

SELECT COMMITTEE REVIEW

Budget Scrutiny



People Directorate- Budget Overview and 2018/19 Delivery Plans

January 2018

Overview 2018/19 Assumptions - Costs



Service	Nov '17 MTFS	Changes	Jan '18 Draft Budget	Comment
	£m	£m	£m	
Cost & Volume Children's	2.000	1.200	3.200	To reflect 2017/18
Cost & Volume Adults	5.117	(0.250)	4.867	Reflect NLW changes
Cost & Volume Bed + Breakfast placements	0.500	(0.250)	0.250	Departmental target
ESG legacy costs (EPS)	1.300	0.000	1.300	No change
Total Cost Pressures	8.917	0.700	9.617	

Overview 2018/19 Assumptions – ASC costs

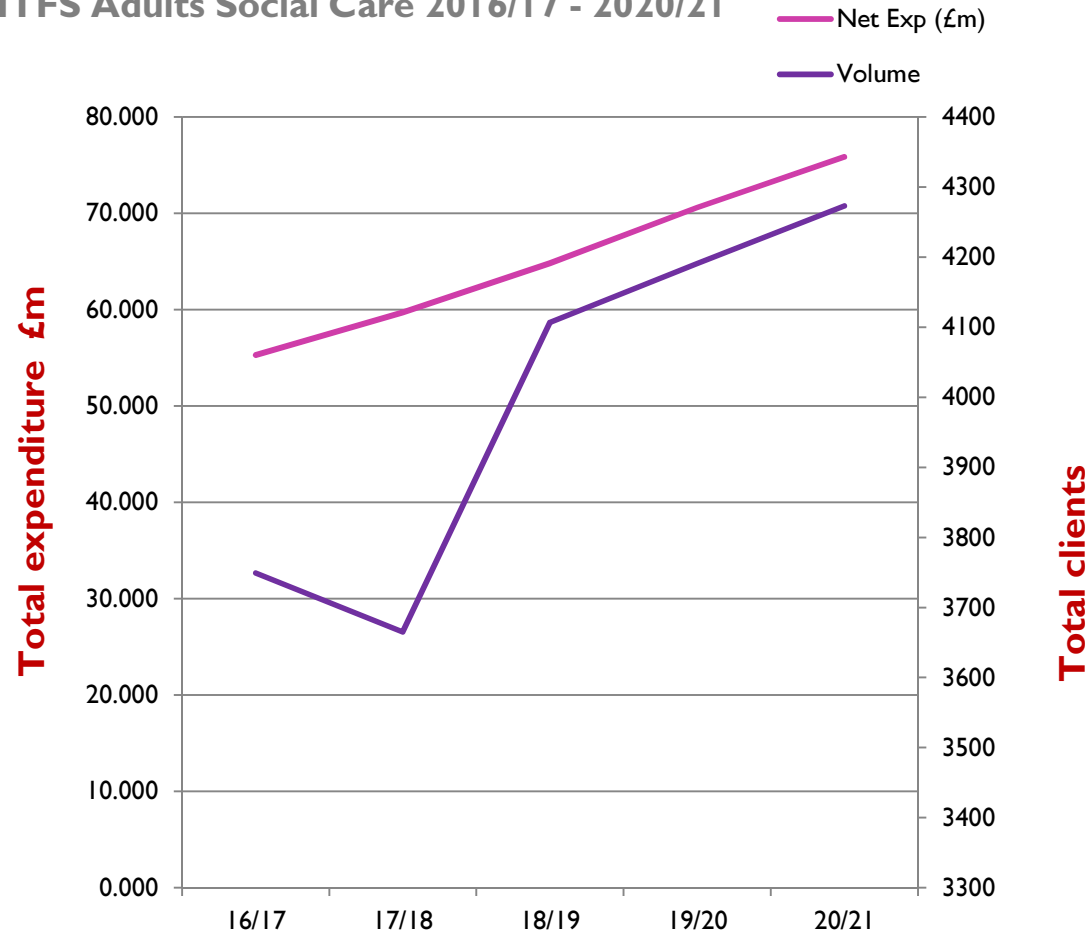


Service	Nov '16 MTFS	Aug '17 MTFS	Jan '18 Budget	
	£m	£m		
Cost & Volume	1.854	3.849	3.849	Income growth now modelled separately
Income growth	0.000	(1.036)	(1.036)	
NLW	3.263	2.304	2.054	Reflects £0.250m
Total Cost Pressures	5.117	5.117	4.867	

ASC Cost + Volume



MTFS Adults Social Care 2016/17 - 2020/21



ASC BUDGET 2016/17 – 2019/20



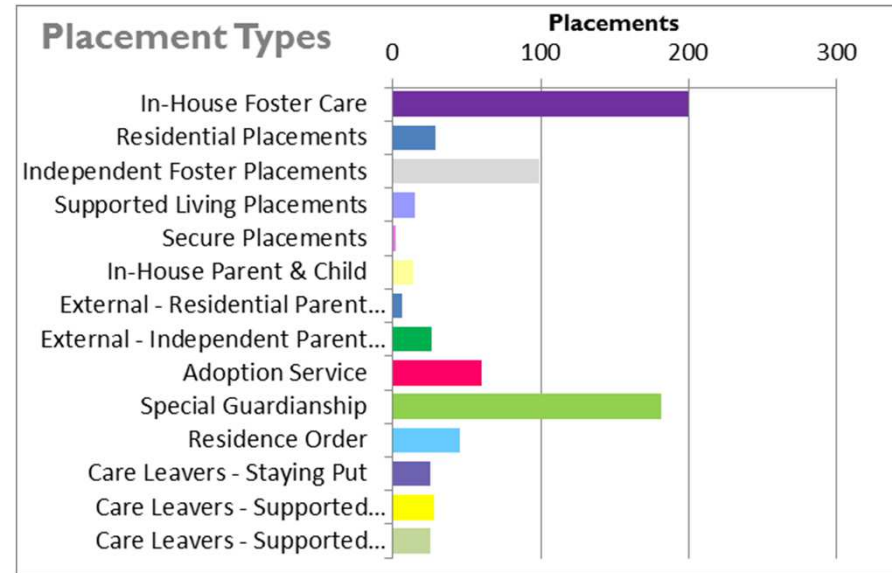
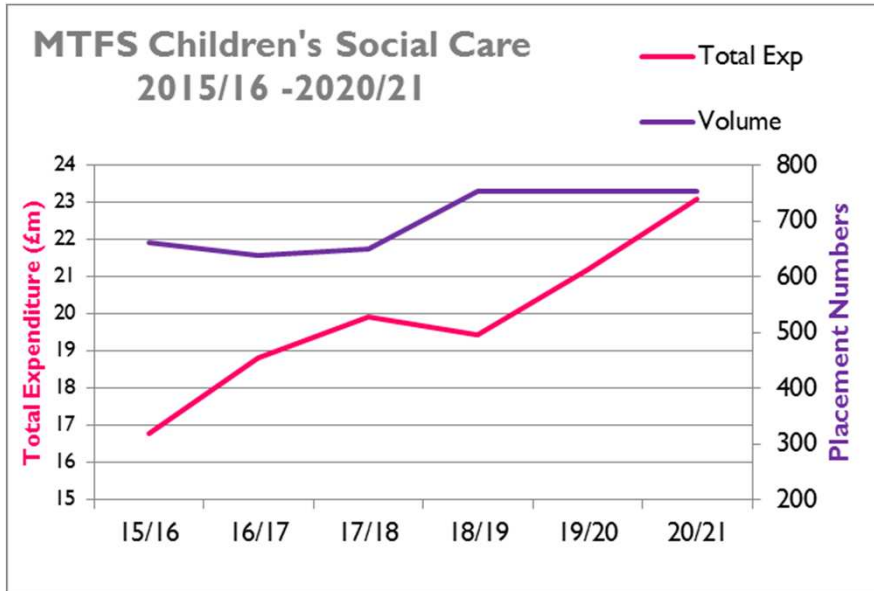
	2016/17	2017/18	2018/19	2019/20
	£m	£m	£m	£m
Demographic growth 2016/17	1.778	1.778	1.778	1.778
Demographic growth 2017/18		2.756	2.756	2.756
Demographic growth 2018/19			3.521	3.521
Demographic growth 2019/20				3.849
National Living Wage 2016/17	2.217	2.217	2.217	2.217
National Living Wage 2017/18		1.670	1.670	1.670
National Living Wage 2018/19			2.054	2.054
National Living Wage 2019/20				3.393
Total additional costs pressures	3.995	8.421	13.996	21.238

ASC BUDGET 2016/17 – 2019/20



	2016/17	2017/18	2018/19	2019/20
	£m	£m	£m	£m
Total additional costs pressures	3.995	8.421	13.996	21.238
2% Council Tax Precept 2016/17	1.845	1.845	1.845	1.845
3% Council Tax Precept 2017/18		2.859	2.859	2.859
3% Council Tax Precept 2018/19			2.859	2.859
Improved Better Care Fund		0.764	5.343	9.454
ASC Grant (one off) *		1.300		
Total additional funding	1.845	6.768	12.906	17.017
ASC Funding Gap	2.150	1.653	1.090	4.221
* off set by New Homes Bonus reduction		1.281		

Children's Services pressure



Cost & Volume		£m
Clients	5.89%	1,084
Cost	5.13%	0.943
Total		2.027

Current - performance against budget

	17/18 Budget	18/19 Forecast	Variance	
Total	£17,908,170	£19,935,043	£2,026,873	11.32%
Clients	713	755	42	5.89%
Cost	£25,117	£26,404	£1,287	5.13%

Historic/ Forecast Cost and Volume - Children's Social Care

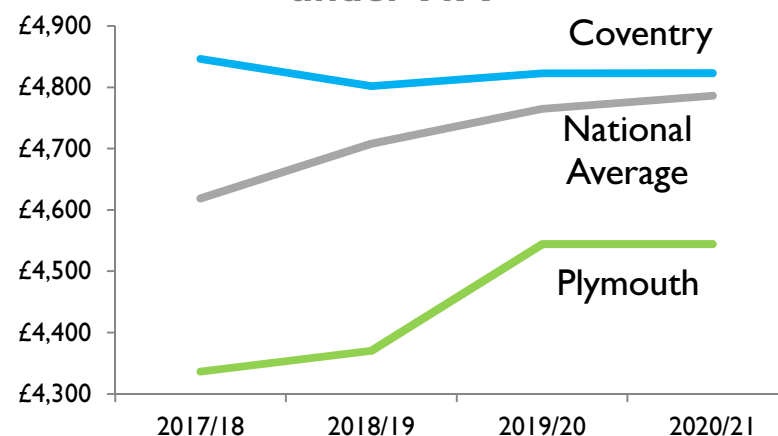
	Clients	Cost / Client	Total Exp	Movement
15/16	663	£25,321	16.79	
16/17	638	£29,483	18.81	2.02
17/18	650	£30,669	19.94	1.12
18/19	755	£25,754	19.44	-0.49
19/20	755	£28,071	21.19	1.75
20/21	755	£30,598	23.10	1.91

Schools funding - National Funding Formula (NFF)



- Plymouth welcome the increased spending on schools over the next 2 years and the move to direct resources more equitably across the country. However, the maximum gains cap will remain at 3% and therefore delay the move towards equitable funding.
- In a speech to the House of Commons, Justine Greening highlighted the necessity to reform by stating 'the manifest unfairness when Coventry receives £510 more per pupil than Plymouth despite having equal proportions of pupils eligible for free school meals'. However, under the NFF, Coventry will still be receiving £431 more than Plymouth in 2018/19.
- The NFF still feels significantly flawed; when the NFF has been fully implemented, Coventry will still receive £4,822 per pupil compared to Plymouth's £4,544 per pupil.

Per Pupil Funding Changes under NFF



	Plymouth (per pupil)	Coventry (per pupil)	National Average (per pupil)	Loss against Coventry x Plymouth Pupils	Loss against National Average x Plymouth Pupils
2017/18	£4,336.10	£4,846.32	£4,618.63	£17.20m	£9.52m
2018/19	£4,370.46	£4,801.97	£4,707.88	£14.55m	£11.37m
2019/20	£4,544.12	£4,822.63	£4,764.80	£9.39m	£7.44m
2020/21	£4,544.12	£4,822.49	£4,786.07	£9.38m	£8.16m

Schools funding – Education Services Grant (ESG) 2017/18



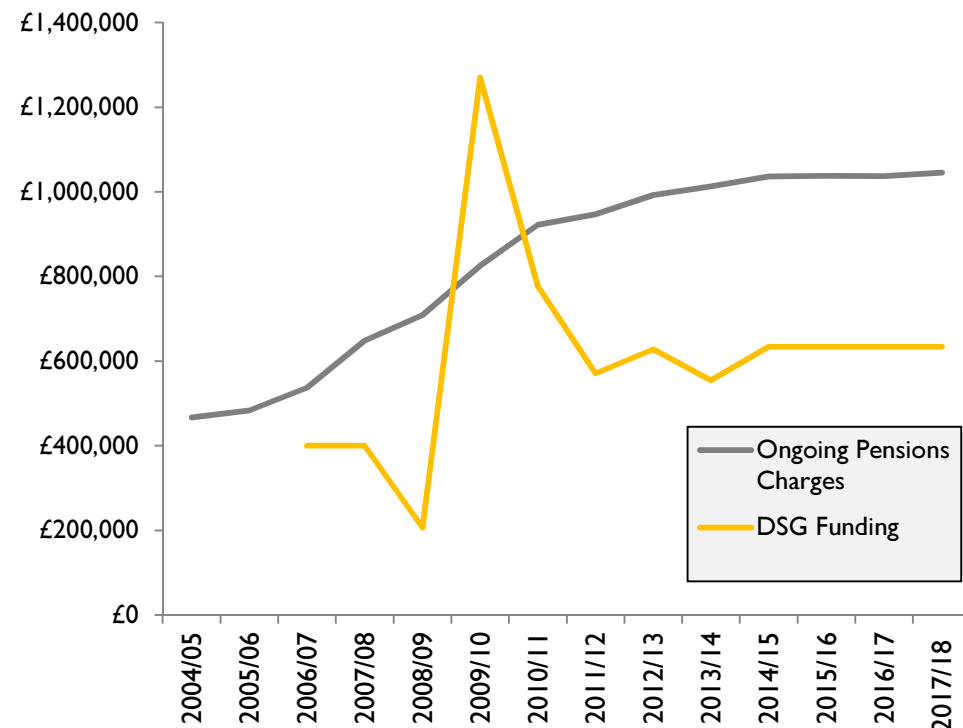
- Cut £0.784m due to schools converting to academy
- and a further £0.586m due to the cessation of the ESG general grant in 2017/18 - total lost grant £1.370m 2017/18
- Government guidance: should charge maintained schools to fund the gap
- This would have been a charge of approximately £50 per pupil for mainstream maintained schools, and £210 per pupil for maintained special schools.
- Schools are already struggling financially due to the delay in the funding reform. For example, this additional charge would reduce Shakespeare Primary School by £20k and Plymouth High School for Girls by £30k.

ESG



In 2017/18 the Education Services Grant (ESG) was phased out as a result of the new school funding model introduced by the Department of Education. Although the funding has been withdrawn we still have an ongoing commitment to legacy pension costs £1.4m costs inherited as part of the setting up of Plymouth as a Unitary Authority in 1998.

Ongoing Pensions Charges and Funding 2004/05 to 2017/18



Overview 2018/19 Delivery Plans



Service	Savings	Key Workstreams
	£m	
CYP+F	1.263	Demand Management through Early Intervention and Prevention Reduction in Placement Costs
Strategic Commissioning	2.105	Integrated Commissioning Integrated Delivery
Education, Participation & Skills	0.421	Part of Plan for Education
Community Connections	0.050	Management Actions
Other	0.200	Review of income / grants
Total Delivery Plans	4.039	

MTFS Delivery Plan



	2018/19	2019/20	2020/21
Children's Young People & Family Services	£1.263	£0.750	

Overview of Plans

The Delivery Plan builds on the work of the Integrated Health and Wellbeing Programme and is centred around deriving benefits from Children, Young People & Family Services

- Extend the Gateway to deliver an integrated single access offer
- Focus on Early Intervention & prevention to minimise escalation of need
- Revise Transitions offer to ensure seamless transfer of support
- Refine Looked After Children offer including Permanency

Risk Assessment

Overall plans are presently assessed as Amber. Detailed planning is presently underway and projects are being mobilised. Risks have been identified of sufficient capacity to deliver projects and complexities of integrating services. In mitigation work is being prioritised to focus on key projects and early conversations with system partners are taking place

MTFS Delivery Plan



	2018/19	2019/20	2020/21
Strategic Commissioning	£2.105	£1.650	

Overview of Plans

The Delivery Plan builds on the work of the Integrated Health and Wellbeing Programme and is centred around deriving benefits from Integrated Commissioning and Integrated Delivery

Integrated Delivery

- Livewell SouthWest Contract Savings
- Retained Provision Savings through enhanced management action and development of service
- Package of Care Savings- Integrated Reviews and Assistive Technology savings

Integrated Commissioning

- Savings from Supported Living Contract
- Greater Integration with NEW Devon CCG including further joint posts
- Roll out of Health and Wellbeing Hubs
- Contract Negotiation

Risk Assessment

Overall plans are presently assessed as Amber. Detailed planning is presently underway and projects are being mobilised. Risks have been identified of sufficient capacity to deliver projects and complexities of integrating organisations. In mitigation work is being prioritised to focus on key projects and early conversations with system partners are taking place

MTFS Delivery Plan



	2018/19	2019/20	2020/21
Education, Participation and Skills	£0.421	£0.250	

Overview of Plans

The Delivery Plan builds on the work of the Integrated Health and Wellbeing Programme and is centred around deriving benefits from working in partnership with Schools.

- Remodel SEND services
- Develop new operating model for Education, Participation and Skills to work in partnership with Schools across the City

Risk Assessment

Overall plans are presently assessed as Green. Detailed planning is complete and projects are mobilised. Risks have been identified of sufficient capacity to deliver projects and complexities of integrating offers. In mitigation work is being prioritised to focus on key areas and early conversations and engagement with key system partners have taken place

MTFS Delivery Plan



	2018/19	2019/20	2020/21
Community Connections	£0.050		

Overview of Plans

The Delivery Plan builds on the work of the Integrated Health and Wellbeing Programme and is centred around deriving benefits from working in partnership with Schools.

- Increased efficiencies through new ways of working and system upgrades

Risk Assessment

Overall plans are presently assessed as Green. Detailed planning is complete and projects are mobilised. Risks have been identified of sufficient capacity to deliver projects. In mitigation work is being prioritised to focus on key areas.



Integrated Commissioning System Action Plans 2017-2019

(Mid Year Stocktake October 2017)



Northern, Eastern and Western Devon
Clinical Commissioning Group



Introduction



In 2015 NEW Devon CCG & Plymouth City Council published four integrated commissioning strategies, to drive all commissioning activity as we sought to meet four overarching outcomes:

- *To improve health & wellbeing outcomes for the local population*
- *To reduce inequalities in health & wellbeing of the local population*
- *To improve people's experience of care*
- *To improve the sustainability of our health & wellbeing system*

The Commissioning strategies included detailed needs assessments & Action Plans that would be refreshed annually.

This report presents a stocktake of progress against Action Plans for 2017-19.

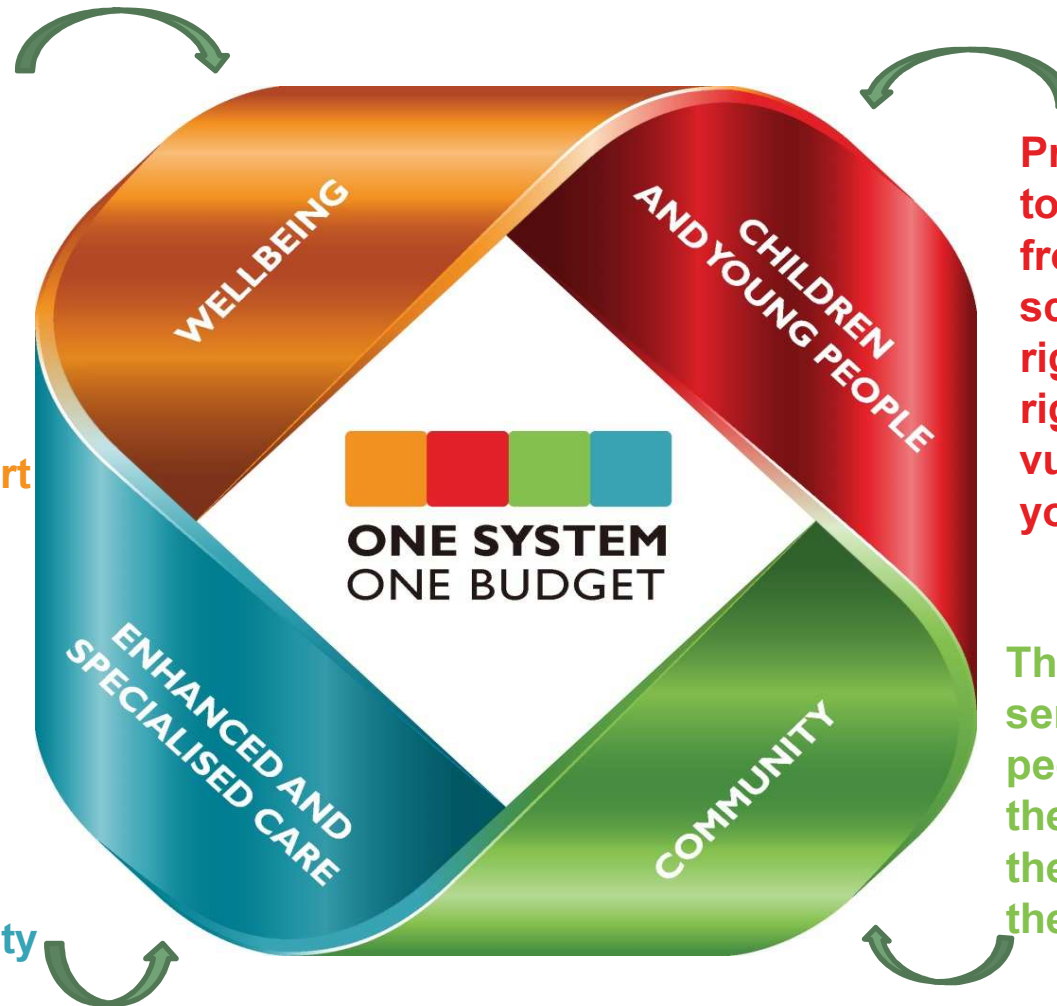
The report includes a mid year review of commissioning activity & an update of performance exception reporting from the Integrated Commissioning scorecard. A comprehensive review will be completed at the end of March 2018 which will inform a refresh of the plans.

Four Commissioning Strategies



People & communities will be well, stay well & recover well. This strategy supports healthy & happy communities by putting health & wellbeing at the heart of everything we do

A system that consists of quality specialist health & care services that promotes choice, independence, dignity & respect



Provide the best start to life for all children from pregnancy to school age, & the right support at the right time for vulnerable children & young people

This strategy targets services that support people to maintain their independence in their own home within their community






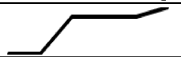

An Integrated Population-Based Health & Wellbeing System

System Aims

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

Wellbeing	Children & Young People	Community	Enhanced & Specialised Care
<p>Sustain the improvement in healthy life expectancy & health inequality & reduce both all-age all-cause deaths & deaths due to cancer, stroke, heart disease & respiratory disease</p> <p>Place health improvement & the prevention of ill health at the core of our planned care system; demonstrably reducing the demand for urgent & complex interventions & yielding improvements in health & the behavioural determinants of health</p> <p>Commission only from providers who have a clear & proactive approach to health improvement, prevention of ill health, whole person wellbeing & working with the wider community in which they operate</p> <p>Rebalance commissioning spend from reactive & unplanned to planned & targeted investment. Over the course of this strategy we expect the percentage of spend on prevention & health promotion to increase</p>	<p>Raise Aspirations: ensure that all children & young people are provided with opportunities that inspire them to learn & develop skills for future employment</p> <p>Deliver Prevention & Early Help: intervene early to meet the needs of children, young people & their families who are 'vulnerable' to poor life outcomes</p> <p>Deliver an Integrated Education, Health & Care Offer: ensure the delivery of integrated assessment & care planning for our children</p> <p>Keep our Children & Young People Safe: ensure effective safeguarding & provide excellent services for children in care</p>	<p>Provide integrated services that meet the whole needs of the person by developing:</p> <ul style="list-style-type: none"> • Single, integrated points of access • Integrated support services & system performance management • Integrated records <p>Reduce unnecessary emergency admissions to hospital across all ages by:</p> <ul style="list-style-type: none"> • Responding quickly in a crisis • Focusing on timely discharge • Providing advice & guidance, recovery & reablement <p>Reduce unnecessary emergency admissions to hospital across all ages by:</p> <ul style="list-style-type: none"> • Responding quickly in a crisis • Focusing on timely discharge • Providing advice & guidance, recovery & reablement 	<p>Create Centres of Excellence for E&SC services</p> <p>Ensure people are able to access care as close to their preferred network of support as possible</p> <p>Provide high quality, safe & effective care preventing people from escalating to, or requiring, urgent or unplanned care</p>

Wellbeing- Performance Overview

Indicator	Measure	Most Recent Period	Benchmark England	First Value of Graph	Graph	Last Value of Graph	Trend
Commission only from providers who have a clear and proactive approach to health improvement, prevention of ill health, whole person wellbeing and working with the wider community in which they operate.							
Self-reported well-being: % of people with a low satisfaction score	Percentage	2016/17		5.3		3.8	
Self-reported well-being: % of people with a low worthwhile score	Percentage	2016/17		5.1		5.9	
Self-reported well-being: % of people with a low happiness score	Percentage	2016/17		11.5		9.5	
Self-reported well-being: % of people with a high anxiety score	Percentage	2016/17		22.9		21.7	
Place health improvement and the prevention of ill health at the core of our planned care system; demonstrably reducing the demand for urgent and complex interventions and yielding improvements in health and the behavioural determinants of health in Plymouth							
CCGOF Referral to Treatment waiting times (patients waiting over 18 weeks on incomplete pathway (%)) (PHNT)	Percentage	Aug-17	N/A	85.70%		83.80%	
NHSOF Estimated diagnosis rates for Dementia (Percentage)	Percentage	Aug-17	N/A	59.3		60.3	
In hospital Falls with harm	Percentage	Aug-17	N/A	0.23		0.50	

Wellbeing- Performance Exception Report

Estimated diagnosis rates for dementia – Increasing trend

NEW Devon CCGs dementia diagnosis rate remains below the national target. The CCG has raised concerns with NHSE with the expected number of people with dementia in our population (this may affect the calculated diagnosis rate). However, the CCG is looking to work more closely with primary care to improve the pathway.

Referral to treatment - Percentage seen within 18 weeks - Incomplete pathways

Plymouth Hospitals NHS Trust is not achieving the 18-week referral to treatment standard. There have been capacity issues in a number of specialties in Plymouth Hospitals NHS Trust & referral reductions haven't been as large as planned. Some additional capacity has been made available in recent months but the target is not expected to be achieved in 2017/18. However, the aim is to ensure that no patients wait over 52 weeks by March 2018.

Wellbeing – Integrated System Action Plans 2017-19

Commissioning Activity	Timeframe	Progress Reports
<p>Implement a number of Wellbeing initiatives:</p> <ul style="list-style-type: none"> • Workplaces promoting 'One You' & offering bespoke Livewell SW workplace wellbeing/'making every contact count' training sessions • Ongoing promotion of 'One You' increasing the number of people completing the How Are You (HAY) quiz (October 2017) Launch Year Four of Thrive Plymouth (focus on mental health & wellbeing- Oct 17) • Year Five of Thrive Plymouth will be agreed, planned & launched in October 2018 (October 2018) 	Oct-18	<p>Thrive Plymouth Year 4 was successfully launched on 10th October. The theme for this year is Mental Wellbeing & the promotion of 5 ways to wellbeing as a foundation to living healthy lives. 150+ attendees at the launch. Thrive Plymouth website now improved & updated with on line resources available.</p> <p>Continued delivery of training for workplace wellbeing & MECC & also this year increased capacity for training in Mental Health & Wellbeing.</p> <p>Scoping taking place for a focused project with colleges, universities & those working with NEETS to work up offer for 16-24 year olds on making 5 ways to wellbeing a key life skill to learn at transition into adulthood. Present to partners early in 2018.</p>
<p>Locally implement NEW Devon CCG's approach to Long Term Conditions</p> <ul style="list-style-type: none"> • Establish a T&F Group; • Design a best practice model of care • Identify impacts on budgets for 2017/19 • Develop an implementation plan for 2017/19 	Mar-19	<p>Analysis of Devon wide data used to highlight the key areas of work related to LTC. Some elements are disease focussed whilst others are related to key points in the long term condition trajectory. Also considering the incremental impact of mental health issues & especially dementia on physical health problems. Key priority areas are Diabetes, respiratory disease & then disease diagnosis, education & self-care. Prevention being dealt with separately. Draft work plan agreed with providers & currently being considered to understand which aspects need to be delivered at scale & which aspects benefit from a place based delivery plan</p>
<p>Implement the single strategic vision for Health & Wellbeing Hubs - including related commissioning work streams (Advice & Information, Health Improvement, Wellbeing & Integrated Early Years) & the identification of targeted building based hubs aligned with 'One Public Estate'</p>	Oct-18	<p>Hubs proposals are out to community consultation which is being run by Healthwatch. Report due at end of November. A&I & Health Improvement services already remodelled. Wellbeing/Preventative services – co-design with current providers & wider stakeholders. Targeted Hubs Buildings – proposals due to go to Cabinet by December/January</p>

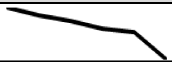


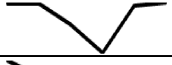


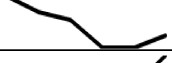






Wellbeing – Integrated System Action Plans 2017-19

Commissioning Activity	Timeframe	Progress Reports
Deliver Safer Plymouth Commissioning 2017/18 Intentions (& develop for 2018/19) which respond to identified priorities around Domestic Abuse & Sexual Violence, Hate Crime & Emerging Areas of Threat Risk & Harm (Child Sexual Exploitation, Modern Slavery, Cyber Crime, Prevent). Specific commissioning activity will include: Healthy Relationships Programme, High Profile Community Safety Campaign, Welcoming City	Mar-18	<p>6 monthly report being collated for OPCC.</p> <ul style="list-style-type: none"> - Sexual Violence: review undertaken, new premises being secured for SARC, SARC out to procurement - Domestic Abuse: service to be extended for 12 months, awaiting Government Bill before planning any changes; DA & Perpetrators workforce development programmes in place - Emerging crime & campaigns contract awarded to Harbour - Healthy Relationships programme under way with schools - Safer Plymouth sub-groups considering next year's plans
<p>Deliver the Primary Care Strategy & action plan with the aim to develop & re-design primary care as part of the system of health & wellbeing.</p> <p>Key Objectives:</p> <ul style="list-style-type: none"> • Achieve sustainability, high quality general practice & self-care with regards to workforce, funding, IM&T, & premises • Support, influence & implement system infrastructure & new models of care. • Maximise & influence investment & resource opportunities. 	Mar-18	<ul style="list-style-type: none"> - Programme in place with 8 work streams (access & workload; workforce; communication & engagement; leadership & governance for transformation; model of care; data, quality & safety; resource enablers; change support) - Programme managed by Primary Care Programme Group – commissioners & providers; reports to Western System Improvement Board 4-weekly - Resource to deliver programme underway (£120k committed to four groups of practices for development; work stream leads being sourced to fill gaps) - Programme relates to local system & STP-wide delivery of primary care strategy
<ul style="list-style-type: none"> • Deliver the Planned Care Programme with specific focus on: • RTT performance improvement via delivery of the 2017/18 elective care action plan • Pathway redesign to improve throughput e.g the Pain pathway, to incorporate a tier 2 community service & a more integrated pathway • Reduce demand in to secondary care services. For example, review use of decision making aids & self-management tools in the community • Support the implementation of patient optimisation across the CCG 	Mar-18	<p>RTT incomplete performance has continued on a downward trend since April 2017 (85.2%) & achieved 82.2% in September against a recovery trajectory of 85.8%. Backlogs continue to build for procedures partly due to non-elective demand & current financial constraints. Work is on-going to redesign the Pain pathway, with options for self management tools to be included in the health & wellbeing hubs being explored.</p> <p>Programme for reducing demand & reviewing the use of decision making aids is being led centrally through the STP Planned Care Control Centre. System-wide workshop scheduled for November 2017 to understand the national focus & how to implement this across the STP footprint.</p> <p>In Shape for Surgery implemented across Devon from 1st August 2017.</p>

Wellbeing – Integrated System Action Plans 2017-19

Commissioning Activity	Timeframe	Progress Reports
<p>Implement the prescribing delivery plan:</p> <ul style="list-style-type: none"> • Implement a new model of delivery embedding pharmacist & pharmacy technician resource in GP practices & groups • Optimising systems for the management of repeat prescribing, ensuring that waste & unnecessary items on prescriptions are reduced • Improving quality, appropriateness & cost-effectiveness of medicines prescribed in respiratory disease and pain, thereby reducing inappropriate variation • Review of items available on prescription in areas such as; Gluten free, Nutrition & self-care. 	Mar-18	<p>Prescribing is on track to deliver savings target for 2017/18. Significant challenges as a result of GP practice capacity & shortages of pharmacists' posts embedded in GP practices. Discussions continuing re opportunities to integrate CCG, LSW & PHNT Pharmacy teams to provide a more attractive offer for pharmacists locally. 3 new pharmacy technicians embedded in GP practices to support the medicines delivery plan & focus on optimisation of repeat prescription systems. Integrated LSW/CCG post has been established to support the development of this role.</p> <p>The pain work programme has been prioritised; a briefing was presented at CCG Quality Committee. The Wellbeing SDG (25th October) explored how partner organisations might provide support. Prioritisation of the pain programme has meant that it is delivering above target for financial efficiencies.</p> <p>Exploration of specific areas of prescribing: a range of self-care support materials for practices & patients have been produced to promote the benefits of self-care including seasonal promotions, eg for hay fever. Following extensive public engagement, the CCG made a prescribing recommendation not to prescribe gluten-free items to patients over the age of eighteen. These will be contributing to delivery of our savings target.</p>
Improve the support to carers through the implementation of a comprehensive Carers Strategic Partnership Board Action Plan, which responds to local carer feedback & the National Carers Strategy 2017	Mar-18	New National Carers Strategy been delayed. CSPB continues to deliver its action plan. Consolidating consultation with carers across the system with Caring for Carers, LSW & PHNT. Priority given to information & advice to carers following disappointing national ASC survey results
Redesign the Dementia Pathways	2018	Dementia Advisor Service out to tender, remodelled so that it is working more closely with GPs & primary care as well as secondary care. Diagnostic service more visible within Mount Gould & numbers being diagnosed are increasing

Childrens-Performance Overview

Indicator	Measure	Most Recent Period	Benchmark England	First Value of Graph	Graph	Last Value of Graph	Trend
Keep our Children and Young People Safe: ensure effective safeguarding and provide excellent services for children in care							
Referrals carried out within 12 months of a previous referral (Re-referrals)	Percentage	2017/18 Q2	N/A	34.5		27.7	
Number of children subject to a Child Protection plan	Count	2017/18 Q2		372		373	
Number of looked after children	Count	2017/18 Q2		410		400	
Number of Children in Care - Residential	Count	2017/18 Q2	N/A	24.0		32.0	
Timing of Children's Single Assessments (45 working days)	Percentage	2017/18 Q2		95.1		71.1	

Children's - Performance Exception Report

Timeliness of Children's Single Assessments/ Number of children on a Child Protection Plan

Assessment completion timeliness has decreased & stands at 71.1% against a target of 88%. The situation is being closely monitored & the Service Manager is supporting workers to enhance ways of working which will ultimately deliver an improvement in both timeliness & quality of assessment. Whilst completion of assessment timeliness has been impacted, close monitoring is in place to ensure children are being visited in a timely way.

The overall number of plans decreased in September to 373. There is a continued focus on plans ensure timeliness & effectiveness of practice. The CSWS Service Manager is meeting with the Safeguarding Service Manager on a monthly basis to review the cohort & consider the implications of repeat CP plans, thresholds, & right plan for the child etc.

Children & Young People – Integrated System Action Plans 2017-19

Commissioning Activity	Timeframe	Progress Reports
Implement peri-natal & maternal mental health services & pathways.	Autumn 2018	Service has started roll out undertaking 14 new assessments in September; service is anticipated to be fully operational by June 2019 dependent on Consultant recruitment. Advertising is pending Royal College of Psychiatry approval of the Job description & work plan, a locum advert has been placed as an interim. Soft launch of Plymouth specialist peri-natal service for Plymouth September 2017 - co-located with infant mental health team in Children Centre. Design work to pathways being progressed with professional design events held July/August. Consultation event held with mothers & families with lived experience with good representation of mothers. Separate project group overseeing Mother & Baby unit build (est. Xmas 2017).
Implement the Children & Adolescent Mental Health Services (CAMHS) Transformation Plan to ensure improved multi-agency pathways for: <ul style="list-style-type: none"> • Self-harm (FYFV) • School refusal (FYFV) • Trauma Recovery (LTP) • Eating Disorders (FYFV) • School refusal (FYFV) 	Mar-18	CAMH's eating disorders - additional recurrent funding approved & staff recruitment is commencing. Referral & RTT reporting is now available through the data book. Self Harm – additional resource has been agreed to provide CAMH's resource for Psychiatric Liaison services at PHNT. Livewell are engaged in the Vulnerable Children & Young People SOG reviewing single point of access & joint agency processes. School refusal - member of the neurodevelopment team is attending the children missing education Panel, further work to be undertaken with the CAMH's school support to identify young people early.
Improve Maternity Services through the delivery of Better Birth's Initiative & Saving Babies Lives.	Sep-17	CCG commissioner lead identified. The Local Maternity system (LMS) group formed 19.09.17. Meeting twice monthly. Priority areas identified as: <ul style="list-style-type: none"> • Acute Services review- follow-up work • BB Recommendation 5: Multi-professional working, breaking down barriers between midwives, obstetricians & other professionals to deliver safe & personalised care for women & their babies • BB Recommendation 4: Better postnatal & perinatal mental health (work stream already responding to this) • Undertake benchmarking exercise – Acute Trust Better births plans & dashboard data
Determine the future model & procurement options for Health Visiting & Children's Centre offer, for April 2019 onwards, recognising the interdependency with: <ul style="list-style-type: none"> • Health & Wellbeing Hubs • Integrated Early Help and Targeted Support for Families • Integrated Health, Wellbeing and SEND services 	Jan-18 to Jul-18	Health Visiting procurement is now included in the wider procurement of Community Health, Wellbeing & SEND services being led by NEW Devon CCG. This is part of an integrated approach to services for children with additional needs. Existing service providers (PCC, PHNT & Livewell) are working together to establish a SPOA & shared assessment prior to procurement of services currently held by Livewell. Children's Centres to be procured separately (business case summer 2018) with read across to the HWB Hub development & Early Help.



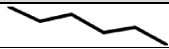


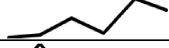


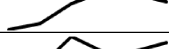




Children & Young People – Integrated System Action Plans 2017-19

Commissioning Activity	Timeframe	Progress Reports
Co-design a development plan across school commissioned support services, PCC services & commissioned services to further integrate the early help & targeted support offer to improve families experience of services & reduce duplication.	Improvement plan Sept 2017 Future options Jan 2018	Vulnerable Children & Young People Systems Optimisation Group (VCYP SOG) have agreed a direction of travel for Early Help & Targeted Support involving an integrated approach to delivery; next step is options paper January 2018 to set out methods for achieving this.
<p>Create & implement development plan 2017-2019 to Integrate Health, Wellbeing & SEND Support Services, including :</p> <ul style="list-style-type: none"> • Multi-agency support to schools to manage needs Integrated access triage & assessment processes • Integrated care planning • Clear pathways of care to meet demand (including neuro-developmental pathways) <p>Agree future model of service & procurement options for April 2019 onwards.</p>	Plan in place - June 2017 Sept 2017	<p>Integration plan completed by current service providers (PCC, PHNT & Livewell) which proposes creation of a SPOA & joint assessment.</p> <p>Business case to Cabinet October 2017 – sets out procurement options & requirement to procure the services currently provided by Livewell, including Public Health & School Nursing. NEW Devon CCG are leading the procurement. Plymouth will form a separate Lot within the procurement, based on PCC boundaries. Procurement is on track for launch to market in January 2018. Procedure used will allow for negotiation with bidders to enable them to refine their submission.</p> <p>Specification in draft form – integration ambition is included.</p>
<p>Agree whole system processes for transition planning.</p> <p>Identify the specific offers of support for young people in line with 'preparing for adulthood' & where in the system the support offer is being developed or managed, namely:</p> <ul style="list-style-type: none"> • Employment • Independent Living • Community Inclusion • Health & Care 	April 2018	<p>Redesign of the inclusion service to drive more effective use of resources especially as young people approach adulthood. This will dovetail with transition pathway planning. Supported Internships are in development across the city to support young people into sustainable employment. In addition to Project Search new partnerships are being developed to enable young people to better understand the world of work & to develop the skills needed for employment.</p> <p>The embedding of the pathway planning model is underway with operational groups meeting from Jan 2018 in the three special schools with students who have complex needs. TCP monitoring of the list of children who are placed in residential care outside of the city is ongoing with multi-agency involvement .</p> <p>Health & Care – 3 new officers appointed to the Adult LD Locality team. These will be facing children's services & will actively work with teams to develop the transition pathway process across all services.</p> <p>The review of transition services identified that a need for more choice for young people of independent living arrangements. Work is being undertaken on individual pathways to independence to provide more choice for young people, especially those leaving the care system.</p>

Children & Young People – Integrated System Action Plans 2017-19

Commissioning Activity	Timeframe	Progress Reports
<p>Ensure non-adversarial approach to child protection in the early years by joining the adult intervention offer with pre-court independent assessment process (with learning from FDAC).</p> <ul style="list-style-type: none"> • Apply for funding for gaps in service • Co-design offer with adult services • Implement 	<p>April 2017 Sept 2017 Jan 2018</p>	<p>Co-design meetings held with partners including adult services. Delays to pre-proceedings work due to awaiting evaluation of impact of FDAC</p> <p>A successful bid for £540k to support a Social Impact Bond from the Life Chances Fund. The project will establish a post-proceedings offer to women who have had multiple children removed from their care, with the aim of enabling them to make positive & sustainable life changes. Service provider to be procured by Jan 18, with implementation by July 2018.</p> <p>Pre-proceedings work will pick up pace once procurement of post-proceedings service is complete.</p>
<p>Improve the quality, sufficiency & value for money of placements by identifying providers that can provide a range of high quality placements to meet needs, including:</p> <ul style="list-style-type: none"> • Family based care with a focus on permanency • Models of care for those in crisis or with significant risk 	<p>Mar-18</p>	<p>Contract award for Peninsula fostering tender due at Cabinet January 2018. Includes Staying Put, enhanced & standard fostering & parent & child fostering.</p> <p>Contract award for Plymouth residential block contract (current supply & development of new homes) due at Cabinet January 2018.</p> <p>Peninsula residential framework due to be in place for April 2018.</p> <p>Development work on future special school requirements continuing via Heads of SEND.</p> <p>Joint working with Children's Social Care on Market Management & Sustainability: includes a social work team manager embedded with brokerage, & development of options appraisal to support placement stability & reduce breakdown.</p> <p>Crisis care works links with STP and Peninsula.</p>
<p>Improve the offer for supported accommodation for children & young people 16+ in care, leaving care or homeless.</p>	<p>Implementation in line with complex needs tender (community services) action plan.</p>	<p>Supported lodgings (children in care) & supported accommodation for young people (in care & homeless) is now in scope of the complex needs tender. Work progressing to achieve tender timelines.</p>
<p>Agree final option for Regional Adoption Agency & transfer services into new model:</p> <ul style="list-style-type: none"> • Design the model. • Agree service configuration • Implement joint operating model 	<p>Final business case June 2017 New service model April 2018</p>	<p>Delay due to decision by Devon to withdraw from hosting RAA; will now proceed directly to outsourcing to an ADV. Original plan was for the Devon-hosted RAA to be in place for April 2018 (subsequently delayed to June 2018). The timescale for achieving outsourcing to & ADV is presently unclear.</p>

Community- Performance Overview

Indicator	Measure	Most Recent Period	Benchmark England	First Value of Graph	Graph	Last Value of Graph	Trend
Provide integrated services that meet the whole needs of the person by developing: • Single, integrated points of access • Integrated support services & system performance management • Integrated records							
Number of households prevented from becoming homeless	Count	2017/18 - Q2	N/A	214		263	
Average number of households in B&B per month	Count	2017/18 - Q2	N/A	38.0		53.3	
Reduce unnecessary emergency admissions to hospital across all ages by: • Responding quickly in a crisis • Focusing on timely discharge • Providing advice and guidance, recovery and reablement							
Proportion of people still at home 91 days after discharge from hospital into reablement/ rehabilitation services	Percentage	2017/18 - Q2	N/A	92.0		82.0	
IAPT Access Rate (PCH)	Percentage	Aug-17	N/A	1.36		1.22	
IAPT Recovery Rate (PCH)	Percentage	Aug-17	N/A	50.60		39.50	
A&E 4hr wait	Percentage	Sep-17	N/A	83.60%		88.18%	
Emergency Admissions to hospital (over 65s)	Count	Sep-17	N/A	1,388.0		1,434.0	
Discharges at weekends and bank holidays	Percentage	Sep-17	N/A	0.19		0.18	
Rate of Delayed transfers of care per day, per 100,000 population	Rate per 100,000	2017/18 - Q2		14.0		26.0	
Rate of Delayed transfers of care per day, per 100,000 population, attributable to Adult Social Care	Rate per 100,000	2017/18 - Q2		6.6		11.9	
Provide person centred, flexible and enabling services for people who need on-going support to help them to live independently by:• Supporting people to manage their own health and care needs within suitable housing • Support the development of a range services that offer quality & choice in a safe environment • Further integrating health and social care							
People helped to live in their own home through the provision of Major Adaptation	Count	2017/18 - Q2	N/A	68		49	
Permanent admissions of older people (aged 65 and over) to residential and nursing care homes	Rate per 100,000	2017/18 - Q2		139.4		99.8	
Permanent admissions of younger people (aged 18-64) to residential and nursing care homes	Rate per 100,000	2017/18 - Q2		3.7		1.8	

Community- Performance Exception Report

Delayed transfers of care from hospital per 100,000 population, whole system (delayed days per day) – Reducing trend

The CQC are carrying out 20 reviews of Health & Social Care Systems, particularly where there are challenges in relation to delayed transfers of care (DToC). Plymouth City Council has been selected as one of the first 12 areas to be reviewed.

Plymouth target to reduce the rate of delayed transfers of care in the system by two thirds. During Quarter two the average number of delayed days per month was 1,691, compared to 1,877 in quarter one. The rate/100,000 population of delayed days per day for quarter two is 26 compared to 29.21 in quarter one. Delayed Transfers of Care remain a priority of focus. A System Improvement Board has been established focussing on System Flow & embedding a Home First Philosophy.

Discharge at the weekend – Reducing trend

Weekend discharges have remained relatively stable at between 18%-20% of the total weekly discharges. Performance of 28.5% would mean that there is the same number of discharges at the weekend as during the week.

Community- Performance Exception Report

Improving Access to Psychological Therapies (IAPT) – Access rates – Static trend

Livewell Southwest achieved the IAPT access rate in 2016/17 & is on track to achieve it again in 2017/18. However, monthly performance does remain volatile.

Improving Access to Psychological Therapies (IAPT) – Recovery rates – Increasing trend

Livewell Southwest have reported an improvement in the recovery rate from Sept 16. However, the target is not being achieved on a sustainable basis. Work is ongoing to improve the recovery rate but it is acknowledged that there may be a reduction in performance as those patients that have waited more than 12 weeks are seen.

Accident & Emergency 4 hour wait

Plymouth Hospitals NHS Trust is not achieving the 4hr wait in A&E target. This is mainly due to demand pressures including an increase in A&E attendances. Plans are in place to achieve the target by Q4 2017/18. There was however an improvement in performance from Aug 17 & this remains a priority area with the new Acute Assessment Unit coming on line during November.

Emergency admissions aged 65+

There has been a 10.8% increase in emergency admissions in 2017/18 across the Western Locality for patients aged 65+. This is linked to the operational pressures in PHNT. The ageing population is contributing to this but a number of other causes are at play including the pressures on primary care.

Community – Integrated System Action Plans 2017-19

Commissioning Activity	Timeframe	Progress Reports
Develop a fully consulted system specification for complex needs & commence re-procurement	Nov-18	Complex Needs specification is in the final stages of development – procurement will be launched within the next few weeks. Aim to have new service in place by November 18
Development of STP Strategic Framework for Mental Health	Sep-17	Mental Health plan for 2017/18 developed & agreed by the Mental Health Programme Board in October 2017 for the Western PDU. This is consistent with STP priorities.
Developing links between secondary Mental Health & Primary Care	Ongoing- March 19	A pilot has commenced in some practices focussing on Medically Unexplained Symptoms. A pilot is also proposed to develop an alternative IAPT model in deprived areas. Livewell are also working on a pilot to develop tele-medicine. An enhanced crisis pathway for Primary Care is also being implemented (recruitment allowing). A wider piece of work is being developed as part of the STP mandate.
Delivering the Five Year Forward View for MH (Perinatal Mental Health, Self Harm pathways, Crisis Care, CAMHS, Acute Care, Personality Disorder pathways, ADHD pathways, Eating disorder, Adult, Bipolar Disorder pathways, ASD/LD pathways, Dementia, IAPT expansion, Integrated Mental & Physical health, Secondary Care Recovery Pathways, Enhanced environments in ED & Place of Safety , Step 4 Psychological Therapies reduced waiting times)	Ongoing -March 19	Perinatal – soft launch commenced Crisis Care – Crisis Café proposal in development Investment into Psychiatric Liaison at ED agreed in this financial year. This is being recruited to now. Primary Care offer being enhanced. Dementia – plan developed. Now in implementation phase. IAPT expansion proposal approved. Now in implementation phase. Recovery Pilot to commence in 2017.
Provision of 70 additional units of extra care housing	2018	Building work delayed. Now due for completion Feb 19.

Community – Integrated System Action Plans 2017-19

Commissioning Activity	Timeframe	Progress Reports
<p>ECH Care & Support Contract Procurement</p> <ul style="list-style-type: none"> - Co-produce a business case to inform the future procurement of services delivered into extra care housing with a focus on enhancing independence & a reduction in hospital admission - Complete a review of the Social Inclusion Services delivered within extra care housing & reprocure in line with the recommended model 	2019	Business case presently in development & action on track.
Support the delivery of the Transforming Care Partnership to enable the development of community based provision to support people with learning disabilities & / or autism	2019	TCP – good progress made against plan & the TCP work is on trajectory to deliver objectives.
Implement the Autism Action Plan	2019	<p>Review of information on POD taking place, consultation on logo for autism pages on POD in progress. Information & advice will be reviewed in line with children's Local Offer.</p> <p>JSNA framework agreed through Autism Partnership Board being progressed.</p> <p>Workforce development for social workers related to assessment /policy guidance for people with high functioning autism set up for end of the year.</p> <p>E-learning courses sourced & planned for sector around autism.</p> <p>Capital equipment given to support launch of local part time autism hub.</p>
<p>Continue the implementation of the Supported Living Commissioning Plan:</p> <p>Achieve the consistent use of Assistive Technology for all supported living clients needing to increase levels of personal independence. Promote independence through various means. Work with service providers to ensure skilled staff support & maintain independence in a community setting. Develop additional supported housing/shared lives.</p>	2018/2019	<p>SL Framework rolled out & quality mark developed.</p> <p>SL Leadership course rolled out. Active Support Training delivered & celebration day agreed to share best practice.</p> <p>BCF bid secured for the launch of Assistive Technology to support promotion of independence across the sector.</p> <p>Assistive Technology training procured for the SL sector.</p> <p>Successful LGA bid to roll out Care Act trusted provider model with SL Suppliers to develop training & support for SL providers to take part in the review process on behalf of the SL sector.</p> <p>Interactive guidance developed for SW's & in process of sharing with teams.</p> <p>Work taking place to improve intelligence on supported accommodation vacancies for SL providers & social workers.</p>


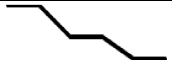
Community – Integrated System Action Plans 2017-19

Commissioning Activity	Timeframe	Progress Reports
Recommission Day Opportunities Services	2018-2019	<ul style="list-style-type: none"> • Draft service model & specifications currently out for consultation. • Procurement to take place in 2018. • Beginning pilot with Reablement team towards the end of 2017.
<p>Integrated Personal Commissioning (IPC): Enable integrated, person-centred support around individuals to promote independence & self-management:</p> <ul style="list-style-type: none"> • Developing a systematic approach for building community capacity & developing peer support which builds peoples knowledge, skills & confidence to self-manage • Developing a proactive approach to identification - use appropriate risk stratification processes to identify people with complex needs & long-term conditions who could benefit from preventative, person-centred approaches to prevent crisis. • Developing an integrated process for personalised care & support planning, delivered through multi-disciplinary teams, leading to person-centred plans, • Expanding personal health budgets, offering a range of options to manage budgets, including direct payments, third party budgets/ISFs & notional budgets • Develop a wide range of care & support options for people with personal budgets, tailored to individuals needs & preferences 	2018/19	<p>On track to meet requirements set out in MOU with NHS England.</p> <p>Personal Health Budgets in place for individuals with Continuing Health Care needs, Carers &, also in Devon, for Looked After Children. Pilot budget in place for individual with Renal failure to provide transport.</p> <p>Plymouth & Devon named as Champion site for Personal Wheelchair Budgets. A workshop has been planned for 21st November to further develop this work.</p> <p>Ongoing development of Care & Support plans with a particular focus on use of a single care plan.</p> <p>Progress being made with pilot schemes to test the IPC approach utilising capacity within the voluntary sector.</p> <p>Opportunity for Devon to roll out the HOPE Programme (evidence based, self management course) being explored.</p>
Patient Activation: Develop a systematic approach to increasing the knowledge, skills & confidence of people with LTC, to self-manage	2019/20	<p>Ongoing joint work with South Devon & Torbay to promote use of the Patient Activation Measure (PAM) & engage colleagues across the STP.</p> <p>7,000 paper PAM licences allocated to Devon for 17/18. Opportunity to use online PAM for 18/19 & beyond.</p>

Community – Integrated System Action Plans 2017-19

Commissioning Activity	Timeframe	Progress Reports
CES Service review - complete a review of the Community Equipment Service to ensure effective operation within the wider system	2019	<p>A 2 hour gap identified between normal service hours finishing & the commencement of the Out of Hours Service. Service provision will change from 30th October 2017 to remove the gap in service (IBCF funding).</p> <p>Lack of Sara Stedy's & pressure mats available in Care Homes causing delays to hospital discharge & intermediate care placements. CES looking to purchase & loan equipment to Care Homes (IBCF funding).</p> <p>CES looking to fit in with the wider system with 7 day working & are currently waiting for proposals from the Service Provider in relation to having the Depot operational at weekends. Currently new provision of equipment for new clients is covered under the OOH service but the proposals, if acceptable, should enhance provision.</p>
<p>Continue the implementation of the Urgent care Action Plan including:</p> <ul style="list-style-type: none"> • Alternatives to admission • Hospital flow • Discharge 	2019	<p>Action Plan continues to be overseen by Local A/E Board</p> <p>Highlights to date include:</p> <ul style="list-style-type: none"> • Appointment of Director of Integrated Urgent Care • Implementing feedback from Peer Reviews • Implementing Discharge to Assess Pathway 1 • Acute Assessment Unit on track to open November 2017 • GP Streaming has gone live • MIUs now being managed & overseen by PHNT • Plans in place to improve Length of Stay at Community Hospitals • Establishment of System Improvement Board
<p>Sheltered Housing Service Review:</p> <ul style="list-style-type: none"> • Complete a full review of the services provided into sheltered housing, including a recommended future model • Consult with providers & service users to inform any revised specification • Pre-procure services in line with the recommended model 	2018	<p>Initial review, including discussion with providers, complete. Decisions on future model still to be approved.</p>

Enhanced & Specialised Care- Performance Overview

Indicator	Measure	Most Recent Period	Benchmark England	First Value of Graph	Graph	Last Value of Graph	Trend
Create Centres of Excellence for enhanced and specialist services							
In hospital Falls with harm	Percentage	Aug-17	N/A	0.2		0.5	
Provide high quality, safe and effective care, preventing people from escalating to, or requiring, urgent or unplanned care							
Percentage of CQC providers with a CQC rating of good or outstanding	Percentage	2017/18 - Q2		84.0		79.0	

Enhanced & Specialised Care – Integrated System Action Plans 2017-19

Commissioning Activity	Timeframe	Progress Reports
Develop Specialist M&B Unit in Peninsula	Apr-19	This has been procured & will be operational from April 2018 at an existing ward within Wonford House, Exeter, until a planned new build is completed.
Reduce IPP spend	ongoing	<ul style="list-style-type: none"> • IPP spend has continued to decrease month on month. • There has been one deep dive into PICU usage with an agreement that these will be quarterly as this is the most unpredictable area of spend. • Spend is within expected levels however & savings targets are being met.
Develop local PICU alternative to reduce PICU usage to 4 beds	Apr-19	<ul style="list-style-type: none"> • This has been procured & Devon Partnership Trust successful. A new build is in the planning & delivery phase. • Bed usage is currently averaging 4.
No out of area acute M/H admissions	ongoing	<ul style="list-style-type: none"> • Out of area admissions for acute inpatient mental health care are now an exception. • The mental health pathway is monitored on an ongoing basis so that pressures are recognised & managed pro-actively.
Secure care recovery pathways	2017/2018	Devon Partnership Trust are a national pilot for this work & developing the pathway alongside key stakeholders across the peninsula.
Improve the Discharge Pathway to Care Homes: <ul style="list-style-type: none"> • Develop a referral process from PHNT to care homes to include the escalation process. • Facilitate Urgent Care workshops through the forum. • Support the streamlining of paperwork & discharge processes. • Support the development of a care referral co-ordinator type role. 	2017/18	<ul style="list-style-type: none"> • Escalation process in place • Urgent care workshops completed & continue through the forum • Trusted Assessor in place who has started to build good relationships, 2nd post being developed & a care home broker soon to be advertised for recruitment
Promote enhanced health in Care Homes: <ul style="list-style-type: none"> • Enhanced bespoke training for care homes. • Facilitate specific workshops for the Health & Wellbeing Champions based on high admission data. • Review of the PCIP program & embed any learning. • Falls audit to be completed in all care home settings. • Target homes who do not currently have a Health & Wellbeing Champion. 	2017/18	<ul style="list-style-type: none"> • Training being developed between QAIT & Livewell initially for the health & wellbeing champions, work ongoing to fully maximise this • 3 workshops completed for the Health and Wellbeing champions covering falls, respiratory, infectious diseases, hydration & the importance of staff receiving the flu vaccination • Falls audits being promoted by the champions & through the forum • QAIT developing workshops to support a safe service, well led service & sustainability • Developing work in relation to the vanguards for enhanced care in care homes to include red bag scheme, SKYPE, hydration & nutrition, improved dementia training & developing the QAIT team to include a prescribing pharmacist

Enhanced & Specialised Care – Integrated System Action Plans 2017-19

Commissioning Activity	Timeframe	Progress Reports
Support & Develop the Local Care Sector	2017/18	Proud to care campaign completed & signed up 2x recruitment fayres completed 4 th year of the leadership program which is now accredited Further meds workshops being organised Successful Celebrating Excellence in Care (Oct 17)
Develop market analysis paper to identify potential gaps in nursing bed provision. Engage with key stakeholders to address shortfall, aligned with housing partners.	2017/18	Market Analysis in place & actions ongoing Commissioning meetings taking place with key stakeholders re developing the market Nurses forum being developed through QAIT Considerations for a new build being explored
Develop a commissioning plan for end of life care in order that increased numbers of people are supported at the end of life within their preferred place of care	March 18	The current model has been piloted since February & is currently under review. An End of Life Steering Group has been established & been asked to evaluate the current pilot & propose changes based on the outcome.
Cancer Care: <ul style="list-style-type: none"> Continue phased implementation of NICE guidance/aim to achieve earlier diagnosis of cancer with direct access to diagnostics where indicated: links to planned care & diagnostics work streams System wide review of issues relating to delivery of 62/7 cancer standard: refreshed plans by Trusts & prioritisation of most challenged high volume pathways (urology); risk stratified pathways for follow up Cancer Alliance plan: delivery plans drafted, to be agreed & monitored quarterly 	March 18	<p>Transformation bids have been produced for early diagnosis & follow-up/risk stratified pathway work as part of the Cancer Alliance plan. Phased implementation of the NICE guidance for direct to test is underway. NHS funding has been received to help with implementation by end of October.</p> <p>The cancer 62 day target of 85% was missed for Q1 (April, May & June) and for July, August & September (79.5%, 75.4%, 80.3% respectively) which suggests the Quarterly target has been missed for Q2. Recovery action plans are in place & are discussed, in depth, with the Trust. The trajectory & updated plan is provided to the monthly Contract Review Meeting.</p>
Manage the transition of specialist commissioning responsibility. Initial focus bariatric surgery & neurosurgery.	Mar-18	<p>Commissioning responsibility for bariatric surgery & neurosurgery, amongst other activity, transferred from NHSE Specialist commissioners back to local CCGs from the 1st April 2017.</p> <p>In NEW Devon CCG the transfer of these areas presented a minor cost pressure due to the timing differences & in the methodology used. However this has been offset by benefits in other parts of the overall transfer.</p> <p>The PHNT Neurosurgery waiting list re-opened to routine spinal referrals in September 2017.</p> <p>Service provision for Bariatric surgery continues as before.</p>

DRAFT Western Locality Strategic Commissioning Intentions 2018-20



Northern, Eastern and Western Devon
Clinical Commissioning Group



Introduction

Plymouth and the Western Locality has a long and established record of cooperation and collaboration with a formal commitment to Integration being set down by the Plymouth Health and Wellbeing Board in 2013, based around Integrated Commissioning, Integrated Health and Care Services and an Integrated System of Health and Wellbeing.

Since then there has been some significant progress and notable achievements towards achieving this aim. In 2015 commissioners established the Integrated Fund, developed four Integrated Commissioning Strategies and established an Integrated Commissioning function and governance arrangements. At the same Plymouth City Council transferred 170 Adult Social Care staff to the Community Health Provider (Livewell Southwest) who also took on the Community Health functions of South Hams and West Devon. More recently LWSW and PHNT have collaborated to deliver MIUs for the Western Locality and there has been further co-operation and colocation of staff and services to deliver the Acute Assessment Hub. In response to urgent care pressures the two providers have also appointed a Joint Director driving changes required around D2A2 and Intermediate Care.



Introduction

Despite this progress the current system configuration is still not deriving optimum benefits and a number of key challenges remains, including performance against key NHS Constitutional Targets. There remains an over reliance on bed based care rather than a home first philosophy and System Flow remains a significant issue resulting in too many delayed transfers of care in all parts of the urgent care system. Primary Care, particularly in Plymouth is vulnerable facing workforce shortages and sustainability challenges. The Western System is experiencing a significant increase in A&E attendance including an increase in Ambulance conveyances. Across the whole system there are workforce challenges with recruitment and retention being an issue in a number of areas. These issues are set against a backdrop of financial sustainability and despite a track record of delivering efficiencies the system remains financially challenged and inequity of funding across wider Devon remains an issue.

Recognising these challenges commissioners are setting out a number of high impact changes that will drive commissioning activity and service design for the next two years. These intentions are high level to set down a *direction of travel* with detailed programmes of work being developed to take forward each area. They should not be seen as a departure from the existing direction of travel around achieving whole system population based integration rather a scaling up and acceleration based on learning to date. They also sit within the STP Framework and should be seen as the local response to delivering the seven priorities: Prevention and Early Intervention, Integrated Care, Primary Care, Mental Health, Acute Hospital and Specialised Services, Productivity and Children, Young People and Families.



Overview of Commissioning Outcomes and Priorities

At the heart of these commissioning intentions is a focus on meeting the needs of the whole person and ensuring they receive “the right care, at the right time, in the right place” To deliver this vision of care we will need to continue to ensure we meet the triple aims of the five year forward view:

We will focus everything we do on:



Through these commissioning intentions the local system will be configured to promote independence, wellbeing and choice, with home first acting as the central philosophy and services integrated, local, accessible, seamless and responsive. An enhanced system of Primary Care will underpin the integrated system and there will be No Health without Mental Health. In order to make a sustainable system these commissioning intentions will make best use of the public estate and achieve cash releasing efficiencies.

In order to drive these changes and a small number of Strategic Commissioning Priorities will be taken forward at pace: System Improvement, Developing Integrated Commissioning as a System Enabler, Commissioning an Integrated Care Organisation, Localised Mental Health Services, Enhanced and Sustainable Primary Care, Integrated Children's Young People and Families Services and Commissioning for Wellbeing and Prevention



Commissioning Outcomes and Priorities

PLYMOUTH AND WESTERN COMMISSIONING OUTCOMES AND PRIORITIES

Local System Outcomes

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 our health and wellbeing system

Commissioning Priorities

The Health and Wellbeing Gap

Integrated Children and Young People Services
Development of Health and Wellbeing Hubs
Making Every Adult Matter
Friendly and Caring Communities

The Care and Quality Gap

Integrated Care Organisation
Integrated Local Mental Health Services
Enhanced Primary Care

The Funding and Efficiency Gap

Integrated Commissioning Review
One Public Estate and One Public Infrastructure



Key System Performance Objectives

- Reduced Hospital Admissions
- Reduction in Smoking Prevalence
- Reduced Delayed Transfers of Care
- Less Admissions to Long Term Care
- Improved A/E 4 Hour Performance
- Increased Physical Activity
- Reducing Demand and delivering Financial Efficiencies

- Reduced levels of homelessness and Rough sleeping
- Reduction in the number of looked after children
- Improved IAPT Access and Recovery Rates
- Improved Reablement Performance
- Increased numbers of carers receiving an assessment
- Improved RTT Performance
- Reducing packages of care
- Less Bed Based Care

