



Oversight and Governance

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

Please ask for Amelia Boulter,
Democratic Support Officer
T 01752 305155
E democraticsupport@plymouth.gov.uk
www.plymouth.gov.uk
Published 24 November 2020

HEALTH AND ADULT SOCIAL CARE OVERVIEW AND SCRUTINY COMMITTEE

Wednesday 2 December 2020
10.00 am
Virtual Committee

Members:

Councillor Mrs Aspinall, Chair

Councillor James, Vice Chair

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

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

This meeting will be webcast and available on-line after the meeting. By entering the Council Chamber, councillors are consenting to being filmed during the meeting and to the use of the recording for the webcast.

The Council is a data controller under the Data Protection Act. Data collected during this webcast will be retained in accordance with 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:

3. Minutes

(Pages 1 - 4)

The Committee will be asked to confirm the minutes of the meeting held on 14 October 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. Update from the Director of Public Health - Verbal

6. Policy Brief

(Pages 5 - 8)

7. Healthwatch Update - Verbal

8. Workforce Review

(Pages 9 - 10)

9. Adult Social Care Budget

(Pages 11 - 12)

10. Performance Summary

(Pages 13 - 24)

11. Work Programme

(Pages 25 - 26)

Health and Adult Social Care Overview and Scrutiny Committee

Wednesday 14 October 2020

PRESENT:

Councillor Mrs Aspinall, in the Chair.

Councillor James, Vice Chair.

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

Apologies for absence: Councillors Mrs Bowyer

Also in attendance: Councillor Kate Taylor (Cabinet Member for Health and Adult Social Care), Craig McArdle (Strategic Director for People), Sarah Gooding (Policy and Intelligence Advisor), Dr Shelagh McCormick and John Finn (NHS Devon CCG); Rob Sowden (Senior Performance Advisor) and Amelia Boulter (Democratic Advisor).

The meeting started at 10.00 am and finished at 12.20 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.

50. **Declarations of Interest**

There were no declarations of interest made by Members in accordance with the code conduct.

51. **Minutes**

Agreed the minutes of the meeting held on 29 January 2020.

52. **Chair's Urgent Business**

There were no items of Chair's urgent business.

53. **Policy Brief**

Sarah Gooding (Policy and Intelligence Advisor) was present for this item and referred to the report in the agenda pack. It was reported that the brief covers policy updates and changes up until the 1 October 2020 and doesn't include the recent tiers announced by Government within the last couple days.

The Chair invited Councillor Kate Taylor (Cabinet Member for Health and Adult Social Care) to provide an update. It was reported that:

- Rules around visitation at care homes had changed. It was important for people to have interaction within those settings but done safely.
- A new £10m facility to be built in Central Park to replace Colwill Lodge and the Vines. This new facility would be state of the art providing respite and day care services.
- New COVID testing facility had opened at the Guildhall.

54. **Phase 3 Planning**

Dr Shelagh McCormick and John Finn (NHS Devon CCG) were present for this item and referred to the report in the agenda pack.

Questions related to:

- Recent reports that the Chief Nurse was stopping elective surgery?
- Whether the independent sector was fully utilised?
- Criteria for seeing a GP and virtual appointments?
- Flu vaccination availability?
- Surge in COVID-19 and whether there was capacity to deliver and the impact on the workforce?
- Nightingale hospital and the use of this hospital?
- Accessing GPs and patients not getting through or making contact with their GP?
- GP surgeries no longer offering ear syringing and was this correct?
- Accessing of dental services.

The Committee noted the Phase 3 Planning report and seeks reassurance on delays to elective surgeries and the ongoing impact of covid on long term health inequalities and the impact on the workforce.

55. **Performance Summary**

Rob Sowden (Senior Performance Advisor) was present for this item and referred to the report in the agenda pack. It was highlighted that:

- Admissions to residential care was reducing;
- Delayed transfers of care during COVID had been maintained;
- Additional indicators to be added around elective capacity and waiting times.

Questions related to:

- Vacancies within the care sector;
- Second COVID wave and the stress this places on the healthcare system;
- Public Health England alert tables.

The Committee noted the performance summary update and requested a further update at the next meeting.

56. **Winter Plan Update**

Anna Coles (Service Director for Integrated Commissioning) will be present for this item and referred to the report in the agenda pack. It was reported that they were preparing an adult social care winter plan which builds on policy guidance as well as working through a response to COVID. This would be formalised in a plan to support the health and care system, patients and residents throughout the winter period.

Questions related to:

- Whether the winter plan would require extra resourcing/funding from government?
- Workforce patterns and movement of staff around care homes/residential homes?
- How the committee monitors the progress of the plan?
- Whether this was the final plan or would further items be added?
- How confident were they on the supply of PPE to all care homes and hospital staff to ensure there was enough quantity to carry out work?
- Assessments in place to ensure people go home safely and appropriate support in place with regard to COVID.

The Committee noted the Winter Plan update and agreed to monitor the plan at the future meetings on what has been implemented and to be informed of any areas of risks over the winter period.

57. **Work Programme**

The Committee discussed items for inclusion on the work programme and it was agreed that the following items would be included:

- Mental Health Services and CAMHS;
- Supporting the workforce;
- Healthwatch Update;
- Long term impacts of COVID;
- Performance Update including the monitoring of the Winter Plan;
- Health and Adult Social Care budget;
- Dental Health.

This page is intentionally left blank

Health and Adult Social Care Overview and Scrutiny Committee



Date of meeting:	02 December 2020
Title of Report:	Health and Adult Social Care 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 02122020
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	djn.2 0.21. 163	Leg	lt/356 0/23 1120	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: 20 November 2020											
Cabinet Member approval: Kate Taylor (Cabinet Member for Health and Adult Social Care)											
Date approved: 20 November 2020											

POLICY BRIEF

Health and Adult Social Care Overview and Scrutiny

02 December 2020



The information within this Brief is correct at the time of approval for publication and contains relevant announcements made by Government and its departments and regulators since the last HASC Scrutiny committee on 14 October 2020.

HEADLINES

- [New National Restrictions from 5 November](#) (31 Oct)
- [Government extends Furlough to March and increases self-employed support](#) (05 Nov)
- [New winter package to provide further support for children and families](#) (08 Nov)
- [Jenrick launches 'Protect Programme': the next step in winter rough sleeping plan](#) (05 Nov)

GOVERNMENT POLICY, LEGISLATIVE ANNOUNCEMENTS AND NEWS

Department of Health and Social Care (21/10/2020) [Winter discharges: designated settings](#). A letter has been sent to directors of adult care, setting out the requirements for designated care settings for people discharged from hospital who have a COVID-19 positive status. It also gives an overview of actions that Local Authorities, CCGs and local NHS providers should take.

Department of Health and Social Care (04/11/2020) [New guidance to support safe care home visits during lockdown](#). All care home residents in England should be allowed to receive visits from their family and friends in a COVID-secure way – with social distancing and PPE – following new guidance to be used while national restrictions are in place from 05 November.

- Visits should be tailored to residents and facilities and should prioritise residents and staff's safety to limit the transmission of COVID-19.
- Care homes, especially those who have not allowed visits since March, will be encouraged and supported to provide safe visiting opportunities as new national restrictions come into effect.
- Measures put in place should provide COVID-secure opportunities for families to meet using visiting arrangements such as floor to ceiling screens, visiting pods, and window visits.


Department of Health and Social Care (14/11/2020) [Pilot for family members to get regular testing for safer care home visits](#). Family members or friends of those living in care homes will be given regular testing to reunite them with their loved ones in care homes in a new pilot launched on 16 November 2020. The pilot is taking place in around 20 care homes across Hampshire, Cornwall and Devon and will be rolled out more widely in December in time for Christmas.

Department of Health and Social Care (09/11/2020) [More rapid COVID-19 tests to be rolled out across England](#). Over half a million rapid-turnaround lateral flow tests will be sent out by NHS Test and Trace to local public health leaders this week, signalling the next phase of the government's plan to expand asymptomatic testing for COVID-19. Directors of public health will determine how to prioritise the allocation of these new tests, based on the specific needs of their communities, and will determine how people in the local area are tested. They will be supported by NHS Test and Trace to expand testing programmes in their area through access to training and clinical and operational guidance.

Department of Health and Social Care (11/11/2020) [Coronavirus \(COVID-19\): looking after people who lack mental capacity](#). Guidance for health and social care staff who are caring for, or treating, a person who lacks the relevant mental capacity has been recently updated.

Department for Digital, Culture, Media and Sport (13/11/2020) [Enabling safe and effective volunteering during coronavirus \(COVID-19\)](#). New guidance which aims to help organisations and groups understand how to safely and effectively involve volunteers during the pandemic.

RECENT CONSULTATIONS

Date of publication	Health and Adult Social Care Overview and Scrutiny Committee	 GOV
31 October	Ministry of Housing, Communities and Local Government: Toilet provision for men and women: call for evidence	Closes 29 Jan
10 November	Department of Health and Social Care: Total restriction of online advertising for products high in fat, sugar and salt (HFSS)	Closes 22 Dec
13 November	Department of Health and Social Care: Stopping movement of staff between care settings	Closed 23 Nov

HEALTH AND ADULT SOCIAL CARE OVERVIEW AND SCRUTINY COMMITTEE

Workforce Review



CONTEXT

The coronavirus pandemic has created unprecedented challenges over the past months with the Health and Wellbeing system. The current and potential impact on our health and social care workforce is self-evident. Whilst some efforts have been made during the pandemic to increase the recognition of people working in health and social care, access to career opportunities and training and development remains integral to achieving a long-term sustainable workforce.

Challenges

The recruitment and retention of skilled care workers has never been more critical – given the pressures on the social care sector. The key challenges to confront are:

- High number of job vacancies in the city, opportunities for people to move across organisations, which creates high attrition rates and retention issues for providers
- Advertised vacancies without experience poses skills and quality risks
- Progression paths are limited so that good people often move away to find promotion or new opportunities
- Working in social care is sometimes not seen as an attractive career path. Salaries and perception of care work, means that care providers struggle to compete with other sectors – such as retail
- A need to attract young people (16-25) into careers in care with a focused campaign which understands generational perspectives on employment opportunities and makes pathways evident and accessible to widen participation.

As part of the plan to address these challenges, this report sets out a number of city wide initiatives on how we will respond using real time information to understand what is needed and a skills campaign to attract new entrants in Plymouth.

CITY WIDE INITIATIVES TO ADDRESS WORKFORCE CHALLENGES

Joint approach with Partners

- Identified direct from employers over 2,700 job opportunities, with over 550 Health Care Assistants and Support Workers required in the next 18 months across NHS and care providers.
- All partners are working with DWP, Job Centre Plus, On Course SW, City College Plymouth and Prince's Trust, designing a fast track introduction/ access to care training programme to develop entrant requirements
Including the support of transferable skills, work readiness/preparation for interviews in joining the care sector
- Exploring opportunities for Kickstart, apprenticeships and traineeships as routes for new entrants into Care ensuring the right skills wraparound support.
- Resurgam Health sector lead developing business case to establish a fast track Health Skills Academy at PSP, part of to re-create a care home environment to enable competency based training for new entrants
- Local city wide campaign “Caring for Plymouth” messages promoted through Skills Launchpad Plymouth, DWP and providers, and host virtual career events.

- Understand local supply of Covid-19 UC customers - match supply with right skills to meet demand, inform re-training and up-skilling opportunities
- Maximise Proud to Care campaign for Plymouth and utilise the website and matching service www.proudtocaredevon.org.uk/ - link into “Caring for Plymouth” style recruitment campaign (PCC, Livewell and UHP). UHP and Livewell Southwest are ensuring all vacancies are advertised on Proud to Care website, and that any unsuccessful candidates for roles advertised on NHS Jobs are routinely directed there.
- Partners are working together to lead a citywide recruitment drive to support Plymouth’s response to the COVID-19 pandemic. All recruits will be offered a clear pathway to a longer term career across a range of disciplines and settings including hospital wards and people’s own homes.
- UHP are proactively marketing employment opportunities to support Plymouth’s response to COVID-19, including through virtual Open Days, Local Plymouth Jobs Fair events and a range of University of Plymouth events to promote careers at UHP. First virtual UHP Nursing Open Day taking place on 21st November with further Open Days scheduled for January and March 2021.
- We are optimising Values Based Recruitment processes to attract the right candidates, coupled with a fast track training process to enable people to enter the workplace quickly and effectively
- Partners are scoping opportunities to gift apprenticeship levy to care homes/care home providers to support career development pathways
- Partners are working with city employers, to help identify suitable opportunities for people directly with their organisation or via a locum bank.
- We are working with the Devon Health and Social Care system to procure clinical apprenticeship programmes at scale, to meet future need.
- UHP are working with HEE to try to secure funding for Health Internship programme to support routes into health for 16-25 year olds.
- From 21/22 , UHP will be offering and advertising direct entry for school leavers onto the Nurse Degree Apprenticeship Programme

Key next steps for co-development

As well as amplifying national Government initiatives to support recruitment into the care sector, we have outlined below our key next steps for co-development:

1. Develop, pilot fast track induction programme (2 x pilots planned in Nov/Dec DWP/OCSW)
2. Launch Proud to Care Programme with a Caring for Plymouth focus (planned Nov – Jan)
3. Develop Fast Track Health Academy Business Case and secure funding
4. Partnership to consider other redeployment/business case/co-development solutions

HEALTH AND ADULT SOCIAL CARE OVERVIEW AND SCRUTINY BRIEFING

Adult Social Care Budget



OVERVIEW OF BUDGET AT MONTH 6

Strategic Commissioning Budget 2020/21 - Month 6 (last reported monitoring)								
	Budget	Delivery Plans	Revised Budget	Month 6 Forecast	Variation		Variation	
						BAU	Covid	Total Var
	£m	£m	£m	£m	£m	£m	£m	£m
Adult Social care								
Income	(33.567)		(33.567)	(36.931)	(3.364)	0.761	(4.125)	(3.364)
Commissioned Contracts	18.829		18.829	19.314	0.485	0.144	0.341	0.485
Care Packages	85.616	(0.882)	84.734	86.117	1.383	(0.151)	1.534	1.383
Own Provision	4.925		4.925	4.386	(0.539)	(0.544)	0.005	(0.539)
Delivery Plans	(0.882)	0.882	0.000	0.000	0.000	0.000	0.000	0.000
Salaries & Management Costs	3.899		3.899	9.948	6.049	(0.307)	6.356	6.049
ASC Sub Total	78.820	0.000	78.820	82.834	4.014	(0.097)	4.111	4.014

OVERVIEW OF CARE PACKAGES AT MONTH 6

Care Package Budgets 2020/21								
	Budget	Delivery Plans	Revised Budget	Month 6 Forecast	Variation		Variation	
						BAU	Covid	Total Var
	£m	£m	£m	£m	£m	£m	£m	£m
External Day Care	1.324		1.324	1.288	(0.036)	(0.036)	0.000	(0.036)
External Dom Care	12.219	0.000	12.219	12.312	0.093	(0.382)	0.475	0.093
Extra Care Housing	3.840	(0.500)	3.340	3.375	0.035	(0.033)	0.068	0.035
Rapid & Flexi Service	0.056		0.056	(0.001)	(0.057)	(0.057)	0.000	(0.057)
External Short Stays	1.586		1.586	2.099	0.513	0.513	0.000	0.513
Direct Payments	8.426	(0.382)	8.044	7.732	(0.312)	(0.312)	0.000	(0.312)
Supported Living	18.381		18.381	19.099	0.718	0.195	0.523	0.718
Residential and Nursing	39.784		39.784	40.213	0.429	(0.039)	0.468	0.429
Sub Total Individual Care Packages	85.616	(0.882)	84.734	86.117	1.383	(0.151)	1.534	1.383

COMMENTARY

Adult Social Care, like the rest of the Local Authority has been impacted significantly by COVID-19 and this is reflected in the Month 6 Budget position which is showing an overspend of £4.014 million, all of which can be ascribed to the pandemic. The additional costs that have been incurred include additional payments to providers (including paying on “plan”), personal protective equipment and managing outbreaks. This position does not reflect the government grants that we have been awarded other than the Infection Control Fund which is passported through to providers and is shown in both

income and expenditure lines and is in effect netted off. The position above also includes a provision for “Winter Pressures” of circa £1.9million.

In terms of Business as Usual activity Adult Social Care the forecast is for a small underspend. This has been achieved through demand management, including greater use of the Voluntary and Community Sector, reablement, reviews by Livewell Southwest and management actions. Areas of pressures in terms of Care Packages include External Short Stays and Supported Living which are the focus of additional reviewing by Livewell Southwest.

HEALTH AND ADULT SOCIAL CARE SYSTEM PERFORMANCE

NOVEMBER 2020/21

1. INTRODUCTION

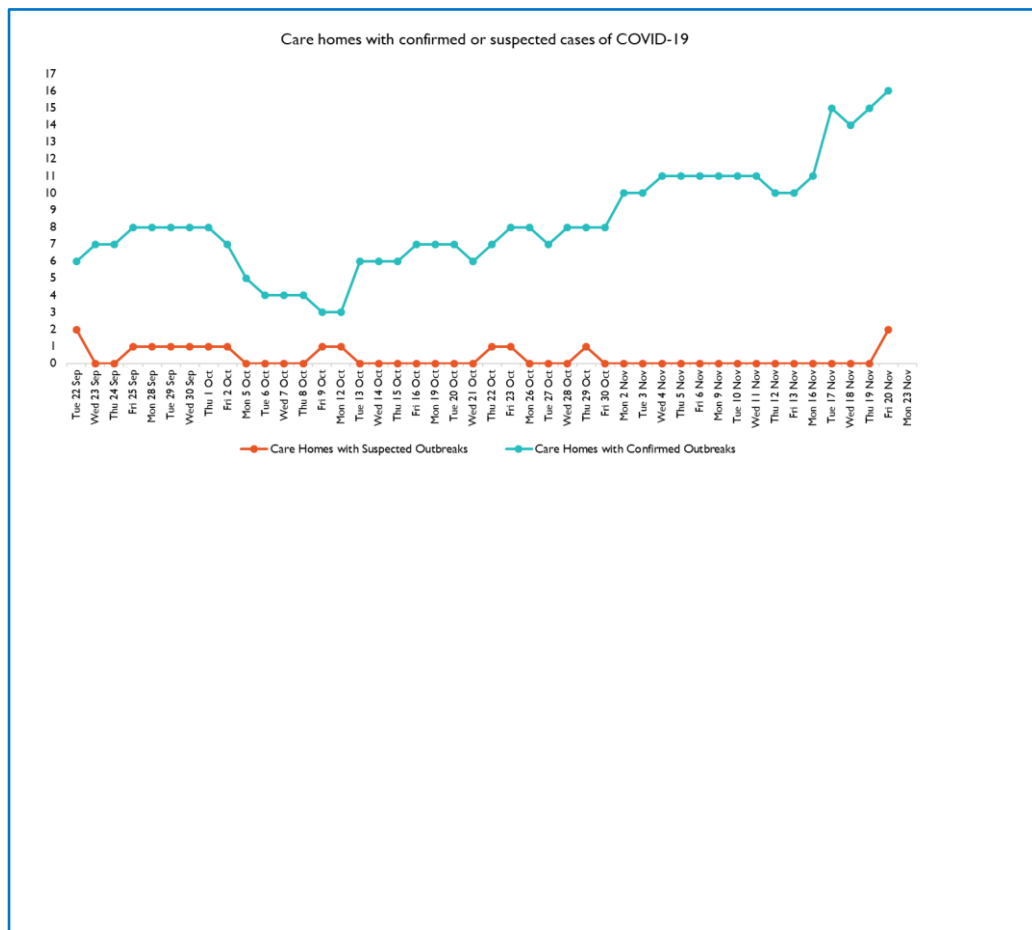
The purpose of this report is to inform members of the latest performance against a number of key indicators that provide a view of how care is being delivered to the people of Plymouth in light of the COVID-19 emergency. The pandemic has had an impact on how performance is reported and this has limited the ability to provide benchmarking information like we have done so previously.

The indicators in this report are;

- Number of COVID-19 outbreaks within Care Homes
- Admissions to Residential and Nursing Care Homes
- Community Based Care
- Care Provision
- Reablement
- Adult Safeguarding
- Adult Social Care Users feeling of safety
- Delayed Transfers of Care
- Referral to Treatment
- Ambulance attendance at Derriford Hospital

Performance Indicators

	Fri 13 Nov	Mon 16 Nov	Tue 17 Nov	Wed 18 Nov	Thu 19 Nov	Fri 20 Nov	Mon 23 Nov	Trend
Total number of care homes	97	97	97	97	97	97	97	▲ ▼
Care homes with suspected outbreaks	0	0	0	0	0	2	0	▼
Care homes with confirmed outbreaks	10	11	15	14	15	16	18	▲
Care homes with one confirmed case	9	14	15	15	16	13	12	▼



Performance Insights

In total there are 97 care homes in Plymouth; those with confirmed or suspected outbreaks of COVID-19 will be closed to new residents and visitors. Local protocols are in place upon notification of an outbreak.

The number of outbreaks was 18 on the 23 November. There are 12 homes with a suspected outbreak, although there are zero further homes with at least one confirmed case. This does mean that 31% of our care homes has a resident or member of staff who has diagnosed positive with COVID-19.

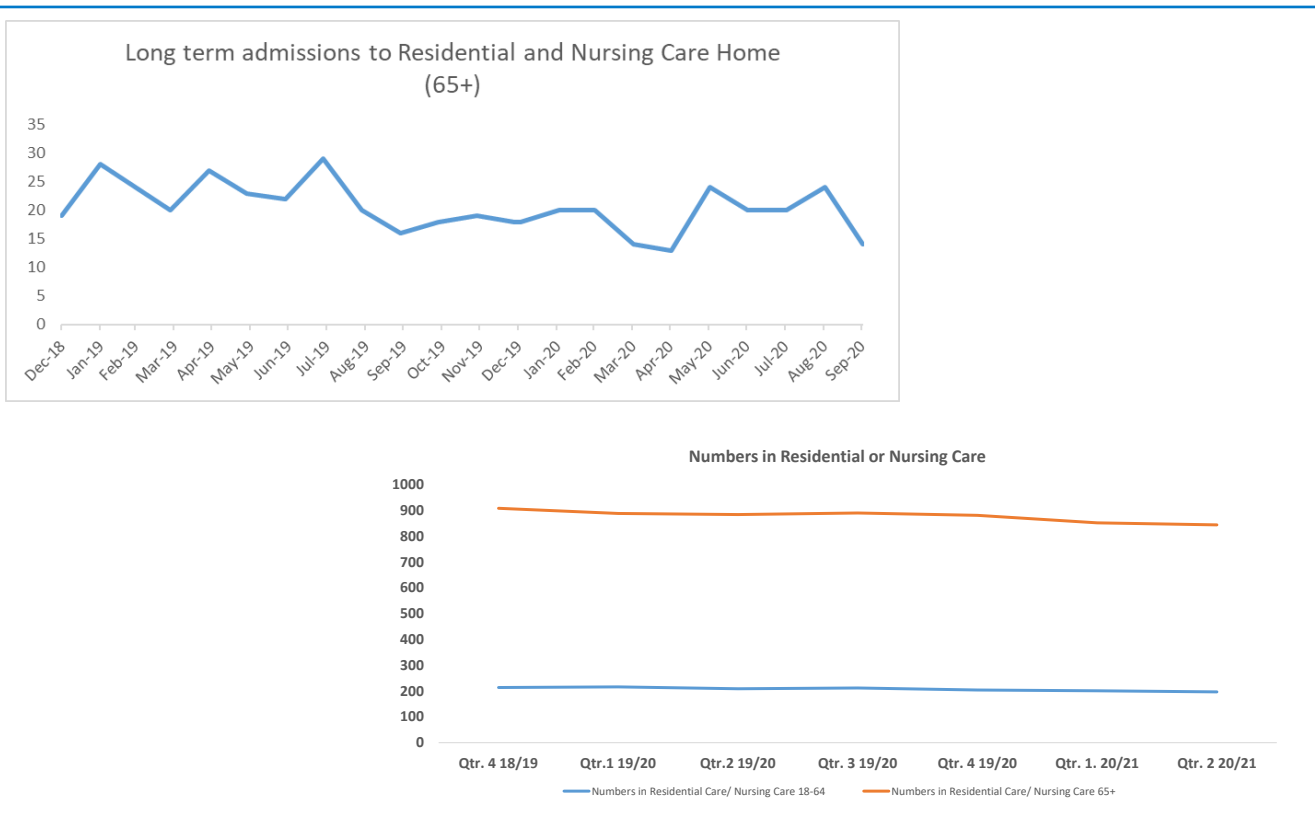
A care home is declared to be in outbreak when two or more cases are confirmed, whilst a home will also be declared out of an outbreak on the 29th day after the date of the latest positive test.

Our care homes support some of our most vulnerable residents and unfortunately during the pandemic a number of these had outbreaks. With partners, the Council provided 'wrap around' support in a coordinated way that ensured residents, care home management and staff are assisted during an outbreak. We have provided access to information on best practice, and supported through weekly bulletins and monthly webinars to ensure that our providers have access to the most up to date guidance.

Public Health England produce for local authorities a weekly report on care homes which allows us to benchmark against the region. In the week leading up to the 13th November the seven day rate of cases per 100,000 in care home residents (beds) is 1,009.6 compared to the South West region of 708.2. Four local authority areas within the region have higher rates than Plymouth. The seven day rate of cases per 100,000 in Care Home Staff is 970.2 compared to the South West region of 822.5. Five local authority areas within the region have higher rates than Plymouth.

Performance Indicators

	April	May	June	July	August	September	October	Trend
Long term admissions to Residential or Nursing Care (18-64)	3	3	2	2	1	1	1	▲ ▼
Long term admissions to Residential or Nursing Care (65+)	14	13	24	20	20	24	14	▼
	Qtr.4 18/19	Qtr.1 19/20	Qtr. 2 19/20	Qtr.3 19/20	Qtr. 4 19/20	Qtr. 1 20/21	Qtr. 2 20/21	
Numbers in Residential Care/ Nursing Care 18-64	214	216	209	212	204	201	197	▼
Numbers in Residential Care/ Nursing Care 65+	909	889	885	891	882	853	845	▼



Performance Insights

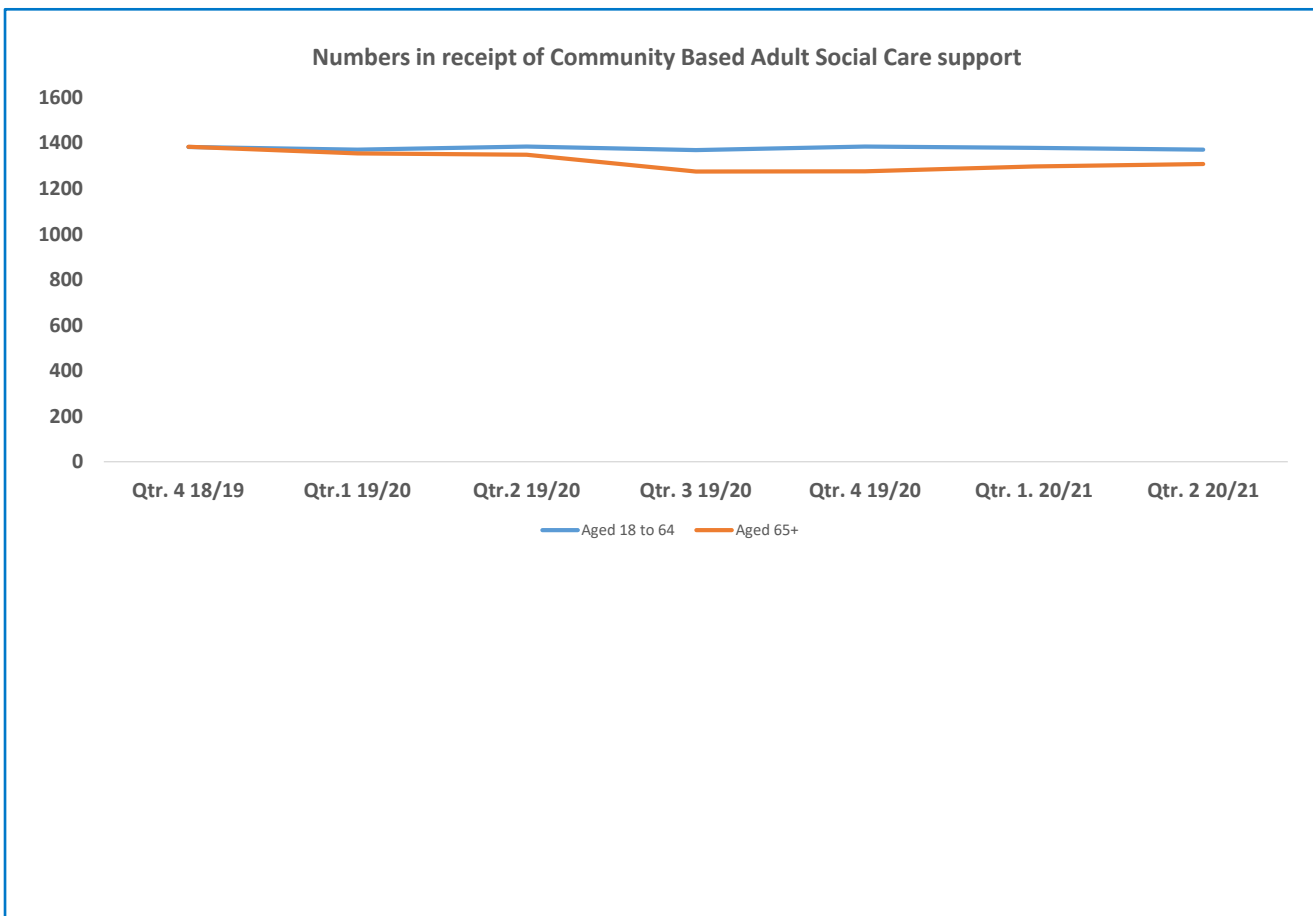
In 2019/20 the number of long term admissions to residential/ nursing care dropped, falling from 305 in 2018/19 to 239 (-66),

The downward trend in admissions has continued into 2020/21. Between April 2020 and the end of October there have been 129 admissions where a completed assessment has been recorded, this is a decrease from 27 over the same period in 2019.

In line with national COVID-19 Discharge guidance a number of people will be in receipt of care within homes but currently funded by the NHS. These will not be included in these figures but are being monitored.

Performance Indicators

	Qtr. 4 18/19	Qtr.1 19/20	Qtr.2 19/20	Qtr. 3 19/20	Qtr. 4 19/20	Qtr. 1. 20/21	Qtr. 2 20/21	Trend
Numbers in receipt of Community Based Care (18-64)	1383	1372	1385	1370	1385	1379	1372	▼
Numbers in receipt of Community Based Care (65+)	1384	1355	1349	1275	1276	1298	1308	▲



Performance Insights

As complexity and need increases, ensuring that demand on services is well managed is a key priority for Adult Social Care. A

An approach which includes a strengthened gateway to care with direct links to the community and voluntary sector, Wellbeing Hubs and access to Healthcare has delivered a more integrated model of care. Improved access to advice and information along with timely access to a reablement approach will enable more people to live fully independent lives in their communities without the reliance on long term care. This has enabled us to maintain client levels. During quarter two of 2020/21 there were 2,680 individuals who accessed community based care, this is 54 fewer than quarter two of 2019/20.

Care and Nursing Home

Day Care, Dom Care, Extra Care and Supported Living

Number of Nurses employed 76	Total number of staff able to deliver care 1,739
Number of Nurses absent 5	Number of staff who have suspected or actual COVID-19 17
Number of Care Workers employed 1,597.6	Number of staff with dependants 466
Number of Care Workers absent 70	Number of staff off sick that could deliver care 154
Number of Non Care Workers employed 436.8	Number of staff who are having self-isolate due to school bubbles 6
Number of Non Care Workers absent 25	Number of staff who are self-isolating for other reasons 38
	Number of staff unable to access a COVID-19 test either for themselves or for member of their household 0

Performance Insights

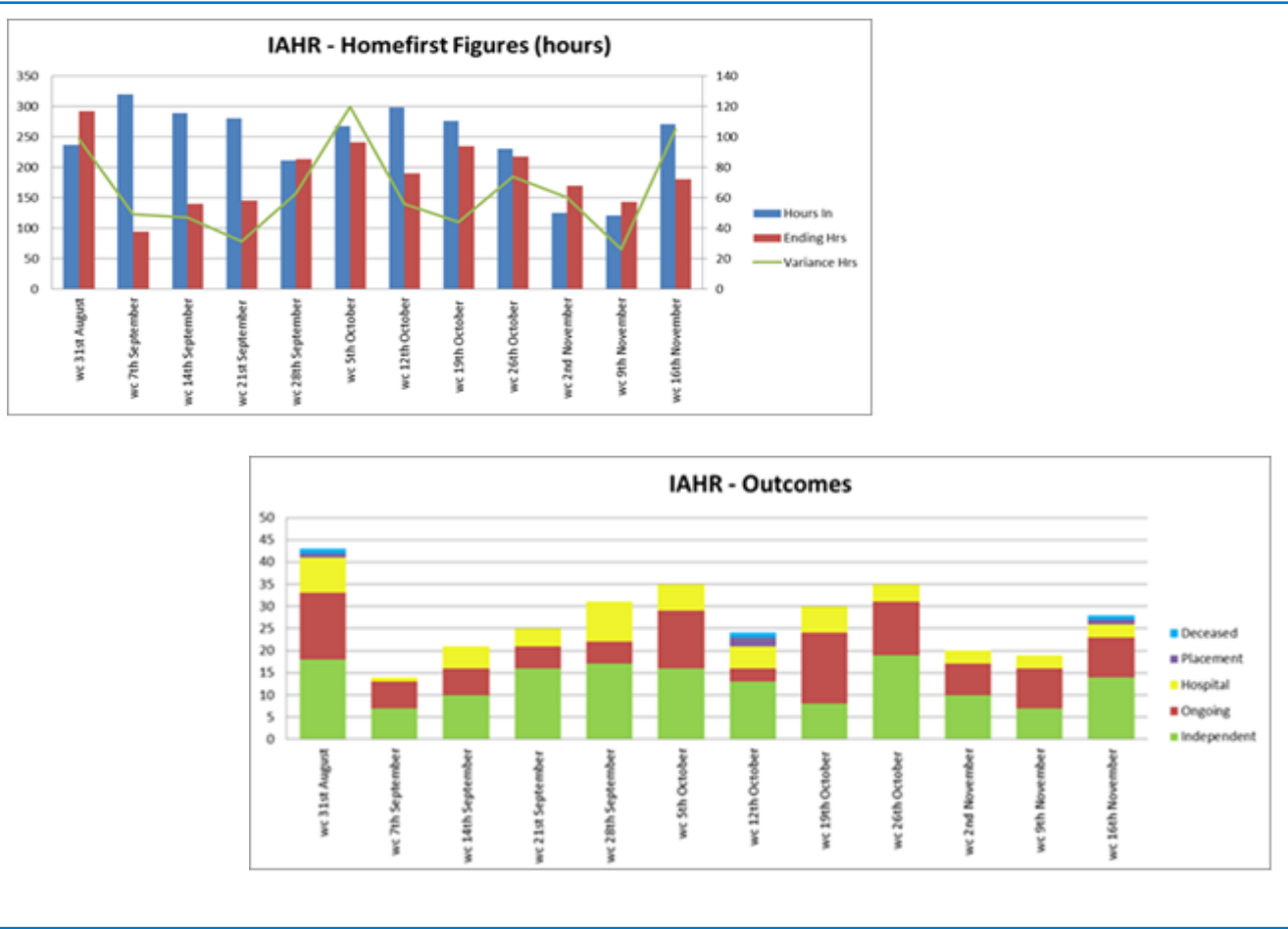
The tables illustrate staff availability across all our Care Homes, Day Care, Dom Care, Extra Care and Supported Living providers.

As of the 23 November 2020 across all our Care Homes;

- 7% of employed care home Nurses are absent
- 4% of employed care home Care Workers are absent
- 6% of employed Non Care Workers are absent

As of the 23 November 2020 across all our Day Care, Dom Care, Extra Care and Supported Living providers;

- <1% of all staff have suspected or confirmed COVID-19
- 9% of all staff off sick that could deliver care
- <1% of all staff self isolating due to school bubbles
- 2% of all staff self isolating for other reasons
- Zero staff unable to access a COVID-19 test either for themselves or for a member of their household.



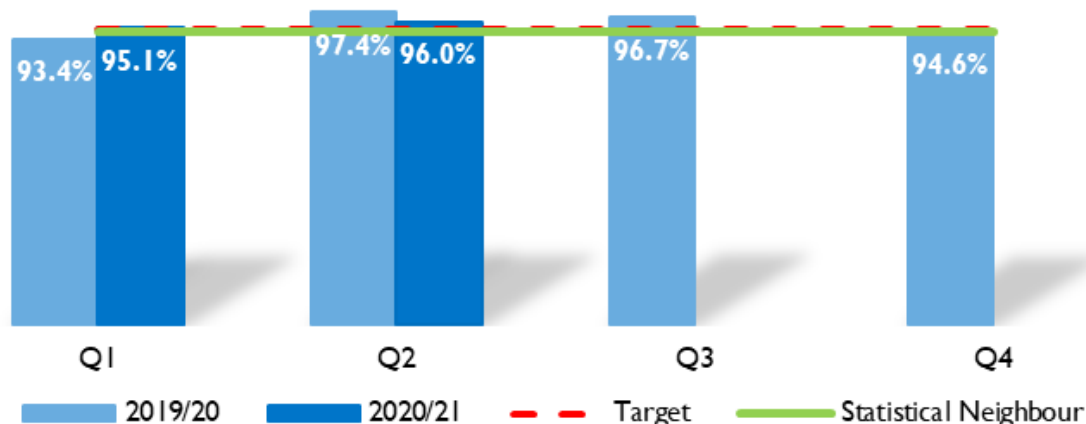
Performance Insights

The Independence at Home service monitors its activity and outcomes on a weekly basis and the most recent data is presented here. The increased availability of and better access to reablement packages over recent months has been key to keeping the number of people accessing long term community based support on a static trend in the face of increased complexity of need.

Between the end of August and the week commencing 16th November approximately 324 periods of reablement have ended. In approximately 48% of these cases the individual in receipt of the reablement has left the service fully independent.

Of those individuals who go on to require long term care and support this is at a reduced level than when they commenced their reablement intervention programme and clearly demonstrates the benefit of adopting a rehabilitation approach across the system.

Percentage of closed safeguarding enquiries where the desired outcomes have been fully or partially achieved



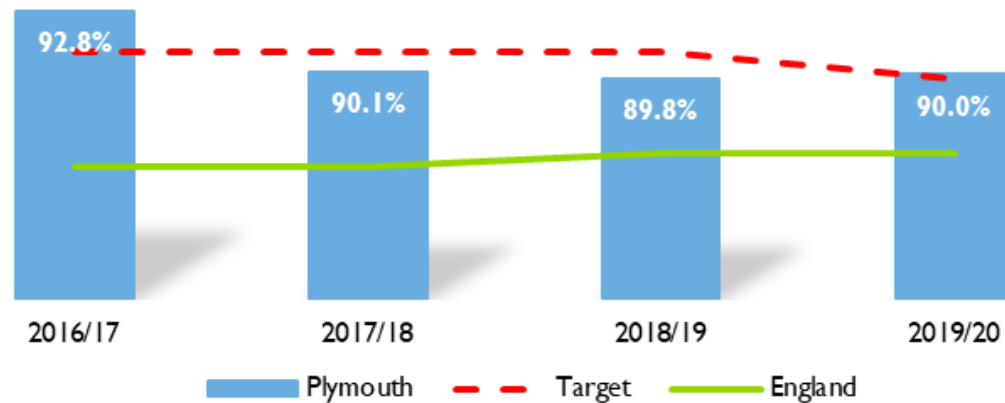
Performance Insights

Making Safeguarding Personal (MSP) is a person-centred outcome focus to safeguarding work that aims to support people to improve or resolve their circumstances. This is an indication of how well we are meeting the person’s desired outcome, but not necessarily a measure of the degree to which they have been safeguarded.

Between 1 July 2020 and 30 September 2020, 242 individuals were the subject of a completed safeguarding enquiry. 176 individuals expressed a desired outcome at the start of the enquiry and in 114 (64.7%) of these cases the desired outcome was fully achieved, and in 55 cases (31.3%) the outcome was partially achieved. The percentage that has been either fully or partially achieved is 96.0%, this exceeds the 95% target and continues to be above the average of our CIPFA groups of similar local authorities.

Safeguarding activity, performance and outcomes are monitored on a quarterly basis by the Safeguarding Assurance meetings and the Adult Safeguarding Board.

Percentage of people who use Adult Social Care services who say that those services make them feel safe and secure



Performance Insights

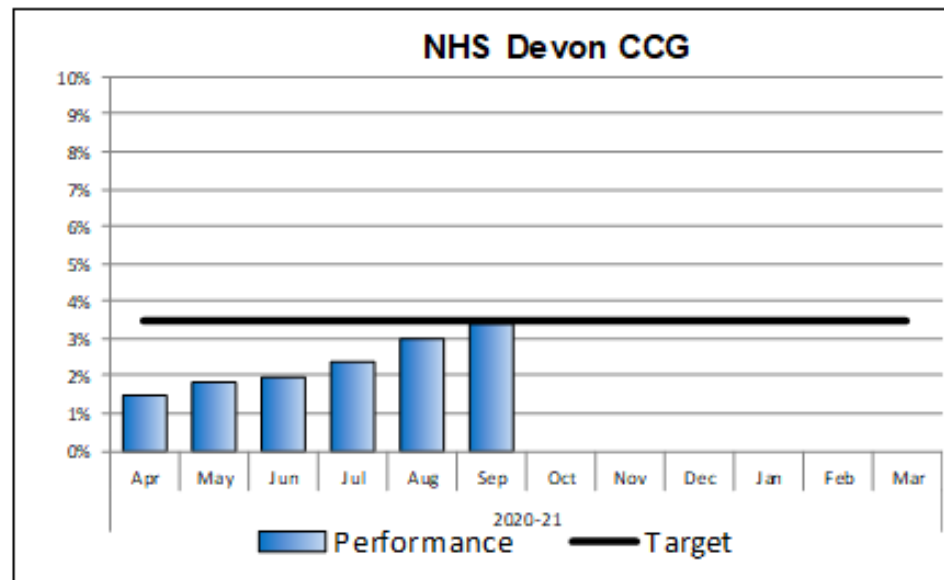
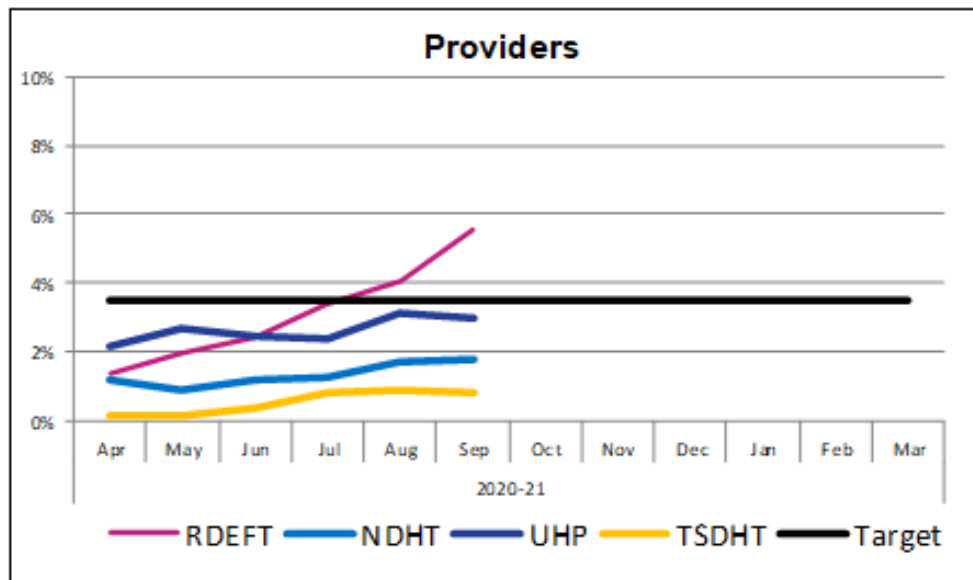
We monitor activity and timeliness of assessments through regular contract performance meetings with our providers. Throughout the past five years, the proportion of Plymouth's ASC service users who feel safe or feel that services they receive help them to feel safe has been consistently higher than the England average (86.5% in 2018/19*).

Performance had declined in the past two years but in 2019/20 performance has improved slightly, with 90% of respondents agreeing that the care services they receive make them feel safe. In response to the 2018/19 survey results, an ASC performance action plan aimed at improving outcomes was put in place and there have been small increases in performance against this indicator and the ASCOF 4A, which measures how safe people feel in general. Further development of this plan has been delayed due to COVID-19.

Acute Delayed Transfers of care

Trust	Target	September	2020/21
RDEFT	3.50%	5.5%	3.1%
NDHT	3.50%	1.8%	1.3%
UHP	3.50%	3.0%	2.6%
TSDFT	3.50%	0.8%	0.5%

CCG	Target	September	2020/21
NHS Devon	3.50%	3.40%	2.3%



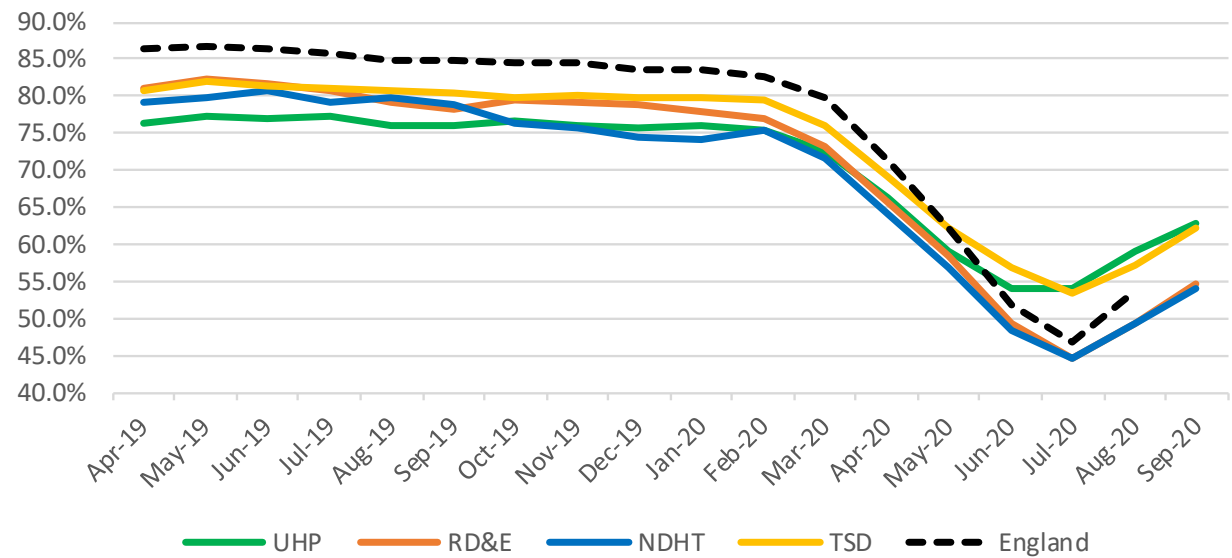
Performance Insights

Acute trusts have a target to ensure that 3.5% or less of available bed capacity is lost to discharge delays on any given day.

UHP has been performing on or around this 3.5% figure for some time and has been achieving the 3.5% target since April 2020.

Performance improved in September, down to 3.0%. Year to date in 2020/21 performance is at 2.6%.

RTT 18 week waits (providers)



Performance Insights

September’s validated data shows an improved position for RTT 18-week performance, rising from 53.6% to 58.3% at an STP level, compared to the target of 92% and national performance of 52%.

However, waiting lists have risen in September.

	RD&E	NDHT	UHP	TSD
August	32590	13026	28537	25275
September	33724	13352	30079	26366
Variance	1134	326	1542	1091

The number of long waiting patients also continues to increase, with numbers waiting over 52 weeks rising quickly at all providers in September

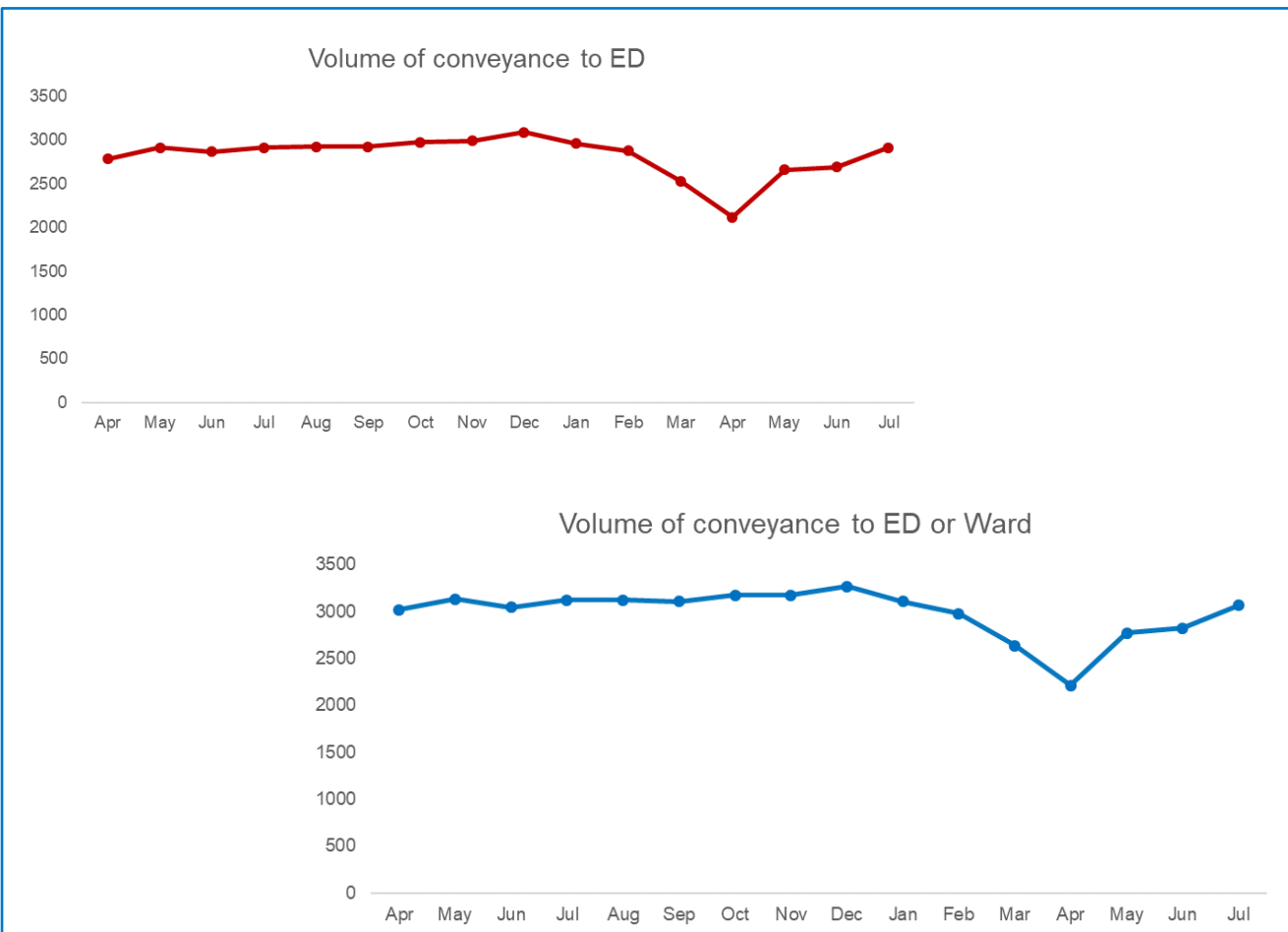
	RD&E	NDHT	UHP	TSD
August	1486	830	881	745
September	1887	1019	997	892
Variance	401	189	116	147

The majority of the long waiters continue to be in Orthopaedics and Ophthalmology

Devon’s four main hospitals will work closely as a network to manage resources. There will be a centrally collated STP waiting list to support provider trusts, all of whom are clinically prioritising their waiting lists to ensure that the patients with the greatest clinically are treated first.

Performance Indicators

	January	February	March	April	May	June	July	Trend
Conveyance to Emergency Department (ED)	2960	2879	2533	2117	2659	2693	2914	▲
Conveyance to ED or Ward	3105	2978	2638	2212	2769	2822	3063	▲
Conveyance to ED or Ward per 1,000 people	8.66	8.30	7.35	6.17	7.72	7.87	8.54	▲



Performance Insights

Between April 2019 and July 2020 there have been in excess of 45,000 conveyances of people in an ambulance to the Emergency Department at Derriford Hospital.

Activity dropped during the months of March and April due to the lockdown restrictions imposed as a result of COVID-19.

Since May the numbers of attendance has been increasing again, this has contributed to the hospital returning to pre-COVID levels of activity.

The conveyance rate for the western locality is highest for the Western Locality (Derriford Hospital) when compared to other areas of the Clinical Commissioning Group area. Post lockdown restrictions (May – July) the rate of conveyance to UHP ED or Ward is 24.13 per 1,000 people, compared to the Southern locality (21.95), Northern Locality (21.23) and Eastern Locality (17.82).

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 Update			Anna Coles
	Phase 3 Planning			CCG
2 Dec 2020	Update from the Director of Public Health			Ruth Harrell
	Policy Brief			Sarah Gooding
	Healthwatch Update			Tony Gravett
	Workforce Review			Anna Coles
	Adult Social Care Budget			Craig McArdle
	Performance Summary			Rob Sowden
27 Jan 2021	Policy Brief			Sarah Gooding
	Mental Health and CAMHS			Livewell/Public Health
	Elective surgery update			John Finn
24 Mar 2021	Policy Brief			Sarah Gooding
	Think III Service			CCG
	Long Term impacts of COVID-19			Public Health
Briefing Papers to be circulated to the Committee -				
Think III Service				
Monitoring of the winter plan and any new areas of risks				
Recruitment and retention of GPs				
Select Committee				
Dental Health – Response to the recommendations – 16 December 2020				

Annex I – Scrutiny Prioritisation Tool

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

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