

STRATEGIC CO-OPERATIVE COMMISSIONING

Business Plan 2018-19



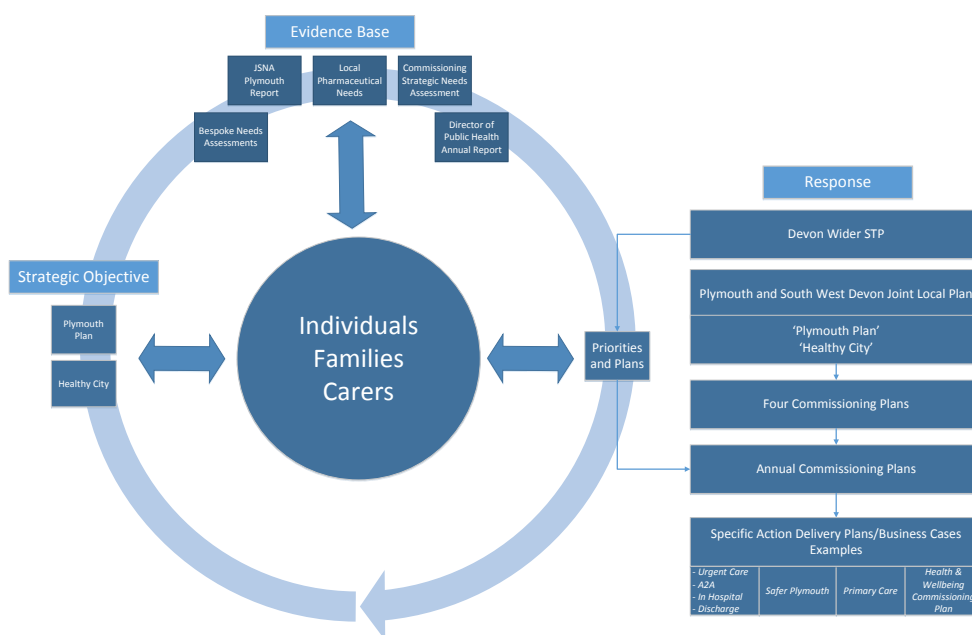
VISION & CONTEXT

In 2013, Plymouth’s Health and Wellbeing Board articulated a vision that we would develop an integrated whole system of health and wellbeing based around the following elements:

Integrated Commissioning	Integrated Health and Care Services	Integrated System of Health and Wellbeing
Building on co-location and existing joint commissioning arrangements, the focus will be to establish a single commissioning function, the development of integrated commissioning strategies and pooling of budgets	Focus on developing an integrated provider function stretching across health and social care and providing the right care at the right time in the right place An emphasis on those who would benefit most from person-centred care, such as intensive users of services and those who cross organisational boundaries	A focus on developing joined-up population-based public health, and preventative and early intervention strategies Built on an asset-based approach focusing on increasing capacity and assets of both people and place

The Strategic Co-operative Commissioning department will continue to deliver system wide change and improve outcomes through the implementation of four commissioning strategies that cover the entire needs course (wellbeing, children and young people, community care through to enhanced and specialised care) and life course (pre-conception through early years, adolescence, adulthood and to older age)

Planning Framework



The diagram above articulates the relationship between the Commissioning service and strategic plans held at a Devon STP level. The service priorities and commissioning strategies are key components of the Healthy City section of the ‘Plymouth Plan’ which in turn feeds the Plymouth and South West Devon Joint Local Plan which aligns to the Devon wider Sustainability and Transformation Plan (STP).

PURPOSE

In order to meet the challenges of delivering effective and efficient services to meet local need, the Western Planning Delivery Unit of NEW Devon CCG and the Strategic Co-operative Commissioning department of Plymouth City Council (PCC) have formed an integrated commissioning function working towards a single commissioning approach, an integrated fund, and risk and benefit sharing agreements. Commissioners are increasingly working as one team, informed and supported by clinicians and public health experts, and have collectively developed an integrated commissioning approach through the development of four integrated commissioning strategies that will direct all future commissioning. The primary driver of our integrated commissioning approach is to improve the quality of service provision with the aim of improving outcomes for individuals and returning value for money and system sustainability. Integrated commissioning must deliver improved health and wellbeing.

In March 2018, Cabinet signed off the Strategic Commissioning Intentions for the Plymouth Health and Wellbeing System 2018-20, which contain the system-wide commissioning outcomes, and priorities, which can be seen in appendix 2. Performance against the Key System performance outcomes in appendix 2 is included in appendix 3 ('Integrated Commissioning Scorecard'). As a key partner within the Local Care Partnership between Plymouth City Council, NEW Devon CCG, Livewell South West, Plymouth NHS Hospitals Trust and other key partners, the Strategic Co-operative Commissioning department plays a key role in contributing towards the Key System Performance Objectives as well as working towards its own corporate objectives, which can be seen below:

- Manage budgets
- Manage complaints
- Customer Satisfaction
- Staff turnover
- Managing staff sickness
- Staff engagement
- Deliver Plymouth City Council Pledges

Performance against these corporate and other operational objectives ('Strategic Commissioning KPI Setting Template) can also be found in appendix 3, this has been refreshed to incorporate and identify those indicators that form an integral part of the Council's 2018-2022 Corporate Plan. Going forward work is underway to align a new system wide performance framework led by the STP, the Integrated Commissioning Scorecard and the People Directorate Performance Report.

As outlined in the Health and Wellbeing Board's vision, the integration of the Council's Adult Social Care function with Livewell South West has seen the creation of the integrated health and social care provider for adult services, undertaking statutory responsibilities outlined within the Care Act. The Strategic Co-operative Commissioning department regulates the third party delivery of these statutory functions through contractual arrangements with the provider to ensure that citizens of Plymouth are provided with a high level of service and that the Council continues to deliver against what is constitutionally required of it. To aid with this monitoring and oversight role, the Retained Client function was created in 2015 to work closely with the integrated provider whilst housing statutory functions such as Safeguarding and non-statutory functions such as Community Reablement and two remaining adult care provisions.

As well as Adult Social Care, the department work to support the regulation of Residential and Nursing homes. Whilst the official regulation of these providers is the responsibility of the Care Quality Commission (CQC), the departments Quality Assurance Improvement Team (QAIT) work closely with providers and informally monitor their quality to ensure they are up to standard ahead of

formal regulation.

Plymouth City Council's commissioning cycle means that the department is continuously monitoring provider and market performance through contract management arrangements. This is managed through evaluating performance against contract specifications and specific KPI's identified within each contract. The department works closely with Western Planning and Delivery Unit (PDU) Commissioners from NEW Devon CCG to provide whole market oversight of what has been traditionally been separate health and social care responsibilities.

Delivering Pledge Commitments

We will be on a quarterly basis monitoring how the delivery of the department's service priorities (outlined below) are also delivering against the Council's pledges. There are 13 Council pledges that the department are responsible for delivering, and these have been assigned lead officers from across the Integrated Commissioning teams. The Pledges are identified in Appendix 7.

Service priorities for 2018/19

The service priorities for the department are a blend of actions from existing Commissioning strategies/ action plans, actions identified within the Commissioning Intentions 2018-2020 and agreed system wide improvement actions. Through these commissioning intentions, the local system will be integrated and configured to provide the best start to life, 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 a focus on No Health without Mental Health. In order to secure a sustainable system these commissioning intentions will make best use of the public estate and achieve cash releasing efficiencies.

In order to drive the changes a number of Strategic Commissioning Priorities will be taken forward at pace:

- Developing Integrated Commissioning as a System Enabler
- Commissioning for Wellbeing and Prevention
 - Thrive Plymouth
 - Wellbeing Hubs
 - Making Every Adult Matter
- Transformed and Sustainable Primary Care
- Integrated Children's Young People and Families Services,
- Commissioning an Integrated Care Partnership
- Local, Integrated and Responsive Mental Health Services,
- Enhanced Care and Support

In addition an underpinning priority is deliver efficiencies in order to deliver a balanced budget. These savings programmes also cover the Retained Client Function

Strategic Commissioning Intentions for the Plymouth Health and Wellbeing System 2018-20

*To note: All improvement priorities are dependent on system wide agreement through consultation with partners across the health and wellbeing system on the Strategic Commissioning Intentions

Improvement Priority What it is and why you're focussing on it	'Must do' actions	Dependencies
<p>Developing Integrated Commissioning</p> <p><i>In line with the wider Organisational Design workstream of the STP, we will undertake a review of our existing integrated commissioning governance arrangements in order that they are flexible and an enabler to achieving change and system transformation. In doing so we will seek to simplify, streamline and collaborate to achieve reduced operating costs.</i></p> <p>System Lead: Craig McArdle</p>	<p>Governance- A review of Integrated Commissioning Governance arrangements to determine overall effectiveness and to make recommendations to eliminate duplication and streamline decision-making.</p> <p>Finance- To review the effectiveness of the Integrated Fund and to make recommendations as to future direction and scope including hosting arrangements, management and potential to extend.</p> <p>Staffing- To review the current staffing arrangements and evaluate whether there are further opportunities to integrate in order to remove duplication and ensure there are the right capabilities and capacity to deliver change.</p> <p>Strategic Commissioning and Placed Based Commissioning- To work with the emerging Strategic Commissioning Function to develop an operating model that supports a Devon Wide Strategic Commissioning Function and Local Care Partnerships.</p>	<p><i>Project Management Resources</i></p> <p><i>Continued shared ambition with NEW Devon CCG to proceed with delivery of shared vision</i></p>
Improvement Priority What it is and why you're focussing on it	'Must do' actions	Dependencies
<p>Wellbeing & Prevention</p> <p><i>Commissioning for Wellbeing and Intervention has three priority areas: Thrive Plymouth, Health & Wellbeing Hubs and Making Every Adult Matter. These are existing priorities from the Wellbeing strategy and actions over 2018-19 will be a continuation of the delivery of these priorities</i></p> <p>System Lead: Ruth Harrell/Rachel Silcock</p>	<p>Thrive Plymouth – Continuing to work closely with Public Health, Thrive Plymouth will continue on its 10 year programme to build on our population prevention agenda.</p> <p>Health and Wellbeing hubs – Aligning to the common framework and principles of the STP, it is our intention to commission a network of Wellbeing Hubs across the footprint. These Hubs will enable and support people in the local community to tackle the underlying social issues that they face, and make life choices that will improve their health and wellbeing. In 2018/19 it is proposed that we will launch 6 Hubs, the first of which is due to open as a Hub in March 2018. Phase 2 to be complete by March 2020. To support the Hubs and continue our drive towards good information and advice being available to the citizens of Plymouth a website will be developed.</p> <p>Making Every Adult Matter(MEAM) - We will adopt the MEAM vision of ensuring that people experiencing multiple needs are supported by effective coordinated services and empowered to tackle their problems, reach their full potential and contribute to their communities. To achieve this we will commission an Integrated Substance Misuse, Homelessness and Offender System aligning with Mental Health services. We will create a contractual environment where suppliers share responsibility for achieving outcomes and are mutually supportive, making decisions based on the best outcome for the service user.</p>	<p><i>Project Management and Commissioning resources</i></p> <p><i>Collaborative working with system partners, including providers and Public Health</i></p> <p><i>Shared plan of priorities with other directorates Project Management resources to deliver One Public Estate</i></p> <p><i>Support from NEW Devon CCG and NHS England to include Primary Care</i></p>
<p>Transformed & Sustainable Primary Care</p>	<p>Delegated Commissioning of Primary Care – It is proposed that commissioning of Primary Care will be</p>	<p><i>Close collaborative working with NHS</i></p>

<p><i>Working closely with the Western Primary Care Partnership, we will systematically deliver a Primary Care Improvement Plan to deliver such services as social prescribing, investing in primary care and extending access for the population. The delivery of this hinges on three priority areas: delegated commissioning of Primary Care, development of an Integrated Primary Care system and the launch of the Integrated Pharmacy Service.</i></p> <p>System Lead: Nicola Jones</p>	<p>delegated to Local Clinical Commissioning footprints within the next two years. Consultation on joint commissioning has already commenced and it proposed that further consultation around delegated commissioning will take place in early 2019 ahead of an April 2019 launch.</p> <p>Integrated Primary Care System – As a system, we will design and implement a sustainable system based on the Primary Care Home model. Delivery will be based on pooling the knowledge, care and resources of primary care, community and mental health services, social care, pharmacists and voluntary, community and social enterprise sector partners, to manage the population health of their community. Increasingly specialist services, delivered in hospital settings, will be delivered as part of the system wherever there is a population benefit of doing so. It is proposed that the design of the Integrated Primary Care System will be signed off by the end March 2019</p> <p>Integrated Pharmacy Service - As a priority, we will work with partners and providers to develop an integrated pharmacy service for Western spanning the whole system through acute, community, care homes and primary care. This will ensure system prioritisation of workforce improving recruitment, retention and efficiency and effectiveness of the workforce through the development of the right service model able to deliver the right outcomes for people, populations, the workforce and the system. It is proposed that the initial integration of functions will commence in early 2019 with design work taking place in 2018.</p>	<p><i>England to define staged handover arrangements</i></p> <p><i>Support from NEW Devon CCG's GP Forum</i></p> <p><i>Approval and support from the Local Medical Council</i></p> <p><i>Significant communication and engagement work to design the right integrated services for the right people</i></p>
<p>Improvement Priority</p> <p>What it is and why you're focussing on it</p>	<p>'Must do' actions</p>	<p>Dependencies</p>
<p>Integrated Children's Young People and Families Services</p> <p><i>The Plymouth ambition is to commission Integrated Children, Young People and Families services that provide the best start to life. Children, young people and families will be supported to stay healthy, achieve and aspire. Our children, young people and families will be able to access what they need at the right time and in the right place, provided by three system offers: Universal (advice, information and services which meet the needs of the majority of the CYP population), Early Help and Targeted (help and support which identifies need early and prevents escalation; and Enhanced/Specialised Support (statutory assessment and risk support)</i></p> <p>System Lead: Emma Crowther</p>	<p>Universal Offer – Focus will be on the continued development of services available to everybody looking at enhancing the information and advice offer, providing core support to schools, raising awareness around key issues such as child sexual abuse and aligning and developing pre-existing pathways such as Maternity services</p> <p>Early Help & Targeted – Building on the development of the Early Help Assessment Tool and the creation of the Early Help Gateway, development of this offer will focus on: creation of a Single Point of Access, development of Family Hubs through the redesign of children's centres and enhancing emotional health and wellbeing provision including an offer to schools</p> <p>Enhanced & Specialised – The service priority for this offer will be to bolster the support to statutory functions, including the development of a parental support function, increased crisis response for children and young people in and on the edge of care, work to support the sufficiency of 'in area' placements and implementation of the Regional Adoption Agency</p>	<p><i>Collaborative working with the newly appointed DCS</i></p> <p><i>Close ties with Torbay Programme Office to ensure alignment with wider offer</i></p> <p><i>Support from NEW Devon CCG and the STP Planning Framework to ensure alignment with Mental Health proposals</i></p> <p><i>Involvement and support from system partners to create a multi-agency crisis response for children and young people</i></p>
<p>Integrated Care</p>	<p>Creation of the ICP - It is proposed that the scope of</p>	<p><i>Continued support</i></p>

<p>Partnership(ICP)</p> <p><i>In response to the compelling case for change and in order to ensure joined up whole person care, we will commission an ICP for adults and older people. The ICP will bring together Core Community Health, Adult Social Care, Acute, Local Mental Health Services and potentially certain Primary Care Services</i></p> <p>System Leads: Ann James/ Dr. Adam Morris</p>	<p>creating the ICP will include the integration of services, alignment of systems and processes, creation of one workforce and one culture. Commissioners recognise that the journey to develop a high functioning ICP will take a period of several years. Therefore, in order to form and crucially develop the ICP we will actively work with providers to develop a comprehensive implementation programme based around four high level stages</p> <p>End of Life Coordination Services - through a Lead Provider arrangement. The aims of the service are to coordinate end of life care for patients registered with GP's in the Western locality and ensure that care provided to people at the end of life at home or in care homes in the western locality is commensurate with their need and equitably distributed. It is proposed that will be commissioned through a lead provider arrangement and work to develop this will take place through 2018/19.</p> <p>Home First Philosophy - Embedding and accelerating the Home First Philosophy through the full implementation of Discharge to Assess Pathway 1 to deliver 'assessment' and 'rehab/reablement care plan' at home within 2 hours of discharge with same day access to reablement or domiciliary care 7 days per week</p> <p>Reduce Bed Based Intermediate Care - Reducing the reliance on bed based intermediate care through implementing the Discharge to Assess Pathway 2 provision to deliver 'assessment' and 'rehab/reablement care plan' within 48 hours of admission to care home. Undertake professional reviews of goal achievement and optimise step down and length of stay for patients. This will lead to a reduction in DTA2 care home beds; Local Care Centre beds converted to DTA2 pathway beds and reduced average length of stay to 14 days.</p>	<p><i>from Livewell South West and Plymouth Hospitals NHS Trust</i></p> <p><i>Support and partnership working with NHS England, the Voluntary Community Sector and Primary Care to develop EOL Provider arrangements</i></p> <p><i>Alignment with the Strategic Workforce Development strand of the CQC Action Plan to embed the Home First Philosophy</i></p>
<p>Integrated Mental Health Services</p> <p><i>Local Mental Health Services will be commissioned to be an integral component of the Integrated Care Partnership, wrapped around Primary Care and supporting the MEAM Agenda so that individuals with complex needs; including homelessness, substance misuse and risk taking behaviours have access to appropriate mental health support. In doing so, it is the expectation that mental health services will work across pathways and organisational boundaries to provide seamless and integrated support and treatment.</i></p> <p>System Lead: Dave MacAulay</p>	<p>Recovery Pathways - Re-design of the Recovery Pathway. This work commenced at the end of 2017 and will deliver proposals by April 2018, supported by an implementation timescale stretching to 2020</p> <p>Enhanced Social Prescribing - Enhance the Social Prescribing offer and test out whether an integrated approach with IAPT services delivers better outcomes for people living in some of the more deprived areas. We will run a pilot starting in April 2018 and make recommendations for learning and implementation for 2019/20</p> <p>Rapid Response – The launch of a local extended hours crisis assessment service, supporting Primary care by October 2018</p> <p>Expanded Access - Extension of Psychiatric Liaison provision, working towards Core24. We will deliver a 24/7 assessment service into the Emergency Department by April 2018 and then expand over the next 3 years until we meet the CORE 24 standards</p>	<p><i>Close working with the Wider Devon STP to develop a place based mental health offer that aligns to delivery at scale</i></p> <p><i>Continued alignment with the implementation of social prescribing pilots within our system, this will include incorporating plans with the development of Health and Wellbeing Hubs</i></p>

<p>Enhanced Care and Support</p> <p><i>Significant work has already been undertaken to improve the sufficiency and quality of the Residential and Domiciliary Care Markets. However as we move towards a home first philosophy, coupled with a recognition that the sector is having to meet increased levels of acuity then new models of care and support will need to be developed.</i></p>	<p>Enhanced Health in Care Homes - Building on the learning of the Vanguards, we will develop an Enhanced Health in Care Homes model. Working with providers, the ICO and Primary Care we will develop a best practice model based on seven care elements:</p> <ul style="list-style-type: none"> • Enhanced primary care support • MDT in-reach support • Re-ablement & rehabilitation • High quality EOL and Dementia care • Joined up commissioning and collaboration between health and social care • Workforce development • Harnessing data and Technology <p>New Model of Domiciliary Care - We will work with the Market and the emerging ICP to develop a New Model of Care (NMC). The NMC will provide the opportunity to develop a single workforce ensuring carers are able to offer personalised services, to support people with a range of needs, be outcomes driven, reduce the need for ongoing long-term support</p>	<p><i>National Government's Green Paper on Care and Support for Older People continuing to support the Enhanced Health in Care Homes model</i></p> <p><i>Support from partners and commissioned providers to collaboratively design the NMC for Domiciliary Care</i></p>
<p>Efficiency Programmes</p>	<p>Key Workstreams:</p> <p>Commissioned Contracts</p> <p>Prevention and Demand</p> <p>Maximising Grants</p> <p>Making best use of our resources</p> <p>Packages of Care</p>	<p><i>Support from Partners including NEW Devon CCG and LWSW</i></p>

APPENDIX I – STRATEGIC CO-OPERATIVE COMMISSIONING BUDGET

Plymouth City Council General Fund Budget 2018/19 - Strategic Co-operative Commissioning

Directorate	Department	Division	Budget 2017/18	Budget 2018/19			Net Budget
			Net Budget	Cost Increases	Savings	Other Savings	
	Jt Comm & Adult Social Care	Service Delivery	54.646	4.922	(2.161)	1.300	58.707
		Commissioning	10.663	0.026	(0.026)	0.000	10.663
		Leisure Management	2.547	0.001	(0.001)	0.000	2.547
		Management and Transformation	(3.988)	0.003	(0.003)	(4.579)	(8.567)
		Social Care Contract	6.919	0.000	0.000	0.000	6.919
		Childrens Commissioning	4.915	0.004	(0.004)	0.000	4.914
	Total People	Total People	75.702	4.956	(2.197)	(3.279)	75.182

APPENDIX 2 – PLYMOUTH HEALTH AND WELLBEING SYSTEM – COMMISSIONING OUTCOMES & PRIORITIES

PLYMOUTH HEALTH AND WELLBEING SYSTEM- 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 Wellbeing Hubs Making Every Adult Matter	The Care and Quality Gap Integrated Care Organisation Local, Integrated and Responsive Mental Health Services Transformed and Sustainable Primary Care Enhanced Care and Support	The Funding and Efficiency Gap Integrated Commissioning Review One Public Estate and One Public Infrastructure	
Key System Performance Objectives			
<ul style="list-style-type: none"> • 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 • Improved access to Primary Care 		<ul style="list-style-type: none"> • 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 • Improved Educational Attainment Levels 	

APPENDIX 3 – BALANCED SCORECARD/ SERVICE KPI'S

Performance is reported across a number of platforms, performance that reflects not only Plymouth City Council but the whole of the health system. Attached in Appendix 3 are the Integrated Commissioning performance scorecard and the Integrated Commissioning Department KPI setting template, which is more focused on areas for which Plymouth City Council is the responsible authority. With an overarching performance framework being proposed by the STP the Integrated Commissioning scorecard will likely be reviewed throughout 2018/19.



INTEGRATED HEALTH & WELLBEING SYSTEM PERFORMANCE SCORECARD

DECEMBER 2017



Northern, Eastern and Western Devon
Clinical Commissioning Group



1. INTRODUCTION

Public Sector organisations across the country are facing unprecedented challenges and pressures due to changes in demography, increasing complexity of need and the requirement to deliver better services with less public resource. Plymouth and Devon also face a particular financial challenge because of the local demography, the historic pattern of provision and pockets of deprivation and entrenched health inequalities.

On the 1st April 2015 Plymouth City Council (PCC) and the Northern, Eastern and Western Devon Clinical Commissioning Group (CCG) pooled their wellbeing, health and social care budgets and formed an integrated commissioning function. Four Integrated Commissioning Strategies were developed to drive activity across the wellbeing health and social care system.

The primary driver of this is to streamline service delivery and provision with the aim of improving outcomes both for individuals and value for money. Integrated commissioning must deliver integrated wellbeing.

The four strategies describe the current picture and the integrated commissioning response across the health and wellbeing 'system' in Plymouth, specifically covering

- Wellbeing
- Children and young people
- Community
- Enhanced and specialist

To monitor progress of the Integrated Commissioning activity an Integrated System Performance Scorecard has been developed. The scorecard will be updated on a quarterly basis and will capture and understand the impact of integration across the system, and inform future commissioning decisions.

2. COLOUR SCHEME – BENCHMARK COLUMN

For indicators taken from either the Public Health Outcomes Framework or the Children and Young People's Health Benchmarking Tool:

- Indicators highlighted green show where Plymouth is significantly better than the England average.
- Indicators highlighted amber show where Plymouth is not significantly different to the England average.
- Indicators highlighted red show where Plymouth is significantly worse than the England average.
- Indicators highlighted white show where no significance test was performed, or where no local data or no national data were available.

For the rest of the indicators:

- Indicators highlighted green show where Plymouth 15% better than England's average.
- Indicators highlighted amber show where Plymouth within 15% of England's average.

- Indicators highlighted red show where Plymouth 15% worse than England's average.
- Indicators highlighted white or N/A show where no local data or no national data were available.

3. TREND GRAPHS

Each indicator is accompanied by a trend graph showing where possible the latest six values. Caution is required when interpreting the graphs as there is no Y axis displayed and as such the significance or flow of the change is difficult to interpret.

4. COLOUR SCHEME - TREND COLUMN (RAG)

- Indicators highlighted dark green show where there the latest 3 values are improving.
- Indicators highlighted green show where there the latest 1 or 2 values are improving.
- Indicators highlighted amber show where the latest value is between plus and minus 2.5% of the previous value.
- Indicators highlighted red show where there the latest 1 or 2 values are deteriorating.
- Indicators highlighted dark red show where there the latest 3 values are deteriorating.
- Indicators not highlighted have no trend data

5. PERFORMANCE BY EXCEPTION

WELLBEING

Estimated diagnosis rates for dementia

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 also looking to work more closely with primary care to improve the pathway. A new Dementia Advisor Service has just been procured with a role to work closely with primary care and GPs, which will be much more visible than the previous service. This will help with diagnosis rates as GPs will have services to work with them to support people through diagnosis and afterwards. This will start in April 2018

Referral to treatment - Percentage seen within 18 weeks

Nationally the NHS has acknowledged that the 18-week referral to treatment standard is not being met or likely to be met in 2017/18. The national mandate to temporarily stop all elective surgery during the period of heightened activity as a result of the flu outbreak has also had an impact on performance. Locally we have tried to maintain throughput in the hospital and have focused the stopping of elective surgeries on routine operations whilst prioritising Cancer treatments.

In hospital falls with harm

This is expressed as a % of the total patients surveyed as part of the NHS safety thermometer. There are on average around 800-900 surveyed each month in Plymouth Hospitals NHS Trust. December's figure of 0.36% would equate to three patients having fallen in hospital and experienced harm as a result of that fall. Plymouth Hospitals NHS Trust has consistently had a lower rate of falls with harm compared to the national average for the last two years.

CHILDREN AND YOUNG PEOPLE

Timeliness of Children's single assessments

Single assessment performance is now showing a positive direction following decline over previous months. The backlog of assessments over 45 working days has now been addressed and new assessments performance is reported at 90% within quarter four. Forecasted performance is to finish the year at over 70%.

Number of Children in Care

Children in care numbers have increased by 8 to 411 which, at a rate per 10,000 (78) is below the statistical family group but above England.

COMMUNITY

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

In quarter three the daily bed delay attributable to ASC rate is at 22.7/100,000 so remains off target, but is an improvement on the rate for quarter two (26.0). The rate of these delays that are attributable to Adult Social Care is also improving, during quarter three the rate is 10.50 compared to 11.90 in quarter two.

Our system remains challenged with an increase in the number and proportion of patients who are complex need, impacted on by winter pressures. The continued improvement programme in place includes the appointment of an Interim Director of Integrated Urgent Care, the development of an Acute Assessment Unit to assist in preventing unnecessary admissions. This is also being supported by the review of the current Discharge to Assess (D2A) offer which includes a single Trusted Assessor being in post and the recruitment of additional social workers dedicated to support hospital discharges.

Accident and Emergency 4 hour wait

Plymouth Hospitals NHS Trust is not achieving the 4hr wait in A&E target. This is linked to an increase in demand over the last year as both the number of A&E attendances and emergency admissions have increased. The recent flu outbreak has also contributed to a winter surge that has been much greater than seen in recent years. This has resulted in a high bed occupancy which has restricted flow through the A&E department. A number of schemes are in place to reduce the level of A&E attendances/ emergency admissions and to reduce the bed pressure by reducing the level of delayed transfers.

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 will be contributing to this increase but a number of other causes are at play including the pressures on primary care.

Improving Access to Psychological Therapies (IAPT) – Access rates

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

Average number of households in B&B

Increasing demand means that there continues to be a pressure regarding households accessing B&B temporary accommodation. The average number of B&B stays for the whole of quarter three was 57, an increase from 53 for quarter two. In December the monthly average fell to 50 which is positive, although it is noted that the Christmas period often has a positive impact on numbers in temporary accommodation.

People helped to live in their own home through the provision of Major Adaptation

By providing major adaptations through a DFG (Disabled Facilities Grant) we are helping people with disabilities to live at home. Interventions including a pilot to install stair lifts at the request of Occupation Therapists have helped increase the number of home adaptations provided during quarter three, thus increasing the number of people helped to live at home. The gap between actual performance and the department's target has closed meaning progress against target has improved, we are now on a trajectory to provide a similar number of major adaptations to that provided in 2016/17 and considerably more than in 2014/15 and 2015/16.

ENHANCED AND SPECIALIST

Percentage of CQC providers with a CQC rating of good or outstanding

At the end of quarter three the percentage of residential and nursing homes that are rated by CQC as good or outstanding has fallen from 79% (end of Q2) to 73%. Within this the number rated as outstanding has increased from one to four, however the number rated as good has fallen from 76 (end of Q2) to 68 at the end of quarter three. The number of homes requiring improvement increased from 17 to 21 and number inadequate remains unchanged.

In recognition of the higher percentage of homes with a rating of Requires Improvement commissioners are working with the CQC towards a more collaborative approach between the CQC and commissioners. The QAIT (Quality Assurance and Improvement Team) are undertaking a specific project to target these providers (along with those rated as Inadequate) in the form of supportive workshops over the next 12 months. If necessary these workshops will be ongoing with learning shared across the whole care home sector. The team continue to request and monitor action plans from homes that have been rated as Requires Improvement or Inadequate and provide support visits and advice and information.

6. WELLBEING

Indicator	Measure	Most Recent Period	Benchmark	First Value of Graph	Graph	Last Value of Graph	Trend	Comments
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 seen within 18 weeks on incomplete pathway (%))	Percentage	Dec-17	N/A	84.8%		81.3%		High is good
NHSOF Estimated diagnosis rates for Dementia	Percentage	Dec-17	N/A	59.6%		60.1%		High is good
In hospital Falls with harm	Percentage	Dec-17	N/A	0.24		0.36		Low is good


7. CHILDREN AND YOUNG PEOPLE

Indicator	Measure	Most Recent Period	Benchmark	First Value of Graph	Graph	Last Value of Graph	Trend	Comments
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 Q3		33.5		28.2		Low is good
Number of children subject to a Child Protection plan	Count	2017/18 Q3		371		338		Low is good
Number of Children in Care	Count	2017/18 Q3		406		411		Low is good
Number of Children in Care - Residential	Count	2017/18 Q3	N/A	27.0		39.0		Low is good
Timing of Children's Single Assessments (% completed within 45 working days)	Percentage	2017/18 Q3		94.9		70.6		High is good

8. COMMUNITY

Indicator	Measure	Most Recent Period	Benchmark	First Value of Graph	Graph	Last Value of Graph	Trend	Comments
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 - Q3	N/A	299		175	High is good	High is good
Average number of households in B&B per month	Count	2017/18 - Q3	N/A	32.0		57.0	Low is good	Low is good
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 - Q3	N/A	88.0		84.0	High is good	High is good
Improving Access to Psychological Therapies Monthly Access rate	Percentage	Dec-17	N/A	1.17		0.90	High is good	High is good
Improving Access to Psychological Therapies Recovery rate rate	Percentage	Dec-17	N/A	35.80		47.40	High is good	High is good
A&E four hour wait	Percentage	Dec-17	N/A	84.36%		79.29%	High is good	High is good
Emergency Admissions to hospital (over 65s)	Count	Dec-17	N/A	1,387		1,371	Low is good	Low is good
Discharges at weekends and bank holidays	Percentage	Dec-17	N/A	18.22%		19.09%	High is good	High is good
Rate of Delayed transfers of care per day, per 100,000 population	Rate per 100,000	2017/18 - Q3	N/A	16.4		22.7	Low is good	Low is good
Rate of Delayed transfers of care per day, per 100,000 population, attributable to Adult Social Care	Rate per 100,000	2017/18 - Q3	N/A	7.9		11.9	Low is good	Low is good
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 - Q3	N/A	59		77	High is good	High is good
Long-term support needs met by admission to residential and nursing care homes, per 100,000 population (aged 65+)	Rate per 100,000	2017/18 - Q3	N/A	125.9		116.7	Low is good	Low is good
Long-term support needs met by admission to residential and nursing care homes, per 100,000 population (aged 18-64)	Rate per 100,000	2017/18 - Q3	N/A	1.8		2.4	Low is good	Low is good

9. ENHANCED AND SPECIALIST

Indicator	Measure	Most Recent Period	Benchmark	First Value of Graph	Graph	Last Value of Graph	Trend	Comments
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 - Q3		84.0		73.0		High is good

APPENDIX 4 – RISK AND OPPORTUNITY REGISTER

The following Strategic Co-operative Commissioning risks have been taken from the People Directorate Risk and Opportunity Register.

PM RISK REF	DEPT	RISK CATEGORY	DESCRIPTION OF RISK (Risk description should include cause/risk event/consequence and risk category)	LINK TO CORPORATE PLAN PERFORMANCE FRAMEWORK OR BUSINESS PLAN (must be vital to the Depts. success / be synonymous with a high-level goal / link directly to a business plan, legislation, strategy or project)	CURRENT EXISTING MANAGEMENT CONTROLS AND INTERNAL CONTROL MEASURES (Business improvement actions, controls and reporting on progress)	ASSURANCES ON CONTROLS / MITIGATION (Where we can gain evidence that our controls on which we are placing reliance are effective)	PREVIOUS RESIDUAL RISK RATING	CURRENT RESIDUAL RISK RATING (taking account of existing mitigation)	RAG RATING / MOVEMENT IN RISK SCORE	ACTION PLAN / FUTURE MITIGATION / OPPORTUNITIES TO BE EXPLORED
OCC2	PEOPLE (CC) IRR	Financial	Increased and sustained pressure on Adult Social Care budget due to increased numbers of people or increased complexity of need. As this is a statutory service and largest single budget it could have a significant impact on the Authorities overall financial position Risk Category: Financial	<i>Corporate Plan Performance Framework Outcome - Caring</i>	2016/17 Measures in place with actions built into PCH contract. Budget containment Action Plan.	FARG	4 4 16	4 4 16	— A	Risk to be continued to be monitored and additional measures to be brought forward in year if risk materialises
OCC3	PEOPLE (CC) IRR	Compliance	Failure to protect Vulnerable Adults or Children from risk of harm, resulting in a significant incident Risk Category: Compliance, Regulation & Safeguarding	<i>Corporate Plan Performance Framework Outcome - Caring</i>	Quality Standards built into contracts. Learning from Serious Case Reviews, Plymouth Safeguarding Adults Board (PSAB) Action Plan, Safeguarding Training	Plymouth Safeguarding Adults Board (PSAB)	4 4 16	4 4 16	— A	Annual PSAB Action Plan to be updated
OCC4	PEOPLE (CC) IRR	Financial	Increase in demands and pressures within the system may result in failure to meet key performance indicators principally related to Patient Flow in the Urgent Care System. Not achieving these indicators is very likely to lead to a number of key risks:- a) Individuals not receiving services to the standards expected; b) Negative publicity around Health and Adult Social Care provision; c) Potential loss of income via the Improved Better Care Fund (IBCF) should the targets not be met. Risk Category: Financial	<i>Corporate Plan Performance Framework Outcome - Pioneering</i>	Current performance has not yet reached the required levels and actions are in place aimed at driving improvement. System Improvement Board (SIB) established and attended by all key partners and meets fortnightly has identified a number of key Service Improvement Areas	System Improvement Board; FARG	New	4 4 16	— A	Action Plan in place. CQC Review in December may help to inform us of other areas for development
OCC5	PEOPLE (CC) IRR	Service	Risk of Market or Provider failure causing service disruption, loss of revenue and adverse publicity Risk Category: Operational/Service Delivery	<i>Corporate Plan Performance Framework Outcome - Pioneering</i>	Internal Audit Review. More regular financial checks undertaken on high risk providers. Dom Care Providers moving to payments in arrears. Market Failure Continuity Guidance	Finance and Commissioning Group established	4 3 12	4 3 12	— A	Risk to be continued to be monitored through contract monitoring and market intelligence. Supporting market wide workforce recruitment / retention across residential and domiciliary sector

APPENDIX 5 – SERVICE STANDARDS

Service Description	Standard for delivery
Brokerage (Children's)	<ul style="list-style-type: none"> Placement searches to be run in line with contractual requirements, including timescales for searches and order in providers are to be approached
QAIT	<ul style="list-style-type: none"> All Regulated Services to be reviewed in line with risk matrix
Service Description	Standard for delivery
Direct Payments	<p>Care Act Guidance - Regulations:</p> <ul style="list-style-type: none"> 12.61: "...local authorities must review the making of the direct payment within the first 6 months of making the first payment. This provision is intended to be used for direct payments made under the powers in the Care Act, rather than pre-existing ones. 12.64: "... sets out that following the 6-month review, the local authority must review the making of the direct payment no later than every 12 months..... "
Safeguarding	<ul style="list-style-type: none"> Safeguarding processes for Children's Social Care are followed, including reporting concerns about provider staff to the LADO or Ofsted if appropriate. There are no statutory timescales under the Care Act 2014 to complete safeguarding enquiries, but good practice would require that 'most' enquiries are completed within 28 days.
Contract Management including Quality Reviews	<ul style="list-style-type: none"> There is not a single standardised approach to contract management due to the varying size, importance and complexity of the commissioned service. An individual contract management approach will be tailored to the size of the contract through a risk-based assessment with delegated levels of sign off based on the size of the contract.
Councillor Casework Enquiries	<ul style="list-style-type: none"> One working day to acknowledge Five working days to respond/resolve casework/enquiry
MP enquiries	<ul style="list-style-type: none"> One working day to acknowledge. Five working days to respond/resolve casework/enquiry

Information Access Requests	<ul style="list-style-type: none"> • Acknowledgement of the communication within 2 days. Respond to Subject Access Requests within 40 calendar days or let the citizen know as soon as possible, why we are unable to do so. • Respond to FOI within 20 working days or let the citizen know as soon as possible, why we are unable to do so.
Statutory Complaints	<ul style="list-style-type: none"> • Acknowledge communications within 3 working days. • Action and deliver Stage 1 Complaints within 20 working days. • Action and deliver Stage 2 Complaints within 65 working days. • Convene a Stage 3 panel within 30 working days of being requested. • Ensure that the Local Authority responds to the findings of Stage 3 panel hearings within 15 working days.
Information Governance	<ul style="list-style-type: none"> • We will ensure any non-compliance with the Data protection Act or any other external requirements are rectified as soon as possible. • We will manage all data breaches and ensure when necessary they are reported to the ICO within 72 hours. • We will ensure that the records management service delivers management of information according to Council strategy

APPENDIX 6 – STRATEGIC WORKFORCE PLAN

As a part of the CQC Local Targeted Review of December 2017, there was a focus around answering the question of: To what extent is the system working together to develop its health and social care workforce to meet the needs of its population? The CQC review team drew the following conclusion in their full report.

'We found there were strategic plans at organisational levels and STP level which aligned the workforce to future demand. It was clear what needed to be done and by whom, with a focus on developing teams rather than just individual professional groups. However, there was not a single, coherent workforce plan for Plymouth. Workforce was one of the most significant risks faced by the system with recruitment and retention challenges across every sector. The situation within primary care was felt most acutely and due to commissioning arrangements, this was being progressed at the STP level, which created its own challenges.

There were some examples of innovative approaches to responding to workforce capacity, looking at new roles and models of care. The system needs to ensure it works together as one, sharing good practice while preventing the burden from being felt elsewhere.'

In response to this, the Plymouth Local Summit looked at workforce within the health and wellbeing system as one of its main themes. The result of this was the system wide agreement to have a single workforce development workstream, headed up by Carole Burgoyne in her dual role sat across Plymouth City Council and NEW Devon CCG. The actions below have been signed off by the Chair of Health and Wellbeing Board as the approach to developing a single Strategic Workforce Plan for the system:

- Develop workforce strategy group
- Gather existing strategies and plans across the system
- Analyse and identify potential gaps
- Develop cross-organisational workforce strategy
- Develop workforce plan
- Develop evaluation framework
- Commence stakeholder engagement and consultation
- Complete consultation and engagement
- Revise strategy and plan following consultation period
- Implement plan
- Evaluate plan

It is recognised that this will need to be completed in conjunction with significant organisational changes within the system due to the creation of Integrated Care Partnership and the further development of Integrated Commissioning.

APPENDIX 7 – DELIVERING COUNCIL PLEDGES

No	Theme	Pledge (Top Pledges Highlighted in green)	Portfolio Holder	Lead Department	Strategic / Service Director	Lead Officer
41	Health and Adult Social Care	We will continue to reduce the use of institutional placements for children and adults with complicated needs or challenging behaviour. We will support more people to remain living in their own communities, close to their friends and family, to enjoy their rights as full citizens.	Ian Tuffin	People - Retained Client Function	Craig McArdle	Anna Coles
46	Children and Young People	Mental health care for young people is a growing crisis in our city. We will work with the NHS to expand the support available to schools and young people to tackle this crisis and fight for more Government funding to support provision of services for adults.	Sue McDonald	People - Strategic Co-operative Commissioning	Craig McArdle	Emma Crowther
46	Children and Young People	Mental health care for young people is a growing crisis in our city. We will work with the NHS to expand the support available to schools and young people to tackle this crisis and fight for more Government funding to support provision of services for adults.	Ian Tuffin	People - Strategic Co-operative Commissioning	Craig McArdle	Anna Coles
50	Health and Adult Social Care	We will oppose the fragmentation of the NHS. We want to strengthen the NHS and social care system, not privatise it. We will take immediate steps to call a Health and Social Care Summit to address the crisis in provision in our city. This will include primary care concerns raised by voters about access to GPs and dentists.	Ian Tuffin	People - Strategic Co-operative Commissioning	Craig McArdle	Anna Coles

No	Theme	Pledge (Top Pledges Highlighted in green)	Portfolio Holder	Lead Department	Strategic / Service Director	Lead Officer
51	Health and Adult Social Care	We will continue to train Council staff in dementia awareness and encourage other public bodies to do the same.	Ian Tuffin	People - Strategic Co-operative Commissioning	Craig McArdle	Rachel Silcock
52	Health and Adult Social Care	We will sign up to the UNISON ethical care charter, which provides for proper standards of care for vulnerable people in their own homes. We will also consult our city's older citizens to develop a charter for older people in Plymouth that will cover the full range of services they use.	Ian Tuffin	People - Retained Client Function	Craig McArdle	Caroline Paterson
53	Health and Adult Social Care	With child and adult care providers, charities and others, we will examine the benefits and feasibility of intergenerational care facilities with care being provided on the same site bringing older and younger people together.	Ian Tuffin	People - Strategic Co-operative Commissioning	Craig McArdle	Caroline Paterson
55	Health and Adult Social Care	Loneliness is a growing problem, and its effects were highlighted by the late Jo Cox MP. Far too many people in Plymouth face life in isolation without human contact. We will work with charities, social care providers and others to publish an action plan to ease loneliness.	Ian Tuffin	People - Strategic Co-operative Commissioning	Craig McArdle	Rachel Silcock

No	Theme	Pledge (Top Pledges Highlighted in green)	Portfolio Holder	Lead Department	Strategic / Service Director	Lead Officer
56	Health and Adult Social Care	Studies show increased physical and mental health benefits as a result of increased social interaction between generations. We will enable schools and child care providers to forge links with residential homes, community centres and senior citizen's clubs to build mutually beneficial relationships between younger and older people.	Ian Tuffin	People - Strategic Co-operative Commissioning	Craig McArdle	Emma Crowther/ Caroline Paterson
57	Health and Adult Social Care	We will adopt the 'safer places scheme' that provides people with learning disabilities with a safe place to go if they feel anxious, or face verbal abuse, harassment or bullying.	Ian Tuffin	People - Strategic Co-operative Commissioning	Craig McArdle	Cliff Morgan
58	Health and Adult Social Care	The staff at Derriford Hospital and in our NHS do a superb job, but there is far too much demand and not enough of them. We will work with health partners to provide more care in local communities to help prevent admission to hospital. When someone has been in Derriford or Mount Gould we will seek to speed up their discharge and receive care in their own home or other care setting by working to integrate services better.	Ian Tuffin	People - Strategic Co-operative Commissioning	Craig McArdle	Elaine Fitzsimmons