

9 November 2017 Standing Overview Group – Health and Adult Care Scrutiny Committee

Present

Councillors Sara Randall Johnson (Chair), Hilary Ackland, Sylvia Russell, Richard Scott, Phil Twiss, Carol Whitton and Claire Wright

John Finn, Managing Director of the Eastern Locality Northern, Eastern and Western Devon Clinical Commissioning Group Tim Golby, Head of Adult Commissioning and Health Dr Sonya Manton, Joint Director of Strategy at South Devon and Torbay CCG and NEW Devon CCG

Dr Rob Turner, Eastern Locality Clinical Board Member

Camilla de Bernhardt Lane, Head of Scrutiny

Philip Bridge, Democratic Services and Scrutiny Support Officer

Apologies

Councillor Brian Greenslade

Summary of Decisions

Decision/discussion	Who will action	When
During discussion, reference was made to the following:		
Planned care is based around predictable treatment for patients. This should not be confused with planning health and care for entire populations, although planning for predictive treatment for discrete populations is in scope.		
> It is possible to predict requirements for certain conditions (skin cancer) for the next few years. However, there are challenges relating to the clinical workforce and making sure residents in different parts of Devon have access treatment they need.		

De	cision/discussion	Who will action	When
A	The connection between in hospital treatment and onward care to GPs. The discharges should be made as efficient as possible.		
>	Questions were raised regarding where dementia sits within planned care and how people with dementia can access the services they need. Interface between health and care services is important.		
>	How health and care planning is shaped by the characteristics of a population (e.g. the number of people who smoke) and how Devon will plan its services for the future. The CCG undertakes with Public Health thorough needs assessment of the population.		
>	A breakdown was given of the scale and cost of planned care in Devon (20% undertaken within the community). This compares well nationally. However, Devon benchmarks high in terms of planned care spending when compared against other CCGs. There is the need to re-evaluate finances.		
>	It was discussed how the process of discharge planning works. The movement of information across the discharge system electronically is increasing and improving.		
>	It was questioned whether technology could be utilised more to increase 'productivity' in terms of delivering planned care. It was suggested that 'productivity' is not a helpful term because it carries negative connotations of people as money. The quality of patient care is important.		
>	Technology can be utilised to enable care for certain patients, to make the best use of resources, and to help staff work more efficiently. A focus on saving the time of staff and patients is important.		
>	The challenges delivering specialist services and the importance of equity.		
>	RightCare benchmarks the CCG against comparative populations. The CCG has been visiting other areas and learning about how they deliver care. The Getting It Right First Time (GIRFT) Programme covers different specialities in acute care. The CCG has been holding planned care meetings with broad groups of representatives.		
>	Intervention and especially surgery is not risk-free. It is important to look at alternatives to surgery, such as support from physios or help with weight loss. The appropriate level of treatment must be given to those in need. Other methods of treatment can be overlooked. Helping patients to 'get out' and exercise is also important.		
>	The need to develop community intervention and support, possibly through social prescribing.		
>	The CCG highlighted the importance of making sure that patients are fully informed about their options before go they through surgery. Sharing best practice and putting the individual at the centre of treatment are also key.		

Decision/discussion		Who will action	When
SI	ne CCG is working on developing online materials for patients so that they can find out more information about urgery and the questions they may be asked by GPs. Patients can be given online tools to enable them to understand eir illness and treatment options better.		
Agree	ed that:		
(i)	All Members of the Committee would be invited to each Standing Overview Group Session. The list of topics and dates will be shared on the work programme. These sessions are part of specific member development for this Committee.	CdBL	Dec 2017
(ii)	Share the list of providers that work within planned care and the percentage of patients under these providers.	JF	
(iii)	Refer to Children's Scrutiny to challenge Virgin Care about working with the CCG over planned care (particularly in the area of transition)	To be agreed at	21 st Nov 2017
(iv)	The next Standing Overview Group session on urgent care should include the interface between primary care and urgent care	SM	Dec 2017
(v)	The Devon Referral Support Service app will be circulated	CM IF	Dec 2017
(vi)	Members to review Public Health data, to understand the information upon which planning provision for the population is made: http://www.devonhealthandwellbeing.org.uk/jsna/	SM JF All Members	
(vii)	Future standing overview group sessions could be focussed around: - Planning Services for the population - Cancer	CdBL	2018
	Meeting ext Standing Overview Group meeting will take place at 10.00 AM on 12 December 2017 with the theme of Urgent		