

Health and Adult Social Care Overview and Scrutiny Panel

Wednesday 9 November 2011

PRESENT:

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

Co-opted Representatives: Chris Boote (Plymouth Local Involvement Network)

Apologies for absence: Councillors Drean and Margaret Schwarz

Also in attendance: Paul O'Sullivan, Joint Commissioning Manager (NHS Plymouth), Debbie Butcher, Commissioning Manager (Plymouth City Council (PCC)), Lucy Beckwith, Commissioning Manager (NHS Plymouth), Sara Mitchell, Locality Manager (Plymouth Community Healthcare (PCH)) Dr. John O'Donovan, Consultant Psychiatrist (PCH), Kate Anderson, Head of Community Memory Service (PCH), Michelle Thomas, Director of Operations (PCH), Andrew Davies, Head of Environmental Services, (Plymouth Hospitals NHS Trust (PHNT)), Lesley Darke, Chief Operating Officer (PHNT) Amanda Nash, Communications Manager, (PHNT) Giles Perritt, Lead Officer (PCC), Councillor Grant Monahan, cabinet member for Health and Adult Social Care (PCC) and Ross Jago, Democratic Support Officer (PCC).

The meeting started at 10.05 am and finished at 12.40 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.

38. **DECLARATIONS OF INTEREST**

The following declarations of interest were made in accordance with the code of conduct –

Name	Minute No. and Subject	Reason	Interest
Councillor Mrs Bowyer	43. Dementia Strategy Update 44. Older People's Mental Health Service Redesign	Care home manager.	Personal
Councillor Dr Mahony	43. Dementia Strategy Update	General Practitioner.	Personal
Councillor Mrs Aspinall	43. Dementia Strategy Update	Chair of Plymouth Dementia Action Alliance.	Personal
Councillor Mrs Aspinall	45. Parking Proposals	Member of Disabled Users Forum	Prejudicial
Councillor Dr Salter	42. Soft Tissue Sarcoma 45. Parking Proposals	Governor in waiting Plymouth NHS Hospitals Trust.	Personal
Councillor Casey	43. Dementia Strategy Update 44. Older People's Mental Health Service Redesign	MENCAP employee.	Personal

CHAIR'S URGENT BUSINESS

39. **MEMBERSHIP OF TASK AND FINISH GROUP**

Membership of the Safeguarding Task and Finish Group was confirmed as follows –

Councillor McDonald (Chair)
Councillor Bragg
Councillor Browne
Councillor Penberthy
Councillor Dr Salter
Councillor Tuffin

40. **MINUTES**

Agreed that the minutes of the meeting held on the 14 September were approved as a correct record subject to the following addition at minute 32 (h)-

It was reported that the LINK had achieved progress and success in many areas and compared favourable both in the south west and nationally. Targets set by the local authority had been surpassed and service improvements in areas significant to local people had been achieved.

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

Agreed that the panel's tracking resolutions were noted.

42. **SOFT TISSUE SARCOMA - NHS PLYMOUTH**

Ann James, Chief Executive of the NHS Devon Cluster introduced a report on service development for soft tissue sarcoma services for adults. It was confirmed that –

- (a) a single multidisciplinary team would operate for patients within the peninsula across Plymouth Hospitals and Royal Devon and Exeter sites;
- (b) the multidisciplinary team would be responsible for agreeing an appropriate treatment regime for individual patients which would include decisions on which hospital site would be appropriate for surgery if required;
- (c) sarcoma diagnosis and treatment will continue to be provided by clinicians who specialise in soft tissue sarcoma.

The panel welcomed the service development and the focus on providing improved cancer services.

Agreed that –

- (1) the results of the programme of public and patient engagement would be shared with members of the panel;
- (2) the panel noted the proposed approach to providing soft tissue sarcoma services;
- (3) the panel noted the involvement of patients, clinicians and the public in the process;
- (4) the panel noted the improved quality and safety of the service that the model would deliver over time.

43. **DEMENTIA STRATEGY UPDATE - NHS PLYMOUTH / PLYMOUTH CITY COUNCIL**

Lucy Beckwith (NHS Plymouth) and Debbie Butcher (PCC) introduced an update on the dementia strategy action plan. It was reported that a joint commissioning group had been established with NHS Plymouth as the lead agency for the delivery of the dementia strategy. Details of specific actions delegated to each member of the project group were detailed in the attached report.

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

- (a) the dementia quality mark was an accreditation for care homes in the city. To qualify care homes had to satisfy clear standards. Following an application process a panel visited the homes to ensure the information provided was correct. The mark was highlighted on the online directory and would be reviewed the annually. Plymouth University had been approached to evaluate the project and their report would be shared at a future meeting of the panel;
- (b) the focus on the reduction in the prescription of anti psychotic drugs was the result of a national focus;
- (c) through master classes General Practitioners would be supported to correctly assess and report dementia patients, this issue was part of the work stream on early diagnosis;
- (d) carer and service user representation on the board would be considered and would be actioned in consultation with the Plymouth LINK.

Agreed that –

- (1) following a proposed review of the hospital discharge process for patients suffering from dementia the panel is updated on findings and proposals for changes at a future panel meeting;
- (2) the ambition to be the south west leader in dementia support would be added to the dementia strategy;
- (3) progress on the appointment of a service or user representative to the core group would be reported to a future meeting of the panel.

44. **OLDER PEOPLES MENTAL HEALTH - PLYMOUTH COMMUNITY HEALTHCARE**

Paul O'Sullivan (NHS Plymouth) introduced the report on proposed changes to older people's mental health services provided by Plymouth Community Healthcare. It was reported that –

- (a) a review of the evidence relating to older people's mental health was undertaken in the summer of 2011. The review highlighted the significant and

increasing issues in older people's mental health, including dementia, and commissioners had requested that providers confirm how they would redirect resources to reflect increasing demand;

- (b) there would be a reduction in bed numbers which would be supported by work to stop people being admitted unnecessarily and improvements to discharge. The inpatient units at Plympton would relocate onto a single site at Mount Gould alongside community staff. Initially there would be a reduction in beds from 18 beds per ward to 15 beds per ward;
- (c) the changes to inpatient services would be supported by two clear functional and dementia pathways involving inpatients and community teams working in an improved model of service delivery;
- (d) a lean and efficient Memory Service would be further developed including a reduction in waiting time and caseload. The service would move towards a time limited period of assessment, diagnosis, treatment and post diagnostic support. There would be a six month follow up appointment for patients prior to discharge back to GP. Difficulties encountered by patients and carers would be assessed by support from the dementia community team and the patient reintegrated into active mental health care at a level appropriate to care need. It was believed that this would reduce the current caseload by approximately 33 per cent.

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

- (e) following an extensive review it was found that 18 inpatient beds were no longer required and the reduction in beds would be supported by robust community teams across localities;
- (f) Edgumbe ward at Mount Gould Hospital would be redesigned to accommodate the dementia group. Equipment such as sensory mattresses would be procured and directives on single sex accommodation would be adhered to;
- (g) the Memory Service would assess a patient within four weeks following referral. The Memory Service carried out assessments in the patient's own home and could make further referrals to social care. There was currently an 18 week wait for a consultant review.
- (h) sensory mattresses were being procured as cot sides were not appropriate for dementia patients;
- (i) there were three substantive consultant posts which were filled and making good progress against targets;
- (j) there was a developing problem of alcohol related dementia, plans to tackle the problem would be developed through partners and work was ongoing.

Agreed that –

- (1) the city council and partners would develop an approach to communicating key dementia support messages to their staff and a progress report would be provided at a future meeting of the panel;
- (2) the cross agency work on alcohol related dementia was to be welcomed and the outcome of the work was expected to be reflected in the development of the mental health strategy and services;
- (3) the older peoples mental health service redesign was supported by the panel.

45. **PARKING PROPOSALS - PLYMOUTH NHS HOSPITALS TRUST**

Lesley Darke (PHNT) introduced a report on the proposed changes to parking at Derriford hospital. It was reported that –

- (a) the current car park contract had been in place for 15 years. PHNT had been in the process of renegotiating the contract and making changes to address issues that had been highlighted by consultees including the Plymouth LINK;
- (b) as a result of changes to the contract there would be a net increase in spaces and disabled bays with a more robust approach to car park management including changes to signage, permits and access control;
- (c) to support the changes the trust planned to increase the use of staff park and ride schemes;
- (d) parking proposals included a visible parking officer, increased advertising of concessionary rates and pay on foot where visitors to the hospital would make payments on exit. In order to achieve this there would be an increased number of automatic barriers in the car parks.
- (e) the new contract would commence on the 1 January 2012 and would last seven to ten years. The new multi-storey car park would form part of the car parking solution at Derriford;
- (f) the trust had been working hard to bring improvements whilst keeping car parking charges at current levels. To achieve this the current period of 45 minutes of free drop off time would be reduced to 15 minutes;
- (g) the trust had consulted the disabled users forum on whether charges for disabled parking would be acceptable, in response the forum had stated that it would not object to charges for disabled users if the charges reflected increased and appropriate provision for disabled visitors.

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

- (h) the free drop off period was not intended to be used as a period of free parking for all visitors to the hospital and had been heavily abused. The trust

were balancing costs and the reduction in the free drop off period would ensure that funds were not diverted to parking from frontline service provision;

- (i) the changes to the layout of the car park, along with greater access control and pick up / set down points at key access points to the hospital would ensure that the collection / drop off of patients would be possible in the 15 minute timescale
- (j) the new contract included clauses which ensure issues around performance and changes would be tackled in partnership between the trust and the successful bidder;
- (k) the multi-storey car park would be completed in 2013.

Members of the panel accepted that changes were required at Derriford to ensure parking provision was fit for purpose, however some members remained concerned that 15 minutes was not long enough to collect or drop off patients at the hospital.

Agreed that –

- (1) the panel recommends to the cabinet member for transport that the facilities at the Derriford Hospital bus interchange are upgraded to include an increased number of shelters and benches;
- (2) the panel recommends to the cabinet member for transport increased marketing and advertising activity is undertaken with regard to the George park and ride;
- (3) PHNT provides real time public transport information in the hospital foyer/reception;
- (4) PHNT are requested to ensure that car parking concessions are clearly publicised throughout the Derriford hospital site;
- (5) further work is carried out by PHNT on the discharge process for patients to ensure that collection is possible in 15 minutes.

46. **BIANNUAL REPORT**

Agreed to note the panel's biannual report.

47. **WORK PROGRAMME**

Agreed to note the work programme and the addition of stroke service redesign and a report on the NHS 111 urgent care telephone number.

48. **EXEMPT BUSINESS**

There were no items of exempt business.