

Health and Adult Social Care Overview and Scrutiny Panel

Wednesday 14 September 2011

PRESENT:

Councillor Mrs Bowyer, in the Chair.

Councillor McDonald, Vice Chair.

Councillors Mrs Aspinall, Mrs Bragg, Browne, Casey, Drean, Gordon, Dr. Mahony, Mrs Nicholson, Dr. Salter and Tuffin.

Co-opted Representatives: Chris Boote and Margaret Schwarz

Also in attendance: Nikki Thomas (Nurse Director, Peninsula Cancer Network (PCN)), Fiona Phelps, (Assistant Director of Commissioning, NHS Plymouth), Lucy Beckwith, (Contracts Manager, NHS Plymouth), Pam Marsden (Assistant Director for Adult Health and Social Care, Plymouth City Council (PCC)), Jo Yelland (Programme Lead for Putting People First and Integration PCC), Councillor Grant Monahan (Cabinet Member for Adult Health and Social Care PCC) Russell Moody, (Stop Smoking Service Manager, Department for Public Health) Vicky Shipway, (Host Manager Plymouth LINK), Giles Perritt (Lead Officer, PCC), Ross Jago (Democratic Support Officer, PCC).

The meeting started at 10.00 am and finished at 12.40 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.

25. DECLARATIONS OF INTEREST

Name	Minute No. and Subject	Reason	Interest
Councillor Mrs Bowyer	35. Work Programme Safeguarding vulnerable adults.	Care home manager.	Personal
Councillor Dr Mahony	33. Health and wellbeing boards – Status Update	General Practitioner.	Personal

26. CHAIR'S URGENT BUSINESS

There were no items of Chair's urgent business.

27. **MINUTES**

Agreed that the minutes of the meeting held on the 20 July 2011 were approved as a correct record.

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

Agreed that the panel's tracking resolutions were noted.

29. **GYNAECOLOGICAL CANCER SURGERY**

Nikki Thomas of the Peninsula Cancer Network (PCN) introduced a report on the shaping of patient and public involvement in cancer services. In response to questions from members of the panel it was reported that -

- (a) the petitioners who had presented their petition to the panel had been contacted and a representative identified. They would be working closely with the PCN on the engagement of patients with regard to gynaecological cancer surgery;
- (b) the approach to building engagement with patients, carers and key stakeholders would involve a prioritisation process, gynaecological cancer surgery would be within that process but it was not appropriate to assume the newly formed working group would choose it as a high priority;
- (c) there would be further news on proposed service reconfigurations over the coming weeks;
- (d) although a great deal of consultation had been taking place via the internet there were also telephone support lines, support groups and leaflets available.

Members of the panel expressed their disappointment at the apparent lack of process in addressing the concerns of Plymouth patients.

Agreed that -

1. a position paper outlining the approach of the working group after their first meeting would be presented to a future meeting of the panel;
2. information regarding the decision making process and proposals regarding the reconfiguration of Gynaecological Cancer Services would be made available to the panel as soon as possible.

30. **WINTER PRESSURE AND REABLEMENT FUND UPDATE**

The Assistant Director for Adult Social Care introduced a report on the winter pressure and reablement fund. The report set out arrangements for investment into social care services for 2010/11 and set out further investment plans over 2011/12 – 12/13.

It was reported that joint working had been productive and successful. The funding was in addition to current social care spend and had allowed for investment in small changes in provision which would result in long term benefit.

As a result of the winter pressures funding, Managed Care Appropriateness (MCAP) software had been purchased and was currently on trial. It was anticipated that the software would highlight the ways in which care quality and pathways could be improved, which could lead to more efficient service structures and save clinical costs.

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

- (a) the funding was not intended for major adaptations such as ramps and extensions. The service were intending to use some of the funding to pump prime sustainable projects such as time banks where people link locally to share their time and skills. There could be some discrete funding available for the smaller adaptations or an equipment bank;
- (b) direct discharge to residential care had been increasing over the last 18 months. The Local Authority was seeking alternatives to discharge to residential care with NHS Plymouth and NHS Plymouth Hospitals Trust. Discharge to residential care often reduced the confidence of patients and could present difficulties in reablement.

31. **A DRAFT TOBACCO ACTION PLAN FOR PLYMOUTH**

The Cabinet Member for Adult Health and Social Care introduced Russell Moody, Stop Smoking Service Manager, who presented the action plan for comment. In response to questions from members of the panel it was reported that –

- (a) the Plymouth Smoke-free Team would drive the action plan and would include key stakeholders;
- (b) smoking prevention, with a particular focus on children, was a high priority. The baseline data for the prevalence of smoking amongst 15 years olds was very high and it was likely this was not a true reflection of the situation in Plymouth. The smoke free team would be working with Routeways to improve the types of questions used to gather the data from young people;
- (c) when Public Health migrate into the local authority there would be increased opportunities to become involved in the wider determinants of health which would help the smoke free team to become more holistic in their approach;
- (d) the action plan is focused on social marketing, understanding the causes of smoking, health and lifestyle issues which would link to issues such as obesity and alcohol misuse.

Comments from members of the panel included–

- (e) the Smoke-free Team should include ethnic minority groups, Her Majesty's Revenues and Customs and Trading Standards;
- (f) accepting that the document was an early draft for consultation it required further proof reading and translation into plain English so that it was accessible to a range of people;
- (g) the smoke free team should recommend that health visitors and midwives be allotted sufficient time to be able to speak to people regarding smoking cessation.

32. **HEALTHWATCH PATHFINDER - STATUS UPDATE**

Vicky Shipway, Local Involvement Network (LiNK) host manager provided an update to the panel on the recent work of the LiNK and development of Healthwatch. It was reported that -

- (a) membership of the LiNK had grown to around 2,500 members;
- (b) the LiNK were developing a number of work streams including a project with gypsies and travellers, the LiNK manager was in contact with the Democratic Support Officer for the panel to ascertain whether a joint approach to this piece of work was appropriate;
- (c) the LiNK had recently provided recommendations to Derriford Hospital around access and discharge from hospital;
- (d) the LiNK had also undertaken an access to primary care survey and reported its results to NHS Plymouth;
- (e) LiNK would, over the next 18 months, develop into Healthwatch. In addition to the functions currently carried out by the LiNK a number of other functions would be part of Local Healthwatch. Functions would include representing the views of patients on the Health and Wellbeing Board and providing access to independent complaints and advocacy services;
- (f) it was anticipated that Local Healthwatch would be in place by October 2012 and new arrangements for advocacy would take effect from March 2013.

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

- (g) the LiNK worked hard to be representative and input to as many meetings and consultations as possible, the stewardship group made the decisions on where the limited resources would be applied;
- (h) the LiNK had no regular contact with individual general practices in the city; however they had excellent working relationships with General Practitioners via the Sentinel Clinical Commissioning Executive and the NHS Plymouth Primary Care Team.

Some panel members expressed disappointment at the lack of success of LINK both at a local and national level.

Agreed that the panel would take part in the tendering process and make recommendations to the Cabinet with regard to Local Healthwatch.

33. **HEALTH AND WELLBEING BOARDS - STATUS UPDATE**

The panel's lead officer introduced a paper on the development of a Health and Wellbeing Board for Plymouth. It was reported that -

- (a) there was no requirement for early implementers to have a formally constituted Shadow Health and Wellbeing Board in place;
- (b) Plymouth would be taking a different approach to many of the early implementers across the country and would have Health and Wellbeing Development Group. It was anticipated that this approach would allow lessons to be learned from those who had set up Shadow Boards and encountered difficulties;
- (c) a development group had been formed and would meet initially in November 2011. The group would include the statutory membership outlined in the most recent version of the Health and Social Care Bill and would also include members of scrutiny.

Members of the panel noted the report and commented that whilst it was appropriate that scrutiny is active on the development group there were concerns raised as to the appropriateness of members of scrutiny having seats on future Health and Wellbeing Board.

Agreed that the panel would have a number of provisional meeting dates added to the calendar over the next 18 months to allow for scrutiny of Healthwatch and Health and Wellbeing Board development.

34. **ANNUAL OVERVIEW AND SCRUTINY REPORT**

Agreed that the Annual Overview and Scrutiny report was noted but required the addition of the co-opted members of the panel.

35. **PROJECT INITIATION DOCUMENT**

Agreed that the project initiation document, regarding the safeguarding of vulnerable adults, be commended to the Overview and Scrutiny Management Board for approval subject to the following amendments -

- 1. That the methodology should include evidence gathering by councillors through ward work;
- 2. That the following are added to the document as objectives –

- a. To review and assess the adequacy of policies regarding whistle blowing;
- b. To review and assess the adequacy of policies regarding unannounced visits to care settings.

Councillor Mrs Bowyer declared a personal interest and withdrew from debate on this item.

36. **WORK PROGRAMME**

Agreed that the panel's work programme was noted.

37. **EXEMPT BUSINESS**

There were no items of exempt business.