Health and Adult Social Care Overview and Scrutiny Panel

Wednesday 28 October, 2009

PRESENT:

Councillor Mrs. Watkins, in the Chair.
Councillor Mrs. Aspinall, Vice-Chair.
Councillors Berrow, Browne, Delbridge, Mrs. Nicholson and Stark.

Apologies for absence: Councillor Gordon and Chris Boote, Co-opted Representative (LINk).

Also in attendance: Councillor Dr. David Salter, Cabinet Member for Adult Health and Social Care.

The meeting started at 10.00 a.m. and finished at 1.50 p.m.

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.

25. **DECLARATIONS OF INTEREST**

There were no declarations of interest made in accordance with the Code of Conduct.

26. **MINUTES**

Resolved that the minutes of the meeting held on 23 September, 2009, be confirmed as a correct record.

27. **CHAIR'S URGENT BUSINESS**

Adult Protection / Safeguarding Adults

The panel was informed that the Project Initiation Document for Adult Protection/Safeguarding had been reviewed and its objectives found to still be of relevance. The only information requiring change was the name of the responsible Director. The Chair voiced her concern that the panel had not been able to proceed with this review due to a lack of resources in Democratic Support. The Lead Officer suggested it may be beneficial for the Safeguarding Manager to brief members in order to bring them up-to-date prior to commencing the review in January.

Resolved that the Lead Officer liaise with the Chair with a view to commencing the Adult Protection / Safeguarding Adults Review in January, 2010.

(In accordance with Section 100(B)(4)(b) of the Local Government Act, 1972, the Chair brought forward the above item of business because of the need to consult Members).

28. **ADULT SOCIAL CARE SERVICE PERFORMANCE UPDATE**

The Assistant Director of Adult Social Care and the Cabinet Member for Adult Health and Social Care were in attendance to present a performance status report in respect of Adult Social Care. Members were advised that the results of the 2008-09 inspection were subject to an embargo by the Care Quality Commission and would be published on 2 December, 2009 and then presented to a meeting of Cabinet on 19 January, 2010.

Members had received a copy of the briefing paper, circulated in advance of the meeting, which –

(i) detailed the priorities identified for 2008-09, along with the outcomes achieved;

(ii) set out the priorities identified for 2009-10, along with the challenges and objectives;

(iii) advised of progress with regard to Corporate Improvement Priority No. 3 – Helping People to Live Independently;

(iv) highlighted performance against national indicators.

In response to questions raised, Members heard that –

(v) as a result of comments made by the Commission for Social Care Inspection last year, there had been a significant increase in the number of people helped to live at home. There had also been a reduction in the number of people in permanent care;

(vi) the receipt of care was determined through risk assessment and a set eligibility criteria (prioritised in Plymouth to those having substantial or critical needs);

(vii) monitoring of performance information was undertaken on a monthly basis;

(viii) adaptations were scheduled for consideration at the panel's 25 November meeting and any questions or concerns regarding their use or supply should be raised there.

Discussion turned to the table highlighting the City Council's performance against national indicators and concern was expressed at the complexity of the information presented, that no baseline had been included to help interpret the percentages, and that no definitions had been included. Members heard further that -

(ix) with regard to NI 146, the indicator was specific and only related to employment of more than 16 hours per week. Funding had recently been obtained and this would be used to employ a project worker to establish exactly how many people with learning disabilities were in employment in the City and to map the various pathways supporting people into employment, both voluntary and paid;

(x) with regard to NI 125, this had previously been an indicator which authorities had been able to choose to include or not. Only the last 3 months of the year had been included. It was envisaged that this indicator would not be red next year.

The following questions were also raised but, in the absence of the relevant information being to hand, it was agreed that responses would be provided, in writing, to members after the meeting –

- the number of people going into supported living, their age and whether they had any physical, mental or learning disabilities
- transitional arrangements for young adults who were in, or wished to be in, a supported living environment
- details of new services being commissioned, including what was being done to address people's emotional wellbeing

29. **ADULT SOCIAL CARE - INTEGRATED SERVICES**

The Chief Executive of NHS Plymouth and the Assistant Director of Adult Social Care were in attendance to update Members on progress with provision of integrated services. The report presented to Cabinet on 11 August, 2009, set out the background to the proposal and contained the Memorandum of Understanding which sets out the underlying principles, scope and priorities that both organisations would adopt as a framework to secure an integrated approach to improve the health and wellbeing of the people of Plymouth.

Members were advised that –

(i) NHS Plymouth and Adult Social Care had been working together to bring this to fruition for some time and, during the two years of preliminary work, there had been several key collaborations and experiments, including establishment of a pilot integrated team in Devonport. This had focussed mainly on the treatment of people with complex, long-term, health conditions through a single point of access by co-locating key professionals to Devonport and thereby delivering a more efficient and better quality service to the public;

(ii) ending the 'shadow' status of the Health and Social Care Integration Board and adopting the Memorandum of Understanding would formalise the arrangements and enable further development opportunities such as efficiencies in facilities and IT through co-location of staff across Health and Adult Social Care;

(iii) the Memorandum of Understanding had been formally signed at the Trust's Annual General Meeting in September;

(iv) the Devonport pilot had proved a success and lessons had been learned. Frontline Health and Social Care teams were to be co-located in Plympton and Plymstock in January, 2010.

In response to questions raised, Members heard further that -

(v) there would be scope to manage pooled budgets but no assumptions were being made at this stage. Each piece of work would have to be accounted for separately and a risk criteria agreed for when overspends occurred. This would not be easy to manage as receipt of social care services was means-tested whereas NHS treatment was free at the point of delivery;

(vi) there would be opportunity for member involvement in shaping the governance and constitutional arrangements through their involvement with scrutiny and the Local Strategic Partnership Board.

The panel welcomed the report and thanked the Chief Executive and Assistant Director for their attendance.

30. **NHS PLYMOUTH STRATEGIC PLAN**

Further to minute 6, the Chief Executive of NHS Plymouth updated the panel on progress with the Strategic Framework for Improving Health in Plymouth 2009/10 – 2014/15 (a copy of the update was tabled at the meeting). Also in attendance were the Director for Public Health and a Performance Manager from the Public Health Development Unit.

Members were advised that –

(i) the NHS was facing a very tough financial future and, in Plymouth, the Primary Care Trust would have to achieve savings equivalent to 20% per annum over the next 5 years;

(ii) the Public Health Development Unit were looking at a number of ways in which savings may be achieved, one of which had been to undertake a benchmarking exercise to establish how the Trust compared elsewhere in terms of hospitalisation rates (emergency and planned care). To date, 11 areas for assessing productivity savings across the NHS had been identified;

(iii) the Trust was determined to continue to improve the quality of its services and achieve the necessary savings. To this end, it would remain focussed on achieving its strategic ambitions, delivered through 8 strategic improvement priorities (SIPs);

(iv) the majority of the Trust's budget (70%) was spent on staffing and there would undoubtedly be job losses;

(v) NHS Plymouth and Plymouth Hospitals Trust were working together, looking at contractual arrangements, to try and bring operation costs down;

(vi) comments on the Strategic Framework for Improving Health in Plymouth 2009/10 – 2014/15 would be welcomed prior to the document being presented to the Trust Board in January 2010.

In response to questions raised, the Panel heard further that –

(v) there was a difference in the City's total population figure of 20,000 when comparing the figure provided by the Office of National Statistics and data held by the NHS. This had a significant impact on the settlement the City received from central government and, despite numerous attempts to address the matter, there were no immediate plans for change;

(vii) there was a domiciliary dental service for people in supported living;

(viii) GPs were still required to make home visits.

The Chief Executive commented that the Trust needed to raise its game in terms of commissioning primary care services. They were now much better informed as a result of patient surveys and therefore able to challenge and explore a better deal with GPs.

The Chair wished the Chief Executive every success in progressing the Trust's Strategic Plan, particularly the dialogue with GPs, and welcomed the far-sighted thinking which, in her opinion, was very much needed.

Resolved that any further questions or comments from Members be passed to the Democratic Support Officer, for onward dissemination to the Chief Executive of NHS Plymouth.

31. **PANDEMIC INFLUENZA PLAN**

Chief Executive of NHS Plymouth and the Director for Public Health reported on the pandemic influenza plan as follows -

- the second wave was on its way with an increase in reported new cases
- this year's seasonal flu was also expected to be worse than previous years
- the delay in producing a vaccine had been due to the fact that it had to be grown first
- the vaccination programme was now under way with priority being given to 'at risk' groups
- a wide range of healthcare professionals had been trained to give inoculations to ensure as many people as possible could be vaccinated quickly
- vaccinations would be available at numerous locations around the city
- following a regional assessment by the Strategic Health Authority, Plymouth had been identified as the best prepared City in the south west

The panel welcomed the update and thanked the Chief Executive and Director for Public attendance for their attendance.

32. **RESIDENTIAL CARE: UPDATE OF MODERNISATION OF OLDER PEOPLE SERVICES 2005-2015 - CONSULTATION RESULTS**

The Head of Modernisation Adult Social Care and a Commissioning Manager were in attendance to provide feedback on the consultation initiative which had taken place about respite provision in the City and the future of Whitleigh Residential Respite Home. Members were advised that the consultation had provided an opportunity to ensure service users and carers were more familiar to the choices available to them and the range of services on offer.

In response to questions raised, Members heard further that -

(i) the one remaining resident at Whitleigh Residential Respite Home had been moved into alternative accommodation on a trial basis. Whilst it was not Council policy to forcibly remove anyone from their home, the lady concerned did have medical needs and was on the cusp of requiring nursing care;

(ii) there were approximately 27 beds at Lakeside with 97% occupancy. A few of the beds were kept for carers' respite;

(iii) the service had been rated as 3*, however, it was recognised that it was possible to receive a good rating but still have underlying problems. With this in mind, internal checks were made by officers who would carry out visits and talk to residents/service users;

(iv) the majority of patients who were fit enough to leave hospital but not ready to return home went to Frank Cowl House where staff were trained to deliver enabling assistance. There were also a number of self-contained flats which were designed to help people rehabilitate before they returned home;

(v) Whitleigh Residential Respite Home was not suitable for the long-term future needs of people requiring respite care;

(vi) an Advocacy Service had been offered to everyone involved in the consultation through Plymouth Age Concern. Members had previously been furnished with a leaflet providing details of the City's Advocacy arrangements;

(vii) there was a recognised need for respite care provision on that side of the City and a joint strategy existed with the Primary Care Trust to look at what suitable alternatives they may have available in that area.

Resolved that –

(1) the recommendation that Cabinet agrees the reprovision of Whitleigh Residential Respite Home and the reinvestment into alternative respite services be supported;

(2) the panel be informed of the consultation response into any proposed future uses of the building;

(3) a copy of the Advocacy leaflet be redistributed to panel members.

33. **HYPERBARIC MEDICAL CENTRE**

The Chief Executive of the Hyperbaric Medical Centre (Diving Diseases Research Centre) was in attendance to highlight the benefits of HBO (Hyperbaric Oxygen) treatment to the following major patient groups –

- Non-healing ulcers (diabetes)
- Radiation tissue damage (post cancer)
- Infections (diabetes, plastic surgery)
- Carbon monoxide poisoning (house fires, boilers)
- Divers (recreational accidents)

Members heard that –

(i) the Diving Diseases Research Centre was a charity which had been established for 30 years and was one of only 8 such centres in the Country;

(ii) 5% of the UK population were diabetic and the cost of care for diabetics was 10% of the NHS budget (estimated at £1 million per hour);

(iii) the average cost of a course of HBO was £4,500 per patient;

(iv) the Centre had a proven track record in successful treatments and was looking to increase the number of referrals received via Derriford as, despite having treated over 200 patients in the past year, only 13 had been Plymouth residents;

(v) the centre currently ran 2 clinics a day and had the capacity to treat more. As a not-for-profit organisation it only broke even when there were 4 patients in the chamber;

(vi) the centre had been asked to undertake some cancer research by the Royal Marsden Hospital and 4 PHd students were working with them on this.

The panel commented that, given the financial pressures facing NHS Plymouth as highlighted earlier on the agenda, this should be welcomed as a potential savings opportunity.

Resolved that –

(1) NHS Plymouth, as the local commissioner, be recommended to enter into a dialogue with the Hyperbaric Medical Centre with a view to exploring the benefits of using HBO treatments;

(2) consideration be given to contacting the University of Plymouth and Public Health Development Unit in order to seek assistance with undertaking a cost-benefit analysis;

(3) arrangements be made for the panel to visit the Hyperbaric Medical Centre and view the facilities first hand.

34. **PLYMOUTH HOSPITALS TRUST STRATEGY REVIEW 2009**

The panel received a presentation from the Chief Executive of the Plymouth Hospitals NHS Trust on its Strategy Review 2009. The presentation -

- detailed key components of the current strategy
- explained why it was being reviewed
- provided opportunity for panel members to give their views on what changes should be made
- advised of the next steps to be taken

Further to questions raised, Members were advised that –

(i) the Trust would be talking to patients to ascertain their views;

(ii) the use of agency staff had been significantly reduced and recruitment was now managed through NHS Professionals.

The panel thanked the Chief Executive for his attendance.

35. **EXEMPT BUSINESS**

There were no items of exempt business.