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.