

HEALTH AND ADULT CARE SCRUTINY COMMITTEE

21 March 2024

Present:-

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

Apologies:-

Councillors Y Atkinson and I Hall

Members attending in accordance with Standing Order 25

Councillors C Leaver and J McInnes

* 160 **Chair's Announcements**

The Chair welcomed members of the public to the meeting.

The Chair also welcomed Ian Hipkins to the meeting who was attending remotely in his capacity as co-opted member of the Standards Committee to monitor compliance with the Council's ethical governance framework.

The Chair also advised that she had agreed to move the Primary Care item to later in the agenda to accommodate attendance from NHS representatives; and that Peter Hay, the Committee's specialist advisor, was attending remotely.

* 161 **Minutes**

RESOLVED that the minutes of the meetings held on 24 January 2024 be signed as a correct record.

* 162 **Items Requiring Urgent Attention**

There was no item raised as a matter of urgency.

* 163 **Declarations of Interest**

The list of Membership of other Authorities can be found here: [County councillors who are also district, borough, city, parish or town councillors](#)

* 164 **Public Participation**

In accordance with the Council's Public Participation Rules, the Committee received and acknowledged oral representations from: (i) Councillor Terry Elliot, (ii) Miss Anna Fors and (iii) Ms Sonia Gould regarding the North Devon Link Services and the Committee's call-in of the Cabinet's decision thereof. All three speakers were opposed to the decision made by the Cabinet.

The Chair thanked the speakers for attending and making representations.

* **165** **Call In of Cabinet Member Decision - North Devon Link Service**

(In accordance with Standing Order 25, Councillors C Leaver and J McInnes attended and spoke to this item with the consent of the Committee).

In accordance with the Scrutiny Procedure Rules, the Chair of the Health and Adult Care Scrutiny Committee (Councillor Randall Johnson) had invoked the call in procedure in relation to the decision of the Cabinet Member for Integrated Adult Social Care ([Minute *491](#) refers) that:

(a) the North Devon Link Service Drop-in services that run from the Link Centres in Barnstaple, Bideford and Ilfracombe, be closed;

(b) that the closure includes ceasing the short-term enabling support to those service users in receipt of Care Act 2014 eligible services, and to note that the Council and Devon Partnership Trust will assist those people to access alternative equivalent support; and

(c) that the Council work with Devon Partnership NHS Trust and the Devon Mental Health Alliance to support all service users in their transition to alternative community support over a period of 3 months minimum.

The grounds for this call-in are below and this had been discussed with the Monitoring Officer, as required by the Scrutiny Procedure Rules.

"There was insufficient information provided to ensure service users' future support. Scrutiny has not been given the opportunity to receive evidence and additional information to ensure service users will be provided with a person based support."

The three accompanying documents (i.e. Record of Decision, Report and Impact Assessment) were attached for members and the decision available at [this link](#).

The Chair invited all members of the committee who represented divisions in North Devon to comment on this item (including Councillor Leaver, attending under Standing Order 25). There was positive comment on the most recent consultation regarding the closure of the North Devon Link Services, and that it was an improvement on previous consultations; and local members also expressed that they understood the rationale for wanting to provide a better,

more cost-effective service. However, local members raised concerns, including those brought to them by residents of their divisions, about the practicality of stopping the services given the perceived lack of availability and poor suitability of alternative mental health support in North Devon, particularly in context of the proposed 'soft handover' of services for existing users. One member referred to the report that had been considered by the Devon County Council Cabinet and the equality considerations therein – namely that rurality and social isolation (as pertinent to North Devon) are areas that warrant consideration, with questions as to how far this had been done.

In response to concerns raised by councillors about a "one size fits all" approach to mental health (with worries expressed that the changes represented a move towards such a model), officers explained that that was not the way in which they saw mental health services in North Devon moving forward. They outlined that the proposed new model for mental health services in North Devon would involve working with local communities to better understand individual need and the support required. In relation to this, officers also further articulated the aim and structure of the Devon Mental Health Alliance; namely, that it was made up of six organisations across Devon and Plymouth and funded through statutory funding, with more flexibility of what services can be offered and how,. It worked closely with the voluntary sector and smaller organisations within communities, including the awarding of funds and group work sessions for a varied level of mental health support, amongst other undertakings. It was clarified that a core focus of the Devon Mental Health Alliance, therefore, was to work with communities to understand their needs and adjust mental health provision accordingly. Torbay was brought up as an example of the kind of benefits of a community development programme spearheaded by the Alliance, and that this would allow for a greater range of provision than could be provided by the link centres in North Devon.

In response to officers, members appreciated the intent behind the plans. However there was still wide concern around the lack of clarity around transition. Officers did explain that the provision of a transition plan would be contingent on work beginning with local communities, so that plans could be produced in response to local need (and not having a "one size fits all" plan for transition). Notwithstanding this, some members expressed that they were not convinced that the closure of the North Devon Link Services as agreed by Cabinet represented a positive change for users of these services, in light of a perceived lack of clarity around this transition and availability of alternative services.

It was **MOVED** by Councillor Randall Johnson, **SECONDED** by Councillor Hellyer and

RESOLVED that

(i) The Committee expresses that it is satisfied with the decision of Cabinet but places on record its concerns and the need for further assurance relating to:

- the application and transition of the process as set out for people affected by the closure of link services, as soon as possible;
- the development of community-based solutions to meet the identified needs;
- how any gaps that have emerged have been addressed (noting that flexible resourcing was pledged);
- the emerging long-term pattern of community-based mental health support as a result of this process;
- and that Scrutiny would like to hear the direct experience of people as part of the reporting back; and

(ii) That an update is provided to the Health & Adult Scrutiny Committee in 6 months.

[Note: In accordance with Standing Order 32(4) Councillor Bailey requested that her vote against this resolution be recorded.]

* 166 **Integrated Adult Social Care - CQC Assurance and Self-Assessment**

The Committee considered the Report of the Director of Integrated Adult Social Care, Devon County Council (IASC/24/06) which outlined the CQC assurance process regarding Integrated Adult Social Care, and the role of the Council in that process; and the Council's ongoing self-assessment in anticipation of CQC inspection of its social care services.

Members heard that it was not known exactly when notification would be given to the Council by the CQC regarding their inspection, but that other local authorities across the region had received notification, so it was anticipated that Devon would receive theirs sooner rather than later. In anticipation of this, documents regarding how adult social care in Devon is managed and undertaken were made publicly available for interested parties (including the CQC), as well as self-assessment documents such as annual reports.

* 167 **Primary Care Update**

The Committee considered the Report of NHS Devon which provided an update on Primary Care in Devon. It outlined:

- the ambitions of and progress on the Primary Care Access Recovery Plan, which had two key priorities: to make it easier for patients to

contact their GP, and for patient requests to be addressed on the same day (for instance with urgent treatment, an appointment booked or the patient being signposted to another service);

- an update on the Pharmacy First service which was launched in January 2024 to allow a number of common conditions to be treated at local high street pharmacies without patients needing to see a GP. The report outlined that 97 percent of community pharmacies in Devon would be offering the service, and that it represented an easier and more convenient way for patients to access care; and
- an update on Lynton Health Centre, which was due to cease running after 30 April 2024 (by the current healthcare provider) and NHS Devon's subsequent focus on ensuring suitable GP provision remained available locally. The report outlined that there were no plans to close the practice in April or to change funding available for the provision of GP services to the local population, with NHS Devon hoping that a new provider will take over the running of the service from May.

Officers outlined some of the positive aspects of Primary Care in Devon, in particular that access to GPs was in a good position in Devon, compared to other counties; and that patient satisfaction was also high.

The Committee also heard from a General Practitioner based in Ivybridge, who reflected on the increasing demand for GP services, as well as the increasing complexity of healthcare systems. He expressed that the South West had good medical training prospects and a decent capacity to fill GP placements and recruit into the region, but that the challenges faced by GPs were nonetheless very real and needed addressing. Such challenges were corroborated by other NHS representatives at the meeting, with NHS Devon working with individual practices to try and help with resilience.

Member discussion points included:

- Concern around the limitations of relative measures of success; namely that viewing Devon's performance in relation to other authorities could lead to concluding good performance, which may not be true in isolation, only compared to other authorities;
- Support for Pharmacy First, however with members noting that it would require a significant degree of work to change public behaviour and get members of the public used to going to a pharmacy for treatment of certain illnesses;
- Reference in the report to reaching "peak GP" workforce, and concern around this;

- The availability of data regarding the level of people using primary care services who do not need to; and
- Significant issues remaining in some areas in terms of accessing a GP appointment.

It was expressed that members would benefit from further reports to the Committee regarding access to Primary Care.

* **168** **Quality Accounts Standing Overview Group**

The Committee considered the Report of the Health and Adult Care Scrutiny Standing Overview Group (LDS/24/15). The report outlined the statutory responsibility of healthcare trusts to publish annual quality accounts. It was decided in September 2023 “to reinstate sessions with the providers to discuss their Quality Accounts and overall performance, and report back to Committee,” after such sessions had ceased in response to the Coronavirus pandemic and continued service pressures. Members were invited to a Standing Overview Group session on 8 February 2024, with representatives from five healthcare providers, to provide feedback on their quality accounts.

Members expressed interest in consulting non-Executive Directors of acute service providers in the future, to ascertain their view on the quality accounts published by their trusts.

No additional comments were made on the learnings that were to be shared with health providers, as detailed in the report.

* **169** **Health and Adult Care General Update**

The Committee considered the Joint Report of the Director of Integrated Adult Social Care at Devon County Council, the Director of Public Health, Communities & Prosperity at Devon County Council, and the Chief Medical Officer of NHS Devon (IASC/24/07) which contained updates on key and standing items and provided general information on specific actions, requests or discussions during the previous meeting of the Committee.

Member discussion points with officers included:

- The transition of young people to adulthood who were previously in receipt of support from Children’s Services, particularly those in care. Officers explained that there did need to be an eligibility to receive adult care services to transition between the two, and that care leavers were prioritised as part of the transition process;
- Dental health, with members supporting action to encourage good oral hygiene habits, acknowledging the role of prevention in dental health, but raising concern about the lack of NHS dentists in Devon;

- Lung cancer screening and access to this programme for Devon residents;
- Specific concern around dental services in North Devon. It was explained to members that the NHS was continuing to look at what the final provision of dental services in North Devon would look like, but that a detailed verbal update could not be given due to regulations around procurement processes. In response to queries around dental access, officers highlighted that a dental van had been allocated under a national recovery plan for dentistry, which would be suited to accessing geographically isolated communities. Further details would be provided to the Scrutiny Committee when available; and
- Minor Injury Units (MIUs), including: Bideford GPs supporting the provision of MIU services in Bideford (it was clarified that they were not staffing MIU itself, but providing equivalent care in the area); Ilfracombe MIU services ceasing from 31 March 2024 with efforts being made to meet these needs in the area; and the imminent reopening of Dawlish MIU, which was welcomed by members.

* 170 **Scrutiny Committee Work Programme**

The Chair advised members that an online session to discuss the work programme for the coming year would be organised in due course.

* 171 **Information Previously Circulated**

Members noted the following information previously circulated for Members, since the last meeting, relating to topical developments which had been or were currently being considered by this Scrutiny Committee:

- NHS Dental Services in Devon: Stakeholder Briefing – February 2024
- Integrated Adult Social Care Self-Assessment / Annual Report Masterclass – 27 February 2024 (Recording and Presentation)
- Scrutiny Risk Registers - March 2024

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

The Meeting started at 10.34 am and finished at 1.31 pm