

## Caring Plymouth

Thursday 7 August 2014

### PRESENT:

Councillor Mrs Aspinall, in the Chair.

Councillor James, Vice Chair.

Councillors Mrs Bowyer, Bridgeman, Sam Davey, Jarvis, Dr. Mahony, Parker, John Smith and Jon Taylor.

Apologies for absence: Councillors Mrs Nicholson and Stevens.

Also in attendance: Gwen Pearson, Sharon Matson, Caroline Dawe and Nicola Jones - NEW Devon CCG, Councillor Tuffin – Cabinet Member for Adult Social Care, Councillor McDonald – Cabinet Member for Children and Young People and Public Health, Katy Shorten – Strategic Commissioning Manager, Craig McArdle – Head of Co-operative Commissioning, George Plenderleith – Carers Hub, Lesley Gross – Chair of Plymouth Carers Forum, Nicola MacPhail – NEW Devon CCG and Emma Crowther – Commissioning Officer, Ian Sherriff – Alzheimer’s Society, Claire Journeaux and Gary Hodge – Plymouth Community Healthcare, Ross Jago – Lead Officer and Amelia Boulter – Democratic Support Officer.

The meeting started at 2.00 pm and finished at 5.10 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.*

### 12. DECLARATIONS OF INTEREST

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

Name	Subject	Reason	Interest
Councillor Dr Salter	Minute 19 – Dementia Strategy and Action Plan	Former Cabinet Member for Health and Adult and worked with Ian Sherriff in the NHS.	Private
Councillor Taylor	Minute 15 – Maternity Services Strategy Minute 16 – NHS111/ Urgent Care Minute 17 – Devon Doctors Out of Hours Minute 18 – Carers Strategy Minute 19 – Dementia Strategy	Employed by NEW Devon CCG.	Private

13. **CHAIR'S URGENT BUSINESS**

The Chair informed the panel that minutes from the Caring Plymouth review that took place on 2 and 3 July 2014 would be attached to the next agenda.

14. **MINUTES**

Agreed that the minutes of the meeting held on 19 June 2014 be confirmed.

15. **COMMISSIONING STRATEGY FOR MATERNITY SERVICES 2014-2019 (DRAFT)**

Gwen Pearson, NEW Devon CCG provided the panel with an overview of the draft Commissioning Strategy for Maternity Services 2014-2019. It was reported that –

- (a) this was a high level commissioning strategy and were working together with NEW Devon CCG, South Devon and Torbay CCG and Kernow CCG working on one document to avoid some of the boundary issues;
- (b) there was high level commitment for this strategy from the 3 CCGs. Task and Finish groups were set up and representatives from the 3 CCGs which included heads of midwifery had discussions around having a robust needs assessment. In pulling the strategy together they wanted to engage with stakeholders and asked the following questions -
  - what worked well;
  - what didn't work well;
  - ideas or suggestions for the future.
- (c) they had also visited a number of children's centres and met with Healthwatch and undertook some surveys. They realised the importance of getting people involved right from the beginning and the need to look at the hard to reach groups;
- (d) key to this strategy was the development of the Maternity Liaison Committee and looked at how this committee operates and how they remained consistently involved with maternity services;
- (e) they would be undertaking intensive work within the western locality with key stakeholders in the city;
- (f) education for parenthood was done quite well in Plymouth and if we get this right would be very beneficial for us;
- (g) each of the CCGs collated data differently. This was a key piece of work to look at how data is collected in the future and for all midwifery units to collect data in the same way;

- (h) the next steps for the development of the strategy –
- wider stakeholder engagement;
  - draft strategy completed and development action plan by August / September 2014;
  - ratification by the CCG Board;
  - preparing implementation plan / stocktake;
  - maternity units to benchmark.

In response to questions raised, it was reported that -

- (i) they were working closely with public health representatives from each of the CCG areas looking at the commissioning intentions and intend to work closely with public health looking at inequalities;
- (j) they had a clear communication plan and would share the plan with this panel;
- (k) the data they had collated indicated that in Plymouth there were a significant number of social deprivations which would be looked at in more detail and to ascertain where they needed to target resources;
- (l) there were cultural changes that needed to be made and one of the things identified was the need to think about maternity care in a broader sense and start to address some of the issues;
- (m) they had received a number of comments from GPs and would be undertaking further work with GPs. They had the appropriate amount of midwives on the workforce and parents felt a great affection for their midwives. More work would be undertaken to address the complex issues and would work on these issues with the midwives, GPs and mothers;
- (n) they were looking to review the role of the Maternity Liaison Committee and looking to develop the website and publish agendas and minutes.

Agreed that –

1. Caring Plymouth note the draft Commissioning Strategy for Maternity Services 2014-2019;
2. NEW Devon CCG consider the inclusion of information as out forward by the Caring Plymouth panel within the strategy;
3. a sub-regional scrutiny with Devon, Cornwall and Torbay is formed to assist in the development of the strategy.

16. **NHS 111 ASSURANCE REPORT/URGENT CARE**

Sharon Matson and Caroline Dawe, NEW Devon CCG provided the panel with an update on NHS 111 and Urgent Care. It was reported that –

- (a) it was the right decision to roll out this service gently and quietly and to look at any inherent risks that might come with rolling out a new service;
- (b) 650 people ring every week day and this number rises to 2,000 on a Saturday reducing to 1,600 on a Sundays and bank holidays;
- (c) NHS 111 was a result of a report by Bruce Keogh who was concerned about multiple issues in general care which resulted in just one number. This meant that you call one number and they would deal with your call and/or signpost you to the correct service;
- (d) the provider SW Ambulance Trust's performance had worked hard to improve their performance and were an incredibly responsive service;
- (e) they were monitoring the impact of the service since it went live and undertook patient audits. It was found that patients found the service good and helpful and would phone again if they needed advice in a urgent care situation;
- (f) they were undertaking a lot of work over the last month on the cause and effect and there was an increase in demand since the service was rolled out. A Summit Meeting was taking place tomorrow to address the demand over the last couple of months;
- (g) the current performance stands at 94.39% for patients seen, treated and discharged within 4 hours from A & E. They were behind where they should be and there had been an increase in the demand all across the system not just Plymouth;
- (h) they had seen the largest increase in triage category 3 patients with a minor injury or ailment which had led to an increase in demand from early in the day towards the later end of the day. They were looking at the staffing ratio to ensure they had the staffing levels right to meet the change in demand.

In response to questions raised, it was reported that –

- (i) public health would also be attending the Summit to understand where public health can add value;
- (j) alcohol related incidents spiked around bank holiday weekends. There was a need to look at the whole system maybe that issues were related to alcohol. At the Summit meeting they would need to take a holistic look as to why people were tuning up at A & E;

- (k) they were not seeing an increase with the older population in terms of them presenting themselves at A & E. The slight increase in older people attending A & E were people from the adult age group rather than the elderly;
- (l) SWAST were performing very well but in terms of where they direct people was actually below the national average. This was about the system and how the system was changing and to ascertain what the causes could be;
- (m) public health had undertaken an analysis of NHS111 and found this to be one of the best services and one that they support.

Agreed that -

1. Caring Plymouth note the assurance report.
2. NEW Devon share the outcomes from the summit meeting with Caring Plymouth.
3. Caring Plymouth panel take up the offer to visit SWAST Headquarters in Exeter.

## 17. **DEVON DOCTORS OUT OF HOURS**

Nicola Jones, NEW Devon CCG provided the panel with a report on Devon Doctors Out of Hours. The panel were invited to respond to the report.

In response to questions raised, it was reported that -

- (a) it wasn't a 50% reduction and wanted the efficient use of clinical time with no negative effect on the user. They were monitoring this and would review and put in other measures. The panel were assured that they could reverse the situation easily if the need was to arise;
- (b) the proposal that was put forward included data on the demand. The decision was based on demand rather than the size of the population. The Director of Public Health felt that this decision would not negatively impact on the health and wellbeing of the people of Plymouth.

The panel felt that the 8 am cut off time was a potential problem and could lead to more people presenting at their GPs.

Agreed that –

1. the updated presentation to be circulated to the panel.
2. Caring Plymouth to further scrutinise Devon Doctors Out of Hours in 6 months' time.

18. **CARERS STRATEGY**

Councillor Tuffin, Cabinet Member for Health and Adult Social Care gave an overview of the Carers Strategy. It was reported that carers were the forgotten army of the health and social care system. There were 27,247 carers living in Plymouth including 840 young carers. The strategy covers adults and young carers and was undertaken in consultation with all key stakeholders and the action plan outlined what we want to achieve. Oversight and monitoring of the strategy would be undertaken by the Carers Strategic Board.

Katy Shorten, Craig McArdle, George Plenderleith, Lesley Gross, Nicola MacPhail and Emma Crowther also attended the panel for this item. They wanted to demonstrate the co-operative approach taken and how they involved the key people in the development of the strategy and to provide assurance to the panel that the action plan was fit for purpose and fully consulted on.

Lesley Gross, Chair of Plymouth Carers Forum gave thanks to Katy and Craig for involving carers right from the beginning. The Plymouth Carers Forum was set up in 2010 and became involve with PCC to develop services for carers. The Forum fund raise for activities and provide counselling course, benefits workshops, crafts and social days out. They work closely with the carers hubs and enhance what the carers hub delivers. They were in the process of organising a Carers Rights Conference.

George Plenderleith reported that they had enhanced the carers service at the end of December 2012 and the service had been running for 18 months. There were 5,500 carers now signed up and accessing services and receiving support. There was a £250K Carers Support Fund available but the pressure on that budget was now huge and were looking to reduce payments made because of the increase in demand of carers accessing services. They were working to identify hidden carers and were undertaking particular work around dementia carers in Devonport. There was a Carers Discount Scheme running with 29 local businesses signed up.

In response to questions raised, it was reported that -

- (a) evidence suggests there are social differences and perceptions on caring in other communities which could lead to uncovering need without being in a position of meeting the demand. It was reported that there was a need to identify the hidden carers and this was highlighted to them as part of the consultation. They had tried to demonstrate and identify the hidden carers and provide support. They were exploring other avenues to maximise funding;

- (b) they were supporting staff at PCC and CCG and had displays within Windsor House to promoting this. They had adapted policies and working hours to accommodate a caring role and raising awareness with manager's and had made a good start. Carers Right Week was also aimed at our providers;
- (c) to identify the hidden young carers they were working with key partners, developing toolkits for schools, delivering training to governors and various practical things to help identify those hard to reach young carers;
- (d) there was a dedicated youth worker working with young carers. Young Carers at present did not sit on the Carers Strategy Partnership Board or the Steering Group. They would need to ensure that they were fit for purpose before allowing young carers to sit on the board and Steering group.
- (e) some of the discounts the Carers Discount Scheme would not be appropriate for Young Carers but the next step was to explore cards for young people.

Agreed that –

1. The Caring Panel commends the Plymouth Carers Strategy 2014-18 to Cabinet.
2. The Caring Panel congratulates commissioners and carers on the development of the strategy and associated action plans.
3. Progress against the action plan to be presented to the panel in March 2015.
4. The Caring Panel recommends to the Co-operative Scrutiny Board that the Ambitious Plymouth Panel revisit the recommendations from the Young Carers review held in 2011.
5. Officers from Plymouth City Council and the Clinical Commissioning Group to identify and help own staff who are carers.

(Councillor Mrs Bowyer left partway through this item.  
Councillor Bowie was present for this item).

## 19. **DEMENTIA STRATEGY**

Councillor Tuffin, Cabinet Member for Health and Adult Social Care reported that people living with dementia was set to double. The Dementia Strategy and action plan shows how partners would work together to meet the needs and develop local outcomes. The action plan includes a focus on Plymouth becoming a Dementia Friendly City. Claire Journeaux, Gary Hodge, Nicola MacPhail and Ian Sherriff, Katy Shorten and Craig McArdle were also present for this item.

It was reported that -

- (a) it was predicted that by 2015, 3166 people in Plymouth will be living with dementia, rising to 3667 by 2020. Two-thirds of people living with dementia live independently within the community;
- (b) the national agenda highlighted people within a care home setting were forgotten. The CCGs were looking to obtain match funding from Clinical Network for £65k to target people in the care home sector. The focus of the work would concentrate on sending letters to all care homes and to employ staff to undertake assessments to an agreed pro forma. This information would be referred back to GP to be added to the dementia register;
- (c) the Dementia Alliance started in Plymouth. Stoke Damerel School were teaching pupils dementia in science, English and maths. The naval base were dementia friendly and all political parties were signed up to this. This had to be sustainable and seen as improving every day.

In response to questions raised, it was reported that -

- (d) public health were working on up streaming prevention nationally and the effects of alcohol, lifestyle, diet could prevent the on-set of dementia;
- (e) it was acknowledged that demand had gone up and have concerns on the amount of referrals and ensuring good outcomes for people looking to undertake more work with the Alzheimer's Society. It was reported that they were constantly reviewing the service;
- (f) this was an opportunity for Plymouth to become the first Dementia Friendly council. Ward councillors to raise awareness in their wards and would be a great role for councillor and the council;
- (g) they were reliant on people referred through GPs to be signposted to them. Carers and families receive information on how they can be supported;
- (h) early intervention identifying people earlier was key. There was a need to raise awareness and Plymouth becoming a Dementia Friendly city should address this. More work more to be undertaken with domiciliary care workers to help identify those people suffering with dementia.



Agreed that –

1. Caring Plymouth commend the Dementia Strategy and Action Plan to Cabinet.
2. Officers monitor the action plan and present the outcomes to Caring Plymouth in March 2015.

20. **TRACKING RESOLUTIONS**

The panel noted the progress of the tracking resolutions.

21. **WORK PROGRAMME**

The panel noted the work programme.

22. **EXEMPT BUSINESS**

There were no items of exempt business.