

**Oversight and Governance**

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HEALTH AND ADULT SOCIAL CARE SCRUTINY PANEL

Tuesday 11 February 2025
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 Committee members.

2. Declarations of Interest

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

3. Minutes (Pages 1 - 10)

The Committee will be asked to confirm if the minutes of 10/12/2024 are a correct version, for the record.

4. Chair's Urgent Business

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

5. Quarterly Performance and Finance Reports for H&ASC: (Pages 11 - 24)

6. Livewell Southwest Performance Report & Alternatives To Admission: (Pages 25 - 38)

7. Armed Forces Friendly GPs and Dental Surgery: (Pages 39 - 42)

8. Urgent and Emergency Care 'One Plan' & Winter Preparedness: (To Follow)

9. Tracking Decisions (Pages 43 - 46)

For the Committee to review the progress of Tracking Decisions.

10. Work Programme (Pages 47 - 52)

For the Committee to discuss item on the work programme.

11. 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 10 December 2024****PRESENT:**

Councillor Murphy, in the Chair.

Councillor Ms Watkin, Vice Chair.

Councillors Lawson, McLay, Morton, Ney, Noble, Penrose and Taylor.

Apologies for absence: Councillors S.Nicholson and Reilly.

Also in attendance: Councillor Mary Aspinall (Cabinet Member for Health and Adult Social Care), Gary Walbridge (Strategic Director for Adults, Health and Communities), Stephen Beet (Head of ASC Retained Functions), Helen Slater (Lead Accountancy Manager), Ian Lightley (Chief Operating Officer, Livewell SW), Jodie Myles (Commissioning Officer), Caroline Patterson (Strategic Commissioning Manager), Bill Shields (Chief Financial Officer, NHS Devon), Amanda Nash (Head of Communications, UHP), Natalie Adams (Maternity and Neonatal Improvement Programme Lead, UHP) and Elliot Wearne-Gould (Democratic Advisor).

The meeting started at 2.00 pm and finished at 4.55 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.

68. Declarations of Interest

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

Councillor	Interest	Description
Noble	Private (Registered)	Employee at UHP
Lawson	Private (Registered)	Employee at UHP
Morton	Private (Registered)	Employee at UHP

69. Minutes

The minutes of the meeting held on 22 October 2024 were agreed as a correct record.

70. Chair's Urgent Business

There were no items of Chair's Urgent Business.

71. **Quarterly Performance and Finance Report for Health and Adult Social Care**

Helen Slater (Lead Accountancy Manager) delivered the Health and Adult Social Care 'Summary Month Six' finance report to the Panel, and discussed:

- a) There was a saving on Residential Long Stays of £651,000, which was offset by a pressure of £647,000 for Nursing Care;
- b) Financial pressures for Short Stays and Respite Care were being investigated, and there was a new pressure for Domiciliary Care;
- c) The cumulative effect was an adverse variance for Care Packages;
- d) Last month, a pressure of £471,000 was reported from reduced client income however, this was being mitigated with other savings at month six;
- e) The National Living Wage had been agreed for April 2025, at £12.21 per hour. This increase would be factored into ongoing budget setting work;
- f) Changes to National Insurance rates had not been predicted, and modelling was ongoing to assess the impact and practical implementation. Further clarity would be provided in the upcoming Local Government Settlement.

Councillor Aspinall thanked staff for their efforts and was reassured that a balanced budget would be achieved in March.

Stephen Beet (Head of ASC & Retained Functions) delivered the Health and Adult Social Care Performance report and discussed:

- g) The numbers of people in receipt of Nursing Care had reduced, while Residential Care numbers had increased. Analysis of this trend was ongoing in collaboration with NHS partners;
- h) The number of people receiving Domiciliary Care had increased slightly, with 7.4% receiving a residential interim placement before independently living at home;
- i) There was a slight reduction in the total number of people receiving Direct Payments as a result of care reviews;
- j) There was a slight reduction in demand for Reablement services, however, there were plans to expand the services further within the community to help prevent hospital admissions;
- k) 'No Criteria to Reside' figures were on target at above 9.36%;
- l) Care workers sickness absences were higher than the target for Plymouth City Council. This was primarily attributed to seasonal Flu, which disproportionately impacted front line staff.

In response to questions, the Panel discussed:

- a) The upcoming recommissioning of Domiciliary Care, and ongoing engagement with Care Homes, staff and service users;
- b) The valuable role of unpaid carers, potential for burn-out, and availability of respite services;
- c) Levels of staff sickness relating to stress remained comparably low.

The Panel agreed to note the reports.

72. **Livewell Southwest Performance Report**

Ian Lightley (Chief Operating Officer, Livewell Southwest) delivered the Livewell Performance report, and discussed:

- a) The variety of services commissioned by Plymouth City Council and provided by Livewell Southwest;
- b) Limited workforce growth in comparison to increased demand and complexity;
- c) Prioritisation of work and utilisation of limited resources to meet rising demand;
- d) An overall reduction in waiting times for assessments and reviews;
- e) Planned changes to the red, amber, green prioritization system to reduce waiting times and variances;
- f) The importance of managing risk and providing advice and information to those waiting;
- g) The maintenance of an effective crisis response service;
- h) An average waiting time of 30 days for an assessment post allocation to a care professional;
- i) Ongoing improvement plan work, including a drive to provide quicker support to those of lower need/priority to enable them to 'wait-well';
- j) An increasing number of people of working age entering the system for a care-act assessment;
- k) Strong staff recruitment and retention within Livewell;
- l) Prioritisation of work by clinical need, and the role of self-referral to advice, support and signposting for those of lower need;

- m) The importance of setting out realistic expectations for patients prior to waiting;
- n) Additional investment since 2015 from the Integrated Care Board (ICB), towards developing the Community Crisis Response Team and Discharge To Assess Team;
- o) Strong performance and increasing demand for the Approved Mental Health Professionals service which offered rapid, 24/7 support to those in need.

In response to questions, the Panel discussed:

- p) Concerns regarding increased work demand and complexity, against static funding and staffing;
- q) Concerns that pressures from social care capacity would be deflected to primary care, including the Emergency Department;
- r) Concerns around waiting times, particularly for those on 'low-priority' who could be perpetually que-jumped by more urgent cases.

The Panel agreed:

1. To request further information around Livewell Waiting times, specifically 'average' waiting times for assessments, as well as its comparison across categories of urgency (Red, Amber, Green);
2. To add the Livewell Southwest Performance Report update to the work programme to enable the Panel to monitor improvement progress;
3. To note the report.

73. **Recommissioning of Care Homes**

Jodie Myles (Commissioning Officer) and Caroline Patterson (Strategic Commissioning Manager) delivered the Recommissioning of Care Homes report, and highlighted:

- a) A 12 month extension of the existing Care Home Commissioning contract had recently been agreed by Cabinet, to enable further engagement with providers before its re-procurement;
- b) There were 89 Care Homes within the Plymouth City boundary, providing care and support to over 1,300 adults in residential and nursing care. The annual spend was approximately £50MM;
- c) Plymouth City Council (PCC) had worked to develop a robust service specification in consultation with the care provider market and other local authorities;

- d) Healthwatch had been re-commissioned to independently visit and engage with care residents to ascertain their views, to inform future care provision and modelling;
- e) Key feedback had centred around 'family', 'kindness of staff' and the importance of 'personal possessions';
- f) During 2023/24, over 8,000 new clients requested adult social care support, over 4,000 people accessed long-term care, and over 1,300 accessed 24/7 residential or nursing care;
- g) 86% of care homes were rated as good or outstanding.

In response to questions, the Panel discussed:

- h) Levels of feedback and engagement, which averaged at around two thirds;
- i) The role of the Care Quality Commission (CQC) in evaluating care homes, and cooperative intelligence work between the CQC and PCC;
- j) Methods of evaluation, cooperative working and quality assurance deployed by the Commissioning Team to ensure high standard of care were delivered;
- k) The role and application of the Safeguarding pathway;
- l) Consistency in the quality of care provided, and the CQC level awarded to care homes in Plymouth;
- m) Efforts to drive improvement in the Plymouth care homes not currently awarded 'good' or 'outstanding'.

The Panel agreed:

- 1. To request a detailed breakdown of the £50MM figure spent on care home commissioning, by the type of care provision;
- 2. To add 'care homes recommissioning' to the work programme for a future update on progress, and care quality within Plymouth;
- 3. To note the report.

74. **One Devon ICS Finance Report**

Bill Shields (Chief Financial Officer, NHS Devon) delivered the One Devon ICS Finance Report, and highlighted:

- a) NHS Devon had submitted a deficit plan of £85.4MM to NHS England in April 2024, which had been revised to £80MM. At month 6, deficit funding had been received from NHS England of £80MM;

- b) The resulting £5.4MM adverse variance had been resolved as of month 8;
- c) At month 6, an additional pressure of £0.7MM had been created through Industrial Action. As of month 8, this had been resolved, and a balanced budget was now forecast;
- d) A total of £66.6MM of efficiencies had been achieved within the first six months of the year;
- e) The underlying financial position for the future was a cause of concern, with likely savings of £200MM required. Many achieved savings had been 'one offs' and could not be done recurrently;
- f) The Devon Integrated Care System (ICS) had developed a medium term financial plan, with a plan to gradually reduce the deficit. This would require significant savings across the system;
- g) The additional monies announced in the budget would likely be mitigated by National Insurance increases, next years 'pay awards', and the elective recovery fund (reducing waiting lists). It was therefore forecast that a real-terms reduction in funding would be experienced in 2025/26.

In response to questions, the Panel discussed:

- h) The potential for cuts to services across individual providers;
- i) While patient safety would always be prioritised, the quality of services could see variation to meet available funding;
- j) Efforts were ongoing to increase revenue to sustain services, as exemplified by the Royal Devon University Hospital, which had seen success in delivering capacity for the Elective Recovery Programme;
- k) Direction from NHS England had been to target savings towards workforce costs, head count, and non-clinical-facing posts (admin, managerial and clerical);
- l) A target of 80% recurring savings, to 20% non-recurring savings for Devon;
- m) Success in reducing reliance on 'non-framework' agency staff;
- n) Distinctions between safety and quality;
- o) The implications of IFRS 16 on accounting practice and capital budgets, with potential to limit future system capital;
- p) The Devon ICB and the three acute providers were in National Oversight Framework (NOF) 3, subjecting them to significant controls and approval processes for recruitment;

- q) The role of 'insourcing' in delivering additional capacity to reduce waiting lists, and necessary safeguards for its use. The ICB had encouraged University Hospitals Plymouth (UHP) and other providers to engage with Royal Devon University Hospitals (RDUH) who had demonstrated successful insourcing.

The Panel agreed to note the report.

75. **UHP Maternity Care Report**

Amanda Nash (Head of Communications, UHP) and Natalie Adams (Maternity and Neonatal Improvement Programme Lead, UHP) delivered the Maternity and Neonatal Care report and highlighted:

- a) Plymouth had received considerable financial investment, including the new Community Diagnostic Centre (£25MM), and additional Urgent Treatment Centre at the Derriford site;
- b) UHP had received a Care Quality Commission (CQC) inspection in September 2022, resulting in eight 'must do' actions, and four 'should do' actions;
- c) UHP had seen success in developing a Bereavement Suite, implementing the 'Birmingham Symptom Specific Triage System', and utilising the 'K2, End to End' maternity digital system. This had resulted in improved quality and consistency of maternity care;
- d) The Maternity Safety Support Programme had undertaken a diagnostic review of all of the trusts within the Devon region, including a gap and workforce analysis;
- e) Workforce had presented one of the greatest challenges to UHP, particularly within maternity and neonatal services;
- f) 48 key priorities had been developed, resulting in five work streams: 'working equitably with women and families', 'developing a positive learning safety culture', 'infrastructure', 'growing, retaining and supporting our workforce', and 'developing embedding and sustaining a positive culture';
- g) Since the improvement programme had commenced, UHP had exceeded its 'Saving Baby's Lives' target for the first time in three years, reaching 75%;
- h) Throughout the pandemic, community locations for maternity care decreased from around 50 to 17. It remained a priority to re-expand these locations to maximise the community offer;
- i) Maternity demand was inherently unpredictable, and did not benefit from the ability to generate a waiting list. This could result in capacity challenges, even when fully staffed;

- j) The maternity and neonatal improvement plan had 144 actions for completion, each with a goal, method, timeframe and outcome, as well as strong lead staff appointed across work streams. Considerable progress was being made against the plan;
- k) Reporting and oversight had been enhanced with monthly Board meeting to review and track progress, as well as prioritise urgent matters;
- l) The Trust were confident that progress already demonstrated against the plan, would result in a timely exit however, the reporting structure would be maintained as best practise.

In response to questions, the Panel discussed:

- m) Potential benefits of maternity and neonatal improvements for long term health needs, and reductions in paediatric demand;
- n) Targets for every new mother to have a home visit within 36 hours of discharge;
- o) Enhancements to antenatal education and the importance of care in the community;
- p) Gratitude for the passion and work undertaken by maternity and neonatal staff at UHP;
- q) Enhancements to security at UHP for infants, babies and vulnerable families;
- r) The recent ability for midwives to return to work post-retirement, and the beneficial implications for staff retention, experience, and quality of service delivered.

The Panel agreed to note the report.

76. **Policy Brief for Health and Adult Social Care**

The Panel agreed to note the Policy Brief for Health and Adult Social Care.

77. **Tracking Decisions**

Elliot Wearne-Gould (Democratic Advisor) delivered an update on the Tracking Decision Log.

The Panel agreed to note the document.

78. **Work Programme**

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

- I. Livewell SW Performance Report, update;

2. Armed Forces 'friendly' GP and Dental services;
3. Urgent and Emergency Care One Plan and Winter-preparedness update;
4. Health and Wellbeing Hubs.

79. **Exempt Business**

There were no items of Exempt Business.

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Health and Adult Social Care Scrutiny Panel



Date of meeting: 11 February 2025

Title of Report: **Adult Social Care Finance Report – Month 8 24/25**

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

Lead Strategic Director: Gary Walbridge (Strategic Director for Adults, Health and Communities)

Author: Helen Slater (Lead Accountancy Manager)

Contact Email: helen.slater@plymouth.gov.uk

Your Reference: ASCFINM824

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 8 2024/25

Recommendations and Reasons

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

Alternative options considered and rejected

1. N/A

Relevance to the Corporate Plan and/or the Plymouth Plan

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

Implications for the Medium Term Financial Plan and Resource Implications:

Provides information about budgets set in line with the Medium Term Financial Plan

Financial Risks

N/A information only

Carbon Footprint (Environmental) Implications:

N/A

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

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

N/A

Appendices

*Add rows as required to box below

Ref.	Title of Appendix	Exemption Paragraph Number (if applicable) <i>If some/all of the information is confidential, you must indicate why it is not for publication by virtue of Part 1 of Schedule 12A of the Local Government Act 1972 by ticking the relevant box.</i>						
		1	2	3	4	5	6	7
A	ASC Finance Report – Month 8 2024/25							

Background papers:

*Add rows as required to box below

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

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

Sign off:

Fin	OW.24 .25.015	Leg	N/A	Mon Off	N/A	HR	N/A	Assets	N/A	Strat Proc	N/A
Originating Senior Leadership Team member: Gary Walbridge											
Please confirm the Strategic Director(s) has agreed the report? Yes Date agreed: 31/01/2025											
Cabinet Member approval: Councillor Mary Aspinall (Cabinet Member for Health and Adult Social Care) Date approved: 31/01/2025 (Approved via email)											

ADULT SOCIAL CARE

Summary Update - Budget Monitoring Month 8 2024/25

**Month 8 2024/25**

Care Package Forecast Summary at Month 8			
	Budget	M6 Forecast	Variance
	£m	£m	£m
Domiciliary Care	15.395	15.599	0.204
Supported Living	29.403	29.669	0.266
Direct Payments	12.478	12.320	(0.158)
Extra Care Housing	4.179	4.160	(0.019)
Residential Long Stays	40.385	39.783	(0.602)
Nursing Long Stays	13.038	13.772	0.734
Short Stays and Respite	2.724	3.277	0.313
Day Services and Shared Lives	1.884	1.502	0.021
Total			0.759

- Forecasting at Month 8 shows Direct Payments and Extra Care Housing expenditure close to budget. Residential Long Stays are showing a large saving of (£0.602m) with fewer clients than budgeted, but this offset pressures within Nursing Long Stays and Short Stay packages. Domiciliary Care and Supported Living are now showing pressures of £0.204m and £0.266m respectively.
- Previously we highlighted potential issues with Client Income coming in under budget. At Month 8 this forecast pressure has reduced to near £2m, 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:	11 February 2025
Title of Report:	Adult Social Care Activity and Performance Report
Lead Member:	Councillor Mary Aspinall (Cabinet Member for Health and Adult Social Care)
Lead Strategic Director:	Gary Walbridge (Strategic Director for Adults, Health and Communities)
Author:	Stephen Beet, Head of Adult Social care & Retained Functions
Contact Email:	Stephen.beet@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

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

Alternative options considered and rejected

1. None

Relevance to the Corporate Plan and/or the Plymouth Plan

Plymouth Plan Priority: A Healthy City

Corporate Plan Priority: Keeping children, adults and communities safe

Implications for the Medium Term Financial Plan and Resource Implications:

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

Financial Risks

None – as above

Carbon Footprint (Environmental) Implications:

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

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

None

**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.

Sign off:

Fin	HS.24 .25.21	Leg	LS/00 0036 05/2/ LB/11 /10/2 4	Mon Off	N/A	HR	N/A	Assets	N/A	Strat Proc	N/A
Originating Senior Leadership Team member: Emma Crowther, Strategic Director for Integrated Commissioning											
Please confirm the Strategic Director(s) has agreed the report? Yes											
Date agreed: 31/01/2025											
Cabinet Member approval: Cllr Mary Aspinall											
Date approved: 03/02/2025											

Adult Social Care Activity and Performance Report



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. In addition 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 is taking place in January 2025.

Below are some key delivery statistics 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 Section 42 enquiries.
- 1786 Carers Assessments undertaken.
- 629 individuals received social care support via a Direct Payment

3,731 currently receiving support (long term and intermediate)

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

Theme 1: Waiting Lists

Key Performance Indicator	April	May	June	July	Aug	Sept	Oct	Nov	Dec	Target	
New referrals awaiting response (LWSW Contact Centre)	324	280	298	269	262	304	312	214	179	N/A	
Number of Overdue Assessment (30+ Days)	1033	800	762	738	732	721	720	709	724	459	▲
Number of unallocated Assessments	931	646	592	590	605	620	614	499	504	413	▲
Number of Reviews undertaken	382	285	307	365	274	216	290	291	211	200	▼

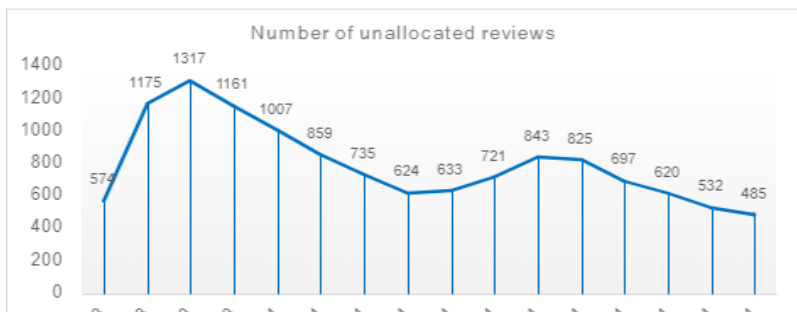


Figure 1

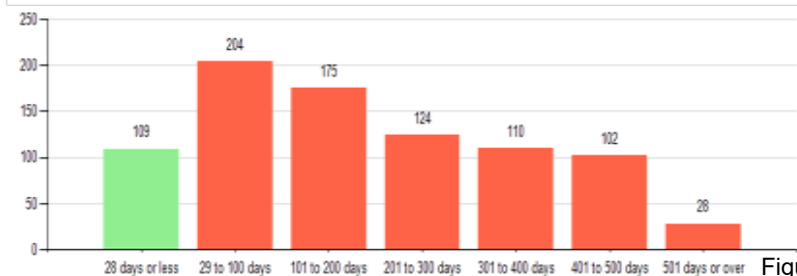


Figure 2

Last Year	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Total
Number of LTC assessments undertaken – Eclipse (Livewell)	138	199	215	189	204	147	1092
Equivalent Period	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Total
Number of LTC assessments undertaken – Eclipse (Livewell)	197	134	146	151	121	109	858
Year on Year Difference	59	-65	-69	-38	-83	-38	-234

Narrative

New Referrals

Referral demand has remained stable, and we can see that the targeted work undertaken by Livewell Southwest (LWSW) has seen a 43% reduction in the current waiting list. An initial key performance indicator has been introduced to have no more than 100 new referrals waiting over 5 days and we have seen good progress against this target.

Assessments/Reviews

We currently have 504 people who are not allocated to a locality team with overall only 34% of all assessments being allocated within 28 days. Following allocation, we have introduced a new data set to monitor the number of days a case remains open on the waiting list.. Overall there has been a reduction in the number of assessments undertaken in comparison to 2023 and we are addressing this through our waiting list workstream.

The number of Reviews undertaken each month remains above target due to a dedicated resource

There is a workstream focusing on waiting list management the introduction of a waiting well protocol, led by LWSW to ensure that people are supported whilst they remain on an open waiting list. Alongside this we have undertaken a data accuracy review to identify areas which have impacted on data quality. We have seen a 30% improvement in individual errors over a 9-month period.

Theme 2: Residential and Nursing Care

Key Performance Indicator	April	May	June	July	Aug	Sept	Oct	Nov	Dec	Target	
2C 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	61.9	72.2		▲
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	8.1	10		▲
Adults 65+ needs met by admission to nursing care homes	20	28	37	44	47	47	53	62	72		▲
Numbers in receipt of nursing Care	259	266	259	257	254	248	243	244	249	224	▲
Numbers in receipt of Residential Care	714	719	723	727	731	726	735	734	738	735	

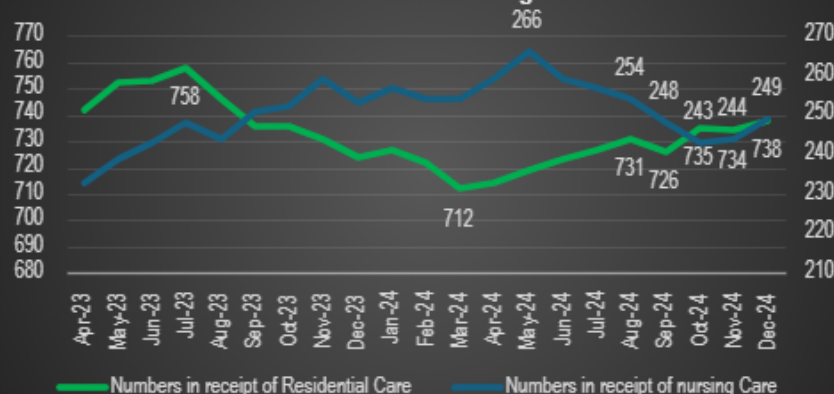
Narrative

Page 20

Over the last three months we have seen a small increase in the total number of people in receipt of Nursing care, however this is below the peak of 266 placements in May 2024.

This will continue to be closely monitored to ensure we continue to support more people to remain living independently at home. We are continuing to work closely with our NHS partners to ensure that people leaving hospital are supported to have a choice, and those who wish to return home and live independently are provided with this opportunity.

Numbers in Receipt of Local Authority Funded residential or nursing care



Theme 3: Domiciliary Care

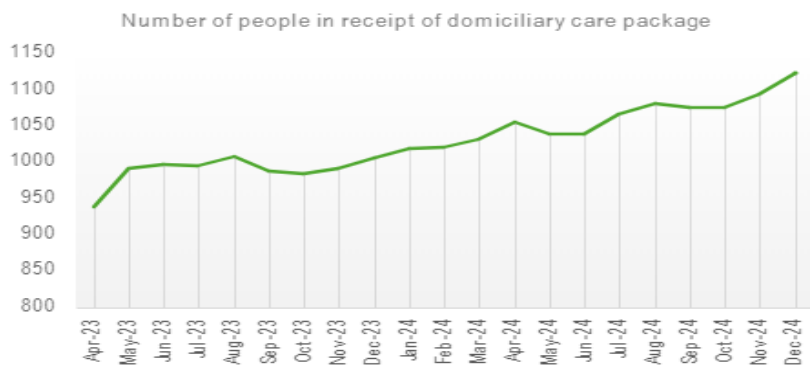
Key Performance Indicator	April	May	June	July	Aug	Sept	Oct	Nov	Dec	Direction
Number of people in receipt of domiciliary care	1057	1039	1040	1068	1081	1076	1077	1095	1124	▲
Of which in Intermediate Placements							80	52	113	▲
% of Domiciliary Care package opened within one week	94.3%	94.4%	89.9%	90.2%	88.6%	90.1%	87.8%	94%	85.2%	▼
Number of Domiciliary Care packages started	235	158	161	256	214	201	209	205	219	▲
New long-term Domiciliary Care Clients								72	54	▼
% of above from Intermediate Care								51.4%	61.1%	▲

Narrative

Page 21

The number of people in receipt of domiciliary care at home has increased over the financial year but remains in line with the year-to-date average of 204 new packages of care commenced within month. Of the 219 new care packages in December 54 have a long-term need, of which 61% are from intermediate care. This is in line with our partnership work with the NHS which aims to support more people to be able to return home, with support if needed, rather than requiring residential care.

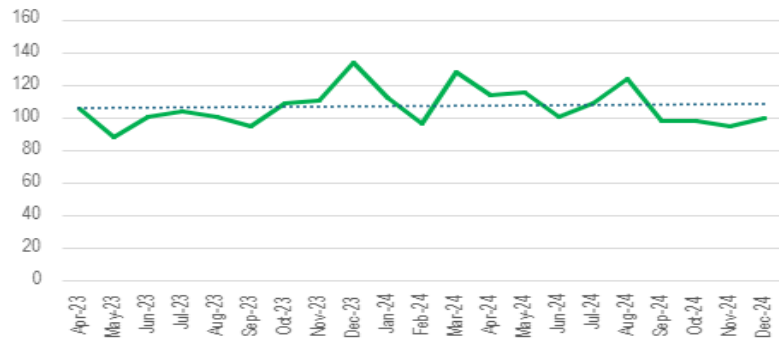
In December 24 we saw a 46% increase in intermediate placements compared to November, which we can attribute to Independence at Home capacity – due to the capacity available at that time within reablement care, there was a need to utilise Domiciliary services to ensure continued care and we expect this reduce to previous levels.



Theme 4: Reablement

Key Performance Indicator	April	May	June	July	Aug	Sept	Oct	Nov	Dec	Direction
Number of people in receipt of Reablement	114	116	101	109	124	98	98	95	100	▲
Percentage of people (65+) at home 91 days after discharge	80%	81%	81%	80%	79%	79.8%	79.9%	79.8%	79.9%	▲ ▼
Number of reablement packages started in period	113	121	85	110	105	84	90	98	112	▲
Number of reablement hours delivered in period (predicted)	3429	3570	3144	3626	4651	3902	3966	3781	3151	▼
Average Length of Time in receipt of Reablement (In weeks)							5.7	4.86	3.46	▼

Number of people in Receipt of Reablement



Percentage of people (65+) at home 91 days after discharge



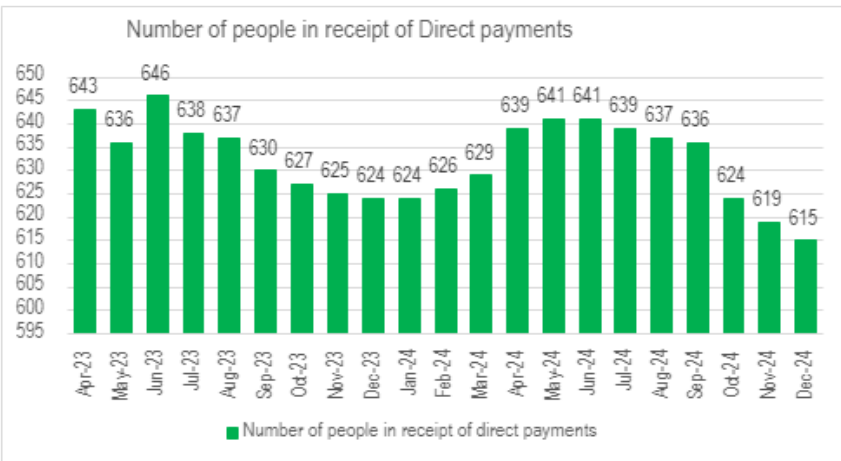
Narrative

The number of people overall in receipt of reablement packages of care has increased. However, the number of hours delivered in month has decreased by 21%. This is attributed to reduced capacity available within Independence at Home in December and we expect this to return to previous levels in January.

Positively the percentage of people who remain at home following 91 days after discharge has remained within the target time scales. The average length of time in weeks that someone is accessing this type of care has decreased to 3.46%. This can vary depending on the current needs of the clients.

Theme 5: Direct Payments

Key Performance Indicator	April	May	June	July	Aug	Sept	Oct	Nov	Dec	Target
Number of people in receipt of direct payments	639	641	641	639	637	636	624	619	615	635 ▼



Narrative

The number of people in receipt of Direct Payments has reduced but we are still at around the national average. This is partly due to an increase in the number of reviews being undertaken where people no longer require support following a review.

There were 120 new Direct Payments set up in 2024.

The target has been reviewed and slightly increased to 635 (26% of all people receiving a long-term service) in order to have a clear target to increase take up of Direct Payments. Mandatory training is being launched across Advanced Practitioners to support wider understanding and promote the option of utilising direct payments. We are also recommissioning our support service and will ensure through doing this that the process of setting up a Direct Payment is as simple as possible.

We received positive feedback from our LGA peer review on the experience of people who use Direct Payments

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Care Act Assessment/Review updates:

- Our targeted work continues to redress the numbers of people waiting for an assessment.
- Significant reduction in the 'longest waiters' for review following waiting list project work. **All of the over 500-day waits are either allocated or completed.**
- We have a jointly agreed approach to organizing our waiting lists which is in line with regional expectations. This does impact upon our median average numbers but is understood.
- As we review the preparation for CQC we will include an analysis of data (which includes inconsistency depending on location, EDI and service establishment that relates to identified pressures).
- Waiting list letters have been completed, the first of which have been going out to our oldest waiters.
- All managers are providing monthly assurance that they are maintaining contact with their waiting lists.

	Care Act	Review
Number Waiting	438	1,084
Average Waiting Time (Weeks)	21	26
Longest Waiter (Weeks)	75	30

ASC Updates

ASC Project Updates

The ASC Waiting List project is linked to our central oversight of ASC within LWSW. We are reviewing feedback from the LGA and adapting our workstreams based upon this

Areas covered thus far include:

- Assurance that waiting list data on Eclipse accurately reflects actual workload, timeframes and risk.
- An agreed action plan for waiting list improvement (reduced numbers and waiting times) including action owners, target timeframes and dates.
- A clearly defined set of performance measures for waiting list management, which will be included in ASC Performance Reporting.
- Assurance that people are safe and risk around people on waiting lists is being appropriately managed.

This has led to the following joint progress:



INTEGRATED ALTERNATIVES TO ADMISSION SERVICE

Livewell Southwest

Integrated Admission Avoidance Service – Our Current Offer

At risk of
hospital
admission
and at
home

Urgent Community Response

- 08.00-20.00hrs
- 7 days per week

Referrals

- Plymouth: 01752 437777 (option 6)
- SHWD: 01752 434908

At risk of
hospital
admission
and
attending
UHP

Integrated Alternatives to Admission Service

- 08.00-19.00hrs M-F
- 08.00-16.30 weekends
- 7 days per week
- Professional referrals via Gateway hub at UHP
- Proactive pull from Emergency Department, same day emergency care and short stay areas

Requiring
Intravenous
Therapy or
out of
hours
Nursing

Urgent Care Nursing Service

- 24/7
- Referrals
- 8am to 7pm
- 7 days per week
- 01752 435567

Admission and Attendance Avoidance

Urgent Community Response (2 hr/non 2hr)

- Interprofessional teams
- Professional responder role
- Acute response practitioner role developed locally
- Links to Devon care coordination hub
- Part of Gateway development at UHP
- Compliant with current 2hr UCR specification for people who are at risk of hospital admission due to a crisis, and they are likely to attend hospital within the next two to 24 hours without intervention
- 2hr and non 2hr (within 24hrs requirements)

Urgent Care Nursing

- Providing specialist nursing services such as IV fluids / medications, clinical investigations and monitoring for patients within community setting across Plymouth SHWD.
- Out of hours district nursing service supporting admission avoidance
- Support admission avoidance and early discharge
- Work with UHP colleagues to provide treatments and monitoring for people onboarded to the acute virtual ward. UHP onboard and hold clinical responsibility.
- Working with UHP colleagues via One Plan IV workstream to expand IV pathways

Integrated Admission Avoidance Service

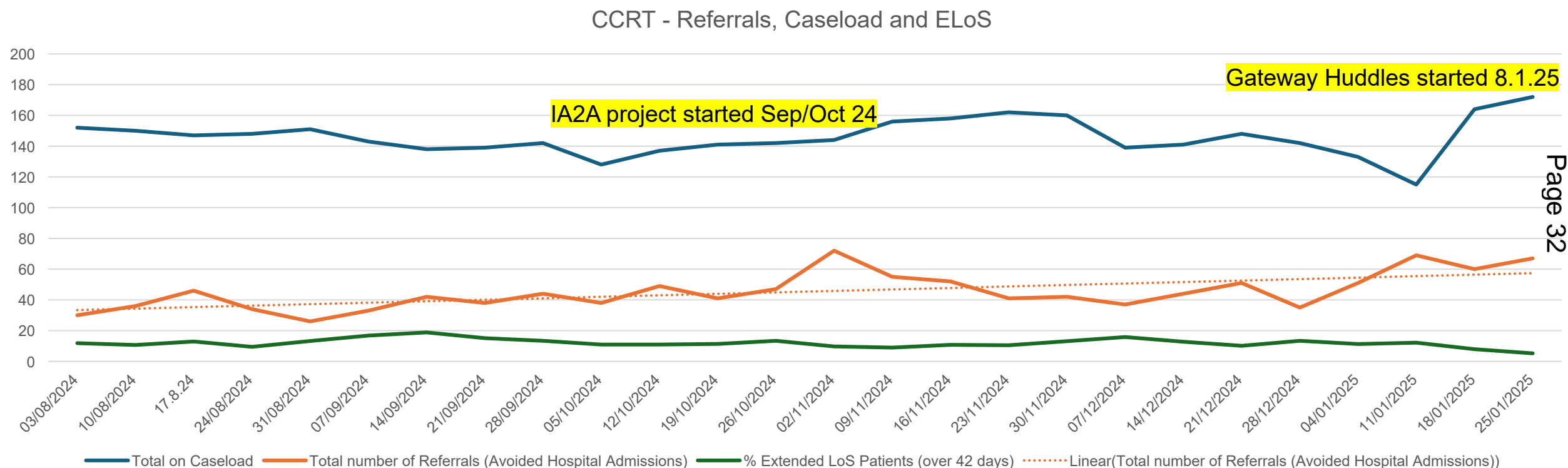
- Made up of occupational therapists and physiotherapists from the Emergency Care & Therapy Team (UHP) and the ASC worker from the community crisis response team (LSW)
- Working as an integrated team to prevent admission and provide care closer to home

Interdependencies

- Gateway hub
- Acute GPs
- Point of Care Testing
- Acute virtual ward
- Community frailty virtual ward
- Primary care
- Community services
- X-ray car
- South Western Ambulance
- Same Day Emergency Care
- Acute Frailty Unit
- Emergency Department

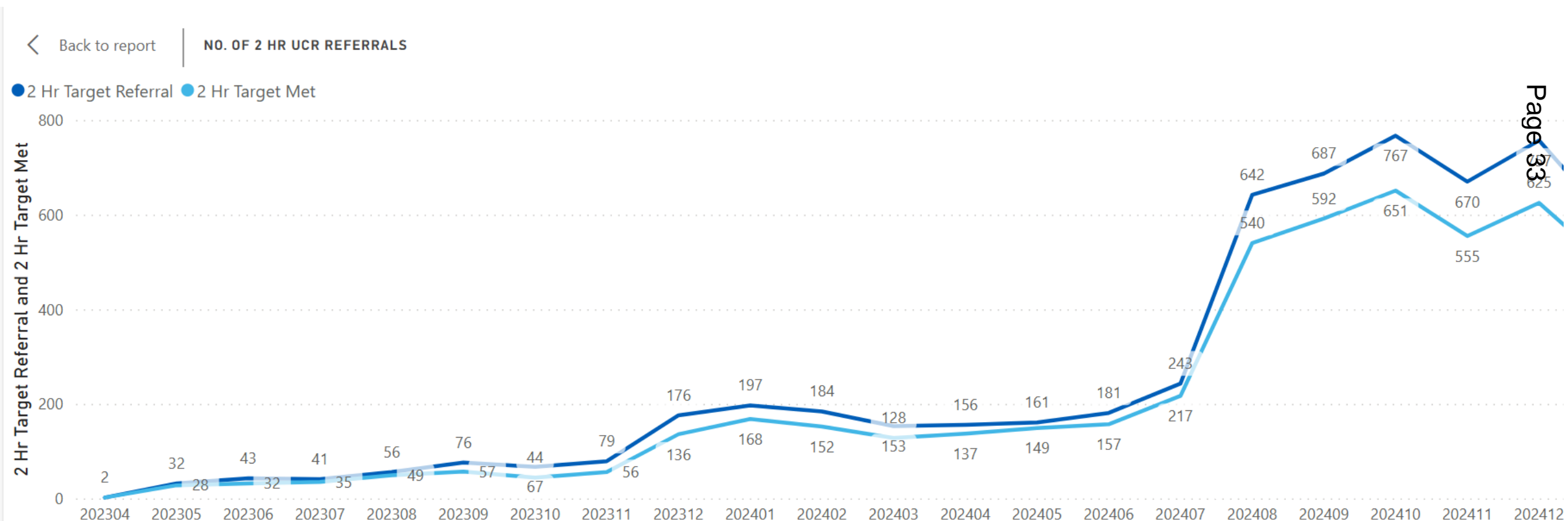


Plymouth Community Crisis Response Team (CCRT) Activity



As of 28.1.25 the caseload is at 187. We have seen growth in referrals since starting the Integrated Alternatives to Admissions Service and Gateway hub huddles. The team capacity is set up to manage around 120 on caseload, we will need to review D+C in line with the growth in referrals.

Urgent Community Response Activity - Growing our Service

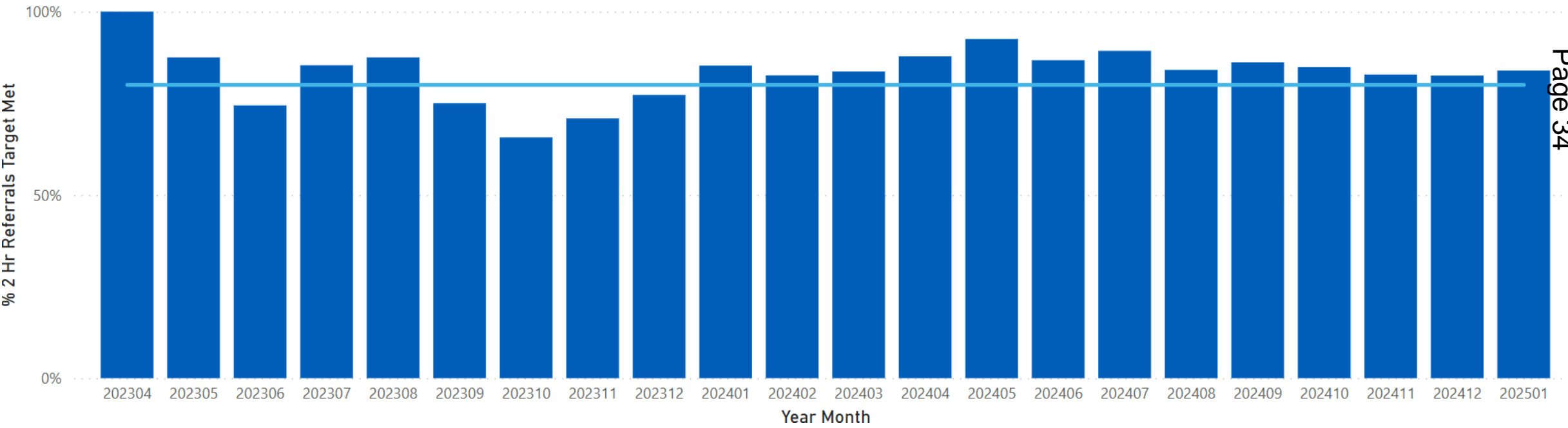


Urgent Community Response (UCR) 2hr target

[Back to report](#)

% 2 HR REFERRALS MEETING 2 HR TARGET

■ % 2 Hr Referrals Target Met ● Target





Feedback from people who use our services

I was pleased to be cared for in my own home and [name removed] was kind and competent.

Can't give high enough praise. Heart felt thanks for everything you did. Absolutely outstanding. [name removed] was on the phone all the way along helping with everything from the beginning it was brilliant, absolutely outstanding.

The ARP was brilliant when she came into assess my husband and arranged admission into St James Lodge really quickly. The CCW was very helpful as well. The staff at St James Lodge were lovely.
[name removed] was the physiotherapist involved.

All the staff were and are very professional but maintain a personal touch. Any questions were answered clearly and precisely. On occasion they found out answers and came back. All in all a brilliant service.

I think this is an amazing service. Treating people at home is the best thing ever and it free up much needed space in hospital.

Nurses very friendly and helpful went out of her way to call the Virtual Ward with a question I had.



www.livewellsouthwest.co.uk

[@livewellsw](https://twitter.com/livewellsw)

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Armed Forces Friendly General Practice and Dental Services

Meeting name	Date of meeting
Health Scrutiny Panel/Committee	11/02/2025

Author(s)		Report approved by	
Name and title:	Abi Jeffs, Senior Commissioning Specialist (Devon ICB) Victoria Mitchell, Senior Officer (Devon ICB)	Name and title:	Paul Green, Director of Primary Care (Devon ICB)
Phone:		Date:	31/01/2025
Email:	Abi.jeffs@nhs.net		

Purpose

To update the Health Scrutiny Panel on how the NHS is meeting the responsibilities under the new amendments to the Armed Forces Act 2006.

1. **Background - The Armed Forces Covenant**

The Armed Forces Covenant reflects the moral obligation that exists between the Armed Forces and society. These principles are enshrined in law under the Armed Forces Act 2021.

The Covenant commitments

- The Armed Forces community should enjoy the same standard of, and access to healthcare as that received by any other UK citizen in the area they live.
- Family members should retain their place on any NHS waiting list, if moved around the UK due to the service person being posted.
- Veterans should receive priority treatment for a condition which relates to their service, subject to clinical need.
- Those injured in service should be cared for in a way that reflects the nation's moral obligation to them, by healthcare professionals who understand the Armed Forces culture.

The Armed Forces Covenant is reflected in the NHS Constitution.

The Armed Forces Covenant creates a duty for certain public bodies, health, education, and housing, to have 'due regard' to the:

- unique obligations of and sacrifices made by the Armed Forces
- principle that it is desirable to remove the disadvantages arising from being a member of the Armed Forces community
- principle that special provision may be justified.

2. **General Practice Veteran Accreditation Scheme**

The Veteran Friendly Accreditation Scheme is a programme run by the Royal College of General Practitioners (RCGP) and NHS England.

The Veteran Friendly GP Practice accreditation scheme supports practices to deliver the best possible care and treatment for veterans who have served in the UK Armed Forces and their families.

Veteran friendly GP practices will have access to a range of veteran specific NHS services and resources.

Accreditation sends an important signal to veteran patients and their families about inclusion and improves experiences and health outcomes for veterans.

What does the scheme aim do:

- The scheme helps GP practices to identify, code and support their veteran patients, which is important as the healthcare needs of veterans can be different to the general population.
- Accredited practices appoint a clinical lead who receives training and support and receives an information pack to help increase their understanding of the health needs of veterans, and the services available to them.
- The information pack provides practices with a simple process for the easy identification of veteran patients, information on how to refer to specialist veteran healthcare services such as
 - Op COURAGE: The Veterans Mental Health and Wellbeing Service
 - Op RESTORE: The Veterans Physical Health and Wellbeing Service,
 - Op NOVA: Supporting Veterans in the Justice System, and
 - advice on how to secure priority access for veteran patients, subject to clinical need.

Devon General Practice uptake:

Devon is the largest ICB across the Southwest, uptake is good (84% overall uptake). Out of 117 practices 99 are signed up to the scheme. The remaining 18 practices will continue to be encouraged to sign up. Only 45 practices were accredited 2 years ago.

3. **Dental Services**

Overview of NHS Dentistry:

Access to NHS dentistry is a recognised challenge nationally; on 7th February 2024, the NHS and Department for Health and Social Care (DHSC) published “A Joint Plan” to recover and reform access to NHS dental care. This plan is an important next step in improving patient access to NHS dental care and supporting dental services to return to pre-pandemic levels of activity.

Dental practices are independent businesses, often providing a combination of NHS and private dentistry. Patients are not registered with a dentist in the same way they are with a General Practitioner (Doctor), and individuals can access services at a dental practice located in any area if the practice is accepting new patients.

It is important to note that military families are also included within the Armed Forces Covenant, and the transient addresses of the military and their families can have an impact on access to NHS dentistry. Though families can legitimately still see a dentist in their previous posting location, due to distances involved this is not always feasible. The ideal situation is for these individuals to access NHS dental care in their local area.

Local Plans and Services:

NHS Devon is working in partnership with the NHS Southwest Collaborative Commissioning Hub (CCH) and local dental and oral healthcare professionals to develop and progress its local Dental Recovery Plan. The plan sets out to address the issues facing the sector and improve access to dental services for all local people.

A key priority for Devon is to increase access to NHS dentistry by implementing measures to support dental services such as increased UDA rates (units of dental activity) and targeting inequality groups, as well as increase the recruitment and retention of the dental workforce.

NHS Devon are committed to procuring new general dental activity in 2025-26.

The current financial envelope in Devon is tied up in existing contracts; not all of these current providers are achieving their contracted levels of NHS activity. NHS Devon are actively looking to rebase existing contracts to achievable levels in order to free up this funding to commission more activity and support financial sustainability within the sector.

As we are enabled, through this rebasing process, to invest in new contracts, our priority is to explore the opportunities within flexible commissioning, inside the nationally set regulations, to provide care for specific patient populations, for example those residing in areas of known deprivation and children. We are keen, over time, to use this process to address other groups which may require additional support, such as people experiencing homelessness and veterans.

Currently, NHS Devon do commission specialist community dental services for those who may not be able to attend a general dental practice.

These include people with various mental, medical and physical needs – for instance:

- children with extensive untreated tooth decay who are particularly anxious
- children in foster homes or residential care, or on the ‘at risk’ register
- people with physical or learning disabilities, medical conditions or mental health problems
 - children referred for specific treatment
 - adults with complex needs who have difficulty accessing general dental services, including adults with moderate and severe learning and physical disabilities or
 - housebound and people experiencing homelessness.

In Devon, this service is provided by the Salaried Dental Service (Exeter), Plymouth Community Dental Service and Torbay Community Dental Service.

All patients with an urgent dental need can call NHS 111 who will put them in touch with an urgent care dental service.

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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	2
In Progress / Part Complete	2
On Hold	0
Awaiting Action	0
Total	4

No.	Meeting Date	Resolution	Responsible	Status
1	10/12/2024	To request further information around Livewell SW Waiting Times, specifically 'average' waiting times for assessments, as well as comparison across categories of priority (red, amber, green).	Ian Lightley (Livewell SW)	In Progress
A Livewell SW performance update report will be included on the agenda for 11 February 2025, detailing these figures.				
2	10/12/2024	To request a detailed breakdown of the £50MM annual spend for Care Home commissioning by type of provision.	Caroline Patterson (Strategic Commissioning Manager)	Complete
PCC Budget 2024/25 - ASC Residential - £42.7 million PCC Budget 2024/25 - ASC Nursing - £13.3 million				
3	10/12/2024	To add Care Home Commissioning to the work programme for a future update, including efforts to enhance care quality within the small percentage of homes not currently rated 'good' or 'outstanding'	Elliot Wearne-Gould	Complete
Item added to work programme.				

4	26/10/2023	I. The Committee recommended that the Cabinet Member for H&ASC install defibrillators at the 5 locations identified within the report, and that the methodology was re-examined to include additional locations such as the Council House, and appropriate city libraries. The Committee welcomed the Cabinet member's amendment of recommendation 7: 'That PCC work with partners to provide defibrillators at St Budeaux library and Southway library' to include "and other appropriate locations".	Ann Thorpe (Service Manager, FM)	In-Progress
<p>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.</p> <p>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.</p>				

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Health and Adult Social Care Scrutiny Panel:

Work Programme 2024/25



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

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

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

			NHS D performance plan for End of Life Care	
	ICB finance and planned changes	4 (Medium)	An overview of NHSD financial position and any changes planned/required.	Chris Morley (NHS D)
	Policy Brief for Health and Adult Social Care	3 (Medium)	To inform members of Government priorities and announcements for Health & ASC	Alan Knott
10 December 2024	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/ 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
11 February 2025	Quarterly Performance & Financial Report for H&ASC,	4 (Medium)	Regular monitoring of performance and finance for H&ASC.	Stephen Beet, Helen Slater
	Livewell SW Performance Report	3 (Medium)	To provide detailed performance for PCC commissioned Livewell services.	Livewell SW
	Armed Forces Friendly GPs and Dental Surgery	3 (Medium)	Referred by Armed Forces Covenant	NHS England/ 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
Standing Items				
Quarterly Performance & Financial Report for H&ASC, + Risk Monitoring Report		4 (Medium)	Regular monitoring of performance and finance for H&ASC.	Rob Sowden, Helen Slater and Ross Jago
Items to be scheduled for 2024/25				
Local Care Partnership Plan				
Update On The Progress And Outcomes Of The Drug And Alcohol Oversight Board				
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				
Health and Wellbeing Hubs				
Care Homes Recommissioning update				
Items Identified for Select Committee Reviews				

Scrutiny Prioritisation Tool

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

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

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