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Published 31 July 2017

WELLBEING OVERVIEW AND SCRUTINY COMMITTEE

Wednesday 9 August 2017
3.00 pm
Warspite Room, Council House

Members:
Councillor Mrs Aspinall, Chair
Councillor James, Vice Chair
Councillors Mrs Bridgeman, Cook, Dann, Deacon, Loveridge, Dr Mahony, Sparling, 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

1. To Note the Appointment of the Chair and Vice Chair

The Committee will be asked to note the appointment of the Chair and Vice Chair for the forthcoming municipal year 2017/18.

2. Apologies

To receive apologies from Members for non attendance.

3. Declarations of Interest

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

4. Chairs Urgent Business

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

5. Minutes **(Pages 1 - 6)**

To confirm the minutes of the meetings held on 26 April 2017.

6. Acute Services Review **(Pages 7 - 20)**

The Committee will receive a presentation upon Acute Services Review.

7. Accountable Care Delivery System **(Pages 21 - 26)**

The Committee will receive a presentation upon Accountable Care Delivery System.

8. Re-procurement of Sexual Assault Referral Centre (SARC) **(Pages 27 - 46)**

The Committee will receive a presentation upon the Re-procurement of Sexual Assault Referral Centre (SARC).

9. Integrated Commissioning Score Card **(Pages 47 - 56)**

The Committee will receive a presentation upon the Integrated Commissioning Score Card.

10. Integrated Finance Monitoring Report **(Pages 57 - 68)**

The Committee will receive the Integrated Finance Monitoring Report.

11. Tracking Resolutions **(Pages 69 - 72)**

The Committee will consider the tracking resolutions document.

12. Work Programme **(Pages 73 - 74)**

The Committee will receive the work programme.

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Wellbeing Overview and Scrutiny Committee

Wednesday 26 April 2017

Present:

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

Apologies for absence: Councillor Mrs Aspinall

Also in attendance: David Northey (Head of Integrated Finance), Carole Burgoyne (Strategic Director for People), Rob Sowden (Performance Advisor), Ruth Harrell (Director of Public Health), Councillor Mrs Bowyer (Cabinet Member for Health & Adult Social Care), Ross Jago (Lead Officer) and Helen Rickman (Democratic Support Officer).

The meeting started at 3.00 pm and finished at 4.33 pm.

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.

10. **Declarations of Interest**

There were no declarations of interest in accordance with the code of conduct.

11. **Chairs Urgent Business**

Ross Jago (Lead Officer) advised Members that Councillor Mrs Aspinall was unable to attend the meeting however she had requested that a statement be read out on her behalf regarding the following:

(a) Members were thanked for their contribution and teamwork over the year and were reminded that at any point they were able to bring items to be considered for select committee hearings;

(b) Councillor Mrs Foster was given good wishes for her year as Lord Mayor;

(c) Councillor Mrs Aspinall had been invited to be a member of a task and finish group on the procurement of any new contracts for surgery provision for 2018; she would keep Members updated;

(d) Councillor Mrs Aspinall thanked Councillor James for his support as Vice Chair, and also thanked Councillor Bowie, Portfolio Holders and Officers for their attendance and support.

Under this item Ross Jago also advised Members that in light of the recent General Election announcement the NHS had been issued guidance from the Department of Health and the Cabinet Office advising that representatives should not attend public events during the Purdah period where matters considered to be controversial were due to be discussed; Officers from the NHS, Health Trust and Hospital Trust would therefore not be in attendance.

Members of the Committee were advised that the reports provided by the NHS were attached to the agenda and were prepared and published before the General Election was called therefore Members had the opportunity to discuss and debate them in the absence of the NHS.

12. **Minutes**

Agreed the minutes of the meetings held on 25 January 2017 and 15 March 2017 as a correct record.

13. **Integrated Fund Monitoring Report**

David Northey (Head of Integrated Finance) and Carole Burgoyne (Strategic Director for People) provided Members with an update on the Integrated Fund Monitoring Report.

Members were advised that the report set out forecast financial performance of the Plymouth Integrated Fund for the month of February 2017 (month 11).

In response to questions raised it was reported that –

(a) the overall health contribution to the fund was forecast to be overspent against budget at £0.4m; shortfalls would roll over into the next year however further information would be provided to Members in writing;

(b) the Children, Young People and Families Service reported a budget pressure of £0.306m a reduction of (£0.245m) in the month; the Budget Containment Board was monitoring this however the reduction was as a result of additional vacancy savings (£0.104m), reduced costs of legal agents (£0.015m) and a reduction in the cost of looked after children's placements (£0.126m);

(c) in the last 11 months, Plymouth observed an increase in the number of children in care of 5.4%. The continued increase in numbers of children in care was in line with national and regional trends. The overall number of children in care at the end of February was 408;

(d) the Strategic Co-operative Commissioning (SCC) service reported an overspend on budget of £0.200m at month 11 – a decrease of (£0.247m) from last month. This was due to a reduction in client numbers, a reduction in commissioned contracts and an assessment of high cost packages;

(e) details surrounding an increase in possible privatisation in treatment would be provided to Members in writing;

(f) reported savings in community connections increased by (£0.033m) to (£0.081m) as a result of further staff savings through recruitment to a new structure and additional income recharging staff to grant projects. It was legitimate for staff time to be put against projects; this was signed off by the 151 officer;

(g) the CCG had a deficit position of £42.1m for the year following the release of the non-recurrent headroom reserve and a cumulative deficit of £120.5m;

(h) acute care commissioned services had a budget allocation and forecast spend reflecting the anticipated final contract value of £176.7m; where the Trust didn't have capacity to deliver, additional capacity was sourced from the system as a whole;

(i) information from Plymouth Hospital's Trust regarding ambulance handover targets and cancelled operations (breakdown of figures) would be provided to Members.

The Chair thanked officers for their attendance.

Agreed that Members would be provided with responses to minute 13 (a) (e) (i) as detailed above.

14. **Integrated Commissioning Score Card**

Rob Sowden (Performance Advisor), Ruth Harrell (Director of Public Health), Councillor Mrs Bowyer (Cabinet Member for Health & Adult Social Care) and Carole Burgoyne (Strategic Director for People) provided Members with an update on the Integrated Commissioning Score Card.

Members were advised that –

(a) information contained within the report, where possible, included data for health and wellbeing from quarter 4 for 2016/17;

(b) results from the Annual People Survey reported a drop in the percentage of people with low satisfaction and low happiness however there were increases in the percentage of people with low worthiness and high anxiety;

(c) there had been an improvement in the percentage of re-referrals into children's social care and the number of children with child protection plans, however there were still challenges with referral to treatments, 4 hour waits in A&E and delayed transfers of care.

Prior to questions from Members, Ross Jago (Lead Officer) advised the Committee that the intention of the report was to help populate the work programme and identify areas of future scrutiny.

Key areas of questioning from Members related to the following:

(d) concerns with 18 weeks referral waiting times, A&E four hour waiting times and the failing Dementia diagnosis rates national target despite Plymouth being a Dementia Friendly City;

(e) performance surrounding homelessness, including, benefit changes, young people and the correlation between B & B accommodation and homelessness;

(f) the reduction in the number of children requiring child protection plans;

(g) concerns surrounding the red trend relating to substance misuse in young people as well as hospital admissions relating to mental health admissions;

(h) delayed transfer in care and the increasing trend presented above the national average as well as links to the sustainable transformation plan;

(i) the red rating for breastfeeding data;

(j) more detail surrounding the hospital admissions relating to self-harm for 10-24 year olds and why the trend was listed as 'n/a';;

(k) concerns as to why the trend for the chlamydia detection figures had gone from green to red;

(l) timescales relating to the Sustainable Transformation Plan.

It was agreed that –

1.Members would be provided with more detail surrounding the increase in substance misuse in young people as well as hospital admissions relating to mental health admissions;
2.The following items would be included on the Wellbeing Overview and Scrutiny Programme in order to monitor progress:

- Homelessness
- Social care re-referrals and the reduction in child protection plans
- Pathway work relating to emotional and mental health and children
- Delayed transfer in care
- A+E attendance for 0-4 year olds and action plans addressing those trends

The Chair requested that in future action plans should be submitted alongside scorecards in order to explain the trends.

15. **Update on GP Commissioning**

Members discussed the update on GP Commissioning in the absence of representatives from the NHS.

The following comments were raised:

(a) the briefing indicated an emphasis on the orderly close-down of surgeries however it was considered that in reality patients were turned away as the close down dates approached without being given the information required to transfer to another surgery. There was concern that almost ¼ of patients needing to be transferred had not re-registered and it was considered that the majority of those were highly vulnerable people. The briefing failed to reflect the process undertaken and the consultation itself had failings as patients received letters regarding drop-in surgeries after they had taken place. There was an expectation that the briefing would include lessons learned by NHS England and a framework for learning, especially as there was an indication that the closure of the four surgeries was just the beginning;

(b) it was considered that the four surgeries that had closed had a mobile population, with the Hyde Park surgery having a large number of students registered. Members questioned if patients not re-registered were still living in Plymouth;

(c) Members were not happy with the closures, especially the closure of the Cumberland surgery;

Agreed that -

1. a response would be provided to Members in relation to the questions listed below:

    - with regards to the GP surgeries that were accepting transferred patients, how were those surgeries monitoring the integration of the newly re-registered patients and what was the impact upon the service, specifically with regards to waiting times to see a doctor?

    - an update was requested on the number of patients not re-registered as well as an indication as to what had happened to the staff for the closed surgeries;

    - what plan was in place for the Ernesettle site once the contract had expired?

2. an update on GP Commissioning would be added to the Committee's work programme for further scrutiny;

3. a further report on lessons learned relating to the handing back of contracts across GP surgeries for Plymouth would be provided to the Committee;

4. Ross Jago (Lead Officer), once provided with more information, would direct Councillor Tuffin to the correct area of the Council for a response, with

regards to a query he raised to problems experienced by a local surgery due to parking issues.

16. **CQC Inspection Results**

Agreed that this item would be re-scheduled after the elections for when someone from the Health Trust could attend in order to give an update.

Members specified that a glossary of abbreviations is to be included.

17. **Tracking Resolutions**

Ross Jago (Lead Officer) advised Members that requests for information had been sent; the information would be circulated to Members once received.

18. **Work Programme**

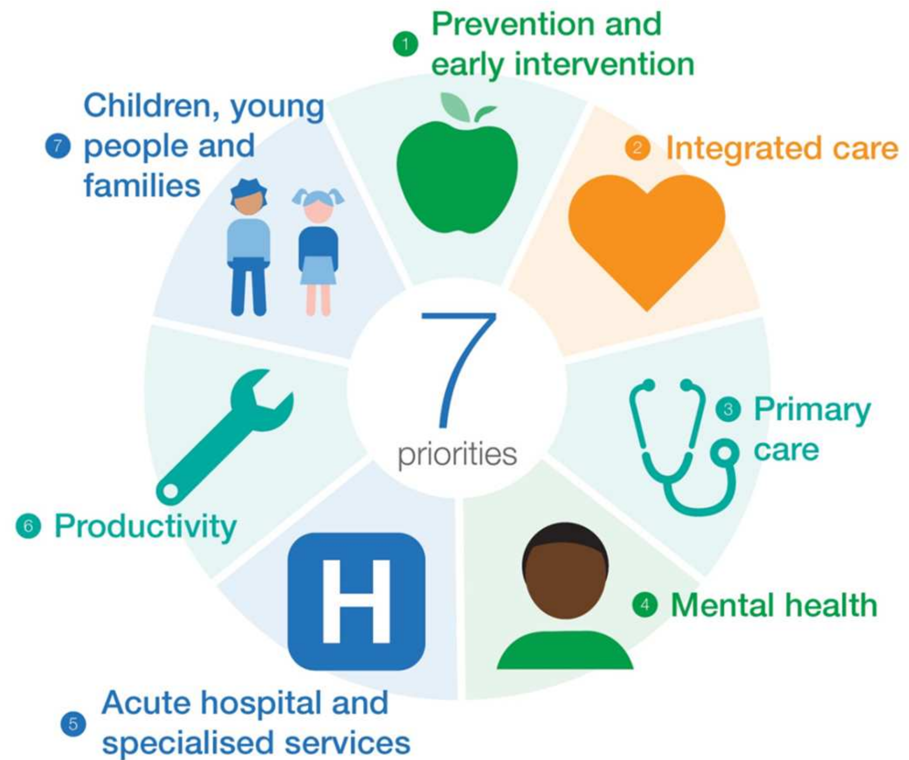
Members agreed to include the following to the work programme:

- Update on SEND
- Update on Homelessness

Livewell Southwest | Devon County Council | Torbay Council | Plymouth City Council | NHS

Shaping Future Care

Acute Services Review
13 July 2017



Summary background

- Case for change driven by:
  - Growth in demand
  - Significant workforce issues
  - Difficulty meeting national service quality standards
- Over 25 clinical workshops to discuss how to resolve
- 100+ clinicians, managers, patient reps involved
- Unprecedented level of partnership working
- Reviewed three priority services and a range of other ‘vulnerable’ services
- Presenting today the clinical recommendations – which is the first stage of the Acute Services Review

What was reviewed?

- The three main service areas under review are as follows:
  - Urgent and emergency care: led by Adrian Harris, Medical Director, RD&E
  - Stroke: led by George Thomson, Medical Director, Northern Devon Healthcare
  - Maternity, paediatrics and neonatal: led by Rob Dyer, Medical Director, Torbay and South Devon

1. Urgent and emergency care

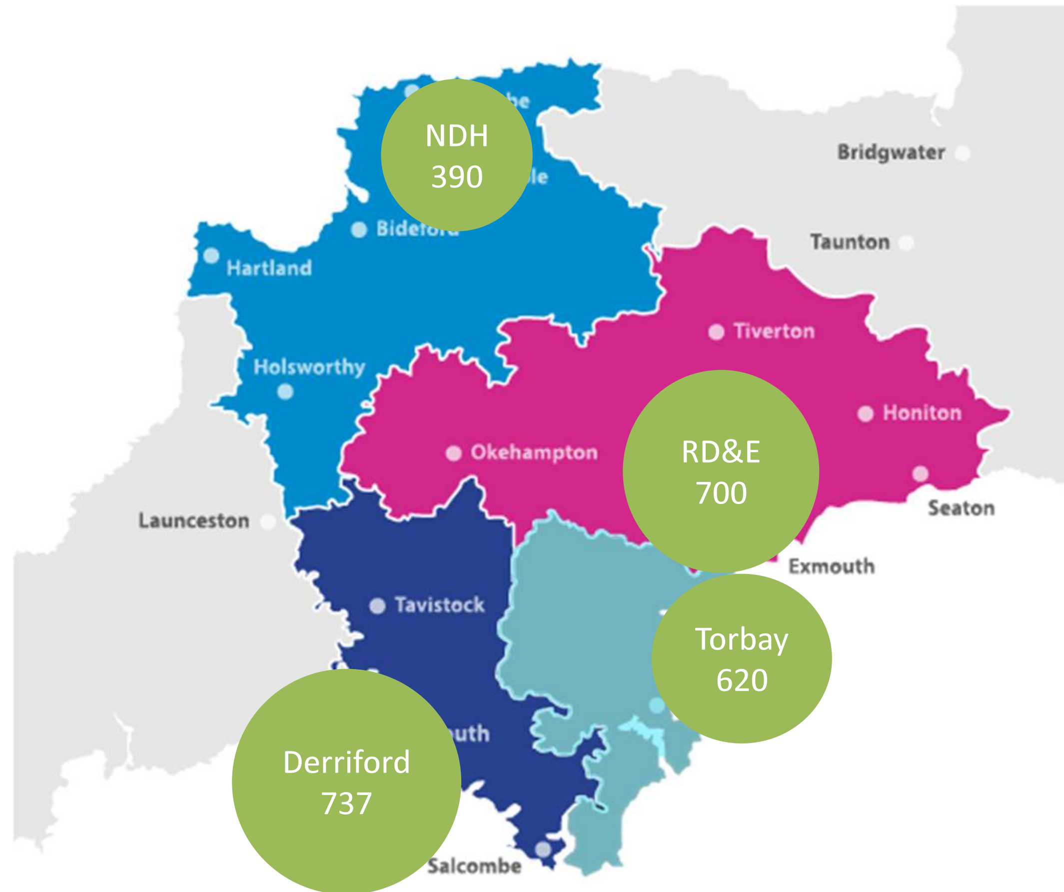
- Proposal to keep 24/7 ED services at all 4 Devon hospitals
- This ensures that key emergency services for the population of Devon continue to operate at our four main hospital locations
- How these urgent and emergency services operate in a sustainable way needs to be enhanced
- In particular how the four sites are better networked with workforce solutions required to ensure that we have enough nurses, other clinical staff and doctors at junior, middle grade and consultant levels to provide safe, reliable care 24 hours a day, 7 days a week

2. Stroke

- We will continue to provide first-line emergency response for people experiencing symptoms of a stroke at all four hospitals. This will include rapid stroke assessment, diagnostics and thrombolysis
- These services will be supported by 'Acute Stroke Units' (ASUs) at all four sites, and will ensure rapid intervention and aftercare for those with a stroke
- We will work towards clinical best practice to improve outcomes for stroke patients by developing two specialist 'Hyperacute Stroke Units' (HASUs) in Exeter and Plymouth

Levels of hyperacute activity across Devon

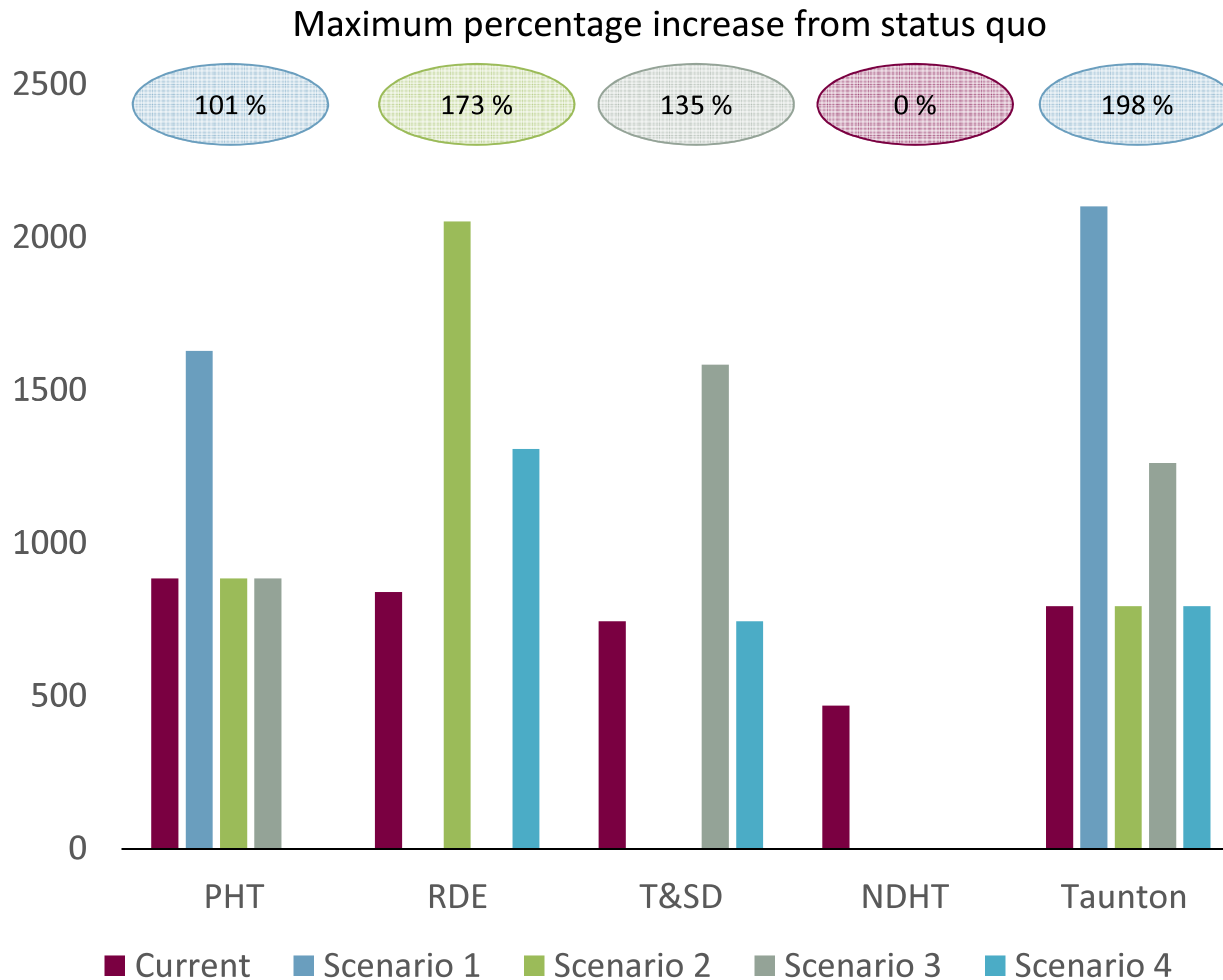
Demands and costs of the service

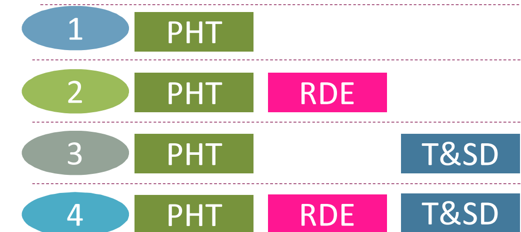


- Across Devon there were 2,450 stroke admissions
- Plymouth Hospitals, the Royal Devon and Exeter and South Devon and Torbay Hospitals see around 2 people per day
- Northern Devon has a lower volume of activity (around 1 per day)

Source: Trust data returns, April 15/March 16, Carnall Farrar Analysis

Stroke: Admissions to HASU, including stroke mimics





- Scenario 1: Patients from T&SD go to PHT, patients from RDE and NDHT go to Taunton
- Scenario 2: Patients from T&SD and NDHT go to RDE
- Scenario 3: Patients from RDE go to T&SD, patient from NDHT go to Taunton
- Scenario 4: Patients from NDHT go to RDE

SOURCE: AHSN analysis of DFT data (June 2016), AA routeplanner, November 2015, Carnall Farrar Analysis (2017), Trusts data returns 2015-16

Stroke pathway: Required staffing for 7 day service

	HASU	ASU	Rehabilitation Unit	ESD
	WTE per 5 bed	WTE per 5 bed	WTE per 5 bed	WTE per 100 referrals
Physiotherapist	1.1 WTE	1.18 WTE	1.18 WTE	1 WTE
Occupational therapist	1.0 WTE	1.18 WTE	1.18 WTE	1 WTE
Speech & Language therapist	0.6 WTE	0.6 WTE	0.6 WTE	0.4 WTE
Dietitian	0.15 WTE	0.1 WTE	0.1 WTE	
Rehab support worker	The split between trained therapist and rehab support workers will depend on the size of unit and the number of assessments needed, the numbers above include trained and untrained			1 WTE
Medcial	2*daily stroke consultant ward rounds	Daily consultant ward rounds	Assess to medical decisions	Assess to GPs and stroke consultant
Nursing	2.9 WTE/Bed	1.35 WTE/Bed	1.35 WTE/Bed (40:60, reg/unreg)	0 – 1.2 WTE
Psychology	It is recommended that psychology staff are based in community stroke services with the ability to in reach to inpatient parts of the stroke pathway as and when required. The BPS has recommended staffing levels of 2 registered psychologists and 1 non registered assistant for populations of 500,000			

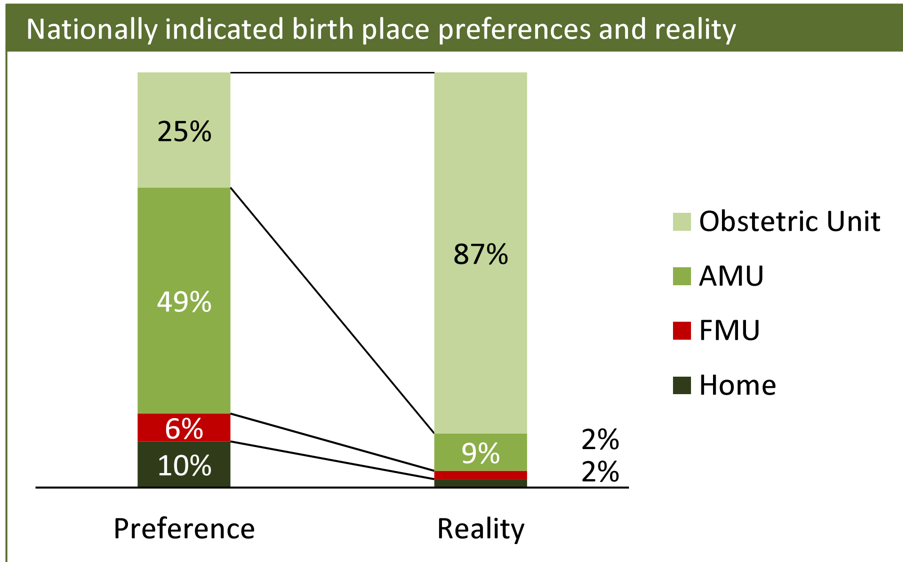
Source: Stroke workshops, Dec 2016/ Jan 2017 RCP stroke 2016 guidelines, Fisher R, Gaynor K, Kerr M & and Walker M. (2010). Stroke Early Supported Discharge Consensus Activity, National Stroke Nursing Forum. (2010), Rhoda Allison, Carnall Farrar Analysis

3. Maternity, paediatrics and neonatal

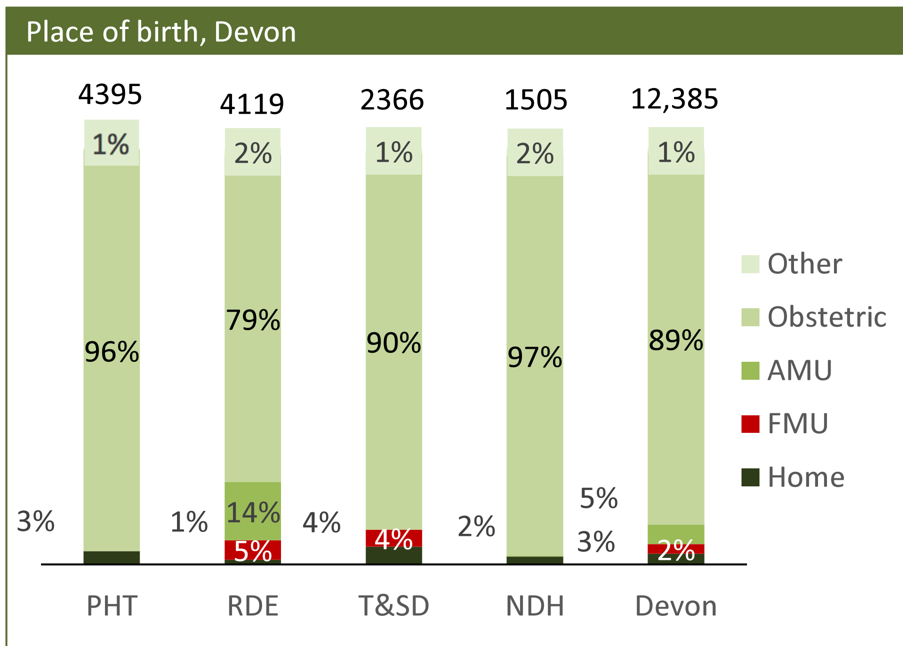
- Retain four sites for maternity, neonatal and paediatric inpatient care
- Doing so in a way that is safe and resilient in and out of hours is a challenge, given our current and predicted workforce constraints
- Maternity:
  - Retain consultant-led maternity services at all four main hospital sites
  - Clinicians have recommended that we adopt the strong evidence base for midwifery-led units co-located with consultant-led units
  - Of the 12,285 births in Devon last year, 89% took place in the main specialist hospital maternity units, with a further 5% at the Alongside Midwifery-led Unit at the Royal Devon & Exeter. Only 2% of births in Devon took place in the four standalone midwife-led units, with 4% of births supported at home or in other settings

Clinicians indicated a preference for alongside midwifery-led units (AMUs)

Nationally indicated birth place preferences and reality



Place of birth, Devon



- Standalone midwifery-led units are deemed a safe option to provide service and choice for multiparous, low-risk mothers. Alongside units are preferred through evidence of improved safety and uptake by women.
- Throughout the workshops it became clear that patient choice about place of birth is of great importance it was however also agreed, that choice should always be second to patient safety
- If a four site option is adopted, all four providers should offer giving birth at an alongside midwifery led unit (AMU)
- The option for a standalone MLU in North Devon without NDDH obstetric support has been ruled out due to travel times to the nearest providers and due to the expected negative impact on workforce
- The extensive travel times from North Devon to an alternative provider would also mean that home births would no longer be possible if the obstetric service was to be stopped. Therefore, no one would be able to give birth in North Devon, which makes the option unviable.

SOURCE: King’s Fund (2014), *Reconfiguring maternity services;* Better Births (2016), South West Maternity Dashboard (2016)

3. Maternity, paediatrics and neonatal

- Retaining neonatal services at all four main hospital sites is also recommended, further developing the networking arrangement between neonatal services across Devon – move to ANNP staffing model
- Propose to expand ambulatory paediatric assessment units, which provide a responsive alternative to hospital admission, and will provide the necessary number of inpatient beds on all four hospital sites
- Review paediatric surgery across devon
- Address the requirement for CAMHs admissions to acute beds

Vulnerable services

- Histopathology: accessed through local hospital, reported through 2 or 3 new specialist digital labs
- ENT: Services will be delivered in all 4 acute hospitals in Devon with comprehensive services being retained in Torbay, Exeter and Plymouth hospitals and a satellite service in North Devon building on the successful partnership between the Royal Devon & Exeter and North Devon District
- Neurology: Devon-wide referrals and networked delivery
- Other reviews still underway (breast surgery, dermatology interventional cardiology, interventional radiology, vascular)

Next steps

- Modelling clinical and financial sustainability
- Detail for workforce and networking solutions
- Recommendations to CCG Governing Bodies and Trust Boards
- Informing wider staff, stakeholders and public
- Consultation - where significant change proposed

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Development of Accountable Care Systems

July 2017

What are Accountable Care Systems?

- The development of Accountable Care Systems are part of a national approach, led by NHS England. According to its Chief Executive, Simon Stevens: “We are embarking on the biggest national move to integrating care of any major western country.”
- **Accountable Care System. An ‘evolved’ version of an STP that is working as a locally integrated health system.** They are systems in which NHS organisations (both commissioners and providers), often in partnership with local authorities, choose to take on clear collective responsibility for resources and population health. They provide joined up, better coordinated care.

What are Accountable Care Systems? (2)

- **Accountable Care Organisation-** This is where the commissioners in that area have a contract with a single organisation for the great majority of health and care services and for population health in the area
- An ACO brings together a number of providers to take responsibility for the cost and quality of care for a defined population within an agreed budget. ACOs take many different forms ranging from fully integrated systems to looser alliances and networks of hospitals, medical groups and other providers. (Kings Fund)

Why Accountable Care Systems?

- Despite significant progress we still face performance, financial, workforce and system challenges.
- The move will greatly enhance how health and social care services are delivered to those living in our communities – and reduce the administration involved in managing these services.
- For those receiving primary, secondary or social care, the move will result in services that are far more joined up, less confusing and better coordinated.
- Through greater whole system working Accountable Care systems can more effectively provide placed based integrated care

The Approach in Devon

- Partners across Devon are planning to develop 'Accountable Care Systems' as part of plans to better integrate health and wellbeing services.
- The work to date is at an early stage, although partners have already agreed several key elements that will be developed:
  - A single strategic commissioner: a single organisation responsible for resource distribution, setting strategic direction and planning.
  - A number (yet to be defined/agreed) of Accountable Care Systems within the Devon footprint, with responsibility and accountability for local populations.
  - An Accountable Care System for mental health services.
- Partners have agreed to establish five streams of work to look at the options in more detail. Plans will be shared with regulators and key stakeholders later this month

Considerations for the Board

- ❑ Does the development of Accountable Care Systems support the HWB Vision of an Integrated System of Wellbeing?

- ❑ What is the Board's role in the development of an Accountable Care System?

NHS England

Proposals for the recommissioning of **Sexual Assault Referral Centres (SARCs)** in the South West

Proposals for the recommissioning of SARCs in the South West

NHS England

Introduction to the procurement exercise and its aims and objectives

SARC Procurement Steering Group:

- NHS England
- Clinicians
- Police
- OPCC
- Technical advisers
- Service user representatives

In this presentation

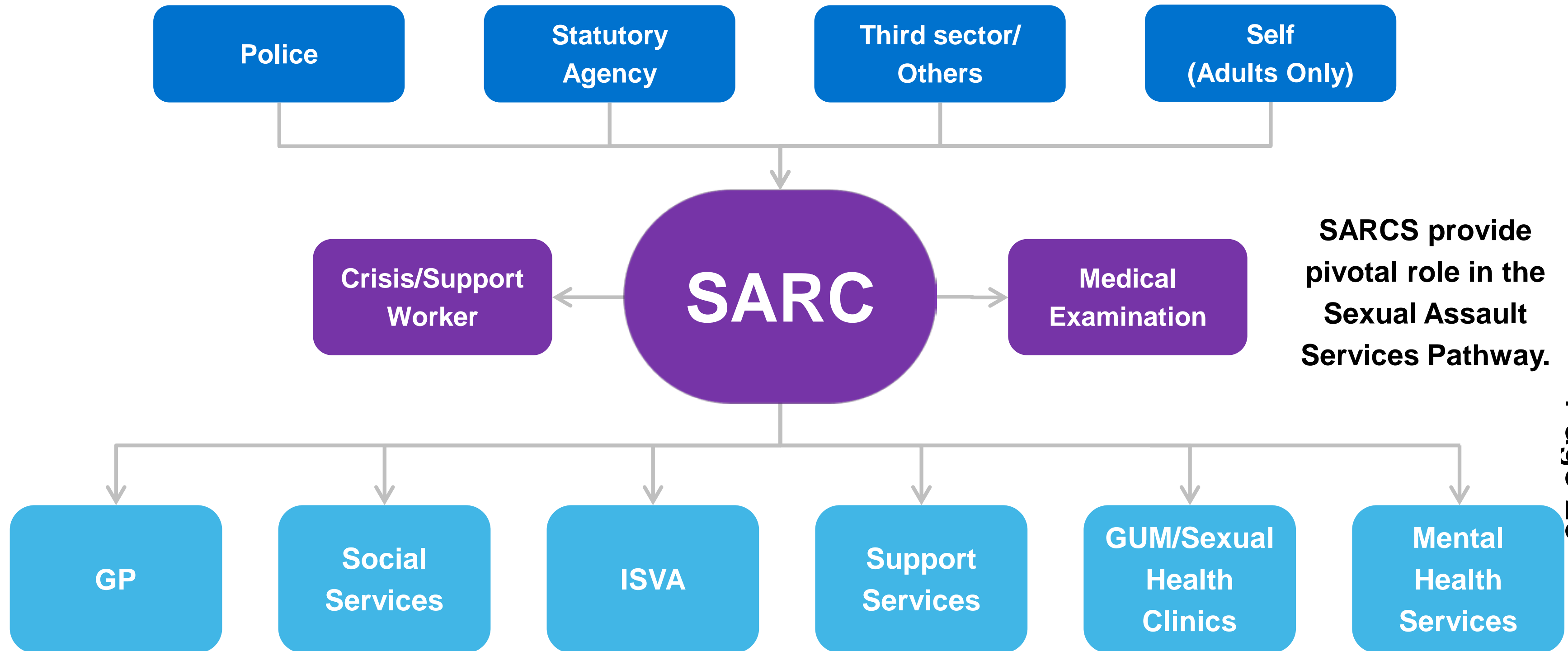
01 Why changes are being made

02 What we are seeking to achieve

03 Our proposals

04 Have your say via the online survey

SARCs within the Sexual Assault Pathway



Current SARC provision

NHS England

Hope House - Gloucestershire

The Sanctuary - Swindon and Wiltshire

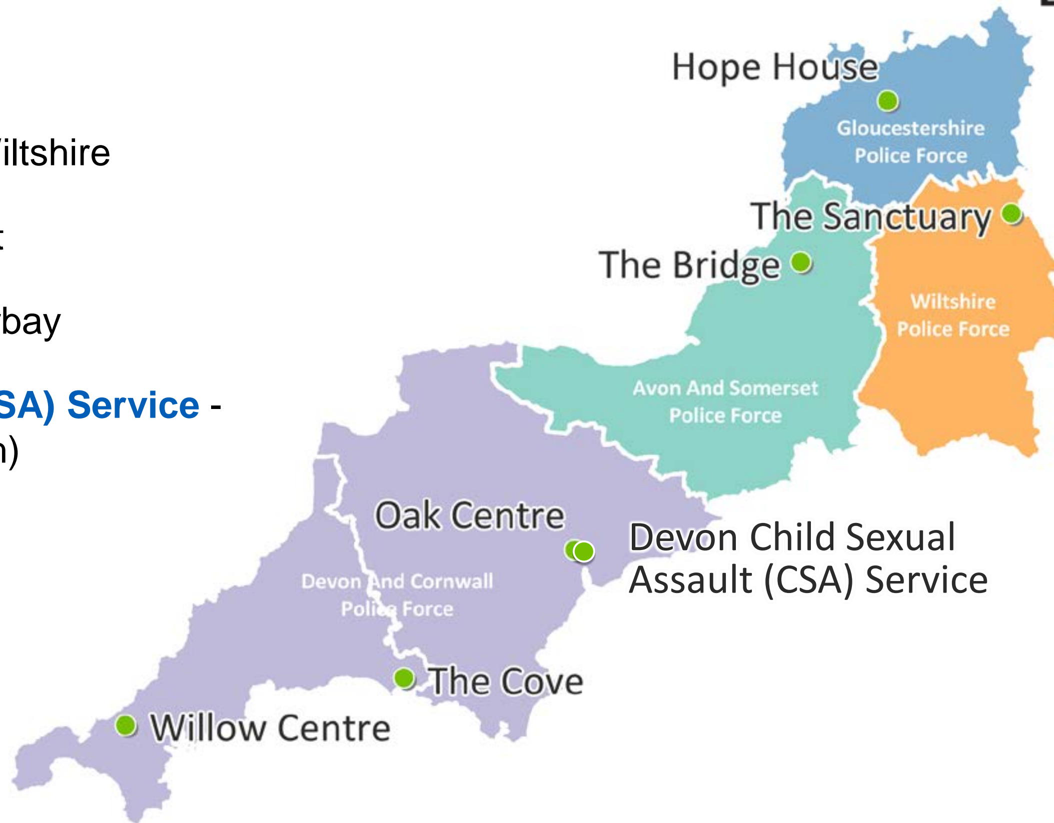
The Bridge - Avon and Somerset

The Oak Centre - Devon and Torbay

Devon Child Sexual Assault (CSA) Service - Devon and Torbay (incl. Plymouth)

The Cove - Devon and Plymouth

The Willow Centre - Cornwall



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NHS England

Why do we need to change?

Why do we need to change?

NHS England

Findings from a recent review of services

- Context of national standards set out in Specification 30
- Divergence from Specification 30 particularly the commissioning of ISVA and counselling services
- All contracts due for renewal
- Wanting to ensure maximum benefit from increased funding for SARCs

Why do we need to change?

NHS England

Findings from a recent review of services

Clear differences in current provision, including quality of:

- Facilities
- Accessibility
- Workforce
- ISVA
- Counselling services

Need for greater:

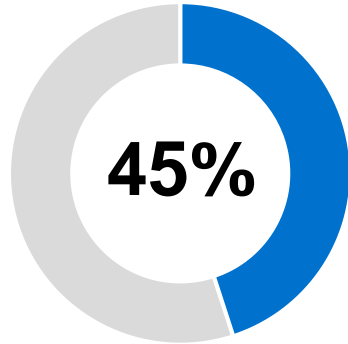
- Consistency
- Practice
- Service delivery
- Performance
- Review and evaluation

NHS England

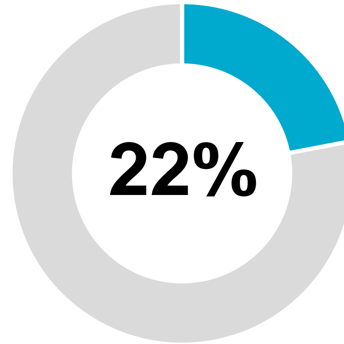
Health Needs Assessment
- Key findings

Health Needs Assessment - Key findings

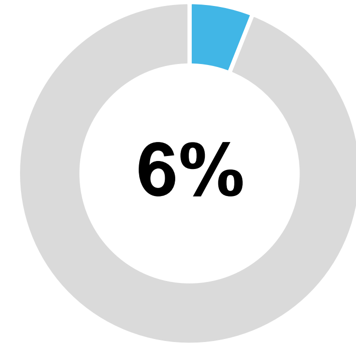
NHS England



Growth in adult rape cases between 2014 and 2016



Growth in child rape cases between 2014 and 2016



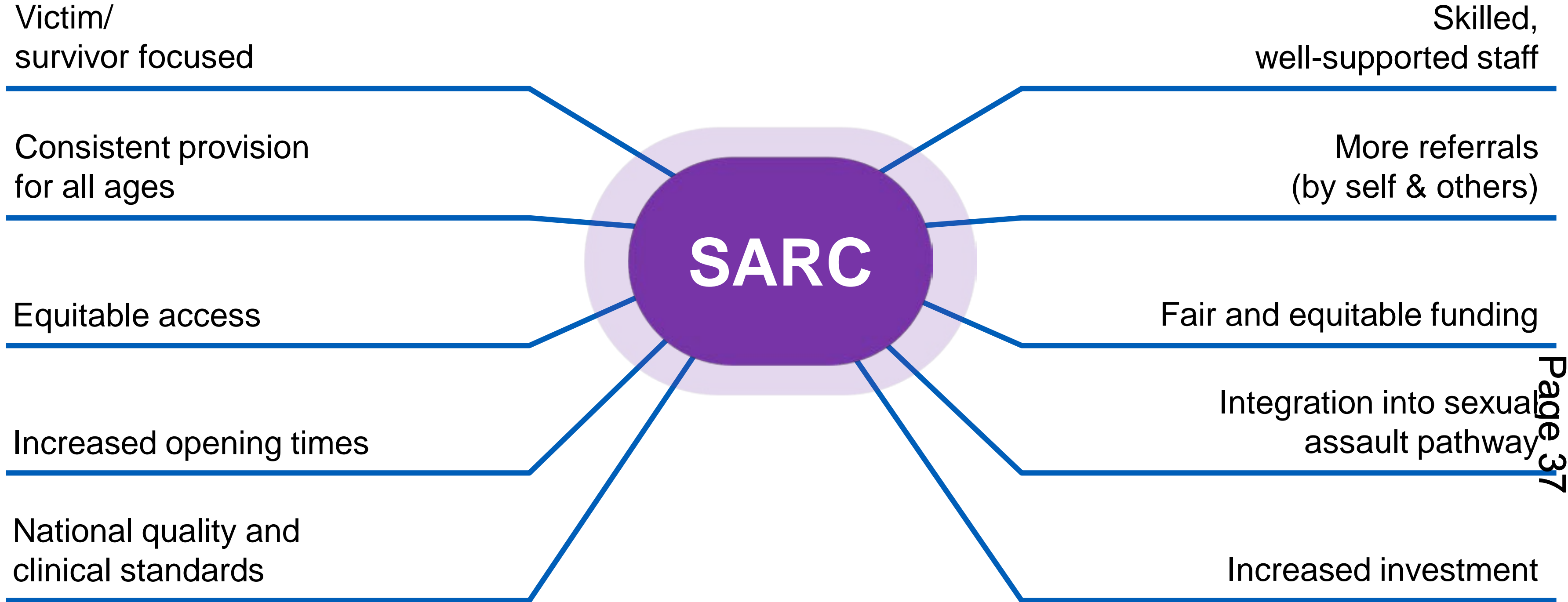
Of the estimated victims of sexual assault in the last year were seen in the SARCs in the South West

(Performance data compared with CSEW (2015-16)

Core principles for SARCs re-design

Core principles for SARCs re-design

NHS England



How have we developed our proposal?

NHS England

Involvement of providers and third sector organisations via Health Needs Assessment (HNA)

Patient and Public Engagement project across all the SARCs in the South West and South Central regions

National survivors' organisations contributed to the proposal for change

National expert clinicians

How have we developed our proposal?

NHS England

This engagement exercise	
	Online survey for stakeholders
	Targeted interviews and stakeholder presentations
	Service users' engagement in specification and procurement exercise

Proposal

Based on requirements of Specification 30

Informed by the core principles for SARC redesign

Adult services for people aged 16 years and older

Paediatric SARCs for C&YP under 18

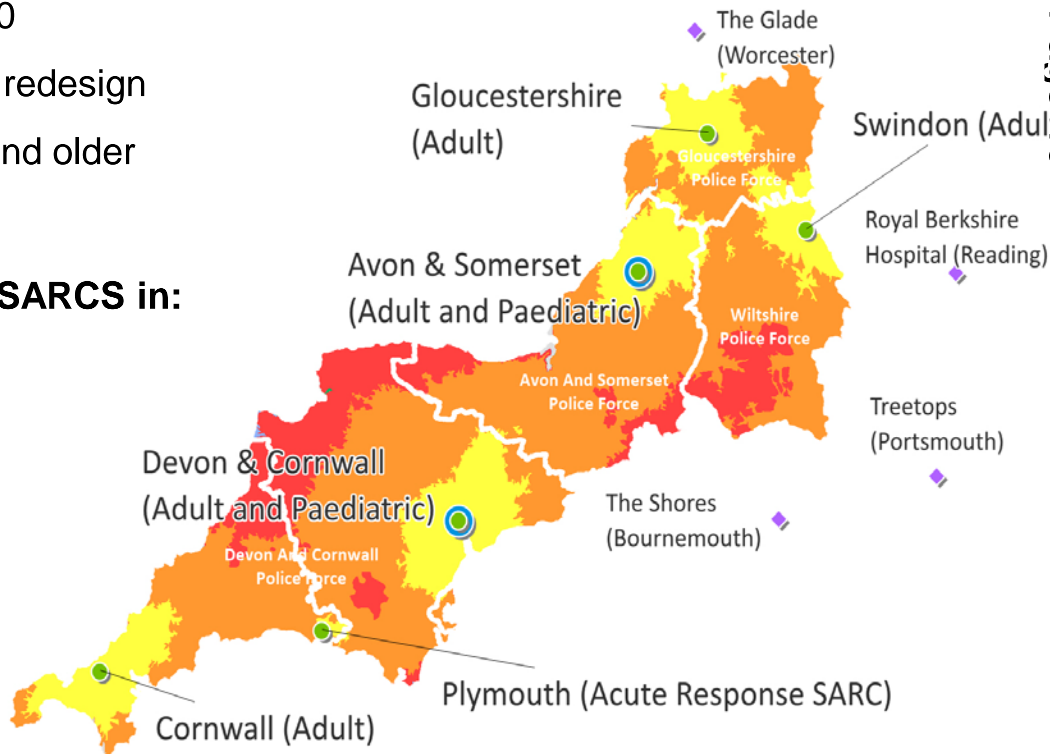
Six adult SARCS in:

- Gloucester
- Swindon
- Bristol
- Truro
- Exeter
- Plymouth (Acute Response SARC)

Two paediatric SARCS in:

- Exeter
- Bristol

There would also be improved access to all SARCs out of area



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Adult SARCs (16+)

NHS England

Truro | Plymouth | Exeter | Bristol | Gloucester | Swindon

Adult SARCs in Gloucester, Swindon and Truro will be staffed

Monday-Friday, 9am-5pm and Saturday, 10am-2pm

Adult SARCs in Bristol and Exeter will be staffed

Monday-Friday, 9am-8pm and Saturday-Sunday, 10am-2pm

Acute Response SARC at Plymouth, opening up when cases are referred

A duty crisis worker system will respond to call outs, **24 hours a day, 365 days a year**.

Minimum provision: one examination room, waiting areas, meeting space, staff offices and partner office space (log access), additional consulting space and effective evidence storage space/capability

Paediatric SARCs (0-18 years)

NHS England

Exeter | Bristol

Staffed Monday-Friday, 9am-6pm and Saturdays, 10am-2pm

Centres of Excellence co-located with the adult SARC

Centres would act as hubs for paediatric clinical networks, offering development opportunities for directly employed paediatricians and enhancing local provision

Some Child Sexual Assault (CSA) examinations and follow-up services will continue in local paediatric services, when in the best interests of the child

Children and young people from Gloucester, Swindon and Wiltshire, Devon and Cornwall will be seen at their nearest paediatric SARC/ CSA service

ISVA and Counselling Services

NHS England

ISVAs	Counselling/Talking therapies
Responsibility transferred to the OPCCs	Responsibility transferred to the CCGs and local authorities
Commissioning aligned to Spec 30	Commissioning aligned to Spec 30
ISVAs embedded in the local community, using a network of outreach clinics and satellite venues, offering victims/survivors greater access	Services will be integrated into the trauma and mental health pathway

Current funding to be transferred with commissioning responsibilities

No reduction in funding

Process going forward

NHS England

Findings of engagement exercise to Procurement Steering Group August 2017

Tender published September 2017

Bidders' submissions and interviews completed by Christmas

New contract start date October 2018

NHS England

Please click on the link in your email to take you to the survey so you can share your views on what you've seen

Thank you for your time

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INTEGRATED HEALTH & WELLBEING

SYSTEM PERFORMANCE SCORECARD

JULY 2017

Northern, Eastern and Western Devon
Clinical Commissioning Group

1. INTRODUCTION

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 1st 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

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

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)

- 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

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. The latest Public Health outcomes figures have been released for 2016, smoking prevalence in adults in Plymouth fell further to 17.2%, down from 24.1% in 2015.

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 –

Decreasing trend

Data collected via Annual Population Survey in 2016 shows that the percentage of people with a low happiness score has decreased for the fourth time in 5 years. This would suggest that the increase in 2015 was a blip and the longer term reducing trend is continuing.

Under 18 Conceptions – Decreasing trend

The latest release of conception data shows that the under 18 conception rate within Plymouth has fallen again, latest figures show a rate of 23.9/100,000 compared to 29.6/100,000 in 2015. The gap between the Plymouth and England rate continues to close.

Estimated diagnosis rates for dementia – Increasing trend

There has been a further 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%. At the end of quarter one the diagnosis rate is up to 60.3%, an increase from 60.1% at the end of quarter two.

Referral to treatment - Percentage seen within 18 weeks - Incomplete pathways

Plymouth Hospitals NHS Trust are not achieving the 18-week referral to treatment standard. There has been capacity issues in a number of specialties in Plymouth Hospitals NHS Trust and referral reductions haven't been a large as planned. Some additional capacity has been made available in recent months which has eased some of the pressure but the target is not expected to be achieved in 2017/18.

In June 2017 85.6% of patients were seen within 18 weeks, this a very slight drop compared to the 2016/17 outturn of 85.7%.

Accident and Emergency 4 hour wait

Plymouth Hospitals NHS Trust are not achieving the 4hr wait in A&E target. This is mainly due to demand pressures including an increase in A&E attendances. Plans are in place to achieve the target by Q4 2017/18.

CHILDREN AND YOUNG PEOPLE

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

The proportion of children aged 4-5 that are classified as overweight (including obese) is unchanged in most recent release of figures, 24.6 in 2015/16. This 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.

Timeliness of Children's single assessments/ Number of children on a child protection plan

The Children Young People and Families service has been reinforcing practice standards within the Plymouth Referrals and Assessment Service. It was anticipated that this may have an impact on performance as worker adapt to the new ways of working and focus on quality of practice. There was a reduction in assessment completion timeliness from 94% in Q4 (16/17) to 81.7% at the end of Q1 (17/18) against a target of 88%. The situation is being closely monitored and the Service Manager is supporting workers to enhance ways of working which will ultimately deliver an improvement in both timeliness and quality of assessment. The number of children with child protection plans is 368 for June 2017, an increase of 31 on the May figure.

COMMUNITY

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

It was announced that there would be 20 reviews of Health and Social Care Systems by the Care Quality Commission (CQC) where there are challenges particularly in relation to Delayed Transfers of Care (DToC). Plymouth City Council has been selected as one of the first 12 areas to be reviewed. A set of metrics exist to assess performance of patient flow across the NHS and social care interface including DToC.

In Plymouth we have been asked to reduce the rate of delayed transfers of care in the system by two thirds, which is a significant performance challenge. This means that in Plymouth we must;

- Reduce the total daily DToC delayed day rate from 31.7/100,000 adults to 14/100,000 adults by the end of the year. This equates to reducing the number of daily delayed days from 67 to 24.
- Reduce NHS attributable daily DToC delayed day rate from 20.78/100,000 adults to 10.4/100,000 adults. This equates to reducing the number of daily NHS attributable delayed days from 44 to 17.
- Reduce Adult Social Care attributable daily DToC delayed day rate from 10.7/100,000 adults to 3.7/100,000 adults. This equates to reducing the number of daily NHS attributable delayed days from 23 to 8.

A work group is in place to help understand and tackle these performance challenges, a group that will draw on expertise from the City Council, NEW Devon CCG, Plymouth Hospitals NHS Trust and Livewell South West.

Improving Access to Psychological Therapies (IAPT) – Access rates

Livewell South West achieved the IAPT access rate in 2016/17 and are on track to achieve it again in 2017/18.

Improving Access to Psychological Therapies (IAPT) – Recovery rates

Livewell South West have reported an improvement in the recovery rate from September 2016. However, the target is not being achieved on a sustainable basis but performance improved in June 2017 following a drop in May 2017. Work is ongoing to improve the recovery rate but it is acknowledged that there may be some inconsistencies in performance in the short term.

6. WELLBEING

Indicator	Measure	Most Recent Period	Benchmark England	First Value of Graph	Graph	Last Value of Graph	Trend
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							
2.13i - Percentage of physically active and inactive adults - active adults	Percentage	2015		59.2		56.2	
2.13ii - Percentage of physically active and inactive adults - inactive adults	Percentage	2015		27.6		30.2	
2.14 - Smoking Prevalence in adults - current smokers (APS)	Percentage	2016		24.1		17.2	
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.							
Self-reported well-being: % of people with a low satisfaction score	Percentage	2015/16		5.3		4.2	
Self-reported well-being: % of people with a low worthwhile score	Percentage	2015/16		5.1		5.6	
Self-reported well-being: % of people with a low happiness score	Percentage	2015/16		11.5		9.4	
Self-reported well-being: % of people with a high anxiety score	Percentage	2015/16		22.9		22.4	
Social Isolation: percentage of adult social care users who have as much social contact as they would like	Percentage	2016/17		43.8		46.0	
The proportion of people who use services and carers who find it easy to find information about support - Client element	Percentage	2016/17		80.8		77.0	
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							
2.04 - Under 18 conceptions	Rate per 1,000	2015		44.1		23.9	
CCGOF Referral to Treatment waiting times (patients waiting over 18 weeks on incomplete pathway (%) (PHNT)	Percentage	Jun-17	N/A	83.90%		85.60%	
A&E 4hr wait	Percentage	Jun-17	N/A	78.90%		86.80%	
NHSOF Estimated diagnosis rates for Dementia (Percentage)	Percentage	Jun-17	N/A	59.3		60.3	
In hospital Falls with harm	Percentage	Jun-17	N/A	0.23		0.12	

7. CHILDREN AND YOUNG PEOPLE

Indicator	Measure	Most Recent Period	Benchmark England	First Value of Graph	Graph	Last Value of Graph	Trend
Raise aspirations: ensure that all children and young people are provided with opportunities that inspire them to learn and develop skills for future employment							
1.05 - 16-18 year olds not in education employment or training	Percentage	2015		8.4		5.6	
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							
1.02i - School Readiness: The percentage of children achieving a good level of development at the end of reception	Percentage	2015/16		57.3		64.0	
2.06i - Child excess weight in 4-5 and 10-11 year olds - 4-5 year olds	Percentage	2015/16		25.1		24.6	
Keep our Children and Young People Safe: ensure effective safeguarding and provide excellent services for children in care							
Referrals carried out within 12 months of a previous referral (Re-referrals)	Percentage	2017/18 Q1		37.4		31.2	
Hospital admissions as a result of self-harm (10-24 years)	Rate per 100,000	2015/16		481.0		617.2	
Hospital admissions due to substance misuse (15-24 years)	Rate per 100,000	2013/14 - 15/16		49.7		94.8	
Hospital admissions for mental health conditions	Rate per 100,000	2015/16		140.7		109.7	
Number of children subject to a Child Protection plan	Count	2017/18 Q1		351		368	
Number of looked after children	Count	2017/18 Q1		402		397	
Number of Children in Care - Residential	Count	2017/18 Q1	N/A	25.0		27.0	
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	2015/16		16.1		15.4	

8. COMMUNITY

Indicator	Measure	Most Recent Period	Benchmark England	First Value of Graph	Graph	Last Value of Graph	Trend
Provide integrated services that meet the whole needs of the person by developing: • Single, integrated points of access • Integrated support services & system performance management • Integrated records							
2.18 - Admission episodes for alcohol-related conditions - narrow definition	Rate per 100,000	2015/16		712.4		678.0	
Number of households prevented from becoming homeless	Number	2017/18 - Q1	N/A	330		198	
Average number of households in B&B per month	Number	2017/18 - Q1	N/A	21.0		59.0	
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							
Proportion of people still at home 91 days after discharge from hospital into reablement/ rehabilitation services	Percentage	2017/18 - Q1	N/A	85.0		86.5	
IAPT Access Rate (PCH)	Percentage	Jun-17	N/A	1.20		1.59	
IAPT Recovery Rate (PCH)	Percentage	Jun-17	N/A	48.10		46.90	
Discharges at weekends and bank holidays	Percentage	Mar-17	N/A	0.22		0.19	
Rate of Delayed transfers of care per day, per 100,000 population	Rate per 100,000	2017/18 - Q1		14.0		29.2	
Rate of Delayed transfers of care per day, per 100,000 population, attributable to Adult Social Care	Rate per 100,000	2016/17 - Q3		6.6		10.4	
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 & choice in a safe environment • Further integrating health and social care							
People helped to live in their own home through the provision of Major Adaptation	Number	2017/18 - Q1	N/A	48		64	
Permanent admissions of older people (aged 65 and over) to residential and nursing care homes	Rate per 100,000	2017/18 - Q1		114.6		103.4	
Permanent admissions of younger people (aged 18-64) to residential and nursing care homes	Rate per 100,000	2017/18 - Q1		1.8		2.4	
Self-reported well-being: % of people with a low satisfaction score	Percentage	2015/16		5.3		4.2	
Proportion of people who use services who have control over their daily life	Percentage	2016/17		82.5		81.0	

9. ENHANCED AND SPECIALIST

Indicator	Measure	Most Recent Period	Benchmark England	First Value of Graph	Graph	Last Value of Graph	Trend
Create Centres of Excellence for enhanced and specialist services							
CCGOF Incidence of healthcare associated infection (HCAI) - MRSA	Count	2015/16	N/A	4		2	
CCGOF Incidence of healthcare associated infection (HCAI) - C-Difficile	Count	2015/16	N/A	32		42	
CCGOF Incidence of healthcare associated infection (HCAI) - Cat 2,3 & 4 new pressure ulcers	Count	2015/16	N/A	174		51	
In hospital Falls with harm	Percentage	Jun-17	N/A	0.2		0.1	
Ensure people are able to access care as close to their preferred network of support as possible							
DiUPR (%), Persons, All Ages.	Percentage	2015		46.07		52.78	
Provide high quality, safe and effective care, preventing people from escalating to, or requiring, urgent or unplanned care							
2.24i - Emergency hospital admissions due to falls in people aged 65 and over	Rate per 100,000	2015/16		2,337.3		1,924.3	
Percentage of CQC providers with a CQC rating of good or outstanding	Percentage	2017/18 - Q1		82.0		79.0	
Satisfaction among Adult Social Care clients resident in Residential/ Care homes	Percentage	2016/17	N/A	77.0		84.0	

Plymouth Integrated Fund
Finance Report – Month 03 2017/18

Introduction

This report sets out the outturn financial performance of the Plymouth Integrated Fund for the year to date and the forecast for the financial year 2017/18.

The report is in several sections.

- The first section details the performance of the Integrated Fund, including the section 75 risk share arrangements.
- The second identifies the Better Care Fund, which is a subset of the wider Integrated Fund, but has specific monitoring and outcome expectations.
- The third section details the financial performance of the Western Planning and Delivery Unit (PDU) of the Clinical Commissioning Group (CCG).
- Appendix 1 which shows the Plymouth Integrated Fund performance and risk share – this is not reported at this early stage in the year.
- Appendix 2 which shows the PDU managed contracts financial performance.
- Appendix 3 which is a glossary of terms used in the report.

In summary, the Integrated Fund is currently performing well against budget but it is too early in the year to predict anything other than delivery of plan.

SECTION 1 – PLYMOUTH INTEGRATED FUND

The integrated fund for Plymouth City Council (PCC) is shown as gross spend and now also includes the Support Service Recharge costs for the People directorate and Public Health department along with the capital spend for Disabled Facilities Grant, which is funded from the Better Care Fund.

Overall, PCC is forecasting to come in on budget at month 3 which includes, as part of the MTFS for 2017/18, the People directorate needs to make savings of £7.117m as well as £3.840m of savings brought forward from 2016/17 that were realised from one off savings and will need to be saved in this financial year.

There are also areas in each department that will need to be reviewed and closely monitored during the coming months, particularly placement and care package numbers and costs.

We are currently reviewing the cost of children's placements, increased bed and breakfast placements and the impact of the reduced Education Support Grant (ESG) as part of the Education, Participation and Skills department.

Department	Latest Approved Budget (M2)	Latest Year End Forecast	Forecast Variation at Month 2	Forecast Variation at Month 1	Change in Month
	£m	£m	£m	£m	£m
Children, Young People & Families	35.388	35.388	0.000	0.000	0.000
Strategic Cooperative Commissioning	76.770	76.770	0.000	0.000	0.000
Education Participation and Skills	106.635	106.635	0.000	0.000	0.000
Community Connections	3.423	3.423	0.000	0.000	0.000
Director of People	0.216	0.216	0.000	0.000	0.000
Public Health	16.316	16.316	0.000	0.000	0.000
Sub Total	**238.748**	**238.748**	**0.000**	**0.000**	**0.000**
Support Service Costs	16.428	16.428	0.000	0.000	0.000
Disabled Facilities Grant (Capital spend)	2.126	2.126	0.000	0.000	0.000
Total	**257.302**	**257.302**	**0.000**	**0.000**	**0.000**

SECTION 2 - BETTER CARE FUND (BCF)

The table below shows the total BCF for 2016/17 and an estimate for 2017/18, along with the distribution between CCG and PCC.

	2016/17	2017/18 Estimated
	£m	£m
PCC Capital (Disabled Facilities Grant)	1.954	2.126
PCC Revenue	9.087	9.246
CCG Revenue	8.310	8.455
Total BCF	**19.351**	**19.827**

Improved Better Care Fund (iBCF)

As part of the resource settlement for 2017/18, PCC were awarded amounts from the Governments iBCF. The first amount was £0.764m which forms part of the PCC revenue settlement. The Government then awarded additional monies, as part of the £2billion to support social care nationally, at the Spring Budget of which PCC will receive:

2017/18 £5.800m
2018/19 £3.660m
2019/20 £1.815m

These funds will be paid to the Local Authority and come with conditions that they are *“to be spent on adult social care and used for the purposes of meeting adult social care needs, reducing pressures on the NHS - including supporting more people to be discharged from hospital when they are ready - and stabilising the social care provider market.”*

Cabinet will be discussing the 2017/18 additional funding and allocations to specific areas and projects. This report will detail the agreed areas and monitor expenditure going forward.

SECTION 3 – WESTERN PDU MANAGED CONTRACTS

Context / CCG Wide Financial Performance at Month 3

The CCG plan for 2017/18 has been produced in conjunction with our main acute providers within a wider System Transformation Plan (STP) footprint encompassing South Devon and Torbay CCG (SD&T CCG).

On 12th June, the CCG resubmitted a plan to NHS England which incorporated the Capped Expenditure Process (CEP) proposals and improved the deficit position by £21.4m to a 2017/18 in year deficit of £57.1m. Although this plan has not been formally approved, the CCG is reporting against this revised plan. In addition to this the CCG has a brought forward deficit from 2013/14 to 2016/17 of £120.5m making the planned cumulative deficit £177.7m.

The updated CCG plan sits within an overall plan for the STP which has a deficit of £61.5m with a savings plan of £168.2m. The NEW Devon CCG plan within this is a deficit of £57.1m with a savings plan of £45.9m. The plan is based on an agreed set of block contracts with the main providers which de-risks this element of the CCG’s commissioning budget and delivers savings within those contracts of £11.2m.

As of Month 3 the year to date and forecast outturn positions are in line with the current plan

Western PDU Finance Position

Introduction

The Locality is forecasting to deliver against budget at this stage in the year.

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

Acute Care Commissioned Services

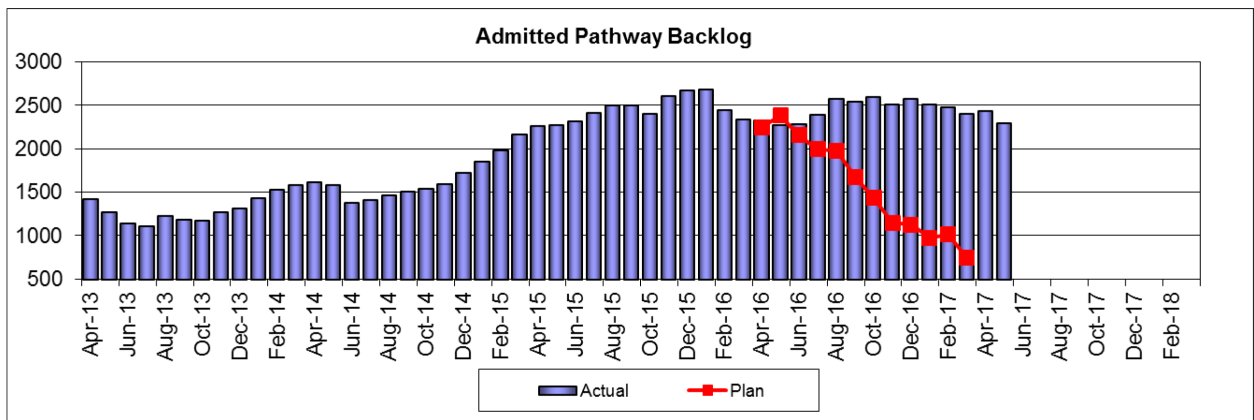
Plymouth Hospitals NHS Trust

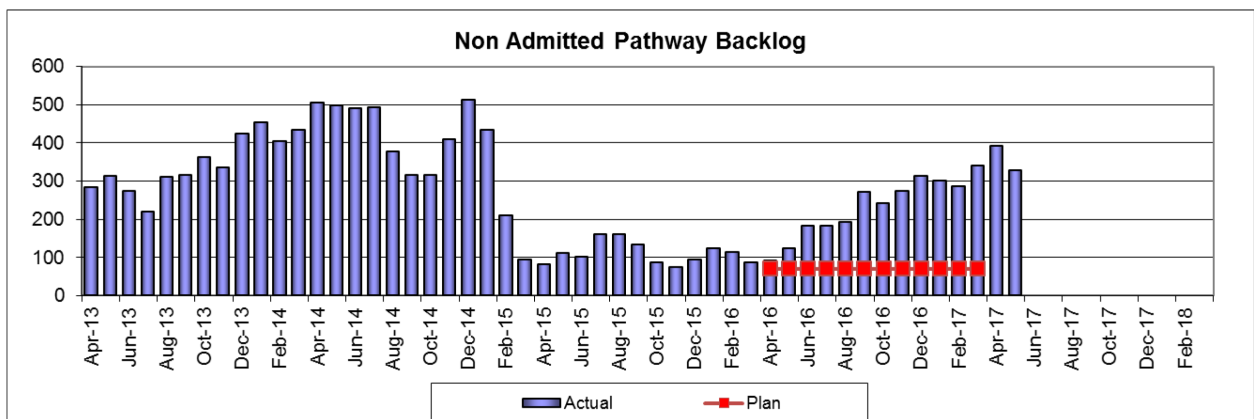
The contract value for Plymouth Hospitals NHS Trust is agreed at £180.9m, however the contract remains unsigned due whilst the system wide plan is being reviewed by system regulators. The contract performance will still be reported on and scrutinised at the same degree of granularity and as such detail can be provided in this report.

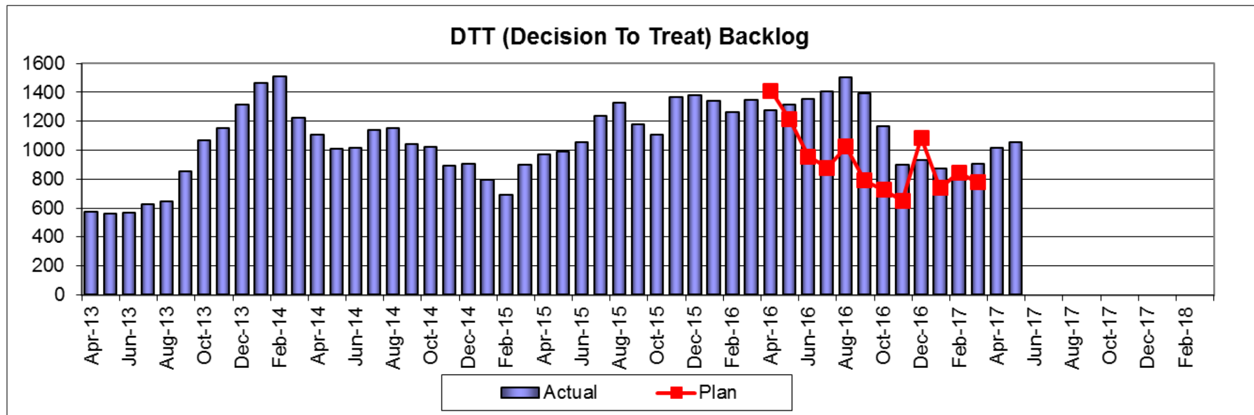
The forecast spend has been set to reflect the allocated budget of £182.57m. In the coming months this value will change slightly as budget setting is finalised.

RTT Compliance

Performance to month 2 is summarised in the following tables.







Contract Performance

The month 2 performance information showed a year to date overperformance against the contract plan of £0.8m.

The main reasons for the contractual underperformance are summarised below.

2017/18 M02	Planned Spend £000s	Actual Spend £000s	Variance £000s	Variance Activity	Variance Spend
Elective	6,075	5,222	- 853	-7.5%	-14.0%
Non Elective	11,186	11,314	128	3.7%	1.1%
A&E	1,628	1,748	120	3.7%	7.4%
Outpatients	4,800	4,969	169	1.5%	3.5%
Excluded Services	6,001	5,828	- 173		-2.9%
Penalties			-		
CQUIN	687	686	- 1		
Contract Adjustments	- 1,373		1,373		
Total	29,004	29,767	763		2.6%

The **Elective** position is £0.85m (14.0%) behind plan from a financial perspective but 7.5% behind plan in overall activity terms. The main contributor to this position is under performances within Orthopaedics, Neurosurgery, Hepatobiliary & Pancreatic Surgery and Upper GI Surgery. The Trust had ceased to outsource activity to Care UK which resulted in a reduction of available capacity particularly in Orthopaedics, however this has now resumed.

Non Elective was slightly over plan in month 2 with an in month over performance of £0.1m. The year to date overperformance now stands at £0.2m.

In **Accident and Emergency** the Trust have seen 460 (3.7%) more patients than planned for so far this year which has led to an overperformance of £120k.

The overall position of an over performance of £0.17m (3.5%) on **Outpatients** masks a wide variation in performance at individual specialty level with over performances in Paediatrics, Paediatric Neuro Disability, Urology, Gynaecology and Gastroenterology. Neurology, Orthodontics, Ophthalmology, Rheumatology and ENT are behind the year to date plan. Within this position there is also variation in the

type of outpatient attendance where first and follow up attendances underperformed by £0.21m and £0.56m respectively whilst procedures have overperformed by £1.31m.

Referral Information

Referral information for month 2 of 2017/18 showed an overall decrease of 4.0% compared to the same period last year, with GP referrals being 5.1% less than the equivalent 2016/17 volumes.

PHNT	Referral Source	2016/17	2017/18	Variance	%
Externally Generated	GP	9,379	8,905	- 474	-5.1%
	Dentist	26	23	- 3	-11.5%
	Sub Total	9,405	8,928	- 477	-5.1%
Internally Generated	Consultant	2,730	2,809	79	2.9%
	Other	1,277	1,110	- 167	-13.1%
	A&E	588	588	-	0.0%
	Sub Total	4,595	4,507	- 88	-1.9%
	Grand Total	14,000	13,435	- 565	-4.0%

However, given that Easter occurred during March in 2016 and in April in 2017, there is a difference in the number of working days in each comparator period. This has caused the significant reduction in referrals send below. If we adjust for the working days then the total changes from being a 4.0% reduction to a 0.9% increase.

PHNT	Referral Source	2016/17	2017/18	Variance	%
Externally Generated	GP	9,644	9,627	- 18	-0.2%
	Dentist	27	25	- 2	-7.0%
	Sub Total	9,671	9,651	- 20	-0.2%
Internally Generated	Consultant	2,807	3,037	229	8.2%
	Other	1,313	1,200	- 113	-8.6%
	A&E	605	636	31	5.1%
	Sub Total	4,725	4,872	147	3.1%
	Grand Total	14,396	14,524	127	0.9%

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

PHNT Month 2 key performance indicators			
Measure	**Target**	**This month**	**YTD**
RTT - Percentage seen within 18 weeks - admitted pathways	90%	70.5%	70.1%
RTT - Waits over 52 weeks	0	66	150
Diagnostics - Percentage of patients waiting over 6 weeks - 15 key tests	<1%	10.6%	9.0%
Cancer - Percentage seen within 2 weeks - urgent referral to first seen	93%	94.1%	91.9%
Cancer - Percentage treated within 62 days - urgent referral to first definitive treatment	85%	85.4%	81.9%
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	127	254
Ambulance handovers - Number of handovers over 60 minutes	0	4	4
A&E - Percentage of attendances seen within 4 hours	95%	83.9%	83.8%
Delayed transfers of care (acute) - bed days		1,338	2909
Clostridium difficile - Number of hospital infections (avoidable)	35	0	0
MRSA - Number of hospital infections	0	0	0
Cancelled operations - patients to be offered another binding date within 28 days	0	18	42
Cancelled operations - urgent operations cancelled a second time	0	10	18

South Devon Healthcare Foundation Trust

The 2017/18 South Devon Healthcare Foundation Trust contract value for acute services has been set at a total of £6.07m. £5.15m of this accounts for the acute contract which is on a variable PbR basis, with a further £0.92m fixed contract for community services.

At month 2 the contract is under performing by £31k, however given the early stage of the year it is difficult to draw any meaningful conclusion.

Independent Sector & London Trusts

The volume and quality of data supplied at this early stage of the year means that it is too unreliable to be used for meaningful forecasts. As such these positions have been set to breakeven.

This will be revised as more data becomes available in the coming months.

Livewell Southwest

The Livewell Southwest (LSW) Contract is blocked. LSW produce a monthly performance/finance databook which allows both parties to shadow monitor the block contract and review key performance metrics.

Care Co-ordination Team

Despite the service redesign and additional support to maintain a 6 week timeframe for Intermediate Care, the system is increasingly showing signs of pressure with increasing referrals to intermediate care due to ongoing escalation at Plymouth Hospitals NHS Trust.

Primary Care Enhanced and Other 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 outturn expenditure is in line with budgets.

Conclusion

In summary, the outturn position for both the Integrated Fund and the Western Planning and Delivery Unit is forecast to deliver to plan at this stage in the year. Pressures are emerging around the Intermediate Care agenda across both commissioners and remain under review, and subject to management action.

Ben Chilcott	***David Northey***
Chief Finance Officer, Western PDU	***Head of Integrated Finance, PCC***

APPENDIX 1
PLYMOUTH INTEGRATED FUND AND RISK SHARE

Not reported at this stage in the year.

APPENDIX 2
WESTERN PDU MANAGED CONTRACTS FINANCIAL PERFORMANCE

NORTHERN, EASTERN AND WESTERN DEVON CLINICAL COMMISSIONING GROUP

2017/18 FINANCE BOARD REPORT

FOR THE PERIOD FROM 01 APRIL 2017 TO 30 JUNE 2017

Month 03 June	Year To Date			Current Year Forecast		
	Budget	Actual	Variance Adv / (Fav)	Budget	Forecast	Variance Adv / (Fav)
	£000's	£000's	£000's	£000's	£000's	£000's
ACUTE CARE						
NHS Plymouth Hospitals NHS Trust	45,415	45,416	0	181,008	181,008	-
NHS South Devon Healthcare Foundation Trust	1,626	1,626	0	6,535	6,535	-
NHS London Contracts	438	414	-24	1,759	1,759	-
Non Contracted Activity (NCA's)	2,228	2,228	0	8,954	8,954	-
Independent Sector	2,738	2,796	58	11,019	11,019	-
Referrals Management	666	667	0	2,678	2,678	-
Other Acute	6	6	-	24	24	-
Subtotal	53,117	53,152	35	211,976	211,976	-
COMMUNITY & NON ACUTE						
Livewell Southwest	12,258	12,258	0	49,032	49,032	-
GPwSI's (incl Sentinel, Beacon etc)	417	426	9	1,668	1,704	36
Community Equipment	162	162	-0	648	648	-0
Ultrasound (Sonarcare)	64	64	-	256	256	-
Reablement	379	379	-0	1,517	1,517	-0
Other Community Services	64	64	0	256	256	-
Joint Funding_Plymouth CC	1,678	1,677	-0	6,711	6,711	-0
Subtotal	15,022	15,030	9	60,087	60,123	36
MENTAL HEALTH SERVICES						
Livewell MH Services	6,746	6,746	0	26,985	26,985	-
Mental Health Contracts	6	6	-0	26	26	-
Other Mental Health	253	253	-0	1,010	1,010	-
Subtotal	7,005	7,005	-0	28,021	28,021	-
OTHER COMMISSIONED SERVICES						
Stroke Association	38	38	-	153	153	-
Hospices	670	671	1	2,679	2,679	-
Care Co-ordination Team	1,765	1,765	0	7,060	7,060	0
Patient Transport Services	569	570	0	2,278	2,278	0
Wheelchairs Western Locality	450	450	-	1,800	1,800	0
Commissioning Schemes	48	48	0	191	191	-
All Other	547	548	1	2,188	2,189	1
Recharges	-	-0	-0	156	156	-
Subtotal	4,087	4,089	2	16,505	16,506	1
PRIMARY CARE						
Enhanced Services	1,987	1,987	-0	8,740	8,740	-
GP IT Revenue	638	637	-0	2,914	2,914	-
Other Primary Care	24	24	-	95	95	-
Subtotal	2,648	2,648	-0	11,749	11,749	-
TOTAL COMMISSIONED SERVICES	81,879	81,925	46	328,338	328,375	37

APPENDIX 3
GLOSSARY OF TERMS

PCC - Plymouth City Council

NEW Devon CCG – Northern, Eastern, Western Devon Clinical Commissioning Group

CYPF – Children, Young People & Families

SCC – Strategic Cooperative Commissioning

EPS – Education, Participation & Skills

CC – Community Connections

FNC – Funded Nursing Care

IPP – Individual Patient Placement

CHC – Continuing Health Care

NHSE – National Health Service England

PbR – Payment by Results

QIPP —Quality, Innovation, Productivity & Prevention

CCRT – Care Co-ordination Response Team

RTT – Referral to Treatment

PDU – Planning & Delivery Unit

PHNT – Plymouth Hospitals NHS Trust

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Wellbeing Overview and Scrutiny Committee
Tracking Resolutions – 2017 - 2018

Wellbeing Overview and Scrutiny Committee			
Minute	**Resolution**	**Target date, Officer responsible and Progress**	
15.3.17 Children Services Budget and School Funding Reforms Minute 4	1.a cross party motion on notice regarding school funding (high needs block) would be submitted to the 3 July 2017 City Council meeting; 2. a five year projection of figures relating to the legacy pension costs associated with the schools funding budget would be provided to Members once available; 3. a performance review report relating to Children's Social Care would be submitted to the first meeting of the municipal year 2017/18 specifically including the management of contracts.	Date: Officer: Progress:	April 2017 David Northey/ Judith Harwood Information requested.
15.3.17 Update Following Child Sexual Exploitation Review Minute 6	1.regular updates from the Safeguarding Assurance Board would be provided to Members as well as confirmation that these meetings were being held quarterly; 2.Members of the Wellbeing Overview and Scrutiny Committee supported the Cabinet Member and Officers regarding the lack of an assessment centre for CSE in Plymouth; 3.a progress report on actions required of current Cabinet Members would be provided to Members at the next committee meeting.	Date Officer Progress	April 2017 Alison Botham Information requested.
15.3.17	1.the number of children recorded as self-harming by the acute service team would be provided to Members as well as waiting	Date Officer	April 2017 Liz Cahill

Wellbeing Overview and Scrutiny Committee			
Minute	**Resolution**	**Target date, Officer responsible and Progress**	
CAMHS Update Minute 7	time figures; 2.the number of children self-harming in Plymouth compared to the surrounding area would be provided to Members; 3. a Councillors guide to adolescent services and the process for dealing with CAMHS would be written and provided to Members to aid with relevant casework; 4.the number of children recorded as accessing treatment would be provided to Members; 5.Members would be provided with the Early Help Assessment Tool which enabled the holistic assessment of the needs of children.	Progress	Information requested.
Integrated Fund Monitoring Report Minute 13	(a)the overall health contribution to the fund was forecast to be overspent against budget at £0.4m; shortfalls would roll over into the next year however further information would be provided to Members in writing. (e)details surrounding an increase in possible privatisation in treatment would be provided to Members in writing. (i) information from Plymouth Hospital's Trust regarding ambulance handover targets and cancelled operations (breakdown of figures) would be provided to Members.	Date	26 April 2017
		Officer	David Northey
		Progress	Information requested.
Integrated Commissioning Score Card Minute 14	1.Members would be provided with more detail surrounding the increase in substance misuse in young people as well as hospital admissions relating to mental health admissions;	Date	26 April 2017
		Officer	Rob Sowden/ Ruth Harrell
		Progress	Information requested.

Wellbeing Overview and Scrutiny Committee

Minute	Resolution	Target date, Officer responsible and Progress	
Update on GP Commissioning Minute 15	Agreed that - 1.a response would be provided to Members in relation to the questions listed below: • with regards to the GP surgeries that were accepting transferred patients, how were those surgeries monitoring the integration of the newly re-registered patients and what was the impact upon the service, specifically with regards to waiting times to see a doctor? • an update was requested on the number of patients not re-registered as well as an indication as to what had happened to the staff for the closed surgeries; • what plan was in place for the Ernesettle site once the contract had expired?	Date	26 April 2017
		Officer	Linda Morgan
		Progress	These questions were raised and answered at the 14 June informal scrutiny session with NHS England, the CCG, Plymouth Hospitals NHS Trust and the PCC Integrated Commissioning team.
Update on GP Commissioning Minute 15	2.an update on GP Commissioning would be added to the Committee's work programme for further scrutiny;	Date	26 April 2017
		Officer	
		Progress	This item has been added to the Committee's work programme.
Update on GP Commissioning Minute 15	3.a further report on lessons learned relating to the handing back of contracts across GP surgeries for Plymouth would be provided to the Committee;	Date	26 April 2017
		Officer	-
		Progress	This information would be provided to the Committee when scheduled on the work programme to be discussed at scrutiny.
CQC Inspection Results	This item to be re-scheduled after the election.	Date	26 April
		Officer	-
		Progress	This has been included on the work programme.

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WELLBEING OVERVIEW SCRUTINY COMMITTE

Work Programme 2017-2018

Please note that the work programme is a 'live' document and subject to change at short notice.

For general enquiries relating to the Council's Scrutiny function, including this committee's work programme, please contact Helen Rickman, Democratic Support Officer, on 01752 398444.

Date of meeting	Agenda item	Prioritisation Score	Reason for consideration	Responsible Cabinet Member / Officer
9 August 2017	Reprocurement of Sexual Assault Referral Centres (SARC)	5 (High)	Member request due to announcement of re-procurement process	Cllrs Downie / Mrs Beer / Mrs Bowyer / NHS England / Office of the Police and Crime Commissioner
	Acute Services Review	6 (High)	Member request – Aligned to Sustainability and Transformation Plan and outcome of review.	Sustainability and Transformation Plan – Kevin Baber (Plymouth Hospitals NHS Trust)
	Integrated Commissioning Action Plans / Performance Scorecard	-	Standing Item – Written briefing only. Members to advise the Chair if matters arising require presence of an officer / or addition to work programme.	-
	Integrated Fund monitoring Report	-	Standing Item – Written briefing only. Members to advise the Chair if matters arising require presence of an officer / or addition to work programme.	-
11 October 2017	Plymouth Education System	5 (High)	Member request as a result of monitoring reports and changes to Education Funding – to include Special Educational Needs & Disability (SEND) Update	Cllrs Mrs Beer / Judith Harwood
	CQC Review / Delayed transfer in care	6 (High)	Member request as result of announcement of CQC Targeted review	Cllr Mrs Bowyer / Carole Burgoyne / Craig Mcardle
	Integrated Commissioning Action Plans / Performance Scorecard	-	Standing Item – Written briefing only. Members to advise the Chair if matters arising require presence of an officer / or addition to work programme.	-
	Integrated Fund monitoring Report	-	Standing Item – Written briefing only. Members to advise the Chair if matters arising require presence of an officer / or addition to work programme.	-
13 December 2017	Urgent Care System	3 (Medium)	Member request – Review impact of review process, winter pressures and areas of poor performance (Including attendance for 0-4 yr olds)	Sustainability and Transformation Plan - Plymouth Hospitals NHS Trust / NEW Devon CCG (Craig Mcardle)

Date of meeting	Agenda item	Prioritisation Score	Reason for consideration	Responsible Cabinet Member / Officer
	Social care re-referrals and the reduction in child protection plans	2 (Low)	Member request – due to review of Integrated Commissioning Performance Scorecard	Cllr Mrs Beer / Alison Botham
	Integrated Fund monitoring Report	-	Standing Item – Written briefing only. Members to advise the Chair if matters arising require presence of an officer / or addition to work programme.	-
	Integrated Commissioning Score Card	-	Standing Item – Written briefing only. Members to advise the Chair if matters arising require presence of an officer / or addition to work programme.	-
14 February 2018	Mental Health	3 (Medium)	Member Request – to include Pathways to work and emotional and mental health in children / admissions to hospital due to mental health conditions / self harm	Cllr Mrs Beer / Bowyer and NEW Devon CCG (Craig Mcardle)
	Integrated Fund monitoring Report		Standing Item – Written briefing only. Members to advise the Chair if matters arising require presence of an officer / or addition to work programme.	
	Integrated Commissioning Score Card		Standing Item – Written briefing only. Members to advise the Chair if matters arising require presence of an officer / or addition to work programme.	
11 April 2018				
	Integrated Fund monitoring Report	-	Standing Item – Written briefing only. Members to advise the Chair if matters arising require presence of an officer / or addition to work programme.	-
	Integrated Commissioning Score Card	-	Standing Item – Written briefing only. Members to advise the Chair if matters arising require presence of an officer / or addition to work programme.	-
Items to be scheduled				
	Homelessness to be reviewed by Place and Corporate Overview and Scrutiny Panel			
	Torbay Children's Services	5 (High)	Member request – Due to announcement of planned state intervention	Cllr Mrs Beer / Carole Burgoyne / Alison Botham
Select Committee Reviews				
	Primary Care Services (September)		PID to be developed	