



Democratic and Member Support

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WELLBEING OVERVIEW AND SCRUTINY COMMITTEE

Wednesday 13 December 2017
2.00 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.

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

Tracey Lee

Chief Executive

Wellbeing Overview and Scrutiny Committee

1. Apologies

To receive apologies from Members for non attendance.

2. Declarations of Interest:

3. Chairs Urgent Business:

4. Minutes

(Pages 1 - 6)

To confirm the minutes of the meeting held on 25 October 2017.

5. Sustainability and Transformation Partnership

(Pages 7 - 14)

6. Health and Wellbeing Hubs

(Pages 15 - 38)

7. Dementia Friendly City

(Pages 39 - 58)

8. Torbay Children Services

(To Follow)

9. Re-referrals and child protection plans

(Pages 59 - 60)

10. Recommendations from the General Practice in Plymouth Select Review

(To Follow)

11. Integrated Commissioning Scorecard

(Pages 61 - 68)

This item is for information only. Relevant cabinet members and officers have not been asked to attend. If further information is required members are asked to contact the Chair and Democratic Advisor.

Suggestions for future scrutiny of issues arising from this item will be considered during the work programme item.

12. Integrated Finance Monitoring Report 2017-18

(Pages 69 - 82)

This item is for information only. Relevant cabinet members and officers have not been asked to attend. If further information is required members are asked to contact the Chair and Democratic Advisor.

Suggestions for future scrutiny of issues arising from this item will be considered during the work programme item.

13. Work Programme

(Pages 83 - 86)

The Committee will receive the work programme.

Wellbeing Overview and Scrutiny Committee**Wednesday 25 October 2017****Present:**

Councillor Mrs Aspinall, in the Chair.

Councillor James, Vice Chair.

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

Apology for absence: Councillor Sparling.

Also in attendance: Councillor Mrs Beer (Cabinet Member for Children and Young People), Councillor Mrs Bowyer (Cabinet Member for Health and Adult Social Care), Carole Burgoyne (Strategic Director for People), Judith Harwood (Assistant Director for Education, Participation and Skills), Craig McArdle (Director for Integrated Commissioning), Siân Millard (Oversight and Governance Manager), David Northey (Head of Integrated Finance) and Helen Prendergast (Democratic Adviser).

The meeting started at 2.00 pm and finished at 4.23 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.

35. Declarations of Interest

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

Member	Subject	Reason	Interest
Councillor Dann	Plymouth Education System (minute 38)	Chair of Governors of Plympton Academy	Private
Councillor Mrs Aspinall	Plymouth Education System (minute 38)	Member of Multi Academy Trust	Private
Councillor McDonald	Plymouth Education System (minute 38)	Member of Corporation of City College Plymouth	Private

36. Chairs Urgent Business

There were no items of Chair's urgent business.

37. **Minutes**

Agreed that the minutes of the meeting held on 20 September 2017 are confirmed as a correct record.

38. **Plymouth Education System**

Councillor Mrs Beer (Cabinet Member for Children and Young People), Carole Burgoyne (Strategic Director for People), Judith Harwood (Assistant Director for Education, Participation and Skills) and David Northey (Head of Integrated Finance) presented this item which highlighted the exploratory work undertaken to see how working in a model of partnership of schools would best meet the needs of children in the City.

The key areas of questioning related to –

- (a) the legal advice provided on the potential formation of a partnership delivery vehicle for this activity;
- (b) the governance implications of forming such a partnership, particularly relating to the future of the Plymouth Education Board;
- (c) concerns regarding the under-performance of children in the City at all key stages compared to the national average, the causes of such failings and whether such a partnership would address these complex issues;
- (d) the provision of exam results in quartiles to identify Plymouth's position both nationally and within its family group;
- (e) further information relating to the range of spending per pupil both nationally and Plymouth;
- (f) the reasons why school nurses had not been included within this partnership;
- (g) the role of the Regional Schools Commissioner in relation to providing additional funding to improve the attainment results;
- (h) whether the department had a risk register, and if so, how it was managed;
- (i) whether action plans had been developed to mitigate the £1.4m budget deficit;
- (j) whether the number of Councillors permitted to sit on governing bodies should be increased (current legislation prevented this was occurring);

- (k) the role of scrutiny to help drive through the changes required to ensure that the low level of attainment was addressed and how the partnership would fit into the wider picture for the Council in the creation of further work places;
- (l) whether the formation of this partnership would have any implications on the Torbay partnership and whether the Council was obliged to talk to Ofsted regarding the formation of this partnership delivery vehicle;
- (m) whether a delivery plan had been developed for the proposed partnership; and
- (n) should this proposal not be viable, whether there were any other options that could be explored.

The Committee agreed –

- (1) to scrutinise the full business case for the partnership which should include an assessment of interdependencies of both partner agencies and other local authority services, in relation to children and due consideration of legal advice; whilst exploring the potential for it to become a broader funded and evaluated project with regional and national agencies;
- (2) that the business case should include a full assessment of risks;
- (3) that a further scrutiny session is held, in the context of the planned partnership, to review the steps being taken to improve attainment levels of pupils, particularly for Key Stages 3 and 4 engaging with the Plymouth Education Board.

(Councillor Loveridge joined the meeting at 2.45pm)

39. **Care Quality Commission (CQC) Local System Review / Delayed Transfer in Care**

Councillor Mrs Bowyer (Cabinet Member for Health and Adult Social Care), Carole Burgoyne (Strategic Director for People), Craig McArdle (Director for Integrated Commissioning) and David Northey (Head of Integrated Finance) presented the CQC Local System review/delayed transfer of care.

The key areas of questioning related to –

- (a) clarification of which aspect of the delayed transfers of care the CQC Local System Review would be looking at;
- (b) concerns regarding the ongoing challenges of delayed transfers of care, despite intervention measures being put in place;

- (c) whether it could be evidenced that the integration of staff had helped to address the issue of delayed transfers of care;
- (d) the sustainability of investment within social care with decreasing funding;
- (e) concerns that the Council would be penalised, as a result of the CQC Local System review, if issues identified following the review had not been addressed within a specific timeframe;
- (f) whether the outcome of the CQC Local System review would support the local authority in identifying the funding issues within the system;
- (g) whether the Health and Wellbeing Hubs would be part of this integration;
- (h) whether the Council, as the planning authority, had a responsibility to encourage developers to build age appropriate dwellings;
- (i) what measures the Council could put in place to future proof workforce development across the health care service;
- (j) concerns relating to the provision of age appropriate equipment in dwellings and the length of time these adaptations were taking to install;
- (k) whether the rise in emergency admissions of over 65's could be attributed to issues within GP primary care;
- (l) the availability of adaptation equipment (seven days a week), to enable people to be discharged over a weekend period; and
- (m) whether the reablement/rehabilitation of older people (aged 65 and over) was working well.

The Committee agreed –

- (1) that as a result of the CQC Local System Review Report, the improvement plan is included on the work programme in order to review the progress on implementation;
- (2) to include its work programme, at an appropriate point, the Better Care Plan, in order to assess issues of sustainability in the context of decreasing funding;

- (3) to review age appropriate dwellings, particularly for over 65's, to help people transfer from hospital to a safe environment appropriate to their needs.

40. **Integrated Commissioning Scorecard**

The Chair advised that this item together with the integrated finance monitoring report had been included on the agenda for information. As no issues had been identified for consideration prior to the meeting, no Cabinet Members or officers had been invited to attend.

41. **Integrated Finance Monitoring Report**

(Refer to minute 40 above).

42. **Work Programme**

The Committee agreed to include the following items on its work programme –

- (1) Health and Wellbeing Hubs;
- (2) Dementia Friendly City (impact and evaluation);
- (3) End of Life Care (Select Committee Review);
- (4) Community Safety Partnership;
- (5) Care Quality Commission Local System Review (review outcomes and improvement plan);
- (6) Primary Care Services (already included on the work programme);
- (7) Age Appropriate Dwellings;
- (8) Better Care Plan;
- (9) Plymouth Education System –
 - business case (including the risks);
 - review steps being taken to improve attainment levels of pupils, particularly for Key Stages 3 and 4 engaging with the Plymouth Education Board).

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Update to	Boards, Governing Bodies and Local Authority meetings of Devon STP partner organisations
Date	November 2017
Report Author	Mairead McAlinden, Interim Lead Chief Executive for the Devon STP (Strategic)
Title	Monthly Update on Devon's STP

Introduction

In October 2017, the first **Update Report** for Boards, Governing Bodies and Local Authority meetings of Devon STP partner organisations was produced. Feedback was very positive.

The purpose of the Update Report is to:

- ❖ Provide a **monthly update** that can be shared with Governing Bodies, Board and other meetings in STP partner organisations.
- ❖ **Ensure everyone is aware** on all STP developments, successes and issues in a timely way.
- ❖ **Ensure consistency of message** amongst STP partner organisations on what has been endorsed at the Programme Delivery Executive Group (PDEG). All partner organisations in the STP are represented at senior level at PDEG.

This is the second Update Report, and covers developments from the PDEG meeting held on Friday, 17 November 2017.

Items included in this Update Report are as follows:

1. New Clinical leader for the Devon STP.
2. Progress in Devon – top 10 messages on successes and developments.
3. Feedback from Devon STP stocktake with NHS England and NHS Improvement.
4. STP Strategy into action and the Collaborative Board.
5. Integrated Care Model recommendations and action on system-wide frailty tool.
6. Mental health – progress update and project mandate.
7. National messages from the Secretary of State and Simon Stevens, Chief Executive of NHS England.

1. New Clinical leader for the Devon STP

Dr Rob Dyer, Medical Director at Torbay and South Devon NHS Foundation Trust, will succeed Dr Phil Hughes, Medical Director at Plymouth Hospitals NHS Trust, as Lead Medical Director for the Devon STP.

Dr Dyer's appointment was formally endorsed by the Programme Delivery Executive Group (PDEG) and commences on 1 December 2017. He will continue to hold his role as Medical Director with Torbay and South Devon NHS Foundation Trust while committing two days a week to his STP role.

The Lead Medical Director plays a key role in influencing and shaping the STP's strategic direction and in making sure that quality, safety and sustainability improvements are shaped by local clinicians and based on best practice to benefit people in all areas of Devon.

STP Interim Strategic Chief Executive, Mairead McAlinden commented: "It has been a real pleasure working so closely with Phil over the past year as we have developed our STP Plan and reviewed our first tranche of acute hospital services. He has brought experience, credibility and clinical expertise to a very challenging role and built strong relationships with his Medical Director and clinical colleagues across Devon to bring about a new approach to how hospital services are delivered in Devon.

"I am delighted that Phil is handing over to an equally skilled medical and system leader. I know Rob will continue Phil's good work in supporting the STP plans for safe, sustainable, high quality and affordable health and care services for the people of Devon."

2. Progress in Devon – top 10 messages on successes and developments

To increase understanding of the positive work being undertaken across Devon, an 'at a glance' view of the top ten developments and successes has been produced.

The aim is to update these monthly so we expand the knowledge of the outcomes being achieved through the good system working across Devon.

It has been designed to be printed in A3 format, but a smaller version is enclosed overleaf.

The top 10 messages can be used in presentations and briefings with staff, as well as in meetings with key stakeholders locally.

Devon STP – top 10 developments and successes

- 1 **'Best care for Devon'**: good performance against national NHS standards sees **Devon in top 25% nationally** on urgent care, mental health and 52 week waits
- 2 **Ground breaking collaboration**: all four organisations providing acute hospital services have agreed a 'mutual support' approach to benefit patients. NHS England say it is an **"exemplar of joint working"**. *Acute Services Review* has developed 'Best care for Devon' standards for urgent and emergency care, stroke and maternity services, with clinical recommendations to provide services at all four of Devon's major hospitals if these standards are met. Approach supported by new clinical networks
- 3 **Reducing delayed transfers from hospital**: joint work between NHS and local authorities sees delays fall in August from 6.6% to 5.6%. **Devon on track to reduce delays to target levels**, freeing up 79 hospital beds and supporting winter plans. South Devon already in top 20% in England
- 4 **'The best bed is your own bed'**: We are enhancing community services to support thousands more people to live independently at home. This has led to **a reduction in acute and community hospitals beds by 213 over the past two years** whilst at the same time improving service performance
- 5 **Integrating services to benefit patients**: Devon is moving to a new **Accountable Care System** from 1 April 2018. First phase will establish a single strategic commissioner. New system will include 'place based' Local Care Partnerships, further development of acute networks and a single mental health system. Approach builds on learning from many parts of Devon that has seen benefits of integrating health and social care services for local people
- 6 **No health without mental health**: Devon leading the way with **innovative mental health services**. Includes liaison psychiatry in each A&E to ensure people get the right help when they need it, psychological therapies for people with long-term conditions, specialist support for women with postnatal depression and new specialist unit opening next year so women can stay near their families
- 7 **All GP Practices in Devon rated 'Outstanding' or 'Good'**: according to the CQC's latest assessment of primary care
- 8 **Managing service demand**: Devon has taken action to prioritise clinically appropriate referrals into hospitals. This has **reduced elective activity last year by 5.37%**, compared to a 1.25% increase nationally
- 9 **Our Regulator's view**: both CCGs have improved their annual ratings, and Devon STP rated as 'making progress'. Devon moves out of three most challenged areas to **one of 14 systems making real progress**
- 10 **Living within our means**: overspending reduced from £229 million to £61 million in past two years. Includes saving £25 million on agency spend. **Devon system is aiming for financial balance in 2019/20**

3. Feedback from Devon STP stocktake with NHS England and NHS Improvement

A range of senior representatives from the Devon STP met with NHS England and NHS Improvement on 18 October 2017 as part of a formal 'stocktake'.

Following the meeting, Jennifer Howells, Regional Director South West, wrote to all participants on 8 November 2017, thanking them for the presentation and discussion.

The letter, which was shared at the Programme Delivery Executive Group (PDEG), highlighted the encouraging progress being made by the Devon STP to improve services, restore financial balance and deliver the *Five Year Forward View*, although further progress is required.

Feedback was provided in the letter on the common themes facing all STPs in the South West, which included:

- Workforce – recruitment, skills mix and turnover issues.
- Reconfiguration of services.
- Enhancing the use of digital technology.
- Knowledge management – identifying and sharing good practice and learning, locally and nationally.
- The journey to accountability.

The key issues raised that were specific to Devon included:

Headline points

- The STP works as a coherent system with a collaborative board and shared leadership that operates through an established governance structure.
- Recruitment underway for a lead Chief Executive for the system.
- The Devon system is signed up to the plan and committed to improving the financial position, performance and outcomes.
- The system is committed to single, strategic commissioner from April 2018.
- There has been solid engagement with Local Authorities.

Next steps

- Further development of the integrated Accountable Care System (ACS).
- Plan for putting 'strategy into action' to be completed in December 2017.
- Following the strategic refresh and recognition of service change options, formal engagement and public consultation in 2018, prior to reconfiguration.
- Articulation of the financial strategic plan, alignment of control totals and the use of STF as an incentive.
- Seek national support for accessing commercial market expertise to develop domiciliary services and care homes facilities.
- Support from NHS England and NHS Improvement to access capital funding.

4. STP Strategy into action and Collaborative Board

Work is progressing to highlight in detail our plans as a system for 2017/18, as part of the refresh of the STP strategy. The work will articulate the key building blocks of the strategy to deliver key financial and service plans.

The strategic refresh is to be completed by December 2017. It will highlight any proposals that may need formal ‘public consultation’, although this is likely to be a very small part of the overall strategy. Views on the strategy will be sought at the Collaborative Board meeting on 28 November 2017, attended by senior leaders from all NHS and Local Authority organisations across Devon.

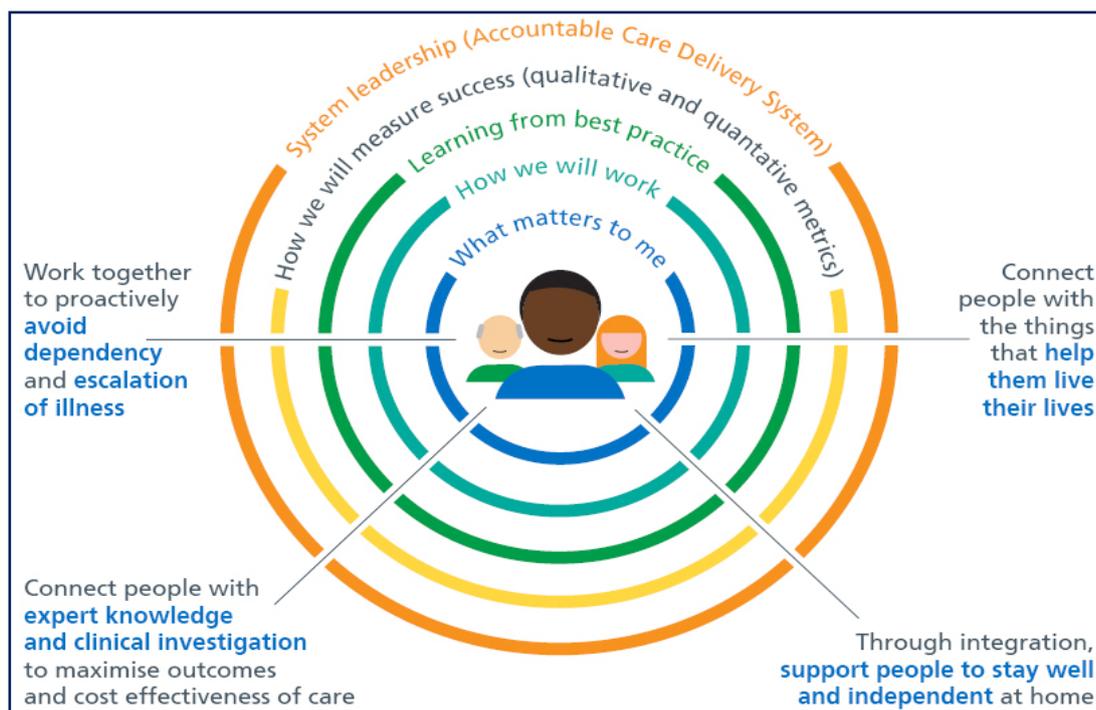
5. Integrated Care Model recommendations

The Programme Delivery Executive Group (PDEG) endorsed the work of the Integrated Care Model STP workstream, which has brought clinicians, professionals, partners from the voluntary sector and patients from across Devon together to identify and agree a Devon-wide framework for an integrated model of care.

This has involved peer reviews of community health and care service delivery across Devon to identify best practice and successful outcomes that can be drawn from. The team also drew on the latest research and successes from other health systems.

The goal was to agree how to build on the integrated working already in place in different parts of Devon to achieve consistent, effective and affordable systems of integrated care that deliver consistent outcomes for the people of Devon, irrespective of where they live and use services.

An emerging model of integrated care was presented to PDEG:



The workstream identified a number of 'non negotiables' for the care model, including the importance of:

- Improving health and wellbeing.
- Promoting independence.
- Delivering safe, high quality care.
- Providing cost effective and sustainable care.
- The reduction in total length of stay (taking account time spent, in acute, community or care home).
- Mental and physical health as one approach.
- Transforming our workforce.
- Less reliance on statutory services.

The importance of frailty as a key indicator of risk of declining health and wellbeing was highlighted, and it was stressed that this was not necessarily age dependant, with frailty issues being experienced by all ages in our population.

The importance of prevention and non-'health' determinants (for example, housing) was also recognised and it was agreed that the adoption of a common 'risk stratification' approach would be beneficial across Devon which would support individual care plans and inform the commissioning of services.

Em Wilkinson Brice, Deputy Chief Executive at the RD&E, was thanked for her leadership of the workstream and appreciation was expressed for the commitment of all contributors from across the health and care sector in Devon in delivering this important project.

Some of the ideas in the workstream are evident in a separate project that Em has been involved in. The Integrated Care Exeter Wellbeing programme won a prestigious *Health Service Journal 2017* award for adopting best practice. Participants showing improved mental health, decreased loneliness and increased levels of social inclusion.

PDEG endorsed the recommendations below and asked that the workstream undertakes two additional pieces of work on risk stratification and social prescribing.

The recommendations

- Local delivery systems to implement the integrated care blueprint.
- Acknowledge locality starting points and develop from there.
- Care system must be affordable within a capitated 'fair shares' budget for each locality (to be developed).
- A series of assumptions are made, including better demand management across the system.
- Standardised risk stratification tool and development of roll out plan by January 2018.
- Consistent access to social prescribing is in place, taking account of local delivery systems.
- A pan-Devon approach to workforce development, which meets the needs of the new care model.

6. Mental health – progress update and project mandate

The Programme Delivery Executive Group (PDEG) was given an update on two key elements of the mental health STP workstream.

Progress on the mental health strategy

The workstream is focused on developing a strategy with four main objectives:

- To improve mental health outcomes for the population of Devon.
- To ensure that there is sufficient capacity within the system to support individuals where required, including through a sustainable workforce as well as working closely with voluntary sector organisations.
- To develop the structure for a high functioning sustainable mental health commissioning and delivery system for Devon by April 2018.
- Full engagement and ownership of all participating organisations and other stakeholders including people who use the services and primary care

The work on the strategy is now accelerating, thanks to the combination of greater support from the CCGs and a new core programme team.

The team are engaging with a wide range of service users and partners between now and January 2018 to better understand the mental health needs of our population. This is being undertaken as part of a series of events held across the county.

Finally, key elements of work to enhance mental health services are making good progress. 24/7 liaison psychiatry provision is now available in Exeter and Torbay, with investment agreed for services in Plymouth. Plans for a new £5.5 million Psychiatric Intensive Care Unit are also underway to provide specialist care for people with mental health needs closer to home.

The development of a single mental health 'Accountable Care System (ACS)'

A single mental health 'ACS' for Devon has been agreed. The team overseeing this work are liaising closely with Michael Macdonnell from NHS England, who is leading on how services, such as mental health, are integrated across the country.

It is likely that the term mental health 'ACS' will be revised in due course, given national developments.

The rationale for a mental health 'ACS' is to ensure that there is specialist knowledge at scale – and across the health and care system – to offer support for the management of highly complex patients.

The Devon STP is committed to integrating the local delivery of mental and physical health services.

The developments in Devon have attracted international interest, and discussions have now been held with Vince Barry, Chief Executive of Pegasus Health, who has transformed primary and community services in New Zealand.

7. National messages from the Secretary of State and Simon Stevens, Chief Executive of NHS England

More than 600 NHS leaders came together at the recent NHS Providers annual conference. A range of critical issues were discussed relating to quality of care, NHS finances and workforce challenges. Keynote speeches were given by the Secretary of State, Jeremy Hunt MP and Simon Stevens, Chief Executive of NHS England.

From both speeches, one of the overriding messages focused on the ***expectation that the NHS will maximise opportunities to improve efficiency.***

Examples were given on the areas the NHS should focus on, such as corporate services, the importance of benchmarking and how we should utilise approaches such as the GIRFT programme and 'model hospitals'.

All of these examples are being taken forward in a very positive way across Devon, and relevant excerpts from the two speeches are highlighted below for information.

The Secretary of State, Jeremy Hunt, MP

- “The NHS is efficient, but more focus is needed on corporate savings, such as e-rostering/job planning, another £0.9 billion from estates/facilities management, £1.5 billion on GIRFT, £0.8 billion from medicines management, £0.2 billion on pathology, £0.2 billion on corporate services and £0.8 billion on procurement.
- Recognise that the NHS has saved £700 million on agency spend in 2016/17.
- If the NHS can realise more efficiencies, it would help win the funding debate with the Treasury.
- NHS Trusts will be put into a new procurement league table to help them compare prices and save money.
- On pay cap, it is not fair to stick with 1%, but Treasury will consider funding pay if NHS delivers long-term productivity improvements.”

Simon Stevens, Chief Executive, NHS England

- “All the international comparisons show that we’re an incredibly efficient health service. Like every other country we’ve still got waste that we’re going after.
- The GIRFT programme, Rightcare, model hospitals and the new care models are all now having an impact – we are driving efficiency hard.
- NHS productivity – as the Kings Fund, Health Foundation and the Nuffield Trust show – has been increasing *faster* than the rest of the UK economy.
- We have some enormous challenges that we need to square up to, and face in to, looking out over the next 5 and 10 years.
- We need to reinvent the district general hospital, the model of hospital care that has served our communities since at least 1962 and the hospital plan for England. We are doing so through: networking hospitals; through hospitals with their neighbours sharing services.
- We are also doing what most other industrialised countries are doing, which is recognising the clinical and the financial logic for integrated care, rather than fragmented competition. We are driving that through the Accountable Care Systems, and we are seeing the benefits where that is deployed.”



Health and Wellbeing Hubs Wellbeing Overview and Scrutiny 30 November 2017

Why Hubs?



Aim One	Aim Two	Aim Three	Aim Four
To improve health and wellbeing outcomes for the local population	To reduce inequalities in health and wellbeing of the local population	To improve people's experience of care	To improve the sustainability of our health and wellbeing system

NHS Five Year Forward View - Triple Aims

- Improve population health
- Improved outcomes for patients
- Reduce per capita cost of health care

What are hubs?



Vision: A network of integrated resources working together to enable and support people in the local community to live independently and make life choices that will improve their health and wellbeing

A Hub is a network of resources and services that can help to improve health and wellbeing. By working as a network, the person receives joined up, quality, consistent information and support.

Hub services are provided by community members, volunteers, paid staff across public, private, and community / voluntary sectors

No one size fits all – each neighbourhood will have a different network that makes sense locally

PRINCIPLES

Community Engagement & involvement

Co-designed

Responds to local need

Best use of estates

Accessible and Inclusive e.g. Dementia

Friendly

Promote self management and Self help

Utilise technology

Problem solving



Method of working

Governance

Tasked by HWBB under Wellbeing Strategy

- Task & Finish Group set up under oversight of Health and Wellbeing Board / Growth Board
- Reporting to Western Locality Board and PCC Cabinet

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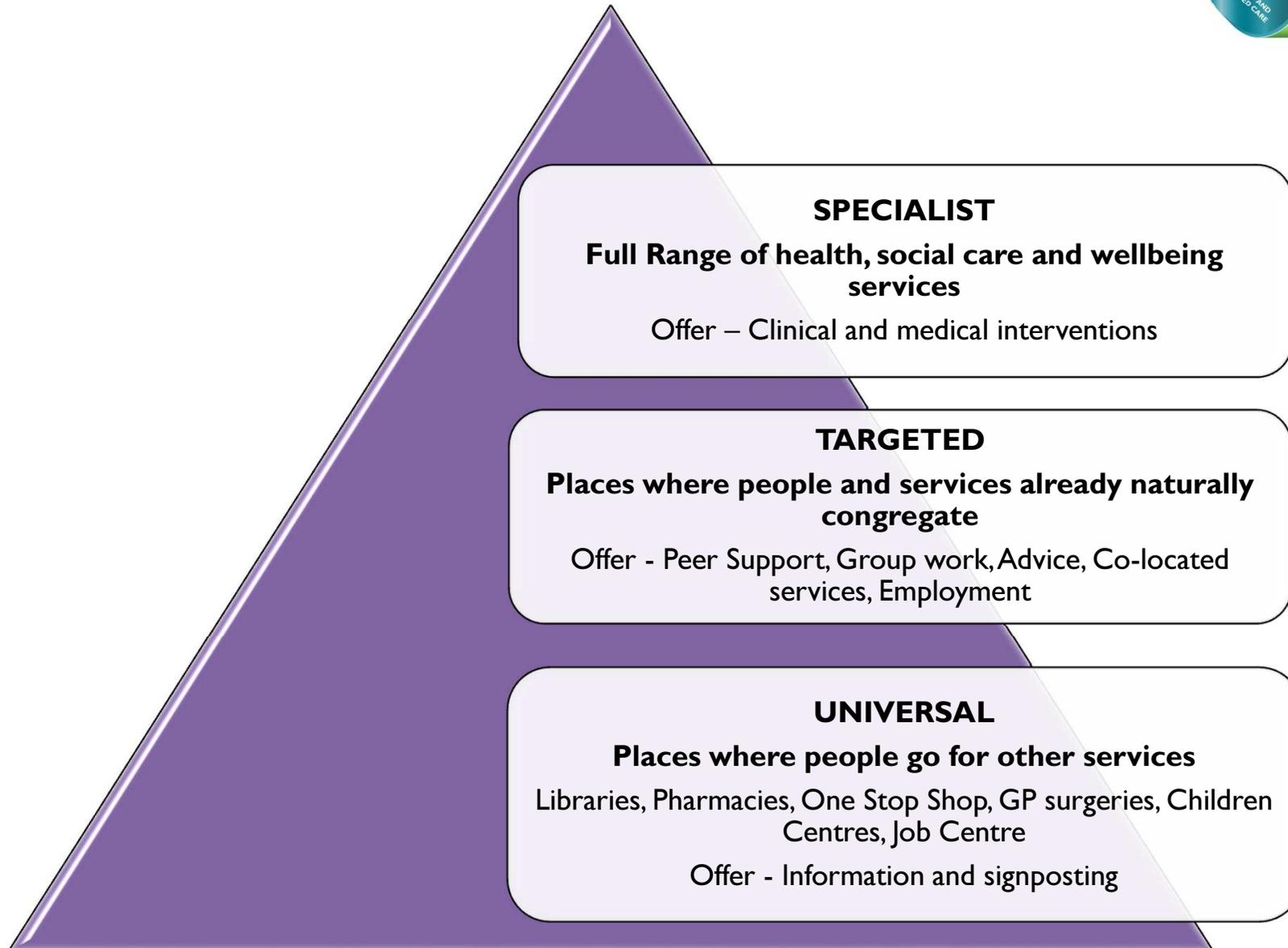
- Stakeholder Sessions (Wellbeing System Design Group)
- Consultation – through other system boards – e.g. Mental Health Programme Board, Complex Needs Groups
- Consultation with community

Strategic Framework – work so far



- The framework document will provide a high level vision and plan for delivery
- Describes the mix of need and assets across neighbourhoods and localities
- Describes the commissioning resource available to support (deliver) the Hub Network
- Summarises what people have told us
- Identifies potential ‘targeted hubs’
- Sets out a high level plan for implementation
- Proposes how we will measure success

“A Network of Hubs”



'Universal' Hub Network



Offer:

- Effective website, service directory & digital offer
- High quality consistent and effective information and signposting across all universal services

Progress:

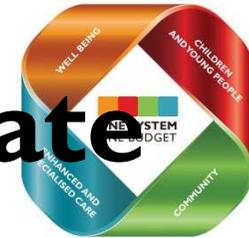
- A workforce development programme is in place
- Make Every Contact Count voluntary sector trainer in place to roll this out
- 'quality mark' and 'branding' being developed
- A website is in development with the full launch in April
- Advice Plymouth contract has been remodelled with a consultancy phone line and specialist caseworkers for agencies to get advice for service users

‘Targeted’ Hub Network: Offer



- Support the local universal network
- Be a focal point for services that respond holistically to people and communities
- Colocation – Community Connections, VCSE, Livewell SW, PHNT, Primary Care
- Example Intervention / Services
 - Community ‘bridging’ roles
 - Advice and information
 - Healthy lifestyles
 - Peer support / volunteering
 - Group work – self care and management, healthy lifestyles, parenting, employment
 - Education, Employment, Training
 - One-one enabling support

'Targeted' Hub Network: Update

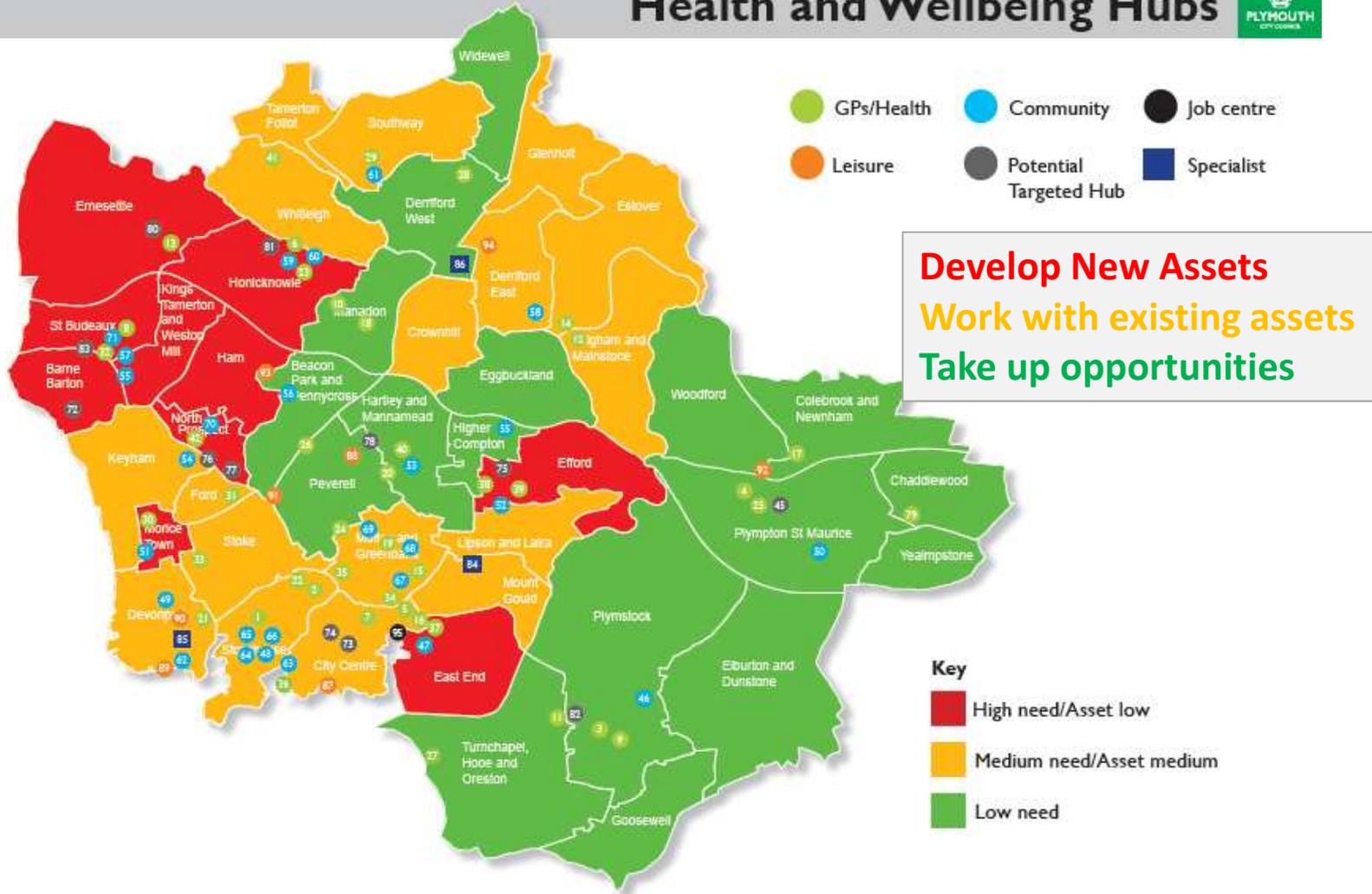


- Needs and Asset mapping in neighbourhoods complete, including identifying potential buildings
- Stakeholder and Community Consultation complete
- Commissioning Workstreams
 - Advice and Information – in progress
 - Health Improvement – complete October 2017
 - Wellbeing – March 2018
 - Integrated Early Years – October 2018

Map



Health and Wellbeing Hubs

North Locality



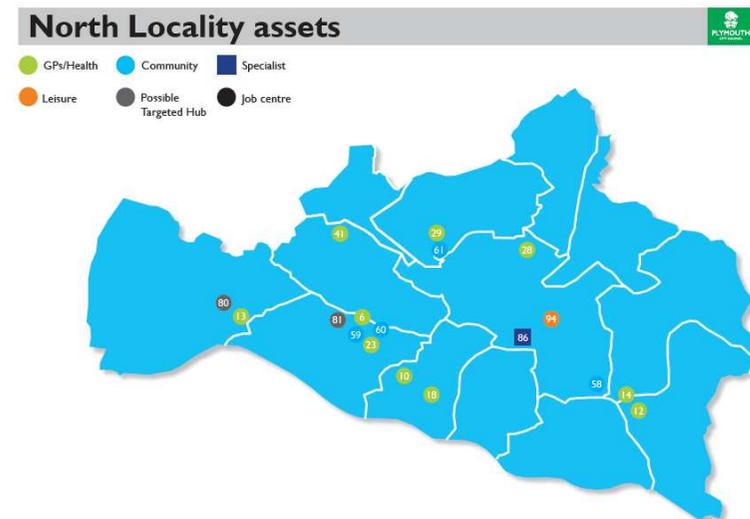
- Mixed scores across locality; divide between highest and lowest scoring neighbourhoods.
- Contains areas with both high and low deprivation scores
- Areas with higher than average premature mortality
- Areas with lower than average healthy eating and physical activity
- Limited Assets

Potential Targeted Hub Locations

- Ernesettle Medical Centre
- Four Greens CEDT
- Derriford Hospital

One Public Estate

Looking collaboratively with NHS and Health providers at sites at Honicknowle Green and Derriford



East Locality



- Higher proportions of over 75's
- Low levels of deprivation
- Higher number of people report day to day activities limited a little
- Mixed physical activity
- Mixed diets
- Limited Assets

Potential Targeted Hub locations:

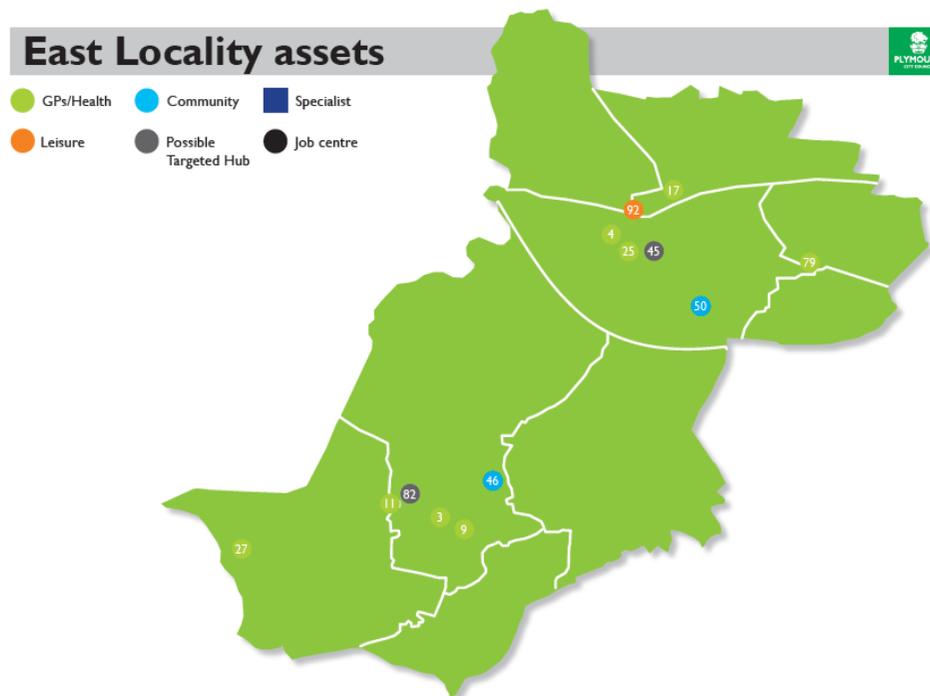
- Mudge Way including Rees Centre
- Plymstock potential new

Development around library site

One Public Estate

Looking at sites in Mudge Way and

Station Road, Plympton, and around the Library and existing health centre in Plymstock



South Locality



- Mixed scores
- Areas with higher than average with deprivation
- Areas with higher than average number of benefits claimants
- Small numbers of vulnerable families
- Large student population
- Comprehensive range of assets

South Locality assets



- GPs/Health
- Community
- Specialist
- Leisure
- Possible Targeted Hub
- Job centre



Potential Targeted Hub Locations

- Ernest English House
- Efford Youth Centre
- Mannamead Centre
- Cattedown Primary Care Centre

One Public Estate

Looking at the Mount Gould Master Plan, and alternative uses for Seventrees Clinic.

West Locality



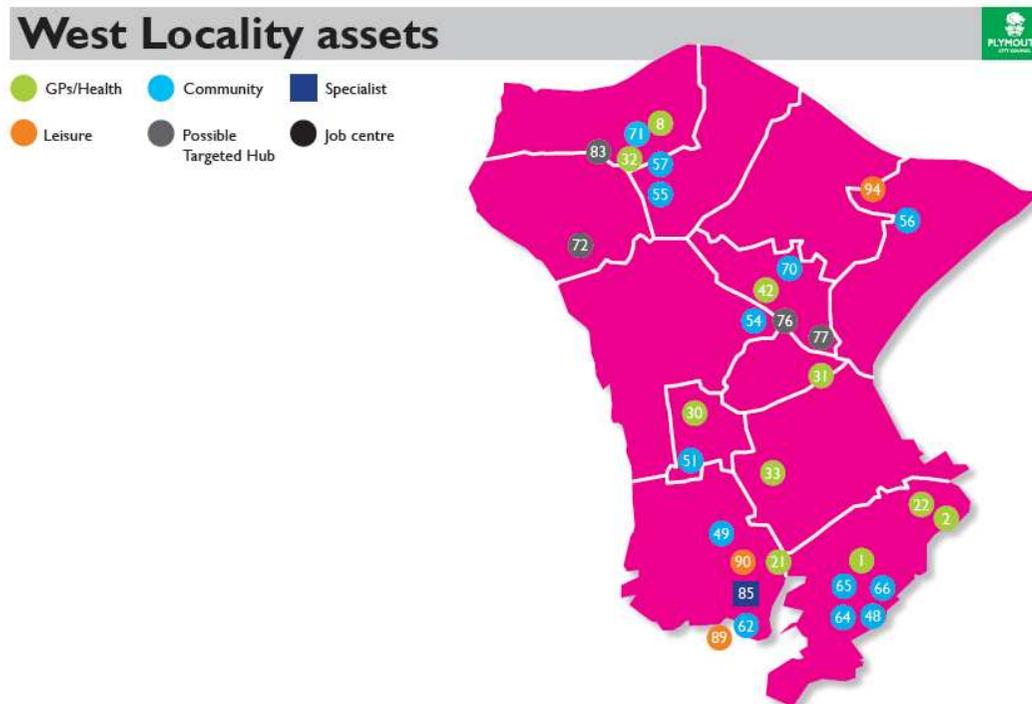
- High levels of deprivation
- High number of vulnerable families
- High unemployment
- Poor health indicators
- Low life expectancy
- Comprehensive range of assets

Potential Targeted Hub Locations

- Tamar View
- The Beacon
- Jan Cutting Healthy Living Centre
- St Budeaux Stirling Road Surgery

One Public Estate

Potential sites in St Budeaux and Barne Barton



Specialist Hubs

- Derriford Hospital
- Cumberland Centre
- Local Care Centre



Western Locality Footprint: Plymouth, South Hams and West Devon



23% (c81,000) of Western Locality population live in South Hams and West Devon

South Hams and West Devon



- **Tavistock & West Devon – Specialist Hub**
 - Tavistock Hospital
 - 3 x GP Practices
 - 4 x Pharmacy
- **Kingsbridge, Ivybridge & South Hams – Specialist Hub(s)**
 - South Hams Hospital
 - 7 x GP Practices
 - 8 x Pharmacy
- **Devon County Council** – Responsible for public health, prevention and wellbeing commissioning, including from the **Voluntary, Community and Social Enterprise sector (VCSE)**

Community Consultation



- Healthwatch commissioned to carry out consultation.
- Aim: to check public perception of the proposed targeted building hubs and the proposed services/gaps
- Process:
 - Consultation Events – in each group of neighbourhoods to include a broad range of stakeholders
 - Community Level Engagement – to gather views from people who may not be actively engaged with potential targeted hubs or local community activity
 - To identify key members of the ‘universal’ network / or groups across each locality to engage in consultation ensuring city wide representation
 - Target Specific Client Groups, for example carers, people with disabilities, Black and Minority ethnic people, faith groups, other vulnerable groups

Consultation feedback - Groups



13 groups, with known H&WB challenges, had specific sessions (165 people).

This description from one group about current services seems to sum up the ‘problem’:

- *‘Fractured, hard to get accurate information on what is available. Services divided by disability, help needed not holistic.’*

Groups – Key Themes



Overwhelmingly positive message about the principles and idea of the Hubs

- **Buildings** - need to be accessible (physically), be on bus routes, have parking, clear signage (including easy read),
- **Staff** – need to be well trained, very knowledgeable, consistent staff, non-judgemental, not too formal, welcoming
- **Services** – in order of priority: knowledge of local voluntary and community activities, benefits advice, long term conditions information and advice, LTC peer support , LTC self-management advice, timebanks, mental health support and advice, volunteering, debt advice. Additionally they wanted social inclusion, a pro-active approach to wellbeing, accessible activities such as healthy cooking, life skills and peer support
- One set of 'asks' : 'Include us, see us, listen to us and give us time' ...
- People were offering to volunteer

Locality Based consultation



- Over 2000 people spoken to
- A total of 651 fully completed questionnaires

Key themes – accessibility (physically), transport links, car parking and a café (if feasible). Friendly staff, knowledgeable, good range of activities

Services – priorities similar in each locality: knowledge of local VCS activity, health improvement advice, benefits advice, mental health support/advice

**City Centre Hub not consulted on – will develop separately*

Hub Buildings



Strong support for developing current medical/treatment buildings to include Wellbeing (Derriford, Mount Gould, Cumberland)

Balanced support for other locations, on the whole; few clear preferences
- further detail needs to be analysed

Next steps

Consider buildings feasibility studies that have been undertaken to best utilise resources

Combine with consultation responses

Report preparation under way

To achieve value for money, the public MUST be willing to use the buildings

Next Steps – High Level Project Plan



Work Stream	Commissioning Plan	High level achievements	Timeframe
Strategic Commissioning Framework	Strategic Commissioning Framework	Vision and approach agreed Desktop research – libraries and local plan Community consultation complete Member engagement Needs assessment complete and potential hubs identified Final Strategic Commissioning Framework	January 2018 Cabinet Sign-Off
Universal	Advice & Information	Universal workforce development Accreditation (quality) mark identified Digital offer remodelled A&I service commissioned 'Friendly City' Co-ordinator	April 2017- March 2018
Targeted	Asset Development / OPE	Building based HWB hubs identified through community consultation and developed	April 2017 – March 2020
	Health Improvement	Targeted health improvement support available in localities and aligned to evolving Hub Network	COMPLETE
	Wellbeing	Community and social capacity building support available in localities and aligned to evolving Hub Network	April 2017 - March 2018
	Integrated Early Years	Co-Design and Co-Commissioning of an Integrated Early Years service	September 2018
Specialist	Specialist	6 x Specialist Hubs Operational in Plymouth, South Hams and West Devon	March 2019

DEMENTIA FRIENDLY PLYMOUTH



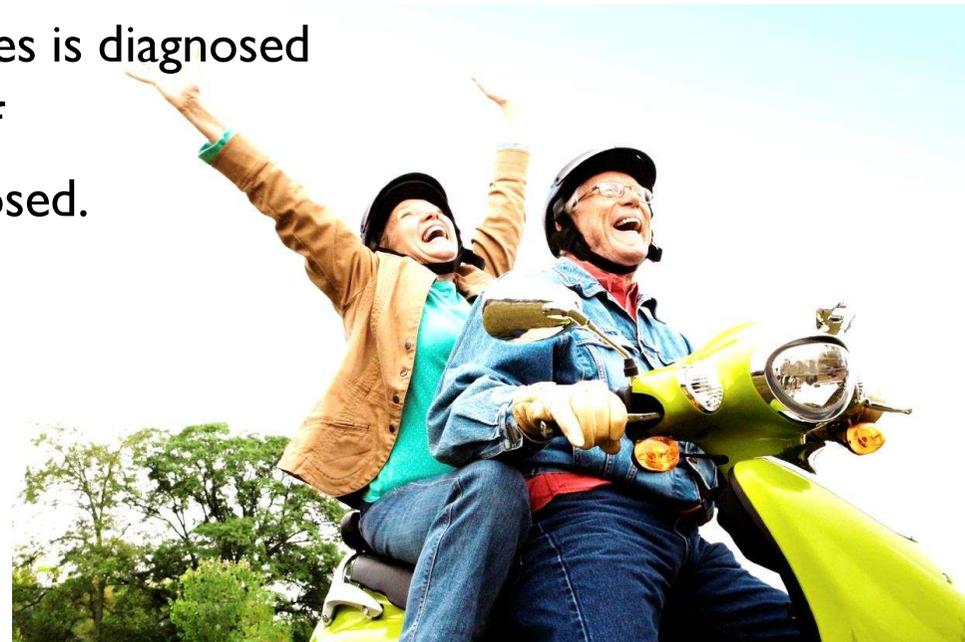
Rachel Silcock:
Strategic Commissioning Manager
Claire Puckey:
Dementia Friendly City Co-ordinator



Dementia in The UK and Plymouth



- There are currently 702,039 people living with dementia in England. This is predicted to rise to over 1,000,000 by 2030.
- In 2017, 3,319 people in Plymouth have a dementia. This is predicted to rise to 3554 by 2020 and to 4,735 by 2030.
- One third of people with dementia live on their own
- In the UK, 1 person every 3 minutes is diagnosed
- In Plymouth approximately 60 % of people living with dementia are diagnosed.



Why does Plymouth need to become dementia friendly?



In 2010 researchers at University of Plymouth found that people with dementia:

- Felt isolated in the local community
- Unable to access services and organisations for social support
- Felt ignored, not valued and embarrassed ,due to the social stigma of dementia
- Significant rates of depression for both the individual and their carer were also noted.

What is a Dementia Friendly Community?



Dementia Friendly Communities aim to:

- Reduce social isolation
- Empower and include individuals
- Challenge stigma
- Raise awareness
- Improve wellbeing



Plymouth Dementia Action Alliance



- The Dementia Friendly Community and Dementia Action Alliance movement originates from Plymouth. The PDAA formed in 2011 as a partnership between Plymouth City Council and Plymouth University; the Dementia Action Alliances were rolled out nationally by the Alzheimer's Society – Currently 300 across the UK
- The PDAA currently has 90 members
- PDAA members create an action plan of how they will become dementia friendly
- 5 International Dementia Conferences in Plymouth (6th currently being planned)
- Delegations from Japan, China and Australia
- National Award – Dementia Friendly Community of the Year (City Category) 2016-2017.

Alliance Members



Role of Dementia Friendly City Co-ordinator



- 201 Dementia Awareness sessions in the last 2.5 years, creating 1671 dementia friends (14,000 total dementia friends in Plymouth)
- 81 Dementia Friendly Premises assessments
- Advising on the Built Environment – Council planning, toilets, The Box etc
- Supporting a wide variety of businesses and organisations to become dementia friendly and coordinating the PDAA
- Increasing dementia friendly working practice across Plymouth City Council e.g. parking team, public protection, arts and heritage service, library service, street cleansing and grounds, strategic planning and infrastructure, 1st stop shop etc
- Public awareness raising and events
- Supporting GP and dental practices including students

Impact of Dementia Friendly City



- Dementia friends have their own impact in their communities and families, 73% of dementia friends say they have developed more confidence in interacting with people affected by dementia.
- PDAA members have their own individual impacts within their area of work.
- Plymouth is mentioned in the BSI Code of practice for dementia friendly communities in England and the 2017 Dementia and Town Planning Advice as examples of best practice.
- Sharing practice across the UK ,with other local authorities and overseas – e.g. car parking.

Feedback/Impact - Dementia Friendly City



- 'Thank you for the carol service yesterday. My husband is not happy socialising now but loves singing and loved listening to the children too. Shop assistants are more dementia friendly now which makes shopping easier and their reaction to my husband can really lift his mood which means I can get all my shopping done and not have to give up'
- A regular bus user with dementia in Tamerton Foliot – All Citybus drivers are dementia friends, are aware of her and make sure that she gets back home safely.
- Following the success of the autism friendly and dementia friendly shopping events, Drake Circus are going to be providing a 'sensory shopping hour' one Saturday morning a month (light dimmed, music turned down etc).

Feedback/Impact –Dementia Friendly City



- ‘Mum and I had a really good day. It was nice to see mum engaging with other people as she is usually on her own for much of the day. I would love to get involved again should there be other events in the future.’
- At every dementia friendly shopping/other awareness event/awareness sessions, the DFC provides information to numerous carers and family members about where to access support and the range of activities and groups available across the city for people affected by dementia.

Impact - Dementia Awareness Sessions



- 'Thank you so much for the awareness session. I have put one of your ideas into practice with successful results. I look after my 80 year old mum who lives on her own and when presented with a meal she never ate much of it. Last Sunday I served a roast on a plain white plate with clear space between the foods. She ate it all in an orderly fashion. This little story might not mean much to many people but I was thrilled'
- Shortly after Drake Circus staff attended awareness sessions, the centre director helped to find a lady with dementia who had wandered away from her husband in the mall by using the knowledge gained to decide on the best questions to ask her husband to locate her more quickly.

Impact: Dementia Awareness



- During Dementia Awareness week 2016, all concierge staff attended an awareness session. Some time after this, an email was forwarded to the DFC re: an issue concierge had dealt with:

‘Today we have had a gentleman brought to Windsor as he was wandering the streets. Concierge contacted Livewell who made him a cup of tea and contacted his family.

The gentleman is still here waiting for his family. Lyn and John have gone above and beyond in their roles as they have ensured he did not leave the building several times’

PCC Example 1: Dementia Friendly Parking



- Following consultation with carers of people with dementia, designated parking spaces introduced in Theatre Royal and Western Approach car parks, another in the new coach station and a further 5 more to date.
- ‘There is widespread recognition at the highest level of government about the present and potential future impacts of dementia. The search for ways to enhance the quality of life for those affected is a constant and complex one. This innovated approach by PCC will provide and ensure that the experience of using city car parks will be dementia friendly’ (Ian Sherriff, Academic Partnership Lead for Dementia, Plymouth University).

PCC Example 2: Library Service



- The library service facilitates weekly memory cafes at St Budeaux and Central library.
- Plans to introduce more cafes in Tier I libraries across the city.
- Themed monthly reminiscence roadshows in partnership with the arts & heritage service in a different library each time.
- Reading Well Books on Prescription for Dementia Scheme (Recommendations of books that may be helpful to people living with dementia, caring for someone with dementia or to those who just want to learn a bit more about it).

PCC Example 2: Library Service



- Impact of attending St Budeaux Memory Café:

‘...My father was not going out and since coming to the memory café he now goes out and feels happier and it’s all thanks to this. The lady who runs it is a star in her own right. So lovely, funny and caring. Nothing is too much trouble, she finds out things for us and makes us smile, so much laughter.’

‘It makes people more able to cope with their illnesses and knowing they’re not alone.’

‘...It helps forgetting about my problems, I enjoy meeting all the people and fantastic staff.’

‘ ...My husband loves it, he talks about it to others and he is happy when he is here.’

PDAA example 1: GP Practice



- As a result of attending the awareness session, when a new patient with dementia registered at the surgery the receptionist remembered the importance of taking more time and spent an hour with him, taking all his details and medical history in a way that allowed him to feel comfortable and supported.
- After an assessment of the surgery premises, dementia friendly signs were put up around the surgery. When it was explained to a patient whose husband has dementia that a yellow background and bold black font are easier for people with dementia to pick out, she bought a pad of yellow paper and a black pen so that she and her husband could communicate with each other more easily.

PDAA example 2: Plymouth Dance



- Plymouth Dance facilitate the monthly 'Tea Dance With a Twist' sessions on Saturday afternoons at the Guildhall- consistently high numbers are attending.
 - Volunteers are all dementia friends and dance practitioners trained in facilitating dance with people living with dementia, Parkinson's Disease etc.
 - 'So nice to see young and elderly dancing and smiling together. Great band! Great Dancers! Great everything!'
 - 'We regularly witness moments of joy shared by the carers and people with dementia as they dance together...our events create an opportunity that reduces social isolation and exclusion for those who are vulnerable as a result of living with or caring for people living with dementia.'
- (June Gamble, Coordinating Producer)

PDAA example 3: Plymouth Argyle



- Football Café: This is a fortnightly afternoon filled with fun and brain-challenging activities followed by afternoon tea. Two of the volunteers are now trained in cognitive stimulation therapy and the activities are being built around these principles.
- Senior VIP Matchday Experiences: Reminders, transport and a supportive environment are provided from arrival to departure and the privilege of sharing all the fun of a pre-match social and the match itself with people who really know their football.

PDAA example 3: Plymouth Argyle



- Sponsored GP Matchday 'Prescriptions': With a major sponsor the matchday initiative has been extended to every GP surgery in Plymouth to offer 7 home matches as a 'prescription' to a football-loving patient living with dementia.
- Senior Advisor Roles: In August 2017, the club appointed its 1st Senior Advisor (a former league football coach living with dementia) who helps train and give advice to the young players in Argyle Academy and their coaches.
- 'First time at Home Park for many years. Felt really good to be part of it again.'
- Feedback from families indicates that participants relive their positive experience for a long time afterwards.

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CHILDREN YOUNG PEOPLE AND FAMILIES SERVICE



Briefing for HWB Scrutiny
Re-Referrals and Child Protection Plans

Re-Referrals to Children Young People and Families Service (CYPFS)

When a family member or a professional reports a concern about a child that indicates a safeguarding issue or a complex situation which needs a child in need response, CYPFS take a referral and undertake an assessment. They complete any specific work needed to support the child or keep them safe. The case is then closed. We monitor the numbers of cases where a child is re-referred within 12 months as this is an indicator into the effectiveness of the system as a whole. Whilst some families will present with a completely different problem, many come back with the original problem which has resurfaced.

In 2016/17, 36.1% of referrals received were re-referrals. This was in the context of 22.3% across English local authorities and 23% for our statistical neighbours.

This was a significant practice concern and we have done a lot of work internally to understand and address this. In particular we have focussed on improving the quality of our single assessments, using a specific tool called the Resilience and Vulnerability Matrix (RVM) and set in place a set of Plymouth Best Practice Standards. Alongside this we have worked on ensuring that children whose cases are stepping down to partner agencies and early help are given an appropriate response.

We are pleased to note that this figure has come down to 31.2 % Q1 and 27.7 % Q2, against a target of 25% for 2017/18. However we recognise that we have more work to do in this area and we believe that our practice improvement work within Plymouth Referral and Assessment Service (PRAS) and Early Help will continue to drive this figure down.

Repeat Child Protection Plans

When it becomes clear after assessment that a child or young person is at risk of significant harm, a multi-agency meeting, called a child protection case conference, is convened. If the risk is substantiated then a child protection plan is agreed. Once the work is done to safeguard the child, the plan is ended. This often means that the child's case is stepped down to a child in need plan and then closed to CYPFS at an appropriate point, although work from other agencies often continues to support the family. As with the re-referrals described above, a second episode of child protection planning can often reflect that the original problem has re-surfaced and can indicate issues with multi-agency practice.

The English average figure for repeat child protection plans is 17.9% and for statistical neighbours is 17.7% although anecdotally we understand that many LAs are seeing a rise in recent months.

In Plymouth we saw a rise in repeat child protection plans to 29.6% in 2016/17. We have put a range of measures in place to address this, and raised the issue with our multi-agency partners through the PSCB. We have seen a gradual but sustained reduction in this figure during the first two quarters of 2017/18. At the end of Q2 we had achieved 25.4% against a target of 23%.

Siobhan Wallace

Head of Service CYPFS
November 2017



INTEGRATED HEALTH & WELLBEING SYSTEM PERFORMANCE SCORECARD SEPTEMBER 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

Estimated diagnosis rates for dementia – Increasing trend

NEW Devon CCGs dementia diagnosis rate remains below the national target. The CCG has raised concerns with NHSE with the expected number of people with dementia in our population (this may affect the calculated diagnosis rate). However, the CCG is also looking to work more closely with primary care to improve the pathway

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

Plymouth Hospitals NHS Trust is 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 have eased some of the pressure but the target is not expected to be achieved in 2017/18. However, the aim is to ensure that no patients wait over 52 weeks by March 2018.

Accident and Emergency 4 hour wait

Plymouth Hospitals NHS Trust is 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. There was an improvement in performance from Aug 17 which is due to the performance of the MIUs now being recorded against Plymouth Hospitals NHS Trust.

Emergency admissions aged 65+

There has been a 10.8% increase in emergency admissions in 2017/18 across the Western Locality for patients aged 65+. There are a number of causes for this including the ageing population and pressures on primary care.

CHILDREN AND YOUNG PEOPLE

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

Assessment completion timeliness has decreased and stands at 71.1% 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. Whilst completion of assessment timeliness has been impacted, close monitoring is in place to ensure children are being visited in a timely way.

The overall number of plans decreased in September to 373. There is a continued focus on plans ensure timeliness and effectiveness of practice. The CSWS Service Manager is meeting with the Safeguarding Service Manager on a monthly basis to review the cohort and consider the implications of repeat CP plans, thresholds, and right plan for the child etc.

COMMUNITY

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

It was announced that there would be 20 reviews of Health and Social Care Systems by the Care Quality Commission (CQC), particularly where there are challenges 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. During Quarter two the average number of delayed days per month was 1,691, this compares to 1,877 in quarter one so the reducing trajectory is positive. However there is still recognition that too many people are having to wait too long to be discharged from hospital. As such there is a focus on increasing the number of home first discharges, streamlining the assessment process and more joined up working between Livewell Southwest and the Trust.

Discharge at the weekend – Reducing trend

Weekend discharges have remained relatively stable at between 18%-20% of the total weekly discharges. This would be relatively low when compared to other areas. Performance of 28.5% would mean that there is the same number of discharges at the weekend as during the week.

Improving Access to Psychological Therapies (IAPT) – Access rates – Static trend

Livewell Southwest achieved the IAPT access rate in 2016/17 and is on track to achieve it again in 2017/18. However, monthly performance does remain variable.

Improving Access to Psychological Therapies (IAPT) – Recovery rates – Increasing trend

Livewell Southwest have reported an improvement in the recovery rate from Sept 16. However, the target is not being achieved on a sustainable basis. Work is ongoing to improve the recovery rate but it is acknowledged that there may be a reduction in performance as those patients that have waited more than 12 weeks are seen.

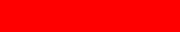
6. WELLBEING

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	2016/17		5.3		3.8	Green
Self-reported well-being: % of people with a low worthwhile score	Percentage	2016/17		5.1		5.9	Red
Self-reported well-being: % of people with a low happiness score	Percentage	2016/17		11.5		9.5	Yellow
Self-reported well-being: % of people with a high anxiety score	Percentage	2016/17		22.9		21.7	Green
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							
CCGOF Referral to Treatment waiting times (patients waiting over 18 weeks on incomplete pathway (%)) (PHNT)	Percentage	Aug-17	N/A	85.70%		83.80%	Yellow
A&E 4hr wait	Percentage	Sep-17	N/A	83.60%		88.18%	Yellow
NHSOF Estimated diagnosis rates for Dementia (Percentage)	Percentage	Aug-17	N/A	59.3		60.3	Green
Emergency Admissions to hospital (over 65s)	Count	Sep-17	N/A	1,388.0		1,434.0	Yellow
In hospital Falls with harm	Percentage	Aug-17	N/A	0.23		0.50	Red

7. CHILDREN AND YOUNG PEOPLE

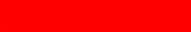
Keep our Children and Young People Safe: ensure effective safeguarding and provide excellent services for children in care							
Referrals carried out within 12 months of a previous referral (Re-referrals)	Percentage	2017/18 Q2	N/A	34.5		27.7	Green
Number of children subject to a Child Protection plan	Count	2017/18 Q2		372		373	Yellow
Number of looked after children	Count	2017/18 Q2		410		400	Yellow
Number of Children in Care - Residential	Count	2017/18 Q2	N/A	24.0		32.0	Red
Timing of Children's Single Assessments (45 working days)	Percentage	2017/18 Q2		95.1		71.1	Red

8. COMMUNITY

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 - Q2	N/A	92.0		82.0	
IAPT Access Rate (PCH)	Percentage	Aug-17	N/A	1.36		1.22	
IAPT Recovery Rate (PCH)	Percentage	Aug-17	N/A	50.60		39.50	
Discharges at weekends and bank holidays	Percentage	Sep-17	N/A	0.19		0.18	
Rate of Delayed transfers of care per day, per 100,000 population	Rate per 100,000	2017/18 - Q2		14.0		26.0	
Rate of Delayed transfers of care per day, per 100,000 population, attributable to Adult Social Care	Rate per 100,000	2017/18 - Q2		6.6		11.9	
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	Count	2017/18 - Q2	N/A	68		49	
Permanent admissions of older people (aged 65 and over) to residential and nursing care homes	Rate per 100,000	2017/18 - Q2		139.4		99.8	
Permanent admissions of younger people (aged 18-64) to residential and nursing care homes	Rate per 100,000	2017/18 - Q2		3.7		1.8	

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9. ENHANCED AND SPECIALIST

Create Centres of Excellence for enhanced and specialist services							
In hospital Falls with harm	Percentage	Aug-17	N/A	0.2		0.5	
Provide high quality, safe and effective care, preventing people from escalating to, or requiring, urgent or unplanned care							
Percentage of CQC providers with a CQC rating of good or outstanding	Percentage	2017/18 - Q2		84.0		79.0	

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Plymouth Integrated Fund Finance Report – Month 07 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.
- 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 outturn position for both the Integrated Fund and the Western Planning and Delivery Unit are forecast to overspend plan. This is explored further throughout the report.

SECTION 1 – PLYMOUTH INTEGRATED FUND

Integrated Fund - Month 7 Report 2017/18

The impact of the risk share across the Integrated Fund is now reflected, and at this stage, should both organisations return their currently forecast outturns, this would result in a minimal risk share impact between organisations. There remain clear signs of pressure in the system, in particular around Looked after Children in Care, Intermediate Care in both Health and Social Care, and Continuing Healthcare. Further risks are emerging around Primary Care Prescribing. There is currently a minimal impact of the risk share agreement on either party.

The overall fund position is reflected in Appendix 1.

Plymouth City Council Integrated Fund

As in previous months, 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.

Children, Young People and Families

The Children Young People and Families Service are again reporting a budget pressure of £1.500m at month 7. Although the overall number of looked after children have increased this month, we are reporting no change in pressure in the month and are consuming the increased cost of placements for the additional young people. A region wide lack of placements has meant that some children have been placed in residential rather than the preferred fostering placements at a much higher cost.

An additional focused meeting with colleagues in transformation, commissioning and finance to look at additional plans in order to reduce costs.

The overall number of children in care at the end of the month of October stands at 402, an increase of 2 from September.

Strategic Co-operative Commissioning

The Strategic Commissioning service is forecasting a year end overspend against budget of £0.437m at month 7, no change from month 6 due to work being completed on the Medium Term Financial Strategy update.

Education, Participation and Skills

Education, Participation and Skills are again reporting a balanced budget position at Month 7.

Community Connections

Community Connections is forecasting a year end budget overspend of £0.258m mainly as a result of increased demand for emergency temporary accommodation. This is the same pressure reported in the previous month.

Average B & B numbers for April to October have been 57 placements per night with nightly costs increasing, as demand has increased use of Travelodge together with increasing accommodation needs for families.

The cost pressure for maintaining an average 57 per night placement level is £0.707m, which the service is targeting to reduce with use of alternative properties provided through existing contracts.

Public Health

Although the 17/18 Public Health ring-fenced grant was cut by a further £0.398m for Plymouth City Council, the Directorate is on track to achieve a balanced budget. However it should be noted that there are pressures with achieving some income targets and there is increasing demand for activity led services.

Plymouth City Council Delivery Plans

Between People Directorate and Public Health, over £10m of savings will need to be delivered during 2017/18, which includes savings of over £2.8m of savings brought forward from 2016/17 which were delivered as one-off savings. At the moment, it is expected that all savings will be achieved - breakdown shown below:

Plymouth City Council	Year To Date			Current Year Forecast		
	Budget	Actual	Variance	Budget	Actual	Variance
			Adv / (Fav)			Adv / (Fav)
Month 7 - October 2017	£000's	£000's	£000's	£000's	£000's	£000's
Children, Young People & Families	1,103	1,103	-	1,890	1,890	-
Strategic Cooperative Commissioning	2,265	2,265	-	3,883	3,883	-
Education Participation & Skills	475	475	-	814	814	-
Community Connections	309	309	-	530	530	-
Additional People Savings	1,671	1,671	-	2,864	2,864	-
Public Health	86	86	-	148	148	-
	5,909	5,909	-	10,129	10,129	-

Western Locality of CCG Integrated Fund

The integrated fund for the Western Locality is now reflecting a forecast unplanned overspend before the use of corporate contingencies of £0.9m.

As reported last month, the pressures for the Independent Sector contracts, and Continuing Healthcare have now crystallised into the forecast from our previous risk analysis. There remains some pressure on Intermediate Care, and this has not yet crystallised into the position and remains on our risk profile. There are also cost efficiency expectations for Individual Patient Placements and Section 117 packages of care.

Independent Sector:

The Year to Date and the Forecast are now more accurately reflective of the updated risk, following a review of both, including the forecast delivery of QIPP in year. The forecast overspend is identified at just under £0.7m CCG wide, and of which £0.5m relates to Plymouth (and impacts on the Integrated Fund).

This also now reflects the up to date position with regard to Neurosurgery as highlighted in last months report.

Intermediate Care:

The pressure in the cost of the Intermediate Care (Discharge to Assess) beds in the West remains above plan. The forecast assumes a recovery programme bringing the pressure back into financial balance. The level of bed usage in place at this point, if remaining static for the remainder of the year, would indicate an overspend of £1.2m,

which is a significant improvement on the previously reported forecast. Included within the assumption of breakeven is an assumed benefit from the use of the iBCF resources.

This is an area of significant focus on transformation and recovery, and is reported in detail to the Western System Improvement Board on a bi-weekly basis.

Continuing Healthcare:

The CCG wide Continuing Healthcare budget for 2017/18 is £80.3m. At month 7, the forecast spend for the year is £81.7m resulting in a forecast overspend of £1.4m. There remains a significant risk that this position may deteriorate further. Of this overspend, the element that relates to the Integrated Fund is £0.4m.

The CCG wide Continuing Healthcare QIPP savings target for 2017/18 was originally £6.0m but has now been “stretched” to £8.0m. The forecast savings are £6.6m so forecast under delivery against the target of £1.4m is reported at this time. It is recognised that there is also significant risk in this which will require considerable management focus.

The key risk for this cohort of patients is that the numbers receiving Continuing Healthcare has plateaued and this may impact on the delivery of the overall cost reductions.

IPP and Section 117:

For IPP a risk share continues to be agreed with Livewell Southwest, and performance is good when compared to the same period last year.

For section 117 packages of care a plan is being developed to manage the cost of packages of care as a pooled budget. This will be run in parallel in the current year, and the CCG will continue to work with Livewell Southwest in the delivery of the planned efficiency targets.

Primary Care Prescribing:

The West has the greater opportunity in terms of savings from Primary Care Prescribing, and therefore has the greater share of the cost efficiency target. The PDU is currently on target to achieving this target. The level of risk this month remains high as a result of the withholding of Category M savings centrally, and the impact of NCSO (No Cheaper Stock Obtainable). The volatility of these make it difficult to accurately predict a forecast for the CCG at this stage, and both the CCG and the Integrated Fund are reported at break even, with the risk being held at CCG level.

Efficiency Programmes:

FOR THE PERIOD FROM 01 APRIL 2017 TO 31 OCTOBER 2017

Month 07 October	Year To Date			Current Year Forecast		
	Budget	Actual	Variance	Budget	Forecast	Variance
	£000's	£000's	£000's	£000's	£000's	£000's
SAVINGS LEDGER REPORT						
Independent Sector	-2,042	-725	1,317	-3,500	-1,321	2,179
Prescribing	-4,958	-4,958	-	-8,500	-8,500	-
Continuing Healthcare	-3,242	-2,736	506	-8,000	-6,698	1,302
IPP	-1,076	-1,076	-	-3,000	-3,000	-
Running Costs	-1,465	-1,321	144	-2,789	-2,789	-
GROSS SAVINGS	-12,782	-10,816	1,966	-25,789	-22,309	3,481

QIPP Reported to NHSE

Contractualised 16/17 FYE	-6,510	-6,510	-	-11,160	-11,160	-
Social Care	-1,167	-1,167	-	-7,000	-7,000	-
Technical Accounting	-1,167	-1,167	-	-2,000	-2,000	-
TOTAL SAVINGS REPORTED TO NHSE	-21,626	-19,659	1,966	-45,949	-42,469	3,481

Additional System Savings

Headroom Release	-2,117	-2,117	-	-3,629	-3,629	-
Investment Release	-817	-817	-	-1,400	-1,400	-
TOTAL SYSTEM SAVINGS	-18,049	-16,083	1,966	-39,818	-36,338	3,481

The above savings report feeds into the system wide savings plan excluding the contractualisation of 16/17 full year effect, although this forms part of the position reported to NHS England.

Overall the CCG is reporting 89% delivery of plan year to date with 91% delivery forecast by yearend. There is a shortfall on independent sector both year to date and forecast as plans continue to be worked up. There is also a shortfall on the forecast for continuing healthcare due to client numbers not falling as expected.

The above report is currently reflecting the CCG wide position. Further analysis is ongoing to localise the reporting of these delivery plans to Planning and Delivery Units.

Integrated Fund Summary

At this stage in the year both parts of the fund are experiencing emerging pressures reflected in forecast overspends that require management to return the position to balance. The forecasts reflect the position before the impact of corporate contingencies. There remains a minimal impact of the risk share at this stage.

SECTION 2 – BETTER CARE FUND (BCF)

Better Care Fund (BCF) and Improved Better Care Fund (iBCF)

The table below shows the total BCF for 2016/17 and 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	8.852
CCG Revenue	8.310	8.856
Sub Total BCF	19.351	19.834
iBCF (see below)	0.000	0.764
iBCF (see below)	0.000	5.800
Sub Total iBCF	0.000	6.564
Total Funds	19.351	26.398

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 are being 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.”*

A report was taken to Cabinet in July that showed the 2017/18 additional funding and allocations to specific areas and projects. This report was approved and the schemes are now being worked up with more detail. A summarized expenditure plan is included below:

	2017/18
	£m
Priority One - Meeting Adult Social Care Needs	1.400
Priority Two - Reducing Pressures on the NHS	3.351
Priority Three - Stabilising the Social Care Market	1.000
Sub Total	5.751
Contingency	0.049
Sub Total iBCF	5.800

This is not recurrent money and so overall investments will seek to be a 'bridging' resource to implement the STP new models of care or deliver efficiencies.

SECTION 3 – WESTERN PDU MANAGED CONTRACTS

Context / CCG Wide Financial Performance at Month 7

This report sets out the financial performance of the CCG to the end of October 2017 (Month 7 management accounts)

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).

The CCG's planned deficit for 17/18 is £57.1m. This is an improvement from its original plan of £21.4m following proposals developed through the Capped Expenditure Process (CEP). NHS England has confirmed that the plans submitted under the CEP will be used to review the CCG's performance and accordingly 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.

Although the plan has been updated, NHS England has also confirmed they will continue to measure overall performance against the control total of £17.4m deficit. The current forecast would represent an overspend of £39.7m to the control total.

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 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 7 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 marginally (£0.4m) overspend budget at this stage in the year, and this is also reflected in the year to date position. In general the main pressure is for the Independent Sector provider contracts, and this is explained more fully in the report.

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 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 now reflects some of the planned variations to contract resulting from the work plan of the Western System Improvement Board, and is currently set at £185.9m.

Contract Performance

The month 7 performance information showed a year to date overperformance against the contract plan of £0.5m.

The main reasons for the contractual overperformance are summarised below.

2017/18 M07	Planned Spend	Actual Spend	Variance	Variance Activity	Variance Spend
	£000s	£000s	£000s		
Elective	22,625	19,634	- 2,991	-10.8%	-13.2%
Non Elective	39,512	39,452	- 60	2.4%	-0.2%
A&E	5,691	6,008	317	3.1%	5.6%
Outpatients	18,180	18,104	- 76	-0.1%	-0.4%
Excluded Services	21,711	20,229	- 1,482		-6.8%
Penalties			-		
CQUIN	2,378	2,407	29		
Contract Adjustments	- 4,807		4,807		
Total	105,290	105,834	544		0.5%

The **Elective** position is £2.99m (13.2%) behind plan from a financial perspective but 10.8% behind plan in overall activity terms.

Non Elective has underperformed for the second month, by £190k in month 7 resulting in a total underperformance year to date of £60k.

In **Accident and Emergency** the year to date overperformance totals £317k, this is significant at 5.6% over plan. In activity terms the overperformance percentage is lower at 3.1% which indicates that the complexity or volume of care has increased.

Following on from the overperformance last month, **Outpatients** has underperformed in month 7 to a value of £126k. This now gives an overall underperformance of £76k. Outpatient procedures are over plan by £452k, whilst first attendances and follow ups are both around £300k behind plan. Overall, there have been 156 fewer outpatient attendances than had been planned for.

The plan has an adjustment for system savings; this number reflects the difference between the PbR activity plan and the agreed system wide plan and for NEW Devon is worth £8.24m. Any activity savings will fall into the reporting of the points of delivery in which they occur, so it is likely that this line will show as an overspend all year. At month 7 this is an overperformance of £4,807k.

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 7, this contract is forecast to underspend budget by £0.1m.

Independent Sector & London Trusts

The monitoring information to date indicates a small forecast overspend against plan for the London Trusts.

Within the Independent Sector at Month 7, a significant overspend is emerging against some contracts, but most of this is found within the Care UK contract. There is a significant degree of additional performance within Orthopaedics accounting for the bulk of this over-performance. At Nuffield Plymouth, there is a large overspend within Spinal Surgery but this is being partially offset by underperformances within other specialties. Assumptions have been made in regard to budgetary management as well as in the delivery of QIPP during the latter part of the year in informing a forecast overspend of £0.7m.

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.

Discharge to Assess beds

Despite the service redesign and additional support to maintain a 6 week timeframe for Intermediate Care, the system has been forecast to significantly overspend. A huge amount of focus on pathways of care has been put in place recently, and this is driving a change in the cost of bed usage. The position is improving, but still remains a risk. The forecast has been set to breakeven unit the outcome of this pathway design process is known. This pressure remains a key focus of scrutiny through the Western System Improvement Board.

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 overspend plan at this stage in the year. There are pressures in the system around Looked After Children in Care, Intermediate Care in both Health and Social Care, and Continuing Healthcare, with emerging risks around Primary Care Prescribing.

Ben Chilcott
Chief Finance Officer, Western PDU

David Northey
Head of Integrated Finance, PCC

APPENDIX 1
PLYMOUTH INTEGRATED FUND AND RISK SHARE

Month 07 October	Year to Date			Forecast		
	Budget	Actual	Variance	Budget	Actual	Variance
	£000's	£000's	£000's	£000's	£000's	£000's
CCG COMMISSIONED SERVICES						
Acute	103,078	103,342	264	177,012	177,501	489
Placements	24,482	24,480	-2	40,947	41,377	429
Community & Non Acute	32,558	32,567	9	55,813	55,829	16
Mental Health Services	15,932	15,932	0	27,312	27,312	-
Other Commissioned Services	6,653	6,648	-5	11,374	11,343	-31
Primary Care	3,351	3,391	40	6,139	6,115	-23
Subtotal	186,054	186,360	306	318,597	319,477	880
Running Costs & Technical/Risk	3,358	3,178	-180	14,329	14,328	-0
CCG Net Operating Expenditure	189,412	189,538	126	332,926	333,805	879
Risk Share					-	-
CCG Net Operating Expenditure (after Risk Share)	189,412	189,538	126	332,926	333,805	879
PCC COMMISSIONED SERVICES						
Children, Young People & Families	14,743	21,515	6,773	35,383	36,883	1,501
Strategic Cooperative Commissioning	32,300	45,475	13,175	77,520	77,957	437
Education, Participation & Skills	44,381	62,134	17,753	106,515	106,515	0
Community Connections	1,617	2,415	797	3,882	4,140	258
Director of people	90	126	36	216	216	-
Public Health	6,800	9,521	2,720	16,320	16,321	1
Subtotal	99,932	141,186	41,254	239,836	242,033	2,197
Support Services costs	6,845	9,583	2,738	16,428	16,428	-
Disabled Facilities Grant (Cap Spend)	886	1,240	354	2,126	2,126	-
Recovery Plans in Development	-	-	-	-	-	-
PCC Net Operating Expenditure	107,663	152,009	44,347	258,390	260,587	2,197
Risk Share					-	-
PCC Net Operating Expenditure (after Risk Share)	107,663	152,009	44,347	258,390	260,587	2,197
Combined Integrated Fund	297,074	341,547	44,473	591,316	594,392	3,076

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 SCRUTINY COMMITTEE

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 Amelia Boulter, Democratic Support Officer, on 01752 304570.

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.	-
25 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	Sustainability and Transformation Partnership	3 (Medium)	Member request	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
	Health and Wellbeing Hubs		Member request	
	Dementia Friendly City		Member request – evaluate the impact	
	Torbay Children’s Services	5 (Low)		Cllr Mrs Beer / Carole Burgoyne / Alison Botham
	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)
	Community Safety Partnership		Member request	
	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.	-
	Age Appropriate Dwellings		Member request	Councillor Nicholson/Councillor Ricketts Paul Barnard (Assistant Director for Strategic Planning and Infrastructure and Councillor Wigen (Chair of Planning Committee)
11 April 2018	Care Quality Commission		Member request (review outcomes and improvement plan)	
	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				

Date of meeting	Agenda item	Prioritisation Score	Reason for consideration	Responsible Cabinet Member / Officer
	Homelessness to be reviewed by Place and Corporate Overview and Scrutiny Panel		Reviewed at meeting held on 1 November 2017	
20 September 2017	Torbay Children's Services	5 (High)	Member request – Due to announcement of planned state intervention	Cllr Mrs Beer / Carole Burgoyne / Alison Botham
	Plymouth Education System		Member request – to review the steps being taken to improve attainment levels of pupils, particularly for Key Stages 3 and 4, engaging with the Plymouth Education Board; Business Case including a full assessment of risks.	Item went to 25.10.17 wellbeing meeting
	Better Care Plan		Assess issues of sustainability in the context	
Select Committee Reviews				
29 Nov 17	Primary Care Services			
TBC	End of Life Care		Member request	
TBC	Urgent Care			

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