

## HEALTH AND ADULT CARE SCRUTINY COMMITTEE

26 January 2021

### Present:-

Councillors S Randall-Johnson (Chair), H Ackland (Vice-Chair), M Asvachin, P Crabb, R Peart, S Russell, P Sanders, A Saywell, M Shaw, R Scott, J Trail, P Twiss, N Way, C Wright and J Yabsley

### District Councils

Councillor L Evans

### Members Attending in Accordance with Standing Order 25

Councillors F Biederman, J Clatworthy, A Dewhirst and A Leadbetter

### Apologies

Councillor J Berry

\* **222**      **Minutes**

**RESOLVED** that the Minutes of the meeting held on 12 November 2020 be signed as a correct record.

\* **223**      **Items Requiring Urgent Attention**

There was no item raised as a matter of urgency

\* **224**      **Public Participation**

In accordance with the Council's Public Participation Rules, the Committee received and acknowledged representations from Councillor Chris Clarence, Dr Helen Tucker (President of the Community Hospitals' Association), Helen Beetham, John Smith and GERALYN ARTHURS on a matter to be considered by the Committee, namely 'Modernising Health and Care Services in the Teignmouth and Dawlish Area' (Minute \*225 refers). They highlighted their concerns relating to the consultation proposals and process (for a range of reasons) and need to retain services at the Hospital and the lack of inpatient/nursing beds in the area and requested that a formal referral be made to the Secretary of State for Health and Social Care).

\* **225**      **Modernising Health and Care Services in Teignmouth and Dawlish Spotlight Review**

(Councillors J Clatworthy and A Dewhirst attended in accordance with Standing Order 25 (2) and spoke to this item. Councillor Dewhirst referred to local community objections to the proposals (based on a range of issues) and support for the retention of the Teignmouth Community Hospital and requested that a formal referral be made to the Secretary of State for Health

and Social Care. Councillor Clatworthy referred to the local support of services at Dawlish Community Hospital and at the Minor Injuries Unit).

The Committee received the Notes of the Spotlight Review on 14 December 2020 held over two sessions with respectively Healthwatch Devon and the NHS Devon Clinical Commissioning Group (CCG). As a result of the Review representations had been made to the CCG (attached to the report of the Review) which had concluded ‘ *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*’.

The Committee also received an update Report from the CCG following the approval of a series of recommendations on the 17 December 2020 by NHS Devon CCG Governing Body. This decision would mean that some services will be moved from Teignmouth Community Hospital to a new Health and Wellbeing Centre in the Town Centre and some services to Dawlish Community Hospital. The Governing Body had also approved a recommendation to continue with a model of community-based intermediate care and reverse a previous decision to establish 12 rehabilitation beds at Teignmouth Community Hospital. The CCG’s Report stated that the Governing Body had recognised some of the issues raised throughout the consultation and those by the Spotlight Review and had made recommendations to address them. The Governing Body’s final recommendations were detailed in their Report.

Officers from the CCG reported on the rationale for the Board’s decision.

The Head of Scrutiny reported on the options for the Committee. If the Committee was concerned that the CCG Governing Body’s decision was not in the best interests of health services and/or there had been inadequate consultation then a formal referral could be made to the Secretary of State for Health and Social Care which would be considered initially by the Independent Reconfiguration Panel (IRP). This Committee could also decide to approach the IRP informally to open discussion and seek advice prior to any further proposed actions.

Members’ questions and discussion points with the NHS Officers included:

- the local Member’s support for an informal approach to the IRP to seek independent advice and views before any further proposed actions;
- the CCG’s acknowledgement concerning the engagement process and subsequent formal consultations and learning points for the future including early engagement with Scrutiny;
- some Members’ views on the adequacy, timeline and voracity of the consultation process;
- concerns about the CCG in addressing the views and concerns highlighted by the consultation and points raised by this Committee’s Spotlight Review;

- concerns relating to parking provision and constraints and ongoing dialogue by the CCG with local authorities in regard to public transport to mitigate parking constraints;
- concerns about the sufficiency and quality of intermediate rehabilitation care and community care services in the area and whether the interest of health services was best served by the CCG's proposals; and
- the threshold required for a formal referral to the Secretary of State and likely outcome.

Councillor H Ackland **MOVED** and Councillor S Randall Johnson **SECONDED**

(a) that the CCG be requested to keep this Committee:

(i) closely informed of the progress of their plan via an agreed timetable of updates; and

(ii) to provide up to date information on intermediate care operations that include emergency readmissions after discharge, delayed transfers of care and the number of patients that are taken from hospital to a care home bed and if they are able to go home after 6 weeks; and

(b) that the Clinical Commissioning Group be requested to make an evaluation of the efficacy of intermediate care in the Teignmouth/Dawlish area that includes qualitative patient experience case studies; and

(c) that this Scrutiny Committee makes 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.

Councillor M Shaw then **MOVED** and Councillor N Way **SECONDED** that the decision of the Devon Clinical Commission Group in regard to the proposals for Modernising Health and Care Services in the Teignmouth and Dawlish area be referred to the Secretary of State for Health and Social Care (and his Independent Reconfiguration Panel) by reason that the proposals do not serve the best interest of Health Services in the area and inadequacy of the consultation process (relating to, inter alia, the limited options available and inherent bias).

The **AMENDMENT** in the name of Councillor Shaw was put to the vote and declared **LOST**.

The **MOTION** in the name of Councillor H Ackland was then put to the vote and declared **CARRIED**.

\* **226**      **Vaccination Programme in Devon**

(Councillor F Biederman attended in accordance with Standing Order 25 (2) and spoke to this item and asked questions relating to a breakdown of figures/data by District Council level, local and national comparisons)

The Committee received and noted the Report of the NHS Devon Clinical Commissioning Group Chief Nurse on the progress of the vaccination programme in Devon covering Care homes, roving access and access to vaccination centres, volunteer recruitment and timing and efficacy.

Timely information on vaccination and the health and care response to COVID19 was available at:

[www.togetherfordevon.uk/priorities/coronavirus-covid-19](http://www.togetherfordevon.uk/priorities/coronavirus-covid-19)

Members' questions and discussion points with the CCG Chief Nurse, Local Authority Strategic Lead for Mass Vaccination (Public Health) and Dr A Degan (GP) Clinical Commissioning Group Board (Eastern Locality) included:

- Devon as a whole was on target for the vaccination programme for over 80 and 70 year olds in accordance with the national guidelines and priorities;
- a new Centre in Barnstaple was now operating and increasing capacity in northern Devon;
- more granular data being compiled by NHS England should become available in due course;
- improved local access was developing through GP Primary Care Networks (PCNs) where vaccination was available in each of Devon's PCNs (or jointly) over 20 sites;
- roving teams and 'pop-ups' were also operating and being developed to serve rural communities, care/nursing homes and other home-based residents and patients should be able to access local practices in due course;
- volunteer take-up in Devon to support the programme was good at every level in accordance with national guidelines;
- the level of adverse reactions was very low and well managed;
- residents and staff in over 94% of Devon's care homes had been vaccinated and the remainder where outbreaks had occurred were being risk assessed and receiving additional support from the NHS and the County Council;
- generally, take-up of the offer was very high and more analysis was being carried out and the national recording system (for the second vaccination) was working well;
- uptake of the flu vaccination (on which information would be circulated to members); and
- the many positive individual stories of patients receiving the vaccination in well organised and welcoming centres and via local arrangements at every level.

Members expressed their thanks and gratitude for the work of NHS and social care management and staff and all the volunteers involved in the roll-out of the vaccination programme in Devon.

\* 227 **Update on Phase 3 Elective Care Restoration**

The Committee considered the Report of the NHS Devon CCG Deputy Director in Hospital Commissioning on the national Phase 3 guidance (Third Phase of NHS Response to COVID19, dated 31 July 2020) which set out an expectation that systems would restore elective activity to:

- 90% of 19/20 levels by October for elective inpatient, day case and outpatient procedures
- 100% of 19/20 levels of MRI, CT and endoscopy procedures (by October) and
- 100% of last year's levels for new and follow-up outpatients.

The Elective Care Cell has been broken into 4 workstreams to support the delivery of the Phase 3 and the programme focussed on the priorities (detailed in the Report).

Members' questions and discussion points with the Director and Dr A Degan GP, Devon CCG (Eastern Locality) included:

- Use of more independent sector provision for less complex cases and more outpatient day cases;
- the need to encourage all patients to attend their local GP practices to avoid any delay in diagnosis and treatment and referral to hospitals as necessary and the need to improve this message to the public;
- proposals for development of 'cold' non-covid treatment centres and the national guidance to GPs in this area; and
- more information on progress would be available in due course for report to a future meeting.

\* 228 **Update on the Level and Nature of Covid Funding received to Support the Impact of the Pandemic**

(Councillor A Leadbetter and F Biederman attended in accordance with Standing Order 25 and spoke to this item and referred to imminent discussion with local MPs and additional funding in regard to the pandemic and grants for free school meals and covid testing)

The Committee received and noted the Report of the County Treasurer on funds which had been received by the County Council during 2020/21 to for additional costs arising from the pandemic and the support contained within the Provisional Local Government Finance Settlement for 2021/22.

The County Council had needed to respond quickly to a rapidly developing crisis to ensure people receive vital care and support. For Adult Social Care and Health this had included stabilising the adult care sector through sustainability funding and meeting extra costs; and practical support around personal protective equipment (PPE), testing, infection control, and recruitment. It had also included the provision of agency staff to ensure care homes remained open when high numbers of staff were off sick or isolating due to Covid-19.

The national situation continued to evolve and central government had put measures in place to manage the pandemic funding support to Local Authorities in responding to pressures.

The uncertainty of future government support to address the ongoing costs as a result of the Covid -19 pandemic was a key risk. Longer-term support may be needed for care providers and the authority continued to engage further with central government to seek adequate funding.

Members' discussion points with the County Treasurer included the ongoing and likelihood of additional longer term cost arising from the pandemic; and development by Public Health of a Test and Track Management Strategy and funding.

\* **229**      **Carers Spotlight Review - Update on Recommendations**

(Councillor A Leadbetter attended in accordance with 25 and spoke to this item with the consent of the Committee and referred to the role and good working relations within the Carers' Partnership Board)

The Committee considered the Report of the Locality Director North and East (Care and Health) (ACH/21/131) on a summary of the progress and actions in the Carers Programme as they related to recommendations from the Carers Spotlight Review. The Report included comment on some actions and/or recommendations where necessary notably the significant impact of COVID-19 on Carers.

The Report gave a detailed update on each of the Spotlight Review recommendations and the impact of pandemic on progress.

The Officers responded to Members' comments and questions relating to te good working arrangements and efficacy of the Carers Partnership Board which would address areas of the identified slower than expected areas of progress.

The Chair of the Partnership Board, Councillor Leadbetter indicated that the former Chair of the Spotlight Review (or any Member of this Committee), upon request, would be invited to attend the next meeting where progress would be discussed.

\* 230 **Implementing Spotlight Recommendations: Rapid Response Services**

The Committee noted and received the Report of the Locality Director – North and East (Care and Health) (ACH/21/132) following the Spotlight Review of Rapid Response services in 2018. The Report was the second annual update to this Committee on the implementation of the recommendations. The recommendations had been grouped to provide a coherent response and had been progressed rated: green for either completed or embedded and amber for in progress or on-going requirements.

Progress on many workstreams across health and care had either been paused or limited over the last months as the response to COVID-19 which had consumed capacity and resulted rewritten short-term priorities nationally and locally.

Despite progress in some areas contained within the Report there were key areas that had been deprioritised and new opportunities for progress identified. The intention was still to provide an assessment of the capacity and requirement of short-term services across the system and the Service continued to develop and embed arrangements locally and assessments would be reported to a future Committee.

Members noted the positive outcomes through integrated care and health teams mitigating longer term care commitments.

\* 231 **Scrutiny Committee Work Programme**

The Committee noted the current Work Programme subject to inclusion of the topics arising from this meeting.

[NB: The Scrutiny Work Programme was available on the Council's website at <https://www.devon.gov.uk/democracy/committee-Meetings/scrutinycommittees/scrutiny-workprogramme/>

\* 232 **Information Previously Circulated**

The Committee noted the following list of information previously circulated since the last meeting:

(a) Briefing: Torbay and South Devon NHS Foundation Trust Update: 12 December 2020; 27 November 2020; and 13 November 2020.

(b) NHS England / Improvement Briefing (November 2020): Delivering an NHS COVID-19 Vaccination Programme.

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

HEALTH AND ADULT CARE SCRUTINY COMMITTEE  
26/01/21

The Meeting started at 2.15 pm and finished at 5.28 pm