

Caring Plymouth

Thursday 6 March 2014

PRESENT:

Councillor Mrs Aspinall, in the Chair.

Councillor James, Vice Chair.

Councillors Mrs Foster, Fox, Gordon, Dr. Mahony, Monahan, Parker, Ricketts, Jon Taylor, Kate Taylor and Wright.

Also in attendance: Jim Gould – Independent Chair, Safeguarding Adults Board, Debbie Butcher – Head of Safeguarding, Rob Nelder – Public Health Consultant, Councillor Sue McDonald – Cabinet Member for Adult Social Care and Public Health, Carol Green – Commissioning Manager, Complex Care, NEW Devon CCG, Candice Sainsbury – Lead Officer and Amelia Boulter – Democratic Support Officer.

The meeting started at 2.00 pm and finished at 4.25 pm.

Note: At a future meeting, the committee will consider the accuracy of these draft minutes, so they may be subject to change. Please check the minutes of that meeting to confirm whether these minutes have been amended.

41. **DECLARATIONS OF INTEREST**

In accordance with the code of conduct, the following declarations of interest were made –

Name	Subject	Reason	Interest
Councillor Jon Taylor	Minute 45 – Public Health Outcomes Minute 46 – Continuing Healthcare	Employed by NEW Devon CCG	Private

42. **CHAIR'S URGENT BUSINESS**

The Chair and Vice Chair informed the panel that they would be completing a consultation document on the New Offence of ill-treatment or wilful neglect.

43. **MINUTES**

Agreed that the minutes of the meeting held on 30 January 2014 be confirmed.

44. **SAFEGUARDING ADULTS BOARD**

Jim Gould, Independent Chair of the Safeguarding Adults Board and Debbie Butcher, Head of Safeguarding provided the panel with an overview of the Safeguarding Adults Board (SAB). It was reported that –

- a. Plymouth City Council co-ordinate the SAB and the board is made up of multi-agency partners who work together to keep safe the most vulnerable adults in the city;
- b. there were two Serious Case Reviews currently taking place that involved vulnerable adults;
- c. the SAB has a good relationship with Care Quality Commission (CQC). They meet quarterly with a senior manager from CQC, the meeting also involves health colleagues and the Cabinet member;
- d. 1,700 people undertook the alert training programme last year; this training is for anyone working within the Plymouth boundaries that come into contact with vulnerable adults. The training covers how to report abuse and recognise signs of abuse.

In response to questions raised, it was reported that –

- e. with domestic abuse cases they would look at any trends/patterns and work collaboratively with officers, social workers to identify domestic abuse. The Domestic Abuse Unit would be notified and if a child was involved they would always think child first;
- f. there was a training budget of £33k and the training was based on policies and procedures produced by the SAB. They observe and adapt the training as required and quality assure the delivery;
- g. it was highlighted that more communication was required to raise the awareness of safeguarding;
- h. some of the priorities for the SAB –
 - personalised budgets;
 - move away from reactive and move to preventative safeguarding;
 - producing a multi-agency strategy;
 - place of safety.
- i. once a call is received by contact centre reporting alleged abuse, more information would be gathered and the police contacted. A strategy meeting with partners (case conference) would take place. An Independent Chair would lead each case conference;
- j. a lot agencies were involved in a SCR. Each agency would have to undertake an internal investigation, each investigation can take up to 12 months to complete;

- k. with regard to police welfare checks on vulnerable people, it was reported that they would be undertaking a review of Section 136 and would be working very closely with the out of hours service. It was also highlighted that the safeguarding police should be disseminating the information regarding vulnerable people with their colleagues.

Agreed that –

1. the Safeguarding Business Plan and Annual Report to be brought back to a future meeting for review.
2. the panel be provided with a clearer understanding and awareness around safeguarding interventions and responsibilities to include –
 - Engagement with Care Homes;
 - Risk around personalised budgets;
 - The range of issues that cause safeguarding alerts.
3. a review of places of safety and use of Section 136 to be brought back to the panel for consideration.
4. a report on the risk associated with integration and the delegation of responsibilities to ensure the council retains control over safeguarding.

45. **PUBLIC HEALTH OUTCOMES FRAMEWORK**

Rob Nelder, Public Health Consultant and Councillor McDonald, Cabinet Member for Adult Social Care and Public Health, presented the Public Health Outcomes Framework quarterly report. It was reported that –

- a. Plymouth's public health settlement was underfunded by £3m for 2013-14 and discussions were taking place on the poor settlement;
- b. the Director for Public Health had been appointed and would commence on 1 April 2014. Further appointments were made which would increase the capacity within the team;
- c. public health were working across the council and were currently undertaking 60 pieces of work. They were looking at the wider impact of public health across the council;
- d. the Director of Public Health's Annual report would shortly be published.

In response to questions raised, it was reported that –

- e. they were working with GP practices to promote men's health. The Live Well Team was commissioned to carry out specific health checks for the hard to reach groups;

- f. Duncan Selbie, Chief Executive, Public Health England has requested to meet Tracey Lee, Chief Executive, Councillor Sue McDonald, Cabinet Member for Adult Social Care and Public Health and Councillor Tudor Evans, Leader of Plymouth City Council following receipt of letter sent to the Secretary of State for Health to discuss Plymouth's public health settlement;
- g. with regard to air pollution, this was not an area that public health currently have responsibility for. The Public Protection Team which looks at air pollution would soon be part of public health.

Agreed that –

1. As part of the induction pack into Child's Health, preparation of briefs for the worst child health performance indicators including current resourcing, activities, barriers and opportunities –
 - Breastfeeding
 - Under 18 Conceptions
 - Excess weight
 - Unintentional injuries
 - Vaccinations (MMR and HPV)
 - Smoking in pregnancy
2. Quality of air to be brought back to a future meeting –
 - Prior to the Energy from Waste Plant commencing operation that Public Health via Plymouth City Council's Environmental Protection Team or the appropriate agency, commissions baseline air quality testing at various points in the city to monitor future effects on air quality.

46. **CONTINUING HEALTH CARE**

Carol Green, Commissioning Manager, Complex Care (NEW Devon CCG) gave a presentation on Continuing Healthcare.

In response to questions raised, it was reported that -

- a. with regard to understanding the process for the assessment criteria for continuing healthcare, it was reported that the Department of Health's leaflet and Age UK provides good guidance in this area;
- b. it was a complicated framework and the CCG were aware of the need to improve their website links to Plymouth City Council's website;
- c. those people that had issues with the assessment criteria, it was found that the process either was not followed correctly and/or was down to poor communication of the process.

Agreed that links are placed on Plymouth Online Directory (POD) on Plymouth City Council's website to information links about personal budgets (e.g. Department of Health's leaflet and Age UK leaflet) and that the link should also provide advice on when and how to claim continuing healthcare.

47. **RECOMMENDATIONS FROM BUDGET SCRUTINY**

The panel noted the recommendations from Budget Scrutiny, in particular recommendation 25.

Agreed that an action plan addressing the revised approach to health inequalities across the city is brought to the Caring Scrutiny panel within six months by the incoming Director of Public Health.

48. **TRACKING RESOLUTIONS**

The panel noted the progress on the tracking resolutions. With regard to –

Minute 18 – Social Care Budget – information as requested by the panel would be circulated to the panel.

Minute 28 – Public Health Outcomes – the panel were provided with a quarterly update on the Public Health Outcomes Framework.

Minute 36 – Better Care Fund (BCF) – progress on the BCF provision would be reviewed by the panel when more information is available.

Agreed that –

1. The Better Care Fund plan to be brought back to a future meeting. Specific areas the panel would like to review in more detail, such as the 7 day working will be shared at a later date, once the plan has been published.
2. the Chair of the Caring Plymouth panel to send a letter in support of the Leader to the Secretary of State regarding Plymouth's Public Health Settlement and its subsequent impact on the BCF.

49. **WORK PROGRAMME**

The panel noted the work programme.

50. **EXEMPT BUSINESS**

There were no items of exempt business.