

## HEALTH AND ADULT CARE SCRUTINY COMMITTEE

22 March 2018

Present:-

Councillors S Randall-Johnson (Chair), H Ackland, J Berry, P Crabb, R Peart, R Scott, J Trail, N Way, C Whitton, C Wright and J Yabsley

Local Councils

Councillor P Diviani

Members attending in accordance with Standing Order 25

Councillors J Brazil, A Leadbetter and M Shaw

Apologies

Councillors R Gilbert, B Greenslade, S Russell, P Sanders and P Twiss

\* 50

**Minutes**

**RESOLVED** that the Minutes of the budget and ordinary meetings held on 25 January 2018 be signed as correct records.

\* 51

**Public Participation**

In accordance with the Council's Public Participation Rules, the Committee received and acknowledged oral representations made by J Wardman, S Matthews, R Ashman and L Wood on a matter to be considered by the Committee, namely the 'Health and Care Integration in Devon (Minute \*52 refers).

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

\* 52

**Matter of Urgency: Health and Care Integration in Devon**

(An item taken under Section 100B (4) of the Local Government Act 1972)

(Councillors J Brazil and M Shaw attended in accordance with Standing Order 25 (2) and spoke to this item)

(Councillor A Leadbetter attended in accordance with Standing Order 25 (1) and spoke to this item at the invitation of the Committee)

(Mr N Roberts (Accountable Officer, NEW Devon CCG and South Devon and Torbay CCG), Dr S Manton, Joint Director (Strategy) North, East and West (NEW) Devon CCG and South Devon and Torbay CCG attended and spoke to this item at the invitation of the Committee)

The Chair had decided that the Committee should consider, as a matter of urgency, this issue in view of the recent call-in (as outlined below).

In accordance with the Scrutiny Procedure Rules, 5 Members of the Council (Councillors Connett, Way, Dewhirst, Greenslade and Brazil) had invoked the call-in procedure in relation to the decision of the Cabinet (Minute \*148 of the 14 March 2018) in relation to Health and Care Integration in Devon.

This was on the grounds *“that the governance for the new proposals was a weakness. In addition, there has been a lack of consultation with the public regarding the proposals. Also, the reference in the report concerning some implementation from April 2018 gives inadequate time for scrutiny through the normal committee timetable”*.

The Committee considered the Report of the Chief Executive (ACS/18/81) which had been submitted to Cabinet on 14 March 2018 and re-presented to this Committee for consideration in relation to its recommendations.

The Report outlined the national context and drivers towards integration of health and social care, the local Devon context and how it was developing its integrated working, further developments and proposals with a common set of objectives and outcomes, proposed arrangements in Devon, noting that governance arrangements would not change from 1 April 2018.

The Chair also reported the receipt of approximately 45 representations from the public on this matter, and written representations from Councillors B Greenslade (circulated at the meeting) and S Russell. A paper from Councillor Ackland on proposals for a revised composition of the Devon Health and Wellbeing Board, which had been presented to the Cabinet at its meeting on 14 March 2018, had also been circulated to Members.

The representatives from the Clinical Commissioning Groups and the Chief Officer for Adult Care and Health responded to Members' questions and/or commented on:

- the benefits of further integration (the process of which had been longstanding) which included improved services, avoidance of duplication, work force efficiency and effectiveness, and greater consistency over the two CCGs and local authorities with better alignment of services;
- the emerging proposals which did not represent a change in accountabilities, there was no new organisation being created, and the focus was on a joined-up approach to promote independence for people where it was safe and appropriate so to do;
- consideration of changes in the composition of the Health and Wellbeing Board and development of local boards with more Councillor representation;
- the 6 local authorities/NHS pilots and the learning from these, particularly the Dorset experience;
- local working with Plymouth and the voluntary sector, particularly in South Devon and use of the Joint Strategic Needs Assessment (JSNA) underpinning the process, taking a holistic view of Health and Social care and outcomes;
- the main messages and themes arising from recent staff consultations;
- development of the business case for change, the widespread existing co-location of multi-disciplinary (Social Care/NHS) teams (based on 30,000 - 40,000 populations);
- the Council's clear and on-going statutory duty to co-operate with its partners; and
- confirmation that the proposals would not affect the Committee's legal powers, and its Scrutiny and Overview role which were laid down in statute.

Members noted the possibility of further consideration of joint scrutiny of the process across Devon with Torbay and Plymouth Councils.

It was **MOVED** by Councillor Wright, **SECONDED** by Councillor Way that the Cabinet be requested:

(a) to record the Committee's concerns over the emerging Devon Integrated Care System being a single Integrated Strategic Commissioner, a number of Local Care Partnerships, Mental Health Care Partnership and shared NHS corporate services;

(b) to defer the implementation of the Integrated Care System process until assurances are provided on governance, funding, the future of social care from a democratic perspective and when a full engagement process has taken place;

(c) to recommend Councillor Ackland's paper and proposals on the reformation of the Health and Wellbeing Board as a sound democratic way forward to provide the necessary governance on a new integrated system;

(d) to give assurance that the proposals will not lead to deeper cuts in any part of Devon as a result of the 'equalisation of funding'; and

(e) to provide a copy of the business plan being developed and a summary of views from staff consultations.

Councillor Crabb then **MOVED** and Councillor Trail **SECONDED** that the motion be amended by the deletion, in (b) above of the words '*and when a full engagement process has taken place*'.

The amendment in the name of Councillor Crabb was then put to the vote and declared **Carried** and thereafter also carried as the substantive motion (replicated below).

that the Cabinet be requested:

(a) to record the Committee's concerns over the emerging Devon Integrated Care System being a single Integrated Strategic Commissioner, a number of Local Care Partnerships, Mental Health Care Partnership and shared NHS corporate services;

(b) to defer the implementation of the Integrated Care System process until assurances are provided on governance, funding, and the future of social care from a democratic perspective;

(c) to recommend Councillor Ackland's paper and proposals on the reformation of the Health and Wellbeing Board as a sound democratic way forward to provide the necessary governance on a new integrated system;

(d) to give assurance that the proposals will not lead to deeper cuts in any part of Devon as a result of the 'equalisation of funding'; and

(e) to provide a copy of the business plan being developed and a summary of views from staff consultations.

In terms of the Committee's consideration of the Report (outside of the call-in process), as at item 7 of the Agenda,

it was **MOVED** BY Councillor Randall Johnson, **SECONDED** by Councillor Ackland and

**RESOLVED** that the following be added to the Committee's Work Programme, where further scrutiny is required to:

(a) set out proposals for the Governance of the Integrated Care System;

(b) describe the functions and governance of the local partnerships;

(c) describe and, if necessary, enhance the engagement and communication of these proposals; and

(d) require a forward plan for the design of the 'Model of Care Audit' such that its scope and terms of inquiry will address present concerns.

\* **53**      **North Devon Healthcare Trust: Action Plan in response to the CQC Report**

D Allcorn (Northern Devon Healthcare NHS Trust) attended and spoke to this item at the invitation of the Committee.

The Committee received a Briefing Paper from the Northern Devon Healthcare NHS Trust setting out the context of the recent Care Quality Commission (CQC) inspection of North Devon District Hospital managed by the Trust and the findings from the inspection, actions taken and how actions and improvements would be reported.

In response to Members' questions and comments the Trust representative commented:

- on the Trust's response to the overall finding 'requires improvement' as detailed in the Report with a robust Action Plan covering 140 separate action points, and backed up with regular meetings with NHS England, and the CQC which had commented on their positive response to date;
- despite the findings, staff surveys had shown morale remained good and positive, as was the feedback from patients via their independent volunteer assessors;
- widely reported concerns over a senior manager was considered by the Trust not to be the root cause of the adverse findings; and
- the Trust's general and mandatory training was aligned to the national frameworks and they were meeting compliance targets.

The Chair thanked the Trust for the update and asked that they kept this Committee up to date on progress of the Action Plan.

\* **54**      **Winter Pressures and New Model of Care**

In accordance with Standing Order 23 (2) Councillor Randall Johnson had requested that the Committee considered the Model of Care as part of this item.

(Councillor M Shaw attended in accordance with Standing Order 25 (2) and spoke to this item)

(Councillor A Leadbetter attended in accordance with Standing Order 25 (1) and spoke to this item at the invitation of the Committee)

(Dr S Manton, Joint Director (Strategy) North, East and West (NEW) Devon CCG and South Devon and Torbay CCG, Dr S McCormack and J Turl (Royal Devon and Exeter Hospital Trust) attended and spoke to this item at the invitation of the Committee).

The Committee considered the Joint Report of the Head of Adult Commissioning and Health (Devon County Council); and Director of Strategy (South Devon and Torbay CCG and NEW Devon CCG) (ACH/18/83) on how Health and Social Care services had performed over the winter months for 2017/18. The Report covered preparation at organisational, community and Clinical Commissioning Group levels, predictable risks, domiciliary care, home care and primary care capacities, work force capacity and past winter experiences SWASFT and A&E performances and other key performance indicators.

The Chair thanked staff for their exceptional work during the Winter period, especially through the recent periods of snow.

In response to members' questions and comments the Joint Director, Trust representatives and Head of Adult Care Operations and Health commented:

- on their appreciation of the dedicated work of staff, the blue light services, volunteers, and the independent care providers working together over the recent difficult periods of very inclement weather;

- that in common with acute services nationally the RD&E, despite careful planning, had difficulties in meeting many targets across a range of services during this difficult winter period;
- on workforce issues which remained challenging and that providers were working collaboratively to mitigate difficulties;
- that the reduction of community beds appeared to have made no adverse impact on the pressure in acute service provision;
- on the contingency planning for the most vulnerable in community care during the winter period to ensure their safety, as an example of effective integrated health and care;
- on work by the NHS to promote voluntary take-up of free vaccinations by groups identified as most at risk;
- improved discharge processes from hospital to facilitate faster and effective assessments in the home environment (Discharge to Assess); and that Members were invited to view examples of the operation of the Integrated Teams through out Devon; and
- development of the New Model of Care being discussed by a joint Executive Board of the two Devon CCGs and how this would impact on pressures faced by acute and community services (a copy of their report would be circulated to Members).

The Chair requested that an update be provided when available on the impact of the recent snow events in the County in terms of elective and emergency operations for example and on the other service areas as detailed in the Report.

\* **55**      **NEW Devon/South Devon and Torbay CCGs/STP Financial Position**

In accordance with Standing Order 23 (2) Councillor C Wright had requested that the Committee consider regular reporting on the financial positions of the Clinical Commissioning Groups in the context of the new models of care and the former Sustainability and Transformation Plan and the emerging Integrated Care System and the impact on services and communities.

Dr S Manton, Joint Director (Strategy) North, East and West (NEW) Devon CCG and South Devon and Torbay CCG attended and spoke to this item at the invitation of the Committee noting that summary information was available for circulation to Members. Saving targets were broadly in-line with plans and further planning was ongoing with partners, with emphasis on early intervention and prevention as part of an integrated approach.

The Chair agreed that a paper on the financial position be submitted to the next meeting. Consideration would also be given on how the regular monitoring financial information received by the NHS could be routinely reported to this Committee.

\* **56**      **Promoting the Independence of Adults with Disabilities**

(Councillor A Leadbetter attended in accordance with Standing Order 25 (1) and spoke to this item at the invitation of the Committee)

The Committee considered the Report of the Head of Adult Commissioning and Health (ACH/18/84) on promoting the independence of adults with disabilities and feedback from listening events with service users and staff across the County at day and respite centres. A number of these had been attended by Members who commented on the excellent support provided which was greatly valued by the users and their families and dedication of the staff.

The Deputy Assistant Director and Senior Commissioning Manager (Disabilities and Mental Health) responded to Members' questions and/or commented on the:

- use of additional SEND funding in relation to publicity and campaigning to promote supported placements working with employers to enable further opportunities for work experience and increased independence;
- listening events were not about reductions in services or day centre provision which were valued by all users, particularly the users with more profound disabilities in terms of the mutual support and networking opportunities provided for them and their carers/families.

The Chair commented on the excellent work underway to promote independence and the need for a watching brief particularly in terms of the transition stage from children's services to adult support.

\* **57**      **Internal Audit Outline Audit Plan 2018/19**

The Committee considered the Report of the County Treasurer (CT/18/29) on the Internal Outline Audit Plan 2018/19 which covered the proposed internal audit activity within Health and Adult Care for the coming financial year.

The Head of Adult Care Operations; and the Deputy Head of the Devon Audit Partnership responded to Members' questions and comments on:

- within the Plan (Risk Area/Audit Entity) the importance of examination of Models of Care comprising: review of the Devon Wide Strategy for the further development of the integrated arrangements for the provision of health in commissioning and the provision of care in Devon to provide assurance around: the roadmap and milestones; due diligence on options analysis and the division making process; and integrated care system – organisations, systems and partnerships; and
- the need for regular reporting and updates to the Committee in these areas; and therefore, the possibility of dedicating more Audit days on this key and wide-ranging area of activity;
- the use of qualitative as well and quantitative data and information; and
- the need for further work on scoping, with a focus on the higher levels of governance arrangements.

\* **58**      **Work Programme**

**RESOLVED** that the current outline Work Programme be noted subject to inclusion of the following topics (arising from this meeting) for future consideration:

- (a) Health and Care Integration (Minutes \*52 and \*57),
- (b) Northern Devon Healthcare NHS Trust Action Plan (Minute \*53),
- (c) Winter Pressures Overview 2017/2018 (Minute \*54),
- (d) CCGs Financial Position (Minute \*55).

[NB: The Scrutiny Work Programme was available on the Council's website at <https://new.devon.gov.uk/democracy/committee-meetings/scrutiny-committees/scrutinyworkprogramme/> and the Council/Cabinet Forward Plan is available at <http://democracy.devon.gov.uk/mgListPlans.aspx?RPIId=133&RD=0&bcr=1>]

\* **59**      **Information Previously Circulated**

The Committee noted the list of information previously circulated for Members, since the last

ordinary meeting, relating to topical developments including ones which have been or were currently being considered by this Scrutiny Committee.

(a) Care Quality Commission report on Northern Devon Healthcare Trust and response from the Chair on behalf of the Committee;

(b) Update from NHS England on orthodontic procurement.

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

The Meeting started at 2.15 pm and finished at 5.45 pm