



Oversight and Governance

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Health and Adult Social Care Overview and Scrutiny Committee

Wednesday 31 July 2019
2.00 pm
Warspite Room, Council House

Members:

Councillor Mrs Aspinall, Chair
Councillor Mrs Bowyer, Vice Chair
Councillors Corvid, Deacon, James, Nicholson, Parker-Delaz-Ajete, Tuffin and Tuohy.

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

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Tracey Lee
Chief Executive

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 - 8)

To confirm the minutes of the previous meeting held on 19 June 2019.

4. Chair's Urgent Business

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

5. Mapping of Corporate Plan to Scrutiny Committees (Pages 9 - 10)

For information.

6. Devon Long Term Plan Consultation (Pages 11 - 50)

7. University Hospitals Plymouth NHS Trust CQC Action Plan: Emergency Department Inspection (Pages 51 - 54)

8. Update following the closure of Broadreach/Longreach House (Pages 55 - 58)

9. Healthwatch Annual Report (Pages 59 - 106)

10. Adult Social Care - Future Direction Presentation

11. Integrated Care System Performance Scorecard (Pages 107 - 114)

12. Work Programme (Pages 115 - 118)

13. Tracking Decisions (Pages 119 - 120)

Health and Adult Social Care Overview and Scrutiny Committee

Wednesday 19 June 2019

PRESENT:

Councillor Mrs Aspinall, in the Chair.

Councillor Mrs Bowyer, Vice Chair.

Councillors Corvid, Deacon, James, McDonald (substituting for Councillor Tuffin), Nicholson, Parker-Delaz-Ajete and Tuohy.

Apologies for absence: Councillor Tuffin.

Also in attendance: Councillor Kate Taylor (Cabinet Member for Health and Adult Social Care), Kevin Baber, Amanda Nash, Julie Morgan and Stuart Windsor (University Plymouth Hospitals NHS Trust), Ross Jago (NHS Devon Clinical Commissioning Group), Anna Coles (Director of Integrated Commissioning), Mark Proctor (NHS Devon Clinical Commissioning Group), Rob Sowden (Performance Advisor), David Northey (Head of Integrated Commissioning) and Amelia Boulter (Democratic Advisor).

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.

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

Agreed to note the appointment of Councillor Mrs Aspinall as the Chair and Councillor Mrs Bowyer as the Vice Chair of the Health and Adult Social Care Overview and Scrutiny Committee for the municipal year 2019 – 20.

2. **Declarations of Interest**

The following declarations of interest were made by Councillors in accordance with the code of conduct in respect of items under consideration at the meeting –

Name	Minute	Reason	Interest
Councillor Mrs Aspinall	Minute 7	Blue Badge Holder	Personal
	Minute 9	Sits on the Mayflower Procurement Board	Personal
Councillor Mrs Bowyer	Minute 7	Knows a volunteer buggy driver at Derriford Hospital	Personal

3. **Minutes**

Agreed the minutes of the meeting held on 20 March 2019.

4. **Chair's Urgent Business**

There were no items of Chair's Urgent Business.

5. **Terms of Reference**

The Committee noted the Health and Adult Social Care Overview and Scrutiny Terms of Reference. The Chair highlighted that the Terms of Reference would be discussed at the Scrutiny Management Board, in particular sport and the best committee to deal with this topic.

6. **CQC Report on Derriford's Emergency Department**

Kevin Baber (Chief Operating Officer), Amanda Nash (Head of Communications) and Julie Morgan (Head of Audit, Assurance and Effectiveness) from University Hospital Plymouth NHS Trust were present for this item. It was reported that following the inspection in April 2019, the key findings were as follows –

- not enough available beds in the hospital to allow emergency patients to be admitted to a ward as soon as was required. This resulted in a crowded emergency department with patients receiving care and treatment in unsuitable environments;
- patients waiting up to an hour to be seen/triaged which could lead to serious medical conditions that could remain undetected and delay in the patient receiving treatment;
- the recording of patient observations were not accurate.

In response to questions raised, it was reported that –

- (a) the action plan would be completed by the end of June and the hospital were already addressing the actions that had been picked up as part of the CQC inspection;
- (b) Derriford was one of 14 hospitals looking at the new accident and emergency standard and triage times and this was an on-going project. They were also exploring whether part of the triage process could be undertaken electronically;
- (c) to avoid the patient having to repeat information, the hospital were exploring new IT systems and an option was to use a system used by the majority of general practices to retrieve patient records;
- (d) patients that were admitted late in evening unfortunately had to wait for a long period of time this was now a more regular occurrence;

- (e) they have had success with nurse recruitment within the emergency department but were struggling to recruit medical tier junior doctors.

It was agreed that the CQC Action Plan on Derriford's Emergency Department will be presented to the committee in July.

7. Disability Parking at Derriford Hospital

Stuart Windsor, Kevin Baber and Amanda Nash were present for this item and referred to the report in the agenda. The Chair welcomed Bruce Abbot, Chair of the Plymouth Area Disability Action Network (PADAN) to the meeting for this particular item and to share the views on behalf of PADAN.

In response to questions raised, it was reported that -

- (a) they were looking at a longer term plan with regard parking and part of that plan to look at freeing up capacity and making sure there was the right balance of spaces available;
- (b) as a Trust they were looking at the demand for healthcare and how follow-up appointments could be undertaken within the community;
- (c) the hospital had limited areas where they can add additional parking and adding capacity was probably not the solution. They need to further promote car sharing, park and ride across the city to free up spaces at the hospital;
- (d) they have addressed staff parking in blue badge holder bays but as a rule staff generally do not park in the disabled car parks because it is cheaper to park in the staff car park;
- (e) the buggy service was currently out of action due to the lack of the volunteers. They have visited other trusts and looked at a volunteer led visitor centre and there was also a need to replace the current buggy to ensure better access to other entrances on site;
- (f) they were looking at different ways of working for staff to help reduce the pressure on the overall site as well as physical space;
- (g) the Site Development Plan was being updated and business cases produced and an opportunity for the Committee to review this in the autumn.

The Committee noted the report and welcomed a site visit to review the parking at the hospital and to review the Site Development Plan in the autumn.

8. **A Long Term Plan (LTP) for Devon**

Anna Coles (Director of Integrated Commissioning) and Ross Jago (NHS Devon Clinical Commissioning Group) were present for this item and referred to the report in the agenda.

In response to questions raised, it was reported that –

- (a) local areas were important to identify whether information was still valid and to identify gaps for further work to be undertaken if required;
- (b) the workforce would be a key work stream and the capacity of the system to deliver the priorities was a factor. Scrutiny was key to this process and there would be more joint scrutiny with Devon and Torbay in the future.

It was agreed that the Committee –

- 1. notes the progress to date and the proposed timescales, materials and levels of engagement for the development of Devon's Long-Term Plan.
- 2. endorses the robustness of the process before the engagement starts.
- 3. programmes additional consideration on the Committee's work programme.

9. **General Practice Update**

Mark Procter and Ross Jago (NHS Devon Clinical Commissioning Group) were present for this item and referred to the report in the agenda.

In response to questions raised, it was reported that –

- (a) there were still a number of significant vacancies across all the professions, however, there was a need to improve on workforce planning around general practice and that new opportunities would be created as part of the new care model;
- (b) contracting for general practice they follow a national core specification. Locally they would engage with the practice on what they need to deliver and to align with the commissioning intentions and broader system requirement. From an Estates perspective, this was a challenge and have to bid for capital along all health requirements. They were undertaking an extensive review of GP property and reviewing this against population growth and care model requirements;

- (c) they were focusing on working with the planning department to ensure a single point of contact from a primary care perspective to put in for 106 money at the appropriate time, this was a key priority;
- (d) services were being provided by a broader range skills and as part of the new care model would be the right way to provide services moving forwards;
- (e) they need to understand what to deliver in the more deprived areas and were working with a group of practices called the deep end group to look at more targeted resources and GP capacity to support delivery;
- (f) with regard to retaining GPs they were working more broadly with the service and Plymouth City Council to make the role more attractive as a career;
- (g) they were in the process of refreshing the GP Strategy to reflect the new care model which would also include workforce, estates and digital;
- (h) the medical optimisation programme deliver an extensive programme Devon-wide and they have to deliver a large number of saving year on year;
- (i) a pilot was taking place in the Drake Alliance, a prescribing ordering service and they were using a single hub approach to analyse and ensure that the right drugs were being issued.

The Committee:

- 1. noted the report;
- 2. to schedule a further update in line with the Committee's recommendations in November 2018 (Select Committee minute 13 (4,5,6) refers)
- 3. reviews the GP Strategy/Commissioning Intentions possibly as joint committee with Torbay Council and Devon County Council.

10. **Integrated Care System Performance Report**

Councillor Kate Taylor (Cabinet Member for Health and Adult Social Care), Rob Sowden (Performance Advisor) and Anna Coles (Director of Integrated Commissioning) were present for this item and referred to the report in the agenda. It was highlighted that the scorecard had been revised and for the Committee to have an oversight of the wider Devon footprint.

In response to questions raised, it was reported that –

- (a) the Adult Social Care survey was a snapshot in time and that data and intelligence gave a flavour on how the community were feeling about of adult social care services. They did have concerns on the low return rate which resulted in developing an action plan around the different means for completing the survey;
- (b) this report was an opportunity to drill down into different areas, however it was reported that some of the trajectories such as life expectancy which had long term outcomes would take time to show improvements;
- (c) the indicators were agreed as part of the integrated system as being the most appropriate indicators for each of the outcomes;
- (d) work as part of Thrive Plymouth was designed around helping people to be more healthy and more active which in turn would help with some of the indicators;
- (e) delayed transfer of care historically has been a real challenge and as a system have delivered better community resilient for people getting the right care at the right time.

The Committee noted the Integrated Care System Performance Scorecard.

11. **Integrated Finance Report**

David Northey (Head of Integrated Finance) and Helen Foote (Finance Business Partner) were present for this item and referred to the report within the agenda.

In response to questions raised, it was reported that –

- (a) officers would speak to colleagues at NHS Devon Clinical Commissioning Group (CCG) to clarify what was meant by 'system management agreements';
- (b) there was a pressure of £1.1m overspend for Plymouth City Council (PCC) and as a statutory body are required to have a balanced budget. They were reporting on a better position than the start of the year and both PCC and the CCG had stated that this would be a difficult year.

The Committee noted the Plymouth Integrated Fund Finance Report – Month 12 2019/19.

12. **Work Programme**

The Committee noted the work programme and requested the following items are added to the work programme:

- Dental Services;
- Update on Disabled Parking at Derriford Hospital;
- Community Care;
- Health and Wellbeing Hubs;
- Section 106 and Health;
- GP Strategy;
- Blood Transfusion Service.

13. **Tracking Decisions**

The Committee noted the progress against the tracking resolutions.

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MAPPING OF CORPORATE PLAN TO SCRUTINY COMMITTEES



Overview and Scrutiny Committee	Current Areas of Responsibility	Map to Corporate Plan Priorities (some appear across more than one committee)
Brexit, Infrastructure and Legislative Change	<p>Relevant policies in the Plymouth Plan</p> <p>Response to Central Government's Policy Making</p> <p>Capital Programme</p> <p>Strategic Procurement</p> <p>Corporate Property</p> <p>Development planning</p> <p>Strategic Highways</p> <p>Economic Development</p> <p>Heart of the South West Productivity Plan</p> <p>Strategic Transport policies and strategies</p> <p>Cultural Infrastructure</p> <p>Climate change and sustainability</p> <p>Reviewing impact of Brexit on the city</p> <p>Proposing measures that Government should take to provide stability for the council and partners in light of Brexit</p> <p>Exploring powers could be devolved from the EU directly to local authorities</p> <p>Hear call-ins relevant to the role of the committee</p>	<ul style="list-style-type: none"> • An efficient transport network • A broad range of homes • Economic growth that benefits as many people as possible • Quality jobs and valuable skills • A vibrant cultural offer • A green and sustainable city that cares about the environment • A strong voice for Plymouth regionally and nationally • A welcoming city
Performance, Finance and Customer Focus	<p>Relevant policies in the Plymouth Plan</p> <p>Corporate Performance Monitoring</p> <p>Financial Performance Monitoring</p> <p>Annual Budget Setting Process</p> <p>Medium Term Financial Strategy</p> <p>Revenues and benefits</p> <p>Homelessness</p> <p>Communications</p> <p>Human resources</p> <p>Audit and Risk</p>	<ul style="list-style-type: none"> • A clean and tidy city • People feel safe in Plymouth • A welcoming city • Listening to our customers and communities • Motivated, skilled and engaged staff • Spending money wisely • Providing quality public services

Overview and Scrutiny Committee	Current Areas of Responsibility	Map to Corporate Plan Priorities (some appear across more than one committee)
	Transformation Bereavement Services and Register Office Community Safety Customer Services Street scene and Waste Parking Hear call-ins relevant to the role of the committee	
Education and Children's Social Care	Relevant policies in the Plymouth Plan Early Years Services Schools, colleges and other educational settings Child Poverty Special Education Needs, behaviour and attendance, narrowing the gap in outcomes Safeguarding Children Cared for children Youth offending Adoption and Fostering Corporate Parenting Hear call-ins relevant to the role of the committee	<ul style="list-style-type: none"> Improved schools where pupils achieve better outcomes Keep children, young people and adults protected Focus on prevention and early intervention
Health and Adult Social Care	Relevant policies in the Plymouth Plan Integrated Commissioning Hospital and community health services Dental services, pharmacy and NHS ophthalmic services; Public health services Adult Social Care Services Adult Safeguarding Services Hear call-ins relevant to the role of the committee	<ul style="list-style-type: none"> Keep children, young people and adults protected Focus on prevention and early intervention Reduced health inequalities A welcoming city

Better for You, Better for Devon

Working together to develop our
Long Term Plan for health and care



A Long Term Plan for Devon

The NHS and local authorities in Devon, Plymouth and Torbay are working together to improve the health and wellbeing of local people

- In January 2019, NHS England published the NHS Long Term Plan, setting out the priorities and focus for the NHS over the next 10 years
- As part of this, we are creating our own Long Term Plan
- Building on our system work over the past few years, our plan will take into account the needs of our population, our workforce and the challenges we face
- Our Plan will focus on real changes to how we support people
- This will see us strengthening prevention to support people to live healthier lives, supporting GP and community services to intervene early to support local people, enhancing services to help children, young people and adults needing mental health support, and having high-quality, efficient hospital services in the right place when people need them

A Long Term Plan for Devon

- At the heart of our Long Term Plan, we will place greater emphasis on supporting people in their communities
- We will work more closely with voluntary, community and social enterprise organisations, charities and the broader social care sector to improve people's health and wellbeing
- As the NHS and locality authorities, we will also work with wider agencies – such as housing, debt advice, police and schools – to support local people
- We aim to work better with the 130,000 unpaid carers across Devon
- We will focus much more on improving people's health and mental health, and supporting people to stay well
- And, how we organise ourselves is changing – some things will be done county-wide, but more will be done locally (Northern, Eastern, Southern and Western), connecting staff from many organisations to better support people
- From 11 July to 5 September 2019, we will be talking to local people and our staff to help shape our Plan
- These slides form the basis of our 'Case for Change'. They contain a number of questions that we are seeking local peoples' views on

How we have started to make things better

Over the past few years, the health and care system has made a number of improvements to make a **#BetterDevon** for local people

600,000 people across Devon have access to **online GP consultations**, giving people easier access to their GP



In Torbay and South Devon, we invested millions of pounds in **joined-up health and care services**, so people receive care closer to home, rather than in hospital

Day surgery for hip replacements now take place across Devon



A new Mother and Baby Unit to support mums with mental health needs opened in Exeter



Four Health and Wellbeing Hubs opened in **Plymouth**, bringing together health, social care, and the voluntary and community sector

Minor operations and other treatments are now provided at our smaller local hospitals, such as Tiverton, Tavistock, Okehampton and Holsworthy

Our Case for Change: the challenges we face in Devon

The challenges we face in Devon



1. More people are living for longer in ill-health

Medical advances mean people are living longer – something we celebrate. But people now often live with multiple illnesses, such as cancer, heart problems and type 2 diabetes. We need to ensure services can provide what they need



2. Preventable illnesses are increasing

Illnesses like type 2 diabetes are on the rise, and the amount of time people spend in good health has been decreasing since 2012



3. Vital health and care jobs remain unfilled

1 in 10 nurse jobs and 1 in 12 social worker posts in Devon remain vacant as demand for services increase. There is a shortage of people to undertake these roles



4. NHS funding is not keeping pace with demand

There have been increases in NHS funding, but peoples' needs for services are growing faster

The challenges we face in Devon



5. The NHS in Devon is does not always provide timely access to care

Devon is struggling to provide timely access to services. In addition, a rise of conditions like cancer, heart disease and dementia will put the health and social care system under more pressure unless more flexible, joined-up approaches are taken



6. Devon's population is rising

The county's population will rise by about 33,000 people – equivalent to the population of Exmouth – over the next five years



7. The overwhelming baby boomer effect

The number of people aged over-85 in Devon will double in the next 20 years. We need to be able to offer all the services they need as an even greater priority



1. More people are living for longer in ill-health

Medical advances mean people can, and are, living longer – something we celebrate. But people now often live with multiple illnesses, such as cancer, heart problems and type 2 diabetes. We need to ensure services can provide what they need

- In Devon, 400,000 people live with one or more long-term conditions, such as cancer, heart disease and dementia
- Devon has more people aged over-50 than the national average. Older people are more likely to live with one or more long-term conditions
- Mental health, respiratory issues and problems with joints, bones and muscles are responsible for a substantial amount of poor health. This peaks for people aged 65-74
- Social isolation and loneliness are big issues in Devon

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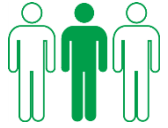
Q How can we work more closely with volunteers and the voluntary sector to better support people to live healthier and for longer?

2. Preventable illnesses are increasing



The amount of time people live in good health has been decreasing since 2012. Preventable illnesses, like type 2 diabetes, are on the increase

- Smoking, alcohol, physical inactivity and poor diet are the main causes of disease and are accountable for 40% of premature deaths
- Almost a quarter of children in Devon are overweight or obese. This rises to over a third by the time children leave primary school
- Obesity now causes more cases of bowel, kidney, ovarian and liver cancers than smoking
- In Devon, more pregnant women smoke than the national average



3. Vital health and care jobs remain unfilled

1 in 10 nurse jobs and 1 in 12 social worker posts in Devon remain vacant as demand for services increase. There is a shortage of people to undertake these roles

- 50,000 staff work in the NHS and social care system in Devon
- 1 in 10 nursing roles are vacant
- 1 in 12 social worker posts are vacant
- 14% annual turnover of staff in the NHS
- 34% annual turnover of staff working in social care
- We do not have the staff available to deliver the current models of service provision



4. NHS funding is not keeping pace with demand

The Government has increased funding for the NHS, but it is not enough to keep up with the numbers of people who are accessing care. There are real pressures too on social care funding

- Social care faces significant funding shortfalls
- The NHS in Devon is given a budget of £1.8 billion to care for the 1.2 million who live in Devon
- We have consistently overspent this allocation
- This money is taken from other parts of the country, which is not fair
- We have to repay this overspending. We have done this over the past three years, totalling around £170 million each year
- It is vital, therefore, we start to only spend what we are allocated
- The NHS does not have limitless finances, and we cannot deliver everything people want

5. The NHS in Devon is does not always provide timely access to care



Devon is struggling to provide timely access to services

- More people are waiting longer than 18-weeks for non-urgent treatment in Devon than many parts of England
- We are not offering planned diagnostic tests within 6-weeks to all patients
- The target of 85% of patients starting treatment within 62-days from the hospital receiving an urgent referral for suspected cancer is not consistently met in Devon
- The A&E 4-hour wait target is not currently being met

In addition, the rise of conditions like cancer, heart disease and dementia will put the health and social care system under even more pressure, unless more flexible, joined-up approaches are taken

6. *Devon's population is rising*



Devon's population will rise by about 33,000 people – equivalent to the population of Exmouth – over the next five years

In addition, Devon has a relatively elderly population compared to the national average, and this is expected to grow



7. *The overwhelming baby boomer effect*



The number of people aged over-85 in Devon will double in the next 20 years. We need to be able to offer all the services they need as an even greater priority

- We are committed to supporting people aged over-85, who require more care and generally cost 10 times more to look after than children aged 10
- There are also fewer people aged 65 or under, meaning there are less people to care for older people



Health challenges: inequalities

Worst outcomes

Central Ilfracombe
75 years

Plymouth
(Devonport)
52 years

Exeter
(Mount Pleasant)
27.9% of households

Plymouth
(Union Street)
10.8%

Plymouth
(North Hill)
2.9%

Plymouth
(Stoke Road)
51.5%

Life expectancy: 15 year difference

Healthy life expectancy: 20 year difference

Fuel poverty: eight-fold difference

Long-term conditions working age: 13-fold difference

Alcohol admissions: 14-fold difference

Child poverty: massive variations

Best outcomes

Exmouth
(Liverton)
90 years

Mid Devon
(Exe Estuary)
72 years

Exmouth
(Douglas Ave)
3.6% of households

Dartmoor
(Widecombe)
0.8%

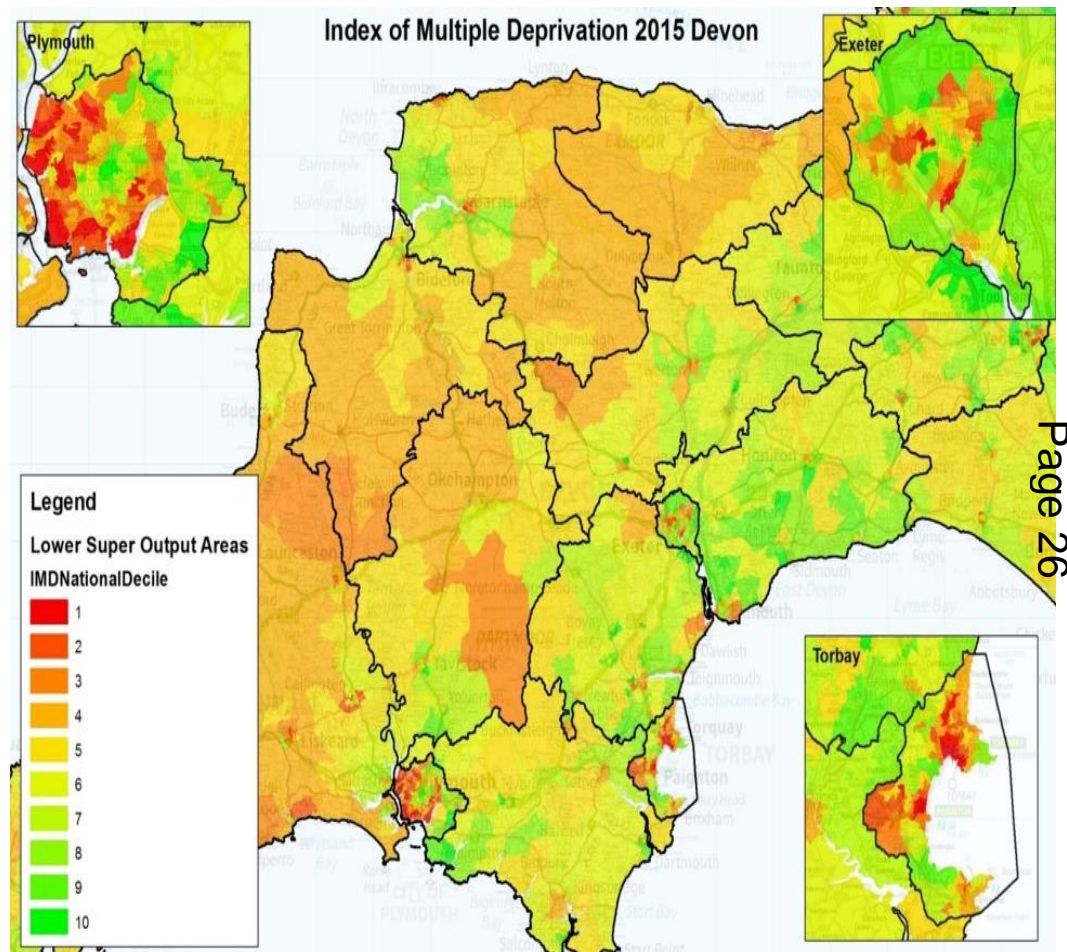
Eastern Devon
(Chardstock)
0.2%

Plymouth
(Torr Lane)
0.3%

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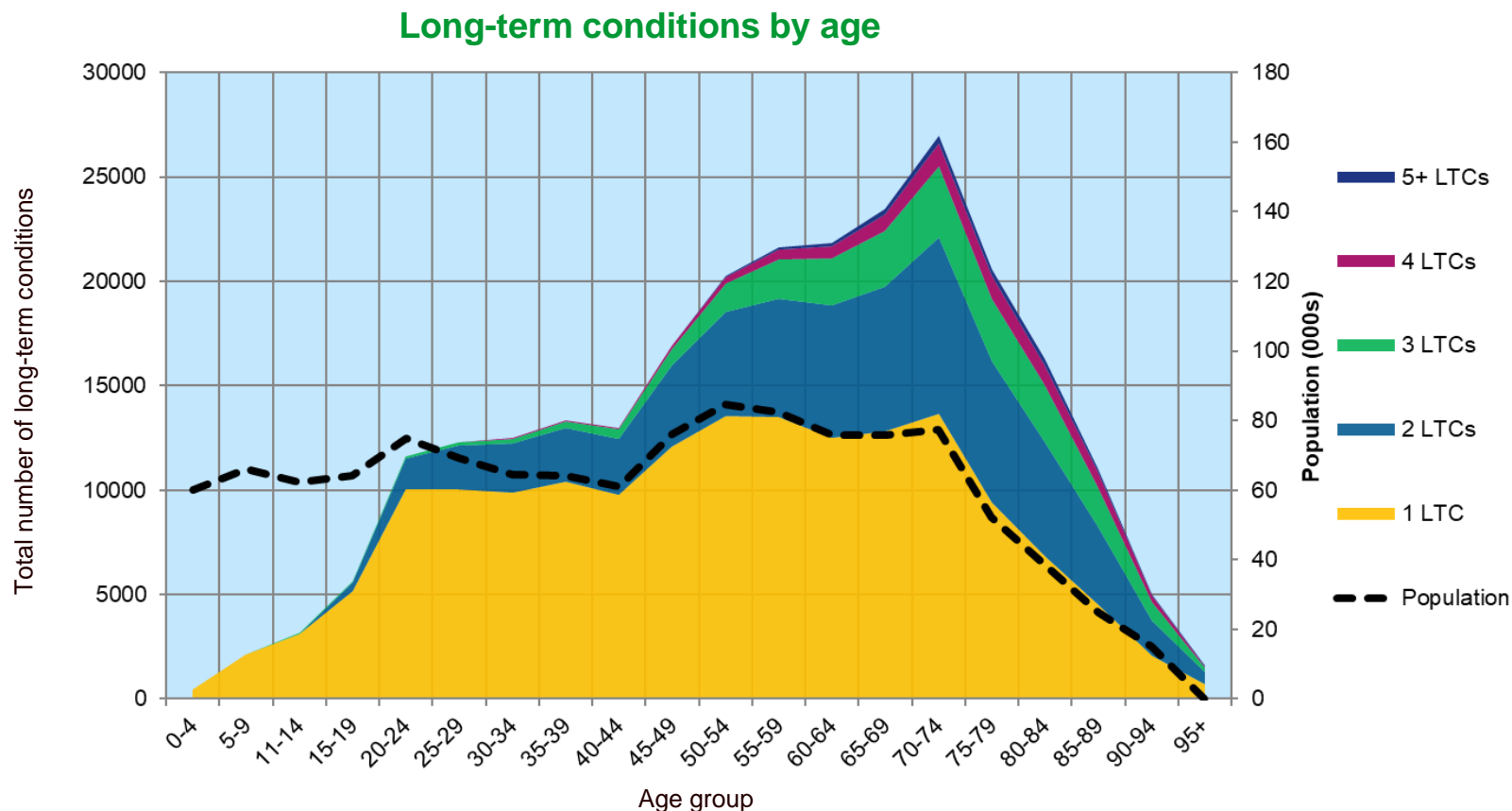
Health challenges: deprivation

- Areas of Plymouth and Torbay have the highest levels of deprivation and poverty
- On average, people living in more deprived areas die 15-years earlier than those in more affluent areas
- Young people in more deprived areas are three times less likely to be in education, training or employment, which will affect their health
- 1 in 6 households in Devon experience fuel poverty



Health challenges: long-term illnesses

With people living for longer they often have ill health and with multiple illnesses, such as cancer, heart problems and diabetes



The areas for discussion

Areas for discussion

We have identified a number of areas for discussion based on the national Long Term Plan and our local challenges. We are seeking your views on these across Devon

1. *Transforming care in our communities*
2. *Reducing pressure on emergency services*
3. *Personalising care*
4. *How we use digital technology*
5. *Improving cancer services*
6. *Improving people's mental health*
7. *Shorter waits for operations and procedures*
8. *How we support people to live a healthier life*
9. *Improving maternity services*
10. *Caring for children and young people*
11. *Helping people with learning disabilities and autism*
12. *Improving hospital services*
13. *Tackling our workforce challenges*

1. Transforming care in our communities

We want to better support people in the community with responsive services and multi-disciplinary teams

- Groups of GP practices and doctors, nurses, pharmacists, physiotherapists, voluntary and community services are coming together to better support local communities. This is part of what are called new Primary Care Networks, launched on 1 July 2019
- We aim to use home-based and wearable monitoring equipment to reduce hospital admissions
- We will improve how we identify and support unpaid carers
- Whenever safe and sustainable, mental health support will be available in and as part of communities
- And, we are aiming to upgrade NHS support to care home residents

Q How can we better support individuals in their communities and homes?

2. Reducing pressure on emergency services

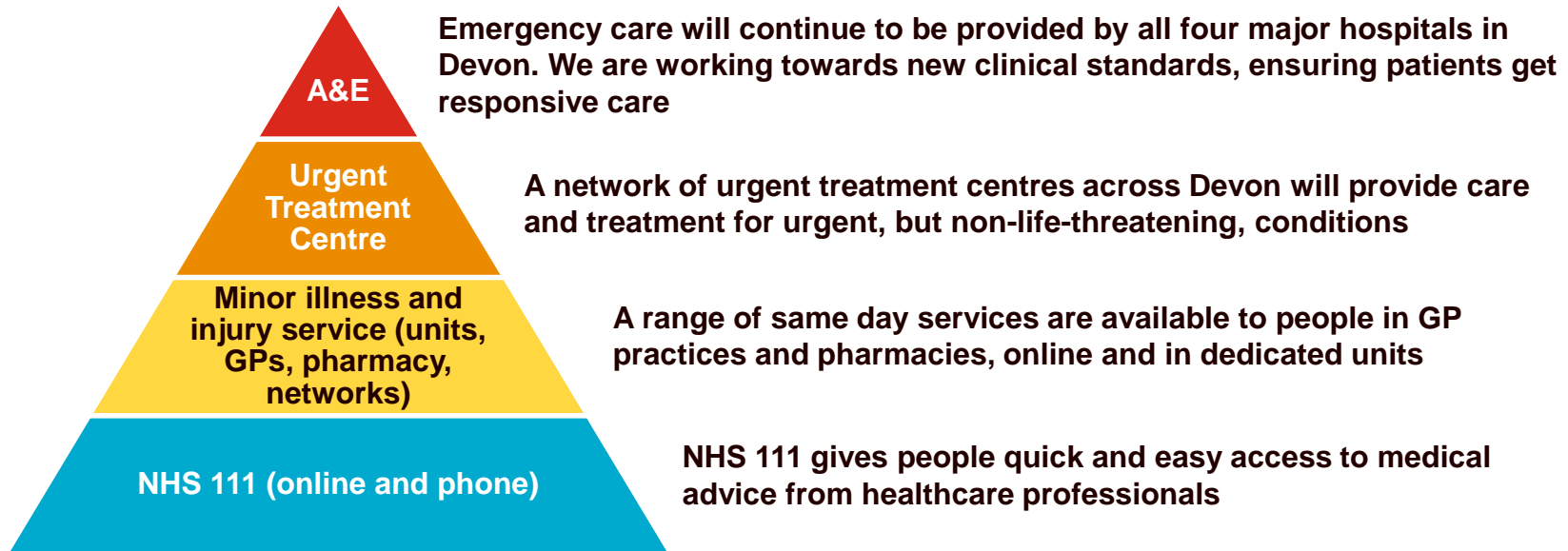
There is increasing pressure on our urgent care services: 4% more people were treated in Devon's A&Es this year compared to last year

We want patients to get the care they need fast, and relieve pressure on A&E departments

- People should have access to a range of same day services, for example, NHS 111, GP surgeries or in dedicated units
- We are enhancing the role of GPs in community urgent care, working alongside urgent treatment centres and other community services
- We will provide more mental health support via NHS 111, the ambulance service and in A&Es
- We are working to get people, who are medically fit, to leave hospital more quickly



2. Reducing pressure on emergency services



- Q We know that people sometimes attend A&E, even when their condition is not an emergency. Why is this?
- Q How can we encourage people to use alternative services, for example pharmacies, 111 and minor injury services?

3. Personalising care

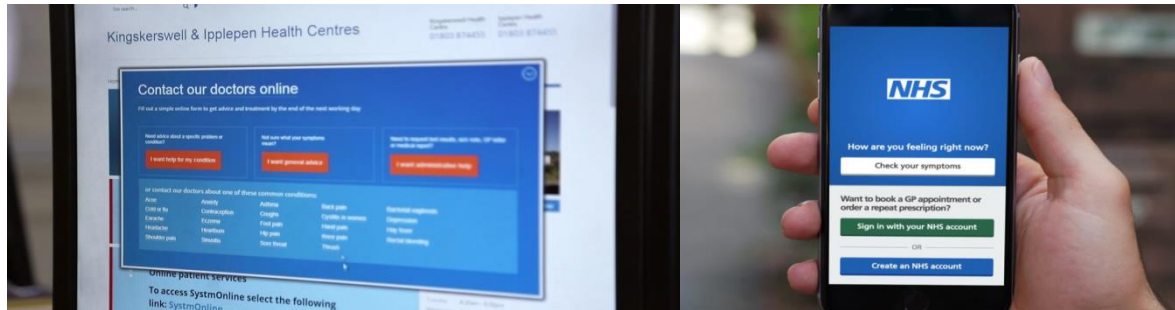
We have significantly expanded the choices and control that people have over their own care, but there is more to do...

- **Shared decision-making:** we want clinicians to support patients to make decisions about their care and treatment
- **Enabling choice:** we will support patients choose where and how they are treated
- **Social prescribing and community support:** we will help connect people to community groups (for example, walking and gardening clubs)
- **Supported self-management:** we will support patients to stay healthy, choose appropriate treatments and manage long-term conditions
- **Personal/integrated budgets:** we will give individuals choice over how they are supported, including therapies, personal care and equipment
- **Personalised care and support planning:** we will give people more choice and control over the way their care is planned and delivered

Q How do you look after your health and that of your family?

4. How we use digital technology

Technology is continually opening up new possibilities for preventing ill health and improving care and treatment



- We will give people access to information about their care via the NHS App, while local care records will enable better sharing of data
- We will enable all patients to consult with their GP online, giving them quicker and easier access to GP services. Currently, 600,000 patients have access to these services
- We will use technology to help people monitor their health at home and in their communities – especially in rural and isolated areas
- We will shortly be asking 1,700 members of the public – who are part of our new Devon Virtual Voices Panel – how we better use technology

5. *Improving cancer outcomes*

Cancer survival is the highest it's ever been and thousands more people now survive cancer every year. However, we need to do more...

- Access to screening services is generally good across Devon and we perform above the national average for all main screening services (for example, breast, bowel and cervical cancer)
- We need to improve our cancer waiting times. Many people currently wait longer than the 2-week national target to access urgent tests and for the 62-day target to start treatment
- From this year onwards, we will improve diagnostics and screening for patients through rapid diagnostic centres, HPV (Human Papillomavirus infection) screening and lung health checks
- Within 10 years, we aim to increase the percentage of people diagnosed with cancers at stage 1 or 2 from 56% to 75%

6. *Improving people's mental health*

We need to address the major inequities that people with serious mental health problems endure in access to services, social stigma and poor physical health care

ADULTS

- People are still treated outside of the county. We will support more people closer to their homes and families
- Too many people in crisis find it hard to get care which is timely and offered in a place that best meets their needs. We will provide more mental health support via NHS 111, the ambulance service and in A&Es (First Response)
- People often wait too long to receive support for their mental health. We are developing our community mental health services so more people can get the help, when and where they need it
- People with mental illness often die prematurely. We will work across the system to help ensure people with mental health needs are better supported

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Q We want to know about things that affect your mental health and wellbeing when you are in your community. Please can you briefly describe something that happens in your local community which helps improve or maintain your mental health and wellbeing? What is it? What makes it good? What impact does it have on you and others?

6. *Improving people's mental health*

CHILDREN AND YOUNG PEOPLE

- We working to develop mental health support teams in schools and colleges and to support more children and young people to get timely access to evidence based mental health care
- We are working to provide 24/7 support for children and young people and their families at times of crisis
- We are working to reduce the need for children and young people to be treated outside Devon
- We are developing services to create a comprehensive offer for 18-25 year olds that reaches across mental health services for children, young people and adults

7. *Shorter waits for operations and procedures*

Waiting times for treatment – as previously highlighted – could be improved in Devon. We have a number of patients waiting longer than 52 weeks for non-urgent treatment

- More treatments are now being completed in a day, for example, hip replacement surgery in Torbay and Exeter. This means patients can return home and recover more quickly, and the NHS can treat more people
- The number of physiotherapists in GP Practices will be increased so patients can see the right professional the first time, without needing a GP referral
- Nationally, there is a target to reduce follow-up appointments by a third. Many follow-up appointments – particularly following routine treatment – are unnecessary or can be done by providing online information and advice

8. *How we support people to live a healthier life*

The top five causes of premature deaths are smoking, poor diet, high blood pressure, obesity, and alcohol and drug use

- We will offer NHS-funded tobacco treatment services to all people admitted to hospital who smoke, with a specialised offer for expectant mothers and their partners, and long-term users of mental health services
- We will give more people access to weight management services, the Diabetes Prevention Programme, and nutrition services
- We will support hospitals with the highest rate of alcohol dependence-related admissions to establish Alcohol Care Teams
- We will invest an additional £2 million in preventative projects, including supporting people who are suicidal, increasing physical activity, and preventing falls and fractures

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Q What reduces your ability to live a healthy lifestyle?

9. *Improving maternity services*

It is now much safer to have a baby than 10 years ago but we can still do more to reduce variation and improve care

- We will reduce stillbirth, maternal mortality, neonatal mortality and serious brain injury by 50%
- We will increase specialist perinatal mental health care, such as our new mother and baby unit in Exeter
- We will develop the neonatal workforce and support to families
- We will give more women access to postnatal physiotherapy
- We will implement an infant feeding programme
- We will ensure all women can access their maternity notes and information digitally on smartphones, tablets and computers
- We will provide maternity services in all four major hospitals in Devon (Barnstaple, Exeter, Torquay and Plymouth)

9. Improving maternity services

In 2018, the NHS engaged with more than 2,000 parents as part of the *Better Births in Devon* initiative. This is what they said:

- Most women make their decision on **where to give birth** largely on the basis of safety. Women feel safest in or close to an acute hospital – particularly those with midwifery-led units on site (i.e. in Exeter)
 - Women want **better information** in early pregnancy to aid their choices (for example, reassurance on the safety of home births)
 - Women want to **see the same health professionals** throughout their pregnancy and after the birth
 - **Antenatal classes** and **postnatal support** could be better, especially for mental health
- Q Having spoken to parents, we recognise they often want to give birth in, or near to, acute hospitals, but would like better antenatal and postnatal support locally. What services should be available locally?

10. Caring for children and young people

Children and young people represent a third of our county. Their health and wellbeing will determine our future

- We aim to better help children to stay out of care, but also offer better services for children in care and care leavers
- And we aim to provide better emotional wellbeing, mental health and self-harm support, early support for autism, and improved speech and language services
- Using advanced genetic research, we will identify those at risk of contracting diseases, such as cancer, and provide advice, treatment and preventative action earlier
- We will offer all boys aged 12-13 the HPV (Human Papillomavirus infection) vaccine
- We will improve care for children with long-term conditions such as asthma, epilepsy and diabetes
- We want to improve paediatric critical care and surgical services

11. Helping people with learning disabilities and autism

We will tackle the causes of deaths or preventable deaths in people with a learning disability and/or autism, and support faster diagnosis for people with autism

- We are working to ensure that there is closer joint working across services, including mental health and social care services
- We will increase access to specialist autism diagnostic and support services
- We will work across our system to ensure that all local services are making reasonable adjustments for people with learning disabilities or autism
- We will increase personal health budgets to give people more choice about their care
- We aim to reduce the number of people with a learning disability/autism who are treated in hospital or those treated outside of Devon inappropriately
- We aim to improve the physical healthcare of people, and prevent or stop the over medication

12. Improving hospital services

Doctors and other clinicians in Devon and Cornwall are working together to improve hospital-based clinical services

- This is because medical teams are working hard to meet the increasing need for their services, but are finding it hard to recruit the staff they need, meaning many patients face longer waiting times
- We want people to access specialised services for the best treatment, which may require them to travel to other hospitals in Devon, or outside of the county, such as to Bristol and London for cardiac and paediatric surgery
- Medical Directors in each major hospital have identified areas that are under particular strain, ranging from diagnostics to specialist services (see below)
- They are looking at how they work to stabilise or strengthen current arrangements, such as through specialist centres or sharing clinical teams
 - Medical and clinical oncology
 - Paediatrics, neonatology and paediatric surgery
 - Spinal/neurosurgery
 - Cardiac surgery/cardiology
 - Planned orthopaedics
 - Diagnostics
 - Specialised commissioning

12. Improving hospital services

The solutions that are being explored include:

- **Increased networking:** enabling clinical teams to work together across hospitals by sharing expertise and access to specialist equipment. This already happens in Barnstaple, where doctors from Exeter travel to treat patients
 - **More services for Devon and Cornwall:** providing more procedures in the Peninsula's hospitals so that fewer people have to travel outside the area
 - **Improving diagnostics:** sharing access to diagnostic equipment or creating rapid diagnostic centres to speed up referral and reduce waiting times
 - **Establishing centres of excellence:** for more specialised treatments so as to deliver best practice standards of care and improved waiting times
- Q If you could be seen more quickly, or receive a better standard of specialist care, how far would you be willing to travel (in Devon or Cornwall) for non-emergency hospital treatment (for example, hip and knee surgery)?

13. *Tackling our workforce challenges*

NHS and social care staff are our greatest asset. They play an invaluable role in caring for local people

However, there are serious shortages. 1 in 10 nurse jobs and 1 in 12 social worker posts in Devon remain vacant as demand for services increase

There is also a shortage of trained people to undertake these roles

- We are working towards better managing our workforce across all organisations to aid retention and boost recruitment
- We are aiming to create a Devon-wide recruitment bureau
- We will introduce workable, flexible shift patterns that meet the needs of modern workers
- We will train staff so that they can use new technology

Q What could we do to promote careers in health and social care (for example, working with schools and young people)? Could you help with this?

What happens next?

Who we are engaging with

- Over the years, we have engaged with thousands of people across Devon on a range of topics, such as maternity, children's services and mental health. This has helped us to improve services for local people
- More recently, Healthwatch Devon, Healthwatch Plymouth and Healthwatch Torbay spoke to more than 1,000 local people regarding their experiences of health and care services
- We have also been engaging with all three Health and Wellbeing Boards and Overview and Scrutiny Committees in Devon, Plymouth and Torbay
- We are now speaking to local people on developing our Long Term Plan from **11 July to 5 September 2019**
- We will collate all feedback in a common form to help shape our plan and how we deliver the key priorities for Devon

Who we are engaging with

- Between 11 July and 5 September, we are actively talking to local people and our staff, county-wide and more locally:

County-wide

- Two surveys through our new **Devon Virtual Voices Panel** (1,700 people)
- Three **face-to-face focus groups** (technology, workforce and helping people to stay well)
- Patient and Participation Group (PPG)** survey (online)
- Telephone survey with patients**
- Engagement session with all **Devon MPs**
- Hard-to-reach** – Living Options Devon to run six focus groups – children and young people's mental health

Locally

- Our **four localities** in Devon (Northern, Eastern, Western and Southern) are planning local events and surveys with local people
- The activities will ensure they **engage with local staff, patient groups, politicians and other important groups, such as those who are seldom heard**
- They are **choosing themes and issues that are relevant to local people**

Thank you

Working together to develop our
Long Term Plan for health and care



#BetterDevon



SUMMARY REPORT
**Plymouth Health and Adult Social Care
Overview and Scrutiny Committee**

31 July 2019

Subject	University Hospitals Plymouth NHS Trust CQC Action Plan: Emergency Department Inspection
Prepared by	Julie Morgan, Head of Audit, Assurance and Effectiveness
Approved by	Lenny Byrne, Chief Nurse and Director of Integrated Clinical Professions
Presented by	Kevin Baber, Chief Operating Officer and Julie Morgan, Head of Audit, Assurance and Effectiveness

Purpose

Further to presentation of the CQC's inspection report at the June meeting of the Plymouth Health and Adult Social Care Overview and Scrutiny Committee, the Committee requested presentation of the associated Action Plan once it had been submitted to the CQC on 28 June.

Decision	
Approval	
Information	
Assurance	●

Corporate Objectives

Improve Quality	Develop our Workforce	Improve Financial Position	Create Sustainable Future
●			

Executive Summary

University Hospitals Plymouth NHS Trust's Emergency Department was inspected by the CQC in April 2019 and the report of the CQC's findings was published on 31 May 2019.

An Action Plan (appended at Annex 1) was developed in response to the Inspection Report and submitted to the CQC on 28 June. Ongoing assurance of delivery of the action plan will be reported internally to Safety and Quality Committee and externally to the CQC, NEW Devon Clinical Commissioning Group and to NHS Improvement.

Quality Impact Assessment

Failure to comply with the Health and Social Care Act 2008 results in the provision of services to patients that fails to meet essential standards of quality and safety.

Financial Impact Assessment

Failure to maintain compliance may incur financial penalties as part of any regulatory action taken by the CQC.

Regulatory Impact Assessment

Failure to comply with the Health and Social Care Act 2008 may result in the issuing of a warning notice, imposition of a condition of registration, suspension or cancellation of registration, or under criminal law, a caution or prosecution.

Equality and Diversity Impact Assessment

Any equality and diversity issues identified in the report will be addressed in our action plan.

Environment & Sustainability Impact Assessment

Not applicable.

Conclusion and Recommendations

The first update on progress against the CQC action plan will be submitted to the CQC at the end of July.

It is recommended that the Committee takes assurance from the actions developed to address the issues raised.

ACTION PLAN

Project Title:	CQC Action Plan further to Apr 19 Inspection		
Programme:	ED		
Senior Responsible Owner (SRO):	Caroline Dawe	Project Ref:	
Project Lead:	Anne Hicks / Wendy Colley	Date:	27/06/2019



Ref No.	Domain	Core Service	Req Notice	Area For Improvement	Exec Lead	Planned Actions	Planned outcome and mechanism for providing ongoing assurance of compliance	Responsible Lead	Target Completion Date	Actual Date Completion	Percentage Complete				ENTER %AGE
											25	50	75	100	
1.1	Safe	Medical Care	MUST DO	Reduce crowding in the emergency department so patients do not have to wait on trolleys in unsuitable environments.	Chief Operating Officer	1. Ensure EDIS comments reflect anticipated discharge destination at 120 minutes, recommended by GIRFT. 2. Ensure patients who are blue on EDIS i.e called for by the ward expecting the transfer as bed ready, are discharged within 30 minutes to their nominated destination OR escalate to EPIC if clinical or Site Manager if non clinical. 3. PFC to ensure clinical comments are up to date following advice from EPIC. CAU streaming to be activated via bleep only as per guidelines on EDIS. 4. Attend safety brief at 08.30 daily for a corporate view across the Site, formulate risk and acuity assessments and increase more timely flow from ED to MAU. 5. New TUEC build (transforming urgent & emergency care) from STP bid provides investment of approx £30m to redesign flow and increase space. 6. Actions being developed in terms of greater investment in AAU staffing to allow greater pull from ED into AAU. The Advanced Nurse Practitioner role across AAU and AMU is in development to support the direct flow from SWAST and ED directly to AAU and to back up Primary Care Streaming to AAU when required. The Unit is also exploring the commencement of a 7 day ANP / Nurse led criteria led pathways to maximise ambulatory pathways rather than admit to inpatient beds. Triage system used reflects complexity of patients that come through the doors on Minors. The system that is used takes significantly longer to navigate through in order to safety net the complex medical patients that attend the ED.	GIRFT recommendation to increase 4 hour performance; will also reduce mean time in ED as part of new performance measures which will impact positively on overcrowding. Flow to MAU or direct to wards needs to be increased to reduce overcrowding. Performance report set up as part of June performance improvement measures to monitor direct admissions to wards as well as response time from specialties. TUEC in design stage led by one of the ED consultants and is about creating an Urgent & Emergency Care village to prevent focus on ED and deliver a more patient centered focus on ambulatory pathways with hot access to support services i.e imaging and same day diagnostics.	Anne Hicks	1. 30/06/2019 2. 30/06/2019 3. 30/06/2019 4. 30/06/2019 5. 2023 6.30/09/2019					25	
1.2	Safe	Medical Care	MUST DO	Complete initial assessment (triage) of self-presenting patients in accordance with standards set by royal colleges.	Chief Nurse and Director of Integrated Clinical Professions	The increased presentations of mental health certainly contributes to a longer time to initial triage. The relocation of minors to fracture clinic would allow more space to conduct a nurse led and a medical led triage with dedicated staff in a dislocated environment. A plan has been worked up in relation to finding additional space for minors. Work continues to improve the minor processes.	Continue to work with the CEO on solution for space increase. Increase triage trained nurses. When patients book in, reception have a list of other locations that can be offered to patients that fit specific criteria. Increased frequency of circulation of minors area waiting room by staff to offer patients alternative locations for treatment. Triage T20 is the next QI project in minors of which the aim is to reduce the waiting time for triage.	Iain Yearling	01-Oct-19					25	
1.3	Safe	Medical Care	MUST DO	Accurately record first clinical observations made by emergency department staff.	Chief Nurse and Director of Integrated Clinical Professions	This is for majors corridor and has seen a significant improvement due to the revised infrastructure in the redesign of the ambulance corridor and the additional band 6 at reception. The ambulance crews will brief the receiving nurse of the latest vital signs and checked for documentary evidence. The triage nurse will determine based on clinical presentation, corridor wait whether to record another set immediately or pass through to nurse led FLIC where a further set will be recorded as part of routine FLIC and logged on our paperwork.	When the ambulance crews arrive and handover is given to the receiving nurse, the nurse will decide based on their clinical judgement whether the patient will require a further set of observation. If the ambulance crews observations are complete and the nurse is happy, then these can be transcribed onto the observation chart. The time that these observations took place needs to be accurately recorded to identify that these were the ambulance set of observations..	Iain Yearling	01-Oct-19					50	
1.4	Responsive	Medical Care	SHOULD DO	Improve and monitor the speed of response from senior specialist doctors when patients have been referred to them by the emergency department.	Medical Director	Ensure referrals are made in a timely manner and time of referral annotated on EDIS with the name and bleep number of the senior clinician, escalate > 30 minute delay to Site who will inform the SLM of the Day for resolution.	Quicker responses will drive management plans and onward progress for patients. Need to ensure feedback/report at hot floor board on response by each specialty with actions agreed if performance not satisfactory.	Wendy Colley	01-Sep-19					25	
1.5	Well Led	Medical Care	SHOULD DO	Regularly monitor operational performance in the emergency department at a senior level and record issues, including how these are being addressed.	Chief Operating Officer	Monthly senior meetings already in progress through super wednesdays where performance is discussed with consultants, nominated senior nurse and junior doctors. SLM to commence weekly band 7 meetings from July 2019 for sharing performance and SI initiatives. Operational ED performance is monitored through service line reviews held with the care group as well as hot floor board. The TME care group review process is currently being reviewed but includes a performance review at least once every 8 weeks to hold the care group to account for all areas of operational performance.	Greater understanding of issues and actions required to resolve them. Audit trail will be demonstrated within Super Wednesday paperwork and actions will be distributed to Band 7s following weekly meetings -confirmed in email to relevant Band 7s.	Wendy Colley	01-Sep-19					50	

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Health and Adult Social Care Overview and Scrutiny Committee



Date of meeting: 31 July 2019

Title of Report: **Update following closure of Broadreach House and Longreach House**

Lead Member: Councillor Kate Taylor (Cabinet Member for Health and Adult Social Care)

Lead Strategic Director: Ruth Harrell (Director of Public Health)

Author: Gary Wallace, Public Health Specialist

Contact Email: Gary.wallace@plymouth.gov.uk

Your Reference: ODPH/GW/Scrutiny 31 07 2019

Key Decision: No

Confidentiality: Part I - Official

Purpose of Report

To provide an update to councillors on the provision of inpatient drug and alcohol treatment for Plymouth residents following the closure of Broadreach House and Longreach House on 5/7/2019.

Recommendations and Reasons

To note the contents of the report

Alternative options considered and rejected

Not applicable

Relevance to the Corporate Plan and/or the Plymouth Plan

Contributes to Caring Council priorities of keeping adults protected and reducing health inequalities. Contributes to Plymouth Plan Policy HEA1 – Addressing Health Inequalities by working to prevent people misusing substances whilst ensuring that services focus on prevention and recovery from substance misuse and by helping to reduce health inequalities across all communities of identity and geography.

Implications for the Medium Term Financial Plan and Resource Implications:

The provision of inpatient drug and alcohol treatment will continue with different providers. The inpatient panel system will continue as at present. Negotiations will take place with alternative providers to consider how to deliver best value for money going forward and to minimise pressure on the inpatient treatment budget.

Carbon Footprint (Environmental) Implications:

Treatment placements will now all be out of area. This will require all clients to travel to alternative locations outside of the city. The closest appropriate alternative providers are in Cornwall [Truro and Hayle]. Care Managers will be able to use Skype and other IT solutions to minimise travel needs but maintain contact with and support to clients.

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

* When considering these proposals members have a responsibility to ensure they give due regard to the Council's duty to promote equality of opportunity, eliminate unlawful discrimination and promote good relations between people who share protected characteristics under the Equalities Act and those who do not.

None

Appendices

*Add rows as required to box below

Ref.	Title of Appendix	Exemption Paragraph Number (if applicable) <i>If some/all of the information is confidential, you must indicate why it is not for publication by virtue of Part 1 of Schedule 12A of the Local Government Act 1972 by ticking the relevant box.</i>						
		1	2	3	4	5	6	7
A	Broadreach Closure Update Report							

Background papers:

*Add rows as required to box below

Please list all unpublished, background papers relevant to the decision in the table below. Background papers are unpublished works, relied on to a material extent in preparing the report, which disclose facts or matters on which the report or an important part of the work is based.

Title of any background paper(s)	Exemption Paragraph Number (if applicable) <i>If some/all of the information is confidential, you must indicate why it is not for publication by virtue of Part 1 of Schedule 12A of the Local Government Act 1972 by ticking the relevant box.</i>						
	1	2	3	4	5	6	7

Sign off:

Fin	djn 19.20. 64	Leg	It 32953 /2207	Mon Off	N/A	HR	N/A	Assets	N/A	Strat Proc	N/A
Originating Senior Leadership Team member: Ruth Harrell											
Please confirm the Strategic Director(s) has agreed the report? Yes											
Date agreed: 22/07/2019											
Cabinet Member approval: Cllr Kate Taylor - approved by e-mail											
Date approved: 23/07/2019											

BROADREACH HOUSE CLOSURE UPDATE REPORT

Office of Director of Public Health



Background

Broadreach House is a registered charity that has provided residential drug and alcohol detoxification and rehabilitation services in Plymouth since 1982. Broadreach House and Longreach House were the residential treatment units and the charity also provided supported resettlement housing in 3 other houses in the city. Their drug and alcohol inpatient and residential rehabilitation facilities served clients from the whole of the UK. The charity went into voluntary administration on 5th July 2019 resulting in the closure on that day of all their local service provision.

Inpatient Services

Plymouth City Council ODPH commissioned £100k of service in a block contract (paid monthly) at Broadreach House. By contracting as a block, we achieved significant savings. In addition, we spot purchase out of area inpatient withdrawal where the patient elects to go out of Plymouth.

Inpatient services relate to the following areas of work:

- Admitting patients for a medically assisted withdrawal prior to them taking up a place at a residential rehabilitation unit. This is the majority of the work.
- Admitting patients to stabilise reduce or withdraw either from street drugs, prescribed drugs (usually Opiate Substitution Therapy (OST)) or from alcohol.
- Admitting patients to titrate onto new drugs or to otherwise manage their medicines in relation to their health problems.

In 2018/19 we placed 23 people in Broadreach/Longreach inpatient units (from 76 referrals). The range of stay was from 1 – 37 days, with the average stay being 14 days.

The process

We operate a panel system, comprising of expert clinicians, including substance misuse specialist clinicians, social work substance misuse specialists, drug and alcohol workers, service managers and ODPH. A record of discussions and decisions is kept as is a running total on the associated spend. Referring workers/clinicians have to complete a comprehensive written assessment and bring the case to the panel for discussion. The most common outcome at first presentation to panel is for the case to be deferred for further work in the community – so the worker will leave with a new care plan designed to ensure that all community avenues have been exhausted and/or that the person is properly prepared for admission. Very often the case never comes back to panel because the person improves in the community or their motivation changes. Where a person or clinician requests an out of area placement, there is a rigorous exploration of the reasons for the request and the referrer has to justify why the patient cannot go to Broadreach. The most common reasons are the entrenched nature of a person's situation in Plymouth; women needing to be away from controlling or violent men; gang connections or criminal justice issues. Over the years the suitability of cases referred to panel has improved significantly with fewer cases referred but a greater percentage reaching the thresholds.

In order to ensure the best outcomes for patients and control costs we have developed a broad offer for Assisted Withdrawal (colloquially known as 'detox') all of which remain in place locally.

- Increased availability of community withdrawal services including home detox for alcohol

- We have pathways for partial inpatient treatment followed by community detox eg in a complex alcohol case the person might do three days as inpatient and complete the detox at home in the community.
- In addition, we can detox somebody via Hamoaze House day service where they can be observed 6 days a week in a safe environment.
- We also have detox support groups running at Harbour and Hamoaze.
- Post discharges there are packages of aftercare to protect people from relapse.

Mitigation of Impact Following Closure

Public Health and the lead clinician for the Alliance have been to visit Boswyns Unit near Hayle in Cornwall, which is the nearest unit to Plymouth and with which we already have a relationship through past placements. It is an excellent, purpose built facility, offers a very similar programme to that offered by Broadreach and they are willing to contract as a block contract with similar savings on unit price to those provided by Broadreach. In addition, they are willing to utilise Skype and other IT solutions to reduce travel costs for care managers. It is likely that we will contract with Boswyns and in the meantime we are spot purchasing placements as cases arise.

Residential Rehabilitation

This is the 'non-medical' component of becoming drug-free. The programme varies in length from 6 weeks to 12 months and is comprised of a range of psycho-social interventions and activities. Eligibility is determined under the Care Act and the process is managed and supported by the Complex Needs Social Work Team from Livewell Southwest (based in Harbour). The budget and annual spend is around £250k and all associated monies and staff are with Livewell, rather than the City Council. Around 20 people per year are placed in residential rehabilitation units by Livewell Southwest, in a range of units around the UK, depending on patient choice and individual circumstances. The placements are spot purchased by Livewell Southwest and this process will continue post Broadreach closure, so no patients will be denied rehabilitation due to the lack of availability of Broadreach.

Impacts of Closure

Broadreach was a national, rather than a Plymouth service, with the vast majority of its patients coming from London, Birmingham and around the country. One of the consequences of this business model is the historic net importation of drug and alcohol users into the city, many of whom do not return to their home area and go on to make demands on local services.

The City Council were not notified of the closure of Broadreach until 5 days before it happened. At the time of closure, we had 4 patients in Broadreach, all of whom have been given alternative placements that they are happy with. Broadreach staff have been excellent partners over many years and it is sad to see the unit close. However, Plymouth drug and alcohol users will not suffer any loss of service and can access both inpatient services and rehabilitation services on a needs led basis. The biggest difference will be the inconvenience of travel to Cornwall for inpatient services.

healthwatch
Plymouth

Annual Report 2018-19



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Message from our Chair

Welcome to the Healthwatch Plymouth 2018/19 Annual Report.

In this, my fourth full year of working with Healthwatch Plymouth, it is an honour and a privilege to be part of the Healthwatch network and to be introducing our 2018/19 Annual Report.

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

This Annual Report summarises and presents the activities of Healthwatch Plymouth during 2018/19 (our sixth year of operation) and our aim has been to build upon the momentum that we have previously gathered in our role as consumer champion in ensuring that the voices of the people of Plymouth are heard and taken into account in the provision, review and development of health and social care across our city.

Healthwatch organisations have a statutory responsibility and requirement to monitor and make recommendations for improvement, accordingly we have continued to strive to have meaningful working relationships with Providers of services, Commissioners of Services, the Care Quality Commission and other partners in our aim to drive up standards. In doing so we believe that we are making a positive difference to the delivery and future planning of health and social care services across our city whilst, at all times, maintaining our independent and objective stance.



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

As Chair of Healthwatch Plymouth I want to ensure that every person in Plymouth can raise their views and concerns with us here at Healthwatch Plymouth and give assurance that we will take the collective voice to who can improve services both now and in the future. We also take our work and responsibilities beyond local boundaries; I am currently Vice Chair of the N.H.S. Senate Citizens Assembly for the South West of England.

I would like to complete my introduction by thanking fellow Steering Group members, the staff team (present and past) and the volunteers who give up both time and enthusiasm to work with us, for all their input, commitment and team spirit. I would also like to thank our host organisation, Colebrook South West for the support that they give in many ways to ensure that we remain an efficient and effective organisation. Lastly, and perhaps most importantly, I would like to sincerely thank the many people whose feedback is at the heart of what we do.

Nick Pennell
Chair, Healthwatch Plymouth

Message from our Manager

Welcome, to the sixth annual report of Healthwatch Plymouth

Healthwatch Plymouth has now been in operation for 6 years and the health and social care landscape continues to change and evolve and looks very different from when Healthwatch began in 2013. This is equally true of the Healthwatch network itself and the Plymouth service.

The Healthwatch network nationally has gone from strength to strength over the past 6 years and this has been mirrored by the three local Healthwatch's in Devon, who are increasingly working together to ensure that public and patient voices are heard by those who provide and develop future health and social care services across Devon.

We have provided more details about the work we have done later in this report.

The health and social care sector are still as challenged as ever with an ever-aging population and the need to do more for less still being an issue at a local and national level. This continues to be the case in Devon where the Sustainability and Transformation Partnership continues to review how it delivers services in the future. Also, nationally NHS England have started to gather views to inform their 10-year Long Term Plan for services.

This year we have once again carried out lots of targeted engagement, finding out about the issues that concerned you most. We continue to have a strong presence across the city at a variety of locations gaining information about your views and experiences. We also link into numerous local networks feeding back our findings.

With the local and national landscape continuing to change as rapidly as ever, ensuring we hear your voices is more important

than ever as it is this that allows Healthwatch Plymouth to represent your views in a meaningful way and contribute towards the shaping of health and social care services.

We could not do any of this without our dedicated team of staff and volunteers who give us many hours of their time and experience and who are passionate about involving local people in decisions about their health and social care services.

We continue to hear about exceptional care delivered across Plymouth by inspirational individuals



*Dawn Eastley
Healthwatch Plymouth Manager*

Who we are

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

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

Health and care that works for you

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

Our purpose

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

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

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

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



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

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

Our priorities

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

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

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

Meet the team



Dawn Eastley
Healthwatch Manager



Tony Gravett
Healthwatch Deputy
Manager



Si Parham
Healthwatch Children's
Services and Mental
Health lead



David Kinross
Engagement and Volunteer
Coordinator



Wendy Hill
Community Engagement
Worker



Georgia Thomson
Communications
officer



Wendy Harvey
Administrator



Christine Perkins
Healthwatch Projects



How we involve the public and volunteers

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

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



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

Volunteer roles within Healthwatch Plymouth are varied and challenging; we have created a structure aimed at inclusivity and opportunities for everyone. This helps to involve local people in not only the governance of the Healthwatch service but also the opportunity to become involved in strategic city wide work such as the Sustainability & Transformation Partnership and Integration Programme. We have supported our volunteers to represent the local voice on a regional and national level.

The Healthwatch Plymouth Steering Group is a group of dedicated volunteers that help us to set our priorities. During 2018/19 the Healthwatch Plymouth Steering Group included:

- Nick Pennell - Chair
- Carol Rose
- Ian Blackhouse

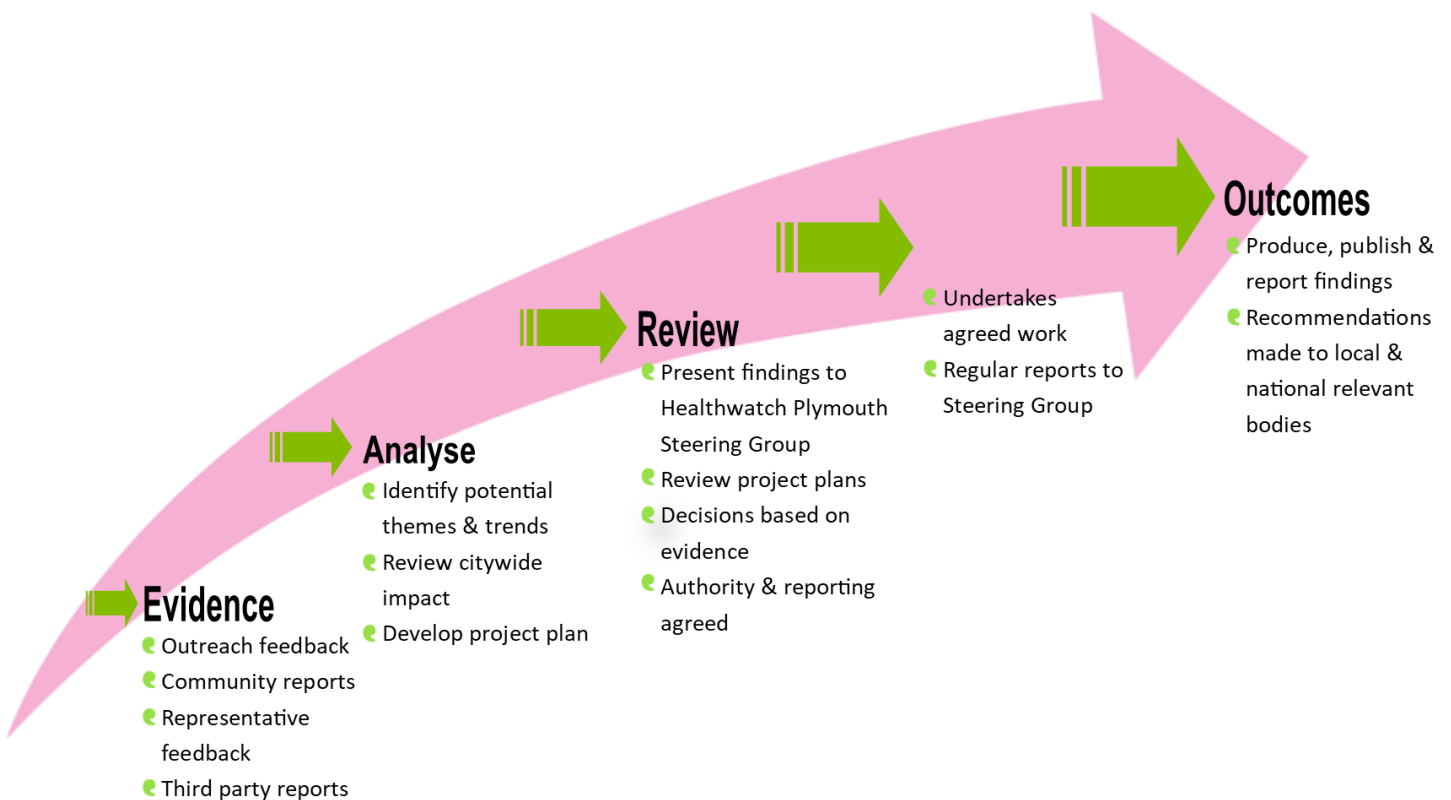
- Justin Robbins
- John Miskelly
- Peter Woodley

Decision Making

Healthwatch Plymouth aims to have the voice of local people at the heart of its work. Our decision making process helps us to ensure that our Steering Group are involved in setting the work plan on a regular basis.

The Healthwatch Steering Group will take decisions about what activities to undertake based on:

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



Healthwatch Plymouth Steering Group



Working with our Healthwatch colleagues in Devon and beyond

The county of Devon is currently served by three independent Healthwatch organisations, Healthwatch Plymouth, Healthwatch Devon and Healthwatch Torbay. Over recent years we have benefited from working more closely together, this collaborative working has been encouraged by Government initiatives, initially the Success Regime (Healthwatch Plymouth and Healthwatch Devon) and more recently and more significantly by the Sustainability and Transformation Partnership which encompasses a Devon county wide footprint (and therefore all three Healthwatch organisations)

This alliance has brought about a number of benefits including a broader knowledge base, a stronger corporate voice on a wider range of key service issues and an efficient and effective use of our resources. We believe that being able to think corporately whilst retaining the ability to act locally is both appropriate and of benefit to all of the communities that we serve.

Healthwatch Plymouth also links closely with other Healthwatch organisations across the South West, particularly Healthwatch Cornwall where we have joint engagement sessions at Derriford Hospital in Plymouth; our regional Trauma Centre.

Healthwatch England facilitates regular Peninsula Healthwatch meetings which take place bi-monthly here in Plymouth. These meetings are positive and productive enabling us to share experience, cascade good practice and review areas of shared concern.

Healthwatch Plymouth also regularly inputs and contributes to Healthwatch England initiatives including their typically positive and forward-looking Annual Conferences.

healthwatch
Plymouth

healthwatch
Devon

healthwatch
Torbay

healthwatch
Cornwall



In the last year....

Our social media users
have seen our posts
nearly 225,000 times



678 people have
reviewed 103 different
services on our 'Think,
Click, Share' feedback
centre website



We've visited
18
local services



Our reports have
tackled issues ranging
from GP Access to
Accessing BSL
Interpreters



We have spoken to
3159
people

We have given
757
people
information
about other
services to help
them



Changes you want to see

Last year we heard from **1541** people who told us about their experience of a number of different areas of health and social care. Here are some examples of the changes that you want to see.



- + Make it easier to see a primary care health professional quickly



- + Healthcare professionals should have a positive attitude and be empathetic



- + Staff should take the time to speak to people about what to expect next



- + Services should provide information so that people can make informed decisions about their care.



- + Make it easier to access NHS Dental services in Plymouth





**Making a difference
together**

Listening to people's views



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

Healthwatch staff and volunteers have delivered a varied outreach programme during the last twelve months, covering both geographic location and community of interest-based sessions.

Our outreach programme consists of regular planned drop in sessions, attendance at small and large public events and talks and presentations at community groups and organisations.

We have made sure that our outreach programme gives us the opportunity to engage with:

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

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

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

- Blake Lodge Open Day (Deaf Association)
- Dementia Conference
- SEND Conference
- Carers Rights Day
- Elm Community Event
- Mental Health Creative Life Event
- PRIDE Festival
- Respect Festival
- University Hospitals Plymouth Open Day

In addition to our scheduled programme Healthwatch has delivered talks and presentations at groups and organisations to spread the Healthwatch message and gather a collective experience from service users. Some of the groups we have engaged with represent specific communities whose voice is seldom heard.

Groups that we have engaged with in the last year have included:

- Prince's Youth Trust
- Age UK
- Crossroads, Plymouth
- Elder Tree, Plymouth
- Active Steps
- PLUSS
- Job Centre Plus



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

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



How your experiences are helping to influence change

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

Recommendations have been made to commissioners of services, also to service providers themselves. These range from availability of BSL interpreters for Deaf patients to engagement processes within NHS Devon Clinical Commissioning Group.

During the course of the year we have produced 14 reports. These have included reports regarding issues with BSL Interpreter availability in Devon, patient experience of a Single Point of Access system at a group of GP practices and a report on the reasons why people self-refer to ED.

In 2018/19 we have increased the number of surveys we are conducting around local services following change and also Devon Wide services as the work of the Sustainability and Transformation Partnership starts to redesign future service delivery. We have also been involved in delivering joint Healthwatch England and NHS England surveys on the Long-Term Plan to gather patients views on what is important to them for accessing future services. Whilst this was undertaken at a national level, it was very much aimed at local and Devon services. Our surveys have included:

- Use of Pharmacy Services
- Hospital Discharge under the 'Home First' complex needs pathway
- Single Point of Access at the Mayflower Group of GP Surgeries

- Self-referral to Derriford Hospital Emergency Department
- Devon wide redesign of Learning Disability and Autism services
- General and Long-Term conditions surveys under the Long-Term Plan

We are aware that recommendations from our reports have been considered fully by commissioners and service providers alike and have helped to ensure a patient voice in areas such as the procurement process for translation services for primary care in the South West. All requests for information made by Healthwatch Plymouth were responded to.



Making sure services work for you

Healthwatch Plymouth has statutory powers to carry out 'Enter and View' visits to some health and social care services in the city. Enter and View can be a powerful tool to gather evidence about how well services meet the needs of local communities.

Our Enter and View representatives are fully trained and supported to carry out this important function and are a mixture of local volunteers and members of the Healthwatch Plymouth staff team.

Representatives in all our visiting functions have the potential to observe elements of care that may not always be evident during other formal inspections or audits but are often things that make a real difference to patients and their families using services.

During 2018/19 Healthwatch Plymouth has carried out visits to services by way of collaborative working and making recommendations for improvement from a patient perspective.

Visits have been undertaken in varying services across health and social care including to inpatient units, social care residential facilities and primary care services.

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

During the year Healthwatch Plymouth made 6 recommendations following visit activity (5 to inpatient services and 1 to hospital referrals support services).

We have shared information with the appropriate regulator (Care Quality Commission) on 3 occasions.



Our authorised enter and view and PLACE representatives during 2018/19:

Anthony Gravett

Wendy Harvey

Barbara Howden

Anne Kiddell

Linda Musk

Anne Miskelly

Carol Rose

Justin Robbins

Liz Stebbings

In addition the following are PLACE representatives only:

Esperanza Gil Puerto

Leonie Richard

There's a PLACE for us

Since 2013 there has been an annual activity in England that has seen patients conducting assessments of the care environment under a programme called Patient-Led Assessment of the Care Environment or PLACE for short. PLACE involves a visual observation on cleanliness and condition as well as assessments around Privacy, Dignity and Wellbeing, Disability Access and Dementia and is primarily aimed at in-patient units with 12 beds or more, but also includes Minor Injury Units and Hospital Emergency and Outpatient Departments.

Healthwatch Plymouth currently works with University Hospitals Plymouth NHS Trust, Livewell SW and Care UK by training and providing patient assessors to facilitate assessments under the PLACE programme. These assessments are conducted at Derriford Hospital, Mount Gould Local Care Centre, Glenbourne and Lee Mill Adult Mental Health Units, Plymbridge House Children's Mental Health Unit, Cumberland Centre Minor Injuries Unit and the Peninsula NHS Treatment Centre.

Typically, a day's assessment would see the team visiting a Ward environment, conducting a food assessment and visiting a communal area or Outpatients Department. After each individual area visit an assessment form is scored, highlighting areas for improvement and equally areas of concern as well as identifying good practice. The information from the assessments is recorded into a master spreadsheet that is forwarded by the organisation to NHS Digital who then produce a national report of the assessments conducted in England. Generally, this report is published 6-8 weeks after the national assessment window closes.



What happens after the assessment?

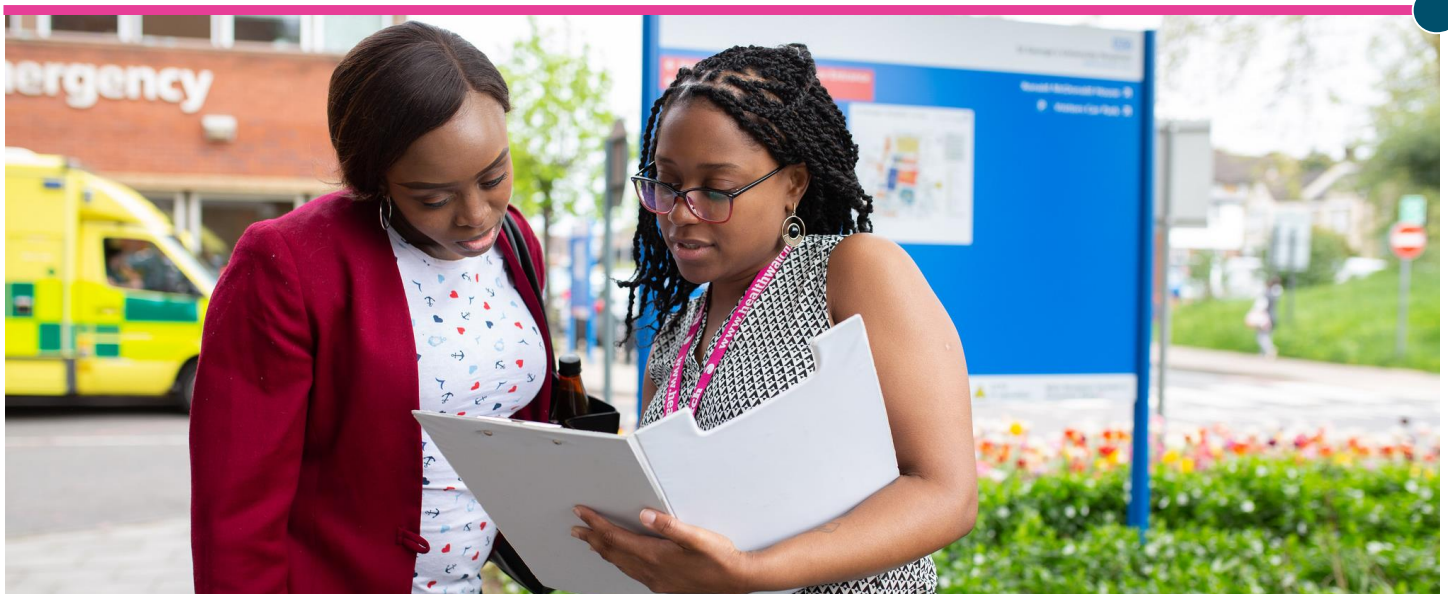
Healthwatch Plymouth attends a monthly meeting at Derriford Hospital of the PLACE Working Group. Part of the role of the group is to produce an action plan following the annual assessment so that improvements to the care environment can be made and funding secured where required. After the 2018 assessments the following has been actioned:

- ❶ Patient Lockers - purchasing of new patient lockers, identified during PLACE assessments, continues with a third procurement scheduled for 2019.
- ❷ New standard Patient name boards are being designed for the Ward areas.
- ❸ Standardised Patient Information Boards have been installed in 37 Wards. A separate standardised board for Maternity and Children Wards as well as Outpatient Departments is being designed.
- ❹ Larger signage on public toilets adjacent to the Restaurant and in the Main Outpatients Area.
- ❺ A refresh of the Maternity Entrance including new seating
- ❻ A programme to refurbish all Public Toilets
- ❼ Food service - a new style paper menu has been produced and a picture menu is being developed.
- ❽ Dementia Environment - several measures have been introduced to provide commonality for dementia patients in Health Care of the Elderly (HCE) Wards. These measures are also being rolled out in other wards and departments. These include:
 - ❶ Bay Painting. This involves painting the front of each bay in a different colour to aid dementia patients in recognising the bay they are in
 - ❷ Door covering for Ward patient toilets to identify them as such
 - ❸ Additional grab rails to be installed in HCE Wards

To help Plymouth Hospitals NHS Trust to continue to improve the patient environment, a series of Mini PLACE assessments happen on a quarterly basis that includes involvement from Healthwatch assessors. These assessments normally cover areas that were not included in the main annual assessment, but also where recent patient feedback highlights concerns.

Additionally, in consultation with Livewell SW Staff we have extended our Mini PLACE Assessments to Livewell SW sites on a 2-monthly basis.

If you would like to be involved in these assessments email volunteering@healthwatchplymouth.co.uk or ring us 0800 923 0039.



it starts with
YOU



Lack of access to British Sign Language Interpreters for Deaf patients

In late March 2018 Healthwatch Plymouth received feedback from Healthwatch colleagues in Devon about lack of availability of a British Sign Language/English (BSL) interpreter for a surgical procedure at Derriford Hospital in Plymouth. We also took feedback from a Deaf patient about experiences they had accessing an interpreter as an inpatient at Derriford Hospital and subsequent reablement stay in a care home setting.

Subsequently, after receiving the initial feedback, Healthwatch Plymouth approached support groups, BSL interpreters and Deaf patients and received considerable further feedback around their experiences of accessing health appointments in Plymouth and Devon.

The issues we observed

The lack of availability of BSL/English interpreters for health appointments is a concern in Devon for GP services and at Derriford Hospital for acute services. The lack of availability appears to be caused by the terms and conditions being used by the provider of the service with self-employed BSL Interpreters that has led to a lack of take up for appointments.

Other services are available to support Deaf patients including lip speakers, electronic notetakers, text services and Video Relay Services (VRS) when a face to face BSL interpreter is unavailable. However, technology issues such as broadband/Wi-Fi connectivity, hours of operation, and Deaf patient familiarity and confidence in using the system have caused issues resulting in appointments being abandoned and rescheduled.

The lack of interpreter provision and unreliability of other technological solutions leads to an erosion both of patient choice and more importantly patient confidence in the accuracy of information being passed to them as well as their ability to ask questions of the health professional.



Deaf patients find it difficult to make a formal complaint as the current process means that these complaints have to be written in English.

Some health staff do not understand the issues and potential anxieties that Deaf patients experience in attending appointments.

Our Recommendations

We made the following recommendations to NHS England Primary Care Commissioning and University Hospitals Plymouth NHS Trust:

1. All communication preferences for Deaf people should be recorded on health records, including whether or not they are comfortable in using communication aids like text or video relay services and their preferred BSL/English Interpreter
2. Review complaints processes to make it easier for Deaf people to raise concerns
3. Broadband/Wi-Fi connectivity in Derriford Hospital to be assessed to ensure that all areas where video relay services are being used have adequate signal to allow a seamless service without the connection breaking up
4. Deaf awareness training for clinical and administration staff should form part of regular staff continuation training for health professionals and non-clinical staff who have contact with Deaf patients
5. Commissioners to take into account the issues raised by local BSL/English Interpreters around the lack of trust and willingness to work with the current provider so that availability and access to interpreters can be increased in order to better support Deaf service users and reduce inequalities for this patient group.

We received the following responses

University Hospitals Plymouth NHS Trust response to Healthwatch Plymouth's recommendations

University Hospitals Plymouth NHS Trust has noted the concerns raised around Deaf patient access to BSL Interpreters for appointments at Derriford Hospital.

In response to the recommendations, Patient communication preferences will be recorded on IPM (patient record monitoring system). We will offer SignLive video relay services as a back-up if the patient consents.

We recognise the difficulties BSL patients face in making complaints and have offered to go to the Deaf Association's service at Blake Lodge and run PALS clinics.

The WIFI system at Derriford Hospital has been upgraded to improve connectivity for the use of SignLive. The Trust have also had a meeting with the provider of SignLive to review issues with the service. SignLive have recently extended their opening hours to 24 hours 365 days per year which is positive for emergency admissions.

Finally deaf awareness training for staff has commenced.

NHS England response to Healthwatch Plymouth's recommendations

A number of contracts to provide Language and Translation services to Primary Care (GP, Dentist, Pharmacy and Opticians) in the South West are due to end in the near future. NHS England is currently procuring a new provider for these services. The Healthwatch Plymouth report into accessibility issues for Deaf patients in receiving face to face support from BSL Interpreters has helped inform the procurement process. This took the form of informing the tender questions and stakeholder engagement prior to going out to tender and has seen both Healthwatch Plymouth and a Deaf patient consultant be part of the evaluation team reviewing prospective provider bids.



The full report can be found at www.healthwatchplymouth.co.uk/resources-and-reports/healthwatch-reports/

Mayflower GP Group – Single Point of Access

The Mayflower GP Group is made up of 6 surgeries managed by Access Health Care under a temporary provider contract with NHS England since October 2017.

In early November 2018, during a meeting with the Practice Manager to discuss Patient Feedback, particularly the difficulty in accessing the surgery by telephone and the availability of appointments, Healthwatch Plymouth were informed that the Mayflower Group were moving to a telephone Single Point of Access system on 22 November, initially for Stirling Road, Chard Road and Collings Park Practices to address issues around equality of patient access to appointments.

It was agreed that we would conduct an independent survey with patients to gain feedback about experiences of using this new access process.

Patients were made aware of the change to the system and the new phone number by various means including:

- Information added to routine patient letters and prescriptions
- Posters and leaflets at Surgeries
- As part of the phone message on ringing the surgery
- Website and local media

Survey Results

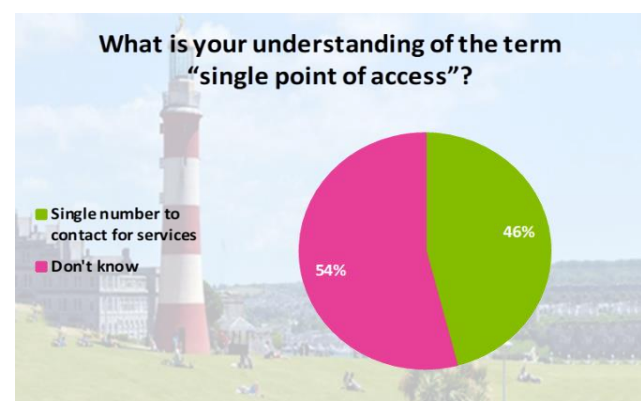
Following agreement, the survey was co-produced by Healthwatch Plymouth & Access Health Care and launched in January 2019

running for three months. The survey had 4 themes:

- Understanding of the Single Point of Access (SPOA) concept and how patients were informed of the change
- Patient experience of using the SPOA call centre
- Patient awareness and use of 'Online services'
- Any other comments about services received

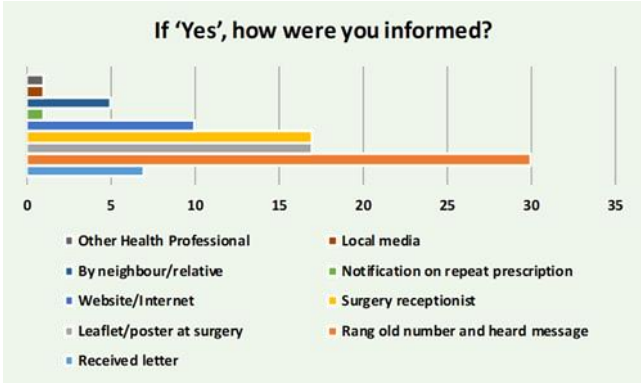
When we analysed the data from the survey the following results were obtained:

- When asked **54%** of respondents did not understand the term 'Single Point of Contact'



- 86%** of respondents were aware of the new number to contact

- When asked how they were informed of the change, **34%** of respondents stated it was when they phoned the old phone number to access the surgery



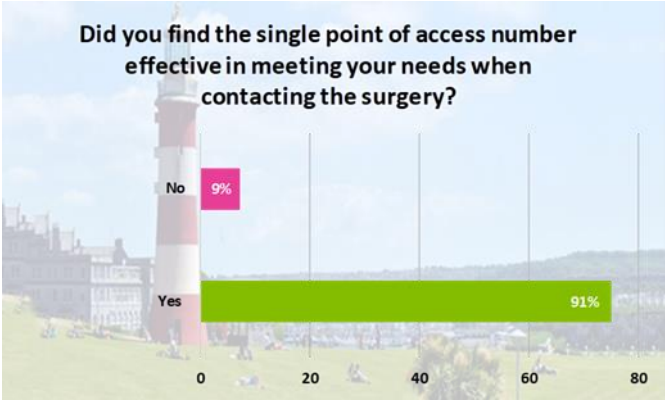
Feedback received during this survey and from other engagement activities is now becoming more positive, especially since the move to a single point of access. However, whilst this is generally viewed as a positive step by patients there continue to be negative comments, albeit reduced, around the length of time it takes to speak with someone and appointment availability.

We have discussed the details of the survey results with the Practice Manager and comments made by patients are being reviewed to further improve the service being delivered.

Access Health Care who provided services for the Mayflower group commented:

'We are very grateful to Healthwatch for their support. Engagement with patients, carers, representatives is very important to us in obtaining feedback which enables us to reflect, review and improve our service. Collaborating with Healthwatch enables us to receive feedback from a larger group of the population due to the fantastic work that Healthwatch undertakes in our communities.'

- 91%** of respondents felt the SPOA was effective in dealing with their enquiry



- When asked if they were aware of being able to access services online **84%** of respondents said 'Yes'
- However, only **38%** of respondents stated that they had registered to use online services

Our Observations

Prior to Access Health Care taking over as temporary provides, Healthwatch Plymouth received many negative comments from patients about long waits to contact the surgery by telephone. When eventually getting through, patients generally found that all the appointments had gone.

Hospital Discharge

In 2017 Healthwatch Plymouth received lots of feedback about how discharge from hospital has not been smooth. The feedback often quoted issues with delays caused by waiting for hospital letters, medication, transport or a combination of these. We have also received feedback about issues once an individual gets home where there have been delays in setting up home support and having equipment delivered to aid rehabilitation or day to day living.

We shared this feedback with commissioners and in April 2018 a series of workshops commenced initially looking at complex needs discharge from hospital. The workshops involved participants from Primary Care, Acute Hospitals, Adult Social Care, Residential Care Home & Domiciliary Care providers, End of Life support organisations and patient representatives including Healthwatch. In all some 100 representatives attended the first meeting.

These workshops led to the redesign of four


complex needs discharge pathways called:

- Home First
- Discharge to Assess
- Discharge to Residential Care
- End of Life

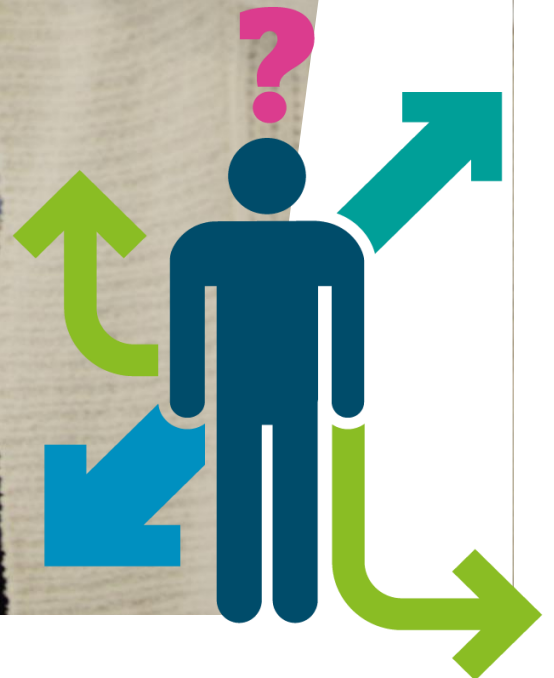
These pathways have been introduced during 2018 with the Home First pathway commencing in late May. Healthwatch Plymouth has worked with the leads for the Home First pathway since its introduction and have been conducting a survey with patients who have been discharged by this pathway since January 19. Whilst the survey is still ongoing, the feedback of the changes has been generally

As a result of this work, Derriford Hospital have now started to look at routine discharge process and have set up a working group made up of hospital staff and external groups including the Red Cross, Healthwatch and representatives from SE Cornwall and Devon.





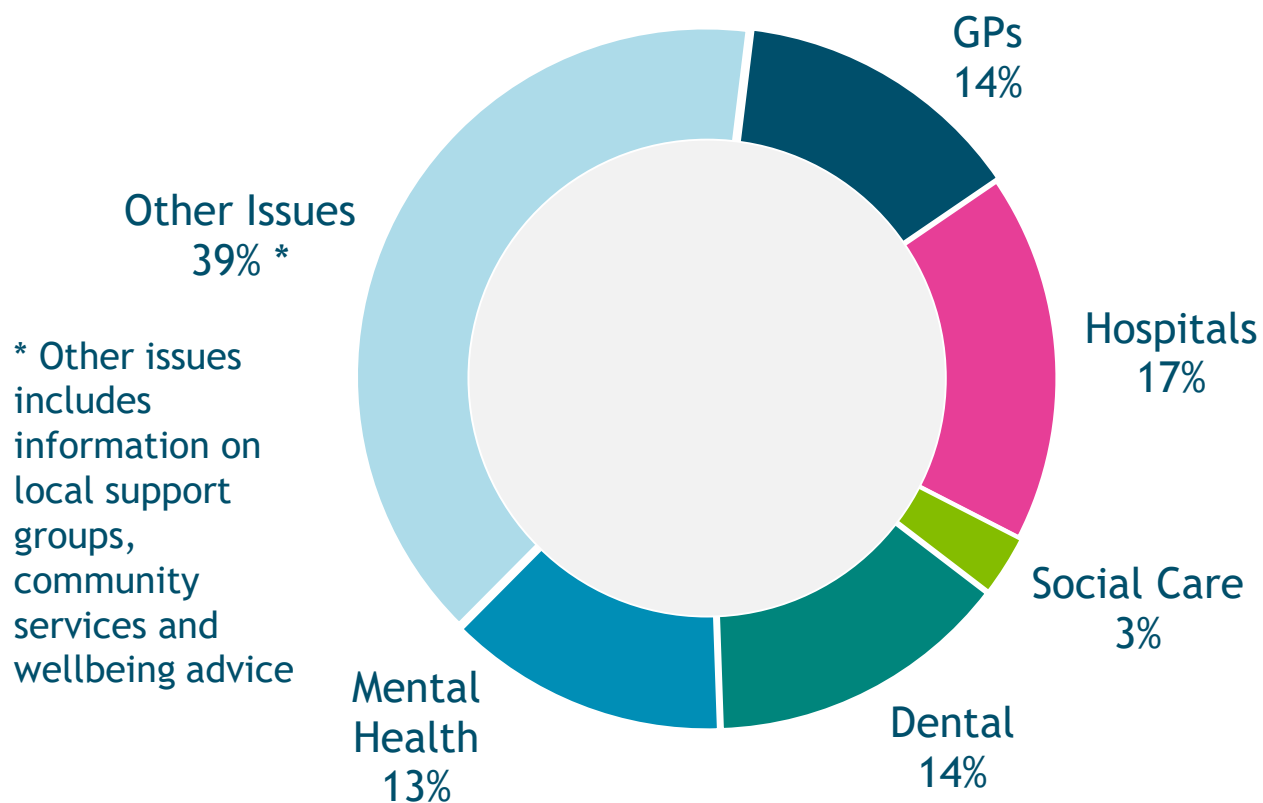
**Helping you find
the answers**



What do people want to know?

People don't always know how to get the information they need to make decisions about their own health and care. Healthwatch plays an important role in providing advice and pointing people in the right direction for the support they need.

Here are the most common things that people ask us:



How we provide people with advice and information

Finding the right care or support can be worrying and stressful. There are a number of organisations that can provide help, but people don't know where to look. Last year we helped 757 people access the advice and information they need.

You can come to us for advice and information in a number of ways including:

- Specific advice and information blogs online
- Our contact us form
- At community events
- Promoting helpful services across our social media channels
- Over the phone



'Thank you for the work you do and especially for having staff such as Wendy.'

Mobility Assessment issues

I had a really bad experience being assessed for a wheelchair that left me quite distraught and traumatised and it was a while before I contacted Healthwatch Plymouth.

When I did contact them, I found a professional, compassionate, and very caring advocate in Wendy. She was able to act as a 'go-between' and I was given a re-Assessment. Without Wendy's support I think I would have been in need of a course of antidepressants.

GP Evening & Weekend appointments

On 1 October 2018, the local Clinical Commissioning Group announced that patients would be able to access a GP in the evening or at weekends to make it easier for people to get an appointment at a time that suits them. During our regular face to face engagement sessions we found that patients were unaware of this service.

To help combat this issue, we developed some online advice to provide people with the information to allow them to access the service. Since publishing the blog in February 2019, 2968 people have read our advice.





Our volunteers



How do our volunteers help us?

At Healthwatch Plymouth we couldn't undertake all of the work we do without the support of our volunteers that work with us to help make care better for their communities.

Our wonderful volunteers form an integral part of our Healthwatch team to help:

- Raise awareness of the work we do in the community
- As members of our Enter & View Team, visit services to make sure they're meeting people's needs
- Support our day to day running by providing governance via our steering group
- Provide administration support in our office
- Collect people's views and experiences at regular engagement events, which we then use in our reports



Carers Right Day, Plymouth Guildhall November 2018

Meet our volunteers

We caught up with a couple of our fantastic volunteers to show you how their work truly makes a difference to the lives of people in our area.



Liz, Engagement Volunteer

Since becoming a volunteer with Healthwatch Plymouth I have met some wonderful people and the staff have made me feel part of a great team. Being part of the engagement team allows me to help people find the information they need.

Linda, PLACE Volunteer

Being part of the PLACE Team allows me to observe the cleanliness and condition of the wards and departments in our hospitals. Being disabled myself, it also allows me to comment on the issues encountered by disabled patients to help make the hospital environment a more friendly place for them to access.



Volunteer with us

Are you feeling inspired? We are always on the lookout for more volunteers. If you are interested in volunteering get in touch at X
www.healthwatchplymouth.co.uk
t: 0800 923 0039
e: volunteering@healthwatchplymouth.co.uk



Volunteer with us

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

John Miskelly
Healthwatch Volunteer



Working with Local Organisations



Livewell
Southwest



NHS
England



NHS
South West
Clinical Senate



NHS
University Hospitals
Plymouth
NHS Trust

How we've worked with our community

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

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

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

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

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

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

During 2018/19 Healthwatch Plymouth held formal representation at the following groups/committees:

Health and Wellbeing Board

NHS England Quality & Surveillance Group

Plymouth Hospitals NHS Trust Patient Experience Committee

Plymouth Hospitals NHS Trust Safety & Quality Committee

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

Livewell Service User and Carer Forum

NEW Devon CCG Primary Care Innovation Programme

Sustainability and Transformation Partnership Clinical Cabinet

Sustainability and Transformation Partnership - CCG in Common Engagement Committee

NEW Devon CCG & Plymouth City Council - System Design Groups

Plymouth Autistic Spectrum Conditions Partnership Board

Statement from NHS Devon Clinical Commissioning Group

Our thanks to Plymouth Healthwatch. It's been another great year of working together to improve services for patients.

Healthwatch has once again proved vital to engagement with local people this year, providing assurance for our work and helping us to reach local communities.

As a Clinical Commissioning Group, we have many ways in which we encourage patients and their families to feedback, help us to improve services or have their say when things haven't gone as well as expected. But we know that some patients don't always feel comfortable telling this themselves and this is where Healthwatch comes in - giving people even more ways to connect with their local NHS. And like our patients, we value the independence and local scrutiny they offer.

There are many ways in which we are helped by Healthwatch.

Here some reasons we have to say a big thank you to the local Healthwatch teams in 2018/19:

- The reports you produce to influence our thinking on issues as diverse as loneliness, children and young people, primary care provision, mental health, learning disabilities and autism.
- Ongoing advice over the development of the Strategic Transformation Partnership's engagement strategy.
- Your work on digital inclusion across Devon, connecting individuals and communities to NHS services across our county.
- Your work on our patient engagement panel to provide assurance over our work with communities.
- The valuable insight you bring from groups that we can find hard to reach.
- Your work to support ongoing relationships with GP Patient Participation Groups.
- The independent analysis of feedback you offer over projects such as the Holsworthy Community Involvement Group.

We look forward to continuing our good relationship and working together to make continual improvements for the patients and families we offer care to.

Nick Pearson
Head of Communications and Engagement
NHS Devon Clinical Commissioning Group

University Hospitals Plymouth NHS Trust

It's been another great year of working together with Plymouth Healthwatch for the sake of patients and their families and we are already planning our engagement activities together for the next 12 months.

I think what we really value about Healthwatch is its independence. Whilst we have many ways we encourage patients and their families to give us feedback to help us learn from excellence and make improvements where things aren't as good as they could be, we would be foolish not to recognise that sometimes patients don't feel able to voice their comments, particularly concerns, to us directly. Working alongside Healthwatch ensures offering patients and families a multitude of ways to give feedback via surveys, Big Conversations, Tea with Matron, through our Patient and Liaison Service and so on. We have a truly independent route people can take if they would prefer. And we use the feedback given to us in this way to drive more improvement.

There are so many ways in which we are helped by Plymouth Healthwatch. Here are just two of the reasons we have to say a big thank you to the local Healthwatch team in 2018/19:

- Your contribution to our Patient-Led Assessments of the Care Environment (PLACE) helps us understand how well we are meeting the needs of patients through factors such as the condition and cleanliness of wards and departments and what we can do to make those even better. It is thanks, in no small part, to the contribution of the volunteers who undertake these assessments that we

have this year enjoyed some of our highest ever scores.

- Our patients who are deaf or have a hearing impairment have benefited from the involvement of Plymouth Healthwatch this year too. The Healthwatch team undertook a review of our British Sign Language provision and gave us significant patient feedback which helped us make considerable improvements to the way we support deaf people in communicating with our staff.

We look forward to continuing our good relationship and working together to make continual improvements for the patients and families we offer care to.

Ann James
Chief Executive Officer
University Hospital NHS Trust



The South West Clinical Senate Citizen's Assembly

A Citizens Assembly has been part of the South West Clinical Senate (SWCS) since these Senates were created in 2013. There are 12 Clinical Senates across England and the South West is unique in having established a Citizens Assembly to give patients and the public a strong voice in helping health communities make effective decisions about the best overall care and outcomes for patients.

Clinical Senates are non-statutory entities that bring together a range of professionals to take an overview of health and healthcare for local populations and provide a source of independent advice for commissioners of services.

The Citizens' Assembly brings together two representatives from each of the 13 local Healthwatches across the South West and it is considered an integral part of the Clinical Senate. The Citizens' Assembly debates issues of strategic importance; champions the diversity of patient and public views, and

provides a strong independent citizen voice to Senate Council debates and to Clinical Reviews.

Through linking to local Healthwatch via the Citizens' Assembly the Clinical Senate is able to access Healthwatch networks and lay person expertise. This expertise feeds in to Senate debates and is considered to be of great value in helping to determine the recommendations that the Senate makes. Recent debates have included topics such as; The role of Community Pharmacy; Networked Delivery of Urgent Treatment Centres; Workforce in the South West, and Colorectal Cancer National Guidance.

For more information about the Citizens' Assembly and the work of the Clinical Senate please visit their website

<https://www.swsenate.org.uk>



South West Clinical Senate

Joanna Parker
Chair, SW Clinical Senate Citizen's
Assembly





Our finances



How we use our money

To help us carry out our work, we are funded by Plymouth City Council. In 2018-19 we spent £129,373.46

We also received £10,623.08 of additional income to undertake consultation and engagement work to inform both the NHS Long Term Plan and local Sustainability, Transformation Partnership services redesign.

Income	£
Funding received from local authority to deliver local Healthwatch statutory activities	£117,735.87
Additional income	£10,623.08
Total income	£128,358.95
Expenditure	£
Operational costs	£12,239.44
Staffing costs	£79,937.06
Office costs	£37,196.96
Total expenditure	£129,373.46
Balance brought forward	-£1,014.51



healthwatch
Plymouth



#yourvoicecounts

**Our plans for
next year**

#yourvoicecounts



@healthwatchplym



@HealthwatchPly



Closing Message from our Chair

Looking Back Over the Year - Healthwatch Plymouth has taken considerable effort to collate and present the views of the people of Plymouth on a wide range of health and social care issues, this has been via a number of means including : our on-line system, facilitating focus groups on specific issues, our ongoing programme of public engagement events, attendance at public events in Plymouth and targeted public engagement events. This has resulted in a number of priorities being identified, reported upon and moved forward, these include:

- Access to General Practice/Primary Care services
- Access to Dental services
- Changes to the delivery of Translation services
- Discharge pathways from Hospital - both Acute Care and Mental Health
- Access to Mental Health services
- Children's emotional health and well-being services
- The development of Health and Well Being Hubs in the City of Plymouth

Looking Ahead - Future Priorities - Healthwatch Plymouth will continue with our commitment to engage with, and listen to, the people of Plymouth, to ensure that these views are fed back to the key movers, both as individuals and groups in order to ensure that not only are these views heard, but more importantly are acted upon in appropriate ways. We will be committed to working closely and meaningfully with service providers (including University Hospitals Plymouth NHS Trust and Livewell

South West) as well as Commissioners of services (including NHS Devon C.C.G. and Plymouth City Council) to ensure public engagement, in terms of both current service review and future service planning, is an integral part of the way that services operate and develop.

Future Challenges - Healthwatch Plymouth recognises the range of challenges that our Health and Social Care services face in future years and will do our best to ensure that the voices of the people of Plymouth are a meaningful part of future debate and consideration. We also acknowledge, and see this in the feedback that we receive, the importance of prevention and early intervention as well as the increasing importance and benefits of services being delivered in a joined up/integrated manner.

Thank you! - it just remains for me to thank the people of Plymouth (and in some cases beyond) for their time, feedback and contribution, I have no doubt that this has had a positive impact on the provision and development of Health and Social care in Plymouth and look forward to this continuing, to even greater impact, in future years.



Nick Pennell
Chair, Healthwatch Plymouth

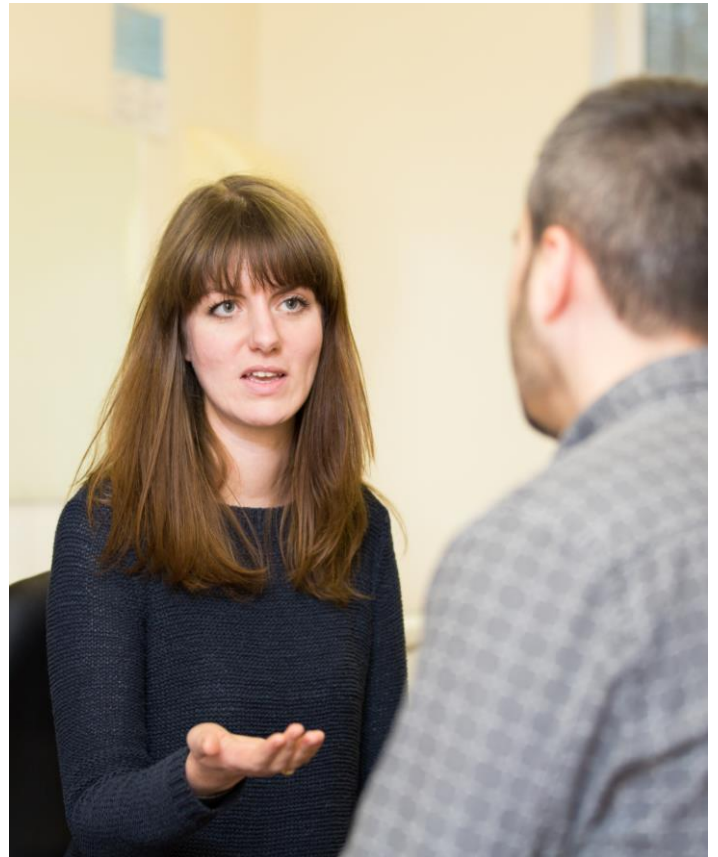
What next?

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

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

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

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



Our work priorities for 2019/20

A number of priorities have been identified. Some of these have been priorities in 2018/19. Our priorities include:

- Access to General Practice/Primary Care services
- Access to Dental services
- Changes to the delivery of Translation services
- Discharge pathways from Hospital - both Acute Care and Mental Health
- 'Something someone told me' Care Home visiting programme
- Access to Mental Health services
- Children's emotional health and well-being services
- The development of Integrated Health & Care in the City of Plymouth



Thank you!

Thank you to everyone that is helping us put people at the heart of health and social care, including:

- Members of the public who shared their views and experience with us
- All of our amazing staff and volunteers
- The voluntary organisations that have contributed to our work
- We would also like to thank the following organisations:



NHS Devon Clinical Commissioning Group
University Hospital Plymouth NHS Trust
Livewell Southwest
Plymouth City Council
Primary & Social Care Providers in Plymouth



Contact us

Get in touch

Address Jan Cutting Healthy Living Centre, Scott Business Park, Beacon Park Road, Plymouth PL2 2PQ.

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

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If you require this report in an alternative format please contact us.

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Health and Adult Social Care Overview and Scrutiny Committee



Date of meeting:	31 July 2019
Title of Report:	Integrated Care System Performance Scorecard
Lead Member:	Councillor Kate Taylor (Cabinet Member for Health and Adult Social Care)
Lead Strategic Director:	Craig McArdle (Interim Strategic Director of People)
Author:	Rob Sowden, Performance Adviser
Contact Email:	Robert.sowden@plymouth.gov.uk
Your Reference:	N/A
Key Decision:	No
Confidentiality:	Part I - Official

Purpose of Report

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.

The Integrated Care System (ICS) has been designed to deliver leadership of a shared vision for population well-being, single system plan and care model. It will look to ensure collaboration between statutory partners as well as to set a direction, framework and culture around the delivery of health and social care services. The performance outcomes framework has been designed to allow us to monitor how the ICS is delivering care to the people of Plymouth and the rest of the ICS geographical area.

Recommendations and Reasons

The recommendation is for the Health and Social Care Overview and Scrutiny Panel to:

- To note the contents of the report.

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DEVON INTEGRATED CARE SYSTEM PERFORMANCE

QUARTER 4 2018/19

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.

The Integrated Care System (ICS) has been designed to deliver leadership of a shared vision for population well-being, single system plan and care model. It will look to ensure collaboration between statutory partners as well as to set a direction, framework and culture around the delivery of health and social care services. The performance outcomes framework has been designed to allow us to monitor how the ICS is delivering care to the people of Plymouth and the rest of the ICS geographical area.

2. BENCHMARKING

Benchmarking information provided in this report is sourced from a variety of places with national performance based on the most recently published data, the time period for this data will vary depending on the source.

3. TREND GRAPHS

Each indicator is accompanied by a trend graph showing where possible the latest four values, values that represent the whole of the Integrated Care System area which includes Plymouth, Devon and Torbay. 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. PLYMOUTH PERFORMANCE BY EXCEPTION

OUTCOME: More people will be living independently in resilient communities

Adult Social Care User Survey

Outcome indicators relating to the safety and social isolation of users of adult social care services are based on an annual survey of service users.

The fieldwork for the 2019 survey was undertaken between February and April 2019 and in total we received 510 completed questionnaires, a total of 1,732 were sent out. This equates to a response rate of 29.4% and ensures our results are statistically robust.

There has been a decline in the percentage of service users who feel safe (66% down from 72%) and the percentage who have responded that they have as much social contact as they want (45% down from 50%). Analysis of these results is underway and an action plan is being developed to respond to some of the issues identified.

OUTCOME: More people will be choosing to live healthy lifestyles and less people will be becoming unwell

Adult Smoking Prevalence

Smoking prevalence in Plymouth is significantly higher than the England average. We will continue to invest in the services and roll out Making Every Contact Count (MECC) to ensure that as many brief interventions take place as possible that encourage people to stop smoking and support them in doing so. We will continue to focus our resources on those with the most complex support needs and work with University Hospitals Plymouth to embed MECC within their organisation. We will also continue to take a system approach to tobacco control so that action takes place to disrupt and minimise the supply of illegal and illicit tobacco in the city, and to ensure that tobacco sales are appropriately restricted by age and advertising restrictions are adhered to.

Excess weight in adults/ Fruit and Vegetable Consumption

Excess weight in Plymouth is higher than the national average. We continue to focus on giving children the best start in life, making schools health-promoting environments, 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 through Thrive Plymouth. In April 2019, we renewed our Bronze Sustainable Food Cities award as part of our journey towards Silver. This includes promoting healthy eating and healthy weight through a range of initiatives, such as Sugar Smart, Healthy Start and working with our community and voluntary sector to tackle food poverty in the city.

Dementia Diagnosis Rate

In April 2019 the diagnosis rate has increased to 56.3%, up from 55.7% in March. The diagnosis rate remains below the target of 67%.

Consultant capacity has been increased. Link workers are now in place with relevant care homes and a series of actions have been undertaken to reduce home visit rates via offering more appointments at Mount Gould. Reports have also been developed on length of wait for head scans leading to more efficient booking of follow up appointments

OUTCOME: More care will be available in the community and less people will need to visit, or be admitted to hospital

Long term support needs of people 65+ met by admissions to residential or nursing care

Historically we have in Plymouth had a lower rate of adults who require long term adult social services delivered within a residential or nursing home. In 2018/19 the number of people admitted to homes increased from 261 to 305. The improvement in the management of patient flow in the hospital system which has improved our delayed transfers of care performance has had an impact on numbers admitted.

OUTCOME: People will have far greater control over health services and will be equal partners in decisions about their care

Social Care Quality of Life

The Social Care Quality of Life indicator is another borne of the annual adult social care survey and takes into account people's responses to questions relating to control, personal care, food and nutrition, accommodation, safety, occupation and dignity. Based on our results the 2019 Social Care Quality of Life in Plymouth is 19.1, down from 19.7 in 2017/18.

Overall Satisfaction of people who use services with their care and support

Satisfaction among long term users of adult social care services continues to be higher than the national average. In the 2019 survey the percentage of users who were either 'Extremely' or 'Very' satisfied was 70.6%, compared to an average of 63.7%. Those least satisfied are people aged 18-64 and receiving a service in either a home or in the community, the action plan to improve service user experience will reflect this.

OUTCOME: People will go into hospital when necessary and will be discharged efficiently and safely with the right support in their community

Delayed Transfers of Care

The rate of DTOC in Plymouth continues to exceed national expectations, and work continues to improve hospital flow and discharge and thus reduce delayed transfers of care and length of stay. Actions include the now established escalation of care arrangements across health and social care systems and the daily review of long stay patients by integrated discharge teams. The management of patients with complex needs is working well at the hospital and the process to discharge people from hospital has remained stable despite pressure at the front door of the hospital.

5. OUTCOMES FRAMEWORK SCORECARD

Devon ICS Strategic Outcomes Framework												
			STP in Context			Local Authorities			STP Localities			
Outcomes	Measures	England	Actual	Trend	STP Chart	Devon	Plymouth	Torbay	East (RDEFT)	North (NDHT)	West (PHNT)	South (TSDHT)
More people will be living independently in resilient communities	ASCOF 1E: Proportion of adults with learning disabilities in paid employment	6.0%	8.6%	▲		8.6%	5.6%	3.8%				
	ASCOF 1F: Proportion of adults with mental health needs in paid employment	7.0%				8.0%	7.0%	1.0%				
	ASCOF 4A: Proportion of people who use services who feel safe	69.7%				68.8%	66.4%	70.6%				
	ASCOF 4B: Proportion of people who use services who say that those services have made them feel safe and secure	86.5%				80.8%	89.8%	83.9%				
	Fuel poverty	11.4%	10.9%	▼		10.9%	11.8%	10.8%	10.6%	10.9%	11.2%	10.7%
	Self-reported wellbeing (low happiness score)	8.2%	7.8%	▼		6.9%	7.9%	8.7%				
	ASCOF 1li - The proportion of people who use services who reported they had as much social contact as they would like	4580.0%				42.8%	44.8%	43.1%				
	ASCOF 1lii - Proportion of carers who reported that they had as much social contact as they would like	35.5%				27.9%	26.6%	34.4%				
More people will be choosing to live healthy lifestyles and less people will be becoming unwell	Adult smoking prevalence	14.9%	14.7%	▲		13.5%	18.4%	14.8%	11.9%	15.3%	16.8%	15.5%
	Alcohol-related admissions	2224	1981	▼		1711	2159	2248	1620	1904	1816	2044
	Physically active adults	66.3%	70.7%	▼		72.8%	68.7%	70.7%	76%	69%	70%	70%
	Excess weight in adults	62.0%	64.7%	▲		67.2%	67.2%	59.8%	57%	66%	62%	64%
	Fruit and vegetable consumption	54.8%	60.1%	▼		62.3%	57.2%	60.7%	60%	64%	62%	62%
	Life expectancy at birth (males)	79.6	79.4	▼		80.4	79.0	78.7	80.2	79.5	80.4	79.7
	Life expectancy at birth (females)	83.1	83.1	▼		84.2	82.2	82.8	84.3	82.9	83.6	83.8
	Life expectancy gap (males)	9.4				5.6	8.5	9.4				
	Life expectancy gap (females)	7.4				4.5	6.3	4.3				
	IAF 102a: 10-11 classified overweight /obese	33.9%	29.9%	▼					29.5%			30.9%
	Dementia diagnosis rate	67.9%	59.2%	▼					59.7%			59.1%
People who do have health conditions will have the knowledge, skills and confidence to better manage them	Proportion of people who are feeling supported to manage their condition	79%	82.9%	◀▶		85.1%	76.0%	82.1%	85.5%	84.7%	78.1%	84.0%
	Hospital admissions for self-harm (aged 10 - 24)	421	653.3	▼		593.7	706.1	949.2	480.4	818.2422329	662.4	845.5936263
	IAF 126b: Dementia post diagnostic support	77.5%	77.1%	▼					77.2%			76.8%
	Percentage of people that received an NHS Health Check of those offered	46.5%				77.7%	52.9%	87.9%				
	IAF 127b: Emergency admissions for ambulatory care sensitive conditions	2408.5	2331.0	▼					2185.0			1996.0

Devon ICS Strategic Outcomes Framework

			STP in Context			Local Authorities			STP Localities			
Outcomes	Measures	England	Actual	Trend	STP Chart	Devon	Plymouth	Torbay	East (RDEFT)	North (NDHT)	West (PHNT)	South (TSDHT)
The healthcare system will be equipped to intervene early, and rapidly, to avert deterioration and escalation of health problems	Cancer diagnosed at stage 1 or 2	52.2%	53.4%	▼		56.1%	54.2%	49.9%	58.1%	53.2%	56.1%	52.1%
	Mortality rate from preventable causes	181.5	188.7	▲		161.0	207.3	197.7	164.2	180.25	165.7	178.1
	Suicide rate	9.6	10.8	▼		10.5	9.2	15.7	10.3	12.8	9.5	13.15
	OIS 1.10: One-year survival from all cancers	72.3%							73.6%			74.3%
	OIS 1.4: Myocardial infarction, stroke and stage 5 chronic kidney disease in people with diabetes	100							89.6			112.5
More care will be available in the community and less people will need to visit, or be admitted to, hospital	ASCOF 2Ai: long-term support needs of people 18-64 met by admission to residential or nursing care homes per 100,000 population (LOW IS GOOD)	14.0	16.8	▲		17.7	11.7	22.8				
	ASCOF 2Aii: long-term support needs of people 65+ met by admission to residential or nursing care homes per 100,000 population (LOW IS GOOD)	586	471.0	▼		494.3	637.5	446.9				
	Deaths in usual place of residence	46.6%	53.4%	▼		53.2%	54.5%	53.4%	53.0%	51.8%	55.2%	52.9%
	IAF 127f: Hospital bed use following emergency admission	498.9	397.0	▲					427.5			366.7
People will have far greater control over health services and will be equal partners in decisions about their care	ASCOF 1A: Social-care related quality of life	19				19	19.7	19.4				
	ASCOF 3A: Overall satisfaction of people who use services with their care and support	65.0%				67.9%	72.0%	69.2%				
	ASCOF 3B: Overall satisfaction of carers with social services	39.0%				37.6%	33.6%	37.9%				
	ASCOF 1C(2A): proportion of people who use services receiving direct payments	28.5%	27%	▼		33.3%	22.4%	26.7%				
	IAF 128b: Patient experience of GP services	83.8%	88.6%	▼					89.0%			87.4%
	OIS 2.1: Health-related quality of life for people with long-term conditions	73.7%	72.7%	▼					73.8%			72.0%
	OIS 2.15: Health-related quality of life for carers, aged 18 and above	79.7%	79.7%	▼					80.8%			79.7%
	OIS 2.16: Health-related quality of life for people with a long-term mental health condition	51.9%	52.4%	▼					52.0%			49.5%
	OIS 2.2: Proportion of people who are feeling supported to manage their condition	59.6							63.20			62.40
People will go into hospital when necessary and will be discharged efficiently and safely with the right support in their community	ASCOF 2Bi: the proportion of people 65+ discharged from hospital who remain at home 91 days afterwards	82.9%	79.1%	▼		82.6%	80.4%	70.7%				
	ASCOF 2Bii: the proportion of people 65+ discharged from hospital who are offered reablement services.	2.9%	4.1%	▲		1.8%	3.9%	6.5%				
	ASCOF 2Ci: delayed transfers of care from hospital in year per 100,000 population	1.3	17.5	▲		16.8	15.7	7.9				
	ASCOF 2Cii: delayed transfers of care from hospital in year attributable to social care per 100,000 population	4.3	5.2	▼		4.3	2.1	1.9				

HEALTH AND ADULT SOCIAL CARE OVERVIEW SCRUTINY COMMITTEE

Work Programme 2019 - 20



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
19 June 2019	Update on Primary Care			Mark Procter
	CQC Report on Derriford's Emergency Department			Ann James
	Disability Parking at Derriford Hospital			Ann James
	Integrated Performance Report			Rob Sowden
	Integrated Finance Report			David Northey
31 July 2019	Broadreach/Longreach Update			Ruth Harrell/Gary Wallace/Anna Coles
	Adult Social Care – Future Direction			Craig McArdle
	Healthwatch Annual Report			Tony Gravett
	Devon Long Term Plan Consultation			Ross Jago
	CQC Emergency Department Action Plan			Julie Morgan
	Devon Integrated Care System Performance			Rob Sowden
9 Oct 2019	GP Strategy/100 Day Plan			Mark Procter
	Winter Planning			Ruth Harrell
	Update on Did Not Attends			Amanda Nash
	Health and Wellbeing Hubs			Ruth Harrell
	Budget Report			David Northey/ Ben Chilcott
4 Dec 2019	Workforce Development Strategy			Dr Adam Morris
	Planned Care			
	Fair Shares			
	Loneliness			Ruth Harrell
	Adult Social Care Market			Craig McArdle
	Devon Integrated Care System Performance			Rob Sowden
29 Jan 2020	Maternity Services (Devon-wide Strategy)			
	Integrated Care Partnership			

	Plymouth Safeguarding Adults Board Update			
	Budget Report			David Northey/ Ben Chilcott
25 Mar 2020				
	Devon Integrated Care System Performance			Rob Sowden

Items to be scheduled				
	NHS III Update	Meeting		
	Alliance Action Plan (Substance Misuse)	Briefing Paper		
	Brexit Report – impact on care	To be scheduled		
	Preventative Measures against the Marmot Principles	Workshop		
	Blood Transfusion Service	More information required		
	Disabled Parking at Derriford Hospital	Follow-up report		
	Section 106 and Health	Meeting to be arranged		
	NHS Long Term Plan	To be scheduled		
	Adult Social Care Green Paper	To be scheduled		
	Spending Review	To be scheduled		

Select Committee Reviews				
Spring 2020	End of Life Care/ Compassionate City			
Autumn/ Winter 2019	Community Urgent Care Review			
TBC	Dental Services			
Oct/Nov 2019	Food Justice			

Cross scrutiny items				
Sept 2019	Joint Mental Health Select Committee		Joint Select Committee with Education and Children's Social Care	

Site Visits	
August/September 2019	Visit to Glenbourne Unit (as part of mental health select committee)
November/ December 2019	Residential Home/Extra Care Home (linked to Adult Social Care agenda item)
Spring 2020	St Lukes/Hospital/Livewell SW (linked to End of Life Care Select Committee)

Annex I – Scrutiny Prioritisation Tool

		Yes (=1)	Evidence
P ublic Interest	Is it an issue of concern to partners, stakeholders and/or the community?		
A bility	Could Scrutiny have an influence?		
P erformance	Is this an area of underperformance?		
E xtent	Does the topic affect people living, working or studying in more than one electoral ward of Plymouth?		
R eplication	Will this be the only opportunity for public scrutiny?		
	Is the topic due planned to be the subject of an Executive Decision?		
	Total:		High/Medium/Low

Priority	Score
High	5-6
Medium	3-4
Low	1-2

Health and Adult Social Care Overview and Scrutiny Committee

Minute No.	Resolution	Target Date, Officer Responsible and Progress
19 June 2019 CQC Report on Derriford's Emergency Department - Minute 6	It was <u>agreed</u> that the CQC Action Plan on Derriford's Emergency Department will be presented to the committee in July.	Date: June 2019 Officer: Amelia Boulter Progress: Added to the July agenda.
19 June 2019 Disability Parking at Derriford Hospital - Minute 7	The Committee <u>noted</u> the report and welcomed a site visit to review the parking at the hospital and to review the Site Development Plan in the autumn.	Date: June 2019 Officer: Amelia Boulter Progress: Added to the Work Programme
19 June 2019 General Practice Update – Minute 9	The Committee: 1. noted the report; 2. to schedule a further update in line with the Committee's recommendations in November 2018 (Select Committee minute 13 (4,5,6) refers) 3. reviews the GP Strategy/Commissioning Intentions possibly as joint committee with Torbay Council and Devon County Council.	Date: June 2019 Officer: Amelia Boulter Progress: Added to the Work Programme
19 June 2019 Work Programme – Minute 12	The Committee <u>noted</u> the work programme and requested the following items are added to the work programme: <ul style="list-style-type: none">• Dental Services;• Update on Disabled Parking at Derriford Hospital;• Community Care;• Health and Wellbeing Hubs;• Section 106 and Health;• GP Strategy;• Blood Transfusion Service.	Date: June 2019 Officer: Amelia Boulter Progress: Added to the Work Programme

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