Barry Keel
Chief Executive

Plymouth City Council
Civic Centre
Plymouth PL1 2AA

www.plymouth.gov.uk/democracy

Date: 28 February 2012

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 7 March 2012
Time: 10 am
Venue: Warspite Room, Council House, Plymouth

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 submitted 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 that, in the opinion of the Chair, should be brought forward for urgent consideration.

4. TRACKING RESOLUTIONS AND FEEDBACK FROM THE OVERVIEW AND SCRUTINY MANAGEMENT BOARD (Pages 1 - 2)

The panel will monitor progress on previous resolutions and receive feedback from the management board.

5. OLDER PEOPLES' MENTAL HEALTH SERVICE REDESIGN (Pages 3 - 18)

The panel will receive an update on the older peoples' mental health service redesign.

6. PERSONAL BUDGET POLICY (Pages 19 - 32)

The Director of People will submit a report on a draft Personal Budget Policy which sets out how Plymouth Adult Social Care will mainstream personal budgets. This item has been referred to the panel by Cabinet.

7. PLYMOUTH HOSPITALS NHS TRUST - FOUNDATION TRUST BUSINESS PLAN - TO FOLLOW

The panel will receive a copy of the Plymouth Hospitals NHS Trust business plan for foundation trust status.

8. SAFEGUARDING VULNERABLE ADULTS TASK AND FINISH GROUP - TO FOLLOW

The panel will receive the report of the safeguarding adult's task and finish group.

9. WORK PROGRAMME (Pages 33 - 34)

The panel will receive a copy of its work programme.

10. MINUTES (Pages 35 - 40)

The panel will be asked to confirm the minutes of the meeting held on 25 January 2012.

11. 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.

This page is intentionally left blank

TRACKING RESOLUTIONS
Health and Adult Social Care Overview and Scrutiny Panel

Date / Minute number	Resolution	Explanation / Minute	Action	Progress	Target date
14/09/11 32	Agreed that the panel would take part in the tendering process and make recommendations to the Cabinet with regard to Local Healthwatch.			Democratic Support Officer will provide an update.	7 March 2012
9/11/11 44 (1)	Agreed 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;	Dementia Strategy Update		The Democratic Support Officer will provide an update.	7 March 2012

Grey = Completed (once completed resolutions have been noted by the panel they will be removed from this document)
Red = Urgent – item not considered at last meeting or requires an urgent response

This page is intentionally left blank

Plymouth Community Healthcare

Older People's Mental Health Redesign Strategy Consultation Update February 2012

Prepared by
Kate Anderson
Consultant Psychologist/
Manager of Plymouth Community Memory Service
With support from
Sara Mitchell, Plym Locality Manager
Lucy Beckwith, Commissioning Manager
Mike Lincoln, Programme Manager

Older Peoples Mental Health (OPMH) Redesign December 2011- April 2012.

1. Purpose of the paper.

To provide an update regarding OPMH Redesign.

2. Background

In November 2011 a strategy for the provision of Older People's Mental Health Services was presented to the Plymouth City Council Overview and Scrutiny Committee (OSC) and the Sentinel Clinical Commissioning Executive (SCCE). The strategy had been developed with the Plymouth Dementia Joint Strategic Commissioning Group and the Mental Health Local Implementation Team. These groups have representatives from across the health, social care and voluntary sector and service users/carers.

The proposed changes are in keeping with the national and Plymouth Dementia strategy and form part of the QIPP programme.
In summary the proposals entailed:

- Relocation of in patient units onto a single site alongside community staff with an initial reduction of beds from 15 to 18 on each ward to offer an enhanced patient and carer experience
- Remodelling of service provision in the community to ensure congruence with joint commissioning agendas with the aim of encouraging a pathway approach to care provision which will increase the range of options for care patients and their supporters.

The redesign strategy also set out the consultation process to be followed in accordance with S242 of the 2006 NHS Act. The purpose of this paper is to provide feedback on that consultation.

3. Consultation.

The 90 day period of consultation began on 10th December 2011 and ends formally on 9th February 2012 although patient and carer engagement will continue after this date.

The consultation and engagement has been extensive and is ongoing, particularly with carers and patients who are the most directly involved in the move.

All engagement sessions have explained the rationale for the move and the positive benefits for patients whilst being mindful of staff concerns. The aim of

all engagement events has been one of complete transparency, to offer them as widely and as often as possible under the mantra of “No surprises”.
We have been mindful of the principles outlined in Involving People Living with Dementia: Making Involvement Count.

There have been a range of both formal and informal engagement events with:

- External stakeholders
- Mental Health colleagues
- OPMH colleagues
- Carers
- Patients
- Plymouth Community Healthcare Support colleagues eg catering, administrative and secretarial staff.

There has been overwhelming support from all internal and external stakeholders who view the redesign strategy as offering an improvement in patient care. They have valued the opportunity for increased links with other services.

The paper outlines in some detail the consultation and engagement events and outcomes from the various groups.

3.1 External Stakeholders.

- Letters about the redesign have been sent to key stakeholders as documented in Appendix 1. The letter offered a meeting if concerns were raised.
  Outcome: No group has been in contact with us about the information.

- A formal meeting was held with representatives from Plymouth Age Concern and the Alzheimer’s Society on 23-1-12.
  Outcome: felt to be a helpful meeting. Both groups asked to be sent Redesign Newsletters that are displayed on Oakdale and Pinewood at the beginning of each month.

- Meetings with Elder Tree Befriending Consortium have been offered but rearranged at their request,

- Senior Managers met with the Plympton League of Friends on 11-1-12.
  Outcome: The Plympton League of Friends is supportive of the move and is requesting some storage facility on the new site. They are going to be in contact with the Charities Commission about the ongoing nature of the group when the Plympton site is empty.

- OPMH Redesign was flagged in the Christmas “Cheery Letter” to all Plymouth GPs.

- OPMH redesign was a major part in the Plymouth Community Memory Service Newsletter. This is in the process of being sent out to every patient who is currently known the Community Memory Service. It is displayed on the boards in the Memory Clinic and has been sent to all Practice Managers for display and distribution to GPs in the practice.

- The OPMH Redesign was submitted as part of the evidence submitted to the South West Dementia Partnership as part of the Peer Review on 19-1-12.

3.2 Staff engagement.

All OPMH staff have been sent a copy of the Redesign Strategy by email and have been updated informally throughout the consultation at referral meetings, business meetings and any relevant fora.
These 2 hour session have been held on Plympton and Mount Gould sites for the following staff

:16-12-11	Oakdale and Pinewood staff
4-1-12	All affected Plympton staff
9-1-12	Edgecumbe staff
16-1-12	All OPMH staff
19-1-12	Ancillary Staff and Domestic Staff
19-1-12	Night staff and others
24-1-12	All OPMH staff

Sessions had been well advertised with posters and encouragement to attend at internal team business meetings. Time owing was offered to staff attending out of working hours.

Notes were taken by a designated note taker. Human resources and Staff side were represented at each meeting. All staff were reassured that if they had particular individual issues there was the opportunity to meet with a manager and HR.

The response from staff has been overwhelmingly positive with at the prospect of increased medical cover for the wards and an improved patient environment. This represents a majority of staff attending formal sessions.

For some staff the implications of the redesign has held significant disappointment and problems with redeployment which are currently being worked through. Regrettably some staff are being placed ‘at risk’.

Key issues raised by staff were:
Parking
Travel allowance for relocation of base.
Emergency medical and nursing cover
Provision of a staff room on the new ward
Clarification of equipment moving with the ward.

Outcomes:

Staff have requested some influence on the design of the use of space, for example, location of linen store and toilet roll holders and clear clocks in each bedroom. These will be incorporated into the works.

Staff have been reassured that training for new equipment will be in place.

The Modern Matron is preparing an Induction pack for staff transferring to the Mount Gould site.

Interested ward, community staff, secretarial and medical staff have had the chance to walk around the new ward areas and comment upon the key changes.

Dates have been set for 4 half day ‘away days’ to be held in Lopes Training Room for discussion and consolidation of pathway and Locality Support Working.

3.3 Patient and Carer engagement

A Redesign Newsletter has been prominently displayed on each ward (Appendix 3) They have contained important information and the dates of engagement events for carers and have been highlighted to patients and carers by the nursing staff.

Take up of the 2 sessions offered so far has been low and the feedback from ward staff is that carers feel that the date for the proposed move is such that their relative will be discharged. One carer has attended and raised interesting additions to improved patient care.

Outcomes: Modern Matron will discuss whether hairdressing and barber facilities can be made available on the Mount Gould site. She will also clarify whether pharmacy arrangements for TTO medication.

Outcomes: the feedback from relatives has high lighted the importance of increasing engagement events as the move date draws closer and it

is clearer which patients and relatives are likely to be affected. The following ADDITIONAL sessions have been scheduled:

Thursday 16th February	**Oakdale 09.30-10.15** **Pinewood 10.15- 11.00**
Wednesday 29th February	**Pinewood 10.30-11.15** **Oakdale 11.15-12.00**
Tuesday 6th March	**Oakdale 10.00-11.00** **Pinewood 11.00-12.00**
Tuesday 13th March	**Pinewood 10.00-10.45** **Oakdale 10.45-11.30**
Monday 19th March	**Oakdale 1.30-2.15** **Pinewood 2.15-3.30**
Wednesday 28th March	**Pinewood 11.00-12.00** **Oakdale 1.30-2.15**
Monday 2nd April	**Oakdale 1.30-2.15** **Pinewood 2.15-3.00**
Tuesday 10th April *	**Pinewood 09.00-10.00** **Oakdale 10.00.**

* This is envisaged as the final session and will deal with the detailed logistics of the move for both wards

All sessions will have same level of management support as those at the beginning of the process and will be held on the Plympton site.

- All carers of current patients on both Oakdale and Pinewood have been given a letter from the Locality Manager informing them of the plans and encouraging them to join us in ensuring that we make the move for patients as stress free as possible. Staff will give these letters to all new patients as they are admitted.

Patients on Oakdale have discussed the move of wards at the Saturday morning Patient's Business meeting.

Outcomes: patients have fed back their pleasure that there will be an onsite Chaplaincy, a café for visiting relatives and single rooms

4. Proposed Strategy Changes arising from consultation.

The outcomes demonstrate that suggestions from staff and carers have become part of the redesign and have been helpful in making sure that the changes make a difference to both the experience of the ward stay and working on the ward. The additional sessions for carers and patients closer to the move date is the most significant change made to the Redesign Strategy.

5. Future of the Plympton Site

Arising from the positive response to the proposals regarding the re-design of Older Persons Mental Health services it is envisaged that all existing services will have vacated the Plympton site by the end of April 2012. A review of options for the site will now be undertaken in accordance with section 9.3. of the PCT's Estates Strategy.

If the outcome of the review is that the site is no longer needed it will be disposed of and funding, released from the sale, recycled back into NHS funded care.

6. Conclusion.

The OPMH management team have been very grateful to all who have responded to the proposals for OPMH service redesign. Staff have given their time and commitment in responding to the strategy and the wider OPMH staff group are thrilled that for the first time all our services will be on a single site. There are active plans to capitalise on this and make the synergies that this creates to develop a flagship service which meets the needs of the older people of Plymouth, reduces stigma and provides a seamless level of care that meets the needs of the individual and their family.

Appendix 1.
List of external stakeholders contacted.

LINks
Plymouth Race Equality Council (Counselling Service)
Plymouth Befriending Umbrella (Elder Tree)
Plymouth Bi Polar Support group
Plymouth Mind
Plymouth Guild Mental health and Well Being Advocacy service
Plymouth Involvement and Participation service (PIPS) Plymouth
Rethink Community Service
Shekinah Mission

Appendix 2

Dates of engagement

Plympton Hospital Engagements

Date	Time	Details	Venue	Confirmation/ Rooms booked
4.1.12	9.30 - 11.30	Plympton Engagement (all affected at Plympton)	Plympton Hospital	✓
9.1.12	9.30 - 10.30	Edgecumbe Ward staff consultation	Plympton Hospital	✓
	11.00 - 12.30	Edgecumbe patient and carer move session	Plympton Hospital	✓
16.1.12	1.00 - 3.00	All staff - consultation	Lopes Training Room	✓
19.1.12	6.15 - 7.30	Plympton Night Staff consultation	Plympton Hospital	✓
23.1.12	9.30 - 10.30	Alzheimer's and Age Concern	Beauchamp/Office	✓
	11.30- 12.30	Oakdale Carers	Plympton Hospital/ Conference Room	✓
24.1.12	1.00 - 1.30	Plympton Consultation	Meeting Room, Beauchamp	✓
25.1.12	11.00 - 12.00	Pinewood Carers	Plympton Hospital/ Conference Room	✓
31.1.12	2.00 - 3.00	Oakdale Carers	Plympton Hospital/ Conference Room	✓
7.2.12	10.30 - 11.30	Pinewood Carers	Plympton Hospital / Hazeldene Day Room	✓
13.2.12	2.30 - 3.30	Oakdale Patients	Plympton Hospital on Ward	✓
15.2.12	11.00 - 12.00	Pinewood Patients	Plympton Hospital on Ward	✓
4.1.12	12.00-13.00	Elder Tree - voluntary organisation third sector	Beauchamp	Yes

Date tbc	Plympton League of Friends	Plympton

Redesign Services to Older People's Mental Health Services

INFORMATION AND UPDATE

At the start of 2012, the Older People's Mental Health (OPMH) wards will be relocating from Plympton Hospital to the Mount Gould Hospital site.

Pinewood will be moving to Edgcumbe Ward.

Oakdale will be moving to Cotehele Ward.

We have made these decisions after much thought and planning with the aim of providing an even higher quality of care. There will be 15 beds on each ward and no reduction of staffing levels. It will mean that all parts of the service – the Doctors, the Community Nursing Teams and the Community Memory Service will all be on the same site. This will enable us to give you what the NHS calls 'seamless care'. This means that as a person's needs change the service is easily and quickly able to provide the best sort of support by the most appropriate person.

By being at Mount Gould Hospital we will be close to doctors and resources for physical health.

In the current climate you may be concerned that this is about cutting costs. It definitely is not. It will actually cost more to provide the beds on the Mount Gould Hospital site but we think that the extra quality in the service is more important.

The changes have the support of the medical and nursing staff.

You may have lots of questions and perhaps some anxieties about the move. If you do please contact the Ward Manager or Mandy Rolfe (Modern Matron).

You will be having an open meeting **4 weeks** before the move date to clarify any issues or concerns you might have. We will announce this on the ward so please keep an eye out on the notice board. We will have another short meeting **one week** before moving day to let you know how it will happen on the day.

The team is not responsible for what happens to the site of Plympton Hospital so we will not be able to answer questions about that.

If you want to speak to us please let the ward staff know.

Sara Mitchell, Plym Locality Manager
Claire-Louise Journeaux, Deputy Locality Manager
Kate Anderson, Head of the Community Memory Service
Mandy Rolfe, Modern Matron

Older People's Mental Health Service (OPMH) Redesign Newsletter - January 2012

A Happy New Year to you all. 2012 will see BIG changes as we outlined in the last newsletter.

We are still on track for the wards to move to the Mount Gould Hospital site by the end of March 2012. Work has started on the ward 'downstairs', currently Greenfields, which has to be completed first to allow them to move so that we can make the changes to Edgcumbe.

The tenders are out for the upgrading work on both Edgcumbe and Cotehele. The biggest challenge has been ensuring single-sex accommodation as per the Department of Health regulations but we think that we have solved this. Everybody will have single rooms and there is one room on each ward with ensuite bathroom facilities.

The dates for you as relatives and supporters to meet the key management team about the moves are:

Oakdale Carers and Relatives:

Monday 23rd January 2012 – 11.30 am to 12.30 pm – Hazeldene, Plympton Hospital.

Tuesday 31st January 2012 – 2.00 pm to 3.00 pm – Hazeldene, Plympton Hospital.

Pinewood Carers and Relatives:

Wednesday 25th January 2012 – 11.00 am to 12.00 pm – Hazeldene, Plympton Hospital.

Tuesday 7th February 2012 – 10.30 am to 11.30 am – Hazeldene, Plympton Hospital.

This is your chance to talk to us about any concerns you have about the changes we are making. We will be meeting with the patients in both wards in January and then again when we have the actual date of the moves confirmed. We will also meet with relatives and carers again closer to the date so that we can explain the exact logistics of how we are planning to move your relative as calmly and as safely as we can. You can be involved with the transfer of your relative if you think that would be the least stressful way of managing it, but we will need to know this. Please talk to the Nurse in Charge or Mandy Rolfe, our Modern Matron.

We are actively engaged with talking to staff who will be affected by the move and have got meetings with Age Concern and the Alzheimer's Society planned for January.

The aim of all this consultation and meetings is to ensure that everybody feels that they know about the plans for the patients - and staff - and there are NO SURPRISES!

Kate Anderson
Clinical Psychologist/Manager Community Memory Service
on behalf of the OPMH Management Team

February 2012

Older People's Mental Health Service (OPMH)
Redesign Newsletter - February 2012

The move of the two wards to the Mount Gould Hospital site continues to gather pace. Work has started on Cotehele, which will be the new ward for patients on Oakdale. New non slip flooring will be laid and the overall colour scheme for the daytime areas will be a soothing green. The aim is to have the bedrooms with gentle shades of white.

The patients who have been on Edgecumbe ward have moved to their new accommodation in the first week of February. This will allow building and renovation work to start to make the alterations and changes to make the ward as 'dementia friendly' for the Pinewood patients.

We will continue to have sessions available for relatives, carers and friends of patients on the ward. There will be 2 sessions in February for each ward and in March one each week so that we can tell everybody in greater detail what will happen on Moving Day. Details of the dates and times are below.

We are hoping to move before Easter. If we manage this the likely dates are Wednesday and Thursday 4th and 5th April. If not then it will be the following Wednesday and Thursday or if necessary the following Wednesday or Thursday. Even if you think that your relative will be discharged by then please feel free to come to the sessions. It is important that we make the move as easy as possible for patients. You know your relative or friend best and are likely to have helpful ideas.

The details of the changes that will occur have been in earlier newsletters that have been displayed each month. If you want to see the previous ones they are available from the nursing team. If you have any doubts or queries about what is going to happen please come to one of our sessions or speak to the Nurse in Charge.

The dates of the sessions are as follows:

Thursday 16th February	**Oakdale**	9.30 -10.15 am
	Pinewood	10.15 - 11.00 am

Wednesday 29th February	**Pinewood**	10.30 -11.15 am
	Oakdale	11.15 -12.00 Noon

Tuesday 6th March	**Oakdale**	10.00 - 11.00 am
	Pinewood	11.00 – 12.00 noon

Tuesday 13 March	**Pinewood**	10.00 – 10.45 am
	Oakdale	10.45 – 11.30 am

Monday 19 March	**Oakdale**	1.30 – 2.15 pm
	Pinewood	2.15 – 3.30 pm

Wednesday 28 March	**Pinewood**	11.00 – 12.00 noon

	Oakdale	1.30 – 2.15 pm

Monday 2 April	**Oakdale**	1.30 – 2.15pm
	Pinewood	2.15 – 3.00pm

Appendix 4.
Letters to patients

Plymouth Community Healthcare CIC
Plym Locality
Ground Floor
Beauchamp Centre
Mount Gould Hospital
Plymouth
PL4 7QD

Tel: 01752 435363
FAX: 0845 155 8265

31 January 2012

Dear Relative or Carer

As you know the wards are moving to the Mount Gould site. The intention is that this will happen around the end of March.

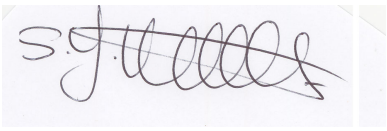
Up until that time we will be offering sessions for relatives and carers so that they can be kept informed of plans for the move. The dates for these are on the ward notice board and we would encourage people to attend so that they can raise any anxieties or concerns. As the move date gets closer we will be increasing the sessions to weekly so that we can give progressively more detailed information to you.

If you have any concerns about the move please talk to the Nurse in Charge of the ward or speak to:

Mandy Rolfe, Modern Matron (telephone 01752 434243),
Kate Anderson, Clinical Psychologist/Manager Plymouth Community Memory Service (telephone 01752 435363)
or
Claire-Louise Journeaux, Deputy Locality Manager (telephone 01752 435363)

We look forward to hearing your views.

Yours faithfully



Sara Mitchell
Plym Locality Manager

This page is intentionally left blank

PLYMOUTH CITY COUNCIL

Subject:	Personal Budget Policy
Committee:	Health and Adult Social Care Overview and Scrutiny Panel
Date:	7 March 2012
Cabinet Member:	Councillor Monahan
CMT Member:	Director of People
Author:	Pam Marsden, Assistant Director, Adult Social Care
Contact:	Tel: 01752 307344 E-mail: pamela.marsden@plymouth.gov.uk
Ref:	
Key Decision:	Yes
Part:	I

Executive Summary:

Personal budgets are a critical part of the policy reform of adult social care as set out in the White Paper *Our Health, Our Care Our Say* (January 2006) and in *Putting People First: A Shared Vision and Commitment to the Transformation of Adult Social Care (2007).* This vision was reinforced in 2010 with the publication of *Think local, Act Personal,* which emphasises the need for councils to increase the pace of transformation including mainstreaming personal budgets to eligible people deployed through direct payments. The national target is for 100% of people eligible for council services to be receiving them through a personal budget and a direct payment by April 2013.

This Personal Budget Policy sets out how Plymouth Adult Social Care will mainstream personal budgets. The policy describes:

1. The type of resource allocation system and tools that we will use to make sure that money gets allocated based on need in a fair and transparent way and that the system is affordable to the Council

2. A universal offer of reablement at the point of entry (or re-entry) into the system to help more people to stay independent for longer

3. The funding that is excluded from a personal budget

4. What a personal budget can be used for

5. Our 2 tier offer to Carers

6. How Direct Payments will be made easy by the introduction of pre-loaded cards

7. Our approach to enabling risk so people can safely live their lives as they choose

Corporate Plan 2011-2014:

This policy will contribute to the successful delivery of the Corporate Plan 2012-15

Implications for Medium Term Financial Plan and Resource Implications: Including finance, human, IT and land:

The implementation of this policy will contribute to more effective planning as, for the first time, this introduces a system that allocates money to eligible clients based on a generic needs based formula. The application of the policy is embedded in the upgrade of the CareFirst IT system and its full implementation will contribute to Adult Social Care's delivery plans. Implementation of this policy will also deliver value for money through reduced spend on back office functions.

Other Implications: e.g. Community Safety, Health and Safety, Risk Management and Equality, Diversity and Community Cohesion:

Regard must be had to the Council's duty to promote disability equality under s49A of the Disability Discrimination Act 1995 The Cabinet must consider the potential impact of the proposed changes on people who share a protected characteristic within the equality act and have due regard to the need to eliminate unlawful discrimination; advance equality of opportunity between people who share a protected characteristic and those who do not and foster good relations between people who share a protected characteristic and those who do not.

The impact on council priorities, legal obligations, customers and other services and providers has been considered. The implementation of this policy will ensure that available resources are allocated to people based on eligibility and need and not on the cost of individual services which will lead to a more equitable use of funds.

The evidence nationally is that personal budgets can have a positive impact on health and wellbeing, ensure improved outcomes for people and are overall value for money.

Recommendations and Reasons for recommended action:

It is recommended that Cabinet agree the policy and for it to be implemented from 1st April 2012:

Reasons for recommendation:

- There is a requirement to have such a policy.
- These recommendations come from eighteen months of design testing and evaluation.
- Implementation of this policy will help ensure that the Council achieves the Governments' expectation, that by April 2013 all people receiving funded support will have this delivered through a self directed support process, and that the majority will receive their personal budget via a direct payment.

Alternative options considered and reasons for recommended action:

We are required to have a policy and we believe these are sound proposals which will best deliver the required outcome. Over a period of eighteen months we have tried and

tested a variety of commercial and home grown options but consider this option to offer best value.

Background papers:

"Putting People First a Shared Vision and Commitment to the Transformation of Adult Social Care" (DH 2007) and *"Think Local Act Personal"(DH 2010)*

Sign off:

Fin	SRA/ CoSF AC1112 004/27-01-2012	Leg	LT7062	HR	MG 1201/ 003	Corp Prop	CJT/ 090/ 100112	IT	20120116/ ICT0055/ NJC	Strat Proc	JK265
Originating SMT Member: Pam Marsden											

This page is intentionally left blank

PERSONAL BUDGET POLICY

Adult Social Care

About this policy

Personal budgets are a critical part of the policy reform of adult social care as set out in the White Paper *Our Health, Our Care Our Say*[1] (January 2006) and in *Putting People First: A Shared Vision and Commitment to the Transformation of Adult Social Care (2007)*[2]. This vision was reinforced in 2010 with the publication of *Think local, Act Personal*[3], which emphasises the need for councils to increase the pace of transformation including mainstreaming personal budgets to eligible people deployed through direct payments. The national target is for 60% of people eligible for council services to be receiving them through a personal budget and a direct payment by April 2012, and 100% by April 2013.

This policy sets out how Adult Social Care will mainstream personal budgets to assist people to have real choice and control by shifting the balance of power from professionals to people who use services. There are 4 elements to delivering personal budgets:

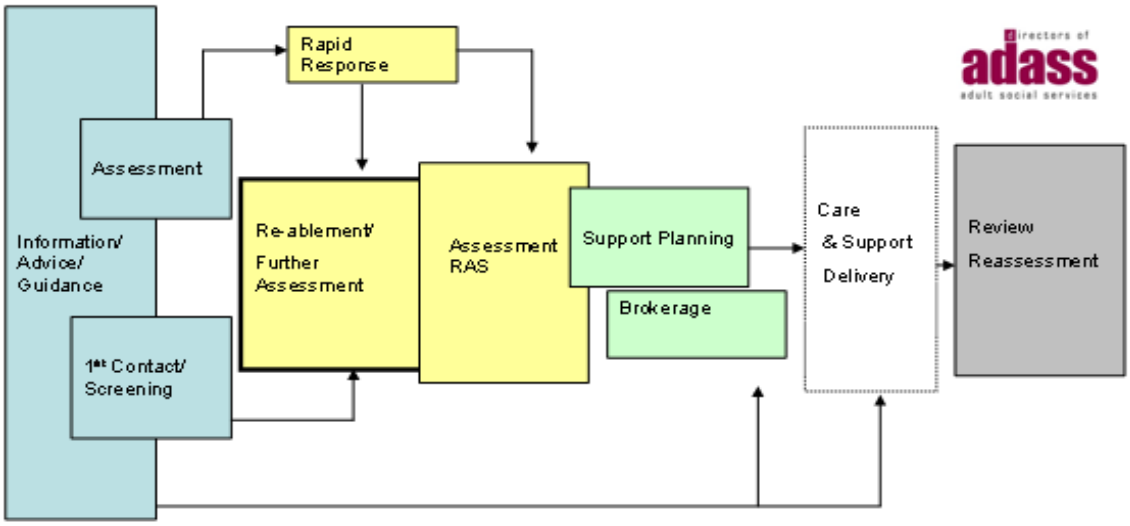
1. A personalised care management system that maximises the potential for people to regain and maintain independence through reablement services.
2. A clear and transparent resource allocation system (RAS) based on an objective assessment of need.
3. Easy access to direct payments to encourage people to exercise maximum independence from the Council and increase their choice and control.
4. A clear risk enablement policy that ensures safeguarding processes facilitate informed decision making and risk management without unnecessarily restricting people's lives.

1. A Personalised Care Management System

In response to the national transformation agendas work has been underway in Plymouth to design a new personalised care management system. Following an extensive programme of research and evaluation using a staff led "customer centric" process a new operating system has been tested and evaluated. Details of this is set out in *"Adult Social Care Transformation, Proof of Concept: final report" (November 2011)*[4].

The personalised operating system that will be rolled out during 2012 is based on best practice guidance developed through working with other authorities and through the Association of Directors of Adult Social Services (ADASS) and is set out in below.

Figure 1 A personalised social care operating system



In this system, it is only after a person has been given an opportunity to regain their independence through a period of social care reablement do we consider if they may be eligible for long term social care support. In a personalised system this is called Self Directed Support (SDS).

SDS means that through a simple Personal Budget Questionnaire (PBQ), a person's needs will be directly related to a points system known as the Resource Allocation System (RAS) and that people will know up front how much money the Council is likely to make available to meet their needs. This information can then be used by the individual, with help from the Council if they need it, to decide how to use the money to set up the support they need. This process is called support planning and means that individuals will have much more choice and control over how the money is spent.

The SDS system allocates money based on needs and not services therefore the new system will be clearer and fairer as money will be directed by needs and not the costs of services.

A RAS helps the Council to allocate available resources equitably based on eligibility and needs, in a fair, transparent and consistent way.

2. A Clear and Transparent Resource Allocation System (RAS)

The development of personal budgets requires councils to move from a system where the costs of services dictate the resources allocated to a person to one where resources are allocated on the basis of individual need. In recognition of these challenges the ADASS commissioned work to explore the potential of a common framework for resource allocation. This work was carried out during 2009 and it involved 18 councils working with disabled people and family members and In Control[5]. The outcome of this work is the Common Resource Allocation Framework[6].

As part of regional and national development networks we considered the Common Resource Allocation Framework (Common RAS) approach alongside systems being promoted from commercial providers. We, like the majority of councils decided to adopt the Common RAS due to its simplicity, and generic application for all service user groups, service user acceptability, adaptability, cost and its benchmarking potential.

An independent evaluation of our use of the Common RAS has provided us with a high level of confidence that the tool is effective at allocating resources based on need and that the "pound for points" currently in use is fair and sustainable.

2.1 A Resource Allocation System and personal budget questionnaire

In the new personalised operating system people will usually only be considered for a personal budget following a period of short term reablement. A social worker will discuss needs with the individual and their carer or representatives and will complete a simple personal budget questionnaire (PBQ). The questionnaire is part of the Common RAS and has a simple calculator embedded within it. This means that the information about needs is linked to a points system and this generates a score which in turn will indicate a sum of money that the Council is likely to spend on someone with similar needs. This amount of money is called the Indicative Allocation and is used for support planning purposes.

The PBQ is embedded within the Carefirst IT system which means as workers complete the form real time they will be able to generate the following information at the point of contact with the client:

- A summary of the person's needs (My needs)
- An indication of how much the person may have to contribute to their care and an indication of how much money that the Council is likely to spend on someone with a similar needs score (My money)
- A written copy of the above, printed out in the persons home

The process ensures the worker confirms My Needs before generating the My Money calculation.

This information can then be used by the individual, with help from the Council if they need it, to decide how to use the money to organise the support to meet their needs and achieve their outcomes. This is called support planning. The indicative allocation is a guide and not a definitive amount of money. There will be occasions where support can be arranged costing less than the indicative allocation and there will be cases when circumstances mean that a "top up" will be required to keep people safe and well: particularly during this transitional period when we are moving from one system to another. The Adult Social Care Head of Service Delivery will be responsible for ensuring clear operational polices are in place for the approval of support plans and personal budgets in line with the Council scheme of delegation.

When deciding the amount of money to put into personal budgets the Council has to be clear about its legal duties to provide services to meet assessed needs under Fair Access to Care Services (FACS) and what people can buy with their personal budget. In Plymouth FACS eligibility threshold has been set at critical and substantial since its introduction in 2005 and the current plan is to maintain this threshold whilst introducing more universal services such as social care reablement. There are also some service areas that cannot be purchased through a personal budget or need to be considered separately and these are set out in ***appendix 1.*** Within these exceptions a personal budget can be used to purchase support as long as:

1. The client or their representative has the capacity to make financial decisions
2. The support plan will work: i.e. the support will meet the assessed needs
3. It does not bring the Council into disrepute (i.e. not used for alcohol, drugs, etc.
4. It is legal
5. It cannot be used to pay for everyday things like food and drinks, clothing housing related expenses such as rent, utility bills or repairs etc.

In some circumstances the personal budget could be deployed through the Council acting as a broker to commissioned services or by a third party acting as private broker on the persons behalf, however the preferred deployment method for a personal budget is through a Direct Payment.When a support plan contains activities for the carer to meet assessed need then it is possible for the carer and the cared for to have separate direct payment accounts.

2.3 Carers and personal budgets

The Carer Recognition and Services Act 1995[7] give carers a right to an assessment by their Local Authority under certain circumstances, although it does not give a right to services. The Council has a duty under the Carers and Disabled Children Act 2000[8] and Carers (Equal Opportunities) Act 2004 Combined Policy Guidance[9] to inform carers that they may be entitled to an assessment of their needs.

Personalisation for carers means tailoring support to a person's individual needs with the carer being part of the discussion about support for them and support for the person they are looking after.Our offer to carers operates on two levels:

Level 1 for all carers
Universal services: these are a wide range of services funded by the Council that people can access themselves. These services include: emotional and practical support, counselling, advice and information, support groups, money and benefit advice, assisting hospital discharge, carers participation groups and befriending.

Level 2 for carers of people (FACS) eligible for funding from the council
Level 1 plus: A proportion of the personal budget and support plan of the cared for will focus on things that will enable the carer to continue in his/her caring role. The amount will vary from person to person depending on each individual situation.

The PBQ takes into account the amount of informal care provided and the self-reported impact this has on the informal carer(s). This means that the carers' entitlement to an assessment from the Council is built into the self directed support process. The amount of money available to support the carer is directly related to the level of need of the cared for. For example when a carer is providing a lot of care and requiring a lot of support to continue to do so, this would result in the indicative allocation being amended to recognise that without support for the carer the cared for would require a higher level of support from the Council. In this case we would expect the support plan to contain a considerable amount of help focused on enabling the carer to continue in their caring role e.g. some Personal Assistant time to provide direct care to allow the carer some form of regular short breakor money set aside to purchase a washing machine to help with laundry etc.

3. Easy Access to Direct Payments

Direct Payments (DPs) provide better outcomes for people because people who need support are the experts in how to make the most of limited resources within the context of their own lives[10]. A major survey[11] of people with personal budgets, shows that people, including many older people.taking their personal budget as a DP, report consistently better outcomes than people receiving a Council managed or commissioned service, including in areas such as physical and mental wellbeing and being supported with dignity.

Therefore the Department of Health is requiring Councils to ensure that the preferred method to deploy a personal budget is a DP. However this is not yet possible when the person has chosen long term residential care. This is because a change in the law is required. In order to meet national expectations we will need to treble spend through DPs from £4.4 million to £13 million during 2012 and about £20 million by 2013.

In 2010/11 we began streamlining the DP process which has reduced back office and operational costs and improved outcomes for our customers. As part of the design of the new operating system and the upgrade of the Carefirst IT system we have identified further potential for improvement through the introduction of preloaded payment cards.

3.1 Preloaded Payment Cards.

A preloaded card is similar to a debit card and will allow a DP recipient to pay providers, suppliers and employees. It negates the need for a person to open a seperate bank account and this removes one of the greatest barriers to people wanting to take up a DP. The preloaded card sytem is very efficient to operate and is quick to set up. It provides an easy, real time monitoring system. Whilst money is credited to a customer's card it does not leave the Council's account until the card is used by the recipient to make a payment to a provider. This will ensure that money does not 'sit' unused in a person's DP bank account; this will mean that there is no requirement to raise an invoice for a customer to pay back unused money. Cards can be tailored to restrict use with certain suppliers or products and for cash withdrawals. The risk of financial abuse through the preloaded card scheme is signficantly reduced.

The agreed personal budget will be credited to the persons individual card at regular intervals; probably on a four weekly cycle, though this can be tailored to an individual if necessary. Pre-loaded cards will be the deployment method for DPs for all new customers once the system is implemented

in early 2012. We intend to phase out the use of DPs via a bank account for existing customers and replace with a pre-loaded card during 2012/13.

The Council will give people maximum freedom on how they use their money, providing that the Council is satisfied over time, that use of the money is appropriate and in pursuit of agreed outcomes.

4. Risk Enablement

A personalised way of working requires a fresh approach to the management of risk. A governing principle to choice and risk is "*...that people have the right to live their lives to the full as long as that does not stop others from doing the same. Fear of supporting people to take reasonable risks in their daily lives can prevent them from doing the things that most people take for granted."*[12]. In guidance to Councils the DH is clear that professional perspectives on risks should not be used to restrict the way people choose to live their lives.

Our underpinning risk enablement principles are to ensure that we:

- Keep the person at the centre
- Treat family and friends as partners
- Focus on what is important to the person
- Build connections with the community
- Are prepared to go beyond conventional service options
- Continue to listen and learn with the person

Our aim is to help decision making in relation to the management of risk and to support those involved to explore the issues and make arrangements which go as far as possible towards meeting the individual's aspirations, whilst balancing the needs and risks to themselves, others and the Council. We want to ensure that specific risks are identified and that subsequent appropriate action is then taken.

In the majority of cases any issues of risk will be identified during the detailed conversation phase that commences on entry to the new operating system. This will always be conducted by a professional worker and in most cases this will be a qualified social worker. The social worker will help the person to consider their needs and aspirations and will provide information and advice on how risks could be managed to help the person to stay as independent as possible for as long as possible.

However there are occasionally situations where there are different views held between the individual, the family carers or the professionals. The Council has a duty to keep people safe and in some circumstances we will exercise this by not agreeing aspects to a support plan if there are serious concerns that it will not meet an individual's *specific* need or if it places the individual at unacceptable and *specific* risk of harm. It is important to note that should this situation occur every effort will be made to support the individual's choices in the context of their legal rights.

4.1 Capacity, Consent and Decision Making

This means that a person must be assumed to have capacity unless it is established that he/she lacks capacity. Capacity will be determined in line with the requirements of the Mental Capacity Act 2005[13]. An individual who has the mental capacity to make a decision, and chooses voluntarily to live with a level of risk, is entitled to do so. The law will treat that person as having consented to the risk and so there will be no breach of the duty of care by professionals or public authorities. However, the Council remains accountable for the proper use of its public funds, and whilst the individual is entitled to live with a degree of risk, the Local Authority is under no obligation to fund it. There is an important distinction between putting people at risk and enabling them to choose to take reasonable risks.

4.2 Protection of Vulnerable Adults (POVA)

The Council will maintain a balance between empowerment and safeguarding; choice and risk; we are committed to the protection of vulnerable adults from abuse. Our personalised operating model does not replace our existing POVA guidelines. Where a specific risk to a service user is identified that is within the POVA scope they will be addressed under these guidelines.

4.3 Commissioning

To ensure a common approach to risk enablement within the context of a personalised social care market place commissioner are developing framework agreements based on the principles of risk enablement set out in this document. Only those providers who meet the standards set out in the quality assurance frameworks will be accredited by the Council. Only those providers meeting these standards will be promoted on the Plymouth Online Directory.

4.4 Timeframe

As part of our Transformation programme and restructure the new personalised operating system will become fully operational during 2012. This policy will be applied to all customers at whatever point they are at within our new operating model

Conclusion

Implementation of this Personal Budget Policy will ensure that by April 2013 all people receiving Council funded support will have this delivered through a self directed support process, and that the majority will receive their personal budget via a DP. Deploying the majority of personal budgets via DPs puts real choice and control into the hands of our customers; they start thinking about what they want to do and could do, to meet their needs and achieve their outcomes. Personal budgets have a positive effect in terms of impact on well-being, increased choice and control, cost implications and improving outcomes[14].

Implementation of this policy will also deliver value for money as it will reduce spend on back office functions allowing for more money to be re-directed to front line services. Monitoring of spend will be streamlined and electronic giving commissioners easy access to informtion about how people spend their money to achieve better lives, which in turn will enable them to continue to stimulate the development of the social care market place.

Appendix 1 Services that cannot be purchased through a personal budget or need to be considered separately

Service type	Universal services commissioned and contracted by the Council	Individual service user funding
Extra Care Housing	Extra Care Housing schemes with care service such as 24 hour on-site wardens will be block contracted by the Council. These contracts will be kept to the minimum to allow maximum choice and control through personal budgets	People eligible for services under FACS will have a personal budget usually delivered through a direct payment so that they have maximum choice and control over the support they receive. People will have choice over who provides their personal care and they could chose to buy this from the company contracted by the Council to provide the 24 hour on site support but there will be no requirement to do this.
Shared Lives (Adult placement/fostering)	Shared Lives schemes will have the management costs of setting up and running the service (e.g. finding, training and supporting host families) block contracted by the Council.	People eligible for services under FACS will have a personal budget usually delivered through a direct payment so that they have maximum choice and control over the care they receive. The personal budget will be used to contribute to the care and support costs of the placement.
Long term residential care	The Council will directly contract with care home providers through its standard care home contract which dictates quality and fee levels.	It is not legal for people to purchase long term residential care from direct payments. However as individuals eligible for support under FACS go through the SDS process they will have an indicative allocation to help with support planning. When the decision is made that the best way the person can achieve their outcomes is by permanently living in a care home the money available from the Council will be the care home fee level agreed as part of the normal contracting process.
Section 117 (MHA '83) after care packages	The MHA (83) requires the NHS and Local Authority to work together to provide aftercare services for people discharged from hospital under certain sections of the Act. Local Authorities are currently not allowed to charge for services provided under a section 117 arrangement.	Whilst the MHAct places certain duties on Councils, access to services to support aftercare is no different to any other service user (although no charging will apply) which means the person will be offered opportunities for reablement before completing the SDS process. When people are FACS eligible they will have access to a personal budget in the same way as any other service user.

Direct Payment Support	The Council will block contract a DP support service to provide information and advice to service users. The universal offer includes undertaking and funding Criminal Records Bureau checks for Personal Assistants.	People who require additional services such as recruitment, payroll and insurance for employer related issues would pay for this from their personal budget.
Equipment	Where equipment is required for a short term intervention as part of a reablement package this will be provided by the Council through its commissioning of the Integrated Community Equipment Service	People who require equipment for long term use (that is not provided free under the NHS) will be able to purchase this from their personal budget.
Short term Supported Housing	For people with eligible housing needs this will be funded by the Council via commissioned services	Personal Budgets cannot be used to pay for support costs linked to the accommodation if the accommodation is deemed temporary or part of a pathway to independent living.
Reablement	Offers of opportunity for short term interventions to help people to regain independence will be offered through the new personalised social care operating system and funded jointly by the NHS and the Council.	People who have long term care needs and are FACS eligible following an episode of reablement will have a personal budget usually delivered through a direct payment so that they have maximum choice and control over the support they receive.

References

[1]*Our Health, Our Care Our Say (DH 2006)*

[2]*Putting People First: A Shared Vision and Commitment to the Transformation of Adult Social Care*. (Dec 2007)

[3]*Think local, Act Personal (2010DH)*

[4]*"Adult Social Care Transformation, Proof of Concept: final report" Plymouth City Council (Nov 2011)*

[5]*In Control - a national charity; whose mission is to create a fairer society where everyone needing additional support has the right, responsibility and freedom to control that support*

[6]*Common Resource Allocation Framework (ADASS 2010)*

[7]*The Carer Recognition and Services Act 1995*

[8]*Carers and Disabled Children Act 2000*

[9]*The Carers and Disabled Children Act 2000 and Carers (Equal Opportunities) Act 2004 Combined Policy Guidance*
[10]*Think Local, Act Personal – ImprovingDirect Payment Delivery (DH 2011)*

[11]*Think Local, Act Personal –The Personal Budget Survey(DH June 2011)*

[12] *Independence, choice and risk: a guide to best practice in supported decision making (DH 2007)*

[13]*Mental Capacity Act 2005 – Summary (DH 2007)*
[14]*Office for Public Management -Briefing paper 1: Positive impacts of cash payments for service users and their families longitudinal study in Essex - (OPM May 2011)*

Health and Adult Social Care Overview and Scrutiny Panel

Work Programme 2011/12

Topics	J	J	A	S	O	N	D	J	F	M	M
Health and Social Care Bill											
Healthwatch				**14**							
Health and Wellbeing Boards				**14**							
Public Health											
Alcohol Harm Reduction & Tobacco Control Strategy						**9**					
NHS Plymouth Primary Care Trust Services											
Gynaecological Cancer Surgery Service Change Update				**14**							
NHS Plymouth - Quality Improvement Productivity and Prevention (QIPP) Update		**20**									
Stroke Service Redesign								**25**			
NHS 111 Urgent care telephone number								**25**			
Review of Urgent Care Services						**9**					
Plymouth NHS Hospitals Trust											
Plymouth Hospitals NHS Trust – Infection Control Update										**7**	
Trust Status Business Plan										**7**	
Trust No Smoking Policy*										**7***	
Never events post inspection update		**20**									
Plymouth City Council – Adult Social Care											

Topics	J	J	A	S	O	N	D	J	F	M	M
Winter pressure and reablement fund Update				**14**							
Safeguarding Adults						**9**					
Dementia Strategy Update						**9**					
Plymouth Community Healthcare											
Older People's Mental Health – Service Redesign						**9**				**7**	
Task and Finish Groups											
Safeguarding Adults (Report)										**7**	
Performance Monitoring											
Quality Accounts											
NHS Plymouth and PCC Joint Finance and Performance Monitoring.								**25**			

Key:

* = New addition to Work Programme

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.