

Health and Adult Social Care Overview and Scrutiny Panel (Reviews)

Thursday 17 March 2011

PRESENT:

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

Also in attendance: Steve Waite - NHS Plymouth, Liz Cooney – NHS Plymouth, Dan O’Toole – NHS Plymouth, Clive Turner – Plymouth Community Homes, Giles Perritt – Scrutiny Lead Officer, Plymouth City Council.

The meeting started at 3.00 pm and finished at 5.30 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.

5. DECLARATIONS OF INTEREST

Name	Minute No. and Subject	Reason	Interest
Councillor Wildy	7 – Transforming Community Services	Chair of the Children and Young Peoples Overview and Scrutiny Panel	Personal

6. CHAIR’S URGENT BUSINESS

There were no items of Chair’s urgent business.

7. TRANSFORMING COMMUNITY SERVICES

Members of the panel heard from Clive Turner, Chief Executive of Plymouth Community Homes (PCH) who provided the panel with information on the development of PCH Social Enterprise. It was reported that -

- a. the starting point and aim for PCH was to transform services rather than just transferring them. The social enterprise allowed the freedom and flexibility to do so along with increased capital and revenue funding;
- b. PCH board and executive were in place early, allowing for the new arrangements to be fully embedded when the stock transfer took place;

- c. in order to maintain focus a set of promises for the first 100 days were made to tenants. The promises allowed Plymouth community homes to communicate a clear difference between the city council housing department and the new provider;
- d. tenants were included from the very beginning. The involvement of tenants was key to redesigning service areas, tenant involvement groups continued to report to the board and PCH's branding was designed by tenants;
- e. innovative engagement activities allowed the PCH to enter into dialogue with groups they found hard to reach. Such activities included working with the Eden Project in Ham Woods and work with Devonport Music Zone had helped reach young people and families;
- f. the majority of staff who transferred from the council into PCH were happy to transfer. There was a core group who emphasised strong positives about PCH. Management engaged in back to the floor days and continued to provide fortnightly updates to staff;
- g. communication of information to the front line was also key. It was essential that staff felt able to raise concerns;
- h. although the transfer allowed some funding options to be realised there was also a five year efficiency programme. In order to achieve efficiencies there was a large investment in information technology and mobile working;
- i. there was an emphasis on cultural change in PCH, the new social enterprise would not have succeeded if old ways of working had continued. PCH had focused on minimising cynicism of the transformation by focusing on benefits, all staff were given customer service training;
- j. the board had also carried out a training programme which resulted in a knowledgeable board which understood the business and governance that surrounded it. The board continued to attend regular training events.

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

- k. the board consisted of four independent members, three tenant and leaseholder members and four councillors with a traditional executive beneath this;
- l. PCH could have been had a greater focus on customer services earlier and a restructure should have happened earlier;
- m. staff had been reassured around working arrangements and many were now transferring to PCH terms and conditions;

- n. PCH had a “strap-line” which was referred to in all of the organisations dealings “Work for Plymouth, strengthen communities and improve our homes” this made PCH unique.

Having considered the relevant elements of the Plymouth Provider Services (PPS) business plan members of the group questioned NHS Plymouth representatives. It was reported that –

- o. the PPS key asset would be their staff. As the interface with the public PPS staff would be crucial to service delivery;
- p. the vision of PPS would be to deliver high quality care to complex and vulnerable patients. This vision would be achieved through a variety of means included collecting sufficient data on how people felt about services provided, how care services could be better delivered in the community and providing a single point of contact with patients taking ownership of their own comprehensive plan of care;
- q. the contract would run for five years and PPS would agree a pace of change with the commissioners. It was anticipated that year one would focus on improving work in localities and developing care management, year two would focus on the development of the Cumberland Centre and Mount Gould services. There would also be an in patient review in year one where bed cuts could be identified and then implemented over years 2, 3 and 4;
- r. there were gaps in engagement with the public and patients and work was being carried out to address this;
- s. draft memorandum and articles were being worked on and would be provided to trade unions and the NHS Plymouth board in April 2011. There had been a number of staff briefings on finance and transfer of undertakings;
- t. the statement of community involvement was key to the social enterprise and it was confirmed that any surplus would be put back into PPS care services;
- u. key engagement groups had already been established. Further engagement opportunities would be developed for the local community including web pages, use of local media, PACT groups and surveys. Analysis of feedback received would be crucial;
- v. third sector involvement was an area to expand on along with the independent sector. PPS would be able to offer support to small enterprise including resources, skills and training. This was seen as one of the main areas where PPS could add value to the community;
- w. the proposals included good clinical governance but there was work to

be done around partnership arrangements, staff and community involvement which were areas which could be changed.

8. **EVIDENCE REVIEW AND RECOMMENDATIONS**

The Task and Finish group considered the business plan and the evidence provided by witnesses and agreed that –

- (1) the Board membership proposed in the business plan was too large and the role of the individual members unclear. The group requests that clarity is provided when the document is presented to the scrutiny panel in June 2011;
- (2) the draft memorandum and articles are presented to the Health Scrutiny panel as soon as available;
- (3) further details of a clear engagement strategy for staff and users and associated action plan is presented to the health scrutiny panel as soon as available;
- (4) a focus on improved collaboration with the voluntary and community sector is included when the document is presented to the scrutiny panel in June 2011;
- (5) the governance section of the business plan is further clarified with a stronger focus on the social enterprise undertaking;
- (6) the group endorsed the proposals for an external, independent evaluation of the board to be carried out during the first year of operation as a social enterprise.

9. **EXEMPT BUSINESS**

There were no items of exempt business.