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WELLBEING OVERVIEW AND SCRUTINY COMMITTEE

Wednesday 25 October 2017
2.00 pm
Warspite Room, Council House

Members:

Councillor Mrs Aspinall, Chair

Councillor James, Vice Chair

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

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

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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 on 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 - 4)

To confirm the minutes of the meeting held on 20 September 2017.

5. Plymouth Education System (Pages 5 - 26)

Members will receive an update on the Plymouth Education System.

6. CQC Review / Delayed Transfer in Care (Pages 27 - 38)

Members will receive an update on the CQC Review / Delayed Transfer in Care.

7. Integrated Commissioning Scorecard (Pages 39 - 46)

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 Adviser.

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

8. Integrated Finance Monitoring Report (Pages 47 - 62)

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 Adviser.

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

9. Work Programme

(Pages 63 - 64)

The Committee will receive the work programme.

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Wellbeing Overview and Scrutiny Committee**Wednesday 20 September 2017****Present:**

Councillor Mrs Aspinall, in the Chair.
Councillor James, Vice Chair.
Councillors Dann, McDonald, Tuffin and Tuohy.

Apologies for absence: Councillors Mrs Bridgeman, Deacon, Loveridge, Dr Mahony and Sparling

Absent from the meeting: Councillor Cook.

Also in attendance: Councillor Bowyer – Leader, Councillor Mrs Beer - Cabinet Member for Children and Young People, Tracey Lee - Chief Executive, Carole Burgoyne - Strategic Director for People, Alison Botham - Assistant Director for Children, Young People and Families and David Northey - Head of Integrated Finance, Ruth Harrell – Director of Public Health, Ross Jago – Lead Officer and Amelia Boulter – Democratic Adviser.

The meeting started at 10.00 am and finished at 11.33 am.

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.

30. Declarations of Interest

There were no declarations of interest.

31. Chairs Urgent Business

There were no items of Chair's Urgent Business.

32. Minutes

The Committee agreed the minutes of the meeting held on 9 August 2017.

33. **Establishing a Strategic Partnership with Torbay Council to deliver children's services**

The Leader accompanied by Councillor Mrs Beer, Cabinet Member for Children and Young People, Tracey Lee, Chief Executive, Carole Burgoyne, Strategic Director for People, Alison Botham, Assistant Director for Children, Young People and Families, David Northey, Head of Integrated Finance and Ruth Harrell, Director of Public Health introduced the item. It was reported that this proposal was a result of an invitation from the Children's Commissioner following the on-going issues to address Children Services in Torbay. The Commissioner and DfE were keen to see a sustain improvement in Children's Services in Torbay.

Key areas of questioning related to –

- (a) whether this council had the capacity to support this and the impact of staff;
- (b) the contract monitoring arrangements and the political oversight in both Plymouth and Torbay;
- (c) the language used rather than partnership the City Council would be a delivery partner delivering a contract;
- (d) timescales and clarity around whether this would lead to further arrangements with Torbay other than Children's Services;
- (e) financial support for this and the future funding for Plymouth and Torbay;
- (f) the risk to Plymouth if we were to exit the contract and the exit strategy;
- (g) further scrutiny of the contract;
- (h) Torbay's IT systems;
- (i) how this was being communicated to our staff;
- (j) the contract to include an Executive Member of Plymouth.

The committee advises council to consider, during its debate of the 25 September 2017, the following -

1. That council should consider this a contract arrangement rather than a strategic partnership;
2. That council seeks assurance –
 - a. that there will be no impact upon service delivery for Children and Young People in Plymouth or be of detriment to staff working in frontline social care.;
 - b. that such an arrangement will in no way impact upon the improvement journey for Plymouth City Councils Children and Young People services;
 - c. that the resource requirements for the delivery of Children's Social Care in Torbay is borne entirely by Torbay Council for the duration of the agreement and that there will be no requirement for the pooling of budgets or cross subsidy which impacts upon the people of Plymouth;
 - d. that Torbay Council will provide access to their overall budget and financial planning process to ensure effective due diligence and that decisions made for the medium term should be assessed to ensure they do not cause any unintended consequences for the delivery of children's services in Plymouth and Torbay;
 - e. that required staffing structures will not impact negatively upon service delivery in Plymouth, clear controls are put in place for staffing arrangements across the two authorities and that the arrangements improves the recruitment of social workers.
3. That subject to agreement from all stakeholders for the contract arrangement –
 - a. the Department of Education will provide the required funding for the additional burdens that will be placed on both Torbay and Plymouth in setting up such a partnership and that the contract will be developed at no cost to Plymouth City Council;
 - b. a comprehensive risk register is developed and provided to all stakeholders, including the Wellbeing Overview and Scrutiny Committee before any final decision is made.

- c. clear lines of both management and political accountability across both Local Authorities are established and Council is assured the reputational impact of serious incidents or negative judgements are contained to the relevant local authority;
 - d. Senior Management at Plymouth City Council have sufficient capacity given the breadth of the current remit.
4. All points as raised above are included in future reports to Wellbeing Overview and Scrutiny Committee on the due diligence process and such reports should also provide clarity on the improvement currently underway in Torbay Children's Services.

34. **Work Programme**

The Committee noted the Work Programme and requested officers to produce the Primary Care Services PID.

Education, Participation and Skills Transformation: Plan for the Department – Options for the Future.



Document Information

Programme / Project Name:	IHWB2: Children and Young People's Services
Date:	16/10/2017
Version:	V7.0
Project:	Education, Participation and Skills Plan for the Department – Options Paper
Author:	Jerry Clough/EPS SMT
Owner (SRO):	Carole Burgoyne

Document control

Version	Date	Author	Change Ref	Pages Affected
1.0	13/04/2017 – 07/06/2017	Mark Mortimer Jerry Clough	Various initial drafts and refinements	All
2.0	27/06/2017	Jerry Clough	Revised version following feedback from Programme Delivery Group	All
3.0	03/08/2017	Jerry Clough	Various amendments	All
4.0	11/09/2017	Jerry Clough	Various amendments	All
5.0	28/09/2017	Jerry Clough	Various amendments	All
6.0	3/10/17	Jerry Clough/Jayne Gorton	Various amendments	All

Sign off

Position	Name		Date
Assistant Director for Education Participation and Skills	Judith Harwood	Signed off for discussion by CMT, CIB Presented to System Design Group Signed off for Cabinet Planning Cabinet Planning approved for Cabinet Schools Forum	27/06/2017 28/09/2017 3/10/2017 10/10/17 11/10/17

Definition	Where this paper refers to 'Academies' this should be taken to include free schools, studio schools and University Technical Colleges. 'Maintained schools' means local authority maintained schools. 'Schools' refer collectively to both 'Academies' and 'Maintained Schools'. A 'setting' is an early year's establishment.
Scope	The scope of this document was agreed following a workshop with system leaders and approved by the Children's Improvement Board on 1 st February 2017 All current functions of the Education, Participation and Skills Department are in scope with the main notable exceptions of: <ul style="list-style-type: none"> ▪ Special Educational Needs and Disabilities Service (support services) as this is part of a separate stream of transformation work and procurement but will be linked closely to this offer as work progresses ▪ Child and Adolescent Mental Health Services ▪ School Nursing ▪ School Transport Contract (although the functions going forward are in scope)

Options for Education, Participation & Skills Department

Purpose of the report

To recommend a preferred option for the future of the Education, Participation & Skills Department

Decision to be taken

To select the best option for the Education, Participation & Skills Department and authorise the necessary project work to implement it

I. Executive Summary

As pressure on education budgets increases and the move towards Academies and Multi Academy Trusts continues, the role, size and nature of the Education Participation and Skills Department needs to be re-evaluated. It should also be recognised that for the foreseeable future a 'dual system' will operate: i.e. that maintained schools will still exist and the department will be required to support, challenge and intervene as necessary.

This paper identifies and evaluates 5 potential options for the future of the Department:

	<p>Option 4 - Work in Partnership with Schools on an Agreed Range of Services Evaluation: Impact ✓ Sustainability ✓ Risk ✓</p>	
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The paper identifies **Option 4** as the single preferred option and outlines the work being undertaken with schools and the next steps to bring forward a full business case in October 2017 establishing its viability. Option 3 is identified as a fall back option if Option 4 is not shown to be viable in the business case.

The paper details the work that has been done with schools across Plymouth to test their support for this partnership approach and 50% of schools have agreed in principle to create a partnership with the Council, based on the following proposition:

- to continue the dialogue with schools in preparing together a business case defining the scope and delivery vehicle to achieve Option 4 which would enable a partnership to be formed with schools to run the majority of services currently within the Education Participation and Skills Department
- To approve the budget for 2018/19 which with the support from schools and income from buyback of services and the DSG from the Schools' Forum would enable continuity of services for 2018/19 whilst the work is ongoing in defining the partnership and to use 2018/19 to create the long-term partnership
- To look to integrate the functions within Education, Participation and Skills Department with those provided by PLP/PEC in a new partnership entity.

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 - Work with Schools to date
 - Model of Partnership
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9. Summary, Recommendations and Next Steps

2. Background

Purpose of this Document

The Council has set out a clear and persuasive case for the importance of education within the Plymouth Plan. Government policy over recent years has radically impacted the role of local authorities in respect of education, with more schools moving to academies.

The Plan for Education guides the strategic ambition and direction for the City Council in respect of education. The purpose of this document is to set out the options for the future shape of the Education, Participation and Skills Department in light of government policy, Council strategy and the statutory requirements placed on the Department. This plan will show how the Department will achieve the Council's ambition within available resources.

Our context

Educational standards over recent years in Plymouth have shown some variation. However, in general, attainment has been below average for at all key stages and by the end of KS4, results remain below the national average in terms of attainment and progress. At Post-16 the percentage of pupils achieving three or more 'A' Levels grades A*-E is also below the national average.

In terms of disadvantaged pupils, the data highlights the fact that disadvantaged pupils attain less well than non-disadvantaged pupils. Attainment of children with special educational needs or disabilities performance data shows that at key stages 1 and 2, pupils in the city broadly attained at or above pupils with the same starting points, across most subjects, but by the end of KS4 SEND pupils broadly attain less well compared to all pupils with similar starting points. Results for Children Looked show that at key stages 1 and 2 performance was below those of all children nationally.

Destinations data for the city shows that the percentage of pupils in education, training or employment post-16 is on a rising trend with the latest figures showing that 95% of pupils secure employment with training or taking a place in further education.

In terms of the quality of provision, 85% of pupils attend good or outstanding primary schools (below the regional average) and 71% of pupils are educated in secondary schools judged to be at least good (well below the national average). 100% of special schools are good or outstanding. Absence and exclusions are rising across the city as is complexity of need. Social, emotional and mental health needs are a predominant category of special need. The number of children in elective home education is rising as are safeguarding concerns and complaints.

Integrated Health and Wellbeing

The City has an overarching approach to the future of its people based services detailed in its Integrated Health and Wellbeing Programme. This advances the benefits of collaborating with partners and integrating both commissioning and the provision of services where joint benefits can be realised. Decisions about the future of the Education, Participation and Skills Department will take the principles of Integrated Health and Wellbeing as the underpinning direction.



Context for the Education, Participation and Skills Department

The functions required to be undertaken by the Education, Participation and Skills Department have changed markedly over recent years.

In summary, the remaining functions of the Department will be a small core of co-ordinating statutory functions in respect of Academies (approximately 75% of Plymouth schools currently) with some additional improvement and oversight functions in respect of maintained schools (whilst the number will reduce from the current 25%, it is anticipated that there will remain a number of maintained schools for the foreseeable future).

This dual system has operated well in the city for a number of years with the local authority supporting the education system irrespective of the governance arrangements of schools.

The core remaining statutory functions for the City Council are:

- Promote high standards of education and ensure fair access to education
- General duty to secure sufficient schools (Placement Planning)
- School improvement in maintained schools and challenge to academies
- Promoting and coordinating cooperation
- Championing the best outcomes for children and young people including safeguarding
- Commissioning for those with additional need or vulnerability & alternative provision
- Admissions and transport
- Special Educational Needs and Disabilities

The Education, Participation and Skills Department currently employs around 450 staff and uses agency staff in a planned way for a number of functions.

Plymouth has a diverse educational estate with 99 schools and 125 private, voluntary and independent early years' settings. 45 childminders are registered to provide early years' education and care. There are 69 primary schools (includes 3 infants and 3 juniors), 2 nursery schools and 8 special schools including a pupil referral service. There are 19 secondary schools, all with post 16 provision, with diverse offerings, including grammar schools. In addition we have one all through primary/secondary free school.

Funding

The Dedicated Schools Grant funding is coming under increasing pressure and the Education Service Grant general fund has removed, placing significant financial burden on Plymouth City Council. This leaves a shortfall of circa £1.37 million, which will need to be matched by a reduction in expenditure.

There is, therefore, a genuine and pressing need to transform in order to secure the best possible outcomes for the children and young people in Plymouth as agreed in the Plymouth Plan within the resources available.

The current budget allocation for the Department is £9.81 million, which covers a range of responsibilities not just in schools and settings, but is also inclusive of Early Years functions and post 16 development.

3. **Reaffirming the Plan for Education in Plymouth to 2020** ***Working Together to Achieve Excellence***

Context and Introduction

The Plan for Education in Plymouth to 2020 was presented to Cabinet Planning on the 28 March 2017. As a key context for the plan for the Education, Participation and Skills Department, this section reaffirms the continued importance of the plan and the ambition and commitments that it contained. There is also a published Plan for Skills published with a strong partnership driving its delivery that informs the Departmental plan

The Plan for Education is supportive of agendas concerned with people and place: improving educational outcomes is a critical element of the city's growth agenda and the health and well-being of residents. The plan includes a section on the physical infrastructure required.

Progress against the Plan will be evaluated by the Plymouth Education Board comprising system leaders from schools, early years sector, the Plymouth City Council, higher education institutions, further education, the National College of Teaching and Learning and the Regional School Commissioner's Office. At the inaugural meeting of the Board, members agreed to focus initially on the priorities of leadership and disadvantage.

The Plan for Education is important as is the role of the Plymouth Education Board as the attainment for children and young people across the City is below national averages in many areas:

- Attainment is below average for reception year of primary school despite a rising trend over the last four years.
- At key stage 1, phonics results are improving, but are just below the national average.
- At the end of key stage 1, attainment across subjects is below the national average.
- At the end of Key Stage 2, results are below the national average for reading, writing and maths combined. Individually they are also below the national averages.'
- By the end of Key Stage 4, attainment in English and maths combined, is below the national average
- At Post-16 the percentage of pupils achieving three or more 'A' Levels grades A*-E is below the national average.
- Disadvantaged pupils attain less well than non-disadvantaged pupils and this is true for Early Years through to KS4.

The Vision

We will work in partnership and integrate where possible to provide vibrant and effective educational settings that enable children and young people to develop as active citizens and enjoy a good quality of life in a productive and resilient economy.

The Approach

Our work will encompass three key roles for the system and within that the Local Authority: that of '**Champion**', '**Commissioner**' and '**Convenor**'. **Champion:** Together we will champion the interests of parents and pupils by monitoring and challenging the work of all providers and schools. Parents and pupils will have their voices clearly heard and their interests effectively met.

Commissioner: We will commission (jointly where possible) a range of services and educational provision from a range of providers, including early years settings, schools and health, as a means of securing improved outcomes for all learners.

Convenor: We will promote and organise ways in which schools and the LA can integrate and collaborate with providers to secure improvement through networks and partnerships.

Working Together to Achieve Excellence

There's no room for complacency: standards in many indicators are improving gradually but need to improve more quickly. Head Teachers know that expectations are rising and are working in a system where autonomy is to be earned, enjoyed and embraced; they also know that becoming isolated will not serve them or the system well.

External support from and collaboration between schools and MATs, can accelerate improvement and remove barriers. In Plymouth, the Local Authority and schools acknowledge the shared responsibility for the outcomes for all children and young people and integrated approaches to improvement are now well embedded.

The new system requires different leadership and a new relationship and to be sustained it must adapt approaches to support, challenge and intervention and use available resource creatively and dynamically.

Reconfirming the Plan for Education

Whilst government policy and other drivers may shift the immediate emphasis within education, the Plan for Education 2020 remains the critical statement of intent and ambition of Plymouth City Council.

4. The Purpose and Vision for the Education, Participation and Skills Department

The purpose of the Education, Participation and Skills Department is:

- Everything we do is about:
 - Facilitating partnerships so that all children, young people and their families in Plymouth have the best access and opportunities
- We do this by
 - Championing for children and young people through Plymouth School Improvement Board.
 - Commissioning with others to secure the highest quality services
 - Convening collaborative relationships on all aspects of education to secure outstanding provision, widen opportunities and promote inclusion and equalities
- What this means the Department will do
 - Discharge our statutory responsibilities in a way that supports local schools to deliver the best outcomes for children and young people
 - Encourage and facilitate collaboration between all involved in education – between schools, local partners and regional bodies
 - Look to influence the 'best deal' through facilitating partnerships that deliver economies of scale and collective buying power.

Critical Success Factors

In delivering the vision for Education, Participation and Skills it is important that the following critical success factors are assessed in considering the options for the future of the Education, Participation and Skills Department:

- **Impact**
Plymouth City Council can demonstrate a positive impact on the future of children and young people in the City by supporting an education system that is flourishing and delivering high quality outcomes.
- **Sustainability**
The Department of Education, Participation and Skills is sustainable – the role and expectations of the Department must match with the budget available.
- **Risk**
The Department has a balanced approach to risks and potential liabilities, bearing a share of these within a partnership approach, but not exposing the Council to significant future potential costs.

The extent to which the options identified in the following analysis meet these critical success factors will be the first consideration of their viability.

5. Options for the Future of the Education, Participation and Skills Department

Having considered in some depth a range of options for the Education, Participation and Skills Department in Plymouth City Council, the following five distinct options have been identified as representing the different approaches for consideration.



Option 1 Do Nothing
Making a decision to take no additional action at the present time with the Department continuing in its current form with minor operational amendments



Option 2 Focus on Statutory Functions Only
The Department would focus on commissioning services to meet its statutory obligations and cease any involvement in discretionary education activities



Option 3 Focus on Statutory Functions, plus a small number of additional priorities
The Department would focus on commissioning services to meet its statutory obligations and ensure that a few, key additional priority areas are still provided to schools



Option 4 Work in Partnership with Schools on an Agreed Range of Services
In addition to statutory functions, work with schools to agree a partnership or range of partnerships to deliver key priority and beneficial functions, with shared risk and reward



Option 5 Set-up a Council Owned Trading Company
The Council could opt to discharge its statutory obligations and then set up a trading company to secure contracts for a range of educational services with schools and Academies

6. Review of Options

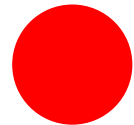
The evaluation of the 5 options summarised in the table below, shows a clear preferred option which meets the three Critical Success Factors. There is a second option that could be further explored if the preferred option cannot be achieved.

Option 4 allows:

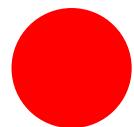
Impact	The Council maximises influence in the future of education in the City achieving greater influence through working in positive partnership
Sustainability	The partnerships are scaled to the size that everyone commits to and the nature of a partnership binds all partners in to the success of the venture
Risk	The partnerships would be established on the basis of agreeing jointly how to handle future risks – a partnership ensures that parties commit to a longer term arrangement



Option 1 - Do Nothing
Evaluation: Impact ✘ Sustainability ✘ Risk ✘
 Not recommended for further consideration



Option 2 - Focus on Statutory Functions Only
Evaluation: Impact ✘ Sustainability ✔ Risk ~
 Not recommended for further consideration



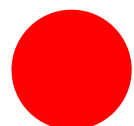
Option 3 - Focus on Statutory Functions, plus a small number of additional priorities
Evaluation: Impact ~ Sustainability ~ Risk ~
 Recommended for consideration if preferred option cannot be achieved



Option 4 - Work in Partnership with Schools on an Agreed Range of Services
Evaluation: Impact ✔ Sustainability ✔ Risk ✔
 Recommended for further consideration



Option 5 - Set-up a Council Owned Trading Company
Evaluation: Impact ~ Sustainability ✔ Risk ✘
 Not recommended for further consideration



Option Recommendation

It is recommended to explore **Option 4 - Work in Partnership with Schools on an Agreed Range of Services** in more detail, as its evaluation shows significant opportunities over and above any option identified. This option will be explored with schools to gauge their interest and then detailed partnership options examined in a full business case.

Option 3 would be pursued if Option 4 cannot be achieved

Moving from Option Recommendation to Implementation of a Full Proposal

In recommending Option 4 – work in partnership with schools on an agreed range of services, there are some clear steps that need to be taken in order to consider a full proposal.

Finance: The financial position of the department needs to be understood and the full proposal recommended must show how it sustainably addresses the financial requirement.

Flexibility: Given that education policy is subject to change, it is important that the full proposal is able to be adaptable so that the Council can deliver on its statutory responsibilities and its ambition set out in the Plan for Education.

Partners' Agreement: The recommendation of option 4 to work in partnership, clearly requires willing partners in order to be successful. In considering the final proposal, it must be clear that enough partners, in this case, schools and multi academy trusts, support the proposal and have demonstrated a degree of commitment to the road map set out.

The next 2 sections of this document therefore cover:

7. Departmental Financial Position
8. A Partnership with Schools

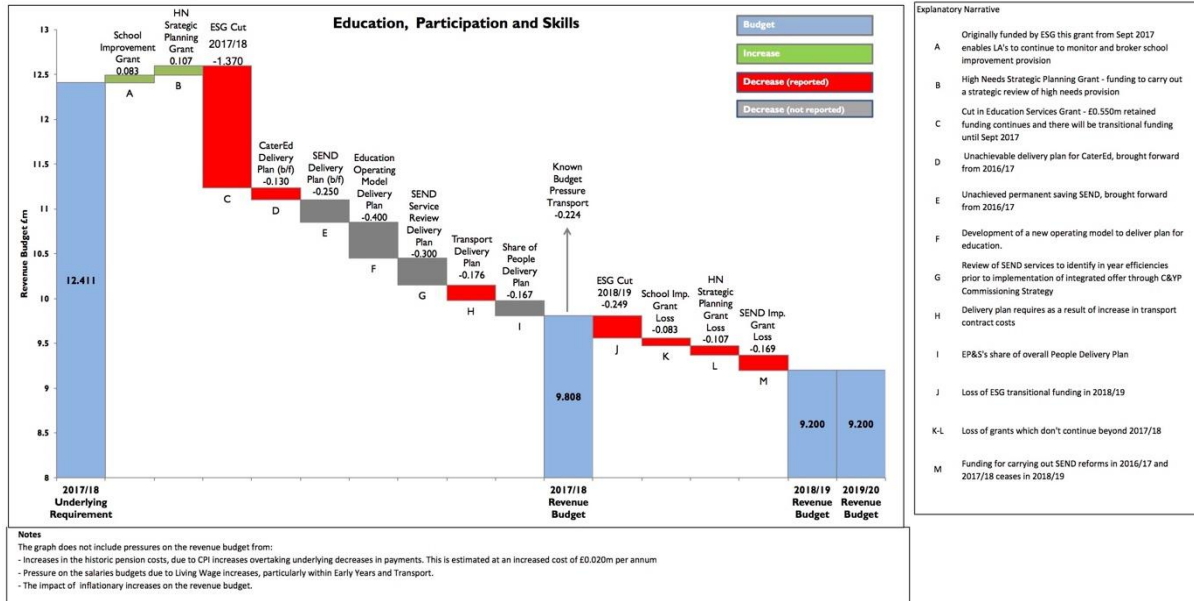
7. Departmental Finance Position

2017/18 Budget Position

The revenue budget for the Education, Participation and Skills Department is under significant pressure as a result of the general factors affecting local authority funding and due to the particular changes to education funding.

In 2017/18, the pressure on the revenue budget totals approximately £2.8million.

The waterfall diagram shows the budget changes between years.



The removal of the Education Support Grant essentially would leave the education revenue budget paying for long-term pension liabilities that are a result of decision taken over 20 years ago. As a result of the apparent perversity of this outcome and in order to protect spend on current education priorities, the Council has decided to absorb this cost within its central corporate budget. This limits the savings requirement within the department to approximately £1.4 million.

By September 2017, the Department has identified around £1m of the savings required and managed some significant emerging in-year cost pressures. This leaves the revenue budget with a projected overspend of approximately £400,000.

Long-Term Budget Position

The Department has a further savings requirement for 2018/19 of approximately £800,000, but after specific grant reductions are removed (as spend should be relatively easily reduced in line with the grant reduction), the savings requirement is £349,000. Clearly the Department will also have to manage any underachievement in recurrent savings against the 2017/18 plan.

In the longer-term, the Education, Participation and Skills Department will be sized to be recurrently affordable, by matching to the recurrent budget that will be available. This will be done by scaling back to focussing on the statutory responsibilities for the Department and a small number of further priorities that may be affordable.

The table below shows how the total Departmental budget is built up from a range of funding sources and how this splits by the service bundles used to analyse the workings of the Department.

Education, Participation & Skills Gross Budget Funding £m	Gross Budget	Revenue Funding	DSG Funding	ESG Funding	Grant Income	Income from Schools	Other Income
School Improvement	2.24	0.90	-0.47		-0.39	-0.40	-0.08
Health & Wellbeing	0.20	0.08	-0.01			-0.07	-0.04
Transport	4.37	4.06	-0.08			-0.09	-0.14
Admissions and organisation	1.00	0.40	-0.44			-0.07	-0.09
Safe Guarding & Inclusion	0.98	0.50	-0.23			-0.22	-0.03
Skills	0.28	0.28					
Total	9.06	6.21	-1.23	0.00	-0.39	-0.85	-0.38
Schools Funding	60.15	0.00	-60.15				
SEND	24.04	4.09	-16.84		-0.28	-0.20	-2.63
Schools support	5.45	0.87	-3.27	-0.87	-0.06	-0.38	
Community meals	0.13	0.00					-0.13
On course South West	1.87	0.00			-1.87		
Sports	0.31	0.25			-0.04		-0.02
Delivery Plans		-2.07					
Other Adjustments e.g. Data Team	0.49	0.45	-0.04				
Total	101.50	9.81	-81.53	-0.87	-2.63	-1.43	-3.16

Additional services will only be undertaken in partnership with schools and only where there is a proven, affordable case for providing the funding for these services from the money available to schools. If this partnership approach cannot be delivered, then those additional services will no longer be available to schools or provided.

This approach gives a significant degree of assurance about the longer-term budget position for the Department. However, depending on the outcome of the partnership conversation with schools, it may be necessary to consider how to manage some one-off costs of reprofiling the Department to the resources recurrently available.

Financial Requirements for Partnership

The financial requirements for the Education, Participation and Skills Department to create a partnership with schools on a long-term basis are that the partnership could show how the 2017/18 remaining cost pressure is met of £400,000 and to give confidence that the structure created could find savings in 2018/19 of a further £349,000.

In seeking to resolve this with partners, it should be noted that the Council's contribution to the partnership would amount to:

- Up to £9 million of direct revenue funding, depending on the natures of services within the partnership
- The associated support services charges that add to the £9m of direct cost to give the total cost
- The £1.4 million of pension costs that the Council has met from its corporate resources.

Therefore, whilst there is a remaining financial challenge, the move to a partnership model is matched by a real commitment in recurring resources from the Council.

8. A Partnership with Schools

Definition of Partnership

The term 'Partnership' is used in this context to distinguish a way of joint working for the future from other models, such as the Council creating a trading entity owned and run by the Council to supply services.

In essence, partnership means a venture in which both the Council and Schools who are interested have a stake in the ownership and agree how to share the full costs, risk, liabilities and any potential surplus or income.

A partnership is not a mechanism for the Council to avoid its legitimate historic commitments or costs. However, neither is it a way for the Council to retain all the financial risk whilst others benefit from the opportunities. A partnership would be established with a full and open joint understanding of potential benefits, risk and liabilities across all parties.

The partnership form and agreement would need to cover the following imperatives:

- Long Term Commitment – partners commit to the long term benefits of establishing a joint venture and the rules of the partnership bind long-term commitment from all
- Shared Ownership – the partners all have a stake in the success of the venture
- Promote innovation – the partnership works in a way to build on and innovate by schools playing a full and active part, bringing new levels of ideas and ways of working
- Share benefits, surpluses, risks and liabilities – the partnership is clear about the potential benefits and how these would be shared. Equally, risks and liabilities are known and agreed
- Flexibility of Structure – based on the needs of ownership, influence and the most efficient and effective way to structure the joint venture

Ultimately, a partnership must be able to demonstrate that it will have a positive impact on the education system in Plymouth and be clear on the vision and purpose shared by schools and the Council.

Examples of Partnerships in the Education Environment

There are a number of examples of successful partnership in Plymouth, including:

- CATERed where the Council owns 51% of the venture and Schools own 49% (percentage breakdown necessary to satisfy pension requirements), but the structure of the Board (6 school Directors, 2 Council Directors) sees far greater influence for schools
- Building Plymouth
- Plymouth Teaching Schools Alliance /Plymouth Learning Partnership

Work with Schools to date

A number of events to discuss the options for the future of the Education, Participation and Skills Department have been held with Head Teachers, Governors and Multi Academy Trust Chief Executives starting with a workshop on Thursday 25th May 2017 which was attended

by 25 schools from across Plymouth. In order to ensure that the widest range of schools were able to give their views, further events were run throughout June as well as updates at various different forums with schools.

Schools were invited to consider the services currently provided by the Council and, following discussion and debate, indicate their views on working in partnership with the Council in the future.

Whilst the total number of schools replying formally at that time was less than 40%, other views have been expressed giving a level of indication of preference from around 50% of schools.

Across all 6 service bundles, the majority of schools were interested in working in partnership with the Council, with the exception of skills where schools indicated that they needed more information.

	Interested in exploring partnership	May be interested, but need more information	Looking at other options/ not relevant
1. School Improvement	20	11	1
2. Health and Wellbeing	16	14	2
3. Transport	18	9	4
4. Admissions & Organisation	28	5	2
5. Inclusion	29	2	2
6. Skills	6	17	5

Whilst this does not indicate the views of all schools, the support was strong enough for the Corporate Management Team to support further conversations with schools to explore the partnership option in more detail.

A further series of meetings was held in September 2017 commencing with Head Teachers representing their specific phase organisations. The meetings explored in more depth the type of partnership that schools and the Council might enter in to and the rationale for doing so. They examined the financial proposition, noting the 2017/18 in-year shortfall in the Council funding that would need to be resolved. An engagement session was held on 25 September 2017 to outline the work to date where a further 39 schools attended along with Plymouth Excellence Cluster, Plymouth Teaching School Alliance and Plymouth Learning Partnership. Two further meetings were held on the 2 October 2017 with Heads and CEO's of Multi Academy Trusts. In total we have now met with 70 of the 99 schools in the City. Schools Forum met on 11 October and fully supported the work to date, the options paper and the proposition being presented to Cabinet on 31 October 2017.

The proposition in summary is:

- To look to create a long-term partnership between schools and the Council for the majority of services currently provided by the Education, Participation and Skills Department

- To recognise that there was a potential shortfall in funding of £400,000 and as a first call to see if Schools' Forum could identify DSG funding that could be repurposed to cover this amount
- To make a commitment to maintain levels of buyback for 2017/18 and 2018/19 and DSG funding to allow detailed discussions to be undertaken
- To look to reconstruct arrangements with PLP/PEC in order to create a new partnership covering a comprehensive range of services in the City with ownership shared and including schools
- To work as a partnership to reduce the overall cost of the partnership, on the belief that integrating a range of services and working collaboratively offers significant savings, in order to determine whether to reinvest in an enhanced offer for partners or to release funding for schools use
- To recognise the link to the Plymouth Education Board and how the partnership would support the ambition to raise attainment and standards across the City

Model of Partnership

There have been various approaches to creating a partnership explored:

- Use CaterEd as the partnership vehicle for the new service vehicles
- Use a new company within the .Ed framework as the new partnership vehicle
- Create a new stand-alone partnership

And it was felt there was an opportunity, if sufficient time were available, to take a strategic look at how services to schools could be organised across the City to support the ambition of the Plymouth Education Board.

Partnership Proposition

Following discussions with schools, it was felt that there are enough schools who have given a firm indication to support for a partnership approach for this to be a robust and viable option

9. Summary, Recommendations and Next Steps

This paper has provided analysis of the options for the approach to the Education, Participation and Skills Department, based on its revised purpose.

Recommendations

- That Cabinet approve the attached report to enable the further work to continue with schools to develop a business case for future partnership working
- That Cabinet recommend to Council that the 2018/19 revenue budget be set at not less than £9.2m which with the support from schools and income from buyback of services and the Dedicated Schools Grant would enable continuity of services for 2018/19 whilst the work is ongoing in defining the partnership.

**Appendix I
Detailed Consideration and Evaluation of Options**

Each of the options is evaluated using the critical success factors over the following pages



Option I Do Nothing
Making a decision to take no additional action at the present time with the Department continuing in its current form with minor operational amendments

Summary

In order to evaluate all options available, this option explores the impact on the Department of not substantially changing the way in which it operates, despite the significant changes in education policy and expectations. The reason for the creation of the business case is the necessity to change to meet new intended outcomes, so the evaluation of this option should support the rationale for the business case, by demonstrating that not changing would have hugely significant negative consequences.

Benefits	Dis-benefits
Project resource can be diverted elsewhere	Academisation will lead to diminishing Council influence and funding and an ability to positively impact on education in the City
No implementation costs	The Department would not address the budget challenges that it is facing with potential of c£1.37m not addressed – the Department would not meet its sustainability target
No burden on management capacity	The Council will be exposed to all of the risks and liabilities of a changing education system with no positive action taken to address new requirements
No redundancy costs	The service will not align easily to corporate strategy (Champion, Commission, Collaborate)
	If the Council does not reposition itself, it risks losing its ability to focus services where improvements are necessary
	If the Council does not deliver services in an alternative way, it risks having to significantly reduce or cancel non-statutory services

Evaluation

- ✘ Impact** The Council would lose influence and may not positively impact on education in the City
- ✘ Sustainability** The Department would not be sustainable, even in the short term
- ✘ Risk** The Council would be left with significant risk from not addressing change

This option fails to address any of the 3 Critical Success Factors

This option is not recommended for further consideration



<p>Option 2 Focus on Statutory Functions Only</p>
<p>The Department would focus on commissioning services to meet its statutory obligations and cease any involvement in discretionary education activities</p>

Summary

The Council could opt to focus only on the statutory obligations placed on it and leave schools to determine whether they want any additional services and if they do, where they would buy them from. The Department could commission services to meet its obligations and therefore move to being a very small statutory commissioning function or retain staff to provide those functions directly.

Benefits	Dis-benefits
Subject to financial benefit analysis – may offset a proportion of £1.37million pressure on the revenue budget through a significant reduction in the size of the department	The Council would significantly limit its influence and education across the City would suffer as a result of the loss of the productive joint working currently occurring
Would reduce future risks and liabilities on the Council	The parring back of functions to minimum requirement would have a significant impact on close dependencies, eg ability to effectively commission and collaborate
Would impact on accommodation and back office functions offering further indirect savings	Would not optimise and utilise existing resources and a loss of experience
A smaller focused team would have clarity of purpose around statutory functions such as strategy, planning oversight & assurance	May damage reputation, especially if School Cross Patrols /Independent Travel were to be removed
Any statutory service delivery requirements could be commissioned, or delivered in such a way as to further reduce costs	May lead to redundancies and related costs which would have to be offset against any financial benefits

Evaluation

- ✘ **Impact** By focusing on statutory obligations the Council would limit its positive influence and impact on education in the City
- ✔ **Sustainability** This option allows the Council to limit exposure to the affordable statutory functions
- ~ **Risk** The long-term risks and liabilities are minimised, but there may be considerable short-term costs

Of the 3 Critical Success Factors, this option achieves on **Sustainability**, fails on **Impact** and **Risk** would require further analysis

This option is not recommended for further consideration as it would represent the Council deciding to play a minimal role in the future of education in the City



<p>Option 3 Focus on Statutory Functions, plus a small number of additional priorities</p>
<p>The Department would focus on commissioning services to meet its statutory obligations and ensure that a few, key additional priority areas are still provided to schools</p>

Summary

The Council could opt to define a few additional priority services as critical to the success of schools and that have shown the most significant benefit over the last few years. It would continue to provide these to schools, with or without schools contributing to some of that cost, but would ensure that on top of statutory functions, some of the key elements of the Council’s impact on education are maintained.

Benefits	Dis-benefits
Focus on key priorities would achieve some efficiencies and optimise resources	The Council may be seen as defining which services are important and which are not – very much in its traditional role
May offset a proportion of £1.37million pressure on the revenue budget	The Council would need to determine an approach to schools who may see the services offered as of less value
Would reduce the risk of unfinanced expenditure	The approach to charging for discretionary services may limit interest and leave unfunded expenditure
Some limited impact on accommodation and back office functions offering indirect savings	Savings from the project may not be sufficient
Would optimise a refocused workforce, aligned to programme outputs and plan for education	Short term redundancy costs for services not defined as key priorities and risk of longer term liability for discretionary services provided
Would allow the consideration of some service delivery via tender or commissioning	Perceived reduction in Council support for Early Years settings
	Some loss of experience

Evaluation

- ~ **Impact** The Council retains some influence, but seen as acting in its old role
- ~ **Sustainability** Expenditure is reduced, but may not be sufficient to match budget
- ~ **Risk** There may be some short term costs and some longer term risk remain

This option is does not draw clear conclusions on any of the 3 Critical Success Factors, but none are achieved

This option would be recommended for further consideration only if a preferred option could not be achieved; with further work it may mitigate risk successfully, but doesn’t deliver on Key Success Criteria



**Option 4
Work in Partnership with Schools on an Agreed Range of Services**

In addition to statutory functions, work with schools to agree a partnership or range of partnerships to deliver key priority and beneficial functions, with shared risk and reward

Summary

The Council could look to maximise partnership arrangements with schools, with flexibility about ownership and governance, in order to achieve education goals in the City. This builds on excellent examples of partnerships such as CATERed and the new Plymouth Schools Improvement Board, with a focus on ensuring schools value services that the Department feel adds value. This would see staff move in to partnership ventures.

Benefits	Dis-benefits
Fits with the Council’s overall commissioning model. In effect schools would ‘commission’ the service	Relies on schools to want to work in partnership with the Council when they may wish to be free from Council involvement
Would maximise the Council’s influence in education in the City – a convener of partnership arrangements	There may be a mixed view from schools making partnership arrangements in different areas complicated or unwieldy
Should be able to significantly offset the £1.37 million pressure on the budget and optimize resources and efficiencies	It may be hard to agree on the balance of risk and ownership
Reduces future risk – the Council would only enter partnerships where future risk and liabilities are shared	Partnerships may be complex to establish and require significant programme input
Gains long term commitment from schools as partners in a joint venture	Redundancies may still be required
Would offer the platform for innovative new ways of working and transformation working collaborative with emerging Academies	Areas where schools do not wish to work in partnership will cease – even if the Department think they are important
Impact on accommodation requirements, bringing indirect benefits of smaller estate	Objectives might not be consistently aligned with partners/potential partners
Freedom and flexibility to consider more efficient, alternative service provision (i.e. third sector/partner involvement)	As services are added, governance may become complex. This may weaken strategic leadership and the ability to act decisively

Evaluation

- ✓ **Impact** The Council maximises influence in the future of education in the City
- ✓ **Sustainability** The partnerships are scaled to the size that everyone commits to
- ✓ **Risk** The partnerships would be established on the basis of agreeing jointly how to handle future risks

All three of the Critical Success Factors evaluation positively

This option is recommended for further consideration



<p>Option 5 Set-up a Council Owned Trading Company</p>
<p>The Council could opt to discharge its statutory obligations and then set up a trading company to secure contracts for a range of educational services with schools and Academies</p>

Summary

In many areas Councils have moved to establish trading functions with the potential to generate additional income whilst providing services. This would operate on a commercial basis with services sold to any schools in or outside Plymouth who wish to buy from the company and would compete with existing public and private sector suppliers.

Benefits	Dis-benefits
Freedom to trade and generate income; could make a surplus for the Council to improve services	The Council’s influence in education is largely left to a trading relationship and therefore is limited
Subject to financial benefit analysis – may offset a proportion of £1.37 million pressure on the revenue budget, but not in the short term	The Council is left with all of the risk if schools were to choose a different provider for some or all of their services at any point
Would offer the platform for innovative new ways of working and transformation	Significant support required to establish
The Council, though the company, would be a significant education presence in the City	Limited customer base (schools) with restricted financial flexibility
An existing vehicle (CATERed) might be utilised to aid the process of transformation	Redundancies may still be required
	Lack of commercial expertise may hinder growth – there are more mature providers in the market
	Unlikely to meet short term saving targets without significant service reductions or increased income from schools

Evaluation

- ~ **Impact** Some ongoing influence in education, but mostly limited to a trading relationship
- ✓ **Sustainability** The company would only trade in areas where enough schools wish to purchase services
- ✗ **Risk** The Council would retain all of the risk of schools choosing a different provider at any point

Of the 3 Critical Success Factors, **Impact** can only be judged when schools’ intentions are clear, short term **Sustainability** evaluates well, but the Council is left with significant **Risk**

This option is not recommended for further consideration

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Plymouth CQC Local System Review



CQC Local System Review- Background

- Following the budget announcement of additional funding for adult social care, the Secretaries of State have asked CQC to undertake a programme of targeted reviews in local authority areas.
- Each review will answer the question:
How well do people move through the health and social care system, with a particular focus on the interface, and what improvements could be made?
- 20 Health and Social Care Systems to be reviewed
- First 12 identified including Plymouth with a review date of December

CQC Review Programme

Area	Site visit
Halton	21 to 25 August
Bracknell Forest	4 to 8 September
Stoke-on-Trent	4 to 8 September
Hartlepool	9 to 13 October
Manchester	16 to 20 October
Trafford	16 to 20 October
York	30 October to 3 November
East Sussex	13 to 17 November
Oxfordshire	27 November to 1 December
Plymouth	4 to 8 December
Birmingham	22 to 26 January 2018
Coventry	22 to 26 January 2018

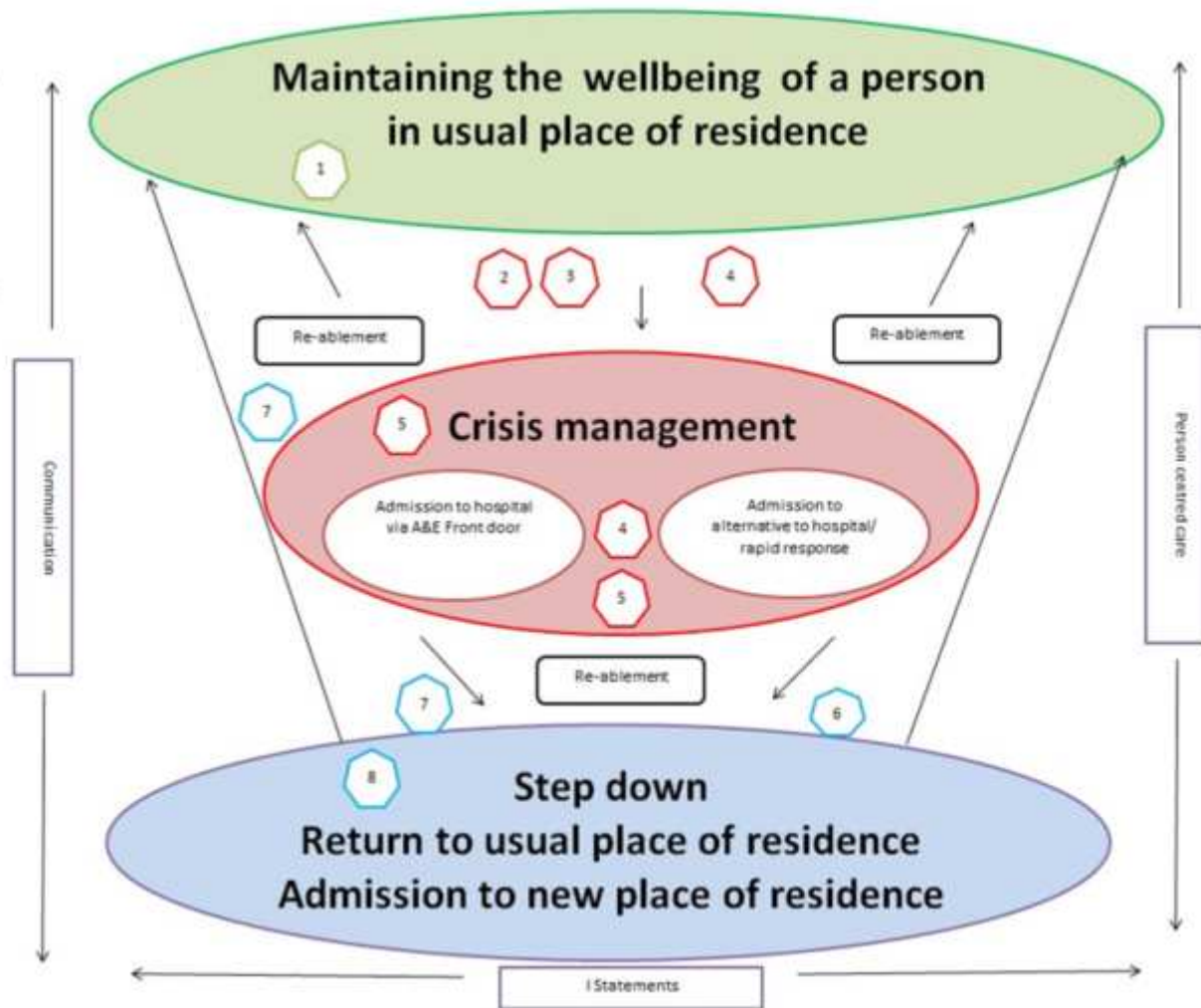
CQC Approach

The local area reviews will consider system performance along a number of 'pressure points' on a typical pathway of care

- The local area reviews will focus on older people aged over 65
- Focus on the interface between social care and general primary care and acute and community health services
- Reviews will look at both a number of local areas that are performing well, and others that are not
- Each of the 20 areas reviewed will be provided with a bespoke letter detailing our findings that will be sent to the HWBB.
- The findings of the reviews will be compiled into a National Report to give overall advice to the Secretaries of State.

Pressure Points

1. Maintenance of people's health and well being in their usual place of residence
2. Multiple confusing points to navigate in the system
3. Varied access to GP/ Urgent Care centres/ Community care/ social care
4. Varied access to alternative to hospital admission
5. Ambulance interface
6. Discharge planning delays and varied access to ongoing health and social care
7. Varied access to re-ablement
8. Transfer from re-ablement



Key Lines of Enquiry

Safe

- How are people using services supported to move safely across health and social care to prevent avoidable harm?

Effective

- How effective are health and social care services in maintaining and improving health, wellbeing and independence?

Caring

- Do people experience a compassionate, high quality and seamless service across the system which leaves them feeling supported and involved in maximising their wellbeing?

Responsive

- To what extent are services across the health and social care interface responsive to people's individual needs?

Key Lines of Enquiry

Well-led

- Is there a shared clear vision and credible strategy to deliver high quality care and support which is understood across the health and social care interface?
- What impact is governance of the health and social care interface having on quality of care across the system?
- To what extent is the system working together to develop its health and social care workforce to meet the needs of its population?
- Is commissioning of care across the health and social care interface, demonstrating a whole system approach based on the needs of the local population?

Resource Governance

- How do system partners assure themselves that resources are being used to achieve sustainable high quality care and promoting peoples' independence?

Local System Review Process

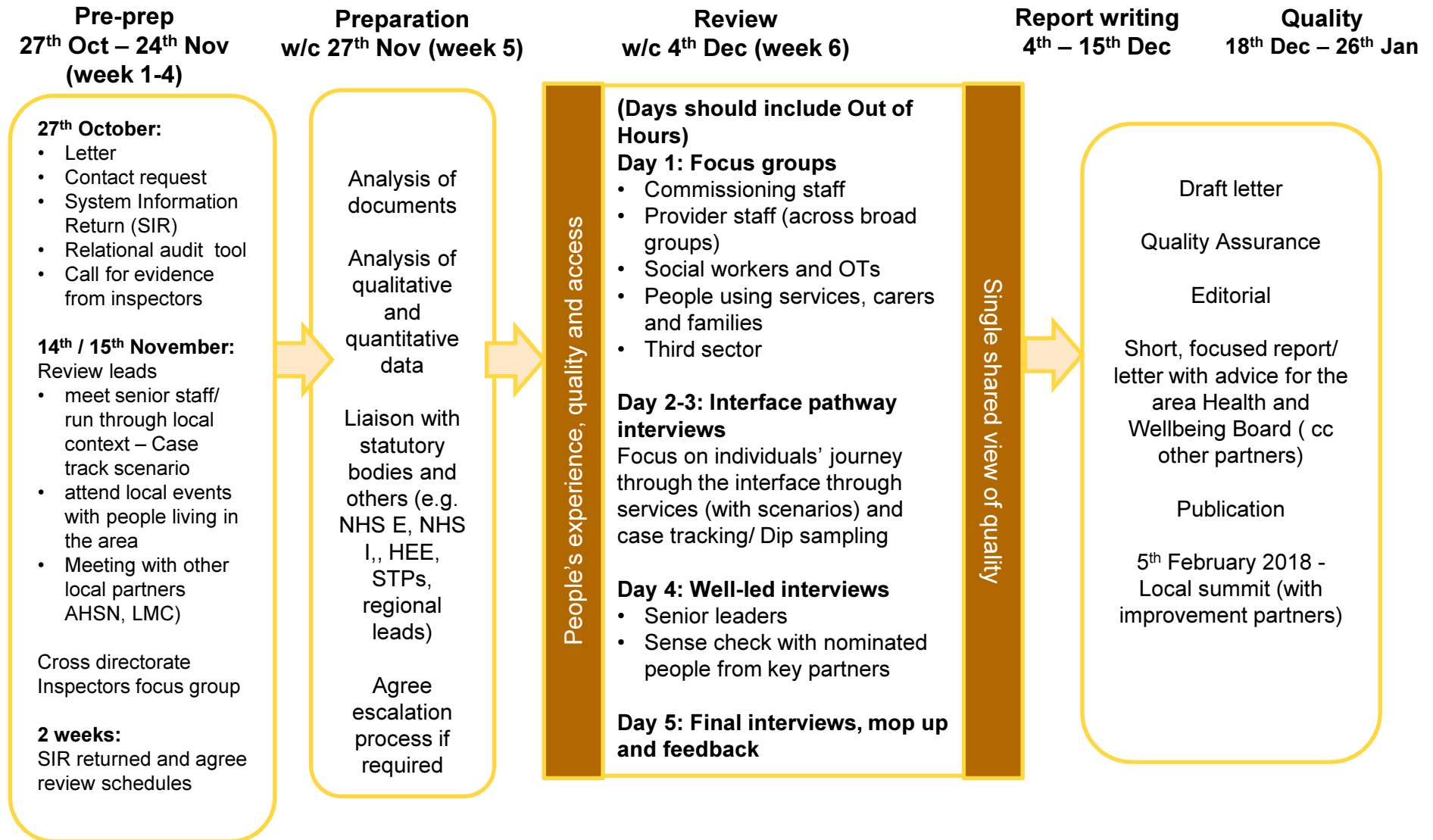
- Information Gathering
- Local System Overview Information Request
 - 1. Background to your local system
 - 2. People who use services, their carers and families
 - 3. Market shaping
 - 4. Integrated service delivery
 - 5. Monitoring performance and progress
- Site Visits including focus groups and interviews
- Relational Audit
- Case tracking
- Use of “I” statements
- Information flow tool

Who will be involved in the review?

The review will be whole system and will involve:

- Plymouth City Council
- NHS Northern, Eastern and Western Clinical Commissioning Group
- Plymouth Hospitals NHS Trust
- Livewell Southwest
- South West Ambulance Service
- Primary Care
- Healthwatch
- Voluntary and Community sector
- Independent Providers
- Service Users and Carers

Timeline



Initial Performance Summary

Local Authority	Emergency Admissions (65+) per 100,000 of 65+ population	90th percentile of length of stay for emergency admissions (65+)	Total Delayed Days per 100,000 18+ population	Proportion of older people (65+) who were still at home 91 days after discharge	Proportion of older people (65+) who are discharged from hospital who receive reablement/ rehabilitation services	Proportion of discharges (following emergency admissions) which occur at the weekend
Birmingham	16	5	14	13	5	9
Bracknell Forest	8	13	13	16	9	8
Coventry	16	14	15	10	15	3
East Sussex	4	16	14	1	14	14
Halton	9	16	15	15	6	10
Hartlepool	10	13	14	7	9	13
Manchester	16	10	11	16	6	8
Oxfordshire	9	1	16	9	8	4
Plymouth	3	7	16	8	5	14
Stoke-on-Trent	15	7	16	12	16	9
Trafford	14	15	16	1	10	6
York	12	8	11	15	12	15

Potential Lines of Enquiry

- Meeting Demand and Demographic Pressures
- System Flow
- Findings from Peer Reviews
- Primary Care Fragility
- Workforce Challenges



INTEGRATED HEALTH & WELLBEING SYSTEM PERFORMANCE SCORECARD SEPTEMBER 2017



Northern, Eastern and Western Devon
Clinical Commissioning Group



1. INTRODUCTION

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

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

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

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

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

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

2. COLOUR SCHEME – BENCHMARK COLUMN

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

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

For the rest of the indicators:

- Indicators highlighted green show where Plymouth 15% better than England's average.
- Indicators highlighted amber show where Plymouth within 15% of England's average.

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

3. TREND GRAPHS

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

4. COLOUR SCHEME - TREND COLUMN (RAG)

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

5. PERFORMANCE BY EXCEPTION

WELLBEING

Estimated diagnosis rates for dementia – Increasing trend

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

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

Plymouth Hospitals NHS Trust is not achieving the 18-week referral to treatment standard. There has been capacity issues in a number of specialties in Plymouth Hospitals NHS Trust and referral reductions haven't been a large as planned. Some additional capacity has been made available in recent months which have eased some of the pressure but the target is not expected to be achieved in 2017/18. However, the aim is to ensure that no patients wait over 52 weeks by March 2018.

Accident and Emergency 4 hour wait

Plymouth Hospitals NHS Trust is not achieving the 4hr wait in A&E target. This is mainly due to demand pressures including an increase in A&E attendances. Plans are in place to achieve the target by Q4 2017/18. There was an improvement in performance from Aug 17 which is due to the performance of the MIUs now being recorded against Plymouth Hospitals NHS Trust.

Emergency admissions aged 65+

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

CHILDREN AND YOUNG PEOPLE

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

Assessment completion timeliness has decreased and stands at 71.1% against a target of 88%. The situation is being closely monitored and the Service Manager is supporting workers to enhance ways of working which will ultimately deliver an improvement in both timeliness and quality of assessment. Whilst completion of assessment timeliness has been impacted, close monitoring is in place to ensure children are being visited in a timely way.

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

COMMUNITY

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

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

In Plymouth we have been asked to reduce the rate of delayed transfers of care in the system by two thirds. During Quarter two the average number of delayed days per month was 1,691, this compares to 1,877 in quarter one so the reducing trajectory is positive. However there is still recognition that too many people are having to wait too long to be discharged from hospital. As such there is a focus on increasing the number of home first discharges, streamlining the assessment process and more joined up working between Livewell Southwest and the Trust.

Discharge at the weekend – Reducing trend

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

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

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

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

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



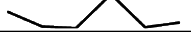

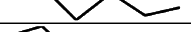

















6. WELLBEING

Commission only from providers who have a clear and proactive approach to health improvement, prevention of ill health, whole person wellbeing and working with the wider community in which they operate.							
Self-reported well-being: % of people with a low satisfaction score	Percentage	2016/17		5.3		3.8	Green
Self-reported well-being: % of people with a low worthwhile score	Percentage	2016/17		5.1		5.9	Red
Self-reported well-being: % of people with a low happiness score	Percentage	2016/17		11.5		9.5	Yellow
Self-reported well-being: % of people with a high anxiety score	Percentage	2016/17		22.9		21.7	Green
Place health improvement and the prevention of ill health at the core of our planned care system; demonstrably reducing the demand for urgent and complex interventions and yielding improvements in health and the behavioural determinants of health in Plymouth							
CCGOF Referral to Treatment waiting times (patients waiting over 18 weeks on incomplete pathway (%)) (PHNT)	Percentage	Aug-17	N/A	85.70%		83.80%	Yellow
A&E 4hr wait	Percentage	Sep-17	N/A	83.60%		88.18%	Yellow
NHSOF Estimated diagnosis rates for Dementia (Percentage)	Percentage	Aug-17	N/A	59.3		60.3	Green
Emergency Admissions to hospital (over 65s)	Count	Sep-17	N/A	1,388.0		1,434.0	Yellow
In hospital Falls with harm	Percentage	Aug-17	N/A	0.23		0.50	Red

7. CHILDREN AND YOUNG PEOPLE


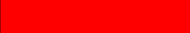

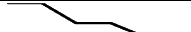

Keep our Children and Young People Safe: ensure effective safeguarding and provide excellent services for children in care							
Referrals carried out within 12 months of a previous referral (Re-referrals)	Percentage	2017/18 Q2	N/A	34.5		27.7	Green
Number of children subject to a Child Protection plan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

8. COMMUNITY

Reduce unnecessary emergency admissions to hospital across all ages by: • Responding quickly in a crisis • Focusing on timely discharge • Providing advice and guidance, recovery and reablement							
Proportion of people still at home 91 days after discharge from hospital into reablement/ rehabilitation services	Percentage	2017/18 - Q2	N/A	92.0		82.0	
IAPT Access Rate (PCH)	Percentage	Aug-17	N/A	1.36		1.22	
IAPT Recovery Rate (PCH)	Percentage	Aug-17	N/A	50.60		39.50	
Discharges at weekends and bank holidays	Percentage	Sep-17	N/A	0.19		0.18	
Rate of Delayed transfers of care per day, per 100,000 population	Rate per 100,000	2017/18 - Q2		14.0		26.0	
Rate of Delayed transfers of care per day, per 100,000 population, attributable to Adult Social Care	Rate per 100,000	2017/18 - Q2		6.6		11.9	
Provide person centred, flexible and enabling services for people who need on-going support to help them to live independently by:• Supporting people to manage their own health and care needs within suitable housing • Support the development of a range services that offer quality & choice in a safe environment • Further integrating health and social care							
People helped to live in their own home through the provision of Major Adaptation	Count	2017/18 - Q2	N/A	68		49	
Permanent admissions of older people (aged 65 and over) to residential and nursing care homes	Rate per 100,000	2017/18 - Q2		139.4		99.8	
Permanent admissions of younger people (aged 18-64) to residential and nursing care homes	Rate per 100,000	2017/18 - Q2		3.7		1.8	

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9. ENHANCED AND SPECIALIST

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

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Northern, Eastern and Western Devon
Clinical Commissioning Group



Plymouth Integrated Fund Finance Report – Month 05 2017/18

Introduction

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

The report is in several sections.

- The first section details the performance of the Integrated Fund, including the section 75 risk share arrangements.
- The second identifies the Better Care Fund, which is a subset of the wider Integrated Fund, but has specific monitoring and outcome expectations.
- The third section details the financial performance of the Western Planning and Delivery Unit (PDU) of the Clinical Commissioning Group (CCG).
- Appendix 1 which shows the Plymouth Integrated Fund performance and risk share.
- Appendix 2 which shows the PDU managed contracts financial performance.
- Appendix 3 which is a glossary of terms used in the report.

In summary, it is too early in the year to predict a move away from delivery of plan at this stage, however there are clear pressures in the system, and recovery measures are required to bring the spend back into line.

SECTION 1 – PLYMOUTH INTEGRATED FUND

Integrated Fund - Month 5 Report 2017/18

At this stage in the year it is too early to predict the impact of the risk share across the Integrated Fund. There are clear signs of pressure in the system, in particular around Looked after Children in Care, Intermediate Care in both Health and Social Care, and emerging risks for Continuing Healthcare. Recovery programmes are expected to bring these back into line.

The overall fund position is reflected in Appendix 1.

Plymouth City Council Integrated Fund

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

Children, Young People and Families

The Children Young People and Families Service are reporting a budget pressure of £1.500m at month 5. A region wide lack of placements has meant that children are still being placed in residential at a much higher cost rather than the preferred fostering placements.

As such, the overspend can be attributed to the increased cost and volume of looked after children's placements. We are on track to achieve savings against the £1.500m delivery plans in place and work is being currently undertaken at pace to reduce placement costs and consider realistic invest to save propositions.

The overall number of children in care at the end of the month of August stands at 392.

Strategic Co-operative Commissioning

The Strategic Commissioning service is forecasting a year end overspend against budget of £0.437m at month 5, no change from month 4. There is still a large pressure on the Domiciliary Intermediate Care budget, as per previous months.

Education, Participation and Skills

Education, Participation and Skills are reporting a balanced budget position at Month 5, no change from Month 4.

Community Connections

Community Connections is forecasting a month 5 budget overspend of £0.258m mainly as a result of increased demand for emergency temporary accommodation - a reduction of (£0.084m) from the previous month.

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

Public Health

Although the 17/18 Public Health ring-fenced grant was cut by a further £0.398m for Plymouth City Council, the Directorate is on track to achieve a balanced budget.

However it should be noted that there are pressures with achieving some income targets and there is increasing demand for activity led services.

Plymouth City Council Delivery Plans

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

Plymouth City Council	Year To Date			Current Year Forecast		
Month 4 - August 2017	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	788	788	-	1,890	1,890	-
Strategic Cooperative Commissioning	1,618	1,618	-	3,883	3,883	-
Education Participation & Skills	339	339	-	814	814	-
Community Connections	221	221	-	530	530	-
Additional People Savings	1,193	1,193	-	2,864	2,864	-
Public Health	62	62	-	148	148	-
	4,220	4,220	-	10,129	10,129	-

Western Locality of CCG Integrated Fund

The integrated fund for the Western Locality is reflecting a forecast break even position at this stage.

Clear pressures are emerging around the Independent Sector contracts, Intermediate Care and Continuing Healthcare. There are also cost efficiency expectations for Individual Patient Placements and Section 117 packages of care.

Independent Sector:

The Year to Date activity shows a £750k, and £4.1m forecast overspend for the Independent Sector contracts managed in the West. This is mainly focussed around Care UK and Plymouth Nuffield for Orthopaedics. An assumption of delivery of planned QIPP schemes driven through the Elective Workstream informs the current forecast to breakeven. However, the risk is highlighted in the corporate risk position, and will be reflected in the Locality position as the QIPP impact is better understood.

Intermediate Care:

There is emerging pressure in the cost of the Intermediate Care beds in the West. These are also referred to as the Discharge to Assess beds. The forecast assumes a recovery programme bringing the pressure back into financial balance. The level of bed usage in place at this point, if remaining static for the remainder of the year, would indicate an overspend of £1.8m. Included within the assumption of breakeven is an assumed benefit from the use of the iBCF resources.

Neurosurgery:

Following the implementation of the Information Rules from the 1st April 2017, the CCG is responsible for the cost of treating the independent sector waiting list for Neurosurgery. The CCG is working with the independent sector providers to identify the trajectory and cost of treatment. Whilst this is currently not quantified, the risk is highlighted on the corporate risk position.

Further discussions are taking place with Plymouth Hospitals NHS Trust towards a plan to reopen their list in September.

Continuing Healthcare:

The CCG wide Continuing Healthcare budget for 2017/18 is £69.9m. At month 5, the forecast spend for the year is £71.2m resulting in a forecast overspend of £1.3m. There is significant risk that this position may deteriorate further.

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

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

Ongoing analysis is required to finalise the position at locality level.

IPP and Section 117:

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

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

Primary Care Prescribing:

The West has the greater opportunity in terms of savings from Primary Care Prescribing, and therefore has the greater share of the cost efficiency target. It is too early in the year to accurately forecast the prescribing outturn, so this is represented as a corporate risk at month 5. Consequently the risk is not yet reflected in the Locality position, but will start to impact in the coming months.

Efficiency Programmes:

NORTHERN, EASTERN AND WESTERN DEVON CLINICAL COMMISSIONING GROUP

2017/18 FINANCE BOARD REPORT

FOR THE PERIOD FROM 01 APRIL 2017 TO 31 AUGUST 2017

Month 05 August	Year To Date			Current Year Forecast		
	Budget	Actual	Variance Adv / (Fav)	Budget	Forecast	Variance Adv / (Fav)
	£000's	£000's	£000's	£000's	£000's	£000's
SAVINGS LEDGER REPORT						
Independent Sector	-1,458	-164	1,294	-3,500	-2,068	1,432
Prescribing	-3,542	-3,542	-	-8,500	-8,500	-
Continuing Healthcare	-1,858	-1,980	-122	-8,000	-6,493	1,507
IPP	-486	-486	-	-3,000	-3,000	-
Running Costs	-1,000	-889	111	-2,788	-2,788	-
GROSS SAVINGS	-8,343	-7,060	1,283	-25,788	-22,850	2,939

QIPP Reported to NHSE

Contractualised 16/17 FYE	-4,650	-4,650	-	-11,160	-11,160	-
Social Care	-	-	-	-7,000	-7,000	-
Technical Accounting	-833	-833	-	-2,000	-2,000	-
TOTAL SAVINGS REPORTED TO NHSE	-13,827	-12,544	1,283	-45,948	-43,010	2,939

Additional System Savings

Headroom Release	-1,512	-1,512	-	-3,629	-3,629	-
Investment Release	-583	-583	-	-1,400	-1,400	-
TOTAL SYSTEM SAVINGS	-11,272	-9,989	1,283	-39,817	-36,879	2,939

Overall the CCG is reporting 89% year to date delivery of plan with 93% delivery forecast by yearend. There is a shortfall on independent sector both year to date and forecast as plans have not yet been fully worked up. There is also a shortfall on the forecast for continuing healthcare due to client numbers not falling as expected.

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

Integrated Fund Summary

At this stage in the year both parts of the fund are experiencing emerging pressures that require management to bring the position back to balance. On that basis the forecasts include improvements resulting from recovery programmes, and the impact of the risk share has been therefore muted.

SECTION 1 – PLYMOUTH INTEGRATED FUND

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	9.246
CCG Revenue	8.310	8.455
Sub Total BCF	19.351	19.827
iBCF (see below)	0.000	0.764
iBCF (see below)	0.000	5.880
Sub Total iBCF	0.000	6.644
Total Funds	19.351	26.471

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
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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 5

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 have 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 have 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 NEW Devon CCG plan within this is a deficit of £57.1m with a savings plan of £45.9m. The plan is based on an agreed set of block contracts with the main providers which de-risks this element of the CCG's commissioning budget and delivers savings within those contracts of £11.2m.

As of Month 5 the year to date and forecast outturn positions are in line with the current plan.

Western PDU Finance Position

Introduction

The Locality is forecasting to deliver against budget at this stage in the year. However the year to date position is showing a pressure for the Independent Sector provider contracts, and this is explained more fully in the report.

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

Acute Care Commissioned Services

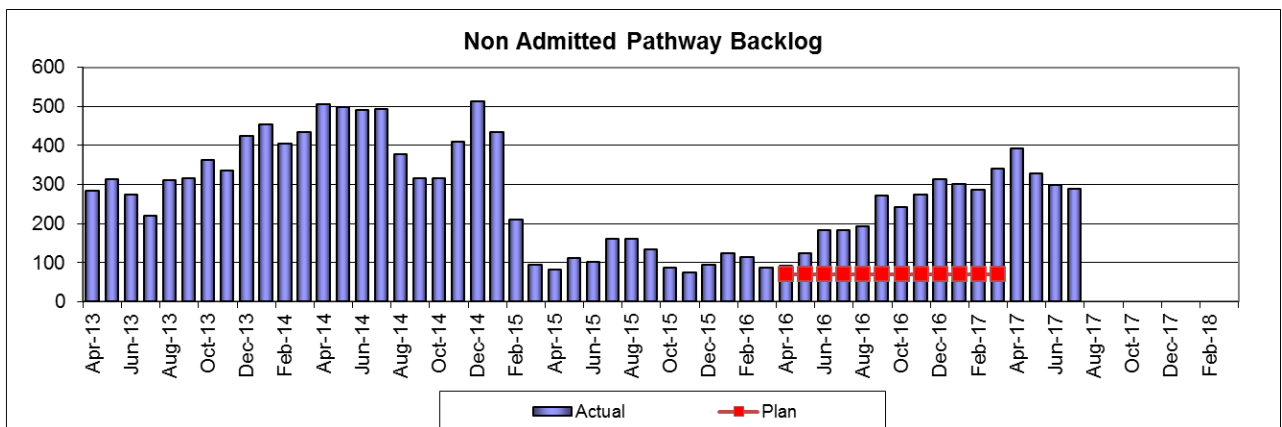
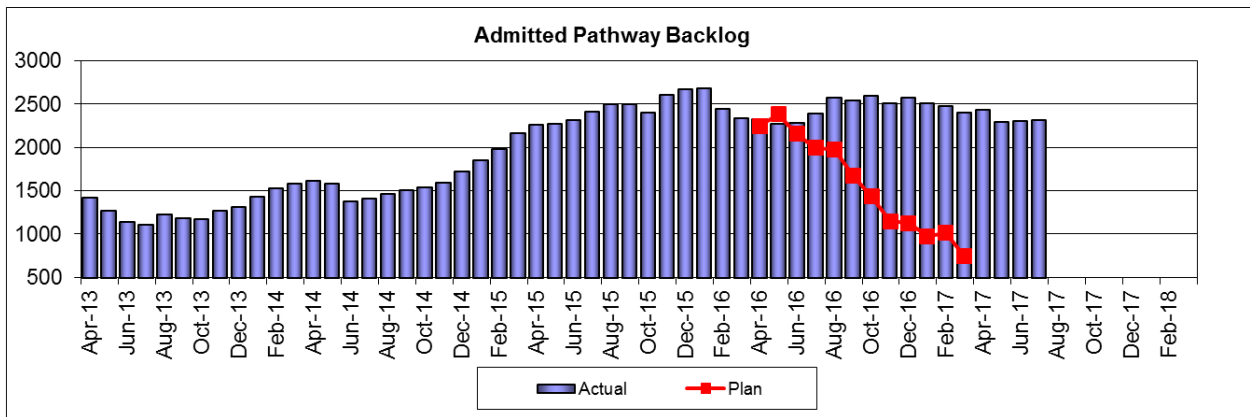
Plymouth Hospitals NHS Trust

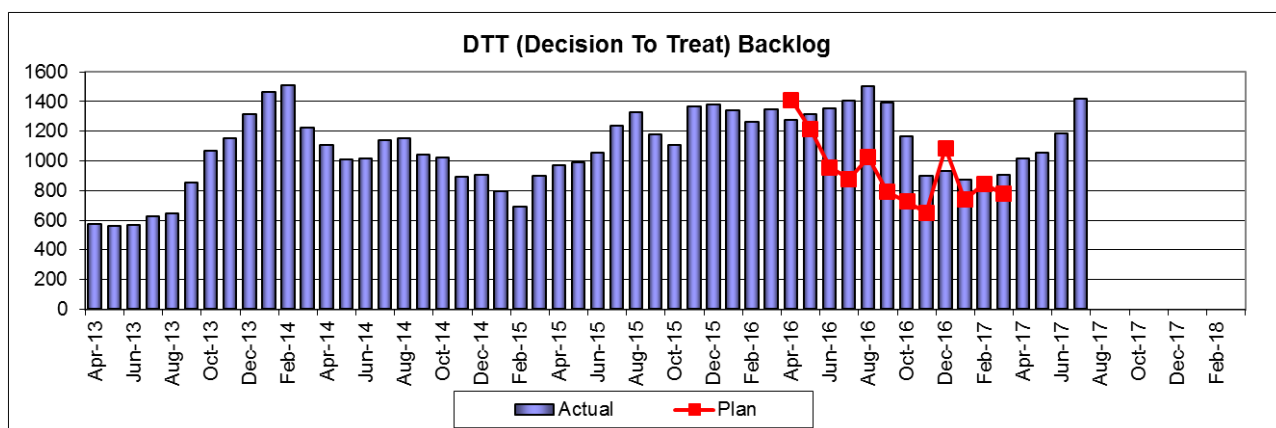
The contract value for Plymouth Hospitals NHS Trust is agreed at £180.9m, however, the contract remains unsigned whilst the system wide plan is being reviewed by system regulators. The contract performance will still be reported on and scrutinised at the same degree of granularity and as such detail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

The forecast spend has been set to reflect the allocated budget of £181.075m.

RTT Compliance

Performance to month 4 is summarised in the following tables.





Contract Performance

The month 4 performance information showed a year to date overperformance against the contract plan of £0.8m.

The main reasons for the contractual overperformance are summarised below.

2016/17 M04	Planned Spend	Actual Spend	Variance	Variance Activity	Variance Spend
	£000s	£000s	£000s		
Elective	12,779	11,013	- 1,766	-9.4%	-13.8%
Non Elective	22,457	22,553	96	3.4%	0.4%
A&E	3,283	3,502	219	3.1%	6.7%
Outpatients	10,095	10,288	193	-0.1%	1.9%
Excluded Services	12,262	11,502	- 760		-6.2%
Penalties			-		
CQUIN	1,342	1,374	32		
Contract Adjustments	- 2,747		2,747		
Total	59,471	60,232	761		1.3%

The **Elective** position is £1.77m (13.8%) behind plan from a financial perspective but 9.4% behind plan in overall activity terms. The main contributor to this position is under performances within Orthopaedics, Neurosurgery, Hepatobiliary & Pancreatic Surgery and Upper GI Surgery. The Trust had ceased to outsource activity to Care UK which resulted in a reduction of available capacity particularly in Orthopaedics; this has now resumed however other areas of additional capacity, such as the Limited Liability Partnership arrangements, remain restricted.

Non Elective under performed in month 4 by £187k, giving an overall year to date overperformance of £96k. This corresponds to 405 more admitted spells than planned for.

In **Accident and Emergency** the year to date overperformance totals £219k; this is significant at 6.7% over plan. In activity terms the overperformance percentage is lower at 3.1% which indicates that the complexity or volume of care provided has increased.

Outpatients underperformed by £36k in month 4, which is in contrast to previous over performances during the beginning of the year. This has resulted in a smaller year to date overperformance of £193k. Outpatient procedures make up the majority of this overperformance, whilst first attendances are behind plan and follow ups on plan. Overall, there have been 76 fewer outpatient attendances than had been planned for. Within this position there are further variances at a specialty level with over performances in Paediatrics, Paediatric Neuro Disability, Urology, Gynaecology and Gastroenterology. Neurology, Ophthalmology and ENT are behind the year to date plan.

Referral Information

Referral information for month 4 of 2017/18 showed an overall decrease of 1.2% compared to the same period last year, with GP referrals being 1.8% less than the equivalent 2016/17 volumes.

PHNT	Referral Source	2016/17	2017/18	Variance	%
Externally Generated	GP	18,600	18,260	- 340	-1.8%
	Dentist	54	51	- 3	-5.6%
	<i>Sub Total</i>	18,654	18,311	- 343	-1.8%
Internally Generated	Consultant	5,653	5,807	154	2.7%
	Other	2,512	2,286	- 226	-9.0%
	A&E	1,150	1,222	72	6.3%
	<i>Sub Total</i>	9,315	9,315	-	0.0%
	Grand Total	27,969	27,626	- 343	-1.2%

The rolling 12 month referral position demonstrates as consistent reduction in referral volumes into PHNT. The table below shows the change in referral rates averaged over a 12 month period.

PHNT month 4 referrals		Feb	Mar	Apr	May	Jun	Jul
Externally Generated	Rolling 12 Month Variance	-2,771	-2,448	-2,941	-3,078	-2,801	-940
	Variance %	-5%	-4%	-5%	-5%	-5%	-2%
Internally Generated	Rolling 12 Month Variance	-661	-409	-353	-280	-20	177
	Variance %	0	0	0	0	0	0
Total	Rolling 12 Month Variance	-3,432	-2,857	-3,294	-3,358	-2,821	-763
	Variance %	-4%	-3%	-4%	-4%	-3%	-1%

The source data in this report is taken from the Provider data supplied under schedule 6 of the contract except where the Provider is stated as 'Other'. Other Provider data is taken from DRSS Bookings.

Filters are applied to the Provider data to remove any non-consultant led activity, maternity activity and specialties which are not year on year comparable. NHS

England (including Specialised) activity is also excluded to provide a NEW Devon CCG view.

Performance Measures

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

Measure	Target	This month	YTD
RTT - Percentage seen within 18 weeks - admitted pathways	90%	72.5%	71.2%
RTT - Waits over 52 weeks	0	55	264
Diagnostics - Percentage of patients waiting over 6 weeks - 15 key tests	<1%	11.2%	10.0%
Cancer - Percentage seen within 2 weeks - urgent referral to first seen	93%	91.0%	91.7%
Cancer - Percentage treated within 62 days - urgent referral to first definitive treatment	85%	78.7%	80.5%
Cancer - Percentage treated within 31 days - decision to treat to first definitive treatment	96%	95.5%	95.7%
Ambulance handovers - Number of handovers over 30 minutes	0	93	441
Ambulance handovers - Number of handovers over 60 minutes	0	3	8
A&E - Percentage of attendances seen within 4 hours	95%	84.1%	84.7%
Delayed transfers of care (acute) - bed days		1,041	5,301
Clostridium difficile - Number of hospital infections (avoidable)	35	0	0
MRSA - Number of hospital infections	0	1	1
Cancelled operations - patients to be offered another binding date within 28 days	0	16	73
Cancelled operations - urgent operations cancelled a second time	0	2	32

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 4 the contract is over performing by £33k. Within this position elective in broadly on plan whilst Non Elective and A&E are over performing and Outpatients are behind plan.

Given the relatively early stage of the year it is still difficult to draw any meaningful conclusion and performance against plan is still likely to fluctuate.

Independent Sector & London Trusts

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

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

Within the Independent Sector at Month 5, a significant overspend is emerging most of which is found within the Independent Sector Treatment Centre contract. There is a significant degree of additional performance within Orthopaedics accounting for the bulk of this over-performance. At Nuffield Plymouth, there is a large overspend within Spinal Surgery but this is being partially offset by underperformances within other specialties. Assumptions have been made in the delivery of QIPP during the latter part of the year to bring this position back to balance.

Livewell Southwest

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

Care Co-ordination Team

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

Primary Care Enhanced and Other Services

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

Conclusion

In summary, the outturn position for both the Integrated Fund and the Western Planning and Delivery Unit is forecast to deliver to plan at this stage in the year. There are clear signs of pressure in the system, in particular around Looked After

Children in Care, Intermediate Care in both Health and Social Care, and emerging risks for Continuing Healthcare. Recovery programmes are expected to bring these back into line.

Ben Chilcott
Chief Finance Officer, Western PDU

David Northey
Head of Integrated Finance, PCC

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

Month 05 August	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	70,875	71,447	572	171,092	171,057	-35
Placements	17,703	17,656	-47	40,947	41,524	577
Community & Non Acute	22,997	23,004	6	55,194	55,209	16
Mental Health Services	11,326	11,326	-	27,182	27,182	-
Other Commissioned Services	4,890	4,863	-27	11,637	11,637	0
Primary Care	2,340	2,427	87	6,019	5,997	-22
Subtotal	130,130	130,722	592	312,072	312,607	535
Running Costs & Technical/Risk	2,512	2,273	-240	17,689	17,099	-590
CCG Net Operating Expenditure	132,643	132,995	352	329,760	329,706	-54
Risk Share					-	-
CCG Net Operating Expenditure (after Risk Share)	132,643	132,995	352	329,760	329,706	-54
PCC COMMISSIONED SERVICES						
Children, Young People & Families	14,745	15,370	625	35,388	36,888	1,500
Strategic Cooperative Commissioning	32,320	32,502	182	77,568	78,005	437
Education, Participation & Skills	1,606	1,714	108	3,855	4,113	258
Community Connections	44,381	44,381	-	106,515	106,515	-
Director of people	90	90	-	216	216	-
Public Health	6,800	6,801	0	16,321	16,321	0
Subtotal	99,943	100,857	915	239,863	242,058	2,195
Support Services costs	6,845	6,845	-	16,428	16,428	-
Disabled Facilities Grant (Cap Spend)	886	886	-	2,126	2,126	-
Recovery Plans in Development	-	-	-	-	-2,195	-2,195
PCC Net Operating Expenditure	107,674	108,588	915	258,417	258,417	-0
Risk Share					-	-
PCC Net Operating Expenditure (after Risk Share)	107,674	108,588	915	258,417	258,417	-0
Combined Integrated Fund	240,316	241,583	1,267	588,177	588,123	-54

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

Month 05 August	Year To Date			Current Year Forecast		
	Budget	Actual	Variance	Budget	Forecast	Variance
	£000's	£000's	£000's	£000's	£000's	£000's
ACUTE CARE						
NHS Plymouth Hospitals NHS Trust	75,211	75,211	-0	181,075	181,075	-
NHS South Devon Healthcare Foundation Trust	2,686	2,686	-0	6,535	6,535	-
NHS London Contracts	723	723	-0	1,759	1,759	-
Non Contracted Activity (NCA's)	3,681	3,681	0	8,954	8,954	-
Independent Sector	4,472	5,223	750	10,924	10,924	-0
Referrals Management	1,101	1,101	0	2,678	2,678	0
Other Acute	10	10	-	24	24	-
Subtotal	87,884	88,634	750	211,948	211,948	-0
COMMUNITY & NON ACUTE						
Livewell Southwest	20,587	20,587	-	49,410	49,410	-
GPwSI's (incl Sentinel, Beacon etc)	674	674	0	1,618	1,618	0
Community Equipment	270	270	-	648	648	-0
Peninsula Ultrasound	107	117	11	256	285	29
Reablement	632	632	-0	1,517	1,517	-0
Other Community Services	107	107	-0	256	256	-
Joint Funding_Plymouth CC	2,796	2,796	0	6,711	6,711	-0
Subtotal	25,173	25,184	11	60,415	60,444	29
MENTAL HEALTH SERVICES						
Livewell MH Services	11,244	11,244	-	26,985	26,985	-
Mental Health Contracts	11	11	-	26	26	-
Other Mental Health	421	421	-0	1,010	1,010	-
Subtotal	11,675	11,675	-0	28,021	28,021	-
OTHER COMMISSIONED SERVICES						
Stroke Association	64	64	-	153	153	-
Hospices	1,116	1,116	-0	2,679	2,679	-
Care Co-ordination Team	2,908	2,908	-0	6,980	6,980	0
Patient Transport Services	928	929	0	2,228	2,228	0
Wheelchairs Western Locality	750	750	-	1,800	1,800	-
Commissioning Schemes	80	80	0	191	191	-
All Other	367	367	0	881	881	-
Recharges	259	259	-0	778	778	-
Subtotal	6,472	6,472	-0	15,690	15,690	0
PRIMARY CARE						
Prescribing	24,031	24,031	-0	57,675	57,675	-
Enhanced Services	3,311	3,311	-0	8,740	8,740	-
GP IT Revenue	1,228	1,228	-0	3,311	3,311	0
Other Primary Care	40	40	-	95	95	-
Subtotal	28,610	28,610	-0	69,822	69,822	0
TOTAL COMMISSIONED SERVICES	159,814	160,575	761	385,896	385,925	29

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

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