

HEALTH AND ADULT CARE SCRUTINY COMMITTEE

20 January 2023

Present:-

Councillors S Randall Johnson (Chair), C Whitton (Vice-Chair), T Adams, J Bailey, R Chesterton, D Cox, L Hellyer, P Maskell, R Peart, D Sellis, R Scott, M Wrigley and J Yabsley

Apologies:-

Councillors P Crabb

Members attending in accordance with Standing Order 25

* 84

Minutes

RESOLVED that the Minutes of the meeting held on 22 November 2022 be signed as a correct record.

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Items Requiring Urgent Attention

No item was raised as a matter of urgency.

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Public Participation

There were no oral representations from members of the public.

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South Western Ambulance Service NHS Foundation Trust (SWAST): 6 Month Update on Spotlight Review Recommendations from June 2022

The Committee considered a report of the County Commander for North and East Devon of the South Western Ambulance Service Foundation Trust.

The Report provided an update on the progress towards the recommendations made by this Committee's Spotlight Review into South Western Ambulance Service Trust in June 2022. A series of recommendations had been made to the health care system in recognition of the overlap on many of the recommendations between Devon County Council, NHS Devon and South Western Ambulance Service NHS Foundation Trust (SWAST). The recommendations had been directed to relevant lead organisations, but it was for the system as a whole to ensure these were effectively implemented.

The progress against the recommendation were detailed in the Report with an overview of the current system pressures and mitigations in place where the

system was unable to progress on actions due to pressures locally, regionally and nationally.

Members' questions and discussion points with the SWAST Executive Director of Operations and the County Commander and the NHS Devon Director of Delivery covered:

- Overtime and putting extra stress on staff. This was being addressed by using private resources which helped to cover the gaps.
- Rapid assessment model for triage which had been adopted in Exeter and North Devon hospitals but not in Plymouth. Derriford Hospital would soon have a rapid assessment centre which would enable them to run a similar model to the Royal Devon and Exeter Hospital. Completed works for this was due by the end of January. In the meantime, a triage system was being used by senior nurses.
- Extra hours undertaken by staff through shift overruns which happened when there were handover delays.
- An incredibly challenged period recently, in December a critical incident was called due to the pressures on the service. However, there had been a marked improvement in the last two weeks. Activity in December was 22,000 incidents a week and last year it was about 18 to 19,000. In the last couple of weeks this has dropped to between 15,000 and 17,000 incidents. The handover delays had significantly improved and response times were much better.
- Minor Injury Units (MIUs) plans. SWAST looked after the Urgent Care centre in Tiverton. A review was being commissioned to establish equity in the system and understand what the current offer was and what improvements could be made in the short term. The findings of this could be brought back to a future meeting.
- Problems were experienced when there was an inconsistency of service from MIUs and pathways across the system. In rural communities there was a benefit to having an MIU where people could be treated instead of needing the service of a paramedic. The Urgent Care centre in Tiverton was the highest level of offering with a multi skilled workforce and offered a far greater scope including x rays.
- Improvements in service was felt to be multifactorial – a combination of lower activity volumes and lower handover delays and improved resourcing levels from SWAST. Patient flows were improving. It was important that discharge levels were maintained.
- The current position remained fragile due to entering a period of industrial action which may or may not be prolonged and operational challenges could come into a system quickly.
- A request had been made for information with descriptions of all the minor injury units and urgent care centres in the County to be sent to the Committee and for confirmation and a date for the re-opening of the Dawlish MIU.
- Internal processing changes had helped release beds; a significant factor in delays had been staff sickness which had a huge impact on

the service. In December there had been 800 staff sick across 3 acute trusts which had caused massive delays, but this had now rescinded.

- The robustness of ICT systems. SWAST had many systems such as triage platform and mobile terminals in the vehicles and there was an infrastructure which supported that. The service relied on this heavily and those systems was continually being monitored to ensure they were modernised and remained fit for purpose.
- Future staffing requirements were looked at by the Strategic Resourcing Group which had multi-disciplinary members on it and took a long-term approach for both clinical and non-clinical staff. It was felt SWAST were in a good position with this going forwards.
- Driving improvements in the system around the process for emergency care. A national team has been in to support this which would be fed into an improvement plan for all 3 trusts.
- Lack of building space at Derriford had created some of the performance problems. There were plans to help improve the situation, but it was recognised as being a very constrained site.
- The importance of patients being assessed so that the most suitable care response can be made for all including those with mental health needs.

The Chair thanked SWAST and NHS Devon officers for their time and responses and highlighted the importance of this area and that the Committee would be keen to have a report about the NHS 111 service in due course now that there was a new operator in place and the impact on SWAST and the hospitals.

RESOLVED that the Report and information presented be noted.

* 88

Assurance of Local Authority delivery of its duties defined by Part One of the Care Act (2014) by the Care Quality Commission and its contribution to Improving Services and outcomes for People in receipt of Adult Social Care

The Committee considered the Report of the Chief Officer for Integrated Adult Social Care for Devon County Council (ACH/23/156) on the requirements placed on Integrated Adult Social Care through the CQC assurance framework and support for the Service in its preparedness. The Report highlighted the role of Members in this process and how they remained briefed and appropriately involved.

Members' discussion points and comments with the Director of Integrated Adult Social Care; and Head of Adult Care Operations and Health, included:

- The importance of the review was stressed and the external judgment on Devon's Adult Social Care services was welcomed.

- The implementation would start from April, although there could be a delay as recruitment was underway for inspectors with more recent experience of adult social care.
- The process was likely to start with a self-assessment process and officers were busy working on this. It would be similar to an OFSTED inspection.
- Joint work was being undertaken with the Local Government Association, Directors of Adults Social Care, and the Department of Health and Social Care working with the Care Quality Commission (CQC).
- Officers in Devon were being involved in developing the new framework for the CQC, which would be broad and look at how the authority implements its Care Act duties.
- Local authorities had a duty around market sufficiency and performance with external providers would be examined.
- The Council had duties around prevention and wellbeing and also had responsibilities around integration with health and social care and safeguarding.
- The new framework had four themes of working with people, providing support, ensuring safety, and leadership and workforce, and evidence for these would need to be provided.
- Members and officers needed to be aware of both the strengths and weaknesses in the service so they would be able to demonstrate this to the inspectors
- It was difficult to predict what the CQC might ask but it would likely be determined by risk. There could be a specific focus on financial sustainability or on criteria to reside (previously called delayed transfers of care).
- There was a good understanding of services that worked well and areas that needed improvements for better outcomes for people and action was being taken to do this.
- Members were encouraged to visit local adult social care teams and talk to staff and ask questions and find out about the experiences of people who receive adult social care
- Information about what would be presented to the CQC when they visited was being brought together in a document and it was agreed this would be shared with the Committee
- The importance of the role of the Scrutiny Committee in holding the service to account to help the Council get to a position where it was assured that services were delivering.
- Reassurance was given that the self-assessment work would be a living document which would be updated

Due to the importance of this item, it was agreed that this should be regularly reported to the Committee. This would be scheduled on the forward work programme.

RESOLVED:

- (a) that the Committee
1. recognise the requirements placed on Integrated Adult Social Care through the CQC assurance framework, and supports the service in its preparedness; and
- (b) that the Health and Adult Care Scrutiny Committee be supported in its role regarding assurance of local authority delivery of its duties defined by part one of the Care Act (2014) by:
- i. Being offered further Masterclasses on this and related topics by request.
 - ii. Being offered succinct briefing notes on related matters such as the Care Quality Commission Assurance Framework, Care Act (2014) duties, Annual Report summary, Vision/Strategies summary.
 - iii. Being offered group or individual briefing sessions ahead of any inspection visit by the Care Quality Commission.

* 89

Annual Report for Adult Social Care for 2022

The Committee received the Report of the Chief Officer for Integrated Adult Social Care (ACH/23/157) on the draft Annual Report (or 'Local Account') (full draft Report attached) of the adult social care functions of the Council which covered: the national picture, the role of the Annual Report in reform and regulation, Devon as a place and its population, key facts about adult social care in Devon, listening to what people tell us, the pandemic in adult social care in Devon; the adult social care workforce, Performance and outcomes, safeguarding and perceptions of safety, provider quality and market sufficiency, Devon's care management services; activity, cost and spend; achievements and awards of note; and the change programme, audit and risk management. The covering Report outlined the headlines of the Annual Report.

Members' comments and discussion points and with the Director of Integrated Adult Social Care; and Head of Adult Care Operations and Health, and the Chief Executive (Mid Devon District Council, Lead, Devon Housing Task Force), included:

- The Report was positive and highlighted good performance and successes such as the vaccination rates, staff awards and satisfaction ratings for service users.
- Recognition of the ongoing work around market sufficiency, meeting the needs for personal care, and helping people regain their independence, and challenges such as demand pressures including staffing capacities.

- Reminder of the public health data available to Members which included division specific information ([JSNA headline tool - Devon Health and Wellbeing](#)).
- Comparable data on death rates showing recent and pre-pandemic figures was requested. This would be circulated to the Committee.
- Service user complaints and how the authority compared to others. The service received a small number of complaints which were analysed to understand if changes needed to be made. Many of these were around operation delivery and time taken to respond and also having greater choice in care.
- Learning from compliments as well as complaints received. A link to the reports on feedback would be shared with the Committee.
- Funding for Adult Social Care and whether this could be supported through new building developments. Housing was a key priority both for vulnerable people and low paid staff working in the care and health sectors. Planning officers liaised with local councils on these issues.
- Methods were in place to recognise good performance and praise staff such as through Yammer, newsletters, as well as thanking in person. It was felt more could be done on this and the Council could learn from other organisations. The need for improved joined up working with district councils

Officers were thanked for the Annual Report, the contents of which had been noted.

* **90** **Community Pharmacy Spotlight Review**

The Committee considered the Report of the Spotlight Review held on 28 September 2022 on a review of community pharmacy services across the County, their value in reducing pressures across the health and social care and the role of the Health and Wellbeing Board and NHS England as the commissioner; and issues faced by local Members in helping ensure proper provision with new and expanding residential growth points in the County. The Review arose, in part, as a result of significant disruption to service levels in several communities over the summer period.

The Report included a series of recommendations for the Health System in Devon with a report back to the Committee on progress within 6 months:

1. That a new Devon communication strategy and campaign is developed to improve public awareness and perception of community pharmacy, which signposts the appropriate pathway in terms of accessing community pharmacy, GP and acute care.
2. That commissioners work with the Practice Plus Group to improve both the level and the appropriateness of NHS 111 referrals to community pharmacy.

3. That all organisations work together to promote the establishment of a pharmacy school in the County to ensure that Devon and the far South West develops its own pharmacists and pharmacy technicians.
4. That long term investment is needed in training and progression opportunities for community pharmacy and across all areas of health and social care. That this includes use of bursaries, work experience and the delivery of regular health and social care careers days, which include a specific focus on community pharmacy.
5. That work is undertaken with NHS England and NHS Improvement to develop the NHS App to introduce notifications including SMS texts when a prescription is ready to be collected. Other alternative technologies should be encouraged to provide multi-choice IT interface routes for ordering repeat prescriptions. That those not using IT still have access to a paper based repeat prescription.

Members' discussion points and comments with the Head of Stakeholder Engagement, Direct Commissioning, NHS England South West included:

- Adaptions that were due to be made to the NHS app including the repeat prescription facility. This work was being undertaken via a working group of Integrated Care Board partners, GPs and members of the public.
- There was support for the recommendations in the Report and issues of lack of housing, workforce problems, promoting and marketing Devon to attract good quality staff and linking with other service areas to do this effectively were raised.
- Improvements in service were now being seen in community pharmacies and it was hoped these continue.

RESOLVED

(a) that the recommendations contained within the Report of the Spotlight Review be endorsed and commended to the Cabinet; and,

(b) that the Report also be shared with the Integrated Care Board.

* 91

Replacement Day Care Service

The Committee considered the Report which followed a series of visits by Members to day care services to gain a better understanding on how these were working and key issues affecting services from a frontline perspective. An impact assessment had been undertaken in June 2022 on reviewing the potential cessation of providing buildings-based day services.

Across the County the demand for DCC in-house, long-term buildings-based day services had reduced. This was the direction of travel for these services before the pandemic and the pandemic has accelerated these changes as

people made and continued to make alternative choices in how they wanted to live their lives. In some circumstances the reduction in people attending was so low that it could be seen as further isolating individuals rather than providing a social experience for them. Work had been ongoing to develop individuals' skills and promote their independence, both with existing service users and as part of the preparation for adulthood work with younger people, which has also reduced the need for such buildings-based provision. This had been achieved on an individual basis by taking into account what was important to the individual and their families. Likewise, where there had been identified need for support to prevent carer breakdown in the form of replacement care, this had been sourced from across the wider market for adult social care as a long-term alternative solution.

As part of the site visits to the day centres, Members had spoken with parents, carers and staff covering several issues including reducing demand, facilities on offer, utilisation of buildings, isolation of individuals and lack of activities.

The Report also covered the work of the Reaching for Independence Service, employment opportunities, infrastructure, supported living and smart technology and included case studies.

Members' discussion points and comments with Officers included:

- Informative conversations had taken place with carers about the day centre provision available.
- Concern about the lack of people attending some of the settings
- Recognition of a distinction between the views of the parents of best care and what might be in the best interests of the adult receiving the service.
- It was essential to find the right solution for those adults whom the Reaching for Independence service was not appropriate.
- Supporting adults with disabilities to engage and take part in the community.
- Ensuring proposals met individual needs and demands and best value
- Enabling friendships to continue in the event of changes to provision.
- Praise was expressed for the care given by staff in day centres
- The need to provide bespoke facilities in the community and utilise buildings and expand the use of them.

RESOLVED

- a) that Cabinet receive and consider the Report, and as Adult Social Care transformation takes place, ensure that opportunities in the community are maximised to support people's independence and enable them to do the things that matter to them; and
- b) that the learning from the visits be shared to inform the Committees future work programme.

* 92 **Health and Care General Update**

The Committee considered the Joint report from the Council and NHS Devon (ACH/23/158) on the latest news from the Devon Health and Care system. This included celebrating local success and achievements, early success for social care recruitment partnership, two Devon projects commended in the Health Service Journal Awards, helping young people with disabilities into jobs, ICS update, the Joy social prescribing platform, leaders across the ICSD contributed to national report on county council involvement in integrated Care Systems, a successful joint bid to the Supported Housing Improvement Programme, an update on progress towards the new health and wellbeing centre in Teignmouth; an Integrated Urgent Care Services – performance update; and dates set for the Dartmouth Health and Wellbeing Centre.

The Chair and Members commended and congratulated the health and social care staff and their colleagues for the success and achievements as detailed in the Report and thanked Officers for the Report.

* 93 **Scrutiny Committee Work Programme**

The Committee noted the current Work Programme subject to inclusion of topics which arose from the meeting. This included: (a) a regular report on the assurance process and (b) an update on the work undertaken at the Nightingale hospital.

[NB: The Scrutiny Work Programme was available on the Council's website at: [Scrutiny Work Programme - Democracy in Devon](#)

* 94 **Information Previously Circulated**

The Committee noted information previously circulated for Members, since the last meeting, relating to topical developments which have been or are currently being considered by this Scrutiny Committee, as follows:

(a) System Pressures and Industrial Action: NHS Devon Briefing.

(b) Masterclass information relating to: ASC Framework; and Peninsula Acute Sustainability.

(c) Risk Registers for the respective Scrutiny Committees.

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

The Meeting started at 2.15 pm and finished at 4.30 pm