

Caring Plymouth

Thursday 3 April 2014

PRESENT:

Councillor Mrs Aspinall, in the Chair.

Councillor Dr. Mahony, Vice Chair.

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

Apologies for absence: Councillor James.

Also in attendance: Jayne Glynn – Patient Experience Manager, Plymouth Hospital Trust, Rob Nelder and Julie Frier – Public Health Consultants, Craig Williams – Interim Programme Manager (Integrated, Health and Wellbeing, Transformation), Phil Morgan - Senior Policy, Performance and Partnership Adviser, Candice Sainsbury – Lead Officer and Amelia Boulter – Democratic Support Officer.

The meeting started at 2.00 pm and finished at 4.40 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.

51. **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 55 – Children’s Health. Minute 56 – Transformation Programme (Integrated Health and Wellbeing).	Employed by NEW Devon CCG	Private

52. **CHAIR'S URGENT BUSINESS**

There were no items of chair’s urgent business.

53. **MINUTES**

Agreed that the minutes of the meeting held on 6 March 2014 be confirmed.

54. **PLYMOUTH HOSPITALS NHS TRUST QUALITY ACCOUNTS**

Jayne Glynn, Patient Service Manager, Plymouth Hospitals Trust provided the panel with the priorities for the quality accounts 2013-14. It was reported that –

- a. the hospital was currently in the process of drafting their Quality Account for the year 2013-14 and setting their priorities to be delivered in the coming year. The priorities -
- Patient experience
 - Patient harm
 - Operational flow
 - Access
 - Diagnostics
 - Mortality
 - 7 Day Working
 - Quality governance
 - Clinical administration
 - Staffing
 - Safety culture
 - Health records
- b. they are a broad list of priorities which need further work and the focus of delivery in the coming year were consulting on the top 5 priorities.

In response to questions raised it was reported that –

- c. the priorities were not ranked in order and did not want to influence people's preferences;
- d. with regard to backlog of follow up appointment, the figures had not moved for a couple of years and was not listed as a priority. Huge progress had been made in this area with additional pieces of work being undertaken to address the backlog;
- e. the midwives were trained to deal with bereavement and give support to bereaved parents. There were carefully managed arrangements in place and the service was used fairly frequently;
- f. outliers is a term used for when a patient comes into the hospital and placed on a ward not in their speciality area/ward;
- g. some panel members felt that one of the top priorities should be the 7 day working which would coincide with one of priorities agreed as part of the Better Care Fund. The Chair reminded the panel that the transformation presentation later in the meeting should help make your priorities.

Agreed that the panel will email the Democratic Support Officer with their top 5 priorities.

55. **CHILDREN'S HEALTH**

Rob Nelder and Julie Frier, Public Health Consultants provided the panel with an overview on children's health. It was reported that -

- a. in November 2008, Professor Sir Michael Marmot was asked by the then Secretary of State for Health to chair an independent review on reducing health inequalities in England and giving every child the best start in life was the top priority for Marmot;
- b. the panel were taken through the child health journey and looked at –
 - conception to birth;
 - first year;
 - early years (1- 4);
 - primary school age (4 – 11);
 - secondary school/college age (11 – 19);
 - commissioning;
 - the national child measurement programme;
 - survey of health visitor caseloads;
 - health and wellbeing survey in Plymouth schools;
 - child health 'performance' in Plymouth.

In response to questions raised it was reported that -

- c. the top 2 priority areas are alcohol and hospital admissions caused by injuries in children. Public health run a Safe at Home Scheme for targeted families;
- d. the newly appointed Director of Public Health would be visiting different areas of the city to gain an understanding of the issues in the city and to improve health outcomes;
- e. they were looking at integrated provision for children with parents with mental health needs. The service would be commission based on needs of the family and the family would undertake an holistic assessment to identify their needs.

Agreed that the Health and Wellbeing survey undertaken by all secondary schools is circulated to panel members and the Cabinet member for Public Health and Adult Social Care.

(Councillor Ricketts left at 2.45 pm).

56. **TRANSFORMATION PROGRAMME (INTEGRATED APPROACH TO HEALTH AND WELLBEING)**

Craig Williams, Interim Programme Manager (Integrated Health and Wellbeing, Transformation) provided the panel with an overview of the Transformation Programme. It was reported that –

- a. there was a rising demand for adult social care services which inevitably would have an impact on the budget;
- b. they would build on co-location and existing joint commissioning arrangements to establish a single integrated commissioning function and pooled budgets across Plymouth City Council and the Clinical Commissioning Group;
- c. there would be an emphasis on person centred care approach to achieve the sizeable savings;
- d. specific projects would be included in the transformation programme –
 - Integrated Commissioning Hub including delivery of Better Care Fund activities;
 - Integrated Adult Community Service Delivery;
 - Co-operative Children and Young People's Services;
 - Social Care Bill.

In response to questions raised it was reported that –

- e. with regard to integrated adult provision, they would look at the workforce implications and there was expertise within the council to undertake the tender and the clinical commissioning group would have to work collaboratively with us to achieve the savings;
- f. the finance team would ensure that every saving made was tracked. They would identify where savings had been made and to improve the quality of service delivery.

The Chair stated that the panel would receive a further update on Transformation at the June meeting. A report would be going to the Co-operative Scrutiny Board looking at how transformation would be scrutinised because there were a number of cross cutting themes for e.g. equality, engagement, governance, each panel to think about the transformation programme as a whole and to pick out topics to scrutinise.

(Councillor Kate Taylor left at 4 pm).
(Councillor Gordon left at 4.15 pm).
(Councillor Ricketts was not present for this item).

57. **TRACKING RESOLUTIONS**

The panel noted the progress of the tracking resolutions.

(Councillor Kate Taylor was not present for this item).

(Councillor Gordon not present for this item).

(Councillor Ricketts was not present for this item).

58. **WORK PROGRAMME**

The panel noted the work undertaken by the panel over the last 12 months.

(Councillor Kate Taylor was not present for this item).

(Councillor Gordon not present for this item).

(Councillor Ricketts was not present for this item).

59. **EXEMPT BUSINESS**

There were no items of exempt business.