BEST ACHIEVING
COUNCIL OF THE YEAR

Barry Keel
Chief Executive

Plymouth City Council
Civic Centre
Plymouth PL1 2AA

www.plymouth.gov.uk/democracy

Date: 6-9-2011

Please ask for: Ross Jago, Democratic Support Officer
T: 01752 304469 E: ross.jago@plymouth.gov.uk

HEALTH AND ADULT SOCIAL CARE OVERVIEW AND SCRUTINY PANEL

Date: Wednesday 14 September 2011
Time: 10.00 am
Venue: Warspite Room, Council House

Members:
Councillor Mrs Bowyer, Chair
Councillor McDonald, Vice Chair
Councillors Mrs Aspinall, Mrs Bragg, Browne, Casey, Drean, Gordon, Dr. Mahony, Mrs Nicholson, Dr. Salter and Tuffin.

Members are invited to attend the above meeting to consider the items of business overleaf.

Members and officers are requested to sign the attendance list at the meeting.

Please note that unless the chair of the meeting agrees, mobile phones should be switched off and speech, video and photographic equipment should not be used in meetings.

Barry Keel
Chief Executive

HEALTH AND ADULT SOCIAL CARE OVERVIEW AND SCRUTINY PANEL

AGENDA

PART I – PUBLIC MEETING

1. APOLOGIES

To receive apologies for non-attendance by panel members.

2. DECLARATIONS OF INTEREST

Members will be asked to make any declarations of interest in respect of items on this agenda.

3. CHAIR'S URGENT BUSINESS

To receive reports on business which, in the opinion of the Chair, should be brought forward for urgent consideration.

4. MINUTES (Pages 1 - 6)

The panel will be asked to confirm the minutes of the meeting of 20 July 2011.

5. TRACKING RESOLUTIONS AND FEEDBACK FROM THE OVERVIEW AND SCRUTINY MANAGEMENT BOARD (Pages 7 - 8)

The panel will monitor the progress of previous resolutions and receive any relevant feedback from the Overview and Scrutiny Management Board.

6. GYNAECOLOGICAL CANCER SURGERY (Pages 9 - 54)

To receive an update on Gynaecological Cancer Services and the Peninsula Cancer Network's engagement strategy.

(This item reflects minute number 57 (1, 2 and 3) regarding a petition received by the panel on the 13 October 2010 on the possible closure of the Gynaecological Surgical Cancer Unit at Derriford Hospital).

7. WINTER PRESSURE AND REABLEMENT FUND UPDATE (Pages 55 - 58)

The panel will receive a report on the winter pressure and reablement fund.

(This item follows recommendation 88 (1) 16 February 2011 on Adult Social Care budget and performance).

8. A DRAFT TOBACCO ACTION PLAN FOR PLYMOUTH (Pages 59 - 96)

The panel will consider the Draft Tobacco Action Plan for Plymouth.

9. HEALTHWATCH PATHFINDER - STATUS UPDATE (Pages 97 - 112)

The Chair of Plymouth LINk will provide an update to the panel.

10. HEALTH AND WELLBEING BOARDS - STATUS UPDATE (Pages 113 - 116)

The panel's lead officer will provide an update to the panel on the development of the shadow Health and Wellbeing Board.

11. ANNUAL OVERVIEW AND SCRUTINY REPORT (Pages 117 - 126)

The panel will receive the annual scrutiny report for comment.

WORK PROGRAMME

12. PROJECT INITIATION DOCUMENT (Pages 127 - 130)

The panel will consider a project initiation document for a task and finish group on the safeguarding of vulnerable adults. The panel will confirm membership and the Chair of the group.

13. WORK PROGRAMME (Pages 131 - 132)

The panel will consider its work programme.

14. EXEMPT BUSINESS

To consider passing a resolution under Section 100A (4) of the Local Government Act 1972 to exclude the press and public from the meeting for the following item(s) of business on the grounds that it (they) involve(s) the likely disclosure of exempt information as defined in paragraph(s) of Part 1 of Schedule 12A of the Act, as amended by the Freedom of Information Act 2000

PART II (PRIVATE MEETING)

AGENDA

MEMBERS OF THE PUBLIC TO NOTE
that under the law, the Panel is entitled to consider certain items in private. Members of the public will be asked to leave the meeting when such items are discussed.

NIL.

Health and Adult Social Care Overview and Scrutiny Panel

Wednesday 20 July 2011

PRESENT:

Councillor McDonald, in the Chair.
Councillor Dr. Salter, Vice Chair.
Councillors Mrs Aspinall, Mrs Bragg, Browne (substituting Councillor Mrs Bowyer), Casey, Drean, Gordon, Dr. Mahony, Mrs Nicholson, Dr. Salter and Tuffin.

Co-opted Representatives: Chris Boote (LINk)

Apologies for absence: Councillors Mrs Beer and Mrs Bowyer.

Also in attendance: Paul McArdle, Assistant Medical Director (Plymouth Hospitals NHS Trust), Amanda Nash, Head of Communications (Plymouth Hospitals NHS Trust), Karen Kay Assistant Director of Corporate Planning and Performance, (NHS Plymouth), Carole Burgoyne, Director of Community Services (Plymouth City Council), Giles Perritt, Lead Officer (Plymouth City Council) Ross Jago, Democratic Support Officer (Plymouth City Council).

The meeting started at 10.05 am and finished at 12.20 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.

14. APPOINTMENT OF VICE CHAIR

In the absence of Councillor Mrs Bowyer, Councillor Drean proposed Councillor Dr. Salter to act as vice-chair for this meeting. The proposal was seconded by Councillor Mrs Aspinall and following a vote was agreed.

15. DECLARATIONS OF INTEREST

Name	Minute No. and Subject	Reason	Interest
Councillor Casey	21. Safeguarding vulnerable adults.	Mencap employee.	Personal
Councillor Dr Salter	20. NHS Plymouth Hospitals Trust – Never Events Post Inspection Update.	NHS Plymouth Hospitals Trust Appointed Governor.	Personal
Councillor Dr Mahony	19. NHS Plymouth Quality, Innovation,	General Practitioner.	Personal

	Productivity and Prevention Programme. 20. NHS Plymouth Hospitals Trust – Never Events Post Inspection Update.		

CHAIR'S URGENT BUSINESS

16. CHANGE OF AGENDA ITEMS

In order to facilitate good management of the meeting the Chair informed the panel that item 8 would be considered before item 7.

17. MINUTES

Agreed that the minutes of the meeting of the 8 June 2011 were approved as a correct record.

18. TRACKING RESOLUTIONS AND FEEDBACK FROM THE OVERVIEW AND SCRUTINY MANAGEMENT BOARD

Agreed that -

1. the panel's tracking resolutions were noted;
2. if tracking resolutions appeared from the previous municipal year more details would be provided to new members of the panel.

19. HEALTH AND WELLBEING BOARD UPDATE

The panel's lead officer introduced his report on the development of the Health and Wellbeing board. It was reported that –

(a) the paper provided the panel with an update on the development of the Health and Wellbeing Board following the pause in the legislative process and the report of the Future Forum's consultation;

(b) the impact of the pause had been substantial and provided a more formal role for Health and Wellbeing Boards;

(c) the Health and Wellbeing Board would not have a power of veto over commissioning plans. The Board would be able to refer commissioner's plans to the National Commissioning Board for England should the plans not reflect evidence in the Joint Strategic Needs Assessment or the aspirations of the Joint Health and Wellbeing Strategy;

(d) the local authority would be free to insist upon having a majority of councillors on the Health and Wellbeing Board;

(e) officers would consider statutory instruments carefully once the Bill had completed the parliamentary process, particularly as the Department of Health were suggesting that officers sitting on the board would have voting rights, contrary to the council's constitution;

(f) Chris Boote, LINk representative on the panel, had been elected to the National Advisory Panel on Healthwatch and would provide updates on the development of Healthwatch at future meetings.

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

(g) within the Bill the Health and Wellbeing Board was referred to as a committee of the local authority as appointed under the Local Government Act 1972;

(h) 92 per cent of local authorities had registered as early implementers, local authorities in the peninsula would be working together to share learning.

Agreed that the Democratic Support Officer would arrange an informal meeting of the panel to plan the scrutiny of the Health and Wellbeing Board's development.

20. PLYMOUTH HOSPITALS NHS TRUST - NEVER EVENTS POST INSPECTION UPDATE

Consultant Maxillofacial Surgeon and Assistant Medical Director Mr Paul McArdle introduced a report on the work that had taken place across Plymouth Hospitals NHS Trust (PHNT) since the visit of the Care Quality Commission (CQC) following a number of 'never events' that had taken place at the hospital.

It was reported that –

(a) following an initial visit the CQC had commented that theatre safety checklists had not been carried out correctly and the compliance rates had varied from 20 per cent to 80 percent;

(b) the CQC had since visited Derriford Hospital and were happy with the work that had taken place. The trust had changed working practices and as a result had greatly improved the checklist compliance rates;

(c) the CQC had recognised the shift in practice and had recommended the work PHNT had undertaken to other hospitals around the country who have experienced similar problems.

It was further reported that –

(d) on Sunday the 17 July 2011 a further preventable event had taken place. A guide wire used during a procedure to insert a fluid line had been retained within a patient. This event was not covered by the theatre checklist and the event had taken place outside of the theatre environment. The event had no material effect on the longevity of the patient. The patient later died of unrelated causes and the death certificate had been issued, both the coroner and patients family agreed it was not a matter for inquest;

(e) PHNT had been in contact with the family to offer an apology and provided an explanation to what had taken place;

(f) the event was the result of a human non-technical error, the highly experienced clinician was distraught that such an error had taken place;

(g) the hospital had immediately implemented a policy to prevent such an error occurring again. There had been no policy to prevent such an error before the event and the hospital had reported it immediately to the CQC so the nature of what occurred could be disseminated to the wider NHS;

(h) the National Patient Safety Agency had increased the definition of ‘never events’ to include 25 scenarios. It is unclear whether the recent event was classified as a never event under the new criteria as it occurred outside of the theatre setting;

(i) PHNT had implemented a number of policies and processes to prevent such events from occurring. Although the risk of such events would reduce as a result of policy changes, there was always the possibility of human error. PHNT had encouraged an open culture at the hospital and mistakes reported by staff were shared with other agencies.

The Chair commended the honesty and openness of PHNT and thanked them for providing the information in a meeting which was open to the public.

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

(j) the event followed the insertion of a fluid line which was an extremely common procedure;

(k) PHNT were not aware of alternative equipment on the market to prevent similar events. The event had been reported to The Royal College of Anaesthetists who had been asked to identify any alternative equipment available;

(l) an investigation would need to take place before details of never events were released to the public;

(m) the theatre structure has been reorganised and PHNT had formed a Patient Safety Group which reported to the PHNT board which was a public meeting.

21. NHS PLYMOUTH QUALITY, INNOVATION, PRODUCTIVITY AND PREVENTION PROGRAMME

The panel received a presentation on the Quality, Innovation, Productivity and Prevention (QIPP) programme from the Assistant Director of Corporate Planning and Performance, NHS Plymouth.

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

(a) since January a number QIPP work streams had been implemented including work to improve follow up appointments in outpatients services. This had resulted in shorter waiting times for patients and improved use of specialists and patients time;

(b) patients with mental health difficulties could be treated to a high standard in the community. Services were being redesigned in Plymouth to support people to stay at home for care, it was not a new strategy;

(c) there was effective joint working between health services and the city council. There was an integration board in place where application of resources were discussed and challenged. The partnership was building a sustainable health and social care system in the city, in order to be successful the use of resources could not be to the detriment to any partnership agency;

(d) as part of the sentinel referral management system referrals were monitored at all stages. Sentinel was also reviewing referral outcomes to ensure the system was working correctly;

(e) there were interventions in health pathways with regard to preventing illness but help was also provided to those who were required to lose weight or stop smoking before complex procedures were undertaken. Work on health promotion continued and was being undertaken to try and stem the growth in long term conditions.

Agreed that a future update on the QIPP programme would include,

1. NHS Plymouth's collaboration with partners;
2. NHS Plymouth's use of and the capacity of the voluntary and community health sector;
3. the staffing levels within mental health services across NHS Plymouth.

22. SAFEGUARDING VULNERABLE ADULTS

The Director for Community Services introduced a report on the safeguarding of vulnerable adults. In response to questions from members of the panel, it was reported that –

(a) the number of unannounced visits completed by the council was in addition to those carried out by the care quality commission;

(b) there were no elected members on the safeguarding adults board;

(c) all safeguarding alerts were coordinated and followed up, members who received reports on safeguarding issues should alert the department ;

(d) LINk had a statutory right to enter a care home but would only do so on information received, the LINk had not made any such entries. It was proposed in the Health and Social Care Bill that Healthwatch would retain the right.

Agreed that the Democratic Support Officer would arrange an informal meeting of the panel to consider a task and finish group on the viability of reporting processes for whistle-blowers and other safeguarding alerts.

23. WORK PROGRAMME

Agreed the panels work programme subject to the following changes –

1. the alcohol harm reduction and the tobacco control strategy be considered as a single item;
2. the addition of an update on winter service planning;
3. the LINk update to be included in the work programme item on Healthwatch.

24. EXEMPT BUSINESS

There were no items of exempt business.

TRACKING RESOLUTIONS

Health and Adult Social Care Overview and Scrutiny Panel

Date / Minute number	Resolution	Explanation / Minute	Action	Progress	Target date
20/07/11 19	Agreed that the Democratic Support Officer would arrange an informal meeting of the panel to plan the scrutiny of the Health and Wellbeing Board's development.			Complete	18 August 2011
20/07/11 22	Agreed that the Democratic Support Officer would arrange an informal meeting of the panel to consider a task and finish group on the viability of reporting processes for whistle-blowers and other safeguarding alerts.			Complete	18 August 2011

Grey = Completed (once completed resolutions have been noted by the panel they will be removed from this document)

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NHS
Plymouth

Update on Gynaecological Cancer Service Reconfiguration

1 Purpose of this report

This report provides the Overview and Scrutiny Panel with an update on the work being done around the reconfiguration of Gynaecological cancer services. In particular, the report updates on the work being done in response to the specific OSC resolution that:

'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'.

The accompanying paper and cover sheet sets out the work that has been done by those organisations in response to this resolution.

2 About the paper

The panel will see that the paper relates to all cancer pathways and not just the Gynaecological cancer services. This approach was developed on the advice of our stakeholders. Previous experience made it clear that it is very important that there is a consistent approach to involvement across cancer all services. The paper comprises two elements, the first an explanatory note from the Peninsula Cancer Network (Section 4) and the second the body of the report itself (section 5).

3 Involving Gynaecological cancer users

The approach described in the paper has, at the request of NHS Plymouth made a specific effort to ensure those patients and or their family members with experience of gynaecological cancer services are directly involved in this work and members of that community are amongst the members of the PPI group the paper describes.

The PPI group described in the paper is next due to meet on July 12 and the NHS Plymouth PPI lead will be able to provide a verbal update to the panel that includes the outcome of that meeting at which it is hoped the specifics around its future work plan will be decided.

4 Explanatory note

The Peninsula Cancer Network, which helps improve cancer services across Devon, Cornwall and the Isles of Scilly, is strengthening the involvement of patients, carers and local people in its processes.

As outlined in our position paper of September 2010, this approach is in line with the report of the Independent Reconfiguration Panel on upper gastro-intestinal cancers, which emphasises the growing importance of patient and public engagement in developing proposals, and the role of overview and scrutiny committees.

It also reflects the Department of Health's position that all potential reconfigurations must demonstrate strengthened public and patient engagement as well as:

- Support from GP commissioners
- Clarity on the clinical evidence base, *and*
- Consistency with current and prospective patient choice

It must be stressed that the approach will be used when addressing systematic improvements along the entire patient 'pathway' for all cancers, whether or not this might ultimately imply reconfiguration.

The main outcome so far from the increased emphasis on involvement has been the creation of a Working Group.

As the attached paper shows, considerable progress has been made, though much more needs to be done as the Working Group finds its feet. Our aim is to get things right, rather than to set any strict timetable.

Above all, the paper is designed to provide assurance that patient and public involvement is an integral part of the Network's processes for the development of cancer services.

The Network would be more than happy to provide you with further updates on the Working Group and other aspects of patient and public involvement, and/or to brief you in person, if that would be helpful.

John Harrison
Director
Peninsula Cancer Network

5 The report

The following report has been produced by the Peninsula Cancer Network.

Peninsula Cancer Network NHS
Devon and Cornwall

Shaping Patient and Public Involvement in Cancer Services

Report from the Peninsula Cancer Network to Health Overview and Scrutiny Committees in Devon, Cornwall and the Isles of Scilly
June 2011

1. Introduction and context

The Peninsula Cancer Network (PCN) exists to secure equal access to high quality care for all cancer patients, strive for better clinical outcomes and improve the experience of patients, their carers and families throughout screening, diagnosis, treatment, aftercare and survival. The Network has an increasing role in the prevention of cancer and reducing health inequalities. To achieve these goals it collaborates with patients and their carers, all healthcare providers and commissioners, and key stakeholders throughout Devon, Cornwall and the Isles of Scilly. The Network is committed to ensure that effective patient, carer and public involvement is integral to our work, putting patient, carer and public experience and involvement at the heart of cancer service design and delivery across the Peninsula.

The Network recognises that designing its public and patient engagement strategy is not just an internal process. As a result the Network is working by means of a developmental approach to build the most effective strategy in an open and transparent way ***with*** those people who have the best knowledge of the impact of cancer care services. The users of services, together with their carers, families and the people who work with them in health, social and voluntary care have valuable and unique insights into their experience of and aspects of care. The Network wants to harness the deep knowledge and understanding of the people who use services, and the staff who deliver them, to improve cancer services.

The Network recognises the importance of working openly and constructively with Health Overview and Scrutiny Committees across the Peninsula in order to build effective patient, carer and public involvement. Regular communication and engagement with HOSCs, together with vital input, knowledge and feedback from HOSC members on the Network's approach, is central to this process.

This briefing paper provides:

- **a progress report** on the design of structures, methods and approaches to involvement across the Peninsula, including feedback from work with service users and key stakeholders

- the **continuing dialogue**

2. Designing involvement in the Peninsula – a progress report

Patients, carers and staff have been continuously involved in identifying structures, methods and approaches to involvement across the Peninsula. The Network has been able to draw on their experience, knowledge and views by means of:

- a ***Patient Involvement Event*** in September 2009

- ***working with an independent consultant in patient and public engagement*** (Cath Broderick, We Consult) to draw together and build on the ideas and priorities of those who had an interest in developing cancer services across the Peninsula and facilitate further engagement
- drafting ***User Involvement Principles and Strategic Framework*** which sets out some principles for achieving effective engagement across a wide and diverse geography using a variety of approaches ** (link to User Involvement Principles and Strategic Framework)*
- holding two ***engagement events*** on 15th December 2010 and 18th March 2100 with a group of patients, carers and stakeholders to find out what methods of engagement would work well and incorporate their views on the principles, ideas and approaches set out in the draft framework **(link to report of Engagement Event Dec 2010)*

Feedback from the Engagement Event
A number of key themes emerged from discussions, activities and workshops at the event:

- ***Provide support*** through information, training , resources and administration
- ***Develop innovative methods for involvement***
- ***Ensure that there is clarity and reality*** about what can be achieved
- ***Develop relationships and reach out to communities and users***
- ***Focus on specific conditions***
- ***Capture perspectives not currently influencing*** the development and improvement of cancer services
- ***Review and utilise successful engagement, including good practice in Local Cancer User Groups,*** potentially through pilots on specific topics
- ***Move the work forward by means of a Working Group*** to firm up the user involvement strategy, and define the blueprint for patient and public involvement across the Peninsula

The first meeting of the Working Group was held on the **7th June**, at which members discussed and agreed their terms of reference, membership roles and responsibilities and Chair selection process. As a result, I was asked to be the Interim Chair until the end of the year.
At their meeting on **12th July**, members are due to confirm the terms of reference and to define the priorities for a work plan. From early discussions, this is likely to include the role of the local cancer user groups and generic methodology for patient and public involvement with potential application to a pilot focused around a specific topic. They will also be able to determine the members who will represent the Group on the Network Board, enabling the Group to have a say in future decisions on cancer care in the Peninsula. *(link to report of the Working Group March 2011)
Membership of the Group comprises:

- 2 members of each local cancer user group
- Peninsula Cancer Network staff; Nurse Director, Medical Director, User Facilitator
- External facilitator

3. The continuing dialogue

The future of patient and public involvement in cancer services across the Peninsula will not be determined solely by the recommendations of a Working Group or by the Peninsula Cancer Network. The Network is committed to continuing the development of structures, methods and approaches to involvement through dialogue and learning from pilots and feedback. The *User Involvement Principles and Strategic Framework* is a living document, subject to change and improvement, and will be adapted and refined to reflect local and national developments in policy, methods and feedback from those with direct experience of cancer services.
The Network looks forward to working with Health Overview and Scrutiny Committees across the Peninsula to shape its approach to patient and public involvement and to develop cancer services. The Network would be pleased to hear the views of HOSCs on:

- the current approach to building involvement with patients, carers and key stakeholders;

- the *User Involvement Principles and Strategic Framework*, and;

- the future development of patient and public involvement across the Peninsula

Nikki Thomas
Nurse Director
Peninsula Cancer Network

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Peninsula Cancer Network

User Involvement Principles and Strategic Framework

Engaging patients and the public to improve and develop cancer services in the Peninsula

‘The experience of cancer care is by definition subjective and efforts to improve the quality of care must start from patients’ and carers’ own experiences’

National Cancer Peer Review Programme
Service User Involvement in Cancer Care – Policy, Principles and Practice

‘It is self evident, but worth repeating, that the NHS can meet people’s needs better if we listen to what people tell us, instead of relying on existing knowledge and assumptions. We can develop better, more responsive services if we involve and truly listen not only to those who are already using services, but those who are not’

NHS Institute for Innovation and Improvement
Patient and Public Engagement Toolkit for World Class Commissioning

REVIEWING THE APPROACH TO PUBLIC AND PATIENT INVOLVEMENT

The Peninsula Cancer Network (PCN) exists to secure equal access to high quality care for all cancer patients, strive for better clinical outcomes and improve the experience of patients, their carers and families throughout screening, diagnosis, treatment, aftercare and survival. The Network has an increasing role in the prevention of cancer and reducing health inequalities. To achieve these goals it collaborates with patients and their carers, all healthcare providers and commissioners, throughout Devon, Cornwall and the Isles of Scilly. The Network is committed to ensure that effective patient, carer and public involvement is integral to our work, putting patient, carer and public experience and involvement at the heart of cancer service design and delivery across the Peninsula.

A starting point for discussion

The Network recognises that designing its public and patient engagement strategy is not just an internal process. As a result the Network is working on a developmental approach to building the most effective strategy in an open and transparent way ***with*** those people who have the best knowledge of the impact of cancer care services.

The users of services, together with their carers, families and the people who work with them in health, social and voluntary care have valuable and unique insights into their experience of and aspects of care. The Network wants to harness the deep knowledge and understanding of the people who use services, and the staff who deliver them, to improve cancer services.

Users of services, carers and staff also understand what works well in terms of engagement and this framework sets out actions for developing effective methods and approaches to engagement and partnership working. ***As a starting point the Network drafted a framework building on the ideas and priorities of those with an interest in developing cancer services across the Peninsula***

The first draft framework set out some principles for achieving effective engagement across a wide and diverse geography using a variety of approaches. There was recognition that patients, carers and staff had already identified areas for improvement in the Network’s involvement processes and told us how things could develop and build towards an effective and sustainable structure and process for involvement; a summary of what we heard in earlier engagement, and influenced the development of the first draft framework is included in this document.

The next step was to build on the priorities and ideas by engaging further with a group of patients, carers and stakeholders in an engagement event on 15th December 2010. By working with the people who had an interest in or perspective on cancer services the Network would find out what methods of engagement would work well and incorporate their views on the principles, ideas and approaches set out in the draft framework. People with a particular interest may be carers, those who have experienced cancer, and those who understand the impact of cancer on patients, carers and families (either from support groups or working as a professional in health, social or voluntary services).

The Network also recognises that some groups of people have particular difficulties, not only in accessing services, but also in making their voices heard. We also want to ensure that we understand the specific needs for cancer services of people from diverse backgrounds, different geographical areas, or from different age groups, for example children and young people, older people or people with learning disabilities. The framework also sets out principles and approaches for reaching the diverse communities of interest and place across the Peninsula.

The Network is committed to ensuring that the right approach is developed. It is important that perspectives from all these different groups influence the way forward.

WHERE ARE WE NOW?

Some drivers for change

A number of developments resulted in the review of the Network’s approach to improving cancer services for patients across the Peninsula. Central to the review is an evaluation of the way patients, carers and a wide range of stakeholders are involved at all stages of development, design, and delivery of cancer services, especially when potential service reconfiguration may result.

Firstly, in July 2010, the Department of Health issued four key tests for any service reconfiguration that must be applied *'to ensure patients get the best care possible, delivered to the highest standards in the most effective, efficient and personalised way'.* Importantly, one of the tests is focused on the demonstration of 'strengthened public and patient engagement' in any proposals for substantial service change.

Secondly, the report of the Independent Reconfiguration Panel on upper gastro-intestinal cancer surgery centralisation pointed to the need to revise processes. There was particular emphasis on wide engagement from the start, and certainly before any solutions are proposed.

The engagement event

The engagement event held on 15th December 2010 as part of the continuing dialogue with patients, carers and stakeholders, reinforced many of the priorities and messages heard in earlier engagement. A full report of the process and feedback from the event accompanies this framework document and a summary of the key themes and next steps is included in the ***What we have heard – key themes from patients, carers and stakeholders*** *section* of this framework. This feedback not only confirmed many of the priorities signalled in the first draft framework, but identified new issues and has had a significant impact on the direction of travel and way forward to improve patient and public involvement in cancer services.

Moving forward

The feedback report from the engagement event, together with a summary document, is being circulated to all who took part in the engagement event. This revised and updated framework, based on stakeholder priorities and recommendations, is also being circulated for comment.

One of the clear outcomes from the engagement event discussions was the recommendation to set up a ***Working Group*** to provide a practical mechanism for moving things forward and firming up a final version of the framework for involvement. Interest in membership of the group was invited at the event and a first meeting to consider terms of reference, wider membership, and the future of a Network Partnership Group in patient and public involvement, was planned for the early months of 2011.

WHY INVOLVE PATIENTS, CARERS AND THE PUBLIC?

The Policy Context

Service user involvement is not a new concept. In recent years there has been a great deal of emphasis in the policy documentation on involving patients and the public within the NHS in general and around cancer services in particular. A key principle of the NHS Cancer Plan is patient and public involvement. The Plan stipulates that cancer networks will be expected to take into consideration the views of patients and carers when planning services.

The impetus for service use involvement has been stressed in a number of policy documents and in 2007 the Cancer Reform Strategy affirmed that *'patients, local voluntary service providers, alternative providers and other stakeholders should be involved in influencing the way in which services develop'.* In the following year, the Next Stage Review of the NHS stated that effective user involvement should play a central role in improving the quality of patient care and delivery of a patient centred NHS.

In 2008, Section 242 (1b) came into force, giving further legal backing to user involvement. It placed a responsibility on NHS organisations to make arrangements to involve and consult service users in:

- The planning and provision of health services;
- The development and consideration of proposals for changes in the way services are provided, and;
- Decisions affecting the operation of services

In 2009 patient and public involvement became enshrined in the NHS Constitution. The Constitution refers to patients' rights and makes various 'pledges' and 'commitments' necessary to give power to those rights:

You have the right to be involved, directly or through representatives, in the planning of healthcare services, the development and consideration of proposals for changes in the way those services are provided, and in decisions to be made affecting the operation of those services.

A key principle of the approach to the National Cancer Peer Review process is that patients and carers are a vital and integral part of the review process and it is expected that patients and carers will be ‘active participants in the internal validation of self assessments’.

As cancer networks seek to improve outcomes and quality in cancer services they need to review the way that services are designed.

The Benefits of Involvement

Involving patients, carers and the public when planning, improving and delivering services makes sense. If we want to know what works, what doesn’t, and how to make services more accessible and effective, then we need to hear from the people who the services are aimed at and those who are currently using them.

Involvement also brings genuine benefits to users, providers and planners of services because it:

- Helps produce effective, well coordinated pathways of care responsive to patient needs and preferences in a timely manner
- Patients feel more involved and partners in their care with more influence over the services they use
- Creates a learning environment when users’ feedback has an impact on service quality, design and development
- Helps staff see their roles from the users’ point of view and the impact that their role has on individuals
- Promotes a democratic process
- Provides an effective mechanism to monitor the quality of services
- Produces better quality, better designed and more appropriate services
- Helps users appreciate the issues faced by all NHS staff and an understanding of health services
- Helps to improve organisational learning
- Helps to develop and disseminate good practice

WHAT IS PATIENT, CARER AND PUBLIC INVOLVEMENT?

Patient and public involvement or engagement is the active participation of patients, carers, community representatives and groups, and the public in how services are planned, delivered and evaluated. There are a many ways in which patients, carers and the public can get involved in influencing the planning, delivery and evaluation of health services. The Peninsula Cancer Network is committed to providing as many opportunities, methods and forums for people who have experienced cancer and who have an understanding of the impact of cancer on patients, carers and families. Good patient involvement ensures that everyone can take part in the way that suits them best. This may be:

- **Receiving information and finding out about issues through leaflets, support and self help groups, websites and the internet**
- **Opportunities for immediate feedback as part of treatment**
- **Responding to discussions and surveys as an individual**
- **Involvement as part of a group or committee**
- **Taking an active part in developing pathways or strategies**

The range of involvement has often been portrayed as a ladder with each rung representing a stage from minimum to maximum involvement. The most widely known model is Arnstein's (1969) 'ladder of participation'. For present purposes it is useful to distinguish five levels, or 'rungs' of user involvement:

Level 1

Information

At this level, patients, carers and the public feed information into the planning, delivery and evaluation of services (abbreviated to PDE) process. The information may be requested by health professionals, for example an invitation to complete a questionnaire on travel and access to an outpatient clinic. Alternatively, information could be collected and put forward by patients and carers themselves, for example providing information that they feel that health professionals should take into account before any changes are made to a service, such as visiting times

Level 2

Consultation

This level involved inviting those consulted to express a view or a preference, which might be open ended or involve choice from a range of pre-determined options. For example, health professionals may consult patients, carers and the public about their preferences concerning the design features of a new facility.

Level 3

Partnership

This level involves service users engaging jointly with health professionals and, through collaborative work, progressing an element of PDE, for example joint work on the development of a patient pathway

Level 4

Delegated Authority

This level involves the responsibility for particular tasks, processes or decisions in PDE being delegated to a group of service users, for example as part of a Network’s programme of user surveys and enquiries. In another example, the Network Partnership Group may be given the responsibility for planning, running and writing up a number of focus groups on the support needs of post primary treatment ‘survivors’

Level 5

Service User Control

This level involves service users taking full decisional responsibility for initiating and seeing through a piece of work, from planning, resourcing, implementing, monitoring and evaluating it, for example service users plan and run a day workshop on 'Making our Partnership Work'

In practical terms many user involvement initiatives entail working at a number of different levels at the same time, from receiving or giving information to undertaking engagement activity such as surveys, and contributing to the development of policy or strategy.

WHAT HAVE WE HEARD – KEY THEMES FROM PATIENTS, CARERS AND STAKEHOLDERS

When users and carers take the time to become involved and identify the issues that have the highest importance for them, it is vital that those planning and delivering services feed back how they have responded and taken action on the outcome of involvement. People quickly become disillusioned if they are regularly engaged but no action is taken or information given on how their feedback has impacted on decisions and services.

Patients and carers also provide valuable information on the way they want to be involved and what methods and approaches are the most effective. Organisations need to take these views into account when they want to improve involvement of patients and the public in the NHS. The Network recognises that patients, carers, people in the voluntary sector and healthcare workers have a wealth of experience and knowledge about effective involvement.

Feedback from a Patient Involvement Event September 2009

In September 2009 the Network held a Patient Involvement Event. Participants on the day put forward their views to the Network on the way patient and carer involvement should look, current structures for involvement and the way professionals and users can work together to improve services.

Some key themes emerged which are a useful starting point for the dialogue with patients, carers, staff and people in contact with patients using cancer services to develop the Network's strategy, vision and objectives:

- ***Recognise the value of patient and carer views***

- ***Involve patients and carers in ways that suit them, recognising the different levels of engagement needed***

- ***There are existing structures and points of contact that could be used even more effectively for patient and carer involvement, for example the Clinical Nurse Specialists and User Groups***

- ***The Network should work with patients/carers to build on the mechanisms that have potential and are working to develop a structure and mechanisms for involvement***

- ***User groups should continue for both patients and carers. They should be more focused and empowered to make a difference. This means that those involved should be professionally supported and encouraged to take part***

- ***Remove the barriers to improve communication between patient/carers and the professionals/decision makers***

- ***Develop a network of contacts and relationships. User groups should communicate with each other to share successes, concerns and activities***

Recommendations from the Independent Reconfiguration Panel

Over the past year issues regarding the way that the Network needs to develop involvement structures and methods have been highlighted. In June 2010, the Independent Reconfiguration Panel reported its advice to the Secretary of State on the reconfiguration of upper gastro-intestinal cancer services in the South West. The Panel heard evidence from user representatives and a number of themes emerged resulting in recommendations for future action. The key issues from the IRP report that will influence the development of involvement structures and methods are:

- ***Recognition that patients and user representatives were not adequately involved in the development of proposals and that public engagement and involvement mechanisms were not fully used***

- ***The Network needs to build on the effective public engagement that took place later in the process to ensure that patient and user involvement is embedded at every level of service development and change, not just during the practical implementation stage***

- ***There should also be a review of how the experiences of patients will be captured and used to design and deliver better cancer services within six months***

- ***The process of re-establishing an effective and fully functioning Partnership Group needs to be completed***

- ***Engagement and involvement will not be effective without appropriate resources, support and organisational leadership***

- ***New partnership arrangements will need strong support and facilitation to ensure their influence and effectiveness continues***

Feedback and key themes from *Shaping PPI in Cancer Services,* an Engagement Event 15th December 2010

The event utilised a range of engagement methods, including, drawing, symbols, and discussion to identify three areas for development of a patient and public involvement strategy:

- Current or early priorities
- What future patient and public involvement should look like
- Effective involvement for a wide range of patients, carers, groups and stakeholders

Key Themes

Current and early priorities – key themes

- ***Support by means of information, training, funding, transport, appropriate use of language and good communication was needed***

for users, carers and families to get involved and contribute to groups and other methods for involvement

- ***Don't always expect users to come to you -*** **use of more** ***innovative methods of communication*** ***to overcome the problems of travel to venues across the Peninsula for engagement activities should be explored, with remote conferencing cited as helpful***
- ***Clarity*** ***regarding what effective user involvement should look like and*** ***reality*** ***about what was achievable was needed***
- ***Developing relationships*** ***between professionals, patients, public and stakeholders to ensure all perspectives were heard and influenced cancer services development***

What should patient and public involvement look like?

Key themes – what patient and public involvement should look like

- ***Common understanding and reality*** ***of what is achievable with user involvement***
- ***Direct involvement**, **understanding and commitment from clinicians***
- ***Focus on specific conditions**, **site specific groups and review approach***

- ***Influencing services* from patient perspective**
- ***Capturing perspectives* from users and stakeholders not currently influencing**

Key themes – effective involvement for a wide range of patients, carers, groups and stakeholders

- ***Reach out to a wider population* of patients and families reflecting different needs and perspectives, especially children and parents, hard to reach groups and those with specific needs**
- ***Collect and use information to influence*, look at how data is collected and existing contact with service users by health professionals**
- ***Identify and develop partnerships*, commitment and agreed ways of working**
- ***Identify good practice in engagement*, methods and communication, using innovative methods such as patient diaries and interactive technology**
- ***Review, utilise and support existing successful engagement* and approaches**
- ***Design engagement to meet all needs*, reach out and develop existing networks**

Next steps and way forward

It was suggested that a ***Working Group*** should be set up and participants at the engagement event who had an interest in membership were invited to put their names forward, with wider membership and nominations for an independent chair invited.

The ***Working Group*** could provide a practical mechanism for moving things forward and firming up a final version of the framework and define the blueprint for patient and public engagement in cancer services across the Peninsula. The Group should also consider the key question of the usefulness of a Partnership Group as the core mechanism for patient and public involvement.

Suggested terms of reference for the Working Group:

- To determine whether there is a function for a new Network Partnership Group and to determine its usefulness as a vehicle for patient and public involvement
- To identify the functions and role of a new Network Partnership Group, if the Working Group determined that the Partnership Group has a role to play in patient and public involvement in cancer services
- To examine the methods and approaches to engagement in respect of a specific issue or development of a cancer service such a gynaecological cancer. Learning from a successful approaches in a small scale pilot could be utilised in the development and refinement of the patient and public involvement framework

Priorities for future action

- Recognition of the importance of user contribution by the Network supported by a statement from the Chair of Network
- Revisit functions of local user groups as all function differently; learn from good practice and ensure that all have the same standards and support
- Identify how can we harness intelligence from localities, services and current users to ensure that user feedback is relevant, up to date and can genuinely influence current and future practice in cancer services

A continuing dialogue

The future of patient and public involvement in cancer services across the Peninsula will not be determined solely by the recommendations of a Working Group or by the Peninsula Cancer Network. The Network is committed to continuing the development of structures, methods and approaches to involvement through dialogue and learning from pilots and feedback. The framework is a living document, subject to change and improvement, and will be adapted and refined to reflect local and national developments in policy, methods and feedback from those with direct experience of cancer services.

PATIENT AND PUBLIC INVOLVEMENT – VISION, AIM AND OBJECTIVES

The first draft framework set out a vision for patient and public involvement in cancer services that incorporated the priorities and suggestions for building effective involvement heard from patients, carers and a wide range of stakeholders, including the IRP. The vision set out here has been developed as a consequence of the feedback from the engagement event in December 2010 and subsequent views from stakeholders following circulation of the draft of this framework.

Our Vision

The Peninsula Cancer Network will create a partnership with patients, carers and other key stakeholders to ensure that there are opportunities to make their voices heard in ways that suit them best.

The Network will ensure that patients, carers and other key stakeholders will be involved at all levels of decision making and contact points with services.

Their views will have a genuine influence on the development and improvement of cancer services and they will receive feedback on the impact their contribution has made.

The Network will develop broad and effective structures and build networks and contacts for service user involvement so that the involvement of patients, carers, the public and other key partners becomes integral to the work of the Peninsula Cancer Network.

Aim

To continue an open and transparent development process for building effective patient and public involvement structures and methods, based on the principles and suggested actions in this framework. The process is to be driven by means of discussion and engagement with patients, carers, and those who understand the impact of cancer on patients, carers and families, either from support groups or working as a professional in health, social or voluntary services.

The priorities and focus for development of effective patient and public involvement should be:

- The development of a Working Group to take forward the recommendations and issues from patients, carers and others contributing views on developing involvement structures and methods, including the future of a Cancer Network Partnership Group

- The examination of the potential terms of reference and support for a Chair, Vice Chair and members for a Network Partnership Group, if its role is seen to be core to the development of effective patient and public involvement

- Reviewing the structures of involvement by building on and developing the initiatives, structures and groups already in place and building further strong networks, contacts and mechanisms for engagement

- Developing methods for involvement building on successful engagement previously undertaken and discussions about effective involvement with patients, carers, support groups and professionals

- Supporting the local cancer groups, through training and resources to be the ‘expert voice’ and identify what further support is needed for individuals and groups to contribute effectively

- Clarifying the responsibilities of the local cancer groups

- Ensure wider coverage of diverse and rural geography and to identify effective, innovative and appropriate methods for engagement and capturing perspectives from users and stakeholders not currently influencing the debate

- Building on and developing partnerships, networks and links with existing communities of interest and place, that is, those already engaging with users of cancer services and carers across Devon, Cornwall and the Isles of Scilly

- Focusing on knowledge and understanding of patient and carer needs relating to specific types of cancer by reviewing how they contribute to the improvement of cancer services through existing structures and groups

- Ensuring that continuous improvement and development of involvement processes, structures and methods is reviewed and shaped by patients, carers and the public

Objectives

1. To ensure that there is an understanding of and a commitment to patient, carers and public involvement throughout the Network

2. To add value to the continuous improvement goal of cancer services across the Network

3. To establish a coordinated and consistent approach to patient, carer and public involvement across the Network

4. To review the success, development and outcomes of involvement, with patients, carers, the public, staff and groups with an interest in the development and impact of cancer services, and feed back learning into practice

5. To ensure that patient, carer and public involvement activities, feedback and priorities impact on pathway development and service delivery

6. To establish positive and strong partnership working with health, social care, local authority and voluntary sector professionals

7. Monitor and evaluate policy initiatives both locally and nationally to ensure opportunities for involvement are identified and implemented

8. Ensure that patient, carer and public involvement is integral to the commissioning process and influence commissioning priorities and activities of PCN, Primary Care Trusts (latterly GP Consortia), Local Authorities (Health and Wellbeing Boards

Section 2

WORKING TOGETHER TO DEVELOP PATIENT AND PUBLIC INVOLVEMENT

A PROPOSED ACTION PLAN

TAKING FORWARD THE VISION, AIM AND OBJECTIVES

This framework has been strongly influenced by the feedback from patients, carers and stakeholders, in particular by the priorities and suggested direction of travel identified at the engagement event held in December 2010. A number of actions had been outlined in the first draft framework used as a basis for discussion at the engagement event. However, there were some clear messages about the key issues that need to be discussed further and the potential priorities for a Working Group to develop the ideas and suggested actions further.

This section of the framework provides an action plan reviewed in the light of the latest feedback from patients, carers and stakeholders.

REVIEW THE SCOPE OF INVOLVEMENT

The engagement event feedback told us clearly that we need to ensure wider coverage of diverse and rural geography and to identify effective, innovative and appropriate methods for engagement and capturing perspectives from users and stakeholders not currently influencing the debate.

In order to take forward the vision, aim, objectives and the ideas proposed here, the Network, Working Group and the wider group of those with an interest in the development of patient and public involvement in cancer services should review how the Network involves people now, together with its structures for involvement and methods.

One discussion session at the engagement event focused on:

- ***Who is involved now?***
- ***Who else needs to be involved?***

- ***Actions needed to widen and improve involvement***

The following is a synthesis of feedback from those discussions and a review of the draft action plan proposed in the first draft framework.

Who is involved now?

- Patients, carers and members of the public, work alongside healthcare professionals to ensure that quality cancer services are provided and developed. The most common ways for individuals with experience of cancer to get involved is in ***local cancer user groups, Network Site Specific and Cross Cutting Groups***. Their direct experience of cancer services, different types of cancer and its impact, and the needs of people who have experienced cancer and their families, provides vital and relevant information, knowledge activities to influence improvement and change to future cancer services

- There is recognition that ***these groups need to develop and be supported*** to provide effective forums for involvement

- ***Patients and carers are also involved in self help and support groups*** which focus on providing support to the individual through their cancer journey. Individuals involved contribute views and information on their experience of services to those providing support and others within the groups

- Statutory patient and public engagement bodies such as ***LINks*** have been involved through current structures and have a network of contacts and members who reflect a range of experiences, different conditions, needs and populations across the area. Under proposed NHS reforms, new bodies, Healthwatch, are to be developed to replace LINks

- ***Local partners in health and social care, such as PCTs, provider trusts, local authorities and other care organisations, including charities,*** collect information about patient and carer experience as part of their engagement activities and are partners in developing appropriate care and services

- Monitoring bodies such as ***Health Overview and Scrutiny Committees and local authorities*** have valuable information about issues relating to cancer care and hear evidence directly from members of the public, LINks and health organisations

- ***Professionals in health, social and voluntary led care, working with people experiencing cancer***, carers and families, hear about the experiences of individuals and work with them to improve their experience directly, but can also use that information to influence the improvement of services overall

- ***The Network has also commissioned specific engagement*** projects that included ***surveys, focus groups and in-depth interviews*** with individuals who reflected a wide range of experience and different population areas.

Who else needs to be involved?

The Network recognises that the perspectives of people using cancer services, together with those who understand that experience, for example, carers, families and professionals, has direct relevance for developing services to meet needs and improve quality. We also want to hear from people who may not currently be involved in cancer user groups or one of the other valuable forums for involvement.

Feedback from the engagement event tells us that we need to bring together a wide range of perspectives that reflect the broad base of people currently using and experiencing services so that the diversity and needs of the population across the Peninsula area are captured and influence policy, practice and services. In order to do this the Network wants to build on current involvement structures and contacts and the engagement work undertaken to date. The Network recognises that it is important to hear from people currently involved about the most effective methods of tapping into this unheard information.

Some of the groups that need to be involved were identified at the engagement event:

Organisations and contact points

- Social services
- Follow up appointments at outpatients
- Occupational Health
- Employers
- Primary care, including AHPs, dentists

Wider group of charities and community groups – reaching out

- Who are the charities (local) not just cancer ones?
- Generic community groups – don't expect people to come to us; we need to go to them

Wider population of patients and families reflecting different needs and perspectives

- Wider population of patients, including all tumour groups
- Children and parents
- Teenagers
- People with learning disabilities
- Willing former patients
- Hard to reach groups – BME, carers, people with learning disabilities, people with mental health issues, people with physical disabilities, young people, travellers, asylum seekers, transsexual and homosexual individuals and communities

People using a range of services

- Hospice patients and carers

PRIORITY ACTIONS TO DEVELOP INVOLVEMENT IN CANCER SERVICES

Influence the debate and clarity about cancer care and services

There needs to be a mature debate with clarity on what the NHS should fund, eg money spent on transport cannot be spent on care. To move forward it's important to take the politics out of discussion and information sharing

Collect and use information to influence

Data collection and capturing the experience of current service users through information collected by health professionals such as CNSs is important to inform the development of services. Act on feedback and reporting on actions taken as a result of feedback with absolute clarity on what can and cannot be influenced

Partnerships, commitment and agreed ways of working

Identify who are our partners, ensure that we are meeting with clinical teams and have joint agreements, sign up and commitment from organisation and professionals. There needs to be continuous joined up working and a balance of patient and professionals at meetings.

Recognise the proposed statutory changes to the NHS and strengthen partnership working with Local Authorities

Recognise the strengthened role of local government in promoting local wellbeing and the new statutory arrangements establishing *Health and Wellbeing Boards,* and build partnerships for service changes and establishing local priorities

Develop and utilise good practice in engagement, methods and communication

Identify good practice and celebrate local engagement. Many suggestions have been made for methods and approaches, including:

- Develop DVD
- Patient/carer designed questionnaire
- End of treatment opportunity to feed back – develop leaflet
- Undertake direct engagement with individuals through focus groups, workshops, in depth interviews
- Reflect the cancer journey through patient diaries and other reflective methods
- Give details of user involvement groups

- More detailed information on patient pathway for patients – opportunity to feed back
- Emails
- Facebook
- Twitter
- Interactive website for patients – check feedback
- Publicity and motivation – explain why people should participate

Review, utilise and support successful engagement and approaches

There is a need to review successful engagement and approaches with wider application to the Network involvement strategy in the future:

- Utilise the range of methods and approaches in the engagement process relating to IOG's review work on Head and Neck/Gynaecological cancers
- The Network should develop and support the existing range of activities and forums for debate, including the Network Partnership Group

Design engagement to meet all needs – reaching out and networks

- Appreciate and design engagement to meet all people's needs/health/social
- Approach community forums
- Design engagement that allows a range of ways to get involved
- Develop networks and contact with existing patients, carer and voluntary sector groups with an interest in cancer care
- Develop networks and contact with community groups across the Peninsula area
- Benchmark with other Cancer Networks to achieve learning and therefore best practice engagement for all

Public health and education activity

- Broaden the debate and approach to the public health and good health education agenda
- Recognise the central role of local government and local communities at the heart of improving health and wellbeing for their populations outlined in the new Strategy for Public Health in England *Healthy Lives, Healthy*

People; develop stronger partnerships and joint working to address the approach to public health, improving health and cancer prevention

NEXT STEPS AND WAY FORWARD

The first draft framework identified a potential timetable and list of actions for developing the strategy and mechanisms for effective patient and public involvement in cancer services across the Peninsula. Following the engagement event, the approach has been reviewed:

Take forward recommendations from the engagement event and shape the Framework for Involvement

January 2011

- A report of the engagement event process and feedback to be produced and circulated to all involved and interested stakeholders.
- The first draft framework to be shaped and developed as a direct consequence of the views, understanding and knowledge of those involved at the engagement event in December 2010.
- The revised framework to be circulated to all involved in the engagement event and interested stakeholders, with comments invited
- The framework and report from the engagement event to be reviewed following feedback from stakeholders

Establish a Working Group

December 2010 – March 2011

- Identify interested participants in a Working Group to work in partnership with the Network to take forward the recommendations emerging from the engagement event, develop and finalise the framework, structures for involvement and establish whether a Network Partnership Group should have a function in patient and public involvement and act as a focal point for engagement
- Identify draft terms of reference for a Working Group to review and develop effective Network Partnership working and other issues emerging from the engagement event
- Agree an outline role description for members of the Working Group with participants
- The terms of reference and the outline role description for membership of the Group will be circulated to contacts and groups with an interest in the development of cancer services and reflecting the different populations across the Peninsula
- A role description for an independent Working Group Chair will be agreed with participants, circulated widely and applications invited
- Ensure participation and commitment from leading personnel in the Network at the first meeting of the Working Group

Consult on draft Working Group Terms of Reference

December 2010 – March 2011

The following draft terms of reference for the Working Group were developed as a result of the discussion and priorities identified at the engagement event in December 2010:

- Work in partnership with the Network to take forward the recommendations emerging from the engagement event including the development of the final version of the framework for involvement
- To determine whether there is a function for a new Network Partnership Group and to determine its usefulness as a vehicle for patient and public involvement
- To identify the functions and role of a new Network Partnership Group, if the Working Group determined that the Partnership Group has a role to play in patient and public involvement in cancer services
- To examine the methods and approaches to engagement in respect of a specific issue or development of a cancer service such a gynaecological cancer. Learning from a successful approaches in a small scale pilot could be utilised in the development and refinement of the patient and public involvement framework
- Review the existing structures for involvement and incorporate recommendations and agreed actions from the engagement event
- Review and refine the framework and strategy for involvement

Establish final Working Group Terms of Reference

January – March 2011

Following consultation on the draft framework document the following draft terms of reference have been suggested. The first meeting of the Working Group will consider the draft terms of reference suggested by participants at the engagement event together with the following:

- To identify and evaluate effective and appropriate methods for engaging patients and the public in the development of (specific) cancer services within the Network's provider organisations. *This task could include piloted studies based upon models of good practice from other public services*
- To determine whether or not a formal Partnership Group, operating at Peninsula Network level, could make a meaningful contribution to the process of engaging patients and the public in the development of cancer services and to advise the Network Board accordingly
- To make recommendations, should the Board wish to establish a new Partnership Group, regarding its role, composition, terms of reference and working practices

Agree priorities for future action

February – March 2011

A number of priorities for future action by the Network and a Working Group were agreed at the conclusion of the engagement event:

- Recognition of the importance of user contribution by the Network supported by a statement from the Chair of Network
- Revisit functions of local user groups as all function differently; learn from good practice and ensure that all have the same standards and support
- Identify how can we harness intelligence from localities, services and current users to ensure that user feedback is relevant, up to date and can genuinely influence current and future practice in cancer services

Review structures, approaches and methods for patient and public involvement

March 2011 – March 2012

The Network, local partners, patients and the public and external reviewers will only know if patient and public involvement has improved and is effective by reviewing outcomes and satisfaction. There are a number of measures that will provide evidence on whether the Peninsula Cancer Network has developed effective and sustainable patient and carer involvement which leads to improvements in cancer care across the network:

- ***Review within local revised structures for engagement***
- ***Review by local partners and key stakeholders***
- ***External review by the Independent Reconfiguration Panel***

Review and monitoring should be a continuous process, with feedback shaping the approach, structure and methods for involvement. However, a more formal process of review could take place one year from the start of the Working Group's activities.

Review within local revised structures for engagement, by local partners and key stakeholders

There will need to be regular reviews by the Network, the Working Group and key partners in future structures for involvement, including local NHS, voluntary sector and statutory organisations such as local authorities and LINks. Review will need to take into account the wider impact of user involvement by means of engagement with patients and carers currently using services.

It should be noted that the new statutory arrangements for patient and public engagement and for health and wellbeing (the establishment of Healthwatch and Health and Wellbeing Boards) and the abolition of PCTs will potentially be in place within the next few years and arrangements will need to be reviewed.

There should be a review within one year of the establishment of the Working Group which should examine:

- **How far has the User Involvement Strategy increased the quality of patient and public involvement interventions?**

- **What tangible outcomes and improvements to cancer care have resulted directly from user involvement priorities and issues?**

- **What wider application does the approach taken for patient, carer and public involvement in the development, improvement and configuration of gynaecological and head and neck cancer services in the South West Peninsula have for the PCN strategy for user involvement in all cancer care services?**

- **How should the User Involvement Strategy be developed and changed to reflect any gaps or needs for different approaches?**

- **If a Partnership Group has been established, how well is it fulfilling its Terms of Reference and what is the impact of its work on cancer services and user involvement?**

External Review

In addition, the Independent Reconfiguration Panel made recommendations that will need to be reviewed externally in terms of fulfilment in **early 2011:**

- **How the experiences of patients are captured and used to design and deliver better cancer services**

- **Demonstration of the re-establishment of a effective and fully functioning Partnership Group or other arrangements for patient and public involvement**

- **Evidence of appropriate resources, support and organisational leadership for engagement and involvement**

- **Evidence of strong support and facilitation to ensure the influence and effectiveness of new partnership arrangements continues**

Your views

This framework for involvement acts as both guidance and a consultative document; it provides information, principles, recommendations and proposed actions based on the views of patients, carers and key stakeholders. However, as stated early in the framework, it is a living document, to be shaped and directed by those people who have an interest in the development of effective patient and public involvement to improve cancer services across the Peninsula.

Please let us know what you think about the principles, proposed actions and way forward suggested here by sending comments to:

Cath Broderick, email office@weconsult.co.uk and

Nikki Thomas, email nikki.thomas@nhs.net

Your views, ideas and involvement are vital and welcome.

Appendix One

What should patient and public involvement look like?

Participants in the engagement event in December 2010 considered what their vision of patient and public involvement would be; they were asked to describe a structure, relationships and issues that needed to be addressed and found it useful to describe how a future model of involvement would look by means of a diagram. Models such as these may be helpful but comments from stakeholders following the circulation of the report from the engagement event have stated that they may have limited application at this stage.

Model structures and lines of influence

User groups

Support groups Charities

Influence services

Stronger link to professionals and user groups

How to harness feedback from users/ carers/ clinical participation

Info flows Services(primary/acute)

Working Group

Engagement activities Working relationships

Network

PCTs

GPs

Appendix Two

The Working Group is to consider whether there is a function for a new Network Partnership Group. If the Group considers that there is a role for a Partnership Group, it will need to identify Terms of Reference. The following is based on the National Cancer Peer Review Programme *Manual for Cancer Services 2009 Network Partnership Group Measures* and the former Network Partnership Group remit:

Terms of Reference for a Network Partnership Group

Terms of Reference (TOR) for a Network Partnership Group, would include the definition of the Group's role, priorities, tasks and ways of working.

The former Network Partnership Group had a remit which included a range of tasks and fulfilled two interrelated functions within the Network:

i. Contributing to continuous improvement of the patient and carer experience of cancer services. This function entails service users working in partnership with health professionals to provide advice and guidance to the Network Board on those experiences of cancer care known to be of importance to patients and carers, including:

- Patient-centred care
- Supportive care
- Transitional and self managed

ii. Ensuring that authentic and effective service user involvement underpins work to improve the patient and carer experience of services across the Network

Example of Terms of Reference

Membership

- Membership of the Partnership Group should reflect patient and carer perspectives across the Network area and fulfil the following:
    - One representative drawn from each of the localities of the network, with ‘localities’ to be agreed, for example geographical areas of population and/or acute trust catchment areas;
    - A named chair drawn from the representative agreed by the Partnership Group membership;
    - A health professional member of the Network Board;
    - A network partnership group facilitator;
    - At least one nurse core member from an MDT in the network;
    - At least one lead clinician core member from an MDT in the network;
    - An NHS employed member nominated by the Network Board as the network lead for users’ issues and information for patients and carers;
    - Named secretarial/administrative support

- A role description for members will be agreed with the Network and members

- The Chair of the Network Partnership Group should have an Annual Review with the Nurse Director and/or a member of the Network Board to discuss the work of the Partnership Group

Strategy

- The Partnership Group should produce a three year strategy for the Board

- The Partnership Group should agree an annual work programme with the Board

- The Partnership Group should produce an annual report for the Board

Responsibilities and Work Programme

- Hear information on development of cancer services and contribute a patient and carer perspective:
    - Agree the network guidelines for the development and delivery of patient centred care
    - Agree the network guidelines for development and delivery of supportive care
    - Agree the network guidelines for transitional and managed care

- Agree the network guidelines for user involvement, including where and how patient and carer feedback is to be obtained by the Partnership Group, MDTs, NSSGs and Cross Cutting Groups (CCGs) and wider service user and public engagement

- Hear feedback on results of local engagement with users and staff and make suggestions for the improvement and relevance of cancer services based on priorities emerging

- Take an overview of how PCN is undertaking and developing involvement. Review the success and effectiveness of methods used and structure for involvement and contribute views on ways to improve user engagement:

    - The partnership Group should identify what patient experience of care and service user involvement is in place
    - Develop a three year service specification for what patient experience of care and service user involvement should be in place across the network

  - Identify gaps between what is in place and what should be in place through service needs assessments
  - Review the existing strategy and develop an approach regarding what needs to be done in order to achieve what should be in place

- Specifically contribute to the approach to patient, carer and public involvement in the development, improvement and configuration of gynaecological and head and neck cancer services in the South West Peninsula

- Identify wider application of successful and appropriate PPE methods, approaches and partnership working to PCN patient and public involvement strategy

- Influence the development and improvement of cancer services across the Peninsula by reviewing the priorities identified through user engagement activities of PCN and providers

Development of the Partnership Group

- Make periodic assessments of the overall positive impact its work has had on the planning, delivery and evaluation of cancer care services in the area

- Make periodic assessments of the overall positive impact its work has had on the way in which patient experience and service user involvement is undertaken in the network area

- Review membership training and support needs, capability, breadth of experience and diversity to meet the Partnership Group's capacity to bring about change

Some Examples of Ways that the Network Partnership Group could work

In Section 1 of this framework we provided some information on the different levels of involvement at which individuals and groups can work. If the Working Group agrees that there is a role and function for a Network Partnership Group it may wish to consider how the revised Partnership Group could work in future. Examples could be:

Information on the patient/carer experience

The Partnership Group wants to find out about and understand what shapes patients' and carers' experience of cancer services. They decide to receive information and review the findings of recently conducted Network user experience surveys.

However they may work at a different level and generate their own information through conducting focus groups, deliberative events, mystery shopping initiatives, involving patients in clinical decision pathways or interviewing patients and carers. They would then feed this back to the Network and service providers to influence service quality and development.

Co-design of projects and programmes

This could involve Partnership Groups drawing up a plan designed to bring about necessary improvements to the patient/carer experience. Usually this means specifying some aims and outcomes designed to improve matters and working with the Network to devise a strategy and action plan outlining what needs to be done in concrete terms to make changes.

Another example would be the co-design of the Network's approach to patient and public involvement and the structure for involvement.

Being responsible for developing a programme of work or strategy

This involves deciding on a priority for a work topic, developing a strategy and programme of work to take forward. The outcome of the work would inform the strategic direction taken by the Network or the way in which the Partnership Group works in the future.

An example would be reviewing the Group’s terms of reference, the impact its work has had on the planning, delivery and evaluation of cancer care services in the area, and developing a strategy for future programmes of work and priorities.

Briefing for Health and Adult Social Care Overview and Scrutiny Panel

PLYMOUTH
CITY COUNCIL

NHS money for social care reablement and post discharge support

1. Introduction

This paper sets out the arrangements that were put in place to transfer money allocated to NHS Plymouth for investment into social care services for 2010/11 and outlines the plans in place for further investment over the next two years.

2. Winter Pressures Funding

In January 2011 the DH announced non-recurring allocations to PCTs. This funding was to be invested by local authorities in social care services which would also benefit health and improve overall health gain. For Plymouth this amount totalled £882,000 of which £492,000 was transferred to Plymouth City Council as set out in the table below.

2010/11	**NHS**	**PCC**
PCT for out of hospital placement costs winter 2010/11	£340,000	
PHT purchase of MCAP software	£50,000	
Short term social care funding for care home placements winter 2010/11		£330,000
Funding for NHS use of social care reablement winter 2010/11		£162,000
	£390,000	**£492,000**
Total	**£882,000**	

3. Funding to develop post discharge support and reablement

The 2011/12 NHS Operating Framework published in December 2010, announced funding to support the development of social care reablement services and post hospital discharge support. For Plymouth for 2010/11 this amount was £359,000. This fund was described as recurring and guidance on investment encouraged stakeholders to develop longer term plans for social care reablement.

2010/11	
Post discharge support and reablement grant	
Total	**£359,000**

Therefore the total sum transferred from the PCT to Plymouth City Council (under Section 256 of the 2006 Health Act), for 2010/11 was £851,000 (£492,000 + £359,000).

4. How the money was spent 2010/11

The terms of both funding streams required the investment to take place in 2010/11 to provide additional resources to support winter pressures. Within Adult Social Care, we have estimated that over £1million was spent providing home care reablement and short term care home placements for older people to support hospital discharge during the winter period. Further analysis is being undertaken on the use of care homes following hospital discharge as we remain concerned about the overall trend which is indicating an increase in long term residential care for older people in Plymouth.

In terms of social care reablement services during the same period we have estimated that NHS referrals equated to over 10,059 hours of home care reablement to support hospital discharge with the remainder of the referrals originating from social care teams.

	Planned spend	**Actual**
Post discharge support and reablement grant	£359,000	
Funding for NHS use of social care reablement winter 2010/11	£162,000	£436,975
Short term social care funding for care home placements winter 2010/11	£330,000	£662,231
	£851,000	**£1,099,206**

5. Commissioning plans for 2011/12 and 2012/13

As explained above, the 2011/12 NHS Operating Framework published in December 2010, announced funding to support the development of social care reablement services and post hospital discharge support. The operating framework also set out the terms of the money allocated to PCTs for spending on social care which would also benefit the NHS.

	2011/12	**2012/13**
Post discharge support and reablement (estimate of PCT allocation for reablement in baseline)	£747,000	£1,530,000
Social care services to benefit the NHS	£3,539,000	£3,364,400
Total	**£4,286,000**	**£4,894,400**

6. What is the money for?

The NHS 2011/12 Operating Framework sets out the conditions for the transfer of allocations made to PCTs for adult social care. The aim is to enable the NHS to invest in social care services which will benefit the health and social care system. The investment from the NHS is designed to reflect the evidence base that shows investment in social care services can reduce demand on NHS services such as A&E attendances and unplanned hospital admissions.

The NHS operating framework requires PCTs and LAs to take into consideration existing commissioning strategies and the Joint Strategic Needs Assessment when making decisions on the deployment of this money.

7. Focus for investment

Through the Joint Commissioning Executive we have agreed the following priorities for the planned investment:

- Involve older people in decisions about future support
- Provide high quality information, advice and advocacy
- Actively promote health and well-being
- Provide practical support at home
- Reduce social isolation and well-being
- Use technology to support people
- Provide rapid access housing adaptations
- Integrate intensive rapid response crisis support and reablement

The priorities have been divided up into four evidenced based programme areas:

1. Help with cleaning, payment of bills, DIY, gardening, care of pets, chiropody, transport, small adaptations, befriending and opportunities for social participation
2. Small services such as telecare, telehealthcare and some equipment providing practical help. Other services providing emotional support can also significantly improve older people's wellbeing: *"Overall low-level practical support initiatives can have dramatic outcomes- both in terms of increased quality of life and in term so lower use of formal services and institutional forms of support*"
3. Place based projects shows that working together across organisational boundaries benefits older people *"Strong partnerships working, better information and access to all services and putting older people at the centre of service design and delivery improves outcomes"*
4. There are economic benefits from targeted intensive interventions to prevent crisis (e.g. falls services) or at a time of crisis (e.g. rapid response hospital admission services) or post-crisis reablement services. For every £1 spent on these services hospitals were reported to save £1.20 in spending on emergency beds"

The following outcomes have been agreed;

- Reductions in unplanned acute hospital admissions for older people
- Reduction in length of stay in acute hospital for older people
- Reduction in delayed hospital discharges for older people
- Reductions in readmissions for older people within 30 days of discharge
- Reductions in number of people admitted into care homes following hospital discharge
- Reduction in long term admission to care homes
- Patient reported experience measures-baseline to be established.

The above outcomes are linked with NHS Transformation and Performance Management Plans which are jointly reviewed on a regular basis.

	Estimated spend 2011/12	Committed spend 2011/12	Estimated spend 2012/13	Comitted spend 2012/13
Programme 1	£502,000	£85,000	£483,000	£85,000
Programme 2	£1,390,000	£140,000	£1,000,000	
Programme 3	£550,000		£550,000	
Programme 4	£1,000,000	£1,000,000	£620,000	£620,000
Total	£3,442,000	£1,225,000	£2,653,000	£705,000

The table above summarises the current outline investment plans. Business cases are being developed in all these areas and some have already been approved: the majority are due to go through the approval process in September/October 2011.

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A Tobacco Plan for Plymouth

A tailored plan for Plymouth to become healthier and wealthier by reducing the harm caused by tobacco

Vision for 2020

Our vision is for a smokefree Plymouth where future generations are protected from tobacco related harm and live longer, healthier lives.

Tobacco use affects the whole city and smoking kills half of all long term users.

A future free from tobacco use will mean our children will not suffer disability or die early and unnecessarily from illnesses related to smoking.

Executive Summary

Our vision is for a smokefree Plymouth where future generations are protected from tobacco related harm and live longer, healthier lives. Tobacco use affects the whole city and smoking kills half of all long term users. A future free from tobacco use will mean our children will not suffer disability or die early and unnecessarily from illnesses related to smoking.

As adults we all have the right to decide to smoke tobacco or to live free from the harm that tobacco causes. This decision is influenced by a range of factors that impact on our behaviour. Our approach is to support and design actions that positively affect these behaviours in the spirit of community and individual responsibility.

The health of people in Plymouth is generally worse than the national average with higher rates of deprivation and health inequalities. We currently experience a 14.7 year gap in life expectancy between different neighbourhoods. It is estimated that 545 people die every year in Plymouth directly from a smoking related illness.

Nationally the cost of smoking to the NHS has been calculated at £2.7 billion and in Plymouth it is estimated to cost £23 million per year in terms of smoking related admissions and outpatient activity. The cost to Plymouth is likely to be much higher than this when we consider the disability and illness that smoking causes and the pressure this puts on social services and business.

In Plymouth it is relatively easy to obtain illegal tobacco and young people are more likely to smoke.

We are committed to improving public health in communities across Plymouth. This Tobacco Plan for Plymouth shows how we will reduce the harms caused by tobacco in our city by shaping the way we all work to make smokefree lifestyles easier to achieve. A priority for the Plymouth 2020 Partnership is to reduce smoking rates across the city, aspirations from this plan include:

Reducing Smoking Rates

To reduce rates of adults (aged 18 or over) who smoke in Plymouth to 17.1% by the end of 2020.

Reduce Health Inequalities

To reduce rates of adults (aged 18 or over) who smoke in the fifth most deprived neighbourhoods in Plymouth to 21.8% by the end of 2020.

Pregnant Women & Smoking

To reduce rates of smoking in pregnant women in Plymouth to 10.7% by the end of 2020 (measured at time of giving birth).

Smoking & Children

To reduce the percentage of families with young children (under 5 years old) where one or more parents smoke to 17% by the end of 2020.

Smoking & Children

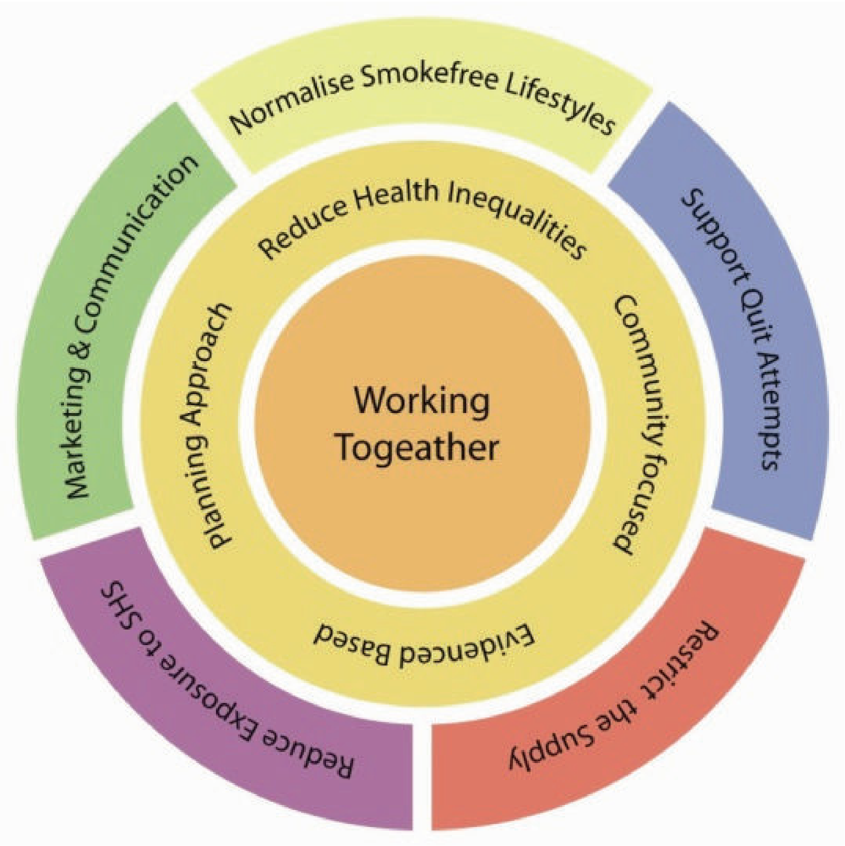
To reduce rates of regular smoking among 15 year olds in Plymouth to 28%* by the end of 2020.

***We are not confident that the baseline is a true representation of the situation in Plymouth. See page 23**

In order to achieve the goals that we have set for 2020 we have developed a five strand approach for Plymouth. They reflect the international evidence of what works to effectively reduce health inequalities through tobacco control. This will help to set up a structure that coordinates our approach to tobacco control and helps us work together to reduce smoking rates in Plymouth.

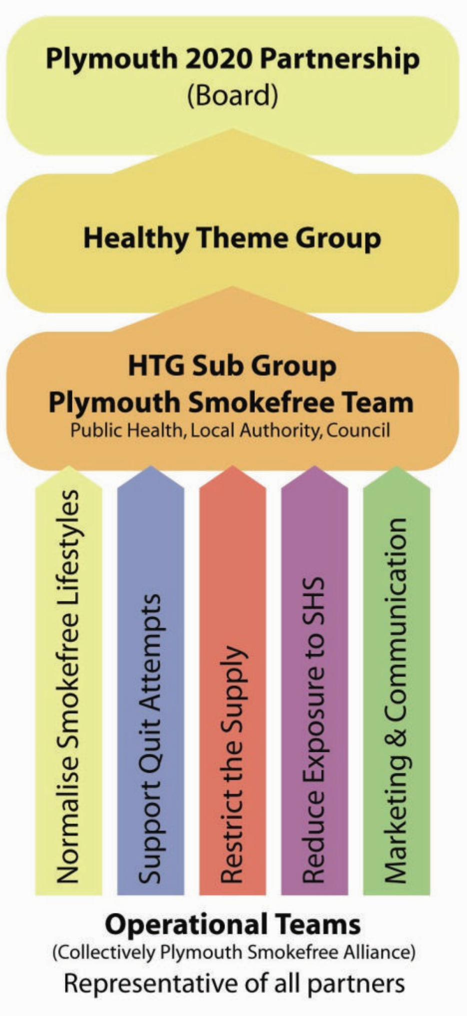
Work will focus on the following strands:

1. ***Normalise smokefree lifestyles***
2. ***Support people to stop smoking***
3. ***Restrict the supply of tobacco products***
4. ***Reduce exposure to second-hand smoke***
5. ***Marketing & Communications***



The framework for this plan is designed to bring together all the relevant tobacco control work that is delivered across the city. It will provide the structure and accountability for the coordinated and collaborative approach required for effective tobacco control in Plymouth. The operational aspects of the framework will reflect the tobacco plan's five strands with the respective work streams being coordinated by Plymouth Smokefree Team.

A Tobacco Control Framework for Plymouth



Following the adoption of the Tobacco Plan for Plymouth by the Plymouth 2020 Partnership, Plymouth Smokefree Team will be formed to develop a delivery plan. During an extensive 3-month public engagement period, local tobacco control priorities will be further recognised and used to develop the local delivery plan that will be refreshed each year.

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A Tobacco Plan for Plymouth

Making it Happen

A delivery plan, outlining actions for Plymouth to become healthier and wealthier by reducing the harm caused by tobacco

[NOTE: This is a first draft document currently under development and subject to change in terms of design, format & content. We will look to take advice on how to set up and configure the 'action plan' for public engagement. It has been written to show the Adult Health & Social Care Overview & Scrutiny Panel the template/structure we propose to use to inform their civil leadership]

Vision for 2020

Our vision is for a smokefree Plymouth where future generations are protected from tobacco related harm and live longer, healthier lives.

Tobacco use affects the whole city and smoking kills half of all long term users.

A future free from tobacco use will mean our children will not suffer disability or die early and unnecessarily from illnesses related to smoking.

Contents

Introduction

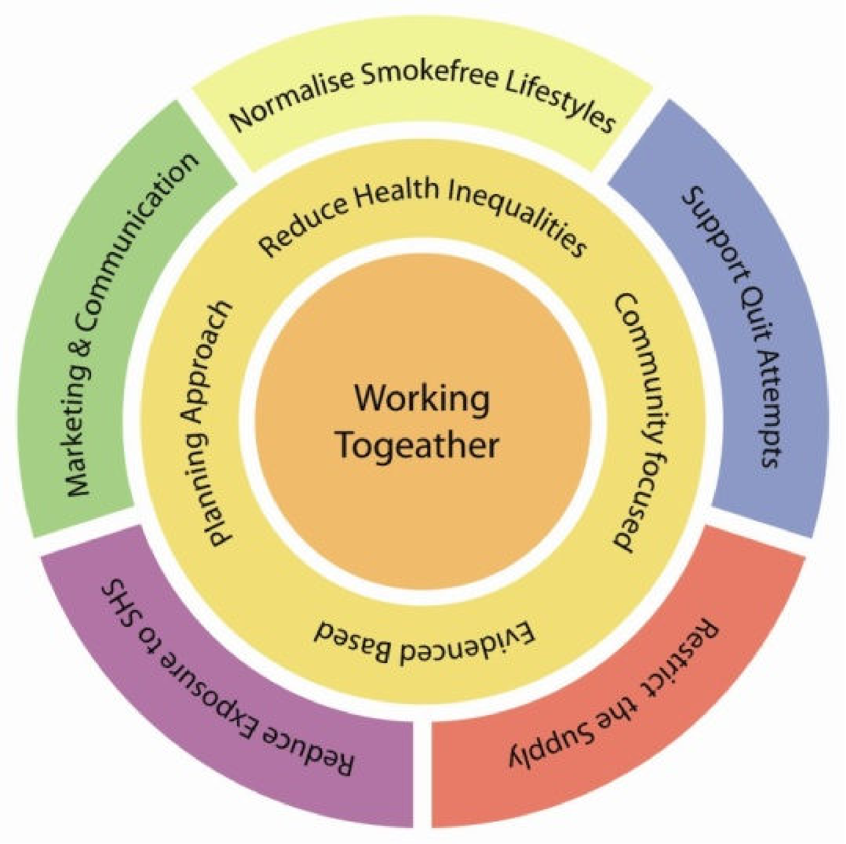
This Delivery Plan follows on from the ‘Tobacco Plan for Plymouth’ and details the actions we will take to reduce the harms caused by tobacco in our city. A priority for the Plymouth 2020 Partnership is to reduce smoking rates.

In order to achieve the goals that we have set for 2020 we have developed a five strand approach for Plymouth. They reflect the international evidence of what works to effectively reduce health inequalities through tobacco control.

With this coordinated approach to tobacco control we will work together to reduce smoking rates in Plymouth.

Work will focus on the following strands:

1. ***Normalise smokefree lifestyles***
2. ***Support people to stop smoking***
3. ***Restrict the supply of tobacco products***
4. ***Reduce exposure to second-hand smoke***
5. ***Marketing & Communications***



Aspirations

The ‘Tobacco Plan for Plymouth’ outlines the aspirations for 2020 in more detail (see appendix 1). To summarise the aspirations are:

Reducing Smoking Rates (Baseline 23%)

To reduce rates of adults (aged 18 or over) who smoke in Plymouth to 17.1% by the end of 2020.

Reduce Health Inequalities (Baseline 32.7%)

To reduce rates of adults (aged 18 or over) who smoke in the fifth most deprived neighbourhoods in Plymouth to 21.8% by the end of 2020.

Pregnant Women & Smoking (Baseline 18.8%)

To reduce rates of smoking in pregnant women in Plymouth to 10.7% by the end of 2020 (measured at time of giving birth).

Smoking & Children (Baseline 28.4%)

To reduce the percentage of families with young children (under 5 years old) where one or more parents smoke to 17% by the end of 2020.

Smoking & Children (Baseline 46.7%)

To reduce rates of regular smoking among 15 year olds in Plymouth to 28%* by the end of 2020.

***We are not confident that the baseline is a true representation of the situation in Plymouth. This Delivery Plan includes actions to review and refresh the intelligence for this indicator and refresh the baseline.**

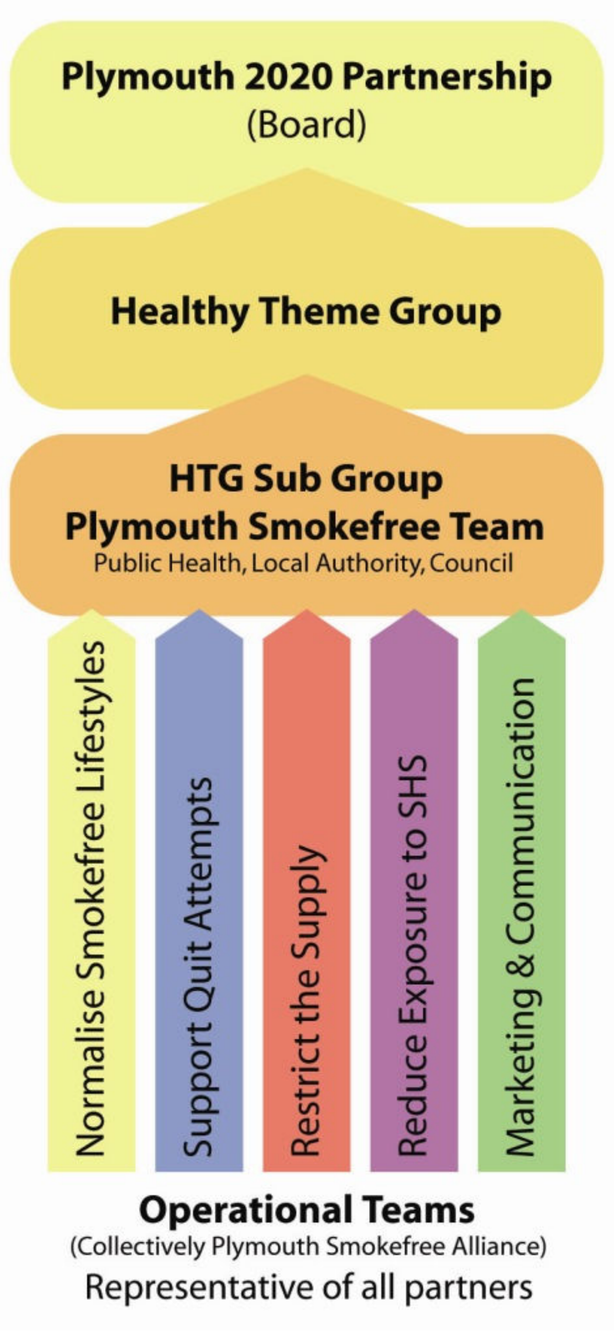
Key Priorities

[NOTE: This section of the document will outline the Key Priorities the 'Plymouth Smokefree Team' will seek to action so that everybody knows where we are putting most of our efforts. We are expecting to highlight these after the public engagement process as we gain a better understanding of what is important to the communities we want to influence and the main concerns of our key partners]

The Framework

The framework for this plan is designed to bring together all the relevant tobacco control work that is delivered across the city. It will provide the structure and accountability for the coordinated and collaborative approach required for effective tobacco control in Plymouth. The operational aspects of the framework will reflect the tobacco plan's five strands with the respective work streams being coordinated by Plymouth Smokefree Team.

A Tobacco Control Framework for Plymouth



Plymouth Smokefree Team

[NOTE: This section of the document will outline the 'Terms of Reference of 'Plymouth Smokefree Team (currently under development) including the role of the group and its membership.

We expect the membership to include senior executives from key partnerships and officers for which tobacco is a central element to their remit.

We would really value the Overview & Scrutiny Panels views on who should be actively involved with this team to ensure delivery.

Central to the team will be responsibilities of

- Social marketing principles (behaviour change)
- Research
- Intelligence management & feedback
- Performance management]

Summary Action Plan

[NOTE: This is just a draft list to get a 'feel' for each of the themes and to identify the definite planned actions. It also is designed to show some of the specific projects we may want to consult on as well as creating a 'space' for partners to contribute their own actions for consideration.

- Clear-cut actions are listed in BLUE (we will do these, but happy to take on comments and influence from partners)

- Strong contenders for consultation are listed in GREEN (these are areas where we feel it would be significantly beneficial to have partners engage and shape the projects/actions)

We do have other additional (proposed) actions recorded and collected from previous forums. We will use these to help us form the draft 'delivery plan' consultation in such a way as to open up the agenda and invite partners to engage, commit and intrinsically suggest (innovative) actions/projects that they could contribute to. We see this as the most important part of the consultation exercise.

As this is an internal scope/draft the terminology and titles of projects are not necessarily established.

We also want to make additions to this list based on the RHITC evaluation.

Normalise Smokefree lifestyles

Decipher assist project – this is an established project currently seeking commitment of resources and planned for roll out across Plymouth. It is an evidenced based ‘peer support’ programme aimed at year 8 which helps to inform the choice to smoke Vs not to smoke and coaches influential peers on this agenda. It will form part of the comprehensive school based package.

Support plain packaging/display bans – Plymouth Smokefree Team (PST) will advocate and facilitate as the government rolls out plans to introduce plain packaging and display bans.

Routeways Survey – A survey to measure smoking prevalence (and other indicators) in young people, particularly 15 year olds.

Comprehensive school based package – We want to coordinate a package of resources and interventions designed for use by (& in) schools that covers a wide range of ages and approaches. This would include activities suggested by NICE guidance and other innovative projects. It could also include other actions such as test purchasing in the local area.

- Youth advocacy programme - video/art/creative’s/truth campaign
- Resources bank for tobacco control advocates in schools (catalogued)
- School nurse training/package
- Under age sales testing in locality
- Interventions targeting teachers

BI training ‘Plymouth wide’ – A ‘Brief Intervention’ package based on a variety of media, including interactive aspects, designed to raise the understanding of tobacco related issues and tobacco control. This will primarily (but not exclusively) be aimed at the PCT & LA workforce to ‘create’ advocacy and political will as well as dispersing myths and barriers that surround the tobacco agenda.

Influencing Policy – This would include all policy projects e.g. youth workers/school teachers/public sector/workplace/voluntary sector smokefree policy.

Smokefree areas e.g. parks/child areas – The voluntary nomination of community areas where children play/visit to be smokefree.

Tobacco related litter – This would include raising the awareness of issues that surround tobacco litter, including costs etc. It would also address the environmental impact.

Public Sector Staff Advocacy – building on the BI package this would raise the level of advocacy in Public Sector workers. This would be more focused & directed.

Workplace policy and routes to support – This would be a comprehensive support package offered to all private businesses across Plymouth. It would help them shape their internal policies on smoking as well as provide tailored support to help employees stop smoking.

Support People to stop

Provide a Stop Smoking Service – We have a strong, established, well performing smoking cessation service. It will have its own comprehensive, and resourced, action plan that can be referenced here. It is important to note that a lot of work and aspirations to 'Support People to Stop' lies in the gift of PSSS. Our consultation would need to be focused on aspects that compliment/lie outside of this. However the consultation does offer an opportunity to enhance this work and build strong relationships/awareness/pathways etc.

- Young People support programme
- Mental Health support programme
- Minority Groups support programme
- Occupational Health scheme (LES)
- Pharmacy scheme (LES)
- Dental Scheme (LES)
- Guidance to 'cut down' as policy
- Enhance the pregnancy service
- CO readings at booking/delivery
- Harm reduction approach
- Access to meds
- Access of NRT on wards
- Develop PSSS training NCSCT
- SFSW signage in hospital

DIY quit attempts – the facilitation of 'mass' quit attempts done outside of clinical support with improved outcomes – this would need to include the use of meds. Basically actions that encourage people to stop (Robert West toolkit data)

DIY cutting down – the facilitation of harm reduction with improved outcomes – this would need to include the use of meds. We would look to 'coach' smokers on how to do this effectively (Robert West toolkit data)

'Get Fined or Get Support' – The concept is based on any persons facing the prospect of being 'fined' or 'reprimanded' for smoking in statutory smokefree site/venue/place (e.g. a taxi driver) being offered the alternative of a Tobacco Control or Smoking Cessation intervention. Fine Vs Support.

Restrict the supply of tobacco

Disrupt the supply of illegal tobacco – trading standards specifically have a remit to do this but we may want to look at opportunities that go beyond the work that they do.

Test purchasing – Trading Standards with continue to do this as planned. This would include education and developmental work with retailers.

Support display ban - PST will advocate and facilitate as the government rolls out plans to introduce the display ban and Trading Standards will enforce compliance as standard.

Vending machines – Facilitate and enforce compliance of the removal of vending machine as planned.

Police Powers – As we understand it, the police currently have powers to confiscate tobacco in certain situations. PST will appropriately approach & explore options with the Police to use this power effectively.

Intelligence and flow of information – Trading Standards rely on intelligence and information to inform Tobacco enforcement and compliance activity. We would like to explore opportunities to enhance the quality and flow of such information across all partners and bodies in Plymouth (& Nationally).

Routes to Tobacco – young people obtain tobacco via a number of routes (Parents/Friends etc). We would look to scope all current evidence of how this is happening in Plymouth and look for opportunities to restrict these routes if appropriate. How can we help parents in restricting such a supply to their children?

Reduce exposure to second hand smoke

Ensure compliance with Health Act – As planned by Trading Standards, standard practice.

Smokefree Homes - Project roll out for a wider campaign with developed resources to promote smokefree homes by moving the smoke outside.

Smokefree Cars – The development of a campaign to highlight the dangers and change behaviours of smoking in the car when children are involved.

Housing Association – Can we influence practice around housing association activity (and other landlords) to embed smokefree premises/practice. This could include regeneration activities.

Major Outdoor Events (such as Fireworks display) – what influence could we have on organisation of major events in Plymouth and the requirement for them to be smokefree?

Home-visiting Professionals – Any professional that works in the private homes of Plymouth residence (e.g. Social Care/Community Midwife/Health Visitor) could be trained as Tobacco Control advocates.

Public Entrances – could we influence behaviour of smokers who congregate around entrances to the Hospital/Work places/Pubs etc.

Pets & Second-hand Smoke – Can we influence the behaviour of smoking around pets and the protection of pets against SHS. (Would need to pull together a robust evidence base).

Marketing and Communications

Specific Marketing Projects – (e.g. Reducing the demand for illegal Tobacco) We plan to deliver a range of marketing campaigns and projects to support aspects of the Tobacco Plan. They will be based on Social Marketing Principles and will respond to areas of greatest priority/need.

Small Grants Scheme – This is a scheme designed to encourage small Tobacco Control projects across all partners (Funded by the RHITC). We could use the consultation to advertise this facility or may consider running it in parallel with the consultation to encourage engagement.

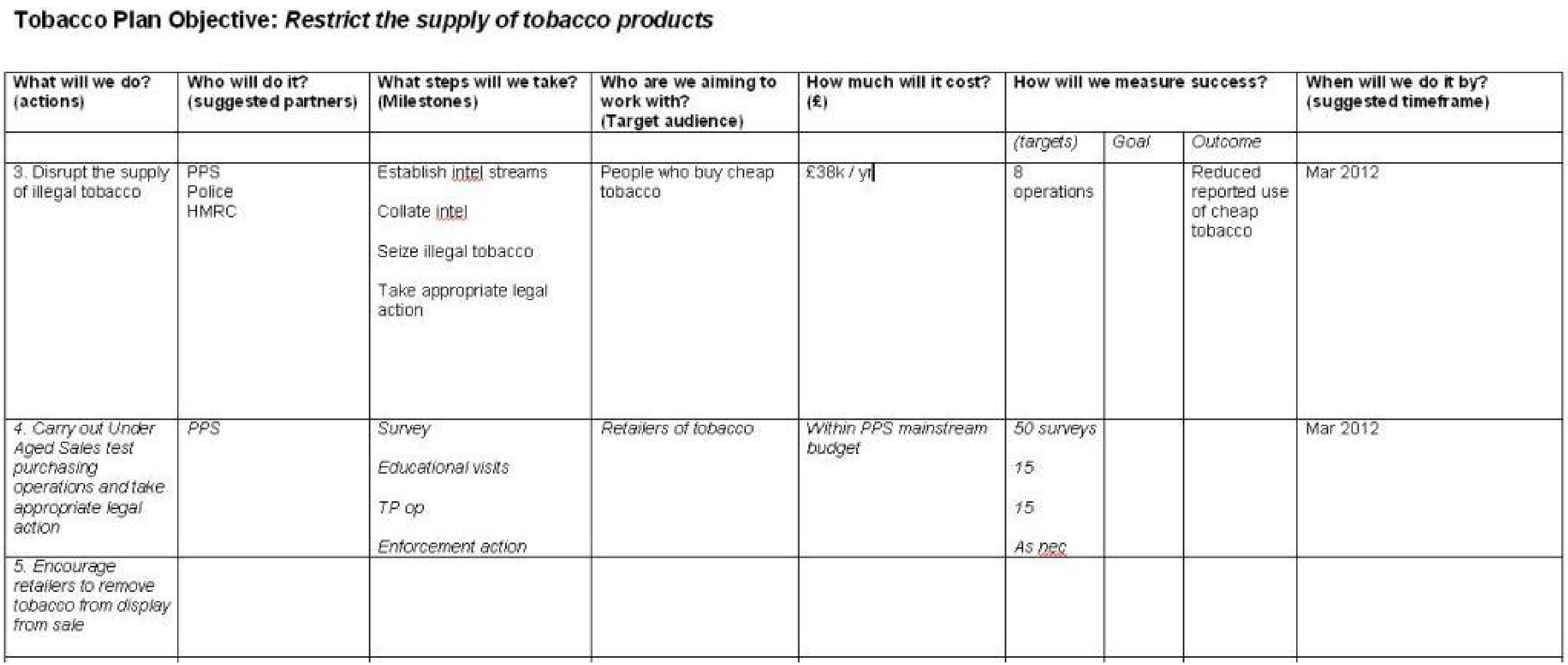
No Smoking Day – Annual event, how can we make the best use of this to maximise exposure of the TC agenda or smoking cessation?

Tobacco Control Advocates – what is the best way to create and support TC advocates in the public and voluntary sectors?

Detailed Action Plan

[NOTE: This part of the document will be presented in the typical 'action plan' format. It is expected to reflect the format of the 'HEALTH INEQUALITIES ACTION PLAN'. It will also be a live, evolving document effectively used by each corresponding operational themes/teams.]

Please see **Draft Illustration** on the next page for an example of the layout and format.



Tobacco Plan Objective: *Restrict the supply of tobacco products*

What will we do? (actions)	**Who will do it? (suggested partners)**	**What steps will we take? (Milestones)**	**Who are we aiming to work with? (Target audience)**	**How much will it cost? (£)**	**How will we measure success?**			**When will we do it by? (suggested timeframe)**
					(targets)	*Goal*	*Outcome*	
3. Disrupt the supply of illegal tobacco	PPS Police HMRC	Establish intel streams Collate intel Seize illegal tobacco Take appropriate legal action	People who buy cheap tobacco	£38k / yr	8 operations		Reduced reported use of cheap tobacco	Mar 2012
4. Carry out Under Aged Sales test purchasing operations and take appropriate legal action	*PPS*	*Survey* *Educational visits* *TP op* *Enforcement action*	*Retailers of tobacco*	*Within PPS mainstream budget*	*50 surveys* *15* *15* *As nec*			Mar 2012
5. Encourage retailers to remove tobacco from display from sale								

Appendix 1: Summary of Outcomes

Reducing Smoking Rates

1. To reduce rates of **adult smoking** in Plymouth by **25.5%** by 2020 from the 2010 baseline. This equates to a reduction from 23% in 2009/10 to 17.1% in 2019/20

This will be based on the Integrated Household Survey, Office of National Statistics.

Current Local Position	**23.0%**
Current National Position	**21.2%**
Goal for 2020	**17.1%**

Reduce health inequalities

2. To reduce rates of adult smoking in Plymouth by **33.3%** by 2020 in the fifth most deprived neighbourhoods from the 2010 baseline.

This will be based on the 'Index of Multiple Deprivation 2010' (currently using IMD2007) and the 'Public Health Sentinel' data set. (Proxy measure).

Current Local Position	**32.7%**
Current National Position[31]	**30%**
Goal for 2020	**21.8%**

Pregnant Women & Smoking

3. To reduce the rates of smoking in pregnant women in Plymouth by **42.9%** by 2020 from the 2010 baseline.

This will be based on 'Smoking at Time of Delivery' SATOD – Protos Data from Plymouth Hospitals NHS Trust.

Current Local Position	**18.8%**
Current National Position[5]	**14.0%**
Goal for 2020	**10.7%**

Smoking & Children

4. To reduce the percentage of families with young children (<5yrs) where one or more parents smoke by **40%** by 2020 from the 2010 baseline.

This will be based on the local survey of Health Visitor caseloads (recorded every 2 years – proxy measure)

Current Local Position	**28.4%**
Current National Position	**Unknown**
Goal for 2020	**17.0%**

5. To reduce the rates of smoking in 15-year-olds in Plymouth by **40%** by 2020 from the 2010 baseline.

Current Local Position[14]	**46.7%**
Current National Position[15]	**15%**
Goal for 2020	**28%**

A Tobacco Plan to Reduce Health Inequalities in Plymouth

Russ Moody – Plymouth NHS Stop Smoking Service Manager

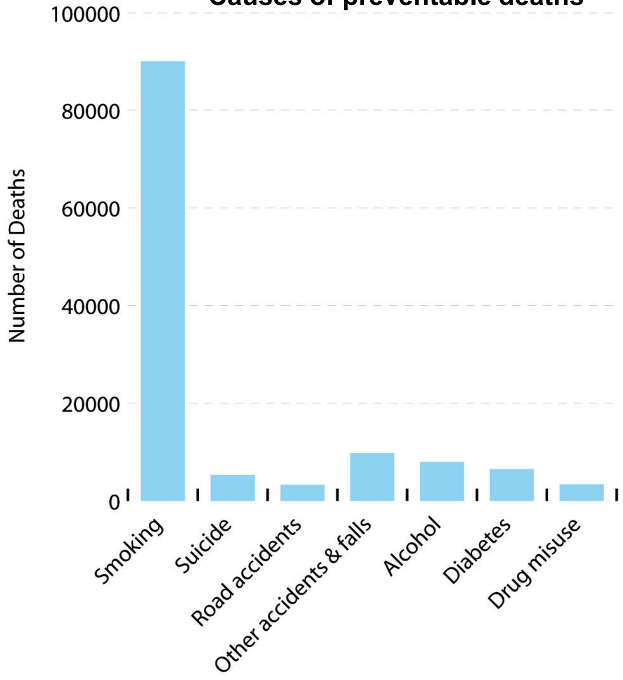
Aim

To inform the OSP of developments on the Tobacco Control Plan for Plymouth & gain support moving forward into the engagement process

Introduction

- Significant Health Inequalities in Plymouth (14.7 years of life between rich & poor)
- Smoking tobacco is the primary cause[1] Wanless D (2004)
- Tobacco Control is effective if done comprehensively[2,3] Marmot M (2010)
- Vast evidence base behind an integrated programme[4]

Causes of preventable deaths[2]



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1. Wanless, D. *(2004) Securing Good Health for the Whole Population. London: TSO*
2. *Department of Health (2010) A Smokefree Future – A Comprehensive Tobacco Control Strategy for England.*
3. *Marmot, M. (2010) Fair Society, Healthy Lives. Strategic Review of Health inequalities in England post 2010*
4. *Department of Health (2008) Excellence in tobacco control:10 High Impact Changes to Achieve Tobacco Control*

The Local Picture Plymouth

- As a community smoking is costing us £Millions per year
- Over 1 in 5 adults smoke (disproportionally across the city)[1]
- 1 in 3 from routine and manual background[1]
- Almost a third of children <5 live in a house with a smoking parent[2]
- Estimated 545 premature deaths per year[3]

Prevalence in:	**Plymouth**	**National**
Adult Population	23.0%	21.4%
Routine & Manual	34.5%	29.8%
Pregnancy	18.8%	14.1%
<5yrs with one or more parent	28.4%	N/A

1. *Office for National Statistics (2009-2010) Integrated Household Survey (Experimental Statistics)*
2. Plymouth Public Health Development Unit. (2010) *Report of Health Visitor Caseloads.*
3. South West Public Health Observatory (2010) Heath Profile for Plymouth 2010.

The Local Picture Plymouth

- 13% of shops tested sold to a child (Plymouth Public Protection Service)
- Only 43% of our clients (PSSS) paid full price for their tobacco[1]
- In Devonport, Stonehouse & North Prospect over half (58%) of people questioned knew of illegal tobacco being sold in their area*
- We have on average 2 smoking related house fires every month**
- Loss of revenue to local business from illicit tobacco
- Smoking related litter
- Staff sickness & cigarette breaks

1. Bullard, J. (2010) *Tobacco use survey 2010*. Plymouth NHS Stop Smoking Service
* Source: Plymouth Local Authority. Public Protection Service. Tobacco Control Programme, Social Marketing Insights.
** Source: Devon & Somerset Fire & Rescue Service

In a Nutshell

- Tobacco use is costing Plymouth unacceptable amounts of money and life year on year.
- If we are to do one thing to reduce health inequalities in Plymouth, it should be tobacco control.

Tobacco Control

Tobacco control is an internationally recognised, evidence based discipline that seeks to reduce harm caused by tobacco use by coordinating different approaches[1,2,3,4]. (WHO, World Bank, DH)

Strategies that:

Reduce Demand

Price measures
Tax
Advertising
Visibility (e.g. point of display)
Smokefree laws
Health promotion
Smoking cessation

Reduce Supply

Control illicit
Restrict access
Smuggling

It is NOT the just the domain of the health sector – it is a multi-sectoral concern

1. World Health Organisation (2008) WHO Report on the Global Tobacco Epidemic – the MPOWER package
2. *Department of Health (2010) A Smokefree Future – A Comprehensive Tobacco Control Strategy for England.*
3. *World Bank (2003) Tobacco Control at a Glance*
4. *Department of Health (2008) Excellence in tobacco control:10 High Impact Changes to Achieve Tobacco Control*

Plymouth Plan Aspirations

The over arching aspiration of the plan is to reduce the smoking prevalence in Plymouth from 23% in 2010 to 17.1% by 2020

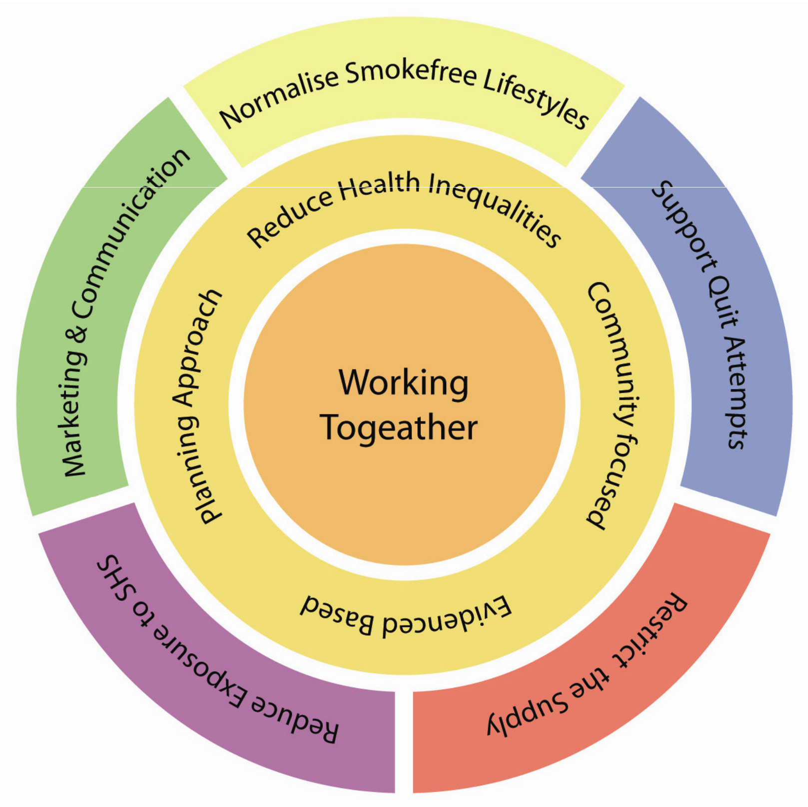
Further aspirations with specific targets include

- Reducing health inequalities driven by smoking
- To reduce the percentage of pregnant women who smoke
- To reduce young children's exposure to second hand smoke
- To reduce the rates of young people smoking aged 15 years

Plymouth Plan Principles

1. Reduce health inequalities
2. Include communities as a focus of what we do, developing responsibility
3. Evidenced Based
4. Multi-organisational, partnership action planning
5. Equity & Fairness

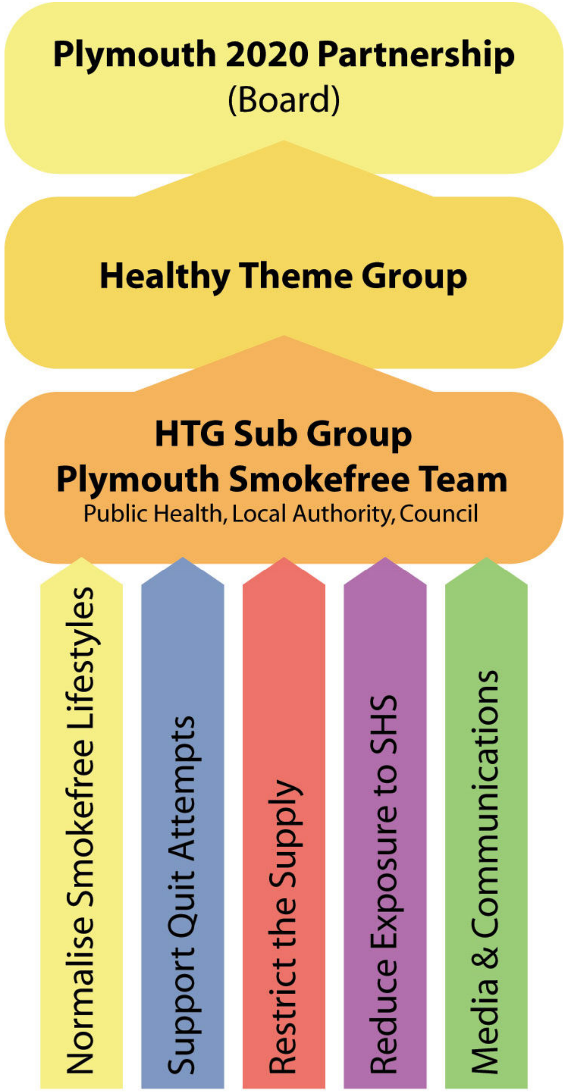
- *Normalising smoke free lifestyles*
- *Supporting people to stop smoking*
- *Restricting the supply of tobacco products*
- *Reducing exposure to second-hand smoke*
- *Media and communication*



* Developed using the Department of Health: An integrated Local Model Of Tobacco Control, six strand approach.
(Department of Health (2008) Excellence in tobacco control:10 High Impact Changes to Achieve Tobacco Control)

Plymouth Plan Framework

Successful action to tackle the devastating impact of tobacco within our city can only be achieved with a strategic approach and effective coordination. It needs to incorporate a mix of educational, clinical, regulatory, economic and social strategies. It is therefore vital to gain the support of all key stakeholders within the city of Plymouth.



Plymouth 2020 Partnership
(Board)

Healthy Theme Group

HTG Sub Group
Plymouth Smokefree Team
Public Health, Local Authority, Council

Normalise Smokefree Lifestyles

Support Quit Attempts

Restrict the Supply

Reduce Exposure to SHS

Media & Communications

Operational Teams
(Collectively Plymouth Smokefree Alliance)
Representative of all partners

Plymouth Plan The Journey

Strategic Plan

- **Plymouth Smokefree Alliance (10th June 2010)**
- **Healthy Theme Group (24th Nov 2010)**
- **Plymouth Primary Care Trust Board (25th Nov 2010)**
- **Plymouth City Council, Corporate Strategy Forum (2011)**
- **Plymouth City Council, Corporate Management Team (8th Feb 2011)**
- **Adult Health & Social Care Portfolio Meeting (27th May 2011)**
- **AH & SC Overview & Scrutiny Panel Briefing Paper (22nd June 2011)**

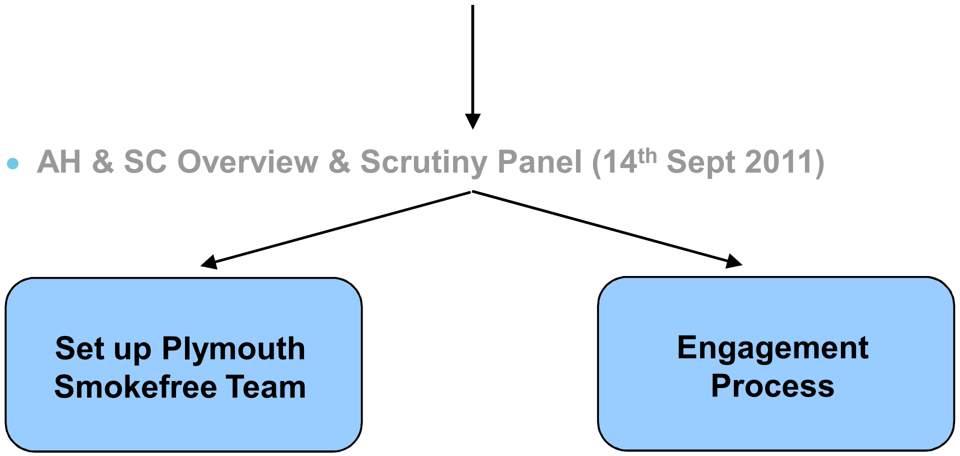
The final version was agreed at

- **Healthy Theme Group (24th June 2011)**

The final version presented for executive sign off at

- **Plymouth 2020 Partnership Executive Group Meeting (7th Sept 2011)**

Delivery Plan



- **AH & SC Overview & Scrutiny Panel (14th Sept 2011)**

Set up Plymouth Smokefree Team

Engagement Process

Plymouth Plan
Plymouth Smokefree Team

- Terms of Reference of currently under development including the role of the group and its membership.

- We expect the membership to include senior executives from key partnerships and officers for which tobacco is a central element to their remit.

- We would really value the Overview & Scrutiny Panels views on who should be actively involved with this team to ensure delivery.

Plymouth Plan
Making it Happen

- Normalise smokefree lifestyles
  Decipher Assist Project
- Support people to stop smoking
  DIY Quit Attempts
- Restrict the supply of tobacco products
  Routes to Tobacco
- Reduce exposure to second-hand smoke
  Smokefree Homes & Cars
- Marketing & Communications
  Reduce Demand for Illegal Tobacco

Influence Next Steps

- AH&SC OSP comments and thoughts
- We would like to gain your support for moving this agenda forward & engaging with the right people
- Who should be 'at the table' for Plymouth Smokefree Team
- Suggestions on the 'Engagement Process' to ensure effectiveness

- Establish 'Plymouth Smokefree Team'
- Conduct the 'Engagement Process'
- Use the process to develop well rounded proposals for delivery with cost calculation
- Bring it back to AH&SC OSP for review
- Launch the delivery plan (Tobacco Control Conference)

PLYMOUTH

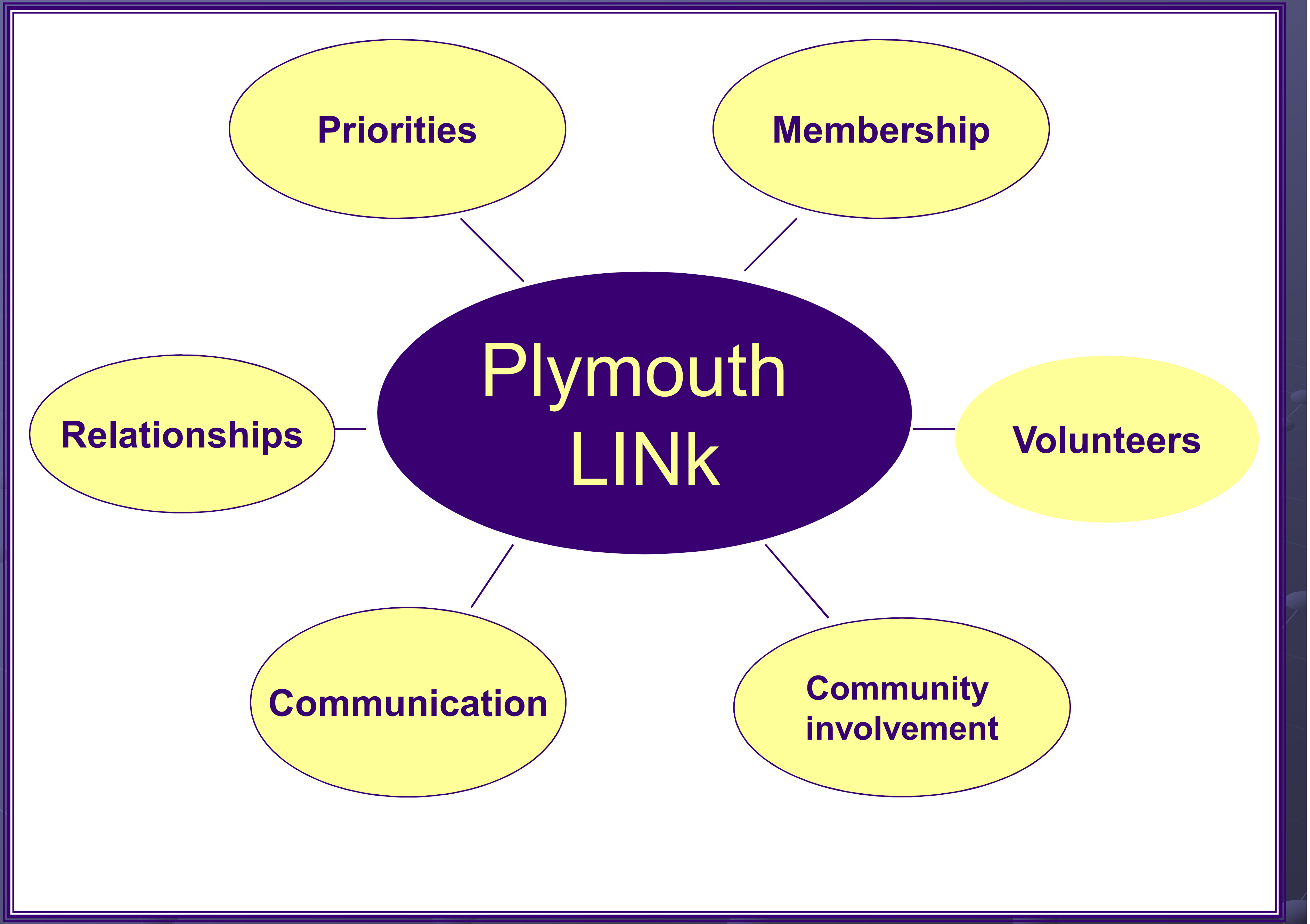
LINk

Local Involvement Network

Health and Adult Social Care Overview and Scrutiny Committee meeting

14th September 2011

Agenda Item 9



Priorities

Membership

Plymouth LINk

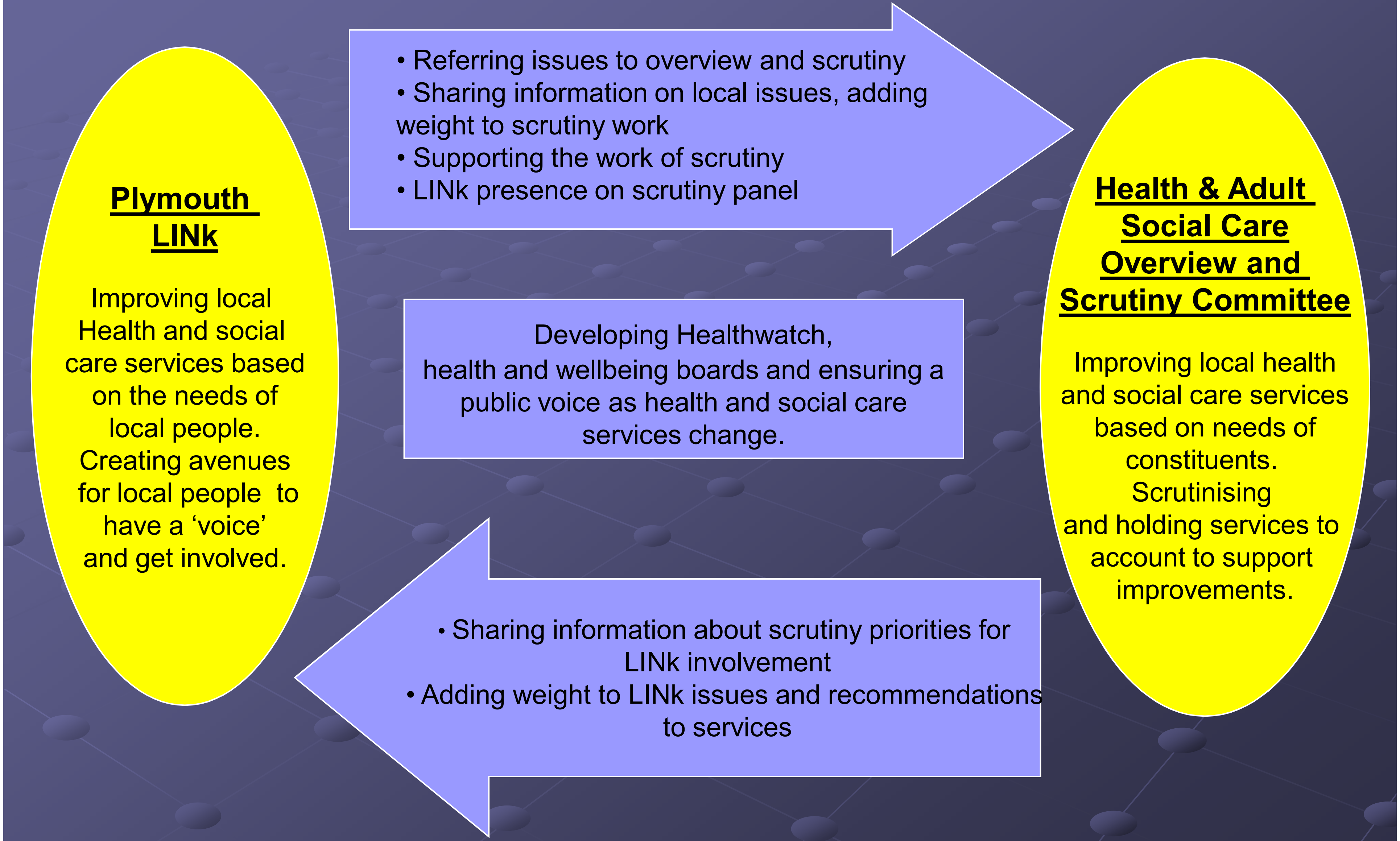
Relationships

Volunteers

Communication

Community involvement

Working with Overview and Scrutiny



Plymouth LINk

Improving local Health and social care services based on the needs of local people. Creating avenues for local people to have a ‘voice’ and get involved.

- Referring issues to overview and scrutiny
- Sharing information on local issues, adding weight to scrutiny work
- Supporting the work of scrutiny
- LINk presence on scrutiny panel

Health & Adult Social Care Overview and Scrutiny Committee

Improving local health and social care services based on needs of constituents. Scrutinising and holding services to account to support improvements.

Developing Healthwatch, health and wellbeing boards and ensuring a public voice as health and social care services change.

- Sharing information about scrutiny priorities for LINk involvement
- Adding weight to LINk issues and recommendations to services

Future of the Plymouth LINk …

- Healthwatch - local and national
- Stronger local voice
- National influence
- Pathfinder Status

And finally…….

Any Questions?

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PLYMOUTH LINk
Local Involvement Network

City of Plymouth

INFORMATION PACK

Plymouth LINk ….
Becoming HealthWatch

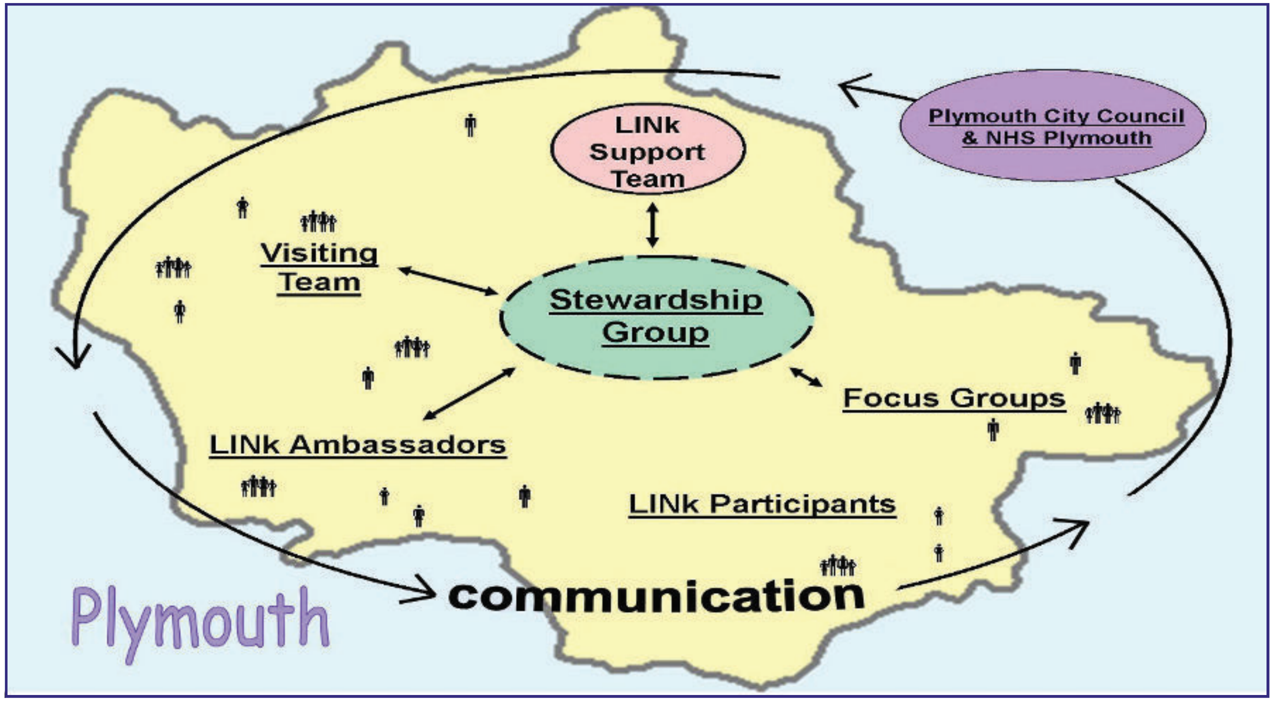
Health and Adult Social Care Overview and Scrutiny Committee

Wednesday 14th September 2011

A bit about Plymouth LINk

What is a LINk?

Plymouth LINk is one of 151 LINks across the country, funded by the government to enable local people to share their views on local health and social care services and to work with services to make sure those views improve existing and future services. LINks aim to support local services to better reflect the needs of local people.



Plymouth LINk is made up of over 2,500 local people and groups and is driven by a number of active and passionate volunteers. Working with the Support Team, active LINk members work with services to share local views and represent the LINk on a wide variety of groups and boards that make decisions about health and social care services.

Plymouth LINk reaches different communities and groups across the city through a wide variety of events and meeting and talks to its membership through newsletters, its website, Facebook and Twitter.

A bit about Plymouth LINk

Success

- ☆ The chair of Plymouth LINk represents Southwest LINks on the HealthWatch National Advisory Group, influencing HealthWatch development
- ☆ Advised on public/patient involvement in Plymouth
- ☆ Supported new resources for carers and training for GPs
- ☆ Improved the door system in A&E
- ☆ Improved cleanliness and staff approach on wards at Derriford
- ☆ Carried out a survey of experiences of hospital discharge and reported to Derriford
- ☆ Championed the use of a poster for people who do not speak English, to be used as they approach services
- ☆ Produced a report on access to primary care services, from which 11 recommendations have influenced service developments
- ☆ Shared your views of parking at Derriford to inform the new parking contract
- ☆ Involved in plans for commissioning specialised services in the Southwest

Plymouth LINk regular meets and works with our partners in health and social care to feed in the views of local people.

Plymouth LINk is currently working on a number of priorities, including:

- **Improving access to services for gypsies/travellers**
- **Improving access to an NHS dentist**
- **Access to and discharge from hospital**
- **Care of the elderly in hospital**
- **Talking to people who live in care homes**
- **Learning disability services**
- **Monitoring trust quality accounts**

Changes to the NHS

With the introduction of a new Health and Social Care bill, there are proposed changes to the NHS:

- Setting up of GP Consortia, who will take the lead on commissioning (buying) services as part of clinical commissioning groups;
- Creating a Health & Wellbeing Board, who will consider the needs of the community and make decisions about priorities for services;
- Improving patient choice about the services they use and extending personal health budgets;
- The evolution of LINks to become local HealthWatch - a consumer champion of health and social care;
- Creating HealthWatch England, a national voice for patients to influence health and social care services nationally.

LINk · · · · to · · · · HealthWatch

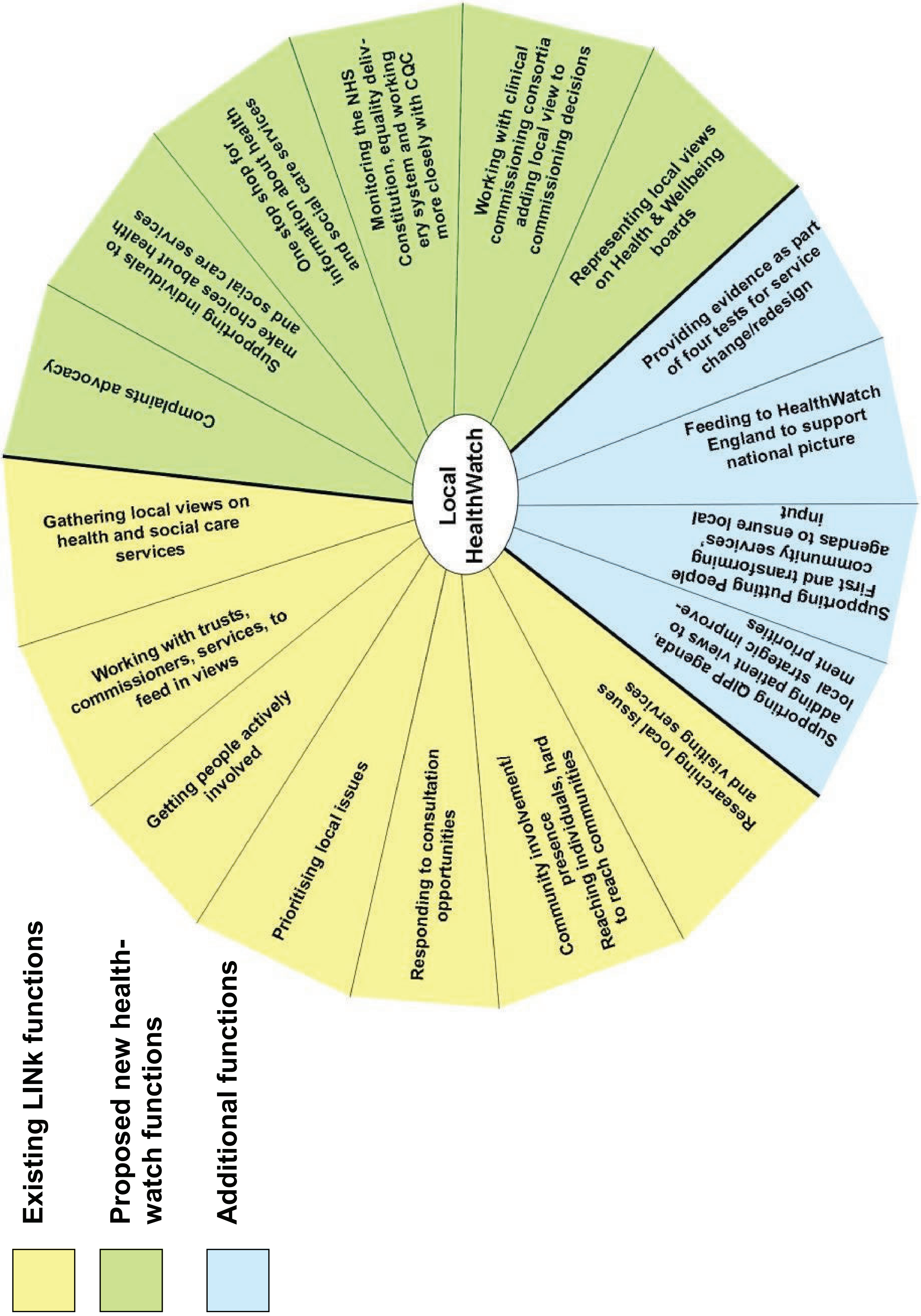
The new bill makes provision for LINks to evolve into HealthWatch. HealthWatch will retain all of the existing good work of LINks with some added extras . . . .

LINk

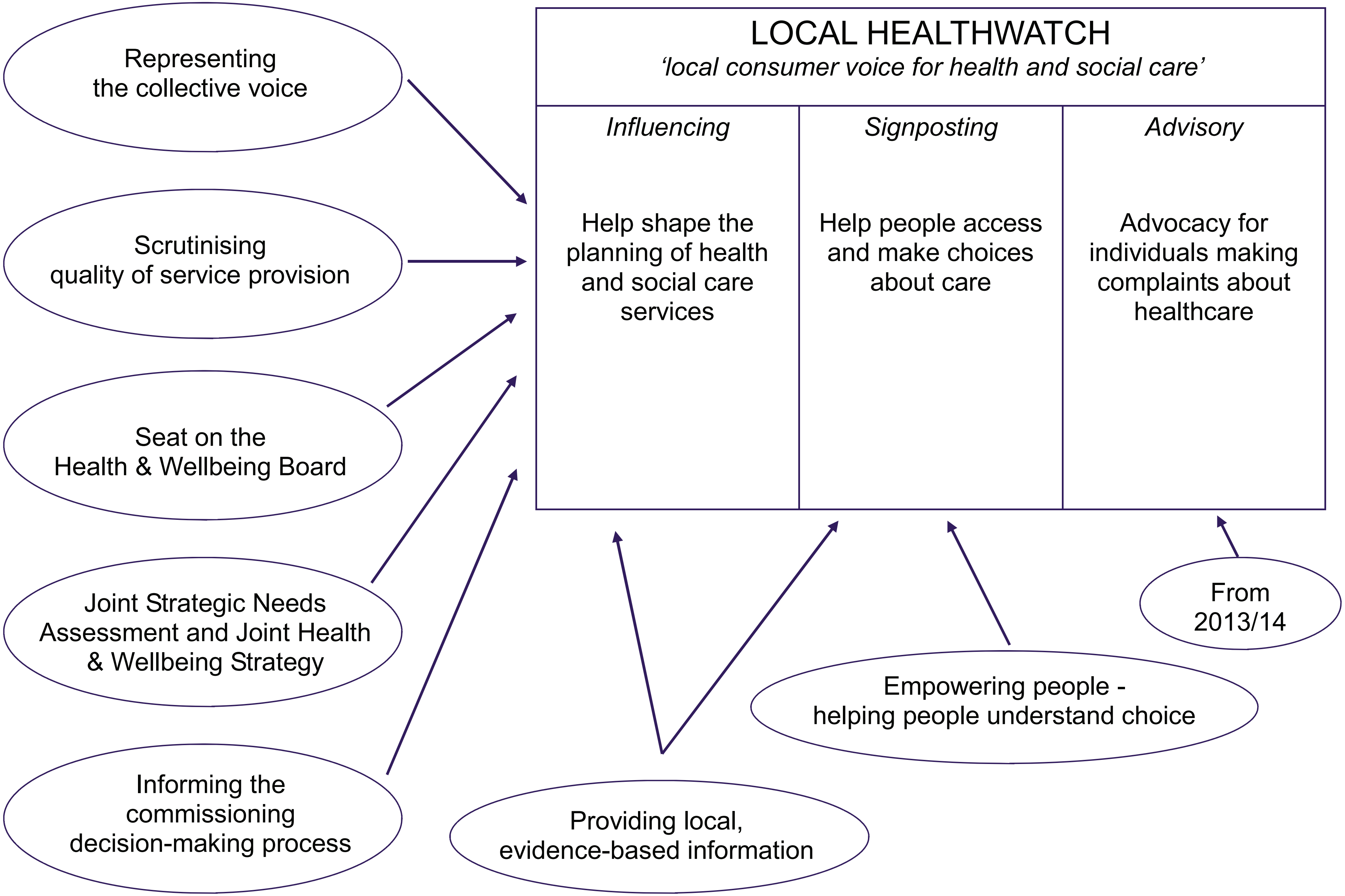
- Captures views to influence policy, planning and development of services
- Focussed on communities and collective voice
- Focussed on Plymouth services and a local voice
- Visits services to check out how they are working
- Signposts people to independent complaints services.

HealthWatch

- Will also participate in decision making (working with commissioning groups and Health & Wellbeing Boards)
- Will also provide information and advice to help individuals make decisions and access services
- Will also have a national voice through HealthWatch England
- Will continue to visit services
- Will be a point of access to independent complaints and advocacy services


Local HealthWatch
Complaints advocacy
Supporting individuals to make choices about health and social care services
One stop shop for information about health and social care services
Monitoring the NHS Constitution, equality delivery system and working more closely with CQC
Working with clinical commissioning consortia adding local view to commissioning decisions
Representing local views on Health & Wellbeing boards
Providing evidence as part of four tests for service change/redesign
Feeding to HealthWatch England to support national picture
Supporting Putting People First and transforming community services' agendas to ensure local input
Supporting QIPP agenda, adding patient views to local strategic improvement priorities
Researching local issues and visiting services
Community involvement/ presence, hard Reaching individuals to reach communities
Responding to consultation opportunities
Prioritising local issues
Getting people actively involved
Working with trusts, commissioners, services, to feed in views
Gathering local views on health and social care services
Existing LINk functions
Proposed new health-watch functions
Additional functions

The Department of Health Proposal for HealthWatch



LOCAL HEALTHWATCH

'local consumer voice for health and social care'

Influencing	*Signposting*	*Advisory*
Help shape the planning of health and social care services	Help people access and make choices about care	Advocacy for individuals making complaints about healthcare

Representing the collective voice

Scrutinising quality of service provision

Seat on the Health & Wellbeing Board

Joint Strategic Needs Assessment and Joint Health & Wellbeing Strategy

Informing the commissioning decision-making process

Providing local, evidence-based information

Empowering people - helping people understand choice

From 2013/14

Working together to develop HealthWatch

Key partners in HealthWatch will be working together to ensure HealthWatch meets the needs of Plymouth.

Partners
in HealthWatch

Plymouth LINk

- Gathering views on HealthWatch development
- Conserving what works well in the LINk
- Sharing progress with the Southwest and nationally
- Being a Pathfinder to test our relationship with Health & Wellbeing Boards

Plymouth City Council

- Commissioning HealthWatch for the future
- Working with LINk to develop model for Local HealthWatch
- Ensuring Local HealthWatch meets national and local picture

Health and social care services/ commissioners

- Working with HealthWatch to improve services based on local views
- Working with and consulting HealthWatch on new plans for health and social care services
- To evidence patient/public involvement, using HealthWatch as a point of contact for patient groups

Voluntary sector

- Helping develop a HealthWatch that has a strong voluntary sector voice
- Using existing networks to consult and share information
- Champion the voice of their service users

HealthWatch Timeline - preparing for HealthWatch

Plymouth LINk is working with the local authority on the transition to HealthWatch, which will take place over the next 18 months.

July 2011 - Start consultation on local HealthWatch with local people, services and groups through public and targeted events

August 2011 - First meeting of HealthWatch Development Group to oversee the transition

September 11 - Begin work with the local authority on developing Health & Wellbeing Board to ensure a strong patient voice

November 2011 - Identify potential models for HealthWatch from public consultation

Early 2012 - Develop spec and quality standards for HealthWatch and plan to create the service

March 2012 - Consult on model for complaints advocacy working with HealthWatch

October 2012 - Local HealthWatch in place

March 2013 - New arrangements for complaints advocacy to take effect

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Plymouth City Council
Health and Wellbeing Board Update
August 2011
Page 1 of 4

PLYMOUTH
CITY COUNCIL

Health and Wellbeing Development Group

1 Purpose

This paper provides further context for the establishment and initial meetings of a Health and Wellbeing Development Group.

2 Health and Wellbeing Boards

The introduction of a Statutory Health and Wellbeing Board is a key aspect of the Health and Social Care Bill. The Board is proposed to introduce democratic legitimacy to health services, support health and social care joint commissioning through a Joint Health and Wellbeing Strategy and support the integration of public health services into local authorities.

The Bill was introduced to Parliament on the 19 January 2011, the report stage will take place on the 9 September 2011 and it is anticipated the Bill will receive Royal Assent in December. Statutory instruments and regulations will be published in early 2012 which will provide clarity around how the establishment of the Board will impact council's constitutions.

The Government recently took a pause in the legislative process for further consultation on the Bill to take place. The report of the Future Forum, who undertook the consultation, made recommendations to further strengthen the role of the Health and Wellbeing Board so they are the 'focal point for decision-making about local health and wellbeing'.

Although the Board will have no power of veto it is proposed that they would be able to refer commissioner's plans to the National Commissioning Board for England should the plans not reflect evidence in the Joint Strategic Needs Assessment or the aspirations of the Joint Health and Wellbeing Strategy. As the proposed Board would be a council committee local authorities would be free to insist upon having a majority of councillors on the Health and Wellbeing Board.

3 Health and Wellbeing Development Group

The proposed development group will not be formed as an official committee of the council and will not have any decision making powers. The development group will take the lead on the development of the formal Health and Wellbeing Board. The early implementation programme has allowed for the creation of a development group to begin the development stages of a formal Board. A formally constituted Health and Wellbeing Board will be progressed when the relevant legislation has passed through Parliament and a report will be submitted to Council for approval at that time.

A Health and Wellbeing Board event will take place in November at County Hall, Exeter to discuss the proposed new duties of a Health and Wellbeing Board. The work is being undertaken in partnership with Devon County Council and the Department of Health to foster a consistent approach across the peninsula.

4 Principles

The proposed development group will consult partner organisations and make recommendations to the Council (as the accountable body) and partners on how to constitute the Health and Wellbeing Board. The development group will be guided by the following principles, group members will –

- Acknowledge the shared commitment to improve and maintain the health and wellbeing of those who live and work in Plymouth
- Operate an 'open border policy' to ensure that organisational boundaries are not a hindrance to the development of the Health and Wellbeing Board and improved integrated commissioning
- Acknowledge that the sharing of knowledge and data will be essential to the development of an effective Health and Wellbeing Board and associated Health and Wellbeing Strategy
- Respect existing effective local structures
- Ensure that all recommendations are formed from a clear and robust evidence base

5 Development Areas

The development group will ensure that a development plan is created, implemented, reviewed and updated. The development plan would include -

- work to identify the boards/groups currently in operation across the city which could form part of the new structure
- how to monitor the development of Healthwatch
- how to advise executive bodies on public health integration
- a plan for the review of Joint Strategic Needs Assessment, Pharmaceutical Needs Assessment, the development of a Joint Health and Wellbeing Strategy and make recommendations to the formal Health and Wellbeing Board once in place
- A communications plan to ensure that the development of the board is communicated across all partners and stakeholders

An essential task of the development group would be to understand and test relationships with existing partnership structures including –

- The City Council's executive
- The City Council's Overview and Scrutiny Function
- Plymouth 2020 Partnership
- Clinical Commissioning Group
- NHS Cluster Board (Devon)
- Social Care Commissioners
- Health and Social Care Providers including Plymouth Community Healthcare and Plymouth Hospitals NHS Trust.
- Other stakeholders including the voluntary and community sector, the business community and social housing providers.

The development group would also prepare and advise on the implementation of robust governance structures, terms of reference and development of executive and sub-committees of the Board.

The creation of the development group will be essential in testing governance structures in the months leading up to the formation of the formal Health and Wellbeing board. The development group will play a key role in the training and development of individuals who are likely to become members of the formal Health and Wellbeing Board.

6 Membership

It is proposed that the Health and Wellbeing Board would be a committee of the council, it is anticipated that the Health and Wellbeing Board will be in place for the municipal year 2012-13.

The Health and Social Care Bill provides a statutory membership for the Health and Wellbeing Board which are marked with asterisks in the below membership of the development group. Outside of the statutory membership there will be flexibility to add further members to the Board that the local authority deems appropriate.

In order to facilitate development of the Board the group will consist of the following members -

Cabinet Member for Adult Health and Social Care *
Healthwatch (LINk) *
Chair of Sentinel Clinical Commissioning Executive *
Director of Adult Social Services *
Director of Children's Services *
Director of Public Health *
NHS Cluster Chief Executive (or nomination)

University of Plymouth
Chair of Adult Health and Social Care Overview and Scrutiny Panel
Vice Chair of Adult Health and Social Care Overview and Scrutiny Panel / Lead Opposition Member for Health

Asterisks indicate statutory membership of a Health and Wellbeing Board as proposed in the Health and Social Care Bill.

It is anticipated that the development group will make recommendations on a consensus basis.

7 Meeting Administration

The development group will be administered by Plymouth City Council's Democratic Support Team.

Written notice of meetings, along with the agenda and associated papers will be sent to members of the Board at least five clear development days in advance of any meeting. Late items will be distributed or tabled only in exceptional circumstances.

Overview and Scrutiny
Management Board

Annual Report

June 2011

Annual Overview and Scrutiny Report 2010-11

Plymouth City Council

Contents

Foreword

Our Constitution summarises the purpose of the Council's scrutiny function as follows:

- To add value to Council business and decision-making.
- To hold the Cabinet to account.
- To monitor the budget and performance of services.
- To assist the Council in the development of policy and review the effectiveness of the implementation of Council policy.
- Work to outcomes, which can be measured and have a positive impact on the community.

The last year has presented a number of challenges to the Council's five scrutiny panels and the Scrutiny Management Board in delivering against their objectives. There has been a change of government, bringing with it a number of significant pieces of new legislation affecting both local government and our strategic partners in the city. A period of financial restraint has meant that difficult decisions have had to be made about resourcing priorities. The regulatory regime has also changed, so that external oversight of the way that the Council works has reduced.

We feel that the Members and officers engaged in the scrutiny function have risen to these challenges well. In October 2010, the Council reaffirmed its vision, to become one of Europe's finest, most vibrant waterfront cities, where an outstanding quality of life is enjoyed by everyone. We also adopted four priorities for the city, which we share with all our key partners:

- **Deliver growth:** Develop Plymouth as a thriving growth centre by creating the conditions for investment in quality new homes, jobs and infrastructure
- **Raise aspirations:** Promote Plymouth and encourage people to aim higher and take pride in the city
- **Reduce inequality:** Narrow the inequality gap, particularly in health, between communities
- **Provide value for communities:** Work together to maximise resources to benefit customers and make internal efficiencies

This report summarises the achievements of the panels and the management board against these priorities over the last year.

We want to take this opportunity to thank those who have contributed to the achievements that we have made this year. The Chairs and Vice-Chairs of the overview and scrutiny panels, with their Lead and Democratic support officers have delivered a large and varied scrutiny programme over the last year. We know that, behind the published results of their work, many hours of discussion, research and debate have taken place. The members of the panels have had to balance their contribution to the scrutiny process with their other commitments as Councillors, and their high attendance rate, as well as the quality of the work of their panels is testament to their success at this. A number of Co-opted members have given freely of their time and expertise to support the panels and we would especially like to extend our thanks to them. All members of the Cabinet have been before scrutiny and we thank them for their attendance, which has not always been comfortable for them! Finally, our thanks go to the large number of officers, both senior and junior from the Council and its partners who have attended panels as witnesses and contributors and without whom our work would not be possible.

Councillor James, Chair

Councillor Ball, Vice-Chair 2010-11

Plymouth City Council Scrutiny Arrangements 2010-11

Overview and Scrutiny Management Board

Chair: Cllr James
Vice-Chair: Cllr Ball
Cllr Browne, Cllr McDonald (part), Cllr Nicholson, Cllr Ricketts,
Cllr Stevens, Cllr Thompson, Cllr Wildy and Cllr Williams (part),
Co-optees: Doug Flether and Jake Paget

Overview and Scrutiny Panels

Children and Young People

Chair: Cllr Wildy
Vice-Chair: Cllr Stephens
Cllr Delbridge
Cllr Foster
Cllr Haydon
Cllr Mrs Nicholson
Cllr Roberts
Cllr Stark
Cllr Tuohy
Co-optees:
Kevin Willis
Pauline Purnell (part)
Jenny Evans (part)
Kerry Whittlesea (part)

Growth and Prosperity

Chair: Cllr Nicholson
Vice-Chair: Cllr Nelder
Cllr Roberts
Cllr K Foster
Cllr M Leaves
Cllr S Stephens
Cllr Berrow
Cllr Wright
Cllr Wheeler

Customers and Communities

Chair: Cllr Ball
Vice-Chair: Cllrs Coker (part) and McDonald (part)
Cllr Mrs Nicholson
Cllr Smith
Cllr Mrs Beer
Cllr Mrs Bragg
Cllr Martin Leaves
Cllr Vincent
Cllr Delbridge
Co-optees:
Chaz Singh
Dr Anita Jellings

Health and Adult Social Care

Chair: Cllr Ricketts
Vice-Chair: Cllrs McDonald (part) and Coker (part)
Cllr Bowie
Cllr Delbridge
Cllr Gordon
Cllr Dr Mahony
Cllr Mrs Nicholson
Cllr Dr Salter
Cllr Viney (part)

Support Services

Chair: Cllr James
Vice-Chair: Cllr Lowry
Cllr Berrow
Cllr Browne
Cllr Dann
Cllr Murphy
Cllr Stark
Cllr Lock
Cllr Thompson
Co-optee:
Janet Isaac

Deliver growth: Develop Plymouth as a thriving growth centre by creating the conditions for investment in quality new homes, jobs and infrastructure

The Growth and Prosperity Overview and Scrutiny Panel has taken the lead in support of this priority, although the work of other panels, and the Management Board has supported this priority. Over the past year, the panel has focused on Growth and Regeneration challenges in delivering the Local Economic Strategy, the Local Transport Plan and developing a fit for purpose strategic housing service. The panel has worked closely with the Wealthy Theme Group as it has become the Growth Board for Plymouth, and has delivered the following specific work items:

- Hoe and Foreshore Maintenance, ensuring that measures were taken to reduce the health and safety risk assessment for this key part of the city reduced from 'red' to 'amber'.
- The Port of Plymouth study, supporting the development of a 'port master plan' to deliver a major step change in the use and planning for this vital city asset
- Private Sector Housing peer challenge, supporting the implementation of the improvement plan completed following the review
- Review of the delivery of the commitments made to tenants of Plymouth Community Homes
- The development of a policy for road closure for community events, including an annual list of events for which the council will provide the temporary traffic regulation orders free of charge
- Ensuring that public consultation arrangements for the 'Local Transport Plan 3' are robust and inclusive
- Ensuring the delivery of development schemes funded through 'Section 106' monies due to the Council
- Improvements to the Council's approach to Highways Maintenance arrangements, ensuring better targeting of resources and a more proactive approach to the type of repairs carried out, and recommendations for stronger emphasis on this area of activity in budget setting.

Raise aspirations: Promote Plymouth and encourage people to aim higher and take pride in the city

This priority is supported across the scrutiny function.

- Input into the Place Management Strategy, aiming to create 7500 jobs in the tourism sector in the city over the next 15 years, and support for the new city branding Positively Plymouth, developing and delivering a new, coherent Visitor Strategy for the city
- Focused on the lessons to be learned from the policing and stewardship of major football matches at Home Park to safeguard the city's reputation for effective management of major sporting events
- Review of the Licensing Act 2003 Statement of Licensing Policy, including the Cumulative Impact Policy, supporting effective management of licensed premises to ensure the city's Night-time Economy is in keeping with the overall vision for the city
- Recommended the production and adoption of a Volunteering Plan for the city, and ensured the continued provision of resources to fund the Volunteer Centre and for infrastructure support to community and voluntary groups
- Championed the establishment of a 'small grants scheme' for community and voluntary groups, funded from partnership resources
- Heard from a range of media professionals about ways in which the Council could better promote its scrutiny activities through more effective use of a range of media channels
- Championed school attainment, with focus this year of Primary School educational outcomes

Reduce inequality: Narrow the inequality gap, particularly in health, between communities

- Raising the profile of the issue of Teenage Conception within the city, ensuring better understanding of the issues, more focus on achieving reductions in rates and improved championing and resourcing arrangements
- Renewing focus on the role of Young Carers in the city, and delivering improvements in identification and support arrangements
- Highlighting the issues facing young, unaccompanied Asylum Seekers in Plymouth
- Focus on the findings of Ofsted inspections into children's social care, and overview of the implementation of planned improvements
- Reviewed the strategic plans of NHS Plymouth agencies, ensuring a greater focus on the city's shared priorities amongst partner health organisations
- Input into the creation of the new Plymouth Provider Servicers health delivery organisation, with particular input into its governance and community benefit arrangements
- Providing a platform for users of specialist gynaecological cancer services to voice their concerns about a possible move of services from the city
- A review of consultation arrangements concerned with substantial changes to residential care arrangements in the city
- Responses to government consultation on the Health and Social Care White paper, resulting in changes in the proposed legislation around the role of scrutiny panels

Provide value for communities: Work together to maximise resources to benefit customers and make internal efficiencies

- Supported a more integrated approach to the Council's Accommodation, People's and ICT strategies, ensuring that rationalisation of the way that staff occupy buildings is supported by the appropriate technology, training and people management arrangements
- A review of the Council's appraisal system, ensuring best practise is better reflected and delivery rates improved
- Oversight of the Council's 'Invest to Save' proposals, recommending improved governance arrangements, and improved alignment with city priorities
- Championed the use of Value for Money benchmarking with other authorities to ensure the Council is aware of its progress relative to others
- Highlighted the need for greater emphasis on 'shared service' arrangements with other Local Authorities and agencies to achieve greater efficiencies in the provision of 'back office' functions
- Delivered high quality scrutiny of the Council's budget and corporate plan, resulting in a number of recommendations to the Council, the vast majority of which were accepted
- Provided for Partner scrutiny of the Council's budget, with feedback from Health, Police and Community and Voluntary Sector colleagues taken into account in budget recommendations
- Championed the first 'on-line' budget consultation exercise across the city, so that the public's views could be considered during scrutiny of the budget

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REQUEST FOR SCRUTINY WORK PROGRAMME ITEM

PLYMOUTH
CITY COUNCIL

	Title of Work Programme Item	Safeguarding Vulnerable Adults
2	**Responsible Director (s)**	Carole Burgoyne, Director For Community Services
3	**Responsible Officer** **Tel No. 307344**	Pam Marsden, Assistant Director for Adult Health and Social Care
4	**Relevant Cabinet Member(s)**	Councillor Grant Monahan, Adult Health and Social Care
5	**Objectives**	1. To consider guidance and procedures and to be assured that care services are protecting vulnerable adults in a range of care settings. 2. To understand the triggers for raising an alert 3. To examine multi-agency alerting procedures for reporting alleged cases. 4. To ascertain the follow up procedures once an alert has been raised. 5. To ascertain how vulnerable adults are treated once an alert has been raised. 6. To ascertain what support is available to the alerter, particularly employees in a range of care settings. 7. To review the impact of recent Care Quality Commission policy changes. 8. To review what role commissioning and contract monitoring of services has in safeguarding adults. 9. To raise awareness of safeguarding processes for a range of stakeholders.

<table>
<tr><td>6</td><td>Who will benefit?</td><td colspan="3">The review will raise awareness across the community of the process and triggers for reporting alleged cases of abuse and give assurances to the public that processes are being followed.
Patients, carers, staff and the general public.
Plymouth City Council and partners.</td></tr>
<tr><td>7</td><td>Criteria for Choosing Topics (see table at end of document)</td><td colspan="3">1. Public interest issue
2. Issue consistently identified by Members as key through Ward activity</td></tr>
<tr><td>8</td><td>What will happen if we don’t do this review?</td><td colspan="3">The council could be seen to be failing in its duty to provide an appropriate mechanism for safeguarding issues to be raised.
There would be insufficient awareness of safeguarding issues and procedures amongst key stakeholders.
Practitioners, councillors, commissioners, carers, service users and the general public would not be aware of the mechanisms and support structures available to them.</td></tr>
<tr><td>9</td><td>What are we going to do?</td><td colspan="3">A task and finish group will meet to review policies and procedures currently in place, will raise awareness and use a robust evidence base and evidence from witnesses to make recommendations to Cabinet and to partner organisations through the Plymouth 2020 partnership.</td></tr>
<tr><td>10</td><td>How are we going to do it? (Witnesses, site visits, background information etc.)</td><td colspan="3">Desktop review of policies and procedures
Hear evidence from witnesses (to be confirmed)
Provide a report and recommendations to Cabinet via the Overview and Scrutiny Management Board.</td></tr>
<tr><td>11</td><td>What we won’t do.</td><td colspan="3">The review will be restricted to areas which have a direct impact on issues of safeguarding for vulnerable adults.</td></tr>
<tr><td rowspan="2">12</td><td rowspan="2">Timetable & Key Dates</td><td>Known milestones for achieving the final report</td><td>Target Date</td><td>Responsible Officer</td></tr>
<tr><td>Ratification of work programme item request by the Health and Adult Social Care Overview Scrutiny Panel</td><td>14 September 2011</td><td>Panel</td></tr>
</table>

		Confirmation of Membership and Chair	14 September 2011	Panel
		Recommendation for Task and Finish group to Overview and Scrutiny Management Board	21 September 2011	Chair
		Desktop review	26 October 2011	Chair / Group Lead Officer / Chair
		Evidence from witnesses	26 October 2011	Chair / Group Lead Officer / Chair
		Final report to Overview and Scrutiny Management Board	30 November 2011	Chair / Group Lead Officer
13	**Links to other projects or initiatives / plans**	Safeguarding Adults – Multi agency policy and procedures for safeguarding adults a complete working guide. (and associated appendices) Keeping Safe publications No secrets guidance Safeguarding Adults Board Annual Report Results of Safeguarding Adults Audit		
14	**Relevant Overview and Scrutiny Panel**	Health and Adult Social Care Overview and Scrutiny Panel		
15	**Where will the report go? Who will make the final decision**	Any recommendations relating to Plymouth City Council Services will be forwarded to the Overview and Scrutiny Management Board for further recommendation to Cabinet. Any recommendations for NHS services will be forwarded directly to the NHS Cluster Board (Devon).		
16	**Resources (staffing, research, experts, sites visits and so on)**	Staff time Other expenses to be met within existing budgets.		
17	**Is this part of a statutory responsibility on the panel?**	Yes		

18	**Should any other panel be involved in this review? If so who and why?**	No
19	**Will the task and finish group benefit from co-opting any person(s) onto the panel.**	No
20	**How does this link to corporate priorities?**	Value for Communities.

Criteria for review

(Items would be expected to meet at least two of the following criteria)

- Corporate priority area
- Poor performing service (evidence from PIs, benchmarking or where high levels of dissatisfaction from customers are recorded)
- High budgetary commitment
- Pattern of not reaching budget targets
- Issue raised by external audit, management letter, inspection report
- New government guidance or legislation
- Issue consistently identified by Members as key through constituency activity
- Public interest issue covered in local media

Health and Adult Social Care Overview and Scrutiny Panel

Work Programme 2010/11

Topics	J	J	A	S	O	N	D	J	F	M	
Health and Social Care Bill											
Health and Wellbeing Boards (early implementer)*				**14**							
Healthwatch (pathfinder)*				**14**							
Public Health											
Alcohol Harm Reduction*											
Tobacco Control Strategy											
NHS Plymouth Primary Care Trust Services											
Gynaecological Cancer Surgery Service Change Update		**20**									
NHS Plymouth - Quality Improvement Productivity and Prevention (QIPP) Update		**20**									
Review of Urgent Care Services						**9**					
Plymouth NHS Hospitals Trust											
Plymouth Hospitals NHS Trust – Infection Control Update										**7**	
Never events post inspection update*		**20**									
Medium Term Financial Strategy*											
Plymouth City Council – Adult Social Care											
Winter pressure and reablement fund Update											
Safeguarding Adults*						**9**					
Dementia Strategy*											

Topics	J	J	A	S	O	N	D	J	F	M	
Plymouth Local Involvement Network (LINks)											
LINk update and performance monitoring				**14**							
Consultations											
Task and Finish Groups											
Performance Monitoring											
Quality Accounts										**7**	
NHS Plymouth, Plymouth Hospitals Trust and PCC Joint Finance and Performance Monitoring, including LAA Performance Monitoring.						**9**		**25**			

Key:

* = New addition to Work Programme