

# Health and Adult Social Care Overview and Scrutiny Panel

Wednesday 9 June 2010

## PRESENT:

Councillor Ricketts, in the Chair.

Councillor Coker, Vice Chair.

Councillors Bowie, Delbridge, Gordon, Dr. Mahony, Mrs Nicholson, Dr. Salter and Thompson (Substitute).

Co-opted Representatives: Chris Boote, Local Involvement Network.

Margaret Schwarz, Plymouth Hospitals NHS Trusts

Apologies for absence: Councillors Viney

Also in attendance: Councillor Monahan - Portfolio Holder Adult Health and Social Care, Carole Burgoyne - Director Community Services, Pam Marsden - Assistant Director Adult Health and Social care, Dep Laphorn - Director for Public Health, Steve Waite - Director of Operations NHS Plymouth, Liz Cooney - Assistant Director of Governance NHS Plymouth, Sally Parker - Patient and Public Involvement Lead NHS Plymouth, David Macauley - Project Manager NHS Plymouth, Pauline Macdonald - Project Manager NHS Plymouth, Nigel Pluckrose - Assistant Director Business Development and Performance NHS Plymouth, Giles Perrit – Head of Policy Performance,.

The meeting started at 3.00 pm and finished at 5.15 pm.

*Note: At a future meeting, the committee will consider the accuracy of these draft minutes, so they may be subject to change. Please check the minutes of that meeting to confirm whether these minutes have been amended.*

## 1. APPOINTMENT OF CHAIR AND VICE-CHAIR

Agreed that;

1. Councillor Ricketts, was confirmed as Chair of the panel;
2. Councillor Coker, having been proposed by Councillor Bowie and seconded by Councillor Gordon, was confirmed as Vice-Chair of the panel.

## 2. DECLARATIONS OF INTEREST

Name	Minute No.	Reason	Interest
Cllr Dr Salter	8 Overview of priorities for community services (Adult Social Care)	Former Portfolio Holder for Adult Health and Social Care	Personal

3. **MINUTES**

Agreed that the minutes of the meetings of the 31 March 2010 and the 14 April 2010 were approved as a correct record.

4. **CHAIR'S URGENT BUSINESS**

The Chair thanked the former Chair, Councillor Mrs Watkins and Vice Chair Councillor Aspinall for their contribution to the panel.

Chair highlighted that some agenda items would be taken out of the published order.

5. **TERMS OF REFERENCE**

It was suggested by the Chair that the panel's terms of reference were in need of updating particularly in light of new statutory responsibilities. Giles Perritt reported that:

- a. the terms of reference could be changed to better reflect the panel's role in scrutinising the work of NHS partners;
- b. the Health Bill contained within the Queen's speech was likely to impact on health services within Plymouth and the panels terms of reference should be amended to reflect new legislation.

Agreed that Giles Perritt will review the terms of reference in conjunction with the Chair and Vice-Chair and present them at the next scheduled business meeting of the panel.

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

The panel received updates on previous resolutions.

It was requested by the Chair that the Alcohol Strategy return to the panel in order for new members of the panel to review its content in light of new legislation arising from the Queen's speech.

A letter was circulated to Councillors in response to minute 90 (1) 14/04/2010 the issue of collecting key midwifery related questions in the annual health visitor survey. The letter outlined that this would not be the appropriate method of collecting the data for several reasons; particularly that the Health visitor survey is completed every two years and there would be a significant time lag between the collection of data and service improvement.

Agreed that;

1. the panel noted and endorsed the response and would continue to be informed of information coming from surveys of the service;
2. the chair of the Maternity Services Liaison committee would be contacted to discuss how scrutiny could help to improve data collection around maternity services;
3. the alcohol strategy return to the panel for further consideration.

7. **APPOINTMENT OF CO-OPTED REPRESENTATIVES**

Agreed that Chris Boote, Local Involvement Network representative, and Margaret Schwarz, Plymouth Hospitals NHS Trust Board member, be confirmed as co-opted members of the panel for the municipal year 2010-11.

8. **OVERVIEW OF PRIORITIES FOR COMMUNITY SERVICES (ADULT SOCIAL CARE)**

Councillor Grant Monahan, Portfolio Holder for Adult Health and Social Care, and Carole Burgoyne, Director for Community Services, detailed care services provided by the City Council, it was reported that:-

- a. The Adult Social Care service supported vulnerable adults over the age of 18 who meet the eligibility criteria for a service, including older people, people with mental health problems, those with a learning disability and those with physical and / or sensory disabilities;
- b. there were a number of in-house services including a domiciliary care service, three older people's residential homes, two respite units for learning disability, two day centres for learning disability and one day centre for people with a physical disability;
- c. there was approximately 400 - 500 staff (FTE), including care managers, occupational therapists, support workers, domiciliary care workers, care assistants and admin staff;

The priorities for adult social care were outlined as the following:-

- d. To maintain and, where possible, improve performance (performing well in all seven outcomes 2008/09) as measured by the Care Quality Commission (CQC);
- e. to implement the Savings Delivery Plans;
- f. to continue the implementation of the 'Putting People First' strategy;

g. to progress plans around Health & Social Care Integration.

A number of areas that the panel may be interested in scrutinising were highlighted, these included:-

- h. a number of the Savings Delivery Plans which would require consultation with service users and other stakeholders. The Panel may wish to see the plans at relevant points;
- i. safeguarding service users;
- j. key milestones on the Putting People First Strategy; for example developing a Resource Allocation System (RAS) and a consultation on a Revised Charging Policy;
- k. a Joint Dementia Strategy and a Carer's Strategy had been developed. The Panel may wish to have regular updates on the implementation plans. Work is being undertaken on Learning Disability Services, both on providing and commissioning the Service. The Panel may wish to scrutinise these at relevant points;
- l. plans around Health & Social Care Integration are being developed. The Panel may wish to scrutinise these plans at appropriate points.

9. **NHS PLYMOUTH - QUALITY ACCOUNTS BRIEFING**

A briefing on the quality accounts process was provided by representatives of NHS Plymouth. It was reported that:-

- a. it was an annual report for public consumption;
- b. the aim was to enhance public accountability and engage the organisations leaders in their quality improvement agenda;
- c. the accounts have to be completed and placed on the NHS Choices web-site by close of play 30 June 2010;
- d. the period covered by the account was 2009-10.

Agreed that a special meeting of the panel would be convened to consider the draft quality accounts for NHS Plymouth Hospitals Trust and NHS Plymouth Mental Health Services, in order to provide the required statement by the 30 June deadline.

10. **NHS PLYMOUTH - GREENFIELDS CONSULTATION**

A consultation paper was provided to the committee by David Macauley on proposed changes to the Greenfields Inpatient Unit. It was reported that:-

- a. following a health care commission review of the Willows in 2008 it was clear that despite efforts to address key issues there were fundamental service design and quality issues which compromised the ability of the unit to meet the needs of individuals with learning disabilities and complex needs. It was agreed at the NHS Plymouth Provider Governance Committee and Trust Board that the current service model was unsustainable and a three month consultation should begin on the future of the inpatient service;
- b. the paper provided to the panel outlined the most viable options for the future of the service;
- c. option one would commit further investment to the service to ensure that it met the needs of individuals with a learning disability and range complex needs by providing a multi-disciplinary team approach;
- d. option two, the provider's preferred option, would be based on the decommissioning of the current Greenfields Unit. The resources would then be used to provide a community treatment / support service to enable individuals to remain in their current environments or placements with intensive treatment and support providing an alternative to hospital admission.

In response to questions from Councillors it was reported that:-

- e. positive aspects to option one included a high quality inpatient facility. An inpatient facility would provide four beds and would cost in the region of £800,000 if carried out correctly;
- f. hospital admissions for individuals with needs such as those that Greenfields currently catered for could be seen as a failure of the service and could lead to problems of institutionalisation;
- g. negatives to the preferred option two included, for a small number of users, the need for hospital admission and the challenge would be how that need was met;
- h. the Greenfield proposals had not been developed to realise efficiency savings, rather to improve services which would lead to better outcomes for users;
- i. there were a number of out of area placements currently required, mostly with private providers, with costs in the region of five million pounds a year;
- j. even with the current Greenfields provision individuals still required out of area placements. Existing services would be enhanced to cope with out of area placements and could build capacity in other units to replace the services currently provided by Greenfields;

- k. crisis intervention services had quick response times and would continue to do so;
- l. in relation to option two, the existing group of staff could work in a community focused model. Workforce planning would become a priority as the number of disability trained nursing staff was falling nationally;
- m. more detailed proposals would be available at the end of July.

Agreed that the Greenfields proposals would return to the panel for further consideration when further details become available.

#### 11. **SUBSTANTIVE VARIATION PROPOSALS**

The panel received information regarding Substantive Variation Protocols, it was reported that:-

- a. NHS Plymouth had been working with the previous Health and Overview and Scrutiny panel to develop a protocol for the large number of possible agenda items that could come to the panel;
- b. the protocols were intended to ensure the panel was provided with the information it required;
- c. the process outlined service changes which may or may not be substantive;
- d. NHS Plymouth currently forwards a list of major projects to the South West Strategic Health Authority, the information was shared with the Chair and Vice-Chair of the panel and this would continue.

Agreed that:-

- 1. the principle of the substantive variation protocols was a good one;
- 2. the acronym HOSC should better reflect the panels title of Health and Adult Social Care overview and Scrutiny panel;
- 3. the lead officer for the panel would liaise with the patient and public involvement lead for further development of the protocols.

#### 12. **NHS PLYMOUTH - GP-LED HEALTH CENTRE**

The panel received an update on the General Practitioner (GP) led health centre. It was reported that:-

- a. the centre located at Mount Gould was opened on the 1 April 2009 and registered patients from any part of the city;

- b. core GP services were provided from an accessible location and was open from 8.00am to 8.00pm seven days a week all year round. GP services were provided to registered and non-registered patients, the service provided bookable appointments and a walk- in service;
- c. the service included provision for hard to reach groups including the homeless, young people and offenders. The service has also provided a convenient alternative to commuters. Who find it difficult to attend a GP practice during working hours;
- d. preventative services were offered to non registered patients, including smoking cessation, alcohol screening and contraception;
- e. the service had 786 registered patients as of the 31 March 2010, there had been further steady growth and the service had the capacity to deal with more users;
- f. the centre worked with local voluntary and community based groups such as the Ship Hostel and Shekinah Mission to enable hard to reach groups to get referrals.

In response to questions from councillors, it was reported that:-

- g. maintaining a 'drop-in' service and appointments for registered patients can lead to difficulties in resource management, both registered and non registered patients were encouraged to call to make appointments;
- h. the procurement process had provided value for money and 7500 attendances to the clinic in its first year were seen as value for money. It had not yet been decided how the service would progress, there were in built inefficiencies in the service but the service provides excellent value for money when individuals who don't or can't access services were able to do so;
- i. although there had been excellent feedback from users of the service, many people did not know of its existence and there was a piece of work to be undertaken around communication.

13. **DRAFT WORK PROGRAMME 2010/11**

Agreed that:-

- 1. the lead officer would be tasked to review the work programme and provide a draft to the next scheduled business meeting of the panel;
- 2. a joint performance and budget monitoring report from Adult Social Care, NHS Plymouth Primary Care Trust and NHS Plymouth Hospitals trust would be included on the work programme.

14. **FUTURE DATES AND TIMES OF MEETINGS**

Agreed that the following meeting dates be noted by the panel;

Wednesday 9 June, 2010

Wednesday 7 July, 2010

Wednesday 1 September, 2010

Wednesday 13 October, 2010 (Provisional)

Wednesday 10 November, 2010

Wednesday 12 January, 2011

Wednesday 2 March, 2011

Wednesday 30 March, 2011 (Provisional)