Democratic Support
Plymouth City Council
Civic Centre
Plymouth PL1 2AA

Please ask for Amelia Boulter,
Democratic Support Officer
T 01752 304570
E amelia.boulter@plymouth.gov.uk
www.plymouth.gov.uk/democracy
Published 02 September 2014

#caringplymouth

CARING PLYMOUTH

Thursday 11 September 2014
1 pm
Council House (Next to Civic Centre), Plymouth

Members:
Councillor Mrs Aspinall, Chair

Councillor James, Vice Chair

Councillors Bridgeman, Sam Davey, Dr. Mahony, Mrs Nicholson, Parker, Dr. Salter, John Smith, Stevens and Jon Taylor.

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

Tracey Lee
Chief Executive

CARING PLYMOUTH

PART I (PUBLIC COMMITTEE)

1. APOLOGIES

To receive apologies for non-attendance by Caring Plymouth members.

2. DECLARATIONS OF INTEREST

Members will be asked to make any declarations of interest in respect of items in 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. MINUTES (Pages 1 - 18)

To confirm the minutes of the last meeting held on 7 August 2014 and to note the minutes of the review held on the 2 and 3 July 2014.

5. HEALTHWATCH (Pages 19 - 38)

The panel to receive a presentation from Healthwatch.

6. BETTER CARE FUND (Pages 39 - 72)

The panel to receive a presentation on the Better Care Fund.

7. TRACKING RESOLUTIONS (Pages 73 - 78)

The panel to review and monitor the progress of tracking resolutions and receive any relevant feedback from the Co-operative Scrutiny Board.

8. WORK PROGRAMME (Pages 79 - 80)

The panel to review the Caring Plymouth Work Programme for 2014 – 15.

9. EXEMPT BUSINESS

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

This page is intentionally left blank

Caring Plymouth

Thursday 7 August 2014

PRESENT:

Councillor Mrs Aspinall, in the Chair.
Councillor James, Vice Chair.
Councillors Mrs Bowyer, Bridgeman, Sam Davey, Jarvis, Dr. Mahony, Parker, John Smith and Jon Taylor.

Apologies for absence: Councillors Mrs Nicholson and Stevens.

Also in attendance: Gwen Pearson, Sharon Matson, Caroline Dawe and Nicola jones - NEW Devon CCG, Councillor Tuffin – Cabinet Member for Adult Social Care, Councillor McDonald – Cabinet Member for Children and Young People and Public Health, Katy Shorten – Strategic Commissioning Manager, Craig McArdle – Head of Co-operative Commissioning, George Plenderleith – Carers Hub, Lesley Gross – Chair of Plymouth Carers Forum, Nicola MacPhail – NEW Devon CCG and Emma Crowther – Commissioning Officer, Ian Sherriff – Alzheimer's Society, Claire Journeaux and Gary Hodge – Plymouth Community Healthcare, Ross Jago – Lead Officer and Amelia Boulter – Democratic Support Officer.

The meeting started at 2.00 pm and finished at 5.10 pm.

Note: At a future meeting, the committee will consider the accuracy of these draft minutes, so they may be subject to change. Please check the minutes of that meeting to confirm whether these minutes have been amended.

12. **DECLARATIONS OF INTEREST**

In accordance with the code of conduct, the following declarations of interest were made –

Name	Subject	Reason	Interest
Councillor Dr Salter	Minute 19 – Dementia Strategy and Action Plan	Former Cabinet Member for Health and Adult and worked with Ian Sherriff in the NHS.	Private
Councillor Taylor	Minute 15 – Maternity Services Strategy Minute 16 – NHS111/ Urgent Care Minute 17 – Devon Doctors Out of Hours Minute 18 – Carers Strategy Minute 19 – Dementia Strategy	Employed by NEW Devon CCG.	Private

13. **CHAIR'S URGENT BUSINESS**

The Chair informed the panel that minutes from the Caring Plymouth review that took place on 2 and 3 July 2014 would be attached to the next agenda.

14. **MINUTES**

Agreed that the minutes of the meeting held on 19 June 2014 be confirmed.

15. **COMMISSIONING STRATEGY FOR MATERNITY SERVICES 2014-2019 (DRAFT)**

Gwen Pearson, NEW Devon CCG provided the panel with an overview of the draft Commissioning Strategy for Maternity Services 2014-2019. It was reported that –

(a) this was a high level commissioning strategy and were working together with NEW Devon CCG, South Devon and Torbay CCG and Kernow CCG working on one document to avoid some of the boundary issues;

(b) there was high level commitment for this strategy from the 3 CCGs. Task and Finish groups were set up and representatives from the 3 CCGs which included heads of midwifery had discussions around having a robust needs assessment. In pulling the strategy together they wanted to engage with stakeholders and asked the following questions -

- what worked well;
- want didn't work well;
- ideas or suggestions for the future.

(c) they had also visited a number of children's centres and met with Healthwatch and undertook some surveys. They realised the importance of getting people involved right from the beginning and the need to look at the hard to reach groups;

(d) key to this strategy was the development of the Maternity Liaison Committee and looked at how this committee operates and how they remained consistently involved with maternity services;

(e) they would be undertaking intensive work within the western locality with key stakeholders in the city;

(f) education for parenthood was done quite well in Plymouth and if we get this right would be very beneficial for us;

(g) each of the CCGs collated data differently. This was a key piece of work to look at how data is collected in the future and for all midwifery units to collect data in the same way;

(h) the next steps for the development of the strategy –

- wider stakeholder engagement;
- draft strategy completed and development action plan by August / September 2014;
- ratification by the CCG Board;
- preparing implementation plan / stocktake;
- maternity units to benchmark.

In response to questions raised, it was reported that -

(i) they were working closely with public health representatives from each of the CCG areas looking at the commissioning intentions and intend to work closely with public health looking at inequalities;

(j) they had a clear communication plan and would share the plan with this panel;

(k) the data they had collated indicated that in Plymouth there were a significant number of social deprivations which would be looked at in more detail and to ascertain where they needed to target resources;

(l) there were cultural changes that needed to be made and one of the things identified was the need to think about maternity care in a broader sense and start to address some of the issues;

(m) they had received a number of comments from GPs and would be undertaking further work with GPs. They had the appropriate amount of midwives on the workforce and parents felt a great affection for their midwives. More work would be undertaken to address the complex issues and would work on these issues with the midwives, GPs and mothers;

(n) they were looking to review the role of the Maternity Liaison Committee and looking to develop the website and publish agendas and minutes.

Agreed that –

1. Caring Plymouth note the draft Commissioning Strategy for Maternity Services 2014-2019;

2. NEW Devon CCG consider the inclusion of information as out forward by the Caring Plymouth panel within the strategy;

3. a sub-regional scrutiny with Devon, Cornwall and Torbay is formed to assist in the development of the strategy.

16. **NHS 111 ASSURANCE REPORT/URGENT CARE**

Sharon Matson and Caroline Dawe, NEW Devon CCG provided the panel with an update on NHS111 and Urgent Care. It was reported that –

(a) it was the right decision to roll out this service gently and quietly and to look at any inherent risks that might come with rolling out a new service;

(b) 650 people ring every week day and this number rises to 2,000 on a Saturday reducing to 1,600 on a Sundays and bank holidays;

(c) NHS111 was a result of a report by Bruce Keogh who was concerned about multiple issues in general care which resulted in just one number. This meant that you call one number and they would deal with your call and/or signpost you to the correct service;

(d) the provider SW Ambulance Trust's performance had worked hard to improve their performance and were an incredibly responsive service;

(e) they were monitoring the impact of the service since it went live and undertook patient audits. It was found that patients found the service good and helpful and would phone again if they needed advice in a urgent care situation;

(f) they were undertaking a lot of work over the last month on the cause and effect and there was an increase in demand since the service was rolled out. A Summit Meeting was taking place tomorrow to address the demand over the last couple of months;

(g) the current performance stands at 94.39% for patients seen, treated and discharged within 4 hours from A & E. They were behind where they should be and there had been an increase in the demand all across the system not just Plymouth;

(h) they had seen the largest increase in triage category 3 patients with a minor injury or ailment which had led to an increase in demand from early in the day towards the later end of the day. They were looking at the staffing ratio to ensure they had the staffing levels right to meet the change in demand.

In response to questions raised, it was reported that –

(i) public health would also be attending the Summit to understand where public health can add value;

(j) alcohol related incidents spiked around bank holiday weekends. There was a need to look at the whole system maybe that issues were related to alcohol. At the Summit meeting they would need to take a holistic look as to why people were tuning up at A & E;

(k) they were not seeing an increase with the older population in terms of them presenting themselves at A & E. The slight increase in older people attending A & E were people from the adult age group rather than the elderly;

(l) SWAST were performing very well but in terms of where they direct people was actually below the national average. This was about the system and how the system was changing and to ascertain what the causes could be;

(m) public health had undertook an analysis of NHS111 and found this to be one of the best services and one that they support.

Agreed that -

1. Caring Plymouth note the assurance report.

2. NEW Devon share the outcomes from the summit meeting with Caring Plymouth.

3. Caring Plymouth panel take up the offer to visit SWAST Headquarters in Exeter.

17. **DEVON DOCTORS OUT OF HOURS**

Nicola Jones, NEW Devon CCG provided the panel with a report on Devon Doctors Out of Hours. The panel were invited to respond to the report.

In response to questions raised, it was reported that -

(a) it wasn't a 50% reduction and wanted the efficient use of clinical time with no negative effect on the user. They were monitoring this and would review and put in other measures. The panel were assured that they could reverse the situation easily if the need was to arise;

(b) the proposal that was put forward included data on the demand. The decision was based on demand rather than the size of the population. The Director of Public Health felt that this decision would not negatively impact on the health and wellbeing of the people of Plymouth.

The panel felt that the 8 am cut off time was a potential problem and could lead to more people presenting at their GPs.

Agreed that –

1. the updated presentation to be circulated to the panel.

2. Caring Plymouth to further scrutinise Devon Doctors Out of Hours in 6 months' time.

18. **CARERS STRATEGY**

Councillor Tuffin, Cabinet Member for Health and Adult Social Care gave an overview of the Carers Strategy. It was reported that carers were the forgotten army of the health and social care system. There were 27,247 carers living in Plymouth including 840 young carers. The strategy covers adults and young carers and was undertaken in consultation with all key stakeholders and the action plan outlined what we want to achieve. Oversight and monitoring of the strategy would be undertaken by the Carers Strategic Board.

Katy Shorten, Craig McArdle, George Plenderleith, Lesley Gross, Nicola MacPhail and Emma Crowther also attended the panel for this item. They wanted to demonstrate the co-operative approach taken and how they involved the key people in the development of the strategy and to provide assurance to the panel that the action plan was fit for purpose and fully consulted on.

Lesley Gross, Chair of Plymouth Carers Forum gave thanks to Katy and Craig for involving carers right from the beginning. The Plymouth Carers Forum was set up in 2010 and became involve with PCC to develop services for carers. The Forum fund raise for activities and provide counselling course, benefits workshops, crafts and social days out. They work closely with the carers hubs and enhance what the carers hub delivers. They were in the process of organising a Carers Rights Conference.

George Plenderleith reported that they had enhanced the carers service at the end of December 2012 and the service had been running for 18 months. There were 5,500 carers now signed up and accessing services and receiving support. There was a £250K Carers Support Fund available but the pressure on that budget was now huge and were looking to reduce payments made because of the increase in demand of carers accessing services. They were working to identify hidden carers and were undertaking particular work around dementia carers in Devonport. There was a Carers Discount Scheme running with 29 local businesses signed up.

In response to questions raised, it was reported that -

(a) evidence suggests there are social differences and perceptions on caring in other communities which could lead to uncovering need without being in a position of meeting the demand. It was reported that there was a need to identify the hidden carers and this was highlighted to them as part of the consultation. They had tried to demonstrate and identify the hidden carers and provide support. They were exploring other avenues to maximise funding;

(b) they were supporting staff at PCC and CCG and had displays within Windsor House to promoting this. They had adapted policies and working hours to accommodate a caring role and raising awareness with manager's and had made a good start. Carers Right Week was also aimed at our providers;

(c) to identify the hidden young carers they were working with key partners, developing toolkits for schools, delivering training to governors and various practical things to help identify those hard to reach young carers;

(d) there was a dedicated youth worker working with young carers. Young Carers at present did not sit on the Carers Strategy Partnership Board or the Steering Group. They would need to ensure that they were fit for purpose before allowing young carers to sit on the board and Steering group.

(e) some of the discounts the Carers Discount Scheme would not be appropriate for Young Carers but the next step was to explore cards for young people.

Agreed that –

1. The Caring Panel commends the Plymouth Carers Strategy 2014-18 to Cabinet.

2. The Caring Panel congratulates commissioners and carers on the development of the strategy and associated action plans.

3. Progress against the action plan to be presented to the panel in March 2015.

4. The Caring Panel recommends to the Co-operative Scrutiny Board that the Ambitious Plymouth Panel revisit the recommendations from the Young Carers review held in 2011.

5. Officers from Plymouth City Council and the Clinical Commissioning Group to identify and help own staff who are carers.

(Councillor Mrs Bowyer left partway through this item.
Councillor Bowie was present for this item).

19. **DEMENTIA STRATEGY**

Councillor Tuffin, Cabinet Member for Health and Adult Social Care reported that people living with dementia was set to double. The Dementia Strategy and action plan shows how partners would work together to meet the needs and develop local outcomes. The action plan includes a focus on Plymouth becoming a Dementia Friendly City. Claire Journeaux, Gary Hodge, Nicola MacPhail and Ian Sherriff, Katy Shorten and Craig McArdle were also present for this item.

It was reported that -

(a) it was predicted that by 2015, 3166 people in Plymouth will be living with dementia, rising to 3667 by 2020. Two-thirds of people living with dementia live independently within the community;

(b) the national agenda highlighted people within a care home setting were forgotten. The CCGs were looking to obtain match funding from Clinical Network for £65k to target people in the care home sector. The focus of the work would concentrate on sending letters to all care homes and to employ staff to undertake assessments to an agreed pro forma. This information would be referred back to GP to be added to the dementia register;

(c) the Dementia Alliance started in Plymouth. Stoke Damerel School were teaching pupils dementia in science, English and maths. The naval base were dementia friendly and all political parties were signed up to this. This had to be sustainable and seen as improving every day.

In response to questions raised, it was reported that -

(d) public health were working on up streaming prevention nationally and the effects of alcohol, lifestyle, diet could prevent the on-set of dementia;

(e) it was acknowledged that demand had gone up and have concerns on the amount of referrals and ensuring good outcomes for people looking to undertake more work with the Alzheimer's Society. It was reported that they were constantly reviewing the service;

(f) this was an opportunity for Plymouth to become the first Dementia Friendly council. Ward councillors to raise awareness in their wards and would be a great role for councillor and the council;

(g) they were reliant on people referred through GPs to be signposted to them. Carers and families receive information on how they can be supported;

(h) early intervention identifying people earlier was key. There was a need to raise awareness and Plymouth becoming a Dementia Friendly city should address this. More work more to be undertaken with domiciliary care workers to help identify those people suffering with dementia.

Agreed that –

1. Caring Plymouth commend the Dementia Strategy and Action Plan to Cabinet.

2. Officers monitor the action plan and present the outcomes to Caring Plymouth in March 2015.

20. **TRACKING RESOLUTIONS**

The panel noted the progress of the tracking resolutions.

21. **WORK PROGRAMME**

The panel noted the work programme.

22. **EXEMPT BUSINESS**

There were no items of exempt business.

This page is intentionally left blank

Scrutiny - Cooperative Scrutiny Reviews

Wednesday 2 and Thursday 3 July 2014

PRESENT:

Councillor Aspinall, in the Chair.
Councillor James, Vice Chair.
Councillors Bridgeman, Dr. Mahony, Mrs Nicholson and Parker.

Also in attendance: Councillor Tuffin – Cabinet Member for Health and Adult Social Care, Councillor Peter Smith – Deputy Leader, Carole Burgoyne – Strategic Director for People, Dave Simpkins – Assistant Director for Co-operative Commissioning, Linda Torney – Assistant Head of Legal Services, Joan Bird – Project Manager, Ann Thorp – Service Manager, Craig Williams – Interim Director for Integrated Health and Wellbeing, Nicola Jones – Commissioning Lead NEW Devon CCG, Jerry Clough – Chief Operating Officer and Managing Director NEW Devon CCG, Judith Harwood – Assistant Director for Education, Learner and Families, Ross Jago – Lead Officer and Amelia Boulter – Democratic Support Officer.

The meeting started at 10.00 am and finished at 3.00 pm.

Note: At a future meeting, the committee will consider the accuracy of these draft minutes, so they may be subject to change. Please check the minutes of that meeting to confirm whether these minutes have been amended.

1. DECLARATIONS OF INTEREST

In accordance with the code of conduct, the following declarations of interest were made –

Name	Subject	Reason	Interest
Councillor Mrs Aspinall	Minute 3 – Fairer Charging	Receives Disability Living Allowance	Private
Councillor Bridgeman	Minute 3 – Fairer Charging	Son receives Disability Living Allowance	Private

2. CHAIR'S URGENT BUSINESS

There were no items of chair's urgent business.

3. **FAIRER CHARGING POLICY**

Councillor Tuffin, Cabinet Member for Health and Adult Social Care reported that the driver for this policy was fairness, fairness to taxpayers, services users and the local authority. It was reported that some services users were charged for their care and some weren't. This was a needs led service, for example, if a person moved into Plymouth and required a package of care this would have to be provided by the local authority.

Dave Simpkins, Assistant Director for Co-operative Commissioning provided the panel with a presentation on Fairer Charging. It was highlighted that charging for non-residential services was discretionary. There was no statutorily defined procedure for assessing non-residential charges and Section 17 of the Health and Social Services and Social Security Adjudications Act 1983 (HASSASSAA) enables local authorities to recover such charge (if any) for a service as they consider reasonable.

Non-residential services include -

- Day care;
- Personal care at home;
- Home care;
- Supported living;
- Direct payments;
- Respite for the carer – up to 28 days;
- As well as a range of individually commissioned services to meet an individual service user's needs.

It was also reported that –

- the Council's new Fees and Charges policy reflects the Corporate Plan objective that Plymouth is a Fairer City where everyone one does their bit;
- It has as a general principle that every service user should make a contribution towards the cost of their service provision with the charging being based on the ability to pay;
- Charging should promote fairness between different service users and promotes independence and social inclusion;
- Care related benefits should be used to pay for care costs to meet needs and maintain independence.

They undertook a consultation and questionnaires were sent to service users and drop in events were held across the city. This was one of the largest consultations undertaken with over 1,100 surveys returned.

In response to questions raised, it was reported that -

(a) they were in the process of producing an information sheet to distribute carers and users on the changes;

(b) staff were competent to undertake their roles and were all trained on the changes to help maximise the benefits for individuals;

(c) they had tried to be inclusive of all groups and always work with advocates or family members when meeting with people with disabilities or mental health problems;

(d) for those individuals aged 16 to 25 years with special needs would be provided with a care plan to help with the transition from childhood into adulthood;

(e) when applying the percentage they took into account individuals varying levels of need and felt that 30 percent was about right for the disregard. The local authority has serious budgetary issues and they wanted a figure that was fair and equitable for all service users. They were seeing a significant increase in the complexity of people's needs and had to manage this in terms of finance and felt that £1.2 m was justifiable;

(f) for those individuals who experience difficulties with making payments officers would work closely with those individuals on the reasons why they cannot pay and provide advice on budgeting skills. It was reported that no civil action had been used to collect outstanding payments.

Agreed that Caring Plymouth fully supported and commend the following recommendation to Cabinet -

To agree the proposed fairer charging policy as submitted which takes into account 70 percent of Disability Living Allowance, Attendance Allowance and Severe Disability Allowance as income, with the remaining 30 percent being disregarded to cover additional disability related expenditure. The proposal includes the ability for individuals to request an assessment and provide evidence of their disability related expenditure if they consider that their expenditure is greater than the equivalent of the 30% disregard.

Caring Plymouth also made the following recommendations and agreed that-

1. a review of the Fairer Charging Policy is undertaken every 6 months over the next 2 years;

2. Cabinet should consider that through the Fairer Charging assessment process, whole household Benefits Assessments should be offered to ensure maximisation of benefits is taken up;

3. information around the Care Act to be provided to the panel with a possible joint review with Ambitious Plymouth on how the Care Act will impact on young people moving into adulthood;

4. the panel support the £1.2 m in income from Fairer Charging to reduce the £2.2m deficit within Adult Social Care;

5. through the assessment process for people with learning disabilities ensure that an adequate advocacy service is in place.

The panel felt assured that the consultation process was undertaken appropriately and that the Fairer Charing Policy is fair and equitable.

(Councillor Mrs Nicholson was not present for this item).

4. INTEGRATED COMMISSIONING

Carole Burgoyne, Strategic Director for People reported that Integrated Commissioning was a fundamental change in how the council moves forward. This was a joint programme between the Plymouth City Council (PCC) and NEW Devon Clinical Commissioning Group (CCG). They were looking to move to a position to care for people throughout their lives and look at the whole person in a person centred approach. Commissioning was the building block to this with the need to focus on the governance arrangements and due diligence.

In response to questions raised, it was reported that –

(a) the co-location of NEW Devon with Plymouth City Council at Windsor House had helped the discussions on integrated commissioning and they needed to work more on the detail for the cost benefits for both organisations;

(b) they had looked at and identified a number of resources to be pulled together and identified what the costs would be. They were also working with the finance teams on the costs and would be in a position to proportion the savings;

(c) they would be looking at existing contracts to determine what we stop and what we continue with. They were looking at £400k savings to be made by the end of this financial year;

(d) the CCG were having face to face meetings and sharing information with staff on the changes. They were fully aware that some staff would embrace the changes and some staff would feel threatened. This was a similar story for PCC. There was engagement with the Trade Unions.

Impact of the Care Act

It was reported that this was an update on reforming legislation which not changed since 1948. Key duties are –

- clear partnership;
- duty to promote an individual wellbeing – whole person care;
- assessment of carers and provide services to carers;
- provision of advice and information;
- safeguarding adults to become statutory like children's safeguarding.

Agreed that Caring Plymouth fully support and commend the following recommendations to Cabinet –

In order to meet the challenges facing the health and care system it is recommended that NEW Devon Clinical Commissioning Group and Plymouth City Council follow a road map towards integrated commissioning by formally approving the following steps -

1. Plymouth City Council to review all commissioning activity across The People Directorate and Office of the Director for Public Health and establish a single co-operative commissioning unit ahead of integration;

2. Plymouth City Council works collaboratively with NEW Devon CCG to achieve the first stage of an Integrated Commissioning Function by March 2015;

3. Plymouth City Council works with NEW Devon CCG to develop a section 75 agreement(s) by the end of March 2015 to pool budgets based around:

    3.1 Wellness;
    3.2 Community Based Care;
    3.3 Complex / Bed Based Care (excluding acute).

4. Plymouth City Council works with NEW Devon CCG to develop single commissioning strategies based around the above.

Recommendations 3 and 4 are subject to further Plymouth City Council and NEW Devon CCG Governance Approvals prior to implementation in November 2014.

(Councillor Mrs Nicholson and Dr Mahony were not present for this item).

5. INTEGRATED COMMUNITY HEALTH AND SOCIAL CARE DELIVERY

Dave Simpkins, Assistant Director for Co-operative Commissioning provided the panel with a presentation. It was reported that integrated service delivery would join up services to meet the needs of an individual and that it would be more appropriate to join up with a community health provider rather than the hospital because people would rather be at home than in hospital. It was also reported that -

(a) there was overwhelming support for a fully integrated structure pulling together into one single entity;

(b) partners had shown a real commitment to make this work with the vision of giving people the right care, in the right place and the right time and also about saving money. There was a need and circumstance to take this forward as a course of action;

(c) over the last 3 years Plymouth City Council and New Devon CCG had laid out a vision and were setting the direction of travel, the delivery, bringing staff groups together, deliver better services and make efficiencies from bringing people together. This was a the big step;

(d) this was the glue that helps the acute and community work more effectively together to help deliver a much better services. This gives us the platform to meet the increasing demand and we are ready to do this.

In response to question raised, it was reported that -

(e) Health Education SW links all of the workforce development planning both regional and national and was high on the agenda for Plymouth on how we equip our staff for the future. They were currently undertaking work on professional capabilities with the University of Plymouth to raise awareness of our direction of travel;

(f) in Adult Social Care they were undertaking a skills analysis of staff and looking at social workers, occupational therapists, support planners to be completed in next 4 to 6 weeks. This would give a clear view of the skills set for the future;

(g) whilst they were not including GPs as a single entity there might a time when community care and primary care join together. The commissioning for GPs was undertaken by NHS England;

(h) the Care Act would be providing assessments to carers in their own right. Carers also had needs and they were already responding to requests from carers. The new legislation makes it more explicit that the local authority would provide an individual assessment for carers and provide a package for carers as and when necessary. There were a number of activities for young carers taking place across the city;

(i) early intervention and measuring outcomes on how to improve people's health and looking at how get people to take control and manage their own health.

Agreed that Caring Plymouth fully support and commend the following recommendations to Cabinet –

Public Services are facing challenges from rising demand, increased complexity and financial pressures. To address these concerns and improve outcomes for service users and patients, Plymouth City Council and NEW Devon CCG propose to integrate health and social care services.

The recommendations drawn from the analysis are:

1. Plymouth City Council to work with NEW Devon CCG to develop a Section 75 agreement that pools relevant Adult Social Care and CCG budgets to facilitate the creation of a single community health and social care delivery model.

2. Plymouth City Council to work with NEW Devon CCG to develop robust governance, contractual and financial systems that provide appropriate assurance to both organisations.

3. Plymouth City Council works with NEW Devon CCG and Plymouth Community Healthcare (PCH) as the incumbent local community health provider, on developing and evaluating options for the integration of Community Health and Adult Social service delivery in the City by April 2015.

4. To consult with staff, unions and stakeholders in developing the new service model.

5. The final position to be presented to Cabinet and NEW Devon CCG Governing Body in November 2014 for decision.

(Councillor Dr Mahony was not present for this item).

6. **EXEMPT BUSINESS**

There were no items of exempt business.

This page is intentionally left blank

healthwatch Plymouth

Healthwatch Plymouth
Annual Report 2013/14

Knowledgeable today,
powerful tomorrow

Contents

4 Foreword

5 Healthwatch Plymouth

6 Engaging local people

7 Making concerns known

8 Themes and trends

10 How we carry out our statutory activities

12 Healthwatch Plymouth in action

14 Health & Wellbeing Board representation report

15 Involvement of volunteers and general public

16 Volunteer feedback

17 Stakeholder feedback

18 Next Steps

19 Financial report

Annual Report 2013

Setting the scene

Foreword

"Healthwatch is the new consumer champion for health and social care, to give local people a strong voice to influence and challenge how services are provided in the city."

In 2012 the Health and Social Care Act set out that each local authority should establish a local Healthwatch. In 2013, Plymouth City Council undertook a competitive tender process and awarded the contract to an established local organisation called Colebrook (SW) Ltd.

Experienced in public and patient involvement, Colebrook launched Healthwatch Plymouth in April 2013, ensuring independence through its governance structures and a memorandum of understanding between those working in and delivering the services, and the organisation itself.

In its first year, Healthwatch Plymouth has been establishing its office, systems, governance and footprint in the city, collecting thousands of local views through a strong engagement process. It also launched the first of its annual grants programmes to support consultation within communities in the city.

Local Healthwatch has a number of activities set out in law which are reported on in this annual report.

Staff and volunteers have ensured Healthwatch Plymouth is built on a strong foundation and this annual report reflects the hard work and success of its first year.

Vicky Shipway

Colebrook (SW) CEO

About us

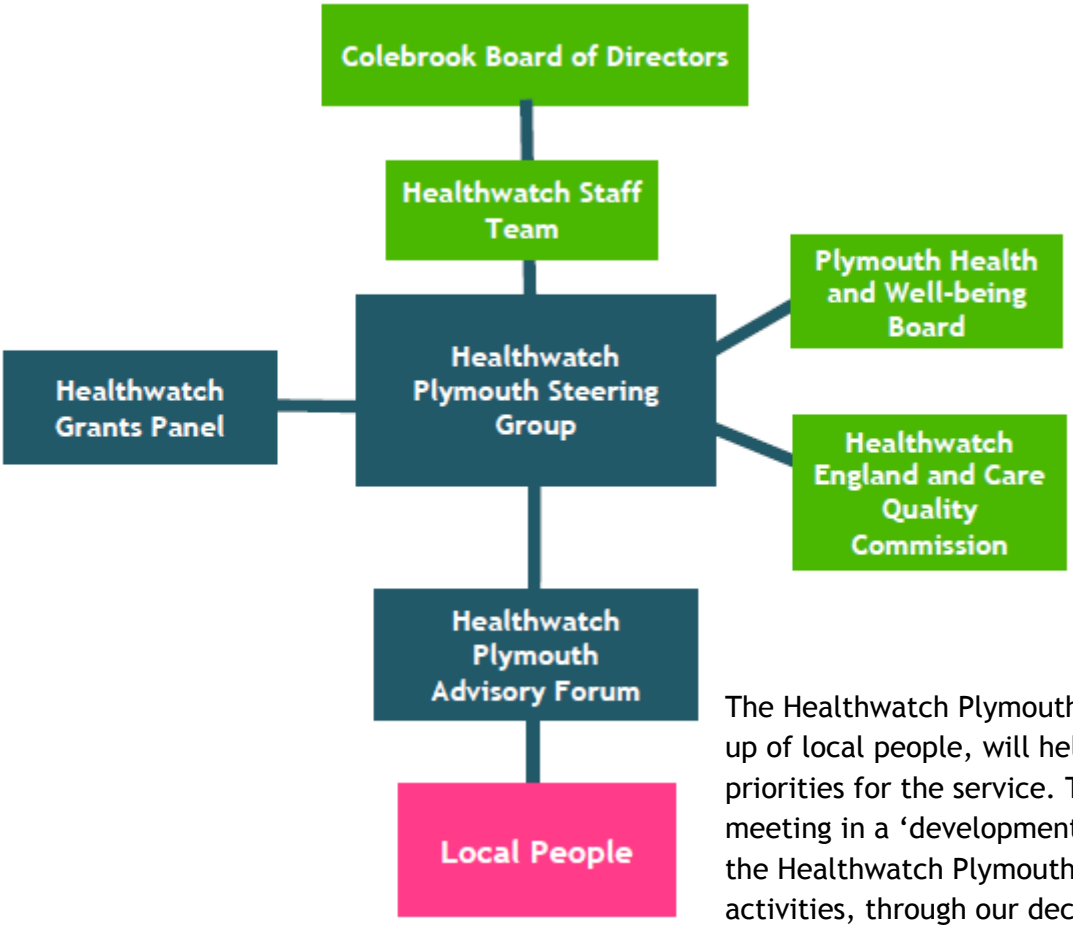
Healthwatch Plymouth

Following its inception in 2013 Healthwatch Plymouth has been busy introducing the service to the local community, gathering and collating information to form an evidence bank, representing local people at strategic forums and developing and implementing its governance structure.

Healthwatch Plymouth is based in the HQ Building on Union Street, and operates several weekly 'drop-in' sessions from this venue.

We have small team of staff complimented by a dedicated group of volunteers, all of which are committed to representing the views of the wider public.

To enable the service to have the local voice at its core, a governance structure was devised, through consultation with our volunteers, that would support meaningful involvement from local people.



The Healthwatch Plymouth Steering Group, made up of local people, will help to set the work priorities for the service. The group, currently meeting in a 'development' capacity, will oversee the Healthwatch Plymouth work plan and agree activities, through our decision making process.

Karen Morse

Healthwatch Plymouth Manager

Annual Report 2013

Engaging local people

Healthwatch Plymouth seeks to engage local people in a variety of ways, including attending public events, delivering talks/presentations to local community groups and holding a series of 'drop-ins' across the city.

Local people are also involved in representing the service, and the public at many forums, committees and groups, both locally and regionally.

Face of Healthwatch Plymouth

The Face of Healthwatch Plymouth aims to involve local people in our advertising and marketing. The ongoing campaign sees local people used as models for our image bank...with their consent of course! Healthwatch Plymouth branding and marketing is now truly local!

Armed Forces Day 2013

It was a sunny day on Plymouth Hoe that Healthwatch Plymouth made its first 'big' public appearance. We brought an army of volunteers and staff to collect experiences of health and social care. The banners announced 'Your Voice Counts'. We found over 400 voices willing to share their experience. Over 200 people were signposted to relevant organisations and agencies.

Respect Festival

The Bi-Annual Respect Festival aims to celebrate the diversity of our City. Healthwatch Plymouth spent two days consulting with local people, from many different communities and gathered over 140 pieces of feedback.

In our first year Healthwatch Plymouth...

Attended **26** events

Held over **170** drop-in sessions

Engaged with **2809** people

Making concerns known

Healthwatch Plymouth is represented on a number of groups/committees across the city including:

NHS England Citizens Assembly

During 2013 NHS England introduced regional consultation forums. Healthwatch Plymouth has two representatives on the regional citizen's assembly. One of them is Anne Miskelly. "The role of the assembly is to make sure the views of local people throughout the region are heard when the regional commissioners make decisions on how and where services are being delivered. Being a member of the assembly means I make sure the view from Plymouth is listened to, and meeting with other Healthwatch representatives we can discuss issues and learn from each other about different ways of working."

NHS England Clinical Senate

Once the assembly has a consensus view, four assembly members are tasked with advising the regional senate what those views are. One of those chosen to represent the assembly is John Miskelly from Healthwatch Plymouth. "Presenting the views of local people at a senate meeting means we influence strategic decisions affecting the whole of the South West. The sorts of issues we can influence range from hospital discharge to mental health services, and specific issues like complex spinal surgery. We also work together to identify issues which are raised by local people across the region and make sure the regional commissioners understand what those are and what changes local people would like to see."

Pledge 90 Review

Healthwatch Plymouth was invited to join the local authority panel review process, to assess the work undertaken during its pledge to 'conduct a wide ranging review of the adequacy of mental health services and support in the city'. Healthwatch Plymouth made five recommendations as part of this review with the final report being presented to the Health and Wellbeing Board. Future projects include consultation around children and young people's mental health services.

NHS England QSG

The local Quality Surveillance Group (QSG) plays an important part in safeguarding the quality of healthcare people receive in the area. Healthwatch Plymouth is a member of this group and regularly feeds in data based on the feedback we receive as well as providing the patient perspective to discussion. We have reported a range of issues including poor waiting times to register for an NHS dentist and the struggle for service users to be allocated a dentist in their area. This has led to further investigation by NHS England, in addition to Healthwatch Plymouth taking a seat on the Local Dental Network for the region.

Annual Report **2013**

Themes and trends

Approximately **9 out of 10** comments shared with us are related to **Health services**

4% of the feedback is about **Social Care services**

69% of comments about Social Care services are **negative**

Almost **50%** of experiences shared by people from **Ethnic Minorities** about Health and Social Care services are **negative**

Healthwatch Plymouth has an evidence bank of **2293** pieces of feedback collected since **April 2013**

Of comments regarding **health** services, **43% were negative...**

...and 46% were positive

Healthwatch Plymouth spoke to **2809** people in 2013-14

Themes and trends

Healthwatch Plymouth has spent considerable time over the last year introducing the service to local people and gathering the views of those using local services to develop a credible evidence bank.

Information is shared anonymously, and is anonymised further if necessary, creating a safe and trusted feedback mechanism.

Once collated and analysed, particular themes and trends that emerge are used to inform our forward work plan, provide intelligence both locally and regionally/nationally, and to affect improvements in service. To achieve this we report to Plymouth Hospitals NHS Trust Safety and Quality Committee and NHS England Quality Surveillance Group to name just two.

The majority of the people we speak to tell us about their experience with...

Healthwatch Plymouth, as part of its contract from Plymouth City Council, ran a grants scheme during the year aimed at funding consultation projects within communities of interest.

Some of the projects funded will see events run for carers, consultation with those suffering from eating disorders, projects to engage individuals and families affected by learning disabilities, as well as a young peoples consultation. These will be delivered by local organisations and include the LGBT community and areas of health inequality.

"My doctor listens to not only what I am saying, but also what I'm not saying."

A comment from a local service user about their doctor.

How we carry out our statutory activities

The statutory activities of local Healthwatch	Healthwatch Plymouth
Promoting and supporting the local involvement of people in the commissioning, the provision and scrutiny of local care services; **Enabling local people to monitor the standard of provision of local care services and whether and how local care services could and ought to be improved;**	Representation at NHS England Quality Surveillance Group, service provider Safety and Quality Committees and Patient Experience Committees, has allowed us to be involved in developing, and challenge where required, standards and plans for improvement. Proactive projects include a Care Home visiting project in collaboration with the Local Authority.
Obtaining the views of local people regarding their needs for, and experiences of, local care services and importantly to make these views known;	Healthwatch Plymouth has sought to gather views of local health and social care services in a variety of ways, including over 170 drop-ins at venues citywide, and various events/workshops/presentations to community groups/ organisations/clubs. Views of local people are represented at various settings across the city, including the Health & Wellbeing Board.
Making reports and recommendations about how local care services could or ought to be improved. These should be directed to commissioners and providers of care services, and people responsible for managing or scrutinising local care services and shared with Healthwatch England;	Views and experiences are periodically fed into services and commissioners through service provider meetings and contract monitoring. Specific themes and trends are identified and raised with the most relevant contact within the service, and are reported through NHS England Quality Surveillance Group, at which we have a seat. Currently, we are heavily involved in the design of a new service specification for Out of Hours GP provision, which has seen captured views feed directly into a design process, by way of committed volunteer representation at the Clinical Consensus Group.
Providing advice and information about access to local care services so choices can be made about local care services;	Healthwatch Plymouth provide a 'useful contacts' leaflet so individuals can keep contacts of main agencies to hand. It includes contact details for relevant PALS, NHS England, Healthwatch England, Care Quality Commission, Advice Plymouth and the service commissioned to deliver Health Complaints Advocacy. We have signposted 921 individuals to services (excluding signposting given to groups and attendees at meetings).

Statutory Activities

The statutory activities of local Healthwatch	Healthwatch Plymouth
Formulating views on the standard of provision and whether and how the local care services could and ought to be improved; and sharing these views with Healthwatch England; **Making recommendations to Healthwatch England to advise the Care Quality Commission to conduct special reviews or investigations, and to make recommendations to Healthwatch England to publish reports about particular issues;** **Providing Healthwatch England with the intelligence and insight it needs to enable it to perform effectively.**	Healthwatch Plymouth has made no requests to Healthwatch England to conduct a special review or investigation. We have, however, responded to calls for evidence/information, and are currently gathering evidence to feed into the Healthwatch England Special Inquiry. As detailed below, further information was supplied directly to the Care Quality Commission.

Enter and View

Healthwatch Plymouth have visited health and social care services, including secure mental health units, community hospital, specialist dementia unit and acute settings, on 17 occasions as part of projects and collaborative processes. We are yet to carry out visits using our Enter and View powers.

Care Quality Commission

Healthwatch Plymouth provided information directly to the Care Quality Commission, as part of ongoing investigations on two occasions. We received a response within the appropriate timescale.

Requests for information

No outstanding requests. All requests received a response within the appropriate timeframe.

Healthwatch Plymouth involves local people in making decisions in relation to its activity in various ways. We regularly consult at events and presentations to ask what local people would see as a priority for a service.

Healthwatch Plymouth activity is driven by the 'local voice', and may include making decisions regarding consultation, recommendation, Enter and View visits or the way in which an activity is carried out.

The previous Healthwatch Transition Group, and going forward the Healthwatch Plymouth Steering Group, have involvement in setting our goals. A copy of the decision making process is available upon request.

Annual Report 2013

Healthwatch Plymouth in action...

Patient Led Assessments of the Care Environment (PLACE)

"Good environments matter. Every NHS patient should be cared for with compassion and dignity in a clean, safe environment. Where standards fall short, they should be able to draw it to the attention of managers and hold the service to account."

NHS England

Healthwatch Plymouth has been heavily involved in PLACE assessments during the past year, helping to put local people at the heart of this comprehensive assessment process.

PLACE is designed to access how the environment supports patients' privacy and dignity, food, cleanliness and general building maintenance. PLACE, to put it simply, views a care environment through the eyes of a patient. Local people become 'assessors' and work collaboratively with 'staff assessors' from within each service. Staff assessors range from frontline care delivery and site services staff, to matrons and dieticians.

The process happens on an annual basis, but due to changes in the date for assessment, the assessments for 2014 were brought forward, and meant some environments have been visited twice in the reporting period. This gave Healthwatch Plymouth an opportunity in some cases to observe improvements from the previous assessment.

Prior to the commencement of the process in 2014, Healthwatch Plymouth delivered a training session to 17 potential 'staff assessors' at Plymouth Community Healthcare.

Healthwatch Plymouth patient assessors are fully trained and supported in their role, and over the course of the year, the Healthwatch Plymouth PLACE team spent approximately 200 hours carrying out assessments at local facilities.

The PLACE team comprised of 18 trained volunteers and 3 members of the Healthwatch Plymouth staff team.

For Healthwatch Plymouth, PLACE is much more than an annual assessment. We have worked intensively with Plymouth Hospitals NHS Trust, attending a monthly focus group, both pre and post assessment, to help plan, share good practice and reflect and evaluate once the assessment has been completed. Healthwatch Plymouth made observations and recommendations regarding meal service, privacy and dignity and the care environment during 2013 assessments. Following implementation of improvements, we visited the environment again to observe the improvements in practice.

Collaborative Care Home project

Healthwatch Plymouth is always seeking 'the unheard voice', and the collaboration with Plymouth City Council Care Home Practitioners has enabled us to seek the views of residents of nursing and residential homes across the city.

We have offered residents the opportunity to share their thoughts about the facility they live in, feeding these, confidentially, directly into Plymouth City Council's Quality Review process. In addition, we've gathered experiences from care homes themselves about the challenges they face when complex health needs require involvement from many professionals.

Initially a pilot project, running for six months, the visits have also given Healthwatch Plymouth the opportunity to build relationships with owners, managers and staff at a number of residential locations.

As we go to print, another busy quarter of gathering views from care home residents awaits us.

Health & Wellbeing Board Representation Report

I joined Plymouth Link as a volunteer just at the point of transition to the new Healthwatch. I was interested in the potential of Healthwatch to support the wellbeing of the people of Plymouth and beyond. Being a 'new boy' in an established group is always challenging but I was made very welcome by the team - who listened very politely to my ideas and even agreed with some of them...

The transition has not been easy - it is difficult to keep focused on our core purpose when working to set up new governance structures. But in the end both are important and we seem to be getting to the point where we can devote all our energies to the real business - care services in our city.

The key challenges remain. Working as the (newly appointed) Health & Wellbeing Board Representative means trying to understand the scope and detail of social and health services of all kinds. Underlying this are matters such as fairness, good housing etc. - which are also vitally important to our welfare.

This is an exciting challenge - only one of many facing us, which would be simply impossible without a team of committed staff and volunteers to pull together the range of information needed to do our job. As I see it, that job is to talk with the people of our city and to listen to their concerns and ideas about how their care is provided, and how it should develop. We also need to build partnerships of trust with those who commission and deliver care, so that we can pass on what we learn.

I am really looking forward to working as a member of the team over coming months and years to see just how much difference we can make for the good of those who matter most - the people who need and deserve the best possible care to make their lives better.

Peter Edwards

Health & Wellbeing Board (HWBB) representatives are supported with regular discussion prior to meetings, allowing the opportunity to share local and national intelligence as well as focus on both the HWBB and Healthwatch plans.

Involvement of volunteers and the general public

Volunteers and the involvement of the public in, and around Plymouth is an integral part of our work. Volunteers bring together different experiences, motivation and commitment to one common goal; improving services for the future.

Healthwatch Plymouth exists to make sure the local voice is heard, at the right time, by the right people.

This year has seen considerable time devoted to Good Practice in Volunteering, with the implementation of a set of policies and procedures designed to engage and support individuals in their Healthwatch volunteer capacity.

A volunteer information pack and tailored induction programme supports new volunteers through the first periods of involvement. An ongoing programme of informal review and buddying/mentoring will support our dedicated volunteer team into the future.

Healthwatch Plymouth volunteers have been involved at the core of the service in many ways, and will continue to be as we move into our second year.

Volunteer representation at:

- Health and Wellbeing Board
- Local Dental Network
- Plymouth Hospitals NHS Trust Safety of Quality Committee
- Plymouth Hospitals NHS Trust Patient Experience Committee
- Plymouth Hospitals NHS Trust Patient Led Assessment of the Care Environment Working Group
- NEW Devon Clinical Commissioning Group Out of Hours GP Clinical Census Group
- Plymouth Community Healthcare Service User and Care Forum
- NHS England Citizens Assembly
- NHS England Clinical Senate

In addition to the examples above, we have supported volunteers to represent the local voice at various public consultation events including 'Transforming Community Services', 'Mental Health in the Peninsula' and involvement in processes such as the Blue Badge parking facility at Derriford Hospital, and Patient Transport.

Healthwatch Plymouth has also benefitted from the time and skills of an East Cornwall based volunteer, allowing issues facing East Cornwall residents using Plymouth services to be represented.

Annual Report 2013

Volunteer feedback

My experience as a Healthwatch Plymouth volunteer

Since joining Healthwatch as a volunteer in November 2013, when I was lacking in confidence and feeling that my contribution would be of little value to Healthwatch, I have been welcomed, encouraged and supported, and now have more self confidence and the belief that my role is useful and valued.

Wendy, as the Volunteer Co-ordinator, has been a great support and is always encouraging, she has faith in my abilities when I have doubts that I can fulfil the next assignment that she has lined up for me!

I have been data inputting and doing various office admin, and have become a PLACE assessor, visiting hospitals, checking on health and safety.

These visits have been interesting, and I feel privileged to have been part of the team that go behind the scenes to ensure that health and quality standards are being maintained and are fit for purpose.

Since joining Healthwatch as a volunteer I have been given opportunities I would never have envisaged, visited new places and met lovely people. It has been a rewarding and interesting eight months, and I am proud to be a volunteer for this organisation.

Barbara Howden, Healthwatch Plymouth Volunteer

My hopes for Healthwatch

The first months of Healthwatch have been a hectic mix of training, learning and gathering information. There have been consultations and hefty documents. I have attended conferences, meetings and even public events. I have assisted with inspections of hospitals and a care home.

What has been most enjoyable? Undoubtedly, meeting people. Firstly, I have been privileged to hear members of the general public share their many and varied experiences. Secondly, I have met a wide range of dedicated people working for service providers who are enthusiastic about change, willing to respond to patient/user experiences and who stress the ideals of person-centered services.

What do I wish for in the future?

- For Healthwatch to be as well known as the Coca Cola advertisement!
- For Healthwatch Plymouth to have 50+ active volunteers and many “friends”.
- For Healthwatch to act as the eyes and ears of the public as an “alerter” and improver.
- For Healthwatch to be a watchdog both to protect the individual and to “sniff out” trends and concerns.
- For Healthwatch to overview social care services and health services as they begin working together so resources are not needlessly duplicated and treatment is consistent without “gaps”.
- For Healthwatch to encourage best practice and shared knowledge.
- For Healthwatch to use the lived expertise of ordinary people, to guide direction.
- For Healthwatch to work with services as a critical friend and maintain a watchful eye to encourage their progress towards this change.
- For Healthwatch to retain its independence.

I will be happy if I can contribute something towards this and continue networking and collaborating.

Carol Rose, Healthwatch Plymouth Volunteer

Stakeholder feedback

Plymouth Hospitals NHS Trust

Healthwatch Plymouth has continued to work closely with Plymouth Hospitals Trust to listen and act on concerns expressed by the public. The Patient Experience Manager attends regular meetings at Healthwatch Plymouth Headquarters to provide feedback on themes and trends raised through feedback to the Trust, for example, issues relating to access and waiting times for investigations and treatment.

Many people want to speak to someone about a question or concern but do not always know where to start and will sometimes prefer not to speak to the organisation direct. Healthwatch hold regular events within the Community, notably the Healthy Plymouth Open Event which included 6 stands from Plymouth Hospital NHS Trust. Through representation on the Patient Experience Committee Healthwatch Plymouth provide anonymised feedback on themes and trends which are a concern to the public. This feedback is used in conjunction with the learning from formal complaints to the Trust, Patient Advice and Liaison (PALS) enquiries, national surveys and the Friends and Family Test results and amalgamated to provide a clearer picture of any emerging hot spots as they occur.

Healthwatch Plymouth and Plymouth Hospitals NHS Trust will be involved in a range of joint projects in the year ahead.

Jayne Glynn, Patient Experience Manager, Plymouth Hospitals NHS Trust

"Dislike parking- it's dreadful, it's expensive."

A comment from a local service user about parking facilities at Derriford Hospital.

New Devon CCG

Commissioners working in the Western Locality of Northern, Eastern and Western (NEW) Devon Clinical Commissioning Group (CCG) have been working with Healthwatch from its inception. Our relationship started with their launch event and has continued from there. Our staff regularly seek out their advice and support for a range of engagement events and involvement opportunities and this has made for a positive and mutually beneficial partnership epitomised by the support Healthwatch has given working with both Health and Social Care around hearing the voices of people living in Care Homes.

The Healthwatch team of volunteers work with our providers too and help them to deliver the services commissioners need them to deliver by ensuring that the people using those services are given a voice. Without the support of Healthwatch and the positive relationship we have built together many people in Plymouth would not have had an opportunity to influence the shape of care in the city. We value that and look forward to continuing in the same vein and developing ever more opportunities for joint working.

Sally Parker, Community Relations Manager, NEW Devon CCG

Annual Report 2013

Stakeholder feedback

Plymouth Community Healthcare

Plymouth Community Healthcare (PCH) values the contribution of Healthwatch in supporting us to ensure we deliver services which place the person receiving them, and their families, at the heart of our approach to care.

Services from PCH exhibited at the Healthy Plymouth event organised by Healthwatch, in April this year and services shared it was a great success. Through the organisation and coordination of this event Healthwatch have contributed to reducing health inequalities across the city.

PCH holds quarterly PCH Service user and Carer strategic forum meetings of which Healthwatch provides representation and values their contribution to the future direction of the organisation.

Over the last few months Healthwatch have supported PCH in providing independent assessors to undertake the annual, Patient-led assessments of the care environment (PLACE).

Wendy Hill, Patient Experience Manager, Plymouth Community Healthcare

Plymouth Octopus Project

At Plymouth Octopus Project we are always seeking new ways to work with others to support the voluntary and community sector and to contribute towards improved quality of life outcomes for the citizens of Plymouth. We have joined the Healthwatch Steering Group with this in mind and look forward to making a difference together.

Susan Moores, Plymouth Octopus Project

"My local pharmacy has set up an automatic 'repeat prescription' process. I now only have to go to the pharmacy at the appropriate time to collect my prescription. I no longer have to go to the doctors surgery to get it arranged and sent to the Pharmacy."

A comment from a local service user about their Pharmacy.

Next steps

As we go to print, Healthwatch Plymouth is looking ahead to a year full of opportunity.

- The Steering Group, currently meeting in a development capacity, will begin meeting in earnest to set priorities for the coming months, based around local feedback
- The Healthwatch Plymouth Advisory Forum will commence giving local people, the community, voluntary sector and service users, a platform to share not only experiences but hopes and ideas

Income and expenditure for Healthwatch Plymouth 2013-14

Income	£
Funding from Plymouth City Council	159,955.48
Grant Income from Plymouth City Council	20,000.00
Healthy Plymouth Contributions	8,500.00
Launch Event	500.00
Total Amount for 2013/14	188,955.48

Expenditure	Spent and committed £	Total £
Direct staffing costs (including on costs- pensions, NI, staff travel, training and conferences etc.)	63,999.93	63,999.93
Direct delivery costs (Including events, volunteer expenses, website and information system development etc.)	40,403.02	40,403.02
Grant expenditure (Including grant beneficiaries, funded projects, consultation)	20,000.00	20,000.00
Office space and central services (Including utilities, room hire for activities, service charge etc., IT/ marketing/ finance/ HR/ management)	64,167.23	64,167.23
TOTAL	188,570.18	188,570.18
Underspend	385.30	

Healthwatch Plymouth
Unit 37, HQ Building
237 Union Street, Plymouth
Devon, PL1 3HQ
Tel 0800 923 0039
info@healthwatchplymouth.co.uk

Contract held by:
Colebrook (SW) Ltd.
Unit 37, HQ Building
237 Union Street, Plymouth
Devon, PL1 3HQ

Northern, Eastern and Western Devon
Clinical Commissioning Group

PLYMOUTH
CITY COUNCIL

Plymouth Better Care Fund Submission Update

Caring Plymouth 11 September 2014

Introduction

Northern, Eastern and Western Devon Clinical Commissioning Group

PLYMOUTH CITY COUNCIL

Outline
Introduction
What has changed to BCF planning?
Steps of Assessment, Improvement and Approval Process
External Support
BCF in the wider context
Metrics for Better Care Fund
Overview of Schemes
Project Timeline
Next steps and sign off

What has changed in BCF planning?

Northern, Eastern and Western Devon Clinical Commissioning Group

PLYMOUTH CITY COUNCIL

Quantified reduction in total number of emergency admissions with schemes to support these reductions

In summary, the previous £1bn Payment for Performance framework has been revised so that the proportion of the £1bn that is now linked to performance is dependent solely on an area's scale of ambition in setting a planned level of reduction in total emergency admissions (i.e. general and acute non-elective activity). The national planning assumption is that this will be in the region of a 3.5% reduction against the baseline detailed in the technical guidance. If this is achieved, it would equate to a national payment for performance pool of c.£300m. The remaining c.£700m would be available up front in 2015/16 to be invested in NHS commissioned out-of-hospital services.

There should be agreement locally with providers (both acute and out of hospital providers) on what the reduction should be and the schemes that will enable achievement of this; NB the national expectation is this should NOT be below 3.5%.

The schemes to support the reduction need to be quantified and detailed as part of the submission

Greater engagement with Acute Providers and Out of Hospital Providers

To encourage greater provider engagement, a crucial change to the revised BCF planning process is a requirement for projected non-elective activity data to be shared with local acute providers. Providers will need to submit their commentary in response to those figures to confirm the extent to which they agree with the projections, and set out that those assumptions are built into their own two year plans.

Link to System Resilience Groups (SRGs)

SRGs are the forum where all the partners across the health and social care system come together to undertake the regular planning of service delivery. The group should plan for the capacity required to ensure delivery, and oversee the coordination and integration of services to support the delivery of effective, high quality accessible services which are good value for taxpayers.

Steps of Assessment, Improvement and Approval Process

Northern, Eastern and Western Devon Clinical Commissioning Group

PLYMOUTH CITY COUNCIL

Phase 1: 25 July until plans are returned on 19 September:

During this phase, improvements and assurance of plans will be locally driven. This will be underpinned by three national checkpoints conducted by NHS England areas and Local Government teams in coordination with the national BCF programme team. The purpose of the checkpoints is to allow the central team to identify which areas need support, and crucially what they need support with, as well as allowing a national picture of readiness for BCF implementation that will develop over the **8 weeks** that areas have for resubmission.

Checkpoint 1
Temperature Check
7 August
COMPLETED

Checkpoint 2
27 August
COMPLETED

Checkpoint 3
11 Sept (prob 8 or 9 Sept)

Final Submission
Approved final Version by Health and Wellbeing Board
19 Sept

External Support

Northern, Eastern and Western Devon Clinical Commissioning Group

PLYMOUTH CITY COUNCIL

- Plymouth BCF was identified following Temperature Checkpoint on 7 August as an area that would benefit from additional external support
- This support is headed by Peter Colclough and others who can provide 4-5 days of additional support to complete the submission and provide a check for our BCF plans
- First meeting with Peter 27 August and will get some additional days management support to draw together the schemes and action plan for inclusion in the BCF plan (1-15 Sept)

Steps of Assessment, Improvement and Approval Process 2

Northern, Eastern and Western Devon Clinical Commissioning Group

PLYMOUTH CITY COUNCIL

Phase 2: 19 September – late October:

Once plans have been submitted by **19 September**, a nationally consistent review and approval process will commence. This will be delivered nationally and will report to Ministers in October.

The central BCF programme team intend to publish the methodology of this phase by 18 August but it will include an intensive 2 week desktop review of plans, focused on:

1. Overall review of narrative of plan
2. Analytical review of data, trends and targets
3. Financial review of calculations and financial projections

By **the end of October** all BCF plans will have been assessed and:
'approved',
'approved with support',
'approved with conditions', or
'not approved' against the agreed set of national conditions

Plymouth BCF

Northern, Eastern and Western Devon Clinical Commissioning Group

PLYMOUTH CITY COUNCIL

- Important to cite within wider context
- Health and Wellbeing Board Vision of Integration
- Plymouth City Council and NEW Devon CCG Integrated Health and Wellbeing Programme
- Transforming Community Services
- NHS Futures
- Primary Care Co-Commissioning

HWB Board Vision of Integration

Northern, Eastern and Western Devon Clinical Commissioning Group

PLYMOUTH CITY COUNCIL

Integrated Commissioning	• Building on co-location and existing joint commissioning arrangements the focus will be to establish a single commissioning function , the development of integrated commissioning strategies and pooling of budgets.
Integrated Health and Care Services	• Focus on developing an integrated provider function stretching across health and social care providing the right care at the right time in the right place. • An emphasis on those who would benefit most from person centred care such as intensive users of services and those who cross organisational boundaries
Integrated system of health and well being	• A focus on developing joined up population based, public health, preventative and early intervention strategies. • Based on an asset based approach focusing on increasing the capacity and assets of people and place

Integrated Health and Wellbeing Programme

Northern, Eastern and Western Devon Clinical Commissioning Group

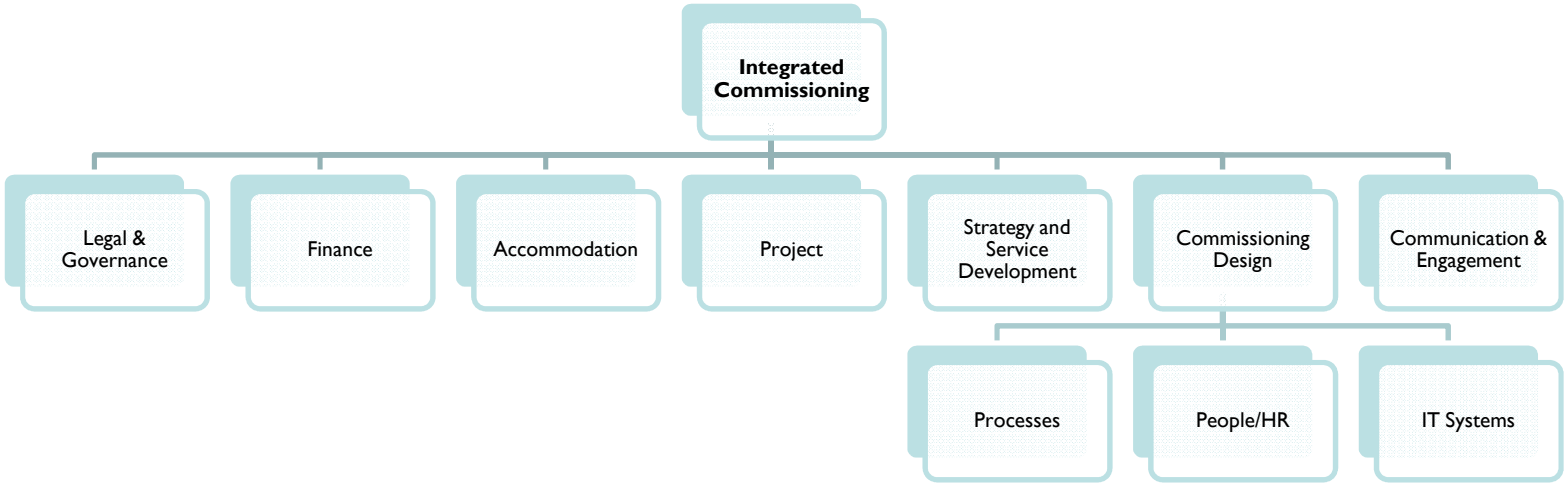
PLYMOUTH CITY COUNCIL

- **In July 2014 NEW Devon CCG and Plymouth City Council agreed to:**
  - Develop single commissioning strategies for Wellness, Community Based Care and Complex/Bed Based Care
  - Pool budgets via a Section 75 circa £450 million
  - Work collaboratively to achieve an interim Commissioning function by March 2015 and achieve a fully integrated commissioning function new entity by March 2016.
  - Develop Section 75 agreement to pool Adult Social Care and CCG budgets to facilitate the creation of a community health and social care provider
  - Work with Plymouth Community Healthcare to develop options for integrated delivery of health and social care services in April 2016

Implementing Integration (Commissioning)

Northern, Eastern and Western Devon Clinical Commissioning Group

PLYMOUTH CITY COUNCIL



Integration Timeline (Commissioning)

Northern, Eastern and Western Devon Clinical Commissioning Group

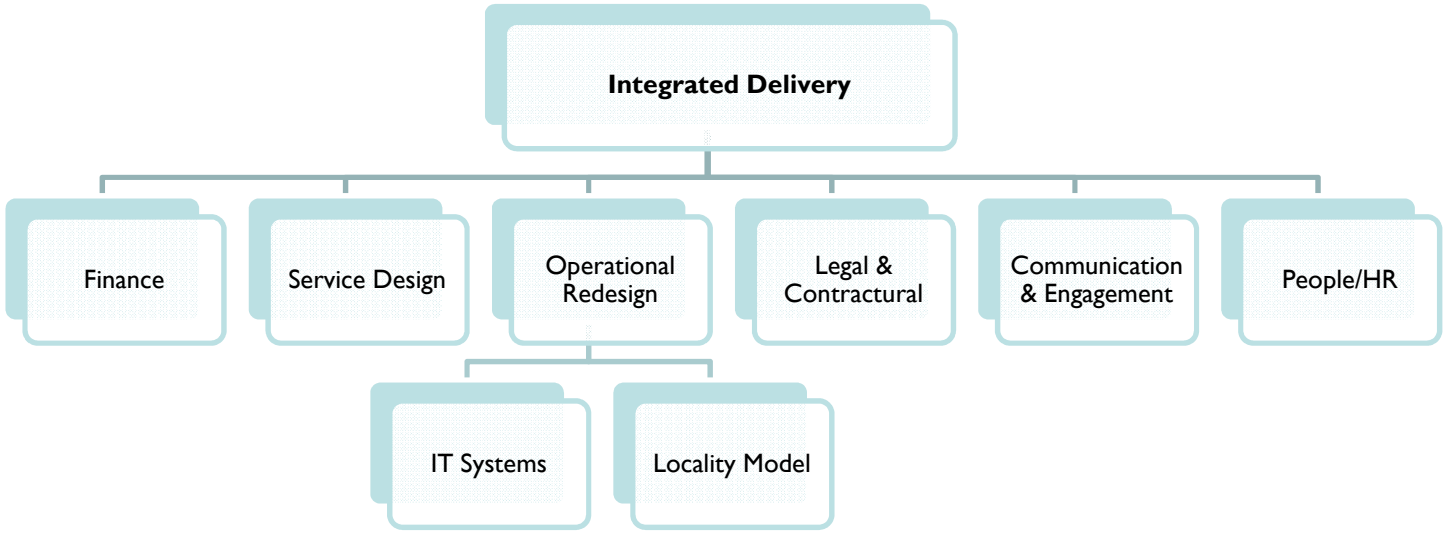
PLYMOUTH CITY COUNCIL

Activity	Timeframe
Consultation and Engagement with staff	June 2014 - Onwards
Consultation and Engagement with partners	June 2014 - Onwards
Design of competencies, skills and behaviours matrix	September-October 2014
Member and GP Governance Workshops	September 2014
Develop New Integrated Commissioning Governance Architecture	September – October 2014
Develop Section 75 agreement	September – October 2014
Section 75 to Cabinet	November
Design function and form of new Commissioning Organisation	September – October 2014
New Integrated Commissioning Function in place	March 2015
Develop of Commissioning Strategies (bed based/communities/wellness)	Now - March 2015

Implementing Integration (Delivery)

Northern, Eastern and Western Devon Clinical Commissioning Group

PLYMOUTH CITY COUNCIL



Integration Timeline (Delivery)

Northern, Eastern and Western Devon Clinical Commissioning Group

PLYMOUTH CITY COUNCIL

Activity	Timeframe
Review of access points across the Health and Social Care system to understand current demands, potential points for join up and facilitate future demand trend analysis	End of July 2014
Review of existing team configurations, locations and assessment frameworks to identify points of potential duplication and areas of efficiency for integration	End of July 2014
Arrange staff workshops to shape workstreams (such as IT, accommodation) to identify duplication, develop best practice and redesign pathways.	End of September 2014
Consultation and Engagement with staff and partners to support remodelling work	End of July 2014
Develop New Integrated delivery governance architecture	End of August 2014
Design function and form of new Organisation	End of September 2014
Plymouth City Council Cabinet and CCG Governing Body	11th November 2014
Staff consultation	Beginning of October 2014
Due diligence process	Beginning of November 2014
PCH / CCG contract update	Beginning of November 2014
New Integrated delivery structure in place	April 2015

Transforming Community Services

Northern, Eastern and Western Devon Clinical Commissioning Group

PLYMOUTH CITY COUNCIL

- **"By 2019, healthy people will be living healthy lives in healthy communities."** Services will be joined up and delivered in a flexible way.

- People tell us organisational boundaries sometimes get in the way of being provided with excellent, joined up services.

- The Western Locality consists of diverse populations living in both the inner-city and remote countryside. We have thriving market towns and populations who want to work in partnership to deliver excellent care. We believe the model of care provision, based around natural geography and patient flows will provide the greatest benefit and facilitate integration of health and social services.

Community Services Strategy

Northern, Eastern and Western Devon Clinical Commissioning Group

PLYMOUTH CITY COUNCIL

Our five-year vision for care

By 2019 the healthcare system in Devon and Plymouth will be organised around people and their needs, underpinned by quality and the patient experience. We will join up what we do and be flexible in the way we do it. Changes to models of care will be based on a strong evidence base. There will be a changing role for all types of care and more care provided in the community, as signalled in our Community Services Strategy.

- By 2019 this will mean that we have:

1. **Leveraged our partnerships to deliver better outcomes** – Linking Health and Wellbeing Board priorities to system-level change in support of what organisations and services deliver on a day-to-day basis;
2. **Personalised, integrated services** – By 2019 all services will be integrated where this makes sense. Truly holistic care and support will be the norm. We will deliver this through a mixed economy of integrated providers – some horizontally, some vertically, and increasingly through networks in primary care;
3. **General practice delivered at scale** – So that by 2019 general practice will be the cornerstone of care;
4. **More care in the community, including elective care** – With patients able to access the right care in the right place at the right time; and
5. **Safe and efficient urgent care when this is needed** – Responsive to people and able to deliver rapid access to specialists, diagnostics and follow on care.

Community Services Strategy

Northern, Eastern and Western Devon Clinical Commissioning Group

PLYMOUTH CITY COUNCIL

This strategy outlines the future direction for the commissioning of community and out of hospital services within the NEW Devon CCG geographic boundaries. Built on insights from initial co-production and more recent views on the proposed way forward, this framework sets the scene for the strategy, design and delivery of community services. The framework is split into the following four areas:

Category	Service
Preventive and personalised support	Community services designed to help people who are older, frail or otherwise have complex health needs to remain well, support them to recover and enable them to have choice and control of their own care through a new model and design of services.
Pathways for people with complex health needs	Range of community hospital and community services to support people with complex health needs such as multiple long term conditions, frailty or disability with a new co-ordinated pathway design from pro-active care through crisis responses and to ongoing care.
Urgent care in the community	Urgent minor injury and illness services to a new design that will achieve consistent, quality, resilient and networked urgent care in line with the requirements of the recent Keogh report. This new design will hear, see or treat people in the right setting.
Community specialty services	A range of uni-professional community services that support people who may be vulnerable and whose conditions or needs require more specialist input such as podiatry, bladder and bowel care, specialist nursing and others.

NHS Futures
(Challenged Health Economy)

Northern, Eastern and Western Devon Clinical Commissioning Group

PLYMOUTH CITY COUNCIL

- Led by NHS England, Monitor and Trust Development Authority
- Strategy to address the 5- year financial challenges across the Devon Health Economy
- Whole system strategy for health and social care in Plymouth and Devon
- Sets out how partners across health and social care will work together
- NHS Programme based on Urgent Care, Planned Care, Specialisms, Prevention, Mental Health, Continuing HealthCare & Management Efficiency

Primary Care Co Commissioning

Northern, Eastern and Western Devon Clinical Commissioning Group

PLYMOUTH CITY COUNCIL

- As part of the 5 Year Strategic plan NEW Devon CCG has identified the development of 'at scale' General Practice' with registered lists as the organising unit of care as one of the key developments to enable the CCG to meet its 5-year strategic priorities.

- This can be further broken down into the following areas;
  - Co-commissioning of at scale general practice creating access for patients 8-8, 7-days a week,
  - General practice becoming the central point of integrated health and social care services,
  - Development of wider primary care including core role of pharmacy.

- It is important that primary care be involved in taking forward the BCF to ensure that we can stimulate and facilitate the development of new models for the delivery of primary services e.g. BCF, Urgent care agenda, PMS reviews, Long Term Conditions agenda, PM challenge fund, enhanced services, local health needs.

Introduction to Metrics

Northern, Eastern and Western Devon Clinical Commissioning Group

PLYMOUTH CITY COUNCIL

- Needs to include trajectories for nationally defined metrics, patient experience metric and one local metric
- This report sets out the current proposed trajectories for the Plymouth BCF
- Agreement to these trajectories is required from NEW Devon CCG, Plymouth City Council, Plymouth Hospitals NHS Trust and Plymouth Community Healthcare
- Alignment between agreed trajectories and impact of individual schemes will be completed by 5th September

Plymouth BCF- Metric Setting

Northern, Eastern and Western Devon Clinical Commissioning Group

PLYMOUTH CITY COUNCIL

National metrics

- **Non-elective admissions (MAR) – link to pay for performance NEW**
- Delayed transfers of care from hospital per 100,000 population (days delayed)
- Permanent admissions of older people (aged 65 and over) to residential and nursing care homes, per 100,000
- Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement/ rehabilitation services
- Patient experience – to be confirmed

Local metrics

- Estimated diagnosis rate for people with dementia

Non-elective admissions (MAR)

Non - Elective admissions (general and acute)

Metric		Baseline (14-15 figures are CCG plans)				Pay for performance period				
		Q4 (Jan 14 - Mar 14)	Q1 (Apr 14 - Jun 14)	Q2 (Jul 14 - Sep 14)	Q3 (Oct 14 - Dec 14)	Q4 (Jan 15 - Mar 15)	Q1 (Apr 15 - Jun 15)	Q2 (Jul 15 - Sep 15)	Q3 (Oct 15 - Dec 15)	Q4 (Jan 16 - Mar 16)
Total non-elective admissions in to hospital (general & acute), all-age, per 100,000 population	*Quarterly rate*	**2,806**	**2,420**	**2,485**	**2,495**	**2,698**	**2,327**	**2,389**	**2,399**	**2,688**
	Numerator	7,306	6,301	6,469	6,497	7,050	6,080	6,242	6,269	7,050
	Denominator	260,355	260,355	260,355	260,355	261,315	261,315	261,315	261,315	262,278
						P4P annual change in admissions	*-932*			
						P4P annual change in admissions (%)	*-3.5%*			
						P4P annual saving	*£1,388,680*			
						National average cost of non-elective admission[1.]	**£1,490**			

- *Minimum improvement 3.5% (national guidance)*
- *Limited evidence to*
- *Equivalent to 932 less admissions per year from Q4 2014/15*
- *Estimated performance fund of £1,389k pa*
- *Data quality issues with the baseline (raised with AT)*

Recommendation: Aim for 3.5% reduction from Q4 2014/15. Impact to be calculated once issues of data quality have been resolved

Delayed transfers of care from hospital per 100,000 population (days delayed)

Delayed transfers of care

Metric		13-14 Baseline				14/15 plans				15-16 plans			
		Q1 (Apr 13 - Jun 13)	Q2 (Jul 13 - Sep 13)	Q3 (Oct 13 - Dec 13)	Q4 (Jan 14 - Mar 14)	Q1 (Apr 14 - Jun 14)	Q2 (Jul 14 - Sep 14)	Q3 (Oct 14 - Dec 14)	Q4 (Jan 15 - Mar 15)	Q1 (Apr 15 - Jun 15)	Q2 (Jul 15 - Sep 15)	Q3 (Oct 15 - Dec 15)	Q4 (Jan 16 - Mar 16)
Delayed transfers of care (delayed days) from hospital per 100,000 population (aged 18+).	*Quarterly rate*	1,008.8	1,109.8	1,179.1	1,572.5	956.8	908.9	861.1	845.9	845.9	845.9	845.9	843.3
	Numerator	2,097	2,307	2,451	3,287	2,000	1,900	1,800	1,775	1,775	1,775	1,775	1,775
	Denominator	207,877	207,877	207,877	209,034	209,034	209,034	209,034	209,833	209,833	209,833	209,833	210,495
							Annual change		*-2667*			*Annual change*	*-375*
							Annual change (%)		*-26.3%*			*Annual change (%)*	*-5.0%*
							Annual saving		*£733,000*			*Annual saving*	*£103,000*

- *Plymouth reporting an increase in delays in April - June 2014*
- *Across both acute and community (large increase in community)*
- *Improvement equivalent to 589 less days delayed in Q4 2014/15 (6.5 beds) compared to Q4 2013/14*

Recommendation: Aim for target equivalent to national average by Q4 2014/15 (26.3% improvement)

Permanent admissions of older people (aged 65+) to residential and nursing care homes, per 100,000

Residential admissions

Metric		Baseline (2013/14)	Planned 14/15	Planned 15/16
Permanent admissions of older people (aged 65 and over) to residential and nursing care homes, per 100,000 population	*Annual rate*	**664.7**	**638.8**	**628.1**
	Numerator	290	290	290
	Denominator	43,475	45,400	46,174
	Annual change		*0*	*0*
	Annual change (%)		*0.0%*	*0.0%*
	Estimated savings		*£0*	*£0*
Average annual cost of permanent admission to residential care[1]				£25,950

- *Previous BCF target to maintain number of admissions against a backdrop of increasing demand*
- *Equivalent to 3.9% or 12 less admissions in 2014/15*

Recommendation: No growth in actual admissions from 2013/14 baseline which is a improvement in the rate by 3.9%

Proportion of older people (65+) who were still at home 91 days after discharge from hospital into reablement/ rehabilitation services

Reablement

Metric		Baseline (2013/14)	Planned 14/15	Planned 15/16
Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement / rehabilitation services	*Annual %*	**80.8**	**89.9**	**89.9**
	Numerator	300	337	337
	Denominator	370	375	375
		Annual change	*37*	*0*
		Annual change (%)	*12.3%*	*0.0%*

- *Plymouth has reported a significant drop in performance in 2013/14 due to reporting changes*
- *Previous BCF plan to return to 2012/13 level in 2014/15*
- *Equivalent to 37 more people successfully re-abled in Q3 2014/15*
- *Direct link to hospital readmissions / care home admissions*

Recommendation: Improve reablement rate to 89.9% for 2014/15

Estimated diagnosis rate for people with dementia (local metric)

Metric		Baseline	Planned 14/15 (if available)	Planned 15/16
		2012/13		
Dementia diagnosis rate	Metric Value	47.8	54.5	67.0
	Numerator	1,636	1,866	2,293
	Denominator	3,421	3,421	3,421

- *Planned performance is below the national target but planned to get there by March 2016*
- *Increase in dementia patients diagnosed of 230 by March 2015*

Recommendation: Retain local metric as per original BCF submission. Improve dementia diagnosis rate to 54.5% by March 2015 with further increase to national target of 67% by March 2016

Summary of benefits

NHS
Northern, Eastern and Western Devon Clinical Commissioning Group

PLYMOUTH CITY COUNCIL

Metric	Benefit
Non-elective admissions	-932 admissions pa from Q4 2014/15 £1,389k performance fund
Delayed transfers of care from hospital per 100,000 population (days delayed)	589 less days delayed in Q4 2014/15
Permanent admissions of older people (aged 65+) to residential and nursing care homes, per 100,000	No change in number of care home admissions but 3.9% improvement in the rate or 12 less admissions
Proportion of older people (65+) who were still at home 91 days after discharge from hospital into reablement/ rehabilitation services	37 more people successfully re-abled in Q3 2014/15
Estimated diagnosis rate for people with dementia (local metric)	230 more patients diagnosed with dementia by March 2015

Overview of Plymouth BCF Schemes

Northern, Eastern and Western Devon Clinical Commissioning Group

PLYMOUTH CITY COUNCIL

Plymouth BCF in 2014/15 = £19million

Predicated admission avoidance reduction avoidance trajectory of 3.5% is linked to work streams related to differing parts of the urgent care pathway:

Prevention and Maintenance	supporting people to live healthy lives in healthy communities (e.g. admission and discharge pathway mapping and case finding by risk stratification)
When Crises Occur	providing the best support whenever possible (e.g. Front Door at ED, Integrated front door for community – single point of access and Rapid Response)
Expediting Discharge	enabling people to return home as soon as possible (e.g. CCT, Community Equipment Service and Red Cross)
Enhancing community services	to their full potential (e.g. PCH/ASC Integration and End of Life Care)

Next Steps and Proposed Sign off

Northern, Eastern and Western Devon Clinical Commissioning Group

PLYMOUTH CITY COUNCIL

Meeting	Purpose/Activity	Date
Plymouth Health and Wellbeing Board	Receive most up to date draft BCF plan and presentation of key risk and issues and seek Chair delegated authority to approve by 19 September 2014 Need presentation with key issues for H&WB to be aware of (particularly their role in furthering)	4 September 2014
BCF Leads from PCC and NEW Devon CCG	Finalise the paper for circulation and comments	w/b 1 & 8 Sept 2014
Joint Commissioning Partnership (JCP)	Receive final draft of BCF plan and make any last amendments to then be sent for approval and sign off **HWB Members to attend JCP?**	12 September 2014

BCF Temperature check template

Area Team Name	Devon, Cornwall and Isles of Scill	Name of area being assessed	Plymouth	Date	06-Aug-14

Assessment questions	Assessment answer *Select from the drop-down menu*	Any other comments *Free text*

NATIONAL BCF CONDITIONS

Are you confident the your BCF plan will be able to meet the following six national conditions?

Condition	How confident are you that the condition will be met?	Comments
Seven day health and care services: to ensure that people can access the care they need when they need it	Moderate confidence	*Some 7DS are already in place and further scaling up and testing is planned during Winter 2014/15 to*
Data sharing, including the use of digital care plans and NHS number so people don't endlessly repeat their story and professionals spend less time filling out paperwork	Moderate confidence	*Coverage of NHS number is reasonably good in social care. Improved joint working around the Care Coordination Team has ensured improvements in data sharing*
Joint assessments so that services can work together to assess and meet people's holistic needs	Moderate confidence	*Some joint assessments already in place with scaling up by April 2015 when full integration of health and social care is planned*
An accountable professional who can join up services around individuals and prevent them from falling through gaps	Moderate confidence	*See above - part of planned integration of health and social care*
Protecting social care to ensure that people can still access the services they need	Moderate confidence	*Increasing financial pressure in NEW Devon CCG and Plymouth City Council reduction in funding will increase the risk across the whole health and social care system*
Agreed impact on acute care sector to prevent people reaching crisis point and reducing the pressures on A&E	Low confidence	*In Q1 2014/15 NEW Devon CCG has seen an increase of 10% in ED attendances and a 5% increase in emergency admissions which is potentially associated to changes of patient accessing Urgent Care (using A&E rather than OOH following introduction of NHS 111) There are mitigating actions which we hope will reverse this trend to the planned activity upon which the baseline for Emergency Admission reduction would be based.*

PART 1: PROCESS		
THE ASK: Is the ask on local areas completely clear?	Yes	*We understand the process and have put in some local resource already to help coordinate the completion of the templates and coordinate the process as NEW Devon is very complex due its large size, 2 H&WB, and multiple providers. The learning from the Financially Challlenged Economy work has been the requirement to have additional resource to coordinate and draw together the various partners to ensure consistency*
GUIDANCE: Do you fully understand the guidance?	No	*Further clarification required on the baseline for emergency admissions (also around what does total emergency a0dmissions) is required particularly around whether the baseline could be revised in response to any dramatic actual change in activity as seen above in line 24*
PART 2: STRUCTURAL ENABLERS		
PARTNERSHIP WORKING: What level of support would the area need in order to unite CCGs and Local Authority colleagues around a shared vision?	Would benefit from central information to help understand what good looks like and suggest areas for potential improvement	*We have good relationships across the CCG and Local Authority around shared vision and have put in some local resource already to help coordinate the completion of the templates and coordinate the process as NEW Devon is very complex due its large size, 2 H&WB, Multiple providers. The learning from the Financially Challlenged Economy work has been the requirement to have additional resource to coordinate and draw together the various partners to ensure consistency of approach*
SYSTEM-WIDE APPROACH: What level of support would the area need to engage the local health economy, patients, service users and the public and bring them together in support of this vision?	Would benefit from some coordination support locally to run events / reiterate / communicate the vision	*The complexity of the system with 4 NHS Trusts and FTs as well as many out of hospital providers requires coordination and we have already put in some local management resource since the guidance came out to help coordinate and support the HWB and CCG in this process*
GOVERNANCE: What level of support would the area need to embed effective governance mechanisms that facilitate joint working	Would benefit from central information to help understand what good looks like and suggest areas for potential improvement	*Governance models have been produced and agreed but external scrutiny and guidance on these will be valuable*

PROVIDER PLAN ALIGNMENT: What level of support is needed to ensure provider 5 year plans are reflective BCF plans	Would benefit from dedicated support in understanding and applying risk sharing mechanisms with the provider landscape	*As previously mentioned there are 4 Acute Providers with 4 System resilience plans and this adds a level of complexity in producing an aggregate NEW Devon wide plan which required dedicated support and coordination*
PART 3: TECHNICAL CAPABILITIES		
DATA AND ANALYTICS: What level of support would the area need to provide the requisite level of data interpretation and analysis?	Would benefit from guidance and an expert point of contact to support improved data understanding and analysis	*Need clarity on the potential impact of each of the schemes that will contribute to the reduction in emergency admissions and to assess what is a realistic level of improvement that can be achieved.*
EVIDENCE-BASED PLANNING: What level of support would the	Would benefit from guidance and an expert point of contact	*Understanding of best practice schemes that have been*
FINANCIAL PLANNING: What level of support would the area need in order to develop sufficiently robust financial plans that correctly describe the impact of activity changes, and the investments required?	Would need a relatively focused training session and some follow-up sessions to help address local financial analysis needs	*We have good relationships across the CCG with the Local Authority around shared vision and are working towards integration with PCC which adds additional complexity into the system. The learning from the Financially Challlenged Economy work will also impact on the ability to develop sufficiently robust financial plans, an the timelines might not run in parallel.*
BENEFITS MANAGEMENT: What level of support would the area need to effectively map the benefits of their BCF strategy to ensure a coherent programme the delivers at the scheme level and in aggregate?	Cannot complete the task without a dedicated benefits mapping project being run with external help / resource	*NEW Devon has already recongised the need for this dedicated resource and has already put management support in place - this requires resourcing*
OTHER AREAS FOR DEVELOPMENT: Are there any other areas where further development or support is needed?	*Please add any comments here*	

This page is intentionally left blank

BCF Checkpoint 2 template

Area Team Name	Devon, Cornwall and Isles of Scil	Name of area being assessed	Plymouth	Date	21/08/2014

Assessment questions	Assessment answer *Select from the drop-down menu*	Any other comments *Free text*
NATIONAL BCF CONDITIONS Are you confident the your BCF plan will be able to meet the following six national conditions?		
Overall assessment	**Level of confidence**	**Comments**
Are you more or less confident that you will have a plan in place to meet the 6 national conditions?	More confident	*The BCF plan will form part of our wider integration programme which is already well developed*
Individual Conditions assessment	**How confident are you that the condition will be met?**	**Comments**
Seven day health and care services: to ensure that people can access the care they need when they need it	Moderate confidence	*Some 7DS are already in place and further scaling up and testing is planned during Winter 2014/15*
Data sharing, including the use of digital care plans and NHS number so people don't endlessly repeat their story and professionals spend less time filling out paperwork	High confidence	*As part of plan to integrated Health and social care there will be one record one system*
Joint assessments so that services can work together to assess and meet people's holistic needs	High confidence	*Some joint assessments already in place with scaling up by April 2015 when full integration of health and social care is planned*
An accountable professional who can join up services around individuals and prevent them from falling through gaps	Moderate confidence	*See above - part of planned integration of health and social care*
Protecting social care to ensure that people can still access the services they need	High confidence	
Agreed impact on acute care sector to prevent people reaching crisis point and reducing the pressures on A&E	Low confidence	*In Q1 2014/15 NEW Devon CCG has seen an increase of 10% in ED attendances and a 5% increase in emergency admissions which is potentially associated to changes of patient accessing Urgent Care (using A&E rather than OOH following introduction of NHS 111) There are mitigating actions which we hope will reverse this trend to the planned activity upon which the baseline for Emergency Admission reduction would be based. Plymouth BCF will receive external support and have agreed it will scrutinise Q4 2013/14 activity levels which artificially increase the activity for Plymouth*
CONFIDENCE IN PREPARING FOR RESUBMISSION		
Have you put in place appropriate arrangements locally to ensure sign off of your plan before submission?	Yes	*H&WB 4 September and seeking delegated authority for Chair to sign off BCF and going to PCC Cabinet and CCG GB. Also using SRG and external support to seek provider buy in*
Is there agreement locally about what support is required and how this will be provided before resubmission?	Yes	*We will be receiving national external support and are agreeing the best use of this - focused on clarification of baseline See K28 and discussions with providers around 3.5% reduction*
Have you already agreed a local target amongst partners for reducing non-elective activity?	No	*Plans are in place to meet with key partners with detailed schemes of BCF to agree the target for reducing non-elective activity w/b 25/8/14 and 1/9/14 via SRG and a recognition this will be in region of 3.5% - will be using external support to work with CCG and LA authority commissioners to improve the level of acute trust*
If you have already agreed a local target amongst partners for reducing non-elective activity, please state your planned target reduction? (We understand this might change between now and plan submission in September).		*See Above*
PROGRESS IN BUILDING THE ENABLING CAPABILITIES FOR SUBMISSION		

PARTNERSHIP WORKING: Do you have the appropriate level of support / capability to unite CCGs and Local Authority colleagues around a shared vision?	All support / capability identified and in place - no shortfall	*Please add any comments here*
SYSTEM-WIDE APPROACH: Do you have the appropriate level of support / capability to engage the local health economy, patients, service users and the public and bring them together in support of this vision?	All support / capability identified and in place - no shortfall	*Please add any comments here*
GOVERNANCE: Do you have the appropriate level of support / capability to embed effective governance mechanisms that facilitate joint working	All support / capability identified and in place - no shortfall	*Please add any comments here*
PROVIDER PLAN ALIGNMENT: Do you have the appropriate level of support / capability to ensure provider 5 year plans are reflective of BCF plans	All support / capability identified and in place - no shortfall	*Please add any comments here*
PROGRESS IN BUILDING THE TECHNICAL CAPABILITIES FOR SUBMISSION		
DATA AND ANALYTICS: Do you have the appropriate level of support / capability to provide the requisite level of data interpretation and analysis?	All support / capability identified and in place - no shortfall	*Please add any comments here*
EVIDENCE-BASED PLANNING: Do you have the appropriate level of support / capability to be capable of conducting full options appraisal and evidence-based assessments of schemes / approaches?	All support / capability identified and in place - no shortfall	*Receiving bespoke support and internally have support/capa*
FINANCIAL PLANNING: Do you have the appropriate level of support / capability to develop sufficiently robust financial plans that correctly describe the impact of activity changes, and the investments required?	All support / capability identified and in place - no shortfall	*Please add any comments here*
BENEFITS MANAGEMENT: Do you have the appropriate level of support / capability to effectively map the benefits of their BCF strategy to ensure a coherent programme the delivers at the scheme level and in aggregate?	All support / capability identified and in place - no shortfall	*Please add any comments here*
OTHER COMMENTS: Are there any other points you would like to	*Please add any comments here*	

CARING PLYMOUTH

Tracking Resolutions and Recommendations
2014 - 2015

Date, agenda item and Minute number	Resolution	Target date, Officer responsible and Progress	
Minute 36 30 January 2014 Better Care Fund	The panel noted the Better Care Fund briefing and <u>agreed</u> that progress on the Better Care Fund provision be reviewed by the panel when more information is available.	Date	11 September 2014
		Officer	Craig McArdle, Head of Joint Commissioning
		Progress	Draft submission went to the Health and Wellbeing Board on 13.02.14. Final submission to be signed off by Health and Wellbeing Board on 27.03.14. The panel will receive an update on 11 September 2014.
6 March 2014 Minute 44 – Safeguarding Adults Board	<u>Agreed</u> that – 1. the Safeguarding Business Plan and Annual Report to be brought back to a future meeting for review. 2. the panel be provided with a clearer understanding and awareness around safeguarding interventions and responsibilities to include – • Engagement with Care Homes; • Risk around personalised budgets; • The range of issues that cause safeguarding alerts. 3. a review of places of safety and use of Section 136 to be brought back to the panel for consideration. 4. a report on the risk associated with integration and the delegation of responsibilities to ensure the council retains control over safeguarding.	Date	TBC
		Officer	Jane Elliot Toncic – Safeguarding Adults Manager
		Progress	Democratic Support Officer to chase response. Place of Safety to be added to the work programme for further consideration by the panel.

Date, agenda item and Minute number	Resolution	Target date, Officer responsible and Progress	
6 March 2014 Minute 45 – Public Health Outcomes Framework	Agreed that – 1. As part of the induction pack into Child's Health, preparation of briefs for the worst child health performance indicators including current resourcing, activities, barriers and opportunities • Breastfeeding • Under 18 Conceptions • Excess weight • Unintentional injuries • Vaccinations (MMR and HPV) • Smoking in pregnancy • 2. Quality of air to be brought back to a future meeting – Prior to the Energy from Waste Plant commencing operation that Public Health via Plymouth City Council's Environmental Protection Team or the appropriate agency, commissions baseline air quality testing at various points in the city to monitor future effects on air quality.	Date	-
		Officer	Julie Frier
		Progress	1. To form part of the induction pack for Caring Plymouth panel members. 2. This resolution was discussed by Cabinet members and a discussion took place on the costs. Further information to follow when available.
6 March 2014 Minute 47 - Recommendations from Budget Scrutiny	Agreed that an action plan addressing the revised approach to health inequalities across the city is brought to the Caring Scrutiny panel within six months by the incoming Director of Public Health.	Date	11 December 2014
		Officer	Kelechi Nnoaham
		Progress	A report to be provided to the panel in December.

Date, agenda item and Minute number	Resolution	Target date, Officer responsible and Progress	
6 March 2014 Minute 48 - Tracking Resolutions	Agreed that – 1. The Better Care Fund plan to be brought back to a future meeting. Specific areas the panel would like to review in more detail, such as the 7 day working will be shared at a later date, once the plan has been published. 2. the Chair of the Caring Plymouth panel to send a letter in support of the Leader to the Secretary of State regarding Plymouth's Public Health Settlement and its subsequent impact on the BCF.	Date	11 September 2014
		Officer	Craig McArdle
		Progress	1. See minute 36 above, DSO to chase. 2. Outstanding – Lead Officer to pick up with the Chair. The panel will receive an update on 11 September 2014.
7 August 2014 Minute 15 – Commissioning Strategy for Maternity Services 2014 – 19 (Draft)	Agreed that – 1. Caring Plymouth note the draft Commissioning Strategy for Maternity Services 2014-2019; 2. NEW Devon CCG consider the inclusion of information as out forward by the Caring Plymouth panel within the strategy; 3. a sub-regional scrutiny with Devon, Cornwall and Torbay is formed to assist in the development of the strategy.	Date	TBC
		Officer	Gwen Pearson
		Progress	PID to be produced and DSO to set up meeting with DSOs in Cornwall, Devon and Torbay to discuss further.
7 August 2014 Minute 16 - NHS 111 Assurance Report/Urgent Care	Agreed that - 1. Caring Plymouth note the assurance report. 2. NEW Devon share the outcomes from the summit meeting with Caring Plymouth. 3. Caring Plymouth panel take up the offer to visit SWAST Headquarters in Exeter.	Date	-
		Officer	Sharon Matson
		Progress	DSO to chase meeting outcomes and share with the panel.

Date, agenda item and Minute number	Resolution	Target date, Officer responsible and Progress	
7 August 2014 Minute 17 – Devon Doctors Out of Hours	Agreed that – 1. the updated presentation to be circulated to the panel. 2. Caring Plymouth to further scrutinise Devon Doctors Out of Hours in 6 months' time.	Date	5 March 2015
		Officer	Nicola Jones
		Progress	DSO to obtain a copy of the updated presentation and circulated to panel members. Add further update to the work programme.
7 August 2014 Minute 18 - Carers Strategy	Agreed that – 1. The Caring Panel commends the Plymouth Carers Strategy 2014-18 to Cabinet. 2. The Caring Panel congratulates commissioners and carers on the development of the strategy and associated action plans. 3. Progress against the action plan to be presented to the panel in March 2015. 4. The Caring Panel recommends to the Co-operative Scrutiny Board that the Ambitious Plymouth Panel revisit the recommendations from the Young Carers review held in 2011. 5. Officers from Plymouth City Council and the Clinical Commissioning Group to identify and help own staff who are carers	Date	-
		Officer	Katy Shorten
		Progress	
7 August 2014 Minute 19 – Dementia Strategy	Agreed that – 1. Caring Plymouth commend the Dementia Strategy and Action Plan to Cabinet. 2. Officers monitor the action plan and present the outcomes to Caring Plymouth in March 2015.	Date	5 March 2015
		Officer	Katy Shorten
		Progress	Further update to be provided to the panel in March.

Recommendations sent to the Cooperative Scrutiny Board.

Date, agenda item and minute number	Caring Plymouth Recommendation	Corporate Scrutiny Board Response	Date responded
19 June 2014 Minute 7 - Community Services for the 21st Century	Agreed that – 1. the panel send comments to the Lead Officer on the strategy so that a response to the draft strategy is prepared and the for the panel to look at on 2 July 2014 prior to submission to NEW Devon CCG on 8 July 2014; 2. NEW Devon CCG to bring back the draft locality plan for health and wellbeing hubs to include the service model and procurement process to select community providers (once developed but before it is undertaken). Timescale to be confirmed; 4. provide further information about the adequacy of personalised budgets and regularity of reviews/assessments.	Agreed by the Co-operative Scrutiny Board.	25 June 2014
19 June 2014 Minute 9 - Work Programme	The panel noted the work programme and agreed that the following to be added to the work programme - • Maternity Services review jointly with Devon and Cornwall; • CAMHS pathway to services; • Transformation – additional meeting in November 2014 – what's coming – pre-decision? • Healthwatch Contract; • Imaging at Derriford Hospital – delays.	The work programme was agreed by the Co-operative Scrutiny Board. The board also wanted the following to be included in the work programme - Implementing the Care Act 2014 Project Brief	25 June 2014

Date, agenda item and minute number	Caring Plymouth Recommendation	Corporate Scrutiny Board Response	Date responded
		The Board further agreed that the Caring Panel undertakes joint scrutiny of Maternity Services with Devon and Cornwall.	25 June 2014
		The Board further agreed the co-operative review into the Fairer Charing Policy and the Integrated Health and Wellbeing Transformation Programme submitted by the Caring Plymouth Panel.	25 June 2014

Recommendation/Resolution status

Grey = Completed item.

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

CARING PLYMOUTH

DRAFT - Work Programme 2014 - 2015

Please note that the work programme is a 'live' document and subject to change at short notice. The information in this work programme is intended to be of strategic relevance and is subject to approval at the Cooperative Scrutiny Board.

For general enquiries relating to the Council's Scrutiny function, including this committee's work programme, please contact Amelia Boulter, Democratic Support Officer, on 01752 304570.

Date of meeting	Agenda item	Purpose of the agenda item	Reason for consideration	Responsible Officer
19.06.14	Cabinet Member for Public Health and Adult Social Care and Strategic Director for Place	The panel to be provided with an overview of the priorities for the next 12 months	Items for inclusion on the work programme	Carole Burgoyne
	Transformation	The panel to look at the Integrated Health and Wellbeing Transformation programme.		Craig Williams
	Work Programme	The panel to put forward items to be included on the work programme.		Candice Sainsbury
June/ July	Fairer Charging	To undertake a Scrutiny Review of Fairer Charging.	Key decision	David Simpkins
07.08.14	Carers Strategy			Katy Shorten
	Dementia Strategy			Katy Shorten
	NHS 111, Urgent Care and Out of Hours Doctor			Sharon Matson/ Nicola Jones
	Commissioning Strategy for Maternity Services			Gwen Pearson
11.09.14	Healthwatch	Presentation/overview of first 12 months		Karen Morse /Claire Anderson
	Better Care Fund and Transforming Community Services	Update		Craig Williams/ Craig McArdle/ Nicola Jones

Date of meeting	Agenda item	Purpose of the agenda item	Reason for consideration	Responsible Officer
11.12.14	Public Health Outcomes Framework			Rob Nelder
	Action plan addressing the revised approach to health inequalities across the city			Kelechi Nnoaham
	Alcohol Strategy			Kelechi Nnoaham
	CAMHS	Update		Plymouth Community Healthcare
29.01.15	Care Act	Impact on services		Dave Simpkins/ Craig McArdle
05.03.15	Commissioning Strategy for Children and Young People			Liz Cahill / Craig McArdle
	Devon Doctors Out of Hours	Progress Update		Nicola Jones
	Dementia	To present action plan outcomes.		Katy Shorten

Scrutiny Review Proposals	Description
Health Accountability Forum	The forum is an opportunity for Plymouth Hospitals NHS Trust (PHNT) to answer any questions on any concerns and issues raised by members of the public and members of the Caring Plymouth Panel. The forum may lead to more specific items to be explored further in a Co-operative Review.
Maternity Services	PID to be produced.