

## HEALTH AND WELLBEING SCRUTINY COMMITTEE

7 March 2017

Present:-

Councillors R Westlake (Chairman), A Boyd, J Brook, C Chugg, C Clarence, R Gilbert, B Greenslade, G Gribble, R Julian, E Morse, D Sellis and C Wright

Representing Devon District Council

Councillor P Diviani

Members attending in accordance with Standing Order 25

Councillors K Ball, S Barker and B Parsons

Apologies:-

Councillors P Colthorpe and E Wragg

\* 52

**Minutes**

**RESOLVED** that the Minutes of the meetings held on 19 January 2017 and the special Joint Scrutiny Budget Committee held on 30 January 2017 be signed as correct records.

\* 53

**Chairman's Announcements**

(a) The Chairman welcomed Mrs R Saltmarsh who was attending the meeting in her capacity as a Co-opted Member of the County Council's Standards Committee to observe and monitor compliance with the Council's ethical governance framework.

(b) The Chairman reported that that the Devon District Councils had appointed Councillor Diviani as their representative on the Committee in place of Councillor Christophers.

\* 54

**Chairman**

The Chairman reported that this was his last meeting of the Scrutiny Committee as he would not be standing at the forthcoming County Council Elections. He thanked the Vice Chairman, Members and the Scrutiny Officer for their support over the last eight years. The Vice Chairman and other members thanked the Chairman for his impartiality and even handed control of meetings and good humour over this period.

\* 55

**Public Participation**

In accordance with the Council's Public Participation Rules, the Committee received and acknowledged oral representations made by Mr P Wearne, Councillor P Hayward (Axminster Town Council) and Councillor J Rowland (Seaton Town Council) (Minute \*56 refers) on a matter to be considered by the Committee, namely 'Your Future Care'.

The Chairman responded, thanking the speakers for their attendance and presentations which would be taken into account by the Committee during its subsequent deliberations.

## **56      Your Future Care Proposals**

(Councillors Ball attended in accordance with Standing Order 25(2) and spoke to this item and Councillor Parsons attended under Standing Order 25 (1) and spoke at the invitation of the Committee questioning the rationale for the decisions and impact on their respective communities of the proposed closure of community beds at Okehampton and temporary closure of beds at Holsworthy Community Hospitals).

Ms J Fitzgerald (Chief Officer, NEW Devon Clinical Commissioning Group CCG), M L Nicholas (Director of Strategy / STP Programme Director, NEW Devon CCG), Mr R Sainsbury (Chief Operating Officer, NEW Devon Clinical Group) and Dr S Kerr (Vice-Chair Eastern Locality, NEW Devon CCG) attended and spoke to this item at the invitation of the Committee.

The Committee considered the Report of NEW Devon CCG on the 'Your Future Care' on the outcome of public consultation which had commenced on 7th October 2016 and the subsequent decisions of the CCG Board on 2 March 2017.

The CCG Representatives reported that its Board at its meeting on Thursday 2 March 2017 had determined:

- a reduction of community hospital beds from 143 to 72 in the Eastern locality
- Tiverton & District Hospital to be a fixed point providing an inpatient unit with 32 beds
- Exmouth Community Hospital as a 16-bedded hospital
- Sidmouth Community Hospital as a 24-bedded hospital
- in light of the rurality and associated factors, to commission further work to assess more extensively the services needed in the Okehampton area.

The decisions meant that community inpatients beds at Sidmouth, Exmouth and Tiverton community hospitals would remain, while those at Seaton, Exeter (Whipton), Okehampton and Honiton would close.

The Clinical Commissioning Group's representative responded to Members' questions and/or commented that:

- detailed planning for implementation of the changes would start as soon as possible and led by the community services provider, the Royal Devon & Exeter NHS Foundation Trust;
- the robust implementation assurance process which would be in place and inpatient beds would only close when the assurance process had been completed and this would be phased to ensure the new community services were in place and patient care could continue to be provided safely;
- an assurance panel including consultant geriatricians, GPs and Healthwatch with social and primary care input, would be established and community representatives would be included from the areas affected by the changes;
- a consultation response unit (CRU) had been set up to answer questions and could be contacted via [d-ccg.yourfuturecare@nhs.net](mailto:d-ccg.yourfuturecare@nhs.net)
- approximate cost savings arising from the planned changes and that the detailed plans relating to staffing and resources arising from the proposals had not, as yet, been drawn up;
- relevant Performance Indicators in regard to current and future outcomes would be provided.

The Chairman undertook to seek a breakdown of the cost of the STP process in Devon reported at £2.6 million over the last 6 months.

The Scrutiny Officer outlined the timetable for any referral to the Secretary of State which would necessarily be preceded by a formal request to the CCG which should respond within 28 days to the concerns raised and emphasis on dialogue with a view to local resolution.

It was **MOVED** by Councillor Wright, **SECONDED** by Councillor Chugg and

**RESOLVED**

(a) that this Committee object to the decision by NEW Devon CCG to reduce the number of community hospital beds in Eastern Devon from 143 to 72 and regardless of cost no bed closures be made until it is clear there was sufficient community care provision;

(b) that, if adequate assurances are not given to the above and the issues set out below, the CCG's decision be referred to the Secretary of State for Health on the grounds that it was not in the interests of the health service in the area and the consultation was flawed:

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- there is no clear explanation of what care at home will look like or work and this model has frequently been mixed up with Hospital at Home which is entirely different;
- there may not be adequate care available in people's homes, given the staffing shortages in the NHS, and the significant difficulties in adult social care;
- Hospiscare reported in its consultation response to the bed closure proposals that during 2015 managers 58 incidents reported to the CCG where the breakdown of social care packages for people at end of life had caused distress. All of these people had wanted to be cared for at home;
- there are no clear answers on how many more staff are required to make the new model of care work and that there are shortages in many health professional disciplines
- despite a significant budget deficit, there is no clear financial saving to be made. In fact once the new model of care is in place the savings may be extremely small;
- there is no clear plan on the future of hospital buildings that have lost their beds and are now in the ownership of NHS Property Services;
- the new Government direction that will come into effect next month which mean health trusts will need to prove that there is sufficient alternative provision before any beds close;
- closure of many care homes;
- Okehampton and Honiton hospitals were excluded from the consultation process;
- the temporary closure of Holsworthy Hospital which is where the patients were to be referred;
- the ongoing and significant pressure on RD & E hospital beds and difficulty with discharge;
- possible doubt over the data relating to the decision to retain Sidmouth hospital beds over Seaton's hospital beds;
- staff appear to be opposed to the plans.

(c) that a review of community hospital bed closures be made across Devon since 2014 to establish the effectiveness of the replacement home care, including examining the role of social care.

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**Children's Services - Procurement of Services 0 - 19 Public Health Nursing**

The Committee considered the report of the Chief Officer for Communities, Public Health, Environment and Prosperity on the provision of Public Health Nursing Services and on the outcome of an extensive consultation exercise with staff and other health professionals and parents of children and others, on the three options set out therein.

The Committee also considered the report of the Spotlight Review (CS/17/11) on the expiry of the current contract with Virgin Care Limited on 31 March 2018.

It was **MOVED** by Councillor Westlake, **SECONDED** by Councillor Sellis and

**RESOLVED** that following consideration of both the Chief Officer's and the Spotlight Review recommendations the Cabinet be recommended to adopt Option 1.

\* **58**      **Community Services Reconfiguration**

Mr S Tapley and Dr N Roberts (South Devon and Torbay Clinical Commissioning Group) (CCG), attended and spoke to this item at the invitation of the Committee.

The Committee considered a report of the South Devon and Torbay CCG on the decision of its Governing Body meeting on 26 January and the implementation process following the extensive consultation and engagement processes. The Governing Body had agreed:

- the statement that “the proposed model of care represents the best way of delivering quality of care in a manner that is sustainable and affordable.”
- the proposals which formed the basis of consultation subject to the following changes:
  - rather than disposing of Ashburton and Buckfastleigh Hospital, it is recommended that the hospital be evaluated as a base for the area's local health and wellbeing centre, including co-location of primary care
  - the demand for x-ray and for a minor injuries unit in the Bay is recognised and the CCG plans to meet this through the proposed establishment of an urgent care centre on the Torbay Hospital site
  - specialist outpatient clinics to continue to be provided in Paignton where the volume of patients makes this a more appropriate option to travelling to Brixham, Totnes or Torbay.
  - parameters for the implementation of changes relating to the care model
  - suggestions relating to implementation of the care model put forward in the Healthwatch consultation Report reviewed as part of the implementation process and progress reports on implementation of these proposals are reported quarterly to Governing Body.

The Clinical Commissioning Group's representative responded to Members' questions relating to:

- approval of the arrangements by the SW Clinical Senate (report available on the web at <http://www.swsenate.org.uk/category/senate-advice/>)
- arrangements for staffing (which was almost up to the planned establishment) and other resources as a result of the planned changes
- services available at the planned new Health and Wellbeing Hubs including physio and occupational therapies.

It was **MOVED** by Councillor Westlake, **SECONDED** by Councillor Sellis and

**RESOLVED** that the report be noted and the implementation of the care model be supported and that a progress report be submitted to this Committee in approximately 6 months.

**59**      **Rota Review Project**

Mr S Boucher, Head of Operations, West Division, SWAST (South West Ambulance NHS Service Foundation Trust) attended and spoke to this item at the invitation of the Committee.

The Committee considered a briefing note by the SWAST on a new Rota Review Project which sought to align rotas and fleet ratios to the new demand profile and tackle inefficiencies

identified within current structures. The rotas would be aligned to ensure the right number of staff were on duty at the right time, in the right place. This would enable the service to manage peaks in demand, giving an improved response to patients as well as staff welfare and wellbeing.

The Committee also received a presentation from Mr S Boucher covering:

- the objectives of the National Ambulance Response programme and benefits for Devon,
- the timeline with expected implementation in Spring 2017 and the timeline for the Rota Review; and
- rota review performance figures and numbers of Community First responders and public access defibrillator schemes and local funding raising events.

Mr Boucher undertook to investigate concerns about specific incidents and allocation of the most clinically appropriate vehicle within available resources and reasons for re-location of the Rapid Response Vehicle in Lynmouth.

**60**      **Spotlight Review of Impact of Health Scrutiny since Change of Legislation**

The Committee considered the report of the Task Group (CS/17/04) reflecting upon the impact of that Committee over the last 4 years, an account of the Task Group and Spotlight Reviews and recent changes in legislation and the challenges facing the NHS and social care services generally.

It was **MOVED** by Councillor Westlake, **SECONDED** by Councillor Sellis and

**RESOLVED** that the Task Group's Spotlight 360 Review Report and its conclusions be commended to both the Cabinet and NHS Devon as a possible means of improving the effectiveness of health scrutiny in the new County Council.

**61**      **Work Programme**

The Committee noted that the Work Programme had been or would be amended to include a changes arising from this meeting and consideration of of commissioning activity.

The Scrutiny Officer confirmed that a response from the Secretary of State was still awaited in respect of the referral relating to the past closure of beds at Torrington Hospital.

[NB: The Scrutiny Work Programme is available on the Council's website at [http://www.devon.gov.uk/scrutiny\\_programme.htm](http://www.devon.gov.uk/scrutiny_programme.htm) and the Council/Cabinet Forward Plan is available at [http://www.devon.gov.uk/forward\\_plan](http://www.devon.gov.uk/forward_plan)]

\* **62**      **Information Previously Circulated**

The Committee received a list of information previously circulated for Members since the last meeting relating to topical Health and Wellbeing developments including matters which had been or were currently being considered by this Committee.

**\*DENOTES DELEGATED MATTER WITH POWER TO ACT**

The Meeting started at 2.00 pm and finished at 5.10 pm