



CQC Action Plan 2018-19

Introduction

Plymouth 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. The progress that the Plymouth System has made towards system integration was acknowledged in the recent CQC Local System Review with Professor Steve Field, Chief Inspector of Primary Care Services, noting:

“The review of Plymouth's services - and how the system works together – has found some shining examples of shared approaches. The system leaders had a clearly articulated, long-established vision of integration which translated well into local commissioning strategies. Leaders were consistent in their commitment to the vision with whole system buy-in.

“I would encourage system leaders in Plymouth to drive this forward to ensure there is a more community, home-based focus. System leaders also need to ensure that as the system moves towards further integration, work is undertaken to ensure that staff are fully engaged, from the outset and led by a collaborative leadership.”

In December 2017, the Plymouth Health and Wellbeing system was the subject of the CQC Local Targeted Review considering system performance along a number of ‘pressure points’ on a typical pathway of care with a particular focus on older people aged over 65. The review focussed on the interface between social care and general primary care as well as acute and community health services. The Plymouth Local System Review report summarised that ‘Plymouth is on a journey to integration. There was a compelling vision for integration within Plymouth, developed in collaboration with system partners and local people and linked to the Devon-wide Sustainability and Transformation Plan (STP). The strength and commitment of Plymouth’s leadership meant this strategic vision had the potential to be realised, but only if it was translated at ground level and if the wider current challenges facing the system are addressed.’

In February 2018, Plymouth held a Local Summit meeting involving system leads from the Western locality and from wider Devon and with a mix of representation from GPs, Commissioners, Social Services, Acute provision, Politicians and the Voluntary/Community Sector. The output from this Local Summit were the points and actions identified within this action plan which has been developed further to ensure alignment with other, existing strategies.

Oversight

The mandate for CQC’s Local Targeted Review states that oversight of the developed Actions Plans will be the responsibility of the local area Health and Wellbeing Board. All key system partners play a part in Plymouth’s integrated governance structure and are accountable to the Wellbeing Overview and Scrutiny Board which will continue to support the Health and Wellbeing Board in holding the system to account for the delivery of this action plan.

Regular operational oversight will be the responsibility of the newly formed Plymouth and Western Local Care Partnership which reinforces our collective intent for collaborative working to solve some of the deep-rooted challenges we face and to create a step change in system transformation. Once agreed, the system wide actions will be delivered and monitored through reports presented to the LCP. The Joint Executive group will be responsible for ensuring the delivery of the system programme pulling through reports on actions plan as appropriate from related sub groups/programme groups such as the System Improvement Board.



Action	Sub actions	SRO	Q1	Q2	Q3	Q4	Updates	RAG Status
Theme 1: Commissioning & Market Management Aim: Recognising our system challenges, Integrated Commissioners have set out a number of intentions. This programme will build on the existing provider landscape, address current funding challenges and enhance the use of our voluntary sector organisations								
Develop commissioning intentions to signal market requirements 18/19 	<ol style="list-style-type: none"> 1. Develop draft Commissioning Intentions 2. Commissioning Intentions signed off ready for consultation 3. Consultation using existing SDG's and Provider forums 4. Publication of Final Commissioning Intentions 	Craig McArdle, Director of Integrated Commissioning, PCC/NEW Devon CCG	Complete				Plymouth's Health & Wellbeing System Strategic Commissioning Intentions 2018-2020 were signed off at PCC Cabinet and NEW Devon CCG Governing Body in July 2018, following a process of consultation and political review.	
Develop and remodel the care home market	1. Baseline assessment against EHCH model	Caroline Paterson, Strategic Commissioning Manager, PCC	Complete				<p>Detailed scoping exercise has been completed for all work areas where five key priorities have been identified to be implemented in year, whilst long term priorities are being planned for the programme. Executive Group is established to progress and monitor the EHCH Programme.</p> <p>Red Bag Scheme is being has been launched mid-October after a successful pilot period. The Scheme will be rolled out to all care homes by December 2018. Multi-disciplinary Care home visits are being developed focussing on ten main admitters to Hospital. Funding has been agreed and additional staff have been recruited to commence medicines reviews across care homes to ensure the right care is in place for residents. A Culinary Care project has been developed to support chefs in care homes with the aim of improving nutrition and hydration of residents. This includes dysphagia training, offer of accredited training with City College Plymouth and development of a care home cookbook in collaboration with Plymouth College of Art & Design.</p> <p>Significant demand and capacity planning is underway for care home usage across winter, this will help to inform improved market management in line with the Discharge to Assess and Home First approach. Integrated Market Oversight Group established to monitor and review demands across the system.</p>	
	2. Develop Project Plan		Complete					
	3. Programme Mobilisation		Complete					
	4. Commence Engagement		Complete					
	5. Commence Implementation of EHCH					X		
Develop and remodel the Dom Care Market	<ol style="list-style-type: none"> 1. Engage with market to agree new fee levels and address short term capacity issues. 2. Develop Baseline Assessment of Market 3. Develop New Model of Care and Future Capacity 4. Commission New Model of Care 	Caroline Paterson, Strategic Commissioning Manager, PCC	Complete				<p>New fees have been agreed with providers to ensure market sustainability. Commissioners have developed a new system for understanding what capacity is available in Domiciliary Care and as a system we are seeing improvements in how we manage the market. Weekly conference call established with providers to review referrals and monitor capacity across the City.</p> <p>Maximising Independence Project piloted with a Dom Care Provider to review packages and maximise people's independence where possible – thus creating additional capacity. In the 9 weeks up to 9th October 2018 the project released 172.75 hours of care that's an average of 20 hours per week.</p> <p>The Single Accountable Provider model has been developed and options for its implementation will be considered in line with the Integrated Care Partnership.</p> <p>The Independence @ Home contract has now been awarded which will provide Reablement services across the system linked to the Discharge to Assess pathway. The service is keen to align themselves with the acute hospital and co-locate within the hospital. The new service will launch in December 2018.</p>	


Develop voluntary sector engagement to maximise their contribution	1. Commence engagement through SDGs to identify further opportunities	Rachel Silcock, Strategic Commissioning Manager, PCC	Complete				<p>Urgent Care workshops have taken place with good attendance from VCS organisations. Workshops mapped current interfaces between services for hospital admissions and discharge based on national best practice 'why not home, why not today?'</p> <p>Follow up workshops are continuing to take place to consider preventing admissions, hospital flow and discharge</p> <p>Findings from the workshops are being used to support the remodelling of pathways in to and out of the Hospital to improve patient flow and improve patient's experiences</p> <p>British Red Cross based in the Hospital and Mount Gould Local Care Centre are supporting discharged patients and providing a 6 week support offer which includes shopping and collecting prescriptions</p> <p>Plymouth's VCSE are increasing their involvement with the HWB system as part of the continued roll out of the HWB Hubs, ensuring that voluntary support is joined up with professional and statutory support through a single model in neighbourhoods, supported by a bolstered universal advice and social prescribing offer. The roll out of this way of working will continue across the next two years.</p> <p>The PCC contract with Wolseley for social prescribing delivers 1560 support hours quarterly, or 6240 annually. The money that has been secured from NHSE will deliver an additional 965 support hours a quarter, or 3860 a year. This will start from January 2019. In addition the NHS funded service will pay for 878 hours of community development work each year to support mapping of the community and securing funding for community organisations.</p> <p>The social prescribing work will be embedded into the Wellbeing Hubs services going forward which will give us better coverage across the city eventually</p>	Green
	2. Align VCS to Urgent Care System		Complete					
	3. Arrange strategic meeting with sector and Commissioners to agree approach		Complete					
	4. Roll out new way of working					X		
<p>Work with NHS England to deliver sustainable and transformed Primary Care using existing strategy/plan</p> <p>Primary Care System Improvement Board (I</p>	1. Joint NHS Commissioning of Primary Care in place	Shelagh McCormick, Chair of Western Locality, NEW Devon CCG	Complete				<p>Joint commissioning of General Practice was established with effect from 1st August 2018. The other primary care providers currently have to be commissioned by NHSE. Note that the intention is that from 1st Jan 2019 the whole of Devon will move to a 'delegated light' position (in place in the South Devon & Torbay area), giving local commissioners as much influence as is possible without progressing to formal delegated responsibilities which we expect to apply for and might take effect from 1st April 2019</p> <p>Improved Access went live on 1st October 2018. This delivers evening and weekend access to GPs for all patients across the Western locality. With the national deadline being brought forward by six months, the two providers are continuing to build on the day one location and service offer of Beacon Medical and Devon Doctors extending their hours and rota'd staff whilst working closely to share key information, moving it to a scaled up GP-led model over the course of the next twelve months. Plans for full procurement process for services beyond April 2020 are underway.</p> <p>Working closely with the developing Strategic Commissioner to tie in with plans regionally such as telephone triage and use of prescribing and acute hub. Work underway to design a sustainable system based on the Primary Care Home model including: care for people in care homes, extended primary care team and extended access</p> <p>International GP Recruitment Programme is progressing at pace with International GP Fairs taking place in early July and September. Further round of International Recruitment programme due to take place alongside other workplace initiatives to support the sector.</p>	Green, Red, Yellow, Red, Green, Yellow, Red
	2. Integrated Pharmacy Service designed							
	3. Integrated Primary Care System designed							
	4. Integrated Pharmacy Service signed off	Mark Proctor, Director of Primary Care New Devon CCG/ South Devon and Torbay/ NHS England						
	5. Consultation to commence around delegating the Commissioning of Primary Care to local commissioners							
	6. Integrated Primary Care System signed off							
	7. Integrated Pharmacy Service initial integration commences							



									<p>Early visiting scheme being piloted for care homes with primary care and community crisis response team undertaking a test of change.</p> <p>Plans underway to develop the Primary Care Home model and developing wider multi-professional Enhanced Primary Care teams. Other key programmes include to the launch of the online e-consult function, development of the Practice Nurse Strategy and the developing Repeat Prescribing Hub.</p> <p>Consultation around the delegation of Primary Care Commissioning to a local level has been initiated and a number of events have been held with local providers in this regard. Further events are scheduled for coming weeks.</p> <p>Initial engagement has taken place around the development of the Integrated Pharmacy Service. Plans were put on hold to allow UHP to work on implementing CQC's recommendations around Pharmacy. Plans to be reconsidered once performance improvement is realised.</p>		
Development of Integrated Care Model	1. Align working to Strategic Commissioning Intentions	Ann James, Chief Executive, University Hospitals Plymouth	Complete				X			<p>Plymouth's Strategic Commissioning Intentions were agreed in June 2018 signalling the system's intention to integrate care which would be based on the following themes, some of which are already picked up in this plan:</p> <ul style="list-style-type: none"> Wellbeing & Prevention Transformed & Sustainable Primary Care Integrated Care Services Integrated Responsive Mental Health services Enhanced Care and Support System Enablers. <p>This has led to an initial focus around integrating community and complex adults services with Primary Care alongside elements of local mental health services to create a Neighbourhood Based Service Delivery Model. Commissioners are working to finalise this proposal before commencing an intensive period of co-design with the system, providers, patients and the general public.</p> <p>An Integrated Care Model Programme Delivery Board is meeting with senior representation across the system. The priority delivery plan for ICM is being reviewed (Oct 2018).</p> <p>Procurement for Complex Lives Alliance is underway encompassing 26 services, including mental health, drug and alcohol, supported housing, offender projects and mainstream mental health.</p> <p>The End of Life (EOL) plan is now in place and the EoL coordination hub is due to launch in November 2018.</p> <p>Integrated Diabetes clinics are working in Primary Care The Community Diabetes Delivery Plan including Diabetes Super 6 will be developed and in place by 2020.</p> <p>The integration of Respiratory services has commenced. Liaison Psychiatry now available 24/7 in ED.</p> <p>The Repeat Prescribing Hub pilot will be implemented in part of Plymouth in late 2018.</p>	
	2. Appointment of Transformation Lead for Providers		Complete								
	3. Develop Transition Plan		Complete								
	4. Detailed Transformation planning commences		Complete								
	5. Detailed Transformation planning complete	Dr Adam Morris, Chief Executive, Livewell Southwest	Complete								
	6. Initial integration of new functions complete		Complete								
	7. Transformation of service model to deliver seamless care pathways	Nicola Jones, Head of Commissioning, NEW Devon CCG									



							<p>Ben Rom has been appointed as Programme Director of Integrated Care for Livewell Southwest and University Hospitals Plymouth.</p> <p>Commissioners are considering the potential inclusion of the Mayflower procurement (general practice) with the ICP procurement.</p>	
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Theme 2: Staff and Organisational Development Aim: There are a number of workforce issues across our system and the hospital is facing significant challenges in the recruitment of medical staff. This is further compounded by the number of vacancies within our GP workforce locally. This programme of work will develop our strategy and plan for the creation of a system wide sustainable workforce for the future.								
Develop local workforce strategy & Implementation Plan	1. Develop workforce strategy group	Carole Burgoyne, Strategic Director for People, Plymouth City Council	Complete				<p>LGA are supporting the development of the strategy and helping the Plymouth System respond to the recommendations from the CQC review and align to the draft STP Workforce strategy.</p> <p>The following clinical and care areas have been identified by the STP Workforce Development Group as the areas of greatest risk:</p> <ul style="list-style-type: none"> - Primary Care Workforce - General Practice Nursing - Mental Health - Learning Disability - Nursing Workforce - Medical Workforce - Adult Social Care <p>Work has started to develop a local workforce plan, including:</p> <ul style="list-style-type: none"> - Workforce Development Group established - LGA working locally to support the development of the workforce plan - Existing workforce plans have been collated. The plans have been reviewed by the LGA and feedback provided - The LGA facilitated a stakeholder workforce planning session, where an agreed approach to next steps was developed that included the development of a plan on a page for each priority area - Local leads have been identified for each of the priority areas. <p>Next Steps:</p> <ul style="list-style-type: none"> - Draft vision statement developed and agreed by workforce group - Existing strategies harvested and gaps identified, Plymouth plan developed following stakeholder planning session. This incorporates feedback from CQC and is based on the STP strategy priorities - Planning workshop took place on 28th September and was supported by ADASS - Draft plan circulated 5th October, feedback has now been incorporated and a final draft will be circulated to partner organisations and wider stakeholders by end of October - Papers to be presented at Health and Adult Social Care Overview and Scrutiny Committee in November 	<div style="background-color: #008000; width: 100%; height: 100%;"></div>
	2. Gather existing strategies and plans across the system		Complete					
	3. Analyse and identify potential gaps		Complete					
	4. Develop cross-organisational workforce strategy				X			
	5. Develop workforce plan				X			
	6. Develop evaluation framework				X			
	7. Commence stakeholder engagement and consultation				X			
	8. Complete consultation and engagement				X			
	9. Revise strategy and plan following consultation period				X			
	10. Implement plan					X		
	11. Evaluate plan					X		

Action	Sub actions	SRO	Q1	Q2	Q3	Q4	Updates	RAG
Theme 3: System Improvement Aim: Multiple system reviews have already been undertaken, however, our performance in a number of key areas continues to be challenging. Building on the Western System Improvement Board, this programme of work will continue to focus on the analysis of areas where delivery is compromised, the development of improvement plans and the monitoring of delivery against major milestones.								
Admission Avoidance Schemes  Copy of Admission avoidance action plan	1. Review of Acute Assessment Unit, MIU & Acute Care at Home	Elaine Fitzsimmons Head of Commissioning, NEW Devon CCG Jo Beer, Interim Director of Integrated Urgent Care, Livewell Southwest & Plymouth Hospitals NHS Trust Rachel Silcock, Strategic Commissioning Manager, PCC	Complete				Review of AAU has been completed and Improvement Director has been allocated to support and drive improvement across the 'hot floor'. Phase two development plan has been agreed in outline which includes extending the working week and a direct referral process which bypasses the Emergency department and increases utilisation at both AAU and the Acute GP service. Following the review, the Cumberland Centre MIU has now been designated as an Urgent Treatment Centre, with a plan to be operational to the new specification by April 2019. This is in linked with the wider designation of UTC's for the whole of Devon and the service contractually transferred to the responsibility of University Hospital Plymouth. Work with primary care in Kingsbridge and Tavistock underway to combine minor injury capacity with extended and same day primary care with a view to have a proposal in place by April 2019, which will need to include engagement with the community. The review of Acute Care @ Home took place in in Quarter 2 to identify more resilient community based alternatives to admission. The review identified synergies and potential benefits in closer working between Acute Care @ Home, Out of Hours District Nursing and the Community Crisis Response team. There is currently a test of change underway looking at how Acute Care @ Home and OOH District Nursing can work more closely together. Once completed this will extend to the Community Crisis Response team taking the learning from the initial test of change.	Green
	2. Roll out risk stratification across system					X	Plan agreed in January, initial stage to support practices in implementing the Electronic Frailty Index was completed April 2018. Current significant focus is on developing a linked data set for Devon to improve information sharing about patients between services. Full roll out due March 2019 linking in with Social Prescribing and implementation of Health and Wellbeing hubs	
	3. Implementation of Health and Wellbeing Hub Programme commences						Complete 1 st HWB Hub launched March 23 rd at Jan Cutting Healthy Living Centre with Simon Stephens opening the first site during his visit. Four Greens opened at the start of October with the Mannamead centre due to open by the end of 2018. The opening of these three sites will have allowed the following functions to be delivered in our most deprived communities: <ul style="list-style-type: none"> - Social prescribing service providing access to: <ul style="list-style-type: none"> o Housing, legal benefits, debt support, care o advocacy o Counselling, befriending and other support groups o Employment and volunteering o Education, training, learning and digital inclusion o Healthy Lifestyles and health promotion o Social and peer support activities o Arts, crafts and therapeutic activities - Benefits and welfare advice - Getting back into work support and IT training 	

				<ul style="list-style-type: none"> - Physical activity sessions - Social activities - Volunteering opportunities - Family and baby sessions - Meet and greet - Podiatry - Active for All - Better Futures - Long-term Condition Support - Sensory Solutions <p>Rees, Cumberland and Sterling Health centres to be implemented by the end of March 2019 and a further six HWB Hubs will be launched in 19/20.</p> <p>10 contracts with an annual value of approx. £1.9m are being redesigned to be delivered from the Wellbeing Hubs. By November 2019, we will have re-procured services that will provide support to people with mental ill-health and long-term conditions both directly in the hubs and in the surrounding communities. Additionally, this will be enhanced by social prescribing, advice and information and a 'virtual hub' to provide a range of interventions that support people as a whole person across the city.</p> <p>Pre-procurement work has been undertaken with the current providers and wider partners to establish an integrated and strategic system response. We are already seeing increased collaboration between current providers by collocating to provide complimentary services. This is improving people's experience of services and their outcomes and ultimately diverting people from our primary and urgent care systems. By April 2019 our new Plymouth Online Directory will go live which will form the basis of our virtual hub offer and replace our existing information offer. The new platform will focus on a more localised offer, signposting customers to local resources in the first instance. It will enable the hubs and other organisations to provide consistent information to citizens of Plymouth regardless of where they may access services whilst giving them greater control on how their information, advice and guidance needs are met.</p>	
<p>Hospital Flow and Discharge</p>  <p>Copy of Urgent Care Plan - Discharge 24.11</p>	<ol style="list-style-type: none"> 1. Commence end to end review of processes 2. Reframe Discharge to Assess Pathways 1/2 	<p>Jo Beer, Interim Director of Integrated Urgent Care, Livewell Southwest & Plymouth Hospitals NHS Trust</p>	<p>Complete</p> <p>X</p>	<p>Delivery Program in place with project leads identified – First Program Board 27.2.18</p>  <p>Delivery Program Update 27 2 18.docx</p> <p>End to End review of discharge pathways complete</p> <p>The Discharge to Assess 'Home' Pathway 1 has been reviewed, redesigned and reframed with wide system involvement. A number of workforce changes have been required to achieve the culture, leadership and performance required to ensure that Home First is truly embedded as the default option wherever safe to do so. Interim appointment to an integrated therapy role has proved hugely successful and the new 'Home First' team have taken part in an NHSI rapid improvement program and shared their journey nationally.</p> <p>Care home pathway has been reviewed and a number of operational processes embedded to ensure oversight and rigour is applied to ensure the intermediate nature of the pathway is supported. This has led to a reduction in patients within intermediate care beds from 200 to 140. Average length of stay is now 6 weeks and the 'stranded' and 'Extended Length of Stay' metrics have been applied to continue to drive flow.</p>	

							As a result of the improvement in general operational management of these beds a number of block beds have been decommissioned and a review of the current contract has highlighted the need to review the current contract specification to ensure reablement is adequately commissioned across the pathway.	
	3. Redesign Long Term Care Pathway		X				The redesign of the long term care pathway has been completed. The care home pathway has been established as one pathway with or without therapy. EOL is now also included in this pathway to ensure bureaucracy is not a barrier to timely discharge. System wide leadership events have been held throughout the year to define, review and further improve agreed new pathways. The events have been an opportunity to network with community partners and to ensure ownership is established and maintained.	
	4. Complete end to end review		X				The hospital discharge processes were reviewed. These were simplified by bringing together a 'zoning' process. This has ensured an MDT approach from the integrated hospital discharge team comprising nurse, social work and discharge coordinator. Representatives attend daily whiteboard meetings and work with the patient and the ward MDT to define their discharge plans in parallel with their treatment. This process has supported the reduction in DTOCs and caseload.	
	5. Refine improvement plan		X				The system has implemented a hard reset. Agreed measures of system metrics have been defined and measured to assist in patient flow. Measures have included ED performance, flow, LOS, Extended LOS, DTOCs. These measures have been set to both acute and community teams. By setting targets and constantly reviewing we have been able to determine what 'good' looks like and how we might achieve this. Work is ongoing and a command centre approach is being implemented to support the management of flow across the whole system – this will be extended to bed based and home based care.	
	6. Implement improvement plan			X			The implementation of these refined pathways is ongoing. The system wide leadership events have allowed each element which has been implanted to be shared, reviewed and refined at each of the meetings. Healthwatch have been working with us during these events and have agreed to conduct a survey in January to determine the efficacy of the changes that have been implemented.	
System Improvement	1. Share single access route into LWSW with wider providers in Plymouth	Nicola Jones, Head of Integrated Care, NEW Devon CCG,				X	Due to be completed by end of December 18.	
	2. Roll out Yellow Card scheme	Michelle Thomas, Director of Operations, Livewell Southwest	Complete				The Yellow Card Scheme had previously been made available for GP and Care Home providers. It has now been launched with Care Home, Domiciliary Care and social care providers with Yellow Cards received being shared with the Plymouth QAIT. A review will take place, timeframe to be agreed. The Yellow Card Scheme has won a national award.	
CHC	CHC Pathway - Review existing CHC data	Lorna Collingwood-Burke, Chief Nursing Officer, NEW Devon CCG	Complete				Desktop review of cases with Local Authority is complete. Review of data already received from NHS improvement Deloitte benchmarking to our clusters nationally has been completed.	
	CHC Pathway - Benchmark to other areas		Complete					
	CHC Pathway - Commence end to end mapping of process		Complete				Revised framework implemented on October 1 st 2018 and ongoing training programme. Workshop with NHSE on 21 st November to review process of meeting 28 day timescale. Workshop held 12 th October with NHSE SIP lead and system leaders to review delivery model. AHSN review in progress for workshop on 16 th November with teams for outcome and draft model by December 2018 .	
	CHC Pathway - Implement process changes		Complete					

	CHC Pathway - Evaluate improvement				X		Recruitment of health assessors is ongoing and currently have vacancies with further advert going out in November. Long term sickness in team reducing capacity. Pre April backlog only 12 cases in progress awaiting completion. Ongoing weekly waiting list meeting to review progress of 28 day timescales and delays.	
	CHC Pathway - Review delivery model				X			
	Reduce Backlog – Recruit 4 additional nurses		Complete					
	Reduce Backlog - Agree backlog trajectory for assessment and reviews		Complete					
	Reduce Backlog - Reduce checklist, assessment and review backlog		Complete					