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HEALTH AND ADULT SOCIAL CARE OVERVIEW AND SCRUTINY PANEL

DATE: WEDNESDAY 31 MARCH, 2010
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 Representatives-

Chris Boote, Local Involvement Network (LINK).
Margaret Schwarz, Plymouth Hospitals NHS Trust.

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

(Pages 1 - 12)

The panel will be asked to confirm the minutes of the meetings held on 27 January and 23 February, 2010.

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. SOUTH WESTERN AMBULANCE SERVICES NHS TRUST - FOUNDATION TRUST CONSULTATION RESPONSE

(Pages 13 - 20)

The panel will receive for its information a copy of the response to the Foundation Trust consultation.

6. MODERNISATION OF BROADMOOR HOSPITAL

(Pages 21 - 22)

The panel will receive for its information a briefing note outlining proposals to modernise Broadmoor Hospital.

7. INFECTION CONTROL BRIEFING

(Pages 23 - 26)

The Director of Infection Prevention and Control from the Plymouth Hospital Trust will be in attendance to report on infection rates and prevention measures at Derriford Hospital.

8. CARERS CHAMPIONS

(Pages 27 - 28)

The panel will receive for its consideration a briefing paper on the Carers Champions Service.

- 9. PROJECT INITIATION DOCUMENT - CARERS (Pages 29 - 30)**
To consider the proposal for a task and finish group to look at support for Carers, including examination of the Carers Strategy.
- 10. LINK UPDATE (Pages 31 - 34)**
The panel will receive an update on the work of the Local Involvement Network (LINK).
- 11. CORPORATE IMPROVEMENT PRIORITIES (CIPS) (TO FOLLOW)**
The panel will receive an update on progress with the CIPs which fall within its terms of reference.
- 12. QUARTERLY REPORT (Pages 35 - 40)**
The panel will receive for its information a report summarising panel activities over the last quarter.
- 13. TRACKING RESOLUTIONS (Pages 41 - 46)**
To monitor progress on previous resolutions.
- 14. WORK PROGRAMMES 2009/10 AND 2010/11 (Pages 47 - 52)**
The panel will review its work programme for 2009/10 and consider its draft work programme for 2010/11.
- 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 COMMITTEE)

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.

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Health and Adult Social Care Overview and Scrutiny Panel

Wednesday 27 January, 2010

PRESENT:

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

Co-opted Representatives: Mr. Boote (LINK) and Ms. Schwarz (PHT).

Also in attendance: Councillors Mrs. Beer, Mrs. Bragg, Purnell and Vincent representing the Children and Young People's Overview and Scrutiny Panel, in respect of minute numbers 55 and 56 only, and Councillor Dr. Salter, Cabinet Member for Adult Health and Social Care.

The meeting started at 10.00 a.m. and finished at 2.55 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.

50. WELCOME

The Chair welcomed Margaret Schwarz, newly appointed Co-opted Representative from the Plymouth Hospitals NHS Trust, to her first panel meeting.

51. DECLARATIONS OF INTEREST

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

52. MINUTES

Resolved that the minutes of the meeting held on 25 November, 2009, be confirmed as a correct record.

53. CHAIR'S URGENT BUSINESS

Annual Performance Assessment of Adult Social Care 2008/09 – Report from Care Quality Commission

The Chair reported that in order to give due consideration to the matter a special meeting would be convened to enable officers to present the report and action plan detailing how the performance of the service would be maintained, alongside the work already in hand, to move towards integration with health and implementing the personalisation policy – Putting People First.

Resolved that consideration of the item be deferred to a special meeting to take place no later than 26 February, 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).

54. SERVICE IMPROVEMENT PROPOSAL - CENTRALISATION OF GYNAECOLOGICAL CANCER SURGERY

The Panel considered a report by NHS Plymouth. The report –

- (i) explained the rationale for centralisation of gynaecological cancer surgery;
- (ii) set out the findings of the independent clinical review undertaken to assess which hospital would be the preferred site for a second gynaecological cancer

centre –

- Royal Devon and Exeter Hospital, Exeter, having already been established as the first
 - Royal Cornwall Hospital, Truro, having been recommended as the second
- (iii) presented the draft engagement plan for people who might be affected by the creation of the proposed second gynaecological cancer centre.

In response to questions raised, it was reported that –

- (iv) a decision on where the second centre should be had not yet been taken. The next stage in the process would be for the Cancer Network to consider the findings of the independent clinical review, alongside the views of the Cornwall, Devon and Plymouth Overview and Scrutiny Committees, before making final recommendations to the respective Primary Care Trust (PCT) Boards;
- (v) the criteria and scoring used had been developed by the independent clinical review team from the terms of reference provided and had been agreed by each of the PCTs involved prior to the review commencing;
- (vi) the issue of choice of centre had only arisen because the need for a second centre had been established;
- (vii) according to a survey, 75% of people (without cancer) would be willing to travel for treatment by a specialist if they were diagnosed with cancer;
- (viii) most of the treatment pre and post surgery would be carried out at the patient's local hospital;
- (ix) should the second designated centre be confirmed as the Royal Cornwall Hospital, Truro, it was possible that surgeons working at Derriford would operate between the two sites.

Members welcomed the principle of developing centres of excellence but recognised that patients had other outcomes to consider such as emotional and financial wellbeing. Given that Plymouth was a city with pockets of deprivation, the panel sought assurances that the needs of patients having to travel would be met and supported, along with those of their families.

Recommended that the findings of the independent clinical review could not be supported because the report fails to provide the assurances the panel would need in respect of -

- (1) evidence to demonstrate that a second centre at Truro would make a significant difference to clinical outcomes for patients from Plymouth;
- (2) addressing the issue of individual choice for women over where their surgery should take place.

55. **SERVICE IMPROVEMENT PROPOSAL - SPECIALISED BURN CARE SERVICES FOR ADULTS AND CHILDREN**

The panel considered a report by the South West Specialised Commissioning Group (SWSCG) regarding service improvement proposals for burn care services for adults and children. In attendance to present the report were Keith Reid, Consultant in Public Health, Sue Davies, Associate Director of the South West Specialised Commissioning Group and Lead Commissioner for Burns, and Dr. Lou Farbus, Public and Patient Engagement Facilitator.

The report –

- (i) described how services for adults and children were currently provided;

- (ii) provided a guide to the types of burns and levels of care they required;
- (iii) set out how burn care would be improved through the designation of specialised burn care providers at –
 - Morriston Hospital, Swansea
 - Frenchay Hospital, Bristol
 - Salisbury District General Hospital, Salisbury
 - Derriford Hospital, Plymouth

In response to questions raised, the panel heard –

- (iv) where members of the same family were involved, consideration would be given to who had the most complex of needs when determining which hospital they would be sent to. Best endeavours would be made to keep the family together, however, such instances would need to be dealt with on a case-by-case basis;
- (v) a specialist nurse would be allocated to help keep family members informed and provide advice on travel and accommodation matters;
- (vi) whenever possible, aftercare would be provided locally as soon as the patient was well enough to be transferred;
- (vii) that the Fire Service had not been included in the consultation process.

The panel welcomed the comprehensive report, particularly the inclusion of the glossary which had been most helpful, and thanked the representatives from the South West Specialised Commissioning Group for their attendance. Whilst the principle of developing centres of excellence was welcomed, Members recognised that patients had other outcomes to consider besides medical, such as emotional and financial wellbeing. Given that Plymouth was a city with pockets of deprivation, it was suggested that consideration be given to issuing travel warrants to families unable to pay to join their loved ones should the worst happen.

Recommended that -

- (1) the proposed approach to improving burn care services for residents be noted;
- (2) the improved quality and safety of the service that the model would deliver over time be noted;
- (3) the involvement of patients, carers, clinicians and public in the process to date be noted but that future engagement in developing the recommended way forward should also include the Fire Service;
- (4) the proposed designations of four service providers delivering the three levels of specialised burn care and the forward agenda for the network be approved;
- (5) the intention to complete the designation process by March 2010 allowing all four services to be fully functioning in their roles by April 2010 be noted;
- (6) steps be taken to ensure the needs of patients having to travel and requiring overnight stays be met and supported along with those of their families.

56. **JOINT STRATEGIC NEEDS ASSESSMENT**

The Assistant Director for Business Support (Community Services) and Director for Public Health were in attendance to report on the Joint Strategic Needs Assessment (JSNA), a document that, when analysed, drew out the main health, social care and well-being needs of the city. It was used to inform those who commissioned adult care services and children's services and set priorities in order to ensure that services were shaped by the community and inequalities were reduced.

The report –

- (i) set out the ten domains covered by the JSNA;
- (ii) demonstrated how the JSNA was informed and used to influence documents such as –
 - Corporate Plan
 - Housing Strategy
 - Community Strategy
 - NHS Strategic Framework
- (iii) detailed some of the findings, including that eight in ten of all deaths in the city were caused by heart and vascular problems, cancers, respiratory diseases and digestive problems;
- (iv) highlighted changes to the city's population such as a –
 - 46% increase in babies being born
 - 5% increase in resident population
 - slight increase in the 65+ and 75+ age groups
 - slight increase in females than males
- (v) highlighted a difference in life expectancy of 13 years between the city's affluent and deprived neighbourhoods;
- (vi) identified a number of emerging issues for the city such as –
 - mental health
 - child poverty
 - smoking
 - alcohol
 - teenage pregnancy
 - obesity
 - breastfeeding

In response to questions raised, it was reported that –

- (vii) whilst recent regeneration projects in Devonport may have had something to do with keeping the 13 year gap in life expectancy static, it was not expected that this gap would close for some time yet as the real issue was money. People knew how to live a healthy lifestyle but until they could afford to do so the situation would not change;
- (viii) figures reflecting the actual increase in type 2 diabetes in the city compared to nationally would be circulated to panel members via the Democratic Support Officer.

Members welcomed the report and its recognition of how health impacted upon services in the city.

Given that health cross-cuts many of the Corporate Improvement Priorities (CIPS) agreed as part of the Council's plan to improve quality of life in the city, it was recommended that the Overview and Scrutiny Management Board recommend to Cabinet that the Director for Public Health be recognized as an essential element in the development of plans and strategies for the City and be invited to attend all future Corporate Management Team, Cabinet and Local Strategic Partnership meetings, or any other meetings deemed to be appropriate.

57. **ANNUAL PERFORMANCE ASSESSMENT OF ADULT SOCIAL CARE 2008/9 - REPORT FROM CARE QUALITY COMMISSION**

Item withdrawn - minute 53 refers.

58. **DEMENTIA STRATEGY AND ACTION PLAN**

The Director for Community Services submitted the draft Dementia Strategy for Plymouth, along with the Action Plan. In attendance to present the report was the Commissioning Manager for Adult Social Care Services, Commissioning Mental Health Lead and Cabinet Member for Health and Adult Social Care. Members were informed that –

- (i) NHS Plymouth and Plymouth City Council had been working together on developing a Strategy for Plymouth in parallel with the launch of the National Dementia Strategy which had been published in February, 2009;
- (ii) whilst services currently provided were of a good quality, it was acknowledged that only one third of the city's estimated number of dementia sufferers were being treated;
- (iii) the joint Strategy aimed to significantly increase this provision so that the majority of the city's 3,107 dementia sufferers would be supported by 2012 and that services would be in place to support increasing demand;
- (iv) dementia cost more than heart disease, stroke and cancer combined and the Government had been strongly criticised by the National Audit Office for failing to act upon the National Dementia Strategy.

Members welcomed and supported the Strategy, but, given the current economic climate expressed concerns around its funding, resourcing and deliverability.

In response to questions raised, it was further reported that there was no requirement for GPs or nurses to be trained in dementia diagnosis. However, a GP Lead on Dementia was shortly to be appointed and it was hoped that, once this person was in place, discussions would take place with the GP contract manager to look at ways of making dementia a higher priority.

Resolved that –

- (1) any additional comments from panel members on the Dementia Strategy should be passed direct to the Commissioning Manager for Adult Social Care;
- (2) the panel monitors performance against delivery of the Dementia Strategy action plan on a six-monthly basis. Performance reports to be provided in RAG rating format.

59. **ADAPTATIONS - PROGRESS REPORT**

The panel received a report providing an update on minor and major adaptations for both the private sector and Plymouth Community Homes, including issues affecting Disabled Facilities Grants (DFG). In attendance to present the report were the Private Sector Housing and Regeneration Manager, Head of Community Service (Adult Social Care) and Service Manager (Adult Social Care).

Members were informed that the Council had hoped to have received its DFG allocation for 2010/11 by the end of December 2009, however, this had not been the case. Concern was expressed that Plymouth had received only 65% of its assessed need for 2009/10. Whilst every effort was being taken to utilise funds to maximum effect it remained the case that available resources did not meet demand with a resulting negative impact on waiting lists and times. Should Plymouth not receive its full entitlement for 2010/11, the situation would get worse.

Recommended that the Cabinet write to Government Office South West expressing concern at the historical disproportionately low DFG allocation to the city and seeking assurances that the figure for 2010/11 would more accurately reflect Plymouth's assessed need.

60. **ALCOHOL HARM**

The panel received a verbal update from the Commissioning Manager at the Public Health Development Unit (PHDU) and the Lead Clinician for Liver Disease at Derriford Hospital. It was reported that –

- (i) the first draft of the new Alcohol Strategy would be available on Friday 29 January, 2010, following which there would be a 6-week consultation period;
- (ii) one of the key performance drivers in respect of alcohol harm was to reduce the number of hospital admissions. The PHDU was currently awaiting verification of what this target would be;
- (iii) Plymouth was a particular hot spot in terms of alcohol misuse and liver disease in the city was on the rise, particularly amongst females;
- (iv) access to detox remained a problem with a current wait time of 8 weeks;
- (v) 40-60% of admissions through Derriford A&E between Thursday and Sunday were alcohol related.

The panel welcomed the update and looked forward to participating in the Strategy consultation.

Resolved that -

- (1) the draft Alcohol Strategy be presented to a special meeting of the Health and Adult Social Care Overview and Scrutiny Panel to be convened in February;

Recommended that -

- (2) the Assistant Director for Governance and Democracy be asked to look at whether licensing legislation allows for the impact on a neighbourhood's health to be taken into account when considering licence applications;
- (3) the Alcohol Strategy be presented to the Licensing Committee for information;
- (4) the Director for Community Services be requested to consider notifying ward councillors on receipt of licensing applications, similar to what is already in place for planning applications.

61. **SMOKING - PERFORMANCE AGAINST LAA STRETCH TARGETS**

The panel received a presentation by the Stop Smoking Service Manager providing an overview of the work of the Smoking Cessation Service in Plymouth and detailing how it was performing against health targets, including the LAA stretch targets. Highlights of the presentation included that –

- (i) the Service was working in close partnership with the City Council to develop a comprehensive Tobacco Control Strategy for Plymouth to reduce the prevalence of smokers;
- (ii) IDeA funding had been awarded to set up a range of Tobacco Control Initiatives in the city;
- (iii) the 4-week benchmark set for quitters currently had a 50% success rate.

In response to questions raised, it was reported that –

- (iv) approximately 450 young people started smoking in the UK every day, usually between the ages of 11-13 but this could drop to as young as 8-9 in deprived areas;
- (v) various research into why young people started smoking had been undertaken but it was largely thought to be due to parental influence;

- (vi) the number of referrals to the service by midwives had significantly increased;
- (vii) the 2009 Health Bill – Tobacco Control had not yet completed its run through Parliament. The Bill focussed on addressing 3 elements, namely to –
 - close the loophole which allows tobacco to be displayed at the point of sale
 - prohibit the sale of cigarettes from vending machines
 - require the use of plain packaging for tobacco products
- (viii) partnership working with Trading Standards had established that illicit tobacco was readily and cheaply available in the city;
- (ix) plans to develop a marketing campaign had been shelved as capacity in primary care was limited due to the pressures of swine flu clinics. As the potential to achieve this target was negligible, it would have been a waste of public money to pursue it.

Resolved that –

- (1) with regard to (ii) above, the Public Protection Service be requested to provide a briefing note to panel on what Tobacco Control Initiatives were being introduced and where;

Recommended that –

- (2) the City Council lobbies the city's three MPs to support progress of the 2009 Health Bill – Tobacco Control - through Parliament.

(The Vice-Chair took the Chair for part of this item).

62. LOCAL STRATEGIC PARTNERSHIP HEALTHY THEME GROUP MINUTES

The panel received for its information a copy of the Local Strategic Partnership's Healthy Theme Group minutes of the meeting held on 12 November, 2009.

(The Vice-Chair took the Chair for this item).

63. TRACKING RESOLUTIONS

The panel received for its information a copy of the tracking resolutions schedule.

(The Vice-Chair took the Chair for this item).

64. WORK PROGRAMME

The panel considered its work programme for 2009/2010 as presented and, further to minutes 53 and 60, noted the requirement for an additional meeting in February.

(The Vice-Chair took the Chair for this item).

65. EXEMPT BUSINESS

There were no items of exempt business.

(The Vice-Chair took the Chair for this item).

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Health and Adult Social Care Overview and Scrutiny Panel

Tuesday 23 February, 2010

PRESENT:

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

Co-opted Representatives: Mr. Boote (LINK) and Ms. Schwarz (PHT).

Apology for absence: Councillor Mrs. Nicholson

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

The meeting started at 10.00 a.m. and finished at 12.00 noon.

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.

66. DECLARATIONS OF INTEREST

The following declarations of interest were made in accordance with the Code of Conduct in relation to items under discussion at this meeting –

Name	Minute No. and Subject	Reason	Interest
Ms Schwarz (Co-opted representative)	68. Annual Performance Assessment of Adult Social Care 2008/09 – Report from Care Quality	Is a Trustee for Cornwall Care.	Personal
Councillor Mrs Aspinall	68. Annual Performance Assessment of Adult Social Care 2008/09 – Report from Care Quality	Has a family member with Learning Disabilities.	Personal
Councillor Mrs Watkins	68. Annual Performance Assessment of Adult Social Care 2008/09 – Report from Care Quality	Is a Board Member for Plymouth Community Homes.	Personal

67. CHAIR'S URGENT BUSINESS

There were no items of Chair's urgent business.

68. ANNUAL PERFORMANCE ASSESSMENT OF ADULT SOCIAL CARE 2008/09 - REPORT FROM CARE QUALITY COMMISSION

The Director for Community Services submitted the Care Quality Commissions (CQC) Annual Performance Assessment of Adult Social Care 2008/09 along with the Department's response in the form of an Action Plan. In attendance to present the report was the Assistant Director for Adult Health and Social Care, the Head of Modernisation, the Commissioning Manager and the Cabinet Member for Adult Health and Social Care. Members were informed that –

- (i) the Adult Health and Social Care team meet with the CQC on a quarterly basis with the last meeting occurring in October 2009;
- (ii) these meetings had culminated in the CQC report, which contained a number of recommendations for Plymouth City Council to carry out improvements to the Adult

Health and Social Care services;

- (iii) the report demonstrated that Plymouth had made significant improvements and that they were now regarded as one of the better Adult Social Care Departments in the South West;
- (iv) as a result of the recommendations provided by the CQC, an action plan had been drawn up, explaining the actions that were currently taking place or would be soon commencing to further improve the service. The action plan would be submitted to the CQC on 3 March 2010.

Members welcomed the excellent report and requested a detailed verbal overview of the action plan. In response to questions raised, members were further informed that –

- (v) having been identified as an Authority that was performing well, Plymouth City Council would be able to self declare on the first six outcomes on the next assessment. However, outcome seven 'maintaining personal dignity and respect' would still need to be completed in full and submitted in May to the CQC;
- (vi) although Adult Health and Social Care had received an increase of £1.8 million to its budget for 2010/2011, there was a requirement for an additional £4.2 million to deliver the planned programme of services which would be challenging;
- (vii) the action plan submitted today was not as comprehensive as the evidence to be provided to CQC in May as this would include a range of numerical data;
- (viii) in terms of commissioning, the Adult Health and Social Care team had developed significantly and were actively engaging with partner agencies and third sector organisations to improve their services. Some frontline teams were now co-located, provider forums had been created, newsletters were provided and there had been regular engagement and consultation processes;
- (ix) at the end of March 2010 the service would have supported approximately 9,500 service users of which approximately 1,600 would have had personal budgets or a direct payment. Personal budgets empower service users by offering them a choice on what care they receive and by whom it is provided;
- (x) a project officer had been appointed within the Learning Disability Service to establish a database of how many people with learning disabilities were currently employed in the city, to champion Learning Disability employment more generally and also describe the range of support in place to support Learning Disability service users to gain employment, voluntary and paid;
- (xi) the responsibility for the co-ordination of sheltered housing has transferred from Plymouth Community Homes to PCC Housing. However there are some concerns that older people may not be able to manage the bidding process without support and that there is not enough resource built into the system to carry out assessments to determine both extra care and sheltered housing.

Resolved that –

- (1) an update on the joint plan/work stream created to review and improve intermediate care would be provided to a future meeting of the panel in approximately six months;
- (2) a briefing paper on community based services through the small grants process would be circulated to panel members by the Head of Modernisation;
- (3) the results of the Adult Social Care User Satisfaction Survey be emailed to panel

members on completion;

- (4) once established, details of the Quality Checkers Service be brought to a future meeting of the panel;
- (5) an update be provided on the All Our Futures strategy at a future meeting;
- (6) in response to (xi) above a request be sent to PCC housing to submit a briefing paper to a future meeting of the panel in response to the following –
 - how are people being helped to access the choice based lettings system in terms of sheltered or supported housing;
 - what resources do PCC housing have in place to support older people with the bidding process;
 - what information or training has been provided to Social Workers to enable clients to access housing more suitable to their needs via the new choice based lettings system. How has this new system been communicated across Adult Health and Social Care;
- (7) the Democratic Support Officer be requested to organise a visit to the Learning Disability Extra Care Scheme.

(Councillors Mrs. Aspinall and Mrs. Watkins and Ms. Schwarz declared personal interests in respect of the above item).

69. **ALCOHOL STRATEGY**

The panel received a verbal update from NHS Plymouth Joint Commissioning Manager based within the Public Health Development Unit (PHDU). Members were advised that –

- (i) the reason for the delay in distributing the draft strategy for consultation was due to the fact that the consultants developing the strategy had omitted a number of key points. Although the format was correct, the data gathered and research undertaken did not reflect the current situation in Plymouth. As a result, it was mutually agreed with the consultants to exit early from the contractual arrangement;
- (ii) the Alcohol Alliance, which is chaired by the Director for Public Health, would take over responsibility for developing a final revised strategy document;
- (iii) the Alcohol Alliance has representation from key stakeholders linked to all Local Strategic Partnership (LSP) theme groups demonstrating that the alcohol strategy was a cross-cutting document with a multi-agency approach;
- (iv) it was anticipated that a revised draft strategy would be complete by the end of April 2010 following which would be a three month consultation period before a final version being agreed by September 2010 to inform future commissioning and service planning.

In response to questions raised, members were informed that –

- (v) the Alliance was a strategic body, as well as this there was a clinical network to monitor services, develop care pathways and improve data exchange and information on alcohol between service providers including a link to violence prevention;
- (vi) a business case was being presented to the Primary Care Trust (PCT) to carry out

work around the alcohol treatment in the community linked to GPs. This would potentially involve working with a number of GP practices whose patients have conditions linked to alcohol related admission, in order to improve earlier identification and thus reduce hospital admission rates;

- (vii) as funding for the Alcohol Service currently was limited there was a need to ensure that there was no risk of dis-investment to the service;
- (viii) the introduction of a Night Time Economy Manager if progressed should have a city wide remit and not just target the city centre;
- (ix) presently 53 professionals from services such as social work, youth work and the police personnel were being trained in alcohol awareness, screening and brief interventions.

Resolved that –

- (1) the NHS Plymouth Joint Commissioning Manager based within PHDU be requested to forward the revised Draft Strategy and relevant papers on enhanced alcohol treatment service provision to the panel;

Recommended that -

- (2) if a Night Time Economy Manager is appointed, with responsibility for the whole of the city and not just to city centre trade, this post would ideally be funded in the majority by Statutory Partners with a contribution from the trade.

70. **EXEMPT BUSINESS**

There were no items of exempt business.

helping us
to help you

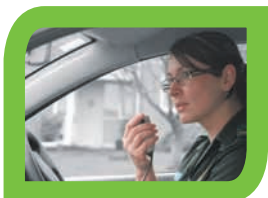
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South Western Ambulance Service **NHS**



consultation report

YOUR VIEWS ON OUR JOURNEY
TO AN NHS FOUNDATION TRUST



Consultation outcome – February 2010

Introduction

South Western Ambulance Service NHS Trust is working towards becoming an NHS Foundation Trust.

Part of this process required the Trust to complete a formal consultation, which took place between 14 September 2009 and 31 December 2009.

Although the statutory requirement was for a 12 week consultation the Trust provided an extra three week timeframe to compensate for any delays which arose as a result of a postal strike.

During the consultation period members of the public and Trust staff were provided with numerous opportunities, communicated via a number of different methods, to comment upon the:

- proposed governance arrangements;
- vision;
- benefits and risks of NHS Foundation Trust status.



Our full, summary and easy read consultation documents which were distributed across the south west.

Responses

The Trust would like to thank everyone for their comments and feedback throughout the consultation period.

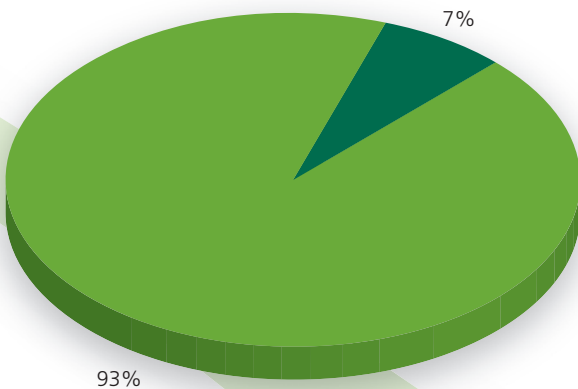
The Trust is pleased to provide a detailed breakdown of the results which were taken from the responses provided by members of the public and Trust staff.

A series of questions were included in the consultation materials and these, alongside the responses provided, are highlighted within the following pages.



All responses have been published on our website in a corporate register of questions and answers.



Analysis of responses

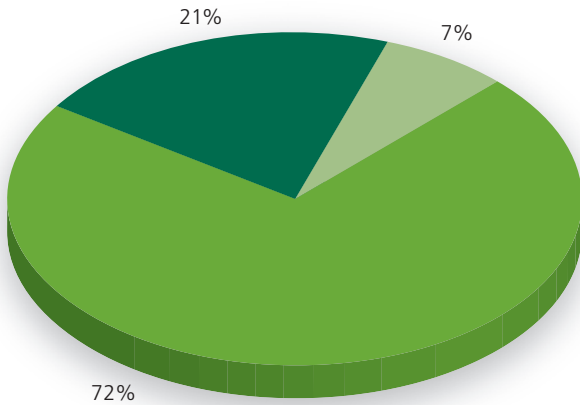


Do you support our mission, vision, values and future priorities?

-  Broadly in favour
-  Broadly opposed

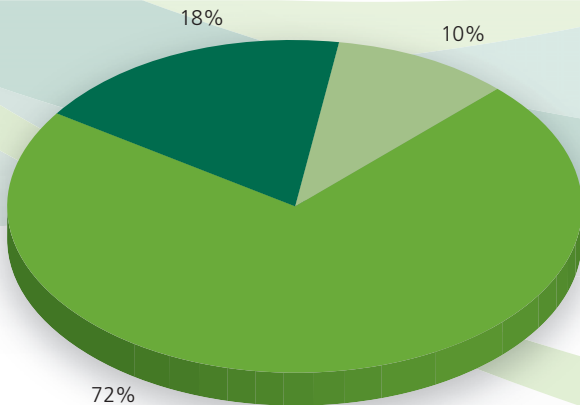


Analysis of responses



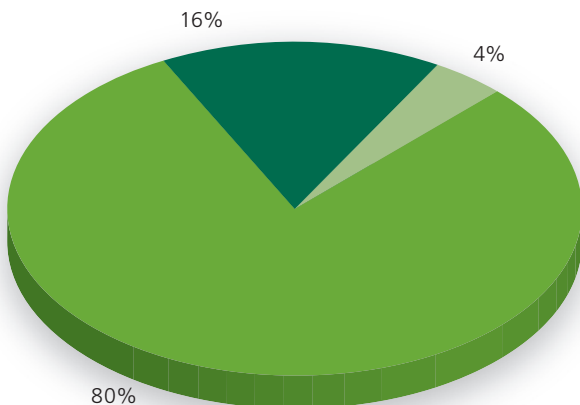
Do you agree with our target membership of 17,783 members?

- Broadly in favour
- Broadly opposed
- Broadly neutral



Do you agree with our composition of Council of Governors? Do you have any ideas on what you think is a representative Council of Governors?

- Broadly in favour
- Broadly opposed
- Broadly neutral

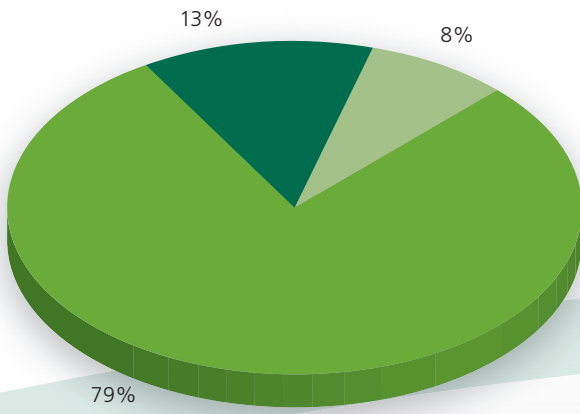


Do you agree staff should be automatic members?

- Broadly in favour
- Broadly opposed
- Broadly neutral

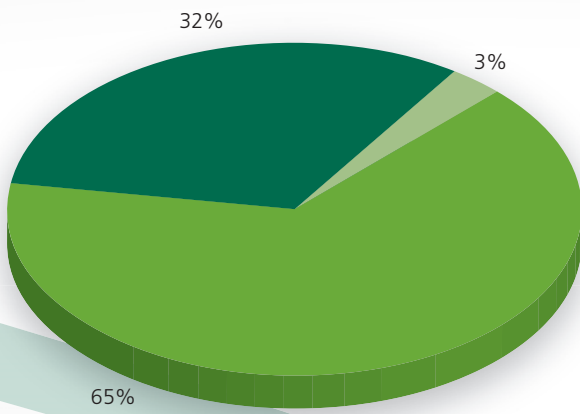


Analysis of responses



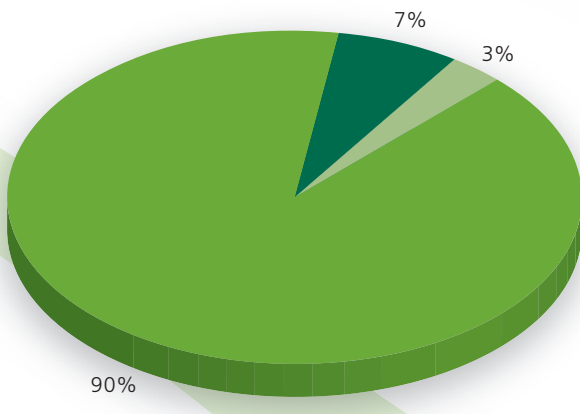
Do you agree with our proposed governance arrangements and structure?

- Broadly in favour
- Broadly opposed
- Broadly neutral



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

- Broadly in favour
- Broadly opposed
- Broadly neutral

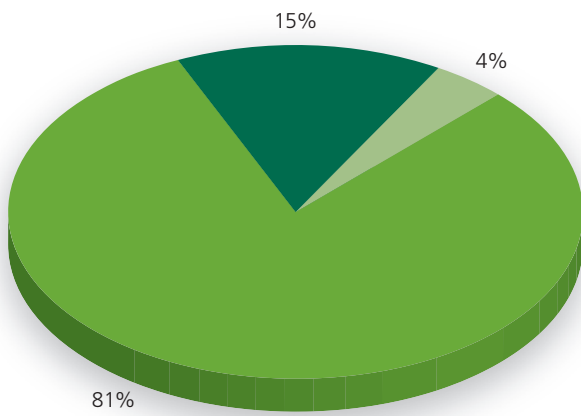


Do you agree with Governors serving for 3 years?

- Broadly in favour
- Broadly opposed
- Broadly neutral

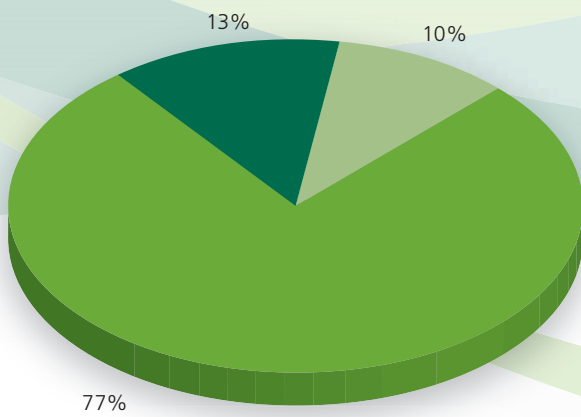


Analysis of responses



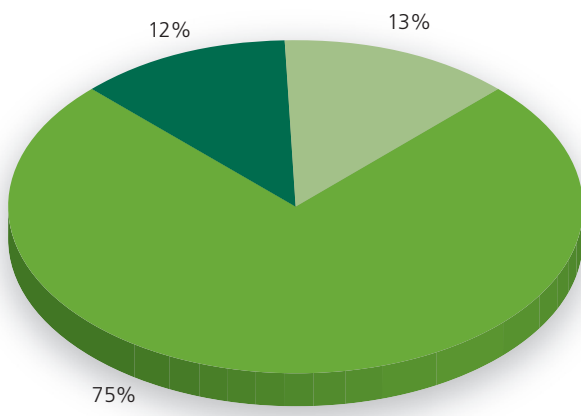
Do you like our approach and style in communicating with you?

- Broadly in favour
- Broadly opposed
- Broadly neutral



Do you agree with the composition of our 2 constituencies - which are public and staff?

- Broadly in favour
- Broadly opposed
- Broadly neutral



Do you agree with our transitional arrangements?

- Broadly in favour
- Broadly opposed
- Broadly neutral



The table below shows a breakdown in numbers of the 100 responses given to the specific questions asked in the consultation document. This feedback forms part of the total number of formal responses received during the consultation period, which stands at 1,219.

The Trust recruited 867 members during the consultation all of whom support the Trust proposals outlined within the consultation materials.

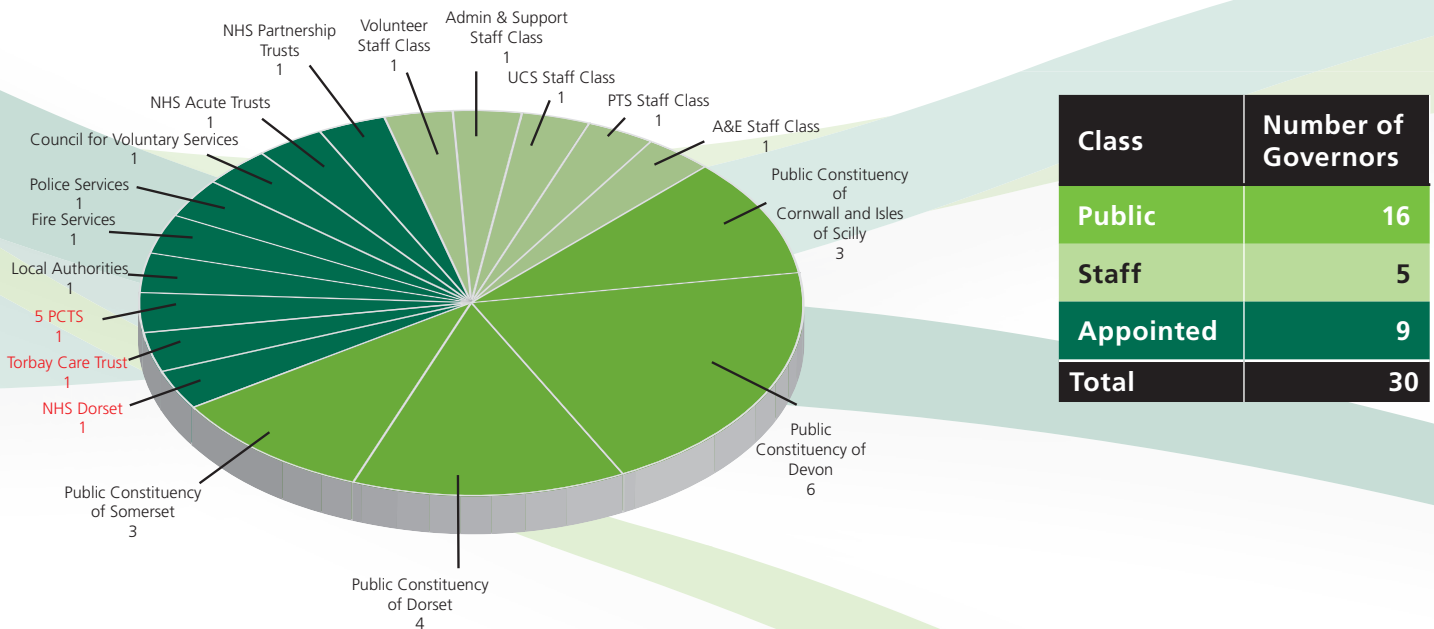
		Broadly in favour	Broadly opposed	Broadly neutral
Q.01	Do you support our mission, vision, values and future priorities?	93%	7%	0%
Q.02	Do you agree with our target membership of 17,783 members?	72%	21%	7%
Q.03	Do you agree with our composition of Council of Governors? Do you have any ideas on what you think is a representative Council of Governors?	72%	18%	10%
Q.04	Do you agree staff should be automatic members?	80%	16%	4%
Q.05	Do you agree with our proposed governance arrangements and structure?	79%	13%	8%
Q.06	Do you agree with our lower age limit of 16 years to be a member?	65%	32%	3%
Q.07	Do you agree with Governors serving for 3 years?	90%	7%	3%
Q.08	Do you like our approach and style in communicating with you?	81%	15%	4%
Q.09	Do you agree with the composition of our 2 constituencies - which are public and staff?	77%	13%	10%
Q.10	Do you agree with our transitional arrangements?	75%	12%	13%

Conclusion

The Trust Board considered all responses on 28 January 2010 with a focus on four major issues:

- Council of Governors (public constituency seats);
- Council of Governors (appointed Governors);
- age of membership;
- number of members.

The Board agreed the following changes to the Council of Governors. The change of one joint appointment PCT seat to three seats, two nominated and one jointly appointed. This increased the Council of Governors by two appointed members as marked in red. Within Cornwall one Governor will have specific responsibility for the Isles of Scilly.



If you have any further enquiries or questions regarding the Trust proposals to become an NHS Foundation Trust please ring the Consultation Coordinator: Lynne Paramor, Associate Director of Strategic Communications & Governance on 01392 261509, email: ft@swast.nhs.uk or write to:

Lynne Paramor
 Consultation Coordinator
 South Western Ambulance Service NHS Trust
 Abbey Court
 Eagle Way
 Exeter
 Devon
 EX2 7HY

If you would like this document in another format e.g. large print, braille etc please contact us on 01392 261509 or email ft@swast.nhs.uk

Briefing for Overview and Scrutiny Committees



03 March 2010

Modernisation of Broadmoor Hospital, Berkshire

1 Purpose

The purpose of this summary report is to provide information to the Overview & Scrutiny Committees on the planned modernisation of Broadmoor Hospital.

2 Background

High Secure Services are commissioned on behalf of PCTs by the High Secure Specialised Commissioning Group. South West Specialised Commissioning Group represents all fourteen Primary Care Trusts within NHS Southwest at this group. High secure hospitals are also directly monitored and overseen by the Department of Health under arrangements sometimes referred to as 'line of sight'. The provision of high secure hospitals is under the authority of the Secretary of State for Health and they can not be provided outside of those facilities licensed by the Department of Health.

There are three high secure hospitals providing services to England and Wales. High secure hospitals provide service to patients with mental disorders who are a known and immediate risk to the public. Broadmoor is the main high secure hospital for London and the South of England. The current hospital provides 244 beds for men with mental health needs from London and the South of England. The current catchment area for the hospital covers approximately 22 million people.

Broadmoor Hospital was built in 1863, and is managed by the West London Mental Health NHS Trust. It is widely accepted that the old building is not fit for purpose; most of the hospital is provided in accommodation over 140 years old. The Trust has been asked to prepare an Outline Business Case by the Secretary of State for Health, following a report from the Care Quality Commission that raised concerns that the hospital site was not meeting acceptable standards, and was not fit for purpose (July 2009). This case has recently been submitted to colleagues at NHS London for approval. Following the approval from NHS London, the case will be considered by the Department of Health and the Treasury.

3 The Outline Business Case

The business case focuses on the need to improve the existing hospital, and particularly patient accommodation. The existing patient accommodation is not up to the standards expected for the delivery of modern mental healthcare.

NHS commissioners have asked the West London Mental Health NHS Trust to plan to provide modern purpose built high secure accommodation. There was also a

need to review the number of beds provided and the patient groups provided for, and this was undertaken as part of a national high secure capacity planning exercise during 2009/10. However, the overall client group and the geographical area covered by the service within the Outline Business Case remains unchanged.

In terms of the proposed scheme, the Trust intends to rebuild the majority of the existing hospital to the south east of the existing site. The new hospital will provide a modern therapeutic environment with the latest security and safety requirements expected by the Secretary of State for Health, the public and mental health professionals.

It is anticipated that the hospital will be operational during 2016. This is subject to approval from the Secretary of State and appropriate planning approvals, which rest with the Department of Health.

Further information in relation to the hospital redevelopment is available from Patrick Neville, Associate Director of Commissioning for Mental Health and Learning Difficulties on 0117 330 2579, or email patrickneville@nhs.uk.

4 Involvement of Key Stakeholders

The Trust has involved a range of key stakeholders, including the local authority, NHS advocates, patients and carers in the development and selection of the preferred option for this scheme.

In addition, the Trust has completed a communications strategy and stakeholder engagement plan which recognises that engaging with the public about this scheme will take approximately one year. This activity will coincide with the forthcoming planning application.

The planning application will be submitted following additional work on the design which will take place once the Outline Business Case has been approved by the Department of Health.

5 Conclusion

West London Mental Health NHS Trust has developed a plan to redevelop the hospital that ensures standards of accommodation, access to therapy and support for an improved clinical model can be supported in a safe and therapeutically appropriate environment. There is commissioning support for the redevelopment, and it is expected that final approvals will be given by the Department of Health for the scheme, with completion expected by 2016.

6 Recommendation

The Overview & Scrutiny Committee is asked to note this improvement to the accommodation on the Broadmoor Hospital site.

Patrick Neville, Associate Director of Specialised Commissioning for Mental Health and Learning Difficulties, South West Specialised Commissioning Group, Hampton House Health Centre, Top of St Michael's Hill, Bristol, BS6 6AU.



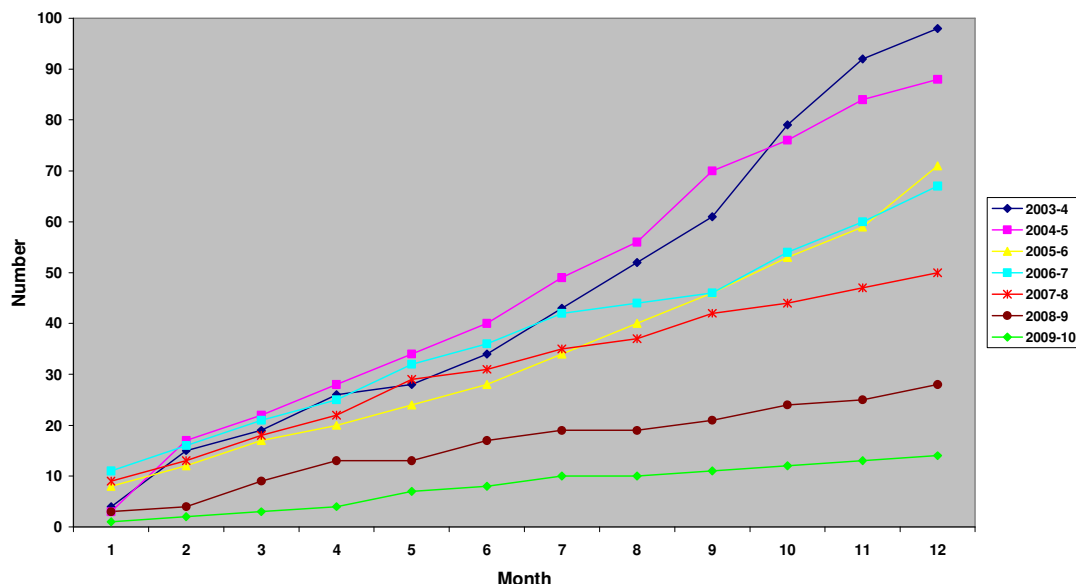
INFECTION CONTROL BRIEFING

31st March 2010 (data correct as of 19th March 2010)

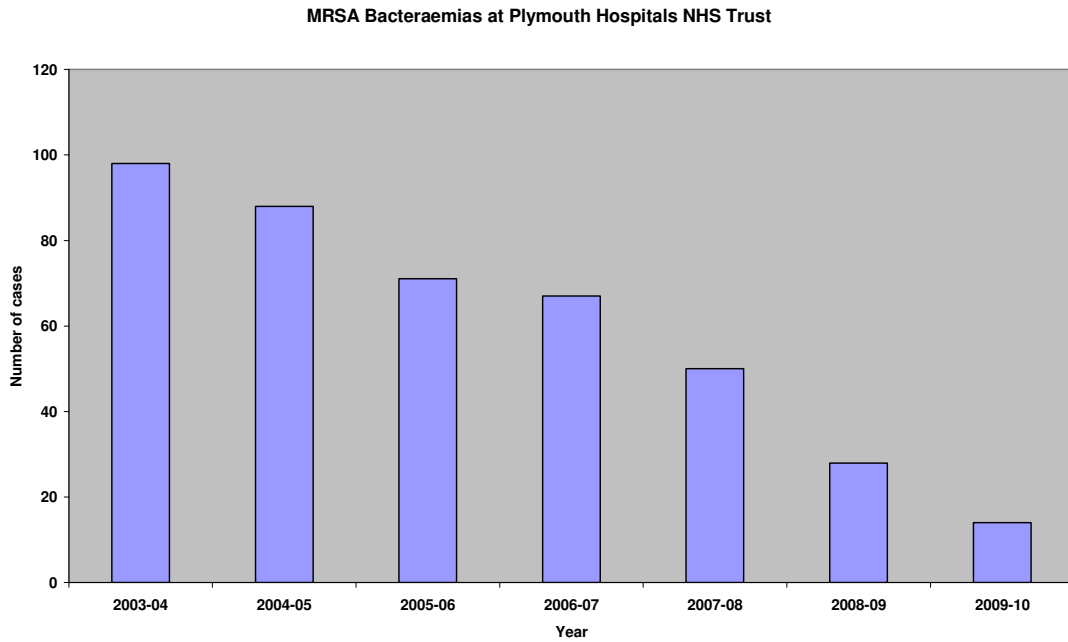
Meticillin-Resistant *Staphylococcus aureus* (MRSA)

- Plymouth Hospitals NHS Trust has been set the target of recording fewer than 24 MRSA bacteraemias (blood stream infections) between 1st April 2009 and 31st March 2010.
- Between April 2009 and 19th March 2010, PHNT has recorded 14 bacteraemias. This is a reduction of 86% on the baseline of 98 cases recorded in 2003-4.
- Of the 14 cases, 7 have been attributable to PHNT (the others have been community or community hospital cases).
- The last MRSA bacteraemia attributable to PHNT occurred on 9th October 2009 (161 days ago).

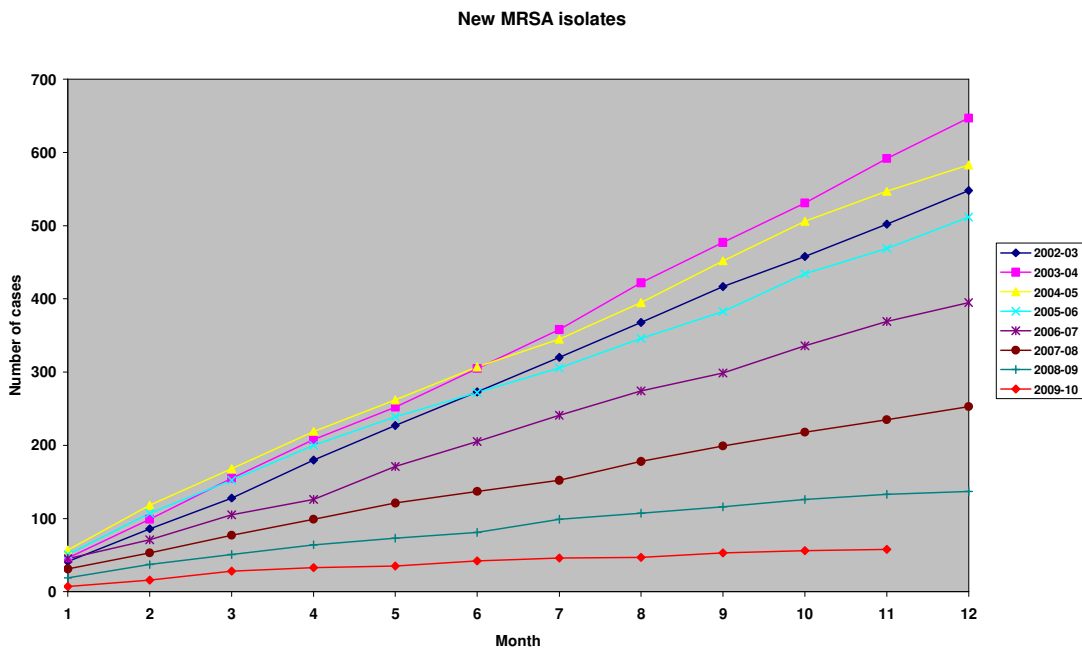
PHNT MRSA cumulative bacteraemias



- There has been a year-on-year reduction in the number of MRSA bacteraemias recorded at PHNT.



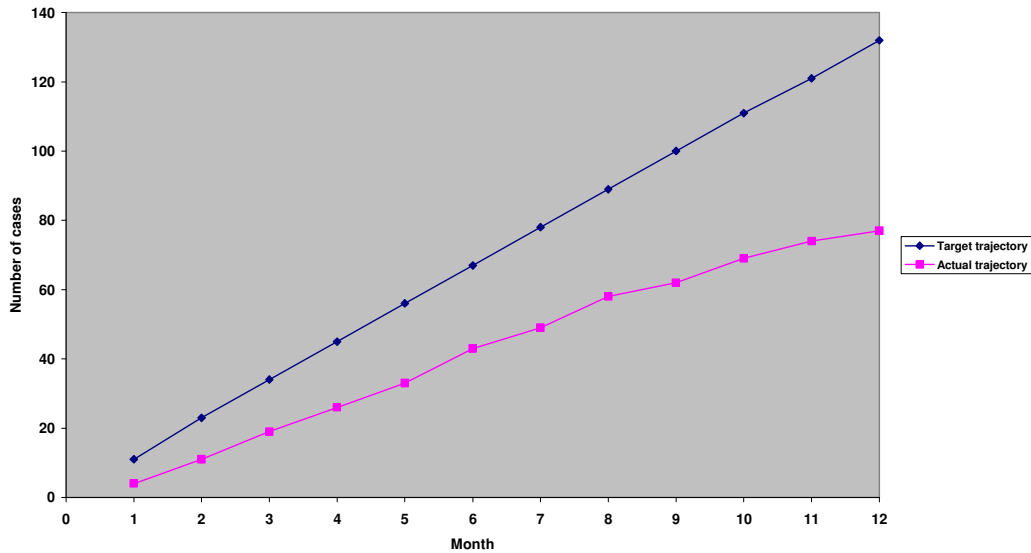
- The number of **all** new cases of MRSA continues to fall. Between April 2009 and February 2010, PHNT had recorded 58 cases compared to 592 for the same period 7 years ago, a reduction of 90%.



Clostridium difficile

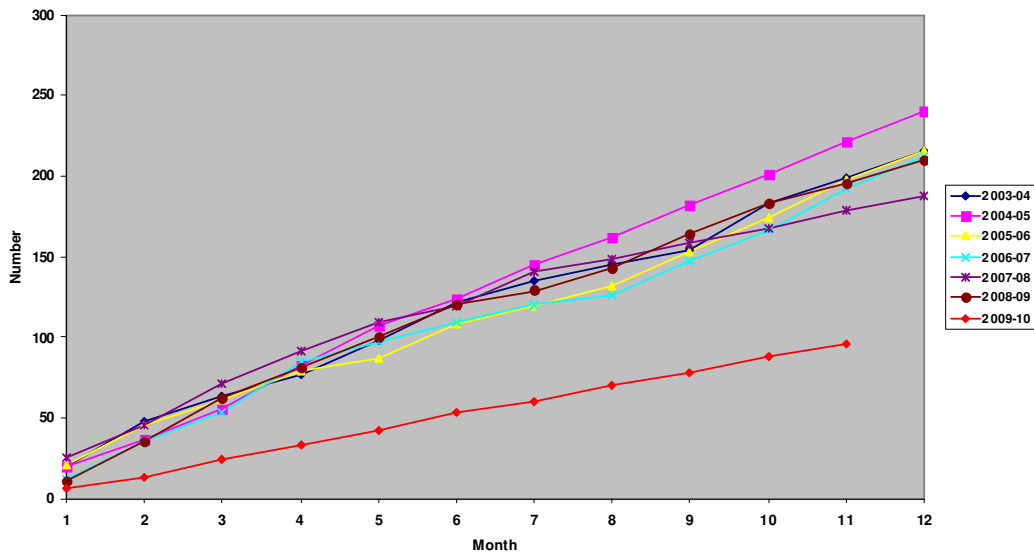
- Plymouth Hospitals NHS Trust has been set the target of recording fewer than 132 post-72 hour cases of *Clostridium difficile* between 1st April 2009 and 31st March 2010.
- Between April 2009 and 19th March 2010, PHNT has recorded 77 cases.

Clostridium difficile - performance against trajectory, 2009-10



- The overall number of cases of *C. difficile* (pre- and post-72 hour cases) recorded so far this year is ~50% lower than for any previous year.

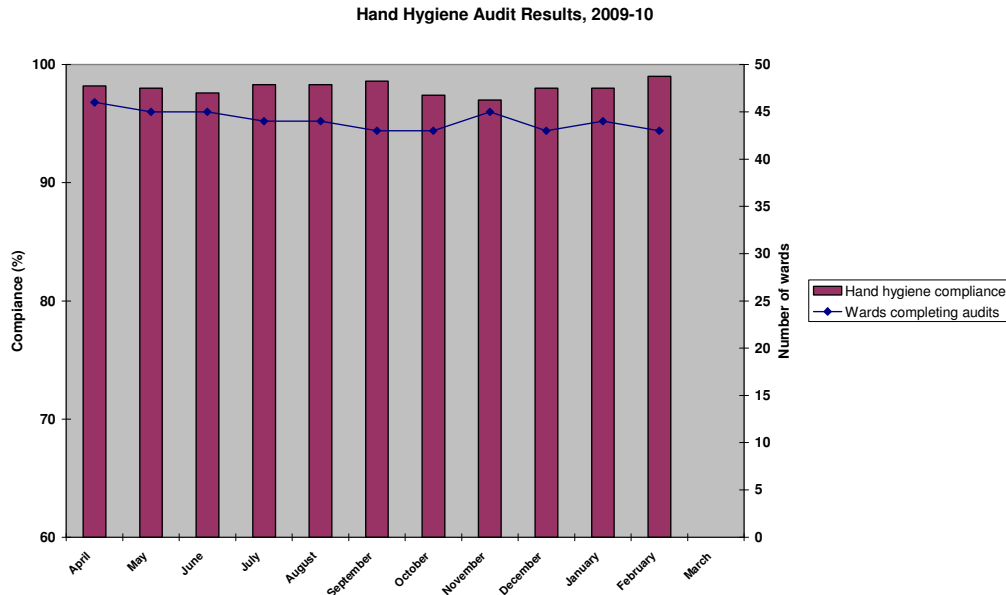
Case of *Clostridium difficile*



- An audit by NHS South West has shown that the outcome at Plymouth Hospitals NHS Trust (PHNT) for *C. difficile* disease was significantly better than any other hospital in the South West, with a mortality of 2.1/100,000 compared to mean mortality across the South West of 12.1/100,000

Hand Hygiene compliance

Over the last 5 years, hand hygiene compliance in the Trust has improved dramatically from 47% in 2004-05 to 92% last year. The overall compliance for the Trust so far for this year is 91.4%.



Surgical site infection rates

- The post-operative wound infection rate for surgical procedures at PHNT is similar to or lower than the national average.

Operation	PHNT rate (%)*	National rate (%)
Coronary artery bypass graft	2.3	4.9
Vascular surgery	0.8	4.0
Limb amputation	2.8	7.3
Total Hip Replacement**	1.5	1.9
Total Knee Replacement	0.6	0.9
Repair neck of femur	1.2	1.9
Reduction long bone fracture	0.7	2.4
Large bowel surgery	5.9	10.5
Small bowel surgery	5.9	8.8
Gastric surgery	2.0	8.7
Cholecystectomy	0.6	1.0
Bile duct, liver, pancreatic surgery	6.2	10.7
Abdominal hysterectomy	1.4	2.3
Lower Segment Caesarean Surgery	0.9	5.0
Spinal Surgery**	1.5	1.9

* Infections identified during initial admission only

** Infections identified during admission and following discharge

Dr Peter Jenks, Director of Infection Prevention and Control

**Carers Champions Service (contract number 06069)
Carers Services, Adult Social Care.**

Introduction

Carers (Equal Opportunities Act 2004) placed an obligation on the Local Authority of a 'duty to inform' carers through an information strategy. This would pay particular attention to informing carers that they may be entitled to an assessment of their own needs and informed of their rights. Further to that, attention is also focused on identifying 'hidden' carers (those not known to the local authority) and ensuring that they are being reached.

The Carers Champions, Advice and Information contract is part of Plymouth's Carers Services response to this.

The contract was awarded to a partnership between Colebrook Housing Association and Plymouth Age Concern. This partnership has recently been dissolved and the contract is the sole responsibility of Colebrook Housing. The contract was awarded for a term of three years, which commenced 1/9/07 and is due to end 1/9/10

Service aims

The aim of the Service is to provide a focal point of contact for carers outside the statutory sector. The Service will have a strong identity so that carers throughout the city are readily aware of it. Carers will be able to access the Service easily to gain information and advice about their rights and the issues that affect them and their ability to care, and about the services that may be available to support them. Carers will also be able to contact the Service for emotional support so that no carer is isolated or reaches crisis point before they get the support they need.

The price of the contract is £98,500 per annum. Apart from Carer Support Workers, the Service has introduced a hardship fund of £2,000 for each year. The hardship fund has been match funded and administered by Colebrook. This is specifically for carers in crisis who may be suffering from financial difficulty, and which takes the form of short-term support or a one-off piece of equipment.

- The number of new carers identified per year increased from 300 to 530
- Emotional support provided per year increased from 50 to 150 for individual carers

Performance targets

- Identify a minimum of 530 new carers per year in order that information can be given to them as to their rights and the services available to them.
- Support the development and delivery of the Carers' Training Programme and take part in a minimum of 10 Carers' Awareness Training days per year.
- Deliver a minimum of 12 Awareness Sessions relating to carers' issues to a variety of audiences each year across all localities so that the awareness of carers and their issues is raised across the city.
- Provide acknowledged and evaluated emotional support to 150 individual carers per year.
- Provide administrative / practical support to 8 carers' groups per year.
- Provide other, evaluated support to 6 carers' groups each year (making a total of 18 separate groups supported in this way over the 3 year contract).
- Demonstrate the active involvement of at least 12 adult carers of adults from a variety of cultural and caring backgrounds, in the planning and monitoring of the Service.
- The development of one new service for adult carers of adults per year, as agreed with statutory and other voluntary organisations. It should be set up with additional available funds from outside the statutory sector, and available to at least 20 carers or the people they care for, with clear access arrangements and plans for monitoring and evaluation.

All of the above have been achieved.

Added Value

Carers Champions can be seen to have been extremely successful in adding value to the contract through other funding sources, namely: Awards for all; Carers UK; Plymouth City Council; Colebrook Housing; British Heart Foundation, and many other smaller sources of funding. Further Carers Champions have sorted out funding sources for independent carers support groups and have advised these groups on how to access these small funding grants.

Request for Scrutiny Work Programme Item

1	Title of Work Programme Item	Carers
2	Responsible Director (s)	Director for Community Services, Carole Burgoyne
3	Responsible Officer	Pam Marsden Assistant Director for Community Services (Adult Social Care)
	Tel No.	307344
4	Aim	To ensure Plymouth City Council is consulting appropriately on the revised Carers Strategy and producing an improvement action plan that will increase the number of carers supported in the city.
5	Objectives	<p>To review the Carers Strategy against the Government's short-term agenda and long-term vision for the future care and support of carers</p> <p>To examine the changes made to the Carers Strategy to ensure that policy adequately cover the needs of carers.</p> <p>To ascertain Carers who are entitled to request (at the time the person they care for is being assessed for community care services), an assessment of their ability to care receive that assessment and subsequent review promptly.</p> <p>To ascertain what information is available to carers.</p> <p>To ascertain how carers of people with dementia are supported.</p> <p>To assess the effectiveness and efficiency of breaks to carers.</p> <p>To consider what can be done to improve support for carers.</p>
	Benefits	The review will raise awareness across the community as to whether the Carers Strategy will deliver the improvement in carers services.
	Beneficiaries	Carers in the city of Plymouth Clients with carers Plymouth City Council and its Partners

6	Criteria for Choosing Topics	<p>B = Area of potential risk i.e. corporate responsibility</p> <p>C = Issue of service users, public concern and interest, service delivery i.e. Interest of the public</p> <p>D = level of impact, i.e. impact for specific communities (vulnerable)</p>		
7	Scope	<p>Definition. An individual who provides or intends to provide a substantial amount of care on a regular basis as defined by the <i>Carers (Recognition and Services) Act 1995</i></p> <p>Local authorities are required to take into account the results of an assessment in making decisions about the type and level of community care services to be provided to the person receiving care. The assessment under the 1995 Act is of the carer's ability to provide care and of his or her ability to sustain the care that he or she has been providing. The 1995 Act applies to carers of all ages.</p>		
	Exclusions	None identified		
8	Programme Dates			
	Timescales and Interdependices	Milestones	Target Date for Achievement	Responsible Officer
		TBA		
9	Links to other projects or initiatives / plans	The Carers Strategy links closely to the National Dementia Strategy and the local strategy, currently out for consultation .		
10	Relevant Overview and Scrutiny Panel	None		
11	Lead Officer for Panel	Julia Penfound Plymouth City Council		
12	Reporting arrangements	Health OSP - Overview and Scrutiny Commission - Cabinet -		
13	Resources	Staff time		
14	Budget implications	TBC		
15	Risk analysis	Not proceeding with this review would mean that the issues relating to Carers and services they receive would not be so quickly raised.		
16	Project Plan / Actions	Project plan to be prepared by panel		



Plymouth City Council
Health and Adult Social Care Overview
& Scrutiny Committee
Meeting 31st March 2010

Plymouth LINK Progress Report
March 2010
Chris Boote
Chair Plymouth LINK Stewardship Group

Plymouth LINK - Update

PCT

- GP's – communication of services, accessibility, Annual Health Check for learning disabilities, referral of carers to support (meeting Director of primary care, informing contract review).
- Dentists – access to NHS dentists (meeting dental lead to discuss provision and improvements).

PHT

- Broker relationship with care homes to improve patient discharge.
- Improving treatment of people with learning disabilities, (informing hospital action plans, creating new carers policy, accessible information).
- Visits to monitor Serco contract, and assess Plymouth as a Burns Centre.

Plymouth LINK - Update



ASC

- First Contact centre – LINK feedback has prompted review of access to social services.
- Direct Payments – improving service through involvement in new working with group
- Carers Strategy – input and raising issues re support for carers.
- Care Homes – consultation and feedback so far and work with commissioners.

Consultations:

- Gynaecological cancer centre plans
- CQC Annual Health Check

Plymouth LINK - Update



Future Activity

- Provider briefings on Friday 30th April 2010 (10 – 12 or 2 – 4). Info on LINK, visiting powers, achievements.
- Joint visit to Heartswell to check out the facilities.
- LINK second AGM on Tuesday 6th July at Copthorne Hotel, 6-8pm
- LINK annual celebration on Saturday 17th July, Piazza
- Location 'Health Question Time' hosted by the LINK
- City Centre Health day sponsored by the LINK supported by NHS Plymouth

CITY OF PLYMOUTH

Subject: Health and Adult Social Care Overview and Scrutiny Panel Quarterly Report

Committee: Health and Adult Social Care Overview and Scrutiny Panel

Date: 31 March, 2010

CMT Member: Carole Burgoyne (Director for Community Services)

Author: Katey Johns (Democratic Support Officer)

Contact: katey.johns@plymouth.gov.uk

Ref:

Part: Part I

Executive Summary:

This report sets out a review of the Health & Adult Social Care Overview and Scrutiny Panel for the third quarter of 2009/10.

Corporate Plan 2009-2012:

The Health & Social Care Overview and Scrutiny Panel provides strategic scrutiny of the following Corporate Improvement Priorities and key areas:

- CIP3 - Independent Living
 - CIP4 - Reducing inequalities
 - Health performance
 - Adult Social Care performance
 - Commissioning
-

**Implications for Medium Term Financial Plan and Resource Implications:
Including finance, human, IT and land**

None

Other Implications: e.g. Section 17 Community Safety, Health and Safety, Risk Management, Equalities Impact Assessment, etc.

None

Recommendations & Reasons for recommended action:

That the report is noted

Alternative options considered and reasons for recommended action:

N/A

Background papers:

Health & Adult Social Care Overview and Scrutiny minutes and forward plan

Sign off: N/A

CITY OF PLYMOUTH

Health and Adult Social Care Overview and Scrutiny Panel Quarterly Report

1. Introduction

- 1.1 This report sets out a review of the Health and Adult Social Care Overview and Scrutiny Panel for the third quarter of 2009/10, incorporating the meetings of 27 January (business and review) and 23 February, 2010, respectively.

2. Scope of the Overview and Scrutiny Panel

- 2.1 The Health and Adult Social Care Overview and Scrutiny Panel is primarily concerned with the strategic scrutiny of the following Corporate Improvement Priorities and key areas:

- CIP3 - Independent Living
- CIP4 - Reducing inequalities
- Health performance
- Adult Social Care performance
- Commissioning
- Health & Adult Social Care Integration

- 2.2 The detailed terms of reference for the panel are contained in Appendix 1.

- 2.3 The panel consists of the following members and officers

Title	Name	Attendances (3 meetings)
Councillor (Chair)	Mrs. Watkins	3
Councillor (Vice Chair)	Mrs. Aspinall	3
Councillor	Berrow	3
Councillor	Browne	1
Councillor	Delbridge	3
Councillor	Gordon	2
Councillor	Stark	1
Councillor	Kerswell	1
Councillor	Mrs Nicholson	2
Lead Officer	Christina Smale	2
Democratic Support	Katey Johns	3
Co-opted Representative – Local Involvement Network (LINK)	Chris Boote	3
Co-opted Representative PHT Non-Exec Board Member	Margaret Schwarz	3

- 2.4 The Panel, through effective strategic and operational scrutiny, supports the following cabinet members and CMT officers

Title	Name
Cabinet Member (Adult Health & Social Care)	David Salter
Director for Community Services	Carole Burgoyne

2.5 The panel has a budget of £2,000 of which £905.42 remains.

3. Key achievements to date

3.1 The panel has met on three occasions. Meetings have been well structured, managed efficiently and well attended by panel members. A positive contribution has been made to support an effective strategic and operational overview, in particular the following achievements have been made:

- A visit to South Western Ambulance Service NHS Trust HQ to meet staff, view the control room facilities and gain a better understanding of how the service is provided.
- A panel away-day visiting a number of community projects working to raise health awareness.
- Co-option of a non-executive Board member from Plymouth Hospitals NHS Trust.
- As part of the consultation process for the proposed Centralisation of Gynaecological Cancer Surgery, the panel informed NHS Plymouth that it was unable to support the findings of the independent clinical review and has sought assurances to address concerns raised. As a result, the planned service change is currently on hold and a further report is due back to panel in June/July 2010.
- A successful piece of joint working with members of the Children and Young People's Overview and Scrutiny Panel resulting in endorsement of proposals for Specialised Burn Care Services for Adults and Children, including establishment of a Burns Facility at Derriford Hospital.
- Recommendations to the Overview and Scrutiny Management Board in respect of –
 - the Joint Strategic Needs Assessment - recognition of the importance of engaging with the Director for Public Health when developing plans and strategies for the city
 - Adaptations (Disabled Facilities Grant) – a letter be sent to the Government Office South West seeking assurances that the settlement figure for 2010/11 more accurately reflects Plymouth's assessed need
 - Smoking - lobbying the City's MPs to support progress of the 2009 Health Bill – Tobacco Control – through Parliament
 - Alcohol Harm – presentation of the Alcohol Strategy to the Licensing Committee, notification of ward councillors when applications arise within their wards and taking into account health implications upon neighbourhoods when considering applications

Of the 16 recommendations submitted to the meeting on 3 February, 2010, 8 were approved and 8 were not considered.

- Commencement of the Safeguarding Adults Review.
- Reviewed the findings of the Care Quality Commission Inspection Report on Adult Social Care.

- Attendance by some panel members at a briefing/training session provided by the SW Strategic Health Authority on 24 February in respect of health inequalities.
- The Chair and Vice-Chair continue to meet on a quarterly basis with the Chief Executives of NHS Plymouth and Plymouth Hospitals NHS Trust.

4. On the Horizon

- 4.1 The panel has a programme of events / visits planned over the coming months which include –
- Visit to the Memory Clinic
 - Joint visit to the Heartswell Centre with representatives from the Local Involvement Network (LINK)
 - Mini Workshop with LINK to discuss Work Programme/Priorities
 - Visit to Learning Disability Extra Care Centre
 - Presentation on Mental Health
- 4.2 The panel will continue the Safeguarding Adults Review through a series of witness sessions.
- 4.3 The panel will receive reports on –
- Maternity Services – Monitoring Provision/Action Plan
 - Infection Control Update (Derriford Hospital)
 - Carers' Champions
 - Corporate Improvement Priorities
- 4.4 A Project Initiation Document (PID) is currently being prepared with a view to undertaking a task and finish group on Carers which will include, amongst other things, looking at –
- Reviewing the Carers Strategy against the Government's short-term agenda and long-term vision for the future care and support of carers
 - Examining the changes made to the Carers Strategy to ensure that policy adequately cover the needs of carers.

5. Recommendation

- 5.1 That the progress of the Health and Adult Social Care Overview and Scrutiny panel is noted by the Overview and Scrutiny Management Board.

Health and Adult Social Care Overview and Scrutiny Panel

Terms of Reference

- To review new and existing policies and consider how they may be improved and developed;
- To monitor the budget and performance of the Cabinet Member, Department and partners to ensure that the priorities for the area are being delivered upon;
- To monitor performance against the relevant Corporate Improvement Priorities;
- To review Policies within the Budget and Policy Framework;
- To consider Equality Impact Assessments against new and existing policies;
- To investigate local issues to find out how the council and its partners can improve to meet the needs of local people;
- To make recommendations about service delivery to the Cabinet (via the Board)
- To review and scrutinise the performance of partner organisations
- To set up Ad-Hoc Working Groups as and when required;
- To produce quarterly progress reports to go to the management board

Policy Areas

- Adult Social Care
- Partner Organisations – PCT etc

Cabinet Members

- Adult Health and Social Care

Directorate

- Public Health
- Community Services

Corporate Improvement Priorities (CIPs)

- Independent Living (CIP 3)
- Reducing Inequalities (CIP 4)

LSP Link

- Healthy

Membership

The Chair of the Panel shall serve on the Overview and Scrutiny Management Board. The Health and Adult Social Care Overview and Scrutiny Panel will be chaired by a Member of the majority political group with the vice-chair from the opposition political group. All Members of the panel will adhere to the general rules of overview and scrutiny.

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HEALTH AND ADULT SOCIAL CARE OVERVIEW AND SCRUTINY PANEL

TRACKING RESOLUTIONS

Panel Date	Minute number	Resolution	Action by	Progress	Target date	Comments
27/01/10	53	<p>Chair's Urgent Business Annual Performance Assessment of Adult Social Care 2008/09 – Report from Care Quality Commission Resolved that consideration of the item be deferred to a special meeting to take place no later than 26 February, 2010.</p>	DSO / Panel / ADfCS	Meeting held on 23/02/10.	26 Feb	See minute 68 below
	54	<p>Service Improvement Proposal – Centralisation of Gynaecological Cancer Surgery Recommended that the findings of the independent clinical review could not be supported because the report fails to provide the assurances the panel would need in respect of –</p> <p>(1) evidence to demonstrate that a second centre at Truro would make a significant difference to clinical outcomes for patients from Plymouth;</p> <p>(2) addressing the issue of individual choice for women over where their surgery should take place.</p>	NHS Plymouth	Recommendations passed on to NHS Plymouth for comment.	June 2010	Further report to come back to Panel in June/July.
	55	<p>Service Improvement Proposal – Specialised Burn Care Services for Adults and Children Recommended that –</p> <p>(1) the proposed approach to improving burn care services for residents be noted;</p> <p>(2) the improved quality and safety of the service that the model would deliver over time be noted;</p> <p>(3) the involvement of patients, carers, clinicians and public in the process to date be noted but that future engagement in developing the recommended way forward should also include the Fire Service;</p>	SWSCG	Recommendation submitted to Overview and Scrutiny Management Board on 03/02/10.	April 2010	Endorsed by Overview and Scrutiny Management Board. New service changes to be implemented.

Panel Date	Minute number	Resolution	Action by	Progress	Target date	Comments
	(4) (5) (6)	the proposed designations of four service providers delivering the three levels of specialised burn care and the forward agenda for the network be approved; the intention to complete the designation process by March 2010 allowing all four services to be fully functioning in their roles by April 2010 be noted; steps be taken to ensure the needs of patients having to travel and requiring overnight stays be met and supported along with those of their families.				
	56	Joint Strategic Needs Assessment Given that health cross-cuts many of the Corporate Improvement Priorities (CIPs) agreed as part of the Council's plan to improve quality of life in the city, it was <u>recommended</u> that the Overview and Scrutiny Management Board recommend to Cabinet that the Director for Public Health be recognized as an essential element in the development of plans and strategies for the city and be invited to attend all future Corporate Management Team, Cabinet and Local Strategic Partnership meetings, or any other meetings deemed to be appropriate.	Chair	Draft recommendation submitted to OSMB on 03/02/10 and endorsed. However draft minute changed by Chair and re-submitted to OSMB on 03/03/10 where it was resolved that "prior to any confirmation of the recommendation, the Chair of Health and Adult Social Care will report back to the Board on the meeting she will have with the Chief Executive of NHS Plymouth and the Director for Community Services to discuss the best way forward with this issue".		This minute has not been approved by the Overview and Scrutiny Management Board.
	58 (1) (2)	Dementia Strategy and Action Plan <u>Resolved</u> that – any additional comments from panel members on the Dementia Strategy should be passed direct to the Commissioning Manager for Adult Social Care; the panel monitors performance against delivery of the Dementia Strategy action plan on a six-monthly basis. Performance reports to be provided in RAG rating format.	Panel Panel	No further comments were received. Added to work programme for 2010/2011.	 July 2010	- 2010/2011 work programme to be considered by panel at 31/03/10 meeting.

Panel Date	Minute number	Resolution	Action by	Progress	Target date	Comments
	59	Adaptations – Progress Report <u>Resolved</u> that the Cabinet be recommended to write to Government Office South West expressing concern at the historical disproportionately low DFG allocation to the city and seeking assurances that the figure for 2010/11 would more accurately reflect Plymouth's assessed need.	Overview and Scrutiny Management Board / Cabinet	Recommendation submitted to OSMB on 03/02/10 and endorsed. Letter sent to GOSW.	-	The settlement received for 2010/2011 did not accurately reflect Plymouth's assessed need.
	60	Alcohol Harm <u>Resolved</u> that – the draft Alcohol Strategy be presented to a special meeting of the Health and Adult Social Care Overview and Scrutiny Panel to be convened in February;	Panel / DSO	Meeting held on 23/02/10 (see minute 69 below).		
	(2) (3) (4)	<u>Recommended</u> that - the Assistant Director for Governance and Democracy be asked to look at whether licensing legislation allows for the impact on a neighbourhood's health to be taken into account when considering licence applications; the Alcohol Strategy be presented to the Licensing Committee for information; the Director for Community Services be requested to consider notifying ward councillors on receipt of licensing applications, similar to what is already in place for planning applications.		Recommendations submitted to the Overview and Scrutiny Management Board on 03/02/10. To be resubmitted to Overview and Scrutiny Management Board on 31/03/10.		Not discussed, therefore no response received from the Overview and Scrutiny Management Board in respect of this item's recommendations.
	61	Smoking – Performance Against LAA Stretch Targets <u>Resolved</u> that – with regard to (iii) above, the Public Protection Service be requested to provide a briefing note to panel on what Tobacco Control Initiatives were being introduced and where;		Added to work programme for 2010/2011.		2010/2011 work programme to be considered by panel at 31/03/10 meeting.

Panel Date	Minute number	Resolution	Action by	Progress	Target date	Comments
	(2)	<u>Recommended</u> that - the City Council lobbies the City's three MPs to support progress of the 2009 Health Bill – Tobacco Control - through Parliament.		Recommendation submitted to the Overview and Scrutiny Management Board on 03/02/10. To be resubmitted to Overview and Scrutiny Management Board on 31/03/10.		Not discussed, therefore no response received from the Overview and Scrutiny Management Board in respect of this item's recommendation.
23/02/10	68	Annual Performance Assessment of Adult Social Care 2008/09 – Report from Care Quality Commission <u>Resolved</u> that -				
	(1)	an update on the joint plan/work stream created to review and improve intermediate care would be provided to a future meeting of the panel in approximately six months;		Added to work programme for 2010/2011.		2010/2011 work programme to be considered by panel at 31/03/10 meeting.
	(2)	a briefing paper on community based services through the small grants process would be circulated to panel members by the Head of Modernisation;		Briefing paper circulated to panel members 18/03/10.		
	(3)	the results of the Adult Social Care User Satisfaction Survey be emailed to panel members on completion;		Results of survey awaited.		
	(4)	once established, details of the Quality Checkers Service be brought to a future meeting of the panel;		Added to work programme for 2010/2011.		
	(5)	an update be provided on the All Our Futures strategy at a future meeting;		Already in work programme.		
	(6)	in response to (xi) above a request be sent to PCC housing to submit a briefing paper to a future meeting of the panel in response to the following – <ul style="list-style-type: none"> • how are people being helped to access the choice based lettings system in terms of sheltered or supported housing • what resources do PCC housing have in place to support older people with the bidding process 		Added to work programme for 2010/2011.		

Panel Date	Minute number	Resolution	Action by	Progress	Target date	Comments
	(7)	<ul style="list-style-type: none"> what information or training has been provided to Social Workers to enable clients to access housing more suitable to their needs via the new choice based lettings system. How has this new system been communicated across Adult Health and Social Care <p>the Democratic Support Officer be requested to organise a visit to the Learning Disability Extra Care Scheme.</p>		Added to work programme		
	69 (1)	<p>Alcohol Strategy <u>Resolved</u> that – the NHS Plymouth Joint Commissioning Manager based within PHDU be requested to forward the revised Draft Strategy and relevant papers on enhanced alcohol treatment service provision to the panel;</p>		Added to work programme for 2010/2011.		2010/2011 work programme to be considered by panel at 31/03/10 meeting.
	(2)	<p><u>Recommended</u> that - if a Night Time Economy Manager is appointed, with responsibility for the whole of the city and not just to city centre trade, this post would ideally be funded in the majority by Statutory Partners with a contribution from the trade.</p>		Recommendation to be referred to Overview and Scrutiny Management Board on 31/03/10.		

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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						31	
Plymouth Hospitals NHS Trust - Monitoring Future Provision of Maternity Services				23							14
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) - Consultation of future use of Whitleigh Residential Home to be brought back to Panel, as agreed 28/10/09					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		22	22		
Plymouth Hospitals NHS Trust – Car Parking Update						25					

Topics	J	J	A	S	O	N	D	J	F	M	A
Private Rented Housing Issues – Condition Stock Survey Results	Housing Issues to be considered by Growth and Prosperity OSP (Management Board Min. No. 94(a) (2) (a) refers)										
Monitoring Implementation of the National Dual Diagnosis Strategy											
All Our Futures											
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											

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