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# HEALTH AND ADULT SOCIAL CARE OVERVIEW AND SCRUTINY COMMITTEE

Wednesday 13 June 2018
2.00 pm
Warspite Room, Council House

**Members:**
Councillor Mrs Aspinall, Chair

Councillor Mrs Bowyer, Vice Chair

Councillors Corvid, Hendy, James, Loveridge, Dr Mahony, Neil and Parker-Delaz-Ajete.

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

This meeting will be webcast and available on-line after the meeting. By entering the Council Chamber, councillors are consenting to being filmed during the meeting and to the use of the recording for the webcast.

For further information on attending Council meetings and how to engage in the democratic process please follow this link - Get Involved

**Tracey Lee**
Chief Executive

# Health and Adult Social Care Overview and Scrutiny Committee

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

The Committee will be asked to note the appointment of the Chair and Vice Chair for the forthcoming municipal year 2018/19.

**2. Apologies**

To receive apologies for non-attendance submitted by Councillors.

**3. Declarations of Interest**

Councillors will be asked to make any declarations of interest in respect of items on the agenda.

**4. Chair's Urgent Business**

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

**5. Terms of Reference** **(Pages 1 - 12)**

**6. Overview of the Health Landscape:**

a. How does the NHS in England work?

b. University Hospitals Plymouth NHS Trust

c. Integrated Health and Wellbeing **(Pages 13 - 20)**

d. Public Health

**7. Integrated Commissioning Scorecard** **(Pages 21 - 30)**

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

**8. Integrated Finance Monitoring Report** **(Pages 31 - 42)**

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

**9. Work Programme** **(Pages 43 - 46)**

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## Article 7 – Overview and Scrutiny Committees

### 7.1 Appointment of the Overview and Scrutiny Committees

The Council will appoint a number of Overview and Scrutiny Committees to discharge the functions conferred by Section 21 of the Local Government Act 2000, Health and Social Care Act 2012, National Health Service Act 2006, the Police and Justice Act 2006 and any subsequent regulations.

### 7.2 Proceedings of the Overview and Scrutiny Committees

The Overview and Scrutiny Committees will conduct their proceedings in accordance with the Overview and Scrutiny Procedures in Part D of the Constitution.

# PLYMOUTH CITY COUNCIL CONSTITUTION

# PART D

# OVERVIEW AND SCRUTINY FUNCTIONS & PROCEDURES

# OVERVIEW AND SCRUTINY FUNCTIONS

## 1. AIMS OF THE OVERVIEW AND SCRUTINY PROCESS

The aims of the Overview and Scrutiny process are to-

- add value to Council business and decision-making;
- hold the Cabinet to account;
- monitor the budget and performance of services;
- assist the Council in the development of policy and review the effectiveness of the implementation of Council policy;
- review relevant central government policy development and legislation to assess the impact on the City and make recommendations to Cabinet.

## 2. ROLE OF OVERVIEW AND SCRUTINY COMMITTEES

The relevant scrutiny committee will:

- hear call-ins, Councillor's call for action and petitions;
- approve time limited select committees for issues within its remit;
- monitor performance against the relevant corporate priorities;
- receive finance and performance reports;
- agree recommendations to Cabinet, Council and partner organisations;
- agree appointments of co-opted representatives;
- monitor the forward plan;
- help Council and the Cabinet to develop policy by studying issues in detail through time limited Select Committees;
- review new and developing legislation to assess its impact on the city;
- consider and introduce schemes to involve the public in developing policy;
- work with national, regional and local organisations to promote the interest of local people.

## 3. COMMITTEE ROLES

### 3.1 Brexit, Infrastructure and Legislative Change Overview and Scrutiny Committee

**Responsibility for**

- Relevant policies in the Plymouth Plan
- Response to Central Government's Policy Making
- Communications
- Capital Programme
- Strategic Procurement

- Corporate Property
- Development planning
- Strategic Highways
- Economic Development
- Heart of the South West Productivity Plan
- Strategic Transport policies and strategies
- Cultural Infrastructure
- Climate change and sustainability
- Reviewing impact of Brexit on the city
- Proposing measures that Government should take to provide stability for the council and partners in light of Brexit
- Exploring powers could be devolved from the EU directly to local authorities
- Hear call-ins relevant to the role of the committee

**Partnership links**

- Growth Board
- Joint Committee for Heart of the South West
- Heart of the South West Local Enterprise Partnership

**Membership -** All members of the Committee will adhere to the general rules of Overview and Scrutiny. There are nine members of the Committee including the Chair and Vice Chair.

**Chair** – The Chair will be from the group in administration.

**Vice Chair** – The Vice Chair will be from the opposition group.

**Urgent Decisions** – Urgent decisions will be reviewed by the Chair with relevant responsibilities

### 3.2 Performance, Finance and Customer Focus Overview and Scrutiny Committee

**Responsibility for -**

- Relevant policies in the Plymouth Plan
- Corporate Performance Monitoring
- Financial Performance Monitoring
- Annual Budget Setting Process
- Medium Term Financial Strategy
- Revenues and benefits
- Homelessness
- Human resources
- Audit and Risk
- Transformation
- Bereavement Services and Register Office
- Community Safety

- Customer Services
- Street scene and Waste
- Parking
- Hear call-ins relevant to the role of the committee

**Partnership links**
- Health and Wellbeing Board
- Safer Plymouth
- Police and Crime Panel

**Membership -** All members of the Committee will adhere to the general rules of Overview and Scrutiny. There are nine members of the Committee including the Chair and Vice Chair.

**Chair** – The Chair will be from the opposition group.

**Vice Chair** – The Vice Chair will be from the group in administration.

**Urgent Decisions** – Urgent decisions will be reviewed by the Chair with relevant responsibilities

### 3.3 Education and Children's Social Care Overview and Scrutiny Committee

**Responsibility for-**

- Relevant policies in the Plymouth Plan
- Early Years Services
- Schools, colleges and other educational settings
- Child Poverty
- Special Education Needs, behaviour and attendance, narrowing the gap in outcomes
- Safeguarding Children
- Cared for children
- Youth offending
- Adoption and Fostering
- Corporate Parenting
- Hear call-ins relevant to the role of the committee

**Partnership Links**
- Plymouth Safeguarding Children's Board
- Plymouth Education Board
- Health and Wellbeing Board
- Regional Adoption Agency
- Children's Partnership

**Membership -** All members of the Committee will adhere to the general rules of Overview and Scrutiny. There are nine members of the Committee including the Chair and Vice Chair.

**Chair** – The Chair will be from the opposition group.

**Vice Chair** – The Vice Chair will be from the group in administration.

**Urgent Decisions** – Urgent decisions will be reviewed by the Chair with relevant responsibilities

### 3.4 Health and Adult Social Care Overview and Scrutiny Committee

**Responsibility for -**

- Relevant policies in the Plymouth Plan
- Integrated Commissioning
- Hospital and community health services
- dental services, pharmacy and NHS ophthalmic services;
- public health services
- Adult Social Care Services
- Adult Safeguarding Services
- Hear call-ins relevant to the role of the committee

**Statutory Role** with regard to undertaking all the statutory functions in accordance with Section 244, of the National Health Act 2006, (as amended by Health and Social Care Act 2012) regulations and guidance under that section.

**Partnership Links**
- Health and Wellbeing Board
- Plymouth Safeguarding Adults Board
- Integrated Commissioning Board

**Membership -** All members of the Committee will adhere to the general rules of Overview and Scrutiny. There are 9 members of the Committee including the Chair and Vice Chair. The Vice Chair is from the opposite political group to the Chair.

**Chair** – The Chair will be from the group in administration.

**Vice Chair** – The Vice Chair will be from the opposition group.

**Urgent Decisions** – Urgent decisions will be reviewed by the Chair with relevant responsibilities

## OVERVIEW AND SCRUTINY PROCEDURES

## 4. CONFLICTS OF INTEREST

Unless they have a dispensation, members of the Overview and Scrutiny Committees cannot scrutinise decisions they were involved in taking and must leave the room when these decisions are scrutinised. Before they leave they can make representations and

answer questions or give evidence if other members of the public would also have this right.

## 5. PROCEDURE WHEN A COUNCILLOR RESIGNS FROM A COMMITTEE

A Councillor can resign from a Committee by writing to the Monitoring Officer.
A replacement member will be confirmed at the next Council meeting.

## 6. PROCEDURE WHEN A COMMITTEE MEMBER STOPS BEING A COUNCILLOR

If a Committee member stops being a Councillor, a replacement member will be confirmed at the next full Council meeting.

## 7. CO-OPTED MEMBERS OF OVERVIEW AND SCRUTINY COMMITTEES

7.1 Non-voting co-opted members can serve on an Overview and Scrutiny Committees or for a specific policy review.

7.2 Co-opted members cannot vote unless they have the legal right to do so.

7.3 The Overview and Scrutiny Committee that deals with education matters will appoint four (statutory) co-opted members (two parent governor representatives and two church representatives). One of the church representatives will be nominated by the Diocesan Board of Education for the Church of England diocese and the other will be nominated by the Bishop of the Roman Catholic diocese within the area.

## 8. OVERVIEW AND SCRUTINY COMMITTEE MEETINGS

**8.1** The annual calendar for Overview and Scrutiny Committee meetings is set by Council. If Overview and Scrutiny Committees need to have extra meetings, they set the dates themselves.

8.2 The Chair is responsible for the start times of committees in consultation with the Monitoring Officer.

**8.3** The Monitoring Officer or the Overview and Scrutiny Committee Chair can decide to call a special meeting.

**8.4** If a Committee has no business at one of its fixed meetings, the Monitoring Officer can cancel it after consulting the chair.

## 9. SUBSTITUTES, QUORUM AND TRAINING

**9.1** Members of the Committees can send other Councillors (who must belong to the same political group) as substitutes. Substitutes have the powers of an ordinary member of the committee.

**9.2** Substitutions must be for a whole meeting. A member cannot take over from their substitute or hand over to them part way through a meeting.

**9.3** If a member wants to send a substitute, they must inform the Monitoring Officer before the meeting.

**9.4** Substitutes cannot appoint substitutes of their own.

**9.5** If a Councillor is a member of a Select Committee Review, once the group has started its work, no substitution is allowed.

**9.6** The quorum for a meeting is three members

## 10. CHAIRS AND VICE-CHAIRS OF OVERVIEW AND SCRUTINY COMMITTEES

### 10.1 Election of chair and vice-chair

Chairs and vice-chairs are appointed at the annual meeting of Council.

### 10.2 Resignation of chair or vice-chair

If a Councillor wants to resign as chair or vice-chair, they must write to the Monitoring Officer. A new chair or vice-chair will be confirmed at the Committee's next ordinary meeting.

## 11. PROGRAMME OF WORK

The Overview and Scrutiny Committees set their own programmes of work. The Committees must also review anything they are asked to review by Council.

## 12. CALL IN

Items called in will be heard at a meeting of the relevant committee within 10 working days of the end of the call in period relating to that item.

## 13. AGENDA

### 13.1 Councillors' rights

Any Councillor may place any local government matter (other than excluded matters – see below) which is relevant to the functions of the Committee or board on the agenda of a meeting. The Councillor will be invited to attend the meeting at which the item is to be considered and to explain the reasons for the request.

### 13.2 Considering matters

When considering a local government matter referred by a Councillor, the Committee will decide whether to:

(a) review or scrutinise a decision taken by the cabinet or cabinet member;

(b) make a report or recommendation to the Council or cabinet on how cabinet carries out its functions;

(c) review or scrutinise a decision taken by a Council body other than the cabinet or a cabinet member;

(d) make a report or recommendation to the Council or the cabinet on how a Council body other than the cabinet carries out its functions;

(e) make a report or recommendation to the Council or the cabinet on matters which affect the city or the inhabitants of the city;

(f) take no action.

**13.3** The Committee will then report back to the Councillor who raised the local government matter about the decision and the reasons for the decision.

**13.4 Excluded matters**

The following matters cannot be considered by an Overview and Scrutiny Committee:

- any matter relating to a planning decision;
- any matter relating to a licensing decision;
- any matter relating to an individual or body if s/he/they have, by law, a right to a review or right of appeal ;
- any matter which is vexatious, discriminatory or not reasonable to be included in the agenda for, or to be discussed at, a Committee or board meeting .
- The Monitoring Officer in consultation with the Scrutiny Officer and Chair (or Vice-Chair in the chair's absence) of the relevant Committee will determine whether a matter is an excluded matter.

## 14. SPEAKING ON AGENDA ITEMS

Any member of the public and any Councillor who is not a member of the Committee can speak on an agenda item if the Chair agrees. The Chair will decide how long they can speak for (unless the meeting is for call-in).

## 15. POLICY REVIEW AND DEVELOPMENT

**15.1** The overview and scrutiny Committees' role in developing the policy framework and budget is set out in paragraph 1.

**15.2** In areas that are not covered by the policy framework and budget, the Overview and Scrutiny Committees can suggest policies for the cabinet or a cabinet member to develop.

**15.3** The Overview and Scrutiny Committees can hold inquiries and consider future policy. This may involve appointing advisors, inviting witnesses, making site visits, holding public meetings, commissioning research or doing anything else which is necessary.

## 16. SELECT COMMITTEE REVIEWS

Overview and Scrutiny Committees may appoint time limited Select Committee Reviews to undertake pieces of scrutiny work as required and will be time specific.

## 17. REQUESTS FOR REVIEWS FROM FULL COUNCIL

The Overview and Scrutiny Committees must review anything full Council asks them to review as soon as they can make space in their programme of work.

## 18. REQUESTS FOR REVIEWS FROM THE CABINET

The Overview and Scrutiny Committees can (but do not have to) review items the Cabinet or a Cabinet Member asks them to review.

## 19. REPORTS ON OVERVIEW AND SCRUTINY REVIEWS

## 19.1 SELECT COMMITTEES

The Overview and Scrutiny Committees may appoint Select Committees to undertake pieces of scrutiny work as required and will be time specific. The Chair of and members of Select Committee can be any member not excluded from scrutiny. Select Committees will be subject to rules of proportionality.

### 19.2. Committee/Select Committee Review report

At the end of each policy review, the Overview and Scrutiny Committee / Select Committee Review will send the report to the Cabinet or a Cabinet Member (if it is about executive responsibilities) or to Council (if it is about Council responsibilities) or to another organisation, as appropriate.

### 19.3. Minority report

For each policy review, there can be a minority report giving any dissenting views. The Cabinet, Cabinet Member or Full Council will consider the minority report at the same time as the Committee/ review report.

### 19.4. Which report is the Committee report and which is the minority one?

Each Overview and Scrutiny Committee / Select Committee Review member can vote for one report but no more than one. The report with the most votes will be the Overview and Scrutiny Committee / Select Committee Review report.

### 19.5 Timing

If an Overview and Scrutiny Committee decides to send a report to the Cabinet, a cabinet member or Council:

- the Cabinet must, where practicable, consider it at its next ordinary meeting if it is about executive responsibilities;

- Council must, where practicable, consider it at its next ordinary meeting if it is about Council responsibilities.

## 20. ARRANGEMENTS FOR CABINET TO COMMENT ON REPORTS TO FULL COUNCIL

When the Overview and Scrutiny Committee sends a report to full Council, the Monitoring Officer will send a copy to the Cabinet/Cabinet Member. Council must consider the Cabinet or cabinet member's comments on anything that affects the policy framework and budget.

## 21. OVERVIEW AND SCRUTINY MEMBERS' RIGHTS TO SEE DOCUMENTS

Overview and Scrutiny members' rights to see documents are set out in the Access to Information Rules (see Part F).

## 22. DUTY OF CABINET MEMBERS AND OFFICERS TO ATTEND OVERVIEW AND SCRUTINY MEETINGS

### 22.1 Duty to attend

Overview and scrutiny meetings can require members of the Cabinet and senior officers to attend and answer questions about:

- their performance
- decisions they were involved in
- the extent to which they have followed the policy framework and budget

### 22.2 Procedure for attending

The Lead Scrutiny Officer will inform the Councillor or officer that they are required to attend, what it is about and whether they need to produce a report or provide papers.

### 22.3 Timing

The Councillor or officer must be given reasonable time to compile information.

## 23 WHIPPING

Political groups should not pressure their members over how they speak or vote at Overview and Scrutiny meetings.

## 24 ORDER OF BUSINESS AT OVERVIEW AND SCRUTINY COMMITTEES

The overview and scrutiny committee will consider:

- declarations of interest
- minutes
- anything that has been called in
- any Cabinet/Cabinet member's responses to the committee's reports
- anything else on the agenda

This procedure can be suspended if at least half of all the voting members are present and there is a simple majority in favour. It can only be suspended until the end of a meeting.

## 25 WITNESSES AT OVERVIEW AND SCRUTINY MEETINGS

25.1 Witnesses should be treated with politeness and respect.

25.2 Witnesses will only be required to attend Scrutiny meetings where the law requires their attendance.

## 26 ITEMS AFFECTING MORE THAN ONE OVERVIEW AND SCRUTINY COMMITTEE

If an item affects more than one Overview and Scrutiny Committee, the Chairs and Vice Chairs of the Committees will consider the creation of a Joint Select Committee to review it.

## 22 MINUTES

At the first meeting when the minutes are available, the chair will move that the minutes are correct and sign them. The committees will not discuss anything arising from the minutes.

## 23 GAPS IN THESE PROCEDURES

If there is a gap in these procedures, the Chair will decide what to do.

# HEALTH AND ADULT SOCIAL CARE OVERVIEW AND SCRUTINY COMMITTEE

Wednesday 13th June 2018

## INTRODUCTION AND BACKGROUND

The purpose of this paper is to provide Members with a position statement on the shared ambition to develop Integrated Health and Wellbeing both within Plymouth and the wider Devon STP footprint. The report considers progress to date, key challenges, national context and future direction.

Health and Wellbeing Services are commissioned across Plymouth by NEW Devon CCG (Western Locality) and Plymouth City Council through an Integrated Fund.

Health and Social Care provision across Plymouth includes: University Hospitals Plymouth NHS Trust (UHP)- the largest acute trust in the South West Peninsula, providing secondary care to a catchment population of 450,000, and specialised services to a wider peninsula population of 2 million.

Livewell Southwest Community Interest Company (Livewell) - delivers a range of integrated community health and social care services, including the Local Care Centre with two rehabilitation wards for older people, Adult Social Care, Mental Health services and Health Improvement.

Primary Care - Plymouth has thirty-two practices which are grouped around three emerging federations: Sound Health Alliance, Beacon Medical Group & Plymstock Alliance, and Drake Medical & Pathfields Medical Group. Personal Care Services - there are a total of 105 care homes within the Plymouth boundaries, providing 2,510 beds.

Domiciliary Care providers contribute approximately 13,500 hours per week, with 1,500 hours of Reablement. Overall, our regulated services benchmark well.

Devon Doctors Ltd is responsible for Out of Hours GP Services and also the NHS 111 services across Devon with the operating model of an Integrated Urgent Care Service across Devon. Ambulance response services are provided by SWAST.

The Voluntary and Community Sector provide a range of low level preventative services including Information and Advice, Advocacy, Befriending, Social Prescribing, Hospital Discharge, Carers Support, Day Opportunities, Visiting Services and Sheltered and Extra Care Provision.

### Plymouth's Integration Journey

Plymouth has a long and established record of cooperation and collaboration with a formal commitment to Integration being set down by the Plymouth Health and Wellbeing Board in 2013, based around Integrated Commissioning, Integrated Health and Care Services and an Integrated System of Health and Wellbeing.

Since then there has been some significant progress and notable achievements towards achieving this aim. NEW Devon CCG and Plymouth City Council (PCC) formed an integrated commissioning function in April 2015 as part of their single commissioning approach. An integrated fund is in place with risk and benefit sharing agreements. Integrated planning and governance arrangements between the two organisations are in place. Commissioners, informed and supported by clinicians and public health experts, have collectively developed an integrated commissioning approach through the development of four Integrated Commissioning Strategies which direct all commissioning activity and deliver the Healthy City element of the Plymouth and South West Devon Joint Local Plan. This

means our commissioners work across health and social care system. They are now co-located to enable closer working and delivery.

As part of this forming an integrated commissioning function in April 2015, the commissioning budgets from the Western footprint of NEW Devon CCG were aligned with the People Directorate and Public Health budgets from the Local Authority to develop an integrated fund of £462m. This was facilitated through a Section 75 agreement and included housing, leisure, Public Health commissioned spend, children's services including education, and Adult Social Care spend. The fund is hosted by the CCG, with the fund manager being employed by the CCG and the deputy employed by PCC. Partners share financial risk through an innovative risk-share agreement that has received national recognition.

In April 2015 the Local Authority also transferred 173 Adult Social Care staff to Livewell to develop an integrated community health and care provider with a single point of access, locality-based services and improved discharge pathways from secondary care. Livewell now provides the majority of Adult Social Care services for and on behalf of the Local Authority. The Local Authority has retained statutory responsibility for safeguarding and also has a retained client function. The integrated service has achieved some notable outcomes including helping balance the Adult Social Care budget for two years in a row whilst at the same time achieving good outcome ratings:

- Above average satisfaction among people in receipt of long-term care (69% extremely or very satisfied);
- Of people who use services, 93% say that those services have made them feel safe and secure.

More recently LWSW and UHP have collaborated to deliver an Integrated Sexual Health Service, MIUs for the Western Locality and there has been further co-operation and colocation of staff and services to deliver the Acute Assessment Hub. In response to urgent care pressures the two providers have also appointed a Joint Director of Urgent Care driving changes required around D2A2 and Intermediate Care.

The progress that the Plymouth System has made towards system integration was acknowledged in the recent CQC Local System Review with Professor Steve Field, Chief Inspector of Primary Care Services, noting:

> "The review of Plymouth's services - and how the system works together – has found some shining examples of shared approaches. The system leaders had a clearly articulated, long-established vision of integration which translated well into local commissioning strategies. Leaders were consistent in their commitment to the vision with whole system buy-in. I would encourage system leaders in Plymouth to drive this forward to ensure there is a more community, home-based focus. System leaders also need to ensure that as the system moves towards further integration, work is undertaken to ensure that staff are fully engaged, from the outset and led by a collaborative leadership."

## Plymouth and the Wider Devon Sustainability and Transformation Plan

In 2015, NEW Devon CCG became part of the Success Regime in part due to the financial challenge it was facing. NEW Devon was 1 of 3 CCG's who were placed in the Success Regime by Simon Stevens, NHSE Chief Executive. The size of the financial challenge was then acknowledged again in the Devon-wide STP which outlined that, if nothing changed, then by 2020/21 there would be a funding gap across health and care of £557m.

STP's were introduced in December 2015 as a way of planning and commissioning for services on a wider footprint and were introduced to bring together all health partners, Commissioners and providers and LA's. There were 44 footprints across the country and the Devon footprint includes Devon, Torbay and Plymouth.

Since December 2016, partners in the health and care system across Devon have been working with a shared purpose to create a clinically and financially sustainable health and care system that will improve the health, wellbeing and care of the population. The Wider Devon Sustainability and Transformation Partnership has been in place since then.


The Wider Devon Sustainability and Transformation Partnership (STP) spans the whole of Devon and includes NEW Devon CCG, South Devon and Torbay CCG and three Local Authorities including Plymouth City Council. The following map shows the boundaries of each NEW Devon CCG Locality and also Local Authority boundaries. To the west is Cornwall, a key partner with significant patient flows into the Plymouth system.

Plymouth is an active partner of the Wider Devon STP and a key stakeholder in developing strategic thinking. The Wider Devon STP sets out ambitious plans to improve health and care services for people across Devon in a way that is clinically and financially sustainable, and provides the framework within which detailed proposals and local delivery solutions will be developed across Devon between now and 2020/21.

The seven key STP Priorities are:

1. Prevention and Early Intervention
2. Integrated Care
3. Primary Care
4. Mental Health
5. Acute hospital and specialised services
6. Productivity
7. Children, young people and families

Sitting within this wider framework Plymouth has set out its local vision and has set this down in 4 Integrated Commissioning Strategies. This relates the ambition to develop an Integrated System for Population Health and Wellbeing to deliver the right care, in the right place, at the right time, through developing Integrated Commissioning, Integrating Health and Care Services and developing an Integrated System of Health and Wellbeing. The strategy has four aims:

- To improve health & wellbeing outcomes for the local population;
- To reduce inequalities in health & wellbeing of the local population;
- To improve people's experience of care; and
- To improve the sustainability of our health & wellbeing system.

The STP has been reflecting on experiences and successes over the first two years of delivery to inform thinking and plan development for the future. The draft 18/19 STP plan has been shaped from this and in line with national NHS planning guidance and is currently being discussed with regulators. This work is then incorporated into the local system delivery plans and integrated commissioning plans and is signed off by Health and Well Being Board, Western Locality Board and PCC Cabinet.

This ensures that the JSNA for Plymouth is considered and the needs of local residents are taken account of alongside the direction of travel of the STP.

## Developing the STP Partnership

Alongside the work to develop the strategy and plans there has also been considerable work across all partners about how the constituent bodies should work together towards the overall aim and direction, This has been done through a Programme structure with work under an Organisational Design group which our Chief Executive is a member of and a Strategic Commissioning group which Strategic Director for People attends. There are also groups working an acute services and mental health and how these should all link to each other.

Following a great deal of work across partners it was recommended to The Collaborative Board, made up of Local Authority Members and Chairs of the NHS bodies that we should organise ourselves as follows to enable the delivery of the plans. It has always been very clear that these steps do not take away the decision making responsibilities or governance arrangements in any of the constituent bodies.

The proposal was to have:

- A strategic commissioner consisting of the 3 health commissioners (the 2 CCGs and NHSE) and the 3 Local Authorities (DCC, PCC and TC) including plans for taking on primary care and specialised commissioning, and
- Four local care partnerships (LCPs) who will work within capitated budgets and look at how outcomes are met, services and resources are planned and used for specific local populations across Devon. Western, including Plymouth, Torbay and South Devon, East Devon and North Devon.
- Mental health services will be placed on an equal footing as physical health and ensure that specialist mental health services become more integrated within primary and secondary care. To support this, commissioners and all providers will be working in a more joined up way with each other through a mental health care partnership and with the place based local care partnerships.

As an initial starting point the 2 CCG's (NEW Devon CCG and South Devon and Torbay CCG) made a decision to work more closely together to begin the journey of planning health services for the wider patch. To date the two CCGs have aligned with boards in common and a joint executive structure, as the first step towards this. Due to a number of changes across the 2 CCG's interim arrangements have been in place to lead the 2 CCG's. However the interim Accountable Officer left at the end of March 2018 and arrangements were put in place to recruit an interim AO pending the recruitment of a permanent AO. This is now complete and Sophia Christie has been appointed for 1 year and is currently waiting for Ministerial sign off to commence in post. In the interim Simon Tapley, Director of Commissioning has been appointed as Acting Accountable Officer of the 2 CCG's. Sophia Christie will also be the STP system leader for Wider Devon.

The Collaborative Board has agreed that the Wider Devon Integrated Care System (previously called Accountable Care System but under new Planning Guidance this has changed) will be led by a single Chief Executive whose role will incorporate both the AO for the CCGs (and the strategic commissioner) and the STP lead. Recruitment to this role on a substantive basis will now start at a later date.

## Key Achievements of the STP

There has been demonstrable progress that partnership working has brought as part of the Devon STP – which has seen a number of benefits in the past year:

- Significant progress in addressing historic financial issues. Over £100 million was saved last year by doing things much more efficiently and we are expecting to save a further £155m this financial year.
- Developing new ways of meeting the needs of our population – treating people at home, rather than in hospital and promoting independence, with good outcomes. Community inpatient beds in Eastern and South Devon and Torbay by over 170 beds in the last year, supporting more people at home, with high satisfaction rates, and sustained acute performance. This demonstrates the system's ability to work with public, stakeholders, MPs and other political leaders to take tough decisions to achieve better outcomes, in particular regarding changes in services that people are passionate about.
- Stronger clinical networks and joint working across Devon's four main hospitals, which has led to stronger performance, novel ways of recruiting and retaining professionals and more sustainable services. There has been a significant reduction in the use of agency staff across the system.
- Development of a mutual support agreement across all of our providers and service delivery networks across Devon to address vulnerability and sustainability in key acute specialties.
- Both CCG have moved from an "inadequate" rating to the "requires improvement" and the STP is deemed as "making progress" when previously the NEW Devon element was one of the three success regime, all within 18 months of working differently as a system.
- System wide improvement in the urgent care system and A&E performance as well as referrals for elective care - the urgent care system is benchmarking well against the national picture and our new models of care have performed well throughout the winter period. The Western Devon urgent care system remains challenged, with pressures in primary care prominent, but the collective response through our System Improvement Board is addressing the underlying causes and has been able to demonstrate improvements in recent months (e.g. significant reductions in DTOCs).
- Not only is primary care a key priority and partner of the Devon system, we benefit from high quality provision (all practices have CQC ratings of outstanding or good), we are making demonstrable progress in implementing the GPFYV. It is evidenced that where primary care is under pressure (e.g. in Plymouth) there is a marked impact on the urgent care system, which partners are addressing through the local SIB.
- There is a clear commitment across the system to parity of esteem and delivery of the MH FYFV. We have strong delivery on national targets, and several nationally leading services. We have redesigned the acute pathway which has seen a reduction in DTOC and improvements in 12 hour waits for mental health in A&E. There has been investment in crisis support, which has seen a reduction in conveyance to police cells and the investments made in liaison psychiatry in our acute hospitals. We continue to reduce out of area placements and build for a new PICU in Exeter has begun (due to open in 2019) to ensure more people are supported closer to home. The Devon system attracted national funding for community and inpatient perinatal mental health services last year as part of the first wave. Continued work on addressing physical health care for patients with mental illness remains a key priority for 2018/19.

**Overview of Governance Architecture**

The Plymouth Health and Wellbeing Board takes a system leadership role in our local system, setting the ambition, shaping our local priorities and signing off key strategic documents including the JSNA

and Commissioning Strategies. There is an active and engaged Wellbeing Overview and Scrutiny Panel that examines system finance and performance and scrutinises priority areas. It was indeed the Plymouth H&WBB that set the vision and ambition for the city, setting out the foundations of a whole systems approach, to improve well-being, reduce health inequalities, give children the best start in life and care better for our most vulnerable and elderly.

The Wellbeing Overview and Scrutiny Panel provides oversight of the system by monitoring finance and performance and reviewing key areas, making recommendations to commissioners, providers, Cabinet and Governing Body as appropriate.

The Western Locality Board provides strategic system leadership and clinical oversight to the integrated commissioning arrangements. It provides focus and direction for integrated commissioning, ensuring collaborative planning and performance monitoring. It also provides assurance to the governance bodies of both the NEW Devon CCG and Plymouth City Council. In order to ensure whole system collaboration, the Board also has representation from the Office of the Police and Crime Commissioner and Devon and Cornwall Police.

To support partnership working, System Design Groups (SDGs) have also been formed for each of the four Commissioning Strategies. The purpose of the SDGs is to create an opportunity for all stakeholders (i.e. providers across the spectrum of care, partner organisations, service users and carers) to collaborate, review, design and implement structures and pathways which deliver the aspirations of the integrated population health and wellbeing system. Each SDG takes a whole-system approach, working proactively and ensuring that the aims of each of the Integrated Commissioning Strategies are achieved.

Recently we have established the Western System Improvement Board chaired by the CCG Chief Operating Officer. The Board is made up of commissioners, providers and regulators and the central focus is to:

- Reduce risks around patient safety and quality across the system predominantly related to patient flow;
- Improve performance around key constitutional targets; and
- Deliver the required financial improvement.

The Western System has also recently established a shadow Local Care Partnership (LCP) of key system partners. The Plymouth and Western Local Care Partnership reinforces the collective intent for collaborative working to solve some of the deep-rooted system challenges and to create a step change in system transformation. The primary purpose of the Partnership is to provide leadership and oversight to our ambition of creating an integrated system, which puts the needs of our population ahead of that of any single organisation.

Working below this structure are a number of partnership boards and programme groups. For example, we have an A/E Delivery Board which allows us to adopt a programme approach to the management of the Urgent Care Systems Plan and its three component parts Admissions Avoidance, In Hospital and Discharge. This ensures robust delivery oversight, dependency challenges and risk mitigation. Each improvement area has an agreed lead across the partner organisations who is responsible for system-wide project delivery.

**The Case for further System Integration**

Despite this progress the current system configuration is still not deriving optimum benefits and a number of key challenges remains, including performance against key NHS Constitutional Targets. There remains an over reliance on bed based care rather than a home first philosophy and System Flow remains a significant issue resulting in too many delayed transfers of care in all parts of the urgent care system.

Primary Care, particularly in Plymouth is vulnerable facing workforce shortages and sustainability challenges. The Western System is experiencing a significant increase in A&E attendance including an increase in Ambulance conveyances. Across the whole system there are workforce challenges with recruitment and retention being an issue in a number of areas. These issues are set against a backdrop of financial sustainability and despite a track record of delivering efficiencies the system remains financially challenged and inequity of funding across wider Devon remains an issue.

**Developing an Integrated Care System for Devon**

There has been a programme in place for STP areas to apply to be Accountable Care Systems, in the recent guidance this has changed to Integrated Care Systems. The first eight areas announced in June 2017 were:

- Frimley Health including Slough, Surrey Heath and Aldershot
- South Yorkshire & Bassetlaw, covering Barnsley, Bassetlew, Doncaster, Rotherham, and Sheffield
- Nottinghamshire, with an early focus on Greater Nottingham and Rushcliffe
- Blackpool & Fylde Coast with the potential to spread to other parts of the Lancashire and South Cumbria at a later stage
- Dorset
- Luton, with Milton Keynes and Bedfordshire
- Berkshire West, covering Reading, Newbury and Wokingham
- Buckinghamshire

Devon was invited to consider expressing an interest to be in the next wave of Integrated Care Systems. We have been advised that our regulators will continue to work with us on our system ambition to become an ICS, but we will not be joining the formal programme at this stage. Once our leadership arrangements for the STP/ CCGs are confirmed and we have progressed some system wide development and design work, we will be in a position to be considered more formally as part of the national ICS development programme. This is not likely to be until later this year.

Partners in Devon want to plan and further develop partnership working across health and care through the establishment of an Integrated Care System (ICS). ICS are those in which commissioners and NHS providers, working closely with GP networks, local authorities and other partners, agree to take shared responsibility (in ways that are consistent with their individual legal obligations) for how they operate their collective resources for the benefit of local populations.

An ICS reflects recent NHS planning guidance and is intended to clarify that promoting partnership approach and that collaboration is a key feature behind the ICS. The ICS is not an Accountable Care Organisation (ACO) which has been subject to national consideration and debate including judicial challenge over any future contractual arrangement. The ICS is not about changing organisational accountability or privatisation of NHS or council services and the local authority will remain responsible for all its existing statutory obligations.

The approach has strong benefits:

- It will greatly enhance how health and social care services are delivered to those living in our communities.

- For those receiving primary, secondary or social care, the move will result in services that are far more joined up, less confusing and better coordinated.
- It will help oversee the use of the annual healthcare budget (£1.5 billion) and social care budget (add) across Devon.
- It will also reduce the administration involved in managing these services.

The development of an Integrated Care System in Devon mirrors the approach being taken nationally.

- Creating more robust cross-organisational arrangements to tackle the systemic challenges facing the NHS;
- Supporting population health approaches that facilitate the integration of services focused on populations that are at risk of developing acute illness and hospitalisation;
- delivering more care through re-designed community-based and home-based services, including in partnership with social care, the voluntary and community sector; and
- allowing systems to take collective responsibility for financial and operational performance and health outcomes.

The planning guidance is also clear that public engagement is essential and as systems make shifts towards more integrated care, we expect them to involve and engage with patients and the public, their democratic representatives and other community partners. By working collaboratively with a range of organisations, Integrated Care Systems aim to improve health of populations by helping people to stay healthy, tackling the causes of illness and wider factors that affect health such as education and housing.

ICSs bring together aspects of health and social care, enabling organisations to share services, budgets, staff and resources where appropriate to best meet the needs of the populations they serve.

## Summary of Key Issues

- Local system delivery plans and integrated commissioning plans will need to be signed off by Cabinet as well as the Health and Well Being Board and Western Locality Board.
- The Collaborative Board is made up of Local Authority Members and Chairs of the NHS bodies.
- Appointments to some posts e.g. the Accountable Officer are subject to Ministerial sign off.
- The Wellbeing Overview and Scrutiny Panel provides oversight of the system by monitoring finance and performance and reviewing key areas, making recommendations to commissioners, providers, Cabinet and Governing Body as appropriate.
- The Western Locality Board provides assurance to the governance bodies of both the NEW Devon CCG and Plymouth City Council. In order to ensure whole system collaboration, the Board also has representation from the Office of the Police and Crime Commissioner and Devon and Cornwall Police.
- Devon's application to be recognised as an Integrated Care Systems (ICS) will not be considered until later in the year when the leadership of the STP/CCG is in place.
- The ICS is not about changing organisational accountability or privatisation of NHS or council services and the local authority will remain responsible for all its existing statutory obligations.


# INTEGRATED HEALTH & WELLBEING

## SYSTEM PERFORMANCE SCORECARD

### MARCH 2018

NHS

Northern, Eastern and Western Devon Clinical Commissioning Group

PLYMOUTH CITY COUNCIL

## 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**

**Referral to treatment - Percentage seen within 18 weeks**

Plymouth Hospitals NHS Trust is not achieving the 18-week referral to treatment standard. There have been capacity issues in a number of specialties in Plymouth Hospitals NHS Trust and referral reductions haven't been a large as planned. Also an increase in demand over the winter period has led to higher cancellations. The target of 92% has not been achieved in 2017/18.

**Estimated diagnosis rates for dementia**

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

**CHILDREN AND YOUNG PEOPLE**

**Timeliness of Children's single assessments**

Performance against timeliness for single assessments has proved challenging in 2017/18. Year to date timeliness at the end of quarter four has increased, and stands at 76% against a target of 88%. This improvement brings Plymouth closer to both the comparator (78%) and national (82%) averages. In quarter four, timeliness for new assessments was reported at circa 90%, which has helped to lift the year to date performance. This most recent performance also benchmarks well against national averages, which is an indication that performance is much improved.

## COMMUNITY

### Average number of households in Bed and Breakfast (B&B)

Quarter four performance saw the average number of B&B stays for the quarter reduce to 46. This is a positive reflection on the hard work that the Community Connections team has put in to manage demand, increase provision and support move on. We are continuing to look for alternative options for emergency accommodation and are working with providers to increase provision. Houselet continues to provide accommodation for families but we are still working with the provider to access more properties, give better turnaround and flexibility to help us to accommodate more families.

Supported temporary accommodation provision has increased over the last nine months from 42 to 53. We are now expecting provision to increase to 58 by July 2018. This will reduce our need for bed and breakfast accommodation for single people.

### Number of households prevented from becoming homeless

Prevention of homelessness increased in quarter four with 179 households* prevented from becoming homeless; up from 175 in quarter three. Work has been undertaken with the Housing Access Team to ensure that we are maximising prevention and working with people to, where possible, keep them in their current homes whilst helping them to solve their impending homelessness. The success of this indicator impacts on the average number of households in B&B that has been previously reported on in this section.

*Provisional numbers which will likely increase.

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

By providing major adaptations through a DFG (Disabled Facilities Grant) we are helping people with disabilities to live at home. Interventions including a pilot to install stair lifts at the request of Occupational Therapists have helped to increase the number of home adaptations during quarter four, thus increasing the number of people helped to live at home. During the year the gap between activity and target had been closing and sustained performance improvement in quarter four means that by year end the 2017/18 the operational target has been exceeded.

### Health and Social Care System

The Health and Social Care system remains challenged with an increase in the number of older patients who are more likely to require onward care due to the complexity of their needs. A severe winter and flu outbreak has also contributed to the winter surge that has been much greater than seen in previous years. This has had an impact on a number of performance indicators, reported on below;

Accident and Emergency 4 hour wait

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

Emergency admissions aged 65+

Total emergency admissions aged 65+ have increased by around 6.0% in 17/18 compared to 16/17. The increase in emergency admissions over the last winter has been very high especially for older people. This is due to the level of respiratory admissions linked to the flu and the cold weather.

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

During quarter four the average number of delayed days per month was 2,073, which compares to 1,485 in quarter three. During March 2018 there has been an improvement in performance and we would hope that this will continue into 2018/19. Despite this improvement, the number of delays across the whole system remains high and is not achieving target. In quarter four there has been a decrease in the number of delays that are attributable to Adult Social Care. Waiting for an assessment, awaiting further NHS care and awaiting a residential home placement continue to be the most common reasons for a delay. Through the System Improvement Board, all system partners remain committed to focusing on improving performance. An improvement plan is in place, which includes the appointment of the Interim Director of Integrated Urgent Care, the development of the Acute Assessment Unit to assist in preventing unnecessary admissions to hospital, and the rolling out of a home first approach.

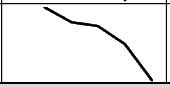
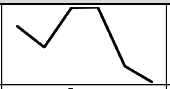
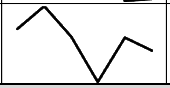
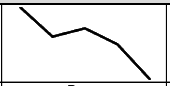
## ENHANCED AND SPECIALIST

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

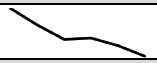
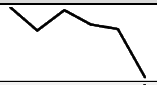
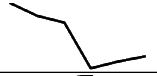
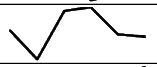
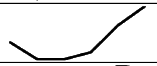
At the end of quarter four the percentage of residential and nursing homes that are rated by CQC as good or outstanding has increased from 73% (end of quarter three) to 79%. Within this the percentage rated as outstanding has remained the same (3%), the number rated as good has increased from 68 (end of quarter three) to 74 at the end of quarter four. The number of homes requiring improvement decreased from 21 to 19 and number rated inadequate has fallen from four to one.

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

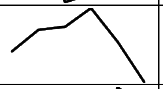
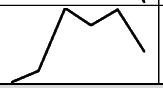
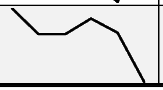
## 6. WELLBEING

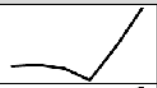
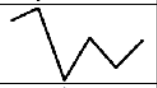
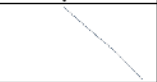
| Indicator | Measure | Most Recent Period | Benchmark | First Value of Graph | Graph | Last Value of Graph | Trend |
|---|---|---|---|---|---|---|---|
| **Sustain the improvement in healthy life expectancy and health inequality and reduce both all-age all-cause deaths and deaths due to cancer, stroke, heart disease and respiratory disease** | | | | | | | |
| 2.13i - Percentage of physically active adults - current method | Percentage | 2016/17 | | 71.2 |  | 67.6 | |
| 2.13ii - Percentage of physically inactive adults - current method | Percentage | 2016/17 | | 18.6 |  | 21.1 | |
| 2.14 - Smoking Prevalence in adults - current smokers (APS) | Percentage | 2016 | | 24.1 |  | 17.2 | |
| **Commission only from providers who have a clear and proactive approach to health improvement, prevention of ill health, whole person wellbeing and working with the wider community in which they operate.** | | | | | | | |
| Self-reported well-being: % of people with a low satisfaction score | Percentage | 2016/17 | | 5.3% |  | 3.8% | |
| Self-reported well-being: % of people with a low worthwhile score | Percentage | 2016/17 | | 5.1% |  | 3.9% | |
| Self-reported well-being: % of people with a low happiness score | Percentage | 2016/17 | | 11.5% |  | 9.5% | |
| Self-reported well-being: % of people with a high anxiety score | Percentage | 2016/17 | | 22.9% |  | 21.7% | |
| **Place health improvement and the prevention of ill health at the core of our planned care system; demonstrably reducing the demand for urgent and complex interventions and yielding improvements in health and the behavioural determinants of health in Plymouth** | | | | | | | |
| CCGOF Referral to Treatment waiting times (patients seen within 18 weeks on incomplete pathway (%) | Percentage | Mar-18 | N/A | 82.2% |  | 79.7% | |
| NHSOF Estimated diagnosis rates for Dementia | Percentage | Feb-18 | N/A | 60.3% |  | 59.3% | |
| In hospital Falls with harm | Percentage | Dec-17 | N/A | 0.36 |  | 0.23 | |

# 7. CHILDREN AND YOUNG PEOPLE

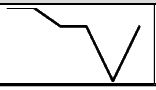
| Indicator | Measure | Most Recent Period | Benchmark | First Value of Graph | Graph | Last Value of Graph | Trend |
|---|---|---|---|---|---|---|---|
| **Raise aspirations: ensure that all children and young people are provided with opportunities that inspire them to learn and develop skills for future employment** | | | | | | | |
| 1.04 - First time entrants to the youth justice system | Rate per 100,000 | 2016 | | 891.7 |  | 297.5 | |
| **Deliver Prevention and Early Help: intervene early to meet the needs of children, young people and their families who are 'vulnerable' to poor life outcomes** | | | | | | | |
| 4.01 - Infant mortality | Rate per 1,000 | 2014 - 16 | | 5.3 |  | 2.6 | |
| 2.02ii - Breastfeeding - breastfeeding prevalence at 6-8 weeks after birth - current method* | Percentage | 2016/17 | | 36.7 |  | 40.2 | |
| 2.06i - Child excess weight in 4-5 and 10-11 year olds - 4-5 year olds | Percentage | 2016/17 | | 24.0 |  | 26.3 | |
| A&E attendances (0-4 years) | Rate per 1,000 | 2016/17 | | 332.4 |  | 488.4 | |
| **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 Q4 | | 32.7 |  | 28.6 | |
| Number of children subject to a Child Protection plan | Count | 2017/18 Q4 | | 343 |  | 335 | |
| Number of Looked after children | Count | 2017/18 Q4 | | 404 |  | 419 | |
| Number of Children in Care - Residential | Count | 2017/18 Q4 | N/A | 27.0 |  | 38.0 | |
| Timing of Children's Single Assessments (% completed within 45 working days) | Percentage | 2017/18 Q4 | | 94.6 |  | 76.0 | |

# 8. COMMUNITY

| Indicator | Measure | Most Recent Period | Benchmark | First Value of Graph | Graph | Last Value of Graph | Trend |
|---|---|---|---|---|---|---|---|
| **Provide integrated services that meet the whole needs of the person by developing: • Single, integrated points of access • Integrated support services & system performance management • Integrated records** | | | | | | | |
| 2.18 - Admission episodes for alcohol-related conditions - narrow definition | Rate per 100,000 | 2016/17 | | 699.2 |  | 717.7 | |
| 2.15i - Successful completion of drug treatment - opiate users | Percentage | 2016 | | 6.0 |  | 4.4 | |
| 2.15ii - Successful completion of drug treatment - non-opiate users | Percentage | 2016 | | 26.8 |  | 34.2 | |
| Number of households prevented from becoming homeless | Count | 2017/18 - Q3 | N/A | 299 |  | 175 | |
| Average number of households in B&B per month | Count | 2017/18 - Q4 | N/A | 38.0 |  | 46.2 | |
| **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 - Q4 | N/A | 90.0 |  | 84.0 | |
| Improving Access to Psychological Therapies<br>Monthly Access rate | Percentage | Mar-18 | N/A | 1.50 |  | 1.60 | |
| Improving Access to Psychological Therapies<br>Recovery rate rate | Percentage | Mar-18 | N/A | 35.40 |  | 41.90 | |
| A&E four hour wait | Percentage | Mar-18 | N/A | 87.60% |  | 75.80% | |
| Emergency Admissions to hospital (over 65s) | Count | Mar-18 | N/A | 1,276 |  | 1,351 | |
| Discharges at weekends and bank holidays | Percentage | Mar-18 | N/A | 18.00% |  | 16.80% | |
| Rate of Delayed transfers of care per day, per 100,000 population | Rate per 100,000 | 2017/18 - Q4 | | 25.1 |  | 32.6 | |
| Rate of Delayed transfers of care per day, per 100,000 population, attributable to Adult Social Care | Rate per 100,000 | 2017/18 - Q4 | | 13.0 |  | 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 - Q4 | N/A | 60 |  | 114 | |
| Long-term support needs met by admission to residential and nursing care homes, per 100,000 population (aged 65+) | Rate per 100,000 | 2017/18 - Q4 | | 112.4 |  | 133.7 | |
| Long-term support needs met by admission to residential and nursing care homes, per 100,000 population (aged 18-64) | Rate per 100,000 | 2017/18 - Q4 | | 3.1 |  | 2.4 | |
| Proportion of people who use services who have control over their daily life | Percentage | 2016/17 | | 82.5 |  | 81.0 | |
| The proportion of carers who report that they have been included or consulted in discussions about the person they care for | Percentage | 2015/16 | | 74.6 |  | 63.0 | |
| Overall satisfaction of carers with social services | Percentage | 2015/16 | | 45.0 |  | 34.0 | |

## 9. ENHANCED AND SPECIALIST

| Indicator | Measure | Most Recent Period | Benchmark | First Value of Graph | Graph | Last Value of Graph | Trend |
|---|---|---|---|---|---|---|---|
| **Create Centres of Excellence for enhanced and specialist services** | | | | | | | |
| In hospital Falls with harm | Percentage | Mar-18 | N/A | 0.4 |  | 0.2 | |
| **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 - Q4 | | 81.0 |  | 79.0 | |

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# Plymouth Integrated Fund
# Finance Report – Month 12 2017/18

## Introduction

This report sets out the financial performance of the Plymouth Integrated Fund for the financial year 2017/18.

The report is in several sections.

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

The position improved further on the last reported forecast, with both parts of the fund moving to an underspend against plan of £0.3m in total. Due to the way in which the risk share operates there remains a small contribution from health to social care of £64k.

## SECTION 1 – PLYMOUTH INTEGRATED FUND

### Integrated Fund - Month 12 Report 2017/18

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

The overall fund position is reflected in Appendix 1.

### Plymouth City Council Integrated Fund

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

### Children, Young People and Families

The Children Young People and Families Service are reporting a final overspend position of £0.157m - a favourable reduction of £0.006m from month 11. The overall CYPF overspend can be attributed to the increased cost and volume of looked after children's placements. Despite these increased costs, the department has made

significant one-off savings in year with good progress through the management-challenge & support sessions and budget containment meetings.

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

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

High demand and limited supply of placements, a tightening of Ofsted requirements, as well as initiatives such as the introduction of the National Living Wage, have all led to an increase in the unit costs of placements. A region wide lack of placements has meant that some children have been placed in residential rather than the preferred fostering placements at a much higher cost.

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

- Increased cost and volume of young people's placements.
- Lack of immediate availability of the right in-house foster care placements creating overuse of IFA's.
- High cost individual packages of care, due to the needs of the young person.
- Regional wide commissioning activity did not bring about the anticipated holding and reduction of placement costs in both the residential and IFA sectors.
- A region wide lack of placements due to an increase in demand for placements, both national and regionally continues to impact negatively on sufficiency.

## Strategic Co-operative Commissioning

The Strategic Commissioning service are reporting a year end favourable position of (£0.153m) - a favourable reduction of (£0.153m) from the predicted balanced budget at month 11.

Throughout the year, there has been a steady increase in clients, especially around Domiciliary Care and Supported Living, which has had the effect of significant cost increases on those two areas. Additional client contributions through the year balanced out those costs and further savings on the salary lines helped to deliver the year end underspend reported.

The risks that will continue to require close monitoring and management include:

- Increased volume of clients with care packages,
- The reduction in funding in future years, whilst the cost of care is increasing, ie NLW

- The difficulty in recruiting and retaining care staff which is a national issue.

**Education, Participation and Skills**

Education, Participation and Skills have achieved an underspend of (£0.035m) at outturn due to a minor variation within the home to school transport budget.

**Community Connections**

A minor underspend (£0.014m) was achieved compared to forecast balanced budget at Month 11.

Average nightly bed & breakfast (B&B) placements for 2017/18 were 53.7 compared to budget for 28. The B&B cost pressure during the year was £0.675m for increased demand which included the impact of higher nightly costs, the introduction of Universal Credit and increasing accommodation needs for families.

This pressure was contained by a number of one-off actions including use of grant monies and targeted management action.

**People Management**

People management has achieved an underspend of (£0.005m) at year end.

**Public Health**

The Public Health Directorate has achieved a balanced budget at year end, despite a cut of (£0.398m) to the Public Health grant funding.

**Plymouth City Council Delivery Plans**

Between People Directorate and Public Health, over £10m of savings has been 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. The savings achieved are shown below:

| Plymouth City Council | Year To Date | | | Current Year Forecast | | |
|---|---|---|---|---|---|---|
| Month 12 - March 2018 | Budget | Actual | Variance | Budget | Actual | Variance |
| | | | Adv / (Fav) | | | Adv / (Fav) |
| | £000's | £000's | £000's | £000's | £000's | £000's |
| Children, Young People & Families | 2,783 | 2,783 | - | 2,783 | 2,783 | - |
| Strategic Cooperative Commissioning | 5,229 | 5,229 | - | 5,229 | 5,229 | - |
| Education Participation & Skills | 1,425 | 1,425 | - | 1,425 | 1,425 | - |
| Community Connections | 544 | 544 | - | 544 | 544 | - |
| Additional People Savings (apportioned to depts above) | - | - | - | - | - | - |
| Public Health | 148 | 148 | - | 148 | 148 | - |
| | 10,129 | 10,129 | - | 10,129 | 10,129 | - |

## Western Locality of CCG Integrated Fund

The final outturn for the Western share of the Integrated Fund was underspent against budget by £0.2m.

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

### Independent Sector:

The overspend is identified at just under £0.7m. This included the Neurosurgery activity highlighted as a pressure in previous reports.

### Intermediate Care:

The pressure in the cost of the Intermediate Care (Discharge to Assess) beds in the West remained above plan, and was overspent by £0.5m after iBCF funds flow. However, the work focussed on the discharge pathway has significantly reduced the number of beds in use and the length of stay, such that the system is close to recurrent balance moving forward into next year..

### Continuing Healthcare:

The position continued to improve and was underspent against budget by £0.7m at the end of the year.

### IPP and Section 117:

For Individual Patient Placements the risk share with Livewell Southwest continued to enable a reduction in expenditure, and performance was good when compared to the same period last year. The final underspend was £0.6m.

### Primary Care and Prescribing:

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

### Integrated Fund Summary

Both parts of the fund reported improved positions from last month. The outturn position improved to an overall underspend of £0.3m, contributed to by both partners underspending against their budgets. There is a relatively small, at £64k, impact of the risk share arrangements.

## SECTION 2 – BETTER CARE FUND (BCF)

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

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

| | 2016/17 | 2017/18 Estimated |
|---|---|---|
| | £m | £m |
| PCC Capital (Disabled Facilities Grant) | 1.954 | 2.126 |
| PCC Revenue | 9.087 | 8.852 |
| CCG Revenue | 8.310 | 8.856 |
| **Sub Total BCF** | **19.351** | **19.834** |
| iBCF (see below) | 0.000 | 0.764 |
| iBCF (see below) | 0.000 | 5.800 |
| **Sub Total iBCF** | **0.000** | **6.564** |
| **Total Funds** | **19.351** | **26.398** |

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

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

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

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

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

| | |
|---|---|
| Contingency | 0.049 |
| **Sub Total iBCF** | **5.800** |

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

## SECTION 3 – WESTERN PDU MANAGED CONTRACTS

### Context / CCG Wide Financial Performance at Month 12

This report sets out the outturn financial performance of the CCG to the end of 201/18 financial year.

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

The CCG's planned deficit for 17/18 is £57.1m. This is an improvement from its original plan of £21.4m following proposals developed through the Capped Expenditure Process (CEP). NHS England has confirmed that the plans submitted under the CEP will be used to review the CCG's performance and accordingly the CCG is reporting against this revised plan. In addition to this the CCG has a brought forward deficit from 2013/14 to 2016/17 of £120.5m making the planned cumulative deficit £177.7m.

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

At month 12 the CCG's in year overspend (deficit) is £49.9m (£7.2m improvement from plan). The improvement includes the utilisation of the 0.5% headroom of £5.8m, set aside at the start of the financial year, and the value of the prescribing category M rebate £1.4m that has until now been held centrally.

### Western PDU Finance Position

### Introduction

The Locality remained overspent against budget at the year end by £0.7m. In general the main pressures remained consistent; the Independent Sector provider contracts, Discharge to Assess, Primary Care Prescribing. These were offset by underspends in the variable London contracts, and Non Contracted Activity.

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

## Acute Care Commissioned Services

## Plymouth Hospitals NHS Trust

The opening contract value for Plymouth Hospitals NHS Trust was agreed at £180.9m. The signing of the contract was delayed was the system regulators approved our respective positions. Whilst the contract value is now fixed the contract performance will still be reported on and scrutinised at the same degree of granularity and as such detail can be provided in this report.

The forecast now reflects some of the planned variations to contract resulting from the work plan of the Western System Improvement Board, and is currently set at £194.9m.

### *Contract Performance*

The month 11 performance information showed a year to date overperformance against the contract plan of £1.22m.

The main reasons for the contractual overperformance are summarised below.

| 2017/18 M11 | Planned Spend | Actual Spend | Variance | Variance Activity | Variance Spend |
|---|---|---|---|---|---|
| | £000s | £000s | £000s | | |
| Elective | 35,570 | 30,422 | - 5,148 | -11.1% | -14.5% |
| Non Elective | 62,110 | 62,373 | 263 | 1.9% | 0.4% |
| A&E | 8,843 | 9,302 | 459 | 3.6% | 5.2% |
| Outpatients | 28,913 | 28,309 | - 604 | -1.2% | -2.1% |
| Excluded Services | 33,927 | 32,915 | - 1,012 | | -3.0% |
| Penalties | | - 342 | - 342 | | |
| CQUIN | 3,740 | 3,788 | 48 | | 1.3% |
| Contract Adjustments | - 7,554 | | 7,554 | | -100.0% |
| Total | 165,549 | 166,767 | 1,218 | | 0.7% |

**Elective** has a current year to date underperformance of £5,148k or 3,755 spells, with £896k (322 spells) of this underperformance occurring in month 10. The majority of the underperformance has occurred in Orthopaedics where they are behind plan by £2,338k. There are other significant underperformances in Neurosurgery, Cardiology, Upper GI Surgery, ENT and Colorectal Surgery.

**Non-Elective** was £154k over plan in month 11, giving a year to date variance of £263k. Whilst the financial variance is fairly minor, the volume variance shows that 1.9% (625) more patients have been seen than were planned for. However changes made in respect of the recently opened Acute Assessment Unit (AAU) mean that a tranche of activity is no longer being counted. Work is being undertaken to agree how this activity is counted and charged for going forward, but in the meantime the current estimate is that around 1100 spells are missing which would be charged at around £700k.

**A&E** year to date overperformance totals £459k, this is significant at 5.2% over plan. In activity terms the overperformance percentage is lower at 3.6% which indicates that the complexity or volume of care has increased.

**Outpatients** has underperformed in month 11 to a value of £272k. This now gives an overall underperformance of £604k. Outpatient procedures are over plan by £754k, whilst first attendances and follow ups are behind plan by £665k and £746k respectively. Overall, there have been 3,187 fewer outpatient attendances than had been planned for.

The plan has an adjustment for system savings; this number reflects the difference between the PbR activity plan and the agreed system wide plan and for NEW Devon is worth £8.24m. Any activity savings will fall into the reporting of the points of delivery in which they occur, so this line will show as an overspend all year. At month 11 this is an overperformance of £7,554k.

**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.

A final year end position of £6.39m has been agreed which reflects the degree of over performance against the contract value.

**Independent Sector & London Trusts**

The London Trusts contracts underspent at the end of the year by £0.2m, and the position for the Independent Sector acute contracts was overspent by £0.9m.

Both elements are consistent with the forecasts set out in recent board reports, and is due mainly to Orthopaedics and spinal activity.

**Livewell Southwest**

The Livewell Southwest (LSW) Contract is blocked and ended the year without variance against budget.

**Discharge to Assess beds**

The pressure in the cost of the Intermediate Care (Discharge to Assess) beds in the West remained above plan, and was overspent by £0.5m after iBCF funds flow. However, the work focussed on the discharge pathway has significantly reduced the number of beds in use and the length of stay, such that the system is close to recurrent balance moving forward into next year.

**Primary Care Prescribing**

The final outturn for Prescribing was £0.7m overspent against budget for the Western locality.

**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 the Integrated Fund was an underspend against plan for both parties to the Fund. This is set in the context of the wider CCG financial performance delivering to plan, and within that the Western Planning and Delivery Unit overspending by £0.7m.

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

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

## APPENDIX 1

## PLYMOUTH INTEGRATED FUND AND RISK SHARE

| Month 12 | Outturn | | |
|---|---|---|---|
| | Budget | Actual | Variance Adv / (Fav) |
| | £000's | £000's | £000's |
| **CCG COMMISSIONED SERVICES** | | | |
| Acute | 184,949 | 185,097 | 148 |
| Placements | 42,456 | 41,112 | -1,344 |
| Community & Non Acute | 56,383 | 56,405 | 21 |
| Mental Health Services | 27,618 | 27,649 | 31 |
| Other Commissioned Services | 10,372 | 11,079 | 707 |
| Primary Care | 47,512 | 47,625 | 113 |
| **Subtotal** | 369,291 | 368,968 | -324 |
| Running Costs & Technical/Risk | 7,146 | 7,246 | 101 |
| CCG Net Operating Expenditure | 376,437 | 376,214 | -223 |
| Risk Share | | 64 | 64 |
| CCG Net Operating Expenditure (after Risk Share) | 376,437 | 376,278 | -159 |
| **PCC COMMISSIONED SERVICES** | | | |
| Children, Young People & Families | 37,848 | 38,005 | 157 |
| Strategic Cooperative Commissioning | 75,472 | 75,319 | -154 |
| Education, Participation & Skills | 101,379 | 101,344 | -35 |
| Community Connections | 3,967 | 3,953 | -14 |
| Director of people | 214 | 209 | -5 |
| Public Health | 16,321 | 16,321 | - |
| **Subtotal** | 235,201 | 235,151 | -50 |
| Support Services costs | 16,428 | 16,428 | |
| Disabled Facilities Grant (Cap Spend) | 2,126 | 2,126 | - |
| Recovery Plans in Development | - | | - |
| PCC Net Operating Expenditure | 253,755 | 253,705 | -50 |
| Risk Share | | -64 | -64 |
| PCC Net Operating Expenditure (after Risk Share) | 253,755 | 253,641 | -114 |
| Combined Integrated Fund | 630,192 | 629,919 | -273 |

## APPENDIX 2

## WESTERN PDU MANAGED CONTRACTS FINANCIAL PERFORMANCE

| Month12 | Outturn | | |
|---|---|---|---|
| | Budget | Actual | Variance Adv / (Fav) |
| | £000's | £000's | £000's |
| **ACUTE CARE** | | | |
| NHS Plymouth Hospitals NHS Trust | 194,892 | 194,895 | 3 |
| NHS South Devon Healthcare Foundation Trust | 7,153 | 7,216 | 62 |
| NHS London Contracts | 1,759 | 1,508 | -251 |
| Non Contracted Activity (NCA's) | 10,689 | 9,239 | -1,450 |
| Independent Sector | 13,524 | 14,492 | 968 |
| Referrals Management | 2,710 | 2,619 | -91 |
| Other Acute | -176 | -177 | -1 |
| Cancer Alliance Funding | 366 | 366 | -0 |
| **Subtotal** | 230,917 | 230,158 | -759 |
| **COMMUNITY & NON ACUTE** | | | |
| Livewell Southwest | 50,005 | 50,005 | -0 |
| GPwSI's (incl Sentinel, Beacon etc) | 1,618 | 1,711 | 94 |
| Community Equipment Plymouth | 648 | 640 | -8 |
| Peninsula Ultrasound | 256 | 255 | -0 |
| Reablement | 1,517 | 1,500 | -17 |
| Other Community Services | 255 | 255 | 0 |
| Joint Funding_Plymouth CC | 7,329 | 7,328 | -0 |
| **Subtotal** | 61,627 | 61,695 | 68 |
| **MENTAL HEALTH SERVICES** | | | |
| Livewell MH Services | 27,420 | 27,420 | - |
| Mental Health Contracts | 26 | 25 | -0 |
| Other Mental Health | 1,078 | 1,078 | 0 |
| **Subtotal** | 28,524 | 28,524 | -0 |
| **OTHER COMMISSIONED SERVICES** | | | |
| Stroke Association | 153 | 159 | 6 |
| Hospices | 2,510 | 2,510 | 0 |
| Discharge to Assess | 6,533 | 7,238 | 705 |
| Patient Transport Services | 2,228 | 2,242 | 14 |
| Wheelchairs Western Locality | 1,800 | 1,917 | 118 |
| Commissioning Schemes | 191 | 195 | 4 |
| All Other | 936 | 936 | 0 |
| **Subtotal** | 14,351 | 15,199 | 848 |
| **PRIMARY CARE** | | | |
| Prescribing | 56,206 | 56,938 | 732 |
| Medicines Optimisation | 244 | 202 | -42 |
| Enhanced Services | 8,152 | 8,153 | 0 |
| GP IT Revenue | 3,729 | 3,635 | -94 |
| Other Primary Care | 3,357 | 3,357 | -0 |
| **Subtotal** | 71,688 | 72,285 | 597 |
| **TOTAL COMMISSIONED SERVICES** | 407,107 | 407,860 | 753 |

## 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

# HEALTH AND ADULT SOCIAL CARE OVERVIEW SCRUTINY COMMITTE

Work Programme 2018 - 19

**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 |
|---|---|---|---|---|
| **13 June 2018** | Health Landscape | | To give the committee a better understanding of the current health landscape for Plymouth. | Ian Tuffin, Carole Burgoyne, Craig McArdle, Ruth Harell |
| | Integrated Commissioning 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 Finance 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 July 2018** | Healthwatch | | Annual Report and overview of 2017 – 18 | Karen Marcellino |
| | | | | |
| | 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. | - |
| | | | | |
| **26 Sept 2018** | Director of Public Health Annual Report | | | Ian Tuffin, Ruth Harrell |
| | | | | |
| | | | | |
| | Integrated Finance 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. | - |

| Date of meeting | Agenda item | Prioritisation Score | Reason for consideration | Responsible Cabinet Member / Officer |
|---|---|---|---|---|
| | | | | |
| **21 Nov 2018** | | | | |
| | | | | |
| | Integrated Finance 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. | - |
| | | | | |
| **23 Jan 2019** | | | | |
| | | | | |
| | | | | |
| | Integrated Finance 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. | - |
| | | | | |
| **27 March 2018** | | | | |
| | | | | |
| | Integrated Finance 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** | | | | |
|---|---|---|---|---|
| | CQC Action Plan | | | Craig McArdle |
| | Capitated Fair Shares Position Statement (STP) | | | Ben Chilcott |
| | Safeguarding Adults Board | | Update and Annual Report | Andy Bickley |
| | Dental Access | | | |
| | Electronic Prescriptions | | | |
| | Emergency Department | | | |

| | | | | |
|---|---|---|---|---|
| | Care Need Assessments | | | Craig McArdle |
| | Mental Health | | | Dave McAuley |

| Select Committee Reviews | | | | |
|---|---|---|---|---|
| | End of Life Care | | Member request | |
| | Urgent Care | | | |
| | GP Select Committee - Update | | | |