

Health and Adult Social Care Overview and Scrutiny Panel

Wednesday 10 November 2010

PRESENT:

Councillor Ricketts, in the Chair.
Councillor McDonald, Vice Chair.
Councillors Delbridge, Gordon, Dr. Mahony, Mrs Nicholson, Dr. Salter and Viney.

Co-opted Representatives: Chris Boote (LINK), Margaret Schwarz (Plymouth Hospitals NHS Trust)

Apologies for absence: Councillor Bowie

Also in attendance: Paul O'Sullivan (NHS Plymouth), Steve Waite (NHS Plymouth), Jullie Wilson (NHS Plymouth), Sally Parker (NHS Plymouth), David Mcauley (NHS Plymouth), Gavin Thistlewaite (NHS Plymouth).
Councillor Grant Monahan (Portfolio Holder Adult Social Care), Debbie Butcher (Plymouth City Council), Giles Perritt (Lead Officer, Plymouth City Council).

The meeting started at 3.00 pm and finished at 5.05 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.

62. **DECLARATIONS OF INTEREST**

There were no declarations of interest in accordance with the code of conduct.

63. **CHAIR'S URGENT BUSINESS**

The Chair informed the panel that the item on the Greenfields Consultation would be moved up the agenda to allow NHS Plymouth representatives to attend another meeting.

64. **MINUTES**

The Chair informed the panel that although the "Transforming Community Services" programme was referred to at the last meeting as a substantial variation of service the panel had not formally agreed this.

Agreed that the minutes of the 13 October 2010 be approved as a correct record.

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

The Chair informed the panel that the Carers Strategy Action Plan and the Maternity Satisfaction Survey were distributed. If members had questions on these documents they could be directed to the panel's lead officer.

Agreed that –

1. the panels tracking resolutions were noted;
2. the Plymouth Report, as referred by the Overview and Scrutiny Management Board, was noted.

66. **DEMENTIA STRATEGY**

Julie Wilson representing NHS Plymouth and Debbie Butcher representing Adult Social Care reported on the progress against the Dementia Action Plan and National Dementia Strategy. It was reported that when the work was started there were 3,000 people with a known dementia diagnosis and only 1,000 of those received treatment. The number receiving treatment had increased to 2,000 over the last twelve months which was the result of joint working between Plymouth City Council and NHS Plymouth.

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

- a. the Strategic Health Authority (SHA) had provided the action plan and would review its implementation in January 2011;
- b. it was felt that there was sufficient representation on the programme board from Plymouth City Council and if more specialist knowledge was required additional members would be co-opted onto the programme board;
- c. there was a duty on the council to provide for eligible need, early identification would mean that care costs could be delayed;
- d. professionals in Plymouth should be proud of the progress that has been made, there had been excellent detection rates and an evidenced care pathway was in place. The pathway would be launched and accessible online in December;
- e. funding had been awarded to Adult Social Care for training packages for health care professionals. There had also been money awarded for training in care homes, NHS Plymouth staff would be updated on a rolling programme of training;
- f. NHS Plymouth were developing an "Information Prescription Service" where carers and users would be able to access quality relevant information and signposting to services;

- g. there was an excellent specialist memory service in Plymouth which had developed services to aid detection of early onset dementia.

Agreed -

1. to distribute a copy of the dementia action plan to panel members within two weeks;
2. that a further review of the action plan following the Strategic Health Authority's review in January would be added to the panel's work programme.

67. **TRANSFORMING COMMUNITY SERVICES**

Paul O'Sullivan representing NHS Plymouth Commissioners and Steve Waite representing NHS Plymouth's provider arm updated the panel on the "Transforming Community Services" programme. Paul O'Sullivan reported that –

- a. the "Transforming Community Services" programme was part of a national policy which predates the publication of the health white paper; there was a requirement to separate commissioning from provision from April 2011. This was required following revisions to the NHS Operating Framework which took place in June 2010;
- b. the aims of the programme were to achieve not only a transfer of services to a new body but also for that body to achieve a transformation of current provision and provide enhanced community services;
- c. models of care outlined in the commissioners case for change are consistent with the memorandum of understanding signed by NHS Plymouth and Plymouth City Council;
- d. the preferred option was for a transfer to a social enterprise company. Provider and market development work would need to take place over the next three years;
- e. any potential provider would need to submit a business plan, the business plan would be appraised by commissioners and subject to further appraisal by the Strategic Health Authority. The business plan would need to be approved before the new provider body can come into existence.

Steve Waite introduced a presentation to the panel outlining the view of the provider arm –

- f. the provider services of NHS Plymouth had existed almost as an arms length organisation for the past few years, it had its own board and in

addition to carrying out work in Plymouth also had contracts with Devon and Cornwall Primary Care Trust and Torbay Care Trust. There were three year contracts in place which included a six month notice period;

- g. the principles of service delivery included a clear focus on the Plymouth population and specialist services. The transfer would provide opportunities for development across services, for example there could be more work carried out around dementia to avoid hospital admissions;
- h. any new organisation would need to consider how it would engage with proposed GP consortia and further issues of NHS pay restraint and changes to pensions;
- i. proposals would focus on delivering more services at a patient's home whilst preventing hospital admissions and reducing the length of stay in hospital;
- j. there was a good success rate of community services reducing hospital admission for patients in Plymouth. A good example of this was a patient who had suffered heart failure had his hospital admissions reduced from 20 in 2009 to one in 2010;
- k. the proposed provider service would provide quality information to patients on its function, the service would be fully funded by the NHS and care would continue to be free at the point of delivery;
- l. the Governance structure was yet to be decided on, more detailed information on finance and governance would be available in the Integrated Business Plan (IBP) which would be considered by the NHS Plymouth Board in December;

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

- m. it was proposed that all community services currently provided by NHS Plymouth would transfer to the new organisation. There would be a full IBP and a summary for public consumption. Some services would be subject to a market review;
- n. there was a clear focus on high quality of care delivered by competent staff;
- o. the worst case scenario for a new provider would be if the public and patients did not notice the transfer, the best case scenario would be that patients and the public experience improved services. There would be a significant redesign of services;
- p. presentations had been made across the city to various stakeholders including the LINK and there would be a public engagement event held

on the 15 November 2010;

- q. the public would be involved at the service redesign stage, part of the IBP would include how the new provider would engage with patients and the public;
- r. there would be an improvement in care pathways facilitated by the new structure based on working with primary care services through Sentinel and a model of cross organisational working would be built into the business plan;
- s. housing would be a key issue and a whole range of services with impacts on health would need to be considered in the IBP;
- t. although there could not be any guarantees over redundancies, NHS Plymouth has a good record of dealing with a reduction of workforce through natural wastage and staff have transferable skills and can often be redeployed;
- u. a new name for the provider had not been decided upon but that decision would form part of wider staff engagement;
- v. clinicians have become more involved in commissioning in preparation for GP consortia although there would be some confusion until government proposals around GP consortia are confirmed;

Agreed that the panel would receive the full “Transforming Community Services” Integrated Business Plan in January 2011 following its presentation to the NHS Plymouth Board and before its submission to the South West Strategic Health Authority.

68. **GREENFIELDS UNIT CONSULTATION RESULTS**

Gavin Thistlewaite and David Mcauley representing NHS Plymouth updated the panel on the Greenfields Consultation and proposed service change. It was reported that –

- a. the Greenfields Unit was a unit for the learning disabled based at Mount Gould hospital. There had been concerns regarding the level of care offered at the unit and as a result the future of the service had been reviewed. The options that were available to NHS Plymouth included further investment in the unit, closure with no replacement service or closure with improved community based support;
- b. the investment that would be required to make the unit fit for purpose would be around £240,000;
- c. public consultation had taken place as well as two events for users and an event for staff;

- d. the preferred option was to close the unit alongside making an investment in alternative high quality in-patient and community care which would be available 24 hours a day, seven days a week.

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

- e. at the start of the consultation process the unit accommodated two patients. this fell to zero during the consultation process. The unit had been mothballed and staff had been redeployed;
- f. there had been concerns over the quality of care in the unit. There had not been a great demand for learning disability in-patient beds and referrals to the unit were low;
- g. there had been a number of patients that had been sent to placements outside of the city which often caused difficulty for families and carers. The proposed changes were intended to reduce the use of out of city placements by better early identification of issues which could be dealt by practitioners within the city limits;
- h. the main weakness of the final proposal was using mental health services not set up to deal with people with learning disabilities. The proposed investment plan would address this weakness;
- i. the new proposals would be operational in April 2011;
- j. the cost of out of city placements were huge and the proposals would reduce the number of placements required.

Agreed to -

- 1. note the results of the options appraisal and consultation on the future of the Greenfields services;
- 2. note the support from patients, users and health care professionals for improving mental health services for people with learning disabilities;
- 3. support the adoption of the proposed service model and associated service developments.

69. **MONITORING ADAPTATIONS BUDGET AND PERFORMANCE**

Agreed to note the report.

70. **WORK PROGRAMME**

Agreed to add a review of the “Transforming Community Services” Integrated Business Plan to the January meeting of the panel.

71. **EXEMPT BUSINESS**

There were no items of exempt business.