Public Document Pack

BARRY KEEL
Chief Executive
Floor 1 - Civic Centre
Plymouth
PL1 2AA

www.plymouth.gov.uk/democracy

Date 17/11/09 Telephone Enquiries 01752 307815 Fax 01752 304819

Please ask for Katey Johns, Democratic Support Officer e-mail katey.johns@plymouth.gov.uk

HEALTH AND ADULT SOCIAL CARE OVERVIEW AND SCRUTINY PANEL

DATE: WEDNESDAY 25 NOVEMBER, 2009
TIME: 10.00 A.M.
PLACE: COUNCIL HOUSE, ARMADA WAY, PLYMOUTH

Committee Members–
Councillor Mrs. Watkins, Chair.
Councillor Mrs. Aspinall, Vice-Chair.
Councillors Berrow, Browne, Delbridge, Gordon, Kerswell, Mrs. Nicholson and Stark.

Co-opted Representative-
Chris Boote, Local Involvement Network (LINk) – To be confirmed.

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.

BARRY KEEL
CHIEF EXECUTIVE

HEALTH AND ADULT SOCIAL CARE OVERVIEW AND SCRUTINY PANEL

PART I (PUBLIC MEETING)

AGENDA

1. APOLOGIES

To receive apologies for non-attendance submitted by panel members.

2. DECLARATIONS OF INTEREST

Members will be asked to make any declarations of interest in respect of items on this agenda.

3. MINUTES (TO FOLLOW)

The panel will be asked to confirm the minutes of the meeting held on 28 October, 2009.

4. CHAIR'S URGENT BUSINESS

To receive reports on business which, in the opinion of the Chair, should be brought forward for urgent consideration.

5. EVALUATION OF PILOT PARKING CHARGES SCHEME AT DERRIFORD HOSPITAL (Pages 1 - 4)

Plymouth Hospitals NHS Trust will provide an update in respect of its pilot parking charging scheme at Derriford Hospital.

6. MENTAL HEALTH ACT ANNUAL STATEMENT SEPTEMBER 2009 (Pages 5 - 10)

NHS Plymouth will present the findings of the Care Quality Commission following a series of visits to premises where patients are detained under the Mental Health Act 1983.

7. CARERS' STRATEGY (TO FOLLOW)

The Director for Community Services will submit a report informing panel on progress with the Carers' Strategy.

8. LINK UPDATE

The panel will receive a presentation from the LINk.

9. LOCAL STRATEGIC PARTNERSHIP - HEALTHY THEME GROUP MINUTES (Pages 11 - 16)

The panel will receive for its information a copy of the Healthy Theme Group Minutes from a meeting held on 22 September, 2009.

10. QUARTERLY SCRUTINY REPORT (TO FOLLOW)

The panel will consider its draft quarterly report.

11. HIGH LEVEL BUDGETARY RISKS

The Chair will ask the panel to consider any 'high level budgetary risks', as agreed at the Overview and Scrutiny Management Board on 7 October, 2009.

www.plymouth.gov.uk/democracy - overview and scrutiny management board 07.10.09.

12. SOUTH WESTERN AMBULANCE SERVICE NHS TRUST - CONSULTATION RESPONSE (Pages 17 - 18)

The panel will receive for its consideration the draft response to the South Western Ambulance Service NHS Trust's Foundation Trust consultation. The panel's response needs to be submitted by 6 December, 2009.

13. TRACKING RESOLUTIONS (TO FOLLOW)

To monitor progress on previous resolutions.

14. WORK PROGRAMME (Pages 19 - 22)

The panel will consider its work programme for 2009/10.

15. EXEMPT BUSINESS

To consider passing a resolution under Section 100A(4) of the Local Government Act 1972 to exclude the press and public from the meeting for the following item(s) of business on the grounds that it (they) involve the likely disclosure of exempt information as defined in paragraph(s) of Part 1 of Schedule 12A of the Act, as amended by the Freedom of Information Act 2000.

PART II (PRIVATE MEETING)

AGENDA

MEMBERS OF THE PUBLIC TO NOTE
that, under the law, the panel is entitled to consider certain items in private. Members of the public will be asked to leave the meeting when such items are discussed.

NIL.

This page is intentionally left blank

Agenda Item 5

Plymouth Hospitals NHS
NHS Trust

Overview and Scrutiny Panel on Wednesday 25 November 2009
Evaluation of Pilot Parking Charges Scheme at Derriford Hospital

Introduction
Further to the Trust seeking agreement from the Health and Adult Social Care Overview and Scrutiny Panel to pilot new parking charges at Derriford Hospital, this paper is to report feedback at the six month point as agreed.

History
Providing car parking spaces costs the hospital Trust approximately £1.7 million, but previous charges only raised £1.2 million in revenue to meet this cost. The additional revenue required to meet the shortfall was diverted from funding intended for patient care.

To rectify this situation the Trust implemented the following new charges for a six month trial period.

Time period	New Charges from 1 May
0 - 45 mins	Free
45mins - 2 hrs	£2.20
2 – 3 hrs	£3.30
3 - 4 hrs	£4.40
4 – 6 hrs	£6.60
6 – 8 hrs	£8.00
No Charge	9pm – 7am

The Trust forecasted that the parking costs for the 2009/2010 financial year would be £1.747 million and the new charges would help generate approximately £1.745 million in parking revenue.

Evaluation of New Charges

Parking Space Utilisation

The high long term parking charge has had the desired effect of preventing inappropriate all day parking in the Trust's public car parks, including parking by staff. This has provided the equivalent of an additional 100 patient and visitor spaces being available per day. This was combined with 150 former on-site staff spaces being released for public use, resulting in up to 250 spaces being made available for the public daily.

The assumption was that the additional parking spaces would be filled immediately. This hasn't happened and, on average, up to 200 spaces a day are free for patients and visitors. This means that the Trust's revenue is not as predicted.

Patient and Visitor Complaints

The additional vacant space has meant that patients and visitors find it easier to park and this has led to no complaints regarding a lack of parking spaces since May 2009. The Trust has however, received a total of 11 letters of complaint during the six month trial from occasional patients and visitors complaining about the charging periods and asking for a pay on exit system to be introduced. This is not practical for the Trust's current surface car parks, but will be a feature of the new multi storey car park.

Costs and Revenue

The cost of operating the car parks is approximately £6,000 per month more than predicted, but still broadly in line with the £1.747 million forecast.

The total revenue collected for the six months up to the end of October 2009 is as follows:

Staff Car Parks	:	£234,000
Public Car Parks	:	£541,479

A straight line projection over the next six months would predict total annual revenue of £1.550 million against predicted costs of £1.747 million; under-recovering cost by approximately £200,000.

Main Reasons for Income Shortfall

There are three main reasons for this shortfall.

- The high number of vacant patient and visitor spaces means that the predicted additional revenue that would have been generated from an additional 250 spaces has not materialised. The number of vacant spaces is slowly reducing and, in time will increase revenue. The Trust has erected overflow signs across the site directing patients and visitors to these additional free spaces and advertised the fact that there is a free shuttle bus operating around the site. On-site parking attendants direct all patients and visitors looking for a parking space to this area.

- The Trust has issued an average of 38,000 pay and display tickets per month from its machines, approximately 10,000 of which have been free 45 minute tickets; a higher proportion than envisaged.

  There has been some inappropriate use of the 'free period' by some members of the public who are using the 45 minute free period to attend appointments, rather than for the intended purpose. Notices have now been placed on all pay and display machines informing the public that the free period is purely for drop off and pick up and is not suitable for those attending for an appointment. The Trust's parking contractor has been told to enforce the free period rigorously using civil penalty notices and not to extend free parking to any patient who did not buy a ticket in the first place (apart from certain exceptions e.g. where someone is admitted as an emergency).

- The numbers of patients claiming these free extensions for appointment over-runs (excluding those requesting extensions to 45 minute free tickets) has increased from 281 between May - July to 491 between August - October. Assuming that these individuals would have bought a 3-4 hour ticket this amounts to a loss of approximately £5,000 over the six month period. This highlights the problem of using a tariff structure that is better suited to a pay on exit system rather than pay and display and should rectify itself when the Trust's multi storey car park opens.

Conclusion

In describing the issues experienced during the trial period, we have summarised a range of actions that will address the imbalance between cost and revenue.

The Trust intends to leave the current charging and concessionary structure unchanged and review the situation again at the end of February 2010 and report back to the OSC in March 2010 with final recommendations, which will include consideration of how inflationary pressures and efficiency requirements – now far more challenging than at the outset of this consultation - might be accommodated within the tariff going forward.

The Trust aims to return to this panel no later than the end of September 2010 with the recommended tariff to be introduced in its planned multi storey car park.

This page is intentionally left blank

Mental Health Act Annual Statement September 2009

NHS Plymouth

Introduction
The Care Quality Commission (CQC) visits all places where patients are detained under the Mental Health Act 1983. Mental Health Act Commissioners meet and talk with detained patients in private and also talk with staff and managers about how services are provided. As part of the routine visit programme information is recorded relating to:

- Basic factual details for each ward visited, including function, bed occupancy, staffing, and the age range, ethnicity and gender of detained patients.

- Ward environment and culture, including physical environment, patient privacy and dignity, safety, choice/access to services/therapies, physical health checks, food, and staff/patient.

- Issues raised by patients and patient views of the service provided, from both private conversations with detained patients and any other patient contacts made during the course of the visit.

- Legal and other statutory matters, including the scrutiny of Mental Health Act documentation, adherence to the Code of Practice, systems that support the operation of the Act and records relating to the care and treatment of detained patients.

At the end of each visit a “feedback summary” is issued to the provider identifying any areas requiring attention. The summary may also include observations about service developments and/or good practice. Areas requiring attention are listed and the provider is asked to respond stating what action has been taken. The response is assessed and followed up if further information is required. The information is used by CQC when verifying the NHS Health Check and making decisions about the inspection programme in both the NHS and Independent Sector. In future years it will be used to inform the registration decisions

A list of the wards visited within this hospital is provided at Appendix A.

Background
NHS Plymouth, formerly Plymouth Teaching Primary Care Trust, provides and commissions all mental health and learning disability services in Plymouth. These services are delivered from a number of sites across Plymouth: Mount Gould Hospital, Plympton Hospital, the Glenbourne Unit, Syrena House, Lee Mill, The

Gables and Greenfields (learning disability). The main services provided fall into four main categories:

1. Mental Health and Learning Disability.
2. Inpatient Rehabilitation and Intermediate Care.
3. Community Services.
4. Children's Services.

In October 2008, NHS Plymouth took over the running of the Child & Adolescent Mental Health (in patient) Service (CAMHS).

This statement draws on findings from the visits by the Mental Health Act Commissioners both under the auspices of the Mental Health Act Commission (MHAC) and those which took place after 1 April 2009 when the functions of the MHAC were absorbed by CQC.

The Annual Statement provides an overview of the main findings from visiting, highlighting any matters for further attention and/or areas of best practice. It is published on the CQC website, together with other publications relating to individual mental health providers.

Main findings
The Trust's operation of Part IV of the Mental Health Act 1983 did not always meet the required standard (see below), but there was, in general, good compliance with the Act and Code of Practice.

The Section 136 place of safety facility has now opened and provides a welcome alternative to patients having to be assessed in a policy custody area.

NHS Plymouth provides a good Occupational Therapy (OT) service.

While CQC recognises that not all detained patients will be satisfied with their care while on the wards, a good quality of care was noted at Syrena House, Edgcumbe and on the Glenbourne Unit wards.

The CQC has noted several areas of environmental improvement over the period covered by this statement; notably, on The Glenbourne Unit, on Older Peoples' wards at Plympton Hospital, and on Syrena House and Edgcumbe rehabilitation units. There was a concern about the continuing use of the seclusion facility on the Glenbourne Unit, but use of this seclusion area has now ceased.

Mental Health Act and Code of Practice
The following points highlight those Mental Health Act Issues raised by Commissioners on visits. The detailed evidence to support them has already been shared with the Provider and is not rehearsed here.

Part IV of the Act
There were numerous instances where patients were routinely being administered medication which was not authorised by a relevant certificate. Commissioners found

instances on Bridford Ward, Edgcumbe and Greenfields. There was also an instance where the wrong certificate had been used, invalidating the authorisation (Harford Ward), and an instance where a superseded certificate was still attached to the patient's medicine chart (Pinewood Ward). The Act and/or Code of Practice is clear on these issue in that:

'Subject to section 62 (urgent treatment), a patient shall not be given any form of treatment to which this section applies unless -
(a) he has consented to that treatment and either the approved clinician in charge of it or a registered medical practitioner appointed for the purposes of this Part of this Act by the Secretary of State has certified in writing that the patient is capable of understand its nature, purpose and likely effect and has consented to it; or
(b) a registered medical practitioner appointed as aforesaid.....has certified in writing that the patient is not capable of understanding the nature, purpose and likely effects of that treatment or being so capable has not consented to it but that it is appropriate for the treatment to be given.' [Mental Health Act 1983, section 58(3)(a)(b)]. The above should be read together with the relevant regulation, 'For the purposes of section 58 (treatment requiring consent or a second opinion) the certificates required for the purposes of subsection 3(a) and (b) of that section shall be in the form set out in Forms T2 and T3 respectively' [Regulation 27, The Mental Health (Hospital, Guardianship and Treatment)(England) Regulations 2008]. And, '...All the relevant drugs should be listed, including medication to be given "as required" (prn).....' (Code of Practice, paragraph 24.17).

Section 17 leave
While Section 17 leave forms seen by Commissioners were being completed correctly, there was no evidence that consideration was routinely being given to the appropriateness of supervised community treatment where the leave was extended beyond 7 days. The Mental Health Act, Section 17(2A) states, with reference to Section 17(2B) that *"....longer term leave may not be granted to a patient unless the responsible clinician first considers whether the patient should be dealt with under section 17A (Community Treatment Orders) instead"* The Mental Health Act 1983, Section 17 (2A)]. The Code of Practice states that: *"The decision (regarding section 17 leave or SCT), and the reasons for it should be recorded in the patient's notes*" (Code of Practice, paragraph 21.10).

Independent Mental Health Advocates (IMHA)
Older persons wards appeared less informed about the IMHA service than wards for younger adults, where the IMHA service had, since coming into existence in April 2009, become more established. The Mental Health Act, Section 130D, places a duty on the Trust to ensure qualifying patients receive information about IMHAs.

Seclusion
During a visit to the Glenbourne Unit, CQC learnt that the seclusion room was now back in use. Over the last 2 or 3 years CQC (initially the MHAC) have consistently raised a problem in the environmental suitability of this seclusion room, the distance of its access from the wards and its position in the corridor. Although not officially decommissioned, the CQC were of the understanding that the room would not be used as it was not thought to be *"...a suitable environment that takes account of the person's dignity and physical well-being"* (Code of Practice, paragraph 15.47).

Other issues raised from Mental Health Act visiting activity

Staffing
Low staff ratios were noted during a visit to Greenfields Ward, leading to patient activities being restricted. This is in contrast to, for example, Syrena House, where staffing was appropriate and excellent teamwork and individually tailored activities programmes were evident.

Occupational Therapy
It was encouraging to see OTs active on most wards visited. Detained patients seen by Commissioners frequently complain about the lack of week-end activities, so having a 6 day OT week on the Glenbourne Unit is most welcome.

Environmental issues
NHS Plymouth has sought to improve its patient environments on several wards. The CQC has noted improvements at Syrena House, Edgcumbe and on the older persons' wards. On the Glenbourne Unit, where major structural changes have taken place to provide de-escalation areas and a better male/female patient divide, a good effort was made to prevent disruption to patients during the alterations.

Patient Care and Treatment
Numerous patient related issues arising from patient contact were dealt with on the day of the CQC visit.

Almost all patients who met with a Commissioner were aware of their care plan and nearly all considered themselves to be receiving good care while on the ward. However, some detained patients were leaving Syrena House without a nominated care coordinator in the community. "*The role of the care coordinator is pivotal to the success of the Care Programme Approach"* - Refocusing the Care Programme Approach, Dept of Health 2008, p.35. All detained patients should have a named care coordinator in the community when they leave hospital .

The hospital place of safety suite on the Glenbourne Unit is now operational and provides a welcome alternative from the custody suite at a police station. It enables detainees to be held and assessed in a more welcoming and comfortable environment.

Recommendation for Action
NHS Plymouth has responded positively to the issues raised in this statement at the time of them being first raised, and those issues have been or are being addressed. The CQC has been assured the seclusion facility will not be used as the new de-escalation areas and alternative arrangements are now operational.

Concerted action is needed to ensure compliance with Part IV of the Mental Health Act 1983 and regular audits should be undertaken to ensure correct documentation is used and only medication authorised by the certificates is being administered.

Forward Plan

- The CQC will continue to monitor compliance with the Act and its Code of Practice, with particular emphasis on Part IV of the Act – Consent to Treatment.

- The CQC will meet with detained patients and those subject to supervised community treatment, and monitor their care while subject to compulsion.

- Environmental changes at the Glenbourne Unit will be assessed in terms of their benefit to patient care and male/female divide on the wards.

- The CQC will examine legal and Code of Practice related processes, and the care provided, relevant to patients on long term Section 17 leave and supervised community treatment.

- The operation of the Section 136 place of safety facility will be assessed against Chapter 10 of the Code of Practice.

- Rehabilitation services will be visited and measured against their success at rehabilitation and successful joint working with community based services.

- The CQC will visit the in-patient CAMHS service.

- Issues detailed in this statement will be reviewed during visits to wards to ensure any proposed action has been implemented.

Appendix A

List of Wards visited at NHS Plymouth

Date	Ward	Det. Pats. seen	Records checked
Lee Mill Unit			
31 Mar 2009	Unit Only	7	8
Total for Lee Mill Unit		**7**	**8**
Syrena House			
4 Mar 2009	Rehab	3	3
Total for Syrena House		**3**	**3**
Plympton Hospital			
19 Apr 2009	Oakdale	1	3
5 May 2009	Pinewood Ward	0	1
Total for Plympton Hospital		**1**	**4**
Gables			
13 Mar 2009	Gables Unit	2	3
Total for Gables		**2**	**3**
Glenbourne			
16 Apr 2009	Bridford	3	6
25 Jun 2009	Harford	1	4
Total for Glenbourne		**4**	**10**
Edgecombe			
8 Jan 2009	Slow Stream Rehab	3	3
Total for Edgecombe		**3**	**3**

Total Number of Visits: 8
Total Number of Wards visited: 8
Total number of Patients seen: 20
Total Number of documents checked: 31

Minutes of LSP Health Theme Group Meeting
Date: 22 September 2009
Venue: **Board Room, Building One, Plymouth**

Next Meeting Date: 1-2pm, 12 November 2009, Board Room, Building One, Derriford Business Park, Plymouth

Attendees	Representing	Email
John Richards	Chief Executive, NHS Plymouth Chair, Health Theme Group	John.Richards@plymouth.nhs.uk
Neil Boot	Consultant in Public Health, NHS Plymouth Strategic Co-ordinator, Health Theme Group	Neil.boot@plymouth.nhs.uk
Paul O'Sullivan	Director of Children's and Family Health Services, NHS Plymouth	Paul.osullivan@plymouth.nhs.uk
Dr Caroline Dimond	Consultant in Public Health Medicine, NHS Plymouth	Caroline.Dimond@plymouth.nhs.uk
Steve Gerry	Non Executive Director, NHS Plymouth	Stevegerry@dsl.pipex.com
Jo Atkey	Policy and Performance Officer, PCC	Jo.atkey@plymouth.gov.uk
Pam Marsden	Assistant Director in Adult Social Care, PCC	Pamela.Marsden@plymouth.gov.uk
Dr Brendan Yates	Consultant in Public Health, Government Office South West	Brendan.yates@gosw.gsi.gov.uk
Jon Stevens	LAA Project Manager, PCC	Jon.stevens@plymouth.gov.uk
Jeremy Walding	Business Manager, NHS Plymouth	Jeremy.walding@plymouth.nhs.uk
Adam Fleet	Service Improvement Lead, PCC	Adam.fleet@plymouth.gov.uk
Apologies		
Debra Lapthorne	Joint Director of Public Health, NHS Plymouth/Plymouth City Council	Debra.lapthorne@plymouth.nhs.uk
Cllr Dr David Salter	Portfolio Holder, Adult Health and Social Care, PCC	David.Salter@plymouth.gov.uk
Lindsey Wild	Deputy Assistant Director of Finance, NHS Plymouth	Lindsey.Wild@plymouth.nhs.uk
James Coulton	Assistant Director Community Services, (Culture, Sport and Leisure) PCC	James.Coulton@plymouth.gov.uk
Graham Nicholls	Financial Controller, Plymouth MIND LSP Elected Community Representative	Graham@plymouthmind.org.uk
In Attendance		
Tamsin Newlove-Delgado	Public Health Trainee	Tamsin.newlove-delgado@plymouth.nhs.uk
Lucy O'Loughlin	Healthy Weight/Healthy Lives, Government Office South West	Lucy.oloughlin@nhs.net
Dan Preece	Environment Health Officer, PCC	Dan.preece@plymouth.gov.uk
Andy Netherton	Unit Manager, Public Protection Services, PCC	Andy.netherton@plymouth.gov.uk
Helen Cheetham	Minute taker	Helen.cheetham@plymouth.nhs.uk

Item	Details	Action	By Who	When
1.	**Introduction and apologies** The Chair welcome new attendees to the meeting. Apologies as above.			
2.	**Standing Items** **a. Minutes of Previous meeting:** The minutes of the previous meeting were reviewed. JR reported that Alan Orbison gave his presentation to the NHS Plymouth Board Seminar on the Health Poverty Index which was well received. **Matters Arising:** No matters arising which are not on the agenda for this meeting. **b. LSP Board/Executive Update** The last Board meeting was held on the 19th June, the next one is scheduled for 25th September. At June's Board meeting there was a status report of the LSP Review, the LAA refresh was signed off, a substantative item on the governance handbook was approved, and there was an update of the government review of the dockyard. At the Executive meeting held on 2 September the major public sector bodies reported their current priorities and financial outlook. This was information sharing mainly. One outcome was that Ian Gallin, Assistant Chief Executive, PCC, would produce a scoping paper for shared infrastructure, i.e. HR, IT, communications with a view to aligning corporate facilities. The paper will look at how bodies in the city might join facilities to help tackle the effects of reduced public spending, and research what other cities are doing. The draft third sector strategy was recognises as a good piece of work and was approved. The results from the 2008 Place Survey will be reported to the Board on Friday. **c. Third Sector issues** None reported			

3.	**a. Local Area Agreement Q1 report** JW gave the update. Emergency bed days was discussed at the LAA Delivery Group, but the problem seems to be seasonal, with a positive movement at the moment, but there is a need to look at the overall pathways in unscheduled care, which Elaine Fitzsimmons is doing. There has also been an additional 32K received from the LAA pump priming monies. Teenage Pregnancy rates are higher than that required to meet the target. PoS reported that the Young People's Sexual Health Strategy was produced and endorsed by the Children's Trust Board. The development of a strategy for all partners is underway to measure the level of activity and performance. There is also some money available from pump priming to do some qualitative research on young women becoming pregnant. For Obesity there has been a large increase in the number of Year 6 children who are recorded as obese. However, much of this is due to more children being weighed as part of the healthy weight survey. The additional participants in the survey tend to be heavier children who had previously opted out of the survey. There is a pilot underway to inform parents of their child's BMI with further information on 'Change4Life' campaign being sent out. PoS would like to propose a joint post between PCT and PCC for a Healthy Weight/Healthy Lives Co-ordinator to pull together a strategic framework for the city. JR wants to make childhood obesity a regular item on the agenda. **b. Strategic Framework** CD gave a presentation on the Strategic Framework document, first draft, for comments from the group. The final draft is to be ready for the next meeting on 12 November.  E:\2009-09-22 HTG strategic framework \			

	Members contributed comments to the Framework. Further comments to CD.			
4.	**Reducing inequalities in tobacco control** Andy Netherton and Dan Preece gave a presentation to inform the group of this programme. The programme has the potential to contribute towards the delivery of a number of LAA targets.  E:\htg 22-09final DP.ppt PoS would like a connection opened with the Children's Centres for the education of young children and their families. NB would like to emphasise their work with Russ Moody to look at his target areas to include the LAA targets. JR invited AM and DP to provide an update at a subsequent meeting and agreed that the HTG would be a reporting route for the Tobacco Control programme.			
5.	**Plymouth Better Together** Dr Tean Mitchell gave a presentation of the work of Plymouth Better Together which aims to promote the economic, social and environmental well-being of the City through active engagement with the local business community.  E:\ Healthy220909.ppt			
6.	**Plymouth Medical and Healthcare Sector Network** Carolyn Bruce-Spencer gave a presentation to advise the group of the Plymouth Medical and Healthcare Sector Network, its purpose and objectives, with the view to working on collaboration to realise Plymouth 2020's vision.  E:\Plymouth's Medical and Healthcai			

7.	**LSP Improvement Programme** AF spoke to the group about developing a workshop to support recommendations 5 and 6 of the LSP Review, to establish a way to create a unified action plan with a series of tasks and outcomes which are clearly owned with accountability. The group agreed on the 12th November as a date to hold this workshop. The HTG business meeting will start at 1pm and finish at 2pm. The workshop will start at 2pm and finish at 4pm. NB and CD will liaise with Peter Hunniwell, PCC to tailor the programme and agree on service leads for invitation.	Produce plans for HTG workshop	NB. CD	12th Nov
8.	**Health Theme Group membership and Terms of Reference** Postponed to later meeting.		NB	Later meeting. asap
9.	**Any other business** The LSP Forum on the 18 November will be focusing on alcohol as the main theme with agreement from the DAAT service.	Plan Forum	NB	18th Nov
10	**Date of next meeting –** Thursday 12 November, 1-2pm, Board Room, Building One HTG Workshop Thursday 12 November, 2-4pm, Board Room, Building One			

This page is intentionally left blank

SOUTH WESTERN AMBULANCE SERVICES NHS TRUST

FORMAL RESPONSE TO THE FOUNDATION TRUST CONSULTATION BY THE PLYMOUTH HEALTH AND ADULT SOCIAL CARE OVERVIEW AND SCRUTINY PANEL

1. Do you support our mission, vision, values and future priorities?

   Yes.

2. Do you agree with our target membership of 17,000?

   Yes.

3. Do you agree with our composition of Council of Governors?

   We understand the need to keep numbers at a realistic level but are concerned one person representing 16 local authorities, similarly one person representing the various police and fire authorities. How will they be advocates / consult the views of others?

4. Do you have ideas on what you think is a representative Council of Governors?

   See (3) above.

5. Do you agree staff should be automatic members?

   Yes.

6. Do you agree with our proposed governance arrangements and structure?

   In principle yes, but see reservations at (3) above.

7. How do you think we should encourage people to become members and governors?

   Through continue publicity and encouragement of public ownership.

8. Do you agree with our lower age limit of 16 years to be a member?

   Yes, however, there also needs to be a mechanism to feed in the voice of the under 16's.

9. Do you agree with Governors serving for three years?

   Yes.

10. Do you like our approach and style in communicating?

    Yes, we do. We find it to be open, accessible and proactive and believe that this is largely due to the personal skills of your Associate Director of Strategic Communication and Public Relations.

11. What do you most agree with in our plans?

    Your Mission, Vision and Values. We believe that they will continue to drive quality and ensure you continue to be one of the Country's highest performing Trusts which is in everyone's interest. We welcome your holistic view whereby you see yourselves as an integral part of the care services package.

12. What do you most disagree with in our plans?

    A concern, not a disagreement – see (3) above.

13. Do you agree with the composition of our four constituencies – one for each county we serve?

    The selection process for membership of the public constituencies needs to be carefully handled to ensure a fair representation of the local population, i.e. selection should not all be from one limited group.

14. Do you agree with our transitional plans?

    In principle, yes.

15. What else would you like to know?

    The panel feels very well informed.

Agenda Item 14

Health and Adult Social Care Overview and Scrutiny Panel

Work Programme 2009/10

Topics	J	J	A	S	O	N	D	J	F	M	A
Specialised Commissioning – Proposed Service Changes -											
• Soft Tissue Sarcoma				23							
• Specialised Burn Care Services								27			
South West Ambulance Services NHS Trust – Foundation Trust Consultation				23							
Plymouth Hospitals NHS Trust - Monitoring Future Provision of Maternity Services				23						31	
Plymouth Hospitals NHS Trust – Foundation Trust Status and Hygiene Code Update				23							
Adult Social Care Service Performance Update					28						
Adult Social Care – Integrated Services					28						
NHS Plymouth Draft Strategic Framework					28						
Pandemic Flu Plan (NHS Plymouth)					28						
Residential Care: Update on Modernisation of Older People's Services (Consultation Results)					28						
Hyperbaric Medical Centre					28						
Plymouth Hospitals Trust Strategy Review 2009					28						
A Focus on Reducing Teenage Conception Rates in the City (Joint Task and Finish Group with CYPOSP)					21	11 & 24					
Plymouth Hospitals NHS Trust – Car Parking Update						25					
NHS Plymouth – Mental Health Commission Annual Report 2008						25					

Topics	J	J	A	S	O	N	D	J	F	M	A
Carers' Strategy/Contract						25					
LINk Update						25					
Quarterly Scrutiny Report						25		27			
Adult Social Care CQC Judgement and ASC Action Plan								27			
Dementia Strategy and Action Plan								27			
Welfare Benefits and Tax Credits Take Up		29						27			
Monitoring Delivery of the Alcohol Harm Reduction Strategy (arising from Drug and Alcohol Review)								27			
Monitoring Adaptations Budget and Performance	17							27			
Smoke Free City (LAA stretch target – reducing smoking during pregnancy – in particular)								27			
Monitoring Health and Safety Action Plan (including minutes of CHS&W Committee)		29						27			
Joint Finance and Performance Monitoring, including LAA Performance Monitoring (subject to referral from Management Board)								27		31	
Plymouth Hospitals NHS Trust - Infection Control Update										31	
Care Quality Commission – Annual Healthcheck – • Plymouth Hospitals NHS Trust • NHS Plymouth • South Western Ambulance Services NHS Trust										31	
NHS Plymouth – GP Led Health Centre Update										31	
All Our Futures											
Adult Protection/Safeguarding Adults Review											

Topics	J	J	A	S	O	N	D	J	F	M	A
Private Rented Housing Issues – Condition Stock Survey Results											
Monitoring Implementation of the National Dual Diagnosis Strategy											
End of Life Care Pathway											
Barriers to Access											
Participation Rates in Sports (to include details of progress with the free swimming programme for the over 60's)											
Fuel Poverty											
Identification of additional specialist surgical centres for rare Cancers											
• Gynaecology											
• Head and Neck											

This page is intentionally left blank