# Health and Adult Social Care Overview and Scrutiny Panel

**Wednesday 13 October 2010**

**PRESENT:**

Councillor Ricketts, in the Chair.
Councillors Bowie, Gordon, McDonald, Mrs Nicholson, Dr. Salter and Viney.

Co-opted Representatives: Chris Boote (LINk)

Apologies for absence: Councillors Delbridge and Dr. Mahony, Margaret Schwarz (PHNT)

Also in attendance: Wendy Tonks (Petitioner), Marilyn Goves (Petitioner), Sarah Peonides (Petitioner), Councillor Grant Monahan (Cabinet Member for Adult Social Care), John Richards (Chief Executive, NHS Plymouth), Dr Simon Rule (Clinical Director, Peninsula Cancer Network), Lesley Darke (Chief Operating Officer, PHNT), Paul O'Sullivan (Joint Commisioning Manager, NHS Plymouth), Steve Waite (Chief Operating Officer, NHS Plymouth), Giles Perrit (Head of Policy, Performance and Partnerships, Plymouth City Council).

The meeting started at 3.00 pm and finished at 5.10 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.*

## 50. APPOINTMENT OF VICE CHAIR

The Chair announced the resignation of Councillor Coker and thanked him for his contribution to the work of the panel since the beginning of the municipal year.

The Chair welcomed Councillor McDonald to the panel.

Agreed that Councillor McDonald, having been proposed by Councillor Ricketts and seconded by Councillor Viney, was confirmed as Vice-Chair of the panel.

## 51. DECLARATIONS OF INTEREST

There were no declarations of interest in accordance with the code of conduct.

## CHAIR'S URGENT BUSINESS

## 52. TASK AND FINISH GROUP - MODERNISATION OF ADULT SOCIAL CARE

The Chair advised the panel that the Task and Finish Group had completed their review on the Modernisation of Adult Social Care. The report was being prepared and would be forwarded to the Overview and Scrutiny Management Board on the 27 October 2010. Additional information received from the consultation process which closes on the 19 October 2010 would be presented to the Overview and Scrutiny Management Board at this point.

The report of the Task and Finish Group would be added to the next agenda of the Panel for information.

## 53. RESPONSE TO THE WHITE PAPER - EQUITY AND EXCELLENCE: LIBERATING THE NHS

The Chair advised the panel that following the meeting of the 16 September 2010 a response had been prepared with regard to the consultation document "Liberating the NHS: Local Democratic Legitimacy in Health". The response had been forwarded to the Department of Health on the 11 October 2010.

## 54. PANEL MEETING DATES

The Chair advised the panel that due to budget scrutiny taking place in January the panel's scheduled meeting for the 12 January 2010 would need to be re-scheduled. The Democratic Support Officer would circulate alternative dates when they had been identified.

## 55. MINUTES

Agreed that the minutes of the 1 September 2010 and the 16 September 2010 be approved subject to the following amendments –

1. Regarding Minutes No. 43 and 45 of the 16 September 2010, General Practioners and UNISON were invited to the meeting but representatives did not attend;

2. Regarding the meeting of the 16 September 2010, Councillor Grant Monahan, Cabinet Member for Adult Social Care was present at the meeting.

## 56. TRACKING RESOLUTIONS AND FEEDBACK FROM THE OVERVIEW AND SCRUTINY MANAGEMENT BOARD

Agreed that the panel noted the tracking resolutions.

## 57. PETITION - GYNAECOLOGICAL SURGICAL CANCER UNIT

The panel considered a petition submitted to the Council against the proposals for a Designated Specialist Gynaecological Cancer Surgery Unit in Treliske Hospital, Truro. Three petition organisers introduced the petition. It was reported that –

a. the petition was started at the end of 2009 when the proposals were first made; the petition was closed on the number10.gov.uk petition website in April due to the general election. The petition contained in excess of 3,000 signatures and it was felt by petitioners that there would have been further signatories had the petition not had to close;

b. the petition highlighted the strength of feeling against proposals for a Designated Specialist Centre based in Cornwall. This could lead to women in Plymouth having to travel for their care. It was felt that the travel distance was excessive and too far from family and friends which could cause additional stress at a difficult time;

c. continuity of care was extremely important for women undergoing complex surgery. When undergoing this sort of surgery it was important to build up trust with the surgical team, this trust could not be built if surgery took place in one hospital and follow up care in another;

d. first class care was already available at Derriford Hospital with reported outcomes among the best in the country, people should not be made to travel when excellent care was already provided in Plymouth;

e. the proposals had not been widely publicised to members of the public or former patients of Derriford Hospital's Gynaecological Cancer unit. The Petitioners' felt that former patients and the wider general public needed to be engaged and have the opportunity for their concerns and opinions to be listened to;

f. clinical aspects of recovery were extremely important but recovery was also aided by personal aspects such as the ability of friends and family to visit a patient and continuity of care.

Representatives from NHS Plymouth Primary Care Trust (PCT) and the Peninsula Cancer Network (PCN) attended the meeting to respond to the petition. John Richards, Chief Executive of the PCT reported that –

g. the PCT and PCN appreciated the opportunity to attend and respond to the petition. The issue was taken very seriously and the PCT valued and respected the views of the petitioners;

h. the PCT had not carried out adequate consultation on the proposals and were open to suggestions on how to consult better in the future;

i. the situation since the 27 January 2010 when the panel first considered the proposals had changed significantly. The criteria against which the process for service change of this kind is tested has now been set out

by the government and took into account patient choice and impact of choice;

j. no decision had yet been taken and the Peninsula PCTs and PCN were currently working in collaboration to identify a new way forward.

Dr Simon Rule, Clinical Director for the Peninsula Cancer Network (PCN), in response to the petition reported that-

k. some cancer treatments benefit from centralisation and improved outcomes could be identified. No decision had yet been made on Gynaecological Cancer treatment in Plymouth;

l. the PCN was charged with achieving the best outcomes for patients and with providing those outcomes as locally as possible. However, whilst looking to achieve better outcomes for patients a certain degree of service change could be required;

m. the specialist Gynaecological Cancer Centre at the Royal Devon and Exeter Hospital was working well and achieving good outcomes, whilst looking for a similar configuration in the west of the Peninsula clinicians proposed that services continue to be provided over the two sites, the proposal was not acceptable to the Government of the day;

n. clinicians were being asked by PCN to suggest changes in the way that services were provided in the west of the Peninsula and provide clinical evidence to support proposals;

o. with regard to patient engagement there were improvements to be made, although there were difficulties in approaching former patients because of data protection concerns.

In response to questions from members of the panel it was reported that –

p. there were no new models for Gyneacological Cancer Surgery in the Peninsula proposed. Patient choice was paramount but the service could improve;

q. any proposal would need to demonstrate a clear clinical case for change, the new criteria had moved from an inflexible centralisation model to flexible model based on outcomes and patients' views;

r. key areas where care services were delivered would be identified in an attempt to engage with patients and public;

s. there were benefits that could be gained from centralisation, Devon and Cornwall were very fortunate in that Radiography Services were available in four of the five hospitals in the Peninsula;

t. there was a balance to be achieved between treating less complex

cases locally and the possibility of the centralisation of specialist treatments, but no decisions had been made;

u. patient and public engagement did need to be improved and the PCN would be meeting with the lay member of the Independent Reconfiguration Panel to discuss how this could be improved.

In summing up the petitioners expressed satisfaction that they had been afforded the opportunity to provide the panel, representatives of NHS Plymouth and the Peninsula Cancer Network with their concerns and worries. If better outcomes could be achieved then this needed to be backed with robust evidence. The petitioners reiterated that the care package offered at Derriford Hospital was excellent and provided very good outcomes for women during an extremely difficult and stressful time of their lives.

The Chair closed the debate and the panel considered the following recommendations-

Agreed that-

1. that a timetable for considering proposals and an option appraisal for service reconfiguration is made available to the panel at the earliest opportunity;

2. a detailed consultation plan for patients and the wider public with regard to the formation of service reconfiguration proposals is made available to the panel at the earliest opportunity;

3. where possible NHS Plymouth and the Peninsula Cancer Network engage current and former patients in the service reconfiguration proposals and take advice on consultation from partner agencies.

58. **NHS PLYMOUTH - QUALITY, INNOVATION, PRODUCTIVITY AND PREVENTION PROGRAMME**

Sharon Palser, NHS Plymouth Director of Development reported on the Quality, Innovation, Productivity and Prevention programme (QIPP). It was reported that-

a. the magnitude of the changes was very large and the pace of change was very quick;

b. it was possible to make efficiency savings in service reconfiguration, by changing the way in which services were delivered could prevent services being cut;

c. there were increasing expectations on the Health Service in general and the inflation in NHS costs was much higher than experienced in the rest of the economy;

d. there were services that were being provided by the NHS which were ineffective and which had led to more effective services being unaffordable;

e. there was a reliance on in-patient mental health care but community mental health care had been shown to produce better outcomes. There were many services which could be better provided in the community away from primary care settings;

f. there would be a public engagement event on the 9 November 2010 and meetings with patient's groups had been arranged. Public messages would be distributed through newspapers and would be in plain English, the public would be invited to engage;

g. NHS Plymouth would be happy to provide updates on a regular basis.

John Richards added that although the QIPP programme was high level and unspecific at this stage, NHS Plymouth wanted to provide the panel with an overview of the key points of the programme. The economic outlook for the country was poor and the NHS was not immune from this despite a ring-fenced budget. The end of the growth trend that the NHS has experienced over a number of years would be very difficult to deal with. The QIPP programme would highlight savings available in a range of NHS services and the 50 delivery plans which underpin the programme would help NHS Plymouth deal with budgetary constraints. Over the course of the next month financial information would be made available to the general public.

In response to questions from members of the panel it was reported that-

h. the PCT would be abolished by 2013 under current government plans but cuts would begin next year so work had to start now. The PCT were discussing the plans with clinical colleagues and involving Sentinel;

i. there was no intention to increase the number of staff to increase efficiency. It was not accepted by NHS Plymouth that more staff would be needed as many staff were caring for patients who did not need to be admitted to hospital;

j. extensive cuts to services was not an option and the QIPP programme was a credible alternative;

k. each delivery plan underpinning the QIPP programme would be assigned a project manager and a clinician;

l. there was a good basis on which to take this programme forward in the city and evidence was available to support this view.

Agreed that NHS Plymouth would continue to provide regular updates on the QIPP programme and any substantial service variation that resulted from it. The updates would be added to the panel's work programme.

59. **NHS PLYMOUTH TRANSFORMING COMMUNITY SERVICES**

Paul O' Sullivan, Joint Commissioning Manager NHS Plymouth introduced the Transforming Community Services Programme to the panel. It was reported that-

a. the programme was a continuation of NHS policy to move provider services away from the PCT which commissioned the services;

b. there would be an increase in alternative community services which would sit between primary and social care;

c. a number of options were available to the PCT in considering how to transfer the provider arm. Tendering for services was ruled out due to a lack of capacity in the private sector across the Peninsula; transferring the services to Sentinel was also ruled out due to procurement rules. There was no capacity with current providers to deliver the community services so an employee owned model had been identified as the way forward;

d. the PCT would continue to work with the City Council on localities and integrated locality teams and the Transforming Community Service business plan would require scrutiny.

Councillors felt there was not enough time left within the meeting to consider further the details of the Transforming Community Services programme. Councillors considered a substantial service variation of this scale required greater scrutiny and would need to be added to the agenda of a future meeting.

Agreed that the Transforming Community Services programme would be added for the panel's November meeting along with the initial business plan for the programme.

60. **WORK PROGRAMME**

The panel noted the work programme and noted that a number of items could be required to move in order to consider substantial service changes.

Agreed that-

1. the QIPP programme update is added to the work programme for January's meeting;

2. the Transforming Community Services programme and initial business plan is added to the work programme;

3. an update on the timetable for proposals and consultation around Gynaecological Cancer Surgery is added to the work programme.

61. **EXEMPT BUSINESS**

There were no items of exempt business.