Health and Adult Social Care Overview and Scrutiny Committee

Thursday 26 October 2023

PRESENT:

Councillor Murphy, in the Chair.
Councillor Harrison, Vice Chair.
Councillors Gilmour (Substitute for Councillor Penrose), Krizanac, Dr Mahony, McNamara, Nicholson, Noble, Ricketts, Stephens (Substitute for Councillor Reilly), Tuohy and Ms Watkin.

Also in attendance:
Councillor Aspinall (Cabinet Member for H&ASC), Alex Degan (NHS Devon), Emma Crowther (Interim Head of Commissioning), Hannah Shaw (Commissioning Officer), Chris Morley (NHS Devon ICB), Helen Slater (Lead Accountancy Manager), Rob Sowden (Senior Performance Advisor), Gary Walbridge (Interim Strategic Director for People), Sarah Pearce (Livewell SW), Rachel O'Connor (Livewell SW), Mel Wilson (Livewell SW), and Elliot Wearne-Gould (Democratic Adviser).

The meeting started at 2.00 pm and finished at 5.24 pm.

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

14. **Minutes**

The Committee agreed the minutes of 27 June 2023 as a correct record.

15. **Declarations of Interest**

There was one declaration of interest:

Councillor	Reason	Interest
Will Noble	Employee of University Hospitals Plymouth NHS Trust	Personal

16. **Chair's Urgent Business**

There were no items of Chair's Urgent Business.

(Councillor Harrison arrived at this time)

17. **Quarterly Performance and Finance update for H&ASC**

(Councillor Mahony arrived at this time)

Councillor Aspinall (Cabinet Member for H&ASC) introduced the Performance and Finance reports for Health and Adult Social Care (H&ASC) and highlighted the following points-

a) The quarterly report provided key performance metrics for H&ASC, which were used operationally and strategically by the Council and its partners to ensure that best outcomes were attained.

Rob Sowden (Senior Performance Advisor) delivered the Quarterly Performance Update for H&ASC, and highlighted the following points-

b) Demand for the Livewell Southwest Referral Service had remained steady however, ongoing work was being undertaken to reduce waiting times. As of 23 October 2023, waiting lists for ASC support had dropped to 114, and Occupational Therapy waiting lists to 64;

c) 90% of people who were referred into ASC did not require a long-term care package. This was positive, with early support and intervention reducing the need for long term care;

d) There was an improved position for people waiting for Domiciliary Care, with waiting lists having reduced 85% since January 2023, to 20 people as of 25 October 2023. The average waiting list for October 2023 was 21 people, demonstrating that the increasing demand pressure for Domiciliary Care had started to plateau;

e) The Independence at Home Service (Reablement Service) had seen an average of 66% of service users discharged with no ongoing needs in 2022/23, which was the best outcome. This had risen to 73% during April and August 2023;

f) There were ongoing pressures caused by long-term placements into residential and nursing care. Demand for these services continued to grow, with admissions of older people (65+) having increased 57% in 2022/23. This had however, started to slow between June and August 2023;

g) The number of people receiving Direct Payments was increasing, despite lagging behind regional and national averages. Direct Payments were positive as they allowed people to choose the care they needed, and felt most appropriate. While there had recently been a slight drop in Direct Payments, which would be investigated, yearly averages showed the gap was closing rapidly and on a positive trajectory;

h) Last year, 97% of Safeguarding cases had seen their outcomes fully or partially achieved. This had risen to 98% in Quarter 1 and 2 of this year;

i) The number of people experiencing delayed discharges at University Hospitals Plymouth (UHP) had dropped from a daily average of 77 in 2022, to 22 between January and August 2023.

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

j) PCC had extended residential and nursing care contracts that were due to expire in December 2023 for 12 months, to allow greater consultation, engagement and learning before the re-commissioning process was launched. Positive work had been undertaken regarding workforce recruitment and retention and while remaining fragile, there were signs of improvement;

k) PCC staff were due to visit a Care Home which had given notice of closure, and had been regularly engaging and offering support to residents, staff and the contractor to ensure ongoing care provision and reassurance;

l) It was anticipated that demand for Domiciliary Care, and workforce pressures would increase over the winter period. The current waiting time was approximately 3 weeks however, extra capacity was being secured ahead of the expected winter pressures;

m) Market Sustainability Plans had been drawn up to increase resilience among providers and the care market across the city, in an attempt transition from reactive, to proactive work;

n) Plymouth's shortfall in Direct Payment usage had now closed to around 2-3% behind national averages. It was important that targets were not persused blindly, and that each approach must be appropriate for the individual and their situation;

o) The Joint Local Plan was due for renewal shortly, and included consideration of care needs when planning future developments and infrastructure. It was important to consider the needs of older people and families when planning future developments;

p) PCC were currently undertaking a specialist Housing Needs Assessment for adult and children's social care, aiming to identify specific needs for particular cohorts across the city.

The Committee agreed-

1. To request that future performance reports contain numerical waiting list data, as opposed to direction of performance;

2. To note the Quarterly Performance Update for Health and Adult Social Care.

Helen Slater (Lead Accountancy Manager, Finance) introduced the Quarterly Finance Update for Health and Adult Social Care, and highlighted the following points-

q) Quarter 1 of the H&ASC budget identified a pressure of £1.298 MM. This was primarily driven by demand and cost pressures within care-package budgets.

Domiciliary Care faced the highest pressure, largely due to reduced waiting lists and improved capacity to meet demand, followed by Long Stay Nursing, which had seen increased complexity of need driving higher package costs. In total there was a £3.499 MM cost pressure from care packages however, this was offset by additional income from clients, as well as grants/funding such as the Market Sustainability Workforce Fund Grant of £1.9 MM to help plan for winter pressures. There were risks of further growth in these pressures;

r) Work was ongoing to identify mitigations to these pressures, and 'deep dives' into care packages had been undertaken. This included income maximisation initiatives and a revised scheme of delegation, with tighter financial governance;

s) The service had an in year budget savings target of £3.712 MM, which was reported on track.

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

t) Respite figures showed that only 2/3 of the budget had been spent. This was likely due to increased demand on other services such as Short Stay, and inherent unpredictability of demand.

The Committee agreed-

3. To note the Quarterly Finance Update for Health and Adult Social Care.

18. **No Right to Reside Update** (Verbal Report)

Gary Walbridge (Interim Strategic Director for People) and Chris Morley (NHS Devon ICB) provided a verbal update to the Committee regarding 'No Criteria to Reside', and highlighted the following points-

a) 'No Criteria to Reside' was a measure used to record the number of individuals occupying a hospital bed who were fit for discharge, for more than 24 hrs;

b) While there were frequent fluctuations within 'No Criteria to Reside' data, monthly averages demonstrated steady improvement over time;

c) The target for 'No Criteria to Reside' was 7%. The average achieved in October 2023 was 11.4%;

d) The 7% target had been achieved during the 'Made Event', which saw a focussed effort to discharge patients, where appropriate.

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

e) There was ongoing work within the hospital to level out the fluctuations within discharge performance. This included attempting to predict discharge numbers so that resources could be appropriately allocated, and setting estimated discharge dates upon admission, so that plans were in place for a patients stay.

The Committee agreed to note the update.

19. **Analysis Of Local Government And Social Care Ombudsman Annual Review Letter 2021/22**

Rob Sowden (Senior Performance Advisor) introduced the 'Analysis of Local Government and Social Care Ombudsman Annual Review Letter 2021/22' to the Committee, and highlighted the following points-

a) While this report covered the 2021/22 letter, PCC had recently received their 2022/23 LGO annual letter;

b) The LGO were the final stage of the complaints process if the complainant was not satisfied with the initial outcome. The LGO made decisions on complaints regarding Councils and Health and Adult Social Care providers in England;

c) The average number of Complaints referred to the LGO each month relating to PCC for 2021-22 was 7.25, slightly down from 7.33 in 2020-21. Figures for 2022-23 showed a further reduction to an average of 6;

d) Adult Social Care was the third highest category of service within PCC against which an LGO complaint had been launched. There had been 15 complaints regarding ASC in 2021-22, representing 17% of all complaints made to the LGO against the Council. This was close to the average of 16.6% witnessed across PCC's CIPFA group of similar local authorities. The highest level of complaints were made against Environmental Services, followed by Educational Services;

e) The upheld rate for all complaints made to the LGO regarding PCC was 73.3% in 2021-22. PCC had a 100% compliance rate with LGO recommendations, compared to 99% for similar local authorities. This had been maintained in 2022-23;

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

f) All departments monitored LGO complaint numbers, and this information was shared with senior management. This performance was often shared within Portfolio Holder meeting however, this approach was not always consistent;

g) Where complaints were upheld, resolutions often included an apology, financial redress, and changes to training/processes. Efforts were made to have face-face conversations as it was recognised that other forms of communication were not always appropriate;

h) Corporate guidelines stipulated that a complaint response should be sent within 28 days. Complaints were tracked using Key Performance Indicators (KPIs), and used management to monitor performance. For ASC, timelines for a response were agreed with the complainant as it was recognised that it was not always possible or suitable to resolve complex cases in this time;

i) It was noted that there had been reports that apology/complaint responses could be complicated for individuals to understand and lacked a personal approach.

The Committee agreed-

1. To request further information regarding the financial implications on service budgets, of successful compensation claims against PCC;

2. To request to be provided with the template/letter sent in apology responses;

3. To recommend that the Cabinet Member for H&ASC review the complaint response letter templates and approach, so that they are more personal and user-friendly, where appropriate;

4. To recommend that the Cabinet Member for H&ASC have oversight of the LGO reports/recommendations pertinent to their portfolio;

5. To note the report.

20. **Commissioning of Domiciliary Care**

Emma Crowther (Interim Head of Commissioning) and Hannah Shaw (Commissioning Officer) introduced the Commissioning of Domiciliary Care report to the Committee, and highlighted the following points-

a) Domiciliary Care helped enable people to remain in their own homes, living with dignity and independence. The sector had experienced significant operating pressures during the Covid-19 Pandemic, with frequently changing guidelines/practices and workforce pressures. There had been significant efforts since then to transition away from reactionary working, to a proactive phase with forward planning and preparation;

b) There were currently 20 Domiciliary Care providers commissioned by PCC, all on SPOT contracts. While these were convenient for some providers, it was recognised that these contracts did not provide long-term security, resilience or relationship building for PCC or contractors, and this would be addressed in the new commissioning plan;

c) Each year, approximately 14,000 hours of care per week was delivered to 1,000 adults across the city, by the Council. The waiting list for a Care Package had now reduced from 50 people, to 15;

d) Each provider in the city had a dedicated commissioning officer from PCC, who regularly engaged with them. PCC were currently undertaking a review of the quality monitoring processes for providers, which would form part of the new contracts for Domiciliary Care;

e) If concerns were raised regarding the quality of care or standards of a provider, the Commissioning Team could use enhanced monitoring, where appropriate, and could implement improvement plans;

f) There were 3 care providers in Plymouth rated as 'requires improvement' by the CQC, and 17% of providers rated as 'outstanding' compared to the 5% national average. Council staff worked closely with the 3 providers requiring improvement, and monitored performance against their improvement plans;

g) It was recognised that care providers often had contracts spread across the city, which was not always the most efficient approach, or good for relationship building. The new Commissioning Plan sought to develop Locality Hubs to stimulate a sense of community, with providers leading within their 'local patch';

h) The Commissioning Plan would likely be taken to Cabinet in the Spring, with the ambition of securing contracts by end of 2024;

i) PCC was frequently approached by agencies from outside of Plymouth looking to establish within the city however, this often did not increase care capacity, with staff often moving from one provider to another;

j) The Commissioning Team welcomed feedback from all parties involved in Domiciliary Care, which would feed into the new commissioning process.

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

k) Spot contracting did not commit the Council, or agencies to fixed provision. While these worked well for many providers, PCC sought to offer longer term contracts to give providers security and sustainability, as well as building relationships;

l) PCC had established a domiciliary care agency, @PlymouthCare during the pandemic to support the failing market. The new commissioning model would aim to improve the viability and resilience of care agencies, using the lessons learnt from his project;

m) PCC gave notice to care providers before carrying out an inspection, unless there was sufficient cause for concern to carry out an unannounced visit. CQC inspections were largely always unannounced.

The Committee agreed-

1. To review the Domiciliary Care procurement methodology and new Commissioning Plan at a future meeting, following its publication at Cabinet;

2. To note the report.

(The Committee Adjourned For A Comfort Break At 15:45 And Reconvened At 16:00)

21. **Winter Preparedness and Planning - Systems Plan for Winter & Seasonal Immunisation Programme** (To Follow)

(Councillors Gilmour and Krizanac left at this time)

Alex Degan (Primary Care Medical Director, NHS Devon ICB) introduced the National Seasonal Immunisation Programme to the Committee, and highlighted the following points-

a) While led by the ICB, the Seasonal Immunisation Programme was a systems effort with collective work from Local Authorities, Primary Care networks, Pharmacies, and NHS England;

b) Plymouth had a large Community Pharmacy offer, with a high proportion of pharmacies registered to deliver the Seasonal and Covid vaccine programme;

c) Devon had developed a Health Inequalities Cell (HIC) to examine vaccine uptake among the population. The HIC helped promote vaccine outreach among communities of low uptake such as those living in deprivation, or with mental illness;

d) The Devon Autumn Covid Vaccine programme had started in September, and included 3 large vaccine centres, 19 Primary Care Networks and 53 Community Pharmacies, as well as delivering vaccines to 480 care homes and 300 outreach clinics;

e) Uptake of the Covid vaccine in Devon was exceptionally high compared to national averages, with 50% of the eligible population vaccinated, and 55% vaccinated for Flu. This season a new approach would be undertaken to co-administer the Covid and Flu vaccinations together, as there was medical evidence that this was safe, and this would help alleviate staffing demand pressures;

f) Devon performed highest nationally for the number of visits carried out in Care Homes to deliver the vaccine programme. 97% of homes in Devon had been visited already, and the remaining 3% had dates scheduled;

g) The National Vaccination and Immunisation Strategy was due to be launched in the next few weeks. Following this, the ICB would be required to develop its own local strategy across its networks.

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

h) While Covid vaccinations had initially been administered through a priority system, prioritising high risk demographics and vulnerable individuals, there was now no order of precedence. Last year, 72% of all eligible people had been vaccinated in Devon. It was anticipated that this year's vaccination programme would see close to 70% vaccination coverage by the end of the programme;

i) Nationally, uptake of vaccinations had been lower this year than previously. There were no shortages of vaccine availability however, lower take-up this year was

largely attributed to vaccine fatigue. Covid was now seen by many as less serious, and not essential in daily life, such as during the peak of the pandemic;

j) There was a lower uptake of Covid vaccinations amongst health and care workers, which was concerning due to the vulnerable nature of the clients they worked with. Programmes of engagement were being undertaken to encourage staff to take up vaccinations however, among hospital staff, uptake was higher;

k) The Seasonal Vaccination Programme was subject to change due to unforeseen and emerging circumstances. This year, the vaccination programme was brought forward on advice of the JCBI, due to the presence of a new strain of Covid-19;

The Committee agreed-

1. To request further information regarding the outreach programmes and vaccine opportunities for sex workers in the City, who often felt excluded.

(Councillor Nicholson left at this time)

Chris Morley (NHS Devon ICB), Sarah Pearce (Livewell SW), Rachel O'Connor (Livewell SW) and Mel Wilson (Livewell SW) delivered the 'Systems Plan for Winter' to the Committee, and highlighted the following points-

l) The ICB had undertaken a thorough evaluation of last year's performance, and conducted learning from last year's winter programme. This had seen many successes, with numerous new schemes launched in response to emerging pressures, which helped manage demand and capacity. This was evidenced in the success of Care Hotels, the Made Event, and additional capacity brought in across the system during Covid. It was now vital to return to normal services, but maintain established capacity and performance;

m) Significant work had been undertaken to improve 'admissions avoidance' through supporting people to remain in their communities. This had seen use of: The Acute Respiratory Infection Hub, additional resource for ED, enhanced signposting, the Plymouth Safe Bus, wrap around support for care homes, enhanced work with primary care and community crisis response teams, and numerous community schemes;

n) While last year had seen positive increases in capacity through the utilisation of additional agency staff to support workforce pressures, this was expensive and not sustainable long term. Additionally, there had been a series of short term funding pots last year however, these were often 'ring-fenced' and could only be targeted towards a narrow pre-defined scope, often within tight time pressures. There was now a need for strategic long-term plans so that future changes did not destabilise the system;

o) All of last year's schemes had been analysed for efficiency and value, and lessons learnt would influence future programmes and commissioning of services;

p) The National Opel Framework had been refreshed this year, providing a consistent approach to scoring acute hospital status. The new framework did not include recognition of 'community triggers' as it had previously, and proactive work was being undertaken to develop this locally;

q) A pilot programme, the Care Coordination Hub', was due to be launched shortly, focussing on admissions avoidance by providing medical advice and signposting when someone was at risk of escalation to hospital. This would be staffed by a Dr, and a Paramedic from SWAST, enabling care homes and other providers to call medical professionals before conveying patients to ED;

r) To meet expected winter demand, it was vital that 'No Criteria to Reside' performance met its 7% target however, there was also a desirable target of 5%. The 'Made Event' had demonstrated capability, with both Plymouth and Devon attaining the 7% target however, it was recognised that Cornwall's performance still required improvement;

s) Modelling work had been undertaken to map winter capacity and demand. Last year, predictions had calculated a 2% increase in demand however, presentations at ED had increased by up to 13%. 'No Criteria to Reside' performance currently averaged 14%, which equated to approximately 120 beds. This year, it was expected that seasonal illness would peak early at around week 26. It was also anticipated that seasonal illness would be consistent with pre-Covid levels, with a less-severe peak;

t) In modelling of the worst-case scenario, it was anticipated that the peak would see a bed deficit of 150 beds. There were ongoing measures to increase this capacity, with the Royal Eye Infirmary creating an additional 35 beds, enhanced capacity for care at home, and the expansion of virtual wards. With all measures in place, it was anticipated there would still be a deficit of 30 beds during the winter illness peak.

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

u) The 'Choose Well Campaign' aimed to signpost people to the most appropriate care facility, and discourage attendance at ED unless it was life-threatening;

v) Mental Health services had developed a good offer within communities. These provided a 24/7 instant access service through the Primary Care Team and Crisis Response Team, reducing demand on ED;

w) A Surge plan had been developed for winter, which pre-planned demand and capacity scenarios so that appropriate actions could be taken efficiently. This was a key part of the escalation process, enabling the movement of resources to services/areas in demand;

x) GPs were recognised as a critical 'front-door' to services, and partnership work had been undertaken with surgeries as part of an improvement plan in preparation for winter;

y) Staff sickness and industrial action were unknown variables which could affect winter plans however, Surge plans were in place to protect elective capacity across winter. Lessons learnt from previous years were vital for preparations, enabling management to be proactive in planning and adaptation to demand pressures;

z) The Urgent Crisis Response Service had a national target of 2 hours to assess someone at risk of admission into hospital. Plymouth routinely overachieved on this service; In the past 2 weeks, there had been 43 and 53 referrals respectively, reducing demand on ED.

The Committee agreed-

1. To recommend that councillors promote the ICB 'Comms plan', and Choose Well Campaign amongst their wards and residents;

2. Note the reports.

22. **Tracking Decisions**

The Committee agreed to note the progress of the Tracking Decision Log.

23. **Work Programme**

The Committee agreed to add the following items to the work programme:

1. Pharmacy provision

The Committee agreed to change the date of the next meeting to 13 December 2023.

24. **Exempt Business**

There were no items of Exempt Business.