

# Health and Adult Social Care Overview and Scrutiny Panel

Thursday 21 June 2012

PRESENT:

Councillor Mrs Aspinall, in the Chair.

Councillor Dr. Mahony, Vice Chair.

Councillors Mrs Bowyer, Fox, Mrs Pengelly (substituting Councillor Monahan), Gordon, Mrs Foster (substituting Councillor Mrs Nicholson) James, Parker Jon Taylor and Tuffin.

Co-opted Representatives: Sue Kelley, Local Involvement Network (LINK)

Apologies for absence: Councillors Monahan and Mrs Nicholson

Also in attendance: Dr Alex Mayor – Clinical Director (Plymouth Hospitals NHS Trust), Steve Waite - Chief Executive (Plymouth Community Healthcare (PCH)), Liz Cooney - Deputy Chief Executive (PCH), Angela Saxby – Governance Manager (PCH), Mr David Morris and Mr Andrew Bogle (Express Diagnostics), Debbie Butcher – Commissioning Manager (Plymouth City Council (PCC)), Craig McArdle – Commissioning Manager (PCC), Giles Perritt – Lead Officer (PCC), Ross Jago – Democratic Support (PCC)

The meeting started at 3.00 pm and finished at 6.05 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.*

## 1. **TO NOTE THE APPOINTMENT OF CHAIR AND VICE CHAIR**

The panel noted the appointment of Councillor Mrs Aspinall as Chair and Councillor Monahan as Vice Chair for the municipal year 2012 – 2013.

Due to apologies submitted by Councillor Monahan, Councillor Dr Mahony was nominated as Vice-chair by Councillor Mrs Bowyer and seconded by Councillor James.

## 2. **APOLOGIES**

Apologies were submitted from Carole Burgoyne (Director for People) and Pam Marsden (Assistant Director for Joint Commissioning and Adult Social Care). It was reported by the chair that the officers were joining the portfolio holder and Councillor Grant Monahan at the Municipal Journal awards ceremony, where they had been shortlisted for the 'Redefining Quality in Adult Services' award.

Some members of the panel expressed disappointment that another Assistant Director was unable to attend.

### 3. **DECLARATIONS OF INTEREST**

The following declarations of interest were made in accordance with the code of conduct –

<b>Name</b>	<b>Minute number and issue</b>	<b>Reason</b>	<b>Interest</b>
Councillor Dr Mahony	10. Quality Accounts	Locum General Practitioner	Personal
Councillor James	10b. PHNT Quality Accounts	Family member experienced a never event.	Personal and Prejudicial
Councillor Mrs Aspinall	10a. Express Diagnostics	Service User	Personal
Sue Kelley	General	CQC Representative	Personal
Councillor Mrs Bowyer	9. Adult Social Care – Local Account	Son is a member of the Learning Disability Partnership Board	Personal

### 4. **APPOINTMENT OF CO-OPTED REPRESENTATIVES**

Following a brief debate on the appointment of co-opted representatives the panel agreed –

1. to reappoint Sue Kelley of Plymouth Local Involvement Network as a co-opted representative to the panel for the municipal year 2012 – 13;
2. that further co-opted representatives would be appointed on an ad-hoc basis.

### 5. **MINUTES**

Agreed the minutes of the meetings held on 7 March and 4 April 2012.

### 6. **CHAIR'S URGENT BUSINESS**

There were no items of Chair's urgent business.

7. **TERMS OF REFERENCE**

The lead officer reported that the panel's terms of reference had been amended to reflect recent legislative changes.

Agreed to commend the amended terms of reference to the Overview and Scrutiny Management Board for approval.

8. **TRACKING RESOLUTIONS**

The lead officer provided the panel with an update following the meeting of the 4 April 2012 resolution 74 (1,2,3,4), regarding the demerger of the Peninsula College of Medicine and Dentistry. The Leader and Chief Executive in consultation with the leader of the opposition were considering the representation to the Secretary of State and further information would be provided to the panel.

9. **ADULT SOCIAL CARE - LOCAL ACCOUNT**

Craig McArdle and Debbie Butcher, Commissioning Managers from Adult Social Care, updated the panel on the development of a local account. It was reported that –

- (a) the coalition government has moved away from inspection regimes and scored judgments, including the abolition of the Annual Performance Assessment for Adult Social Care;
- (b) in the place of inspection regimes, a Local Account would be self-assessed and published by the council and there would be no central Government role the assurance of the document;
- (c) local authorities have been encouraged to develop a Local Account for 2011 recent, Association of Directors of Adult Social Services (ADASS) guidance has suggested that all councils with social care responsibilities consider producing a short, accessible local account during 2011/12;
- (d) the Government had signaled that it did not intend to specify the content of a Local Account and that the account should be locally designed;
- (e) the process of producing a Local Account should be linked to the wider corporate business planning cycle. It is proposed that the Local Account would be published during July/August of each year, which allows sufficient time for information to be gathered and validated;
- (f) there was no prescribed method of approval or formal reporting for a Local Account, but initial guidance from ADASS suggests that Local HealthWatch would have a role in signing off the report.

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

- (g) the account was aimed at service users, carers, professionals and the general public;
- (h) there was an action plan with regard to surveying the views of those with physical, mental and learning disabilities. The department continually looked at new ways to engage. There was a learning disability partnership board in place and more users were being invited to sit on that board and challenge commissioners on their decisions;
- (i) about 900 adults with disabilities were in the care of the local authority, many in residential care. Around 80 people were supported in paid employment and the department planned to increase this in the future. The department was also working with assistive technologies and solutions for transport to increase access to employment opportunities;
- (j) the Plymouth Online Directory was an easy service to update and cost effective;
- (k) the department spent less than average on individual care. However this reflected a combination of a number of different factors including unit costs for services. The figure did not include services provided by the department through other areas such as the Life Centre and libraries. The reported figure relied on a narrow focus on care packages;
- (l) all feedback received through the system was reflected in the number of complaints and compliments;
- (m) the target to achieve 60% of users on personal budgets was 60% for 2011-12. This target was not reached. The department plans to have the remainder of service users, if appropriate, on the personal budgets by April 2013.

The panel agreed to recommend that –

- (1) the document is provided as “easy read”, accessible to those with disabilities and those who do not use English as a first language;
- (2) the Department will provide action plans regarding indicators 146 and 150 for distribution amongst panel members;
- (3) the Health and Adult Social Care Overview and Scrutiny panel is added to the list of consultees within the document;
- (4) the website address for the Plymouth Online Directory is added to the document;
- (5) the final Local Account would be presented at a future meeting of the panel.

## 10. **QUALITY ACCOUNTS**

### **I0a EXPRESS DIAGNOSTICS**

Mr Andrew Bogle and Mr David Morris of Express Diagnostics introduced their Quality Accounts and an overview of services by the company.

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

- (a) the company hoped to expand into out-patient cardiac services in the future. The company would also be looking to expand services into the community and outside of the Plymouth boundary;
- (b) the company believed that analytic services could be more efficiently provided by the private sector, allowing primary care services to receive analysis in a timely manner and make more appropriate referrals;
- (c) most patients referred to the service would wait ten working days for an appointment;
- (d) there was a 50% return on patient satisfaction questionnaires. The company would further develop the questionnaires to ensure that information could be gained from those with disabilities and those who do not have English as a first language;
- (e) the company hoped that investment made into an ‘image exchange portal’ would increase the efficiency of the exchange of analytical information between organisations.

The panel were impressed by the level of service and results produced by Express Diagnostics. Although there was more work to be done in ensuring satisfaction information could be collected from all patients, the panel welcomed the private investment into the city and the contribution being made to the city’s growth aspirations particularly in the medical sector.

The panel agreed -

- (1) to recommend that Express Diagnostics add reference to Plymouth, the city’s visions and priorities within the document;
- (2) to delegate the preparation of a statement for inclusion in the quality account to the lead officer in consultation with the Chair.

### **I0b PLYMOUTH HOSPITALS NHS TRUST**

Dr Alex Mayor, Clinical Director of Plymouth Hospitals NHS Trust (PHNT), introduced the Quality Account and an overview of the services provided by the trust.

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

- (a) never events were events caused by healthcare that should never happen. There are safeguards to ensure they never happen but when they did, it was important that they are acted upon. A number of previous events experienced in the trust were due to negligence around the World Health Organisation surgery checklist. Work has taken place to address this and the trust had been shortlisted for a prize for the safety of patients. Significant improvements have been made and trust is now a beacon of best practice;
- (b) the trust had experienced problems with ophthalmic services. Additional resource had been provided to address this and reduce risk to patients. There had been a host of issues around administration and communication, but being a large organisation was not an excuse for not getting these things right. A review of the entire clinical administration service, including public facing clinicians had been commissioned. The priority continued to be a high quality service for patients and clinicians but efficiencies could be gained through the review;
- (c) there could be a number of factors which could cause delayed such as onward care, administration difficulties, a wait for drugs to be prepared and infections. The other major issues is moving patients on to other units or packages of care from community or social providers;
- (d) the document underplayed the partnership working that the trust was engaged in. The Community Transformation Board was successful in bringing together acute, social care and community health services. There had been major strides forward in the city;
- (e) the city vision and priorities were not reflected in the document, but the trust was aware of the challenges shared with partners and the trust was dedicated to engaging in a community wide focus on prevention;
- (f) there were normal variations in the performance against National Targets and Regulatory Requirements. There were many complex variables but the trust was committed to consistently and constantly improve in these areas;
- (g) the new Chair of the Board would be in place in the near future and there was an ongoing recruitment programme for the vacant non-executive seats at the Board. A recruitment process was also underway for a Chief Executive. The Finance Director had been seconded to work on the Foundation Trust Application; there was an interim Operating Officer in place and an interim Chief Nurse. Whilst the senior management team could appear to be weak, all posts had been covered by very able and fully competent staff from within the trust.

The panel agreed to delegate the preparation of a statement for inclusion in the Quality Account to the lead officer in consultation with the Chair.

## **10c PLYMOUTH COMMUNITY HEALTHCARE**

Steve Waite Chief Executive, Liz Cooney Deputy Chief Executive and Angela Saxby

Governance Manager attended the panel to introduce the Quality Accounts of Plymouth Community Healthcare (PCH) and provide information on the services provided by the organisation.

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

- (a) although the Quality Account did not go into detail Child and Adolescent Mental Health service, the service was referenced within the document;
- (b) in the production of the Quality Account PCH had taken on board comments made by the panel, a particular attempt was made to create a document which aimed to be clear and easily understood by members of the public;
- (c) PCH was working closely with Plymouth City Council in the area of reablement;
- (d) locality working did not bring an inherent risk of silo working. PCH continued to have an strategic overview of the needs of the city, which would allow reallocation of resources where required;
- (e) there would be 48 new health visitors in the community following a national recruitment drive and additional resources being allocated for this purpose.

The panel agreed to delegate the preparation of a statement for inclusion in the Quality Account to the lead officer in consultation with the Chair.

#### **10d SOUTH WEST AMBULANCE SERVICE NHS TRUST**

Paul Cleeland-Smith, Operational Manager, introduced the Quality Account and overview of services provided by South West Ambulance NHS Foundation Trust (SWAST).

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

- (a) strategic goals had been in place for a number of years;
- (b) priorities for the coming year included engagement with frequent callers in order to reduce re-contact rates;
- (c) Derriford Hospital had been designated as a Major Trauma Centre, due to this designation SWAST practioners required enhanced skills as travel and time spent with patients had been increased;
- (d) initial problems were experienced by emergency helicopters when the airport closed. Problems had been overcome and a site for the landing of sea king helicopters had been established.

In addition to the above the panel heard the details of a project to provide a mobile treatment unit within the city centre. The panel supported this project and requested

that further details were provided to the panel as the project progressed.

The panel agreed to delegate the preparation of a statement for inclusion in the Quality Account to the lead officer in consultation with the Chair.

11. **WORK PROGRAMME**

The panel agreed to remove the Older Persons Charter from the work programme and add -

(1) the Hospital discharge process;

(2) an update on Child and Adolescent Mental Health Services.

12. **FUTURE DATES AND TIMES OF MEETINGS**

The panel noted the future meeting dates and agreed to change meeting start times to 2pm.

13. **EXEMPT BUSINESS**

There were no items of exempt business.