

Health and Adult Social Care Overview and Scrutiny Panel

Wednesday 8 June 2011

PRESENT:

Councillor Mrs Bowyer, in the Chair.

Councillor McDonald, Vice Chair.

Councillors Mrs Aspinall, Mrs Beer, Mrs Bragg, Coker, Drean, Gordon, Dr. Mahony, Mrs Nicholson, Dr. Salter and Tuffin.

Co-opted Representatives: Chris Boote

Apologies for absence: Councillors Casey, Mrs Bragg and Margaret Schwarz.

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), Carole Burgoyne, Director of Community Services (Plymouth City Council), Pam Marsden, Assistant Director for Adult Health and Social Care (Plymouth City Council), Debbie Butcher, Commissioning Manager (Plymouth City Council), Paul O'Sullivan, Director of Joint Commissioning (NHS Plymouth), Giles Perritt, Lead Officer (Plymouth City Council), Ross Jago Democratic Support Officer (Plymouth City Council).

The meeting started at 3.00 pm and finished at 5.20 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.

1. TO NOTE THE APPOINTMENT OF THE CHAIR AND VICE CHAIR

The panel noted the appointment of Councillor Mrs Bowyer as Chair and Councillor McDonald as Vice Chair for the municipal year 2011 – 2012.

2. DECLARATIONS OF INTEREST

Name	Minute No. and Subject	Reason	Interest
Councillor Mrs Bowyer	8. Overview of adult Social Care and Priorities	Manager of residential care home. Daughter owns two care homes.	Personal
Councillor Dr Salter	10. NHS Plymouth Hospitals Trust	NHS Plymouth Hospitals Trust Appointed Governor.	Personal

Councillor Dr Mahony	9. The National Health Service in Plymouth and proposed changes. 10 NHS Plymouth Hospitals Trust.	General Practitioner.	Personal
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3. **MINUTES**

Agreed that the minutes of the meeting of the 30 March 2011 were approved as a correct record.

CHAIR'S URGENT BUSINESS

4. **Change of start time**

The Chair proposed that the start time for panel meetings was changed to 2pm. Following a short debate a new start time of 10 am was proposed by Councillor Gordon and seconded by Councillor Mrs Nicholson.

Agreed that the panel start time would be 10 am effective from the 20 July 2011.

5. **NHS Plymouth Quality Accounts**

The Chair highlighted that members of the panel had been provided with an electronic version of the NHS Plymouth quality accounts.

It was commented that the creation of the Plymouth Provider Services social enterprise was not referred to in the document and the panel believed that such a change to the way in which services were delivered in Plymouth should have featured prominently.

The Chair requested that any comments on the final draft were provided to the Democratic Support Officer by Friday 10 June 2011 so they could be forwarded to NHS Plymouth.

Agreed that a plain english guide to the changes regarding Plymouth Provider Service is published as an addendum to the NHS Plymouth Quality Accounts.

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

With regards to tracking resolution 79c (3) from the 7 January 2011 meeting, concerning a plain english guide to changes regarding NHS Plymouth Provider Services, please refer to the recommendation in minute 5 above.

7. **TERMS OF REFERENCE**

Agreed to -

1. recommend to management board that the words “Adult Social Care” are added to the terms of reference at bullet point one;
2. note the terms of reference.

8. **APPOINTMENT OF CO-OPTED REPRESENTATIVES**

The panel were informed that Cornwall Council Health and Adults Overview and Scrutiny Committee had nominated one of their members to attend this panel’s meeting as an observer. Following a short debate it was agreed to welcome the councillor as an observer to the panel’s meetings but that an invite to become a co-opted member would not be extended due to possible conflicts of interest.

Agreed that Chris Boote and Margaret Schwarz were confirmed as co-opted representatives for the municipal year 2011 – 2012.

9. **NHS PLYMOUTH HOSPITALS TRUST**

The Director for Strategic Planning and Information and the Head of Communications representing NHS Plymouth Hospitals Trust gave a presentation on the trust’s Annual Operating Plan 2011 – 12 and approach to safeguarding. It was reported that–

- (a) there were two specialist liaison nurses and a learning disability link who provided specialist safeguarding advice day and night;
- (b) it was the lead/link nurse’s role to up-skill colleagues and it was felt there were enough nurses to carry out this function;
- (c) there was a well publicised whistle-blowing procedure for staff;
- (d) the trust were developing their medium term financial plan which would require further input from the panel at a later date;
- (e) the savings target for the trust was £31.2m which equated to non-pay savings of £14m and pay savings of £17m equal to around 7% of the total pay budget;
- (f) there had been £27m of savings identified to date, these would be achieved through a reduction of 130 beds, two theatres, less outpatients, better procurement, a lower pay bill and fewer staff.

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

- (g) the £12m received last year was financial support from the South West Strategic Health Authority;
- (h) there would be changes to the model for provision of care as a result of the efficiency savings plan. The reduction in the number of beds in the hospital

was based on patients being cared for in the community;

- (i) the number of readmissions was closely monitored and there were financial penalties for the Hospital if readmissions occurred soon after discharge. Discharge was not considered by clinical staff until the patient was fully fit and work was being carried out to improve the discharge process;
- (j) beds could be made available at short notice and the Trust has a good understanding of trends to plan for the availability of beds. Bed closures were linked to pathways of care and there was flexibility in the system to allow beds to open during the winter;
- (k) the threshold for discharge would not be lowered, patients would only be discharged when medically fit;
- (l) areas of the hospital are often 'mothballed' but the trust was able to activate beds and wards quickly;
- (m) in order to tackle staff dissatisfaction the trust was focusing on the ward sisters' and charge nurses' role as leaders. The trust recognised that staff morale was integral to the success of the hospital and was working hard to address a difficult task however this could not be addressed directly from board level but providing support to ward sisters and charge nurses;
- (n) the requirement to make efficiency savings would continue year on year but would not be to the same scale as reported in the Annual Plan 2011 - 12.

Agreed –

- (1) to write to Plymouth Hospital NHS Trust requesting details of the status of the financial support provided by the South West Strategic Health Authority delegated to the lead officer, in consultation with the Chair and Councillor Dr Mahony;
- (2) to add Plymouth Hospital NHS Trust medium term financial plan to the panel's work programme for the coming year.

(In order to facilitate good management of the meeting this item was moved up the agenda)

10. **OVERVIEW OF ADULT SOCIAL CARE AND PRIORITIES**

The Cabinet member for Health and Adult Social Care highlighted the priorities for the Adult Social Care department for the coming year including the promotion of personalised services. The Assistant Director for Adult Health and Social Care and the Commissioning Manager provided a presentation detailing the department's plans for the coming year. It was reported that –

- (a) a number of services would be reviewed under budget delivery plans, these

included domiciliary care services, supported living, care management services, day care, enabling and floating support and residential care for people under 65 years old. There would also be workforce re-modelling supported by the introduction of care management software;

- (b) a transformation of services was required as the current system was under pressure with escalating costs and no evidence of improvement in satisfaction for people. The current system was unclear, unfair, unsustainable and provided insufficient value for money;
- (c) transformation of service would mean that more people would have control over their care through the use of personalised budgets and access to high quality information and advice;
- (d) there would be a greater focus on early intervention and prevention and increased access to reablement;
- (e) there would be a focus on quality assurance and outcomes with personal budgets, direct payment and self directed support becoming mainstream.

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

- (f) there was one Southern Cross managed residential home in the City, care had not been compromised and there was a review team monitoring the levels of care at the home;
- (g) there was a Safeguarding Adults Board in operation though the current configuration was under review. Where there were specific concerns review teams are able to enter homes. There had been cases where unannounced inspections had taken place;
- (h) personal budgets allowed people to make real choices about their own care. The council offered a limited menu of institutional care. Personal budgets would allow people experiencing health difficulties to realise the opportunities that many people can take for granted;
- (i) the Dementia Programme Board membership would be reviewed over the next month.

Agreed to consider priorities highlighted in the presentation for inclusion in the panel's work programme.

11. **THE NATIONAL HEALTH SERVICE IN PLYMOUTH AND PROPOSED CHANGES**

The Director for Community Services and Director for Joint Commissioning gave a presentation on health changes proposed by central government and the impact on health services in Plymouth. It was reported that -

- (a) main components of the Bill were designed to put patients and the public first, improve health outcomes, increase local democratic legitimacy and the effective commissioning and regulation of health care providers;
- (b) clinical consortia would commission services for local people with the NHS commissioning board taking control of primary and specialist care commissioning;
- (c) statutory Health and Wellbeing Boards would be required in every upper tier local authority. The Health and Wellbeing Board would bring together commissioners and providers along with the local authority to develop a Joint Health and Wellbeing Strategy and oversee the development of the Joint Strategic Needs Assessment on which the commissioning plans would be based;
- (d) scrutiny processes would remain with the local authority to discharge as required locally;
- (e) LINKs would be developed into Local Healthwatch and the Plymouth LINK had requested to be a pathfinder in this area;
- (f) implementation and transition would be supported by the Quality Innovation, Productivity and Prevention programme, transforming community services and by establishing systems and structures;
- (g) the transition would take place over four years with the new system being tested by early implementers and path finders;
- (h) commissioners in Plymouth had created a Clinical Commissioning Executive as a sub committee of the NHS Plymouth Primary Care Trust Board and would develop as the commissioning consortium for the city.

12. **DRAFT WORK PROGRAMME**

Agreed that members of the panel would forward suggestions for the work programme to the Democratic Support Officer.

13. **EXEMPT BUSINESS**

There were no items of exempt business.