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15 January 2013

HEALTH AND ADULT SOCIAL CARE OVERVIEW AND SCRUTINY PANEL

Thursday 24 January 2013
2 pm
Council House (Next to the Civic Centre), Plymouth

Members:

Councillor Mrs Aspinall, Chair

Councillor Monahan, Vice Chair

Councillors Mrs Bowyer, Fox, Gordon, James, Dr. Mahony, Mrs Nicholson, Parker, Jon Taylor and Tuffin.

Members are invited to attend the above meeting to consider the items of business overleaf.

Tracey Lee
Chief Executive

HEALTH AND ADULT SOCIAL CARE OVERVIEW AND SCRUTINY PANEL

AGENDA

PART I – PUBLIC MEETING

1. APOLOGIES

To receive apologies for non-attendance 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 which, in the opinion of the Chair, should be brought forward for urgent consideration.

4. MINUTES (Pages 1 - 6)

The panel will be asked to confirm the minutes of the meetings held on 22 November 2012.

5. TRACKING RESOLUTIONS AND FEEDBACK FROM THE OVERVIEW AND SCRUTINY MANAGEMENT BOARD (Pages 7 - 8)

The panel will consider previous resolutions and feedback from the Overview and Scrutiny Management Board.

6. PLYMOUTH HOSPITALS NHS TRUST - MATERNITY ACUPUNCTURE SERVICE (Pages 9 - 12)

The panel will consider the recent closure of the maternity acupuncture service at Derriford Hospital.

7. HEALTH AND WELLBEING BOARD AND STRATEGY UPDATE - TO FOLLOW

The panel will receive an update on the developing Joint Health and Wellbeing Strategy and Health and Wellbeing Board.

8. CLINICAL COMMISSIONING GROUP AUTHORISATION UPDATE

The panel will receive a presentation on the Clinical Commissioning Group and its authorisation process.

9. WORK PROGRAMME (Pages 13 - 14)

The panel will consider its work programme.

10. 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 I 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.

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Health and Adult Social Care Overview and Scrutiny Panel

Thursday 22 November 2012

PRESENT:

Councillor Mrs Aspinall, in the Chair.

Councillor James, Vice Chair.

Councillors Mrs Bowyer, Fox, Fry (substitute Councillor Monahan), Gordon, Dr. Mahony, Parker, Jon Taylor and Tuffin.

Co-opted Representatives: Lois Lloyd (substitute Sue Kelley) LINK.

Apologies for absence: Councillors Mrs Nicholson, Monahan and Sue Kelley (LINK).

Also in attendance: Ann James (Chief Executive, Plymouth Hospitals NHS Trust (PHNT)), Dr Alex Mayor (Medical Director, PHNT), Nick Thomas (Director of Planning and Site Services, PHNT), Amanda Nash (Head of Communications, PHNT), Andrew Davies (Site Services, PHNT), Hein Scheffer (Director of Human Resources and Organisational Development, PHNT), Ann Pointon (Chair, Plymouth Area Disability Action Network), Councillor Sue McDonald (Cabinet Member for Public Health and Adult Social Care, Plymouth City Council (PCC)) Candice Sainsbury (Senior Policy, Performance and Partnership Advisor, PCC) and Ross Jago (Democratic Support Officer, PCC)

The meeting started at 2pm and finished at 4.05 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.

39. **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 and member of the Western Locality Clinical Commissioning Group | Personal |
| Councillor Mrs Aspinall | 43. Plymouth Hospitals NHS Trust – Car | Member of the Plymouth Area Disability Action | Personal |

| | Parking. | Network. | |
|---------------------|---|--|----------|
| Councillor J Taylor | 44. Plymouth Hospitals NHS Trust - Regional Pay Update. | NHS Employee | Personal |
| Councillor James | 45. Plymouth Hospitals NHS - Trust Never Events. | Family member subject to previous Never Event at the Trust | Personal |

CHAIRS URGENT BUSINESS

40. **MATERNITY ACUPUNCTURE SERVICE**

The Chair advised the panel of the recent decision made by Plymouth Hospitals NHS Trust to close an Acupuncture Service based at the maternity unit at Derriford Hospital.

Both the Chair and Councillor James had received a number of representations objecting to the closure of the service. The issue would be further discussed under the work programme item.

41. **MINUTES**

Agreed to approve the minutes of meetings held on the 13 September 2012 and the 26 September 2012.

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

The panel noted the tracking resolutions.

43. **PLYMOUTH NHS HOSPITALS TRUST - CAR PARKING**

The Chair invited Ann Pointon of the Plymouth Area Disability Action Network (PADAN) to comment on the disabled car parking provision at Derriford Hospital. Ann reported that the main concern was the location of disabled car parking bays in car park A. Practical experience had shown that the situation was difficult for a range of people. New proposals that had been shared with PADAN confirmed that there were attempts being made to address the problems.

Nick Thomas, representing Plymouth Hospitals NHS Trust (PHNT), introduced a report regarding parking provision at Derriford Hospital. It was accepted that there had been difficulties with parking for disabled visitors to the site, however the Trust had outlined changes to facilitate improved parking provision, which would include –

- (a) a new 42 space car park with level access on the bare land adjacent to car park F;

- (b) a Disability Discrimination Act compliant path from the new spaces to main entrance of the outpatients department;
- (c) new spaces as 'Patients Only' disabled spaces;
- (d) a wheelchair store in the new car park with 10 coin operated wheelchairs;
- (e) the removal of the 16 disabled spaces in car park A and replacement with 32 pay and display spaces;
- (f) free access to any parking space in a non-barrier controlled area by disabled badge holders.

Mr Thomas confirmed that user groups would be consulted and given the opportunity to visit the site.

Agreed –

1. to recommend to PHNT that user groups are given adequate notification of consultation and site visits to allow full engagement;
2. that the Local Involvement Network distribute surveys to the Panel and the Trust;
3. to recommend to the Cabinet Member for Transport that Plymouth City Council increase marketing activity with regard to the George Park and Ride for access to the Hospital;
4. congestion surrounding the Derriford hospital site and sustainable transport links to all health care sites across the city are reviewed by the Cabinet Member for Transport and a written report provided to the panel;
5. that PHNT return to the panel in April to provide an update regarding changes to car parking provision.

44. **PLYMOUTH HOSPITALS NHS TRUST - REGIONAL PAY UPDATE**

The Chair welcomed Ann James, Chief Executive Plymouth NHS Hospitals Trust to the panel. Ann reported that the Trust had been focusing efforts toward collaboration with the work force and that there had been several meetings with Trade Union colleagues. Since the meeting held on the 26 September 2012 the Trust had been working with Dr Sue Kinsey from Plymouth University to monitor and evaluate staff engagement.

In response to questions from the panel, Hein Scheffer Director of Human Resources and Organisational Development (PHNT) reported that -

- (a) no proposals regarding pay and conditions would be published until January 2013 at the earliest;

- (b) the Pay Consortium would build into proposals the results of national negotiations;
- (c) there had been a number of open meetings for discussions with staff to address the myths and anxiety caused by the membership of the Consortium;
- (d) a Staff Health and Wellbeing Steering Group had been formed, consisting of representatives from staff-side and management, including both the nursing and clinical bodies in the Trust. The group would work towards the development of an effective Employee Health Strategy. Sickness absence management would form part of that work;
- (e) the trust continued to review its contracts in an effort to find efficiency savings.

Agreed -

- 1. to welcome the Trust's response to the recommendations of the 26 September 2012, in particular the engagement with Plymouth University and the establishment of the Staff Health and Wellbeing Steering Group;
- 2. that the Trust provide a written report in January on days lost through sickness absence. The report would include details of targets, indicators and possible savings;
- 3. that the Trust provide the panel with any developments regarding the South West Pay Consortium at the earliest opportunity.

45. **PLYMOUTH HOSPITALS NHS TRUST - NEVER EVENTS**

Dr. Alex Mayor, Medical Director (Plymouth NHS Hospitals Trust), introduced a report on recent "Never Events". It was reported that -

- (a) the Trust had an excellent safety culture and had worked hard to promote it throughout the Trust. The Trust had seen an increase in the reporting of incidents and the level of harm had decreased due to the climate of openness and reporting;
- (b) all actions taken following the report of a "Never Event" were to ensure the wellbeing of the patients, family, carers and members of staff. Investigations were undertaken using root cause analysis by the Trust which was standard national practice;
- (c) extensive pieces of work were being undertaken in general operative care and diabetes support. Two specialist diabetes nurses had been employed and experts deployed across the organisation;
- (d) the Trust took the events extremely seriously and were focusing attention on all aspects of patient safety with a view to improve them. The events had been reported to the Care Quality Commission and the trust continued to

work closely with them to improve patient safety.

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

- (e) the World Health Organisation checklist was adhered to, the retained foreign object was not on the checklist and as such was not counted in and out. This object would now be included on the checklist and the learning from the event shared nationally;
- (f) data from other organisations regarding never events was not available and would not be an appropriate comparison due to the different work that Trusts undertook;
- (g) the Trust was working hard to make sure that issues of underperformance were always raised. There was a good working relationship with the Care Quality Commission and the Trust would be looking to deliver beyond nationally accepted best practice;
- (h) the accountability for “Never Events” remained with the Chief Executive and the Medical Director. There had been no disciplinary actions against staff involved in these events as there had been no evidence of intent to harm;
- (i) error rates could increase if staff were fatigued, the Trust had built physical and mental barriers within processes to help prevent incidents from occurring. However, hospital procedures relied on humans and there was always the possibility of human error;
- (j) Trust performance reports indicated that the incident reporting rate was well above the national rate of reporting;
- (k) non-executive board members scrutinised all serious adverse events in private session.

Agreed –

1. that the trust provide a briefing note on the safety and quality governance structure within the trust;
2. that performance reports and advanced scorecards, including incident reporting rates and level of harm, are distributed to the panel;
3. that the panel notes the report and the trusts ongoing commitment to open and transparent reporting of adverse events to drive service improvement.

46. **WORK PROGRAMME**

The panel agreed its work programme subject to the addition of the closure of the Maternity Acupuncture Service at Derriford Hospital.

47. **EXEMPT BUSINESS**

There were no items of exempt business.

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TRACKING RESOLUTIONS

Health and Adult Social Care Overview and Scrutiny Panel

| Date / Minute number | Resolution | Explanation / Minute | Action | Progress | Target date |
|-----------------------------|---|---|--|-----------------|--|
| 29/07/12 | Agreed to receive a further update on the progress of the plan at a future meeting of the panel. | This recommendation relates to the updated Dementia Action Plan. | A comprehensive update will be available for the panel on at its meeting in February 2013. | Ongoing | February 2013 |
| 13/09/12 28 (2) | a report on bed occupancy rates is provided to the panel in April; | This recommendation relates to capital investment in the Glenbourne Acute Psychiatric Unit. | | Ongoing | April 2013 |
| 22/11/2013 43 (1) | To recommend to PHNT that user groups are given adequate notification of consultation and site visits to allow full engagement. | This recommendation relates to the consultation on car parking at Derriford. | A user group meeting and site visit took place in December and further meetings have been scheduled for the 17 January and 18 February 2013. | Complete | |
| 22/11/2013 43 (2) | That the Local Involvement Network distribute surveys to the Panel and the trust. | This recommendation relates to work undertaken by Plymouth LINK in relation to parking at Derriford Hospital. | Forwarded to the Plymouth Link | Complete | The item referred to was not a full survey, but a question asked at events in relation to parking at the Derriford site. |

| Date / Minute number | Resolution | Explanation / Minute | Action | Progress | Target date |
|-----------------------------|---|--|-------------------------|-----------------|--------------------|
| 22/11/2013 44 (2) | That the trust provide a written report in January on days lost through sickness absence. The report would include details of targets, indicators and possible savings. | This recommendation relates to the debate on Regional Pay. | Forwarded to the Trust. | Ongoing | February 2013 |
| 22/11/2013 45 (1) | That the trust provide a briefing note on the safety and quality governance structure within the trust. | This recommendation relates to the debate on Never Events. | Forwarded to the Trust. | Ongoing | February 2013 |
| 22/11/2013 45 (2) | That performance reports and advanced scorecards, including incident reporting rates and level of harm, are distributed to the panel. | This recommendation relates to the debate on Never Events. | Forwarded to the Trust. | Ongoing | February 2013 |

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

Ending the Maternity Acupuncture Service



Executive Summary

During the annual visit from the National Institute of Health and Clinical Excellence (NICE) inspector to our maternity department in August 2012, the rationale for continuing to provide a maternity acupuncture service at Derriford Hospital was questioned and, as a result, re-examined.

This included a review of all available research evidence, an assessment of the core priorities for maternity care for women and how providing alternative therapies aligns or not with those priorities. The acupuncture service was a niche service accessed by 1% of the maternity service's total patient cohort.

No other hospital Trust in the south west provides an acupuncture service and we could find no other NHS hospital Trust nationally that does.

The outcome of the review, which was discussed with our Maternity Services Liaison Committee which includes service users and commissioners – with direct access to our GP colleagues in Primary Care - on it, led to a decision to end the acupuncture service at Derriford Hospital with effect from the end of November 2012.

We are very grateful to the midwives who provided this service and, unless they have chosen not to do so, they remain fully employed by the Trust in their primary role as midwives.

We support patient choice and our midwifery team will continue to signpost women to acupuncture, as well as other complimentary therapies, if they wish to try them.

The Maternity Service

Our maternity service is developing all the time and we have much to be proud of, not least:

- Our home birth rate has increased from 0.8% to 5% since June 2012
- We have one of the lowest Caesarean-section rates in the south west, at 20% of births despite being the level 3 Neonatal Intensive Care Centre caring for the most vulnerable, premature babies
- Our caseloading team now work to individually support every woman who sadly suffers a stillbirth or neonatal death
- We have award-winning midwives – our team won the Pregnacare Award for Excellent in Initiatives in Improving Public Health and Inequalities in the royal College of Midwives Award in January 2012

The Acupuncture Service

The service was provided to pregnant women on one afternoon per week. In the 12 months before closure, 64 women had been seen by the service out of a total number of patients of 4,882 equating to 1% of our total maternity patient population.

Drivers for Change

Following the annual visit from the National Institute of Health and Clinical Excellence (NICE) to our maternity department, the rationale for a maternity-based acupuncture service was questioned by the inspector. This led to a full evidence review, including a look at whether this service was found

useful in other maternity services; how the continuation of this service aligned or negatively impacted on other evidence-based care priorities for the service and how the service was funded without specific commissioning.

Available evidence

Cochrane and NICE supported our request to search available evidence and could find no recognised research to support acupuncture for any of the maternity related conditions that were being treated. No recognised research had originated from the acupuncture service at Derriford Hospital in the 24 years it had been running to support the use of acupuncture in pregnant women.

Other NHS Providers

The review identified 12 units nationally which, at some point, had either employed acupuncture midwives (or similar) or contracted a service for such. The providers of these kindly shared their experiences with us. The outcome was that all the units had ceased providing this. No other hospital in the south west offers acupuncture in maternity on the NHS.

This does not detract from a consideration of the Hawthorn effect; whereby an improvement in a patient's reported condition or behaviour is seen as a result of increased time and attention with a caregiver. Clearly, the service is seen as very valuable by some of the women who have used it both in our and other centres.

Prioritising resources

Each hospital Trust received a payment from the commissioners for every patient. This payment has to be used, in the first instance, to fund priorities for maternity care which are evidence-based and laid down in guidelines and which every woman has the right to expect such as:

- Working to provide 1:1 care for every woman in labour
- Supporting breastfeeding initiation and continuation - breastfeeding is shown worldwide to have positive impacts on the health of both mum and baby
- Providing specialist midwives, for example a bereavement midwife, which we currently do not have, to support those women who suffer the loss of a baby or pregnancy. This role has been shown by research to reduce the incidences of postnatal depression, for example.

Until we are able to meet these priorities and give women the high standard of care they have every right to expect, we cannot run a service for which there is no good clinical evidence and which is not recommended by NICE.

Engagement

The proposal was discussed fully at the Maternity Services Liaison Committee with engagement from commissioners representing primary care and service users.

Staff affected were met with as soon as the final decision was made. It was also the subject of a HR consultation process, as is always the case if there is a possibility of staff needing to be redeployed. Our intention has always been to ensure that the midwives offering the acupuncture service return to core practice. This has now come to an end and approval has been obtained via the Joint Staff Negotiating Committee around this aspect of process.

Equality Impact Assessment

One of the City Council's four key priorities is to reduce inequalities. The acupuncture service was used by 1% of the women who access our services. Funding the core priorities we have outlined above gives greater benefit to all of our patients and thus supports the City Council's stated aim, which our Trust supports, of reducing inequalities.

Signposting

As with all alternative therapies, and in line with the Midwives Rules and Standards, staff will continue to signpost women and their families to therapies they may find useful.

Work Programme 2012/13

| Topics | J | J | A | S | O | N | D | J | F | M | A | 13 /14 |
|--|---|----|---|----|---|----|---|----|----|---|---|-----------|
| Health Integration Programme | | | | | | | | | | | | |
| Healthwatch | | 19 | | | | | | | | | | |
| Health and Wellbeing Board / Joint Strategic Needs Assessment (JSNA) / Joint Health and Wellbeing Strategy (JHWBS) | | | | 13 | | | | 24 | | | | |
| Public Health Transition | | | | 13 | | | | 24 | | | | |
| Joint Priorities | | | | | | | | | | | | |
| Dementia Strategy | | 19 | | | | | | | 28 | | | |
| Safeguarding Vulnerable People (review of recommendations) | | | | | | | | | 28 | | | |
| NEW Devon, Clinical Commissioning Group (Western Locality) | | | | | | | | | | | | |
| Commissioning Intentions | | | | | | 22 | | | | | | |
| Plymouth NHS Hospitals Trust | | | | | | | | | | | | |
| Hospital Discharge Process (TBC) | | | | | | | | | | | | |
| Winter Planning (update) | | | | | | | | | 28 | | | |
| Maternity Acupuncture Service | | | | | | | | 24 | | | | |
| Foundation Trust Business Case | | | | | | | | | | | | |
| Plymouth City Council – Adult Social Care | | | | | | | | | | | | |
| Social Care Transformation Programme (TBC subject to budget scrutiny) | | | | | | | | | | | | |
| Plymouth Community Healthcare | | | | | | | | | | | | |

