

**MINUTES OF THE MEETING OF SCRUTINY  
HELD AT FOLLATON HOUSE, TOTNES ON THURSDAY 11 FEBRUARY 2010**

**MEMBERS**

\* Cllr C M Pannell - Chairman

\* Cllr K J Baldry - Vice-Chairman

\* Cllr J H Baverstock

\* Cllr P H Cook

\* Cllr G J Fielden

\* Cllr R D Gilbert

\* Cllr J W Squire

\* Cllr J A Westacott MBE

\* Denotes attendance

**Also in attendance and participating:**

Cllrs H D Bastone, J I G Blackler, M J Hicks, M J Howarth, R M Lawrence,  
J T Pennington and R J Tucker

**Officers in attendance:**

For all items: Strategic Director (Resources), Member Support Services Manager and  
Member Support Officer;

For Item 7: (Minute SC.53.09 below refers) Ms Jenny McNeill, Assistant Director,  
Strategic Development (NHS Devon) and Mr Colin Pincombe, Non Executive Director  
and Audit Chair (NHS Devon);

For Item 8: (Minute SC.54/09 below refers) Strategic Director (Community) and  
Forward Planning Manager; and

For Item 9: (Minute SC.55/09 below refers) Improvement Manager

SC.51/09 **MINUTES**

The minutes of the meeting of Scrutiny held on 14 January 2010 were  
confirmed as a correct record and signed by the Chairman.

SC.52/09 **DECLARATIONS OF INTEREST**

Members were invited to declare any interests in the items of business to  
be considered during the course of the meeting:

Cllr R D Gilbert also declared a personal interest in Item 7: NHS Devon  
(minute SC.53/09 below refers), by virtue of his wife's employment with  
Tone Leisure/PCT, but remained in the meeting and took part in the  
discussion thereon.

**SC.53/09 NHS DEVON**

The Group referred to the minutes of the previous meeting when the NHS representatives had attended (Minutes SC.29/08 refer).

**Rise in GP referrals:**

With regard to the unexpected 15% rise in GP referrals reported last year, Ms McNeill informed the Group that this figure had stabilised and was now falling. This was due to better understanding and new working practices in streamlining the pathway of care, not just for first referrals but subsequent referrals. Also a pilot scheme co-ordinating referral points had been implemented and a number of other options were also being investigated.

**Performance Management:**

In terms of scrutinising performance assessment, Mr Pincombe advised that there were both technical and non technical methods available e.g. a technical method might be scrutinising the average life span of the local population and a non technical method might be scrutinising the results of their surveys on patient feedback and local GP surveys. Local performance indicators from a national database could also be considered such as life inequalities and life expectancy. Overall, Devon performed well with regard to life expectancy, though there were variations within Devon with a lower average in more deprived areas. The number of people who had given up smoking was an important statistic and over 5,000 people had quit in 2009. Data was collected for deaths under 75 years, strokes and cancer. This data was monitored over the long term to identify trends. In terms of where to locate such data, board reports were a good source of information which provided a summary of the performance of the previous year. Public Health reports were also a good source of data. NHS Devon was regulated and monitored internally by the Department of Health and externally by the Audit Commission.

**Liverpool Care Pathway:**

A Member expressed concerns about the Liverpool Care Pathway in regard to the restriction of liquids to dying patients and cited a personal example. In reply, Ms McNeill informed that the purpose of the pathway had been to drive up the quality of care in the last days and hours of terminal illness and to give guidance on anticipatory prescribing. The aim of the pathway was to get the right care in place for the patient and for the care to be the best possible. In Devon, a team co-ordinated by GPs (including from Hospices) were looking at how to improve end of life care as part of the Way Ahead Strategy. However, she was concerned to learn of the Member's example and informed that she would feed the comments back to the relevant staff but also advised all Members to use the Patient Services and inform their GPs whenever they had concerns.

**Incontinence Pads:**

A Member highlighted an issue that had been raised by two residents in his ward, this being that the current new issue of incontinence pads were not fit for purpose and hoped the NHS would resolve this very quickly. In reply, Ms McNeill informed that they were aware of these problems and understood this was now being resolved but would provide further information to the Group in due course.

**Bed provision – Community Hospitals:**

With regard to the extra beds at Kingsbridge Community Hospital, Mr Pincombe stated that the focus of future healthcare would be in providing a broader range of treatments in an outpatient capacity, such as chemotherapy. Currently, up to 47 different clinics were serviced at Kingsbridge Community Hospital on a monthly basis.

**Deep Cleaning:**

The Group was informed that there was still a need for a rolling programme of cleaning at all hospitals which was essential to reduce infections and so closures would occur from time to time. However due notice would be given to local residents. A Member emphasised that when a ward was closed it was important that the same number of beds were restored upon re-opening.

**Swine Flu Medication Distribution:**

A local Member raised an example whereby the residents of Yealmpton had had to travel to Totnes to collect their medication as this was their designated distribution centre. This was impractical for those reliant on public transport and it was asked why a pharmacy much nearer to Yealmpton was not identified, as this would have been more convenient. Mr Pincombe stated that he would note this for the future, but that distribution centres had been set up around the current infrastructure.

**Complex Care Teams:**

Members were informed that these teams had been set up to work with patients in the community to prevent the need for admissions to hospital. Assessments were undertaken to determine patients who were most at risk. The future objectives were to integrate the provision of health and social services into a comprehensive service. The teams had been set up to be co-terminus with Devon County Council and the decision on the Local Government Review could potentially impact on this structure.

**Transport to Hospitals:**

It was asked if the Health Authority liaised with transport operators e.g. with regard to subsidising more direct bus routes as currently some residents in the Ivybridge area would incur a multiple bus journey to get to the hospital, which was inconvenient, time consuming and costly.

Mr Pincombe stated that he would consider the point made, but also re-emphasised that the focus of future healthcare would be more community/outpatient based.

**Health Records:**

A Member reported an incident of a local resident in her ward whose medical notes had been lost. They were suffering from a very serious illness and this had impacted on the treatment that they had received. In response, Ms McNeill emphasised the need to publicise PALS (Patient Advice and Liaison Service) who could record such complaints and report to the Quality Monitoring Department.

At the end of the discussion, the Chairman thanked the representatives for their attendance and informative responses.

SC.54/09

**FORWARD PLANNING**

The Forward Planning Manager presented a report that responded to Members requests for clarity about how the service operated (Minute SC.38/09 refers).

During the discussion, the following points were raised:

**DPD Consultation:**

Some Members expressed the view that their community was not properly consulted during the recent LDF process and Site Allocations DPDs. In disagreement, the Leader of the Council stated that town and parish councils had been given the opportunity to attend the Prince's Foundation workshops. A Member responded that town and parish council views had been made known but that in some instances, their views had been overlooked and much disquiet was expressed about how the Prince's Foundation had conducted the process.

The Leader informed the Group that the Prince's Foundation had been employed as they were a well recognised and well regarded organisation with both planners and the public. Another Member also expressed their disquiet at the process for the DPD site selection and in particular, the role played by the Prince's Foundation.

He also felt that local views had been disregarded, and in addition, some relevant people such as the landowners of identified sites had not, he stated, been contacted, which was particularly pertinent when in some instances, they did not wish to sell their land. He expressed the view that it had been a 'top down' process and undemocratic. He went further to say that he did not consider that the money which had been spent on the consultation had represented good value and that the consultation period had been insufficient.

By contrast, one Member felt that the views of their local Parish Council had been considered by the Prince's Foundation and that they had influenced the outcome, therefore, in their view it had been a successful exercise to incorporate this organisation into the process.

The Forward Planning Manager stated that the Prince's Foundation had spent a lot of time preparing for the event and visiting sites prior to the EbD workshops and had produced a detailed report. This had all been a huge undertaking and he had personally been impressed with the thoroughness and level of detail in the process. The Strategic Director (Community) stated that he understood the concerns but expressed that whatever process had been selected to identify sites for development, was going to have been a major challenge. He further stated that the authority had not had the resources to undertake such an extensive community engagement process, so the use of an external organisation had allowed the corporate timetable to be met. Also, the threat of LGR (Local Government Review) had necessitated an acceleration of the process to ensure that key proposals could be in place prior to reorganisation. Overall, the outcome was considered to be a good product that could be presented to the Inspector. A Member supported these comments stating that the use of the Prince's Foundation had allowed the process to move at a set pace and with innovation.

#### **Targets for Affordable Housing:**

A Member asked how many extra houses South Hams District Council had set in the core strategy above the Devon Structure Plan. The Group was informed that 100 extra houses had been set due to the critical issue of affordable housing. The Strategic Director (Community) informed that the targets were setting a minimum figure to help achieve the Council's priorities. The Member expressed concerns that the underachievement of affordable housing targets for developments such as those proposed for Sherford and Lee Mill would mean that even higher percentages would be required on future developments. In reply, the Leader of the Council informed that the Council's current 50% percentage target was one of the highest in the country.

It had been felt that a high target was needed to allow some flexibility to respond to challenges from developers, and this figure could be revised, particularly as viability of developments was key at this moment in time.

**Development Boundaries:**

The Strategic Director (Community) stated that a development boundary did not mean that 'no' development could take place beyond it, but that it was even more important for it to be the right type (e.g. being sensitive to visual impact). However, if other important criteria were met by an application, then consideration ought to be given, otherwise there would be no growth. A Member was not happy with this response and believed that no development should be granted planning permission that fell within an Area of Outstanding Natural Beauty (AONB) unless it contributed to the well being and economic viability of the area.

**Approved DPD Plans:**

It was asked how rigid the plans would be once approved by the Inspector in terms of the number of proposed houses per site, as there were concerns that developers might increase these numbers. This could lead to contested applications and appeals in the future. In reply, the Group was informed that, as an example, for large developments, some aspects of a mixed use proposal could be reduced in order to accommodate more housing and that the density and viability of any scheme would have to be judged on its merits at the time. Some concerns were expressed that housing could exceed what the public believed to be maximum figures.

SC.55/09

**PERFORMANCE INDICATORS**

Members considered a report that updated them on achievements against selected performance indicators for July to September 2009.

During the discussion, the following points were raised:

**Days lost to sickness BV12:**

The Group was informed that there had been an improvement over the last year due to a number of long term cases being brought to a resolution by Personnel. However, a number of new serious long term cases were emerging.

**Council Tax Collection BV 9:**

It was confirmed that the extension of payment instalments from 10 to 12 was offered to residents who had fallen behind with payments as a way to ease the financial burden and as an alternative to taking legal proceedings.

**Processing of Planning Applications (NI 157)**

It was noted that the ongoing Development Control Service Review was taking up a lot of staff time and effort and the service had taken on an extra member of staff, but this indicator was still underperforming. It was hoped that the outcome of the review would produce better results next year. A Member stated that they would like to see the final costings in relation to the Review.

SC.56/09 **SCRUTINY SHADOWING ROLES**

The Members informed that they were kept fully briefed by their Executive colleagues, and continued to meet frequently.

SC.57/09 **AGENDA ITEMS FOR FUTURE MEETINGS OF SCRUTINY**

**Development Control Committee**

After the discussion on Forward Planning, it was asked if the proposed joint meeting with the Development Control Committee was necessary. The Strategic Director (Community) informed that a new approach was now being considered in that when a major or controversial proposal was to be considered, an informal information session would be held to allow Members to ask questions about the proposed development prior to the Committee considering the application.

A Member stated that he had asked for this item to come to Scrutiny as he had been concerned for some time that decisions were sometimes taken that seemed to disregard the policies of the Council. In response, the Chairman of the Development Control Committee stated that policies were not set in stone and that any decision was at the discretion of the majority vote taken by the Committee.

**Citizens Advice Bureau and CVS**

Following discussion of the Monitoring of the Service Level Agreements for the CAB and CVS at the Executive Meeting on 7 January 2010 (Minute E.84/09 refers), the request that the Scrutiny Group undertake a detailed review of both the CAB and the CVS was accepted. It was discussed that Cllrs Baldry and Baverstock would be involved in the Citizens Advice Bureau review and Cllrs Squire and Fielden would be involved in the Council of Voluntary Service Review. It was envisaged that the reviews would be completed within a couple of months.

(Meeting commenced at 10.00 am and concluded at 1.15 pm).

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Chairman