



**Oversight and Governance**

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## HEALTH AND ADULT SOCIAL CARE OVERVIEW AND SCRUTINY COMMITTEE

Wednesday 28 July 2021  
10.00 am  
Warspite Room, Council House

**Members:**

Councillor James, Chair  
Councillor Mrs Aspinall, Vice Chair  
Councillors Carlyle, Corvid, Harrison, Hulme, Dr Mahony, McDonald, Murphy and Tuffin.

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

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**Tracey Lee**  
Chief Executive

## **Health and Adult Social Care Overview and Scrutiny Committee**

### **1. To note the Appointment of the Chair and Vice Chair**

The Committee will be asked to note the appointment of the Chair and Vice-Chair for the forthcoming municipal year 2021-2022.

### **2. Apologies**

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

### **3. Declarations of Interest**

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

### **4. Minutes (Pages 1 - 6)**

The Committee will be asked to confirm the minutes of the meeting held on 24 March 2021.

### **5. Chair's Urgent Business**

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

### **6. Policy Brief (Pages 7 - 12)**

### **7. Finance Monitoring Report Month 2 (Pages 13 - 22)**

### **8. Covid Update - Verbal Update**

### **9. GP Surgeries (To Follow)**

### **10. CQC and Urgent and Emergency Care (Pages 23 - 34)**

### **11. Future Hospital Programme Phase I (Pages 35 - 60)**

### **12. Work Programme (Pages 61 - 64)**

## **Health and Adult Social Care Overview and Scrutiny Committee**

**Wednesday 24 March 2021**

### **PRESENT:**

Councillor Mrs Aspinall, in the Chair.

Councillor James, Vice Chair.

Councillors Sam Davey, McDonald, Nicholson, Parker-Delaz-Ajete, Mrs Pengelly (substitute for vacant post) and Tuohy.

Apologies for absence: Councillors Tuffin

Also in attendance: Councillor Kate Taylor (Cabinet Member for Health and Adult Social Care), Craig McArdle (Strategic Director for People), Anna Coles (Service Director for Integrated Commissioning), Rob Sowden (Senior Performance Officer), Dr Paul Johnson, Jo Turl and Sian Bunce (NHS Devon CCG), Fiona Peck (NHS Devon CCG), Ruth Harrell (Director of Public Health) and Amelia Boulter (Democratic Advisor).

The meeting started at 10.00 am and finished at 12.50 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.*

### 78. **Declarations of Interest**

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

### 79. **Minutes**

Agreed the minutes of the meeting held on 27 January 2021.

### 80. **Chair's Urgent Business**

The Chair reported that she recently attended the Health and Wellbeing Board meeting in which Dental Health was being discussed. Dental Health would be pursued further to ensure that Plymouth was made a priority. The Chair felt that the response from NHS England was disappointing, despite how forcefully concerns were put forward. The next steps to take a political route.

### 81. **Health and Adult Social Care System Performance Report**

Rob Sowden (Senior Performance Officer) provided an update and referred to the report in the agenda pack. It was highlighted that:

- there had been an increase in outbreaks within care home settings which peaked at the end of Jan but pleased to report that the numbers were now lower, however outbreaks were still happening;
- referral to treatment time pressures reports a decline in the percentage of people seen within 18 weeks;
- there were positive outcomes for people that have receive reablement.

Questions from members related to referral to treatment times and whether a breakdown on specialisms could be provided so that the committee would have a greater understanding on the largest impacts on waiting times for residents.

The Committee noted the Health and Social Care System Performance Report.

## 82. **General Practice Update and Econsult**

Dr Paul Johnson, Jo Turl and Sian Bunce (NHS Devon CCG) were present for this item and referred to the report in the agenda pack. This report sets out progress made in respect of the Plymouth Primary Care Prospectus, Devon System Primary Care Strategy and additional information requested by the committee concerning the use of the e-consult online consultation system.

The vision was that primary care in Devon would offer each local community a wide and flexible range of information, support and services to enable people to live happy healthy lives.

To do this, they must address a number of challenges. Increasing demand, difficulties in recruitment and retention, estates and IT. The strategy outlines five priorities that will revolutionise general practice. The 5 Pillars are:

- Better Access
- Workforce
- Population Health Management
- Primary Care Networks
- Infrastructure

Questions from Members related to:

- The concerns that Healthwatch shared with the committee on Econsult and what was on the horizon to make Econsult more user friendly?
- The number of GPs and have we lost any GPs?

The Committee welcomed the opportunity to view before the launch on digital inclusion.

The Committee noted the General Practice Update and Econsult.

83. **Restoration and Recovery of Services**

Fiona Peck (NHS Devon CCG) was present for this item. It was highlighted that the report provides an update on the NHS Devon CCG programme for Elective Care Restoration, as part of the Devon Phase 3 Restoration Plans. The national Phase 3 guidance (Third Phase of NHS Response to COVID19, dated 31 July 2020) set out an expectation that systems would restore elective activity to:

- 90% of 19/20 levels by October for elective inpatient, day case and outpatient procedures
- 100% of 19/20 levels of MRI, CT and endoscopy procedures (by October)
- 100% of last year's levels for new and follow-up outpatients

The Elective Care Cell has been broken into 4 workstreams to support the delivery of the Phase 3 and Adapt & Adopt:

- Management of GP referral processes
- Pathway development and GP and patient communication
- Outpatients
- Surgical Restoration

This programme focusses on the following priorities and this is incorporated into the Elective Care Cell's workstreams for delivery:

- Theatres - Prepare regional core principles based on national Infection Prevention Control (IPC) guidelines to support systems with practical implementation of relevant measures, including lessening PPE and Cleaning requirements and enabling local decision making to downgrade PPE according to risk.
- CT MRI - Prepare regional core principles based on national IPC guidelines to support systems with practical implementation of relevant measures.
- Endoscopy - Prepare regional core principles based on national IPC guidelines to support systems with practical implementation of relevant measures, including settling time on COVID negative AGP.
- Outpatient - Prepare regional core principles based on national IPC guidelines to support systems with practical implementation of relevant measures. For outpatient transformation, adapt and adopt work complements and helps with rapid implementation of the existing National Outpatient Transformation Programme.
- There are targets to be delivered against each of these priorities and the CCG is required to report weekly to NHSEI against all of these targets.

Questions from members related to the elective work stream and who sets the priority? A breakdown of elective surgery and waiting list for each specialism would be useful information for this committee to receive.

The Committee noted the update on the Restoration and Recovery of Services and agreed to receive a further update in July 2021.

84. **Covid and the impact on health inequalities**

Ruth Harrell (Director of Public Health) provided an update and reported that that covid-19 has an unequal impact across the population and that this reports aims to highlight the inequalities caused by covid-19. The direct impacts of the disease have been analysed in detail and the causal factors can be summarised as:

- increased exposure
- increased susceptibility (to harmful impacts)
- access to (or making use of) healthcare

The following factors have been found to be very important in identifying risk of poor outcomes from covid-19:

- Age
- Sex
- Deprivation
- Ethnicity

Plymouth has been hit relatively lightly by covid19. The exact reasons for this were likely to be linked to the willingness of people to be tested, to self-isolate and to pass on information about their contacts, and of workplaces, schools etc to stick to covid secure measures to reduce spread; in short, complying with the measures. Everyone did their bit to keep Plymouth safe.

In terms of cases, there was a slight gradient with deprivation, with a slightly higher proportion of cases in the more deprived populations. However, this was slight and may well be skewed by age; younger people were more likely to have to be out and about working, in lower paid and less stable work.

Plymouth's population was mostly white British and so it is difficult to identify any trends in BAME groups from our limited data. However, we would anticipate that the nationally observed trends were likely to be followed.

There were many indirect impacts of covid-19 and they can be summarised as;

Impacts on...

- Mental health and wellbeing
- Health behaviours (smoking, alcohol, diet and physical activity)
- Lived experience (especially for vulnerable groups and potential increases in childhood trauma)

Impacts of changes to...

- Access to healthcare (reduced screening and diagnosis, delayed care)
- Income (recession leading to unemployment and more unstable work)
- School and education (impact of learning from home)
- Built and natural environment (this has been a positive, with green spaces throughout the city being used more to support wellbeing)

It was clear that almost all of these have the potential to impact differentially; there was certainly the possibility that the impact of covid-19 would widen inequalities.

These issues were known and planning was underway to try to mitigate these as much as possible. A detailed Mental Health Needs Assessment was almost complete, and would be shared once agreed with partners.

Questions from members related to:

- How do we work collaboratively to help with health inequalities? Were health inequalities widening or reducing throughout the covid pandemic? BAME community and uptake of the vaccination programme.
- Engagement with the Chinese community?
- The Thrive Programme.

The Committee noted the Covid and the impact on health inequalities report.

85. **Work Programme**

The Committee discussed the following areas of focus for 2021-22:

- Homelessness – developing a prevention plan;
- Community Empowerment Framework;
- Integrated Care System – Plymouth Local Care Partnership;
- Learning from Covid, (support to the care home market and how to develop training and support in a sustainable way);
- Workforce (retention and career pathways);
- ED and improvement work the hospital is undertaking – on-going proactive work increase access to crisis support and minimise attendance at ED.
- Mental Health/CAMHS;
- Dental Health;
- NHS 111 Service (CQC Report and review the action plan);
- Alliance Contract.

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# Health and Adult Social Care Overview and Scrutiny Committee



Date of meeting:	28 July 2021
Title of Report:	<b>Health and Adult Social Care Policy Brief</b>
Lead Member:	Councillor Patrick Nicholson (Deputy Leader and Cabinet Member for Health and Adult Social Care)
Lead Strategic Director:	Craig McArdle (Strategic Director for People)
Author:	Sarah Gooding (Policy & Intelligence Advisor)
Contact Email:	Sarah.Gooding@Plymouth.gov.uk
Your Reference:	HASC PB 28072021
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	Health and Adult Social Care 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	N/A	Leg	N/A	Mon Off	N/A	HR	N/A	Assets	N/A	Strat Proc	N/A
Approved by: Giles Perritt, Assistant Chief Executive											
Date approved: 16 July 2021											

## POLICY BRIEF

Health and Adult Social Care Overview and Scrutiny

28 July 2021



The information within this Brief is correct at the time of approval for publication and contains relevant recent announcements made by Government and its departments and regulators.

### HEADLINES

- [Prime Minister confirms move to Step 4](#) - Step 4 of the Roadmap will proceed as planned on Monday 19 July, the Prime Minister has confirmed. [COVID-19 Response: Summer 2021](#)
- [More than 80 million vaccines administered across the UK](#) - this includes over half (54%) of young people aged 18 to 24 in England who have received a first dose - just three weeks after the programme was opened to this age group.

### GOVERNMENT POLICY, LEGISLATIVE ANNOUNCEMENTS AND NEWS

**Department of Health and Social Care (06/07/2021)** [Health and Care Bill introduced to Parliament](#). The Bill builds on the proposals for legislative change set out by NHS England in its Long Term Plan and follows on from the White Paper '[Working together to improve health and social care for all](#)' published in February 2021. A briefing summarising the main proposals was circulated in March 2021.

The Bill will ensure each part of England has an Integrated Care Board and an Integrated Care Partnership responsible for bringing together local NHS and local government, such as social care, mental health services and public health advice, to deliver joined up care for its local population.

**Department of Health and Social Care (07/07/2021)** [New pilot to help people exercise more and eat better](#). The pilot will explore the best ways to incentivise adults to make healthier choices as part of the healthy weight strategy. The successful supplier will partner with a range of organisations who can provide incentives which may include vouchers, merchandise, discounts, and gift cards to reward people for making healthy choices. The six-month pilot is expected to launch in January 2022, and the government has announced an open tender for the Health Incentives programme.

**Department of Health and Social Care, Home Office, Public Health England (08/07/2021)** [New cross-government unit to tackle drug misuse following major independent review](#). A new drugs unit will be set up to help end illegal drug-related illness and deaths. The Joint Combating Drugs Unit will bring together multiple government departments – including the Department of Health and Social Care, Home Office, Ministry of Housing, Communities and Local Government, Department for Work and Pensions, Department for Education and Ministry of Justice – to help tackle drugs misuse across society. There are now an estimated 300,000 opiate or crack users in England, and around one million people using cocaine per year. Drug misuse poisoning deaths are at a record high, having increased by nearly 80% since 2012.

**Department of Health and Social Care (07/07/2021)** [Government pledges £2.45 million to improve childbirth care](#). Maternity safety minister Nadine Dorries has announced £2.45 million funding which will benefit NHS maternity staff and improve the safety of the women and babies they care for. This funding will be used to survey maternity staff and parents and test out best practices for monitoring and responding to a baby's wellbeing during labour. It will also focus on managing complications with a baby's positioning during caesarean section to reduce brain injuries.

**Department of Health and Social Care (01/07/2021)** [New services launched to help people achieve a healthier weight and improve wellbeing](#). Thousands of adults and children will benefit from new services launched across England to help them achieve a healthy weight and boost their wellbeing, as part of the government's continued drive to tackle obesity. Launching today, the NHS Digital Weight Management Programme – backed by £12 million of government funding – will offer free online support via GP and primary care teams referrals for adults living with obesity, who also have a diagnosis of either diabetes, high blood pressure or both, to help manage their weight and improve their health. Alongside this, the government is providing £30 million of new funding to councils across England to roll out expanded management services for adults living with obesity.

**Department of Health and Social Care (26/06/2021)** [The Rt Hon Sajid Javid MP appointed Secretary of State for Health and Social Care](#). The Queen has been pleased to approve the appointment of the Rt Hon Sajid Javid MP as Secretary of State for Health and Social Care following the resignation of the Rt Hon Matt Hancock MP.

**Department of Health and Social Care (27/06/2021)** [Adult social care given over £250 million extra to continue coronavirus \(COVID-19\) protections](#). People in care homes or those being cared for at home will benefit from an extra £250 million to continue to protect them from COVID-19 transmission. Made up of £142.5 million Infection Control Funding and £108.8 million for testing, the fund will help protect people in adult social care by continuing to meet the cost of rigorous infection prevention and control measures, as restrictions in wider society are eased, and supporting rapid, regular testing of staff to prevent COVID-19 transmission.


**Department of Health and Social Care (24/06/2021)** [New advertising rules to help tackle childhood obesity](#). The health of children across the UK will be improved as new restrictions will mean they are less exposed to advertising of unhealthy foods, the government has announced. Following a public consultation, regulations will come into force at the end of next year to introduce a 9pm watershed for advertisements of foods high in fat, salt and sugar (HFSS). The full government response to the consultation can be found [here](#).

**Department of Health and Social Care (24/06/2021)** [New research shows 2 million people may have had long COVID](#). Over 2 million people in England are thought to have had one or more COVID-19 symptoms lasting at least 12 weeks according to one of the largest studies of the virus funded by the government.

**Department of Health and Social Care (20/06/2021)** [New data strategy launched to improve patient care and save lives](#). A new [draft data strategy](#) sets out ambitious plans to harness the potential of data in health and care, while maintaining the highest standards of privacy and ethics. The proposed strategy will ensure people are able to view their medical records, and empower them to keep a track of their health information. Looking to the future, the draft data strategy seeks to learn the lessons of the pandemic so the health and social care sectors can use data to design and deliver better services for the public and improve care when we are not in a pandemic situation.

**Department of Health and Social Care (16/06/2021)** [Everyone working in care homes to be fully vaccinated under new law to protect residents](#). People working in CQC-registered care homes will need to be fully COVID-19 vaccinated with both doses. The new legislation means that from October (subject to Parliamentary approval and a subsequent 16-week grace period) anyone working in a CQC-registered care home in England for residents requiring nursing or personal care must have 2 doses of a COVID-19 vaccine unless they have a medical exemption. A further consultation will be launched on whether to extend to other health and social care settings.

**RECENT CONSULTATIONS AND SELECT COMMITTEE INQUIRIES**

Date of publication	Health and Adult Social Care Overview and Scrutiny Committee	 GOV
01 July 2021	Department of Health and Social Care: <a href="#">Aligning the upper age for NHS prescription charge exemptions with the State Pension age</a> - this consultation is seeking views on changing the upper age of age exemptions on prescription charges.	Closes 02 September 2021.

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# Health and Adult Social Care Overview and Scrutiny Committee



Date of meeting:	28 July 2021
Title of Report:	<b>Finance Monitoring Report Month 2</b>
Lead Member:	Councillor Nick Kelly (Leader)
Lead Strategic Director:	Brendan Arnold (Service Director for Finance)
Author:	David Northey – Head of Integrated Finance
Contact Email:	David.northey@plymouth.gov.uk
Your Reference:	Fin/djn/2021(02)
Key Decision:	No
Confidentiality:	Part I - Official

## Purpose of Report

This report sets out the revenue finance monitoring position of the Council to the end of the financial year 2021/22, as at the end of May 2021.

## Recommendations and Reasons

### That Scrutiny:

1. Notes the current revenue monitoring position for their information;

### Alternative options considered and rejected

None – our Financial Regulations require us to produce regular monitoring of our finance resources.

### Relevance to the Corporate Plan and/or the Plymouth Plan

The financial outturn report is fundamentally linked to delivering the priorities within the Council's Corporate Plan. Allocating limited resources to key priorities will maximise the benefits to the residents of Plymouth.

### Implications for the Medium Term Financial Plan and Resource Implications:

Robust and accurate financial monitoring underpins the Council's Medium Term Financial Plan (MTFP). The Council's MTFP is updated regularly based on on-going monitoring information, both on a local and national context. Any adverse variations from the annual budget will place pressure on the MTFP going forward and require additional savings to be generated in future years.

### Carbon Footprint (Environmental) Implications:

No impacts directly arising from this report.

### 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.

The reducing revenue and capital resources across the public sector has been identified as a key risk within our Strategic Risk register. The ability to deliver spending plans is paramount to ensuring the Council can achieve its objectives.

## Appendices

\*Add rows as required to box below

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		1	2	3	4	5	6	7
A	2021/22 Savings status							

## 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.

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	1	2	3	4	5	6	7

## Sign off:

Fin	pl.21. 22.38.	Leg	lt/369 04/P2 /2906 21	Mon Off		HR		Assets		Strat Proc	
Originating Senior Leadership Team member: Brendan Arnold (Service Director for Finance)											
Please confirm the Strategic Director(s) has agreed the report? Yes											
Date agreed: 18/06/2021											
Cabinet Member approval: Councillor Nick Kelly (Leader)											
Date approved: 29/06/2021											



## SECTION A: EXECUTIVE SUMMARY

**Table I: End of year revenue forecast**

	Budget £m	Net Forecast Outturn £m	Variance £m
<b>Total General Fund Budget</b>	<b>195.568</b>	<b>196.844</b>	<b>1.276</b>

The forecast revenue outturn after the application of Covid grants and council mitigating actions is currently estimated at £1.276m over budget, which is a variance of +0.7% against the net budget (+0.2% against the gross budget). There are further possible risks identified which are not currently included in the forecast, but these will be closely monitored as the year progresses.

This is the first monitoring report of the 2021/22 reporting cycle and it should be noted that the financial position will fluctuate as we move through the year. Officers and Members will work closely to manage the finances towards a balanced position by the end of the year.

Within this position the following headline financial issues are reported:

1. The pandemic continues to have a major impact on our financial resources, with a potential drawdown of £13.880m against the currently available non-ringfenced grant of £15.568m which will be reviewed as the year progresses. The adverse impact of COVID-19 will continue in this financial year but in this forecast the additional costs identified are offset by an illustrative allocation of grants received and therefore do not count against the overall position.
2. Key budget pressures:
  - a) £1.276m reported within Customer & Corporate Services Directorate due to a reducing legacy efficiency target not yet realised £0.726m; plus a savings target of £0.550m within the facilities management department which is being included due to the risk of non delivery in the current year.
3. Key favourable variances:
  - a) Public Health is reporting a business as usual under spend of £0.058m
  - b) Place Directorate is forecasting to come in £0.048m under budget

**SECTION B: Directorate Review****Table 2: End of year revenue forecast by Directorate**

Directorate	Budget £m	Forecast £m	COVID offset £m	Forecast Net Variance £m	Status
Executive Office	5.428	5.457	(0.029)	0.000	on budget
Customer and Corporate Services	44.004	46.289	(0.903)	1.382	over
Children's Directorate	52.982	60.304	(7.322)	0.000	on budget
People Directorate	89.441	92.143	(2.702)	0.000	on budget
Public Health	(0.518)	(0.571)	(0.005)	(0.058)	under
Place Directorate	25.069	27.865	(2.844)	(0.048)	under
Corporate Items	(20.838)	(34.643)	13.805	0.000	on budget
Total	195.568	196.844	0.000	1.276	over

**1. Executive Office**

- 1.1 The Executive Office is reporting a nil variance, after offsetting additional COVID-19 costs of £0.029m. The additional costs cover the provision of IT equipment to allow the newly-elected members to access online meetings.

**2. Customer and Corporate Services Directorate**

- 2.1 The Customer and Corporate Services Directorate is forecasting an over spend of £1.382m for business as usual activity. The directorate has a significant amount of legacy savings that have reduced from over £1.200m in 2020/21 to £0.832m in 2021/22. The department is currently exploring further opportunities to manage this position and will continue to monitor as the year progresses.
- 2.2 Also, within the Facilities Management Department there is a £0.550m pressure. The department has commissioned a Conditions Survey to ascertain the state of our building stock and, dependant on the outcome of the survey, will be aiming to deliver a part-year saving towards this target.
- 2.3 In a change of practice the Finance Department, is now reported within the Customer and Corporate Services Directorate. It is presently reporting a nil variance with no additional costs as a result of the pandemic.
- 2.4 COVID-19 has caused delays in enabling some delivery plans to be met, including the remaining balance of £0.600m against Business Support. COVID-19 has also impacted on income generation within Libraries of £0.103m. Within the additional COVID-19 expenditure a provision for housing benefit bad debt £0.200m has also been made.

**3. Children's Directorate**

- 3.1 The directorate is forecasting an overall breakeven position for the year and reflects the projected delivery of the required £4.001m of savings. This is after identifying a COVID-19

related forecast variance of £7.322m for the year which is can be offset by applying an equivalent sum of grant: There are four components;

- a) Legacy placements from 2020/21, which were forecast and included in the budget at a cost of £2.919m, are now confirmed as an additional spend of £3.154m.
- b) The full year cost of the new 2021/22 placements, already in the system for April and May, adds a further cost of £2.126m. Projecting this level of activity into residential placements based on an average of one point seven (1.7) per month gives a further cost pressure of £1.542m.
- c) To ease the pressure across the whole service of the current social worker caseloads, the directorate is looking to recruit agency workers at a projected additional cost of £0.500m.
- d) All placements continue to be reviewed with a view to step down where appropriate for mitigation. The cost of the care is particularly high due to the level of support needed to keep young people safe, such as specialist residential care placements with high levels of staffing and the need to place young people with complex needs in wrap around as no suitable placement is available.

#### 4. **People Directorate**

- 4.1 The People Directorate is forecasting an overall breakeven position for the year and reflects the projected delivery of the required £3.160m of savings and is after applying COVID-19 grant of £2.702m. This additional Covid related expenditure includes £0.586m within Community Connections to cover the additional bed & breakfast demand an additional payment to the Alliance. These costs were forecast and included in the budget.
- 4.2 Within Strategic Commissioning, £2.116m of Covid grant has been drawn down to cover a two percent (2%) uplift to provider payments plus additional costs on provider rates to offset the impact of the pandemic.

#### 5. **Office of the Director of Public Health (ODPH)**

- 5.1 Public Health is reporting an under spend of £0.058m against its business as usual activity, mainly as a result of management actions to minimise expenditure.

#### 6. **Place Directorate**

- 6.1 The directorate is reporting an overall underspend of £0.048m due to net savings following the Industrial Estate rent review.
- 6.2 There is additional spend and income foregone totalling £2.844m which is COVID-19 related. Of this, £1.800m is yearend forecast for car parking income loss, and a further £0.600m in increased costs within Street Scene and waste due to increased tonnages and staffing costs. There is also loss of income from planning applications within Strategic Planning and Infrastructure and from commercial rents within Economic Development.
- 6.3 Economic Development are also showing a pressure due to the inability to meet the Regeneration Property Fund (formally the Asset Investment Fund – AIF) income target. This is partly due to CIPFA code changes but also because of the impact Covid and Brexit are having

on the property market. There is concern this pressure will increase but risk based intelligence monitoring is ongoing to ensure forecasting is as accurate as possible.

- 6.4 Following the change in Administration a number of decision records have recently been signed which add a net pressure of £0.250m into the Place Directorate budget. In line with these decision records, consideration of how to manage this pressure is currently underway.

## 7. **Corporate Items**

- 7.1 The overall position shows a nil variation. However, there is a pressure of £0.075m within Corporate Items following the holiday buy back target not being met. This is due to the leave carry forwards that arose as a result of the pandemic impacting on annual leave being used.
- 7.2 COVID-19 financial support is held here, and is being used to offset pressures that have arisen across all Directorates as a result of the pandemic. This could be either because of lost income or cost increases, and is currently forecast to total £13.880m.

## Appendix A 2021/22 Savings status (I) Summary

	<b>Total</b>	<b>Achieved savings</b>	<b>on track for delivery</b>	<b>Working on for delivery</b>	<b>Planned, internal/external actions required to deliver</b>
	<b>£m</b>	<b>£m</b>	<b>£m</b>	<b>£m</b>	<b>£m</b>
Children's	<b>4.001</b>	0.275	2.915	0.811	0.000
People	<b>3.160</b>	0.000	2.780	0.380	0.000
ODPH	<b>0.028</b>	0.000	0.028	0.000	0.000
Customer & Corporate	<b>4.571</b>	0.000	2.432	0.040	2.099
Place	<b>1.035</b>	0.080	0.105	0.350	0.500
Corporate Items	<b>1.050</b>	0.750	0.265	0.000	0.035
<b>2021/22 Savings</b>	<b>13.845</b>	<b>1.105</b>	<b>8.525</b>	<b>1.581</b>	<b>2.634</b>

## Appendix A 2021/22 Savings status (2) Detail

Directorate / Plans	Target Savings	MTFS Savings	Achieved savings	Plans on track for delivery	Plans worked on for delivery	Planned, internal/external actions required to deliver
	£m	£m	£m	£m	£m	£m
<b>Children</b>						
EPS step up	0.152	0.152		0.152	0.000	
Home to School Transport	0.179	0.179			0.179	
AST	0.500	0.500	0.032	0.468		
Fostering	0.670	0.670		0.488	0.182	
Troubled Families	0.650			0.650		
Placement Review	1.400		0.243	1.157		
Management Actions	0.450	0.039			0.450	
<b>Children - Savings</b>	<b>4.001</b>	<b>1.540</b>	<b>0.275</b>	<b>2.915</b>	<b>0.811</b>	<b>0.000</b>
<b>People</b>						
Care Package Reviews (SC)	0.775	0.775		0.775		
Direct Payment Reviews (SC)	0.250	0.250		0.250		
Increased FCP Income (SC)	0.100	0.100			0.100	
Commissioned Contracts (SC)	0.250	0.250		0.250		
Grant Maximisation (CC)	0.200	0.200		0.200		
Management Actions (CC)	0.050	0.050		0.050		
Income Targets (CC)	0.050	0.050		0.050		
One Off Savings 2020/21 (SC)	1.485			1.205	0.280	
<b>People - savings</b>	<b>3.160</b>	<b>1.675</b>	<b>0.000</b>	<b>2.780</b>	<b>0.380</b>	<b>0.000</b>

<b>ODPH</b>						
Additional Income	0.008	0.008		0.008		
Additional Income #2	0.020	0.020		0.020		
<b>ODPH - savings</b>	<b>0.028</b>	<b>0.028</b>	<b>0.000</b>	<b>0.028</b>	<b>0.000</b>	<b>0.000</b>
<b>Customer, Corporate Services and Chief Exec</b>						
Efficiency	0.949	0.000				0.949
FM review	0.550	0.550				0.550
Business support	1.200	0.000		0.600		0.600
ICT	1.000	1.000		1.000		
CEX; Legal services	0.100	0.100		0.100		
Coroner	0.040	0.040			0.040	
Training	0.153	0.153		0.153		
Capitalise Capital Team	0.050	0.050		0.050		
Internal Audit	0.016	0.016		0.016		
Departmental	0.513	0.513		0.513		
<b>Cust. &amp; Corp. Services and CEX savings</b>	<b>4.571</b>	<b>2.422</b>	<b>0.000</b>	<b>2.432</b>	<b>0.040</b>	<b>2.099</b>
<b>Place</b>						
Regeneration Property Fund	0.500	0.500				0.500
Concessionary Fares	0.080	0.080	0.080			
Weston Mill, bulky & trade waste income	0.208	0.208			0.208	
Resident Parking	0.060	0.060		0.060		
On/Off parking	0.065	0.065			0.065	
Fees and charges including Mt. Edgumbe	0.122	0.122		0.045	0.077	
<b>Place savings</b>	<b>1.035</b>	<b>1.035</b>	<b>0.080</b>	<b>0.105</b>	<b>0.350</b>	<b>0.500</b>
<b>Corporate</b>						
Schools PFI - adjustments	1.015	1.015	0.750	0.265		
Income target not allocated	0.035	0.035				0.035
<b>Corporate savings</b>	<b>1.050</b>	<b>1.050</b>	<b>0.750</b>	<b>0.265</b>	<b>0.000</b>	<b>0.035</b>

**Overall Total savings**

**13.845**

**7.750**

**1.105**

**8.525**

**1.581**

**2.634**



# CQC & Urgent & Emergency Care

Jo Beer  
Chief Operating Officer



# CQC Inspection

## Unannounced Inspection 8<sup>th</sup> March 2021:

- CQC unannounced focused inspection of urgent and emergency care and diagnostic imaging on 8<sup>th</sup> March 2021
- Sustained improvements made in diagnostic imaging recognised and reflected in CQC's feedback
- Concerns identified about the risk to patients while they wait to be seen in the emergency department and how these risks are being mitigated, particularly when the department is under pressure.

# CQC Inspection

- 25/3/21 Warning Notice under Section 29A (S29A) of Health and Social Care Act 2008 issued with regard to urgent and emergency care
- S29A correspondence indicated the CQC were assured by the information we shared that immediate risk being managed to ensure patient safety, but not assured UEC provided in a safe way and risks not being fully mitigated while patients waited to access the emergency department. They gave the following reasons for their view that the quality of health care provided requires significant improvement:
  - Performance data shows delays in patients both accessing the emergency department and waiting to be seen.
  - CQC were not assured there was adequate oversight and responsibility of the patients who were waiting to be seen.
  - Patients were not being seen in priority based on their clinical need.
  - The CQC were not assured patients were safe while they waited in crowded areas.

# CQC Inspection

The CQC issued 4 'must do's'

- 1) Ensure patient care and treatment is provided in a safe way and risks are being fully mitigated while patients wait to access the ED. Ensuring there is adequate oversight and responsibility of the patients who are waiting to be seen, while they wait in ambulance queues or walk into the Emergency Department, and they are seen in priority based upon their clinical need.
- 2) Ensure patients are safe while they wait in crowded areas. To include appropriate protection in line with Covid-19 infection prevention and control guidelines and for staff to be clear on how they monitor patients while they wait in these areas.
- 3) Ensure the appropriate personal protective equipment is always used by staff to reduce the risk of infection and prevent and control the spread of infection. The trust must ensure staff are maintaining good levels of infection prevention and control, including wiping down surfaces and computers following use. High levels of cleaning should be maintained within the Emergency Department
- 4) Ensure the mitigations, in the absence of a full-time paediatric emergency medicine consultant are effective to ensure children are provided with care or treatment by clinical staff with the correct qualifications, competence, skills and experience to do so safely. The trust should ensure there is clear allocation of medical cover (or equivalent) for the paediatric department and timely response to emergencies.

# Current status

We have made a representation in respect of S29A Warning Notice for the reasons given below and await the outcome.

- **Significant work already underway ahead of the CQC inspection** directly addressing the issues raised by the CQC - as demonstrated by previous presentation and recently commissioned external review of urgent and emergency care, where early actions taken by UHP welcomed at the last SOM meeting;
- **Series of rapid actions undertaken since the inspection visit, with significant positive impact on patient care, safety and operational flow**, for example demonstrated by a dramatic improvement in ambulance handover times, sustained even over the challenging Easter break, and at a time when many Trusts, regionally and nationally are becoming more challenged in their performance;
- **Forward work plan being implemented to embed, sustain and further improve on the significant progress to date.**

## Where are we now?

- ✓ Joint Standard Operating Procedures and shared care with UHP and South West Ambulance Service are in place to support staff to manage patients safety while waiting for assessment and care
- ✓ Procedures for the escalation of Hospital Ambulance Liaison Officer (HALO) corridor standardised
- ✓ All patients are checked on arrival by the triaging nurse prior to entering the department, temperature taken and COVID risk assessment completed and
- ✓ PPE provided on arrival if required
- ✓ Regular huddles are in place to review clinical priority of patients and staff are deployed flexibly to manage demand. HALO determines clinical priority of ambulance queue
- ✓ Weekly infection control inspections established
- ✓ To improve time to treatment patients are streamed to the assessment areas where appropriate e.g. Surgical and Medical Assessment Units and Acute Assessment Unit and Children are streamed to the Children's assessment unit.
- ✓ Recruitment to a hybrid Paediatric Emergency Physician role has been agreed following further clarification from the Royal College of Emergency Physicians and following discussions with the department about resilience of appropriately qualified paediatric senior clinician cover



# Challenges: Operational Context

**NON ELECTIVE DEMAND  
LATENT SURGE**

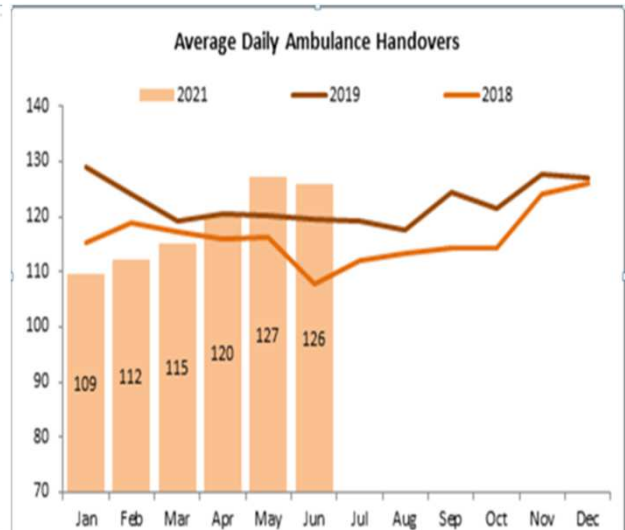
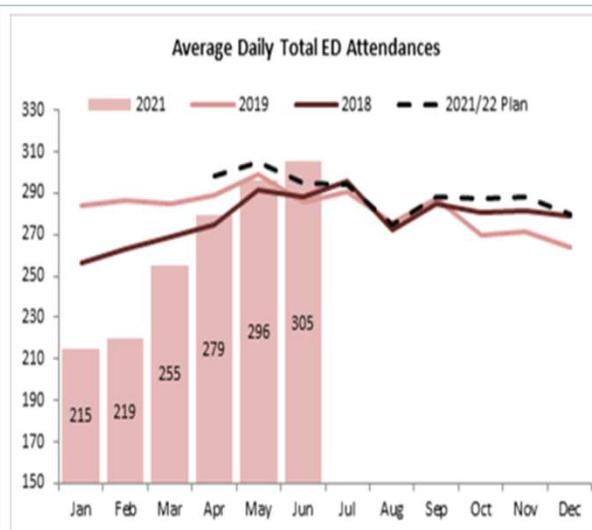
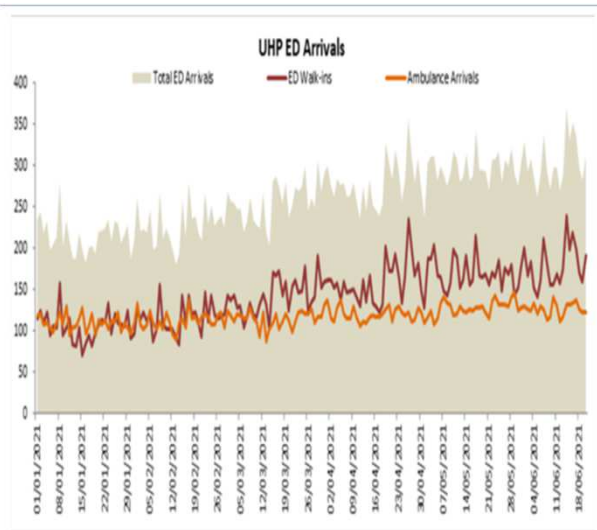
**ELECTIVE RECOVERY & RESTORATION**

**COVID PATHWAY & SURGE**

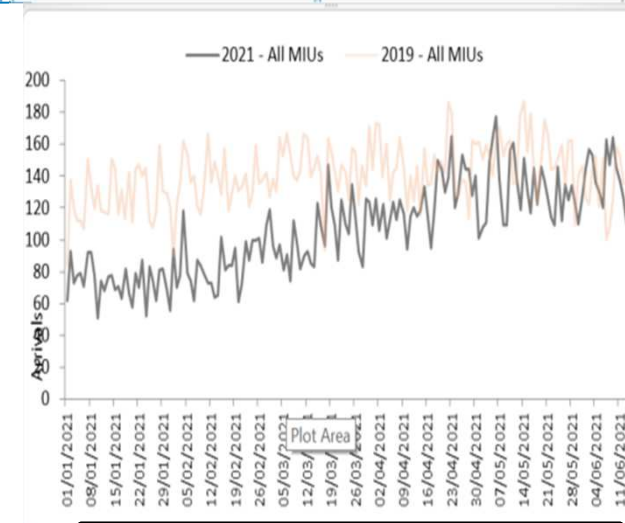
**CAPITAL ENABLING WORKS**



# Operating Context: Non Elective (Unplanned) Demand



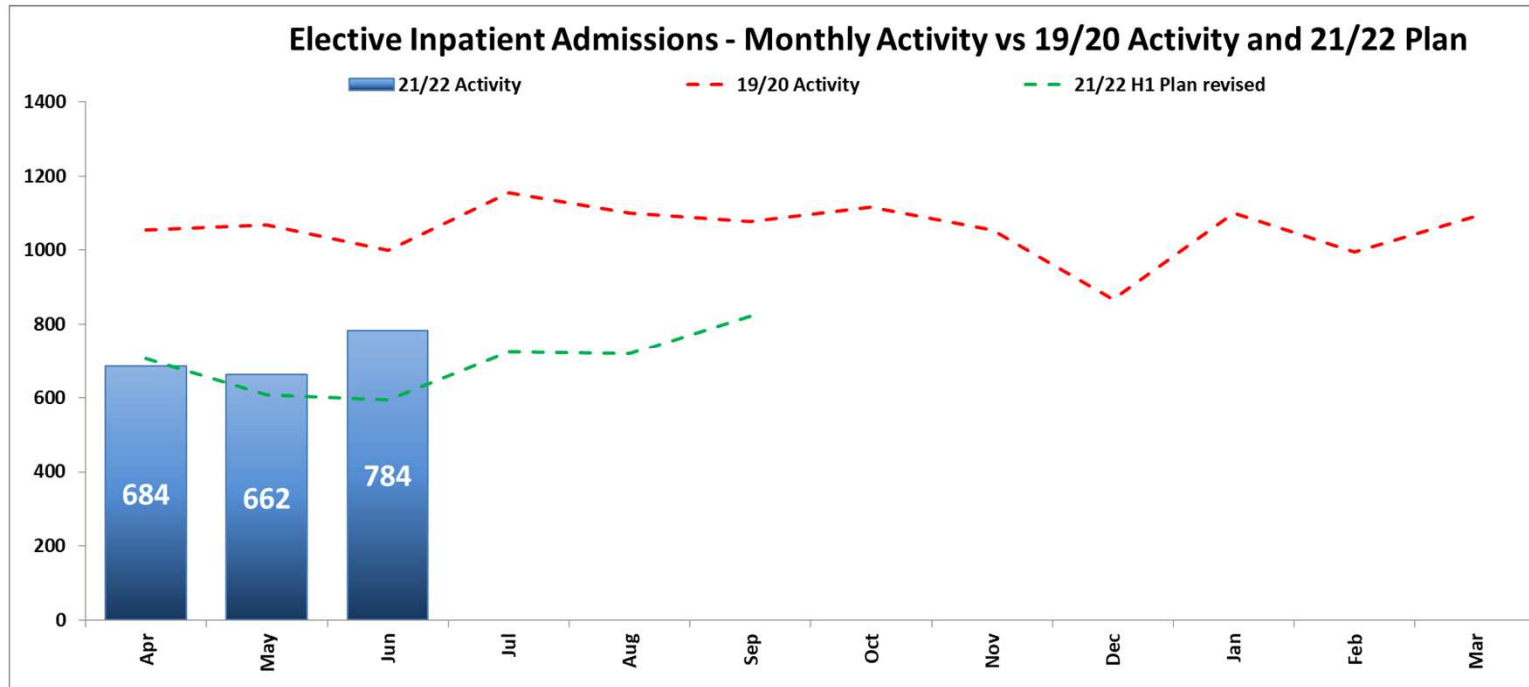
- Emergency Department arrivals >2019: > 9.5% higher than April > +10 over plan
- Minor Injury Unit demand at 2019 levels and predicting higher for June
- Ambulance handovers >2019 for May and June
- Challenges in primary care, NHS 111 and out of hours > decoupling of ambulance and ambulant (walking) patients in March
- Challenges in community health and social care capacity
- Increase in patients with acute Mental Health – with limited or no specialist capacity
- Increase in Children and Adolescent Mental Health (CAMHS) admissions – eating disorders with limited or no specialist capacity



**NON ELECTIVE (EMERGENCY) DEMAND LATENT SURGE**



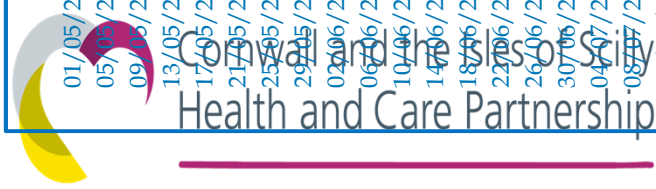
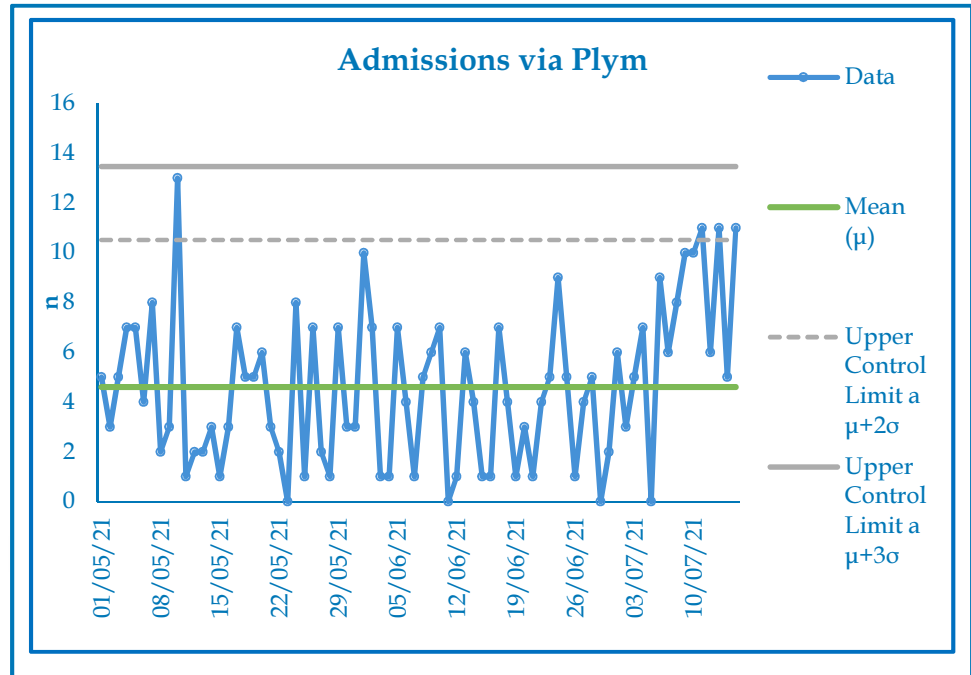
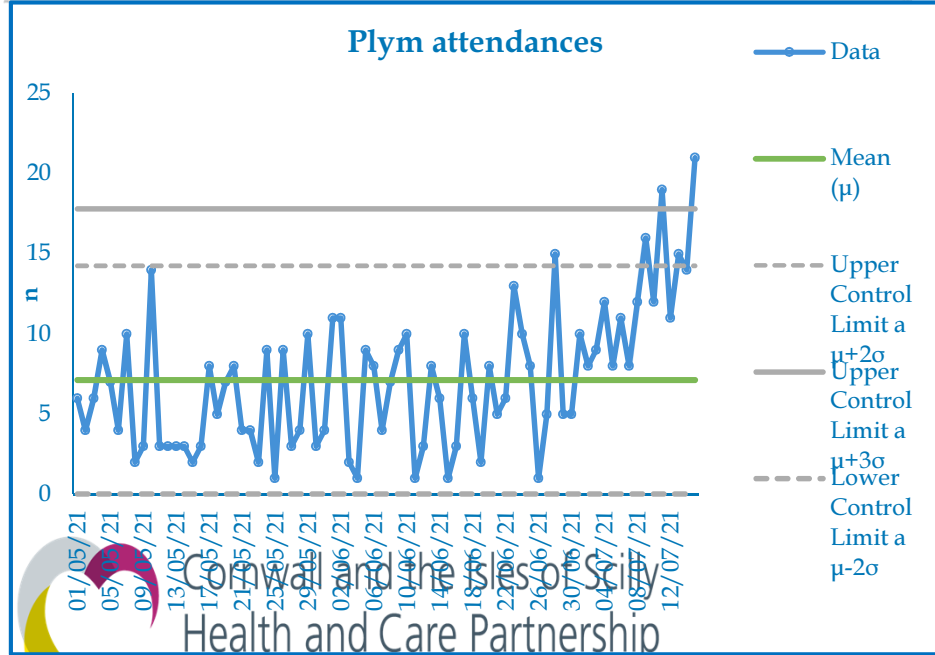
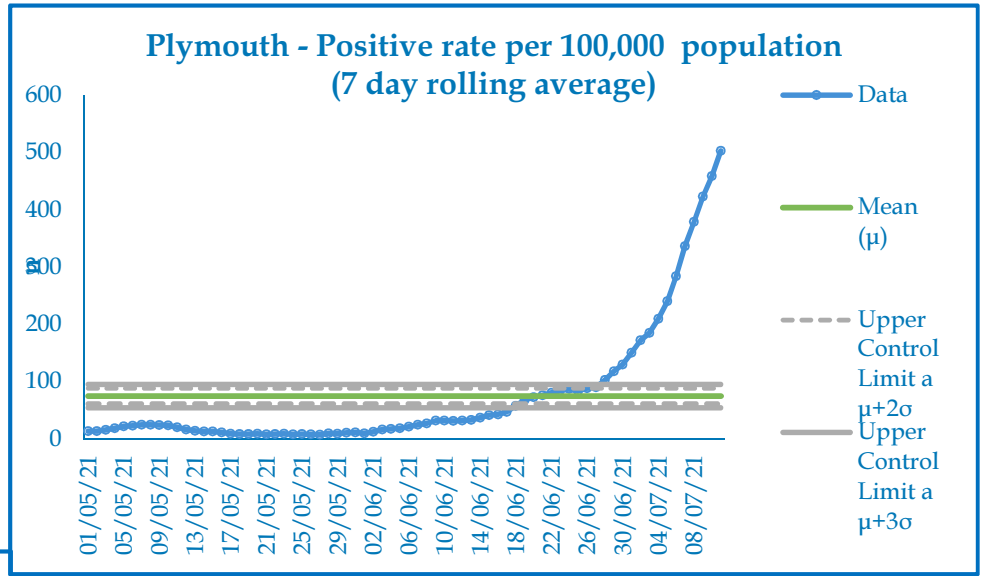
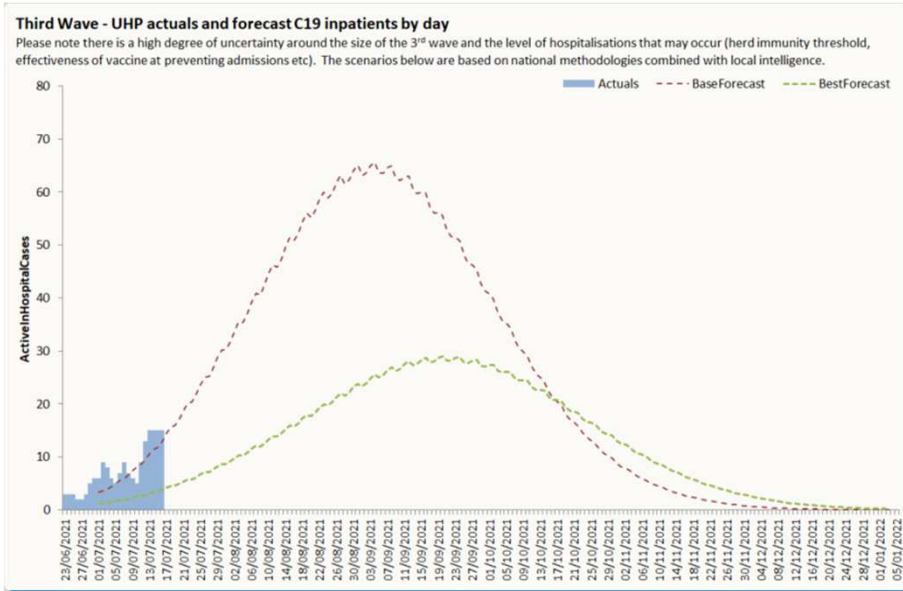
# Operating Context: Elective (Planned) Recovery



Month	21/22 Activity	19/20 Activity	% of 19/20	Diff	21/22 H1 Plan revised	+/-	Diff
Apr	684	1054	65%	-370	705	-3%	-21
May	662	1069	62%	-407	607	9%	55
Jun	784	999	78%	-215	594	32%	190

# Operating Context: Covid-19

## COVID PATHWAY & SURGE



# What are we doing at UHP and as a system?

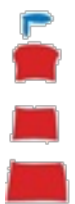
1. Urgent and Emergency Care Improvement Program
  - Emergency Department Improvement
  - Acute Medicine Improvement
  - Same Day Emergency Care
  - Joint working with South West Ambulance Service and Livewell Southwest to improve alternatives to people being conveyed to hospital
  - System working on alternatives to admission or conveyance
  - System wide Urgent and Emergency Care improvement program
2. Elective Recovery Program
  - Modular Theatres to create more theatre capacity to operate on patients as soon as possible
  - Capital works
  - Dynamic Theatre rebasing
  - Accelerator Program
3. COVID Surge Planning & Bed Modelling
4. Supporting our staff

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# Future Hospital Programme: Phase 1

Health & Social Care Overview & Scrutiny Committee

28<sup>th</sup> July 2021



**Leading with excellence, caring with compassion**



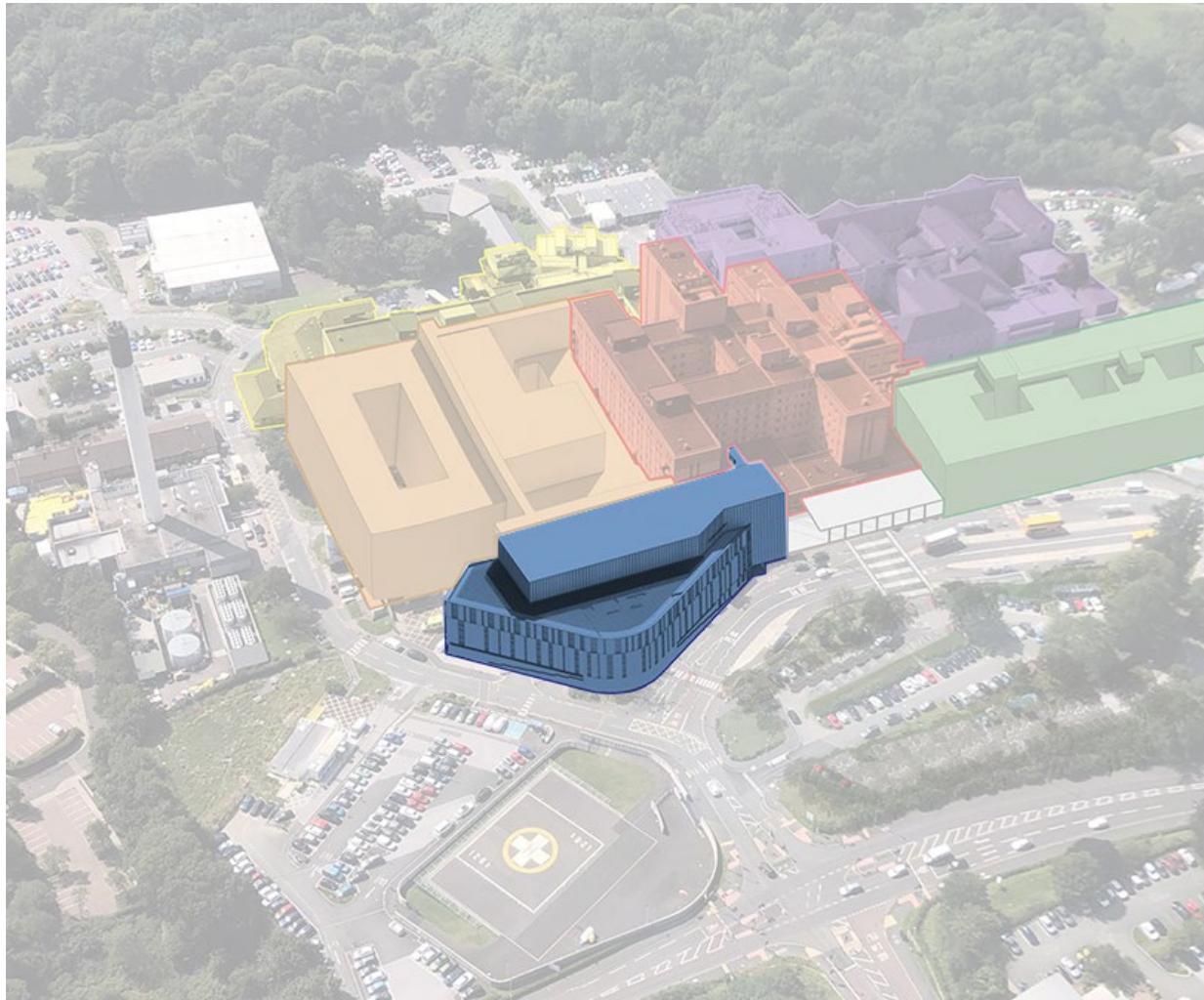
University Hospitals  
Plymouth  
NHS Trust

# Project Status and Next Steps

1. Summary of the Phase 1 Project
2. Current Project Status and Building Layouts
3. Development of the Outline Business Case (OBC) and governance
4. Timeline of Engagement, Approvals and Milestones
5. Feedback

# 1. Summary of the Phase 1 Project

DRAFT



- New Emergency Department facilities
  - A Same-day Emergency Care Facility (SDEC)
  - Imaging facilities
  - Interventional Radiology facilities
  - Training facilities
  - Staff rest and welfare facilities
  - Emergency Surgery theatres
  - Administrative offices
  - A reconfiguration of the ambulance arrival and drop-off area
- 
- The 'gateway project' for the wider Derriford masterplan





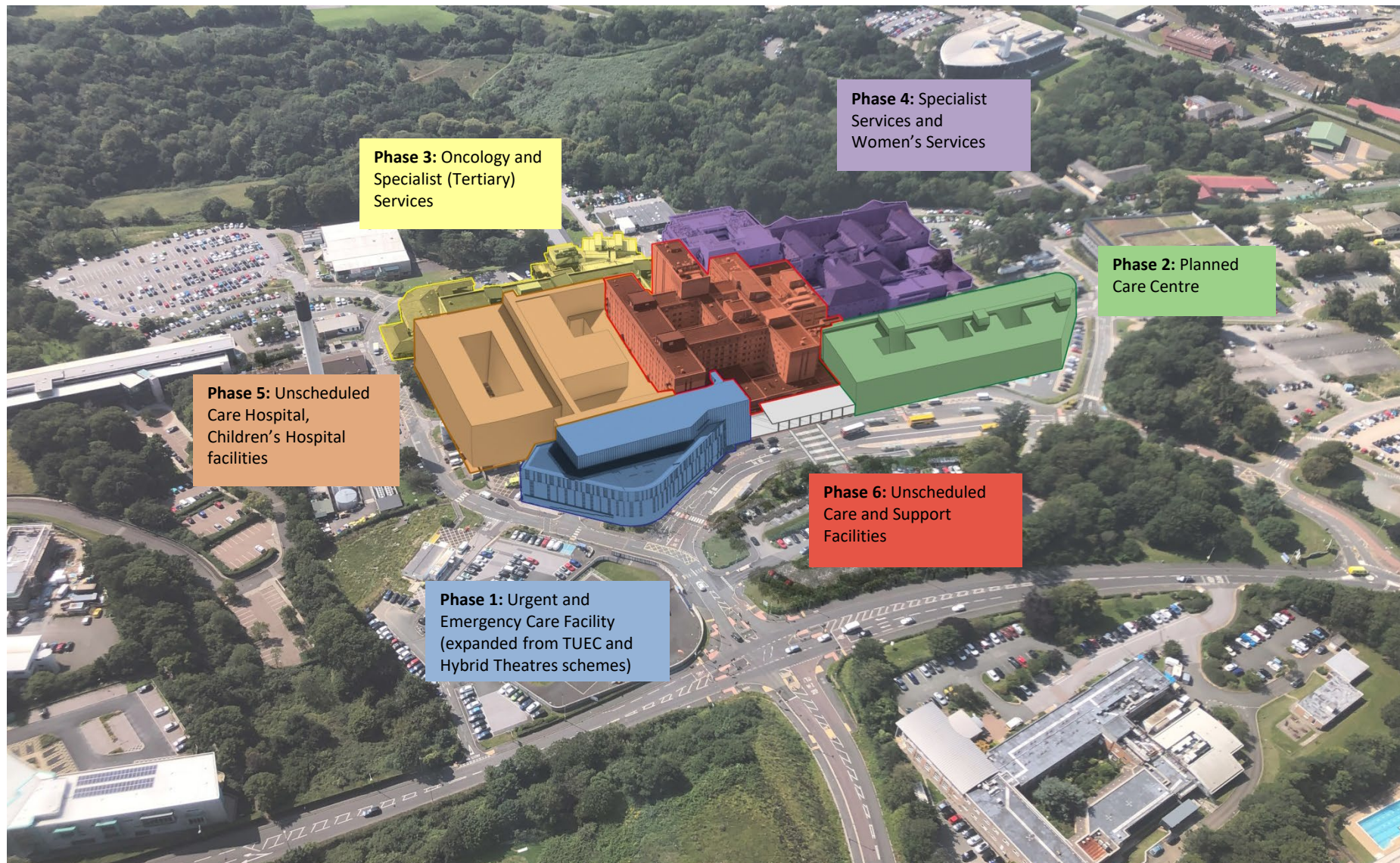




West/Entrance Elevation

# Proposed Site Development

DRAFT



# Key Benefits of Phase 1

- A purpose-built facility, offering new facilities for the sickest patients
- Space to care effectively and efficiently for the increasing numbers of patients presenting with urgent and emergency conditions
- A new Same Day Emergency Care Facility to reduce waiting times for those who need to be seen and treated but not admitted
- State-of-the-art diagnostic equipment to support faster diagnosis as well as new interventional radiology theatres and surgical theatres to be able to treat patients more quickly and improve outcomes
- Ability to treat patients from across Devon and Cornwall in a timely way in the most up-to-date healthcare environment

# Building Layout

Level 6 is at the same level as the hospital main entrance and is the main **Emergency Department floor for adults and children.**

Separate ambulance and 'walk-in' entrances are provided.



- Adult Emergency Department
- Paediatric Emergency Department
- Imaging
- Mental Health

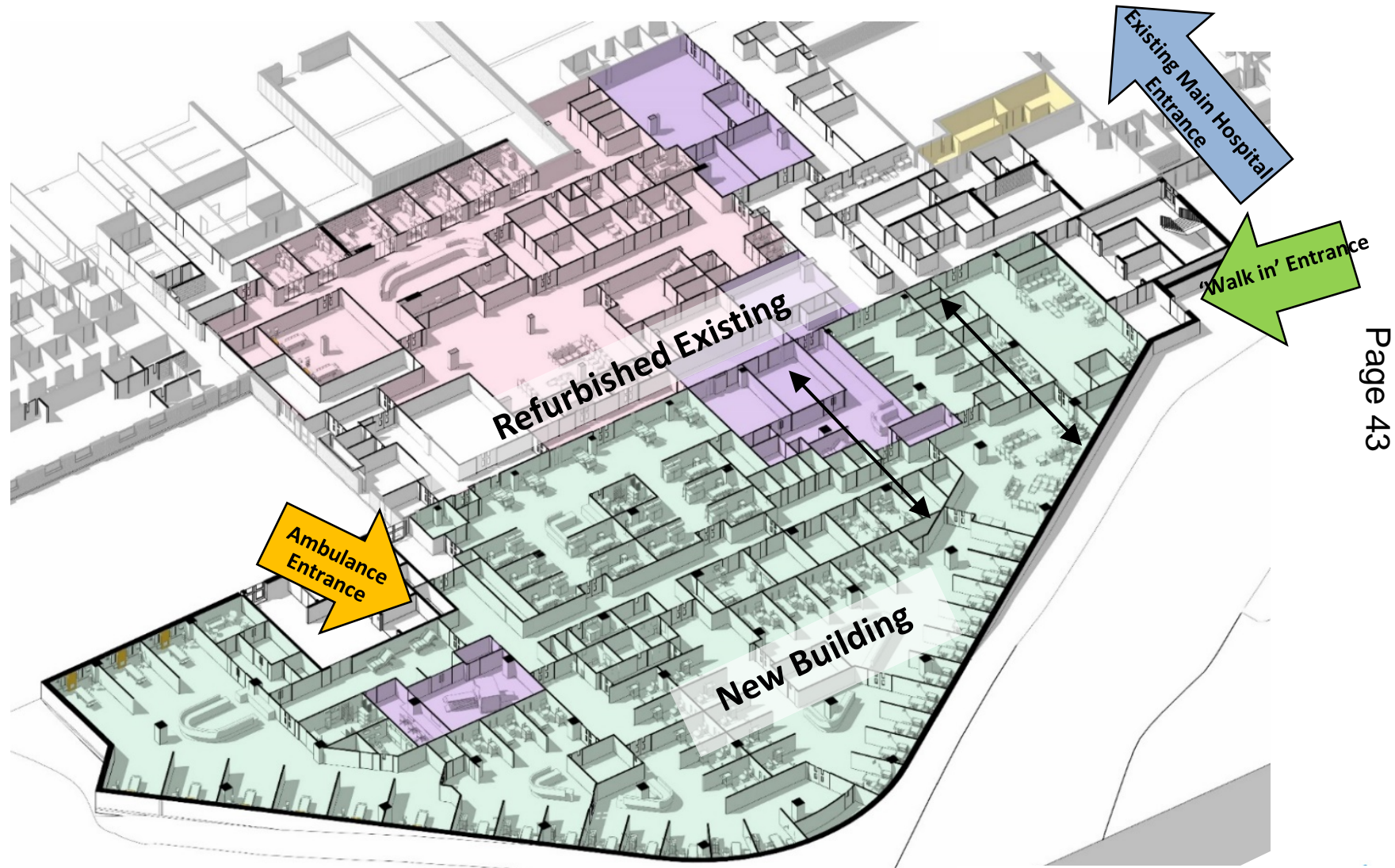
# Building Layout

The new 'walk-in' entrance has been strategically located adjacent to the existing main hospital entrance to benefit from the current external access provision.

New connections between the old and new allows a **seamlessly flow of space** and gives flexibility for future development to the south.



Paediatrics



# Building Layout

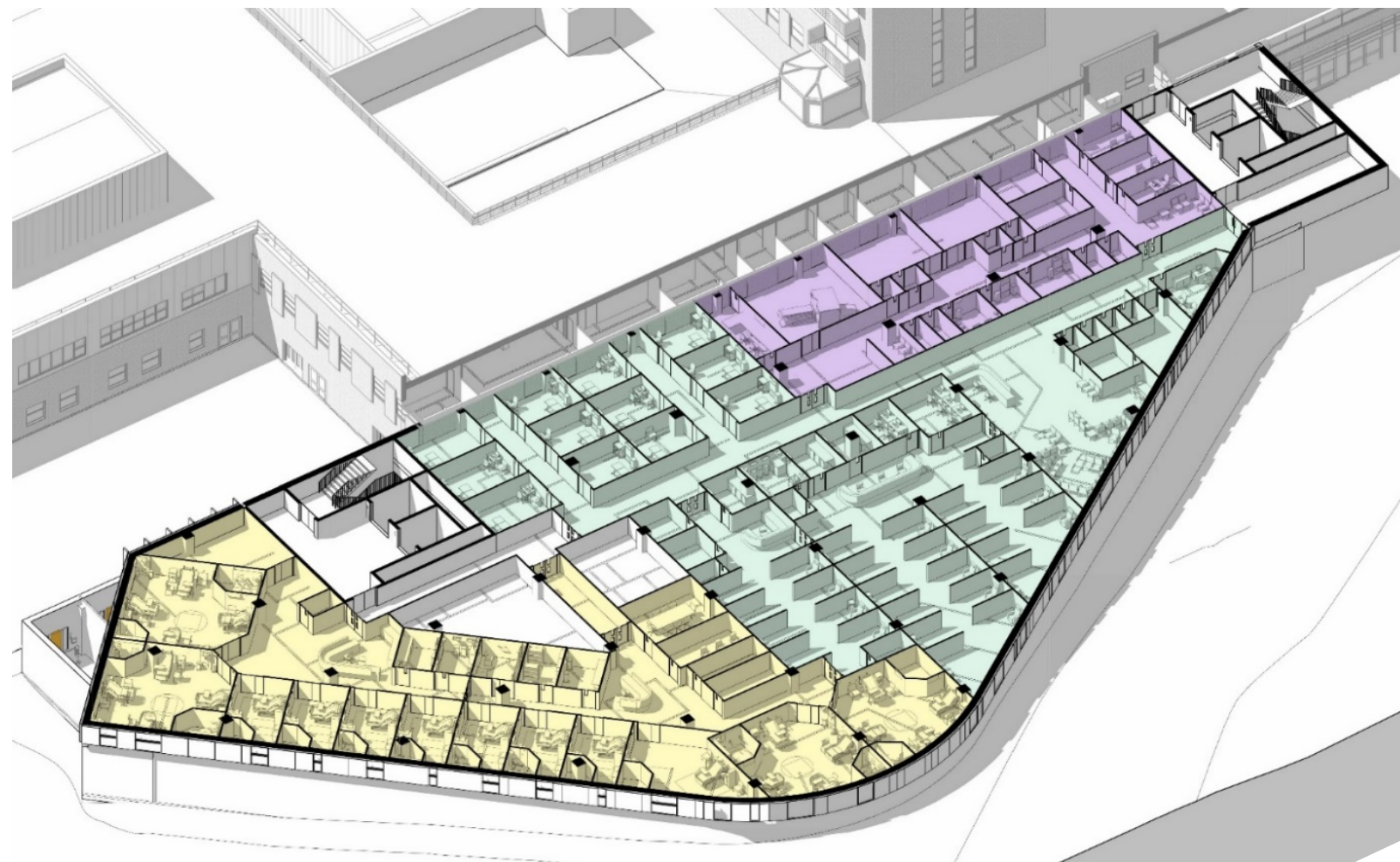
Level 7 contains the 'Same Day Emergency Care' (SDEC) facilities, these include chair based assessment spaces and private consultation and examination spaces.

The level also provides a **24 bed short stay ward**.

Separate Imaging facilities are provided including x-ray and a CT scanner.

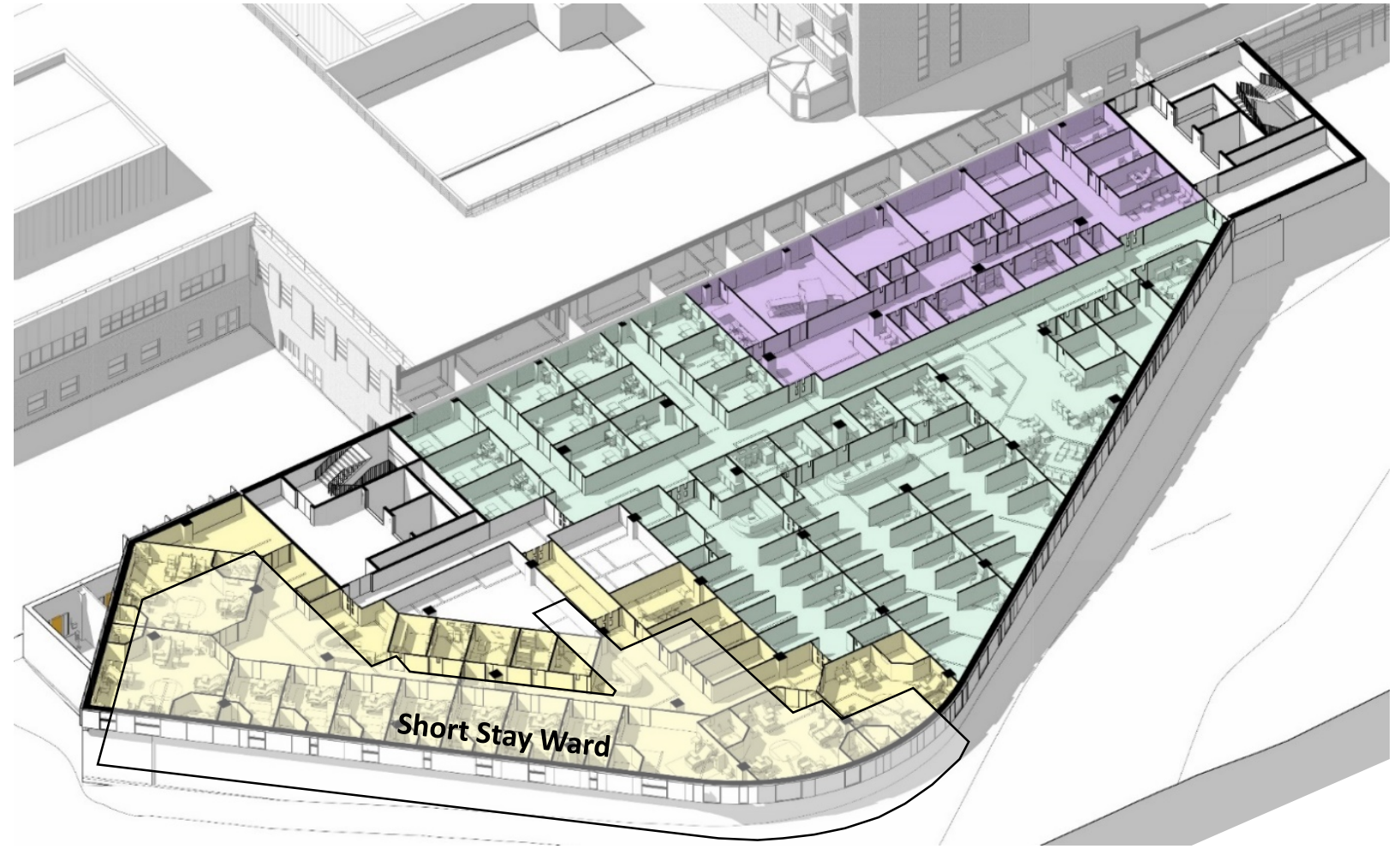
SDEC provides for the growth in admitted non-elective activity for patients who spend one to two days in hospital.

- Adult SDEC
- Imaging
- Short stay ward



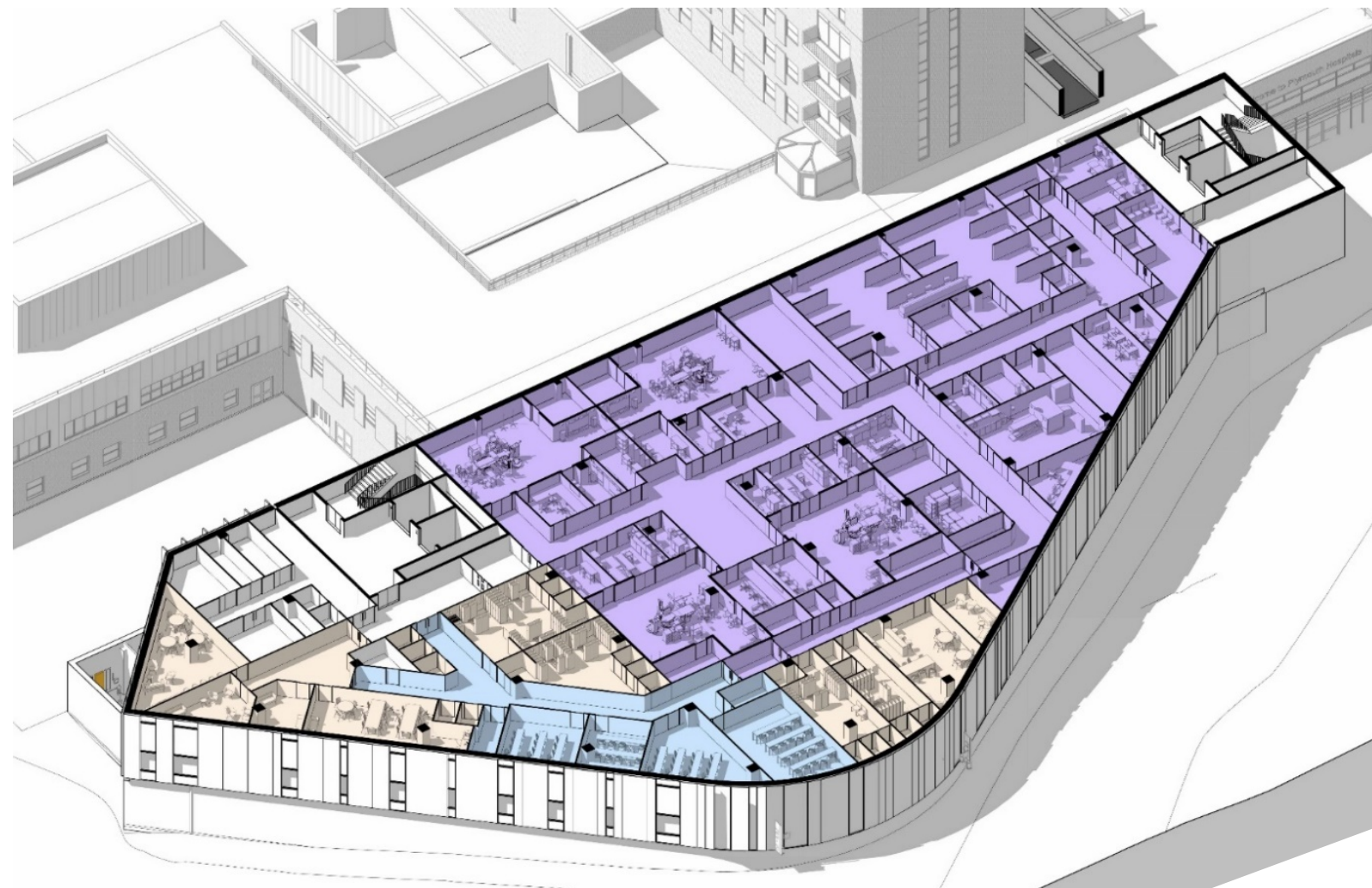
# Building Layout

The 24 bed short stay ward located to the north-east perimeter of the building offering long distance views out and daylight in.



# Building Layout

Level 08 is primarily utilised for **Interventional Radiology** (with large theatres) and incorporates training facilities and staff rest space.



- Administration
- Staff Welfare
- Radiology

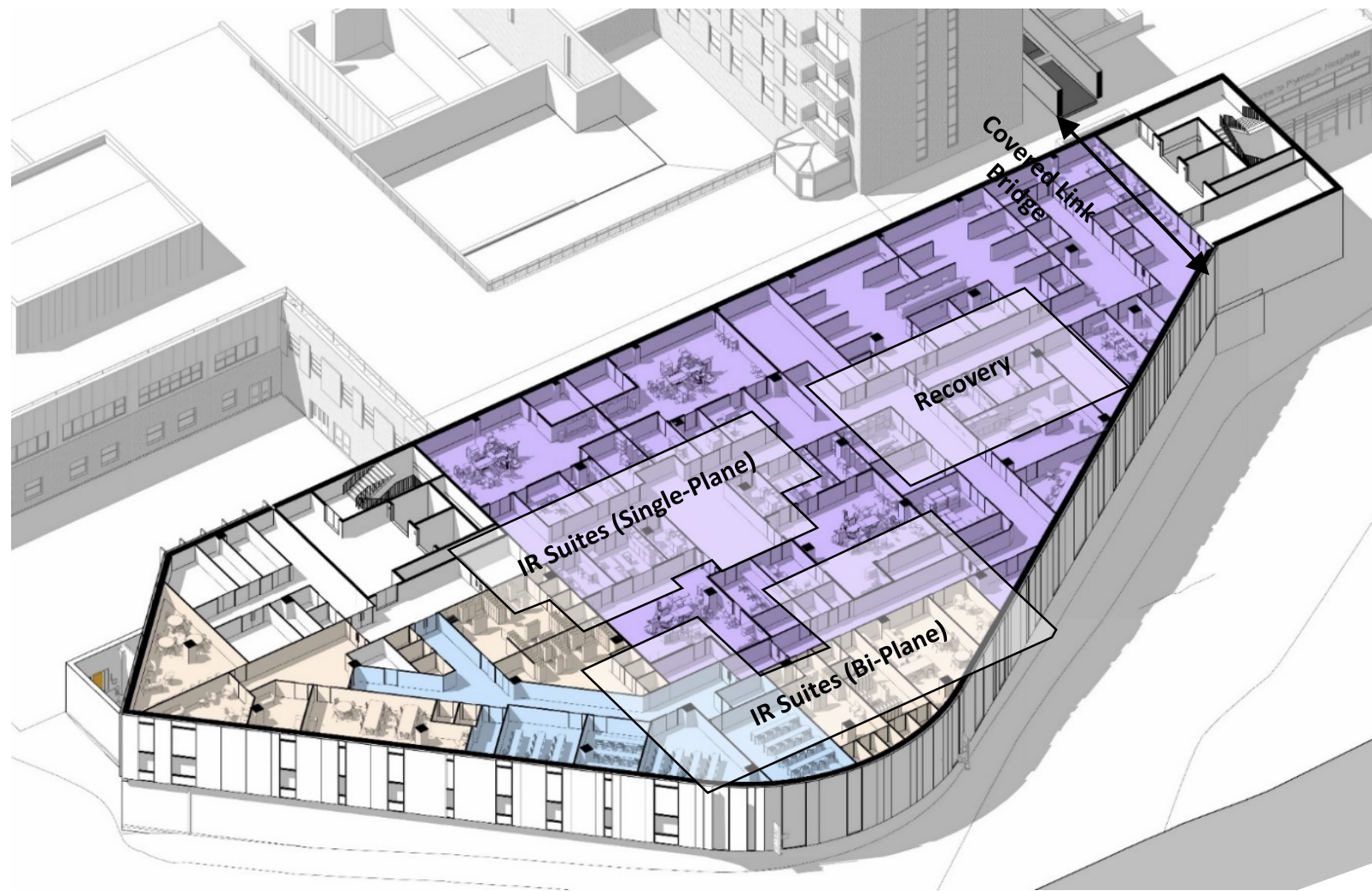




# Building Layout

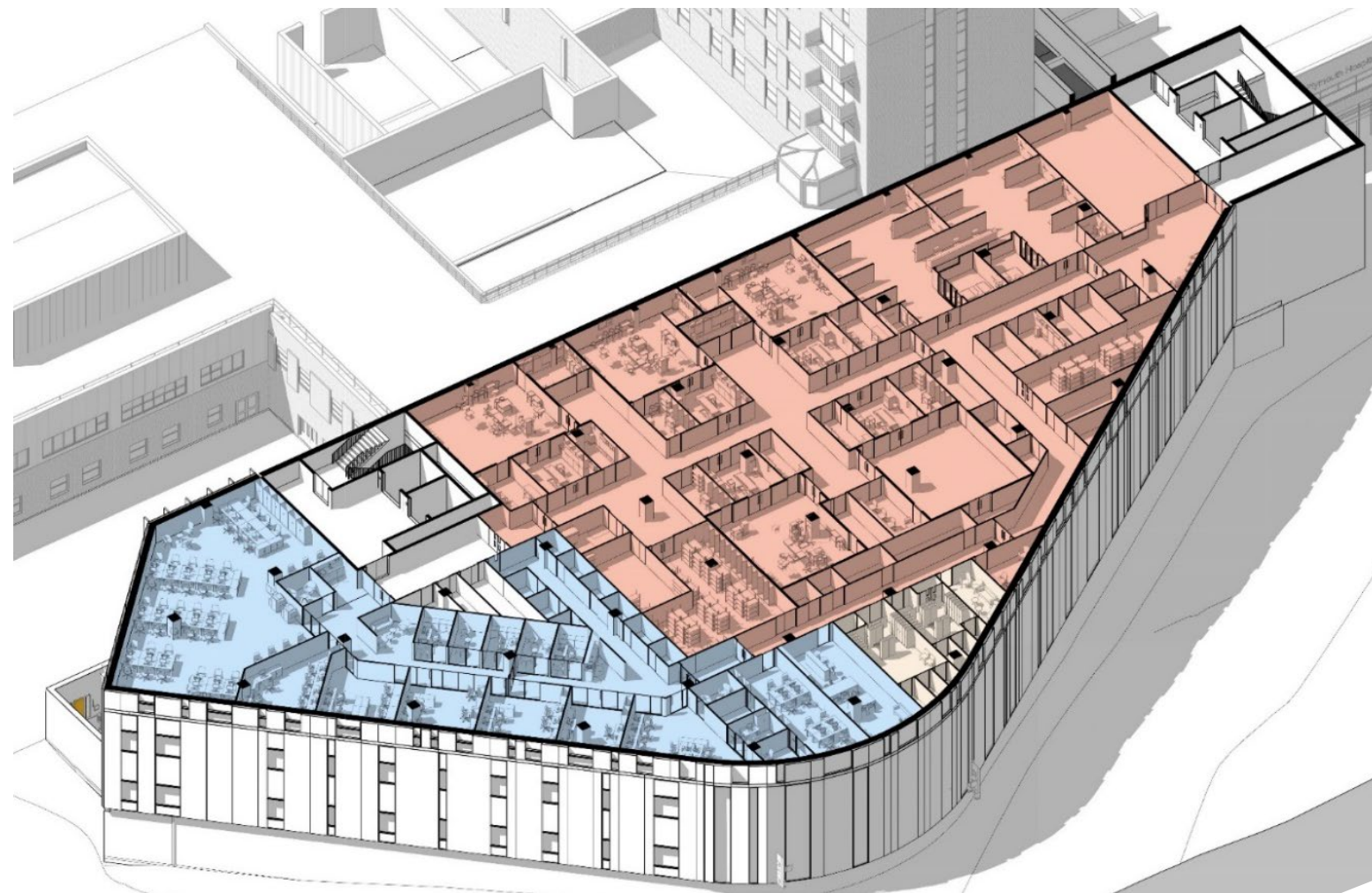
Four new **Interventional Radiology Suites** (Bi-Plane and Single-Plane) with adjacent patient recover facilities.

A new connection linking the existing hospital with the new facilities is also to be provided on Level 08.



# Building Layout

Level 09's primary use is for **Emergency Surgery facilities** with 5 new operating theatres provided. Administrative offices and welfare facilities are also incorporated on this floor to the east of the floor plan.

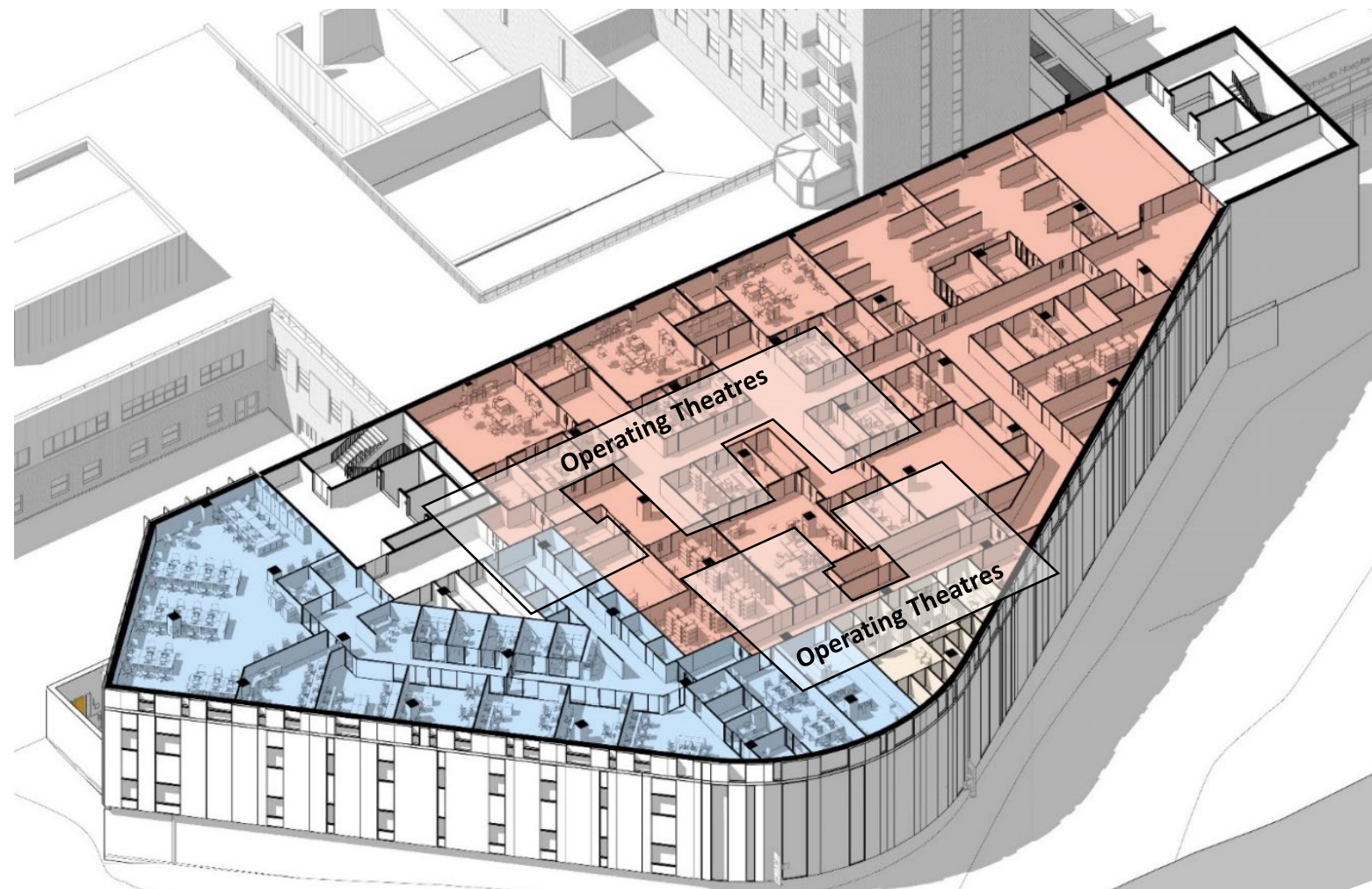


- Administration
- Staff Welfare
- Emergency Surgery

Level 09 – 3D Floor Plan

# Building Layout

Five new state of the art  
**Emergency Operating Theatres**  
are at the heart of the top floor.



## 2. Current Project Status

Part of New Hospital Programme (NHP) cohort of 6 schemes identified for early phase funding

Outline Business Case (OBC) is being finalised in preparation for:

- Presentation for internal approvals
- Submission to NHS E-I
- Transition to Full Business Case (FBC) development


UHP's position in the peninsula

NHP 'Technical Review' process running in parallel which will govern NHS E-I submission date.

# Engagement 2020/21

<p><b>Staff:</b></p> <ul style="list-style-type: none"><li>• Clinical model workshops: At least 100 clinical staff involve</li><li>• Autumn 2020: Clinical model workshops – at least 100 clinical staff involved plus Healthwatch</li><li>• Trust Leadership Group – quarterly presentation and feedback sessions</li><li>• 11 March: Update included as part of Chief Exec Shoutout</li><li>• 25th March: Two interactive Staff Q&amp;A sessions</li><li>• 23 April: Hospital Medical Staff Committee – presentation and feedback session</li></ul>	<p><b>Partners and public</b></p> <p><b>22 March: Video and online survey shared via email from Chief Executive with</b></p> <ul style="list-style-type: none"><li>• <b>39 support groups</b></li><li>• <b>48 voluntary sector organisations</b></li><li>• <b>21 partner organisations</b></li><li>• <b>12 primary care leads</b></li><li>• <b>Six local MPs</b></li><li>• Virtual session recorded and shared with the public via website and social media and local voluntary sector organisations via umbrella organisation Plymouth Octopus Project. Feedback invited via online survey.</li></ul>
<p><b>Other providers:</b></p> <ul style="list-style-type: none"><li>• Community stakeholder group (including primary care) – presentation and engagement session</li><li>• Plymouth One Public Estate</li><li>• Cornwall Council HIP2 group</li></ul>	<p><b>Patient groups:</b></p> <ul style="list-style-type: none"><li>• Patient Council – presentation and feedback sessions</li><li>• Healthwatch –involvement in clinical model workshops</li><li>• PADAN</li></ul>
<p><b>Commissioners</b></p> <ul style="list-style-type: none"><li>• Cornwall OSC: Q&amp;A Session</li><li>• Plymouth OSC – scheduled for July</li></ul>	<p><b>Elected representatives</b></p> <ul style="list-style-type: none"><li>• MPs: Ongoing regular briefings including in February/March 2021 and May 2021</li></ul>

# Approach and materials used

Type of material and reach	Example
<p><a href="#">Explanatory story</a> on UHP website</p> <p>139 views, with an average of over 6 minutes per visitor, which is above average, suggesting visitors to the page have spent time viewing the video</p>	<div data-bbox="384 468 1207 515"> <p><b>Our Future Hospital Plans: A new Urgent and Emergency Care Centre</b> <a href="#">See all posts</a></p> </div> <div data-bbox="384 544 1207 562"> <p>Posted Wednesday, 24 March 2021</p> </div> <div data-bbox="384 582 1207 601"> <p>We have exciting plans to develop Derriford Hospital, starting with a new Urgent and Emergency Care Centre.</p> </div> <div data-bbox="384 615 1207 676"> <p>We have been shortlisted alongside 20 other Trusts - 4 in total within Devon &amp; Cornwall - as part of the New Hospital programme (formerly HIP2), to develop our business case for investment into our estate. In phase one, our focus will be on improved provision for our urgent and emergency care services.</p> </div> <div data-bbox="384 686 1207 748"> <p>The New Hospital programmes in Plymouth, North Devon and Torbay will form an integral part of Devon's Long Term Plan. As part of this, we are working together across the county's health system and wider to ensure these exciting building schemes benefit patients from Devon and Cornwall.</p> </div> <div data-bbox="384 758 1207 801"> <p>We wanted to share our plans with you. Our clinically-driven design has been informed over several years by best practice and through listening to the views of our patients and staff.</p> </div> <div data-bbox="384 811 1207 853"> <p>Now, we want to ask for your views. Given the lockdown we are in, we thought the best way to do this might be to share a video with you about our plans and then ask for your thoughts.</p> </div> <div data-bbox="384 891 1207 1343">  </div>

[Video](#) on YouTube

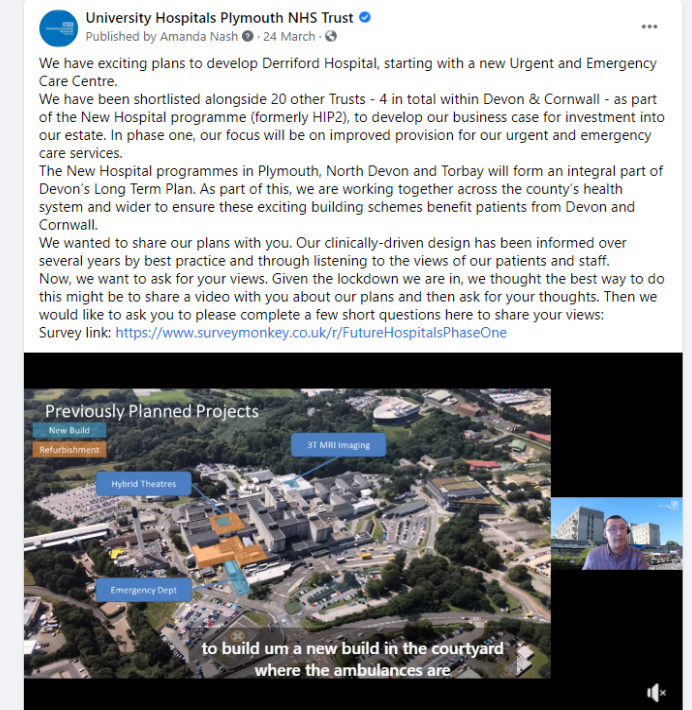
880 views on this channel



Phase 1 of our Future Hospital Development

[Social media post](#) on Facebook

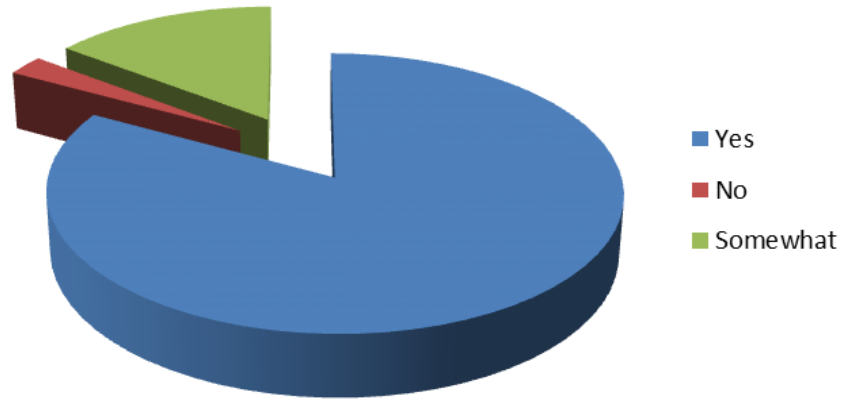
Facebook post: 9,142 people reached 1,621 post clicks 194 likes, comments and shares



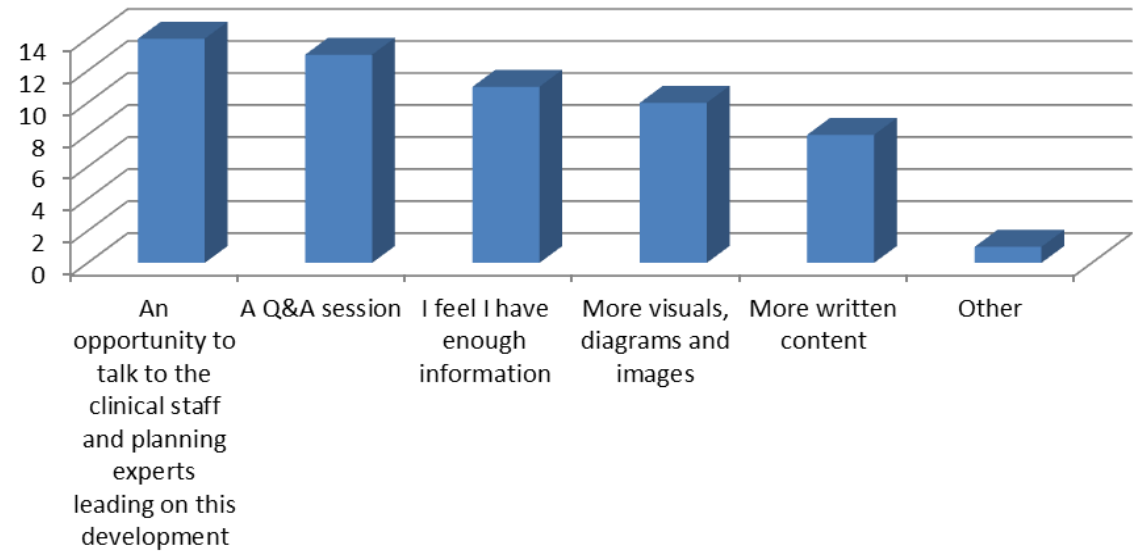
# Online video and survey

Affiliation	Number of respondents
Members of public/not affiliated with any group of organisation	12
UHP staff/volunteers	9
Voluntary sector: <ul style="list-style-type: none"> <li>• Heads Count</li> <li>• Elder Tree Befriending</li> <li>• Tavistock Memory Cafe (Dementia services)</li> <li>• Veterans</li> <li>• British Red Cross</li> </ul>	5
Partner organisation: <ul style="list-style-type: none"> <li>• Healthwatch Plymouth</li> <li>• NHS Blood and Transplant</li> <li>• Mayflower Medical Group</li> <li>• St Luke's Hospice</li> <li>• SWAST</li> </ul>	5
Patient or League of Friend Representatives <ul style="list-style-type: none"> <li>• South Hams Hospital League of Friends</li> <li>• Patient Council member. NHS Kernow CAP member</li> <li>• Chair of Tavistock Hospital League of Friends and Devon Association of Community Hospitals</li> <li>• League of Friends</li> </ul>	3
No answer given	7

Does the video help you understand our vision for Urgent and Emergency Care?



Is there anything else that you would like to help you understand more about the vision?  
If so, what would be helpful ...





# Interactive Q&A sessions with staff

Questions were raised and addressed on the following issues:

- Frailty
- Same day emergency care conversion rates
- Future proofing capability and adaptability if needed
- Bariatric patient needs
- Infection control considerations and Point of care testing
- Timeline including confirmation date that this will or won't go ahead
- Staff rest areas
- Which services will be moved
- Links into the existing hospital
- Mental health suite
- Net zero carbon ambition and green sub-group
- Digital integration – EPIC, NerveCentre
- Plans for children's theatres
- Funding
- Teams space
- Designing with those with greatest need in mind – then will also work for everyone else

# Summary findings

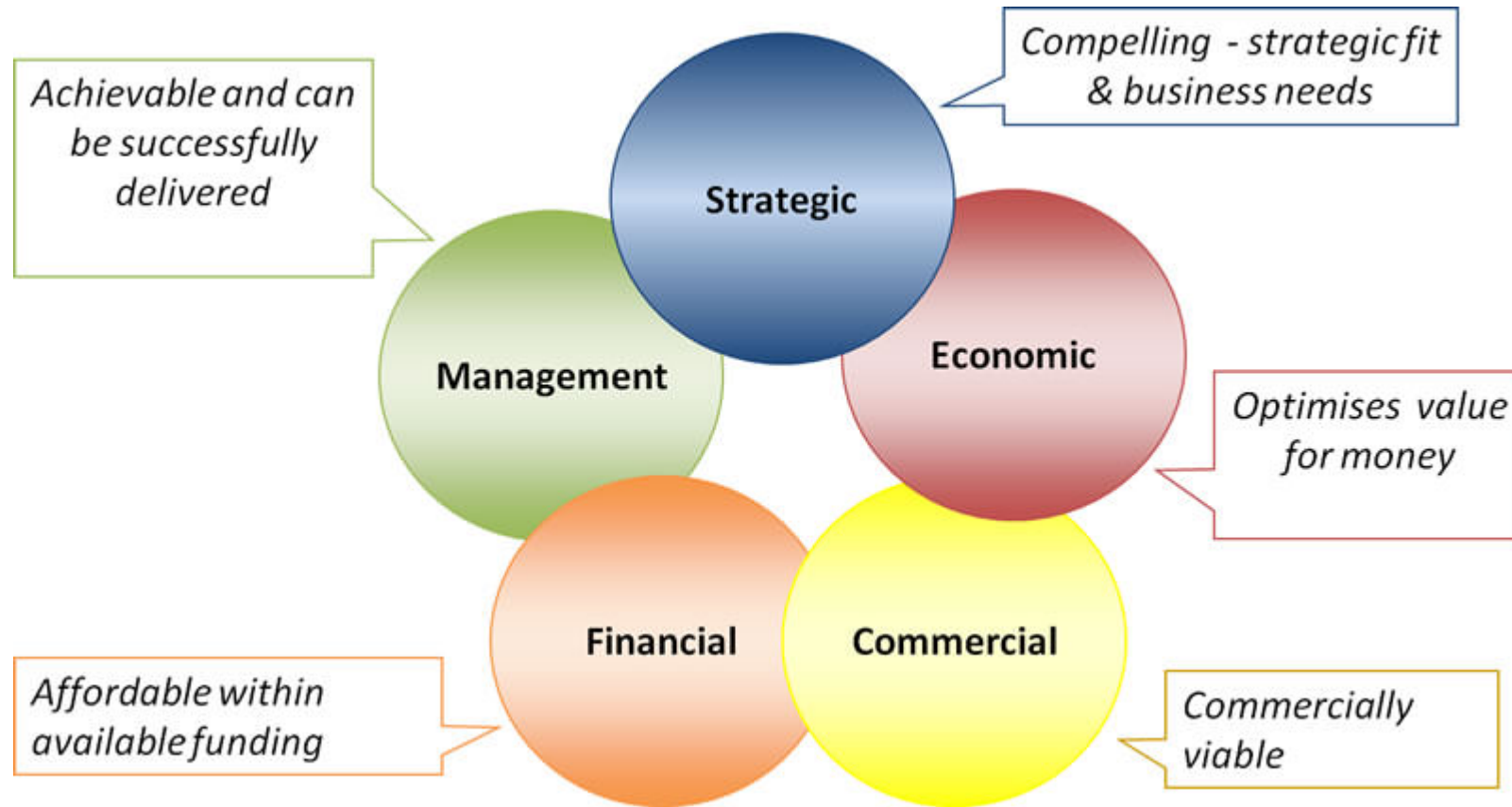
Engagement work done to date shows there is widespread support for development at University Hospitals Plymouth NHS Trust. Plans for a new Urgent and Emergency Care Centre in phase 1 of the development have been well received and understood. There is support from our Patient Council, Cornwall Overview and Scrutiny Committee, our local MPs, staff and other stakeholders. As a result of the engagement activity, going forward our programme team will be working with two members of our Patient Council as patient partners in planning.

## **Key themes which have emerged from engaging with our staff and stakeholders include:**

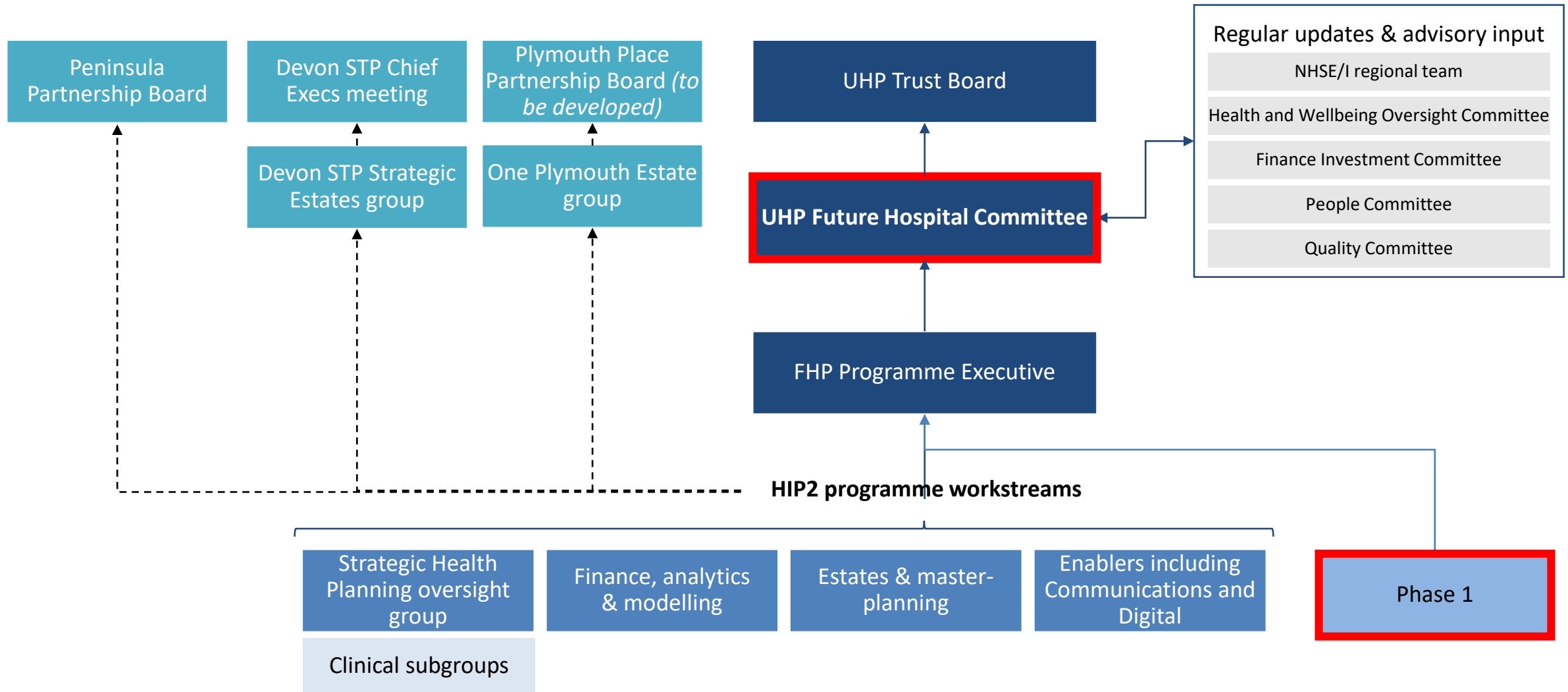
- Support for the Phase 1 plan
- Parity of provision for patients needing urgent and emergency mental health care
- Having the right staffing model to support the new facility
- Expansion of other areas – e.g. more beds to match expanded emergency facilities
- Environmental considerations – particularly taking a ‘green’ approach to the construction and running on the new centre
- Link in with community care
- Access into the existing building and car parking
- The need to factor staff rest areas into the new build

# 3. Development of the OBC

Uses HM Treasury's Five Case Model



# Programme Governance



# 4. Timeline of engagement, approvals and milestones

DRAFT

Date	Board/Committee/Milestone	Outcome
8 July 2021	Future Hospital Committee	Review of the Strategic and Management Cases with recommendation to Trust Board.
14 July 2021	JSNC	Engagement and update on the layout plans and the business case.
16 July 2021	Phase 1 Project Board	Overview of Phase 1 OBC for endorsement and onward approval.
21 July 2021	Finance and Investment Committee	Review of the Economic, Financial and Commercial Cases with recommendation to Trust Board.
28 July 2021	Health & Social Care Overview & Scrutiny Committee	Presentation of a summary of the Phase 1 development within the wider plans for Derriford.
30 July 2021	Trust Board (Private)	Final Phase 1 OBC approval.
June 2022	Enabling works commence	
January 2023	Phase 1 Start on Site	
November 2024	Phase 1 Completion	



# 5. Feedback

Please share your thoughts and contact the Future Hospital Programme Inbox with any comments or questions for the team:

[plh-tr.futurehospitalprogramme@nhs.net](mailto:plh-tr.futurehospitalprogramme@nhs.net)



# HEALTH AND ADULT SOCIAL CARE OVERVIEW SCRUTINY COMMITTEE

Work Programme 2021 - 22



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
<b>27 July 2021</b>	Policy Brief			Sarah Gooding
	Covid Update			Ruth Harrell
	Financial Monitoring Report			David Northey/Helen Foote
	GP Services			NHS Devon CCG
	NHS III			NHS Devon CCG
	CQC and Urgent and Emergency Care			UHPT
	Future Hospital Programme Phase I			UHPT
<b>29 Sept 2021</b>	Policy Brief			
	Financial Monitoring Report			
	Adult Social Care			
	Healthwatch Annual Report			
	Alliance Contract			
	Referral to Treatment Times			
<b>24 Nov 2021</b>	Policy Brief			
	Financial Monitoring Report			
	Winter Plan			
<b>9 March 2022</b>	Policy Brief			
	Financial Monitoring Report			
<p>The Committee discussed the following areas of focus for 2021-22:</p> <ul style="list-style-type: none"> <li>• Homelessness – developing a prevention plan;</li> <li>• Community Empowerment Framework;</li> <li>• Integrated Care System – Plymouth Local Care Partnership;</li> <li>• Learning from Covid, (support to the care home market and how to develop training and support in a sustainable way);</li> <li>• Workforce (retention and career pathways);</li> </ul>				

<ul style="list-style-type: none"><li>• ED and improvement work the hospital is undertaking – on-going proactive</li><li>• Work increase access to crisis support and minimise attendance at ED.</li><li>• Mental Health/CAMHS;</li><li>• Dental Health;</li><li>•</li></ul>
<b>Briefing Papers to be circulated to the Committee -</b>
<b>Select Committee</b>
Mental Health
<b>Future Items</b>
Implementation of health and wellbeing hubs to be discussed in the next municipal year.
Health and Social Care Workforce
Healthwatch
Adult Safeguarding Board – check when last came to the board
Thrive Programme Update



## Annex I – Scrutiny Prioritisation Tool

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

Priority	Score
<b>High</b>	<b>5-6</b>
<b>Medium</b>	<b>3-4</b>
<b>Low</b>	<b>1-2</b>

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