

Minutes of the Health Scrutiny Board

2 December 2010

-: Present :-

Councillor Kerslake (Chair)

Councillors Addis, Carter (C), Faulkner (A), Scouler, and Thomas (J)

Please note these are draft minutes and subject to the approval of a future meeting of the Health Scrutiny Board

379. Apologies

Apologies for absence were received from Councillors Manning, Morey, and Bent.

380. Committee Membership

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

381. Minutes

The Minutes of the meeting of the Health Scrutiny Board held on 28 October 2010 were confirmed as a correct record and signed by the Chair.

382. Ocombe House re-provision

The Board considered Report 284/2010 which described proposals for the re-provision of both the services for people with severe learning disabilities and for the short breaks service at Ocombe House. The Report requested a decision from the Health Scrutiny Board as to whether the proposals constituted a substantial development to services in the area or a substantial variation to the provision of such service.

The Chief Operating Officer, Torbay Care Trust, outlined the proposed re-provision of the Ocombe House services. The Board was advised that services were provided to people aged over 18 years with severe learning disabilities and with some associated physical disabilities. The Board was informed that at Ocombe House the Care Trust provided residential care to seven people with severe learning disabilities and short breaks to twelve regular users. The board was advised that the Ocombe House building required substantial investment.

The Board was advised that national strategies had informed the local strategy, *Getting a Life, Not Just a Service*, which had set the direction for the development of services for people with a learning disability living in Torbay. The Board was informed that the local strategy aimed to make services more individualised and increase opportunities for Supported Living.

The Board was advised that the residents of Occombe House would experience decreasing mobility with increasing age and that the building would increasingly inhibit the freedoms and independence of the users. The Board was advised that purpose built accommodation was preferable to the continuing use of Occombe House and that continued use of the existing building was not tenable. The members were informed that the families of the residents held the current service in high regard.

The Board was informed that person centred plans had been developed for each resident of Occombe House. The Board was advised that the person centred plans did not indicate that the current Occombe House residents wished to remain together. The Board was advised that the families of the residents had questioned the value and independence of the person centred plans, the process, and the outcomes. Members were advised that an independent charitable organisation, Vocal, had been procured to review the person centred plans and the decision making processes. The meeting was advised that Vocal had not currently reviewed the plans or the process. In response to questions, the meeting was informed that Vocal had not met families of the residents to hear their concerns. A representative of the families of the residents of Occombe House indicated that the local strategy, *Getting a Life, Not Just a Service*, had suggested the voluntary sector would create the person centred plans rather than the Care Trust.

Members asked for confirmation that there were no definite plans concerning future accommodation for the residents of Occombe House. In response the meeting was advised that the person centred plans indicated the seven residents did not all wish to remain together as one group.

A representative of the families of the residents of Occombe House addressed the meeting and expressed concerns with the proposed change. These concerns included the lack of meaningful consultation with families of the residents, the lack of independence of the person centred plan process, the adverse effects of the proposed change upon residents, the findings of the latest inspection of Occombe House by the Care Quality Commission and the Care Trust's judgment of the building as unfit for purpose, the cost of purpose built accommodation for the residents, the accuracy of the Care Trust's estimates for refurbishing Occombe House, the future of Fairwinds Special Development Centre adjoining Occombe House, the views of people accessing the short breaks respite care at Occombe House concerning alternative provision, and the risks of placing vulnerable people in 1:1 care. In addition, a document was presented to the Board, prepared by an architect, questioning the evidence base for the decision of the Care Trust Board to recommend purpose built new accommodation and reject an upgrade of the Occombe House building. Members were informed that there was an apparent lack of accurate costings or feasibility study for the upgrade of Occombe House.

The representative of the families of the Occombe House residents suggested that if Occombe House were closed then short-term accommodation should be avoided, the families of the residents should have a final say in approval of alternative accommodation and retain executive powers over the care provided, and future care should be provided by those Occombe House staff that expressed a wish to do so.

In response, the Chief Operating Officer, Torbay Care Trust, indicated that the preference was for a single move into permanent accommodation for Occombe House

residents, that the families could have final say concerning the suitability of the accommodation, and the families could retain executive powers over the care provided.

In response to questions, the representative of the families of the Ocombe House residents indicated that families felt individualised and independent living risked increased social isolation for the residents of Ocombe House.

The Board was advised that a housing provider had committed to two purpose-built bungalows for the five Ocombe residents whose person centred plans indicated a desire to remain in contact.

In response to questions, the Board was informed that of the two residents who had decided to move on regardless of the decision relating to Ocombe House, one had lacked the mental capacity to make such a decision themselves. The Board was advised that the Independent Mental Capacity Advocate (IMCA) service had been consulted in the decision to change this individual's residence.

In response to questioning about the reasons for the non-use of the upstairs floor of Ocombe House, the Board was advised that three residents could access the floor but the staffing levels were not sufficient for residents to remain upstairs.

In response to questions, the Board was informed that the proposed change was not driven by finance but did have financial benefits which would enable more activities to be provided for the residents from a similar commissioners' budget. The Board was advised that a move from Ocombe House into independent living arrangements would mean housing and other benefits could be claimed and this would reduce the costs for the commissioners.

The Chair of Torbay LINK (Local Involvement Network) offered the services of the LINK to the Care Trust in the involvement activities with families of the Ocombe House residents.

A member of the public informed the meeting that he had visited Ocombe House the previous week. He indicated that he had met residents and spoken to one who had shared and explained his person centred plan with him.

Members questioned how many people with severe learning disabilities had been placed in independent care or independent living arrangements within Torbay within the last twenty years. In response the Board was advised that such information was not readily available and the Bay's *Getting a Life, Not Just a Service* strategy was eighteen months old.

Board members discussed the moral duty of care and protection which the local authority had for vulnerable people such as residents of Ocombe House, the lack of evidence that the consultation with the families of the Ocombe House residents had been adequate, the conditions witnessed by Board members during a site visit to Ocombe House, the value of obtaining independent assurance and scrutiny of the person centred plan process, and the issue of determining whether the proposals constituted a substantial variation or development to service.

Members agreed the need for further information to be provided by the Care Trust to enable the Health Scrutiny Board to determine the issue of substantial variation or development.

Resolved: (i) that the Care Trust present further information to the Health Scrutiny Board concerning the proposed re-provision of Occombe House services; and

(ii) that to avoid making an uninformed decision the Mayor be requested to defer consideration of the Occombe House re-provision scheduled for decision at Cabinet on 7 December 2010.

383. Transforming Community Services – Torbay Care Trust merger with Southern Devon Integrated Adult Community Services

The Board considered Report 285/2010 which provided information on the Transforming Community Services change programme. The Board was advised that the Care Trust had decided to retain its role as an integrated health and adult social care provider but could not retain its commissioning role. The Board was advised that the decision concerning the future of commissioning in Torbay, pending its formal transfer to GP-led consortia, was being developed.

The Board was advised of a summary of the options considered by the Care Trust following the issue of the Revision to the Operating Framework for the NHS in England 2010/11. The Board was provided with information concerning the Right to Request scheme and resultant social enterprises. Members were informed that two social enterprise proposals, namely community dentistry and podiatry were progressing and a third proposal, for learning disability, was not.

In response to members' questions, the Board was advised that the Care Trust was working closely with NHS Devon and Devon County Council.

Members questioned likely GP consortia arrangements and were advised that there was a Lead GP for a Bay-wide consortium.

Members questioned the likely contractual arrangements of an expanded Care Trust and were advised that the established service arrangement in Torbay would be enclosed or zipped. Members were advised that as a result of a merger with Southern Devon Integrated Adult Community Services, and the accompanying integrated senior management model, an integrated service for southern Devon would start to develop.

Members discussed the tight timetable for change imposed by central government and the risks of making decisions in order to fit such a timescale. The Board was advised that the period until 2013 would be one of transition.

Members questioned the role of overview and scrutiny in consultations about the merger. In reply the members were advised of the deadline for submitting an integrated business plan to NHS South West and that the consultation would be ongoing. Members were advised that updates could be provided regularly to overview and scrutiny.

The Board was advised that there would not be any change to service as a result of the merger. Members questioned the risks of the merger for the Care Trust, the two-year interim basis of the arrangement, the different cultures and systems of the merging organisations, and the benefits likely to be realised.

The Chairman of South Devon Healthcare Foundation Trust addressed the meeting. He stated that the proposed merger would impact upon the acute trust. He indicated that while the merging together of community services was welcomed, the acute trust favoured the full integration of acute, community, and social care services. He indicated that the acute trust considered it had insufficient opportunity to put this option forward but would be producing a document in the near future to promote this option before it was closed off before 2013. The Chairman of South Devon Healthcare Foundation Trust indicated the benefits of full integration and alluded to drawbacks likely with two different NHS provider organisations within Torbay. He advised that Torbay GPs were not unsupportive of the fully integrated model favoured by the acute trust. He indicated that he would welcome an opportunity to address a future meeting of the Health Scrutiny Board on the topic.

Resolved: (i) that the update on Transforming Community Services and the proposed merger between Torbay Care Trust and Southern Devon Integrated Adult Community Services be noted; and

(ii) that future updates on the matter be provided to the Health Scrutiny Board.

384. Progress report on Personalisation in health and social care in Torbay

The Board considered Report 287/2010 which provided an update on the personalisation programme in Torbay. The Board was advised that the Chief Operating Officer, Torbay Care Trust, was the lead officer for the programme. The report outlined progress within Torbay against the five national milestones agreed by the Association of Directors of Adult Social Services, the Local Government Association, the Department of Health, and other key stakeholders.

With reference to the milestone measuring effective partnerships with people using services, carers and other local citizens, the Board was advised that it was anticipated the April 2011 milestone would be attained. With reference to the self-directed support and personal budgets milestone, the Board was informed that it was not expected the target of thirty percent would be achieved. The Board was advised that twenty-eight percent would be attained, contingent upon the introduction of Simple Aids to Daily Living (SADLs), and twenty-four percent without the roll out of SADLs. With reference to the milestone gauging prevention and cost effective services, the Board was advised of measures, including £22,000 to support falls prevention. With reference to information and advice, the Board was advised of a tender for a Bay-wide information, advice, and advocacy service and a web portal project for Torbay. The Board was advised that in connection with the fifth milestone, measuring local commissioning, a workshop was planned in January 2011 for domiciliary and supporting people providers.

Members questioned how the quality of personal care assistants would be monitored and the rolling out of personal budgets.

In response to questions from a member of the public, a co-opted member of the Personalisation of Care Scrutiny Review Panel, the Board was informed of risk enablement panels and the resources allocation system.

Members discussed the value and date of further updates on the progress of the delivery of the Transformation of Adult Social Care.

Resolved: that a subsequent update detailing the progress of the Transformation of Adult Social Care April 2011 milestones be provided to the Health Scrutiny Board.

385. Commissioning Short Breaks for Children and Young People with complex needs arising from disability– progress update

The Board received Report 286/2010 which provided an update on the process of procuring short breaks for children and young people with complex needs arising from a disability. The Board was advised that due to the Care Trust's Commissioned Services Procurement Governance Approval procedures and the need to demonstrate support from GP commissioners in the Bay the procurement process had taken longer than envisaged. The Board was informed that the tender process would begin in December 2010.

The Board was advised that a provider briefing event was organised for 11 January 2011, to which parent/carer and Health Scrutiny Board representatives would be invited.

The Board was advised that the ring-fenced Aiming High for Disabled Children funds received by local authorities would cease in March 2011 and that this would impact on services for disabled children in the Bay.

In response to questions, the Board was informed that it was hoped that options would be identified by March/April 2011.

Resolved: that the Care Trust continue to keep the Health Scrutiny Board advised of progress relating to the Commissioning of Short Breaks for Children and Young People with complex needs arising from a disability.

Chairman