

Health and Adult Social Care Overview and Scrutiny Committee

Thursday 25 October 2018

PRESENT:

Councillor Mrs Aspinall, in the Chair.

Councillor Mrs Bowyer, Vice Chair.

Councillors Corvid, James, Laing, Loveridge and Parker-Delaz-Ajete.

Apologies for absence: Councillor Hendy

Absent from the meeting: Councillor Dr Mahony

Also in attendance: Councillor Tuffin (Cabinet Member for Health and Adult Social Care), Dr Adam Morris (Chief Executive, Livewell South West), Kevin Baber (Chief Operating Officer) and Julie Morgan (Head of Audit, Assurance and Effectiveness) from Plymouth Hospitals Plymouth NHS Trust, Ruth Harrell (Director of Public Health), Claire Turbutt (Advanced Public Health Practitioner), Fiona Phelps (Head of Commissioning), Craig McArdle (Director for Integrated Commissioning), David Northey (Head of Integrated Finance) and Amelia Boulter (Democratic Support Adviser).

The meeting started at 2.00 pm and finished at 4.50 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.

29. **Declarations of Interest**

There were no Declarations of Interest made.

30. **Minutes**

Agreed the minutes of the meeting 26 September 2018.

31. **Chair's Urgent Business**

The Chair highlighted the GP Select Committee taking place on 15 November 2018 and for Members to come forward if they wish to sit, if a Member was unable to sit on the Select Committee they were encouraged to put forward questions.

32. **Livewell SW CQC Action Plan**

Dr Adam Morris (Chief Executive, Livewell South West) was present for this item and referred to the report that was included in the agenda.

In response to questions raised, it was reported that –

- (a) the involvement of children with their care plan was an absolute must and have one of their locality managers who specifically focusses on children and young people's services and any of the deficits described within this report would be addressed very quickly;
- (b) they were very clear with staff to speak openly to CQC Inspectors because this was an opportunity to make improvements and important to have those honest conversations;
- (c) the commonest two causes for absence from work were musculoskeletal injuries and emotional issues. They have in place a whole range of training for managers to help manage these problems. It was also important to value staff and ensure that the workforce was healthy;
- (e) the CAMHS service was the second most responsive to need in the country and the most needed would receive treatment and support.

The Committee **noted** the Livewell South West CQC Action Plan and thanked Dr Adam Morris and staff at Livewell South West for their excellent inspection.

33. **University Hospitals Plymouth NHS Trust CQC Action Plan: Update on actions related to the two Warning Notices**

Kevin Baber (Chief Operating Officer) and Julie Morgan (Head of Audit, Assurance and Effectiveness) from Plymouth Hospitals Plymouth NHS Trust were present for this item and referred to the report included in the agenda.

In response to questions raised, it was reported that -

- (a) the completion of the action plan was dependent on workload pressures however, they had made significant improvements in both pharmacy and imaging and were happy with the submission to the CQC;
- (b) they rely on mobile scanning units to top up the capacity at the hospital and are used as back-ups. They have 2 new CT scanners and brought in an additional mobile MRI to replace existing ones in the near future;
- (c) they were looking to implement electronic prescribing within the hospital and happy to share future developments with the Committee.

The Committee noted the update and agreed to receive a further update in January on the CQC Action Plan.

34. **Director of Public Health Annual Report**

Ruth Harrell (Director of Public Health) and Claire Turbutt (Advanced Public Health Practitioner) were present for this item and referred to the report that was included in the agenda.

In response to questions raised, it was reported that -

- (a) they focussed on the more deprived groups that find it hard to make life changes and Thrive Plymouth was about working with partners who can reach these groups to enable the changes and to make the steps to a healthier life style;
- (b) Plymouth has good connections with partners and by taking a system leadership approach and working to together because we have a shared vision and want to make a difference;
- (c) they have worked with the Planning Officers to create the Joint Local Plan and a within that a policy looked at the prevention of the development of fast food outlets around secondary schools in the city. There also needs to be a system wide approach and we are currently working with fast food restaurants to improve content and portion sizes and how we licence those premises;
- (d) they have seen a slight narrowing of the gap, however it was difficult to interpret what they were seeing in the terms of the numbers. Data would be monitored closely and it was reported that they were making improvements on teenage conception and employment rates,;
- (e) Plymouth was set in a good location and those who find it easier to access this would be the people already making those positive choices. The Natural Infrastructure Team were helping to make the smaller areas around the city much more accessible to people and following a behaviour analysis, signage was changed to make areas more welcoming.

The Committee noted the Director of Public Health Annual Report.

35. **Planned Care Programme Briefing**

Fiona Phelps (Head of Commissioning) and Craig McArdle (Director for Integrated Commissioning) were present for this item and referred to the report included in the agenda.

In response to questions raised, it was reported that –

- (a) a new partnership between the University Hospital Plymouth and Care UK (Peninsula Treatment Centre) to undertake elective in-patient orthopaedic treatment would commence soon. This would take the pressure off the hospital during the winter period and would ensure treatments were not cancelled following last year's winter pressures;
- (b) waiting times in Plymouth have significantly reduced and this scheme would reduce the access to the demand;
- (c) commissioned services around wellbeing such as smoking cessation and weight loss, it was reported that less people were being referred and this should be a joint effort in how we market these services to the wider population as well as the benefits of using these programmes;
- (d) wellbeing hubs were a clear delivery vehicle to get communications out to a wider audience. They were also in the process of reviewing the Plymouth Online Directory which needs a makeover and another vehicle to get the messages out to the public and professionals;
- (e) they reviewed the data and there was a bias towards the least deprived areas. It was reported that people in the least deprived areas have a higher expectation and clear on what they expect in terms of their health needs. Those in the most deprived area would often wait and present with much worse conditions. This had readdressed the bias and would now look at clinical need and not background.

The Committee noted the report and end of year review at the March meeting.

36. **Integrated Performance Scorecard**

Ruth Harrell (Director of Public Health) and Craig McArdle (Director for Integrated Commissioning) were present for this item and referred to the report included in the agenda pack.

In response to questions raised, it was reported that -

- (a) the Healthy Child Quality Mark was used within $\frac{3}{4}$ of the schools as well as strong sports partnerships which has engaged children in a wide range of activities. CaterEd was working within schools and the community to provide support and advice on healthy eating and choices;

- (b) around approximately 700 children in total were classed as obese or overweight and more accurate numbers can be provided for each of the age ranges;
- (c) food poverty was an issue in Plymouth and the unsure of the impact of universal credit. There were organisations already working on food poverty and affordable healthy food and about making sure that people on low incomes making the right choices;
- (d) the release of the vaccinations for the over 65s vaccine was phased and they have yet to see the recent uptake figures.

The Committee noted the Integrated Performance Scorecard and requested further information on the exact numbers of children and adults classified as overweight or obese.

37. **Integrated Finance Report**

Councillor Ian Tuffin (Cabinet Member for Health and Adult Social Care) and David Northey (Head of Integrated Finance) referred to the report included in the agenda pack.

In response to questions raised, it was reported that -

- (a) the funding packages of care for complex young people can be very challenging. There were a whole team of commissioners to ensure the right services provided for these young people;
- (c) there was a plan in place to address the overspend and more stringent reviews were taking place to address this such as reviewing packages of care.

The Committee noted the update from the Integrated Finance Report.

38. **Work Programme**

The Committee noted the work programme.

39. **Tracking Resolutions**

The Committee noted the tracking resolutions.