

# Plymouth Local Care Partnership System Plan 2021-2024



Together for  
**Plymouth**

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

## Introduction

In 2013 the Plymouth Health and Wellbeing Board set down in the strategic ambition to create a fully integrated system of population based health and wellbeing where people start well, live well and age well. At the heart was a focus on tackling health inequalities and meeting the needs of the whole person, ensuring they received “the right care, at the right time, in the right place”. This ambition formed part of the [Plymouth Plan](#), which remains the city’s overarching Strategic Plan setting the vision, ambition and our direction until 2034. Since this original ambition was set, the Plymouth system has also been an active participant in the Sustainability and Transformation Partnership and now the Devon Integrated Care System. This plan is therefore two fold, to act as the “plan for” in relation to the Health and Wellbeing elements of the Plymouth Plan and Plymouth’s contribution to the delivery of the priorities of the [Integrated Care System](#) and the Long Term Plan. It will also support the Government’s recent [Build Back Better: Our Plan for Health and Social Care](#) proposals, which has indicated increased investment in health and social care of around £12 billion per year through the introduction of a Health and Social Care Levy cross the UK.

## Aims of the Partnership

Plymouth Local Care Partnership is one of five Local Care Partnerships across the Devon Integrated Care System. “Together for Plymouth” reinforces the collective intent for collaborative working to solve some of the deep-rooted challenges we face and to create a step change in system transformation. The primary purpose of the Partnership is to provide leadership and oversight to our ambition of creating an integrated system, which puts the needs of our population ahead of that of any single organisation.

The overarching aims of the Partnership are:

- To improve health and wellbeing outcomes for the local population
- To reduce inequalities in health and wellbeing of the local population
- To improve people’s experience of care
- To improve the sustainability of the health and wellbeing system

## System Working

Recognising Plymouth’s place in the wider Devon system and our relationship with neighbouring partners, “Together for Plymouth” is committed to supporting the delivery of the Devon ICS six key ambitions:

- **Efficient and Effective Care** – ensuring evidence-based care, tackling unwarranted clinical variation, and improving productivity everywhere so that Devon taxpayer’s money is used to achieve best value for the population
- **Integrated Care Model** – enhancing primary care, community, social care, and voluntary and community service to provide more care and support out of hospital care including urgent care
- **Equally Well** – working together to tackle the inequalities in the physical health of people with mental illness, learning disabilities and/or autism
- **Children and Young People** – investing more in children and young people to have the best start in life, be ready for school, be physical and emotionally well and develop resilience throughout childhood and on into adulthood
- **Devon-wide Deal** – nurturing a citizen led approach to health and care which reduces variations in outcomes, gaps in life expectancy and health inequalities in Devon
- **Digital Devon** – investing to modernise services using digital technology

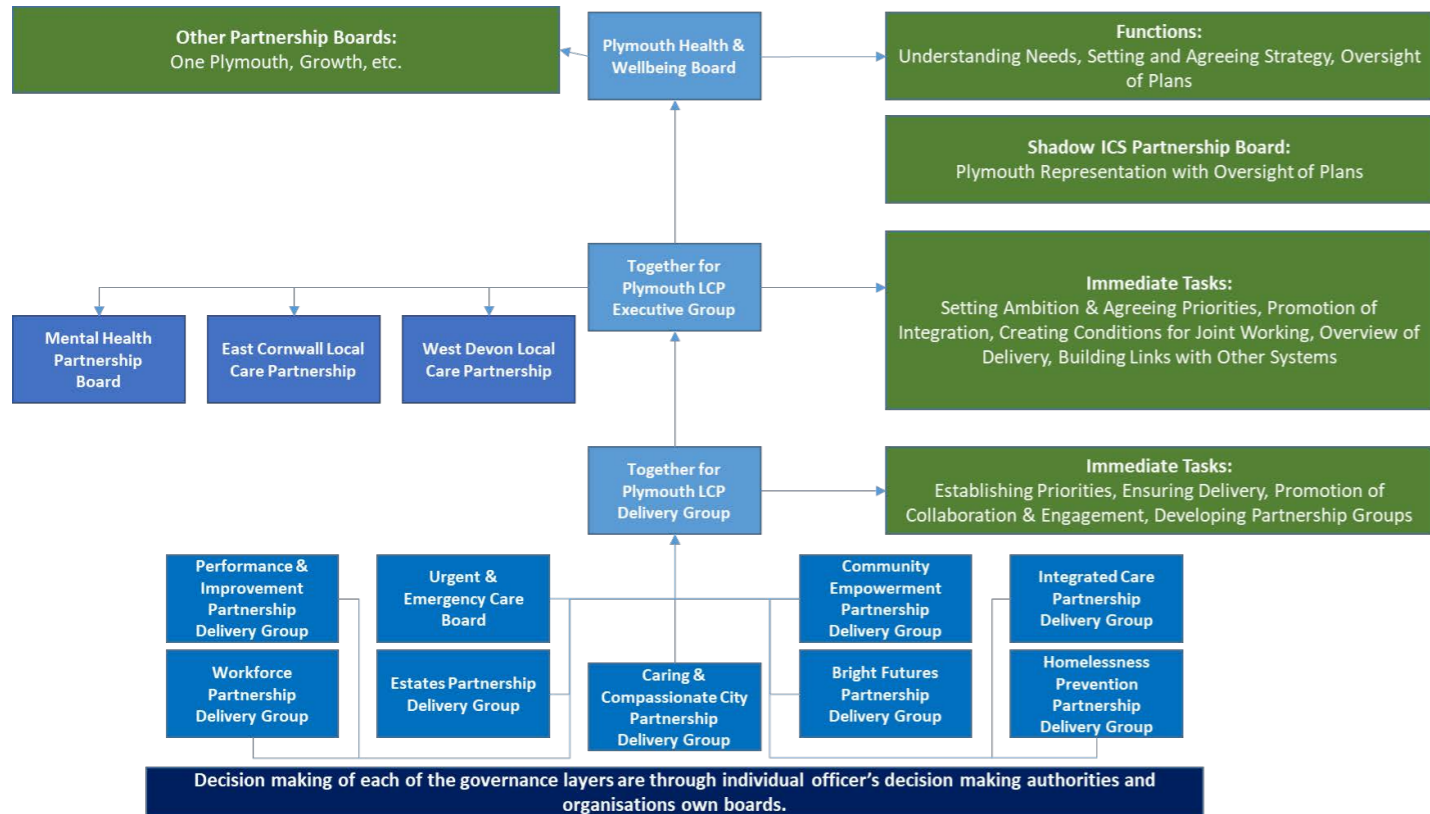
### In doing so “Together for Plymouth” will:

- Play an active place-based role in the developing Devon Integrated Care System
- Ensure Plymouth makes the best contribution it can to system performance
- Work in close partnership to align plans with our neighbouring systems in Southeast Cornwall and Western Devon
- Forge links to the Mental Health and Children’s Partnership Boards and emerging Provider Collaboratives

# Governance of Plymouth Local Care Partnership

The current LCP governance arrangements are set out below. The Together for Plymouth Executive Group meet monthly, and membership includes Devon NHS CCG, Plymouth City Council, Livewell SW, Primary Care representation and University Hospitals Plymouth NHS Trust (UHP). The Together for Plymouth Executive maintains effective and efficient governance links with other statutory boards and now reports to the Health and Wellbeing Board (HWB) on a quarterly basis.

The Together for Plymouth Delivery Group was established in February 2021 with wider participation including VCSE and Healthwatch representation. The delivery group will implement the shared vision and narrative for the health, wellbeing, and care of the population, provide system leadership and coordination across the LCP and oversee the development of an integrated work programme. It will also act as a critical interface to numerous VCSE networks via itself and through established partnership groups.



# Plymouth Locality Profile

## Local Population Need

In Plymouth the Joint Strategic Needs Assessment (JSNA) is not one single document. Our JSNA process involves the production of a series of profiles and reports. It explores a variety of topic areas in depth. The closest thing we have to a single written JSNA is the ['Plymouth Report'](#), which provides an overview of a number of key issues which impact upon health and wellbeing in Plymouth, such as crime, education and employment.

Plymouth has a current population of 263,070 and this is estimated to grow to around 274,300 by 2034, a projected increase of 4.3 per cent. Due to approximately 26,000 students residing in the city, the percentage of 18–24-year-olds (12.2 per cent) is higher than found in England as a whole (8.7 per cent). There will be a major shift in the population structure of Plymouth over the next 20 years as the proportion of the population aged 65 and over increases and the population aged 0-4 years decreases. Office for National Statistics (ONS) projects a rise in the percentage of the Plymouth 65+ population from 17.9 per cent in 2016 to 22.7 per cent by 2034. An ageing population suggests an increasing need for care and support services and an increasing burden placed on the working age population. Residents appear to be enjoying a lifestyle above that of the average England resident.

Life expectancy in Plymouth has improved for both males and females in recent years however it remains below the England average. Healthy life expectancy in Plymouth (the average number of years a person can expect to live in good health)

is significantly lower than the England average for both males and females. In terms of inequalities, the life expectancy gap between those living in the most deprived areas and those in the least deprived areas remains significant. Life expectancy in the most deprived group of neighbourhoods in Plymouth (at 78 years and 2 months) is 4 years and 9 months lower than the least deprived group of neighbourhoods.

Valuing mental health to the same degree as physical health enables NHS and local authority health and social care services to provide a holistic, 'whole-person' response to everyone in need of care and support. In 2017 there were over 26,500 people (aged 18-64) in Plymouth estimated to be suffering from common mental health problems including depression, anxiety, and obsessive-compulsive disorder. Over 11,900 Plymouth residents aged 18-64 years in 2017 were estimated to have more than one mental health problem; a figure that is projected



to remain static over the next 10-15 years. There has been an increase in the number of referrals to the Child and Adolescent Mental Health Services (CAMHS) in Plymouth. Service providers also report an increase in the complexity of children and young people's needs and issues requiring attention.

Hospital admissions of young people (aged 10-24 years) for self-harm in Plymouth are higher than the England average (706 per 100,000 population compared to 421 per 100,000 population).

Four lifestyle behaviours (poor diet, lack of exercise, tobacco use, and excess alcohol consumption) are risk factors for four diseases (coronary heart disease, stroke, cancers, and respiratory problems) which together account for 54 per cent of deaths in Plymouth. Alcohol and drug (illegal and prescribed) dependence are significant issues for Plymouth. These dependencies are commonly associated with mental health problems, homelessness, offending, and have negative impacts on families and children.

18.6 per cent of Plymouth children live in poverty (9,990 children), and the vast majority (76.9 per cent) are living in workless households. The proportion of children in poverty living in working households is rising and there are still some suggestions that data underestimates the volume of 'in work' poverty.

## Service Provision

There are two main health providers delivering health services in and around Plymouth: University Hospital Plymouth NHS Trust who deliver acute services and children's services via the Child Development Centre, and Livewell Southwest (LSW) who deliver community, Mental



Health, Learning Disability and Children's services. Livewell Southwest provide adult social care services for people resident in Plymouth, enabling a greater degree of integration. UHP and LSW currently have an MOU in place to enable integrated working through Acute Ambulatory Unit and a range of other services to enable improved patient flow from the acute hospital. LSW are also working to develop their approach to working with Primary Care Networks on the integration of services in line with the integrated care model.

A procurement is currently underway for an Integrated Care Partnership for Adult Community, Mental Health and Learning Disability Services and Adult Social Care. This will ensure further integration of service provision. UHP, and to a lesser extent LSW, also provide services to residents of East Cornwall, and both organisations provide services across South Hams and West Devon.

## Financial Challenge

The Devon Long Term Plan sets out the underlying system deficit of £152m (before FRF) by 2020/21 reducing to a deficit of £10m (before FRF) by 23/24, assuming the existing savings plans in the Long-Term plan can be delivered (an annual saving of at least £96m each year).

If these significant financial deficits are to be addressed, the service model and system of care in the whole of Devon will require radical transformation to deliver a solution that is affordable and sustainable. The Plymouth funding allocation is currently below target (excluding specialist commissioning and delegated primary care) a commitment of recurrent funding has been made to ensure equitable funding.

## Devon's Long-Term Plan and New Model of Integrated Care

The Devon Long Term Plan sets out several key ambitions to change the model of care radically in the next 5 years to enable the provision of high-quality services to all our residents. Of key importance is the development of integrated health and care networks of community, primary care, mental health, and hospital services to reduce the need for acute based care; reduce the pressure on emergency hospital services and help to address health and wellbeing inequalities. Providing coordinated care will mean that the system is better able to meet the long-term demographic challenges affecting Devon by proactively responding to the growing demand for care through supporting people to manage their needs in their own communities.

At a summary level, the new model of care consists of three key elements as summarised below:

- Primary Care Networks (General Practice) working collectively and providing strong system leadership – GP Practices working more collaboratively to improve practice resilience, deliver improved access to a broader range of services, and maximise resources. PCN working will provide a stronger platform on which to deliver a more integrated community services model as summarised below.
- Stronger, more integrated care model - this will include delivery of the blueprint for a more integrated and multi-disciplinary community-based service model wrapped around PCNs providing integrated primary, community, social care, mental health, and more integrated, networked model of acute service provision.
- A sustainable acute care service - In line with the agreed service model being developed as part of the peninsula clinical services strategy, this will be delivered by working in closer collaboration with other Acute Trusts across Devon as part of a wider Acute Trust network.

It will be a health and care system with people and services working together to connect with and harness the power of communities to achieve greater emphasis on promoting wellbeing, independence and community resilience supported by proactive community services working seamlessly with transformed secondary care in-hospital and specialist services. A key outcome expected of the system will be to create the conditions whereby people are enabled to look after themselves and each other.

## Whole System collaboration

All partners working together in a coordinated and systematic way will be a critical enabler of this new model of care as outlined in this document and within the Devon Long Term Plan (LTP).

Providers of acute, community, mental health, primary care, social care services and voluntary services are key partners in the drive and delivery of integrated care for the population. The procurement of an Integrated Care Partnership for community complex care, mental health, social care and learning disability services for adults will further strengthen these arrangements. Many of the critical success factors underpinning the procurement and delivery of the Integrated Care Partnership (ICP) are drawn from the Devon Integrated Care Model, public engagement, and best practice.

Other models of integrated working are already in place, including the partnership underpinned by an Memorandum of Understanding (MOU), between Plymouth City Council, Livewell and University Hospitals Plymouth (UHP) to form Access, a multi-agency triage response to children with additional needs including Special Educational Needs and Disabilities (SEND). Plans are underway to further develop innovative and collaborative approaches, with the intention of developing of an Innovative Partnership to drive the development of 0-19 Family Hubs; places and support for families to be able to access Early Help, to prevent escalation into statutory services and build on resilience in communities.

The breadth and depth of the VCSE sector will be connected in via established networks across Plymouth network support agencies such as Plymouth Social Enterprise Network and Plymouth Octopus Project.

## Impact of COVID-19

The impact on the communities that we support has already been significant and will continue to have a significant impact going forward:

- Direct impacts –
  - Significant impact on our care homes however relatively low cases, hospitalisations and deaths compared to national averages
  - As yet we don't know much about long covid and requirements for rehab and longer term support
- Indirect impacts –
  - Mental health and wellbeing (all age)
  - Health behaviours (smoking, alcohol, diet, and physical activity)
  - Lived experience (especially for vulnerable groups and potential increases in childhood trauma)
  - Domestic abuse
  - Also strains on family relationships
- Impacts of changes to...
  - Access to healthcare (reduced screening and diagnosis, delayed care)
  - Income (recession leading to unemployment, more unstable work, and financial insecurity)
  - School and education (impact of learning from home, particularly for disadvantaged children)
  - Built and natural environment (this has been a positive, with green spaces throughout the city being used more to support wellbeing)
  - Care Markets, more voids, less demand for Residential Care, increased costs of providing care
  - Demand for Services, Increases in Child Protection and Children in Care, Homelessness, Domestic Abuse

Despite these challenges, when services were already under strain, the approach to meeting the challenges of the Pandemic has seen an unprecedented City-Wide Response with partners coming together in a collective endeavour, working at pace, focusing on delivery, and maximising technology. Partnership working across the city has never been stronger, with a clear focus on supporting our citizens. Joint initiatives in responding to the pandemic has therefore enhanced an environment for further collaboration and cooperation. The response to COVID-19 has also created a renewed ambition, energy, and drive to meet the needs of the most vulnerable, with the Plymouth LCP determined to “Build, Back, better” to create a **Fairer, Greener and Healthier Plymouth.**



## Tackling Inequalities

Thrive Plymouth, our 10-year plan to improve health and wellbeing and reduce health inequalities in the city, remains our strategic approach towards tackling health inequalities and will have a focus on helping people to stay well and targeting interventions to those most in need. Tackling health and wellbeing inequalities is fundamental to the aims of the Plymouth LCP and each part of this plan will contribute to meeting that ambition.

Therefore, each programme of work will be expected to identify the health and wellbeing gaps relevant for their programme, have plans for tackling them and understand the likely impact of COVID19 and the mitigations needed.

## Fair Shares

NHS Devon CCG has committed to moving additional funding to the Plymouth and Western systems to address long standing health inequalities across the system. The funding will be targeted:

- Where populations have worse outcomes compared to populations in other parts of Devon.
- Where populations have less utilisation than expected, worse access to services, or achieve less benefit from current offer or higher usage of later- stage treatments, including waiting times, compared to populations in other parts of Devon (including within the Western Locality) according to need.
- Where additional funding will have the biggest positive impact on the targeted population in respect to health and wellbeing outcomes

The LCP Delivery Group will review and co-ordinate the work to develop proposals for several key priority areas. These will be developed using evidence from revised needs analysis, with an initial range of priorities being proposed as:

- Ageing Well-Frailty. iCOPE
- Increased VCSE support for under 65s
- Long Term Management-Community Based Additional Offers (Hypertension/Diabetes/Respiratory)
- Increased community inpatient rehabilitation
- Alcohol Liaison and outreach
- Complex Lives- increased outbreak provision from Primary Care

The LCP Delivery group will also develop the evaluation frameworks to support oversight of proposals, and these will be managed through the Locality Performance and Improvement approach with issues being escalated to the LCP Delivery Group for action/resolution.



## System Priorities and Programmes of Work.

Our Joint Strategic Needs Assessment, Plymouth Report and Locality Profile, as well as our experience and learning from COVID and the relentless and sustained pressure on our urgent care system have shaped a number of priorities of the Plymouth Local Care Partnership:

- Building a **Compassionate and Caring City**
- Developing a **Sustainable system of Primary Care**
- **Empowering Communities** to help themselves and each other
- Ensuring the Best Start to Life through “**A Bright Future**”
- Relentless focusing on **Homelessness Prevention**
- **Integrating Care** to deliver “the right care, at the right time, in the right place” to promote home first, prevent unnecessary admissions, facilitate timely discharges, enable people to die in a place of their choice and that delivers Equally Well.

**Elective Recovery and Restoration** is of course a priority for the ICS and the people of Plymouth and Devon. The Plymouth system will play a full roll in elective recovery part, but this will be coordinated and managed at a Devon wide level.

In addition to the above the intention is to make best use of our collective resources and take forward the following enabling programmes, Estates and Workforce and Digital. As such the intention is to work with partners including our Universities and Colleges to develop a **Plymouth Skills Plan** aligning to and complimenting the Devon People Plan and the local Skills Strategy. **An Estates Framework** that sets down to the estate requirements to deliver our health and wellbeing operating model will also be developed. This will build on the One Public Estate Programme approach and align to HIP2 and the Devon Integrated Care System Estates strategy. Working within the ICS Digital programme, the LCP will set down a **Digital Position Statement**, setting down the current initiatives, links to the ICS and requirements to deliver further change.

Work Programme		
Priority	Programmes and Workstreams	Indicators
<b>Compassionate and Caring City</b>	Trauma Informed Compassionate City and Dementia Friendly City Enhanced Carers Support Prevention Concordat for Better Mental Health	Increase in Carers Assessments Increase in Number of Dementia Friends Expansion of Trauma Informed Network Increase in number of compassionate friends
<b>Primary Care</b>	Vaccinations Population Health Management Access to Primary care Early identification and treatment of conditions Targeted focus on vulnerable groups and treatment delayed	Population Health Management (PHM) roll out Improved access to the primary care offer. Backlogs reduced Reviews completed Sufficient workforce in system who are well
<b>Community Empowerment</b>	Leadership, Cultural change, and Engagement Informal and Formal Volunteering Empowerment through the VCSE Enabling Community Resilience	Increased number of people volunteering Increased number of people involved in community activity More people accessing advice on finances and employment Increased digital inclusion
<b>A Bright Future</b>	Healthy and Happy Safe Aspire and Achieve	Fewer Children requiring Tier 4 admission More children of a healthy weight Fewer children needing to be brought into care Fewer children placed out of area More young people in employment, education and training

<b>Homelessness Prevention</b>	<p>Tackling Rough Sleeping</p> <p>Improving housing conditions for those in Private accommodation</p> <p>Delivering an increased range of accommodation solutions</p> <p>Delivering health and social care systems that support the prevention and relief of Homelessness</p> <p>Children and Young People's Homelessness Prevention</p>	<p>Reduction of numbers in temporary accommodation</p> <p>Reduction in numbers of Rough Sleepers</p> <p>Reduction in numbers of young people in B&amp;B</p>
<b>Integrated Care</b>	<p>Urgent and Emergency Care recovery</p> <p>Integrated Care Partnership Transformation Plan</p> <p>Ageing Well Programme</p> <p>Community Mental Health Framework</p> <p>Caring for Plymouth</p> <p>End of Life Action Plan</p>	<p>Reduction in number of Emergency Department attendances</p> <p>More people discharge to home first</p> <p>Reduction in number of people entering long term care</p> <p>Increased utilisation of alternative to admission and crisis response</p> <p>More mental health clients being supported in the community</p> <p>Increase in people able to die in their place of choice.</p>

## Monitoring and Review

This plan sets down the priorities and programmes of work for the Plymouth Local Care Partnership for the next three years. The plan will be subject to ongoing monitoring and an annual review where plans may be refreshed or refined to reflect emerging needs or new strategic priorities.





