committee</u> <u>7-8 March 2023</u>	<p>The Committee notes with concern, the prolonged waiting times for neurodevelopmental assessment, and the negative impacts on all those involved. The Committee recommends that the provider collaborative (<i>change to Integrated Care System</i>) produces an action plan to tackle waiting times, and reports to a scrutiny session in the early part of the next municipal year.</p>	<p>Status: In Progress</p>	<p>Response Received from Melanie Walker and Colm Owens (Mental Health Provider Collaborative) 01/06/2023 Rec needs Amending</p> <p>Response Received from NHS Devon ICB – Needs further action</p>
<p>Response MHPC</p>	<p>Currently a system action plan does not sit with the Collaborative per, but going forward we would want to drive improvements for people with neurodiverse conditions</p> <p>I am less clear on what exists in terms of actions for waiting times for people with neurodiverse conditions noting LSW remains very concerned about the challenges for people with possible ADHD</p> <p>NHS Devon will be able to give a view on the current plans to address waiting lists or provide a view on where those discussions are being held.</p> <p>From a Collaborative perspective this is an area where demand far outstrips capacity and the PC is keen to support solutions that will need to be multi agency in particular across health and local authority</p>		
<p>NHS Devon ICB</p>	<p>Neurodiversity waiting lists and treatment is very much one of our priorities for the ICB and there is work being undertaken in the LDAP system with our providers on how we can address waiting lists and the quality of care and treatment received. As you can imagine it is quite complex position across the different neuro diverse pathways, with significant demand and growth punctuated by the pandemic. For Plymouth we work closely with our providers in both adults and children's and have committed programs of work to understand and address the challenges we face, but these actions are held within different workstreams. Very happy to get a position statement across the network that can inform you of the current position in better detail, if that would be welcomed?</p>		

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RECOMMENDATION 16

<p><u>Mental Health Select Committee</u></p> <p><u>7-8 March 2023</u></p>	<p>The Committee is not adequately assured that the mental health support for veterans in Plymouth is sufficiently coordinated or communicated. The Committee therefore recommends that at a future Armed Forces Covenant meeting, the support for veteran's mental health and wellbeing is evaluated, and findings fed back to this Committee. The Committee also:</p> <ol style="list-style-type: none"> Pledges its support and gratitude to all Veterans across the City; Recommends that NHS England engages with the Defence Medical Services to ensure a suitable plan is arranged for service personnel when leaving the military, and that this is followed up on post discharge. Recommends that the Plymouth online directory is more widely communicated to ensure that all residents and elected members have a centralised point to access support. The role of veterans mental health champions and improved support be considered within the City Healthcare Services within the City seek to achieve Veteran Aware Status. The Chair writes to Johnny Mercer MP advising that the Armed Forces Covenant will be undertaking a review of existing health and wellbeing support for veterans across the city, and urges him to continue to work cooperatively to boost communication and signposting for veterans. 	<p>Status: In Progress</p> <p>Target Date: June 2023</p> <p>Officer: Armed forces Covenant - NHS England PCC MH Provider Collaborative NHS Devon ICB Livewell SW</p>	<p>Response received from Livewell SW 12/06/23</p> <p>NHS Devon ICB- Response Received</p> <p>Armed Forces Covenant – Response on Hold for approval (Cllr Penberthy / Murphy)</p>
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RECCOMENDATION 16

<u>Response</u>	We will link in with the Armed Forces Covenant to ensure that veteran’s mental health and wellbeing needs are fully understood and prioritised.
<u>Livewell SW</u>	
	We understand that this is happening, however, we will discuss directly with the Armed Forces Covenant to ensure that this is the case and they are aware of current services available, and that there are no problems that we aren’t aware of. We will also explore Veteran Aware Status with the Armed Forces Covenant.
<u>Response AFC</u>	Cllr Penberthy and Murphy response On Hold
<u>Response NHS</u> <u>Devon ICB</u>	We would be happy to engage with the recommendation to collectively review support for veteran’s mental health and wellbeing as part of a future Armed Forces Covenant meeting.

HEALTH AND ADULT SOCIAL CARE OVERVIEW SCRUTINY COMMITTEE

Work Programme 2023 - 24



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

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

Date of meeting	Agenda item	Prioritisation Score	Reason for consideration	Responsible Cabinet Member / Officer
27/06/23	H&ASC Terms of Reference		Required for noting by the Committee at the start of a new municipal year, and following AGM changes	Ross Jago & Elliot Wearne-Gould
	Quarterly Performance and Financial Update for Health And Social Care + H&ASC Risk Report		Added by Committee in the last municipal year for consideration of H&ASC performance and finance.	Rob Sowden, Helen Slater, Chris Morley & Ross Jago
	No Right to Reside Update		Standing Item for consideration of No Right to Reside performance	Anna Coles
	Better Care Fund Plan		To review the plan for future joint investment between health and social care, to improve hospital no right to reside and admission avoidance performance	Anna Coles
	Future Hospitals Plymouth Update		To review progress of the Future Hospitals Programme and developments at UHP	Amanda Nash
	Community Diagnostics Centre		To review progress of the CDC proposals	Amanda Nash
	Defibrillator Report from Motion on Notice		Added by Committee in the last municipal year in response to City Council Motion on Notice	Ruth Harrell

	Tracking Decisions		Standing Item for consideration of action progress	Elliot Wearne-Gould
	Work Programme		Standing Item for consideration of future meeting items	Elliot Wearne-Gould
27/09/23				
14/11/23				
20/02/24				
Select Committee:				
Dental Health				
Regular Items:				
No Right To Reside				
Quarterly Performance And Financial Update For Health And Social Care – with H&ASC Risk Monitoring Report				
Future Items:				
Maternity Care (Following Derriford's CQC Report)				
Update On The Progress And Outcomes Of The Drug And Alcohol Oversight Board				
ICB Capital Funding Report				
Health And Wellbeing Hubs: Update And Future Sites				
Overview Of Adult Social Care Provider Market (Workforce, Quality, Capacity)				
Adult Social Care Reform: CQC Self-Assessment				
Quarterly Adult Safeguarding Report				
Age Friendly Communities (Community Empowerment And Wellbeing Agenda)				
Qwell Update – Kamal Patel				
Excess Deaths (Including UHP A&E)				
Care Quality and Standards				
Primary Care – ICS progress and objectives				
Care Homes				