

Additional Recommendations for Management Board

Health and Adult Social Care OSP meeting held on 27 January, 2010

Draft Minute 54 Service Improvement Proposal - Centralisation Of Gynaecological Cancer Surgery

The Panel considered a report by NHS Plymouth. The report –

- (i) explained the rationale for centralisation of gynaecological cancer surgery;
- (ii) set out the findings of the independent clinical review undertaken to assess which hospital would be the preferred site for a second gynaecological cancer centre –
 - Royal Devon and Exeter Hospital, Exeter, having already been established as the first
 - Royal Cornwall Hospital, Truro, having been recommended as the second
- (iii) presented the draft engagement plan for people who might be affected by the creation of the proposed second gynaecological cancer centre.

In response to questions raised, it was reported that –

- (iv) a decision on where the second centre should be had not yet been taken. The next stage in the process would be for the Cancer Network to consider the findings of the independent clinical review, alongside the views of the Cornwall, Devon and Plymouth OSCs, before making final recommendations to the respective PCT Boards;
- (v) the criteria and scoring used had been developed by the independent clinical review team from the terms of reference provided and had been agreed by each of the PCTs involved prior to the review commencing;
- (vi) the issue of choice of centre had only arisen because the need for a second centre had been established;
- (vii) according to a survey, 75% of people (without cancer) would be willing to travel for treatment by a specialist if they were diagnosed with cancer;
- (viii) most of the treatment pre and post surgery would be carried out at the patient's local hospital;
- (ix) should the second designated centre be confirmed as the Royal Cornwall Hospital, Truro, it was possible that surgeons working at Derriford would operate between the two sites.

Members welcomed the principle of developing centres of excellence but recognised that patients had other outcomes to consider such as emotional and financial wellbeing. Given that Plymouth was a City with pockets of deprivation, the panel sought assurances that the needs of patients having to travel would be met and supported, along with those of their families.

Resolved that the findings of the independent clinical review could not be supported because the report fails to provide the assurances the panel would need in respect of -

- (1) **evidence to demonstrate that a second centre at Truro would make a**

significant difference to clinical outcomes for patients from Plymouth;

- (2) addressing the issue of individual choice for women over where their surgery should take place.**

Draft minute no. 55 Service Improvement Proposal - Specialised Burn Care Services For Adults And Children

The panel considered a report by the South West Specialised Commissioning Group (SWSCG) regarding service improvement proposals for burn care services for adults and children. In attendance to present the report were Keith Reid, Consultant in Public Health, Sue Davies, Associate Director of the South West Specialised Commissioning Group and Lead Commissioner for Burns, and Dr. Lou Farbus, Public and Patient Engagement Facilitator.

The report –

- (i) described how services for adults and children were currently provided;
- (ii) provided a guide to the types of burns and levels of care they required;
- (iii) set out how burn care would be improved through the designation of specialised burn care providers at –
 - Morriston Hospital, Swansea
 - Frenchay Hospital, Bristol
 - Salisbury District General Hospital, Salisbury
 - Derriford Hospital, Plymouth

In response to questions raised, the panel heard –

- (iv) where members of the same family were involved, consideration would be given to who had the most complex of needs when determining which hospital they would be sent to. Best endeavours would be made to keep the family together, however, such instances would need to be dealt with on a case-by-case basis;
- (v) a specialist nurse would be allocated to help keep family members informed and provide advice on travel and accommodation matters;
- (vi) whenever possible, aftercare would be provided locally as soon as the patient was well enough to be transferred;
- (vii) that the Fire Service had not been included in the consultation process.

The panel welcomed the comprehensive report, particularly the inclusion of the glossary which had been most helpful, and thanked the representatives from the South West Specialised Commissioning Group for their attendance. Whilst the principle of developing centres of excellence was welcomed, Members recognised that patients had other outcomes to consider besides medical, such as emotional and financial wellbeing. Given that Plymouth was a City with pockets of deprivation, it was suggested that consideration be given to issuing travel warrants to families unable to pay to join their loved ones should the worst happen.

Resolved that -

- (1) the proposed approach to improving burn care services for residents be noted;
- (2) the improved quality and safety of the service that the model would deliver over

time be noted;

- (3) the involvement of patients, carers, clinicians and public in the process to date be noted but that future engagement in developing the recommended way forward should also include the Fire Service;
- (4) the proposed designations of four service providers delivering the three levels of specialised burn care and the forward agenda for the network be approved;
- (5) the intention to complete the designation process by March 2010 allowing all four services to be fully functioning in their roles by April 2010 be noted;
- (6) steps be taken to ensure the needs of patients having to travel and requiring overnight stays be met and supported along with those of their families.

Draft Minute 56 Joint Strategic Needs Assessment

The Assistant Director for Business Support (Community Services) and Director for Public Health were in attendance to report on the Joint Strategic Needs Assessment (JSNA), a document that, when analysed, drew out the main health, social care and well-being needs of the city. It was used to inform those who commissioned adult care services and children's services and set priorities in order to ensure that services were shaped by the community and inequalities were reduced.

The report –

- (i) set out the ten domains covered by the JSNA;
- (ii) demonstrated how the JSNA was informed and used to influence documents such as –
 - Corporate Plan
 - Housing Strategy
 - Community Strategy
 - NHS Strategic Framework
- (iii) detailed some of the findings, including that eight in ten of all deaths in the city were caused by heart and vascular problems, cancers, respiratory diseases and digestive problems;
- (iv) highlighted changes to the city's population such as a –
 - 46% increase in babies being born
 - 5% increase in resident population
 - slight increase in the 65+ and 75+ age groups
 - slight increase in females than males
- (v) highlighted a difference in life expectancy of 13 years between the city's affluent and deprived neighbourhoods;
- (vi) identified a number of emerging issues for the city such as –
 - mental health
 - child poverty
 - smoking

- alcohol
- teenage pregnancy
- obesity
- breastfeeding

In response to questions raised, it was reported that –

- (vii) whilst recent regeneration projects in Devonport may have had something to do with keeping the 13 year gap in life expectancy static, it was not expected that this gap would close for some time yet as the real issue was money. People knew how to live a healthy lifestyle but until they could afford to so the situation would not change;
- (viii) figures reflecting the actual increase in type 2 diabetes in the city compared to nationally would be circulated to panel members via the Democratic Support Officer.

Members welcomed the report and its recognition of how health impacted upon services in the city.

Resolved that the Corporate Management Team, Cabinet and the Local Strategic Partnership be recommended to work with the Director for Public Health as an essential element in the development of plans and strategies for the City.

Draft Minute no. 59 adaptations - Progress Report

The panel received a report providing an update on minor and major adaptations for both the private sector and Plymouth Community Homes, including issues affecting Disabled Facilities Grants (DFG). In attendance to present the report were the Private Sector Housing and Regeneration Manager, Head of Community Service (Adult Social Care) and Service Manager (Adult Social Care).

Members were informed that the Council had hoped to have received its DFG allocation for 2010/11 by the end of December 2009, however, this had not been the case. Concern was expressed that Plymouth had received only 65% of its assessed need for 2009/10. Whilst every effort was being taken to utilise funds to maximum effect it remained the case that available resources did not meet demand with a resulting negative impact on waiting lists and times. Should Plymouth not receive its full entitlement for 2010/11, the situation would get worse.

Resolved that the Cabinet be recommended to write to Government Office South West expressing concern at the historical disproportionately low DFG allocation to the City and seeking assurances that the figure for 2010/11 would more accurately reflect Plymouth's assessed need.

Draft Minute no. 60 Alcohol Harm

The panel received a verbal update from the Commissioning Manager at the Public Health Development Unit (PHDU) and the Lead Clinician for Liver Disease at Derriford Hospital. It was reported that –

- (i) the first draft of the new Alcohol Strategy would be available on Friday 29 January, 2010, following which there would be a 6-week consultation period;
- (ii) one of the key performance drivers in respect of alcohol harm was to reduce the number of hospital admissions. The PHDU was currently awaiting verification of what this target would be;

- (iii) Plymouth was a particular hot spot in terms of alcohol misuse and liver disease in the city was on the rise, particularly amongst females;
- (iv) access to detox remained a problem with a current wait time of 8 weeks;
- (v) 40-60% of admissions through Derriford A&E between Thursday and Sunday were alcohol related.

The panel welcomed the update and looked forward to participating in the Strategy consultation.

Resolved that -

- (1) the Assistant Director for Governance and Democracy be asked to look at whether licensing legislation allows for the impact on a neighbourhood's health to be taken into account when considering licence applications;**
- (2) the Alcohol Strategy be presented to the Licensing Committee for information;**
- (3) the draft Alcohol Strategy be presented to a special meeting of the Health and Adult Social Care Overview and Scrutiny Panel to be convened in February;**
- (4) the Director for Community Services be requested to consider notifying ward councillors on receipt of licensing applications, similar to what is already in place for planning applications.**

Draft Minute no. 61 Smoking - Performance Against Laa Stretch Targets

The panel received a presentation by the Stop Smoking Service Manager providing an overview of the work of the Smoking Cessation Service in Plymouth and detailing how it was performing against health targets, including the LAA stretch targets. Highlights of the presentation included that –

- (i) the Service was working in close partnership with the City Council to develop a comprehensive Tobacco Control Strategy for Plymouth to reduce the prevalence of smokers;
- (ii) IDeA funding had been awarded to set up a range of Tobacco Control Initiatives in the city;
- (iii) the 4-week benchmark set for quitters currently had a 50% success rate.

In response to questions raised, it was reported that –

- (iv) approximately 450 young people started smoking in the UK every day, usually between the ages of 11-13 but this could drop to as young as 8-9 in deprived areas;
- (v) various research into why young people started smoking had been undertaken but it was largely thought to be due to parental influence;
- (vi) the number of referrals to the service by midwives had significantly increased;
- (vii) the 2009 Health Bill – Tobacco Control had not yet been completed its run

through Parliament. The Bill focussed on addressing 3 elements, namely to –

- close the loophole which allows tobacco to be displayed at the point of sale
 - prohibit the sale of cigarettes from vending machines
 - require the use of plain packaging for tobacco products
- (viii) partnership working with Trading Standards had established that illicit tobacco was readily and cheaply available in the city;
- (ix) plans to develop a marketing campaign had been shelved as capacity in primary care was limited due to the pressures of swine flu clinics. As the potential to achieve this target was negligible, it would have been a waste of public money to pursue it

Resolved that –

- (1) **with regard to (iii) above, the Public Protection Service be requested to provide a briefing note to panel on what Tobacco Control Initiatives were being introduced and where;**
- (2) **the City Council lobbies the City's three MPs to support progress of the 2009 Health Bill – Tobacco Control - through Parliament.**

Support Services Overview and Scrutiny Panel meeting held on 26 November 2009

39. Substitutions

The Panel received a report which highlighted that Councillor Stark had been selected as the nominated substitute for two panels. The report also requested that a substitute for the Labour group was nominated.

Resolved that Councillors Berrow and Lowry be appointed as nominated substitutes for the Overview and Scrutiny Management Board.