

Health and Adult Social Care Overview and Scrutiny Panel

Wednesday 25 January 2012

PRESENT:

Councillor Mrs Bowyer, in the Chair.
Councillor Gordon, Vice Chair
Councillors Browne, Casey, Dr. Mahony, Mrs Nelder, Mrs Nicholson, Penberthy, Dr. Salter and Tuffin.

Co-opted Representatives: Chris Boote, Local Improvement Network.

Apologies for absence: Councillors McDonald, Mrs Bragg and Drean, Mrs Aspinall.

Also in attendance: Councillor Monahan, Cabinet Member for Adult Social Care, Nick Thomas, Director of Strategic Planning and Information (Plymouth Hospitals NHS Trust), Amanda Nash, Head of Communications (Plymouth Hospitals NHS Trust), Elaine Fitzsimmons, Assistant Director of Commissioning (NHS Devon, Plymouth and Torbay) Giles Perritt, Lead Officer (Plymouth City Council), Ross Jago Democratic Support Officer (Plymouth City Council).

The meeting started at 10.00 am and finished at 12.02 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.

49. DECLARATIONS OF INTEREST

Name	Minute No. and Subject	Reason	Interest
Councillor Dr Salter	56. NHS Plymouth Hospitals Trust	NHS Plymouth Hospitals Trust Appointed Governor.	Personal

CHAIR'S URGENT BUSINESS

50. ELECTION OF VICE CHAIR

In the absence of Councillor McDonald the Chair proposed Councillor Gordon to act as vice chair for this meeting. The proposal was seconded by Councillor Tuffin and following a vote was agreed.

51. **RESIGNATION OF CO-OPTED REPRESENTATIVES**

The Chair reported that Chris Boote and Margaret Schwarz had resigned from the panel.

Chris Boote recommended to the panel that Sue Kelley, a member of the Local Involvement Network Stewardship Group, was nominated to replace him.

Agreed to recommend to the Overview and Scrutiny Management Board that Sue Kelley, member of the Local Involvement Network Stewardship Group, is appointed as a co-opted member to the Health and Adult Social Care Overview and Scrutiny Panel.

52. **MINUTES**

Agreed that the minutes of the meeting of the 9 November 2011 were approved as a correct record.

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

The Democratic Support Officer advised the panel that work was ongoing with reference to tracking resolution 32 of the 14 September 2011 regarding the commissioning of Local Healthwatch. An update would be provided to the panel on the 7 March 2012.

The Democratic Support Officer would progress tracking resolution 44 (1) of the 9 November 2011 regarding the communication of key dementia messages and would provide an update to the panel on the 7 March 2012.

Agreed to note the panel's tracking resolutions.

54. **DRAFT BUDGET SCRUTINY RECOMMENDATIONS**

The panel's lead officer provided an update following the Overview and Scrutiny Management Board's scrutiny of the council's and strategic partners' budget and corporate plans for 2012 / 13. The lead officer provided an indication of where recommendations were likely to be made, which included that –

- (a) Management Board considered that the extent of demographic changes and the fundamental changes to service delivery in terms of health and social care were not adequately reflected in the corporate plan;
- (b) the Health and Adult Social Care Overview and Scrutiny Panel would be provided with an update of the results of the Joint Strategic Needs Assessment and its use in the development of the Health and Wellbeing strategy;
- (c) Adult Social Care would be asked to conduct a market impact assessment, particularly with regard to the impact on the adult social care workforce;

- (d) greater voluntary and community sector representation should be considered for the developing Health and Wellbeing Board;
- (e) the Cabinet should consider discretionary funding for adaptations.

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

- (f) the demand for adaptations was currently outstripping supply;
- (g) the sexual assault referral centre was one of only two in the peninsula and was regarded as best practice. The service had been subject to annual funding commitments from partners for some time, a longer term funding commitment from partners was being sought;
- (h) the Quality, Innovation, Productivity and Prevention programme was the large scale transformational programme for the National Health Service which was hoped would deliver 20 billion of efficiency savings. The panel had received updates on various elements of the programme. A further update would be provided to the panel at a future meeting.

Agreed that an update on the QIPP programme would be provided to a future meeting of the panel.

55. **WORK PROGRAMME**

Agreed the panel's work programme subject to the addition of –

- (1) the Plymouth NHS Hospitals Trust No Smoking Policy;
- (2) the Plymouth NHS Hospitals Trust Foundation Status Business Plan.

56. **NHS 111 URGENT CARE TELEPHONE NUMBER**

The panel received a report on the implementation of the NHS 111 non urgent telephone number. It was reported that NHS 111 was a new national NHS service. It would provide signposting service for patients with unscheduled health problems which required assessment but which did not require emergency services. NHS 111 would be free to call and available 24 hours a day, 365 days a year to respond to people's healthcare needs when -

- (a) they needed medical help fast, but did not believe it was a 999 emergency;
- (b) they did not know who to call for medical help;
- (c) they required Accident and Emergency or another NHS urgent care service;
- (d) they required health information, signposting, or reassurance about what to do next.

The service was intended to provide consistent clinical assessment at the first point of contact and direct customers to the right NHS service. The commissioned provider would implement a call handling system with support software, which linked into a comprehensive local directory of services.

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

- (e) the tender process would begin in February and the contract would be awarded in June;
- (f) the pilot areas were decided by the department of health, NHS Plymouth had registered an interest in being a pilot area but were not selected;
- (g) a clinical algorithm which had been in use for some time would be employed at the call centres;
- (h) Key Performance Indicators would be part of contract monitoring and would ensure the correct financial penalties were in place should the provider fail in service delivery;
- (i) the service was being launched across England at different dates, a communication strategy was in place and was being supported by the Department of Health;
- (j) when the service was launched calls to NHS Direct would be diverted to the 111 service.

Agreed to -

- (1) note the proposals for the introduction of NHS 111 within the south west;
- (2) note the opportunities to comment on the development of the new services.

57. **STROKE SERVICE REDESIGN**

The NHS Plymouth Assistant Director for Commissioning provided an update of the stroke service redesign. It was reported that –

- (a) the work was not yet complete as it has taken longer than expected to explore the impact and implications from a clinical perspective. Should evidence prove that proposed changes did not lead to improved clinical outcomes the project would not be progressed;
- (b) public involvement would be sought when the clinical case had been clarified;
- (c) in addition, the work exposed some challenges in the partnership between the two providers (Plymouth Hospitals NHS Trust and Plymouth Community Healthcare). The Primary Care Trust was working with the providers to identify the priorities for service improvement whilst resolving issues

regarding leadership and responsibility for the pathway.

The NHS Plymouth Assistant Director for Commissioning advised the panel that the level of care from both providers remained very high and that the redesign was being considered to further improve clinical outcomes for patients and realise efficiency savings.

Agreed to note the update of stroke service redesign.

58. **PLYMOUTH HOSPITALS NHS TRUST - FOUNDATION TRUST CONSULTATION**

The panel received a presentation from the Director of Strategic Planning and Information (Plymouth Hospitals NHS Trust, (PHNT)) on the transition to Foundation Trust Status. The presentation outlined –

- (a) how the trust intended to seek views and public involvement in the transition;
- (b) the proposed governance arrangements for the trust;
- (c) a timetable of major milestones leading to formal authorisation in February 2013;
- (d) the trusts vision to ‘a major university teaching hospital and healthcare provider, recognised as one of the best in the country.’;
- (e) the key priorities of the trust’s five year plans included the expansion of specialist services including designation as a major trauma centre and expansion of cancer and paediatric services;
- (f) the proposed new name of the foundation trust was ‘University Hospital Plymouth NHS Foundation Trust’;
- (g) plans for increasing the membership of the foundation trust and details on the elections to the council of governors.

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

- (h) the city priorities were not set out within the consultation document.
- (i) the foundation trust Integrated Business Plan would be made available to the panel for scrutiny;
- (j) PHNT did have a significant role to play in reducing health inequalities but should not be viewed as the lead organisation for this city priority;
- (k) PHNT had made significant savings but would fall marginally short of savings targets for 2011 – 2012;

- (l) the vacant posts at a senior level in the organisation was a problem and coupled with savings requirements and changes to the health system the context in which the hospital was working was challenging.

Members of the panel commented that there was little evidence that PHNT had considered wider strategic partnerships within the consultation document, the approach was not viewed as joined up and that current turmoil at the top of the organisation was a risk to service delivery when set against the fundamental changes taking place in the health sector.

Agreed to add Plymouth NHS Hospitals Trust's foundation trust business plan to the panel's work programme.

59. **EXEMPT BUSINESS**

There were no items of exempt business.