



Oversight and Governance

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HEALTH AND ADULT SOCIAL CARE OVERVIEW AND SCRUTINY COMMITTEE

Wednesday 9 October 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 31 July 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

6. Winter Planning (Pages 9 - 22)

7. Health and Wellbeing Hubs (Pages 23 - 34)

8. Director of Public Health Annual Report (To Follow)

9. Brexit - Verbal Update

10. Plymouth Integrated Fund Finance Report - Month 5 2019/20 (Pages 35 - 56)

11. Devon Integrated Care System Performance Quarter One 2019/20 (Pages 57 - 64)

12. Work Programme (Pages 65 - 68)

Health and Adult Social Care Overview and Scrutiny Committee

Wednesday 31 July 2019

PRESENT:

Councillor Mrs Bowyer, in the Chair.

Councillor Tuffin, Vice Chair.

Councillors Mrs Bowyer, Corvid, Deacon, James, McDonald (substitute for Councillor Mrs Aspinall), Nicholson, Parker-Delaz-Ajete and Tuohy.

Apologies for absence: Councillor Mrs Aspinall.

Also in attendance: Nick Pearson and Jo Turl (NEW Devon CCG), Amanda Nash (University Hospital Plymouth NHS Trust), Tony Gravett (Healthwatch), Danielle Morris (Livewell SW), 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, Councillor Kate Taylor (Cabinet Member for Health and Adult Social Care), Gary Wallace (Public Health Specialist), Craig McArdle (Interim Strategic Director for People), Anna Coles (Director for Integrated Commissioning), Gary Walbridge (Head of Adult Social Care and Retained Functions), Claire Anderson (Strategic Commissioning Manager), Harry Sherwin (Project Manager), Andrew Loton (Senior Performance Advisor) and Amelia Boulter (Democratic Advisor).

The meeting started at 2.00 pm and finished at 4.53 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.

14. Declarations of Interest

The following declaration of interest was made by Councillor Mrs Bowyer in respect of minute 21, knows a volunteer that works for Healthwatch Plymouth.

15. Minutes

The minutes of the meeting held on 19 June 2019 were agreed.

16. Chair's Urgent Business

The Chair highlighted a change to the agenda as previously communicated to Members. The Integrated Care System Performance would be replaced with the Older People's Care Pathway and taken before the Adult Social Care item.

17. **Mapping of Corporate Plan to Scrutiny Committees**

The Mapping of the Corporate Plan to Scrutiny Committees would be a standing item on the agenda. For information and to be used as a reference against the Committee's terms of reference.

18. **Devon Long Term Plan Consultation**

Nick Pearson and Jo Turl (NEW Devon CCG), Amanda Nash (University Hospital Plymouth NHS Trust), Tony Gravett (Healthwatch) and Danielle Morris (Livewell SW) were present for this item.

In response to questions raised, it was reported that –

- (a) the Long Term Plan slots into the operational plan on how the NHS would run from year to year and how this looks for Devon for the next 5 years. They were aware of the workforce challenges and the skills, competencies and workforce would look different in the future;
- (b) they were really clear on the deliverables for next year, such as a reduction of people presenting at hospital, also a priority was mental health and crisis cafes and being able to deliver a better offer within the community and provide that low level support;
- (c) with regard to preventable illnesses, such as obesity and smoking, smoking rates had reduce significantly and were seeing the benefits, however, there were still a large cohort of people that smoked despite the increase in taxation and smoking bans;
- (d) with regard to making the argument for more funding, it was reported that they always raise this and work with local members to have that influence and requested Members to do the same.

The Committee noted the update on the Devon Long Term Plan Consultation.

19. **University Hospitals Plymouth NHS Trust CQC Action Plan: Emergency Department Inspection**

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 the item and referred to the report in the agenda pack. It was highlighted that the hospital had three must do's:

- To reduce crowding within the emergency department: there were two key strands to address this, the estate and environment of the department and the new build was in design stage but they have made some interim

improvements to resus and paediatrics department. Trying to reduce some of the delays and have GP attending minors as a pilot to increase primary care streaming and emergency care nurses undertaking further training to help increase their scope and help reduce the delays;

- Triage. This is a medium term improvement project within the department;
- Recording of clinical observations. Ensuring first set accurately recorded in the clinical notes from the ambulance services or whether we undertake our own set of notes and an audit was in this was taking place.

In response to questions raised, it was reported that:

- (a) they were currently in the process of looking to replace the electronic systems that supports clinical processes. At the last meeting Healthwatch mentioned how e-consult was working in general practice to help streamline the interaction and there was a potential to introduce e-consult to the emergency department to streamline the patients journey;
- (b) joining up information from primary care to the hospital was an important issue and a huge project was currently taking place across Devon, however, they had focused on the immediate actions within the emergency department but was a valid point to include this area of work within the plan to support the future streamlining of the emergency department;
- (c) the challenge for the hospital was to achieve greater connectivity between the various systems, not only within the emergency department, outpatients and for more timely information back to the GP and the hospital were actively exploring this;
- (d) Recently set up a digital board and the technology issues are long standing issues and not unique to the hospital and appreciate the impact to the patients and clinicians. Two possible solutions, one that integrates with the community and other an internal system and have been assessing these two options and would keep the Committee updated;
- (e) the duplication of asking for name, address etc does get replicated a lot but if a front end system that collects the information at the start of the patients journey stops the need to constantly requesting the same information would help the patients pathway;
- (f) the training for triage nurses would be a combination of formal training and internal training. They were also looking at the advanced nurse practitioner to help support the junior nurses be able make some of the decisions at the front end.

The Committee noted the University Hospitals Plymouth NHS Trust CQC Action Plan: Emergency Department Inspection report.

20. **Update following the closure of Broadreach/Longreach House**

Councillor Kate Taylor (Cabinet Member for Health and Adult Social Care) and Gary Wallace (Public Health Specialist) were present for this item. It was reported that following the closure, the 4 patients that were residing at Broadreach have been successfully placed in alternative facilities. As part of the in-patient contract with Broadreach and placed around 20 patients a-year, this contract was over a 10-year period. They were now in discussions with Boswyns in Cornwall to pick that the provision to ensure that patients do not lose loss of service.

In response to questions raised, it was reported that –

- (a) the estimated number of patients have used the facilities at Broadreach and Longreach was 20 in-patient and 10 in re-hab. Plymouth City Council was not a major customer;
- (b) the Alliance had a conversation with the administrator and it became apparent that the business model was unsustainable. Plymouth City Council were made aware of the closure 4 days before they closed;
- (c) it was disappointing that they didn't disclose their current position, however, there were extenuating circumstances on why they didn't share this information with us. The unfortunate closure had helped them to work differently with partners on subsidiaries that were available, if they need financial assistance;
- (d) this was a national problem with many rehabilitation centres closing over the last decade due to cuts in local authority budgets, on-going national discussions were taking place on the current model and whether it was sustainable;
- (e) a lot of people choose not to have their rehabilitation locally because they want to get away from drug dealers and their current environment, also Boswyns have a flexible arrangements in place such as the use of SKYPE to communicate with patients.

The Committee noted the update on closure of Broadreach/Longreach House.

21. **Healthwatch Annual Report**

Tony Gravett (Healthwatch) was present for this item and referred to the report in the agenda. It was highlighted that in October GP evening and weekend appointments commenced, however, this was not communicated widely with the public and they were currently working on public knowledge around that offer. This was a significant programme of change to alleviate the pressures general practice.

In response to questions raised, it was reported that –

- (a) Healthwatch were continuing to reach out and engage with the BME community to gain a better understanding of the different cultures to ensure that services were accessible;
- (b) with regard to children's dental health, parents have approached us regarding access to dental services for their children. These 2 cases were dealt with and children were seen at the Dental Access Centre. The Local Dental Network visit schools to educate children on oral hygiene and oral education. There was a need to think about the homeless population and people living in sheltered accommodation, it was also highlighted that access to dental services crosses a whole age range across the city;
- (c) patients wanting a routine appointment were now having to wait 3 weeks for an appointment. The primary care network which are made up of individual surgeries working together at scale to provide additional services but there were some groups of surgeries that are meant to work together but there were issues around patients being offered appointments outside of their locality and transport issues. Primary Care Networks potentially one way to provide additional services.

The Committee noted the Healthwatch Annual Report 2018 - 19.

22. **Older People's Care Pathway**

Councillor Kate Taylor (Cabinet Member for Health and Adult Social Care), Craig McArdle (Interim Strategic Director for People), (Anna Coles (Director for Integrated Commissioning), Gary Walbridge (Head of Adult Social Care and Retained Functions), Claire Anderson (Strategic Commissioning Manager), Harry Sherwin (Project Manager) and Andrew Loton (Senior Performance Advisor) was present for this item and referred to the report in the agenda.

In response to questions raised, it was reported that:

- (a) they were not seeing a large number of people going into

care homes but currently have a static population and this number would gradually reduce over time. They want to minimise the number of people entering care by providing enablement and for people to stay at home longer;

- (b) over time residential care and the profile of what would be required will change and that information would be analysed. In the next agenda item the market position statement sets out the future needs for residential nursing and extra care provision for the next 10 – 15 years;
- (c) There were night sitting services across the city and how we can more intelligently deploy this services and what we do to enhance what was currently available moving forward;

The Committee noted the Older People's Care Pathway Update.

(This agenda item replace the Integrated Commissioning Scorecard).

23. **Adult Social Care - Future Direction Presentation**

Councillor Kate Taylor (Cabinet Member for Health and Adult Social Care), Craig McArdle (Interim Strategic Director for People), Anna Coles (Director for Integrated Commissioning), Gary Walbridge (Head of Adult Social Care and Retained Functions) were present for this item and referred to the presentation attached.



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Scrutiny Presentatio

In response to questions raised, it was reported that -

- (a) there were a range of services within the system that were not necessarily joined together in a cohesive way. They were looking at providing a consistent offer to ensure timely access to services, however, they still had some improvements to make around joining services together to improve pathways and manage the demand;
- (b) the work they were undertaking would address managing demand in particular looking at the services for people living more complex lives and how services would be provided in a more appropriate way;
- (c) the workforce relates to the social care workforce and it was reported that they were reviewing the operating model and have found that there was a high dependency on

highly professional staff providing information and advice. As part of the review they were looking at the access to advice out in the communities and this would then reduce the interfaces with the highly professional staff. They were also looking at ways of building a more resilient workforce and how they promoting career opportunities within the social and healthcare landscape;

- (d) from the outcomes adult social care were performing well over and there had been big improvements on hospital discharges, they have expanded extra care which was about the right care, right time and right place and were opening disability schemes this years, however they do need to do better for the vulnerable adults in the city;
- (e) the quality care team were now focussing on the domiciliary care work, working with the providers, workshops to ensure they were inspection ready and want to improve the quality standard;
- (f) there was a requirement by law for providers to pay their staff the national living wage;
- (g) some of the challenges with care and keeping people in their own homes and how they acquire services right for them as well as respecting confidentiality and how family members are supported. Real peoples experiences help them to understand how improvements can be made to services;
- (h) the workforce agenda was a conversation taking place across the STP and they were engaged in a number of initiatives such as Proud to Care and giving more recognition for choosing a role in care sector. It was also not just about money but other values a person would find in the role, they were also looking at career paths and what motivates people to return to care and having the right mechanisms in place to catch them, more flexible arrangements for a more sustainable workforce;
- (i) as part of the assessment in the home it was a requirement to identify children in the home and this was taken into consideration when planning support and to not overly burden the child.

The Committee to note the future direction of Adult Social Care.

24. **Work Programme**

The Committee noted the work programme.

25. **Tracking Decisions**

The Committee noted the progress made against the tracking resolutions.

Health and Adult Social Care Overview and Scrutiny Committee



Date of meeting:	9 October 2019
Title of Report:	Health and Social Care Winter Planning
Lead Member:	Cabinet Member for Health and Social Care
Lead Strategic Director:	Craig McArdle (Interim Strategic Director for People)
Authors:	Elaine Fitzsimmons, Head of Urgent Care Commissioning NHS Devon CCG David Brown – Winter Lead Director University Hospitals NHS Plymouth Trust Sarah Mackereth – Acting Chief Operating Officer Livewell Southwest CIC
Contact Email:	e.fitzsimmons@nhs.net
Your Reference:	EF.10.2019
Key Decision:	Information for the Health and Adult Social Care Overview and Scrutiny Committee No decision required.
Confidentiality:	Public information

Purpose of Report

This presentation is provided to summarise key work being taken by local partners to plan for winter 2019/20.

Winter and resilience planning are a continuous process whereby partners explore and test different ways of working, consolidate best practice and consider additional actions which can be taken to ensure patient safety during period of heightened health and social care activity.

The presentation provides an opportunity to share with members the lessons learnt during last year, and the impact this has had on our planning. Specifically, in March when last attending the committee, the need to understand more about the demand and the pressure this was creating was requested and this presentation provides the opportunity to share the outcomes of this work and how it has influenced planning for this winter.

Recommendations and Reasons

- To provide assurance that comprehensive work has been undertaken in relation to attempting to understand urgent care demand and building this into the local work plan.
- To provide assurance that commissioners and providers continue to learn and build upon prior experience.
- To provide assurance that planning for winter is being done in partnership with due regard to key risks and challenges to the system.

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Planning for Winter

Presentation for the Health and Adult Social Care Overview and Scrutiny Committee

Elaine Fitzsimmons – NHS Devon CCG

David Brown – University Hospitals Plymouth NHS Trust

Sarah MACKERETH – Livewell South West CIC

Overview of presentation:

- Last winter – a short reminder of key issues.
- Work undertaken to understand demand by the community.
- Winter planning this year – demand led work and system challenges.



Last winter.....

Started well

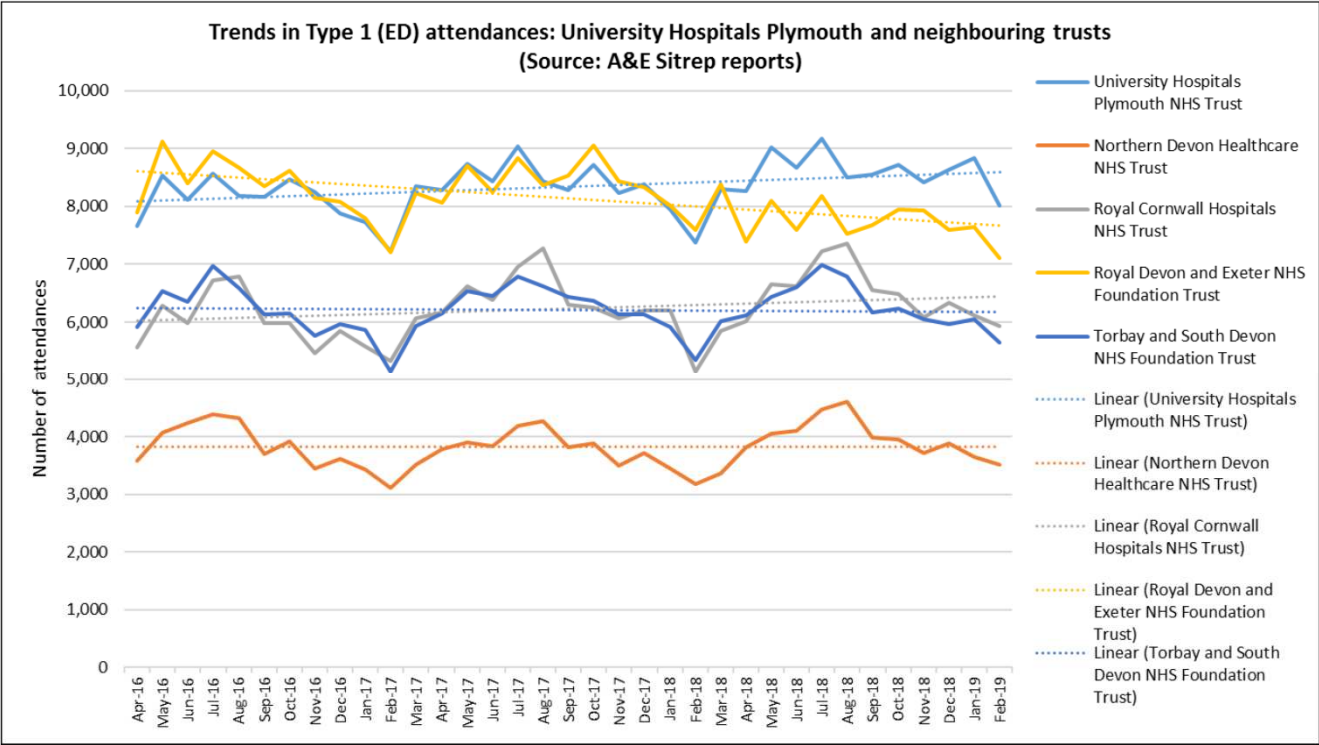
- ✓ Planning appeared to be working up to an including Christmas weeks and early January.
- ✓ Flu numbers were down.
- ✓ Weather was reasonable.

Then

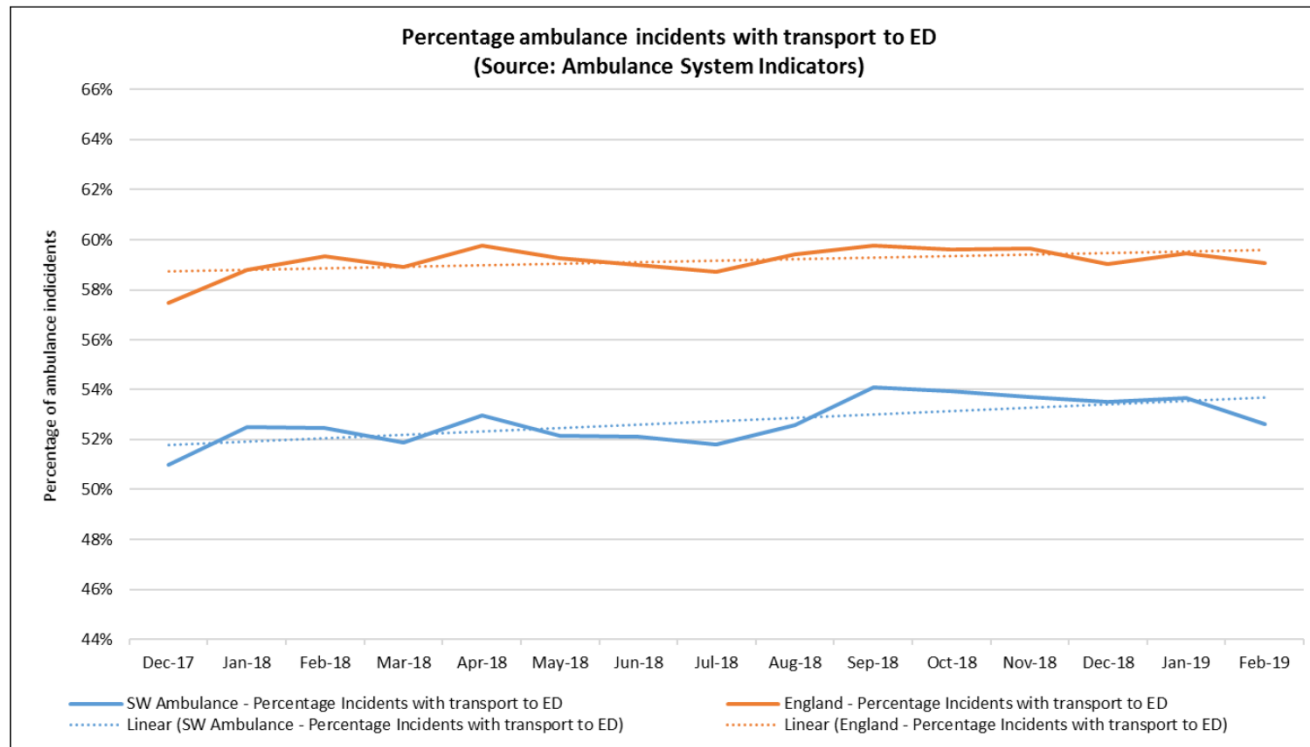
- Started to highlight increasing demand levels in western locality – especially ambulance led demand but also higher acuity in patients, poorly and taking a while to recover.
- More than other areas in Devon
- Sustained pressure with little respite creating challenge to de-escalate
- End of February , beginning of March sub 40% performance for ED – national and local intense review of performance and patient safety.



Comparison with other communities....



Ambulance conveyances.....



Reflection....

Good.....

- ✓ D2A model for home based care worked well and increased number of people being cared for at home.
- ✓ Use of care home beds was more measured.
- ✓ Length of stay metrics were some of the best in the country- extended length of stay.
- ✓ Delayed transfers of care were at target levels.
- ✓ Modelling of capacity and demand in bed based setting was accurate. (Bed allocation plans).
- ✓ Oversight of demand and patient flow much improved on previous years.

Could have been better.....

- Workforce challenges affected every provider and prevented flexibility.
- We cancelled a lot of elective surgery.
- Flu numbers were low but level of hospitalisation and ITU usage was high.
- Frailty and ambulatory capacity was not sufficient.
- Difficulty 'bouncing back' after periods of escalation.
- Seven day capability.



Understanding Demand

Our approach:

- mix of qualitative and quantitative activity,
- GP's going into ED to speak with patients and clinicians
- GP's and commissioners discussing demand drivers with primary care teams
- review of ambulance conveyances
- patient safety reviews (end to end assessment of impact).
- Independent review of all data commissioned by the NHSE



Findings.....

Overall the increase in demand is real.....

- There has been a gradual increase in ED activity at UHP over the last three years but a more dramatic change in four hour performance.
- In a number of measures UHP and the local health economy is better than the England rate for things that should reduce the number of ED attendances. These include: the percentage of ambulance calls that result in ED attendance, 111 advice to attend ED and a reduction in the number of self-referrals to ED.
- Trends that are moving in the “wrong” direction are: an increase in GP referrals to A&E, A&E HRG complexity, growth in the elderly population and four hour performance.
- The continued story of primary care unable to manage demand is influencing the public, to the extent that they choose not to try their own practice.




Demand led work for the system...

- **Applying the learning from the Coastal Locality team who have reduced their admission rates significantly by providing wrap around community services, identification of high-risk patients, and rapid access to intermediate care and frailty services.**
- **Targeting people with respiratory disease to prevent unnecessary admissions when care could be better provided through preventative measures and ambulatory care.**
- **Reducing the numbers of people unnecessarily being admitted to hospital or attending ED because of poor communication around end of life care.**
- **Supporting diminished primary care capacity to assess and manage on the day care, through operational and digital support.**
- **Increase the ability to provide same day emergency care services – frailty services, ambulatory care, extension of the Cumberland Centre capacity.**



Winter planning this year - key challenges

- Workforce capacity – this is an issue across **all** providers, be it capacity or capability for urgent care. A local workforce plan has been developed but the wider organisational and people development design must not be overlooked.
 - The level of success of our demand plans relies heavily on confidence in new models of care for professionals to use and concerns about our ability to redirect people to other locations without risk of complaint or litigation.
 - Understanding & responding to the impact of mental health and stress on the use of urgent care.
 - Competing challenges of high numbers of 52 week wait and 2 week wait patients waiting for surgery, combined with increasing trauma network related activity.
 - Care home capacity in Plymouth meets demand but neighbouring communities in Devon and Cornwall, particularly for dementia and challenging behaviour may put pressure on our capacity to discharge.
 - Escalation options – as a system that has OPEL 2/3 as business as usual the ability to escalate becomes more challenging.
- 

Conclusion:

- There has not been any dip in activity to allow teams to regroup this year, demand has been relentless. **Winter will be challenging for all stakeholders.**
- Winter & resilience planning is an incremental process, learning from previous experience, keeping the options which work and moving on from those which don't.
- We need to keep continuing to improve in key areas e.g. discharge planning, length of stay reductions, ambulatory care, frailty services. Innovation & new ideas are important but we must still keep fine tuning services that work and ensure they derive the maximum benefit.
- This year we have spent a considerable amount of time focussing on trying to get behind the drivers of demand and obtaining a shared commitment that we are doing the right things together.
- This year we have invested time and prioritisation to those actions which link the wider community with urgent care and build on last ' successes and are seeing some good progress so must keep going! e.g. .
 - High intensity users offer - linking with social prescribing
 - Wrap around community services to support the ability of primary care to keep people at home (CCRT, paramedics, frailty specialist services in primary care)
 - Proactive care home visiting with time to care for primary care



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Health and Adult Social Care Overview and Scrutiny Committee



Date of meeting:	09 October 2019
Title of Report:	Health and Wellbeing Hubs update
Lead Member:	Councillor Kate Taylor (Cabinet Member for Health and Adult Social Care)
Lead Strategic Director:	Ruth Harrell (Director of Public Health)
Author:	Rachel Silcock (Strategic Commissioning Manager)
Contact Email:	rachel.silcock@plymouth.gov.uk
Your Reference:	N/A
Key Decision:	No
Confidentiality:	Part I - Official

Purpose of Report

To provide an update on the progress of implementing a programme of Wellbeing Hubs

Recommendations and Reasons

To note the report

Alternative options considered and rejected

N/A

Relevance to the Corporate Plan and/or the Plymouth Plan

The Wellbeing Hubs support the Council's Value as a Partner, because they are being developed as a partnership between the Council, Commissioned Services, the wider Voluntary Sector and other organisations such as Livewell Southwest and University Hospitals Plymouth NHS Trust.

The Hubs also support our vision of Caring Plymouth, working with residents towards happy, healthy and connected communities where people lead safe and fulfilled lives. The focus of activity in the hubs is on early intervention and prevention and the promotion of both physical and mental health and wellbeing. A range of services and opportunities are being developed to keep adults and whole families safe and through the targeted provision of health improvement and information and advice, there will be a reduction in health inequalities.

Implications for the Medium Term Financial Plan and Resource Implications:

Following some initial pump priming from the improved Better Care Fund in 2019/20, the Hubs will be cost neutral or potentially make some savings in terms of commissioned services. The important point about efficiencies is that as the Hubs develop they should take pressure from health and social care services. Hubs are essentially about prevention and early intervention and the evidence shows that ultimately if we spend money downstream in this way, savings will be made in more costly upstream or specialist services.

Carbon Footprint (Environmental) Implications:

Providing services locally in neighbourhoods saves people from having to travel, which should reduce traffic flow into the city centre for example to visit advice services or Derriford

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.

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Appendices

*Add rows as required to box below

Ref.	Title of Appendix	Exemption Paragraph Number (if applicable)						
		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.						
		1	2	3	4	5	6	7
A	Briefing report title							
B	Equalities Impact Assessment (if applicable)							

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)						
	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.						
	1	2	3	4	5	6	7

Sign off:

Originating Senior Leadership Team member: Ruth Harrell

Please confirm the Strategic Director(s) has agreed the report? Yes

Date agreed: 23/09/2019

Cabinet Member approval: Kate Taylor approved by email

Date approved: 24/09/2019

WELLBEING HUBS

Wellbeing Hubs have been identified as a priority for our system through the Commissioning Intentions, and by the current administration (pledge no. 54 of 'Our 100 Pledges for a Plymouth to be Proud of').

The aims of the Wellbeing Hubs are to:

- Align services so that they work better for people, giving them a coherent 'journey' through the services that they may need to improve and promote their own health and wellbeing. This is particularly aimed at helping people to find services that are more appropriate for their need than a GP/A&E.
- Help people and communities to support each other, by bringing the current CVS services together and enabling people to better support themselves.



Both of these aims should result in finding the most cost-effective intervention for the person when they need it and support the systems ambitions of an Integrated Care Model for Plymouth which:

- Promotes health through integration
- Empowers communities to take active roles in their health and wellbeing
- Offers locality-based care model design and implementation
- Shifts resources closer to home, or in people's own homes
- Facilitates health and social care integration

There are currently four Wellbeing Hubs open across the city; Jan Cutting Healthy Living Centre, Four Greens Community Trust, Improving Lives and Cumberland Centre (specialist hub), with a Sports and Community Hub at Manadon linked to the Four Greens Hub.

WELLBEING HUBS MODEL

Wellbeing Hubs have been developed through the Wellbeing System Design Group, with input from the evidence base and a detailed review of need and assets in each area of the city.

There is clear evidence that social prescribing can offer efficiencies and is effective at linking people to services and other forms of support that can help them to improve or better manage their health, reducing the use of healthcare services as well as improving their health and wellbeing. This service is therefore pivotal to the success of Hub. It is essential that the social prescribers can link people into the right range of services and opportunities, providing that support to get them back on track through supporting any immediate concerns ('what matters to me?') and then supporting and promoting their health and wellbeing in the future through

building their resilience, and making links to their community. These services are partly commissioned by the Council or CCG, but the vast majority are provided in the area by the VCSE, and we are helping to ensure that the right person accesses these opportunities when they need it.

The System Design Group is comprised of partners across the city who have some role in the health and wellbeing system; GPs, community and hospital service providers, commissioners, and the VCSE. Through the SDG we have developed and tested the model, but more importantly we have developed and built relationships between different people who often work with a similar cohort of people but were not aware of each other, or how to work together for those people.

Target Operating Model

The target operating model details how individuals are signposted from community and statutory services to a range of preventative services.

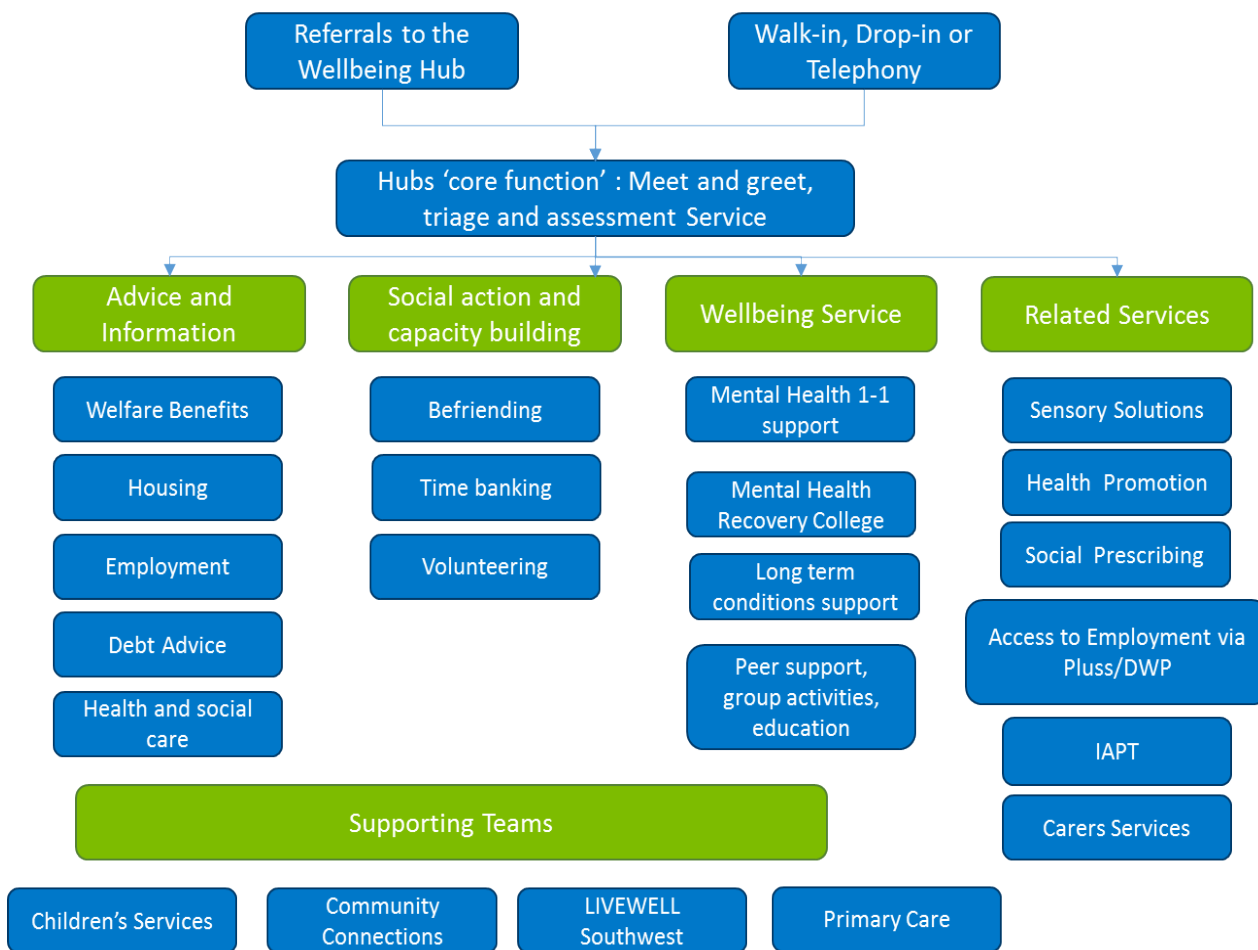


Figure 1 Services supporting Wellbeing Hubs

Commissioned Services

The physical Wellbeing Hubs are the enablers to improve accessibility to services. There is currently an annual commissioning spend of £2,495,456 on Advice and Information, Wellbeing and Health Improvement services. These commissioned services are being remodelled to meet the requirements of the Wellbeing Hubs model.

The new contracts will shape the way in which people experience support in their communities and for many will act as a gateway to receiving more appropriate support closer to home. The contracts are:

Health Improvement – Awarded to Livewell Southwest (2017)

Advice and Information – New contract start date Oct 2020

Wellbeing Services – New contract start date Oct 2020

Social Prescribing Service – Awarded to the Wolsley Trust in January 2018, from July 2019 the direct contract with the Council has reduced with the majority of the service being picked up by Primary Care Networks

Workforce development

The new way of working needs to be strengthened by the skills and knowledge of the staff and teams involved. Many of the organisations that make up the Wellbeing hub networks have an excellent knowledge of local services and understand the cultural changes required. We have been working with the current Wellbeing Hubs to assess the skills gap and have started to roll-out training to both the Universal and Targeted tiers of the Wellbeing Hub model, including MECC (Make Every Contact Count) and Information and Signposting training using the Plymouth Online Directory. Currently we are developing common key job roles for the hubs and agreeing on the associated training linked to each role.

The lead organisations for the Hubs are working with the Leadership Centre, as well as commissioners, to develop the model, share learning and to push the boundaries of what is required; it is a shared ambition that the whole will be greater than the sum of its parts.

WELLBEING HUB PROGRESS

There are currently 4 Wellbeing Hubs opened across the city with three more opening within the next few months (Stirling Road, Plympton and Mount Gould). The existing hubs cover more deprived areas of the city, as well as one hub with specialized remit to support a number of key groups city-wide (carers, sensory impairment, learning disabilities and veterans).

The hubs have fallen into two categories; ones where a physical location already exists which has capacity and willingness to host the Hub, and ones where there is a need for redevelopment. The four hubs currently open, plus the next two hubs to open (Stirling Road GP surgery and Plympton Rees Centre) fall into this first category and this has enabled them to be up and running.

For the remainder, there is a requirement for capital build to fully implement the vision; however, given the complexity of this, we are already working with partners in these areas and are developing an 'interim' offer which will provide the communities with a Wellbeing Hub in their area utilizing current community buildings. We will therefore be updating these timelines shortly with a date in the near future for this interim offer, while we continue to plan for the full capital builds. It should be noted that connections have been made around different sites that involve; children's centres, libraries, primary care facilities, youth centres as well as VCSE owned sites.

In addition, the Manadon Sports and Community Hub which is run by Argyle Community Trust and is a sub-hub of the Four Greens Wellbeing Hub and is already demonstrating the importance of improving the links between Wellbeing services and opportunities for physical activity.

The table below summarises progress to date.

City Centre Hub

Progress has been made towards the development of a city centre Health and Wellbeing Hub which will meet the needs of a range of people; from local residents, to people in the wider areas of Plymouth who work or visit the city centre. Current plans include, as well as a Wellbeing Hub, a GP practice, a dental practice (providing additional dental capacity to the city) as well as a range of other services such as long term conditions currently under consideration.

Stonehouse 'Complex Lives' Hub

Our partners, Shekinah, have been working towards a move of site and co-location of a range of services tailored around people with more complex needs (clearly linked to the Alliance contract). This would also involve Adelaide GP practice, who deliver outreach services for complex lives patients. Whilst this is a variation on the model for a Wellbeing Hub, there are similarities and we have included this under the Hubs Programme Board for information.

Phase 1		Estimate Opening
Jan Cutting Healthy Living Centre	A Wellbeing Hub in a deprived area, providing full range of support to the local community. Includes Head Space, an out-of-hours service for people who consider that they are approaching a mental health crisis. This runs in a non-clinical setting with a safe, calm and structured environment, with the goal of de-escalating crises.	OPENED March 2018
Four Greens	A Community Economic Development Trust in a deprived part of the city covering Whitleigh, Manadon, Honicknowle and Ernesettle. It already includes a Children's Centre and community activity; is now developing an offer for people with long-term conditions including time banking, education, peer support; is a target area for the National Diabetes Prevention Programme.	OPENED 12th October 2018
Manadon Sports and Community Hub	This is a partnership with Plymouth Argyle Community Trust and forms part of the Four Greens Hub 'family'. As well as football and cricket pitches it provides a range of indoor and outdoor physical activity for people who have difficulty accessing some of the more mainstream offers, for example people with mental health issues, older people and sight impaired	OPENED 28th June 2019
Improving Lives, Mannamead	A Wellbeing hub with a specific remit to work across the city to promote and improve the health of some specific groups in the population who are in need, including veterans, carers, people with learning disabilities and those with Sensory disabilities, whilst also serving their immediate communities.	OPENED 27th October 2018
Stirling Road Surgery	Stirling Road Surgery is a GP Practice in a deprived area. The Wellbeing element of the hub will be delivered across 3 locations in a hub-and-spoke manner; the GP practice, the local library (St Budeaux) and in Barne Barton (Barne Barton is an isolated deprived area). We are working with Access Health Care to launch the Wellbeing Hub, building works have led to a slight delay to the formal launch.	OPENING SHORTLY; Autumn 2019
Cumberland Centre	The Cumberland Centre is an Urgent Treatment Centre including locality mental health teams and a large GP Practice and a pharmacy within the same complex. Work is underway with Livewell Southwest to launch a Specialist Wellbeing Hub in March 2019. There are existing good relationships with some community organisations, the challenge will be to make the Cumberland Centre as a community venue as well as the Minor Injuries Unit.	OPENED 22nd March 2019
Rees Youth Centre, Plympton	There are two components to the Rees Youth Centre; utilisation of existing building to establish a Wellbeing Hub and development of a Targeted Health and Wellbeing Hub which sees a review of the whole site. The first component was scheduled for March 2019, but has been postponed to enable consideration of a number of other potential connected developments.	OPENING SHORTLY: Winter/Spring 2020
Phase 2		
Efford	Council owned Youth and Community Centre, OPE plan to redevelop site as a health and wellbeing hub including a GP practice and pharmacy, youth and wellbeing facilities. In discussion with local primary care and youth teams to understand their requirements.	March 2020
Estover	Building yet to be identified, will work with GPs and Livewell Southwest to identify a building. Smaller known community offering which could prove a challenge.	March 2020
Southway	Building yet to be identified, the local youth and community centre is already a hub of local activity providing support to mainly children and young adults. We are to review this and other public sector buildings to understand viability.	March 2020

City Centre (Colin Campbell Court)	In early stages of planning, it is hoped to develop a GP practice, Dental surgery and Wellbeing Hub in a city centre building which is about to undergo comprehensive refurbishment. The area in the city centre is easily accessible and regularly used by our most in-need communities; it is also close to other facilities such as pharmacy, Council 'First Stop Shop', a Memory Café (dementia support) and the local market. We are also working to develop a dental practice led by the social enterprise connected with the Peninsula Dental School.	TBC
Stonehouse	A 'Complex Lives' hub, based in one of our most deprived areas, which will provide services for people and families with significant health, social and wellbeing challenges (such as the homeless and those with substance misuse issues). This will include a GP practice with specialist skills working with this group. Being led by CVS. Not an original Wellbeing Hub, but similarity between the schemes means this work now benefits from the oversight of the Wellbeing Hubs programme board and will prevent duplication in neighbouring hubs.	TBC
Mount Gould Local Care Centre	Mount Gould is subject to a master planning exercise which will result in more acute services being delivered here and will include GPs and wellbeing services.	TBC

IMPACT SO FAR

The benefits across the system have been considered, and will be evaluated, using a logic model approach; there are a number of outputs which will lead to short term outcomes, which will build into longer term outcomes. We will be taking a formative evaluation approach, which is appropriate for a set of services that are responsive to local need and will be developed iteratively.

Jan Cutting

The first Wellbeing Hub, Jan Cutting Healthy Living Centre, launched in March 2018. Since the launch of the Wellbeing Hub, the Wolseley Trust which runs the centre has put in place a much greater range of wellbeing activity as follows:

- Launch of Headspace – Mental Health crisis café with evening and weekend cover
- Advice Plymouth doing specialist advice outreach in the building
- Pluss worker – delivering their Building Better Futures (Lottery programme) in the building to support people to move nearer to employment

In the last month, the Wellbeing Hub has been averaging a count of 729 people visiting per week. This is based on people coming through the door and accessing services and activities i.e. support groups, exercise groups, counselling. It doesn't include the café, the social prescribing service which is based in the building or the total service users for partners in the building.

The Trust report that there is also much better partnership working between statutory and voluntary sector services, for example Plymouth City Council housing staff and Livewell Southwest health and social care staff working together through the Wellbeing Hub.

These approaches have then been adopted by other Hubs, as well as developing their own approaches. Four Greens, for example, has been at the forefront of the development of Multi-Disciplinary Teams, led by a local GP and involving a wide range of providers who can come together to offer support for individuals and families in need.

Four Greens

Four Greens Community Trust was the second Wellbeing Hub launched in October 2018 and covers the neighbourhoods of Honicknowle, Manadon, Whitleigh and Ernesettle. They also provide Wellbeing activity at the Manadon Sports and Community Hub.

A snapshot of activity at Four Greens found that during the week of the 16th to 22nd September 2019, there were 244 attendees at the Hub of which 166 were unique users. Outreach Sessions supported by Four Greens Community Trust at Honicknowle Phoenix Centre, The Space Centre Ernesettle and the Manadon Football Development Centre were provided to 101 attendees of whom 96 were unique users.

As part of the evaluation and monitoring week general information requests received either face to face or by e mail / telephone to ascertain the variety of information being requested and during the week included: where someone could access local first aid courses, wanting support in giving up smoking, times of local buses, where the local GP practice was, what age do you have to be to attend the street dance classes, wanting information about Barnados sessions that run from the Centre, information about the work of Timebank, times of the Podiatry Service appointments and information about the community garden that is being created at FGCT

As well as compiling the quantitative data above people were asked about their experience of the Four Greens Community Trust and asked one basic question: had the Wellbeing Hub made a positive contribution to their wellbeing? From the responses received (148) 91% said the Wellbeing Hub had supported them in their Wellbeing, 5% said they had not been coming to the Centre long enough to provide a fair assessment, 2% did not answer the question. 2% said it had not made a difference to their wellbeing.

Comments Received:

- Although coming to a medical appointment it is great to come to a building that is welcoming and does not feel like a hospital / medical centre
- Friendliness of the staff they make me feel welcome and nothing is too much trouble.
- Quality of the building and the rooms available for hire
- Needed some first aid after feeling faint and the staff were so professional and caring when helping me
- My son loves the street dance and so good not to have to travel out of area to get to the sessions
- Reception staff knowledgeable and informative
- Attending the Eat Well and Long Term Conditions Programme has made me realise why I have to change my Lifestyle
- Without Four Greens and the agencies that have helped me I would not be now getting myself out of debt and feeling positive about my future.
- I come to the Centre to pick up food for the weekend and this really helps me to feed my family.
- Not only can you come and see specialist services but you can come and do fun activities and I have attended community Barbeques and table top sales at the Centre
- Thought my playing days were over but Walking Football has made me realise you are never too old to become actively involved
- Tea and Toast is the highlight of my week, I look forward to being part of a caring group that just wants to support me and other members of our community

Mannamead

Mannamead Hub has had 1799 visitors from June to August 2019 (around 138 per week), including carers, people with learning disabilities, people with mental health issues and families. The following case studies give a flavour of the types of activity at Mannamead:

Case Study 1: Compton Primary School were going to have to stop their popular Service Families Coffee Morning due to a lack of venue. We offered space in the Mannamead Hub and they continue to deliver their Service Families coffee Morning on a weekly basis to families in need from the Hub.

Case Study 2: X has a learning disability and had long term paid work before a serious illness hit. X's life changed dramatically at that point, loss of independence, loss of work and social networks and the illness profoundly affecting X's ability to communicate with others. X became socially isolated and depressed. A visit to Better Futures was arranged by adult social care. X has now been attending for a couple of months, has joined our ICT, Numeracy and Digital Photography group, participated in craft activities and is joining a visit to the National Marine Aquarium next month. X is starting to develop friendships and is a pleasure to support. We hope that in time, with the right support, X may feel ready to return to the world of work in some capacity.

Social prescribing

In April 2018, social prescribing was made available to 19 practices across Plymouth, focussing on the more deprived areas of the city. This was very much welcomed by GPs, and demand was high from the beginning and has increased.

An objective measure of wellbeing, the Warwick-Edinburgh Mental Wellbeing Score, is routinely used to measure wellbeing at the start of the intervention as well as at the end. The majority of patients are seeing a significant improvement in score by the end of the intervention (10-12 weeks). Longer term follow up is attempted, but fewer people engage with this. Those that do are very positive about the service and the changes that they have been supported to make to their lives.

The Wolseley Trust have also received some funding from the DOH for evaluation which is being used to fund a University Researcher in Residence, to track the longer term outcomes. This evaluation will also look at the people who did not attend or who didn't take up the options offered to find out why.

The key system outcomes are;

- Reduced levels of frequent attenders at traditional services
- Reduced levels of prescribing of anti-depressants for mild to moderate depression
- Reduced prescribing of other medication, e.g. opioids and gabapentinoids in patients with chronic pain
- Reduced numbers of referrals to secondary mental health services

In addition, an Ernesettle GP has been carrying out an audit of patient records to look at their use of healthcare services before and after social prescribing. This has shown very promising results both for GP and emergency hospital attendances, but is currently based on small numbers:

Sample of Ernesettle patients

Review at 6 months before accessing Social Prescribing and 6 months after:

Patient	1	2	3	4	5
GP visits before	11	13	4	2	3
GP visits after	2	4	8	1	3
ED visits before	1	0	0	0	0
ED visits after	0	0	0	0	0
Out of hours before	0	1	5	0	0
Out of hours after	0	0	0	0	0

Patient 1 , 39 yr old male , low mood , chronic pain , out of work

Patient 2 55 yr old male anxiety , chronic pain

Patient 3 68yr old male . low mood . physical disability

Patient 4 50 yr old male social problems, Learning disability

Patient 5 58 yr old female pain issues

GP feedback

"I have found having a new resource very useful. It works extremely well being co-located. Very positive feedback from clients referred." Dr Marc Epps, Southway Surgery.

"We have been working with the Wolseley Trust since April time so a relatively short period. Feedback from clinics is that they have appreciated another avenue in where to send patients and the uptake has been higher than expected." Kerry Alkins, Efford and Laira Surgeries.

"Excellent service & staff are aware that they need to use it more." Alison Shelton, Friary House Surgery.

Conversation with Elaine Boardman, Budshead surgery: "The staff at the surgery find the project very valuable and have had no problems with referring to the service. It's difficult to say whether it has helped reduce pressure on GPs as the project is still young and cases are only just starting to be closed with positive outcomes. Feedback generally from staff at a recent Sound Health Alliance meeting was that it's a valuable resource and they would like to see it continue and develop".

Case studies

A gentleman with long term brain damage, a learning disability, depression and chronic insomnia was referred by his GP because he has been prescribed multiple medications by multiple GPs, but none of these had helped and so they have been stopped. His GP believed he may benefit more from social prescribing. Sleep hygiene was

discussed with him and the link worker explored what had/had not helped in the past and his activity levels during the day. He was referred to a local walking group, 'Walk & Talk', to help with increasing his physical activity levels and social interaction. He has now attended 4 times, going along most weeks and enjoying the local walks. He was supported to access Plymouth Mind, where he is now attending workshops on Managing Insomnia and Mindfulness to help him with his depression and to be able to relax at night times. He was also referred to Advice Plymouth for support with his benefits as his financial situation puts him under stress and this contributes to the insomnia and low mood. There has been a noticeable increase in his WEMWBS scores so far, particularly in terms of a reduction in his isolation, his ability to deal with problems and make decisions himself.

A lady in her late 60's has been looking after her two Grandsons for the last ten years. One has left home and the youngest has started an apprenticeship. This has left her in financial uncertainty due to certain benefits being stopped. At assessment she explained that she wasn't sleeping, was extremely anxious and couldn't see a way out. She was initially referred to Advice Plymouth and, in the meantime, went on the Turn2us website with her link worker to provide reassurance about her benefits. Advice Plymouth gave her an emergency appointment 2 weeks later and helped her sort out her finances and assisted her in claiming what she was entitled to.

The lady expressed deep gratitude at not only being shown a way forward with the situation, which she said she wouldn't have been able to work out herself, but also for emotional support and a listening ear. She said this empowered her to act and lifted her from a 'very dark place.'

A 45-year-old male was referred by his GP. He lives alone, is separated from his wife and two children and not working. He was struggling with bills, food and lives in a flat with no fridge or bed and told us he often felt suicidal and alone. He was uncomfortable about asking for help.

He was given information about the following organisations:

The Salvation Army for a food parcel, support with job hunting, CV writing, men's club and somewhere to visit if he feels lonely and isolated.

Time Bank to meet other people and offer his gardening and technical skills to others while he received support for himself by building up his Timebank hours.

Tea and Toast at Four Greens for an opportunity to meet others.

Advice Plymouth helped with debt including water debt.

Shekinah for further support for food, training opportunities, clothing, community support and volunteering.

Freecycle to help him furnish his flat.

He engaged with the Salvation Army and attended regular appointments and spoke to Time Bank about groups and activities he could start with. At his last session his goal was to attend Shekinah and access some of the courses and activities they offered.

All this was offered whilst working through 8 sessions with him. He was supported and encouraged to take steps at his own pace to get involved with the above and discussed his barriers and confidence levels. He was made aware that he could re-refer himself to the service at any time if he felt he would like further support to access some services when he is ready.

Advice and Information

Our advice and information service, Advice Plymouth, has been running for many years. The service will be accessible via the Wellbeing Hubs (as well as other contact methods).

The service deals with some 2500 enquiries every month: around 80% of these are managed digitally, a significant number over the telephone, but the more complex are dealt with face-to-face. Numbers vary significantly, from around 50 - 150 per month.

Benefits advice is a key topic; typically in a three month period, the team support people in accessing over £1 million of benefits that they are eligible for, but not claiming.

Debt, fuel bills, housing and employment are also significant numbers of enquiries.

Head Space for mental health crisis support

Head Space offers an out-of-hours service for people who consider that they are approaching a mental health crisis. The service was initially run from the Jan Cutting Healthy Living Centre, which provides a non-clinical setting with a safe, calm and structured environment, where individuals can go to access peer support.

Staff and volunteers are on hand to provide support in both 1:1 and group settings, with the goal of de-escalating crises, setting achievable goals and (where appropriate) working with the Wellness Recovery Action Plan. Onward referrals/signposting will take place as required.

Clients do not need a formal appointment, and can also self-refer to Head Space by attending during our opening hours. Partners such as the Police are able to offer this in appropriate circumstances, offering an alternative to the hospital. Unusually, intoxication (as long as this is in the absence of violent behaviour) is no barrier to being supported.

Following the success of this model, Head Space is now also available at Four Greens Wellbeing Hub and at the Rees Centre in Plympton.

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Health and Adult Social Care Overview and Scrutiny Committee



Date of meeting:	09 October 2019
Title of Report:	Plymouth Integrated Fund Finance Report – Month 5 2019/20
Lead Member:	Councillor Kate Taylor (Cabinet Member for Health and Adult Social Care)
Lead Strategic Director:	Andrew Hardingham (Service Director for Finance)
Author:	Helen Foote, Finance Business Partner (Integrated Commissioning and Public Health) Ben Chilcott, Associate Director of Finance Devon CCG
Contact Email:	Helen.foote@plymouth.gov.uk
Your Reference:	DJN.HF10/2019
Key Decision:	No
Confidentiality:	Part I - Official

Purpose of Report

The Plymouth Integrated Fund Finance Report is a joint report produced by Plymouth City Council (PCC) and the Devon Clinical Commissioning group (CCG). It sets out the budget and latest forecast of the position projected to the end of the financial year, being 31 March 2020.

The primary purpose of this report is to detail how the Council and Devon CCG are delivering against its financial measures using its revenue resources.

Recommendations and Reasons

The Overview and Scrutiny Committee is recommended to note the contents of the report.

Alternative options considered and rejected

None considered as it is a statutory requirement to report on the use of the Council's budget funds.

Relevance to the Corporate Plan and/or the Plymouth Plan

PCC's contribution to the Integrated Fund of £254m represents 51% of the Council's total gross budget for 2019/20. This report is fundamentally linked to delivering the priorities within the Council's Corporate Plan. Allocating limited resources to key priorities will maximise the benefits to the residents of Plymouth.

Implications for the Medium Term Financial Plan and Resource Implications:

Robust and accurate financial monitoring underpins the Council's Medium Term Financial Plan (MTFP). The Council's Medium Term Financial Plan is updated regularly based on on-going monitoring information, both on a local and national context. Any adverse variations from the annual budget will place pressure on the MTFP going forward and require additional savings to be generated in future years.

Carbon Footprint (Environmental) Implications:

None for the purpose of this report.

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

The reducing revenue and capital resources across the public sector has been identified as a key risk within our Strategic Risk register. The ability to deliver spending plans is paramount to ensuring the Council can achieve its objectives to be a Pioneering, Growing, Caring and Confident City

Appendices

Ref.	Title of Appendix	Exemption Paragraph Number (if applicable)						
		1	2	3	4	5	6	7

Background papers:

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)						
	1	2	3	4	5	6	7

Sign off:

Fin	DJN. HF10/ 2019	Leg	N/A	Mon Off	N/A	HR		Asset s		Strat Proc	
Originating Senior Leadership Team member: Andrew Hardingham											
Please confirm the Strategic Director(s) has agreed the report? Yes											
Date agreed: 20/09/2019											
Cabinet Member approval: Councillor Kate Taylor (verbal approval)											
Date approved: 25/09/2019											



Plymouth Integrated Fund Finance Report – Month 5 2019/20

Introduction

This report sets out the financial performance of the Plymouth Integrated Fund for the financial year 2019/20.

The report is in several sections.

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

SECTION 1 – PLYMOUTH INTEGRATED FUND

Integrated Fund - Month 5 Report 2019/20

The report highlights a small outturn overspend position against budget for Health of £0.1m whilst the Council are forecast to overspend by £1.2m.

The overall fund position is reflected in Appendix 1, and shows an overall overspend of £1.3m, before corporate contingencies. No risk share is being calculated at this stage of the year.

Service	Latest Approved Budget M12	Year End Outturn	Variation at Month 5	Variation at Month 4	Change in Month
	£m	£m	£m	£m	£m
Children's Directorate	131.628	133.278	1.650	1.650	0.000
Strategic Cooperative Commissioning	86.113	86.113	0.000	0.000	0.000
Community Connections	3.773	3.323	(0.450)	(0.450)	0.000
Director of People	0.323	0.323	0.000	0.000	0.000
Public Health	15.104	15.104	0.000	0.000	0.000
Sub Total	236.941	238.141	1.200	1.200	0.000
Support Service Recharges	14.473	14.473	0.000	0.000	0.000
Disabled Facilities Grant (Capital)	2.480	2.480	0.000	0.000	0.000
Total	253.894	255.094	1.200	1.200	0.000

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

Children's Directorate

The Children's Directorate are reporting a budget pressure of £1.650m at month 5.

The cost of the care is particularly high due to the level of support needed to keep young people safe, such as specialist residential care placements with high levels of staffing and the need to place young people with complex needs in wrap around as no suitable placement is available.

This increasing financial demand on Children's Services is not just a local issue, but is seen nationally and is a culmination of rising demand, complexity of care, rising costs and the availability of suitable placements.

The following actions are in place to address the budget position.

- Looked After Children - only one point of contact for all new entrants;

- Fortnightly placement review to ensure step down of high cost placements;
- Review of staying put arrangements and financial remuneration;
- Maximize contribution from partners including Health and Education;
- Maximize local residential placements to avoid higher out of area costs.

Delivery Plans

The Children's Directorate have been tasked with making savings of £6.258m, however at the moment, there is £1.628m where no savings plans have been identified. There are savings plans developed totaling £4.630m for the year with £3.455m rated amber. There are then £1.175m of identified delivery plans that are thought to be at risk, following a robust challenge by finance to the services, which comprises:

- End 2 End Review risk at 50% £0.300m;
- Fostering risk at 50% £0.175m;
- Placement review risk at 50% £0.700m.

Strategic Co-operative Commissioning

The Strategic Commissioning service is forecasting to come in on budget at year end.

Since setting the budget, clients numbers in ASC have dropped which is as a direct result of the work undertaken over the last year to deliver improvements in the management of the ASC front door, the implementation of a robust scheme of delegation and the close working arrangement with LWSW through budget containment meetings to address system pressures however the information coming out of Carefirst is already showing a small increase since the start of the year, which has been included as part of our forecast. This will need to be reviewed closely as, due to the demand led nature of the budget, the position can change on a weekly basis.

Strategic Commissioning have been tasked with achieving savings of £4.765m, as well as £2.404m of savings brought forward from 2018/19 that were realised from one off savings and needed to be achieved in this financial year. At this time, it is thought that the full £7.169m will be achieved, however most of these will be achieved through one off savings again, which will cause further pressure in 2020/21.

The development of the next phase of transformation is underway to support the delivery of sustainable savings during 2020/21 and thus reduce the reliance on one off savings in future years.

Community Connections

Community Connections is reporting a (£0.450m) favourable variation at month 5, no change from month 4. At this time, B&B numbers are being reduced, from those reported during 2018/19, through the use of alternative placements secured in existing contracts. This is being achieved and maximised through partnership working with the Alliance.

The department has been tasked with achieving savings of £0.030m, as well as £0.228m of savings brought forward from 2018/19 that were realised from one off savings and needed to be achieved in this financial year. At this time, it is thought that the full £0.258m will be achieved, however most of these will be achieved through one off savings again, which will cause further pressure in 2020/21.

Management & Support

The People Management & Support budget is currently forecasting an overspend of £0.051m however this pressure is not being reported in the overall monitoring position, as additional management savings will be found to offset.

Public Health

The budget for the Office of the Director of Public Health (ODPH) is forecasting to come in on budget for 2019/20.

There has been a reduction in the Public Health grant received in 2019/20 of £0.405m from the previous year, which will be contained by a variety of management actions, mainly around the contracts that are held within the department.

Plymouth City Council Delivery Plans

As part of the MTFS for 2019/20 the Federated Directorates needs to make savings of £6.970m as well as £6.715m of savings brought forward from 2018/18 that were realised from one off savings and will need to be achieved in this financial year giving a total to achieve of £13.685m. A breakdown of what is currently forecast to be achieved is shown below:

Plymouth City Council Delivery Plans	Forecast Year to Date			Current Year Forecast		
Month 5 - Aug 2019	Budget	Actual	Variance (Adv) / Fav	Budget	Actual	Variance (Adv) / Fav
	£m	£m	£m	£m	£m	£m
Children's Services	2.608	2.118	(0.490)	6.258	5.083	(1.175)
Strategic Cooperative Commissioning	2.987	2.987	0.000	7.169	7.169	0.000
Community Connections	0.108	0.108	0.000	0.258	0.258	0.000
Public Health	0.000	0.000	0.000	0.000	0.000	0.000
	5.702	5.213	(0.490)	13.685	12.510	(1.175)

Integrated Fund Summary

Health are reporting a forecast outturn position of an unplanned overspend of £0.1m for services commissioned for patients registered with Plymouth GP practices whilst the Local Authority are reporting an unplanned overspend of £1.2m.

No risk share adjustment is being calculated at this stage of the year.

SECTION 2 – BETTER CARE FUND (BCF)

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

The table below shows the total BCF and iBCF for 2019/20, and the expected distribution between CCG and PCC.

2019/20 BCF & iBCF	PCC	CCG	Total
	£m	£m	£m
BCF Capital (Disabled Facilities Grant)	2.480	0.000	2.480
BCF Revenue	8.601	9.443	18.044
Sub Total BCF	11.081	9.443	20.524
iBCF (part of Councils RSG funding)	9.454	0.000	9.454
iBCF (other)	1.000	0.815	1.815
Sub Total iBCF	10.454	0.815	11.269
Total Funds	21.535	10.258	31.793

The £1.8m of iBCF schemes are in the process of being implemented, and are monitored quarterly via the required template. The splits for BCF and iBCF shown above are still being reviewed and could change.

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

SECTION 3 – WESTERN PDU MANAGED CONTRACTS

Context / CCG Wide Financial Performance at Month 5

This report sets out the month 5 forecast outturn financial performance of the CCG for 2019/20.

The CCG plan was produced in conjunction with our main acute providers within a wider System Transformation Plan (STP) footprint. The 2019/20 plan is to achieve an outturn position of a £27.0m deficit.

Whilst the CCG are currently forecasting delivery of this position significant risks to the net value of £39.5m have been identified.

The CCG plans require the delivery of an £80.9m savings programme in order to meet the respective position agreed with NHS England. The CCG has delivered £8.0m against a plan of £22.1m at this stage of the year.

Delivery of the required savings plan was the main financial risk and challenge to the CCG, however there are other risks in relation to continuing healthcare and prescribing. These will be managed by a combination of continued focus, priority and joint working across the local community and wider STP foot print.

Western PDU Finance Position

Introduction

The Western PDU has reported a forecast breakeven position for the contracts that are managed within the PDU.

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

Acute Care Commissioned Services

University Hospitals Plymouth NHS Trust

The 2019/20 contract plan for University Hospitals Plymouth has been set in accordance with the principles agreed by the Devon STP. The overarching agreement is that the 2019/20 contract value is based upon the 2018/19 contract value with adjustments agreed for specific areas. Nationally derived inflationary pressures have been included which are significantly driven by the agenda for change pay uplifts. Whilst growth and inflationary pressures have been identified the system expectation is that these will be dealt with through demand management, efficiencies and cost reductions.

2019/20 Month 5	Planned Spend	Actual Spend	Variance	Variance Activity	Variance Spend
	£000s	£000s	£000s		
Elective	18,953	18,341	- 612	2.9%	-3.2%
Non-Elective	35,242	34,255	- 987	-5.4%	-2.8%
A&E	5,638	5,433	- 205	-1.7%	-3.6%
MIU	1,457	1,281	- 176	-12.0%	-12.1%
Blended Tariff		1,567	1,567		
Outpatients	14,714	14,726	12	1.6%	0.1%
Excluded Services	9,871	8,607	- 1,264		-12.8%
Penalties		- 694	- 694		
Drugs & Devices	6,540	6,368	- 172		-2.6%
CQUIN	1,056	1,044	- 12		-1.1%
Contract Adjustments	- 1,374	-	1,374		-100.0%
Total	92,097	90,928	- 1,169		-1.3%

Expenditure on **Elective Care** is 3.2% behind the financial plan and 2.9% ahead of the activity plan. The underperformance reduced by £0.1m in month 5. The difference between the volume and value variances is due to a different casemix of patients being treated than was expected with overperformance in lower cost specialities such as Endoscopy and Dermatology, with underperformance in higher cost specialities such as Orthopaedics and Cardiology.

Non-Elective activity is behind plan in activity and financial terms by 5.4% and 2.8% respectively with an underperformance worth £1.0m. Whilst performance in month 4 was largely on plan, month 5 has seen continued underperformance against plan.

The non-elective underperformance is more significant for the other main commissioners of non-elective care within UHP with Kernow and NHSE Specialist being 6.2% and 6.8% behind financial plan, giving a Trustwide financial underperformance of 4.4%. Overall, the Trust have admitted 2,087 (7.8%) fewer patients than planned for.

Accident and Emergency, is behind plan by 1.7% or 595 attendances whilst MIU is behind plan by 12.0% or 2,358 attendances. Previously the performance for A&E

and MIU has been combined but this month is split to give a clearer picture of performance in each service.

An adjustment for the blended payment for emergency care, which is a new risk sharing approach that has been introduced nationally from 1920, has been calculated and included within this reporting. The blended tariff means that only 20% of emergency and non elective over performance is paid for, whilst only 20% of under performance would be returned to commissioners. Whilst this is a national approach there is scope for local arrangements to supersede this impact, and this needs to be worked through in light of the overall STP contracting and risk share approach. As emergency care services (non elective and A&E) are currently under plan, this means that 80% (£1,567k) of the underperformance is being charged back to commissioners.

Outpatient activity is ahead of plan by 1.6% whilst the spend is 0.1% more than had been expected. This variance is driven by UHP seeing more outpatients procedures and non face to face contacts and fewer follow ups, then had been expected. First attendances are slightly over plan.

Passthrough Drugs and Devices are underspent by 2.6% or £0.2m, which is driven by passthrough drugs underperforming by £0.3m and devices over performing by £0.1m. The large swings in variance in this area is driven by the erratic invoicing from homecare providers.

The plan has an adjustment for system savings; this number reflects the differences between the PbR activity plan and the agreed system wide contract value and is worth £3.3m for the whole year, of which £1.4m is reflected at month 5. The value in 1819 was higher, and the reduction reflects a rebasing of the contract that was made in the 1920 contract setting.

Overall, contract reporting illustrates an under performance of £1.2m at the end of month 5 of the 1920 financial year, which will increase to £2.7m if the blended tariff adjustment were removed.

Independent Sector & London Trusts

We are currently seeing an increasing impact of waiting list transfers to the independent sector which are occurring in order to support system delivery of the 52 week waiting time standard. Whilst this represents an increasing degree of expenditure against the planned budget, it is assumed that these transfers will be funded by the source Trust and we are therefore reporting a breakeven position.

At this point in time the spend on the London Trust budget is on plan, however limited validated financial data is available at present.

Livewell Southwest

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

The CCG hold 3 main contracts with LSW for Childrens & Young People, Complex Adults and Older People's Mental Health. All of which are block contracts and are therefore forecast to breakeven in year.

Discharge to Assess beds

At this stage of the year we are forecasting that the Intermediate Care (Discharge to Assess) beds in the West will breakeven against the budget.

Primary Care Prescribing

Month 5 shows a break even position for the Western area at present. There are significant risks to this position based on the impact of price concessions and subsequent tariff changes.

Overall the CCG is forecasting that our year to date QIPP target is under achieving at present and work is being completed to ensure all data is included.

Primary Care

The CCG has received delegated commissioning responsibility for core General Practice services in the 2019/20 financial year. Whilst risks are emerging within Locum reimbursement and GP retainer budgets the overall forecast assumes that these will be contained within the overall budget.

Enhanced Services and other Primary Care services are also forecast to breakeven at this stage of the year.

Conclusion

The overall Integrated Fund is forecast to deliver a year end overspend of £1.3m. This position is made up by an overspend in the Council of £1.2m and in Health of £0.1m.

Ben Chilcott
Associate Director of Finance (Western)

David Northey
Head of Integrated Finance, PCC

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

Month 05 August	Year to Date			Forecast		
	Budget	Actual	Variance	Budget	Actual	Variance
	£000's	£000's	£000's	£000's	£000's	£000's
CCG COMMISSIONED SERVICES						
Acute	73,380	73,386	6	176,112	176,121	9
Placements	12,600	12,680	80	30,238	30,247	9
Mental Health Services	19,421	19,407	-14	46,611	46,639	28
Community & Non Acute	25,621	25,627	6	61,491	61,516	25
Primary Care	41,016	41,015	-0	99,419	99,419	0
Subtotal	172,038	172,115	78	413,871	413,941	70
Running Costs & Technical/Risk	2,132	2,099	-34	5,118	5,118	0
CCG Net Operating Expenditure	174,170	174,214	44	418,989	419,059	71
Risk Share						-
CCG Net Operating Expenditure (after Risk Share)	174,170	174,214	44	418,989	419,059	71
PCC COMMISSIONED SERVICES						
Children, Young People & Families	16,168	16,856	688	38,804	40,454	1,650
Strategic Cooperative Commissioning	35,880	35,880	-	86,113	86,113	-
Education, Participation & Skills	38,677	38,677	-	92,824	92,824	-
Community Connections	1,572	1,385	-188	3,773	3,323	-450
Director of people	135	135	-	323	323	-
Public Health	6,294	6,294	-	15,104	15,104	-
Subtotal	98,725	99,225	500	236,941	238,141	1,200
Support Services costs	2,412	2,412	-	14,473	14,473	-
Disabled Facilities Grant (Cap Spend)	413	413	-	2,480	2,480	-
Recovery Plans in Development	-	-	-	-	-	-
PCC Net Operating Expenditure	101,551	102,051	500	253,894	255,094	1,200
Risk Share						-
PCC Net Operating Expenditure (after Risk Share)	101,551	102,051	500	253,894	255,094	1,200
Combined Integrated Fund	275,721	276,265	544	672,883	674,154	1,271

APPENDIX 2

WESTERN PDU MANAGED CONTRACTS FINANCIAL PERFORMANCE

Month 05 August	Year To Date			Current Year Forecast		
	Budget	Actual	Variance	Budget	Forecast	Variance
	£000's	£000's	Adv / (Fav) £000's	£000's	£000's	Adv / (Fav) £000's
ACUTE CARE						
NHS University Hospitals Plymouth NHS Trust	92,997	92,997	0	223,193	223,193	-
NHS London Contracts	1,074	1,074	-	2,578	2,578	-
Non Contracted Activity (NCA's)	5,131	5,131	-0	12,315	12,315	-
Independent Sector Other	4,100	4,100	0	9,840	9,840	-1
Other Acute	10	10	-	24	24	-
Subtotal	103,312	103,312	0	247,950	247,949	-1
COMMUNITY & NON ACUTE						
Livewell Southwest	19,684	19,684	-0	47,242	47,242	-
GPWSI's (incl Sentinel, Beacon etc)	709	709	-	1,703	1,703	-
Community Equipment Plymouth	276	276	-	662	662	-
Peninsula Ultrasound	167	167	0	400	400	-0
Reablement	649	649	-	1,558	1,558	-
Other Community Services	94	94	-	227	227	-
Joint Funding_Plymouth CC	3,706	3,706	-	8,894	8,894	-
Subtotal	25,285	25,285	-0	60,684	60,684	-0
MENTAL HEALTH SERVICES						
Livewell MH Services	14,849	14,849	-	35,637	35,637	-
Mental Health Act Assessments	102	156	54	245	245	-
Other Mental Health	582	557	-26	1,398	1,398	-
Subtotal	15,533	15,562	28	37,280	37,280	-
OTHER COMMISSIONED SERVICES						
Stroke Association	87	87	-0	210	210	-
Hospices	1,197	1,197	-	2,872	2,872	-0
Discharge to Assess	3,414	3,414	0	8,195	8,195	-
Patient Transport Services	993	993	-0	2,384	2,384	-
Healthcare at Home	-	-	-	-	-	-
Wheelchairs Western Locality	766	766	-	1,837	1,837	-
Commissioning Schemes	69	69	-	165	165	-
All Other	626	576	-50	1,504	1,504	0
Subtotal	7,153	7,103	-50	17,167	17,166	-0
PRIMARY CARE						
Prescribing	23,593	23,585	-8	56,623	56,623	-
Medicines Optimisation	1,032	1,033	1	2,477	2,477	-
Enhanced Services	4,920	4,920	0	11,808	11,808	-
Delegated Commissioning	67,295	67,379	85	165,449	165,449	0
Home Oxygen Services	994	994	-	2,386	2,386	-
GP IT Revenue	1,331	1,331	0	3,195	3,195	-
Other Primary Care	5,781	5,771	-10	13,875	13,875	-
Subtotal	104,946	105,014	67	255,813	255,813	0
TOTAL COMMISSIONED SERVICES	256,230	256,276	46	618,894	618,893	-1
NET TOTAL OPERATING COSTS	256,230	256,276	46	618,894	618,893	- 1
TOTAL CORPORATE FINANCIAL BALANCE	256,230	256,276	46	618,894	618,893	- 1

APPENDIX 3
GLOSSARY OF TERMS

PCC - Plymouth City Council

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

CYPF – Children, Young People & Families

SCC – Strategic Cooperative Commissioning

EPS – Education, Participation & Skills

CC – Community Connections

FNC – Funded Nursing Care

IPP – Individual Patient Placement

CHC – Continuing Health Care

NHSE – National Health Service England

PbR – Payment by Results

QIPP —Quality, Innovation, Productivity & Prevention

CCRT – Care Co-ordination Response Team

RTT – Referral to Treatment

PDU – Planning & Delivery Unit

UHP – University Hospitals Plymouth NHS Trust



Integrated Finance Overview & Scrutiny 9th October 2019

One System, One Budget - *'the right care, at the right time, in the right place'*

Creating One Budget



- Plymouth Integrated Fund
- Section 75 Agreement between Plymouth City Council and Devon Clinical Commissioning Group
- Integrating funds of indicatively £700m
- Underpinned by Risk Share and Financial Framework

– Complexities:

- Not all of Devon CCG / Not all of Western Locality
- CCG and Localities not coterminous with LA boundaries
- All of “People” Directorate of Local Authority
 - Adults Directorate
 - Children’s Directorate
 - ODPH

One System, One Budget - *‘the right care, at the right time, in the right place’*

Section 75 - Contents (selected)



Main Body

- Details of Pooled Fund
- Pooled Fund Management
- Risk Share Agreements, Overspends and Underspends
- Dispute Resolution
- Notice Periods

Schedules

- Commissioning Strategies/Plans
- Governance
- Risk Share Principles
- Integrated Staff Management Protocol

One System, One Budget - *'the right care, at the right time, in the right place'*

Pooling and Aligning



- We have created a workaround such that any funding which cannot be 'pooled' is 'aligned'
- Other Options included:
 - Grants to transfer money
 - Supply of staff arrangements
- Equivalent governance and risk sharing arrangements for pooled and aligned funds
- '£ Pooled' + '£ Aligned' = '£ Integrated'

One System, One Budget - *'the right care, at the right time, in the right place'*

Cradle to Grave Integrated Fund



- Fund covers
 - Public Health
 - Leisure Services
 - Housing Services
 - Children’s Services (incl Schools Grant (DSG))
 - Adult Social Care
 - Primary Care (CCG and PCC)
 - Community Health Services
 - Acute Provision
 - Running Costs

It’s all in!

One System, One Budget - *‘the right care, at the right time, in the right place’*

Financial Framework



- Scope
- Responsibilities
- Dissolution of the agreement
- Scope and description of the fund (including BCF)
- Statutory reporting
- Budget setting
- Risk share
- Managing transactions
- Managing performance of the fund
- Other considerations

- Underpins Section 75 agreement
- Managed in integrated commissioning finance group
- Pool fund manager

One System, One Budget - *'the right care, at the right time, in the right place'*

Risk Management & Risk Share



The partners have agreed a risk share mechanism, with a specified ceiling, which will operate as a “backstop” to the agreement:

- Maximum value of risk to share is set as 0.5% of the Applicable Value (*circa* £611m and £3m)
- Maximum risk share due to each partner is proportional to the defined contribution to the Applicable Value (*circa* CCG 65%, PCC 35%)
- Overspend for risk share is calculated as net of planned overspends (i.e. unplanned overspends)
- Overspend for risk share is adjusted for agreed service developments with differential impacts on the partners
- Risk share works both ways – i.e. is also benefit share

One System, One Budget - *‘the right care, at the right time, in the right place’*

Reporting



- CCG
 - Population vs Contract
 - Contract vs Strategy
- PCC
 - Commissioner vs Provider
- Health and Local Authority
 - format & layout
 - Two Governing Bodies (CCG Gov Body & PCC Cabinet)
- Sustainability
 - Replicable
 - One Report, many audiences

One System, One Budget - *'the right care, at the right time, in the right place'*

**DEVON
INTEGRATED CARE
SYSTEM
PERFORMANCE**

QUARTER ONE 2019/20

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

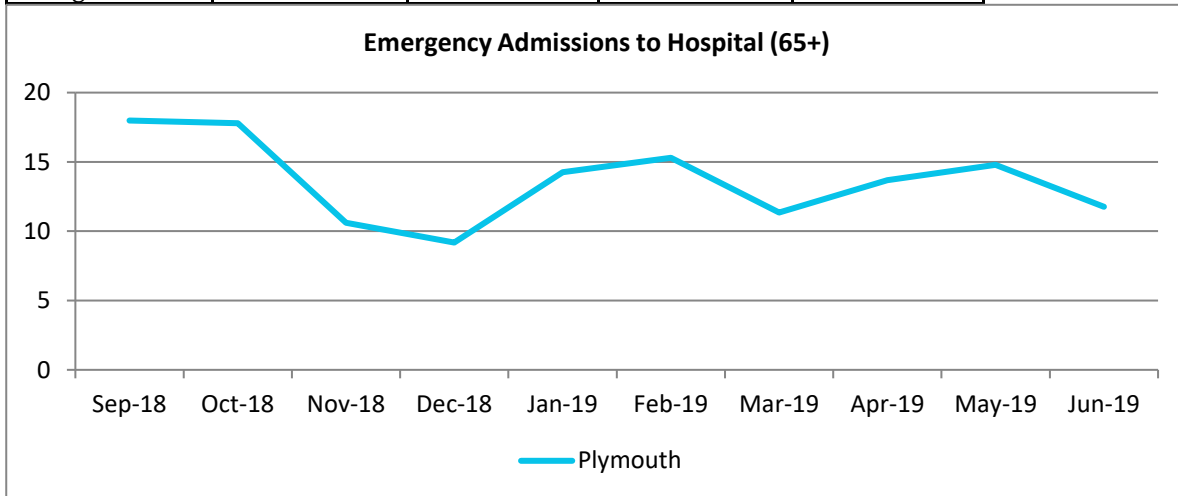
Each indicator is accompanied by a trend graph showing where possible the latest four values, values that represent the whole of the Integrated Care System area which includes Plymouth, Devon and Torbay. Caution is required when interpreting the graphs as there is no Y axis displayed and as such the significance or flow of the change is difficult to interpret.

4. PLYMOUTH PERFORMANCE BY EXCEPTION

Specific performance issues to draw attention to this month are:

Emergency Admissions Aged 65+

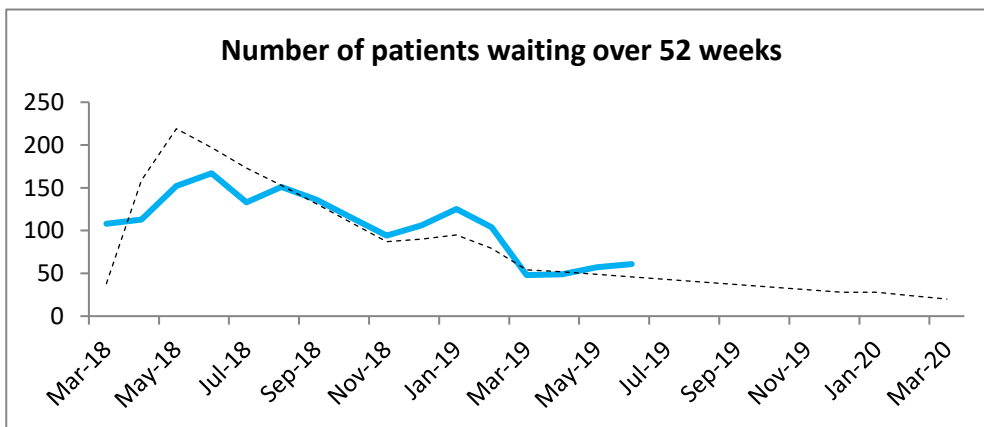
	Qtr. 1 2019/20	Qtr. 4 2018/19	Qtr. 3 2018/19	Qtr. 2 2018/19
Emergency Admissions Aged 65+	3880	4001	4020	3795



Over the long term emergency admissions aged 65+ continue to increase. Levels of admissions peak in the winter due to the level of respiratory admissions linked to the flu and the cold weather. Since June we have seen higher numbers in the summer months particular July and August which has been shown to correlate with the hot weather.

Planned Care: 52 week waits

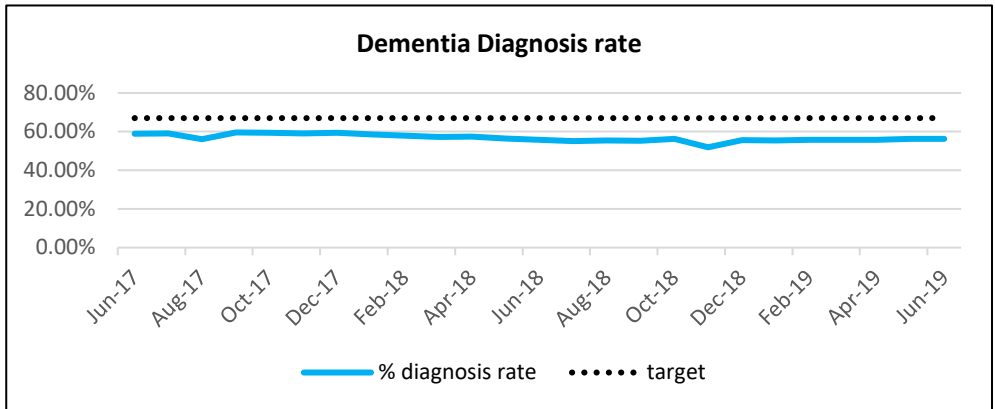
	June Trajectory	June 2019	May 2019
Over 52 week waits	46	61	57



An improvement trajectory has also been agreed to reduce the number over 52 week waiters to 20 by March 2020. At the end of June, the number of patients waiting over 52 weeks was 61 which is 8 more than the trajectory.

Mental Health: Dementia Diagnosis

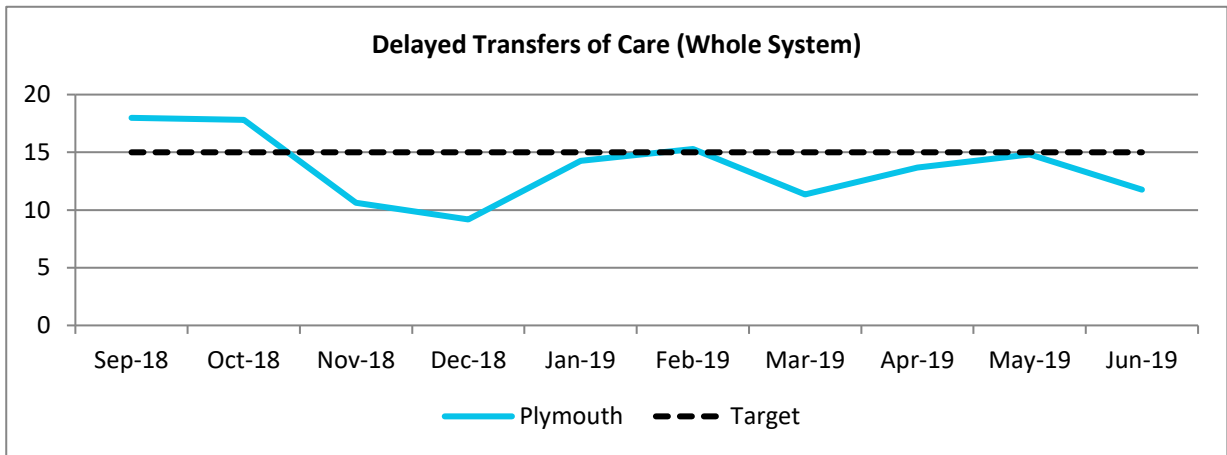
	Target	June 2019	May 2019
Dementia Diagnosis rate	67%	56.0%	56.2%



The dementia diagnosis rate has remained fairly static for the last 6 months. Providers are working to a target of 59 positive dementia diagnoses per month. In 2019/20 the service received an average of 71.35 referrals per month, for dementia diagnosis, and makes an average of 22 positive diagnoses. This gives a conversion rate of 30.89% per month.

Urgent Care/ Patient Flow: Delayed Transfers of Care (All Delays)

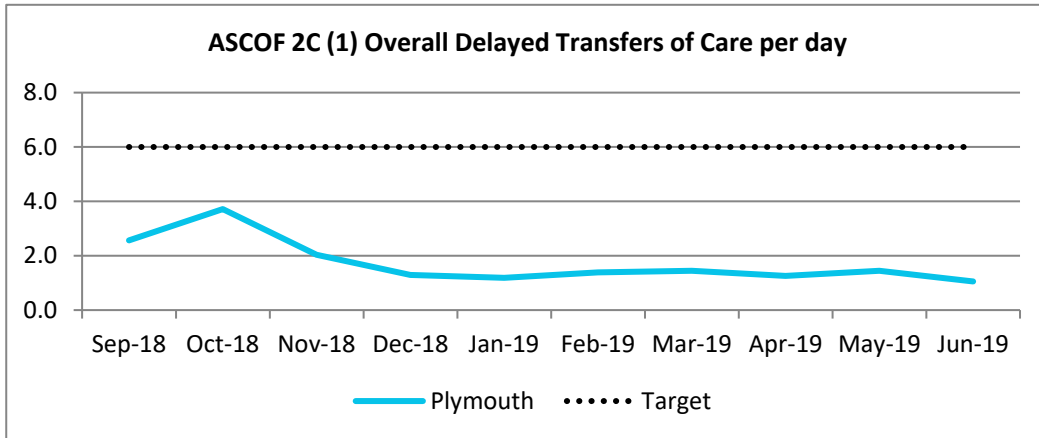
	Target	Qtr. 1 2019/20	Qtr. 4 2018/19	Qtr. 3 2018/19	Qtr. 2 2018/19
Delayed Transfers of Care	15	13.4	13.6	12.6	16.7



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. In quarter one there was 2589 delayed days across the system, this is a similar number to quarter four 2018/19 and is significantly lower than performance in 2017/18 and early part of 2018/19. Latest performance for August 2019 also shows an improvement in the performance against overall delays.

Urgent Care/ Patient Flow: Delayed Transfers of Care (Attributable to Adult Social Care)

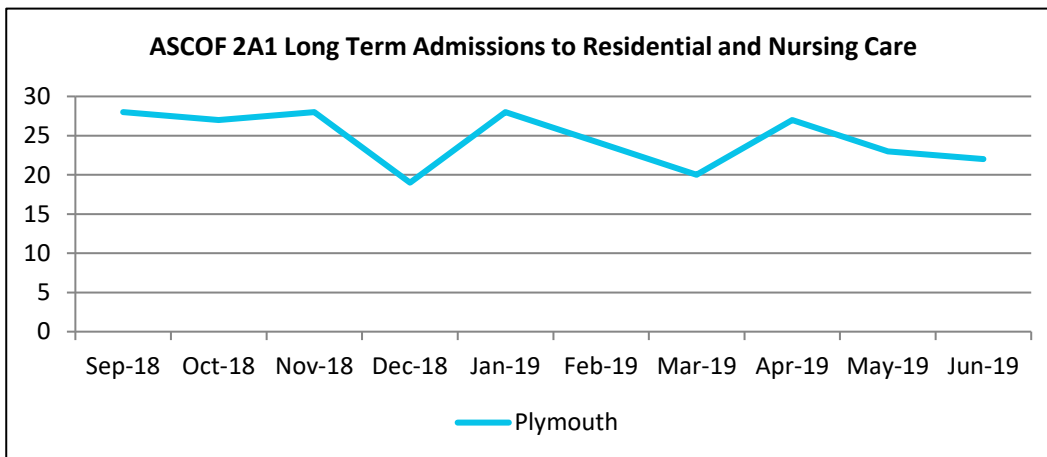
	Target	Qtr. 1 2019/20	Qtr. 4 2018/19	Qtr. 3 2018/19	Qtr. 2 2018/19
Delayed Transfers of Care	6	1.3	1.3	2.3	2.3



In quarter one there was 242 delayed days that are attributable to Adult Social Care, this is 13 fewer than quarter four 2018/19 and is significantly lower than performance in 2017/18 and early part of 2018/19. The number of delays has reduced in both the Community and Acute health settings. 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.

Community: Long Term support needs of people aged 65+ met by admissions to Residential or Nursing Care

Target	Qtr. 1 2019/20	Qtr. 4 2018/19	Qtr. 3 2018/19	Qtr. 2 2018/19
Monitor	1.3	1.3	2.3	2.3



The number of long term admissions to residential and nursing care is falling. In quarter one of 2019/20 there was 72 admissions, compared to 83 in quarter one of the previous year. Reductions have continued in quarter two and we are track to have many fewer admissions in 2019/20. Increased availability of community based support and the Discharge to assess process have helped contribute to this improved performance.

5. OUTCOMES FRAMEWORK SCORECARD

Devon ICS Strategic Outcomes Framework														
				STP in Context				Local Authorities			STP Localities			
Outcomes	Measures	Source	Latest period	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	Social Care	Quarter one 2018/19	6.0%	8.6%	▲		8.6%	5.5%	3.8%				
	ASCOF 1F: Proportion of adults with mental health needs in paid employment	Social Care	2017-18	7.0%				8.0%	7.0%	1.0%				
	ASCOF 4A: Proportion of people who use services who feel safe	Social Care	2018-19	69.9%				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	Social Care	2018-19	86.3%				80.8%	89.8%	83.9%				
	Children in poverty	Public Health	2016	17.0%	14.6%	▼		12.5%	20.0%	21.2%	12.1%	13.7%	14.2%	17.0%
	Fuel poverty	Public Health	2016	11.4%	10.9%	▼		10.9%	11.8%	10.8%	10.6%	10.9%	11.2%	10.7%
	Self-reported wellbeing (low happiness score)	Public Health	2017-18	8.2%	8.0%	▼		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	Social Care	2018-19	46.0%				42.8%	44.8%	43.1%				
	ASCOF 1lii - Proportion of carers who reported that they had as much social contact as they would like	Social Care	2018-19	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	Public Health	2017-18	14.4%	14.4%	▼		13.4%	17.0%	16.0%	13.3%	10.7%	16.0%	17.0%
	Alcohol-related admissions	Public Health	2017-18	2224	1981	▼		1711	2159	2248	1620	1904	1816	2044
	Physically active adults	Public Health	2017-18	66.3%	70.7%	▲		72.8%	68.7%	70.7%	76%	69%	70%	70%
	Excess weight in adults	Public Health	2017-18	62.0%	64.7%	▲		67.2%	67.2%	59.8%	57%	66%	62%	64%
	Life expectancy at birth (males)	Public Health	2015-17	79.6	80.0	▲		80.4	79.0	78.7	80.2	79.5	80.4	79.7
	Life expectancy at birth (females)	Public Health	2015-17	83.1	83.8	▼		84.2	82.2	82.8	84.3	82.9	83.6	83.8
	Life expectancy gap (males)	Public Health	2015-17	9.4				5.6	8.5	9.4				
	Life expectancy gap (females)	Public Health	2015-17	7.4				4.5	6.3	4.3				
	Dementia diagnosis rate	NHS	Jun-19	68.5%	60.0%	▼			56.0%		60.0%			
People who do have health conditions will have the knowledge, skills and confidence to better manage them	Hospital admissions for self-harm (aged 10 - 24)	Public Health	2017-18	421	653.3	▲		593.7	706.1	949.2	480.4	818.2	662.4	845.6
	Percentage of people that received an NHS Health Check of those offered	NHS	Quarter Four 2018/19	49.1%	51.4%	▲		45.6%	53.9%	54.8%				

Devon ICS Strategic Outcomes Framework

						STP in Context		Local Authorities			STP Localities			
Outcomes	Measures	Source	Latest period	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	Public Health	2017	52.2%	56.3%	▲		56.1%	54.2%	49.9%	58.1%	53.2%	56.1%	52.1%
	Mortality rate from preventable causes	Public Health	2015-17	181.5	167.2	▲		161.0	207.3	197.7	164.2	180.25	165.7	178.1
	Suicide rate	Public Health	2015-17	9.6	10.8	▼		10.5	9.2	15.7	10.3	12.8	9.5	13.15
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)	Social Care	2018-19	14.0	13.9	◀▶		17.7	11.5	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)	Social Care	2018-19	586	500.5	▼		494.3	647.4	446.9				
	Deaths in usual place of residence	Public Health	2017	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	NHS	Quarter Two 2018/19	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	Social Care	2018-19	19				19	19.1	19.4				
	ASCOF 3A: Overall satisfaction of people who use services with their care and support	Social Care	2018-19	65.0%				67.9%	70.6%	69.2%				
	ASCOF 3B: Overall satisfaction of carers with social services	Social Care	2018-19	39.0%				37.6%	37.9%	37.9%				
	ASCOF 1C(2A): proportion of people who use services receiving direct payments	Social Care	Jun-19	28.5%	27%	▼		33.3%	20.0%	26.7%				
	IAF 128b: Patient experience of GP services	NHS	2018	83.8%	88.6%	▼					89.0%			87.4%
	OIS 2.1: Health-related quality of life for people with long-term conditions	NHS	2016/17	73.7%	72.7%	▼					73.8%			72.0%
	OIS 2.15: Health-related quality of life for carers, aged 18 and above	NHS	2016/17	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	NHS	2016/17	51.9%	52.4%	▼					52.0%			49.5%
OIS 2.2: Proportion of people who are feeling supported to manage their condition	NHS	2017/18	59.6	65.4	▼					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	Social Care	2018-19	82.9%	82.7%	▼		82.6%	78.9%	70.7%				
	ASCOF 2Bii: the proportion of people 65+ discharged from hospital who are offered reablement services.	Social Care	2018-19	2.9%	3.4%	▲		1.8%	3.9%	6.5%				
	ASCOF 2Ci: delayed transfers of care from hospital in year per 100,000 population	Social Care	Quarter one 2018/19	12.3	17.5	▲		16.8	13.4	7.9				
	ASCOF 2Cii: delayed transfers of care from hospital in year attributable to social care per 100,000 population	Social Care	Quarter one 2018/19	4.3	5.2	▲		4.3	1.3	1.9				

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HEALTH AND ADULT SOCIAL CARE OVERVIEW SCRUTINY COMMITTEE

Work Programme 2019 - 20



PLYMOUTH
CITY COUNCIL

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	Winter Planning	5	Yearly review	Elaine Fitzsimmons, David Brown and Sarah Mackereth
	Health and Wellbeing Hubs	3	Update on progress made	Ruth Harrell
	Brexit	5	Update	Ruth Harrell and Jo Watson (CCG)
	Director of Public Health Annual Report	4	To note the report and help inform the work programme	Ruth Harrell
	Devon Integrated Care System Performance	5	Standing Item	Rob Sowden
	Integrated Finance Report	5	Standing item	David Northey and Ben Chilcott (CCG)

4 Dec 2019	Workforce Development Strategy	4	Follow up report	Dr Adam Morris
	GP Strategy/100 Day Plan	4	Following on from Select committee	Mark Procter
	University Hospital Plymouth NHS Trust CQC Action Plan Update	4	Update Report	Amanda Nash, Kevin Baber and Julie Morgan
	Possible alternatives to face to face appointments/Update on Did Not Attends	3	Following a report received by committee last year	Amanda Nash and Nick Pearson
	Planned Care	4	Update Report	
	Fair Shares	4	Ensuring Plymouth are receiving fair funding	
	Devon Integrated Care System Performance	4	Standing item	Rob Sowden
29 Jan 2020	Maternity Services (Devon-wide Strategy)	3	Feed into the consultation around revising the strategy	
	Integrated Care Partnership	4	Progress report	
	Adult Social Care Market	4	Update report	Craig McArdle
	Plymouth Safeguarding Adults Board Update	4	Progress Report	
	Integrated Finance Report	4	Standing item	David Northey/ Ben Chilcott
25 Mar 2020	NHS III Update	Meeting		
	Loneliness	4	Update report	Ruth Harrell
	Parking Derriford Hospital	Follow-up report	Site visit to review the parking the Site Development Plan	
	Devon Integrated Care System Performance	4	Standing item	Rob Sowden

Items to be scheduled				
	Alliance Action Plan (Substance Misuse)	Briefing Paper		
	Preventative Measures against the Marmot Principles	Workshop		
	Blood Transfusion Service	More information required		
	Section 106 and Health	Meeting to be arranged		
	Adult Social Care Green Paper	To be scheduled		
	Spending Review	To be scheduled		

Select Committee Reviews		
2020/21	End of Life Care/ Compassionate City	To take place in 2020/21 following prioritisation of other select committees.
2020/21	Community Urgent Care Review	To take place in 2020/21 following prioritisation of other select committee.
2020/21	Dental Services	To take place in 2020/21 following prioritisation of other select committee.
30 October 2019	Food Justice	Email request sent to members to sit on this Select Committee, deadline for responses 04.10.19.

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

Annex I – Scrutiny Prioritisation Tool

		Yes (=1)	Evidence
Public Interest	Is it an issue of concern to partners, stakeholders and/or the community?		
Ability	Could Scrutiny have an influence?		
Performance	Is this an area of underperformance?		
Extent	Does the topic affect people living, working or studying in more than one electoral ward of Plymouth?		
Replication	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