

**Democratic and Member Support**

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**WELLBEING OVERVIEW AND SCRUTINY COMMITTEE**

Wednesday 21 September 2016  
5.00 pm  
Warspite Room, Council House

**Members:**

Councillor Mrs Aspinall, Chair

Councillor James, Vice Chair

Councillors Mrs Bridgeman, Cook, Dann, Mrs Foster, Loveridge, Dr Mahony, McDonald, Tuffin and Tuohy.

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

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**Tracey Lee**

Chief Executive

# Wellbeing Overview and Scrutiny Committee

## Agenda

### 1. Apologies

To receive apologies from Members for non-attendance.

### 2. Declarations of Interest

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

### 3. Minutes

**(Pages 1 - 20)**

To agree the minutes of the following meetings;

- Your Plymouth on 14 December 2015
- Ambitious Plymouth on 1 February 2016
- Caring Plymouth on 17 March 2016
- Wellbeing Overview and Scrutiny on 20 July 2016

### 4. Chairs Urgent Business

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

### 5. Work Programme

**(Pages 21 - 24)**

The Committee will be asked to consider and approve the Work Programme and give consideration to the prioritising tool attached.

### 6. Tracking Decisions

**(Pages 25 - 30)**

The Wellbeing Overview and Scrutiny Committee will monitor the progress of its previous decisions.

### 7. Integrated Fund Monitoring Report

**(Pages 31 - 46)**

The Committee will receive a report on the Integrated Fund.

### 8. Integrated Commissioning Scorecard

**(Pages 47 - 58)**

The Committee will receive a report in respect of the Integrated Commissioning Scorecard.

**9. One Plymouth's Welcoming City Initiative (Pages 59 - 64)**

The Committee will receive a report in respect of the Welcoming City Initiative.

**10. Special Educational Needs and Disability (Pages 65 - 72)**

The Committee will receive a report in relation to Special Educational Needs and Disability and the progress towards the ambition set out in the Integrated Children and Young People's Commissioning Strategy.

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## Your Plymouth

**Monday 14 December 2015**

### PRESENT:

Councillor Jordan, in the Chair.

Councillor Morris, Vice Chair.

Councillors Churchill, Damarell, Michael Leaves (substitute for Councillor Martin Leaves), Sam Leaves, Rennie, Ricketts (substitute for Councillor Drean), Riley and Sparling.

Co-opted Representatives: Steve Meakin.

Apologies for absence: Councillors Drean, Martin Leaves and Kate Taylor.

Also in attendance: Pete Aley (Head of Neighbourhood and Community Services), Di Charlton (Lead Officer), Councillor Philippa Davey (Cabinet member for Safer and Stronger Communities), Matt Garrett (Head of Housing Services), Laura Griffiths (Financial & Social Inclusion Officer), Darin Halifax (City of Service Chief Officer), Councillor Penberthy (Cabinet member for Co-operatives and Housing), Giles Perritt (Assistant Chief Executive), Emma Rose (Strategic Development Manager (Customer Services)) and Lynn Young (Democratic Support Officer).

The meeting started at 4.00 pm and finished at 5.58 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.*

#### 21. APPOINTMENT OF VICE CHAIR

The committee agreed to appoint Councillor Morris as Vice Chair for this particular meeting.

#### 22. DECLARATIONS OF INTEREST

In accordance with the constitution, the following declarations of interest were made in respect of items under consideration at this meeting –

<b>Name</b>	<b>Minute</b>	<b>Reason</b>	<b>Interest</b>
Mr Steve Meakin	24 – Corporate Performance Report	Landlord	Personal
	25 – Problem debt review update	Employed by the CAB	Personal
Councillor Churchill	24 – Corporate Performance	Landlord	Personal

	report		
Councillor Michael Leaves	24 – Corporate Performance report	Landlord	Personal
Councillor Sam Leaves	24 – Corporate Performance report	Landlord	Personal
Councillor Riley	24 – Corporate Performance report	Landlord	Personal

23. **CHAIR'S URGENT BUSINESS**

There were no items of Chair's urgent business.

24. **MINUTES**

Agreed the minutes of the meeting held on 12 October 2015.

25. **CORPORATE PERFORMANCE REPORT**

Councillor Philippa Davey (Cabinet member for Safer and Stronger Communities), Matt Garrett (Head of Housing Services), Darin Halifax (City of Service Chief Officer), Giles Perritt (Assistant Chief Executive) and Councillor Penberthy (Cabinet member for Co-operatives and Housing), were present for this item.

Comprehensive verbal updates (and one presentation) were provided by officers and councillors on the following key actions –

**K22 - Deliver the Housing Plan Objectives**

The Plymouth Plan incorporated the strategic objectives contained in the existing, published Housing Plan, and key actions were now contained within Policy 15 'meeting local housing needs'. There were several challenges surrounding this key action including –

- a high level of homeless people in the city;
- an increase in the number of rough sleepers;
- an urgent need for housing adaptations for Plymouth's rising population of elderly or disabled people;
- the introduction of Universal Credit in January 2016, combined with rising levels of debt could result in many households experiencing significant barriers in accessing and sustaining housing;

**K24 - Strengthen and support coordination and capacity building in the voluntary sector and reinvigorate volunteering**

It is estimated that approximately 21% of the adult population (almost 45,000) are currently formally volunteering at some level in the city. The true figure is likely to

be much higher with many people volunteering and not realising that they are and informal volunteering not being recorded.

In January 2016, a volunteering opportunity of the month for Plymouth City Council staff would be advertised on the 'Our Plymouth' website along with information on staffroom, Facebook and Twitter, along with the launch a time-banking model for Plymouth City Council staff. This pilot project was funded through the Department for Communities and Local Government.

### **K25 - Lead agreement on and implementation of a new framework for working with citizens and communities for the city**

The new framework for working with citizens and communities would be delivered jointly as part of the upcoming service reviews within the People Directorate and Chief Executive's Office. A blueprint for community engagement had been developed to form the basis of discussion with partners and stakeholders. A workshop with internal stakeholders had also taken place to better understand the communication and engagement needs of the organisation. Community engagement activities continued to be undertaken across the city in support of Neighbourhood Plans, CEDTs and the Plymouth Plan Part 2.

### **K52 - Develop a programme to improve the quality of private rented housing and take action against rogue landlords**

The creation of the Housing Charter Steering Group ensured -

- the quality and management of properties in the private rented sector including fair trading by business;
- the health and wellbeing of tenants;
- the availability of choice of and access to private rented housing;
- the ability of tenants to sustain tenancies in the long term;

The main areas of questioning from Members related to the following -

- (a) the One Plymouth steering group;
- (b) the Better Together web portal;
- (c) opportunities for volunteers;
- (d) use of timebanks in Plymouth;
- (e) Council House/secure tenancies;
- (f) impact of Universal Credit on tenants;
- (g) rough sleepers in Plymouth;
- (h) training courses available for private landlords;

- (i) Charter/Plan for Private Rented Housing;
- (j) agencies/organisations available to provide help to tenants with housing/tenancy problems;
- (k) findings of the Fairness Commission report;
- (l) 'have your say' meetings.

The panel noted the report.

### 26. **PROBLEM DEBT REVIEW UPDATE**

Pete Aley (Head of Neighbourhood and Community Services), Laura Griffiths (Financial & Social Inclusion Officer), Councillor Penberthy (Cabinet member for Co-operatives and Housing) and Emma Rose (Strategic Development Manager (Customer Services)) provided members with an update on the Problem Debt Review.

The main highlights were –

- (a) there were 18 recommendations from the review, - 14 had been completed, 1 required no further action and 3 were still ongoing;
- (b) problem debt remained a concern for the residents of Plymouth - Stepchange reported that since 2012, there had been a 64% increase in calls for advice; a 75% increase in debt management plans; and a 30% reduction in unsecured debts. In the first 6 months of 2014-15, Advice Plymouth saw clients with over £3.8 m of debt;
- (c) low income families were a major concern;
- (d) Universal Credit could have a major impact on families when it was introduced;
- (e) it was possible that many families would go further in to debt as a result of the festive period.

The main areas of questioning from Members related to the following –

- (f) the use of debt collection agencies and bailiffs, in particular their methods of obtaining money;
- (g) ongoing work with the University and other city colleges;
- (h) the feasibility of Plymouth City Council establishing an alternative to Bright House;
- (i) the prevalence of loan sharks in the city.

The Chair thanked officers for their attendance at the meeting.



27. **TRACKING RESOLUTIONS**

The panel noted the tracking resolutions schedule.

28. **WORK PROGRAMME**

The panel noted the work programme.

29. **EXEMPT BUSINESS**

There were no items of exempt business.

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**Ambitious Plymouth**

**Monday 1 February 2016**

**PRESENT:**

Councillor Mrs Beer, in the Chair.

Councillor Bowie, Vice Chair.

Councillors Dann, Sam Davey, Deacon, Downie, Jordan, Riley, Singh and Tuohy.

Co-opted Representatives: Edith Bayly (Statutory Co-opted Representative)

Apologies for absence: Councillors Mrs Nicholson

Also in attendance: Wendy Brett - Principal, Sir John Hunt, Heidi Price - Headteacher, Yealmpstone Farm Primary School, Giles Philips - Compton C of E Primary School and Louise Kelly - Sports Development Unit, Jo Siney - Head of Special Educational Needs and Disability, Judith Harwood - Assistant Director for Learning and Communities, Jayne Gorton – Lead Officer, Julie Reed – Principal Admin Officer and Amelia Boulter – Democratic Support Officer,

The meeting started at 10.00 am and finished at 11.30 am.

*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.*

37. **DECLARATIONS OF INTEREST**

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

Name	Minute Number	Reason	Interest
Councillor Mrs Beer	Minute 41 – Send Framework 2015 – 18	Chair of Plumtree Children’s Centre	Personal
Councillor Jordan	Minute 40 – Work of the Plymouth School Sports Partnership	Trustee of Plymouth Youth Sailing and involved in various sporting groups	Personal

38. **MINUTES**

Agreed that the minutes of the meeting held on 7 December 2016 are confirmed as a correct record.

39. **CHAIR'S URGENT BUSINESS**

The Chair highlighted to the Panel her recent visit to the Cold Truth Exhibition which focuses on child sexual exploitation. The Chair urged members to visit the exhibition at the Radiant Gallery, Derry's Cross which exhibits until 29 April 2016.

40. **WORK OF PLYMOUTH SCHOOL SPORTS PARTNERSHIP**

Wendy Brett, Principal, Sir John Hunt, Heidi Price, Headteacher, Yealmpstone Farm Primary School, Giles Philips, Compton C of E Primary School and Louise Kelly, Sports Development Unit were present for this item. It was reported that -

- (a) following changes to funding 2010 the Plymouth Sports Schools Partnership was established bringing together the two city's sports schools;
- (b) the partnership provides fantastic opportunities for inter school competitions, links to elite coaching, leading lessons in primary schools and improving the standard quality of PE Teaching;
- (c) it encourages responsibility and healthy lifestyles for children and young people;
- (d) they were looking to set up a CIC to generate income and a legacy for Plymouth, tying in with the Thrive agenda and looking at opportunities within the city for young people.

The Panel were shown a very inspirational video and felt that this was a fantastic opportunity for children and young people across the city.

The main areas of questioning from Members related to the following -

- (e) engagement with children with disabilities, including autism;
- (f) obesity in children;
- (g) funding for sports club and lack of engagement with schools;
- (h) funding arrangements and the CIC;
- (i) how do you sell the School Sports Partnership to schools;
- (j) engagement of private schools;
- (k) the cost implication for teacher release;
- (l) definition of an elite athlete and what support provided to an elite athlete.

Agreed that when the Community Interest Company has been set up and in operation the Plymouth School Sports Partnership to comeback to Ambitious Plymouth Panel to provide a progress update in the new municipal year.

### 41. **SEND FRAMEWORK 2015-2018 - 6 MONTHLY UPDATE**

Jo Siney, Head of Special Educational Needs and Disability and Judith Harwood, Assistant Director for Learning and Communities provided the panel with a 6 month progress report. It was reported that –

- (a) the key areas of work included –
  - improving the quality of data;
  - clear policies and processes were in place that worked for schools and families;
  - good progress made in specialist support centres for children with specific speech impairments and similar support provided for hearing impairments;
  - for the 14 – 25 years provision for young people with SEND active work had taken place over the last year to understand the offer of choice for young people to maximise their independence.
- (b) good progress had been made against the implementation plan;
- (c) by quality assuring the provision this would provide data which would allow them to review the impact the provision was making to improve the outcomes for children and young people.

The main areas of questioning from Members related to the following -

- (d) definition of a support centre;
- (e) provision for children with sight issues;
- (f) who was invited to attend the SENCO Conference;
- (g) the number of children presenting from troubled families;
- (h) training for early years staff;
- (i) provision for 14 – 25 years and the huge gap at the more severe end that fall through the gaps in provision.

Agreed that the Ambitious Plymouth Panel is provided with a further progress report on the SEND Framework 2015 – 2018 in the new municipal year.

### 42. **TRACKING RESOLUTIONS**

The Panel noted the progress made with regard to the tracking resolutions.

43. **WORK PROGRAMME**

The Panel noted the work programme.

44. **EXEMPT BUSINESS**

There were no items of exempt business.

**Caring Plymouth**

**Thursday 17 March 2016**

**PRESENT:**

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

Apologies for absence: Councillors Parker-Delaz-Ajete

Also in attendance: Steve Mumford (Head of Policy and Governance - Plymouth Hospitals NHS Trust); Andy Boulting (Chief Superintendent - Devon and Cornwall Police), Steve Waite (Chief Executive) and Tracy Clasby (Livewell South West), Lee Budge (Director of Corporate Business - Plymouth Hospitals NHS Trust), Craig McArdle (Assistant Director for Strategic Co-operative Commissioning - Plymouth City Council), Ross Jago (Lead Officer) and Amelia Boulter (Democratic Support Officer)

The meeting started at 2.00 pm and finished at 3.55 pm.

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51. **Declarations of Interest**

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

<b>Name</b>	<b>Minute</b>	<b>Reason</b>	<b>Interest</b>
Councillor Stevens	Minute 55 – Mental Health - Place of Safety	Employed by Devon and Cornwall Police	Private

52. **Minutes**

Agreed that the minutes of the meeting held on 21 January 2016 were confirmed subject to the following amendment –

The declaration of interest made by Councillor Fox to be amended to Chair of Abbeyfield (Plymouth) Society.

53. **Chair's Urgent Business**

There were no items of Chair's Urgent Business.

## 54. **Plymouth Hospitals NHS Quality Accounts - Top Priorities**

Steve Mumford, Head of Policy and Governance, Plymouth Hospitals NHS Trust presented the Panel with the Quality Account. It was reported that this was undertaken on an annual basis and they were consulting on the top three priorities for the hospital.

The main areas of questioning from Members related to the following -

- (a) how the priorities were decided and are they the right ones;
- (b) public involvement in the consultation of the priorities and are they easily accessible to the public;
- (c) what happens to the 3 priorities not chosen as part of the Quality Account;
- (d) how the information was gathered and measured.

Agreed that Members would forward to the Democratic Officer their top 3 priorities as part of the Quality Account consultation.

## 55. **Mental Health - Place of Safety**

Andy Boulting, Chief Superintendent, Devon and Cornwall Police, Steve Waite, Chief Executive and Tracy Clasby, Livewell South West, Lee Budge, Director of Corporate Business, Plymouth Hospitals NHS Trust and Craig McArdle, Assistant Director for Strategic Co-operative Commissioning, Plymouth City Council were present for this item. Members received a presentation on how the system was working together on place of safety following the recent Plymouth Herald article. Please click on link below to access the presentation.



Scrutiny Cte Mental  
Health and Emergenc

The main areas of questioning from Members related to the following -

- (a) how many people with mental health issues presenting at the emergency department and the support provided;
- (b) more difficult to access GP and how this was being managed;
- (c) what work was being undertaken within our communities in respect of early intervention and prevention.

The Chair thanked all the officers for their attendance and felt reassured that all partners were working together to resolve the issues around place of safety.



## 56. **Health and Social Care Integration Update**

Steve Waite, Chief Executive and Tracy Clasby, Livewell South West and Craig McArdle, Assistant Director for Corporate Commissioning, Plymouth City Council were present for this item. The panel were shown a video made by Livewell South West called Integrated Health and Social Care in Practice and a presentation.



Integration update  
for scrutiny panel 17C

The main areas of questioning related to the following -

- (a) delayed transfer of care;
- (b) the cost of IT, timeframe, benefits and risks;
- (c) one system one budget branding;
- (d) workforce redesign;
- (e) the benefits of smart working.

Agreed that a performance framework on the health and social care integration to be scheduled to come back to the panel.

## 57. **Caring Plymouth Achievements 2015 - 16**

Members were invited to put forward the achievements of the Panel and the following items were raised for inclusion in the Annual Scrutiny Report -

- biggest integration of health and adult social care;
- Success Regime;
- Dental provision;
- Scrutiny of Plymouth Hospitals NHS Trust Performance reports;
- Integrated commissioning and pooled budgets.

## 58. **Tracking Resolutions**

The Panel noted the tracking resolutions and all outstanding items would be included in the work programme for the new municipal year.

## 59. **Work Programme**

The Panel noted the work programme.

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**Wellbeing Overview and Scrutiny Committee**

**Wednesday 20 July 2016**

**Present:**

Councillor Mrs Aspinall, in the Chair.  
Councillor James, Vice Chair.  
Councillors Mrs Bridgeman, Cook, Dann, Mrs Foster, Loveridge, Dr Mahony, McDonald, Tuffin and Tuohy.

Apologies for absence; Councillor Mrs Beer.

Also in attendance: Kristin Barnes (Democratic Support Officer), Councillor Bowyer (Leader, Plymouth City Council), Councillor Mrs Bowyer, Carole Burgoyne (Strategic Director for People, PCC), Jerry Clough (NEW Devon CCG), Ross Jago (Lead Officer), Andrew Loton (Policy and Performance Officer, PCC), Laura Nicholas (NEW Devon CCG), David Northey (Head of Integrated Finance)

The meeting started at 5pm and finished at 8pm.

*Note: At a future meeting, the Panel 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. **To Note the Appointment of Chair and Vice Chair**

The committee noted the appointment of Councillor Aspinall as Chair, and Councillor James as Vice Chair.

2. **Declarations of Interest**

Name	Subject	Reason	Interest
Wendy Foster	Minute 6 - Children and Young People's integrated Plan	Sits on the Adoption Panel	

3. **Chairs Urgent Business**

The 5pm start time of the meeting was discussed. It was decided to review the start time in the winter.

4. **Plymouth City Council Corporate Plan**

The Committee received a report presented The Leader of the City council, Councillor Linda Bowyer and Carole Burgoyne, Plymouth City Council, on the Plymouth City Council Corporate Plan containing the attached.



Corporate Plan.pdf

Comment from the Committee covered the following areas;

- a) a number of the plans detailed on page 7 of the agenda were already in place. The Plan for Sport and the Welcoming City Action Plan were under development;
- b) the possibility of setting up a cross party working group in relation to the Active Neighbourhoods Project would be considered, community engagement was recognised as important and to be encouraged;
- c) delayed discharge was less of an issue in Plymouth than in other areas. Occupancy of beds is under pressure but this winter had been better than last and no Black Alert had been issued

The Committee noted the report and agreed the following recommendations;

1. The Welcoming City Action Plan will be available for scrutiny.
2. Scrutiny members would take an active role in the consultation on budget setting priorities.

## 5. **Success Regime and Sustainable Transformation Plan**

The Committee received a presentation from Laura Nichols, NEW Devon CCG, regarding the Success Regime and Sustainable Transformation Plan detailing the attached;



In response to questioning the Committee heard that;

- a) when planning future provision of health services it was necessary to take in to account that there were historical overspends that would need to be paid down. It was critical to act immediately or the situation would continue to get worse;

- b) the STP was not designed to slow down progress that was already being made in Plymouth but to provide a strategic plan for solutions to remaining issues;
- c) 20 opportunities for improvement of services had been identified via workshops. These were the ideas that should deliver good outcomes quickly;
- d) Some of the variation in standards of care across the region could be explained by differing demographics accessing care in differing ways in different areas. Variation was only a concern where it resulted in an unfair or unacceptable outcome;
- e) the Integrated Care Fund provided a good opportunity to solve funding issues around early discharge;

The Committee agreed to -

- 1. Support the strategic direction of the Sustainable Transformation Plan. However it should not impact on the programme of change in Plymouth and Health and Care Organisations in Devon should be encouraged and supported to keep pace with the shift to new models of care.
- 2. Delegate to small working group to monitor progress of the Sustainable Transformation Plan and bring back to the committee proposals which have a significant impact and/or risk to services and people in Plymouth.
- 3. Report on progress against opportunities for accelerated implementation of service delivery and quality improvement as part of the integrated fund monitoring report.

## 6. **Integrated Commissioning Action Plans**

Councillor Lynda Bowyer and Carole Burgoyne presented a report to the Committee regarding the integrated Commissioning Action Plan containing the attached;



Commissioning Action Plans.pdf

The Committee agreed to –

- 1. Review the action plan aim “*Deliver and integrated education, health and care offer: ensure the delivery of integrated assessment and care planning*” at the next meeting of the committee.
- 2. Request that the integrated commissioning scorecard will be made available as a standing agenda item.

3. Establish a Select Committee review on the Urgent Care System.

## 7. **Medium Term Financial Strategy**

Cllr Ian Bowyer introduced a draft version of Plymouth City Council's Medium Term Financial Strategy to the Committee detailing the attached;



MTFS Report Wellbeing Scrutiny.pdf

In response to questioning the Committee heard that;

- a) The Public Health Grant was currently ring fenced to specific services, however, in the 2017 – 18 financial year this ring fence will be removed and the grant will be intended for use on local priorities.
- b) There was a level of risk attached to proposals within the MTFS. The Committee was assured that there was a lot of work ongoing to identify and mitigate risk, formulate contingencies and to constantly reevaluate processes and consider the right way forward.
- c) The document was very much a draft which was being brought to the attention of the Committee at the earliest opportunity in the interests of transparency.
- d) Some “overheating” in the system was inevitable with demand led services.

The Committee agreed that -

1. Improvements were required to the MTFS to make visible how risks and opportunities were being identified through scenario planning and to make the management of risk more explicit.
2. The corporate strategic risk register should be emailed to members as soon as possible
3. Mitigation plans for the “overheating” in Adult and Children’s Social Care as to be made available as part of the Integrated Fund Monitoring Report.

## 8. **Work Programme**

The committee agreed to add the following items to their work programme –

- Sustainable Transformation Plan (subject to working group recommendations)
- Integrated Commissioning Score Card (Standing Item)

- Dental Health (date to be confirmed)
- CQC Inspection Reports (date to be confirmed)
- Community Safety Partnership (date to be confirmed)
- Urgent Care (Select Committee Review)
- Welcoming City Action Plan (September)
- Integrated Commissioning Aim - *Deliver and integrated education, health and care offer: ensure the delivery of integrated assessment and care planning* (September)

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# WELLBEING OVERVIEW SCRUTINY COMMITTEE

Work Programme 2016-2017



**PLYMOUTH**  
CITY COUNCIL

**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 Co-operative Scrutiny Board.**

For general enquiries relating to the Council's Scrutiny function, including this committee's work programme, please contact Helen Wright, Democratic Support Officer, on 01752 307903.

Date of meeting	Agenda item	Prioritisation Score	Reason for consideration	Responsible Officer
<b>20 July 2016</b>	Plymouth City Council Corporate Plan			
	Success Regime and Sustainable Transformation Plan			
	Integrated Commissioning Action Plans / Performance Scorecard			
	Integrated Fund monitoring Report		Standing Item	
<b>21 September 2016</b>	Integrated Fund monitoring Report		Standing Item	
	Integrated Commissioning Scorecard		Standing Item	
	Welcoming City Action Plan			
	Integrated Commissioning Aim: <i>Deliver and integrated education, health and care offer: ensure the delivery of integrated assessment and care planning</i>			
	<i>Community Item (if forthcoming)</i>			
<b>23 November 2016</b>	Integrated Fund monitoring Report		Standing Item	
	Integrated Commissioning Score Card		Standing Item	
	Public Health Annual Report			
	<i>Community Item (if forthcoming)</i>			
<b>9 January 2017 (Budget)</b>				
<b>15 February 2017</b>	Integrated Fund monitoring Report		Standing Item	
	Integrated Commissioning Score Card			
	<i>Community Item (if forthcoming)</i>		Standing Item	

Date of meeting	Agenda item	Prioritisation Score	Reason for consideration	Responsible Officer
<b>5 April 2017</b>	Integrated Fund monitoring Report		Standing Item	
	Integrated Commissioning Score Card			
	<i>Community Item (if forthcoming)</i>		Standing Item	
<b>Items to be scheduled</b>				
	CQC Inspection Results			
	Community Safety Partnership			
<b>Select Committee Reviews</b>				
<b>November</b>	Urgent Care			
<b>tbc</b>	Sustainable Transformation Plan			

**SCRUTINY PRIORITISATION TOOL**

Test		Yes (=1)	Evidence
Public Interest	Is it an issue of concern to partners, stakeholders and/or the community?		
Ability	Could Scrutiny have an influence?		
Performance	Is this an area of underperformance?		
Extent	Does the topic affect people living, working or studying in more than one electoral ward of Plymouth?		
Replication	Will this be the only opportunity for public scrutiny?		
	Is the topic due planned to be the subject of an Executive Decision?		
	<b>Total:</b>		High/Medium/Low

Priority	Score
High	5-6
Medium	3-4
Low	1-2

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**Wellbeing Overview and Scrutiny Board and  
Corporate and Place Overview and Scrutiny  
Board**

Tracking Resolutions – 2016 - 2017



	Resolution	Target date, Officer responsible and Progress
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Wellbeing Overview and Scrutiny Committee			
20.07.16  Plymouth City Council Corporate Plan  Minute 4	The Committee noted the report and <u>agreed</u> the following recommendations;  1. the Welcoming City Action Plan will be available for scrutiny. 2. Scrutiny members would take an active role in the consultation on budget setting priorities.	Date:	September 2016
		Officer:	Kristin Barnes (Democratic Support Officer)
		Progress:	Relevant officers have been advised. The Welcoming City Plan is scheduled to come before the Wellbeing Overview and Scrutiny Committee on 21 September 2016 - <b>Complete</b>

20.07.16  Success Regime and Sustainable Transformation Plan  Minute 5	The Committee <u>agreed</u> to –  1. support the strategic direction of the Sustainable Transformation Plan. However, it should not impact on the programme of change in Plymouth and Health and Care Organisations in Devon should be encouraged and supported to keep pace with the shift to new models of care. 2. delegate to small working group to monitor progress of the Sustainable Transformation Plan and bring back to the committee proposals which have a significant impact and/or risk to services and people in Plymouth. 3. report on progress against opportunities for accelerated implementation of service delivery and quality improvement as part of the integrated fund monitoring report.	Date:	March 2015
		Officer:	Ross Jago (Lead Officer)
		Progress:	Chair and Vice Chair have met with scrutiny colleagues from across the Devon area. New models of care are being consulted upon throughout the Devon area.  Minute 5 (1) will be dealt with through standing item on the Integrated Fund Monitoring Report.

20.07.16  Integrated Commissioning Action Plans  Minute 6	The Committee <u>agreed</u> to – <ol style="list-style-type: none"> <li>1. review the action plan aim “<i>Deliver and integrated education, health and care offer: ensure the delivery of integrated assessment and care planning</i>” at the next meeting of the committee.</li> <li>2. request that the integrated commissioning scorecard will made available as a standing agenda item.</li> <li>3. establish a Select Committee review on the Urgent Care System.</li> </ol>	Date:	March 2016
		Officer:	Kristin Barnes (Democratic Advisor)
		Progress:	<ol style="list-style-type: none"> <li>1. the action plan aim “<i>Deliver and integrated education, health and care offer: ensure the delivery of integrated assessment and care planning</i>” will be considered at the meeting of 21 September.</li> <li>2. Integrated Commissioning Scorecard has been added as a standing item on the agenda.</li> <li>3. a Select Committee Review into Urgent care is in the process of being set up</li> </ol>

20.07.16  Medium Term Financial Strategy  Minute 7	The Committee agreed that -  1. Improvements were required to the MTFS to make visible how risks and opportunities were being identified through scenario planning and to make the management of risk more explicit.  2. The corporate strategic risk register should be emailed to members as soon as possible  3. Mitigation plans for the “overheating” in Adult and Children’s Social Care as to be made available as part of the Integrated Fund Monitoring Report.	Date:	September 2016
		Officer:	Andrew Hardingham / Carole Burgoyne
		Progress:	7 (1) Officers have been tasked with highlighting levels of risk within the Medium Term Financial Strategy. This will be considered at the 22 <sup>nd</sup> September 2016 consideration of the MTFS.  (2) The corporate risk register has been emailed to members. If members require further updates this can be arranged as officer briefings or as a work programme item.  (3) The Integrated fund monitoring report will be subject of scrutiny on the 21 <sup>st</sup> January.

**Place and Corporate Overview and Scrutiny Committee**

27.07.2016  Plymouth City	The committee <u>agreed</u> that –  1. It should be explicit within the Corporate Plan that the	Date:	August 2016
		Officer:	Ross Jago (Lead Officer)



<p>Council's Draft Corporate Plan 2016-19</p> <p>Minute 4.</p>	<p>move to increased digital accessibility is based on an approach of digital be preference;</p> <ol style="list-style-type: none"> <li>2. A focus on fly-tipping should be added to the priority activity on littering;</li> <li>3. The Corporate Plan Performance Framework is made available as a standing item on the committee;</li> <li>4. Net yield and occupancy rates from the Council's Commercial Estate and information on stalled sites will be monitored by the committee through the most appropriate mechanism;</li> <li>5. A report on the UK's withdrawal from the European Union and the Impact on and response by the City Council to be provided to the committee at a future meeting.</li> </ol>	<p>Progress:</p>	<p>Information has been fed back to officers for inclusion into the Corporate Plan where appropriate. The Corporate Plan will be considered at full Council on the 19 September 2016.</p>
<p>27.07.2016</p> <p>Medium Term Financial Strategy</p> <p>Minute 5.</p>	<p>The committee <u>agreed</u> that –</p> <ol style="list-style-type: none"> <li>1. A Select Committee Review will be held in early September 2016 on the Plan for Waste;</li> <li>2. A joint Select Committee Review will be held, at the most appropriate time, to enable pre-decision scrutiny of the budget, efficiency proposals, the next iteration of the Medium Term Financial Strategy, consultation feedback on the proposals and the findings from the Select Committee Review on waste, prior to decisions being taken by Cabinet and Council.</li> </ol>	<p>Date:</p>	<p>August/September 2016</p>
		<p>Officer:</p>	<p>Ross Jago (Lead Officer) and Helen Wright (Democratic Advisor)</p>
		<p>Progress:</p>	<ul style="list-style-type: none"> <li>• the Select Committee Review on the Plan for Waste was held on 31 August 2016. Recommendations will be submitted to the Select Committee Review on the Medium Term Financial Strategy on 22 September 2016.</li> <li>• a Joint Select Committee Review on the Medium Term Financial Strategy has been arranged for 22 September 2016.</li> </ul>

27.07.2016  Plymouth Plan/Local Joint Plan  Minute 6.	The committee <u>agreed</u> that the Lead Officer, in consultation with the Chair and Vice Chair will prepare a consultation response on behalf of the committee.	Date:	August/September 2016
		Officer:	Ross Jago (Lead Officer)
		Progress:	There were no further comments from Members of the committee therefore a response was not made. Minutes supporting discussion at the meeting will be forwarded to the Plymouth Plan team.



Northern, Eastern and Western Devon  
Clinical Commissioning Group



## **NHS NEW Devon CCG Plymouth Integrated Fund Finance Report – Month 4 2016/17**

### **Introduction**

This report sets out the outturn financial performance of the Plymouth Integrated Fund for the month of July 2016.

The report is in two sections. The first section details the performance of the Integrated Fund, including the section 75 risk share arrangements. The second section details the financial performance of the Western Planning and Delivery Unit (PDU) of the Clinical Commissioning Group.

In summary, the Integrated Fund is forecasting to deliver against budget with a nil risk share impact. The Western PDU is currently forecasting a marginally overspent position against plan.

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### **SECTION 1 – PLYMOUTH INTEGRATED FUND**

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#### **Plymouth Integrated Fund Finance Position**

The summarised financial performance of the Integrated Fund for both the CCG and the Local Authority is set out in **Appendix 1**. Both the Health and Local Authority budgets are forecasting to be marginally overspent at this stage in the year. However, in order to achieve this forecast in the Local Authority a recovery plan is being put in place.

The impact of the risk share at this stage in the year is minimal, at less than £50k. As this continues to fluctuate with the individual organisations forecasts, whilst it remains less than £50k either way, a zero impact has been reflected in the outturn forecast.

#### **Health Contribution to the Fund**

The financial plan for 2016/17 is not yet approved by NHS England. The delay is due to the continued development of a system control total with the CCG and Trust's

regulators across a sub-set of the organisations within Devon. For the purpose of the month 4 reporting the budget has been set based on our last CCG financial plan submission to NHS England and approved by the Governing Body.

Overall the Health contribution to the fund is forecast to be in line with the budget. Within this there are some pressures as identified, however as the financial plan and budgets are not yet finalised, these pressures are currently offset by an assumed release of contingencies or recovery plans:

### **Acute Care**

There is a small overspend forecast at £0.2m, due mainly to the usage of the Independent Sector.

### **Community Services**

There is a small overspend forecast at £0.3m, due mainly to the use of Minor Injuries Services.

### **Placements**

There is an overspend currently forecast of £1.3m. This is due to a number of additional client packages agreed and for which there is a full year cost impact in 2016/17.

### **Contingency**

The above pressures are generally offset by the use of the Clinical Commissioning Group contingency.

## **Local Authority Contribution to the Fund**

### **Children Young People & Families**

The Children Young People and Families Service are reporting a budget pressure of £1.151m for Month 4, a marginal improvement on the forecast last month. The Service is facing unprecedented pressures, care applications are up, and the service is struggling to purchase cost effective placements to adequately meet demand.

There are risks that continue to require close monitoring and management:

- Increased number of young people in care since budget setting autumn 2015.
- Lack of availability of the right in-house foster care placements creating overuse of IFA's.
- Court ordered spend continues on Parent & Child Assessment placements.
- There are still a small number of individual packages of care at considerably higher cost due to the needs of the young person.

- There are currently 27 Residential Placements with budget for only 20.
- There are currently 103 Independent Foster Care (IFA's) placements with budget for only 70.
- A region wide lack of placements due to an increase in demand.

### **Strategic Co-operative Commissioning**

The Strategic Co-operative Commissioning (SCC) service is continuing to report a budget pressure of £0.498m with no change in month. There are a number of areas that are contributing to this pressure around increased costs and client numbers of care packages, with particular areas of pressure including Supported Living and Residential Care and a large increase of numbers in Nursing Care and a substantial amount of costs coming in from prior years.

As part of the transformation project for 2016/17, the SCC budget will need to make savings of over £5m (in order to contribute to the £9.214m Directorate target) with the activities and actions that will drive delivery forming part of the transformation programme. To date, SCC has plans for approximately £2.8m of savings around reduced client numbers, reviews of high cost packages and contract savings and will be working up plans for the remainder in the next few months.

### **Learning and Communities**

Learning and Communities is reporting an overspend of £0.025m at the end of month 4.

Within the Home to School Transport service a pressure of £0.418m is being reported. In the main this is linked to the retendering exercise that took place in December 2015 which resulted in an increase to the price of services contracted in.

This pressure is being offset in part due to Star Chamber exercises that have taken place within the Service and these will continue to drive out savings during the year, to mitigate emerging pressures.

During 2016/17 the Learning and Communities budget will need to make savings of £1.269m (in order to contribute to the £9.214m Directorate target) with activities and actions that will drive delivery forming part of the transformation programme. Circa £0.840m has been saved to date through EVRS and the transformation of services.

For the Education Services Grant an in year pressure that has arisen as a direct result of schools converting to Academy status has been contained for 2016/17. There will be a future year pressure moving forward and this will be updated during next quarter's monitoring.

### **Housing Services**

Housing Services is projecting a balanced budget for 2016/17.

## **Public Health**

The public health ring-fenced grant budget cut for 2016/17 has increased to £1.293m for Plymouth City Council.

## **Plymouth City Council Delivery Plans**

Overall, the Directorate has plans to deliver £9.124m of savings. In addition the directorate are developing recovery plans to bring back the overspend to balance.

## **Conclusion**

The Integrated Fund is currently forecast a balance position against the 2016/17 budget of £490m, with a nil impact on the Section 75 risk share agreement.

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## **SECTION 2 – WESTERN PDU MANAGED CONTRACTS**

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### **Context / CCG Wide Financial Performance at Month 4**

The financial plan for 2016/17 is not yet approved by NHS England but negotiations are nearing conclusion with the national Arm's Length Bodies of the CCG share of the system wide control total and the contractual arrangements to support this.

For the purpose of the month 4 reporting the budget has been set based on our last CCG financial plan submission to NHS England and approved by the Governing Body. This plan demonstrates an in year deficit of £29m with £11m of headroom intact and uncommitted as per the national guidance but is predicated on delivering a QIPP target of £60m which is above the current system wide plans and therefore is significantly risk assessed. .

The draft financial plan is to deliver an in year deficit of £29m. In addition to this the brought forward deficit from 2013/14 to 2015/16 of £78.4m is repaid bringing the CCG to a planned cumulative deficit position of £107.4m. The draft budget for the CCG is set on this basis

### **Month 4 Summary financial position**

	Planned Deficit £'000	Actual Deficit £'000	Variance £'000	Movement from previous mth
Year To date in year position	9,278	9,278	0	0
B/fwd deficit	26,129	26,129	0	0
<b>Total In year Position</b>	<b>35,407</b>	<b>35,407</b>	<b>0</b>	<b>0</b>
Forecast in year deficit	29,006	29,006	0	0
B/Fwd deficit	78,386	78,386	0	0
<b>Total Forecast Deficit</b>	<b>107,392</b>	<b>107,392</b>	<b>0</b>	<b>0</b>

### Year to date

The year to date financial position of the CCG is reported on plan. This results in an in-year deficit of £9.0m (prior to the repayment of brought forwards deficits). The material cost pressure emerging in month is the nationally agreed increase contribution from the NHS towards the cost of nursing care in residential homes. This has increased the price of funded nursing care impacting upon Continuing Health care, FNC and other coordinated care budgets. This was reported as a potential risk to the finance committee in month 3

### Forecast

The forecast outturn of the CCG is in line with the draft financial plan but has been significantly risk assessed due to the need to align this with the overall system wide plan as described in the opening statement. In addition the CCG has had to absorb some emerging cost pressures, the material issue being £3.5m due to the impact of FNC as described above. This has been offset through the full release of contingency reserves in the forecast to meet the planned level of in year deficit.

### System Wide Savings Plan

The CCG is reporting 78% achievement of the net CCG share of the System Wide Savings plan as at month 4. However, there is a significant assumption made on the year to date position on the system wide gap of £9m (forecast £27m). This is the value that moves our internal financial plan from the system wide savings plan to the current CCG plan and will be netted off against the solutions on the final control total being use of headroom, share of deficit with providers, revised control total or a combination of these issues. Therefore this system gap has been assumed as met to avoid a technical variance until such time as final plans are signed off and final budgets are set.

### Risk

The CCG financial position has been significantly risk assessed against the worst case scenario of the system wide savings plan which would result in a significant element of the system wide gap to the required control total sitting with the CCG. The position has worsened by £5.7m from month 3 as the CCGs contingency reserves have been full utilise in the FOT position and therefore are not available as

risk mitigation. Overall the unmitigated risk is £31m. Should this risk fully materialise the CCG would end the year with an in-year deficit of £64m.

### **Western PDU Finance Position**

#### **Introduction**

The initial draft budget (as described within the context above) for the contracts managed in the Western PDU is £306.5m. Adjustments to budgets this month reflect an increase as a result of rebasing issues with South Devon and Torbay Clinical Commissioning Group, but are matched with additional spend commitments. The total budget now stands at £306.8m.

The Locality is currently forecasting an overspend of £0.4m against the budgets for the contracts that are managed in the West. The most significant element of this is with Livewell Southwest and is resultant from the use of Minor Injuries Services for which we hold a variable contract.

The detailed analysis for the PDU is included at **Appendix 2**.

### **Acute Care Commissioned Services**

#### **Plymouth Hospitals NHS Trust**

As explained in the context above, at the time of writing, the final contract value for Plymouth Hospitals NHS Trust is unconfirmed and the contract unsigned. The contract performance will still be reported on and scrutinised at the same degree of granularity and as such detail can be provided in this report.

At this stage the budget allocation and forecast spend reflect the anticipated final contract value of £171.7m.

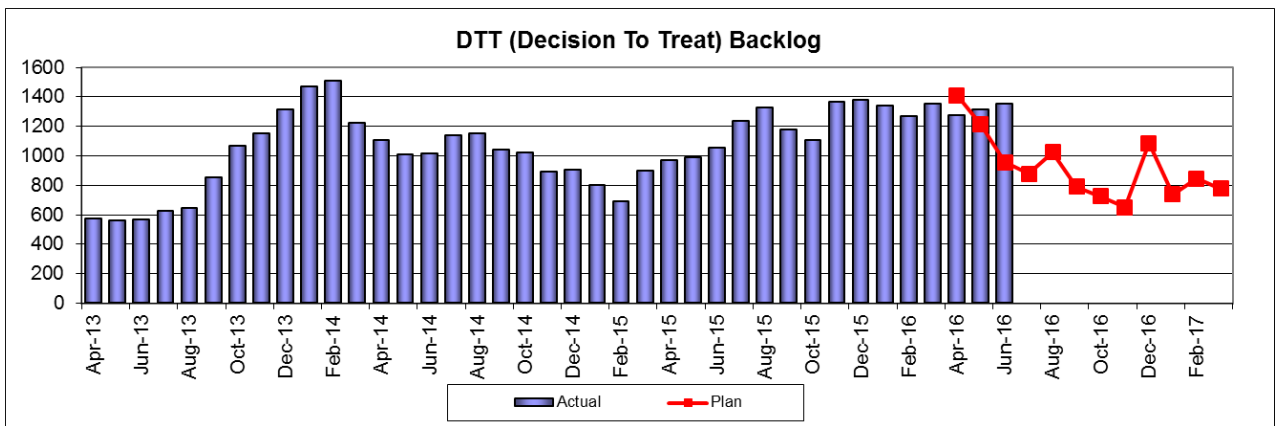
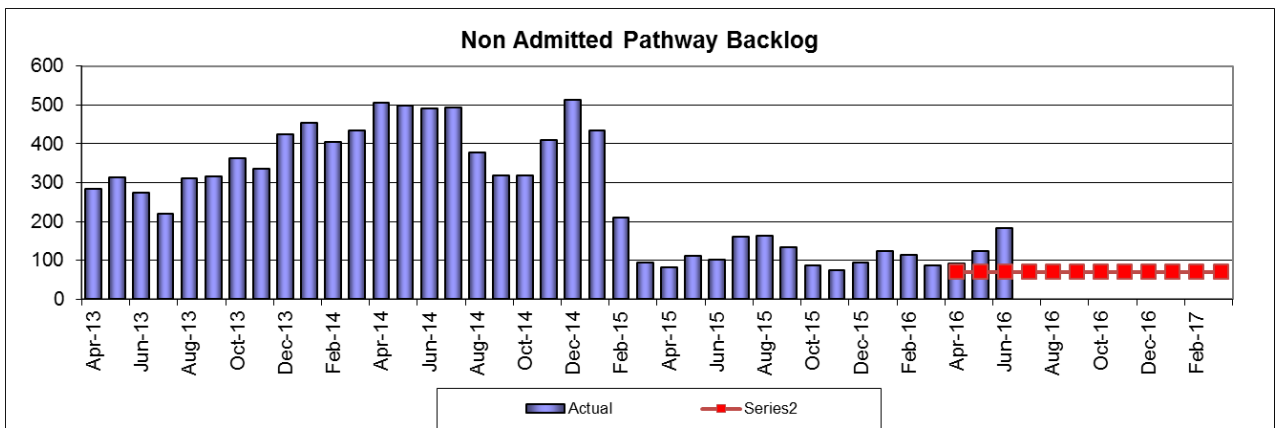
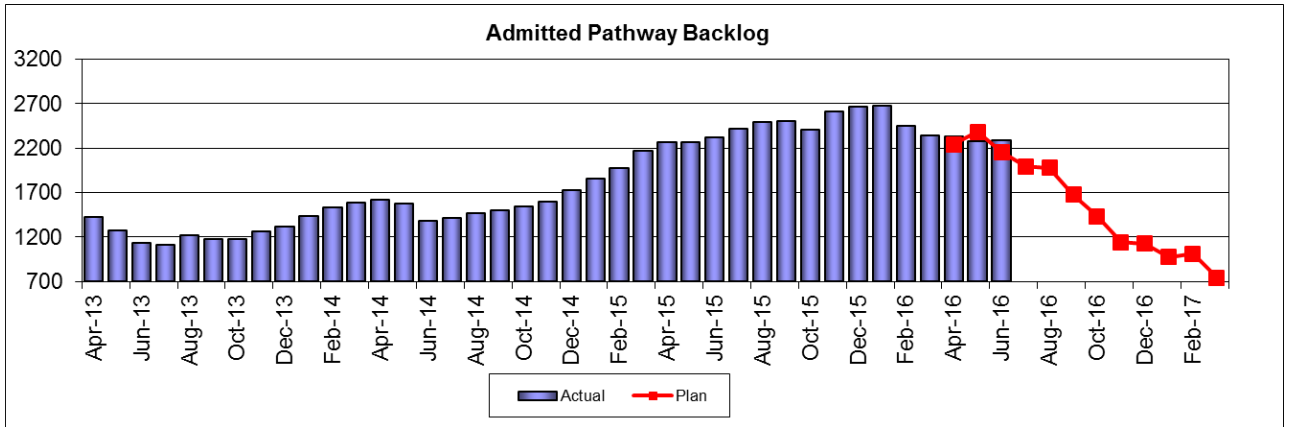
#### ***Capacity Constraint***

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 has been excluded from the contract, and the locality has been testing the market for the capacity required to deliver RTT compliance in these specialities. The forecast, therefore, is that this budget will be spent during the balance of the year in delivering RTT compliance.

#### ***RTT Compliance***

Performance to month 2 is summarised in the following tables, but is explored in greater depth in the Integrated Governance Report.





**Contract Performance**

The month 3 performance information showed an overperformance against the contract plan of £0.97m.

The main reasons for the contractual underperformance are summarised below for context.

2016/17 M03	Planned Spend	Actual Spend	Variance	Variance Activity	Variance Spend
	£000s	£000s	£000s		
Elective	9,394	9,301	- 93	-1.9%	-1.0%
Non Elective	14,629	15,044	415	1.8%	2.8%
A&E	2,181	2,205	24	2.0%	1.1%
Outpatients	7,430	8,039	609	10.2%	8.2%
Excluded Services	9,283	9,279	- 4		
Penalties	-	-	-		
CQUIN	990	1,013	23		
Contract Adjustments			-		
<b>Total</b>	<b>43,907</b>	<b>44,881</b>	<b>974</b>		<b>2.2%</b>

The **Elective** underperformance is largely caused by Upper GI surgery, Cardiology and Urology where the Junior Doctor Strikes, theatre cancellations and bed availability have caused a reduction in capacity. This position is partially offset by over performances in Ophthalmology and Orthopaedics.

**Non Elective** has overperformed in medical and surgical specialties, whilst womens and support services were slightly under plan.

In **Accident and Emergency** the Trust have seen 24 (2.0%) more patients than planned for so far this year.

The overall position of an overperformance of £609k (8.2%) on **Outpatients** masks a wide variation in performance at individual specialty level with overperformances in Urology, ENT, Paediatrics, Dermatology and most significantly Ophthalmology. Clinical Haematology and Pain Management are behind the set plan. Within this position there is also variation in the type of outpatient attendance where follow ups account for £284k of the over performance, first attendances £276k and procedures £34k.

### **Referral Information**

Referral information for month 3 of 2016/17 showed an overall decrease of 1.7% compared to the same period last year, with GP referrals being 0.3% above the 2015/16 volumes.

PHNT	Referral Source	2015/16	2016/17	Variance	%
Externally Generated	GP	14,185	14,225	40	0.3%
	Dentist	58	44	-14	-24.1%
<i>Sub Total</i>		14,243	14,269	26	0.2%
Internally Generated	Consultant	4,222	4,144	-78	-1.8%
	Other	2,116	1,948	-168	-7.9%
	A&E	983	842	-141	-14.3%
<i>Sub Total</i>		7,321	6,934	-387	-5.3%
Grand Total		21,564	21,203	-361	-1.7%

However this comparison against 2015/16 is impacted by the period Easter falls as this moves two working days. For this reason the following view of referrals has been created which is adjusted for the number of working days in each month. This gives a quite different view, with overall referrals being 4.8% below 2015/16 levels, with GP referrals being 2.9% below the same period last year.

PHNT	Referral Source	2015/16	2016/17	Variance	%
Externally Generated	GP	14,706	14,279	-427	-2.9%
	Dentist	60	44	-16	-26.5%
<i>Sub Total</i>		14,766	14,323	-443	-3.0%
Internally Generated	Consultant	4,377	4,160	-217	-5.0%
	Other	2,194	1,955	-238	-10.9%
	A&E	1,019	845	-174	-17.1%
<i>Sub Total</i>		7,590	6,960	-629	-8.3%
Grand Total		22,356	21,284	-1,072	-4.8%

The source data in this report is taken from the Provider data supplied under schedule 6 of the contract except where the Provider is stated as 'Other'. Other Provider data is taken from DRSS Bookings. Filters are applied to the Provider data to remove any non-consultant led activity, maternity activity and specialties which are not year on year comparable. NHS England (including Specialised) activity is also excluded to provide a NEW Devon CCG view.

### **Performance Measures**

The Trust are appraised against a number of nationally and locally defined key performance indicators. A summary of the key measures is included below:

<b>PHNT Month 3 key performance indicators</b>			
<b>Measure</b>	<b>Target</b>	<b>This month</b>	<b>YTD</b>
RTT - Percentage seen within 18 weeks - admitted pathways	90%	71.9%	71.5%
RTT - Waits over 52 weeks	0	50	
Diagnostics - Percentage of patients waiting over 6 weeks - 15 key tests	<1%	3.8%	4.3%
Cancer - Percentage seen within 2 weeks - urgent referral to first seen	93%	93.9%	92.6%
Cancer - Percentage treated within 62 days - urgent referral to first definitive treatment	85%	89.9%	83.2%
Cancer - Percentage treated within 31 days - decision to treat to first definitive treatment	96%	96.0%	96.4%
Ambulance handovers - Number of handovers over 30 minutes	0	67	219
Ambulance handovers - Number of handovers over 60 minutes	0	5	9
A&E - Percentage of attendances seen within 4 hours	95%	87.1%	84.1%
Delayed transfers of care (acute) - bed days		815	1814
Clostridium difficile - Number of hospital infections	25	8	24
MRSA - Number of hospital infections	0	1	1
Cancelled operations - patients to be offered another binding date within 28 days	0	47	87
Cancelled operations - urgent operations cancelled a second time	0	0	0

### **South Devon Healthcare Foundation Trust**

The 2016/17 South Devon Healthcare Foundation Trust contract value for acute services has been set at £5.24m on a variable PbR basis, with a further £0.92m fixed contract for community services.

At month 3 the contract is marginally under performing by £12k, with a £19k under performance in month. This is made up of underspends within elective activity and overspends within non elective admissions and high cost drugs.

The contract also has a QIPP target of £147k which is being reported as undelivered and so represents a £37k overperformance in month.

### **Independent Sector**

The two main contracts within the Independent Sector – Care UK and Nuffield Plymouth – have had 2016/17 contract values set at £6,579k and £4,521k respectively. We have yet to receive sufficient data to build up a picture of

performance trends against these contract values. Elsewhere in the independent sector we are currently forecasting performance broadly similar to that achieved in the previous year pending the availability of enough data to derive a meaningful forecast.

### **London Trusts**

At this point in the year there is no clear direction on activity volumes. Contract values for the four London trusts have been agreed for the year as follows – Guys and St Thomas £407k, UCLH £393k, RNOH £289k and Royal Brompton £534k. We hope to have an understanding of the contract performance trend versus contract value at Month 3.

### **Livewell Southwest**

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

As at month 03 the minor injuries unit over performed by 2,870 contacts against plan, this equates to an additional charge of £166k.

We are currently validating activity data to understand the underlying activity position within this contract.

### **Care Co-ordination Team**

We have continued to see a drop in CCRT numbers on the caseload, and are currently forecasting an outturn of £8.3m for 2016/17, which is in line with the budget.

### **Primary Care Enhanced Services**

Whilst the budgets and expenditure are reported in the Western PDU report, this is to ensure that all lines of expenditure for the CCG are reported in a PDU and there is integrity to the reports produced. There is, however, a separate governance structure for Enhanced Services that sits outside and alongside the two PDU structures to ensure there is segregation of decision making in primary care investments. The forecast expenditure is in line with budgets.

## QIPP Savings Delivery

NORTHERN, EASTERN AND WESTERN DEVON CLINICAL COMMISSIONING GROUP

2016/17 FINANCE BOARD REPORT

FOR THE PERIOD FROM 01 APRIL 2016 TO 31 JULY 2016

Month 04 July	Year To Date			Current Year Forecast		
	Budget	Actual	Variance	Budget	Forecast	Variance
	Adv / (Fav)			Adv / (Fav)		
	£000's	£000's	£000's	£000's	£000's	£000's
<b>SAVINGS LEDGER REPORT</b>						
NHS Royal Devon & Exeter Foundation Trust	-1,673	-424	1,249	-7,987	-7,987	-
NHS Plymouth Hospitals NHS Trust	-1,794	-108	1,686	-7,717	-7,717	-
NHS Northern Devon Healthcare Trust	-928	-80	848	-5,192	-5,192	-
Northern Devon Healthcare Community	-	-	-	-	-	-
NHS South Devon Healthcare Foundation Trust	-	-	-	-	-	-
NHS Taunton and Somerset	-	-	-	-	-	-
IS Nuffield Plymouth	-	0	0	-	-	-
Nuffield Taunton (NCA)	-	-	-	-	-	-
IS Nuffield Exeter	0	-	-0	-	-	-
Independent Sector (UKSH)	0	-	-0	-	-	-
Prescribing	-960	-932	28	-3,995	-3,995	-
Continuing Healthcare	-1,310	-1,494	-184	-10,000	-10,000	-
Section 117	-	-	-	-	-	-
Individual Patient Placements Adult	-150	-	150	-449	-449	-
Other Community Services	-325	-433	-108	-1,300	-1,300	-
Care Co-ordination Team	-83	-177	-94	-531	-531	-
Pay	-	-	-	-	-	-
System Gap	-9,396	-9,396	0	-28,190	-28,190	0
<b>GROSS SAVINGS</b>	<b>-16,620</b>	<b>-13,044</b>	<b>3,576</b>	<b>-65,361</b>	<b>-65,361</b>	<b>0</b>

Savings Investment Reserve	1,168	1,168	0	5,361	5,361	-
Investment released into budget positions			-			-
<b>TOTAL INVESTMENT</b>	<b>1,168</b>	<b>1,168</b>	<b>0</b>	<b>5,361</b>	<b>5,361</b>	<b>-</b>

### System wide savings plan

The above savings report represents the current CCG plan submission of a £29m deficit. To deliver this the CCG has aligned to the CCGs share of the System Wide Savings Plan which would deliver £33m of CCG commissioning savings net of £5m of system investment for re-provision. To achieve the original savings target set by the CCG executive of £60m the budget therefore includes £27m of shortfall (i.e. system gap) within the reserve (plus some element of the system wide plan yet to be allocated to an individual budget).

As the budget moves from a draft position to a final agreed control total this system gap budget will be adjusted to reflect the agreement reached, for example written off against headroom, achieved through sharing an element of the deficit with providers or written off against an increased control total agreed by NHS England. Therefore for the purposes of month 4 reporting no variance in the year to date or forecast position has been assumed against this system gap line.

All other savings targets above are aligned to the system wide savings programme however the final profile had not yet been signed off and as such the budget profile is based on a draft version. The final budget profile will be amended with the final plan upload following sign off of the CCG control total by NHS England and the Governing Body. As such some of the variances reported above may be updated in the month 5 position

The above year to date position is an estimated position which is based on a number of assumptions as detailed below. A more robust and evidenced based year to date position and forecast will be available in subsequent months as the monitoring across the system wide plan is finalised. Overall the CCG is reporting 78% delivery of plan with 100% delivery forecast by yearend.

- Acute savings – evidence based on the month 3 activity data demonstrates that the schemes that were delayed from 2015/16 are now in implementation stage and having an impact on activity levels. This is particularly in hernia across all three acute providers, Cataracts (2nd eye) specifically at RDE and Micro suction at NDHT.

There are no evidenced savings yet reported against the demand management scheme. Referrals data has now caught up for the e-referrals transfer experienced in June 2015 and the provider total referrals data is supporting the reductions being seen through DRSS for Northern and Western but Eastern referrals continue to see overall. However, in order to report the savings the reductions need to be seen in the provider outpatient activity against the targeted specialties within the demand management programme of work.

High cost drug reductions are also impacting on the acute positions with the evidence provided through the CCG medicines optimisation team.

- Prescribing – only e-pact data has been received for month 2 and this does not provide enough evidence to demonstrate delivery and further months data is needed. National forecasting in prescribing does not commence until Q2. However, as all milestones have been which against the project the Medicines optimisation team are confident that the evidence will support the delivery and therefore have accrued as such in the position.
- CHC & Care Coordination Team – the year to date savings are based on evidence from the control centre based on actual client numbers and current costs.

- IPP – delays have been reported through the PMO of the delivery actions and no evidence is available therefore no savings have been assumed year to date.
- Other community Services – this relates to the mitigation for the living well tender in the domiciliary care market. The growth in client numbers is being contained below the planned level thus delivering the savings to mitigate the cost of the inflationary increases as planned.
- QIPP reserve - £27m of unidentified QIPP assumed in line with the commentary above. This will be reversed as the budget is aligned.

All plans are forecast to deliver. As part of the monitoring of the system wide savings plan each Senior Responsible Officer (SRO) for the 6 work streams will be required to sign off the forecast of the savings they are responsible for as a system. The CCG element of savings will be driven by and aligned to the SRO forecast. Any slippage from the plan will be managed as part of the overall risk management of the system to achieve the system wide control total.

### **Conclusion**

In summary, the forecast outturn position for the Planning and Delivery Unit is marginally overspent against plan. This incorporates the impact of the Integrated Fund, for which the risk share forecast is currently zero.

**Ben Chilcott**  
**Chief Finance Officer, Western PDU**

**David Northey**  
**Head of Integrated Finance, PCC**



**APPENDIX 1****PLYMOUTH INTEGRATED FUND PERFORMANCE AND RISK SHARE**

NORTHERN, EASTERN AND WESTERN DEVON CLINICAL COMMISSIONING GROUP

PLYMOUTH INTEGRATED FUND

2015/16 FINANCE BOARD REPORT

FOR THE PERIOD FROM 01 APRIL 2016 TO 31 JULY 2016

Month 04 July	Year to Date			Forecast		
	Budget	Actual	Variance	Budget	Actual	Variance
	£000's	£000's	£000's	£000's	£000's	£000's
<b>CCG COMMISSIONED SERVICES</b>						
Acute	55,668	55,833	164	164,909	165,159	250
Placements	13,608	14,184	576	38,990	40,384	1,393
Community & Non Acute	24,648	24,739	91	73,946	74,219	273
Mental Health Services	407	382	-25	1,220	1,120	-100
Other Commissioned Services	4,583	4,645	62	13,531	13,637	106
Primary Care	16,276	16,186	-90	49,890	49,891	0
<b>Subtotal</b>	115,191	115,969	779	342,485	344,408	1,923
Running Costs & Technical	2,175	1,453	-722	10,681	8,789	-1,893
CCG Net Operating Expenditure	117,366	117,422	56	353,167	353,197	30
Risk Share					-	-
CCG Net Operating Expenditure (after Risk Share)	117,366	117,422	56	353,167	353,197	30
<b>PCC COMMISSIONED SERVICES</b>						
Children, Young People & Families	11,636	12,019	384	34,907	36,058	1,151
Co-operative Commissioning & Adult Social Care	25,176	25,342	166	75,527	76,025	498
Learning & Communities	3,365	3,373	8	10,094	10,119	25
Housing Services	750	750	-0	2,251	2,251	-0
<b>Subtotal</b>	40,927	41,484	558	122,780	124,453	1,673
Public Health Commissioning	4,740	4,740	-0	14,221	14,221	-0
Recovery Plans in Development					-1,600	-1,600
PCC Net Operating Expenditure	45,667	46,225	558	137,001	137,074	73
Risk Share					-	-
PCC Net Operating Expenditure (after Risk Share)	45,667	46,225	558	137,001	137,074	73
Combined Integrated Fund	163,033	163,647	614	490,167	490,271	104

**APPENDIX 2****PDU MANAGED CONTRACTS FINANCIAL PERFORMANCE**

NORTHERN, EASTERN AND WESTERN DEVON CLINICAL COMMISSIONING GROUP

2016/17 FINANCE BOARD REPORT - Western Locality Finance Report

FOR THE PERIOD FROM 01 APRIL 2016 TO 31 JULY 2016

Month 04 July	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
<b>ACUTE CARE</b>						
NHS Plymouth Hospitals NHS Trust	58,244	58,244	0	171,711	171,711	-0
NHS South Devon Healthcare Foundation Trust	2,092	2,091	-0	6,353	6,353	0
NHS London Contracts	534	641	107	1,623	1,730	107
Non Contracted Activity (NCA's)	2,900	2,900	-0	8,813	8,813	0
Independent Sector	4,099	4,179	81	12,453	12,453	-0
AQP	33	33	-0	100	100	0
Other Acute	-	-26	-26	-	-	-
Winter Resilience	-	7	7	-	-	-
<b>Subtotal</b>	<b>67,901</b>	<b>68,070</b>	<b>168</b>	<b>201,053</b>	<b>201,160</b>	<b>107</b>
<b>COMMUNITY &amp; NON ACUTE</b>						
Livewell Southwest	23,911	23,987	76	71,733	71,963	230
GPWSI's (incl Sentinel, Beacon etc)	604	641	37	1,812	1,921	110
Community Equipment	216	216	-0	648	648	-
Ultrasound (Sonarcare)	97	83	-14	292	292	-
Reablement	506	506	-	1,517	1,517	-
Other Community Services	-	32	32	-	-	-
Plymouth Integrated Fund - Risk Share	0	-89	-89	1	-	-1
Better Care Fund_Plymouth CC	2,782	2,782	0	8,346	8,346	-
<b>Subtotal</b>	<b>28,116</b>	<b>28,158</b>	<b>42</b>	<b>84,348</b>	<b>84,688</b>	<b>340</b>
<b>OTHER COMMISSIONED SERVICES</b>						
Stroke Association	51	65	14	153	153	-
Hospices	893	845	-48	2,679	2,684	4
Care Co-ordination Team	2,845	2,845	0	8,252	8,252	0
Patient Transport Services	119	119	-0	356	356	-0
Wheelchairs Western Locality	717	717	-	2,150	2,150	-
Commissioning Schemes	64	63	-1	191	191	-
All Other	103	143	41	308	308	0
<b>Subtotal</b>	<b>4,790</b>	<b>4,797</b>	<b>6</b>	<b>14,088</b>	<b>14,093</b>	<b>5</b>
<b>PRIMARY CARE</b>						
Enhanced Services	2,424	2,424	0	7,273	7,273	-
<b>Subtotal</b>	<b>2,424</b>	<b>2,424</b>	<b>0</b>	<b>7,273</b>	<b>7,273</b>	<b>-</b>
<b>TOTAL COMMISSIONED SERVICES</b>	<b>103,232</b>	<b>103,448</b>	<b>216</b>	<b>306,762</b>	<b>307,213</b>	<b>451</b>



# INTEGRATED HEALTH & WELLBEING SYSTEM PERFORMANCE SCORECARD SEPTEMBER 2016



Northern, Eastern and Western Devon  
Clinical Commissioning Group



## 1. INTRODUCTION

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Public Sector organisations across the country are facing unprecedented challenges and pressures due to changes in demography, increasing complexity of need and the requirement to deliver better services with less public resource. Plymouth and Devon also face a particular financial challenge because of the local demography, the historic pattern of provision and pockets of deprivation and entrenched health inequalities.

On the 1<sup>st</sup> April 2015 Plymouth City Council (PCC) and the Northern, Eastern and Western Devon Clinical Commissioning Group (CCG) pooled their wellbeing, health and social care budgets and formed an integrated commissioning function. Four Integrated Commissioning Strategies were developed to drive activity across the wellbeing health and social care system.

The primary driver of this is to streamline service delivery and provision with the aim of improving outcomes both for individuals and value for money. Integrated commissioning must deliver integrated wellbeing.

The four strategies describe the current picture and the integrated commissioning response across the health and wellbeing 'system' in Plymouth, specifically covering

- Wellbeing
- Children and young people
- Community
- Enhanced and specialist

To monitor progress of the Integrated Commissioning activity an Integrated System Performance Scorecard has been developed. The scorecard will be updated on a quarterly basis and will capture and understand the impact of integration across the system, and inform future commissioning decisions.

## 2. COLOUR SCHEME – BENCHMARK COLUMN

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For indicators taken from either the Public Health Outcomes Framework or the Children and Young People's Health Benchmarking Tool:

- Indicators highlighted green show where Plymouth is significantly better than the England average.
- Indicators highlighted amber show where Plymouth is not significantly different to the England average.
- Indicators highlighted red show where Plymouth is significantly worse than the England average.
- Indicators highlighted white show where no significance test was performed, or where no local data or no national data were available.

For the rest of the indicators:

- Indicators highlighted green show where Plymouth 15% better than England's average.
- Indicators highlighted amber show where Plymouth within 15% of England's average.
- Indicators highlighted red show where Plymouth 15% worse than England's average.
- Indicators highlighted white or N/A show where no local data or no national data were available.

### **3. TREND GRAPHS**

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Each indicator is accompanied by a trend graph showing where possible the latest six values. Caution is required when interpreting the graphs as there is no Y axis displayed and as such the significance or flow of the change is difficult to interpret.

### **4. COLOUR SCHEME - TREND COLUMN (RAG)**

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- Indicators highlighted dark green show where there the latest 3 values are improving.
- Indicators highlighted green show where there the latest 1 or 2 values are improving.
- Indicators highlighted amber show where the latest value is between plus and minus 2.5% of the previous value.
- Indicators highlighted red show where there the latest 1 or 2 values are deteriorating.
- Indicators highlighted dark red show where there the latest 3 values are deteriorating.
- Indicators not highlighted have no trend data

## 5. PERFORMANCE BY EXCEPTION

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### WELLBEING

#### **Smoking Prevalence in adults - current smokers (Annual Population Survey) – Reducing trend**

The smoking prevalence in adults has been reducing nationally, with Plymouth following this trend, and recently in Plymouth it is dropping at a faster rate than the England average. We remain around 4% above England average. Smoking is one of the behaviours that are being addressed in Thrive Plymouth through Initiatives such as the commissioning of a targeted Stop Smoking Service to help those who want to quit smoking, Tackling cheap and illegal tobacco through seizure and follow up action by our Trading Standards Team, Restricting access through working to secure compliance among retailers with age of sale law, Targeted provision of a school based peer support programme to prevent the uptake among children and Local support for national marketing campaigns such as One You and Stoptober.

#### **Self-reported well-being: % of people with a low happiness score – Increasing trend**

Data collected via Annual Population Survey in 2015 shows that the percentage of people with a low happiness score has increased for the first time in 3 years (the previous 3 years Plymouth has seen a reduction).

#### **Social Isolation: percentage of adult carers who have as much social contact as they would like/ The proportion of people who use services and carers who find it easy to find information about support - Carer element**

##### **Reducing trend**

These two outcome indicators provide an insight into how carers view their social isolation and their views on how easy it is for them to access information.

Data for these indicators is collected bi-annually via survey. Indicators show that performance is below both the regional and national averages. We will survey our carers at the end of this calendar years and expect see our performance improve as a result of a comprehensive carer's service implemented by the carer's hub since the last survey was carried out.

#### **Under 18 Conceptions – Decreasing trend**

The under 18 conception rate (aged 15-17) has seen a large decrease from 57.5 per 1,000 in 2005 to 29.6 per 1,000 in 2014, narrowing of the gap between the Plymouth and England rate.

## **Estimated diagnosis rates for dementia – Increasing trend**

There has been an increase in the dementia diagnosis rate within Plymouth and a number of improvement plans are in place to continue improvement and to achieve the national target of 66.7%.

## **Chlamydia detection rate (15-24 year olds) – Reducing trend**

Public Health England (PHE) recommends that local authorities should be working towards achieving a detection rate of at least 2,300 per 100,000 population aged 15-24.

In Plymouth chlamydia detection is 2,529 per 100,000 above the recommended rate but below that of previous years.

## **CHILDREN AND YOUNG PEOPLE**

### **First time entrants to the youth justice system – Reducing trend**

Plymouths rate of first time entrants to the youth justice system has decreased over the last 4 years from a rate of 266 per 100,000 10-17 year olds in 2010 to 113 in 2014; this has led to decrease of the gap between Plymouth and England.

### **16-18 year olds not in education employment or training – Reducing trend**

Over the last 4 years Plymouth has seen a reduction in 16-18 year olds not in education, employment or training this has followed the national trend.

### **Children in low income families – Reducing trend**

There has been a reduction in the percentage of children in low income families from 21.1% in 2006 to 19.4% in 2013. This indicator is often seen as one of the proxy measures for child poverty and is driven through the Child Poverty Action Plan.

### **Breastfeeding - Breastfeeding prevalence at 6-8 weeks after birth – Increasing trend**

Breastfeeding prevalence has seen an increase in the last couple of years (in 2010/11 it was 35% and in 2014/15 it is 38.2%) this is the opposite of what is seen nationally (England was 46.1 in 2010/11 and is 43.8 in 2014/15).

Public Health are currently working with commissioned services to enhance our community offer with a focus on developing voluntary and peer (mother to mother) support to families residing in our most deprived neighbourhoods.

### **Child excess weight in 4-5 year olds – Static trend**

The proportion of children aged 4-5 that are classified as overweight or obese is 24.6% in 2014/16 which is worse than England's value, but the proportion of children classified as either overweight or obese has remained fairly static over the last couple of years. The Maternity and Early Years System Optimisation Group (MEYSOG) have prioritised the prevention of excess weight in the early years as a key work stream. Activity so far has focussed on the development of an early year's pathway for healthy weight, designed in partnership with stakeholders and service users. Outcomes will be utilised to influence future commissioning intentions.

### **Children Social Care Re-referrals – Reducing trend**

Repeat referrals decreased to 33.0% in August. It is anticipated that this and the early intervention and step down processes being embedded will contribute to an improvement in the number of re-referrals in the early part of 2017.

### **Hospital admissions as a result of self-harm (10-24 years) – no trend**

The number of admissions episodes to hospital because of self-harm is 254 episodes which equates to rate of 473.6 per 100,000 aged 10-24, out of the three data points that exists there is no consistent trend emerging.

### **Hospital admissions due to alcohol specific conditions – Reducing trend**

Plymouth's rate has halved since 2008/09 where it was 108.5 and has narrowed the gap between Plymouth and England, but is still worse than England.

### **Number of children subject to a Child Protection plan – Reducing trend**

The overall number of Child Protection plans increased in August by 5 to 377. However the figure is 8% lower than the same period in the previous year. Multiagency partnership work for the Plymouth Safeguarding Children's Board has been completed and service managers will use the key messages within this document to inform next steps.

### **Number of looked after children – Increasing trend**

Children in care increased in August by 1 to 407 which is still just below statistical family group but above the England rate. The continued increase (5% over the last 12 months) is in line with the regional and national evidence that children in care numbers are increasing.



## **COMMUNITY**

### **Successful completion of drug treatment – Reducing trend**

The percentage of non-opiate drug users that left treatment successfully and do not re-present to treatment 6 months later for Plymouth is 24.6% which is below the England average.

### **Delayed Transfers of Care – Increasing trend**

Nationally, since August 2010, the number of delayed transfers of care has been increasing, however recently the local trend is an improving one. A comprehensive action plan is in place and is overseen by the Urgent Care Partnership. Key initiatives includes establishment of an Integrated Hospital Discharge Team and scaling up of Discharged to Assess.

### **Preventing Homelessness – Reducing trend**

Levels of homelessness (as well as demand for specialist casework interventions to prevent homelessness) have continued to rise steadily – the first quarter of this year again saw statutory homeless approaches rise 20% compared to last year's quarterly average. The biggest rises relate to single homeless people with vulnerabilities – with a number of them having extremely complex needs.

A number of actions have been taken to combat this, including changes to culture and practice within the Council housing casework team which has resulted in increased levels of homelessness prevention achieved.

### **Reporting Domestic Abuse – Reducing trend**

The level of all Domestic Abuse incidents being reported has decreased over the last couple of years, a reduction linked to changes in recording processes within Devon and Cornwall Police. The number of reports resulting in a recorded crime has increased and partnership work continues to raise awareness of service for victims.

## **ENHANCED AND SPECIALISED**

### **Referral to treatment waiting times – Reducing trend**

Performance against the 18-week referral to treatment waiting has decreased. A comprehensive action plan is in place overseen by the Western Delivery Group. Key measures centre around reducing demand and increasing system wide capacity.

### **CQC providers with a CQC rating of good or outstanding – Increasing trend**

At the end of June 2016 84% of active providers of Adult Social Care have been rated as good or outstanding by the Care Quality Commission, this is an improvement on the previous quarter and is better than the England average.

## 6. WELLBEING

Source	Indicator	Measure	Most Recent Period	Benchmark England	First Value of Graph	Graph	Last Value of Graph	Trend
<b>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</b>								
PHOF	2.12 - Excess Weight in Adults	Percentage	2012 - 14		62.4		62.4	
PHOF	2.13i - Percentage of physically active and inactive adults - active adults	Percentage	2015		59.2		56.2	
PHOF	2.13ii - Percentage of physically active and inactive adults - inactive adults	Percentage	2015		27.6		30.2	
PHOF	2.14 - Smoking Prevalence in adults - current smokers (APS)	Percentage	2015		24.1		20.6	
<b>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.</b>								
ONS	Self-reported well-being: % of people with a low satisfaction score	Percentage	2014/15		6.2		5.4	
ONS	Self-reported well-being: % of people with a low worthwhile score	Percentage	2014/15		5.5		4.2	
ONS	Self-reported well-being: % of people with a low happiness score	Percentage	2014/15		12.8		12.6	
ONS	Self-reported well-being: % of people with a high anxiety score	Percentage	2014/15		22.7		19.5	
ASCOF	Social Isolation: percentage of adult social care users who have as much social contact as they would like	Percentage	2015/16		43.8		47.0	
ASCOF	Social Isolation: percentage of adult carers who have as much social contact as they would like	Percentage	2013/14		33.2		33.2	No Trend Data
Local - Carefirst	Number of carers receiving a statutory Carers Assessment	Count	2016/17 - Q1	N/A	71.0		273.0	
Local - Safer Plymouth	Percentage of people who feel safe after dark	Percentage	2014	N/A	59.5		62.3	
Local - Safer Plymouth	Percentage of people who feel safe during the day	Percentage	2014	N/A	89.3		88.3	
Local - Housing Options	Total Category 1 hazards removed CAT1	2016/17 - Q1	2016/17 - Q1	N/A	89.0		78.0	
ASCOF	The proportion of people who use services and carers who find it easy to find information about support - Client element	Percentage	2015/16		80.8		75.0	
ASCOF	The proportion of people who use services and carers who find it easy to find information about support - Carer element	Percentage	2014/15		58.3		43.2	

Source	Indicator	Measure	Most Recent Period	Benchmark England	First Value of Graph	Graph	Last Value of Graph	Trend
<b>Place health improvement and 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 in Plymouth</b>								
PHOF	2.04 - Under 18 conceptions	Rate per 1,000	2014		46.0		29.6	
PHOF	3.02 - Chlamydia detection rate (15-24 year olds)	Rate per 100,000 population	2015		2,490.7		2,529.0	
PHOF	3.04 - HIV late diagnosis	Percentage	2012 - 14		42.3		38.5	
CCGOF	CCGOF Referral to Treatment waiting times (patients waiting over 18 weeks on incomplete pathway (%) (PHINT)	Percentage	2015/16		92.8		84.9	
CCGOF	CCGOF Total health gain as assessed by patients for elective procedures - Hip replacement Primary	EQ-5D™ index	2015/16		0.42		0.41	
CCGOF	CCGOF Total health gain as assessed by patients for elective procedures - Knee replacements - primary	EQ-5D™ index	2015/16		0.32		0.33	
CCGOF	CCGOF Total health gain as assessed by patients for elective procedures - Varicose veins	EQ-5D™ index	2015/16		0.04		0.07	
CCGOF	CCGOF Incidence of healthcare associated infection (HCAI) - MRSA	Count	2015/16		4		2	
CCGOF	CCGOF Incidence of healthcare associated infection (HCAI) - C-Difficile	Count	2015/16		32		42	
CCGOF	CCGOF Incidence of healthcare associated infection (HCAI) - Cat 2,3 & 4 new pressure ulcers	Count	2015/16		174		51	
www.primarycare.nhs.uk	NHSOF Estimated diagnosis rates for Dementia (Percentage)	Percentage	2015/16		48.5		60.2	
CCGOF	In hospital Falls with harm	Count	2015/16		190		53	

## 7. CHILDREN AND YOUNG PEOPLE

Source	Indicator	Measure	Most Recent Period	Benchmark England	First Value of Graph	Graph	Last Value of Graph	Trend
<b>Raise aspirations: ensure that all children and young people are provided with opportunities that inspire them to learn and develop skills for future employment</b>								
Local - PCC	Overall School attendance( absence sessions against the total available attendance sessions, includes authorised and unauthorised absence)	Percentage	2014/15		6.0		4.5	<span style="background-color: #90EE90;"> </span>
PHOF	1.04 - First time entrants to the youth justice system	Rate per 100,000	2014		1,171.3		525.2	<span style="background-color: #FFD700;"> </span>
PHOF	1.05 - 16-18 year olds not in education employment or training	Percentage	2015		8.4		5.6	<span style="background-color: #90EE90;"> </span>
<b>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</b>								
PHE C&YP	Child mortality rate (1-17 years)	Rate per 100,000	2012 - 14		11.6		6.2	<span style="background-color: #90EE90;"> </span>
PHOF	1.01i - Children in low income families (all dependent children under 20)	Percentage	2013		21.3		19.4	<span style="background-color: #90EE90;"> </span>
PHOF	4.01 - Infant mortality	Rate per 1,000	2012 - 14		5.0		4.6	<span style="background-color: #90EE90;"> </span>
PHOF	2.02ii - Breastfeeding - Breastfeeding prevalence at 6-8 weeks after birth	Percentage	2014/15		35.0		38.2	<span style="background-color: #FFD700;"> </span>
PHOF	1.02i - School Readiness: The percentage of children achieving a good level of development at the end of reception	Percentage	2014/15		57.3		62.6	<span style="background-color: #90EE90;"> </span>
PHOF	2.06i - Child excess weight in 4-5 and 10-11 year olds - 4-5 year olds	Percentage	2014/15		22.8		24.6	<span style="background-color: #FFD700;"> </span>
PHE C&YP	A&E attendances (0-4 years)	Rate per 1,000	2014/15		338.9		450.4	
<b>Keep our Children and Young People Safe: ensure effective safeguarding and provide excellent services for children in care</b>								
Local - PCC	Referrals carried out within 12 months of a previous referral (Re-referrals)	Percentage	2016/17 Q1		33.5		34.5	<span style="background-color: #90EE90;"> </span>
Local - PCC	Reduction in the number of children with a "Child in Need" Status ( As at 31st March)	Count	2015/16		1,776		2,118	
PHE C&YP	Hospital admissions as a result of self-harm (10-24 years)	Rate per 100,000	2014/15		425.5		473.6	
PHE C&YP	Hospital admissions due to alcohol specific conditions	Rate per 100,000	2012/13 - 14/15		92.5		53.9	
PHE C&YP	Hospital admissions due to substance misuse (15-24 years)	Rate per 100,000	2012/13 - 14/15		49.7		80.5	
PHE C&YP	Hospital admissions for mental health conditions	Rate per 100,000	2014/15		140.7		100.6	
Local - PCC	Number of children subject to a Child Protection plan	Count	2016/17 Q1		408		372	
Local - PCC	Number of looked after children	Count	2016/17 Q1		392		410	
Local - PCC	Number of Children in Care - Residential	Count	2016/17 Q1		22.0		24.0	
PHOF	2.08i - Average difficulties score for all looked after children aged 5-16 who have been in care for at least 12 months on 31st March	Percentage	2014/15		16.1		15.7	

## 8. COMMUNITY

Source	Indicator	Measure	Most Recent Period	Benchmark England	First Value of Graph	Graph	Last Value of Graph	Trend
<b>Provide integrated services that meet the whole needs of the person by developing: • Single, integrated points of access • Integrated support services &amp; system performance management • Integrated records</b>								
PHOF	2.18 - Admission episodes for alcohol-related conditions - narrow definition	Rate per 100,000	2014/15		688.4		671.0	
PHOF	2.15i - Successful completion of drug treatment - opiate users	Percentage	2014		5.8		8.2	
PHOF	2.15ii - Successful completion of drug treatment - non-opiate users	Percentage	2014		23.6		24.6	
Housing	Number of households prevented from becoming homeless	Number	2016/17 - Q1	N/A	200		214	
PHOF	1.13i - Re-offending levels - percentage of offenders who re-offend	Percentage	2013		28.8		27.1	
ASCOF	The proportion of adults in contact with secondary mental health services living independently, with or without support	Percentage	2015/16		53.0		59.3	
<b>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</b>								
ASCOF	Proportion of people still at home 91 days after discharge from hospital into reablement/ rehabilitation services	Percentage	2016/17 - Q1	N/A	85.0		92.0	
NHSOF	IAPT Access Rate (PCH)	Percentage	2015/16		6.1		12.0	
NHSOF	IAPT Recovery Rate (PCH)	Percentage	2015/16		34.7		34.3	
NHS quality premium	Discharges at weekends and bank holidays	Percentage	2015/16		17.9		16.8	
ASCOF	Delayed transfers of care from hospital, per 100,000 population	Rate per 100,000	2016/17 - Q1		15.2		12.3	
ASCOF	Delayed transfers of care from hospital, per 100,000 population, attributable to Adult Social Care	Rate per 100,000	2016/17 - Q1		6.2		6.8	
<b>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 • Support the development of a range services that offer quality &amp; choice in a safe environment • Further integrating health and social care</b>								
Housing	People helped to live in their own home through the provision of Major Adaptation	Number	2016/17 - Q1	N/A	47		68	
ASCOF	Permanent admissions of older people (aged 65 and over) to residential and nursing care homes	Rate per 100,000	2016/17 - Q1		60.7		130.4	
ASCOF	Permanent admissions of younger people (aged 18-64) to residential and nursing care homes	Rate per 100,000	2016/17 - Q1		0.6		3.7	
PHOF	1.08ii - Gap in the employment rate between those with a learning disability and the overall employment rate	Percentage Point	2014/15		65.6		66.8	
PHOF	1.08iii - Gap in the employment rate for those in contact with secondary mental health services and the overall employment rate	Percentage Point	2014/15		62.9		67.6	
PHOF	Self-reported well-being: % of people with a low satisfaction score	Percentage	2014/15		6.2		5.4	
ASCOF	Proportion of people who use services who have control over their daily life	Percentage	2015/16		74.7		79.0	
ASCOF	The proportion of carers who report that they have been included or consulted in discussions about the person they care for	Percentage	2014/15		74.6		67.3	
Safer Plymouth	Number of reported domestic abuse incidents	Number	2016/17 - Q1	N/A	1,444.0		1,196.0	
Safer Plymouth	Number of reported domestic abuse crimes	Number	2016/17 - Q1	N/A	553.0		531.0	
Safer Plymouth	Number of Reported Sexual Offences (inc Rape)	Number	2016/17 - Q1	N/A	153.0		126.0	

## 9. ENHANCED AND SPECIALIST

Source	Indicator	Measure	Most Recent Period	Benchmark England	First Value of Graph	Graph	Last Value of Graph	Trend
<b>Create Centres of Excellence for enhanced and specialist services</b>								
CCGOF	CCGOF Incidence of healthcare associated infection (HCAI) - MRSA	Count	2015/16		4		2	<span style="background-color: red; color: white;"> </span>
CCGOF	CCGOF Incidence of healthcare associated infection (HCAI) - C-Difficile	Count	2015/16		32		42	<span style="background-color: red; color: white;"> </span>
CCGOF	CCGOF Incidence of healthcare associated infection (HCAI) - Cat 2,3 & 4 new pressure ulcers	Count	2015/16		174		51	<span style="background-color: green; color: white;"> </span>
CCGOF	In hospital Falls with harm	Count	2015/16		190		53	<span style="background-color: green; color: white;"> </span>
<b>Ensure people are able to access care as close to their preferred network of support as possible</b>								
NHSOF	Health-related quality of life for people with long-term conditions	EQ-5D™	2015/16	<span style="background-color: orange;"> </span>	0.70		0.71	<span style="background-color: orange;"> </span>
EOL Profile	DiUPR, Persons, All Ages (%)	Percentage	2014	<span style="background-color: green;"> </span>	44.96		52.11	<span style="background-color: orange;"> </span>
<b>Provide high quality, safe and effective care, preventing people from escalating to, or requiring, urgent or unplanned care</b>								
PHOF	2.24i - Injuries due to falls in people aged 65 and over	Rate per 100,000	2014/15	<span style="background-color: green;"> </span>	2,233.8		1,960.7	<span style="background-color: green;"> </span>
	Emergency Admissions from care homes							
CCGOF	CCGOF Referral to Treatment waiting times (patients waiting over 18 weeks on incomplete pathway (%) (PHNT)	Percentage	2015/16	<span style="background-color: red;"> </span>	92.8		84.9	<span style="background-color: green;"> </span>
Local - PCC	Percentage of CQC providers with a CQC rating of good or outstanding	Percentage	2016/17 - Q1	<span style="background-color: green;"> </span>	82.0		84.0	<span style="background-color: orange;"> </span>
Local - PCC	Satisfaction among Adult Social Care clients resident in Residential/ Care homes	Percentage	2015/16	N/A	77.0		81.0	<span style="background-color: orange;"> </span>

## **Welcoming City Report to Well-being Overview & Scrutiny Committee 21<sup>st</sup> September 2016**

### Introduction

This report provides the Committee with information about One Plymouth's<sup>1</sup> Welcoming City initiative, progress to date and plans for the future. Welcoming City celebrates diverse communities and aims to improve cohesion, equality, growth and well-being across all protected characteristics<sup>2</sup> and ultimately help to build strong and inclusive communities.

### Background

In March 2016, One Plymouth adopted terms of reference for Welcoming City, and agreed that Chief Constable Shaun Sawyer would lead this.

Superintendent Dave Thorne is coordinating the work, supported by Chief Inspector Matt Longman, who is seconded to the initiative for a period to be decided in the next planning phase both are supported by Pete Aley, Head of Neighbourhood & Community Services for the council.

One Plymouth was mindful of a wide variety of good work undertaken in the last few years to build strong and inclusive communities and is keen to develop (not disregard) this and enhance leadership in this area. This reflects the Fairness Commission's recommendation (42): "That organisations from all sectors in the city generate leadership on tackling discrimination in all its forms, against specific actions". Welcoming City will help take this forward. It also supports implementation of the Plymouth Plan (Policy 41, Welcoming everyone: celebrating diverse communities) which says:-

"With more people making their home here, we want Plymouth to grow as a welcoming, multicultural city. As the city grows and attracts new international businesses, visitors and students, Plymouth will need to strengthen its reputation as a welcoming, multicultural city where a broad range of partners promote the benefits of diversity and challenge unfair discrimination. Plymouth will be a fair city where people take pride in their communities, are listened to

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<sup>1</sup> One Plymouth brings together leaders with influence in Plymouth to help promote improvements; it is not a constituted board.

<sup>2</sup> Age, Disability, Gender reassignment, Marriage and civil partnership, Pregnancy and maternity, Race, Religion and belief, Sex, Sexual orientation.

and can make a real contribution to Plymouth as a place to live, work and visit.”

### Objectives

One Plymouth is bringing organisations together to work towards the following objectives:

**1. Promote and celebrate diversity**

Collectively promote Plymouth as a Welcoming City and celebrate the contribution of diverse communities to our economy and culture.

**2. Bringing society together**

Playing our part in bringing Britain together as one nation, promoting British values as part of a successful, integrated, multi-race, multi-faith country; especially through education.

**3. Take a common approach**

Take a common approach to providing support for diverse communities, including dealing with hate incidents and commissioning services, to promote good levels of community cohesion

**4. Share knowledge and information**

Share knowledge and information about the nature and needs of Plymouth's different communities and ensure that services respond to our increasingly diverse service users.

**5. Empower communities**

Empower communities to embed a welcoming approach so people from different backgrounds get on well together and everyone does their bit.

**6. Improved tackling and challenging of hate and discrimination**

Develop a joint understanding of how we will stand firm as a united voice against hate, and challenge unfair discrimination.

**7. Deliver actions**

Develop and deliver joint actions with clear responsibilities, to underpin our commitments.

**8. Support and challenge**

Support and challenge each other through a “peer review” approach to assess and improve equality practice across our organisations’ service and employment practices.

### What does success look like?

It is not easy to define success in such a complex and subjective area, and One Plymouth is mindful that views on this will be as diverse as our communities. A welcoming city relies on a complex set of interdependencies across the system to produce the right conditions. Local, regional, national and international factors can influence this and well-being, equalities, community safety, the economy,



and capacity within communities all play their part. What "it feels like" far outweighs any quantitative measure.

However One Plymouth believes our ultimate and over-arching outcome should be whether:-

- people from different backgrounds say they get on well together.

Other outcomes underpinning this should include:-

- a feeling that the city is welcoming and dealing effectively with discrimination;
- equality of access and opportunities in services;
- staff feeling they are free from harassment with equality of opportunity; and
- people feeling safe and secure.

Measuring this is difficult, and further work will be undertaken on measures we might use – this is likely to be a mixture of qualitative and quantitative data, with progress measured against each objective. The way in which we do this, needs to take account of stakeholder engagement.

### Progress and future work

An initial action plan is underway, capturing a variety of work under the Welcoming City umbrella including:-

- hate crime: improving reporting, member training and promoting hate crime awareness week;
- self-assessment and peer review between organisations – see below;
- small grants scheme for diverse communities;
- "meet & greets" between portfolio holder and diverse communities
- community engagement – see below;
- diverse community events calendar;
- community cohesion events in areas with lowest cohesion "scores";
- supporting Ramadan arrangements;
- faith & belief charter;
- stall at pride festival;
- making connections with other cities who are delivering similar pieces of work post Fairness Commission; and
- a working group is being established to drive deliverables across the city. It's membership involves key individuals who will undertake specific tasks such as peer review, stakeholder management and Fairness Commission recommendation reviews.

A Steering group has been established to drive delivery, with the following membership either already committed or where commitment is still sought:-

- Devon and Cornwall Police
- Plymouth City Council
- Plymouth University
- Education rep.

Delivery against the action plan has already commenced with smaller task and finish groups used to lead on themes and discrete pieces of work, as required, and the first of these is underway dealing with the peer review.

The peer review will be a self-assessment undertaken by One Plymouth organisations, using a common set of criteria to assess strengths and weakness with regard to equality and diversity practice eg knowledge of communities, customer monitoring and satisfaction across protected characteristics, workforce profiles, equal pay, reporting and responding to hate incidents. Assessments will be undertaken during September / October and results will allow One Plymouth leaders to support and challenge each other over improvements and help inform the future approach of Welcoming City.

Over the last couple of months, Matt Longman has undertaken informal engagement with a number of stakeholders from across diverse communities. Feedback has helped plan future work. A more structured programme of engagement will seek views on how we should deliver Welcoming City's objectives including what is already going on, how we should priorities, and identifying enablers and inhibitors. Using a set of core questions this will encourage a range of professionals to use existing opportunities, networks, groups and meetings etc, to engage with diverse communities during September and October. This will also be an opportunity to encourage wider community ownership of this agenda. Information about views and attitudes which may hamper Welcoming city's objectives will also be sought.

Informed by the feedback, a set of options for implementation will be drawn up. At this stage any quick wins identified will be presented to the steering group for consideration of early implementation.

A second phase of engagement will then take place during November / December using eg workshops, including community & voluntary sector organisations, professionals working in the field of diversity, and diverse

communities. At this stage an opportunity will also be created for senior leaders to meet face to face with different communities to hear views on the options under consideration.

During January and February 2017 the action plan will be refreshed, based on feedback received from consultation and the outcomes of the peer reviews. Measures will also be identified at this stage. Implementation will begin in March.

### Conclusion

Since its' inception earlier this year, city leaders have allocated resources to developing our Welcoming City initiative and early milestones have been realised. We are now embarking on key areas of engagement and peer review which will be vital to shaping options and setting the foundations for implementation early next year. The ultimate goal is to embed a welcoming city approach into everything we do and move this from initiative to business as usual.

Paper presented by

Supt Dave Thorne

Plymouth police

Devon and Cornwall Constabulary

Paper sponsored by

Shaun Sawyer, Chief Constable

Devon and Cornwall Constabulary

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## **Special Educational Needs and Disability: Report to Scrutiny on progress towards the ambition set out in the Integrated Children and Young People's Commissioning Strategy**

### **Background and context**

Nationally, the Special Educational Needs and Disability (SEND) integration agenda has been identified as an area of opportunity for families and services. Locally, children, young people & families affected by SEND and complex health needs, have told us that the delivery of a single system of service, where joined-up services will meet their needs is their priority. The SEND reforms introduced in September 2014 were designed to improve this situation. These reforms, linked with the Children & Families and Care Acts 2014, provide the principles for future service design.

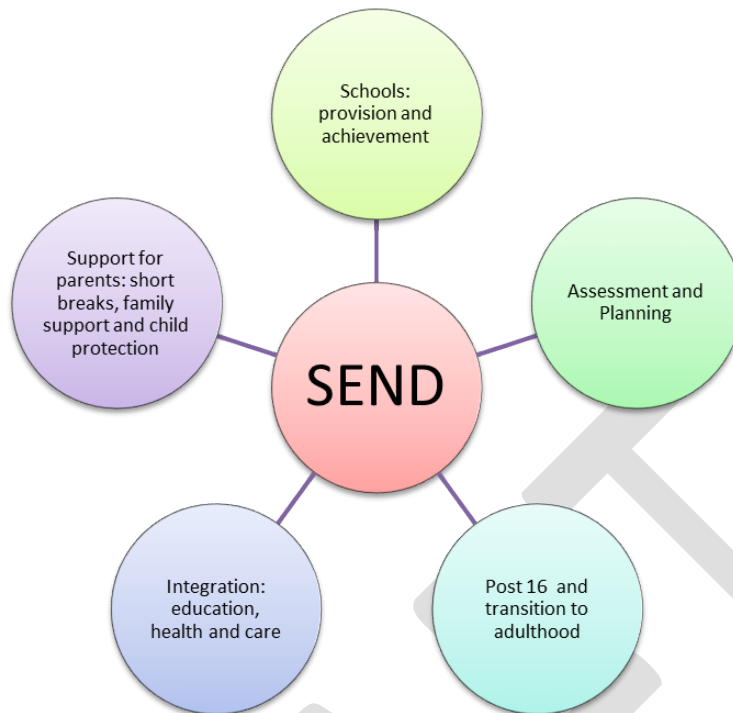
The Integrated Children and Young People's Commissioning Strategy and the SEND Review of Education Provision both highlighted growing demand and complexity of children and young people with SEND in their needs analyses.

Our analysis of demand is clear that the system of services is currently predicated on getting help through assessment and/or diagnosis, with a high rate of referrals to specialist services. Many children and young people who are referred for assessment wait for long periods of time, only to discover that the specialist threshold for assessment is not met, or indeed their need has escalated and requires a higher level of intervention whilst waiting for a service. It is also not always made clear that a 'diagnosis' does not necessarily mean an offer of intervention from specialist services is required.

There is a need to ensure greater support to families, community based services and schools to enable them to manage need through Early Help and the SEND Local Offer.

The SEND Local Offer is a statutory requirement and an essential tool in the SEND system's ability to sign post to services that offer early and alternative interventions. This advice is a core component of delivering a collaborative model of support for children, young people, families and carers affected by SEND.

In response to these drivers, the SEND Strategic Steering Group identified five core themes that set out work plans to meet both national and local requirements (see diagram on page 2)



The Integrated Children and Young People’s Commissioning Strategy set out the ambition to:

1. Ensure every contact counts to support reduction in hospital admissions and medicine optimisation
2. Develop greater join-up of the Short Break Offer
3. Develop greater choice and quality for post-16 Education Placements for Children with SEND
4. Ensure specialist education provision for education matches need
5. Fully integrate specialist education support services, health services and Social Care Service to create a core offer for children with SEND, and provide a core component of delivery for a collaborative model of support for vulnerable children

The report below sets out an update of these pieces of work.

**Ambition 1: Ensure every contact counts to support reduction in hospital admissions and medicine optimisation**

**Progress:**

**Hospital admissions:**

The prevention and response to crisis hospital admissions has become a focus for a new inter-agency working group.

The vulnerable children and young people’s System Optimisation Group (SOG) is undertaking this piece of work which is centred on preventing vulnerable CYP from entering hospital and to maintain their stability either at home or in care placements.

Our data tells us that a high proportion of young people in our social care system, using tier 4 mental health units and presenting at the Emergency Department have SEND and the work of the SOG aims to identify who these young people are in order for earlier help to be put in place.

A number of organisations, including PCC Children, Young People and Family Services, Plymouth Hospitals NHS Trust, CAMHS and the Police will be reviewing how we work together differently and can change our responses to help prevent crisis and to improve the support offered post-crisis.

As part of CAMHS transformation plans additional resource to work with families with children with ASC has already been identified so that support can be given earlier, when a family start to experience difficulties rather than waiting for crisis.

**Medicine Optimisation:**

Work with the Medicine Optimisation Team will take place as part of the re-design of specialist services - see ambition 5.

**Further Information Available:** Recommendations available 13 October – to be developed for implementation timescales TBC.

**Ambition 2: Develop greater join-up of the Short Break Offer**

**Progress and next steps**

In Plymouth our vision for short breaks and support services is to reinforce the family as the primary unit in delivering care and support to their children. It is vital that families have choice and control of their short break services and to achieve this we need to continue to develop the consultation and feedback systems and processes that are in place to ensure parents and children’s involvement in all commissioning activities.

A full review of the Local Offer and the Short Breaks statement has been carried out with families, providers and professionals to ensure that the services that are commissioned reflect the ambitions and continue to meet the needs of disabled children and their families.

The review provided the detailed feedback and information required to develop The Short Break Commissioning Plan which was agreed in Jan 2016.

This categorised the into 4 tiers and outlined the plan as follows:

**Tier 1 Universal activity that offers places for disabled children.**

Under the Aiming High for Disabled Children agenda significant work was undertaken with universal providers of holiday activities for children and young people to build their capacity to improve access for and include Disabled Children and children with SEND. Universal services continue to offer support for children and young people with SEND and include them in activities wherever possible. They all have duties under the Disability Discrimination Act (DDA) and will be supported to understand and deliver their services within the legislation. Where specific training is needed to support individual young people this will be delivered within the Tier 2 services as part of an inclusion programme.

**Tier 2 Enhanced support holiday and leisure activities and a training and advice offer to universal providers.**

**Tier 3 Targeted Short Breaks Services including some Direct Payments, and the Inclusion Support Service**

This includes targeted holiday and leisure activities and targeted holiday short break provision in special schools. Tier 2 & 3 services are set for re-design as described in the commissioning plan for short breaks and this is on target and will be complete by this autumn. This includes the inclusion services which are currently delivered in-house. The learning from the transition process in place for this year’s holiday activities will provide the groundwork for the final redesign.

**Tier 4 Specialist Short Break Services**

This includes the Specialist Holiday and Weekend Activities, Residential Short Breaks, and Family Based Foster Care, (both in house and from the independent fostering market)

The specialist holiday and weekend activity service was re-tendered and awarded last March. Services are in place for brokering this support as part of a “wrap around” package of support for families

The residential offer for children with SEND is part of the short break review. The Plymouth residential short break provision is being evaluated to better understand the level of demand currently and in the next four to 6 years. An options appraisal will be concluded for consideration by senior managers by the end of September.

**Further Information Available:** The Commissioning Plan for Short Breaks

**Ambition 3: Develop greater choice and quality for post-16 Education Placements for Children with SEND**

**Progress and Next Steps:**

The majority of young people with SEND move through the transition from school to further education with almost no additional support. They are able to find and access the right course which leads them on to employment in a sector that they enjoy and are well suited to. There are however, a small number of young people that require significant additional support to be able to move successfully through the transition process.

To make an informed choice most young people simply require advice from an independent expert to guide them through the wide variety of courses and career paths they can choose from. Others will find that in addition to information they require a person centred plan which will support them to make their choice at a time that is right for them. The pilot with Careers South West to ensure quality Education, Health and Care plans on transition to further education for those who need this support is now complete. It has been very successful and the learning from this will now be mainstreamed into the service offer.

In addition the local authority needs to maintain the level of choice in the market place so that all young people with SEND can receive a high quality education package whether it is in school, college or an independent provider.



Following the SEN review work has been completed this year on raising the quality of the Post 16 independent market in Plymouth through the implementation of a quality assurance framework alongside developing clearer pathways for young people with SEND into employment.

The local authority now has a greater understanding of the gaps in the market and plans are being developed to develop services locally to meet the needs of the young people with the most complex needs.

A process for Post 16 planning has been agreed and is now being implemented which includes a robust options appraisal process to ensure that all options have been considered before any out of city placement is made.

**Further Information Available:** Quality Assurance Framework for post 16 education places

#### **Ambition 4: Ensure specialist education provision for education matches need**

**Progress:** The SEND Review and Framework for education provision 2015-18 was presented for scrutiny on 6<sup>th</sup> July 2015 and approved by Cabinet on 7<sup>th</sup> July 2015 to progress the work To ensure SEND education provision is appropriate and sufficient to meet needs children and young people in Plymouth. This three year programme of work meets the following agreed outcomes:

- Commissioners will have accurate, up to date and relevant data to inform decision making regarding future demand for specialist support and provision and workforce skills development
- We will have clear policies in place to ensure children and young people can access the appropriate support and provision
- Outreach support for mainstream schools is accessed in a transparent way and is available to all schools
- Support Centres : where appropriate children are included in a mainstream school but with the additional specialist support of a support centre
- Special Schools : for some children with complex, long-term and enduring SEND, there will be special school provision in place
- 14-25 provision for young people with SEND meets their needs and supports their progress towards independence and employment
- Families and young people are confident in the education and support services for children and young people with SEND

Activity against the plan so far:

**Accurate information:** We have developed a more accurate data set drawing on wider sources beyond education (local, regional and national data) to inform the analysis of future demand. As this information is shared through SEND Strategy Steering Group there is increased engagement the reviewing policies to improve the stages of decision making which lead to the allocation of appropriate support and provision.

**Workforce Development:** There is evidence that that the status of SEND has increased

in schools and Plymouth currently have 100% achievement of SEN Coordinators having completed the national qualification within the prescribed timeframes. Plymouth SEND Officers are designated trainers for the national award and this has supported the excellent commitment across schools to achieve this outcome.

**Support Centres:** Working with schools, focussed work has been completed in reviewing support centres in Plymouth. As a result, contracts and service level agreements with schools have been revised and a robust quality assurance framework agreed and piloted. This is now being fully implemented across support centres and will monitor outcomes for pupils within support centres in relation to progress, inclusion and the use of resources.

**14-25 provision:** Please see greater choice and quality for post-16 Education Placements

**Special Schools:** The review of 38 and 52 week specialist residential provision is being undertaken on a Peninsula level with the Heads of SEND across the Peninsula reviewing the current and future demand data alongside existing provision to determine future delivery of services locally and commissioning of specialist placements at a Peninsula level. The review will be concluded by the end of November.

**Engagement of families and young people:** Parental and young people's engagement continues to be promoted throughout SEND development work. While there is still more to do, there is evidence to demonstrate improvement in successful engagement allowing us to assess family and young people's confidence in the support being provided. There has been parent participation in SENCO briefings and the national award programme. We have undertaken an evaluation with families of their experience of the education, health and care plan process which reported that parents had a positive experience of the EHC process. The report details five critical success factors which describes parents views of the process

- being listened to and parents views valued,
- provision of support for parent carers throughout the process
- an integrated approach and co-ordinated multi-agency work throughout the process
- timeliness of all meetings and issuing of the paperwork
- implementation of the support identified in the EHC

There is now representation of young people on the steering group and a young people's forum that meet regularly and are supported by the Plymouth Information and Advice for SEND service.

**Further Information Available:** SEND Review and Framework for Education Provision 2015-18

**Ambition 5: Fully integrate specialist education support services, health services and Social Care Services to create a core offer for children with SEND, and provide a core component of delivery for a collaborative model of support for vulnerable children**

**Progress and Next Steps:**

A draft business case is currently being developed that sets out the vision for a new model of service:

The ambition is to deliver earlier support to prevent needs escalating, with a focus beyond

diagnosis to the right interventions to achieve the following outcomes:

- Enable parents to meet the needs of their children
- Keep children living at home, where possible
- Enable children and young people to achieve their maximum learning potential
- Ensure a positive transition to adulthood that maximises the independence of children and young people

The following areas are considered 'in-scope' of integration:

- Plymouth Hospital NHS Trust (PHNT) Community Paediatrics and Children's Community Nursing (CCN)
- Livewell Southwest (LSW) Child & Adolescent Mental Health Services (CAMHS) and Speech & Language Services (SALT)
- Plymouth City Council (PCC) Special Education Needs & Disability Service (SEND)

*It is proposed that there are four clear offers:*

**Offer 1:** Providing advice & capacity building into the Community Offer – to prevent referrals

**Offer 2:** Assessment and short term evidence based short term intervention or support managed as part of an early help plan accessed via SPOC

**Offer 3:** Longer term support for those with multiple and complex need, to ensure CYP remain in the community

**Offer 4:** On-going care and, where possible, supporting the return or re-unification with families of CYP placed in 52 week full time residential school placements or young people with disabilities in care (In line with the NHS Transforming Care Partnership agenda).

Children and young people with SEND will have their long term needs met through an integrated pathway of support, with core elements including:

- Integrated Triage (coordinated by The Gateway)
- Integrated Assessment
- Outcome based planning (including: education, health and care planning)
- Integrated Review

CAMHS in its entirety is considered in scope for the integrated model. The rationale for this is that:

- The prevalence for a diagnosable psychiatric disorder is 36% in children and adolescents with learning disabilities, compared with 8% of those who did not have a learning disability.
- CAMHS play a crucial role in an integrated approach to diagnosis and support for children with neurological disorders, and without integration we risk on-going disruption of pathways and multiple referral processes.
- Conversely, many children and young people who have long term and enduring mental health may benefit from the integrated response across health and education support services.

It is clear, however, that there are other cohorts of children other than those in SEND pathways, such as Children in Care or in the youth justice system, who are very vulnerable to mental health problems. The needs of these young people fall into the integrated

approach being developed for Vulnerable Children and Young People and the CAMHS model with reflect these requirements.

The development of a final model of service for CAMHS, which will be a consistent offer across the whole of Devon, is still under consultation. It will reflect the current evidence base from NICE, Future in Mind and CAMHS Transformation ambitions.

**Achieving the vision**

Current systems design work is taking place to improve the experience of children and families, to ensure organisational boundaries do not impede on patient experience and service delivery and to review how earlier help can be given.

The focus of these technical working groups is in the critical areas of:

- Autistic Spectrum Conditions (ASC) – expected to be complete early 2017
- Communication (speech and language services) – early 2017
- Early years’ complex disability – end 2016

The learning from these groups is informing future integration design.

The ambition for future Community Health and SEND Support Services is to ensure the delivery of an integrated service under a single service specification.

No decisions about future contracting arrangements have been made. NEW Devon CCG who is currently in a pre-procurement phase in respect to all Children’s Community Health Services across the whole of Devon. In Plymouth, this will be overseen though the Integrated Commissioning Governance.

**Time frame for activity**

Activity	Date
Stakeholder, Public and Patient Engagement	Via SEND Steering Group and SDG technical working groups – ongoing
Open Market SDG - Service Design and Specification	SDG - 29 <sup>th</sup> Nov ‘16
Final scope and vision	ICB – 16 <sup>th</sup> Sept ‘16
Contracting and procurement option appraisal and local sign off	CIB - 7 <sup>th</sup> Dec SIG – 20 <sup>th</sup> Dec ‘16 ICB – 21 <sup>st</sup> Dec ‘16
Cabinet sign off	Jan ‘17
NEW Devon CCG Board	Jan ‘17

**Further Information Available:** CAMHS Transformation Plan (Published NEW Devon CCG)