

Caring Plymouth

Thursday 5 March 2015

PRESENT:

Councillor Mrs Aspinall, in the Chair.

Councillor James, Vice Chair.

Councillors Mrs Bridgeman, Sam Davey, Jarvis (substituting for Councillor John Smith), Dr. Mahony, Mrs Nelder, Mrs Nicholson, Parker-Delaz-Ajete, Dr. Salter and Stevens.

Apologies for absence: Councillor John Smith

Also in attendance: Caroline Marr – Policy and Business Planning Officer, Richard Grant – Local Planning Manager, Kelechi Nnoaham – Director for Public Health, Councillor Tuffin, Cabinet Member for Health and Adult Social Care, Anna Coles, Project Manager, Craig McArdle, Head of Corporate Commissioning, Guy Marshall, Senior Finance Analyst, Plymouth City Council and Nicola Jones, Commissioning Lead and Ben Chilcott, Chief Finance Officer – NEW Devon CCG, Dave Simpkins, Assistant Director for Co-operative Commissioning and Adult Social Care, Kate Jones, Project Manager and Graham Wilkin, Interim Senior Manager, Ross Jago – Lead Officer and Amelia Boulter – Democratic Support Officer.

The meeting started at 2.00 pm and finished at 4.45 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**

The following declarations of interest were made in accordance with the code of conduct –

Name	Minute Number	Reason	Interest
Councillor Mrs Aspinall	Minute 45 – Integrated Health and Wellbeing	Governor of a Special School	Personal

42. **CHAIR'S URGENT BUSINESS**

There were no items of Chair's Urgent Business.

43. **MINUTES**

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

44. **PLYMOUTH PLAN**

Kelechi Nnoaham, Director for Public Health, Richard Grant, Local Planning Officer and Caroline Marr, Policy and Business Planning Officer presented the Plymouth Plan (Part One) Consultation Draft to the Panel. It was reported that –

- (a) the Plymouth Plan replaces the Local Development Framework (LDF) and pulls together all the strategies into a single strategic framework. One single place to access the change agenda for the city;
- (b) public health have been very involved in the development of the plan, looking at the impact of planning on health, transport systems etc. It was reported that Plymouth has the greatest density of fast food outlets which affects the health outcomes relating to obesity.

In response to questions raised, it was reported that -

- (c) NHS England has a seat on the Health and Wellbeing Board (HWB) which has a statutory responsibility to drive forward health and wellbeing;
- (d) they were starting to look at the governance and performance but this was a complex task and do not want to create something new and would be plugging into existing regimes;
- (e) with the continual changes within the NHS it was important that the Plymouth Plan recognises and addresses the changes;
- (f) there was a gap in the plan to have more vision on movement around the city. Planners were working closely with health on where we want to be in the future;
- (g) there was a policy within the plan to ensure that fast food outlets were not within a 400 metre radius of a school.

Agreed that –

1. The Caring Plymouth Panel is in agreement with the Health and Wellbeing Board that the Joint Health and Wellbeing Strategy is submitted into the Plymouth Plan and recognises the opportunities to enhance the populations health through the improvements to the socio-economic determinants that the Plymouth Plan will achieve.
2. The Caring Plymouth Panel noted the report and will forward comments from the debate to the Plymouth Plan team.

45. **INTEGRATED HEALTH AND WELLBEING**

Councillor Tuffin, Cabinet Member for Health and Adult Social Care, Craig McArdle, Head of Corporate Commissioning, Anna Coles, Project Manager, Guy Marshall, Senior Finance Analyst, Plymouth City Council and Nicola Jones, Commissioning Lead, Ben Chilcott, Chief Finance Officer, NEW Devon CCG were present for this item. Please click on link below to access the presentation provided to the Panel.



ScrutinyPresentation
v2.pptx

It response to questions raised, it was reported that -

- (a) there was a total integrated fund £462m;
- (b) there was a framework to include partners within this partnership but not at this stage;
- (c) there was a risk share on the whole integrated fund for both organisations and the maximum risk for Plymouth City Council would be £0.500m;
- (d) dementia was covered in the community and they would look to expand this;
- (e) they would monitor the impact on people by having a dashboard of the system and building this into their workplan.

Agreed that –

1. the Caring Plymouth Panel support the Integrated Commissioning Programme and note the 4 integrated strategies –
 - Commissioning Strategy for Children and Young People;
 - Commissioning Strategy for Wellbeing;
 - Commissioning Strategy for Complex Care;
 - Commissioning Strategy for Community Based Care.
2. the Caring Plymouth Panel recommend to the Health and Wellbeing Board that the commissioning strategies are in line with the principles of the Health and Wellbeing Strategy.
3. invite Plymouth Community Healthcare to a Caring Plymouth meeting in November 2015 for an update on the integration of health and social care.
4. the Caring Plymouth Panel thanked everyone involved in this huge programme.

(Councillor Stevens left partway through this item at 3.35 pm).

46. **CARE ACT**

Councillor Tuffin, Cabinet Member for Health and Adult Social Care, Dave Simpkins, Assistant Director for Co-operative Commissioning and Adult Social Care, Kate Jones, Project Manager and Graham Wilkin, Interim Senior Manager provided a presentation to the Panel.

It was reported that the current legislation dates back to 1948 and was in need of reform and to bring the legislation into a modern single piece of statute. There were new duties for the local authority and new rights for services users and would help people to live independently and longer by putting people's wellbeing at the centre. The Act would be implemented in two parts, from the 1 April 2015 about carers and deferred payments and from 1 April 2016 funding reforms and Dilnot Cap on care costs.



2015 03 05 - Care
Act Presentation for (

In response to questions raised, it was reported that -

- (a) the Care Act Implementation Setting Group were currently working on 14 projects and they would be fit and fully compliant for 1 April 2015;
- (b) it was difficult to predict what the demand would be, money had been allocated for Phase 1 of the implementation but Phase 2 implementation would be more costly;
- (c) the new modelling tool from the Department of Health would help with the modelling for part 2 and would give us more of idea on the number of carers and self-funders;
- (d) for carers that didn't want any support, the Mental Capacity Act would come into play, providing someone had the capacity, they would not intervene.

Agreed that the Caring Plymouth Panel –

- 1. Note the presentation.
- 2. Add the Care Act “Part 2” as a key area for consideration in the forthcoming municipal year.

47. **CARING ACHIEVEMENTS 2014 - 15**

The Chair asked the Panel to highlight their achievements throughout 2014-15. The Panel were unable to identify the achievements made and therefore delegated to the Chair, Vice Chair, Lead Officer and Democratic Support Officer to pull together the Caring achievements for submission into the Annual Scrutiny Report.

Agreed that the Chair, Vice Chair, Lead Officer and Democratic Support Officer to pull together the achievements for the Caring Plymouth Panel for submission into the Annual Scrutiny Report.

48. **TRACKING RESOLUTIONS**

The Panel noted the progress made with the tracking resolutions. The Chair received a response from Norman Lamb MP with regard to the issues raised regarding the work around the BCF.

49. **WORK PROGRAMME**

The Chair thanked the Panel for their work over the last year and extended her gratitude to Giles Perritt, Candice Sainsbury, Ross Jago and Amelia Boulter.

50. **EXEMPT BUSINESS**

There were no items of exempt business.