



Oversight and Governance

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HEALTH AND ADULT SOCIAL CARE OVERVIEW AND SCRUTINY COMMITTEE

Wednesday 13 December 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. Declarations of Interest

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

3. Minutes (Pages 1 - 12)

The Committee will be asked to confirm if the minutes of 26 October 2023 are a correct record.

4. Chair's Urgent Business

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

5. H&ASC Performance and Finance: (Pages 13 - 30)

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

7. General Practice: (Pages 31 - 44)

8. Health System 100 Day Challenge: (Pages 45 - 60)

9. Community Pharmacy: (Pages 61 - 72)

10. Adult Social Care Assurance: (Pages 73 - 86)

11. Tracking Decisions (Pages 87 - 94)

For the Committee to review the progress of Tracking Decisions.

12. Work Programme (Pages 95 - 98)

For the Committee to consider adding items to the work programme.

13. Exempt Business

To Consider passing a resolution under Section 100A(2/3/4) of the Local Government Act 1972 to exclude the press and public from the meeting for the following items of business, on the grounds that they involve the likely disclosure of exempt information as

defined in paragraph 3 of Part 1 of Schedule 12A of the Act, as amended by the Freedom of Information Act 2000.

13.1. Private Meeting

Agenda

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Health and Adult Social Care Overview and Scrutiny Committee

Thursday 26 October 2023

PRESENT:

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

Also in attendance:

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

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

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

14. **Minutes**

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

15. **Declarations of Interest**

There was one declaration of interest:

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

16. **Chair's Urgent Business**

There were no items of Chair's Urgent Business.

(Councillor Harrison arrived at this time)

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

(Councillor Mahony arrived at this time)

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

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

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

- b) Demand for the Livewell Southwest Referral Service had remained steady however, ongoing work was being undertaken to reduce waiting times. As of 23 October 2023, waiting lists for ASC support had dropped to 114, and Occupational Therapy waiting lists to 64;
- c) 90% of people who were referred into ASC did not require a long-term care package. This was positive, with early support and intervention reducing the need for long term care;
- d) There was an improved position for people waiting for Domiciliary Care, with waiting lists having reduced 85% since January 2023, to 20 people as of 25 October 2023. The average waiting list for October 2023 was 21 people, demonstrating that the increasing demand pressure for Domiciliary Care had started to plateau;
- e) The Independence at Home Service (Reablement Service) had seen an average of 66% of service users discharged with no ongoing needs in 2022/23, which was the best outcome. This had risen to 73% during April and August 2023;
- f) There were ongoing pressures caused by long-term placements into residential and nursing care. Demand for these services continued to grow, with admissions of older people (65+) having increased 57% in 2022/23. This had however, started to slow between June and August 2023;
- g) The number of people receiving Direct Payments was increasing, despite lagging behind regional and national averages. Direct Payments were positive as they allowed people to choose the care they needed, and felt most appropriate. While there had recently been a slight drop in Direct Payments, which would be investigated, yearly averages showed the gap was closing rapidly and on a positive trajectory;
- h) Last year, 97% of Safeguarding cases had seen their outcomes fully or partially achieved. This had risen to 98% in Quarter 1 and 2 of this year;

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

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

- j) PCC had extended residential and nursing care contracts that were due to expire in December 2023 for 12 months, to allow greater consultation, engagement and learning before the re-commissioning process was launched. Positive work had been undertaken regarding workforce recruitment and retention and while remaining fragile, there were signs of improvement;
- k) PCC staff were due to visit a Care Home which had given notice of closure, and had been regularly engaging and offering support to residents, staff and the contractor to ensure ongoing care provision and reassurance;
- l) It was anticipated that demand for Domiciliary Care, and workforce pressures would increase over the winter period. The current waiting time was approximately 3 weeks however, extra capacity was being secured ahead of the expected winter pressures;
- m) Market Sustainability Plans had been drawn up to increase resilience among providers and the care market across the city, in an attempt transition from reactive, to proactive work;
- n) Plymouth's shortfall in Direct Payment usage had now closed to around 2-3% behind national averages. It was important that targets were not pursued blindly, and that each approach must be appropriate for the individual and their situation;
- o) The Joint Local Plan was due for renewal shortly, and included consideration of care needs when planning future developments and infrastructure. It was important to consider the needs of older people and families when planning future developments;
- p) PCC were currently undertaking a specialist Housing Needs Assessment for adult and children's social care, aiming to identify specific needs for particular cohorts across the city.

The Committee agreed-

1. To request that future performance reports contain numerical waiting list data, as opposed to direction of performance;
2. To note the Quarterly Performance Update for Health and Adult Social Care.

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

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

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

- r) Work was ongoing to identify mitigations to these pressures, and ‘deep dives’ into care packages had been undertaken. This included income maximisation initiatives and a revised scheme of delegation, with tighter financial governance;
- s) The service had an in year budget savings target of £3.712 MM, which was reported on track.

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

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

The Committee agreed-

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

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

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

- a) ‘No Criteria to Reside’ was a measure used to record the number of individuals occupying a hospital bed who were fit for discharge, for more than 24 hrs;
- b) While there were frequent fluctuations within ‘No Criteria to Reside’ data, monthly averages demonstrated steady improvement over time;
- c) The target for ‘No Criteria to Reside’ was 7%. The average achieved in October 2023 was 11.4%;
- d) The 7% target had been achieved during the ‘Made Event’, which saw a focussed effort to discharge patients, where appropriate.

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

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

The Committee agreed to note the update.

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

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

- a) While this report covered the 2021/22 letter, PCC had recently received their 2022/23 LGO annual letter;
- b) The LGO were the final stage of the complaints process if the complainant was not satisfied with the initial outcome. The LGO made decisions on complaints regarding Councils and Health and Adult Social Care providers in England;
- c) The average number of Complaints referred to the LGO each month relating to PCC for 2021-22 was 7.25, slightly down from 7.33 in 2020-21. Figures for 2022-23 showed a further reduction to an average of 6;
- d) Adult Social Care was the third highest category of service within PCC against which an LGO complaint had been launched. There had been 15 complaints regarding ASC in 2021-22, representing 17% of all complaints made to the LGO against the Council. This was close to the average of 16.6% witnessed across PCC's CIPFA group of similar local authorities. The highest level of complaints were made against Environmental Services, followed by Educational Services;
- e) The upheld rate for all complaints made to the LGO regarding PCC was 73.3% in 2021-22. PCC had a 100% compliance rate with LGO recommendations, compared to 99% for similar local authorities. This had been maintained in 2022-23;

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

- f) All departments monitored LGO complaint numbers, and this information was shared with senior management. This performance was often shared within Portfolio Holder meeting however, this approach was not always consistent;
- g) Where complaints were upheld, resolutions often included an apology, financial redress, and changes to training/processes. Efforts were made to have face-face conversations as it was recognised that other forms of communication were not always appropriate;
- h) Corporate guidelines stipulated that a complaint response should be sent within 28 days. Complaints were tracked using Key Performance Indicators (KPIs), and used management to monitor performance. For ASC, timelines for a response were agreed with the complainant as it was recognised that it was not always possible or suitable to resolve complex cases in this time;

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

The Committee agreed-

1. To request further information regarding the financial implications on service budgets, of successful compensation claims against PCC;
2. To request to be provided with the template/letter sent in apology responses;
3. To recommend that the Cabinet Member for H&ASC review the complaint response letter templates and approach, so that they are more personal and user-friendly, where appropriate;
4. To recommend that the Cabinet Member for H&ASC have oversight of the LGO reports/recommendations pertinent to their portfolio;
5. To note the report.

20. **Commissioning of Domiciliary Care**

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

- a) Domiciliary Care helped enable people to remain in their own homes, living with dignity and independence. The sector had experienced significant operating pressures during the Covid-19 Pandemic, with frequently changing guidelines/practices and workforce pressures. There had been significant efforts since then to transition away from reactionary working, to a proactive phase with forward planning and preparation;
- b) There were currently 20 Domiciliary Care providers commissioned by PCC, all on SPOT contracts. While these were convenient for some providers, it was recognised that these contracts did not provide long-term security, resilience or relationship building for PCC or contractors, and this would be addressed in the new commissioning plan;
- c) Each year, approximately 14,000 hours of care per week was delivered to 1,000 adults across the city, by the Council. The waiting list for a Care Package had now reduced from 50 people, to 15;
- d) Each provider in the city had a dedicated commissioning officer from PCC, who regularly engaged with them. PCC were currently undertaking a review of the quality monitoring processes for providers, which would form part of the new contracts for Domiciliary Care;
- e) If concerns were raised regarding the quality of care or standards of a provider, the Commissioning Team could use enhanced monitoring, where appropriate, and could implement improvement plans;

- f) There were 3 care providers in Plymouth rated as 'requires improvement' by the CQC, and 17% of providers rated as 'outstanding' compared to the 5% national average. Council staff worked closely with the 3 providers requiring improvement, and monitored performance against their improvement plans;
- g) It was recognised that care providers often had contracts spread across the city, which was not always the most efficient approach, or good for relationship building. The new Commissioning Plan sought to develop Locality Hubs to stimulate a sense of community, with providers leading within their 'local patch';
- h) The Commissioning Plan would likely be taken to Cabinet in the Spring, with the ambition of securing contracts by end of 2024;
- i) PCC was frequently approached by agencies from outside of Plymouth looking to establish within the city however, this often did not increase care capacity, with staff often moving from one provider to another;
- j) The Commissioning Team welcomed feedback from all parties involved in Domiciliary Care, which would feed into the new commissioning process.

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

- k) Spot contracting did not commit the Council, or agencies to fixed provision. While these worked well for many providers, PCC sought to offer longer term contracts to give providers security and sustainability, as well as building relationships;
- l) PCC had established a domiciliary care agency, @PlymouthCare during the pandemic to support the failing market. The new commissioning model would aim to improve the viability and resilience of care agencies, using the lessons learnt from his project;
- m) PCC gave notice to care providers before carrying out an inspection, unless there was sufficient cause for concern to carry out an unannounced visit. CQC inspections were largely always unannounced.

The Committee agreed-

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

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

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

(Councillors Gilmour and Krizanac left at this time)

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

- a) While led by the ICB, the Seasonal Immunisation Programme was a systems effort with collective work from Local Authorities, Primary Care networks, Pharmacies, and NHS England;
- b) Plymouth had a large Community Pharmacy offer, with a high proportion of pharmacies registered to deliver the Seasonal and Covid vaccine programme;
- c) Devon had developed a Health Inequalities Cell (HIC) to examine vaccine uptake among the population. The HIC helped promote vaccine outreach among communities of low uptake such as those living in deprivation, or with mental illness;
- d) The Devon Autumn Covid Vaccine programme had started in September, and included 3 large vaccine centres, 19 Primary Care Networks and 53 Community Pharmacies, as well as delivering vaccines to 480 care homes and 300 outreach clinics;
- e) Uptake of the Covid vaccine in Devon was exceptionally high compared to national averages, with 50% of the eligible population vaccinated, and 55% vaccinated for Flu. This season a new approach would be undertaken to co-administer the Covid and Flu vaccinations together, as there was medical evidence that this was safe, and this would help alleviate staffing demand pressures;
- f) Devon performed highest nationally for the number of visits carried out in Care Homes to deliver the vaccine programme. 97% of homes in Devon had been visited already, and the remaining 3% had dates scheduled;
- g) The National Vaccination and Immunisation Strategy was due to be launched in the next few weeks. Following this, the ICB would be required to develop its own local strategy across its networks.

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

- h) While Covid vaccinations had initially been administered through a priority system, prioritising high risk demographics and vulnerable individuals, there was now no order of precedence. Last year, 72% of all eligible people had been vaccinated in Devon. It was anticipated that this year's vaccination programme would see close to 70% vaccination coverage by the end of the programme;
- i) Nationally, uptake of vaccinations had been lower this year than previously. There were no shortages of vaccine availability however, lower take-up this year was

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

- j) There was a lower uptake of Covid vaccinations amongst health and care workers, which was concerning due to the vulnerable nature of the clients they worked with. Programmes of engagement were being undertaken to encourage staff to take up vaccinations however, among hospital staff, uptake was higher;
- k) The Seasonal Vaccination Programme was subject to change due to unforeseen and emerging circumstances. This year, the vaccination programme was brought forward on advice of the JCBI, due to the presence of a new strain of Covid-19;

The Committee agreed-

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

(Councillor Nicholson left at this time)

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

- l) The ICB had undertaken a thorough evaluation of last year's performance, and conducted learning from last year's winter programme. This had seen many successes, with numerous new schemes launched in response to emerging pressures, which helped manage demand and capacity. This was evidenced in the success of Care Hotels, the Made Event, and additional capacity brought in across the system during Covid. It was now vital to return to normal services, but maintain established capacity and performance;
- m) Significant work had been undertaken to improve 'admissions avoidance' through supporting people to remain in their communities. This had seen use of: The Acute Respiratory Infection Hub, additional resource for ED, enhanced signposting, the Plymouth Safe Bus, wrap around support for care homes, enhanced work with primary care and community crisis response teams, and numerous community schemes;
- n) While last year had seen positive increases in capacity through the utilisation of additional agency staff to support workforce pressures, this was expensive and not sustainable long term. Additionally, there had been a series of short term funding pots last year however, these were often 'ring-fenced' and could only be targeted towards a narrow pre-defined scope, often within tight time pressures. There was now a need for strategic long-term plans so that future changes did not destabilise the system;
- o) All of last year's schemes had been analysed for efficiency and value, and lessons learnt would influence future programmes and commissioning of services;

- p) The National Opal Framework had been refreshed this year, providing a consistent approach to scoring acute hospital status. The new framework did not include recognition of 'community triggers' as it had previously, and proactive work was being undertaken to develop this locally;
- q) A pilot programme, the Care Coordination Hub', was due to be launched shortly, focussing on admissions avoidance by providing medical advice and signposting when someone was at risk of escalation to hospital. This would be staffed by a Dr, and a Paramedic from SWAST, enabling care homes and other providers to call medical professionals before conveying patients to ED;
- r) To meet expected winter demand, it was vital that 'No Criteria to Reside' performance met its 7% target however, there was also a desirable target of 5%. The 'Made Event' had demonstrated capability, with both Plymouth and Devon attaining the 7% target however, it was recognised that Cornwall's performance still required improvement;
- s) Modelling work had been undertaken to map winter capacity and demand. Last year, predictions had calculated a 2% increase in demand however, presentations at ED had increased by up to 13%. 'No Criteria to Reside' performance currently averaged 14%, which equated to approximately 120 beds. This year, it was expected that seasonal illness would peak early at around week 26. It was also anticipated that seasonal illness would be consistent with pre-Covid levels, with a less-severe peak;
- t) In modelling of the worst-case scenario, it was anticipated that the peak would see a bed deficit of 150 beds. There were ongoing measures to increase this capacity, with the Royal Eye Infirmary creating an additional 35 beds, enhanced capacity for care at home, and the expansion of virtual wards. With all measures in place, it was anticipated there would still be a deficit of 30 beds during the winter illness peak.

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

- u) The 'Choose Well Campaign' aimed to signpost people to the most appropriate care facility, and discourage attendance at ED unless it was life-threatening;
- v) Mental Health services had developed a good offer within communities. These provided a 24/7 instant access service through the Primary Care Team and Crisis Response Team, reducing demand on ED;
- w) A Surge plan had been developed for winter, which pre-planned demand and capacity scenarios so that appropriate actions could be taken efficiently. This was a key part of the escalation process, enabling the movement of resources to services/areas in demand;
- x) GPs were recognised as a critical 'front-door' to services, and partnership work had been undertaken with surgeries as part of an improvement plan in preparation for winter;

- y) Staff sickness and industrial action were unknown variables which could affect winter plans however, Surge plans were in place to protect elective capacity across winter. Lessons learnt from previous years were vital for preparations, enabling management to be proactive in planning and adaptation to demand pressures;
- z) The Urgent Crisis Response Service had a national target of 2 hours to assess someone at risk of admission into hospital. Plymouth routinely overachieved on this service; In the past 2 weeks, there had been 43 and 53 referrals respectively, reducing demand on ED.

The Committee agreed-

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

22. **Tracking Decisions**

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

23. **Work Programme**

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

- 1. Pharmacy provision

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

24. **Exempt Business**

There were no items of Exempt Business.

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Health and Adult Social Care Overview and Scrutiny Committee



Date of meeting:	13 December 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&ASCPERF1223
Key Decision:	No
Confidentiality:	Part I - Official

Purpose of Report

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

Recommendations and Reasons

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

Alternative options considered and rejected

N/A

Relevance to the Corporate Plan and/or the Plymouth Plan

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

Implications for the Medium Term Financial Plan and Resource Implications:

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

Financial Risks

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

Carbon Footprint (Environmental) Implications:

N/A

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

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

N/A

Appendices

*Add rows as required to box below

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

Background papers:

*Add rows as required to box below

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

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

Sign off:

Fin	N/A	Leg	N/A	Mon Off	N/A	HR	N/A	Asset s	N/A	Strat Proc	N/A
Originating Senior Leadership Team member: Gary Walbridge											
Please confirm the Strategic Director(s) has agreed the report? Yes											
Date agreed: 01/12/2023											
Cabinet Member approval: <i>Approved verbally by Cllr Mary Aspinall</i>											
Date approved: 04/12/2023											

**HEALTH AND ADULT SOCIAL CARE
PERFORMANCE REPORT**

December 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.

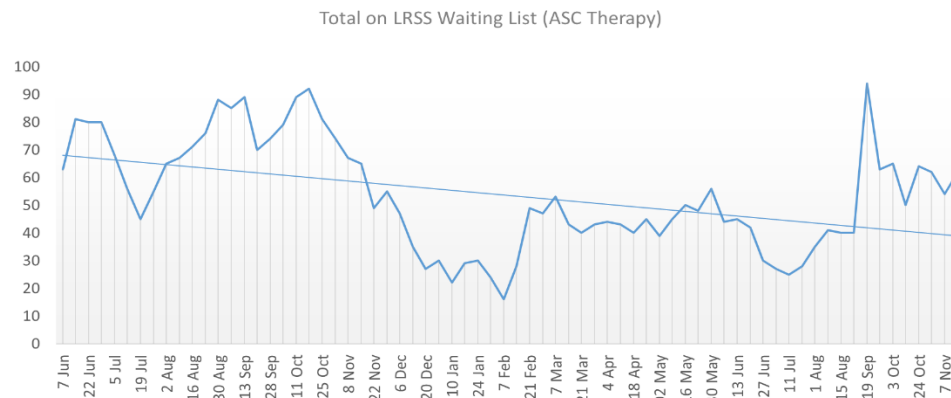
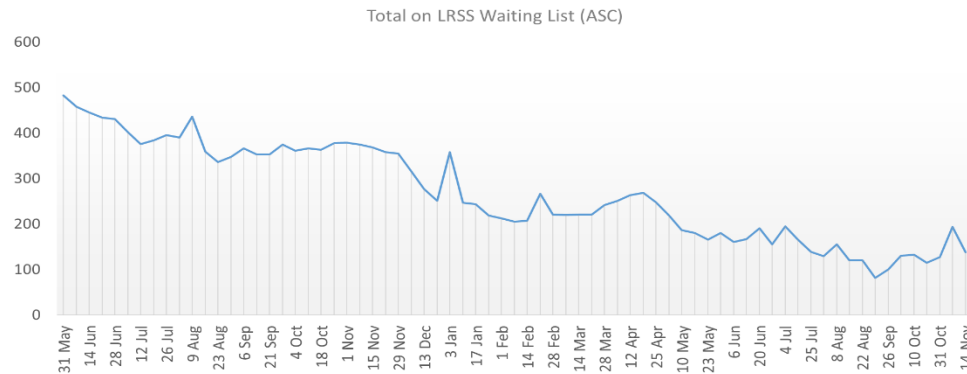
In 2022/23.

- 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

Reporting period to: 14 November, 2023

Theme: Demand and Unmet Need

KPI	10 October	24 October	31 October	7 November	14 November	Direction	TARGET
Total on LRSS Waiting List (ASC)	132	114	127	193	137	▼	
Total on LRSS Waiting List (ASC Therapy)	50	64	62	54	62	▲	



Narrative

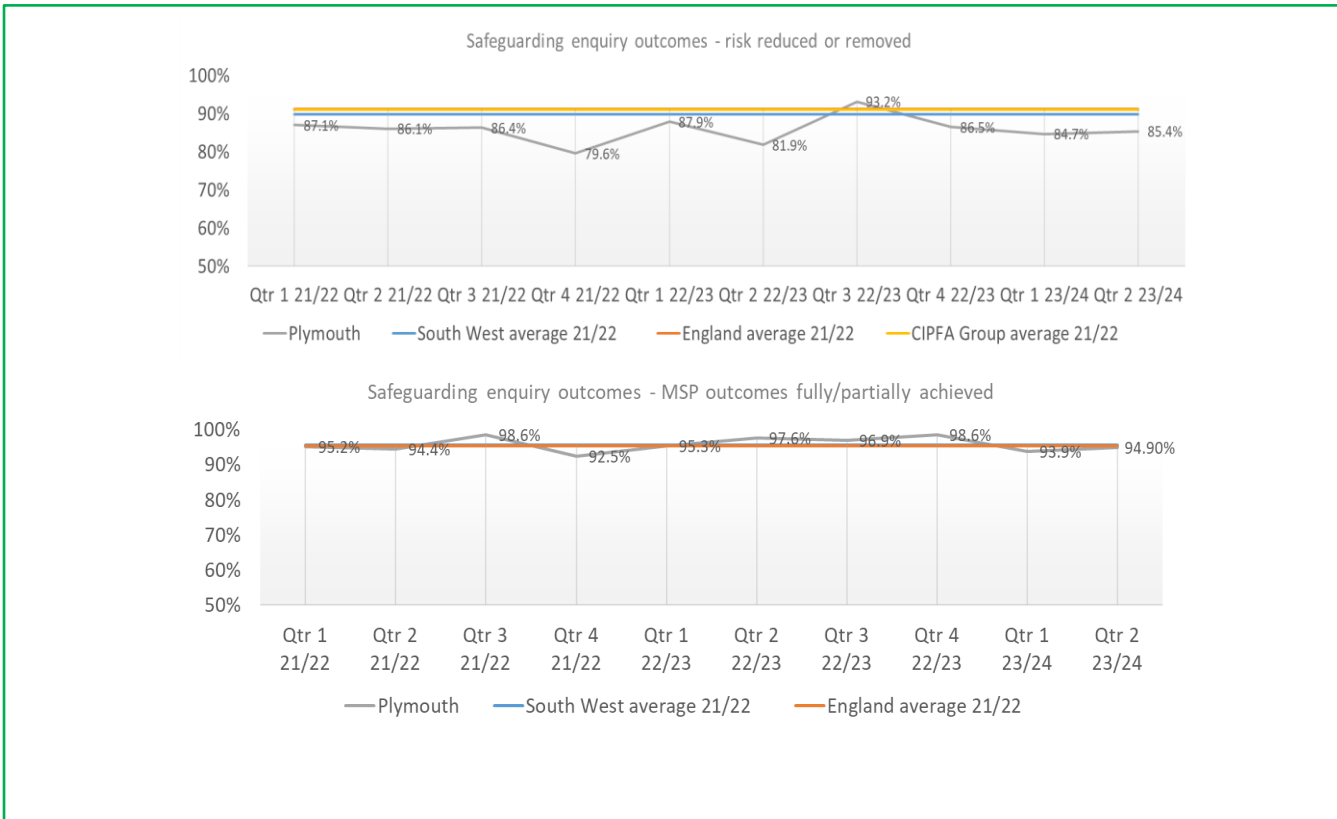
The ASC waiting list fell in the week of 14 November, this is a reduction that follows three consecutive months of increases. The waiting list is 137 in the week of 14th November. Despite recent weekly increases the numbers waiting is still low historically, latest numbers are 44.5% less than the numbers waiting in early January (247)

The Therapy ASC waiting list continues to fluctuate, however the numbers have crept up slightly in recent weeks but continues to be low against historical performance.

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Reporting period to: Quarter two, 2023 **Theme: Safeguarding Outcomes**

KPI	Q2 23/24	Q3 23/24	Q4 23/24	Q1 23/24	Q2 23/24	Direction	TARGET
Enquiry outcome – risk reduced or removed	81.9%	93.2%	86.5%	84.7%	85.4%	▲	
Enquiry outcome – asked MSP outcomes	82.8%	85.3%	92.1%	83.8%	87.8%	▲	
Enquiry outcome – MSP outcomes fully/partially achieved	97.6%	96.9%	98.6%	93.9%	94.9%	▲	



Narrative

In quarter two (Q2) there were 1,593 referrals received, a decrease of 346 (-17.8%) compared to Q1. In Q2 there were 253 new safeguarding concerns, up from 242 in Q1 (+4.5%). This tells us that approximately 16% of referrals are progressing onto a safeguarding concern i.e., met the criteria for a safeguarding response.

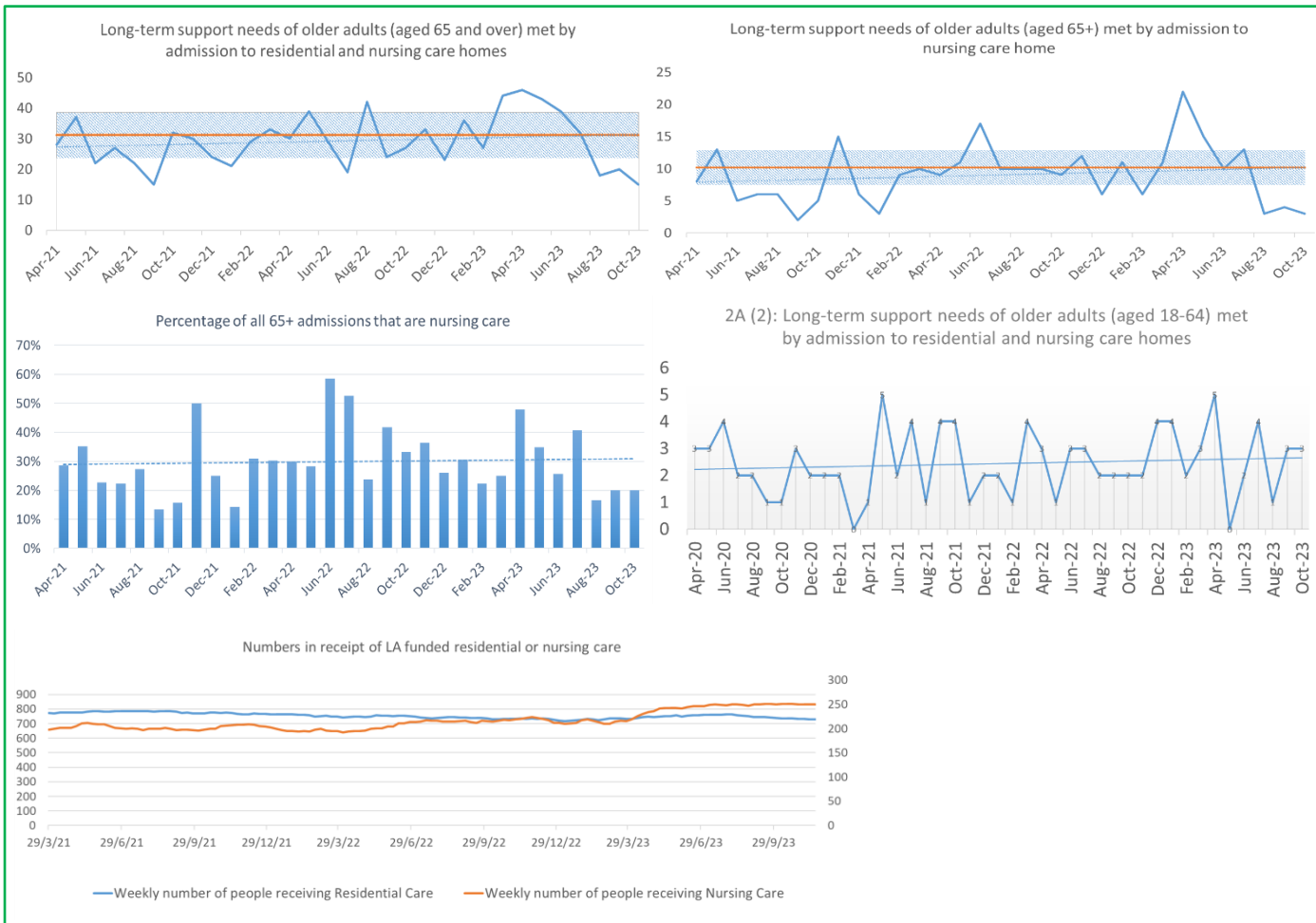
Between 1 July 2023 and 30 September 2023, 82 individuals were the subject of a completed safeguarding enquiry. 59 of which expressed a desired outcome at the start of the enquiry (72% compared to 73% in Q1), the percentage of people not asked about their preferred outcome has decreased, down from 16% to 12%.

The percentage that has been either fully or partially achieved has also improved, rising from 93.9% in Q1 to 94.9% (56 of 59) in Q2. There has been a movement between fully and partially met outcomes. The percentage fully met has decreased to 62.7% (37) with the percentage partially met increasing to 32.2%.

Reporting period to: October, 2023

Theme: Residential and Nursing Care

KPI	June	July	August	September	October	Direction	TARGET
Proportion receiving direct payments - Plymouth	26.0%	25.4%	25.8%	25.9%	26.0%	▲	
LT admissions to residential/nursing care 65+	39	32	18	20	15	▼	
LT admissions to residential/nursing care 18-64	2	4	1	3	3	▲▼	
LT admissions to nursing care 65+	10	13	3	4	3	▼	
Numbers in receipt of Nursing Care	246	248	247	251	250	▼	
Numbers in receipt of Residential	758	763	752	741	734	▼	



Narrative

The number of long-term admissions into residential or nursing care is starting to slow. The number of people aged 65 and over going into a care home setting has averaged 18 over the past three months, compared to 40 per month between April and July.

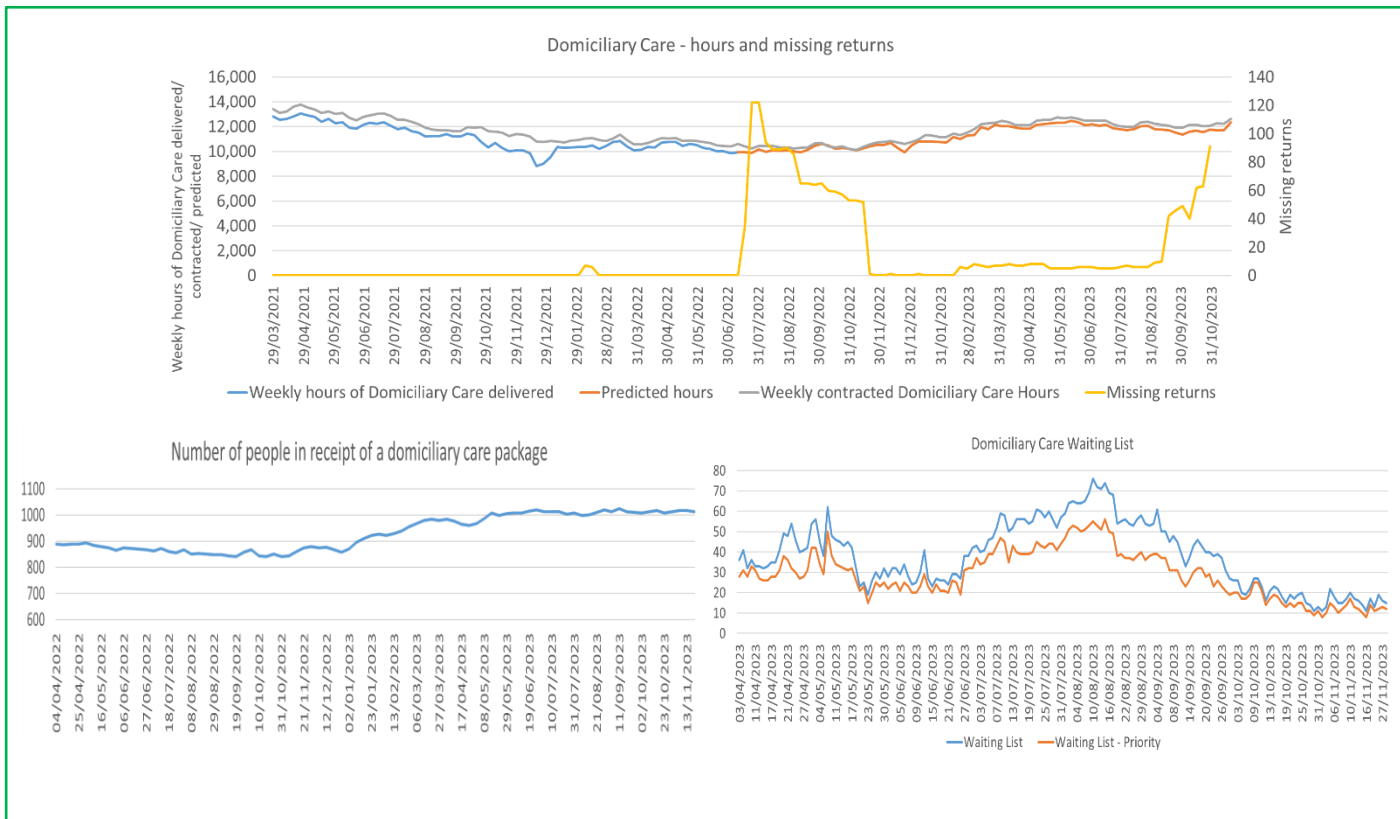
Within this figure the number into nursing care homes is also falling, averaging 3 over the past three months, compared to 15 between April and October. The year-to-date number of admissions of older people is still slightly higher this year (213) than the same period last year (210), though the figures are closing.

The number of people in long term residential care is now on a declining trend, but the number of people in a nursing care setting is stubbornly high and presents a financial challenge.

Progress Flash Report for week to: October, 2023

Project: Domiciliary Care

KPI	June	July	August	September	October	Direction	TARGET
Number of people in receipt of domiciliary care (end of month snapshot)	1019	1007	1020	1009	1012	▲	
Number of hours delivered (predicted) – weekly average	12,311	12,070	11,904	11,693	11,547	▼	
Number of hours contracted – weekly average	12,631	12,410	12,190	12,101	12,073	▼	
Number of people awaiting care package (end of month snapshot)	43	57	53	27	13	▼	
Number of people awaiting care package – RED priority (end of month snapshot)	37	44	38	19	11	▼	



Narrative

The number of people in receipt of Dom Care packages continues to be on a steady trend following a long period of increases.

Since reaching the 1,000 barrier in May 2023 the numbers have remained relatively steady, having reached a peak of 125 in September 2023.

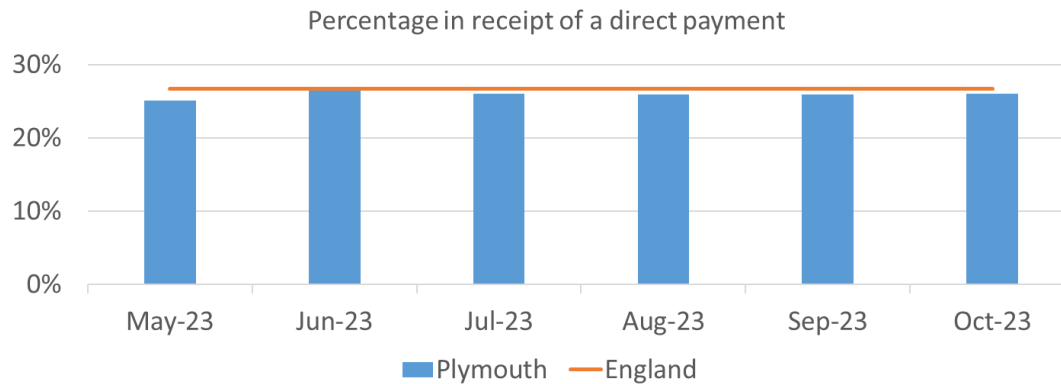
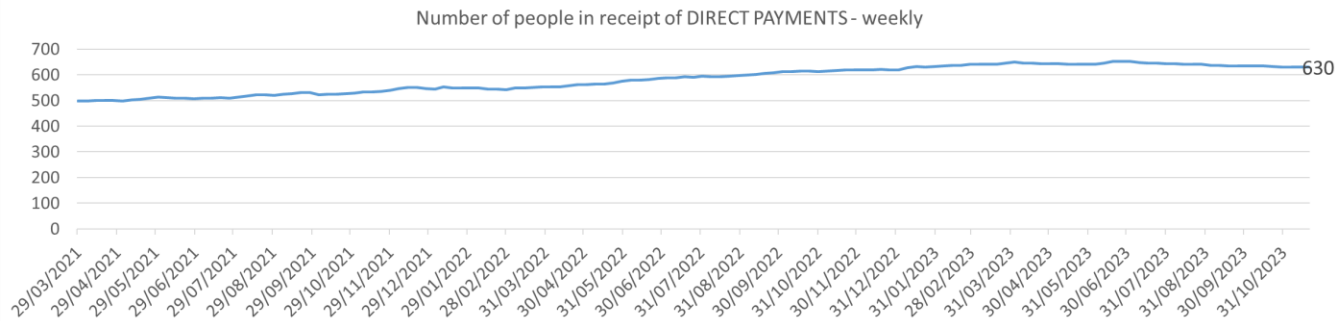
The number of hours delivered has followed the same trend, with numbers increasing in line with user numbers, before flattening post May 2023.

As the number of users have increased the numbers on the waiting list have declined. The waiting lists continues to be low, maintaining strong performance in this area. At the end of October, the waiting list is at 11, and during October averaged 20, compared to 42 in September.

Progress Flash Report for week to: October, 2023

Project: Direct Payments

KPI	June	July	August	September	October	Direction	TARGET
Number of people in receipt of direct payments	652	643	641	634	630	▼	
Percentage of people in receipt of direct payments	26.4%	26.0%	25.9%	25.9%	26.0%	▲	



Narrative

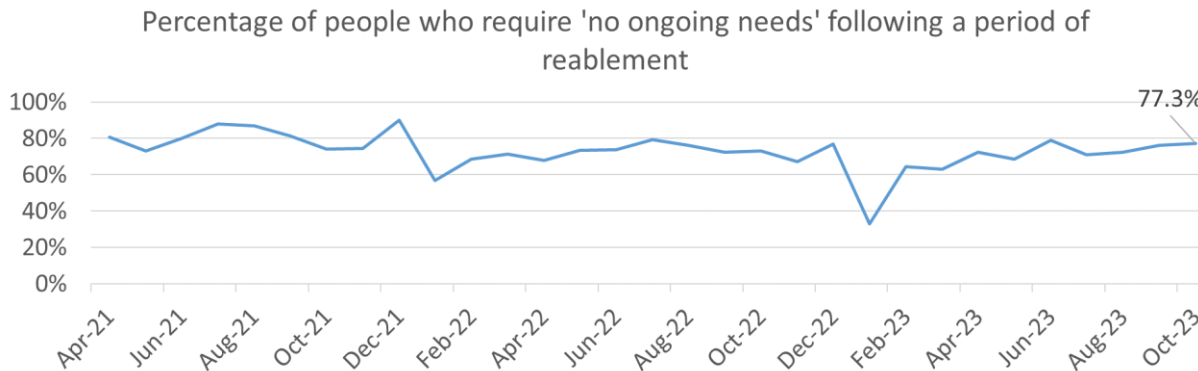
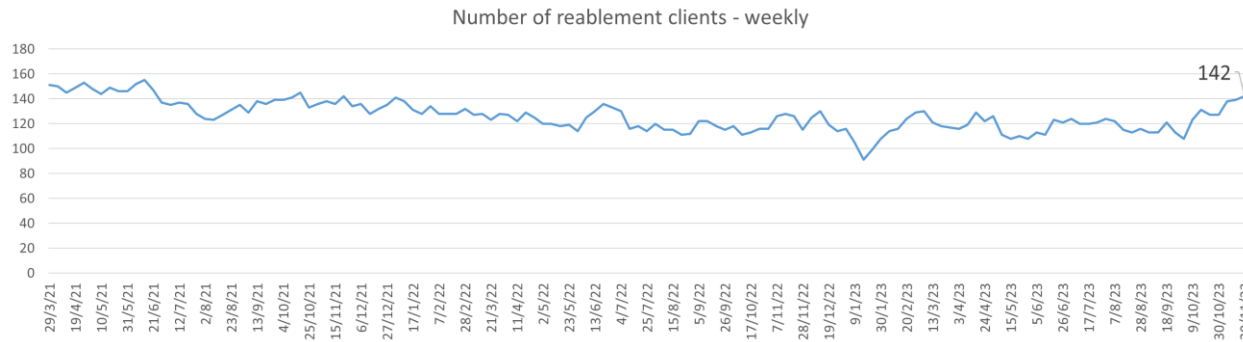
Like most types of care the number of direct payments had been increasing, in recent months however the numbers have stabilised.

The ambition remains to increase the numbers in receipt of direct payments, and to improve our performance against the national indicator; the proportion of people who receive services who receive a direct payment.

Progress Flash Report for week to: October, 2023

Project: Reablement

KPI	June	July	August	September	October	Direction
Number of people in receipt of reablement (end of month snapshot)	121	121	116	113	127	▲
Proportion of people who require 'no ongoing needs' following a period of reablement	79.1%	71.1%	72.3%	76.1%	77.3%	▲



Narrative

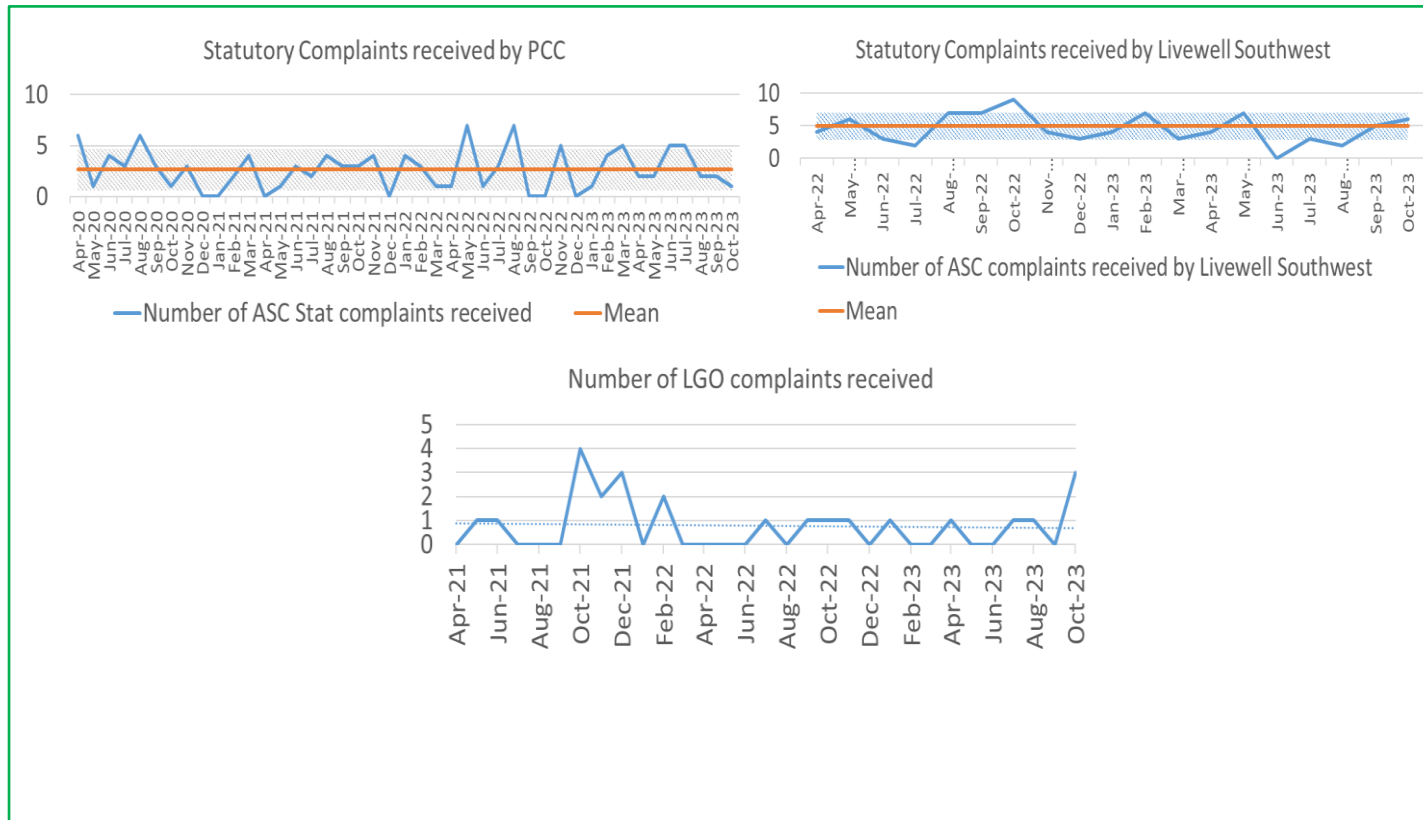
The number of people in receipt of reablement has been on a steady trend for a sustained period, but in recent weeks activity has increased, with numbers reaching 127 at the end of October.

The outcomes for people who have received a period of reablement continues to be positive, with 77.3% of people who completed a period of reablement in October leaving with no ongoing support needs.

Period to: October, 2023

Theme: Adult Social Care Complaints

KPI	June	July	August	September	October	Direction
Total number of ASC complaints received	5	9	5	7	10	▲
Number of new ASC complaints received (Livewell Southwest)	0	3	2	5	6	▲
Number of ASC statutory Complaints received	5	5	2	2	1	▼
Number of LGO complaints received	0	1	1	0	3	▲



Narrative

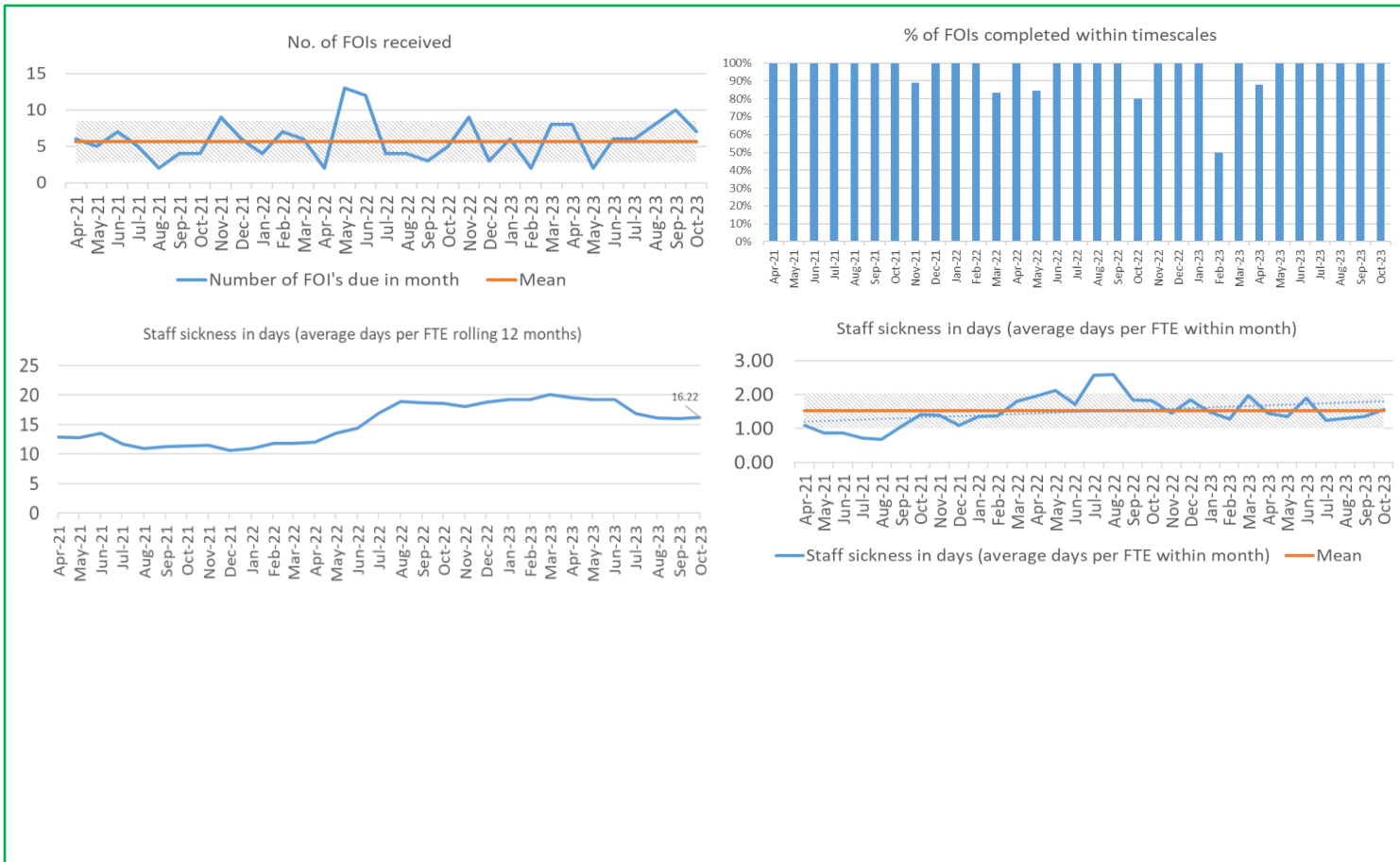
Year to date the overall number of ASC related complaints now down on the same period last year. In 2022 there had been 60 complaints received between April and October, this year the number is 52. Within this there has been an increase in the number of LGO complaints received, doubling from three to six. Statutory complaints received by the local authority is unchanged at 19. In the same period complaints received by Livewell Southwest are down from 38 to 27.

Page 24

Performance Flash Report for week to: October, 2023

Theme: Corporate Performance – Strategic Co-operative Commissioning

KPI	July	August	September	October	Direction	TARGET
Number of FOI's due in month	6	8	10	7	▼	< 14
% of FOIs completed within timescales	100%	100%	100%	100%	▲▼	< 4
Staff sickness in days (average days per FTE rolling 12 months)	16.85	16.10	16.03	16.22	▲	
Staff sickness in days (average days per FTE within month)	1.25	1.30	1.35	1.57	▲	



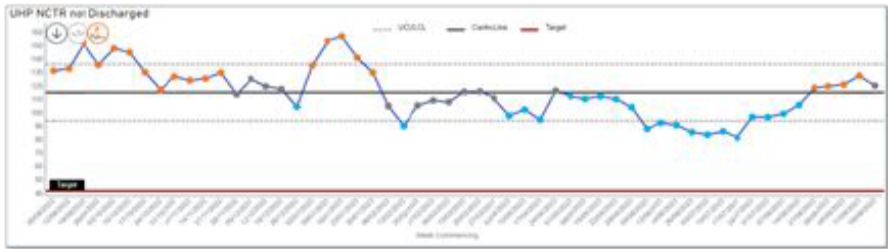
Narrative

Sickness levels are improving with in month levels on a slightly reducing trend since October 2022. The removal of the high sickness months of July and August 2022 from the rolling 12 months period has also contributed to the improving picture.

The biggest contributor to short term sickness has been COVID, followed by Cold/Flu and Anxiety/ Depression. By far the biggest reason for long term sickness is Anxiety/ Depression.

Freedom of Information request compliance remains good and above average for the council.

UHP NCTR not Discharged



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



Analytical Commentary: As of 18th September, UHP reported the average weekly percentage of G&A beds that were occupied with patients who had NCTR was 14% (121), an increase of 1% from the previous months report. This has been driven by an increase in P2/P3 demand and P1 delays with a rise in Cornwall total caseload numbers, a deep dive is planned. Additional actions planned include 'Think home first' education package to be delivered to wards in advance of additional P1 capacity coming online and improved reporting of pathway positions upon leaving acute and leaving community to reduce unnecessary rework. Pathway 2 review underway looking at criteria, patient mix and optimum use of Short Term Care Centre, Discharge Assessment Unit, community hospital beds. The established weekend discharge task and finish group progress has been impeded by industrial action and has impacted flow out of hospital. A review and correction is underway of data reporting for weekend discharges. On average UHP marginally did not achieve the 60% target and achieved 55% of the weekday discharge target at weekends during this reporting period.

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 – Discharges by midday remain under 33%. Actions in place to address are to refresh ward flow standards, 30-minute transfers, discharge lounge, IPC and handovers. This is linked to planned Building Brilliance program due to commence in September. Daily ward led executive improvement huddle in place has expanded to include critical care and community. Between 21st August and 18th September, the target set is 126 P0 discharges per weekday the trust has achieved on average 121 P0 discharges per weekday (96%).
- Since mid-June the average LOD on:
 - P1 remained at 4 days.
 - P2 reduced from 19 to 18 days.
 - P3 increased from 2 to 3 days.

Health and Adult Social Care Overview and Scrutiny Committee



Date of meeting:	13 December 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:	ASCFIN1223
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 Q2 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 Q2 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>						
	1	2	3	4	5	6	7

Sign off:

Fin	DJN. 23.24. 161	Leg	N/A	Mon Off	N/A	HR	N/A	Asset s	N/A	Strat Proc	N/A
Originating Senior Leadership Team member: Gary Walbridge											
Please confirm the Strategic Director(s) has agreed the report? Yes											
Date agreed: 01/12/23 (Gary Walbridge via email)											
Cabinet Member approval: Councillor Mrs Mary Aspinall (Cabinet Member for Health and Adult Social Care)											
Date approved: 05/12/2023											

ADULT SOCIAL CARE

Budget Monitoring Quarter 2 – 2023-24



MONTH 6 FINANCIAL FORECAST

At Month 6 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	M6 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 Market Sustainability Workforce Fund Grant of (£1.900m), which has been announced early for support with winter pressures.

The Month 6 position remains unchanged from Month 5. However, there is still risk of potential further pressures behind these figures and the forecast of this risk is currently an additional £2.421m

There is a significant amount of activity 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 £1.366m 44% of delivery plans are showing as achieved with the remaining either Green or Amber and on track to be delivered this year.

ASC Plans	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	0.430			
Managing and Reducing Demand of ASC Packages (65plus)	1.000	0.420		0.590	
Review Reablement Service	0.250	0.201	0.049		
Review contracts to deliver efficiencies	0.205	0.205			
Develop a new operating model across the directorate	0.200	0.110	0.090		
	3.085	1.366	0.889	0.840	0.000

General Practice and Community Pharmacy

Plymouth Health and Adult Social Care Overview and Scrutiny
Committee
13th December 2023



Update on Plymouth West End Development

Summary

The Health and Adult Social Care OSC has requested ‘an update on the plan to ensure the sustainability and viability of the 3 affected GP practices who were due to take up residence in the West End Hub.’

Three practices were involved with the previous West End Hub discussions.

- Adelaide Surgery
- Armada Surgery (branch site of Pathfields Medical Group)
- North Road West Surgery

Current Position

- Plymouth West End practices prioritised as top priority for future NHS funding through PCN Estates Strategy Toolkit process ratified at September PCCTC meeting
- Regular meetings continue with the practices. Chaired by Primary Care Estates Manager & supported by a consultant Project Manager who report to ICS Estates Director to explore future options
- Links are being maintained with PCC who are still keen to support a project
- All practices are able to continue at existing premises but these are not ideal for the future and some short term options are being explored to provide additional space in the interim
- An update on the future of NHS funding from the National Team outlines Primary Care as a priority for the next Comprehensive Spending Review, with a focus on Community Neighbourhood Hubs (estimated timeline Autumn 2024)



Mayflower Progress and Plan

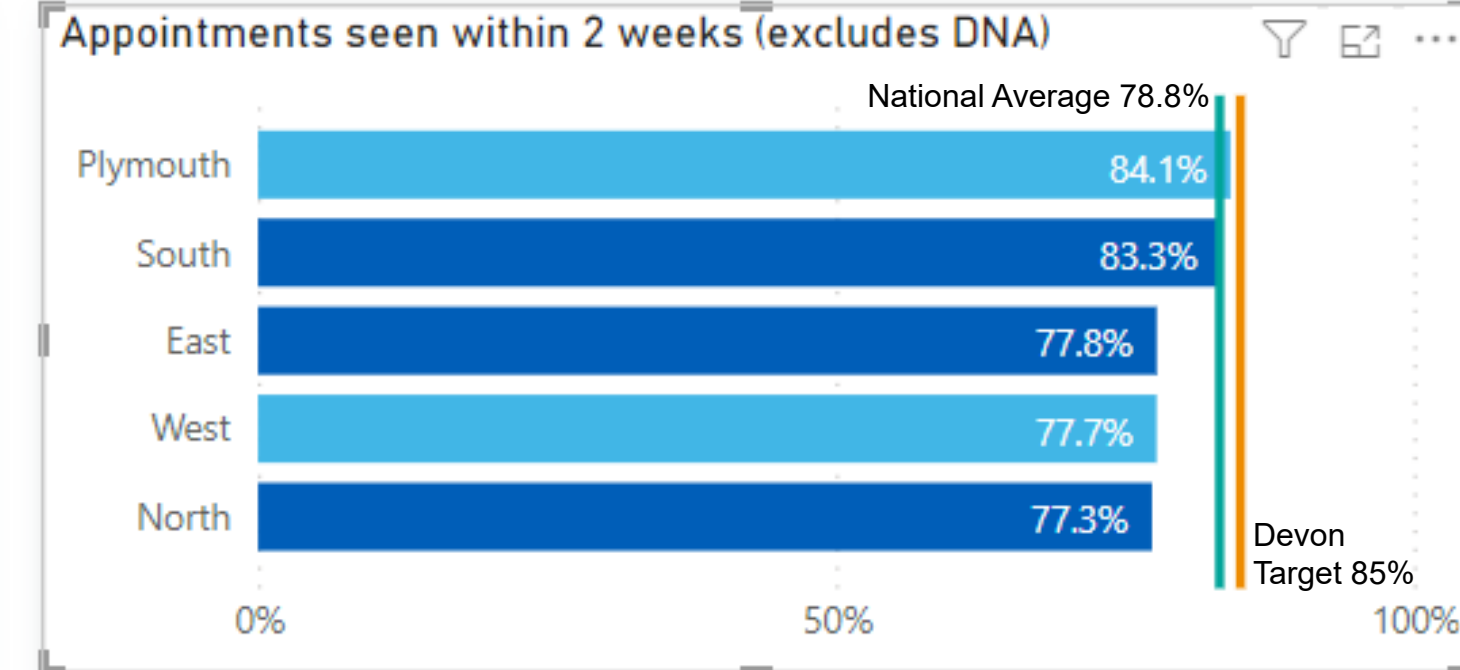
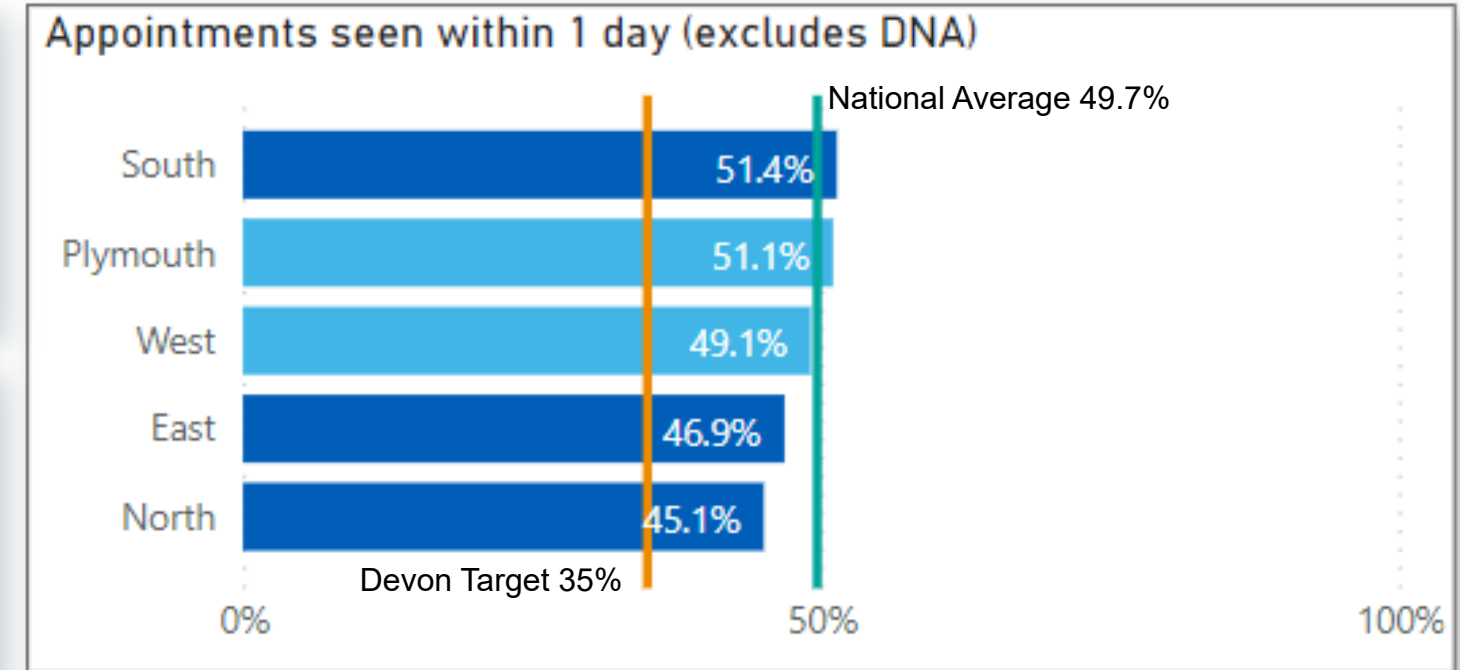
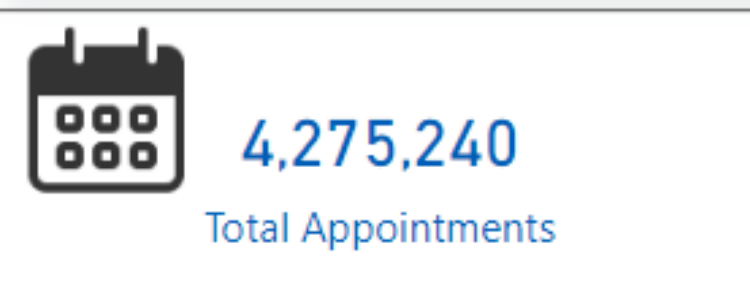
Mayflower Procurement Update

- On 1 April 2024 – new contract provider is Fuller and Forbes (10 yr contract, existing Devon provider)
- Mobilisation plan - initiated to ensure smooth transition from incumbent to new provider, includes:
 - fortnightly meeting with F&F
 - monthly oversight meetings, incl assurance on issues and that transition is on track
 - provider to provider (incl multi day) sessions
- Communication Plan – already letters and briefings have been sent to: patients, Plymouth practices, LMC, media, MPs, counsellors, Healthwatch
- Staff employment will transfer to new provider – all staff have been notified to assure them and provide next steps
- The ICB is supporting other Plymouth practices with temporary list closure, if required, to maintain stability in Plymouth system
- No identified issues of concern at this stage mobilisation, plan on track

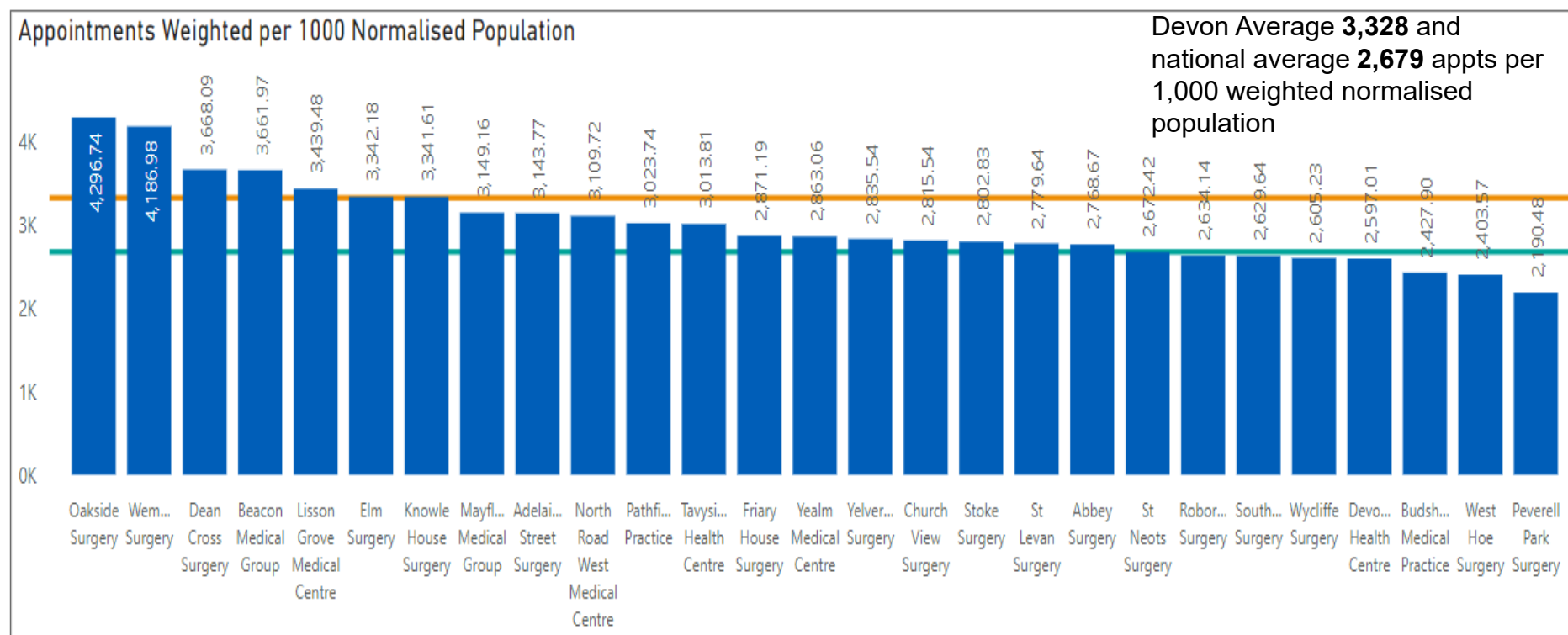


Plymouth Practice Performance

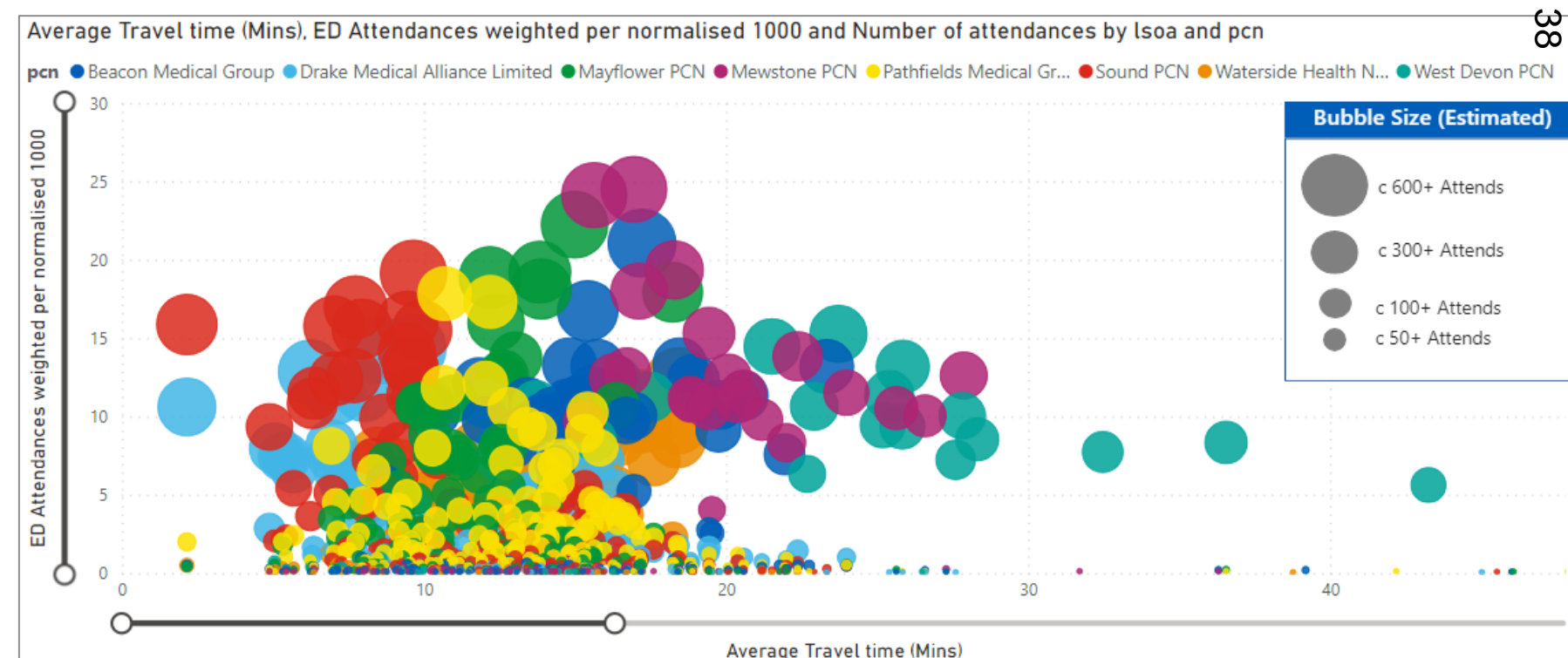
West and Plymouth GP Appointment Indicators 2022/23 YTD



West and Plymouth GP Appointments per 1000 normalised population 2022/23 YTD



West and Plymouth ED Attendances per 1000 normalised population 2022/23 YTD





Primary Care Access Recovery Plan

Key ambitions of PCARP

1. To make it easier for patients to contact their practice and;
2. For patients requests to be managed on the same day, whether that is an urgent appointment, a non-urgent appointment within 2 weeks or signposting to another service

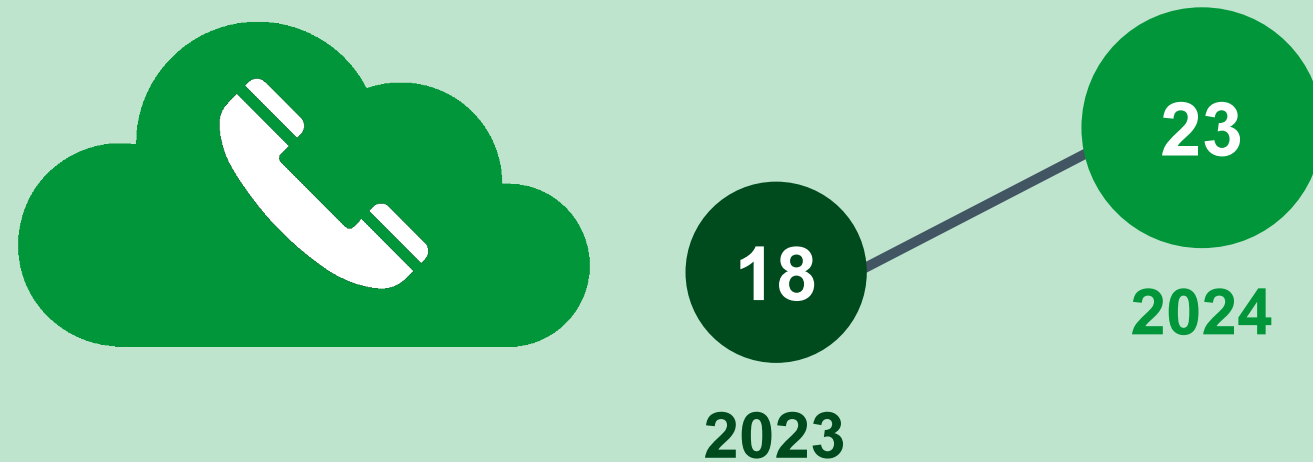
PCARP is split into 4 areas:

Area	Focus
Empower Patients	<ul style="list-style-type: none"> • improving information and NHS App functionality • increasing self-directed care where clinically appropriate • increasing the number of self-referral options, guided by clinical advice • expanding community pharmacy services
Modern General Practice	<ul style="list-style-type: none"> • better digital (cloud based) telephony • simpler online consultation, booking and messaging • faster navigation, assessment and response.
Build Capacity	<ul style="list-style-type: none"> • larger multidisciplinary teams • more new doctors • retention and return of experienced GPs • higher priority for primary care in housing developments
Cut Bureaucracy	<ul style="list-style-type: none"> • improving the primary-secondary care interface • building on the Bureaucracy Busting Concordat

Deliverables and process - Plymouth

Practices with cloud-based telephony

Plymouth is ahead of the curve in the county, and the country, for moving to Cloud-Based systems. The remaining practices will transition this financial year.



Number of additional roles (ARRS)

There are currently 170 whole time equivalent (WTE) people working in ARRS roles in the western locality. We expect this to reach 190 WTE by 2024.



Primary and secondary interface

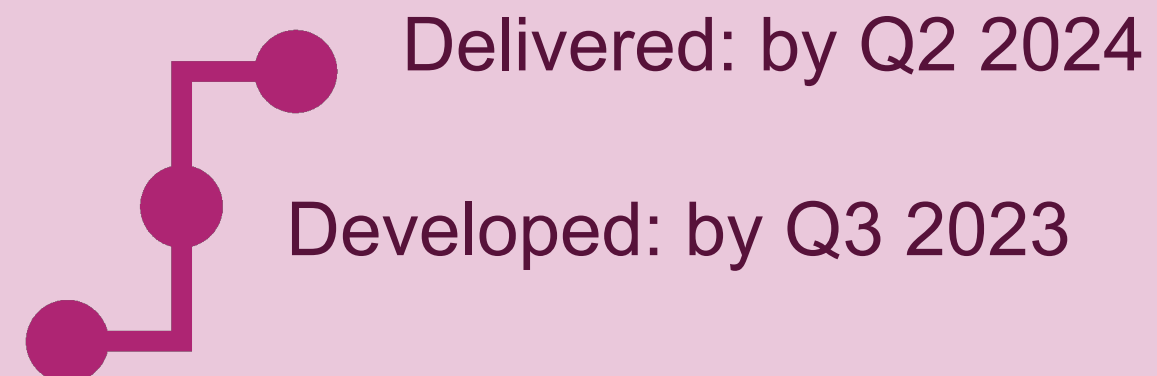
We have developed a set of principles for primary and secondary care to follow and we expect GP capacity to be released as a result. Plymouth LCP have been key in driving this work.



8-10%
of GP
capacity
released

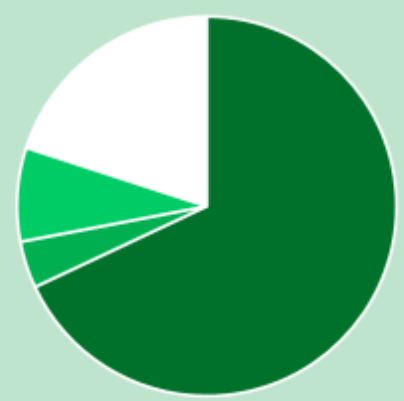
GP at-scale development

Developing local providers who have an appetite to deliver primary care services at a larger scale.



Patient experience and outcomes - Plymouth

Overall satisfaction with GP practice



National average: 72%

Plymouth position (2023): 68%

Target 2024: 80%

Ease of access to the practice

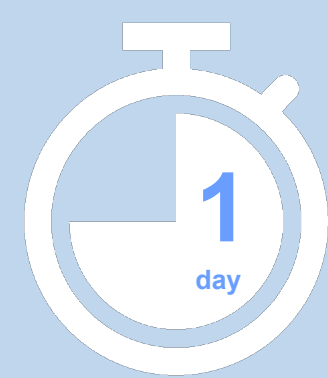


National average: 50%

Plymouth position (2023): 41%

Target 2024: 61%

Patient needs met within one working day



2023



Q4 2024 Target

Current number of practices meeting the target

Fragile practices

The number of practices we consider to be at risk with resilience (e.g. partnership resilience, staffing, buildings)



2023



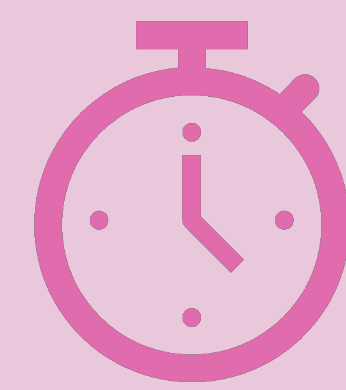
Q3 24/25



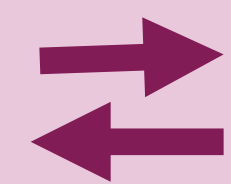
Q4 25/26

Patient seen within two-weeks

60% Target



23 practices above target (2023)



23 practices above target Q3 2024

PCARP: Examples of Improvement Activity

Improvement Week

- ICS led, week-long deep dive QI event took place week commencing 25th September
- Pathfields and Beacon PCNs participated
- Evaluation is underway

General Practice Improvement Programme

- National programme providing tailored support for practices and PCNs to make changes and improvements to how they work.
- Actively signposting Plymouth practices towards GPIIP offers. Eg Drake PCN undertaking PCN support programme with very positive feedback.

Capacity and Access Plans

- All Plymouth PCNs have submitted plans to improve capacity and access and we are currently undertaking progress reviews to understand any delivery success/challenges and sharing learning eg implementation of total triage approach across PCN to managing demand and reduce unwarranted variation

Cloud Based Telephony

- Plymouth already ahead of the curve for practices with cloud-based systems. ICB supporting remainder to move to CBT asap.

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100 Day Challenge

Supporting Plymouth LCP to deliver improvements in navigation through Urgent and Emergency Care

Plymouth Health and Adult Social Care OSC Meeting

Katy Kerley & Chris Morley

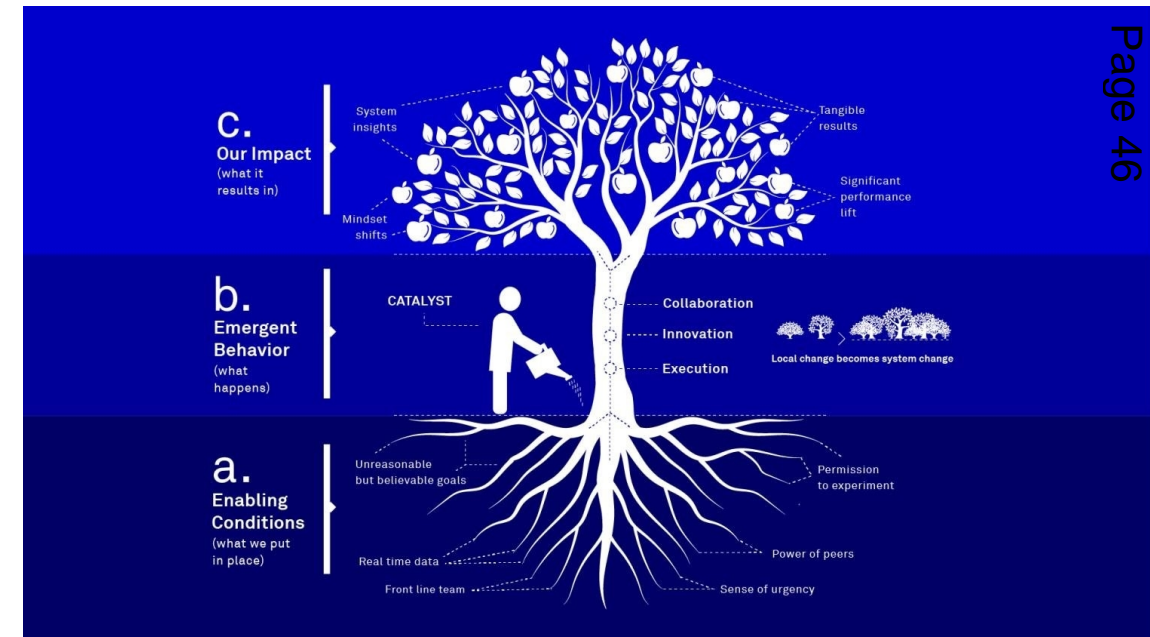
Executive Summary

- The purpose of this programme is to support improved experience and outcomes for the people of Plymouth in accessing Urgent and Emergency Care (UEC)
- In May 22, senior leaders endorsed the UEC programme as a testbed for co-designing a transformative approach, embedding OD and integrated working to support improvements in UEC
- At a 'UEC Refresh' event in September 2022, system partners identified 'Effective Navigation' as central to improving UEC services
- The approach will support existing improvement work outlined in the System Recovery plan, along with other improvement work planned in the Plymouth system
- In November 22, the programme of work was endorsed by the Urgent Care Programme Board
- It adopts the 5 opportunity areas for improved integrated working, identified through the system diagnostic and ICS Maturity Assessment Framework to create the conditions for success
- And draws upon the Outward Mindset and 100-day Challenge methodologies, underpinned by the Philosophy of a Value Based Approach (VBA)
- The programme has attracted funding from NHS England in support of improvements in UEC and details of the programme have been shared with, and endorsed by Sarah-Jane Marsh – National UEC Lead
- The programme is now ready for delivery following engagement with Plymouth LCP Executive Group

Key messages from UEC leaders

“Agreement that this (UEC) needs a radically new approach, not just incremental improvement and that it requires collective, brave leadership at every level and that devolving as much as possible to the level that staff and patients can relate to will help make this real and actionable.”

“Building relationships and beginning an exploration of the issues to help us share and learn together.”



Adopting a learn by doing approach

Recovery plan

Our recovery goals require us to combine our own system knowledge with evidence from other systems, enabling us to deliver new and innovative models of care at pace, recover core services, and improve our productivity. We are committed to developing innovative service models that can support the delivery of high-quality care while also driving efficiencies.

example

The community pharmacy consultation service (CPCS)

Referrals from GP practices, NHS 111 and NHS 111 online for minor illness or if a patient needs an urgent supply of medicine. EDs and UTCs will also be able to refer to the service, The service is funded nationally as part of the community pharmacy contractual framework

example

ED front door triage

Kiosks at the front door to triage low acuity patients to more appropriate services, alongside care navigators to support implementation

example

Mental Health Triage and Assessment within the Ambulance Control Room

Supports the diversion of Ambulances and improves patient experience for people on the 999 pathway

Setting the Change Agenda

The way we do things together in Devon

A narrative which sets out what Devon currently does well and identifies what changes need to be made in order to deliver improved health and care services to the people of Devon. **Developing new ways of working, and adapting the culture in Devon, was identified as a significant enabler to the improvement needed.**

Guiding principles:

- **Provide a personalised approach to health and care:** 'joined-up' packages based on individual need
- **Support our workforce:** to ensure people are able to do their best work
- **Ensure shared Decision-making:** consistently applied across all services
- **Use high value interventions:** consistently and earlier in pathways and stop providing health and care that does not add value and may be causing harm
- **Reduce our environmental impact**
- **Tackle unwarranted variation in practices, outcomes and inequality**
- **Manage risk across the system:** ensuring that decisions made in one place do not increase the risk in another and addressing challenges from a whole population perspective
- **Spread improvement and innovation**
- **Develop a 'Culture of Stewardship'**

The narrative was co-developed with Clinical and Professional Leadership groups across health and care and agreed by senior leadership teams and Boards across One Devon.

As a result of this collaborative work, system partners have broadly agreed a set of guiding principles which will inform the Devon change agenda and **guide the future system development needed in order that system partners work together** to deliver improved care and services for the people of Devon.






Proposed Approach



To support improved experience and outcomes for the people of Plymouth accessing Urgent and Emergency care, we aim to create the conditions for success by embedding new ways of working which are supported by the Value Based Approach (VBA) philosophy and the alignment of two methodologies, Outward Mindsets and the 100 day challenge.

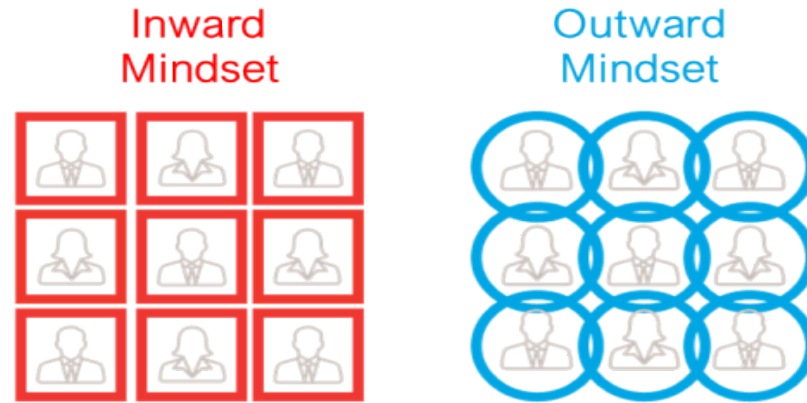
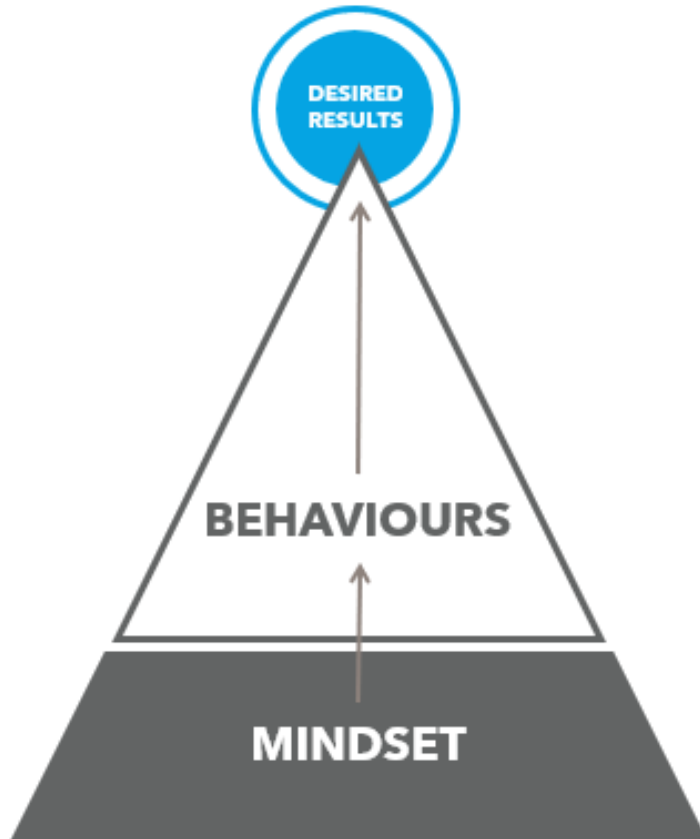
Creating the Conditions for success

- Embedding the 5 opportunity areas for improvement, identified through the system diagnostic
- An agile programme plan that provides rigour and achievement of aims, but is adaptable to support the engagement of key people and operations
- Premortem exercise drawing on partners knowledge and experience to identify risks and mitigations
- Stakeholder engagement work to identify key individuals and groups to involve and/or inform about the work
- Clear governance and escalation routes to progress and achieve the aims
- Communication, education and engagement plan
- BI support to identify and analyse data sources relevant to the 100 day challenge goals

Opportunity Area	Description
 LEARN BY DOING	Real change will come from undertaking real work together and acting upon the learning we generate. One Devon will be able to continually develop if we embed a culture of learning and improvement.
 PRIORITISE & IMPLEMENT	Implementing a small number of priority projects and programmes will create the conditions for us to deliver real change together on the journey towards achieving One Devon's vision.
 SHARED PURPOSE	Defining and articulating (continuously) why we are doing what we are doing, and what we hope to achieve from it, will support One Devon to collectively realise a common purpose.
 TRUST & COLLABORATION	Increasing levels of trust and collaboration between us will be vital to creating the conditions for progress towards One Devon's vision.
 SYSTEM FOCUS	Movement towards One Devon's vision will be enabled by the extent to which we seek to understand, listen to, and take into consideration each other's needs and constraints.

Outward Mindset as a catalyst

The proposed approach will use the Outward Mindset to develop the way in which partners collaborate, support and align with one another. The frameworks and tools naturally harmonise and amplify the impact of the process and outcomes of the 100 day challenge methodology



Organisations that identify and address pervasive mindsets at the outset are **four times more likely to succeed** in organisational-change efforts than are organisations that overlook this stage.

RE!NSTITUTE's 100-Day Challenge

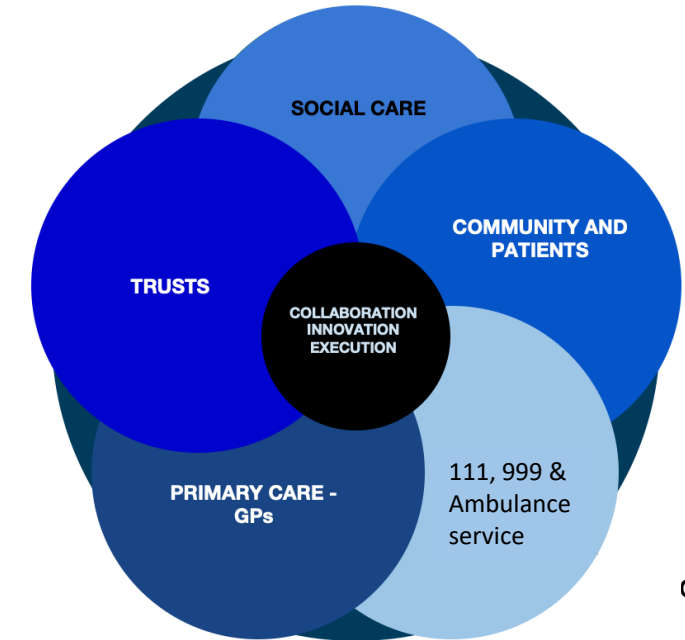
This is a results-focused systems change methodology built on proven principles and practices of quality improvement and design thinking. It creates the enabling conditions for collaboration, innovation, rapid experimentation, and execution.

100-Day Challenges have been applied in 28 countries in sectors as varied as criminal justice, housing and homelessness, health, worker safety, and more. In the UK, 100-Day Challenges have been implemented in health and social care since 2015 and supported local NHS systems to achieve tangible results such as **a 40% reduction in unplanned admissions (which stabilised afterward at 10-12% reduction)** and a **reduction of average Length of Stay in hospital by 4.5 days**.

The methodology supports local systems to achieve:

- dramatic increases in performance which are inspired by an unreasonably ambitious 100-Day Goal
- insights about patterns in the systems that enable or limit performance. These insights begin to result in shifts in the systems
- transformative experiences for the team members and leaders involved, which include deeper connections with each other, a stronger sense of agency and confidence in leading change, and appreciation for the power of working in a purposeful, autonomous, and agile team

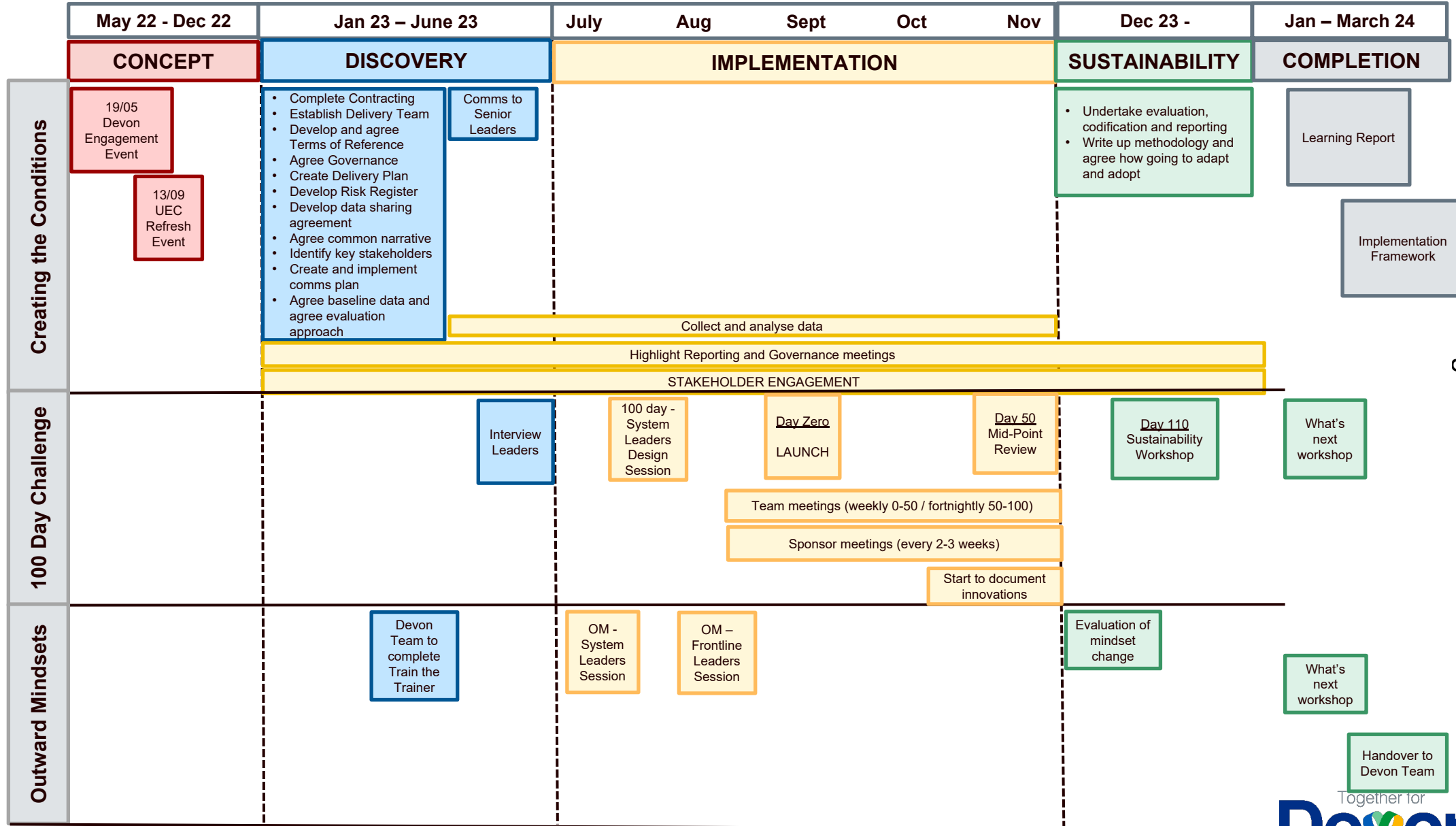
Building on the Outward Mindset work, 100-Day Challenges will be deployed in Devon to support the health and social care systems to achieve positive tangible results in **managing patient navigation and its impact on Urgent and Emergency Care (UEC) in 2023**. More information about the structure of 100-Day challenges can be found [here](#). In Devon, two initial teams following a 100-Day Challenge will be delivered by [RE!NSTITUTE](#) working in partnership with the [South West Academic Health Science Network](#).



“A rapid access clinic for IBD patients has been set up in week three. We’ve been trying to do that for three years!”
*Chief Operating Officer & Deputy Chief Executive,
Stockport NHS Foundation Trust*

“All of a sudden in the space of 100 days I felt like in real time we’d moved what we would have done in probably a year and a half... It was one of the best pieces of transformational change work I’ve been involved in.”
Gemma Clifford, IPC programme manager

UEC Effective Navigation Innovation work - Timeline

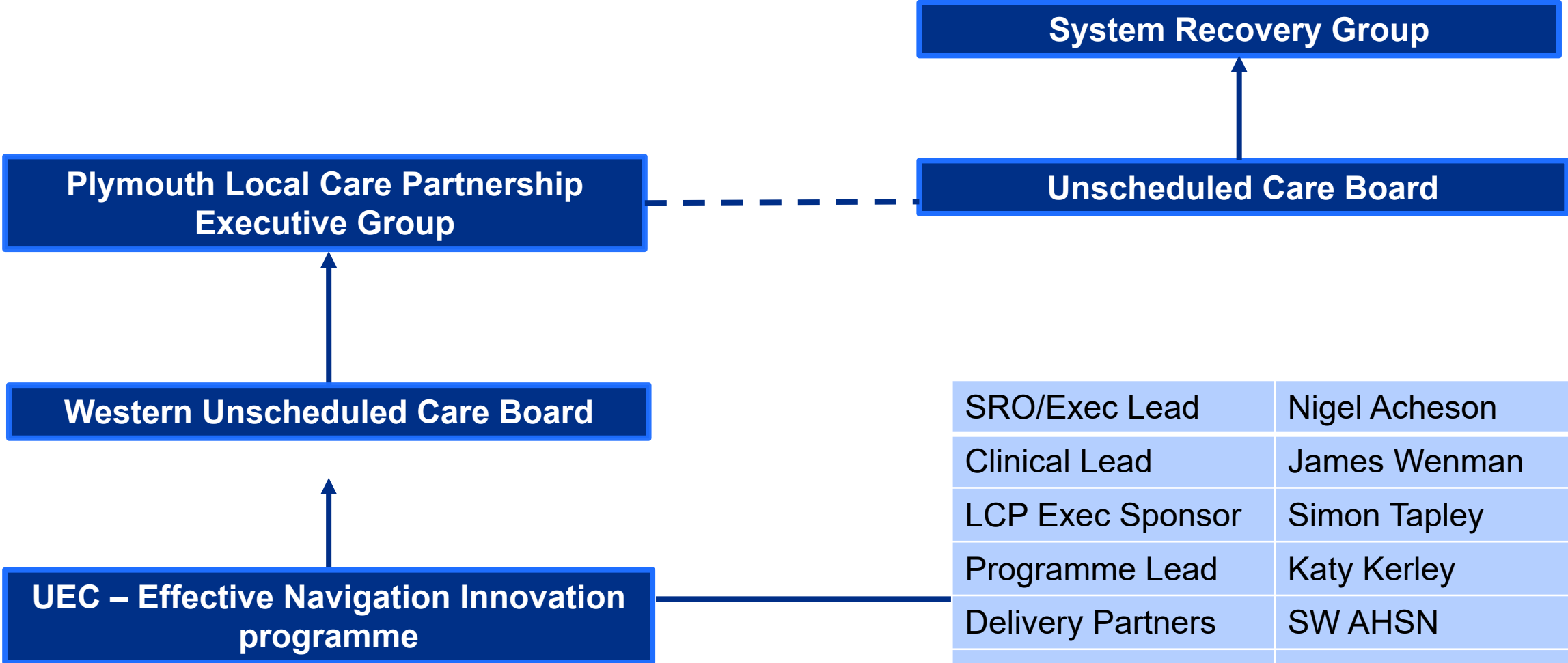


Anticipated Involvement 2023

Senior Leaders Frontline Leaders When

			Senior Leaders	Frontline Leaders	When
	DISCOVERY Phase	<p>1:1 conversations with Reinstitute – to understand the key challenges, to co-design and scope the focus for the work to take place during the 100 day challenge.</p> <p>Outward Mindsets session. Building capability to deploy tools and an approach to operationalise system leadership and strengthening resilience of individual leaders and teams to better cope with complexity</p> <p>System Leader Design Session Convening with relevant leaders from the Local System to agree on a Challenge, identify members for the 100-Day Team, and elect two or three “Sponsors” from the system leaders to work more closely with the team</p>	1 hour	N/A	May/June
		<p>Launch Workshop Two-day workshop where teams set ambitious 100-Day Goals, build action oriented work plans, and elect Team Leaders. Day 1 of the Challenge begins immediately afterward.</p>	Half day	1 day	Late July/Mid-August
Day 1	PHASE 1: PLANNING	<p>Mid-Point review workshop Half-day workshop held locally to reflect on what has happened in the first 50 days and adjust plans for what needs to happen in the next 50 days to ensure success</p>	Half day	N/A	July
Day 50	PHASE 2: IMPLEMENTATION	<p>Sustainability Workshop Two-day workshop after Day 100 for teams to celebrate accomplishments, consider how to sustain and scale results, and discuss next steps. In a cohort, all teams will travel to one location.</p>	1.5 hours	2 days	Early September
Day 100		<p>What's next workshop Half-day workshop held locally where system leaders hear from the 100-Day Team and determine what is next to ensure the sustainability and scaling of results</p>	1.5 hours	1 day	Early November
	PHASE 3: SUSTAINING		1.5 hours	1 day	Mid December
			1 day	1 day	Late January

Governance and Escalation



SRO/Exec Lead	Nigel Acheson
Clinical Lead	James Wenman
LCP Exec Sponsor	Simon Tapley
Programme Lead	Katy Kerley
Delivery Partners	SW AHSN
	Optimus
	Reinstitute

Building on our learning to create further transformation processes

Devon will learn from the UEC Programme experience and codify the learning into an approach which can be replicated to other programmes

Evaluation Approach

- The existing evaluation methods used as part of the 100-Day Challenge and Outward Mindsets will provide the data for learning
- 100-Day Challenge MEL approach provides data illustrating outcomes relating to performance specific to the 100-Day Challenge Goal, as well as evidence on transformational shifts within the system
- Those shifts focus on change in policies, practice, resource flows, relationships and connections, power dynamic and mental models
- The Outward Mindset evaluation will provide data outlining the influence of the approach
- The findings from both will be fed into a Learning and Scale report, synthesised by the SW AHSN
- The purpose of the Learning and Scale report is to set out how a similar programme could be delivered in the future and what ingredients and shifts might be required
- The report will not be an academic evaluation of the but will rather record outcomes and observations from both 100-Day Challenge and Outward Mindsets, noting instances of how these may influence the wider transformation programmes
- Consideration of scaling of the approach and emerging innovations will also be addressed in the report
- The learning and scaling report will "codify" the data collected against the Devon ICB "5 Opportunity Areas", thus aligning the learning to core elements of the ethos of the transformation programme

100 Day Challenge – Areas of Focus

- Following 40 1:1 'Discovery calls' with Senior Leaders working in or supporting improvements in Urgent Care in Plymouth, a number of key challenges were identified which could be supported through 100- day challenge methodology
- During a design session with Senior Leaders the numerous challenges were discussed and the following 3 were identified to reflect priority programme areas that would be supported by the 100-day challenge approach:
 1. Tackling avoidable admissions from falls
 2. Tackling avoidable admissions at End of Life
 3. Improving care for people with long-term health conditions

100 Day Challenge - Falls

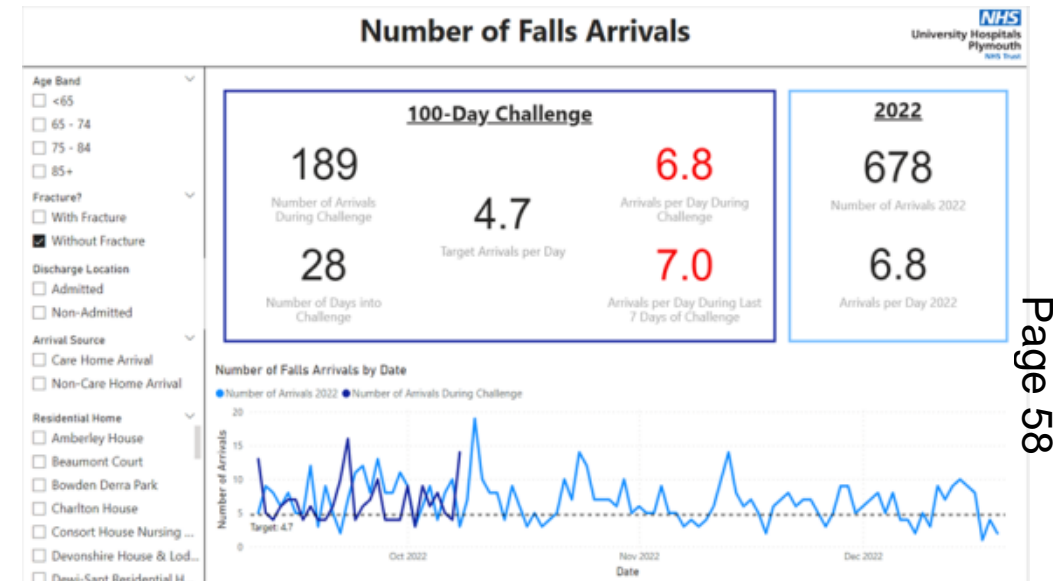
Goal: to increase the number of people aged 65+ who remain in the community after a fall without injury by 30%

Highlights:

- Enthusiasm and commitment of the team
- High level of trust, inclusion and support
- Preventative information updated and processes strengthened to share with patients at an earlier stage.
- Acute Response Practitioners links with Acute GPs to progress onboarding to the Virtual Ward (progressed for falls but added value for other conditions)
- Agreement in principle to streamline therapy section of the SAP

Learning:

- The outward mindset and 100-day approach promoted engagement
- Depended on team members going the extra mile and impacted on capacity
- Challenges finding headspace to innovate
- Managing competing priorities at different levels, from different initiatives, directives and organisational perspectives.
- Availability of data and challenges around co-ordinating data from different organisations and sources to evidence impact and outcomes



100 Day Challenge – End of Life

Goal: To support more people to have a good death in their care home and reduce number of patients at EoL by 10% coming to ED from top 10 conveying care homes

Highlights:

- 11 Homes in audit (9 home visits completed). 3 visiting teams.
- Questions asked and information collected
- Information given, advice and education provided, as part of visit:
 - Use and function of Immedicare
 - Support network availability
 - Education offers across patch
 - Highlighting need to update TEP

Learning:

- Opportunity to access services via a specialist Care Home based service would support to avoid long admissions
- Further work to improve engagement with digital platforms (many homes primarily paper based). Poor awareness of systems such as DCCR, poor access to hardware
- TEP quality varies and are completed by a range of practitioners, and this may dictate the overall quality (closer to home TEPs higher quality)
- PCN support is not uniform in its approach to care home resident support; care homes value highly PCN input. Some homes receive an 'on demand' service with others receiving a proactive service
- Vast majority of homes have excellent working relationship with DNs
- Low evidence to suggest systemic EoL training being offered/supplied to all staff, but an appetite to engage with education programmes

100 Day Challenge – Long Term Conditions

Goal: to improve care for over 50 people with long-term health conditions, enabled by using integrated information systems in Plymouth.

Highlights:

- Recognition that original idea to use System One as an integrated digital platform was not going to be achieved in 100 days and adapting our approach
- Speed and engagement at which professionals have taken to using the 'Joy app' - The Joy app allows communications between primary and secondary care with VCSE services. It is a quick referral system and allows a feedback loop, electronic communication between all sectors to support referral processes between providers and Voluntary sector partners.
- New connections with team from Joy app, Pathfields, Livewell, Improving Lives. Better relationships between Improving Lives and Long-term conditions/ Complex Lives teams at Livewell
- Mindset Shift: Thinking of community provision as an option to support people to improve their health & wellbeing in another way.
- The work has felt collaborative and proactive and looking when exploring different options/approaches
- Benefits to patients by providing a more holistic approach in supporting a long-term condition because it looks at all aspects of a patient's life and not only health

Learning:

- Opportunity to Increase the scope of JOY App system – broadening licences to include case management system across partners to improve digital interoperability
- Information Governance challenges identified through working across system partners, these take significant time and energy to resolve

General Practice and Community Pharmacy

Plymouth Health and Adult Social Care Overview and Scrutiny
Committee
13th December 2023



Pharmacy

Community Pharmacy – Current pharmacy situation

- Fuller Stocktake Report – May'22
- 2023/2024 Priorities and Operational Planning Guidance – Jan'23
- Change in commissioning arrangements to the Integrated Care Boards (ICBs) – Apr'23
- Primary Care Access and Recovery Plan – May'23
- NHS Long Term Workforce Plan – Jun'23
- A Vision for Community Pharmacy (King's Fund and Nuffield Trust) and associated Literature Review – Sept'23
- Community Pharmacy Independent Prescribing Pathfinder programme – Sept'23
- Healthwatch across Devon - Patient Experiences of Pharmacy Services – Oct'23 (in circulation for comment)
- Expansion of local Minor Ailments Services via a national Common Conditions Service – Nov'23
- New national Community Pharmacy framework - expected from Apr'24
- Plymouth School of Pharmacy (Bath University) – first intake Sept'24

Community Pharmacy – Current pharmacy situation

Devon Community Pharmacy Contractors	Number of Contractors May'23	Predicted Number of Contractors Feb'24
Total Community Pharmacies	222	206
Total 40hr contracts	205	194
Total 100hr contracts	16	0 [3x72hr, 8x76hr, 1x82hr]

Devon Community Pharmacy Contractors	Number of Contractors May'23	Predicted Number of Contractors Feb'24
Independents/small chain	84/222 (38%)	106/206 (51.5%)
Multiples	138/222 (62%)	100/206 (48.5%)

Community Pharmacy – Challenges

Challenge	
Financial	<ul style="list-style-type: none"> ▪ Overall flat funding since 2019 with no inflation increases. ▪ Change in funding within envelope moving from supply (dispensing prescription items) towards clinical services. ▪ Clinical services heavily dependent on referrals from another provider e.g. from NHS 111 and GP practices to Community Pharmacy Consultation Service (CPCS). Referrals are low compared to other ICBs; this represents a loss in income as previously this money would have been paid via dispensing fee. ▪ Pharmacy becoming increasingly financially fragile leading to rationalisation of Community Pharmacies by multiples.
Workforce	<ul style="list-style-type: none"> ▪ Many Pharmacists and Pharmacy Technicians have moved from Community Pharmacy into Primary Care Network (PCN) roles. ▪ High vacancy rates in Community Pharmacy, low undergraduate application rates. ▪ Until now have had no school of Pharmacy in Devon and Cornwall. Now have the Plymouth School of Pharmacy (Bath University) but concern regarding the capacity to host training places for new Pharmacy graduates.
Access	<ul style="list-style-type: none"> ▪ Workforce shortages have resulted in short term closures and reduction in 100hr Community Pharmacies. ▪ Financial pressures have resulted in increased numbers of permanent closures and reduction in 100hr Community Pharmacies.
Digital	<ul style="list-style-type: none"> ▪ Lack of digital integration means unable to easily streamline communication between Community Pharmacy and General Practice.
Narrative	<ul style="list-style-type: none"> ▪ Despite the challenges above, the narrative that every Community Pharmacy is too pressurised to provide additional services, combined with poor historical experiences, is understandable but unhelpful; it affects future referrals and does not facilitate integrated working. The existing positive relationships between Community Pharmacies and General Practice can be lost in this negative narrative, which is a great shame.

Community Pharmacy – Opportunities

- **Hypertension Case Finding Service** – Community Pharmacy and General Practice working together to find undiagnosed hypertension, treatment of which has benefit to the individual patient’s health and the overall system costs.
- **Devon and Cornwall Discharge Medicines Service Network** - Includes acute, community and mental health providers and Community Pharmacy sharing best practice and learning to proactively review discharge medicines with the aim of reducing readmissions (and length of stay if readmitted).
- **Pockets of integration of the Community Pharmacist Consultation Service into General Practice triage or care co-ordination protocols** to manage demand and access to services for the management of minor ailments.
- Establishing and developing the **Community Pharmacy Primary Care Leads Network**.
- **Community Pharmacy Independent Prescribing Pathfinder programme** – awarded to 8 Community Pharmacies in Devon in Sept’23.

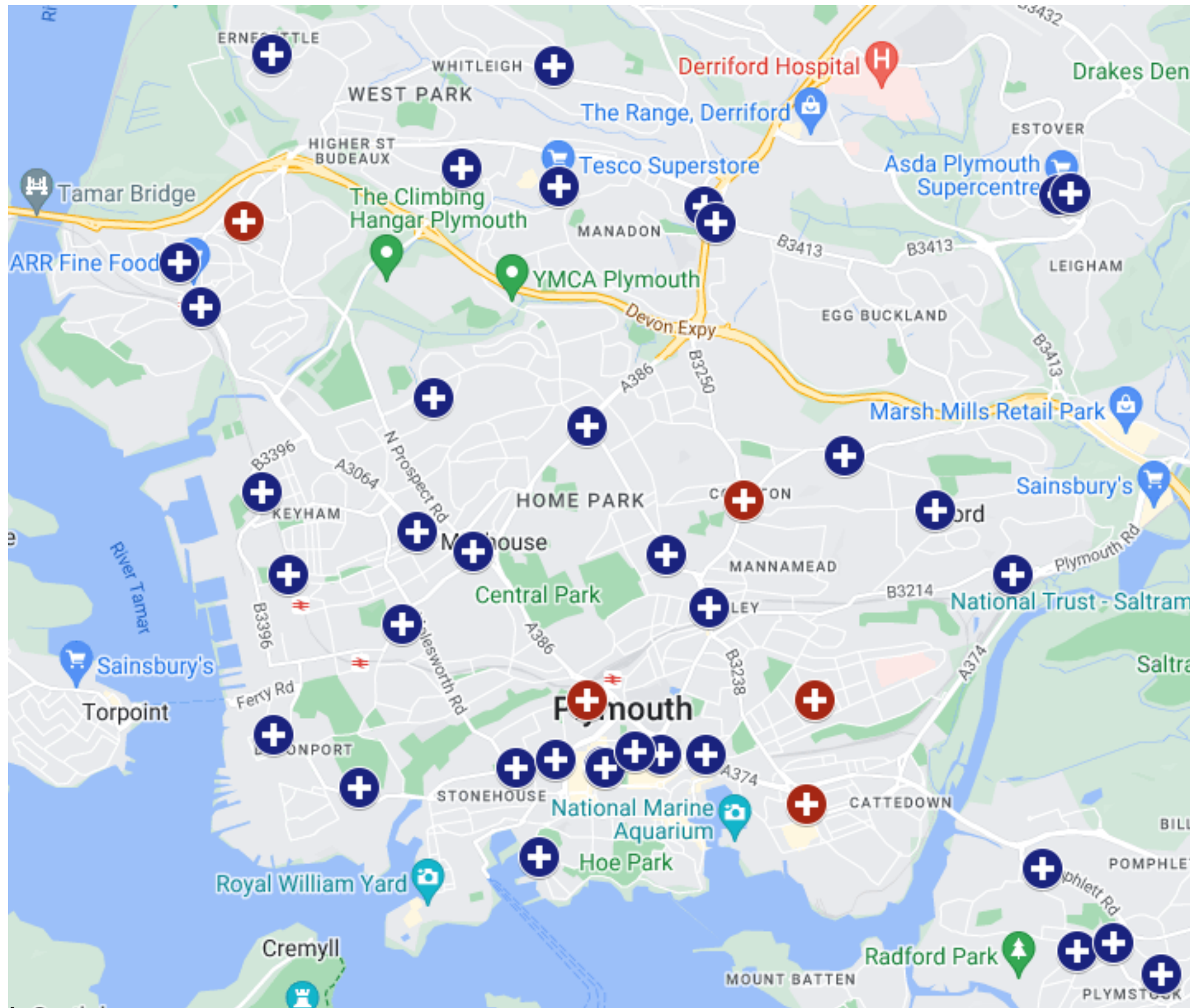
Community Pharmacy – Priorities

- Priority 1 – Develop strategy for longer term
- Priority 2 – Increase the resilience of the pharmacy network by maximising the potential of pharmacy services
- Priority 3 – Access (PCARP)
- Priority 4 – Community pharmacy independent prescriber (IP) pathfinder programme
- Priority 5 – Workforce

Community Pharmacy Closures – Current Position

- Boots has recently announced their intention to close 6 pharmacies in Plymouth (note: pharmacy contractors are entitled to provide notice, there is no requirement for approving closures or consultation regarding a closure)
- These closures are in addition to Lloyds pharmacy closures earlier this year and some wider scale reductions to opening hours
- The map and following table on the next slides show the distribution of the pharmacies affected

Mapping of Plymouth pharmacy provision



- This map shows the current pharmacies in Plymouth (marked with white crosses/navy background)
- The sites that are due to close are marked with white crosses/red background (5 shown on the map)
- Note: the sixth pharmacy in Plymstock has already closed)

List of Plymouth pharmacy closures

- The following table shows the confirmed Boots closures in Plymouth in date of closure order
- No further exits from Boots are currently anticipated

Pharmacy location	Pharmacy postcode	Exit date	Days of Opening	Co-located with GP practice?	Current status
Plympton	PL7 1AD	18/11/2023	M-F, Sa (am)	Yes	Closed
St Budeaux, Plymouth	PL5 2UE	6/1/2024	M-F	Yes	
Mannamead, Plymouth	PL3 5HE	6/1/2024	M-F, Sa (am)	-	
Claremont St, Plymouth	PL1 5AQ	6/1/2024	M-F, Sa (am)	Yes	
Cattedown, Plymouth	PL4 0AY	22/3/2024	M-F	-*	
St Judes, Plymouth	PL4 8SY	23/3/2024	M-F, Sa (am)	-	

* Note: this pharmacy is not co-located with a GP practice but is very close to Wycliffe Surgery

Community Pharmacy Closures - Impact

- Patients are already starting to change their nominations to alternative pharmacies including switching to online/postal providers.
- For some patients, there will be an impact in terms of additional distance to nearest alternative, however, the distance to the nearest alternative pharmacy from each site closing is less than 1 mile and opening hours are similar
- Closures in areas of greater than average/areas of deprivation need might lead to increased health inequality gaps which we are monitoring
- The impact on alternative pharmacies will differ dependent upon the volume of prescription items per month

Community Pharmacy Closures – Agreed Actions

- Normal process followed. Including contact being made with contractors closest to the closing sites to gain an understanding of their position (some positive responses noted, contractors are already making adjustments in anticipation of increased demand although staffing is a known issue for some)
- Continued liaison with pharmacy contractors to ensure safe closedown processes and ensure patient transitions and weekly meetings with Boots
- Consider what support can be given to other providers and discuss in future contact with providers, e.g., short term cashflow support to mitigate known 3-month payment lag, efficiency measures that could be promoted such as Electronic Repeat Dispensing and developing 'Pharmacy First'
- Commissioners to review weekend cover and review impact on areas of deprivation
- Commissioners to liaise with Boots to ensure vulnerable patients e.g. substance misuse are transferred – assurance has been provided. Will continue to monitor.
- H&WB Board to consider impact on the Pharmacy Needs Assessment
- Consider whether there are any further proactive measures, e.g. potential for identifying characteristics that might suggest pharmacies are at risk of closure – ICB setting up a small group to review

Health and Adult Social Care Overview and Scrutiny Committee



Date of meeting:	13 December 2023
Title of Report:	Adult Social Care Assurance
Lead Member:	Councillor Mrs Mary Aspinall (Cabinet Member for Health and Adult Social Care)
Lead Strategic Director:	Gary Walbridge (Strategic Director for People)
Author:	Rob Sowden
Contact Email:	Robert.sowden@plymouth.gov.uk
Your Reference:	ASCASSURANCE1223
Key Decision:	No
Confidentiality:	Part I - Official

Purpose of Report

The purpose of this report is to inform members of the new Adult Social Care Assurance framework that will see Plymouth City Council and Livewell Southwest subject to a Care Quality Commission inspection on how the city delivers Adult Social Care services.

Recommendations and Reasons

The Health and Adult Social Care Overview and Scrutiny Committee notes the Adult Social Care Assurance presentation

Alternative options considered and rejected

N/A

Relevance to the Corporate Plan and/or the Plymouth Plan

This presentation 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:

Adult Social Care Assurance has the potential to impact on budgets.

Financial Risks

Adult Social Care Assurance has the potential to impact on budgets.

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	Adult Social Care Assurance							

Background papers:

*Add rows as required to box below

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

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

Sign off:

Fin	N/A	Leg	N/A	Mon Off	N/A	HR	N/A	Assets	N/A	Strat Proc	N/A
Originating Senior Leadership Team member: Gary Walbridge											
Please confirm the Strategic Director(s) has agreed the report? Yes											
Date agreed: 01/12/2023											
Cabinet Member approval: <i>Approved verbally by Cllr Mary Aspinall</i>											
Date approved: 04/12/2023											

Adult Social Care Assurance



- 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
- From 1 April 2023, CQC have had powers to assess how local authorities in England meet their duties under the [Care Act \(2014\)](#)
- CQC have published the Assessment Framework for local authority assurance having designed the framework alongside; Department of Health and Social Care, Local Government Association, Association of Directors of Adult Social Services, integrated care systems, local government, NHS England, care providers and users of social care.

Assessment Framework for Local Authority assurance

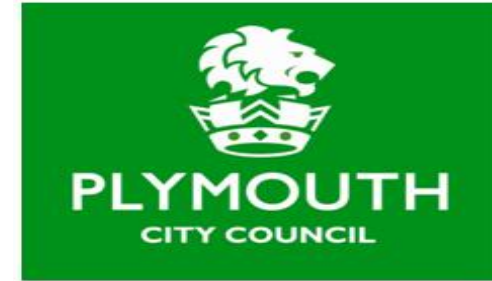


- The Assessment Framework comprises four overall themes, each of which is supported by quality statements.

Theme one; **Working with people** supported by the following quality statements;

- We maximise the effectiveness of people's care and treatment by assessing and reviewing their health, care, wellbeing, and communication needs with them.
- I have care and support that is coordinated, and everyone works well together and with me.
- I have care and support that enables me to live as I want to, seeing me as a unique person with skills, strengths and goals.
- We support people to manage their health and wellbeing so they can maximise their independence, choice and control, live healthier lives and where possible, reduce future needs for care and support.
- I can get information and advice about my health, care and support and how I can be as well as possible – physically, mentally and emotionally.
- We actively seek out and listen to information about people who are most likely to experience inequality in experience or outcomes. We tailor the care, support and treatment in response to this.
- I have care and support that enables me to live as I want to, seeing me as a unique person with skills, strengths, and goals.

Assessment Framework for Local Authority assurance



Theme two; **Providing Support**, supported by the following quality statements;

- We understand the diverse health and care needs of people and our local communities, so care is joined-up, flexible and supports choice and continuity.
- I have care and support that is coordinated, and everyone works well together and with me.
- We understand our duty to collaborate and work in partnership, so our services work seamlessly for people. We share information and learning with partners and collaborate for improvement.

Assessment Framework for Local Authority assurance



Theme three; **Ensuring Safety**, supported by the following quality statements;

- We work with people and our partners to establish and maintain safe systems of care, in which safety is managed, monitored and assured. We ensure continuity of care, including when people move between different services.
- When I move between services, settings or areas, there is a plan for what happens next and who will do what, and all the practical arrangements are in place.
- I feel safe and am supported to understand and manage any risks.
- We work with people to understand what being safe means to them and work with our partners to develop the best way to achieve this.
- We concentrate on improving people's lives while protecting their right to live in safety, free from bullying, harassment, abuse, discrimination, avoidable harm, and neglect, we make sure we share concerns quickly and appropriately.
- I feel safe and am supported to understand and manage any risks.

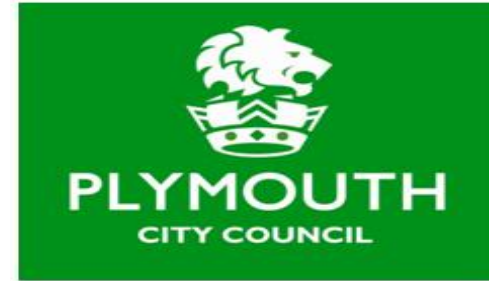
Assessment Framework for Local Authority assurance



Theme four; **Leadership**, supported by the following quality statements;

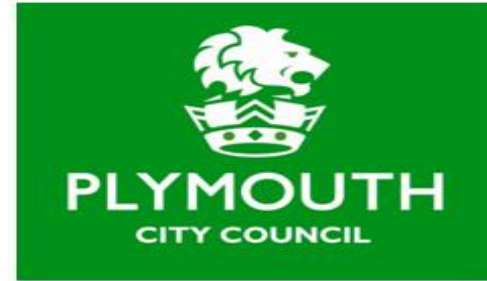
- We have clear responsibilities, roles, systems of accountability and good governance to manage and deliver good quality, sustainable care, treatment and support. We act on the best information about risk, performance and outcomes, and we share this securely with others when appropriate.
- We focus on continuous learning, innovation and improvement across our organisation and the local system. We encourage creative ways of delivering equality of experience, outcome, and quality of life for people. We actively contribute to safe, effective practice and research.

The CQC approach



- CQC designed the assessment framework alongside the; Department of Health and Social Care, Local Government Association, Association of Directors of Adult Social Services, Integrated Care Systems, Local Government, NHS England, Care providers and users of social care
- In April 2023, the assessment framework was launched and published
- CQC have undertaken five pilot inspections between April and October 2023
- CQC will start formal assessments in January 2024, with 20 Local Authorities inspected in the first group
- All English local authorities will be assessed and rated within the first two years during a baselining period

Types of evidence CQC will use



- People's experience
- Feedback from staff and leaders
- Feedback from partners
- Processes
- Outcomes
- Case Audits

Pilot Assessments



- **Birmingham City Council – rated Good**
 Strengths: leadership, partnership working, community investment, governance and oversight
 Areas for improvement: existence of waiting lists and backlogs, access to information
- **Lincolnshire County Council – rated Good**
 Strengths: focus on prevention and independence, partnership and collaboration, governance and oversight
 Areas for improvement: financial assessments, partnership wide understanding of safeguarding criteria
- **N Lincolnshire County Council – rated Good**
 Strengths: timely assessments, preventative offer, partnership working and community hubs, leadership and governance
 Areas for improvement: offer to young adults, availability of data and understanding of data
- **Nottingham City Council – rated Requires Improvement**
 Strengths: partnership working, promoting independence, approach to prevention
 Areas for improvement: high caseloads, low morale, lack of accessible information for diverse groups, use of data
- **Suffolk County Council – rated Good**
 Strengths: positive feedback from users and staff, development for staff, partnership working, data used for strategic approach,
 Areas for improvement: transitions, finding suitable accommodation, links to Voluntary sector

How are we preparing



- Fully integrated with Livewell Southwest to deliver ASC, our CQC assurance process will therefore cover PCC and Livewell Southwest
- Logistics plan
- Self-assessment draft
- Creation of an evidence bank
- Engagement with staff, partners, stakeholders and the public
- Governance around social care practice, data reporting, performance management, and finance
- Identifying Case Audits
- Regional and national networks

How are self-assessment is shaping up



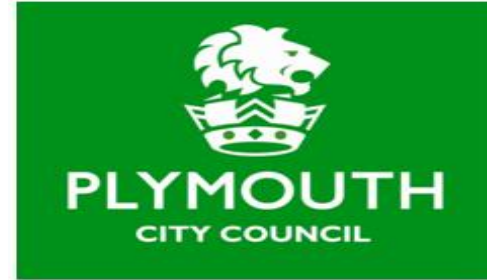
Strengths

- Data and Intelligence
- Partnership working
- Integrated health and social care teams since 2015
- Integrated commissioning arrangements and joint funding approach
- Discharge to Assess model
- Statutory survey results

Areas for Improvement

- Undertaking reviews of care packages
- Evidence of checking social work practice through file audits
- User feedback, engagement and access to information about services
- Performance against carer related national performance indicators

Next Steps



- Partner and Stakeholder engagement
- Finalise self-assessment
- Continue Evidence gathering and review
- Staff preparation sessions
- Regular progress updates to Overview and Scrutiny

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HEALTH AND ADULT SOCIAL CARE OVERVIEW SCRUTINY COMMITTEE

Tracking Decisions Log 2023 - 24



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

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

Tracking Decision Overview	
Complete	4
Part-Complete	8
On Hold	0
Awaiting Action	0
Total	12

Enter any content that you want to repeat, including other content controls. You can also insert this control around table rows in order to repeat parts of a table.

Rec No.	Meeting Date	Resolution	Officer Responsible	Status
1.	26/10/2023	The Committee requested that future ASC Performance Reports contain statistical waiting times/lists, as well as performance trajectories.	Rob Sowden	Complete
Response: Future reports will contain this information				

Rec No.	Meeting Date	Resolution	Officer Responsible	Status
2.	26/10/2023	The Committee requested: 1. To be provided with further information regarding the financial implications of compensation awards, following LGO complaint recommendations. 2. To recommend that the Cabinet Member for H&ASC review the template and process for complaint responses, to ensure they are clear, readable and personal. 3. To recommend that the Cabinet Member for H&ASC has oversight of all LGO reports and recommendations relating to their portfolio.	Helen Slater	Part-Complete
Response: A report is being compiled regarding financial implications and this data will be shared with the Committee. The Cabinet member has agreed to review the process for complaint responses, and an update will be brought to the Committee when complete. The Cabinet member will be given oversight of LGO complaint responses during PFH meetings.				

Rec No.	Meeting Date	Resolution	Officer Responsible	Status
3.	26/10/2023	The Committee agreed to review the methodology for Domiciliary Care Procurement at a future date, as well as the New Commissioning Plan, following its review at Cabinet.	Elliot Wearne-Gould	Part-Complete

Response: Item added to the work programme for future consideration.

Rec No.	Meeting Date	Resolution	Officer Responsible	Status
4.	26/10/2023	The Committee agreed to request further information regarding Sex Worker's incorporation in the Seasonal Immunisation Programme'.	Alex Degan (NHS Devon)	Complete

Response: I can confirm that we have engaged with sex workers in our Outreach Programme in Devon over the past few years. We have given COMF funding to two community groups that included sex workers in their targeted cohorts for their vaccine projects. However, these projects were not specifically focused on sex workers, so we do not have any specific data or reports for this group. The two groups are Wellbeing in Action (Newton Abbot area) and One Ilfracombe. Wellbeing in Action informed us that they had worked with 12 women last year who are categorised as sex workers. The Plymouth Outreach Team have previously worked with this cohort, targeting them on the Soup Runs and Shekinah clinics in Plymouth. We are intending to target them again in mid-November, December and January working with other charity agencies that work with this cohort of clients.

Rec No.	Meeting Date	Resolution	Officer Responsible	Status
5.	26/10/2023	The Committee recommended that Councillors promote and share the 'Choose Well Campaign', as well as NHS Devon's Communications Strategy within their wards and communities to assist preparations for winter demand.	Livewell SW	Part-Complete

Response: The Choose Well Campaign is available here: <https://www.wwl.nhs.uk/choose-well>. Individual media posts and promotions will be shared with members for circulation as and when appropriate.

Rec No.	Meeting Date	Resolution	Officer Responsible	Status
6.	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
<p>Response: (Ann Thorpe) Installation of defibrillators across the city:</p> <ol style="list-style-type: none"> 1. The Guildhall. There is a unit at The Guildhall with standard availability being 8.00 to 16.30, with additional availability when there is an event onsite. We will be making this available 24/7 by locating it externally subject to Historic England advice. 2. Chelson Meadow. There are 2 units at Chelson Meadow, one at The Ride available 09:00 – 18:00 and one in the recycling centre available 24/7. 3. St Budeaux library and Southway library. A bid has been made to DHSC Community Automated External Defibrillator (AED) Fund and we are exploring community group support. 4. Raglan Court, The Reatch Centre and Colwell Lodge. These have not progressed, and I will expedite this matter. An additional defibrillator has been located at Southway Youth Centre with support from the local community group. The defibrillators in situ as shown above are also registered on The Circuit and with Facilities Management for ongoing maintenance. 				

Rec No.	Meeting Date	Resolution	Officer Responsible	Status
7.	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)	Part-Complete

Response: This item has been covered at the Plymouth Education Board in May 2023 – particularly the focus on mental and emotional health. Further communications to schools about vaping have been jointly produced by Public Health and EPS. A further discussion will take place at the next PEB in February 2024.

Rec No.	Meeting Date	Resolution	Officer Responsible	Status
8.	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)	Part-Complete

Response: Further communications about participation in Youth Parliament, and about Youth Services, will go out in an Autumn bulletin to schools as well as being further promoted in the Headteachers’ online briefing in December 2023.

Rec No.	Meeting Date	Resolution	Officer Responsible	Status
9.	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	Complete

Response: The Local Care Partnership (LCP) is working together with system partners, Social Prescribers and Wellbeing Hubs to ensure that this provision is co-ordinated across the city and any gaps identified through a process of regular review and feedback. The LCP has prioritised a portion of the fair shares monies allocated to Plymouth by NHS Devon ICB to invest in community builders working in a number of areas across the city. A key component of their work has been mapping the opportunities available in local

communities and identifying gaps that can further support this work. We are always very happy to discuss this in more detail with Elected Members, if helpful.

Rec No.	Meeting Date	Resolution	Officer Responsible	Status
10.	Mental Health Select Committee 07/03/2023	<p>The Committee is not adequately assured that the mental health support for veterans in Plymouth is sufficiently coordinated or communicated. The Committee therefore recommends that at a future Armed Forces Covenant meeting, the support for veteran's mental health and wellbeing is evaluated, and findings fed back to this Committee. The Committee also:</p> <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. 	Armed forces Covenant , NHS England, PCC, MH Provider Collaborative, NHS Devon ICB, Livewell SW	Part-Complete

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.

Response, Councillor Chris Penberthy, AFC: I would like to thank the Select Committee for their time and their valuable insights.

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.

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
11.	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	Jo Turl & Alex Cameron (NHS Devon ICB)	Part-Complete

		future scrutiny meeting on the work being undertaken to support local GP practices and ensure health outcomes are maintained/ improved across the city.		
<p>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.</p>				

Rec No.	Meeting Date	Resolution	Officer Responsible	Status
12.	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)	Complete
<p>Response: Response circulated to members</p>				

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 moved to 13/12/20 23	H&ASC Performance & Finance Update	Regular Monitoring of Performance and Finance for H&ASC.	Rob Sowden Helen Slater
	No Criteria to Reside Update	Regular monitoring of Hospital Discharge data against targets.	Gary Walbridge
	GP Practice	Update on the 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. + General GP performance update (Including new Mayflower contract)	Jo Turl (NHS Devon) + Matt Ward
	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
	Pharmacy	Pharmacy Closures and wider provision/performance.	Jo Turl, Melissa Redmayne and Jo Watson + David Bearman
	Adult Social Care: CQC Assurance and 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
	End of Life Care		
Select Committee:			
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			
Systems Plan for Winter Progress Monitoring Update			

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