Public Document Pack

Democratic Support and Member Support
Chief Executive's Department
Plymouth City Council
Ballard House
Plymouth PL1 3BJ

Please ask for Amelia Boulter, Democratic Support Officer
T 01752 304570
E amelia.boulter@plymouth.gov.uk
www.plymouth.gov.uk/democracy
Published 25 August 2015

#caringplymouth

CARING PLYMOUTH

Thursday 3 September 2015
2.00 pm
Plymouth Community Healthcare
200 Mount Gould Road, Plymouth, PL4 7PY

Members:
Councillor Mrs Bowyer, Chair

Councillor Mrs Aspinall, Vice Chair

Councillors Mrs Bridgeman, Sam Davey, Mrs Foster, Fox, James, Mrs Nicholson, Parker-Delaz-Ajete, Dr. Salter and Stevens.

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

For further information on attending Council meetings and how to engage in the democratic process please follow this link - http://www.plymouth.gov.uk/accesstomeetings

Tracey Lee
Chief Executive

CARING PLYMOUTH

PART I (PUBLIC COMMITTEE)

1. APOLOGIES

To receive apologies for non-attendance by panel members.

2. DECLARATIONS OF BUSINESS

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

3. CHAIR'S URGENT BUSINESS

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

4. MINUTES (Pages 1 - 6)

To confirm the minutes of the last meeting held on the 2 July 2015.

5. CAMHS (Pages 7 - 14)

The Panel will be provided with an update on CAMHS.

6. DELAYED TRANSFER OF CARE (Pages 15 - 32)

The Panel to receive a report on Delayed Transfer of Care.

7. INTEGRATED HEALTH AND SOCIAL CARE (Pages 33 - 44)

The Panel to receive a review of the first 6 months.

8. INTEGRATED COMMISSIONING STRATEGIES (Pages 45 - 78)

The Panel to receive a presentation and feed into the consultation.

9. TRACKING RESOLUTIONS (Pages 79 - 84)

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

10. WORK PROGRAMME (Pages 85 - 86)

The Panel to discuss and agree future items for the Caring Plymouth Work Programme.

11. 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 2 July 2015

PRESENT:

Councillor Mrs Bowyer, in the Chair.
Councillor Mrs Aspinall, Vice Chair.
Councillors Mrs Bridgeman, Downie (for Councillor Mrs Foster), Fox, Jarvis (for Councillor Sam Davey), Dr.Salter, Stevens and Kate Taylor (for Councillor Parker-Delaz-Ajete).

Apologies for absence: Councillors Sam Davey, Mrs Foster, Mrs Nicholson and Parker-Delaz-Ajete.

Also in attendance: Kevin Baber and Lee Budge – Plymouth Hospital NHS Trust, Kelechi Nnoaham – Director for Public Health, Jerry Clough – NEW Devon CCG, Ross Jago – Lead Officer and Amelia Boulter – Democratic Support Officer.

The meeting started at 10.00 am and finished at 12.10 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.

1. DECLARATIONS OF INTEREST

The following declarations of interest were made in accordance with the code of conduct –

Name	Minute Number	Reason	Interest
Councillor James	Minute 5 – Plymouth Hospital NHS Trust Performance Report (for the period April 2015)	Daughter has a medical incident.	Personal
Councillor Dr Salter	Minute 5 – Plymouth Hospital NHS Trust Performance Report (for the period April 2015)	Governor of an advisory panel at Derriford Hospital.	Personal

2. CHAIR'S URGENT BUSINESS

There were no items of Chair's Urgent Business.

3. MINUTES

Agreed that the minutes of the meeting of 5 March 2015 were confirmed.

4. CARING PLYMOUTH TERMS OF REFERENCE

The Panel noted the Caring Terms of Reference. Ross Jago, Lead Officer highlighted the importance of new Panel members having an understanding of the Francis Report. A summary of the Francis Report to be circulated to the Panel and if required a session would be organised for the Panel to attend.

Agreed that a summary of the Francis Report is circulated to Panel members.

5. PLYMOUTH HOSPITALS NHS TRUST PERFORMANCE REPORT (FOR THE PERIOD APRIL 2015)

The Chair welcomed Kevin Baber, Chief Operating Officer and Lee Budge, Director of Corporate Business from Plymouth Hospitals NHS Trust. The Chair highlighted to the Panel that the Plymouth Hospitals NHS Trust Performance Report (for the period April 2015) has been in the public domain since May 2015 and was also presented at the Trust Board meeting on 29 May 2015.

A discussion took place around staff retention and it was reported that –

(a) the hospital were on black alert over the winter period which put immense pressure on staff. The hospital have undertaken measures to support staff by talking and listening to ideas to help improve the working environment;

(b) there was a national shortage of nurses and to address this in Plymouth, the hospital have visited other counties and will shortly be sending a team to the Philippines as part of a recruitment campaign. Immigration rules would affect recruitment of staff from overseas;

(c) the hospital were at the forefront with regard to apprenticeships and were also undertaking a piece of work supporting people with learning disabilities to help them gain employment;

(d) agency staff were used to backfill posts and if agency staff were not performing this would be managed. It was not uncommon for specialist permanent staff to become agency staff because they can command a higher salary;

(e) exit interviews were held when staff left and the main reasons for leaving were career progression, early retirement and lifestyle choices. Information from exit interviews were reported to the Human Resources Committee;

(f) the hospital were addressing the number of doctors providing healthcare for the elderly. Over the years Plymouth had not invested in this area and have recognised this and made funding available. It was reported that they were unable to recruit and were having discussion with the Royal College of Physicians.

In response to other questions raised, it was reported that –

(g) historically there had been issues with waiting times. It was highlighted that there were too many people on the waiting list and were looking to address this by treating people earlier in the pathway;

(h) CT scanner provision was being addressed alongside recruitment, with some success. Staff have also worked weekends to address the backlog but still not entirely resilient;

(i) a large number of people were presenting at A & E in the early part of this financial year and with the introduction of NHS 111 impacting on the front door of the hospital. This was put down to being a difficult winter and the ageing population;

(j) the hospital were not at present collecting data on the number of people presenting at A & E because they were unable to see a GP. It was reported that 15% of people that attend A & E don't need to;

(k) the major trauma centre has a specific budget but operationally from time to time would impact on targets because those patients had to be treated ;

(l) vulnerable patients and patients with dementia were identifiable and the policy was not to move them between wards overnight, however there would be some occasions when patients are moved and this was regrettable;

(m) the mortality rate was rising and the panel were advised that this indicator was best looked at over a period of time. This has been raised as a concern and to understand what this means have looked at other hospitals and the Plymouth profile is replicated both locally and nationally. They introduced 6 months ago a Mortality Review Group to look at all deaths and at present were reviewing 80% of deaths to ascertain whether the death could have been prevented.

Agreed that -

1. to continue to monitor mortality rates, diagnostic services and referral to treatment times to provide assurance to the panel that progress is being made against these key indicators and that recovery plans are improving performance;

2. that a report on the new immigration rules for lower-earning non-EU workers to be provided to the panel as soon as impact on the trust is assessed;

3. that a joint performance review involving commissioners and lead providers from Health and Social Care should take place at the next meeting. Decisions on format and key performance indicators delegated to the lead officer in consultation with Chair and Vice Chair.

6. SUCCESS REGIME

Jerry Clough, NEW Devon CCG and Kelechi Nnoaham, Director for Public Health attended the meeting for this item. NHS England were invited and have sent their apologies.

NHS England Chief Executive Simon Stevens announced that Devon would be one of three areas in England where local health and care organisations work together to make improvements for patients as part of the new Success Regime. Jerry reported the CCG is a participant organisation sitting alongside colleagues at the acute trusts and Devon was an area of long standing financial and operational challenges which remain despite support.

In response to questions raised, it was reported that the funding for the Success Regime would come from NHS England and a Programme Director would be appointed to oversee this until the problem was resolved. This type of intervention would provide support and come into this in strong position.

Agreed that -

1. The Chair and Vice chair will write to NHS England and the Secretary of State for health expressing disappointment at NHS England's failure to appear at the panel in response to significant changes in the health care system as statutorily required;

2. The panel, whilst welcoming the additional support to the Devon health and social care system, remains concerned the regime will be overseen by regional directors of National Bodies involving partner organisations "as required". With specific interventions, support and day-to-day oversight of the regime sitting at regional level the panel is alarmed at prospect of a further top down intervention into the healthcare system.

7. TRACKING RESOLUTIONS

The Panel noted the progress made with tracking resolutions.

8. WORK PROGRAMME

The Panel noted the Work Programme. It was reported that the Co-operative Scrutiny Board would be monitoring performance and could send us items to look at in more detail.

9. **EXEMPT BUSINESS**

There were no items of exempt business.

This page is intentionally left blank

CAMHS – 24th August 2015		
The Last Twelve Months:	*DRSS Devon referral support services*	*Management of Request for Involvement Form*
CAMHS continues to review its processes and procedures to meet the needs of the service. We have seen a significant increase in demand which is illustrated in the figures below.	*TRIAGE ASSESSMENTS – Front Door of CAMHS*	*The triage process is aimed to meet performance indicators, referral numbers and create a dual professional robust clinical assessment to inform the appropriate pathway of care for young people accessing CAMHS.*
	Increased establishment/Skill mix review	*We continue to review our skill mix and establishment. In the last twelve months we have increased our establishment by 10 clinicians*
	ACE Support – New Connections to the specialists schools	*We have a member of staff that is linked in with the ACE support who can support individual cases open to CAMHS through the educational settings. Additional clinical supervision is given to ACE staff to support their own emotional and clinical understanding of the Young People in their care.*
Present Developments:		
The CAMHS team with the support of PCH are continually reviewing the services and considering ways to meet the needs of Plymouth Young people. Continuing to remain innovative within the establishment restraints and increase demand.	*POS Suite*	*The under 18's Children and Young People's Place of Safety (CYP PoS) opened on the 31st March 2015 at Plym Bridge. It is currently based in the Extra Care Area within the unit. This is a temporary arrangement with plans to have a permanent self-contained POS in the future.* *The CYP PoS covers the area of Devon, Torbay and Plymouth. Any young person under the age of 18 detained by the police on a section 136 or 135 of the Mental Health Act will be bought to the PoS for an*

		assessment. The PoS is staffed by a trained nurse 24 hours a day, 7 days a week. The nurses are from the Plym Bridge House team, but they are additional to the shift numbers so there is minimal impact to the inpatients. The nurse assigned to the PoS will undertake a co-ordination role to ensure that the process is followed and the young person is cared for appropriately. *Since opening there have been a total of 18 young people assessed in the PoS. 10 young people are from Plymouth and the other 8 across Devon. To date there have been 2 conversions to a section 2 and the rest have been discharged back to community services.*
	System One	*Integrated System sharing information with General Practitioners and the wider health services. Working closely with Business Intelligence to ensure that the right information is accessible and informs CAMHS performance.*
	Family Therapy Service	*We are now seeing an established eating disorder pathway with Family therapy clinics involved and fidelity to the Maudsley model embedding the training and experienced gained through the IAPT training for SFP and Eating Disorder. Continued links being created with Paediatricians and adults Eating disorder pathways and clinicians. YP people accessing CAMHS with a predicted Eating disorder are received and accessed within a two*

		week time frame in with NHS recommendations.
	DBT Pathway, IAPT SFP Pathway Conduct and eating Disorder	*PCH have invested into training a small team of staff in specific DBT skills to support the growing number of Young people that are continued self-harm*
	Enhanced Service for Children in Care - Out of Area	*This is a new development to our present service supporting the young people that are in the care of Plymouth Local authority but placed in Devon. The service provides link worker to the system and psychiatry input. Intervention when appropriate. This role also links heavily with the Commissioning services to support the joint funding panel with regards to packages of care.*
	Continued Standardisation, streamlining and development of Paper Work across all services, inc; a standardised referral form presently being agreed through the GP forum.	*Triage Assessment aimed to support Equality and formulation ensuring that the appropriate treatment pathway meets the needs of the young person accessing CAMHS.* *Staff manuals to support a sense of consistency of treatment and intervention.*
	Collaborative Working with partner agencies	*SEND pathway meetings* *Joint Funding Panels* *Integrated working with Social Care to support the Education, Social Care and Health Care planning for those complex children in the Plymouth area that require a wraparound service.*
	Transition to Adults	*Policy Consulting with the wider services and AMHS to consider review of a step down approach for those approaching AMH services/service Cultural differences/ how to ensure that the transition to adult care is better supported and seamless in a care approach.*

	Specialist Modalities	*Reconfiguring the team to support access across the wider CAMHS services, such as Psychology, DBT, CBT, Art Therapy to the Neuro Child developmental Programme.*
The Next Twelve Months:		
	Art Psychotherapy Family Groups (Evenings)	*Development of Group work across the wider CAMHS team*
	CBT Group work for Anxiety	*Manualised group intervention - Kendall Cool Cats*
	Investment in Enhanced Services	*Crisis Outreach Team to be able to offer a 24/7 service to the Local hospital wards. Pure assessment team to ensure that an access to the CAMHS service is clinically robust and all information is clearly gathered through networking with the wider services and referrers. This will free up the MDT to specialise in their areas of care. The aim is to enhance the intervention available and that the right YP re accessing the right services at the right time.* *Crisis support team for the Neuro developmental team supporting difficult transitions and escalations in the community focussing on those young people with comorbid ASC and ADHD conditions*
	Significant work involved with regard to the Transformation of Service's bid alongside commissioners to develop service and establishment to meet the growing need of the Young people of Plymouth.	*Focus of our bid is on the Early Intervention, How families access early support for emotional health and well-being in the communities. Support in the schools and access and links via the GP surgeries part of the developing vision. Additional areas of specialist care are within Eating disorders and Perinatal MH. We should hear whether we have been successful in these bids by*

		October 2015
Aspirations and Hopes:		
Our Core hopes, aims and inspirations are to:	*Reduce the waiting time of access to CAMHS*	*Create a service that children and young people are able to access quickly in the community at the first signs of difficulties. Ensure that the right information and support is available from this point and that the pathway of care is integrated with the systems around the young person.*
	Increase Choice of care and intervention	*To continue to ensure that the specialism of intervention is available and continues to develop skill base and access to the right care at the right time.*
	Continue to improve and develop Working relationships with our partner agencies from the start of referral	*CAMHs is only one part of the wider system and we would hope to work better with the wider services and partner agencies to prevent treatment in isolation and a holistic approach to care for the young people and their families in Plymouth. This work has already begun by joining Joint funding panels, creative solution meetings. Considering Job planning to meet integrated care planning and ways of working.*
Referral Numbers		
	Referral Information:	
	Referral to Treatment	*Case Load Numbers in the Service (2015)*

	APR	*MAY*	*JUNE*	*JULY*
(2014/2015)	*65*	*96*	*81*	*94*
(2015/2016)	*100*	*109*	*100*	*100*
Urgent	*25*	*21*	*12*	*22*

	% Treated < 18 Weeks 76 % *APR* *MAY* *JUNE* *JULY* *94% Current waiting less than 18 Weeks* *1014* *1017* *1007* *999* *Inpatient Admissions* *APR* *MAY* *JUNE* *JULY* *2014/2015* *4* *2* *8* *3* *2015/2016* *4* *2* *5* *2*

Plymouth Community Healthcare

Briefing Paper for Caring Plymouth

August 2015

Child and Adolescent Mental Health Services

Introduction

This paper provides a summary of the current position, plans for the next 12 months and the aspirations in respect of CAMHS within Plymouth Community Healthcare.

CAMHS is a service commissioned by both local Commissioners as well as NHS England for the services operated in Plym Bridge House, as the local Tier 4 inpatient unit covering Devon and Cornwall. It is also important to understand that CAMHS is a part of a significantly wider system providing help, support and care to children across the City and beyond.

The attached paper highlights a number of positive developments in the service delivery.

These include:

- The establishment of a Place of Safety specifically for Children for Devon. This ensures that children are assessed in a specialist environment as opposed to a Police Custody Suite, when detained under Section 136 of the Mental Health Act.
- An increase in the number of clinical staff through a thorough review of the skill mix of staff. This includes the development of Non-Medical Prescribing.
- The development and implementation of a shared electronic health record.
- Support for Children in Care placed outside of Plymouth.

However, given the increase in staffing and changes in the service and the increasing demands on the service, we should be aspiring in providing and commissioning to create a service that children and young people are able to access quickly in the community at the first signs of difficulties. Ensure that the right information and support is available from this point and that the pathway of care is integrated with the systems around the young person.

August 2015

This page is intentionally left blank

Safe, Well and at Home

Delayed Transfer of Care (DToC)

Plymouth Community HEALTHCARE

Supporting people to be Safe, Well and at Home

What Constitutes a DToC?

A SitRep delayed transfer of care from acute or non-acute (including community and mental health) care occurs when a patient is ready to depart from such care and is still occupying a bed.

A patient is ready for transfer when:

a. A clinical decision has been made that patient is ready for transfer AND

b. A multi-disciplinary team decision has been made that patient is ready for transfer AND

c. The patient is safe to discharge/transfer

Plymouth Community HEALTHCARE

Current performance - Delayed transfer of care per 100,000 population (All delays) – ASCOF 14/15:

- National = 11.2
- Devon = 17.0
- Plymouth = 15.2

Plymouth Community HEALTHCARE

What are we doing locally and in line with the Better Care Fund (BCF)?

One of the national metrics for how well the BCF is being used to develop integrated care is DToC.

Examples of local schemes to affect DToC:

1. Standardising processes for health and social care recording and agreement of coding across all in-patient areas

This piece of work involves matrons and Senior Managers for Health and Social Care meeting weekly to agree reasons for delay and escalating/actioning any delays that are not being resolved. This focus allows us to understand and monitor our DToCs

Local Examples Continued…

2. **Working with our NEW Devon colleagues as part of the DToC Working Group.**
This group is working across all of the commissioning area to ensure organisations are all recording the same information. We will then be able to compare performance across areas

3. **Integrated hospital discharge team.**

We set up an integrated hospital discharge team for Plymouth, bringing health and social care staff to work together on supporting people with complex needs to be discharged from hospital. The Integrated team has reduced the need for multiple assessments thereby reducing DToCs.

The team is piloting tests of change such as discharge to assess schemes which enable people to have their assessment of need outside of the hosptial which also affects DToCs.

4. **Alternatives to admission schemes**

Robin Community Assessment Hub and the Community Crisis Response team are 2 schemes which focus on reducing Emergency Department attendances and Unplanned admissions thereby impacting positively on DToC. (See next presentation).

Plymouth Community HEALTHCARE

Plymouth Community HEALTHCARE

Supporting people to be Safe, Well and at Home


Nursing
Times
Awards
2015
Finalist

A proven approach to reducing non-elective and elective medical admissions to Plymouth Hospitals NHS Trust (PHNT)

In February 2015 we introduced two new "alternative front doors" to the Emergency Department (ED) at PHNT to complement our existing Acute GP service.

Alternative front door

Acute GP Service

- Launched by PCH in 2005
- Provides access to rapid diagnostic tests in an ambulatory care setting
- Aims to discharge within a day
- If an admission cannot be prevented, calls upon other services - such as the Care Coordination Team or Rapid Response Team to ensure that sufficient care is in place to enable a safe and, perhaps, early discharge.

Acute Care at Home (AC@H)

- Launched by PCH Feb 2015
- Provides an alternative to hospital inpatient stays through delivering intravenous therapy treatment in the home
- Prevents admissions and speeds up discharge

Robin Community Assessment Hub (RCAH)

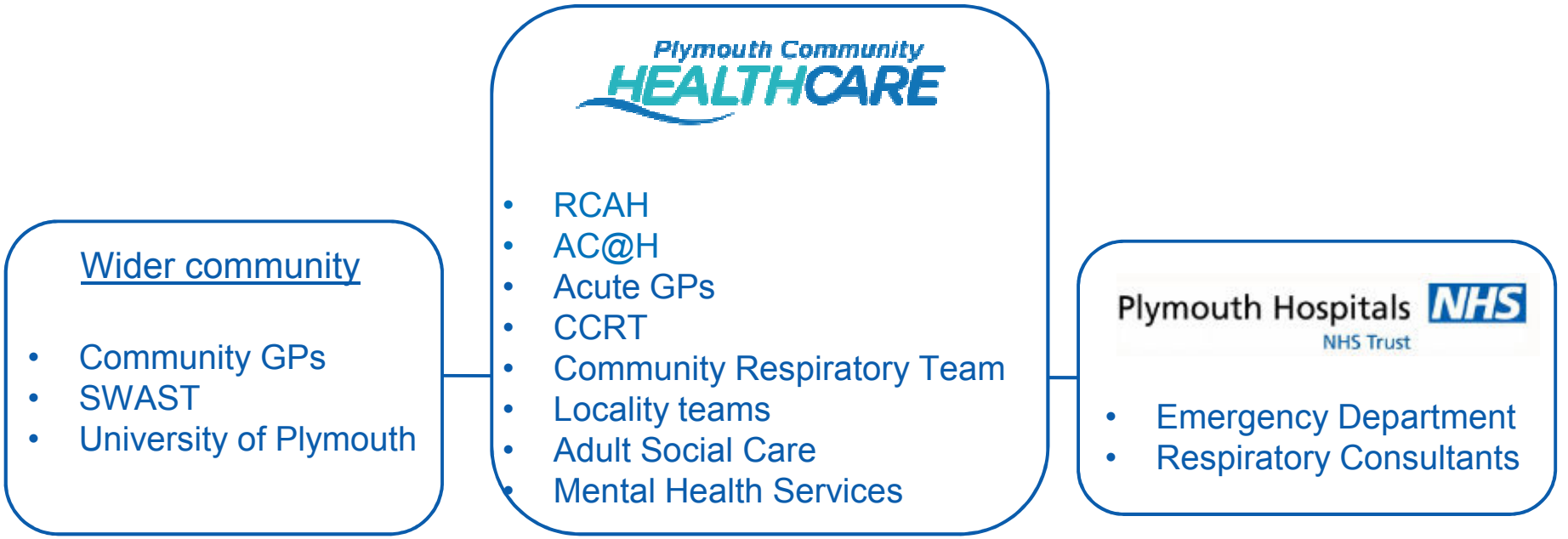
- Piloted by PCH Feb-Mar 2015, and running since
- Provides a multidisciplinary community approach to reducing avoidable admissions for frail, non-ambulant people
- Specialises in preventing admission of those presenting with co-morbidities, infections and exacerbations

Plymouth Community HEALTHCARE

Designed to complement existing service provision

- Acute GP-led assessment and treatment for acutely unwell patients in an outpatient clinic environment, access to Xray, Point of care testing and specialist opinion

- Wrap-around care from a multidisciplinary team including physiotherapy, Occupational therapy, prescribing pharmacist, social care and mental health.



Key Aims and objectives of Robin CAH

Prevent unnecessary admissions to the Emergency Department

Support GPs and the ambulance service to select the right care at the right time for patients

Enhance patient experience

Provide care closer to home

Safe, Well and at Home

Since re-opening RCAH on 13th March we have utilised existing PCH staff capacity to operate a Monday-Friday service - not including bank holidays – delivering 76 operational days.

Acute Care at Home service

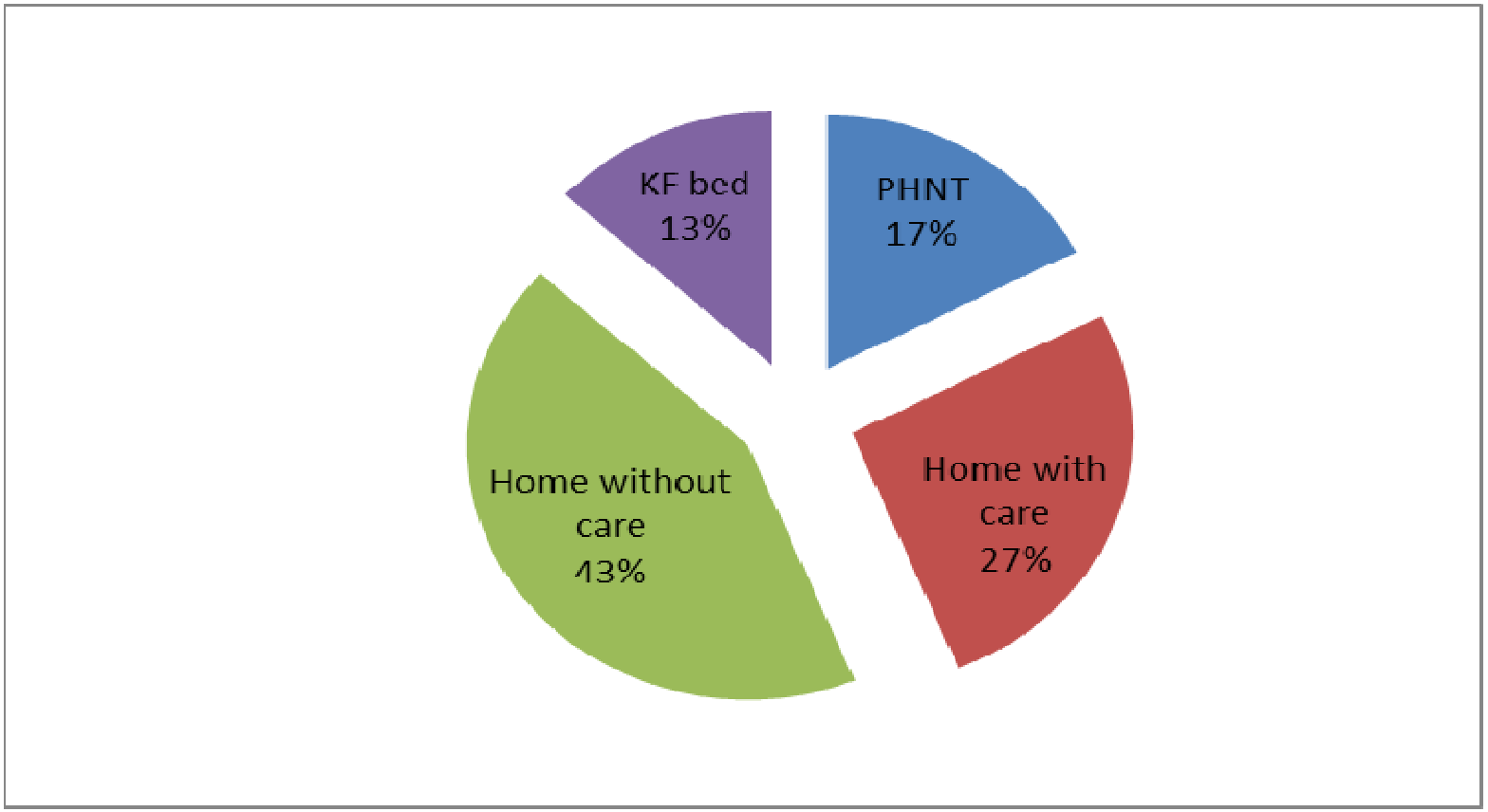
835 Bed days saved since "go-live" in February 2015

Robin Community Assessment Hub

135 avoided admissions

Plymouth Community HEALTHCARE

Outcomes of RCAH Assessment



Plymouth Community HEALTHCARE

RCAH and AC@H services are highly complimentary

Mrs Y - an individual with a past medical history including advanced dementia, was brought into RCAH with suspected pneumonia on the back of her GP's referral. Following assessment she was found to have pneumonia plus terminal lung cancer with no treatment options. An end of life discussion was held with her family who were very keen to have Mrs Y returned home as soon as possible in order to spend her remaining time in familiar surroundings. This was all the more important considering her advanced dementia which would have been exacerbated by any significant inpatient stay.

The multi-disciplinary team at RCAH performed a medication review which stopped unnecessary drugs and enabled an expedited discharge process which included a package of care through the co-located AC@H team (providing intravenous (IV) antibiotic treatment for the pneumonia) and the Care Co-ordination Team (providing community equipment and other at home support). Mrs Y passed away five days later at home in accordance with her and her family's wishes.

Time in hospital: 6 hrs

Likely pathway without RCAH: Would have been a direct referral to Derriford's Medical Assessment Unit as a respiratory case. Diagnostics likely to have taken four hours + resulting in an admission. Inpatient delivery of IV antibiotics and lack of co-located teams at Derriford likely to have resulted in a delayed discharge process and Mrs Y's last living days possibly not in her home.

Projected savings to the CCG: £1,989*

*Based on ED rate and estimated inpatient tariff as in the National Tariff payment system 2014/15

Community Crisis Response Team (CCRT)

Key Aims and objectives of the CCRT:

1. To prevent unnecessary hospital admissions
2. To reduce the duration of hospital admissions for patients meeting intermediate care criteria
3. To support people in crisis to remain in their usual place of residence, reducing admissions to residential or nursing care.

What happens when a referral is accepted?

The expected response time for the assessment of people in danger of being admitted to hospital unnecessarily is two hours.

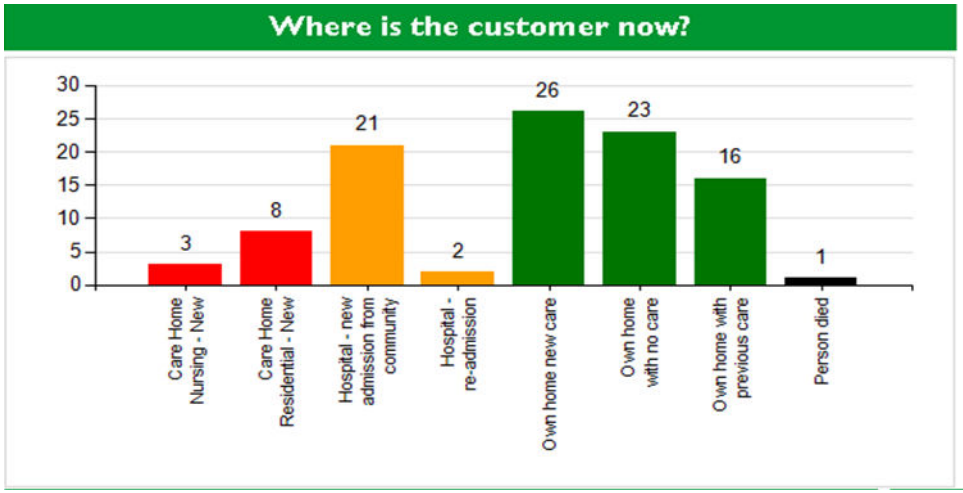
The CCRT will provide support where possible to meet its key objectives, patients/service users will be discharged from the CCRT once their initial crisis has been resolved and they can safely be handed back to their locality

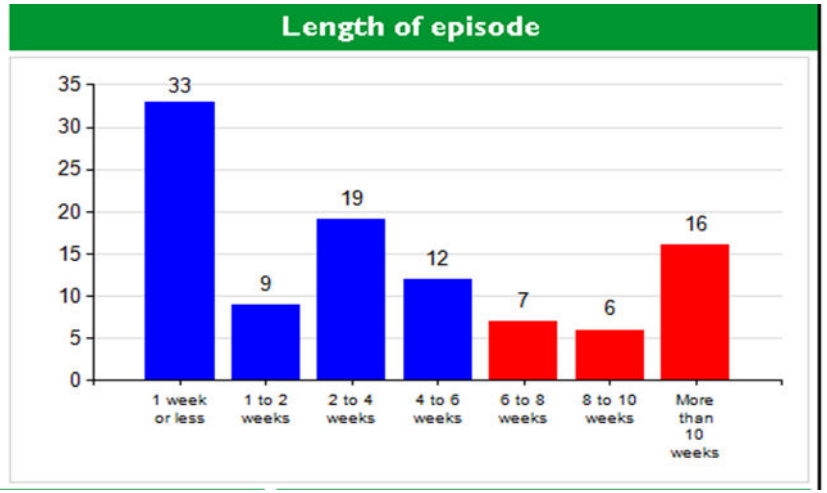
The CCT comprises:

- Physiotherapist
- Occupational Therapists
- Registered Nurses
- Community Support Workers
- Administrative Team
- Social Workers

CCRT outcomes at the point of discharge

- 74.4% of patients being discharged within the 6 week intermediate care process
- 76% of discharged patients had been successfully been supported to remain in their community. 65% supported to live in their own home.





Plymouth Community HEALTHCARE

With both services attracting significant positive feedback

For the attention of the Director

I recently had the dubious / pleasure of being taken to Robin Ward at Mount Gould Hospital.

Dubious because I had a chest infection and was taken there as an emergency.

Pleasure because the treatment and caring was absolutely "First Class".

I had a thoroughoverhaul and was started on an intravenous course of antibiotics. After a few hours I was sent home under the care of the Acute Care Home Team nurses, who visited for the next three days to continue my treatment.

Congratulations to you all!

I understand this is a new department run by G.Ps attached to Derriford. It saves a long wait in an already overburdened A&E and also frees up beds on the wards. It's a wonderful facility. I do hope the powers that be manage to keep it going, it would be a shame to lose such a wonderful facility.

Yours sincerely

Recent Feedback for RCAH

A brilliant place to come to in times of trouble with worries. The staff here were so kind helpful and calm and my father and I felt valued and cared for

Fantastic service, really quick results helpful and kind

The focus of the multi disciplinary care achieved positive
results because communication was so good between team members.

Very impressed with communication and kind, caring and efficient staff who reassured us

Recent feedback received by the Community Crisis Response team

We received prompt, efficient, caring service. Nothing was too much trouble, we received all the help and equipment we needed.

Never knew service existed. Very impressed with service received.

'This is a 'marvellous' service. I cannot praise the Nurse enough, he saved my life'. I was contemplating suicide before this team's involvement and if I hadn't received the help he and his team gave I would have done..

Because without their prompt attention and care I would not know what to do, it was all taken care of and done in a kind and considerate way with our feelings considered.

Integrated Service Model

Graham Wilkin August 2015

Introduction / Context

- Plymouth Adult Social Care services were successfully transferred into Plymouth Community Healthcare on the 1st April 2015. This transfer recognised the benefits of providing a joined up fully integrated system of care to the people of Plymouth with a focus on person centered planning which places the people we provide services to at the heart of what we do.

Aims and Objectives

Aim: Deliver Integrated Health and Social Care operational services, which meet the performance expectations of the respective commissioners and the health and social care needs of the citizens of Plymouth by achieving:

- Fully integrated multi-disciplinary teams (based on 4 localities and a community urgent care front door and cross City services - Structure). All work allocated to a single named professional lead who will co-ordinate assessment, be responsible for support planning and review activity, using a single holistic assessment process including care and support needs assessments, eligibility test and support plans.
- The above would support the statutory requirements within the Care Act 2014 and the Health and Social Care Act 2012 with a clear focus on a person centred model of delivery across Plymouth.

"The Care Act 2014 has created a single, modern law that makes it clear what kind of care people can expect. We want local Councils to help Health and Social Care Organisations to work together to meet peoples needs, for example by making sure that Care services know what help somebody needs in their home when they leave Hospital. We want everybody who uses both Health and social care services to have Integrated Care - Services that work together to give the best care based on a person's personal circumstances"

(Norman Lamb Minister of State for Care and support)

Objective:

- Achieve full integration of services by December 2015 which demonstrate:

- Compliance with the Care Act 2104
- Have a single point of entry
- Integrated IT which supports safe operational delivery and maintains the ability to monitor and record performance and KPI
- Flexible, well trained and supported workforce

Integrated Locality Model

The Integrated locality model is split into three broad service areas:

1. Single Front Door /Urgent Care Services
2. 4 x Locality Teams (North, South, East, West)
3. City-Wide Services

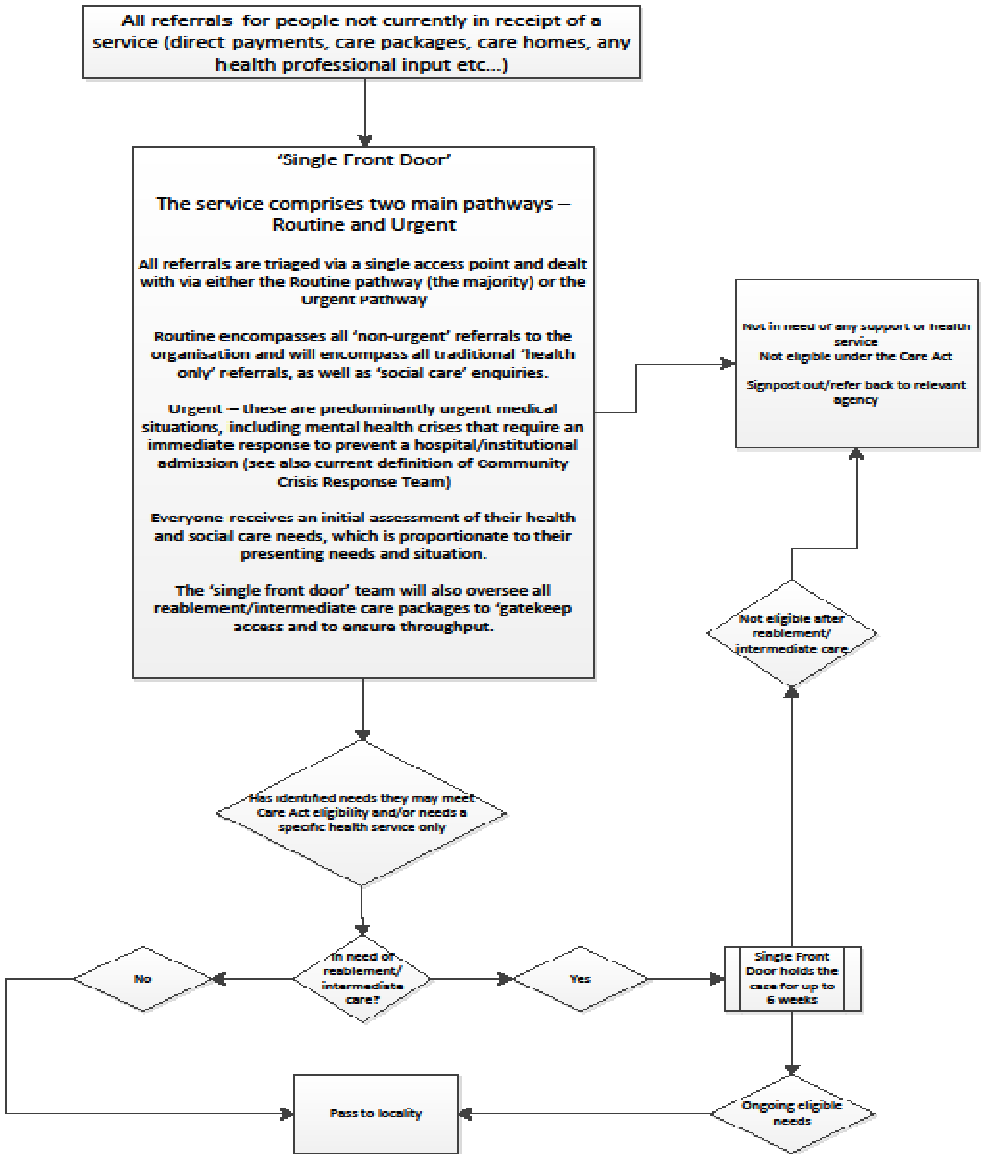
Single Front Door

The service comprises two main pathways – **Routine** and **Urgent.**

- All referrals are triaged via a single access point and dealt with via either the **Routine pathway** (the majority) or the **Urgent Pathway.**

- **Routine** encompasses all 'non-urgent' referrals to the organisation and will encompass all traditional 'health only' referrals, as well as 'social care' enquiries.

- **Urgent** – these are predominantly urgent medical situations, including mental health crises that require an immediate response to prevent a hospital/institutional admission (see also current definition of Community Crisis Response Team) Everyone receives an initial Integrated assessment of their health and social care needs, which is proportionate to their presenting needs and situation. The 'single front door' team will also oversee all reablement / intermediate care packages to gate-keep access and to ensure throughput


All referrals for people not currently in receipt of a service (direct payments, care packages, care homes, any health professional input etc...)
'Single Front Door'
The service comprises two main pathways – Routine and Urgent
All referrals are triaged via a single access point and dealt with via either the Routine pathway (the majority) or the Urgent Pathway
Routine encompasses all 'non-urgent' referrals to the organisation and will encompass all traditional 'health only' referrals, as well as 'social care' enquiries.
Urgent – these are predominantly urgent medical situations, including mental health crises that require an immediate response to prevent a hospital/institutional admission (see also current definition of Community Crisis Response Team)
Everyone receives an initial assessment of their health and social care needs, which is proportionate to their presenting needs and situation.
The 'single front door' team will also oversee all reablement/intermediate care packages to 'gatekeep access and to ensure throughput.
Not in need of any support or health service
Not eligible under the Care Act
Signpost out/refer back to relevant agency
Not eligible after reablement/ intermediate care
Has identified needs they may meet Care Act eligibility and/or needs a specific health service only
In need of reablement/ intermediate care?
No
Yes
Single Front Door holds the case for up to 6 weeks
Pass to locality
Ongoing eligible needs

Locality Teams

- The four Locality teams will be geographically spread across Plymouth and will provide Nursing Services, Professional Social Work, Occupational Therapy and other Community based therapies such as speech and language therapy within an integrated team setting.

  All clients referred from the Single Front Door will receive an holistic health and social care assessment, and be allocated an appropriate Named Professional Lead who will be responsible for the coordination of the persons care and where appropriate, a Community Care Worker (CCW) to assist with the support planning and reviews.

  All care will be provided in partnership with the person and/or relevant Carer, and will be person centred and in full accordance with the statutory requirements within the relevant legislation and respective professional good practice guidelines.

Community Urgent Care Services

- **Services that prevent admission and facilitate early discharge:**

Integrated Hospital Discharge Team
Community Crisis Response Team
Minor Injuries Unit
Robin Community Assessment Hub
Acute Care at Home Team
Acute GP Service
Psychiatric Liaison (Adults and Older People)
Early Supported Discharge Team for Stroke
Out of Hours District Nursing

Services that support patient flow:

In-patient General Rehabilitation Beds
In-patient Stroke Rehabilitation Beds
In-patient Specialist Neurological Rehabilitation beds
Therapy Unit
Neuro Psychology

City-Wide Services

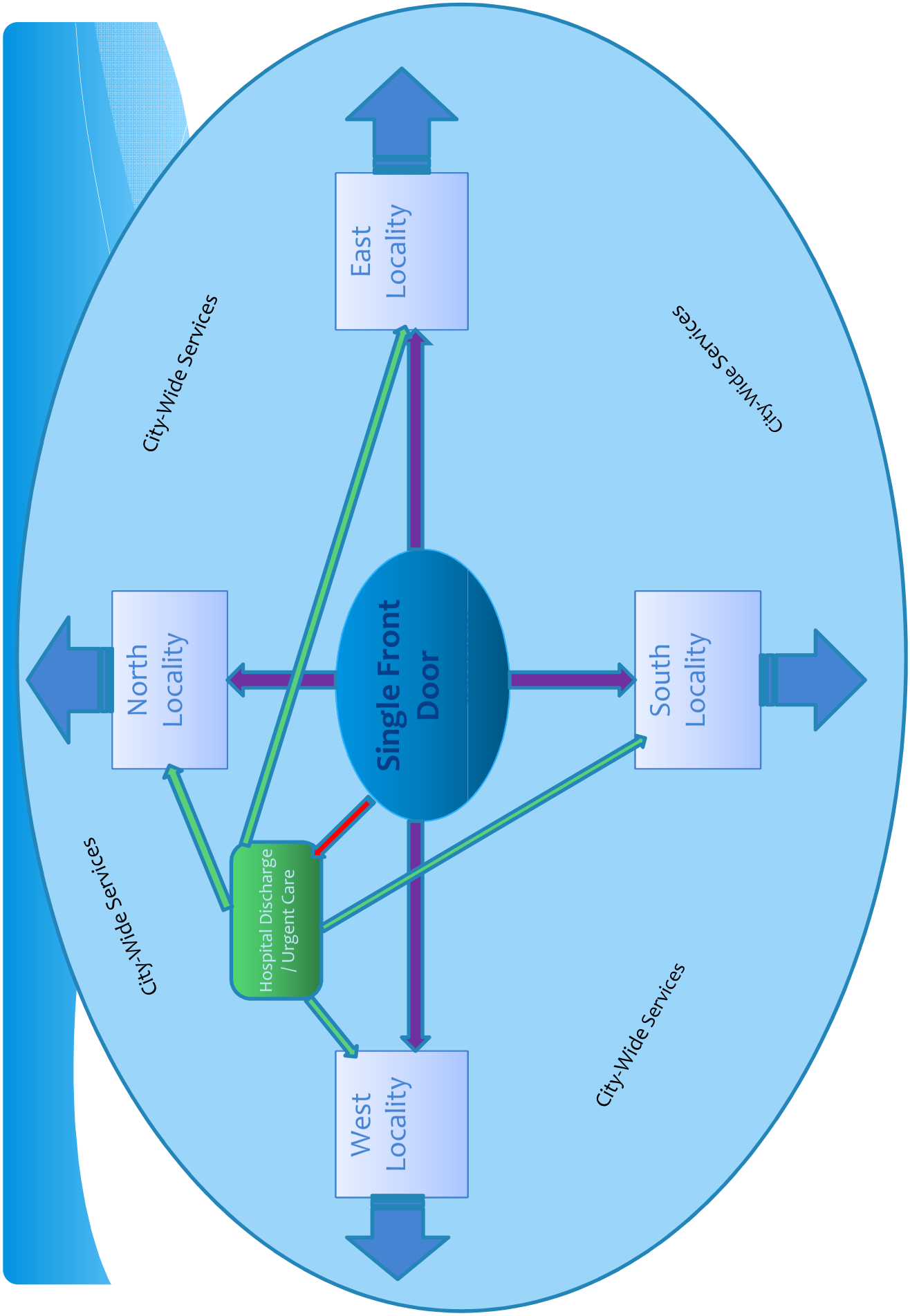
- Citywide services are community, outpatient and hospital based services for adults and young people provided throughout Plymouth city with some having a wider commissioned area e.g. into south hams and West Devon and Cornwall **and include the following:**

Specialist nurse services – tier 3 community weight management, community contraceptive & sexual health services, chlamydia screening.
Specialist Psychology Services – eating disorder and personality disorder
Physical Therapy Services – orthotics, prosthetics, podiatry, falls team, children's speech & language therapy
Adult Mental Health Services – community recovery team, psychotherapy, Insight Team, community memory service, vocational services, home treatment team
Plymouth Options (IAPT)
Community Learning Disabilities Team

Continued:

Inpatient – adult mental health recovery unit for males
Inpatient – adult mental health recovery unit for females
Inpatient - low secure mental health recovery unit for adult males
Inpatient – two wards within one large unit for acute adult mental health plus separate place of safety suite and ECT.
Inpatient – two units for older peoples mental health (functional & dementia)

Children & adolescent mental health services – outreach, complex, infant, primary, tier 4 inpatient unit incorporating a place of safety suite, targeted mental health in schools.
Outpatient suites within the Local Care Centre and Cumberland Centre


East Locality
City-Wide Services
City-Wide Services
North Locality
Single Front Door
South Locality
Hospital Discharge / Urgent Care
City-Wide Services
City-Wide Services
West Locality

COMMISSIONING AN INTEGRATED SYSTEM FOR POPULATION HEALTH AND WELLBEING

CARING PLYMOUTH

AUGUST 2015

The right care… at the right time … in the right place

Structure and Scope

- Overarching/Four Strategies
- Needs/Strategy/Annual Plan
- Strategies - 5 year vision
- Strategies= Scope/What needs to change/What happens now/What does the future look like/How do we know it's working
- Annual Plans- Specific Measurable Actions

Overall Scope

Plymouth

The entire health and wellbeing system in Plymouth as commissioned by Plymouth City Council and NEW Devon CCG

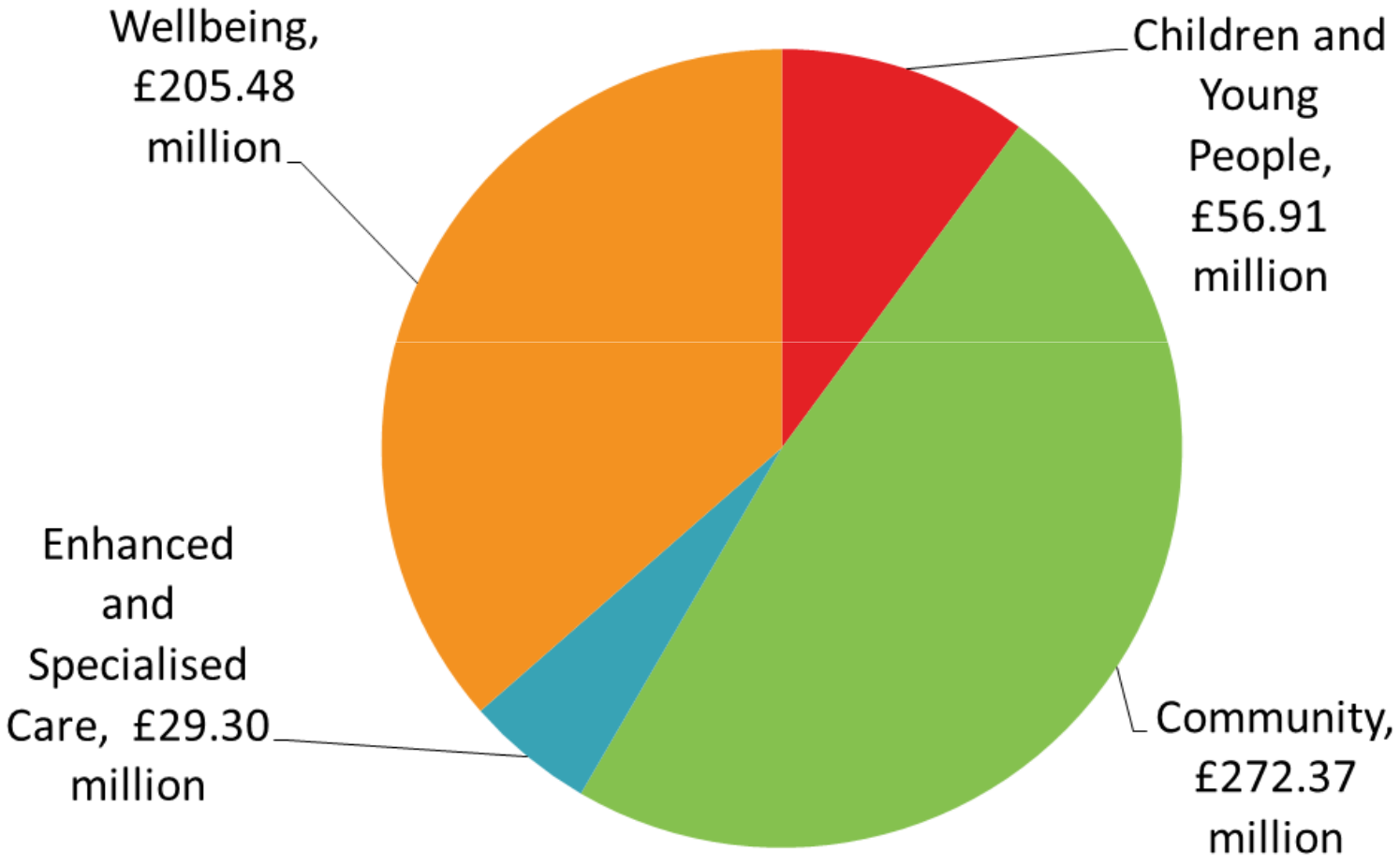
i.e. public health, children and young people's services (health and social care), adult social care, leisure, housing, community safety, hospital services, mental health services, community health services and some primary care services; and

South Hams and West Devon

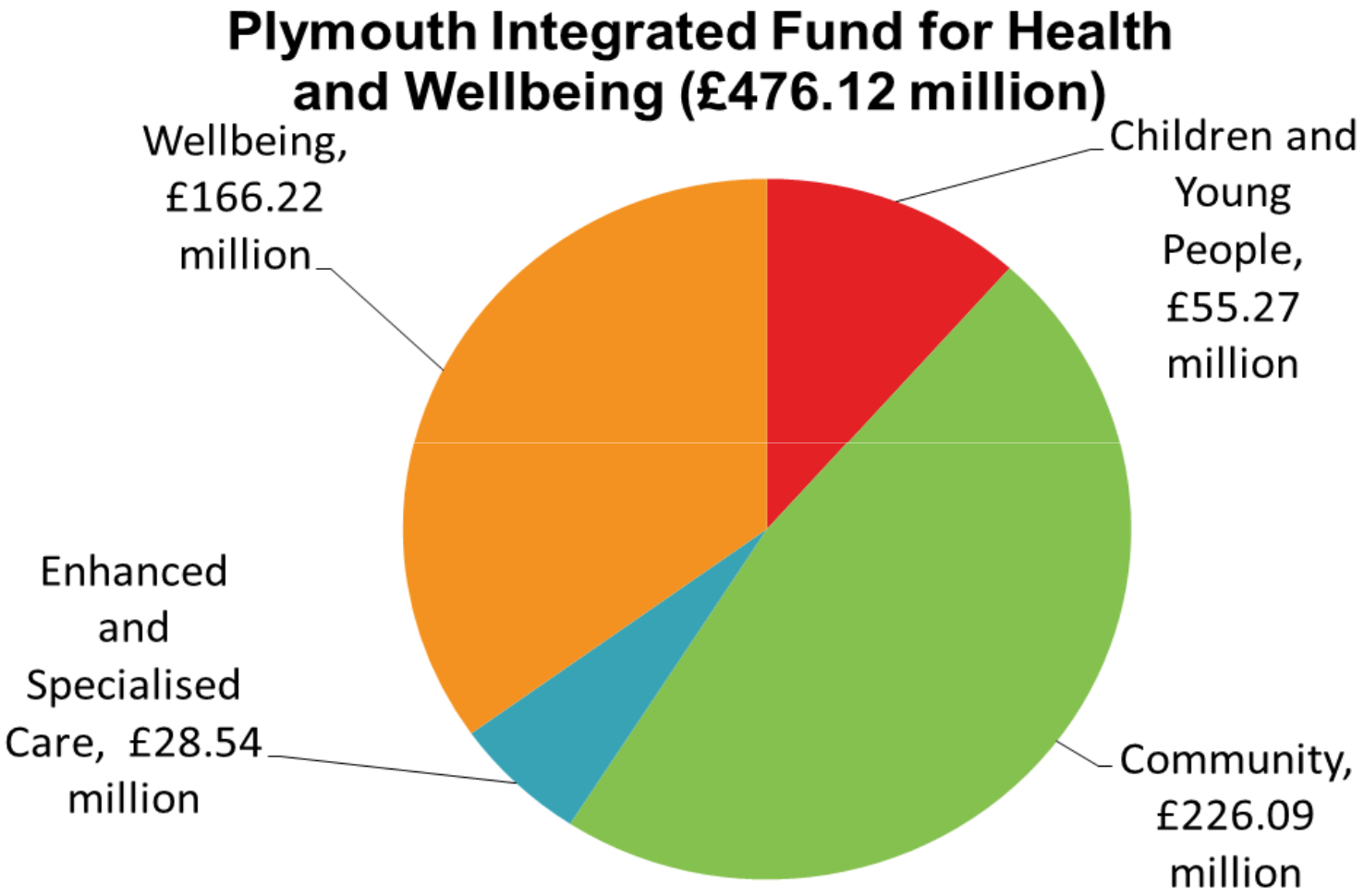
The health services commissioned for people in South Hams and West Devon by NEW Devon CCG

i.e. children and young people's services, hospital services, mental health services, community health services and some primary care services.
NEW Devon CCG works closely with Devon County Council as a key commissioning partner with some of these services jointly commissioned.

Plymouth (Health and Wellbeing) and South Hams and West Devon (Health) Fund (£564.06 million)



One System, One Budget - *'the right care, at the right time, in the right place'*



One System, One Budget - *'the right care, at the right time, in the right place'*

Overarching Aims of An Integrated Population-Based Health and Wellbeing System

Aim 1 To improve health and wellbeing outcomes for the local population

Aim 2 To reduce inequalities in health and wellbeing of the local population

Aim 3 To improve people's experience of care

Aim 4 To improve the sustainability of our health and wellbeing system

One System, One Budget - *'the right care, at the right time, in the right place'*

Individuals At The Centre

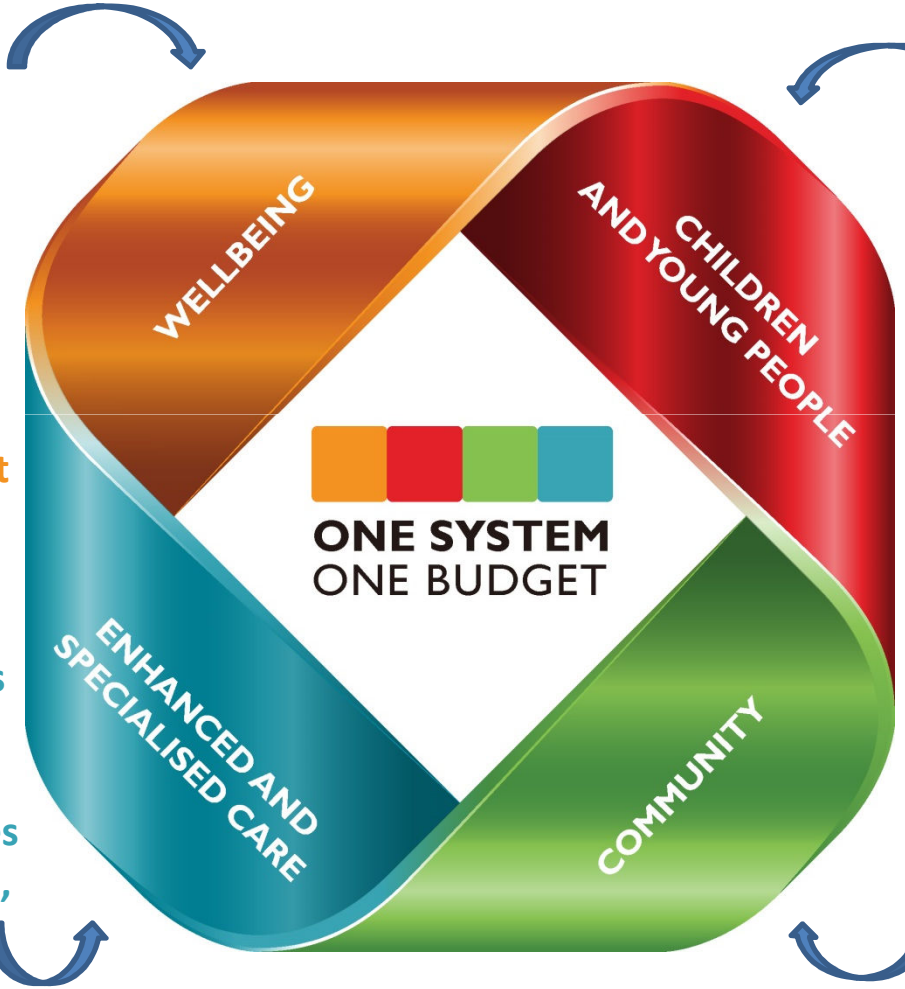
One System, One Budget - *'the right care, at the right time, in the right place'*

Cross cutting themes and actions

SYSTEM WIDE TRANSFORMATIONAL DRIVERS					
Prevention	**Vibrant Market**	**Creating a Modern Workforce**	**Individuals at the Centre**	**Seamless Pathways**	**Quality and Effectiveness of Care**
Primary prevention / promoting wellbeing Secondary prevention / early intervention Tertiary prevention / intermediate care and reablement	New models of care Diverse market including a strong Voluntary Community Sector (VCS)	Workforce planning New types of workers Developing the workforce	Personalised care Social network Self-management Supporting healthier behaviour	Effective pathways Transitions Removing artificial organisation boundaries	Medicine optimisation Safeguarding

One System- Four Strategies

People and communities will be well, stay well and recover well. This strategy supports healthy and happy communities by putting health and wellbeing at the heart of everything we do



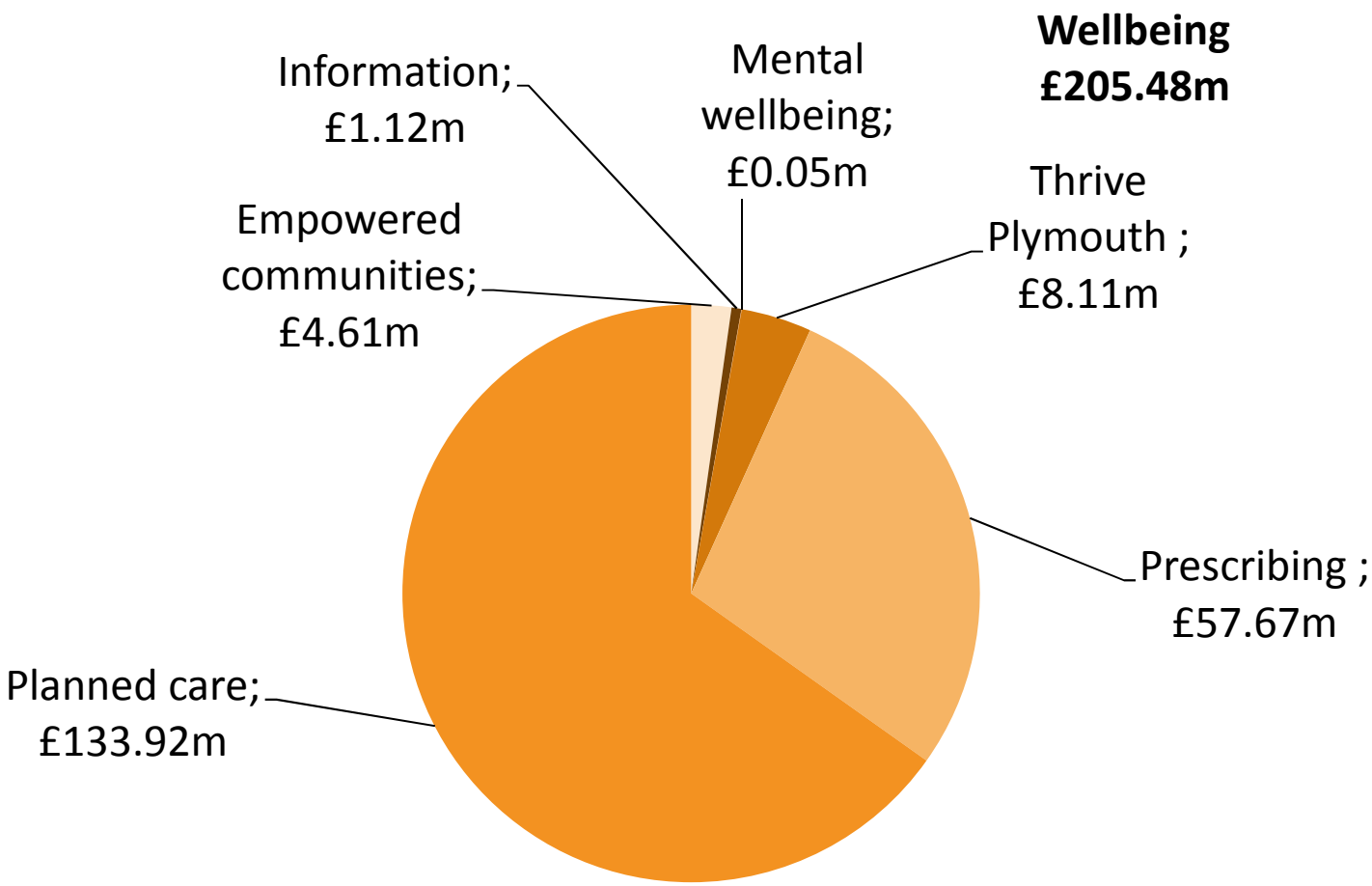
Provide the best start to life for all children from pregnancy to school age, and the right support at the right time for vulnerable children and young people

A system that consists of quality specialist health and care services that promotes choice, independence, dignity and respect

This strategy targets services that support people to maintain their independence in their own home within their community

One System, One Budget - *'the right care, at the right time, in the right place'*

Wellbeing – Scope and Spend



Wellbeing Aims

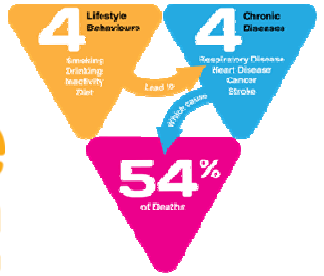
Aim 1 Sustain the improvement in healthy life expectancy and health inequality and reduce both all-age all-cause deaths and deaths due to cancer, stroke, heart disease and respiratory disease

Aim 2 Place health improvement & the prevention of ill health at the core of our planned care system; demonstrably reducing the demand for urgent and complex interventions and yielding improvements in health and the behavioural determinants of health

Aim 3 Commission only from providers who have a clear and proactive approach to health improvement, prevention of ill health, whole person wellbeing and working with the wider community in which they operate

Aim 4 Rebalance commissioning spend from reactive & unplanned to planned & targeted investment. Over the course of this strategy we expect the percentage of spend on prevention and health promotion to increase

thrive Plymouth
Life, Health & Wellbeing



Wellbeing links to other strategies

Children and Young People

- Wellbeing of the unborn child and the 'best start to life'
- Wellbeing services targeted at vulnerable children
- Children Safeguarding services
- Family support

Community

- Targeted services for people who need support in the short term to recover from a crisis or short-term need
- Focus of people as individuals and not patients; who have their own beds in their own homes
- A joined up 'whole system approach' to support people with multiple needs

Enhanced & Specialised Care

- Quality specialist health and care services
- Promoting choice, independence, dignity and respect
- As close to home as possible
- Targeted resources for those who need long-term support in the community

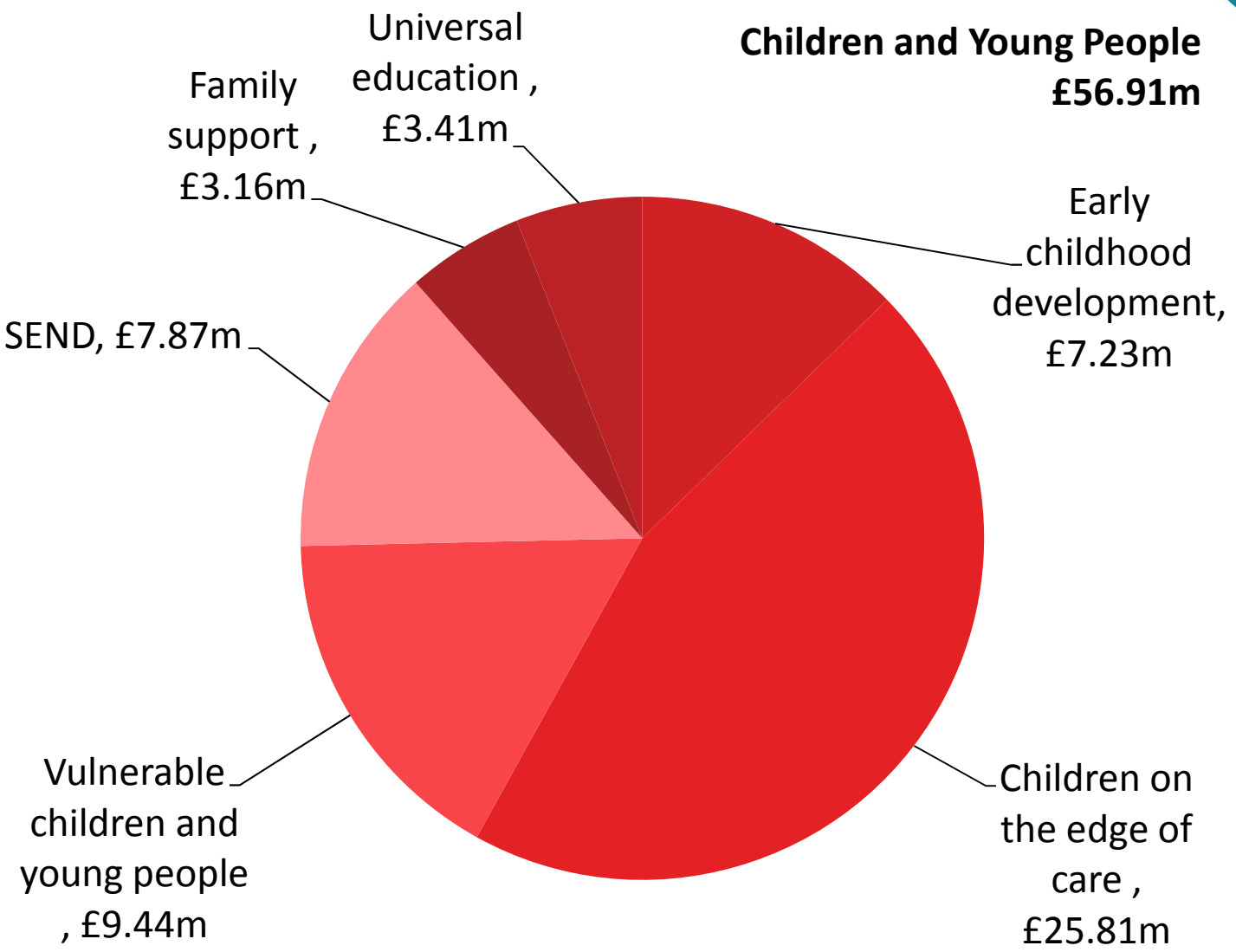
Wellbeing- Selected Actions

- Develop a comprehensive Information and Advice Commissioning Plan
- Undertake a Strategic Review of Volunteering
- Implement Dementia Friendly City Action Plan
- Develop role of Community Pharmacies
- Deliver Healthy Lives for Healthy Weight Action Plan
- Roll out the Primary Care Innovation Programme
- Deliver mental health awareness training

Wellbeing-Indicators

System element	Key Outcome / Indicator
THRIVE PLYMOUTH – Healthy lifestyle choices	Thrive Dashboard
	Excess weight adults (obese or overweight)
	Adults classed as active
	Adults classed as inactive
	Smoking prevalence in adults
	Reduction in rate of under 18 conceptions
Information	Total number of people for whom an advocate is arranged
	The number of households given Housing Advice via Plymouth City Council Casework
Empowered Communities	Number of carers receiving a statutory Carers Assessment
	Close the gap between the 10 neighbourhoods with the highest crime rates and the city average per 1000 population
	Number of reported domestic abuse incidents
	Reduction in the % of private rented accommodation that is classified as having a category 1 hazard
Mental wellbeing	Average WEMWBS Score
	Social Isolation
	Prevalence of common mental health conditions
Planned Care	Reduced demand – reduce new referrals to specialists

Children and Young People- Scope and Spend



Children and Young People- Aims

Aim 1	Raise Aspirations: ensure that all children and young people are provided with opportunities that inspire them to learn and develop skills for future employment
Aim 2	Deliver Prevention and Early Help: intervene early to meet the needs of children, young people and their families who are 'vulnerable' to poor life outcomes
Aim 3	Deliver an Integrated Education, Health and Care Offer: ensure the delivery of integrated assessment and care planning for our children
Aim 4	Keep our Children and Young People Safe: ensure effective safeguarding and provide excellent services for children in care

Children and Young People links to other strategies

Wellbeing

- Planned care for children with physical health conditions
- Universal Information and Advice
- Universal Health Promotion
- Parental Domestic Abuse and the impact on children

Enhanced & Specialised Care

- Hospital-based care for children with physical health conditions

Community

- Urgent care for children with physical health conditions
- Joint planning for transition of young people to adult services
- Parents with drug and alcohol, mental health and homelessness problems

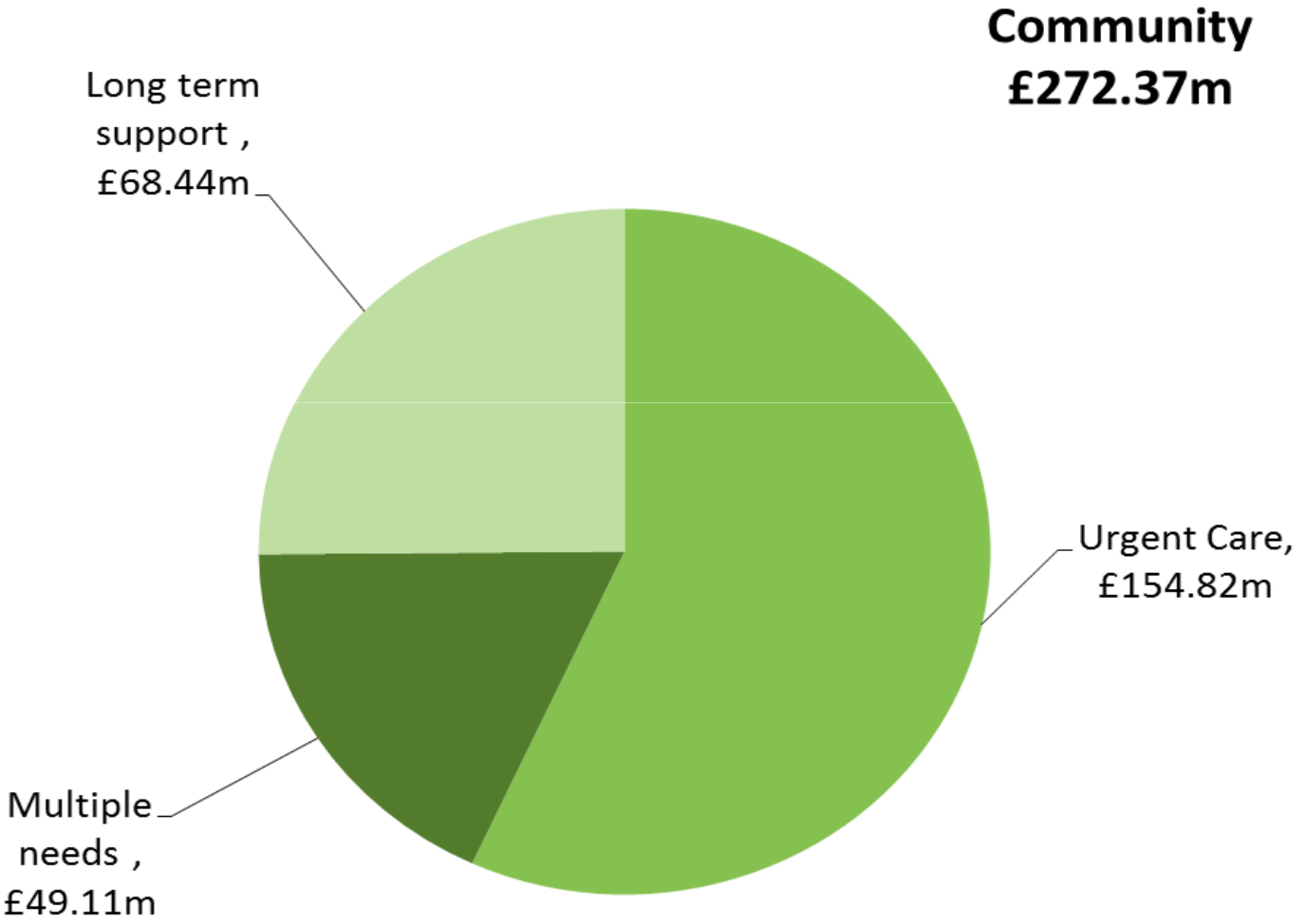
Children and Young People – Selected Actions

- Develop single Gateway for Early Help
- Development of the Targeted Family Support Service
- Co-location of Health Visiting and Midwifery Services with Children Centres
- Development of a commissioning plan for Short Breaks
- Development of co-commissioning approach with schools
- Develop wrap around support model of care for children on the edge of care

Children and Young People- Indicators

System element	Key Outcome / Indicator
Overview	Child Mortality (1-17)
	Children in Poverty
Early Childhood Development	Infant Mortality
	% of mothers who breastfeed (6-8 weeks)
	% of children making good progress at the 2 year old development check
	% of children achieving good progress in the Early Years Foundation Stage (EYFS)
	Excess weight in children (4-5 years old)
	A and E attendances (0-4 years)
Children and young people with specific health and special educational needs and disabilities	The number of 16-18 year old NEET young people with SEN needs
	The number of children and young people with an Integrated Education, Health and Care Plan
	The number of children with SEND in care
	The number of children with SEND in out of area residential/education placements
Parent and family support	Reduction in repeat referrals to Children's Social Care
	Reduction in the number of children with a "Child in Need" Status
	Success in achieving the outcomes in the "Families with a Future" (Troubled Families) outcome framework
Vulnerable Children and Young People (school age)	School attendance and exclusions
	First time entrants to the criminal justice system
	Hospital admissions as a result of self-harm
	Hospital admissions as a result of alcohol
	Hospital admissions as a result of substance misuse
	Hospital admission for mental health conditions
	The number of 16-18 year old NEET young people
Children in and on the edge of care	Number of Children subject to CP plan
	Number of Children in Care - Overall
	Number of children in residential care
	Emotional wellbeing of looked after children

Community- Scope and Spend



Community Aims

Aim 1

Provide integrated services that meet the whole needs of the person by developing:

- Single, integrated points of access
- Integrated support services & system performance management
- Integrated records

Aim 2

Reduce unnecessary emergency admissions to hospital across all ages by:

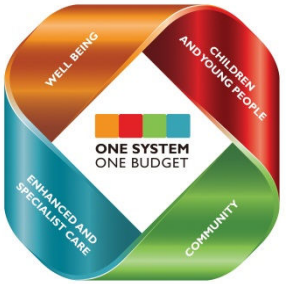
- Responding quickly in a crisis
- Focusing on timely discharge
- Providing advice and guidance, recovery and reablement

Aim 3

Provide person centred, flexible and enabling services for people who need on-going support to help them to live independently by:

- Supporting people to manage their own health and care needs within suitable housing
- Supporting the development of a range services that offer quality & choice in a safe environment
- Further integrating health and social care

Community links to other strategies



Wellbeing

- Healthy and happy communities
- Supporting and utilising social networks
- Increasing investment in public health
- Health and wellbeing at the heart of everything we do

Enhanced and Specialised Care

- Quality specialist health and care services
- Promoting choice, independence, dignity and respect
- As close to home as possible
- Targeted resources for those who need long-term support in the community

Children and Young People

- Universal early help and best start to life
- Integrated education, health and care plans
- Family support
- Safeguarding children and preventing vulnerability
- Support to keep children & young people stable at home, in alternative family arrangements, in foster care or alternative placements

Community- Selected Actions

- Development of commissioning plan to support people with multiple needs
- Establish an alternative front door to the emergency department (Robin)
- Establish an Acute Care at Home Team
- Roll out Telecare into the urgent care pathway
- Develop the Integrated Health and Social Care Provider
- Commission additional Domiciliary Care Capacity
- Develop additional Extra Care
- Increase Personal Health Budgets

Community- Indicators

System element	Key Performance Indicator (KPI)
Multiple care and support needs	Alcohol-related admission to hospital (aged 65 and over)
	Successful completion of drug treatment (opiate)
	Successful completion of drug treatment (non-opiate)
	Number of households prevented from becoming homeless
	Reoffending levels
	People accessing secondary mental health services who are in stable & appropriate accommodation
People who need urgent care	Proportion of people still at home 91 days after discharge from hospital into reablement / rehabilitation services
	IAPT access rate
	IAPT recovery rate
	Discharges at weekends and bank holidays
	Delayed transfers of care from hospital (days)
People with long-term support needs	People helped to live in their own home through the provision of Major Adaptation
	Permanent admissions of older people (aged 65 and over) to residential and nursing care homes
	Permanent admissions of older people (aged 18-64) to residential and nursing care homes
	Gap in employment rate between people with mental health support needs and the population overall
	Self-reported wellbeing
	Proportion of people who use services who have control over their daily life
	The proportion of carers who report that they have been included or consulted in discussions about the person they care for

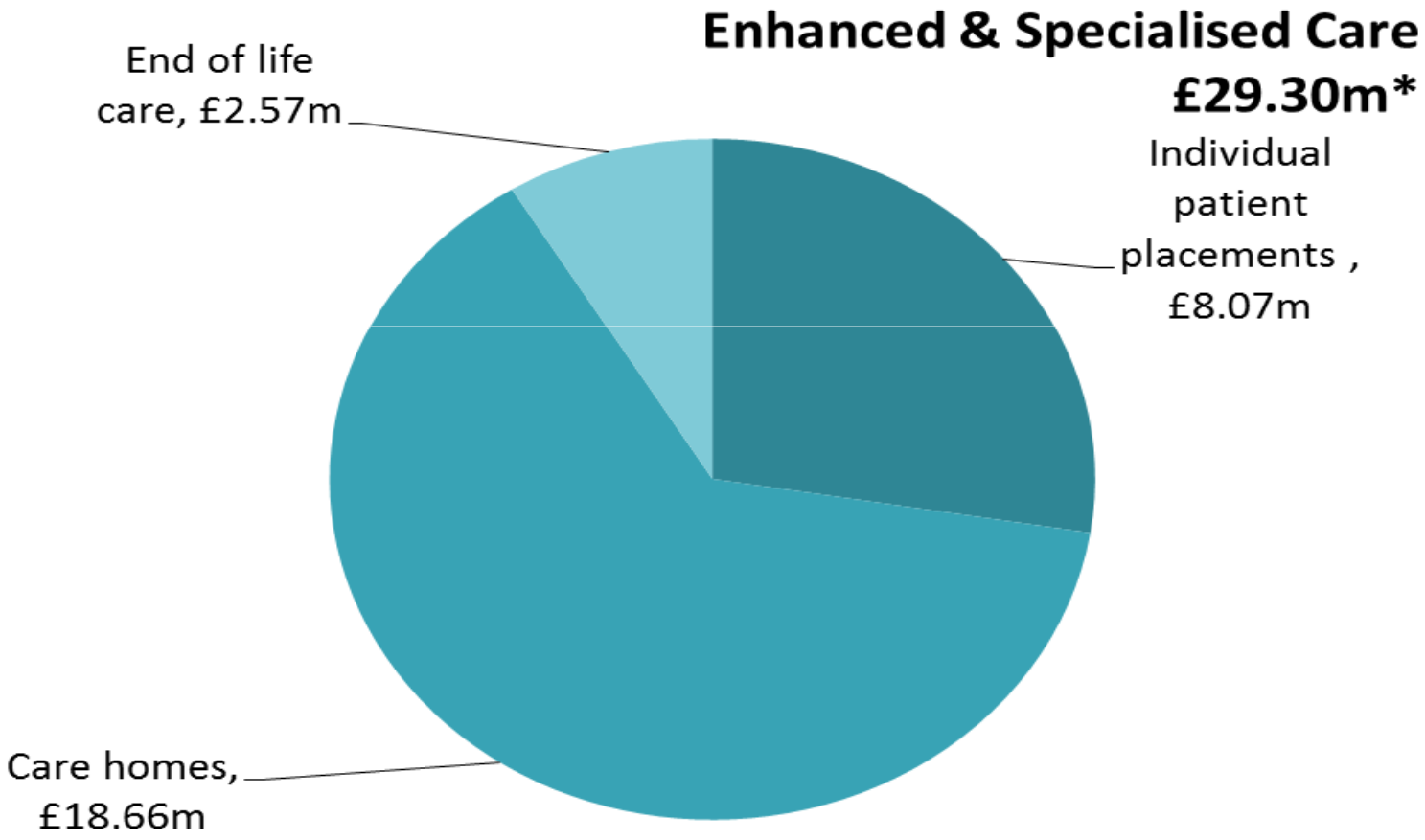
Enhanced and Specialised Care- Aims

Aim 1 Create Centres of Excellence for enhanced and specialist services

Aim 2 People are able to access care as close to their preferred network of support as possible

Aim 3 Provide high quality, safe and effective care, preventing people from escalating to, or requiring, urgent or unplanned care

Enhanced and Specialised Care-Scope and Spend



Enhanced and Specialised Care- Links to Other Strategies

Wellbeing

- Strong, safe and healthy communities
- Supporting and utilising social networks
- Improved emotional wellbeing and mental health
- Increasing investment in public health
- Planned care and carers
- Planned care for children and young people with physical illness

Children and Young People

- Universal early help and best start to life
- Integrated education, health and care plans
- Short breaks for children and young people and their parents
- Safeguarding children and preventing vulnerability
- Support to keep children and young people stable at home, in alternative family arrangements, in foster care or alternative placements
- Residential care for children and young people, including mental health and learning disabilities

Community

- Targeted services for people who need support in the short-term to recover from a crisis or short-term need, e.g. reablement
- Focus of people as individuals and not patients; who have their own beds in their own homes
- A joined up 'whole system approach' to support people with multiple needs
- Targeted resources for those who need long-term support in the community

Enhanced and Specialised Care - Selected Actions

- Develop care-coordination for frail older people with GP practices
- Review the current Dementia Pathway
- Deliver workforce development programme including the Care Home Leadership Programme
- QAIT to develop a pilot project based on the Brownhill study
- Implement Winterbourne View Action Plan and Concordat
- Develop a commissioning plan for end of life care

Enhanced and Specialised Care -Indicators

System element	Indicator
Care homes	PHOF Injuries due to falls in people aged 65 and over (rate per 100,000)
	ASCOF Permanent admissions of older people (aged 65 and over) to residential and nursing care homes (rate per 100,000)
	ASCOF Permanent admissions of people (aged 18-64) to residential and nursing care homes (rate per 100,000)
Specialised	NHSOF Health related quality of life for people with three or more long term conditions
	NHSOF Estimated diagnosis rates for Dementia (Percentage)
EOL	NHSOF Bereaved carers' views on the quality of care in the last 3 months of life (Percentage)
Acute	CCGOF Referral to Treatment waiting times (patients waiting over 18 weeks on incomplete pathway (%) (PHNT)
	CCGOF Total health gain as assessed by patients for elective procedures - Physical health-related procedures Hip replacement Knee Replacement Groin/ hernia Varicose veins
	CCGOF Incidence of healthcare associated infection (HCAI), MRSA, C. difficile, proportion of patients with category 2, 3 and 4 pressure ulcers, Hip fractures from falls during hospital care MRSA C.Diff Pressure ulcers Hip fractures from falls

Journey to delivery

- Second draft issued in August for feedback
- Provider and Stakeholder Workshops
- Caring Plymouth
- Seeking Plymouth Integrated Commissioning Board approval - September 2015
- Approvals October 2015
- Implementation and Monitoring
  - Performance Scorecard
  - Strategy Implementation Group
  - System Design Groups

Purpose of System Design Groups

- Each System Design Group will take responsibility for one of the four Integrated Commissioning strategies.
- to centre on
  - improving health and wellbeing outcomes
  - reducing health and wellbeing inequalities
  - To improve individual care and People's experience of care
  - improving system sustainability
- Each SDG will work collaboratively to deliver the system changes required to realise success.

Scope of SDG's

- Act as a Strategic Planning Forum, owning and working to deliver the strategies and informing future strategic developments
- Inform Commissioning decisions
- Feed through service user experience/voice into the commissioning cycle
- Create the conditions for success in delivery of the strategy
- Problem solve system performance issues
- Provide an opportunity for local market engagement
- Share system information
- Perform policy horizon scanning
- Inform workforce planning and development needs across a system
- Feed through emerging needs to the ISPIG
- Monitor delivery of the strategic intentions
- Contribute to the development of an annual plan for the system
- Escalate issues requiring others' actions which affect the success of the System Design Group
- Communicate with a wider group of stakeholders through a virtual network and make links to existing partnership groups
- Work closely with other System Design Groups to enable joined up working across the whole system
- The SDG has responsibilities spanning the whole of the commissioning cycle

Full Strategies

- Full Needs Assessments, Strategies and Annual Plans are available at:
  - www.plymouth.gov.uk/hscintegrationstrategies

This page is intentionally left blank

CARING PLYMOUTH

Tracking Resolutions and Recommendations
2015 - 2016

Date, agenda item and Minute number	Resolution	Target date, Officer responsible and Progress	
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. Discussions taken place with Health Scrutiny Leads. Review of the strategy to take place at the end of January 2015.
11 September 2014 Minute 26 – Healthwatch	Agreed that 1. Healthwatch is invited to return to the Caring Plymouth panel in 12 months' time to share their next Healthwatch Plymouth Annual Report. 2. Healthwatch share their recommendations with the Caring Plymouth panel to seek alignment and add weight to the Healthwatch recommendations on a quarterly basis.	Date	June 2015
		Officer	Ross Jago/Amelia Boulter
		Progress	To schedule into the work programme on a quarterly basis for 2015/16.
11 December 2014 Minute 36 – Peninsula Treatment Centre	Agreed that the Panel to monitor the supply and demand following the closure of the Peninsula Treatment Centre; looking at capacity and ensuring Plymouth residents receive the best service.	Date	2015
		Officer	Karen Kay, NEW Devon CCG
		Progress	To add to the work programme for 2015-16.

Date, agenda item and Minute number	Resolution	Target date, Officer responsible and Progress	
2 July 2015 Minute 5 - PHNT Performance Report (for the period APRIL 2015)	Agreed that - 1. to continue to monitor mortality rates, diagnostic services and referral to treatment times to provide assurance to the panel that progress is being made against these key indicators and that recovery plans are improving performance; 2. that a report on the new immigration rules for lower-earning non-EU workers to be provided to the panel as soon as impact on the trust is assessed; 3. that a joint performance review involving commissioners and lead providers from Health and Social Care should take place at the next meeting. Decisions on format and key performance indicators delegated to the lead officer in consultation with Chair and Vice Chair.	Date Officer Progress	02/09/15 Ross Jago Added to work programme.
2 July 2015 Minute 6 – Success Regime	Agreed that - 1. The Chair and Vice chair will write to NHS England and the	Date Officer	02/09/15 Ross Jago

Date, agenda item and Minute number	Resolution	Target date, Officer responsible and Progress	
	Secretary of State for health expressing disappointment at NHS England's failure to appear at the panel in response to significant changes in the health care system as statutorily required; 2. The panel, whilst welcoming the additional support to the Devon health and social care system, remains concerned the regime will be overseen by regional directors of National Bodies involving partner organisations "as required". With specific interventions, support and day-to-day oversight of the regime sitting at regional level the panel is alarmed at prospect of a further top down intervention into the healthcare system.	Progress	Complete – Attached.

Recommendations sent to the Cooperative Scrutiny Board.

Date, agenda item and minute number	Caring Plymouth Recommendation	Corporate Scrutiny Board Response	Date responded

Recommendation/Resolution status

Grey = Completed item.

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

This page is intentionally left blank

Chief Executive's Unit

Plymouth City Council
Ballard House
Plymouth PL1 3BJ

T 01752 304469
E ross.jago@plymouth.gov.uk
www.plymouth.gov.uk

Sir Simon Stevens
NHS England
Via Email

Please ask for: Ross Jago

Date 20 August 2015 My Ref SR01/07/15 Your Ref

RE: Attendance at Health Scrutiny and the NHS Success Regime

Dear Sir Simon

I am writing to express disappointment at the failure of NHS England to attend a meeting of the Health and Social Care Scrutiny Committee of Plymouth City Council.

The invitation was made under The Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013 (section 26), which requires persons responsible for health services in the local authority area to provide the Committee with information about the planning, provision and operation of health services.

This second failure to attend is particularly disappointing given the precarious position the Devon Health Economy finds itself in. This meeting of the committee took place on the 2nd July 2015 where the committee sought to understand the impact of the Success Regime.

Given the lack of information available, the committee remains concerned that the success regime is not a whole system approach and that clinical commissioning group and local authorities have not been central to the discussions in the development of this intervention.

The committee, whilst welcoming the additional support to the Devon health and social care system, remains concerned the regime will be overseen by regional directors of National Bodies involving partner organisations only "as required". Specific interventions support and day-to-day oversight of the regime will sit at a regional level and as a result the committee is alarmed that this could be a further top down intervention into the healthcare system.

Given the requirement under legislation, we hope that in future NHS England representatives will be made available to attend the Health and Social Care Scrutiny Committee to allay such fears. As highlighted by Robert Francis QC, scrutiny by local councillors is an important part of the framework

of health service accountability and we look forward to working closely with NHS England in the future.

Yours Sincerely

Councillor Mrs Lynda Bowyer
Chair, Caring Plymouth (Health Scrutiny Committee)

Yours Sincerely

CC

Tracey Lee
Carole Burgoyne (PCC Social Care)
Kelechi Nnoaham (PCC Public Health)
Ann James (Plymouth Hospitals NHS Trust)
Steve Waite (Plymouth Community Healthcare)
Jerry Clough (NEW Devon CCG (Western)
Anthony Farnsworth (NHS England)

CARING PLYMOUTH

Work Programme 2015 - 2016

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
2 July 2015	Plymouth NHS Hospital Trust Performance Report			Kevin Baber/Lee Budge
	Success Regime			Jerry Clough/Kelechi Nnoaham
3 Sept 2015	Tour of PCH			
	CAMHS	Update		Steve Waite
	Delayed Transfer of Care			Steve Waite
	Integrated Commissioning Strategies	To feed into the consultation and review performance measures.		Craig McArdle/NEW Devon CCG
	Integration – transfer of staff and the pooled budget	Performance review of last 6 months		Steve Waite/Craig McArdle
15 Oct 2015	Safeguarding Adults Board			Andy Bickley
	Fairer Charging Policy	Review of Policy Implementation		Craig McArdle
	Volume / Cost / Review of Social Care Packages	Co-operative Scrutiny Board Recommendation		Craig McArdle
	Corporate Performance Report - K21, K46, K47 - K23, K48, K31, K49, K50	Co-operative Scrutiny Board Recommendation		Kelechi Nnoaham Craig McArdle Jerry Clough
	NEW Devon CCG Finance Report (Section One)	Co-operative Scrutiny Board Recommendation		Ben Chilcott

Date of meeting	Agenda item	Purpose of the agenda item	Reason for consideration	Responsible Officer
10 Dec 2015	Thrive Plymouth			Kelechi Nnoaham
	Peninsula Treatment Centre	12 month review		Karen Kay – NEW Devon CCG
	Healthwatch	Update on work undertaken		
	Dental Provision			NHS England Primary Care Commissioning
	CQC Report and Action Plan / Performance Review			PHNT
21 Jan 2016	New Immigration rules impact on Health Services			PHNT
17 March 2016				

Scrutiny Review Proposals	Description