

## **Caring Plymouth**

**Thursday 11 December 2014**

### **PRESENT:**

Councillor Mrs Aspinall, in the Chair.

Councillor James, Vice Chair.

Councillors Mrs Bowyer, Mrs Bridgeman, Sam Davey, Dr. Mahony, Mrs Nelder, Parker-Delaz-Ajete, Dr. Salter, John Smith and Stevens.

Apologies for absence: Councillor Mrs Nicholson.

Also in attendance: Kelechi Nnoaham – Director for Public Health, Councillor Sue McDonald – Cabinet Member for Children, Young People and Public Health, Councillor Tuffin – Cabinet Member for Health and Adult Social Care; Karen Kay – NEW Devon CCG, Dr Gary Lenden, Joe Teape – Director of Finance and Lee Budge, Director of Corporate Business, Plymouth Hospitals NSH Trust, Ross Jago – Lead Officer and Amelia Boulter – Democratic Support Officer.

The meeting started at 2.00 pm and finished at 4.03 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.*

### 31. **DECLARATIONS OF INTEREST**

There were no declarations of interest made.

### 32. **CHAIR'S URGENT BUSINESS**

The Chair reported that agenda item 6 relating to Urgent and Necessary Measures to be presented by NEW Devon CCG had been pulled from today's agenda. Ben Bradshaw MP secured a debate in Parliament this afternoon and depending on the outcome of the debate the Panel would either look at this item at the next meeting or call an urgent meeting to look at this.

### 33. **MINUTES**

Agreed that the minutes of the meeting 11 September 2014 were confirmed.

### 34. **THRIVE PLYMOUTH (4-4-54)**

Kelechi Nnoaham, Director for Public Health and Councillor McDonald, Cabinet Member for Children, Young People and Public Health provided the Panel with a presentation on 4-4-54. It was reported that –

- (a) Thrive Plymouth was triggered as a result of a recommendation made at budget scrutiny to address health inequalities across the city;

- (b) Thrive Plymouth is a simple framework that the whole city can sign up to;
- (c) Thrive Plymouth is 4 behaviours that lead to 4 diseases which in turn lead to 54% of deaths in Plymouth;
- (d) they would ensure that Thrive Plymouth was considered in the development of all of the city's policies;
- (e) this was a 10-year approach changing the course of health and wellbeing in the city.

In response to questions raised, it was reported that -

- (f) all lifestyle behaviours were taken into account. They had used simple descriptors and substance abuse and mental health were the platform for Thrive Plymouth to sit;
- (g) there were sufficient finances to cover Thrive Plymouth and from the outset did not want to set up an initiative that would cost additional money;
- (h) the focus of Thrive Plymouth was about the behaviours and not on the deaths;
- (i) Public Health England were not making any contributions towards Thrive Plymouth but they had lobbied Public Health England for better public health settlement for Plymouth;
- (j) they had spilt the team into four groups which fed into the different directorates and were working closely with planning officers to ensure that public health has influence in all planning applications;
- (k) in year 2, Thrive Plymouth would focus on children. A survey was conducted in secondary schools and they were in a good position when Thrive Plymouth is introduced to schools in September;
- (l) they had strong input into the Plymouth Plan and how they worked with partners was key to the success of Thrive Plymouth and want to replicate with all key partners across the city.

The Panel noted the presentation and agreed to invite the Director for Public Health to a future meeting to provide an update on the progress made.

### 35. **URGENT AND NECESSARY ACTIONS**

This item was withdrawn from the agenda.

36. **PENINSULA TREATMENT CENTRE**

Karen Kay, Head of Locality Commissioning (Planned Care), NEW Devon CCG and Dr Gary Lenden provided the Panel with an update on the Peninsula Treatment Centre. It was reported that -

- (a) the NEW Devon CCG Western Locality Board made the decision not to renew the contract for orthopaedic surgery at the Peninsula Treatment Centre. The contract would come to a natural end on 31 March 2015;
- (b) this was not connected with the urgent and necessary measures;
- (c) two interactive workshops with consultants, GPs, Healthwatch and 'expert' patients took place looking at the future of orthopaedic care for the city;
- (d) ideally the service would move away from surgery as the end point and ensuring that GPs were better informed before making a referral. Those patients that need surgery would be seen more rapidly if required;
- (e) alternatives to surgery includes weight management, pain management and improving people's wellbeing. They were looking at prevention and getting people fitter;
- (f) the service would be provided in the same way but with less providers;
- (g) they would continue to engage with members of the public, Healthwatch and Age Concern to shape the future of what the service would look like. An event was taking place on 17 February 2015 looking at specific service development for potential users of the service in the future.

In response to questions, it was reported that -

- (h) demand for surgery had decreased and growth of the city was built into the planning across all services;
- (i) the choice for Plymouth patients would continue;
- (j) money saved would be invested into active conservative management and would also fund underfunded areas of care.

Agreed that the Panel to monitor the supply and demand following the closure of the Peninsula Treatment Centre; looking at capacity and ensuring Plymouth residents receive the best service.

### 37. **DERRIFORD HOSPITAL FUNDING**

Lee Budge, Director of Corporate Business and Joe Teape, Director of Finance provided the Panel with an update on the current funding issues at Derriford Hospital. It was reported that –

- (a) they were extremely proud of the hospital and the wide range of services offered;
- (b) more hospitals were getting into financial difficulty and at Derriford they were facing big saving challenges over the next two years;
- (c) there were three structural funding issues –
  - urgent care
  - market forces factor
  - education and training
- (d) they were facing an extremely challenging landscape but wanted to continue to provide the best possible service. There was no intention to stop providing any services.

It was raised that Derriford Hospital has been in deficit for some time and how this compared with Royal Devon and Exeter Hospital who were running a larger deficit. It would be useful for this panel to have an understanding on this.

In response to questions raised, it was reported that -

- (e) all hospitals receive the same tariff. Adjustments were made to the tariff for the work undertaken and Exeter's tariff was slightly higher than Plymouth;
- (f) most of the undergraduates after receiving training would often stay at the hospital. They were looking at ways to reduce the £8m deficit spent on teaching health professionals.

It was felt by the Panel that the Health Sector was facing very challenging climate and for this Panel to look at in more detail the Health Deal for Plymouth. It was agreed that a review would be undertaken by the Caring Panel looking at Plymouth's Health Economy.

### 38. **TRACKING RESOLUTIONS**

The Panel noted the progress made with regard to the tracking resolutions and letter sent to the Secretary of State on the Better Care Fund.

39. **WORK PROGRAMME**

The Panel agreed the following changes to the work programme –

- Urgent and Necessary measures to be looked at in January.
- remove CAMHS, Devon Doctors Out of Hours and Dementia.

40. **EXEMPT BUSINESS**

There were no items of exempt business.