



Minutes of the Health Scrutiny Board

29 October 2009

-: Present :-

Councillor Phillips (Chairman)

Councillors Carter (C), Faulkner (J), Kerslake, Manning, Morey, and Thomas (J)

258. Apologies

Apologies for absence were received from Councillors Bent and John.

259. Minutes

The Minutes of the meeting of the Health Scrutiny Board held on 10 September 2009 were confirmed as a correct record and signed by the Chairman.

260. South Western Ambulance Service NHS Trust – Foundation Trust Consultation

The Board considered Report 230/2009 which provided information on the consultation by the South Western Ambulance Service NHS Trust (SWAST) for NHS Foundation Trust status. The Chief Executive of SWAST presented the report to the Board and responded to questions raised.

The Chief Executive of SWAST undertook to provide Health Scrutiny Board members with details of the full range of consultation events and meetings that SWAST was holding in relation to the application to become a Foundation Trust.

In response to questions from members, the Board was advised that Foundation Trust status would enable any surpluses from SWAST to be used in partnership with Primary Care Trusts and invested where needed most. The meeting was advised that SWAST had recently recorded a small surplus and had broken even in the two years previous.

Members questioned what would happen if as a Foundation Trust the South Western Ambulance Service made a loss. In response the Board was advised that Foundation Trusts were subject to a high level of scrutiny from the independent regulator and had to demonstrate due diligence.

Board members were advised that public involvement would increase under the governance arrangements proposed for the Foundation Trust. The Board was advised that SWAST had to demonstrate public engagement to become a Foundation Trust. Members were informed that target membership for the Foundation Trust for its first year was 11,000, including staff members.

Members questioned what lessons could be learned from other Ambulance Services that were in the process of applying to become Foundation Trusts. In response the

Board was advised that ambulance trusts had existing methods to co-operate and exchange good practice.

In response to questions, the Chief Executive of SWAST stated that there were no plans to change the pay and conditions of existing staff. Members were advised that consideration of the terms and conditions of new staff would be likely.

In response to questions, Board members received an indication of the number of complaints made to SWAST and the number of customer contacts annually.

Members questioned how in the light of events at Mid Staffordshire NHS Foundation Trust the Chief Executive of SWAST could reassure members of the public that quality of service remained top of the agenda and that finance and achieving Foundation Trust status were not a risk to this. In response the Board was advised that the investigations of Mid Staffordshire had been considered extensively by the SWAST Board, that the quality of care agenda was subject to increased scrutiny by Monitor, and that the particular composition of the SWAST Board helped ensure a focus on quality of care.

Members questioned and were advised of the progress of job evaluation at SWAST.

Members asked for details of the minimum age to become a Member and a Governor of the proposed Foundation Trust. In reply the Board was advised that a minimum age of 16 years to become a Member and a Governor of the Foundation Trust had been proposed for consultation.

In response to questioning, members were advised that plans for apprenticeships were being considered by the NHS at a regional level.

Resolved: (i) that the Health Scrutiny Board support the application by the South Western Ambulance Service NHS Trust to become an NHS Foundation Trust; and

(ii) that the Health Scrutiny Board make a formal response to South Western Ambulance Service NHS Trust's consultation on its application to become an NHS Foundation Trust.

261. Commissioning Short Breaks for Children and Young People with Physical and Learning Disabilities

The Board considered Report 230/2009 which provided information on Torbay's commissioning of short breaks for children and young people with physical and learning disabilities.

The Board was advised that the number of families in Torbay receiving short break services would increase as more families became eligible and that a menu of short break options would be developed.

The Board was informed that NHS Devon had signalled to Torbay Care Trust, the Lead Commissioner for the John Parkes Unit (JPU), that it may not wish to continue commissioning services from the Unit after 2009/10. The Acting Director of Commissioning, Torbay Care Trust, indicated that the current funding from Torbay Care Trust for the Unit would remain and the model of care at the Unit would change as

necessary. The Board was informed that the Unit must provide a service fit for purpose and for the future.

Members asked how the belief had taken hold locally that the JPU was to close. In response the Board was advised that this was possibly due to the significant amount of uncertainty that had surrounded the Unit for a number of years. A representative from Torbay LINK informed the meeting that families in Devon who used the JPU had received letters suggesting that funding from NHS Devon for the Unit would cease in March 2010. Board members thanked the LINK representative for providing this information to the meeting.

In reply to questioning, the Board was advised that NHS Devon had not yet given notice of an intention not to commission services from the JPU and that to lose half of the funding for the Unit would present challenges. The Acting Director of Commissioning, Torbay Care Trust, indicated that the current model of service provision at the JPU was a medical one which involved 8 beds and catered for children with complex health needs.

The Board was informed that negotiations between Torbay Care Trust and South Devon Healthcare NHS Foundation Trust were set to commence. Board members were advised that the service specification required would be clarified in early 2010 and updates could be provided to Health Scrutiny Board members as requested.

Members questioned the extent of the communication between Torbay Care Trust and the Short Breaks Transformation Steering Group. Members questioned why a representative of the Steering Group had not been invited to the Listening and Design event on 11 September at the JPU. Members suggested the event would have been an ideal opportunity to better understand the issues and the concerns of parents and carers affected.

Members suggested the value of the application by all Council services of the key themes that emerged from Torbay's Short Breaks Review: inequity and inconsistency in service provision; services have historically been based around facilities rather than children's needs; a need to reduce reliance on overnight services, that have been depended upon as day services are limited; services should be child-focused and cost effective; a wish for children and young people with physical and learning disabilities to be able to access the types of activities that non disabled children can access; and a need for a range of residential provision options. The Board was advised that Torbay did not have a strong culture of inclusion toward children with a disability.

Members questioned whether the Torbay Care Trust intended to discuss proposals under consideration for service change at an early stage with the Health Scrutiny Board or not. In response the Acting Director of Commissioning, Torbay Care Trust, indicated the value of early discussions with the Health Scrutiny Board and advised that there were not any proposals to consult upon with the Health Scrutiny Board.

A representative from Torbay LINK informed the meeting that the LINK had requested information about the JPU from Torbay Care Trust, Torbay Council, and NHS Devon. The representative from Torbay LINK indicated that the reply from Torbay Council obfuscated.

The Board was advised by the Acting Director of Commissioning, Torbay Care Trust, that the annual cost of the JPU was approximately £750,000, excluding the costs of the Child Development Centre.

In relation to the JPU, members questioned the apparent lack of communication both within and between organisations and partners. The Acting Director of Commissioning, Torbay Care Trust, stated that levels of communication were good, communications were joined up, and the issues were complex.

With reference to the praise that families had for facilities at the JPU, members suggested the value of a visit to the Unit. The Acting Director of Commissioning indicated the likely value to Health Scrutiny Board members of such a visit.

Resolved: (i) that a quarterly update on Commissioning Short Breaks for Children and Young People with Physical and Learning Disabilities be provided to members of the Health Scrutiny Board, the first no later than the Board's meeting in February 2010;

(ii) that the comments of the Acting Director of Commissioning, Torbay Care Trust, for the principle that discussions relating to any proposals under consideration for service change should be discussed at an early stage with the Health Scrutiny Board be noted; and

(iii) that the assistance of the Acting Director of Commissioning, Torbay Care Trust, in facilitating a visit by Health Scrutiny Board members to the John Parkes Unit be welcomed.

262. Brixham Hospital Site Re-Development

The Board considered Report 231/2009, which provided information on the Brixham Hospital site re-development. The report informed the Health Scrutiny Board of estate developments at Brixham Hospital and future plans for the site's redevelopment.

Members questioned the public consultation process, including the number of leaflets circulated to Brixham residents and the feedback given to Brixham Town Council. In response members were advised that ten thousand leaflets were produced and distributed to all addresses in Brixham and also through the Torbay LINK newsletter. The Board was informed that Torbay Care Trust had not paid the outside agency for distribution of the leaflets and was ascertaining whether there had been a breach of contract. Members of the Board suggested that the quarterly newsletter produced by Brixham Town Council could be used for such public consultation.

The Board was advised that a commissioning strategy for Brixham would be developed by November 2009 and presented to Brixham Town Council in December 2009 and to the Health Scrutiny Board at its January 2010 meeting.

With reference to the March 2009 update on the Brixham Hospital site re-development, [minute 634, Health and Wellbeing Scrutiny Board, 11 March 2009, refers] and the development of the Commissioning strategy for Brixham, members asked when the question of whether the re-development constituted a substantial variation or substantial development of health services might be usefully addressed. In response

the Board was informed that the Commissioning strategy for Brixham and the first draft of a design brief would be presented to the January 2010 Health Scrutiny Board meeting.

Members questioned the cost of the interim works on the old building on the Brixham Hospital site and were informed the figure was approximately £500,000. The Board was advised the works were a medium term solution and intended to last between 5 and ten years.

With reference to public consultation on the longer term site re-development, the Board was advised that members of the public had raised concern at the lack of NHS dentistry in Brixham.

Members questioned whether GP practices might move onto the Brixham Hospital site and were advised that two local GP practices had expressed an interest in relocating to the site.

Members questioned whether a maternity unit might be located on the Brixham Hospital site. In reply, Board members were advised that due to increasing numbers of home births and predicted problem births being directed to Torquay such a maternity unit would not be sited at Brixham.

Resolved: (i) that the Commissioning Strategy for Brixham and the Design Brief for Brixham Hospital be provided to the January meeting of the Torbay Health Scrutiny Board; and

(ii) that arrangements be made for Health Scrutiny Board members to visit the Brixham Hospital site.

263. Improvement works at Paignton Hospital

The Board considered Report 232/2009 which provided information on maintenance and refurbishment works at Paignton Hospital. The report advised that the total cost of the capital investment in the project was £450,000.

Board members sought and received an assurance that all aspects of the works would be completed during November 2009.

Resolved: that arrangements be made for Health Scrutiny Board members to visit Paignton Hospital.

264. Service Development for Soft Tissue Sarcoma Services for Adults: Stage 1 OSC Briefing: For Information & Comment

The Board considered Report 233/2009 which related to proposals for treating soft tissue sarcoma in adults and sought the support of the Health Scrutiny Board for the proposed approach to providing soft tissue sarcoma services for Torbay's residents.

The Board was advised that currently patients from Torbay were treated by Plymouth Hospitals NHS Trust or Royal Devon and Exeter NHS Foundation Trust. Members

were informed that the proposals reduced the number of sarcoma service providers in the region, to one in the north and one in the south of the region, to serve the Avon, Somerset and Wiltshire and the Peninsula populations respectively.

Members indicated the importance of the accessibility of sarcoma service provider sites by public transport in the designation process. In response, the Board was advised the public and patient engagement indicated that patients would travel any distance to access the best treatment.

Members asked for details of training and support for GPs in earlier diagnosis of soft tissue sarcoma. In reply, the Board was informed that links existed between Primary Care and the Peninsula Cancer Network.

Members questioned the engagement process and the location of five stakeholder events held across the region. In reply members were advised that the engagement process had an annual budget of £5000 and that questionnaires used afforded widespread engagement. Members were advised that sixty-two of the eighty completed questionnaires were completed by patients, of which one was from Torbay.

Resolved: (i) that the proposed approach to providing soft tissue sarcoma services for Torbay's residents be noted;

(ii) that the improved quality and safety of service anticipated for Torbay's residents be noted;

(iii) that the involvement of patients, clinicians, and the public in the process to date be noted; and

(iv) that the proposed approach, including the intention to designate two soft tissue sarcoma centres in the South West region, ready for service delivery in Spring 2010 be supported.

Chairman