



Oversight and Governance

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HEALTH AND ADULT SOCIAL CARE SCRUTINY PANEL

Tuesday 22 October 2024
2.00 pm
Warspite Room, Council House

Members:

Councillor Murphy, Chair
Councillor Ms Watkin, Vice Chair
Councillors Lawson, McLay, Morton, Ney, S.Nicholson, Noble, Penrose, Reilly and Taylor.

Members are invited to attend the above meeting to consider the items of business overleaf.

The meeting will be webcast and available on-line after the meeting. By entering the Warspite Room, Councillors are consenting to being filmed during the meeting and to the use of the recording for the webcast.

You can watch any of our webcast meetings on [YouTube](#). 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 Scrutiny Panel

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 - 10)

The Committee will be asked to confirm if the minutes of 16 July 2024 are a correct version, for the 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. Quarterly Performance and Financial Update for H&ASC: (Pages 11 - 26)

6. Winter Preparations and Planning: (To Follow)

7. End Of Life Care Update: (To Follow)

8. ICB Finances and Future Plans: (To Follow)

9. Policy Brief for H&ASC: (Pages 27 - 30)

10. Tracking Decisions (Pages 31 - 36)

For the Committee to review the progress of Tracking Decisions.

11. Work Programme (Pages 37 - 40)

For the Committee to discuss item on the work programme.

12. 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.

Nil.

Health and Wellbeing Scrutiny Panel

Tuesday 16 July 2024

PRESENT:

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

Apologies for absence: Councillor Ney.

Also in attendance: Gary Walbridge (Strategic Director for Adults, Health and Communities), Stephen Beet (Head of ASC Retained Functions), Helen Slater (Lead Accountancy Manager), Emma Crowther (Service Director, Integrated Commissioning), Ross Jago (Head of Governance, Performance and Risk), Ruth Harrell (Director of Public Health), Liz Davenport (SRO, PASP), Jenny Turner (Programme Director, PASP), Paul McArdle (UHP), Dave Ryland (Head of Housing Standards), Councillor Chris Penberthy (Cabinet Member for Housing, Cooperative Development and Communities), Chief Inspector Fergus Paterson (D&C Police), and Elliot Wearne-Gould (Democratic Advisor).

The meeting started at 2.00 pm and finished at 5.11 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.

46. **Declarations of Interest**

There were three declarations of interest in accordance with the Code of Conduct:

Councillor	Interest	Description
Lawson	Personal (Registered)	Employee at University Hospitals Plymouth NHS Trust
Morton	Personal (Registered)	Employee at University Hospitals Plymouth NHS Trust
Noble	Personal (Registered)	Employee at University Hospitals Plymouth NHS Trust

47. **Appointment of the Chair and Vice-Chair**

The Panel agreed to note the appointment of Councillor Murphy as Chair, and Councillor Watkin as Vice-Chair for the Municipal Year 2024/25.

48. **Scrutiny Panel Responsibilities**

The Panel noted the 'Health and Wellbeing Scrutiny Panel's' responsibilities, as set out in the Constitution.

49. **Minutes**

The Panel agreed the minutes of 20 February 2024 as a correct record.

50. **Chair's Urgent Business**

The Chair, Councillor Murphy, welcomed new members to the Panel for this Municipal Year.

51. **H&ASC Quarterly Performance, Finance and Risk Monitoring Report**

Stephen Beet (Head of ASC and Retained Functions) and Emma Crowther (Service Director for Integrated Commissioning) delivered the Quarterly Performance Report for H&ASC and discussed:

- a) Livewell Southwest Referral Service (LRSS) 'front door' waiting lists had reduced;
- b) Care Act Assessment waiting times and sizes had also reduced, and a new IT system had been adopted;
- c) The number of 'Care Act Reviews' conducted per month had increased, with 61.4% of people receiving an annual review;
- d) The process for reporting 'Adult Safeguarding' matters had been changed, resulting in higher quality referrals and a reduced investigation response time;
- e) Numbers of people receiving 'Direct Payments' for care in Plymouth was above the national average at 25.5%, allowing people greater choice and control;
- f) The quality and resilience of commissioned care providers remained stable, and strong oversight was in place. Waiting times for 'Domiciliary Care' remained low however, the number of people in 'Nursing Care' remained high. Exploratory work was being undertaken to understand the causes and possible solutions;
- g) 'No Criteria to Reside' figures remained low for Plymouth however there were sustained pressures in Cornwall.

In response to questions, the Panel discussed:

- h) Increased capacity amongst Domiciliary Care providers;
- i) Safeguarding waiting lists, complexity, and investigation times;

- j) Adult Mental Health service demand, waiting lists and delays;
- k) Staff sickness, absences and the use of temporary cover.

The Panel agreed to:

1. Note the report;
2. Request further clarity regarding the number of Adult Mental Health referrals and assessment delays;
3. Request further details regarding staff sickness and absences.

Helen Slater (Lead Accountancy Manager) delivered the Quarterly Finance Update for H&ASC and discussed:

- l) The Adult Social Care (ASC) budget was the largest revenue budget within the Council, at £103 million for 2024/25;
- m) Month Two forecast reporting showed savings on the majority of packages: Domiciliary Care £139,000, Supported Living £105,000, Residential Long-stays £400,000 Direct Payments £40,000;
- n) There was a pressure of circa £1million at Month Two, largely due to overspend within Nursing Care. Following analysis, it had been identified that this was due to the number of clients exceeding expected levels;
- o) There were also pressures relating to 'client income', which was not performing as forecast. Budget containment activity was ongoing between partners to re-evaluate package rates and client numbers to mitigate risks;
- p) Overall, a 'nil variance' was reported for the ASC budget at Month Two as it was expected that this £1 million pressure would be resolved in year.

In response to questions, the Panel discussed:

- q) A 'Deep Dive' would be conducted to explore the budget variance;
- r) The current financial position was an early year indication, and would be subject to changes.

The Panel agreed to note the report.

Ross Jago (Head of Oversight and Governance) delivered the Quarterly Risk Report for H&ASC and discussed:

- s) Risks regarding the Adult Social Care Workforce had reduced but would continue to be monitored to track long-term market sustainability;

- t) Risks around Adult Social Care Reform had increased however, these would likely be subject to change following the upcoming King's Speech;
- u) Budgetary pressures including the 'Living Wage' increase continued to present a financial risk.

The Panel agreed to note the report.

52. **Peninsula Acute Sustainability Programme: Developing the Draft Case for Change**

Liz Davenport (SRO: PASP, NHS Devon), Jenny Turner (Programme Director: PASP, NHS Devon) and Paul McArdle (University Hospitals Plymouth) delivered the Peninsula Acute Sustainability Programme (PASP): Developing the Draft Case for Change, and discussed:

- a) The ambition of the PASP was to develop sustainable care for local people and deliver high quality equitable services;
- b) It was important that care was delivered in the most appropriate setting for each individual and that care was accessible for all;
- c) Engagement had been undertaken with patients and staff over several years, and feedback had centred around:
 - i. Long waiting times for access to services;
 - ii. Complex processes to gain access to services;
 - iii. A need to ensure equity of access to services, particularly for deprived groups and rural areas;
 - iv. A need to ensure services were 'joined-up' and integrated;
 - v. The lack of an electronic patient record, and need for digital 'enablers' for delivering integrated care across the Devon system;
 - vi. Patients were not always seen in the right place at the first point of entry;
 - vii. A need to improve productivity and efficiency.
- d) Healthcare was facing considerable challenges, particularly across Devon and Plymouth. Factors included a growing population and an elderly population with increasingly complex comorbidities;
- e) There was a need to re-evaluate approaches to healthcare to ensure longer and healthier lives, as well as reducing the impact on health services;
- f) Under new leadership UHP had adopted a 'One Method' approach, focussing on avoiding admissions, managing patient arrivals in a considerate, kind and effective manner, and ensuring successful discharges. This had resulted in an 18% improvement;

- g) Working as isolated hospitals across the region was no longer sustainable and a collaborate approach was proposed to best optimise resources and demand across the region;
- h) Future system challenges would include meeting the demand of an increasingly elderly population, as well as addressing inequalities;
- i) The PASP was designed as a response to current financial and demand challenges, with the ambitions of developing sustainability for services, workforce and finances;
- j) Each of the acute providers in Devon and the Integrated Care System (ICS) were in NOF4, the highest level of regulation, due to failings in performance and financial spend;
- k) Across the peninsula there were enough staff to operate four hospitals however, there were five hospitals in operation. The hypothesis for building a sustainable acute service model was to improve diagnostic and assessment functions at the 'front door' of the hospitals to enable the redesign of 'non-core' elements and combat workforce challenges;
- l) Having engaged with clinicians, Healthwatch, patients and staff to understand the challenges, a shared view had been identified;
- m) The Case for Change was a technical document which set out the fundamental challenges faced, along with a vision for the future. The document would not include 'solutions' at this stage, but would help facilitate engagement and the development of modelling for solutions later on. The challenges identified were:
 - n) People & Health Needs:
 - i. There were approximately 1.3 million people living across Devon, Cornwall and the Isles of Scilly, with over half of the population above 50 years old and nearly a quarter over 65. This was expected to significantly rise over the next 20 years;
 - ii. The gap between 'life expectancy' and 'health life expectancy' was growing. In Plymouth, the gap was 18 years for men, and 23 years for women;
 - o) Performance:
 - i. None of hospitals within the region were meeting the four hour wait target in A&E. As of January 2024, over 1,000 people were waiting over 18 months for an operation, and 6,000 people were waiting more than 15 months. Around 4,000 planned operations were cancelled last year;
 - p) Estates and Infrastructure:
 - i. There was an estimated £4 million of estates improvements and repairs required;
 - ii. It was also important to boost staff recruitment and retention;

- q) Finances:
 - i. There was an estimated overspend of £85 million in Devon for 2024/25. There was an expectation nationally that this would not continue;
- r) The vision of the plan was: To work together to deliver safe, high quality, sustainable and affordable services as locally as possible;
- s) The next stage would be to engage with the public to understand if all of the challenges had been accurately identified, what the impact of challenges was to the public, what 'good access' looked like, how the challenges could be best addressed, and what the best forms of engagement were.

In response to questions, the Panel discussed:

- t) The role of the Nightingale Hospitals in alleviating pressures on local services and reducing waiting times;
- u) Concerns around accessibility of services and the requirement to travel for care, which could inequitably affect disabled, elderly and deprived communities. It was stated that requirements for travel would be kept to an absolute minimum, and only used to enhance accessibility of services;
- v) The importance of equity of access and outcomes;
- w) Services would be designed around patient safety, effectiveness and wrap around patient care;
- x) A commitment to engage, listen and incorporate patient feedback during development of the PASP;
- y) The importance of developing a prevention and intervention strategy to mitigate long-term demand, beginning with children and young people;
- z) Concerns that transferring patients from acute setting to the community would transfer financial pressures to Local Authorities;
- aa) The target for completion of the Case for Change was November 2024, which would then be followed by a formal consultation period;
- bb) An electronic patient record system was being developed, which was critical for transformation and efficiency;
- cc) Funding through the New Hospitals Programme, and the importance of ensuring appropriate investment was made, considering long term future needs;
- dd) The public engagement campaign would include an 'easy read version' and a translated version (upon request). The campaign would use surveys and

meetings to engage with the public, utilising existing networks and targeting vulnerable groups and service users.

The Panel agreed to-

1. Provide feedback on the Peninsula Acute Sustainability Programme to NHS Devon, summarising this meetings discussions;
2. Note the report.

53. **Right Care Right Person**

Fergus Paterson (Chief Superintendent, D&C Police) delivered the 'Right Care Right Person' report and discussed:

- a) 'Right Care Right Person' was a cross-government approach to ensure people in need received the most appropriate care, from individuals and agencies with the right skills, experience and training;
- b) The Police had been serving as a 'helper to all', detracting from their core police responsibilities: 'prevent and investigate crime'; 'keep the King's peace'; 'save Life and prevent serious harm and suffering when crime is involved'; 'help other agencies when needed';
- c) The majority of Police lacked advanced medical training and were of an equivalent level to a workplace first-aider. It was therefore not appropriate for them to attend patients who required specific medical care or specialist services;
- d) It was important that agencies with the right skills and expertise attended events such as welfare checks, suicidal ideation, self harm, emotional distress and medical emergencies, while the police attended risk based behaviour under A2/A3 of the Human Rights Act: Save life (Section 2 Human Rights Act) and prevent serious harm and suffering (Section 3) when crime is involved;
- e) The Police had strong links with mental health providers in Plymouth including Livewell Southwest. A Joint Response Unit had been established, comprising of a Police officer and a mental health professional to conduct joint attendances;
- f) In response to recognition of failings due to high demand and resource diversion, Devon and Cornwall Police had committed to 'prevent and investigate crime (including in health and social care settings and supporting victims in associated professions)';
- g) A toolkit had been developed for call handlers, based on legal principles:

- i. Police may choose to accept an Article 2 and 3 duty when a more appropriate agency (better knowledge, skills, training, equipment, legal basis) could discharge that duty;
 - ii. Police will “share” Article 2 and 3 duty to save life and prevent serious harm when the more appropriate state agency is unable to;
 - iii. Police must consider the circumstances carefully before agreeing to take on a “duty of care” for non-police duties.
- h) The Police could not force entry to a property for a welfare check alone. It was required that there was reasonable belief that the person was inside, and that entry was required to save ‘life and limb’;
- i) The changes were being introduced in a phased approach, and were overseen by a scrutiny panel:
 - i. ‘Concern for Welfare’ had gone live in January 2024, resulting in 35% fewer attendances than the previous year;
 - ii. ‘Absconders and Mental Health Act Absence Without Leave’ had gone live in June 2024 in collaboration with mental health partners and acute trusts, introducing necessary steps before Police action was required;
 - iii. ‘Section 136 and voluntary attendees’ would go live by the end of 2024, providing acute trusts and the ambulance service an understanding of police capabilities, as well as defining the appropriate time/stage they should be called;
 - iv. ‘Transport of patients’ was the final phase, which would ensure transport for those with mental illnesses was conducted solely in specialist medical vehicles.
- j) An escalation process and scrutiny panel had been established to ensure a coordinated, safe and appropriate transition through the Right Care Right Person initiative;

In response to questions, the Panel discussed:

- k) The important role of Community Support Officers and their training in phases one and two, as well as partnership working with health providers;
- l) The potential positive impacts of the scheme, allowing the Police to focus on crime and disorder (prevention & reaction), as well as providing the appropriate trained professionals for patient attendances;
- m) Concerns around the capacity of health agencies to fill the ‘gap’ created through the re-focussing of police responses. It was reported that there were scrutiny panels and safeguards in place to identify and address these gaps, although no gaps had yet been identified through evidence;
- n) The requirement for ongoing assurance and partnership work to mitigate potential risks at the introduction of each new phase of the programme;

- o) The challenges of identifying the level of threat and risk to an individual for call handlers.

The Panel agreed to-

1. Request an update on the progress and performance of the Right Care Right Person initiative at a later date to provide assurance and scrutiny of any risks and issues that emerge through the phased introduction;
2. To note the report.

54. **Tracking Decisions**

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

55. **Work Programme**

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

- a) Adult Mental Health;
- b) End of Life Care Update;
- c) Policy Brief for Health and Adult Social Care.

56. **Exempt Business**

There were no items of exempt business.

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Health and Wellbeing Scrutiny Panel



Date of meeting:	22 October 2024
Title of Report:	Adult Social Care Activity and Performance Report
Lead Member:	Councillor Mary Aspinall (Cabinet Member for Health and Adult Social Care)
Lead Strategic Director:	Gary Walbridge (Strategic Director for Adults, Health and Communities)
Author:	Gill Nicholson, Head of Service for Innovation and Delivery, Strategic Commissioning
Contact Email:	Gill.nicholson@plymouth.gov.uk
Your Reference:	Click here to enter text.
Key Decision:	No
Confidentiality:	Part I - Official

Purpose of Report

The purpose of this report is to provide Scrutiny panel members with a performance update for Adult Social Care, including levels of demand for services and any priority actions.

Recommendations and Reasons

1. It is recommended that Scrutiny acknowledge the content of the report.

Alternative options considered and rejected

1. None

Relevance to the Corporate Plan and/or the Plymouth Plan

Plymouth Plan Priority: A Healthy City

Corporate Plan Priority: Keeping children, adults and communities safe

Implications for the Medium Term Financial Plan and Resource Implications:

None - the Adult Social Care budget is monitored closely, including the numbers of people needing a new service and the associated costs of services.

Financial Risks

None – as above

Carbon Footprint (Environmental) Implications:

Services for Adult Social Care are provided locally to the city as much as possible to enable people to remain close to their communities. This also aims to reduce the amount of travel required.

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

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

None

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 Activity and Performance Report							

Background papers:

*Add rows as required to box below

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

Title of any background paper(s)	Exemption Paragraph Number (if applicable) <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
N/A							

Sign off:

Fin	HS.24 .25.21	Leg	LS/00 0036 05/2/ LB/11 /10/2 4	Mon Off	Click here to enter text.	HR	N/A	Asset s	N/A	Strat Proc	N/A
Originating Senior Leadership Team member: Emma Crowther, Strategic Director for Integrated Commissioning											
Please confirm the Strategic Director(s) has agreed the report? Yes Date agreed: 11/10/2024											
Cabinet Member approval: Cllr Mary Aspinall via email Date approved: 11/10/2024											

ADULT SOCIAL CARE ACTIVITY AND PERFORMANCE REPORT

September 2024



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Glossary

ASC	Adult Social Care
CQC	Care Quality Commission
LCP	Local Care Partnership
LGO	Local Government Ombudsman
NCTR	No Criteria to Reside
SALT	Short and Long Term
P1	Home – Continuing Reablement
P2	Short Term Care – Bed Package
P3	Long Term Care – Nursing/Residential

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 the position 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.

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.

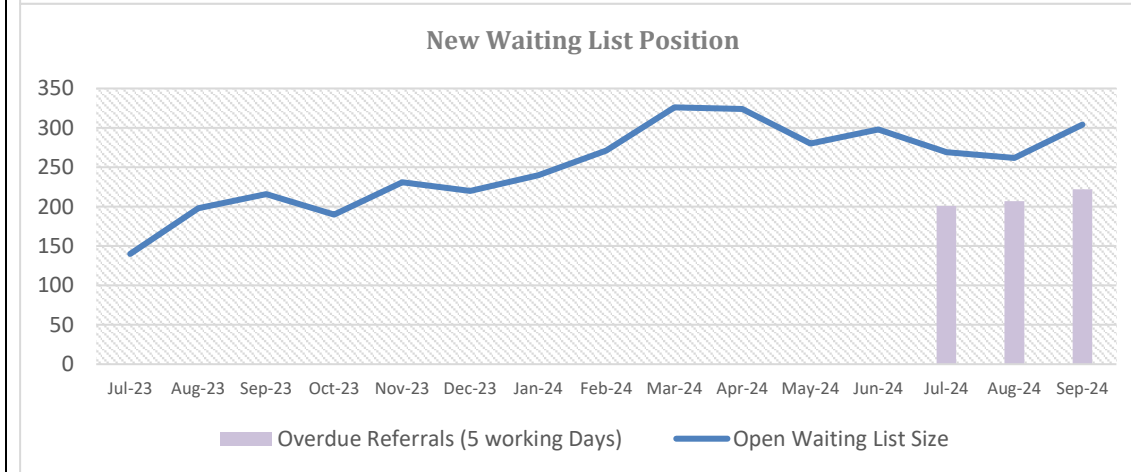
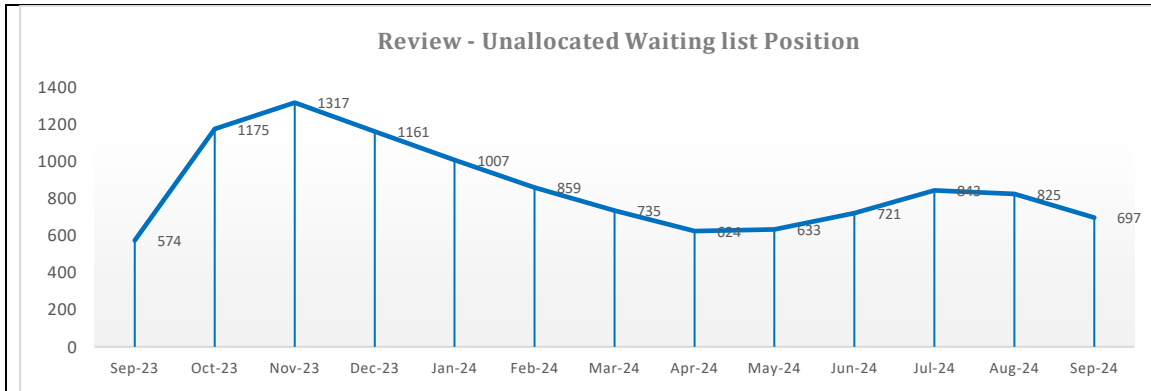
Plymouth City Council has the statutory responsibility for the delivery of all Adult Social Care (ASC) services in Plymouth and will be subject to a CQC assessment by the end of 2025. The Council's partners are playing a significant role in how we prepare for the new assessment framework, including Livewell Southwest, who are commissioned by the Council to provide statutory Adult Social Care services, including assessments and reviews. Meanwhile we are participating in a peer review from the Local Government Association to review our performance and prepare for CQC inspection and this will take place in November 2024.

Below are some key delivery statistics in relation to Adult Social Care in Plymouth
In 2023/24

- 8008 requests for support from new clients
- 3449 people accessed long term adult social care support.
- 966 people received care in a Residential or Nursing Care
- 2483 people received care in a Community Based Setting
- 5227 safeguarding referrals received, leading to 874 safeguarding concerns and 393 section42 enquiries.
- 1786 Carers Assessments undertaken.
- 629 individuals received social care support via a Direct Payment

Theme: Waiting Lists

KPI	April	May	June	July	August	September	Direction	Target
New referrals awaiting response (Livewell contact centre)	324	280	298	269	262	304	▼	
Number of Overdue Assessments (30+ days)	1033	800	762	738	732	721	▼	459
Number of unallocated Assessments	931	646	592	590	605	620	▲	413
Number of reviews undertaken	382	285	307	365	274	216	▼	197



Narrative

Whilst referral demand has remained stable the number of referrals awaiting a response has increased this month after a previous reduction. Livewell are addressing this and trying to reduce the waiting time.

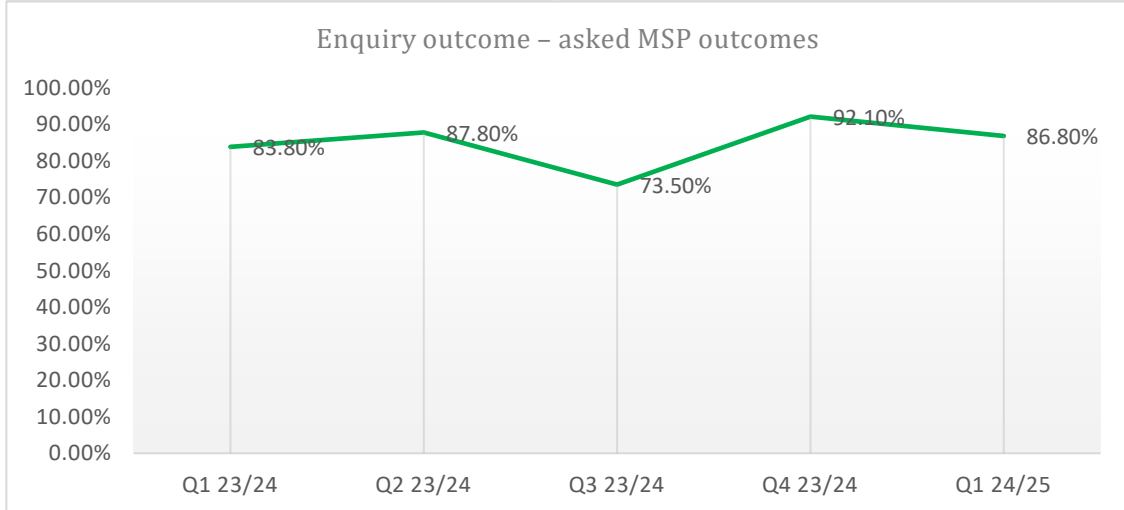
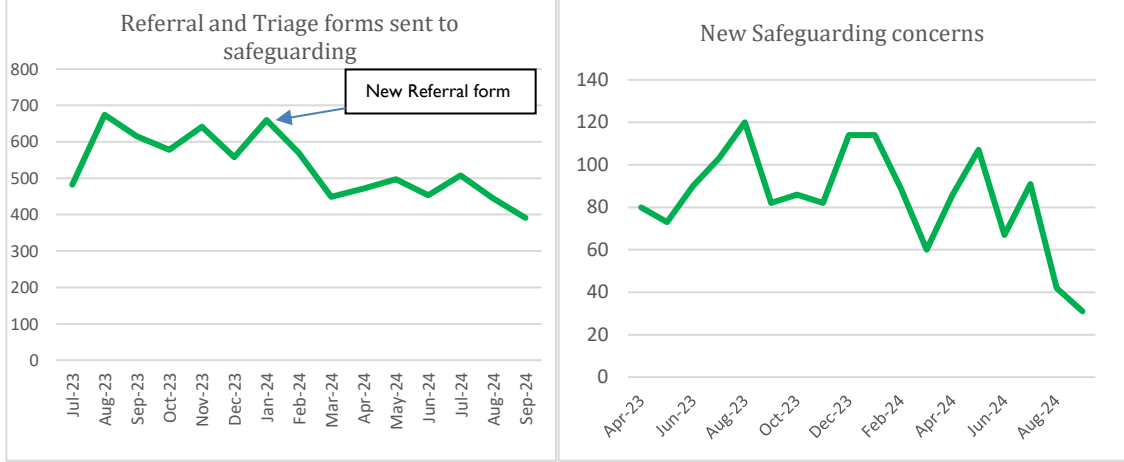
The number of overdue assessments is on a positive downward trajectory due to a focus on improving data quality and focus on reducing any backlog. The number of reviews undertaken varies from month to month and the total number of outstanding reviews has reduced.

There is a workstream focusing on waiting lists management, led by Livewell which is developing a Waiting Well protocol to ensure that people are supported if they need to wait for an assessment.

Reporting period to: 30 September 2024

Theme: Safeguarding

KPI	April	May	June	July	August	September	Direction
Referral and Triage forms sent to safeguarding	472	497	453	508	444	391	▼
Percentage of above that become a concern	18.4%	21.3%	15.9%	18.5%	11.9%	10%	▼
New Safeguarding concerns	86	107	67	91	42	31	▼
S42 Enquiries completed	37	59	32	81	24	43	▲



Narrative

We have seen a reduction in safeguarding concerns because of the revised referral form, building awareness with agencies and the advice line going live. Police, SWAST, other LA and other referrals which do not come in on our form are largely responsible for a greater % of reduced number of referrals in and most of these have been found to not meet the criteria.

Average of 17.2% of safeguarding referrals have become a concern during this financial year. We have recognised that although there has been a reduction in referrals this has only seen a 1% increase on the average from 23/34. Alongside of this we recognise that the last two months of this year have seen a significant change in the % and we're monitoring this closely.

Next Steps

Continue to explore and understand why the % going forward as a concern has reduced within August and September.

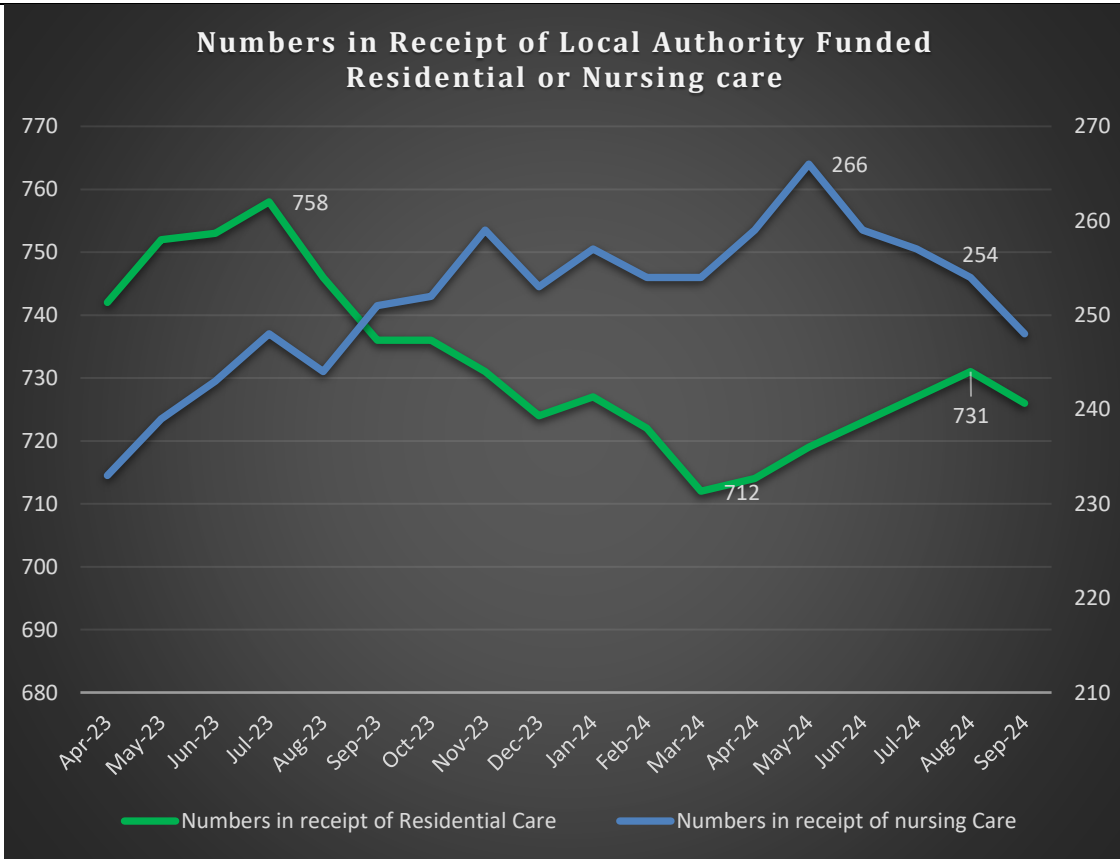
Continued efforts are being made to improve awareness of criteria for referrals.

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Reporting period to: September, 2024

Theme: Residential and Nursing Care

KPI	April	May	June	July	August	September	Direction
Adults aged 65+ whose needs are met by admission to residential/nursing care homes (per 100,000 population)	27	61	86	114	130	144	▲
Adults aged 18-64 whose needs are met by admission to residential/nursing care homes (per 100,000 population)	55.6	125.7	177.2	234.9	267.9	296.7	▲
Adults 65+ whose needs are met by admission to nursing care homes (per 100,000 population)	20	28	37	44	47	47	▲ ▼
Numbers in receipt of Nursing Care	259	266	259	257	254	248	▼
Numbers in receipt of Residential Care	714	719	723	727	731	726	▼

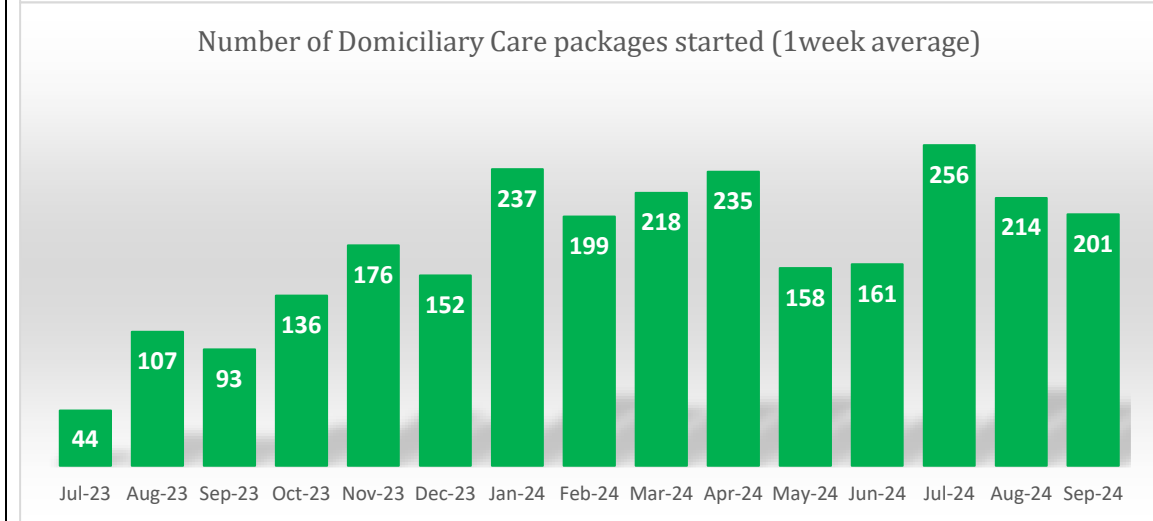
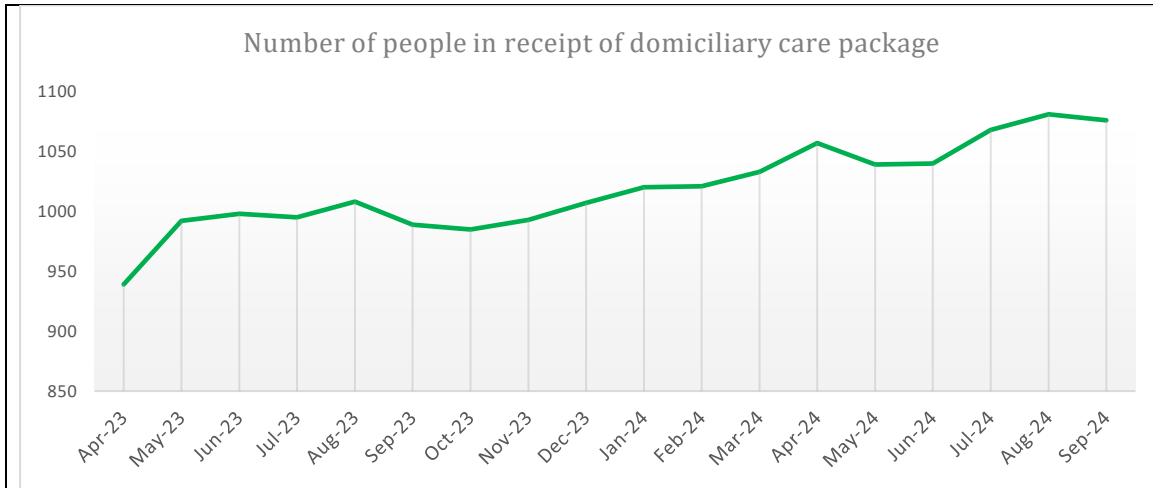


Narrative

There is a positive reduction in the total number of people in receipt of Nursing and Residential care meaning that we are supporting more people to remain living independently at home. We are working closely with our NHS partners to ensure that people leaving hospital are supported to have the choice to return home and can live independently wherever possible.

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Reporting period to: September, 2024		Domiciliary Care					
KPI	April	May	June	July	August	September	Direction
Number of people in receipt of domiciliary care	1057	1039	1040	1068	1081	1076	▼
Percentage of Domiciliary Care package opened within one week	94.3%	94.4%	89.9%	90.2%	88.6%	90.1%	▲
Number of Domiciliary Care packages started	235	158	161	256	214	201	▼

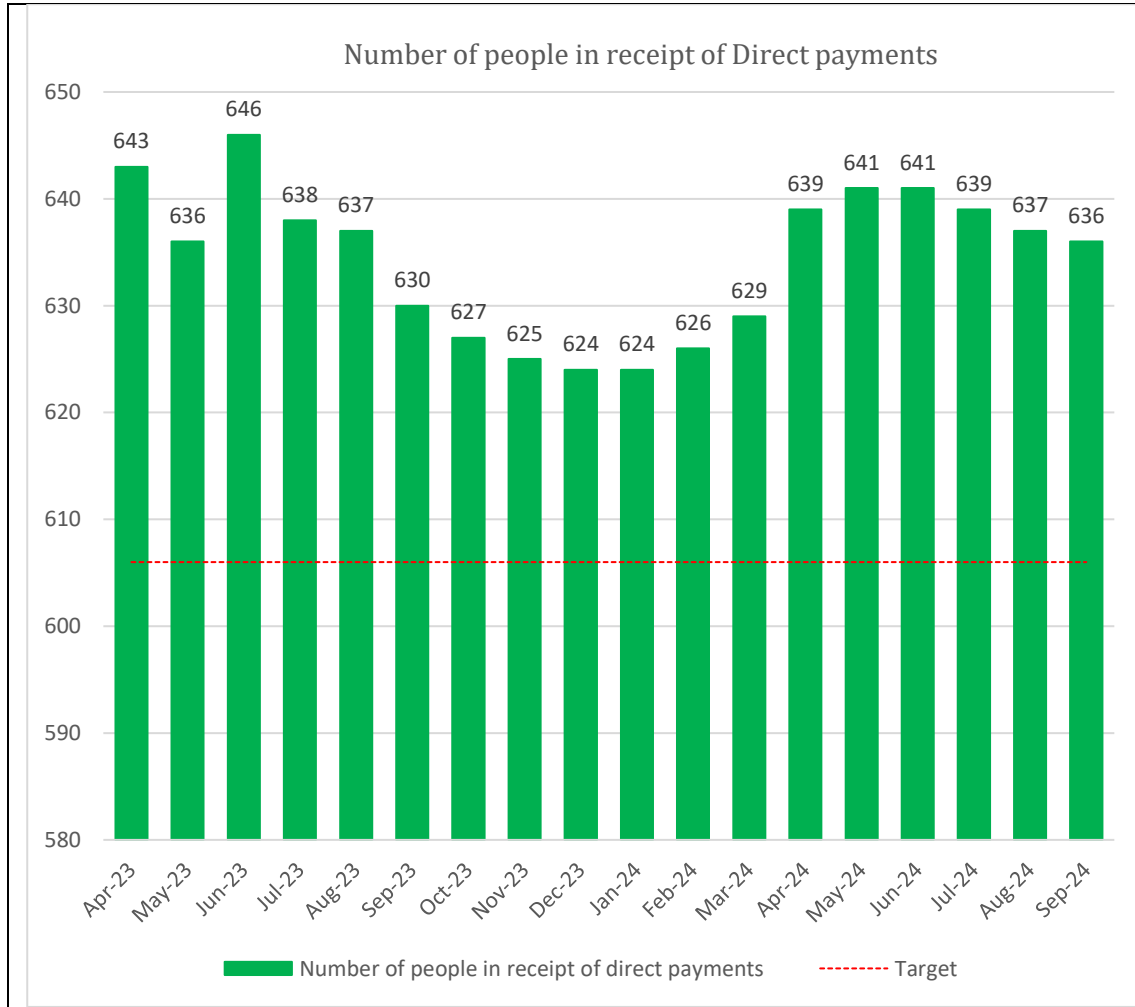


Narrative

The number of people receiving domiciliary care at home has increased slightly over recent months meaning that we are supporting more people at home instead of in a care home. The number of people waiting for domiciliary care support is low (approx. 30 people) and the wait for care to be provided is on average a week. This is very different to during the pandemic when regularly over 200 people could be waiting for care to start.

Reporting period to: September, 2024 Direct Payments

KPI	April	May	June	July	August	September	Direction
Number of people in receipt of Direct Payments	639	641	641	639	637	636	▼



Narrative

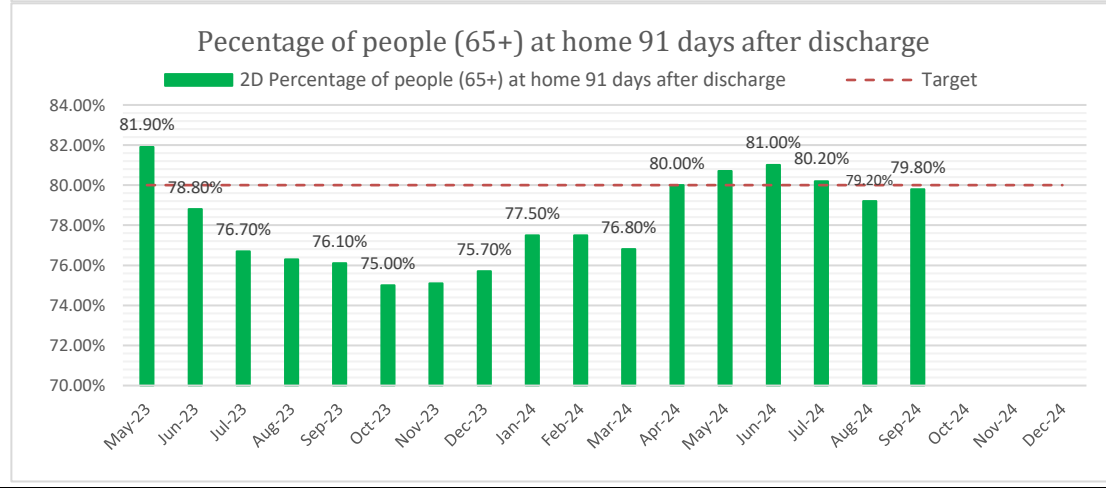
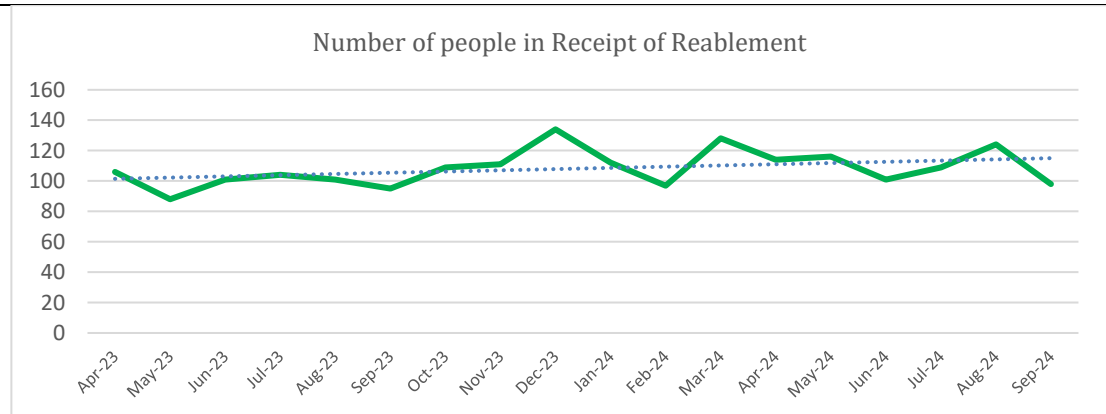
There has been a slight reduction in Direct Payments (DP) numbers over the last four months but remains above the planned forecast of 606.

We are currently developing mandatory direct payment training for all Livewell Southwest staff. This will be rolled out before the end of the financial year and should help to increase the DP numbers and improve the confidence of staff when discussing the option of using Direct Payments. This training may also be rolled out to Deputyships and the Contact Centre Staff.

Reporting period to: September, 2024

Reablement

KPI	April	May	June	July	August	September	Direction
Number of people in receipt of reablement	114	116	101	109	124	98	▼
Percentage of people (65+) at home 91 days after discharge	80%	81%	81%	80%	79%	79.8%	▲
Number of reablement packages started in period	113	121	85	110	105	84	▼
Number of reablement hours delivered in period (predicted)	3429	3570	3144	3626	4651	3902	▼



Narrative

The number of people in receipt of reablement has been relatively stable but has dropped slightly this month due to less referrals. Currently the Reablement service only supports people following an admission to hospital but we have plans to open up the service to community referrals to avoid unnecessary hospital admissions for those who can remain safely at home.

2
complaints received for June, July and August

4
complaints closed for June, July and August

13
complaints received for June, July and August

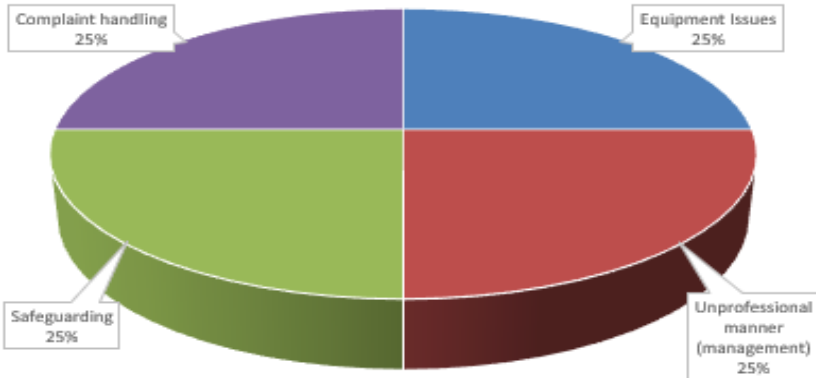
Complaints Received

Reason for complaint

Staff attitude and actions	1
Service quality /appropriateness/lack of	1

Complaint categories only offer an overview of the whole complaint. The chart below breaks down each complaint to identify the areas of service that have attracted the most concerns.

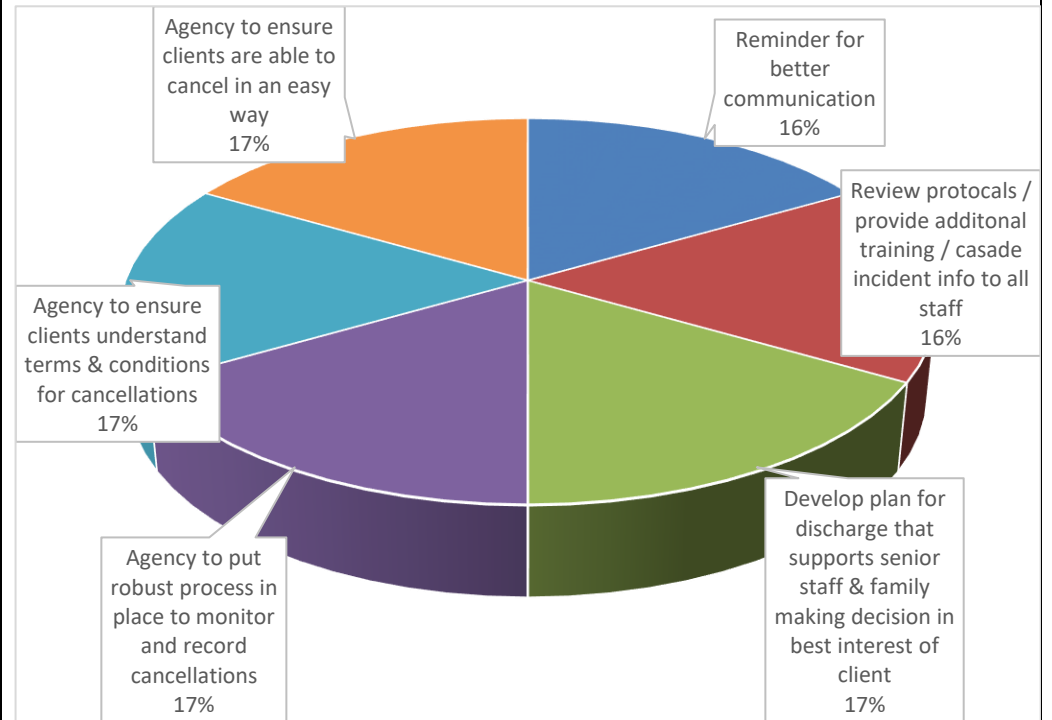
Complaints



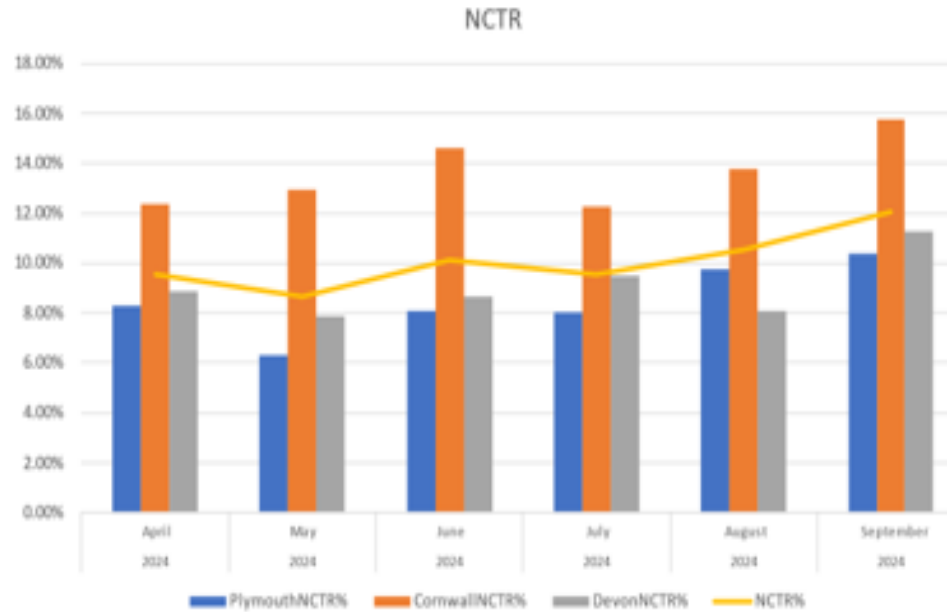
Complaints closed during quarter 2 were all upheld or partially upheld

- Over a 5-month period all complaints investigated about providers have identified some fault with service provision.
- Two key themes have been identified - **complaint handling by the provider** and the **unprofessional manner of staff**.

The service improvements identified by Commissioners in June, July and August are shown below. Providers are being offered training by the Complaints team to improve how they respond to complaints



NCTR September Position



Average NCTR for September is at its highest position since April, 12.03%. The increased position of Plymouth, Devon and Cornwall will have impacted this. Plymouth position is 10.40% compared to the previous position of 9.73% and its low in May of 6.30%. Cornwall NCTR is peaking at 15.67% and Devon has seen a rise to 11.27% from the previous 8.09% - the greatest increase this month, likely impacted by the RAPID capacity.

Health and Wellbeing Scrutiny Panel



Date of meeting:	22 October 2024
Title of Report:	Adult Social Care Finance Report – Month 5 24/25
Lead Member:	Councillor Mrs Mary Aspinall (Cabinet Member for Health and Adult Social Care)
Lead Strategic Director:	Gary Walbridge (Strategic Director for Adults, Health and Communities)
Author:	Helen Slater (Lead Accountancy Manager)
Contact Email:	helen.slater@plymouth.gov.uk
Your Reference:	ASCFINM524
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 Month 5 2024/25

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

1. 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 Report – Month 5 2024/25							

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. 24.25 .104	Leg	Click here to enter text.	Mon Off	Click here to enter text.	HR	Click here to enter text.	Assets	Click here to enter text.	Strat Proc	Click here to enter text.
Originating Senior Leadership Team member: Click here to enter text.											
Please confirm the Strategic Director(s) has agreed the report? Yes											
Date agreed: 11/10/2024											
Cabinet Member approval: <i>Cllr Aspinall</i>											
Date approved: 11 October 2024 (via email)											

ADULT SOCIAL CARE

Budget Monitoring Month 5 2024/25



- The total budget for Adult Social Care for 2024/25 is **£103.127m**
- **£119.082m** relates to Care Package Expenditure, which is offset by income from clients and grant funding.

Care Packages Expenditure	£m
Residential & Nursing	53.423
Supported Living	29.403
Domiciliary Care	15.395
Direct Payments	12.478
Extra Care Housing	4.179
Short Stays & Respite	2.724
Day Care	1.480
Sub total	119.082

Main Sources of Income	£m
Income from Clients	(20.995)
Government Grants (incl. Better Care Fund)	(10.485)
Income from Health for Joint Funded Packages	(5.992)
Sub total	(37.472)

Other Budgets	£m	
Social Care Contract	7.531	
Contracts	6.961	e.g Domestic Abuse, Mental Health, Sheltered Housing, Support for Carers etc
Staffing*	3.454	includes Management, Commissioning, Safeguarding, Innovation and Operational Development staffing (excl Own Provision)
Own Provision*	3.293	includes Colwill Lodge, The Vines, Reablement, Independence at Home
Children's Commissioning	3.052	incl Family Hubs
Community Equipment*	0.940	
Sub total	25.231	*these budgets incl BCF funding also shown in the income table

Month 5 2024/25

Care Package Forecast Summary at Month 5			
	Budget	M5 Forecast	Variance
	£m	£m	£m
Domiciliary Care	15.395	15.426	0.031
Supported Living	29.403	29.371	(0.032)
Direct Payments	12.478	12.431	(0.047)
Extra Care Housing	4.179	4.162	(0.017)
Residential Long Stays	40.385	39.779	(0.606)
Nursing Long Stays	13.038	13.508	0.470
Short Stays and Respite	2.724	2.989	0.265
Day Services and Shared Lives	1.884	1.684	(0.200)
Total			(0.136)

- Forecasting at Month 5 shows Domiciliary Care, Supported Living, Direct Payments and Extra Care Housing expenditure close to budget. Residential Long Stays are showing a large saving of (£0.606m) with fewer clients than budgeted, but this offset pressures within Nursing Long Stays and Short Stay packages.
- Previously we highlighted potential issues with Client Income coming in under budget. We now have more definite forecasts on this with a potential forecast pressure of around £3m, the majority of this being within Fairer Charging income.
- The service has identified mitigations to offset this pressure including reviews of specific packages and an audit on income processes to identify any improvements that can be made.

Health and Adult Social Care Overview and Scrutiny Committee



Date of meeting:	22 October 2024
Title of Report:	Health and Adult Social Care Policy Brief
Lead Member:	Councillor Mary Aspinall
Lead Strategic Director:	Gary Walbridge (Strategic Director for Adults, Health and Communities)
Author:	Alan Knott (Policy & Intelligence Advisor)
Contact Email:	Alan.Knott@Plymouth.gov.uk
Your Reference:	HASC PB 22.10.24
Key Decision:	No
Confidentiality:	Part I - Official

Purpose of Report

To provide Health and Adult Social Care Overview and Scrutiny Committee with the latest national picture in respect of policy announcements and legislation relating to health and social care.

Recommendations and Reasons

For Scrutiny to consider the information provided in regard to their role and future agenda items.

Alternative options considered and rejected

N/A

Relevance to the Corporate Plan and/or the Plymouth Plan

Delivery of the Corporate Plan and Plymouth Plan needs to take account of emerging policy and the legislative picture.

Implications for the Medium Term Financial Plan and Resource Implications:

N/A

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	Health and Adult Social Care Policy Brief							

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
Approved by: Caroline Marr, Senior Policy Advisor Date approved: 08/10/2024											

POLICY BRIEF

Health and Adult Social Care Overview and Scrutiny

October 2024



The information within this Brief is correct at the time of approval for publication and contains relevant recent announcements made by Government and its departments and regulators.

GOVERNMENT POLICY, LEGISLATIVE ANNOUNCEMENTS AND NEWS

Health missions

The New Labour government has set out a comprehensive health mission focusing on improving long-term public health and tackling healthcare inequalities. Key aspects include:

- **Reducing Health Inequalities:** Labour aims to halve the gap in healthy life expectancy between the most and least deprived areas in England. Specific pledges include addressing maternal mortality disparities, especially for Black and Asian women, and prioritising women's health broadly
- **Tackling Chronic and Long-Term Conditions:** Labour emphasises a patient-centred approach, with a strategy for managing multiple chronic conditions and improving coordination between the NHS, social care, and other sectors.
- **Prevention-Focused Initiatives:** They plan to integrate "opt-out" smoking cessation programs into routine care and regulate advertising for unhealthy products like junk food and energy drinks to protect young people.
- **Technological Innovation:** Labour's "Fit for the Future" fund aims to double CT and MRI scanners to catch cancer earlier, along with enhancing the NHS App for better patient care.
- **Mental Health and Child Care:** They also commit to reforming the Mental Health Act and improving children's health through programs like supervised tooth-brushing and expanding mental health services in communities.

Governments 10 year Plan for the NHS

Lord Darzi has published the [report](#) from his independent investigation of the NHS in England. In conjunction with this, Prime Minister Keir Starmer delivered a [speech](#) on the NHS at the King's Fund. He announced that the Government's ten-year plan for the NHS will be based around three shifts:

- Firstly, moving from an analogue to a digital NHS.
- Secondly, the Government will aim to prioritise the shift of care from hospitals to communities.
- Thirdly, there needs to be a heavier focus on prevention.

Summary of the Prime minister's speech:

The key priorities from the speech are:

1. **Acknowledge NHS Crisis and Need for Reform:** The NHS is in a critical state, facing severe challenges like long waiting times, avoidable deaths, and outdated facilities. Reform is needed, not just additional funding.
2. **Digital Transformation:** Shift from an analogue to a digital NHS, including full digital patient records, greater use of technology (e.g., apps, precision medicine), and enhancing healthcare access through digital solutions.

3. **Shift Care from Hospitals to Communities:** Transition more healthcare services to local communities, improve GP access, offer virtual consultations, and integrate health and social care to reduce hospital strain.
4. **Focus on Prevention over Cure:** Prioritise preventative healthcare, particularly in areas like children's mental health and dentistry. Initiatives like workplace health checks, blood pressure monitoring at dental clinics, and greater focus on early intervention.
5. **Economic and Societal Health:** Address the root causes of poor health, including social issues like poor housing and employment insecurity, and work to reduce long-term sickness to help boost economic growth.
6. **Workforce and Productivity:** Address the inefficiencies in NHS staffing, reduce reliance on expensive agency staff, and ensure that healthcare professionals can focus on treating patients rather than administrative tasks.
7. **Ten-Year Plan for Long-Term Reform:** Develop a long-term strategy to modernize the NHS, addressing underlying systemic issues and improving productivity and patient outcomes.
8. **Maintain Founding Ideals:** Reaffirm the NHS's foundational principle of being publicly funded and free at the point of use while driving reforms to make it more efficient and future-proof.
9. **Life Sciences and Innovation:** Support technological and scientific advancements, making the NHS a leader in fields like life sciences and innovative medical treatments.

[Adult social care winter letter 2024 to 2025](#)

Letter from Stephen Kinnock, Minister of State for Care, setting out the critical actions needed across the adult social care sector to protect individuals and their carers, and deliver operational resilience in winter 2024 to 2025. The principles guiding these short-term priorities are similar to those that will underpin that longer-term reform:

- a 'home first' approach that supports people to live independently for as long as possible
- a relentless focus on ensuring high-quality care
- close involvement of people receiving care and their families and carers

Close partnership working and joint planning between adult social care, the NHS and other community partners is vital to the successful delivery of these priorities.

[Get Winter Strong campaign launched](#)

The UK Health Security Agency, Department for Health and Social Care, and NHS England have announced the launch of the Get Winter Strong campaign on 7 October, to help reduce the impact of winter viruses on those most at risk, as well as ease NHS winter pressures. The campaign will urge all those who are eligible to get their flu and COVID-19 vaccinations ahead of winter and for the first time will encourage pregnant women to also get their respiratory syncytial virus (RSV) and whooping cough vaccination. The campaign will run for 10 weeks and on TV and radio channels, outdoor poster sites in England and on social media.

HEALTH AND ADULT SOCIAL CARE SCRUTINY PANEL

Tracking Decisions Log 2024-25



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	1
In Progress	3
On Hold	1
Awaiting Action	0
Total	5

No.	Meeting Date	Resolution	Responsible	Status
1	16/07/2024	Requested further clarity regarding the number of Adult Mental Health referrals and reasons for assessment delays; Requested further details regarding staff sickness and absences, to detail precise numbers and absence lengths.	Stephen Beet (Head of ASC Retained Functions)	In Progress
These requests will be included in the H&ASC Performance report for the next Committee meeting in October 2024.				
2	16/07/2024	The Panel agreed to provide feedback on the Peninsula Acute Sustainability Programme to NHS Devon, summarising this meetings discussions.	Gary Walbridge, Councillor Murphy and Elliot Wearne-Gould	In Progress
A document compiling feedback from the Plymouth Health and Wellbeing Board, and Health & Wellbeing Scrutiny Panel has been drafted and is awaiting approval.				
3	16/07/2024	The Panel agreed to request an update on the progress and performance of the Right Care Right Person initiative at a later date to provide assurance and scrutiny of any risks and issues that emerge through the phased introduction	Fergus Patterson (D&C Police) + Elliot Wearne-Gould	On Hold
This item has been added to the Panel's Work Programme for tabling at the appropriate time.				

4	20/02/2024	<p>End of Life Care:</p> <ol style="list-style-type: none"> 1. NHS Devon and partners return to a future scrutiny session to bring an update on performance against the End of Life Care improvement Plan. This is to include delivery of the Palliative Care framework, findings of the Estover Pilot Project, and additional information on the below recommendations. 2. NHS Devon and Partners take into account, and record peoples preferences for place of death. Collect figures in the hospital and report back into future scrutiny (as per rec 1). 3. NHS Devon and partners return at a future time to report on falls prevention measures being undertaken and related performance. 4. NHS Devon and partners work to reduce the delay in testing and diagnosis to enable maximum choice for patients spend their remaining time in the way/location that they wish; 5. NHS Devon adopt processes to include patients' relatives in the planning and administration of care for their loved ones (where applicable, and consent given). This includes consultation in the development of a TEP. – Proactively suggest to patients- “what about your family?” and “would you like to consult with a family member?” etc. 6. The Council, in partnership with City organisations and individuals, seek to promote and recognise St. Luke’s communication of “Care in the 	NHS Devon and partners + Gary Walbridge.	In-Progress
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		<p>community” and “the hospice coming to you”, rather than the misconception of patients having to be admitted to a hospice.</p> <p>7. The Cabinet Member for Housing, Cooperative Development and Communities (Cllr Penberthy), ensures that the Housing Needs Assessment considers housing standards, and their appropriateness, for individuals with a variety of medical needs (Accessibility and quality). – Have some houses specially built/ adapted for those with additional medical needs.</p>		
<p>Response: NHS Devon and partners will return to Scrutiny in October 2024 to bring an update on the End of Life Care Improvement Plan. The Cabinet considered these recommendation at the 08 July 2024 meeting, and the Cabinet member for Housing, Cooperative Development and Communities (Cllr Penberthy) delivered this response: “The Plan for Homes 4 was launched in March and aims to deliver at least 5,000 new homes in Plymouth over the next five years. One of its key initiatives is to address specialist and supported priority housing needs. As we develop the delivery plans for Plan 4 Homes, I will ensure that appropriate consideration is given to this area and will be pleased to discuss this during future consideration of the plan by the Housing and Community Services Overview and Scrutiny Panel”.</p>				

5	26/10/2023	<p>1. 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.</p> <p>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”.</p>	Ann Thorpe (Service Manager, FM)	In-Progress
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Response: 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.

Chelson Meadow. There are 2 units at Chelson Meadow, one at The Ride available 24/7 and one in the recycling centre available 08:30-17:30. 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. Further Defibrillators will be applied for through The Department of Health and Social Care Community Automated External Defibrillators (AED) Fund, which has recently been re-launched.

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Health and Adult Social Care Scrutiny Panel:

Work Programme 2024/25



Please note that the work programme is a 'live' document and subject to change at short notice. The information in this work programme is intended to be of strategic relevance.

For enquiries relating to the Council's Scrutiny function, including this Committee's work programme, please contact Elliot Wearne-Gould (Democratic Advisor) on 01752 398261.

Date of Meeting	Agenda Item	Prioritisation Score	Reason for Consideration	Responsible Cabinet Member/Lead Officer
16 July 2024	Quarterly Performance & Financial Report for H&ASC, + Risk Monitoring Report.	4 (Medium)	Regular monitoring of performance and finance for H&ASC.	Rob Sowden, Helen Slater and Ross Jago
	PASP Draft Case for Change	4 (Medium)	Requested by NHS due to potential service change implications	Katie Harding (NHS D)
	DFG performance	4 (Medium)	To scrutinise concerns regarding DFG waiting lists, financing and performance.	Dave Ryland
	Right Care Right Person	4 (Medium)	To scrutinise introduction of new Police initiative, and its implications.	D&C Police
22 October 2024	Quarterly Performance & Financial Report for H&ASC, + Risk Monitoring Report	4 (Medium)	Regular monitoring of performance and finance for H&ASC.	Rob Sowden, Helen Slater and Ross Jago
	Winter Preparations and Planning	4 (Medium)	To scrutinise vaccine programmes, hospital capacity and other measures ahead of anticipated winter pressures.	Chris Morley (NHS D)
	End of Life Care Update	4 (Medium)	To receive an update against the	Chris Morley (NHS D)

			NHS D performance plan for End of Life Care	
	ICB finance and planned changes	4 (Medium)	An overview of NHSD financial position and any changes planned/required. Importance of planned, communicated and engaged response rather than rapid changes/ cuts to services. Particular ask to explain the cutting of the Stroke Service - Stroke Association in Plymouth, and where support will now be provided from.	Chris Morley (NHS D)
	Policy Brief for Health and Adult Social Care	3 (Medium)	To inform members of Government priorities and announcements for Health & ASC	Alan Knott
10 December 2024	Care Homes Commissioning Plan			Emma Crowther (on leave). Caroline Paterson?
11 February 2025				
Standing Items				
	Quarterly Performance & Financial Report for H&ASC, + Risk Monitoring Report	4 (Medium)	Regular monitoring of performance and finance for H&ASC.	Rob Sowden, Helen Slater and Ross Jago

Items to be scheduled for 2024/25			
Local Care Partnership Plan			
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			
Independent Prescribing Pathfinder Programme (NHS Devon)			
Mental Health			
Right Care Right Person Update (D&C Police)			Chief Superintendent Fergus Paterson
Items Identified for Select Committee Reviews			

Scrutiny Prioritisation Tool

		Yes (=1)	Evidence
P ublic Interest	Is it an issue of concern to partners, stakeholders and/or the community?		
A bility	Could Scrutiny have an influence?		
P erformance	Is this an area of underperformance?		
E xtent	Does the topic affect people living, working, or studying in more than one electoral ward of Plymouth?		
R eplication	Will this be the only opportunity for public scrutiny?		
	Is the topic due planned to be the subject of an Executive Decision?		
Total:			High/Medium/Low

Priority	Score
High	5-6
Medium	3-4
Low	1-2