



Oversight and Governance

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

Please ask for Amelia Boulter
T 01752 305155
E democraticsupport@plymouth.gov.uk
www.plymouth.gov.uk
Published 06 October 2020

HEALTH AND ADULT SOCIAL CARE OVERVIEW AND SCRUTINY COMMITTEE

Wednesday 14 October 2020
10.00 am
Virtual Committee

Members:

Councillor Mrs Aspinall, Chair

Councillor James, Vice Chair

Councillors Mrs Bowyer, Sam Davey, Deacon, Nicholson, Parker-Delaz-Ajete, Tuffin and Tuohy.

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

This meeting will be broadcast and will be available on-line for playback once the meeting has concluded. By joining the meeting, councillors are consenting to being filmed during the meeting and to the use of the recording for the online viewing.

The Council is a data controller under the Data Protection Act. Data collected during this webcast will be retained in accordance with the authority's published policy.

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 Overview and Scrutiny Committee

1. Apologies

To receive apologies for non-attendance submitted by Committee Members.

2. Declarations of Interest

Members will be asked to make any declarations of interest in respect of items on this agenda.

3. Minutes (Pages 1 - 10)

The Committee will be asked to confirm the minutes of the meeting held on 29 January 2020.

4. Chair's Urgent Business

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

5. Policy Brief (Pages 11 - 14)

6. Performance Summary (To Follow)

7. Winter Plan Update (Pages 15 - 18)

8. Phase 3 Planning (To Follow)

9. Work Programme (Pages 19 - 20)

Health and Adult Social Care Overview and Scrutiny Committee

Wednesday 29 January 2020

PRESENT:

Councillor Mrs Aspinall, in the Chair.

Councillor Mrs Bowyer, Vice Chair.

Councillors Deacon, James, Parker-Delaz-Ajete, Tuffin and Tuohy and Ms Watkin (substituting for Councillor Nicholson).

Apologies for absence: Councillors Sam Davey and Nicholson.

Also in attendance: Craig McArdle (Strategic Director for People), Anna Coles (Director for Integrated Commissioning); Ruth Harrell (Director of Public Health); Paul Baker and Dr Dafydd Jones (NHS Devon CCG); Dr Adam Morris and Trish Cooper (Livewell SW); Gary Walbridge and Jackie Finnegan (Plymouth City Council); Amanda Nash and Graeme Hemsley (University Hospital Plymouth NHS Trust); Simon Tapley (NHS Devon CCG) and Amelia Boulter (Democratic Advisor).

The meeting started at 3.00 pm and finished at 5.13 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.

37. **Declarations of Interest**

There were no declarations of interest made.

38. **Minutes**

The minutes of the meeting held on 9 October 2019 were agreed.

39. **Chair's Urgent Business**

Ruth Harrell (Director of Public Health) provided an update on the Coronavirus, it was reported that -

- (a) the UK has a strong embedded system for identifying and responding to infectious diseases and it was standard procedure for any communicable disease that the correct advice was given. All clinicians have a duty to report communicable disease cases to the Health Protection Agency which was now part of Public Health England;

- (b) with regard to the Coronavirus there was an integrated system for responding to an emergency or any kind of major incident. The Local Resilience Forum which includes the City Council, health, police and other services deal with such an incident when it occurs;
- (c) Public Health England would be driving responses and updating their website daily;
- (d) there were a number of preventative measures in place and as reported in the news people arriving in the UK from China would be undertaking some form of quarantine to see if they develop the illness;
- (e) basic prevention for infection control measures such as covering your mouth when you cough or sneeze, or cough or sneeze into a tissue or into the crook of your arm as well as washing your hands regularly.

40. **Mapping of Corporate Plan to Scrutiny Committees**

The Mapping of the Corporate Plan to Scrutiny Committees would be a standing item in the agenda. For information and to be used as a reference against the Committee's terms of reference.

41. **Policy Update - for information only**

The Policy update for information only.

42. **Primary Care Strategy and Plymouth Prospectus**

Paul Baker and Dr Dafydd Jones (NHS Devon CCG) were present for this item and referred to the report in the agenda pack. In response to questions raised, it was reported that -

- (a) with regard to capacity, it was about introducing new ways of working, taking a digital approach and building the workforce with more emphasis on retention as opposed to recruitment;
- (b) there was need to attract the workforce as well as making the offer attractive to those already in the system to keep them retained. Over last year the CCG has increased spend on a retention scheme;
- (c) there has been a lot of interest in the prospectus both within the city and other parts of Devon with good levels of engagement;

- (d) with regard to how people contact a surgery especially those who do not have access to a computer, a call can still be made to the surgery and staff answering the call would run through the same questions that people would be taken through if they did it by the computer system. By being taken through the same questions people were still getting a consistent response whether they ring the practice or go online;
- (e) with regard to GP vacancies within the city, there had been a very small increase in terms of headcount. They had good attendance at a couple of recent national job fairs with a number of leads that they were pursuing. They were starting to see improvements around GPs specifically with more pharmacies, more social prescribers, more paramedics to enable GPs to focus what they needed to focus on.

The Committee noted the Primary Care Strategy and Plymouth Prospectus.

43. **Livewell South West**

Dr Adam Morris and Trish Cooper (Livewell SW) were present for this item and referred to the report in the agenda pack. It was highlighted that -

- (a) in October 2019 they received their annual inspection from the CQC which covered five core services and received an overall rating of good;
- (b) Livewell SW were rated as good or outstanding across all 13 core services;
- (c) with regard to end of life and Plymbridge House, CQC were very complimentary about the openness and honesty of staff and the relationship with patients. They saw a number of patient and staff interactions, including staff treating patients with respect and dignity and were very impressed with the changes over the last 12 months;
- (d) there were four areas that required improvement and actions plans were in place to address this.

In response to questions raised, it was reported that with regard to end of life care, they had increased training and work very closely with St Luke's hospice by working together as a team, using the same documentation and better planning for people leaving hospital. Teamwork across all the agencies has really been key and by working together had made the difference.

The Chair on behalf of the Committee gave thanks to Dr Adam Morris and his team for another good CQC Report.

The Committee noted the CQC Livewell Report.

44. Independence@Home Reablement Service

Gary Walbridge and Jackie Finnegan (Plymouth City Council) were present for this item and referred to the report in the agenda pack. It was highlighted that -

- (a) the Independence@Home Service, works in close partnership with Livewell Southwest and University Hospital Plymouth, supporting people after they are discharged from hospital following illness or injury to regain their independence with activities of daily living such as washing, dressing, meal preparation and other domestic tasks;
- (b) in November 2019, the CQC carried out their inspection of this service under Section 60 of the Health and Social Care Act 2008 (the Act) as part of their regulatory functions. The inspection was to check whether the service was meeting the legal requirements and regulations associated with the Act. The CQC looked at the overall quality of the service and provided a rating for the service under the Care Act 2014;
- (c) the CQC inspection focussed on the five key lines of enquiry Safe, Effective, Caring, Responsive and Well-led. The outcome of this was that the Independence@Home has been rated Good across all areas;
- (d) the inspection started on 12 November 2019 and was carried out of 3 days. Inspectors met with the registered manager, office staff and care coordinators, reviewed care records, policies related to the running of the service. They also spoke with 13 people who had received a service, relatives, front line reablement care assistants, health and social care professionals involved about their experiences of the care provided;
- (e) the report noted that people received personalised care that promoted their independence and well-being and that the service focused on meeting service user's needs, protecting their safety and promoting their independence. They felt safe and well cared for and their preferences were respected, and staff were sensitive and attentive to their needs;
- (f) the inspectors also noted that staff were described as kind, caring and compassionate. Staff said how much they enjoyed working for the service and they were proud of the support they provided to people and had a great sense of achievement when people regained their independence;
- (g) next steps included -
 - to increase capacity, supporting more people to be discharged from hospital each day to home through this service and support the wider aims of the Caring for Plymouth Plan.

- to bring new people into the care profession and attract those who may have left care back in to this essential and rewarding role.

The Committee acknowledged the findings of CQC's report and endorse the next steps the service is planning to make, continuing to improving and increase the capacity of the Independence@Home service.

45. **Update on Did Not Attend Appointments**

Amanda Nash and Graeme Hemsley (University Hospital Plymouth NHS Trust) were present at the meeting and referred to the report in the agenda pack. It was highlighted that -

- (a) they had seen a further fall in the rate of did not attends and as a hospital trust were now rated 27th in the country. This was no easy task particularly given some of the challenges in terms of the population they serve which includes people from Plymouth and across the peninsula;
- (b) they wanted to formally record their thanks to staff who deal with a large number of outpatient appointments a month with most of these taking place at Derriford, although appointments do take place at other venues;
- (c) they had also made changes to the text messaging system in line with national research and undertook a survey with patients to ascertain what matters to them with regard to their outpatient appointment. They were also looking at how to reduce the number of face to face appointments and to provide appointments in different ways.

In response to questions raised, it was reported that –

- (d) they were never complacent and always looking at what else could be done, such as the text reminder service and continuing to make comparisons with their peers;
- (e) attendance at outpatient sessions were good with staff in the background checking the lists and making appointments available;
- (f) the patient could ring regarding not being able to attend their appointment because of parking, the receptionist or the clinical team running that clinic would do their best to ensure that they could see that patient at the end of the clinic. They were looking to reduce the number of face to face appointments in terms of recognising the burden both on patients and carers of having to come to the hospital for appointments that perhaps could be done in another way.

The Committee noted the report and take assurance from the benchmarking data and the work undertaken.

46. **Fair Shares**

Simon Tapley (NHS Devon CCG) was present for this item and referred to the report in the agenda pack. It was highlighted that -

- (a) on the 1 April the CCG's within Devon merged and prior to the merger there were a number of objectives, one of the which both myself and Chair, Dr Paul Johnson was trying to address this issue that has been running for a long time including many conversations with colleagues in the western system;
- (b) the paper shared with the committee today went to the public governing body in October, the recommendations within the report were made by an independent group. This has been a tricky issue and whatever was the right answer for one place was the wrong answer for somewhere else so we felt that we needed some independence and were completely committed to trying to tackle this;
- (c) a lot of discussion took place around that we should only move towards financial equity by differential investment and the governing body actually rejected that recommendation because they all felt that more flexibility was need and if we were to disinvest in one area to be able to invest in another that would leave us open. Therefore that recommendation was amended;
- (d) the CCG currently pays a subsidy to Northern Devon locality because of its remoteness and agreed at governing body that should be set at the national value not what were currently paying and there was a significant difference between the two;
- (e) when the CCG receives its allocation there's a capitated or fair share amount for the CCG so the whole of Devon against what we actually receive and it's deemed by national policy to be acceptable for a CCG to be either 2.5% below what its fair share would be or up to 5% above and we felt given that was national policy that that would be a reasonable approach for us to take when we allocate out to each locality;
- (f) the CCG was currently ever so slightly above its fair share but very close to zero so when agreeing that we also said under recommendation 10 that where a locality has worse outcomes then the rest of the county we would look to move from below the average towards the average to an acceptable level -2.5% below and that was unacceptable we need people to move to financial equity and that would be the case for the western locality;

- (g) they set themselves a three-year pace of change but that was to get inside the 5% or -2.5% and trying to get the western locality particularly those ones that were under and have worse outcomes was that it might take slightly longer than the three years than were actually putting in. So they put in an additional £5m into the western locality and working with colleagues in the western system around how to invest that and that there were no commitments against it so that the local team could really prioritise what were the right things to invest in and in 2021-2022 a further £5.8m which would still leave the western locality £13m below its fair share and that's the bit that we've said was still unacceptable and needs to be brought up;
- (h) they feel it's really important to go further than that but need to recognise the financial situation that we're in as a system that that may take slightly longer would like to move quicker and were working on how to invest money and have moved cash down to the system and completely intend to see that see this through.

In response to questions raised, it was reported that -

- (i) the allocation which we haven't talked about does move around quite a lot so I'm sure previous colleagues would have been down here and said the real issue was that we were investing too much money in eastern and not enough in western and that had been the narrative. This was true at one point. However there were issues now in South Devon which also includes Torbay who also have poor outcomes and North Devon because of their remoteness and rurality. They were trying to reduce and bring closer to their fair share, they were working with colleagues on an outcomes framework not just about Plymouth on how we can best make sure we tackle and understand the issues;
- (j) they also have the aspiration and want to tackle the inequity. As mentioned £5m for 2020 – 2021 allocated to western with no commitments on how this money should be spent. This would be decided by local leaders and not by the CCG or the governing body. His personal aspiration was to tackle this quickly but it was also his responsibility not to destabilise other areas as well;
- (k) to provide some assurance to the committee that you would want to see where that £5m invested and this was new money and really important that the work we're doing collectively looking at the outcomes and the impact of those outcomes on our urgent care system, community services, impact on primary care and therefore where we leave investment on a local footprint looking at role of voluntary sector and wellbeing hubs those types of things I think it's really important to say so I think just to reassure committee that you know we are absolutely looking at that preventative element in terms of addressing some of the challenges we have.

The Committee noted the Financial Inequities (Fair Shares) report and requested a report at the March meeting on how the £5m would be invested.

47. **Performance and Corporate Plan**

Rob Sowden (Performance Advisor) was present for this item and referred to the report in the agenda. It was reported that that –

- (a) challenges remained within the emergency department with the number and Derriford hospital have been in Opel because of operational pressures and that this performance can feed into that the discussions around urgent care;
- (b) there was also an increase in the number of people waiting more than 52 weeks from referral to treatment and this can be addressed when the NHS Operating Plan plans comes to this committee;
- (c) they continue to maintain improved performance in relation to delayed transfers of care and achieving the reductions that were set by NHS England;
- (d) they were continuing to see positive outcomes for people subject to safeguarding and abuse;
- (e) the Stop Smoking Service was continuing to achieve its target of 35% success rate with people stopping smoking following engagement with the service;
- (f) and although a small increase in prevalence of excess weight in 10 to 11 year olds this remains lower than the England average.

In response to questions raised, it was reported that –

- (g) with regard to a reduction in adult social care service users feeling safe and secure, the Committee were reassured that this was monitored and this indicator was above statistical neighbours. They would continue to monitor and engage with service users;
- (h) the NHS Operating Plan would clearly articulate the activity that the CCG would want to see around referral to treatment diagnostics.

The Committee noted the Performance and Corporate Plan Update and for Quarter 4 Performance Report if available to be presented at the meeting in March.

48. **Tracking Resolutions**

The Committee noted the progress made with the regard to the tracking resolutions.

49. **Work Programme**

The Committee noted the work programme.

This page is intentionally left blank

Health and Adult Social Care Overview and Scrutiny Committee



Date of meeting:	14 October 2020
Title of Report:	HASC Policy Brief
Lead Member:	Councillor Kate Taylor (Cabinet Member for Health and Adult Social Care)
Lead Strategic Director:	Craig McArdle (Interim Strategic Director of People)
Author:	Sarah Gooding (Policy & Intelligence Advisor)
Contact Email:	Sarah.Gooding@Plymouth.gov.uk
Your Reference:	HASC PB 14102020
Key Decision:	No
Confidentiality:	Part I - Official

Purpose of Report

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

Recommendations and Reasons

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

Alternative options considered and rejected

N/A

Relevance to the Corporate Plan and/or the Plymouth Plan

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

Implications for the Medium Term Financial Plan and Resource Implications:

N/A

Carbon Footprint (Environmental) Implications:

N/A

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

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

N/A

Appendices

*Add rows as required to box below

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

Background papers:

*Add rows as required to box below

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

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

Sign off:

Fin	akh.2 0.21.9 8	Leg	lt/351 47/01 1020	Mon Off	Click here to enter text.	HR	Click here to enter text.	Asset s	Click here to enter text.	Strat Proc	Click here to enter text.
Originating Senior Leadership Team member: Craig McArdle (Strategic Director for People).											
Please confirm the Strategic Director(s) has agreed the report? Yes Date agreed: 01 October 2020											
Cabinet Member approval: Kate Taylor (Cabinet Member for Health and Adult Social Care) Date approved: 01 October 2020											

POLICY BRIEF

Health and Adult Social Care Overview and Scrutiny

14 October 2020



The information contained within this brief is correct at the time of publication (Thursday 01 October 2020).

HEADLINES

- [New legal duty to self-isolate comes into force](#) (28 Sept)
- [Major expansion of post-18 education and training to level up and prepare workers for post-COVID economy](#) (29 Sept)
- [Chancellor outlines Winter Economy Plan](#) (24 Sept)
- [NHS COVID-19 app launches across England and Wales](#) (24 Sept)
- [£60m for marshals and new covid enforcement duties](#) (25 Sept)
- [Government announces further national measures to address rising cases of coronavirus in England](#) (22 Sept)
- [Rule of six comes into effect](#) (14 Sept)

GOVERNMENT POLICY, LEGISLATIVE ANNOUNCEMENTS AND NEWS

Department of Health and Social Care (18/09/2020) [New plan to help protect care homes from coronavirus over winter](#) A new [adult social care winter plan](#) has been announced which aims to curb the spread of coronavirus (COVID-19) infections in care settings throughout the winter months.

As part of the plan the following measures have been announced:

- people receiving adult social care and care workers will receive free PPE
- a new dashboard will monitor care home infections and help local government and providers respond quicker
- a Chief Nurse for Adult Social Care will be appointed to represent social care nurses and provide clinical leadership to the workforce
- Local providers must restrict all but essential movement of staff between settings to reduce transmission, supported by an extra £546 million for the Infection Control Fund

[Adult social care winter plan and letter from Minister for Care to local authorities](#) Letter from Helen Whately, Minister for Care, to outline the expectations of local authorities in relation to the adult social care winter plan.

Department of Health and Social Care (17/09/2020) [Care providers will be given an extra £546 million to bolster infection control and help protect residents and staff throughout winter](#). The Infection Control Fund, set up in May, has now been extended until March 2021, with an extra £546 million to help the care sector restrict the movement of staff between care homes to stop the spread of the virus. The fund will help care providers pay staff full wages when they are self-isolating, and enable staff to work in only one care home, reducing the risk of spreading the infection.

[Guidance](#) setting out the infection control measures that the infection control fund will support, including information on the distribution of funds and reporting requirements has been updated accordingly.

Department of Health and Social Care (29/09/2020) [Personal protective equipment \(PPE\) strategy: stabilise and build resilience](#). This strategy sets out how the UK government is moving beyond the emergency COVID-19 response to stabilise and build resilience. It details how government is preparing for a second wave of COVID-19 or concurrent pandemic alongside usual seasonal pressures.

Department of Health and Social Care (17/09/2020) [New measures to improve patient care ahead of winter](#). Health Secretary Matt Hancock has announced that A&Es in 25 hospitals will receive a share of £150 million in funding to upgrade, reduce overcrowding and improve infection control ahead of winter. This is to ensure that hospitals have the physical space to treat patients, manage patient flow and improve infection control.

This is further to an [announcement](#) on 11 August that 117 Trusts were to be allocated a share of £300m to upgrade A&E facilities ahead of winter. University Hospitals Plymouth NHS Trust was allocated £4 million.

Department of Health and Social Care (15/09/2020) [The future of public health: the National Institute for Health Protection and other public health functions](#). Further to the Secretary of State for Health and Social Care's [announcement](#) of the new [National Institute for Health Protection](#) (NIHP) on 18 August 2020, the Government has published a high-level overview of its plans to better protect and improve the public's health, including where they will act immediately to strengthen the health protection systems and the focused response to COVID-19 ahead of the winter.


Department of Health and Social Care (29/09/2020) [New recruitment drive to help 10,000 people with serious mental illness](#) £27 million has been announced for mental health charity Think Ahead to expand their mental health social work graduate programme. More than 10,000 people living with serious mental illness will receive support from 480 new mental health social workers.

Department of Health and Social Care (18/09/2020) [Social Care Sector COVID-19 Support Taskforce: report on first phase of COVID-19 pandemic](#). This report sets out the progress and learning from the first phase of the COVID-19 pandemic in informing advice and recommendations to government and the social care sector.

Ministry of Housing, Communities and Local Government (14/09/2020) [Local COVID-19 outbreaks: lessons learnt and good practice](#). Dame Mary Ney has undertaken a rapid stocktake of lessons learnt from the Leicester City/Leicestershire experience of responding to a local surge in COVID-19 cases. The report sets out the learning and best practice drawn from Dame Mary Ney's work.

Department of Health and Social Care (Last updated 11 September 2020) [Overview of adult social care guidance on coronavirus \(COVID-19\)](#). Information for adult social care providers on COVID-19 guidance and support.

OPEN CONSULTATIONS

Date of publication	Health and Adult Social Care Overview and Scrutiny Committee	 GOV
30 July 2020	Department of Health and Social Care: Front-of-pack nutrition labelling in the UK: building on success	Closes 21 October 2020

HEALTH AND ADULT SOCIAL CARE OVERVIEW AND SCRUTINY COMMITTEE

Winter Plan Update



CONTEXT

The coronavirus pandemic has created unprecedented challenges over the past months with the Health and Wellbeing system. With this in mind the Council, CCG, UHP, Livewell South West and Primary Care continue to work in partnership to prepare for winter.

Local authorities are required to develop their own winter plans. These winter plans should build on the Care Home Support Plans, and other existing resilience planning in the context of planning for the end of the Transition Period. Planning should be as transparent and inclusive as possible, involving collaboration across health and care agencies, the voluntary sector, people who need care and carers. Providers should also review and update their business continuity plans leading into winter.

By 31 October 2020, local authorities must, as a condition of receiving further funds from the Infection Control Fund, have written to DHSC confirming they have put in place a winter plan and that they are working with care providers in their area on their business continuity plans.

ADULT SOCIAL CARE: OUR COVID-19 WINTER PLAN 2020 TO 2021

This winter is likely to place unique pressures on the health and care system. As we approach winter, the Government's overarching priorities for adult social care are:

- Ensuring everyone who needs care or support can get high-quality, timely and safe care throughout the autumn and winter period
- Protecting people who need care, support or safeguards, the social care workforce, and carers from infections including COVID-19
- Making sure that people who need care, support or safeguards remain connected to essential services and their loved ones whilst protecting individuals from infections including COVID-19

Government's Winter Plan 2020 to 2021 details, by area of COVID response, what their national support offer will look like and what is expected of other parts of the system including local authorities, NHS organisation and care providers.

National support

The government will continue to provide national leadership and coordination as we move into the next phase of the COVID-19 response. They will continue to provide resources, evidence and high-quality data to empower local leadership. Government is committed to understanding and responding to inequalities in health and the impact of the virus, learning lessons from research, and to listening to those with lived experience.

ACTIONS FOR LOCAL AUTHORITIES AND NHS ORGANISATIONS

Throughout winter, it will be essential that local authorities and NHS organisations continue to collaborate, working alongside one another as well as with adult social care providers (including in the voluntary and community sector), people with care and support needs, their families and carers.

Preventing and controlling the spread of infection in Care Settings

- We will continue to implement relevant guidance and share this through our weekly Provider Bulletin and Provider Webinars monthly.

- Our Director of Public Health will continue to work with relevant partners including Public Health England and local health protection boards to control local outbreaks.
- Using our existing outbreak management approach we will continue to support care homes, working with local partners to carry out learning reviews after each outbreak to identify and share any lessons learned.
- UHP, LWSW and the CCG will continue to offer clinical support and training particularly in relation to infection control best practice.

Managing staff movement

- We will distribute the latest money from the Infection Control Fund, and submit returns on how the funding has been used in line with the grant conditions
- Through our existing market management arrangements we will continue to review contingency arrangements to help manage staffing shortages, within social care provision, through the winter, with the aim of reducing the need for staff movement
- Through our provider bulletins we will continue to provide clear communication to social care providers regarding the importance of implementing workforce measures to limit COVID-19 infection, signpost relevant guidance, and encourage providers to make use of additional funding where appropriate
- We will continue to actively monitor Capacity Tracker data to identify and act on emerging concerns regarding staff movement between care settings working with Providers who are challenged

Personal protective equipment (PPE)

- The Government has committed to free PPE for Social Care provision. For regulated services this will be accessed via a national portal.
- For non- regulated services such as day provision PPE will be provided locally as we have re-established our PPE cell for the City to manage distribution.

COVID-19 testing

- Through our existing situation report arrangements we will continue to make sure care providers, as far as possible, carry out testing as per the testing strategy and, together with NHS organisations, provide local support for testing in adult social care, if needed
- Our Public Health team will continue to actively monitor local testing data to identify and act on emerging concerns, these are followed up by our Care Home Support offer.

Seasonal flu vaccines

- Using our existing partnership communication channels we will support flu campaigns and signpost eligible staff and people who receive care to receive a free flu vaccine at identified venues across the City
- We are working with local NHS partners to facilitate and encourage the delivery of flu vaccines to social care staff and residents in care homes

Safe discharge from NHS settings and preventing avoidable admissions

- Our current jointly commissioned care packages for those discharged will be maintained to support individuals leaving hospital to access timely reablement and rehabilitation.
- With our partners we will establish an Executive Lead for the delivery of the discharge to assess model whilst ensuring efficient processes are in place to manage CHC assessments during the winter period.
- We are building on our Caring for Plymouth approach and will continue to work with partners to coordinate activity, with local and national voluntary sector organisations, to provide services and support to people requiring support.

- We are working with Providers to ensure that we have appropriate accommodation for people who have been discharged from hospital, if their care home cannot provide appropriate isolation or cohorting facilities.

Visiting guidance

- In line with our existing arrangements we will continue to complete regular assessments of whether visiting care homes is likely to be appropriate, within their local authority, or within local wards, taking into account the wider risk environment
- If necessary, we will impose visiting restrictions if local incidence rates are rising, and immediately if an area is listed as 'an area of intervention'.

In all cases exemptions will be made for visits to residents at the end of their lives.

Support for unpaid carers

- Through our existing communication mechanisms and by working with partner agencies we will continue to raise awareness of the support available to carers in the City.
- We continue to work with services that cannot reopen in the same way such as day services to ensure that alternative arrangements and support is in place.

Supporting the workforce

- Through our existing Bulletin and webinar arrangements we will ensure providers are aware of the free induction training offer whilst continuing to promote and summarise the relevant guidance to care providers
- We are working with partners to maintain, where possible, the additional staff support services which they put in place during the first wave of the pandemic and promote wellbeing offers to their staff.
- We are continuing to review contingency arrangements to help manage staffing shortages within social care provision through the winter and supporting providers to apply the guidance on deploying staff and managing their movement.

Shielding and people who are clinically extremely vulnerable

- Local authorities will be required to coordinate local support if shielding is reintroduced in a local area.

Market and provider sustainability

- Our commissioners will continue to work with local providers and complete a self-assessment of the health of local market management and contingency planning leading into winter during October. We will continue to provide support through our provider engagement arrangements to the market over the coming months.

This page is intentionally left blank

HEALTH AND ADULT SOCIAL CARE OVERVIEW SCRUTINY COMMITTEE

Work Programme 2020 - 21



Please note that the work programme is a 'live' document and subject to change at short notice.

For general enquiries relating to the Council's Scrutiny function, including this committee's work programme, please contact Amelia Boulter, Democratic Support Officer, on 01752 304570.

Date of meeting	Agenda item	Prioritisation Score	Reason for consideration	Responsible Cabinet Member / Officer
14 Oct 2020	Policy Brief			Sarah Gooding
	Performance Summary			Rob Sowden
	Winter Plan			Anna Coles
	Phase 3 Planning			Ross Jago
Dec 2020	Policy Brief			Sarah Gooding
Jan 2021	Policy Brief			Sarah Gooding
Mar 2021	Policy Brief			Sarah Gooding
Items to be scheduled for 2020/21				
	NHS 111 Update			
	Workforce Development Strategy	4		
	Maternity Services (Devon-wide Strategy)	3		
	Adult Social Care Green Paper			
	Spending Review			
	NHS Operating Plan 2020 – 21	3		Jo Turl
	Fair Shares Update			Anna Coles/Rachel Silcock/Nicola Jones
	University Hospital Plymouth NHS Trust CQC Action Plan Update	4	To review the CQC Action Plan	Ann James
	NHS Long Term Plan	3		
Select Committee Reviews				
2021	Mental Health			

Annex I – 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