Oversight and Governance
Chief Executive's Department
Plymouth City Council
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Plymouth PL1 3BJ

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Published 17 July 2018

HEALTH AND ADULT SOCIAL CARE OVERVIEW AND SCRUTINY COMMITTEE

Wednesday 25 July 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, Parker-Delaz-Ajete and Vincent.

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 Warspite Room, councillors are consenting to being filmed during the meeting and to the use of the recording for the webcast.

The Council is a data controller under the Data Protection Act. Data collected during this webcast will be retained in accordance with authority's published policy.

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. Apologies

To receive apologies for non-attendance submitted by Councillors.

2. Declarations of Interest

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

3. Minutes **(Pages 1 - 4)**

To confirm the minutes of the previous meeting held on 13 June 2018.

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. An update on our Plymouth System Reset: **(Pages 5 - 22)**

6. Care Quality Commission Action Plan Update: **(Pages 23 - 42)**

7. Healthwatch Plymouth Annual Report 2017/18: **(Pages 43 - 78)**

8. Integrated Commissioning Scorecard **(Pages 79 - 88)**

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. Integrated Finance Monitoring Report **(Pages 89 - 98)**

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.

10. Work Programme **(Pages 99 - 102)**

11. Tracking Resolutions **(Pages 103 - 104)**

Health and Adult Social Care Overview and Scrutiny Committee

Wednesday 13 June 2018

PRESENT:

Councillor Mrs Aspinall, in the Chair.
Councillor Mrs Bowyer, Vice Chair.
Councillors Corvid, Hendy, James, Dr Mahony, Neil and Parker-Delaz-Ajete.

Apologies for absence: Councillor Loveridge

Also in attendance: Councillor Tuffin (Cabinet Member for Health and Adult Social Care), Carole Burgoyne (Strategic Director for People), Dr Shelagh McCormick (New Devon CCG), Sonja Manton (South Devon and Torbay CCG), Ann James (University Hospitals Plymouth NHS Trust), Dr Adam Morris (Livewell Southwest) and Ruth Harrell (Director for Public Health), Ross Jago (Senior Panel and Partnership Adviser), Jamie Sheldon (Democratic Support), David Spencer (New Devon CCg) and Rob Sowden (Performance Advisor).

The meeting started at 2.00 pm and finished at 4.40 pm.

Note: At a future meeting, the Panel will consider the accuracy of these draft minutes, so they may be subject to change. Please check the minutes of that meeting to confirm whether these minutes have been amended.

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

The Committee noted the appointment of Councillor Mrs Aspinall as Chair, and Councillor Mrs Bowyer as Vice Chair.

2. **Declarations of Interest**

There were no declarations of interest.

3. **Chair's Urgent Business**

There were no items of Chair's urgent business.

4. **Terms of Reference**

The Committee noted the Health and Adult Social Care Overview and Scrutiny Committee's Terms of Reference subject to the addition of audiology and children's mental health.

The Chair highlighted that items that fall between the Health and Adult Social Care Overview and Scrutiny Committee and the Education and Children's Social Care Overview and Scrutiny Committee would be addressed by having discussions between both Chairs and officers.

5. **Overview of the Health Landscape**

The Committee were shown the Kings Fund video which explained how the NHS in England works and recent changes that have happened.

Cllr Tuffin (Cabinet Member for Health and Adult Social Care) introduced this item and invited Carole Burgoyne (Strategic Director for People), Shelagh McCormick (New Devon CCG), Sonja Manton (South Devon and Torbay CCG), Ann James (University Hospitals Plymouth NHS Trust), Dr Adam Morris (Livewell Southwest) and Ruth Harrell (Director for Public Health) to give the Committee an Overview of the Health Landscape.

Members agreed that a document with key contacts for emergency casework issues would be created and circulated to Councillors.

6. **Integrated Commissioning Scorecard**

Rob Sowden, Performance Advisor and David Spencer, NEW Devon CCG were present to share with the Committee the Integrated Commissioning Scorecard. The report was updated on a quarterly basis and based primarily on the four integrated strategies. The indicators were taken from a number of national outcomes frameworks which were benchmarked against other local authorities. The report was always open for review and uses a red, amber, green system to identify changes in performance. The workings of the document were here to provide support and questions.

Members noted the update.

Members requested that officers provide a short report explaining where trends are changing and the measures in place to correct this.

7. **Integrated Finance Monitoring Report**

Craig McArdle, Director of Integrated Commissioning provided an overview of the Integrated Finance Monitoring Report. The report tracks progress and spilt between the part of People's Directorate and the Clinical Commissioning Group (CCG). The CCG commissions two contracts: the University Hospital and Livewell Southwest but there was a block on these contracts because as an STP they were working more collaboratively. The People's Directorate covers share packages of care for adults and children. The report was compiled on a monthly basis and reported to this Committee for an overview.

Members noted the update.

8. **Work Programme**

The Committee discussed the work programme and it was agreed that the following items would be added to the work programme for July -

- Winter Plan Programme to include the plans from the NHS as well as looking at flu vaccinations for staff.
- Healthwatch Report and Overview.

The following items to be scheduled into the work programme:

- Monitoring of missed hospital and doctor appointments.
- Update on STP and the structure.
- Self-harming.
- CQC Action.
- Plymouth Safeguarding Adults Board.
- Dental Services.
- Emergency Department.
- Electronic prescriptions.

Cross scrutiny items:

- Health and Brexit.
- Adult and Children's Mental Health.
- Care Leavers up to 25 years.

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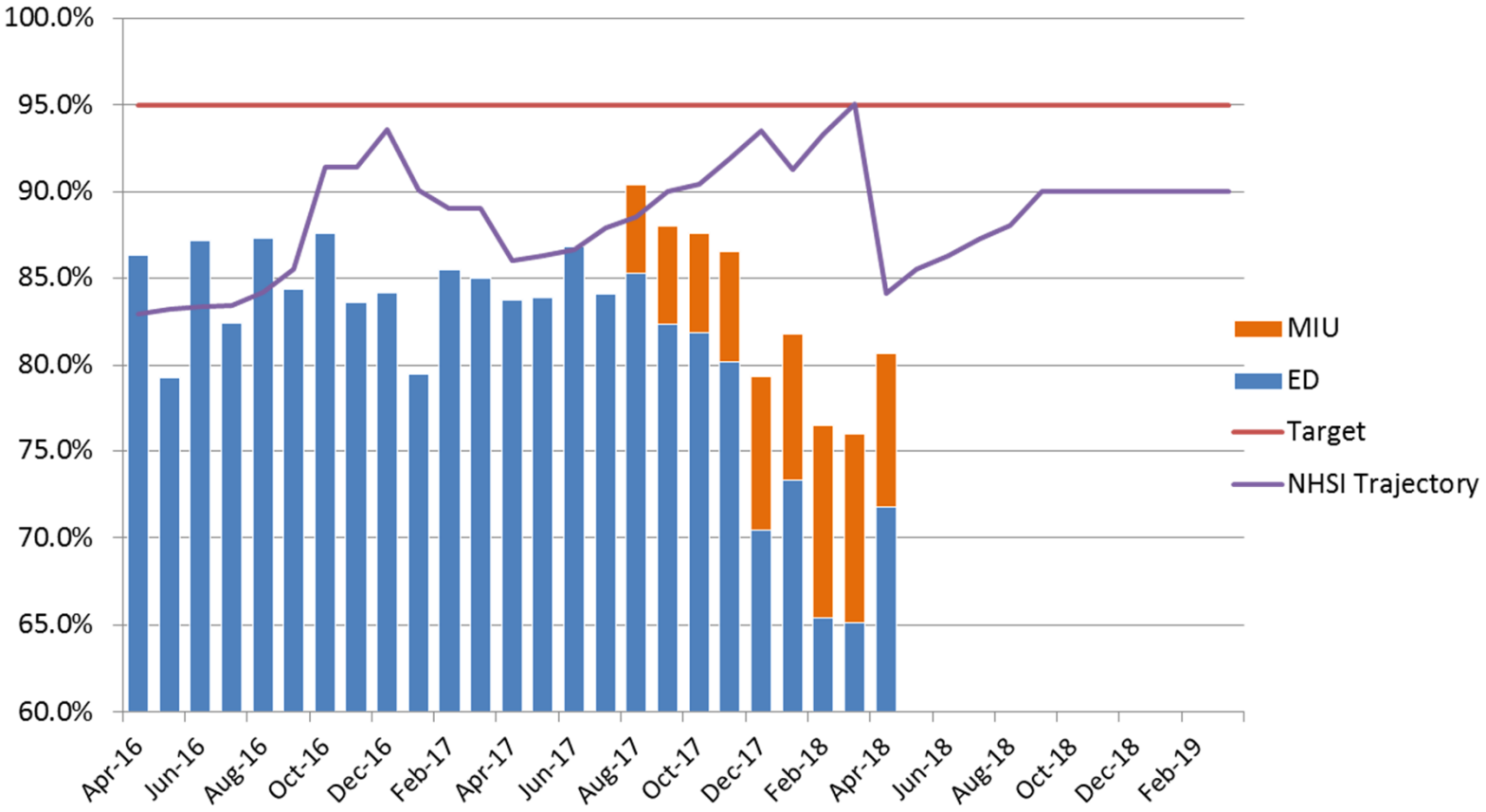
Returning to Normal

An update on our Plymouth System Reset

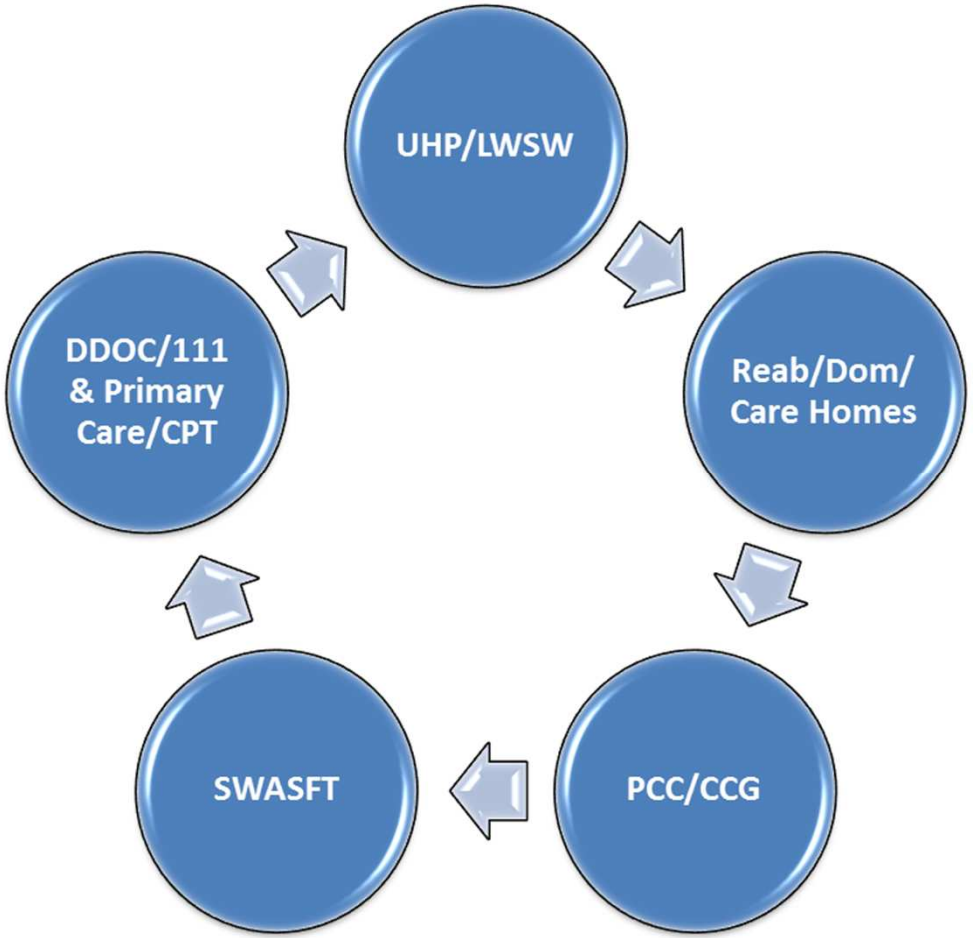
Leading with excellence, caring with compassion

Urgent Care

University Hospitals Plymouth NHS Trust achieved an improvement in Emergency 4hr performance in April with 80.7% of patients dealt with in less than 4hrs compared to 75.7% in March. But still below where it needs to be.



Plymouth System Reset

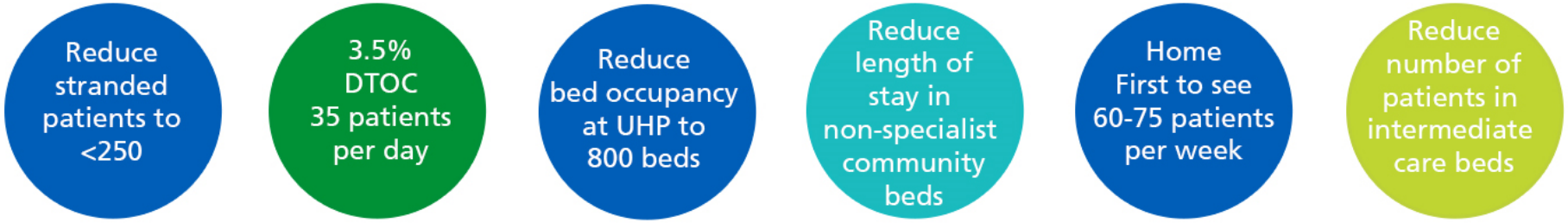


Objectives

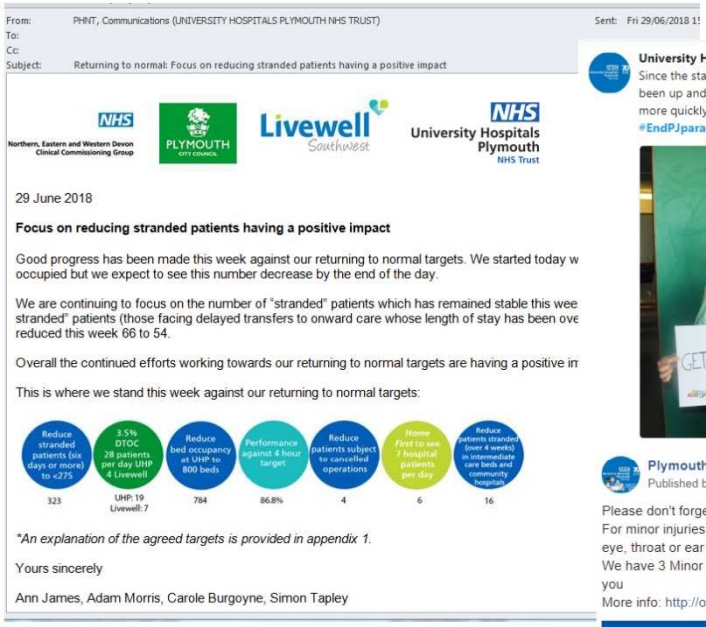
Achieve and Sustain

- ✓ Constitutional 4 hour standard >90%
- ✓ Reduced Stranded <275 – Winter Director Target for 30.6.18
- ✓ Reduced Superstranded <50 – as above
- ✓ Reduced Occupancy < 800 beds
- ✓ Reduced length of stay across all non specialist community hospital beds to 14 days
- ✓ Home First – roll out – 60-75 patient visits per week
- ✓ Robust communications public, staff and patients

Our objectives



Our Communications



From: PHNT, Communications (UNIVERSITY HOSPITALS PLYMOUTH NHS TRUST) Sent: Fri 29/06/2018 15
To:
Cc:
Subject: Returning to normal: Focus on reducing stranded patients having a positive impact

NHS Northern, Eastern and Western Devon Clinical Commissioning Group · PLYMOUTH CITY COUNCIL · Livewell Southwest · NHS University Hospitals Plymouth NHS Trust

29 June 2018

Focus on reducing stranded patients having a positive impact

Good progress has been made this week against our returning to normal targets. We started today w occupied but we expect to see this number decrease by the end of the day.

We are continuing to focus on the number of "stranded" patients which has remained stable this wee stranded" patients (those facing delayed transfers to onward care whose length of stay has been ove reduced this week 66 to 54.

Overall the continued efforts working towards our returning to normal targets are having a positive im

This is where we stand this week against our returning to normal targets:

Reduce stranded patients (six days or more) to <275 — 323
3.5% DTOC 28 patients per day UHP 4 Livewell — UHP: 19 Livewell: 7
Reduce bed occupancy at UHP to 800 beds — 784
Performance against 4 hour target — 86.8%
Reduce patients subject to cancelled operations — 4
Home First to see 7 hospital patients per day — 6
Reduce patients stranded (over 4 weeks) in intermediate care beds and community hospitals — 16

*An explanation of the agreed targets is provided in appendix 1.

Yours sincerely

Ann James, Adam Morris, Carole Burgoyne, Simon Tapley

University Hospitals Plymouth NHS Trust @PHNT_NHS · May 4
Since the start of the #EndPJparalysis70 challenge, over 100,000 patients have been up and moving across the UK. Keeping mobile can help patients recover more quickly from injury and illness and get them back to their usual routine #EndPJparalysis #KeepOnMoving

Plymouth Hospitals NHS Trust
Published by Hootsuite [?] · 5 June at 19:30 ·

Please don't forget to #ThinkMIU
For minor injuries & illnesses, such as cuts, sprains, fractures, stings or an eye, throat or ear problem, please #ThinkMIU
We have 3 Minor Injuries Units in #Plymouth, #Tavistock & #Kingsbridge for you
More info: http://ow.ly/khQj30klfLQ

University Hospitals Plymouth NHS ...
@PHNT_NHS

In this video, Jo Beer, our Interim Director of Integrated Urgent Care, explains how, once a patient is medically well, getting them home is the best thing we can do for their health. 2/2 #endPJparalysis #KeepOnMoving

Supporting you to get dressed, get moving and get home quicker
We're taking part in the #endPJparalysis 70 day challenge as part of our #KeepOn...
youtube.com

4:14 pm - 4 May 2018

4 Retweets 8 Likes

- ✓ Daily email updates for staff
- ✓ Social media campaign focused around what this means for patients .e.g #ThinkMIU & #endPJParalysis

Delayed Transfers of Care

(includes complex stranded)

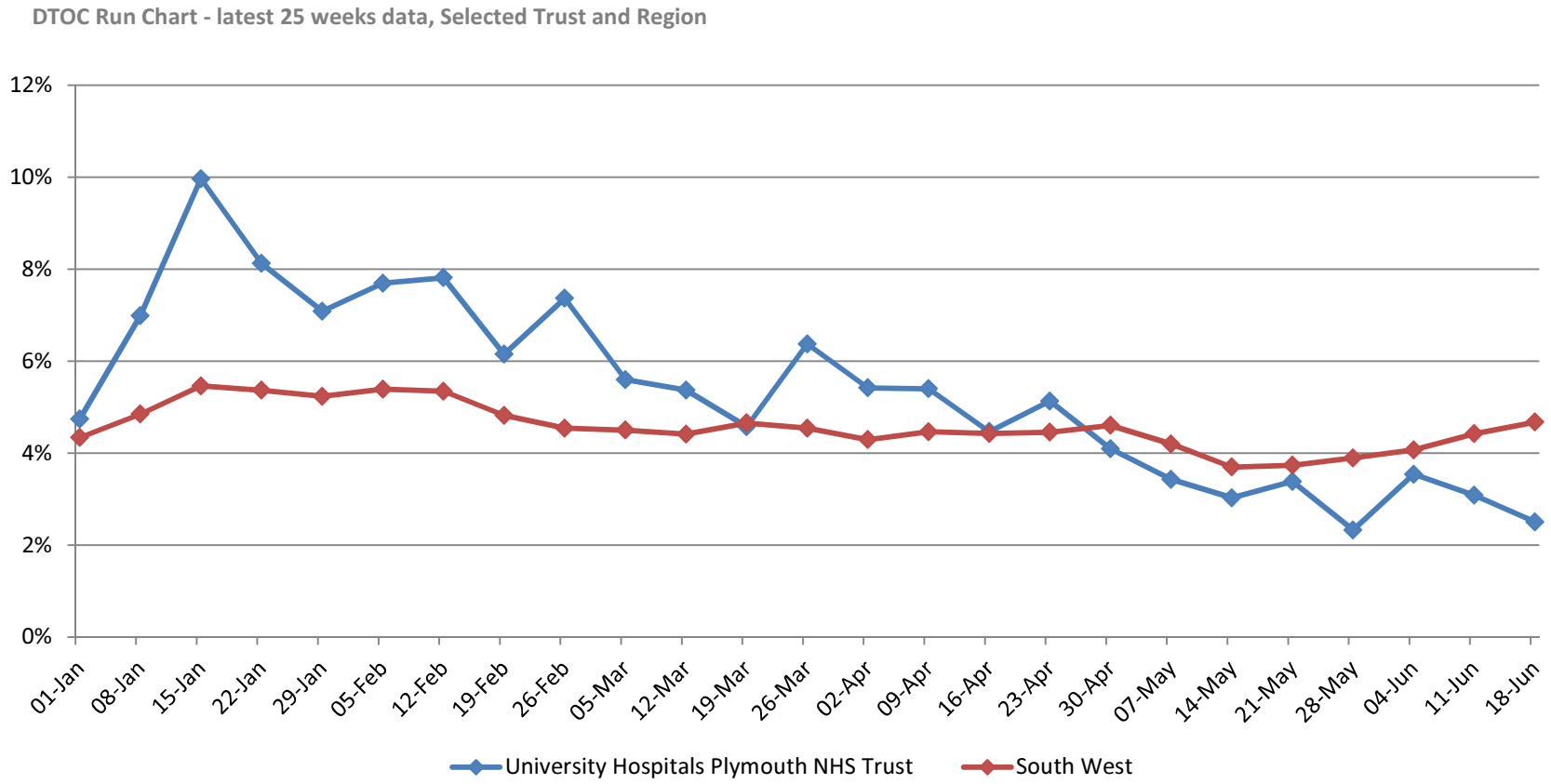
Target = 3.5%

Actions Taken:

- ✓ Daily complex caseload numbers
- ✓ Daily complex fit = Discharge Target
- ✓ Daily Delayed Transfer of Care (DToC) meeting at UHP
- ✓ Daily review of complex fit stranded and superstranded patients
- ✓ Twice daily DToC/Stranded call and huddle implemented LWSW last week
- ✓ Roll out of zoning – education at ward level to achieve ownership
- ✓ Reinvigorated 'Choice' policy – more to do
- ✓ Additional weekend workforce for urgent care pathway or parts of it
- ✓ Service Improvement Manager establishing a single DToC process/report

Delayed Transfers of Care UHP

8 weeks tracking under 3.5%



Stranded Patients

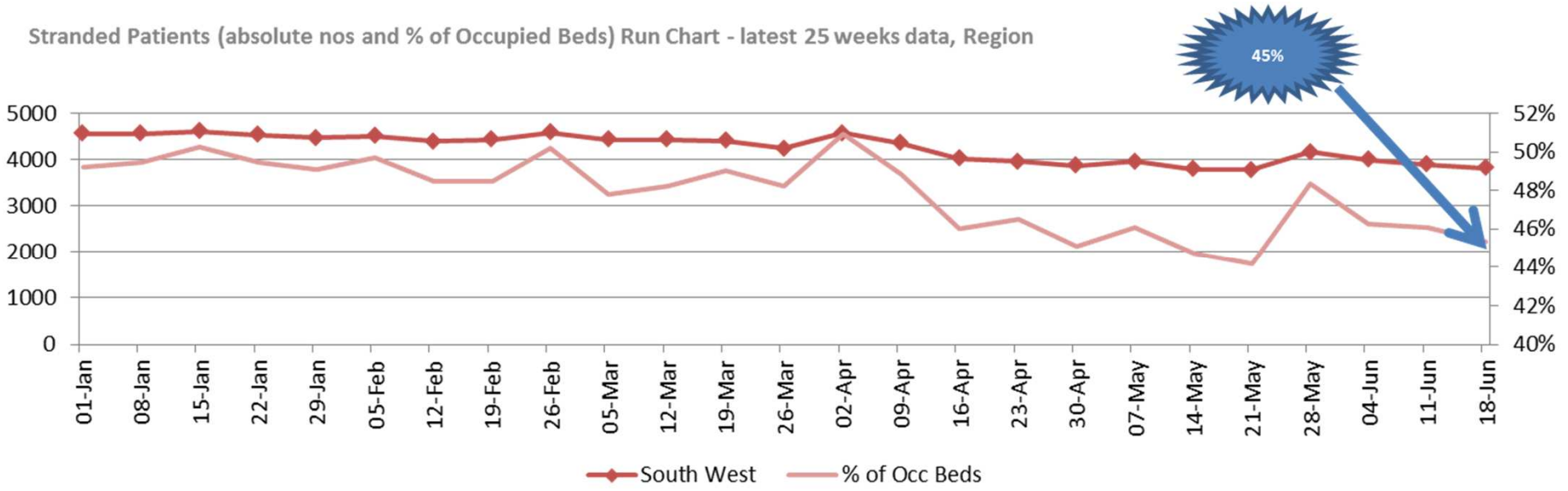
Stranded: Any patient who has been in hospital > 6 days
Superstranded: Any patient who has been in hospital > 21 days

Actions Taken:

- ✓ Live stranded patient numbers
- ✓ ECIP Red2Green – Flow collaborative set up UHP
- ✓ Reviews of stranded patients – GP/Consultant/Matron
- ✓ Identification of key 'simple' themes e.g.
  - visibility of diagnostics in pathway
  - cannulation
  - TTA's
  - Transport (ward > pharmacy)
  - Repatriations
  - Specialty review pathway
  - Next steps – embed at ward level

- ✓ Base lining stranded and superstranded
- ✓ Livewell Southwest implemented Red2Green at bedside

Stranded – South Region

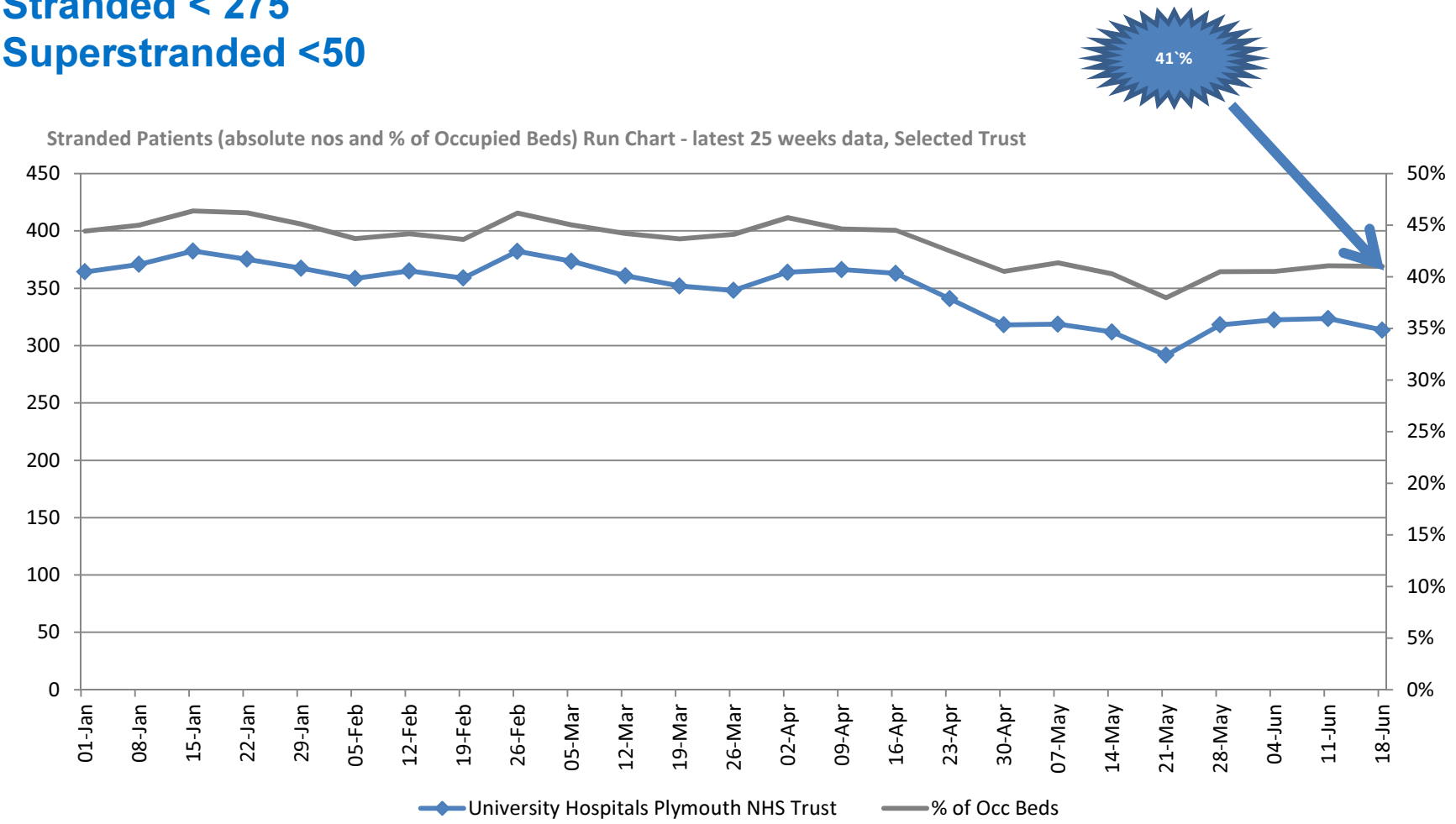


Stranded UHP Performance

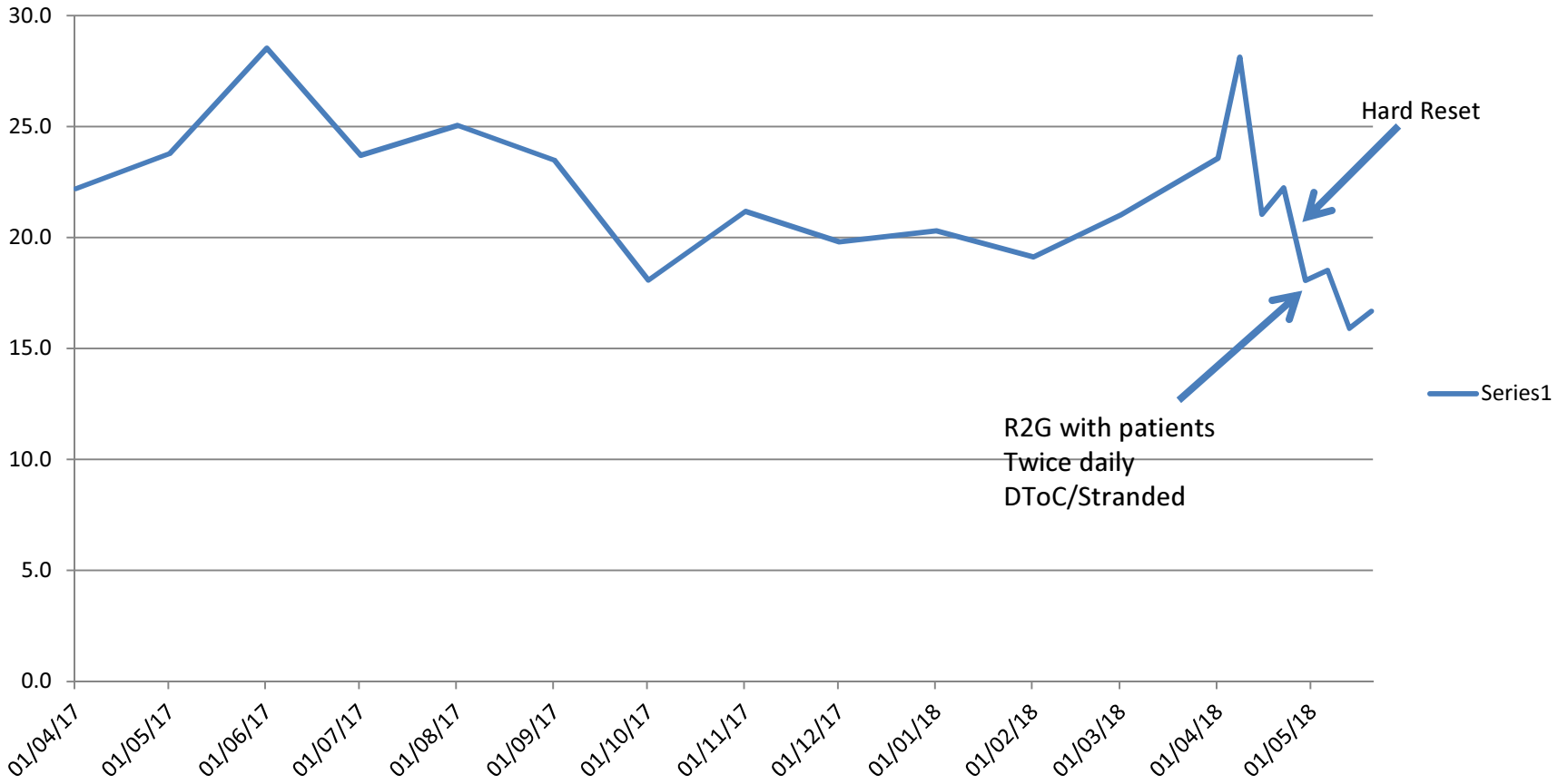
NHSI Data

Stranded < 275

Superstranded <50



Community Hospital Length of Stay



Ambulance Handover Delays

Consistently in the South Region bottom three

✓Implemented dual verification on 1st May

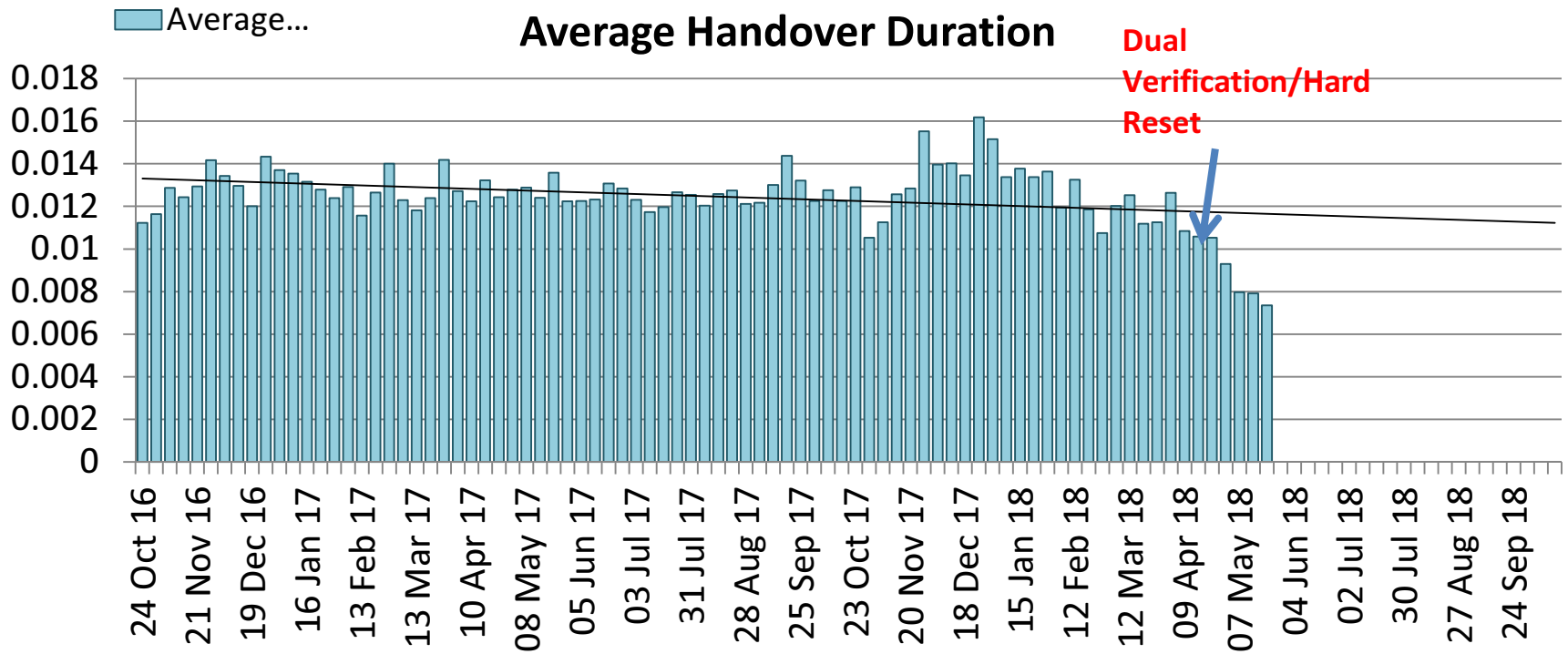
✓Refocus with Emergency Dept team – timeliness of ambulance handovers

✓UHP have seen best performance in the last 2 years

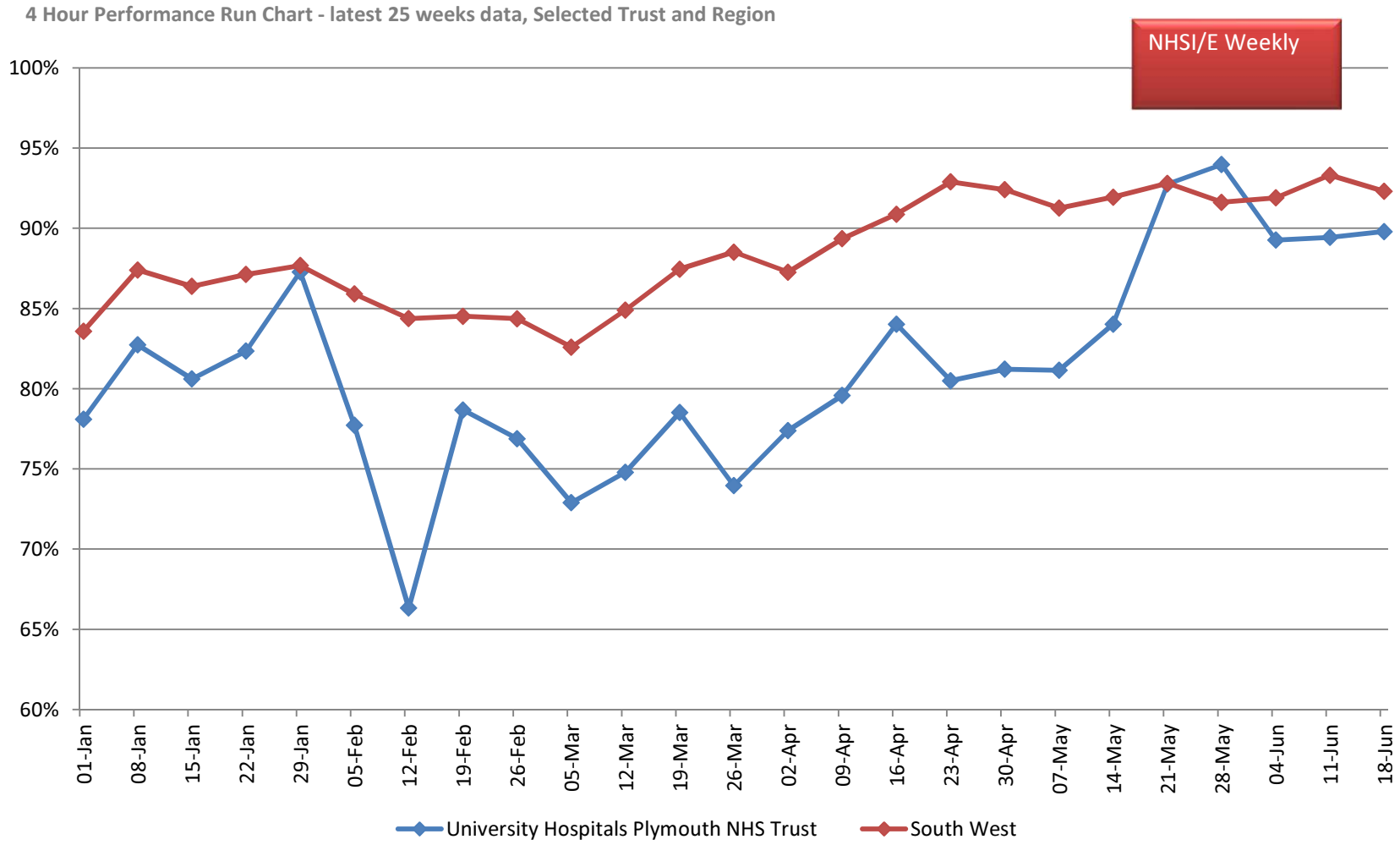
✓SWASFT snapshot reports 50 hours released (10 day period comparing April/May)

✓Average time to handover was 18 mins – now 10 min and 35 sec which is on par with South Region average

Ambulance Handover Delays



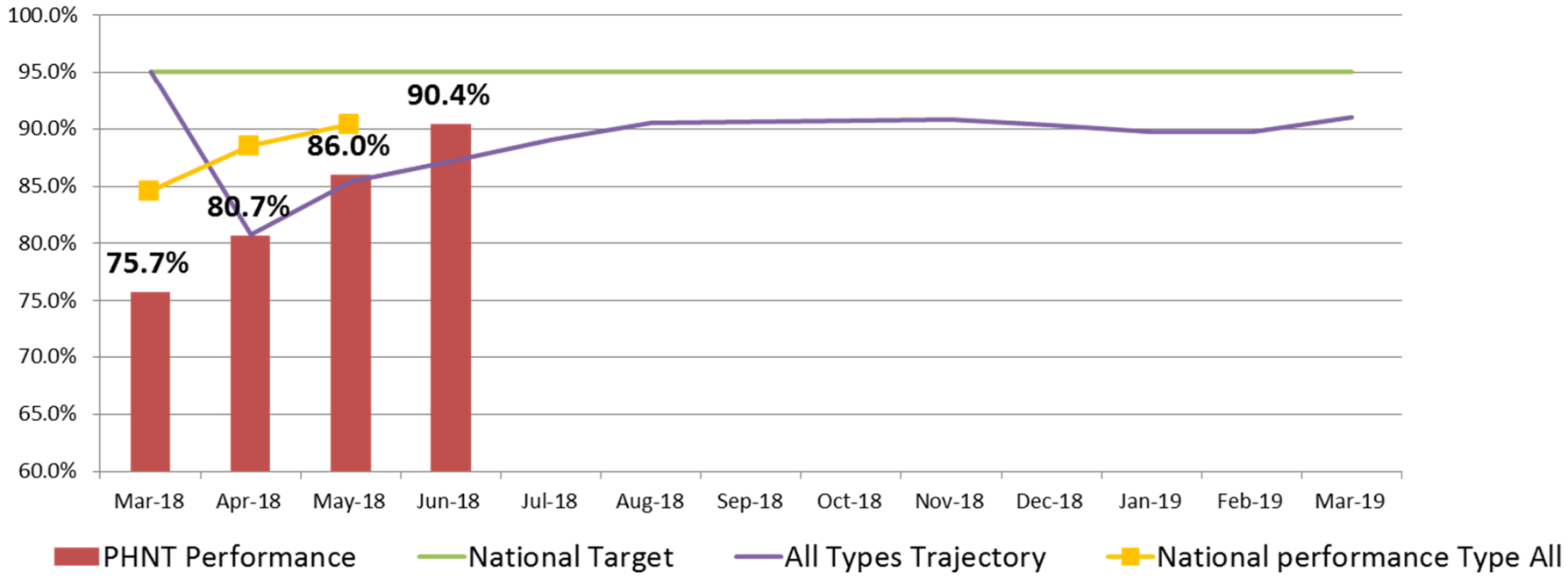
Emergency 4 hour standard



Emergency Dept. Performance

- ✓ Implementation of 10 principles of Urgent Care
- ✓ Challenge established pathways
- ✓ Re-purpose Acute Assessment Unit (AAU) e.g. GP letter straight to AAU
- ✓ External support ECIP, Minor Injuries Unit (MIU) Matron
- ✓ Focus on minors flow
- ✓ Test of change – Fracture Clinic
- ✓ Increased staffing levels above core
- ✓ NHS 111 – Test of Change with weekend/BH validation
- ✓ GP Navigation in Emergency Department

ED Performance (All Types) (%) against plan



Next Steps

- ✓ Maintain Gold and Silver Command
- ✓ Quantify spend and impact
- ✓ Further evaluation and decision re location of ED ‘minors’
- ✓ Finalise principles for ED escalation
- ✓ GP and Specialist referrals
- ✓ Formalise ‘flow collaborative’ plan and priorities (e.g. Red to Green and Stranded/Senior Review round plan).
- ✓ Complete baseline of community/intermediate care stranded and super stranded and set target
- ✓ Establish and embed process for review (similar to DToC) for all patients stranded and super stranded and identify constraints and actions required e.g. CHC
- ✓ Surgical hot clinic go live 4.6.18
- ✓ ECIP reviews – take/capacity and demand/ED
- ✓ Review of NHS 111 (Vocare) model – in particular clinical revalidation
- ✓ GOLD DATASET - Alamac replacement update

PLYMOUTH CITY COUNCIL

Subject:	Care Quality Commission Action Plan Update
Committee:	Health and Adult Social Care Overview and Scrutiny Committee
Date:	25 July 2018
Cabinet Member:	Councillor Tuffin (Cabinet Member for Health and Adult Social Care)
CMT Member:	Carole Burgoyne (Strategic Director for People)
Author:	Craig McArdle, Director for Integrated Commissioning
Contact details	Tel: 01752 307530 email: craig.mcardle@plymouth.gov.uk
Ref:	CQC
Key Decision:	No
Part:	I

Purpose of the report:

In December 2017, Plymouth's Health and Wellbeing system was the subject of local targeted review conducted by the Care Quality Commission. This review considered system performance along a number of 'pressure points' on a typical pathway of care with a focus on older people aged over 65. It also focussed on the interfaces between social care, general medical practice, acute and community health services, and on delayed transfers of care from acute hospital settings.

CQC presented their findings to the Plymouth System at a Local Summit on the 2nd February 2018. Plymouth then had a period of twenty days to complete an action plan that responded to the issues identified in the report. The Action Plan is designed to be owned by the Plymouth Health and Wellbeing Board.

The Action Plan has now been developed in partnership with the Social Care Institute for Excellence and with oversight from the Department of Health and has been signed off by the Chair and Vice Chair of the Health & Wellbeing board.

This presentation has been drafted to provide an update on the progress to date against the Action Plan and to highlight the successes and remaining challenges facing the successful delivery of CQC's recommendations.

Recommendations and Reasons for recommended action:

For information only as part of the formal monitoring arrangements agreed March 22 at Plymouth Health and Wellbeing Board.

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Plymouth Local Target Review

Action Plan Update 25/07/18

Why CQC started the Local System Reviews?

- Following the budget announcement of additional funding for adult social care, the Secretaries of State asked CQC to undertake a programme of targeted reviews in local authority areas.

- Each review looked at answering the question:
  - ***How well do people aged 65+ move through the health and social care system, with a particular focus on the interface, and what improvements could be made?***

- 20 Health and Social Care Systems were reviewed

- Plymouth was identified in the first tranche of 12 with a review date of December

Why was Plymouth selected?

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

- At the time of decision Plymouth was rated higher than average against two national measures; average number of Delayed Transfers of Care (DToC) and a high number of weekend discharges.

What were the Local System Reviews looking at?

- The local area reviews considered system performance along a number of ‘pressure points’ on a typical pathway of care. This focussed on three specific areas of care:
    - Maintaining the wellbeing of a person in their usual place of residence
    - Managing people in crisis
    - Stepping down people to their usual or new place of residence
- From looking at these three angles CQC want to understand:
    - Experiences of older people aged over 65
    - The interface between social care and primary care and acute and community health services
- The findings of all reviews have been compiled into a National Report, *Beyond barriers: How older people move between health and social care in England,* to give overall advice to the Secretaries of State.

What did the review look like?

Pre-prep
27th Oct – 24th Nov (week 1-4)

27th October:
- Letter
- Contact request
- System Information Return (SIR)
- Relational audit tool
- Call for evidence from inspectors

14th / 15th November:
Review leads
- meet senior staff/ run through local context – Case track scenario
- attend local events with people living in the area
- Meeting with other local partners AHSN, LMC)

Cross directorate Inspectors focus group

2 weeks:
SIR returned and agree review schedules

Preparation
w/c 27th Nov (week 5)

Analysis of documents

Analysis of qualitative and quantitative data

Liaison with statutory bodies and others (e.g. NHS E, NHS I,, HEE, STPs, regional leads)

Agree escalation process if required

Review
w/c 4th Dec (week 6)

People's experience, quality and access

(Days should include Out of Hours)

Day 1: Focus groups
- Commissioning staff
- Provider staff (across broad groups)
- Social workers and OTs
- People using services, carers and families
- Third sector

Day 2-3: Interface pathway interviews
Focus on individuals' journey through the interface through services (with scenarios) and case tracking/ Dip sampling

Day 4: Well-led interviews
- Senior leaders
- Sense check with nominated people from key partners

Day 5: Final interviews, mop up and feedback

Report writing
4th – 15th Dec

Single shared view of quality

Quality
18th Dec – 2nd Feb

Draft letter

Quality Assurance

Editorial

Short, focused report/ letter with advice for the area Health and Wellbeing Board (cc other partners)

Publication

2nd February 2018 - Local summit (with improvement partners)

Overview of Findings

- The progress that the Plymouth System has made towards system integration was acknowledged by **Professor Steve Field, Chief Inspector of Primary Care Services who said:**

  "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."

Key Findings (1)

- Local people were not always seen in the right place, at the right time, by the right person.
- A 15% GP vacancy rate in Plymouth saw substantive GPs carrying patient list sizes of 2,364 patients on average compared with 1,950 on average for the whole of NEW Devon CCG and this meant people could not always see a GP when they needed to.
- A&E attendances were rising (but remained below average), the four hour target was not being met and the ED felt highly pressurised.
- The MIU and Acute GP service were helping to divert people away from A&E, but they could do more. There needs to be a cultural shift; staff within the ED need to more proactively refer people to those services designed to help prevent admissions.
- Bed occupancy rates were high and people were staying longer than they needed to.

Key Findings (2)

- Discharges were not being discussed early enough and whilst there had been some improvements in performance and a reduction in assessment delays, the number of DTOCs remained higher than average.

- Relationships amongst System Leaders were strong, collaborative and there was real evidence of effective partnership working, particularly amongst commissioners.

- Cross-party support of political leaders was encouraging to see and shared the commitment to both the vision and strategy between leaders and officers provided stability.

- The system's journey to integration had begun and was on a positive trajectory.

- There was a compelling strategic vision, but its success was at risk due to:
  - Capacity of services, workforce challenges and organisational development.
  - Current performance in relation to flow and Continuing Healthcare (CHC).
  - Plymouth's significant financial pressures which also placed the STP at risk.

Key Messages

- There was a compelling vision, strength in leadership and strong relationships amongst leaders. However, this had not been translated to the front line and people's experiences were variable.
- The system needs to continue with transformation whilst addressing current performance issues.
- There needs to be a shift away from an over-reliance on bed-based care to keeping people well in their own homes.
- The system needs to future proof the workforce and capacity of primary care and social care to cope with an increase in demand.
- There needs to be system-level evaluation and learning to lead to improvements.
- Organisational development work is needed to improve communication and integrated working between front-line staff.

What Came Next?

- Following the Local Summit, February 2nd, the Plymouth Health and Wellbeing System developed an Action Plan detailing to meet the recommendations from the report

- The CQC Action Plan was approved by Plymouth Health and Wellbeing Board, March 22nd to be overseen by the board alongside Adult Health and Social Care Scrutiny Committee, as agreed with Cabinet

- The plan is monitored directly by the Department of Health and Social Care through regular updates

- The plan is overseen at the Local Care Partnership with updates provided to Health and Wellbeing Board and Scrutiny Committee

CQC Action Plan

- Plymouth's Local Summit identified the following actions in response to CQC's recommendations which make up the CQC Action Plan:

Commissioning & Market Management

- Develop Commissioning Intentions to signal market requirements for 2018/19
- Develop and support Care Homes
- Develop and remodel the Domiciliary Care market
- Develop Voluntary & Community Sector engagement to maximise their contribution
- Work with NHS England to deliver sustainable and transformed Primary Care using existing strategy/plan
- Development of Integrated Care Model

Staff & Organisational Development

- Develop Local Workforce Strategy & Implementation Plan

System Improvement

- Admission Avoidance schemes
- Hospital Flow and Discharge
- System improvement actions
- Continuing Healthcare (CHC)

Commissioning and Market Management

Develop Commissioning Intentions to signal market requirements for 2018/19	Commissioning Intentions in place: • Thrive Plymouth/A Caring City/Wellbeing Hubs/Making Every Adult Matter • Transformed and Sustainable Primary Care • Integrated Children's Young People and Families Services, • Commissioning an Integrated Care Partnership • Local, Integrated and Responsive Mental Health Services, • Enhanced Care and Support • Support for people with Learning Disabilities and Autism/Enhanced Health in Care Homes /Enhanced and Enabling Home Care/Housing and Support
Develop and support Care Homes	• Commissioners and Providers are working towards launching the Enhanced Health in Care Homes model, an NHS England best practice framework for what the Care Home market should look like. • The programme is being led by Livewell South West, with leads for each element coming from University Hospitals Plymouth, NEW Devon CCG, Plymouth City Council and Livewell. • An exercise benchmarking how close the system is to the framework and which areas need to be prioritised has just been completed. The actions identified are forming the developing project plan. • Delivery against the project plan will be managed by the Programme group consisting of key figures from across the system • Proud to Care Event
Develop and remodel the Domiciliary Care market	• New fees agreed with Providers • New system for understanding capacity of Domiciliary Care providers across the system launched. This has already led to improvements in how we understand and manage the market. • Discharge to Assess Launched • A Single Accountable Provider model for Domiciliary Care is in development • Independence at Home model completed a tender exercise in early July, applications are now being reviewed and capability assessed

Commissioning and Market Management (2)

Develop Voluntary & Community Sector engagement to maximise their contribution	• Urgent Care workshops have taken place with good attendance from VCS organisations. Workshops mapped current interfaces between services for hospital admissions and discharge based on national best practice 'why not home, why not today?' • Follow up workshops are continuing to take place to consider preventing admissions, hospital flow and discharge • Findings from the workshops are being used to support the remodelling of pathways in to and out of the Hospital to improve patient flow and improve patient's experiences • British Red Cross based in the Hospital and Mount Gould Local Care Centre are supporting discharged patients and providing a 6 week support offer which includes shopping and collecting prescriptions
Work with NHS England to deliver sustainable and transformed Primary Care using existing strategy/plan	• Work underway to design a sustainable system based on the Primary Care Home model including: care for people in care homes, extended primary care team and extended access • Working closely with the developing Strategic Commissioner to tie in with plans regionally such as telephone triage and use of prescribing and acute hub • Extended access pilot launched in June • International GP Recruitment Programme is progressing at pace with International GP Fairs taking place in early July • Early visiting scheme being piloted for care homes with primary care and community crisis response team undertaking a test of change
Development of Integrated Care Model	• As part of the development of the Commissioning Intentions, NEW Devon CCG have been developing the Commissioning and Contracting Approach for the Integrated Care Partnership • Programme Director for Integrated Care has now been appointed by Livewell South West and University Hospitals Plymouth who is leading on the integration and transformation planning for both organisations

Staff and Organisational Development

Develop Local Workforce Strategy & Implementation Plan	• LGA are supporting the development of the strategy and have created a framework to guide the improvements to our local health and care workforce
	• Multi Agency Workforce Strategy in place
	• Gathering of existing workforce strategies and plans across the system continues whilst the workforce group are currently agreeing the criteria to help assess whether existing strategies are still fit for new purpose.
	• Initial principles and actions have been identified for a system-wide, high-level integrated workforce strategy, these are:
	  • Vision and strategic objectives to be aligned to others as needed eg STP, HWBB, commissioning intentions etc
	  • Secure system leadership commitment and resources to operationalise the strategy and take ownership for leading within own part of system; resources may include analytical capacity
	  • Whole system approach: providers as well as commissioners; co-produced
	  • Whole workforce: leaders through to frontline staff (including elected members)
	  • Robust predictive population-based analysis and modelling of where the right skills need to be to meet need in the future

System Improvement

Admission Avoidance/Hospital Flow and Discharge	• In May and June, Plymouths Health and Wellbeing system has undertaken a Hard Reset process involving leaders of all organisations in our system meeting to discuss daily performance and agree daily actions to unblock and correct issues.
	• The Hard Reset has led to significant system improvements including:
	  • Reduction in Delayed Transfers of Care with the system delivering under the National 3.5% target for 9 consecutive weeks.
	  • Increase in number of discharges
	  • The percentage of medically fit patients waiting for discharge has reduced
	  • The Hospital is making good progress towards it's target for admitting patients within 4 hours of presenting at the Emergency Department. However, further improvement is required. A recent external review has taken place – report awaited.
	  • Discharge to Assess pathways have been reviewed and reframed. The Home First (assessment at home) is now being implemented.
	  • Reviews and management of internal delays continue to result in better management of Stranded and Longer Length of stay patients – Currently in the top quartile nationally
	  • Community Hospital Length of Stay (14 day target) has reduced. Patient led white boards have been implemented with positive feedback. Process for management of DToC implemented and numbers reducing
	• Integrated Hospital Discharge Team – zoned to provide continuity across wards – evaluation supports reduction in complex delays.
	• Tactical Control Centre – reviewed and redesigned. Care Traffic Control Centre will replace this function. Test of change started mid-July
	• Acute assessment unit - Phase two development plan agreed in outline which includes extending working week and direct referral process to be agreed (bypassing ED)

System Improvement (2)

System improvement actions	• Single Access Route to LWSW – Challenge from report that providers, carers and clients had difficulty contacting the right person within LWSW. In response, LWSW have remodelled their front door to create a single access point and are currently implementing this model. Service manager has now been appointed to drive through the operational procedures and new role profiles for staff within the function are being evaluated • HWB Hubs – 1st hub launched in March at the Jan Cutting Healthy Living Centre. Hubs at Four Greens Community Trust, Whitleigh, and Improving Lives Plymouth, Mannamead in development. • Risk Stratification – Commissioners and clinical leads have been working with practices to implement the Electronic Frailty Index, pre-emptively identifying those at risk of negative frailty related outcomes. Full roll out due March 2019 linking in with Social Prescribing and implementation of Health and Wellbeing hubs
Continuing Healthcare (CHC)	• Meeting with Adult Social Care CHC lead to review waiting list and identify areas for training and to analyse source of referrals taking place • All Discharge to Assess cases have been allocated and planned in to 28 day completion processes • Training to support reduction in referrals and increase in quality of assessments started in April. Well attended and positive feedback. Train the trainer event attended by NEW Devon CCG, and awareness sessions have now been completed. Further sessions being planning to introduce the revise CHC framework alongside fast track training • Completion of review of total backlog and outsourcing- all booked or completed awaiting return

Reflections and Next Steps

Reflections

- Quarterly meetings with DH&SC are in place and pace and progress has been recognised
- System still remains fragile around Primary Care, Workforce, and System Flow
- Hard Reset has achieved significant progress-challenge is to embedding and sustaining changes pivotal to Winter Preparedness Plans

Next Steps

- Development of two year commissioning plan supporting the commissioning intentions, including:
  - Implementation of Enhanced Health in Care Home model
  - Launch of two more Health and Wellbeing Hubs
  - Development of the Local Workforce Strategy
- Maintaining improvements in system performance

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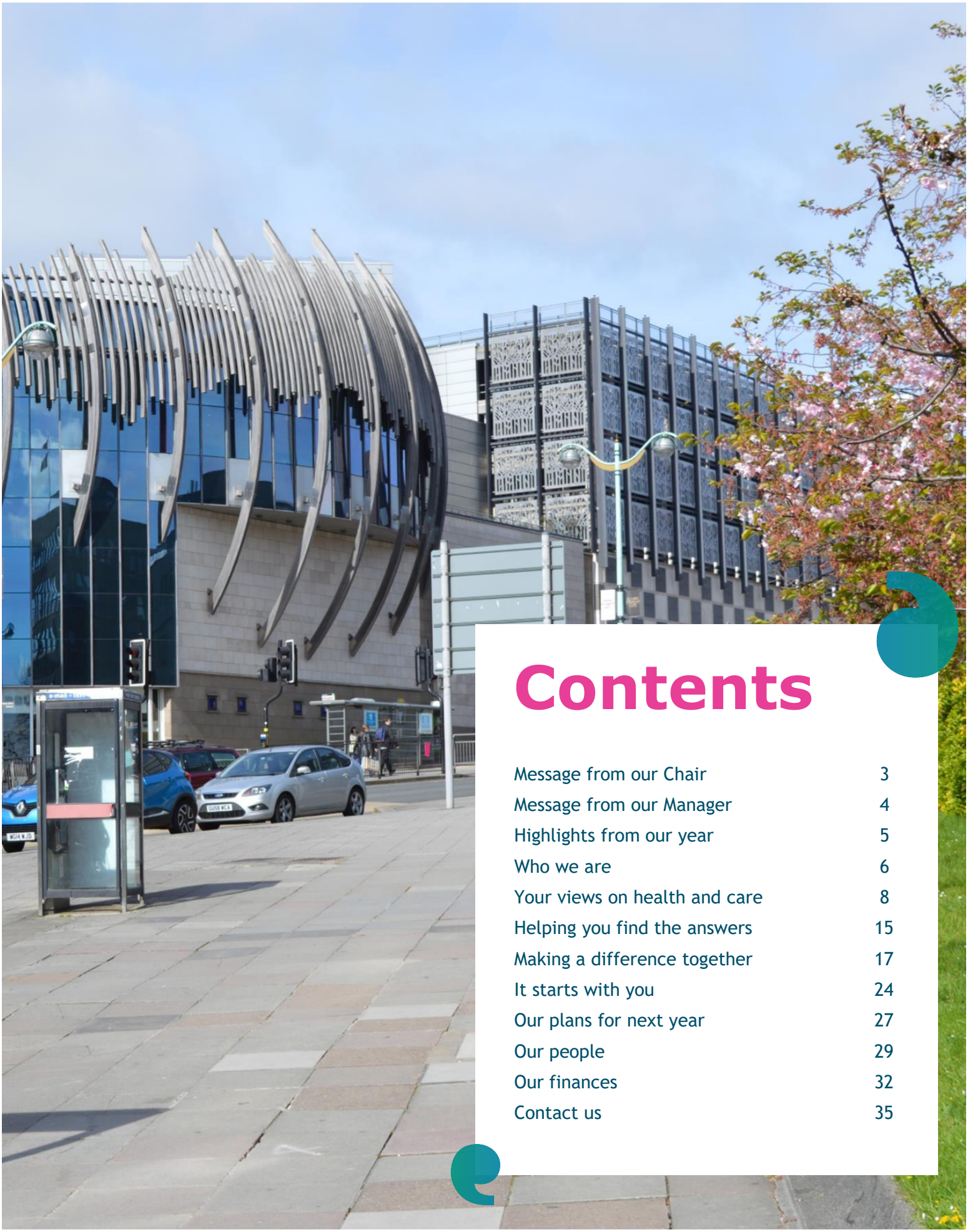
healthwatch Plymouth

Annual Report 2017/18



Contents

Message from our Chair

Welcome to the Healthwatch Plymouth 2017 / 18 Annual Report

In my third full year working with Healthwatch Plymouth it is an honour and a privilege to be a part of the Healthwatch network and to be introducing our 2017/18 Annual Report.

Over the past year we have spent a great deal of time meeting with a wide range of patients, carers, staff and members of the public who are committed to making our health and care services as good as they can be. By utilising the skills of Healthwatch staff and volunteers we have been able to ensure that the views of the public have been presented to those shaping the future of these services in the city of Plymouth.

This Annual Report summarises the activities of Healthwatch Plymouth during 2017/18 (our fifth year of operation) as we have continued to build upon the momentum previously gathered in our role as consumer champion in ensuring that the voice of the public is represented and heard in the provision, review and development of health and social care across our city.

> ‘simple but powerful concept’

At Healthwatch Plymouth we base our understanding on how services are performing and how they should aspire to improve upon what we hear from the communities and people that they serve - this is a simple but powerful concept.

Healthwatch has a statutory requirement to monitor and make recommendations for improvement, accordingly we have been progressing our working relationships with Commissioners, Providers and the Care Quality Commission in our aim to drive up standards. In doing so believe that we are making a positive difference to the delivery and future planning of services across the city of Plymouth whilst, at all times, maintaining our independent and objective stance.

We have continued to work collaboratively with other Healthwatch organisations, this has been typified in our contribution to the Sustainability and Transformation Partnership where we are pleased to be working closely with Healthwatch Devon and Healthwatch Torbay. We believe this makes good use of our limited resources and, more importantly, gives a collective and stronger voice on key issues.

As Chair, I want to ensure that every person in Plymouth can raise their views and concerns with Healthwatch Plymouth and that we take the collective voice directly to those who can improve services.

It remains for me to thank fellow Steering Group members, the staff team and the volunteers who work with us for all their commitment, hard work and team spirit. Lastly, but most certainly not least, I would like to thank the many people who’s feedback is at the heart of our work. We look forward to 2018/19.

Nick Pennell

Message from our Manager

Welcome, to the fifth annual report of Healthwatch Plymouth.

Healthwatch Plymouth has now been in operation for five years, but it only seems like yesterday we were nervously opening the doors as Healthwatch for the first time on 1st April 2013. For the first few days, prior to new staff starting, I was the frontline and back office of Healthwatch! With so many unknowns across our own network it was a rather daunting task. Five years later and not only is the health and social care landscape almost unrecognisable, so is the Healthwatch network and the Plymouth service.

The local Healthwatch network nationally has strengthened, likewise here in Devon the three local Healthwatch have continued to build a strong relationship and have worked collaboratively throughout the year to ensure that the public and patient voice is heard within the Sustainability and Transformation Partnership areas of work. You can find more details about how we are doing this later in this report. As we commented last year, the health and social care economy is more challenged than ever with phrases such as 'do more for less', 'ageing population' and financial deficit' still regular headlines in both local and national media.

> **We continue to hear about exceptional care delivered across our great City by inspirational individuals.**

This year we have carried out targeted engagement, finding out about the topics you told us concerned you most. Elsewhere in this report you can read about this work.

We have continued a strong presence across the city at various locations, allowing us to hear your experiences. With the integration of health and social care in Plymouth and the Sustainability and Transformation Partnership across Devon, hearing your voice is now more important than ever.

It's YOUR VOICE that allows Healthwatch Plymouth to represent the patient view as these strategies are developed and implemented.

Our dedicated team, both staff and volunteers, who are passionate about involving local people in decisions about their health and social care services, enable us to do this. I am, as ever, hugely grateful to our volunteer team who give us many hours of their time and experience to help us to achieve our aims.

Karen Marcellino
Healthwatch Plymouth Manager

Highlights from our year

This year we've potentially reached **9,905,817** people on social media

Our volunteers help us with everything from data entry to service visits

We've visited **21** local services

Our reports have tackled issues ranging from GP Access to services for Sarcoidosis sufferers

We've spoken to **3159** people

We've given **760** people information about other services to help them

Who we are

You need services that work for you, your friends and family. That's why we want you to share your experiences of using health and care with us - both good and bad. We use your voice to encourage those who run services to act on what matters to you.

As well as championing your views locally, we also share your views with Healthwatch England who make sure that the government put people at the heart of care nationally.

Health and care that works for you

People want health and social care support that works - helping them to stay well, get the best out of services and manage any conditions they face.

Our purpose

To find out what matters to you and to help make sure your views shape the support you need.

People's views come first - especially those who find it hardest to be heard. We champion what matters to you and work with others to find ideas that work. We are independent and committed to making the biggest difference to you.

Our vision - to have people in Plymouth actively involved in shaping their health and social care services, with Healthwatch Plymouth being recognised, reputable and achieving results.

Our mission - to be an independent, resourceful consumer champion for health and social care, driven by the voice of local people, working closely in partnership with services and commissioners.

Our core values - to be an inclusive, non-discriminatory service that champions the voice of all groups and communities in the city; to involve people positively in the work we do.

The Healthwatch Plymouth service is delivered by Colebrook (South West) Ltd, with funding from Plymouth City Council.

Our priorities

Healthwatch Plymouth work priorities are agreed by the Steering Group based upon public feedback, local strategic knowledge and any national priorities that have been identified during the course of our extensive engagement.

Our work plan during the last year aimed to balance larger strategic projects alongside short term operational goals.

The health and social care landscape is in a period of almost constant change, which in turn has demanded a flexible approach to our work.

Meet the team

Karen Marcellino
Healthwatch Manager

Tony Gravett
Healthwatch Deputy Manager

Ally Hood
Community Engagement Officer

Wendy Hill
Community Engagement Worker

Lisa Stewart
Volunteer Co-ordinator

Wendy Harvey
Administrator

Your views on health and care

Listening to people's views

Gathering the views and experiences of local people is at the centre of our work.

Healthwatch staff and volunteers have delivered a varied outreach programme during the last twelve months, covering both geographic location and community of interest based sessions.
Our outreach programme consists of regular planned drop in sessions, attendance at small and large public events and talks and presentations at community groups and organisations.
We have made sure that our outreach programme gives us the opportunity to engage with:

- Young people (under 21) and older people (over 65)
- People we believe to be disadvantaged, seldom heard or vulnerable.
- People who live outside of our area, but use services within our area.

The Healthwatch Plymouth volunteer team support engagement across the entire outreach programme, which in the last twelve months has seen regular drop in sessions at a number of GP Practices in the city, as well as locations such as The Life Centre and the One Stop Shop.

We also attended a large number of local events, some health and social care specific, others not related to health and social care at all. Events attended include:

- Jan Cutting Summer Fayre
- Dementia Conference
- SEND Conference
- Carers Rights Day
- Age UK Carers Week Event
- Creative Life Event for Mental Health Awareness Week
- Tothill Family Fun Day

In addition to scheduled drop in sessions Healthwatch has delivered talks and presentations at groups and organisations to spread the Healthwatch message and gather a collective experience from service users. Some of the groups we have engaged with represent specific communities whose voice is seldom heard.
Groups that we have engaged with in the last year have included:

- Out Youth Group
- Age UK
- Devonport House
- George House
- Hamoaze House
- Improving Lives Carers
- Job Centre Plus

Our community talks allow us to engage with groups that may face additional challenges in their lives, which in turn may impact upon how local health and care services should be delivered with them in mind.

Additionally, through engagement at Derriford Hospital we have met with many people that live outside of Plymouth but use local services. Our social media channels have promoted many opportunities for engagement, consultation and involvement on offer from both local and national agencies throughout the year. This has allowed us to encourage involvement from those that we may not reach through other channels.

Making sure services work for you

Healthwatch Plymouth has statutory powers to carry out 'Enter and View' visits to some health and social care services in the city. Enter and View can be a powerful tool to gather evidence about how well services meet the needs of local communities.
Healthwatch Plymouth Enter and View representatives are fully trained and supported to carry out this important function, and are a mixture of local volunteers and members of the Healthwatch Plymouth staff team. Representatives in all of our visiting functions have the potential to observe elements of care that may not always be evident during other formal inspections or audits, but are often things that make a real difference to patients and their families using services.

During 2017/18 Healthwatch Plymouth has carried out visits to services by way of collaborative working, and making recommendations for improvement from a patient perspective.
Visits have been undertaken in varying services across health and social care including to inpatient units, social care residential facilities and primary care services.

Each visit has a primary objective which this year has mainly been to gain feedback from service users of their experience of a particular service, or to make an assessment of the care environment, whilst gathering the views of those resident at the time. Following our visit activity Healthwatch Plymouth may make a formal recommendation for improvement or change to the service provider and/or commissioner of the service.

During the year Healthwatch Plymouth made 21 recommendations following visit activity (10 to inpatient services, 12 to social care services and 8 to primary care services).
We have shared information with the appropriate regulator (Care Quality Commission) on 4 occasions.

Our authorised enter and view representatives during 2017/18:

Anthony Gravett
Lisa Stewart
Wendy Harvey
Barbara Howden
Carol Rose
Justin Robbins

PLACE Assessors:

Anne Miskelly
Barbara Howden
Carole Rose
Linda Musk
Esperanza Gil Puerto
Wendy Harvey
Justin Robbins
Peter Davies
Anne Kiddell
Liz Stebbings
Leonie Richard

There's a PLACE for us

Since 2013 there has been an annual activity in England that has seen patients conducting assessments of the care environment under a programme called Patient-Led Assessment of the Care Environment or PLACE for short. PLACE involves a visual observation of cleanliness and condition as well as assessments around privacy, dignity and wellbeing, disability access and dementia and is primarily aimed at in-patient units with 12 beds or more, but also including Minor Injury Units.

Healthwatch Plymouth currently works with Plymouth Hospitals NHS Trust, Livewell SW and Care UK by training and providing patient assessors to facilitate assessments under the PLACE programme. These assessments are conducted at Derriford Hospital, Mount Gould Local Care Centre, Glenbourne and Lee Mill Adult Mental Health Units, Plymbridge House Children's Mental Health Unit, Cumberland Centre Minor Injuries Unit and the Peninsula NHS Treatment Centre. Typically a day's assessment would see the team visiting a Ward environment, conducting a food assessment and visiting a communal area or Outpatients Department. After each individual area visit an assessment form is scored, highlighting areas for improvement and equally areas of concern as well as identifying good practice. The information from the assessments is recorded into a master spreadsheet that is forwarded by the organisation to NHS Digital who then produce a national report of the assessments conducted in England. Typically this report is published in mid-July.

What happens after the assessment?

So what happens with the recommendations from the assessments? Healthwatch Plymouth attends a monthly meeting at Derriford Hospital of the PLACE Working Group. Part of the role of the group is to produce an action plan following the annual assessment so that improvements to the care environment can be made and secure funding where required. After the 2017 assessments the following has been actioned:

- Patient Lockers – procurement of new patient lockers, identified during PLACE assessments, continues with the first wards receiving their new lockers. An initial 284 lockers have been purchased with 234 being delivered to Moorgate, Stannon, Bickleigh, Braunton, Clearbrook, Crownhill, Surgical Assessment Unit, Lynher, Stonehouse and Wolf Wards. Due to cost, patient lockers will be purchased in batches and a roll out programme will be implemented to the remaining wards. As a temporary measure older lockers that are still in good condition are being used to replace defective lockers.
- New standard Patient and Relative Information Boards are being rolled out into the ward and departmental areas.

In addition to the recommendations made previously, Healthwatch Plymouth made a specific recommendation regarding the environment from a dementia perspective:-

Dementia Environment – several measures have been introduced to provide commonality for dementia patients in Health Care of the Elderly (HCE) Wards. These measures are also being rolled out in other wards and departments. These include:

- Welcoming signage – now provided to all ward and outpatient reception desks naming the ward/department and hospital
- New dementia friendly clocks showing day, date and time have been installed in Wards and Outpatient Departments
- Bay painting - This involves painting the front of each bay in a different colour to aid dementia patients in recognising the bay they are in
- A standard tap design has also been approved for healthcare of the elderly wards and a replacement programme is being implemented. Signage for taps is also being reviewed
- Additional grab rails to be installed in Healthcare of the Elderly Wards

To help University Plymouth Hospitals NHS Trust to continue to improve the patient environment, a series of mini PLACE assessments happen on a monthly basis that include involvement from Healthwatch assessors. These assessments normally cover areas that were not included in the main annual assessment, but also where patient feedback highlights concerns. This enables us to act upon collective feedback from local people, and address care environment concerns should a theme or trend emerge.

Additionally, we are currently in discussion with Livewell South West, with a view to extending mini PLACE Assessments to Livewell sites and are looking to commence a programme in November 2018.

We would love to hear form you if you would like to be involved in these assessments, please get in touch by emailing - volunteering@healthwatchplymouth.co.uk or telephone the office on 0800 923 0039.

In last year's annual report we outlined Healthwatch Plymouth's role and involvement in the Devon wide Sustainability and Transformation Plan (S.T.P.), These plans are linked to the implementation of the Government's " Five Year Forward View for Health Services " which covers the period from 2016 - 2021.

Sustainability and Transformation Plans are based around local populations and are " place based ". 44 S.T.P. footprints have been identified and established across England. Devon is part of the Devon footprint and this includes all of Devon and Torbay as well as Plymouth.

Healthwatch Plymouth has developed close working relationships with our Devon neighbours, Healthwatch Devon and Healthwatch Torbay, and we are working together to ensure appropriate levels of communications and engagement underpin significant aspects of the S.T.P. and that services are developed in genuine partnership with people, communities and stakeholders from the outset.

Healthwatch Plymouth have continued to follow the programmes of change in health and care that are part of the S.T.P. development. Working alongside colleagues from Healthwatch Devon and Healthwatch Torbay, Healthwatch Plymouth attends various working groups as the voice of the people and, in the role of critical friend looking at service review. We meet regularly with the Director of Communication and attend the Joint Clinical Commissioning Groups Engagement Committee.

Healthwatch Plymouth acknowledges and welcomes the closer working relationship between the two Devon Clinical Commissioning Groups that has developed over the last year. Also the willingness to work collaboratively to achieve quality and best value services for the people of Devon, and we will continue to lobby for greater opportunity for public engagement and debate regarding changes that affects us all.

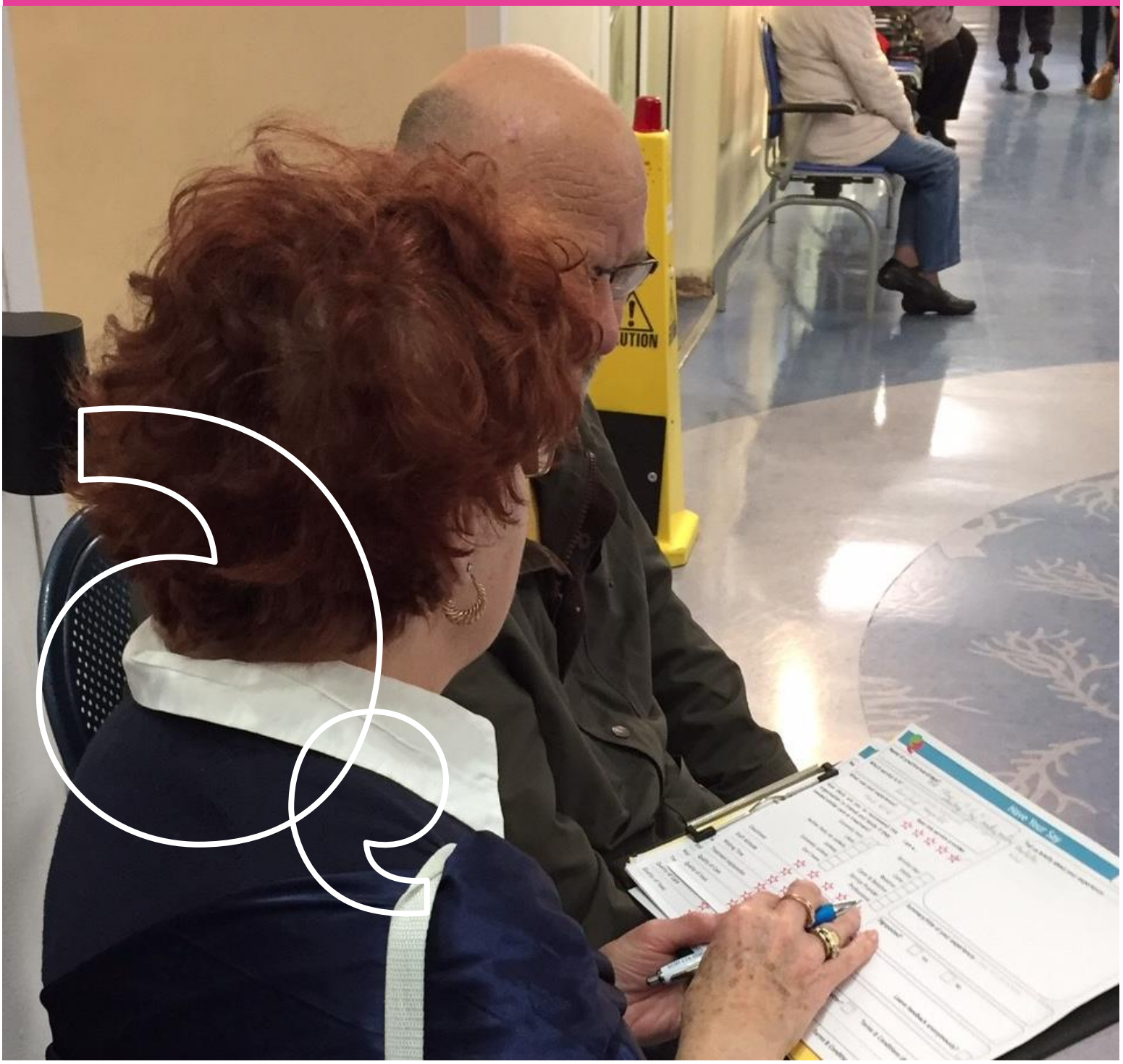
In January 2018 the three Devon Healthwatches were asked to provide feedback to Healthwatch England regarding the S.T.P. process and public engagement for feedback to the Government's Health Select Committee. Again we underlined some disappointment that public engagement had been limited and identified scope to improve upon this in the future.

A key theme throughout the S.T.P. is an increased focus on preventing ill health and promoting peoples independence through the provision of more joined up services in, or closer to, peoples own homes. 7 priority areas are being progressed as key programmes of work, these are :

- Ill health prevention and early intervention
- Integrated care models
- Primary Care
- Mental Health and Learning Disability services
- Acute hospital and specialist services
- Children and young people's services
- Increasing service productivity

Healthwatch Plymouth are aware of the significance of the S.T.P. and are represented on each of the key programmes of work, and in addition we have been attending the Clinical Cabinet meetings for the Joint Clinical Commissioning Groups (NEW Devon and South Devon). This is a high level strategic group comprised of senior clinicians and senior managers from across Devon. By maintaining this input in the coming year we will continue to do our best to ensure that the patient and public voice is heard and represented throughout all of the proposed changes to services across Devon.

Helping you find the answers



How we have helped the community get the information they need

As in previous years, Healthwatch Plymouth has continued to provide information about local health and social care services, through engagement events, drop in sessions, by telephone and through our website.

Healthwatch staff and volunteers often identify that further support would be beneficial when capturing the experiences of a service user or their carer/family.

This means that we sometimes 'signpost' individuals to other services that may be able to support them more appropriately.

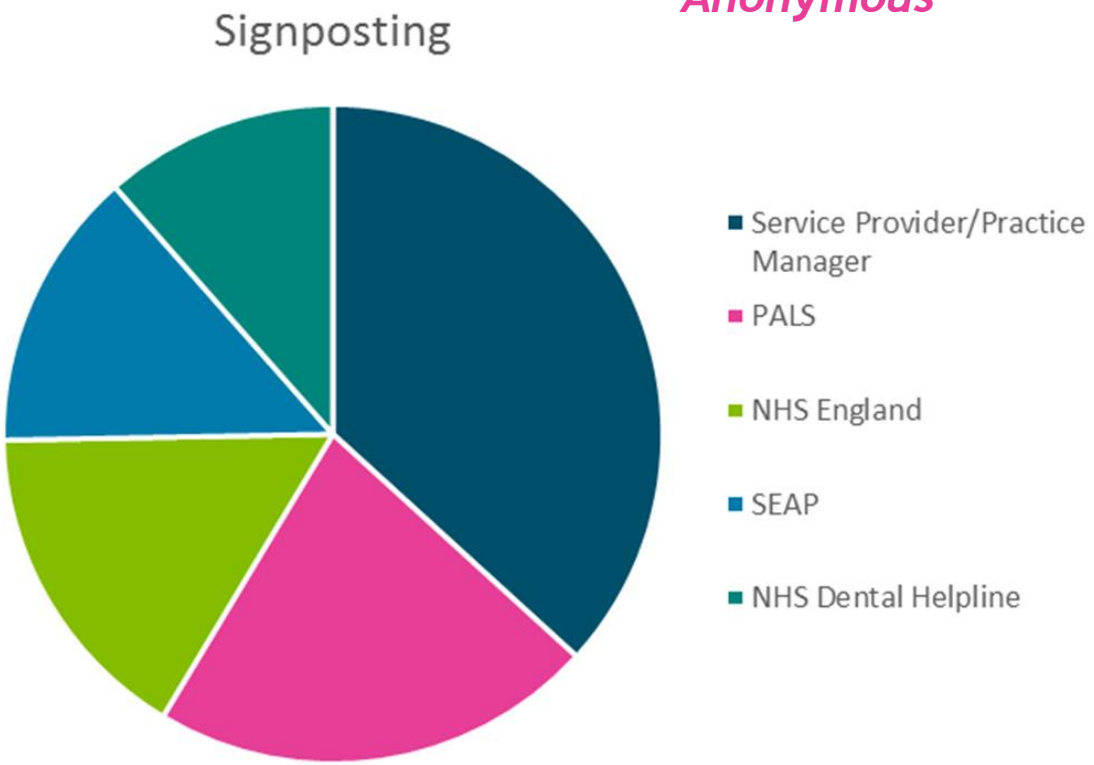
Not just a number

We endeavour, where possible, to ensure that help and information is available to local communities at the time it is needed most. This may be face to face at one of our regular drop in events, or by email and telephone.

During 2017/18 we signposted 760 people to other services/agencies. The diagram shows a breakdown of signposting activity by service area. Our enhanced website now provides a searchable database of local services, which allows local people to not only leave feedback about the services they have used, but to also search for service information.

Again last year we saw increased visits to the service information pages of our website. In addition, the Plymouth Online Directory provides a comprehensive directory of services that helps us to empower local people with choice and control.

> *"It's nice to know Healthwatch Plymouth are here; I see you everywhere"*
> *Anonymous*



Making a difference together

How your experiences are helping to influence change

Healthwatch Plymouth has made many recommendations over the past year, some formally through written reports, and others verbally at the many groups, committees and forums at which we hold a seat.

Recommendations have been made to commissioners of services, also to service providers themselves. These range from communication standards with users of mental health services to engagement processes within NHS England Commissioning.

During the course of the year we have published 16 formal reports. These have included reports regarding the Surgical Assessment Unit at Derriford Hospital, experiences of Sarcoidosis sufferers and a local GP access report.

We are aware that recommendations from our reports have been considered fully by commissioners and service providers alike, and have helped to ensure a patient voice in areas such as the design process of the integrated care pathway. All requests for information made by Healthwatch Plymouth were responded to.

During this year we made recommendations to University Hospitals Plymouth NHS trust that included improvements to information provided to patients and other professionals as well as several recommendations to improve patient dignity and confidentiality. These recommendations and the associated feedback have been shared with front line staff at team meetings to inform service improvements.

Healthwatch Plymouth also presented a report to NHS England, following a period of targeted engagement around local patient experience when accessing a GP. Following this report Healthwatch Plymouth made recommendations to NHS England that included reviewing how patient experience was an integral part of service redesign and commissioning. This important area of improvement has seen particular opportunity for local people to be involved in the commissioning of services moving forward.

Working with other organisations

During the course of our work we remain aware of the need for collaborative working, as well as the need to escalate concerns when we feel it necessary.

Escalation to the Care Quality Commission or Healthwatch England help local Healthwatch to feed into a national picture and provide intelligence to inform any investigation by a regulatory authority. In addition, it may be necessary to make formal requests for information to allow us to make decisions in relation to work priorities.

In 2017/18 we did not make any formal recommendation to the Care Quality Commission to undertake a special review or investigation. We did however provide intelligence to the Care Quality Commission in relation to several planned investigations of care settings. These settings included Plymouth Hospital NHS Trust sites and services delivered by Livewell Southwest including mental health services. As a result of this intelligence we were informed that our reports had helped the inspection teams plan inspection events taking into account the service users voice.

In addition, we have continued to build our relationship with the Care Quality Commission locally, and have implemented a schedule of regular meetings to discuss Healthwatch concerns as well as CQC activity across each of the directorates; Acute, Adult Social Care and Primary Care.

As a result of this relationship, we have been invited to participate in several Provider Meetings, held by the CQC with local service providers that need further support following an inspection rating of 'Requiring Improvement' or 'Inadequate'.

We have shared information with Healthwatch England in relation to Sarcoidosis and GP services, as well as information around national initiatives being delivered locally, such as the Sustainability and Transformation Partnership.

In addition, we continue to share intelligence and service user views as part of procurement processes. During 2017/18 Healthwatch Plymouth represented the patient voice in the design and commissioning process of the Health Improvement Service, as well as the aborted GP Surgeries contract. Working collaboratively with commissioners from Plymouth City Council, NEW Devon CCG and NHS England; Healthwatch Plymouth ensured the patient voice was heard at the very highest level.

Healthwatch Plymouth has continued a strong relationship with our neighbouring local Healthwatch here in the peninsula, and meet regularly with Healthwatch Devon, Cornwall, and Isles of Scilly and Torbay. This provides a valuable opportunity to share good practice, hear about the activity across the region and agree and plan a strategic approach to particular areas of work. We have worked particularly closely with Healthwatch Devon and Torbay during this year, as work within the Sustainability and Transformation Partnership across Devon take shape. We envisage even greater collaboration with local Healthwatches in the coming year, to ensure that as the health and care landscape evolves for the future; patient voice is still at the heart of the process.

During the year Healthwatch Plymouth made 3 formal requests for information. All of these requests were responded to within the required timescale.

NHS England

Care Quality Commission

Engagement in partnership

This year also saw collaboration with Plymouth City Council and NEW Devon CCG to engage local people in a conversation about the formation of local Health and Wellbeing Hubs. Although the name has subsequently changed to Wellbeing Hub, the Hubs will establish a collaborative, integrated and strategic system response that ultimately delivers against these key outcomes for Plymouth and the Western locality of the CCG for whole population health and wellbeing.

The local model will support regional and national direction in creating a transformational place based model of care that reduces pressure on the health and wellbeing system across acute, secondary and primary care settings. This will involve remodelling of services, the workforce, and Council/CCG estates in a way that prevents the need for care and support, and enables smooth and efficient transition to primary and community settings. The model will deliver sustainability, create consistency, improve outcomes, respond to local need, and join up services across sectors.

The vision for wellbeing hubs has been developed alongside key stakeholders and describes types and levels of support across three 'tiers':-

Healthwatch Plymouth were asked to :

- Ensure that communities across all neighbourhoods in Plymouth have a chance to 'have their say' in the development of hubs
- Gather the views of community members on each 'potential targeted hub' in relation to accessibility, likely usage, types of services, other potential locations
- Make recommendations on whether and how potential hubs should be taken forward
- Involve community members in supporting the consultation process wherever possible, creating a genuine ethos of meaningful feedback and consultation owned by the community themselves
- Host Consultation Events - for each neighbourhood, or group of neighbourhoods, around a potential targeted hub there will be a consultation event. This event will include a broad range of stakeholders and will take the opportunity to reflect on the needs information, feasibility investigation linked to the targeted hub, and local experience of the building.
- Carry out Community Level Engagement - because of the wide ranging nature of wellbeing hubs it will be important to gather views from people who may not be actively engaged with potential targeted hubs or local community activity

Healthwatch Plymouth carried out a series of public consultation events, across the ten identified neighbourhoods, as well as engagement planned specifically to reach seldom heard groups.

During the course of the engagement and consultation period, we spoke with over 2000 local people, gathering their views around the concept and in particular what they felt was needed in their neighbourhood.

In addition to this, we also carried out engagement at Tesco Transit Way, Tesco Roborough and Asda, to enable us to meet the wider public. To ensure we were able to capture the voice of those who are seldom heard, we also visited local groups and services to gather feedback from people using them. These included:

- **Plymouth Deaf Association**
- **Salvation Army**
- **Hamoaze House**
- **Plymouth and Devon Racial Equality Council**
- **Barnados**
- **Age UK**
- **Highbury Trust**
- **Out Youth Group**
- **George House**
- **Piety**

Following the engagement and consultation events, we prepared eleven formal reports detailing our findings, which were presented by the Plymouth City Council project lead to the Cabinet.

The first Wellbeing Hub opened in March 2018 at the Jan Cutting Healthy Living Centre. Further Wellbeing Hubs will be opening throughout the next year.

Making Safeguarding Personal

Following previous work we had undertaken of behalf of Plymouth Safeguarding Adults Board, Healthwatch Plymouth was asked to continue talking with local people about adult safeguarding. The project aimed to identify and establish links with existing local service user groups. This allowed us to raise awareness of the Plymouth Safeguarding Adults Board's (PSAB) work and facilitate consultation to establish a two way communication between groups and the PSAB around its agenda and strategic plans. It was established that Healthwatch would report quarterly to the PSAB Executive Group providing updates on the project to date. The final report contained our recommendations from the outcome of the overall engagement process.

Recommendations made to the Board over the course of the year have included:

- **consider ways to communicate with service users that reach beyond the scope of this project; in order for there to be adult safeguarding awareness by the wider population of Plymouth.**
- **provide wider communication in methods that recognise and respond positively to different health care needs, e.g. a text service for the deaf community.**
- **respond positively to the service user group suggestion, to support identified health and social care need groups in producing their own adult safeguarding awareness video to be available via the PSAB webpage; which would communicate effectively to a wider population identifying with their health and social care needs.**
- **safeguarding awareness training is tailored to meet the needs of each service user group and delivered on location where groups meet in familiar surroundings.**

How we've worked with our community

Gathering the views and experiences of local people is the first stage to identifying any need for service improvement. The health and social care landscape is vast, and is constantly evolving.

Healthwatch aims to represent the views and experiences of local people at the right place and time to influence change in a positive way.

To enable us to do this effectively we have continued our representation at key groups and committees, both strategic and operational. This involvement not only allows a patient perspective to be presented, but also allows further opportunities for patient involvement to be identified. Our diverse representation facilitates a platform for local people to be meaningfully involved in the commissioning, delivery and management of local services.

Healthwatch Plymouth has a statutory seat at the Health and Wellbeing Board, allowing us to have real involvement in strategic planning towards the aim of a healthy city. Our Health and Wellbeing Board seat was held by Healthwatch Plymouth volunteer and Chair of Healthwatch Plymouth, Nick Pennell. Nick felt passionately that the wider public voice should be heard by the Board. The Healthwatch Plymouth staff team support this volunteer involvement by providing relevant evidence, identifying themes and trends and keeping the representative informed of our wider work. This allows the Healthwatch Plymouth representative to effectively represent the wider public, and to challenge when necessary. The ongoing work of the Board is disseminated to our Steering Group periodically.

We have planned our representation to ensure a diverse platform at which to make recommendations for improvement, and this often means that we can effect change much more quickly. We have spent considerable time working with services and commissioners to ensure that the patient voice has the opportunity to be heard……every time. We have continued our representation at the NHS England Citizens Assembly, ensuring the local view is heard at regional level, and our representatives have again made recommendations to the assembly around work priorities.

We have continued to develop our local relationships, as well as relationships with those across Devon.

During 2017/18 Healthwatch Plymouth held formal representation at the following groups/committees:

Health and Wellbeing Board

NHS England Quality & Surveillance Group

Plymouth Hospitals NHS Trust Patient Experience Committee

Plymouth Hospitals NHS Trust Safety & Quality Committee

Plymouth Hospitals NHS Trust Patient Led Assessment of the Care Environment Working Group

NEW Devon CCG Primary Care Innovation Programme

Livewell Service User and Carer Forum

Sustainability and Transformation Partnership Clinical Cabinet

NEW Devon CCG & Plymouth City Council – System Design Groups

Plymouth Autistic Spectrum Conditions Partnership Board

Sustainability and Transformation Partnership – CCG in Common Engagement Committee

it starts with YOU

In March 2017, Healthwatch Plymouth had contact with a member of the public who wished to leave some feedback about his experiences with his GP Surgery. During the course of the conversation the individual mentioned that he had been diagnosed with a condition called Sarcoidosis and was finding it difficult to get support.

Sarcoidosis is classed as a rare condition, whereby granulomas develop at different sites within the body. In its worse form it can be very debilitating for the individual.

After receiving the initial feedback around the condition and the lack of any local support group, Healthwatch Plymouth suggested to the individual that he may want to consider starting a user led support group utilising social media for people with the condition in the South West. Subsequently a South West support group called South West Sarkies was formed and held its first meeting in Plymouth in May 2017. Within 2 months the group had 53 members across Devon and Cornwall.

We attended the inaugural meeting of the group and contacted colleagues in Devon, Torbay and Cornwall about the issues raised at the first meeting.

Over a period of 4 months with support from Healthwatch Devon we engaged with members about the challenges they faced accessing health and social services. At the third meeting a user led workshop supported by Healthwatch, enabled the group to capture views around their fears, feelings, service involvement and medication.

One comment made by an individual who has had the condition for 27 years was *'that issues around diagnosis, treatment and patient experience has not changed during this time'*.

Analysis of the comments identified that knowledge of the condition was inconsistent across health providers and led to disjointed care; support for individuals is also limited. The condition is also not recognised as a chronic illness by the DWP when being assessed for Personal Independence Payment. Some individuals can suffer debilitating mobility and have had to give up employment because of this.

We contacted NHS England's Specialised Commissioning team in the South to ask for clarification around what sarcoidosis services were commissioned in the South West Peninsula. As a result of this, we were contacted by one of the clinicians at the Department of Respiratory Medicine, Royal Devon & Exeter Foundation NHS Trust (RD&E). He requested to meet with representatives from South West Sarkies to discuss their concerns. The meeting took place in November 2017 where a commitment was made by the group and the hospital team to work together to improve access to respiratory services by understanding the patient experience. A further consequence of this was an application by the Department for research funding to explore the potential of peripheral T cell transcriptomic signatures by stratification of sarcoidosis patients into different prognostic groups.

During our engagement with the support group we contacted the national charity, Sarcoidosis UK, to advise them of the work we were undertaking with South West Sarkies. As a result the charity plus a representative from a support group in Scotland attended the meeting at the RD&E to work both with the group and the clinicians.

The report was given a wide distribution including Acute Trusts and CCGs in Devon and Cornwall, GP Surgeries, National Institute for Health and Care Excellence (NICE) and the Department of Health to highlight the issues that sarcoidosis patients face in both the health and social care arenas, particularly around inconsistent knowledge amongst health professionals (particularly GPs) leading to poor holistic treatment plans and service access.

Following the publication of our report we received the following response from the Medical Director for Specialised Commissioning NHS South – *'In respect of services for Sarcoidosis this input will be of interest to both specialised and CCG commissioners…and would encourage widespread dissemination to highlight the issues raised to improve the experience of patients with this oft neglected condition.'*

Equally the request by clinicians at the Department of Respiratory Medicine, Royal Devon & Exeter Foundation NHS Trust to hold a meeting was seen as an extremely positive step by the South West Sarkies support group and both parties were keen to maintain links and work together to improve services in the South West based on patient experience.

Our plans for next year

What next?

The coming year will certainly be another challenging period for health and social care services. Healthwatch Plymouth will continue to strive to ensure that the voice of local people is at the heart of change.

We intend to carry out more targeted consultation around the topics that you tell us concern you, ensuring our findings reach those who can implement improvements.

The Healthwatch Plymouth Steering Group will continue to make our work plan relevant and achievable, using our evidence base of your feedback as the point of reference.

As the Devon Sustainability and Transformation Partnership continues to gather pace, we will continue to challenge where needed, to ensure that local people have an opportunity to shape local services.

Our work priorities for 2018/19

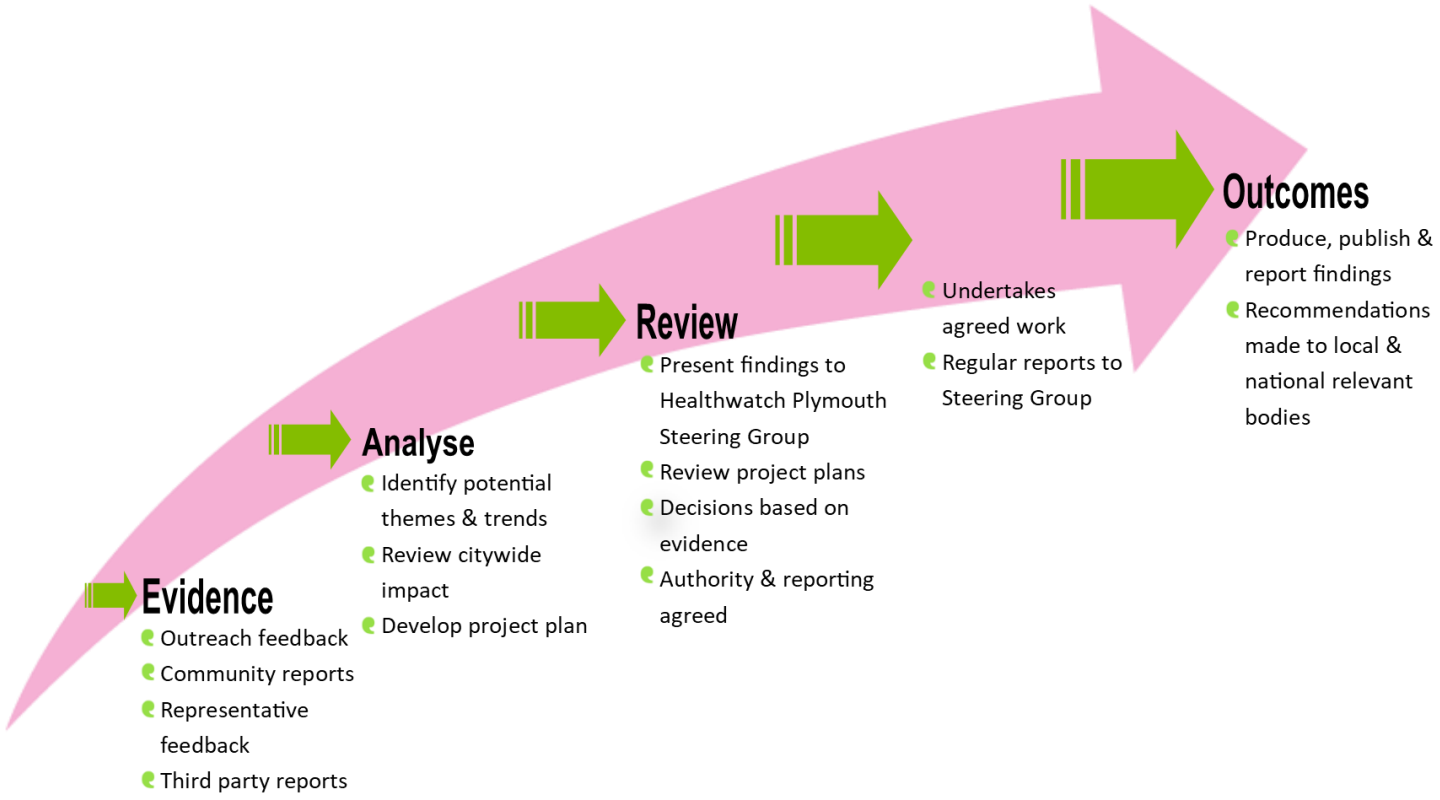
- GP services
- Maternity services
- Young Peoples Mental Health
- Discharge from hospital
- Integrated health and care

Our people

Decision making

Healthwatch Plymouth aims to have the voice of local people at the heart of its work.
Our decision making process helps us to ensure that our Steering Group are involved in setting the work plan on a regular basis.
The Healthwatch Steering Group will take decisions about what activities to undertake based on:

- Evidence of the importance of the activities to the community
- The resource cost and risk/reward of undertaking/not undertaking the activity
- The activities fit with Healthwatch strategic intentions



How we involve the public and volunteers

To enable the service to have the local voice at its core, a governance structure was devised in the first year of operation, through consultation with our volunteers, that would support meaningful involvement from local people.

The Healthwatch Plymouth Steering Group, made up of local people, helps to set the work priorities for the service. The group oversees the Healthwatch Plymouth work plan and agrees activities, through our publicised decision making process.

Healthwatch Plymouth also has a dedicated team of volunteers that consistently give up their time to carry out Healthwatch activities.

Volunteer roles within Healthwatch Plymouth are varied and challenging; we have created a structure aimed at inclusivity and opportunities for everyone. This helps to involve local people in not only the governance of the Healthwatch service but also the opportunity to become involved in strategic city wide work such as the Success Regime and Integration Programme. We have supported our volunteers to represent the local voice on a regional and national level.
The Healthwatch Plymouth Steering Group is a group of dedicated volunteers that help us to set our priorities. During 2017/18 the Healthwatch Plymouth Steering Group included:

- Nick Pennell - Chair
- Carol Rose
- Merris Longstaff
- Justin Robbins
- Chris Everett
- Peter Woodley

Our finances

2017/18

Income	£
Funding received from local authority to deliver local Healthwatch statutory activities	£117,735.96
Additional income	£26,391.30
Total income	£144,127.26
Expenditure	£
Operational costs	£15,555.85
Staffing costs	£94,073.20
Office costs	£33,762.62
Total expenditure	£143,391.67
Balance brought forward	£735.59

The views and stories you share with us are helping to make care better for our local community

Karen Marcellino
Healthwatch Plymouth manager

Contact us

Get in touch
Address: Jan Cutting Healthy Living Centre, Scott Business Park, Beacon Park Road, Plymouth, PL2 2PQ.
Phone number: 0800 923 0039
Email: info@healthwatchplymouth.co.uk
Website: www.healthwatchplymouth.co.uk

The Healthwatch Plymouth contract is delivered by Colebrook Southwest Ltd, Unit 37 HQ Building, Union Street, Plymouth, PL1 3HQ

Our annual report will be publicly available on our website by 30 June 2018. We will also be sharing it with Healthwatch England, CQC, NHS England, Clinical Commissioning Group/s, Overview and Scrutiny Committee/s, and our local authority.

We confirm that we are using the Healthwatch Trademark (which covers the logo and Healthwatch brand) when undertaking work on our statutory activities as covered by the licence agreement.

If you require this report in an alternative format please contact us at the address above.

Everyone uses local health services and everyone has an opinion. I enjoy being part of the process that gets these opinions heard.

John Miskelly
Healthwatch Plymouth Engagement Volunteer

I wish to make a positive difference, therefore I am giving back to a cause that I believe in and care about. Supporting Healthwatch Plymouth gives me a sense of purpose and helps me to be continually challenged.

Nick Pennell
Healthwatch Plymouth Steering Group Chair

healthwatch Plymouth

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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.

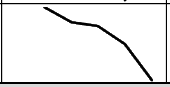
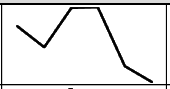
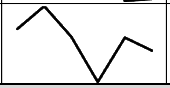
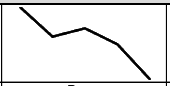
ENHANCED AND SPECIALIST

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

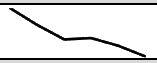
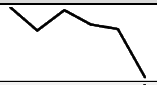
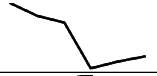
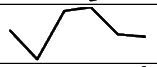
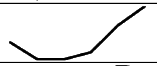
At the end of quarter four the percentage of residential and nursing homes that are rated by CQC as good or outstanding has increased from 73% (end of quarter three) to 79%. Within this the percentage rated as outstanding has remained the same (3%), the number rated as good has increased from 68 (end 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.

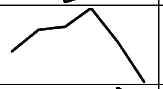
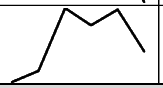
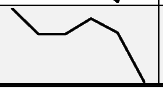
6. WELLBEING

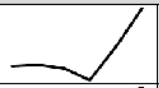
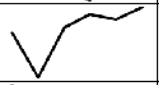
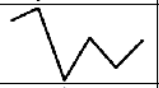
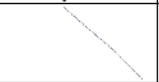
Indicator	Measure	Most Recent Period	Benchmark	First Value of Graph	Graph	Last Value of Graph	Trend
Sustain the improvement in healthy life expectancy and health inequality and reduce both all-age all-cause deaths and deaths due to cancer, stroke, heart disease and respiratory disease							
2.13i - 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

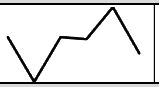
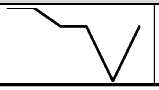
Indicator	Measure	Most Recent Period	Benchmark	First Value of Graph	Graph	Last Value of Graph	Trend
Raise aspirations: ensure that all children and young people are provided with opportunities that inspire them to learn and develop skills for future employment							
1.04 - First time entrants to the 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 Monthly Access rate	Percentage	Mar-18	N/A	1.50		1.60	
Improving Access to Psychological Therapies 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 2 2018/19

Introduction

This report sets out the financial performance of the Plymouth Integrated Fund for the financial year 2018/19.

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.

SECTION 1 – PLYMOUTH INTEGRATED FUND

Integrated Fund - Month 2 Report 2018/19

In this early part of 2018/19 Plymouth City Council are unable to publish an approved set of reports due to changes in the scheduling of their reporting and governance arrangements. This had lead to parts of this report being left blank, and means that no risk share has been calculated at this stage.

Within the Fund, pressures for health are already beginning to emerge in some of the independent sector acute contracts and discharge to assess beds whilst in Plymouth City Council there are pressures in domiciliary care and children's packages. However, given the early stage of the year and the mitigation actions being put in place the position is forecast to break even.

The overall fund position is reflected in Appendix 1.

Plymouth City Council Integrated Fund

No report available at month 2 as described in the introduction.

Western Locality of CCG Integrated Fund

The Western share of the Integrated Fund is being forecast to breakeven at month 2.

Independent Sector:

The forecast for our Independent Sector contracts is currently set to breakeven given the early stage of the year, however early data suggests that risks are emerging in this area and strong delivery of our demand management plans will be required in order to maintain a balanced position.

Intermediate Care:

There is pressure in the cost of the Intermediate Care (Discharge to Assess) beds in the West, however, 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 planning to move into financial balance in this financial year.

Continuing Healthcare:

The position is currently being reported as break even.

IPP and Section 117:

The position is currently being reported as break even.

Primary Care and Prescribing:

The position is currently being reported as break even.

Integrated Fund Summary

Health are reporting a balanced position at this early stage of the year whilst the Local Authority have not published any reporting at present. No risk share impact has been calculated at this stage.

SECTION 2 – BETTER CARE FUND (BCF)

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

The table below provides a summary of the different types of the BCF, how they are funded, how the fund was spent in 2017/18 and how the fund is planned to be spent in 2018/19.

Note that part of these plans are still under review and subject to change.

NHS Northern, Eastern and Western Devon Clinical Commissioning Group					
Plymouth City Council					
Better Care Fund					
	2017/18		2018/19		
	£000's	£000's	£000's	£000's	
Source	**CCG**	**ASC**	**CCG**	**ASC**	
BCF	17,701	2,126	18,044	2,298	
iBCF_a		764		5,343	
iBCF_b		5,800		3,660	
Total BCF	17,701	8,690	18,044	11,301	
Application	**CCG**	**ASC**	**CCG**	**ASC**	
Intermediate Care	9,156	5,149	9,443	5,149	
Social Care Support		3,396		3,452	
DFG		2,126		2,298	
Social Care Support (iBCF_a)		764		5,343	
Meeting ASC Needs		1,449		2,160	~~
Reducing NHS Pressure	3,351			1,500	~~
Stabilising SC market		1,000			
	12,507	13,884	9,443	19,902	
~~ Still under review					

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."*

SECTION 3 – WESTERN PDU MANAGED CONTRACTS

Context / CCG Wide Financial Performance at Month 2

This report sets out the outturn financial performance of the CCG to the end of month 2 of 2018/19.

The CCG plan for 2018/19 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 submitted Financial Plans for 2018/19 set out forecast deficits to 31st March of £20.0m and £5.0m for NEW Devon CCG and South Devon & Torbay CCG respectively. The challenge is significant both for each of the organisations and for the STP as a whole. The CCG plans require the delivery of a £78.597m savings

programme in order to meet the respective positions agreed with NHS England. £70.847m of this challenge relates to NEW Devon CCG and the balance £7.750m with South Devon & Torbay CCG.

Delivery of the required savings plan is the main financial risk and challenge to the CCGs, however there are other risks emerging in relation to out of area placements and within the independent sector contracts. These will require further investigation and continued focus, priority and joint working across the local community and wider STP foot print to mitigate or reduce the potential impact as a result.

Western PDU Finance Position

Introduction

Whilst risks are emerging within the acute independent sector contracts and discharge to assess beds the Western PDU is reporting a balanced position.

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

Acute Care Commissioned Services

University Hospitals Plymouth NHS Trust

The 2018/19 contract plan for University Hospitals Plymouth has been set in accordance with the principles agreed by the Devon STP. The overarching agreement is for flat cash contracts, where the 2018/19 contract value is based upon the 2017/18 contract value with minor adjustments agreed for specific areas. Whilst growth and inflationary pressures have been identified the system expectation is that these will be dealt with through demand management, efficiencies and cost reductions.

The 2018/19 contract value has been agreed at £183.2m.

Contract Performance

The month 1 performance information showed a year to date over performance against the contract plan of £0.8m.

The main reasons for the contractual over performance are summarised below.

2018/19 M01	Planned Spend	Actual Spend	Variance	Variance Activity	Variance Spend
	£000s	£000s	£000s		
Elective	3,085	2,561	- 524	-4.3%	-17.0%
Non Elective	5,782	6,008	226	-1.9%	3.9%
A&E	763	847	84	7.8%	11.0%
Outpatients	2,522	2,539	16	1.2%	0.6%
Excluded Services	2,035	2,063	28		1.4%
Penalties	-	- 79	- 79		
Drugs & Devices	1,094	924	- 169		-15.5%
CQUIN	326	344	18		5.5%
Contract Adjustments	- 1,162	-	1,162		
Total	14,444	15,207	762		5.3%

Expenditure on **Elective Care** is behind plan by £0.5m in month 1, in financial terms this represents an under performance of 17%. This under performance is driven by Orthopaedics where there is a 51% variance against plan worth £341k, Cardiology who are also 51% behind plan (£110k) and Neurosurgery who are 53% behind (£72k).

Non Elective activity is 8.6% ahead of plan which equates to an over performance of £0.2m. This is after the contract plan was increased to reflect historical growth trends and includes the activity that is taking place within the recently formed Acute Assessment Unit (AAU).

Accident and Emergency activity is also ahead of plan, by 7.8% or 463 attendances, giving rise to a financial variance of £0.1m or 11%. The greater financial variance compared with the activity variance suggests that the complexity or volume of care or diagnosis given to each patient has increased on average.

The variance on **Outpatient** attendances are relatively minor with activity 1.2% and finance 0.6% ahead of plan. The minimal variation seen at a high level is reflected by attendance type with first, follow up and outpatient procedures all largely being on plan.

Passthrough Drugs and Devices are underspent by £169k at month 1 which represents a 15.5% underspend, however we should wait until more data is available before drawing any conclusions.

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 £13.9m. 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 1 this shows as an over performance of £1.16m.

South Devon Healthcare Foundation Trust

The 2018/19 South Devon Healthcare Foundation Trust contract has been set in accordance to the contracting principles agreed within the Devon STP. The fixed contract value is £5.991m.

Despite having agreed a fixed contract value we will continue to monitor and report on the variances against the agreed activity plan, however at this early stage in the year no monitoring information has been made available.

Independent Sector & London Trusts

Due to a lack of data this early within the financial year, the position for both the London Trusts and the Independent Sector is set to break even at present. However despite the early position within the year, risks are emerging over significant overspend at Care UK, which on an activity basis is forecast to overspend by as much as £4m.

We will monitor this closely and continue to align the management of this risk with our demand management plans

Livewell Southwest

The Livewell Southwest (LSW) Contract has been set in accordance to the agreed STP contracting principles which focus on delivering flat cash contracts.

For LSW this means a fixed contract value of £85.2m for 2018/19.

Discharge to Assess beds

There is pressure in the cost of the Intermediate Care (Discharge to Assess) beds in the West, however, 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 planning to move into financial balance in this financial year.

Primary Care Prescribing

The position is currently being reported as break even.

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

At this early stage of the year reporting gaps exist which has prevented the reporting of an overall combined position. Health report a balanced position but note emerging risks.

Ben Chilcott
Chief Finance Officer, Western PDU

David Northey
Head of Integrated Finance, PCC

APPENDIX 1
PLYMOUTH INTEGRATED FUND AND RISK SHARE

No risk share calculated in month 2.

APPENDIX 2

WESTERN PDU MANAGED CONTRACTS FINANCIAL PERFORMANCE

Month 02 May	Year To Date			Current Year Forecast		
	Budget	Actual	Variance Adv / (Fav)	Budget	Forecast	Variance Adv / (Fav)
	£000's	£000's	£000's	£000's	£000's	£000's
ACUTE CARE						
NHS Plymouth Hospitals NHS Trust	30,465	30,465	-	182,791	182,791	-
NHS South Devon Healthcare Foundation Trust	998	998	-	5,991	5,991	-
NHS London Contracts	285	285	-	1,709	1,709	-
Non Contracted Activity (NCA's)	1,559	1,559	0	9,354	9,354	-
Independent Sector	2,238	2,238	0	13,426	13,426	-
Referrals Management	430	536	106	2,581	2,581	-
Other Acute	4	4	0	23	23	-
Cancer Alliance Funding	-	-	-	-	-	-
Subtotal	35,979	36,086	106	215,875	215,875	-
COMMUNITY & NON ACUTE						
Livewell Southwest	7,673	7,673	-	46,037	46,037	-
GPwSI's (incl Sentinel, Beacon etc)	278	278	-	1,668	1,668	-
Community Equipment Plymouth	108	108	-	648	648	-
Peninsula Ultrasound	47	47	-	285	285	-
Reablement	253	253	-	1,517	1,517	-
Other Community Services	43	43	0	256	256	-
Plymouth Integrated Fund - Risk Share	-	0	0	-	-	-
Joint Funding_Plymouth CC	1,452	1,452	-	8,711	8,711	-
Subtotal	9,854	9,854	0	59,122	59,122	-
MENTAL HEALTH SERVICES						
Livewell MH Services	5,509	5,509	-	33,059	33,059	-
Mental Health Contracts	4	4	-	26	26	-
Other Mental Health	183	183	0	1,097	1,097	-
Subtotal	5,697	5,697	0	34,182	34,182	-
OTHER COMMISSIONED SERVICES						
Stroke Association	27	27	-	159	159	-
Hospices	447	447	-	2,679	2,679	-
Discharge to Assess	1,102	1,102	-	6,613	6,613	-
Patient Transport Services	387	387	-	2,321	2,321	-
Wheelchairs Western Locality	300	300	-	1,800	1,800	-
Commissioning Schemes	32	32	-	191	191	-
All Other	76	78	1	457	457	-
Subtotal	2,370	2,371	1	14,220	14,220	-
PRIMARY CARE						
Prescribing	24,419	24,419	0	146,511	146,511	-
Medicines Optimisation	32	47	15	192	192	-
Enhanced Services	1,457	1,457	-0	8,740	8,740	-
GP IT Revenue	425	425	-0	2,550	2,550	-
Other Primary Care	204	204	-	1,223	1,223	-
Subtotal	26,536	26,551	15	159,216	159,216	-
TOTAL COMMISSIONED SERVICES	80,435	80,558	123	482,615	482,615	-

APPENDIX 3
GLOSSARY OF TERMS

PCC - Plymouth City Council

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

CYPF – Children, Young People & Families

SCC – Strategic Cooperative Commissioning

EPS – Education, Participation & Skills

CC – Community Connections

FNC – Funded Nursing Care

IPP – Individual Patient Placement

CHC – Continuing Health Care

NHSE – National Health Service England

PbR – Payment by Results

QIPP —Quality, Innovation, Productivity & Prevention

CCRT – Care Co-ordination Response Team

RTT – Referral to Treatment

PDU – Planning & Delivery Unit

PHNT – Plymouth Hospitals NHS Trust

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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	Emergency Department		To receive an update on waiting times.	Kevin Baber
	Healthwatch Annual Report		Annual Report and overview of 2017 – 18	Karen Marcellino
	CQC Action Plan Update			Craig McArdle
	Integrated Commissioning Action Plans / Performance Scorecard	-	Standing Item – Written briefing only. Members to advise the Chair if matters arising require presence of an officer / or addition to work programme.	-
	Integrated Fund monitoring Report	-	Standing Item – Written briefing only. Members to advise the Chair if matters arising require presence of an officer / or addition to work programme.	-
26 Sept 2018	Director of Public Health Annual Report			Ian Tuffin, Ruth Harrell
	Winter Plan Programme		To include the plans from the NHS as well as looking at flu vaccinations for staff.	NHS and Public Health
	Dental Access			
	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.	-

Date of meeting	Agenda item	Prioritisation Score	Reason for consideration	Responsible Cabinet Member / Officer
	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.	-
21 Nov 2018	Monitoring of missed hospital and doctor appointments.			
	Electronic Prescriptions			
	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	Update on STP and structure			
	Capitated Fair Shares Position Statement (STP)			
	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	Care Need Assessments			Craig McArdle
	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				
	Safeguarding Adults Board		Update and Annual Report	Andy Bickley

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

Cross scrutiny items				
	Health and Brexit			
	Adult and Children's Mental Health to include Self-Harming			
	Care Leavers up to 25 years.			

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Health and Adult Social Care Overview and Scrutiny Committee

Minute No.	Resolution	Target Date, Officer Responsible and Progress
13 June 2018 Overview of the Health Landscape - Minute 5	Members agreed that a document with key contacts for emergency casework issues would be created and circulated to Councillors.	**Date:** July 2018 **Officer:** Amelia Boulter **Progress:** Email sent to officer requesting information.
13 June 2018 Integrated Commissioning Scorecard - Minute 6	Members requested that officers provide a short report explaining where trends are changing and the measures in place to request this.	**Date:** July 2018 **Officer:** Amelia Boulter **Progress:** Email sent to officer requesting information.
13 June 2018 Work Programme - Minute 8	The Committee discussed the work programme and it was agreed that the following items would be added to the work programme for July - • Winter Plan Programme to include the plans from the NHS as well as looking at flu vaccinations for staff – added to September work programme. • Healthwatch Report and Overview. The following items to be scheduled into the work programme: • Monitoring of missed hospital and doctor appointments. • Update on STP and the structure. • Self-harming. • CQC Action. • Plymouth Safeguarding Adults Board. • Dental Services. • Emergency Department. • Electronic prescriptions.	**Date:** July 2018 **Officer:** Amelia Boulter **Progress:** Added to the work programme.

Health and Adult Social Care Overview and Scrutiny Committee

Minute No.	Resolution	Target Date, Officer Responsible and Progress
	Cross scrutiny items: • Health and Brexit. • Adult and Children's Mental Health. • Care Leavers up to 25 years.	