



Democratic and Member Support

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WELLBEING OVERVIEW AND SCRUTINY COMMITTEE

Wednesday 11 April 2018
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, Tuffin, Tuohy and Vincent.

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

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Tracey Lee
Chief Executive

Wellbeing Overview and Scrutiny Committee

1. Apologies

To receive apologies from Members for non attendance.

2. Declarations of Interest

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

3. Chairs Urgent Business

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

4. Minutes (Pages 1 - 6)

To confirm the minutes of the meeting held on 14 February 2018.

5. Progress of the Health and Social Care Strategy for Devon (Pages 7 - 26)

6. STP Workforce Plan (Pages 27 - 36)

7. School Standards Report (Pages 37 - 56)

8. Staff Survey (Pages 57 - 68)

9. Age Appropriate Dwellings (Pages 69 - 74)

10. Planned Care Programme Briefing (Pages 75 - 76)

For information only. The committee will be provided with an update in September.

11. Integrated Commissioning Score Card (Pages 77 - 86)

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

(Pages 87 - 100)

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 101 - 104)

The Committee to receive the work programme.

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Wellbeing Overview and Scrutiny Committee**Wednesday 14 February 2018****Present:**

Councillor Mrs Aspinall, in the Chair.

Councillor James, Vice Chair.

Councillors Dann, Deacon, Loveridge, Dr Mahony, Tuffin, Tuohy and Vincent.

Apologies for absence: Councillor Mrs Bridgeman

Absent: Councillor Cook

Also in attendance: Councillor Mrs Beer (Cabinet Member for Children and Young People), Councillor Mrs Bowyer (Cabinet Member for Health and Adult Social Care), Dave McAuley (NEW Devon CCG), Lin Walton (NEW Devon CCG), Sarah Lees (Public Health), Supt Craig Downham (Devon and Cornwall Police), Matt Garrett (Head of Community Connections), Craig McArdle (Director for Integrated Commissioning), Anna Coles (Strategic Commissioning Manager) and Amelia Boulter (Democratic Adviser).

The meeting started at 2.00 pm and finished at 4.40 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.

55. Declarations of Interest

There were no declarations of interest.

56. Chairs Urgent Business

There were no items of chair's urgent business.

57. MinutesThe minutes of 13 December 2017 were agreed.**58. Mental Health**

Councillor Mrs Beer (Cabinet Member for Children and Young People), Councillor Mrs Bowyer (Cabinet Member for Health and Adult Social Care), Dave McAuley (NEW Devon CCG), Lin Walton (NEW Devon CCG) and Sarah Lees (Public Health) were present for this item.

In response to questions raised by the Committee, it was reported that –

- (a) every secondary school has a mental health lead that is trained and can either signpost or provide help to that young person. There is a whole school approach with staff trained up to recognise young people with mental health issues, using simple questioning to identify and find the right support. Also the CAMHS service now work within the schools;
- (b) the average waiting time had reduced from 20 weeks to an average of 6 weeks for a routine referral. An area of concern was childhood trauma and there was increasing evidence of perinatal mental health problems for mothers which then affect the babies. A new service was being implemented in Plymouth providing support and specialist treatment for mothers as well as looking at the impact of emotional wellbeing from an early age;
- (c) no suitable information was available within the overview of risk factors for emotional health and wellbeing as set out within the Local Transformation Plan Refresh because the plan was produced at an STP level and that there would be either no uniform measure or would have data at a Plymouth level that was not publicly available;
- (d) with regard to e-safety they use a whole school approach to emotional, health and wellbeing to develop young people's skills on how to use social media responsibly. They use the Five Ways to Wellbeing in all schools, helping young people on how to cope and becoming resilient. Every child would have the same offer across all schools;
- (e) they do not have any data for Plymouth around young people buying prescription drugs over the internet, however, we do have the Wellbeing Survey within schools which includes what risk taking behaviours young people were involved in. This issue would need to be tackled at a global level and would be beyond what we could do locally;
- (f) the number of people accessing specialist mental health services and in employment has been static at 6% and the agencies that support people with benefits claims report that there was a big need for advocacy around the review of PIPs;
- (g) the Home Treatment Team were available every day and around the clock to manage the pathways in and out of hospital. The level of support would be dependent on need;
- (h) a support service was in place to help veterans to find the services they need but this was also reliant on the person identifying themselves as a veteran.

The Committee agreed -

1. to be provided with a better understanding of the Local Transformation Plan Refresh to include the significance of the plan, what the plan was used for and data available at a Plymouth level rather than STP level.
2. to be provided with the results of the Wellbeing Survey undertaken in secondary schools to understand how risk taking behaviour is tracked and addressed at a future meeting.
3. that the Chair on behalf of the Committee write to the 3 MPs to highlight the growing issues of young people accessing and buying prescription drugs over the internet.

59. **Safer Plymouth Partnership**

Supt Craig Downham (Devon and Cornwall Police) and Matt Garrett (Head of Community Connections) were present for this item.

In response to questions raised by the Committee, it was reported that -

- (a) the re-referral rate was below 20 percent in Plymouth and these are people going through the service again after another episode of domestic abuse. The commissioned contract was looking to maximise numbers going through and accessing the service and working with providers to make sure people access the most suitable services;
- (b) so far in Plymouth have not encountered “cuckooing” which is when a vulnerable drug user being used by a person outside of the area to deal drugs from their home or to stay occasionally at their home. Working with the voluntary and community sector for any signs of cuckooing. This is currently more prevalent in Exeter and Cornwall;
- (c) Operation Greywild tackles groups or gangs of young people within the city centre. They were working closely with Plymouth City Council and partner agencies to deal with and provide support for these young people;
- (d) training was available for a range of staff including Plymouth City Council staff on child sexual exploitation and modern slavery. The Safer Plymouth Partnership has a sub group that raises awareness of and deals with Modern Slavery;
- (e) they were not aware of any issues with young people accessing prescription drugs via the internet. However, legal highs was an issue and this was being addressed;

- (f) the Rees Youth Centre was being used as a community centre and it was reported that there had been a spike in anti-social behaviour in the area;
- (g) that the teaching of British Values in schools was taken into account by Ofsted during inspections;
- (h) the reporting of hate crime was going up and this was positive, however, there were instances of under reporting for various reasons such as people feeling that they weren't being treated properly or taken seriously. They were working with partners on the importance of reporting these types of crime.

The Committee agreed -

- 1. that a briefing paper outlining youth provision across the city and how anti-social behaviour is tackled with in the city is provided to the Committee.
- 2. for a briefing paper outlining what was provided in schools around the Prevent agenda and British values.

60. **CQC Report**

Councillor Mrs Bowyer (Cabinet Member for Health and Adult Social Care), Craig McArdle (Director for Integrated Commissioning) and Anna Coles (Strategic Commissioning Manager) were present for this item and provided the Committee with a presentation. It was reported that on the whole feedback from the CQC was very positive and the next stage they would be producing an Action Plan.

The Committee agreed to:

- 1. Formally accept the CQC Plymouth Local System Review Report.
- 2. Agree to formally monitor the Action Plan and receive regular reports.

61. **Integrated Commissioning Score Card**

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.

62. **Integrated Finance Monitoring Report**

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.

63. **Work Programme**

The Committee noted the work programme.

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Progress of the health and social care strategy for Devon

28 February 2018

What today's presentation is about

1 | Recap

2 | Strategy update

3 | Finances

4 | Integrated Care Systems

5 | Your questions

1 | Recap

Last year, we spoke to you about our challenges



Population projected to rise **13%** by 2039



Older population (65+) projected to rise **45%** by 2039.
They generally require more care



1 in 3 people live with one or more long-term conditions.
Health and social care services must better support their needs



15 years' difference between life expectancy between some areas



Nursing home sector struggling to meet increasing demand
and complexity



Deficit of more than **£500m** by 2021

Our progress to date

2016/17	Responded to financial challenge by reducing costs Agreed a 5 year plan and priorities to address our case for change as a system Consulted on a new way of working in South and East Devon to support people at “home first”
2017/18	Implemented new way of working in South and East Devon Clinical recommendations as part of an acute services review Agreed new ways of working across hospital services “Mutual Support” More joined up working of partners across the system – integrated care developments
2018/19	Focus on increasing productivity and transforming care Prevention and Integrated Care
2019/20 – 20/21	Using learning to inform next steps to secure sustainability in care system Realise benefits from changes – improved outcomes

Our successes

‘Best care for Devon’: independent assessment by the Care Quality Commission highlights the great quality of our health and care services:

- **All GP Practices in Devon are rated as ‘Outstanding’ or ‘Good’**
- **86% of adult social care providers in Devon are rated as ‘Outstanding’ or ‘Good’**, compared to the national average for England of 80%

Groundbreaking hospital collaboration: all four organisations providing acute hospital services operate a ‘mutual support’ approach to benefit patients. NHS England view it as an **“exemplar of joint working”**

‘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. **Patient satisfaction with these services runs at over 90%**

Our successes (cont'd)

Integrating services to benefit patients: From a patient or service user viewpoint, they will see more joined up health and social care services that work for them

No health without mental health: Devon is leading the way with innovative mental health services, including liaison psychiatry in each A&E to ensure people get the right help, psychological therapies for people with long-term conditions, and a new mother and baby unit opening next year in Exeter to ensure women receive specialist mental health support in Devon

'Proud to Care': 100 'ambassadors' have been trained to promote careers in health and social care at every school, college, university and job centre across Devon. The **'Proud to Care' campaign** has also helped recruit more people into key care and health jobs throughout Devon

Our successes (cont'd)

Improving support for people with learning disabilities or autism in Devon: seven per cent more individuals have an annual health check than the national average. Furthermore, better access to services is reducing health inequalities for people with learning disabilities

Independent ratings show good progress: Devon has now moved from being one of three most challenged areas of the country to **one of 14 health and care systems “making real progress”**, according to NHS England

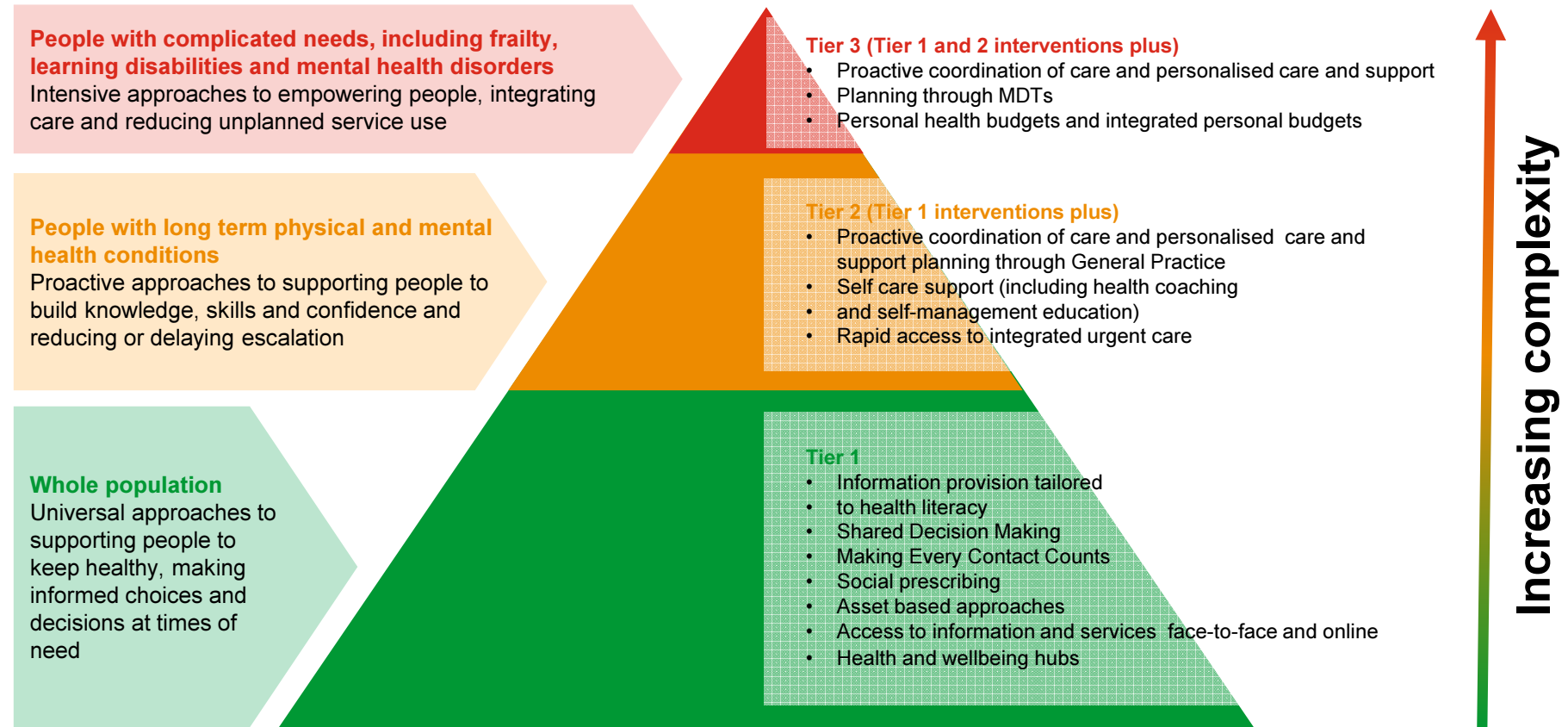
Living within our means: overspending has reduced from £229 million to £61 million over the past two years. Includes saving £25 million on agency spend.
Devon system is aiming for financial balance in 2019/20

2 | Strategy update

Our strategy: A whole population approach

Target populations and outcomes

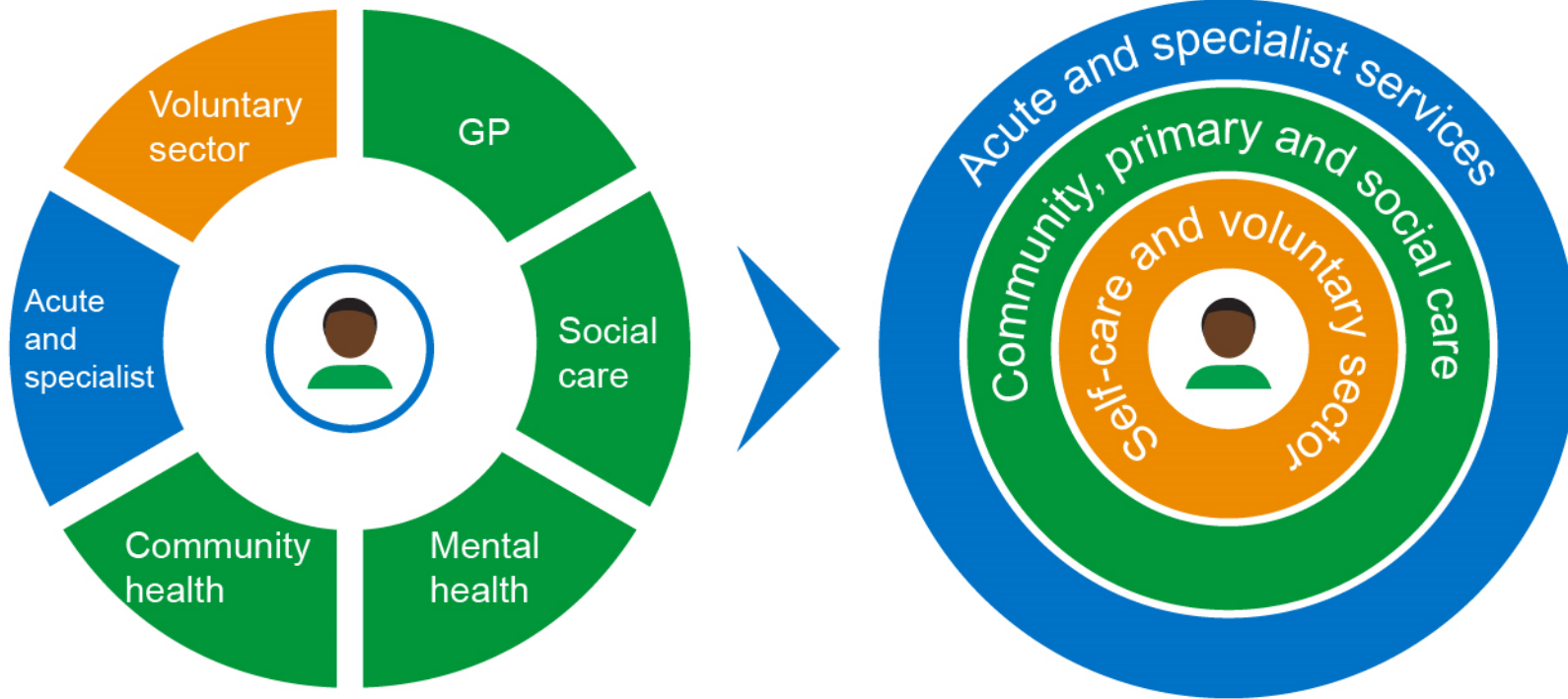
Primary interventions



How we plan to get there

Co-ordinating health and social care services around the individual, so it feels like one service

Develop integrated care systems



What will it mean for our population

Integrated local support

Better health outcomes

More care in out of hospital settings

Healthier, more resilient communities

People, places, networks of support, what matters to you, wellness



Health information advice at their fingertips delivered through digital solutions

People will become experts in managing their care needs

People who need care in a hospital bed will still be able to receive it

Plans to be designed and developed in consultation with local people

Prevention, proactive care, new models and fewer trips to hospital

Our priorities for 2018/19: Increasing productivity

Reducing unwanted variation	Using data to identify variations and where changes to practice are needed (e.g. 'Model Hospital' and 'Getting It Right First Time')
Corporate services	Reducing overall spend in 'back office', corporate functions by moving to a shared service model

Our priorities for 2018/19: Transforming care

Promoting independence	Provide help to support peoples' independence for as long as possible
Integrated care model	Focus on frailty to identify people at greater risk of ill health and giving them the care and support they need to stay independent Better support patients in care homes, to reduce hospital admissions
Ambulatory care	Providing more operations and procedures, without the need for overnight stays, improves efficiency and means we can treat more patients more quickly
Mental health	Personalised support for people with dementia and extend talking therapies support to people suffering anxiety and depression associated with a long-term condition
Estates	Review of estates and buildings to ensure we make the best use of them
Acute hospital services	Developing opportunities to work differently
Right care, Right place	Ensuring people who need care most, receive it, and needs are met in the most effective way

3 | Finances

Finances

Savings from the Devon health system (incl population of Devon, Plymouth and Torbay) of £156 million are to be delivered this year, against a target of £168 million – which represents a 93% achievement of plan

This means our forecast for 2017/18 is a deficit of £54.2 million against a planned deficit of £61.5 million – an improvement of £7.3 million in year

4 | Integrated Care Systems

Integrated Care Systems

National policy to ensure organisations, including the NHS and Local Authorities, work more closely together to provide joined-up services and improve care for populations

Not the creation of a new organisation or ‘privatisation by the back door’

Not a new concept. Integrated Care System builds on the solid progress that’s already established

NHS Constitution and Local Authority Constitution will remain at the heart of everything we do, meaning anyone can receive high-quality NHS care, free at the point of access, whenever they need it

Integration – Making it happen

Integration workshop for the Devon Health and Wellbeing Board held on Thursday 14 December 2017

Participants included members of the Board, NHS chief executives and Devon STP representatives

- Good progress on integration
- Common understanding on local variation and gaps in capacity and resources
- Good understanding on challenges and benefits of integration
- Good capability to deliver integration
- Willingness to put public needs first

Next steps: agree governance, assurance and increase knowledge of local needs

5 | Your questions

STP Enclosure Cover Sheet

Document	STP WORKFORCE AND ORGANISATIONAL DEVELOPMENT WORKSTREAM UPDATE
Author(s)	Piers Tetley - STP Director of HR and OD
Date	11 th April 2018
Meeting	Plymouth City Council Overview and Scrutiny Committee

Purpose	To provide an update on the Workforce and Organisational Development workstream.
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Background	<p>The Devon STP has a clear goal to meet the increasing health and care needs of the population while ensuring services are sustainable and affordable. The Workforce and Organisational Development workstream is one of five enabling workstreams supporting the Devon STP change programmes.</p> <p>The workstream is already working on areas identified in the 2017 Care Quality Commission Plymouth Local System Report. These areas are either specifically supporting the Plymouth locality or are representative across the wider Devon system.</p> <p>This report provides an update on the workstream progress, successes and the current key areas of focus with a specific alignment to the 2017 Care Quality Commission Plymouth Local Systems Report.</p>
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Recommendations	1) To note the contents of the report.
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Outcome sought	To improve visibility and understanding of the STP Workforce and Organisational Development workstream and the work focussed in Plymouth.
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The NHS in Devon understands its need to meet all relevant statutory obligations when undertaking a change programme and nothing in this report should be taken to commit the NHS to a particular decision without proper consideration of those obligations

1. BACKGROUND

- 1.1. The Devon STP has a clear goal to meet the increasing health and care needs of the population while ensuring services are sustainable and affordable. The Devon STP has seven priorities:
1. Prevention and promoting health
 2. Integrated models of care
 3. Primary care
 4. Mental health and learning disability
 5. Acute hospital and specialist services
 6. Productivity
 7. Children and families
- 1.2. The Workforce and Organisational Development workstream is one of the five enabling workstreams supporting the programmes of change focused on the seven STP priorities.
- 1.3. Workforce currently presents one of the biggest challenges facing the Health and Care System in Devon. There are widely recognised constraints in workforce supply across all sectors in the system with evident gaps already impacting the ability of providers both locally and nationally to recruit to roles in specific professions, particularly within the required sub-speciality areas.
- 1.4. At the same time, the profile of the local workforce suggests significant numbers of senior clinical staff can retire over the next five years, making it increasingly important that system partners are able to retain clinical staff both at an earlier point in their career and through retire and return options.
- 1.5. The need for effective system and local level workforce planning, resourcing and development is therefore paramount and needs to be integral to the agenda of the STP and emerging Local Care Partnerships alongside the management of change to organisational and system structure and configuration, performance and productivity.
- 1.6. To maintain focus and direction the STP Workforce and Organisational Development workstream has a number of key priorities. These priorities are:
- STP workforce strategy development
 - Reducing nursing & medical agency spend
 - Improve and secure short term workforce supply
 - Ensure long term workforce supply
 - Proactively lead Health Education England and Education provider commissioning
 - System leadership capability (particularly at Executive Team level)
 - Collaborative working and behaviours across all STP partner organisations
 - Translating the STP vision into practical action (to engage staff in creating a shared purpose for Devon)
 - System Ways of Working (shifting cultural and behavioural norms)
 - Effective and Efficient Organisational Systems and Processes (as part of the clinical and non-clinical service redesign work with Acute Services Review and New Models of Care)
 - OD Support to prioritised STP Work Streams (across the 7 priorities)

1.7. This report provides an update on the workstream progress, successes and the current key areas of focus with a specific alignment to the 2017 Care Quality Commission Plymouth Local Systems Report.

2. **SUPPORTING THE FINDINGS OF THE 2017 CARE QUALITY COMMISSION PLYMOUTH LOCAL SYSTEM REPORT**

2.1. The Care Quality Commission (CQC) undertook a review of the local Plymouth system in December 2017. The report identified the following key areas of workforce and organisational development for improvement.

2.2. **Areas for improvement: organisational development**

2.2.1. The CQC review identified the following areas for improvement that relate to the business discipline of organisational development:

a. As the system moves towards further integration, work needs to be undertaken to ensure that staff are fully engaged, on board from the outset and led by a collaborative leadership.

b. Organisational development work needs to be undertaken to break down any organisational barriers, strengthen relationships, improve communication and ensure there is a shared understanding among staff of their role in achieving the strategic vision at an operational level.

2.2.2. The Workforce and Organisational Development workstream is currently focused on delivering the following that will support the above areas for improvement.

Talent Management

2.2.3. With funding received from South West Leadership Academy to develop a system wide Talent Management database which will support the development of local high performing talent through Systems Leadership. This will also support system level succession planning.

Systems Leadership

2.2.4. With funding received from South West Leadership Academy to develop a system wide Leadership Programme using a blended learning approach to include Group Coaching and simulation as well as a commitment from learners to mentor others in order to develop system skills, knowledge and behaviours.

OD & Leadership

2.2.5. Sharing OD capacity and capability across the system in order to provide collaborative learning opportunities and drive efficiency through a system delivery approach.

System Leadership Conference

2.2.6. To encourage and cultivate collaborative working and behaviours the Programme Delivery Executive Group (PDEG) has approved a proposal for establishing an STP leadership conference, which would be a quarterly and involving the senior leadership teams of each organisation across the system. The plan will be to have the first conference in May/June this year.

2.3. Area for improvement: primary care

2.3.1. The CQC review identified the following areas for improvement that relate to primary care: *Due to the fragile primary care situation, the system needs to work with NHS England at pace to avoid the sustainability of the wider system improvement being put at risk.*

2.3.2. A plan for primary care in the Plymouth area is being developed by NHS England, NEW Devon CCG and Plymouth City Council. The aim is to sustain and develop GP services across the city, with the emphasis on integration and collaboration, technology, premises, and making the city an attractive place in which to live and work

2.3.3. The Workforce and Organisational Development workstream is currently supporting the following areas that will assist primary care within the Plymouth locality:

- Department of Health international GP recruitment campaign is being supported by the STP workforce team through providing expert advice and guidance. 12 posts will be allocated to Plymouth, recently announced by Simon Stevens in the first year of the programme.
 - NHS England and NEW Devon CCG are planning campaigns to attract more GPs to Devon and Cornwall and will include specific measures to encourage GPs to choose Plymouth and make it easier for them return to work. The STP workforce and OD team is supporting this work.
 - NHSE are working on a programme to fast track GP returners back into the workplace through making it easier to get onto the performers list and back into General Practice.
 - Health Education England funding of £190k has been secured to support for 2017/18 financial year three Primary Care projects;
 - Create a web presence that promotes the south west, the pharmacy provision within it and the new models that are being developed.
 - To improve primary medical and community pharmacy workforce commencing with the priority area of Plymouth. Western Primary Care Partnership taking ownership of the Western primary care improvement plan Workforce. Programme manager in post until end June 2018 (CCG/PCC funded). This will enable grip and traction of the programme. STP wide primary care workforce plan drafted November 2017 to include the HEE funded activity.
 - Develop a model of community pharmacy clinical service hubs which is integrated into primary care to support general practice resilience.
- Bids for further HEE funding in 2018/19 financial year are being planned.
- Ensuring that the Primary Care Workforce Strategy is part of the system wide Integrated Care System Workforce Strategy.
 - Leadership links established between the Primary Care Programme and Workforce and Organisational Development workstream to ensure Plymouth benefits from all wider STP workforce work programmes.

2.3.4. NHSE has also announced that they will be allocating additional funding to fund 12 GP trainee places in 2018 as part of their targeted enhanced recruitment scheme for Plymouth.

2.3.5. In addition to the support provided above, the STP Primary Care programme is currently actively working on increasing its available staff capacity and reviewing the deployment of resources to support priority activities.

2.4. Area for improvement: workforce strategy

2.4.1. The CQC review identified the following areas for improvement that relate to the development of workforce strategy:

System leaders should develop a coherent workforce strategy for Plymouth

2.4.2. The STP Workforce and Organisational Development workstream is currently developing the Integrated Care System Workforce Strategy. This strategy will be closely linked to the wider STP Strategy 'Patients to People' and national HEE workforce strategy which is also currently in draft.

2.4.3. The Strategy will refresh the previous interim STP workforce strategy and build upon the knowledge that has been gained across the system with regard to the workforce opportunities and challenges that exist in delivering new models of care and system architecture.

2.4.4. The strategy will be a system level strategy identifying the future workforce direction and requirements. The strategy will articulate the current and future system position with regard to; short and long term workforce supply including attraction, recruitment, retention and exit; creating a stable sustainable workforce that has the ability to work adapt and work flexibly across the system; training and development; development of new types of roles including strategic implementation of the apprenticeship levy. It will be informed through system level workforce metrics that have been obtained through HEE and the National Minimum Data Set (NMDS) for social care.

2.4.5. To ensure that the strategy will be representative of system needs it will be developed with the engagement of key stakeholders. Engagement with key stakeholders will commence in mid-April.

2.4.6. The development of this system level strategy for Devon will provide direction for a more detailed plan relating to the Plymouth area.

2.4.7. The Academic Health Science Network has also been commissioned to develop a Primary Care Strategy for the south west.

2.4.8. In addition within the Western system work is commencing on creating a single local integrated workforce plan which will be linked to the wider STP workforce strategy and will focus on the areas which are particular to the Western locality and Plymouth. To take this forward a working group has been established with representatives covering Primary Care, Residential and Domiciliary Care, Voluntary and Community Sectors, Plymouth Hospital Trust, Livewell Southwest, Community Pharmacy and NEW Devon CCG and Plymouth City Council. The first meeting is scheduled for April and progress will be reported back to the shadow Local Care Partnership and Overview and Scrutiny Panel.

3. IMPROVING SHORT TERM WORKFORCE SUPPLY

3.1. Devon faces significant challenges with workforce supply which includes attraction, recruitment and retention to work within the Devon health and social care system, in order to begin addressing these issues we have:

- Provided an early focus on domiciliary care to support community proposals as part of 'Your Future Care' plans.
- Developed a Proud to Care Devon website which showcases career pathways, job vacancies and filmed case studies of community roles to promote careers in the sector. There are now 100 Proud to Care Ambassadors recruited and trained to promote the industry.

- Integrated health and social care apprenticeships were launched at Northern Devon Healthcare Trust and Torbay & South Devon NHS Foundation Trust with apprentices enjoying rotational placements in both health and social care settings.
- A system wide vacancy management process has been introduced
- A system wide redeployment process has been created and signed up to by all unions
- Workforce data on recruitment activity has been collated and analysed at a system level to identify hard to fill roles and target resources to improve
- We are exploring rotations of unregistered workforce between Trusts and domiciliary care settings to improve retention and improve integration
- Devoping passports for qualified staff for mandatory and essential training to enable greater movement of resource around the system

3.2. The latest activity in this area of work includes:

- A Retention Strategy and Plan are being prepared, following a major piece of research into the retention of community-based personal care workers. The research was commissioned by DCC and RD&E, in partnership with Living Well At Home providers.
- Following the participation of the STP Resourcing Group in Skills for Care's pilot of Integrated Health and Social Care Ambassadors, Ambassadors from Devon have been invited to London in May 2018 to make a film on the success of the pilot to be used nationwide.

4. HEE FUNDING

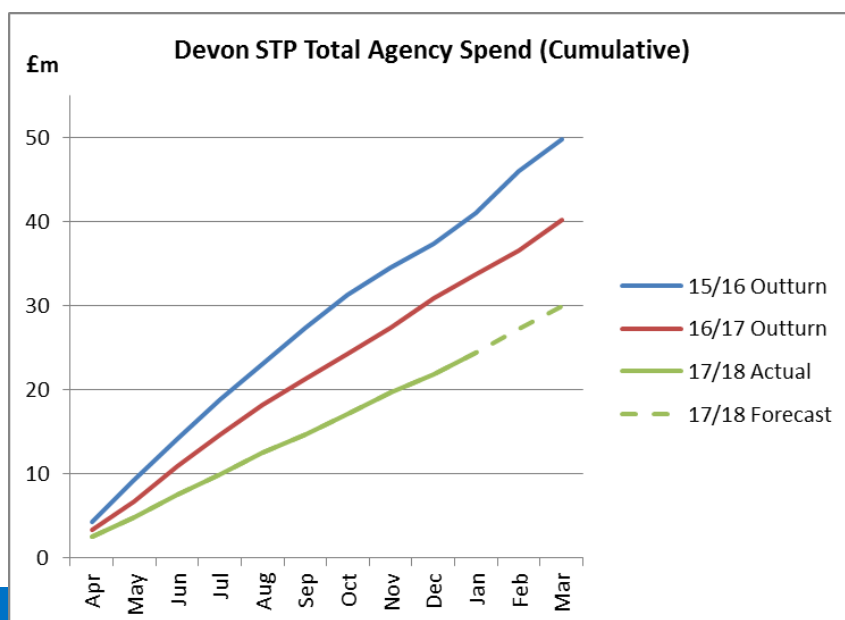
4.1. The Devon STP was successful in attracting funding of £851,000 from Health Education England for workforce transformation in 2017/18. The funding is being used to support eleven areas of development. The eleven areas and current progress are provided in Appendix 1.

4.2. The workforce strategy and OD groups are starting to formulate outlines for bids for future funding so that we can focus resources on the priorities identified by system partners and as outcomes from STP programmes of work.

5. REDUCTION IN AGENCY SPEND

5.1. There has been significant success achieved over the last 2 years of focus in agency spend reductions, reducing overall spend since 2015/16 by around £20 million, see performance Chart 1.

Chart 1: Devon STP agency spend 2015/16 to 2017/18 (forecast)



	M10 YTD	FY Actual/ Forecast at M10
	£m	£m
2015/16	41.0	49.8
2016/17	33.7	40.2
2017/18	24.5	29.9

- 5.1.1. Of the 75 Nursing Agencies utilised at the end of 2014/15, only 30 were on approved 'frameworks', with off-framework activity accounting for 61% of expenditure and 54% of contracted hours committed. The number of agencies has been reduced from c75 to 25 with off framework use restricted to one agency and which accounts for less than 4.5% of the total spend.
- 5.1.2. Reporting is more transparent with the ability to monitor performance at a system level and demand has reduced. Knowledge and expertise has increased across the organisations both within Procurement, HR and within the service areas and across all staff groups
- 5.1.3. The programme continues to be focussed on further rate reduction from agencies, increasing the use of and availability of workers on our internal nursing banks and we have created a tiering process for medical agency usage. We are also pursuing the use of a specialist recruitment agency to support the system with hard to fill roles.
- 5.1.4. A bigger emphasis on the current usage of medical agency, usage of National framework providers and benefiting more from their influence and strategies to challenge suppliers ensuring they follow national contracts.
- 5.1.5. Progressing combined banks and potential IT solutions.
- 5.1.6. There remains a strong commitment to continue on the journey working collaboratively to realise further efficiencies, financial savings and reduce reliance on agency usage
- 5.1.7. The programme is also working with colleagues from local authorities to learn from success they have had within the social worker agency market.

6. WIDER PROGRAMME OVERVIEW

- 6.1. Other key workstream activity includes:
 - establish a reliable workforce data provision to support evidenced based decision making and the development of a Workforce and Organisational Development Strategy
 - provide support in controlling medical vacancy management
 - support the Corporate Services Review
- 6.2. **Workforce data**
 - 6.2.1. Workforce data has a fundamental role in supporting workforce transformation. It is required to:
 - inform the development and monitoring of workforce and organisational development strategy
 - inform service delivery reviews in the design of new ways of working
 - identify current and future operational risks
 - support workforce planning

- 6.2.2. High level organisational data is currently compiled through the NHSI monthly workforce returns and is displayed through a performance dashboard, developed in-house, to provide both system and organisational level performance.
- 6.2.3. GP workforce and practice data is also being collected through NHSE and this is now available for analysis. There are some concerns about data quality however the current base line provides a starting point upon which we can build.
- 6.2.4. The next steps are to continue to establish consistent and reliable sources of system level data that is readily accessible. Additional analyst support has been secured from the NEW Devon CCG Business Intelligence team and conversations are ongoing with HEE on their ability to provide an accessible data source that is ready for analysis.

6.3. **Medical vacancy management**

- 6.3.1. An early phase of the Workforce workstream introduced a medical vacancy management process. This process provided the Medical Directors with vacancy details to enable consideration as to whether the vacant posts should be filled on a like for like basis, the vacancy held or take an opportunity for changing the requirements of the vacant post. The process is currently being reviewed with the Medical Directors to determine how it has been operating and whether it has been meeting expectations.

7. **RECOMMENDATION**

To note the contents of the report.

Appendix 1: Summary of 2017/18 HEE funding activity and progress as of Q3 2017/18.

Ref	STP Priority	Title	Bid description	Progress (RAG)
1	Mental Health	Mental Health	To support Mental Health workforce transformation, particularly in skilling staff with the competencies required to deliver new evidence based pathways of care.	
2	Primary care	Pharmacy recruitment portal	Create a web presence that promotes the south west, the pharmacy provision within it and the new models that are being developed	
3	Integrated Local Care	Hospices Train the Trainer	Advanced Communication Skills - Train the Trainer	
4	Primary care	Pharmacy Resourcing and OD	To improve primary medical and community pharmacy workforce commencing with the priority area of Plymouth	
5	Acute hospital & specialised servs.	Physician Associate	Training of additional 20 Physician Associates to replace junior doctor gaps	
6	Acute hospital & specialised servs.	ANNP	Training to establish an additional 17 ANNP	
7	Integrated Local Care	Care Homes Upskilling -	To introduce a management development programme to support care and nursing homes. To introduce a Care Certificate Plus to deliver additional skills to adult social care workers within the community to support unnecessary hospital admittance and support discharge.	
8	Primary care	Pharmacy Training	Develop a model of community pharmacy clinical service hubs which is integrated into the primary care to support general practice resilience.	
9	Integrated Local Care	Common Competencies	Critical competencies identified to support of new models of working	
10	Integrated Local Care	Health and Social Care marketing - resourcing	Collaborative strategic recruitment and retention of staff in the roles required to provide future models of care. Raising the profile of career in care and health in Devon, using high quality multi-media campaign to attract and retain staff	
11	Prevention and early intervention	MECC	MECC Implementation across Wider Devon	



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School Standards Report

Wellbeing Overview Scrutiny, 11 April 2018



Introduction:

The educational estate of the city has undergone significant change since 2010 both in terms of the way it is structured, and in terms of who is responsible for overseeing the performance of schools and settings and subsequently intervening to secure improvement. The majority of schools are now either part of a multi academy trust (MAT) or are stand-alone academies. The percentage of schools that remain under Local Authority control is approximately 25%. The city has, in effect, a 'dual' system of education constituting: a) maintained schools, b) academies.

Consequently, the role of the Local Authority (LA) in relation to school standards and pupil achievement has changed considerably. Government legislation effectively removes the responsibility from the LA to monitor, challenge, support and intervene in schools in terms of school improvement and attainment for academies and academy trusts. The responsibility has now passed to the Regional Schools Commissioner who currently undertakes this function in relation to academies (including Free and Studio Schools and University Technical Colleges and MATs). The LA maintains a responsibility for monitoring and supporting maintained schools.

The LA's role as champion for all children and young people continues as does the duty to promote the best outcomes for school leavers, safeguard children and young people (including Prevent and extremism), place, shape and provide for Special Educational Need and Disability (SEND).

Given the aforementioned changes, a need to bring coherence to this new system is recognised. The LA is proactive in establishing a partnership with a number of stakeholders that identifies clear lines of accountability for all schools as well as clearly pinpointing who will challenge and support all schools and how such interventions will take place. This partnership is manifest in the establishment of the Plymouth Education Board which has a clear remit to establish citywide priorities and oversee collective efforts to meet the priorities, reporting back to both the City Council and the Regional Schools Commissioner on a regular basis.

This report is structured by key stage and contains a summary of school performance across the city.

Headlines for 2018 (2017 data):

Teacher assessment, test and examination results show a mixed picture in the authority. The proportion of children reaching the expected standard by the end of Reception Year shows a rise on 2016 and continues a rising trend begun in 2013. The percentage of pupils passing the test in phonics remains the same as in 2016. By the end of KSI results in reading, writing and maths show an improvement when compared to 2016. However, children and pupils eligible for free school meals continue to attain less well than children and pupils not receiving free school meals; and girls' attainment is higher than boys.

Whilst results in Early Years and KSI show improvement over time, they remain below national averages and our performance does not compare favourably with our statistical and regional neighbours.

At KS2, the proportion of pupils achieving the expected standards in reading, writing and maths show an improvement on the figure for 2016. This is true for the key subjects combined, and for the individual subjects of reading, writing, maths and grammar, punctuation and spelling. Disadvantaged pupils attain less well than non-disadvantaged pupil and girls' attainment overall, is higher than boys.

Attainment at the end of primary school in the key subjects combined is below the national average. This is also the case for individual subjects of reading, writing, maths and grammar, punctuation and spelling. In terms of progress, pupils in general make at least the same amount of progress between KS1 and KS2 as that made by similar pupils nationally.

Our performance compared to our statistical and regional neighbours varies significantly depending upon the measures used. Performance appears more favourable when we make comparisons concerning attainment in maths and grammar, punctuation and spelling, and less favourable when comparing standards in reading.

By the end of KS4 pupils attain at a level that is below national averages. In terms of attainment, comparisons with 2016 are not meaningful as the methodology used to calculate key measures has changed. In terms of overall progress, pupils make less progress than similar pupils nationally.

With regards to Post 16 performance results show an improvement on the performance of 2016. However, and despite there being a number of performance measures, results are, in general, below national averages.

More detailed analysis (figures have been rounded to whole percentages where appropriate):

Early Years Foundation Stage (EYFS)

(Teacher assessment of five year olds published at the end of Reception Year).

- 1.1 The percentage of 5 year olds reaching a 'Good Level of Development' (GLD – having the essential skills, knowledge and understanding to be ready for starting the National Curriculum increased by 2% on last year.
- 1.2 Plymouth's result is 5% below the national average. Last year Plymouth's results below the national average by 5% and therefore, the gap in attainment has not narrowed.
- 1.3 The percentage of girls reaching a 'Good Level of Development' is 74%. This is 15% higher than the figure for boys.
- 1.4 Children eligible for free school meals (FSM) attain less well than those who do not qualify for free school meals. In 2017 the difference was 18% in terms of the percentage achieving a 'Good Level of development'. This is just above the national figure but represents a 1% rise on the figure for Plymouth in 2016.

Key Stage 1

(Year 1 Phonics Reading Test and Teacher Assessment of 7 year olds, reported at the end of the infant stage).

- 2.1 The Year 1 Phonics Test measures the ability of 6 year olds to decode text using phonic knowledge. In 2017 the percentage of pupils reaching the necessary standard remained at 80%. This mirrors the result for 2016 and therefore there is no increase in the result. The figure of 80% is just below the national figure of 81%.
- 2.2 The percentage of girls reaching the required standard in Phonics is 85% and for boys it is 76%. Both results represent an improvement on the position in 2016. Girls' attainment is broadly in line with the national average whereas boy's attainment is below the national average.
- 2.3 All other KS1 results covering reading, writing and maths improved by between 2% and 3% when compared to 2016. However, results are below the corresponding national results and the gaps in attainment equal 3% in each subject.

2.4 Girls attainment is generally higher than boys and this is true for reading, writing and maths. Compared to 2016 the gaps in attainment in reading and writing have stayed the same or increased. In maths in 2016 boys attainment was higher than girls. In 2017 this position was reversed.

2.5 Pupils eligible for FSM attained less well than Non – FSM pupils. Again this is the case for reading, writing and maths. Compared to 2016 gaps in attainment between FSM and Non - FSM pupils has grown in all three subjects.

2.6 In terms of greater depth (working at a level above national expectations), the proportion of pupils achieving this level showed no increase for reading and maths when compared to 2016 but an increase of 1%. Results in all three subjects are below national averages.

Key Stage 2

(Statutory marked assessments of 11 year olds mainly reported at the end of the junior phase)

3.1. The results for the expected standards in reading, writing and maths combined, increased by 6% on the figure for 2016 and now stands at 60%. This is 2% below the national figure for 2017.

3.2. With regards to individual subjects, there was a 3% improvement in the percentage of pupils achieving the expected standard in reading compared to 2016. In writing, the percentage of pupils reaching the required standard increased by 2%, in maths it increased by 4% and in spelling, punctuation and grammar it increased by 4%. In all subjects the results are below national averages.

3.3. Overall, the proportion of girls reaching the required standard (combined) is greater than boys. Compared with 2016 the gap between girls and boys attainment has narrowed. Girls' attainment is higher in all individual subjects. Such a situation generally mirrors the national picture.

3.4. Disadvantaged pupils attain less well than non - disadvantaged pupils. For reading writing and maths combined, the gap in attainment is 19%. This represents an increase of 4% on 2016. The national gap in 2017 is 20% and has narrowed compared to 2016.

3.5. The percentage of pupils attaining at a high level is 7% (reading, writing and maths combined). This represents an increase of 2% on the figure for 2016. The figure of 7% is 2% below the national figure.

3.6. The progress made by pupils between KS1 and KS2 in reading, writing and maths is 0.0, 0.0 and 0.3 respectively. This means that pupils overall, made the same amount of progress as similar pupils nationally in reading and writing but better progress in maths when compared to similar pupils nationally. In 2016, pupils made better progress than similar pupils nationally in all three subjects.

Key Stage 4

(Statutory external tests taken by pupils at the end of Year 11 – 15/16 Year olds)

4.1. The average Attainment 8 score for pupils across the city as a whole is 44.5 points. This is below a national average of 46.3 points.

4.2. The percentage of pupils achieving a pass grade in GCSE English and maths (grade 4 or above) is 59%. This is approximately 5% below the national average.

4.3. The percentage of pupils achieving a pass grade in GCSE English and maths (grade 5 or above) is 38%. This is 5% below the national average.

4.4. Overall, girls attain at a higher level than boys. However, attainment of both boys and girls is lower than boys and girls nationally.

4.5. Disadvantaged pupils attain less well than non-disadvantaged pupils. For Attainment 8 score, a gap in attainment of 14pts exist. The national gap is 13pts.

4.6. The progress made during secondary school is -0.3. This means that on average the progress made by pupils is less than that made by similar pupils nationally. The gap in progress made between our pupils and similar pupils nationally has grown since 2016.

Key Stage 5.

5.1. The average points per entry for A Level is 29.95pts. This represents an increase on 2016, but it is below the national average of 31.45pts.

5.2. The average points score per entry for Tech Level Students is 34.08pts. This represents an increase on 2016 but is below the national average of 38.47pts.

5.3 The average points score per entry for all L3 qualifications is 31.05pts. This represents an increase on 2016 but is below the national average of 32.88pts.

5.4. The percentage of students achieving at least 2 'A' Levels (A*-E) is 67%. This is below the national average of 74%.

5.5. The percentage of students achieving AAB or better at 'A' Level is 17.1%. This represents an increase on 2016 but is below the national average of 21%.

5.6. Girls attainment is higher than boys in terms of average point scores per entry at Level 3. Girls attained 31.93pts and boys attained 29.95pts.

5.7. The percentage of students staying in education or employment for at least two terms after the end of KS4 is 96%. This is above the national average of 94% (2015 cohort).

Below floor standards and schools in danger of being classified as 'coasting'.

The floor standards are the minimum standards set by the government for schools and academies. Should a school fall below the floor standard there is an expectation that a rigorous plan for improvement is formulated and implemented as soon as is possible. Floor standards do not apply to infant schools, special schools, independent schools, hospital schools, alternative provision or pupil referral units.

The criteria for judging a primary school to be below the floor standards is where fewer than 65% of pupils meet the expected standard in reading, writing and maths combined, or if it fails to make sufficient progress in all three subjects. The measures for sufficient progress are: -5 in reading, -5 in writing and -7 in maths.

For secondary schools, a school is judged to be below the floor standard if its overall Progress 8 score is below -0.5 (and the upper band of its 95% confidence interval is below zero).

6.1. We have one primary school that is below floor standards. In 2016 there were two primary schools who failed to meet the floor standards.

6.2. We have seven secondary schools that are below floor standards. In 2016 there were two secondary schools who failed to meet the floor standard.

'Coasting schools' are those schools which have year on year failed to push every pupil to reach their full potential. The government considers a school's performance over three years to decide who is performing below a reasonable level of attainment and progress.

The criteria for a coasting primary school is:

- in 2015, fewer than 85% of pupils achieved level 4 in English reading, English writing and mathematics and below the national median percentage of pupils achieved expected progress in all of English reading, English writing and mathematics, and

- in 2016, fewer than 85% of pupils achieved the expected standard at the end of primary schools and average progress made by pupils was less than -2.5 in English reading, -2.5 in mathematics or -3.5 in English writing, and
- in 2017, fewer than 85% of pupils achieved the expected standard at the end of primary schools and average progress made by pupils was less than -2.5 in English reading, -2.5 in mathematics or -3.5 in English writing.

In secondary schools a school is judged to be coasting if it meets the following criteria:

- in 2015, fewer than 60% of pupils achieved 5 A*-C at GCSE (including English and maths) and less than the national median achieved expected progress in English and in maths and
- in 2016, the school's Progress 8 score was below -0.25 and
- in 2017, the school's Progress 8 score was below -0.25.

6.3. We have no primary schools that are judged to be coasting schools. In 2016, there were two primary schools judged to be coasting schools.

6.4 We have three secondary schools judged to be coasting. In 2016 there was one secondary school judged to be coasting.

Ofsted

The most up to date figures show:

7.1. Across all our schools, 14% are judged as outstanding, 68% as good, 12% as requiring improvement and 6% as inadequate. The national average for all schools being good or better is 81%.

7.2. In early years settings, 17% are judged to be outstanding, 79% as good, 2% as requiring improvement and 1% as inadequate. The national average for good or better settings is 93%.

7.3. In primary schools, 15% are judged to be outstanding, 68% as good, 15% as requiring improvement and 3% as inadequate. The national average for good or better schools is 90%

7.4. In secondary schools, 12% are judged as outstanding, 53% as good, 12% as requiring improvement and 24% as inadequate. The national average for good or better schools is 80%.

7.5 We have four secondary schools that are judged to be inadequate by Ofsted.

Appendix I is the City of Plymouth data summary covering all key stages and illustrating data from 2017 and 2016.

PLYMOUTH EDUCATION BOARD

Plymouth City Council has established an Education Board consisting of a number of partners from the entire educational landscape, including the Department for Education, regional Teaching School representatives and elected Members.

Educational improvement is a key priority for Plymouth City Council as the need to maximise the life chances of the city's young people is of paramount importance.

KEY PURPOSE OF THE BOARD

To improve the educational outcomes in all schools by bringing key parts of the school improvement system together to address key issues.

More specifically, the Board will:

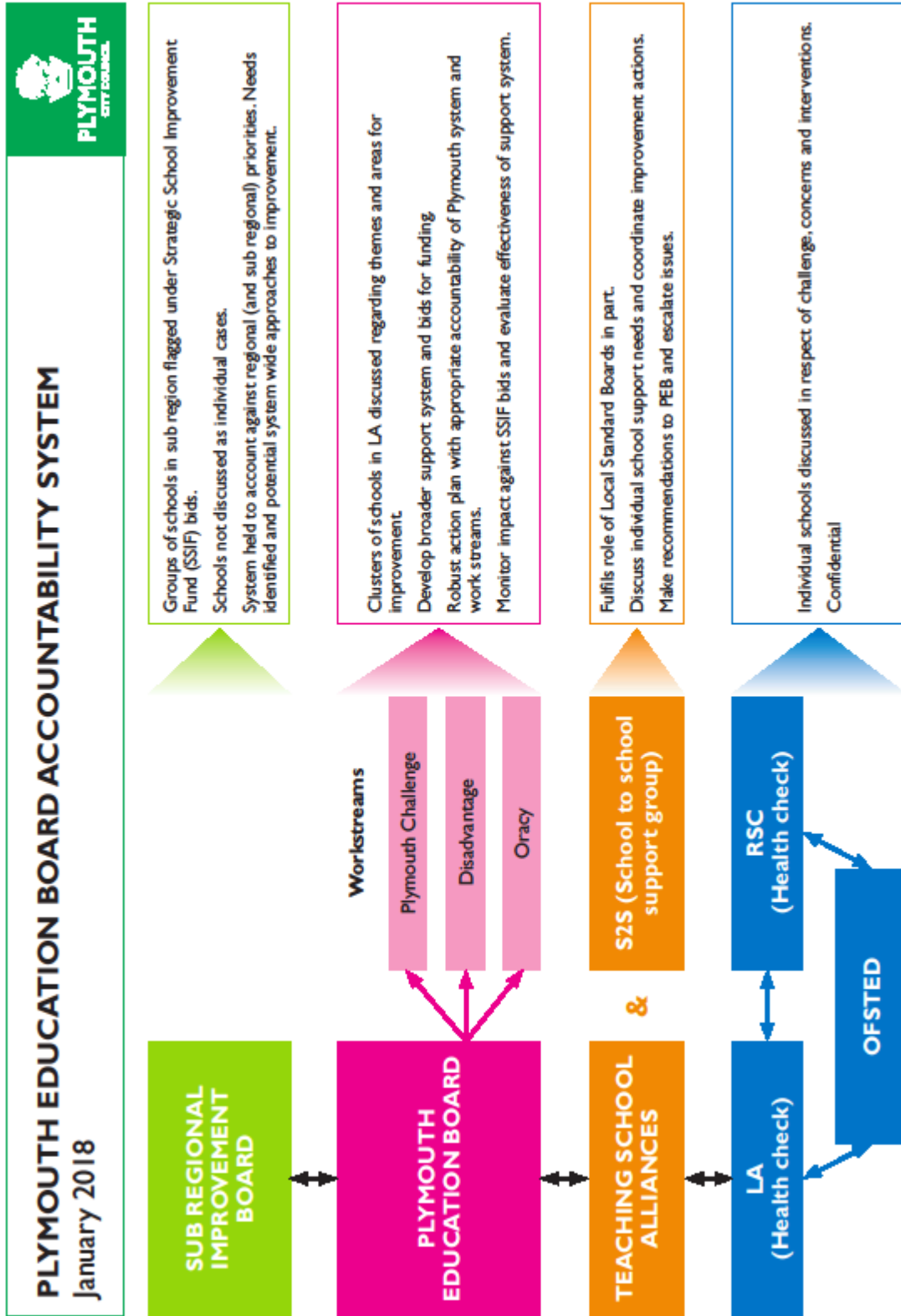
- Determine the overall strategy for school improvement and promote this to schools.
- Review the performance data and other 'outcomes based evidence' relating to the progress of schools individually and collectively.

- Set school improvement priorities for Plymouth as a whole.
- Commission, broker and signpost school improvement support.
- Encourage and sustain robust professional challenge and support between schools/Multi Academy Trusts.
- Communicate Plymouth’s school improvement offer.
- Use intelligence to advise and guide on the future system planning.
- Ensure that no schools are left out.
- Evaluate the impact of support.
- Provide up to date information to the Sub-Regional School Improvement Board.

KEY PRIORITIES FOR 2017/18 – 2018/19

1. **Increase levels of attainment** - by overseeing strategies and rates of progress with a particular focus on narrowing the gap in attainment between non-disadvantaged and disadvantaged children and pupils.
2. **Increase levels of literacy and language through the Oracy Project** – by continuing to provide advice and support around implementation and activity.
3. **Improve attainment and progress at KS4 through the Plymouth Challenge** - by supporting the creation, development and implementation activity.
4. **Secure funding from the Strategic School Improvement Fund** - by supporting bids which will facilitate improvements in attainment.

See below the Plymouth Education Board Accountability System diagram.



Appendix I

Achievement criteria	Changes from 2016						Percentage difference between LA and National 2017	Notes	NtG LA v Nat *
	Plymouth			National					
	2016	2017	Variance	2016	2017	Variance			
Early Years EYFS Cohort: All - 3177 Boys - 1636 Girls - 1541									
% children achieving GLD	64	66	2	69	71	2	-5		0
FSM / Non-FSM Achievement Gap (GLD)	-17	-18	-1	-18	-17	1	-1		-2
Key Stage 1 Phonics Cohort: All - 3121 Boys - 1607 Girls - 1514 / KS1 Cohort: All - 3023 Boys - 1536 Girls - 14287									
Y1 Phonics test	80	80	0	81	81	0	-1		0
Yr1 Phonics FSM / Non-FSM Achievement Gap	-10	-17	-7	-14	-15	-1	-2		-6
Reading %>=EXS	71	73	2	74	76	2	-3		0
Reading %>=GDS	19	19	0	24	25	1	-6		-1
Writing %>=EXS	62	65	3	65	68	3	-3		0
Writing %>=GDS	11	12	1	13	16	3	-4		-2
Mathematics %>=EXS	69	72	3	73	75	2	-3		1
Mathematics %>=GDS	15	15	0	18	21	3	-6		-3
Key Stage 2 KS2 Cohort: All - 2723 Boys - 1387 Girls - 1336									
Reading %Exp+	67	70	3	66	72	6	-2		-3
Reading %High	19	22	3	19	25	6	-3	High score = 110 or above	-3
Writing TA %Exp+	73	75	2	74	77	3	-2		-1
Writing TA %Working in Greater Depth	12	14	2	15	18	3	-4		-1
Mathematics %Exp+	69	73	4	70	75	5	-2		-1
Mathematics %High	15	20	5	17	23	6	-3	High score = 110 or above	-1
Grammar and punctuation and spelling %Exp+	72	76	4	73	78	5	-2		-1
Grammar and punctuation and spelling %High	21	29	8	23	31	8	-2	High score = 110 or above	0
RWM %Exp+	54	60	6	54	62	8	-2		-2
RWM %High	5	7	2	5	9	4	-2	High score = 110 or above	-2
Average Pupil Scaled score for Reading	103	104	1	103	104	1	0		0
Average Pupil Scaled score for Maths	103	104	1	103	104	1	0		0
Average Pupil Scaled score for GPS	104	106	2	104	106	2	0		0
Average Progress Score for Reading	0.6	0.0	-0.6	0	0	0	0		-0.6
Average Progress Score for Writing	0.1	0.0	-0.1	0	0	0	0		-0.1
Average Progress Score for Maths	0.4	0.3	-0.1	0	0	0	0.3		-0.1
FSM / non-FSM achievement gap (RWM %Exp+)	-15	-21	-6	-21	-22	-1	1		-5
Disadvantaged / non Disadvantaged gap (RWM %Exp+)	-15	-19	-4	-22	-20	2	1	Any LAC learners or those who have FSM in any census from Yr1-Y6	-6
SEN / non-SEN achievement gap (RWM %Exp+)	-57	-60	-3	-55	-63	-8	3	Learners with a statement of SEN.	5
Key Stage 4 KS4 Cohort: All - 2515 Boys - 1278 Girls - 1237									
Attainment 8	48.4	44.5	-3.9	50.1	46.3	-3.8	-1.8		-0.1
Progress 8	-0.14	-0.30	-0.16	-0.03	-0.03	0	-0.27		-0.16
Pupils achieving threshold measure (C+ in English & Maths)	58.0			63.3					
Pupils achieving threshold measure (9-5 in English & Maths)		38.1			42.6		-4.5		
Pupils achieving threshold measure (9-4 in English & Maths)		58.9			64.2		-5.3		
Progress 8 score in English from KS2	-0.21	-0.31	-0.1	-0.04	-0.04	0	-0.27		-0.1
Progress 8 score in maths from KS2	-0.10	-0.26	-0.16	-0.02	-0.02	0	-0.24		-0.16
Achieved English Baccalaureate	21.0			24.8					
Achieved English Baccalaureate (9-5 in En & Ma)		20.4			21.3		-0.9		
Achieved English Baccalaureate (9-4 in En & Ma)		23.1			23.9		-0.8		
FSM / non-FSM achievement gap (Attainment 8)	-14.7	-13.6	1.1	-12.7	-13.1	-0.4	-0.5	Students flagged as FSM in May 17 census (Non-FSM includes / students where status could not be identified)	1.5
Disadvantaged / non-disadvantaged achievement gap (Attainment 8)	-14.0	-13.6	0.4	-12.3	-12.8	-0.5	-0.8		0.9
SEN / non-SEN achievement gap (Attainment 8)	-32.7	-31.8	0.9	-36.3	-35.8	0.5	4	Learners with a statement/EHC of SEN.	0.4
Key Stage 5 KS5 Cohort: All - 1424 Boys - 640 Girls - 784									
APS per entry achieving all L3 Quals (Exc FE)	29.90	31.05	1.15	32.1	32.88	0.78	-1.83		0.37
APS per entry for A Level students	29.11	29.95	0.84	30.84	31.45	0.61	-1.5		0.23
APS per entry for Academic Students	29.18	30.04	0.86	31.03	31.65	0.62	-1.61		0.24
APS per entry for Tech Level Students	30.55	34.08	3.53	36.89	38.47	1.58	-4.39		1.95
APS per entry for Applied General Students	33.64	34.86	1.22	37.99	39.6	1.61	-4.74		-0.39
LA results are lower than: national improvement since 2016 or national average									
LA results are equal to or higher than: national improvement since 2016 or national average									
No change in achievement percentage from 2016 to 2017									
This tracks the change in the gap between Plymouth's results and the national averages from 2016 to 2017. Green cells in this column identify a narrowing of gaps and red cells an increase in the gap.									

SCHOOL STANDARDS – KEY ACTIONS FOR IMPROVEMENT



Given our determination to improve the life chances of pupils and young people as outlined in our Plan for Education, the following highlights the key actions taking place to raise educational standards across the city:

- **Plymouth Education Board** – This Board has now been established and membership includes key stakeholders concerned with improving standards. The Board is strategic in nature and is designed to identify and drive citywide priorities for education, hold all schools and settings to account for performance, and to commission support on a city - wide basis.
- **‘Plymouth Challenge’** – A partnership of schools, the Regional School’s Commissioner’s office and the Local Authority designed to raise standards. School led by Head Teachers, the ‘Challenge’ aims to raise attainment and progress initially in secondary schools so that all pupils attain at levels that allow them to progress onto the next steps in education and/or training and employment. The project has the full support of the DFE.
- **School to School Support** – A process where schools in need of support are identified and offered bespoke support which lasts usually for a year. Support is provided by Head Teachers from schools that are judged to be at least good by Ofsted. This process is led by Plymouth Teaching Schools Alliance (PTSA) and is well established. The progress of schools needing support is reviewed every six weeks.
- **Intensive support for maintained schools** – This is provided by LA officers and involves constructing a clear plan of action with the school concerned and closely monitoring implementation and impact. One primary school is at present, receiving intensive support.
- **Multi Academy Trust CEO Network** – A group of the CEOs of the 15 Multi Academy Trusts which contain approximately 75% of our schools. It meets on a termly basis and explores school improvement initiatives, shares school improvement strategies and helps to build a coherent picture of support across all schools.
- **Maintained Schools Network** – A network of maintained schools led by LA Officers. Meets on a termly basis to co-ordinate support for maintained schools.
- **Disadvantaged Pilot** – This is a pilot project being led by the Regional Schools Commissioner’s office, Bristol. It focuses on those schools where the gaps in attainment between disadvantaged and non – disadvantaged pupils are particularly high. It will involve schools receiving support from an education adviser who is a specialist in helping schools narrow and ultimately close the gaps in performance between disadvantaged and non-disadvantaged pupils. It will also provide the opportunity for targeted schools to work in a trio of schools with one being a school that has been very successful in closing attainment gaps.
- **Oracy Project** – A project designed to improve the speech and language skills of pupils in both primary and secondary schools. It directly involves 31 schools and is a two - year project. It is led by PTSA and has received grant funding of £374, 000. Recent evaluations point to the project having a very positive impact on pupils’ speech and language skills.
- **Leadership Bid** – A second grant funded bid made by PTSA designed to improve the quality of leadership in our schools as a way of raising pupil achievement and in particular closing the gaps in attainment between disadvantaged and non-disadvantaged pupils. The bid was originally for £970,000.
- **Early Help Bid** – This is a bid being written to secure extra funding to increase the provision for early help for pupils in the city. This will help to reduce exclusions and raise attainment. It is being led by the Discovery MAT and supported by LA officers.
- **Early Years Numeracy Bid** – A bid made for £46,170 to help improve the attainment of children in the early years. More specifically, it is designed to improve the numeracy skills of

children especially those who qualify for Free School Meals. It is targeted at those schools with the greatest proportion FSM children and the project is being led by LA officers.

- **Work of Plymouth Leadership Advisers** – LA officers continue to meet regularly with Head Teachers of maintained school to challenge and support them by reviewing pupil progress and identifying sources of support.

Education, Participation and Skills – Action Plan to improve pupil outcomes across key stages – April, 2018.

Overall purpose: To contribute to the improvement of educational outcomes in all schools and settings by bringing key parts of the school improvement system together to address the challenges identified.

Context: Using a number of indicators, the attainment and progress of our children, pupils and young people show improvement over time. However, it is also true that some indicators show that the outcomes of children and young people fall below that of similar pupils nationally. Further, performance data reveals that there is significant variation between different key stages and the performance of different groups of pupils including boys and girls, disadvantaged and non-disadvantaged pupils, and pupils with Special Education Needs and disabilities.

This action plan identifies the key actions taking place that encompass all groups of children, pupils and young people. It includes actions that directly involve LA Officers, and also actions where the local authority has effectively commissioned support and fulfils the role of monitoring and evaluating the work of its partners e.g. School to School support arrangements involving the Plymouth Teaching Schools Alliance.

To make sure all children are ready for school

Objectives	Actions	Responsible	Timescale/ Resources	Success Criteria	Monitoring	Evaluation
To support families to enable their children into school.	Child Poverty (CP) theme group focuses on parenting skills and adult literacy/numeracy (dependent on funding). Refer to CP plan.	Child Poverty theme groups of Narrowing the Gap and families.	Dependent on funding from business sector. Refer to CP plan.	Basic literacy, numeracy and social skills of children increased. Parenting skills increased in terms of effectively preparing children to be ready for school.	Theme group champions.	Senior Education Adviser.
Ensure all children are happy and healthy and ready to learn	Support every school to attain the Healthy Child Quality Mark.	HCQM Officer.	Refer to Public Health linked success	Refer to Public Health linked success criteria sets	Raising Attainment and Narrowing the Gap Lead	Head of School Improvement.

			criteria sets.		Officer.	
Improve the quality of teaching and learning						
Objectives	Actions	Responsible	Timescale/ Resources	Success Criteria	Monitoring	Evaluation
Improve the quality of teaching and learning of pupils with speech and language difficulties	Continue to implement the Oracy Project involving 31 schools.	Head Teachers and PTSA.	£374,000 funding secured. Two years.	Improved levels of attainment and progress in literacy, across key stages especially for the most able and disadvantaged. Improved attendance. Reduced rates of exclusion.	School to School Operational Board.	School to School Strategic Board/Plymouth Education Board (PEB).
Improve the quality of teaching and learning of numeracy skills for children under 5.	Successfully bid to develop the numeracy skills of children in the early years.	Head of Early Years.	£46,170 funding.	Numeracy levels of all pupils increase but with a particular focus on pupils eligible for Free School Meals.	Early Years Advisory Teachers.	Head of School Improvement.
Improve the quality of teaching and learning experienced by disadvantaged pupils	5 schools in partnership with 'Challenge Partners' organisation. Implement a 'Challenge the Gap' project designed to improve teaching and learning.	Head Teachers from participating schools.	12 Month project begun in September, 2017.	Gaps in attainment and progress between disadvantaged and non-disadvantaged pupils will narrow.	'Challenge Partners'.	Independent evaluator.
Improve the quality of	Schools to work with an Education Specialist in	Head Teachers	To begin in April, 2018.	Gaps in attainment and progress	Regional School	National School'

teaching and learning experienced by disadvantaged pupils (2.)	raising attainment of disadvantaged pupils and to work with high performing schools to improve classroom practice and learning strategies.	from participating Schools.		between disadvantaged and non-disadvantaged pupils will narrow.	Commissioner's Office.	
EMAT To diminish the attainment gap for children learning EAL (including ASR children)	<ol style="list-style-type: none"> 1. Provide a high quality EMA Team service for schools to buy in specialist learning support for EAL/ASR children. 2. Monitor reported racist incidents in schools and support schools in eliminating racism and ensuring equitable learning environments for BME children. 	Leadership Adviser responsible for Ethnic Minority Achievement .	<ol style="list-style-type: none"> 1. Ongoing, traded service 2. Ongoing, Leadership Adviser time/quarterly data collection & analysis and support for schools when required. 	<ol style="list-style-type: none"> 1. EAL/ASR pupils make more than expected rates of progress in order to reach national standards at the end of key stages and/in national exams Teachers are supported in developing enhanced skills in teaching EAL children. 2. Schools are supported in developing knowledge, skills and systems to effectively eliminate institutionalised racism. 	<ol style="list-style-type: none"> 1. City assessment data indicates that EAL pupils achieve national standards – annual data analysis by Leadership Adviser. 2. Quarterly analysis of racist incident data and report to Safeguarding Board by Leadership Adviser. 	Head of School Improvement.
Assessment To carry out	Provide training for schools to ensure all	Leadership Adviser	Annual training for schools and	All schools are able to carry out	DfE/STA regular	Head of School

statutory duty in assessment monitoring and moderation.	teachers understand how to carry out assessments in line with national standards. To manage statutory test monitoring and external moderation.	responsible for assessment.	traded for academies Annual test monitoring and assessment moderation for school and traded to academies. Reporting to the DfE/STA.	accurate assessment which impacts on planning for future learning. All assessment reported at the end of Y1, KSI/2 is accurate and supports school action planning for learning.	annual monitoring of LA planning and practice.	Improvement.
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Improve the quality of leadership and management

Objective	Action	Responsible	Timescale/ Resources	Success Criteria	Monitoring	Evaluation
Improve the quality of leadership and management at all levels.	Direct support from LA officers for maintained schools below floor standards	Head of School Improvement	Termly meetings. Up to £5,000 for bespoke support.	Results in 2018 will place schools above floor standards	Leadership Adviser	Head of School Improvement.
	Securing bid to improve school governance and leadership at all levels in secondary schools (18 schools involved). Draws on best practice from industry.	Plymouth Teaching Schools Alliance lead on this. Supported by other teaching schools and	£15,000 per school. 18 month project.	KS4 attainment will rise and be close to national averages	PTSA Operational Board.	Plymouth Education Board (PEB).

		LA. MATs and LA				
	Making and securing a bid to improve the quality of leadership	PTSA	To be determined	Funding secured and impact clear on improving outcomes for disadvantaged pupils	Principal Adviser/CEO	PEB
	Head Teachers of good and outstanding schools to support leaders and teachers in schools judged to be less than good. School to school support (S2S). Support package for maintained schools implemented. This Includes meetings with the RSCs office to review the progress of both academies and maintained schools and identify other sources of support	Principal adviser RSCs officer/LA	Funding varies from school to school. Up to £, 5000	Number of schools judged good or better by Ofsted increases. Quality of leadership and management improves (at all levels).	PTSA Operational Board. Leadership Advisers.	PTSA Strategic Board. Head of School Improvement.
Target support to schools where pupils with SEND make less than nationally-expected progress and / or where leadership and management of SEND is	Scrutinise data, including Ofsted, ASP, FFT and LA-prepared data to identify specific schools Plan response Focus school meetings to happen 6x year.	SAS Team.	Ongoing.	Under performing schools are identified and response is formalised with relevant Head Teacher aware. Identified schools take action to ensure SEND pupils make expected progress Key trends identified and addressed through	Focus Group Meetings.	Head of Special School Improvement.

identified as requiring improvement				SENCO briefings.		
Improve the quality of management of SEND provision.	Utilise LAIT and census data to inform planning Carry out SEND Audits 3 year rolling programme Feedback provided to HTs via Schools Forum. Feedback provided to SENCOs via briefings Feedback provided to HoS through relevant channels Key audit findings are shared.	Leadership Advisers	Ongoing	Year on year audit findings demonstrate progress towards addressing SF identified criteria year on year.	Arrow Meetings.	Head of School Improvement.
To ensure clarity and transparency around expectations for provision in order to meet the needs of all pupils.	Support schools and settings in developing and reviewing their SEN Information reports in line with national expectations Continue to develop in partnership with schools the Local Offer.	Leadership Advisers.	Ongoing.	SEN Audits demonstrate that practice is implemented consistently across city schools. Progress for pupils with SEND demonstrates a trend of improvement.	Local Area Inspection preparatory plans	Head of School Improvement.
To provide relevant, high quality and targeted training and support to senior and middle leaders.	Deliver the National Award for SEN Coordination in partnership with Plymouth University Design and update relevant training sessions	Leadership Advisers.	Ongoing.	All Plymouth SENCOs have their practice underpinned by relevant up to date research. SEN audits demonstrate	Training evaluations. Course take up numbers	Head of School Improvement.

	and disseminate across the city. Provide training for school leaders, including Governors and new HTs around statutory duties and LA SEND Inspection framework Provide responsive support as required to schools and settings.			consistency of practice including specific training outcomes.		
Secure system improvement						
Objective	Action	Responsible	Timescale/ Resources	Success Criteria	Monitoring	Evaluation
Establish a clear strategic vision for education and a robust model of accountability for all schools (including academies).	Establish and embed a Board of Education with key partners.	LA Officers and partners.	By July 2018. Meet 4x a year.	Plymouth Education Board (PEB) establish with clear terms of reference and action plan in place. Revised process for challenge and support agreed by all partners and implemented. CEOs meet with clear agendas and action points. Head Teachers meet with clear agendas and action points.	LA/RSC	Assistant Director/ DFE
	Re-vamp arrangements for School to school challenge and support.	PTSA, teaching Schools, LA and HTs.	By April, 2018. Meet every 6 weeks.		LA/Teaching School Alliances	Plymouth Education Board
	Establish regular MAT CEO/LA Meetings.	CEOs/LA Officers.	By April, 2018. Meet 6x a year.		LA Officers.	Plymouth Education Board
	Establish regular meetings for Head Teachers of maintained Schools	Head Teachers/LA officers	By April 2018. Meet 6x a year.		LA Officers.	Head of School Improvement.

Secure a co-ordinated to school improvement	Establish a 'Plymouth Challenge' involving all schools and settings	LA Officers/RSC /HTs	By April 2018	'Challenge' established and implemented. KS4 attainment and progress increases	LA/RSC	Plymouth Education Board (PEB).
Improve Post 16 students' readiness for further learning and employment						
Objective	Action	Responsible	Timescale/ Resources	Success Criteria	Monitoring	Evaluation
Improve young peoples' understanding of vocational, technical and work based learning routes.	Schools will promote to pupils all post 16 progression routes impartially. Provide up to date information on the city's and region's employment opportunities. Provide online platform to receive impartial information on learning and employment opportunities.	Post 16 Partnership.	Summer 2018. Post 16 Co-ordinator's time in each school. STEM Co-ordinator seconded.	All young people from Year 7 to have access to matrix accredited advice. Clear information provided to SEND learners and their families. All young people can access an online prospectus to all learning opportunities.	STEM Co-ordinator.	Head of Skills.
Improve the skills of young people so that the can be confident, resilient and flexible learners	Improve attainment in English and maths. Provide strategies to support and maintain positive mental health. Improve the transition arrangements and support arrangements for vulnerable learners and those with SEND.	Post 16 Partnership	June 2019.	Attainment in GCSE English and maths will increase by at least 5% by 2019. A focus on positive mental health is maintained by all providers and employers. A model for transition for the city as a whole is in place. Reduction in the	Post 16 Co-ordinator.	Head of Skills.

				numbers of NEETs and 'Not Knowns'.		
Provide work experience to young people that is related to Plymouth's priority skills sectors	Business and education will provide information on skills gaps and employers' requirements. Agree a set of skills badges that young people can earn. Provide supported work experience and internships in priority areas. Provide a digital platform where young people can record achievements and competencies.	Post 16 Partnership.	July 2018. Post 16 Co-ordinator provided. Website provided.	Clear pathways to high quality academic and technical routes provided. Inspiring work experience opportunities provided to all young people. Increase in the number of SEND students engaged on routes into employment. Agreed set of sector skills digital badges piloted.	Post 16 Co-ordinator. Employer Group. Post 16 School Co-ordinators.	Head of Skills.

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PLYMOUTH CITY COUNCIL

Subject:	Staff Survey “The View from You” 2017
Committee:	Wellbeing Overview and Scrutiny
Date:	11 April 2018
Cabinet Member:	Councillor Riley
CMT Member:	Andrew Hardingham
Author:	Alison Mills (Head of HR Specialist Services)
Contact details	Tel: 01752 307865 email: Alison.Mills@plymouth.gov.uk
Ref:	Staff Survey Scrutiny Report
Key Decision:	No
Part:	I

Purpose of the report:

Each year since 2010 we have run a staff survey to ask employees their views on working for the Council. Employees were asked to respond anonymously to an online questionnaire. This report shares the high level results from the survey.

This report shares the overall council results, alongside results for the People Directorate.

The Corporate Plan 2016 - 19:

In order for Plymouth City Council to achieve its vision of a Pioneering, Growing, Caring and Confident city, we need a ‘motivated, skilled and engaged workforce’. Our People Strategy is our high level medium term plan for how we will ensure we achieve that aim by focussing on three workforce themes: Talent, Leadership and Culture (TLC).

The staff survey helps us measure our progress towards a motivated, skilled and engaged workforce. It highlights areas of success and good practice, as well as where we need to focus on improving. It therefore both informs and measures the progress of the People Strategy on an ongoing basis.

**Implications for Medium Term Financial Plan and Resource Implications:
Including finance, human, IT and land:**

HR and OD manage and run the staff survey and produce the results.

Following the publication of results, leaders and managers across the Council discuss the results with their departments and teams. These discussions then enable managers and employees to identify potential improvements and put action plans in place.

Other council-wide interventions for improvement will be led by HR and OD.

Other Implications: e.g. Child Poverty, Community Safety, Health and Safety and Risk Management:

Equality and Diversity

Has an Equality Impact Assessment been undertaken? No, although the equalities questions and data collected through the Staff Survey is reviewed as part of the data analysis and informs the Council's work in this area.

Recommendations and Reasons for recommended action:

Raises awareness of the results of the staff survey and support its role in working towards a motivated, skilled and engaged workforce.

Alternative options considered and rejected:

N/A

Published work / information:

N/A

Background papers:

N/A

Title	Part I	Part II	Exemption Paragraph Number							
			1	2	3	4	5	6	7	

Sign off:

Fin	djn17 18.24 9	Leg	It/30 211/ 2903 18	Mon Off	It/3 02 11/ 29 03 18	HR	AM2 7031 8	Assets		IT		Strat Proc	
Originating SMT Member: Andrew Hardingham													
Has the Cabinet Member(s) agreed the contents of the report? Yes													

THE VIEW FROM YOU - STAFF SURVEY 2017

SCRUTINY REPORT 11 April 2018

Human Resources and Organisational Development

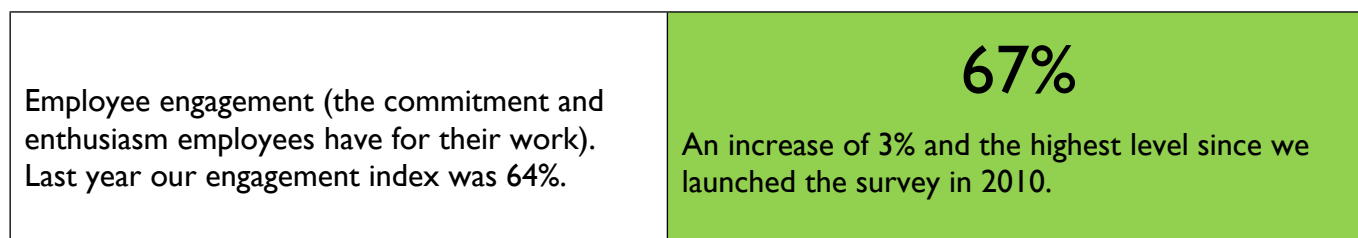
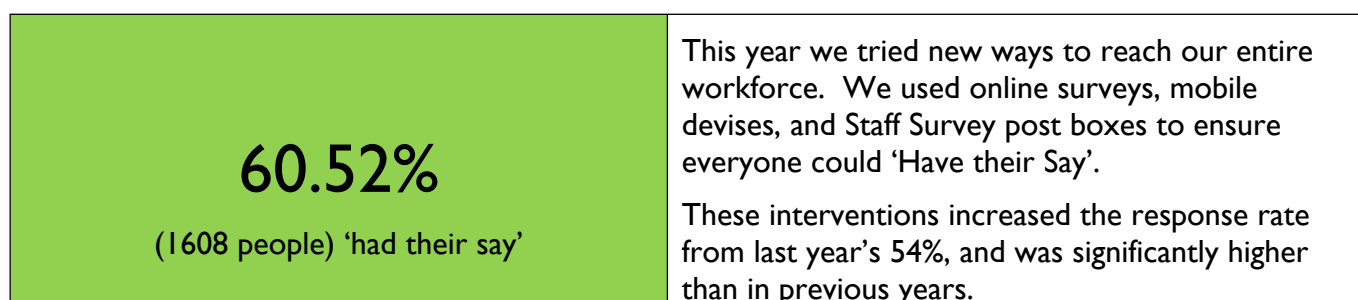


1. INTRODUCTION

Since 2010 we have run an annual staff survey to ask employees their views on working for the Council. During November and December 2017, employees were asked to respond anonymously to an online questionnaire with 32 questions across 9 categories. The 9 categories are:

- My Job
- My Career
- My employer
- My Team
- My Line Manager
- Senior Managers (Directors and Assistant Directors)
- The Council
- Equality and Diversity
- Communications

2. SURVEY HEADLINES



These are very positive findings, especially as 2017 was a challenging year for the Council's workforce, with many service areas undergoing transformational change.

The highlights from the survey and our highest scoring questions show that our workforce remains committed to delivering their best and supporting the Council to achieve its goals. These outcomes also link to employees seeing how their work makes a positive difference to the people in the city. We score higher in this area than our comparators.

The biggest increases also relate to our engagement with more people saying that they want to go that extra mile, and are satisfied with our non-pay benefits e.g. annual leave, flexible working.

However there are areas to focus on which you see in section 5.

3. 2017 COUNCIL RESULTS

3.1 SUMMARY RESULTS (scores out of 100):

Category	Plymouth City Council Results %	% Change Since 2016
My Job	67	+1
My Career	50	+3
My Employer, the Council	60	+4
My Team	61	-3
My Line Manager	68	0
Senior Managers (Directors and Assistant Directors)	42	+5
The Council	78	+5
Equality and Diversity	77	+4
Communications	64	+6

We have seen an overall improvement in all the scores, bar one category. 'My Team' has fallen slightly, as employees do not feel that morale is good where they work, but this is an improving picture. 'My Team' scores have fallen, but still a high overall score.

3.2 Benchmarking scores

We benchmark our results using an external independent organisation called ORC. They hold survey results for other public sector organisations, and use that data to compare results. This does not specifically benchmark our Local Government Group. The table below shows how we compare. (There was no benchmarking available for My Line Manager)

CATEGORY	% DIFFERENCE
My Job	+1.6
My Career	+0.5
My Employer	+9.3
My Team	+6.7
Senior Managers	-5.9
The Council	+2.8
Equality and Diversity	-0.7
Communications	-10.4

3.3 PLYMOUTH CITY COUNCIL HIGHS AND LOWS

Highest scoring questions:	PCC %	People %
I want to help the Council to achieve its goals.	89	89
Working in my job makes me want to do my best.	84	88
I can see how my work makes a positive difference to the people in the city.	78	83
I feel able to report bullying, harassment or discrimination.	78	79

Biggest increases since 2016 survey:	PCC %	People %
Working here makes me want to go the extra mile.	58 (+20)	61
I am satisfied with my benefits (annual leave, flexitime, flexible working, pension, iChoose options and discounts).	77 (+17)	76
I am kept well informed about the Council's plans and progress.	55 (+12)	57

Lowest scoring questions:	PCC %	People %
I have career or job opportunities in the Council.	34	33
I trust my Director and Assistant Director to be open and honest.	41	46
My Director and Assistant Director lead by example.	42	47
Morale is good where I work.	42	40

Biggest decreases since 2016 survey:	PCC %	People %
My team uses customer feedback to improve our service.	53 (-18)	55
I am satisfied my pay level is appropriate for my role.	44 (-7)	47
My team works well with others to provide joined up services.	76 (-5)	80

4. 2017 DIRECTORATE RESULTS

	PCC Overall %	Executive Office %	ODPH %	People %	Place %	Transformation & Change %
RESPONSE RATE	60.52	90	97.89	50.64	59.50	68.15
ENGAGEMENT	67	73	64	69	66	65

Survey Category	PCC Overall %	Executive Office %	ODPH %	People %	Place %	Transformation & Change %
My Job	67	71	66	71	64	67
My Career	50	54	54	51	48	48
My Employer, the Council	60	62	56	60	60	61
My Team	61	62	53	62	59	62
My Line Manager	68	82	74	71	65	67
Senior Managers	42	44	52	46	43	34
The Council	78	85	72	80	77	77
Equality and Diversity	77	77	76	79	75	76
Communications	64	80	59	65	65	62

5 THE WAY FORWARD

Our People Strategy 2016-20 was approved by Cabinet in May 2017 and defines our high level medium term plan and approach to developing a motivated, skilled and engaged workforce, through themes of Talent, Leadership and Culture.

The People Strategy objectives and interventions aim to enable the delivery of the Corporate Plan to create a 'motivated, engaged and skilled workforce' and to address the issues identified from the annual staff survey to continue to improve engagement levels across the organisation.

Interventions and impact:

5.1 TALENT

TALENT		Target Apr 17	Actual Jan 18
We will attract and retain talented people and develop their strengths	Apprenticeships as a percentage of our workforce	2.3%	1.91% ¹
	External Hires as a percentage of roles we fill	55%	70%
	Percentage of the organisation covered by a workforce plan	30%	61%

Identifying and developing our talent is essential.

- We have 51 apprentices and a further 18 employees taking NVQ's in Street Services. We continue to promote apprenticeship opportunities and new and exciting opportunities are in development for how we can spend the Levy. We are working up a plan to promote and increase apprenticeship in 2018.
- All vacancies are advertised internally and new internal Talent Pools will be created in 2018. These will include a Managers Talent Pool and Apprentice Talent Pool
- Strategic Workforce Planning (SWP) is our priority and all Directorates will have a strategic workforce plan for their priority services by end April 2018.
- In 2018 we will embed career aspirations as part of our performance conversations so all staff have the opportunity to discuss their career goals with their line manager.
- We are aiming on increasing our Graduate opportunities (funded by the Levy where possible)

These initiatives will address the following areas where we scored low:

- **I have career or job opportunities in the Council.**
- **Morale is good where I work.**

¹ NB. Figure is new 'levy' apprenticeships only. Previous non-levy apprenticeships are at 0.30%. Total of both is 2.21%

5.2 LEADERSHIP

LEADERSHIP		Target	Actual
		Apr 17	Jan 18
Our leaders will be confident, inspiring, and role model our values	Employee satisfaction with managers	65%	68%
	Employee satisfaction with senior leaders	40%	42%
	% of managers who have had recent targeted development	50%	80% ²

We have in place a Leadership Framework, to ensure that all levels of leadership are able to access a blended development offer that meets their needs.

- Senior Leadership Development Programme ran during 2017 and continues into 2018 with facilitated development away days and coaching.
- Management Fundamentals Programme has now been rolled out to 90 delegates and a new cohort of 45 started in January, with a further group being considered later in the year for our aspiring managers. The programme is structured around five core modules which cover a range of essential management skills, knowledge and behaviour including:
 1. Being an authentic manager
 2. Managing in Plymouth
 3. Influencing with integrity
 4. Emotionally Intelligent Teams
 5. Managing and motivating through change
- We have launched a new Manager's Driving Licence for all existing and aspiring managers. The aim of the Manager's Driving Licence is to ensure all our leaders are confident, inspiring and role models for our values. The Manager's Driving Licence (MDL) is an interactive, online development and reference tool, designed to support new, existing and aspiring managers to understand and achieve our business objectives. All managers, including Directors and Assistant Directors will complete the programme, including the Chief Executive.
- Team Plymouth Events: format redesigned in 2017 and is now led by the Workforce Development Panel. 80% of attendees say new format is improved and adds value. Team Plymouth (January) focused on how we improve culture and use customer feedback, and these two topics will form part of our key conversations with Team Plymouth going forward. Team Plymouth in March discussed Staff Survey results and what managers are doing to respond in their areas. Team Plymouth is excellent for networking and to share best practice and enables managers to work together to provide joined up services.

² Manager's Driving Licence will raise this to 100% by end March

- Multi Agency Coaching Network. We have 90 registered coaches from across 7 different agencies including Plymouth Hospitals NHS Trust; Livewell South West; NHS Northern, Eastern and Western Devon Clinical Commissioning Group; NHS South Devon and Torbay Clinical Commissioning Group; Devon County Council; Somerset County Council.

There are 23 active coaching arrangements currently and a total of 110 arrangements have been in place since we established the network in 2015.

- We have created a new manager role of Customer Liaison Manager who will ensure a standard approach is taken to handling Customer Feedback, including how we implement learning from feedback.

These initiatives will address the following areas where we scored low:

- **My Director and Assistant Director lead by example**
- **I trust my Director and Assistant Director to be open and honest**

5.3 CULTURE

CULTURE		Target	Actual
		Apr 17	Jan 18
The way we will do things around here to be at our best	Employee engagement levels	64%	67%
	Employee views on how well the Council manages change	45%	45%
	Employee advocacy of our organisation	64%	67%

We have supported culture change in 2017 through introducing an appreciative enquiry approach – capturing change, facilitating new ways of working and highlighting success stores from across the organisation. During 2018, we will:

- Bring the words in the People Strategy to life. We will tell more stories to support the culture statements and bringing them to life in more engaging formats – e.g. videos, storyboards, articles, pictures; which illustrate positive, future orientated behaviour in line with the description of current and future culture.
- Engage the workforce more directly by instigating a series of ‘TLC’ conversations across the council. These will be called our culture conversations. The conversations began at December’s Team Plymouth event and they will be piloted by our Management Fundamentals graduates.
- Ensure that our customer experience plays into all the conversations we have about culture. Citizens are our customers and customers are at the heart of everything we do.
- We need to understand why morale is low in some areas of the Council whilst engagement levels continue to increase. Managers will lead on these conversations with their teams.

These initiatives will address the following areas where we scored low:

- **I trust my Director and Assistant Director to be open and honest.**
- **My Director and Assistant Director lead by example.**
- **Morale is good where I work.**

- **My team uses customer feedback to improve our service.**
- **My team works well with others to provide joined up services.**

6. COMMUNICATIONS

In this area we scored highly, but lower than our external benchmarking. We have initiatives in place to improve our internal communications and continue to seek feedback from staff on the effectiveness of these initiatives:

- Staff News is produced weekly to share successes and key information across the Council
- Tracey's Team Talk is shared each month where Tracey discusses corporate priorities and recognises key achievements. Managers are asked to share the Team Talk video with their teams and lead a discussion on the content, feeding information back as required.
- We ran nine 'Tea with Tracey' events between 21 December 2016 and 9 November 2017, with 91 staff attending from across the organisation. In 2018 we are continuing to enable staff to engage with senior management through the 'Tea with Tracey' events, increasing the reach out to staff in other offices and depots such as Weston Mill, Central Library, and Midland House
- Back to the Floor events where our Chief Executive visits areas of the business to hear about important issues for staff members.
- We ensure that all our major programmes of work that impact on staff such as joint working with Torbay, Elections, CQC inspection, Pathway to Shared Services, Staff Survey and the Senior Management Restructure are supported by planned internal communications using all our channels
- We update Staff Room frequently with stories of our staff's success and important announcements
- We support the Annual Star Awards and the other service awards – encouraging nominations, creating materials including video content and sharing the winners celebrating
- We provide video content celebrating our staff at work which is used in Team Talk, on staff channels, at Team Plymouth and key events
- We will be working with managers through the Team Plymouth group to improve their communication and engagement skills
- Many service areas hold team huddles and engage with the workforce in many new ways, for example;
 - HROD and Transformation and Place have regular huddles with Directors,
 - Street Scene and Waste have implemented an engagement framework which ensures that key messages are cascaded down to the whole workforce each month, including all frontline workers being given the opportunity to see Tracey's Team Talk during crew visits.
- All areas hold regular one to one meetings with employees and their teams.

7 IN SUMMARY

Our People Strategy provides a framework for the Council to improve engagement of the workforce through the themes of Talent, Leadership and Culture (TLC). Over the coming weeks and months Service Directors will lead conversations with their teams about what the department Staff Survey results mean, and how working together they can improve things. The HR and OD department will continue to implement the People Strategy plan during 2018 and beyond.

APPENDIX A: Full Results

Appendix A

Engagement questions	
Say	
Stay	
Strive	

Staff Survey 2017 - Overview	COUNCIL		LG Benchmark	Directorate		Directorate		Directorate		Directorate		Directorate	
	2017	2016	2017	Executive Office	Change From	Office of the Director of Public Health	Change From	People	Change From	Place	Change From	Transformation and Change	Change From
Response Rate	60.52%	6.52%	59.8%	90.00%	25.00%	97.89%	20.89%	50.64%	9.64%	59.50%	9.50%	68.15%	-3.85%
Overall Engagement Score	67%	3%		73%	19%	64%	5%	69%	3%	66%	2%	65%	2%
My Job	67	1	66	71	22	66	1	71	1	64	1	67	2
Working in my job makes me want to do my best	84	1	73	91	23	74	-5	88	0	81	3	85	3
I feel valued for the work I do	55	0	55	57	22	55	1	60	1	52	0	52	-3
My job makes good use of my skills and abilities	69	2	74	82	35	65	-1	71	-2	67	-1	69	5
I have the right tools to do my job	61	4	61	56	12	69	9	65	4	56	2	61	4
My Career	50	3	66	54	28	54	12	51	4	48	1	48	0
I receive regular and valuable discussions with my line manager about my performance	66		66	75		73		74		56		66	
I have career or job opportunities in the Council	34	0		39	10	30	6	33	1	38	2	33	-4
I get the development I need to do my job well	48	-1		49	28	59	6	48	-1	50	0	45	-3
My Employer, the Council	60	4	54	62	14	56	6	60	3	60	3	61	4
I am able to share my views before changes are made which affect my job	45	-3	44	50	9	51	-3	45	-3	49	-6	39	-5
Working here makes me want to go the extra mile	58	20		66	31	49	22	61	23	57	14	56	20
Plymouth City Council is a good employer	63	2		64	8	51	18	61	-1	63	-1	66	3
I am happy with my working environment	58	0	61	73	20	57	-6	55	-2	55	5	61	-2
My job here allows me to balance my work and home life	68	8	44	47	18	67	10	67	6	66	5	72	12
I would like to be working for the Council in 12 months' time	75	0	68	76	5	66	-1	78	1	76	0	73	0
I am satisfied that my pay level is appropriate for my role	44	-7		40	-7	49	1	47	-8	38	-8	47	-5
I am satisfied with my benefits (annual leave, flexitime, flexible working, pension, iChoose options and discounts)	77	17	54	75	23	71	17	76	16	80	21	78	9
Plymouth City Council cares about my health, safety and wellbeing	57		52	64		48		54		60		58	
My Team	61	-3	60	62	12	53	-7	62	-5	59	-4	62	-1
Morale is good where I work	42	7		27	18	38	9	40	5	46	5	42	9
My team uses customer feedback to improve our service	53	-18	69	45	-11	43	-24	55	-18	49	-26	56	-12
I feel a sense of belonging in my team	72	3	50	89	33	66	8	73	0	70	7	74	3
My team works well with others to provide joined up services	76	-5	62	87	8	67	-20	80	-6	72	-1	77	-5
My Line Manager	68	0		82	29	74	3	71	1	65	5	67	-4
My line manager encourages me to put forward my ideas and opinions	72	0		88	26	77	-1	73	-1	70	2	69	-5
My line manager leads by example	67	1		77	24	72	4	68	0	65	7	67	-3
My line manager keeps me informed about what the Council is doing	67	7		79	12	73	5	71	10	61	5	65	4
Senior Managers (Directors and Assistant Directors)	42	5	47	44	13	52	13	46	5	43	-2	34	3
My Director and Assistant Director lead by example	42	5		40	11	51	14	47	5	45	1	33	3
I trust my Director and Assistant Director to be open and honest	41	3	47	49	17	52	12	46	5	41	-4	34	3
The Council	78	5	86	85	14	72	2	80	5	77	4	77	6
I can see how my work here makes a positive difference to the people in the city	78	11		82	16	76	0	83	14	80	11	72	9
I want to help the Council achieve its goals	89	3	86	98	16	82	-1	89	0	89	6	90	3
I speak highly of the Council to other people	67	3		77	12	60	9	70	3	63	-3	68	5
Equality and Diversity	77	4	76	77	21	76	5	79	5	75	2	76	0
I feel able to report bullying, harrassment or discrimination	78	5		77	24	77	6	79	4	76	3	79	3
I am treated with fairness, respect and without discrimination	75	1	76	77	18	76	5	78	5	74	1	73	-3
Communications	64	6	84	80	24	59	0	65	6	65	4	62	8
I am clear about how I contribute to the Council's priorities	74	3	84	84	10	71	4	74	1	74	1	73	3
I am kept well informed about Council plans and progress	55	12		76	38	46	5	57	12	57	7	50	12

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WELLBEING OVERVIEW AND SCRUTINY COMMITTEE

11 April 2018



PLYMOUTH
CITY COUNCIL

Age Related Housing

Introduction

The UK population is ageing. In mid-2014, the average age exceeded 40 for the first time. By 2040, nearly one in seven people is projected to be aged over 75. Over 70% of the UK population growth between 2014 and 2039 will be in the over 60 age group, an increase from 14.9 to 21.9 million people (“Future of An Ageing Population”, Government Office for Science, July 2016).

The population of Plymouth is ageing. Plymouth has a population of 265,700 of whom 47,600 are over 65 years of age. It is projected that that this number will rise to 59,400 by the year 2030 (a 25% increase of 11,800). The vast majority of older people in Plymouth live in owner occupied accommodation, whilst virtually all specialist older people housing in the city are provided by housing associations.

As a result of the growth in the older population and higher levels of disability and health problems amongst older people there will be an increase in the requirement of an older person requiring care and/or specialist housing. Suitable housing can significantly improve life in older age, while unsuitable housing can be the source of multiple problems and costs. Poor quality housing costs the NHS an estimated £2.5 Billion per year. Homes will be increasingly used as places of work and care. Appropriately designed housing, that can adapt to people’s changing needs as they age, has a number of benefits. These benefits include reducing demand on health and care services, and enabling individuals to work more flexibly in later life.

In February 2017 the Government published its long-awaited Housing White Paper: “Fixing Our Broken Housing Market”. This set out over 150 initiatives grouped under 4 sets of proposals: planning for the right homes in the right place; building homes faster; diversifying the market and helping people now. Under the last of these, the Government set out a policy approach which was focussed on offering older people a better choice of accommodation as a means to help with independent living and reducing costs on social care and health systems. The White Paper indicated that the Government intended to put in place clearer expectations on local authorities about planning to meet the needs of older people including supporting the development of more accessible homes near to local services as well as addressing the barriers to people moving from family homes to more suitable accommodation, including supported housing, sheltered housing, step down and extra care housing.

The provisions of the White Paper were backed up with legislative provisions in Section 8 of the Neighbourhood Planning Act 2017 which require the Secretary of State to provide guidance for local planning authorities as to how they should address housing needs that result from old age or disability.

The issues surrounding housing for older people were further considered earlier in the year when in February 2018 the House of Commons Communities and Local Government Committee published a report, "Housing for Older People", setting out 9 key recommendations for improved practice in relation to addressing housing needs in later life in recognition of the diverse range of issues raised by this type of housing provision. These issues included home maintenance, adaptations and repairs, access to housing advice, housing supply, national planning policy, building regulations and provision of extra care.

In March 2018, the Government published its responses to the Housing White Paper consultation, and the further consultation of September 2017 entitled "Planning for the Right Homes in the Right Places", confirming its intention to widen the definition of older people to those approaching retirement age in support of the objective of people living independently for longer. The revised draft National Planning Policy Framework, also published in March 2018, accommodates this new definition.

People are living much longer, which presents opportunities but also results in more specific needs among older people (aged 65 and older), especially in terms of housing, care and support. Nationally, in 2014, just 1% of new builds in the UK were bungalows, according to the National House Building Council, down from 7% since 1996.

Suitable accommodation plays an important role in helping older people to live independently for longer, but the housing needs and aspirations of older people can vary significantly depending on age, health, finances, transport needs, and availability of support from family or other networks.

There is an Older Persons Housing Working Group which seeks to bring together the identification of the specific needs of older people and other groups with the various delivery initiatives the City Council pursues through its planning and housing enabling work. Officers from the Community Connections and Strategic Planning & Infrastructure departments are currently completing a strategic review to provide a methodology by which Plymouth can improve long term planning and provision for a range of older persons housing within the city.

Older Persons Housing Need

Strategic Housing Market Assessment Part 2 – Objectively Assessed Need for Affordable Housing.

The public examination into the Plymouth and South West Devon Joint Local Plan considered the issue of older people's housing as part of the wider housing debate. The Planning Inspectors specifically asked the questions: have the needs of particular groups (e.g. older people and those requiring specialist support) been appropriately taken into account in the Objectively Assessed Need? How will the Joint Local Plan help to deliver the housing needs of these groups?

The Objectively Assessed Need is derived from the population projections that are converted into household projections before being adjusted for market signals. The Strategic Housing Market Assessment is the evidence base for the Plymouth and South West Devon Joint Local Plan and sets out the current supply and future requirements for extra care housing and sheltered housing in Plymouth through to 2034.

At present it is estimated that there are 2,485 units in Plymouth built or under construction, specifically for older people.

The future requirement for older person housing has been estimated as 2,178 units:

Type	Affordable	Market	Total
Sheltered/Purpose Built	1,288	752	2,040
Extra Care	93	45	138
TOTAL	1,381	797	2,178

Any new provision needs to be accessible for a range of needs to enable older people live independently in the community. In particular provision must be physically accessible as much of the current sheltered housing units have steps and other accessibility challenges.

As well as the need for specialist housing for older people there is also requirement for Registered Care. There are currently 2,613 registered beds in Plymouth:

- Residential and nursing for people aged 65+ = 2,229
- Learning Disability = 255
- Other (mental health / physical disability) = 129

It is estimated that a further 1,219 spaces in Plymouth will be required by 2034. However it is expected that future requirement will be less given the national and local agendas to support people in the community within their own homes or extra care housing.

Planning Policy Context - Joint Local Plan - Meeting local housing need in the Plymouth Policy Area

Policies DEV7 and DEV9 provide for a range and mix of housing that meets the needs of local communities within the Plymouth Policy Area of the Joint Local Plan (which covers the wider Housing Market Area of South Hams and West Devon). These policies seek to deliver a wide choice of quality homes, with a mix of housing sizes, types and tenures including suitable market and affordable dwellings for older people; recognising the links between appropriate housing, health and social care in reducing on going care and care costs. In order to contribute to the delivery of sustainable linked neighbourhoods it is important that housing development promotes a wide choice of housing types, for both affordable and market housing, to meet the needs of all members of the community, ensuring a better balance between housing demand and supply as well as improving affordability.

Policy DEV7

The LPAs will seek to deliver a wide choice of high quality homes which widen opportunities for home ownership, meet needs for social and rented housing, and create sustainable, inclusive and mixed communities. The following provisions will apply:

1. A mix of housing sizes, types and tenure appropriate to the area and as supported by local housing evidence should be provided, to ensure that there is a range of housing, broadening choice and meeting specialist needs for existing and future residents. The most particular needs in the policy area are:

- i. *Smaller dwellings most suited to younger and older people.*
- ii. *Housing suitable for households with specific needs.*
- iii. *Larger three and four bedroom houses, and executive homes at appropriate locations.*

2. For developments of above ten homes, at least 30 per cent of the total number of dwellings should be affordable homes without public subsidy, subject to viability. These homes should be provided on-site, except in the case of sites of between 11 and 14 dwellings where the requirement can be met by providing an off-site contribution to deliver affordable housing elsewhere in the policy area.

Policy DEV9

The following additional provisions for the delivery of a range and mix of housing to meet local housing needs shall apply to the Plan Area:

1. Affordable housing could include social and affordable rent, shared ownership, and innovative housing models that meet the local demand/need, such as rent-to-buy, starter homes and shared equity as appropriate.
2. Self and custom build housing will be supported providing they meet the over-arching sustainable development, general amenity and design policies. The LPAs will:
 - i. *Negotiate the identification of suitable plots on major development sites to meet this need.*
 - ii. *Encourage the provision of serviced plots and co-housing schemes.*
 - iii. *Be proactive in exploring ways to ensure sufficient plots are consented to meet the duty set out in the Self-Build and Custom Housebuilding Regulations.*
3. The LPAs will support development which increases choice in housing by greater utilisation of the private rented sector, including new build private rented accommodation (Build to Rent).
4. A mix of accessible housing units will be sought in new housing schemes, representative of the wider housing mix of the development including:
 - i. *Requiring at least 20 per cent of dwellings on all schemes of five or more dwellings (including conversions), where possible, to meet national standards for accessibility and adaptability (Category M4(2) of Building Regulations).*
 - ii. *Requiring at least 2 per cent of dwellings on all schemes of 50 or more dwellings (including new build housing and conversions) to meet national standards for wheelchair user homes (Category M4(3) of Building Regulations). Category M4(3) dwellings will be counted as contributing towards the category M4(2) dwelling requirement.*

Housing Delivery

The City Council has a strong track record in enabling the delivery of extra care for older people through strategic partnerships with landowners and providers, Section 106 negotiations and the Plan for Homes.

Key projects meeting the needs of older people include:

Extra Care Scheme	Provider	Units
Runnymede Court, Estover	Hanover	38
St Barnabus, Stoke	Aster	32
St Pauls, Efford	Aster	51
Aster Court, East End	Sovereign	30
The Rise, Plympton	Pocklington Trust	76
Devonport Views, Devonport	DCH	42
River View, Ernesettle	Aster	40
Millbay (under construction)	Abbeyfield	80
Total		389
Sherford (planned)	TBC	100

There are also delivery of purpose built accommodation suitable for older people such as the 33 apartments at the HUB in North Prospect, as well as the plans for a similar scheme as part of the future regeneration at Barne Barton.

The delivery of accessible and adaptable housing is a requirement on most new schemes, and officers explore opportunities to also deliver wheelchair user housing where possible and viable. The City Council has been able to secure a number of these types of homes that will also suit the needs of older people, on a number of our Plan for Homes sites.

Staying Put: Disabled Facilities Grants (DFGs)

There is high demand for means tested DFGs. On average the City Council receives 550 enquiries for DFGs each year. Approximately 250-280 homes each year benefit from adaptations to support people remaining in their own home. 70% of applicants are owner-occupiers who are unable to move due to limited supply of other housing that meets their mobility and other needs.

The DFG allocation is specified via the Better Care Fund and is for the provision of adaptations to disabled people's homes to help them to live independently for longer. For 2017/18, Plymouth's allocation was £2.126 Million, an increase from £1.954m in 2016/17. The 2015 Autumn Spending Review included a commitment of £500 million nationally by 2019-20 for the DFGs. Plymouth's allocation has seen an increase year on year reflecting this commitment.

Discussion Issues

There are a number of policy options and initiatives in this area which could be taken forward which are suggested below for discussion.

Provision for increased extra care: consideration could be given to an inter-generational and mixed tenure model for extra care housing that is fully accessible and suitable for people with dementia.

Innovative models of older persons housing delivery: consideration of alternative and innovative older persons housing schemes, such as retirement villages, with various forms of peripatetic and other forms of support.

Improved links with Health and Well-Being Hubs: consideration of how existing and new developments could be better aligned with Health & Wellbeing Hubs development.

Direct provision of specialist housing: consideration of how more purpose built accommodation for older persons, including fully accessible and wheelchair user homes, could be provided directly by the City Council.

A Downsizing Programme: consideration could be given to more proactively enabling downsizing by working with partners to understand the needs of older people living in larger properties and what support is needed to help people to move into smaller, more suitable accommodation, which in turn releases larger family housing.

A Bungalow Building Programme: consideration could be given to directly providing bungalows on infill sites to support the overall housing plan for older people, similar to how the Birmingham Housing Trust have provided bungalows allowing larger properties to be freed up.

A review the existing sheltered housing stock in the city: consideration of how to more proactively work with partners to understand what work has already been done to look at the viability of the current stock with a view to exploring opportunities to modernise this stock to meet current needs.

A review of the role of planning – consideration of how the planning system can do more to deliver age-related homes once the planned new Government guidance is issued.

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Job Title: Service Director, Strategic Planning & Infrastructure

Department: Strategic Planning & Infrastructure

Date: 28th March 2018

WELLBEING OVERVIEW AND SCRUTINY COMMITTEE

11 April 2018



PLYMOUTH
CITY COUNCIL

Report for Information

Planned Care Programme Briefing – Fiona Phelps/Craig McArdle

1. Introduction

The Devon Sustainability and Transformation Programme (STP) has previously been shared with the Wellbeing Scrutiny Committee and sets out seven priority areas:

- Prevention and early intervention;
- Integrated care;
- Primary care;
- Mental health;
- Acute hospital & specialised services;
- Productivity; and
- Children, young people & families

The purpose of this report is to give a brief update on one area of the Planned Care workstream within the STP which covers both the prevention and early intervention, and acute hospital priorities.

2. Planned Care – the mismatch between demand and capacity

The demand on elective hospital services is growing as patients are living longer, with more complex conditions and rising expectations. At the same time, the demand for emergency care is rising at an even greater rate, putting pressure on the planned care system as resources are diverted to deal with the emergencies. This has resulted in resources being diverted away from planned care services, thereby reducing capacity at a time of increasing demand.

The inevitable consequence is that generally the waiting times for elective surgery have increased. However, some elective surgery is undertaken by the Independent Sector – In Plymouth this is Peninsula Treatment Centre and the Nuffield Hospital. These services tend to be available for the younger patients, without co-morbidities and often with less presenting need than those patients who require acute NHS hospital care. This inevitably leads to an inequality of offer to patients, with a much shorter waiting time.

Table 1.- Demand and Capacity Mismatch in Orthopaedics

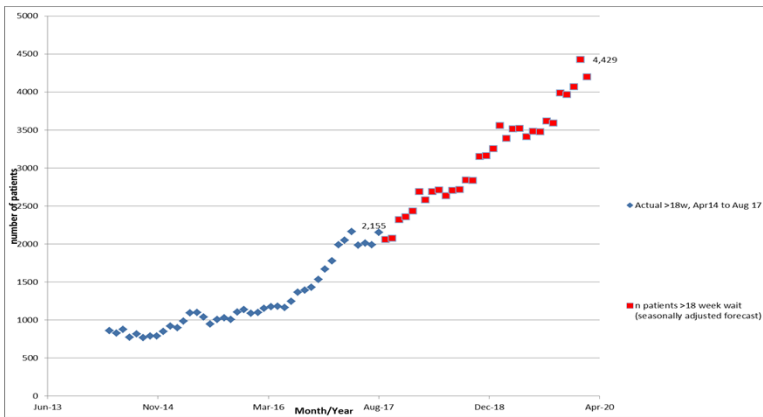


Table I shows the number of patients from NEW Devon CCG and South Devon & Torbay CCG populations waiting more than 18 weeks for an elective orthopaedic admitted procedure. Actual patients April 2014 to August 2017, seasonally adjusted forecast September 2017 to March 2020. Even if money were no object, there would not be sufficient physical space in terms of beds and theatres to accommodate this number of patients. There needs to be a different approach to manage this problem.

3. Thresholds to Surgery

The STP have been exploring the use of 'scoring systems' which use an evidence based, systematic assessment of patients prior to referral to secondary care. The aim is that this assessment takes place in an interface service and gives equitable access to secondary care services across the STP. It ensures that the system gives access to those patients most in need of services and most likely to benefit.

The first area to go live is an assessment prior to referral for hip and knee replacements based on the 'Oxford Scoring' system. The assessment takes place as part of a face to face review, includes a physical examination, taking in to account understanding patient preferences and with the ability to fast track patients with particular conditions. The intention is that patients will only be referred to secondary care when their need for surgery reaches a common level and when they are ready to proceed with a surgical intervention. This will be launched across the whole of Devon STP from 1st April 2018. It is intended that other surgical conditions will follow relatively quickly.

4. Summary and Recommendations

The new interface services will ensure that there is equity of access to secondary care services in a consistent manner across the whole of Devon. It will help to reduce the number of patients referred to secondary care and thereby support a reduction in waiting times for orthopaedic surgery. In time this methodology will be rolled out to other surgical areas.

There are a number of key performance indicators being used during the launch of this new initiative and it will therefore be possible to assess the impact. It is therefore proposed that the Wellbeing Scrutiny Committee receive an update report later in the year.

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Job Title: Head of Commissioning

Department: Integrated Commissioning Team

Date: 27th March 2018



INTEGRATED HEALTH & WELLBEING SYSTEM PERFORMANCE SCORECARD DECEMBER 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

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. A new Dementia Advisor Service has just been procured with a role to work closely with primary care and GPs, which will be much more visible than the previous service. This will help with diagnosis rates as GPs will have services to work with them to support people through diagnosis and afterwards. This will start in April 2018

Referral to treatment - Percentage seen within 18 weeks

Nationally the NHS has acknowledged that the 18-week referral to treatment standard is not being met or likely to be met in 2017/18. The national mandate to temporarily stop all elective surgery during the period of heightened activity as a result of the flu outbreak has also had an impact on performance. Locally we have tried to maintain throughput in the hospital and have focused the stopping of elective surgeries on routine operations whilst prioritising Cancer treatments.

In hospital falls with harm

This is expressed as a % of the total patients surveyed as part of the NHS safety thermometer. There are on average around 800-900 surveyed each month in Plymouth Hospitals NHS Trust. December's figure of 0.36% would equate to three patients having fallen in hospital and experienced harm as a result of that fall. Plymouth Hospitals NHS Trust has consistently had a lower rate of falls with harm compared to the national average for the last two years.

CHILDREN AND YOUNG PEOPLE

Timeliness of Children's single assessments

Single assessment performance is now showing a positive direction following decline over previous months. The backlog of assessments over 45 working days has now been addressed and new assessments performance is reported at 90% within quarter four. Forecasted performance is to finish the year at over 70%.

Number of Children in Care

Children in care numbers have increased by 8 to 411 which, at a rate per 10,000 (78) is below the statistical family group but above England.

COMMUNITY

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

In quarter three the daily bed delay attributable to ASC rate is at 22.7/100,000 so remains off target, but is an improvement on the rate for quarter two (26.0). The rate of these delays that are attributable to Adult Social Care is also improving, during quarter three the rate is 10.50 compared to 11.90 in quarter two.

Our system remains challenged with an increase in the number and proportion of patients who are complex need, impacted on by winter pressures. The continued improvement programme in place includes the appointment of an Interim Director of Integrated Urgent Care, the development of an Acute Assessment Unit to assist in preventing unnecessary admissions. This is also being supported by the review of the current Discharge to Assess (D2A) offer which includes a single Trusted Assessor being in post and the recruitment of additional social workers dedicated to support hospital discharges.

Accident and Emergency 4 hour wait

Plymouth Hospitals NHS Trust is not achieving the 4hr wait in A&E target. This is linked to an increase in demand over the last year as both the number of A&E attendances and emergency admissions have increased. The recent flu outbreak has also contributed to a winter surge that has been much greater than seen in recent years. This has resulted in a high bed occupancy which has restricted flow through the A&E department. A number of schemes are in place to reduce the level of A&E attendances/ emergency admissions and to reduce the bed pressure by reducing the level of delayed transfers.

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+. This is linked to the operational pressures in PHNT. The ageing population will be contributing to this increase but a number of other causes are at play including the pressures on primary care.

Improving Access to Psychological Therapies (IAPT) – Access rates

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.

Average number of households in B&B

Increasing demand means that there continues to be a pressure regarding households accessing B&B temporary accommodation. The average number of B&B stays for the whole of quarter three was 57, an increase from 53 for quarter two. In December the monthly average fell to 50 which is positive, although it is noted that the Christmas period often has a positive impact on numbers in temporary accommodation.

People helped to live in their own home through the provision of Major Adaptation

By providing major adaptations through a DFG (Disabled Facilities Grant) we are helping people with disabilities to live at home. Interventions including a pilot to install stair lifts at the request of Occupation Therapists have helped increase the number of home adaptations provided during quarter three, thus increasing the number of people helped to live at home. The gap between actual performance and the department's target has closed meaning progress against target has improved, we are now on a trajectory to provide a similar number of major adaptations to that provided in 2016/17 and considerably more than in 2014/15 and 2015/16.

ENHANCED AND SPECIALIST

Percentage of CQC providers with a CQC rating of good or outstanding

At the end of quarter three the percentage of residential and nursing homes that are rated by CQC as good or outstanding has fallen from 79% (end of Q2) to 73%. Within this the number rated as outstanding has increased from one to four, however the number rated as good has fallen from 76 (end of Q2) to 68 at the end of quarter three. The number of homes requiring improvement increased from 17 to 21 and number inadequate remains unchanged.

In recognition of the higher percentage of homes with a rating of Requires Improvement commissioners are working with the CQC towards a more collaborative approach between the CQC and commissioners. The QAIT (Quality Assurance and Improvement Team) are undertaking a specific project to target these providers (along with those rated as Inadequate) in the form of supportive workshops over the next 12 months. If necessary these workshops will be ongoing with learning shared across the whole care home sector. The team continue to request and monitor action plans from homes that have been rated as Requires Improvement or Inadequate and provide support visits and advice and information.

6. WELLBEING

Indicator	Measure	Most Recent Period	Benchmark	First Value of Graph	Graph	Last Value of Graph	Trend	Comments
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 seen within 18 weeks on incomplete pathway (%))	Percentage	Dec-17	N/A	84.8%		81.3%	 	High is good
NHSOF Estimated diagnosis rates for Dementia	Percentage	Dec-17	N/A	59.6%		60.1%	 	High is good
In hospital Falls with harm	Percentage	Dec-17	N/A	0.24		0.36	 	Low is good




7. CHILDREN AND YOUNG PEOPLE

Indicator	Measure	Most Recent Period	Benchmark	First Value of Graph	Graph	Last Value of Graph	Trend	Comments
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 Q3	 	33.5		28.2	 	Low is good
Number of children subject to a Child Protection plan	Count	2017/18 Q3	 	371		338	 	Low is good
Number of Children in Care	Count	2017/18 Q3	 	406		411	 	Low is good
Number of Children in Care - Residential	Count	2017/18 Q3	N/A	27.0		39.0	 	Low is good
Timing of Children's Single Assessments (% completed within 45 working days)	Percentage	2017/18 Q3	 	94.9		70.6	 	High is good

8. COMMUNITY

Indicator	Measure	Most Recent Period	Benchmark	First Value of Graph	Graph	Last Value of Graph	Trend	Comments
Provide integrated services that meet the whole needs of the person by developing: • Single, integrated points of access • Integrated support services & system performance management • Integrated records								
Number of households prevented from becoming homeless	Count	2017/18 - Q3	N/A	299		175	High is good	High is good
Average number of households in B&B per month	Count	2017/18 - Q3	N/A	32.0		57.0	Low is good	Low is good
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 - Q3	N/A	88.0		84.0	High is good	High is good
Improving Access to Psychological Therapies Monthly Access rate	Percentage	Dec-17	N/A	1.17		0.90	High is good	High is good
Improving Access to Psychological Therapies Recovery rate rate	Percentage	Dec-17	N/A	35.80		47.40	High is good	High is good
A&E four hour wait	Percentage	Dec-17	N/A	84.36%		79.29%	High is good	High is good
Emergency Admissions to hospital (over 65s)	Count	Dec-17	N/A	1,387		1,371	Low is good	Low is good
Discharges at weekends and bank holidays	Percentage	Dec-17	N/A	18.22%		19.09%	High is good	High is good
Rate of Delayed transfers of care per day, per 100,000 population	Rate per 100,000	2017/18 - Q3	Low is good	16.4		22.7	Low is good	Low is good
Rate of Delayed transfers of care per day, per 100,000 population, attributable to Adult Social Care	Rate per 100,000	2017/18 - Q3	Low is good	7.9		11.9	Low is good	Low is good
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 - Q3	N/A	59		77	High is good	High is good
Long-term support needs met by admission to residential and nursing care homes, per 100,000 population (aged 65+)	Rate per 100,000	2017/18 - Q3	Low is good	125.9		116.7	Low is good	Low is good
Long-term support needs met by admission to residential and nursing care homes, per 100,000 population (aged 18-64)	Rate per 100,000	2017/18 - Q3	Low is good	1.8		2.4	Low is good	Low is good

9. ENHANCED AND SPECIALIST

Indicator	Measure	Most Recent Period	Benchmark	First Value of Graph	Graph	Last Value of Graph	Trend	Comments
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 - Q3		84.0		73.0		High is good

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Plymouth Integrated Fund

Finance Report – Month 11 2017/18

Introduction

This report sets out the 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.

The position has improved since last reported, with both parts of the fund moving closer towards a balanced position. Turnaround activity, and forecast improvements have delivered a £0.7m improvement across the Fund this month. This is due to multiple factors explored further through the report. Due to these improvements, the likely impact of the risk share arrangements has reduced to below £50k and is reported at breakeven.

SECTION 1 – PLYMOUTH INTEGRATED FUND

Integrated Fund - Month 11 Report 2017/18

As in previous months the areas of particular pressure include Looked after Children in Care, Intermediate Care in both Health and Social Care, Continuing Healthcare, and Prescribing.

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 reporting a budget pressure of £0.163m, a favourable reduction of (£0.282m) from month 10.

The overall CYPF overspend can be attributed to the increased cost and volume of looked after children's placements. Despite these increased costs, the department has made significant one off savings in year with good progress through the management-challenge & support sessions and budget containment meetings.

Early in-year monitoring identified the increasing costs of placements, with increases effective during 2017/18 showing 16.59% uplifts. The department has been working throughout the year to contain and cover pressures from other savings; however as we have reached the third quarter a budget virement has been agreed of £1m, effectively increasing the children's services budget for the current year. This cost pressure has been identified going forward into future years and as such the MTFS additional funding has been increased from the original £2m to £3.2m.

The national and local context for children's placements is extremely challenging, with increasing difficulties in securing appropriate, good quality placements.

High demand and limited supply of placements, a tightening of Ofsted requirements, as well as initiatives such as the introduction of the National Living Wage, have all led to an increase in the unit costs of placements.

We have achieved one off savings against the £1.500m delivery plans in place.

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.

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

- Increased cost and volume of young people's placements since budget setting autumn 2016.
- Lack of immediate availability of the right in-house foster care placements creating overuse of IFA's.
- There are still a number of individual packages of care at considerably higher cost due to the needs of the young person.
- Regional wide commissioning activity did not bring about the anticipated holding and reduction of placement costs in both the residential and IFA sectors.
- There are currently 37 Residential Placements with budget for only 25
- There are currently 118 Independent Foster Care (IFA's) placements with budget for only 92. We are aiming to achieve savings from the transformation of our In House Foster Care Service.
- A region wide lack of placements due to an increase in demand for placements, both national and regionally continues to impact negatively on sufficiency

The overall number of children in care at the end of the month of January stands at 408.

Strategic Co-operative Commissioning

The Strategic Commissioning service is forecasting a balanced budget at year end, a favourable change in month of (£0.206m).

At the same time, Strategic Commissioning has achieved its target of delivering over £5.2m of savings in the current year.

Within the outturn position reported, there is increasing pressure on care packages, particularly domiciliary care which is currently showing a budget pressure of £0.598m that will carry on into future financial years. There has also been a small downward trend in income this month and a favourable movement in residential and nursing care packages.

During 2017/18, SCC has:

- Provided services for 5,766 adults receiving social care packages
- Paid for over 1,280 people to be cared for in residential and nursing homes.
- Provided domiciliary care provided to 2,379 people, living in their own homes per year.
- Supported 3,582 people with a community based package of care.
- Supported 675 people via a direct payment.

The strategic commissioning department are continuing to undertake management reviews of all areas of expenditure and all assumptions around care packages etc to minimise this over spend, with a target of a breakeven position by the end of the financial year.

Education, Participation and Skills

Education, Participation and Skills are reporting a balanced budget position at Month 10, no change from Month 9.

A plan is being written to scope all of the education related services within Education, Participation and Skills and recommend an approach and plan for transforming in order to realise savings.

Community Connections

Community Connections is reporting a balanced budget, the same as at Month 10.

Average B & B numbers for April to February have been 54 placements per night with nightly costs increasing, as demand has increased, use of Travelodge together with increasing accommodation needs for families.

Cost pressure for further reducing average placements by 25 from the current 55 to 30 per night is £0.633m, which the service is targeting to reduce with use of alternative properties provided through existing contracts as well as use of additional contracted staff to target single occupancy stays.

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 still 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		
Month 11 - February 2018	Budget	Actual	Variance	Budget	Actual	Variance
			Adv / (Fav)			Adv / (Fav)
	£000's	£000's	£000's	£000's	£000's	£000's
Children, Young People & Families	2,551	2,551	-	2,783	2,783	-
Strategic Cooperative Commissioning	4,793	4,793	-	5,229	5,229	-
Education Participation & Skills	1,306	1,306	-	1,425	1,425	-
Community Connections	499	499	-	544	544	-
Additional People Savings (apportioned to depts above)	-	-	-	-	-	-
Public Health	136	136	-	148	148	-
	9,285	9,285	-	10,129	10,129	-

Western Locality of CCG Integrated Fund

The integrated fund for the Western Locality is now reflecting a forecast overspend £0.3m.

The pressure for the Independent Sector contracts remains, but Continuing Healthcare has continued to improve, improving the overall position. There still remains some pressure on Intermediate Care, and this now reflected in the position. So too is the forecast for Prescribing, which is now included within the position rather than the risk profile. There are also cost efficiency expectations for Individual Patient Placements and Section 117 packages of care.

Independent Sector:

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 continues to reflect 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, and is forecast to overspend by £0.4m after iBCF funds flow. However, the work that been focussed on the discharge pathway has

significantly reduced the number of beds in use and the length of stay, such that the system is close to recurrent balance moving forward into next year..

Continuing Healthcare:

The position has improved this month with a reduction in numbers of patients, which is forecast to continue for the remainder of the year

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 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 and Prescribing:

As the Short Stock issues become better understood, the impact on the forecast is now reflected through the report. The prescribing forecast is now reported at £0.3m overspend for the elements that sits within the Integrated Fund.

Efficiency Programmes:

Month 11 February	Year To Date			Current Year Forecast		
	Budget	Actual	Variance Adv / (Fav)	Budget	Forecast	Variance Adv / (Fav)
	£000's	£000's	£000's	£000's	£000's	£000's
SAVINGS LEDGER REPORT						
Independent Sector	-3,208	-772	2,436	-3,500	-842	2,658
Prescribing	-7,792	-6,703	1,088	-8,500	-7,585	915
Continuing Healthcare	-6,715	-8,191	-1,476	-8,000	-9,642	-1,642
IPP	-2,551	-3,298	-748	-3,000	-3,438	-438
Running Costs	-2,523	-2,523	-	-2,788	-2,788	-
GROSS SAVINGS	-22,789	-21,488	1,301	-25,788	-24,296	1,493

QIPP Reported to NHSE

Contractualised 16/17 FYE	-10,230	-10,230	-	-11,160	-11,160	-
Social Care	-5,833	-5,833	-	-7,000	-7,000	-
Technical Accounting	-1,833	-1,833	-	-2,000	-2,000	-
TOTAL SAVINGS REPORTED TO NHSE	-40,686	-39,385	1,301	-45,948	-44,456	1,493

Additional System Savings

Headroom Release	-3,327	-3,327	-	-3,629	-3,629	-
Investment Release	-1,283	-1,283	-	-1,400	-1,400	-
TOTAL SYSTEM SAVINGS	-35,066	-33,765	1,301	-39,817	-38,325	1,493

Overall the CCG is reporting 97% delivery of plan year to date with 97% delivery forecast by yearend, with the main shortfall on independent sector both year to date and forecast as plans continue to be worked on.

Integrated Fund Summary

Both parts of the fund are reporting improved positions from last month. The forecast, at this stage, remains for an overall overspend of £0.5m, but actions continue to impact and improve on this as we finalise the position for year end. There is a relatively small, less than £50k, impact forecast for 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 11

This report sets out the financial performance of the CCG to the end of February 2018 (Month 11 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 11 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 (£0.3m) overspend budget at this stage in the year, and this is also reflected in the year to date position. In general the main pressures are for the Independent Sector provider contracts, Primary Care Prescribing, and Wheelchairs, and these are 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 opening contract value for Plymouth Hospitals NHS Trust was agreed at £180.9m. The signing of the contract was delayed was the system regulators approved our respective positions. Whilst the contract value is now fixed 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 £194.9m.

Contract Performance

The month 10 performance information showed a year to date overperformance against the contract plan of £1.54m.

The main reasons for the contractual overperformance are summarised below.

2017/18 M10	Planned Spend	Actual Spend	Variance	Variance Activity	Variance Spend
	£000s	£000s	£000s		
Elective	32,512	28,260	- 4,252	-11.1%	-13.1%
Non Elective	56,744	56,853	109	2.0%	0.2%
A&E	8,090	8,553	463	3.9%	5.7%
Outpatients	26,342	26,010	- 332	-0.5%	-1.3%
Excluded Services	31,038	29,989	- 1,049		-3.4%
Penalties	-	321	321		
CQUIN	3,417	3,474	57		1.7%
Contract Adjustments	- 6,867	-	6,867		-100.0%
Total	151,276	152,818	1,542		1.0%

Elective has a current year to date underperformance of £4,252k or 3,433 spells, with £774k of this underperformance occurring in month 10. The majority of the underperformance has occurred in Orthopaedics where they are behind plan by £1,992k. There are other significant underperformances in Neurosurgery, Cardiology, Upper GI Surgery, ENT and Colorectal Surgery.

Non-Elective was £77k over plan in month 10, giving a minor year to date variance of £109k. Whilst the financial variance is insignificant, the volume variance shows that 2.0% (601) more patients have been seen than were planned for. However changes made in respect of the recently opened Acute Assessment Unit (AAU) mean that a tranche of activity is no longer being counted. Work is being undertaken to agree how this activity is counted and charged for going forward, but in the meantime the current estimate is that around 750 spells are missing which would be charged at around £450k.

A&E year to date overperformance totals £463k, this is significant at 5.7% over plan. In activity terms the overperformance percentage is lower at 3.9% which indicates that the complexity or volume of care has increased.

Outpatients has underperformed in month 10 to a value of £84k. This now gives an overall underperformance of £332k. Outpatient procedures are over plan by £682k, whilst first attendances and follow ups are behind plan by £502k and £561k respectively. Overall, there have been 1,273 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 10 this is an overperformance of £6,867k.

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 10, this contract is forecast to deliver an balanced budget position.

Independent Sector & London Trusts

The monitoring information to date continues to indicate a small forecast underspend against plan for the London Trusts.

The position within the Independent Sector remains largely unchanged at Month 10- Care UK continues to show a considerable over-spend mostly within Orthopaedics. The Nuffield overperformance within Spinal continues but remains offset by underperformance in other areas. 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 £0.8m.

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 has improved considerably in year, but due to the timing of the improvement has not significantly reduced the overspend in year., 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 Prescribing

Throughout the year, the CCG has been experiencing significant pressure from the short supply of drugs, and the cost of alternative dispensing. This has been identified as risk previously as the timescales and impact were unclear, but has now been crystallised into the forecast.

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, although with a predicted minimal impact on the risk share. There are pressures in the system around Looked After Children in Care, Intermediate Care in both Health and Social Care, and Continuing Healthcare, and 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**

NORTHERN, EASTERN AND WESTERN DEVON CLINICAL COMMISSIONING GROUP

PLYMOUTH INTEGRATED FUND

2016/17 FINANCE BOARD REPORT

FOR THE PERIOD FROM 01 APRIL 2017 TO 28 FEBRUARY 2018

Month 11 February	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	168,537	168,626	88	184,447	184,523	77
Placements	37,985	36,921	-1,063	41,138	39,867	-1,271
Community & Non Acute	51,050	51,023	-27	55,691	55,676	-15
Mental Health Services	25,036	25,065	29	27,312	27,344	32
Other Commissioned Services	8,466	8,955	489	9,228	9,769	541
Primary Care	6,671	6,165	-505	7,413	7,087	-326
Subtotal	297,745	296,756	-989	325,228	324,266	-962
Running Costs & Technical/Risk	4,908	4,985	77	12,251	13,017	766
CCG Net Operating Expenditure	302,653	301,741	-913	337,479	337,283	-196
Risk Share					-	-
CCG Net Operating Expenditure (after Risk Share)	302,653	301,741	-913	337,479	337,283	-196
PCC COMMISSIONED SERVICES						
Children, Young People & Families	29,640	30,006	366	35,245	35,800	554
Strategic Cooperative Commissioning	64,600	64,691	91	77,520	77,155	-365
Education, Participation & Skills	84,691	84,782	91	101,811	101,793	-18
Community Connections	3,240	3,245	6	4,040	4,033	-8
Director of people	180	169	-11	203	203	-
Public Health	13,269	13,269	-	15,923	15,923	-
Subtotal	195,620	196,162	543	234,744	234,907	163
Support Services costs	13,690	13,690	-	16,428	16,428	-
Disabled Facilities Grant (Cap Spend)	1,772	1,772	-	2,126	2,126	-
Recovery Plans in Development	-	-	-	-	-	-
PCC Net Operating Expenditure	211,082	211,625	543	253,298	253,461	163
Risk Share					-	-
PCC Net Operating Expenditure (after Risk Share)	211,082	211,625	543	253,298	253,461	163
Combined Integrated Fund	513,735	513,365	-370	590,777	590,744	-33

APPENDIX 2

WESTERN PDU MANAGED CONTRACTS FINANCIAL PERFORMANCE

Month 11 February	Year To Date			Current Year Forecast		
	Budget	Actual	Variance	Budget	Forecast	Variance
	£000's	£000's	Adv / (Fav) £000's	£000's	£000's	Adv / (Fav) £000's
ACUTE CARE						
NHS Plymouth Hospitals NHS Trust	178,294	178,296	2	194,944	194,944	-0
NHS South Devon Healthcare Foundation Trust	6,479	6,661	182	7,085	7,106	21
NHS London Contracts	1,608	1,367	-241	1,759	1,494	-265
Non Contracted Activity (NCA's)	8,552	7,245	-1,307	9,354	7,904	-1,450
Independent Sector	12,362	13,186	825	13,524	14,405	881
Referrals Management	2,459	2,346	-113	2,690	2,563	-128
Other Acute	-162	-189	-28	-176	-177	-1
Cancer Alliance Funding	206	206	0	224	224	-0
Subtotal	209,797	209,118	-679	229,404	228,462	-942
COMMUNITY & NON ACUTE						
Livewell Southwest	45,387	45,387	0	49,513	49,513	-
GPWSI's (incl Sentinel, Beacon etc)	1,483	1,458	-24	1,618	1,618	0
Community Equipment Plymouth	594	594	-0	648	640	-8
Peninsula Ultrasound	234	208	-27	256	275	19
Reablement	1,391	1,391	0	1,517	1,500	-17
Other Community Services	235	234	-1	256	255	-1
Joint Funding Plymouth CC	6,701	6,701	-	7,311	7,311	-0
Subtotal	56,025	55,973	-52	61,118	61,111	-7
MENTAL HEALTH SERVICES						
Livewell MH Services	24,855	24,855	-	27,115	27,115	-
Mental Health Contracts	23	23	-	26	26	-
Other Mental Health	926	908	-18	1,010	990	-20
Subtotal	25,805	25,786	-18	28,151	28,131	-20
OTHER COMMISSIONED SERVICES						
Stroke Association	140	159	19	153	159	6
Hospices	2,456	2,528	72	2,679	2,679	-
Discharge to Assess	5,988	6,449	461	6,533	7,034	501
Patient Transport Services	2,042	2,025	-17	2,228	2,205	-23
Wheelchairs Western Locality	1,650	1,815	165	1,800	1,979	179
Commissioning Schemes	175	155	-19	191	191	-
All Other	858	714	-145	938	913	-26
Subtotal	13,310	13,846	536	14,522	15,160	638
PRIMARY CARE						
Prescribing	52,224	52,901	678	56,971	57,710	739
Medicines Optimisation	224	182	-41	244	202	-42
Enhanced Services	8,012	8,003	-9	8,740	8,740	-
GP IT Revenue	3,102	3,036	-66	3,649	3,557	-92
Other Primary Care	2,591	2,591	0	2,982	2,983	0
Subtotal	66,153	66,715	562	72,587	73,192	605
TOTAL COMMISSIONED SERVICES	371,089	371,438	349	405,782	406,056	274

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

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 / PCC
	Acute Services Review	6 (High)	Member request – Aligned to Sustainability and Transformation Plan and outcome of review.	Sustainability and Transformation Plan – Kevin Baber (PHNT)
	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	Cllr 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)
	Health and Wellbeing Hubs		Member request	
	Dementia Friendly City		Member request – evaluate the impact	

Date of meeting	Agenda item	Prioritisation Score	Reason for consideration	Responsible Cabinet Member / Officer
	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)
	Safer Plymouth 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.	-
	Care Quality Commission		Member request (review outcomes and improvement plan)	
11 April 2018	Age Appropriate Dwellings		Member request	Cllr Nicholson/Cllr Ricketts/Paul Barnard and Councillor Wiggins (Chair of Planning Committee)
	Staff Survey		Staff survey results	
	Workforce Plan (STP)			
	Progress of the Health and Social Care Strategy for Devon			Piers Tetley/Craig McArdle
	School Standards Report		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.	Cllr Mrs Beer, Judith Harwood, Jayne Gorton
Planned Care Programme		For information only and the committee to be provided with an update in September.	Fiona Phelps/Craig McArdle	

Date of meeting	Agenda item	Prioritisation Score	Reason for consideration	Responsible Cabinet Member / Officer
	Integrated Fund monitoring Report	-	Standing Item – Written briefing only. Members to advise the Chair if matters arising require presence of an officer / or addition to work programme.	-
	Integrated Commissioning Score Card	-	Standing Item – Written briefing only. Members to advise the Chair if matters arising require presence of an officer / or addition to work programme.	-
Items to be scheduled				
	Homelessness to be reviewed by Place and Corporate Overview and Scrutiny Panel		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
New Municipal Year	Better Care Plan		Assess issues of sustainability in the context	
	Accountable Care System (STP)			
	Capitated Fair Shares Position Statement (STP)			
	Healthwatch (July)		Annual Report and overview of 2017 – 18	Karen Marcellino
	Safeguarding Adult and Children Board (June)		Update and Annual Report	Andy Bickley
	Public Health Annual Report (June)		Overview of the report	Ruth Harrell
Select Committee Reviews				
29 Nov 17	Primary Care Services – GP Select Committee			
TBC	End of Life Care		Member request	
TBC	Urgent Care			
18 and 19 Jan 2018	Budget Scrutiny			
28 Feb 2018	GP Select Committee – Update			

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