



**Oversight and Governance**

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## **HEALTH AND ADULT SOCIAL CARE OVERVIEW AND SCRUTINY COMMITTEE**

Wednesday 24 November 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**

**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 22 September 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. Policy Brief (Pages 9 - 14)**

**6. Covid Update and Flu Vaccination Update - Verbal Report**

**7. Winter Plan to include Adult Social Care, Urgent and Emergency Care and Planned and Elective Care**

**8. Tracking Resolutions (Pages 15 - 16)**

**9. Work Programme (Pages 17 - 18)**

## Health and Adult Social Care Overview and Scrutiny Committee

**Wednesday 22 September 2021**

### **PRESENT:**

Councillor James, in the Chair.

Councillor Mrs Aspinall, Vice Chair.

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

Also in attendance: Craig McArdle (Strategic Director for People), Anna Coles (Service Director for Integrated Commissioning), Rob Nelder (Consultant in Public Health), Sarah Gooding (Policy and Intelligence Advisor), David Northey (Head of Integrated Finance), Helen Foote (Finance Business Partner), Rob Sowden (Senior Performance Advisor), Rob Sowden (Senior Performance Advisor); Tony Gravett MBE (Healthwatch Devon, Plymouth and Torbay); Councillor Mrs Pengelly (Cabinet Member for Housing and Communities) and Matt Garrett (Service Director for Community Connections); Paul Green (NHS Devon CCG) and Amelia Boulter (Democratic Advisor).

The meeting started at 10.00 am and finished at 1.00 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.*

### 12. **Declarations of Interest**

The following declaration of interest were made in accordance with the code of conduct.

<b>Name</b>	<b>Minute</b>	<b>Reasons</b>	<b>Interest</b>
Councillor Tuffin	Minute 20	Member of PCH Board	Personal

### 13. **Minutes**

Agreed the minutes of the meeting held on 28 July 2021.

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

There were no items of Chair's urgent business.

### 15. **Covid Update**

Rob Nelder (Consultant in Public Health) was present for this item and highlighted the following:

- On 27 August, Plymouth, along with its neighbouring local authorities, was classed as an Enhanced Response Area (ERA) by the Government. This was because rates were the highest in England;
- As a result of being an ERA they have a number of engagement exercises taking place across the city with pop-up vaccination clinics across the city over the next two weekends;
- Since becoming an ERA rates have fallen, but they were still higher than the England average;
- The ERA process ends automatically on Friday 1 October.
- The Covid-19 Autumn and Winter Plan has also been published. The Government aim to sustain the progress made and prepare the country for future challenges, while ensuring the NHS does not come under unsustainable pressure.
- As at 21 September there have been a total of 24,543 Covid-19 cases in Plymouth. The rate per 100,000 population (for comparability purposes) is 265.6 in Plymouth, 195.1 in the South West and 255.5 in England.
- Hospital admissions remain at a high level and in Derriford with over 40 Covid-19 cases, and this has a significant impact on the way in which the hospital operates.
- As at 8 September (registration date), there have been 252 deaths of Plymouth residents as a result of Covid.
- Vaccination levels in Plymouth were higher than the national average for each age category and have seen a strong uptake in younger people.
- In total 80% Plymouth residents have received at least one dose of vaccine, and 73% Plymouth residents have received two doses.
- Booster programme for people aged 50 years and over, health and social care workers and younger people at risk are being offered a booster dose of coronavirus (COVID-19) vaccine. This booster dose would help extend the protection gained from the first two doses and give longer term protection.
- 12-15 programme - all children aged 12 to 15 years are being offered a first dose of vaccine as part of the school-based COVID-19 vaccination programme. Children who are 12 years old and over on the day the School Age Immunisation Service (SAIS) team visits the school, would be offered a vaccination as part of the in-school vaccination programme.
- Long Covid - PHE recently published an evidence review entitled 'Long COVID Impact on Health and Wellbeing'
- Diagnosis of Long COVID remains a challenge with c. 27% of General Practitioner (GP) practices not using Long COVID codes, and patients are reporting fear, helplessness, and a variation in the quality of care provided by healthcare staff.
- Emerging evidence on Long COVID treatment strategies suggest that patients would benefit from integrated care pathways including pulmonary rehabilitation, physical rehabilitation, and treatment for mental health issues, as well as support from social and financial services for loss of work capacity and ongoing ill health.

Questions from members related to:

- How were we supporting our staff due to long Covid?

- How were we informing people where the walk-ins are and how this was being advertised to the younger cohort?
- At what point do you go into an enhance response?
- The pop up vaccinations sites were they in certain areas of the city due to the number of cases in that area or lack of people being vaccinated?

The Committee noted the Covid updated and requested that the Long COVID Impact on Health and Wellbeing' to be forwarded to the committee.

16. **Policy Brief**

Sarah Gooding (Policy and Intelligence Advisor) was present for this item.

Questions from Members related to:

- How many veterans do we have in the country and what support do they receive? Could this be looked at more thoroughly?
- Paying for care and whether more detail could be provided at a future meeting?
- What was Op COURAGE?

The Committee noted the Policy Brief update and requested further information on the cap on care costs.

17. **Finance Monitoring Report**

David Northey (Head of Integrated Finance) and Helen Foote (Finance Business Partner) were present for this item.

Questions from Members related to:

- £89m how was this allocated? What were the pressures within adult social care? How do they scrutinise the budget when they don't receive the a breakdown of the areas they need to review;
- Public Health underspend of £100k?
- Adult social care workforce and whether that was going to cause stress on the budget or was the budget adequate to help with the rise in demand?
- Would there be any additional grants to cover the Covid pandemic?

The Committee noted the Finance Monitoring Report.

18. **Health and Social Care System Performance Report**

Rob Sowden (Senior Performance Advisor) was present for this item. It was highlighted that:

- The number of outbreaks within care settings was 24 on 10 September. In addition to this there were a further 16 settings with at least one suspected positive case.
- 16 of the outbreaks were 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.
- The number of admissions to residential/nursing care of people aged 65 and over remained relatively static.
- 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.
- 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). 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.

Questions from members related to:

- The 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. Can this information be provided to the committee?
- The care packages at a lower weekly cost. How can this cost be reduced?
- Some care homes have significant vacancies was this because less people were choosing to be cared for in a different setting? How would this impact on the long term viability of care homes as a result of vacant beds?
- What was the reason behind the deaths of the patients that had received reablement support in August 2021?
- Closure of the minor injury unit due to staff shortages. This was a big concern and would add additional pressure on the emergency department. Has this been resolved or was this due to staff being off because of Covid?
- On average how many days would a patient have to stay in hospital before appropriate care was found prior to discharge from hospital?
- Has an impact assessment been undertaken with regard to Brexit and loss of staff across the hospital system?
- Average day MIU attendance graph can this be separated out and can this be shared?

- The hospital was working closely with NHSE/I and the CCG on work to improve ambulance transfers. Were they aware of what improvements were in place to alleviate the pressures as we move towards the winter months?
- How many people affected by staff shortages and were people being discharged home with no package at all?

The Committee noted the Health and Social Care System Performance Report and requested the following information:

- Has Brexit impacted on staffing across the hospital system?
- Average day MIU attendance graph can this be separated out and can this be shared?

19. **Healthwatch Annual Report 2020 - 21**

Tony Gravett MBE (Healthwatch Devon, Plymouth and Torbay) was present for this item and referred to the report in the agenda pack. It was highlighted that:

- Devon, Plymouth and Torbay pulled together into one single provider across the county. Colebrook SW was the successful in the tender and working with Devon and Community SW in Torbay to deliver Healthwatch service;
- With the arrival of Covid they have had to look at different ways of working and digital engagement has drawn benefits in some of the reports that have been produced.

Questions from members related to:

- Whether Covid had pushed virtual consultation and eConsult agenda forward?
- When would surgeries be actually opening their front doors? If you can't sort by using the telephone or eConsult it could be resolved by speaking to the receptionist but only if surgeries opened their doors?
- The use of social media to report experiences?
- Have you received reports from users using the Pushdocter service?
- Have you lost feedback from people as a result of the Covid pandemic?

The Committee noted the Healthwatch Annual Report 2020 – 21 and when available receive a copy of the Emergency Department report commissioned by NHS Devon CCG.

20. **The Plymouth Alliance**

Councillor Mrs Pengelly (Cabinet Member for Housing and Communities) and Matt Garrett (Service Director for Community Connections) were present for this item. It was highlighted that homelessness was on the rise across the country:

- The number of people approaching the council as homeless or threatened with homelessness over the last three years had increased;

- Numbers of households in Bed and Breakfast currently 75 compared to 43 households in March 2020;
- Rough Sleeping Numbers had decreased from 19 in 2019 to 16 in 2020, and they have received national recognition for their response during the pandemic.
- The Plymouth Alliance consists of seven members Bournemouth Churches Housing Association (BCHA), Harbour Centre, Hamoaze House, Shekinah, The Zone, Livewell Southwest and Plymouth Access to Housing (PATH).
- 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.
- This holistic approach was seen as a way of supporting people with multiple needs to finally get the support that stops them falling out of services and prevents the revolving door syndrome that plagues many systems.
- 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.
- An additional 54 bed places were also brought by the Plymouth Alliance to meet the demand and by August 2020, 213 individuals had accessed this accommodation under COVID.
- In addition they have been awarded funding from Changing Futures (£2.4 million). 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.

Questions from Members related to:

- Those housed with social landlords how do we ensure that the placement was successful?
- Do you capture stats to track where a person was being disruptive? How do we engage our communities to support our homeless to help with the integration?
- A breakdown of age groups of homelessness people within the city to be provided;
- How we they planning for the future and what was the direction of travel for hostels?
- Whether funding was still available or had this been reduced?
- Safe spaces and the implementation of the Covid safe winter provision. Was this programme ongoing for the city's rough sleepers?
- Programme for the exchange of needles and how was this working?



The Committee noted the progress to date on the implementation of the Plymouth Alliance and required the following information:

- Statistics on the number of people that have been disruptive with a social housing setting.
- How were communities engaging with this cohort to help with integration back into the community?
- An age breakdown on the people currently homeless within the city.

21. **Tracking Decisions**

The Committee noted the progress made against the tracking resolutions. In relation to minute 8 – GP surgeries. It was suggested that this committee to widen the remit to cover GP access across the city. It was reported that primary care would be further scrutinised at the next meeting.

22. **Work Programme**

The Committee noted the work programme and a further request to ensure items related to adult social care raised by Councillor Murphy were included in the work programme.

23. **Exempt Business**

Agreed that under Section 100(4) of the Local Government Act 1972, to exclude the press and public from the meeting for the following items of business on the grounds that involves the likely disclosure of exempt information as defined in paragraphs 1, 2 and 4 Part I of Schedule 12A of the Act, as amended by the Freedom of Information Act 2000.

24. **Mayflower CQC Action Plan Update**

Paul Green (NHS Devon CCG) was present for this item.

The Committee noted the Mayflower CQC Action Plan Update.

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# Health and Adult Social Care Overview and Scrutiny Committee



Date of meeting:	24 November 2021
Title of Report:	<b>Health and Adult Social Care Policy Brief</b>
Lead Member:	Councillor Patrick Nicholson (Deputy Leader and Cabinet Member for Health and Adult Social Care)
Lead Strategic Director:	Craig McArdle (Strategic Director for People)
Author:	Sarah Gooding (Policy & Intelligence Advisor)
Contact Email:	Sarah.Gooding@Plymouth.gov.uk
Your Reference:	HASC PB 24   2021
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: 12 November 2021											

## POLICY BRIEF

Health and Adult Social Care Overview and Scrutiny

24 November 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 (03/11/2021)** [Adult social care: coronavirus \(COVID-19\) winter plan 2021 to 2022](#). This plan sets out the key elements of national support available for the social care sector during winter 2021 to 2022 and principal actions that local authorities, NHS organisations and social care providers across all settings (including those in the voluntary and community sector) in England should take this winter.

**Department of Health and Social Care (03/11/2021)** [Workforce Recruitment and Retention Fund for adult social care](#). The Adult Social Care winter plan includes a commitment to providing workforce recruitment and retention funding to support local authorities and providers to recruit and retain sufficient staff over winter, and support growth and sustain existing workforce capacity. This guidance provides more information on the £162.5 million Workforce Recruitment and Retention Fund.

The main purpose of the fund is to support local authorities to address adult social care workforce capacity pressures in their geographical area through recruitment and retention activity this winter, in order to:

- support providers to maintain the provision of safe care and bolstering capacity within providers to deliver more hours of care
- support timely and safe discharge from hospital to where ongoing care and support is needed
- support providers to prevent admission to hospital
- enable timely new care provision in the community
- support and boost retention of staff within social care

**Department of Health and Social Care (05/11/2021)** [£3 million more to reduce brain injuries at birth](#). Minister for Patient Safety Maria Caulfield has announced £3 million for the second phase of a programme to improve maternity safety.

**Department of Health and Social Care (29/10/2021)** [Guidance updated to allow flexibility in booster programme for most vulnerable](#). Clinical guidance has been updated to allow COVID-19 boosters to be given earlier to those at highest risk where this makes operational sense, such as care home residents.

**Department of Health and Social Care (29/10/2021)** [More support for women experiencing the menopause](#). Government action to cut the cost of repeatable HRT prescriptions and a new Menopause Taskforce means women experiencing the menopause will be better supported. The new cross-government Menopause Taskforce will be co-chaired by the Minister for Women's Health and Carolyn Harris MP. The taskforce will consider the role education and training, workplace policies and peer groups for menopausal women can play in supporting women through what can be a mentally and physically challenging time.

**Care Quality Commission (22/10/2021)** [Annual assessment of health care and social care in England](#). The Care Quality Commission (CQC), an independent regulator of health and social care in England, has published their annual assessment of health care and social care in England. The State of Care report looks at trends, shares examples of good and outstanding care, and highlights where care needs to improve.

**Department of Health and Social Care (14/10/2021)** [Plan set out to improve access for NHS patients and support GPs](#). The NHS, working closely with the Department of Health and Social Care, has published [a blueprint for improving access to GP appointments for patients](#) alongside supporting GPs and their teams. The NHS, working closely with the Department of Health and Social Care, has today published a blueprint for improving access to GP appointments for patients alongside supporting GPs and their teams. The measures include a £250 million winter access fund from NHS England to help patients with urgent care needs to get seen when they need to, often on the same day if needed.

**Department of Health and Social Care (05/10/2021)** [New Every Mind Matters campaign to improve people's mental health](#). A new campaign has been launched to help people with their mental wellbeing. This is the first campaign delivered by the new Office for Health Improvements and Disparities which was launched on 1 October with the aim of tackling health inequalities across the country.

### **2021 Spending Review Headline announcements – 27 October 2021** **Health and Adult Social Care**

As already announced, Government plans to spend over £8 billion over the Spending Review (SR) period for a major catch up programme to help the NHS provide elective care that was delayed by the pandemic.

In September the government confirmed £5.4 billion for adult social care over the next three years through the Health and Social Care Levy. The new Health and Social Care Levy, along with an increase to the rates of dividend tax, will raise around £13 billion per year for spending on health and social care across the UK. This enables significant further funding for the NHS, for the government's reforms to social care, public health and prevention programmes, and investment in training the workforce of the future.

SR21 confirms:

- £3.6 billion will go directly to local government over the SR21 period to implement the cap on personal care costs and changes to the means test. This funding will also help local authorities better sustain their local care markets by moving towards a fairer cost of care. Further details will be set out in due course.
- £1.7 billion over three years to improve the wider social care system, including the quality and integration of care. At least £500 million of this will be allocated to improve qualifications, skills and wellbeing across the adult social care workforce.
- Additional funding through the local government settlement to ensure all local authorities can meet core pressures in adult social care.
- Government will maintain the Public Health Grant in real terms over the SR21 period, enabling local authorities to invest in prevention and frontline services like child health visits.
- £1.5 billion over the next three years for new surgical hubs, increased bed capacity and equipment to help elective services recover, including surgeries and other medical procedures.

- £2.3 billion over the next three years will transform diagnostic services with at least 100 community diagnostic centres across England - helping millions of patients access earlier diagnostic tests closer to home.
- £2.1 billion over the next three years to support innovative use of digital technology so hospitals and other care organisations are as connected and efficient as possible, freeing up valuable NHS staff time and ensuring the best care for patients wherever they are.

### **HASC Scrutiny updates from previous meeting**

Further information was requested in the previous meeting held on 22 September 2021 in respect of the following government announcement:

**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.

### **Update:**


[Op COURAGE](#) is an NHS mental health specialist service, [launched in March 2021](#), designed to help serving personnel due to leave the military, reservists, armed forces veterans and their families. In Plymouth this is led by an NHS Clinical Lead for the South West and an NHS Veterans Specialist Mental Health Assessment and Liaison Nurse. Together they offer:

- support with intensive emergency care and treatment if in a crisis
- help transitions from military to civilian life by providing mental health care with Defence Medical Services (DMS)
- support for armed forces families affected by mental health problems, including helping access local services
- helping recognise and treat early signs of mental health problems as well as more advanced mental health conditions and psychological trauma
- helping access other NHS mental health services if needed, such as finding an NHS psychological therapies service (IAPT) and eating disorder services
- helping get in touch with charities and local organisations who can support wider health and wellbeing needs, such as housing, relationships, finances, employment, drug and alcohol misuse and social support

In June 2021 the NHS leads for Op Courage attended the city's Armed Forces Covenant meeting to update progress of the scheme and to share some of the experiences over the last 12 months. Many local mental health providers are members of the Armed Forces Covenant and were able to engage directly with the NHS leads to discuss best practice. Funding is a key issue and whilst the government funding boost will trickle down, many local providers are reliant on grant funding to deliver services. New legislation is expected in 2022 which will place a legal duty on public sector bodies to have "Due Regard" in relation to decision-making specifically relating to Housing, Children and Health in the arena of the Armed Forces.

Op Courage is part of a [nine-point NHS plan to support the Armed Forces](#). Other commitments laid out in the plan include ensuring access to quality secondary care, reducing healthcare inequalities, helping with the transition to civilian life and increased support for families, children and carers.

**OPEN CONSULTATIONS AND SELECT COMMITTEE INQUIRIES**

Date of publication	Health and Adult Social Care Overview and Scrutiny Committee	 GOV
21 October	Public Accounts Committee: NHS Backlogs and waiting times	Accepting evidence until Wed 8 December



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

Minute No.	Resolution	Target Date, Officer Responsible and Progress
22 September 2021 Covid Update – Minute 15	The Committee noted the Covid updated and requested that the Long COVID Impact on Health and Wellbeing' to be forwarded to the committee.	<b>Date:</b> Sept 2021 <b>Officer:</b> Amelia Boulter <b>Progress:</b> Long Covid and Impact on Health and Wellbeing was emailed to Committee members on 05.10.21
22 September 2021 Policy Briefing – Minute 16	The Committee noted the Policy Brief update and requested further information on the cap on care costs.	<b>Date:</b> Sept 2021 <b>Officer:</b> Amelia Boulter <b>Progress:</b> Information to be requested.
22 September 2021 Health and Social Care System Performance Report – Minute 18	The Committee noted the Health and Social Care System Performance Report and requested the following information: <ul style="list-style-type: none"> <li>• Has Brexit impacted on staffing across the hospital system?</li> <li>• Average day MIU attendance graph can this be separated out and can this be shared?</li> </ul>	<b>Date:</b> Sept 2021 <b>Officer:</b> Amelia Boulter <b>Progress:</b> Information to be requested.
22 September 2021 Healthwatch Annual Report 2020 – 21 - Minute 19	The Committee noted the Healthwatch Annual Report 2020 – 21 and when available receive a copy of the Emergency Department report commissioned by NHS Devon CCG.	<b>Date:</b> Sept 2021 <b>Officer:</b> Amelia Boulter <b>Progress:</b> Information to be requested.
22 September 2021 The Plymouth Alliance – Minute 20	The Committee noted the progress to date on the implementation of the Plymouth Alliance and required the following information: <ul style="list-style-type: none"> <li>• Statistics on the number of people that have been disruptive with a social housing setting.</li> <li>• How were communities engaging with this cohort to help with integration back into the community?</li> <li>• An age breakdown on the people currently homeless within the city.</li> </ul>	<b>Date:</b> Sept 2021 <b>Officer:</b> Amelia Boulter <b>Progress:</b> Information to be requested.

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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
<b>27 July 2021</b>	Policy Brief			Sarah Gooding
	Covid Update			Ruth Harrell
	Financial Monitoring Report			David Northey/Helen Foote
	GP Services			NHS Devon CCG
	NHS III			NHS Devon CCG
	CQC and Urgent and Emergency Care			UHPT
	Future Hospital Programme Phase I			UHPT
<b>22 Sept 2021</b>	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
<b>24 Nov 2021</b>	Policy Brief			Sarah Gooding
	Covid Update and Flu Vaccination Update			Ruth Harrell
	Winter Plan to include Adult Social Care and Urgent and Emergency Care and Planned and Elective Care			PCC/NHS Devon CCG/UHPT
<b>9 March 2022</b>	Policy Brief			Sarah Gooding
	Financial Monitoring Report			David Northey/Helen Foote
<b>Briefing Papers to be circulated to the Committee -</b>				
NHS III				
Integrated Care System – Plymouth Local Care Partnership;				

<b>Select Committee</b>
Mental Health – Dec 2021 and Jan 2022
<b>Future Items</b>
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