



Oversight and Governance
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HEALTH AND ADULT SOCIAL CARE OVERVIEW AND SCRUTINY COMMITTEE

Wednesday 21 November 2018
2.00 pm
Warspite Room, Council House

Members:

Councillor Mrs Aspinall, Chair

Councillor Mrs Bowyer, Vice Chair

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

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

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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 - 6)

To confirm the minutes of the previous meeting held on 25 October 2018.

4. Chair's Urgent Business

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

5. Dental Access (Pages 7 - 8)

6. CQC - Local System Review Action Plan and Update (Pages 9 - 20)

7. Workforce Development Strategy Plan (Pages 21 - 56)

8. Integrated Commissioning Scorecard (Pages 57 - 64)

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 65 - 78)

The Chair advised that this item together with the integrated commissioning scorecard 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 79 - 82)

11. Tracking Resolutions (Pages 83 - 84)

Health and Adult Social Care Overview and Scrutiny Committee**Thursday 25 October 2018****PRESENT:**

Councillor Mrs Aspinall, in the Chair.

Councillor Mrs Bowyer, Vice Chair.

Councillors Corvid, James, Laing, Loveridge and Parker-Delaz-Ajete.

Apologies for absence: Councillor Hendy

Absent from the meeting: Councillor Dr Mahony

Also in attendance: Councillor Tuffin (Cabinet Member for Health and Adult Social Care), Dr Adam Morris (Chief Executive, Livewell South West), Kevin Baber (Chief Operating Officer) and Julie Morgan (Head of Audit, Assurance and Effectiveness) from Plymouth Hospitals Plymouth NHS Trust, Ruth Harrell (Director of Public Health), Claire Turbutt (Advanced Public Health Practitioner), Fiona Phelps (Head of Commissioning), Craig McArdle (Director for Integrated Commissioning), David Northey (Head of Integrated Finance) and Amelia Boulter (Democratic Support Adviser).

The meeting started at 2.00 pm and finished at 4.50 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.

29. Declarations of Interest

There were no Declarations of Interest made.

30. MinutesAgreed the minutes of the meeting 26 September 2018.**31. Chair's Urgent Business**

The Chair highlighted the GP Select Committee taking place on 15 November 2018 and for Members to come forward if they wish to sit, if a Member was unable to sit on the Select Committee they were encouraged to put forward questions.

32. Livewell SW CQC Action Plan

Dr Adam Morris (Chief Executive, Livewell South West) was present for this item and referred to the report that was included in the agenda.

In response to questions raised, it was reported that –

- (a) the involvement of children with their care plan was an absolute must and have one of their locality managers who specifically focusses on children and young people's services and any of the deficits described within this report would be addressed very quickly;
- (b) they were very clear with staff to speak openly to CQC Inspectors because this was an opportunity to make improvements and important to have those honest conversations;
- (c) the commonest two causes for absence from work were musculoskeletal injuries and emotional issues. They have in place a whole range of training for managers to help manage these problems. It was also important to value staff and ensure that the workforce was healthy;
- (e) the CAMHS service was the second most responsive to need in the country and the most needed would receive treatment and support.

The Committee **noted** the Livewell South West CQC Action Plan and thanked Dr Adam Morris and staff at Livewell South West for their excellent inspection.

33. **University Hospitals Plymouth NHS Trust CQC Action Plan: Update on actions related to the two Warning Notices**

Kevin Baber (Chief Operating Officer) and Julie Morgan (Head of Audit, Assurance and Effectiveness) from Plymouth Hospitals Plymouth NHS Trust were present for this item and referred to the report included in the agenda.

In response to questions raised, it was reported that -

- (a) the completion of the action plan was dependent on workload pressures however, they had made significant improvements in both pharmacy and imaging and were happy with the submission to the CQC;
- (b) they rely on mobile scanning units to top up the capacity at the hospital and are used as back-ups. They have 2 new CT scanners and brought in an additional mobile MRI to replace existing ones in the near future;
- (c) they were looking to implement electronic prescribing within the hospital and happy to share future developments with the Committee.

The Committee noted the update and agreed to receive a further update in January on the CQC Action Plan.

34. **Director of Public Health Annual Report**

Ruth Harrell (Director of Public Health) and Claire Turbutt (Advanced Public Health Practitioner) were present for this item and referred to the report that was included in the agenda.

In response to questions raised, it was reported that -

- (a) they focussed on the more deprived groups that find it hard to make life changes and Thrive Plymouth was about working with partners who can reach these groups to enable the changes and to make the steps to a healthier life style;
- (b) Plymouth has good connections with partners and by taking a system leadership approach and working to together because we have a shared vision and want to make a difference;
- (c) they have worked with the Planning Officers to create the Joint Local Plan and a within that a policy looked at the prevention of the development of fast food outlets around secondary schools in the city. There also needs to be a system wide approach and we are currently working with fast food restaurants to improve content and portion sizes and how we licence those premises;
- (d) they have seen a slight narrowing of the gap, however it was difficult to interpret what they were seeing in the terms of the numbers. Data would be monitored closely and it was reported that they were making improvements on teenage conception and employment rates,;
- (e) Plymouth was set in a good location and those who find it easier to access this would be the people already making those positive choices. The Natural Infrastructure Team were helping to make the smaller areas around the city much more accessible to people and following a behaviour analysis, signage was changed to make areas more welcoming.

The Committee noted the Director of Public Health Annual Report.

35. **Planned Care Programme Briefing**

Fiona Phelps (Head of Commissioning) and Craig McArdle (Director for Integrated Commissioning) were present for this item and referred to the report included in the agenda.

In response to questions raised, it was reported that –

- (a) a new partnership between the University Hospital Plymouth and Care UK (Peninsula Treatment Centre) to undertake elective in-patient orthopaedic treatment would commence soon. This would take the pressure off the hospital during the winter period and would ensure treatments were not cancelled following last year's winter pressures;
- (b) waiting times in Plymouth have significantly reduced and this scheme would reduce the access to the demand;
- (c) commissioned services around wellbeing such as smoking cessation and weight loss, it was reported that less people were being referred and this should be a joint effort in how we market these services to the wider population as well as the benefits of using these programmes;
- (d) wellbeing hubs were a clear delivery vehicle to get communications out to a wider audience. They were also in the process of reviewing the Plymouth Online Directory which needs a makeover and another vehicle to get the messages out to the public and professionals;
- (e) they reviewed the data and there was a bias towards the least deprived areas. It was reported that people in the least deprived areas have a higher expectation and clear on what they expect in terms of their health needs. Those in the most deprived area would often wait and present with much worse conditions. This had readdressed the bias and would now look at clinical need and not background.

The Committee noted the report and end of year review at the March meeting.

36. **Integrated Performance Scorecard**

Ruth Harrell (Director of Public Health) and Craig McArdle (Director for Integrated Commissioning) were present for this item and referred to the report included in the agenda pack.

In response to questions raised, it was reported that -

- (a) the Healthy Child Quality Mark was used within $\frac{3}{4}$ of the schools as well as strong sports partnerships which has engaged children in a wide range of activities. CaterEd was working within schools and the community to provide support and advice on healthy eating and choices;

- (b) around approximately 700 children in total were classed as obese or overweight and more accurate numbers can be provided for each of the age ranges;
- (c) food poverty was an issue in Plymouth and the unsure of the impact of universal credit. There were organisations already working on food poverty and affordable healthy food and about making sure that people on low incomes making the right choices;
- (d) the release of the vaccinations for the over 65s vaccine was phased and they have yet to see the recent uptake figures.

The Committee noted the Integrated Performance Scorecard and requested further information on the exact numbers of children and adults classified as overweight or obese.

37. **Integrated Finance Report**

Councillor Ian Tuffin (Cabinet Member for Health and Adult Social Care) and David Northey (Head of Integrated Finance) referred to the report included in the agenda pack.

In response to questions raised, it was reported that -

- (a) the funding packages of care for complex young people can be very challenging. There were a whole team of commissioners to ensure the right services provided for these young people;
- (c) there was a plan in place to address the overspend and more stringent reviews were taking place to address this such as reviewing packages of care.

The Committee noted the update from the Integrated Finance Report.

38. **Work Programme**

The Committee noted the work programme.

39. **Tracking Resolutions**

The Committee noted the tracking resolutions.

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Dental Access provision provided by Plymouth Community Dental Service Ltd

We are currently commissioned by NHS England to provide

Urgent Care Dentistry

4 sessions a day providing care for 20 -22 people.

These sessions are to provide Band 4 dentistry which is emergency treatment to get people out of pain not to make them dentally fit.

We also allocate 9 appointments with GDP's and the Dental school for emergency care but factors such as annual leave , term time contracts , recruitment issues often mean less appointments from these outside providers are available to us to allocate.

We have on average 75 phone calls a day from people trying to access this type of care.

We are seeing an increase in calls from Cornwall and South and West Devon as provision is sparse in these areas too.

Routine Dental Care

4 sessions a day for Children.

We have a waiting list of 805 for this provision and are adding about 80 a month to this waiting list.

4 sessions a day for adults with additional needs.

We have a waiting list of 155 for this provision and are adding about 20 a month to this waiting list.

Capacity

All our sessions are fully booked and our surgery space is being fully utilised.

Elaine Knight
Dental Clinical Lead
Nov 2018

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PLYMOUTH CITY COUNCIL

| | |
|------------------------|---|
| Subject: | Care Quality Commission Action Plan |
| Committee: | Health and Adult Social Care Overview and Scrutiny Committee |
| Date: | 21 November 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 a 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 2 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 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.

On 10 October, Ian Trenholm, Chief Executive of the Care Quality Commission wrote to key partners in the Plymouth Health and Wellbeing System, informing us of their intention to review the progress made against the Action Plan following the System Review last December.

The latest updated Action Plan was submitted 31 October and provides an update on the progress Plymouth's Health and Wellbeing System has made 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.



CQC Action Plan 2018-19

Introduction

Plymouth has a long and established record of cooperation and collaboration with a formal commitment to Integration being set down by the Plymouth Health and Wellbeing Board in 2013, based around Integrated Commissioning, Integrated Health and Care Services and an Integrated System of Health and Wellbeing. The progress that the Plymouth System has made towards system integration was acknowledged in the recent CQC Local System Review with Professor Steve Field, Chief Inspector of Primary Care Services, noting:

“The review of Plymouth's services - and how the system works together – has found some shining examples of shared approaches. The system leaders had a clearly articulated, long-established vision of integration which translated well into local commissioning strategies. Leaders were consistent in their commitment to the vision with whole system buy-in.

“I would encourage system leaders in Plymouth to drive this forward to ensure there is a more community, home-based focus. System leaders also need to ensure that as the system moves towards further integration, work is undertaken to ensure that staff are fully engaged, from the outset and led by a collaborative leadership.”

In December 2017, the Plymouth Health and Wellbeing system was the subject of the CQC Local Targeted Review considering system performance along a number of ‘pressure points’ on a typical pathway of care with a particular focus on older people aged over 65. The review focussed on the interface between social care and general primary care as well as acute and community health services. The Plymouth Local System Review report summarised that ‘Plymouth is on a journey to integration. There was a compelling vision for integration within Plymouth, developed in collaboration with system partners and local people and linked to the Devon-wide Sustainability and Transformation Plan (STP). The strength and commitment of Plymouth’s leadership meant this strategic vision had the potential to be realised, but only if it was translated at ground level and if the wider current challenges facing the system are addressed.’

In February 2018, Plymouth held a Local Summit meeting involving system leads from the Western locality and from wider Devon and with a mix of representation from GPs, Commissioners, Social Services, Acute provision, Politicians and the Voluntary/Community Sector. The output from this Local Summit were the points and actions identified within this action plan which has been developed further to ensure alignment with other, existing strategies.

Oversight

The mandate for CQC’s Local Targeted Review states that oversight of the developed Actions Plans will be the responsibility of the local area Health and Wellbeing Board. All key system partners play a part in Plymouth’s integrated governance structure and are accountable to the Wellbeing Overview and Scrutiny Board which will continue to support the Health and Wellbeing Board in holding the system to account for the delivery of this action plan.

Regular operational oversight will be the responsibility of the newly formed Plymouth and Western Local Care Partnership which reinforces our collective intent for collaborative working to solve some of the deep-rooted challenges we face and to create a step change in system transformation. Once agreed, the system wide actions will be delivered and monitored through reports presented to the LCP. The Joint Executive group will be responsible for ensuring the delivery of the system programme pulling through reports on actions plan as appropriate from related sub groups/programme groups such as the System Improvement Board.



| Action | Sub actions | SRO | Q1 | Q2 | Q3 | Q4 | Updates | RAG Status |
|--|--|--|----------|----|----|----|--|------------|
| Theme 1: Commissioning & Market Management Aim: Recognising our system challenges, Integrated Commissioners have set out a number of intentions. This programme will build on the existing provider landscape, address current funding challenges and enhance the use of our voluntary sector organisations | | | | | | | | |
| Develop commissioning intentions to signal market requirements 18/19 | <ol style="list-style-type: none"> 1. Develop draft Commissioning Intentions 2. Commissioning Intentions signed off ready for consultation 3. Consultation using existing SDG's and Provider forums 4. Publication of Final Commissioning Intentions | Craig McArdle, Director of Integrated Commissioning, PCC/NEW Devon CCG | Complete | | | | Plymouth's Health & Wellbeing System Strategic Commissioning Intentions 2018-2020 were signed off at PCC Cabinet and NEW Devon CCG Governing Body in July 2018, following a process of consultation and political review. | |
| Develop and remodel the care home market | 1. Baseline assessment against EHCH model | Caroline Paterson, Strategic Commissioning Manager, PCC | Complete | | | | <p>Detailed scoping exercise has been completed for all work areas where five key priorities have been identified to be implemented in year, whilst long term priorities are being planned for the programme. Executive Group is established to progress and monitor the EHCH Programme.</p> <p>Red Bag Scheme is being has been launched mid-October after a successful pilot period. The Scheme will be rolled out to all care homes by December 2018. Multi-disciplinary Care home visits are being developed focussing on ten main admitters to Hospital. Funding has been agreed and additional staff have been recruited to commence medicines reviews across care homes to ensure the right care is in place for residents. A Culinary Care project has been developed to support chefs in care homes with the aim of improving nutrition and hydration of residents. This includes dysphagia training, offer of accredited training with City College Plymouth and development of a care home cookbook in collaboration with Plymouth College of Art & Design.</p> <p>Significant demand and capacity planning is underway for care home usage across winter, this will help to inform improved market management in line with the Discharge to Assess and Home First approach. Integrated Market Oversight Group established to monitor and review demands across the system.</p> | |
| | 2. Develop Project Plan | | Complete | | | | | |
| | 3. Programme Mobilisation | | Complete | | | | | |
| | 4. Commence Engagement | | Complete | | | | | |
| | 5. Commence Implementation of EHCH | | | | | X | | |
| Develop and remodel the Dom Care Market | <ol style="list-style-type: none"> 1. Engage with market to agree new fee levels and address short term capacity issues. 2. Develop Baseline Assessment of Market 3. Develop New Model of Care and Future Capacity 4. Commission New Model of Care | Caroline Paterson, Strategic Commissioning Manager, PCC | Complete | | | | <p>New fees have been agreed with providers to ensure market sustainability. Commissioners have developed a new system for understanding what capacity is available in Domiciliary Care and as a system we are seeing improvements in how we manage the market. Weekly conference call established with providers to review referrals and monitor capacity across the City.</p> <p>Maximising Independence Project piloted with a Dom Care Provider to review packages and maximise people's independence where possible – thus creating additional capacity. In the 9 weeks up to 9th October 2018 the project released 172.75 hours of care that's an average of 20 hours per week.</p> <p>The Single Accountable Provider model has been developed and options for its implementation will be considered in line with the Integrated Care Partnership.</p> <p>The Independence @ Home contract has now been awarded which will provide Reablement services across the system linked to the Discharge to Assess pathway. The service is keen to align themselves with the acute hospital and co-locate within the hospital. The new service will launch in December 2018.</p> | |

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| Develop voluntary sector engagement to maximise their contribution | 1. Commence engagement through SDGs to identify further opportunities | Rachel Silcock, Strategic Commissioning Manager, PCC | Complete | | | | <p>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?'</p> <p>Follow up workshops are continuing to take place to consider preventing admissions, hospital flow and discharge</p> <p>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</p> <p>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</p> <p>Plymouth's VCSE are increasing their involvement with the HWB system as part of the continued roll out of the HWB Hubs, ensuring that voluntary support is joined up with professional and statutory support through a single model in neighbourhoods, supported by a bolstered universal advice and social prescribing offer. The roll out of this way of working will continue across the next two years.</p> <p>The PCC contract with Wolseley for social prescribing delivers 1560 support hours quarterly, or 6240 annually. The money that has been secured from NHSE will deliver an additional 965 support hours a quarter, or 3860 a year. This will start from January 2019. In addition the NHS funded service will pay for 878 hours of community development work each year to support mapping of the community and securing funding for community organisations.</p> <p>The social prescribing work will be embedded into the Wellbeing Hubs services going forward which will give us better coverage across the city eventually</p> | Green |
| | 2. Align VCS to Urgent Care System | | Complete | | | | | |
| | 3. Arrange strategic meeting with sector and Commissioners to agree approach | | Complete | | | | | |
| | 4. Roll out new way of working | | | | | X | | |
| <p>Work with NHS England to deliver sustainable and transformed Primary Care using existing strategy/plan</p> <p>Primary Care System Improvement Board (I</p> | 1. Joint NHS Commissioning of Primary Care in place | Shelagh McCormick, Chair of Western Locality, NEW Devon CCG | Complete | | | | <p>Joint commissioning of General Practice was established with effect from 1st August 2018. The other primary care providers currently have to be commissioned by NHSE. Note that the intention is that from 1st Jan 2019 the whole of Devon will move to a 'delegated light' position (in place in the South Devon & Torbay area), giving local commissioners as much influence as is possible without progressing to formal delegated responsibilities which we expect to apply for and might take effect from 1st April 2019</p> <p>Improved Access went live on 1st October 2018. This delivers evening and weekend access to GPs for all patients across the Western locality. With the national deadline being brought forward by six months, the two providers are continuing to build on the day one location and service offer of Beacon Medical and Devon Doctors extending their hours and rota'd staff whilst working closely to share key information, moving it to a scaled up GP-led model over the course of the next twelve months. Plans for full procurement process for services beyond April 2020 are underway.</p> <p>Working closely with the developing Strategic Commissioner to tie in with plans regionally such as telephone triage and use of prescribing and acute hub. 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</p> <p>International GP Recruitment Programme is progressing at pace with International GP Fairs taking place in early July and September. Further round of International Recruitment programme due to take place alongside other workplace initiatives to support the sector.</p> | Green, Red, Yellow, Red, Green, Yellow, Red |
| | 2. Integrated Pharmacy Service designed | | | | | | | |
| | 3. Integrated Primary Care System designed | | | | | | | |
| | 4. Integrated Pharmacy Service signed off | Mark Proctor, Director of Primary Care New Devon CCG/ South Devon and Torbay/ NHS England | | | | | | |
| | 5. Consultation to commence around delegating the Commissioning of Primary Care to local commissioners | | | | | | | |
| | 6. Integrated Primary Care System signed off | | | | | | | |
| | 7. Integrated Pharmacy Service initial integration commences | | | | | | | |

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| | | | | | | | | <p>Early visiting scheme being piloted for care homes with primary care and community crisis response team undertaking a test of change.</p> <p>Plans underway to develop the Primary Care Home model and developing wider multi-professional Enhanced Primary Care teams. Other key programmes include to the launch of the online e-consult function, development of the Practice Nurse Strategy and the developing Repeat Prescribing Hub.</p> <p>Consultation around the delegation of Primary Care Commissioning to a local level has been initiated and a number of events have been held with local providers in this regard. Further events are scheduled for coming weeks.</p> <p>Initial engagement has taken place around the development of the Integrated Pharmacy Service. Plans were put on hold to allow UHP to work on implementing CQC's recommendations around Pharmacy. Plans to be reconsidered once performance improvement is realised.</p> | |
| Development of Integrated Care Model | 1. Align working to Strategic Commissioning Intentions | Ann James, Chief Executive, University Hospitals Plymouth | Complete | | | | <p>Plymouth's Strategic Commissioning Intentions were agreed in June 2018 signalling the system's intention to integrate care which would be based on the following themes, some of which are already picked up in this plan:</p> <ul style="list-style-type: none"> Wellbeing & Prevention Transformed & Sustainable Primary Care Integrated Care Services Integrated Responsive Mental Health services Enhanced Care and Support System Enablers. <p>This has led to an initial focus around integrating community and complex adults services with Primary Care alongside elements of local mental health services to create a Neighbourhood Based Service Delivery Model. Commissioners are working to finalise this proposal before commencing an intensive period of co-design with the system, providers, patients and the general public.</p> <p>An Integrated Care Model Programme Delivery Board is meeting with senior representation across the system. The priority delivery plan for ICM is being reviewed (Oct 2018).</p> <p>Procurement for Complex Lives Alliance is underway encompassing 26 services, including mental health, drug and alcohol, supported housing, offender projects and mainstream mental health.</p> <p>The End of Life (EOL) plan is now in place and the EoL coordination hub is due to launch in November 2018.</p> <p>Integrated Diabetes clinics are working in Primary Care The Community Diabetes Delivery Plan including Diabetes Super 6 will be developed and in place by 2020.</p> <p>The integration of Respiratory services has commenced. Liaison Psychiatry now available 24/7 in ED.</p> <p>The Repeat Prescribing Hub pilot will be implemented in part of Plymouth in late 2018.</p> | | |
| | 2. Appointment of Transformation Lead for Providers | | Complete | | | | | | |
| | 3. Develop Transition Plan | | Complete | | | | | | |
| | 4. Detailed Transformation planning commences | | Complete | | | | | | |
| | 5. Detailed Transformation planning complete | Dr Adam Morris, Chief Executive, Livewell Southwest | Complete | | | | | | |
| | 6. Initial integration of new functions complete | | Complete | | | | | | |
| | 7. Transformation of service model to deliver seamless care pathways | Nicola Jones, Head of Commissioning, NEW Devon CCG | | | | X | | | |

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| | | | | | | | <p>Ben Rom has been appointed as Programme Director of Integrated Care for Livewell Southwest and University Hospitals Plymouth.</p> <p>Commissioners are considering the potential inclusion of the Mayflower procurement (general practice) with the ICP procurement.</p> | |
|--|--|--|--|--|--|--|---|--|

| Action | Sub actions | SRO | Q1 | Q2 | Q3 | Q4 | Updates | RAG |
|--|---|---|----------|----|----|----|--|---|
| Theme 2: Staff and Organisational Development Aim: There are a number of workforce issues across our system and the hospital is facing significant challenges in the recruitment of medical staff. This is further compounded by the number of vacancies within our GP workforce locally. This programme of work will develop our strategy and plan for the creation of a system wide sustainable workforce for the future. | | | | | | | | |
| Develop local workforce strategy & Implementation Plan | 1. Develop workforce strategy group | Carole Burgoyne, Strategic Director for People, Plymouth City Council | Complete | | | | <p>LGA are supporting the development of the strategy and helping the Plymouth System respond to the recommendations from the CQC review and align to the draft STP Workforce strategy.</p> <p>The following clinical and care areas have been identified by the STP Workforce Development Group as the areas of greatest risk:</p> <ul style="list-style-type: none"> - Primary Care Workforce - General Practice Nursing - Mental Health - Learning Disability - Nursing Workforce - Medical Workforce - Adult Social Care <p>Work has started to develop a local workforce plan, including:</p> <ul style="list-style-type: none"> - Workforce Development Group established - LGA working locally to support the development of the workforce plan - Existing workforce plans have been collated. The plans have been reviewed by the LGA and feedback provided - The LGA facilitated a stakeholder workforce planning session, where an agreed approach to next steps was developed that included the development of a plan on a page for each priority area - Local leads have been identified for each of the priority areas. <p><u>Next Steps:</u></p> <ul style="list-style-type: none"> - Draft vision statement developed and agreed by workforce group - Existing strategies harvested and gaps identified, Plymouth plan developed following stakeholder planning session. This incorporates feedback from CQC and is based on the STP strategy priorities - Planning workshop took place on 28th September and was supported by ADASS - Draft plan circulated 5th October, feedback has now been incorporated and a final draft will be circulated to partner organisations and wider stakeholders by end of October - Papers to be presented at Health and Adult Social Care Overview and Scrutiny Committee in November | <div style="background-color: #008000; width: 100%; height: 100%;"></div> |
| | 2. Gather existing strategies and plans across the system | | Complete | | | | | |
| | 3. Analyse and identify potential gaps | | Complete | | | | | |
| | 4. Develop cross-organisational workforce strategy | | | | X | | | |
| | 5. Develop workforce plan | | | | X | | | |
| | 6. Develop evaluation framework | | | | X | | | |
| | 7. Commence stakeholder engagement and consultation | | | | X | | | |
| | 8. Complete consultation and engagement | | | | X | | | |
| | 9. Revise strategy and plan following consultation period | | | | X | | | |
| | 10. Implement plan | | | | | X | | |
| | 11. Evaluate plan | | | | | | | |

| Action | Sub actions | SRO | Q1 | Q2 | Q3 | Q4 | Updates | RAG |
|--|---|--|----------|----|----|----|---|-------|
| Theme 3: System Improvement Aim: Multiple system reviews have already been undertaken, however, our performance in a number of key areas continues to be challenging. Building on the Western System Improvement Board, this programme of work will continue to focus on the analysis of areas where delivery is compromised, the development of improvement plans and the monitoring of delivery against major milestones. | | | | | | | | |
| Admission Avoidance Schemes Copy of Admission avoidance action plan | 1. Review of Acute Assessment Unit, MIU & Acute Care at Home | Elaine Fitzsimmons Head of Commissioning, NEW Devon CCG Jo Beer, Interim Director of Integrated Urgent Care, Livewell Southwest & Plymouth Hospitals NHS Trust Rachel Silcock, Strategic Commissioning Manager, PCC | Complete | | | | Review of AAU has been completed and Improvement Director has been allocated to support and drive improvement across the 'hot floor'. Phase two development plan has been agreed in outline which includes extending the working week and a direct referral process which bypasses the Emergency department and increases utilisation at both AAU and the Acute GP service. Following the review, the Cumberland Centre MIU has now been designated as an Urgent Treatment Centre, with a plan to be operational to the new specification by April 2019. This is in linked with the wider designation of UTC's for the whole of Devon and the service contractually transferred to the responsibility of University Hospital Plymouth. Work with primary care in Kingsbridge and Tavistock underway to combine minor injury capacity with extended and same day primary care with a view to have a proposal in place by April 2019, which will need to include engagement with the community. The review of Acute Care @ Home took place in in Quarter 2 to identify more resilient community based alternatives to admission. The review identified synergies and potential benefits in closer working between Acute Care @ Home, Out of Hours District Nursing and the Community Crisis Response team. There is currently a test of change underway looking at how Acute Care @ Home and OOH District Nursing can work more closely together. Once completed this will extend to the Community Crisis Response team taking the learning from the initial test of change. | Green |
| | 2. Roll out risk stratification across system | | | | | X | Plan agreed in January, initial stage to support practices in implementing the Electronic Frailty Index was completed April 2018. Current significant focus is on developing a linked data set for Devon to improve information sharing about patients between services. Full roll out due March 2019 linking in with Social Prescribing and implementation of Health and Wellbeing hubs | |
| | 3. Implementation of Health and Wellbeing Hub Programme commences | | Complete | | | | | |

| | | | | | | |
|--|---|--|----------|--|--|--|
| | | | | | <ul style="list-style-type: none"> - Physical activity sessions - Social activities - Volunteering opportunities - Family and baby sessions - Meet and greet - Podiatry - Active for All - Better Futures - Long-term Condition Support - Sensory Solutions <p>Rees, Cumberland and Sterling Health centres to be implemented by the end of March 2019 and a further six HWB Hubs will be launched in 19/20.</p> <p>10 contracts with an annual value of approx. £1.9m are being redesigned to be delivered from the Wellbeing Hubs. By November 2019, we will have re-procured services that will provide support to people with mental ill-health and long-term conditions both directly in the hubs and in the surrounding communities. Additionally, this will be enhanced by social prescribing, advice and information and a 'virtual hub' to provide a range of interventions that support people as a whole person across the city.</p> <p>Pre-procurement work has been undertaken with the current providers and wider partners to establish an integrated and strategic system response. We are already seeing increased collaboration between current providers by collocating to provide complimentary services. This is improving people's experience of services and their outcomes and ultimately diverting people from our primary and urgent care systems. By April 2019 our new Plymouth Online Directory will go live which will form the basis of our virtual hub offer and replace our existing information offer. The new platform will focus on a more localised offer, signposting customers to local resources in the first instance. It will enable the hubs and other organisations to provide consistent information to citizens of Plymouth regardless of where they may access services whilst giving them greater control on how their information, advice and guidance needs are met.</p> | |
| <p>Hospital Flow and Discharge</p> <p>Copy of Urgent Care Plan - Discharge 24.11</p> | 1. Commence end to end review of processes | Jo Beer, Interim Director of Integrated Urgent Care, Livewell Southwest & Plymouth Hospitals NHS Trust | Complete | | <p>Delivery Program in place with project leads identified – First Program Board 27.2.18</p> <p>Delivery Program Update 27 2 18.docx</p> <p>End to End review of discharge pathways complete</p> | |
| | 2. Reframe Discharge to Assess Pathways 1/2 | | X | | <p>The Discharge to Assess 'Home' Pathway 1 has been reviewed, redesigned and reframed with wide system involvement. A number of workforce changes have been required to achieve the culture, leadership and performance required to ensure that Home First is truly embedded as the default option wherever safe to do so. Interim appointment to an integrated therapy role has proved hugely successful and the new 'Home First' team have taken part in an NHSI rapid improvement program and shared their journey nationally.</p> <p>Care home pathway has been reviewed and a number of operational processes embedded to ensure oversight and rigour is applied to ensure the intermediate nature of the pathway is supported. This has led to a reduction in patients within intermediate care beds from 200 to 140. Average length of stay is now 6 weeks and the 'stranded' and 'Extended Length of Stay' metrics have been applied to continue to drive flow.</p> | |

| | | | | | | | | | | |
|--------------------|---|--|----------|---|--|---|---|--|---|--|
| | | | | | | | | | As a result of the improvement in general operational management of these beds a number of block beds have been decommissioned and a review of the current contract has highlighted the need to review the current contract specification to ensure reablement is adequately commissioned across the pathway. | |
| | 3. Redesign Long Term Care Pathway | | | X | | | | | The redesign of the long term care pathway has been completed. The care home pathway has been established as one pathway with or without therapy. EOL is now also included in this pathway to ensure bureaucracy is not a barrier to timely discharge. System wide leadership events have been held throughout the year to define, review and further improve agreed new pathways. The events have been an opportunity to network with community partners and to ensure ownership is established and maintained. | |
| | 4. Complete end to end review | | | X | | | | | The hospital discharge processes were reviewed. These were simplified by bringing together a 'zoning' process. This has ensured an MDT approach from the integrated hospital discharge team comprising nurse, social work and discharge coordinator. Representatives attend daily whiteboard meetings and work with the patient and the ward MDT to define their discharge plans in parallel with their treatment. This process has supported the reduction in DTOCs and caseload. | |
| | 5. Refine improvement plan | | | X | | | | | The system has implemented a hard reset. Agreed measures of system metrics have been defined and measured to assist in patient flow. Measures have included ED performance, flow, LOS, Extended LOS, DTOCs. These measures have been set to both acute and community teams. By setting targets and constantly reviewing we have been able to determine what 'good' looks like and how we might achieve this. Work is ongoing and a command centre approach is being implemented to support the management of flow across the whole system – this will be extended to bed based and home based care. | |
| | 6. Implement improvement plan | | | | | X | | | The implementation of these refined pathways is ongoing. The system wide leadership events have allowed each element which has been implanted to be shared, reviewed and refined at each of the meetings. Healthwatch have been working with us during these events and have agreed to conduct a survey in January to determine the efficacy of the changes that have been implemented. | |
| System Improvement | 1. Share single access route into LWSW with wider providers in Plymouth | Nicola Jones, Head of Integrated Care, NEW Devon CCG, | | | | | X | | Due to be completed by end of December 18. | |
| | 2. Roll out Yellow Card scheme | Michelle Thomas, Director of Operations, Livewell Southwest | Complete | | | | | | The Yellow Card Scheme had previously been made available for GP and Care Home providers. It has now been launched with Care Home, Domiciliary Care and social care providers with Yellow Cards received being shared with the Plymouth QAIT. A review will take place, timeframe to be agreed. The Yellow Card Scheme has won a national award. | |
| CHC | CHC Pathway - Review existing CHC data | Lorna Collingwood-Burke, Chief Nursing Officer, NEW Devon CCG | Complete | | | | | | Desktop review of cases with Local Authority is complete. Review of data already received from NHS improvement Deloitte benchmarking to our clusters nationally has been completed. | |
| | CHC Pathway - Benchmark to other areas | | Complete | | | | | | | |
| | CHC Pathway - Commence end to end mapping of process | | Complete | | | | | | Revised framework implemented on October 1 st 2018 and ongoing training programme. Workshop with NHSE on 21 st November to review process of meeting 28 day timescale. Workshop held 12 th October with NHSE SIP lead and system leaders to review delivery model. AHSN review in progress for workshop on 16 th November with teams for outcome and draft model by December 2018 . | |
| | CHC Pathway - Implement process changes | | Complete | | | | | | | |

| | | | | | | | |
|--|--|--|----------|---|--|---|--|
| | CHC Pathway - Evaluate improvement | | | X | | Recruitment of health assessors is ongoing and currently have vacancies with further advert going out in November. Long term sickness in team reducing capacity. Pre April backlog only 12 cases in progress awaiting completion. Ongoing weekly waiting list meeting to review progress of 28 day timescales and delays. | |
| | CHC Pathway - Review delivery model | | | X | | | |
| | Reduce Backlog – Recruit 4 additional nurses | | Complete | | | | |
| | Reduce Backlog - Agree backlog trajectory for assessment and reviews | | Complete | | | | |
| | Reduce Backlog - Reduce checklist, assessment and review backlog | | Complete | | | | |

PLYMOUTH CITY COUNCIL

| | |
|------------------------|---|
| Subject: | Plymouth Workforce Plan |
| Committee: | Health and Adult Social Care Overview and Scrutiny Committee |
| Date: | 21 November 2018 |
| Cabinet Member: | Councillor Tuffin (Cabinet Member for Health and Adult Social Care) |
| CMT Member: | Carole Burgoyne (Strategic Director for People) |
| Author: | David McAuley |
| Contact details | Tel: 01752 434768 email: david.mcauley@nhs.net |
| Ref: | |
| Key Decision: | No |
| Part: | I |

Purpose of the report:

To present the Workforce Plan for Plymouth.

Corporate Plan

This paper is consistent with the aims and objectives of the Corporate Plan and compliments the aspirations in terms of developing a workforce that is fit for the future and able to deliver the range skills needed to support services across the city and ultimately meet the health and care needs of our local population.

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

One of the aims of this plan is to deliver improved efficiency through a reduction in temporary staffing. The aim of the approach is to develop a whole system approach to workforce planning, ensuring that the right skills are available at the right time and in the right place.

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

- Community Safety (a workforce that is fit for purpose will deliver safe services to the local population)
-

Equality and Diversity

Has an Equality Impact Assessment been undertaken? No

Recommendations and Reasons for recommended action:

The Committee are asked to:

- Note the progress in developing the workforce plan for Plymouth
 - Support the content and approach described within the plan
-

Background papers:

| Title | Part I | Part II | Exemption Paragraph Number | | | | | | | |
|------------------------|--------|---------|----------------------------|---|---|---|---|---|---|--|
| | | | 1 | 2 | 3 | 4 | 5 | 6 | 7 | |
| STP Workforce Strategy | | | | | | | | | | |
| | | | | | | | | | | |

Sign off:

| Fin | Leg | Mon Off | HR | Assets | IT | Strat Proc |
|---|-----|---------|----|--------|----|------------|
| Originating SMT Member: Carole Burgoyne | | | | | | |
| Has the Cabinet Member(s) agreed the contents of the report? Yes / No | | | | | | |

PLYMOUTH WORKFORCE PLAN

Priority 1 – Right person, right skills, right place, right time

| Purpose: To attract, retain and support the development of the health & social care workforce across Plymouth – Martin Bamber | | | | | | |
|---|---|--|---------------|--|-----|---------------------|
| Number | Outcome | Lead | Complete Date | Action | RAG | Comments & Progress |
| 1 | Implementation of a Plymouth Clinical competency passport | STP Lead; All | 30/11/2018 | PWDG members not already part of the STP Clinical Competency Group to nominate a representative to join the STP clinical competency passport workstream already in progress. | | |
| 2 | Plymouth partners to maximize apprenticeship levy spend into priority roles, gifting levies agreement | 1. STP Lead 2 - 4. PWDG Apprenticeship / Training Leads | 28/02/2019 | 1. Identify latest position of the STP Resourcing Group on the levy share and confirm proposed Plymouth approach to ensure no duplication or conflict with STP work in progress. 2. PWDG levy-paying organisations to confirm agreement to levy-share and how this will operate in practice. 3. PWDG organisations seeking levy-share support to Identify and share T&D needs 4. T&D needs proposed for levy-share support to be agreed by PWDG as Plymouth system priorities. | | |
| 3 | Create more joint appointments and rotational posts. | LW & UHP recruitment Leads; All | 31/03/2019 | 1. Livewell & OHP Recruitment Leads to facilitate workshop to share recruitment streamlining work already undertaken, with PWDG recruitment leads, to identify further opportunities for widening shared recruitment process. 2. Development of portfolio and wider clinical roles for Doctors and Pharmacists. 3. Extend GP job fair to other professional groups including Pharmacy 4. Participate actively in the International GP recruitment workstream 5. Work flexibly in terms of in our approach to medical recruitment (where needed) and/or ability to work with HEE to make Plymouth a higher priority in terms of training places | | |
| 4 | Create Clear Progression Pathways across the system | 1. All 2. DS & GD / other? | 30/04/2019 | 1. Communicate clearly to staff the different roles and training pathways across the system. 2. PWDG Nursing, Pharmacy and AHP professional leads to nominate clinical leads to identify the barriers to staff to moving through these pathways and to develop ways to overcome barriers and make roles more flexible. [note - could be extended further than nursing an AHPs] 3. Ensure local linkages into CEPN and implementation of the 10 joint plans 4. Develop primary care workforce in line with skills and competency requirements and learning from good practice locally 5. Expand existing roles and responsibilities within context of career pathways | | |
| 5 | Creating a collaborative training offer | All STP lead, Katy Kerley | 28/02/2019 | 1. PWDG members not already part of the STP OD Leads Group to nominate a representative to join the STP workstream on collaborative training already in place. 2 Reflect changes in medical training locally | | |
| 6 | Ability to deliver 7 day working standard | UHP/LSW | 30/04/2019 | 1. PWDG members not already part of the STP OD Leads Group to nominate a representative to join the STP workstream on collaborative training already in place. This work is ongoing I in organisations and a workshop to be established to agree across the PWDG | | |

PLYMOUTH WORKFORCE PLAN

Priority 2 – Growing Plymouth’s future workforce

| Purpose: To develop a planned sustainable supply of people who want to work in health & social care in Plymouth - Dawn Slater | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|---|--|---------------|---|-----|--|------------|-----|-----|----------|----|----|-----------|----|---|-----------|----|----|-------|----|----|--------------|--------|-----------|-----|--|--|-----|--|--|----------------|--|--|
| Number | Outcome | Lead | Complete Date | Action | RAG | Comments & Progress | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1 | Every secondary school/college in Plymouth to have a Proud to Care Ambassador | STP Lead; All | 30/11/2018 | PWDG members not already part of the STP resourcing Group to nominate a representative to join the STP resourcing group workstream already in progress. | | <p>The Trainee Nursing Associate role was introduced via a national pilot site in January 2017. Devon STP submitted a bid and was successful in securing 69 places across Livewell Southwest, University Hospital Plymouth, Torbay and South Devon and North Devon.</p> <p>The TNA programme is a 2 year foundation course underpinned by clinical competences. The role will be regulated by The Nursing Midwifery Council in January 2019. The role has been introduced to support the role for the registered nurse. It also develops the career pathway for registered nurses by introducing a shortened process.</p> <table border="1"> <tr> <td>Trainee NA</td> <td>LSW</td> <td>UHP</td> </tr> <tr> <td>Jan 2017</td> <td>11</td> <td>16</td> </tr> <tr> <td>Sept 2017</td> <td>22</td> <td>7</td> </tr> <tr> <td>Sept 2018</td> <td>14</td> <td>14</td> </tr> <tr> <td>Total</td> <td>47</td> <td>37</td> </tr> </table> <p>Plymouth total -</p> <p>From the 1st cohort there are 8 NA's who will undertake the registered nurse programme</p> <p>The nursing workforce across Plymouth is a substantial workforce. there are 2,800 nurses across UHP and LSW. There are approximately ____ nurses across the private sector in nursing homes</p> <p>The vacancy factor for the organisations</p> <table border="1"> <tr> <td>Organisation</td> <td>Nurses</td> <td>Vacancies</td> </tr> <tr> <td>LSW</td> <td></td> <td></td> </tr> <tr> <td>UHP</td> <td></td> <td></td> </tr> <tr> <td>Private Sector</td> <td></td> <td></td> </tr> </table> <p>The developments for the future</p> <ol style="list-style-type: none"> 1) To Develop the numbers of TNA's across Plymouth 2) To continue to develop the nursing pathway 3) To support the levy to support areas that do not receive the levy for funding. | Trainee NA | LSW | UHP | Jan 2017 | 11 | 16 | Sept 2017 | 22 | 7 | Sept 2018 | 14 | 14 | Total | 47 | 37 | Organisation | Nurses | Vacancies | LSW | | | UHP | | | Private Sector | | |
| Trainee NA | LSW | UHP | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Jan 2017 | 11 | 16 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Sept 2017 | 22 | 7 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Sept 2018 | 14 | 14 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Total | 47 | 37 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Organisation | Nurses | Vacancies | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| LSW | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| UHP | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Private Sector | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2 | Increase Nursing Associate training places across Plymouth each year | 1. STP Lead 2 STP Nursing Associate Pilot | 28/02/2019 | <ol style="list-style-type: none"> 1. Identify latest position of the STP Resourcing Group on the levy share and confirm proposed Plymouth approach to ensure no duplication or conflict with STP work in progress. 2. to identify Nursing Associate places across Plymouth | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 | Promoting and supporting the role of PHB Assistants especially in rural areas | G. Wilson | 31/03/2019 | Livewell & OHP Recruitment Leads to facilitate workshop to share recruitment streamlining work already undertaken, with PWDG recruitment leads, to identify further opportunities for widening shared recruitment process. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

PLYMOUTH WORKFORCE PLAN

Priority 2 – Growing Plymouth’s future workforce

| Purpose: To develop a planned sustainable supply of people who want to work in health & social care in Plymouth - Dawn Slater | | | | | | |
|---|---|-------------|---------------|---|--------|---------------------|
| Number | Outcome | Lead | Complete Date | Action | RAG | Comments & Progress |
| 4 | Creating opportunities for the long term unemployed and disabled | UHP/LSW | 30/04/2019 | 1. PWDG members are already part of the STP Sourcing Group 2. To continue with existing programmes i.e. PWP programme and Project search | Yellow | |
| 5 | Engage and maximize the private, voluntary sector as equal partners in the system | UHP/LSW/POP | 30/04/2019 | 1. Communicate clearly to staff the different roles and training pathways across the system. 2. PWDG Nursing, Caring, Pharmacy and AHP professional leads to nominate leads to identify the barriers to staff to moving through these pathways and to develop ways to overcome barriers and make roles more flexible. 3. Livewell to offer joint training and support to the private sector | Yellow | |
| 6 | Create an active recruitment programme for veterans | UHP/LSW | 31/10/2019 | 1.PWDG members are part of the STP resourcing Group | Red | |

PLYMOUTH WORKFORCE PLAN

Priority 3 – Effective Management of temporary staff

| Purpose: To reduce agency spend in Nursing, Medical & Social Care in order to support the development of a stable workforce while reducing high cost spend on agency workers – Helen Reid | | | | | | |
|---|---|---------|---------------|---|-------|---|
| Number | Outcome | Lead | Complete Date | Action | RAG | Comments & Progress |
| 1 | Develop a shared bank across Livewell Southwest and University Hospitals Plymouth | LSW/UHP | 31/12/2019 | <ol style="list-style-type: none"> 1. Identify challenges and obstacles across the system 2. Develop protocol to enable flexible deployment of staff 3. Develop skills and competencies across pathways | Green | Now fully implemented in Plymouth |
| 2 | Expand the availability of bank posts | LSW/UHP | 31/12/2019 | <ol style="list-style-type: none"> 1. Identify high risk clinical areas 2. Recruit 45 staff to Clinical Support Team | Green | CST recruited to 45 posts in Livewell. Posts will be able to work across the system |
| 3 | Increase the profile and attraction to individuals of working on the bank | LSW/UHP | 31/03/2019 | <ol style="list-style-type: none"> 1. Ensure comparable T&C's 2. Ensure access to comparable training, CPD and educational opportunities fro bank staff 3. Agree recruitment approach with comms and recruitment leads 4. Advertise and recruit based on improved offer | Green | Joint approach agreed and recruitment successful |
| 4 | Ensure agency staff are of good quality | STP | 31/03/2019 | <ol style="list-style-type: none"> 1. Ensure quality of agency workforce is raised through STP workforce group | Red | |

PLYMOUTH WORKFORCE PLAN

Priority 4 – Growing our strategic partnerships with local and national education providers

| Purpose: To influence the numbers, content and delivery of training for the Devon Health & Social Care workforce – David McAuley | | | | | | |
|--|--|-------------|---------------|---|-----|---|
| Number | Outcome | Lead | Complete Date | Action | RAG | Comments & Progress |
| 1 | Develop linkages with leading local educational establishments in acting as a link between schools and health/care careers | D. McAuley | 31/12/2018 | <ol style="list-style-type: none"> 1. Develop link roles on Governing Board 2. Undertake hospital open day (including job fayre) to increase interest in health/care careers 3. Develop pathways from secondary schools into health and care careers | | Prof Greg Dix and Dawn Slater both now on The Board. Pathways developed into Medicine, Nursing, and Apprenticeships etc... Pipeline into local careers demonstrating excellent outcomes in terms of fill rates. |
| 2 | Undertake a local needs analysis | B. Kent | 31/03/2019 | <ol style="list-style-type: none"> 1. Work with UoP to begin work to understand needs bespoke to Plymouth across health and care | | |
| 3 | Improve access to nursing careers for men through joining the national Men in Nursing Campaign | UHP and LSW | | <ol style="list-style-type: none"> 1. Join national campaign and engage comms teams | | |
| 4 | Lead in the rollout of National Nurse Ambassador Programme | LSW and UHP | | | | |

PLYMOUTH WORKFORCE PLAN

Priority 5 – The Health & Social care sector is the best place to work in Plymouth

| Purpose: To develop a healthy culture that allows staff to flourish and reach their potential – Nicola Jones | | | | | | |
|--|---|----------|---------------|---|-----|---------------------|
| Number | Outcome | Lead | Complete Date | Action | RAG | Comments & Progress |
| 1 | Collate and analyse results of current and recent staff satisfaction surveys (re priority groups of staff and beyond) - identify what this tells us about the culture in each organisation | C.Massey | 30/11/2018 | 1. Harvest existing staff surveys results and identify trends and issues. | | |
| 2 | Gather and interpret intelligence from other relevant organisations (schools, universities, training organisations, Chamber of Commerce, employment agencies) | C.Massey | 31/12/2018 | 1. Identify organisations required and harvest data. | | |
| 3 | Identify the important aspects of a healthy culture and create a vision | C.Massey | 31/12/2018 | 1. Agree collaboratively with partners key cultural issues prior to undertaking visioning work. | | |
| 4 | Identify current/planned initiatives to create or maintain a healthy culture (including employing organisations' commitment to training, development, education, staff welfare, organisational development) | C.Massey | 31/01/2019 | 1. Develop more detailed plan based on work undertaken. | | |

Workforce Development Plan for Plymouth



1. Introduction and context

- Purpose Statement
- Our approach
- National Context
- STP and Local Context
- The Scale of the Challenge
- Accountability for Workforce Development

2. Current system workforce

- Health
- Social Care
- Primary Care
- Current Workforce challenges for Plymouth

3. Developing our future workforce

- Future workforce for Plymouth
- Attributes we will need to transform our workforce
- Developing Leadership Talent

4. Workforce plan

- Priority 1 – Right person, right skills, right place, right time
- Priority 2 – Growing our future workforce
- Priority 3 – Eliminate Agency Usage
- Priority 4 – Growing strategic partnerships with local and national education providers
- Priority 5 – Health & Social care will be the best place to work in

5. Timescales

- 6 months
- 12 months
- 18 months

- *The following plan has been developed to date through engaging with key organisations working across the Plymouth system.*
- *The plan is fully intended to be an iterative document that will continue to develop as we continue to more fully understand and engage with the challenges, solutions and work that is progressing in each part of our workforce that is supporting the delivery of Health and Social Care.*
- *Organisations that have supported the development, design and content of the plan **so far** include:*
 - *Plymouth City Council*
 - *Livewell Southwest*
 - *NEW Devon CCG*
 - *St Luke's Hospice*
 - *Plymouth Octopus Project*
 - *Devon Local Pharmacy Committee (LPC)*
 - *Improving Lives Plymouth*
 - *University of Plymouth*
 - *University Hospitals Plymouth NHS Trust*

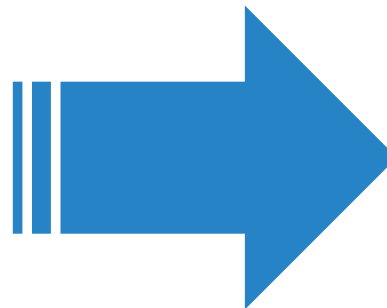
Document Purpose

This document aims to provide an overview of our current workforce and describe the vision for our future workforce so that we are in the best place to deliver sustainable health & care services

Workforce Purpose

To grow, develop and shape a resilient and sustainable workforce for health, social care and partners across the system to deliver a service which is clinically, socially and financially sustainable and meets the needs of the local population

In order to deliver our vision we need to significantly develop the way in which the system accesses its supply of its most valuable resource – its workforce, managing the workforce resource across the system and the development of the workforce to ensure that it is ready for future delivery of services.



Our workforce VISION is to ensure that we have a workforce with the right numbers, skills, values & behaviors in the right place at the right time to improve the quality of care for our population now and in the future.

‘Facing the facts, shaping the future ‘

A draft health and care workforce strategy for England

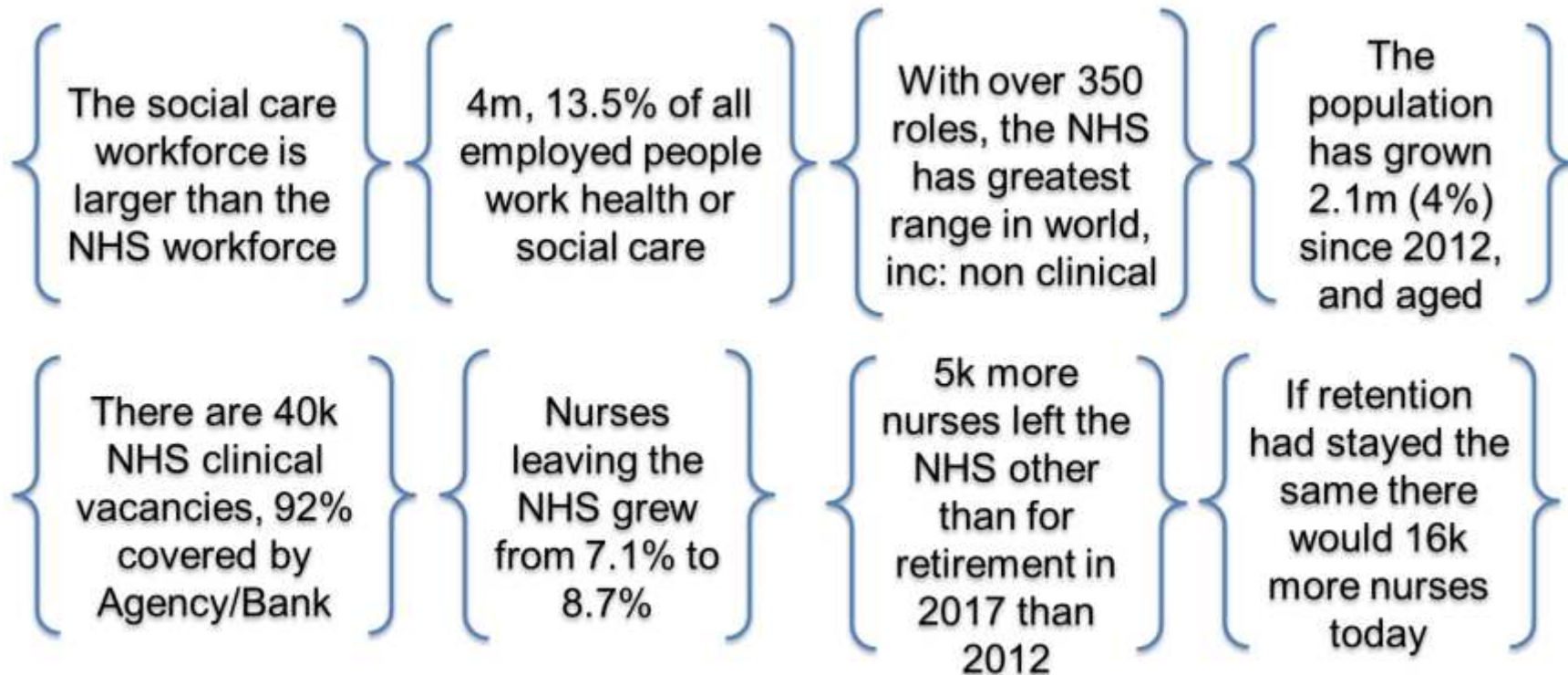
Growing the workforce

- Recruitment & Education – new graduates, return to practice & recruitment outside the NHS
- Retention – will have the most immediate impact on workforce growth & quality of care
- Move towards Self Sufficiency (growing our own)
- Five Year Forward View – Integrating care is vital to delivery
- Social Care
- Development of new roles & skill mix

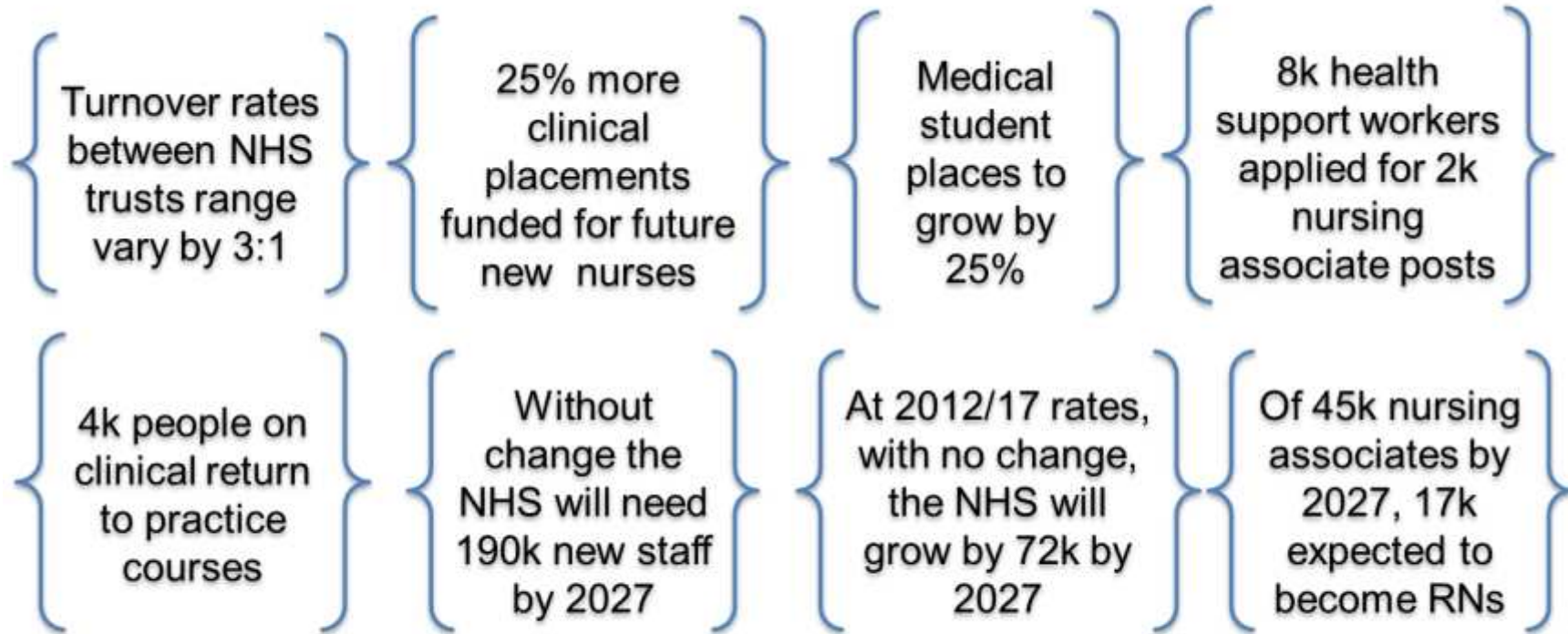
Looking to the Future

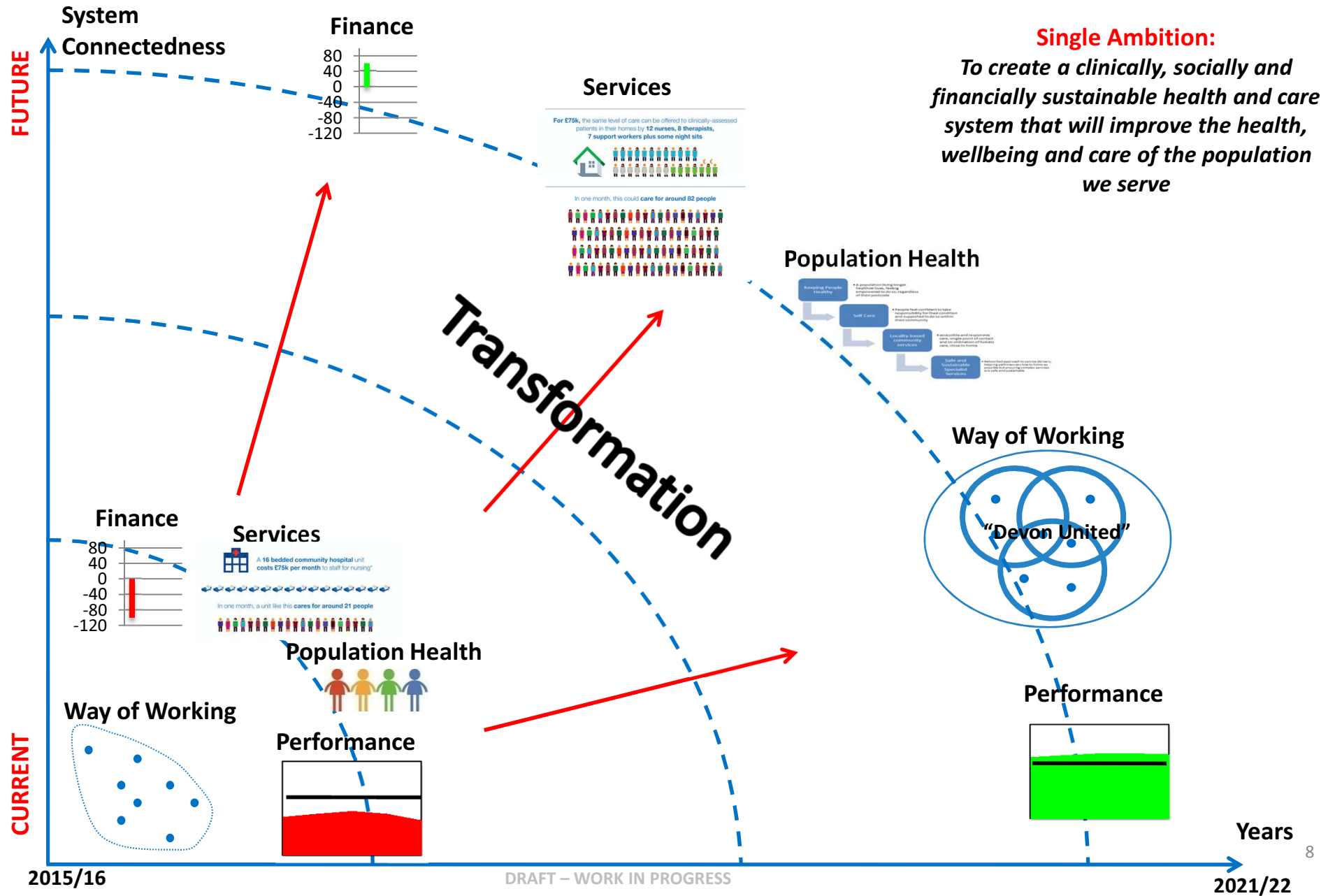
- Requirements beyond 2021/22 –workforce, finance & service planning must be better aligned
- Shaping the Future
- Developing specific workforce groups
- Accelerate growth of workforce

In setting the scene for the national Workforce Strategy, HEE states that the **current national workforce**:



National strategy **next steps**:



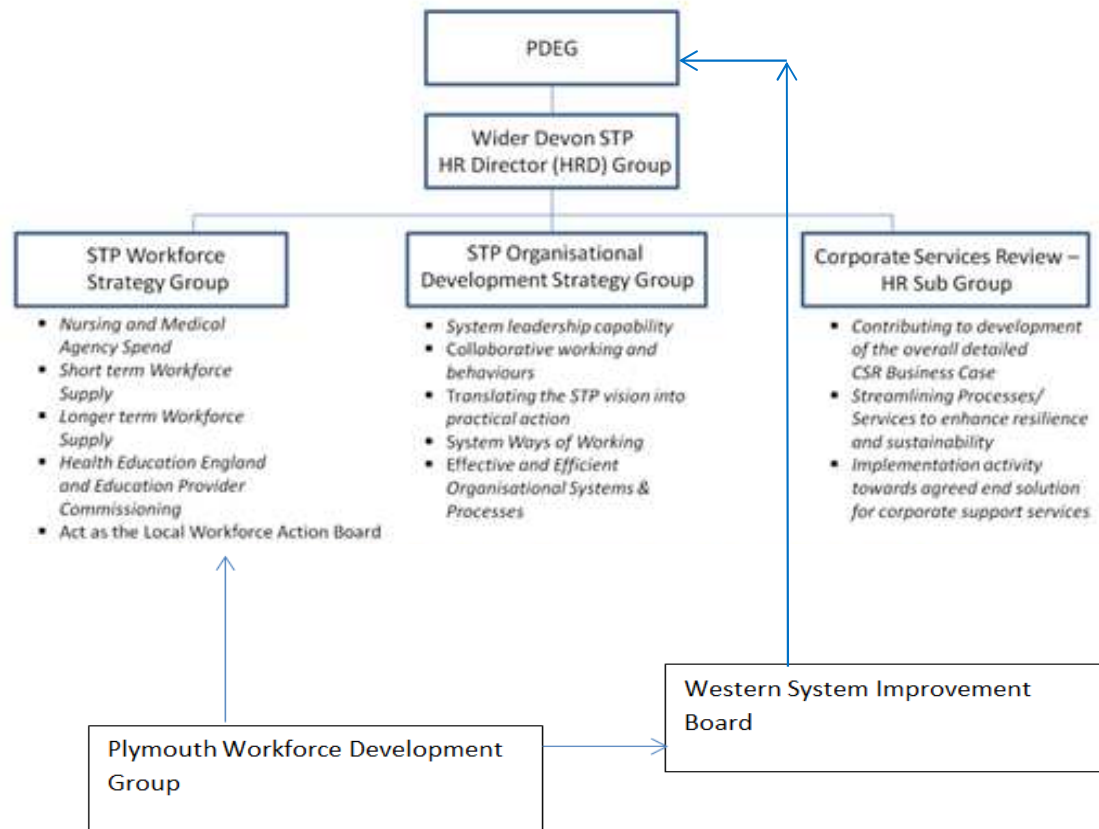


- Using the five priorities within the STP strategy to cover:
 - Local Care Partnerships workforce requirements
 - Primary Care workforce needs
 - General Practice nursing workforce gaps
 - Mental Health workforce
 - Learning Disability and Transforming Care Partnership workforce requirements
 - Children's workforce needs
- Underpinned by a workforce plan which specifically identifies the actions and programmes of work that will be undertaken to support and enable system transformation and/or help resolve specific workforce challenges

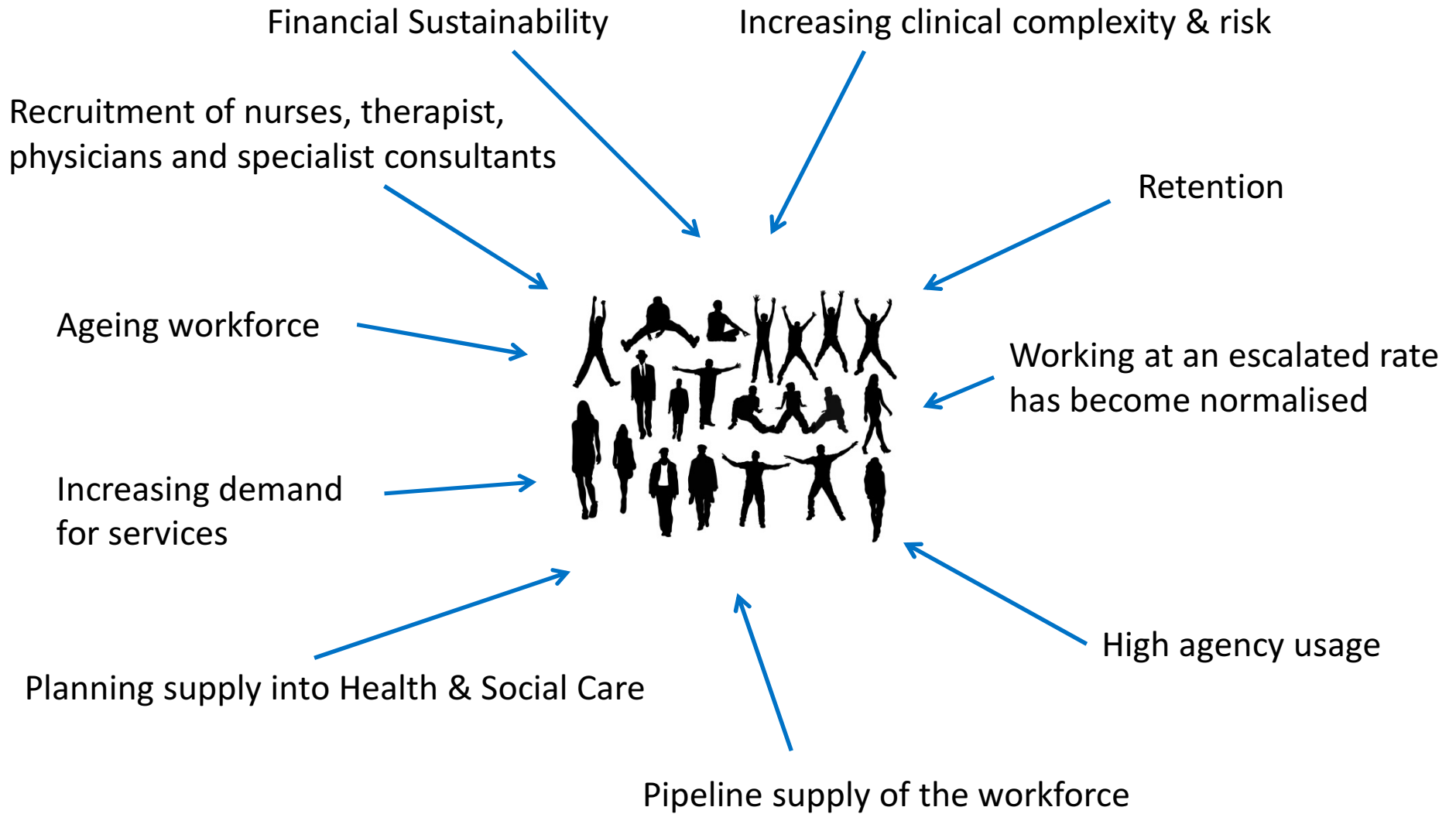
Strategic outcomes framework – context for future workforce alignment

- More people will be living independently in resilient communities
- More people will be choosing to live healthy lifestyles and less people will be becoming unwell
- People who do have health conditions will have the knowledge, skills and confidence to better manage them
- The healthcare system will be equipped to intervene early and rapidly, to avert deterioration and escalation of health problems
- More care will be available in the community and less people will need to visit or be admitted to hospital
- People will have greater control over health services and will be equal partners in decisions about their care
- People who need treatment will be treated effectively and quickly in the most appropriate care setting
- People who go into hospital when necessary and will be discharged effectively and safely with the right support in the community

Workforce & Organisational Development Governance Structure:



Current workforce challenges



In order to transform our workforce we need to be:

Resourceful

Creative

collaborative

Consistent

Resilient
& flexible



Innovative

Open

Risk aware

Determined

Need to
invest in
the
workforce

Brave

Commitment

Looking
outside of
Business as
usual

Current workforce data suggests in Health

Livewell and University Hospitals Plymouth

| Staff Group | FTE by Month | Headcount by Month | Turnover | Vacancies |
|----------------------------------|-----------------|--------------------|-------------------|--------------|
| | 2018 / 09 | 2018 / 09 | 2017/10 - 2018/09 | 2018/09 |
| Add Prof Scientific and Technic | 461.36 | 527 | 13.34% | 3.58% |
| Additional Clinical Services | 1807.65 | 2134 | 10.69% | 7.65% |
| Administrative and Clerical | 1796.64 | 2050 | 10.60% | 3.28% |
| Allied Health Professionals | 646.05 | 782 | 10.92% | 4.85% |
| Estates and Ancillary | 264.69 | 321 | 11.57% | 6.34% |
| Healthcare Scientists | 256.78 | 281 | 3.64% | 2.86% |
| Medical and Dental | 1050.77 | 1142 | 13.77% | 14.63% |
| Nursing and Midwifery Registered | 2421.49 | 2831 | 12.77% | 7.29% |
| Grand Total | 8,706.43 | 10069 | 9.70% | 6.05% |

10,069 staff. 7.29% vacancy rate in nursing (9% nationally) across Health

87 nurse leavers across the system in Jan 18 up from 63 in Sept 17

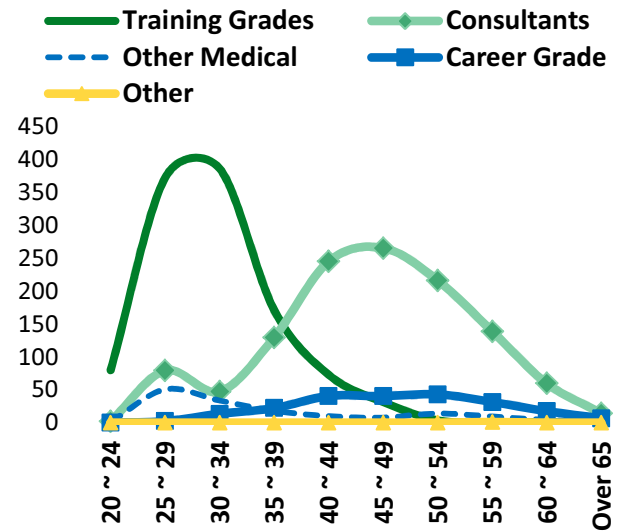
Staff Groups with Highest over 55's Proportion

Medical & Dental
 Pathology Group **26.3%** (27.5 FTE), Dental Group **16.3%** (7.3 FTE), Obstetrics & Gynaecology Group **14.0%** (16.9 FTE)

Total Vacancies
6.05%

Turnover locally
9.70%

Medical & Dental



Current workforce data suggests that in Adult Social Care.....

Why Care Workers leave the sector

- Too much responsibility (for the level of reward)
- Lack of flexibility over working hours
- Lack of time for and between appointments
- Lack of opportunity for personal or professional growth.
- Lack of guaranteed hours
- Cost of childcare

3000 care workers employed within Plymouth

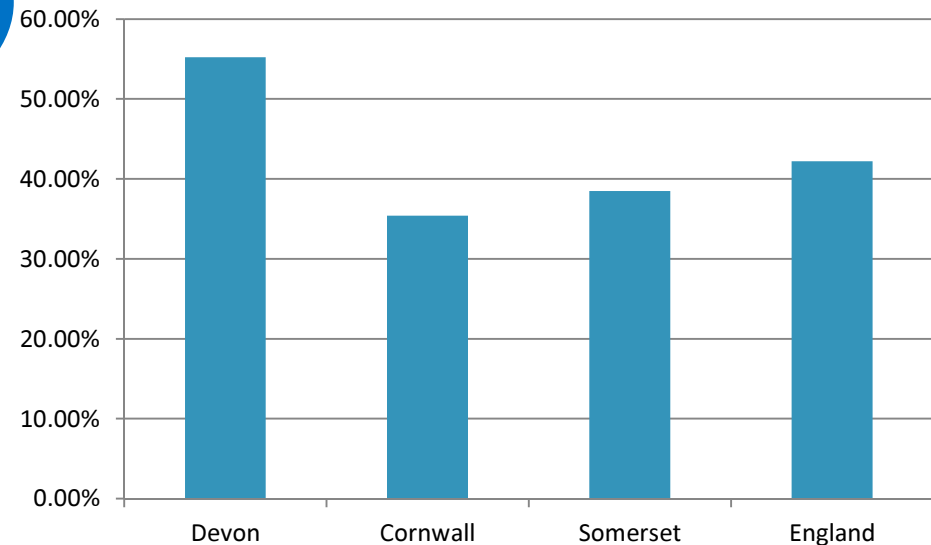
3400 posts in Plymouth care homes – estimated there are 170 vacancies. Approx 300 care vacancies in Plymouth

Turnover for regulated care workers across Devon **41%**



49.7% of all Staff are employed Full Time, **37.5%** work Part Time and **12.8%** are recorded as Neither of these

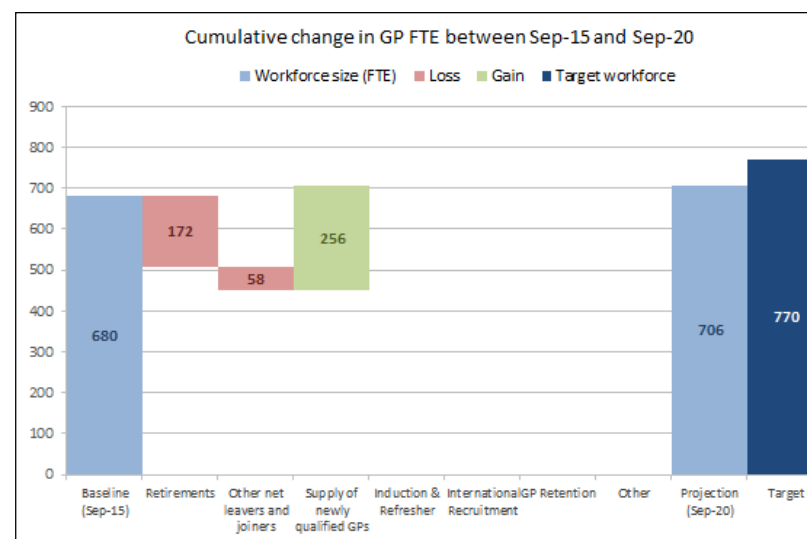
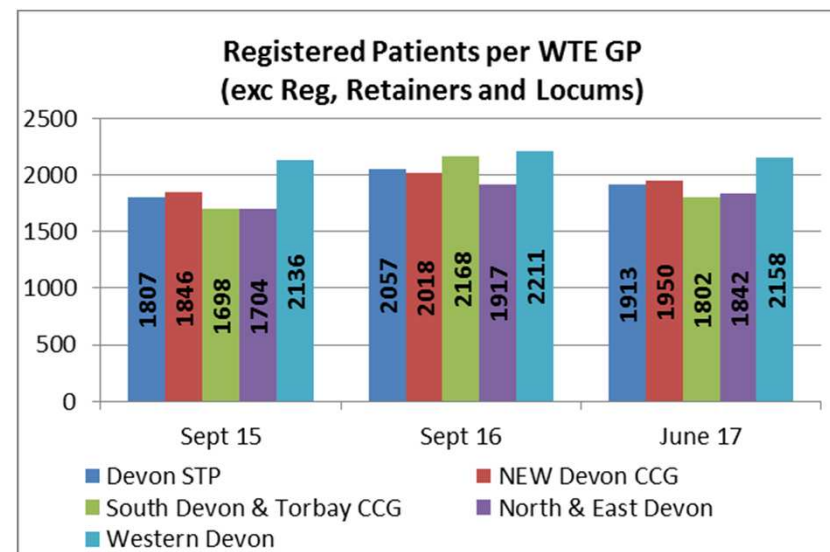
Turnover rate for regulated care workers in the Private Sector



Primary Care Workforce

| * General and Personal Medical Services, England As at 30 June 2017 ** AHSN Workforce Analysis Tool Dec '16 | | STP | NEW Devon CCG | South Devon & Torbay CCG |
|--|-----|-------|---------------|--------------------------|
| GP's (Exc Reg, Retainers and Locums) * | HC | 844 | 633 | 211 |
| | FTE | 634.2 | 472.8 | 161.4 |
| GP's aged >55 * | HC | 187 | 139 | 48 |
| Practice Nurse ** | HC | 594 | 453 | 141 |
| | FTE | 384.8 | 289.6 | 95.2 |
| Health Care Assistant ** | HC | 272 | 206 | 66 |
| | FTE | 169.5 | 125.0 | 44.7 |
| Direct Patient Contact ** | HC | 467 | 370 | 97 |
| | FTE | 282.5 | 219.0 | 63.5 |
| Phlebotomist ** | HC | 76 | 53 | 23 |
| | FTE | 37.0 | 23.0 | 14.0 |
| Pharmacist ** | HC | 9 | 8 | 1 |
| | FTE | 5.8 | 4.8 | 1 |
| Dispenser ** | HC | 96 | 91 | 5 |
| | FTE | 62 | 59 | 3.1 |
| Physician Associate ** | HC | 1 | 1 | 0 |
| | FTE | 0.5 | 0.5 | 0 |

Workforce Surveys are currently being undertaken to clarify / confirm workforce figures including vacancies.



Source: NHS England Primary Care Workforce - STP GP Workforce Demand / Supply Tool

The Community and Voluntary Sector in Plymouth...

Charities Commission and POP Data

- There are at least 1500 VCSE organisations in Plymouth
- Total income is in excess of £900M
- 10% of the sector generates 85% of income - larger organisations dominate

The sector in Plymouth employs around 15,000 people

A third of VCSE organisations in Plymouth have an annual income of under £10,000



23% of adults in Plymouth volunteer at least once a month

57,000 people volunteer, the financial equivalent of £100 million a year

Purpose

Implementation of a Plymouth Clinical competency passport

To attract, retain and support the development of the health & social care workforce across Plymouth

Create Clear Progression Pathways across the system

Content

Plymouth partners to maximize apprenticeship levy spend into priority roles, gifting levies agreement

- Plymouth system visibility of staffing hot spots, to trigger rotation/ short assignment.
- Promotion of careers in health & social care through schools, colleges & universities
- Workforce rotations
- Flexible working opportunities.

Creating a collaborative training offer

Create more joint appointments and rotational posts. Create a shared recruitment passport

Outcomes

- Consistent approaches to support short term workforce supply
- Improved capacity across the system
- Improved staff retention
- Support financial savings
- Preventing competition between providers

Ability to deliver 7 day working standard

Purpose

Every secondary school/college in Plymouth to have a Proud to Care Ambassador

To develop a planned sustainable supply of people who want to work in health & social care in Plymouth

Increase Nursing Associate training places across Plymouth each year

Content

- Visibility of training pipeline for all prioritized staff groups
- Development of a Plymouth system wide attraction , recruitment & retention strategy
- Developing a workforce that supports care at home
- Collaborative and innovative approaches to developing new roles & ways of working

Engage and maximize the voluntary sector as equal partners in the system

Promoting and supporting the role of PHB Assistants especially in rural areas

Outcomes

- Improved supply of workforce
- System approach to workforce planning
- Consistent system approach to the development and use of new roles
- Improved resilience across the system
- Established career pathways including rotational & placement opportunities

Create an active recruitment programme for veterans

Creating opportunities for the long term unemployed and disabled

Purpose

To reduce agency spend in Nursing, Medical & Social Care in order to support the development of a stable workforce while reducing high cost spend on agency workers.

Increase the profile and attraction to individuals of working on the bank

Develop a shared bank across Livewell Southwest and University Hospitals Plymouth

Content

- Creation of a shared bank with Livewell and UHP
- System wide recognition of employment checks & mandatory training
- Delivery of financial savings

Outcomes

- Generate financial savings through reduced usage & reduced rates
- Improved information to enable better decision making
- Easier movement of staff across the system
- Generate an increased pool of staff available before relying on agency

Ensure agency staff are of good quality

Expand the availability of bank posts

Purpose

To influence the numbers, content and delivery of training for the Plymouth Health & Social Care workforce

Develop linkages with leading local educational establishments in acting as a link between schools and health/care careers

Undertake a local needs analysis

Join the national Men in Nursing Campaign

Content

- Agree key priorities in partnership with HEE and University of Plymouth to enable the development of the future workforce in line with STP requirements
- Maximise the use of the apprenticeship levy

Lead in the rollout of National Nurse Ambassador Programme

Outcomes

- Targeted training and development through apprenticeships linked to system wide workforce plans
- Improved competencies
- Improved system capacity
- Ability to address shortfalls in a planned way
- Robust system wide workforce planning where future challenges are spotted and resolved early

Purpose

To develop a healthy culture that allows staff to flourish and reach their potential

Identify the important aspects of a healthy culture and create a vision

Content

- **Plymouth wide adoption of an agreed health & well being framework**

Identify current/planned initiatives to create or maintain a healthy culture (including employing organisations' commitment to training, development, education, staff welfare, organisational development)

Outcomes

- **Building workforce resilience**
- **Improving retention of the workforce in all areas of the system**
- **Retaining people post traditional retirement age and valuing their experience**
- **Creating system reputation for innovation and being a great place to live and work in turn improving attraction**
- **Reduce costs of sickness absence across Plymouth**

In light of priority groups of staff and also the whole workforce, identify realistic priorities for change towards realising the vision

Collate and analyse results of current and recent staff satisfaction surveys (re priority groups of staff and beyond) - identify what this tells us about the culture in each organisation

Gather and interpret intelligence from other relevant organisations (schools, universities, training organisations, Chamber of Commerce, employment agencies)

- Proud to Care Ambassadors
 - There are 78 Proud to Care Ambassadors across Plymouth

- Shared Plymouth Nurse Bank
 - Shared bank established between Livewell Southwest and University Hospitals Plymouth (UHP) for Health Care Assistants and Registered Nurses with comparable CPD offer to staff employed in permanent posts

- Training Nursing Associates
 - Plymouth (as part of a Devon STP initiative), was successful in their bid to be part of the national pilot for Nursing Associates. The first cohort qualify in January 2019

- Links into Schools
 - Established links into Scott College – now have pipeline into Health and Care Apprenticeships, University education. Resulted in improved fill rate

- Innovative medical roles that span hospital and community services
 - Associate Medical Director at UHP leading the development of a number of roles that span diagnostic groups and organisational boundaries

Priorities – 6 months

| Workstream | Actions | Timescale | Lead | RAG rating |
|------------------------|--|-----------|----------------|------------|
| Scoping | Identify and collate existing local workforce plans | 30/09/18 | Programme lead | Green |
| Programme Architecture | <p>Identify locality leads for each workstream, specifically:</p> <ul style="list-style-type: none"> • Priority 1 : Right person, right skills, right place, right time • Priority 2 : Growing future workforce • Priority 3: Eliminate Agency Usage • Priority 4: Growing our strategic partnerships with local and national education providers • Priority 5: The Health & Social care sector is the best place to work <p>Ensuring identified work covers:</p> <ul style="list-style-type: none"> • Primary Care and General Practice Nursing • Mental Health • Learning Disabilities • Nursing Workforce • Medical Workforce • Adult Social Care • Allied Health Professionals • Children’s Services • Critical Support services workforce • Pharmacy | 31/10/18 | SRO | Green |

Timescales – 6 months

| Workstream | Action | Timescale | Lead | RAG Rating |
|--|---|-----------|----------------------------------|------------|
| Programme Architecture | <ul style="list-style-type: none"> Identify Programme support Agree and develop reporting and monitoring process and schedule Produce flash reporting template | 31/10/18 | SRO | Green |
| Programme Architecture | <ul style="list-style-type: none"> Develop individual Project Plans to support each workstream | 31/10/18 | Project leads and programme lead | Green |
| Effective management of temporary staff | <ul style="list-style-type: none"> Maximise the efficiencies of existing banks through better coordination across Plymouth | 31/12/18 | Project leads | Green |
| Effective management of temporary staff and Growing Future Workforce | <ul style="list-style-type: none"> Implement short term strategies to support the recruitment of high risk staff groups | 31/1/19 | Project leads | Amber |
| | | | | |

Timescales – 12 months

| Workstream | Action | Timescale | Lead | RAG |
|--|---|-----------|--------------|-------|
| Right person, right skills, right place, right time | Implementation of a Plymouth Clinical competency passport | 31/8/19 | PWDG | Amber |
| Right person, right skills, right place, right time | Plymouth partners to maximize apprenticeship levy spend into priority roles, gifting levies agreement | 28/02/19 | PWDG | Amber |
| Growing our strategic partnerships with local and national education providers | Undertake a local workforce needs analysis, led by the University of Plymouth | 30/9/18 | UoP and PWDG | Red |
| Growing future workforce | Identify and develop framework for developing new roles & ways of working | 30/6/19 | PWDG and UoP | Red |

Timescales – 18 months

| Workstream | Action | Timescale | Lead | RAG |
|---|--|-----------|--------------|-------|
| The Health & Social care sector is the best place to work | Develop staff wellbeing framework | 30/11/19 | Project lead | Red |
| Growing future workforce | Revise and approve recruitment and retention strategies, ensuring synergy | 31/10/19 | Project lead | Red |
| Growing future workforce | Ensure that proud to care Ambassadors are embedded and that schools/colleges are supported in promoting health and care as career options | 31/10/19 | Project lead | Amber |
| The Health & Social care sector is the best place to work in Plymouth | In light of priority groups of staff and also the whole workforce, identify realistic priorities for change towards realising local workforce vision | 31/12/19 | Project lead | Red |
| | | | | |

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INTEGRATED HEALTH & WELLBEING SYSTEM PERFORMANCE SCORECARD SEPTEMBER 2018



Northern, Eastern and Western Devon
Clinical Commissioning Group



1. INTRODUCTION

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

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

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

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

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

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

2. COLOUR SCHEME – BENCHMARK COLUMN

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

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

For the rest of the indicators:

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

3. TREND GRAPHS

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

4. COLOUR SCHEME - TREND COLUMN (RAG)

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

5. PERFORMANCE BY EXCEPTION

WELLBEING

Referral to treatment - Percentage seen within 18 weeks

University Hospitals Plymouth (UHP) is not achieving the 18-week referral to treatment national standard, which is set at 92%. There have been capacity issues in a number of specialties in UHP and referral reductions haven't been as large as planned, as a result it has been agreed that the position at the end of March 2019 should be no worse than the position at the end of March 2018, which was 80.1%. An improvement trajectory has been agreed towards achieving this, a number of actions are in place, and with monitoring of theatre capacity we would to start seeing an improvement in performance.

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 and achieve the national target of 66.7% by March 2019.

Excess Weight in Adults, 4-5 year olds and 10-11 year olds

The most recent data (2016/17) saw a slight increase in the percentage of children aged 10-11 that are classed as overweight (31.7%), this is however significantly lower than the England average (34.2%). We continue to worry about the percentage of children aged 4-5 who are classed as overweight, latest data shows that Plymouth is significantly worse. This is also the case for Adults classed as overweight, in Plymouth the latest data shows Plymouth has 67% of adults who are overweight or obese, this compares to the England figure of 61.3%.

We are working to tackle this by giving children the best start in life (e.g. breast feeding, weaning and parenting advice), making schools health-promoting environments (e.g. Healthy School Quality Mark), managing the area around schools through fast food planning policy, and working with partners to raise awareness of the risk factors of unhealthy diets and physical inactivity (Thrive Plymouth). Since 2006/07 when the National Child Measurement Programme (NCMP) began, Plymouth has consistently exceeded the target of taking valid measurements from 85% of eligible children.

COMMUNITY

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.

Accident and Emergency four hour wait

UHP are not achieving the four hour wait in Accident & Emergency (A&E) target. This is due to demand pressures including an increase in A&E attendances. There was a significant improvement in performance in May, an upturn in performance that can be associated with the "hard reset" exercise.

During the summer months UHP experienced a high level of A&E attendances with the number of attendances in July the highest numbers on record. This has contributed to a decline in four hour wait performance that returned to the levels achieved prior to the hard reset. A specific work plan is in place to improve performance and a further "hard reset" exercise is planned for October 2018.

Emergency admissions aged 65 and over

Total emergency admissions aged 65 increased by around 6% in 2017/18 compared to 2016/17. The increase in emergency admissions over the last winter was very high especially for older people. This is due to the level of respiratory admissions linked to the flu and the cold weather. The increase in admissions has also continued through into the spring, although over the past three months these numbers have begun to fall.

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

Following the CQC review of the health and social care system we have been delivering against a CQC action plan, an outcome of which was to reduce Delayed Transfers of Care (DTC). In June 2018 the NHS signalled its ambition to reduce the number of long stays in hospital by 25%, resulting in a focus on reducing the number of people in hospital for more than 21 days, known as 'extended length of stay'. A number of actions have been in place with a view to improve performance in length of stay and DTC. Actions include the establishing of executive lead escalation arrangements across health and social care systems and the daily review of long stay patients by integrated discharge teams.

During quarter two the average number of delayed days per month was 1,081, which compares to 1,269 in quarter one and 2,073 in quarter four of 2017/18. We have continued to reduce the number of delays attributable to adult social care, improving our national ranking from 142nd (of 152) at the end of 2017/18 to 74th at the end of August 2018.

Long term admissions to Residential Care and Nursing Care

Long term admissions to residential and nursing care for older people continue to increase, in 2017/18 there were 261 long term admissions, equating to a rate of 554/100,000. Between April and September there have been 150 long term admissions for older people meaning we are on a trajectory to have approximately 40 more admissions this year than last. The Hard reset at Derriford Hospital has contributed to an increase in people going through the discharge to assess process with an outcome of going into residential care.

ENHANCED AND SPECIALIST

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

At the end of quarter two the percentage of residential and nursing homes that are rated by CQC as good or outstanding has increased, from 75% (end of quarter one) to 81%. The number of homes that are outstanding rose from four to seven (4% to 7%), the number of homes that are good rose from 68 to 72 (71% to 74%). At the end of quarter two there were no homes rated by CQC as inadequate.

The QAIT (Quality Assurance and Improvement Team) are undertaking a specific project to target providers requiring improvement 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 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 |
|--|------------|--------------------|-----------|----------------------|-------|---------------------|-------|
| 2.12 - Percentage of adults (aged 18+) classified as overweight or obese | Percentage | 2016/17 | | 66.5 | | 67.0 | |
| Child excess weight in 10-11 year olds | Percentage | 2016/17 | | 34.4 | | 31.7 | |
| Child excess weight in 4-5 year olds | Percentage | 2016/17 | | 24.0 | | 26.3 | |
| 2.14 - Smoking Prevalence in adults - current smokers (APS) | Percentage | 2017 | | 24.1 | | 18.4 | |
| Social Isolation: percentage of adult social care users who have as much social contact as they would like | Percentage | 2017/18 | | 43.8 | | 50.0 | |
| CCGOF Referral to Treatment waiting times (patients seen within 18 weeks on incomplete pathway (%)) | Percentage | Aug-18 | N/A | 79.7% | | 79.9% | |
| NHSOF Estimated diagnosis rates for Dementia | Percentage | Aug-18 | N/A | 59.2% | | 58.8% | |
| In hospital Falls with harm | Percentage | Aug-18 | N/A | 0.23 | | 0.26 | |
| The proportion of people who use services who feel safe | Percentage | 2017/18 | | 73.4 | | 72.0 | |
| The proportion of people who use services who say that those services make them feel safe and secure | Percentage | 2017/18 | | 93.3 | | 90.0 | |
| Overall satisfaction of people who use services, with their care and support | Percentage | 2017/18 | | 65.6 | | 73.0 | |

7. COMMUNITY

| Indicator | Measure | Most Recent Period | Benchmark | First Value of Graph | Graph | Last Value of Graph | Trend |
|---|------------------|--------------------|-----------|----------------------|---|---------------------|-------|
| Proportion of people still at home 91 days after discharge from hospital into reablement/ rehabilitation services | Percentage | 2018/19 - Q2 | | 86.5 |  | 85.0 | |
| Improving Access to Psychological Therapies Monthly Access rate | Percentage | Aug-18 | N/A | 1.60 |  | 1.40 | |
| Improving Access to Psychological Therapies Recovery rate rate | Percentage | Aug-18 | N/A | 41.90 |  | 53.40 | |
| A&E four hour wait | Percentage | Aug-18 | N/A | 75.80% |  | 80.70% | |
| Emergency Admissions to hospital (over 65s) | Count | Aug-18 | N/A | 1,353 |  | 1,161 | |
| Discharges at weekends and bank holidays | Percentage | Aug-18 | N/A | 16.80% |  | 14.60% | |
| Rate of Delayed transfers of care per day, per 100,000 population | Rate per 100,000 | 2018/19 - Q2 | | 29.2 |  | 16.6 | |
| Rate of Delayed transfers of care per day, per 100,000 population, attributable to Adult Social Care | Rate per 100,000 | 2018/19 - Q2 | | 10.4 |  | 2.3 | |
| Long-term support needs met by admission to residential and nursing care homes, per 100,000 population (aged 65+) | Rate per 100,000 | 2018/19 - Q2 | | 135.8 |  | 167.7 | |
| Long-term support needs met by admission to residential and nursing care homes, per 100,000 population (aged 18-64) | Rate per 100,000 | 2018/19 - Q2 | | 3.6 |  | 2.4 | |

8. ENHANCED AND SPECIALIST

| Indicator | Measure | Most Recent Period | Benchmark | First Value of Graph | Graph | Last Value of Graph | Trend |
|--|------------|--------------------|---|----------------------|---|---------------------|---|
| In hospital Falls with harm | Percentage | Aug-18 | N/A | 0.2 |  | 0.3 |  |
| Percentage of CQC providers with a CQC rating of good or outstanding | Percentage | 2018/19 - Q2 |  | 79.0 |  | 81.0 |  |



Northern, Eastern and Western Devon
Clinical Commissioning Group



Plymouth Integrated Fund Finance Report – Month 5 2018/19

Introduction

This report sets out the financial performance of the Plymouth Integrated Fund for the period to the end of August and the forecast 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 5 Report 2018/19

As highlighted in previous months, the pressures for health are mainly focussed on the variable use of the independent sector acute contracts. For Plymouth City Council there are pressures in residential, domiciliary care and children's packages.

The report highlights a forecast unplanned over performance against budget for health at this stage in the year. Corporately this is managed through the use of contingencies, but the unplanned overspend is the basis of the risk share for the Integrated Fund. For the Council, the forecast outturn is reflected at this stage without assuming further recovery.

The overall fund position is reflected in Appendix 1, and shows an overall forecast overspend of £2.7m, before corporate contingencies.

Plymouth City Council Integrated Fund

| Service | Latest Approved Budget M5 | Latest Year End Forecast | Variation at Month 5 | Variation at Month 4 | Change in Month |
|-------------------------------------|---------------------------|--------------------------|----------------------|----------------------|-----------------|
| | £m | £m | £m | £m | £m |
| Children, Young People & Families | 36.884 | 37.802 | 0.918 | 0.580 | 0.338 |
| Strategic Cooperative Commissioning | 78.085 | 78.615 | 0.530 | 0.530 | 0.000 |
| Education Participation and Skills | 101.106 | 101.106 | 0.000 | 0.000 | 0.000 |
| Community Connections | 3.784 | 3.952 | 0.168 | 0.104 | 0.064 |
| Director of People | 0.295 | 0.295 | (0.000) | 0.000 | (0.000) |
| Public Health | 16.048 | 16.048 | 0.000 | 0.000 | 0.000 |
| Sub Total | 236.203 | 237.818 | 1.616 | 1.213 | 0.403 |
| Support Service Recharges | 14.473 | 14.473 | 0.000 | 0.000 | 0.000 |
| Disabled Facilities Grant (Capital) | 2.298 | 2.298 | 0.000 | 0.000 | 0.000 |
| Total | 252.974 | 254.590 | 1.616 | 1.213 | 0.403 |

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

Children, Young People and Families

The Children Young People and Families Service are reporting a budget pressure of £0.918m at month 5, an increase of £0.338m within the month. Whilst we have made all saving in the month with regard to planned step down of children's placements, some of this has been offset by new children coming into the system being placed in IFA and residential placements. The Service currently has 5 delayed discharges in the hospital. In the absence of the right type of placement being available and to avoid bed blocking, we have had to place these young people with severe complex needs in expensive wrap around packages of care. The costs for these packages of care are not included in the month 5 forecast.

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

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

There are a number of assumptions being made in the forecast outturn position going forward as an outcome of the following actions.

- Tightening of the front door for LAC - Action only HOS Children's Social work and Permanence can give consent for anyone to be accommodated and in her absence Service Director will cover.
- Fortnightly placement review to ensure step down of high cost placements
- Focused deep dives into 16-18 years olds and care leavers placement costs with view to reduce cost

- Review of staying put arrangements and financial remuneration
- Reviewing all Section 20 arrangement (voluntary care)
- Maximise contribution from partners - Health and Education Action Complete required Health tool for all Residential placements. Review elements of contracts to ensure Education element is recharged correctly
- Service Director persistently raising matter of budgetary pressures at all staff meetings to ensure only essential expenditure and actions taken in a timely manner.
- Maximise local residential placements to avoid higher out of area associated costs.
- Director & Finance Review all Financial Assumptions

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

- Increased cost and volume of young people’s placements since budget setting autumn 2018.
- Lack of immediate availability of the right in-house foster care placements creating overuse of IFA’s.
- There are still a number of individual packages of care at considerably higher cost due to the complex needs of the young person.
- Regional wide commissioning activity did not bring about the anticipated holding and reduction of placement costs in both the residential and IFA sectors.
- There are currently 35 Residential Placements with budget for only 36
- There are 22 Supported Living Placements with budget for 15.
- A region wide lack of placements due to an increase in demand for placements, both national and regionally continues to impact negatively on sufficiency
- There has been a 6% increase in looked after children since August 2017, which compares with an 11.3% increase in the South West Region March 2017- March 2018.

The overall number of children in care at the end of August stands at 413 a reduction of 17 in the month.

Strategic Co-operative Commissioning

The Strategic Commissioning service is forecasting an adverse variation to year end of £0.530m, no change from month 4. The major pressures going into 2018/19 are still around increases in high cost packages and increases in client numbers, especially in the following areas:

| | Variation | Budgeted Client Nos | Actual Client Nos Mth 5 |
|------------------|-----------|---------------------|-------------------------|
| Dom Care | £0.371 | 1,192 | 1,238 |
| Supported Living | £0.442 | 551 | 586 |
| Short Stays | £0.325 | 60 | 79 |

| | | | |
|---|----------|-----|-------|
| Res & Nursing | £1.404 | 983 | 1,034 |
| Additional Income relating to Care Packages | (£0.770) | | |

Within the variation, there is also a pressure on the income contributions from residential and nursing clients, with a reduction in the number of clients that are contributing to their costs as well as an increasing proportion of clients with outstanding financial assessments whose forecast for contributions needs to be estimated.

There are management actions currently being put in place to try to reduce the variation in year, with a number of “deep dives” taking place into the areas currently overheating, for example:

- Residential & Nursing – review of very high cost clients and transitions, review of admissions and discharges,
- Supported Living – focus on Trusted Provider scheme, review of single handed project,
- Dom Care – review of single handed project, review of reablement contract,
- Short Stays – review of any short stay clients that have been in placements for over 1 month.

Education, Participation and Skills

The Education, Participation and Skills budget is forecast to balance to budget at year end.

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

Community Connections

Community Connections is reporting a pressure of £0.168m at Month 5.

Average B & B numbers for April to August have been 55 placements per night, with a reduction in Housing Benefit income due to the change to the claiming through the universal credit system.

The cost pressure for further reducing average placements by 13 from the current 55 to 42 per night is £0.168m, which the service is targeting to reduce with use of alternative properties provided through existing contracts as well as use of additional contracted staff to target single occupancy stays.

The service is also dedicating more resource to encourage clients to complete universal credit claims to increase the Housing Benefit received.

Public Health

Public Health is expected to come in on budget for 2018/19 despite a reduction in the Public Health grant received in 2018/19 of £0.405m from 2017/18. This will be contained by a variety of management actions, mainly around the contracts that are held within the department, as well as using approximately £0.500m of grant that was carried forward from previous years.

Plymouth City Council Delivery Plans

Between People Directorate and Public Health, over £11.5m of savings will need to be delivered during 2018/19, which includes savings of over £6m of savings brought forward from 2017/18 which were delivered as one-off savings. It is forecast that all savings will be achieved - breakdown shown below:

| Plymouth City Council | Year To Date | | | Current Year Forecast | | |
|--|--------------|--------|-------------------------|-----------------------|--------|-------------------------|
| Month 5 - August 2018 | Budget | Actual | Variance Adv / (Fav) | Budget | Actual | Variance Adv / (Fav) |
| | £000's | £000's | £000's | £000's | £000's | £000's |
| Children, Young People & Families | 1,940 | 1,940 | - | 4,655 | 4,655 | - |
| Strategic Cooperative Commissioning | 1,998 | 1,998 | - | 4,794 | 4,794 | - |
| Education Participation & Skills | 578 | 578 | - | 1,386 | 1,386 | - |
| Community Connections | 275 | 275 | - | 659 | 659 | - |
| Additional People Savings (apportioned to depts above) | - | - | - | - | - | - |
| Public Health | 31 | 31 | - | 75 | 75 | - |
| | 4,820 | 4,820 | - | 11,569 | 11,569 | - |

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

The table below shows the total BCF and iBCF for 2018/19, and the distribution between CCG and PCC.

| 2018/19 BCF & iBCF | PCC | CCG | Total |
|---|---------------|---------------|---------------|
| | £m | £m | £m |
| BCF Capital (Disabled Facilities Grant) | 2.298 | 0.000 | 2.298 |
| BCF Revenue | 9.425 | 8.619 | 18.044 |
| Sub Total BCF | 11.723 | 8.619 | 20.342 |
| iBCF (part of Councils RSG funding) | 5.344 | 0.000 | 5.344 |
| iBCF (other) | 2.160 | 1.500 | 3.660 |
| Sub Total iBCF | 7.504 | 1.500 | 9.004 |
| Total Funds | 19.227 | 10.119 | 29.346 |

The £3.6m of iBCF schemes are currently being implemented, and are being monitored quarterly via the required template.

Western Locality of CCG Integrated Fund

The Western share of the Integrated Fund is forecast for an unplanned overspend of £1.2m at month 5. Whilst pressures have emerged within the independent providers in the acute sector these are currently being mitigated by the corporate contingencies.

Independent Sector:

The forecast for our Independent Sector contracts is currently set to over perform budget by £1.2m and strong delivery of our demand management plans will be required in order to maintain a balanced position.

The remainder of the position is close to plan, with no significant further pressures emerging at this stage.

Integrated Fund Summary

Health are reporting a forecast unplanned overspend of £1.2m whilst the Local Authority are reporting an unplanned over spend of £1.6m. 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 parts 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 5

This report sets out the outturn financial performance of the CCG to the end of month 5 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.

The CCG is reporting a forecast delivery against this plan at this stage.

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

This report previously described emerging risks within the acute independent sector contracts and these risks have continued to develop. The Western PDU are now reporting these pressures within the forecast position which has resulted in a forecast overspend of £3.7m.

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 £184.5m for NEW Devon and £4.3m for SD&T CCG which now includes the transferred MIU service.

Contract Performance

Whilst the contract value is fixed we still monitor the contract accordingly. The month 5 performance information showed a year to date over performance against the contract plan of £4.5m.

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

Expenditure on Elective care is 11.7% behind financial plan for NEW Devon and 13.1% for SD&T, representing a combined underspend of £2m to month 5 with

£0.5m of this variance occurring in month. The primary drivers of underperformance include:

1. Orthopaedics - Underperforming by 19.6% worth £713k
2. Cardiology – Underperforming by 36.6% worth £391k
3. Neurosurgery – Underperforming by 34% worth £232k

Non-Elective activity is 4.0% ahead of plan compared with a 0.9% underperformance in financial terms. This is after the contract plan was increased to reflect historical growth trends and includes the activity/spend taking place within the recently formed Acute Assessment Unit (AAU).

Accident and Emergency, which now includes MIU activity which has recently been varied into the UHP contract, is ahead of plan by 4.2% or 1,837 attendances, contributing towards an adverse variance of £0.4m or 7.1%. Whilst the Torbay and South Devon proportion if this part of the contract is small, it should be noted that the activity variance of 83% is exceptionally high.

Outpatient activity and spend has continued to fall behind plan during month 5. Activity is 3.2% or £0.5m behind plan. Outpatient procedures are ahead of plan by £0.2m whilst new and follow-up attendances are underperforming by £0.7m. At specialty level there are over performances in Trauma (91k or 33%), Plastic Surgery (81k or 25%), Endoscopy (60k or 24%) and Paediatrics (64k or 9%). However, these are offset by significant underperformances in Neurosurgery (69k or 64%), Pain Management (82k or 25%), Gastroenterology (90k or 24%) and Orthopaedics (71k or 14%).

Passthrough Drugs and Devices are overspent by 8.2% or £0.5m; which is driven by passthrough drugs.

The plan has an adjustment for system savings; this number reflects the difference between the PbR activity plan and the agreed system wide contract value and for NEW Devon is worth £14.5m. Any activity savings will fall into the reporting at the points of delivery in which they occur, therefore this line will show as a constant overspend all year. As at month 5 this shows an over performance of £6m.

Overall, contract reporting illustrates an over performance of £4.4m. However, a significant contributor to over performance is in respect of the £6m STP contract adjustment. Ignoring these adjustments so that we can consider the contract variance against the agreed activity plan, contract reporting would indicate an under performance of £1.6m.

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. As at month 5 the activity data shows

a underperformance of £0.1m. This primarily driven by underperformances within non elective and passthrough drugs.

Independent Sector & London Trusts

Despite the early position within the year, risks are emerging for a significant overspend at Care UK, which on an activity basis is forecast to overspend by £1.7m. A similar position exists within Nuffield Plymouth, where the projected overspend is circa £1.4m. This overspend is a result of an increase in year on year activity and slippage in the delivery of savings plans.

A further risk of £0.5m is presenting within our variable London provider contracts.

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

The overall Integrated Fund is forecasting a year end overspend of £2.7m at this stage. Within this position the Council is forecast to overspend by £1.6m whilst the health position is forecast to be £1.1m overspend, but with emerging risks.

Ben Chilcott
Chief Finance Officer, Western PDU

David Northey
Head of Integrated Finance, PCC

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

| Month 05 August | Year to Date | | | Forecast | | |
|---|----------------|----------------|------------|----------------|----------------|--------------|
| | Budget | Actual | Variance | Budget | Actual | Variance |
| | £000's | £000's | £000's | £000's | £000's | £000's |
| CCG COMMISSIONED SERVICES | | | | | | |
| Acute | 64,751 | 65,197 | 446 | 155,426 | 156,580 | 1,154 |
| Placements | 16,426 | 16,427 | 0 | 37,194 | 37,194 | -0 |
| Community & Non Acute | 20,984 | 20,993 | 9 | 50,362 | 50,386 | 24 |
| Mental Health Services | 15,182 | 15,181 | -1 | 36,436 | 36,438 | 2 |
| Other Commissioned Services | 5,621 | 5,612 | -10 | 13,491 | 13,467 | -24 |
| Primary Care | 18,876 | 18,876 | 0 | 44,622 | 44,622 | -0 |
| Subtotal | 141,839 | 142,284 | 445 | 337,530 | 338,686 | 1,156 |
| Running Costs & Technical/Risk | 1,342 | 1,343 | 0 | 6,000 | 6,000 | 0 |
| CCG Net Operating Expenditure | 143,182 | 143,627 | 445 | 343,530 | 344,686 | 1,156 |
| Risk Share | | | | | - | - |
| CCG Net Operating Expenditure (after Risk Share) | 143,182 | 143,627 | 445 | 343,530 | 344,686 | 1,156 |
| PCC COMMISSIONED SERVICES | | | | | | |
| Children, Young People & Families | 12,295 | 12,601 | 306 | 36,884 | 37,802 | 918 |
| Strategic Cooperative Commissioning | 26,028 | 26,205 | 177 | 78,085 | 78,615 | 530 |
| Education, Participation & Skills | 33,702 | 33,702 | - | 101,106 | 101,106 | - |
| Community Connections | 1,261 | 1,317 | 56 | 3,784 | 3,952 | 168 |
| Director of people | 98 | 98 | -0 | 295 | 295 | -0 |
| Public Health | 5,349 | 5,349 | - | 16,048 | 16,048 | - |
| Subtotal | 78,734 | 79,273 | 538 | 236,203 | 237,818 | 1,615 |
| Support Services costs | 4,824 | 4,824 | - | 14,473 | 14,473 | - |
| Disabled Facilities Grant (Cap Spend) | 766 | 766 | - | 2,298 | 2,298 | - |
| Recovery Plans in Development | - | - | - | - | - | - |
| PCC Net Operating Expenditure | 84,325 | 84,863 | 538 | 252,974 | 254,590 | 1,615 |
| Risk Share | | | | | - | - |
| PCC Net Operating Expenditure (after Risk Share) | 84,325 | 84,863 | 538 | 252,974 | 254,590 | 1,615 |
| Combined Integrated Fund | 227,506 | 228,490 | 984 | 596,504 | 599,276 | 2,772 |

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

| Month 05 August | Year To Date | | | Current Year Forecast | | |
|---|----------------|----------------|-------------|-----------------------|----------------|--------------|
| | Budget | Actual | Variance | Budget | Forecast | Variance |
| | Adv / (Fav) | Adv / (Fav) | Adv / (Fav) | Adv / (Fav) | Adv / (Fav) | Adv / (Fav) |
| | £000's | £000's | £000's | £000's | £000's | £000's |
| ACUTE CARE | | | | | | |
| NHS University Hospitals Plymouth NHS Trust | 77,042 | 77,042 | -0 | 184,901 | 184,901 | - |
| NHS South Devon Healthcare Foundation Trust | 2,550 | 2,550 | 0 | 6,119 | 6,119 | - |
| NHS London Contracts | 712 | 863 | 151 | 1,709 | 2,114 | 405 |
| Non Contracted Activity (NCA's) | 3,897 | 3,898 | 0 | 9,354 | 9,354 | - |
| Independent Sector | 5,594 | 6,489 | 894 | 13,426 | 16,793 | 3,367 |
| Referrals Management | 1,076 | 1,075 | -0 | 2,581 | 2,581 | - |
| Other Acute | 9 | -119 | -128 | 23 | 23 | 0 |
| Cancer Alliance Funding | 229 | 229 | 0 | 550 | 550 | - |
| Subtotal | 91,109 | 92,026 | 917 | 218,662 | 222,435 | 3,773 |
| COMMUNITY & NON ACUTE | | | | | | |
| Livew ell Southw est | 18,397 | 18,397 | 0 | 44,153 | 44,153 | - |
| GPw SIs (incl Sentinel, Beacon etc) | 695 | 695 | -0 | 1,668 | 1,668 | - |
| Community Equipment Plymouth | 270 | 270 | -0 | 648 | 648 | - |
| Peninsula Ultrasound | 119 | 110 | -9 | 285 | 285 | - |
| Reablement | 632 | 632 | -0 | 1,517 | 1,517 | - |
| Other Community Services | 107 | 107 | 0 | 256 | 256 | - |
| Joint Funding_Plymouth CC | 3,629 | 3,629 | 0 | 8,711 | 8,711 | - |
| Subtotal | 23,849 | 23,840 | -9 | 57,237 | 57,237 | - |
| MENTAL HEALTH SERVICES | | | | | | |
| Livew ell MH Services | 13,772 | 13,772 | -0 | 33,059 | 33,059 | - |
| Mental Health Contracts | 11 | 11 | 0 | 26 | 26 | - |
| Other Mental Health | 458 | 458 | -0 | 1,097 | 1,099 | 2 |
| Mental Health Resilience | - | - | - | - | - | - |
| Subtotal | 14,242 | 14,241 | -1 | 34,182 | 34,184 | 2 |
| OTHER COMMISSIONED SERVICES | | | | | | |
| Stroke Association | 66 | 66 | 0 | 159 | 159 | - |
| Hospices | 1,116 | 1,116 | -0 | 2,679 | 2,679 | - |
| Discharge to Assess | 2,755 | 2,755 | -0 | 6,613 | 6,613 | - |
| Patient Transport Services | 967 | 967 | 0 | 2,321 | 2,321 | - |
| Wheelchairs Western Locality | 750 | 750 | 0 | 1,800 | 1,800 | - |
| Commissioning Schemes | 80 | 69 | -10 | 191 | 191 | - |
| All Other | 406 | 405 | -1 | 973 | 971 | -2 |
| Subtotal | 6,140 | 6,129 | -11 | 14,736 | 14,734 | -2 |
| PRIMARY CARE | | | | | | |
| Prescribing | 23,457 | 23,457 | - | 55,156 | 55,156 | - |
| Medicines Optimisation | 128 | 128 | -0 | 308 | 307 | -0 |
| Enhanced Services | 3,972 | 3,973 | 1 | 9,533 | 9,533 | - |
| GP IT Revenue | 1,063 | 1,063 | 0 | 2,550 | 2,550 | - |
| Other Primary Care | 1,780 | 1,780 | 0 | 4,272 | 4,272 | - |
| Subtotal | 30,400 | 30,401 | 1 | 71,818 | 71,818 | -0 |
| TOTAL COMMISSIONED SERVICES | 165,739 | 166,637 | 897 | 396,636 | 400,408 | 3,772 |

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

UHP – University Hospitals Plymouth NHS Trust

HEALTH AND ADULT SOCIAL CARE OVERVIEW SCRUTINY COMMITTEE

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 | CQC Reports for Derriford | | | |
| | Update on Never Events (Plymouth Herald report on 13 August 2018) | | | |
| | Western System -Winter Plan | | To include the plans from the NHS as well as looking at flu vaccinations for staff. | NHS, CCG |

| Date of meeting | Agenda item | Prioritisation Score | Reason for consideration | Responsible Cabinet Member / Officer |
|--------------------|---|----------------------|---|--------------------------------------|
| | Flu Jabs for Front Line staff – how this is promoted and uptake | | | |
| | STP Mental Health and Wellbeing Strategy | | | |
| 25 Oct 2018 | Livewell SW CQC Report | | | |
| | UHP Progress Update on two warning notices | | | |
| | Director of Public Health Annual Report | | | |
| | Planned Care Programme Update | | | |
| | Integrated Finance Monitoring Report | | | |
| | Integrated Commissioning Score Card | | | |
| 21 Nov 2018 | Dental Access | | | |
| | Workforce Development Strategy to include UHP | | | |
| | CQC Action Plan | | | |
| | 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) | | | |
| | Monitoring of missed hospital and doctor appointments. | | | |
| | UHP Progress Update on CQC Action Plan | | | |
| | 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. | - |
| 27 March 2018 | Care Need Assessments | | | Craig McArdle |
| | Flu Vaccinations Uptake and impact on sickness and absence | | | |
| | Planned Care Update | | | |
| | 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 |
| | Loneliness | | | |

| Select Committee Reviews | | | | |
|---------------------------------|---------------------|--|----------------|--|
| | End of Life Care | | Member request | |
| | Urgent Care | | | |
| 15 Nov | GP Select Committee | | | |

| Cross scrutiny items | | | | |
|-----------------------------|--------------------------------------|--|--|--|
| | Health and Brexit | | | |
| New Year | Joint Mental Health Select Committee | | | |

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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 <u>agreed</u> that a document with key contacts for emergency casework issues would be created and circulated to Councillors. | Date: July 2018 Officer: Amelia Boulter Progress: Complete - email sent to committee members. |
| 26 September 2018 University Hospitals Plymouth NHS Trust CQC Report – Minute 22 | The Committee <u>noted</u> the University Hospitals Plymouth NHS Trust CQC Action Plan and congratulated the hospital on being outstanding for caring. It was also <u>agreed</u> that the Committee – 1. to receive a progress update on actions against the CQC Action Plan at the next meeting on 25 October 2018. 2. to receive an update on the University Hospitals Plymouth NHS Trust Workforce Plan. | Date: October 2018 Officer: Amelia Boulter Progress: Complete – report at 25 October meeting. Added to the work programme |
| 26 September 2018 University Hospitals Plymouth NHS Trust Winter Plan – Minute 24 | The Committee <u>agreed</u> – 1. to request that South Western Ambulance Service attend scrutiny to provide an update on the NHS111 service. 2. to assist with wider communications to sign post people where appropriate when the Cumberland Centre reaches its capacity in treating patients and closes early as a result. | Date: Oct 2018 Officer: Amelia Boulter Progress: On-going. |
| 26 September 2018 Flu Vaccinations for Front Line Staff – Minute 25 | The Committee <u>noted</u> the report from the University Hospitals Plymouth NHS Trust and verbal update from Public Health and <u>agreed</u> that - 1. a short briefing is provided to Councillors to assist with the flu vaccination campaign and link on how to access the voucher to get immunised. 2. the Committee receives an update in March 2019 on the uptake of the flu vaccinations for the past 2 years including the impact on sickness and absence. | Date: Oct 2018 Officer: Amelia Boulter Progress: Complete – email sent to all councillors on 12.10.18 Added to the work programme |
| 26 September 2018 | The Committee <u>noted</u> the STP Mental Health and Wellbeing Strategy and <u>agreed</u> to set up a Joint Select Committee with Education and Children’s Social Care to explore mental services for children and adults within Plymouth. | Date: Oct 2018 Officer: Amelia Boulter |

Health and Adult Social Care Overview and Scrutiny Committee

| Minute No. | Resolution | Target Date, Officer Responsible and Progress |
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| STP Mental Health and Wellbeing Strategy – Minute 26 | | Progress: Scoping meeting planned for November and Select Committee will take place in the New Year. |
| 26 September 2018 Work Programme - Minute 28 | The Committee <u>noted</u> the work programme and requested that the following items are scheduled onto the work programme: <ul style="list-style-type: none"> • Loneliness; • Workforce Development Strategy (November); • Sexual health services – are there any issues in accessing sexual health services in Plymouth? Briefing paper to be circulated to the Committee; • Joint Mental Health Select Committee (new year); • University Hospital Plymouth NHS Trust CQC Action Plan Progress Update (October). | Date: Oct 2018 Officer: Amelia Boulter Progress: Added to the work programme. |
| 25 October 2018 UHPT CQC Action Plan Minute 33 | The Committee <u>noted</u> the update and <u>agreed</u> to receive a further update in January on the CQC Action Plan. | Date: Nov 2018 Officer: Amelia Boulter Progress: Added to the work programme. |
| 25 October 2018 Planned Care Update Minute 35 | The Committee noted the report and end of year review at the March meeting. | Date: Nov 2018 Officer: Amelia Boulter Progress: Added to the work programme. |
| 25 October 2018 UHPT CQC Action Plan Minute 33 | The Committee <u>noted</u> the Integrated Performance Scorecard and requested further information on the exact numbers of children and adults classified as overweight or obese. | Date: Oct 2018 Officer: Amelia Boulter Progress: Email circulated to members – action complete. |