

Health and Adult Social Care Scrutiny Panel

Tuesday 10 December 2024

PRESENT:

Councillor Murphy, in the Chair.

Councillor Ms Watkin, Vice Chair.

Councillors Lawson, McLay, Morton, Ney, Noble, Penrose and Taylor.

Apologies for absence: Councillors S.Nicholson and Reilly.

Also in attendance: Councillor Mary Aspinall (Cabinet Member for Health and Adult Social Care), Gary Walbridge (Strategic Director for Adults, Health and Communities), Stephen Beet (Head of ASC Retained Functions), Helen Slater (Lead Accountancy Manager), Ian Lightley (Chief Operating Officer, Livewell SW), Jodie Myles (Commissioning Officer), Caroline Patterson (Strategic Commissioning Manager), Bill Shields (Chief Financial Officer, NHS Devon), Amanda Nash (Head of Communications, UHP), Natalie Adams (Maternity and Neonatal Improvement Programme Lead, UHP) and Elliot Wearne-Gould (Democratic Advisor).

The meeting started at 2.00 pm and finished at 4.55 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.

68. **Declarations of Interest**

There were three declarations of interest in accordance with the Code of Conduct:

Councillor	Interest	Description
Noble	Private (Registered)	Employee at UHP
Lawson	Private (Registered)	Employee at UHP
Morton	Private (Registered)	Employee at UHP

69. **Minutes**

The minutes of the meeting held on 22 October 2024 were agreed as a correct record.

70. **Chair's Urgent Business**

There were no items of Chair's Urgent Business.

71. **Quarterly Performance and Finance Report for Health and Adult Social Care**

Helen Slater (Lead Accountancy Manager) delivered the Health and Adult Social Care 'Summary Month Six' finance report to the Panel, and discussed:

- a) There was a saving on Residential Long Stays of £651,000, which was offset by a pressure of £647,000 for Nursing Care;
- b) Financial pressures for Short Stays and Respite Care were being investigated, and there was a new pressure for Domiciliary Care;
- c) The cumulative effect was an adverse variance for Care Packages;
- d) Last month, a pressure of £471,000 was reported from reduced client income however, this was being mitigated with other savings at month six;
- e) The National Living Wage had been agreed for April 2025, at £12.21 per hour. This increase would be factored into ongoing budget setting work;
- f) Changes to National Insurance rates had not been predicted, and modelling was ongoing to assess the impact and practical implementation. Further clarity would be provided in the upcoming Local Government Settlement.

Councillor Aspinall thanked staff for their efforts and was reassured that a balanced budget would be achieved in March.

Stephen Beet (Head of ASC & Retained Functions) delivered the Health and Adult Social Care Performance report and discussed:

- g) The numbers of people in receipt of Nursing Care had reduced, while Residential Care numbers had increased. Analysis of this trend was ongoing in collaboration with NHS partners;
- h) The number of people receiving Domiciliary Care had increased slightly, with 7.4% receiving a residential interim placement before independently living at home;
- i) There was a slight reduction in the total number of people receiving Direct Payments as a result of care reviews;
- j) There was a slight reduction in demand for Reablement services, however, there were plans to expand the services further within the community to help prevent hospital admissions;
- k) 'No Criteria to Reside' figures were on target at above 9.36%;
- l) Care workers sickness absences were higher than the target for Plymouth City Council. This was primarily attributed to seasonal Flu, which disproportionately impacted front line staff.

In response to questions, the Panel discussed:

- a) The upcoming recommissioning of Domiciliary Care, and ongoing engagement with Care Homes, staff and service users;
- b) The valuable role of unpaid carers, potential for burn-out, and availability of respite services;
- c) Levels of staff sickness relating to stress remained comparably low.

The Panel agreed to note the reports.

72. **Livewell Southwest Performance Report**

Ian Lightley (Chief Operating Officer, Livewell Southwest) delivered the Livewell Performance report, and discussed:

- a) The variety of services commissioned by Plymouth City Council and provided by Livewell Southwest;
- b) Limited workforce growth in comparison to increased demand and complexity;
- c) Prioritisation of work and utilisation of limited resources to meet rising demand;
- d) An overall reduction in waiting times for assessments and reviews;
- e) Planned changes to the red, amber, green prioritization system to reduce waiting times and variances;
- f) The importance of managing risk and providing advice and information to those waiting;
- g) The maintenance of an effective crisis response service;
- h) An average waiting time of 30 days for an assessment post allocation to a care professional;
- i) Ongoing improvement plan work, including a drive to provide quicker support to those of lower need/priority to enable them to 'wait-well';
- j) An increasing number of people of working age entering the system for a care-act assessment;
- k) Strong staff recruitment and retention within Livewell;
- l) Prioritisation of work by clinical need, and the role of self-referral to advice, support and signposting for those of lower need;

- m) The importance of setting out realistic expectations for patients prior to waiting;
- n) Additional investment since 2015 from the Integrated Care Board (ICB), towards developing the Community Crisis Response Team and Discharge To Assess Team;
- o) Strong performance and increasing demand for the Approved Mental Health Professionals service which offered rapid, 24/7 support to those in need.

In response to questions, the Panel discussed:

- p) Concerns regarding increased work demand and complexity, against static funding and staffing;
- q) Concerns that pressures from social care capacity would be deflected to primary care, including the Emergency Department;
- r) Concerns around waiting times, particularly for those on 'low-priority' who could be perpetually que-jumped by more urgent cases.

The Panel agreed:

1. To request further information around Livewell Waiting times, specifically 'average' waiting times for assessments, as well as its comparison across categories of urgency (Red, Amber, Green);
2. To add the Livewell Southwest Performance Report update to the work programme to enable the Panel to monitor improvement progress;
3. To note the report.

73. **Recommissioning of Care Homes**

Jodie Myles (Commissioning Officer) and Caroline Patterson (Strategic Commissioning Manager) delivered the Recommissioning of Care Homes report, and highlighted:

- a) A 12 month extension of the existing Care Home Commissioning contract had recently been agreed by Cabinet, to enable further engagement with providers before its re-procurement;
- b) There were 89 Care Homes within the Plymouth City boundary, providing care and support to over 1,300 adults in residential and nursing care. The annual spend was approximately £50MM;
- c) Plymouth City Council (PCC) had worked to develop a robust service specification in consultation with the care provider market and other local authorities;

- d) Healthwatch had been re-commissioned to independently visit and engage with care residents to ascertain their views, to inform future care provision and modelling;
- e) Key feedback had centred around 'family', 'kindness of staff' and the importance of 'personal possessions';
- f) During 2023/24, over 8,000 new clients requested adult social care support, over 4,000 people accessed long-term care, and over 1,300 accessed 24/7 residential or nursing care;
- g) 86% of care homes were rated as good or outstanding.

In response to questions, the Panel discussed:

- h) Levels of feedback and engagement, which averaged at around two thirds;
- i) The role of the Care Quality Commission (CQC) in evaluating care homes, and cooperative intelligence work between the CQC and PCC;
- j) Methods of evaluation, cooperative working and quality assurance deployed by the Commissioning Team to ensure high standard of care were delivered;
- k) The role and application of the Safeguarding pathway;
- l) Consistency in the quality of care provided, and the CQC level awarded to care homes in Plymouth;
- m) Efforts to drive improvement in the Plymouth care homes not currently awarded 'good' or 'outstanding'.

The Panel agreed:

1. To request a detailed breakdown of the £50MM figure spent on care home commissioning, by the type of care provision;
2. To add 'care homes recommissioning' to the work programme for a future update on progress, and care quality within Plymouth;
3. To note the report.

74. **One Devon ICS Finance Report**

Bill Shields (Chief Financial Officer, NHS Devon) delivered the One Devon ICS Finance Report, and highlighted:

- a) NHS Devon had submitted a deficit plan of £85.4MM to NHS England in April 2024, which had been revised to £80MM. At month 6, deficit funding had been received from NHS England of £80MM;

- b) The resulting £5.4MM adverse variance had been resolved as of month 8;
- c) At month 6, an additional pressure of £0.7MM had been created through Industrial Action. As of month 8, this had been resolved, and a balanced budget was now forecast;
- d) A total of £66.6MM of efficiencies had been achieved within the first six months of the year;
- e) The underlying financial position for the future was a cause of concern, with likely savings of £200MM required. Many achieved savings had been 'one offs' and could not be done recurrently;
- f) The Devon Integrated Care System (ICS) had developed a medium term financial plan, with a plan to gradually reduce the deficit. This would require significant savings across the system;
- g) The additional monies announced in the budget would likely be mitigated by National Insurance increases, next years 'pay awards', and the elective recovery fund (reducing waiting lists). It was therefore forecast that a real-terms reduction in funding would be experienced in 2025/26.

In response to questions, the Panel discussed:

- h) The potential for cuts to services across individual providers;
- i) While patient safety would always be prioritised, the quality of services could see variation to meet available funding;
- j) Efforts were ongoing to increase revenue to sustain services, as exemplified by the Royal Devon University Hospital, which had seen success in delivering capacity for the Elective Recovery Programme;
- k) Direction from NHS England had been to target savings towards workforce costs, head count, and non-clinical-facing posts (admin, managerial and clerical);
- l) A target of 80% recurring savings, to 20% non-recurring savings for Devon;
- m) Success in reducing reliance on 'non-framework' agency staff;
- n) Distinctions between safety and quality;
- o) The implications of IFRS 16 on accounting practice and capital budgets, with potential to limit future system capital;
- p) The Devon ICB and the three acute providers were in National Oversight Framework (NOF) 3, subjecting them to significant controls and approval processes for recruitment;

- q) The role of 'insourcing' in delivering additional capacity to reduce waiting lists, and necessary safeguards for its use. The ICB had encouraged University Hospitals Plymouth (UHP) and other providers to engage with Royal Devon University Hospitals (RDUH) who had demonstrated successful insourcing.

The Panel agreed to note the report.

75. **UHP Maternity Care Report**

Amanda Nash (Head of Communications, UHP) and Natalie Adams (Maternity and Neonatal Improvement Programme Lead, UHP) delivered the Maternity and Neonatal Care report and highlighted:

- a) Plymouth had received considerable financial investment, including the new Community Diagnostic Centre (£25MM), and additional Urgent Treatment Centre at the Derriford site;
- b) UHP had received a Care Quality Commission (CQC) inspection in September 2022, resulting in eight 'must do' actions, and four 'should do' actions;
- c) UHP had seen success in developing a Bereavement Suite, implementing the 'Birmingham Symptom Specific Triage System', and utilising the 'K2, End to End' maternity digital system. This had resulted in improved quality and consistency of maternity care;
- d) The Maternity Safety Support Programme had undertaken a diagnostic review of all of the trusts within the Devon region, including a gap and workforce analysis;
- e) Workforce had presented one of the greatest challenges to UHP, particularly within maternity and neonatal services;
- f) 48 key priorities had been developed, resulting in five work streams: 'working equitably with women and families', 'developing a positive learning safety culture', 'infrastructure', 'growing, retaining and supporting our workforce', and 'developing embedding and sustaining a positive culture';
- g) Since the improvement programme had commenced, UHP had exceeded its 'Saving Baby's Lives' target for the first time in three years, reaching 75%;
- h) Throughout the pandemic, community locations for maternity care decreased from around 50 to 17. It remained a priority to re-expand these locations to maximise the community offer;
- i) Maternity demand was inherently unpredictable, and did not benefit from the ability to generate a waiting list. This could result in capacity challenges, even when fully staffed;

- j) The maternity and neonatal improvement plan had 144 actions for completion, each with a goal, method, timeframe and outcome, as well as strong lead staff appointed across work streams. Considerable progress was being made against the plan;
- k) Reporting and oversight had been enhanced with monthly Board meeting to review and track progress, as well as prioritise urgent matters;
- l) The Trust were confident that progress already demonstrated against the plan, would result in a timely exit however, the reporting structure would be maintained as best practise.

In response to questions, the Panel discussed:

- m) Potential benefits of maternity and neonatal improvements for long term health needs, and reductions in paediatric demand;
- n) Targets for every new mother to have a home visit within 36 hours of discharge;
- o) Enhancements to antenatal education and the importance of care in the community;
- p) Gratitude for the passion and work undertaken by maternity and neonatal staff at UHP;
- q) Enhancements to security at UHP for infants, babies and vulnerable families;
- r) The recent ability for midwives to return to work post-retirement, and the beneficial implications for staff retention, experience, and quality of service delivered.

The Panel agreed to note the report.

76. **Policy Brief for Health and Adult Social Care**

The Panel agreed to note the Policy Brief for Health and Adult Social Care.

77. **Tracking Decisions**

Elliot Wearne-Gould (Democratic Advisor) delivered an update on the Tracking Decision Log.

The Panel agreed to note the document.

78. **Work Programme**

The Panel agreed to add the following items to the work programme:

- I. Livewell SW Performance Report, update;

2. Armed Forces 'friendly' GP and Dental services;
3. Urgent and Emergency Care One Plan and Winter-preparedness update;
4. Health and Wellbeing Hubs.

79. **Exempt Business**

There were no items of Exempt Business.

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