

# **Minutes of the Health Scrutiny Board**

**18 February 2010**

**-: Present :-**

Councillor Kerslake (Chairman)

Councillors Faulkner (J), Manning, Morey, and Phillips

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## **448. Apologies.**

Apologies for absence were received from Councillors Addis, Bent, Carter (C), and John.

## **449. Committee Membership.**

It was reported that, in accordance with the wishes of the Conservative Group, the membership of the Board had been amended for the meeting by including Councillor Addis instead of Councillor Thomas (J).

## **450. Minutes**

The Minutes of the meeting of the Health Scrutiny Board held on 7 January 2010 were confirmed as a correct record and signed by the Chairman.

## **451. Proposal to Relocate the Shiphay Manor Surgery to Chelston Hall Surgery**

The Board considered Report 35/2010 which provided information on the proposed relocation of Shiphay Manor Surgery to Chelston Hall Surgery. A GP from Shiphay Manor Surgery, Dr Morrell, attended the meeting to provide information and answer questions relating to the proposal.

Dr Morrell advised the Board that the move to Chelston Hall Surgery and the retirement of the senior partner constituted a substantial challenge for the GP partnership. The Board was advised the move would benefit patients, including in terms of access, disabled facilities, an on-site pharmacy, an expanded patient population, and through being part of a larger medical practice. The Board was advised that the current Shiphay Manor Surgery premises were cramped, necessitated hot-desking, could not accommodate Citizens Advice Bureau staff or counselling resources, and needed repairs. The meeting was advised that the costs of repairing the premises were substantial and would require investment from Torbay NHS Care Trust. The Acting Director of Commissioning, Torbay NHS Care Trust, informed the Board that such investments were prioritised but she could not provide an assurance that funding for repairs to Shiphay Manor Surgery repairs could be guaranteed. The Board was advised that adjustments were made at Shiphay Manor Surgery for patients with disabilities.

Dr Morrell advised the Board that the relocation of Shiphay Manor Surgery to Chelston Hall Surgery would provide an opportunity for future amalgamation of the existing partnerships of Old Mill Road, Chelston Hall and Shiphay Manor Surgeries. The Board

was advised that the Practice Manager of Chelston Hall Surgery had been appointed to jointly manage the new partnership. The Board was informed that cost efficiencies from the relocation would be substantial. The Board was advised that Torbay NHS Care Trust would receive rent savings from the proposed relocation. The Board was advised that the alternative to the relocation was to remain at the Shiphay Lane premises.

In response to questions, the Board was advised that the number of registered patients at Shiphay Manor and Abbey Road Surgeries was approximately 6,100.

With reference to concerns raised by patients, members questioned the accessibility of the Chelston Hall Surgery for patients using public transport, particularly elderly patients reliant on travel by bus.

Members questioned arrangements to involve and consult patients and the public over the proposals. In response the Board was advised that a Newsletter / Consultation Document had been displayed in the Shiphay Manor Surgery since early November 2009. In response to questions, the Board was informed the consultation document had not been sent to each patient or patient household. The Board was informed that the most frequent patients would have seen the consultation document displayed at the Shiphay Manor Surgery and had an opportunity to respond to the consultation.

Members questioned which alternative GP surgeries were available to patients who wished to transfer from Shiphay Manor Surgery and whether these alternative surgeries had open lists. In reply the Board was advised that Shiphay Manor Surgery patients who did not wish to relocate to Chelston Hall had a choice between Brunel Medical Practice at Shiphay and Sherwell Valley Medical Practice.

With reference to car services run by some GP surgeries in Torbay, members asked whether there were plans to introduce a car service for patients to and from the Chelston Hall Surgery. In response, the Board was informed that such a service might be possible.

With reference to the impact assessment accompanying the proposals, members questioned whether if Chelston Hall Surgery was judged to be within easy access to approximately seventy-five per cent of patients registered at Shiphay Manor Surgery then did this suggest it was not readily accessible to approximately a quarter of patients.

Members questioned the sufficiency of car parking at Chelston Hall Surgery and were advised car parking would be available adjacent to the premises.

Members asked whether the Board of Torbay NHS Care Trust had considered the proposal and if so what the response was. In reply, Dr Morrell advised members that the Business Case for the relocation had been submitted to Torbay NHS Care Trust and received support. The Acting Director of Commissioning, Torbay NHS Care Trust, advised the meeting that the proposal had been considered by the Care Trust's management team which had perceived the benefits of the proposal and identified the merit of consulting with a wide range of patients. The Board was informed that the proposal had not been considered yet by the Board of Torbay NHS Care Trust.

In response to questioning, Board members confirmed that Torbay NHS Care Trust was responsible for commissioning General Practice services across Torbay and for ensuring that such services were both accessible and high quality for all registered patients. Board members questioned whether the members of the Board of Torbay

NHS Care Trust could prevent the proposed relocation. In response, the Acting Director of Commissioning, Torbay NHS Care Trust, advised that she would need to obtain clarification.

**Resolved:** that Torbay Health Scrutiny Board be advised of the decision of Torbay NHS Care Trust Board concerning the proposed relocation of Shipway Manor Surgery to Chelston Hall Surgery.

#### **452. Service Improvement Proposal for Burn Care Services for Adults and Children**

The Board considered Report 33/2010 which provided information on and sought a decision from the Health Scrutiny Board as to whether the proposals for Burn Care Services for Adults and Children constituted a substantial variation in the provision of health services or a substantial development of health services for Torbay.

The Associate Director of Commissioning, South West Specialised Commissioning Team, provided an overview of specialised burn care services and a rationale for the burn care proposals. The Board was advised that specialised burn care services served a population of ten million people across the South West UK Burn Care Network. The Board was advised that the proposals would establish at Plymouth a new specialised burn care service for Devon and Cornwall and did not involve major change for existing services. Members were informed that between January 2006 and December 2008 within Torbay there were fewer than five complex burn injuries for adults and fewer than five complex burn injuries for children.

Members questioned whether Plymouth was acting as a Burn Care Facility. In reply the Board was informed that Plymouth was not yet compliant as a Burn Care Facility. The Board was informed that Derriford Hospital, Plymouth, currently provided some burn care on an informal basis. The Board was informed that after Derriford Hospital had expressed an interest in formally establishing a burn care service other hospitals in the Peninsula of South West England had been approached for expressions of interest but had declined. The Associate Director of Commissioning, South West Specialised Commissioning Team, indicated that Derriford Hospital had conducted a self-assessment against burn care standards and at the end of January 2010 had received a designation visit from external experts.

In reply to members' questions, the Board was advised of the likely number of children and adults with minor to moderate burns per year, three and six respectively, that would receive care more locally with the development of the Burn Care Facility at Plymouth.

In response to questions, the Board was advised that the cut off point between referral to the children's Burn Care Centre or to an adult Burn Care Centre was generally between sixteen and eighteen years of age but would be dependent upon each individual case.

In response to questions about the financial support for relatives of patients, particularly those requiring a long inpatient stay, the Board was advised of the availability of free car parking and on-site accommodation at the Burn Care Centre at Morriston Hospital, Swansea. Members were informed that entitlements to help with health costs included travel costs. In response to questions, members were informed that the financial entitlements for health costs would be publicised by specialised burn care providers.

**Resolved:** (i) that the proposed approach to improving burn care services be noted;

(ii) that the improved quality and safety of service that it is anticipated the model will deliver over time be noted;

(iii) that the involvement of patients, carers, clinicians and the public in the process of developing the recommended way forward be noted;

(iv) that the proposed designations of four service providers delivering the three levels of specialised burn care and the forward agenda for the Network be approved; and

(v) that the hope the designation process can be completed by March 2010 allowing all four services to be fully functioning in their roles by April 2010 be noted.

#### **453. Commissioning Short Breaks for Children and Young People with Physical and Learning Disabilities**

The Board considered Report 34/2010 which provided which provided an update on Commissioning Short Breaks for Children and Young People with Physical and Learning Disabilities. The Acting Director of Commissioning, Torbay NHS Care Trust, outlined the work that had taken place with parents and carers to broaden the range of respite and short break opportunities.

The Board was advised that a service specification would be developed to include all the elements of service that the Short Breaks Working Party for Children with Complex Needs and the users had identified as important. The Acting Director of Commissioning, Torbay NHS Care Trust, indicated the service specification would be provided to a future Health Scrutiny Board meeting.

In response to questions about the John Parkes Unit (JPU), the Board was advised that NHS Devon had not given notice of an intention to end its contract. The Board was informed that NHS Devon did not have any children using the JPU. The Board was advised that Torbay NHS Care Trust had given an undertaking that the JPU would have the same level of Care Trust funding in the future.

Members were advised that a letter was being sent to parents advising them that from 1 April 2010 the JPU would be closed from Sunday evening to Tuesday afternoon. In reply to questions, the Board was informed that the reduction in service was not due to funding but caused primarily by staffing difficulties. The Acting Director of Commissioning, Torbay NHS Care Trust, stated that there were not any plans to reduce service availability further and that there would not be any closure of the JPU by stealth.

With reference to the use of the JPU for acutely ill children for convalescence and when the Louisa Carey Ward at Torbay Hospital was full, members questioned arrangements from Sunday evening to Tuesday afternoon. The Acting Director of Commissioning, Torbay NHS Care Trust, suggested that the use of the JPU as backup for non-respite admissions remained part of South Devon Healthcare NHS Foundation Trust's contingency planning.

With reference to concerns raised directly with Board members by parents using the JPU, members questioned the perceived approach and handling of the review of the JPU service. In response, the Acting Director of Commissioning, Torbay NHS Care Trust, informed the Board that the reshaping of the service for children with complex needs was being handled in partnership with carers and parents.

In light of the concerns expressed by parents and carers of children with complex needs, members questioned whether there was a need for greater transparency. Members suggested a joint, informal meeting between parents and carers of children with complex needs, Torbay NHS Care Trust, and Health Scrutiny Board members. The Acting Director of Commissioning, Torbay NHS Care Trust, indicated the value of such a meeting, and of perhaps including South Devon Healthcare NHS Foundation Trust partners.

The Board was advised that following the application of assessment criteria and the allocation of Individual Budgets by Devon County Council, the use of the JPU by parents and carers of children from outside Torbay had ceased. The Board was advised that some parents and carers of children from Devon County Council's area had chosen not to purchase services from the JPU and some had found their allocation did not meet the costs of the JPU.

With reference to personalisation, members asked for an assurance that parents and carers of children with complex needs from Torbay would be allocated personal budgets sufficient to access the respite care at the JPU. In response, the Acting Director of Commissioning, Torbay NHS Care Trust, indicated that such an assurance was not possible as each child and family would need to have their individual needs assessed.

Members questioned the provision of respite care in a non-medical model of care. In response, the Acting Director of Commissioning, Torbay NHS Care Trust, informed the Board that access to medical support would be an important part of service specification.

Members questioned the alternatives to the JPU available for children with complex needs or to acutely ill children. With reference to the increasing number of families in Torbay eligible to receive short break services, members asked about the demographic assumptions that would inform the service specification. In response, the Board was advised that the service specification for short breaks would be presented to a future Health Scrutiny Board meeting.

With reference to Appendix Four to Report 34/2010, members questioned why some parents regularly using the JPU might indicate that an alternative Family2Family scheme was being pressed upon them. Members asked how many families regularly used the JPU and how many families had opted to stop receiving respite care at the JPU since September 2009. In reply, the Board was advised that eleven families regularly used the JPU and none had stopped using the JPU since September 2009.

**Resolved:** (i) that the service specification for Short Breaks for Children and Young People with Physical and Learning Difficulties be considered by the Health Scrutiny Board at its 8 April 2010 meeting; and

(ii) that a meeting be arranged between parents and carers of children with complex needs, Torbay NHS Care Trust, Health Scrutiny Board members and, if appropriate, South Devon Healthcare NHS Foundation Trust.

*(Note: Prior to consideration of the item in Minute 453, Councillor Faulkner (J) declared a personal interest in the matter as a member of the Short Breaks Steering Group.)*

#### **454. South Western Ambulance Service NHS Trust – Foundation Trust consultation results**

The Board considered Report 36/2010 which provided information on the South Western Ambulance Service NHS Trust's consultation on its Foundation Trust application. The Chairman and the Associate Director of ICT, South Western Ambulance Service NHS Trust, both attended to provide clarification and respond to questions from members.

The Board was advised that South Western Ambulance Service NHS Trust Board had met on 28 January 2010 to consider all responses to the consultation. Members were informed that linking the Public Constituency element of the proposed Council of Governors to top tier local authority areas had been examined but rejected as overly bureaucratic.

The Board was informed that the threefold increase in the number of appointed seats on the Council of Governors for Primary Care Trusts was the result of recommendation from Monitor, the independent regulator of Foundation NHS Trusts.

In response to questions, the Board was advised that local authorities would decide the mechanism to select the single Local Authorities Governor for the region.

Members questioned whether September 2010 remained a realistic date to be licensed as an NHS Foundation Trust. In reply, the Board was advised that September was viewed as realistic but the timetable would expand if necessary.

**Resolved:** that South Western Ambulance Service NHS Trust's consultation results on its Foundation Trust application and consequent actions be noted.

#### **455. Torbay NHS Care Trust Updated Strategic Plan and Draft Operational Plan 2010/11**

The Board considered Report 37/2010 which provided information on Torbay NHS Care Trust's draft Operational Plan for 2010/11 and asked for the Board's comments ahead of the document being finalised in March 2010.

In response to questioning, the Board was advised that plans to increase the percentage of babies born at home from 4 per cent to ten per cent and in midwife units from ten per cent to thirty per cent by March 2011 would not affect free choice.

Members questioned the increased conception rate in women aged fifteen to seventeen years of age in Torbay. In reply, the Board was informed that established best practice was followed in the relevant service areas and had been acknowledged recently by the National Support Team for sexual health services.

Members questioned the timescale for the 2009/10 aim to ensure that all people with a long-term condition had an action plan that supported their self-management and the aim to reduce emergency admissions as a result of a fall by thirty per cent from the 2006/07 baseline by March 2010. In response, the Board was informed that the relevant information would be provided to Board members.

In response to suggestions from members, the Acting Director of Commissioning, Torbay NHS Care Trust, agreed the merit of a greater emphasis on personalisation within the Operational Plan for 2010/11.

The Acting Director of Commissioning, Torbay NHS Care Trust, undertook to update the Board on the finalised Operational Plan.

**Resolved:** that when made final Torbay NHS Care Trust's Operational Plan for 2010/11 be considered by the Health Scrutiny Board.

Chairman