| | | | | | Lo | | Partnership – Pr h and Wellbeing | | | port | | | | | |
|------------|--|---|-----------------|----------------------|----------|--|--|---|---|--|--|---|--|---|--|
| Progra | mme | Together for Plymouth | Program Lead | nme | Anna | a Coles | Start date | 2021 | Fored date | cast end | 20 | 24 | Stage | De | |
| Reporti | ng | | | | | | | 1 | ł | | | | | | |
| ID | Priorit | y Area | RAG | Priority | Lead | Progress | Update | | | | | | | | |
| Priority I | Building Caring (| a Compassionate and City | А | Rachel Sile | cock | | ommunity researchers r end analysis now starte | | | | • | • | | | |
| Priority 2 | | | ' A | Siobhan Cambridge | | Trend analysis now started. AHSN developing evaluation framework. Project started to interview repeat ED patients. GP Telephone support to high needs care homes in place across Plymouth. GP practices in the Plymouth locality reporting high levels of demand equivalent to OPEL 4. Escalation process and support in Plymouth Primary Care strategy developed and approved. Community builders recruited and started in post in November. Impact reported on a quarterly basis. Digital champions cou Equalities action plan drafted. Mount Gould Hub open. Cultural Change workshops delivered to senior leaders. Cost of Living Task Force established and monitoring household support fund outcomes. This is reported to the LCP Deliver | | | | | | | | | |
| Priority 3 | Empowe | Empowering Communities to help themselves and each other | | Rachel Silcock | | | | | | | | | | | |
| Priority 4 | y 4 Ensuring the Best Start to Life through "A Bright Future" | | А | Emma Crowther | | Plymouth awarded £1M for 22/23 as part of SEND innovations grant. Plymouth 1 of 7 local areas nationally, to be successful. Peninsula fostering tender undertaken and now at contract award stage. Children's Home Treatment service operational in F Demand for placements remains high – particularly for children with more complex needs. System performance report devel | | | | | | | | | |
| Priority 5 | Relentle | ess focussing on essness Prevention | А | Matt Garr | ett | • N • £3 | ew accommodation, ad .4M over 3 years up to perational pressures pe | ditional investment March 2025 succe | t for Changing essfully bid for | g Futures F r from Dep | Programm partment o | e and Health In of Levelling up, | clusion Service for th Homes and Commun | e homeless nities (DLUI | |
| Priority 6 | | ing Care to deliver "the re, at the right time, in t ace" | he | Nicola Jor | ies | D W W Call M Pr Pee Ageing Wee M Ele Ca Communit; Ea Communit; Caring for N dia Contegrated Reference | Emergency Care (inclu <u>scharge response</u> – Ext <u>scharge response</u> – Ext <u>scharge response</u> – Ext <u>scharge response</u> – Ext <u>scharge response</u> H support pathways for <u>imary Care</u> – See above <u>rformance</u> – Most days <u>Il Programme</u> DT's underway working ICH implementation be re system. Project redu <u>y Mental Health Framew</u> ting disorder model in p ysical health monitoring Plymouth ew Plymouth Independe scharge. community Assist offer m Care Partnership eview of year 1 progress ansformation and engage | ra Care hotel deliv on Short Term Ce onse – Virtual War patients in ED enl e. In addition, new Primary Care rep g as part of implem ing supported by / ces the number of vork blace, Rehabilitatio g in place. ent Living Service of ow embedded wit | vered 40 beds entre opened. rd programme hanced. remote GP lo ported at OPE nentation of iO Ageing Well in f care home r on Mental Hea operational. T thin the ASC I priorities set inues. | This unit p e on track ocum onlin L 4. Conti COPE in 5 nvestment esidents re alth model This is a join Front Doo for year 2. | provides a for delive ne consulta nued and PCN's; or and is int equiring El in place Y nt venture r. | n additional 24 ry. This will del ation scheme to sustained press n-going impleme erdependent wi D or emergency ear 2 ARRS rol | beds to support early iver the equivalent of provide more online ure on the Urgent Ca entation plan under re th work to support p admission. es in place. • Persona nd Improving Lives P | y discharge f 25 beds in e consultatio are System, eview along beople in ca ality Disorde Plymouth. Se | |
| ID | Risk Desci | ription | | Current Score | Mitigati | ons | | | | Future Score | | | ms Progress Upda | ate | |
| LCPI | nationally an risk of pove | number of factors are impacting; tionally and locally, that are increasing the k of poverty and homelessness. | | | • | Plans developed through homelessness prevention partnership Food Aid action plan developed Additional resource identified to support those at risk Detailed monitoring in place | | | | | •vvorkto | Workforce Investment identified for international recruit coordinate – applications now being allocated post over the coming few months. Strategic Health and Care Skills Partnership et allocated post over the coming few months. | | | |
| LCP2 | particularly | xtreme challenges in placement sufficiency, articularly fostering and residential for omplex needs. | | | • | Risk escalate | plan and drive develope d process in place affing resource agreed | ss in place | | | Whole system recruitment started success event Two Health and Care Skills coordinators in | | | | |
| LCP3 | Care Market (particularly in regard to workforce) is unable to meet demand. Workforce issues generally a significant system risk. | | | 25 | • | Plymouth multi-agency workforce development group has been constituted. Working alongside ICS to develop wider system workforce plan Local and International Recruitment launched | | | | 12 | recruits into health and care posts Estates • Uncertainty regarding funding for Cavell Ce • Bid submitted by UHP to national team for | | | team for 1 c | |
| LCP 4 | meet urgen | | - | 25 | • | Additional ca Escalation pr | pacity brought into the ocess in place & plans u | New unit for older people with acute mental h | | | | | | | |
| LCP5 | Fragility, demand, and capacity of Primary Care creating risks across the system | | | 25 | • | Support plan | ioritising areas of greatest needs/pressure upport plan and escalation process in place artnership forum established | | | 12 | Primary Care estates strategy Bid submitted for a Communit | | | • | |



Health and care working in partnership with local communitie in Plymouth and the rest of the Devon

| | Reporting Period | May-Dec 2022 | | | | | |
|-------------------------------------|---------------------------------|-----------------|--|--|--|--|--|
| elivery | RAG status | Α | | | | | |
| | | | | | | | |
| | onforance scheduled for lanuary | | | | | | |
| s conference scheduled for January. | | | | | | | |

rt in place to support.

course started in November.

ivery Group. Food provision is current priority.

ful.

in Plymouth.

eveloped. ess on track and being successfully delivered. LUHC) from Rough Sleeping Initiative (RSI). pressure. Families in B&B of particular concern.

o offer additional capacity as part of winter response. rge from hospital

in the community.

ations delivered. em, typified by long ambulance handover delays.

ongside alignment with wider ICS/ICB delivery plan. care homes in order to reduce demand into the urgent

order model in place. MH Outcome measures and MH

. Service also now extended to support hospital

ehab, Heart Failure, Stroke and Respiratory

uitment campaign pilot. Local delivery group established to ed to local providers. Up to 100 new staff will come into

established with plan fully. 300 potential employees attended whole system

post (joint bid with DWP). Signposted over 100 new

entre. This project is on hold, awaiting further advice. I of 8 hospitals announced.

g on Plymstock and Plympton. Stage I and 2 works

al health issues opened at Glenbourne. ent

s Hub in the City at a cost of £24.9M