



**Oversight and Governance**

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## **HEALTH AND ADULT SOCIAL CARE SCRUTINY PANEL**

Tuesday 10 December 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. 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 Panel members.

## 2. Declarations of Interest

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

## 3. Minutes (Pages 1 - 10)

The Panel will be asked to confirm if the minutes of 22 October 2024 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. Quarterly Performance and Finance Report for Health and Adult Social Care: (Pages 11 - 28)

## 6. Livewell Southwest Performance Report: (To Follow)

## 7. Recommissioning of Care Homes: (Pages 29 - 42)

## 8. One Devon ICS Finance Report: (Pages 43 - 54)

## 9. UHP Maternity Care Report: (To Follow)

## 10. Policy Brief for Health and Adult Social Care: (Pages 55 - 58)

## 11. Tracking Decisions (Pages 59 - 64)

For the Panel to review the progress of the Tracking Decisions Log.

## 12. Work Programme (Pages 65 - 68)

For the Panel to discuss item on 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.

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## 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:

| <b>Member</b>           | <b>Interest</b>       | <b>Description</b>         |
|-------------------------|-----------------------|----------------------------|
| 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 30<sup>th</sup> 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 I 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.

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# Health and Adult Social Care Scrutiny Panel



|                          |   |
|--------------------------|---|
| Date of meeting:         | 10 December 2024  |
| Title of Report:         | <b>Adult Social Care Finance Report – Month 6 24/25</b>                         |
| Lead Member:             | Councillor Mrs Mary Aspinnall (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:           | <a href="mailto:helen.slater@plymouth.gov.uk">helen.slater@plymouth.gov.uk</a>  |
| Your Reference:          | ASCFINM624  |
| 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 6 2024/25

## Recommendations and Reasons

The Health and Adult Social Care Scrutiny Panel notes the Adult Social Care Finance report.

## Alternative options considered and rejected

I. 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)<br><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 6 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)<br><i>If some/all of the information is confidential, you must indicate why it is not for publication by virtue of Part 1 of Schedule 12A of the Local Government Act 1972 by ticking the relevant box.</i> |   |   |   |   |   |   |
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|                                  |  |   |   |   |   |   |   |
|                                  |  |   |   |   |   |   |   |

**Sign off:**

|   |                               |     |     |            |     |    |     |            |     |               |     |
|---|-------------------------------|-----|-----|------------|-----|----|-----|------------|-----|---------------|-----|
| Fin   | <b>CH.2<br/>4.25.<br/>050</b> | Leg | N/A | Mon<br>Off | N/A | HR | N/A | Asset<br>s | N/A | Strat<br>Proc | N/A |
| Originating Senior Leadership Team member: Gary Walbridge (Strategic Director for Adults, Health and Communities) |                               |     |     |            |     |    |     |            |     |               |     |
| Please confirm the Strategic Director(s) has agreed the report? Yes   |                               |     |     |            |     |    |     |            |     |               |     |
| Date agreed: 27/11/2024   |                               |     |     |            |     |    |     |            |     |               |     |
| Cabinet Member approval: Councillor Mary Aspinall (Cabinet Member for Health and Adult Social Care)               |                               |     |     |            |     |    |     |            |     |               |     |
| Date approved: 02/12/2024   |                               |     |     |            |     |    |     |            |     |               |     |



**ADULT SOCIAL CARE**

Summary Update - Budget Monitoring Month 6 2024/25

**Month 6 2024/25**

| <b>Care Package Forecast Summary at Month 6</b> |               |                    |                 |
|---|---------------|--------------------|-----------------|
|   | <b>Budget</b> | <b>M6 Forecast</b> | <b>Variance</b> |
|   | <b>£m</b>     | <b>£m</b>          | <b>£m</b>       |
| Domiciliary Care                                | 15.395        | 15.507             | 0.112           |
| Supported Living                                | 29.403        | 29.494             | 0.091           |
| Direct Payments                                 | 12.478        | 12.398             | (0.080)         |
| Extra Care Housing                              | 4.179         | 4.160              | (0.019)         |
| Residential Long Stays                          | 40.385        | 39.734             | (0.651)         |
| Nursing Long Stays                              | 13.038        | 13.685             | 0.647           |
| Short Stays and Respite                         | 2.724         | 3.073              | 0.350           |
| Day Services and Shared Lives                   | 1.884         | 1.502              | 0.021           |
| <b>Total</b>                                    |               |                    | <b>0.471</b>    |

- Forecasting at Month 6 shows Supported Living, Direct Payments and Extra Care Housing expenditure close to budget. Residential Long Stays are showing a large saving of (£0.651m) with fewer clients than budgeted, but this offset pressures within Nursing Long Stays and Short Stay packages. Domiciliary Care is now showing a pressure of £0.112m.
- Previously we highlighted potential issues with Client Income coming in under budget. At Month 6 this forecast pressure remains 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.

**Updates on Budget 2025/26**

- National Living Wage from April 2025/26 has been announced at £12.21 per hour.
- Budget announcements also confirmed changes to Employers National Insurance rates and thresholds.

Modelling for the impact on ASC budgets in 2025/26 is underway to be included in ongoing budget discussions.

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# Health and Adult Social Care Scrutiny Panel



|                          |   |
|--------------------------|---|
| Date of meeting:         | 10 December 2024  |
| Title of Report:         | Adult Social Care Activity and Performance Report                                       |
| Lead Member:             | Councillor Mary Aspinnall (Cabinet Member for Health and Adult Social Care)             |
| Lead Strategic Director: | Gary Walbridge (Strategic Director for Adults, Health and Communities)                  |
| Author:                  | Gillian Nicholson, Head of Service for Innovation and Delivery, Strategic Commissioning |
| Contact Email:           | Gillian.nicholson@plymouth.gov.uk   |
| Your Reference:          | N/A   |
| 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

- I. It is recommended that the Scrutiny Panel note the content of the report.

## Alternative options considered and rejected

- I. 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)<br>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    | 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.

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|----------------------------------|---|---|---|---|---|---|---|
|                                  | 1   | 2 | 3 | 4 | 5 | 6 | 7 |
| N/A                              |   |   |   |   |   |   |   |

## Sign off:

|   |                 |     |   |            |     |    |     |        |     |               |     |
|---|-----------------|-----|---|------------|-----|----|-----|--------|-----|---------------|-----|
| Fin   | HS.24<br>.25.21 | Leg | LS/00<br>0036<br>05/2/<br>LB/11<br>/10/2<br>4 | Mon<br>Off | N/A | HR | N/A | Assets | N/A | Strat<br>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<br>Date agreed: 27/11/2024            |                 |     |   |            |     |    |     |        |     |               |     |
| Cabinet Member approval: Cllr Mary Aspinall<br>Date approved: 29/11/2024                                  |                 |     |   |            |     |    |     |        |     |               |     |

# ADULT SOCIAL CARE ACTIVITY AND PERFORMANCE REPORT

September 2024



## Contents

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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.

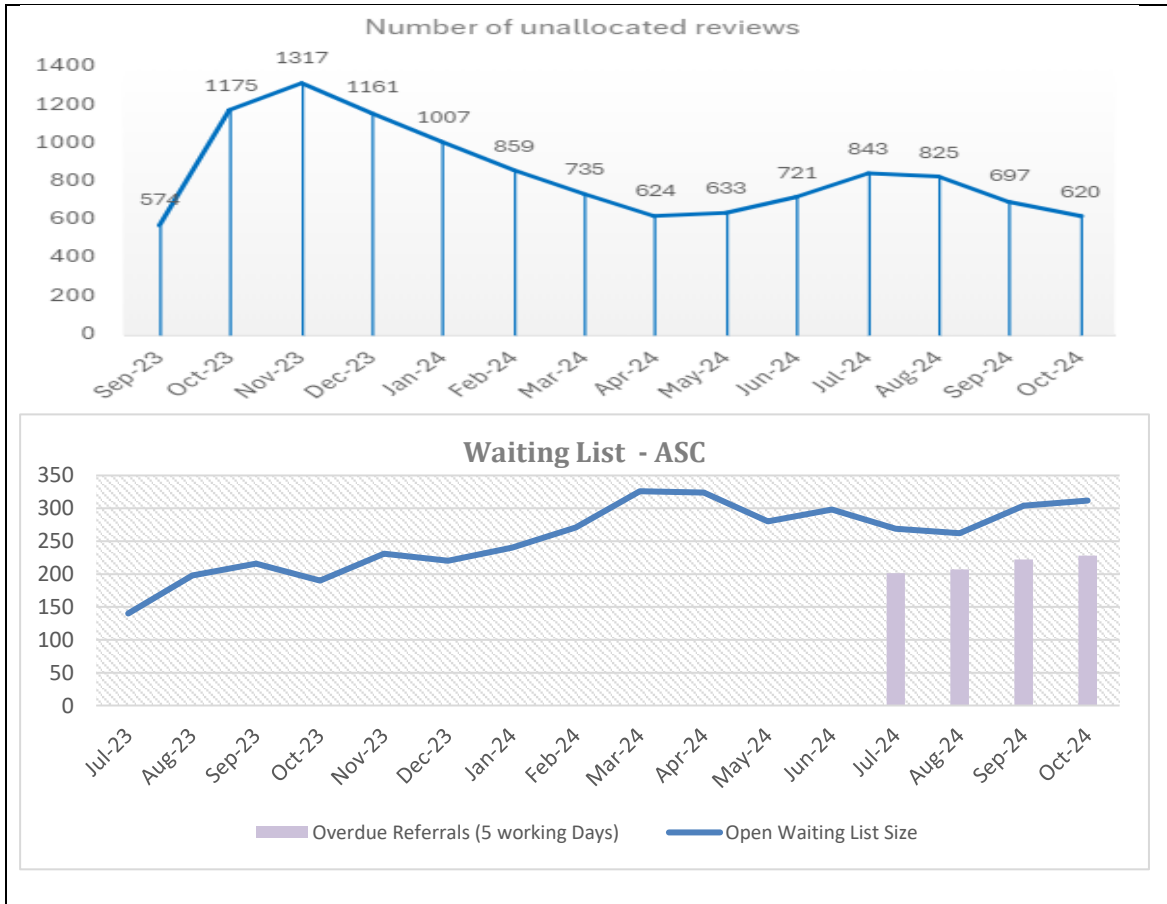
Plymouth City Council has the statutory responsibility for the delivery of all Adult Social Care (ASC) services in Plymouth and will be subject to a CQC assessment by the end of 2025. The Council's partners are playing a significant role in how we prepare for the new assessment framework, including Livewell 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

## Waiting Lists

| KPI   | April | May | June | July | August | September | October | Direction |
|---|-------|-----|------|------|--------|-----------|---------|-----------|
| New referrals awaiting response (Livewell contact centre) | 324   | 280 | 298  | 269  | 262    | 304       | 312     | ▲         |
| Number of Overdue Assessments (30+ days)                  | 1033  | 800 | 762  | 738  | 732    | 721       | 720     | ▼         |
| Number of unallocated Assessments                         | 931   | 646 | 592  | 590  | 605    | 620       | 614     | ▲         |
| Number of reviews undertaken                              | 382   | 285 | 307  | 365  | 274    | 216       |         | ▼         |



### Narrative

Whilst referral demand has remained stable the number of referrals awaiting a response is increasing after a previous reduction. Livewell are addressing this and trying to reduce the waiting time with a planned focused day in December 2024 to reduce the number of overdue referrals over the 5-day target.

The number of overdue continues 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.

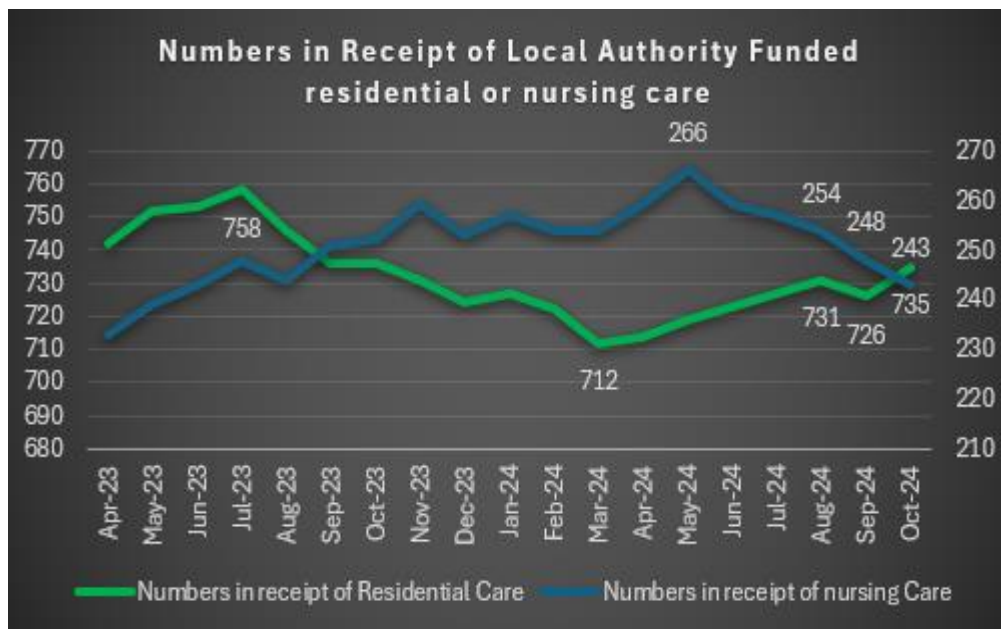
**Residential and Nursing Care**

| KPI   | April | May  | June | July | August | September | October | Direction |
|---|-------|------|------|------|--------|-----------|---------|-----------|
| Adults aged 65+ whose needs are met by admission to residential/nursing care homes (per 100,000 population)   | 55.6  | 70.1 | 51.5 | 61.8 | 37.1   | 35        | 53.5    | ▲         |
| Adults aged 18-64 whose needs are met by admission to residential/nursing care homes (per 100,000 population) | 1.9   | 3.7  | 5.6  | 5.6  | 5.6    | 5.6       | 6.2     | ▲         |
| Adults 65+ whose needs are met by admission to nursing care homes (per 100,000 population)                    | 20    | 28   | 37   | 44   | 47     | 47        | 53      | ▲         |
| Numbers in receipt of Nursing Care  | 259   | 266  | 259  | 257  | 254    | 248       | 243     | ▼         |
| Numbers in receipt of Residential Care  | 714   | 719  | 723  | 727  | 731    | 726       | 735     | ▲         |

**Narrative**

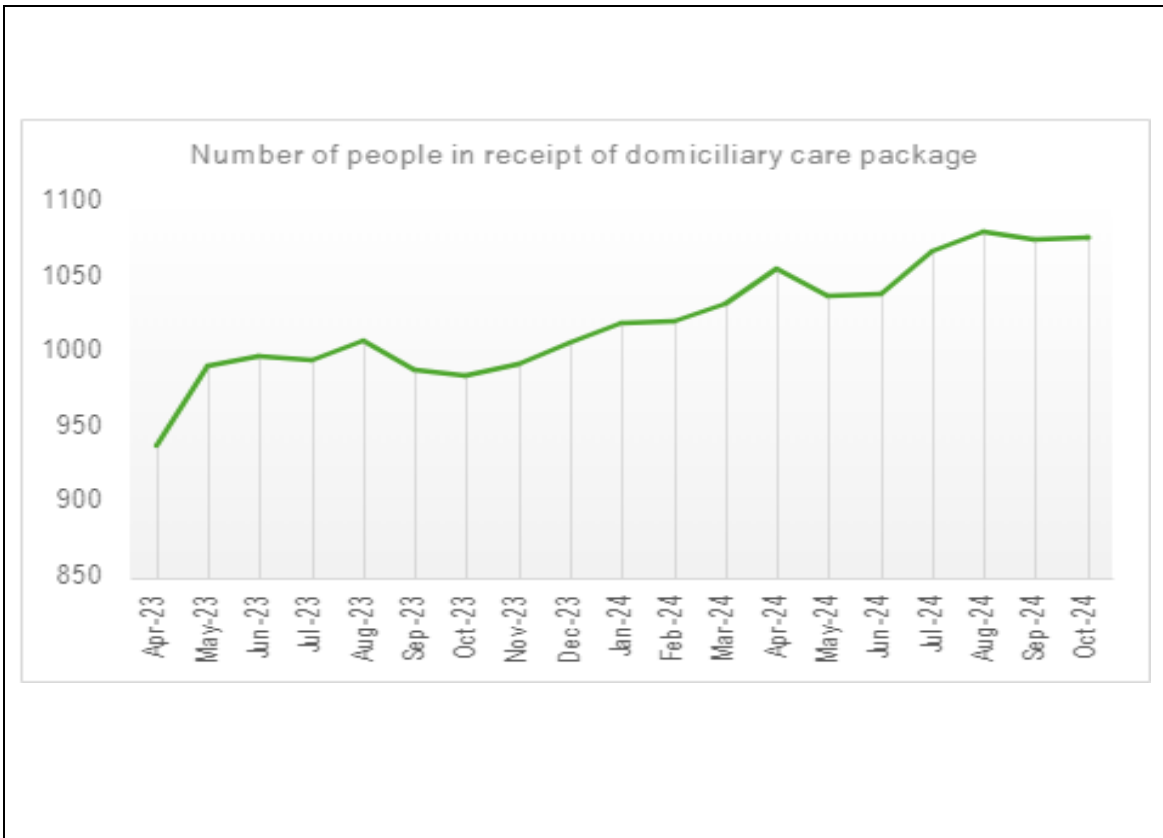
There is a positive reduction in the total number of people in receipt of Nursing care meaning that we are supporting more people to remain living independently at home. However, the number of people in residential care has been increasing, we have increased challenge to appropriate considerations before agreeing LT residential placements.

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. However, anecdotally we can see a build-up in DTA of ELoS cases so over coming weeks we should expect this area to fluctuate as work is prioritised to support.





| Domiciliary Care  |       |       |       |       |       |       |         |           |
|---|-------|-------|-------|-------|-------|-------|---------|-----------|
| KPI   | April | May   | June  | July  | Aug   | Sept  | October | Direction |
| Number of people in receipt of domiciliary care               | 1057  | 1039  | 1040  | 1068  | 1081  | 1076  | 1077    | ▲         |
| Of which in Intermediate Placements - <i>New</i>              |       |       |       |       |       |       | 80      |           |
| Percentage of Domiciliary Care package opened within one week | 94.3% | 94.4% | 89.9% | 90.2% | 88.6% | 90.1% | 87.8%   |           |
| Number of Domiciliary Care packages started                   | 235   | 158   | 161   | 256   | 214   | 201   | 209     |           |



**Narrative**

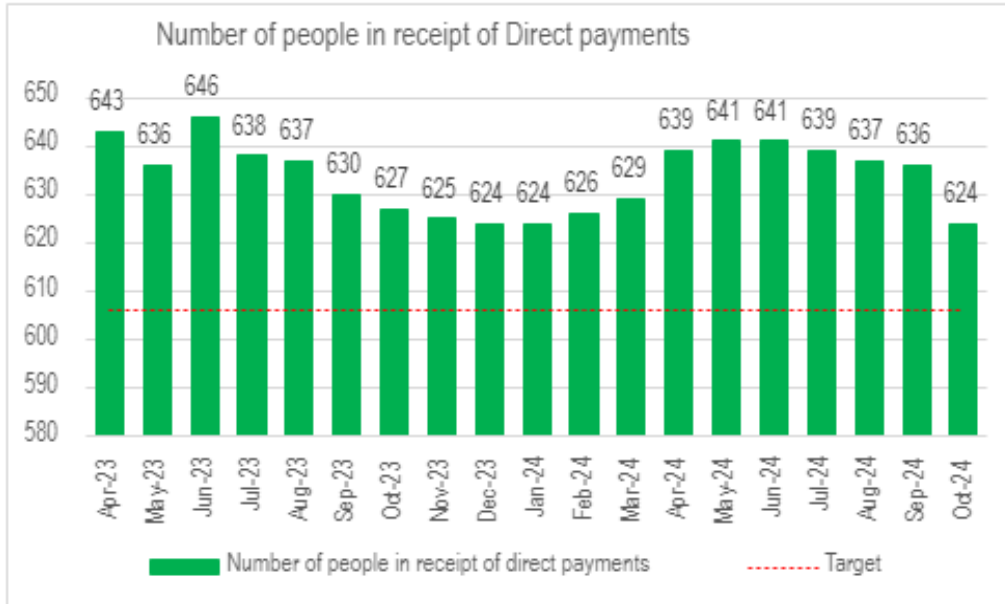
The number of people receiving domiciliary care at home has increased slightly over recent months meaning that we are supporting more people at home instead of in a care home. We have undertaken further analysis to support understanding and have noted that 7.4% of people in receipt of domiciliary care are Intermediate placements.

We will commence engagement with providers in December 2024 to support our development of plans, for the future commissioning model. This will support maximising our choice for people who use our services and build and understanding of 'local' provision.

## Direct Payments

| KPI  | April | May | June | July | August | Sept | October | Direction |
|--|-------|-----|------|------|--------|------|---------|-----------|
| Number of people in receipt of direct payments | 639   | 641 | 641  | 639  | 637    | 636  | 624     | ▼         |

### Narrative



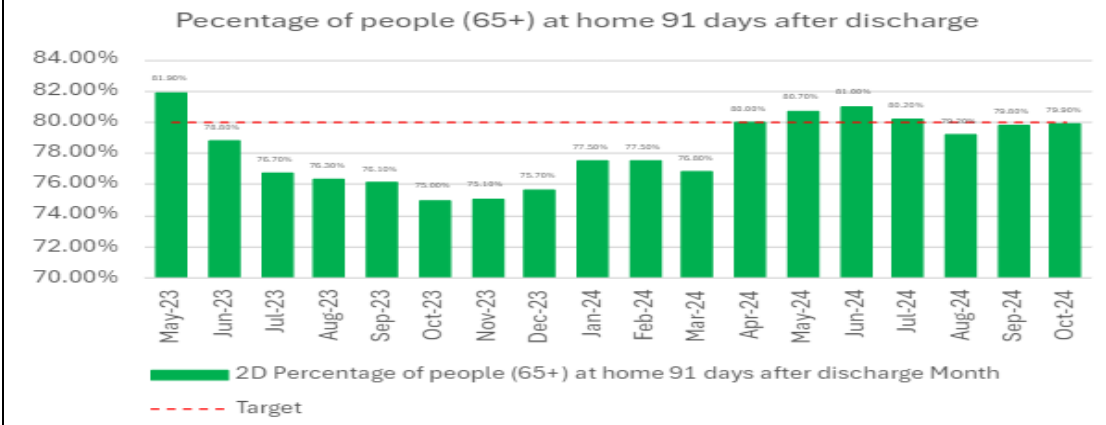
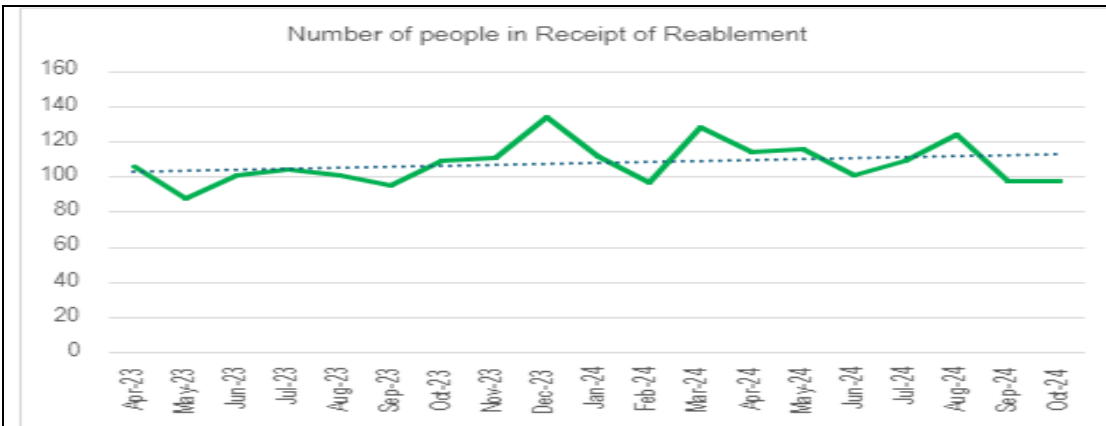
Direct Payments numbers have reduced recently due to budget containment work and investigation into Direct Payments where there has been no spend for more than 3 months. A number of these Direct Payment accounts have been closed as clients have advised that they are no longer required.

The trend for 2024 matches the general pattern of 2023. The difference between April and October is 15, moving in the right direction.

Mandatory direct payment training for all Advanced Practitioners - Livewell Southwest staff will commence January 2025. With the plan to increase the DP numbers and improve the confidence of staff when discussing the option of using Direct Payments.

## Reablement

| KPI  | April | May  | June | July | August | Sept  | October | Direction |
|--|-------|------|------|------|--------|-------|---------|-----------|
| Number of people in receipt of reablement                  | 114   | 116  | 101  | 109  | 124    | 98    | 98      | ▲ ▼       |
| Percentage of people (65+) at home 91 days after discharge | 80%   | 81%  | 81%  | 80%  | 79%    | 79.8% | 79.9%   | ▲ ▼       |
| Number of reablement packages started in period            | 113   | 121  | 85   | 110  | 105    | 84    | 90      | ▲         |
| Number of reablement hours delivered in period (predicted) | 3429  | 3570 | 3144 | 3626 | 4651   | 3902  | 3966    | ▲         |
| Average Length of Time in receipt of Reablement (In weeks) |       |      |      |      |        |       | 5.7     |           |



### Narrative

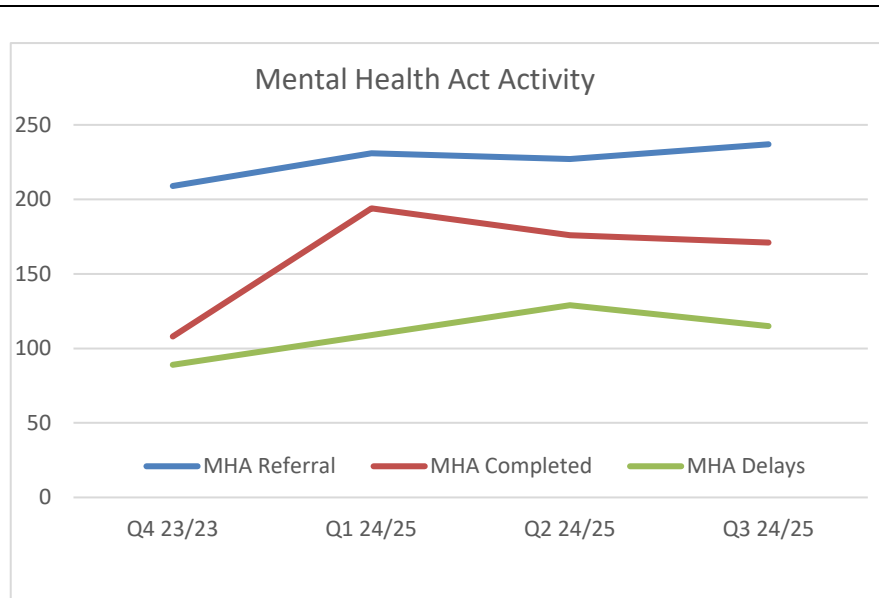
The number of people in receipt of reablement has been relatively stable but has dropped slightly this month due to less referrals. Currently the Reablement service only supports people following an admission to hospital, but we have plans to open up the service to community referrals to avoid unnecessary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

**New:** The Average Length of Time in Reablement is a new measure that will be tracked monthly.

## Adult Mental Health

**Owner: Gareth Benjamin**

| KPI  | Q4 23/24 | Q1 24/25 | Q2 24/25 | Q3 24/25 | Q4 24/25 | Direction | Target |
|--|----------|----------|----------|----------|----------|-----------|--------|
| Mental Health Referrals                                      | 209      | 231      | 227      | 237      |          | ▲         |        |
| Mental Health Assessments completed                          | 108      | 194      | 176      | 171      |          | ▼         |        |
| Percentage of Mental Health Assessments experiencing a delay | 82.4%    | 55.6%    | 73.3%    | 67.3%    |          | ▼         |        |
| Social Supervision Metric                                    |          |          | 14       | 18       |          | ▲         |        |



Outside of S136 assessments, there is no guideline for the time from referral to completion for MHAAs. Delays have been locally defined as “Delay: unavailability of service or professional causing the AMHPs to be unable to proceed with or complete a MHAA”

### Analysis

We have seen a steady increase in MHAA referrals, despite this MHAA completed has reduced. Indicating increasing referrals being managed via alternative, less restrictive, interventions.

The increase in delays is primarily attributed to delays in accessing suitable beds, which reflects the national picture and does not indicate a delay in “interviews” taking place.

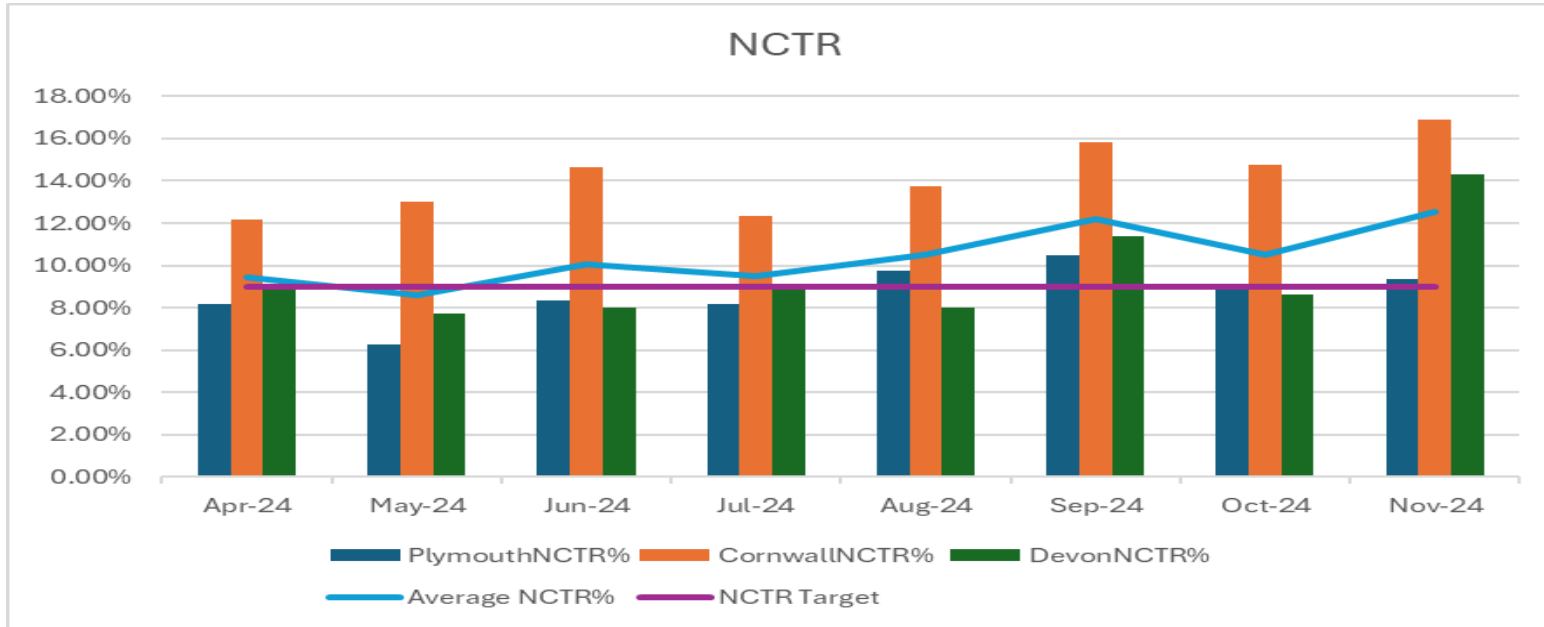
### Narrative and Plan

Number of allocated Social Supervision cases has not been monitored historically; this will be monitored moving forward.

The AMHP Service has recently trained two new AMHPs (yet to be warranted) and is out to advert. This is aligned to longer term staffing planning to ensure we can respond to demand.

The AMHP service also regularly completes Social Circumstance reports and attends Mental Health Act Tribunals (not captured above).

Page 24

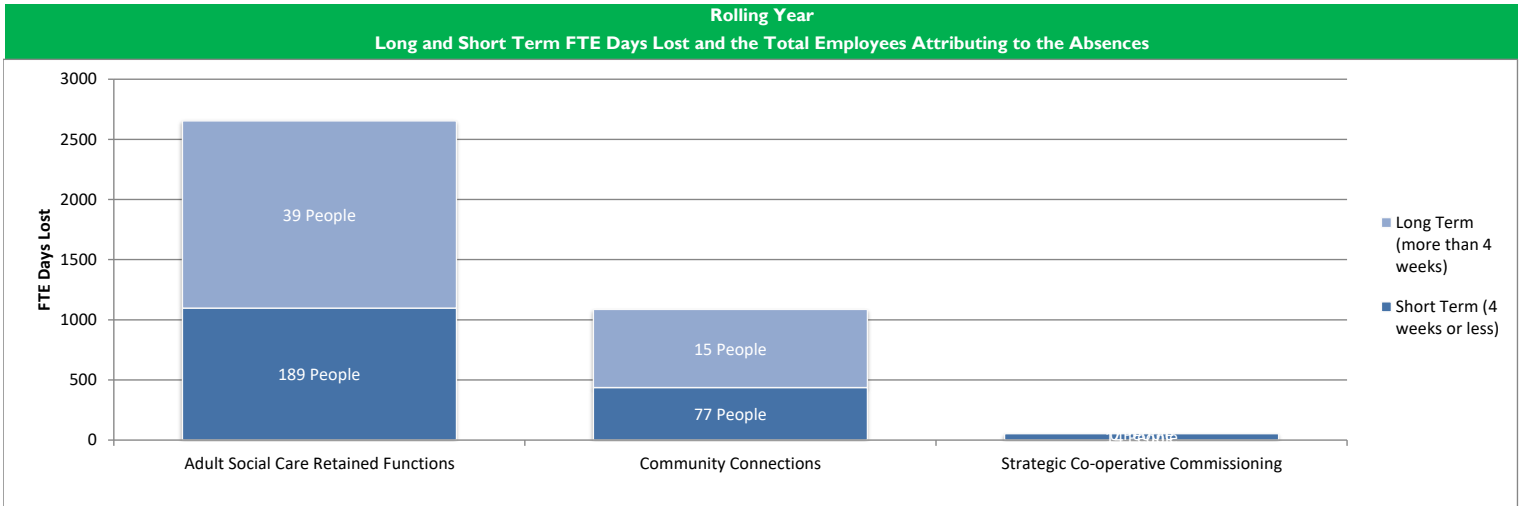


For November so far, NCTR has deteriorated in all localities. These increases have impacted the average NCTR position which is currently at 12.55% for November.

- Plymouth is achieving 9% against a target of 9.36%.

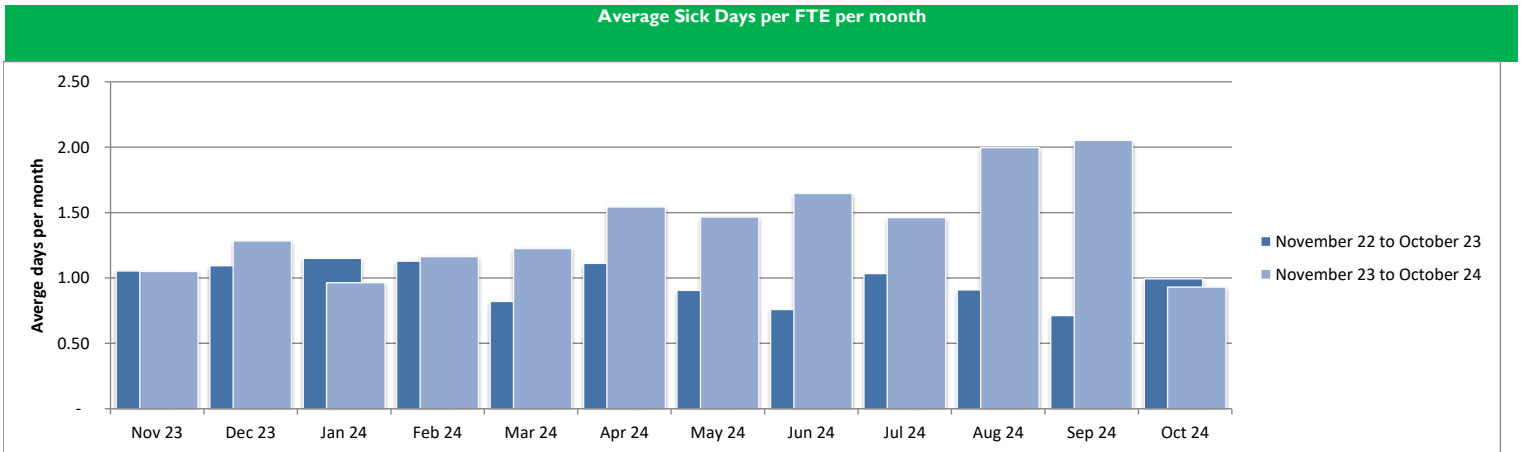
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| Directorate                             | Total Number of Days Lost (Rolling Year) |   |                                 |                         | Comparison of Average Days Lost to Directorate Target (Rolling Year) |                                   |                            |  |
|---|--|---|---------------------------------|-------------------------|--|-----------------------------------|----------------------------|--|
|   | Number of FTE Employees                  | Total Work Days Available (FTE) (Based on calculation, not an exact figure) | Total FTE Days Lost to Sickness | Percentage of Days Lost | Average Days Lost Per FTE (Rolling Year)                             | Average Days Lost per FTE (Month) | Directorate Target (24/25) | Comparison of Average to Directorate Target (Rolling Year) |
| Adult Social Care Retained Functions    | 139.24                                   | 31,886.52   | 2,654.26                        | 8.32%                   | 19.06  | 2.08                              | 7.00                       | 12.06 ●  |
| Community Connections                   | 107.78                                   | 24,681.87   | 1,086.60                        | 4.40%                   | 10.08  | 0.77                              | 7.00                       | 3.08 ●   |
| Strategic Co-operative Commissioning    | 29.80                                    | 6,824.20  | 53.00                           | 0.78%                   | 1.78   | 0.03                              | 8.00                       | -6.22 ●  |
| <b>Adults, Health &amp; Communities</b> | <b>277.82</b>                            | <b>63,621.58</b>  | <b>3,793.86</b>                 | <b>5.96%</b>            | <b>13.66</b>   | <b>1.34</b>                       | <b>7.00</b>                | <b>6.66 ●</b>  |



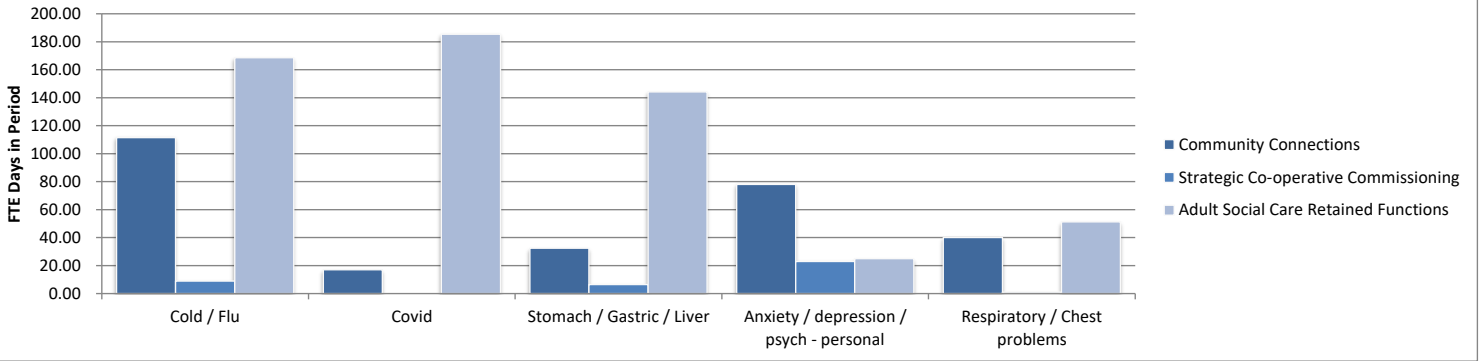
**Average Number of Sick Days per FTE for the rolling year ended:**

| Department                              | Nov 23       | Dec 23       | Jan 24       | Feb 24       | Mar 24       | Apr 24       | May 24       | Jun 24       | Jul 24       | Aug 24       | Sep 24       | Oct 24       |
|---|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|
| Adult Social Care Retained Functions    | -            | -            | -            | -            | -            | 15.47        | 16.01        | 16.63        | 17.54        | 17.98        | 18.60        | 19.06        |
| Community Connections                   | 14.04        | 14.51        | 13.97        | 13.01        | 12.58        | 12.62        | 11.00        | 10.82        | 11.63        | 10.45        | 10.65        | 10.08        |
| Strategic Co-operative Commissioning    | 15.03        | 14.51        | 14.47        | 14.38        | 13.60        | 1.80         | 1.61         | 1.84         | 1.72         | 2.21         | 2.18         | 1.78         |
| <b>Adults, Health &amp; Communities</b> | <b>15.08</b> | <b>15.00</b> | <b>14.85</b> | <b>13.85</b> | <b>13.20</b> | <b>13.23</b> | <b>12.84</b> | <b>13.14</b> | <b>13.90</b> | <b>13.62</b> | <b>13.72</b> | <b>13.66</b> |



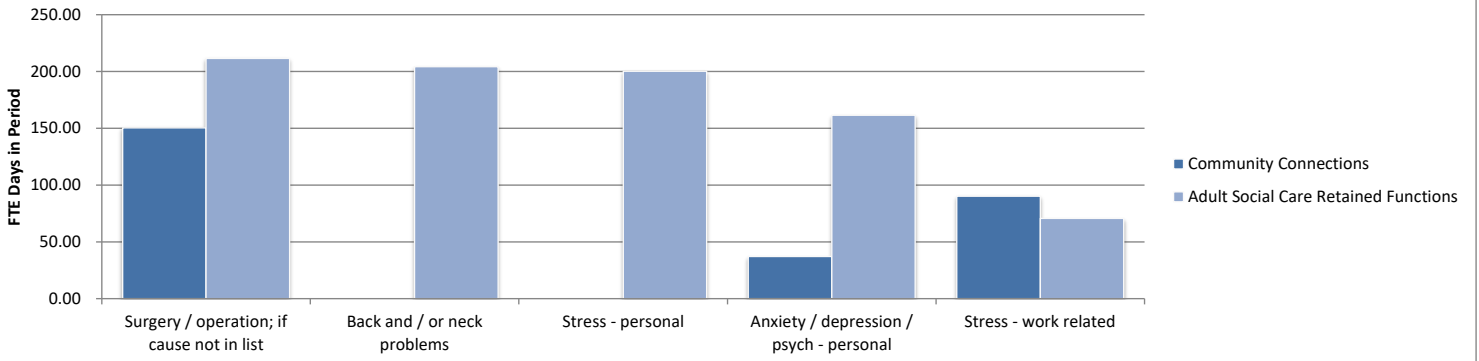
Rolling Year

**Top 5 Known Reasons for Short Term Absences (Departments with five or less people off sick hidden)**



Rolling Year

**Top 5 Known Reasons for Long Term Absences (Departments with five or less people off sick hidden)**





# Health and Adult Social Care Scrutiny Panel



|                          |  |
|--------------------------|--|
| Date of meeting:         | 10 December 2024   |
| Title of Report:         | <b>Recommissioning of Care Homes</b>                                       |
| 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:                  | Caroline Paterson  |
| Contact Email:           | caroline.paterson@plymouth.gov.uk  |
| Your Reference:          | December 2024 Update   |
| Key Decision:            | No   |
| Confidentiality:         | Part I - Official  |

## Purpose of Report

The current care home with and without nursing provision contract for adults aged 18+ is due to expire 31<sup>st</sup> December 2025. Strategic Commissioning are working in partnership with Devon Integrated Care (ICB) to engage with the market, partners and people who use the services along with their friends and families, to co-produce the design for the recommissioning of the service. The purpose of this report is to update Councillors on the work undertaken so far and the next steps.

## Recommendations and Reasons

- I. To note the report

## Alternative options considered and rejected

- I. N/A

## Relevance to the Corporate Plan and/or the Plymouth Plan

The vision for Strategic Commissioning is to support our citizens with additional needs and vulnerabilities to be able to live their lives as independently and vibrantly as they wish to, supported where needed by a diverse range of services and opportunities, designed by the people who use them and delivered by a broad choice of partners. Our commissioning plans draw on our data and system intelligence, existing and emerging plans and strategies, alongside the lived experience of those who use services.

This applies to our commissioned residential and nursing care homes for adults, where we want to make sure that our most vulnerable citizens are receiving high quality, personalised care, supported by skilled and experienced staff in homes that are safe, warm and welcoming.

## Implications for the Medium Term Financial Plan and Resource Implications:

Included within current Strategic Commissioning revenue budgets and financial planning. Total overall annual spend for residential & nursing care home placements for all adults is approximately £50m per annum. There are no implications from this report.

### Financial Risks

Included within current Strategic Commissioning budgets and financial planning which will incorporate scheduled uplifts. There are no implications from this report.

### Carbon Footprint (Environmental) Implications:

None in context of this report

### 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 for this report

### Appendices

\*Add rows as required to box below

| Ref. | Title of Appendix   | Exemption Paragraph Number (if applicable)<br><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    | Briefing slide pack |  |   |   |   |   |   |   |

### Background papers:

\*Add rows as required to box below

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

| Title of any background paper(s) | Exemption Paragraph Number (if applicable)<br><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.24.25.27 | Leg | N/A | Mon<br>Off | N/A | HR | N/A | Assets | N/A | Strat<br>Proc | N/A |
| Originating Senior Leadership Team member: Emma Crowther (Service Director Integrated Commissioning) |             |     |     |            |     |    |     |        |     |               |     |

Please confirm the Strategic Director(s) has agreed the report? Yes

Date agreed: 22/11/2024

Cabinet Member approval: Councillor Mary Aspinall (Cabinet Member for Health and Adult Social Care) *Approved Verbally*

Date approved: 28/11/2024

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# SCRUTINY BRIEFING UPDATE



## **Recommissioning of Adult Care Homes 2025**

Caroline Paterson, Strategic  
Commissioning Manager

Jodie Myles, Commissioning Officer

# PLYMOUTH'S CARE HOME MARKET



- Within the Plymouth city boundary, we have 89 care homes for adults 18+, ranging from those who support under 65's with complex needs to nursing homes for older residents.
- We currently have 1,302 of the Council's Adult Social Care clients placed in residential and nursing care.
- The annual spend on residential and nursing care for our adults is £50m so this is a significant part of our support for those with adult social care needs.

# SERVICE SPECIFICATION



The service specification for Care Homes with and without nursing services has now been further developed, we have looked at other examples and worked with providers and partners and it is now in its final stage albeit some further responses need to be added.

This is a contract that covers PCC and ICB commissioned placements under our integrated commissioning model

Following our Voice of the Service User program we have developed a vision and values statement to ensure that we keep our service users at the heart of the care home contract.

# VOICE OF THE SERVICE USER PROGRAM



PLYMOUTH  
CITY COUNCIL

Commissioners have developed a voice of the service user program specifically dedicated to hearing their voice. We have held a number of engagement events and activities. This allows us to understand lived experiences and will help to further shape our care home market with what is important to residents/service users and their families and friends

## **Service Users & Residents Coffee Morning**

A monthly in person coffee morning which is facilitated at one of the homes and attended by service users across the city and representing a wide cohort of residents such as Learning Disability, Under 65, Frailty and Over 65

## **Healthwatch**

We have commissioned Healthwatch Plymouth, an independent consumer champion for people using local health and social care services in Plymouth to support us in gathering thoughts of the service user

## **Resident Meetings**

Commissioners have visited residents in their homes and met one to one, in groups and with families and friends

## **Residents Survey**

Following up on our resident meetings and visits, we have developed a short 12 question survey which will allow for residents and their families to complete in their own time



# WHAT HAVE WE LEARNT SO FAR?



## Family

- The overwhelming response when asked '*what is the most important thing to you when living in a care home?*' was how important it is for families, friends and loved ones to be welcomed into the home.

## Personal Possessions

- Residents who have been able to bring items from their home into their rooms and personalise it using items such as bedding and photographs, have said that this has really helped them settle and feel like the room is now their home.

## Staff

- Residents told us how staff kindness and caring natures positively impacts on their wellbeing. One resident told us how she loved to hear staff laughing in the kitchen and corridors as it was infectious and brightened her day.



# VISION AND VALUE STATEMENT



*A care home that is my home, where my family, friends and loved ones are welcomed, where my voice can be heard and is listened to.*

*My health needs and independence are both supported. A home where I am treated with dignity and respect and where my individual values and cultures are supported.*

*A home that feels safe, staff are caring and kind and ensure that I have a good quality of life with stimulating activities and where I still feel part of the community.*

*A care home that reminds me of what it's like to truly be at home, surrounded by my precious belongings and fond memories.*

# MARKET UPDATE 23/24



- Dignity Forums are ongoing, and our next focus is on wrap around support for care homes
- Although there were a series of home closures through 2022/23 this has now settled through 2024.
- The majority of older persons residential and nursing placements continue to be made at the Plymouth City Council banded rates.
- Healthwatch will now start their care home program in January 2025

# MARKET UPDATE 23/24



- 8,240 new clients requested adult social care support
- 4,326 people accessed long term adult social care support
- 1,302 in residential or nursing care
- 24/7 care in residential or nursing care to circa 1,000 people on any day

# CARE HOME QUALITY



The quality standards of Plymouth's overall care home shows 86% of Plymouth homes were rated Good or Outstanding as at May 2024, which is notably higher than the national picture.

| <b>National overall - Care Homes</b> | <b>National<br/>(14,709)</b> | <b>Local<br/>(89)</b> |
|--------------------------------------|------------------------------|-----------------------|
| <b>Outstanding</b>                   | 4%                           | 11%                   |
| <b>Good</b>                          | 70%                          | 75%                   |
| <b>Requires Improvement</b>          | 16.5%                        | 13%                   |
| <b>Inadequate</b>                    | 1%                           | 1%                    |
| <b>Not Yet Inspected</b>             | 8.5%                         | N/A                   |

# NEXT STEPS



We need further market analysis of the current supply and demand in the market with a clearer narrative around capacity.

Using the market analysis findings, we will then develop our agreed procurement process.

We need to collect our service user and family questionnaires and collate all responses and share this with providers.



# Health and Adult Social Care Scrutiny Panel



|                          |  |
|--------------------------|--|
| Date of meeting:         | 10 December 2024   |
| Title of Report:         | <b>NHS Devon ICS Finance Update</b>  |
| 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:                  | Kirsty Denwood, Deputy Chief Finance Officer, NHS Devon ICB                    |
| Contact Email:           | democraticsupport@plymouth.gov.uk  |
| Your Reference:          | N/A  |
| Key Decision:            | No   |
| Confidentiality:         | Part I - Official  |

## Purpose of Report

The presentation of the Integrated Care System's (ICSs) Finance Report sets out the ICS financial position and risk relating to the ICS financial plan for the year ending 31 March 2025.

The report details the ICS financial position for the period ended 31 August 2024 against the finance plan submitted for the financial year 24/25 on the 12 June 2024.

## Recommendations and Reasons

- I. That the H&ASC Scrutiny Panel notes the contents of the report

## Alternative options considered and rejected

- I. Not consider the report: Rejected as the H&ASC Scrutiny Panel has a duty to provide overview and scrutiny of local health services.

## Relevance to the Corporate Plan and/or the Plymouth Plan

Working with the NHS to provide better access to health, care and dentistry;  
Keeping Children, adults and communities safe;  
Providing quality public services;  
Being a strong voice for Plymouth.

## Implications for the Medium Term Financial Plan and Resource Implications:

N/A

## Financial Risks

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

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|------|-------------------------------|--|---|---|---|---|---|---|
|      |                               | 1  | 2 | 3 | 4 | 5 | 6 | 7 |
| A    | NHS Devon ICS: Finance 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.

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|----------------------------------|--|---|---|---|---|---|---|
|                                  | 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 (Strategic Director for Adults, Health and Communities)                    |     |     |     |         |     |    |     |        |     |            |     |
| Please confirm the Strategic Director(s) has agreed the report?<br>Date agreed: 02/12/2024   |     |     |     |         |     |    |     |        |     |            |     |
| Cabinet Member approval: Councillor Mrs Mary Aspinall (Cabinet Member for Health and Adult Social Care)<br>Date approved: 02/12/2024 |     |     |     |         |     |    |     |        |     |            |     |



# NHS Devon Integrated Care Board

## One Devon (ICS) Finance Report M6

| Date of meeting  | Date report produced |
|------------------|----------------------|
| 28 November 2024 | 22 October 2024      |

| Author(s)              |  | Report approved by     |  |
|------------------------|--|------------------------|--|
| <b>Name and title:</b> | Kirsty Denwood<br>Deputy Chief Finance Officer                     | <b>Name and title:</b> | Bill Shields<br>Chief Finance Officer and Deputy CEO |
| <b>Phone:</b>          | 07779 544619   | <b>Date:</b>           | 31 October 2024                                      |
| <b>Email:</b>          | <a href="mailto:Kirsty.denwood@nhs.net">Kirsty.denwood@nhs.net</a> |                        |  |

If this paper needs to be presented at a private meeting, please state why and mark as **CONFIDENTIAL**:

N/A

### Executive summary

The presentation of the One Devon Integrated Care System (ICS) Finance Report seeks to provide the necessary assurance on the financial position and risk relating to the ICS financial plan for the year ending 31 March 2025.

The report details the One Devon ICS financial position for the period ended 31 August 2024 against the finance plan submitted for the financial year 24/25 on the 12 June 2024.

This report is accompanied by an 'Integrated Care System Financial Performance and Assurance Review' slide pack that has been developed for NHS Devon to use as part of its monthly financial assurance reviews that it carries out with the Trusts.

NHS Devon carried out financial assurance reviews with all Trusts in September 2024.

The assurance ratings in this report are based on the outcomes of the review meetings and are as follows:

| Section                  | Assurance           | Trend from previous month |
|--------------------------|---------------------|---------------------------|
| <b>Overall assurance</b> | <b>Satisfactory</b> | <b>No change</b>          |
| Financial performance    | Satisfactory        | No change                 |
| Savings and efficiencies | Limited             | No change                 |
| Financial risks          | Limited             | No change                 |
| Workforce                | Satisfactory        | No change                 |

### Committees that have previously discussed/agreed the report, and outcomes of that discussion

NHS Devon Executive reviewed this report on 05 November 2024. It was also reviewed by the Finance and Performance Committee at its meeting on 14 November 2024.

### Key recommendations and actions requested

**AGREE** the overall assurance level relating to the financial position of the One Devon Integrated Care System of **satisfactory** and that adequate plans are in place to mitigate the risks relating to the delivery of planned savings and efficiencies and to the management of the financial risks identified at plan stage.

### Impact on NHS Devon objectives

| Objective  | Impact     |
|--|------------|
| Improve population health                          | <b>All</b> |
| Improve services and reduced unwarranted variation |            |
| Make more efficient use of our resources           |            |
| Develop our culture and how we operate             |            |

### Outline the implications of matters covered in this report for the following areas

| Area                |      |
|---------------------|------|
| Quality of services | None |
| Health inequalities | None |

|                             |                                      |
|-----------------------------|--------------------------------------|
| Workforce                   | None                                 |
| Resources and finance       | Delivery of financial sustainability |
| Legal                       | None                                 |
| Digital and Data            | None                                 |
| Engagement and consultation | None                                 |

# One Devon (ICS) Finance Report M6

## Financial Performance to date

1. The presentation of the One Devon Integrated Care System's (ICS) Finance Report seeks to provide the necessary assurance on the financial position of the ICS for the year ending 31 March 2025.
2. This report details the One Devon ICS financial position as at 30 September 2024.
3. As part of the 2024/25 planning round, One Devon ICS initially submitted a deficit plan of £85.4m. This position was revised to a deficit plan of £80.0m, against which finances have been monitored since month 2, with the £5.4m improvement being managed through a system risk share. In month 6 the receipt of £80m non-recurrent deficit funding, phased in the second half of the year, has enabled the One Devon ICS to forecast delivery of a balanced outturn for 2024/25.
4. The year to date position at month 6 is adverse by £0.7m, reflecting the residual unfunded element of industrial action.
5. The One Devon ICS is reporting £66.6m efficiency achievement in the first 6 months of the year. This is £5.7m above plan. The forecast is to achieve the plan of £213.3m.
6. At the planning stage risks of £88m were identified of which £17m were mitigated, resulting in a net risk of £71m. Gross risks by month 6 have reduced to £94m, driven in majority by risks relating to the efficiencies programme, resulting in a net risk of £35m which is an improvement of £6.1m on month 5.
7. The committee can take **satisfactory assurance** that the plan to date is delivering subject to the unforeseen impact of industrial action.
8. The headline messages in the following sections are considered in further detail in the attached 'Integrated Care System Financial Performance and Assurance Review' slide pack (Appendix 1). This slide pack has been developed to support obtaining an increased in-depth financial assurance from the organisations within the system.

## Financial Position (see detail in Section 1 of the ICS Financial Review Pack)

9. In month 6 the receipt of £80m non-recurrent deficit funding phased in the second half of the year has enabled the One Devon ICS to forecast delivery of a balanced outturn for 2024/25.

10. As at month 6 the One Devon ICS is reporting a year to date £15.9m deficit against an plan deficit of £15.2m. The cumulative position at month 6 is adverse by £0.7m, reflecting the financial impact of the proportion of industrial action that was unfunded. The forecast for the year is currently at breakeven. The year to date and forecast position as at 30 September 2024 is as follows:

| Organisation                       | Year to date                  |                                 |                                      | Forecast                                   |                                   |                                      |
|------------------------------------|-------------------------------|---------------------------------|--------------------------------------|--|-----------------------------------|--------------------------------------|
|                                    | Plan surplus / (deficit) £000 | Actual surplus / (deficit) £000 | Variance favourable / (adverse) £000 | Plan for the year surplus / (deficit) £000 | Forecast surplus / (deficit) £000 | Variance favourable / (adverse) £000 |
| Devon ICB                          | 14,210                        | 14,210                          | (0)                                  | 28,419                                     | 28,419                            | 0                                    |
| Devon Partnership NHS Trust        | 1,974                         | 1,974                           | 0                                    | 3,591                                      | 3,591                             | 0                                    |
| Royal Devon University NHS FT      | (11,059)                      | (11,051)                        | 8                                    | (2,790)                                    | (2,790)                           | 0                                    |
| Torbay and South Devon NHS FT      | (9,622)                       | (9,622)                         | 0                                    | (13,624)                                   | (13,624)                          | 0                                    |
| University Hospitals Plymouth NHST | (10,701)                      | (11,404)                        | (703)                                | (15,596)                                   | (15,596)                          | (0)                                  |
| <b>Total</b>                       | <b>(15,198)</b>               | <b>(15,894)</b>                 | <b>(696)</b>                         | <b>(0)</b>                                 | <b>0</b>                          | <b>0</b>                             |

11. A straight-line extrapolation of the year to date spend predicts a £85.4m deficit. This run-rate forecast can be bought back to a balanced position once non-recurrent allocations and efficiencies to be delivered in H2 are taken into account.

## Efficiencies (see detail in section 2 of the ICS Financial Review Pack)

12. The One Devon ICS is reporting £66.6m efficiency achievement in the first 6 months of the year. This is £5.7m above plan. The forecast is to achieve the plan of £213.3m.

13. The Devon Partnership NHS Trust (DPT) position YTD is impacted by the phasing of schemes as they have matured. Whereas, the University Hospitals Plymouth NHS Trust (UHP) over performance YTD is related to early achievement of non recurrent savings, which is forecast to return to plan.

14. The One Devon ICS has delivered against the significant step-up in planned delivery since quarter 1.

| Organisation                            | Year to date           |                          |                           | Forecast               |                |                           |
|---|------------------------|--------------------------|---------------------------|------------------------|----------------|---------------------------|
|   | Plan CIP delivery £000 | Actual CIP delivery £000 | Variance fav / (adv) £000 | Plan for the year £000 | Forecast £000  | Variance fav / (adv) £000 |
| Devon ICB                               | 4,645                  | 4,722                    | 77                        | 37,228                 | 37,228         | (0)                       |
| Devon Partnership NHS Trust             | 7,408                  | 7,030                    | (378)                     | 15,739                 | 15,730         | (9)                       |
| Royal Devon University NHS FT           | 21,187                 | 22,484                   | 1,297                     | 63,610                 | 63,610         | 0                         |
| Torbay and South Devon NHS FT           | 10,648                 | 10,663                   | 15                        | 39,900                 | 39,900         | 0                         |
| University Hospitals Plymouth NHS Trust | 16,994                 | 21,677                   | 4,683                     | 56,801                 | 56,802         | 1                         |
| <b>Total</b>                            | <b>60,882</b>          | <b>66,576</b>            | <b>5,694</b>              | <b>213,278</b>         | <b>213,270</b> | <b>(8)</b>                |

15. The 2024/25 plan is that 70% of savings as recurrent and is on forecast to deliver. At month 6, 56% of year to date efficiency was recurrent (59% M5), against a plan of 75%.

16. At month 6, there is a shortfall in recurrent savings of £6.3m, which has been offset by delivery of non-recurrent savings £12m ahead of the plan at this point in the year. Providers expect all but £1.8m of efficiencies to return to the planned proportions of recurrent and non-recurrent savings by the year-end as schemes mature.

|                            | Year to date              |                             |                                      | Forecast                  |                  |                                      |
|----------------------------|---------------------------|-----------------------------|--------------------------------------|---------------------------|------------------|--------------------------------------|
|                            | Plan CIP delivery<br>£000 | Actual CIP delivery<br>£000 | Variance benefit / (adverse)<br>£000 | Plan for the year<br>£000 | Forecast<br>£000 | Variance benefit / (adverse)<br>£000 |
| Recurrent efficiencies     | 45,985                    | 39,727                      | (6,258)                              | 150,076                   | 148,234          | (1,842)                              |
| Non-recurrent efficiencies | 14,897                    | 26,849                      | 11,952                               | 63,202                    | 65,034           | 1,832                                |
| <b>Total</b>               | <b>60,882</b>             | <b>66,576</b>               | <b>5,694</b>                         | <b>213,278</b>            | <b>213,268</b>   | <b>(10)</b>                          |
| Recurrent %                | 75.5%                     | 59.7%                       |                                      | 70.4%                     | 69.5%            |                                      |
| Non-recurrent %            | 24.5%                     | 40.3%                       |                                      | 29.6%                     | 30.5%            |                                      |

17. None of the efficiencies target remains unidentified at month 6 with scheme maturity progressing. 71% of schemes are rated as fully developed (57% M5) and high-risk schemes have reduced from 18% to 10%.

18. Risks to the delivery of the system CIP plan are:

- The profile of savings is strongly skewed to the second half of the year, with 71% of the savings plan profiled for delivery in H2.
- Recurrent efficiencies has not been delivered fully to plan as at Month 6. The shortfall of £6.3m is offset by the non-recurrent savings achievement, which has been recognised earlier in the year than planned.
- High risk schemes are at 10% (18% M5).

19. Based on the above there is **limited assurance** around delivering the the full efficiency requirement.

20. Proposed mitigations:

- The ICB Chief Finance Officer holds monthly Financial Assurance Reviews with all providers where the recurrent vs non-recurrent delivery risk is discussed.
- Trusts have achieved a reduction in unidentified efficiencies to zero by the end of Month 4 and this will be followed by reviewing the progress of scheme maturity monthly.
- Trusts have worked on de-risking efficiency plans so that less than 20% of the efficiency plan is high risk by end of month 5 and have reduced this further to 10% at the end of month 6.

## Financial Risks (see detail in section 3 of Financial Review Pack)

21. At the planning stage risks of £88m were identified of which £17m were mitigated, resulting in a net risk of £71m. Gross risks by month 6 have reduced to £94m, driven in majority by risks relating to the efficiencies programme resulting in a net risk of £35m which is an improvement of £6.1m on month 5.

22. There is currently therefore only **limited assurance** regarding management of the financial risks identified by the system as they remain significant.

|                          | DPT<br>£000 | RDUH<br>£000 | TSD<br>£000 | UHP<br>£000 | ICB<br>£000 | System<br>£000 | System<br>Prior month<br>£000 |
|--------------------------|-------------|--------------|-------------|-------------|-------------|----------------|-------------------------------|
| Total risks              | -3,498      | -28,667      | -20,245     | -24,039     | -17,354     | -93,803        | -103,539                      |
| Total mitigations        | 0           | 22,384       | 11,067      | 8,000       | 17,354      | 58,805         | 62,331                        |
| Unmitigated risk per PFR | -3,498      | -6,283       | -9,178      | -16,039     | 0           | -34,998        | -41,208                       |

23. NHS Devon has a risk on the corporate risk register relating to 'Delivery of the System Control Total for 2024/25' with a residual risk score of 16 (4 Likelihood x 4 Impact).

24. The following controls and assurances are in place to manage this risk:

- Establishment of Programme Management Office (PMO) and review and escalation processes for variance from agreed trajectory.
- Integrated Care System (ICS) monthly finance report for escalation to Finance and Planning Board (FPB), and Senior Leadership Group.
- System Recovery Plan (which is encapsulated in the 2024/25 operational and financial plans) in place. This is a dynamic plan that continually assesses progress against system-wide savings, identification of new schemes and performance against key finance and performance trajectories.
- System Vacancy Control Panel in place to prevent an increase in workforce growth and to support a reduction in running costs.
- Triple Lock Sign-Off Process in place for all revenue investments above £100k, with sign-off required by the organisation, system and NHS England (NHSE) regional team.
- Cost Improvement Programmes (CIPs) in place that contain cost reduction strategies that aim to identify and implement measures to achieve cost savings and efficiency improvements while maintaining or enhancing the quality of healthcare services provided to patients.
- Monthly Finance and Performance Assurance packs developed with monthly meetings with all providers.
- System wide implementation of finance playbook.
- Run Rate analysis developed locally to inform risk profile.

## Workforce, including agency (see detail in section 4 of the ICS Financial Review Pack)

25. The One Devon ICS is reporting a less than 0.1% (£8.7m) adverse expenditure against plan at month 6. Of this total, additional income to offset pay costs above the plan of £7.3m has been received, resulting in an unfunded variance of £1.4m. The forecast indicates a £17m adverse expenditure, which is offset in part by additional funding receipts such as externally funded posts and packages of care which were not in place at planning stage.

| Class       | Year to date (excl capitalised) |                |                               | Full Year (excl capitalised) |                  |                               | WTE current month |                         |                       |
|-------------|---------------------------------|----------------|-------------------------------|------------------------------|------------------|-------------------------------|-------------------|-------------------------|-----------------------|
|             | Plan<br>£000                    | Actual<br>£000 | Variance<br>fav/(adv)<br>£000 | Full Year Plan<br>£000       | Forecast<br>£000 | Variance<br>fav/(adv)<br>£000 | Plan wte          | Actual wte<br>(per PWR) | Variance<br>fav/(adv) |
| Substantive | 838,059                         | 841,972        | -3,913                        | 1,669,041                    | 1,675,146        | -6,105                        | 32,157            | 31,830                  | 327                   |
| Bank        | 42,129                          | 46,169         | -4,040                        | 76,062                       | 86,010           | -9,948                        | 1,195             | 1,372                   | -177                  |
| Agency      | 20,212                          | 21,004         | -792                          | 37,566                       | 38,558           | -992                          | 448               | 572                     | -123                  |
|             | 900,400                         | 909,145        | -8,745                        | 1,782,669                    | 1,799,714        | -17,045                       | 33,800            | 33,774                  | 26                    |

26. Trusts reported an overspent position YTD of £0.8m against plan on agency costs at month 6 (M5 £0.6m adv). The forecast indicates the adverse position at year end is £1m.

27. TSD is £2.7m adverse to plan year to date (M5 £2.4m), however the rate of deterioration is reducing.

28. Off framework agency staff are low numbers and specific actions are being taken to address each individual case. Some instances are due to continuation of contracts to their end to avoid penalties. Situation is monitored in detail by the Workforce Delivery Group.

| Organisation                       | Agency expenditure: year to date |                |                                   | Forecast                  |                  |                                   |
|------------------------------------|----------------------------------|----------------|-----------------------------------|---------------------------|------------------|-----------------------------------|
|                                    | Plan<br>£000                     | Actual<br>£000 | favourable /<br>(adverse)<br>£000 | Plan for the year<br>£000 | Forecast<br>£000 | favourable /<br>(adverse)<br>£000 |
| Devon Partnership NHS Trust        | 4,908                            | 5,647          | (739)                             | 8,506                     | 9,978            | (1,472)                           |
| Royal Devon University NHS FT      | 9,390                            | 7,082          | 2,308                             | 18,530                    | 14,164           | 4,366                             |
| Torbay and South Devon NHS FT      | 3,359                            | 6,065          | (2,706)                           | 5,657                     | 9,711            | (4,054)                           |
| University Hospitals Plymouth NHST | 2,555                            | 2,210          | 345                               | 4,873                     | 4,705            | 168                               |
| <b>Total</b>                       | <b>20,212</b>                    | <b>21,004</b>  | <b>(792)</b>                      | <b>37,566</b>             | <b>38,558</b>    | <b>(992)</b>                      |

29. NHSE set a system level agency cap of £51.1m (2.9% of total pay) in 2024/25. The system has planned to restrict agency costs to £37.6m (2.1% of pay costs). The forecast position indicates that this lower target will be overspent by £1m.

30. Further mitigations are in place through the Workforce Delivery Group which is focused on 5 priority areas that will drive down both workforce numbers and costs. The priority areas are:

- Temporary staffing (medical and non-medical) - To improve service and workforce resource planning, such that the requirement for temporary staffing is understood, in advance, and managed. Overall shift from agency to bank to substantive.
- Workforce Transformation - To develop a co-ordinated approach to addressing workforce needs for the present and future. To design a



standardised approach to planning the workforce resource, to get the best out of a limited resource.

- Rostering - To gain the maximum benefit from planning staff resources through rostering tools.
- Medical Productivity - Aim to create a system wide approach to improving the administration and management of the job-planning process. Focus on “non-standard” job plan expectations, but with the understanding that this will be a long-term shift.
- Workforce Controls - Continuation of standard good practice that has evolved in recent years, pushing down on non-standard approaches to recruiting and challenging the need for all new staff. The RSP team have concluded a workforce control audit which will be reviewed by providers to agree further actions required.

31. The committee can take **satisfactory assurance** that the workforce controls and priority areas will deliver the workforce cost and WTE reductions.

## Organisational Positions

32. Sections 6-9 of the attached Financial Assurance and Performance packs provide the detail for each organisation within the system. The detail of the NHS Devon position is contained within a separate report.

## Capital

### System Capital (Including impact of IFRS 16)

| Organisation                        | Plan          | Actual        | Variance      | Plan           | Allocation     | Forecast       | Variance to Plan |
|-------------------------------------|---------------|---------------|---------------|----------------|----------------|----------------|------------------|
|                                     | YTD           | YTD           | YTD           | Year Ending    | Year Ending    | Year Ending    | Year Ending      |
|                                     | £'000         | £'000         | £'000         | £'000          | £'001          | £'000          | £'000            |
| Devon Partnership Trust             | 2,206         | 1,128         | 1,078         | 10,333         | 8,480          | 9,764          | 569              |
| Royal Devon University NHS FT       | 8,111         | 8,470         | (359)         | 50,528         | 35,827         | 54,703         | (4,175)          |
| Torbay and South Devon NHS FT       | 7,253         | 5,001         | 2,252         | 22,071         | 17,472         | 19,073         | 2,998            |
| University Hospitals Plymouth Trust | 24,131        | 9,755         | 14,376        | 54,396         | 43,597         | 49,070         | 5,326            |
|                                     | <b>41,701</b> | <b>24,354</b> | <b>17,347</b> | <b>137,328</b> | <b>105,376</b> | <b>132,610</b> | <b>4,718</b>     |

33. Year to date provider spending is £14.3m below plan in relation to capital expenditure, this is in part due to delays whilst plans were reprioritised due to capital allocation of less than plan.

34. Devon providers have a total allocation of £105.4m which includes the £20m system IFRS16 allocation. Forecast expenditure currently £4.7m below plan, but above allocation by £27.2m. Clarification is being sought from NHSE on whether the system should be managing to plan or allocation and whether national contingency will be available.

35. Providers are reporting that capital limitations are impacting operational delivery. A review of operational and clinical risks across the system around the limitations in capital over the MTFP period has been commissioned and the first draft has been reviewed. Additional analysis has been requested and a final report is due in November.

36. Appendix 2 is the capital slide pack for Month 6 that was reviewed with the region during October which provides further detail. (to follow)

## Productivity

37. The Devon system has seen significant productivity improvements year to date compared to the first four months of 2023/24, with an improvement of 7%.

38. This is primarily driven by higher activity growth despite industrial action earlier in the year. This improvement is the best in the southwest and more than double the national improvement.

| Organisation                      | M1-4 compared to prior year |               |                      |
|-----------------------------------|-----------------------------|---------------|----------------------|
|                                   | Inflated Adjusted           | Cost Weighted | Implied Productivity |
| Royal Devon University NHS FT     | 5.5%                        | 14.4%         | 8.4%                 |
| Torbay and South Devon NHS FT     | 0.9%                        | 4.6%          | 3.7%                 |
| University Hospitals Plymouth NHS | 5.5%                        | 13.3%         | 7.3%                 |
| Devon                             | 4.3%                        | 11.7%         | 7.0%                 |
| National                          | 4.0%                        | 6.9%          | 2.8%                 |

## Assurance and Recommendations

39. Based on the discussions held with ICS organisations and review of the financial and workforce reports from each organisation it is recommended that the overall level of assurance that the ICS will achieve the planned forecast outturn for 2024/25 as at Month 6 is as follows:

| Section                  | Assurance           | Trend from previous month |
|--------------------------|---------------------|---------------------------|
| <b>Overall assurance</b> | <b>Satisfactory</b> | <b>No change</b>          |
| Financial performance    | Satisfactory        | No change                 |
| Savings and efficiencies | Limited             | No change                 |
| Financial risks          | Limited             | No change                 |
| Workforce                | Satisfactory        | No change                 |

40. The NHS Devon Board is requested to **AGREE** the overall assurance level relating to the financial position of the One Devon Integrated Care System of **satisfactory assurance** and that adequate plans are in place to mitigate the risks relating to the delivery of planned savings and efficiencies and to the management of the financial risks identified at plan stage.

# Health and Adult Social Care Overview Scrutiny Panel



|                          |  |
|--------------------------|--|
| Date of meeting:         | 10 December 2024   |
| Title of Report:         | <b>Health and Adult Social Care Policy Brief</b>                           |
| Lead Member:             | Councillor Mary Aspinall (Cabinet Member for Health and Adult Social Care) |
| Lead Strategic Director: | Gary Wallbridge (Strategic Director for Adults, Health and Communities )   |
| Author:                  | Alan Knott (Policy & Intelligence Advisor)                                 |
| Contact Email:           | Alan.Knott@Plymouth.gov.uk   |
| Your Reference:          | HASC PB 02/12/24   |
| 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)<br><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)<br><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<br>Date approved: 02/12/2024 |     |     |     |         |     |    |     |        |     |            |     |

## POLICY BRIEF

Health and Adult Social Care Overview and Scrutiny

December 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

#### Government issues rallying cry to the nation to help fix NHS

A national conversation about the future of the NHS has been launched, as the entire country is called upon to share their experiences of our health service and help shape the government's 10 Year Health Plan. Members of the public, as well as NHS staff and experts, will be invited to share their experiences, views and ideas for fixing the NHS via the [Change NHS online platform](#), which will be live until the start of next year, and available via the NHS App. The government wants to:

- deliver plans for new neighbourhood health centres, which will be closer to homes and communities.
- create a more modern NHS by bringing together a single patient record, summarising patient health information, test results, and letters in one place, through the NHS App.
- shorten the amount of time people spend in ill health and prevent illnesses before they happen.

#### Better care for mental health patients under major reforms

A new Mental Health Bill, introduced to Parliament, aims to modernise mental health legislation and give patients sectioned under the Mental Health Act more dignity and say over their care. A [fact sheet](#) can be found here and an [easy read](#) version of the bill is also available.

#### Smoking ban introduced to protect children and most vulnerable

The government will introduce plans for tougher action to protect people from the harms of smoking in the Tobacco and Vapes Bill. The Bill will include measures to create a smokefree generation, phasing-out the sale of tobacco products across the UK to anyone aged 15 or younger this year, breaking the cycle of addiction and disadvantage. In addition, the government will be given powers to extend the indoor smoking ban to specific outdoor spaces: with children's playgrounds, outside schools and hospitals all being considered, subject to consultation.

#### Secretary of State pledges to contain NHS agency spend

Wes Streeting has set out plans to clamp down on temporary workers in his speech at the NHS Providers conference. Under joint plans to be put forward for consultation, NHS trusts could be banned from using agencies to hire temporary entry level workers in band 2 and 3, such as healthcare assistants and domestic support workers. Also, agencies could be banned from re-introducing NHS workers that leave permanent jobs.

The Health and Social Care Secretary has also [announced](#) that Senior NHS managers who fail to improve patient care could be denied pay rises and a new pay framework for Very Senior Managers (VSMs) will be published before April 2025. [NHS league tables](#) will be introduced, with top talent attracted to most challenging areas and persistently failing managers to be sacked.

#### Tackling modern slavery in NHS procurement: proposed regulations and guidance

Proposed new measures would legally require public bodies procuring goods and services for the NHS to both identify and mitigate risks of modern slavery. Government is inviting views on the draft National Health Service (Procurement, Slavery and Human Trafficking) Regulations 2024 and accompanying guidance. The consultation closes on 13<sup>th</sup> February 2025.

### The government's vision for adult social care

The Minister of State for Care delivered a keynote speech at the National Children and Adult Services Conference in Liverpool.

### New protections for whistleblowers under NHS manager proposals

The Department of Health and Social Care announced new proposals to protect NHS whistleblowers. These include holding NHS managers accountable and banning those who commit serious misconduct.

A public [consultation](#) has been launched on these proposals and seeking views on the regulation of health service managers. The consultation closes on 18 February 2024.

### Unpaid carers supported by £22.6 million investment in innovation

£22.6 million invested in innovative projects across the country to support unpaid carers as well as people with care needs. Money will be released through the Accelerating Reform Fund (ARF) to support successful schemes run by local authorities. They include new ways to identify and recognise unpaid carers to ensure nobody is left behind, digitising carers' assessments so that they are easier to access and setting up carers' support services in hospitals.

### New data laws unveiled to improve public services and boost UK economy by £10 billion

A new bill to unlock the secure and effective use of data for the public interest has been introduced into Parliament. The Data Use and Access Bill will unlock the secure and effective use of data for the public interest, without adding pressures to the country's finances. The measures will be central to delivering three of the five Missions to rebuild Britain, set out by the Prime Minister:

1. kickstarting economic growth
2. taking back our streets
3. and building an NHS fit for the future

**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                    | 3 |
| In Progress / Part Complete | 2 |
| On Hold                     | 0 |
| Awaiting Action             | 0 |
| Total                       | 5 |

| No.  | Meeting Date | Resolution  | Responsible                | Status   |
|--|--------------|---|----------------------------|----------|
| 1  | 22/10/2024   | <ol style="list-style-type: none"> <li>1. Requested further clarification regarding the annual targets for Flu and Covid vaccination uptake;</li> <li>2. Requested further information regarding the vaccination outreach programmes for sex workers and homeless communities.</li> </ol> | Alex Deegan<br>(NHS Devon) | Complete |
| <p>Response:</p> <ol style="list-style-type: none"> <li>1. Uptake of seasonal vaccinations can be significantly affected by the prevalence of covid and flu in the community each winter. Whilst we don't have nationally set targets for seasonal vaccinations we do monitor uptake against uptake in previous years and run a comprehensive communications campaign to encourage people to get their seasonal vaccinations as well as targeting underserved communities with over 500 outreach clinics offering seasonal vaccinations. NHSE is projecting uptake of 65% for Covid across the SW region and we would hope to achieve this in Devon.</li> <li>2. We have provided vaccination innovation funding to GP practices to target underserved cohorts including homeless and sex workers. This includes funding to increase capacity to run additional vaccination offers and incentives such as coffee vouchers. In addition our sexual health clinics continue to focus on vaccination offers for seasonal and catch-up offers on a range of vaccinations.</li> </ol> |              |   |                            |          |



|  |                       |   |   |             |
|--|-----------------------|---|---|-------------|
| 2  | 22/10/2024            | To add the 'delivery performance of the Urgent and Emergency Care One Plan' to the work programme for future consideration  | Rachel O'Connor (UHP)                         | Complete    |
| 'Urgent and Emergency Care One Plan' has been added to the work programme for future consideration.  |                       |   |   |             |
| 3  | 16/07/2024 & 22/10/24 | Requested further clarity regarding the number of Adult Mental Health referrals and reasons for assessment delays;<br><br>Requested further details regarding staff sickness and absences, to detail precise numbers and absence lengths. | Stephen Beet (Head of ASC Retained Functions) | In Progress |
| An interim update on mental health referrals and staff sickness was presented at the 22 October meeting. On 22 October, the Panel agreed to request Livewell Southwest attend the next meeting to deliver a commissioned services performance report, and that detailed staff sickness figures were included in the next PCC performance report. |                       |   |   |             |

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| 4 | 20/02/2024 | <p>End of Life Care:</p> <ol style="list-style-type: none"> <li>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.</li> <li>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).</li> <li>3. NHS Devon and partners return at a future time to report on falls prevention measures being undertaken and related performance.</li> <li>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;</li> <li>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.</li> <li>6. The Council, in partnership with City organisations and individuals, seek to promote and recognise St. Luke’s communication of “Care in</li> </ol> | NHS Devon and partners + Gary Walbridge. | Complete |
|---|------------|---|--|----------|

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|  |  | <p>the 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 returned to Scrutiny on October 2024 with an update on the End of Life Care Improvement Plan.</p> <p>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> |  |  |  |  |

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| 5 | 26/10/2023 | <p>1. The Committee recommended that the Cabinet Member for H&amp;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”.</p> | Ann Thorpe<br>(Service Manager,<br>FM) | In-Progress |
|---|------------|---|--|-------------|

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.

**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.

| <b>Date of Meeting</b> | <b>Agenda Item</b>  | <b>Prioritisation Score</b> | <b>Reason for Consideration</b>   | <b>Responsible Cabinet Member/Lead Officer</b> |
|------------------------|---|-----------------------------|---|--|
| <b>16 July 2024</b>    | 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                                     |
| <b>22 October 2024</b> | 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.                                       | 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                          |
| <b>10 December 2024</b> | Quarterly Performance & Financial Report for H&ASC,  | 4 (Medium) | Regular monitoring of performance and finance for H&ASC.   | Rob Sowden, Helen Slater            |
|                         | Livewell SW Performance  | 3 (Medium) | To provide detailed performance for PCC commissioned Livewell services.  | Livewell SW                         |
|                         | Care Homes Commissioning Plan  | 3 (Medium) | Referred by Cabinet  | Emma Crowther/<br>Caroline Paterson |
|                         | ICB finances   | 4 (Medium) | An overview of NHSD financial position and any changes planned/required.                                       | Bill Shields (NHS Devon)            |
|                         | Maternity Care   | 3 (Medium) | Following Derriford's CQC Report   | UHP                                 |
|                         | H&ASC Policy Brief   | 3 (medium) | Standing Item  | Alan Knott                          |
| <b>11 February 2025</b> | Armed Forces Friendly GPs and Dental Surgery   | 3 (Medium) | Referred by Armed Forces Covenant  | NHS England/<br>NHS Devon           |
|                         | Progress / performance review of the Urgent and Emergency Care 'One Plan' & Winter preparedness. | 4 (medium) | To track performance of winter measures and progress of the One Plan. Added to work programme in October 2024. | UHP + NHS Devon                     |

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| <b>Standing Items</b>  |            |  |  |  |
| 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 |  |
| <b>Items to be scheduled for 2024/25</b>                                     |            |  |  |  |
| 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  |            |  |  |  |
| Urgent and Emergency Care One Plan - performance against targets             |            |  |  |  |
| <b>Items Identified for Select Committee Reviews</b>                         |            |  |  |  |
|  |            |  |  |  |

**Scrutiny Prioritisation Tool**

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

| Priority      | Score      |
|---------------|------------|
| <b>High</b>   | <b>5-6</b> |
| <b>Medium</b> | <b>3-4</b> |
| <b>Low</b>    | <b>1-2</b> |