Caring Plymouth

Thursday 11 September 2014

PRESENT:

Councillor Mrs Aspinall, in the Chair.
Councillor James, Vice Chair.
Councillors Bridgeman, Sam Davey, Dr. Mahony, Mrs Nicholson, Parker, Dr. Salter, John Smith, Stevens and Jon Taylor.

Also in attendance: Karen Marcellino – Healthwatch Manager, Vicky Shipway – CEO Colebrook SW, Peter Edwards – Healthwatch Volunteer and Health and Wellbeing Board Member, Craig McArdle – Head of Co-operative Commissioning, Ross Jago – Lead Officer and Amelia Boulter – Democratic Support Officer.

The meeting started at 1.00 pm and finished at 3.05 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.

23. 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 27 – Better Care Fund	Employed by NEW Devon CCG.	Private

24. CHAIR'S URGENT BUSINESS

There were no items of chair's urgent business.

25. MINUTES

Agreed that –

1. the minutes of the meeting held on 7 August 2014 be confirmed.

2. the Caring Panel note the minutes of the review held on the 2 and 3 July 2014.

26. **HEALTHWATCH**

Karen Marcellino, Healthwatch Manager, Vicky Shipway, CEO Colebrook SW, Peter Edwards, Volunteer and Health and Wellbeing Board Member and Craig McArdle, Head of Co-operative Commissioning provided the panel with an update. It was reported that -

a) the Health and Social Care Act introduced the requirement for Healthwatch both locally and nationally and replaced the Local Involvement Network (LINks);

b) the local authority commissioned the £179,000 contract to Colebrook SW . Healthwatch is an independent consumer champion with three key functions –

- Influencing
- Signposting
- Watchdog

c) Colebrook SW set up the staffing, created a service base and looked at the transition from LINks to Healthwatch. Colebrook SW has the overall responsibility for the Healthwatch contract and wanted Healthwatch to be seen as independent as possible;

d) the key performance indictor regarding signposting people to services at the right time had proved quite difficult to achieve. As a result they changed their monitoring systems and reviewed how they gathered feedback and pinpoint gaps;

e) Healthwatch worked on Burrator Ward assessing the difficulties on that ward with dignity in care. Healthwatch made some recommendations to Plymouth Hospitals Trust, the Trust implemented the recommendations and invited Healthwatch back to the ward to look at the improvements;

f) Healthwatch were involved with the Pledge 90 review looking at mental health provision in the city and made several recommendations and has fed this into their work;

g) Healthwatch collected 2293 pieces of feedback from local people covering 4 themes –

- Staff attitudes
- Involvement and engagement
- Appointment booking service
- Access to a service

h) they were actively visiting care homes since last August feeding into Plymouth City Council's Quality Review process with experiences gathered from residents from nursing and residential homes across the city;

i) Peter Edwards as well as being a Healthwatch volunteer also sits on the Health and Wellbeing Board (HWB). His role on the board has an equal footing with other partners and gives him the opportunity to share local issues and to shape the plans for Healthwatch and the Health and Wellbeing Board;

j) there was a need to get the public engaged and take responsibility for their health. The remit of Healthwatch was to have that conversation with the public and to understand their views;

k) the Healthwatch Champions Project was designed to work with particular interest groups to support that community to provide feedback on health and social care matters. There were Healthwatch Champions in place within hard to reach groups e.g. learning disability and transgender groups;

l) that volunteers were an important part of Healthwatch. The volunteers represent Healthwatch on various forums, making the challenge and sharing people's views.

In response to questions raised, it was reported that -

m) they were aware of patients waiting 5 weeks to receive x-ray results but were not seeing this as a trend from the public. Healthwatch keeps an eye on local media and Councillors could liaise with Healthwatch and feedback concerns from ward residents;

n) they link in with other Healthwatch services and lobby on common themes. They work closely regionally and have access to a network across England to share best practice. Healthwatch England lobbies nationally;

o) Colebrook SW had no influence over Healthwatch they hold the contract and monitor the key performance indicators;

p) the Steering Group currently has 6 members with 2 more people waiting to join and advert for a the recruitment of a new Chair. The Octopus Project has a seat on the Steering Group and commencing in October an Advisory Forum open to all voluntary and community sector groups, the public and service providers is an open platform for people to share experiences, issues and concerns.

Agreed that –

1. Healthwatch is invited to return to the Caring Plymouth panel in 12 months' time to share their next Healthwatch Plymouth Annual Report.

2. Healthwatch share their recommendations with the Caring Plymouth panel to seek alignment and add weight to the Healthwatch recommendations on a quarterly basis.

27. BETTER CARE FUND

Craig McArdle, Head of Co-operative Commissioning provided the panel with an update on the Better Care Fund (BCF). It was reported that –

a) the Department of Health issued new guidance in July 2014 with built in checkpoints (temperature checks) to ensure the local authority and the clinical commissioning group (CCG) were on the right track. Following the first temperature check Plymouth qualified for additional external support;

b) they were keen in Plymouth to set the wider context with greater emphasis on emergency admissions, greater engagement with acute providers and out of hospital providers;

c) the BCF had potential to take us off track from the core business and important to cite the BCF within the wider context of the Integrated Health and Wellbeing Programme;

d) the clinical commissioning group 5 year Community Services Strategy to deliver better outcomes and general practice at scale with more care in the community are the CCG priorities we are working with;

e) a new metric on non-elective admissions linked to performance pay. A big focus on reducing non-elective admissions by 3.5% linked to a performance fund of £1.3m. If this is not achieved this money would go back to the acute sector;

f) the Health and Wellbeing Board HWB) received the most recent draft of the BCF plan and presentation on the key risks and issues with delegated authority to the Chair HWB to approve the plan for submission to the Department of Health on the 19 September 2014.

In response to questions raised, it was reported that -

g) with regard the performance related metric the £1.3m would be held in reserve and if you hit the target the money would be used within the community if not back into acute activities. The real issue was to change the balance of care in Plymouth and the current model of care was not currently sustainable;

h) we absolutely must support people as early as we can and this applies to dementia so that people can live well with dementia. We all have a part to play and this was our ambition to be a Dementia Friendly City and we all have a role to make sure we identifying people;

i) the BCF was nationally mandated.

The Chair raised concerns over the amount of time spent by officers adhering to tight deadlines and work undertaken on the BCF plan.

Agreed that -

1. the Caring Plymouth panel note the update on the Better Care Fund submission.

2. the Caring Plymouth Chair writes a letter to the Department of Health of her concerns with the tight deadlines officers had to work to.

28. TRACKING RESOLUTIONS

The panel noted the progress of the tracking resolutions.

29. WORK PROGRAMME

The panel noted the work programme and it was reported that the final business cases for the Integrated Health and Wellbeing programme would be available for the panel to look at end of October/November 2014 prior to the Final Business Cases going to Cabinet on 11 November 2014.

30. EXEMPT BUSINESS

There were no items of exempt business.