



**Oversight and Governance**

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## **HEALTH AND ADULT SOCIAL CARE OVERVIEW AND SCRUTINY COMMITTEE – SUPPLEMENT PACK**

Wednesday 9 March 2022  
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.

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

The Council is a data controller under the Data Protection Act. Data collected during this webcast will be retained in accordance with authority's published policy.

For further information on attending Council meetings and how to engage in the democratic process please follow this link - [Get Involved](#)

**Tracey Lee**  
Chief Executive

## **Health and Adult Social Care Overview and Scrutiny Committee – Supplement Pack**

- |   |                        |
|---|------------------------|
| <b>6. Covid Update and Flu Vaccination Update</b> | <b>(Pages 1 - 18)</b>  |
| <b>9. Local Care Partnership Update</b>           | <b>(Pages 19 - 34)</b> |
| <b>10. Tracking Resolutions</b>                   | <b>(Pages 35 - 36)</b> |
| <b>11. Work Programme</b>                         | <b>(Pages 37 - 38)</b> |

# Living with Covid



## **Presentation to cover;**

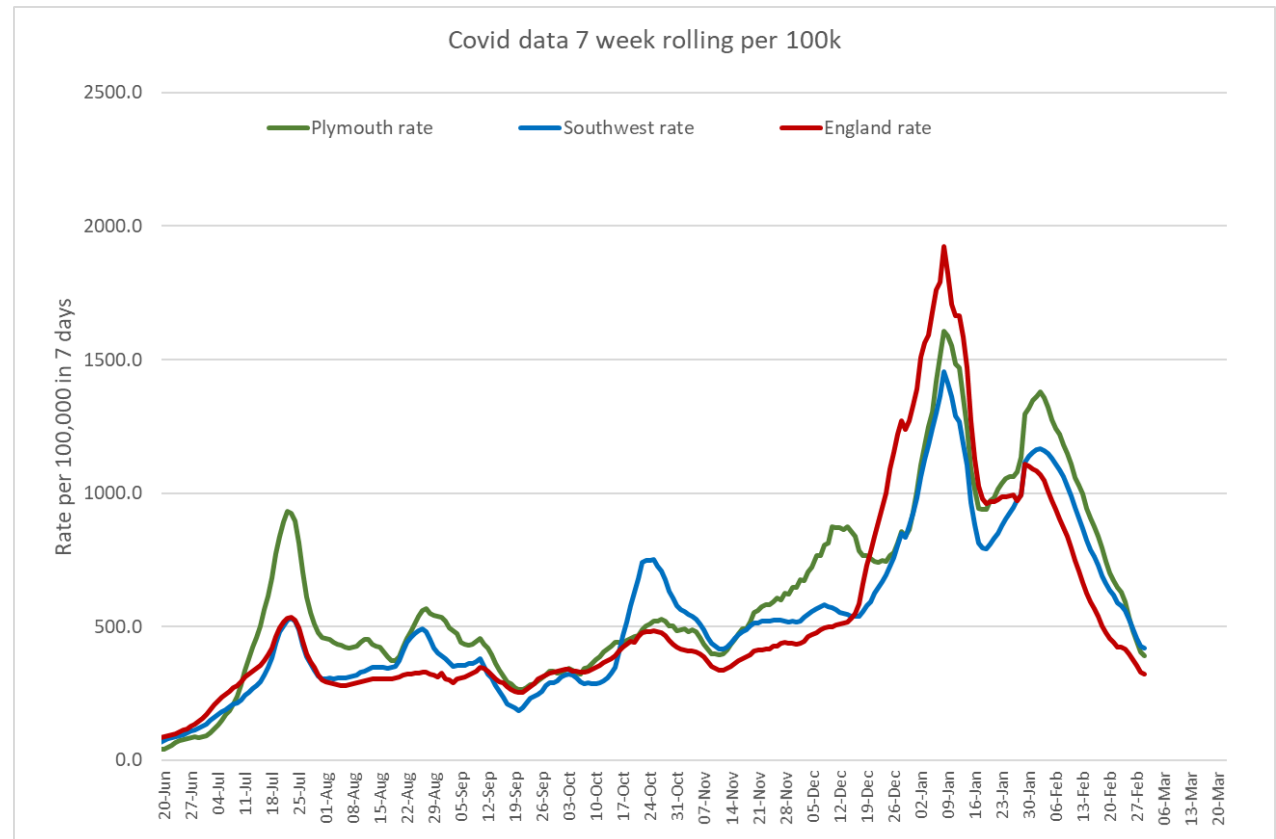
- **Brief overview of epidemiology**
- **Living with Covid plan**
- **Changes to Local Outbreak Management Plan**

**Also brief update on influenza**

# Brief overview of epidemiology



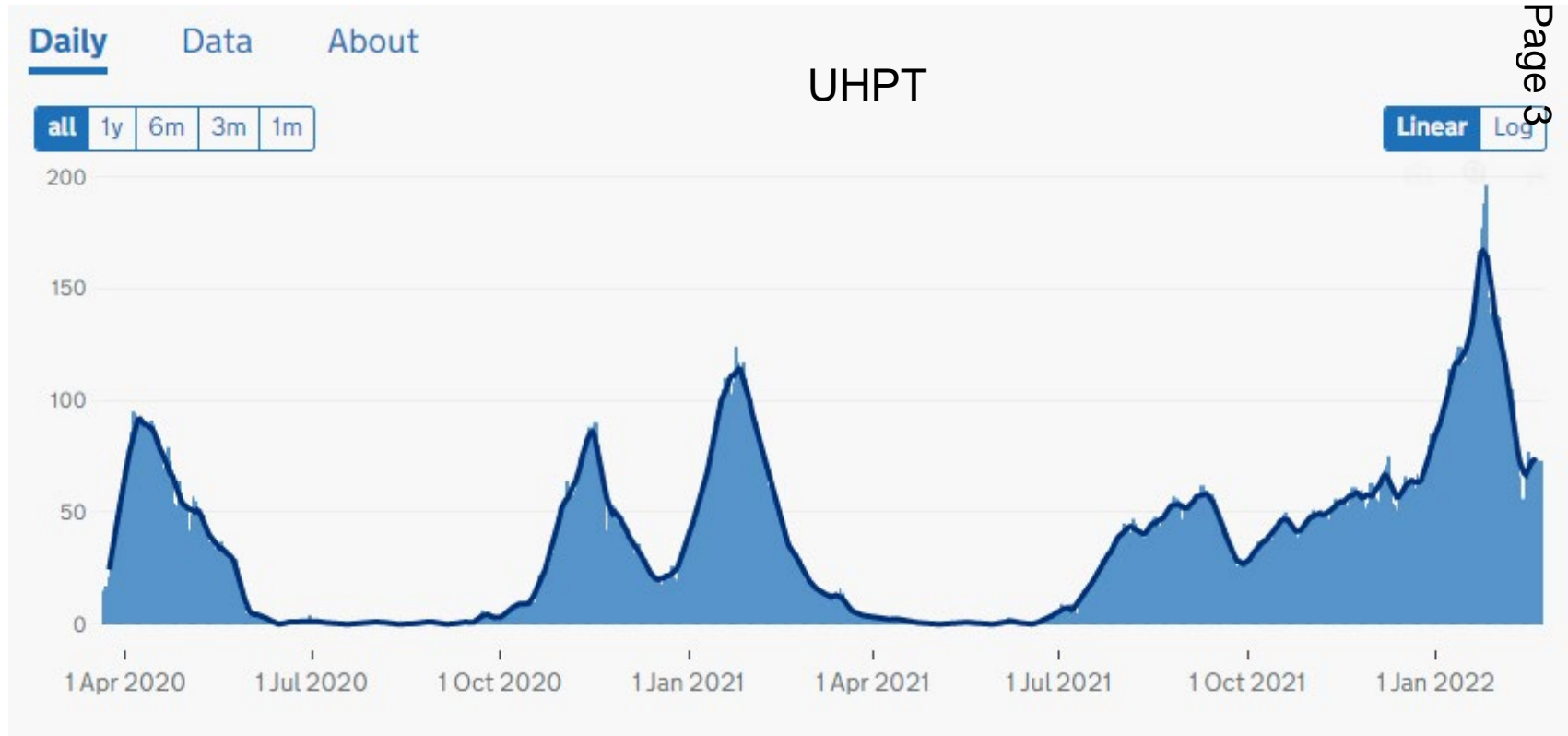
- Cases reducing; Plymouth reducing towards England



# Hospitalisations



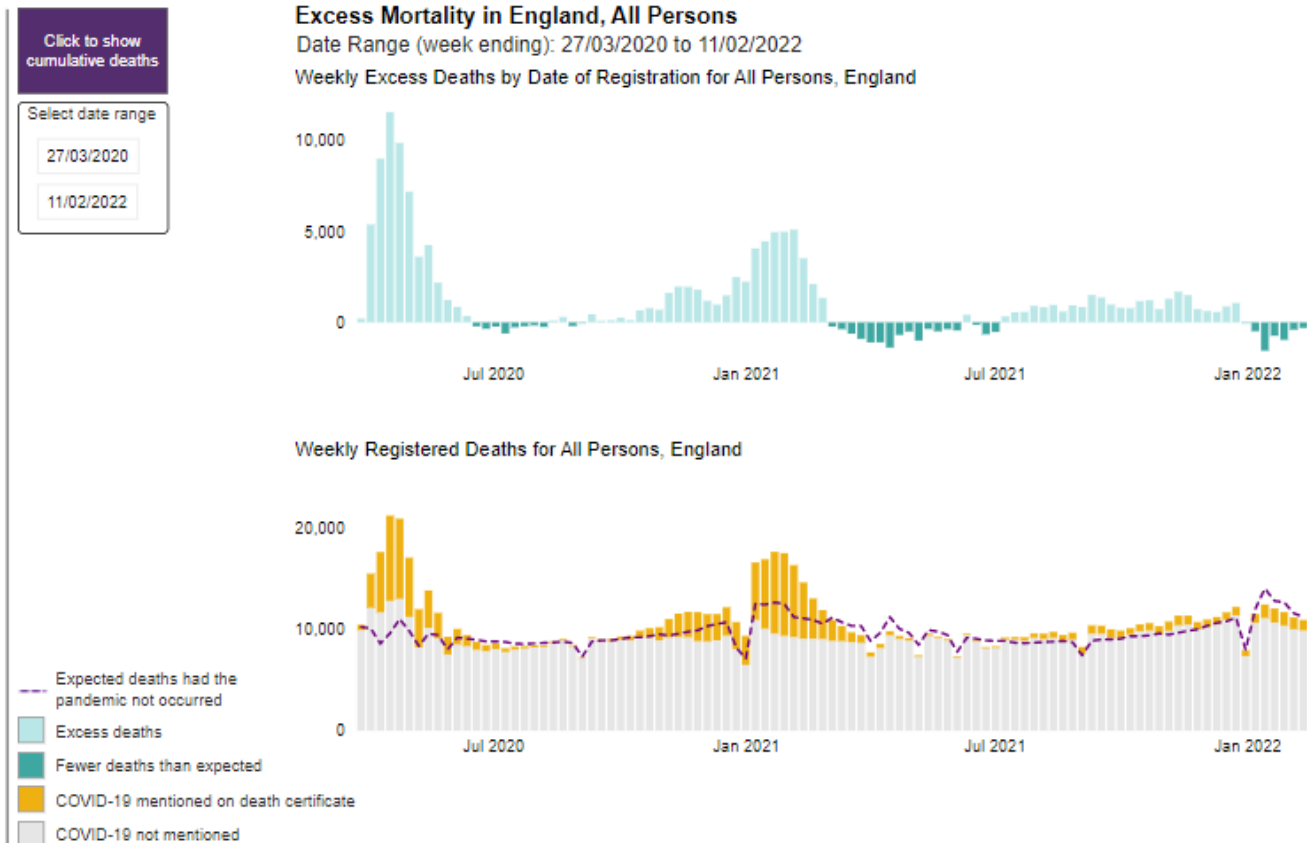
- Reducing but still high
- Omicron – higher proportion ‘with’ not directly ‘due to’



# No excess deaths



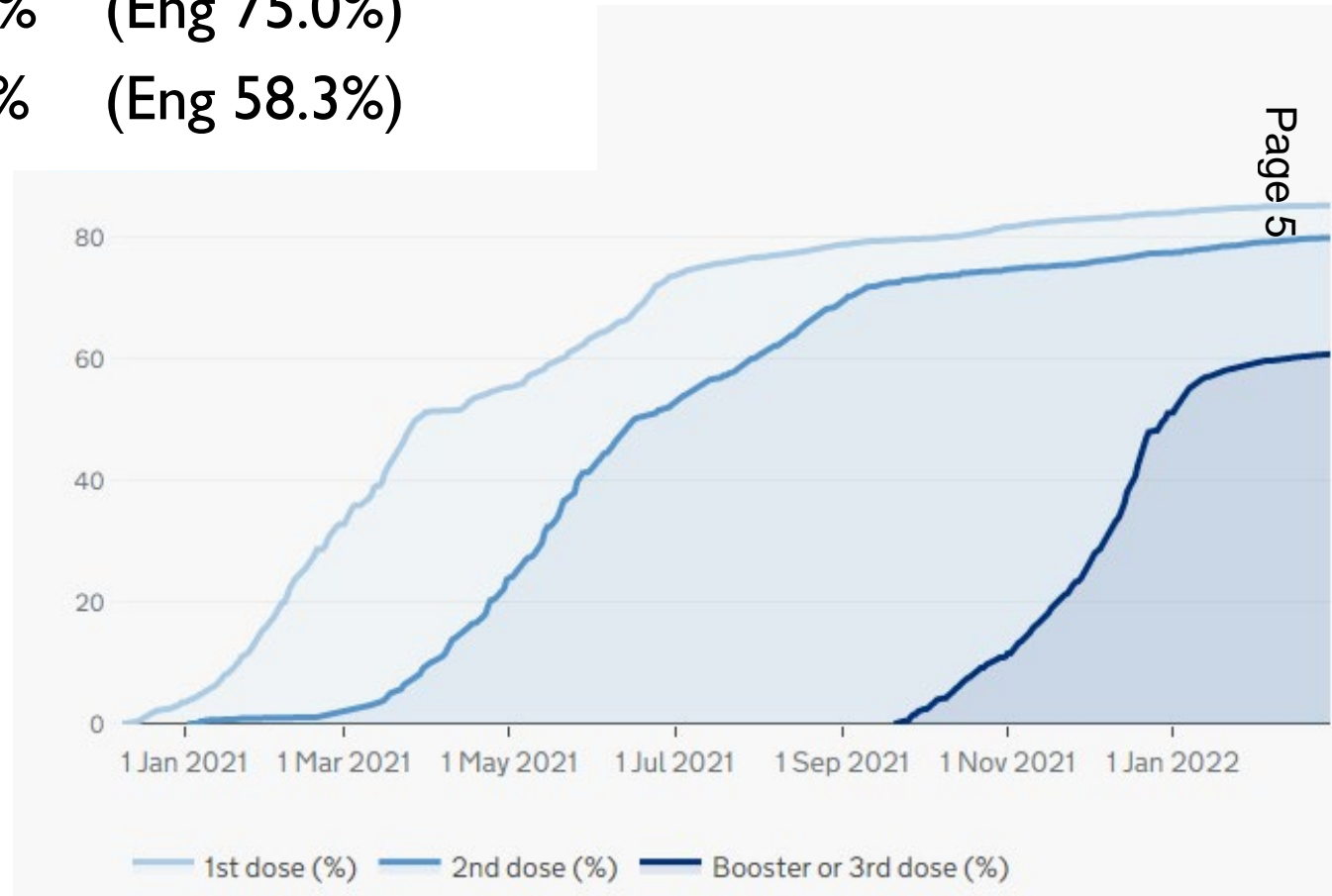
- Omicron wave has not led to excess deaths
- It may have replaced usual flu/pneumonia due to additional precautions



# Covid vaccinations; Plymouth



- 1<sup>st</sup> dose – 85.2% (Eng 80.0%)
- 2<sup>nd</sup> dose – 79.9% (Eng 75.0%)
- Booster – 60.8% (Eng 58.3%)



# Living with Covid



Following slides have information taken directly from

**COVID-19 Response: Living with COVID-19**

<https://www.gov.uk/government/publications/covid-19-response-living-with-covid-19>



# Living with Covid



The Government's objective in the next phase of the COVID-19 response is to;

- enable the country to manage COVID-19 like other respiratory illnesses, while
  - minimising mortality and
  - retaining the ability to respond if a new variant emerges with more dangerous properties than the Omicron variant, or during periods of waning immunity, that could again threaten to place the NHS under unsustainable pressure.
- 
- Next few years will be a period of uncertainty as we approach endemicity (= *stability and predictability*)
  - Expecting new variants, some of which will have unfavourable characteristics
  - Vaccination and treatments will be critically important
  - Covid is much more easily transmitted than flu

# What ended – 24<sup>th</sup> February



- LEGAL requirement to self isolate following a positive test (still advised to stay at home)
- End self isolation payments\* and national funding for practical support
- Revoke The Health Protection (Coronavirus) Regulations
- Removing asymptomatic testing for staff and students in most education and childcare settings (Except SEND)
- routine contact tracing will end. Contacts will no longer be required to self-isolate or advised to take daily tests.

[\*From 24 March, the COVID-19 provisions within Statutory Sick Pay and Employment and Support Allowance regulations will end.]

# What will end – 1<sup>st</sup> April



- update guidance setting out the ongoing steps that people with COVID-19 should take to minimise contact with other people.
- no longer provide free universal symptomatic and asymptomatic testing for the general public in England.
  - Some high risk groups will be eligible
  - Social care staff will still receive free tests
- no longer recommend that certain venues use the NHS COVID Pass.
- remove the health and safety requirement for every employer to explicitly consider COVID-19 in their risk assessments.

# What should people do to reduce risk?



- Getting vaccinated;
- Letting fresh air in (good ventilation) if meeting indoors, or meeting outside;
- Wearing a face covering in crowded and enclosed spaces, especially where you come into contact with people you do not usually meet, when rates of transmission are high;
- Trying to stay at home if you are unwell;
- Taking a test if you have COVID-19 symptoms, and staying at home and avoiding contact with other people if you test positive; and
- Washing your hands and following advice to ‘Catch it, Bin it, Kill it’.

# Protecting those most vulnerable



- Many people previously indicated as CEV should have significantly reduced risk due to 3x vaccinations; they should follow general guidance but they should still be cautious
- specific guidance for those whose immune system means they are at higher risk despite vaccination (subset of CEV)
- further vaccinations (boosters) spring and autumn
- Rapid access to antiviral treatments; around 1.3 million people eligible
- Adult social care guidance; suggestion it will remain as it currently is

# Maintaining Resilience



- Domestic surveillance; focus on hospital settings, and population-level surveys. Ability to increase testing if required.
- the Government will maintain resilience and infrastructure required to scale up a proportionate response.
- Toolbox of border measures if required
- *Document contains an error, wrongly assigning the role of UK HSA in outbreak management outside of a pandemic response to that of the local authority. This has been highlighted.*

# Changes to the Local Outbreak Management Plan



Local covid-19 response changes

# LOMP changes



- National led changes to PCR testing
  - Seaton Barracks regional testing site closed 25<sup>th</sup> February
  - Guildhall Local Testing Site will close end of March
- Community Outbreak Management Fund will end
  - Outbreak management will be led by UK HSA
  - LA focus on support to most vulnerable plus inequalities (vaccine outreach)
  - Local contact tracing has ended on 24<sup>th</sup> Feb
- Community LFT testing programme
  - Assisted testing will end late march, as will supply of LFTs



# Issues



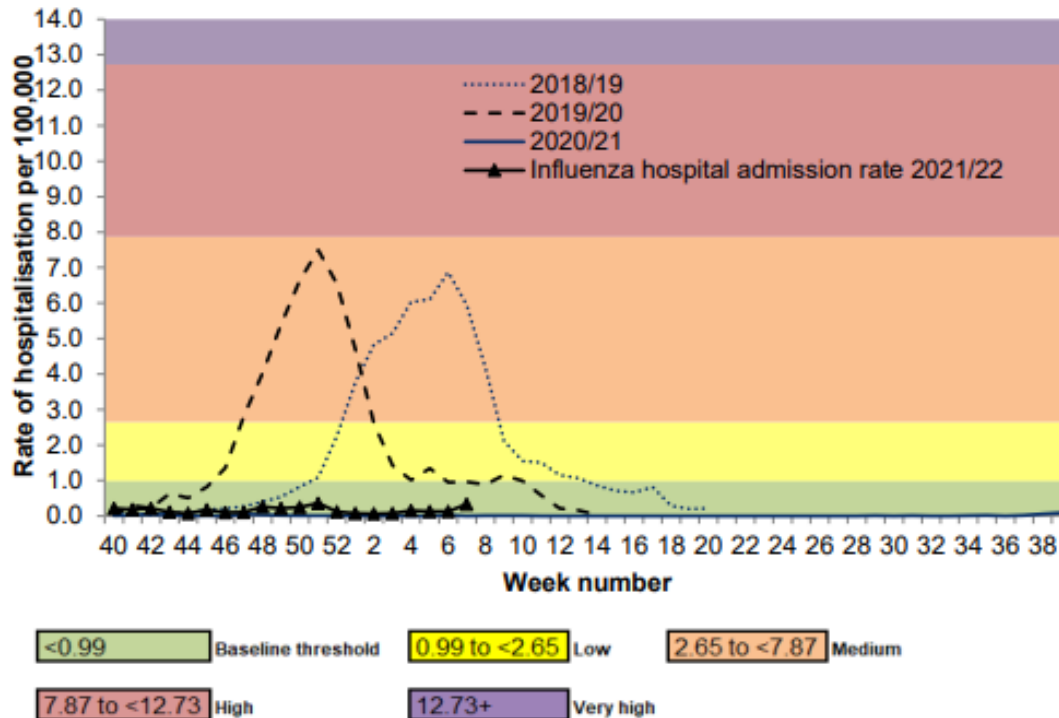
- Four SAGE scenarios; whilst hoping for the most optimistic, recognition that ramping up may be required
- Understanding case rates
  - Hospitalisations
  - Deaths
  - H&SC staff who will still be routinely testing
- Detecting new variants
  - Hospitalised cases will be tested
  - ONS survey
  - Wastewater survey
- Responding to new variants / waning immunity
  - Ability to ramp up at short notice
  - Plans for further non pharmaceutical interventions



# Flu rates; hospitalisations

- 2021/22 is the low line with triangular symbols
- 2020/21 is the blue line which sits on the x axis

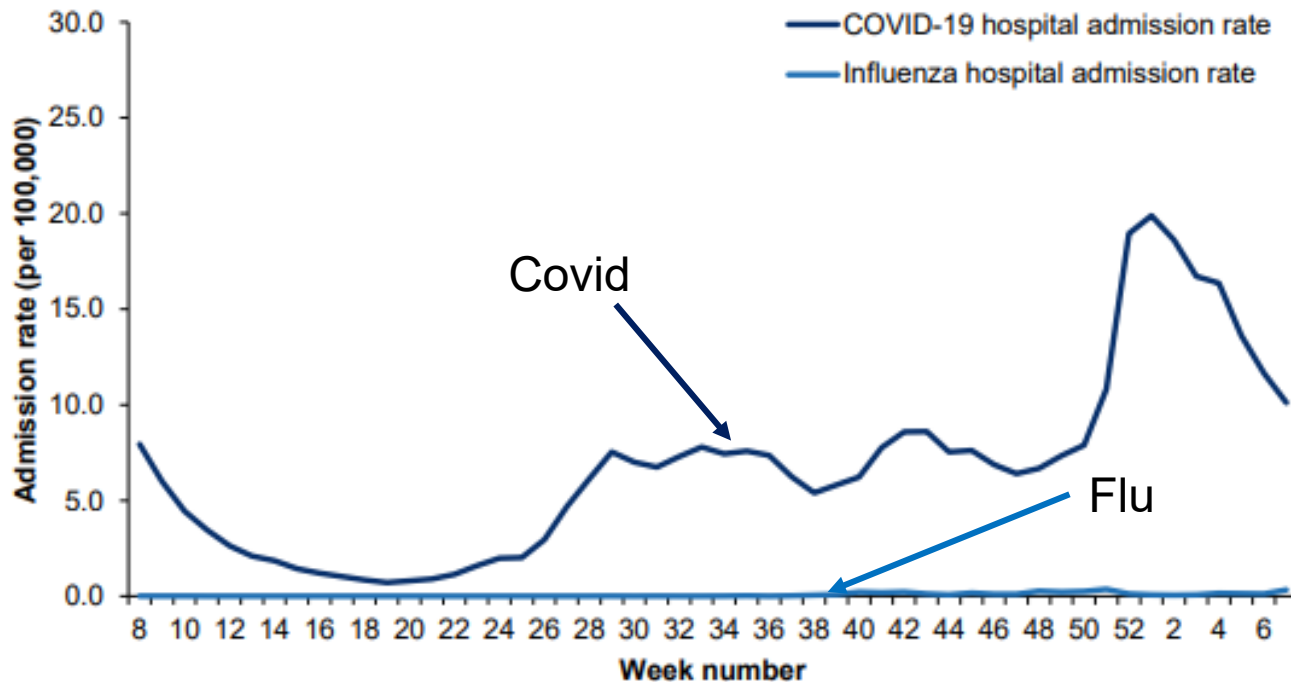
Figure 40: Weekly overall influenza hospital admission rates per 100,000 trust catchment population with MEM thresholds, SARI Watch, England



# Flu rates; comparison with covid



- Very low rates of influenza observed (UKHSA, hospitalisations)
- Flu far less transmissible therefore measures to reduce covid are far more successful against flu



# Flu vaccination



- Data is not yet publicly available

## Headlines;

- Uptake in all eligible groups greater than 2020/2021 programme, except pregnant women and children
  - Actions in place to improve this during February

# Health and Adult Social Care Overview and Scrutiny Committee



Date of meeting:	22 March 2022
Title of Report:	<b>Local Care Partnership Update</b>
Lead Member:	Councillor Patrick Nicholson (Deputy Leader)
Lead Strategic Director:	Craig McArdle (Strategic Director for People)
Author:	David McAuley (Programme Director)
Contact Email:	david.mcauley@nhs.net
Your Reference:	
Key Decision:	No
Confidentiality:	Part I - Official

## Purpose of Report

Much work has been undertaken in recent months to develop the Plymouth Local Care Partnership (LCP) alongside wider system partners in Plymouth. This report provides a progress update/report in regard to the delivery of the plans.

The plan is built on identified local need, acknowledges the challenges Covid has brought with it and sets out six key priorities for Plymouth.

The document sits beneath a wider Devon wide strategic framework that is itself guided by the NHS Long Term Plan.

## Recommendations and Reasons

1. For the Scrutiny Committee to receive the report for information and consideration.
2. The committee are invited to note the content of the report, acknowledging progress and successes.
3. To acknowledge the considerable system wide challenges and pressures that exist within Plymouth, noting strategies to address these in the short, medium and longer term.
4. To acknowledge and note system wide, enabling work relating to Estates and Workforce that will address some of the wider challenges.

## Alternative options considered and rejected

Not applicable - report is for information only

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

This document supports the ambitions and strategic direction of the Plymouth Plan 2014-2034 principally "People in Plymouth live in happy, healthy, safe and aspiring communities." It also aligns to other strategic plans such as a Bright Future 2021-2026 and policy HEA2: Delivering the best outcomes for children, young people and families.

The plan will contribute to the delivery of the Corporate Plan priority "Caring for People and Communities".



**Sign off:**

Fin	N/A	Leg	N/A	Mon Off	N/A	HR	N/A	Assets	N/A	Strat Proc	N/A
Originating Senior Leadership Team member: Anna Coles (Service Director of Integrated Commissioning)											
Please confirm the Strategic Director(s) has agreed the report? Yes Date agreed: 28/02/2022											
Cabinet Member approval: <i>Approved via email</i> Date approved: 01/03/2022											

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**Local Care Partnership – Programme Highlight Report  
Health and Adult Social Care Scrutiny Panel March 2022**

**Reporting Period**  
**March 2022**

<b>Programme</b>	<b>Together for Plymouth</b>	<b>Programme Lead</b>	<b>Craig McArdle</b>	<b>Start date</b>	<b>2021</b>	<b>Forecast end date</b>	<b>2024</b>	<b>Stage</b>	<b>Delivery</b>	<b>RAG status</b>	<b>A</b>
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**Reporting**

ID	Priority Area	RAG	Priority Lead	Progress Update
Priority 1	Building a Compassionate and Caring City	A	Rachel Silcock	<ul style="list-style-type: none"> <li>Project Board established and have agreed to align and codify existing charters.</li> <li>Successful dementia conference hosted in October. Dementia Friendly Guide for Dentists launched by PCC and Plymouth University. Dementia friendly departments rolled out in PCC and online awareness training now available for businesses and partners.</li> <li>Co-ordinated response to the Keyham incident. Focus on a Safer, Healthier and Resilient Keyham. Dedicated website and email in place. Approach underpinned by Trauma Informed model.</li> <li>PCC “commitment to carers” plan being implemented by Carers Partnership Board. A Young Carers Health Champion is a young carers representative on the UHP Patient Council. Skills LaunchPad have NEET Panel established with representation from Time4U to discuss young carers cases.</li> </ul>
Priority 2	Developing a sustainable system of Primary Care	A	Siobhan Cambridge	<ul style="list-style-type: none"> <li>Relaunch of Primary Care strategy and prospectus, which includes extensive LCP engagement.</li> <li>Investment into Primary Care from Winter Access Funding until March 2022.</li> <li>Population Health Management (PHM) roll out postponed for several months with delay due to system pressures and opportunity to improve sign up</li> <li>Successful recruitment into Mental Health PCN roles Additional Roles Reimbursement Scheme (ARRS) posts</li> </ul>
Priority 3	Empowering Communities to help themselves and each other	G	Rachel Silcock	<ul style="list-style-type: none"> <li>Successful “Fair Shares” bid (additional £800K) completed and now in implementation phase - expansion of hubs, further development of prevention and wellbeing offer.</li> <li>Analysis of food aid now underway, with the aim of reducing the need for food banks. Food Aid – report due imminently.</li> <li>Website launched with examples of good practice.</li> <li>Community engagement toolkit developed. This has been tested with staff and is now in final draft form. Understanding the impact of Covid on employment work now underway.</li> <li>Household support grant funding secured – targeted towards food and energy bills across the winter. Sitting and phone service role developed for those on domiciliary care waiting list. Bid submitted by PEC to Energy Redress Fund to target help on low-income families</li> <li>ONS survey - Plymouth has gone from the 75th most digitally excluded city out of 128 in 2019 to being 115 out of 128 in 2020.</li> </ul>
Priority 4	Ensuring the Best Start to Life through “A Bright Future”	A	Emma Crowther	<ul style="list-style-type: none"> <li>Family Hub/Early Help Partnership – contract tendered and awarded to Livewell Southwest led partnership. First planning workshop taken place early February.</li> <li>Family Hubs transformation fund – Bid developed and submitted. National funding decision due in March 2022.</li> <li>Strategic System Leadership Board – inaugural meeting in February 2022.</li> <li>Commitment has been made to fund cohort 3 for PAUSE</li> <li>“A Bright Future” programme infrastructure - leads proposed for each key priority. Workforce a priority.</li> </ul>
Priority 5	Relentless focussing on Homelessness Prevention	A	Matt Garrett	<ul style="list-style-type: none"> <li>Significant pressures within homelessness system due to a number of factors e.g. increased rents, Universal Credit top up, furlough ending and eviction ban ending. Alliance action plan in place and Homelessness Crisis Task Force in place.</li> <li>Homelessness Partnership Board and Executive Group established to engage partners and develop and oversee implementation of plans.</li> <li>Several successful bids/funding to address longer term demand/need. 1. Changing futures bid has been successful meaning an additional £2.5M has been secured over 3 years to build a team around system change for those with complex needs. 2. £58K has been successfully bid for and secured via an opportunity to access funds for individuals with alcohol related problems and complex needs (pilot). 3. £600K has been successfully bid for from “Fair Shares” to develop an Inclusion Health Team that will address the health needs of people who are homeless. 4. £210K for Plymouth to target vulnerable people who are at risk of homelessness. This will help people access permanent accommodation.</li> </ul>
Priority 6	Integrating Care to deliver “the right care, at the right time, in the right place”	A	Nicola Jones	<p><b>Urgent and Emergency Care:</b></p> <ul style="list-style-type: none"> <li>Review of existing Western Urgent Care Board (WUCB) Improvement plan in light of CQC Report and conditions on System Partners</li> <li>Additional bed-based capacity secured via Care Hotel and William and Patricia Venton Centre</li> <li>Continued system escalation, managing high levels of demand, acuity and constraints.</li> <li>Additional investment received for VCS from NHS to enable discharge using carers identification as well as support for care homes- settling in and care navigation.</li> <li>Community in reach model of care to support pulling people from hospital and maximising the available community capacity key deliverables include improved flow</li> <li>Urgent Care Command Centre launched to maximise Care Home, Domiciliary Care, Voluntary Sector and Reablement capacity.</li> <li>A number of additional schemes implemented e.g. night time economy “safe bus” and increase in availability to GP streaming in the Emergency Department and online. Recruitment campaign also underway.</li> </ul> <p><b>Integrated Care Partnership:</b></p> <ul style="list-style-type: none"> <li>Contract now implemented and transformation plans underway by UHP and Livewell with partners.</li> </ul> <p><b>Ageing Well Programme:</b></p> <ul style="list-style-type: none"> <li>Frailty MDTs underway working as part of implementation of the locally developed Integrated Care for Older People (iCOPE) programme, using risk stratification and being delivered by GP practices and Livewell</li> </ul> <p><b>Community Mental Health Framework:</b></p> <ul style="list-style-type: none"> <li>Significant progress in implementing the Community Mental Health Framework e.g. primary care Additional Roles Reimbursement Scheme (ARRS) and Multi Agency Teams (MAT) are developing.</li> </ul> <p><b>Caring For Plymouth:</b></p> <ul style="list-style-type: none"> <li>Working with Age UK and Improving Lives Plymouth to establish and implement Plymouth Independent Living Service</li> </ul>

**Enabling Workstreams:**

- Workforce – Health and Care Skills Group established, developing strategy & plan, focussing initially on prospectus
- Estates – Blueprint group established, led by A. James. West End Health and Wellbeing Hub plans well in development. Hospital development programme phased over next few years. Emergency Department a priority.
- Information Technology (IT). Plan to make all health records available (initially) via single portal. Roll out to start Q1 2022.

**RAG rating criteria:**

- Red – progress and plans off track and considerable risks identified within the system
- Amber – plans progressing but delayed or behind schedule
- Green – plans on track and progress as expected

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# Plymouth Local Care Partnership System Plan 2021-2024



Together for  
**Plymouth**

Health and care working in partnership with local communities  
in Plymouth and the rest of the Devon

## Introduction

In 2013 the Plymouth Health and Wellbeing Board set down in the strategic ambition to create a fully integrated system of population based health and wellbeing where people start well, live well and age well. At the heart was a focus on tackling health inequalities and meeting the needs of the whole person, ensuring they received “the right care, at the right time, in the right place”. This ambition formed part of the [Plymouth Plan](#), which remains the city’s overarching Strategic Plan setting the vision, ambition and our direction until 2034. Since this original ambition was set, the Plymouth system has also been an active participant in the Sustainability and Transformation Partnership and now the Devon Integrated Care System. This plan is therefore two fold, to act as the “plan for” in relation to the Health and Wellbeing elements of the Plymouth Plan and Plymouth’s contribution to the delivery of the priorities of the [Integrated Care System](#) and the Long Term Plan. It will also support the Government’s recent [Build Back Better: Our Plan for Health and Social Care](#) proposals, which has indicated increased investment in health and social care of around £12 billion per year through the introduction of a Health and Social Care Levy cross the UK.

## Aims of the Partnership

Plymouth Local Care Partnership is one of five Local Care Partnerships across the Devon Integrated Care System. “Together for Plymouth” reinforces the collective intent for collaborative working to solve some of the deep-rooted challenges we face and to create a step change in system transformation. The primary purpose of the Partnership is to provide leadership and oversight to our ambition of creating an integrated system, which puts the needs of our population ahead of that of any single organisation.

The overarching aims of the Partnership are:

- To improve health and wellbeing outcomes for the local population
- To reduce inequalities in health and wellbeing of the local population
- To improve people’s experience of care
- To improve the sustainability of the health and wellbeing system

## System Working

Recognising Plymouth’s place in the wider Devon system and our relationship with neighbouring partners, “Together for Plymouth” is committed to supporting the delivery of the Devon ICS six key ambitions:

- **Efficient and Effective Care** – ensuring evidence-based care, tackling unwarranted clinical variation, and improving productivity everywhere so that Devon taxpayer’s money is used to achieve best value for the population
- **Integrated Care Model** – enhancing primary care, community, social care, and voluntary and community service to provide more care and support out of hospital care including urgent care
- **Equally Well** – working together to tackle the inequalities in the physical health of people with mental illness, learning disabilities and/or autism
- **Children and Young People** – investing more in children and young people to have the best start in life, be ready for school, be physical and emotionally well and develop resilience throughout childhood and on into adulthood
- **Devon-wide Deal** – nurturing a citizen led approach to health and care which reduces variations in outcomes, gaps in life expectancy and health inequalities in Devon
- **Digital Devon** – investing to modernise services using digital technology

### In doing so “Together for Plymouth” will:

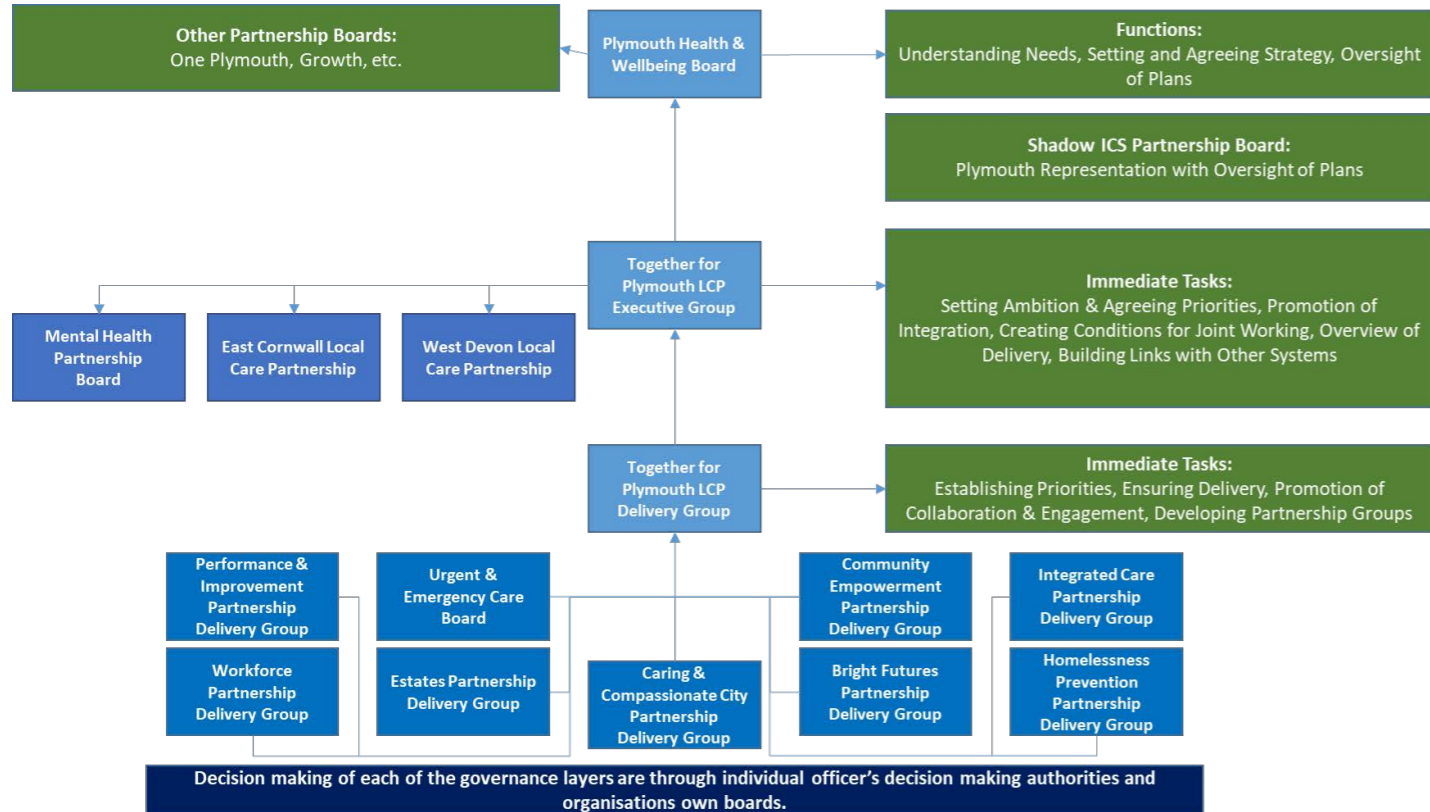
- Play an active place-based role in the developing Devon Integrated Care System
- Ensure Plymouth makes the best contribution it can to system performance
- Work in close partnership to align plans with our neighbouring systems in Southeast Cornwall and Western Devon
- Forge links to the Mental Health and Children’s Partnership Boards and emerging Provider Collaboratives



# Governance of Plymouth Local Care Partnership

The current LCP governance arrangements are set out below. The Together for Plymouth Executive Group meet monthly, and membership includes Devon NHS CCG, Plymouth City Council, Livewell SW, Primary Care representation and University Hospitals Plymouth NHS Trust (UHP). The Together for Plymouth Executive maintains effective and efficient governance links with other statutory boards and now reports to the Health and Wellbeing Board (HWB) on a quarterly basis.

The Together for Plymouth Delivery Group was established in February 2021 with wider participation including VCSE and Healthwatch representation. The delivery group will implement the shared vision and narrative for the health, wellbeing, and care of the population, provide system leadership and coordination across the LCP and oversee the development of an integrated work programme. It will also act as a critical interface to numerous VCSE networks via itself and through established partnership groups.



# Plymouth Locality Profile

## Local Population Need

In Plymouth the Joint Strategic Needs Assessment (JSNA) is not one single document. Our JSNA process involves the production of a series of profiles and reports. It explores a variety of topic areas in depth. The closest thing we have to a single written JSNA is the ['Plymouth Report'](#), which provides an overview of a number of key issues which impact upon health and wellbeing in Plymouth, such as crime, education and employment.

Plymouth has a current population of 263,070 and this is estimated to grow to around 274,300 by 2034, a projected increase of 4.3 per cent. Due to approximately 26,000 students residing in the city, the percentage of 18–24-year-olds (12.2 per cent) is higher than found in England as a whole (8.7 per cent). There will be a major shift in the population structure of Plymouth over the next 20 years as the proportion of the population aged 65 and over increases and the population aged 0-4 years decreases. Office for National Statistics (ONS) projects a rise in the percentage of the Plymouth 65+ population from 17.9 per cent in 2016 to 22.7 per cent by 2034. An ageing population suggests an increasing need for care and support services and an increasing burden placed on the working age population. Residents appear to be enjoying a lifestyle above that of the average England resident.

Life expectancy in Plymouth has improved for both males and females in recent years however it remains below the England average. Healthy life expectancy in Plymouth (the average number of years a person can expect to live in good health)

is significantly lower than the England average for both males and females. In terms of inequalities, the life expectancy gap between those living in the most deprived areas and those in the least deprived areas remains significant. Life expectancy in the most deprived group of neighbourhoods in Plymouth (at 78 years and 2 months) is 4 years and 9 months lower than the least deprived group of neighbourhoods.

Valuing mental health to the same degree as physical health enables NHS and local authority health and social care services to provide a holistic, 'whole-person' response to everyone in need of care and support. In 2017 there were over 26,500 people (aged 18-64) in Plymouth estimated to be suffering from common mental health problems including depression, anxiety, and obsessive-compulsive disorder. Over 11,900 Plymouth residents aged 18-64 years in 2017 were estimated to have more than one mental health problem; a figure that is projected



to remain static over the next 10-15 years. There has been an increase in the number of referrals to the Child and Adolescent Mental Health Services (CAMHS) in Plymouth. Service providers also report an increase in the complexity of children and young people's needs and issues requiring attention.

Hospital admissions of young people (aged 10-24 years) for self-harm in Plymouth are higher than the England average (706 per 100,000 population compared to 421 per 100,000 population).

Four lifestyle behaviours (poor diet, lack of exercise, tobacco use, and excess alcohol consumption) are risk factors for four diseases (coronary heart disease, stroke, cancers, and respiratory problems) which together account for 54 per cent of deaths in Plymouth. Alcohol and drug (illegal and prescribed) dependence are significant issues for Plymouth. These dependencies are commonly associated with mental health problems, homelessness, offending, and have negative impacts on families and children.

18.6 per cent of Plymouth children live in poverty (9,990 children), and the vast majority (76.9 per cent) are living in workless households. The proportion of children in poverty living in working households is rising and there are still some suggestions that data underestimates the volume of 'in work' poverty.

## Service Provision

There are two main health providers delivering health services in and around Plymouth: University Hospital Plymouth NHS Trust who deliver acute services and children's services via the Child Development Centre, and Livewell Southwest (LSW) who deliver community, Mental



Health, Learning Disability and Children's services. Livewell Southwest provide adult social care services for people resident in Plymouth, enabling a greater degree of integration. UHP and LSW currently have an MOU in place to enable integrated working through Acute Ambulatory Unit and a range of other services to enable improved patient flow from the acute hospital. LSW are also working to develop their approach to working with Primary Care Networks on the integration of services in line with the integrated care model.

A procurement is currently underway for an Integrated Care Partnership for Adult Community, Mental Health and Learning Disability Services and Adult Social Care. This will ensure further integration of service provision. UHP, and to a lesser extent LSW, also provide services to residents of East Cornwall, and both organisations provide services across South Hams and West Devon.

## Financial Challenge

The Devon Long Term Plan sets out the underlying system deficit of £152m (before FRF) by 2020/21 reducing to a deficit of £10m (before FRF) by 23/24, assuming the existing savings plans in the Long-Term plan can be delivered (an annual saving of at least £96m each year).

If these significant financial deficits are to be addressed, the service model and system of care in the whole of Devon will require radical transformation to deliver a solution that is affordable and sustainable. The Plymouth funding allocation is currently below target (excluding specialist commissioning and delegated primary care) a commitment of recurrent funding has been made to ensure equitable funding.

## Devon's Long-Term Plan and New Model of Integrated Care

The Devon Long Term Plan sets out several key ambitions to change the model of care radically in the next 5 years to enable the provision of high-quality services to all our residents. Of key importance is the development of integrated health and care networks of community, primary care, mental health, and hospital services to reduce the need for acute based care; reduce the pressure on emergency hospital services and help to address health and wellbeing inequalities. Providing coordinated care will mean that the system is better able to meet the long-term demographic challenges affecting Devon by proactively responding to the growing demand for care through supporting people to manage their needs in their own communities.

At a summary level, the new model of care consists of three key elements as summarised below:

- Primary Care Networks (General Practice) working collectively and providing strong system leadership – GP Practices working more collaboratively to improve practice resilience, deliver improved access to a broader range of services, and maximise resources. PCN working will provide a stronger platform on which to deliver a more integrated community services model as summarised below.
- Stronger, more integrated care model - this will include delivery of the blueprint for a more integrated and multi-disciplinary community-based service model wrapped around PCNs providing integrated primary, community, social care, mental health, and more integrated, networked model of acute service provision.
- A sustainable acute care service - In line with the agreed service model being developed as part of the peninsula clinical services strategy, this will be delivered by working in closer collaboration with other Acute Trusts across Devon as part of a wider Acute Trust network.

It will be a health and care system with people and services working together to connect with and harness the power of communities to achieve greater emphasis on promoting wellbeing, independence and community resilience supported by proactive community services working seamlessly with transformed secondary care in-hospital and specialist services. A key outcome expected of the system will be to create the conditions whereby people are enabled to look after themselves and each other.



## Whole System collaboration

All partners working together in a coordinated and systematic way will be a critical enabler of this new model of care as outlined in this document and within the Devon Long Term Plan (LTP).

Providers of acute, community, mental health, primary care, social care services and voluntary services are key partners in the drive and delivery of integrated care for the population. The procurement of an Integrated Care Partnership for community complex care, mental health, social care and learning disability services for adults will further strengthen these arrangements. Many of the critical success factors underpinning the procurement and delivery of the Integrated Care Partnership (ICP) are drawn from the Devon Integrated Care Model, public engagement, and best practice.

Other models of integrated working are already in place, including the partnership underpinned by an Memorandum of Understanding (MOU), between Plymouth City Council, Livewell and University Hospitals Plymouth (UHP) to form Access, a multi-agency triage response to children with additional needs including Special Educational Needs and Disabilities (SEND). Plans are underway to further develop innovative and collaborative approaches, with the intention of developing of an Innovative Partnership to drive the development of 0-19 Family Hubs; places and support for families to be able to access Early Help, to prevent escalation into statutory services and build on resilience in communities.

The breadth and depth of the VCSE sector will be connected in via established networks across Plymouth network support agencies such as Plymouth Social Enterprise Network and Plymouth Octopus Project.

## Impact of COVID-19

The impact on the communities that we support has already been significant and will continue to have a significant impact going forward:

- Direct impacts –
  - Significant impact on our care homes however relatively low cases, hospitalisations and deaths compared to national averages
  - As yet we don't know much about long covid and requirements for rehab and longer term support
- Indirect impacts –
  - Mental health and wellbeing (all age)
  - Health behaviours (smoking, alcohol, diet, and physical activity)
  - Lived experience (especially for vulnerable groups and potential increases in childhood trauma)
  - Domestic abuse
  - Also strains on family relationships
- Impacts of changes to...
  - Access to healthcare (reduced screening and diagnosis, delayed care)
  - Income (recession leading to unemployment, more unstable work, and financial insecurity)
  - School and education (impact of learning from home, particularly for disadvantaged children)
  - Built and natural environment (this has been a positive, with green spaces throughout the city being used more to support wellbeing)
  - Care Markets, more voids, less demand for Residential Care, increased costs of providing care
  - Demand for Services, Increases in Child Protection and Children in Care, Homelessness, Domestic Abuse

Despite these challenges, when services were already under strain, the approach to meeting the challenges of the Pandemic has seen an unprecedented City-Wide Response with partners coming together in a collective endeavour, working at pace, focusing on delivery, and maximising technology. Partnership working across the city has never been stronger, with a clear focus on supporting our citizens. Joint initiatives in responding to the pandemic has therefore enhanced an environment for further collaboration and cooperation. The response to COVID-19 has also created a renewed ambition, energy, and drive to meet the needs of the most vulnerable, with the Plymouth LCP determined to “Build, Back, better” to create a **Fairer, Greener and Healthier Plymouth.**





## Tackling Inequalities

Thrive Plymouth, our 10-year plan to improve health and wellbeing and reduce health inequalities in the city, remains our strategic approach towards tackling health inequalities and will have a focus on helping people to stay well and targeting interventions to those most in need. Tackling health and wellbeing inequalities is fundamental to the aims of the Plymouth LCP and each part of this this plan will contribute to meeting that ambition.

Therefore, each programme of work will be expected to identify the health and wellbeing gaps relevant for their programme, have plans for tackling them and understand the likely impact of COVID19 and the mitigations needed.

## Fair Shares

NHS Devon CCG has committed to moving additional funding to the Plymouth and Western systems to address long standing health inequalities across the system. The funding will be targeted:

- Where populations have worse outcomes compared to populations in other parts of Devon.
- Where populations have less utilisation than expected, worse access to services, or achieve less benefit from current offer or higher usage of later- stage treatments, including waiting times, compared to populations in other parts of Devon (including within the Western Locality) according to need.
- Where additional funding will have the biggest positive impact on the targeted population in respect to health and wellbeing outcomes

The LCP Delivery Group will review and co-ordinate the work to develop proposals for several key priority areas. These will be developed using evidence from revised needs analysis, with an initial range of priorities being proposed as:

- Ageing Well-Frailty. iCOPE
- Increased VCSE support for under 65s
- Long Term Management-Community Based Additional Offers (Hypertension/Diabetes/Respiratory)
- Increased community inpatient rehabilitation
- Alcohol Liaison and outreach
- Complex Lives- increased outbreak provision from Primary Care

The LCP Delivery group will also develop the evaluation frameworks to support oversight of proposals, and these will be managed through the Locality Performance and Improvement approach with issues being escalated to the LCP Delivery Group for action/resolution.





## System Priorities and Programmes of Work.

Our Joint Strategic Needs Assessment, Plymouth Report and Locality Profile, as well as our experience and learning from COVID and the relentless and sustained pressure on our urgent care system have shaped a number of priorities of the Plymouth Local Care Partnership:

- Building a **Compassionate and Caring City**
- Developing a **Sustainable system of Primary Care**
- **Empowering Communities** to help themselves and each other
- Ensuring the Best Start to Life through “**A Bright Future**”
- Relentless focusing on **Homelessness Prevention**
- **Integrating Care** to deliver “the right care, at the right time, in the right place” to promote home first, prevent unnecessary admissions, facilitate timely discharges, enable people to die in a place of their choice and that delivers Equally Well.

**Elective Recovery and Restoration** is of course a priority for the ICS and the people of Plymouth and Devon. The Plymouth system will play a full roll in elective recovery part, but this will be coordinated and managed at a Devon wide level.

In addition to the above the intention is to make best use of our collective resources and take forward the following enabling programmes, Estates and Workforce and Digital. As such the intention is to work with partners including our Universities and Colleges to develop a **Plymouth Skills Plan** aligning to and complimenting the Devon People Plan and the local Skills Strategy. **An Estates Framework** that sets down to the estate requirements to deliver our health and wellbeing operating model will also be developed. This will build on the One Public Estate Programme approach and align to HIP2 and the Devon Integrated Care System Estates strategy. Working within the ICS Digital programme, the LCP will set down a **Digital Position Statement**, setting down the current initiatives, links to the ICS and requirements to deliver further change.

Work Programme		
Priority	Programmes and Workstreams	Indicators
<b>Compassionate and Caring City</b>	Trauma Informed Compassionate City and Dementia Friendly City Enhanced Carers Support Prevention Concordat for Better Mental Health	Increase in Carers Assessments Increase in Number of Dementia Friends Expansion of Trauma Informed Network Increase in number of compassionate friends
<b>Primary Care</b>	Vaccinations Population Health Management Access to Primary care Early identification and treatment of conditions Targeted focus on vulnerable groups and treatment delayed	Population Health Management (PHM) roll out Improved access to the primary care offer. Backlogs reduced Reviews completed Sufficient workforce in system who are well
<b>Community Empowerment</b>	Leadership, Cultural change, and Engagement Informal and Formal Volunteering Empowerment through the VCSE Enabling Community Resilience	Increased number of people volunteering Increased number of people involved in community activity More people accessing advice on finances and employment Increased digital inclusion
<b>A Bright Future</b>	Healthy and Happy Safe Aspire and Achieve	Fewer Children requiring Tier 4 admission More children of a healthy weight Fewer children needing to be brought into care Fewer children placed out of area More young people in employment, education and training

<b>Homelessness Prevention</b>	<p>Tackling Rough Sleeping</p> <p>Improving housing conditions for those in Private accommodation</p> <p>Delivering an increased range of accommodation solutions</p> <p>Delivering health and social care systems that support the prevention and relief of Homelessness</p> <p>Children and Young People's Homelessness Prevention</p>	<p>Reduction of numbers in temporary accommodation</p> <p>Reduction in numbers of Rough Sleepers</p> <p>Reduction in numbers of young people in B&amp;B</p>
<b>Integrated Care</b>	<p>Urgent and Emergency Care recovery</p> <p>Integrated Care Partnership Transformation Plan</p> <p>Ageing Well Programme</p> <p>Community Mental Health Framework</p> <p>Caring for Plymouth</p> <p>End of Life Action Plan</p>	<p>Reduction in number of Emergency Department attendances</p> <p>More people discharge to home first</p> <p>Reduction in number of people entering long term care</p> <p>Increased utilisation of alternative to admission and crisis response</p> <p>More mental health clients being supported in the community</p> <p>Increase in people able to die in their place of choice.</p>

## Monitoring and Review

This plan sets down the priorities and programmes of work for the Plymouth Local Care Partnership for the next three years. The plan will be subject to ongoing monitoring and an annual review where plans may be refreshed or refined to reflect emerging needs or new strategic priorities.





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## Health and Adult Social Care Overview and Scrutiny Committee

Minute No.	Resolution	Target Date, Officer Responsible and Progress
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> Jamie Sheldon <b>Progress: Complete</b> - A briefing was circulated to members 14 February 2022.
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> Jamie Sheldon <b>Progress:</b> Information 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> Jamie Sheldon <b>Progress: Complete</b> - Link to report circulated to members.
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> Jamie Sheldon <b>Progress: Complete</b> – Presentation has been circulated to members.

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

<b>Minute No.</b>	<b>Resolution</b>	<b>Target Date, Officer Responsible and Progress</b>
24 November 2021 Work Programme	Whether future meetings could start at a different time to accommodate Councillors only having to take half a day's leave from their work commitments	<b>Date:</b> Nov 2021 <b>Officer:</b> Jamie Sheldon <b>Progress:</b> to be discussed with the Chair/Vice Chair when setting times for the next municipal year

# HEALTH AND ADULT SOCIAL CARE OVERVIEW SCRUTINY COMMITTEE

Work Programme 2022 - 23



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 Jamie Sheldon, Democratic Support Officer, on 01752 304001.

Date of meeting	Agenda item	Prioritisation Score	Reason for consideration	Responsible Cabinet Member / Officer
08 June 2022				
07 September 2022				
16 November 2022				
08 February 2022				
<b>Briefing Papers to be circulated to the Committee -</b>				
NHS III				
<b>Select Committee</b>				
Mental Health – TBC				
<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