



Local system reviews

Progress monitoring

Plymouth

Introduction

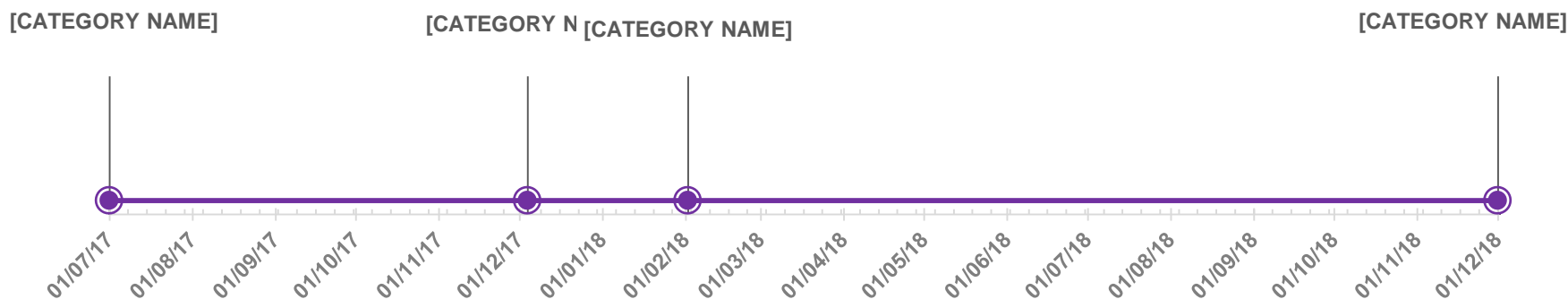


Following CQC's programme of 20 local system reviews, we were asked by the Department of Health and Social Care and Ministry for Housing, Communities and Local Government to provide an update on progress in the first 12 areas that received a local system review.

Plymouth's local system review took place in December 2017 (report [here](#)) and the system produced an action plan in response to the findings. This progress update draws on:

- Plymouth's self-reported progress against their action plan (at 31.10.2018).
- Our trend analysis of performance against the England average for six indicators. With the exception of DToC, the data goes up to end 2017/18. DToC data goes up to July 2018.
- Telephone interviews with four system leaders involved in delivering and overseeing the action plan.

Timeline of activity



Overview progress against indicators



[A&E attendances \(65+\)](#)

Remained below the England average and within control limits of its own average rate.

[Emergency admissions \(65+\)](#)

More in line with England average, where previously it was below England average. However, still within control limits of own average rate.

[Emergency admissions from care homes \(65+\)](#)

Increased a little during 2017/18 to be above England average, but still within the upper and lower control limits of own average.

[Length of stay \(65+\)](#)

Remained significantly above England average and in last quarter of 2017/18 increased to be significantly above its own average.

[Delayed transfers of care](#)

Often significantly higher the England average and spiked in February 2018 before falling in Q1 2018/19.

[Emergency readmissions \(65+\)](#)

Remained below the England average and fallen over 2017/18, although stayed within control limits of their own average.

Overview reported progress against action plan



<p>Commissioning and market management</p>	<p>Plymouth developed and signed off its Health & Wellbeing System Strategic Commissioning Intentions (2018-2020) signalling the intention to integrate care. A proposal for a Neighbourhood Based Service Delivery Model is being finalised, before entering a period of co-design with the system and public, with the procurement of the Integrated Care Provider commencing after this activity.</p> <p>In the care home market, an Enhanced Health in Care Home programme was initiated with multi-disciplinary care home visits for the 10 highest admitters to Hospital. Medicines reviews across care homes have also been agreed.</p> <p>In domiciliary care, new fee structures have been agreed. New models of care are being developed including a pilot to maximise independence in home care and an 'independence at home' contract to provide reablement aligned to the discharge to assess pathway (Dec 2018).</p> <p>Integrated Market Oversight Group established to monitor demand across the system. Capacity in the home care market is better monitored through weekly calls.</p> <p>The VCSE contribution has been enhanced through engagement in urgent care pathway mapping, involvement in the roll out of health and wellbeing hubs, and embedded within this, the expansion of social prescribing in 2019.</p> <p>In primary care, the joint NHS commissioning of General Practice is in place with consultation around delegating primary care commissioning to a local level has initiated and plans to move to a 'delegated light' position. Several primary care programmes have been initiated to improve capacity, access, and support to care homes.</p> <p>The development of an Integrated Pharmacy Service has been put on hold.</p>
<p>Workforce</p>	<p>A local workforce strategy and implementation plan are being developed, with support from the LGA, to respond to the CQC recommendations and align to the STP plans. A group has been established, previous plans reviewed and priority areas established. A draft plan has been developed and circulated to stakeholders.</p>

Overview reported progress against action plan



Admissions avoidance	<p>The health and wellbeing hub programme has commenced with three hubs opening and a further six due to open in 2019/20. Contracts are being redesigned to be delivered from the hubs, pre-procurement work has been undertaken and providers are working closer together through colocation.</p> <p>GP practices have been supported to adopt the Electronic Frailty Index. The full roll out of risk stratification due March 2019 linking in with social prescribing and health and wellbeing hubs.</p> <p>The Acute Assessment Unit, Minor Injuries Unit and Acute Care at Home have been reviewed and plans in place to improve these services.</p>
Hospital flow and discharge	<p>Pathways out of hospital have been reviewed and refined including: hospital discharge processes simplified, ensuring an MDT approach to discharge. The Discharge to Assess pathways (home and care home) have been reviewed. The redesign of the long term care pathway has been completed.</p> <p>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.</p> <p>Agreed measures of system metrics defined and measured to assist in patient flow. Work is ongoing and a command centre approach is being implemented to support the management of flow across the whole system.</p>
Communication across partners	<p>The single point of access has been shared with wider providers.</p> <p>The yellow card scheme has been rolled out and has won a national award.</p>
Continuing healthcare	<p>Following a review of performance and processes, revised framework and processes in place and recruitment of health assessors ongoing to reduce backlog.</p>

Stakeholder reflections



Overall progress

Plymouth's progress against the action plan is reported into the Local Care Partnership, with oversight provided by the Health and Wellbeing Board and Overview and Scrutiny Committee.

Plymouth has made some good progress since their Local System Review in December 2017. They have agreed their strategic commissioning intentions for the system for the next two years which are signed up to by all system partners. The next step is to work with partners and people to coproduce a neighbourhood service model.

There was clear communication and buy in across the system to move away from bed based care. Independent social care and VCSE sector providers have been engaged in the design of these commissioning strategies.

Plymouth has rolled out three Health and Wellbeing Hubs, two in neighbourhoods and one city-wide, and are set to open two more in January 2019. External evaluation is embedded into the Hubs to monitor impact. The Hubs were in the planning stage during our review last year, and their introduction marks a shift in Plymouth's preventative approach by bringing together risk stratification, signposting and social prescribing to identify and meet peoples needs in the community.

Significant progress has been made in improving flow through. Our analysis up to March 2018 showed that Plymouth still had high rates of length of stay over seven days for people aged 65+. However the system supplied us with more recent validated data for quarters 2 and 3 during 2018 showing that Plymouth University Hospital Trust was performing better than the south west region as a whole for length of stay, as well the number of beds unavailable due to delayed transfers of care. The system has commissioned Healthwatch to evidence that the improved performance seen in the data is matched by an improved experience for people. The Chair of the Health and Wellbeing Board is encouraged by the progress, but is waiting until after winter to judge whether the improvements made can be sustained.

An integrated system-wide winter plan has been developed, incorporating learning from last year. This, combined with a better than ever understanding of capacity and demand, means that the system feel sufficiently prepared for winter.

Workforce is the single largest ongoing risk to the system. With support from the LGA they have succeeded in establishing a system-wide workforce group and have developed a plan that has been taken to the Local Care Partnership, linked to workforce planning at the STP. However workforce remains a challenge and an area of ongoing development.

Stakeholder reflections



Direction of travel

Plymouth's health and social care system is built on a strong foundation of integrated working and relationships. There are joint funded posts providing accountability across organisations. Plymouth has the joint commissioning strategy in place, now it needs to operationalise it.

Significant progress has been made in improving flow through hospital and reablement. They now need to embed these new pathways, and ensure that winter does not derail their improvement journey.

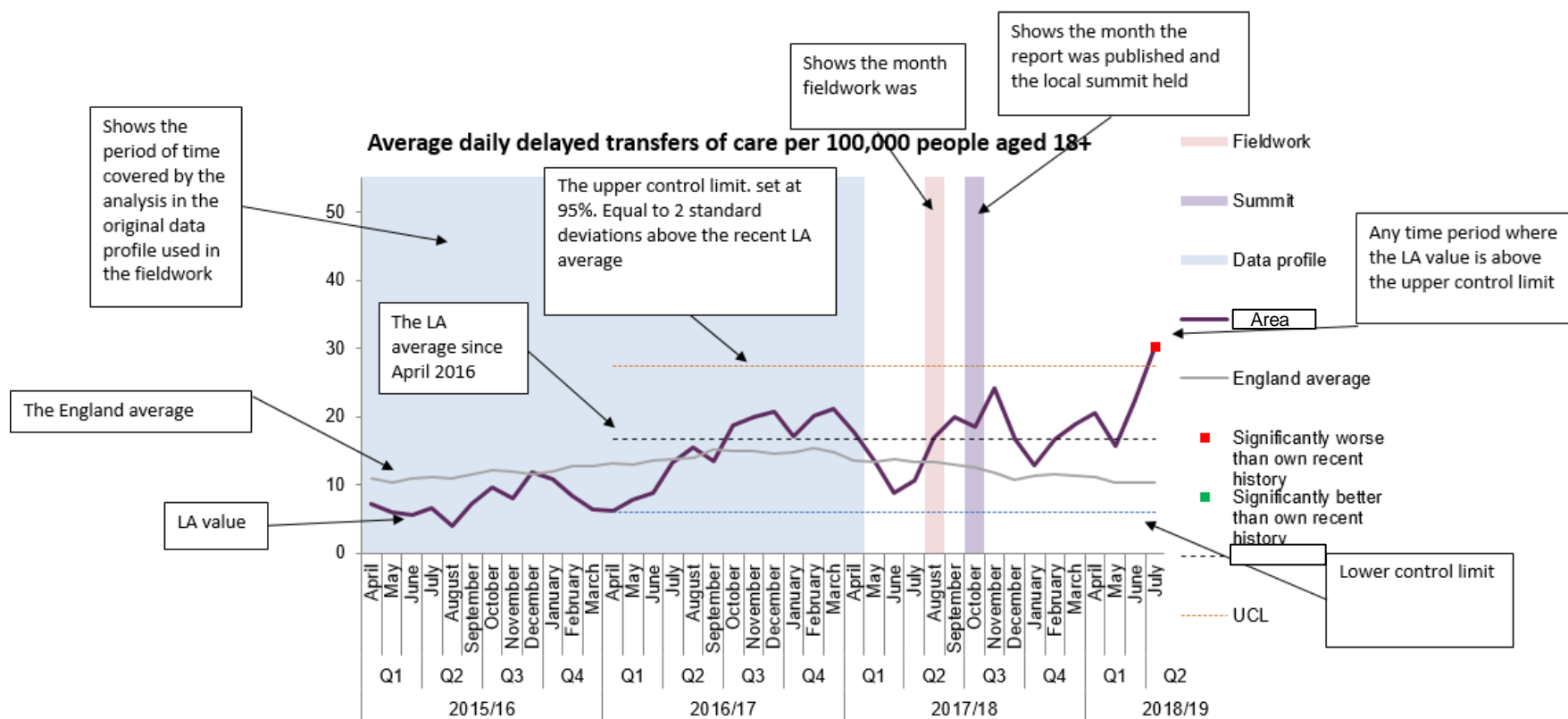
Health and Wellbeing Hubs and the forthcoming roll out of risk stratification is a significant opportunity to keep more people well in their community. Additional support for care homes has also been put in place for winter. It is important that enhanced support to care homes is embedded all year round as our analysis up to March 2018 shows an increase in hospital admission from care homes.

Plymouth has demonstrated a commitment to working with partners across the STP, for example in workforce planning. The Chair of the Health and Wellbeing Board has also met with his counterparts in Torbay and Devon to develop links across the local authorities.

Workforce, particularly the fragility of general practice, remains the biggest risk for the system.

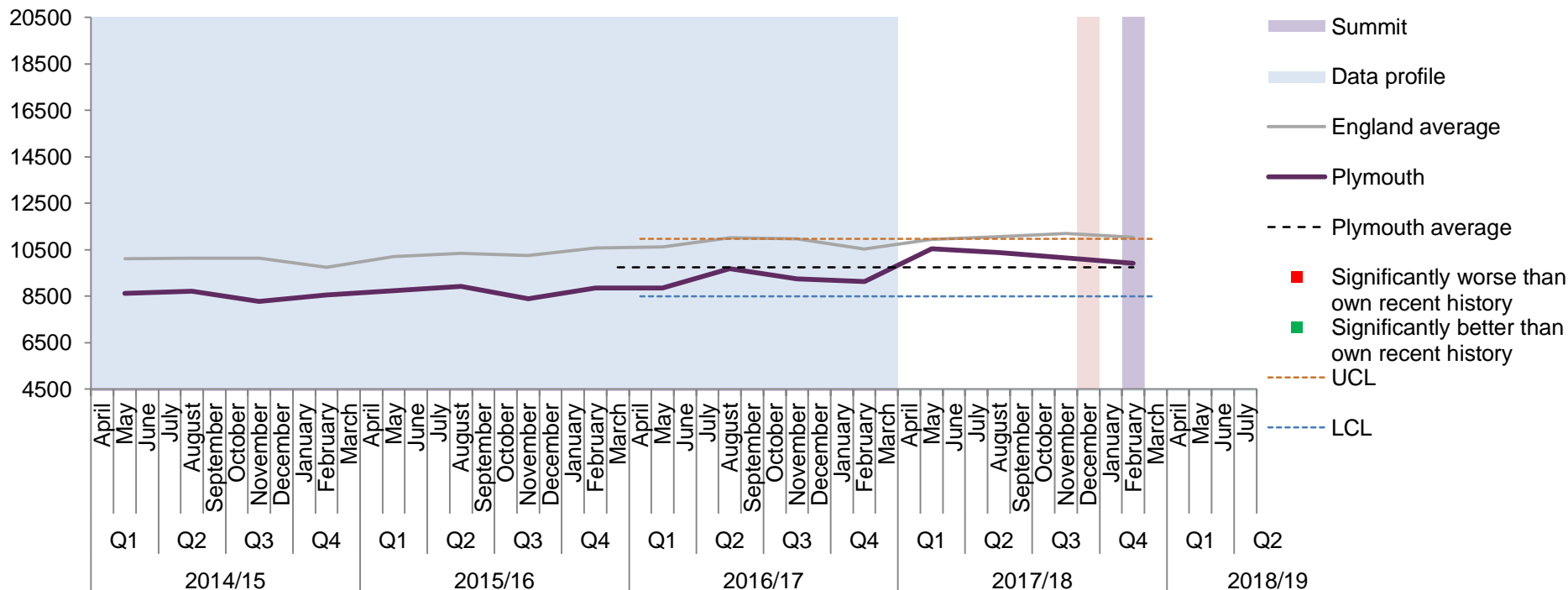
Appendix: Trend analysis introduction

The following slides present a trend analysis for six indicators. The **sample** diagram below shows how to interpret the graphs.



Appendix: A&E attendances

A&E attendances per 100,000 people aged 65+

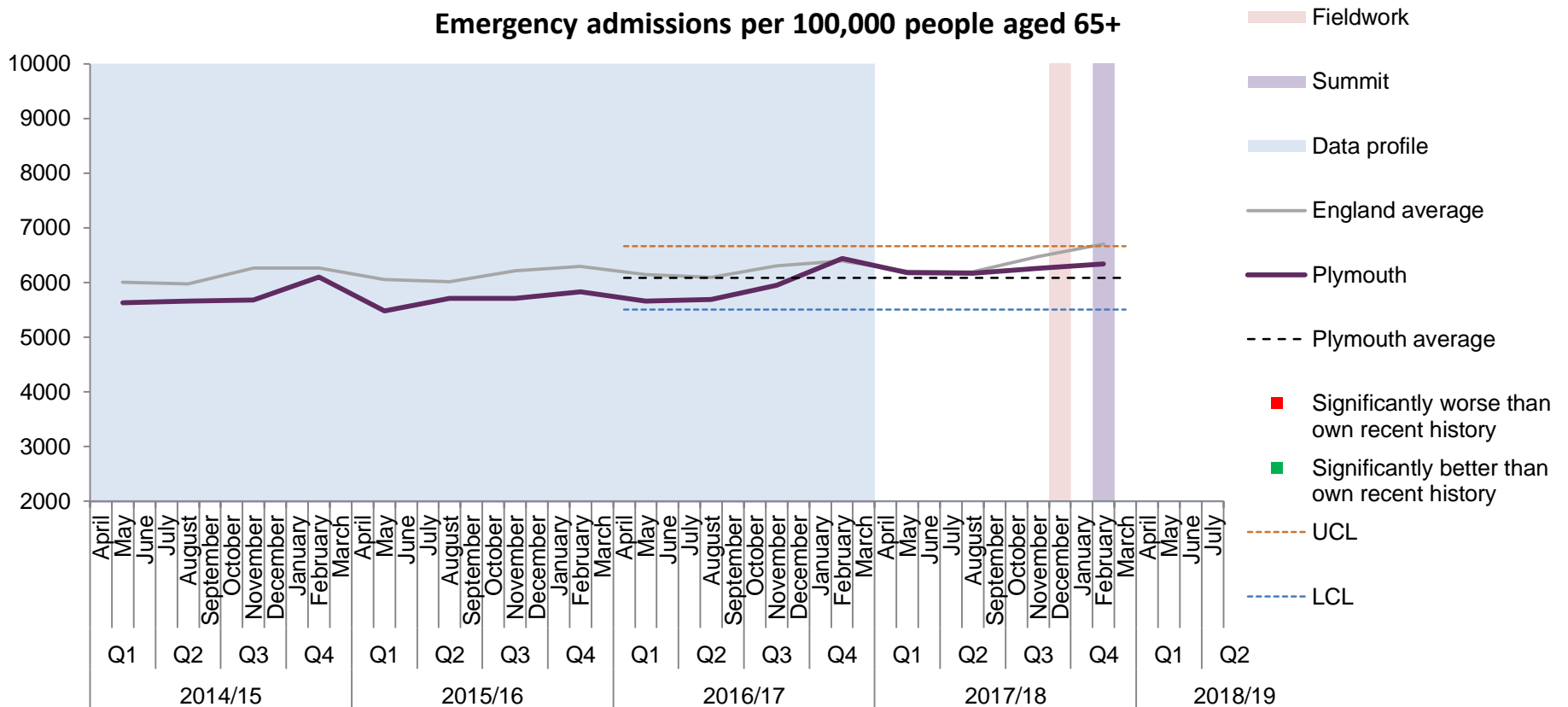


Since we produced the data profile for the original local system review Plymouth's rate of A&E attendances (65+) has remained below the England average. It has also remained within its control limits of its own average rate.

Appendix: Emergency admissions



Emergency admissions per 100,000 people aged 65+

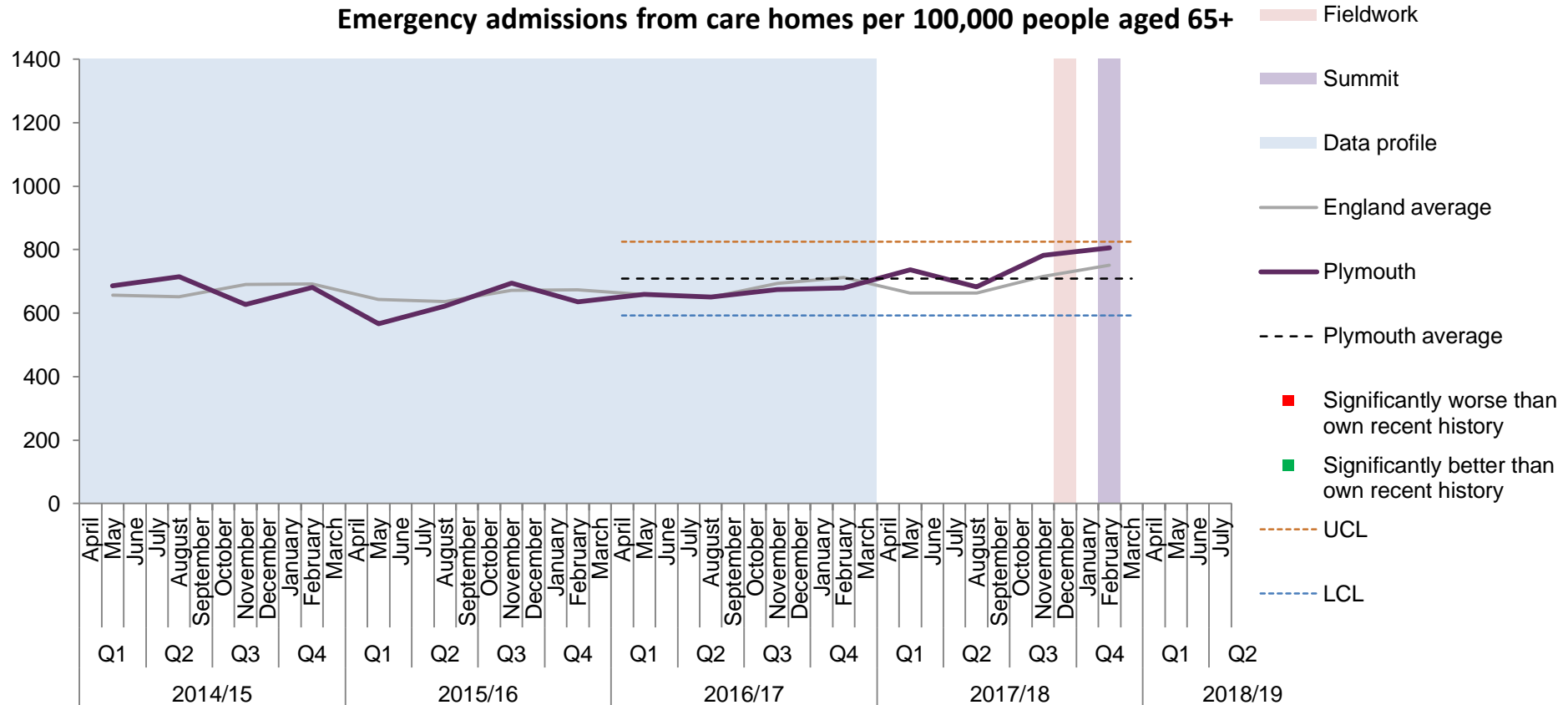


Since we produced the data profile for the original local system review Plymouth's rate of emergency admissions (65+) have stayed more in line with the England average, where in previous years it was below the England average. However performance was still within the control limits of Plymouth's own average rate.

Appendix: Emergency admissions from care homes



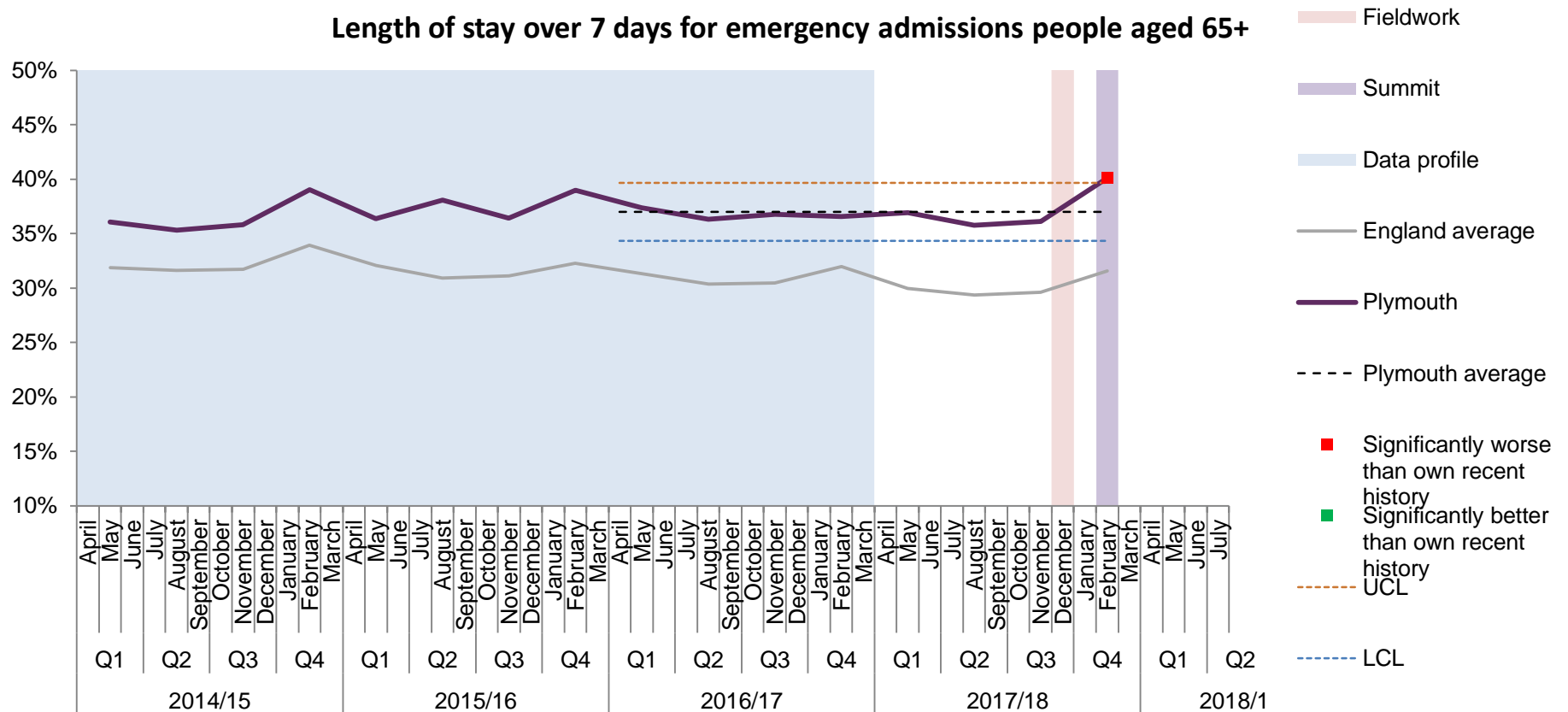
Emergency admissions from care homes per 100,000 people aged 65+



Since we produced the data profile for the original local system review Plymouth's rate of emergency admissions from care homes (65+) has increased a little during 2017/18 to be above the England average, however they remain within the upper and lower control limits of their own average.

Appendix: Lengths of stay over 7 days

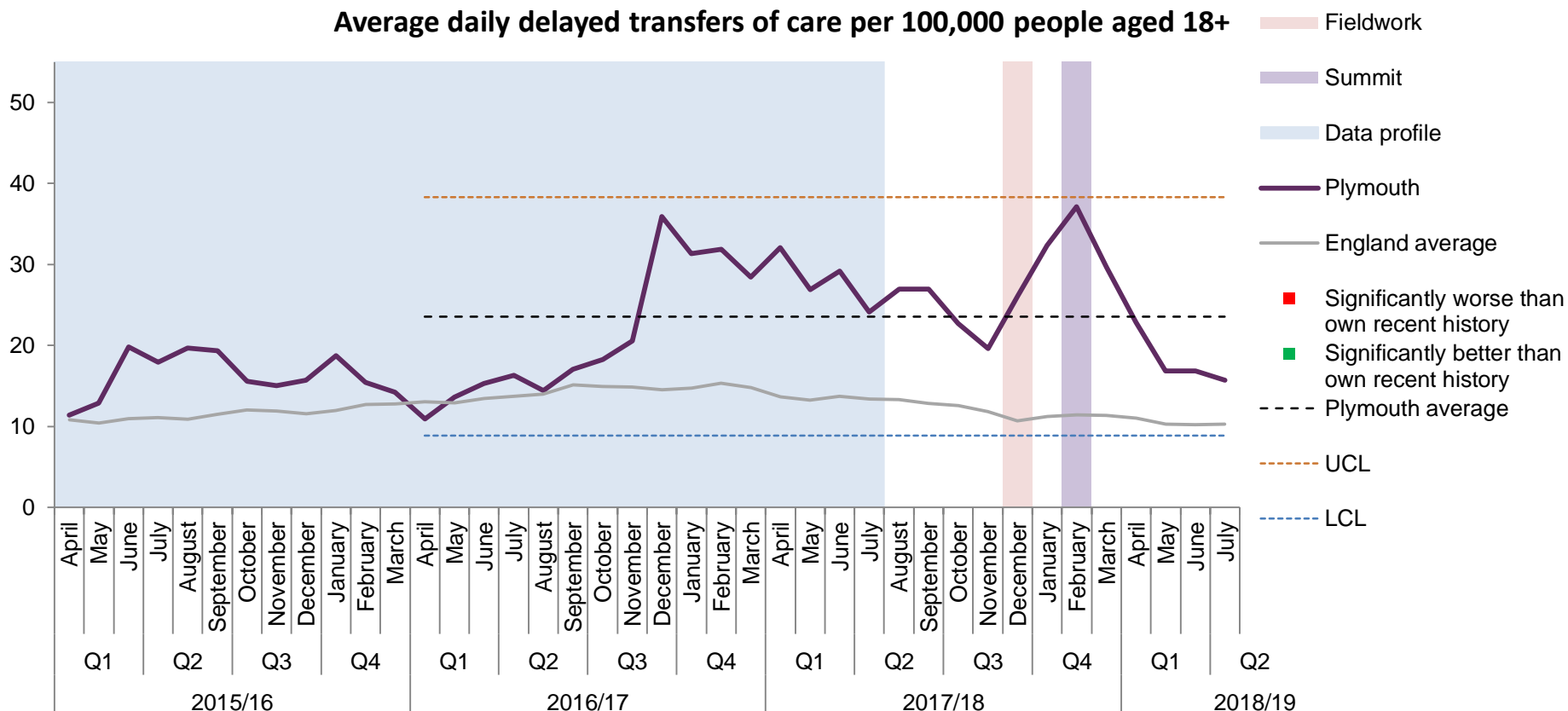
Length of stay over 7 days for emergency admissions people aged 65+



Since we produced the data profile for the original local system review Plymouth's performance for lengths of stay over 7 days (65+) has remained significantly above the England average and in the last quarter of 2017/18 increased to be significantly above its own average.

Appendix: Delayed transfers of care

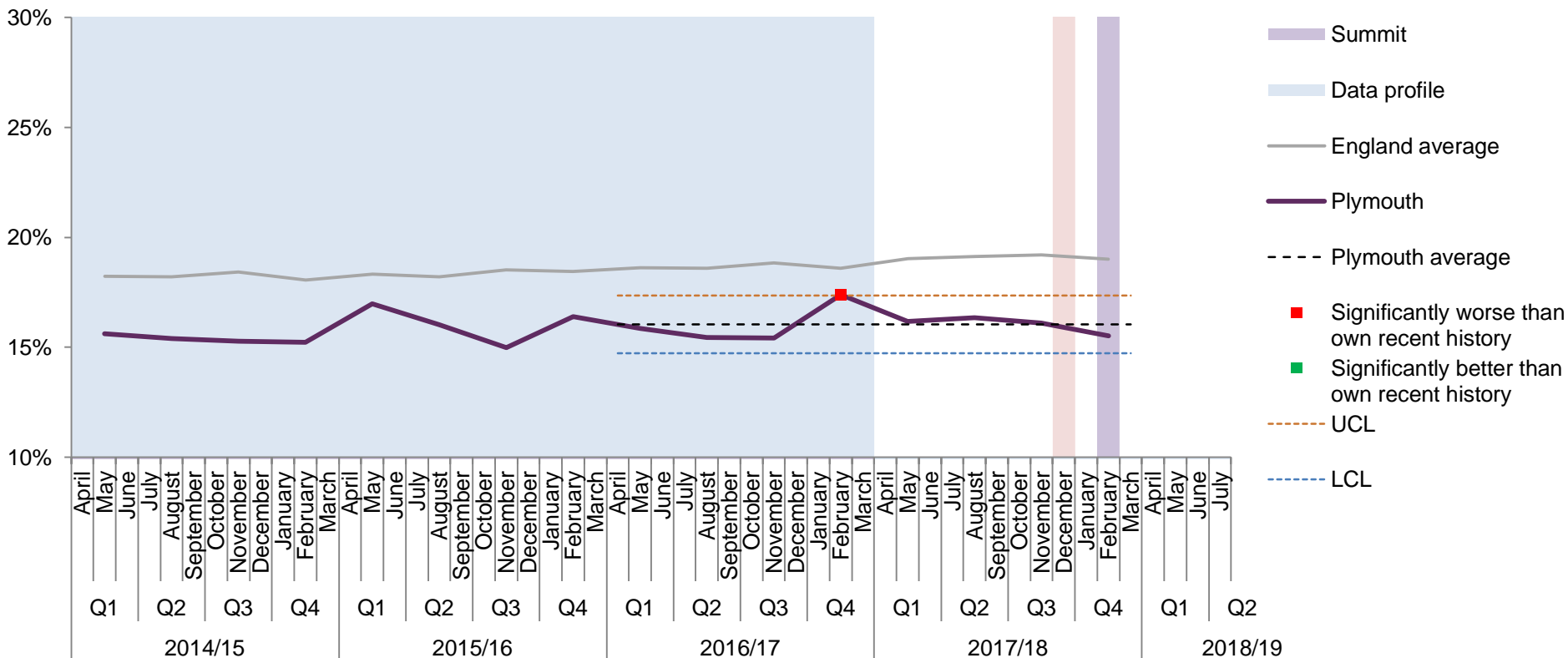
Average daily delayed transfers of care per 100,000 people aged 18+



Since we produced the data profile for the original local system review Plymouth's DToC performance has remained above the England average (usually significantly so) and spiked in February 2018 before falling in Q1 2018/19.

Appendix: Emergency readmissions

Readmissions within 30 days for people aged 65+



Since we produced the data profile for the original local system review emergency readmissions (65+) in Plymouth have remained below the England average and have fallen over 2017/18 but stayed within upper and lower control limits of their own average.