Caring Plymouth

Thursday 3 September 2015

PRESENT:

Councillor Mrs Bowyer, in the Chair.
Councillor Mrs Aspinall, Vice Chair.
Councillors Mrs Bridgeman, Sam Davey, Mrs Foster, Fox, James, Mrs Nicholson, Parker-Delaz-Ajete and Dr. Salter.

Also in attendance: Steve Waite, Tracy Clasby, Sarah Pearce, Graham Wilkin and Dave Simpkins – Plymouth Community Healthcare; Craig McArdle – Plymouth City Council, Karen Kay – NEW Devon CCG, Ross Jago – Lead Officer and Amelia Boulter – Democratic Support Officer.

The meeting started at 2.00 pm and finished at 4.35 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.

10. DECLARATIONS OF INTEREST

There were no declarations of interest made.

11. CHAIR'S URGENT BUSINESS

There were no items of Chair's urgent business.

12. MINUTES

Agreed that the minutes of the meeting of 2 July 2015 were confirmed, subject to the following amendment:-

Minute 1 – Declarations of Interest. To amend that Councillor Dr Salter is a Governor of a Panel at Derriford Hospital which has advisory powers.

13. CAMHS

Steve Waite and Tracy Clasby, Plymouth Community Healthcare (PCH) provided an update on CAMHS. It was reported that –

(a) CAMHS have undergone a redesign and have faced significant challenges since PCH undertook this service 4 years ago;

(b) a children and young people's Place of Safety opened on 31 March 2015 at Plym Bridge. The Place of Safety covers Devon, Torbay and Plymouth and any young person under the age of 18 detained by the police on a Section 136 would be brought to the Place of Safety;

(c) they were aiming to reduce the waiting times to access CAMHS to 6 weeks by December last year. This has not yet been achieved due to an increase in workloads;

(d) they were looking at the early intervention and providing support to schools, health visitors and school nurses to identify those families in need of support as well as looking at other areas of specialist care such as eating disorders and perinatal mental health.

In response to questions raised it was reported that –

(e) they were currently reviewing the pathway to identify children earlier and wouldn't discharge children from CAMHS until they were picked up by adult services;

(f) enhanced provision for children in care and the CAMHS team work closely with the Placements Team for earlier involvement;

(g) on occasion children were sent out of the area but this was very rare. If a young person required a specialist unit then they would have to move out of the area and NHS England were currently undertaking a review of Tier 4 units across the country;

(h) CAMHS were working more closely with schools and do accept referrals from schools;

(i) they were working with different partners with different IT systems and the future was to have one record for any individual and using SystemOne to access clinical records;

(j) they were ensuring that a member of the CAMHS team would be present at CAF meetings and all schools have the relevant contact details;

(k) they have been engaged in the development of the commissioning strategies and were working with the CCG for additional funds. They have been very actively engaged with a clear focus on identifying the gaps and worked with the commissioners over the last 12 months;

(l) the Crisis Outreach Team have a consultant available every afternoon and if a referral was received which needed immediate attention the young person would be seen urgently.

Agreed that Plymouth Community Healthcare provide the Panel with a report outlining the IT systems used and the CAMHS Performance Indictors for future scrutiny at a Panel meeting.

14. DELAYED TRANSFER OF CARE

Steve Waite and Sarah Pearce from Plymouth Community Healthcare provided the Panel with a presentation on Delayed Transfer of Care (DToC). It was reported that -

(a) DToC from acute or non-acute (including community and mental health) care occurs when a patient is ready to depart from care but is still occupying a bed;

(b) the Robin Community Assessment Hub piloted in February 2015 and opened in March 2015 is a 10 bedded ward and provides a multi-disciplinary community approach to reducing avoidable admissions for the elderly population;

(c) the Acute Care at Home launched in February 2015 provides an alternative to hospital inpatient stays by delivering intravenous therapy treatment in the home and prevents admissions and speeds up discharge;

(d) Acute Care at Home and the Robin Community Assessment hub are the "alternative front door" to the Emergency Department and complement PCH's existing Acute GP Services.

The Chair thanked the team for the tour of Mount Gould Hospital which included the Plym Neuro Rehabilitation Unit. The Panel were keen to support PCH's campaign for a new building for this unit. PCH were pulling together a group to look at this and value scrutiny's support.

Agreed that –

1. Following the tour of Plymouth Community Healthcare's (PCH) Plym Neuro Unit, the Panel support PCH's plans to address the accommodation for the unit.

2. Steve Waite, Chief Executive to write to the Chair of Caring Plymouth, outlining progress to date.

3. The Chair of Caring Plymouth to write to NHS England outlining the Panel's support to address the accommodation at the Plym Neuro Unit.

15. INTEGRATED HEALTH AND SOCIAL CARE

Graham Wilkin and Dave Simpkins provided the Panel with a presentation on the Integrated Service model. It was reported that –

(a) Plymouth Adult Social Care services were successfully transferred into Plymouth Community Healthcare on the 1 April 2015 and provides a fully integrated system of care to the people of Plymouth;

(b) The next stage was to achieve full integration of services by December 2015 to include –

- compliance with the Care Act 2014
- single point of entry
- integrated IT systems
- flexible, well trained and supported workforce

(c) the Integrated Locality Model is split into 3 service areas –

- single front door/urgent care services;
- 4 locality teams (North (Windsor House), South (PCH), East (Plympton) and West (Cumberland Centre);
- city-wide services.

(d) the single front door comprises of two main pathways routine and urgent. All referrals are to be triaged via a single access point and dealt with via the routine pathway or the urgent pathway;

(e) the four locality team would be geographically spread across Plymouth and would provide nursing services, professional social work, occupational therapy and other community based therapies such as speech and language within an integrated team setting;

(f) citywide services include community, outpatient and hospital based services for adults and young people provided throughout Plymouth.

In response to questions raised, it was reported that they were reviewing the options with regard to ICT and were looking to move to SystemOne with access to CareFirst. They were making sure the right services are in the right place and aim to have integrated services from December 2015.

Agreed that the Caring Plymouth Panel receive a further update on the progress made on Integrated Health and Social Care.

16. INTEGRATED COMMISSIONING STRATEGIES

Craig McArdle and Karen Kay provided the Panel with a presentation on the Integrated Commissioning Strategies. It was reported that there had been significant changes since the panel first saw the strategies in March and a number of consultation events had taken place with providers. It was reported that –

(a) Plymouth Integrated Fund for Health and Wellbeing the initial figure was £462m was now £476.12m;

(b) the aims of the an integrated population-based health and wellbeing system -

- to improve health and wellbeing outcomes for the local population;
- to reduce inequalities in health and wellbeing of the local population;
- to improve people's experience of care;
- to improve the sustainability of the health and wellbeing system.

(c) individuals to be at the centre with the right care, at the right time and in the right place;

(d) the 4 strategies are –

- Wellbeing;
- Children and Young People;
- Enhanced and Specialised Care;
- Community.

(e) System Design Groups would be taking responsibility for one of the 4 integrated commissioning strategies and would centre on improving health and wellbeing outcomes, reduce health and wellbeing inequalities, improve individual care and people's experience of care and improve system sustainability.

(f) feedback received has been positive and asked to reflect more on the user and primary care.

In response to questions raised, it was reported that –

(g) the larger voluntary and community sector organisations have the capacity to attend events and they were looking at ways to engage with the smaller providers. Regular engagement takes place with the Octopus Project who already delivers a lot of services around welfare and reform. The voluntary and community sector and Healthwatch are also members of the Health and Wellbeing Board who have been engaged with this process;

(h) the Children and Young People Commissioning Strategy includes early intervention and prevention and they were acutely aware that the same principles need to equally applied to adults and children.

17. **TRACKING RESOLUTIONS**

The Panel noted the progress made with the tracking resolutions and agreed that with regard to Minute 15 (7 August 2014 Panel Meeting) – Commissioning Strategy for Maternity Services. A PID is produced to look at Maternity Services at Derriford Hospital.

18. **WORK PROGRAMME**

The Panel noted the work programme and agreed to delegate to the Chair and Vice Chair to manage how the Panels review the Performance Indictors, and to include Diagnostic Waiting Times to the work programme.

19. **EXEMPT BUSINESS**

There were no items of exempt business.