

Health and Adult Social Care Overview and Scrutiny Panel

Friday 7 January 2011

PRESENT:

Councillor Ricketts, in the Chair.
Councillor McDonald, Vice Chair.
Councillors Delbridge, Gordon, Mrs Nicholson, Wildy.

Co-opted Representatives: Chris Boote

Apologies for absence: Councillors Dr Mahoney, Dr Salter, Bowie (Substituted by Councillor Wildy), and Margaret Schwarz.

Also in attendance: Steve Waite (NHS Plymouth), Liz Cooney (NHS Plymouth), Sharon Palser (NHS Plymouth), Sally Parker (NHS Plymouth), Pauline McDonald (NHS Plymouth), Nicola Jones (NHS Plymouth), Daniel O'Toole (NHS Plymouth), Mary Watkins (South Western Ambulance Service), Craig Mcardle (Plymouth City Council) and Giles Perritt (Lead Officer, Plymouth City Council).

The meeting started at 10.00 am and finished at 12.35 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.

72. **DECLARATIONS OF INTEREST**

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

73. **CHAIR'S URGENT BUSINESS**

The Chair expressed the panel's regret at the death of Councillor David Viney. The Chair highlighted the contribution he had made, not only to the panel, but to the Council and City as a whole.

74. **MINUTES**

Agreed that the minutes of the 10 November 2010 were confirmed as a correct record.

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

The Panel was updated on its tracking resolutions. It was reported that –

- a. with regard to minute 34 (1) 01/09/10 concerning possible discrepancies between self funding clients and local authorities fees for residential care, self funding clients enter into a direct contract with residential home owners and there was no way of knowing what fees were charged. It was possible that because of the level of rates paid by Plymouth City Council that home owners were driven to charge higher rates to self funders, but there was no evidence available to support this. Residential home owners were awarded a significant increase in fees in 2008, at this time Adult Social Care were not made aware of any reductions or changes to fees for those who were self funding at the time;
- b. with regard to minute 34 (2) 01/09/10 regarding possible structural deficit within NHS Plymouth, any structural deficit would be considered during the proposed regular updates on the Quality, Innovation, Productivity and Prevention (QIPP) programme;
- c. with regard to minute 57 (3) 13/10/10 concerning the petition against the move of Gynaecological Cancer Services from Derriford Hospital to The Royal Cornwall Hospital, it was reported that a major event was held in December, bringing together patient representatives from across Devon, Cornwall, Plymouth and Torbay, to look at the practicalities of patient involvement in the reconfiguration of Gynaecological Cancer Surgery. The aim of the event was to harness the views of users and carers in identifying potential improvements along the whole 'pathway' from initial referral to aftercare. Further updates would be available by the spring;
- d. with regard to minute 66 (1) 10/11/10 concerning the Dementia Strategy and action plan, requests had been made for a copy of the current dementia action plan, however none had been received.

Agreed that –

1. recommendations are made to the Adult Social Care department to conduct a market review of long stay residential services for older people;
2. the panel's QIPP programme focus would be considered at the quarterly meetings between the Chair, Vice Chair and Chief Executive of NHS Plymouth;
3. the Chair would write to the Peninsula Cancer Network Board to request further information on the timetable for Gynaecological Cancer Surgery Service development;
4. the panel's lead officer would follow up on the dementia action plan, providing an email response to members of the panel.

76. **QUARTERLY REPORT**

The Chair introduced the panel's quarterly report. Work over the past four months highlighted the size and variety of the panel's work programme, it was reported that –

- a. the panel had made a response to the Department of Health White Paper "Equity and Excellence: Liberating the NHS", the panel's view that a health scrutiny role should not be included within the proposed Health and Wellbeing Boards had been reflected in the Department's response to the consultation;
- b. the panel had received the first petition under the council's new arrangements. The panel considered the petition on the reconfiguration of specialist Gynaecological Surgery Services in the Peninsula. The panel made several recommendations and awaited a response from the Peninsula Cancer Network detailing next steps;
- c. the panel was engaged with NHS Plymouth to review its QIPP programme. Engagement would be ongoing across the duration of the programme as more details on delivery work streams became available;
- d. a task and finish group had been completed on the future of Adult Social Care and the group's recommendations were agreed by Cabinet;
- e. on the horizon the development of Health and Wellbeing boards would be a significant work programme item along with the replacement of Local Involvement Networks (LINK) by Local Healthwatch. A response to the Public Health Proposals and moving forward with the Transforming Community Services agenda would also feature on future agendas.

Agreed that the panel approve its quarterly report.

77. **WORK PROGRAMME**

Agreed to approve the panel's work programme with the addition of the review of Urgent Care Services which was being undertaken by NHS Plymouth.

78. **CLOSURE OF GP LED HEALTH CENTRE**

The Deputy Director for Primary Care Services and the Primary Care Project Manager introduced the report on the change of service with regard to the GP led health centre based at Mount Gould, Plymouth. It was reported that –

- a. the service providers, Devon Health, gave notice on the contract to provide the service in October 2010. Notice was given as the numbers of patients registered had not been as high as expected and they were

unable to meet the contractual target on the registration of patients;

- b. there was a high level of GP provision in the City with 42 GP practices all of whom had open books;
- c. there were three options open to NHS Plymouth as commissioner, to do nothing, re-commission a like for like service from another provider or enhance the remaining GP and urgent care services. An analysis of options would be conducted over January and February 2011 and recommendations would be forwarded to the Professional Executive Committee (NHS Plymouth) in March.

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

- d. outreach clinics based at the Ship and Shekinah hostels would continue to be made available, outreach clinics would include services for mental health and substance abuse;
- e. based on national evidence, the GP led health centre had had no positive impact on services provided at the Derriford Hospital Emergency Department. The review of Urgent Care currently being undertaken by NHS Plymouth would seek to discover how the number of non-emergency presentations could be reduced at Derriford Hospital Emergency Department;
- f. work in localities was key and essential to future plans, it was possible that GP catchment areas would change or cease to exist;
- g. work was ongoing to ensure that visitors and those new to the city knew where they could access primary medical services;
- h. GP led health centres were introduced by the Government following the Darsi report in 2008, it was a 'one size fits all' approach based on evidence within Lord Darsi's report;
- i. the panel's views in 2008 which questioned the need for such a service were considered by NHS Plymouth, however the provision of such a service was a requirement from central government;
- j. the costs of provisioning the service were commercially sensitive and would not be disclosed. The provider had tailored staffing to the varying levels of demand, there was good access to quality care, the lack of registered patients highlighted the good access to GPs across the City;
- k. NHS Plymouth were confident that the level of publicity was appropriate, marketing activity had included press articles, signage at the site and adverts for the service at the cinema;

Agreed that following its submission to the Professional Executive Committee the recommendations for future services are shared with the panel, the

information should include the equality impact assessment and how the service will contribute to reflect neighbourhood profiles.

79. **TRANSFORMING COMMUNITY SERVICES INTEGRATED BUSINESS PLAN**

(i) EXECUTIVE SUMMARY

It was reported by the Chief Operating Officer, NHS Plymouth, that the Plymouth Provider Services Integrated Business Plan was the culmination of a number of discussions that had taken place at panel meetings over a number of months.

The first draft of the plan had been completed in September 2010 and following consultation with commissioners had undergone a number of revisions. The document was sent to the Strategic Health Authority on the 24 December 2010 and a further draft would be submitted to the NHS Plymouth Board at the end of January 2011.

The Integrated Business Plan outlines a number of different issues and offers a unique model of community health service provision for Plymouth.

(ii) STRATEGY

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

- a. the business plan was not an 'off the shelf' model, the plan was developed with Plymouth as its highest priority, the plan also provided an opportunity to review the provision of community health services across the Plymouth local authority boundaries and on the Derriford Hospital footprint;
- b. there was a significant amount of work to be completed on the proposed governance arrangements for the new provider services and Plymouth Provider Services would welcome the input of the panel;
- c. there was a single mention of three of the Plymouth citywide priorities within the document. There had not been adequate time in the plans development to consider fully the citywide priorities;
- d. integration was key to the plan, the major risk to successful integration of services was technology and information sharing. Partners had a wealth of information which could be shared and there was a risk that poor information sharing would lead to duplication and impact negatively on outcomes;
- e. the management of change would be handled carefully. Senior managers would show effective leadership working alongside members of staff. The visibility of senior managers would show that management would listen and work with staff on how Plymouth Provider Services could develop. The approach would allow staff who have been with the

NHS for a number of years to contribute their ideas which was integral to the development of the Social Enterprise;

- f. the strategy section of the Integrated Business Plan had been reformatted several times, it was accepted that the section could be reviewed for consistency;
- g. Plymouth Provider Services had been in discussions around social enterprise and cooperatives with other agencies such as Devon Doctors and Your Health (Kingston). It was found that each social enterprise was unique although there was learning which could be shared;
- h. work was still ongoing on how national policies would impact the transformation of services, in particular provider services were still waiting to find the level of registration fees the Care Quality Commission would be charging.

(iii) GOVERNANCE, LEADERSHIP AND MANAGEMENT

It was reported that the governance section of the plan provided a high level framework for an organisation which would have a likely budget of around 90 million pounds. There would be a number of different challenges during the transformation period which would require robust management and governance to be in place. Plymouth Provider Services would need to be registered with the Care Quality Commission and Monitor.

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

- a. governance arrangements were a work in progress, there was a review of governance built in to the programme after 12 months;
- b. any suggested changes to the board profile and the widening of the stakeholder group to include patients and members of the public would be considered and brought back to a future meeting of the panel;
- c. a review of the Governance arrangements of the Social Enterprise by an informal group of councillors would be welcomed.

Agreed that –

- 1. the city priorities, as agreed by the Plymouth 2020, are incorporated more fully throughout the Plymouth Provider Services Integrated Business Plan;
- 2. a group of councillors would be established to clarify the mission statement and values, advise on how to involve members of the public of the proposed changes and to review governance arrangements;

3. the plain english guide explaining proposed changes would be made available to the panel when completed.

80. **EXEMPT BUSINESS**

Agreed that under Section 100(A)(3, 4) of the Local Government Act, 1972, the press and public be excluded from the meeting for the following items of business on the grounds that they involve the likely disclosure of exempt information as defined in paragraph 4 of Part 1 of Schedule 12A of the Act, as amended by the Freedom of Information Act, 2000.

81. **TRANSFORMING COMMUNITY SERVICES INTEGRATED BUSINESS PLAN (E3 E4)**

The panel heard from the Commissioning Manager, Adult Social Care Plymouth City Council, who had reviewed the Integrated Business Plan during its development. It was reported following first draft of the business plan a number of issues had been addressed within the document. The view of Plymouth City Council's Adult Social Care Commissioners was that there should be a greater recognition of carers and the personalisation agenda throughout the document. It was also commented that it should be demonstrated how better outcomes for patients would be achieved.

In response to questions from members of the panel it was reported that it was unknown whether the new organisation would be able to reclaim VAT payments. VAT payments were not seen as a risk in isolation as work had been carried out to mitigate any possible issues.