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## **HEALTH AND ADULT SOCIAL CARE OVERVIEW AND SCRUTINY PANEL – AGENDA SUPPLEMENT**

**DATE: WEDNESDAY 16 FEBRUARY 2011**  
**TIME: 3 PM**  
**PLACE: WARSPITE ROOM, COUNCIL HOUSE**

### **Committee Members–**

Councillor Bowie, Chair  
Councillor McDonald, Vice Chair  
Councillors Delbridge, Gordon, Dr. Mahony, Mrs Nicholson, Ricketts and Dr. Salter

### **Co-opted Representatives**

Chris Boote and Margaret Schwarz

### **Substitutes–:**

Any Member other than a Member of the Cabinet may act as a substitute member provided that they do not have a personal and prejudicial interest in the matter under review.

***Members are invited to attend the above meeting to consider the items of business overleaf.***

***Members and Officers are requested to sign the attendance list at the meeting.***

***Please note that, unless the Chair agrees, mobile phones should be switched off and speech, video and photographic equipment should not be used during meetings.***

**BARRY KEEL**  
**CHIEF EXECUTIVE**

## **HEALTH AND ADULT SOCIAL CARE OVERVIEW AND SCRUTINY PANEL**

### **5. TRACKING RESOLUTIONS AND FEEDBACK FROM THE OVERVIEW AND SCRUTINY MANAGEMENT BOARD (Pages 1 - 4)**

Responses to previous resolutions of the panel circulated at the meeting.

Health and Adult Social Care OSP16 February 2011

Response to the tracking resolution 75(1) in respect of the care home sector -

- Clients who are self funding enter into a direct contract with care home owners and we have no way on a micro level of knowing what they charge to their "private customers".
- We have a specific clause in our terms and conditions of contract for care homes which states that self funders should be referred back to the local authority for assessment where they have less than 1 year of private capital to fund their placement .
- Where self funders are referred back to us our social workers will assess and negotiate with care homes to charge Plymouths schedule of rates .
- We carried out a market analysis in 2009 which included reference to cross subsidy .The Lang and Buisson Analysis of the Plymouth market ( 2009) suggest that most local authorities schedule of rates are close to being adequate for unmodernised care home stock and so cross subsidy may not be an issue .

We have continued to move toward a fairer price for care however we have no leverage to insist that care homes share their fees relating to their private clients . Cross subsidy is difficult to quantify as our experience shows that some care home owners often charge additional costs depending on what they define as "quality criteria" this could be a better view , or a bigger bedroom . Lang and Buisson do not advocate that authorities fund these additional costs .

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[www.peninsulacancernetwork.org.uk](http://www.peninsulacancernetwork.org.uk)

15 February 2011

Councillor Steven Ricketts  
Chair  
Health and Adult Social Care Overview and Scrutiny Panel  
Floor 1  
Civic Centre  
PLYMOUTH  
Devon  
PL1 2AA

Dear Councillor Ricketts

**Re: Peninsula Cancer Network**

Thank you for your letter to Dr Simon Rule of the 20<sup>th</sup> January 2011.

You asked about the process for taking forward developments regarding gynaecology cancer services in the Peninsula and in particular between Plymouth Hospitals Trust and Royal Cornwall Hospitals Trust.

Simon's tenure as Medical Director came to an end recently and I have the pleasure of introducing Dr Nigel Acheson via copy of this letter as our new Medical Director at the Peninsula Cancer Network (PCN).

The paper that was shared with you on the 13<sup>th</sup> October 2010 outlined the revised process at a high level by describing the new approach agreed at the PCN board in September. In summary, the previous clinical review which recommended Truro as the second centre in the Peninsula was followed by the incoming government's requirements for potential service reconfigurations to pass 4 key tests. This caused the NHS in the Peninsula (in common with the NHS nationally) to take stock of our existing processes and check these against the new tests. In the Peninsula we also had the Independent Reconfiguration Panel's (IRP) recommendations into upper GI to reflect on in respect of our approach. Our consideration of these factors resulted in the new approach being defined, including engaging clinicians to review the clinical case for change, taking account of the independent clinical review on gynaecological services published in December 2009. Another key aspect of the revised approach is to ensure earlier engagement of patients in the process.

The major event that you refer to in December was designed to begin to re-establish the foundations for meaningful patient and public engagement with the PCN generally. We are working on a developmental approach to building the most effective strategy with people who have the best knowledge of the impact of cancer care services. However it was not about the model of gynaecological cancer services. Among those attending from across the Peninsula were representatives from the Plymouth local cancer users group. However, invitations were extended to many local organisations including LINKs, PCTs and the voluntary sector.

Chair – Anthony Farnsworth  
Director – John Harrison  
Medical Director – Dr Nigel Acheson

The PCN recognises the relationship with the patients' and the public needs development and is essential if we are going to progress with early meaningful involvement as set out in the IRP recommendations and the key tests. We are not currently at the stage of having proposals for gynaecology, as we have not established the engagement process needed to secure such proposals, nor have clinicians concluded testing the clinical case for change.

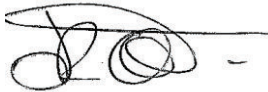
The Group that met in December are meeting again on the 18th of March and we are hoping that they will agree to form a reference group to provide assurance to the Network Board that the processes we follow for engagement are robust and effective. We will ensure that a representative of the gynae petitioners is invited to become a member of the Network Working Group. It will be these processes that ensure we engage at the early stages in the development of models of care as recommended by the IRP. We are determined to get this right, even though it might take a little time. I will be more than happy to share the report from the December meeting once the participants have agreed its accuracy and I anticipate this to be on the 24<sup>th</sup> February 2011.

You may also be interested to know that Plymouth Hospital Trusts Cancer Services User Partnership Group has recently been reconstituted under the Chairmanship of Richard Thorpe – a former patient who is heavily involved with supportive care services at the Mustard Tree Macmillan Centre. The group's role is to help with the formulation of policy and the improvement of cancer services through partnership working with clinicians and managers. We hope this group will play an important role in our work on developing gynaecological and others cancer services, alongside similar groups in other parts of the Peninsula. Such a forum may be of interest to the patients who submitted their petition to you last year. They and any other cancer patient can contact Richard Thorpe by post at the Mustard Tree Macmillan Centre at Derriford Hospital, Plymouth, PL6 8DH or by e-mail at [mchlthorpe@yahoo.co.uk](mailto:mchlthorpe@yahoo.co.uk)

Your request for the timetable for considering proposals, the options appraisal and any resulting requirements for consultation is noted and we will ensure that the information is available to you at the earliest opportunity. However for the reasons described above we are not yet at that stage. As we develop our processes generally and specifically in relation to gynaecology it is in partnership with the patient groups, commissioning PCTs and the emerging GP consortia. The PCN will ensure that appropriate briefing materials and support are made available to help in keeping HOSCs and other stakeholders informed.

We are committed to working openly and constructively with HOSCs across the Peninsula and Nigel and I would be very happy to support your next meeting with a fuller explanation. In addition we would also be happy to meet outside of the formal meetings with PCT colleagues to brief you if you would find that useful.

Yours sincerely



John Harrison  
Interim Director  
Peninsula Cancer Network

cc Nigel Acheson, Medical Director, Peninsula Cancer Network  
Richard Thorpe, Chair Plymouth Local Cancer User Group  
John Richards, Chief Executive, NHS Plymouth