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 06 October 2015

#caringplymouth

CARING PLYMOUTH

Thursday 15 October 2015
2.00 pm
Council House, Armada Way, Plymouth, PL1 2AA

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 INTEREST

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

3. CHAIR'S URGENT BUSINESS

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

4. MINUTES (Pages 1 - 6)

To confirm the minutes of the last meeting held on the 3 September 2015.

5. PUBLIC HEALTH'S CORPORATE PERFORMANCE REPORT (Pages 7 - 10)

The Panel to receive the Public Health's Corporate Performance Report.

6. NEW DEVON CCG FINANCE REPORT (SECTION ONE) (Pages 11 - 22)

The Panel to receive NEW Devon CCG's Finance Report.

7. NHS MATERNITY REVIEW (Pages 23 - 24)

The Panel to take part in NHS England's consultation on NHS Maternity Review.

8. TRACKING RESOLUTIONS (Pages 25 - 28)

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

9. WORK PROGRAMME (Pages 29 - 30)

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

10. EXEMPT BUSINESS

To consider passing a resolution under Section 100A(4) of the Local Government Act 1972 to exclude the press and public from the meeting for the following item(s) of business on the grounds that it (they) involve 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 3 September 2015

PRESENT:

Councillor Mrs Bowyer, in the Chair.
Councillor Mrs Aspinall, Vice Chair.
Councillors Mrs Bridgeman, Sam Davey, Mrs Foster, Fox, James, Mrs Nicholson, Parker-Delaz-Ajete and Dr. Salter.

Also in attendance: Steve Waite, Tracy Clasby, Sarah Pearce, Graham Wilkin and Dave Simpkins – Plymouth Community Healthcare; Craig McArdle – Plymouth City Council, Karen Kay – NEW Devon CCG, Ross Jago – Lead Officer and Amelia Boulter – Democratic Support Officer.

The meeting started at 2.00 pm and finished at 4.35 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.

10. DECLARATIONS OF INTEREST

There were no declarations of interest made.

11. CHAIR'S URGENT BUSINESS

There were no items of Chair's urgent business.

12. MINUTES

Agreed that the minutes of the meeting of 2 July 2015 were confirmed, subject to the following amendment:-

Minute 1 – Declarations of Interest. To amend that Councillor Dr Salter is a Governor of a Panel at Derriford Hospital which has advisory powers.

13. CAMHS

Steve Waite and Tracy Clasby, Plymouth Community Healthcare (PCH) provided an update on CAMHS. It was reported that –

(a) CAMHS have undergone a redesign and have faced significant challenges since PCH undertook this service 4 years ago;

(b) a children and young people's Place of Safety opened on 31 March 2015 at Plym Bridge. The Place of Safety covers Devon, Torbay and Plymouth and any young person under the age of 18 detained by the police on a Section 136 would be brought to the Place of Safety;

(c) they were aiming to reduce the waiting times to access CAMHS to 6 weeks by December last year. This has not yet been achieved due to an increase in workloads;

(d) they were looking at the early intervention and providing support to schools, health visitors and school nurses to identify those families in need of support as well as looking at other areas of specialist care such as eating disorders and perinatal mental health.

In response to questions raised it was reported that –

(e) they were currently reviewing the pathway to identify children earlier and wouldn't discharge children from CAMHS until they were picked up by adult services;

(f) enhanced provision for children in care and the CAMHS team work closely with the Placements Team for earlier involvement;

(g) on occasion children were sent out of the area but this was very rare. If a young person required a specialist unit then they would have to move out of the area and NHS England were currently undertaking a review of Tier 4 units across the country;

(h) CAMHS were working more closely with schools and do accept referrals from schools;

(i) they were working with different partners with different IT systems and the future was to have one record for any individual and using SystemOne to access clinical records;

(j) they were ensuring that a member of the CAMHS team would be present at CAF meetings and all schools have the relevant contact details;

(k) they have been engaged in the development of the commissioning strategies and were working with the CCG for additional funds. They have been very actively engaged with a clear focus on identifying the gaps and worked with the commissioners over the last 12 months;

(l) the Crisis Outreach Team have a consultant available every afternoon and if a referral was received which needed immediate attention the young person would be seen urgently.

Agreed that Plymouth Community Healthcare provide the Panel with a report outlining the IT systems used and the CAMHS Performance Indictors for future scrutiny at a Panel meeting.

14. DELAYED TRANSFER OF CARE

Steve Waite and Sarah Pearce from Plymouth Community Healthcare provided the Panel with a presentation on Delayed Transfer of Care (DToC). It was reported that -

(a) DToC from acute or non-acute (including community and mental health) care occurs when a patient is ready to depart from care but is still occupying a bed;

(b) the Robin Community Assessment Hub piloted in February 2015 and opened in March 2015 is a 10 bedded ward and provides a multi-disciplinary community approach to reducing avoidable admissions for the elderly population;

(c) the Acute Care at Home launched in February 2015 provides an alternative to hospital inpatient stays by delivering intravenous therapy treatment in the home and prevents admissions and speeds up discharge;

(d) Acute Care at Home and the Robin Community Assessment hub are the "alternative front door" to the Emergency Department and complement PCH's existing Acute GP Services.

The Chair thanked the team for the tour of Mount Gould Hospital which included the Plym Neuro Rehabilitation Unit. The Panel were keen to support PCH's campaign for a new building for this unit. PCH were pulling together a group to look at this and value scrutiny's support.

Agreed that –

1. Following the tour of Plymouth Community Healthcare's (PCH) Plym Neuro Unit, the Panel support PCH's plans to address the accommodation for the unit.

2. Steve Waite, Chief Executive to write to the Chair of Caring Plymouth, outlining progress to date.

3. The Chair of Caring Plymouth to write to NHS England outlining the Panel's support to address the accommodation at the Plym Neuro Unit.

15. INTEGRATED HEALTH AND SOCIAL CARE

Graham Wilkin and Dave Simpkins provided the Panel with a presentation on the Integrated Service model. It was reported that –

(a) Plymouth Adult Social Care services were successfully transferred into Plymouth Community Healthcare on the 1 April 2015 and provides a fully integrated system of care to the people of Plymouth;

(b) The next stage was to achieve full integration of services by December 2015 to include –

- compliance with the Care Act 2014
- single point of entry
- integrated IT systems
- flexible, well trained and supported workforce

(c) the Integrated Locality Model is split into 3 service areas –

- single front door/urgent care services;
- 4 locality teams (North (Windsor House), South (PCH), East (Plympton) and West (Cumberland Centre);
- city-wide services.

(d) the single front door comprises of two main pathways routine and urgent. All referrals are to be triaged via a single access point and dealt with via the routine pathway or the urgent pathway;

(e) the four locality team would be geographically spread across Plymouth and would provide nursing services, professional social work, occupational therapy and other community based therapies such as speech and language within an integrated team setting;

(f) citywide services include community, outpatient and hospital based services for adults and young people provided throughout Plymouth.

In response to questions raised, it was reported that they were reviewing the options with regard to ICT and were looking to move to SystemOne with access to CareFirst. They were making sure the right services are in the right place and aim to have integrated services from December 2015.

Agreed that the Caring Plymouth Panel receive a further update on the progress made on Integrated Health and Social Care.

16. **INTEGRATED COMMISSIONING STRATEGIES**

Craig McArdle and Karen Kay provided the Panel with a presentation on the Integrated Commissioning Strategies. It was reported that there had been significant changes since the panel first saw the strategies in March and a number of consultation events had taken place with providers. It was reported that –

(a) Plymouth Integrated Fund for Health and Wellbeing the initial figure was £462m was now £476.12m;

(b) the aims of the an integrated population-based health and wellbeing system -

- to improve health and wellbeing outcomes for the local population;
- to reduce inequalities in health and wellbeing of the local population;
- to improve people's experience of care;
- to improve the sustainability of the health and wellbeing system.

(c) individuals to be at the centre with the right care, at the right time and in the right place;

(d) the 4 strategies are –

- Wellbeing;
- Children and Young People;
- Enhanced and Specialised Care;
- Community.

(e) System Design Groups would be taking responsibility for one of the 4 integrated commissioning strategies and would centre on improving health and wellbeing outcomes, reduce health and wellbeing inequalities, improve individual care and people's experience of care and improve system sustainability.

(f) feedback received has been positive and asked to reflect more on the user and primary care.

In response to questions raised, it was reported that –

(g) the larger voluntary and community sector organisations have the capacity to attend events and they were looking at ways to engage with the smaller providers. Regular engagement takes place with the Octopus Project who already delivers a lot of services around welfare and reform. The voluntary and community sector and Healthwatch are also members of the Health and Wellbeing Board who have been engaged with this process;

(h) the Children and Young People Commissioning Strategy includes early intervention and prevention and they were acutely aware that the same principles need to equally applied to adults and children.

17. **TRACKING RESOLUTIONS**

The Panel noted the progress made with the tracking resolutions and agreed that with regard to Minute 15 (7 August 2014 Panel Meeting) – Commissioning Strategy for Maternity Services. A PID is produced to look at Maternity Services at Derriford Hospital.

18. **WORK PROGRAMME**

The Panel noted the work programme and agreed to delegate to the Chair and Vice Chair to manage how the Panels review the Performance Indictors, and to include Diagnostic Waiting Times to the work programme.

19. **EXEMPT BUSINESS**

There were no items of exempt business.

PROGRESS AGAINST KEY ACTIONS IN PLYMOUTH CITY COUNCIL'S CORPORATE PLAN
Public Health Team, ODPH, October 2015

1. THE CORPORATE PLAN KEY ACTIONS

Public Health's Outcome in the Corporate Plan is; 'We will prioritise prevention', with an indicator of improving life expectancy.

This is broken down into three Key Actions:

(i) K21: Lead on the city's strategy for health and wellbeing.

Thrive Plymouth, the city's strategy for health and wellbeing, was developed in recognition that there is opportunity to define and agree a coherent approach to addressing health inequalities in the city by organising and directing society's effort to promote health, prolong life and prevent disease. Thrive Plymouth is a programme of work over 10 years, which is based on the 4-4-54 framework, i.e. that 4 key behaviours lead to the 4 diseases which cause 54% of the deaths in Plymouth. The framework and action plan was presented to the Caring Plymouth Panel on 20th November 2014.

(ii) K46: Develop a clear research and evidence base to understand health inequalities across the city.

Plymouth's Public Health Team lead the development of a clear research and evidence base to understand health inequalities across the city through the provision of analytical and intelligence-related expertise. This involves the collection, generation, synthesis, appraisal, analysis, interpretation and communication of intelligence that assesses, measures and describes the health and wellbeing, risks, needs and health outcomes of the Plymouth population.

(iii) K47: Deliver plans that reduce individual risk factors and strengthen the role and impact of early intervention and prevention.

This key action describes much of the work of the Public Health team, in preventing, or detecting and intervening early (primary and secondary prevention). Some of this is delivered through commissioning or delivering programmes of work, and some by working with and influencing partners across the City. It also includes work of partners where we have an oversight role – particular areas such as health protection, immunisation, and NHS screening programmes.

2. THE LINKS BETWEEN THE KEY ACTIONS

Information and intelligence (K46) drive the actions and interventions that are used, since we take an evidence-based approach. Part of this involves generating new evidence, such as evaluations of innovative programmes of work, or surveying of our local population to develop a detailed understanding of their health-related behaviours.

Thrive Plymouth, the city's strategy for health and wellbeing (K21), includes work tackling the four key behaviours which cause harm in Plymouth, and the context which underlie these (wider determinants). This strategy utilises prevention and early intervention, and tackles risk factors and so is closely related to the delivery of plans to reduce risk factors and strengthen the role and impact of early intervention and prevention (K47).

3. PROGRESS IN QUARTER 4 OF 2014-15

As is shown in table 1 (below) all of the milestones for the three key actions were completed as planned in Q4 of 2014-15.

Table 1: Progress against milestones in Q4 of 2014-15

Key Action Description	Milestones due for completion during current quarter	Status
K21 Lead on the city's strategy for health and wellbeing	1. Evaluation of Thrive Plymouth launch 2. ODPH behaviour workshops identifying key change enablers for reducing health inequalities 3. Initial meeting of PHT workforce and healthy hospital steering group 4. Draft of DPH Annual Report to CMT	1. Complete 2. Complete 3. Complete 4. Complete
K46 Develop a clear research and evidence base to understand health inequalities across the city	1. Full Wellbeing Survey Results to CMT 3/2/15 2. Final version of Plymouth Report to be published post CMT 3/2/15 3. PNA consultation closed 16/2/15. Final PNA to go to Feb HWB 4. National Child Measurement Programme Report to be published	1. Complete 2. Complete 3. Complete 4. Complete
K47 Deliver strategies that reduce individual risk factors and strengthen the role and impact of early intervention and prevention	1. Introducing a network of trained Workplace Wellbeing Champions in PCC to support achievement of workplace wellbeing charter and health improvement activity for our workforce (e.g. launch of Everest Challenge 19 Jan) 2. Development meeting re. Health Checks with GPs, Pharmacies and Sentinel in Feb 15 3. Work with Secondary Leads for School health & lifestyle survey results; analyse and develop an approach to the findings (to incl. mental health, resilience and diet) 4. Gain agreement with Primary leads to a primary school health & lifestyle survey. 5. Complete EIA on Healthy Weight Strategic Action Plan	1. Complete 2. Complete 3. Complete 4. Complete 5. Complete

4. RESOURCES REQUIRED FOR DELIVERY

Each milestone forms part of a project. Projects are generally consultant-led, though there are often overlaps and interdependencies between projects which require matrix working. Within the Public Health Team, resource is allocated through prioritisation of actions most likely to lead to a reduction in inequalities in health and wellbeing.

The Public Health team work with a wide range of partners, both across the city and across wider geographical footprints. Much of our work requires us to influence the decisions made by partners.

For example with Thrive Plymouth, we sought to influence employers to improve the health and wellbeing of their employees. Whilst this work can have huge benefits, it can sometimes be difficult to quantify, in advance of delivery, both the resource required (in terms of personnel) and the extent of the benefit that will be achieved at a given time. It can also be necessary to flex resources to enable delivery. As evidenced by our achievements against milestones, this has been carried out successfully.

This page is intentionally left blank

Northern, Eastern and Western Devon
Clinical Commissioning Group

NHS NEW Devon CCG – Western Locality

Finance Report – Month 5 2015/16

Introduction

This report sets out the financial performance of the Western Locality to the end of month 5 (August 2015). The report is in three sections with the first reflecting the devolved financial management responsibilities of the Locality as approved by the CCG Governing Body. This reflects the position based on the pragmatic reporting of where contracts are managed.

The second section reflects the population based report for the Locality. This represents the expenditure on contracts for the GP registered population of the Western Locality. A subset of this information (for Plymouth only practices) forms the CCG contribution towards the Plymouth Integrated Fund.

The third section of the report sets out the performance of Plymouth Integrated Fund. It therefore includes summarised Plymouth City Council (PCC) expenditure across both Pooled and Aligned funds, and the associated risk share arrangements.

Due to timing of both Governing Body and Cabinet meetings, this report remains ***DRAFT*** until the CCG Governing Body and PCC Cabinet receives these figures.

SECTION 1 – LOCALITY MANAGED CONTRACTS

1. Western Locality Finance Position

The Budget for the contracts managed in the Western Locality this month has been set at £288.5m for 2015/16. As agreed by the Governing Body, for pragmatic reasons, the budget, spend and forecast figures are CCG wide. The Locality is therefore responsible for performance against the entirety of these individual contracts and liaises with other teams as necessary where corrective action is required.

This budget has increased by £10.5m from last month, which is due mainly to the repatriation of some delegated Partnership budgets. In general these budgets included elements of the Better Care Fund, Wheelchairs and Community Equipment. These previously were reported in the Partnerships report, but in order to better reflect the responsibilities of the Western Planning and Delivery Unit, the delegation of these budgets to Partnerships has been removed and these are repatriated to the Locality report.

The detailed analysis for the locality is included at **Appendix 1**. The Year to Date performance shows a £29k overspend against plan, with a forecast outturn of £988k more than plan. The key areas contributing to the forecast variance are Plymouth Hospitals NHS Trust, the Independent Sector acute contracts, and the Care Co-ordination Team. These variances are explored in more depth below.

Acute Care Commissioned Services

Plymouth Hospitals NHS Trust

The acute contract with Plymouth Hospitals NHS Trust has been agreed at a value £173.1m, which is fully variable. There are a number of significant challenges in the contract this year, and these are reflected in the budget. The performance in these challenged areas are summarised in the report.

Contract value:	£173.1m
Penalties:	-£1.7m
QIPP:	-£3.6m
Capacity Constraint:	£2.2m
Total Budget	£170.0m

Penalties

The CCG has funded contracts that exceed its resource limit to the extent that assumed penalties are applied and re-invested in the contract value. For the Plymouth Hospitals NHS Trust contract the assumed penalties is £1.7m and this has been invested in the RTT backlog value of the contract at £3.6m. The performance to date is as follows:

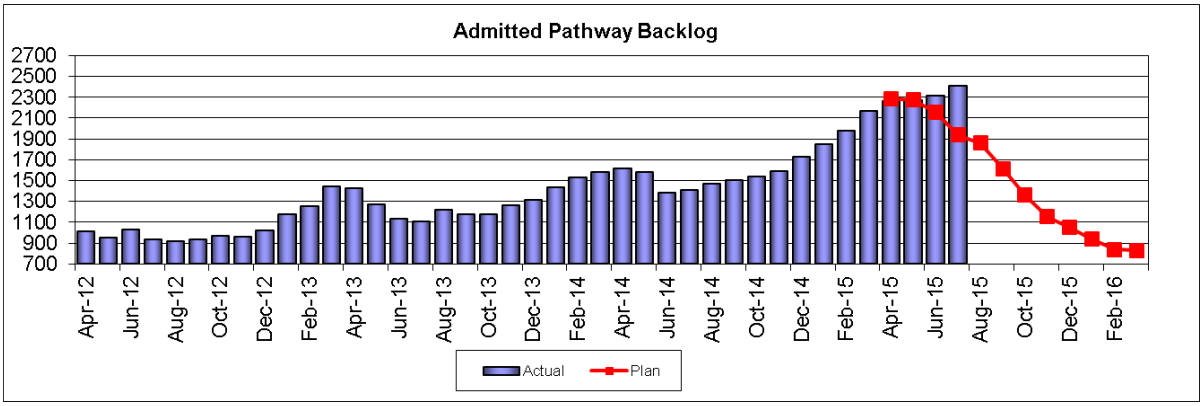
Plymouth Hospitals NHS Trust	M1-3	M4	Total
2015/16 Penalties - NEW Devon CCG	£'s	£'s	£'s
Never Events - Original Spell	-6,432	0	-6,432
Never Events - Corrective Spell	0	0	0
Eliminating Mixed Sex Accommodation	0	0	0
Cancer (62 days)	-8,181	-6,898	-15,079
Cancer (31 days)	-5,278	-1,067	-6,345
Cancer (2 Week Waits)	-13,090	-3,085	-16,175
RTT (Admitted, Non-Admitted & Incomplete)	-428,090	-168,176	-596,266
RTT (Over 52 Week Waits)	0	-5,000	-5,000
Diagnostic Waits	-91,341	-13,722	-105,063
A&E	-173,946	-77,869	-251,815
Ambulance Handovers	-31,774	-12,854	-44,628
Cancelled Operations (28-Day Breaches)	-73,879	-13,154	-87,033
Cancelled Operations (Multiple Cancellations)	-15,000	0	-15,000
Clostridium Difficile	0	0	0
Duty of Candour	-1,543	-815	-2,358
Venous Thromboembolism (VTE) Risk Assessment	0	0	0
Total	-848,555	-302,639	-1,151,194

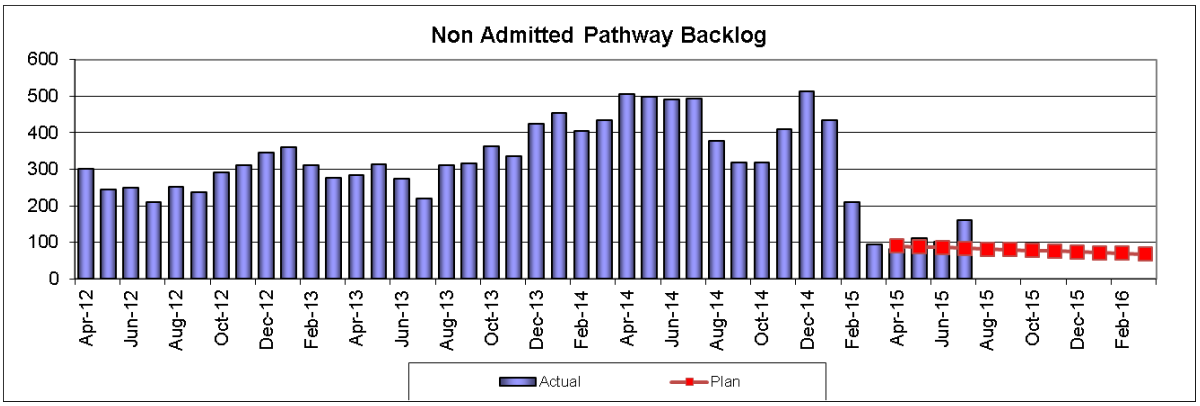
Capacity Constraint

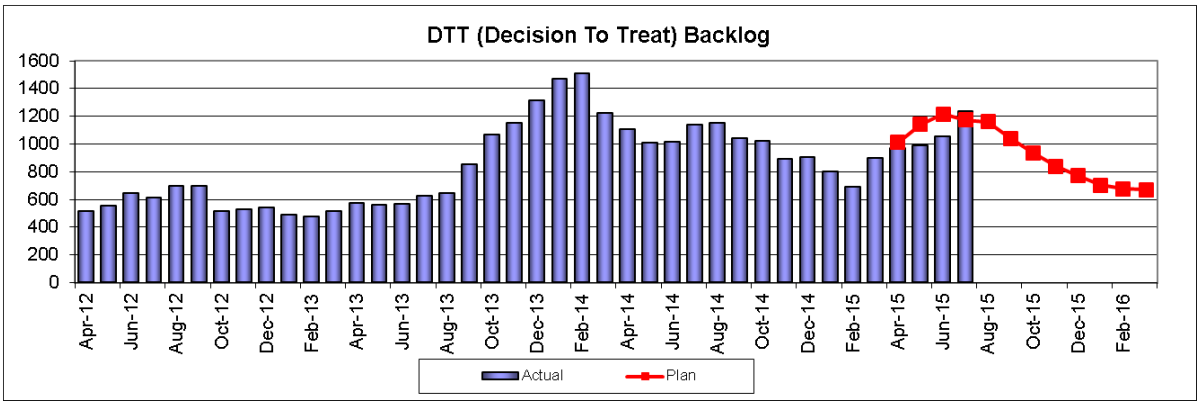
There are a number of specialities that the Trust has been unable to provide sufficient capacity to deliver RTT and match the demand in the system. The agreed level of capacity shortfall was excluded from the contract, and the locality has been soft testing the market for the capacity required to deliver RTT compliance in these specialities. To date some additional capacity has been identified within PHNT in Dermatology, Plastics and Ophthalmology. The former two have been actioned through variations to the contract, and we continue to work towards this resolution for the latter. We have now secured some capacity from Care UK for Colorectal activity. The balance has not yet been secured and there is a year to date underspend on this element of budget. The locality plans to continue to seek additional capacity and the forecast, therefore, is that this budget will be spent during the balance of the year in delivering RTT compliance.

RTT Compliance

£3.6m has been invested in securing capacity to deliver RTT compliance by reducing the backlog. Performance to month 4 is summarised in the following table, but is explored in greater depth in the Integrated Governance Report.







QIPP

The most significant issue with the contracts financial performance this year will be the requirement to deliver QIPP Savings (Quality, Innovation, Productivity and Prevention) to the value of £6.4m. £2.8m of this is reflected in the opening contract with the Trust, a further £3.6m is reflected in the Locality's budget for this contract, with an expectation that it will be delivered by year end.

It is our intention to vary the contract value through contract variation orders as QIPP schemes' financial and activity impacts are agreed, however where the impact is driven solely by the CCG and has not received agreement from the Trust we would expect the contract to underperform.

During the month the contract variation order for the impact of Robin Ward has been finalised and signed off. In addition contract variations for Dermatology and Plastics have also been agreed. This has changed the analysis of the budget as follows:

Contract value:	£172.9m
Penalties:	-£1.7m
QIPP:	-£2.6m
Capacity Constraint:	£1.4m
Total Budget	£170.0m

QIPP delivery continues to be a key focus for our work and will also form a key part of financial reporting as the year progresses. A section on the delivery of QIPP is included later in the report.

Contract Performance

At the time of writing the month 5 data for this contract had not been received and the performance is reported based on month 4 data. The month 4 performance information shows an underperformance against the contract plan of £1.8m. In addition to this underperformance there is also a year-to-date underspend on the funds withheld for the Capacity Constrained Specialties of £0.4m as these funds are not yet fully committed. The year to date position has also been adjusted to account for the non-delivery of non contractualised QIPP. This results in a total year to date position of £0.8m under plan.

The main reasons for the underperformance are explored in greater detail in the contracts section of the Integrated Governance Report, and are summarised below for context.

Year to Date	Planned Spend £000s	Actual Spend £000s	Variance £000s	Variance Activity	Variance £
Elective	12,193	11,413	- 781	0%	-6%
Non Elective	19,414	19,579	165	3.9%	1%
A&E	2,855	2,789	- 65	-1.5%	-2%
Outpatients	10,827	11,103	275	2%	3%
Excluded Services	11,731	11,525	- 205		-2%
Penalties	-	- 1,151	- 1,151		
CQUIN	1,322	1,281	- 41		
Contract Adjustments	57	-	- 57		
Total	58,399	56,538	- 1,861		-3.2%

The **Elective** underperformance remains largely due to Orthopaedics, Upper GI Surgery and Urology.

Non Elective has now moved from being under plan in the year to month 3 to cumulatively over plan in month 4. During the month a profiling issue with the plan for Non Elective was corrected and this has meant the cumulative performance to date against plan has shifted.

A detailed explanation and impact assessment is explained in more depth in the Integrated Governance Report. The overperformance in activity of 447 spells or 3.9% compares to a corresponding financial variance of £165k or 0.8% with a value variance of -2.9%. This indicates that whilst the Trust has seen a greater number of patients than planned for they haven't attracted the same level of income which suggests that they weren't as complex.

In **Accident and Emergency** the Trust have seen 377, or 1.5%, fewer patients than planned for in the year to date. This indicates a further and continued reduction in the growth levels seen over recent months.

The overall position of an overperformance of £275k (3%) on **outpatients** masks a wide variation in performance at individual specialty level.

The major contributors to the **penalties** are RTT (£596k), A&E (£252k), Cancelled Operations (£102k) and diagnostics (£105k).

Referral Information

Referral information for the first 4 months of 2015/16 shows an overall increase of 2.07% compared to the same period last year with GP referrals 1.65% above 2014/15 levels. This table was included last month in error as month 3 referral information and was in fact in reference to month 4.

Referral Source	2014/15	2015/16	Variance	%
A&E	1,035	979	- 56	-5.41%
Consultant	5,507	5,994	487	8.84%
Dentist	1,165	965	- 200	-17.17%
GP	20,401	20,737	336	1.65%
Other	3,532	3,619	87	2.46%
Grand Total	**31,640**	**32,294**	**654**	**2.07%**

* Referrals to Obstetrics & Midwife Episode not included in year on year comparison

This table is based on Plymouth Hospitals NHS Trust's data, and we are working with the Trust to reconcile and validate this data to the information flows through DRSS to ensure we have a consistent joint view of referral activity.

South Devon Healthcare Foundation Trust

The month 5 position is based upon the latest contract performance information available which is presently month 4 data. There was a bottom line overperformance on this contract in months 1 and 2 which totalled £61k, however this trend has been reversed in month 3 and 4 where there have been respective underperformances of £23k and £45k. This gives a total year to date position of a £5k under contract plan.

The key areas of overperformance within the overall variation are non elective (£31k), Excluded Devices (£8k) and undelivered QIPP (£71k). These are offset by underperformances in Outpatients (-£54k), Elective inpatients and day cases (-£31k) and Maternity (-£18k). There has also been £17k levied against the national penalty criteria. The annual forecast position includes a cost pressure from the previous reporting year of £26k.

These positions are extrapolated forward to forecast an overspend of £74k, an improvement on last month of £165k.

Independent Sector and London Trusts

The Independent Sector and London Trusts position remains broadly similar to Month 4, worsening marginally due to activity being slightly above plan, but overall forecast to be below plan based on current performance.

Non Acute Commissioned Contracts

Plymouth Community Healthcare CIC

The PCH Contract is blocked, with a single variable service (The Minor Injuries Unit), PCH produce a monthly performance/finance datebook which allows both parties to shadow monitor the block contract and review key performance metrics.

As at month 4 PCH under performed against plan by £90k (New Devon only), this would equate to a forecast outturn under performance of £216k.

The Minor Injuries unit is currently forecast to over perform by around £250k (although this will be partially offset by the DPT inpatient bed benefit share), although we are working with PCH to try and produce a more robust seasonally adjusted forecast.

PCH have had some issues when the stored procedures written in anticipation of services transferring to SystmOne have been run and continue to work to address these issues as soon as possible and have a contractor in to assist in fixing outstanding issues and improve the processes to ensure timely and accurate contract information is made available to commissioners.

We will not be reporting any performance for the South Hams element of the PCH Contract until the services have bedded in, and an appropriate indicative activity plan can be produced.

Care Co-ordination Team

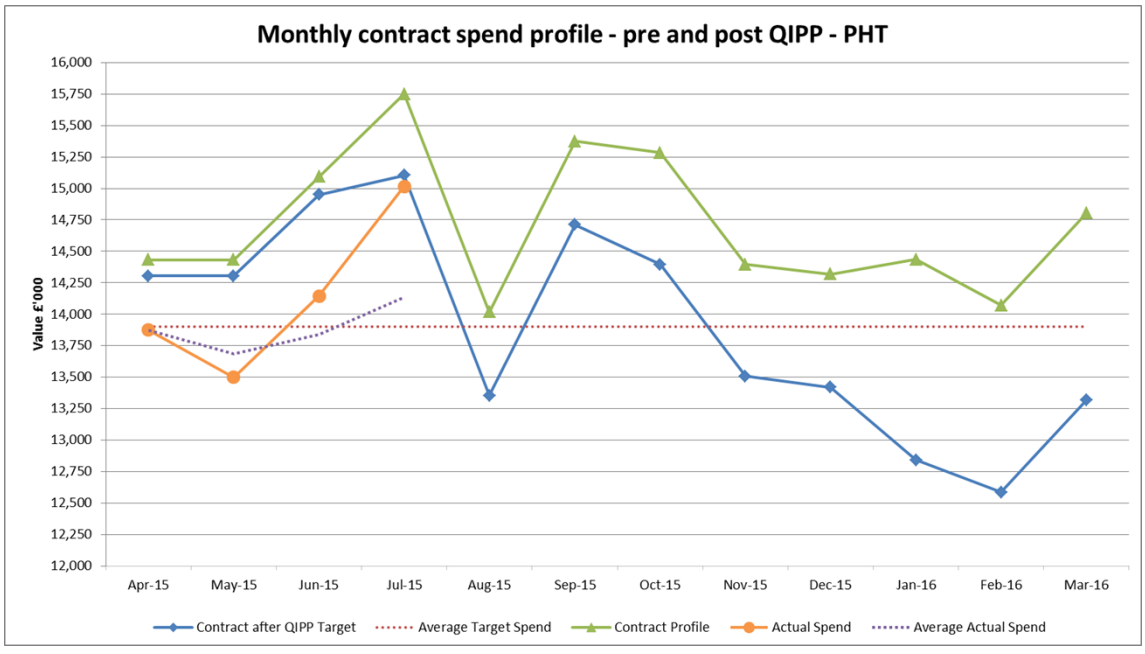
The Care Co-ordination Team (CCT) issue is detailed in Section 3, the Plymouth Integrated Fund, and is not duplicated here.

QIPP Savings Delivery

The locality has a target of £7.3m of savings to be made in 2015/16 predominantly in relation to spend within the acute contract with Plymouth Hospitals NHS Trust. The majority of the QIPP savings schemes are being managed through CCG wide control centres for urgent care and planned care to which the locality makes a significant contribution. The control centres are in place to deliver savings across the CCG footprint. The initial assessment of targeted saving (worked up through CCG planning process) for the Western Locality, together with the Right Care allocated QIPP from last months can be summarised under the following themes:

Summary	£000's	£000's	£000's
	PHNT	Other	Total
Planned Care	3,106	900	4,006
Urgent Care	1,253		1,253
Contracting Changes	1,639		1,639
Right Care	403		403
Further Right Care	3,210		3,210
	9,611	900	10,511

Plotted against the contract value and compared to actual spend the profile to date the trajectory for the Plymouth Hospitals NHS Trust schemes can be presented pictorially as follows:



The actual expenditure is closely following the contract profile, albeit consistently below plan. However, due to the QIPP plan, one would have expected to see the expenditure profile follow the Contract after QIPP Target pattern. So the graph indicates that QIPP has not been delivered to plan during the first four months. This is consistent with the overall QIPP report which shows performance to date and forecast as follows:

NORTHERN, EASTERN AND WESTERN DEVON CLINICAL COMMISSIONING GROUP

2015/16 FINANCE BOARD REPORT

FOR THE PERIOD FROM 01 APRIL 2015 TO 31 AUGUST 2015

	Year To Date			Current Year Forecast		
Month 05 August	Budget	Actual	Variance Adv / (Fav)	Budget	Forecast	Variance Adv / (Fav)
	£000's	£000's	£000's	£000's	£000's	£000's
QIPP LEDGER REPORT						
NHS Royal Devon & Exeter Foundation Trust	-1,913	-1,071	843	-11,091	-9,820	1,270
NHS Plymouth Hospitals NHS Trust	-1,707	-987	720	-9,611	-10,458	-847
NHS Northern Devon Healthcare Trust	-689	-319	369	-4,263	-3,571	692
Northern Devon Healthcare Community	-	-	-	-	-	-
NHS South Devon Healthcare Foundation Trust	-6	-	6	-99	-79	21
NHS Taunton and Somerset	-9	-	9	-45	-19	26
IS Nuffield Plymouth	-98	-12	86	-306	-124	182
Nuffield Taunton (NCA)	-	-	-	-	-	-
IS Nuffield Exeter	-80	-19	61	-319	-255	64
Independent Sector (UKSH)	-114	-74	40	-501	-472	29
Prescribing	-1,294	-611	683	-3,105	-3,105	-
Continuing Healthcare	-2,558	-4,425	-1,866	-5,422	-5,922	-500
Section 117	59	-	-59	-80	-62	18
Individual Patient Placements Adult	-59	-	59	-142	-129	13
Other Community Services	-	-	-	-	-	-
Pay	-74	-74	-	-177	-177	-
QIPP Reserves	-11	-	11	-1,929	-2,022	-94
GROSS QIPP SAVINGS	-8,554	-7,592	962	-37,089	-36,215	874

Year to date QIPP performance

The phased gross delivery of QIPP for months 1 to 5 was a target of £8.6m against which £7.6m is evidenced as delivered. This represents an 89% delivery of plan and has therefore increased slightly from the month 4 position of 87%.

This underperformance will need to be recovered later in the year when there is a significant increase in the monthly QIPP requirement. However, mitigations are being sought for those main projects which are not delivering.

Forecast

The forecast QIPP delivery at month 5 has slipped by an additional £482k to £874k adverse which demonstrates 97% delivery of plan. This assessment has been validated by the Turnaround Director.

The main changes are that the excess bed days forecast has reduced by £1,055k but continuing healthcare has an increased forecast of £500k.

The Right Care programme of work is still forecasting to deliver in full and the targets have now been apportioned across to main providers to enable the overall provider target positon to be fully understood.

APPENDIX 1

LOCALITY MANAGED CONTRACTS FINANCIAL PERFORMANCE

NORTHERN, EASTERN AND WESTERN DEVON CLINICAL COMMISSIONING GROUP

2015/16 FINANCE BOARD REPORT **Western Locality Finance Report**

FOR THE PERIOD FROM 01 APRIL 2015 TO 31 AUGUST 2015

Month 05 August	Year To Date			Current Year Forecast		
	Budget	Actual	Variance Adv / (Fav)	Budget	Forecast	Variance Adv / (Fav)
	£000's	£000's	£000's	£000's	£000's	£000's
ACUTE CARE						
NHS Plymouth Hospitals NHS Trust	72,024	71,208	-816	166,807	166,807	-0
NHS South Devon Healthcare Foundation Trust	2,131	2,157	25	5,073	5,146	73
NHS Guys & St Thomas London	146	155	9	351	371	20
NHS Imperial London	-0	-	0	-	0	0
NHS University College London	237	155	-83	570	373	-197
NHS Royal National Orthopaedic	106	99	-8	255	238	-17
NHS Royal Brompton & Harefield	169	265	95	406	634	228
Non Contracted Activity (NCA's)	3,196	3,196	0	7,671	7,671	0
Independent Sector	5,429	5,042	-387	13,168	12,530	-637
AQP	41	6	-34	98	62	-36
Other Acute	8	-20	-28	20	-	-20
Winter Resilience	6	-42	-48	15	-	-15
Subtotal	83,495	82,221	-1,275	194,433	193,833	-601
COMMUNITY & NON ACUTE						
Plymouth Community Healthcare	29,273	29,314	41	70,256	70,356	100
Torbay and Southern Devon Health & Care Trus	1,157	1,157	0	2,777	2,778	0
Sentinel Healthcare	577	577	0	1,385	1,385	-0
Community Equipment	267	267	0	640	640	-
Ultrasound (Sonarcare)	122	111	-10	292	290	-3
Reablement	625	625	-	1,500	1,500	-
Plymouth Integrated Fund - Pooled Income	-68,744	-68,744	-0	-164,985	-164,985	-
Plymouth Integrated Fund - Pooled Expenditure	68,744	68,744	0	164,985	164,985	-
Plymouth Integrated Fund - Risk Share	-	-	-	-	153	153
Better Care Fund_Plymouth CC	2,361	2,361	0	5,666	5,666	-
Subtotal	34,382	34,413	31	82,517	82,767	250
OTHER COMMISSIONED SERVICES						
Stroke Association	66	66	-	159	159	-0
Hospices	1,072	992	-80	2,573	2,506	-67
Care Co-ordination Team	2,387	3,654	1,267	5,729	7,117	1,388
Patient Transport Services	252	257	5	605	618	13
Wheelchairs Western Locality	819	939	119	1,967	1,967	-
Commissioning Schemes	91	73	-18	218	188	-29
All Other	127	132	5	305	338	34
Recharges	-6	-32	-26	-15	-15	-
Subtotal	4,808	6,081	1,272	11,540	12,878	1,338
TOTAL COMMISSIONED SERVICES	122,686	122,714	29	288,490	289,478	988
NET TOTAL OPERATING COSTS	122,686	122,714	29	288,490	289,478	988

This page is intentionally left blank

March 2015

Maternity review

Terms of reference

Context

1. Births in this country are up by almost a quarter in the last decade, and are now at their highest in 40 years. Having a baby is the most common reason for hospital admission in England.

2. Recent advances in NHS care - including assisted conception technologies - mean we are now seeing increasing numbers of multiple births, preterm deliveries, older mothers, and expectant women who have pre-existing medical problems.

3. Whilst for the majority of women and their families, having a baby is a joyous experience, for some there are significant risks, poor experiences, and still too often heartache and loss as seen in the tragic events at the University Hospitals Morecambe Bay NHS Foundation Trust. Stillbirth rates, though declining in recent years, are higher than in many other high-income countries, and there is also wide variation in the care provided to women across the country.

4. Research by the Women's Institute and the NCT suggests that whilst only a quarter of women want to give birth in a hospital obstetrics unit, over 85% actually do so. Provision of midwife-led units has increased in recent years does not provide all women an appropriate choice. The latest NICE guidance makes clear that births in midwife-led units (both freestanding and alongside consultant led obstetric-units) and homebirths can be as safe, for low risk pregnancies, as those in consultant led obstetric units, and that these result in less intervention.

5. Maternity care costs the NHS around £2.6 billion in 2012-13, a rising share of the NHS budget. 35% of all clinical negligence claims received last year in the NHS, by value, were for obstetrics. The total cost of maternity clinical negligence cover in 2012-13 was £482 million - 20% of the total budget.

Scope and purpose

6. The *NHS Five Year Forward View* committed to a review of maternity services to ensure they develop in a safe, responsive and efficient manner.

7. The Review will develop proposals for the future shape of modern, high quality and sustainable maternity services across England. The proposals should, in particular, seek to achieve three complementary objectives:

   - first, review the UK and international evidence and make recommendations on safe and efficient models of maternity services, including midwife-led units

   - second, ensure that the NHS supports and enables women to make safe and appropriate choices of maternity care for them and their babies

- third, support NHS staff including midwives to provide responsive care.

8. In developing proposals, the Review will pay particular attention to the challenges of achieving the above objectives in more geographically isolated areas, as highlighted in the Morecambe Bay Investigation report.

Chair and review panel membership

9. The Review will be led by an external Chair, supported by a diverse panel of experts and other stakeholders with an interest in improving the quality of maternity services. The appointment of the Chair and other review panel members will be announced shortly.

Key principles

10. In taking forward its work, the Review will be expected to:

- engage widely, openly and transparently at all times;
- adopt an evidence-based approach, including making use of international comparisons;
- promote the importance of inter-professional cooperation in achieving good outcomes;
- make strategic links with other key programmes relevant to the scope of this review, including working closely with the recent review announced in Scotland;
- consider the costs, benefits and implementation challenges of proposals, including the workforce; and
- seek to achieve a broad consensus around final proposals.

Timeframe

11. The review will be expected to conclude and publish proposals by the end of the year.

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	15 October 2015
		Officer	
		Progress	The Caring Plymouth Panel to feed into the NHS England consultation on the NHS Maternity Review. The review will assess current maternity care provision and consider how services should be developed to meet the changing needs of women and babies.
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	On-going
		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	October 2015
		Officer	Karen Kay, NEW Devon CCG
		Progress	A paper will be provided by NEW Devon and circulated to Panel members outside of the meeting.
2 July 2015 Minute 5 - PHNT Performance	Agreed that - 1. to continue to monitor mortality rates, diagnostic services and referral to	Date	10 December 2015
		Officer	Ross Jago

Date, agenda item and Minute number	Resolution	Target date, Officer responsible and Progress	
Report (for the period APRIL 2015)	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.	Progress	Added to work programme.
3 September 2015 Minute 13 - CAMHS	Agreed that Plymouth Community Healthcare provide the Panel with a report outlining the IT systems used and the CAMHS Performance Indictors for future scrutiny at a Panel meeting.	Date	TBC
		Officer	Steve Waite/Ross Jago
		Progress	Confirmed with Steve Waite which meeting the update will take place.
3 September 2015 Minute 14 - Delayed Transfer of Care	Agreed that – 1. Following the tour of Plymouth Community Healthcare's (PCH) Plym Neuro Unit, the Panel support PCH's plans to address the accommodation for the unit. 2. Steve Waite, Chief Executive to write to the Chair of Caring Plymouth, outlining progress to date. 3. The Chair of Caring Plymouth to write to NHS England outlining the Panel's support to address the accommodation at the Plym Neuro Unit.	Date	On-going
		Officer	Ross Jago/Steve Waite
		Progress	Steve Waite will be emailing the Caring Plymouth Chair outlining the issues regarding the Plym Neuro Unit. On receipt of the email, the Caring Plymouth Chair will write to NHS England.

Date, agenda item and Minute number	Resolution	Target date, Officer responsible and Progress	
3 September 2015 Minute 15 - Integrated Health and Social Care	Agreed that the Caring Plymouth Panel receive a further update on the progress made on Integrated Health and Social Care.	Date	17 March 2015
		Officer	Graham Wilkin
		Progress	Added to the work programme.
3 September 2015 Minute 17 - Tracking Resolutions	The Panel noted the progress made with the tracking resolutions and agreed that with regard to Minute 15 (7 August 2014 Panel Meeting) – Commissioning Strategy for Maternity Services. A PID is produced to look at Maternity Services at Derriford Hospital.	Date	15 October 2015
		Officer	Ross Jago
		Progress	To be discussed at the 15 October 2015 Caring Plymouth Panel meeting.
3 September 2015 Minute 18 - Work Programme	The Panel noted the work programme and agreed to delegate to the Chair and Vice Chair to manage how the Panels reviews the Performance Indictors, and to include Diagnostic Waiting Times to the work programme.	Date	TBC
		Officer	Ross Jago
		Progress	To be added to the work programme.

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

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	Corporate Performance Report - K21, K46, K47 - K23, K48, K31, K49, K50	Co-operative Scrutiny Board Recommendation		Kelechi Nnoaham
	NEW Devon CCG Finance Report (Section One	Co-operative Scrutiny Board Recommendation		Ben Chilcott
	Maternity Services Review	To feed into NHS England's consultation reviewing Maternity Services.		Ross Jago
10 Dec 2015	Safeguarding Adults Board			Andy Bickley
	Corporate Performance Report - K23, K48, K31, K49, K50			Craig McArdle

Date of meeting	Agenda item	Purpose of the agenda item	Reason for consideration	Responsible Officer
	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	Thrive Plymouth			Kelechi Nnoaham
	Health and Social Care Integration			Graham Wilkin

Scrutiny Review Proposals	Description
Maternity Services	