



Oversight and Governance

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HEALTH AND ADULT SOCIAL CARE OVERVIEW AND SCRUTINY COMMITTEE

Thursday 26 October 2023
2.00 pm
Warspite Room, Council House

Members:

Councillor Murphy, Chair

Councillor Harrison, Vice Chair

Councillors Finn, Krizanac, Dr Mahony, McNamara, Nicholson, Noble, Penrose, Reilly, Ricketts, Tuohy and Ms Watkin.

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

Tracey Lee

Chief Executive

Health and Adult Social Care Overview and Scrutiny Committee

1. Apologies

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

2. Minutes (Pages 1 - 18)

The Committee will be asked to confirm if the minutes of 27 June 2023 are a correct record.

3. Declarations of Interest

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

4. Chair's Urgent Business

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

5. Quarterly Performance and Finance update for H&ASC: (Pages 19 - 38)

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

7. Analysis Of Local Government And Social Care Ombudsman Annual Review Letter 2021/22: (Pages 39 - 50)

8. Commissioning of Domiciliary Care: (Pages 51 - 62)

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

10. Tracking Decisions (Pages 63 - 84)

For the Committee to review the progress of Tracking Decisions.

11. Work Programme (Pages 85 - 86)

For the Committee to discuss item on the work programme.

12. Exempt Business

To Consider passing a resolution under Section 100A 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 1/2/3 of Part I of Schedule 12A of the Act, as amended by the Freedom of Information Act 2000.

12.1. Private Meeting

Agenda

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Health and Adult Social Care Overview and Scrutiny Committee**Tuesday 27 June 2023****PRESENT:**

Councillor Murphy, in the Chair.

Councillor Dr Mahony, Vice Chair.

Councillors McNamara, Nicholson, Noble, Penrose, Reilly, Ricketts, Salmon (Substitute for Councillor Harrison), Tippetts (Substitute for Councillor Stephens), Tuohy and Ms Watkin.

Apologies for absence: Councillors Finn, Harrison and Stephens.

Also in attendance: Councillor Mary Aspinall (Cabinet Member for Health and Adult Social Care), Councillor Mrs Terri Beer, Nicki Collas (Future Hospitals Program Manager, University Hospitals Plymouth NHS Trust), Ruth Harrell (Director of Publish Health), Ross Jago (Head of Governance, Performance and Risk), Chris Morley (Interim Locality Director, NHS Devon), Amanda Nash (Head of Communications, University Hospitals Plymouth), Helen Slater (Lead Accountancy Manager), Rob Sowden (Senior Performance Advisor), Gary Walbridge (Head of Adult Social Care and Retained Functions), Elliot Wearne-Gould (Democratic Advisor) and Stuart Windsor (Future Hospitals Director, University Hospitals Plymouth NHS Trust).

The meeting started at 2.00 pm and finished at 4.50 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.

1. Appointment of a Chair and Vice Chair for the Municipal Year 2023-24The Committee agreed to-

1. Note the appointment of Councillor Pauline Murphy as Chair and Councillor Natalie Harrison as Vice-Chair for the municipal year 2023-24.
2. Appoint Councillor Dr John Mahony as Vice-Chair for this particular meeting, due to the submission of apologies by Councillor Natalie Harrison.

2. Declarations of Interest

There was one declaration made:

Name	Minute Number	Reason	Interest
Councillor Will Noble	9	Was employed by University Hospitals Plymouth NHS Trust	Registered Personal.

3. **Terms of Reference**

The Committee agreed to note the Terms of Reference for the Health and Adult Social Care Overview and Scrutiny Committee.

4. **Minutes**

The Committee agreed the minutes of the meetings held on the 8 February 2023 and 10 March 2023 as a correct record.

5. **Chair's Urgent Business**

There were no items of Chair's Urgent Business.

6. **Quarterly Performance And Financial Update For Health And Social Care, And Risk Monitoring Report**

Councillor Mary Aspinal (Cabinet Member for Health and Adult Social Care) introduced the report and highlighted the following points:

- a) The report provided a comprehensive overview of some of the key performance and activity metrics that were used by the Council and its Partners, including the Integrated Care Board (ICB) and Livewell Southwest;
- b) The information within the report was used operationally and strategically by officers and senior managers across all organisations to ensure the best possible outcomes for people using the health and social care system.

Rob Sowden (Senior Performance Advisor), Helen Slater (Lead Accountancy Manager) and Gary Walbridge (Head of Adult Social Care and Retained Functions) delivered the report, and highlighted the following points:

- c) Referral demand for Livewell Southwest's services had remained steady and staff had been working to reduce waiting lists, evidenced by a decline in waiting lists for adult social care support and adult social care occupational therapy;
- d) Nearly 90% of people referred into social care would not go onto receive long-term adult social care support, so it was important to have alternative long-term care in the community, supported by the Care for Plymouth model;
- e) The number of people in the community waiting for a domiciliary care package had reduced despite a general increase in demand;
- f) On average in 2022/23, 66% of people left the reablement service with no ongoing needs, which was the most desired outcome;
- g) There was a challenge in relation to long term admissions and placements into residential and nursing care in 22/23 with admissions of people aged 65

and over increasing by 57%. Work was being undertaken with partners to better understand the factors behind this;

- h) The number of people in receipt of a supported living package was increasing, but the waiting list remained low;
- i) The number of people in receipt of direct payments was increasing, which was positive as it allowed people to spend money on care they wanted to receive. Plymouth was expected to level the benchmarking averages by the end of the financial year 2023/24;
- j) Safeguarding outcomes were fed into the quarterly Plymouth Safeguarding Adults Board. There had been a drop in cases requiring a full investigation in 2022/23, which had been attributed to an in-service review with partners to ensure best quality of the investigation process;
- k) 96.9% of people in 2022/23 who were subject to abuse and thus a safeguarding investigation, had seen their safeguarding personal outcomes achieved partially or fully;
- l) Section 42 of the Care Act related specifically to safeguarding and set out the responsibilities and duties of the Council. A Section 42 inquiry would occur when the concern was significant enough to be investigated to ensure the safety of the person in question;
- m) Complaint numbers were monitored on a monthly basis but had remained relatively static;
- n) The Adult Social Care survey had been completed in February/March 2023 and Plymouth had consistently outperformed its similar local authorities, as well as the national and regional averages;
 - i. The results had shown a high satisfaction rate, and high levels of feelings of choice and control;
 - ii. Results had also shown an underperformance against a KPI that measured how easy people found to access information and advice;
- o) There had been an upward trend in carers assessments since June 2022;
- p) A considerable amount of work had been undertaken within the carers commissioning service to seek improvements;
- q) There was an improving long term trend within 'no right to reside' data (the number of people who experienced delayed discharge) at University Hospitals Plymouth, but the average length of stays within hospitals had remained relatively static since October 2021;
- r) There had been a reduction in the number of hours lost to ambulance handovers however, data showed that the percentage of ambulances that

were delayed over 15 minutes exceeded 80%, and the number of patients waiting for more than 12 hours in the Emergency Department was above average.

In response to questions it was reported that:

- s) Efforts would be taken to improve readability of data within future reports;
- t) Councillor Aspinall had received concerns from residents regarding challenges communicating with the Council and would address this through the Ageing Well agenda. Challenges faced by those who were digitally excluded would be investigated. Issues around communication had been an ongoing issue, and would remain a priority to be included in the business plan;
- u) Analysis of complaints across the Council was regularly undertaken and recommendations from the LGO were recorded and analysed to identify trends and levels of improvement, all of which were then reported back to the corporate management team and mitigations were applied as necessary;
- v) LGO recommendations relating to Health and Adult Social Care would be brought to the next meeting of this Committee;
- w) There were 99 residential and nursing care homes, and 6-8 domiciliary care providers that the Council worked closely with within the city. Reviews were regularly undertaken into the procurement of services to ensure best value;
- x) Details of the procurement and monitoring of these services would be brought to the next meeting of this Committee, to provide members further information on procurement, approach and mechanisms;
- y) Individual care arrangements were made through a brokering service that aimed to best match people to the most appropriate providers. A significant amount of work was undertaken by the Council to ensure people received the best possible quality of care;
- z) Anyone who was not satisfied with the care they received was encouraged to contact their provider in the first instance, who were obliged to look at each complaint, and respond. However, if this was not satisfactory or achievable, the public were able to contact the Council directly;
- aa) There had been concerns raised over the inconsistent standard of care received from varying providers. Issues surrounding the procurement and standards of care would be brought to the next meeting of this Committee;
- bb) Data regarding waiting times for domiciliary and supported living packages would be included in future reports;
- cc) Although data showed that 'the number of people who were satisfied with the amount of control they had over their daily lives' was above the national

average, it had declined over several years and would be addressed in forward planning;

- dd) Social Care had seen an improved position due to various improvement schemes run over the winter period. It was now necessary to exit some of these schemes and return to the usual business model however, it was vital to maintain the current standards achieved. Workforce challenges also showed signs of recovery, and would help sustain the improvements made;
- ee) People waiting for domiciliary care were triaged using a Red, Amber, Green (RAG) rating, with red being most in need of support. This list was periodically reassessed to ensure the rating was still relevant and appropriate, as it was recognised that people's situations changed over time;
- ff) Oversight and support was provided by NHS England at a national level to understand the drivers behind the challenges being experienced in the Emergency Department, and to ensure that the most effective actions were being taken. This focussed on the flow of people through the hospital and how people could be better supported by other services within the community.

The Committee agreed to-

1. Note the Health and Adult Social Care Performance report;
2. Add the following items to the work programme for the next meeting:
 - i. LGO recommendations relating to Health and Adult Social Care;
 - ii. Procurement and standards of domiciliary care.

Helen Slater (Lead Accountancy Manager) introduced the Adult Social Care Finance Report and highlighted:

- gg) The adult social care budget for 2022/23 was just over £85 million, the biggest revenue budget within the Council, and had underspent at £83.22 million. This underspend had been used to meet pressures within Community Connections relating to homelessness;
- hh) Domiciliary care and direct payments were the highest pressure areas, which were offset by an increased client and joint funding income, and additional grant funding;
- ii) In 2023/24 the budget was uplifted by £7.582 million following modelling on expected demand and having taken into account an increase in the national living wage and inflationary increases. However, there had been an increase in delivery plan savings targets of £3.712m, so the net increase was just £3.870 million;

- jj) The two largest saving targets related to managing demand across the care provider market and ASC package reviews, as well as transition packages for people going from Children's Social Care into Adult Social Care. Additional income was expected through direct payment clawbacks;
- kk) Care package expenditure was the highest at over £103 million;
- ll) The main contract of the service was with Livewell for social care with a budget of £7.6 million;
- mm) There was a new provider of community equipment for 2023/24 with a contract of £1.54 million;
- nn) CRAG was the nationally set charging framework for people in residential and nursing care.

In response to questions it was reported that:

- oo) There had been an 8.5% uplift in the budget for residential and care home fees but it was important to be cautious when comparing Plymouth's market to those of neighbouring authorities because of significant differences in geography and location.

The Committee agreed to note the report.

Ross Jago (Head of Governance, Performance and Risk) introduced the Risk Management Monitoring Report and highlighted that:

- pp) There were 22 strategic risks on the corporate register, six of which were red, and one of these fell within the remit of the Committee – 'the lack of adult social care workforce and growing fragility in the adult social care market', which was improving;
- qq) There were a number of amber risks including risk number eight which referred to health inequalities and life expectancy. It was recommended that the Committee read the Plymouth Report, which fulfilled the requirement for a joint strategic needs assessment, and was due to be considered by the Health and Wellbeing Board;
- rr) Risk number 10 referred to adult social care reforms, which the Committee had been diligent in looking at over the previous 12 months.

The Committee agreed to note the report.

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

Gary Walbridge (Head of Adult Social Care and Retained Functions) provided a verbal update on the position of the criteria for no right to reside, and highlighted that:

- a) No right to reside was a national criteria for measuring the number of people who were in a hospital bed, who no longer needed to be;
- b) Plymouth remained at 5%, meeting its target of 5%, with Devon and Cornwall at 5% and 10% respectively;
- c) The numbers had been relatively stable and Plymouth was the second best performing system in the South West.

8. **Better Care Fund Plan**

Gary Walbridge (Head of Adult Social Care and Retained Functions) and Chris Morley (Interim Locality Director, NHS Devon) introduced the Better Care Fund Plan report and highlighted:

- a) The Better Care Fund (BCF) was the only mandatory policy to facilitate integration between health and social care, providing a framework for joint planning and commissioning;
- b) The BCF's core objectives were to:
 - i. Enable people to stay well, safe and independent at home for longer;
 - ii. Provide the right care in the right place at the right time;
- c) The BCF also set out shared objectives which included:
 - i. Improving discharges;
 - ii. Reducing pressures on urgent and emergency care;
 - iii. Supporting social care to achieve goals;
 - iv. Supporting intermediate care, unpaid carers and housing adaptations;
- d) The plans were submitted to NHS England for initial approval, and would need to go to the Health and Wellbeing Board for approval by 31 October 2023;
- e) Investment had been made in community services to support individuals to stay at home for as long as was possible;
- f) The BCF allowed officers to evaluate systems that had been introduced on a short term basis to support issues such as discharges, and what potential long-term solutions could be implemented;

- g) The schemes that had been introduced would be rolled forward, but would be subject to an evaluation to consider delivery and impact;
- h) There were five key metrics, determined by national planning guidance that formed the basis of monitoring performance against the BCF plan:
 - i. Avoidable Admissions;
 - ii. Falls;
 - iii. Discharge to Usual Place of Residence;
 - iv. Residential Admissions;
 - v. Reablement;
- i) In 2023/24, the Government would be providing £600 million to enable local areas to build additional adult social care and community-based reablement capacity and reduce delay discharges and improve outcomes for patients;
 - i. The allocation for Plymouth was £3.341 million (£1.81 million to PCC and £1.528 million to NHS Devon Plymouth Locality) but it would be agreed jointly how best to utilise the funding to maximise the impact and support more people to stay at home;
- j) The Plymouth BCF 2022/23 investments totalled £37.8 million.

In response to questions it was reported that:

- k) A national tool had been released which enabled staff to analyse the number of people who were in hospital and the number of people who were being discharged each month, and to undertake analysis to make the service more effective;
- l) The short-term nature of previous investments had led to a complicated discharging system and ways of simplifying these and integrating these were being investigated;
- m) Services were reviewed to limit duplication and ensure the best use of resources;
- n) Affordable admissions related to wrap around care in the community to stop as many people from going into the emergency department and potentially being admitted to hospital, as well as working with individuals who are regular attenders of the emergency department.

The Committee agreed to note the report and the monitoring of progress.

9. **Future Hospitals - Derriford Urgent & Emergency Centre**

Stuart Windsor (Future Hospitals Director, University Hospitals Plymouth NHS Trust), Nicki Collas (Future Hospitals Program Manager, University Hospitals Plymouth NHS Trust) and Amanda Nash (Head of Communications, University Hospitals Plymouth) introduced the Derriford Urgent and Emergency Care Centre item and highlighted the following points:

- a) In December 2022, the business case for Phase I was presented to the Joint Investment Committee and was approved. It had now also had approval from the Secretary of State;
- b) The full business case would be submitted in the months following the meeting;
- c) Derriford Hospital was a complex estate, sat in a complex system and so the team had wanted to ensure they were aware of the available opportunities and took an incremental approach to development with a long term plan for the estate as a whole;
- d) Phase One was to address the Urgent Emergency Care building which had received funding from the New Hospitals Programme;
- e) The second phase of work would focus ensuring there was the right capacity for work that needed to be done in the hospital environment whilst taking the opportunity to take services out of the hospital into the community where appropriate;
- f) The third phase would focus on Derriford's role as a specialist service provider across the peninsula and the importance of ensuring there was the right capacity to deliver services at present and to cope with future changes in demand;
- g) The fourth phase would focus on women's and maternity services being reconfigured to ensure the right services were in the right place with the right capacity;
- h) The fifth phase would link in closely with phase one and would focus on the creation of an integrated children's hospital that allowed a flow from the emergency department to paediatric and other children's' services;
- i) The final phase would focus on maintenance within the hospital and ensuring the correct bed capacity;
- j) The phases could occur concurrently and would be broken down further to ensure maximisation of funding opportunities;
- k) Crowding was a significant and complex issue which had escalated quickly and formed the basis of the case for change for phase one of development;
- l) Within phase one of the scheme, the opportunity had been taken to remove one of the highest clinical risks around interventional theatre capacity for

neurosurgery, by building additional conventional theatre capacity that could be used for both emergency cases and planned cases;

- m) A developer, Willmott Dixon, had been appointed and work was underway to finalise designs and the full business case;
- n) Enabling works were underway and £50 million had been secured from the new hospital programme to being works, which would include the re-routing of underground services and the building of a fracture clinic;
- o) The main contract works would commence in early 2024 and were due to take 2.5-3 years to be completed;
- p) A new walk-in entrance and separate ambulance entrance would be created on level 6;
- q) Level 7 had been designed to have patients diagnosed, treated and returned home within a 24 hour period, and the floor would also have a short stay ward, imaging facilities and smaller emergency department rooms for examinations and consultations;
- r) Level 8 would include four new interventional radiology suites, adjacent patient recovery facilities and would be linked to the existing hospital to improve patient safety;
- s) Level 9's primary use would be emergency surgery facilities with 5 new operating theatres as well as administrative offices and welfare facilities for staff;
- t) The team were aware of how disruptive schemes like this one could be to both patients and staff and understood the importance of communication with stakeholders both in and out of the hospital, particularly in reference to access;
- u) The team would work with the contractors to undertake work when the hospital was least busy, implementing traffic management and ensuring off-site construction was carried out where possible to minimise the construction on site;
- v) 40 new beds had been added to the system through the discharge assessment unit and a number of schemes were underway across the site to increase bed capacity;
- w) Stakeholder engagement had been conducted since 2018 and there was a comprehensive Communications and Engagement Plan which covering phase one of development;
- x) The team were learning from and sharing best practice, and were developing messaging and innovative materials (virtual reality dome to show staff the

development) as well as maintaining strong support from MPs and partners;

- y) Engagement was being carried out beyond the Plymouth boundary as the hospital supported people from other areas of Devon as well as areas of Cornwall;
- z) Patient feedback regarding future service provision highlighted increased staffing, mental health provision, community care, access and car parking, and wellbeing of staff and environmental concerns;
- aa) Full works were expected to begin in March 2024 after the approval process and final completion was expected in December 2026.

In response to questions it was reported that:

- bb) Considerable stakeholder engagement had been undertaken that had helped shape plans for the new buildings and services that would be delivered;
- cc) There was a process in place to carry out formal consultation, if required where there was significant service change, usually used if a service was being lost, but this was not the case;
- dd) The project was bound by planning consent restrictions in terms of the hours that they could work, but the team tried to carry works out around the activity in the hospital and were advised via the network of clinical leads appointed to support the project and services, such as neurophysiology, would be moved away from the construction zone if deemed necessary;
- ee) An updated sustainable transport plan was currently under consultation with staff at Derriford and a new plan was due to be published by the end of 2023;
- ff) The team were working with partners to identify additional off-site parking to support parking for both staff and patients;
- gg) A plan had been produced on how car parking would be handled at certain sites across the full site and there was a plan to construct a further multi-storey car park as part of the next stage of large scale development to ensure no capacity is lost. Car parking provision would be reported as part of the New Hospital Programme updates at future Committee meetings;
- hh) A shuttle bus was provided to the hospital from the disabled car park. It was recognised that further action was required to ensure it was running on a more permanent basis, with increased reliability;
- ii) Planning consent had been granted for the building, and security and contractors were in place for the project to be completed by its 2026 deadline;
- jj) While the project was part of the Government's New Hospital Programme, the new building would be attached to the existing hospital. The total cost of

the project was over £150m, and the allocation made to Plymouth would be received following submission of the full business case;

- kk) The movement and creation of services had been based on data around where more capacity was needed on a one, three, five and 10 year basis to ensure improvements were long term.

The Committee agreed:

1. To recommend that the Chair of H&ASC write a letter of support on behalf of the H&ASC OSC, providing support for the New Hospitals scheme at Derriford;
2. That the project did not require further public consultation in relation to health service provision however, statutory planning consultation would be required.

10. **Community Diagnostics Centre Update**

Stuart Windsor (Future Hospitals Director, University Hospitals Plymouth NHS Trust), Nicki Collas (Future Hospitals Program Manager, University Hospitals Plymouth NHS Trust) and Amanda Nash (Head of Communications, University Hospitals Plymouth) introduced the Community Diagnostics Centre Update and highlighted that:

- a) A report by Sir Mike Richards in 2020 had proposed the introduction of a series of diagnostics centres to address the diagnostic capacity issues across the country. The Government had launched a programme with plans to create a number of standardised diagnostic centres across the country;
- b) A diagnostics centre had already been established in Devon at the Nightingale Hospital. While the Plymouth diagnostic centre was originally intended as a branch/ spoke of this Devon hub, Plymouth's unique challenges had inspired the development of a business case for a Plymouth hub in its own right;
- c) The bid had been successful and £25 million had been designated to create a community diagnostics centre in the city centre, close to some of the most deprived areas of the city;
- d) The centre would increase diagnostic capacity across the city, improve productivity and efficiency and reduce health inequalities;
- e) It would include consultation rooms to increase efficiency alongside a variety of diagnostic tests, including those deemed to be a priority locally and the team were working in partnership with Plymouth City Council to develop the design;
- f) The centre would be built at Colin Campbell Court and a condition of the approval was to delivery temporary diagnostic capacity by the end of

September 2023 via a mobile unit;

- g) The team were working closely with the strategic development team to ensure that any development there would complement future development;
- h) The site had excellent access by public transport and supported the trust's aims to achieve net zero carbon emissions as access was not limited by car ownership;
- i) Services would include CT scanners, MRI scanners, X-ray rooms, ultrasound rooms and an audiology suite as well as the requirements for echocardiography, electrocardiogram, blood pressure monitoring, pacemaker checks and spirometry over 3,500 sqm;
- j) The project was expected to open by 1 April 2025 and would deliver the following additional annual capacity by the end of 2025/26:
 - i. 34,000 CT Scans;
 - ii. 9,000 MRI Scans
 - iii. 39,000 Ultrasound Tests
 - iv. 9,000 X-Ray's
 - v. 2,000 Audiology assessments;
- k) A project board had been established with the Council, there were weekly working group meetings, and engagement would be carried out with patients and members of the public.

Councillor Mary Aspinnall (Cabinet Member for Health and Adult Social Care) added;

- l) The project came under Councillor Mark Lowry's (Cabinet Member for Finance) portfolio, but they would work closely together on this project;
- m) It would benefit some of the more deprived communities in Plymouth by bringing services closer to them, but the services would be available to all.

In response to questions it was reported that:

- n) A condition of the bid was to have the temporary mobile unit on site from September 2023, but there would be a clear break between the building site and the mobile unit, though the exact location was yet to be determined;
- o) The award of the £25 million for the centre did come with conditions that the team were working with partners on to meet;

- p) This project was different to the Health Hub originally destined for the site, but it would utilise the site and funding to create this centre and the ambition was still to make it a health village.

11. **Motion on Notice - Defibrillators**

Ruth Harrell (Director of Public Health) introduced the agenda item and highlighted;

- a) A motion on notice on defibrillators in Council-owned Public Buildings (specifically the Council House) was raised at the 30 January 2023 meeting of the City Council and was subsequently referred to the Health and Adult Social Care Overview and Scrutiny Committee;
- b) The installation of defibrillators was not one organisations' responsibility;
- c) A defibrillator could be used to give a jolt of energy to the heart which could restore its rhythm and needed to be delivered with CPR, but if used quickly could increase the chance of survival for people who suffer a cardiac arrest;
- d) Defibrillators were quick and easy to use and did not require training;
- e) The use of defibrillators was relatively low, with only around 30 cardiac arrests in Plymouth's public spaces per year. It was impossible to know where one might be needed, but the British Heart Foundation had recommended placing them in areas with high footfall, and where the demographic was made up of people at a higher risk of cardiac arrest;
- f) The cost of a defibrillator was approximately £2,000, with relatively infrequent and low cost ongoing costs of checks as well as pad and battery replacements;
- g) Hospital Trusts across the country were building a database, called 'The Circuit', of the locations of defibrillators in order to direct people when they made a 999 emergency call;
- h) After looking at British Heart Foundation guidance and the location of Plymouth City Council buildings, it had been concluded that a number of the Council's sites already had defibrillators, and where there wasn't one, there was on in close proximity;
- i) Five areas were identified where action could be taken to increase the number of defibrillators, one of which included one in the proximity of the Council House and Guildhall, the Guildhall being the preferred location;
- j) Some defibrillators were only available at certain times of day, so one recommendation was to encourage the owners of those sites to make access to the defibrillators 24/7;

- k) Funding was sometimes made available to the voluntary and community sector for defibrillators, so it would be important to identify this and promote it to those in the city to increase the number of defibrillators across the city;
- l) 'Restart a Heart Day' was held in the middle of October each year which promoted defibrillators and CPR training and so it would be important to promote this.

Councillor Mrs Terri Beer, who submitted the motion on notice, added;

- m) Every minute was crucial when someone was suffering a heart episode and having a defibrillator nearby could save valuable minutes;
- n) The aim of the motion was to ensure all Council buildings, used by the public and by staff, had a defibrillator;
- o) A former councillor had recently experienced a heart attack at a community centre, and through the critical early use of a defibrillator, along with medically trained members of the public and CPR, had survived;
- p) The recommendations were welcomes, but it was still felt that a defibrillator should be installed in the Council House.

Councillor Mary Aspinall (Cabinet Member for Health and Adult Social Care) added:

- q) She would be happy to revisit the reasoning behind the decision to put a defibrillator at the Guildhall rather than the Council House;
- r) She welcomed the recommendations and advised some would be taken to the Health and Wellbeing Board, where more partners attended.

In response to questions it was reported that:

- s) The subject could be raised in an all members briefing to better educate Councillors, and CPR training could be offered as part of this as well;
- t) The possibility of installing a defibrillator in Plymstock Library would be looked into, though the reason it wouldn't have been listed as a site would have been that it either already had one, or was in close proximity to one;
- u) Community Grant funding could be used to purchase defibrillators.

The Committee agreed:

1. To recommend to the Cabinet Member for Health and Adult Social Care that - Plymouth City Council commission defibrillators at the locations identified which included the Guildhall;
2. To recommend to the Health and Wellbeing Board that –

- i. PCC works with partners to promote 'Restart a Heart Day' which takes place on or around 16 October each year;
- ii. PCC works with partners to promote CPR training;
- ii. All defibrillator owners across Plymouth are encouraged to register their defibrillators on The Circuit - the national defibrillator network;
- iii. All defibrillator owners across Plymouth suitable for public access should consider whether access could be widened to 24/7, if not already;
- iv. PCC promotes schemes to access funding for publicly accessible defibrillators amongst communities;
- v. PCC works with partners to provide defibrillators at St Budeaux library and Southway library.

12. **Tracking Decisions**

Elliot Wearne-Gould (Democratic Advisor) presented an overview of the tracking decisions log, and highlighted that:

- a) Following the past three meeting of the H&ASC OSC, there were a significant volume of tracking decisions to be considered and actioned. While many of these had received replies, a meeting between the Chair and relevant officers would be convened to review the progress of actions, and agree further steps;
- b) Many tracking decisions had been updated since the publication of the agenda, and therefore more actions were completed than appeared before the Committee. These updates would be provided to the Committee;

The Committed agreed to note the tracking decisions document.

13. **Work Programme**

The Committee agreed to add the following items to the Work Programme:

1. Procurement of Domiciliary Care;
2. Local Government and Social Care Ombudsman Recommendations;
3. Updates on the progress of the build at Derriford Hospital as part of the New Hospitals Programme.

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Health and Adult Social Care Overview and Scrutiny Committee



Date of meeting:	26 October 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:	Gary Walbridge (Interim Strategic Director for People)
Author:	Helen Slater
Contact Email:	helen.slater@plymouth.gov.uk
Your Reference:	ASCFIN0923
Key Decision:	No
Confidentiality:	Part I - Official

Purpose of Report

The purpose of this report is to inform members around the forecast budget position for Adult Social Care at Q1 2023/24

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 QI 2023-24							

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>						
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Sign off:

Fin	DJN. 23.2 4.11 1	Leg	Click here to enter text.	Mon Off	Click here to enter text.	HR	Click here to enter text.	Assets	Click here to enter text.	Strat Proc	Click here to enter text.
Originating Senior Leadership Team member: Emma Crowther on behalf of Gary Walbridge											
Please confirm the Strategic Director(s) has agreed the report? Yes											
Date agreed: 14/09/23 by email											
Cabinet Member approval: Councillor Mark Lowry (Cabinet Member for Finance)											
Date approved: 16/10/2023											

ADULT SOCIAL CARE

Budget Monitoring Quarter 1 – 2023-24

**MONTH 3 FINANCIAL FORECAST**

At Month 3 Adult Social Care is reporting a pressure of £1.298m.

Per the below table pressures are being driven by demand and cost pressures within Care Package budgets. The largest pressures are within Domiciliary Care, due to reduced waiting lists and improved capacity to meet demand, and Long Stay Nursing with increased complexity of need driving higher package costs.

Budget Areas	2023/24 Approved Budget	M3 Forecast	Variance
	£m	£m	£m
Care Packages			
Residential - Long Stay	37.617	37.446	(0.171)
Residential - Short Stay	2.017	2.455	0.438
Nursing - Long Stay	10.617	11.436	0.819
Nursing - Short Stay	0.329	0.454	0.125
Respite	0.291	0.198	(0.093)
Supported Living	26.551	27.159	0.608
Domiciliary Care	13.066	14.651	1.633
Direct Payments	12.170	12.310	0.140
Extra Care Housing	3.793	3.793	0.000
Day Care	1.407	1.407	0.000
Total Packages	107.858	111.309	3.499

The total pressure from Care Packages is £3.499m, this is offset by forecast additional income from clients of (£0.301m) and the recently announced Market Sustainability Workforce Fund Grant of (£1.900m), which has been announced early for support with winter pressures.

There is potential risk of further growth in pressures behind these numbers. Work is ongoing to identify mitigations including:

- Deep Dives into Dom Care, Residential and Nursing, Supported Living and Direct Payments, and subsequent Challenge Panels. These meetings include representatives from the service, Livewell, finance and project and performance officers – their purpose is to identify and drive savings to mitigate the increases that are being seen.
- Maximising income streams i.e. any additional grant funding or funding from Health.
- Tightening financial governance with revised Scheme of Delegation

The service also has a savings target this year of an additional £3.712m, currently all delivery plans are Green or Amber, per the below table. There are risks, however, around the ability to meet package review targets, as this is dependent on the needs of the individual clients.

ASC Delivery Plans 2023/24	Target Savings	Achieved savings	Plans on track for delivery	Plans worked on for delivery	Planned, internal/external actions required to deliver
	£m	£m	£m	£m	£m
Managing and reducing cost pressures across care provider market	1.000		0.750	0.250	
18-64 Review Programme and Reducing Transition Packages	0.430		0.275	0.155	
Managing and Reducing Demand of ASC Packages (65plus)	1.000		0.231	0.769	
Review Reablement Service	0.250	0.162		0.088	
Review contracts to deliver efficiencies	0.205	0.205			
Develop a new operating model across the directorate	0.200		0.067	0.133	
Transfer Health and Wellbeing Budget to Public Health	0.627	0.627			
	3.712	0.994	1.323	1.395	

Health and Adult Social Care Overview and Scrutiny Committee



Date of meeting:	26 October 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:	Gary Walbridge (Interim Strategic Director for People)
Author:	Rob Sowden
Contact Email:	Robert.sowden@plymouth.gov.uk
Your Reference:	H&ASCPERF0923
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

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A	Health and Adult Social Care Performance							

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	DJN. 23.2 4.11 0	Leg	LS/00 0010 75/A C/4/1 4/9/2 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: Emma Crowther (Interim Head of Commissioning)											
Please confirm the Strategic Director(s) has agreed the report? Yes											
Date agreed: 13/09/2023											
Cabinet Member approval: Councillor Mary Aspinall (Cabinet Member for Health and Adult Social Care)											
Date approved: 14/09/2023											

HEALTH AND ADULT SOCIAL CARE PERFORMANCE REPORT

September 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;

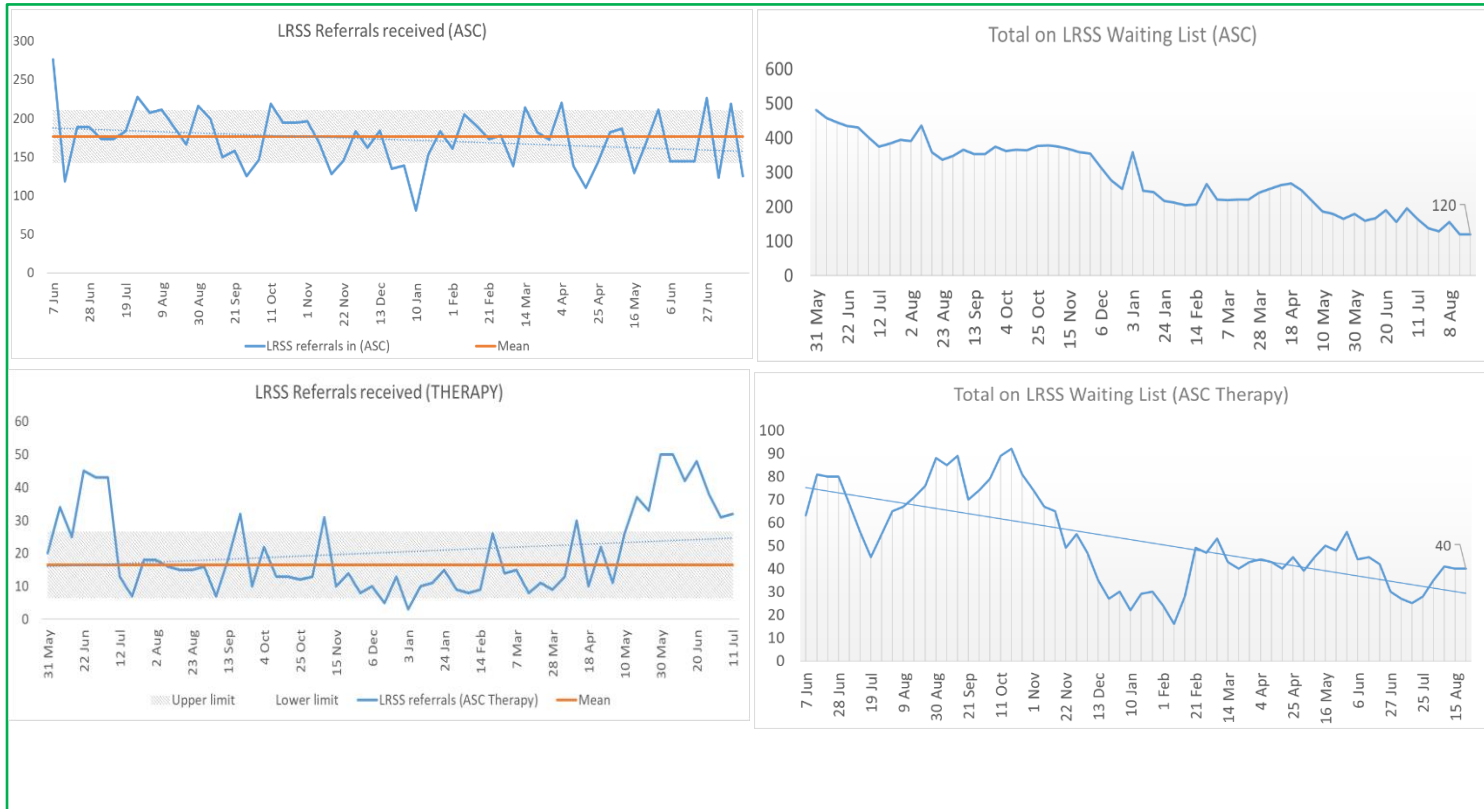
- 12,030 requests for support from new clients
- 4,516 people accessed long term adult social care support
Of above, 1,742 aged 18 to 64 and 2,774 aged 65 and over
- 1,318 people received care in a Residential or Nursing Care
- 3,198 people received care in a Community Based Setting
- 7,290 safeguarding 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 22 August 2023

Subject: Adult Social Care Demand/ Unmet Demand

	28 Mar	4 Apr	12 Apr	18 Apr	25 Apr	02 May	10 May	16 May	23 May	30 May	6 Jun	13 Jun	20 Jun	27 Jun	4 Jul	11 Jul
LRSS referrals (ASC Therapy)	9	13	30	10	22	11	26	37	33	50	50	42	48	38	31	32
LRSS referrals in (ASC)	220	138	110	142	182	187	129	168	211	144	144	144	226	123	219	125

	02 May	10 May	16 May	23 May	30 May	6 Jun	13 Jun	20 Jun	27 Jun	4 Jul	11 Jul	25 Jul	1 Aug	8 Aug	15 Aug	22 Aug
Total on LRSS Waiting List (ASC Therapy)	39	45	50	48	56	44	45	42	30	27	25	28	35	41	40	40
Total on LRSS Waiting List (ASC)	218	186	180	165	180	160	166	190	155	195	165	138	129	155	120	120



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 11 July 2023 is 164, 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. At the previous scrutiny we reported the start of an increase, this was not sustained and numbers are now at 120 on 22 August, this can be compared to a high of 482 when weekly data was first provided on the 31 May 2022.

Since mid may the number of LRSS ASC Therapy referrals have been higher, this has reversed a previously reducing trend.

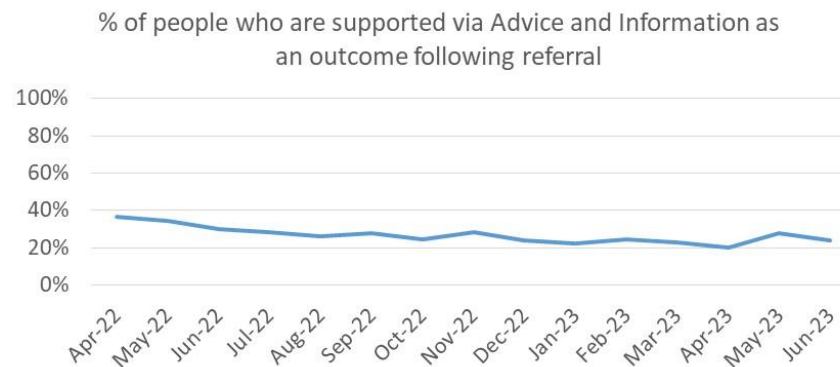
Despite this the Therapy ASC waiting list has remained steady, as it has been for several months since late February 2023. On 15 August 2023 there are 40 on the ASC Therapy list.

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Period to: June, 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	May-23	Jun-23
Number of referrals	891	1019	917	922	972	847	874	835	600	880	775	922	714	799	939
% 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%	88.3%	87.3%	85.7%	87.0%
% of people who are supported via Advice and Information as an outcome follow	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%	28.1%	24.2%



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. This has been maintained in the first quarter of 2023/23, with on average 86.7% of referrals not reaching assessment stage each month. Our Caring for Plymouth Model continues to focus on providing early support and reablement to reduce the number of people requiring long term care.

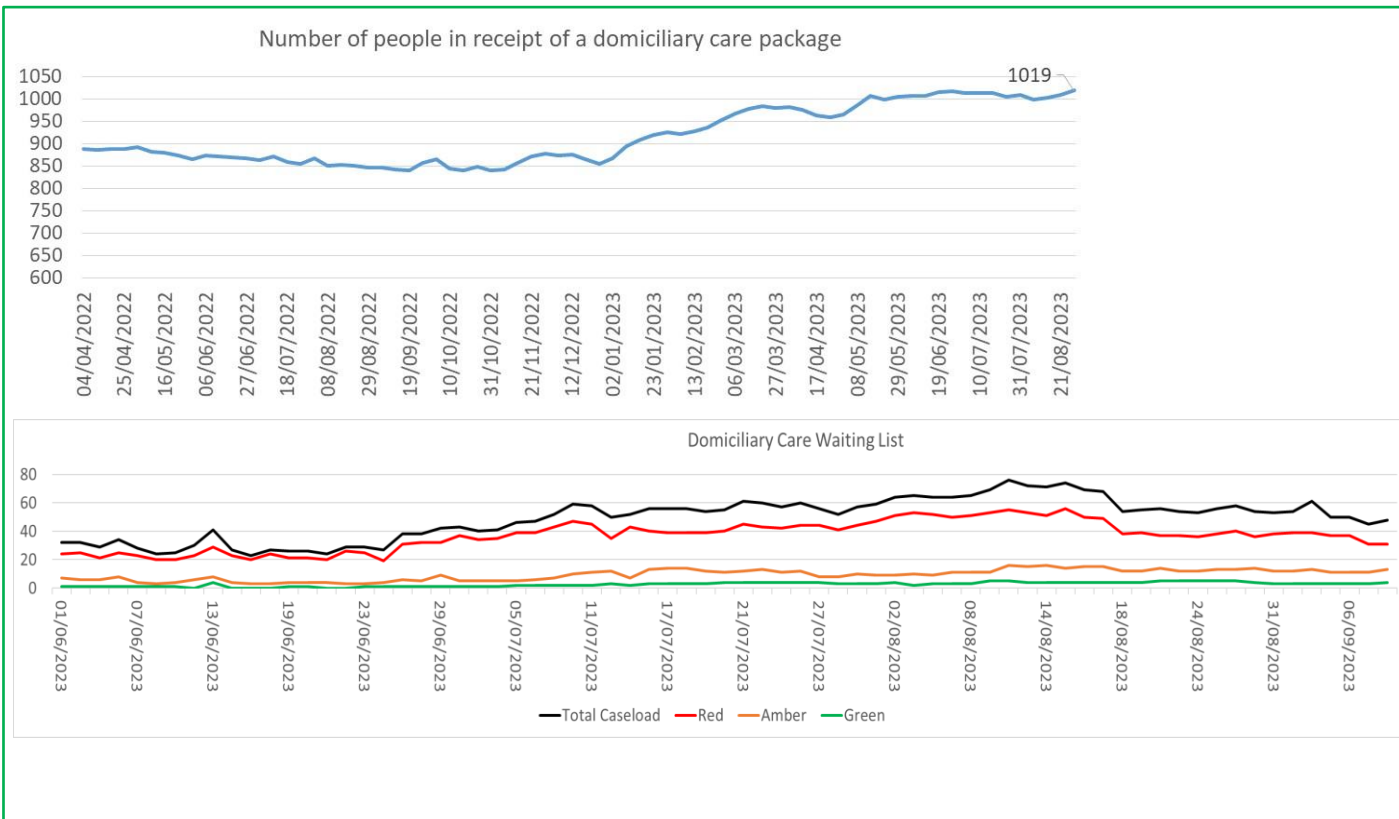
The percentage of referrals resulting in support from Advice and Information also remains steady, on average, in quarter one 24.2% of referrals were referred to Advice and Information.

Period to: 8 September, 2023

Subject: Adult Social Care - Domiciliary Care

Week commencing	22/05/2023	29/05/2023	05/06/2023	12/06/2023	19/06/2023	26/06/2023	03/07/2023	10/07/2023	17/07/2023	24/07/2023	31/07/2023	07/08/2023	14/08/2023	21/08/2023	28/08/2023
Weekly number of people receiving Domiciliary Care	998	1005	1006	1007	1014	1017	1012	1012	1013	1004	1008	999	1002	1009	1019

DATE	18/08/2023	21/08/2023	22/08/2023	23/08/2023	24/08/2023	25/08/2023	29/08/2023	30/08/2023	31/08/2023	01/09/2023	04/09/2023	05/09/2023	06/09/2023	07/09/2023	08/09/2023
Total Caseload	54	55	56	54	53	56	58	54	53	54	61	50	50	45	48
Red	38	39	37	37	36	38	40	36	38	39	39	37	37	31	31
Amber	12	12	14	12	12	13	13	14	12	12	13	11	11	11	13
Green	4	4	5	5	5	5	5	4	3	3	3	3	3	3	4



Narrative

The number of people in receipt of Domiciliary Care packages (Care in their own home) has been steady since early May, this following a prolonged period of increases since the end of 2022. The number of people in receipt of domiciliary care (1,019) 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 8th September the number of people waiting is 48, 65% less than the numbers waiting on the 1st January 2023.

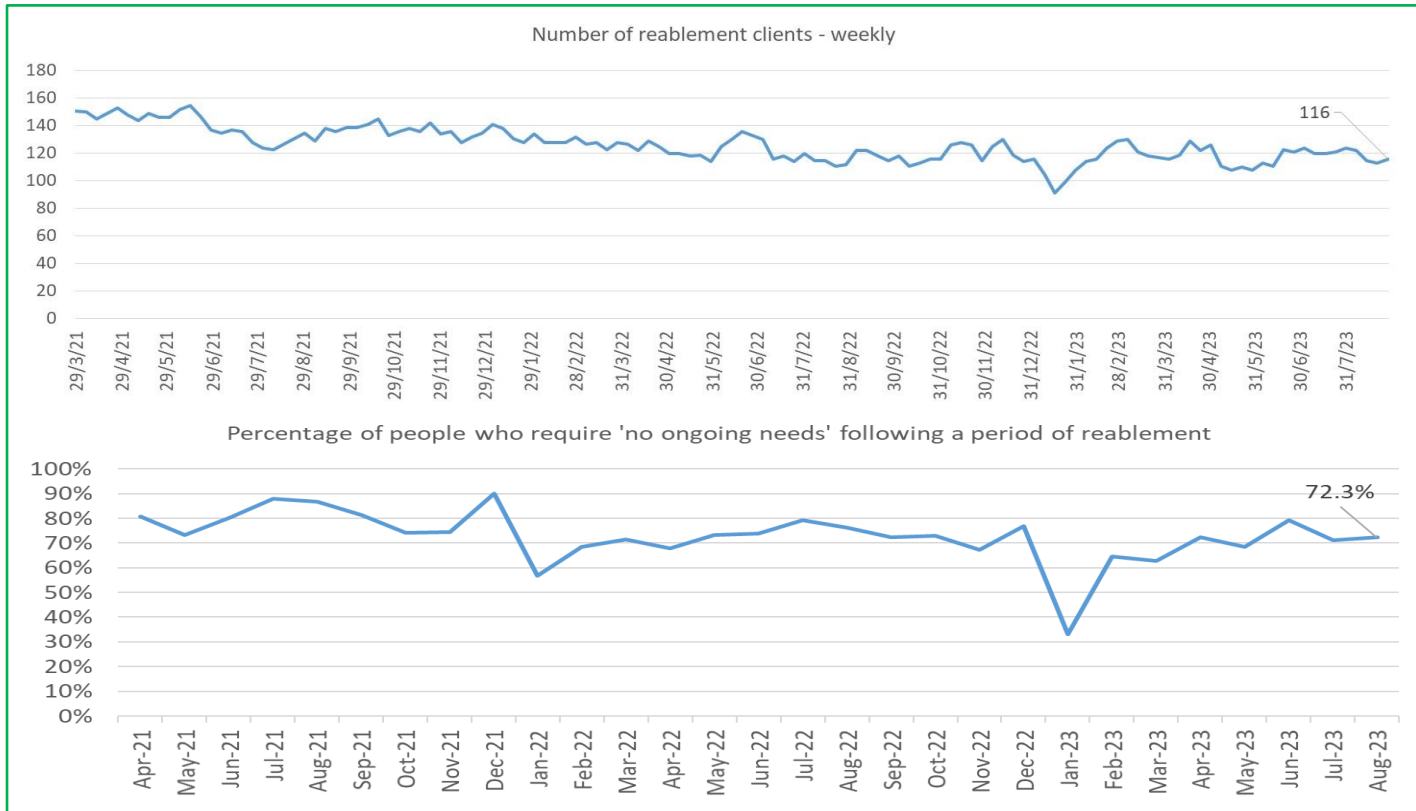
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Period to: 4 September, 2023

Subject: Adult Social Care - Reablement

	22/05/2023	29/05/2023	05/06/2023	12/06/2023	19/06/2023	26/06/2023	03/07/2023	10/07/2023	17/07/2023	24/07/2023	31/07/2023	07/08/2023	14/08/2023	21/08/2023	28/08/2023
Number of people in receipt of reablement	110	108	113	111	123	121	124	120	120	121	124	122	115	113	116

	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23
Percentage of people who require 'no ongoing needs' following a period of reablement	73.9%	79.3%	76.2%	72.5%	73.1%	67.2%	76.9%	33.0%	64.6%	62.9%	72.4%	68.5%	79.1%	71.1%	72.3%



Narrative

On week beginning 28 August numbers have dropped to 116. Numbers are down over the longer term but have been relatively static since the end of May 2023. The 116 during the week commencing 28 August is 22.7% 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 August 2023, 83 people finished a period of reablement, 60 (72.3%) of which left with no ongoing needs.

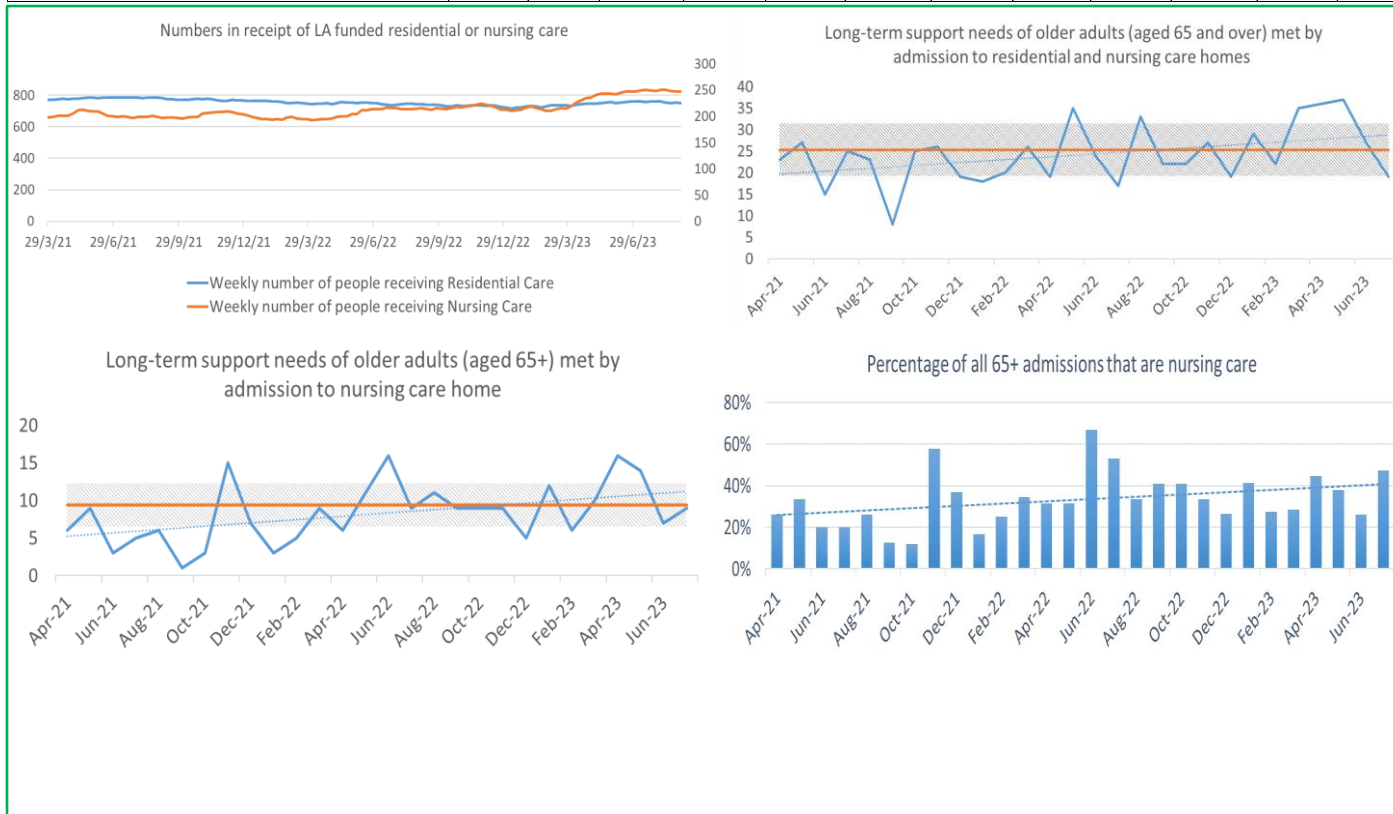
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Period to: 10 September, 2023

Subject: Residential and Nursing Care

Weekly	29/05/2023	05/06/2023	12/06/2023	19/06/2023	26/06/2023	03/07/2023	10/07/2023	17/07/2023	24/07/2023	31/07/2023	07/08/2023	14/08/2023	21/08/2023	28/08/2023	04/09/2023
Weekly number of people receiving Residential Care	758	749	754	757	759	761	759	758	759	761	761	753	751	752	751
Weekly number of people receiving Nursing Care	243	242	245	247	247	247	249	250	249	248	250	250	248	247	247

	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23
2A (2): Long-term support needs of older adults (aged 65 and over) met by admission to residential and nursing care homes	24	17	33	22	22	27	19	29	22	35	36	37	27	19
2A (2): Long-term support needs of older adults (aged 18-64) met by admission to residential and nursing	3	2	1	1	1	1	3	1	2	1	3	0	1	2
Long-term support needs of older adults (aged 65+) met by admission to nursing care home	16	9	11	9	9	9	5	12	6	10	16	14	7	9



Narrative

In 2022/23 long term admissions of older people (65+) to residential or nursing care increased (298 in 22/23 vs 255 in 21/22), a rise of 16.9%.

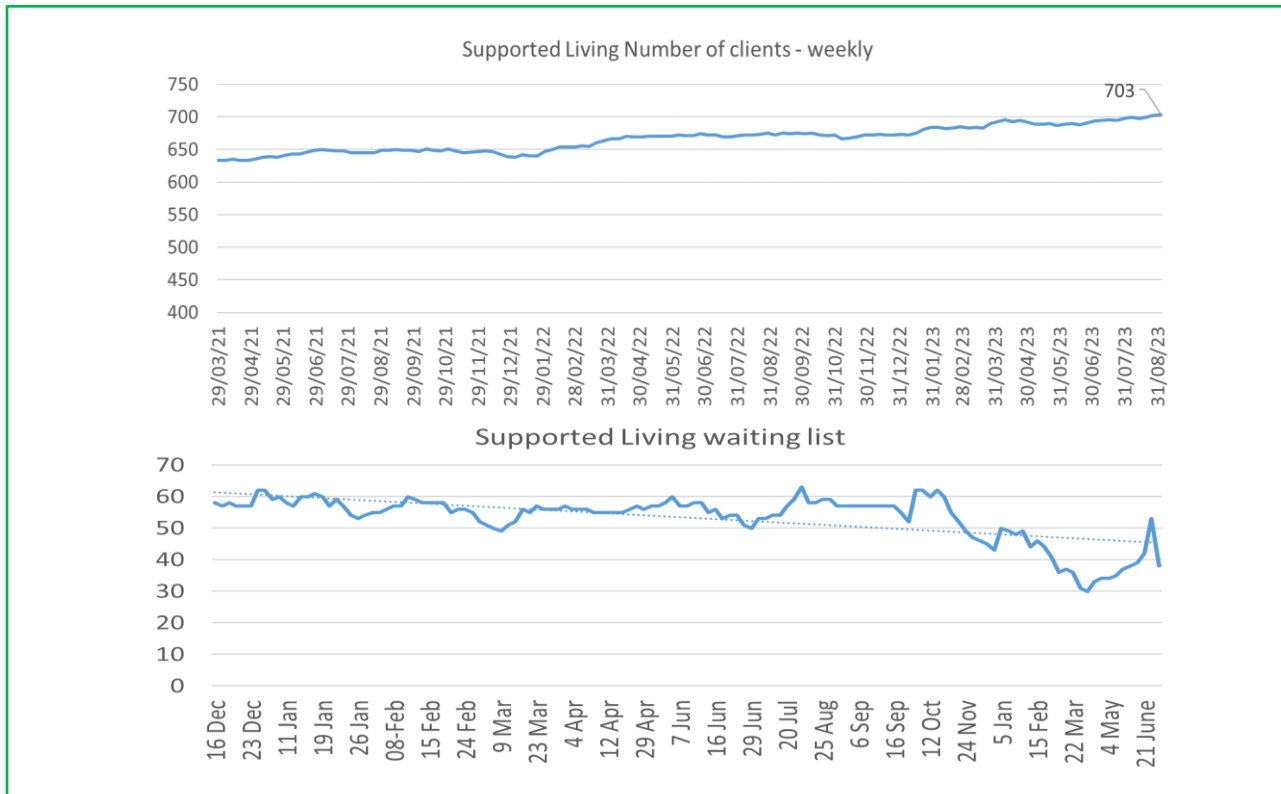
Between April 2023 and the end of July 2023 there have been 119 admissions, this is 24 higher than the same period in 2022 (95).

In 2022/23 there were 113 admissions of 65+ to nursing homes, up from 72 in 2021/22 (+56.9%). Lower numbers of admissions to nursing care in June and July 2023 mean that between April and the end of July this year we are recording just four more nursing home admissions (of people aged 65+) when compared to the same period in 2022.

Despite an improving picture regarding the number of admissions, the numbers of people in receipt of nursing care remains high.

Period to: 11 September, 2023 **Subject: Supported Living**

	29/05/2023	05/06/2023	12/06/2023	19/06/2023	26/06/2023	03/07/2023	10/07/2023	17/07/2023	24/07/2023	31/07/2023	07/08/2023	14/08/2023	21/08/2023	28/08/2023	04/09/2023	
Number of people in receipt of supported living	687	689	690	688	691	694	695	696	695	698	700	698	700	702	703	
		9 Mar	15 Mar	22 Mar	29 Mar	13 Apr	20 Apr	3 May	4 May	10 May	17 May	23 May	15 June	21 June	24 July	11 Sep
Waiting List		36	37	36	31	30	33	34	34	35	37	38	39	42	53	38



Narrative

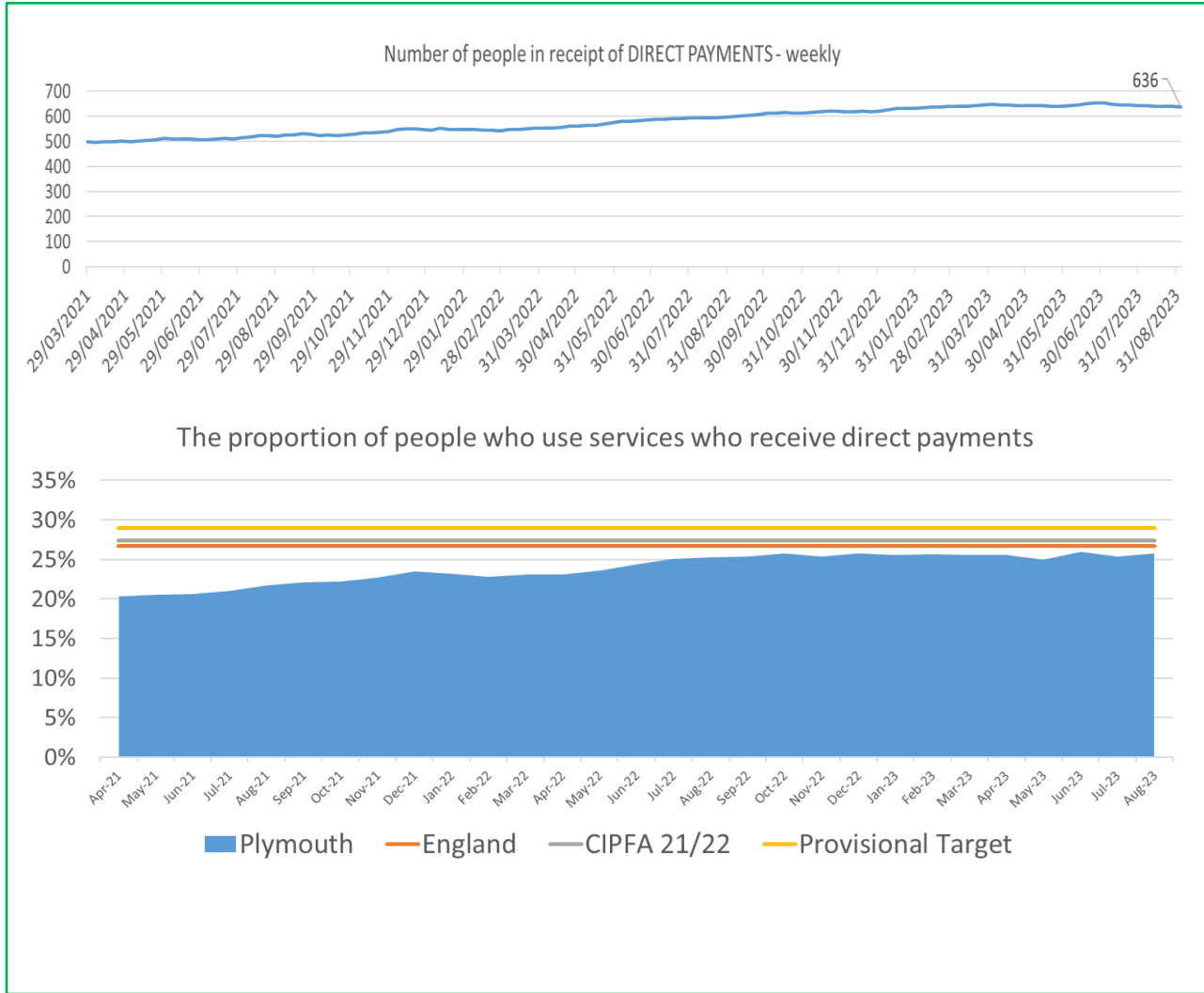
Numbers in receipt of a supported living package of care are on an increasing trend. During the week commencing 4 September 2023 703 were in receipt of a package, this is 1.8% higher than the end of March 2023 and 6.0% higher than March 2022.

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: 11 September, 2023

Subject: Direct Payments

DIRECT PAYMENTS	29/05/2023	05/06/2023	12/06/2023	19/06/2023	26/06/2023	03/07/2023	10/07/2023	17/07/2023	24/07/2023	31/07/2023	07/08/2023	14/08/2023	21/08/2023	28/08/2023	04/09/2023
Number of people in receipt of DIRECT PAYMENTS	641	642	645	652	653	653	649	646	645	642	642	640	639	639	636
Contracted Spend - weekly	£218,638	£226,572	£266,618	£262,838	£257,913	£267,930	£256,960	£263,275	£257,460	£258,421	£257,949	£264,835	£258,549	£257,325	£258,041



Narrative

The number of people in receipt of direct payments is on an increasing trend over the longer term, 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).

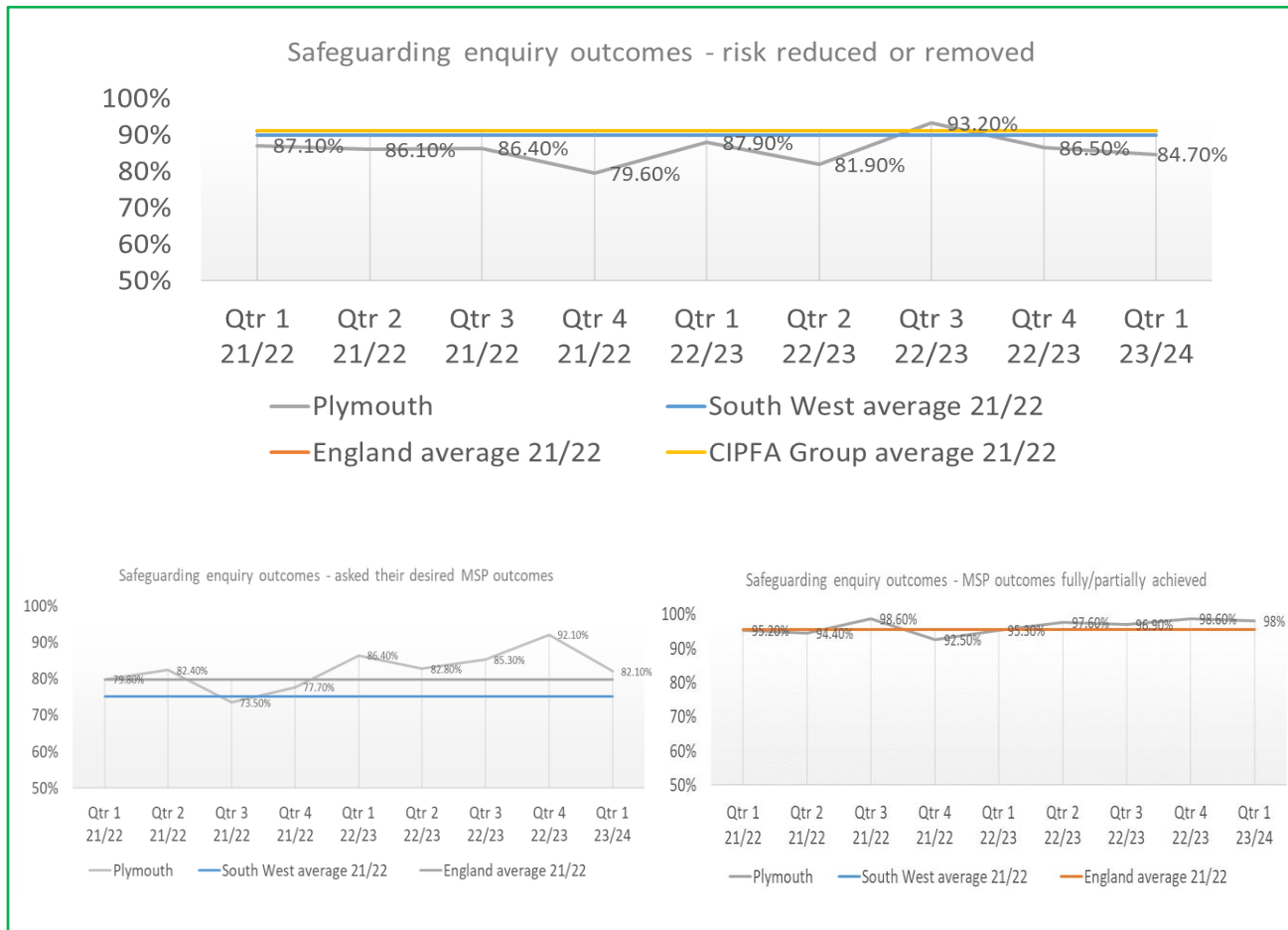
In recent weeks the number has plateaued somewhat, in the week beginning the 4th September 636 were in receipt of a direct payment.

The percentage of people in receipt of direct payments is following the same trend, reaching 25.8% of all service users at the end of August 2023.

Period to: Quarter One, 2023/24

Theme: Safeguarding Outcomes

	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	Qtr 1 23/24
Safeguarding enquiry outcomes - risk reduced or removed	87.1%	86.1%	86.4%	79.6%	87.9%	81.9%	93.2%	86.5%	84.7%
Safeguarding enquiry outcomes - asked their desired	79.8%	82.4%	73.5%	77.7%	86.4%	82.8%	85.3%	92.1%	82.1%
Safeguarding enquiry outcomes - MSP outcomes	95.2%	94.4%	98.6%	92.5%	95.3%	97.6%	96.9%	98.6%	98.0%



Narrative

Safeguarding demand (referral received) increased in quarter one (Q1). The last two quarters have continued the increasing trend in demand that has occurred since Q2 of last year. In Q1 referrals increased by 16 (+0.8%).

In Q1 there were 2,010 (+31 on Q4) safeguarding referrals completed (as opposed received), and of these 231 went on to become a safeguarding concern, i.e. met the criteria for a safeguarding response. This means 11.5% of referrals became a concern, which compares to 9.9% in Q4 and 12.6% in Q3. This tells us that the conversion rate from referral to concern remains low.

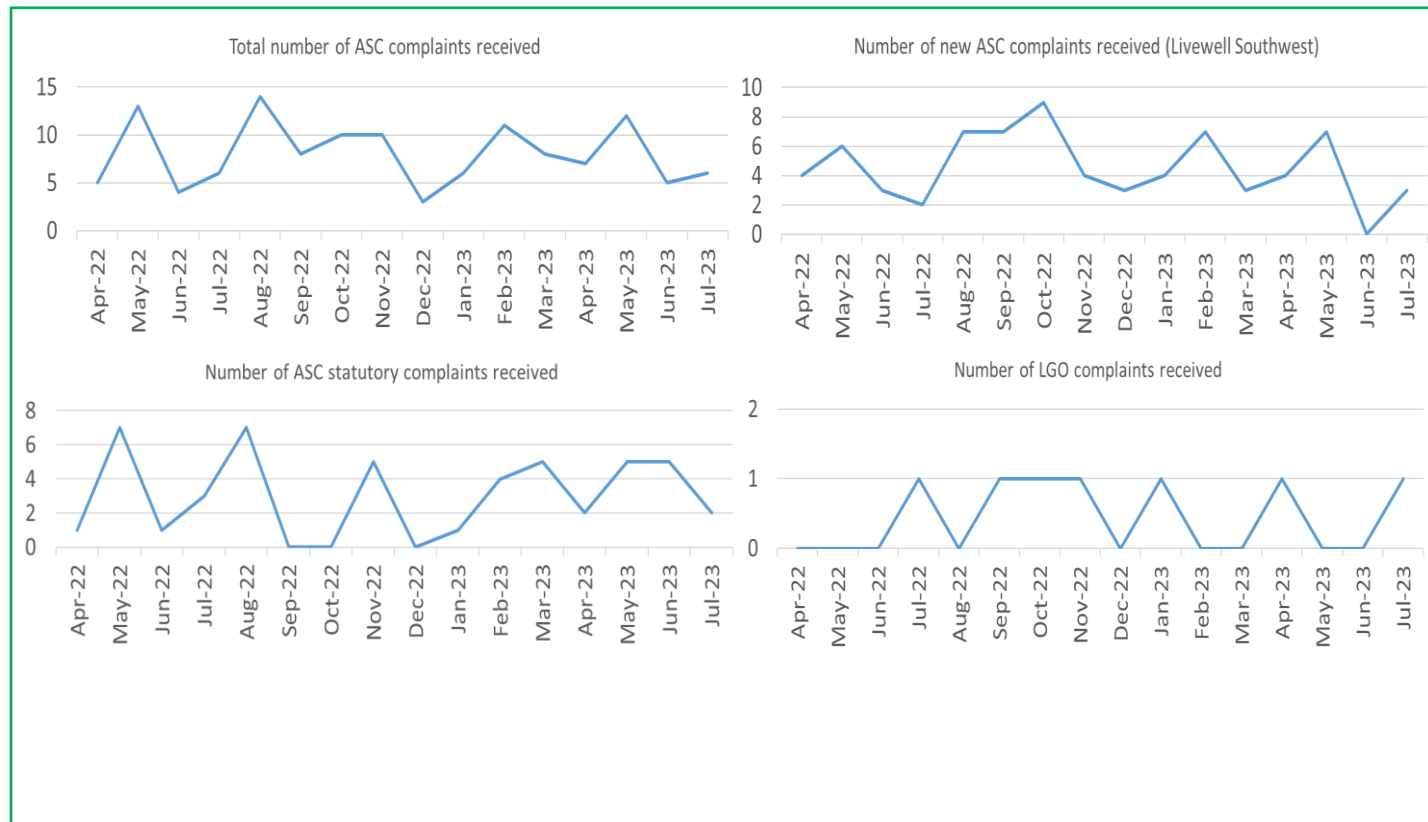
Between 1 April 2023 and 30 June 2023, 111 individuals were the subject of a completed safeguarding enquiry. 81 of which expressed a desired outcome at the start of the enquiry (73.0% compared to 77.5% in Q4). The percentage of people not asked about their preferred outcome increased to 17.9%, up from 7.9%.

The percentage that has been either fully or partially achieved fell in Q1 to 98.0%, down from 98.6%.

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	Apr-23	May-23	Jun-23	Jul-23
Total number of ASC complaints received	5	13	4	6	14	8	10	10	3	6	11	8	7	12	5	6
Number of new ASC complaints received (Livewell	4	6	3	2	7	7	9	4	3	4	7	3	4	7	0	3
Number of ASC statutory complaints received	1	7	1	3	7	0	0	5	0	1	4	5	2	5	5	2
Number of LGO complaints received	0	0	0	1	0	1	1	1	0	1	0	0	1	0	0	1



Narrative

Year to date the overall number of ASC related complaints is slightly up on the same period last year. In 2022 there had been 28 complaints received between April and July, this year the number is 30.

Within this there has been a small increase in the number of statutory complaints received by the local authority, rising by two from 12 to 14.

In the same period complaints received by Livewell Southwest are down from 15 to 14 and LGO complaints are up from one to two.

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Period to: 31 August, 2023

Subject: Hospital Discharge - Delays (Acute setting)

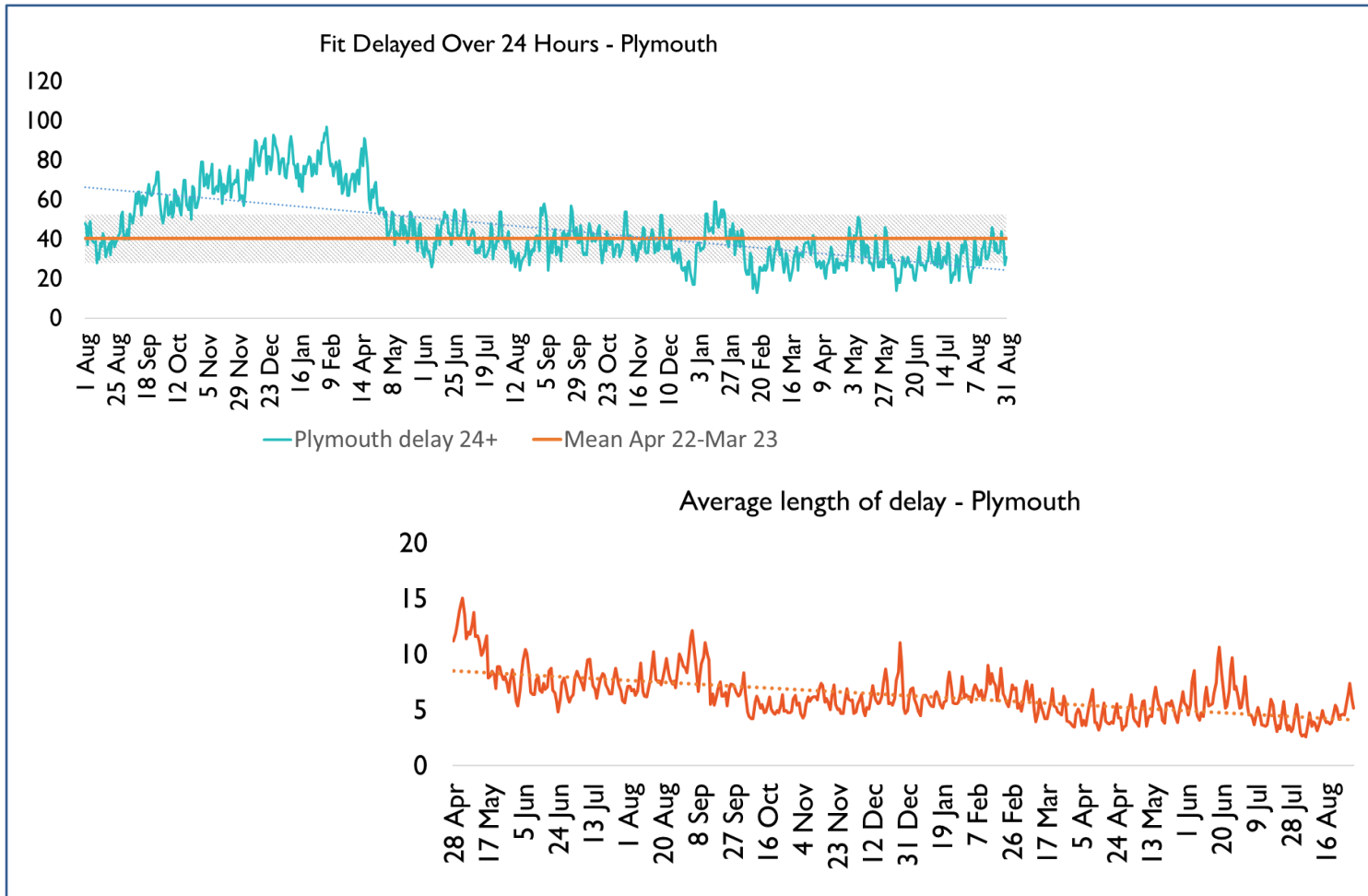
	17 Aug	18 Aug	19 Aug	20 Aug	21 Aug	22 Aug	23 Aug	24 Aug	25 Aug	26 Aug	27 Aug	28 Aug	29 Aug	30 Aug	31 Aug
Plymouth delay 24+	32	35	39	46	43	34	38	33	33	34	44	41	39	27	31
Plymouth - average length of delay	3.9	3.8	3.9	4.8	5.5	5.2	4.2	4.6	4.6	4.6	5.7	6.5	7.4	5.9	5.2
Plymouth Fit for Discharge	50	55	57	50	49	53	63	55	51	48	45	45	43	48	52

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 August 2023 this average has dropped to 32.

The average length of delay has been on a reducing trend over the longer term and on a steady trend since early September 2022.

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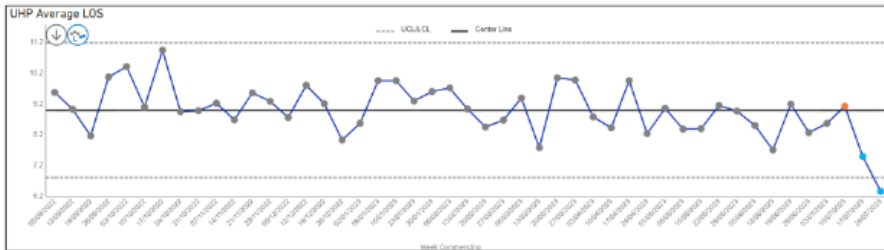
Period to: July, 2023

Subject: Hospital Discharge – No Criteria to Reside

UHP NCTR not Discharged



Average Non-elective Length of Stay (by week)– UHP



Analytical Commentary: As of 24th July, UHP reported the average weekly percentage of G&A beds that were occupied with patients who had NCTR was 11% (97), an increase of 2% from the previous months report. Criteria led discharge length of stay Programme phase 2 of non-elective programme is being developed at pace. This forms part of the Integrated UEC Improvement Plan response. Further details will be available in next month. As a result of weekend improvements implementation UHP have the highest percentage of weekend NCTR discharges across the region. Significant and sustained reduction with Cornwall NCTR position. 21+ day length of stay patients incorporated into LOS programme with focus on review of general medicine wards standard processes. Discharge Lounge - Increased admin cover continues to be successful with nursing time being released. On average UHP marginally did not achieve the 60% target and achieved 58% of the weekday discharge target at weekends over the last 4 weeks.

Operational Summary:

Actions to address are in place with Demand and Capacity schemes planned to continue following evaluation of schemes which have contributed to positive performance and reduction in length of the delay. The LOD performance breakdown by pathway is described below:

- P0 – Pharmacy hub to be located within the Discharge Lounge treatment area from early August. This will enable which will allow the Pharmacy Assistant Technical Officer to review TTAs to reduce continuous prescription requests, dispense ward TTAs and obtain any TTAs that have been dispensed to previous wards. Will continue to work with Matrons and ward teams for early collections. Between 26th June and 23rd July, the target set is 118 P0 discharges per weekday the trust has achieved on average 123 P0 discharges per weekday (104%).
- Since mid-May the average LOD on:
 - P1 remained at 4 days.
 - P2 Increase from 17 to 19 days.
 - P3 remained at 2 days.

Health and Adult Social Care Overview and Scrutiny Committee



Date of meeting:	26 October 2023
Title of Report:	ANALYSIS OF LOCAL GOVERNMENT AND SOCIAL CARE OMBUDSMAN ANNUAL REVIEW LETTER 2021/22
Lead Member:	Councillor Mrs Mary Aspinall (Cabinet Member for Health and Adult Social Care)
Lead Strategic Director:	Gary Walbridge (Interim Strategic Director for People)
Author:	Rob Sowden
Contact Email:	Robert.sowden@plymouth.gov.uk
Your Reference:	H&ASCLGO0923
Key Decision:	No
Confidentiality:	Part I - Official

Purpose of Report

The purpose of this report is to provide members of the committee with assurance that the Council, and in particular the Strategic Commissioning department analyses all complaints that reach the Local Government and Social Care Ombudsman (LGO) in order to action recommendations, and to assure that there is a culture of learning from findings.

Recommendations and Reasons

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

Alternative options considered and rejected

N/A

Relevance to the Corporate Plan and/or the Plymouth Plan

This 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:

None

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.*

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	ANALYSIS OF LOCAL GOVERNMENT AND SOCIAL CARE OMBUDSMAN ANNUAL REVIEW LETTER 2021/22							
B	DECISIONS MADE							
C	COMPARATOR GROUPS							

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. 23.2 4.11 4	Leg	LS/0 0001 075/ AC/2 /14/9 /23	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: Emma Crowther (Interim Head of Commissioning)											
Please confirm the Strategic Director(s) has agreed the report? Yes											
Date agreed: 13/09/2023											
Cabinet Member approval: Councillor Mary Aspinall (Cabinet Member for Health and Adult Social Care)											
Date approved: 14/09/2023											

APPENDIX A

**ANALYSIS OF LOCAL GOVERNMENT AND
SOCIAL CARE OMBUDSMAN ANNUAL
REVIEW LETTER 2021/22**

The Local Government and Adult Social Care Ombudsman (LGO) published the annual statistics for Plymouth City Council in autumn 2022.

This briefing provides:

- The overall context for Plymouth in relation to all LGO complaints (section 1)
- An analysis of the complaints received and lessons learned that relate to Adult Social Care (section 2).

Note regarding comparator analysis – section 1.2 provides comparator analysis, which compares Plymouth to its LGSCO group (see Appendix C). Section two provide comparator analysis which compares Plymouth to our CIPFA comparator group; using the CIPFA group (see also Appendix C).

SUMMARY OF KEY FINDINGS

- The number of complaints the LGO received relating to Plymouth City Council increased from 66* in 2020/21 to 87 in 2021/22.
- The average number of complaints that the LGO received relating to Plymouth City Council each month remained similar to the previous year, reducing slightly from 7.33 per month in 2020/21 to 7.25 per month in 2021/22.
- The categories of service with the highest number of complaints are: 1. Environmental Services, Public Protection and Regulation (21); 2. Education and Children's Services (19); and =3. Adult Care Services (15) and Highways and Transport (15). Nationally, the categories of service with the highest number of complaints are: 1. Education and Children's Services; 2. Planning and Development; 3. Adult Care Services; and 4. Housing.
- The upheld rate in Plymouth of 73.3% (of 15 subject to detailed LGO investigation) is higher than the rate of 64% in similar authorities and 66% nationally, although this is a decrease on the 77.8% (14 of 18) that were upheld in Plymouth in 2020/21. Overall, 12.5% of total decisions made (88) in 2021/22 were upheld, compared with 21.9% in 2020/21.
- Plymouth City Council's 100% compliance rate is higher than the rate of 99% in similar authorities and 99.7% nationally.
- The LGO found that in 27.3% of upheld cases, Plymouth City Council had provided a satisfactory remedy before the complaint reached the Ombudsman; this is higher than the average of 12% in similar organisations and 11% nationally.

**To allow authorities to respond to the COVID-19 pandemic, the LGO did not accept new complaints and stopped investigating existing cases between March and June 2020. This reduced the number of complaints received and decided in the 2020/21 year. Please consider this when comparing current data with previous years.*

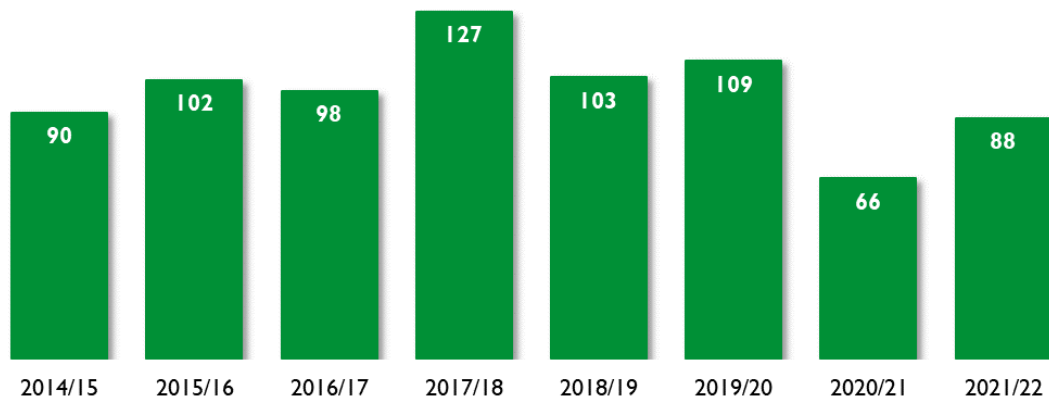
I. OVERALL PLYMOUTH CONTEXT

I.1 Complaints received about Plymouth

In 2021/22, 87 complaints and enquiries were received by the LGO for Plymouth.

As previously stated, the number of complaints reported in 2020/21 was heavily impacted upon by COVID-19, and therefore it is inadvisable to compare directly the annual figure for 2020/21 (66) to the latest number for 2021/22 (87). When comparing to the number of complaints received in 2019/20 (109), there has been a 20.2% decrease.

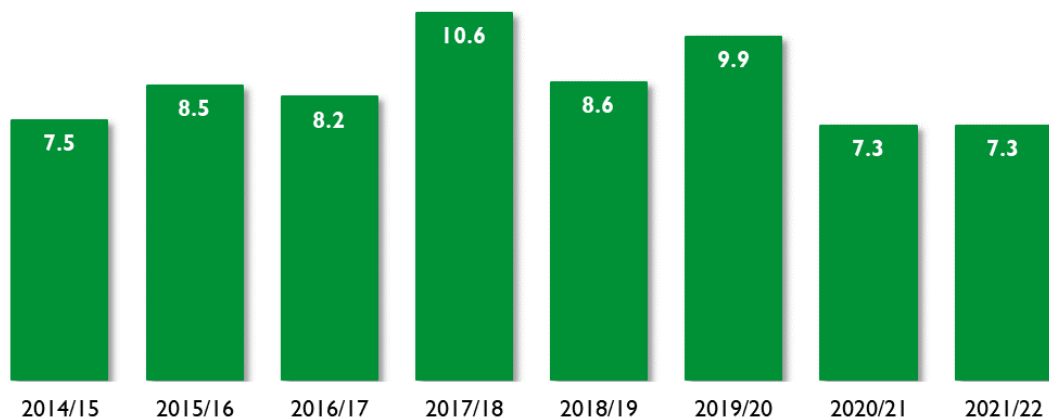
Chart one: Total number of complaints received



Source: The Local Government and Adult Social Care Ombudsman (LGO)

Comparisons can be made by taking into account the average number of complaints received each month. In 2021/22, the monthly average of complaints received was 7.25. This compares to 7.33 in 2020/21 (based on a nine month year) and 10.58 in 2019/20 (based on an 11 month year). Chart two shows that when the number of complaints received is represented as a monthly average, the numbers are lower than those received in previous years.

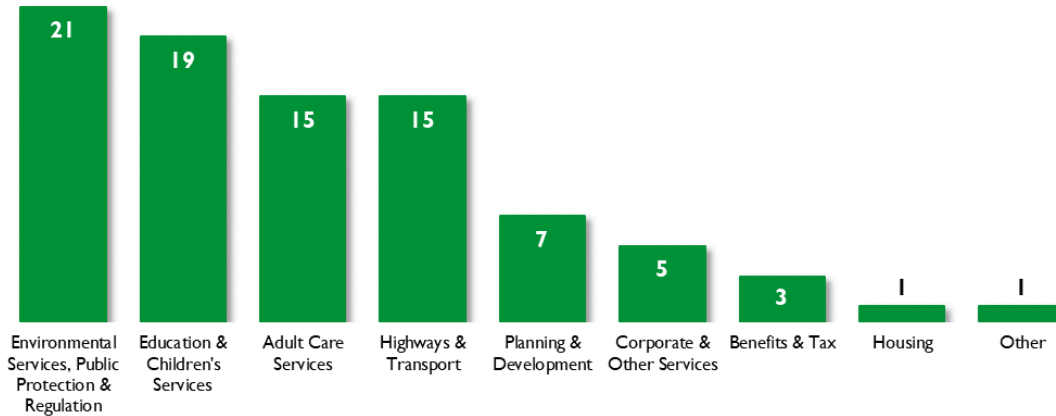
Chart two. Average number of complaints received per month



Source: The Local Government and Adult Social Care Ombudsman (LGO)

Chart three illustrates how the complaints are distributed by complaint category. Environmental Services, Public Protection and Regulation, and Education and Children's Services received the most complaints, followed by Adult Care Services and Highways and Transport.

Chart three: Complaints received by category



Source: The Local Government and Adult Social Care Ombudsman (LGO)

1.2 Complaint decisions and compliance

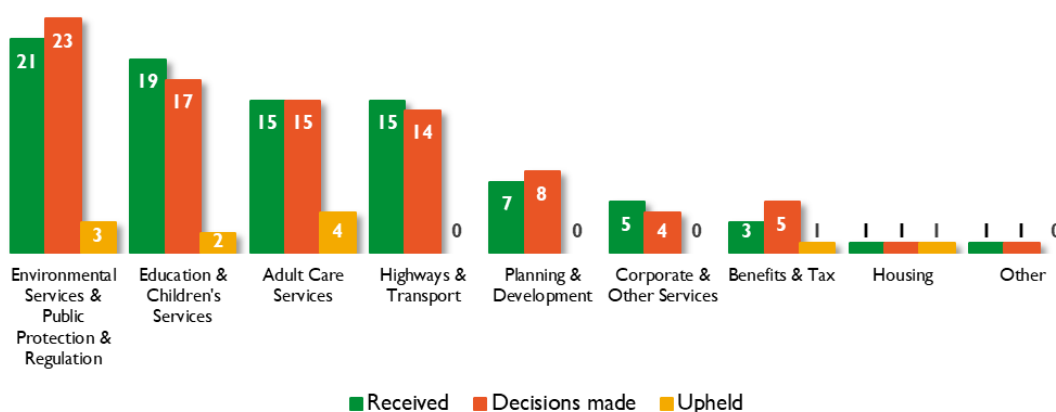
In 2021/22, a total of 88 decisions were made by the LGO for Plymouth. In Plymouth, the LGO conducted a detailed investigation into 15 complaints, 11 (73.3%*) of which were upheld. This equates to 12.5% of total decisions made being upheld and is lower than in 2020/21, during which 14 complaints were upheld (77.8% of detailed investigations; 21.9% of total decisions).

The upheld rate in Plymouth of 73.3% compares unfavourably to the rate of 64% in similar authorities.

Chart four below shows by category the number of complaints received, decisions made and upheld. This shows that the category with the highest number of upheld complaints is Adult Care Services (4), while the category with the highest upheld percentage is Housing with 100% (1 of 1) upheld.

**Please note that the 73.3% upheld rate for Plymouth is based on the number upheld of the 15 detailed investigations. The upheld rates reported by category above and in table one are based on upheld of all decided complaints, not just detailed investigations.*

Chart four: Complaints received, decided and upheld by category



Source: The Local Government and Adult Social Care Ombudsman (LGO)

Table one: Number of LGO complaints received and the percentage of all decisions made with an upheld outcome, by category

Category	Number of complaints received	Number of decisions made	Number of complaints upheld	% of all decisions upheld
Environmental Services, Public Protection & Regulation	21	23	3	13.0%
Education & Children's Services	19	17	2	11.8%
Adult Care Services	15	15	4	26.7%
Highways & Transport	15	14	0	0.0%
Planning & Development	7	8	0	0.0%
Corporate & Other Services	5	4	0	0.0%
Benefits & Tax	3	5	1	20.0%
Housing	1	1	1	100%
Other	1	1	0	0.0%
TOTAL	87	88	11	12.5%

Source: The Local Government and Adult Social Care Ombudsman (LGO)

In summary, of the 88 decisions made by the LGO:

- 47.7% (42) were closed by LGO after initial enquiries
- 31.8% (28) were referred back for local resolution
- 12.5% (11) were upheld following detailed investigation
- 4.5% (4) were not upheld following detailed investigation
- 2.3% (2) were found to have been invalid or incomplete
- 1.1% (1) was recorded as advice given (but not upheld).

A more detailed breakdown of these outcomes can be found in **Appendix B**.

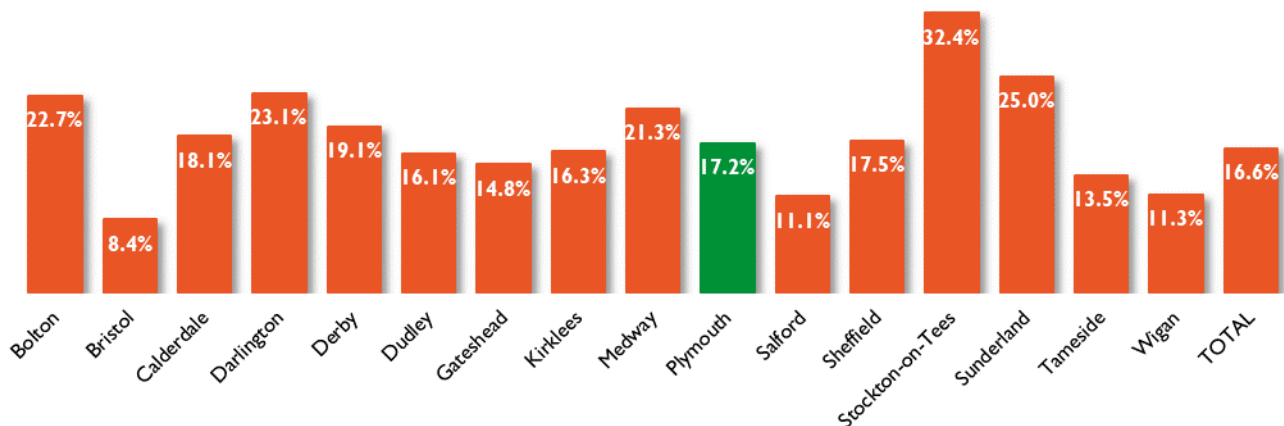
The LGO was satisfied that Plymouth City Council had successfully implemented recommendations based on nine compliance outcomes between 1 April 2021 and 31 March 2022. Plymouth City Council's 100% compliance rate is higher than the national rate of 99.7% and LGSCO comparator group (99%).

In 27.3% of upheld cases, the LGO found that Plymouth City Council had provided a satisfactory remedy before the complaint reached the Ombudsman; this is higher than the national average of 11% and 12% for the LGSCO comparator group.

2. PLYMOUTH COMPLAINTS AND LESSONS LEARNED REGARDING ADULT CARE SERVICES

The average percentage of complaints received about Adult Care Services within the CIPFA Family Group is 16.6% of the total overall complaints received. In 2021/22, eight local authorities within the similar LA group had a higher percentage of Adult Care Services complaints than Plymouth (15/17.2%).

Chart five: Percentage of total complaints received related to Adult Care Services



In 2021/22, Plymouth received 15 complaints and enquiries relating to Adult Care Services; this is up from 13 the previous year. When monthly averages are compared the number received is slightly down (1.3 per month in 2021/22 and 1.4 per month in 2020/21).

Table two: Detail on upheld complaints relating to Adult Care Services

Complaint description	Remedial action	Service improvement recommendations
<p>Mr X complains about poor quality care provided to his late mother, Mrs P, while resident at Dxxxx Nursing Home. In particular, he complains about:</p> <ol style="list-style-type: none"> Failure to ensure Mrs P received effective treatment for a chest infection. Failure to ensure Mrs P received appropriate nutrition and sufficient hydration. Failure to properly monitor Mrs P's diabetes. The decision to try and evict Mrs P from the Dxxxx Nursing Home shortly before her death. <p>Mr X says the actions of the Council and the Dxxxx Nursing Home contributed to his mother's premature death and caused him significant distress.</p> <p>Mr X also complained about poor care provided to Mrs P in previous care homes</p>	<p>Apology</p> <p>Financial redress:</p> <p>Avoidable distress/time and trouble</p>	<p>None recommended by the LGO.</p>

and the Council's refusal to allow Mrs P to return home.

The complainant, who I will call Ms B, says the Council failed to properly assess her mother's (Mrs C's) care and support needs. The Council failed to understand Mrs C's needs were primarily health needs and failed to complete a Continuing Healthcare initial checklist until pressed to do so by Ms B. The Council's poor support planning resulted in only two care calls per day, which meant Mrs C's medication could not be properly managed, and the Council had to contact the NHS to see if the medication regime could be changed. The Council did not properly understand and assess Mrs C's fluctuating health needs and fluctuating capacity. The Council offered no assessment or support to Ms B as a carer.

Ms B says the failures in assessment meant Mrs C's needs were not properly understood and catered for, and family struggled to pick up the slack without any support. Ms B, her Aunt, and her brother had to visit several times a day to help Mrs C with medication, incontinence, making and prompting to eat meals, and support through the night. The family each have their own health issues and difficulties and found it very stressful to manage.

Mr and Mrs B complain on behalf of their adult daughter, Ms C. They say the Council failed to properly assess Ms C's needs, her mental capacity to make certain decisions, and there were delays in the assessments and the sharing of information. They disagree with the care plan and the outcome of the mental capacity assessment.

The complainant, whom I shall refer to as Dr X, complained the Council failed to properly consider her application for a Blue Badge. Dr X says it failed to show how it had considered all the issues raised in her application when it decided to refuse her application.

Dr X wants the Council to review the assessment. In doing so Dr X wants the Council to properly consider the pain and difficulty she has in walking. Plus, Dr X wants the Council to consider the impact on her of being unable to leave her home if she cannot park close to facilities.

Apology
Financial redress:
Avoidable
distress/time and
trouble
Provide training
and/or guidance

Remind relevant officers that care and support assessments must meet the requirements of the Care and Support statutory guidance.
Assessments must agree how a person's needs should be met. Any needs that a carer is meeting should be clearly documented, and the Council should consider putting in place plans to respond to any breakdown in the caring relationship.
Remind relevant officers of the duty to offer carers' assessments.

Apology
Financial redress:
Avoidable
distress/time and
trouble
Reassessment

None recommended by the LGO.

Apology
Financial redress:
Avoidable
distress/time and
trouble
Reassessment
Procedure or policy
change/review

The Council accepted its decision letter responding to the Blue Badge application did not give detailed reasons for its decision as required in government guidance. The Council agreed to change its decision letter template to comply with that guidance.

APPENDIX B – Complaints received and decisions made by the LGO for Plymouth in 2021/22

Category	Total complaints received	Total decisions made	Decision				Detailed investigations	
			Advice given	Closed after initial enquiries	Incomplete/invalid	Referred back for local resolution	Not upheld	Upheld
Adult Care Service	15	15	0	5	0	5	1	4
Benefits & Tax	3	5	0	2	0	1	1	1
Corporate & Other Services	5	4	0	3	0	1	0	0
Education & Children's Services	19	17	0	6	1	7	1	2
Environmental Services, Public Protection & Regulation	21	23	0	11	1	8	0	3
Highways & Transport	15	14	0	8	0	5	1	0
Housing	1	1	0	0	0	0	0	1
Other	1	1	1	0	0	0	0	0
Planning & Development	7	8	0	7	0	1	0	0
2021/22 Totals	87	88	1	42	2	28	4	11
% of 2021/22 Total Decisions			1.1%	47.7%	2.3%	31.8%	4.5%	12.5%
2020/21 Totals	66	64	1	19	4	22	4	14
% of 2020/21 Total Decisions			1.6%	29.7%	6.3%	34.4%	6.3%	21.9%

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APPENDIX C – Comparator GroupsLGSCO Comparator Groups 2021/22

Bath and North East Somerset Council	North East Lincolnshire Council
Bedford Borough Council	North Lincolnshire Council
Blackburn with Darwen Council	North Northamptonshire Council
Blackpool Council	North Somerset Council
Bournemouth, Christchurch and Poole Council	Northumberland County Council
Bracknell Forest Borough Council	Nottingham City Council
Brighton and Hove City Council	Peterborough City Council
Bristol City Council	Plymouth City Council
Buckinghamshire Council	Portsmouth City Council
Central Bedfordshire Council	Reading Borough Council
Cheshire East Council	Redcar and Cleveland Borough Council
Cheshire West and Chester Council	Rutland County Council
City of York Council	Shropshire Council
Cornwall Council	Slough Borough Council
Council of the Isles of Scilly	Southampton City Council
Darlington Borough Council	Southend-on-Sea Borough Council
Derby City Council	South Gloucestershire Council
Dorset Council	Stockton-on-Tees Borough Council
Durham County Council	Stoke-on-Trent City Council
East Riding of Yorkshire Council	Swindon Borough Council
Halton Borough Council	Telford and Wrekin Borough Council
Hartlepool Borough Council	Thurrock Council
Herefordshire Council	Torbay Council
Hull City Council	Warrington Borough Council
Isle of Wight Council	West Berkshire Council
Leicester City Council	West Northamptonshire Council
Luton Borough Council	Wiltshire Council
Medway Council	Windsor and Maidenhead Borough Council
Middlesbrough Borough Council	Wokingham Borough Council
Milton Keynes Council	

CIPFA Comparator Group 2021/22

Bolton Council	Medway Council
Bristol City Council	Plymouth City Council
Calderdale Council	Salford City Council
Darlington Borough Council	Sheffield City Council
Derby City Council	Stockton-On-Tees Borough Council
Dudley Council	Sunderland City Council
Gateshead Council	Tameside Metropolitan Borough Council
Kirklees Council	Wigan Council

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Health and Adult Social Care Overview and Scrutiny Committee



Date of meeting:	26 October 2023
Title of Report:	Domiciliary Care/Home Care
Lead Member:	Councillor Mrs Mary Aspinall (Cabinet Member for Health and Adult Social Care)
Lead Strategic Director:	Gary Walbridge (Interim Strategic Director for People)
Author:	Hannah Shaw, Commissioning Officer
Contact Email:	Hannah.shaw@plymouth.gov.uk
Your Reference:	n/a
Key Decision:	No
Confidentiality:	Part I - Official

Purpose of Report

To provide an overview of the current domiciliary care market in Plymouth including how providers are monitored in terms of quality, and to outline the proposed commissioning intentions for remodelling and procuring the contract going forward.

Recommendations and Reasons

It is recommended that the H&ASC Committee note the current and proposed commissioning model for domiciliary care.

Alternative options considered and rejected

Not applicable.

Relevance to the Corporate Plan and/or the Plymouth Plan

Corporate Plan: The Domiciliary Care procurement will support this by providing quality services and focusing on prevention and early intervention.

Plymouth Plan: By embedding the Locality Partner model, the aim is to improve people's experience of the health and social care system by supporting more people to remain independent at home for longer, in the communities that know them best.

Implications for the Medium Term Financial Plan and Resource Implications:

The focus of the Locality Partner model is to reduce reliance on bedded care and to better meet the growing complexity of need and demands of an ageing population through an improved Domiciliary Care offer. This will be vital to manage future budgetary demands to avoid reliance on more expensive types of care.

Financial Risks

The proposed model will operate within the budget envelope set through the MTFP process and provider fees will be those set through the annual uplift process which considers sustainability of the care workforce, and the costs to providers balanced against the funding available to the local authority.

Carbon Footprint (Environmental) Implications:

We do not anticipate implications on the carbon footprint; through the Locality Partner model we will aim to reduce the impact on the carbon footprint through more local delivery of services.

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.

None identified

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	Domiciliary Care/Home Care slide pack							

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
N/A							

Sign off:

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Originating Senior Leadership Team member: Emma Crowther (Interim Head of Commissioning)											
Please confirm the Strategic Director(s) has agreed the report? Yes											
Date agreed: 12/09/2023											
Cabinet Member approval: Councillor Mary Aspinall (Cabinet Member for Health and Adult Social Care)											
Date approved: 03/10/2023											

Domiciliary/Home Care



Gary Walbridge, Interim Strategic Director for People
Emma Crowther, Interim Head of Commissioning
Hannah Shaw, Commissioning Officer

What is domiciliary care?



- Plymouth City Council has a statutory duty under the Care Act 2014 to provide care and support for people at home, following an assessment of needs;
- Dom care is a service provided in a person's own home, including help to wash, dress, support with nutrition and hydration, support with taking medication and support with day-to-day activities;
- Supporting people in their own homes helps them to stay well and independent and helps to avoid more costly and unnecessary admissions to care homes and hospital;
- Effective dom care should work alongside other aspects of an individual's care and support network to achieve a high level of integrated support for them;
- Dom care supports people with physical and/or mental health needs including dementia.

Current data



- Currently 20 spot dom care providers commissioned;
- As they are spot contracts, there is no end date so these will continue throughout the redesign and procurement process;
- Currently contracted to deliver around 14,000 hours of care per week with circa 1000 adults receiving community-based care packages;
- As of 05/09/2023, there are 50 people awaiting a dom care package;
- Standard dom care hourly rate - £22.05
- Annual dom care budget - £13.06m
- Clients are able to have a direct payment to purchase domiciliary care outside of a commissioned process, and are supported by Livewell to do this if they choose
- The private care market is perhaps not as high as neighbouring authorities due to the higher affluency in those areas, however some providers will have a number of private clients. The levels of this part of the business will vary from around 5% - 40% however we do not have the definite figures

Current data



- Over the last 3 years, the level of dom care provision has increased. The following table shows total number of hours delivered over the last 3 financial years.

Year	21/22	22/23	23/24
Hours Delivered	576,794.13	621,540.57	682,400.58
Hours Increased	-	44,746.40	60,860.02
% Increase	-	8%	10%

- With the ageing population, it is expected that the demand on dom care will increase, with the ambition of less reliance on bedded care.

Commissioning and quality



- Each provider has a dedicated Commissioning Officer/Assistant as contract manager and point of contact for support;
- Regular contract meetings held with providers – a mix of virtual and face-to-face visits;
- Review of quality monitoring processes is taking place for care services and this will form part of the new contracts for dom care;
- If whole service concerns are raised for a provider, this will trigger a more intense monitoring process including weekly visits to the provider and the requirement of a service improvement plan;
- An intelligence dashboard is held and reviewed on a regular basis for all providers – this includes CQC ratings, safeguardings, complaints, compliments and financial assurances.
- Commissioners work closely with our Livewell and safeguarding colleagues to monitor safeguarding or concerns and ensure these are addressed through the contract monitoring process where required

Commissioning and quality



PCC commissioners retain active oversight of the local care market, including CQC inspection outcomes:

CQC Rating (overall)	Plymouth ratings (of inspected providers)	National ratings (of inspected providers)
Outstanding	3 (17%)	454 (5%)
Good	11 (61%)	8046 (80%)
Requires Improvement	4 (22%)	1360 (14%)
Inadequate	0 (0%)	76 (1%)

Commissioning intentions

Critical success factors



- Delivery of stronger working partnerships with a strategic approach to meeting population need;
- A collaborative approach to communication, evidencing, analysing and understanding system-wide capacity;
- Providers involved in the redesign from the outset alongside users, carers and other dependent professionals and clinicians;
- Measures that drive better system and user outcomes and develop/embed the necessary change of culture across the commissioners, providers and end users on both sides;
- Sufficient good quality care for Plymouth residents;
- Value for money and a robust sustainable model that supports the delivery of the Plymouth Pound.

Commissioning intentions

Possible dom care model



- Aim to work within localities
- Locality Partners
 - Contracted to work in one locality;
 - Lead provider for that locality;
 - All work within that locality sent to them.
- Provider Partners
 - Work across localities or focus on specific zones or types of needs;
 - Work filtered to them from the Locality Partners
- Timeframes:
 - Cabinet – Spring 2024
 - Aim to launch contracts end-2024 pending Cabinet approval

Will work only on care in the locality contracted.
 Will get all work allocated in that locality to deliver or distribute to the Provider Partners.



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Can work on all care needs in all localities or focus on specific zone or specific type of need – opening up opportunities in the market for area expertise or competitive advantage.

Risks and mitigations



- Geographical challenges: providers working across multiple postcode areas
 - Through the procurement process, encourage a zoning approach to reduce cross-city working, therefore reducing pressure on providers and aligning to the Net Zero ambition.
 - Links to locality models of partner services
 - Needs to link to the intermediate care plan
- Local authority and health budgets
 - High cost monitoring panel implemented and heightened monitoring through deep dive exercises;
- Workforce/recruitment
 - Health & Social Care Coordinators work closely with providers – recruitment fairs and regular sessions at the Job Centre. International Recruitment programme is ongoing
- Increased complexities
 - Support to providers through the Complex MDT process, and aim to support with training for more complex or specialist needs through the new dom care model

Feedback on dom care in Plymouth



- We want to hear from professionals, service users and their families about their experiences of dom care in Plymouth.
- To do this, please contact jointcommissioning@plymouth.gov.uk

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

Tracking Decision Overview	
Complete	29
Part-Complete	5
On Hold	1
Awaiting Action	3
Total	38

Rec No.	Meeting Date	Resolution	Officer Responsible	Status
1.	27/06/2023	The Committee recommended that the Chair write a letter of support for the New Hospitals Programme at Derriford Hospital, agreeing that no further formal public consultation was required as there were no planned changes to health provision. The statutory planning process and consultation would still apply.	Councillor Pauline Murphy (Chair of H&ASC OSC)	Complete
Response: Letter Sent 08/09/2023				

Rec No.	Meeting Date	Resolution	Officer Responsible	Status
2.	27/06/2023	The Committee recommended that the Cabinet Member for H&ASC install defibrillators at the 5 locations identified within the report, and that the methodology was re-examined to include additional locations such as the Council House, and appropriate city libraries. The Committee welcomed the Cabinet member's amendment of recommendation 7: 'That PCC work with partners to provide defibrillators at St Budeaux library and Southway library' to include "and other appropriate locations".	Councillor Mary Aspinall (Cabinet Member for Health and Adult Social Care), Ruth Harrell, and Ann Thorp	Part-Complete
Response: Cabinet member agreed to review decision. 1 Defibrillator installed in the Guild Hall. Updates will be provided when available				

Rec No.	Meeting Date	Resolution	Officer Responsible	Status
3.	27/06/2023	The Committee agreed to refer the following recommendations contained within the 'defibrillator' report, to the Plymouth Health and Wellbeing Board, for action: 1. That PCC works with partners to promote 'Restart a Heart Day' which	Councillor Mary Aspinall (Chair of Plymouth H&WB), and Elliot Wearne-	Complete

		<p>takes place on and around 16 October each year;</p> <p>2. That PCC works with partners to promote CPR training;</p> <p>3. That all defibrillator owners across Plymouth are encouraged to register their defibrillators on The Circuit The Circuit - the national defibrillator network;</p> <p>4. That all defibrillators owners across Plymouth suitable for public access should consider whether access could be widened to 24/7, if not already.</p>	Gould (Democratic Advisor)	
<p>Response: These recommendations were considered by the H&WB under 'Chair's Urgent Business on 29 June 2023. Board members agreed to promote these recommendations within their spheres of influence, and add them to the work programme for future discussions.</p>				

Rec No.	Meeting Date	Resolution	Officer Responsible	Status
4.	27/06/2023	The Committee agreed that a meeting should be arranged between the Chair, Vice-Chair and relevant Council Officers, to review and progress outstanding tracking decisions on this log.	Elliot Wearne-Gould (Democratic Advisor)	Complete
<p>Response: Meeting arranged for 25 September 2023</p>				

Rec No.	Meeting Date	Resolution	Officer Responsible	Status
5.	Mental Health Select Committee 07/03/2023	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.	Jo Turl & Alex Cameron (NHS Devon ICB)	Complete

Response: 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. 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.

Rec No.	Meeting Date	Resolution	Officer Responsible	Status
6.	Mental Health Select Committee 07/03/2023	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.	Annie Gammon (Interim Service Director Education, Participation and Skills)	Awaiting Action
Response: Holding Email Received- Followed up on 12/09/2023 & 18/10/2023				

Rec No.	Meeting Date	Resolution	Officer Responsible	Status
7.	Mental Health Select Committee 07/03/2023	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.	Annie Gammon (Interim Service Director Education, Participation and Skills)	Awaiting Action
Response: Holding Email Received- Followed up on 12/09/2023 & 18/10/2023				

Rec No.	Meeting Date	Resolution	Officer Responsible	Status
8.	Mental Health Select Committee 07/03/2023	The committee is not assured that sufficient progress toward parity of esteem has been achieved over the past decade. The committee recommends that NHS Devon ICB 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 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.	Jo Turl & Alex Cameron (NHS Devon ICB)	Complete
<p>Response: 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. 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. 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>				

Rec No.	Meeting Date	Resolution	Officer Responsible	Status
9.	Mental Health Select Committee 07/03/2023	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.	Jo Turl & Alex Cameron (NHS Devon ICB) + PCC Public Health & Comms Teams	Complete

Response, NHS Devon ICB: 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:

1. NHS Talking Therapies, provided by Plymouth Options (NHS Talking Therapies for anxiety and depression | Livewell Southwest)
2. Qwell (www.qwell.io/video)
3. Kooth (www.kooth.com/video)
4. Young Devon (www.youngdevon.org/what-we-do/wellbeing)
5. 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.

Response, PCC: The Plymouth Online Directory is a valuable signposting service, allowing members of the public to view a range of services, and their contact details/ referral methods. This is available through the PCC website, and has been circulated through Councillor Bulletins, and made available on the Councillors hub.

Rec No.	Meeting Date	Resolution	Officer Responsible	Status
10.	Mental Health Select Committee 07/03/2023	The Committee welcomes the current provision of 22 Wellbeing Champions, trained in Mental Health 1st Aid and recommends the relevant Cabinet Member seeks to promote this approach within the Plymouth business community, and through our existing networks.	Councillor Mary Aspinall (Cabinet Member for Health and Adult Social Care)	Complete

Response: Councillor Mary Aspinall Acknowledged

Rec No.	Meeting Date	Resolution	Officer Responsible	Status
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11.	Mental Health Select Committee 07/03/2023	The Committee recommends that an update on the 'Qwell' programme is added to the work programme to examine targets, performance and future opportunities.	Kamal Patel (Public Health Specialty Registrar) & Elliot Wearne-Gould (Democratic Advisor)	Complete
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Response: A Quell update has been added to the work programme for future consideration, when appropriate. From September 2023, the first year's data of the pilot programme will be available.

Rec No.	Meeting Date	Resolution	Officer Responsible	Status
12.	Mental Health Select Committee 07/03/2023	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.	Jo Turl & Alex Cameron (NHS Devon ICB) + Sara Mitchell & Ian Lightley (Livewell SW)	Complete

Response, NHS Devon ICB: 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. 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.

Response, Livewell SW: The Devon Alliance are represented at the Devon system Mental Health Provider Collaborative Senate and Strategic Oversight Group and associated board/workstream meetings. 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. As well as the Devon VCSE Alliance we have positive partnership working relationships with other voluntary sector partners ie Elder Tree, Colebrook/Headcount.

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.

Rec No.	Meeting Date	Resolution	Officer Responsible	Status
13.	Mental Health Select Committee 07/03/2023	In line with our commitments as a Dementia friendly City, the Committee recommends that: 1. Livewell Southwest prioritises Dementia diagnosis waiting times to ensure patients receive support in sufficient time; 2. The potential for a dementia one stop shop is seriously explored and reported to committee at a future date; 3. Resources are sought for the provision of an MRI scanner to assist in the reduction of diagnostic waits.	Sara Mitchell & Ian Lightley (Livewell SW)	Complete

Response: We are currently redesigning our dementia assessment pathway model in keeping with work that was done across multiple London organisations in 2017. This work identifies exactly the same issues as Plymouth has experienced and therefore we are changing the model to incorporate the following: 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. 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.

Rec No.	Meeting Date	Resolution	Officer Responsible	Status
14.	Mental Health Select Committee	The Committee recommends that the Memory Café and other voluntary and community enterprises are communicated to Councillors, so that they can promote their services.	PCC Public Health and Comms Team	Complete

	07/03/2023			
<p>Response: VCSE and services circulated to Councillors through Bulletins, the Plymouth Online Directory, and added to the Councillors Hub.</p>				

Rec No.	Meeting Date	Resolution	Officer Responsible	Status
15.	Mental Health Select Committee 07/03/2023	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.	Sara Mitchell & Ian Lightley (Livewell SW)	Complete
<p>Response: 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. The event will consist of: 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. We will also be producing a comms plan to share our improved position with the community.</p>				

Rec No.	Meeting Date	Resolution	Officer Responsible	Status
16.	Mental Health	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	Melonie Walker & Colm Owens (Mental Health	Complete

	Select Committee 07/03/2023	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.	Provider Collaborative)	
Response: Acknowledged. No further action required				

Rec No.	Meeting Date	Resolution	Officer Responsible	Status
17.	Mental Health Select Committee 07/03/2023	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 produces an action plan to tackle waiting times, and reports to a scrutiny session in the early part of the next municipal year.	Mental Health Provider Collaborative (Melonie Walker & Colm Owens)	Complete
<p>Response, Provider Collaborative: 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. 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. 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. 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>Response, NHS Devon ICB: 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 cross 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 bring a position statement from across the network that can inform you of the current position in better detail, if that would be welcomed?</p>				

Rec No.	Meeting Date	Resolution	Officer Responsible	Status
18.	Mental Health Select Committee 07/03/2023	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.	Sara Mitchell & Ian Lightley (Livewell SW)	Complete
<p>Response: We will develop a report to share on where care experienced young people/young adults are accessing any Livewell Mental health services. CAMHS are working with our BI team to identify those who are care experienced who do not sit within CAMHS Children in Care Service. CAMHS will need to be able to identify those who are in adult services to understand how care experienced young people are accessing which services to determine demand. It is anticipated completion of this work by the end of November 2023 and will be able to present a report to the Children's OSC when this work is complete.</p>				

Rec No.	Meeting Date	Resolution	Officer Responsible	Status
19.	Mental Health Select Committee 07/03/2023	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.	Local Care Partnership	Part-Complete
<p>Response: This work is ongoing. An update will be provided for the Committee in December.</p>				

Rec No.	Meeting Date	Resolution	Officer Responsible	Status
20.	Mental Health	The Committee is not adequately assured that the mental health support for veterans in Plymouth is sufficiently coordinated or communicated. The	Armed forces Covenant , NHS	Part-Complete

<p>Select Committee 07/03/2023</p>	<p>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> <ul style="list-style-type: none"> a. Pledges its support and gratitude to all Veterans across the City; b. 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. c. 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. d. The role of veterans mental health champions and improved support be considered within the City e. Healthcare Services within the City seek to achieve Veteran Aware Status. f. 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>England, PCC, MH Provider Collaborative, NHS Devon ICB, Livewell SW</p>	
<p>Response, NHS Devon ICB: 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.</p>			
<p>Response, Councillor Chris Penberthy, AFC: I would like to thank the Select Committee for their time and their valuable insights.</p> <p>The Armed Forces Community Covenant as a whole was also scrutinised last year by a Select Committee convened by the Performance, Finance and Customer Experience Overview and Scrutiny Committee. Issues of mental health not only for veterans but also for the children, young people and partners of serving personnel as well as that for those serving were identified as needing improvement. That Select Committee also identified concerns about housing, transition, broader educational support, spousal employment and partnerships. Issues of armed forces family member’s mental health, especially that of children, was also raised by the Children and Young Peoples Overview and Scrutiny Committee.</p>			

This administration welcomes the input from all of this Scrutiny activity; it highlights that we need to do better. We will be working on including the recommendations as we now take responsibility for our Armed Forces Community Covenant

This administration believes that we need to build on our previous covenant commitments, learn from the Scrutiny Select Committees that were undertaken and other feedback that I have been hearing in order to do better than we have done before. In order to do this we will be reviewing our Armed Forces Community Covenant, developing a work programme, revisiting the city-wide support structures and revitalising our approach to partnership. Once the detailed timetable for this work has been agreed I will be requesting that the new approach to our Armed Forces Community Covenant and how the broader Covenant is supported in Plymouth is scrutinised by the Performance, Finance and Customer Experience Overview and Scrutiny Committee.

I am pleased that Cllr Pauline Murphy has been appointed as our Armed Forces Community and Veterans' Champion and in this role will be Chairing the Plymouth Armed Forces Covenant. I look forward to working with Cllr Murphy as we undertake the activity described and deliver the work programmes that arise.

Response, Livewell SW: 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.

Rec No.	Meeting Date	Resolution	Officer Responsible	Status
21.	Mental Health Select Committee 07/03/2023	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.	N/A	Complete

Response: No Further action required

Rec No.	Meeting Date	Resolution	Officer Responsible	Status
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22.	Mental Health Select Committee 07/03/2023	For Anna Coles (Strategic Director of People) and Elliot Wearne-Gould (Democratic Advisor) to review and organise the work programme for targeted sessions in the new municipal year.	Anna Coles & Elliot Wearne-Gould	Complete
Response: Work programme has been updated and organised along common themes for targeted sessions				

Rec No.	Meeting Date	Resolution	Officer Responsible	Status
23.	10/03/2023	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.	Councillor Mary Aspinall / Pauline Murphy	Complete
Response: Meeting with Lord Markham held in June 2023.				

Rec No.	Meeting Date	Resolution	Officer Responsible	Status
24.	10/03/2023	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.	Jo Turl & Alex Cameron (NHS Devon ICB)	Complete
Response: We are happy to look at providing further information on capital budgets. In the interim, our joint capital resource plans, containing information pertinent to this issue, can be found on our website, linked here: https://onedevon.org.uk/download/joint-capital-resource-plan-23-24/?hilite=capital				

Rec No.	Meeting Date	Resolution	Officer Responsible	Status
25.	10/03/2023	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.	Jo Turl & Alex Cameron (NHS Devon ICB)	Complete
Response: Added to work programme for future action				

Rec No.	Meeting Date	Resolution	Officer Responsible	Status
26.	10/03/2023	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.	Jo Turl & Alex Cameron (NHS Devon ICB)	Complete
Response: Concerns raised with NHS Devon ICB, and recorded in minutes				

Rec No.	Meeting Date	Resolution	Officer Responsible	Status
27.	10/03/2023	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.	Anna Coles (Strategic Director for People)	On Hold
Response: Conversations are ongoing to assess the scope and details of this meeting.				

Rec No.	Meeting Date	Resolution	Officer Responsible	Status
28.	10/03/2023	The Committee recommends that the ICB prioritises systems working and early intervention and prevention, prioritising long term need, rather than short term financial viability.	Jo Turl & Alex Cameron (NHS Devon ICB)	Complete
<p>Response: From an NHS Devon perspective, we agree that early intervention and prevention are very important and are effectively enshrined in the four core purposes of our, and every, integrated care system: Improving outcomes in population health and health care; tackling inequalities in outcomes, experience and access; enhancing productivity and value for money; helping the NHS to support broader social and economic development. Indeed, the need to shift towards early intervention and prevention is highlighted in One Devon Partnership's Integrated Care Strategy however, it is also important to note that for many years, Devon has consistently spent more money on health services than it has been given to meet the needs of the 1.2 million people it serves. Last year, the end-of-year position for the NHS in Devon was a deficit of £46.2 million. In 2023/24, another deficit is forecast. This has contributed to Devon being placed in the highest segment (segment 4) of the NHS Oversight Framework (formerly known as the System Oversight Framework). This means Devon gets 'intensive' support from NHS England – which includes additional reporting requirements and financial controls – with the aim of improving its financial and operational performance. This means we have to try and balance these respective factors in our decision making.</p>				

Rec No.	Meeting Date	Resolution	Officer Responsible	Status
29.	10/03/2023	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	Jo Turl & Alex Cameron (NHS Devon ICB)	Complete
<p>Response: Prior to the NHS Local Planning Authority Engagement team (LPAE hosted by TSDFT) involvement PCC were requesting S106 contributions to support the development of their Wellbeing Centres at various locations across the city. In August 2020 the</p>				

LPAE were engaged by the ICB to review the planning applications within Plymouth City Council and where appropriate to submit on their behalf (CCG at the time) S106 contribution requests to mitigate the primary care infrastructure capacity impacts. At this point, we have a good working relationship with the PCC planning department and are part of the LPAE engagement on behalf of NHS Devon and University Hospitals Plymouth NHS Trust. A Health Developer Contribution Group has been set up since January 2022 and LPAE regularly attend these meetings with PCC, whereby new and future applications are reviewed and agreements have been jointly made to target S106 requests for primary care. Every new planning application is also reviewed by the LPAE and Plymouth Public Health to decide where a contribution will be used ie NHS or Public Health. To date, the LPAE team has reviewed over 50 planning applications and has secured £130,000 with a further £244,000 awaiting a planning decision. Where possible, the S106 agreements have been directed towards the Cavell Centre. It is also worth noting that the periphery of Plymouth falls within the South Hams District council area and the existing developments for Sherford (5,500 homes) and potential new developments in Woolwell (2,000 homes) will directly impact the GP surgeries within the PCC area. For information, page 33 of the Delivery plan for recovering access to primary care refers to increasing opportunities for S106 and we are seeking to maximise these opportunities.

Rec No.	Meeting Date	Resolution	Officer Responsible	Status
30.	10/03/2023	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 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.	Jo Turl & Alex Cameron (NHS Devon ICB)	Part-Complete

Response: As previously advised, this is a complex and ongoing project. Work continued and various options are being considered as part of this. Once we are in a position to share further information with the committee, we would be happy to do so, mindful that some of the considerations in this matter are commercial in confidence.

Rec No.	Meeting Date	Resolution	Officer Responsible	Status
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31.	10/03/2023	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.	Councillor Mary Aspinall / Anna Coles	Complete
Response: Letter Sent 6 April 2022				

Rec No.	Meeting Date	Resolution	Officer Responsible	Status
32.	10/03/2023	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.	Matt Ward PCC	Complete
Response: "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."				

Rec No.	Meeting Date	Resolution	Officer Responsible	Status
33.	10/03/2023	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.	Nicola Jones	Part-Complete
Response: Nicola Jones to coordinate meeting. Meeting preparations ongoing.				

Rec No.	Meeting Date	Resolution	Officer Responsible	Status
34.	10/03/2023	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 Committee's findings, and recommendations, and continues to drive to secure the required capital funds.	Anna Coles/ Councillor Mary Aspinall	Complete
Response: Letter sent 6 April 2022				

Rec No.	Meeting Date	Resolution	Officer Responsible	Status
35.	08/02/2023	To organise a select review regarding the Motion on Notice 'Defibrillators'	Elliot Wearne- Gould, Anna Coles, Cllr Mary Aspinall	Complete
Response: Item considered at meeting on 27 June 2023				

Rec No.	Meeting Date	Resolution	Officer Responsible	Status
36.	08/02/2023	Access to abortions in a safe and timely manner is a critical healthcare service, so: 1) are we noticing an increased demand for early-stage and surgical abortions in Plymouth and; 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?	(NHS Devon ICB)	Awaiting Action
Response: Repeated holding emails received. No response				

Rec No.	Meeting Date	Resolution	Officer Responsible	Status
37.	16/11/2022	<p>The Committee reaffirmed its support for the West End Health Hub project, part of the national Cavell Centre Programme, and agreed to recommend that-</p> <ol style="list-style-type: none"> 1. The ICB should consider funding the project through their capital programme unless this risks the maintenance of critical health infrastructure. 2. That at a future meeting, the ICB reports on the use of capital funding in Plymouth. 3. That Jo Turl and NHS Devon improve the communication regarding updated progress of the Health and Wellbeing Hub to the public. 4. The Committee welcomed the offer of the Right Honourable Robert Jenrick MP to visit Plymouth and to broker a meeting. The committee requested that his successor honour this offer and visits to facilitate the meeting between the ICB, council, effected GP services and NHS England to identify innovative or creative solutions to move the project forward. 	Jo Turl & Alex Cameron (NHS Devon ICB)	Complete
<p>Response: 1. As regards using annual capital funding provided to NHS Devon for the project, I can confirm that funds for 2023/24 are fully allocated to critical and high priority projects across the entire NHS estate in Devon, Plymouth and Torbay. Backlog maintenance requirements are a major issue for the NHS. In October 2022, NHS Digital's 2021/22 Estates Return Information Collection (ERIC) showed that the total cost to eradicate backlog maintenance across the national NHS estate was £10.2 billion (up by 11% on the previous year). For this reason, there is a major pressure on this annual allocation.</p> <p>2. Jo Turl responded at H&ASC OSC meeting on 10 March 2023.</p> <p>3. Communication campaign ongoing – NHS Devon ICB</p> <p>4. On 19 January, Jane Milligan, Chief Executive Officer of NHS Devon, joined Cllr Richard Bingley, Tracey Lee and Clive Shore, Cavell Project Director, for a meeting with Lord Markham, Minister of State at the Department of Health and Social Care with responsibility for estates. The meeting was constructive and we made some specific requests of him to help bring forward a development on this site. We are working on follow-up actions from this meeting.</p>				

Rec No.	Meeting Date	Resolution	Officer Responsible	Status
38.	16/11/2022	The Committee agreed to add the following to the work programme: 1. Quarterly Performance and Finance Update for Health And Social Care 2. Delayed Transfers to Care, update report 3. An update on the progress and outcomes of the drug and alcohol oversight board	Anna Coles, Gary Wallace, Rob Sowden & Helen Slater	Complete
Response: 1 & 2 added as standing items to the Committee's work programme. 3 added to work programme for future scheduling.				

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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

Meeting Date	Agenda item	Reason for consideration	Responsible Officer
27/06/23	H&ASC Terms of Reference	Required for noting 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	For consideration of H&ASC performance and finance	Rob Sowden, Helen Slater, Chris Morley & Ross Jago
	No Right to Reside Update	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 moved to 26/10/23	Quarterly Performance and Finance update	Standing item for consideration of H&ASC performance, finance and risks	Rob Sowden, Helen Slater & Chris Morley
	No Right to Reside Update	For consideration of No Right to Reside performance	Gary Walbridge
	LGO Recommendations for H&ASC	For consideration of the LGO recommendations pertinent to H&ASC, and actions taken/ necessary	Rob Sowden
	Commissioning of Domiciliary Care	For consideration of Dom care procurement methods, monitoring and standards	Emma Crowther and Jo Green
	Winter Preparedness and Planning	For consideration of winter preparations and plans relating to H&ASC	Chris Morley (NHS Devon ICB) and Alex Degan
14/11/23	Outcomes From Health System 100 Day Plan	For an update on the impact of a focussed project to improve health outcomes in Plymouth.	Chris Morley
	Adult Social Care Reform: CQC Self-Assessment	Information on preparations for the framework of inspection for Adult Social Care	Gary Walbridge & Rob Sowden
20/02/24	Residential Care Homes Commissioning Plan	For scrutiny and consultation of the recommissioning of residential care homes	Emma Crowther
Select Committee:			
Dental Health			
End of Life Care			
Regular Items:			
No Right To Reside Performance Update			
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)			
Better Care Fund Update on Progress			