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HEALTH AND ADULT SOCIAL CARE OVERVIEW AND SCRUTINY COMMITTEE

Wednesday 22 September 2021
10.00 am
Warspite Room, Council House

Members:

Councillor James, Chair

Councillor Mrs Aspinall, Vice Chair

Councillors Carlyle, Corvid, Harrison, Dr Mahony, McDonald, Murphy, Salmon 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

Part I (Public Committee)

1. Apologies

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

2. Declarations of Interest

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

3. Minutes (Pages 1 - 8)

The Committee will be asked to confirm the minutes of the meeting held on 28 July 2021.

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. Covid Update

6. Policy Brief (Pages 9 - 12)

7. Finance Monitoring Report (Pages 13 - 22)

8. Health and Social Care System Performance Report (Pages 23 - 32)

9. Healthwatch Annual Report 2020 - 21 (Pages 33 - 80)

10. The Plymouth Alliance (Pages 81 - 90)

11. Tracking Decisions (Pages 91 - 92)

12. Work Programme (Pages 93 - 94)

13. Exempt Business

To consider passing a resolution under Section 100A(4) of the Local Government Act 1972 to exclude the press and public from the meeting for the following item(s) of business on the grounds that it (they) involve the likely disclosure of exempt information as defined in paragraph(s) of Part I of Schedule 12A of the Act, as amended by the Freedom of Information Act 2000.

PART II (PRIVATE MEETING)

AGENDA

MEMBERS OF THE PUBLIC TO NOTE

that under the law, the Panel is entitled to consider certain items in private. Members of the public will be asked to leave the meeting when such items are discussed.

14. Mayflower CQC Action Plan Update

(Pages 95 - 106)

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Health and Adult Social Care Overview and Scrutiny Committee

Wednesday 28 July 2021

PRESENT:

Councillor James, in the Chair.

Councillor Mrs Aspinall, Vice Chair.

Councillors Corvid, Harrison, Dr Mahony, McDonald, Murphy and Tuffin.

Apologies for absence: Councillors Hulme.

Absent from the meeting: Councillor Carlyle.

Also in attendance: Councillor Nicholson (Cabinet Member for Health and Adult Social Care), Craig McArdle (Strategic Director for People), Anna Coles (Service Director for Integrated Commissioning), Ruth Harrell (Director of Public Health), Sarah Gooding (Policy and Intelligence Advisor), David Northey (Head of Integrated Finance), Helen Foote (Finance Business Partner), Jo Turl (NHS Devon CCG), Dr Alex Degan (NHS Devon CCG), Jo Beer (University Hospital Plymouth NHS Trust), Bryonie Brindley (University Hospital Plymouth NHS Trust), Nicola Collas (University Hospital Plymouth NHS Trust), James Ellis (University Hospital Plymouth NHS Trust) and Amelia Boulter (Democratic Advisor).

The meeting started at 10.00 am and finished at 1.05 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.

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

Agreed to note the appointment of Councillor James as the Chair and Councillor Mrs Aspinall as the Vice Chair of the Health and Adult Social Care Overview and Scrutiny Committee for the municipal year 2020 – 21.

2. **Declarations of Interest**

The following declarations of interest were made by Councillors in accordance with the code of conduct in respect of items under consideration at the meeting –

Name	Minute	Reason	Interest
Councillor James	Minute 9	Patient at Beacon Medical Group	Personal
Councillor Mrs Aspinall	Minute 9	Patient at practice mentioned	Personal

3. **Minutes**

Agreed the minutes of the meeting held on 24 March 2021.

4. **Chair's Urgent Business**

There were no items of Chair's urgent business.

5. **Policy Brief**

Sarah Gooding (Policy and Intelligence Advisor) added that the National Disability Strategy was published this morning.

Questions from members related to:

- Wanting to receive more information on exercise/weight and healthy living;
- To be aware of closing dates on any consultations.

The Committee noted the Policy Brief and for any consultations of relevance to be shared with the Chair and Vice-Chair.

6. **Covid Update - Verbal Update**

Ruth Harrell (Director of Public Health) was present and provided a verbal update on Covid. It was reported:

- they were above the England average but figures were dropping well;
- there had been a considerable amount of mixing over the last couple of weeks which triggered cases rising and then people changed their behaviour and cases have dropped;
- vaccination figures for Plymouth for first dose was 82%;
- an additional testing centre now in place at Tesco at Transit Way;
- with the increase in figures over the last month saw an increase in admissions at the hospital but the number was a lot lower than expected. The reduction was due to the vaccine;
- Home Park were accepting walk ins;
- mobile vaccine buses at Union Street and Devonport both ran out of vaccines and the mobile units would be in attendance at events across the summer;
- working on a programme with students to get the word out on the streets to that cohort to understanding what they need to do;
- awaiting guidance on 16 August on self-isolation for people that were double vaccinated.

Questions from members related to:

- people admitted to hospital with Covid have they been vaccinated?
- the delta variant transmissibility and were there other variants that were of concern?

- what was happening with regard to the booster injections and would the vaccinations be undertaken at GP practices or at Home Park?
- the care home sector and marked reluctance for some staff to be vaccinated can these staff continue to care? Do we as a local authority have responsibility for safeguarding?
- does the patient have the right not to be cared for by someone that not vaccinated?
- What was the current thinking for the under 16's on vaccinations?

The Committee noted the update and requested a Covid update at the next meeting to include the implications of long Covid.

(Agenda item 7 took place first before 6 to facilitate good meeting management).

7. **Finance Monitoring Report Month 2**

David Northey (Head of Integrated Finance) and Helen Foote (Finance Business Partner) were present for this item. Further supplementary information was tabled at the meeting.

Questions from members related to:

- budgets vary considerably each month and whether they were able to project further than month 2 or was that too early?
- covid and additional packages for clients and whether clients were requiring more complex care packages?
- children's and the people's directorate accounts for majority of the council's budget and for this committee to be provided with a more detailed budget report on health and adult social care.

The Committee noted the current revenue monitoring position and requested that future reports include a breakdown of health and adult social care budget.

8. **GP Surgeries**

Jo Turl (Director of Commissioning, NHS Devon CCG) and Dr Alex Degan (Primary Medical Director for the Integrated System, NHS Devon CCG) were present for this item. It was highlighted that:

- significant work had been undertaken by GPs in response to the pandemic and vaccination programme and want to recognise and thank GPs for their support;
- conscious that some patients struggling to access GP services and that the Emergency Department was struggling but want to highlight the data and evidence they have on access to general practice and recognise that face to face appointments had reduced during the pandemic;
- face to face appointment had started to slowly increase and were above the national average;

- the National Patient Survey run by IPSOS Mori showed that the overall patient experience in Devon was very positive given the situation that GPs have been in for the last 18 months;
- for Plymouth patients the overall experience was very positive with a majority of people saying good or fairly good but there were individual practices not as high as others;
- access by the phone data used alongside the user experience was reviewed on a monthly basis and work with practices and review actions plans to make improvements where needed;
- all practices have to undertake a lot of work behind the scenes to keep patients and staff safe via guidance from NHS England;
- demand has been huge and dealing with 18 months of medical problems;
- most GPs work on 10 to 15 minute appointments and it was not safe to deal with several problems in one appointment;
- backlog of planned care and investigations;
- there was a shortage of GPs and there was a need to think differently about how to provide care such as clinical pharmacists to undertake medication reviews for patients;
- provide support to GPs at the start and end of their careers, such as mentors for newly qualified GPs.

Questions from Members related to:

- seeking clarification on the 60% of appointments face to face? Were they in the surgery or on eConsult?
- the public have the perception that they cannot see a GP and the survey says differently. Do we have any idea on how many patients fail to get through to their GP practice?
- what support would be given to patients when we return back to normal to help them understand the new practices?
- the elderly cannot deal with the modern ways;
- when was the National Survey conducted?
- whether the virtual panel was representative and huge flaws within this report with Plymouth having much bigger issues with specific practices within Plymouth. People cannot access their GP practice and this report does not reflect on this situation;
- people with cognitive and sensory access issues we need to ensure this was well designed for this population that is accessible to everyone and to ensure there wasn't a digital divide;
- experiences with eConsult and NHS111 has been negative. Used eConsult and on completion of the form told to phone the GP, then phone the GP put the phone down after being on hold for over 30 minutes;
- more thought to be given to people with disabilities and how they access services;
- face to face appointment were required for some people to explain their medical conditions and there was a need to get the balance right. How the CCG works with GPs to get that balance right and eConsult needs

drastic changing to ensure accessibility was the same for all patients across the city.

The Committee noted the GP Access report and requested the Improvement Plan and update from Healthwatch on their findings on the Emergency Department.

9. **CQC and Urgent and Emergency Care**

Jo Beer (Chief Operating Officer, University Hospitals Plymouth NHS Trust) was present for this item. It was highlighted that:

- the Care Quality Commission (CQC) came to the hospital for an unannounced inspection on 8 March 2021 and focused the inspection on urgent and emergency care and diagnostic imaging;
- sustained improvements made in diagnostic imaging was 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 were being mitigated, particularly when the department under pressure;
- on the 25 March 2021 a Warning Notice under Section 29A (S29A) of Health and Social Care Act 2008 was issued with regard to urgent and emergency care;
- S29A correspondence indicated the CQC were assured by the information they 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.

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.

Questions from member's related to:

- the recruitment of a hybrid Paediatric Emergency Physician – when would this post be filled?
- people turning up to the emergency department because they cannot get access to their GP;
- what was the biggest staffing pinch at the hospital and was there a way to educate patients on which services to access?
- Covid surge at the hospital was that affecting the staffing and provision at the emergency department;
- were the CQC coming back to ensure measures were in place?

The Committee noted the CQC and Urgent Emergency Care Report and the progress made.

10. **Future Hospital Programme Phase I**

Nicola Collas, Bryonie Brindley and James Ellis (University Hospital Plymouth NHS Trust) were present for this item. It was reported that Phase I Project to include:

- new emergency department facilities;
- a same-day emergency care facility;
- imaging facilities;
- interventional radiology facilities;
- training facilities;
- staff rest and welfare facilities;
- emergency surgery theatres;
- administrative offices;
- a reconfiguration of the ambulances arrival and drop-off area;
- the 'gateway project' for the wider Derriford masterplan.

Key benefits of Phase I:

- 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.

Questions from Members related to:

- the funding package – was this new money on offer or were you using hospital reserves?
- treasury very volatile were there any dangers to getting the final amount and the plan could get reduced?
- this was really exciting plan but have concerns on the plan beyond phase I?
- current building and mental health facilities within the hospital – was there a parity between mental and physical health and can we be assured that this would be reflected within the design?
- zero carbon emission for this building and whether a more detailed plan could be circulated for future consideration and for this to be share with residents?
- would the building be dementia friendly for people with cognitive and sensory issues?
- will the new facilities be staffed from existing staff;
- parking an issue at the hospital – what would the parking availability within the new facilities?

The Committee noted the Future Hospital Programme Phase I.

11. **Work Programme**

The Committee discussed items for the work programme and raised the following items for inclusion on the work programme:

- Impact on care homes and care sector due to Covid;
- Hospital discharges;
- Care package;
- Care agencies;
- Reports from primary care, secondary care and domiciliary on carbon reduction;
- GP Access meeting which was postponed to be followed up;
- Budget scrutiny and which areas to scrutinise.

It was agreed for a meeting to be set with Councillor Murphy, Chair, Vice-chair and relevant officers to discuss the items on the care sector for inclusion on the work programme.

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Health and Adult Social Care Overview and Scrutiny Committee



Date of meeting:	22 September 2021
Title of Report:	Health and Adult Social Care Policy Brief
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 22092021
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: 09 September 2021											

POLICY BRIEF

Health and Adult Social Care Overview and Scrutiny

22 September 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.

GOVERNMENT POLICY, LEGISLATIVE ANNOUNCEMENTS AND NEWS

Department of Health and Social Care (07/09/2021) [Record £36 billion investment to reform NHS and Social Care](#). The Prime Minister has set out [plans](#) to tackle the Covid backlogs, reform adult social care, and bring the health and social care system closer together on a long term, sustainable footing.

From April 2022, the government will introduce a new, UK-wide 1.25 per cent Health and Social Care Levy, ringfenced for health and social care. This will be based on National Insurance contributions (NICs) and from 2023 will be legislatively separate.

A cap will be introduced on care costs from October 2023 of £86,000 over a person's lifetime. All people with assets worth less than £20,000 will then have their care fully covered by the state, and those who have between £20,000 and £100,000 in assets will see their care costs subsidised.

The government will set out a detailed plan later in the autumn to enable Local Authorities and other providers to invest in technology, innovative methods of care and in their workforce.

Department of Health and Social Care (06/09/2021) [Additional £5.4 billion for NHS COVID-19 response over next 6 months](#). The NHS will receive an extra £5.4 billion over the next 6 months to support its response to COVID-19 and help tackle waiting lists. The funding will immediately go towards supporting the NHS to manage the immediate pressures of the pandemic. This includes an extra £1 billion to help tackle the COVID-19 backlog, £2.8 billion to cover related costs such as enhanced infection control measures to keep staff and patients safe from the virus and £478 million to continue the hospital discharge programme, freeing up beds.

Department of Health and Social Care (06/09/2021) [Prospective parents given more choice over when to start a family](#). People across the UK will have more choice over when to start a family as the government sets out plans to increase the storage limits for eggs, sperm and embryos. Proposals will be introduced to increase the statutory storage limits for everyone from the current 10 years, to a 10 year renewable storage period up to a maximum of 55 years.

Department of Health and Social Care (03/09/2021) [New body to tackle health disparities will launch 1 October, co-headed by new Deputy Chief Medical Officer](#). The Office for Health Improvement and Disparities (OHID) will officially launch on 1 October with the aim of tackling health inequalities across the country. It will be co-led by newly appointed Deputy Chief Medical Officer (DCMO), Dr Jeanelle de Gruchy.


Department of Health and Social Care (01/09/2021) [Health Secretary and DCMO statements on JCVI advice on third jabs](#). The government accepts JCVI's advice to offer a third COVID-19 vaccine to people with severely weakened immune systems.

Department of Health and Social Care (31/08/2021) [Veterans' mental health services to receive £2.7 million boost](#). Armed forces veterans will benefit from extra support including extra mental health services thanks to a further £2.7 million funding. Support will be tailored to those

dealing with complex mental or physical trauma or alcohol and substance misuse. The additional support will be rolled out through Op COURAGE, the Veterans' Mental Health and Wellbeing Service.

Department for Work and Pensions (28/07/2021) [New National Disability Strategy launches.](#) More accessible housing, easier commuting and better job prospects are set to become reality for millions of disabled people in the UK through actions set out in the government's National Disability Strategy. The strategy sets out 100 immediate commitments supported by £1.6bn of funding alongside an ambitious agenda for future reform.

RECENT CONSULTATIONS AND SELECT COMMITTEE INQUIRIES

Date of publication	Health and Adult Social Care Overview and Scrutiny Committee	 GOV
20 July 2021	Department of Work and Pensions: Shaping future support: the health and disability green paper - this green paper considers the options for addressing some of the short- to medium-term issues in health and disability benefits.	Closes 11 October 2021

Health and Adult Social Care Overview and Scrutiny Committee



Date of meeting:	22 September 2021
Title of Report:	Finance Monitoring Report July 2021
Lead Member:	Councillor Nick Kelly (Leader)
Lead Strategic Director:	Brendan Arnold (Service Director for Finance)
Author:	David Northey - Head of Integrated Finance Hannah West – Finance Business Partner
Contact Email:	David.northey@plymouth.gov.uk
Your Reference:	Fin/djn/2021(04)
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 July 2021.

Recommendations and Reasons

That the Scrutiny Committee:

1. Notes the current revenue monitoring position;

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:

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	ba.2 1.22. 96	Leg	LS/3 7225 /AC/ 27/8/ 21.	Mon Off	Click here to enter text.	HR	Click here to enter text.	Assets	Click here to enter text.	Strat Proc	Click here to enter text.
Originating Senior Leadership Team member: Brendan Arnold											
Please confirm the Strategic Director(s) has agreed the report? Yes Date agreed: 19/08/2021											
Cabinet Member approval: leader after discussion with cabinet colleagues Date approved: 24/08/2021											

SECTION A: EXECUTIVE SUMMARY

Table 1: End of year revenue forecast

	Budget £m	Net Forecast Outturn £m	Variance £m
Total General Fund Budget	195.568	197.014	1.446

The forecast revenue outturn after the application of Covid grants and council mitigating actions is currently estimated at £1.446m over budget, which is a variance of +0.7% against the net budget (+0.3% against the gross budget).

This is the July monitoring report for 2021/22 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 £15.480m against the currently available grants. This will be reviewed as the year progresses. The impact of COVID-19 will continue in this financial year but in this forecast the additional costs identified are offset by grant and so there is a nil impact on the forecast variance.
2. Key budget pressures:
 - a) £1.498m reported within Customer & Corporate Services Directorate due to a legacy efficiency target not yet realised plus a savings target of £0.550m within the facilities management department due to the risk of non delivery in the current year.
 - b) Place Directorate are reporting a £0.042m pressure against revenue due to borrowing charges applied to Street Services. This has reduced since last month.
3. Key favourable variances:
 - a) Public Health is reporting an under spend of £0.094m.

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	5.471	(0.043)	0.000	on budget
Customer and Corporate Services	44.004	46.296	(0.794)	1.498	over
Children's Directorate	53.070	60.984	(7.914)	0.000	on budget
People Directorate	89.441	93.018	(3.577)	0.000	on budget
Public Health	(0.537)	(0.572)	(0.059)	(0.094)	under
Place Directorate	25.069	28.204	(3.093)	0.042	over
Corporate Items	(20.907)	(36.387)	15.480	0.000	on budget
Total	195.568	197.014	0.000	1.446	over

1. Executive Office

1.1 The Executive Office is continuing to report a nil variance, after offsetting COVID-19 related costs totalling £0.043m.

2. Customer and Corporate Services Directorate

2.1 The Customer and Corporate Services Directorate is forecasting an over spend of £1.498m, the greater part of which relates to savings that are likely to be delivered later than planned. Work is underway to adopt mitigating actions and the position will be closely monitored moving forward.

3. Children's Directorate

3.1 The directorate is forecasting a breakeven position for the year, after identifying COVID-19 related costs of £7.914m for the year, offset by applying equivalent grant.

3.2 These additional costs cover additional placements (including residential placements) social workers and family support workers.

4. People Directorate

4.1 The People Directorate is forecasting a breakeven position for the year. The £3.577m of Covid-19 related expenditure includes additional costs for bed & breakfast accommodation and in the leisure service.

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

5.1 Public Health is reporting an under spend of £0.094m.

6. Place Directorate

6.1 The directorate is reporting a small overspend of £0.042m which is an improved position.

6.2 Concerns remain regarding the ability to meet the Regeneration Property Fund target and the Directorate continues to pursue methods of offsetting in year pressures of £0.250m.

7. Corporate Items

7.1 The overall position shows a nil variation.

7.2 COVID-19 financial support continues to be held here, and is being used to offset pressures that have arisen across all Directorates as a result of the pandemic; currently these are forecast to a total of £15.480m.

Appendix A 2021/22 Savings status (I) Summary

	Total	Achieved savings	on track for delivery	Working on for delivery	Planned, internal/external actions required to deliver
	£m	£m	£m	£m	£m
Children's	4.001	1.644	1.278	1.079	0.000
People	3.160	0.000	2.980	0.180	0.000
ODPH	0.028	0.000	0.028	0.000	0.000
Customer & Corporate	4.571	0.000	2.266	0.040	2.265
Place	1.035	0.080	0.105	0.350	0.500
Corporate Items	1.050	1.015	0.000	0.000	0.035
2021/22 Savings	13.845	2.739	6.657	1.649	2.800

Appendix A 2021/22 Savings status (2) Detail

Directorate / Plans	Target 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
Children					
EPS step up	0.152			0.152	
Home to School Transport	0.179			0.179	
AST	0.500	0.100	0.312	0.088	
Fostering	0.670	0.189	0.271	0.210	
Troubled Families	0.650	0.317	0.333		
Placement Review	1.400	1.038	0.362		
Management Actions	0.450			0.450	
Children - Savings	4.001	1.644	1.278	1.079	0.000
People					
Care Package Reviews (SC)	0.775		0.775		
Direct Payment Reviews (SC)	0.250		0.250		
Increased FCP Income (SC)	0.100			0.100	
Commissioned Contracts (SC)	0.250		0.250		
Grant Maximisation (CC)	0.200		0.200		
Management Actions (CC)	0.050		0.050		
Income Targets (CC)	0.050		0.050		
One Off Savings 2020/21 (SC)	1.485		1.405	0.080	
People - savings	3.160	0.000	2.980	0.180	0.000

ODPH					
Additional Income	0.008		0.008		
Additional Income #2	0.020		0.020		
ODPH - savings	0.028	0.000	0.028	0.000	0.000
Customer, Corporate Services and Executive Office					
Efficiency	0.949				0.949
FM review	0.550				0.550
Business support	1.200		0.434		0.766
ICT	1.000		1.000		
CEX; Legal services	0.100		0.100		
Coroner	0.040			0.040	
Training	0.153		0.153		
Capitalise Capital Team	0.050		0.050		
Internal Audit	0.016		0.016		
Departmental	0.513		0.513		
Customer & Corporate Services and Executive Office savings	4.571	0.000	2.266	0.040	2.265
Place					
Regeneration Property Fund	0.500				0.500
Concessionary Fares	0.080	0.080			
Weston Mill, bulky & trade waste income	0.208			0.208	
Resident Parking	0.060		0.060		
On/Off parking	0.065			0.065	
Fees and charges including Mt. Edgcumbe	0.122		0.045	0.077	
Place savings	1.035	0.080	0.105	0.350	0.500
Corporate					
Schools PFI - adjustments	1.015	1.015			
Income target not allocated	0.035				0.035
Corporate savings	1.050	1.015	0.000	0.000	0.035
Overall Total savings	13.845	2.739	6.657	1.649	2.800

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HEALTH AND ADULT SOCIAL CARE SYSTEM PERFORMANCE

AUGUST 2021

1. INTRODUCTION

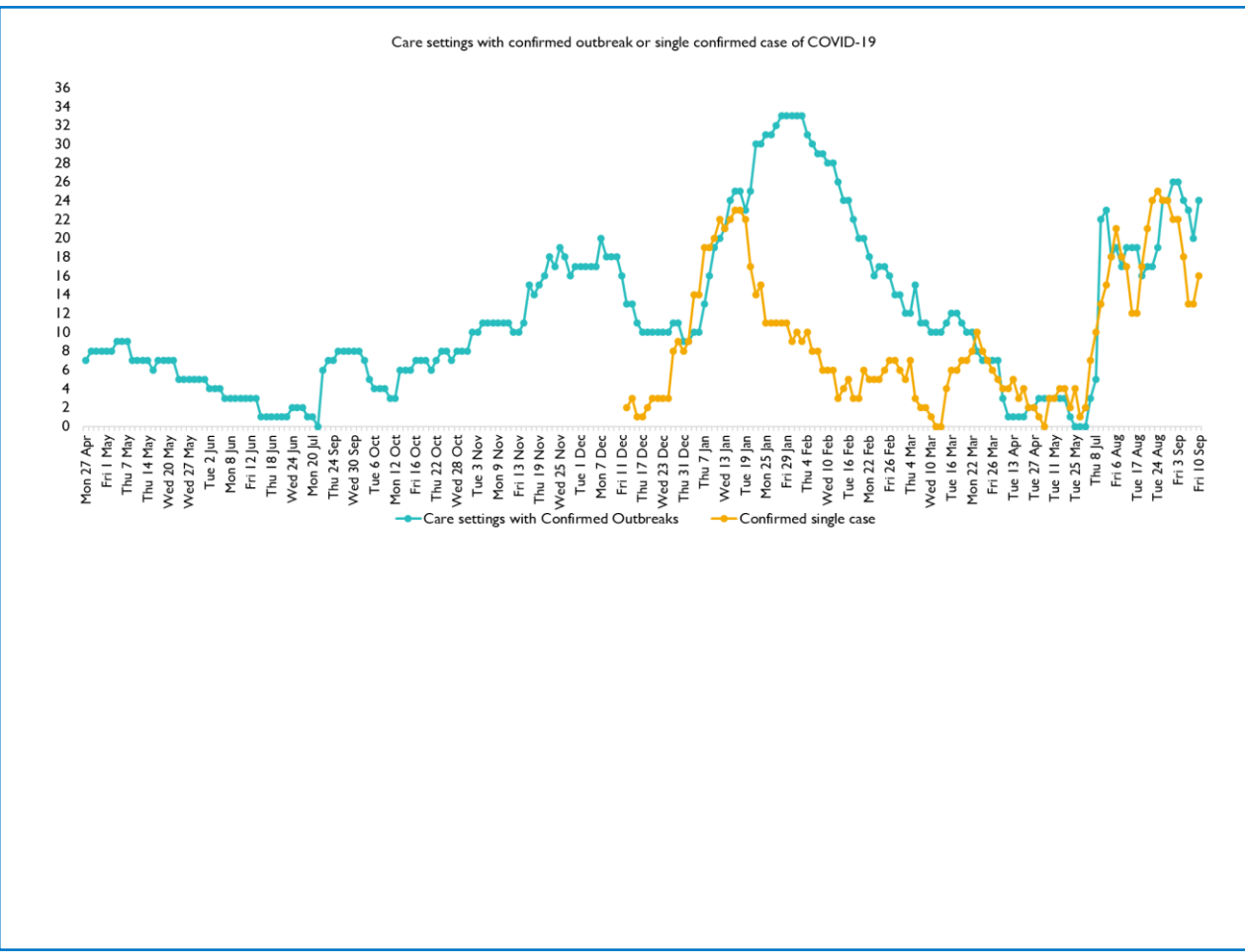
The purpose of this report is to inform members of the latest performance against a number of key indicators that provide a view of how care is being delivered to the people of Plymouth in light of the COVID-19 emergency. The pandemic has had an impact on how performance is reported and this has limited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

The indicators in this report are;

- Care setting outbreaks
- Residential and Nursing Care
- Community Based Care
- Reablement
- Adult Safeguarding
- Admission Avoidance
- Ambulance handovers
- Hospital Flow

Performance Indicators

	Thu 26 Sep	Wed 1 Sep	Fri 3 Sep	Mon 6 Sep	Wed 8 Sep	Thu 9 Sep	Fri 10 Sep	Trend
Care settings with confirmed outbreaks	24	26	26	24	23	20	24	▲
Care settings with one confirmed case	24	22	22	18	13	13	16	▲



Performance Insights

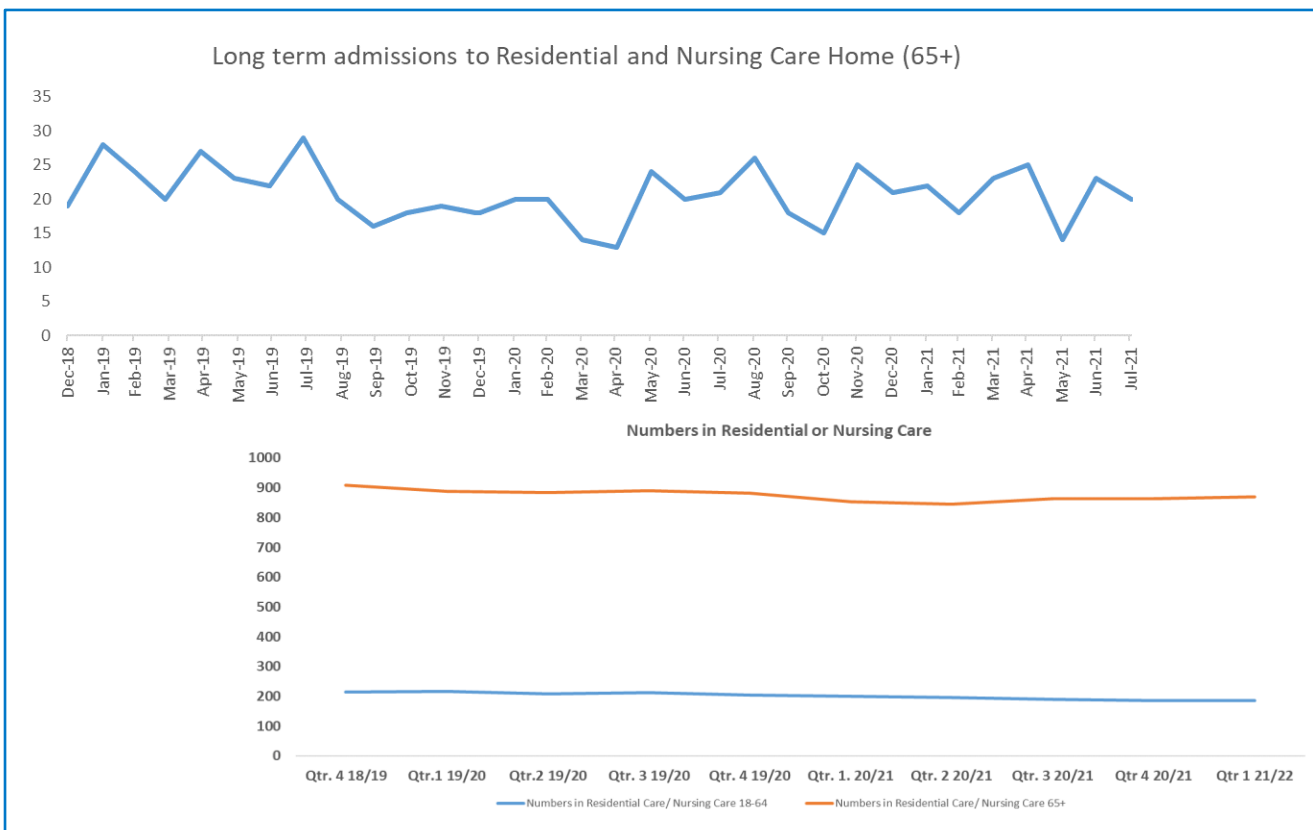
The number of outbreaks within care settings is 24 on 10 September. In addition to this there are a further 16 settings with at least one suspected positive case.

16 of the outbreaks are within care homes for older people (aged 65+), two care homes for younger people (18-64) and the remaining six spread across Supported Living, Domiciliary Care and Day care.

Our care settings 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.

Performance Indicators

	February	March	April	May	June	July	August	Trend
Long term admissions to Residential or Nursing Care (18-64)	2	0	1	1	0	4	0	▼
Long term admissions to Residential or Nursing Care (65+)	22	18	23	25	14	23	20	▼
	Qtr.3 19/20	Qtr. 4 19/20	Qtr. 1 20/21	Qtr. 2 20/21	Qtr. 3 20/21	Qtr. 4 20/21	Qtr. 1 21/22	
Numbers in Residential Care/ Nursing Care 18-64	212	204	201	197	190	186	187	▲
Numbers in Residential Care/ Nursing Care 65+	891	882	853	848	864	864	869	▲



Performance Insights

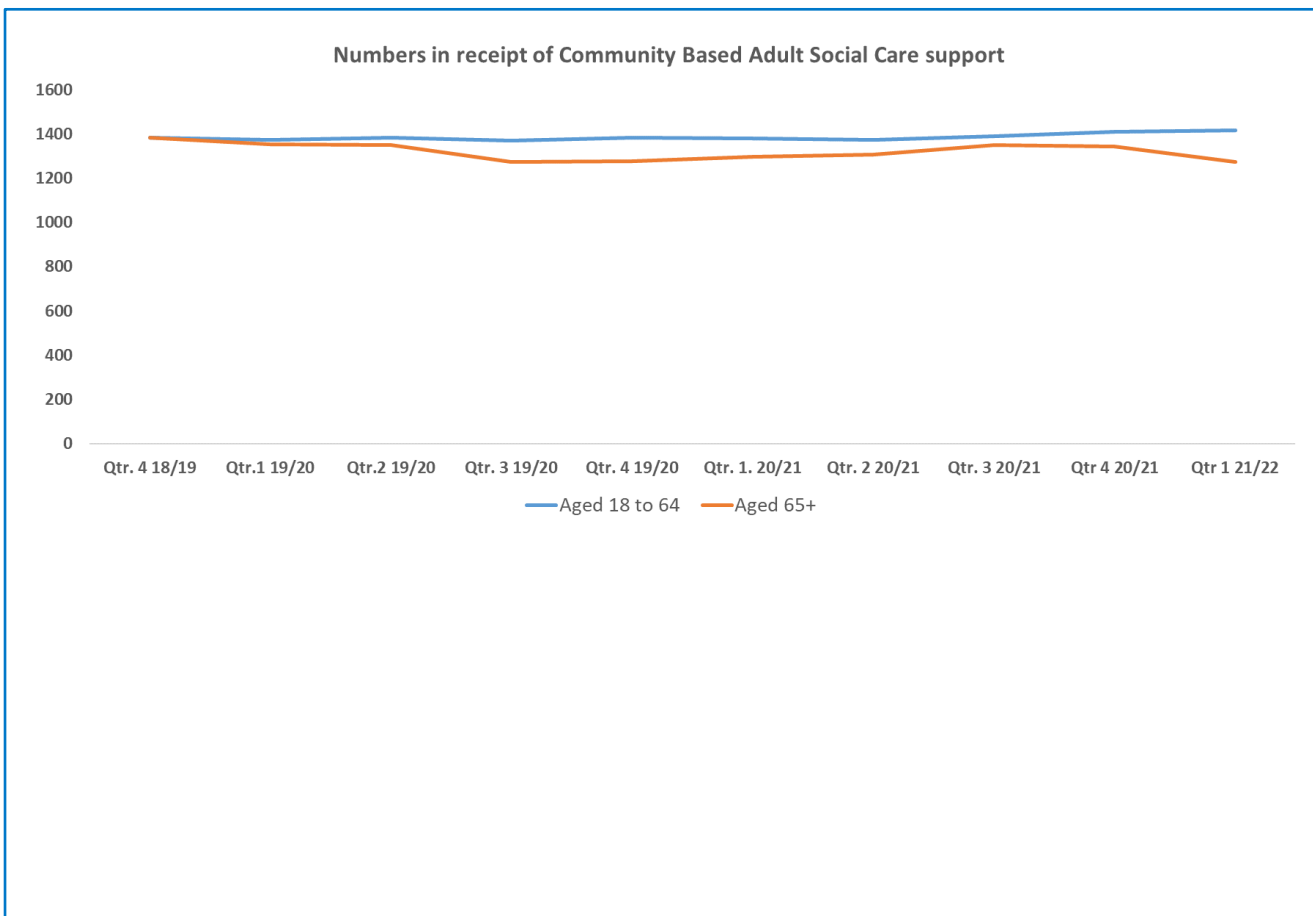
In 2020/21, the number of admissions to residential/nursing care of people aged 65 and over remained relatively static when compared to 2019/20. Last year there were 239 long term admissions, compared to 253 in the previous year. The number has however been on an increasing trend since the beginning of 2021/22 when compared with 2020/21; between 1 April and 30 June 2021 there have been 62 admissions, although there was a small decline in numbers in June (15 compared to 24 in May).

This year we have recorded an increase in the number of long term admissions of those aged 18 to 64, between April 2021 and August 2021 there have been six admissions, compared to 11 over the same period in 2020/21.

Overall, numbers of people in care home settings remains static, and 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. 3 19/20	Qtr. 4 19/20	Qtr. 1. 20/21	Qtr. 2 20/21	Qtr. 3 20/21	Qtr. 4 20/21	Qtr. 1 21/22	Trend
Numbers in receipt of Community Based Care (18-64)	1370	1385	1379	1372	1390	1411	1418	▲
Numbers in receipt of Community Based Care (65+)	1275	1276	1298	1308	1349	1344	1273	▼



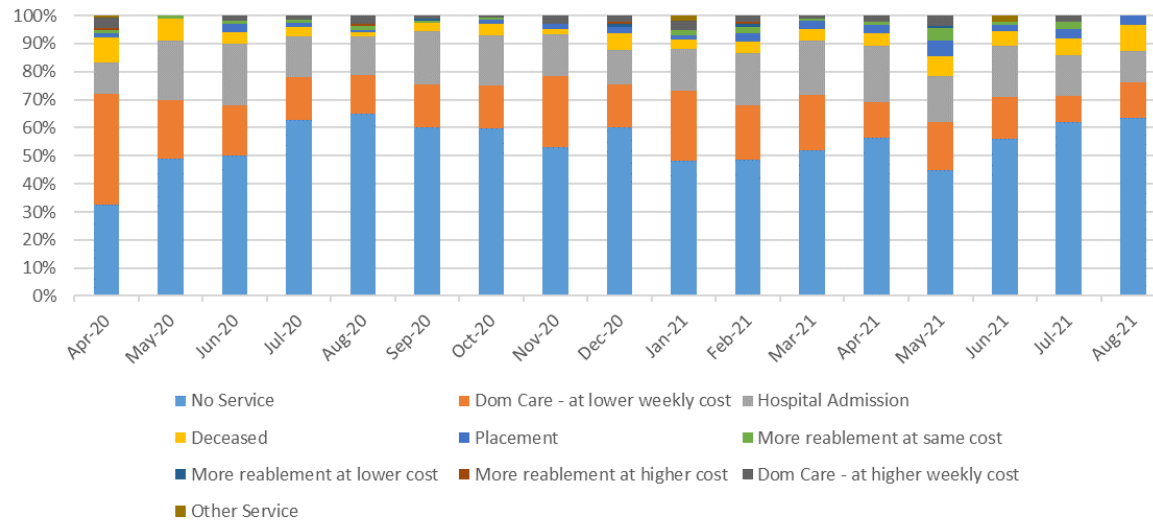
Performance Insights

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

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.

During quarter one of 2020/21 there were 2,691 individuals who accessed community based care, this is lower than Q4 of 2020/21.

Outcome post period of reablement



Performance Insights

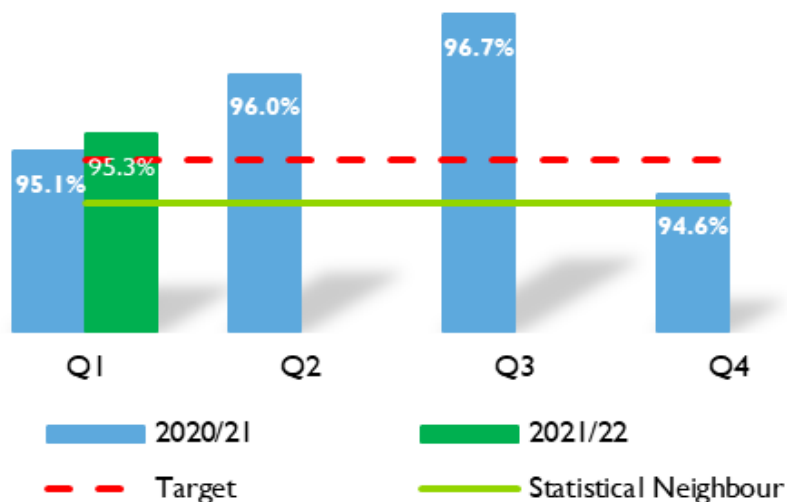
The Independence at Home service monitors its activity and outcomes on a weekly basis and presented here is a monthly breakdown of outcomes to reablement.

Due to current system pressure less individuals leaving hospital have access to reablement due to staffing shortages. Proactive work is underway in partnership with Livewell South West so that capacity can increase before winter.

Between April the end of August 2021 445 outcomes to reablement have been recorded. On average 56% of these cases the individual in receipt of the reablement has left the service fully independent requiring no further service.

Of those individuals who go on to require long term care, the majority go on to a package that is at a lower cost to any previous package received. On average each month this year 13% of all outcomes will be a package of Domiciliary Care that is at a lower weekly cost.

Percentage of closed adult 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 April and 30 June 2021, 201 individuals were the subject of a completed safeguarding enquiry, 148 of whom expressed a desired outcome at the start of the enquiry (73.6% compared to 70.3% in quarter four). The proportion of people not asked about their preferred outcome decreased to 18.4% (23.4% in quarter four). This improvement follows discussions with the provider and further improvement is expected. The percentage of enquiries with outcomes that have been either fully or partially achieved increased in quarter one to 95.3% (141), while those fully achieved decreased slightly to 62.8% (93), compared to 64.6% in quarter four. This continues a declining trend in the percentage of outcomes fully achieved.

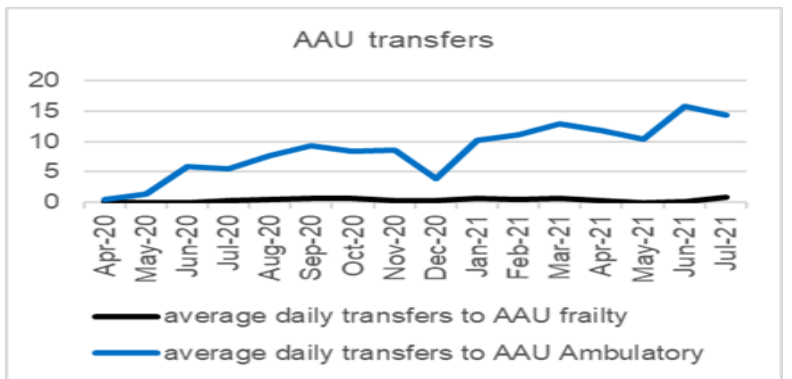
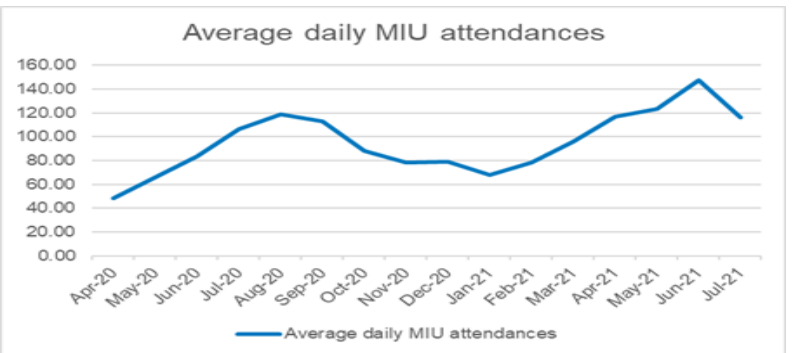
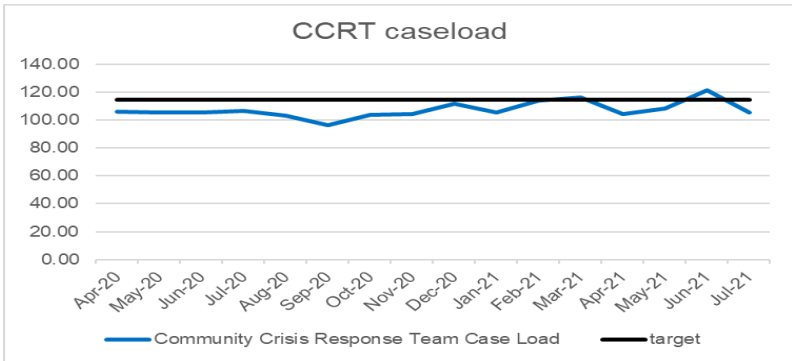
Safeguarding activity, performance and outcomes are monitored on a quarterly basis by the Safeguarding Assurance meetings and the Adult Safeguarding Board.

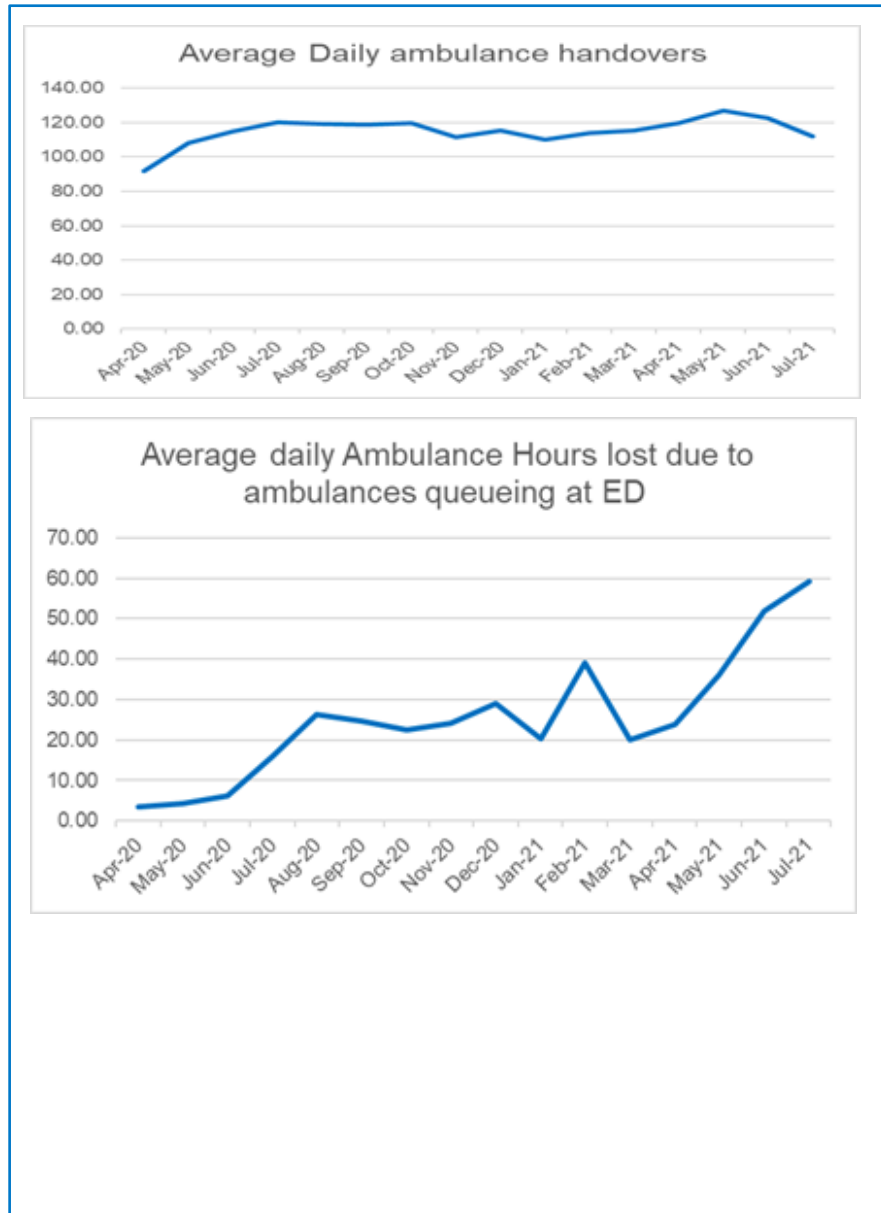
Performance Insights

Community Crisis Response Team (CCRT) Case load: the average daily caseload fell below target in July. Looking to change this measure to number focus on number of referrals as this might be a better measure of demand. As part of the system pressure recovery work for Plymouth there is targeted work underway with SWAST (Ambulance Service) and Primary Care (GP's) to increase the utilisation of the Community Crisis Support offer and thus reduce the number of attendances at the Emergency Department(ED)

Type 3 (Minor Injuries Unit (MIU)/Urgent Treatment Centre (UTC)) attendances: The number across the Cumberland Centre, Kingsbridge and Tavistock fell during July. However it should be noted that all sites experienced periods of closure with Kingsbridge closed for 5% of the time, Cumberland closed for 25% of the time and Tavistock closed for 46.8% of the time, this was due to staffing shortages and high levels of demand. The Hospital is working to develop a sustainable staffing model to reduce the number of closures across these sites to reduce the number of ED attendances.

Acute Assessment Unit (AAU) ambulatory and frailty: Average daily transfers to AAU ambulatory fell slightly in July but the overall trend is an upward one. Transfers to AAU frailty remain very low but the Hospital has a detailed improvement plan which focusses on increasing access to alternative entrance points to the Hospital rather than ED.





Performance Insights

The average daily number of ambulance handovers fell slightly during July. However the number of the ambulance time lost due to delays over 15 minutes / time lost increased significantly. Flow through the hospital and availability of beds has impacted on this.

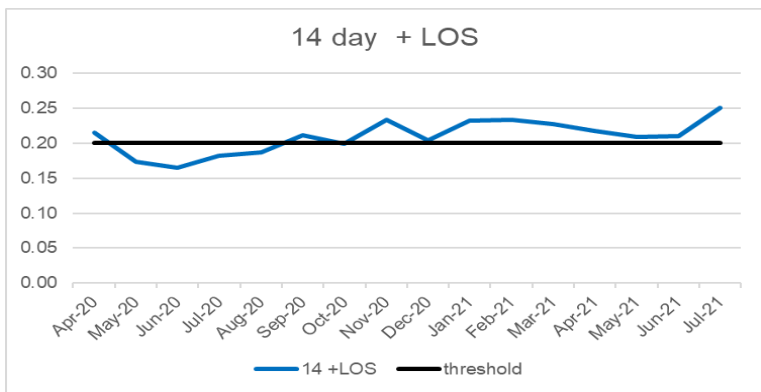
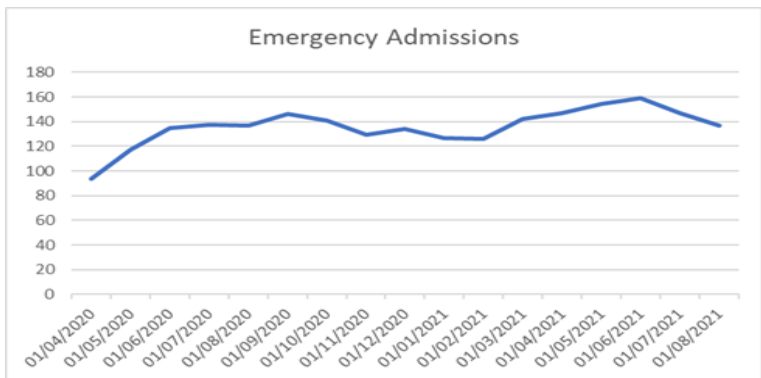
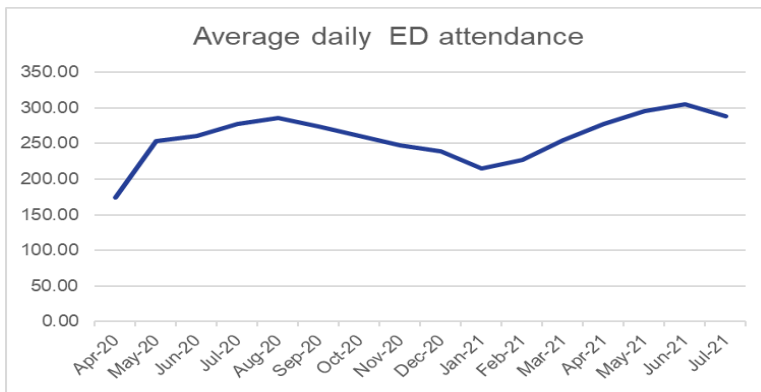
The Hospital is working closely with NHSE/I and the CCG on work to improve ambulance transfers

Performance Insights

ED attendances: The average daily number of attendances fell slightly during July. However average length of stay in ED rose from 333.04 minutes in June and 377.35 in July. Indications are that this continued to rise through August.

Emergency Admissions: After a period of month on month increase the average daily emergency admissions fell during July and is currently projected to fall further in August

Hospital Length of Stay: During July the % of patients with lengths of stay above 14 and 21 days increased and are above threshold levels. Underlying this is an increase in the number of people in hospital beds who no longer have the right to reside. There have been increasing delays in discharging patients due to the availability of community and care home beds and packages of care across Plymouth, Devon and Cornwall



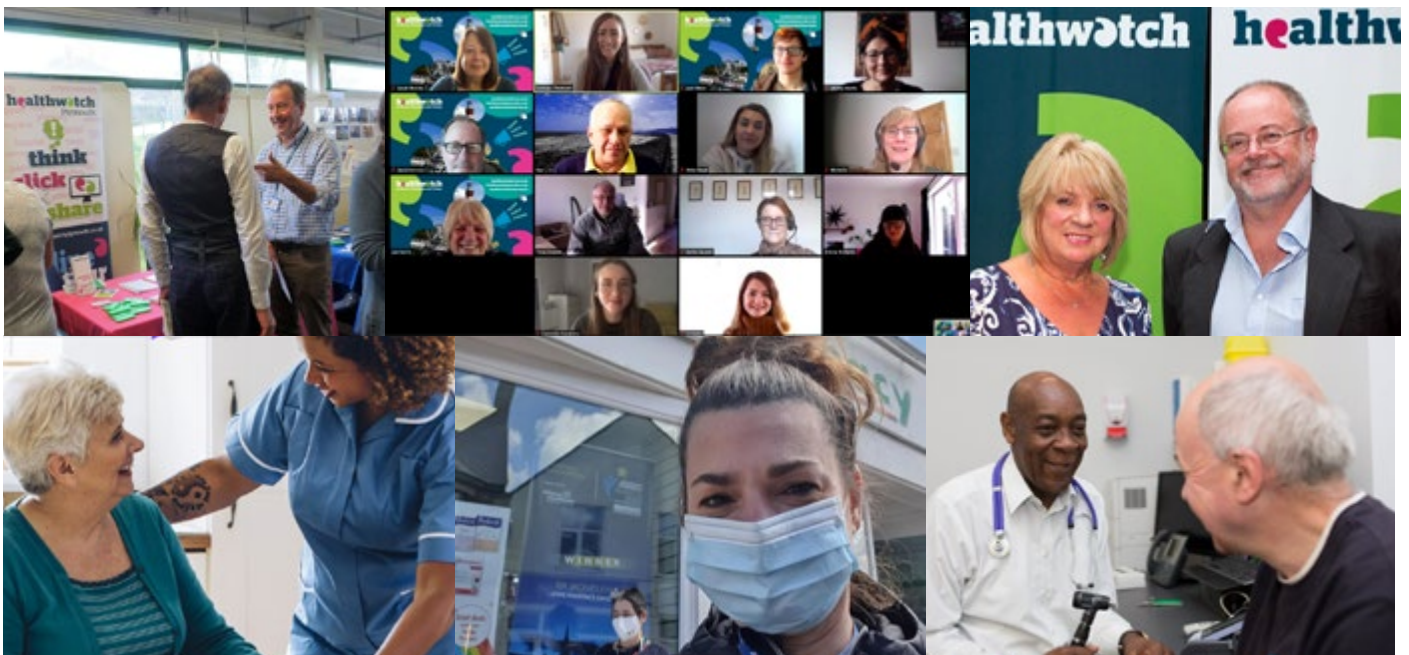
Annual Report 2020-21

Covering Healthwatch in Devon, Plymouth and Torbay



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Message from our Healthwatch Strategic lead

Welcome to the first ever joint Annual Report for Healthwatch in Devon, Plymouth and Torbay, covering our activities from April 2020 to March 2021, and what an eventful and challenging year it has been for us all!

During the Spring of 2020, Devon County Council, Plymouth City Council and Torbay Council announced they would jointly commission the local Healthwatch service in Devon, Plymouth and Torbay, after previously individually commissioning their own separate local Healthwatch.

We were pleased that from April 2020 this service was awarded to Colebrook South West (who provided the Healthwatch Plymouth services since April 2013), in partnership with Healthwatch Torbay and Engaging Communities South West (who provided the services for Healthwatch Torbay since April 2013), and Citizens Advice Devon (who delivered core aspects of the Healthwatch Devon service since 2013). Although these three services are now jointly commissioned, it is important that each local authority area retains the distinct identities of their local Healthwatch.

Starting a new contract at the same time as a global pandemic was challenging to say the least. The value of having local knowledge and understanding of health and social care services enabled us to respond quickly to be as supportive as possible to system partners and minimise non-essential work, whilst still fulfilling our statutory responsibilities.

We continued to work closely with all of our key stakeholders across Devon, including receiving and sharing information and guidance with the community from NHS Devon Clinical Commissioning Group, local Authorities, local Public Health teams and nationally from Healthwatch England, the Care Quality Commission and NHS England.

Although the pandemic has impacted on all local Healthwatch statutory functions, we have tried to maintain a level of engagement with the public to continue to capture what life has been like for people across Devon who are still using our health and social care services. However, the COVID-19 pandemic, lockdown, and a public reluctance to evaluate health and social care services during such difficult times, has led to a significant reduction in the level of public feedback we are used to collating. Since January we are seeing an increase in public feedback about services by ourselves and our partners.

As health and social care services start to recover from the pandemic, there will be pressure on all providers to meet the demand for local people accessing their services. Public feedback will be very important moving forward so that Healthwatch, providers and commissioners of services can capture what is working well and what may need to be improved. We therefore hope you will support your local Healthwatch by sharing your local health and social care experiences with us.

This Annual Report will go into greater detail on the ways you have supported us this year and the ways we have supported you, but I'd like to end by saying a huge thanks to all NHS staff, key workers and volunteers who we know are working extremely hard to recover from this pandemic and will need all of our help to do so. I'd also like to thank our own Healthwatch staff and volunteers for their continued support during this unprecedented year.

We hope you enjoy our first joint Annual Report for Healthwatch in Devon, Plymouth and Torbay.



A handwritten signature in black ink, which appears to read 'Pat Harris'.

Pat Harris

Strategic Lead for
Healthwatch in Devon,
Plymouth & Torbay

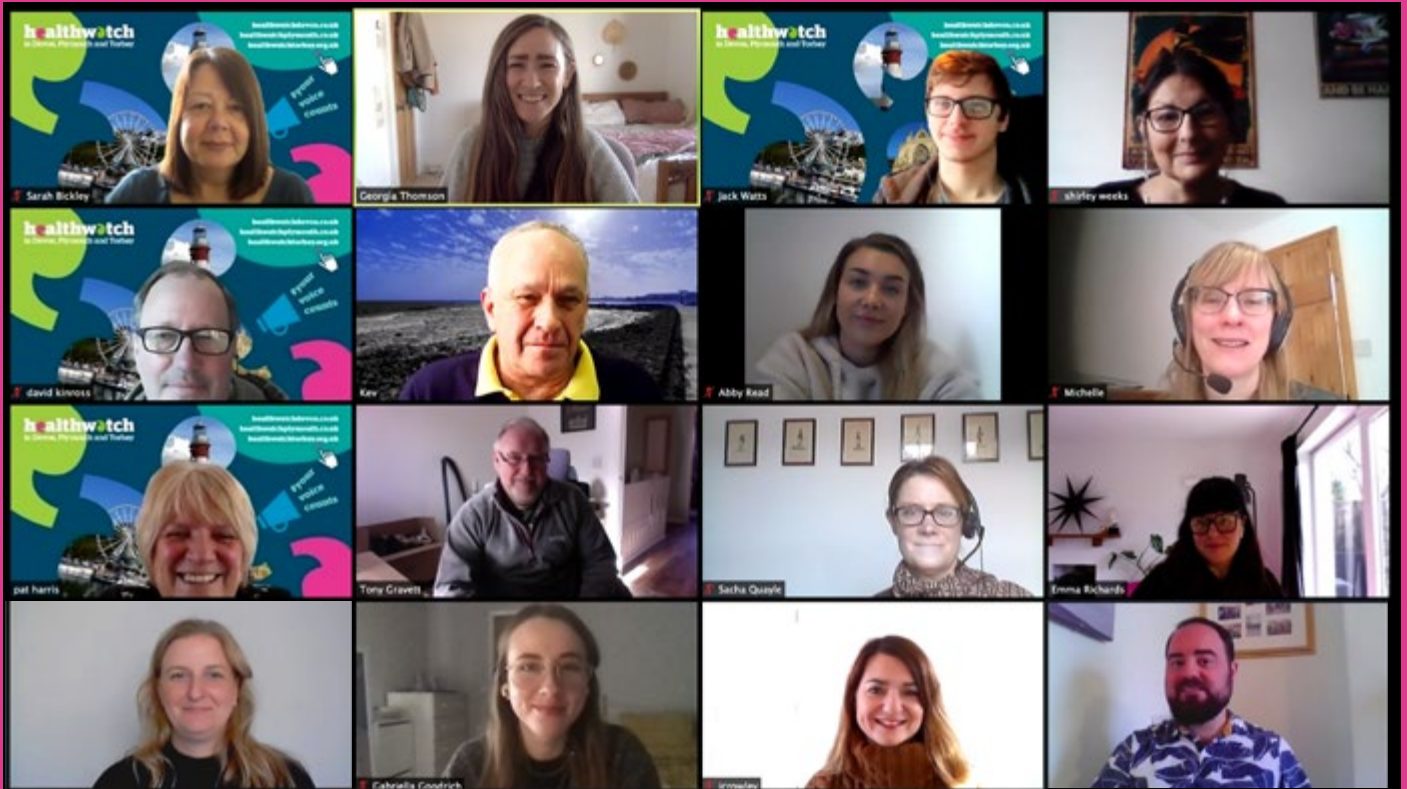


Image: Some of our Healthwatch in Devon, Plymouth and Torbay staff.

About us



About us

Here to make health and care better

Healthwatch is the independent consumer champion for health and social care

Across Devon this is made up of three local Healthwatch: Devon, Plymouth and Torbay. In Devon it covers the eight districts of East Devon, Exeter, Mid Devon, North Devon, South Hams, Teignbridge, Torridge and West Devon, with a population of about 800,000. Plymouth covers the city of Plymouth, home to over 230,000 people, with Torbay home to over 130,000 people in the three main coastal towns of Torquay, Paignton and Brixham.

Nationally, we work with Healthwatch England, the national body for Healthwatch, a network of 152 local Healthwatch and other partners to address national issues with access to and quality of health and social care services.



“Local Healthwatch have done fantastic work throughout the country during the COVID-19 pandemic, but there is more work ahead to ensure that everyone’s views are heard. COVID-19 has highlighted inequalities and to tackle these unfair health differences we will need those in power to listen, to hear the experiences of those facing inequality and understand the steps that could improve people’s lives.”

- Sir Robert Francis QC, Chair of Healthwatch England

Our Focus

You need services that work for you, your friends and family, or your carers and cared for. That’s why we want you to share your experiences of using health and care with us - both good and not so good. We use your voice to encourage those who run services to act on what matters to you.

Local Healthwatch gather and represent the views of the public in order to influence improvements in health and care service provision and share good practice. We achieve this by working in collaboration with other organisations to identify causes for concern in the local community and using people’s experiences to influence relevant decision-making bodies.

Our focus is to make sure we have strong networks and that we are engaging with our local community effectively.

We also help people find the information they need about services in their area. This has been vital during the pandemic with the ever-changing environment and restrictions limiting people’s access to health and social care services.



Every voice counts

Everything that Healthwatch does brings the voice and influence of local people to the development and delivery of local services.

People need to feel that their local Healthwatch belongs to and reflects them and their local community. It needs to feel approachable, practical and dynamic, and to act on behalf of local people. We are here for YOU.



How we deliver local Healthwatch

Although our three services are jointly commissioned, each local authority area retains the distinct identities of their own local Healthwatch name.



This enables us to operate independently as local consumer champions, but have the ability to work across the whole of Devon on issues that affect everyone. To help us we run a central call centre, run by Citizens Advice Devon, as a single point of contact for the public.

Healthwatch Assist Network

In each of our local Healthwatch areas we are establishing a network of Healthwatch Assist groups, which consists of local community groups and organisations, who not only work with us on engagement, but provide feedback around issues being faced by their local communities.

This network allows us to build links with communities so we can gather information about the health and social care services they use. We simply want to know what is and is not working. This information is fed back into the community and shared with key healthcare decision makers who can learn from good practice and make improvements to local services.

We provide members with information about local health and social care in Devon. Our Assists are the first to hear about any new projects we are working on and are always invited to provide feedback on behalf of their members/service users, meaning their voices are captured in our reports. Where appropriate there will also be opportunities for partnership working on relevant projects.



Location of our Healthwatch Assist Network members



About our Healthwatch Champions in Devon

Here to help with all aspects of health and social care

We can all face problems that seem complicated or intimidating. Our Healthwatch Champions are part of Citizens Advice and believe no one should have to face these problems without good quality, independent advice. That's why they're here: to give people the confidence they need to find their way forward - whoever they are, and whatever their problem.

Healthwatch Champions in Devon provide specialist support, guidance and advice in all aspects of health and social care. The champions help clients resolve any health and social care enquiries.

Healthwatch Champions operate in many different outreach centres throughout Devon, including rural areas.

Map showing location of our Champions supporting Healthwatch across Devon >>>



NHS complaints Advocacy

Healthwatch in Devon, Plymouth and Torbay also provide people with information about what to do when things go wrong; this includes signposting people who want to complain about NHS services to independent advocacy services.

Independent Health Complaints Advocacy (IHCA) provides advocacy support to people who need help to make a complaint about health and social care services that they have received from the NHS. In Devon this service is delivered by The Advocacy People and Devon Advocacy Consortium.



Image: Some of our staff and volunteers supporting Healthwatch in Devon, Plymouth and Torbay.

Highlights from our year



Highlights from our year

Take a look at our statistics and resources below and see how we've supported people across Devon, Plymouth and Torbay in 2020-21.

Reaching out

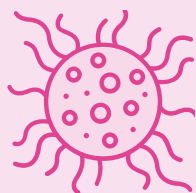


We heard from **3,086 people** this year about their experiences of health and social care.

377 people received direct support from us this year.

We've reached almost **1.3 million people** on social media and sent out **140** e-bulletins to **2,794** subscribers

Responding to the pandemic



We've reached almost **1.3 million** people via social media and our weekly e-bulletins, which generated almost **4,000** clicks to COVID information and over **175,000** page views on our websites. This led to us directly helping **249** people around vaccine process and vaccine experiences.

We released **2** COVID-19 related reports, with a third coming soon.

Making a difference to care



We published **11 reports** about the improvements people would like to see to health and social care services. From this, **23** recommendations for improvement were made both locally and

nationally, of which **31%** of recommendations have been acted upon locally, at the point where we reviewed progress.

Health and care that works for you



50 volunteers

helped us to carry out our work. They contributed approx. 450 hours, mainly in zoom meetings and remote forums.

We employ 27 staff

equating to 14.5 full time equivalent.

We received

£560,000 in funding

from our local authorities in 2020-21.

Top themes that people have contacted us about:

Feedback comments below are taken from the public.



Primary Care

"Since its merger the patient experience is dire. All of the processes have been centralised. For example, it was no longer possible to pick up a controlled drug prescription from the surgery and instead patients had to travel across town because the surgery 'couldn't courier them across'. Patient choice gone - not all patients want their scripts sent to a pharmacy, some want and need them in hand (e.g. need the convenience of dropping a prescription into a pharmacy of choice when passing)."



Dentistry (non-hospital)

"I moved down to Plymouth in June 2018 and my children have been on the waiting list coming up for 3 years. I find it rather shocking that most of Dental practice are only accepting private patients and NOT NHS especially when my children have right to NHS treatment.

They haven't seen dentist in last 5 years. I contacted NHS England to raise official complaint about this issue. I was given 2 Dental practice details and was told that they are accepting NHS patients. However, I contacted both and neither of them are accepting NHS patients."



Vaccines

"I had my Covid vaccine and wanted to feed back how impressed I was with all the staff and volunteers there. I am in the vulnerable category and have been shielding for months, and I was very nervous about going today as I was worried there would be a lot of people standing very close to together, but everyone at the checkpoints were so friendly and helpful and were happy to answer any of my questions.

It is so wonderful that these vaccinations are being administered so quickly to all the people that need them and gives us all hope for the future."

All our feedback is logged securely and used for analysis, monitoring and sharing anonymously at regular quality/intelligence meetings throughout Devon, Plymouth and Torbay. Where relevant, and with consent, official complaints are escalated to appropriate bodies, including: providers, health trusts, safeguarding, NHS England, Care Quality Commission (CQC) and/or local NHS advocacy services.



Reports and Case Studies

At Healthwatch it can be difficult to show the impact that we make within one annual year as quite often, the difference that we make does not happen straight away, but over a period of time.

The reports shared are as a result of collating feedback on behalf of the providers to inform them of patient views and experiences, so they can make informed improvements to services.

There will be an outline of a consultation report followed by an individual case study for each local area.

Please note that photos used are stock images and are not the real clients discussed to protect their anonymity.





Leg ulcer treatment report

healthwatch
Devon

Leg ulcer treatment - experiences & views of people in Devon

To obtain detailed feedback on patient experience about the treatment of leg ulcers, Healthwatch Devon held interviews with leg ulcer patients to find out what went well during their treatment and what could be improved.

The way leg ulcer treatment is delivered varies across Devon. In Eastern and Southern Devon, it is delivered partially by GP surgeries and partially by community service providers. In Western and Northern Devon, it is delivered solely by community service providers.

In October 2020, NHS Devon Clinical Commissioning Group (CCG) invited both patients and staff involved within Lower Limb Therapy Services (LLTS) to complete a short survey. The patient survey link was sent out proactively by providers to leg ulcer patients who had consented to receiving text/email from the practice. A paper copy was also provided to patients as they came in for treatment appointments so as not to exclude those who would be unable to use the digital survey. Overall 65 patients responded to the survey.

To obtain further detailed feedback on patient experience about the treatment received, Healthwatch conducted additional interviews with patients to find out what went well during their treatment and what could be improved. All 65 people who completed the CCG's survey were given the opportunity to give more detailed feedback to Healthwatch in a telephone interview, nine were successfully reached. Although we recognise this is a relatively small number, we believe the data acquired from these patients is rich and significant enough to make observations about the treatment received.

Key Findings and response

The key themes that emerged from the discussions were:

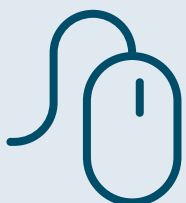
- Respondents from East Devon had mixed experiences.
- The two respondents from South Devon were largely positive about their treatment at the specialist clinics.
- Two respondents from West Devon were very satisfied with their treatment.
- Across all three areas, respondents with positive experiences described effective communication and support as features of their treatment.

Statement from NHS Devon CCG

“We have used the findings in a variety of ways - some have led to direct decisions such as the inclusion of a ‘well leg’ aftercare service, and a total purchase model for prescribing to reduce the long waits for prescribed medications. The findings considered as a whole were in favour of the more specialist services and the experiences had there, and this has influenced the decision on how and who to award the future service to. In both senses it has been immensely helpful.”

- Sarah Pearce (Head of Place Based and Urgent Care Services)”


Devon
Clinical Commissioning Group



To find out more > > >

Read the full report at
<https://healthwatchdevon.co.uk/report/leg-ulcer-treatment-experiences-views-of-people-in-devon/>



Healthwatch Devon Case Study

Let down by GP

This client, who was helped by a Healthwatch (HW) Champion in East Devon, had knee replacement surgery approximately 5 years ago. Since the surgery he has suffered massive complications which have affected his physical and mental health significantly. Further, a month before speaking to HW, his GP informed him that they would be withdrawing all future treatment in relation to the problems arising from the surgery.

Any specific feedback, service ratings or comments included are taken from the public.

This client felt at a loss as to how to proceed and feels let down by the NHS, especially his GP, and feels he has lost part of his life. He has also suffered a loss of earnings due to not being able to work as efficiently for the last 5 years. He feels as if no-one within the healthcare system is paying attention to the impact this has had on his life. He and his wife are constantly stressed by the effect on their lives and feel they cannot get any closure whilst their experience is being dismissed.

This client wanted acknowledgement and compensation but had no idea how to go about this. Upon speaking to Healthwatch, he was provided with details and explanations of the NHS complaints procedure - including timescales (in relation to the 5-year period being beyond usual complaint limits, and the

1-month period since his doctor's refusal of treatment) and discussions about how to make a complaint. The client was also offered support from HW Champions, as well as information on specialist organisations that can act as advocates if he wishes to make a formal complaint about his GP.

There was also some discussion around the client making a Subject Access Request (SAR) to his GP, as he felt he did not know anything about why decisions about his treatment were being made. HW offered the client detailed information on what an SAR is, and how medical records can be requested in order to offer him more clarity about his ongoing treatments.

Furthermore, he felt he wanted compensation for the last 5 years. Although HW Champions are not legal specialists, they again discussed the time constraints on making a legal claim for the surgery. However, the client had no idea where to begin in looking for a qualified solicitor. As such, he was provided with details of how to find legal professionals local to him that he had previously been unaware of.

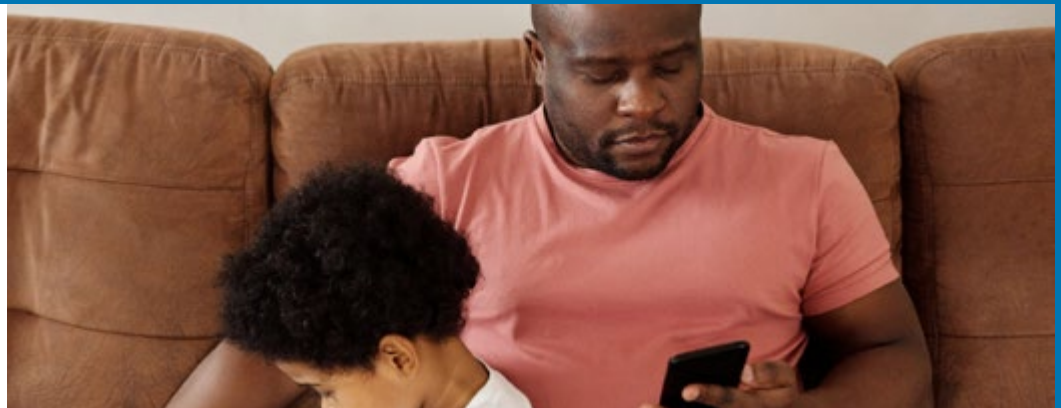
Client is now better equipped to consider all the options available

Although the client was still unsure of the route he was going to take, he felt more confident in making the decision now that his options had been explained to him in a way he could understand.

The client said he appreciated speaking to Healthwatch as he finally felt that someone was listening to his story and understanding what he was saying about the impact of the last 5 years on how he lives his life. He felt that it was helpful to relay what had happened to him to someone who did not dismiss him.

The client also confirmed that he felt he was now better equipped to consider all the options available to him as he had understanding of information that had previously been unaware of.





Mayflower Group report



Issues Contacting Mayflower Group

During the period 1 January to 31 August 2020 we received 48 pieces of patient feedback about the Mayflower Group of surgeries. Many of these cited issues around contacting the surgery to arrange appointments both before and after the COVID-19 pandemic.

The main issues raised are predominately around contacting the group on the telephone and the use of e-Consult. Not all patients are able to access digital technology for various reasons and rely on telephone access to services to meet their needs. To read the issues we found please visit <http://ow.ly/3al450FbH2n>

Response and new updates

Healthwatch Plymouth made the following recommendations for the Mayflower Medical Group

Access to the Mayflower Group for enquiries/appointments for patients needs to be reviewed to make it quicker, as frustration over long telephone waits remain and features regularly in the patient feedback that we receive. This access needs to be equitable as not everyone will have access to broadband/IT equipment or the necessary IT skills to use e-Consult. As post-COVID recovery of services continues, access to services supporting those with long term conditions needs to be part of this recovery programme.

Mayflower Medical Group's response

We acknowledge the rapid pace of change that occurred throughout Primary Care during the pandemic period may have caused some difficulties for our patients and as a result presented challenges in accessing some of our services. We understand that some of our patients may prefer not to use digital platforms to access the surgery and we are currently exploring whether there are suitable alternatives to ensure that patients are still able to contact the surgery with ease to

continues...

order their medication or book in for routine appointments as part of immunisation or screening programmes. E-Consult has been commissioned by Devon Clinical Commissioning Group and is in place in the majority of GP Practices across Devon. Any functional developments developed by e-Consult are not the responsibility of Mayflower Medical Group.

E-Consult is one of a number of online consultation platforms available and has, and always will be, one of several routes of contact for patients to the practices. By 2021, it will become a contractual requirement for all GP Practices to offer their registered patients online consultations as a method of contact.

We are currently recruiting and expanding our long-term conditions team that provide bespoke care to many of our patients and as a result hope to be able to provide additional educational sessions to patients with long term conditions to enable them to access specialised advice and information relating to their condition, as well as peer-to-peer support where appropriate. It's important that patients are able to attend these appointments when they receive an invitation to ensure they receive appropriate care and monitoring for their condition.

We are also planning to launch our new consolidated Patient Participation Group "Mayflower Voice" in the New Year, so welcome expressions of interest from patients that would like to become members of this group.

Over the coming weeks, in conjunction with Public Health England's Campaign "how to access your GP surgery", we will be releasing a series of promotional campaign materials to support our patients in understanding the many different ways they can contact the surgery to receive advice and care. We hope that this will provide some assurances to patients that we are here for them, we are open, and that by supporting us to help our patients, we can ensure that we are able to continue to deliver our ethos of "Putting Patients First".

The latest updates from Mayflower Medical Group:

The group posted an announcement on their Facebook page that they have been making some changes to their telephone system following feedback from their patients.

'We are listening to our patients at MMG and we are delighted to inform you we are making changes to provide a better telephone service.'

They then later announced via Facebook: 'We have our telephone company on site helping us make sure we are running nice and smoothly. There may be an increase of callers today but with our new call back service you no longer have to wait on the phone!'

Our team have been in direct contact with the Mayflower Medical Group to work on a plan to gather patient feedback about the new service.

Patient Notice

We are delighted to inform you that the team have been working hard in the background to make some changes to the telephone system following a series of feedback from our patients.

From Wednesday 28th April Mayflower Medical group telephone system will change, and we wanted to highlight to you some of the key benefits you will experience going forward.

- Shorter messages for our patient's to listen to
- Automated service to be able to check and cancel your appointment
- Automated service to be able to order a repeat prescription
- Call back option to avoid any prolonged waiting

For our automated service you will require a pin, this is a simple and easy process so please contact us at the surgery on 01752 982200 and we can issue you with your pin so you are ready to go!!



Healthwatch Plymouth Case Study

Poor hospital experience

This client has several complex health problems and recently attended A&E at Derriford hospital, Plymouth. She spoke to a HW Champion in the South Hams.

Any specific feedback, service ratings or comments included are taken from the public.

"The second time I went to Derriford it was so horrendous, they thought I was having a heart 'episode' so like a slow heart attack as bloods and ECG showed. They told me I needed a bed on the Medical Assessment Unit (MAU) and then on the heart ward, and left me in a wheelchair with my case, in a side alcove on a corridor near the opening doors of the temporary casualty unit. Told me to tell them when pain got worse, I did, no painkillers were given after initial two co-codamol when I went in. I had not eaten since the day before, nothing to drink was offered. Just left hours and hours, freezing, tearful, hungry and thirsty.

I eventually stopped a nurse, who got me a blanket and a sandwich, then left for hours. It got to nearly 11 that night, I was admitted around 2 ish, can't remember exactly, and I then discharged myself. The doctor was very upset, advised me not to go, but I was so stressed, the whole day in the same room as two police officers and a badly bleeding prisoner, shouting and handcuffed, and re-arrested."

"The doctor asked that I put in an official complaint. There are no beds she said, checked again and said it could be all night. She told me GPs are sending patients in rather than seeing them themselves and all the beds and casualty are constantly full (same at Torbay).

She said I should go straight back if I felt worse, and to do nothing at home for that weekend, but my GP sent me into Torbay the following week, where they kept me in."

Happy to receive support

The Healthwatch Champion will support the client until she receives a satisfactory outcome to her complaint

The Healthwatch Champion is assisting the client to make an official complaint about her treatment at Derriford hospital. The client feels very strongly that this should not have happened to her and does not want it to happen to anyone else.

This client is happy that her complaint has been taken seriously and that she is receiving support to take the matter further. She felt that the Patient Advice and Liaison Service (PALS) did not take her seriously and did not bother to reply to her complaint, so she is happy to have a Healthwatch Champion to assist her.





Torbay Carers' Consultation report

healthwatch
Torbay

Consultation to support the draft 2021-24 Torbay Carers' Strategy

Healthwatch Torbay was approached, for the third time, to undertake the analysis of survey findings in their role as the independent consumer champion for local health and care services.

Across Torbay, over 17,000 people care for a friend or relative, according to Torbay and South Devon NHS Foundation Trust. Every three years, an inter-agency strategy is devised, aiming to meet the needs of carers in Torbay. Torbay Carers Service, with input from mental health services, adult social care, and the voluntary sector, developed a survey to find out how support for carers could be improved. The findings of the survey will be used to inform the development of the Torbay Carers' Strategy for 2021-24. Healthwatch Torbay was asked to undertake the analysis of the survey findings.

An online version of the consultation survey was created on Healthwatch Torbay's secure website and publicised online by Healthwatch and the voluntary sector partners of the Torbay Carers Service - 447 responses were received. The views of younger carers will be sought in a separate consultation process, as Torbay Carers Service work towards a strategy for Carers aged under 25.

Key Findings and response

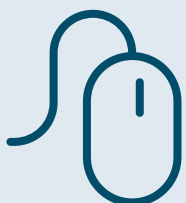
Some key themes that emerged from the discussions include:

- Since the last survey three years ago, there has been a notable increase in the number of people being cared for who are 'vulnerable' or have mental health issues.
- Carers said their situation could be improved if they felt better supported.
- 63% of those identified as Carers since 2018 who said that they could have been identified sooner, said that it could have been by the GP surgeries.
- Respondents expressed that they were not aware of the range of information, advice, and guidance available. Nearly 90% of respondents said they would value a booklet on Torbay's carer support.
- The majority said they found services such as Hospital carer support worker, Family/carer supporter, Carers' Orange Lanyard, Advice point and free parking for carers either 'helpful' or 'extremely helpful'.
- Relatively few respondents had used the Torbay Community Helpline, but the majority of those who had found it helpful.

Torbay and South Devon NHS Foundation Trust's response

“Healthwatch has done an excellent job collating all the information supplied by Torbay’s Carers. Almost 450 Carers responded, which was impressive given that it was during lockdown and the fact that Covid has caused so many difficulties for unpaid Carers. All of the feedback in the Healthwatch report has been used to shape Torbay Carers’ Strategy for 2021-24, so we are very grateful to all the Carers who completed the survey. Some of the actions, such as creating a booklet about Carers Services, are straightforward, but some, such as reversing the drop in identification of Carers by Social Care staff, are likely to take more time. Once the strategy has been fully signed off it will be published at www.tsdft.uk/carers on the ‘strategy’ tab.”

- A comment from Katy Heard, Carers and Volunteers Lead for Torbay and South Devon NHS Foundation Trust



To find out more > > >

Read the full report at

<https://healthwatchtorbay.org.uk/report/carers-consultation-to-support-the-draft-2021-24-torbay-carers-strategy/>



Healthwatch Torbay Case Study

Issues trying to receive care at home

This client had concerns around wanting to return home following a brief stay in a Torbay care home. She spoke to the Healthwatch in Devon, Plymouth and Torbay contact centre.

We were contacted by a lady who is currently in a care home in Torbay but wishes to return to her own home.

She said she had been advised by the care home manager there that she will need to have a social care assessment before she can leave, but the client believed she was fully independent and didn't need an assessment. She had been in the home for 5 weeks, when it was originally only supposed to be 2 weeks following an operation in a local hospital.

The client appeared to be anxious and worried about breaking rules or breaking the law, particularly as this was a time when there was a COVID-19 lockdown. She wanted to just leave the home and have her friend pick her up, but didn't want to breach any rules or regulations and requested some advice and guidance from Healthwatch.

Supported in seeking further help and reassurance

A Healthwatch in Devon, Plymouth and Torbay contact centre representative spoke with the Feedback & Engagement Team at Torbay & South Devon NHS Foundation Trust and made them aware of the situation. They in turn got in touch with the manager at the care home as well as the Adult Social Care Team.

The manager reported that client is free to leave at any time, however she was under the impression that the client may need general maintenance done to her home before returning, but that her family were supporting with arranging this.

We spoke again with the client and reassured her that she is free to leave if she would like to do so. She advised she was going to leave that weekend so her family would be able to help her move her things.

The following week we contacted the client again to check she had got home okay and she had.



Overview of our reports for 2020-21

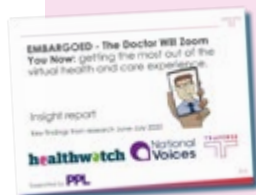
In Devon, Plymouth and Torbay we have still managed to produce 14 reports this year despite the pandemic, which collated nearly 2,500 pieces of feedback.

COVID-19 Engagement Report

The Department of Health and Social Care and NHS England asked us to gather feedback about the public's experiences in relation to COVID-19 and services that relate to patient safety. This report shows the results of this engagement with local people across Devon.

The report and its findings have been shared with the Department of Health and Social Care and NHS England to use in any future decisions they make during a pandemic outbreak.

[Read the report at http://ow.ly/Ei3b50F9Yfs](http://ow.ly/Ei3b50F9Yfs)



The Doctor Will Zoom You Now: Insight Report

In July 2020 we took part in a national research study designed to understand the patient experience of remote and virtual consultations. The report has been shared with both local and national providers and commissioners of health and social care.

[Read the report at http://ow.ly/6TxN50F9YjK](http://ow.ly/6TxN50F9YjK)

Issues Contacting Mayflower Group

See info on page 16 on our patient feedback report about the Mayflower Group of surgeries. From the feedback received, we contacted the Management Team at Mayflower Group with detailed anonymised patient feedback and our observations. Mayflower provided a response to the report, containing some assurances to patients that improvements are being made.

[Read the report at http://ow.ly/LCMh50Fa1WT](http://ow.ly/LCMh50Fa1WT)



Modernising healthcare services in Teignmouth & Dawlish

Our independent NHS-Commissioned report details the feedback gathered and engagement undertaken regarding the Devon Clinical Commissioning Group's proposal to move some less frequently used outpatient services from Teignmouth to Dawlish.

Findings from the report will be used by the CCG to inform them prior to any final decisions being made about the new proposals.

[Read the report at http://ow.ly/Kgyq50Fa252](http://ow.ly/Kgyq50Fa252)

Leg ulcer treatment - experiences & views of people in Devon

See info on page 12. Our feedback report interviewing leg ulcer patients to find out what went well during their treatment and what could be improved. NHS Devon CCG have used the findings to make direct decisions such as the inclusion of a 'well leg' aftercare service, and a total purchase model for prescribing to reduce the long waits for prescribed medications. The findings have influenced the decision on how and who to award the future service to.

[Read the report at http://ow.ly/Ac4s50Fa4yZ](http://ow.ly/Ac4s50Fa4yZ)



COVID-19 Shielding Report

This report covers what many people in Devon told us about their experiences of shielding during the Covid-19 lockdown. We will continue to work with Local Authorities and NHS Devon CCG to gather evidence of people's experiences during the pandemic to help develop plans for the future.

[Read the report at http://ow.ly/FQHs50F9YuM](http://ow.ly/FQHs50F9YuM)

NHS 111 Out-of-hours service: Public feedback from Somerset, Devon, Plymouth and Torbay

Our report on public feedback about the local NHS 111 out-of-hours service in our region, which we are now using to improve services by working with the organisation responsible for the provision of integrated urgent care in Devon and Somerset.

The Care Quality Commission has told Devon Doctors that it must make further improvements to its NHS 111 and GP Out of Hours service following an inspection in December.

[Read the report at http://ow.ly/xfYe50F9Ywl](http://ow.ly/xfYe50F9Ywl)



Patient Experience Summary - NHS Dental Services

NHS Dental Services Report for Devon County Council Health and Adult care overview and scrutiny committee. Healthwatch Devon, Plymouth and Torbay regularly provide patient experience along with other Healthwatches in the South West to NHS England's Local Dental Network and the main theme is the inability of individuals to find an NHS Dental Service. We will continue to do so and monitor the situation.

[Read the report at http://ow.ly/EuWV50FbqKJ](http://ow.ly/EuWV50FbqKJ)



Consultation to support the draft 2021-24 Torbay Carers' Strategy

See info on page 20 regarding our consultation survey report with Torbay Carers. The findings of the survey will be used to inform the development of the Torbay Carers' Strategy for 2021-24.

[Read the report at http://ow.ly/DdN850Fa21J](http://ow.ly/DdN850Fa21J)

Livewell Southwest Transformation Programme Engagement

Livewell Southwest are the providers of community, mental health and urgent care services in Plymouth. This is our report regarding our focused engagement with Livewell Southwest patients to reflect on their experiences and to inform the process of transforming services. Livewell Southwest were pleased with the positive feedback in the report and will be looking to address its issues as a part of their transformation programme.

[Read the report at http://ow.ly/NgcR50Fa1ZC](http://ow.ly/NgcR50Fa1ZC)



Think 111 First: the experiences and views of people in Devon

Healthwatch in Devon, Plymouth, and Torbay were asked by the NHS Devon Clinical Commissioning Group (CCG) to find out about the experiences of key groups, including the Deaf community, when accessing NHS 111 services, and how the Think 111 First campaign has been received by those groups.

National consumer champion Healthwatch England are already using feedback from this report to inform their own research and they have shared it with NHS England.

[Read the report at http://ow.ly/IVwq50F9Yxp](http://ow.ly/IVwq50F9Yxp)

In Devon, Plymouth and Torbay we also produced 3 focused provider feedback reports which are not yet in the public domain. We provide regular patient experience summaries to NHS Devon Clinical Commissioning Group, NHS England local dental network and our local authorities. Healthwatch observations from these summaries will appear in our new quarterly intelligence reports commencing in July 2021.



Responding to COVID-19



A big thank you!

We would like to say a big thank you to all health, care, support staff, carers and volunteers who have continued to work so hard to keep Devon safe and supported during the Coronavirus outbreak.

Responding to COVID-19

The pandemic brought about many changes for us here at Healthwatch in Devon, Plymouth and Torbay.

We needed to make rapid changes to the way we worked at many levels to be as supportive as possible to partners and minimise non-essential Healthwatch work, whilst still fulfilling our statutory responsibilities. We responded by:

- Prioritising the safety and wellbeing of the public, staff and volunteers - including homeworking arrangements for all staff and volunteers; cancelling all public meetings and face-to-face events; and stopping our Enter & View activity. We redeployed resources to support the wider community effort while offering our help to the Community Voluntary Sector (CVS) services.
- Continuing to work closely with all of our key stakeholders across Devon, including receiving and sharing information and guidance with the community from the NHS Devon Clinical Commissioning Group, local Authorities, local Public Health teams and nationally from Healthwatch England, the Care Quality Commission and NHS England.
- Supporting the health and care system to get clear and accurate information and advice out to communities - this included setting up a dedicated up to date online COVID-19 information and advice service on all the Healthwatch websites and relaunching our newsletters as weekly E-bulletins, reaching almost 40,000 people across Devon, Plymouth and Torbay.
- Supporting the general public - we continued to offer the support of our Healthwatch Contact Centre in signposting and talking to people about their concerns and experiences, even launching a new free live webchat service for the public.
- Continuing to gather people's feedback and views about their needs and experiences in relation to COVID-19 and other services where it relates to patient safety, escalating any cases of concern regarding patient safety to our health and social care partners. We have been using surveys, online Zoom calls and virtual meetings to engage with our local community.
- Attending various different COVID-19 related meetings and working groups, including the Health and Wellbeing network in Torbay and the Local Outbreak Engagement Boards in Devon, Plymouth and Torbay, along with multiple partner organisations across both the statutory and voluntary sectors. On these we independently represented the patient voice and supported the co-production of important COVID messages across the county for accuracy and consistency.

During the pandemic we reached almost **1.3 million** people via social media and our weekly bulletins, which generated almost **4,000** clicks to COVID information and over **175,000** page views on our websites. This led to us directly helping **249** people around vaccine process and vaccine experiences. We released **2** COVID-19 related reports, with a third coming soon.

Healthwatch in Devon, Plymouth and Torbay continues to play an important role in helping people to get the information they need, especially through the pandemic. The insight we collect is shared with both Healthwatch England and local partners to ensure services are operating as best as possible during the pandemic. In addition to this we:

- Supported our three local authorities by attending the Local Outbreak Engagement Boards
- Provided up to date advice on the COVID-19 response locally
- Linked people to reliable up-to-date information
- Supported the vaccine roll-out across Devon
- Supported the community volunteer response
- Helped people to access the services they need
- Supporting the Health and Wellbeing network in Torbay
- Hosting digital forums around vaccinations in Plymouth



"This past year has been a very challenging for all of us, with COVID-19 affecting every single one of us in Devon. The impact on services, businesses, families and individuals has been significant during the course of the year it also has to be acknowledged how well agencies, communities and individuals have come together to support one another as part of the Devon COVID-19 response.

Local Healthwatch has played an important role during the pandemic, not only in representing the views of Devon residents in key meetings such as the Local Outbreak Engagement Board and the Health and Wellbeing Board, but also leading on specific reports such as the Shielding report and COVID-19 Engagement Report, which has helped inform the local pandemic response. The excellent close working relationships of agencies within Devon has been a big factor in keeping COVID-19 infection rates as low as they have been in Devon."

- Steve Brown, Director of Public Health for Devon



Some of our work in the community during the pandemic

Helping with the Torbay Community Helpline

In March 2020 the Torbay Community Helpline was launched to match people who need help with people who want to help during the COVID-19 crisis. They took the first calls from people worried about the impending lockdown.

Initially, it was all about shopping and prescription pick up from pharmacies, with a rapid response team made up mainly of Torbay Community Development Trust (TCDT) Community Builders joining queues that waited patiently for hours outside chemists. It wasn't long before it was recognised that the needs of people isolated in their own homes went way beyond food and medications and the Helpline evolved accordingly.

Torbay's ever-active voluntary sector has been busy ever since, with our own Healthwatch staff and volunteers helping to staff the Torbay Community Coronavirus Helplines seven days a week, 8am-8pm. At the time of writing, the Helpline has taken just short of 19,000 calls and has been contacted by 5,800 people - with around 4,500 requesting help and an incredible 1,300 people offering their help to others.

More than 470,000 meals have been delivered by Torbay Food Alliance, at the rate of around 10,000 a week, to individuals and whole families and the helpline was there for nearly 700 people whose mental health has suffered through the crisis, whilst also providing a telephone befriending service for hundreds more. More recently, TCDT helped ensure the vaccinations were delivered quickly and efficiently at the Riviera Centre in Torquay with hundreds of volunteer marshals.

Helping Polish communities over BBC Radio Devon

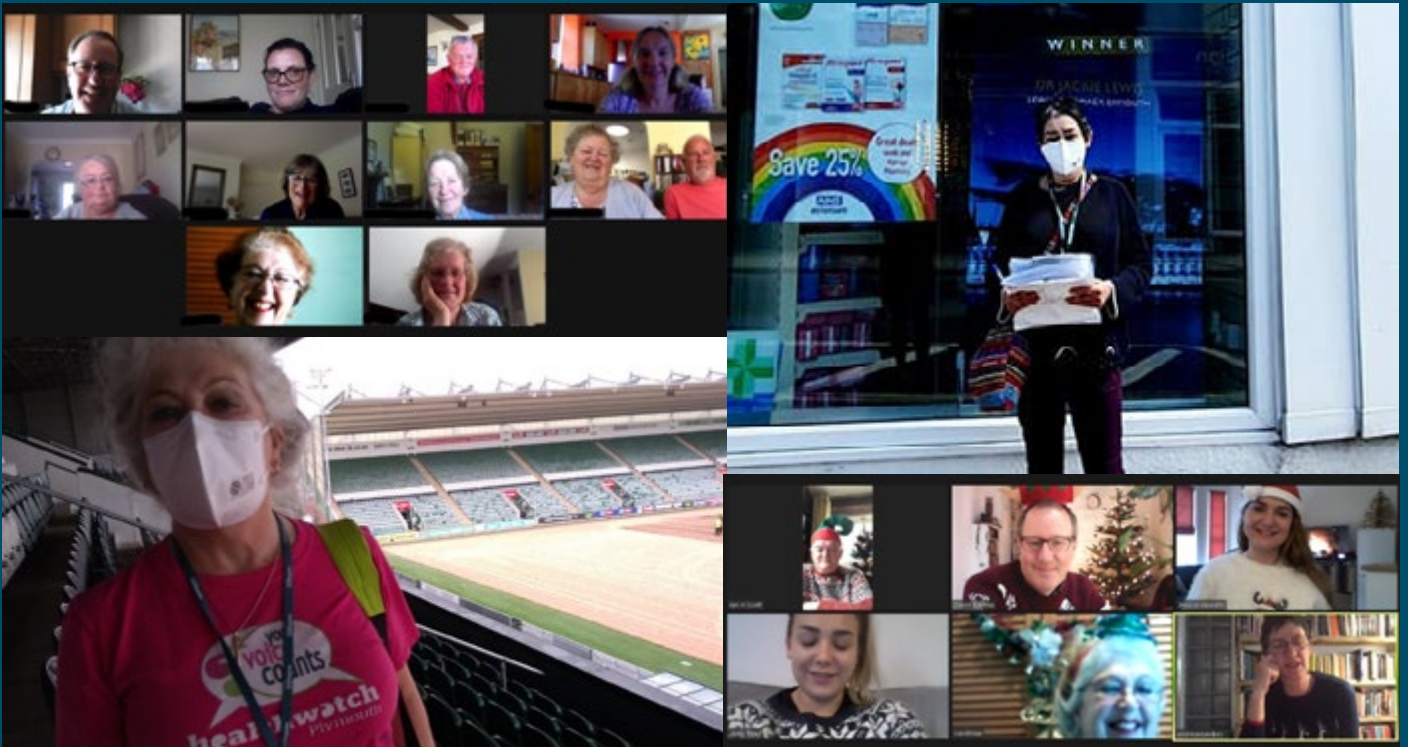
Our team member Ola has been translating vital information about COVID-19 into Polish for the local community, which has been shared on all the Healthwatch websites in Devon, Plymouth and Torbay, along with various different Polish Facebook groups.

This attracted the attention of the local Public Health Team in Torbay, who got in touch with to ask whether she could do the same for some of the materials and communications that they have been sending out to the local community. This included important information about COVID symptoms, what to do when you get them, where to go, the rules of self-isolation and information on how to access information and details on COVID testing.

Ola became a COVID 'Champion' for Torbay, an initiative run by Public Health where Champions receive up-to-date local Coronavirus information and share this with as many people as possible, including local Healthwatch, friends, family, work colleagues and of course the local Polish community.

This work even led to Ola featuring on BBC Radio Devon in a series of similar health updates, which ran for 8 weeks from January 2021. This work will be used to make an internal film for the BBC's Diversity and Inclusion team to promote the work done by BBC Radio Devon in terms of equality, diversity and ethnicity to the entire BBC Radio Network - including around the world! A shorter version of the film will be shared over social media from the BBC later this year - we'll be keeping our eyes peeled!





Images: Some of our staff and volunteers from the engagement team in Devon, Plymouth and Torbay.

Volunteers



Volunteers



We would like to thank our volunteers who had to adapt and volunteer under COVID restrictions. At Healthwatch in Devon, Plymouth and Torbay we are supported by **50** volunteers to help us find out what people think is working, and what improvements people would like to make to services.



This year our volunteers:


- Attended regular volunteer Zoom meetings to reflect on, and contribute to, our engagement and strategic work
- Took part in Remote Forums reflecting on a variety of themes as part of our engagement work
- Proof-read our draft reports, strategies and documents
- Attended various digital networks and strategic meetings representing Healthwatch
- Promoted and recruited for our New Healthwatch Assist network
- Helped with the local volunteering efforts of shopping and collecting prescriptions for those self-isolating or shielding

What our volunteers say:

 *"I enjoy being able to help with strategic level discussions and decisions by bringing a different perspective and listening to others who bring an equally valid different perspective to bear."* 

 *"I feel supported as a volunteer, knowing that if I have any problems these can be discussed and sorted out."* 

 *"I enjoy meeting new people and getting to see areas of Plymouth that I am not so familiar with."* 

 *"Volunteering for Healthwatch makes me feel useful as a person, I meet many wonderful professionals and volunteers."* 



Carol, Plymouth

A long-time volunteer based in Plymouth, Carol has missed engaging with the public and using her communication skills from her teaching career. Once she mastered her Zoom access, she has been a regular participant of our volunteer meetings, Forums as well as casting her proof-reading eye across our reports.



Jocelyn, Devon

Jocelyn came to Healthwatch in the middle of the Lockdown following a career in the NHS. Despite hardly having seen the rest of the team in the real world, Jocelyn has settled in well and actively supported our remote engagements. Along with her fellow volunteers she is looking forward to a more active role in the year ahead.



Pam, Torbay

Pam is an essential part of Healthwatch's strategic capacity in Torbay. Her knowledge and experience helps place Healthwatch in the centre of local issues that need to be highlighted and addressed.



Volunteer with us

Feeling inspired? We are always on the lookout for new volunteers!
If you are interested in volunteering, please get in touch at:

 **0800 520 0640**

 **volunteering@hwdevon-plymouth-torbay.org**



Image: Jess from our Communications team (front) and our volunteer Jocelyn out on an engagement in Devon.

Engaging with local people in Devon, Plymouth and Torbay



Methods and systems used across the year's work to obtain people's views and experience

This year has been extremely challenging for the engagement team due to the restrictions of the pandemic and the lack of face-to-face contact with service users. We have used a wide range of approaches, including digitally, to ensure that as many people as possible have had the opportunity to provide us with insight about their experience of health and care services.

During 2020/21 we have been available by phone, by email, and provided a webform on our website, along with a new live webchat feature with our contact centre. Our website also acts as a feedback centre/ rate and review system, allowing the public to rate a recent experience with a local healthcare service anonymously online and in some cases receive a response from the provider. We have been using surveys, online Zoom calls, attending virtual meetings of community groups and forums, have provided our own virtual activities and also engaged with the public through social media.

We are committed to taking additional steps to ensure we obtain the views of people from diverse backgrounds who are often not heard by health and care decision makers. This year we have done this by, for example, developing our Healthwatch Assist network, discussed in greater detail on the next page.

We also engage with local organisations to ensure the views and voices of vulnerable people are heard, for example, we are a working member of the Torbay Domestic Abuse and Sexual Violence Community Partnership, which provides vital support for families affected by domestic abuse.

During the COVID pandemic our Engagement Team and Healthwatch Champions ran sessions to gather feedback about people's experiences and concerns to find out which initiatives were working well in their local area during this time. It also provided an opportunity for groups to come together and support each other during the virtual sessions.

The Engagement Team and Healthwatch Champions have hosted several virtual focus group sessions with groups and individual from diverse backgrounds, including the Polish Community, BSL deaf or hard of hearing, Learning Disability, carers and many others, to hear their views about various topics including shielding during COVID, Think 111 First, Vaccinations, and changes to provision of Health & Social Care Services in the local area.



Image: A virtual engagement forum event we hosted in February 2021 focusing specifically on the experiences of the Deaf community and attended by two British Sign Language (BSL) interpreters.

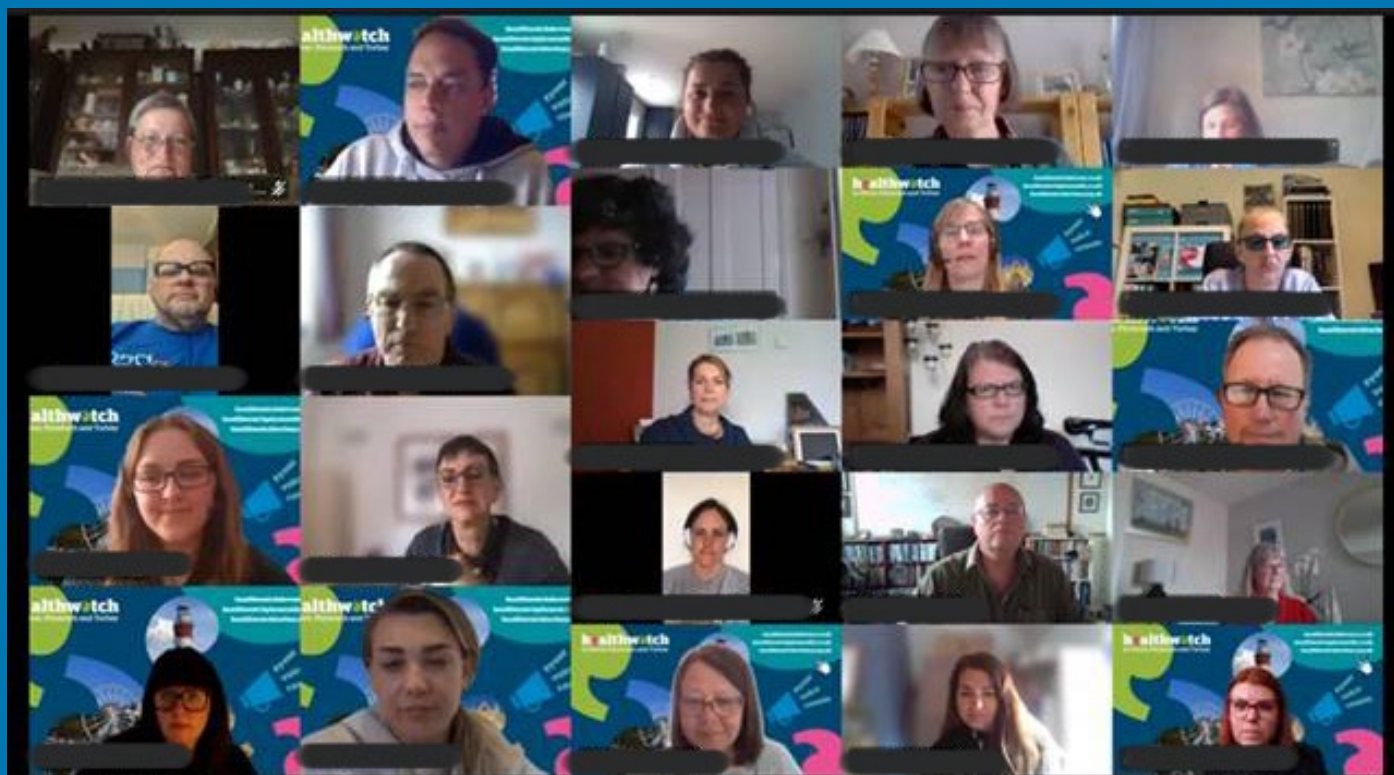


Image: Some of our engagement team, volunteers and Assist Network members in our first network meeting.

Engaging with our Healthwatch Assist Network

Our engagement team and Healthwatch Champions have been doing a fantastic job in growing our Healthwatch Assist network! On March 31st 2021 we had **58 groups** signed up as network members.

We recently invited members of our Assist Network to a meeting which was an opportunity for our members to hear about our current work plan, key health and social care issues we are currently aware of and a chance to share feedback about their priorities and what they might like to gain from the network. It was great to have representatives from all over Devon, including Barnstaple, Plymouth and Torbay. Our Assist network covers a wide range of health and social care topics which helps us ensure we are receiving views from a range of perspectives and representing the voice of the population of Devon.



If your group meets regularly or plays an active role in the community, are open to talk about their health and social care experiences in a confidential setting, and if your group is keen to play an active role in shaping local health and social care services, then sign up to become part of the Assist Network!

✉ hwassist@hwdevon-plymouth-torbay.org



Organisations we work with



Some of the statutory organisations we work with



We also work with hundreds of voluntary organisations across Devon, Plymouth and Torbay.

Healthwatch aims to represent the views and experiences of local people at the right place and time to influence change in a positive way. To enable us to do this effectively we have continued our representation at key groups and committees, both strategic and operational. This involvement not only allows a patient perspective to be presented, but also allows further opportunities for patient involvement to be identified. Our diverse representation facilitates a platform for local people to be meaningfully involved in the commissioning, delivery and management of local services. We continue to develop our local relationships, as well as relationships with those across Devon.

There are some statements from partners that we work with on the following pages.



"We have continued to work closely with Healthwatch during 2020/21, both to respond to the challenges of the pandemic and on longer-term improvements to health and social care.

We have appreciated the support of Healthwatch colleagues across a wide range of projects, including but not limited to:

- Joint working on Communications and Engagement to support uptake of the COVID-19 vaccination across the Plymouth and local western Devon footprint.
- Support with tackling digital inclusion. At University Hospitals Plymouth NHS Trust (UHP) and Livewell Southwest (LSW), we are enjoying collaborating with Digital Health Devon to prevent increased health inequalities through the rollout of more digitally-enabled healthcare. We have worked together to recruit volunteers to be part of a digital champions network that we can refer patients to for help accessing digital services.
- Healthwatch have continued to contribute to our Patient Experience and Safety and Quality Committees at UHP and supported us with engagement work on community transformation for urgent care at LSW.
- We appreciate the intelligence and insight provided by Healthwatch Devon, Plymouth and Torbay, for example, around people's use of NHS 111 as well as more focused work on primary care access.

As we make further progress with our Integrated Care Partnership and plans for a new Urgent and Emergency Care Centre at Derriford Hospital, we look forward to continued input from and joint working with Healthwatch colleagues, to ensure the voice of patients and the public is always at the heart of what we do."

- Ann James, Chief Executive Officer of University Hospitals Plymouth NHS Trust and Michelle Thomas, Acting Chief Executive for Livewell Southwest



"Healthwatch has once again provided valuable insight and support to help us flex, adapt and develop our services to meet the needs of local people, particularly in the face of the challenges presented by the Covid-19 pandemic.

As a CCG, we are proud of our record in engaging with local people, and were pleased to be awarded a coveted 'green star' for the second year running by NHS England last year. The accolade is the top rating for patient and community engagement work and recognises the CCG's efforts in putting local people at the heart of its work and ensure services meet the population's needs.

Our work with Healthwatch is a key part of this approach and we value our regular meetings with them to support our partnership working. We know some patients don't always feel comfortable giving their feedback directly to us and Healthwatch provide an important and trusted route for this key information. Patients value the independence and local scrutiny this provides - and so do we.

Among the ways Healthwatch have been instrumental in supporting our engagement work this year are:

- 111 First - supporting us to engage with hard-to-reach groups continues...

- *Giving people with accessibility needs a voice in the re-procurement of Integrated Urgent Care Services*
- *Supporting us to understand people's experiences of using different vaccination sites in Devon*
- *Overseeing the formal consultation on a proposal to modernise health and care services in the Teignmouth and Dawlish area - with roles including chairing online public meetings, providing assurance, and collating and reporting back on all the feedback received*
- *Undertaking interviews with people between 18-40 to help inform our operational response to the vaccine roll out as part of a project to research attitudes of young people towards the COVID vaccine*
- *Healthwatch volunteer Dr Kevin Dixon has chaired and independently facilitated a range of engagement meetings with local partners. We and participants value his fairness and insight, as well as his open and friendly approach.*
- *Supporting our engagement by communicating through their networks, and helping people to have their voices heard in NHS engagement activities*

Healthwatch have also done a great job in supporting the Patient Participation Group Network to become part of the Healthwatch Assist Model.

We look forward to continuing our good relationship and working together as we develop the Integrated Care System for Devon."

- Andrew Millward, Director of Communications and Engagement of Integrated Care System Devon; and Director of Communications, HR and IT, NHS Devon



"It is vitally important that we listen and respond to the voices of people who are actually using our services.

One of the many things that Covid has highlighted is the inequitable outcomes that we see across our populations. We have known about health inequalities for many years; but Covid really has highlighted the stark reality and provided the impetus to address it.

We know that the reasons for these differences are complex, and that addressing them is also complex. We will fail to address them if we do not engage with, listen to and respond to the voice of the person who needs the services we are offering.

Healthwatch have continued to provide very useful insight and support during the last year, amplifying the voice of the patient, service user and person. Though Healthwatch have always made great efforts to seek representative views, I particularly welcome their updated strategy and the firm commitment to 'understand and amplify the views of those who are not heard'.

The last year has been difficult for everyone; let's make reducing health inequalities one of the positive impacts."

- Ruth Harrell, Director Of Public Health, Plymouth City Council



"We are committed to listening to our communities and having meaningful conversations with people, and Healthwatch Torbay has been instrumental in supporting this over the past year. They have had to adapt to unique situations, and projects have ranged from collecting people's experiences of and views on COVID-19 vaccinations, to collating and reviewing feedback on the impact of virtual appointments. This learning will be essential for our future plans as we look forward and keep the views and experiences of people at heart of everything we do.

While the pandemic has presented significant challenges, some of the developments and adaptations made have presented real opportunities to make improvements that will help us support people better. In particular, the rise of digital technology and the way in which people engage with services and support virtually will continue to grow, and the voice of local people will be crucial in shaping this provision.

However, we recognise that the year saw health services face never-before-seen pressures. It is crucial that we find out the impact that this has had on our communities, including people who use services and health and care staff. Our strong partnership with Healthwatch Torbay has been and will be key in helping us listen to the needs of our community and ensuring we are doing all we can to support and care for people.

I would like to take this opportunity to thank Healthwatch Torbay for their continued support and great work this year. I wish them every success going forward as we continue to work together to support our communities to live well."

- Liz Davenport, Chief Executive, Torbay and South Devon NHS Trust



"Northern Devon Healthcare NHS Trust (NDHT) and The Royal Devon and Exeter NHS Foundation Trust (RD&E) welcome the opportunity to provide a statement for the annual report produced by Healthwatch Devon, Plymouth and Torbay (HWDPT) for the year 2020/21.

We want to provide our patients with the best possible experience of our services and to support us to do this, it is really important to us to listen to what matters most to our patients, families and carers.

HWDPT gathers and represents the views of our local community and is an important organisation in giving patients a voice. Its feedback helps us to better understand how our patients are experiencing our services so we can share positive feedback and implement improvements where needed.

HWDPT is driven to work collaboratively with us to ensure patient voices are used to inform the services we deliver and we thank them for their ongoing efforts.

NDHT and the RD&E are keen to further the relationship with HWDPT during 2021/22 and beyond and look forward to working with them as we continue to develop our approach to patient experience."

- Carolyn Mills, Chief nursing officer for Northern Devon Healthcare NHS Trust and the Royal Devon and Exeter NHS Foundation Trust





Finances



Finances

To help us carry out our work we receive funding from our local authority under the Health and Social Care Act 2012.

Income

Funding received from local authorities

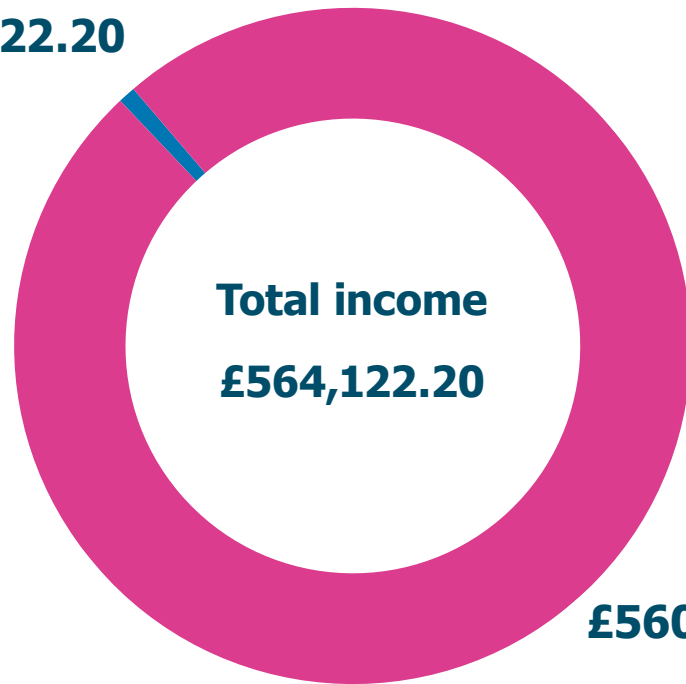
Devon - £348,573

Plymouth - £115,427

Torbay - £96,000

Additional funding

£4,122.20



£560,000

Expenditure

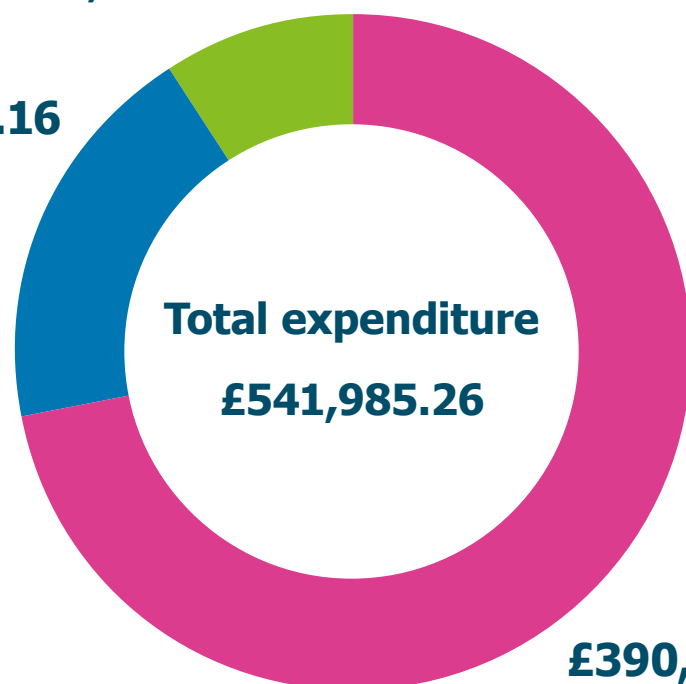
Staff costs

Operational costs

Office and infrastructure

£49,307.28

£102,532.16



£390,145.82



Next steps and thank you

"Tackling unfair health differences will need those in power to listen. To hear the experiences of those facing inequality and understand the steps that could improve people's lives, and then to act on what has been learned."



Next steps & thank you

Our top three priorities for 2021-22

1. Equitable access to health services for all patients including those with learning disabilities/language barriers/sight impairment/hearing loss/young people
2. Changes to and recovery of Health Services due to COVID-19 pandemic, including waiting times for outpatient appointments and elective surgery
3. Development and integration of Children & Young People services such as emotional health & wellbeing, child development, special educational needs, and lack of engagement with young people



Next steps

Using the continuing impact of COVID-19 as our backdrop, our focus continues to seek out and listen to the experiences of those using health and social care services across Devon, Plymouth & Torbay. The pandemic has brought changes to the way services are accessed and where issues have been identified by Healthwatch, we will follow up on our recommendation and observations with commissioners and providers. This is even more important as Integrated Commissioning Systems develop for Health and Social Care. Equally, more than ever, it is important to amplify voices and address the inequalities which the pandemic has brought more sharply into focus.



We send this annual report to Healthwatch England (for the Department of Health and Social Care), the Care Quality Commission, NHS England, the NHS Devon Clinical Commissioning Group and local authority Overview and Scrutiny Committee. We make it available to members of the public, partner organisations and stakeholders, publish it on our websites, and share it via our three weekly e-bulletins and social media accounts.



Statutory statements

About us

The Healthwatch in Devon, Plymouth and Torbay contract is held by Colebrook Southwest, r/o Engage Southwest, St Levan Rd, Plymouth PL2 3BG

Healthwatch in Devon, Plymouth and Torbay uses the Healthwatch Trademark when undertaking our statutory activities as covered by the licence agreement.

The way we work

Involvement of volunteers and lay people in our governance and decision-making.

Our local Healthwatch Steering Groups consists of members who work on a voluntary basis to provide direction, oversight and scrutiny to our activities. Our Steering Groups ensure that decisions about priority areas of work reflect the concerns and interests of our diverse local community. Through 2020/21 our Steering Groups have continued to meet virtually and made decisions on matters such as joint engagement with Healthwatch Somerset on the NHS 111 service for Devon and Somerset and work in Torbay on hospital patient records.

We ensure wider public involvement in deciding our work priorities by:

- Seeking to gather broad-based information to ensure that decisions are based on sound and balanced evidence. This is done through widespread engagement with service user groups, members of the public, the voluntary and community sector, Healthwatch Champions, Healthwatch Lay Representatives and local and national statutory organisations.
- Presenting information to our Network meetings to help identify local priorities. These priorities are presented to our local Steering Group who decide what local activities to undertake. Activities that cover the whole of Devon, Plymouth & Torbay are agreed by our Meetings, Engagement & Intelligence Group consisting of a mixture of staff and lay representatives.

Adapting to the COVID-19 pandemic

We have continued to work closely with all of our key stakeholders across Devon, including receiving and sharing information and guidance with the community from the NHS Devon Clinical Commissioning Group, local Authorities, local Public Health teams and nationally from Healthwatch England, the Care Quality Commission and NHS England.

We would like to thank all health, care and support staff who are working so hard to keep Devon safe and supported during the Coronavirus outbreak. Healthwatch in Devon, Plymouth & Torbay would very much like to hear your experience of that support so we can all work together to improve health and social care services for all, and really make a difference.

Further details on how we adapted to COVID-19 can be found on page 29.

Responses to recommendations and requests

Every provider that we requested information from or approached with recommendations responded to our requests.

This year, due to the COVID-19 pandemic, we did not make use of our Enter and View powers. Consequently, no recommendations or other actions resulted from this area of activity.

Although we escalate all of our feedback reports and intelligence to Healthwatch England, there were no issues or recommendations escalated to the Healthwatch England Committee and so no resulting special reviews or investigations.

Health and Wellbeing Board

Healthwatch in Devon, Plymouth and Torbay are represented on each of the three Local Authority Health and Wellbeing Boards for Devon, Plymouth and Torbay. During 2020/21 our representatives have effectively carried out this role by virtually attending meetings and providing the patient voice to topics raised on the agendas such as NHS Dentistry and Community Mental Health. Each board has its own workplan covering not only Health and Social Care topics but other issues such as loneliness or food insecurities.



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Health and Adult Social Care Overview and Scrutiny Committee



Date of meeting:	22 September 2021
Title of Report:	The Plymouth Alliance
Lead Member:	Councillor Mrs Vivien Pengelly (Cabinet Member for Home & Communities)
Lead Strategic Director:	Craig McArdle (Strategic Director for People)
Author:	Sophie Slater (Commissioning Officer)
Contact Email:	Sophie.slater@plymouth.gov.uk
Your Reference:	Click here to enter text.
Key Decision:	No
Confidentiality:	Part I - Official

Purpose of Report

The Health and Adult Social Care Overview and Scrutiny Committee has requested a report outlining the progress of the Plymouth Alliance contract for people with complex needs.

This report sets out the background to the Plymouth Alliance contract, their progress to date, impact and next steps.

Recommendations and Reasons

That the committee notes the briefing on progress to date on the implementation of the Plymouth Alliance.

Alternative options considered and rejected

Not applicable, this is a briefing report.

Relevance to the Corporate Plan and/or the Plymouth Plan

Embodying our value of being Cooperative, the Plymouth Alliance brings together partners from across the city to serve the best interests of Plymouth and its communities. Through listening to people who use services it delivers quality public services which also use resources wisely, reducing duplication and producing better outcomes.

The Alliance for People with Complex Needs supports the City's vision of becoming one of Europe's most vibrant waterfront cities, where an outstanding quality of life is enjoyed by everyone through meeting the following priorities:

Embodying our value of being Cooperative, the Plymouth Alliance brings together partners from across the city to serve the best interests of Plymouth and its communities. Through listening to people who use services it delivers quality public services which also use resources wisely, reducing duplication and producing better outcomes.

The Alliance for People with Complex Needs supports the City's vision of becoming one of Europe's most vibrant waterfront cities, where an outstanding quality of life is enjoyed by everyone through meeting the following priorities:

UNLOCKING THE CITY'S POTENTIAL

The Plymouth Alliance delivers a broad range of sustainable accommodation options for people with complex needs, contributing towards our priority to offer a wide range of homes.

CARING FOR PEOPLE AND COMMUNITIES

The Plymouth Alliance has a focus on prevention and early intervention, ensuring that there is a 'no wrong door' approach and that people can access support at the right time, in the right place. The Plymouth Alliance keeps children, young people and adults protected by working closely with partners to have a 'Think Family' approach whilst recognising that safeguarding is everyone's business. The Plymouth Alliance reduces health inequalities by delivering community based treatment services and co-locating health outreach services to improve access for vulnerable groups who may be homeless or rough sleeping.

The work of the Plymouth Alliance also supports our strategic objective of being a healthy city (Policy HEA1) by reducing alcohol related harm, focusing on prevention and recovery from substance misuse and promoting access to a range of early intervention services.

The Plymouth Alliance supports adults who have health and social care needs, providing a system of whole person care that wraps around the person and prevents harm (Policy HEA3).

A key driver for the Plymouth Alliance is preventing homelessness, increasing access to private rented accommodation, supporting rough sleepers and enabling high quality provision for young people (Policy HEA8).

Implications for the Medium Term Financial Plan and Resource Implications:

Not applicable, this is a briefing report.

Financial Risks:

Not applicable, this is a briefing report.

Carbon Footprint (Environmental) Implications:

None Identified

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.*

[Click here to enter text.](#)

Appendices

*Add rows as required to box below

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

Background papers:

*Add rows as required to box below

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

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

Sign off:

Fin	Approved 13.9.21	Leg	MS/2/ 09.09. 21	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: Matt Garrett, Service Director, Community Connections											
Please confirm the Strategic Director(s) has agreed the report? Yes											
Date agreed: 09/09/2021											
Cabinet Member approval: Councillor Pengelly by email											
Date approved: 13/09/2021											

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THE PLYMOUTH ALLIANCE

Progress Report for the Health and Adult Social Care Overview and Scrutiny Committee, September 2021



1. Background

Plymouth City Council commission a broad range of statutory and non-statutory interventions for people who have support needs in relation to homelessness, substance misuse, mental health, offending and risk of exploitation.

Historically contracts were commissioned in separate silos, often resulting in duplication, inefficiencies and poor outcomes for the person using multiple services.

On the 10th July 2018 Cabinet approved Plymouth's Commissioning Intentions for the next two years. In recognition of the specific challenges faced by people with multiple needs, these intentions included adopting the 'Making Every Adult Matter' (MEAM) vision of ensuring that people experiencing multiple needs are supported by effective coordinated services and empowered to tackle their problems, reach their full potential and contribute to their communities.

Twenty five contracts spanning substance misuse and homelessness were aligned to end on the 31st March 2019 whilst a new single system was co-produced. Over a four year period Plymouth City Council, in conjunction with partners and people who use services, co-designed the new complex needs system as one which would enable people to be supported flexibly, receiving the right care, at the right time, in the right place. The new system would have an integrated offer for people aged 16 or over with a housing or substance misuse related support need but who may also have mental health or offending support needs. In order to achieve this it was agreed that an Integrated Substance Misuse, Homelessness and Offender System utilising an Alliance approach would be commissioned with Mental Health services aligned alongside.

2. The Alliance model

An Alliance is in effect a virtual organisation, where partners work collectively to create a collaborative environment without the need for a new organisational form. An Alliance agrees to behave in a certain way to achieve a shared goal and everyone is jointly responsible for implementing the decisions made. By having one alliance contract, all parties are working to the same outcomes and are signed up to the same success measures. It is a relationship based on trust, transparency and collective accountability and the Local Authority is a member of the leadership team, enabling us to have an active role in the development of the Alliance. An Alliance model allows both small and large organisations to work together in an equal way with decisions being made unanimously. This can inevitably mean that there are some decisions which are harder to make, but must ultimately be made through a 'best for user' decision making process.

3. The Plymouth Alliance contract

The contract went live on the 1st April 2019 and is being delivered by The Plymouth Alliance. The seven members are Bournemouth Churches Housing Association (BCHA), Harbour Centre, Hamoaze House, Shekinah, The Zone, Livewell Southwest and Plymouth Access to Housing (PATH). These providers have a wealth of experience across single homeless and substance misuse sectors locally. The contract runs initially until 2024 with the option to extend for up to a further 5 years.

4. Successes

Despite delivering services under significant pressure the Plymouth Alliance have had a number of successes over the last 12 months including:

- In response to the COVID crisis, 26 bed spaces across two properties were leased with staff from across the Alliance providing 24 hour support. This approach worked well and in the first 6 months supported 70 people in total with 13 people supported to move on to their own private rented accommodation/social housing tenancy, 2 reconnected with family and 22 moving into supported accommodation. Everyone accessing the houses continued to be able to access support. From the 70 accessing those 26 bed spaces with 24 hour support, specifically brought on to meet the initial demand, there was a 50% success rate.
- An additional 54 bed places were also brought on by the Plymouth Alliance to meet the demand and by August 2020, 213 individuals had accessed this accommodation under COVID.
- Following COVID there has been a commitment not to return to historic 'business as usual'; health and homelessness interdependencies have been strengthened with the introduction of a nurse and healthcare assistants to engage and support the most vulnerable, improve access to treatment and medicines across the system at the time they are required, improve engagement with primary care and community detoxification, extend needle and syringe exchange programme into wider areas of the city and increase prescribing capacity to support Rapid Access to Prescribing (RAP).
- Rolling out their workforce development training, implementing their core competency framework across their shared workforce.
- Implementing a multi-agency, multi-disciplinary, integrated approach to Dry Blood Spot Testing and BBV screening, Hep B vaccination and Hep C treatment and Hep C eradication. This has resulted in a more open and universal offer and increased access to treatment.
- The Implementation of COVID safe winter provision – the development of 8 x 8ft x 6ft pods all have a bed, lights and a USB socket, with access controlled by a keypad.
- Rough Sleeping Numbers - our rough sleeper numbers (official figures) have decreased from 19 in 2019 to 16 in 2020.
- There is a dedicated Social worker for people with complex needs embedded within Plymouth City Council's retained function now in place.
- A feasibility study has been commissioned to explore future options for Devonport house, with the intention of remodelling the building to better meet need.
- The existing Access to Accommodation HUB has been replicated in a Young Person's Access to Accommodation HUB to ensure that young people have a dedicated accommodation assessment and allocation pathway.
- They have been piloting a quality assurance framework for non-commissioned accommodation providers in the city to ensure that they meet required standards before referrals will be made.

5. Challenges

- Despite the MTFP having additional COVID funding and the alliance securing more accommodation provision, pressure on the accommodation budget remains high and meeting the demand on homelessness as a result of COVID-19 has resulted in pressure on the B+B budget.
- Affordability and availability of accommodation has been limited, so the Alliance are seeking to increase the number of available units through both purchase and leasing arrangements.

6. Performance

Key headlines from Q1 of 2021/22 include:

- 51 sessions of training were delivered to staff as part of the core competency framework including Motivational Interviewing, Drugs, Addiction Treatment and Recovery, Promoting Good Mental Health and tenancy training.
- 333 face to face sessions were delivered to 164 people as part of the new Complex needs health outreach service which includes health checks, wound dressing, dry blood spot testing etc.
- People have reported high mental health and physical health outcomes – 90%+ which has been an improvement on previous quarters.
- There has been considerably less throughput from accommodation based services this quarter, highlighting the challenges around accessing independent accommodation (50% move on).
- Numbers of rough sleepers seen and those in emergency accommodation have increased during Q1.
- In April 2019 there were 76 Rough sleepers evidenced across the month, in April 2020 there were 52 evidenced and in April 2021 there were 37 evidenced. In 2 years, the City has had a decrease of 51% in one given month.
- However, since April we have seen an increase in both the numbers sleeping rough (from 82 in Q4 to 116 in Q1) and those individual/families being placed in emergency accommodation (from 251 in Q4 to 290 in Q1).
- Successful grant funding bids across 21/22 and 22/23 including Universal Drug Treatment Grant (£446k) and Rough Sleepers Initiative funding (£1.3 million).
- In addition we have been awarded funding from Changing Futures (£2.4 million); we were one of only 21 shortlisted authorities to progress to the application stage and only 1 of 15 areas awarded the funding. The Changing Futures Programme seeks to deliver whole system transformation for people experiencing multiple disadvantage including homelessness, substance use, domestic abuse and sexual violence and perpetrator work. Our bid focused on transformation capacity, infrastructure development, lived experience team to embed in practice, whole system workforce development, peer research and prototyping for innovative approaches.

7. Case Studies

The following case studies provide further insight into the different elements of service delivery and complexity of the people that the Alliance support through their partnership:

Case Study 1 - P moved into one of our resettlement properties during the first lockdown. He was rough sleeping for two years previously and had declined all offers. With some joined up work from PARC, we managed to get him into a B&B during 'Everyone in' where he was sleeping on the floor as he couldn't understand the concept of being inside. The Resettlement team picked him up and were very patient whilst we explored and unpicked everything with him. We had no idea or even the correct spelling of his name so we were unable to claim HB. He ended up owing almost £5k and with some work with Adult Social Care, we discovered P was not his actual name! Housing Benefit was claimed and backdated and he was fully assessed and met threshold for care and support. He now has support hours funded through ASC. He is getting the support he needs and successfully moved into Colebrook last week – a case I don't think any of us will forget!

Case Study 2 – N was rough sleeping for quite some time with his dog prior to moving into Devonport House. As he was under 35 and only entitled to a shared house, his move on options were limited. One of our Alliance Complex Needs Officer's got creative with bidding and in a very timely manner, he was awarded social housing, with a garden whilst we had the Protect Plus funding. After 3 years in Devonport House, N is now settled into his flat, fully furnished from the grant and adjusting to his new home. He is incredibly happy and keeping it immaculate. He has been through the 'system' and come out the other side and is 'chuffed to bits' in his own words.

Case Study 3 - J was referred to Harbour during the first COVID lockdown. At the time of referral J was engaged in high risks behaviours including injecting substances, poly substance use and being street homeless. J had become homeless following a breakdown in family relationships and having to leave the family home. Just before the lockdown J was provided with housing via the H4H housing. Recognising his substance use issues he was referred to Harbour and, as Harbour workers were covering some shifts in the H4H house at the time assessment and initial screening were carried out at the house. J was able to quickly access a prescribing assessment and was started on a titrating methadone prescription.

Initially J found it hard to stabilise on his methadone prescription and avoid illicit use on top of his prescription. His substance use was long term and stemmed from a number Adverse Childhood Experiences for which he also required support. J had been consuming alcohol since the age of 15 and was continuing to consume approximately 2 litres of White Lightning daily. He also found the lockdown and the limitations of this difficult to deal with. J was able to have regular contact from Harbour both on the telephone and at the H4H houses and staff at the houses also supported him, particularly giving him someone to talk to when he was struggling.

J continues to be in receipt of a substitute prescription and, although he continues to use heroin on an occasional basis his heroin use is much more controlled and he no longer injects. Therefore his risk of overdose is considerably reduced. J continues to consume a bottle of White Lightning each day and is working with his key worker to reduce this. J has been supported by BCHA to access move on accommodation from the H4H house and he is enjoying having more responsibility and some space of his own. As we begin to move out of lock down J plans to access face to face groups and support at Hamoaze and is hoping to undertake a computer course.

8. Next Steps

Since its implementation on the 1st April 2019 the Plymouth Alliance has invested considerable resource into establishing a new way of working, setting up new structures and beginning significant culture change within their collective workforce. This will not be a short term journey and as such they have created working groups in the following areas to ensure continuous improvement and delivery. The Alliance has recently appointed a new Alliance manager who is starting in late September and will be responsible for driving their transformation forwards.

Priorities for 2021/22 include:

- Supporting the delivery of the Changing Futures Programme, sharing learning from the Plymouth Alliance approach and further integrating systems with Domestic Abuse and Sexual Violence provision and the Criminal Justice System
- Communication – alliance members responsible for delivering the communication strategy, both internally and externally, with a focus this year on how we involve people with lived experience in our service development
- Young people – the Alliance, Children's Social Care and key partners collectively deliver priorities in relation to young people but with a particular focus on remodelling the homelessness pathway for 16/17 year olds and ending the use of bed and breakfast for this cohort

- Accommodation – responsible for delivering the Alliance’s Homelessness prevention and Accommodation Strategy with a focus this year on reducing the pressure on emergency accommodation, reducing rough sleeping and increasing access to settled accommodation Through MHCLG capital funding we are in the process of acquiring 16 1 bed self-contained units delivered by Plymouth Community Homes and the Plymouth Alliance. Delivery plans to provide an additional 30 assured shorthold tenancies are on track for November 2021 with a further 20 being delivered next year
- Substance misuse – responsible for remodelling prescribing and community drug treatment services with a focus this year on having prescribing provision which meets the needs of a complex cohort
- Day Activities – developing our day services offer including Shekinah’s homeless drop in centre and Hamoaze house to best meet need
- Estates – reviewing how we best use our assets in post COVID and to identify a central hub for colocation
- I.T – to implement a shared referral database, MANTA and plan for a future shared case management system
- Fundraising – to create a collective strategy around income generation, developing an annual campaign
- Workforce development – to implement the workforce development strategy and roll out core competency training.

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Health and Adult Social Care Overview and Scrutiny Committee

Minute No.	Resolution	Target Date, Officer Responsible and Progress
28 July 2021 Covid Update – Minute 6	The Committee <u>noted</u> the update and requested a Covid update at the next meeting to include the implications of long Covid.	Date: Sept 2021 Officer: Amelia Boulter Progress: Covid Update added to the 22 Sept 21 agenda
28 July 2021 Finance Monitoring Report – Minute 7	The Committee <u>noted</u> the current revenue monitoring position and requested that future reports include a breakdown of health and adult social care budget.	Date: Sept 2021 Officer: Amelia Boulter Progress: Finance report added to the 22 Sept 21 agenda
28 July 2021 GP Surgeries – Minute 8	The Committee noted the GP Access report and requested the Improvement Plan and update from Healthwatch on their findings on the Emergency Department.	Date: Sept 2021 Officer: Amelia Boulter Progress: Improvement Plan added to the 22 Sept 21 agenda.
28 July 2021 Work Programme - Minute 11	<p>The Committee discussed items for the work programme and raised the following items for inclusion on the work programme:</p> <ul style="list-style-type: none"> • Impact on care homes and care sector due to Covid; • Hospital discharges; • Care package; • Care agencies; • Reports from primary care, secondary care and domiciliary on carbon reduction; • GP Access meeting which was postponed to be followed up; • Budget scrutiny and which areas to scrutinise. <p>It was <u>agreed</u> for a meeting to be set with Councillor Murphy, Chair, Vice-chair and relevant officers to discuss the items on the care sector for inclusion on the work programme.</p>	<p>Date: Sept 2021 Officer: Amelia Boulter Progress: Items added to the work programme.</p> <p>The postponed GP Access meeting took place on 9 Sept 2021.</p> <p>Meeting took place with Cllr Murphy on 1 Sept 2021. Adult Social Care agenda item to be added to the work programme.</p>

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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
27 July 2021	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
22 Sept 2021	Covid Update			Rob Nelder
	Policy Brief			Sarah Gooding
	Finance Report			David Northey and Helen Foote
	Performance Report			Rob Sowden
	Alliance Contract			Matt Garrett
	Primary Care Improvement Plan			New Devon CCG
	Healthwatch Annual Report			Tony Gravett
24 Nov 2021	Policy Brief			Sarah Gooding
	Financial Monitoring Report			David Northey/Helen Foote
	Winter Plan to include Urgent and Emergency Care and Planned and Elective Care			NHS Devon CCG/UHPT
	Alliance Contract			
9 March 2022	Policy Brief			Sarah Gooding
	Financial Monitoring Report			David Northey/Helen Foote
Briefing Papers to be circulated to the Committee -				
NHS III				
Integrated Care System – Plymouth Local Care Partnership;				

Select Committee
Mental Health – 3 and 4 November 2021
Future Items
Implementation of health and wellbeing hubs
Health and Social Care Workforce
Adult Safeguarding Board – check when last came to the board
Thrive Programme Update
Community Empowerment Framework
Dental Health
Workforce (retention and career pathways)
Learning from Covid, (support to the care home market and how to develop training and support in a sustainable way)
Impact on care homes and care sector due to Covid
Hospital discharges
Care package
Care agencies
Reports from primary care, secondary care and domiciliary on carbon reduction
Budget scrutiny and which areas to scrutinise

The following relates to exempt or confidential matters (Para(s) 3 of Part 1, Schedule 12A of the Local Govt Act 1972). Any breach of confidentiality could prejudice the Council/person/body concerned & might amount to a breach of the councillors /employees codes of conduct.

Document is Restricted

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