

Health and Adult Social Care Overview and Scrutiny Panel

Thursday 28 February 2013

PRESENT:

Councillor Mrs Aspinall, in the Chair.

Councillor Monahan, Vice Chair.

Councillors Mrs Bowyer, Fox, Gordon, James, Dr. Mahony, Parker, Jon Taylor and Tuffin.

Co-opted Representatives: Sue Kelley, Local Involvement Network

Apologies for absence: Councillor Mrs Nicholson

Also in attendance: Councillor Sue McDonald, Cabinet Member for Public Health and Adult Social Care, Dr Peter Rudge, Chair of Western Locality Commissioning NEW Devon Clinical Commissioning Group (CCG), Candice Sainsbury, Lead Officer Plymouth City Council (PCC) and Ross Jago, Democratic Support Officer (PCC)

The meeting started at 2 pm and finished at 4.15 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.

57. DECLARATIONS OF INTEREST

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

Name	Minute Number and Issue	Reason	Interest
Councillor Dr Mahony	Minute No. 62 NEW Devon Commissioning Intentions	Member of the Governing Body Western Locality NEW Devon	Personal
Councillor J Taylor	Minute No. 62 NEW Devon Commissioning Intentions	Clinical Commissioning Group Employee	Personal

58. **CHAIR'S URGENT BUSINESS**

The Chair thanked the Assistant Director for Joint Commissioning and Adult Social Care, Pam Marsden, who was leaving the council in May. After seven years in Plymouth, Pam was moving to join Pembrokeshire County Council as Director of Adult Social Care.

Agreed that the Chair would write to Pam Marsden expressing thanks on behalf of the panel.

59. **MINUTES**

Agreed to approve the minutes of the 24 January 2013.

60. **TRACKING RESOLUTIONS AND FEEDBACK FROM THE OVERVIEW AND SCRUTINY MANAGEMENT BOARD**

The panel noted the tracking resolutions.

61. **JOINT HEALTH AND WELLBEING STRATEGY (JHWBS)**

The Chair welcomed Dr Peter Rudge Chair of the Western Locality Northern, Eastern and Western Devon Clinical Commissioning Group (CCG) and Vice-Chair of the Shadow Plymouth Health and Wellbeing Board (HWB).

Dr Rudge provided a presentation on the Joint Health and Wellbeing Strategy and the NEW Devon Clinical Commissioning Group. The presentation highlighted –

- (a) that plans and strategies of both the CCG and HWB sought to reconfirm that people were at the centre of services;
- (b) the current economic climate was forcing all public sector organisations to look at the system in a different way;
- (c) the CCG was the largest in the country, had clear clinical leadership and was on course to be established in April;
- (d) the HWB had developed a clear vision of what it wanted to see for all the people of Plymouth, supported and framed by its own definition of health and wellbeing. The board's vision is to see "Happy Healthy Aspiring Communities" throughout Plymouth;
- (e) the developing Joint Health and Wellbeing Strategy (JHWBS) provided three core strategic approaches which were to ensure shared ownership of the sustainability agenda, ensure that systems were developed and used that made the best use of resources and to move the focus of work to the promotion of health and wellbeing. The three core strategic approaches were aligned with those of the CCG;

- (f) the HWB would evidence alignment with the core approaches and constantly ensure that resources were focused toward prevention and hence the promotion of health and wellbeing;
- (g) in developing their definition of health and wellbeing the HWB had used four cornerstones Body, Mind, Heart and Spirit. The balance between these ingredients was thought to be central to an individual's health and wellbeing and framed the recommendations of the Marmott Report 2010;
- (h) Plymouth's Shadow Health and Wellbeing Board would shortly launch a public consultation about how best to improve health and wellbeing across the City. The consultation would not be on a finished strategy, but a conversation with the City about health and wellbeing.

In response to questions from the panel it was reported that –

- (i) it was difficult to see how the system would run in the future, there would be a big role for voluntary and community sector, community interest companies and social enterprise. The alignment of existing providers was critical;
- (j) annual performance measurements were a problem in the NHS and that performance needed to be measured over 5-10 years. An improved life expectancy measurement would indicate that plans were working;
- (k) in its current form the NHS was unsustainable, to ensure a sustainable service people must be prevented from being patients;
- (l) there was a need to create a value based system where informed decisions were made. Currently the information nor the technical expertise existed to deal with the current problems in the NHS;
- (m) the new system would require huge culture change and staff would need to be prepared to make that journey. The CCG was now fully staffed and staff had job security. The biggest risk to the CCG was maintaining the membership organization;
- (n) the cooperative values of equality, self-responsibility and solidarity were clear in the document prepared by the board;
- (o) clinical engagement in commissioning had been around for some time although previously without adequate leverage. The CCG had both elected and employed clinicians making commissioning decisions, managers working in partnership with clinicians;

- (p) NHS rationing, where a NHS Commissioner refused to fund a medical treatment which had been requested by a patient and recommended by an NHS treating clinician, would be a sign of failure for the CCG.

Agreed to recommend -

- (1) that the City Council, through the Health and Wellbeing Board, develop and implement a Health and Wellbeing impact assessment for all council reports;
- (2) that the Health and Wellbeing Board ensure that the consultation document is available in formats accessible to people with a range of abilities;
- (3) the Cabinet Member for Cooperatives and Community Development is invited to a meeting of the Health and Wellbeing Board to discuss the cooperative council;
- (4) scrutiny panel members use their community networks to discuss and collect consultation response to the questions posed in the health and wellbeing consultation document to be fed back through the formal consultation route or the Democratic Support Officer for the panel.

(Agenda item 5 and 6 were combined to facilitate better management of the meeting.)

62. **NEW DEVON COMMISSIONING INTENTIONS**

(Please refer to minute 61 above.)

63. **JOINT COMMISSIONING PARTNERSHIP COMMISSIONING INTENTIONS**

Councillor Sue McDonald, Cabinet Member for Adult Social Care and Public Health, and Craig McArdle, Commissioning Manager outlined the work of the Joint Commissioning Partnership (JCP). It was reported that –

- (a) the JCP was a single multi-agency partnership spanning a range of Health and Social Care Services. It was responsible for ensuring that there was a coordinated and consistent approach to commissioning services on behalf of partner agencies in Plymouth;
- (b) the JCP will deliver the Joint Health and Wellbeing Strategy and address the emerging themes from the Joint Strategic Needs Assessment;
- (c) services could only remain sustainable if delivered in partnership, the JCP challenges organisation boundaries and current commissioning strategies.

In response to questions from the panel, it was reported that –

- (d) although the JCP predates the co-operative council, the co-operative values are built into the partnership; specifically around choice and control, early

intervention and prevention, social value and universal services, although a cleared statement of intents was required around market management;

- (e) the JCP was receiving assistance on developing a market position statement from Oxford Brookes University. The Adult Social Care market position statement was already in place.

Agreed –

- (1) that the panel should review how to add value to the delivery plans of the JCP;
- (2) to recommend that Healthwatch work more closely with the Adult Social Care Quality Assurance and Improvement Team;
- (3) an updated list of the members of the JCP is circulated to panel members;
- (4) that details of housing services delivery plans are provided to the panel.

64. **FRANCIS REPORT RECOMMENDATIONS AND LEGISLATIVE UPDATE**

The Democratic Support Officer outlined the content of the report.

Agreed to–

- (1) note the Francis Report's recommendations with regard to scrutiny and the actions which the panel has taken and could take in the future to support them;
- (2) review the response of local health services to the recommendations of the Francis report;
- (3) recommend to City Council the delegation of all health scrutiny functions (other than referral of matters to the Secretary of State for Health) to a Health Scrutiny Panel;

65. **WORK PROGRAMME**

Agreed the amended work programme.

66. **EXEMPT BUSINESS**

There were no items of Chair's urgent business.