

Health and Adult Social Care Overview and Scrutiny Panel

Wednesday 16 February 2011

PRESENT:

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

Co-opted Representatives: Chris Boote and Margaret Schwarz.

Apology for absence: Councillor Bowie.

Also in attendance: John Richards, Chief Executive, NHS Plymouth, Nick Thomas, Director of Strategic Planning and Information, and Amanda Nash, Head of Communications, Plymouth Hospitals NHS Trust, Carole Burgoyne, Director for Community Services, Pam Marsden, Assistant Director (Adult Health and Social Care), Councillor Grant Monahan, Cabinet Member for Adult Health and Social Care, Giles Perritt, Lead Officer, and Katey Johns, Democratic Support Officer.

The meeting started at 3.00 pm and finished at 4.50 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.

82. DECLARATIONS OF INTEREST

The following declaration of interest was made in accordance with the Code of Conduct -

Name	Minute No. and Subject	Reason	Interest
Margaret Schwarz	86 – Budget and Performance – Plymouth Hospitals NHS Trust	Non-Executive Director of Plymouth Hospitals NHS Trust Board	Personal
Councillor Dr. Mahony	86 – Budget and Performance – Plymouth Hospitals NHS Trust	GP	Personal
	87 - Budget and Performance – NHS Plymouth	GP	Personal

83. **CHAIR'S URGENT BUSINESS**

Invitation from Plymouth Hospitals NHS Trust

The Chair reported that Plymouth Hospitals NHS Trust had extended an invitation to a member of the Panel to join a tender group which was looking at tenders for an integrated parking and external services contract and a sustainable energy contract.

Agreed that further details of the tender group would be sought and circulated to Panel Members by the Democratic Support Officer.

(In accordance with Section 100(B)(4)(b) of the Local Government Act 1972, the Chair brought forward the above items of business because of the need to inform and consult Members).

84. **MINUTES**

Agreed the minutes of the meeting held on 7 January 2011.

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

The Panel received an update on its tracking resolutions as follows –

- (a) with regard to minute 57(3), a response had now been received from the Peninsula Cancer Network and this would be circulated to Panel Members via e-mail after the meeting;
- (b) with regard to minute 66(1), a copy of the Dementia action plan remained outstanding. This matter would be raised with the Chief Executive of NHS Plymouth later on the agenda;
- (c) with regard to 75(1), a response had now been received from the Community Services Department and this would be circulated to Panel Members via e-mail after the meeting.

86. **BUDGET AND PERFORMANCE - PLYMOUTH HOSPITALS NHS TRUST**

The Board received a presentation on the Hospital's budget and performance from the Trust's Director of Strategic Planning and Information and Head of Communications.

In response to questions raised, Members were advised that –

- (a) the three-year lease on the eye infirmary would expire in March 2013 but it was hoped that the service would be relocated to Derriford Hospital some time between April and September 2012. The building was no longer fit-for purpose and it made sense, both in financial and practical terms, to move the service to the Derriford site;

- (b) the changing landscape reflected the significant reduction in secondary care provision and move to increase self-care (e.g. pregnancy testing). It was acknowledged that, in terms of secondary care, effectiveness would be dependent on decent housing standards;
- (c) infertility services would continue to be provided jointly. Members may wish to pursue provision of this service further with NHS Plymouth;
- (d) Trusts would either become Foundation Trusts or be run by a Foundation Trust. Plymouth Hospitals NHS Trust would continue to pursue Foundation Trust status and was committed to submitting its application by March 2012. This was, however, dependent on getting its finances in order;
- (e) meeting the healthcare needs of the citizens of Plymouth within the current financial climate was going to be the Hospital's biggest challenge;
- (f) there had been slippage in follow-up appointments and work was ongoing to address this;
- (g) patient satisfaction and hospital performance data were collected in a number of ways, including –
 - surveys undertaken by the hospital itself
 - information provided through PALS
 - independent reviews conducted by organisations such as Dr. Foster and the Care Quality Commission
- (h) there was also a strong culture of incident reporting among staff. All serious incidents were reported publicly to the Trust's Board which, more recently, had included the occurrence of six 'never events'. Four of these events had related to retained swabs for which investigations and action plans had been put in place.

The presentation was noted with thanks.

Agreed that the following information be circulated to Panel Members via the Democratic Support Officer –

- a definition of self-care
- the results of the Patient Survey
- the report arising from the Care Quality Commission's recent unannounced Inspection (as soon as the embargo had been lifted)
- the Serious Incidents report submitted to the Trust's Board
- a briefing note on the work being undertaken to resolve the problems experienced around follow-up appointments

(Margaret Schwarz and Councillor Dr. Mahony declared personal interests in respect of the above item).

87. **BUDGET AND PERFORMANCE - NHS PLYMOUTH**

The Board heard details of the Annual Operating Plan 2011/12 from NHS Plymouth's Chief Executive.

In response to questions raised, Members were advised that –

- (a) with regard to the Sentinel tendering process, the Government had taken a very strong view that this service would be driven by clinicians from the bottom up. There would not be a tendering process, however, there would be an 'authorisation' process, the rules of which had not yet been spelt out. The final say on 'authorisation' would be by the NHS Commissioning Board;
- (b) the deficit forecast for the year end by Plymouth Hospitals NHS Trust from month six onwards had been £14-£16m against an income of £38 million. A break-even situation was now expected but the money would not be coming from the unplanned sum;
- (c) the Strategic Health Authority were strongly committed to ensuring that the GP consortia would not inherit any debt upon activation. All parties would, therefore, have to work together to address any existing debt. Any new debt incurred from 31 March would be the responsibility of the GP Consortia to manage.

With regard to minute 85(b), the Chair took the opportunity to remind the Chief Executive that that sight of the Dementia Strategy action plan remained outstanding.

The Chair thanked the Chief Executive for his presentation and commented that he welcomed the opportunity to hear from NHS Plymouth and Plymouth NHS Hospitals Trust at the same time.

Agreed that the Chief Executive of NHS Plymouth would investigate the delay in production of the Dementia Action Plan.

88. **BUDGET AND PERFORMANCE - PLYMOUTH CITY COUNCIL, ADULT SOCIAL CARE**

The Director for Community Services submitted a summary of the third quarter joint finance and performance report 2010/11 in respect of Adult Social Care. Also in attendance were the Assistant Director (Adult Health and Social Care) and Cabinet Member for Adult Health and Social Care.

Members were advised that –

- (a) the Adult Social Care budget of £73m was the largest single budget within the Council and was monitored regularly on a monthly basis;
- (b) the £4.1m of savings identified in the delivery plan, which had been considered as part of the budget scrutiny process, were all on target and projected to be delivered;
- (c) with regard to performance, the service –
 - was performing well in respect of direct payments, and was in the top quartile when measured against the Council's comparators
 - could do better in terms of supporting carers
 - was currently under-performing against the Learning Disabilities indicator linked to settled accommodation and those in employment
 - was unsure whether the settled accommodation indicator would be continuing next year
 - was expecting to reach the target of 5.9% in respect of those in employment by the end of the financial year

In response to questions raised, Members heard further that –

- (d) the service had been overspent last year however this deficit had been brought back into line through a series of panel reviews and regular monitoring;
- (e) a number of meetings had taken place with NHS Plymouth to discuss allocation of the winter pressure and reablement funding with some areas of spend already having been identified and agreed;
- (f) this Council was not intending to change its categorisation of need under the Fair Access to Care eligibility criteria.

With regard to minute 75(1), Members were reminded that the information requested related to whether there was any evidence to demonstrate that procurement was having an adverse effect on self-funding residents.

The Chair thanked the officers and Cabinet Member for their attendance.

Agreed that -

- (1) with regard to the winter pressure and reablement fund, the panel be kept informed on where the money was being allocated;

- (2) with regard to minute 75(1), relevant extracts from the market review undertaken in 2008 would be circulated to Panel Members via the Democratic Support Officer.

89. **WORK PROGRAMME**

The panel considered its work programme for 2010/11.

Agreed that the Director for Community Services would attend the next meeting to report on progress with early adoption of a Health and Wellbeing Board for the City.

90. **EXEMPT BUSINESS**

There were no items of exempt business.