Oversight and Governance
Chief Executive's Department
Plymouth City Council
Ballard House
Plymouth PL1 3BJ

Please ask for Elliot Wearne-Gould
T 01752 305155
E democraticservices@plymouth.gov.uk
www.plymouth.gov.uk
Published 13 November 2025

HEALTH AND ADULT SOCIAL CARE SCRUTINY PANEL

Friday 21 November 2025
2.00 pm
Warspite Room, Council House

Members:
Councillor Murphy, Chair
Councillor Ney, Vice Chair
Councillors Lawson, Lugger, McLay, Moore, Morton, Noble, Penrose, Simpson and Tuohy.

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)**

To confirm the minutes of the previous meeting held on 15 July 2025 as 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. Adult Social Care Finance Report – Month 6, 25/26: **(Pages 11 - 14)**

6. Adult Social Care Activity and Performance Report: **(Pages 15 - 28)**

7. Winter Planning: **(Pages 29 - 56)**

8. Readmissions at UHP: **(Pages 57 - 66)**

9. Action Log **(Pages 67 - 68)**

For the Committee to review the progress of actions.

10. Work Programme **(Pages 69 - 72)**

For the Committee to discuss item on the work programme.

11. Exempt Business

To Consider passing a resolution under Section 100A(2)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 paragraphs (1/2/3/4/5/6/7) of Part 1 of Schedule 12A of the Act, as amended by the Freedom of Information Act 2000.

Health and Adult Social Care Scrutiny Panel

Tuesday 15 July 2025

PRESENT:

Councillor Murphy, in the Chair.
Councillor Ney, Vice Chair.
Councillors Lawson, Lugger, McLay, Moore, Morton, Noble, Penrose, Simpson and Tuohy.

Also in attendance: Councillor Aspinall (Cabinet Member for Health and adult social care), Chris Morley (Locality Director for Plymouth, NHS Devon ICB), Emma Crowther (Service Director for Integrated Commissioning), Gary Walbridge (Strategic Director for Adults, Health and Communities), Helen Slater (Lead Accountancy Manager), Ian Lightley (Chief Operating Officer, Livewell Southwest), Jake Metcalfe (Democratic Advisor), Laura Daniel (Interim Cluster Manager, University Hospitals Plymouth NHS Trust), Peter Collins (Chief Medical Officer, NHS Devon Integrated Care Board), Stephen Beet (Head of ASC Retained Functions), Tricia Davies (St Luke's Hospice).

The meeting started at 2.00 pm and finished at 3.37 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.

89. **Declarations of Interest**

Minute No.	Name	Description	Type
93,94 &95	Councillor Morton	Employee of University Hospitals Plymouth	Personal
93,94 &95	Councillor Noble	Employee of University Hospitals Plymouth	Personal
93,94 &95	Councillor Lawson	Employee of University Hospitals Plymouth	Personal

90. **Appointment of a Chair and Vice-Chair for 2025/26**

The Panel noted the appointment of Councillor Pauline Murphy as Chair, and Councillor Carol Ney as Vice-Chair for the 2025-26 Municipal Year.

91. **Minutes**

The Panel agreed the minutes of the meeting held on 11 February 2025 as a correct record.

92. **Chair's Urgent Business**

There were no items of Chair's urgent business.

93. **Quarterly Performance, Finance and Risk Reports for H&ASC**

The Chair noted that this would be Stephen Beet and Emma Crowther's last scrutiny meeting before they departed the authority next month. The Chair thanked both for their contributions to the Panel's work, and wished them well for the future.

Stephen Beet (Head of ASC Retained Functions) and Ian Lightley (Livewell Southwest) delivered the Quarterly Performance report for Adult Social Care and discussed:

a) Since the last update in February, the service had been working through the Transformation Board on an improvement plan focused on:
    i. Reducing waiting times for Care Act assessments and annual reviews;
    ii. Practice development;
    iii. Occupational therapy (OT) performance.

b) Improvements had been seen in waiting times for assessments and reviews, and there had been an increase in the number of people receiving direct payments;

c) The service had undergone a CQC inspection in June 2025, following an information return submitted in January. The inspection had been a positive experience, with the CQC engaging with a wide range of staff, providers, partners and councillors. The final report was expected in one to two months;

d) Performance data demonstrated that:
    i. The number of people waiting over 500 days for assessments had significantly reduced, with the longest waits now under 300 days;
    ii. The overall number of people waiting for Care Act assessments had dropped considerably;
    iii. Improvements had been achieved through quality improvement work rather than additional resources, with successful test-of-change pilots in the South and East localities now rolled out city-wide;

e) The service had developed a trajectory model to forecast when waiting times would reach acceptable levels, with October 2025 identified as the target. Although recent data had shown a slight reversal, the service remained on track;

f) Analysis of assessment outcomes had shown that a high proportion of individuals did not require a funded care package, highlighting missed opportunities for early intervention and signposting. Work was underway with the Wellbeing Hub network to improve front-door triage and reduce unnecessary assessments;

g) The "Waiting Well" policy had been implemented, including proactive contact with individuals on waiting lists via text messages and follow-up checks;

h) Review performance had improved, with 57.9% of people receiving a review within 12 months of their care package, approaching the regional benchmark of 60.7%. No individuals had waited more than two years for a review;

i) Occupational Therapy (OT) performance remained challenging, with a slight improvement in the number of people waiting. Improvement work was ongoing including:
    i. Demand and capacity modelling had been completed using national benchmarking tools;
    ii. The service was exploring whether some assessments could be avoided or replaced with quicker support offers;
    iii. A trajectory model for OT improvement was in development.

j) A partnership with Plymouth Community Homes had enabled trusted assessors to carry out simple adaptations and remove over 100 cases from the waiting list.

In response to questions, the Panel discussed:

k) Whether similar partnership arrangements existed with other housing providers such as LiveWest, Sanctuary and Sovereign. It was confirmed that broader partnership arrangements existed through the Plymouth Alliance;

l) Livewell Southwest was not holding any OT vacancies. To address demand and capacity challenges, lower-risk cases were prioritised for alternative support options;

m) While waiting list numbers had dropped, average wait times had increased. This was due to the data being captured retrospectively, which skewed the averages temporarily as long-wait cases were closed. It was anticipated that future reports would show a reduction in average wait times;

n) The Committee discussed the impact of the national spending review and whether funding would reach Plymouth. Officers confirmed that modelling was underway with external advisors, and a consultation response was being prepared ahead of the 15 August deadline;

o) The Committee queried the number of individuals receiving care outside the Plymouth area. Officers explained that:
    i. Out-of-area placements were often due to individual choice or specialist needs;
    ii. Plymouth remained the responsible authority for funding such placements;
    iii. Data had been provided to the CQC and could be shared with the Committee in future.

p) The Committee asked for data on the proportion of Care Act assessments resulting in funded care packages. Officers reported that:
    i. Approximately 20% of assessments resulted in a care package, though this figure included hospital discharges;
    ii. A more accurate figure for community-based assessments was being prepared;
    iii. For individuals with mental health as their primary support reason, only 10% required a care package or direct payment.

q) A pilot was being introduced to support individuals with mental health needs through talking therapies and emotional skills development, aiming to reduce reliance on formal care packages;

r) The Committee discussed concerns regarding domiciliary care providers. Emma Crowther (Service Director for Integrated Commissioning) explained that:
    i. Concerns were typically related to leadership, workforce stability, or specific incidents;
    ii. A "Provider of Concern" process was in place, with fortnightly meetings between commissioning and safeguarding teams;
    iii. Quarterly meetings were held with the CQC and Ofsted to triangulate intelligence;
    iv. The Council aimed to support providers collaboratively but would use contractual levers where necessary.

Helen Slater (Lead Accountancy Manager) delivered the quarterly finance report for Adult Social Care at Month 2 of the 2025/26 financial year and discussed:

a) While early in the financial year, a nil variance was currently being reported on the Adult Social Care budget;

b) The Adult Social Care budget was the largest revenue budget in the Council, totalling £113 million;

c) The service had been monitoring its highest-risk areas, particularly care package expenditure. Risks had been identified in the domiciliary care budget, driven by increased volumes and client numbers. Residential care budgets were also under pressure, but this was attributed to the complexity of need rather than client numbers;

d) Income budgets, which had been a source of pressure in the previous year, had been rebased during budget preparation. It was anticipated that these would not present significant issues in the current year and might help offset expenditure pressures;

e) The Adult Social Care savings target for 2025/26 was £2.7 million. Of this, £1.175 million had already been achieved, with plans in place to deliver the remainder during the year;

f) The Committee was informed that the Budget Containment Group had been established, as in previous years, to monitor and manage financial risks. The group was working with colleagues in Livewell to identify priority areas for detailed review, including:
   i. Domiciliary care;
   ii. Residential care;
   iii. Health funding for client packages;
   iv. Budget impacts of working-age adults versus older adults.

g) A more detailed financial report would be presented at Month 3, in line with quarterly budget monitoring.

In response to questions, the Panel discussed:

h) The Chair welcomed the positive start to the financial year and praised the service's approach to balancing budget pressures with the need to ensure individuals received appropriate care.

The panel agreed to note the reports.

94. **Palliative and End of Life Care**

Councillor Aspinall (Cabinet Member for Health and Adult Social Care) introduced the Palliative and End of Life Care item and discussed:

a) The item had originated from a Motion on Notice brought to Full Council in March 2025. Due to the complexity of the subject, it had been referred to the Health and Adult Social Care Overview and Scrutiny Committee for detailed consideration. Members were asked to consider the original motion alongside a written statement submitted by Councillor Beer.

Chris Morley (NHS Devon ICB) added:

b) Progress was continuing against the locality delivery plan for end of life care in Plymouth and West Devon. The End of Life Steering Group continued to meet regularly and was aligned with the wider Devon Integrated Care Board (ICB) programme to improve end of life experiences across the region;

c) Progress had been made against the previously agreed improvement plan, with most actions marked as complete or underway. Key developments included:
   i. Expansion of the end of life register into an integrated care planning system linked to the Summary Shared Care Record;
   ii. Establishment of a central information point for individuals and system partners, supported by St Luke's Care Coordination Hub;
   iii. Completion of demand and capacity analysis, now informing the Devon commissioning plan;
   iv. Completion of service options appraisal and audit of care processes;
   v. Reallocation of training resources from the Hive system to broader management and leadership training for care providers;

vi. Continued development of the Compassionate City programme and work on death literacy.

d) A significant reduction had been observed in the number of deaths occurring in hospital, particularly at Derriford Hospital, indicating progress in supporting individuals to die in their preferred place of care.

Laura Daniel (Interim Cluster Manager, University Hospitals Plymouth NHS Trust) provided an update on the end of life pathway at Mount Gould Hospital and discussed:

e) The pathway had expanded to 12 beds, operating at approximately 90% occupancy to ensure availability for urgent admissions from the Emergency Department (ED);

f) Over 420 patients had been supported since the pathway's inception, with positive feedback from patients, families and staff;

g) Integration of the Marie Curie team had strengthened communication and coordination between acute and community teams. Governance and scrutiny processes were in place to ensure continuous learning and improvement;

h) The pathway aimed to support patients with both short-term and longer-term needs, recognising the therapeutic value of the environment;

i) The ED team had focused on preventing unnecessary conveyance to hospital, and Plan-Do-Study-Act (PDSA) cycles were being used to track service improvements;

j) Work was ongoing to embed Electronic Treatment Escalation Plans (ETEPs) and advance care planning across the Trust.

Tricia Davies (St Luke's Hospice) provided an update on the Care Coordination Hub and discussed:

k) The Hub had launched in April 2025 following public consultation, and aimed to provide a single point of contact for patients, families and professionals navigating end of life services;

l) The Hub offered rapid response, shared decision-making, specialist advice, and support with TEP discussions. It had received 319 calls in its first six weeks, primarily from family carers, patients, district nurses and GPs;

m) The Hub worked closely with South Western Ambulance Service NHS Foundation Trust (SWAST) and University Hospitals Plymouth, with daily contact to coordinate care and prevent unnecessary hospital admissions;

n) The service aimed to ensure that patients were supported to remain at home wherever possible, with rapid deployment of St Luke's response teams;

o) The Hospice continued to hold learning events when care fell short, and worked collaboratively with system partners to improve outcomes.

The Panel discussed the written statement submitted by Councillor Beer, which expressed concerns about the quality of end of life care and suggested that services were failing. Members acknowledged the emotional nature of the statement and the historical context, particularly during the COVID-19 pandemic. Members expressed disappointment that Councillor Beer had been unable to attend the meeting, and noted that many of the concerns raised in the statement had since been addressed through the improvements presented.

p) It was acknowledged that services did not always get it right, but that robust governance and learning processes were in place to address shortcomings;

q) The Committee discussed the distinction between palliative care and end of life care. It was noted that palliative care could extend over months or years, and that care planning should reflect the full trajectory of a patient's condition;

r) Members requested further information on integrated care pathways (ICPs) for palliative care, including how care planning addressed nutrition, mobility and holistic needs;

s) Members agreed that the improvements made over the past 12 months had been substantial and commended all partners for their work.

The panel agreed:

1. To note the progress made against the original Motion on Notice;

2. That no further reports on this topic would be scheduled unless new evidence of concern emerged;

3. To thank all partners for their continued work and commitment to improving end of life care in Plymouth.

Action: Officers to provide further detail on integrated care pathways for palliative care, including care planning for patients not in the final days of life.

Action: Councillor Aspinall to write to Plymouth's three Members of Parliament requesting support for additional funding for palliative and end of life services.

95. **NHS Reforms and Re-structures**

Peter Collins (Chief Medical Officer, NHS Devon Integrated Care Board) presented an update on the Government's proposed reforms to NHS England and the restructuring of Integrated Care Boards (ICBs), and discussed:

a) The Government had signalled its intention in March 2025 to abolish NHS England and restructure the commissioning and organising functions of the

health service, including ICBs. This included a requirement for ICBs to reduce their running costs by 33%;

b) As part of the national specification, smaller ICBs were expected to align and merge with neighbouring systems. NHS England had approved the proposed clustering of Devon, Cornwall and the Isles of Scilly ICBs into a single entity. Work was underway to appoint a new Chair, Chief Executive and Executive Team, and to design the structure of the new organisation;

c) Restructuring was intended to improve strategic commissioning, with a focus on understanding population needs and holding services to account for delivery. Members were assured that there should be no immediate impact on service delivery for residents, and that the changes were not expected to cause delays in treatment.

In response to questions, the Panel discussed:

d) There was no expectation of increased funding beyond annual national growth allocations. Devon ICB currently received support funding from NHS England to manage its deficit, but future support was not guaranteed;

e) The 33% reduction applied to the ICB's running cost budget, not the total commissioning budget of £3 billion. The running cost budget was calculated nationally at £18.76 per head of population, recently increased to £19 due to inflation. For Devon, Torbay and Plymouth (population approx. 1.24 million), this equated to a running cost budget of approximately £23 million;

f) Councillors queried the potential for shared services and economies of scale across Devon and Cornwall, including IT, payroll and procurement. It was clarified that the creation of ICBs had not followed a uniform model, and functions varied between systems. This presented an opportunity for ICBs to ensure that the teams were focused on the important matters and that important functions were transferred back to providers in the long term;

g) Kevin Orford (Chair of Devon ICB) had chosen not to stand for reappointment due to personal reasons. Expressions of interest had been invited for the new Chair of the merged Devon and Cornwall ICB, and an announcement was expected shortly;

h) Councillor Aspinall commended the staff of the ICB for their hard work and professionalism during the restructuring process, noting the challenges of a 33% reduction in staffing;

i) Peter Collins offered to return to the Committee at a future meeting to provide further updates and engage with elected members on the implications of the reforms.

The Panel agreed to:

1. Note the update on NHS reforms and restructuring;

2. Request a future update once the new ICB structure and leadership were in place;

3. Thank Peter Collins and the ICB staff for their continued work and commitment during the transition.

Action: Officers to invite Peter Collins to return to the Committee once further details of the ICB merger and leadership appointments are confirmed.

96. **Work Programme**

The Chair invited members to suggest topics for inclusion in the Committee's work programme. The panel agreed to add the following items:

a) Carers Strategy and Carers Action Plan;

b) Outcome of the Care Quality Commission (CQC) inspection of Plymouth City Council's Adult Social Care services, subject to readiness/publication;

c) Winter Planning;

d) Dental services.

Action: Officers to arrange a visit to University Hospitals Plymouth (UHP) to view the new Urgent Treatment Centre and combined outpatients facility, which was expected to open in August/September.

Action: Officers to arrange a visit to the Same Day Emergency Care (SDEC) unit.

Action: Officers to progress a Joint Select Committee regarding Transitions from Children's to Adults Social Care services.

97. **Action Log**

Following a review of the Action Log, the Panel agreed to:

1. Request an update on the armed forces GP and dental provision item at the next meeting;

2. Note the progress of the Action Log.

98. **Exempt Business**

There were no items of Exempt Business.

Health and Adult Social Care Scrutiny Panel

Date of meeting:	21 November 2025
Title of Report:	**Adult Social Care Finance Report – Month 6 25/26**
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:	Rebecca Sampson (Interim Lead Accountancy Manager)
Contact Email:	Rebecca.sampson@plymouth.gov.uk
Your Reference:	ASCFINM625
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 2025/26.

Recommendations and Reasons

1. 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:
1. Working with the NHS to provide better access to health, care and dentistry
2. 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

Legal Implications

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

Ref.	Title of Appendix	**Exemption Paragraph Number** (if applicable) *If some/all of the information is confidential, you must indicate why it is not for publication by virtue of Part 1of Schedule 12A of the Local Government Act 1972 by ticking the relevant box.*						
		1	**2**	**3**	**4**	**5**	**6**	**7**
A	ASC Finance Report – Month 6 2025/26							

Background papers:

**Add rows as required to box below*

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

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

Sign off:

Fin	OW. 25.26. 093	Leg	N/A	Mon Off	N/A	HR	N/A	Asset s	N/A	Strat Proc	N/A
Originating Senior Leadership Team member: Gary Walbridge											
Please confirm the Strategic Director(s) has agreed the report? Yes Date agreed: 09/11/2025											
Cabinet Member approval: *Cllr Aspinall (Cabinet Member for H&ASC) via email* Date approved: 12/11/2025											

ASC – BUDGET MONITORING MONTH 6

ASC Scrutiny Update

MONTH 6 UPDATE

ADULTS, HEALTH AND COMMUNITIES' DIRECTORATE

Adults, Health and Communities Directorate Forecast

Adults, Health and Communities Directorate	Budget £m	Forecast £m	Forecast Net Variance £m
Adult Social Care	113.455	115.997	2.243
Community Connections	5.673	6.562	0.919

The Adults, Health and Communities Directorate is reporting an overspend of £3.162m in Month 6, of which £2.243m relates to Adult Social Care.

The following pressures and mitigations are flagged:

- £0.824m pressure within Domiciliary Care as it continues to see an increased demand for intermediate care to support clients' discharge from hospital.
- £3.519m pressure due to an increase in demand across bedded care through each pathway and £0.477m across other care packages, as assessment waitlists have been reduced.
- (£2.310m) additional Joint Funding and client income have been identified, correlating to increased package expenditure. A joint funding panel has been established to improve the process and maximise income.
- The Directorate's Budget Containment Group has been mobilised for 2025/26 and activity is ongoing; the function of the group is to focus on emerging high-risk areas, assigning task groups to identify actions to be taken to contain spend, such as focused package reviews. Work identified includes focus on review and analysis of Domiciliary Care, Bedded Care fees levels and pipeline demand, timescales and planning in increase client in Direct Payments and a focus on the Short-Term Residential clients to identify any barriers to long term care.
- £2.074m (75%) of the in-year savings target for the Directorate have been achieved to date.

Updates on Budget 2026/27

- National Living Wage from April 2026/27 has been assumed at £12.80 per hour.
- Modelling for the impact on ASC budgets in 2026/27 is underway to be included in ongoing budget discussions.

This page is intentionally left blank

Health and Adult Social Care Scrutiny Panel

Date of meeting:	21 November 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:	Gill Nicholson, Head of Innovation & Delivery for Adult Social Care Andy Williams, Lead for Adult Social Care (Livewell Southwest)
Contact Email:	Gill.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
1. It is recommended that Scrutiny acknowledge the content of the report.

Alternative options considered and rejected
1. None

Relevance to the Corporate Plan and/or the Plymouth Plan
Plymouth Plan Priority: A Healthy City
Corporate Plan Priority: Keeping children, adults and communities safe

Implications for the Medium Term Financial Plan and Resource Implications:
None - the Adult Social Care budget is monitored closely, including the numbers of people needing a new service and the associated costs of services

Financial Risks

None – Information only

Legal Implications

None – Information only

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) *If some/all of the information is confidential, you must indicate why it is not for publication by virtue of Part 1of 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 & 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 <u>unpublished</u> works, relied on to a material extent in preparing the report, which disclose facts or matters on which the report or an important part of the work is based.

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

Sign off:

Fin	N/A	Leg	N/A	Mon Off	N/A	HR	N/A	Asset s	N/A	Strat Proc	N/A
Originating Senior Leadership Team member: Gill Nicholson, Head of Innovation & Delivery Adult Social Care											
Please confirm the Strategic Director(s) has agreed the report? Yes Date agreed: 30/09/2025											
Cabinet Member approval: *Cllr Mary Aspinall (Cabinet Member for H&ASC)* Date approved: 23/09/2025											

Adult Social Care Activity and Performance Report

The vision for Adult Social Care in Plymouth is to support people to lead "gloriously ordinary lives", living their best life doing the things that matter to them. Living in a place they call home and supported by their own thriving connected community, able to access high quality advice, information and timely local services and support, where appropriate, in a way that they choose.

To support the delivery of our statutory Adult Social Care duties, Livewell Southwest is commissioned by the Council to provide services including assessments and reviews. This is alongside some functions which are retained by the Council..

This report shows 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. We continue to test the effectiveness of how we perform and we invited the Local Government Association to undertake a Peer Review of Adult Social Care in January 2025. This led to a revised improvement plan, and we have seen improvements in most areas including waiting times for assessments & reviews.

The Care Quality Commission completed their inspection of Adult Social Care in Plymouth in June 2025 and we are awaiting their report and findings.

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

ADULT SOCIAL CARE KEY FACTS 2024/2025

PLYMOUTH CITY COUNCIL

Adult Social Care service have supported people, and many more through our wider health & care system activity.

14,563

Completing **5,127** assessments (including Care Act, Occupational Therapy, Carers, and Mental Capacity Assessments) & **4,023** Reviews of individual care support needs.

Average number of contacts per month via for care & support related to advice or activity.

838

Average number of contacts per month via our contact centre

WELLBEING HUBS

Supported the community through **182,000+** contacts

CARERS

All Adult Carers – 2021 Census showed **23,956** people provide unpaid care. Of those unpaid carers, 58.1% are aged 26-64 & 35.4% are aged 65-84

Young Carers (0-17) - **1,050**

Number of safeguarding concerns raised:

6,018

Number of safeguarding concerns that met threshold for S42 enquiry

419

(reducing or removing the identified risk in **352** cases)

£	24/25 Gross Budget	£103m
	25/26 Gross Budget	£114m
	People supported by Domiciliary Care Providers	2,218
	People supported in Care Homes	1,272
ECH	Extra Care Housing Places	240
	People supported by Out of Area Care Home Commissioned services	198
	People in supported living	796
DP	People Supported Through Direct Payments	724

OUR VISION FOR ADULT SOCIAL CARE

PLYMOUTH CITY COUNCIL

"Gloriously ordinary lives"

Social Care Futures

"People living their best life doing the things that matter to them. Living in a place they call home and supported by their own thriving connected community, able to access high quality advice, information and timely local services and support, where appropriate, in a way that they choose."

Remaining Independent

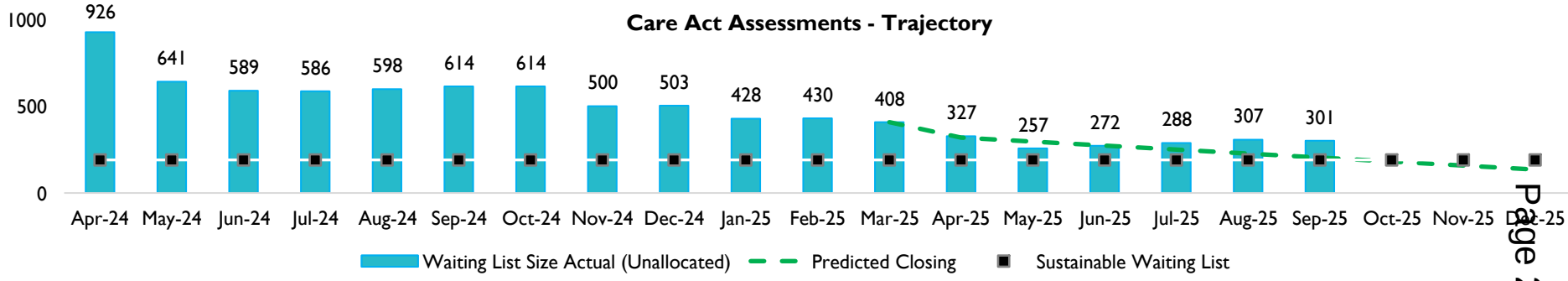
Effective & timely assessment

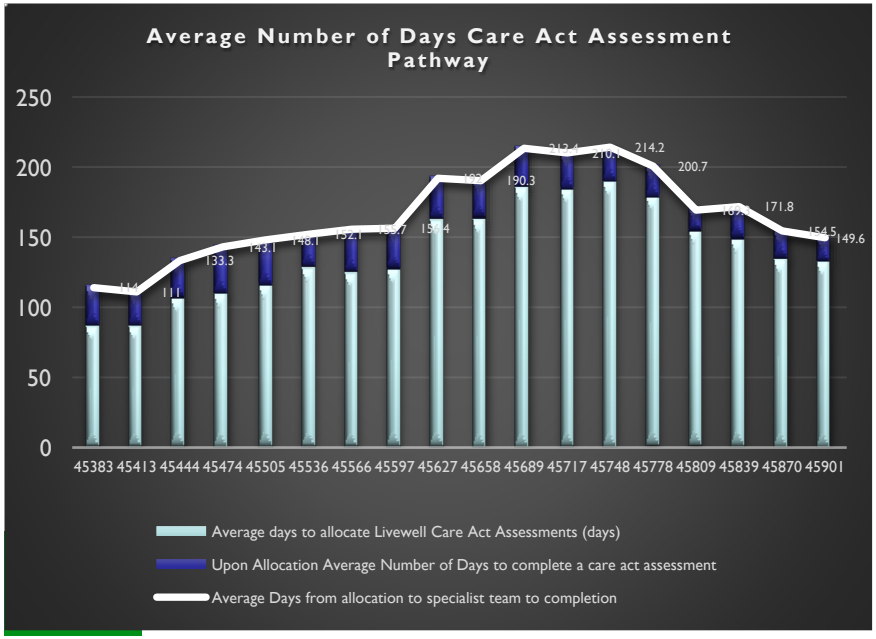
Ensuring choice & control

Good quality care & support from a skilled workforce

Theme 1:Waiting Lists – New Care Act Assessments

Key Performance Indicator	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	Target	
Number of People Waiting	614	500	503	428	430	408	327	257	272	288	306	301		200	▼
Average number of days for an assessments to be completed (upon allocation)	24.1	31.5	28.9	30.2	27	27.6	25.6	24.3	15.4	23.2	20.1	16.9		20	▲
Number of Care Act Assessments Completed	200	180	154	223	197	186	198	243	221	222	171	178		183	▲





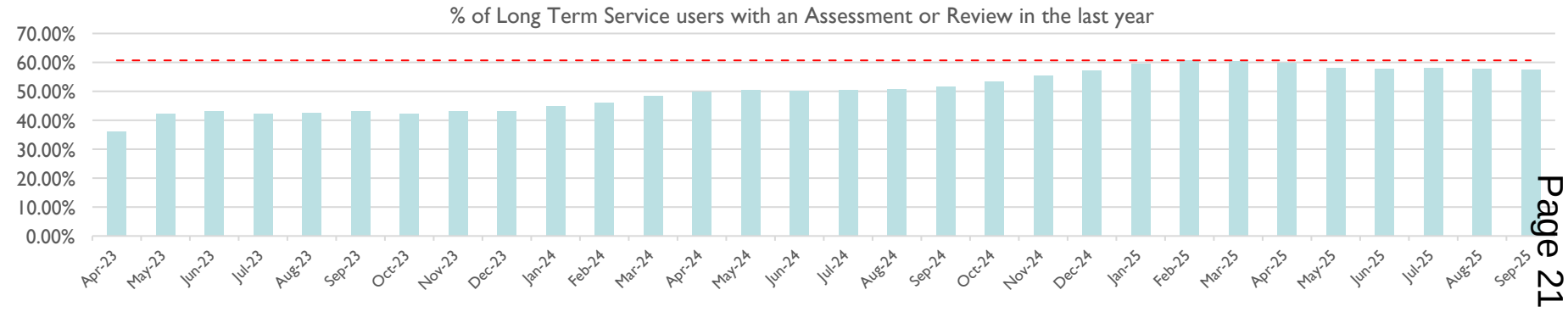
Narrative

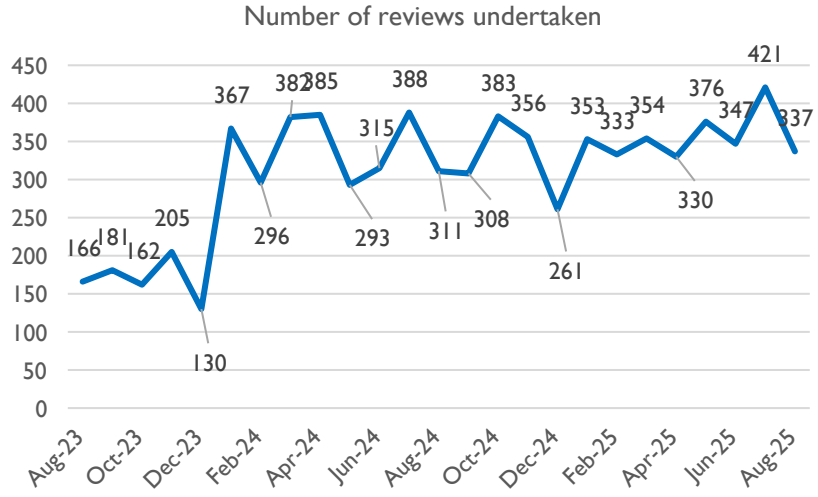
During September 2025, the Contact Centre continued to demonstrate strong performance in line with Care Act responsibilities, with a notable reduction in overall referral volumes and a growing proportion of referrals now coming through self-assessment online forms. Repeat referrals within four weeks dropped to their lowest recorded level at 17.1%, reflecting the positive impact of new triage and call-handling processes.

Care Act assessment performance has been impacted due support a number of provider reviews and closures. Subsequently the number of unallocated assessments rose to 301 in August. However, the average time to allocate assessments has improved, and there is a continued focus on length of time people are waiting to be allocated. The average time to complete an assessment after allocation has improved to 16.9 days and remains within target expectations. We remain committed to reduce the length of time people are waiting with a continued focus on the longest waiting people.

Theme 1: Waiting Lists – Care Act Reviews/Change of Circumstances

Key Performance Indicator	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	Target	
% of long-term service users with an assessment or review in the last year	53.40%	55.50%	57.10%	59.40%	60.70%	60.40%	59.70%	57.90%	58.2%	58.1%	57.7%	57.4%		60.7%	▼
% of reviews with increased cost	17%	18%	10%	16%	21%	15%	19%	23%	18%	15%	34%	18%			▲





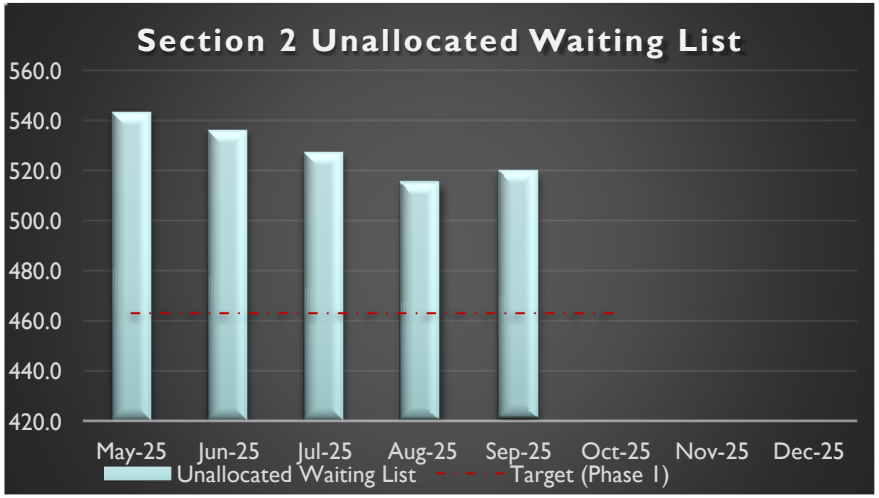
Narrative

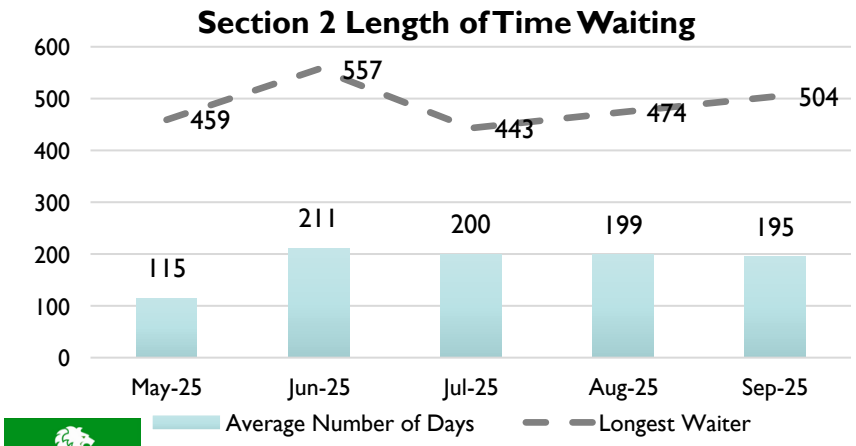
Currently, 57.4% of long-term service users have had an assessment or review in the past year—just shy of the regional target. In August, 34% of reviews resulted in increased support, highlighting our ability to identify and respond to changing needs. However, this figure has since returned to align with the overall yearly average.

Despite added responsibilities, review productivity remains strong and in line with national averages. Most longstanding reviews are complete, so while further efficiencies may be limited, we're focused on reviewing new cases promptly. Reducing waiting lists and delivering timely, responsive care remains a top priority.

Theme 1: Occupational Therapy – Minor Adaptations

Key Performance Indicator	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Target	
Unallocated Waiting List			543.0	536	527	515	519						463	▼
Longest Waiter			459	557	443	474	504						N/A	
Mean Wait (in days)			115	211	200	199	195						150	▼





Narrative

Section 2 assessments are a key part of Occupational Therapy, helping identify the right equipment, adaptations, or support to help people live independently and prevent, delay or reduce the development of needs for care and support.

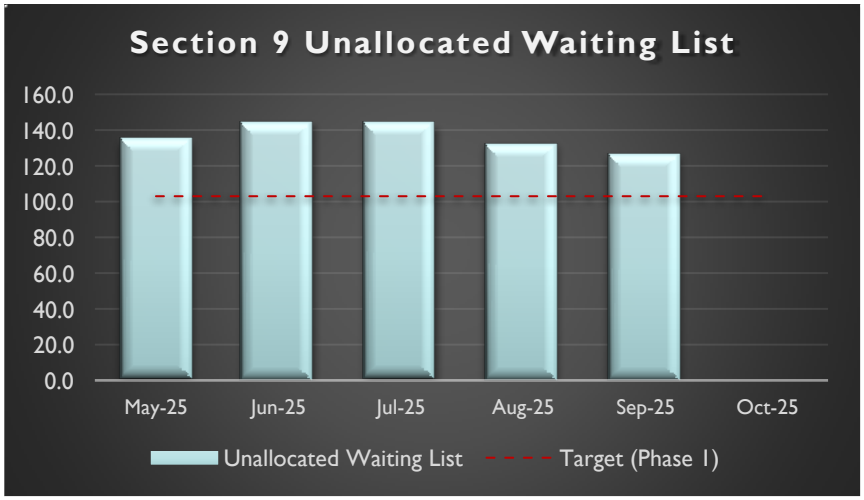
The number of people waiting for a Section 2 Occupational Therapy assessment has reduced over recent months, but further work is needed to bring waiting lists down. To support a clear recovery plan, a phased target approach will be undertaken to achieve the long-term pathway aspiration. The first phased target is to reduce the average wait to 463 days by November 2025,

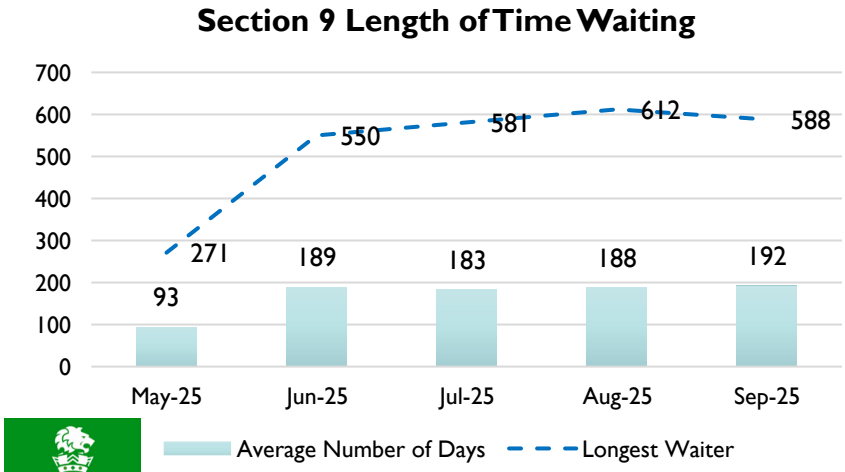
Livewell Southwest are engaged in an improvement programme which will formulate a clear recovery plan aligned with the wider transformation programme, by proposing a shift toward early intervention and community-based support. Key initiatives include encouraging private equipment purchases for those without eligible needs, reintroducing services like Care & Repair, and better use of community hubs to reduce reliance on formal care. The plan also suggests raising the minor adaptation budget threshold and streamlining access to basic equipment through self-referral and partnerships with local suppliers releasing capacity within the team to concentrate on the waiting list backlog.

PLYMOUTH CITY COUNCIL

Theme 1: Occupational Therapy – Care and Support

Key Performance Indicator	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Target	
Unallocated Waiting List			134.0	144	143	132	126							103	▼
Longest Waiter			271	550	581	612	588							N/A	
Mean Wait (in days)			93	189	183	188	192							150	▲





Narrative

These individuals are already receiving care but require assessments for adaptations, equipment, or rehabilitation under Section 9 of the Care Act.

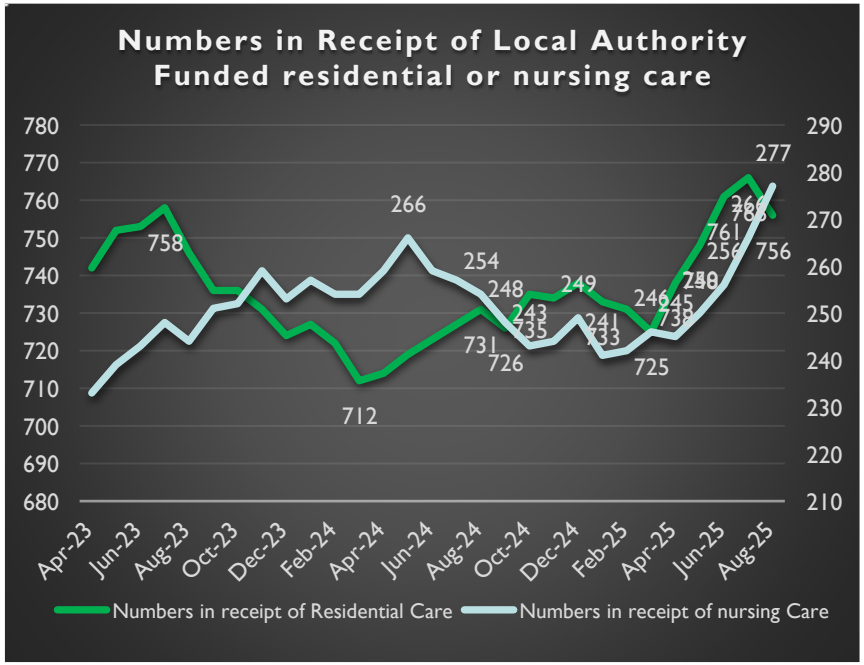
In September, 126 people were waiting for assessment—exceeding the Phase 1 target of 103. The average waiting time is 192 days, with the longest recorded wait at 612 days. While some progress has been made, further action is needed to reduce both the number of people waiting and the length of time they wait. The service continues to prioritise person-centred assessments to ensure residents receive the support they need to live safely and independently.

Livewell Southwest exploring opportunities to address these challenges. These opportunities include phasing out non-essential evidence provision, introducing online financial screening prior to Disabled Facilities Grant (DFG) assessments, and developing integrated teams to improve throughput and reduce duplication. The plan also supports the use of video assessments for housing suitability and explores accreditation for non-Occupational Therapy (OT) staff to prescribe equipment. These steps aim to ensure assessments are timely, targeted, and legally compliant.

PLYMOUTH CITY COUNCIL

Theme 2: Residential and Nursing Care

Key Performance Indicator	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	Target	
2C Adults aged 65+ whose needs are met by admission to residential/nursing care homes (per 100,000 population)	368	426.5	498.7	562.5	614.1	710.9	41.2	90.7	131.9	210.2	261.7	355.9		594	▲
Adults aged 18-64 whose needs are met by admission to residential/nursing care homes (per 100,000 population).	6.2	8.1	10	11.2	12.4	15.6	3.1	5	7.5	9.3	9.3	13.7		N/A	▲
Numbers in receipt of nursing Care	243	244	249	241	242	246	245	250	256	266	277	281		224	▲
Numbers in receipt of Residential Care	735	734	738	733	731	725	738	748	761	766	756	772		735	▲



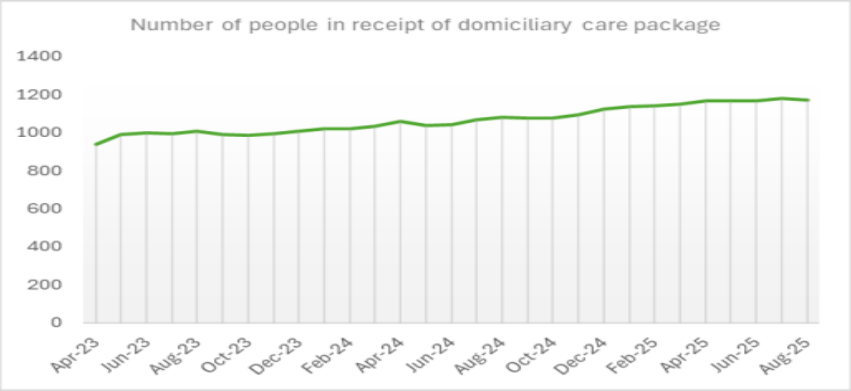
Narrative

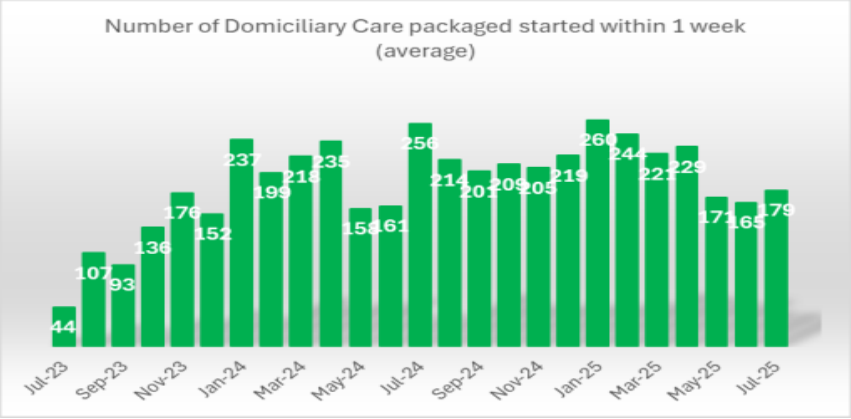
The number of older adults (aged 65+) being supported in residential and nursing care homes continues to rise, with both categories now exceeding target levels. As of the latest report, 772 people are in receipt of residential care and 281 are receiving nursing care, marking the highest residential care placements since April 2023. This reflects sustained and growing demand for long-term care.

While nursing care numbers have fluctuated, the overall trend shows a steady increase in people needing this support. These patterns highlight increasing pressure on care home capacity and underline the need for ongoing strategic planning to ensure services remain sustainable and able to meet the needs of Plymouth's older residents.

Theme 3: Domiciliary Care

Key Performance Indicator	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	Target	
Number of people in receipt of domiciliary care	1077	1095	1124	1135	1140	1149	1165	1168	1167	1179	1173	1184			▲
Of which in Intermediate Placements		72	54	58	68	115	111	113	91	81	71	72			▲
% of Domiciliary Care package opened within 1 week	87.80%	94.00%	85.20%	93.50%	94.60%	85.30%	85.10%	78.30%	78.30%	78.30%	81.80%	81.8%			▲▼
Number of Domiciliary Care packages started	209	205	219	260	244	221	229	171	165	245	186	230			▲





Narrative

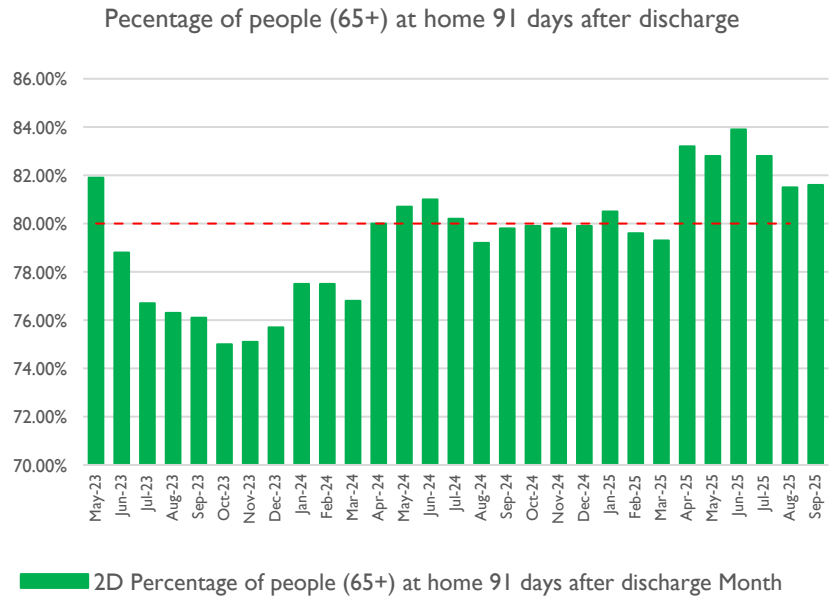
The number of people receiving domiciliary care in Plymouth has steadily increased over the past year, reaching 1184 people in August. The proportion of care packages started within one week has recently improved to 81.8%, following a period where this figure was lower than usual. The number of new care packages started each month has fluctuated, with 245 new packages opened in August. The service continues to support a growing number of residents, with ongoing efforts to improve the speed at which care is arranged and to ensure timely support for those in need.

Continued engagement with local providers has helped manage the waiting list, and a strategic review of market capacity is underway to support timely access to care.

PLYMOUTH CITY COUNCIL

Theme 4: Reablement

	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	Target	
Number of people in receipt of Reablement	98	95	100	133	137	125	149	130	159	144	148	136		N/A	▼
Percentage of people (65+) at home 91 days after discharge	79.90%	79.80%	79.90%	80.50%	79.60%	79.30%	83.20%	82.80%	83.9%	82.80 %	81.5%	81.6%		80%	▲
Number of reablement packages started in period	93	104	112	118	104	118	110	108	133	122	112	110			▲
Actual reablement hours in period	3781	3151	3842	4356	4416	4547	4097	3144	3833	5214	5172	4993			▼
Average Length of Time in receipt of Reablement (In weeks)	5.7	4.86	3.46	4.03	4.61	4.99	4.8	5.5	4.4	4.5	5.2	5.3		6.0	▲



Narrative

The average length of reablement care in Plymouth remains below the national target at 5.3 weeks, and the percentage of people remaining at home 91 days after discharge continues to exceed the 80% target.

Despite significant resourcing challenges in August due to high sickness absence and annual leave, the service continues working on prevention and recruitment to address staffing gaps. Early planning is underway for a bridging service to reduce waiting times for those awaiting long-term care.

The number of people receiving reablement remains at an effective level, and the service continues to prioritise timely and positive outcomes for residents.

Theme 5: Direct Payments

Key Performance Indicator	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	Target	
Number of people in receipt of direct payments	624	619	615	605	605	603	595	602	612	608	606	637		635	▲
Number of new Direct Payments in Month					19	8	10	6	10	2	0	16		8	▲
People in receipt of direct payments Over 65						480	472	478	488	485	483	510			▲
People in receipt of direct payments Under 65						123	123	124	124	123	123	127			▲

Narrative

The number of people accessing the direct payment services is in line with the internal target for the first time this financial year. People under 65 make up 20% of the current users.

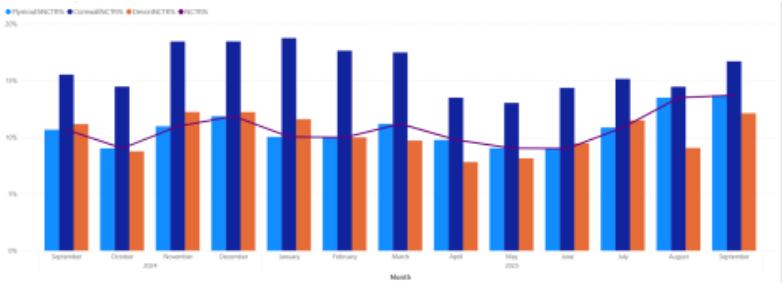
The in-house banking service is now live as an internal function, and work continues to strengthen training across Livewell Southwest to support improved engagement.

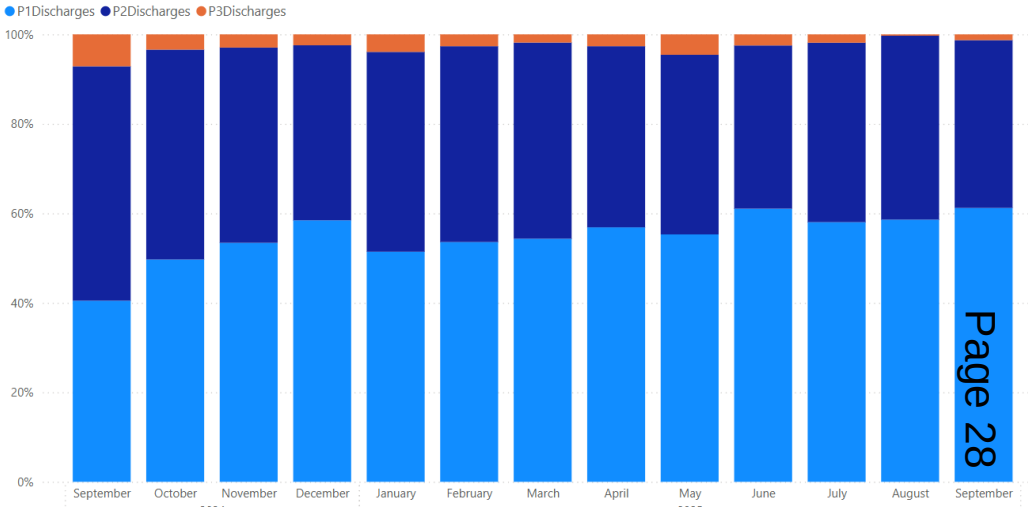
P1 Performance Update

PLYMOUTH CITY COUNCIL

This metric represents the proportion of patients with *No Criteria to Reside* and is calculated from when the patient is medically fit for discharge and when they leave the hospital.

Our target for NCTR is 9%.





Some of the contributing factors to support improvement in performance:

- Hospital ward improvement programme - an increased focus has been placed on planning for discharge. With better use of EDDs and clearer planning, particularly into the weekend, the trust have reduced late cancellations due to avoidable issues.
- Use of PDDs to keep wards informed of discharge bookings and support patient readiness
- Since the closure of the MGH capacity the IHDT have been reviewing patients identified as P2 community hospital and offering a second tier of challenge. This has resulted in pathway change (from P2 to P1) for 24 patients over the past 4 weeks.
- Daily visibility of capacity and better collaborative working across IHDT / D2A Team to utilise cancelled slots where possible

Health and Adult Social Care Scrutiny Panel

Date of meeting:	21 November 2025
Title of Report:	**Winter Planning**
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:	Michael Whitcombe, Louise Ford, Chris Morley
Contact Email:	christopher.morley@nhs.net
Your Reference:	N/A
Key Decision:	No
Confidentiality:	Part I - Official

Purpose of Report
To outline Plymouth system winter preparations and provide assurance to the Health and Adult Social Care Scrutiny Panel.

Recommendations and Reasons

1. That the Health and Adult Social Care Scrutiny Panel review, comment and support the plans set out within the report.

Alternative options considered and rejected

1. Not consider this report - Rejected

Relevance to the Corporate Plan and/or the Plymouth Plan
Working with NHS to provide better access to health, care and dentistry;
Keeping children, adults and communities safe;
Providing quality public services.

Implications for the Medium Term Financial Plan and Resource Implications:
N/A

Financial Risks

N/A – Information Only

Legal Implications

N/A – Information Only

Carbon Footprint (Environmental) Implications:
N/A

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

Appendices

**Add rows as required to box below*

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

Background papers:

**Add rows as required to box below*

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

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

Sign off:

Fin	N/A	Leg	N/A	Mon Off	N/A	HR	N/A	Asset s	N/A	Strat Proc	N/A
Originating Senior Leadership Team member: Gary Walbridge											
Please confirm the Strategic Director(s) has agreed the report? Yes Date agreed: 25/09/25											
Cabinet Member approval: Councillor Mary Aspinall (Cabinet Member for Health and Adult Social Care). Approved by email 25/09/2025											

Winter Planning

Michael Whitcombe, University Hospitals Plymouth
Louise Ford, Plymouth City Council
Chris Morley, NHS Devon ICB

#OneDevon

University Hospitals Plymouth NHS Trust

UHP Winter Plan 25/26

Michael Whitcombe – Deputy Chief Operating Officer

Put people first
Take ownership
Respect others
Be positive
Listen, learn, improve

Contents

- Executive Summary
- Winter planning Priorities & Risks
- Data informed:

i. Southern Hemisphere

ii. IPC

- Actions & Mitigations
- Vaccination Programme

University Hospitals Plymouth NHS Trust

Put people first
Take ownership
Respect others
Be positive
Listen, learn, improve

Summary

Winter pressures a recurrent challenge driven by seasonal illness (including influenza, COVID-19, RSV, and norovirus), increased admissions, delayed discharges, and workforce pressures.

University Hospitals Plymouth NHS Trust

In 2024/25, UHP experienced:

- Bed occupancy rates above 98%
- 40 Patients in ED (at 8am) awaiting onward bed
- Nearly 20% of Patients stayed in ED for >12hrs
- Monthly ambulance handover lost hours exceeding 7,500hours at peak, mean handover of 3hours.

This year, NHS England has mandated that all Trusts and systems must:

- ❖ Deliver ambulance handovers within 30 minutes.
- ❖ Improve Category 2 response performance (18mins – current average 26mins)
- ❖ Maximise vaccination uptake for frontline staff towards the pre-pandemic uptake level of 2018/19.This means that in 2025/26, we aim to improve uptake by at least 5 percentage points. Last year 43%, agreed a stretch target of 60% for UHP and LSW
- ❖ Enhance community-based flow and discharge pathways.
- ❖ Increase the number of patients receiving urgent care in primary, community and mental health settings, including Urgent Community Response teams and virtual ward.
- ❖ Improve flow through hospitals, focus on reducing patients waiting over 12 hours
- ❖ Improve patient discharge times, and eliminate internal discharge delays of more than 48 hours in all settings

Put people first
Take ownership
Respect others
Be positive
Listen, learn, improve

Summary

University Hospitals Plymouth NHS Trust

- System approach with partners and the acute hospital to inform plan
- Workstreams in 7 Key Areas
- Unmitigated **Acute Bed** Gap is 70-90
- We are currently forecasting a delivery of 50% of the One Plan objectives which leaves a **-39 bed gap**

❖ Our One Plan is a strategic improvement plan to reduce attendances to our Emergency Department jointly working with commu8nity partners and Livewell to get our patients the right care, in the right place at the right time.

Put people first
Take ownership
Respect others
Be positive
Listen, learn, improve

Objectives – One Plan link

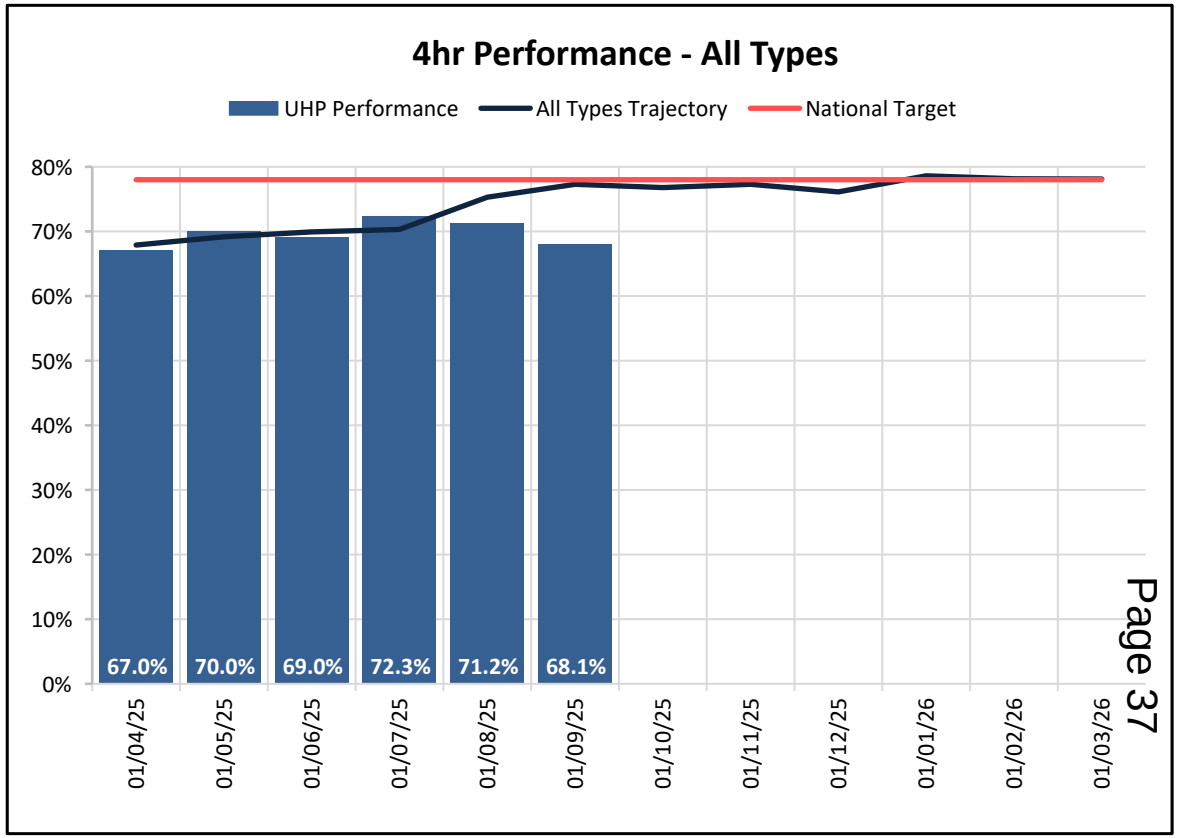
University Hospitals Plymouth NHS Trust

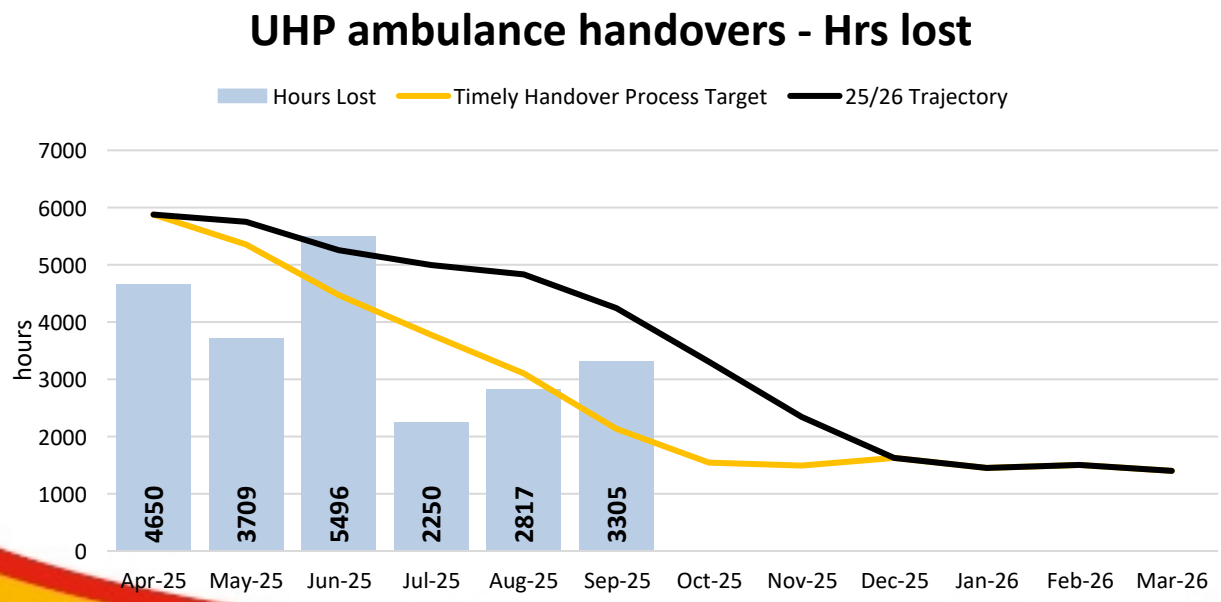
- Maintain Ambulance handover times of less than >45mins.
- Maintain length of stay reduction by a further 0.5days (1day total reduction)
- Launch a robust Vaccination programme – delivers hard to reach areas with a 5% increase.
- Empower, Support and Improve community management of patients reducing conveyance (Linked to ICB schemes)
- Support community management of infectious patients and reduce the need for acute hospital attendance.
- Support and maintain Elective care
- Proactive management of Respiratory Illness and prevention of admission.

Performance Summary

All Types 4 Hour standard currently at 72% this is a 6% improvement from last year. Remaining committed to improve.

Ambulance handovers has seen significant improvement against our operating plan trajectory – further improvements to be made.





Key Assumptions

- Emergency and Non-Elective Demand will continue at plan (1.5% for the winter)
- Flu/Covid season will follow patterns similar to last year, **peak December week 48/49**
- No Criteria to Reside will remain between 10% and 13% until March 26 (Target is 9%)
- Flu and Covid Vaccination adult program starts 1st October aligned with our Local authority and community providers
- Protected Elective Capacity will be maintained across Cardiac, Neurosurgery, Orthopaedics, Transplant and Oncology
- One Plan schemes include the use of Virtual wards to support releasing capacity and managing our patients safely in their home environment.
- Internal productivity and flow improvement program will continue to deliver
- ICB Winter Demand and Capacity Schemes will deliver intended benefits and **to deliver a 20 a day reduction in emergency attendances**

NHS
University Hospitals Plymouth
NHS Trust

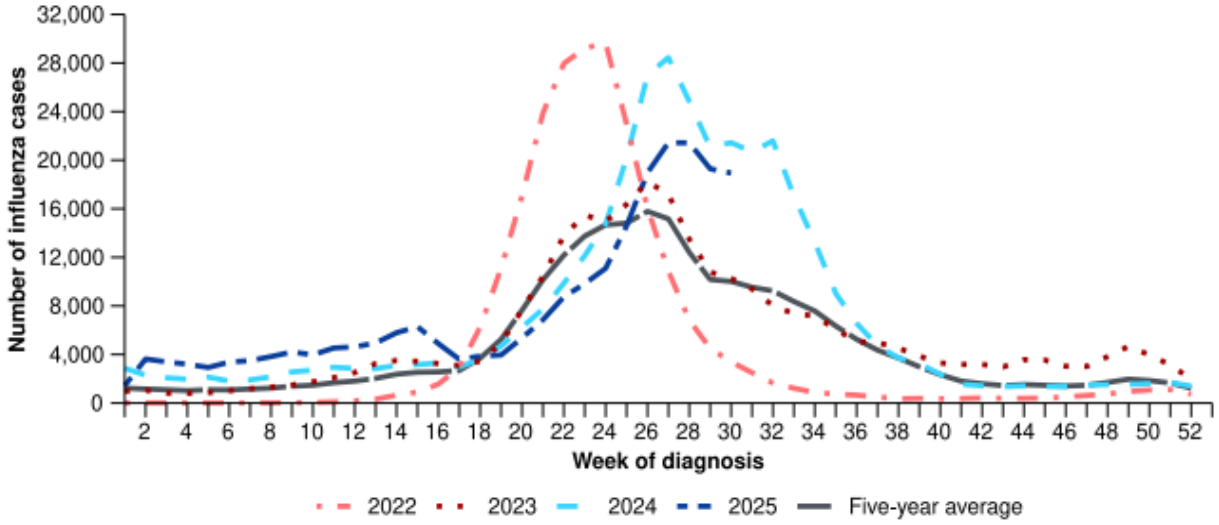
University Hospitals Plymouth NHS Trust

Learning from Southern Hemisphere

Put people first
Take ownership
Respect others
Be positive
Listen, learn, improve

Modelled demand flu (Australia)

Figure 6: Notified influenza cases and five-year average* by year and week of diagnosis, Australia, 2022 to 27 July 2025



Source: National Notifiable Diseases Surveillance System (NNDSS)

* The years 2020 and 2021 are excluded when comparing the current season to historical periods when influenza virus has circulated without public health restrictions. As such, the five-year average includes the years 2018 to 2019 and 2022 to 2024. Please refer to the Technical Supplement for interpretation of the five-year average.

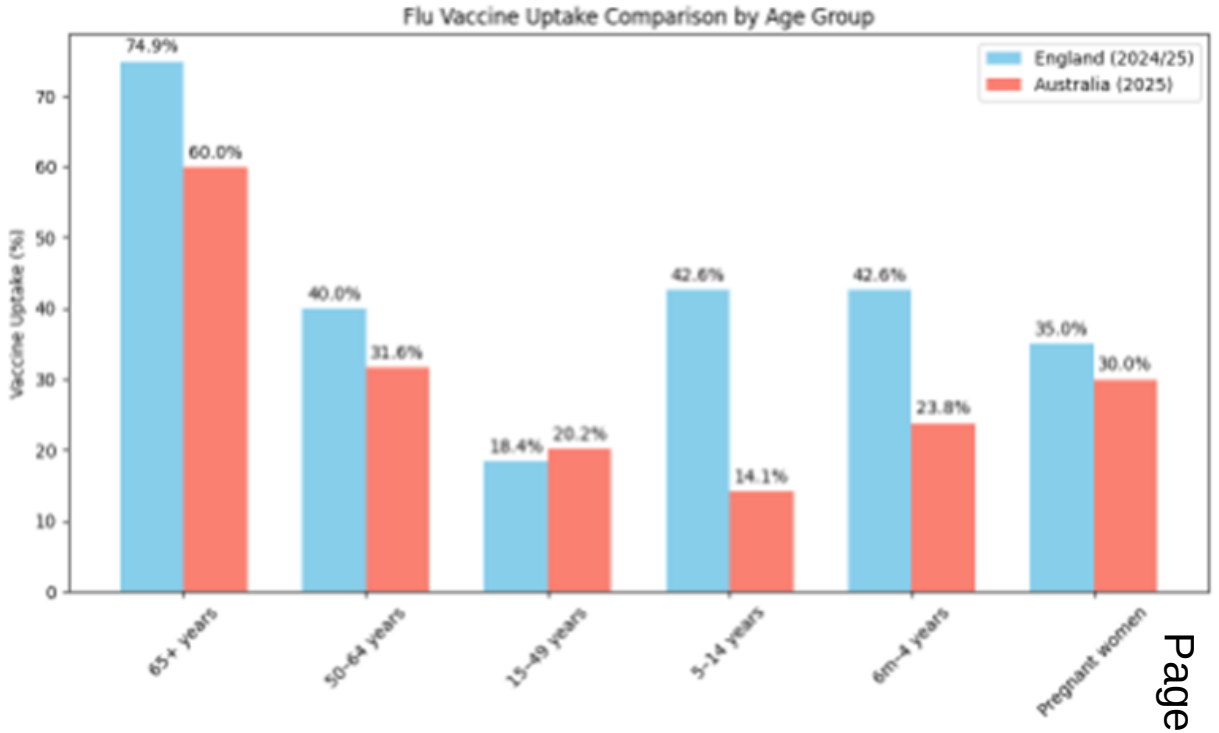
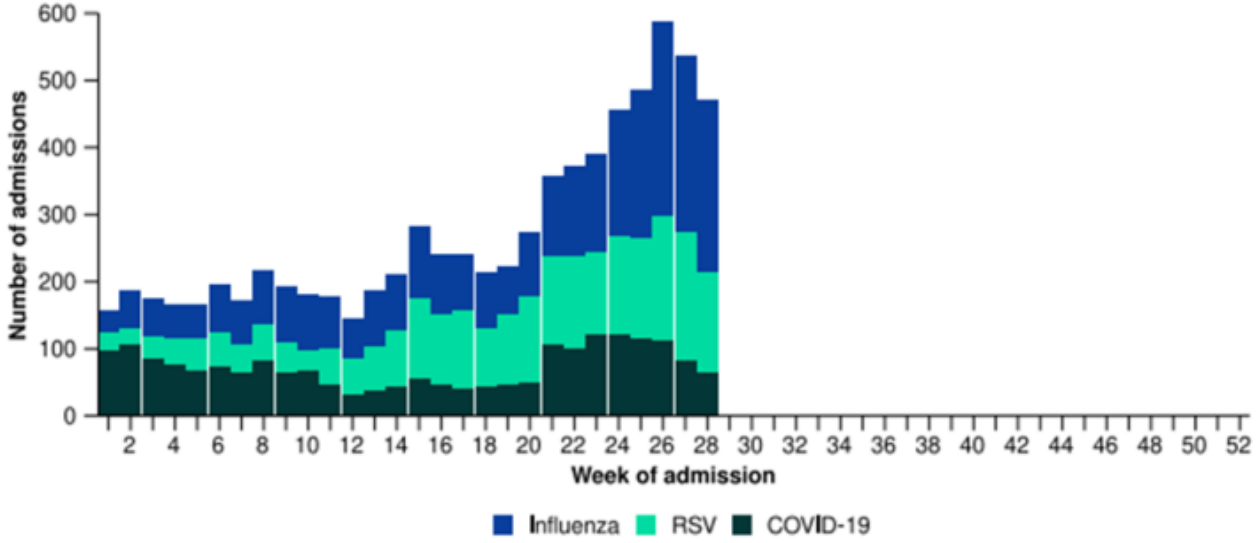
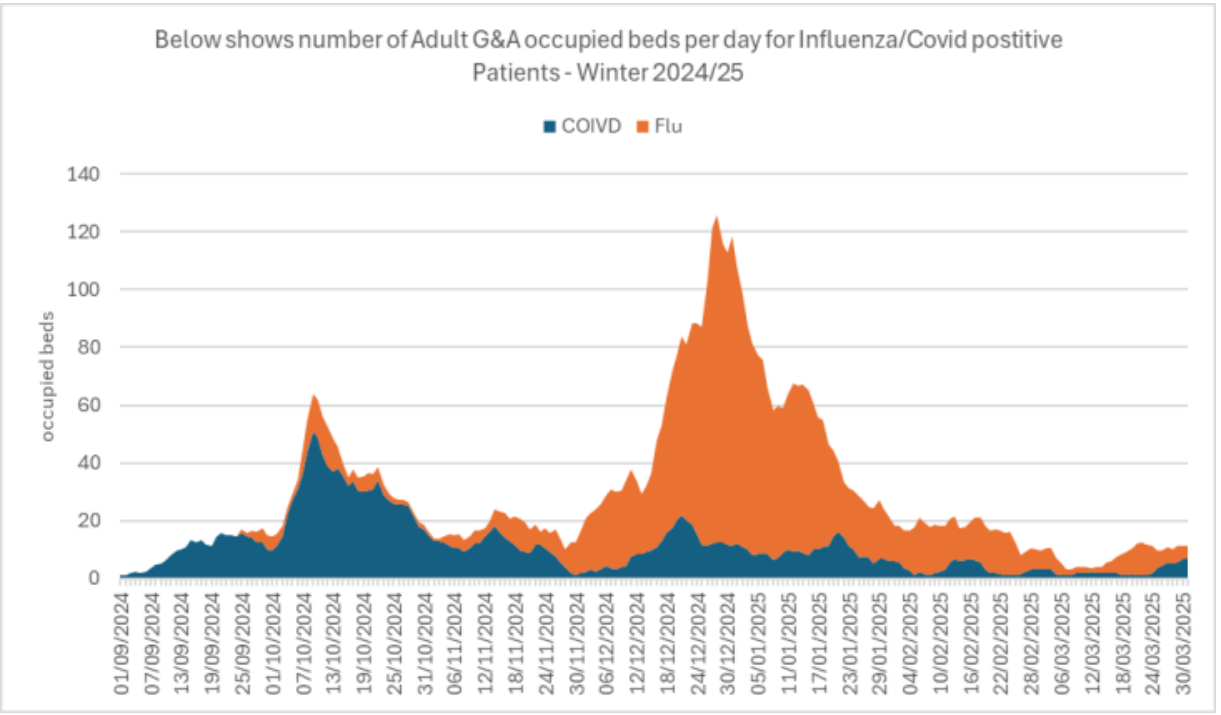


Figure 14: Total number of patients (children and adults) admitted with a severe acute respiratory infection to sentinel hospitals by disease and week of admission, Australia, 1 January to 13 July 2025



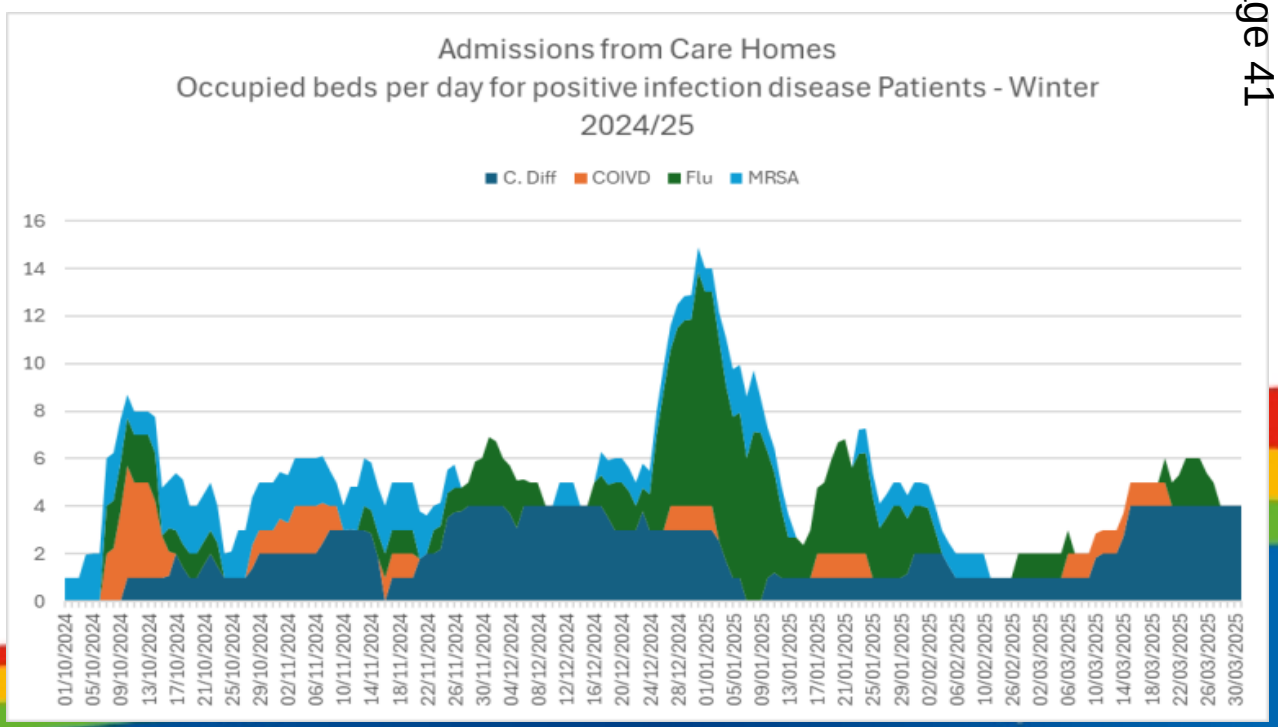


University Hospitals Plymouth NHS Trust

Patients who were positive for Covid or flu.
Peak after Christmas of just over 120 beds.

Action to provide Cohorting & Side room plan to mitigate

Care Home cohort, accounting for ~10% of total. Focus on 15 beds lost with actions for Hospital to community to prevent admission



Our Approach: Actions & Mitigations

by Unknown Author is licensed under

Workstreams:

- **Community Services care & Admission avoidance**
- Acute Hospital & Community Surge & Demand
- **Protected Elective Capacity**
- Vaccination program
- **IP&C Community & Acute – Prevention/Response**
- Workforce – Wellbeing/Choose Well
- **Timely Hospital Discharge (NCTR) working group**

University Hospitals Plymouth NHS Trust

Key Actions :

- ICB Demand management schemes – numerated impact and assurance
- Hospital Discharge (NCTR)– what is required to get to >9% numerated demand on P1-3 discharges.

I. Spot purchase beds
II. Additional £300k funding for P1 capacity (Cornwall) until March 26
III. Revised Escalation & Governance structure

- IP&C community prevention & admission avoidance
- Devon System IP&C and Visting time-controlled deployment
- Acute Virtual Ward average occupancy 37/60 - One Plan continued actions to recover
- Community Frailty Virtual Ward– Onboarding of new patients' community and acute
- Paediatric RSV surge increase management – Acute to Community support line
- Navigation actions to reduce footfall to our Emergency Dept & support UTC Dartmoor use.

University Hospitals Plymouth NHS Trust

Vaccination Program

Put people first
Take ownership
Respect others
Be positive
Listen, learn, improve

UHP Actions:

- Increase number of trained peer vaccinators ensuring improved coverage across all locations (63 in 2024/25)
- Shared communications across UHP, Livewell Southwest, Public Health will drive a consistent message
- Dedicated UHP communications plan, including launch and 2 week promotion at the beginning of November
- Immunisation Hub at Derriford Hospital – to support vaccination of staff & patients

University Hospitals Plymouth NHS Trust

Patient Vaccination

- Public facing web pages to promote vaccination opportunities for patients in the Trust and across the city
- Clearly identified outpatient, pre-operative assessment and Urgent Care settings to promote vaccination opportunity for patients
- Strengthen vaccination offer through the discharge lounge
- Specialty outpatient clinic vaccination offer – Chest Clinic, Oncology, Dialysis, Maternity
- Mass Vaccination Team to run sessions on the Derriford Hospital base – vaccinating patients and members of the public. Allowing for earlier identification of care home and house bound patients who are in hospital

Put people first
Take ownership
Respect others
Be positive
Listen, learn, improve

Commissioned Capacity & Social Care Winter Plan

Winter Surge Commissioned Capacity for Discharge

As we prepare for the upcoming winter period, our focus remains on ensuring safe, timely hospital discharge and robust community support to manage seasonal pressures. Building on existing strengths and introducing targeted improvements, our approach aims to reduce delays, support care providers, and maintain patient flow across the system. This overview outlines the measures already in place and the plans being developed to enhance resilience and responsiveness during peak demand.

These elements are already active and supporting discharge and community care:

- **Advice Plymouth Integration:** Coordinated support across health and social care services.
- **Hospital Discharge Coordination:** Allied Health Professionals and discharge teams working together to streamline processes.
- **Community Support Pathways:** Established links to voluntary sector and wraparound services post-discharge.
- **Infection Prevention & Control Measures:** Embedded across care settings to reduce winter-related risks.
- **Business Continuity Plans:** In place for care providers to maintain service delivery during peak pressures.

These initiatives are being developed or enhanced to further support winter pressures:

- **Review of Demand & Capacity Plans for Surge:** Refresh modelling (in-line with op plan projections/anticipated additional requirements). This will inform additional capacity plans (P1 – peri re-alignment, I@H improvement plan, brokerage improvements, P2 – Block bed procurement (mobilisation date TBC)
- **Data Integration with Hospital Networks:** Improving forecasting and coordination using real-time data; single version of the truth
- **Enhanced Community Mobilisation:** Expanding voluntary sector involvement and social support for discharged patients.
- **Optimisation of Brokerage Functions**: Strengthening bed bureau and brokerage services to improve market intelligence and improve sourcing times.
- **Integrated Commissioning Oversight:** Weekly oversight group (joint PCC & ICB) overseeing Intermediate Care commissioning activity, monitoring emerging pressure points and implementing mitigations

Plymouth - Social Care Winter Plan Actions

Social care plays a critical role in maintaining system flow and supporting vulnerable individuals during the winter period. Our winter plan outlines key actions to strengthen resilience, ensure continuity of care, and reduce avoidable hospital admissions. By focusing on workforce support, provider engagement, and targeted community interventions, we aim to deliver safe, responsive care throughout the seasonal pressures.

These elements are already active

- **Promotion of Vaccinations:** Messaging to eligible groups via community providers such as Advice Plymouth.
- **Infection Prevention and Control Measures:** embedded across care settings to support reducing risk of infection

These initiatives are being developed or enhanced to further support winter pressures:

- **Care Home Manager Engagement:** Encouraging timely completion of discharge assessments.
- **Staff Training & Education:** Focused on winter-specific challenges, discharge planning, and infection control.
- **Vaccination Programme Access:** Clarifying whether NHS has a direct cascade route to providers or if Primary Care commissioners need to facilitate access for eligible workers.
- **Support for Carers:** Exploring access to Household Support Fund (HSF) to assist unpaid carers during winter pressures.
- **Support Networks for Care Staff:** Building resilience and wellbeing support for frontline workers
- **Review of demand and capacity plans for surge:** Ensuring the right capacity is commissioned to support need

The Vaccination Offer for Winter 2025/26

Autumn/Winter 25 Campaigns

Eligible Cohorts

Flu

- Those aged 65 years and over
- Those aged 18 years to under 65 years in clinical risk groups
- Those in long-stay residential care homes
- Pregnant women
- All children aged 2 or 3 years on 31 August 2025
- Primary school aged children (from Reception to Year 6)
- Secondary school aged children (from Year 7 to Year 11)
- All children in clinical risk groups aged from 6 months to less than 18 years
- Carers in receipt of carer's allowance, or those who are the main carer of an elderly or disabled person
- Close contacts of immunocompromised individuals
- Frontline workers in a health and social care setting with an employer led occupational health scheme
- Frontline workers in a health and social care setting without an employer led occupational health scheme including those working for a registered residential care or nursing home, registered domiciliary care providers, voluntary managed hospice providers and those that are employed by those who receive direct payments (personal budgets) or Personal Health budgets, such as Personal Assistants

Covid-19

- Adults aged 75 years and over
- Individuals aged 6 months and over who are immunosuppressed.
- Residents in a care home for older adults

RSV

Vaccinations are offered all year round but have increased focus during the winter period

- 75–79-year-olds and those turning 80 up to 31st August 2025
- Pregnant people from 28 weeks gestation

One Devon

Autumn/Winter 25 Campaigns - Timeline

RSV vaccinations are offered all year round but have increased focus during the winter period

Autumn 2025 Campaign – Delivery models for Flu and Covid-19

- All PCNs offering flu, 28 PCNs offering Covid-19 from 120 GP sites
- Community Pharmacies
- 491 Primary Schools and 74 Secondary Schools
- 5 Main Trust sites and community hospitals
- c8000 housebound patients
- 371 Older adult care homes, plus non-older adult care homes
- Vaccination Centres in Plymouth and Exeter
- c500 Targeted outreach clinics will take place to target underserved communities

One Devon

Vaccination Offers

* Denotes opportunistic offers

Care Home Residents: Visits by GP and Vaccination Outreach Services to every care home a minimum of 2 times to offer Flu and Covid-19 vaccinations to every resident living in CQC registered care homes for older adults and all eligible residents living in non-older adult care homes. c10,000 eligible. Care home staff will also be offered flu vaccinations.

Housebound Residents: Visits by GP and Vaccination Outreach Services to offer flu vaccinations to patients in their own homes to those registered with their GP as housebound. c8,000 eligible. Carers of housebound patients will also be offered a flu vaccination either at the home visit or can access vaccinations via GP, CP, Vaccination Centres* or Vaccination Outreach Services*.

Maternity: Offer of flu and RSV vaccinations to pregnant people on multiple occasions via maternity services and GP*.

2-3 year-olds: Offer of flu vaccinations from 1st September via GP and SAIS*. A national offer published end July 2025 to Community Pharmacy to provide flu vaccinations to this group from 1st October may increase access. c21,000 eligible.

Children: Offer of flu vaccinations to all school children up to year 11 from 1st September through visits to every school via the School Aged Immunisation Service. Community clinics will be offered for children not present at school including home-schooled children. GP* can also provide flu vaccinations to school-aged children. C150,000 eligible.

Clinically Extremely Vulnerable: Offer of flu vaccinations on multiple occasions to patients meeting CEV criteria as defined in the Green Book. Available via GP, CP, schools, hospital inpatient and outpatient clinics, Vaccination Centres* and Vaccination Outreach Services*. Immunosuppressed patients are also eligible for a Covid-19 vaccination via any provider.

65-75 year-olds: Offer of flu vaccinations from 1st October via GP, CP, Vaccination Centres* and Vaccination Outreach Services*.

75-79 year olds: Offer of flu and Covid-19 vaccinations from 1st October via GP, CP, Vaccination Centres* and Vaccination Outreach Services*. RSV vaccinations are offered by GP.

80 years+: Offer of flu and Covid-19 vaccinations from 1st October via GP, CP, Vaccination Centres* and Vaccination Outreach Services*.

Frontline Health and Care Workers: Offer of flu vaccinations to all FLHW via their employer led occupational health scheme. Where the FLHW is not part of an occupational health scheme they will be able to access a vaccination via GP, CP, Vaccination Centres* and Vaccination Outreach Services*.

One Devon

Communications and Engagement with Eligible People

Public Communications

- National media
- Local media
- National and Local Booking Systems
- Communications Toolkit shared with stakeholders
- Stakeholders to promote vaccination communications through their channels
- Stakeholders include GP, CP, Schools, Trusts, LA, VCSE

Targeted Communications

- NHSE text, emails and letters to eligible individuals
- GP text, email to eligible individuals
- Schools text and emails to parents
- Clinicians to promote with inpatients and outpatients
- Social media to target 2-3s, CEV and FLHW
- Posters to target CEV, FLHW, 65+ and BAME
- Case studies to target CEV and FLHW

What's Different in 2025/26

- GP has been asked to focus on RSV for 75-79s, pneumococcal vaccinations for respiratory patients and Covid-19 vaccinations for immunosuppressed patients in the lead up to the winter campaign
- Education events have been held with Care Home Managers, at nurseries and in other community settings in the lead up to the winter campaign
- Commissioning of 2–3-year-old flu vaccinations via CP (number of CP opt ins to be confirmed in September)
- Trusts will increase their focus on CEV patients by asking clinicians to have vaccination conversations with their patients
- Trusts will ensure vaccinations are available at outpatient clinics, including at respiratory clinics, and before discharge
- From November, a request to GPs to have a clinical discussion with unvaccinated CEV patients which may be supported by the outreach team
- Increased vaccination education offers to staff in Trusts
- Trusts will have a second push campaign aimed at FLHW at the start of November

This page is intentionally left blank

University Hospitals Plymouth NHS Trust

Readmissions at UHP

Health & Scrutiny Committee – 21st November 2025

Director of Integrated Care, Partnerships, Strategy and Chief Medical Officer

Readmissions

University Hospitals Plymouth NHS Trust

- A readmission is defined as when "a *patient is readmitted to a hospital as an emergency within 30 days of their previous hospital stay.*"

- Readmissions are typically multifactorial, reflecting the interplay between medical, functional, and system-level factors. Causes for readmission tend to fall in one of the following:
  1. Clinical and Patient-Related Reasons
  2. Discharge and Care Transition Factors
  3. Systemic and Organisational Factors
  4. Psychosocial and Environmental Factors
  5. Data and Coding-Related Issues

Readmissions: A Balance

University Hospitals Plymouth NHS Trust

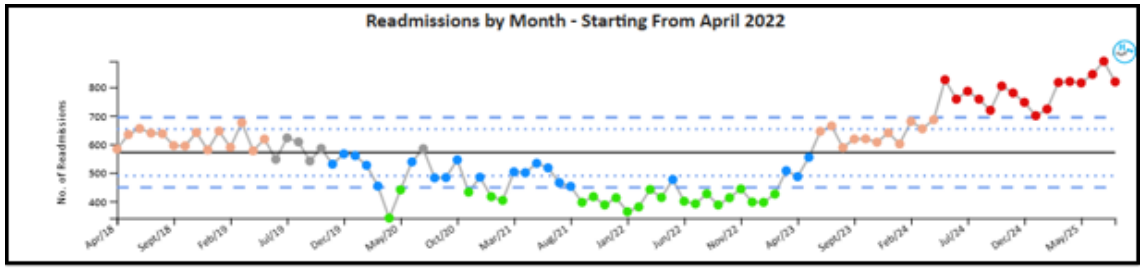
The Risk of Early Discharge

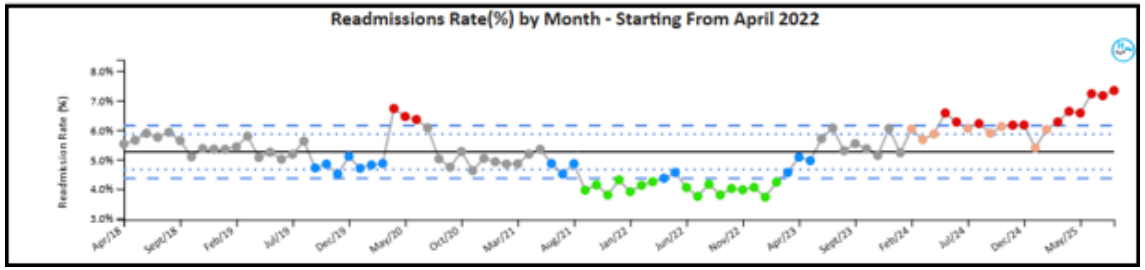
Discharging a patient too soon risks an unplanned readmission if they are not fully recovered or supported, causing distress to patients and families.

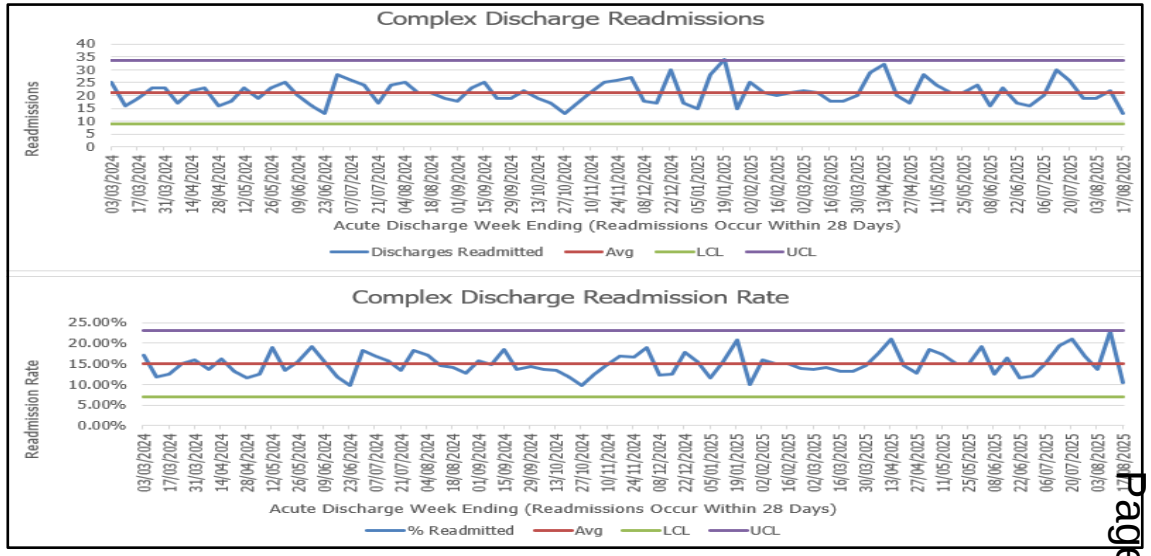
The Risk of Delayed Discharge

Keeping a patient in hospital longer than needed can lead to harms like infections, loss of mobility (deconditioning), and delirium.

Readmission Trend



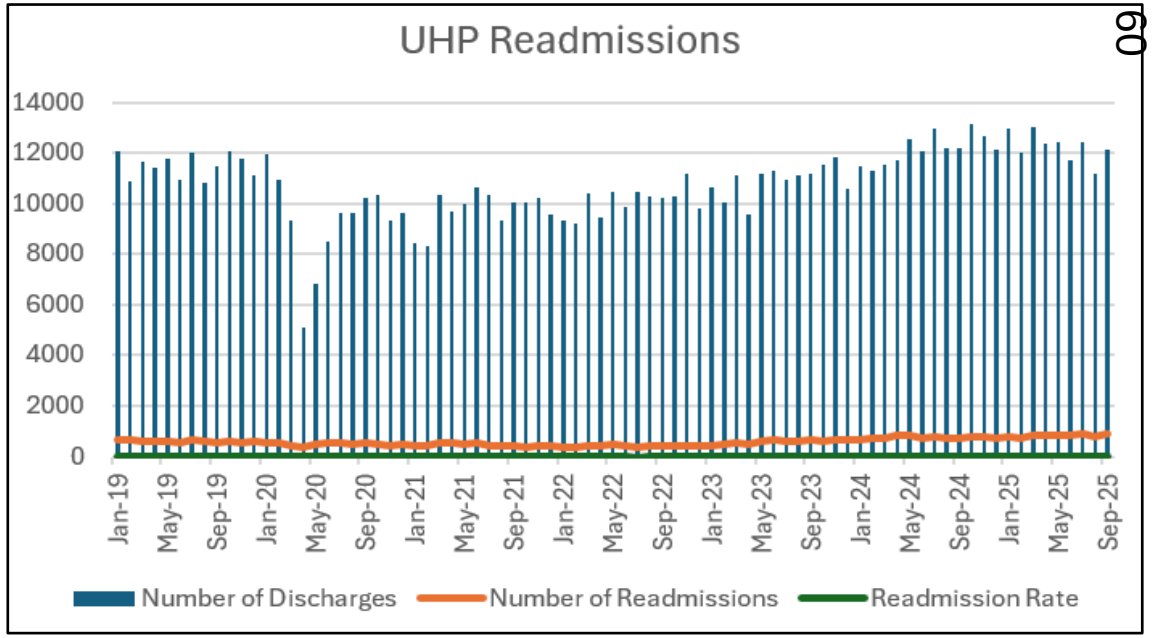




UHP has seen a sustained, statistically significant increase in the number and rate of readmissions, since February 2024. This has prompted local reviews

- The UHP rate currently runs at 7.2%.
- The national readmission rate (2023/2024 data - most recent) is 14.8%
- **PLEASE NOTE:** UHP uses a different method for collecting readmissions when compared to the national methodology. UHP collects data on all readmissions (including Cancer, Maternity and Chemotherapy) day cases are also included in our data.

Our Complex discharge rate is currently 10.4%, within common cause variation



Why is this Happening?

University Hospitals Plymouth NHS Trust

x3 Key Issues have been identified to date:

1. Patient Complexity
   - We are caring for more frail patients with complex, long-term conditions with increased Length of Stay, who are more vulnerable after discharge.
2. Communications around Planning
   - Gaps in communication with patients, families, and community partners can lead to confusion or lack of support after leaving the hospital.
3. Data & Coding
   - New systems and pathways (like Same Day Emergency Care) mean we are now coding planned follow-ups as "readmissions," making the rate look higher.

Finding 1: Data

University Hospitals Plymouth NHS Trust

Readmissions where SDEC pathways established

Row Labels	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25	Apr-25	May-25	Jun-25	Jul-25	Aug-25	Sep-25
Brent Oncology Assessment Unit, Zone E, Level 8	1	1	4	3			3	1	1		1	4	1	6	2	2	1	2	1	4	2	2	3	1	1	2	2		2		4	2	3	5	3	13	50	41	52	19	16	17
Chestnut Urology Investigation Unit, Zone D, Level 6																										15	16	26	31	10	15	27	20	17	13	11	8	16	20	19	22	15
Frailty SDEC - Level 10 - Monkswell															14	52	35	43	46	49	33	43	39	21	54	58	21	44	45	30	43	35	35	31	45	27	27	35	42	38	25	9
Medical Receiving Unit - Tamar Ward, Zone B, Level 6																												5	213	181	169	191	155	135	172	173	226	209	219	211	139	116
Ocean SDEC, Zone D, L6																															76	78	71	86	69	95	80	85	71	101	96	73
Oncology SDEC, Zone B, Level 3																																								13	25	53
SAU (Surgical Assessment Unit), Zone A, Level 7	129	144	120	122	143	137	142	151	126	130	126	183	145	163	177	157	176	184	173	175	163	156	205	176	178	225	216	232	204	182	216	205	202	174	204	234	199	219	240	246	221	239

- Since the introduction of Same Day Emergency Care (SDEC) pathways, a number of locations have reported an apparent increase in readmissions where these were not previously captured. This trend is believed to be largely a result of how activity within these pathways is now recorded, rather than an indication of a decline in care quality or patient outcomes.

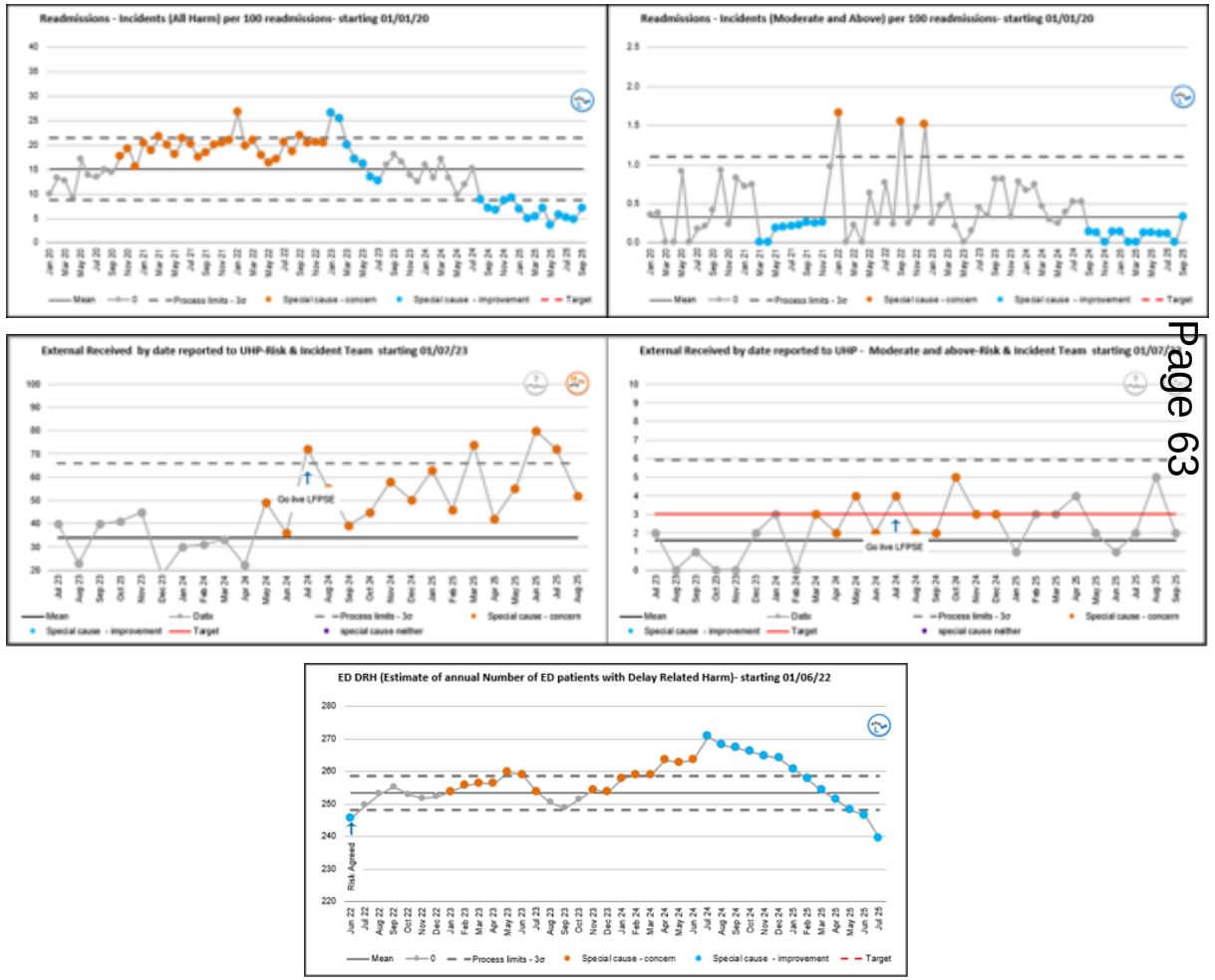
- A recent audit of 100 cases of all recorded readmissions, found that only 43 were "true" unplanned readmissions related to the original hospital stay.

- When auditing SDEC areas, only 28 were “true” unplanned readmissions related to the original hospital stay.

Finding 2: Patient Safety

University Hospitals Plymouth NHS Trust

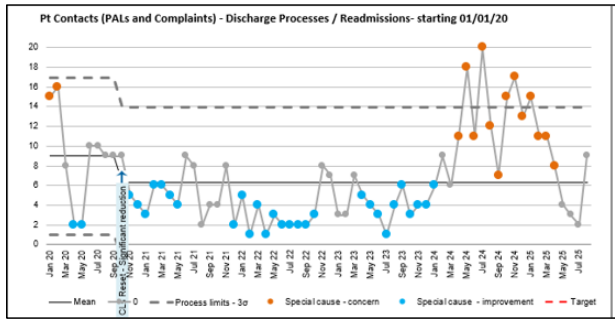
- Despite the rise in the coded readmission rate, patient safety is improving.
- Reported harm incidents related to discharge and readmissions have significantly reduced.
- This suggests our clinical discharge processes are becoming safer and more effective.
- ED delay-related harm, a proxy for flow (and therefore discharge risk threshold) has also decreased markedly since July 2024.

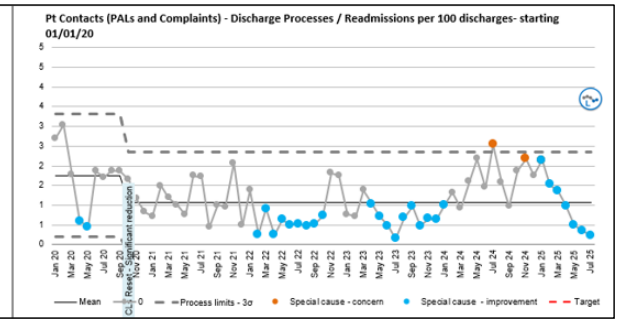


Finding 3: Patient Experience

University Hospitals Plymouth NHS Trust

- While clinical safety appears to be improving, patient experience of discharge presents an opportunity for improvement.
- Over half of patients surveyed were not clear on their discharge plan, what would happen next, or what support they would get.
- The main concerns are inconsistent communication and coordination.
- We have however seen a reduction in complaints associated with discharge processes and readmissions





1. Has discharge been discussed with you?

Yes	No / Not Sure
45.37%	54.8%

2. Do you know what is needed to get you home, or what you could do to help yourself get better?

Yes	No / Not Sure
45.7%	54.3%

3. Do you know when you are likely to go home?

Yes	No / Not Sure
33.28%	66.72%

4. Do you know what will happen to you when you leave hospital?

Yes	No / Not Sure
46.36%	53.64%

5. Has any further treatment or support been organised for you when you leave hospital?

Yes	No / Not Sure
28.97%	58.4%

6. Have your family, friends or carers been involved in exploring how they might be able to help when you leave hospital?

Yes	No / Not Sure
55.48%	44.52%

Our Next Steps

University Hospitals Plymouth NHS Trust

Patient Voice Audit: Listen to patients and families to co-design clearer discharge information and processes.

Data Quality: Implement a new validation process to separate "true" clinical readmissions from planned or unrelated follow-ups.

Process Improvement: Continue current discharge Process Improvement Programme to enhance discharge quality and consistency.

System Review: Work with our community partners to strengthen frailty pathways and ensure support is in place for patients after they leave us.

This page is intentionally left blank

Health and Adult Social Care Overview and Scrutiny Panel – Action Log 2025/26

Key:	
	Complete
	In Progress
	Not Started
	On Hold

Minute No.	Resolution	Target Date, Officer Responsible and Progress
15 July 2025 **94**	Action: Officers to provide further detail on integrated care pathways for palliative care, including care planning for patients not in the final days of life.	In Progress – Report being drafted and will be circulated to members. Laura Daniel (Interim Cluster Manager, University Hospitals Plymouth NHS Trust)
15 July 2025 **94**	Action: Councillor Aspinall to write to Plymouth's three Members of Parliament requesting support for additional funding for palliative and end of life services.	Complete – Letter sent. Awaiting response. Councillor Mary Aspinall (Cabinet Member for Health and Adult Social Care) 18 October 2025
15 July 2025 **95**	Action: Requested an update regarding 'NHS reforms and restructures' once the new ICB structure and leadership were in place;	Complete – Added to Work Programme for consideration at the appropriate time.
15 July 2025 **96**	Action: Officers to arrange a visit to the Same Day Emergency Care (SDEC) unit.	Complete – Site Visit scheduled for 25 November 2025.

Health and Adult Social Care Overview and Scrutiny Panel – Action Log 2025/26

15 July 2025 **96**	Action: Officers to progress a Joint Select Committee regarding Transitions from Children's to Adults Social Care services.	In Progress – A Select Committee Plan is being drafted and will be circulated to members shortly.

Health and Adult Social Care Scrutiny Panel
Work Programme 2025/26

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 general enquiries relating to the Council's Scrutiny function, including this Committee's work programme, please contact Elliot Wearne-Gould (Democratic Advisor) on 01752 305155.

Date of Meeting	Agenda Item	Prioritisation Score	Reason for Consideration	Responsible Cabinet Member/Lead Officer
15 July 2025	Performance, Finance and Risk Reports for H&ASC + Livewell SW performance	3	Standing Item	Helen Slater, Stephen Beet, Ian Lightley (NHS Devon)
	End of Life Care MoN I Motion on Notice - End of Life Care.pdf	4	Referred by City Council	NHS Devon ICB. Chris Morley
	NHS Changes and re-structures	4	To scrutinise upcoming changes to the structure and operation of NHS management	NHS England + NHS Devon
14 October 2025 **Moved to 21 November 2025**	Quarterly Finance and Performance Reports for H&ASC	3	Standing Item	Helen Slater + Gary Walbridge
	Winter Planning	4	To review preparations and readiness for Winter Pressures	Chris Morley (NHS Devon) + Rachel O'Connor (UHP)
	Outcomes	3	Readmission rates, discharges and outcomes	Chris Morley (NHS Devon)

25 November 2025	Site Visit to Dartmoor Building (UTC) Derriford.	N/A	To view new Urgent Treatment Centre	Amanda Nash (UHP)
02 December 2025	PCC CQC Outcome Report	4	To review the implications for PCC following the CQC outcomes report.	Gary Walbridge
	Armed Forces GP / Surgery / Dental Update	3	To receive an update on Armed Forces' health care in the city.	NHS Devon
	Unpaid Carers	4		Kate Lattimore, Mark Collings & Karlina Hall
03 February 2026				
Items to be scheduled for 2025/26				
2025/26	Workloads for Social Workers	3	Retention, Sickness and Agency Staff	Gary Walbridge + Livewell SW
2025/26	UHP New Hospital's Programme Update	3	To provide an update on progress of UHP construction facilities and services	Rachel O'Connor (UHP)
2025/26	Local Care Partnership Plan	3	To ensure greater engagement and collaboration with the LCP	LCP / NHS Devon
2025/26	Independent Prescribing Pathfinder Programme (NHS Devon)	3	Review of performance of the programme following prior scrutiny	NHS Devon
2025/26	Urgent and Emergency Care One Plan -	4	To continue scrutiny of UHP capacity and performance	NHS Devon

	performance against targets			
2025/26	Reforms and Restructures Update	3	To track further progress following the ICB merger / clustering	NHS Devon
Items to be scheduled for 2026/27				
2026/27				
2026/27				
Items Identified for Select Committee Reviews				
2025/26	Transitions to Adult Social Care (from Children's)	4	To be held in a Joint Select Committee with Children's Scrutiny Panel	Gary Walbridge / David Haley

Scrutiny Prioritisation Tool

		Yes (=1)	Evidence
Public Interest	Is it an issue of concern to partners, stakeholders and/or the community?		
Ability	Could Scrutiny have an influence?		
Performance	Is this an area of underperformance?		
Extent	Does the topic affect people living, working, or studying in more than one electoral ward of Plymouth?		
Replication	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**