

# Health and Adult Social Care Overview and Scrutiny Panel

Thursday 13 September 2012

PRESENT:

Councillor Mrs Aspinall, in the Chair.  
Councillor Monahan, Vice Chair.  
Councillors Mrs Bowyer, Fox, Gordon, James, Dr. Mahony, Mrs Nicholson, Parker, Jon Taylor and Tuffin.

Co-opted Representatives: Sue Kelley (Plymouth LINK)

Also in attendance: David Macaulay (Mental Health Services Manager, Plymouth Community Healthcare), Craig McArdle ( Commissioning Manager, Plymouth City Council), Councillor Sue McDonald (Cabinet member for Public Health and Adult Social Care), Rob Nelder (Public Health Consultant), Candice Sainsbury (Senior Policy, Performance & Partnership Advisor, Plymouth City Council) and Ross Jago (Democratic Support Officer, Plymouth City Council)

The meeting started at 2 pm and finished at 3.50 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.*

## 24. DECLARATIONS OF INTEREST

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

Name	Minute Number and Issue	Reason	Interest
Councillor Dr Mahony	All agenda items	Locum General Practitioner	Personal
Councillor J Taylor	31. Special Meeting – Regional Pay	NHS Employee	Personal

## 25. MINUTES

Agreed the minutes of the meeting held on the 19 July 2012 subject to the following amendments –

- (1) Sue Kelley (Local Involvement Network) is added to apologies;
- (2) Amend minute 23 (a) to the following – “*there had been concerns regarding Local Involvement Network arrangements due to the national contract specification imposed at the establishment of LINK. It was felt that the powers, held by LINK*

*organisations across the country, could have been used more effectively and that there had been a structural problem with too much focus on governance.”*

26. **CHAIR'S URGENT BUSINESS**

There were no items of Chair's urgent business.

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

The panel agreed to note their tracking resolutions and add the 'Dementia Challenge' to the work programme.

28. **MENTAL HEALTH SERVICES - CAPITAL INVESTMENT IN THE GLENBOURNE UNIT**

David MacAulay (Plymouth Community Healthcare (PCH)) introduced a report on planned capital investment into the Glenbourne Acute Psychiatric Unit. It was reported that –

- (a) the programme of investment would allow for the re-establishment of a 'place of safety' for those arrested under section 135 and 136 of the Mental Health Act. Assessment of those arrested in Plymouth and the surrounding area had been carried out in police custody suites which was not appropriate for those vulnerable people;
- (b) the building redesign of the unit would allow for facilities on site which would enable the management of patients during more challenging psychotic episodes and would help avoid referral to out of area facilities;
- (c) the redesign of the accommodation at the Glenbourne Unit would help the service to provide individual bedroom accommodation and single sex wards allowing the achievement of appropriate standards of dignity and privacy;
- (d) community and other staff currently placed across the city would be centralised within the unit as part of an integrated management structure;
- (e) there would be a reduction in beds from 44 to 36 which was in keeping with the service model of maintaining patients within a community setting where appropriate, and would be supported by an enhancement to community staffing levels.

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

- (f) the graph within the report showed that demand for beds peaked at 40 over the previous two year period. Although the proposal would result in a net reduction of beds to 36, this reduction in capacity would be managed through a better discharge system and enhanced community services. Delayed discharges had accounted for 10 blocked beds;
- (g) all staff that were moved into the unit and those staff who would be employed in the extra care areas, would be provided with comprehensive training;
- (h) many patients admitted to the unit already had a multi-disciplined community support team working with them, on discharge these services would be

enhanced by home treatment teams;

- (i) PCH home treatment teams worked during the weekends, the adult social care out of hours team was also available at the week out of hours services;
- (j) patients were only given leave from the unit when staff believed it was appropriate, evidence suggested that the service did not have a “revolving door” where patients returned frequently following discharge;
- (k) the redesign was not based on the limitations of the building and the reduction in capacity would be off-set by improved community services.

The panel agreed to recommend that –

- (1) Plymouth Community Healthcare return to the panel in 12 months to update on progress;
- (2) a report on bed occupancy rates is provided to the panel in April;
- (3) a site visit is arranged for members to the Glenbourne Unit, to include a meeting with staff in the home treatment team.

## 29. **PUBLIC HEALTH TRANSITION**

The panel received an update on the transfer of public health functions into the local authority. It was reported that -

- (a) responsibility for key public health functions will transfer from the National Health Service (NHS) to local authorities on 1 April 2013;
- (b) a local joint transition plan was in place with key workstreams including Future Public Health Model, Commissioning and Finance, Human Resources, Communications, Risk Management, Intelligence, Core Offer, Health Improvement Team, and Emergency Planning;
- (c) key milestones included identification of which NHS Public Health staff to transfer to Local Authority (December 2012) and the final funding formula (December 2012).

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

- (d) Public Health funding would be ring-fenced for two years, how funding would be allocated remained unclear;
- (e) there were various models for the integration of public health into the local authority, all models were being evaluated.

Agreed that –

- (1) the Joint Risk Register is made available to the panel;
- (2) the public health outcomes framework is distributed by the Democratic Support Officer.

### 30. **HEALTH AND WELLBEING**

The panel received an update on the progress of the Shadow Health and Wellbeing Board it was reported that –

- (a) the Plymouth Health and Wellbeing Board was the key partnership responsible for promoting the health and wellbeing of residents and for the integration of health and social care commissioning;
- (b) the Board's focus would be on achieving the best possible health outcomes for children, young people and adults, which would contribute to the wider shared strategic priorities of the city;
- (c) the Health and Wellbeing Board would have strategic influence over commissioning decisions across health, public health and social care by reviewing the Joint Strategic Needs Assessment (JSNA) and developing a joint strategy for how these needs can be best addressed;
- (d) the Board would hold commissioners to account for their decisions ensuring they are aligned to the Joint health and Wellbeing Strategy. This would include recommendations for joint commissioning and integrating services across health and social care;
- (e) the Board would bring together the clinical commissioning group, the community and the local authority to develop a shared understanding of the health and wellbeing needs of the community;
- (f) The Shadow Board was operational and would take on its statutory roles from April 2013. Currently the board was assisting in –
  - the development Joint Strategic Needs Assessment;
  - supporting the establishment of the Local Clinical Commissioning Group;
  - overseeing of the transition of Public Health into the local authority;
  - overseeing the creation of a Joint Health and Wellbeing Strategy;
  - supporting integrated commissioning through the established Joint Commissioning Partnership.

Agreed that Shadow Health and Wellbeing Board minutes would be included on future scrutiny agendas.

### 31. **SPECIAL MEETING - REGIONAL PAY**

The panel was informed that a special meeting would be held to discuss NHS Regional Pay in the South West. The meeting would take place on the 26 September 2012.

32. **WORK PROGRAMME**

The panel agreed to approve the work programme, subject to the following additions -

- (1) Plymouth NHS Hospitals Trust - Winter Plans (November);
- (2) Derriford Hospital Car – Parking for the disabled (November);
- (3) Update on Public Health Transition (January);
- (4) Dementia Challenge.

33. **EXEMPT BUSINESS**

There were no items of exempt business.

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