

# Public Document Pack



**BARRY KEEL**  
Chief Executive  
Floor 1 - Civic Centre  
Plymouth  
PL1 2AA

[www.plymouth.gov.uk/democracy](http://www.plymouth.gov.uk/democracy)

Date 22/02/11 Telephone Enquiries 01752 304469 Fax 01752 304819  
Please ask for Ross Jago, Democratic Support Officer e-mail [ross.jago@plymouth.gov.uk](mailto:ross.jago@plymouth.gov.uk)

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

**DATE: WEDNESDAY 2 MARCH 2011**  
**TIME: 3 PM**  
**PLACE: WARSPITE ROOM, COUNCIL HOUSE**

### **Committee Members–**

Councillor Ricketts, Chair  
Councillor McDonald, Vice Chair  
Councillors Bowie, Delbridge, Gordon, Dr. Mahony, Monahan, Mrs Nicholson and Dr. Salter

### **Co-opted Representatives**

Chris Boote and Margaret Schwarz

### **Substitutes:**

Any Member other than a Member of the Cabinet may act as a substitute member provided that they do not have a personal and prejudicial interest in the matter under review.

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

***Members and Officers are requested to sign the attendance list at the meeting.***

***Please note that, unless the Chair agrees, mobile phones should be switched off and speech, video and photographic equipment should not be used during meetings.***

**BARRY KEEL**  
**CHIEF EXECUTIVE**

# HEALTH AND ADULT SOCIAL CARE OVERVIEW AND SCRUTINY PANEL

## PART I (PUBLIC COMMITTEE)

### 1. APOLOGIES

To receive apologies for non-attendance by panel members.

### 2. DECLARATIONS OF INTEREST

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

### 3. CHAIR'S URGENT BUSINESS

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

### 4. TRACKING RESOLUTIONS AND FEEDBACK FROM THE OVERVIEW AND SCRUTINY MANAGEMENT BOARD (Pages 1 - 2)

The panel will monitor the progress of previous resolutions and receive any relevant feedback from the Overview and Scrutiny Management Board.

### 5. GP HEALTH CENTRE UPDATE (Pages 3 - 4)

The panel will receive an update regarding the GP health centre.

### 6. REVIEW OF URGENT CARE SERVICES (Pages 5 - 14)

The panel will receive information on the review of urgent care options for the public in Plymouth.

### 7. LINK UPDATE - PERFORMANCE MONITORING (Pages 15 - 34)

The panel will receive an update on the work of the Local Involvement Network.

### 8. HEALTH AND WELLBEING BOARD - EARLY ADOPTION

The panel will receive a presentation on early adoption of a Health and Wellbeing Board.

### 9. WORK PROGRAMME (Pages 35 - 36)

To receive the panel's work programme.

## **10. EXEMPT BUSINESS**

To consider passing a resolution under Section 100A (4) of the Local Government Act 1972 to exclude the press and public from the meeting for the following item(s) of business on the grounds that it (they) involve(s) the likely disclosure of exempt information as defined in paragraph(s) of Part 1 of Schedule 12A of the Act, as amended by the Freedom of Information Act 2000

### **PART II (PRIVATE COMMITTEE)**

#### **AGENDA**

#### **MEMBERS OF THE PUBLIC TO NOTE**

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

NIL.

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## TRACKING RESOLUTIONS

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

| Date / Minute number | Resolution  | Explanation / Minute                         | Action  | Progress  | Target date |
|----------------------|---|--|---|---|-------------|
| 13/10/10<br>57 (3)   | Where possible NHS Plymouth and the Peninsula Cancer Network engage current and former patients in the service reconfiguration proposals and take advice on consultation from partner agencies. | Petition Gynaecological Surgical cancer unit | The Chair has written to the PCN for information. | Response circulated via email.  | 02/03/11    |
| 10/11/10<br>66 (1)   | to distribute a copy of the dementia action plan to panel members within two weeks;   |  | Debbie Butcher / Julie Wilson                     | Self assessment circulated. Action plan has been requested from NHS Plymouth. | 02/03/11    |

| Date / Minute number | Resolution  | Explanation / Minute  | Action  | Progress                                | Target date          |
|----------------------|---|---|---|---|----------------------|
| 07/01/11<br>75 (1)   | Recommendations are made to the Adult Social Care department to conduct a market review of long stay residential services for older people. | With regard to minute 34 (1) 01/09/10 concerning possible discrepancies between self funding clients and local authorities fees for residential care, self funding clients enter into a direct contract with residential home owners and there was no way of knowing what fees were charged. It was possible that because of the level of rates paid by Plymouth City Council that home owners were driven to charge higher rates to self funders, but there was no evidence available to support this. Residential home owners were awarded a significant increase in fees in 2008, at this time Adult Social Care were not made aware of any reductions or changes to fees for those who were self funding at the time. | Resolution forwarded to the Assistant Director for Adult Social Care. | Response circulated to panel via email. |                      |
| 07/01/11<br>79c (3)  | The plain English guide explaining proposed changes would be made available to the panel when completed.                                    | This recommendation reflects the panel's discussion regarding the Proposed Plymouth Provider Services.  | Recommendation forwarded to Steve Waite (Plymouth Provider Services)  |   | As soon as available |

**Grey** = Completed (once completed resolutions have been noted by the panel they will be removed from this document)

**Red** = Urgent – item not considered at last meeting or requires an urgent response

**Update for Overview and Scrutiny Panel requested for March meeting**  
**GP Health Centre**

Background

The Overview and Scrutiny Panel Chair was briefed in November 2010 about the submission of the GP Health Centre provider's resignation, prior to the release of the media statement explaining the reasons. A fuller briefing was presented to OSP on 7<sup>th</sup> January 2011.

The briefing identified the three areas of patient care that would be affected by the provider's termination of service and the actions taken by NHS Plymouth to ensure continuity of care provide immediate access to other existing service options, and to assess options for future provision of these services:

- Registered patients
- Walk-in patients
- Outreach services for people who are homeless and offenders

LINKs was also briefed prior to the press release and two articles have subsequently been prepared for the early and late winter LINKs newsletters.

Registered patients

All registered patients (approximately 1100) have been informed of the GP Health Centre service ceasing on 28<sup>th</sup> February 2011 and advised on how to reregister with one of the other 42 GP practices in the city. To date there have been no complaints received by the PCT or the practice on the closure.

A small number of patients have indicated that they will chose to move practice, but the majority to date have indicated that they will reregister with the co-located Mount Gould Primary Care Centre. This practice's catchment boundary covers the whole city so provides optimal flexibility for former GP Health Centre patients.

Capitation and associated payments will follow each individual patient from the GP Health Centre's allocated budget. All GP practices have the capacity to register more patients at present.

Two-thirds of non-registered patients attending the GP Health Centre are already registered with another GP practice in Plymouth and are able to access the following existing services for advice and treatment if their own practice is closed after 28<sup>th</sup> February:

- NHS Direct – 24 hour service
- Choice of 51 Community Pharmacies in the city – 42 of these pharmacies open on a Saturday, 7 on a Sunday. 18 pharmacies after 6.00pm during the week and 2 open for 100 hours each week.

- Urgent primary medical care services out of hours
- Minor Injury Unit – open every day 8.30am to 9.00pm
- Emergency Department
- Accessing urgent care dental advice and treatment if their own dental practice is closed, via the Dental Access Centre or urgent care out of hours service

To date, one informal complaint has been received from a non-registered patient.

### Outreach Services

It has been agreed that this primary medical service should continue to be provided on an interim basis via the Mount Gould Primary Care Centre. This will ensure continuity of care to about 60-65 people who use this service.

During 2011 the service will be reviewed by local authority and health commissioners in the context of the overall plans and strategic priorities in the city for people who are homeless and also offenders in liaison with the Probation Service.

NHS Plymouth has agreed that the existing level of resource and service provision will continue until 31<sup>st</sup> March 2012, pending outcome of the review.

### Next Steps

A report is being prepared for NHS Plymouth's Professional Executive Committee and Board for later in March 2011 on the options for future service provision and recommissioning decisions. Clinical commissioners representing Plymouth Pathfinder Commissioning Group, Sentinel, will be represented at these discussions.

The report will be structured around the 3 areas of patient care affected by this change and will look at:

- Patient choice
- Access to services for urgent and non-urgent advice, treatment and care
- Quality of services
- Value for money
- Patient responses on the change

The report will also take into consideration the emerging Urgent Care Review and the plans being developed for 24/7 care in Plymouth, and the letter published by the Department of Health on 3<sup>rd</sup> February 2011 (Gateway reference 15419) on options to recommission or decommission aspects of GP Health Centre services once a contract ends.

Pauline Macdonald  
7<sup>th</sup> February 2011



## Reviewing urgent care options for the public in Plymouth Early insights

### 1. Introduction

Urgent care is defined as the 'range of responses that health and care services provide to people who require – or who perceive the need for – urgent advice, care, treatment or diagnosis. People using services and carers should expect 24/7 consistent and rigorous assessment of the urgency of their care needs and appropriate prompt response to that need' (*Direction of Travel for Urgent Care: A discussion document, 2006*).

In Plymouth each year many people access urgent care options, some figures by way of background include:

- 38,000 ambulance activations
- 17,000 visits to the minor injury units
- 70,000 visits to the emergency department
- 30,000 calls to NHS Direct (plus greater numbers to online estimated)
- 60,000 out of hours services contacts

In the last few years opportunities have been taken to increase urgent care options, using a mix of national drivers, target delivery and opportunities, but there is a pressing need to take stock of the current position and consider what the landscape needs to look like over the next few years. We need to deliver the challenging economic requirements, but more importantly respond to public and service concerns that the system is confusing for the public.

Locally concerns have been raised about duplication in service delivery, not only increasing costs unnecessarily but also overlapping existing provision of care, in an unhelpful way. There is constant expectation that we educate the public to choose well in terms of urgent care, but it is complex with subtle differences between the various options, which hinders clear decision making for the person in search of urgent attention.

#### **The need to articulate the vision for urgent care.**

The approach taken by the urgent care leads in the last eighteen months has been to work on a programme which created some head room for the community. The pressure created for managers and clinical teams to respond to failed performance targets meant the need to focus all attention on the immediate system failures, and the expectation was at this point in the cycle of work, we would take stock of the services and start to think more strategically about urgent care options, the engagement of primary care and the future model.

The QIPP process has encouraged us to press on describing a range of projects and options for the next couple of years but it is really important that we take some time now to:

- Describe what urgent care may look like in a few years time in Plymouth

- Ensure organisations understand what the picture may look like so they can position themselves to respond
- Create a more meaningful service configuration for the public.

**2. What should our overarching principles be?**

It is important to remember that over 80% of all urgent care activity is generated by the public using their own interpretation of what urgent means to them. Most people when asked as part of focus groups or surveys understand a separation of emergency and urgent. They can easily differentiate between life threatening situations and those issues which need quick responses i.e. don't fit into our usual planned service responses, therefore we should be concentrating far more of our efforts in considering urgent care options from the person's perspective. People generally understand the role of accident and emergency (emergency departments) but not all the other myriad of options for them to consider.

The diagram below describes all the options open to an individual. There is a duplication of provision and a confused picture, and there should be no surprise that the person may default to those which they are more confident of understanding (or have more knowledge of –advertising and TV are powerful educators).

In considering principles for urgent care the following phrases or issues come to mind:

- Simplicity
- Collaboration between clinical teams
- Consistency of approach between same named providers
- People able to exercise informed choice



## **Horizon scanning**

### **3.1 Consistency of offer**

Locally and nationally the confused picture is recognised and there is expectation that by the end of this year March 2011, the national Czar and Leads for emergency and urgent care will issue service models which clearly define what should be expected at each tier of services. This is known as the consistency of offer approach, so for example wherever a person travels in the country they should be able to understand what is meant by a minor injury unit and understand what is available.

This is going to be a huge challenge as services are often developed to meet local needs and be moulded in with existing service provision and needs assessment, but there is going to be a national attempt at clarifying some of the confusion, which may be quite successful at high level but be less successful at more local developed diverse service level.

### **3.2 Three digit number**

The recent White Paper has reinforced a direction of travel for the development of a non urgent three digit number which can be used for people who do not want an emergency response but do need to get help and advice. There is duplication with some of the work undertaken by NHS direct but the difference is expected to be the actual links with services, e.g. pilots in the North book a GP appointment or an emergency dental appointment for the person ringing. The first full service goes live this week and the demand and capacity issues are of concern for all as the level of use is uncertain. However the new Minister has signalled his desire to press on with the roll out as soon as possible. The evaluation is going to be fed back monthly to assess impact and feed out to services.

The NHS in Plymouth has submitted a joint bid with SWAST our ambulance provider and NHS Direct to pilot the three digit number service in the South West (combining seven PCT areas as well). We expect to hear by April if successful as a pilot and any caveats to the development.

### **3.4 Capacity Management System (CMS) and NHS Pathways**

On behalf of the seven PCT's SWAST our ambulance services are rolling out the implementation of a Capacity Management System (CMS) – (March 2011) this year which will assist with the redirection of people who call asking for an ambulance but should be using other patient facing urgent care services. This also provides an overall community activity web based system (OHA) which will replace the resilience dashboard people will recall we used over the last winter with good effect.

The call handling changes will be linked with NHS pathways which is an NHS funded and developed algorithm process to direct people to the right options of care. It has been tested in the UK with over 2.5million sets of data with no adverse responses. Clinically it is overseen by a group of the Royal Colleges. A briefing note is available and can be shared.

This is seen as a critical piece of underpinning work to get people to match with the right service delivery. In the North East where it has been running some time, in over 10% of calls an ambulance is not sent and in a face to face pilot being run in

Blackpool some 25% people are being offered different options to that which they had chosen. There is the potential for our entire patient facing urgent services to implement this as well as referral hubs, so that for the same set of symptoms the person always gets the same response.

### **3.4 Long term condition management**

Much of the more pressing work for the urgent care work plan focused around our own processes across the community with good effect, but in the last six months has turned more 'upstream'. Rather than just dealing with the urgent cases as they present, projects and pieces of work which are being initiated to reduce the risk of the person's condition deteriorating. Whilst recognising that people with a long term condition are nearly always likely to have a exacerbation and possible crisis, our system for planning and managing these needs to become far more robust. The role of long term condition management is critical to 'turning off the tap' of unplanned urgent and emergency care and is more possible and predictable than may be imagined. We are therefore very closely watching the impact of the LTC work plan, particularly in relation to

- Combined predictive modelling (planned to go live April 2011)
- Long term condition matrons (increased city wide cover February 2011)
- Care planning (business case complete by May 2011)
- Information prescriptions
- Telehealth (business case complete by March 2011)
- End of life advanced care planning (Roll out of plan to offer preferred place of care planning by March 2011)

Whilst this is the priority linkage for the urgent care work, each programme of work has an interdependency which we need to ensure we maintain to support reducing the spend in urgent care and redirecting it to other more planned interventions.

### **3.5 Primary care development**

Earlier this year the urgent care leads met with Sentinel shareholders to discuss urgent care and to gauge interest in extending their role into influencing how the urgent care resources are spent. There was interest and support in being more involved in urgent care and some good agreements were reached around implementing advance care planning for end of life, RAPA and the clinical referral hub. There was longer discussion trying to understand why and how urgent care could be more contained within the community and some indicators of the areas of important work which essentially provided confidence for primary care that they were working in an integrated way with other clinical teams to deliver the best care and not to feel they were holding high risk cases on their own.

Areas of future work which were identified and have been picked up through various QIPP strategic improvement priorities included

- Accessibility to health care of the elderly consultants to provide advice and support with complex frail elderly people, especially the mix of physical and cognitive problems
- Support for improving care in care homes
- Greater integration and reconnecting with district nursing teams, therapist and social services

The white paper signalling the development of GP consortia and lead for commissioning is currently being debated to understand what this means for Plymouth, there is a huge potential to influence urgent care choices, and already the development of the clinical referral hub for urgent care (mirroring the elective hub) has directed work to offer options for different community based services and ambulatory care.

Many further discussions are needed with Sentinel to explore how we commission urgent care for the future.

The role of primary care itself in delivering urgent care options needs to be explored, the access targets are being disbanded in their current form, but despite the greater access available to primary care for the public in the last few years with 8-8, extended opening and the target delivery of 48/24 hours, there doesn't appear to have been a resultant drop in out of hours contacts or contacts with other parts of the urgent care system. The work around the PMS review, national contract discussions and the impact of the review of out of hours (Dr Urbani driven) needs to be incorporated into the urgent care developments.

### **3.6 Trauma accreditation**

We must not forget the pivotal role that Plymouth Hospitals Trust plays in the wider urgent care network. As a tertiary centre for neurosciences, burns and plastics and renal care already, the trust is well placed and expected to be accredited as a regional trauma centre, the only one south of Bristol. This will mean a change in travel and flow of patients around the region, particularly in relation to Somerset and a slight increase in trauma cases is anticipated if this accreditation goes through. This means that locally that however much we manage to decrease ED attendance by the local population there will be workforce requirements and a level of responsiveness required which will challenge us in reducing costs. We will already see the impact of some of the cross boundary flow changes in October this year when the bypass arrangements commence for PPCI for patients from Torbay at certain times of the week.

## **4 What services/contract could be affected?**

By just reviewing the range of services which provide urgent care for people in Plymouth and the surrounding area (page 2) there is potential to explore if duplications in provision are leading to greater confusion and also increased costs.

## **Proposed way forward**

### **5.1 Opportunities**

The urgent care leads still need to work on specific tasks which help to streamline the processes for urgent care and also take opportunities when they arise.

Each year as we plan for winter ways of improving service delivery are consolidated and moved on. This year for example further improvements included:

- Intermediate care services for people with mild cognitive impairment which allows them to have further assessment take place in a non acute setting.
- Domiciliary care being commissioning in partnership with the local authority through brokerage
- Develop of the end of life co-ordination centre and consolidation of contractual arrangements

There are often options for improving urgent care pathways but this does need to be done in the context of a longer term plan. In developing new options there may well be the need to explore different contractual mechanisms, and a radical review of the provider /commissioner relationship and also that of providers working together in very different approach.

### **5.2 Public and patient involvement**

It is critical in developing options for the future that the public are involved; we have messages already about the confusing and muddled service delivery, but have not yet asked in any detail

- Which services do you particularly value and why?
- What influences your decision making in Plymouth?
- What would be a simpler model to understand.... and if this means reducing the numbers of options down how would this be received?

It is critical because of the nature of the urgent care that where we consider changing service models the public are part of the conversations from the outset so that they can work through the options and arrive at the same solutions as the clinicians and managers. The loss or change of urgent care options are newsworthy and can be subject to political and public knee jerk responses, which could cause significant delays in making changes.

There have been some innovative approaches in other parts of the country where models and options have been mocked up to enable patients to walk through, these have led to considerable changes in models of care, which looked sensible from clinical perspectives as they created economies of a scale, but were only worthwhile where the patient knew where they should be!

While Patient and Public Involvement (PPI) has become increasingly common in many parts of NHS organisations, it has, as yet, played little role in urgent care

settings. This is because of the special challenges that involvement presents in the context of urgent care.

Unlike almost all other areas of healthcare, there is no stable or consistent patient or service user group that can be 'owned' by urgent care. Therefore, there is no ready-constituted group that can be called upon to be involved except in ad hoc ways. And we will need to create this locally.

Work has already started with LiNKs to explore options as not only do we need to work towards the future but also need to incorporate patient experience into today's work, whilst there is considerable improvements in target delivery, there is still too many indicators that patients don't always receive a good or the best experience.

### **5.3 Clinical collaboration**

It is fair to reflect that clinical and organisational tensions have been apparent in the urgent care network over the past few years, not helped in all cases by the contractual flow of resources between commissioners and providers. Considerable effort has been expended by managers working with clinical teams to try to limit the potential and actual perverse incentives in the system, with some success in preventing the breakdown of relationships but not always managing the financial flow as well as desired!

There have been many successes in managing the system more effectively, but also a number of pieces of work which have not been entirely successful but have been valuable learning lessons for the community around collaborative working, governance, respecting each other's clinical skill sets etc, which are a firm foundation for moving forward. An early discussion paper for clinical teams to debate the various options for the single point of access for the front door of Derriford has been shared and can be shared wider if of interest. There are a number of different models to consider and over the next couple of weeks this debate will be enhanced by visits to other acute sites to learn the lessons.

The need to performance manage the system very tightly over the last eighteen months has meant the relationships and fora have not been correctly constructed to facilitate the clinical debate, but this is shifting again, with projects such as the clinical referral hub which is entirely clinically driven and a new move to separate out and undertake this piece of strategic work re-engaging organisations and clinicians throughout.

### **5.4 Financial appraisal**

The urgent care community are challenged by a mismatch between contractual activity charged for and true understanding of demand and capacity in the system in relation to the use of secondary care services, which is being addressed. A quick analysis of all services, suggests further scrutiny is warranted to be confident that contracts and thus resource are duplicating. This is reinforced when reviewing how activity is funded and paid for in secondary care, where there have been significant reductions in time spent by patients, but the contractual mechanisms have not reflected the gains, but in some cases have penalised commissioners.



There is a need to map all financial flows for urgent care across the community, be clear about what is provided in each case and determine value for money, strip out unnecessary and confusing duplication and ensure we pay accurately for what is provided. We also need to understand how the system can be used to incentivise developing good patient centred care and practice, which sometimes penalises one organisation for doing the right thing.

## **6. Conclusion**

It is really important that we take stock of the urgent care options open to us as a whole. There is the potential to shift care significantly and make changes to a number of contracts which would lead to a simpler and better understood landscape for the public. It does however need some time to consider the options and work through these with our local population, to be convinced that the changes will provide better outcomes and more cost effective use of urgent care. A proposed work plan to take this forward is currently being developed.

Elaine Fitzsimmons – Urgent Care and End of Life Commissioning lead

Dr Peter Rudge - Urgent Care Clinical lead

18<sup>th</sup> February 2011

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## LINK Contract Monitoring Executive Summary 2009/2010

| Area of Work                     | Local / Regional                                      | Commissioner involvement/ led                     | Activity (including events, focus groups, meetings & information re diversity, community involvement etc)  | Recommendations (attach any reports) | Outcomes/ Success  |
|----------------------------------|---|---|--|--------------------------------------|--|
| Care Homes                       | Local (to be used nationally as example of LINK work) | Debbie Butcher re consultation and report actions | <ul style="list-style-type: none"> <li>• Commissioner input into report.</li> <li>• Meeting with Care home review lead.</li> <li>• Plans for partnership work to audit specific areas of discharge and create improvement plan.</li> <li>• Ongoing public consultation through events.</li> <li>• LINK rep on group to trial discharge audit tool and develop service improvement plans for discharge to care homes.</li> </ul>  | Report                               | <ul style="list-style-type: none"> <li>☺ LINK feedback prompted development of audit tool. (copy attached)</li> <li>☺ LINK invite to meet care home managers and review team to trial audit tool and create improvement plan.</li> <li>☺ LINK rep on group alongside managers/review team.</li> </ul>  |
| Dentists Access to NHS provision | Local   | Primary Care Team                                 | <ul style="list-style-type: none"> <li>• Regular meetings with primary care team (to monthly)</li> <li>• Request for information on results of survey and new access targets</li> <li>• Plans to host focus group to consider access issues to dentists and primary care.</li> <li>• Contact with CQC to work together on access to dentists.</li> <li>• Ongoing public consultations through events.</li> <li>• Focus group to be used as CQC learning set for national programme of work with LINKs</li> <li>• LINK/PAPOP informed that over 50's issues re accessing dentist</li> </ul> | Update on project and plans          | <ul style="list-style-type: none"> <li>☺ Primary Care action plan covering all areas</li> <li>☺ Regular contact with team to drive forward service improvements</li> <li>☺ PCT invite to work on phobic dental service</li> <li>☺ Plymouth LINK to work with CQC to use local work to inform national improvements for dentists</li> <li>☺ Possible commissioning of CQC for this piece of work</li> <li>☺ Plymouth LINK contacted as success story</li> <li>☺ Partnership with CQC to be used as example of good practice nationally</li> <li>☺ Peninsula dental school extended catchment area to include over 50's anywhere in city. Referral through WAVES.</li> </ul> |

|  |       |   |   |   |  |
|--|-------|---|---|---|--|
|  |       |   |   |   | <ul style="list-style-type: none"> <li>☺ Meeting with CQC and primary care team to plan research to identify issues for service improvement plans and support primary care to meet CQC standards</li> </ul>  |
| GPs<br>Communication of opening hours, accessibility | Local | Director of Primary Care and GP leads<br>On request | <ul style="list-style-type: none"> <li>• Plymouth LINK hosts public question time event.</li> <li>• Meeting planned to follow up specific areas raised.</li> <li>• New LINK identified to lead research into feedback to further work with GPs</li> </ul> <p>Sentinel -</p> <ul style="list-style-type: none"> <li>• LINK establishing relationship with Sentinel</li> <li>• Sentinel using LINK for advice on PPI and partnership work for future</li> <li>• LINK invite to sentinel for healthy Plymouth event.</li> <li>• As GP consortia sentinel and LINK relationship starting to develop for patient involvement in GP commissioning for future</li> </ul> | <ul style="list-style-type: none"> <li>• Write up of Question Time</li> <li>• LINK news</li> <li>• RC mystery shopper</li> <li>• reports from follow up meetings</li> <li>• LINK rep report on new focus for LINK re GP feedback</li> </ul> | <ul style="list-style-type: none"> <li>☺ Partnership with primary care team strengthened</li> <li>☺ LINK feedback uniforms new questions in GP contract monitoring. ( on opening hours promotion, use of language)</li> <li>☺ New links to practice manager group</li> <li>☺ Request to support primary care team focus on target changes</li> <li>☺ Inform, advise and consult on closure of GP health centre.</li> </ul><br><ul style="list-style-type: none"> <li>☺ Meeting set with new contact</li> <li>☺ Advice and guidance given re consulting with public</li> <li>☺ Sentinel presence at healthy Plymouth event (9<sup>th</sup> oct)</li> <li>☺ Sentinel meeting with stewardship group and invite to join board now, through transition to commissioning consortia to support patient voice.</li> </ul> |
| Pharmacy   | Team  | Primary Care learn Lead                             | Through meetings-highlight LINK feedback on pharmacies<br>Raise issues re: costs/access to prescriptions  | Improvements in info and promotion of prepayment prescriptions.   | <ul style="list-style-type: none"> <li>☺ Primary care lead focus on promotion of money saving prescriptions.</li> <li>☺ Questions on promotion of these included in pharmacy contract monitoring</li> </ul>  |

|                                   |                  |                                |   |   |   |
|-----------------------------------|------------------|--------------------------------|---|---|---|
|                                   |                  |                                |   |   | ☺ Request for Link involvement in pharmacy needs assessment – future planning of services.  |
| Access to social services         | Local            | ASC commissioner               | <ul style="list-style-type: none"> <li>• Ongoing consultation via events</li> <li>• Commissioners to alert to opportunities for LINK to support service development.</li> </ul>   |   | ☺ New bimonthly meetings with ASC management team to provide regular feedback/issue<br>☺ Meeting with new head of modernisation to get involved in putting people first work  |
| Direct Payments                   | Local            | Close work with commissioner   | <ul style="list-style-type: none"> <li>• Ongoing consultation via events/carers newsletters</li> </ul>  |   | ☺ 3 LINK members have joined direct payments working group.<br>☺ Feedback from group that they have identified barriers and made improvements to services   |
| Derriford Hospital                | Local / regional | Close work with executive team | <p>Patient discharge -</p> <ul style="list-style-type: none"> <li>• Plymouth LINK involvement in regional work on discharge and surveying patients experience. (Devon and Torbay LINK involved)</li> </ul> <p>Delayed discharge -</p> <ul style="list-style-type: none"> <li>• Monitoring delay and reasons</li> <li>• Working with hospital to keep informed</li> </ul> <p>Working with hospital -</p> <ul style="list-style-type: none"> <li>• Relationship with hospital board developing</li> <li>• New relationship with other groups in hospital (Improving through listening)</li> </ul> | <ul style="list-style-type: none"> <li>• survey</li> </ul>  | ☺ partnership work with Derriford to include survey in all discharge paperwork<br>☺ Report to be produced<br><br>☺ Contact with hospital re monitoring and answers to LINK concerns<br>☺ Work with Devon and Cornwall LINK regarding discharges outside Plymouth.<br><br>☺ LINK rep on board following presentation by LINK rep<br><br>☺ Invite to join group – Vicky to visit in Jan |
| Treatment of people with learning | Local/Regional   |                                | <ul style="list-style-type: none"> <li>• LINK consulting and feeding info on LD views (general events and LD events)</li> <li>• Regular contact with Derriford</li> </ul>   | <ul style="list-style-type: none"> <li>• Report from 'Have a Heart' LD event</li> <li>• Pending report</li> </ul> | ☺ LINK lead to attend review meetings<br>☺ Small no. of people with LD who want to be consulted on service improvements   |

|  |                    |  |   |   |   |
|--|--------------------|--|---|---|---|
| disabilities in hospital                                       |                    |  | <ul style="list-style-type: none"> <li>regarding ongoing work</li> <li>• Identification of LD LINK Lead.</li> <li>• Plans for involvement in pending carers policy/ accessible info.</li> <li>• LINK rep on LD review group at Derriford</li> <li>• Partnership with Derriford to consult using accessible feedback cards via events</li> <li>• LINK invite and involvement in SHA acute LD review of south west hospitals</li> <li>• Member of visiting team spent day alongside review team to assess derriford work to improve LD treatment</li> </ul> | <ul style="list-style-type: none"> <li>from general consultation events happening.</li> <li>• LINK lead to attend hospital LD review group.</li> <li>• Invite and info attached</li> <li>• Waiting report of visit</li> </ul>     | <ul style="list-style-type: none"> <li>☺ New contact with Highbury Trust.</li> <li>☺ Continual LINK input via review group – positive feedback and LINK rep well respected in group.</li> <li>☺ LINK known to SHA and invited to join team</li> <li>☺ LINK rep took part in visit</li> </ul>  |
| Annual Health Check for people with learning disabilities      | Local              |  | <ul style="list-style-type: none"> <li>• LINK consulting and feeding info on LD views (from general and LD events)</li> <li>• LINK to monitor compliance /occurrence via service managers/primary care team.</li> <li>• Recent response to update request</li> <li>• Discussion at stewardship group meeting and sign off as priority area.</li> </ul>  | <ul style="list-style-type: none"> <li>• Incorporate annual health check info GP contracts/ monitoring.</li> <li>• To inform LINK of health check monitoring</li> <li>• See emails re update and stewardship response.</li> </ul> | <ul style="list-style-type: none"> <li>☺ Primary Care team keen to work on improving this area with LINK input</li> <li>☺ LINK supported need to focus on this area and has seen improvements in work carried out.</li> <li>☺ Stewardship group agreed to close this area of work due to response from services and commitment to improve.</li> </ul> |
| SHA specialist centres of excellence – Upper GI cancer surgery | Regional And Local |  | <ul style="list-style-type: none"> <li>• Monitoring outcome of Independent Review Panel.</li> <li>• Waiting outcome of assessment</li> </ul>  | <ul style="list-style-type: none"> <li>• Info to LINK on</li> </ul>   | <ul style="list-style-type: none"> <li>☺ Plymouth LINK presence at working groups in Cornwall has improved profile and encouraged more invitations for working together (user strategy group)</li> </ul>  |

|  |              |                                     |   |  |   |
|--|--------------|-------------------------------------|---|--|---|
| <p>- Burns centres</p> <p>- Rare gynaecological cancer surgery</p> |              |                                     | <p>visit and plans for centre/consultation</p> <ul style="list-style-type: none"> <li>• Consulting on proposal via events</li> <li>• Letter to recommend learning - from Upper GI to support proper consultation for gynae service</li> <li>• Working with PPE lead to pick up consultation plan</li> <li>• Monitoring proposal through seat on scrutiny panel</li> <li>• On hold due to PCT</li> </ul> | <p>plans for centre and use of LINK Visiting Team</p> <ul style="list-style-type: none"> <li>• Letter to cancer network regarding consultation process (in pipeline)</li> </ul>  | <p>☺ LINK has firmed its relationship with SHA – only LINK to respond to invite. Will encourage future partnership</p> <p>☺ LINK and OSC able to work thro new development together</p> <p>☺ Opportunity to champion patient voice early in process</p> <p>☺ Learning from other LINKs after upper GI experience</p>  |
| <p>Carers – referral and access to support, recognition</p>        | <p>Local</p> | <p>Close work with commissioner</p> | <ul style="list-style-type: none"> <li>• Meetings with LINK lead and commissioners to discuss LINK feedback and reports</li> <li>• Ongoing consultation to support priority setting for service improvements.</li> </ul>  | <ul style="list-style-type: none"> <li>• Carers Rights Day Consultation</li> <li>• Carers equality and diversity report</li> <li>• Carers issues diagram and discussion areas/recommendations</li> <li>• Minutes of meeting with commissioners</li> <li>• Report from carers rights day</li> </ul> | <p>☺ Follow up meeting set</p> <p>☺ Commissioner response to LINK feedback looking into carers contracts seconding staff to investigate finance issues</p> <p>☺ Positive responses by commissioner to working with LINK</p> <p>☺ This work has generated continuing contact on other issues</p> <p>☺ Meeting with health and social care commissioners and identification of improvements through LINK input/feedback.</p> <p>☺ Plans to support commissioners work through consultation at carers rights day</p> |
| <p>Mental Health</p>   | <p>Local</p> |                                     | <ul style="list-style-type: none"> <li>• Consultation on PCT quality accounts for mental health</li> <li>• Strengthening relationship with PIPS</li> <li>• New focus for LINK – stewardship group looking into at next meeting (29/09/10)</li> </ul>  | <ul style="list-style-type: none"> <li>• Info from task group meeting</li> </ul>   | <p>☺ Input into future service planning for mental health</p> <p>☺ Approach from another commissioner regards involvement in process</p> <p>☺ Stronger voice for mental health</p> <p>☺ Task group set up and met to consider further work in area of</p>   |

|                               |                              |  |  |  |  |
|-------------------------------|------------------------------|--|--|--|--|
|                               |                              |  |  |  | mental health.<br>☺ Partnership work with PIPS   |
| LINK recognition / reputation | Local, regional and national |  | <ul style="list-style-type: none"> <li>• Contract by Harrow LINK consultant to gain ideas for engaging communities</li> <li>• Request by Torbay LINK to present at their re-launch</li> <li>• Plymouth LINK reps advised Torbay on using volunteers and generating interest.</li> <li>• LINK offered training opportunities to other LINKs</li> <li>• Plymouth Link known to Torbay stewardship group following visit to re launch – contact made to host team following this.</li> <li>• Contact with CQC to work a project to strengthen CQC/LINK relationship</li> <li>• LINK dentist work to be part of national learning set</li> <li>• Plymouth LINK leading SW network alongside Devon &amp; Cornwall</li> <li>• Plymouth involvement in responding to future plans as part of regional voice</li> <li>• Brokering relationship between Derriford and Cornwall LINK</li> <li>• Meetings with Devon and Cornwall and Plymouth driving</li> </ul> | <ul style="list-style-type: none"> <li>• Waiting on copy of Harrow LINK report and areas of Plymouth LINK 's contribution</li> <li>• DoH money to support regional forum – Plymouth, Devon &amp; Cornwall to host</li> </ul> | <ul style="list-style-type: none"> <li>☺ Showcase Plymouth practice/success to Consultant- will be sighted in Harrow LINK improvement plan.</li> <li>☺ Plymouth LINK success shared with Torbay PCT, LA, Commissioners and LINK</li> <li>☺ Plymouth LINK featured on Torbay website and newsletter</li> <li>☺ Recent contact from Torbay LINK members asking advice about care home issues.</li> <li>☺ Torbay LINK members attended enter and view training</li> <li>☺ Torbay Link member contacted Plymouth for advice about approaching services, what next.</li> <li>☺ Plymouth LINK approached over others</li> <li>☺ Work between Plymouth LINK/CQC to inform national strategy.</li> <li>☺ Plymouth used a example good practice nationally</li> <li>☺ Support from Devon &amp; Cornwall to work together to strengthen regional voice</li> <li>☺ Plymouth hosted meeting with other LINKs and will be following up to move joint work forward.</li> </ul> |



|         |       |  |  |   |   |
|---------|-------|--|--|---|---|
|         |       |  | <p>forward peninsula Links meeting to develop work areas.</p> <ul style="list-style-type: none"> <li>• Plymouth LINK hosted lunch for hospital executives</li> <li>• Building on relationship offering opportunity to join Links in training and at events</li> </ul><br><ul style="list-style-type: none"> <li>• Invitation for LINK to comment and advise on PCT staff workforce development plans</li> <li>• Invite for LINK rep to join joint health and LA integrated consultation and planning group to help inform city wide plans to involve people in local strategies and LSP</li> </ul> | <ul style="list-style-type: none"> <li>• Use of LINK / coming events to consult</li> <li>• Opportunity for patient involvement in pending cuts</li> </ul><br><ul style="list-style-type: none"> <li>• See response</li> </ul> | <ul style="list-style-type: none"> <li>☺ New relationship with board and key players</li> <li>☺ Requests for consultation on no of areas</li> <li>☺ Plans for future meetings</li> <li>☺ Input into PHT quality accounts</li> <li>☺ PHT rep joined LINK enter and view training</li> <li>☺ PHT represented at LINKs healthy Plymouth event</li> <li>☺ LINK rep on hospital board</li> </ul><br><ul style="list-style-type: none"> <li>☺ Host team involvement in group – new contacts and new avenues to involve LINK.</li> </ul> |
| LINK PR | Local |  | <ul style="list-style-type: none"> <li>• Expansion and development of website</li> <li>• Focus groups to plan LINK AGM/annual celebration event</li> <li>• Meetings between LINK reps and PCT to host 'Healthy Plymouth' day in partnership.</li> <li>• Annual Report for Year 2 produced</li> <li>• Invite for LINK rep to join PEC</li> </ul>  | <ul style="list-style-type: none"> <li>• Website analytics</li> </ul><br><ul style="list-style-type: none"> <li>• Full / summary Annual Report</li> </ul>   | <ul style="list-style-type: none"> <li>☺ Continued success of website and nos of users/use of access tools</li> <li>☺ LINK membership driven AGM</li> <li>☺ LINK rep has seat on NHS Plymouth events planning group.</li> <li>☺ Positive response to annual report for Year 2. (Comments from CQC,DoH etc.)</li> </ul>  |

|                    |       |   |   |   |   |
|--------------------|-------|---|---|---|---|
|                    |       |   | (PCT)   |   | <ul style="list-style-type: none"> <li>☺ LINK rep volunteered and about to join</li> <li>☺ LINK rep met PEC chair to join group in January 2011.</li> <li>☺ Successful healthy Plymouth event working in partnership with PCT</li> </ul>  |
| Links to diversity | Local | Issues of reaching diverse communities driven by commissioner | <p>Targeted events working with</p> <ul style="list-style-type: none"> <li>- Gypsy/traveller communities</li> <li>- Young people</li> <li>- Asylum seekers and refugees</li> </ul> <p>Approach and new contact with RNID</p> <ul style="list-style-type: none"> <li>• LINK have attended a number of different events and meetings to consult with groups across the city.</li> </ul> | <ul style="list-style-type: none"> <li>• Reports from specific events/ meetings</li> <li>• Transition event report</li> <li>• Radford estate tenants meeting report</li> <li>• Parent and family forum report</li> <li>• Smile lunch club report</li> <li>• One big youth event report</li> <li>• Improving reach report</li> </ul> | <ul style="list-style-type: none"> <li>☺ Increased nos of members/feedback from these groups</li> <li>☺ Increase in volunteers from diverse backgrounds</li> <li>☺ RNID involvement in primary care accessibility work.</li> <li>☺ LINK hosting lunch with eastern European, African and Portuguese communities.</li> </ul> |

**Contract Monitoring - Quarterly Report**

**Plymouth LINK Contract Monitoring - Quarterly Report September 2010**

**Timescales:**

| <u>Indicator</u>                           | <u>Annual Target</u> | <u>Stretch Target</u> | <u>Figure to Date</u> | <u>Figure this Quarter</u> | <u>Discussion</u>  |
|--|----------------------|-----------------------|-----------------------|----------------------------|--|
| <u>Nos of members:</u>                     |                      |                       |                       |                            |  |
| <b>LINK</b>                                | 850                  | 1000                  | 425                   | 255                        | 50% of target  |
| <b>PAPOP</b>                               | 300                  | 400                   | 143                   | 110                        | 48% of target  |
|  |                      |                       |                       |                            | 56% of target  |
| <b>PIPS</b>                                | 250                  | 350                   | 139                   | 96                         |  |
|  |                      |                       |                       |                            | All services slightly under where we need to be at this stage. Team focus/plans to achieve via community involvement over next few months. |
| <u>Nos of members who are individuals:</u> |                      |                       |                       |                            |  |
| <b>LINK</b>                                | 500                  | 750                   | 257                   | 167                        | 52% of target  |
| <b>PAPOP</b>                               | 200                  | 300                   | 128                   | 99                         | 64% of target  |
| <b>PIPS</b>                                | 150                  | 250                   | 94                    | 30                         | 63% of target.   |
|  |                      |                       |                       |                            | Recent LINK sign ups relate to organisations/groups  |
| <u>Nos of members actively involved:</u>   |                      |                       |                       |                            |  |
| <b>LINK</b>                                | 50                   | 70                    | 44                    | 30                         | 88% of target  |
| <b>PAPOP</b>                               | 30                   | 40                    | 24                    | 16                         | 80% of target (On track to achieve across all services.)   |
| <b>PIPS</b>                                | 20                   | 25                    | 8                     | 4                          | 45% of target.   |
| <u>Nos of feedback received:</u>           |                      |                       |                       |                            |  |
| <b>LINK</b>                                | 1000                 | 1250                  | 811                   | 643                        | 81% of target  |
| <b>PAPOP</b>                               | 350                  | 500                   | 216                   | 185                        | 62% of target  |
| <b>PIPS</b>                                | 150                  | 250                   | 74                    | 73                         | 50% of target  |

## Contract Monitoring - Quarterly Report

| <u>Indicator</u>   | <u>Annual Target</u> | <u>Stretch Target</u> | <u>Figure to Date</u> | <u>Figure this Quarter</u> | <u>Discussion</u>   |
|--|----------------------|-----------------------|-----------------------|----------------------------|---|
| <b>PIPS ONLY -</b>   |                      |                       |                       |                            |   |
| Nos of members who feel more confident as a result of being involved in PIPS | 15/20 (75%)          |                       | 100%                  | 100%                       | Satisfaction survey completed Sept 2010   |
| Nos of members seeking employment  | 5/20 (25%)           |                       | 50%                   | 50%                        |   |
| Nos of members commencing employment   | 1-3                  | 3-5                   | 9                     | 5                          | This quarter - 1x vol post at CAB and 4x PIPS office volunteers                   |
| Nos of members commencing a qualification or course                          | 15                   | 20                    | 3                     | 2                          | This quarter 2 PIPS active volunteers are starting NVQ's.                         |
| Nos of members attending training  | 30                   | 45                    | 9                     | 3                          | As before plus x2 Engaging Communities training plus x1 CAB debt/finance training |

**Contract Monitoring - Quarterly Report**

**Stakeholder Satisfaction Monitoring**

| <b>Source</b>                           | <b>Numbers</b>     |                     |                    | <b>Outcome / Actions</b> |
|---|--------------------|---------------------|--------------------|--------------------------|
|   | <b><u>LINK</u></b> | <b><u>PAPOP</u></b> | <b><u>PIPS</u></b> |                          |
| Phone                                   | 43                 | 10                  | 205                |                          |
| Person                                  | 429                | 161                 | 82                 |                          |
| Website                                 | 657                |                     |                    |                          |
| Training                                | 7                  |                     | 3                  |                          |
| Specific compliments                    |                    |                     | 22                 | (12x email, 10x phone)   |
| Complaints                              |                    |                     |                    |                          |
| See results of LINK satisfaction survey |                    |                     |                    |                          |

Contract Monitoring - Quarterly Report

July 10 - Sept 10

Equality and Diversity Monitoring (Timescales):

[LINK](#)

| Postcodes | DH4 | 0  | Info Source    | Ethnicity        | Age Groups       |
|-----------|-----|----|----------------|------------------|------------------|
| PL1       | 49  | 0  | Press          | Caribbean        | 25 and under     |
| PL2       | 23  | 0  | Event          | African          | 26-39            |
| PL3       | 28  | 0  | Article        | Indian           | 40-55            |
| PL4       | 46  | 1  | Word of Mouth  | White British    | 56-65            |
| PL5       | 34  | 0  | Email          | Pakistani        | Over 65          |
| PL6       | 24  | 0  | Other          | Did not Disclose | Did not Disclose |
| PL7       | 9   | 0  | Local Resource |                  | 252              |
| PL8       | 1   | 0  | Leaflet        |                  |                  |
| PL9       | 13  | 0  | Feedback Box   |                  |                  |
| PL10      | 0   | 1  | Not Specified  |                  |                  |
| PL11      | 0   | 0  |                |                  |                  |
| PL12      | 2   | 1  |                |                  |                  |
| PL13      | 0   | 1  |                |                  |                  |
| PL14      | 1   | 40 |                |                  |                  |
| PL15      | 0   |    |                | <b>Languages</b> | <b>Gender</b>    |
| PL16      | 0   |    |                | English          | Female           |
| PL17      | 0   |    |                | French           | Male             |
| PL18      | 1   |    |                | Unknown          | Did not Disclose |
| PL19      | 1   |    |                |                  | 30               |
| PL20      | 0   |    |                |                  |                  |
| PL21      | 2   |    |                |                  |                  |

**PAPOP**

| Postcodes | PL13 | 0 <th>Info Source</th> <th>Ethnicity</th> <th>Age Groups</th> | Info Source    | Ethnicity        | Age Groups       |
|-----------|------|---|----------------|------------------|------------------|
| PL1       | 10   | 0   | Press          | Caribbean        | Did not Disclose |
| PL2       | 18   | 0   | Event          | African          | 57               |
| PL3       | 7    | 0   | Article        | Indian           |                  |
| PL4       | 9    | 0   | Word of mouth  | White British    |                  |
| PL5       | 9    | 0   | Email          | Did not Disclose | 60               |
| PL6       | 5    | 0   | Other          |                  |                  |
| PL7       | 1    | 0   | Local Resource |                  |                  |
| PL8       | 0    | 0   | Leaflet        | <b>Languages</b> | <b>Gender</b>    |
| PL9       | 1    | 0   | Feedback box   | English          | Female           |
| PL10      | 0    | 0   | Not Specified  | French           | Male             |
| PL11      | 0    | 0   |                | Unknown          | Did not Disclose |
| PL12      | 0    | 0   |                |                  | 4                |

Contract Monitoring - Quarterly Report

**PIPS**

| Postcodes |   | Info Source           | Ethnicity        | Age Groups       |
|-----------|---|-----------------------|------------------|------------------|
| PL1       | 4 | PL13 Press 0          | Caribbean 0      | 18 - 25 0        |
| PL2       | 3 | PL14 Event 63         | African 0        | 26 - 40 5        |
| PL3       | 4 | PL15 Article 0        | Indian 0         | 41 - 65 2        |
| PL4       | 3 | PL16 Word of mouth 7  | White 5          | Over 65 1        |
| PL5       | 1 | PL17 Email 0          | Not disclosed 36 | Not specified 34 |
| PL6       | 3 | PL18 Other 0          |                  |                  |
| PL7       | 2 | PL19 Local Resource 0 |                  |                  |
| PL8       | 0 | PL20 Leaflet 0        |                  |                  |
| PL9       | 2 | PL21 Feedback box 0   |                  | <b>Gender</b>    |
| PL10      | 0 | TQ5 Not Specified 0   |                  | Female 28        |
| PL11      | 0 | Unknown 4             |                  | Male 10          |
| PL12      | 0 |                       |                  | Not Specified 4  |
|           |   |                       |                  |                  |
|           |   |                       |                  |                  |

### Contract Monitoring - Quarterly Report

Targeted events and consultation with hard to reach groups (cut and past from activity logs)

| Date     | Event                              | Target Groups | Audience                  | Venue  | Nos spoken to | LINK        |          | PAPOP       |          |
|----------|------------------------------------|---------------|---------------------------|--|---------------|-------------|----------|-------------|----------|
|          |                                    |               |                           |  |               | new members | feedback | new members | feedback |
| 09.07.10 | Unity Festival on the Hoe          | P             | Public, BME, Older People | All Nations Ministries                       | 50            | 5           | 3        | 6           | 6        |
| 10.07.10 | Family Fun Day, Brickfields        | P             | Public, BME, Older People | Plymouth City Council, Sports and Recreation | 10            |             |          |             |          |
| 10.07.10 | Unity Festival on the Hoe          | P             | Public, BME, Older People | All Nations Ministries                       | 200           | 8           | 2        | 3           |          |
| 17.07.10 | Annual LINK Celebration, Piazza    | P             | Public, BME, Older People | PIPs, Plymouth Natural Health Centre         | 420           | 90          | 28       | 315         | 15       |
| 31.07.10 | Unity meeting at Council Buildings | P, BME        | BME, Public, ASR          |  | 10            |             |          | 3           |          |
| 04.09.10 | Minds Matters, Piazza, City Centre | P, MH, LD     | Public, MH, LD, CH        | PIPS, PAPOP, Charers Champs,                 | 350           | 32          | 16       | 111         | 3        |



Contract Monitoring - Quarterly Report

Plymouth LINK Contract Monitoring - December 2010

Timescales:

| <u>Indicator</u>       | <u>Annual Target</u> | <u>Stretch Target</u> | <u>Figure to Date</u> | <u>Figure this Quarter</u> | <u>Discussion</u>  |
|------------------------|----------------------|-----------------------|-----------------------|----------------------------|--|
| <b>Nos of members:</b> |                      |                       |                       |                            |  |
| LINK                   | 850                  | 1000                  | 519                   | 208                        | approx 50 members not logged yet and big events in january royal mail, commonwealth families etc |
| PAPOP                  | 300                  | 400                   | 201                   | 77                         | approx 30 members not logged yet and new PAPOP community meetings from 2011                      |
| PIPS                   | 250                  | 350                   | 294                   | 193                        | exceeding target   |

|  |      |      |      |     |   |
|--|------|------|------|-----|---|
| <b>Nos of members who are individuals:</b> |      |      |      |     |   |
| LINK                                       | 500  | 750  | 352  | 156 |   |
| PAPOP                                      | 200  | 300  | 189  | 74  |   |
| PIPS                                       | 150  | 250  | 133  | 20  |   |
| <b>Nos of members actively involved:</b>   |      |      |      |     |   |
| LINK                                       | 50   | 70   | 44   | 0   | reviewing this target to ensure interest followed through |
| PAPOP                                      | 30   | 40   | 24   | 0   |   |
| PIPS                                       | 20   | 25   | 8    | 0   | 14 new active members not logged yet - target met         |
| <b>Nos of feedback received:</b>           |      |      |      |     |   |
| LINK                                       | 1000 | 1250 | 1011 | 120 | target exceeded   |
| PAPOP                                      | 350  | 500  | 247  | 185 | on track to hit target                                    |
| PIPS                                       | 150  | 250  | 104  | 30  | on track to hit target                                    |
| <b>PIPS ONLY -</b>                         |      |      |      |     |   |

|   |             |  |      |  |  |
|---|-------------|--|------|--|--|
| <b>Nos of members who feel more confident as a result of being involved in PIPS</b> | 15/20 (75%) |  | 100% |  | 100% Satisfaction survey completed Sept 2010 |
| <b>Nos of members seeking employment</b>  | 5/20 (25%)  |  | 50%  |  | 50%  |

## Contract Monitoring - Quarterly Report

|   |     |     |    |   |  |
|---|-----|-----|----|---|--|
| Nos of members commencing employment                | 1-3 | 3-5 | 10 | 1 | Social enterprise  |
| Nos of members commencing a qualification or course | 15  | 20  | 6  | 3 | Equality & diversity training - looking at new opportunities in 2011.                  |
| Nos of members attending training                   | 30  | 45  | 11 | 2 | Health and social care at Plymouth University - looking for new opportunities in 2011. |

**Contract Monitoring - Quarterly Report**

sept-dec 10

**Stakeholder Satisfaction Monitoring**

| <u>Source</u>        | <u>LINK</u> | <u>Numbers</u> |             |            | <u>Outcome / Actions</u> |
|----------------------|-------------|----------------|-------------|------------|--------------------------|
|                      |             | <u>PAPOP</u>   | <u>PIPS</u> | <u>PIP</u> |                          |
| Phone                | 375         | 75             | 62          |            |                          |
| Person               | 860         | 150            | 47          |            |                          |
| Website              | 489         |                | 67          |            |                          |
| Training             | 9           |                | 0           |            |                          |
| Specific compliments |             |                |             |            |                          |
| Complaints           |             |                |             |            |                          |

Contract Monitoring - Quarterly Report

July 10 - Sept 10

Equality and Diversity Monitoring (Timescales: [LINK](#))

| Postcodes |    | Info Source      | Ethnicity            | Age Groups       |
|-----------|----|------------------|----------------------|------------------|
| PL1       | 49 | Press 0          | Caribbean 0          | 25 and under     |
| PL2       | 23 | Event 226        | African 1            | 26-39            |
| PL3       | 28 | Article 5        | Indian 0             | 40-55            |
| PL4       | 46 | Word of Mouth 2  | White British 17     | 56-65            |
| PL5       | 34 | Email 7          | Pakistani 1          | Over 65          |
| PL6       | 24 | Other 1          | Did not Disclose 241 | Did not Disclose |
| PL7       | 9  | Local Resource 0 |                      |                  |
| PL8       | 1  | Leaflet 16       |                      |                  |
| PL9       | 13 | Feedback Box 1   |                      |                  |
| PL10      | 0  | Not Specified 42 |                      |                  |
| PL11      | 0  |                  |                      |                  |
| PL12      | 2  |                  |                      |                  |
| PL13      | 0  |                  |                      |                  |
| PL14      | 1  |                  |                      |                  |
| PL15      | 0  |                  | Languages            | Gender           |
| PL16      | 0  |                  | English 0            | Female           |
| PL17      | 0  |                  | French 0             | Male             |
| PL18      | 1  |                  | Unknown 0            | Did not Disclose |
| PL19      | 1  |                  |                      |                  |
| PL20      | 0  |                  |                      |                  |
| PL21      | 2  |                  |                      |                  |

PAPOP

| Postcodes |    | Info Source      | Ethnicity           | Age Groups       |
|-----------|----|------------------|---------------------|------------------|
| PL1       | 10 | Press 0          | Caribbean 0         | Did not Disclose |
| PL2       | 18 | Event 49         | African 0           |                  |
| PL3       | 7  | Article 2        | Indian 0            |                  |
| PL4       | 9  | Word of mouth 0  | White British 0     |                  |
| PL5       | 9  | Email 0          | Did not Disclose 60 |                  |
| PL6       | 5  | Other 1          |                     |                  |
| PL7       | 1  | Local Resource 1 |                     |                  |
| PL8       | 0  | Leaflet 6        | Languages           | Gender           |
| PL9       | 1  | Feedback box 0   | English 0           | Female           |
| PL10      | 0  | Not Specified 2  | French 0            | Male             |
| PL11      | 0  |                  | Unknown 0           | Did not Disclose |
| PL12      | 0  |                  |                     |                  |

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**PIPS**

| Postcodes |   |         | Info Source     | Ethnicity        | Age Groups    |
|-----------|---|---------|-----------------|------------------|---------------|
| PL1       | 4 | PL13    | Press 0         | Caribbean 0      | 18 - 25       |
| PL2       | 3 | PL14    | Event 63        | African 0        | 26 - 40       |
| PL3       | 4 | PL15    | Article 0       | Indian 0         | 41 - 65       |
| PL4       | 3 | PL16    | Word of mouth 7 | White 5          | Over 65       |
| PL5       | 1 | PL17    | Email 0         | Not disclosed 36 | Not specified |
| PL6       | 3 | PL18    | Other 0         |                  |               |
| PL7       | 2 | PL19    | Local Resourc 0 |                  |               |
| PL8       | 0 | PL20    | Leaflet 0       |                  |               |
| PL9       | 2 | PL21    | Feedback box 0  |                  | <b>Gender</b> |
| PL10      | 0 | TQ5     | Not Specified 0 |                  | Female        |
| PL11      | 0 | Unknown |                 |                  | Male          |
| PL12      | 0 |         |                 |                  | Not Specified |
|           |   |         |                 |                  |               |
|           |   |         |                 |                  |               |
|           |   |         |                 |                  |               |

**Contract Monitoring - Quarterly Report**

**Targeted events and consultation with hard to reach groups (cut and past from activity logs)**

| Date     | Event                                       | Target    |            | Audience                 | Venue  | Nos spoken to | LINK new |         | PAPOP new |          |
|----------|---|-----------|------------|--------------------------|--|---------------|----------|---------|-----------|----------|
|          |   | Groups    | Groups     |                          |  |               | members  | members | feedback  | feedback |
| 01.10.10 | Older People's Day, Piazza, City Centre     | P,Hea,    |            | Host Team + Vols         | LINK, PAPOP, PIPS                            | 300           | 12       | 59      | 2         | 45       |
| 09.10.10 | Healthy Plymouth Event, Piazza, City Centre | P, Hea    |            | Host Team + Vols         | LINK, PAPOP, PIPS, NHS                       | 500           | 60       | 9       |           |          |
| 28.10.10 | Transitions Event, Guildhall, City Centre   | P, LD,Hea |            | Chris Hall               | LINK, Carers Champions, Pluss, City College. | 150           | 14       | 1       | 32        | 2        |
| 23.11.10 | Parent and Family Forum LD focus.           | C, P, Hea | Chris Hall | Carers, Public, Agencies | Parent & Family Forum, PCC, NHS, agencies.   | 60            | 0        | 0       | 78        | 0        |
| 03.12.10 | Carer's Rights Day, Jury's Inn              | C, P, Hea |            | CH,KM,CB,VS, PM          | LINK, PAPOP, PIPS, Pride & Prejudice.        | 45            | 3        | 0       |           |          |

**Discussion/action plans**

focused work in plymstock anf plympton areas to bring nos up. Team plans for 2011 focus on targets yet to meet. Younger people (young LINK) and more flexible member activity.



| Topics   | J | J | A  | S  | O | N  | D | J | F  | M | A |
|--|---|---|----|----|---|----|---|---|----|---|---|
| Monitoring Adaptations Budget and Performance  |   |   |    |    |   | 10 |   |   |    |   |   |
| Adult Social Care delivery plans and performance monitoring report.  |   |   |    | 1  |   |    |   |   | 16 |   |   |
| Monitoring Implementation of the National Dual Diagnosis Strategy  |   |   |    |    |   |    |   |   |    |   |   |
| Dementia Strategy  |   |   |    |    |   | 10 |   |   |    |   |   |
| Tobacco Control Strategy   |   |   |    |    |   |    |   |   |    |   |   |
| <b>Plymouth Local Involvement Network (LINKs)</b>  |   |   |    |    |   |    |   |   |    |   |   |
| LINK update and performance monitoring   |   |   |    |    |   |    |   |   |    | 2 |   |
| <b>Consultations</b>   |   |   |    |    |   |    |   |   |    |   |   |
| Consultation response to White Paper – “Liberating the NHS”  |   |   |    | 16 |   |    |   |   |    |   |   |
| <b>Task and Finish Groups</b>  |   |   |    |    |   |    |   |   |    |   |   |
| Modernisation of Adult Social Care   |   |   | 24 |    | 4 |    |   |   |    |   |   |
| <b>Performance Monitoring</b>  |   |   |    |    |   |    |   |   |    |   |   |
| NHS Plymouth, Plymouth Hospitals Trust and PCC Joint Finance and Performance Monitoring, including LAA Performance Monitoring. |   |   |    |    |   |    |   |   | 16 |   |   |

Key:

 = New addition to Work Programme