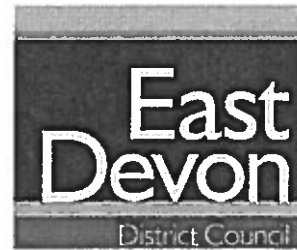


Date: 7 October 2010
Contact name: 01395 517525
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To: Members of the Communities Overview and Scrutiny Committee (Councillors: Helen Parr (Chairman), Darryl Nicholas (Vice Chairman), Peter Burrows, Vivien Duval-Steer, Roger Giles, Marion Olive, Philip Skinner, Pauline Stott, Graham Troman, Mark Williamson)

East Devon District Council
Knowle
Sidmouth
Devon
EX10 8HL

Portfolio Holders
Other Members of the Council for information
Chief Executive; Corporate Directors
Jayne Carroll, Director of Strategic Commissioning, NHS Devon
Citizens Advice Bureau
Community Council of Devon

DX 48705 Sidmouth

Tel: 01395 516551

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www.eastdevon.gov.uk

Meeting of the Communities Overview and Scrutiny Committee

Wednesday 20 October 2010 – 6.30pm. Council Chamber, Knowle, Sidmouth

Members of the public are welcome to attend this meeting.

- A period of 15 minutes has been provided at the beginning of the meeting to allow members of the public to raise questions.
- In addition, the public may speak on items listed on the agenda. After a report has been introduced, the Chairman (Leader of the Council) will ask if any member of the public wishes to speak and/or ask questions.
- All individual contributions will be limited to a period of 3 minutes – where there is an interest group of objectors or supporters, a spokesperson should be appointed to speak on behalf of group.
- The public is advised that the Chairman has the right and discretion to control questions to avoid disruption, repetition and to make best use of the meeting time.

A hearing loop system will be in operation in the Council Chamber.

AGENDA

- | | Page/s |
|--|---------------|
| 1. Public question time – standard agenda item (15 minutes)
Members of the public are invited to put questions to the Committee through the Chairman.

Councillors also have the opportunity to ask questions of the Chairman and/or Portfolio Holders during this time slot whilst giving priority at this part of the agenda to members of the public. | |
| 2. To confirm the minutes of the meeting of the Communities Overview and Scrutiny Committee held on 8 September 2010. | 4 - 8 |
| 3. To receive any apologies for absence. | |
| 4. To receive any declarations of interests relating to items on the agenda. | |
| 5. To consider any items which, in the opinion of the Chairman, should be dealt | |

with as matters of urgency because of special circumstances.

(Note: such circumstances need to be clearly identified in the minutes; Councillors please notify the Chief Executive in advance of the meeting if you wish to raise a matter under this item. The Chief Executive will then consult with the Chairman).

6. To agree any items to be dealt with after the public (including the press) have been excluded. There are no items that the officers recommend should be dealt with in this way.
7. **NHS Devon – Proposed national NHS Reform** 9 - 12
The Committee will receive an update from Jayne Carroll, Director of Strategic Commissioning, NHS Devon on the Government's proposals to hand over budgetary responsibility to GP consortiums, from the soon-to-be abolished primary care trusts within two years. The Committee will hear and then examine how these might affect the residents of East Devon.
8. **Community Groups in East Devon**
Members will hear presentations from community groups that are part-funded by EDDC (Citizens Advice Bureau and Community Council of Devon). These groups will explain their how the EDDC grants are spent, how accessible their services are to the community and those in need, what measureable difference are their services making? Members will respond to these presentations.
9. **Update from Member Champion for Equality**
Members will receive an update on the outcome of the Equalities Assessment of EDDC that took place in September 2010.
10. **Forward Plan 2010/11** 13
The Committee to agree items for consideration at future meetings of the Communities Overview and Scrutiny Committee.

Members remember!

Members remember!

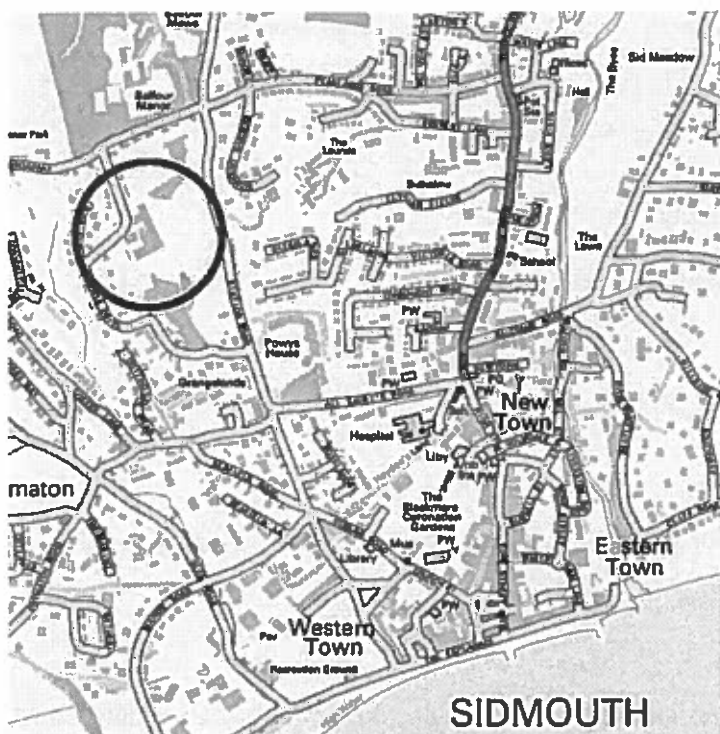
- You must declare the nature of any personal or prejudicial interests in an item whenever it becomes apparent that you have an interest in the business being considered.
- Where you have a personal interest because the business relates to or is likely to affect a body of which you are a member or manager as an EDDC nominee or appointee, then you need only disclose that interest when (and if) you speak on the item. The same rule applies if you have a personal interest in relation to a body exercising functions of a public nature.
- Make sure you say the reason for your interest as this has to be included in the minutes.
- If your interest is prejudicial you must leave the room unless
 - a) you have obtained a dispensation from the Council's Standards Committee or
 - b) where Para 12(2) of the member Code of Conduct applies. [Para 12(2) allows a Member with a prejudicial interest to stay for the purpose of making representations, answering questions or giving evidence relating to the business but only to the extent the public are allowed the same rights. If you do remain for these purposes, you must not exercise decision-making functions or seek to improperly influence the decision; you must leave the meeting room once you have made your representation, answered questions or given evidence.]
- The Code states that any member of the Executive Board or other decision-making committee or joint committee or sub-committee attending Overview and Scrutiny committees has a prejudicial interest in any business where that member was a member of the committee at the relevant time and present when the decision was made or other action was taken (whether or not implemented). Members with prejudicial interests should declare them and are allowed to remain in the meeting for the limited purposes set out in the Code para 12(2) – see last paragraph.
- You also need to declare when you are subject to the party whip before the matter is discussed.

Suggestions for questioning during an Overview and Scrutiny meeting

Below are some prompts which may help you to form your own questions to ask at an Overview and Scrutiny meeting. Your questioning technique is crucial in creating an atmosphere conducive to open answers. Avoid excessive interrogation and treat those being questioned with courtesy and respect; however don't be afraid to ask supplementary questions if you feel that you haven't been given a clear answer.

- **IS IT REQUIRED?** (do we have this, does it make sense to tackle it, do we really need it).
- **IS IT SYSTEMS THINKING?** (is it evidence based and designed around the customer demands)
- **IS THE INTENTION CLEAR?** (what are we actually trying to achieve)
- **ANY REAL OUTCOMES?** (are we actually, and measurably, achieving things for our customers).
- **WHAT IS THE COST?** (both time and money)
- **DOES IT COMPLY?** (have we checked that it meets our obligations, the law, any formal guidance, and any Council policy or resolutions).
- **OTHERS DO WHAT?** (how do other organisations tackle this, best practice)
- **EFFECTIVE AND EFFICIENT?** (how do we know we're doing things well, in a timely fashion, and at "best value")
- **WHAT IS THE RISK?** (any areas of risk for the Council)
- **ANYONE LOSE OUT?** (are there sections of the community who might be disadvantaged by this approach, or be less able to take advantage, than others)
- **DOES IT LINK?** (have we linked this to other, similar, pieces of work within or outside the Council)

Getting to the Meeting – for the benefit of visitors



The entrance to the Council Offices is located on Station Road, Sidmouth. Parking is limited during normal working hours but normally easily available for evening meetings.

The following bus service stops outside the Council Offices on Station Road:
From Exmouth, Budleigh, Otterton and Newton Poppleford – 157

The following buses all terminate at the Triangle in Sidmouth. From the Triangle, walk up Station Road until you reach the Council Offices (approximately ½ mile).
From Exeter – 52A, 52B
From Honiton – 52B
From Seaton – 52A
From Ottery St Mary – 379, 387

Please check your local timetable for times.

The Committee Suite has a separate entrance to the main building, located at the end of the visitor and Councillor car park. The rooms are at ground level and easily accessible; there is also a toilet for disabled users.

Visitors please note that the doors to the civic suite (meeting rooms) will be opened ¼ hour before the start time of the meeting. Councillors are reminded to bring their key fobs if they wish to access the area prior to that time.

For a copy of this agenda in large print, please contact the Democratic Services Team on 01395 517546

EAST DEVON DISTRICT COUNCIL

Minutes of a Meeting of the Communities Overview and Scrutiny Committee held at Knowle, Sidmouth on Wednesday 8 September 2010

Present: Councillors:
Helen Parr (Chairman) Marion Olive
Darryl Nicholas (Vice Chairman) Pauline Stott
Peter Burrows Graham Troman
Vivien Duval-Steer Mark Williamson

Officers: Peter Jeffs – Corporate Director
Rachel Perram – Democratic Services Officer

Visitors: Lucy O'Loughlin – NHS Devon
Dr Phil Taylor – GP Consortium

Also Present: Councillors:
Ray Bloxham Ann Liverton
Jill Elson

Apologies: Councillors:
Paul Diviani Steve Hall
Graham Godbeer

The meeting started at 6.32pm and ended at 8.45pm.

***7 Public question time**

There were no questions from members of the public.

***8 Introductions and Welcome**

The Chairman welcomed Lucy O'Loughlin from NHS Devon and Dr Phil Taylor from one of the East Devon GP Consortium to the meeting.

***9 Minutes**

The minutes of the meeting of the Communities Overview and Scrutiny Committee held on 30 June 2010 were confirmed and signed as a true record.

***10 Declarations of Interests**

Name of Councillor	Type of Interest	Nature of Interest
Peter Burrows	Personal	Spouse works for NHS
Pauline Stott	Personal	Employed as Care Worker for Devon County Council
Jill Elson	Personal/Prejudicial	Founder and Chair of Exmouth Ring and Ride

11 **a) Health**

Corporate Director, Peter Jeffs, introduced this item, and ran through the supplementary information supplied for Members' reference. Highlighted were local health issues about skin cancer and teenaged pregnancy. Members acknowledged that there had been many changes in the NHS and there would be more in the near future. EDDC was part of a group of organisations with an interest in people's health. It was important for the Council to understand the areas of priority for East Devon. The Primary Care Trust (PCT) for Devon was due to be disbanded in 2013 when responsibility for the management of health matters would be passed to the County Council and the GP Consortia in Devon.

The Chairman introduced Phil Taylor and Lucy O'Loughlin to Members and thanked them for agreeing to attend the meeting.

Phil Taylor spoke to Members, telling them that he had been a GP practitioner in Axminster for the past 20 years.

His GP Consortia had members from a number of towns in East Devon, with both GPs and Practice Managers regularly attending meetings. At present, the consortium had no decision-making powers but did make recommendations on policies and procedures in the district.

Members heard that the Government had announced a process of 'transforming community services' on 9 August. Health bodies and interested parties had until the end of September 2010 to decide how community hospitals could be managed in the future.

In response to a query from a Member, it was understood that a social enterprise or existing NHS Trust could both be considered in the selection process. The GP consortium was finding it hard to make an informed decision, as it was involved at such an operational level – these concerns were expressed in a letter to the MP.

Members asked Phil Taylor a number of questions and the following matters were discussed:

- It could be difficult for NHS Trusts such as the RD&E to make decisions on community hospitals when their area of expertise lay in centralised services where patients travelled for short and long term treatment.
- It was understood that the CEO of the RD&E had expressed an opinion that Buildings and Estates (such as community hospitals) should be owned by local communities.
- It was unclear at this stage who would be allocated as the governing body to oversee the work and decisions made by the selected 'services manager'.
- Members were concerned over the short notice that had been given by the Government. There was a clear target of cost saving in the NHS, but there were real concerns over rushed decision making that would directly affect every resident.
- Mental and emotional health and well being was being recognised as the biggest issue and problem in East Devon. Patients often required hospital beds, due to the closure of many residential homes, however bed numbers were reducing all the time. Care at community hospitals was supposed to be offered for medical emergencies and not for long term stays.

Lucy O'Loughlin commented on the accessibility of rehabilitation services in East Devon, that against the national trend, were not offered at local community hospitals. At present, many of these required travel into Exeter, a journey which for many patients, such as those suffering with coronary disease found too difficult. This was obviously not an acceptable solution. Members raised additional concerns over the effect of travel on the environment and the cost to patients in hard to reach rural areas.

a) Health (cont'd)

Members heard that the very broad area of 'health improvement' would be transferred to Devon County Council.

In response to a query raised over the high incidence of Malignant Melanoma in East Devon, Lucy O'Loughlin advised Members that this was of great concern and that a Skin Cancer Worker had been recruited to work until the PCT was disbanded –Members heard that there were three initial drives:

1. A ban on sun bed use for under 18s was being introduced.
2. Social marketing would focus on changing people's behaviour to sun exposure.
3. Early diagnosis in older people would be examined, both at clinician level and for self awareness in people.

Research was being carried out on the demographics of patients that had been treated for this cancer. It was clear that coastal areas suffered higher incidences and it was possible that incomers to the region in retirement might add to the high statistics.

Cllr Bloxham, who was previously a governor for the RD& E Trust Board stated that had been the Trust's intention to be clear about the health provision that was actually needed in Exeter. Land space was limited and it was felt that services capable of being offered on a local level was preferred to bringing patients in to the main site for all appointments. It was clear however that with the Government's request to make savings of £29m, that local services may suffer. In some cases, local hospitals were well equipped, but lacked human resources to operate the equipment and clinics.

It was clear that there may be a conflict of interests if GP Consortia were requested to change their priorities. The focus for GPs was very much on their commitment to care – this was their area of specialism. It seemed that the Government was keen for the Consortia system to commission services. GPs were already being asked to operate to business guidelines, which were felt to be a move away from operating entirely in the best interests of their patients – regardless of cost.

Members recognised the successes of the East Devon PCT.

Members moved on to discuss the issue of increasing rates of teenage conceptions in East Devon - despite a national downward trend. Members heard that the Devon PCT had removed £100,000 in funding for prevention through APAUSE and that some schools had decided to continue supporting the multi-agency work across the district as it was felt to be too important to discontinue. Members heard that rural Axminster and Exmouth were particular areas of concern. Work had been carried out in Tiverton to help raise aspiration levels in young people – this had been a multi-agency effort that had seen good results.

Members heard that NHS Devon was in the process of forming a Partnership Plan, which centred on the need for organisations and the public to work together for the community's benefit. Team structures would change within the next six months to reflect new ways of working.

The Chairman thanked Dr Phil Taylor and Lucy O'Loughlin for attending the meeting and for giving the committee useful updates on proposed changes to the NHS in Devon.

a) Health (cont'd)

- RECOMMENDED**
- 1 that the Portfolio Holder, Communities, be asked to write a letter to MPs, and NHS Devon including the Committee's view that:
 - a) The deadline for the decisions on compulsory new ownership/management of Community Hospitals was unreasonably tight. It did not allow proper due diligence, nor allow health economists to evaluate the true cost effectiveness of alternatives put forward;
 - b) No consultation has been carried out with the communities affected by decisions on Community Hospitals. This flies in the face of 'localism', and provides no local management option;
 - c) The District Council (and other elected representative bodies) needed to be given the opportunity to contribute to the considerations of future management of Community Hospitals - either at selection stage, or when a preferred provider is being scrutinised;
 - d) The Secretary of State for Health be advised that a limit of 500 new 'GP consortia' will give a scale of operation which does not tie in with natural communities and will not reflect true localism especially for varied and dispersed rural communities. EDDC's experience from previous PCT structures is that a structure based on East Devon (almost co-terminus with the District) provided an effective, efficient and well-managed organisation capable of responding to local need.
 - 2 that the District Council take a proactive stance as new health structures emerge to ensure that the health needs and health priorities of East Devon are properly recognised, as is the representative role of the District Council.
 - 3 that Council Members be encouraged to make contact with their current local GP consortia in order to share concerns about health in their wards

b) Childhood and Adolescent Obesity

Further to a request for information from a Member, the Committee noted a 'Health Profiles' report which examined a range of health issues, including childhood obesity, in East Devon.

Members noted that over the past year East Devon had 72 reported cases of obesity in children, giving a percentile rating of 6.8. This compared well against the national average of 9.6, with the worst region in the UK standing at 14.7.

Young people in the district were also more physically active than the national average, which could help to explain the relatively low numbers of obesity. East Devon residents were fortunate to have good access to safe open spaces for play and recreational activity.

***12 Joint Engagement Strategy to involve the people of Devon**

Members noted that this document would be placed on the Members' section of the website and that it would be publicised via 'the Knowledge' newsletter.

***13 Forward Plan 2010/11**

Chairman, Cllr Helen Parr asked Members for their comments on the Forward Plan for 2010/11.

RESOLVED

1 that the following community groups be invited to attend the next meeting of the Committee: CAB, Ring & Ride – Honiton, Exmouth and Axe Valley, TRIP, Villages in Action and the Community Council of Devon. Groups would be briefed in advance of the meeting for their talk preparation.

2 that Members be circulated with a consultation paper entitled 'An Invitation to shape the Nature of England'. This paper was produced by DEFRA and examined open spaces and countryside issues.

***14 Update from Member Champion, Equalities on Equality Audit**

Members heard that the Peer Review Equalities Audit had been carried out following a great deal of preparation work by EDDC. It was hoped that EDDC might reach the 'achieving' standard, but that if more work was needed, the audit would give clear guidelines on the work required to meet the standard in the future.

Chairman Date.....

Commissioning Headquarters
NHS Devon
County Hall
Topsham Road
Exeter
EX2 4QL

4th October 2010

Dear colleague

NHS Devon board met on 29 September as part of the Transforming Community Services (TCS) programme, to discuss a set of recommendations for Devon Provider Services. We are now very keen to inform everyone of the decisions taken at the board, and our next steps. I also particularly wanted to update you personally, as someone with both an interest in health, and a significant role in representing local people within our community

Transforming Community Services (TCS) is a national programme that aims to strengthen community services, bringing healthcare closer to people's homes. This includes the requirement to consider the future organisation of those services currently provided by NHS Devon and ensure their safe transfer to an alternative provider by 1 April 2011. This does not include the transfer of any NHS estate, for example community hospitals.

Process

Leading up to the board decisions yesterday it has been essential to take full account of the views of stakeholders and staff. From the beginning of this year we have gathered information in several different ways to assist in this process:



The major stakeholder event held in September was the third in a series of engagement events to work through how we might achieve the benefits of TCS within the timescales available. Each of the events invited a full range of stakeholders to be part of the discussion bringing together the views of clinicians, staff, third sector, Devon County Council colleagues and many others. Devon is made up of many different communities and the discussions have inevitably taken on a geographical focus. This is in recognition and respect of our communities rather than it being organisationally neat.

The board met on 29 September to consider all aspects of the information gathering process, and to determine the right organisational form for Devon Provider Service. The board took particular account of the need to cement localism, and recognised that the options agreed must be able to foster the enthusiasm of staff, build momentum, and become a very powerful force for transformational change, as well as ensuring business continuity.

The decisions

The board made the following important decisions, which we would like to share with you:

- For **integrated adults services** the board agreed that for eastern Devon, provider services should be hosted by Northern Devon Healthcare NHS Trust, with southern Devon services being hosted by Torbay Care Trust.
- Northern Devon Healthcare NHS Trust will also be asked to host **specialist services** (including Health Promotion Devon).
- For **integrated children's services**, discussions will take place with Devon County Council to agree a way forward.

In agreeing this set of recommendations, the board also agreed that interim arrangements must take account of the following principles:

- ensure the programme is truly transformational and cements localism by involving local communities as important stakeholders for the future
- terms of reference describe the governance arrangements, clarify accountabilities and establish a clear and transparent relationship between the governance and leadership structures for these services and the host organisation
- a requirement on the leadership for these services to develop and maintain integrated business plans which will deliver the changes necessary to achieve new, long term organisational solutions within two years in response to joint commissioning requirements
- a requirement that any financial efficiencies required are delivered in a clear and transparent manner that takes account of each organisation involved.
- all proposals for the development and reconfiguration of services must be based on commissioning intentions and informed by engagement with primary care, our staff and the wider community

The board was very persuaded by a presentation from Sally Slade, managing director of Devon Provider Services, outlining staff views at engagement events. The board has taken particular account of staff concerns that it was difficult to come to a final agreement about the best way forward for DPS in such a short time scale, and their genuine desire to plan the best possible solution for the longer term. The board commended them for continuing to do a tremendous job during an unsettling time.

The board also took account of the views of GP consortia chairs (representing GP colleagues throughout Devon), who have been closely involved in coming to this decision. The board is very clear that it is vital GPs have complete confidence in the plans, as they will become the commissioners of NHS services in the future. Their involvement will continue at all stages, as plans develop.

It is important to note at this stage that there is agreement for these proposals to be in place for up to two years. During that time NHS Devon will be able to consider the full range of possibilities for the future, in discussion with provider colleagues and partners. We will include in this process our GPs, all those organisations that have already put forward expressions of interest in providing services, and any others who may wish to become providers in the future. Options for consideration will include social enterprise, primary care provision, any other willing provider, and vertical integration with any appropriate NHS provider, within the context of normal procurement process.

The expressions of interest we have received to date as part of the TCS process will help inform the next steps, and we would like to take this opportunity to thank all those organisations who have contributed to date.

We should also note that, for some services, we may be in a position to make decisions sooner, as plans will inevitably develop at different paces.

Next steps

There is now much work to be done to take forward the agreed recommendations. Detailed plans will be developed, and staff, GPs and partner organisations will be involved and kept informed of progress. An outline of some of the milestones may be helpful in the meantime:

Oct/Nov 2010	Further staff meetings to update on progress
21 October 2010	Development of detailed transition work plan for agreement by TCS programme board
1 December 2010	TUPE consultation with transferring staff commences
By 1 April 2011	Transfer of agreed services and staff to be concluded

I hope this summary of the decisions made at the board gives you a sense of the significant progress we have made.

If you would like more information about the board meeting papers are available at <http://www.devonpct.nhs.uk/default.asp?pg=337> and minutes will be published soon.

Conclusion

In conclusion, I would like to thank you for your continued support. I will write to you again in the coming weeks to update you on progress.

Yours sincerely



Ann James
Chief Executive, NHS Devon

Communities Overview and Scrutiny Proposed Forward Plan 2010/11

Month	Topic	Lead
12 January 2011	<p>Affordable Housing</p> <p>Community Groups in East Devon Members to receive a presentation from Groups funded by EDDC – Ring & Ride – Honiton, Exmouth & Axe Valley; TRIP; Villages in Action</p> <p>Review of Home Safeguard Charges</p> <p>Presentation from Member Champion for Culture</p>	
16 February 2011	<p>Exmouth Street Pastors Members to hear of the work of this group</p> <p>Community Engagement Members to hear of successful community engagement projects (such as Exmouth model)</p> <p>Children and Young Peoples' Facilities Continued debate</p>	

Suggestions for Future topics:

- Parish Plans
- Presentations from Member Champions – what work is being done for communities and how can the Council assist further?:
 - Post Offices Champion
 - Community Safety Champion
 - Sustainability Champion

