

Health and Adult Social Care Overview and Scrutiny Panel

Wednesday 7 March 2012

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: Sue Kelley, Local Involvement Network.

Also in attendance: Councillor Grant Monahan – Cabinet Member for Health and Adult Social Care (Plymouth City Council), Pam Marsden - Assistant Director for Joint Commissioning and Adult Social Care (Plymouth City Council), Jo Yelland – Programme Lead for Putting People First (Plymouth City Council), Kate Anderson - Manager (Plymouth Memory Service), Sara Mitchell – Locality Manager, (Plymouth Community Healthcare), Helen O’Shea - Interim Chief Executive (Plymouth Hospitals NHS Trust), Amanda Nash – Head of Communications (Plymouth Hospitals NHS Trust).

The meeting started at 10.00 am and finished at 12.15 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.

60. **DECLARATIONS OF INTEREST**

The following declaration of interest was made in accordance with the code of conduct –

Name	Minute No. and Subject	Reason	Interest
Councillor Mrs Bowyer	67. Safeguarding Vulnerable Adults Task and Finish Group.	Care home manager.	Personal

61. **CHAIR'S URGENT BUSINESS**

There were no items of Chair’s urgent business.

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

The Democratic Support Officer provided the panel with an update on the status of the tracking resolutions.

Agreed to note the progress made against tracking resolutions.

63. **OLDER PEOPLES' MENTAL HEALTH SERVICE REDESIGN**

The panel received a report from Sara Mitchell of Plymouth Community Healthcare and Kate Anderson of the Plymouth Memory Service on the Older People's Mental Health Service Redesign. It was reported that -

- (a) extensive engagement had taken place with patients, carers and staff;
- (b) the staff engagement period had shown that staff wished to have some influence over the design of the space and be assured that training for new equipment would be in place;
- (c) Patients and carers were happy with the facilities to be provided at Mount Gould and the Modern Matron would be investigating whether it would be feasible to provide a hairdressing service at the site;
- (d) there had been overwhelming support from all internal and external stakeholders who viewed the redesign strategy as offering an improvement in patient care.

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

- (e) the Memory Service was working with GPs and other health professionals to ensure that early diagnosis of dementia was possible through the correct capturing of data, particularly in primary care, it was hoped that this would increase early diagnosis rates;
- (f) wards at Mount Gould would never be understaffed and if necessary temporary staff would be drafted in. The redesign would result in a proactive and responsive team to help provide care away from the clinical setting;

Agreed to confirm support for the Older People's Mental Health Service Redesign.

64. **PERSONAL BUDGET POLICY**

The Cabinet Member for Health and Adult Social Care, Councillor Monahan, and Assistant Director for Joint Commissioning and Adult Social Care, Pam Marsden, introduced the report on the personal budget policy. It was commented that the policy was in response to a number of national policy initiatives (*Our Health, Our Care Our Say* (January 2006), *Putting People First: A Shared Vision and Commitment to the Transformation of Adult Social Care* (2007), *Think local, Act Personal* (2010)). The policy would assist the council in achieving a national target of 100% of people eligible for council services to be receiving them through a personal budget and a direct payment by April 2013.

The programme lead for Putting People First and Integration, Jo Yelland, reported that there were four elements to the delivery of a mainstream personal budget system, and Adult Social Care would provide –

- (a) a personalised care management system that maximised the potential for people to regain and maintain independence through reablement services;
- (b) a clear and transparent resource allocation system (RAS) based on an objective assessment of need;
- (c) easy access to direct payments to encourage people to exercise maximum independence from the Council and increase their choice and control;
- (d) a clear risk enablement policy that ensured safeguarding processes facilitated informed decision making and risk management without unnecessarily restricting people's lives.

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

- (e) independent advice would be provided through advocacy services commissioned by the local authority;
- (f) the reduced spend in Adult Social Care related to clerical support, the introduction of a pre-payment card referred to within the report would remove the need for a large amount of financial services support within the department;
- (g) the disabled facilities grant was administered through the Homes and Communities Department and possible additional funding sources for adaptations were being investigated;
- (h) funding on payment cards could be used anywhere where a standard debit or credit card was an accepted form of payment. There were safeguards in place when it came to what funding could be spent on and the department would retain an ability to limit where money could be spent.

Agreed -

- (1) to recommend that Cabinet agrees the Personal Budget Policy and its implementation from the 1 April 2012;
- (2) that the panel is disappointed with the late addition of this policy to the forward plan and that in future late additions to the forward plan are minimised to enable interested parties, including scrutiny panels, to engage with decision makers in advance of such decisions being made.

PLYMOUTH HOSPITALS NHS TRUST

65. PENINSULA COLLEGE OF MEDICINE AND DENTISTRY

The Chair introduced Helen O'Shea, Interim Chief Executive of Plymouth Hospitals NHS Trust (PHNT), the chair requested that Helen provided the panel with the Trust's view on the recent announcement that the Peninsula College of Medicine and Dentistry was to split to form two separate medical schools in Plymouth and Exeter. Helen reported that –

- (a) the split would leave Plymouth with less students studying to be medical doctors;
- (b) there had been no consultation process with stakeholders before the announcement was made;
- (c) the Hospital Medical Staff Committee and the Local Medical Committee had both raised concerns that there had been no consultation or engagement with stakeholders. They were concerned that the Plymouth Medical School would not be viable with only 75 medical students.

The panel echoed all of the concerns raised by the PHNT and also raised concerns that the decision could affect the growth of the city.

Agreed -

- (1) to invite the Vice Chancellors of the University of Exeter and the University of Plymouth, along with the Dean of the Peninsula College of Medicine and Dentistry to a special meeting of the panel to discuss the rationale behind the split;
- (2) to recommend to the overview and scrutiny management board, that the Growth and Prosperity Overview and Scrutiny Panel should also be invited to the above meeting to consider how the split may effect the city's aspirations for growth.

66. FOUNDATION TRUST BUSINESS PLAN

The Interim Chief Executive, PHNT, introduced a report and Integrated Business Plan (IBP) on the Trust's application to become a Foundation Trust. It was reported that –

- (a) Plymouth Hospitals NHS Trust (PHNT) was applying for Foundation Trust status as part of its strategic plan but also in line with National direction for all acute NHS providers to become Foundation trusts by 2014;
- (b) the initial feedback from the panel highlighted the insufficient reference to the city plans and ambitions, this was a failure on the part of PHNT to adequately reflect the significance of the partnership and synergy of both organisations' strategies in language that is uniformly recognised;

- (c) the Trust hoped to engage the panel in a meaningful discussion to ensure that the IBP is supported, aligned with and reflective of the wider City ambitions;
- (d) a revised draft of the IBP would be submitted to the Strategic Health Authority in March, the comments of the panel would be included.

Agreed that –

- (a) the panel would raise questions and make any immediate suggestions for the next draft of the IBP through the Democratic Support Officer;
- (b) any further feedback is submitted by the panel during the consultation period through the Democratic Support Officer;
- (c) the March IBP revision is shared and debated with the panel, at a mutually convenient date, between beginning of April and end of July;
- (d) the panel consider the actions above are sufficient to assure that the panel has been engaged and the plan can be supported.

67. **SAFEGUARDING VULNERABLE ADULTS TASK AND FINISH GROUP**

Councillor McDonald introduced the report of the Task and Finish Group on safeguarding vulnerable adults. It was reported that-

- (a) the group had found that the safeguarding policy and procedures were robust, fit for purpose and an example of national best practice;
- (b) the Safeguarding Adults Team were supported by a multi agency partnership of high quality officers contributing to the safeguarding of adults in the city;
- (c) the group had raised concerns that public awareness of procedures was low and expressed concern that group were unable to interview service users or carer representatives;
- (d) the group felt that the free alerters training provided by the team and needed to be better publicised amongst the voluntary and community sector;
- (e) members of the Task and Finish Group felt that the Health and Adult Social Care Overview and Scrutiny Panel could provide a more comprehensive oversight of the safeguarding service and should receive regular reports from the safeguarding adults board.

Agreed that the safeguarding vulnerable adults task and finish report is submitted to the Overview and Scrutiny Management Board on 28 March 2012.

68. **WORK PROGRAMME**

The Democratic Support Officer advised the panel that PHNT had provided briefing reports on becoming a no smoking site and the development of the Trust's Quality Accounts.

The papers were distributed at the meeting.

Agreed to add a review of the work undertaken by Plymouth Local Involvement Network, regarding the Gypsy and Traveller communities' access to Health and Social Care Services, to the work programme.

69. **MINUTES**

Agreed -

1. that the minutes of the meeting of the 25 January 2012 were approved as a correct record;
2. to recommend to management board that the constitution is amended to allow minutes to be considered at the start of the meeting.

EXEMPT BUSINESS

70. **PLYMOUTH HOSPITALS NHS TRUST - FOUNDATION TRUST BUSINESS PLAN (E3 and 4)**

With reference to minute 65 above, the Interim Chief Executive of Plymouth Hospitals NHS Trust submitted confidential information on the Integrated Business Plan for Foundation Trust Status.