

Wellbeing Overview and Scrutiny Committee

Wednesday 26 April 2017

Present:

Councillor James, in the Chair.

Councillor Bowie, Vice Chair.

Councillors Mrs Bridgeman, Cook, Dann, Mrs Foster, Loveridge, Dr Mahony, Sparling, Tuffin and Tuohy.

Apologies for absence: Councillor Mrs Aspinall

Also in attendance: David Northey (Head of Integrated Finance), Carole Burgoyne (Strategic Director for People), Rob Sowden (Performance Advisor), Ruth Harrell (Director of Public Health), Councillor Mrs Bowyer (Cabinet Member for Health & Adult Social Care), Ross Jago (Lead Officer) and Helen Rickman (Democratic Support Officer).

The meeting started at 3.00 pm and finished at 4.33 pm.

Note: At a future meeting, the Panel 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 in accordance with the code of conduct.

11. **Chairs Urgent Business**

Ross Jago (Lead Officer) advised Members that Councillor Mrs Aspinall was unable to attend the meeting however she had requested that a statement be read out on her behalf regarding the following:

- (a) Members were thanked for their contribution and teamwork over the year and were reminded that at any point they were able to bring items to be considered for select committee hearings;
- (b) Councillor Mrs Foster was given good wishes for her year as Lord Mayor;
- (c) Councillor Mrs Aspinall had been invited to be a member of a task and finish group on the procurement of any new contracts for surgery provision for 2018; she would keep Members updated;
- (d) Councillor Mrs Aspinall thanked Councillor James for his support as Vice Chair, and also thanked Councillor Bowie, Portfolio Holders and Officers for their attendance and support.

Under this item Ross Jago also advised Members that in light of the recent General Election announcement the NHS had been issued guidance from the Department of Health and the Cabinet Office advising that representatives should not attend public events during the Purdah period where matters considered to be controversial were due to be discussed; Officers from the NHS, Health Trust and Hospital Trust would therefore not be in attendance.

Members of the Committee were advised that the reports provided by the NHS were attached to the agenda and were prepared and published before the General Election was called therefore Members had the opportunity to discuss and debate them in the absence of the NHS.

12. **Minutes**

Agreed the minutes of the meetings held on 25 January 2017 and 15 March 2017 as a correct record.

13. **Integrated Fund Monitoring Report**

David Northey (Head of Integrated Finance) and Carole Burgoyne (Strategic Director for People) provided Members with an update on the Integrated Fund Monitoring Report.

Members were advised that the report set out forecast financial performance of the Plymouth Integrated Fund for the month of February 2017 (month 11).

In response to questions raised it was reported that –

- (a) the overall health contribution to the fund was forecast to be overspent against budget at £0.4m; shortfalls would roll over into the next year however further information would be provided to Members in writing;
- (b) the Children, Young People and Families Service reported a budget pressure of £0.306m a reduction of (£0.245m) in the month; the Budget Containment Board was monitoring this however the reduction was as a result of additional vacancy savings (£0.104m), reduced costs of legal agents (£0.015m) and a reduction in the cost of looked after children's placements (£0.126m);
- (c) in the last 11 months, Plymouth observed an increase in the number of children in care of 5.4%. The continued increase in numbers of children in care was in line with national and regional trends. The overall number of children in care at the end of February was 408;
- (d) the Strategic Co-operative Commissioning (SCC) service reported an overspend on budget of £0.200m at month 11 – a decrease of (£0.247m) from last month. This was due to a reduction in client numbers, a reduction in commissioned contracts and an assessment of high cost packages;
- (e) details surrounding an increase in possible privatisation in treatment would be provided to Members in writing;

- (f) reported savings in community connections increased by (£0.033m) to (£0.081m) as a result of further staff savings through recruitment to a new structure and additional income recharging staff to grant projects. It was legitimate for staff time to be put against projects; this was signed off by the 151 officer;
- (g) the CCG had a deficit position of £42.1m for the year following the release of the non-recurrent headroom reserve and a cumulative deficit of £120.5m;
- (h) acute care commissioned services had a budget allocation and forecast spend reflecting the anticipated final contract value of £176.7m; where the Trust didn't have capacity to deliver, additional capacity was sourced from the system as a whole;
- (i) information from Plymouth Hospital's Trust regarding ambulance handover targets and cancelled operations (breakdown of figures) would be provided to Members.

The Chair thanked officers for their attendance.

Agreed that Members would be provided with responses to minute 13 (a) (e) (i) as detailed above.

14. **Integrated Commissioning Score Card**

Rob Sowden (Performance Advisor), Ruth Harrell (Director of Public Health), Councillor Mrs Bowyer (Cabinet Member for Health & Adult Social Care) and Carole Burgoyne (Strategic Director for People) provided Members with an update on the Integrated Commissioning Score Card.

Members were advised that –

- (a) information contained within the report, where possible, included data for health and wellbeing from quarter 4 for 2016/17;
- (b) results from the Annual People Survey reported a drop in the percentage of people with low satisfaction and low happiness however there were increases in the percentage of people with low worthiness and high anxiety;
- (c) there had been an improvement in the percentage of re-referrals into children's social care and the number of children with child protection plans, however there were still challenges with referral to treatments, 4 hour waits in A&E and delayed transfers of care.

Prior to questions from Members, Ross Jago (Lead Officer) advised the Committee that the intention of the report was to help populate the work programme and identify areas of future scrutiny.

Key areas of questioning from Members related to the following:

- (d) concerns with 18 weeks referral waiting times, A&E four hour waiting times and the failing Dementia diagnosis rates national target despite Plymouth being a Dementia Friendly City;
- (e) performance surrounding homelessness, including, benefit changes, young people and the correlation between B & B accommodation and homelessness;
- (f) the reduction in the number of children requiring child protection plans;
- (g) concerns surrounding the red trend relating to substance misuse in young people as well as hospital admissions relating to mental health admissions;
- (h) delayed transfer in care and the increasing trend presented above the national average as well as links to the sustainable transformation plan;
- (i) the red rating for breastfeeding data;
- (j) more detail surrounding the hospital admissions relating to self-harm for 10-24 year olds and why the trend was listed as 'n/a';;
- (k) concerns as to why the trend for the chlamydia detection figures had gone from green to red;
- (l) timescales relating to the Sustainable Transformation Plan.

It was agreed that –

1. Members would be provided with more detail surrounding the increase in substance misuse in young people as well as hospital admissions relating to mental health admissions;

2. The following items would be included on the Wellbeing Overview and Scrutiny Programme in order to monitor progress:

- Homelessness
- Social care re-referrals and the reduction in child protection plans
- Pathway work relating to emotional and mental health and children
- Delayed transfer in care
- A+E attendance for 0-4 year olds and action plans addressing those trends

The Chair requested that in future action plans should be submitted alongside scorecards in order to explain the trends.

15. **Update on GP Commissioning**

Members discussed the update on GP Commissioning in the absence of representatives from the NHS.

The following comments were raised:

- (a) the briefing indicated an emphasis on the orderly close-down of surgeries however it was considered that in reality patients were turned away as the close down dates approached without being given the information required to transfer to another surgery. There was concern that almost 1/4 of patients needing to be transferred had not re-registered and it was considered that the majority of those were highly vulnerable people. The briefing failed to reflect the process undertaken and the consultation itself had failings as patients received letters regarding drop-in surgeries after they had taken place. There was an expectation that the briefing would include lessons learned by NHS England and a framework for learning, especially as there was an indication that the closure of the four surgeries was just the beginning;
- (b) it was considered that the four surgeries that had closed had a mobile population, with the Hyde Park surgery having a large number of students registered. Members questioned if patients not re-registered were still living in Plymouth;
- (c) Members were not happy with the closures, especially the closure of the Cumberland surgery;

Agreed that -

1. a response would be provided to Members in relation to the questions listed below:
 - with regards to the GP surgeries that were accepting transferred patients, how were those surgeries monitoring the integration of the newly re-registered patients and what was the impact upon the service, specifically with regards to waiting times to see a doctor?
 - an update was requested on the number of patients not re-registered as well as an indication as to what had happened to the staff for the closed surgeries;
 - what plan was in place for the Ernesettle site once the contract had expired?
2. an update on GP Commissioning would be added to the Committee's work programme for further scrutiny;
3. a further report on lessons learned relating to the handing back of contracts across GP surgeries for Plymouth would be provided to the Committee;
4. Ross Jago (Lead Officer), once provided with more information, would direct Councillor Tuffin to the correct area of the Council for a response, with

regards to a query he raised to problems experienced by a local surgery due to parking issues.

16. **CQC Inspection Results**

Agreed that this item would be re-scheduled after the elections for when someone from the Health Trust could attend in order to give an update.

Members specified that a glossary of abbreviations is to be included.

17. **Tracking Resolutions**

Ross Jago (Lead Officer) advised Members that requests for information had been sent; the information would be circulated to Members once received.

18. **Work Programme**

Members agreed to include the following to the work programme:

- Update on SEND
- Update on Homelessness