Health and Adult Social Care Overview and Scrutiny Panel

Thursday 19 July 2012

PRESENT:

Councillor Mrs Aspinall, in the Chair.
Councillor Monahan, Vice Chair.
Councillors Mrs Bowyer, Gordon, James, Dr. Mahony, Mrs Nicholson, Parker, Jon Taylor and Tuffin.

Apologies for absence: Councillor Fox

Also in attendance: Superintendent Keith Perkins (Devon and Cornwall Police), Carole Burgoyne - Director of People (Plymouth City Council(PCC)), Debbie Butcher - Commissioning Manager (PCC), Craig McArdle - Commissioning Manager (PCC) Cllr Sue McDonald, Cabinet Member for Public Health and Adult Social Care (PCC), Nicky Bray Joint Commissioning Manger, (NHS Plymouth, Devon and Torbay), Claire Hodgkins - Supporting People Project Officer (PCC), Giles Perritt – Lead Officer and Ross Jago – Democratic Support Officer (PCC).

The meeting started at 2.00 pm and finished at 5.15 pm.

Note: At a future meeting, the committee will consider the accuracy of these draft minutes, so they may be subject to change. Please check the minutes of that meeting to confirm whether these minutes have been amended.

14. DECLARATIONS OF INTEREST

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

Name	Minute Number and Issue	Reason	Interest
Councillor Dr Mahony	All agenda items	Locum General Practitioner	Personal
Councillor Mrs Aspinall	Dementia Strategy	Member of the Plymouth Dementia Action Alliance	Personal

15. MINUTES

Agreed the minutes of the meeting held on the 21 June 2012 subject to the addition of apologies from Councillor Sue McDonald, Cabinet Member for public health and adult social care.

16. CHAIR'S URGENT BUSINESS

The Chair referred to the current consultation on scrutiny regulations following the Health and Social Care Act receiving royal assent.

Agreed to delegate the preparation of a response to the Lead Officer in consultation with Councillors Jon Taylor, Mrs Aspinall, Parker and Mrs Bowyer.

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

The panel were advised that a letter regarding the demerger of the Peninsula College of Medicine and Dentistry had been drafted and would be sent to the Secretary of State for Business, Innovation and Skills as a matter of priority.

Agreed to note progress against the Panel's tracking resolutions.

18. RECOVERY PATHWAYS (MENTAL HEALTH SERVICES)

The panel received a report on proposed changes to Mental Health Recovery Pathways. David Macaulay, Mental Health Services Manager PCH introduced the consultation document, it was reported that –

(a) the paper set out proposals to redesign recovery services in the city in order to deliver improved outcomes and efficiencies through a programme of investment in community alternatives and inpatient treatment;

(b) Plymouth had significantly more Recovery in-patient beds when benchmarked against comparable Mental Health Providers;

(c) a programme of re-distribution of resources and service re-design would improve the quality of service and release resources for further investment;

(d) the proposal was aligned with the national direction of travel and national best practice;

(e) through developing community alternatives to in-patient care and strengthening working arrangements with Supporting People colleagues, 3,000 bed days could avoided;

(f) the total number of current delayed discharges equated to the capacity of either The Gables or Syrena in-patient units and marginal improvements in the period of time patients spend within these units would yield a significant reduction in the need for in-patient beds;

(g) the redesign would enhance the ability to meet the complex needs of people within the community;

(h) it was hoped that the redesign would achieve the following outcomes –

- A reduction in the need for out of area placements through a more effective model of service delivery and without compromising the ability to meet existing local demands.
- The delivery of services closer to people's homes and communities.
- Services developed in response to identified individual needs.
- A model developed in collaboration with people who use services and carers as well as with clinical involvement and input.
- The provision of better clinical outcomes for people.
- The delivery of significant efficiencies and an opportunity to re-invest in areas that are known deficiencies.

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

(i) community services would be enhanced to provide support people administering their own medication;

(j) the patients who would be affected by the redesign were not deemed high risk and were on the pathway to independent living;

(k) efficiencies savings made as part of the process would be reinvested into mental health services and there was no risk of money leaving the sector;

(l) changes in the welfare system could lead to increased levels of stress amongst the population, although these issues had been considered the client group affected by the redesign were different as they had a diagnosis of psychosis;

(m) the Primary Care Trust was aware that agencies required help with dealing with instances of severe depression within the population and the demand for swift action for those with that need, commissioners continued to carefully balance the system ensuring that specialist areas were adequately resourced;

(n) there were a range of services available to help those with learning disabilities and mental health needs gain meaningful employment. Services included 'Steps' and some services provided by Plymouth Community Healthcare. There was a wide range of responses that agencies had available;

(o) with the client group affected by the proposal there was a high risk of suicide, each individual user had a risk assessment to mitigate risk and there had not been a suicide for a number of years. The transfer from in-patient unit into community was high risk and the transition took place if appropriate with a focus on the individual.

(p) support would be provided to General Practitioners ensuring a development of knowledge and skill base in relation to this client group;

(q) the development of a model which would retain the single sex facilities is a high priority and providers were optimistic that this model could be achieved;

(r) there was capacity in the system for beds to be used during transition.

Agreed that –

(1) the panel receive a progress report in three months which would include a focus on the Strengths, Weaknesses, Opportunities and Threats (SWOT) analysis, Skills analysis and single sex facilities;

(2) a project plan would be circulated to members.

19. **ALCOHOL PLAN**

The panel received the Strategic Alcohol Plan, introduced by Dave Schwartz and supported by Carole Burgoyne, Superintendent Keith Perkins and Paula McGinnis. It was reported that –

(a) there were increasing numbers of people admitted to hospital for alcohol related reasons, there was a 71 per cent increase between 2002/3 and 2009/10;

(b) there were not enough specialist treatment and support services available for those who really needed them;

(c) there had been a historical under-investment in adult treatment and intervention services;

(d) there were clear relationships linking some types of crime to alcohol use. In Plymouth, 70 per cent of all alcohol related crime was violent. It had also consistently been a recorded feature in more than 40 per cent of domestic abuse incidents;

(e) the cost of alcohol related harm within Plymouth was estimated at approximately £80 million a year;

(f) nationally the alcohol industry contributes £28.6 billion in GDP to the UK economy;

(g) alcohol was a complex issue, deeply embedded within British culture and a coherent and shared response by all key partners in the City was required in order to 'promote responsibility and minimise harm';

(h) Alcohol was a long term challenge and the aims in the Plan would be delivered over ten years in two phases. Phase 2 would be developed following a major review and refresh conducted in year 5 and build on the progress and learning achieved;

(i) An Operational Plan would be produced setting out how strategic aims would be developed;

(j) The Plan's key aims would -

- provide a strong, shared City response which would reduce alcohol related harm
- change knowledge, skills and attitudes towards alcohol
- provide support for children, young people and parents in need
- support individual need
- create safer drinking environments

Agreed that a Project Initiation Document (PID) would be drafted and submitted to a meeting of the Overview and Scrutiny Management Board for approval, the PID would focus on assisting the further development of the strategic and operational plan. The task and finish group would focus on balancing impact of Alcohol on health and maintaining a vibrant night time economy.

20. DEMENTIA STRATEGY

Debbie Butcher and Nicky Bray introduced a report and Dementia Action Plan. It was reported that –

(a) central government and the Prime Minster had highlighted dementia care as a highly important policy area and had launched a challenge on dementia which had four key aims –

- Boost to dementia research
- Address quality of dementia care
- Increase public understanding of dementia
- Make communities more dementia friendly

(b) the Department of Health would establish 12 National Dementia Clinical Networks aimed at spreading clinical expertise;

(c) NHS South of England Dementia Challenge Fund provided an opportunity for local areas to respond to the Prime Minister's Dementia Challenge. £10 million of funding had been made available to Clinical Commissioning Groups through a formal bidding process.

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

(d) key areas of the Dementia Challenge included the potential for extra funding which would allow Adult Social Care to accelerate on-going programmes. A bid was being developed and could be shared with the panel at a future meeting;

(e) Plymouth had maintained had a good track record for caring for those with dementia;

(f) a workforce development plan to provide training for those in care settings was in place. The package of training would include signposting, ensuring appropriate services introduced at points on through the pathway.

Agreed to receive a further update on the progress of the plan at a future meeting of the panel.

21. WORK PROGRAMME

Agreed the following additions to the panel's work programme –

(1) Community Mental Health Care Services, to include a three month update on the recovery pathway consultation;

(2) a review of the Dementia Strategy Action Plan in 12 months.

22. EXEMPT BUSINESS

Agreed that under Section 100(A)(4) of the Local Government Act, 1972, the press and public are excluded from the meeting for the following items of business on the grounds that it involves the likely disclosure of exempt information as defined in paragraph 3 of Part I of Schedule 12A of the Act, as amended by the Freedom of Information Act 2000.

23. HEALTHWATCH SPECIFICATION (E3)

Craig McArdle and Claire Hodgkins introduced a report on the specification for Local Healthwatch, a consumer champion for health services which was required by the recent Health and Social Care Act (2012). It was reported that –

(a) there had been concerns regarding Local Involvement Network arrangements. It was felt that the powers could have been used more effectively and that there had been a structural problem with too much focus on governance;

(b) a robust service specification had been developed for Local Healthwatch. There had been a wide ranging consultation including with the current LINk to ensure that the Local Healthwatch service will be fit for purpose.

(c) the Local Healthwatch service would be commissioned directly with an organisation rather than via a host which had in the past blurred lines of accountability.

Agreed that a quarterly monitoring report would be presented to the panel when the service was commissioned.