Health and Adult Social Care Scrutiny Panel

Tuesday 22 October 2024

PRESENT:

Councillor Murphy, in the Chair.
Councillor Ms Watkin, Vice Chair.
Councillors Blight, Lawson, Morton, S.Nicholson, Noble, Penrose, Reilly and Taylor.

Apologies for absence: Councillors McLay and Ney.

Also in attendance: Stephen Beet (Head of Adult Social Care and Retained Functions), Emma Crowther (Service Director for Integrated Commissioning), Helen Slater (Lead Accountancy Manager), Chris Morley (Plymouth Locality Director, NHS Devon ICB), Alex Deegan (Primary Care Medical Director, NHS Devon ICB), Rachel O'Connor (Director for Integrated Care, Partnership & Strategy, UHP), Jane Bullard (Senior Commissioning Manager, NHS Devon ICB), Karen Burfitt (Marie Curie), Tricia Davies (St Lukes Hospice), Shaen Millward (UHP), Gary Walbridge (Service Director for Adults, Health and Communities) and Jake Metcalfe (Democratic Advisor).

The meeting started at 2.00 pm and finished at 4.37 pm.

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

57. **Declarations of Interest**

There were four declarations of interest:

Member	Interest	Description
Councillor Kate Taylor	Personal (Registered)	Employee of Fred Thomas MP
Councillor Will Noble	Personal (Registered)	Employee at UHP NHS Trust
Councillor Maria Lawson	Personal (Registered)	Employee at UHP NHS Trust
Councillor Ray Morton	Personal (Registered)	Employee at UHP NHS Trust

58. **Minutes**

The Panel agreed the minutes of the meeting held on 16 July 2024 as a correct record.

59. **Chair's Urgent Business**

There were no items of Chair's Urgent Business.

60. **Quarterly Performance and Financial Update for H&ASC**

Stephen Beet (Head of Adult Social Care and Retained Functions) and Emma Crowther (Service Director for Integrated Commissioning) delivered the Quarterly Performance Report to the Panel and discussed:

a) Performance of statutory health and care functions was reviewed on a monthly basis with Livewell SW, and an improvement plan was in place;

b) The Council had not yet received its first Care Quality Commission (CQC) review however, a Local Government Association (LGA) peer review was planned for January 2025;

c) Referral numbers remained stable however, there remained a delay in Livewell's contact centre responses. A 'Waiting List Work Stream' was in place to increase efficiency;

d) The number of overdue assessments and unallocated assessments had reduced however, there was further work required to reduce these delays;

e) Care Package Review numbers had remained stable, with the oldest review conducted in 2022;

f) The 'Waiting List Work Stream' was developing a 'Waiting Well Protocol' to manage risk for those on a waiting list, as well as strategically prioritising work;

g) The primary causes of delays were high demand, and a historic backlog created during the Covid-19 pandemic;

h) People could pay privately for an Occupational Therapy (OT) assessment to avoid joining the Livewell waiting list however, this did not give them any priority over others for follow-on services;

i) Safeguarding referrals had reduced and their appropriateness had increased;

j) The Safeguarding triage team and Livewell safeguarding team were being integrated into one team to increase oversight and reduce delays;

k) The number of people in Residential Nursing Care was reducing, while Domiciliary Care numbers had started to increase. This was likely due to the success of efforts to provide care in the community;

l) The business case for the recommissioning of the Residential Care Commissioning Plan had been taken to Cabinet in September, and engagement with care homes and residents was ongoing;

m) Direct Payments performance remained positive, with figures above target and the national average, at 25%;

n) Reablement waiting lists and referrals had reduced, resulting in surplus capacity. Investigations were being undertaken to analyse the cause, and considerations were being given to expand accessibility to those in the community;

o) Complaint numbers remained low and work was ongoing between Livewell SW and PCC to improve complaint handling and responses, as well as identifying common themes for improvement;

p) 'No Criteria to Reside' figures had experienced a slight increase in September across Plymouth and Cornwall;

The Panel agreed to request that Livewell SW attend the next meeting to provide further analysis of performance figures, demand, capacity and improvement efforts.

Helen Slater (Lead Accountancy Manager) delivered the Quarterly Finance Update for Health and Adult Social Care and discussed:

q) The Adult Social Care budget was the largest within the Council, at over £100M, including £120M for Care Packages;

r) The Month Five position for Care Packages detailed a £136K favourable variance, with the main savings derived from Residential Care. There were ongoing pressures regarding Client Income, with a potential pressure of £3MM. Work was ongoing to mitigate and offset these pressures.

The Panel agreed to note the report.

61. Winter Preparations and Planning

Chris Morley (Plymouth Locality Director, NHS Devon ICB), Alex Deegan (Primary Care Medical Director, NHS Devon ICB), and Rachel O'Connor (Director for Integrated Care, Partnership & Strategy, UHP) delivered the 'Winter Preparation and Planning' report to the Panel, and discussed:

a) Seasonal variations such as winter planning formed part of the NHS Annual Operating Plan, anticipating and mitigating periods of surging demand;

b) A 'Winter Taskforce' had been established to bring together system partners and utilise previous years learning;

c) The Communication Strategy was a key component, encouraging healthy lifestyles, vaccination programmes and support available to enable people to remain in their own homes;

d) Local planning was being undertaken in partnership with Plymouth City Council to increase surge capacity and resilience of care providers in advance of anticipated demand;

e) The Local Escalation Protocol was being reviewed, allowing timely escalation of individual and system needs/actions when required;

f) The seasonal vaccination programme for Covid and Flu had commenced in October, and had received positive uptake. There were more GP practices and Pharmacies providing the programme than previous years, increasing accessibility for residents;

g) Over 18,000 deaths were associated with Flu in England over the past two winters;

h) Over 80% of those aged over 65 had been vaccinated in the South West last year;

i) As of 20 October 2024, over 175K Covid vaccines and 250K Flu vaccines had been administered across Devon;

j) A new vaccination had been introduced for Respiratory Syncytial Virus (RSV);

k) Information on eligibility and accessibility of vaccinations was available on the NHS website, and individuals were encouraged to engage with the programme to protect themselves, and help mitigate annual system pressures;

l) There were recognised challenges with access and quality of the Urgent and Emergency Care pathway. In April, a Section 29A notice was from the Care Quality Commission (CQC), largely relating to overcrowding. The UHP 'One Plan' had been created in response, to restore high quality care and access;

m) The One Plan focussed on three key areas: avoiding admissions (maintaining independence), dynamic flow, and onward care;

n) While September had been a challenging month for the Urgent and Emergency Care pathway, the Trust was now consistently meeting its 4hr standard, and had seen a 30% reduction in ambulance wait hold times. The Trust had now moved from worst performing in the country, to third;

o) The Plan was backed by a £10 MM investment, including £2MM additional funding from the ICB;

p) Virtual Ward capacity was being increased, with 125 virtual ward beds being created to support frail individuals on the cusp of hospital admission;

q) An x-ray car would go live from 30th October, allowing individuals to receive an x-ray in their own home following falls and suspected fractures;

r) Same Day Emergency Care staffing and bed capacity had been increased to support quicker same-day treatment;

s) In a partnership approach, Discharge Pathway One had seen a 120% increase in the number of people supported home.

In response to questions, the Panel discussed:

a) Annual targets for vaccination programmes;

b) Outreach events and engagement with schools, homeless communities, and vulnerable groups;

c) The role of the Joint Committee on Immunisation and Vaccines (JCVI) in advising the timing, eligibility and other factors for all vaccination programmes in England;

d) The practical operation, strengths and challenges of Virtual Wards;

e) The potential impacts of national policy changes on the One Plan;

f) Positive learning from previous years, and a transition away from measures such as the 'Care Hotel' towards care in the community and Virtual Wards;

g) The role of the 'Surge Plan' in the event that preventative capacity measures were not sufficient;

h) Referral methods and accessibility of Virtual Wards and the x-ray car;

i) Integrated partnership oversight of the Plan, including a weekly progress meeting and monthly monitoring meeting.

The Panel agreed:

1. To request further information regarding the annual targets for Flu and Covid vaccination uptake;

2. To add the 'delivery performance of the Urgent and Emergency Care One Plan' to the work programme for future consideration;

3. To note the report.

62. **End Of Life Care Update**

Chris Morley (NHS Devon ICB), Jane Bullard (Senior Commissioning Manager, NHS Devon ICB), Karen Burfitt (Marie Curie), Tricia Davies (St Lukes) and Shaen Millward (UHP) delivered the End of Life Care update to the panel and discussed:

a) The Panel had conducted a two day meeting to review End of Life Care in the previous municipal year. Having identified concerns, the panel had issued recommendations to NHS Devon, and this report provided an update on this progress;

b) NHS Devon and partners recognised the need for improvement in some areas of End of Life Care provision, and programmes of work were underway both locally and regionally;

c) Within the Plymouth area, around 2,600 deaths occurred per year. This figure continually rose with a growing and ageing population;

d) The End of Life Locality Plan detailed the progress of specific work streams;

e) Estover had been selected as a project site following identification of a high demographic of over 65s presenting in the Emergency Department for End of Life Care. The project aimed to improve the knowledge and culture around dying, death and bereavement, as well as working with health and social care professionals to improve early identification to enable the most appropriate care provision;

f) Enhanced assessments had been conducted with over 70 patients, with a senior nurse embedded in the local GP practice. 'Life Cafes' had also seen success under a community engagement approach, encouraging early conversations and reducing the taboo around death and dying;

g) Following success, the project was being expanded to all five of the surgeries within the Sound Primary Care Network (PCN);

(A UHP video of End of Life Care, was played at this point - https://youtu.be/nhrADQnIPMA)

h) UHP had undertaken programmes of education to improve End of Life care, including staff training on Treatment Escalation Plans (TEPs) and the rollout of Electronic TEPS (ETEPs), as well as webinars and educational packages on 'recognising dying';

i) Mount Gould had four beds dedicated to End of Life Care, supporting an average of 17 patients per month;

j) The Palliative Care Team received 1,621 requests for specialist advice, provided approximately 4,500 face-face contacts with patients and relatives, and supported around 700 deaths in the Trust per year;

k) Through a project between ED staff and Marie Curie, 440 patients had been supported during end of life care in a 15 month period, with 86% supported to die outside of ED. This was a significant improvement on previous figures;

l) 77% of patients had received a review of their TEP document to ensure there was a clear plan for their future onward care;

m) Deaths at Mount Gould had increased, in correlation with a decrease in deaths at Derriford (12%). This provided assurance that the pathway had been strengthened;

n) Further opportunities would be explored to develop partnership working with Marie Curie, to proactively identify patients who would benefit from choice, and out of Hospital End of Life Care;

o) The Mount Gould pilot would be expanded to provide up to 12 beds dedicated to End of Life Care;

p) St Lukes Hospice had conducted a consultation with the community to identify the needs of end of life care, with responses highlighting a need for improved 'coordination'. As a result, St Lukes would be introducing a new telephone system with a dedicated number for end of life care support and expertise;

q) It was recognised that many patients entered end of life care late in their journey, and this did not allow sufficient preparation or choice of care;

r) System partners would be adopting the Gold Standard Framework (GSF);

s) St Lukes Hospice would be presenting their work on the 'Compassionate City' approach at the Hospice UK Conference in Glasgow in November, having been nominated for National Presentation following their peer support with two other hospices;

t) St Lukes Hospice had also driven a 'Compassionate Schools' approach, providing dedicated space and support for students to talk about death and dying;

u) The draft Housing Needs Assessment outlined the needs and expectations for individuals in end of life care, and the final publication would be available to the Panel;

v) NHS Devon had recently funded the Falls Management Exercise Programme with a specific focus on Plymouth, launched a 'Steady on Your Feet' website, and funded maintenance groups.

In response to questions, the Panel discussed:

w) Recognition of progress made across the system since the report in the last municipal year;

x) The development of a local End of Life Hub;

y) Trauma and emotional support for staff providing end of life care, including provision of chaplaincy services, resilience based supervision, and required time and space for staff;

z) The future expansion of the Estover project across the city, utilising Wellbeing Hubs and community wellbeing coordinators;

aa) The TEP form was now available online via the Devon and Cornwall Shared Care Record. Future ambitions were to enable access via the NHS app.

The Panel agreed:

1. To note the improvements made in the provision and performance of End of Life Care in Plymouth;

2. To support the continued improvement and development approach being undertaken within the city, and support partners with its delivery;

3. To help raise awareness of death literacy and promote the importance of talking about deaths, to support the development of Plymouth as a compassionate city;

4. To thank the presenters today and staff across the system working to improve end of life care provision.

63. **ICB Finances and Future Plans**

Due to technical difficulties, the Panel agreed to defer this item to the next available meeting.

64. **Policy Brief for H&ASC**

This item was taken as read.

The Panel agreed to note the report.

65. **Tracking Decisions**

Stephen Beet (Head of ASC Retained Functions) delivered an update on tracking decision 1 and discussed:

a) Livewell Southwest had indicated that the reason for Mental Health waiting times remaining high despite a reduction in referrals was largely due to a lack of available beds. This was recognised as a national issue;

b) Staff sickness in Adult Social Care indicated performance was above target. Due to 'frontline' staff's close contact with patients, staff were more frequently required to take sick leave to avoid the transmission of infectious diseases to others. There had been 188 short term sick absences (<4weeks) and 42 long term sick absences (>4 weeks).

The Panel agreed:

1. To request that a report on staff sicknesses and absences is included in the next Performance report;

2. To note the Tracking Decisions Log.

66. **Work Programme**

The Panel agreed to note the Work Programme.

67. **Exempt Business**

There were no items of exempt business.