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To: The Chair and Members of the Health and Adult Care Scrutiny Committee

County Hall
Topsham Road
Exeter
Devon
EX2 4QD

Date: 5 June 2023

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HEALTH AND ADULT CARE SCRUTINY COMMITTEE

Tuesday, 13th June, 2023

A meeting of the Health and Adult Care Scrutiny Committee is to be held on the above date at 10.30 am at County Hall, Exeter, Committee Suite - Daw to consider the following matters.

Donna Manson
Chief Executive

A G E N D A

PART 1 - OPEN COMMITTEE

1 Apologies

2 Minutes (Pages 1 - 8)

Minutes of the meeting held on 21 March 2023 (attached)

3 Items Requiring Urgent Attention

Items which in the opinion of the Chairman should be considered at the meeting as matters of urgency.

4 Public Participation

Members of the public may make representations/presentations on any substantive matter listed in the published agenda, as set out hereunder, relating to a specific matter or an examination of services or facilities provided or to be provided.

MATTERS FOR CONSIDERATION OR REVIEW

5 Teignmouth Community Hospital Task Group (Pages 9 - 26)

Report of the Task Group, attached

6 Update on the Integrated Adult Social Care consultations on service changes in response to the 2023-24 Council agreed Budget (Pages 27 - 36)

Report of the Director of Integrated Health and Social Care (ACH/23/174), attached.

7 Health Inequalities Overview (Public Health) (Pages 37 - 46)

Report of the Director of Public Health, Communities and Prosperity, attached

8 Health and Care General Update (Pages 47 - 54)

Joint report from the Council and NHS Devon (ACH/23/174), attached

9 Commissioning Liaison Member

In line with the recommendations of the Scrutiny in a Commissioning Council.pdf (devon.gov.uk) Task Group Report, the Committee is requested to select a Commissioning Liaison Member, whose role will be to work closely with the relevant Cabinet Members and Director/Heads of Service, developing a fuller understanding of commissioning processes, and provide a link between Cabinet and Scrutiny on commissioning and commissioned services.

10 Scrutiny Committee Work Programme

In accordance with previous practice, Scrutiny Committees are requested to review the list of forthcoming business and determine which items are to be included in the Work Programme.

The Committee may also wish to review the content of the Cabinet Forward Plan and the Children's Services Risk Register to see if there are any specific items therein it might wish to explore further.

MATTERS FOR INFORMATION

11 Information Previously Circulated

Below is a list of 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.

(a) A summary of planned communications for Easter 2023 from NHS Devon to provide some assurance on the proactive steps they are taking ahead of the long Easter weekend and junior doctor strikes.

PART II - ITEMS WHICH MAY BE TAKEN IN THE ABSENCE OF PRESS AND PUBLIC ON THE GROUNDS THAT EXEMPT INFORMATION MAY BE DISCLOSED

Nil

Members are reminded that Part II Reports contain exempt information and should therefore be treated accordingly. They should not be disclosed or passed on to any other person(s). They need to be disposed of carefully and should be returned to the Democratic Services Officer at the conclusion of the meeting for disposal.

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It is to be noted that Members of the Council must declare any interest they may have in any item to be considered at this meeting, prior to any discussion taking place on that item.

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Induction Loop available

HEALTH AND ADULT CARE SCRUTINY COMMITTEE

21 March 2023

Present:-

Councillors S Randall Johnson (Chair), C Whitton (Vice-Chair), J Bailey, R Chesterton, D Cox, P Crabb, P Maskell, R Scott, M Wrigley, and J Yabsley

Members attending in accordance with Standing Order 25 (1)

Councillor J McInnes

Apologies:-

Councillors T Adams, L Hellyer, S Khan, R Peart and D Sellis

* **95** **Minutes**

RESOLVED that the Minutes of the Budget and ordinary meetings held on 20 January 2023 be signed as correct records. .

* **96** **Items Requiring Urgent Attention**

No item was raised as a matter of urgency.

* **97** **Public Participation**

In accordance with the Council's Public Participation Rules, the Committee received and acknowledged representations from Councillor Chris Clarance (Teignbridge District Council), Viv Wilson MBE and Gerald Penney in regard to Item 8; Teignmouth Community Hospital; and

Councillor Terry Elliott (Ilfracombe PC), Catherine Bearfield, Councillor Martin Pearce (Exeter City Council) and Richard Jones in regard to item 9: Integrated Adult Social Care Consultations.

The Speakers in regard to item 8 (Teignmouth Community Hospital) highlighted their concerns relating to the proposals (for a range of reasons) and need to retain services and reinstate in-patient beds at the Teignmouth Community Hospital and they requested that a further referral be made to the Secretary of State for Health and Social Care by reason that it would be in the best interest of health services in the area.

The Speakers in regard to item 9 (Integrated Adult Social Care on consultations on proposed Service Changes) in particular relating to Link Mental Health and Wellbeing Service in Barnstaple, Bideford and Ilfracombe;

and the Homeless 18+ Prevention Fund and highlighted the local needs and impact of any proposed service changes or change in financial support.

The Chair thanked the Speakers and indicated that their views would be taken into account when the items were considered.

*** 98 Teignmouth Community Hospital**

In accordance with Standing Order 23(2) Councillor M Wrigley had requested that the Committee consider this matter in view of:

- the current situation and the lack of progress in establishing a new health and wellbeing hub since the matter was last considered by this Committee on 21 June 2022; and that not all GP practices in Teignmouth had committed to the relocation;
- the current model of working and capacity issues at the proposed centre; and
- that, in view of the above, a fresh referral should be considered based on the '*best interests of the health service in the area*'.

The Committee's Special Adviser and the Head of Scrutiny outlined the powers of the Independent Reconfiguration Panel (IRP) and process for a referral to the Secretary of State for Health and Social Care. This included the need for gathering of information and development of a case for referral, which must include putting the case for referral to the NHS and consideration of feedback from the NHS before a decision to refer could be made by this Committee.

A local Member referred to the current available evidence and the difficulties at the local Torbay acute hospital due to delayed discharges and that all other local authorities in the Teignmouth locality were calling for the retention of the Community Hospital.

It was **MOVED** by Councillor Wrigley, and **SECONDED** by Councillor D Cox and

RESOLVED that a Task Group (Comprising Councillors Wrigley and Cox [and other Members to be confirmed]) be established to gather evidence (in consultation with NHS Devon) in regard to a proposal to make a referral to the Secretary of State on the grounds that the proposal (from the NHS) to close the Community Hospital '*would not be in the interests of the health service in the area*' for report to the next meeting of this Committee on 13 June 2023.

*** 99 Integrated Adult Social Care Consultations on Proposed Service Changes**

(Councillor M Wrigley declared a personal interest by virtue of his membership of the Teignbridge District Council's Executive in so far as this item related to the Homeless 18+ Prevention Fund consultation).

(Councillor J McInnes attended in accordance with 25 (1) and spoke to this item with the consent of the Committee and referred to the ongoing consultation exercise and notification of the proposals to all Members following the Council's annual budget meeting).

The Committee considered the Report from the Chief Officer of Integrated Adult Social Care (Devon County Council) (ACH/23/170) on Integrated Adult Social Care current public consultations in regard to proposed changes to services in Devon in order to achieve the Council's agreed Budget.

Information had been provided on 22 February 2023 to coincide with the launch of five (of the six) public consultations on the Council's 'Have your say | Help shape services across Devon'.

Information had also been provided to all Members on the 9 March when the sixth public consultation had been launched.

The Service had directly targeted communications to those who access the services included in the public consultations, their families, and representatives. The Service had also hosted a number of targeted engagement sessions to which Members had been invited.

The Report set out the six public consultations currently taking place in regard to: (i) Proposed closure of North Devon Link Mental Health and Wellbeing Service in Barnstaple, Bideford and Ilfracombe; (ii) Cessation and reduction of buildings-based day services; (iii) Review of New Treetops and Pine Park House adult respite centres to reduce to a single centre; (iv) Homelessness 18+ prevention: cessation of contribution; (v) Carers contract – financial sustainability plan; and (vi) Wellbeing Exeter: Cessation of contribution.

Members' questions and discussion points with the Director of Integrated Adult Social Care Officers, Deputy Director Integrated Adult Social Care Commissioning; Head of Adult Care Operations and Health and the Director of Legal and Democratic Services included:

- the need for collation of data as part and in addition to the consultation process and need for up to date Impact Assessments relating to the proposals directly and indirectly and assessment of the wider costs across all sectors; and the need for emphasis on prevention of future potential problems and ultimately higher costs;
- assurances by Officers that the needs of clients in regard to the North Devon Link Services; and Day Care respite services for example would continue to be subject to individual assessments and with options for alternative provision, as necessary;

- confirmation by Officers that following the consultation and analysis of the results, reports would be made to this Committee prior to decision making by Cabinet;
- confirmation by the Director of Legal and Democratic Services that the relevant statutory consultation arrangements and HR policies were in place for the County Council staff involved; and
- any future proposals would align with the Service's vision and strategies and promote partnership working with other authorities and agencies, as appropriate.

It was **MOVED** by Councillor J Bailey, **SECONDED** by Councillor D Cox:

that this Committee

(a) calls for the current consultation to be paused;

(b) calls for (i) detailed costings of the present service and the proposed service and funding to be made available to the Scrutiny Committee which is to include risk of additional costs being passed to third parties including stakeholders; and (ii) a comprehensive consultation strategy setting out the Council's approach including full details of stakeholders and consultees, and how it will ensure it will effectively reach those who are affected, many of whom are vulnerable;

(c) calls for a full and meaningful, and properly costed, consultation of the proposals to be carried out once these points have been addressed.

The **MOTION** was put to the vote and declared **LOST**.

Members noted that reports on the consultation outcomes and options would be made to the 13 June 2023 meeting of this Committee prior to determination by the Cabinet.

* **100** **Update on Integrated Adult Social Care Vision and Strategies**

The Committee noted the Report of the Director for Integrated Adult Social Care (ACH/23/172) on an outline of the process for updating, and current content of, the Integrated Adult Social Care vision and strategies. In particular, it highlighted the opportunities for providing feedback on the draft Integrated Adult Social Care vision and strategies. The Report also highlighted the opportunity for Members to engage with and give feedback on the updating of the Integrated Adult Social Care vision and strategies via Adult Social Care Vision and Strategies - Have Your Say (devon.gov.uk).

Members' discussion points with the Director included:

- the key points of the high level strategies which would be underpinned by more detailed documents, with a focus on prevention and outcomes (including promotion of independence);
- the capacity issues with the County Council and other local authorities and partners;
- partnership working with District Authorities in helping with the development of their local plans and the key question relating to housing and in particular supportive living/extra care provision;
- promotion of independent living with individual integrated care and support plans; and
- the importance of strategic role of Public Health.

The Chair thanked the Officers for their report.

* **101** **Carers Spotlight Review: A Follow Up**

The Committee considered the Report of the Spotlight Review on a second progress report on Scrutiny recommendations following on from the Committee's 12 March 2020 Carers Spotlight Review.

It was **MOVED** by Councillor R Scott and **SECONDED** by Councillor S Randall Johnson and

RESOLVED

(a) that the recommendations detailed in the Follow-up report be commended to the Health System in Devon, subject to Recommendation 1 to read: *that the Committee recognises the invaluable role of replacement care and urges the Council to develop an effective replacement care offer for unpaid carers;* and

(b) that a report back on progress be made to this Committee within 6 months.

* **102** **System Development and Improvement: Winter Update**

The Committee considered the Report of the Chief Delivery Officer NHS Devon on the winter performance of the health and social care system across Devon mid-way through the season.

The Report outlined the significant challenges, including staff strikes, increased periods of demand and on-going infection prevention and control issues. It also outlined new ways of working that made a real difference to patients by joining up urgent and emergency care (UEC) services.

As part of this work a set of overarching goals for UEC had been developed to set expectations for the health and social care system, and to enable delivery of the improvement programme. System priorities for urgent and emergency care were:

- Effective navigation
- Same Day Emergency Care
- Ambulance Handover Improvement
- Improving flow through Emergency Departments
- Community Urgent Care
- Access to Primary Care
- Access to Mental Health Services

It was envisaged that delivery of the goals would be achieved through whole system collaboration involving NHS Devon (the Integrated Care Board), the One Devon Partnership, social care partners, Local Care Partnerships (LCP) and Provider Collaboratives, including partners across public services and the third sector.

The Report outlined current performance in: call abandonment, call answering times, ambulance response times, average hours lost to ambulance handover delays per day, adult general and acute type 1 bed occupancy, percentage of beds occupied by patients who were medically ready to go home or to other care settings, such as social care placements; other actions, and social care actions and outcomes including workforce and recruitment, and capacity and demand funding.

Members' discussion points with the Chief Delivery Officer included:

- the continued demand pressures through-out the year (and not just Winter);
- the NHS 2 year plan to address Urgent and Emergency Care to reduce demand with suitable alternatives for sustained improvement;
- plans to reduce elective care waiting times on which more information would be provided to a future meeting;
- the development of a Care Hotel initiative in North Devon;
- whilst urgent and emergency care was predominantly a 7 day/24 hour operation other areas of NHS services (for example diagnostics) were more limited; and
- additional resources to make a sustained improvement in the 111 service with a new service provider.

The Chair thanked the Lead Officer for his report and suggested that Healthwatch could be asked to review the performance of the 111 Service.

*** 103 Healthwatch Briefing - Respite and Day Services for People with a Learning Disability**

The Committee noted and approved recommendations (detailed below) by Healthwatch contained in a Briefing Note to this Committee in regard to day and respite care provision for People with a Learning Disability (Minute *102 refers).

A Member asked that Healthwatch could also be requested to review the consultation process in regard to the 18+ Homelessness Prevent Fund.

Healthwatch recommendations:

(a) that Devon Health and Adult Care Scrutiny Committee seeks reassurance that all families who would be affected by the proposals to reduce day and respite care provision are fully consulted with, before any decision is made to reduce these services, to ensure that all clients with assessed care needs will continue to have their care needs fully met if changes were to be made; and

(b) to note that Healthwatch Devon - who's statutory function is to promote and support the involvement of people in the monitoring, commissioning and provision of local health and social care services - can independently support and help to facilitate the consultation process.

*** 104 Health and Care General Update**

(Councillor J McInnes attended in accordance with Standing Order 25 (1) and spoke to this item with the consent of the Committee and referred to the new Care Quality Assurance framework commencing on 1 April 2023 which would include developing oversight and challenge mechanisms from elected Members and this Committee in particular).

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 updates on the North Devon Link Service, Integrated Adult Social Care 2022/23 budget update as of January 2023; Devon Integrated Care System (ICS) Financial Position as of January 2023; NHS Integrated Care Board (ICB) Financial Position as of January 2023; looking ahead to 2023/24; CQC assurance of adult social care services; and surgical hubs which had won recognition for meeting top clinical and operational standards.

Members' discussion points with the Director and Executive Lead Chief Delivery Officer NHS Devon included:

- the number of people which were being served by Integrated Adult Social Care in excess of the original budget;
- the revised total savings figure as being deliverable in 2022/23, due to pressures on demand and unit costs and other factors;
- the Integrated Care System (ICS) financial position and the forecast for the current year (2022/23) was a deficit of £49.2m which was £31 m more than the planned deficit;
- the requirement for the Integrated Care Board (ICB) to make a 30% real terms reduction in its running costs by 2025/26 with at least 20% being delivered by 2024/25, which whilst challenging was realistic; and confirmation that this did not relate to front-line clinical/care services;

- strategies to alleviate high risk categories (obesity for example) and the role of primary care on which more information would be provided in future reports; and
- the work of the South West Ambulatory Orthopaedic Centre (SWAOC) at the Nightingale Hospital in Exeter which was one of eight to be awarded accreditation as part of a pilot scheme; and plans to increase the scale and specialisms at the Centre.

The Chair thanked the Officers for their report and commended the successes outlined.

* **105** **Scrutiny Committee Work Programme**

The Committee noted the current Work Programme subject to inclusion of topics which arose from the meeting. This included the Teignmouth Community Hospital Task Group

[NB: The Scrutiny Work Programme was available on the Council's website at: Scrutiny Work Programme]

* **106** **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.

(a) Dentistry Masterclass Recording & Presentation.

(b) Risk Registers for the respective Scrutiny Committees Risk Registers - Democracy in Devon

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

The Meeting started at 10.30 am and finished at 1.22 pm

Health and Adult Care Scrutiny Committee

Teignmouth Community Hospital Task Group Interim Report

June 2023

1. Introduction

At the meeting on 21 March 2023 the Health and Adult Care Scrutiny Committee resolved that:

"A Task Group…be established to gather evidence (in consultation with NHS Devon) in regard to a proposal to make a referral to the Secretary of State on the grounds that the proposal (from the NHS) to close the Community Hospital *'would not be in the interests of the health service in the area'* for report to the next meeting of this Committee on 13 June 2023."

The Task Group comprised the following members:

- Councillor Philip Sanders – Chair (Vice Chair, Children's Scrutiny)
- Councillor David Cox
- Councillor Alistair Dewhirst (Chair, Corporate Infrastructure and Regulatory Services Scrutiny)
- Councillor Pru Maskell
- Councillor Colin Slade (Vice Chair, Corporate Infrastructure and Regulatory Services Scrutiny)
- Councillor Martin Wrigley

Councillor Rob Hannaford chaired the first two meetings of the Task Group, but due to Committee changes, he stood down as the Chair and member of the Review.

The Task Group has met three times to date and is using this interim report to set out the history of consideration of the issue and to focus the questions to put to the local NHS. At this stage the Task Group has not come to any conclusions but continues to have concerns about the future of services in the Teignmouth/Dawlish locality.

Councillors are keenly aware of the pressure that the local NHS faces and have chosen to be focused in their questioning to avoid placing undue pressure on the already stretched service. To address this point, this report details the questions that the Task Group on behalf of the Committee would like to put to the NHS. At this time, Scrutiny is acting in accordance with article 21 of The Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013:

'21.— (1) A local authority may review and scrutinise any matter relating to the planning, provision and operation of the health service(1) in its area.
(2) In carrying out the review and scrutiny of a particular matter, the local authority must—
(a)invite interested parties to comment on the matter; and
(b)take account of relevant information available to it and, in particular, relevant information provided to it by a Local Healthwatch organisation(2) or Local Healthwatch contractor ("a referrer") when that referrer refers a matter falling within paragraph (1) to the authority.'

The focus of this work is the movement of health services from Teignmouth Community Hospital to Dawlish. The formal public consultation on the future delivery of services in the Teignmouth and Dawlish areas took place in 2020. The then Devon Clinical Commissioning Group (later to becomes NHS Devon) reported that the implication of moving these services is that the building of Teignmouth would no longer be required. The consultation document stated that if the proposal were approved, Teignmouth Community Hospital would no longer be needed for NHS services, and it would be likely to be sold by Torbay and South Devon NHS Trust, with the proceeds reinvested in the local NHS.

The previous referral by Devon County Council to the Secretary of State for Health summed up the local situation as follows:

The Coastal Locality, on the south coast of Devon, includes the towns of Teignmouth and Dawlish, which combined have an estimated patient population of 36,000 people. Around 40% are over the age of 60 and about half of the population have at least one long-term health condition, with these numbers expected to rise as people live longer. The area of Teignmouth town centre and sea front has the highest score of multiple deprivation in the locality (a score of 38 against an overall score for Devon of 17 from a 2017 survey).

NHS services for the area are provided by one GP practice in Dawlish and two in Teignmouth, with secondary care provided by Torbay and South Devon NHS Foundation Trust, who in 2015 became one of the first NHS trusts in England to join up hospital, community, and social care together into one integrated organisation. The trust provides acute healthcare and a full emergency department service from Torbay Hospital in Torquay, along with five community hospitals, including Teignmouth Community Hospital and Dawlish Community Hospital, which are approximately four miles apart.

Teignmouth Community Hospital, built in 1954, provides outpatient clinics, specialist clinics, and minor day case procedures for people from across south Devon and Torbay. Dawlish Community Hospital is a purpose-built hospital opened in 1999 and acts as a clinical hub for the locality, providing outpatient clinics, an X-ray service, minor operations and 16 beds on a medical inpatient ward.

The proposal that was brought before Scrutiny in 2020 was as follows:

'A) Move the most frequently used community clinics from Teignmouth Community Hospital to the new Health and Wellbeing Centre
• This includes podiatry, physiotherapy and audiology. Because they are closely related to audiology, specialist ear nose and throat services would also move to the new centre

B) Move specialist outpatient clinics, except ear nose and throat clinics, from Teignmouth Community Hospital to Dawlish Community Hospital, four miles away
• These are the specialist clinics, 23 in number, that are less frequently used at Teignmouth Community Hospital, making up only 27% of total appointments there
• They are currently used by people from all over South Devon and Torbay as well as those from Teignmouth and Dawlish. 70% of people using them come from outside the Dawlish and Teignmouth area

C) Move day case procedures from Teignmouth Community Hospital to Dawlish Community Hospital
• This service includes minor procedures that require a specific treatment room
• 86% of those using them come from outside the Dawlish and Teignmouth area, with more than half from Torbay

D) Continue with a model of community-based intermediate care, reversing the decision to establish 12 rehabilitation beds at Teignmouth Community Hospital
• After investment in community teams, we can now treat four times as many patients in their own homes as we could on a ward at Teignmouth Community Hospital
• With the Nightingale Hospital established in Exeter, current analysis shows Teignmouth Community Hospital would not be needed for patients with COVID-19. The consultation document stated clearly that if the proposal were approved, Teignmouth Community Hospital would no longer be needed for NHS services, and it would be likely to be sold by Torbay and South Devon NHS Trust, with the proceeds reinvested in the local NHS.'

This was then taken as a decision in December 2020 at the Devon CCG Governing Board meeting.

2. Making a referral to the Secretary of State

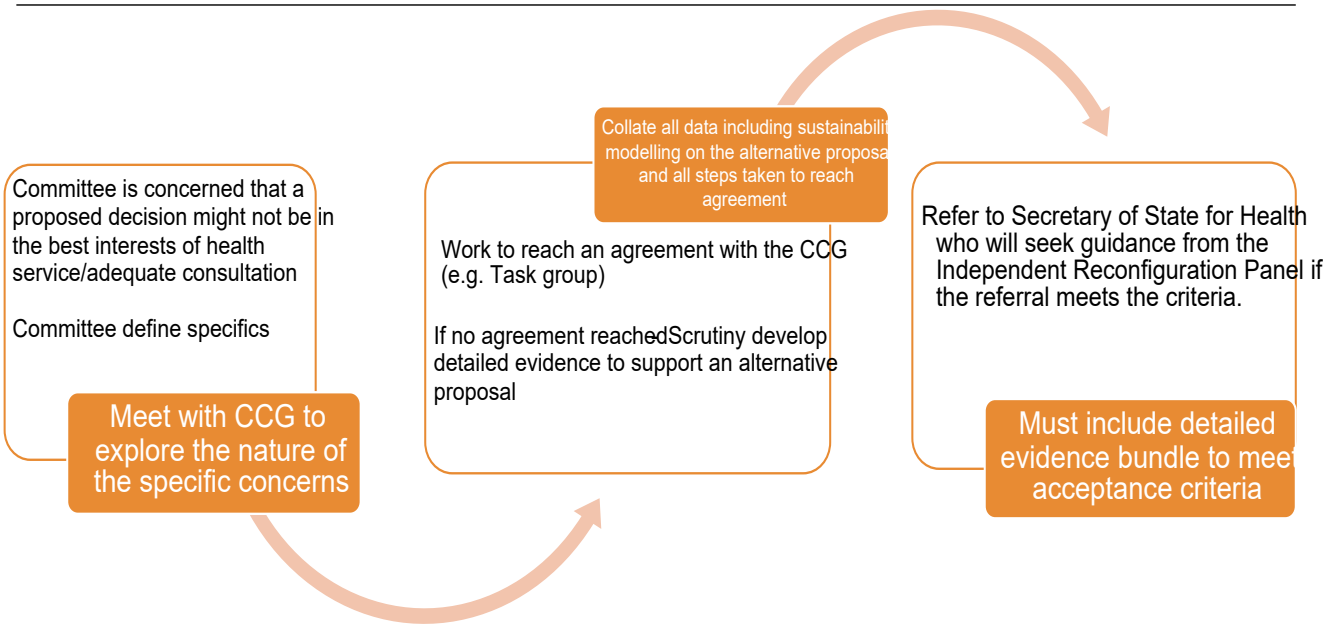
Health Scrutiny is able to make a referral to the Secretary of State for Health and Social Care when considering a health proposal on the grounds of:

- It is not satisfied with the adequacy of **content of the consultation**.
- It is not satisfied that **sufficient time** has been allowed for consultation.
- It has **not been consulted**, and it is not satisfied that the reasons given for not carrying out consultation are adequate.
- It considers that the **proposal would not be in the interests of the health service in its area**.

The process for making a referral on the grounds of the proposal 'not being in the interests of the health service in its area' is not straightforward and has a heavy emphasis upon local resolution underpinned by a strong working relationship between the NHS and Health Scrutiny. These steps are summarised below. They require the NHS to put a proposal for changes to health services in and for the health scrutiny committee to identify areas that they believe are against the principles of sustainability in the local NHS health service. The Scrutiny Committee must then explore the nature of their concerns with the NHS and give the opportunity for the NHS to answer and resolve the concerns. From this point it is only if the local NHS are unable to satisfy the local Health Scrutiny Committee that a referral can be made. The referral must meet a high standard of evidence and demonstrate an alternative proposal would be better in the interests of the health service than the one proposed. Whilst many referrals have been made and accepted, as demonstrated in Appendix 2, not one has been upheld and led to changes to the decisions taken locally.

Steps to referral

Simplified diagram to represent the stages that Health Overview and Scrutiny needs to go through before an issue can be referred to the Secretary of State



This issue has previously been considered and was referred to the Secretary of State on 18 March 2021 on the basis of 'no consultation process has been undertaken or even suggested by the Trust with respect to the future of the Hospital this part of the substantial change be referred to the Secretary of State for Health and Social Care.

3. History of consideration of the issue in Devon

There has been significant consideration of this issue by Health and Adult Care Scrutiny in Devon. The following table details key events:

2020	Synopsis	Event
17 August	Chairs met with NHS Devon CCG for update on public consultation on the future of services in the Teignmouth and Dawlish area.	Briefing
18 August	NHS Devon CCG provide members with a briefing document.	Information
1 Sept	Further NHS Devon CCG briefing circulated to members on the public consultation, which ran from 1 September 2020 – 26 October 2020.	Information
10 Sept	Consultation document presented and members content with the information provided on the vision for the future in Teignmouth. Members broadly endorse the consultation document.	Health and Adult Care Scrutiny Committee
10 Sept	Financial and travel supporting documents circulated to Committee.	Information
12 November	Devon CCG report on the progress of the consultation which stated that if the proposal was approved, Teignmouth Community Hospital would no longer be needed for NHS services, would likely be sold by Torbay and South Devon NHS Trust, with the proceeds reinvested in the local NHS. Committee members received a petition with 2783 signatories against the proposals and agreed to set up a Spotlight Review to look at Consultation.	Health and Adult Care Scrutiny Committee
14 December	The consultation report from Healthwatch in Devon, Plymouth and Torbay and the evaluation of alternative options were not available to members until 10 December 2020 The result of the Spotlight review was that Scrutiny formally made comments on the proposals under regulation 23(4) of the 2013 Regulations in a report that was submitted to the CCG Governing Body on 17 December 2020 in which members made a one page statement to the CCG Governing Body stating that 'members do not believe that the consultation has convincingly supported the claim that the proposed changes are in the best interests of the health needs of the population in the area.'	Spotlight Review
17 Dec	Minutes record: 'JH referred to the scrutiny report and asked if the CCG was surprised to receive these comments. JT noted the CCG had been working closely with the scrutiny committee over the past 6 months who had been supportive of the process so far but hoped that the Governing Body were reassured at this meeting of the process that had been undertaken.'	CCG Governing body
2021		
26 January	The minutes from Committee on 26 January 2021 reveal members discontent with the Governing Body response in terms of 'concerns about the CCG in addressing the views and concerns highlighted by the consultation and points raised by this Committee's Spotlight Review'. An amendment calling for the proposals for Modernising Health and Care Services in the Teignmouth and Dawlish area be referred to the Secretary of	Health and Adult Care Scrutiny Committee

	State by reason that the proposals do not service the best interest of health services in the area and inadequacy of the consultation process was lost.	
5 February	Make an informal approach to the Independent Reconfiguration Panel seeking its advice and views about the issues and concerns raised in regard to the proposals (and whether the proposals serve the best interest of health services in the area) and the adequacy of the consultation process before any further action is considered.	Letter to the IRP
18 March	The IRP were not able to offer the detailed advice that members sought and at 18 March 2021 Committee members felt they had no choice other than to make the formal referral to the Secretary of State. The CCG were notified in public at this time.	Health and Adult Care Scrutiny Committee
11 May	SoS seeks additional information to accept the referral because of 'insufficient information on a number of grounds'.	Clarification from SoS before accepted as a referral
21 May	Response to additional information request sent to the SoS	Email to SoS with additional information
7 June	SoS seeks additional information to accept the referral 'particularly concerning demonstrating that you have fulfilled the process required as set out in Regulation 23.'	Clarification from SoS before accepted as a referral
16 June	Further clarity sought from SoS relating to the evidence required to make the referral.	Email to SoS
25 June	SoS highlights additional information required to accept the referral: Including – when recommendations were made from Scrutiny to CCG + Report from Scrutiny as part of the referral process – and particularly the steps taken to reach agreement.	Clarification from SoS before accepted as a referral
2 August	Detailed response sent to the SoS which highlights the 'key point to the members referral to the Secretary of State is that while Scrutiny Committee members were consulted on the movement of services from Teignmouth to Dawlish, there was no consultation with Scrutiny or the public on the future of Teignmouth Community Hospital in terms of the building and site, as well as no mention of the consequence of services being moved being the inevitable sale of Teignmouth Community Hospital. '	Scrutiny answers the questions of the SoS
10 November	SoS advises that he has 'written to the Independent Reconfiguration Panel (IRP) asking them to undertake an initial assessment of this case'.	SoS letter
11 November	The Chair had decided that the Committee should be appraised of a letter recently received from the Rt Hon Sajid Javid MP, Secretary of State for Health and Social Care. This confirmed that he had written to the Independent Reconfiguration Panel (IRP) asking them to undertake an initial assessment of this case. He had asked the Panel to report to him by the middle of December 2021 subject to them being in receipt of all relevant information. The Committee noted this development.	Health and Adult Care Scrutiny Committee

2022		
20 January	The Chair reported that there had been no development since the last meeting and the Committee was still waiting to hear from the Secretary of State for Health and Social Care.	Health and Adult Care Scrutiny Committee
17 March	SoS responds advising that he has accepted the IRP advice in full 'that the CCG did consult adequately with the Scrutiny Committee in terms of content and time allowed. However, while agreeing with the CCG on adequacy and timing, they have made a number of recommendations where improvements can be made'.	SoS issues final comments
21 June	CCG Report summarising the response from the SoS on the referrals from the Committee. Member discussion with Officers highlighted that the sale of the land for the hub has been approved by the District Council, planning permission was pending, and the anticipated building works were due to start in 2023. There was confirmed that funds were in the place for the hub and that only one of the GPs practices in Teignmouth would move into the hub. A motion to refer the closure of Teignmouth Hospital to the Secretary of State on the grounds that the proposal was not in the best interests of the health service was lost.	Health and Adult Care Scrutiny Committee
22 November	Update on Teignmouth wellbeing centre as part of the Health and Care General Update report. The report highlighted full planning permission had been submitted, GP services and clinical services based in the facility and that the cost of the facility would be £11m. The Committee had previously been aware it would cost £8m. Members asked Officers for an update on the Centre and the progress of the purchase of the site, of which information should be sought from the District Council and South Devon NHS Trust.	Health and Adult Care Scrutiny Committee
2023		
21 March	After concerns were raised by local Members, the Health and Adult Care Scrutiny Committee resolves to set up a Task Group to gather evidence (in consultation with NHS Devon) in regard to a proposal to make a referral to the Secretary of State on the grounds that the proposal (from the NHS) to close the Community Hospital 'would not be in the interests of the health service in the area'.	Health and Adult Care Scrutiny Committee

4. The previous Spotlight Review

The Health and Adult Scrutiny Committee carried out a Spotlight Review on 14 December 2020 of the consultation process on the then Devon CCG's proposals for *Modernising Health and Care Services in the Dawlish and Teignmouth Areas.* The Review concentrated on the efficacy of the consultation process. Members met with the Healthwatch team to discuss their report commissioned by Devon CCG on the responses of their survey of residents and with the CCG to interrogate the process undertaken to consider the other possible options.

Members did not believe that the consultation, from the evidence presented, offered a credible case for change that both clinicians and residents advocated. Co-production was not visible in this consultation and it could not be described as an open collaborative approach. Members cited four examples.

1. The CCG heavily determined the questions for the survey (many of them closed) carried out by Healthwatch.
2. The online meetings were not set up to encourage inter-active conversation on the issues. The technology of Microsoft Teams or Zoom to go into breakout rooms was not utilised.
3. Patient experience does not feature in the evaluation of options process.
4. A key concern of many residents about the merits or demerits of rehabilitation within a hospital or care home setting were not presented. The proposed change is based on the CCG's belief that the quality of services would be maintained and that capacity of community intermediate home-based care is and will continue to be so effective thus making rehabilitation in a hospital setting redundant.

During the Scrutiny Review members noted that although the CCG has been rolling out this model in other parts of the County, there was no systematic evaluative research co-produced by clinicians, professionals, and service users that presents clear evidence of success (using both quantitative and qualitative methodology) to support this extensive change proposed. Members did not believe that the consultation had convincingly supported the claim that the proposed changes are in the best interests of the health needs of the population in the area.

This resulted in a referral to the Secretary of State for Health on 18 March 2021. On 17 March 2022 the Secretary of State responded advising that he had accepted the IRP advice in full 'that the CCG did consult adequately with the Scrutiny Committee in terms of content and time allowed'. However, while agreeing with the CCG on adequacy and timing, the IRP made a number of recommendations where improvements can be made. The Secretary of State noted particular support the IRP's recommendations that:

- The NHS must engage the local community and interested parties, such as the local authority, in a programme to determine the future of the TCH site.
- The CCG should explore transport options for affected patients, and establish a specific time-limited standing group of stakeholders, including patient representatives, transport providers, and planning authorities, to scope out the work required and the time frame for each action

What the IRP said:
'After a thorough review of the evidence in this case, the Panel understands how the proposal will deliver the vision of patient-centred and integrated local services by modernising and making the best use of health and care facilities and staff resources in the Teignmouth and Dawlish area. The history and contribution of Teignmouth Community Hospital is cherished by some of the local community, and they need to be involved in its future possibilities.'

5. Perspective from The League of Friends of Teignmouth Community Hospital

On 23 May 2023 the Task Group met with Graham Bond, representing The League of Friends of Teignmouth Community Hospital. The following issues were raised with members:

- The League of Friends (LOF) has around 100 members. It is a highly motivated group, who have held dozens of demonstrations on issues relating to Teignmouth Community Hospital (TCH). LOF believe it to be a waste of resource to close TCH and be a move that will be regretted. Devon has some of fewest community hospital beds in the country. LOF does not agree with the argument that the integrated care model renders community hospitals redundant.

- In recent years, particularly post pandemic there are many people in the community waiting for treatment. It would be logical to put 16 rehabilitation beds back in at TCH and reduce the demand at the acute hospitals in Torbay and Exeter.

- The need to consider the demographic of Teignmouth – it has a large older population, where it is very helpful to have local treatment. It improves people's care and they get more visitors, which again helps their rehabilitation.

- The hospital has maintenance issues, as the site has become increasingly run down.

- LOF think the new Health and Wellbeing Centre in Teignmouth will be helpful for the populace and the GPs. There are however fears that the hub will now prove to be unaffordable and unsustainable. It would be most logical to build the new Health and Wellbeing Centre on the old nurses' home at the TCH site. It would be the best solution for everyone.

- TCH, which is owned by Torbay and South Devon NHS Foundation Trust, continues to provide a high level of care. Theatre operates from Monday - Friday from 8am-6pm with approximately 3000 procedures carried out in theatre a year for plastic and general surgery, maxilla-facial and dermatology.

- There are Occupational Therapists, District Nurses, a rehabilitation team and social workers based at the main hospital, with midwives and health visitors located in the old nurses' home adjacent to the hospital. Upstairs is a virtual suite used by the pain management team. There are 5 clinic rooms plus a soundproof room for audiology and a specialist room for podiatry. The other clinic rooms provide space for a huge range of services including:

    - Neurology
    - Urology
    - Specialist spinal service
    - Cardiac nurse
    - Social prescribers
    - Women's health
    - Catheter clinic
    - New born hearing assessment
    - General surgery consultations
    - Ear, nose & throat clinic

- The hospital is loved and treasured. LOF has as a result received a huge amount of money in donations over the years, in excess of £6 million since its inception in 1958. LOF put £697k into improving the Physiotherapy Unit, which would represent a significant waste of money if the hospital was to close. LOF would cease if TCH closes, with funds likely to be given to Dawlish LOF or Devon LOF.

6. Concerns of the Task Group today

The concerns of the Task Group are specified as questions for the NHS in Appendix 1, the background and context for the questions is detailed below.

The system
The Secretary of State determined: 'On the issue of rehabilitation beds in Teignmouth, the Panel acknowledges the CCG's evidence on reducing hospital admissions and that the integrated care model is able to care for around four times as many patients at home when compared to caring for patients on a ward at Teignmouth Community Hospital. This model of care was evaluated by researchers from the University of Plymouth over a two-year case study published in 2019.

The Panel recognises the Devon system as a national exemplar of providing integrated care which highlights the importance of admission avoidance and supports emerging national evidence on people staying well out of hospital.'

The Task Group understands the direction of travel and the model of care where people are moved home as quickly as possible after a stay in an acute hospital. However anecdotally Members have heard about lengths of stay which are in excess of what they should be in acute hospital because patients are unable to have packages of care put in place for their move home. This in turn puts pressure on the system and leads to strain on all areas of healthcare, where people cannot be treated or admitted to hospital because there is no bed for them.

Staffing
The Secretary of State commented: 'Given the critical contribution of the integrated care model in keeping people out of hospital beds, its sustainability depends on the resilience of the wider community workforce, including domiciliary care and those working in residential and nursing homes. Therefore, as with many parts of the NHS, the Panel feels it is important to flag the potential staffing risks to the service arising from vacancies, sickness absence and redeployment.

After examining the impact of COVID-19, the Panel recommends that the NHS keeps its scenario planning and risk analysis of bed and workforce capacity under close review.'

The Task Group is concerned about the County-wide situation in recruitment. This in turn leads to parts of the system being under extreme pressure and exacerbates problems with retention. The task group would like to see evidence to support positive recruitment and retention strategies to support the positive working of the whole system.

The business case
Information presented on the 10 September 2020 in the report: Consultation Modernising Health and Care Services in the Teignmouth and Dawlish Area stated that:
'An £8 million centre in the heart of Teignmouth for integrated GP and other health and care services'. Health and Adult Care Scrutiny heard that 'Teignmouth hospital would need £604,400 spent on it to bring the building up to the short term required standards and a further £960,000 between 2020 and 2022 to address other issues. The hospital site itself is sound and safe but a "less than acceptable" facility for people using the building, requiring significant capital investment – issues including health and safety issues, asbestos, energy inefficiency and the space being underutilised.'

Information presented on the 21 June 2022 stated that planning permission was pending and that the anticipated building works were due to start in 2023. In October 2022 updates to the Health and Adult Care Scrutiny Committee placed the cost of the Health and Wellbeing Centre at £11million, describing it as a 'state-of-the art facility would bring GP services, and health and care and voluntary sector services under one roof.'

Information presented on the 22 November 2022 in NHS Devon Financial Overview Outlined the total income for NHS Devon in 2022/23 is £3.56bn, and that £138.9m of savings and efficiencies planned would still leave an £18.2m deficit, due to the deficit at the Royal Devon University Healthcare NHS Foundation Trust.

This position was updated to the Committee on 21 March 2023 as part of the Health and Care General Update.

- At Month 10 (22/23). Devon Integrated Care System (ICS) reporting a deficit of £37m- £17.6 more than expected.
- At Month 10 (22/23), NHS Devon Independent Care Board (ICB) is reporting a year-to-date surplus of £0.1m.
- The Secretary of State has written to all ICBs asking them to make a 30% real terms reduction in their running costs budget by 2025/26, with at least 20% to be delivered in 2024/25.
- Devon ICB's current allowance of £22.6m in 2023/24 is expected to be reduced to £17m in 2025/26.

The Task Group believes that planning permission is due to be discussed on the 13th June 2023. However, with the financial situation of the NHS Members are concerned about the stability of the local health system and this project. The task group therefore seek reassurances that the decisions taken are still financially viable and desirable for the local NHS.

7. Conclusion/next steps

The Task Group has yet to reach a conclusion on this issue but has shared its data gathering activities to date because of the significant public interest in this item. This gives the opportunity to share the next steps of the investigation. From this report the Task Group asks the Committee to formally ask NHS Devon to respond to the questions detailed in Appendix 1. The Task Group will then conduct further information gathering activities, including speaking to local people. It is hoped that the Task Group will conclude their investigation in time for the September 2023 Scrutiny Committee meeting.

8. Bibliography

- Report to Devon County Council Health and Adult Care Scrutiny Committee Modernising Health and Care Services in the Teignmouth and Dawlish area 3 November 2020 121120 Teignmouth and Dawlish Consultation update from Devon CCG.pdf
- Modernising healthcare services in Teignmouth and Dawlish: Commissioned consultation report (Healthwatch, December 2020)
- 10th September 2020 Consultation Modernising Health and Care Services in the Teignmouth and Dawlish Area
- Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013
- IRP's terms of reference
- IRP's methodology for advising the Secretary of State for Health and Social Care
- Department of Health and Social Care's guidance (2014) "Advice to local authorities on scrutinising health services
- Torrington Community Hospital Spotlight Review, Health & Wellbeing Scrutiny (June 20116)
- Modernising Health and Care Services in the Teignmouth and Dawlish Area – Letter to IRP (February 2021)
- Modernising Health and Care Services in the Teignmouth and Dawlish Area – Letter from Secretary of State (March 2022)
- Update report on Modernising Health and Care Services in the Teignmouth and Dawlish Area – NHS Devon (June 2022)

Appendix 1: Questions that the Task Group would like the NHS to respond to:

- Is the current system in Teignmouth/Dawlish enabling people to be treated when they need to be?
- How will this change with the planned opening of the new Health and Wellbeing Centre in Teignmouth?
- How does the movement of services support a more sustainable staffing model?
- What measures are in place to ensure adequate staffing across Devon, but particularly in the Coastal Locality?
- What is the current state of play with the proposed Health and Wellbeing Centre in Teignmouth? What is happening with the planning permission for the site?
- When can local residents expect the site to be in operation?
- Does NHS Devon still expect the project to cost £11m?
- What lessons have been learnt from the delay in developing this site?
- How will the directive from the Secretary of State to save 30% impact upon the business case to move services?
- In light of the financial challenges locally and nationally, are any changes proposed to the decision to move services from Teignmouth to Dawlish?
- What will happen with regard to GP services in the locality if the Health and Wellbeing Centre in Teignmouth is not up and running before the expiration of the current lease of the GP surgery?
- Does the move support achieving the financial challenges that are outlined by the Secretary of State for Health?
- What is the status of the time-limited group of stakeholders, have they met? What have they been involved in developmentally?
- How have developments in the digital agenda been considered in planning future health services?
- What provision is made to provide mental health provision in the locality?
- Can Councillors from the Task Group undertake a visit to view the facilities at the Teignmouth Community Hospital?

Appendix 2: Independent Reconfiguration Panel Outcomes – Dates and Timescales

The following table details recent referrals to the Secretary of State and the outcome achieved:

Council and Services	Reasons for Referral	IRP Advice to SoS or Minister	Comments and considerations
Devon County Council Teignmouth and Dawlish community services	Scrutiny was not satisfied with the adequacy of the consultation on the Hospital site (23(9)(a) of the 2013 regulations)	Referral not successful - NHS Devon "consulted adequately" with DCC on the proposals.	
Medway Council Kent and Medway Stroke Services	Proposals were not in the interests of the health service (23(9)(c))	Referral not successful - The proposal should proceed alongside the commitments to deliver business cases for comprehensive stroke rehabilitation and prevention.	• December 2014 – Review of acute stroke Services in Kent and Medway began in response to concerns about performance and sustainability. • June 2015 – the first of a series of clinical senate reports reviews the case for change. • July 2015 – Case for change published • 11 August 2015 – NHS Report to Medway HASC and agreed for a Joint HOSC to be set up • 8 January 2016 – Kent/Medway Joint HOSC first met to discuss review • 2017 – work continued on different options • Aug/Sept 2017 – Joint HOSC Members attended evaluation workshops on options • 24 January 2018 – Pre consultation business case published • Feb to April 2018 – Public Consultation • May 2018 – Review and analysis of consultation • 5 July 2018 – Report presented to Joint HOSC • 2018 – Work to identify a preferred options and a decision making business case. • 14 December 2018 – Report to Joint HOSC from Medway HASC expressing the view there has been a flaw in the process. Joint HOSC referred to the Joint Committee of CCGs. • 1 February 2019 – Joint HOSC met and Medway Members submitted a minority report • 26 February 2019 – Joint HOSC voted not to refer the proposals to the SOS. • 12 March 2019 – Medway HASC voted to refer the proposals to the SOS.

Council and Services	Reasons for Referral	IRP Advice to SoS or Minister	Comments and considerations
London Borough of Merton Improving Healthcare Together 2020 to 2030 – Surrey, Sutton and Merton areas.	Scrutiny was not satisfied with the adequacy of the consultation (23(9)(a)) and proposals were not in the interests of the health service (23(9)(c))	Referral not successful - taking account of the observations and specifically the requirement for ongoing financial assurance, the proposals should proceed.	• January 2018 – Improving Healthcare Together 2020-2030 programme established – vision for future healthcare • June 2018 – Issues Paper published, followed by a pre-consultation exercise. • 16 October 2018 – Joint Scrutiny Sub Committee met for the first time (LBs of Croydon, Kingston upon Thames, Merton, Sutton, Wandsworth and Surrey CC) • December 2018 – Clinical Senate provided an initial review of the case for change, clinical model and longlist of options. • March 2019 – A full review of the draft pre-consultation business case provided 94 recommendations in 7 areas. • Into Autumn 2019 – Focus Groups to develop long list of options and workshops involving stakeholders and the public. • 6 January 2020 – CCG Committees in Common met to review evidence and consider recommendations – approved the business case and agreed to proceed to consultation on the proposals. • 8 January 2020 – Improving Healthcare Together consultation launched and ran for 12 weeks – to 1st April 2020. • 4 June 2020 – Joint HOSC met to consider its response • 22 June 2020 – Joint HOSC submitted its response but did not make any recommendations – supporting the case for change but acknowledging the model was unsustainable without capital investment. Did not express a consensus view on the proposed location of the specialist emergency are hospital. • 3 June 2020 – CCG CIC agreed to build the specialist emergency care hospital in Sutton. • 21 July 2020 – Merton referred the decision to the SoS – on consultation and interests of the health service. • 28 October 2020 – IRP letter
Dorset County Council Dorset Clinical Services	Scrutiny considers that the proposal would not be in the interests of the health service in the area (23(9)(C)) This was based on concerns due to travel times by Ambulances and concerns that there is no local alternative to the loss of community hospitals.	Referral not successful - the proposals should proceed.	• March 2014 – NHS Dorset CCG initiated a clinical services review across Dorset. • 10 September 2014 – Dorset HSC made aware of CRS via briefing paper at a meeting • October 2014 – Review was formally launched. • November 2014 – further Paper to Dorset HSC • January 2015 – CCG publishes information setting out the need to change and 6 evaluation criteria. • March 2015 – Clinical Senate peer review on the emerging clinical design. • April 2015 – Stage 1 assurance reviewed from NHS England. • 22 May 2015 – Dorset HSC report updating members on progress.

Council and Services	Reasons for Referral	IRP Advice to SoS or Minister	Comments and considerations
			• 20 July 2015 – Joint HSC met for the first time and agreed each HSC would retain its right to make a referral. • July 2015 – Clinical Senate report making 16 recommendations • September 2015 – Briefings with Town and Parish Councils and Scrutiny. • 13 November 2017 – Dorset HSC vote to refer to SoS subject to the outcome of the next Joint HSC • 12 December 2017 – Joint HSC voted against the Dorset HSC decision to refer. • 20 December 207 – Dorset HSC vote not to refer to SoS. • 8 March 2018 -Dorset HSC set up a task group to review new and existing evidence and determine criteria for making a future referral. • 18 Sept 2018 – Task group decide to recommend to the HSC Not to make a referral but continue scrutinsing through the Joint HSC • 5 November 2018 – Task Group makes it recommendation to Dorset HSC but the HS votes to refer to the SOS. • December 2018 – Motion at Poole HSC fails but the Committee wrote to support the Dorset referral. • 30 August 2019 – Date of letter to Minister of State
Telford and Wrekin Council	Referral on all grounds of 23(9) – consultation and interests of the health service. Also referred on the grounds of the views of the public via the consultation.	Referral not successful - "proposal…is in the interests of health services in Shropshire, Telford and Wrekin and should proceed without further delay".	- 2008 – Developing an acute services strategy has been worked on by the local NHS since at least 2008 - 2013 – Future Fit set up to look at local changes in response to Govt 'Call to Action'. - November 2013 – CCG consultation exercise with public and clinicians. - March 2014 – Telford & Wrekin and Shropshire Joint HOSC received a report on the Future Fit programme – Joint HOSC endorsed the case for change and principles. - June 2014- further report to Joint HOSC – no decision had been made, - 17 December 2018 – Due to disagreement between Members, Joint HOSC unable to make a decision on referral regarding consultation or the Committee's overall response. - 29 January 2019 – CCG agree preferred option. - 18 February 2019 – Telford & Wrekin Full Council referred the decision to the SoS

Council and Services	Reasons for Referral	IRP Advice to SoS or Minister	Comments and considerations
Northumberland County Council Rothbury Community Hospital	- Scrutiny was not satisfied with the adequacy of the consultation (23(9)(a)) - Proposals were not in the interests of the health service (23(9)(c))	Referral not successful – although the IRP recommended further action locally is required to agree and implement the proposed health and wellbeing centre at Rothbury Community Hospital.	• Summer 2016 – A steering group from the CCG and Trust set up to look at how community beds were being used. • 2 September 2016 – temporary suspension of inpatient admissions to Rothbury for 3 months with a 6 week public engagement exercise • 17 November 2016 – Public meeting to look at findings. • December 2016 – CCG undertook an options appraisal of 5 potential options. • 31 January 2017 – Formal public consultation began • 27 June 2017 – Health Scrutiny - presentation from CCG. • 5 July 2017 – Full Council Motion agreed that stated that if Health Scrutiny was not convinced by the evidence to support the decision, it had the power to refer. • 27 September 2017 – Decision making report and Decision to permanently close the inpatient ward and shape services around a health and wellbeing centre. • 17 October 2017 – Health Scrutiny votes to refer to the SOS • 9 May 2018 – SoS requested IRP advice.

ACH/23/174

Health and Adult Care Scrutiny

13 June 2023

Update for Health and Adult Care Scrutiny Committee on the Integrated Adult Social Care consultations on service changes in response to the 2023-24 Council agreed budget

A report from the Director of Integrated Adult Social Care

Recommendations

1. That the Health and Adult Care Scrutiny Committee:
    a. Receives this report that contains information on the IASC public consultations that concluded, that proposed service changes
    b. Notes the engagement opportunities that have been provided, the level of engagement we have received, and the themes of the feedback received
    c. Notes the process of listening, learning and amending

Key Message

2. DCC began a range of public consultation processes on changes to adult social care services. In response to the feedback received during the public consultation period, DCC is now going through a process to analyse what it heard before developing recommendations for Cabinet to consider on 12 July 2023.

3. DCC began six public consultations seeking views on proposed changes to adult social care services. In response to the feedback received during the public consultation period, DCC is now going through a process to analyse what it heard before developing recommendations for Cabinet to consider on 12 July 2023.

4. DCC has a Best Value Duty; the requirement is set out in the Local Government Act 1999 to "secure continuous improvement in the way in which its functions are exercised, having regard to a combination of economy, efficiency and effectiveness.". This is what the public consultations sought to achieve.

5. Legal challenges will always form part of any consultation that seeks views on proposals for change, this has been the case during the course of the six public consultations that were initiated.

6. Through these public consultations we sought views on a set of initial proposals. Having done this and listened to the feedback, the public consultations have been amended and DCC has thought differently about its proposals

7. DCC is currently in the middle of a governance review which includes looking at how we deliver public consultations.

Background

8. On the 16 February 2023, at Full Council the overall Devon County Council budget for 2023-24 was agreed. At the meeting the Lead Member for Integrated Adult Social Care and Health committed to providing all members with information on the subsequent public consultations that will propose changes to some services in Devon in order to achieve the council agreed budget.

9. That information was provided on Wednesday 22 February 2023, via Councillor McInnes' Members Newsletter, to coincide with the launch of five (of the six) public consultations on the Council's 'Have Your Say' pages.

10. Information was also provided to all members, through the same route, on the 9 March 2023 when the sixth public consultation was launched.

11. Members have also been provided with the impact assessments for each consultation based on the proposals as they currently stand.

12. Nothing was contained within the current proposals that would mean people with eligible needs as defined within the Care Act will not be met. The proposals sought to:

    a. improve the way that eligible needs are meet
    b. improve the outcomes people are achieving and in a way that meet their aspirations and expectations
    c. ensure this is done in a financially sustainable way and ensures DCC statutory duty to deliver a balanced budget is met
    d. to safeguard the meeting of eligible needs for people in the long-term.

13. On 21 March 2023, the information set out above was brought together and presented to the Health and Adult Care Scrutiny Committee and a discussion followed.

14. At that meeting, the Committee accepted a recommendation that officers would bring back a report to the committee, in June, that will set out a summary of the consultation feedback, this is that paper.

15. Between the March and June Health and Adult Care Scrutiny Committee all DCC members have been provided with updates via the DCC Members Bulletin and through Councillor McInnes' Members Newsletter.

The structure of this report

16. This report details the public consultation process; what was planned, and what eventually took place. It also provides the level of engagement we have undertaken, and the theme of the feedback received. Those public consultations that were halted are not included in this report.

How the consultation process was delivered

17. We have heard from many people in response to the proposals we have consulted on; from people using the services, their families and carers, and from many more including organisations that represent people with specific conditions and disabilities.

18. We have also received communications stating that a Judicial Review would be sought in relation to the public consultations on our in-house day care and respite centres.

19. Although the threshold to seek a Judicial Review is relatively low, the energy and resources required to contest it are significant, for all those involved. Rather than entering into a Judicial Review process at a time of significant resource pressure, including preparations for CQC Assurance of adult social care, the decision was taken to halt the public consultations on in-house day care, respite centres and carers services.

20. This has enabled us to re-think our approach and future plans in these areas. This demonstrates an open and democratic consultation process.

21. The consultation processes have shone a light on the need to ensure DCC is clear on its duty in terms of when to undertake public consultation, and when it does decide to embark on a process of public consultation, it is clear on the level of information provided.

22. Public consultations require a specific legal and technical knowledge base, as an organisation we may want to consider how we build our corporate knowledge in this technical area.

23. Devon Audit Partnership has subsequently been asked to conduct an audit on the consultation process which will support DCC with learning for future consultations. The audit commenced on 15 May and is scheduled to report back by the 16 June.

24. The table below sets out the initial and eventual timelines of each of the consultations. It also sets out where and what the changes were to the original plans:

Public Consultation	Start	Scheduled Close	Revised Closure date	Additional actions
Learning disability day services	22 Feb	8 April	Halted	Halted. Re-evaluating proposals
Learning disability respite offer	22 Feb	8 April	Halted	Halted. Re-evaluating proposals
North Devon Link Service	22 Feb	8 April	9 May	Extended to support wider contributions
Homelessness 18+ prevention fund	22 Feb	19 April	19 April	Delivered to original timeline
Wellbeing Exeter	9 March	22 April	22 April	Delivered to original timeline
Carers support and offer	22 Feb	17 May	Halted	Halted. Re-evaluating proposals

Consultation 1: North Devon Link Services

Recap of proposals

25. Devon County Council completed a public consultation process on the proposal to:

- Close the North Devon Link Service Drop-in centres in Barnstaple, Bideford and Ilfracombe.
- Close the North Devon Link Service drop-in service that run out of those buildings and work with current service users to confirm their needs and agree alternative support.
- Targeted investment in the voluntary and community sector may be considered to support the development of alternative services if not readily accessible.
- To cease the current outreach support to those people in receipt of Care Act eligible services, including assessments, and instead provide the support in different ways to be agreed with current service users.

Recap of the engagement mechanism and timeframe

26. Details of the proposal and the consultation document were posted to the 133 people who have used the service since July 2022, with pre-paid envelopes included for their responses.

27. We heard from some people accessing the service that due to their social anxiety, a large public meeting would not be appropriate for them, people using the service were given the opportunity to request a personal meeting, this offer was not taken up.

28. Although 237 people are on the North Devon Link Service caseload, only 130 people have used the service since the drop-in sessions reopened after the pandemic. A letter with the consultation document, a hard copy questionnaire and a pre-paid envelope were sent to this group of 130 people.

29. The 237 people on the caseload, even if not currently attending the centres, has been offered a face-to-face review. Part of the conversation during these reviews is about the proposal and its implications, what services might be suitable if the proposal were to be approved.

30. A Frequently Asked Questions document was prepared and made available to the public and people using the services. A separate Frequently Asked Questions document was prepared for staff.

31. Details of the proposal were shared with Link Centre staff and they were given the opportunity to complete a questionnaire. In addition, there were two face-to-face staff meetings (on 1 March 2023 and 14 March 2023) where staff were able to raise any questions about the proposal and put forward any proposals. The subject has also been discussed at the Joint Consultative Committee where the unions were engaged.

32. A number of key stakeholders were also sent the consultation including local district and town councillors, local MPs, local health, community and voluntary organisations, all who have been involved with previous consultations.

Level of engagement

33. The vast majority of responses came from people living in Barnstaple, Bideford and Ilfracombe
    From the survey responses 56 people said they received a copy in the post/via email, 34 heard about the survey from a friend or family member, 24 from local media, 10 from the Devon County Council website and 7 from social media/Facebook

34. 126 on-line responses, 49 postal responses and a further 18 letters or emails in response to the consultation were received, including from the following organisations:
    - Ilfracombe Town Council
    - Coombe Coastal Practice
    - Braunton Parish Council
    - Vista well being
    - Creative Communities Ilfracombe CIC
    - One Ilfracombe

- A petition, signed by 4000 people a percentage of whom live outside the administrative county of Devon, was handed into Cabinet on 10 May.

Themes of feedback received

35. The Link Centres should remain open, they offer activities that are beneficial to support people's mental health, and a safe place to go.

36. If the Link Centres close then alternative services need to be offered, as increased pressure will be placed on other existing services that were felt to be lacking.

37. There are opportunities to be more creative with the buildings or consolidate into a single Link Centre.

38. Further training could be provided to staff, and the services could increase the reach they are having.

39. One-to-one support in beneficial, particularly face-to-face, and in people's homes.

40. Staff feedback was focused on understanding the implication of the proposals on their on-going employment and how it might impact the terms, conditions and entitlements of their employment.

41. If the proposal went ahead, staff wanted to understand what the process of closing the Link Centres would look like.

Consultation 2: 18+ Homeless Prevention Contribution and Contract Fund

Recap of proposals

42. Devon County Council sought views on the proposal to cease the adult social care 18+ homelessness prevention contribution and contract, across the Devon County Council geographical boundary (excluding Torbay and Plymouth). The contract budget is £1,454,478.48 per year and purchases support hours. The contract does not pay for building or accommodation costs.

Recap of the engagement mechanism and timeframe

43. Devon's District and City Council CEOs, and service providers were notified of the consultation. While the consultation took place online, one provider requested a meeting as part of the consultation; this was honoured, and the offer of a meeting was extended to all providers. The notes from the meetings have formed part of the consultation responses

44. The proposal was also discussed with Team Devon, Leaders and Chief Executives, and was raised by Devon's District and City Councils at adult social care 'Housing Forums': a meeting of adult social care Commissioners, and Housing Leads of the District Councils.

Level of engagement

45. The consultation received a total of 990 responses made up of 904 responses via the online form, of which 29 were blank responses. In addition, 78 emails, 3 letters, a YouTube video and notes from 4 provider meetings conclude the extent of the responses.

46. Responses were received from a variety of interested individuals, organisations and groups. The analysis found 822 responses were from concerned citizens, 47 from Providers and/or their staff or volunteers, 42 from third sector and other agencies, 27 from people who currently use the services, 21 from Local Authorities (Members and Offers) and 1 Trustee.

Themes of feedback received

47. The responses to the consultation were almost entirely against the proposal (925), with 3 responses identified as neutral, with respondents stating that there would be an impact should DCC's contract come to an end.

48. The proposal would result in an increased demand and cost to other public bodies and partners including the NHS, police, Devon's District and City Councils, as well as to DCC statutory services; indicating DCC would end up paying more.

49. The increase in demand and cost was attributed, in part, to the ending of the countywide floating support service and closure of hostel building, as there isn't sufficient time for planning or management of the proposed change.

50. The possibility of poorer outcomes and risk of harm to people, including risk to life.

51. Potential loss of skilled workers should the services cease.

52. There would be an increase in levels of safeguarding, homelessness and rough sleeping, homeless people being impacted by anti-social behaviour, crime and exploitation, mental health issues, including suicide ideation, drug, and alcohol dependence.

53. The services provide good value for money, and they limit health and care need, and give people a chance to contribute to society.

54. Respondents did not understand the rationale for the proposal, or what would replace the current services funded by the DCC contract.

55. There wasn't sufficient information to submit an informed response and, the consultation lacked alternative options.

56. Acknowledged the financial challenge facing DCC and recognised that the Homelessness is not a statutory duty for the council.

57. DCC re-consider the proposal and maintain the funding, suggesting that DCC work in partnership with Devon's district, city, and borough councils in consideration of the negative impacts on other public bodies and individuals who are at risk of homelessness.

58. The timing of the proposal was questioned due the housing crisis in Devon which makes is harder for Providers to support people to move onto their own accommodation, alongside the cost-of-living crisis.

59. Other alternative funding source may be available for providers.

Consultation 3: Wellbeing Exeter

Recap of proposals

60. Devon County Council sought views on the proposal to cease its funding contribution to the Wellbeing Exeter programme delivered in Exeter and Cranbrook.

61. The funding is £395,000 per year and this contribution is made into a strategic partnership agreement with Exeter City Council, Sport England, Devon Community Foundation, NHS Primary Care Networks and VCSE organisations to deliver a long-term community health and wellbeing service.

Recap of the engagement mechanism and timeframe

62. There were pre consultation discussions with the Exeter City Council lead officer who helped shape the consultation document. The impact assessment was produced jointly with Exeter City Council. Exeter City Council CEO was notified that the consultation had started

Level of engagement

63. The consultation received 136 responses to the Have your Say questionnaire, and a letter was received from Wellbeing Exeter Commissioning Board Members.

Themes of feedback received

64. Positive feedback on Wellbeing Exeter as a highly valued service that effectively supports people during the pandemic.

65. Importance of continuing Wellbeing Exeter's vital work during the cost-of-living crisis to build resilient communities and protect vulnerable people.

66. Wellbeing Exeter is heavily used, preventing visits to GP or emergency departments, and reducing service waiting times.

67. Concerns about the impact of ceasing funding on already stretched services, compromising people's health and wellbeing, and putting them at risk of needing more intensive support in the future.

68. Challenges to the rationale behind the proposal, suggesting that removing this service would put vulnerable people at risk and questioning why alternative provision has not been secured before.

69. Minority view that Wellbeing Exeter is not cost-effective and does not add value to the community.

70. Negative experiences with Community Builders, who may not organise activities suitable for everyone and spend too much money.

71. Issues with the effectiveness of the partnership, and equality of outcomes, and workers not having enough experience working with vulnerable people.

72. Report of other providers who offer this service without funding from DCC, suggesting that Wellbeing Exeter may not be required

Next step

73. Recommendations are being developed to present to Cabinet on the 12 July.

Tandra Forster
Director of Integrated Adult Social Care

Health and Adult Care Scrutiny Committee
13 June 2023

Health Inequalities Overview
Report of the Director of Public Health, Communities and Prosperity

Recommendation:

Health and Adult Care Scrutiny is asked to note the report which can inform and support Devon County Council and the wider systems approach to health inequalities, recognising that the causes of health inequalities are multi-faceted and will require a range of actions over time.

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1. Background

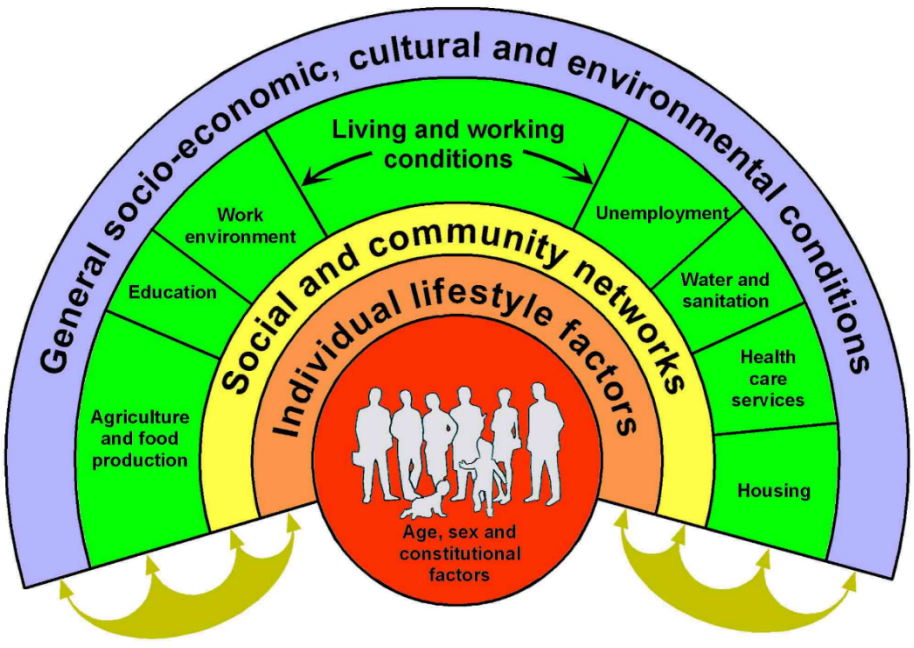
1.1 This report has been produced to provide an overview of health inequalities, the importance of the wider determinants of health and the changes in England and the local picture with some examples of local action. The report recognises there are multiple causes and addressing health inequalities requires actions through the life course and across agencies and communities.

2. An overview of Health Inequalities

2.1 Health inequalities are unfair and avoidable differences in health across the population, and between different groups within society. These include how long people are likely to live, the health conditions they may experience and the care that is available to them.

The conditions in which we are born, grow, live, work and age can impact our health and wellbeing. These are sometimes referred to as the '*wider determinants of health'*. Figure 1 sets out how these wider social, economic, cultural and environmental factors shape our living and working conditions and our social and community networks, which in turn influence our lifestyles and behaviours. These wider social determinants have a much greater impact on our health than genetic factors.

Figure 1, The Wider Determinants of Health



Source: Dahlgren and Whitehead, 1993 (adapted by University of Liverpool, 2023)
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2.2 There are many ways in which these wider determinants impact our health and create health inequalities. The table below sets out some of these mechanisms, highlighting how lower incomes limit options and creates stress in households, how housing and environmental factors directly influence health and disproportionately affect poorer areas and groups, and how education and employment is strongly associated with lower life expectancy and poorer health outcomes. These wider determinants of health are also frequently interlinked. For example, someone who is unemployed may be more likely to live in poorer quality housing with less access to green space and less access to fresh, healthy food. This means some groups and communities are more likely to experience poorer health than the general population. These groups are also more likely to experience challenges in accessing care.

Table 1, How wider determinants influence health inequalities

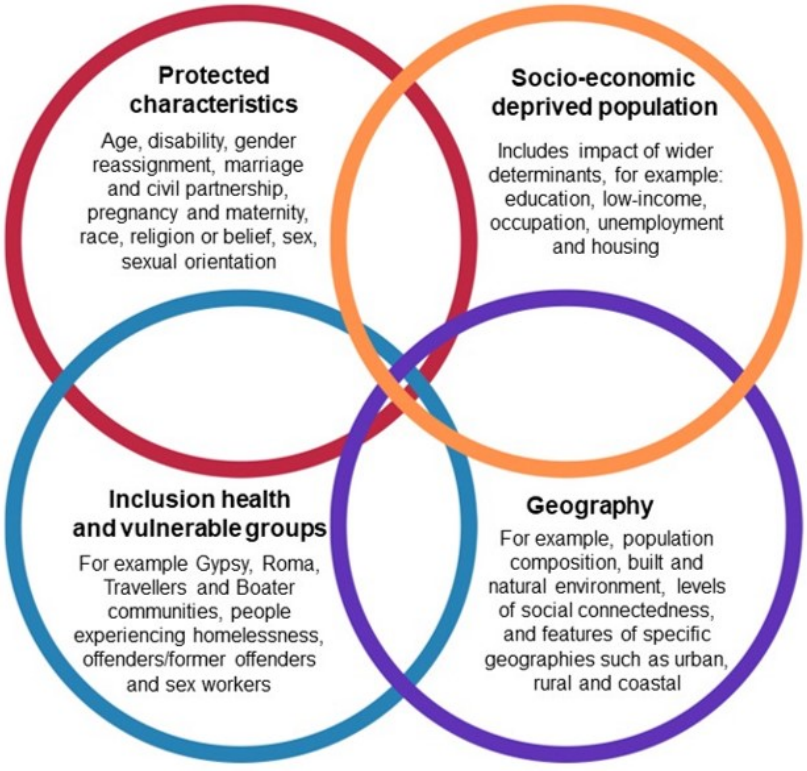
Sector	Example
Income	Income determines people's ability to buy health-improving goods, from food to gym memberships. Living on a low income is a source of stress, and emerging neurological evidence suggests that being on a low income affects the way people make choices concerning health-affecting behaviours. Children from households in the bottom fifth of income distribution are over four times more likely to experience severe mental health problems that those in the highest fifth.
Housing	Poor-quality and overcrowded housing conditions are associated with increased risk of cardiovascular and respiratory diseases, depression and anxiety. Households from minority ethnic groups are more likely than white households to live in overcrowded homes and to experience fuel poverty.
Environment	Access to good-quality green space is linked to improvements in physical and mental health, and lower levels of obesity. Levels of access to green space are lower on average for people from ethnic minority communities and people living in areas with lower average incomes. Exposure to air pollutants is estimated to cut short 28,000–36,000 lives a year in the United Kingdom. Differential levels of exposure are associated with both deprivation and ethnicity.
Transport	Those living in the most deprived areas have a 50 per cent greater risk of dying in a road accident compared with those in the least deprived areas. Children and young adults in the most deprived areas are more likely to be killed or injured on the road than those in wealthier areas.
Education	On average among 26 Organisation for Economic Co-operation and Development countries, people with a university degree or an equivalent level of education at age 30 can expect to live over five years longer than people with lower levels of education.
Work	Unemployment is associated with lower life expectancy and poorer physical and mental health, both for unemployed individuals and their households. In 2019/20, employment rates in the least deprived decile were 81.5 per cent, compared to 68.4 per cent in the most deprived decile. The quality of work, including exposure to hazards and job security, determines the impact that work has on health. People from minority ethnic backgrounds experience higher levels of work stress than those from white groups.

Source: Kings Fund, 'What are Health Inequalities?' Explainer, 2022: https://www.kingsfund.org.uk/publications/what-are-health-inequalities

2.3 In terms of identifying people who are more likely to experience health inequalities, there are four different dimensions we can look at, which are described below and in figure 2:

- **Socio-economic deprived population:** for example, unemployment, low income, living in a deprived area, and factors associated with this such as poor housing and educational attainment
- **Inclusion health and vulnerable groups:** inclusion health is an umbrella term used to describe people who are socially excluded, who typically experience multiple overlapping risk factors for poor health such as poverty, violence and complex trauma. Groups more likely to experience exclusion and great inequalities include vulnerable migrants, Gypsy, Roma, Irish Traveller and Boater communities, people experiencing homelessness, offenders or former offenders, and sex workers
- **Protected characteristics:** these nine characteristics protected under the Equality Act 2010 are age, sex, race, sexual orientation, marriage or civil partnership, pregnancy and maternity, gender reassignment, religion or belief, and disability
- **Geography:** the characteristics of the place where we live, such as population composition, built and natural environment, levels of social connectedness, and features of specific geographies such as urban, rural and coastal.

Figure 2, Dimensions of health inequalities



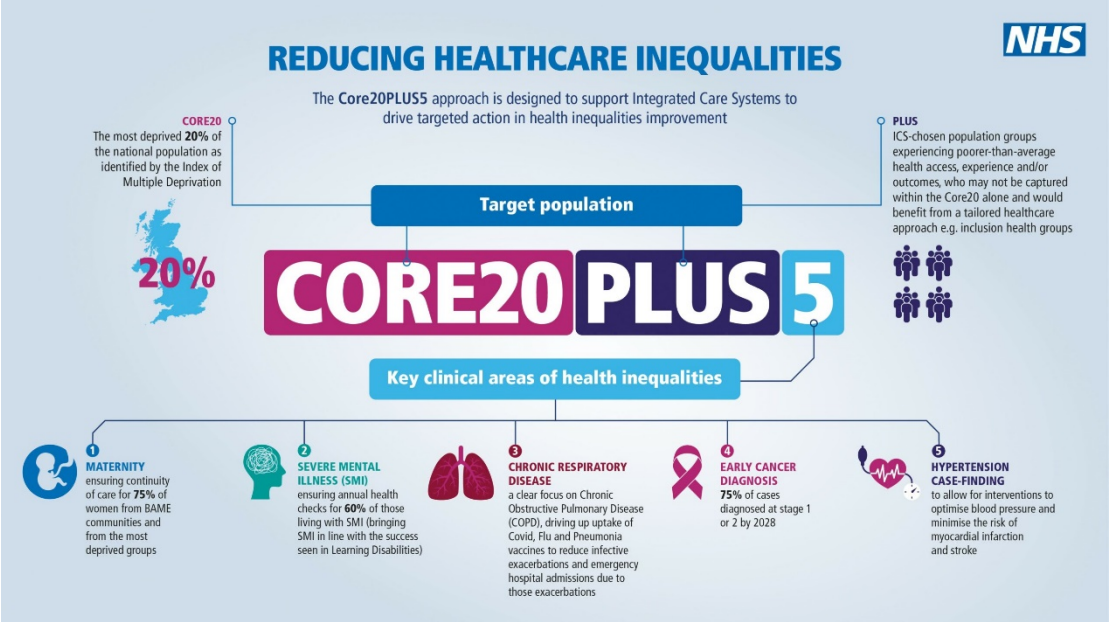
Source: Office for Health Improvement and Disparities, 2022 Health disparities and health inequalities: applying All Our Health - GOV.UK (www.gov.uk)

2.4 Core20PLUS5 is a national NHS England approach to inform action to reduce healthcare inequalities both nationally and locally. The approach defines a target population, the 'Core20PLUS', and identifies '5' focus clinical areas (maternity, severe mental illness, chronic respiratory disease, early cancer diagnosis and hypertension case finding) requiring accelerated improvement. The Core20 refers to the most deprived 20% of the national population as identified by the national Index of Multiple Deprivation (IMD). The PLUS refers to priority population groups defined at a local level. In Devon these PLUS groups are:

- Individuals, families, and communities experiencing rural and coastal deprivation

- Individuals, families, and communities adversely affected by differential exposure to the wider determinants of health – for example, homeless persons, vulnerable migrants and/or those experiencing domestic abuse
- Persons with severe mental illness and learning disability and people with autism

Figure 3, NHS Core20PLUS5 framework



Source: NHS England NHS England » Core20PLUS5 (adults) – an approach to reducing healthcare inequalities

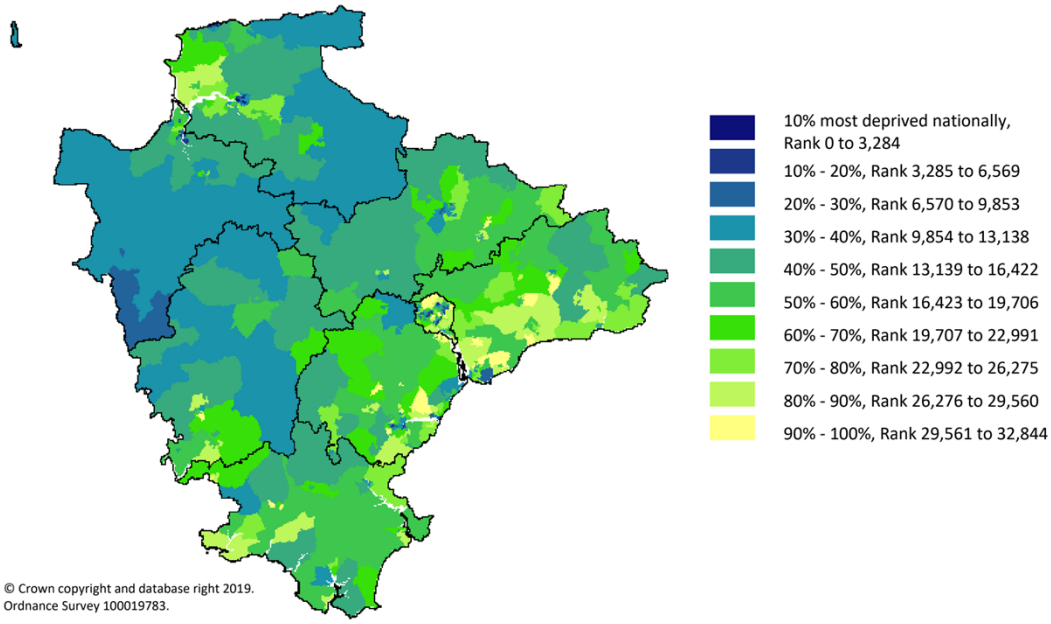
3. Health inequalities in England

3.1 Sir Michael Marmot was commissioned by the British Government to review health inequalities in England in 2010 (Fair Society, Healthier Lives) and following publication of this report was asked to undertake a 10-year review (Health Equity in England: The Marmot Review 10 years on) which he published in 2020 just before the pandemic. The review concluded that life expectancy in England has stalled for the first time in 100 years and in some cases, such as women in the most deprived communities, has fallen and health inequalities have widened. Worse still, not only has life expectancy stalled but the amount of time people spend in poor health, has increased. The people living in the most deprived communities are getting old before their time, living shorter lives and spending more of their short lives in poor health.

4. Health inequalities in Devon

4.1 Considerable social inequalities exist within Devon. Figure 4 shows the 2019 Index of Multiple Deprivation for Devon. There are hotspots of urban deprivation in most towns with multiple clusters in places like Ilfracombe, Barnstaple, Bideford, Exeter. Extensive rural and coastal deprivation is also evident, particularly in Northern and Western Devon where levels of deprivation are amongst the highest in the country for rurally and sparsely populated areas. Whilst less intense than the urban hotspots, deprivation in rural areas is much more widespread and dispersed.

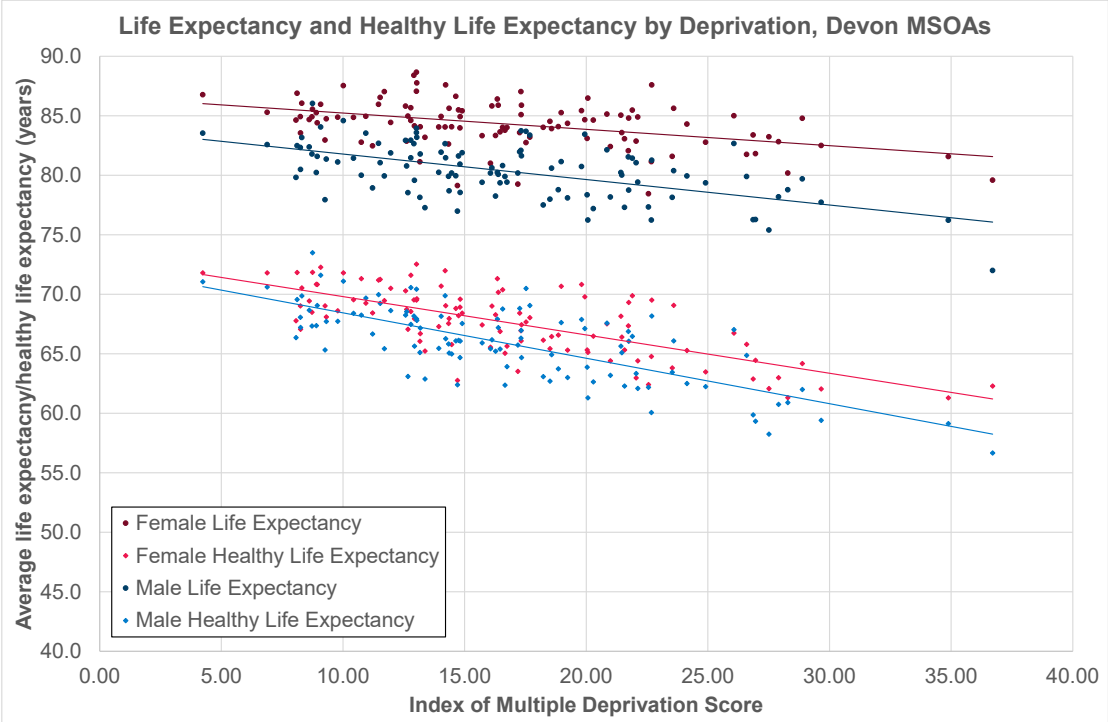
Figure 4, Index of Multiple Deprivation 2019 Map for Devon



Source: English Indices of Deprivation, Office for National Statistics, 2019

4.2 Worse health outcomes are evident in more deprived areas. Figure 5 compares deprivation (horizontal axis) with average life expectancy and healthy life expectancy by Devon neighbourhood (MSOA), for males and females. More deprived communities experience much shorter healthy life expectancy and total life expectancy. A larger gap for healthy life expectancy means people in poorer communities spend more years of their life in poor health as well as dying younger. The gap between average healthy life expectancy between males and females is also narrower than overall life expectancy, which means females typically spend more years in poorer health.

Figure 5, Life Expectancy and Healthy Life Expectancy vs Deprivation by Devon neighbourhood, 2019

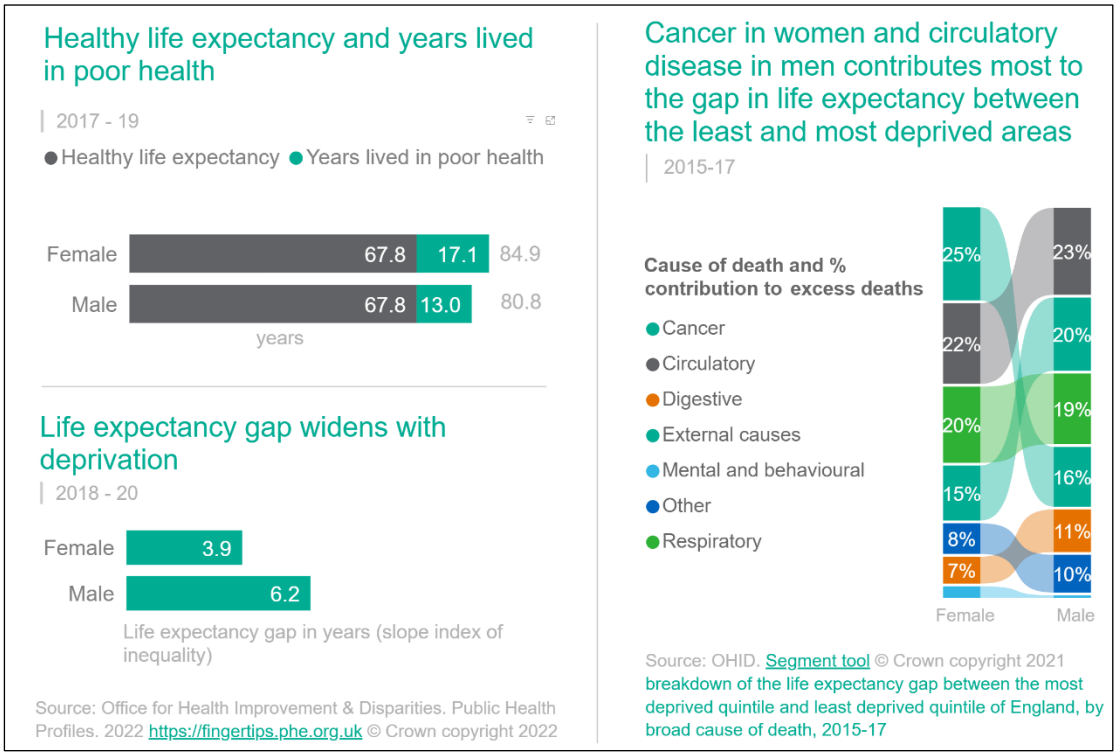


Source: Office for National Statistics

4.3 The health inequalities gap in life expectancy is highlighted within the slope index of inequality (SII) measure, which compares expected life expectancy for different areas in relation to the deprivation profile. Figure 6 reveals an average SII gap of 6.2 years between the most and least deprived areas of Devon for male life expectancy, and 3.9 years for female life expectancy. The figure also highlights the conditions contributing most to the gap, with circulatory disease (contributing to 22% of the gap for females and 23% of the gap for males), cancer (25% for females, 16% for males), respiratory conditions (20% for females, 19% for males), and external causes such as accidents and self-harm (15% for females, 20% for males) respectively accounting for the greatest inequalities.

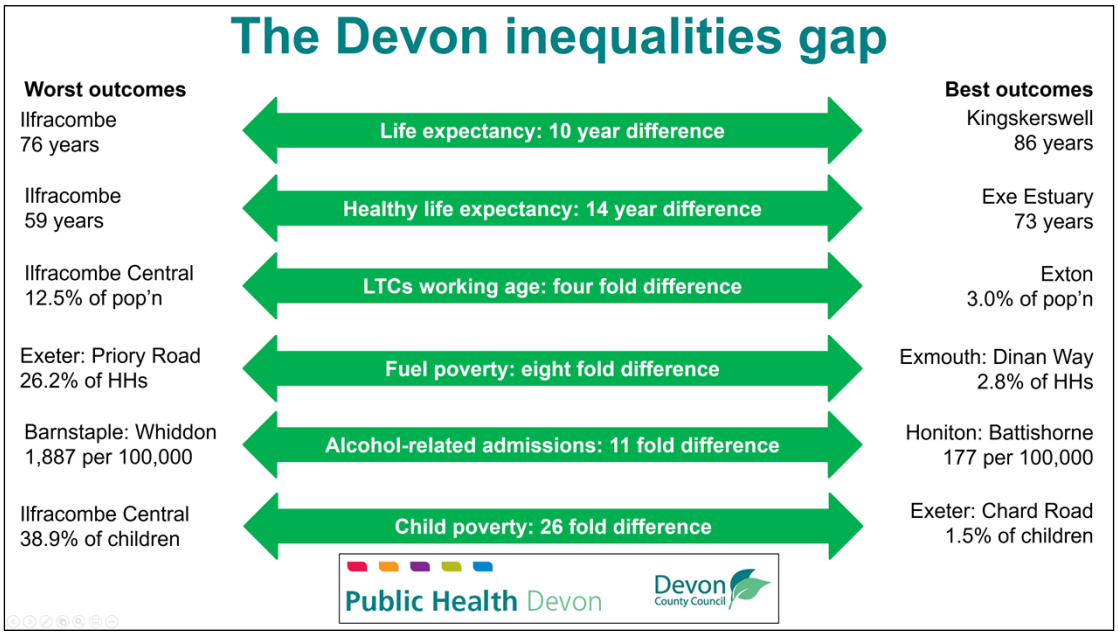
4.4 Figure 7 investigates health inequalities in Devon at a more detailed community level. The life expectancy gap, based on larger neighbourhood data (MSOA) stands at 10 years between Ilfracombe and Kingskerswell, and for healthy life expectancy at 14 years between Ilfracombe and Exe Estuary. An even wider gap is evident when we look at smaller areas and inclusion health groups. Considerable gaps are also evident for a range of health outcomes and related measures. Even greater inequalities are seen where different inequalities dimensions combine. Hospital admission rates for self-harm are three times higher in most deprived communities compared to the least deprived, and three times higher in females compared to males, meaning females in the most deprived areas almost ten times more likely to be admitted for self-harm than males in least deprived areas. Another example is Covid-19 vaccination uptake. Uptake rates are lower in deprived areas, ethnically diverse populations, younger age groups and males. and lowest overall where these factors combine. Vulnerability to infection and serious disease will be higher in these areas further widening health inequalities.

Figure 6, Life Expectancy Gap and Causes in Devon, 2015-17



Source: A Picture of Health, Office for Health Improvement and Disparities, 2023 Microsoft Power BI

Figure 7, Health inequalities gap at community level for selected indicators, Devon



Source: Devon Public Health Intelligence Team

5. Local action to reduce health inequalities

5.1 As highlighted in the report tackling health inequalities is complex and wide-ranging interventions and actions are needed at both national level and local level by a variety of different organisations and partnerships. Below are some examples of the actions and interventions by the local health and care sector taking place in Devon to reduce health inequalities:

- **Public Health:** Directors of Public Health have a specific duty to improve population health by understanding the factors that determine health and ill health, how to change behaviour and promote both health and wellbeing in ways that also reduce inequalities in health. This involves the requirement to commission some public health services to specifically target and reduce inequalities e.g. smoking cessation services, drug and alcohol services, Public Health Nursing Service and sexual health services. Public Health Devon also have a statutory role in providing public health expertise to the local NHS and through the Joint Strategic Needs Assessment Joint Strategic Needs Assessment - Devon Health and Wellbeing influence the work of other organisations and partnerships to ensure they focus resources on reduce inequalities. Annual Public Health Reports Annual Public Health Reports - Devon Health and Wellbeing also set out recommendations to the council and wider partners in relation to reducing health inequalities.
- **Health and Wellbeing Boards:** these are a forum for key leaders from the health, public health and care systems to work together to improve the health and wellbeing of the population and reduce health inequalities. Devon's Joint Health and Wellbeing Strategy Joint Health and Wellbeing Strategy - Devon Health and Wellbeing has a clear vision around improving health outcomes and equality, and priorities relating to the wider determinants of health (education, employment and community focused), mental health, and maintaining good health through preventive activities.
- **Integrated Care System:** One Devon, the local Integrated Care System, brings together NHS organisations and local authorities in Devon. Two of the four core aims of integrated care system relate to inequalities in health, namely 'tackling inequalities in outcomes, experience, and access' and 'help the NHS support broader social and economic development'. Devon's Integrated Care Strategy Our Five-year Integrated Care Strategy - One Devon was published in April 2023 and includes a specific focus on inequalities in health and wider determinants, and the Joint Forward Plan will set out how this will be achieved. Local Care Partnerships also play a role in defining local priorities based on an

understanding of local inequalities and outcomes. The Core20Plus5 framework also focuses local work according to health disparities.

- **Population Health Management Programme and Primary Care:** Integrated Care System organisations work with local primary care networks and wider community partners through a population health management programme. This programme supports local partnerships to use a data-driven approach to understanding population need, co-designing interventions, and evaluating their outcomes. Work to date across Devon has focused on more deprived communities, wider determinants of health, complexity and a combination of mental and physical health issues.
- **ICS Health Inequalities Programme:** Devon Integrated Care System has a dedicated Health Inequalities Programme, with a steering group with representation across Public Health, wider local authority teams, the NHS and local community partnerships. This oversees work on health inequalities across the local system.
- **Mass Vaccination Inequalities Cell:** In response to the Covid-19 pandemic and the development of vaccines from late 2020 onwards, a dedicated inequalities cell was formed within the Devon Integrated Care System. This work which has expanded to encompass influenza vaccination, has worked to ensure that services and supporting work is targeted to reduce inequalities in health with a focus on more deprived areas, ethnically diverse populations, inclusion health groups such as the homeless and persons with mental health conditions or learning disabilities.
- **Voluntary, community and social enterprise (VCSE) organisations:** Devon's VCSE organisations also contribute to reducing health inequalities. They play a vital role in as a link between local statutory organisations and local communities and citizens. A Devon, Plymouth and Torbay VCSE assembly has been created to develop inclusive and collaborative approaches with local statutory organisations including strategic partnership discussions, service co-design, policy development and co-commissioning. VCSE organisations have also supported the fair and equitable distribution of additional funding to target and reduce inequalities, including the Covid-19 Contain Outbreak Management Fund (COMF) and the One Devon Cost of Living Fund.

6. Recommendations

6.1 Health and Adult Care Scrutiny is asked to note the report which can inform and support Devon County Council and the wider systems approach to health inequalities, recognising that the causes of health inequalities are multi-faceted and will require a range of actions over time.

7. Financial considerations

7.1 The paper provides an overview of health inequalities and does not seek a financial allocation but there are financial implications for individuals who may be in poor health and there is a cost to some of the solutions.

8. Legal considerations

8.1 There are no legal considerations

9. Environmental impact considerations

9.1 There are no direct environmental impacts but many of the measures to address health inequalities can have a positive impact on the environment such as energy efficient homes and active lifestyles and travel.

10. Equality considerations

10.1 The report highlights the impact of protected characteristics on health inequalities and examples describe direct action that has been taken to address equality in access and outcomes.

11. Risk assessment considerations

11.1 There are no direct risk assessment implications, the report highlights the importance of action to address health inequalities and this would apply when undertaking risk assessments

Steven Brown
DIRECTOR OF PUBLIC HEALTH, COMMUNITIES AND PROSPERITY

Electoral Divisions: All

Cabinet Member for Public Health and Communities: Councillor Roger Croad

Director / Head of Service: Steven Brown, Director of Public Health, Communities and Prosperity

LOCAL GOVERNMENT ACT 1972: LIST OF BACKGROUND PAPERS
Contact for Enquiries: Steven Brown, Director of Public Health, Communities and Prosperity
Tel No: 01392 386374 Room: 142 County Hall

BACKGROUND PAPER NIL

ACH/23/174
Health and Adult Care Scrutiny
13 June 2023

HEALTH AND CARE GENERAL UPDATE PAPER

Joint report from Devon County Council and NHS Devon

1. Purpose and recommendation

1.1. That the Health and Adult Care Scrutiny Committee receives this report that contains updates on key and standing items, and general information including on responding to specific actions, requests or discussions during the previous Health and Adult Care Scrutiny Committee meeting.

2. NHS Devon performance update for February 2023

2.1 Operationally in February the ICS remained under extreme pressure, although not at the level seen in late December and the first few days of January. Industrial action in nursing and ambulance services continued to compound delays in urgent care, ambulance conveyancing and waiting times.

Urgent and Emergency Care

2.2 The key metrics to monitor the provision of safe and effective urgent and emergency care, and our performance against those metrics, are outlined below:

Metric	Performance (Feb 23)	Details
111 call abandonment	23%	This is a decrease from January due to an increase in demand and workforce capacity challenges. The workforce capacity issue now has actions in place to improve.
999 call answering within 5 seconds	94%	Target of 95%. Mean call answering time = 6 seconds
Category 2 ambulance response times	37 minutes	This is an improvement since December 22 but below the 18 minute standard.
Average hours lost to ambulance handover delays per day	6,596	Down from the height of 13,743 seen in December 2022
Percentage of beds occupied by patients who are medically ready to go home or to other care settings, such as social care placements	11%	Target is 5%. There has been a continued significant downward trend since December 22 due to reduced demand, fewer community infection outbreaks which allowed more capacity to be open to support discharges and the use of additional discharge funding

		to block purchase beds, packages of care, wraparound support services and additional weekend discharge coordinators.

Elective Care

2.3 The total number of patients in the system waiting over 104 weeks from referral to treatment has fallen for the eleventh consecutive month to 272, which is an improvement on the December position of 340.

2.4 The system has seen an improvement in referral to treatment 18-week performance at 52.8% (compared to a target of 92%) and in diagnostic pathways at 64.8% (versus a target of 99%).

3. CQC assurance of adult social care duties update

3.1 From the 1 April 2023, the Health and Care Act 2022 empowered the Care Quality Commission (CQC) to assess how well local authorities are delivering on their adult social care duties defined in part one of the Care Act 2014. Over the next two years the CQC plan to assess and publish ratings as to how all local authorities are delivering on those duties, followed by an ongoing cycle of review.

3.2 Members of the Health and Adult Care Scrutiny Committee have been provided with updates and information as the national approach has been developing.

3.3 Councils across the country are preparing for the new CQC Assurance Framework, with many taking part in a Local Government Association (LGA) Peer Challenge to be 'inspection ready'. Peer Challenges are enormously helpful in providing experience of an inspection process by independent and experienced colleagues from elsewhere in the country and demonstrate an open and accountable culture.

3.4 From the 19 to the 21 of July 2023, an LGA Peer Challenge will be taking place at Devon County Council, to assess how well the Council, working with its partners and providers, delivers on its duties relating to adult social care.

3.5 A Health and Adult Care Scrutiny Committee hosted Masterclass on the Peer Challenge will be taking place on the 15 June where all Members of the Council have the opportunity to hear more detail on the Peer Challenge and the timetable.

3.6 A Peer Challenge website has been developed and where further information will be shared include material to brief colleagues who might be meeting peers or participating in a case audit.

3.7 We will also publish the report and our response to it when we receive it in September.

4. Integrated Adult Social Care 2022-23 budget update as of March 2023

4.1 Integrated Adult Social Care reported at month 10 an overspend of £4.055m or 1.2% of net budgets. This was the last monitoring position reported corporately, with the 2022/23 outturn position, still to be reported to cabinet. For adults there was an improved position, which can be confirmed and expanded upon in the next update.

4.2 The increased spend reported at Month 10 continued to be driven by a worsening position in Older People service budgets, particularly within increased unit costs for residential and nursing care and personal care.

4.3 At this point total savings plans of £15.508m were forecast as deliverable in year, against a budgeted target of £18.741m.

4.4 At month 10 we had delivered £14.809m of savings, with further savings to be achieved by year end. Final savings delivery totalled £15.315m, £0.193 less than anticipated at month 10.

4.5 NHS Devon has provided significant financial support to social care over 2022/23 including £8.000m to directly support the Integrated Adult Social Care 2022/23 budget.

4.6 Given the current financial challenges, and those ahead, work is taking place not only to identify and deliver one-off savings, but also looking at opportunities for recurrent savings where they exist.

4.7 The formal DCC year-end position will be presented and discussed at Cabinet 13 June.

5. Devon Integrated Care Board financial position as of February 2023

5.1 Overall, subject to the ICB receiving the expected allocations from NHSE for the discharge fund costs, NHS Devon are reporting an underspend of £0.1m.

5.2 The discharge fund cost reimbursement is the ICB's share of the nationally agreed £200m discharge fund for new discharge packages covering the period January 2023 up to 31st March 2023.

6. Devon Integrated Care Board financial position as of February 2023

6.1 As at month 11 the Integrated Care System is reporting a year to date £46.2m deficit against a planned deficit of £18.1m – £28.0m more than planned.

6.2 The forecast for the end of the financial year is a deficit of £49.2m, which is an £31.0m more than the planned deficit of £18.2m.

Looking forward

6.3 As we move further into the financial year, momentum is gathering on the work we are doing to improve our performance and get our finances back under control.

6.4 NHS Devon needs to achieve significant improvements in reducing waiting times for care and hit our budget plans to make sure our system can get out of segment four of the NHS Oversight Framework, which brings with it restrictions on our decision-making and spending.

6.5 The scale of the challenge we face is huge and will have a major impact on what we are able to do in the future. It means we are having to make some difficult decisions, including fundamentally restructuring and reducing the size of our organisation, which we are in the process of developing plans for.

6.6 Work is underway to collectively align the system on a recovery plan. Delivering the plan successfully will require new ways of working across Devon, bringing organisations together around a set of shared objectives and commitments. Detailed joint planning and risk management across the system and delivery of system-wide strategic schemes will be needed

7. Delays to implementation of the Liberty Protection Safeguards

7.1 The government has recently announced that the implementation of the Liberty Protection Safeguards (LPS) is being delayed beyond this Parliament. The LPS scheme was introduced through the Mental Capacity (Amendment) Act in 2019 as the planned replacement system for the Deprivation of Liberty Safeguards (DoLS).

7.2 The LPS was intended to provide protection for people aged 16 and above who need to be deprived of their liberty in order to receive their care or treatment and who lack mental capacity to consent to their arrangements.

7.3 However, the 2019 act has not been commenced. The government had hoped to fully implement the LPS by April 2022. But, due mainly to the impact of the Covid-19 pandemic, its implementation was delayed.

7.4 One of the key reforms under the LPS would have been to give hospital trusts and integrated care boards (ICBs) new responsibility for authorising deprivations of liberty. The effect of the pause is that the DoLS will continue to provide the main legal framework for authorising deprivation of liberty under the Mental Capacity Act for the foreseeable future.

7.5 The LPS scheme had been designed to ensure that all cases could be processed in a timely manner, and therefore, remove the backlogs that have grown under DoLS. Despite the announcement of the delay in LPS implementation, we continue to work to address the significant DoLS backlog, but progress will be constrained by our financial challenge.

8. The Hewitt Review

8.1 The April the Hewitt Report was published. The report was a review of Integrated Care Systems and a number of recommendations were set out including a greater focus on prevention and population health with Integrated Care Systems, a helpful reminder and recognition of the role children's social care has in Integrated Care Systems, and recommendation that Government develops a social care workforce strategy to complement the workforce plan being developed for the NHS.

8.2 There was also a recommendation to recognise Health Overview and Scrutiny Committees (and, where agreed, Joint HOSCs) as having an explicit role as System Overview and Scrutiny Committees, and that Department of Health and Social Care should work with local government, through the Local Government Association, the Office for Local Government and the Centre for Governance and Scrutiny, to develop a renewed support offer to HOSCs and to provide support to ICSs where needed.

8.3 The Government has yet to formally respond to the Hewitt Report.

9. CQC report published on services at the Royal Devon

9.1 The Care Quality Commission has published a report following its short-notice inspection of the Royal Devon University Healthcare NHS Foundation Trust's diagnostic imaging, medical and surgical care services at both acute hospitals at the end of 2022. This was in response to the Trust reporting 16 never events between March 2021 and November 2022.

9.2 Diagnostic imaging services have been rated as good, while the ratings for the inspection in medicine and surgery show a decrease in some areas and the services have been rated as requires improvement.

9.3 The report describes the challenges caused by the rollout of the Trust's electronic patient record, and there are also positive reflections in the report, with inspectors seeing patients being treated with compassion and kindness, and examples of positive-team working, staff feeling empowered to raise concerns and treating patients according to their individual needs.

9.4 This inspection was one of a number of CQC visits which will form the Royal Devon's overall Trust rating. The Trust had a separate well-led inspection earlier in May which looked at the leadership and governance of the organisation. A further report and an overall Trust rating is expected shortly.

10. Update on the Digital Strategy

10.1 The ICS Devon Digital Strategy was developed during 2022. System partners and clinicians contributed to its development to ensure that content also reflected the future technology requirements of the Devon health and care system. Technology is a rapidly evolving environment and therefore it is recognised that the strategy will continue to develop.

10.2 The ICS Devon Digital Strategy is focused on supporting the following ICS priorities:

- Urgent and emergency care
- Planned care
- Diagnostics
- Children and young people
- Digital

10.3 To support the ICS priorities listed above and provide a flexible technology environment that can be adapted and respond to the needs of delivering health and care services, the ICS Devon Digital Strategy has five priorities:

- Digital Citizen
- Shared EPR and Operational Systems
- Devon and Cornwall Care Record
- Business Intelligence and Population Health Management
- Unified and Standardised Infrastructure

10.4 A paper with more details on the digital strategy will be brought to a future committee meeting.

11. Lead research nurse scoops global nursing award

11.1 A leading Exeter diabetes nurse has scooped the international $250,000 (£200,000) Aster Guardians Global Nursing Award.

11.2 Professor Maggie Shepherd of the Royal Devon University Healthcare NHS Foundation Trust and University of Exeter has been honoured with the prestigious award for her ground-breaking work in transforming diabetes care. She scooped the award ahead of more than 50,000 other applicants.

11.3 As a leading research nurse for monogenic (single gene) diabetes, Maggie's contribution to the field has had a positive effect on the lives of countless people in the UK. Her expertise and dedication have led to improved understanding and treatment of this condition while her work as a founding member of the Exeter Monogenic Diabetes Team has been instrumental in translating genetic findings into practical clinical care through sharing information and training diabetes teams across the UK.

Tandra Forster
Director of Integrated Adult Social Care
Devon County Council

Dr Nigel Acheson
Chief Medical Officer
NHS Devon

Electoral Divisions: All

Cabinet Member for Integrated Adult Social Care and Health Services:
Councillor James McInnes

Director of Integrated Adult Social Care: Tandra Forster

LOCAL GOVERNMENT ACT 1972: LIST OF BACKGROUND PAPERS

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