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

Please ask for Democratic Support
T 01752 305155
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HEALTH AND ADULT SOCIAL CARE OVERVIEW AND SCRUTINY COMMITTEE

Wednesday 9 March 2022
10.00 am
Warspite Room, Council House

Members:
Councillor James, Chair
Councillor Mrs Aspinall, Vice Chair
Councillors Carlyle, Corvid, Harrison, Dr Mahony, McDonald, Murphy, Salmon and Tuffin.

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:**	
2.	**Declarations of Interest:**	
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4.	**Chair's Urgent Business:**	
5.	**Health and Adult Social Care Policy Brief:**	**(Pages 7 - 12)**
6.	**Covid Update and Flu Vaccination Update**	**(Verbal Report)**
7.	**Health and Adult Social Care System Performance**	**(Pages 13 - 24)**
8.	**Long-Term Plan**	**(Pages 25 - 54)**
9.	**Local Care Partnership Update**	**(To Follow)**
10.	**Tracking Resolutions**	**(To Follow)**
11.	**Work Programme**	**(To Follow)**

Health and Adult Social Care Overview and Scrutiny Committee

Wednesday 24 November 2021

PRESENT:

Councillor James, in the Chair.
Councillor Mrs Aspinall, Vice Chair.
Councillors Corvid, Harrison, Dr Mahony, McDonald, Murphy, Salmon and Tuffin.

Apologies for absence: Councillors Carlyle.

Also in attendance: Sarah Gooding (Policy and Intelligence Officer);

The meeting started at 10.00 am and finished at 1.35 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.

25. **Declarations of Interest**

There were no declarations of interest made in accordance with the code of conduct.

26. **Minutes**

Agreed the minutes of the meeting held on 22 September 2021.

27. **Chair's Urgent Business**

There were no items of Chair's urgent business.

28. **Policy Brief**

Sarah Gooding (Policy and Intelligence Officer) was present for this item and referred to the report within the agenda pack. It was also highlighted to the committee that a briefing paper was circulated on the care cap in response to questions raised at the last committee.

Questions from Members related to:

- That the under the current proposals benefits wouldn't count towards the care cap;
- The high number of low income families in Plymouth and how they would be affected by precept and that there was an unfairness across the country with regards to precepts;

- That it was important to have this precept to raise additional funding and whether all that funding went into adult social care?
- Whether it was appropriate to lobby government on the unfairness of the precept?
- Related to the new every minds matter campaign to improve people's mental health and update on OP Courage and that this would be useful information for the forthcoming Mental Health Select Committee;
- The recruitment campaign announced by Sajid Javid MP was this a regional or national campaign?

Agreed that further background information is provided on OP Courage and Every Minds Matter ahead of the Mental Health Select Committee.

29. **Covid Update and Flu Vaccination Update**

Ruth Harrell (Director of Public Health) was present for this item and provided committee with a verbal update. It was reported that:

- That rates in Plymouth have increased recently and currently we are at 580 per 100,000 in a week and that compares not very favorably to the England average, which is 418 at the moment;
- Young people were a strong driver and had been the case for some time and the dip that they saw a few weeks ago was almost definitely due to half term but since then have picked up again;
- The virus transmits quite easily particularly in household settings, and therefore have seen a secondary peak in the 40 to 50 age groups being in a family setting with children;
- Again seeing a high number of patients in hospital and which would have a significant impact on winter pressures;
- That unfortunately as well they were continuing to see a high number of excess deaths across the country;
- That the vaccine does help to protect against infection and helps protect against being so seriously ill that you are then hospitalised. However you can still catch covid and transmit covid;
- covid vaccination levels were pretty good in the city and the booster programme was showing real success;
- Clear evidence now shows that that third vaccine that booster dose does make a difference to immunity levels;
- The children's flu vaccination program has been delivered in schools has been slightly delayed to enable the covid vaccination programme to be delivered;

Questions from Members related to:

- Whether the vaccinations would be an annual event?
- Vaccinations centres and accessibility for the more vulnerable?
- Why rates were higher in Plymouth than the rest of the country?
- Concerns about the drop in centres and access to vaccinations for the younger generation;

- What were the covid death rates figures?
- Whether the messages about hand sanitisation and the wearing of face masks in public was strong enough?
- Whether there were enough sites offering the booster vaccination for the elderly on more remote areas of the city?
- How the hospital was coping with long covid?
- Vaccination of pregnant women?
- the impact of the COVID-19 on the black and ethnic minority groups within the city?

The Committee noted the Covid Update and Flu Vaccination Update.

30. **Winter Plan to include Adult Social Care, Urgent and Emergency Care and Planned and Elective Care**

Councillor Nicholson (Cabinet Member for Heath and Adult Social Care), Craig McArdle (Strategic Director for People), Anna Coles (Locality Director), Gary Walbridge (Head of Adult Social Care and Retained Functions), Jo Beer (University Hospitals Plymouth NHS Trust) and Mandy Seymour (Livewell SW) were present for this item. The committee first heard about the challenges in adult social care. It was highlighted that:

- There were continued challenges around the workforce in particular recruitment and retention of that workforce. Also is was a really tired, exhausted workforce working through the pandemic since March 2020;
- Vaccination of care home staff and how many people have left this area of work because they were not vaccinated would have an impact on recruitment and retention;
- They were seeing an increase in referrals and services for safeguarding;
- The reform of adult social care and funding reforms that would be significant. Work for the local authorities to undertake but there would be wider reforms which would mean that adult social care would be subject to a greater assurance process from the Care Quality Commission;
- Also there were changes to legislation around liberty protection safeguards and the Mental Health Act;
- Continued to work with colleagues at Livewell SW and University Hospitals Plymouth and have recruited additional staff to assist with home care and reablement care as well as working hard on commissioning alternative bedded capacity including the Care Hotel;
- There were a number of care hotels in the city and during the pandemic were useful capacity to support urgent and emergency care flow from the acute hospital;
- They were working to identify areas to increase dementia care home capacity including supporting homes that weren't currently registered;
- Working closely with providers across the city to identify where there may be additional capacity subject to workforce that can be opened to support the winter response.

Questions from Members related to:

- The Care Hotel and how this was managed, staffed and the number of beds available;
- What type of patients were transferred to the Care Hotel and how to ensure covid safety for staff and patients;
- Whether there was a backlog with safeguarding referrals and carer assessments?
- Whether they were successful in attracting new recruits following the big advertising campaign;
- The delays in transfers in care;
- How to make working in care a more attractive offer;
- How to support vaccine hesitant care workers and to provide them with the information and support they need to be able to feel comfortable accessing the vaccine;
- Visitors in care home and covid safety;
- Food within the care home setting and ensuring that they were nutritionally balanced;
- The complaints procedure within a care home setting and inspection of care homes by the CQC'
- Longer term service developments for care and Colwill Lodge and the Vines.

The Committee were then provided with an update on the Winter Plan, Urgent and Emergency Care and Planned and Elective Recovery. It was highlighted that:

- The western locality winter plan brings together a range of initiatives that would endeavour to support the health and care system through what would be a particularly challenging winter;
- In terms of COVID prevalence, there was an increase in demand across the system with a workforce that was exhausted after 18 month's worth of covid response;
- There were also some significant challenges in terms of workforce and recruitment and the winter plan aims to provide an oversight around the demands they were facing;
- The plans have to be dynamic to changes that they were not necessarily expecting;
- They were expecting the peak to be around about the 12 or 14 December and likely to be in the region of around 80 patients requiring hospitalisation. With the increase in patients constitutes a reduction in critical care capacity for a major trauma centre status but also for some tertiary and specialist surgeries;
- The winter the plan also tries to take into account how to recover the elective capacity. Currently have 52 beds taken up to covid. This related to two wards that would have been used for either emergency or elective surgery;
- The emergency demand pushes out the elective capacity and then that has an impact on the ability to recover some of the waiting lists and long waiting patients. They were undertaking a huge piece of weekly work around

prioritising patients according to their clinical status and prioritise theatre lists every three months;

- The workforce challenges were significant and relate to all services;
- They were looking at how to get optimum flow across the patient pathways for patients that required services;
- They had been challenged in terms of ambulance handovers for some time and were one of the worst performing trusts in the region on a regular basis and were having three weekly meetings with the regional team;
- They were aware of the need for a bigger emergency department (ED) and build on the new emergency department commences next year with an aim of being delivered by 2024;
- They were however seeing an increase in the people arriving at ED on foot and seeing a real variation of why people were presenting such as some were really unwell while others didn't need to come at all. They were working through the options to support people in accessing the best services;
- They were really keen to ensure that ED was only used for emergencies and that was not the case at the moment and were working with ED, 111, Livewell SW and Plymouth City Council on the alternatives to admission;
- They were undertaking improvement work to ensure they were being as efficient as they possibly could be and to ensure that patients flow through the pathways as efficiently as possible and includes making the right decisions around peoples complexity of need;
- The teams were working with the hospital at the front door on how they can support older and frailer patients to be turned around and to go home;
- Significant amount of work around mental health, provision and support for patients with mental health needs;
- Livewell SW were doing a huge amount of work so support Plymouth City Council with recruitment with the care pathways relating to patients requiring intermediate care and long term care and support for patients in care homes;

Questions from Members related to:

- Where there any specific protocols or routing to ensure that people were not in close proximity with a covid patient and moved as quickly as possible into a well ventilated properly protected COVID ward?
- Primary care and whether practices had opened their front doors so that patients can talk to a receptionist;
- The closure of Estover Surgery;
- Ed Healthwatch Report and when available?
- Explanation of OPAL Escalation level 4;
- Public perception of access to health services;
- What was the average length of wait time within ED;
- Whether there were pressures in in certain wards;
- Long covid and how this would be managed;
- People suffering with the mental health issues and what support was provided.

The Committee thanked officers and noted the update on the Winter Plan, Adult Social Care, Urgent and Emergency Care and Planned and Elective Care.

31. **Tracking Resolutions**

The Committee noted the progress made on the tracking resolutions.

32. **Work Programme**

The Committee noted the work programme and the following items were discussed for inclusion:

- Care Homes and the monitoring and inspection of Care Homes and complaint process
- The need for an additional Health and Adult Social Care Overview and Scrutiny Meeting to take place at the end of January to discuss Primary Care (to be discussed at Scrutiny Management Board);
- Whether future meetings could start at a different time to accommodate Councillors only having to take half a day's leave from their work commitments;
- Integrated Care System;
- Dental Health;
- Thrive Programme Update.

Health and Adult Social Care Overview and Scrutiny Committee

Date of meeting:	09 March 2022
Title of Report:	**Health and Adult Social Care Policy Brief**
Lead Member:	Councillor Patrick Nicholson (Deputy Leader and Cabinet Member for Health and Adult Social Care)
Lead Strategic Director:	Craig McArdle (Strategic Director for People)
Author:	Sarah Gooding (Policy & Intelligence Advisor)
Contact Email:	Sarah.Gooding@Plymouth.gov.uk
Your Reference:	HASC PB 090322
Key Decision:	No
Confidentiality:	Part I - Official

Purpose of Report
To provide Health and Adult Social Care Overview and Scrutiny Committee with the latest national picture in respect of policy announcements and legislation relating to health and social care.

Recommendations and Reasons
For Scrutiny to consider the information provided in regard to their role and future agenda items.

Alternative options considered and rejected
N/A

Relevance to the Corporate Plan and/or the Plymouth Plan

Delivery of the Corporate Plan and Plymouth Plan needs to take account of emerging policy and the legislative picture.

Implications for the Medium Term Financial Plan and Resource Implications:

N/A

Financial Risks:

N/A

Carbon Footprint (Environmental) Implications:
N/A

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.*
N/A

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 1of Schedule 12A of the Local Government Act 1972 by ticking the relevant box.*						
		1	2	3	4	5	6	7
A	Health and Adult Social Care Policy Brief							

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 1of Schedule 12A of the Local Government Act 1972 by ticking the relevant box.*						
	1	2	3	4	5	6	7

Sign off:

Fin	N/A	Leg	N/A	Mon Off	N/A	HR	N/A	Assets	N/A	Strat Proc	N/A

Approved by: Giles Perritt, Assistant Chief Executive

Date approved: 28 February 2022

POLICY BRIEF

Health and Adult Social Care Overview and Scrutiny

09 March 2022

The information within this Brief is correct at the time of approval for publication and contains relevant recent announcements made by Government and its departments and regulators.

GOVERNMENT POLICY, LEGISLATIVE ANNOUNCEMENTS AND NEWS

Department of Health and Social Care (09/02/2022) Patients to receive better care as NHS and social care systems link up. The integration white paper sets out a vision for an integrated NHS and adult social care sector which will better serve patients and staff. The white paper sets out some of the ways health and care systems will draw on the resources and skills across the NHS and local government to better meet the needs of communities, reduce waiting lists and help level up healthcare across the country.

NHS England and NHS Improvement (08/02/2022) Delivery plan for tackling the COVID-19 backlog of elective care. The plan sets out a progressive agenda for how the NHS will recover elective care over the next three years. This is in the context of restoring elective performance in the longer term. It explains how the NHS will take the opportunity to capitalise on current success and embed new ideas to ensure elective services are fit for the future. A statement in the House of Commons from Health and Social Care Secretary Sajid Javid can be read here.

This plan sets out a number of ambitions, including:

1. That the waits of longer than a year for elective care are eliminated by March 2025. Within this, by July 2022, no one will wait longer than two years, we will aim to eliminate waits of over 18 months by April 2023, and of over 65 weeks by March 2024. Long-waiting patients will be offered further choice about their care, and over time, as the NHS brings down the longest waits from over two years to under one year, this will be offered sooner.

2. Diagnostic tests are a key part of many elective care pathways. Our ambition is that 95% of patients needing a diagnostic test receive it within six weeks by March 2025.

3. The NHS has continued to prioritise cancer treatment throughout the COVID-19 pandemic and we have consistently seen record levels of urgent suspected cancer referrals since March 2021. To maintain this focus, our ambition is that, by March 2024, 75% of patients who have been urgently referred by their GP for suspected cancer are diagnosed or have cancer ruled out within 28 days. This will help contribute to the existing NHS Long Term Plan ambitions on early diagnosis. Local systems have also been asked to return the number of people waiting more than 62 days from an urgent referral back to pre-pandemic levels by March 2023.

4. For patients who need an outpatient appointment, the time they wait can be reduced by transforming the model of care and making greater use of technology. We will work with patient groups and stakeholders to better monitor and improve both waiting times and patients' experience of waiting for first outpatient appointments over the next three years.

Department of Health and Social Care (09/02/2022) Government sets out plans for 'My Planned Care. Patients waiting for elective surgeries will benefit from increased transparency and information sharing following the launch of the new NHS 'My Planned Care' platform. The Government has set out plans for 'My Planned Care' an online platform to provide information and support to patients waiting for elective surgeries.

Department of Health and Social Care (04/02/2022) Health and Social Care Secretary to launch new 10-year 'national war on cancer'. Health and Social Care Secretary Sajid Javid will launch a call for evidence to underpin an ambitious 10-Year Cancer Plan for England. The plan will build on the NHS Long Term Plan with a set of new priorities, which include:

- Increasing the number of people diagnosed at an early stage, where treatment can prove much more effective.
- Boosting the cancer care workforce.
- Tackling disparities and inequalities, including in cancer diagnosis times and ensuring recovery from the pandemic is delivered in a fair way. For instance, the 'Help Us Help You' cancer awareness campaign will be directed towards people from more deprived groups and ethnic minorities.
- Intensifying research on mRNA vaccines and therapeutics for cancer – this will be achieved through the UK's global leadership and supporting industry to develop new cancer treatments by combining expertise in cancer immunotherapy treatment and the vaccine capabilities developed throughout the pandemic.
- Intensifying research on new early diagnostic tools to catch cancer at an earlier stage.
- Improving prevention of cancer through tackling the big known risk factors such as smoking.

A call for evidence will run until 1st April 2022 with the Cancer Plan expected to be published in the summer. The call for evidence covers topics including cancer treatment, priorities for the cancer plan, and delivering the cancer plan.

Department of Health and Social Care (04/02/2022) Government launches landmark reviews to tackle health disparities. Plans to enable people across the country to live longer, healthier lives are moving forward with the government's announcement of leads for 2 significant independent reviews to tackle health disparities. A review into potential ethnic bias in the design and use of medical devices will be led by Professor Dame Margaret Whitehead, professor of public health at the University of Liverpool. Separately, Javed Khan OBE, former CEO of children's charity Barnardo's, will lead an independent review of the government's bold ambition to make England smoke free by 2030.

Both independent reviews will form part of the Office for Health Improvement and Disparities' (OHID) agenda to tackle inequalities in health and care, which will include the publication of the health disparities white paper in spring and the Tobacco Control Plan later in the year.

Department for Work and Pensions (28/01/2022) Government backs vital British Sign Language Bill. The government is backing a Bill to make British Sign Language (BSL) a recognised language in the UK and help deaf people play a more prominent role in society.

If passed, it would also see the launch of an advisory board of BSL users to:

- offer guidance to the Department for Work and Pensions (DWP) on how and when to use it
- examine how the DWP goes about increasing the number of BSL interpreters
- make sure the Access to Work scheme better meets the needs of BSL users to support them in employment.

OPEN CONSULTATIONS AND SELECT COMMITTEE INQUIRIES

Date of publication	Health and Adult Social Care Overview and Scrutiny Committee	GOV
11 February	10-Year Cancer Plan: Call for Evidence. This call for evidence will inform the development of the government's 10-year Cancer Plan for England.	Consultation closes 01 April 2022.

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HEALTH AND ADULT SOCIAL CARE SYSTEM PERFORMANCE

MARCH 2022

1. INTRODUCTION

The purpose of this report is to inform members of the latest performance against a number of key indicators that provide a view of how care is being delivered to the people of Plymouth in light of the COVID-19 emergency. The pandemic has had an impact on how performance is reported and this has limited the ability to provide benchmarking information like we have done so previously.

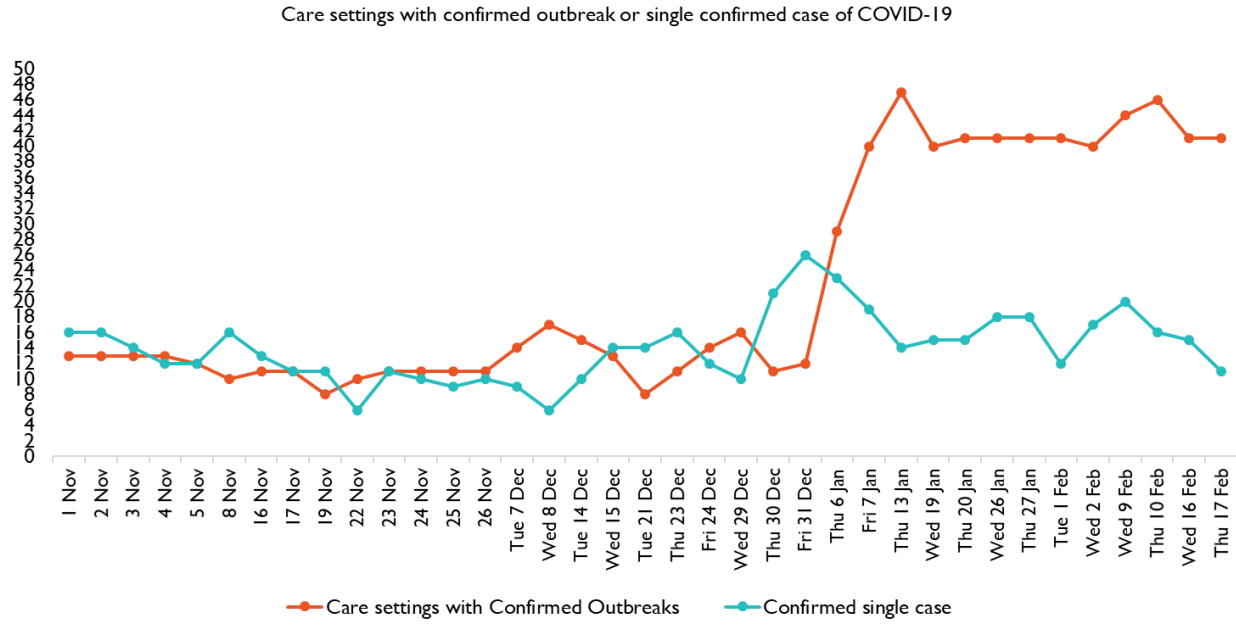
The indicators in this report are;

- Care setting outbreaks
- Residential and Nursing Care
- Community Based Care
- Domiciliary Care
- Reablement
- Adult Safeguarding
- Right to Reside and Length of stays
- Referral to Treatment – Devon ICS

Progress Flash Report for week to: 17 February, 2022	**Project:** Care Setting Outbreaks	**Lead:** Anna Coles

Performance Indicators

	Thu 27 Jan	Tue 1 Feb	Wed 2 Feb	Wed 9 Feb	Thu 10 Feb	Wed 16 Feb	Thu 17 Feb	Trend
Care settings with confirmed outbreaks	41	41	40	44	46	41	41	▲▼
Care settings with one confirmed case	18	12	17	20	16	15	11	▼



Performance Insights

In total there are 97 care homes in Plymouth; those with confirmed or suspected outbreaks of COVID-19 will be closed to new residents and visitors. Local protocols are in place upon notification of an outbreak.

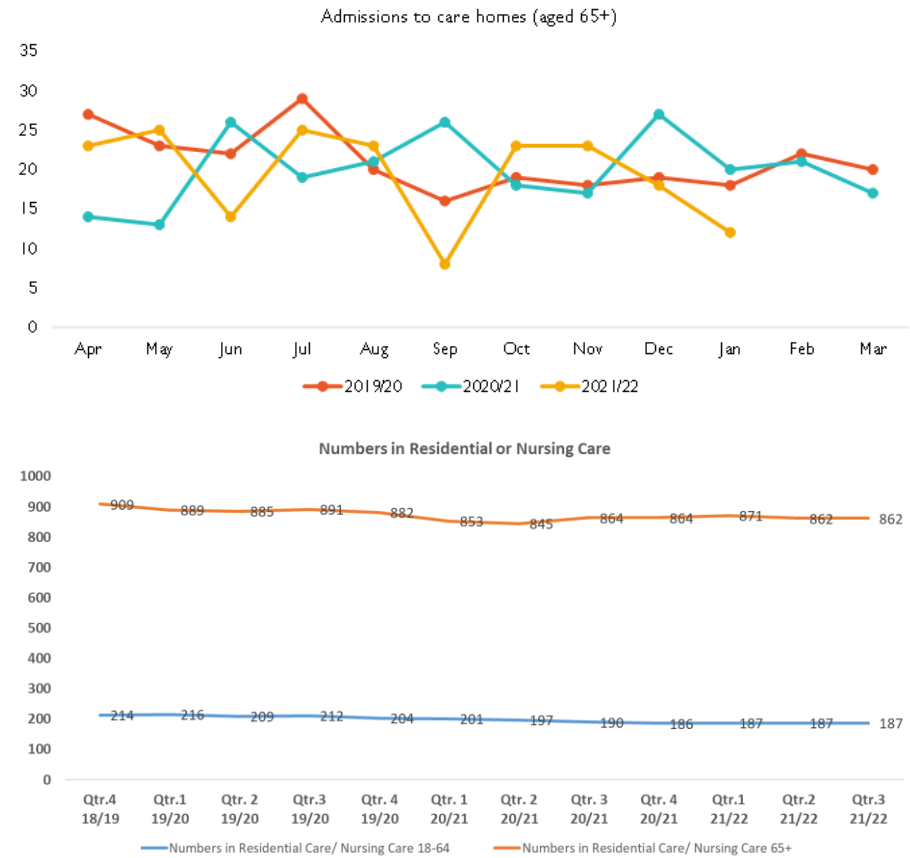
On the 17 February there were 41 care settings in confirmed outbreak. There are 27 older people care homes within outbreak and 8 care homes for under 65's. **Please note that where a care setting has one case of the omicron variant this is classed as an outbreak, this has led to a significant increase in outbreak numbers.**

Other settings in outbreak include 6 supported living providers but no Dom Care/ Extra Care providers.

Report for period: January 2022	Measure: Residential and Nursing Care	

Performance Indicators

	July	August	September	October	November	December	January	Trend
Long term admissions to Residential or Nursing Care (18-64)	5	0	4	2	1	0	**0**	▲ ▼
Long term admissions to Residential or Nursing Care (65+)	25	23	8	23	23	18	**12**	▼
	Qtr. 1 20/21	Qtr. 2 20/21	Qtr. 3 20/21	Qtr. 4 20/21	Qtr. 1 21/22	Qtr. 2 20/21	Qtr. 3 21/22	
Numbers in Residential Care/ Nursing Care 18-64	201	197	190	186	187	187	187	▲ ▼
Numbers in Residential Care/ Nursing Care 65+	853	848	864	864	869	862	862	▲ ▼



Performance Insights

Between 1 April and 31 January there have been 195 admissions; lower numbers in September means that we are on a trajectory to see slightly lower numbers than 2020/21.

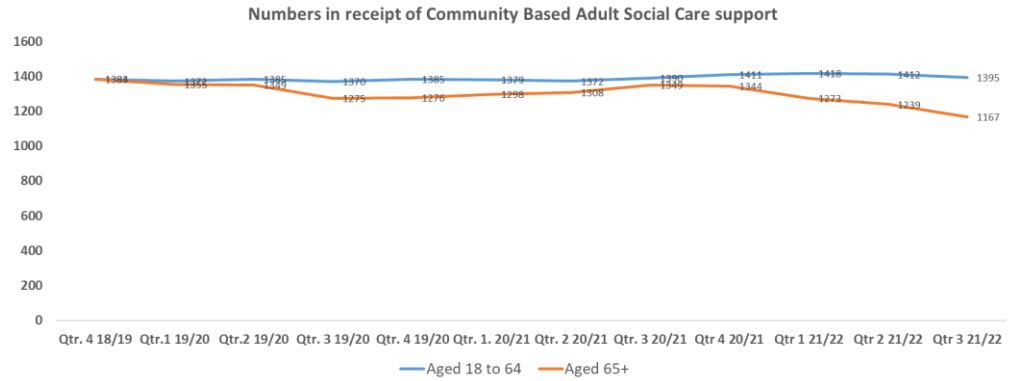
The number of long term admissions of those aged 18 to 64 increased in 2020/21, up from 15 in 2019/20 to 21 in 2020/21. Admissions were low in April, May and June and August, but five in July, three in September and two in October mean we are now on a trajectory to have similar admissions to last year. Numbers can change quickly. Plymouth has historically had a lower rate of younger people being admitted to care homes, and our 2020/21 rate of 13.1 per 100,000 is below the 2019/20 average of 14.6 per 100,000. In January 2022 no younger people have been admitted to long term care in a home.

Overall, numbers of people in care home settings remains static, and in line with national Hospital Discharge guidance a number of people will be in receipt of care within homes but currently funded by the NHS as part of their transition from hospital care. These will not be included in these figures but are being monitored through the Discharge to Assess improvement plan.

Report for period: Quarter Three 2021/22	**Measure:** Community Based Care	

Performance Indicators

	Qtr. 1. 20/21	Qtr. 2 20/21	Qtr. 3 20/21	Qtr. 4 20/21	Qtr. 1 21/22	Qtr. 2 21/22	Qtr. 3 21/22	Trend
Numbers in receipt of Community Based Care (18-64)	1379	1372	1390	1411	1418	1412	1395	▼
Numbers in receipt of Community Based Care (65+)	1298	1308	1349	1344	1273	1239	1167	▼



Performance Insights

As complexity and need increases, ensuring that demand on services is well managed is a key priority for Adult Social Care.

An approach which includes a strengthened gateway to care with direct links to the community and voluntary sector, Wellbeing Hubs and access to Healthcare has delivered a more integrated model of care. Improved access to advice and information along with timely access to a reablement approach will enable more people to live fully independent lives in their communities without the reliance on long term care.

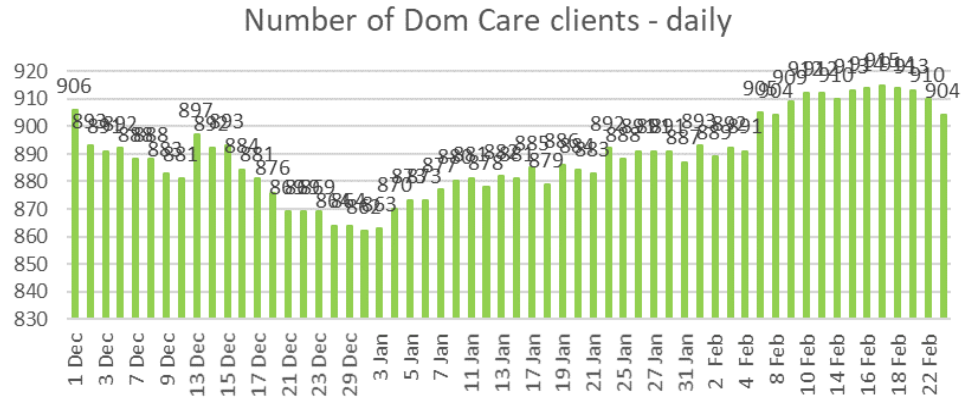
During quarter three of 2021/22 there were 2,562 individuals who accessed community based care, this is a slight fall on quarter three of 2020/21 (2,739).

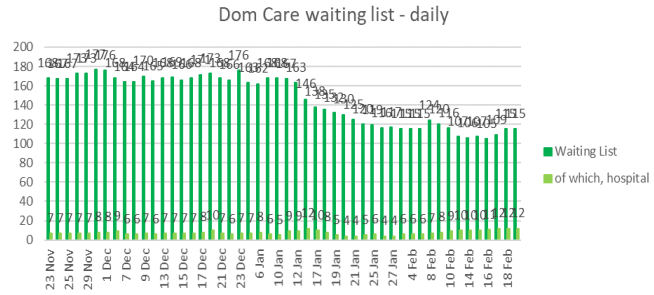
The number of people aged 18 to 64 remains static but the numbers aged 65 and over have dropped in the last three quarters.

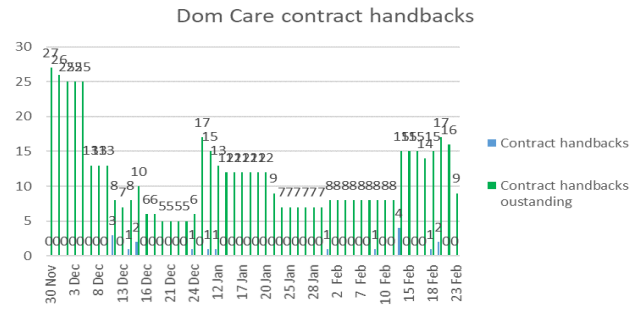
Report for period: 23 February, 2022 **Project:** Domiciliary Care

Indicators

Daily	14 Feb	15 Feb	16 Feb	17 Feb	18 Feb	21 Feb	22 Feb	23 Feb	Trend
Number of clients	910	913	914	915	914	913	910	904	▼
Waiting List	106	107	105	109	115	115	115	115	▲ ▼
of which, hospital	10	10	11	12	12	12	12	12	▲ ▼
Contract handbacks	4	0	0	0	1	1	0	2	▲
Handbacks outstanding	15	15	15	14	15	17	16	9	▼







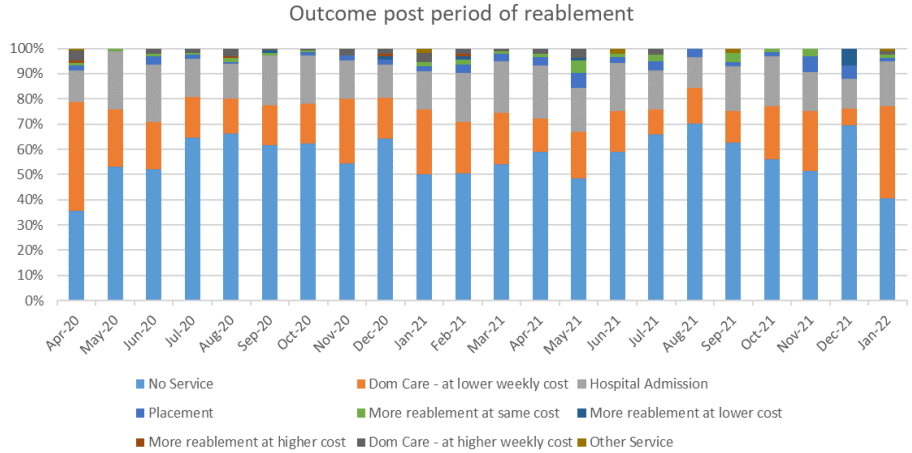
Performance Insights

Domiciliary care metrics are monitored on a daily basis and actions are taken across the system to manage demand.

Daily numbers show that since the turn of the year the numbers of people in receipt of dom care is increasing. This has had a positive effect on the number of people waiting for care. On the 23rd February this waiting list was 115. As recently as the end of November 2021 the waiting list had peaked at 177.

On the 23rd February there were 9 dom care contracts that have been handed back by the provider that remain outstanding. An outstanding handback is when a provider has served notice on provision of care and services are in process of finding alternative care arrangements.

Report for period: January 2022	Measure: Reablement	



Performance Insights

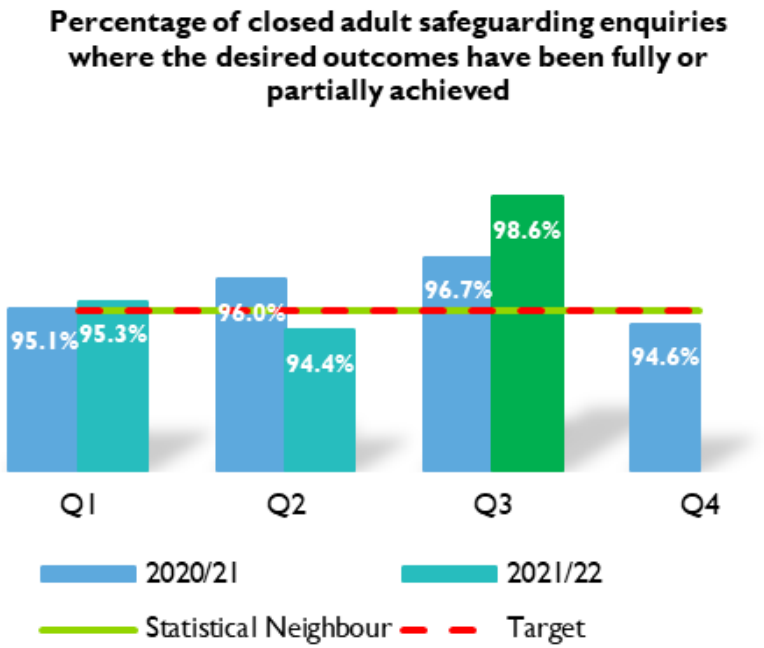
The Independence at Home service monitors its activity and outcomes on a weekly basis and presented here is a monthly breakdown of outcomes to reablement.

Due to current system pressure less individuals leaving hospital have access to reablement this is due to staffing challenges and reduced access to Dom Care provision which has resulted in limited flow through the service. A command centre approach has been in place since December to maximise community capacity as well as continuation of local recruitment campaign.

Between April the end of January 2022, 783 outcomes to reablement have been recorded. On average 55% of these cases the individual in receipt of the reablement has left the service fully independent requiring no further service. The percentage leaving with no further care needs has remained steady throughout 2021/22, and is an improvement on the monthly average in 2020/21.

Of those individuals who go on to require long term care, the majority go on to a package that is at a lower cost to any previous package received. On average each month this year 16% of all outcomes will be a package of Domiciliary Care that is at a lower weekly cost.

Report for period: Quarter three 2021/22	**Measure:** Adult Safeguarding	



Performance Insights

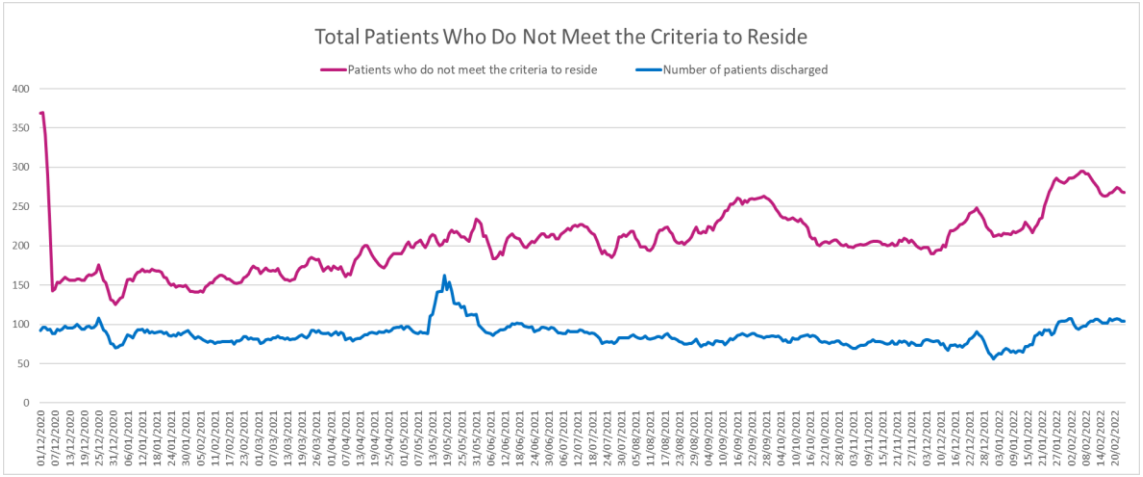
Making Safeguarding Personal (MSP) is a person-centred outcome focus to safeguarding work that aims to support people to improve or resolve their circumstances. This is an indication of how well we are meeting the person's desired outcome, but not necessarily a measure of the degree to which they have been safeguarded.

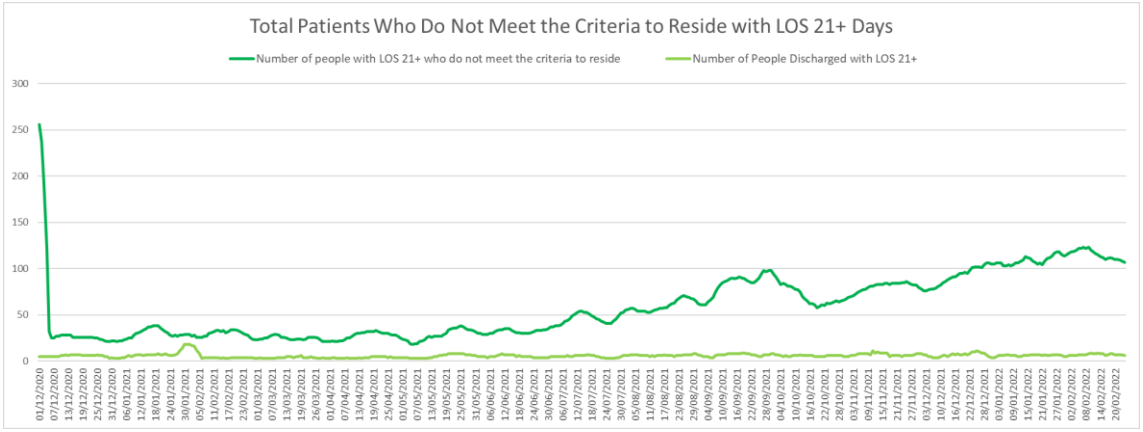
Between 1 October 2021 and 31 December 2021, 211 individuals were the subject of a completed safeguarding enquiry, 139 of which expressed a desired outcome at the start of the enquiry (65.9% compared to 71.7% in quarter two).

The percentage of outcomes that have been either fully or partially achieved increased in quarter three to 98.6% (137), from 94.4% in quarter two. The percentage fully achieved decreased to 66.2% (92) (69.8% in quarter two).

Safeguarding activity, performance and outcomes are monitored on a quarterly basis by the Safeguarding Assurance meetings and the Adult Safeguarding Board.

Report for period: February 2022	Measure: Right to Reside and Length of stays – University Hospitals Plymouth (UHP)





Performance Insights

Right to Reside and Length of stays – The number of people with a stay in UHP of over 14 days, and over 21 days is on an increasing trend since early 2021. On the 24th February 2022 there were 107 people in hospital with a length of stay over 21 days and who do not meet the criteria to reside.

Since early 2021 the gap between the number of people discharged and the number of people who do not meet the criteria to reside has widened.

Towards the end of February performance is starting to improve with patients delayed reducing, this is following a reduction in COVID outbreaks across the Care Market and an increase in capacity with the opening of a new 16 bedded care facility to support discharge flow.

Report for period: November 2021	Measure: Referral to Treatment	

Performance Key Targets

			RDEFT			NDHT			UHP			TSDFT		
Indicator	Date range	Target/Plan	Previous	Latest	Change	Previous	Latest	Change	Previous	Latest	Change	Previous	Latest	Change
Accident & Emergency type 1&2	DECEMBER 2021-22	95%	61%	61%	▲	74%	70%	▼				41%	44%	▲
Accident & Emergency All	DECEMBER 2021-22	95%	73%	74%	▲	74%	70%	▼				60%	63%	▲
Accident & Emergency 12 hour	DECEMBER 2021-22	0	13	18	▲	6	1	▼				140	162	▲
Referral To Treatment - Incompletes	NOVEMBER 2020-21	92%	53%	52%	▼	61%	61%	▲	64%	64%	▲	57%	57%	▼
Referral To Treatment 52+ week waiter	NOVEMBER 2020-21	0	6683	6683	▲	1196	1196	▲	2859	2859	▲	2091	2091	▲
Diagnostics	NOVEMBER 2020-21	99%	61.1%	64.8%	▲	43.9%	48.2%	▲	70.0%	69.6%	▼	66.2%	67.7%	▲
Cancer 28 day faster diagnostic	NOVEMBER 2020-21	75%												
Cancer 2 Weeks	NOVEMBER 2020-21	93%	68%	68%	▲	81%	76%	▼	79%	76%	▼	51%	45%	▼
Cancer breast symptomatic	NOVEMBER 2020-21	93%	29%	11%	▼	0%	4%	▲	11%	3%	▼	96%	83%	▼
Cancer 31 Day First	NOVEMBER 2020-21	96%	95%	91%	▼	90%	83%	▼	92%	94%	▲	98%	97%	▼
Cancer 31 Day Follow-up Drug	NOVEMBER 2020-21	98%	100%	100%	▼▲	93%	97%	▲	99%	99%	▼	100%	100%	▼▲
Cancer 31 Day Follow-up Surgery	NOVEMBER 2020-21	94%	85%	79%	▼	67%	92%	▲	78%	84%	▲	100%	97%	▼
Cancer 31 Day Follow-up Radiotherapy	NOVEMBER 2020-21	94%	100%	97%	▼	100%			99%	99%	▼	98%	100%	▲
Cancer 62 Day Urgent	NOVEMBER 2020-21	85%	69%	66%	▼	70%	61%	▼	71%	71%	▲	72%	58%	▼
Cancer 62 Day screening	NOVEMBER 2020-21	90%	100%	15%	▼	100%	80%	▼	71%	77%	▲	88%	85%	▼
Cancer 62 Day upgrade	NOVEMBER 2020-21	85%	68%	81%	▲	66%	76%	▲	57%	32%	▼	33%	0%	▼

The Integrated care system are working to achieve national requirements to stabilise waiting lists. These include;

- Stabilise the waiting lists to levels seen at September 2021
- Hold or reduce the number of patients waiting over 52 weeks
- Eliminate waits of over 104 weeks by March 2022 except where patient choose to wait longer
- Retain remote delivery of 25% of outpatients attendances where clinically appropriate
- Discharging at least 1.5% of Outpatient attendances to PiFU (Patient initiated follow up) pathways by Dec 2021 and 2% by March 2022.

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Health and Adult Care Scrutiny
9 March 2022

Engaging the Overview and Scrutiny Committee in the Long-Term Plan for Devon

Report from NHS Devon Clinical Commissioning Group

1. Recommendation(s)

1.1. That the Overview and Scrutiny Committee receives this report

1.2. That Members support the use of masterclasses as the opportunity to influence the development of the Long-Term Plan for Devon, Plymouth and Torbay.

1.3. That Members support the development of a Joint Committee with Devon and Torbay so that LTP work that crosses Local Authority boundaries can be considered and scrutinised collectively each of the Scrutiny Committees in the county.

2. Purpose

2.1. This paper aims to engage the Overview and Scrutiny Committee in the development of the Long-Term Plan and provide opportunities to influence, contribute and scrutinise the plan.

2.2. This paper sets out the key areas of the Long-Term change programme that are being accelerated and those which scrutiny committees input across the ICS would be particularly welcome. It also offers an approach as to how we can work together going forward that Members are invited to contribute to and support.

Together for Devon
Health and care working in partnership with local communities in Plymouth, Torbay and the rest of the county

Engaging the Overview and Scrutiny Committee on the Long-Term Plan for Devon, Plymouth and Torbay

Overview and Scrutiny Committee
9 March 2022

1. Introduction

The Plymouth Overview and Scrutiny Committee has been a key partner in the development, support and challenge of the Long-Term Plan, alongside committees in Devon and Plymouth.

The development of a Long-Term Plan (LTP) started in 2018 and was designed to tackle a host of complex issues facing the Devon, Plymouth and Torbay health and care system. There is an overarching Long-Term Plan for the NHS as a whole and this is being localised across systems.

While work to progress the LTP slowed as the NHS focused all efforts on supporting patients and communities through the coronavirus pandemic, the challenges facing Devon, Plymouth and Torbay remain the same and have been exacerbated because of Covid-19.

Re-starting work on the Long-Term Plan has been a priority over the latter part of 2021 and although the emergence of the Omicron variant demonstrates that we are not yet through the pandemic, tackling the issues the LTP aims to address is essential for the Health and Care system in Devon, Plymouth and Torbay.

The Long-Term Plan is still in the development phase, it is being shaped and is not fully formed. Elected Members have a key role in influencing, contributing, and scrutinising this programme of work in a way that acknowledges the voices of the communities and neighbourhoods they represent.

This paper aims to set out the key areas of the Long-Term change programme that scrutiny committees input across the ICS would be particularly welcome. It also offers an approach as to how we can work together going forward that Members are invited to contribute to and support.

All plans outlined in this document are in the formative stages and subject to change and where required formal consultation and other approval processes.

About the Long-Term Plan for Devon, Plymouth and Torbay

The NHS Long Term Plan describes how challenges for health and care will be tackled over the next ten years by transforming services and redesigning systems.

Much of our Devon, Plymouth and Torbay Long Term Plan is based upon implementing this national policy to ensure our health and care system meets national standards. One example of this is designating Urgent Treatment Centres across the county.

Our vision is for there to be "Equal chances for everyone in our county to lead long, happy, and healthy lives". Our LTP contains 25 areas of focus, referred to as workstreams, that will help us achieve this vision. (See appendix 1 for the full list).

The LTP is a complex and evolving landscape, and some areas of work are more advanced than others. For most of the transformation will focus on efficiencies, workforce, and the use of technology to improve efficiency of services and to support transformation; patients and communities will see improved efficiencies and outcomes. For each area of change there will be a dedicated workstream that outlines **how** the transformation will be achieved.

A small number of workstreams will involve large-scale transformation which is likely to result in significant changes to the way people access their services. Where possible transformation should be accelerated as the service changes will help to address some of the significant challenges facing patients locally, particularly around waiting lists for planned surgery.

Significant service change assessment

A significant service change assessment has been carried out for each of the LTP workstreams which provides an indication of where we are likely to formally consult with the public over the coming years.

As there is no legal definition of significant service change, the below definition, taken from *Effective Service Change A support and guidance toolkit, NHS England and Improvement* has been used:

"A significant shift in the way front line health services are delivered, usually involving a change in the geographical location where services are delivered"

In health scrutiny regulations, NHS commissioners must: consult local authorities where there is a 'substantial development of the health service', or for 'a substantial variation in the provision of such a service'. This might mean service users experience a different service model or have to travel to another site for their services

The table overleaf categorises the LTP workstreams into three groups:

- ***Significant service change*** that is likely to require formal public consultation, but more information required
- ***Service re-design*** which may require consultation in the future
- ***No change or an enhancement to the way*** patients access services.

Table 1: Significant Service Change categorisation of LTP workstreams

Significant service change that is likely to require formal public consultation, but more information required	Service re-design which may require consultation in the future	No change or an enhancement to the way people access services
Reduce waiting lists: deliver a system plan for Protected Elective Capacity (PEC)	Short Stay Paediatric Assessment and Integrated Community-based Paediatric Model integrated with community teams	Delivery of the national targets for Mental health with appropriate level of investment
Develop Community Diagnostic Hubs, including broader primary care diagnostics Implement system diagnostics plan, including image sharing network, workforce network and technological innovation	Implement transitional care for 80% of Level 1 neonatal babies, with a possible future equivalent reduction in Level 1 Neonatal cot provision	Go faster, go further for people with Learning Disability and Autism: rights of people with LDA, community-based support and addressing health
Community urgent and emergency care: Make it easier for people to access urgent care and alternatives to EDs, reprocure integrated urgent care system – designating UTCs, reviewing other provision	National model for Surgery in Children (Delivered by NHSE)	A cultural change towards supporting people closer to home and delivering a fully integrated service of all statutory and non-statutory providers

Significant service change that is likely to require formal public consultation, but more information required	Service re-design which may require consultation in the future	No change or an enhancement to the way people access services
Deliver a personalised maternity experience to all women, increase home births, increase number of alongside maternity units		Using systematic population health analysis to support predictive and targeted personalised care
Deliver the New Hospital Programme in north Devon, Plymouth, and Torbay		Implement BADS in Day Case Surgery (British Association of Day Surgery) to improve productivity
		Implement system diagnostics plan, including image sharing network, workforce network and technological innovation
		Reimagine the approach to work, using new technology, new roles and working in networks and collaborations
		Develop 'One Team' approach to workforce so staff can work across Devon, and potentially further afield
		Use virtual/digital initiatives to maximise out-of-hospital opportunities supported by shared records and data
		Deliver a plan to implement best practice pathways consistently, including mental health – for adults and children
		Empower communities to take responsibility for their health and wellbeing so they can help themselves
		Each Local Care Partnership will address health inequalities in their area

Significant service change that is likely to require formal public consultation, but more information required	Service re-design which may require consultation in the future	No change or an enhancement to the way people access services
		All ICS organisations will sign up to addressing inequalities as major employers, purchasers, and service providers
		Focus on prevention and intervention for children and young people, including those with emotional needs, working with education and voluntary services
		Deliver a system-wide initiative to develop the 'Digital Citizen'
		Digital becomes as a route to care based on shared records and electronic patient record
		All ICS partners commit to Equally Well – addressing differences in care by ethnicity, deprivation, and other factors

2. High impact significant service change

This section describes in more detail the services workstreams that will see the most significant transformation over the coming years and the areas in which we are likely to be consulting with the people of Devon. Details about workstreams that may require formal consultation in the future can be found in appendix 2.

Protected Elective Capacity

Our ambition is to reduce waiting times for operations through developing Protected Elective Capacity (PEC) and improving productivity.

Why we need to change

Our performance against NHS Constitution targets is well below where it should be. Figures published for Devon in October 2021 confirm:

- 3,460 people were waiting more than 52 weeks in orthopaedics for treatment like hip and knee replacements
- 2,357 people were waiting more than 52 weeks in ophthalmology for treatment like cataract removal
- 12,704 people across all specialties were waiting more than 52 weeks for treatment or a consultation (up from 5,727 in April 2020)
- The number of people on waiting lists for acute specialities increased from 100,947 in April 2020 to 144,209 in October 2021
- National reports and recommendations from the Getting it Right First Time (GIRFT) national programme indicate that PEC can significantly improve productivity by around 13%
- In 2019, NHS England and NHS Improvement (NHSEI) undertook a review of paediatric critical care and specialised surgery in children and proposed a national model for surgery in children (SiC). NHSEI have commissioned a regional network of clinically led Surgery in Children Operational Delivery Networks (SiC ODN) and have tasked them with bringing forward proposals for the implementation of the national SiC model in each region

Our early proposals

We will deliver a system plan to reduce waiting times for operations and a network of Protected Elective Capacity, focussing initially on the specialties of **orthopaedics and ophthalmology** as they are the highest volume and have been severely affected by Covid-19.

Timely access to planned care will reduce demand on Emergency Departments, primary care and social care and cancellation rates will go down as the protected facilities will not be impacted by high and variable emergency demand.

To help deliver this, we will:

- Create Protected Elective Capacity sites in Devon (number and locations unconfirmed at this stage). We estimate this will increase productivity of current capacity by c18%, mitigating the cost of demand growth and reducing loss of capacity from the impact of emergency pressures in acute hospitals
- Fully operationalise the System Patient Treatment List to ensure equal access to planned care treatments no matter where you live in the county
- Reorganise elective care for those procedures and/or individuals who have the highest complexity to match agreed Intensive Care Unit expansion
- Deliver the British Association of Day Surgery (BADS) standard for level of day case activity, becoming recognised as a system of excellence (building on good practice at Torbay and South Devon Foundation Trust and Northern Devon Healthcare Trust). This will enable a shift of 34% to day case from inpatient procedures with associated cost savings and reduction in cancellations.
- Work with the independent sector as part our strategy to reduce waiting lists and achieve better value for money/activity levels for the current investment.

Work currently in progress

- Further analytical work on financial impact including relationship with New Hospital Programme
- The case to inform the decision on whether phasing of options (phase 1 to create more capacity using our existing resources and infrastructure, phase 2 move activity to PEC) involves a move of services off site or more of the present DGH sites are supported
- Detailed analysis on benefits on outcomes for patients

Community Diagnostic Hubs

Our ambition is to improve diagnostic services and reduce waiting times for vital tests by developing community Diagnostic Hubs and through our Diagnostics Plan.

Why we need to change

The ICS for Devon had recognised imaging diagnostics as a vulnerable service following a local evidence-based review. It was included in the Peninsula Clinical Services Strategy programme where a series of recommendations were agreed by the Peninsula Partnership Board in February 2020.

As of October 2021, only 62.3% of diagnostic tests were carried out within the six weeks, against a target of 99% and below the England average of 75%.

Our early proposals

We will improve diagnostic services and reduce waiting times for vital diagnostic tests like X-ray, MRI, and CT scans by developing a network of community diagnostic hubs (CDH). CDHs, incorporating access for primary care diagnostics, will deliver additional, digitally connected diagnostic capacity, providing patients with a coordinated set of diagnostic tests in the community in as few visits as possible, enabling an accurate and fast diagnosis on a range of clinical pathways.

Work currently in progress

- Number of Community Diagnostic hubs planned and whether they could be co-located with other services – for example protected elective centres
- Will CDH's result in a change to where people access their diagnostic services or will it be additional capacity

Community urgent and emergency care

Our ambition is to create an urgent care system that is easy for people to navigate their way through and ensures everyone is seen in the appropriate setting for their needs.

Why we need to change

Evidence suggests that between 10% to 40% of the most serious Emergency Department (ED) attendances could be seen in alternative settings.

There is significant evidence that Same Day Emergency Care (SDEC) is an effective intervention for patients presenting with a wide range of urgent care needs and that we have not maximised the potential for avoidance of attendance at EDs and admission to hospital.

Current service investment is not reducing acute sector pressure, with inconsistent services, especially in urgent care, that are difficult for people and professionals to navigate.

Our early proposals

We will make it easier for people to navigate their way through the urgent care system and make sure they are seen in the appropriate setting for their need.

This includes ensuring effective provision and availability of services to support mental health, urgent and crisis response. This will reduce pressure on our main hospital Emergency Departments (EDs).

To provide a consistent, easy-to understand service, we will ensure Urgent Treatment Centres (UTCs), currently at Tiverton, Cumberland, and Newton Abbott, meet the national service specification.

With this focus on providing consistent services, we will review community urgent care provision and consider new approaches to local urgent care services.

We will redesign ED, especially at the 'front door', to ensure only those who really need it progress to ED.

We will reprocure our Integrated Urgent Care Service, encompassing NHS 111 and out of hours GP care.

We will deliver the national SDEC requirement in each acute hospital, driving consistent provision of SDEC 12 hours per day, available to all medical, surgical, and frail patients. The increased capacity will result in a 20% decrease in admissions.

We will develop analysis to better understand ambulance demand and develop a strategy for a newly reprocured integrated urgent care system service to divert demand more appropriately through hear and treat and see and treat.

Work currently in progress

Overarching strategy for community urgent and emergency care and information on what impact the implementation of the strategy will have on the existing Minor Injury Units.

Personalised maternity experience

Our ambition is to deliver a personalised maternity experience to all women.

Why we need to change

- Among the outcomes of the Devon's Acute Services Review (2016/17) were that consultant led obstetric services across all four acute sites should remain and choice be improved through alongside midwifery-led facilities, including community hubs for other aspects of pre and postnatal care.
- In terms of national policy, Better Births (2016), stated that women with low-risk pregnancies should have the choice of giving birth with midwifery-led care, either at home or in midwifery led unit.
- The Ockenden Report (2020) stated that all women should be risk-assessed to decide on most appropriate place of birth - home, midwifery led unit or obstetric-led unit.

- In 2018, the NHS in Devon held an engagement programme with local people. Among the outcomes were that midwifery-led units were perceived to be a more relaxed environment, and a favourable option.
- The RD&E has seen an increase in homebirth rates from 2% in 2019-20 to 3.3% 2020-2021. The March 2021 rate had increased to 4.6%.

Our early proposals

- We will meet the targets for Better Births under the direction of our Local Maternity and Neonatal System
- As part of work to ensure that 100% of women get to choose where and how they give birth, we propose to:
    - Increase access to home births
    - Increase access to midwifery-led births through the development of Alongside Maternity Units (AMU). These units, led by midwives and located near consultant-led units on acute hospital sites, are safer and can offer midwife-led births to women with a wider range of needs than standalone units. AMUs are more cost-effective than provision of care for all women through consultant-led units.

In tandem with the above, we will improve breast feeding rates and lower re-admission rates for new mothers and their babies. Staff retention will be improved through new professional opportunities for midwives.

Work currently in progress

- Future model of care for maternity services and what impact will this have on the currently closed standalone midwifery led units and level 1 neonatal units

3. Approach to involving Overview Scrutiny Committees

The ICS is at the start of a 10-year health and care transformation programme and we want to ensure that from the outset, as valued elected members representing the people of Torbay, Devon and Plymouth Overview and Scrutiny Committees across the ICS are involved in this transformation.

Working with people and communities is integral to the Long-Term Plan transformation and a summary of our over-all approach can be found in appendix 4.

Recognising the important role that our Overview and Scrutiny Committees have; we feel a bespoke approach is required to ensure ongoing involvement and co-creation can be achieved.

The headlines of our proposed approach are summarised below, the Committee are invited to comment and input into this approach.

Stakeholder	Communications approach	Involvement approach
Overview and Scrutiny Committees	- Monthly LTP Stakeholder bulletin/briefing - Website resource centre - Monthly Together for Devon Bulletin	- Joint OSC meetings at key milestones with Devon and Plymouth - Monthly private OSC sessions, attended by clinical and operational leads to maintain ongoing involvement - We will work with the OSC to co-produce a method of involvement that will work for all parties. - Masterclasses at appropriate times

Masterclasses

Masterclass sessions are a beneficial way to enable members to focus on a single issue, in-depth and explore how they, as scrutiny members can contribute and have impact.

We propose that the Overview and Scrutiny Committee uses the masterclass approach to explore the key areas of the LTP change programme. This in addition to formal committees will enable them to be updated but also to provide that crucial influencing and shaping.

Joint Committees – Devon, Plymouth and Torbay

There is also the opportunity to work jointly with other Scrutiny Committees across the ICS where is it make sense to or where there is a requirement. We invite the Overview and Scrutiny Committee to think about how that could work and what existing arrangements may be in place already to support that.

Simon Tapley
Deputy Chief Executive
NHS Devon Clinical Commissioning Group

Appendix 1: Full list of LTP workstreams

Ambition	LTP workstream official title	Description
Efficient and effective care	Reduce waiting lists: deliver a system plan for Protected Elective Capacity (PEC)	**Protected Elective Capacity** Develop protected elective capacity within the Devon system to reduce waiting lists for planned surgery
	Implement BADS in Day Case Surgery (British Association of Day Surgery) to improve productivity	**Implement BADS standard** Improve productivity: Deliver the British Association of Day Surgery standard of excellence for day case activity
	Develop Community Diagnostic Hubs, including broader primary care diagnostics Implement system diagnostics plan, including image sharing network, workforce network and technological innovation	**Develop Community Diagnostic hubs**
	Community urgent and emergency care: Make it easier for people to access urgent care and alternatives to Emergency Departments (ED), reprocure integrated urgent care system – designating Urgent Treatment Centres (UTC), reviewing other provision	**Community urgent and emergency care** Overhaul community urgent and emergency care so it is easier for people to access urgent care and alternatives to Emergency Departments (ED
	Deliver national Long Term Plan targets for mental health with appropriate level of investment	**Implement the Community Mental Health Framework**
	Go faster, go further for people with Learning Disability and Autism (LDA): rights of people with LDA, community-based support and addressing health inequalities	**Enhance community support for people with Learning Disability and Autism**

	Deliver the New Hospital Programme in north Devon, Plymouth, and Torbay	**Deliver the New Hospital Programme**
	Reimagine the approach to work for our workforce, using new technology, new roles and working in networks and collaborations	**Support our workforce to work differently including using of technology and new roles**
	Develop 'One Team' approach to workforce so staff can work across Devon, and potentially further afield	**Develop 'One Team' so staff can work across Devon**
	Implement system diagnostics plan, including image sharing network, workforce network and technological innovation	**Implement system diagnostics plan**
Integrated Care	A cultural change towards supporting people closer to home and delivering a fully integrated service of all statutory and non-statutory providers	**Integrated care** Join statutory and non-statutory care to support people in a joined up way as close to home as possible.
	Using systematic population health analysis to support predictive and targeted personalised care	**Better use of data** to understand the needs of communities
	Redesigning and redeveloping community urgent care, including mental health services	**Community urgent and emergency care** Overhaul community urgent and emergency care so it is easier for people to access urgent care and alternatives to Emergency Departments (ED)
	Use virtual/digital initiatives to maximise out-of-hospital opportunities supported by shared records and data	**Improved use of technology** to reduce the need for people to go to a hospital for appointments and to improve safety and experience when people move between sites of care.
	Deliver a plan to implement best practice pathways consistently, including mental health – for adults and children	**Deliver best practice standards of care** particularly in mental health.

Community and people-led change	Empower communities to take responsibility for their health and wellbeing so they can help themselves	**Empower communities to look after their health and wellbeing**
	Each Local Care Partnership will address health inequalities in their area	**Tackle Health Inequalities locally**
	All Integrated Care System (ICS) organisations will sign up to addressing inequalities as major employers, purchasers, and service providers	**Tackle Health Inequalities across the system**
Children and young people	Focus on prevention and intervention for children and young people, including those with emotional needs, working with education and voluntary services	**Focus on early intervention and prevention to support children and young people**
	Short Stay Paediatric Assessment. Deliver an optimised model for community paediatric services integrated with community teams	**Develop short stay paediatric units and integrate paediatric services with community teams** so that children can be cared for closer to home
	Deliver a personalised maternity experience to all women, increase home births, increase number of alongside maternity units	**Deliver personalised maternity services for women and families people having babies**
	Implement transitional care for 80% of Level 1 neonatal babies, with a possible future equivalent reduction in Level 1 Neonatal cot provision	**Implement transitional care so that babies who do not need special care can be cared for with their mothers**
Digital Devon	Deliver a system-wide initiative to support our population to become 'Digital Citizens'	Support our population to become **'Digital Citizens'**
	Digital becomes a route to care based on shared records and electronic patient record	**Implement electronic sharing of care records** so that patients can move between health settings across Devon

Equally Well	All ICS partners commit to Equally Well – addressing differences in care by ethnicity, deprivation, and other factors	**Tackle Health Inequalities specifically relating to** difference in life-expectancy for people with severe MH problems

Appendix 2:
Service re-design which may require consultation in the future

Children and young people

Our ambition is for children, young people, their families, carers, and communities to have access to a personalised, sustainable and coordinated system of care and support that meets needs early and improves their quality of life from early years through to adulthood.

Why we need to change

The Chief Officer Report (2012), Long Term Plan and the National Children and Young People Transformation Programme highlighted that the UK has some of the worst health outcomes for children and young people in Europe.

Nationally, 1.7 million children have longstanding illnesses, including asthma, epilepsy, and diabetes. Young people are increasingly exposed to two new childhood epidemics – obesity and mental distress.

The following transformation projects will help us achieve these ambitions.

Prevention and early intervention

We will focus on prevention and intervention for children and young people, including those with emotional needs, working with education and voluntary services.

Community paediatric services

We will deliver an optimised model for community paediatric services integrated with community teams.

Early Proposal

There will be a cohesive and effective offer to children and young people. Community-based services will be easy to access and clear – and will work on the principle of 'right support at the right time in the right place'.

We will develop at pace an evidence base, and best practice, standardised

and networked model for:

- Short stay paediatric assessment units (PAU)
- Community-based paediatric and primary care (phase 1) and will enhance the integrated model with wider children and young people's health (physical and mental health) and social care services with strong links to education and the voluntary services sector.

Transitional care for neonatal babies

We will implement transitional care for 80% of level 1 neonatal babies. This is based on evidence that a significant proportion of babies cared for at present in level 1 neonatal units would be better looked after at the mother's bedside. It is safe and results in improvements in bonding which translate into significant long-term benefits. At present space in the maternity units is inhibiting the ability of units to implement this.

Our early proposal

We propose to implement transitional care for 80% of level 1 neonatal babies, with an equivalent reduction in level 1 neonatal cot provision in maternity units. Following a review of Devon's Neonatal Units, the new model of delivery would support:

- The adoption of the Royal Cornwall Hospitals NHS Trust model of discharging medically fit mothers and babies from the delivery suite, thereby creating the space for transitional care in postnatal wards under a single clinical management structure.
- All Devon units to further develop transitional care models and facilities

Appendix 3: Enablers for change

To make the beneficial changes needed and deliver our ambitions, there are distinct programmes of work that we must get right.

Our workforce

We will have a workforce strategy that supports future models of care with the appropriate skills and competencies needed and challenges the way we do things to ensure we effectively utilise our people.

Our workforce will be integrated with the right people, who have the necessary skills, values & behaviours providing services that are responsive to local need.

Our 'one team' approach will enable us to deliver new models of care, as we will have an agile and flexible workforce, in demanding but exciting roles that give variety and breadth in opportunity, while ensuring equitable and effective care across Devon.

To enhance our 'one team' culture, we will learn from our past experiences of challenging boundaries, sharing expertise, growing our own and recruiting new people into the county to live, work and grow our economy.

This will be supported by better technology so that we can develop new approaches to delivering services.

Addressing our workforce challenges

Almost 61,000 people work in health and social care across Devon. In the South West 7.8% of roles remain unfulfilled in healthcare (5% in Devon) and 9.2% in social care (7% in Devon).

It is not sustainable to simply find more people to do things the way they have always been done. Our population and their needs have changed - we must adapt our services and workforce to meet those needs.

This will involve sharing our workforce and supporting people to do the jobs they are trained for, so we get the most out of our specialists.

We have already made great strides in this area with some of our networks, for example, the Devon Pathology Network and the South East and North Devon (SEND) Network.

Modernising facilities, utilising technology, and enhancing our training and education offer is part of our commitment to growing and supporting people to

live, work and stay in our county. These investments will make health and social care roles more attractive to people who are looking for jobs.

Alongside this, we will reduce the reliance on agency and locum spend and focus the use of our expertise within the areas of greatest need.

Our immediate priorities are:

- Finalise the Devon ***People*** Plan and its four pillars: workforce, resourcing, learning and education, best place to work.

- Agree workforce plans for each strategy area, supported by digital innovation, development of a shared workforce and a 'one team' approach.

Our estate

We have a once-in-a-generation opportunity to revolutionise our estate, as part of the government's New Hospital Programme (NHP).

Through the NHP, three of our major hospitals in Plymouth, Torbay and North Devon will see new investment to modernise buildings, diagnostics, and technology. This major transformation will drive:

- Significant reduction in backlog maintenance and critical infrastructure risks, thereby improving efficiency and reliability of service delivery
- Modernisation of infrastructure to facilitate optimised productivity and standardisation in delivery methods
- Reduction in overall estates footprint, necessitating changes in working practices or delivery of clinical and support services, fully supported by maximising the opportunities afforded by digitisation
- Significant boost to the local economy via construction and supply chain, signifying the position of the NHS anchor organisations in Devon. Each part of the New Hospitals Programme is subject to a full business case process.
- The quantified details of financial and performance benefits, including the benefits realisation process will be included in the Strategic Outline Cases and FBCs for the three programmes.

NHP investment will help us reduce backlog maintenance along with the development of health and wellbeing centres in the community linked to primary care. This will also help reduce energy costs, carbon footprint, overall estate footprint and improve patient experience.

Learning from best practice

We will use national and local best practice and tools to provide better and more innovative services.

Clinical models of best practice will provide us with a framework to test the processes and approaches within our hospitals. This includes the Model Hospital and Getting it Right First Time (GiRFT) initiatives, which use in-depth insights to improve the treatment and care of patients.

Finance

The financial context for Devon is challenging, with significantly more being spent in service provision than is affordable within the nationally set allocation for the population we serve.

With demand for services expected to continue growing, we must transform the way we deliver care to meet people's needs within the resources we have.

To respond to these financial challenges, the Integrated Care System for Devon agreed a financial recovery strategy built around four key pillars.

1. Maximise productivity, therefore reducing the need to increase capacity to meet growth in demand
2. Minimise new investment from growth in the system allocation to narrow the gap between current spending and available funding
3. Deliver real terms cost reduction through transformation and lower cost service delivery configuration
4. Maximise productivity and efficiency from our corporate and support services.

We are developing a financial planning framework to deliver a financially balanced plan over the next five years. This will be underpinned by reducing unwarranted variation, a sustainable workforce model, improving outcomes and delivering better value from the money we spend. Using business intelligence and population health management we will ensure that transformational focus areas for the system are delivered in line with this framework, driving effective investment/disinvestment, decision making and prioritisation for future sustainability.

The major contribution to financial improvement required from the LTP transformation programme is the containment of forecast growth in demand through improved productivity, efficiency, reducing the need for further service investment.

Appendix 4: Working in partnership with people and communities

Good communications and involvement with people and communities in Devon is critical to the successful implementation of the Long-Term Plan. It is vital that plans are shaped and understood by people across Devon, Plymouth and Torbay.

Our vision is to undertake meaningful involvement and where necessary consultation to develop a Long-Term Plan that meets the needs of people and communities in Devon.

We will provide clear, accurate and timely information about the LTP to all our internal and external stakeholders through various platforms. We will learn through feedback and evolve communications accordingly.

Our strategic approach to involvement is informed by NHS England's Planning, assuring and delivering service change for patients.

Patients staff and the public will be involved throughout the development, planning and decision making of proposals within the LTP.

Involvement will not be a standalone exercise; rather, it will be part of an ongoing dialogue taking place in stages as proposals are developed.

Where formal consultation with the public is required, our approach will be underpinned by the Gunning Principles.

1. Proposals are still at a formative stage. A final decision has not yet been made, or predetermined, by the decision makers
2. There is sufficient information to give 'intelligent consideration'. The information provided must relate to the consultation and must be available, accessible, and easily interpretable for consultees to provide an informed response
3. There is adequate time for consideration and response. There must be sufficient opportunity for consultees to participate in the consultation. There is no set timeframe for consultation, despite the widely accepted twelve-week consultation period, as the length of time given for consultee to respond can vary depending on the subject and extent of impact of the consultation
4. Conscientious consideration' must be given to the consultation responses before a decision is made. Decision-makers should be able to provide evidence that they took consultation responses into account

In addition, the Department of Health and Social Care (DHSC) applies four tests of service change that must be satisfied:

1. Strong public and patient involvement
2. Consistency with current and prospective need for patient choice;
3. A clear clinical evidence base; and
4. Support for proposals from clinical commissioners

Testing our involvement approach

To ensure the involvement we undertake about each of the workstreams (e.g., PEC) is robust and accessible there are some key groups with whom we will test our approach, including:

- OSCs (joint committee is required of all Devon OSCs, and possibly Kernow)
- Quality Equality Impact Assessment panel (tests health inequalities)
- Academic Health Science Network (AHSN) Quality Improvement Partner Panels (QUIPP) (methodology test)
- Legal checks
- Consultation Institute
- Community groups (e.g., Joint Engagement Forum) and VCSE to test accessibility of approach

Adaptations to our approach will be made based on feedback we receive.

Working in partnership

Partnership working and co-production with our key stakeholders is an important part of our overall communications and involvement strategy. We are committed to working closely with everyone in Devon, Plymouth and Torbay on the LTP transformation, however there are some groups with whom we will work more closely.

The table below sets out our proposed approach to working with the various communities in Devon.

Category	Stakeholder	Communications approach	Involvement approach
Primary	Devon MPs and local councillors	- Monthly LTP Stakeholder bulletin/briefing - Website resource centre - Monthly Together for Devon Bulletin - Ad hoc media releases - Telephone calls for important announcements	- Existing quarterly in person briefings with the ICS CEO - Existing monthly in person meetings with the ICS Chair - MP surgeries - Ad hoc briefings as required
	Devon, Torbay and Plymouth OSC	- Monthly LTP Stakeholder bulletin/briefing - Website resource centre - Monthly Together for Devon Bulletin	- Joint OSC meeting at key milestones - Monthly private OSC sessions, attended by clinical and operational leads to maintain ongoing involvement - We will work with the OSC to co-produce a method of involvement that will work for all parties. - Masterclasses at appropriate times
	Cornwall OSC	- Monthly LTP Stakeholder bulletin/briefing - Website resource centre - Monthly Together for Devon Bulletin	Attendance as required
	Healthwatch	- Monthly LTP Stakeholder bulletin/briefing	- Existing monthly meetings with Healthwatch

		- Website resource centre - Monthly Together for Devon Bulletin - Ad hoc media releases - Telephone calls for important announcements	- Membership to the stakeholder working group - Ad hoc meetings if required
	ICS Leadership	- Monthly LTP Stakeholder bulletin - Monthly Together for Devon Bulletin - Ad hoc media releases - Telephone calls for important announcements - Monthly board updates	- LTP Implementation Management group - ICB/ICP Board
ICS staff	NHS Staff across Devon - CCG - Primary Care - Acute, Community and Mental Health providers - SWASFT	- Monthly LTP Stakeholder bulletin/briefing - Website resource centre - Bespoke videos from CEOs aimed at staff - Work with partner communications teams to utilise existing staff communication channels including intranet - Existing Primary Care Bulletin - Existing Together for Devon Bulletin	- System webinars - Attend existing provider webinars and events - Focus groups - Staff surveys

		- Existing GP Webinar	
	Local Authority – staff, including Providers (e.g., care homes)	- Monthly LTP Stakeholder bulletin/briefing - Website resource centre - Bespoke videos from CEOs aimed at staff - Work with partner communications teams to utilise existing staff communication channels including intranet - Existing Together for Devon Bulletin	- System webinars - Attend existing provider webinars and events - Focus groups - Staff surveys
	LA and NHS staff Networks	- Work with partner communications and EDI teams to utilise existing communication channels including intranet - Share information directly with staff Network Chairs for dissemination - Monthly LTP Stakeholder bulletin	- Attend existing network meetings - Run bespoke focus groups and surveys to understand the needs of those in the Networks - System webinars
People and Communities	General public	- Monthly LTP Stakeholder bulletin/briefing - Website resource centre - Media (tv/radio/newspaper/local rag etc) - Dedicated online space on ICS website - Social media campaign - Mail drops	- Devon wide surveys - Focus groups - Public events (in person or virtual) - Consultation meetings and events - In person interviews

		- Posters and leaflets - Videos	
	Patients	- Targeted communications to support and inform patients about transformation - Patient stories and case studies - PALS teams	- Patient Experience data - Specific feedback from patients using the services that are being transformed via focus groups/surveys/interviews/workshops etc
	Media	- Press and media releases	- Frequent meetings and partnership working with media manager
	Voluntary sector organisations and Community Groups	- Monthly LTP Stakeholder bulletin/briefing - Website resource centre - Media (tv/radio/newspaper/local rag etc) - Dedicated online space on ICS website - Social media campaign - Posters and leaflets - Videos - Press releases - Direct contact via stakeholder lists - Work with LCP colleagues to utilise existing communication channels	- Attending existing VCSE meetings, e.g., JEF and the VCSE assembly - One to one meetings - Focus groups - Work with LCP colleagues to utilise existing engagement platforms.

	Local business stakeholders	- Monthly LTP Stakeholder bulletin/briefing - Website resource centre - Media (tv/radio/newspaper/local rag etc) - Dedicated online space on ICS website - Social media campaign - Posters and leaflets - Videos	- Devon wide surveys - Public events - Ad hoc meetings with interested parties
Vulnerable groups	- People with disabilities and neurodiversity - LGBTQ + community - Ethnically diverse communities - People who lived in areas of high deprivation - Migrants and undocumented migrants - Gypsy, Roma, and Traveller communities - People experiencing homelessness	- Work in partnership with the VCSE and utilise their existing channels and links with vulnerable groups - Bespoke briefings and information sheets that meet the needs of different groups - Representation from diverse communities in all publications including media, print, radio etc. - Information available in accessible formats including EasyRead, Braille, Large print - Information translated into different languages - Social media campaign - Posters and leaflets	- Work in partnership community leaders and the VCSE to understand the needs of vulnerable groups - Work in partnership with VCSE to run focus groups and workshops specific to each vulnerable group - Undertake outreach involvement with vulnerable communities – e.g., attending foodbanks, hostels, faith centres etc - Surveys and questionnaires available in accessible formats

		- Videos	

Our stakeholder map will be regularly reviewed, and communications actions and owners identified where any concerns or issues arise.

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