

Health and Adult Social Care Overview and Scrutiny Panel

Wednesday 2 March 2011

PRESENT:

Councillor Ricketts, in the Chair.
Councillor McDonald, Vice Chair.
Councillors Delbridge, Gordon, Dr. Mahony, Mrs Nicholson and Dr. Salter.

Co-opted Representatives: Chris Boote and Margaret Schwarz

Apologies for absence: Councillor Bowie

Also in attendance: Nicola Jones, Deputy Director of Primary Care (NHS Plymouth), Sharon Palser, Director of Development (NHS Plymouth), Elaine Fitzsimmons, Assistant Director of Commissioning (NHS Plymouth), John Richards, Chief Executive (NHS Plymouth), Vicki Shipway Plymouth LINK Manager, Carole Burgoyne, Director of Community Services (Plymouth City Council), Craig Mcardle, Commissioning Manager (Plymouth City Council), Giles Perritt, Lead Scrutiny Officer (Plymouth City Council).

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.

91. **DECLARATIONS OF INTEREST**

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

92. **CHAIR'S URGENT BUSINESS**

There were no items of Chair's urgent business.

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

With regard to tracking resolution 66(1) 10 November 2010, it was reported by the Chief Executive of NHS Plymouth that it was difficult to produce a costed action plan regarding the dementia strategy within two weeks as stated at the meeting in November. There had been progress in this area with a number of proposals on the table, including how to deal with future winter pressures. The dementia strategy was a jointly commissioned piece of work principally within the remit of local authority adult social care officers.

Tracking resolution 79C (2) of 7 January 2011 regarding the plain english version of the Plymouth Provider Services Integrated Business Plan would be further explored at the Task and Finish group set to take place on 17 March 2011.

Agreed that a development timetable of a fully costed dementia strategy action plan is provided to the panel including detail on where resources would be identified and which organisations would be responsible for delivering aspects of the plan.

94. **GP HEALTH CENTRE UPDATE**

The Deputy Director of Primary Care and the Director of Development (NHS Plymouth) provided the panel with an update on the closure of the GP led health centre. It was reported that –

- a. the centre had closed in the run up to the meeting and a report would be provided to NHS Plymouth's Professional Executive committee later in April 2011 on the options for future service provision and re commissioning decisions;
- b. communications around the closure had been handled well with the former providers, there had been no risks to safety and one informal complaint had been received from a non registered patient;
- c. the majority of registered patients had chosen to reregister with the co-located Mount Gould Primary Care Centre;
- d. outreach services would continue via the Mount Gould Primary Care centre and the service would be reviewed during 2011.

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

- e. there were a number of outreach services in city hostels, it was unknown whether these were provided on a 24 hour basis but all primary care providers would provide emergency cover;
- f. there had been no reduction in the use of the accident and emergency department for the period in which the GP led health centre was operational;
- g. the review had not been completed and there was work to be done on providing time scales, a full report would be provided to NHS Plymouth's board at the end of April 2011;
- h. all of the patients who had used the service had had an opportunity to register elsewhere;
- i. a number of practices sub contracted their out of hours service to Devon Doctors.

Agreed that the final report would be provided to the panel in the new municipal year.

95. **REVIEW OF URGENT CARE SERVICES**

The Assistant Director for Commissioning (NHS Plymouth) introduced a report on the review of urgent care. It was reported that NHS Plymouth had been working hard to improve processes and had been working within the Quality Innovation Productivity and Prevention (QIPP) programme. A number of conversations on the provision of urgent care had formed the basis of the review, it was highlighted that the myriad of urgent care options was confusing and there was too much choice which was leading to additional stress for patients during already stressful times.

A single point of contact was under discussion allowing the public to be directed to the service that they required. NHS Plymouth had submitted a joint bid with the South Western Ambulance Service and NHS Direct to pilot the three digit number in the south west. NHS Plymouth expect to be informed in April whether or not the bid had been successful.

South Western Ambulance Services would be rolling out the implementation of a Capacity Management System (CMS). The service would assist with the redirection of people who call for an ambulance but should be using other patient facing urgent care services. The changes would be linked with NHS Pathways which was a process directing people to the right options of care.

The management of long term conditions was seen as key to reducing unplanned urgent and emergency care, a number of work streams in the long term condition work plan would have an impact on urgent care landscape in Plymouth.

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

- a. it was up to health services to ensure that patients were sent to services and clinicians which were most appropriate;
- b. the results of a questionnaire on why parents take children to accident and emergency department rather than a GP had been completed and would be distributed to the panel if required;
- c. the minor injuries unit in Devonport had increased its opening hours, there had been no reduction of the number of presentations at the accident and emergency department at Derriford although there had been an increase in the number of people attending the minor injuries unit for health advice;
- d. the numbers attending the accident and emergency department could be the result of a confused urgent care system in the city.

Agreed to receive the urgent care work plan when available.

96. **LINK UPDATE - PERFORMANCE MONITORING**

The Chair of the Local Involvement Network and the LINK manager provided a presentation on the work of the LINK. It was reported that –

- a. the LINK had a number of priorities with different organisations in the city, this included working with Derriford Hospital on discharge of patients, access to primary care services and working with the local authority on direct payments;
- b. the LINK has had success in improving patient booklets provided by the hospital, suggested improvements to the direct payment system and sharing knowledge in the development of the Joint Strategic Needs Assessment;
- c. the LINK expressed an interest in developing Local Healthwatch arrangements and becoming part of the national pathfinder programme.

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

- d. LINK share the knowledge gained from members, volunteers and events with public health to help areas with health inequalities. The LINK was aware of the deprived areas of the city and focused work in these areas;
- e. the LINK has worked with gypsy and traveller groups and could provide a report into its work in this area;
- f. working on behalf of individuals was not within the remit of the LINK;
- g. the budget for the LINK came from a ring fenced grant administered by the local authority; the budget was spent on the LINK office premises, staffing and events.

Agreed to receive a copy of the LINK report regarding Gypsy and Traveller communities.

97. **HEALTH AND WELLBEING BOARD - EARLY ADOPTION**

The Director of Community Services provided a presentation on the development of health and wellbeing boards. It was reported that –

- a. the health and wellbeing board would be a council committee and a statutory duty on the upper tier local authority;
- b. the board would monitor the development of the Joint Strategic Needs Assessment, would develop Joint Health and Wellbeing Strategy and

promote integrated working;

- c. there would be a minimum membership and the Health and Social Care Bill (2011) proposed membership including directors of the local authority with a minimum of one elected member along with representatives from Healthwatch, GP consortia and any other representative that the local authority deemed necessary;
- d. Healthwatch England would be established as a statutory committee within the Care Quality Commission;
- e. Local Healthwatch would be established to replace LINK. Local Healthwatch would be contracted, accountable to and monitored by the local authority who would be required to publish reports on their effectiveness;
- f. scrutiny functions would remain with the local authority, it would be decided locally how these powers would be exercised;
- g. local authority scrutiny would be extended to any publicly funded health service provider and the power of referral to the national NHS Commissioning Board and Secretary of State for Health would remain with the local authority;
- h. an expression of interest in becoming an early adopter had been prepared and forwarded to the Department of Health, the submission had been supported by GP commissioners, NHS Plymouth, LINK and the Healthy Theme Group of the Local Strategic Partnership;
- i. a consultation paper would be provided for the panel and partners;
- j. the local authority supported Plymouth LINK proposal to develop a pathfinder Local Healthwatch.

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

- k. the health and wellbeing board would be able to focus on citywide issues such as alcohol abuse and sexual health. The board would have the ability to bring commissioners together who would have a duty to pay regard to the recommendations of the board;
- l. concerns were raised regarding the independence of the Director of Public Health. The appointment would be a joint appointment between the Local Authority and Public Health England who would promote the independent voice of directors of public health;
- m. the development of health and wellbeing boards was not considered one of the main areas of risk in the Health and Social Care Bill proposals. As there were large scale changes taking place in the health service there was a risk that public health could be left behind unless

early adoption was taken forward.

Agreed that -

1. a paper explaining possible changes and a plan for early adoption would be received by the panel when available;
2. a full council briefing explaining changes proposed by the Health and Social Care Bill and other health service changes be provided as soon as possible.

98. **WORK PROGRAMME**

Agreed to approve the panels work programme.

99. **EXEMPT BUSINESS**

There were no items of exempt business.