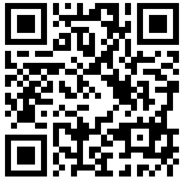

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Devon County Council

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

County Hall
Topsham Road
Exeter
Devon
EX2 4QD

Date: 10 March 2021

Contact: Gerry Rufolo 01392 382299
Email: gerry.rufolo@devon.gov.uk

HEALTH AND ADULT CARE SCRUTINY COMMITTEE

Thursday, 18th March, 2021

A meeting of the Health and Adult Care Scrutiny Committee is to be held on the above date at 10.30 am to consider the following matters. This will be a Virtual Meeting. For the joining instructions please contact the Clerk for further details on attendance and/or public participation.

Phil Norrey
Chief Executive

A G E N D A

PART 1 - OPEN COMMITTEE

1 Apologies

2 Minutes

Minutes of the Budget and ordinary meetings held on 26 January 2021 (previously circulated)

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 Modernising Services in the Teignmouth & Dawlish Area Update Independent Reconfiguration Panel (IRP) (Pages 1 - 30)

(a) Letter from the Chair to the Independent Reconfiguration Panel, and IRP response to an invitation for a representative to attend this meeting and CCG Representation to the IRP (Page 7), attached.

(b) Report of the Clinical Commissioning Group and letter to the Independent Reconfiguration Panel, (Page 15), attached.

6 ICS Governance, NHS Finance 2020/21, 10 Year Plan including White Paper (Pages 31 - 40)

Report of the Lead Chief Executive for the Devon Sustainability and Transformation Partnership (STP), attached

7 Dental Access for Adults and Children in Devon (Pages 41 - 52)

Report of NHS England and NHS Improvement, attached

8 Update on the Phase 3 Elective Care Restoration Programme in Devon (Pages 53 - 56)

Report of the Acting Director in Hospital Commissioning (Clinical Commissioning Group), attached

9 Health & Adult Care Scrutiny Committee - 4 Year Overview (Pages 57 - 64)

Report of the Members (CSO/21/8), attached

10 Commissioning Liaison Member (Pages 65 - 70)

Report of the Head of Scrutiny, attached

11 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

12 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) Devon Clinical Commissioning Group: Coronavirus Vaccination in Devon February and March 2021 Briefings.

(b) Public Health Impacts of Food Insecurity: What do we know in Devon?: Paper by Public Health Devon

(c) Oral health needs assessment (OHNA): commissioned by NHS England / NHS Improvement (SW) from an independent organisation to inform the SW Dental Reform Programme.

(d) Torbay and South Devon NHS Foundation Trust Update: 26 February 2021.

(e) Internal Audit Plan and Risk Management Information.

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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Induction Loop available

Cllr Sara Randall Johnson
Health & Adult Care Scrutiny Committee
County Hall
Topsham Road
Exeter
Devon
EX2 4QU

Mr Martin Houghton
IRP
6th floor
157-197
Buckingham Palace Road
London
SW1W 9SP

5 February 2021

Dear Mr Houghton,

Modernising Health and Care Services in the Teignmouth and Dawlish Area

This letter is an exploratory one seeking advice from the IRP. This resulted from a meeting on 26 January 2021 of Devon County Council's Health & Adult Care Scrutiny Committee where an item was considered on *Modernising Health and Care Services in the Teignmouth and Dawlish Area* and the Committee resolved to:

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.[1]

The Committee was cognisant of the role the IRP has in providing '*ongoing advice to NHS organisations, local authorities including overview and scrutiny committees and other interested bodies on the development of local proposals for service change…*'[2]

In writing to you I am also mindful of the IRP's advice in response to the 2016 referral about Torrington Community Hospital. Proposals on the reconfiguration of inpatient beds at Torrington Community Hospital were referred to the Secretary of State on the grounds that the changes would not be in the best interest of patients. After an initial assessment the IRP advised the Secretary of State that the referral did not warrant a full review but recognised that '*early engagement with the local community could have been improved upon. The NHS has acknowledged this and taken steps to address matters since. It is right that the focus now must be on the future and learning from mistakes of the past*[3]'.

The issues raised previously continue to have a bearing upon consultation and change of hospital services today. The substantial development currently being considered is a proposal that arose from plans by Torbay and South Devon NHS Foundation Trust to build a new £8million Health and

[1] https://democracy.devon.gov.uk/mgAi.aspx?ID=25473
[2] How NHS organisations, local authorities and other interested parties can request informal advice
[3] https://democracy.devon.gov.uk/documents/s4657/SoS%20letter.pdf

Wellbeing Centre in the heart of Teignmouth. The formal consultation process began on 1 September 2020. The four elements to the proposal were to:

a) Move the most frequently used community clinics from Teignmouth Community Hospital to the new Health and Wellbeing Centre.

b) Move specialist outpatient clinics, except ear nose and throat clinics, from Teignmouth Community Hospital to Dawlish Community Hospital, four miles away.

c) Move day case procedures from Teignmouth Community Hospital to Dawlish Community Hospital.

d) Continue with a model of community-based intermediate care, reversing the decision to establish 12 rehabilitation beds at Teignmouth Community Hospital.

The Health & Adult Care Scrutiny Committee have had regular briefings on the consultation but only from August 2020 onwards. NHS Devon CCG officers attended both informal meetings with the chairs as well as at public Committee on 10 September 2020, 12 November 2020 and 26 January 2021 on this topic as well as providing members with several briefing notes. The Committee was not however, invited to have input on the consultation process before it began or on the content and potential for codesign with local people.

In response to concern about how the consultation process had been run the Health & Adult Care Scrutiny Committee resolved at their meeting on 12 November 2020 to set up a spotlight review on *Modernising Health and Care Services in the Teignmouth and Dawlish Area*, which was held on 14 December 2020. The Review concentrated on the efficacy of the consultation process. Members met with Healthwatch Devon, Plymouth & Torbay who had been commissioned by NHS Devon CCG as an independent group to take an administrative and oversight role in the consultation and to analyse the responses submitted. Members also met with NHS Devon CCG to discuss their report and interrogate the process undertaken to consider the other possible options. The following conclusion was reached and sent to the 17 December 2020 NHS Devon CCG Governing Body:

Members do not believe that the consultation, from the evidence presented, offers a credible case for change that both clinicians and residents advocate. Co-production is 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.[4]**

During the Spotlight Review members noted that although NHS Devon CCG has been rolling out the intermediate community-based 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

[4] https://democracy.devon.gov.uk/documents/s34265/HAC%20Scrutiny%20Response%20Teignmouth.pdf

success (using both quantitative and qualitative methodology) to support this extensive change proposed.

On the 17 December 2020 the NHS Devon CCG Governing Body considered the recommendation from Scrutiny in a limited fashion and were at best dismissive of the Scrutiny process. They subsequently approved a series of recommendations which will 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 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.

At Committee on 26 January 2021 members considered NHS Devon CCG Governing Body's response to the Spotlight Review and decision taken. Members' questions and discussion points with 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;
- NHS Devon 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 veracity of the consultation process;
- concerns about NHS Devon 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 NHS Devon 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 NHS Devon CCG's proposals; and
- the threshold required for a formal referral to the Secretary of State and likely outcome.

The Committee subsequently agreed the following recommendations:

a) that NHS Devon 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 NHS Devon CCG 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.

In the current substantial development there are enduring questions about the veracity of the consultation process which NHS Devon CCG has undertaken with regards to Teignmouth Hospital and would suggest that mistakes are continuing to be made, which are not serving the best interests of the public. When the matter came before the January 2021 meeting there was considerable local support from residents for the matter to be sent to the Secretary of State. The decision was taken by Committee at this stage to contact the IRP in terms of whether NHS Devon CCG has a case to answer.

It should be said that the Committee remains mindful of its relationship with NHS Devon CCG and while offering the health system, and also the adult social care sector, robust challenge, strives to do this very much from the perspective of a critical friend. Members recognise that little advantage is to

be gained in their Scrutiny role through adversary, however Scrutiny cannot be an afterthought or a tick box exercise but must be front and centre of good governance. With the move to an Integrated Care System, as well as the unprecedented challenge COVID-19 brings in terms of recovery and restoration, it is essential that NHS Devon CCG takes members on this journey with them.

In light of this evidence the Committee invite your consideration of the matter and your advice on the best way to proceed both in this matter and with regard to future consultation exercises building upon the advice previously given to Devon County Council and the NHS Devon CCG.

Timeline of Key Scrutiny Involvement (to date)

- 17 August 2020 – Chairs met with NHS Devon CCG for update on public consultation on the future of services in the Teignmouth and Dawlish area.
- 18 August 2020 – NHS Devon CCG provide members with a briefing document.
- 1 September 2020 – Further NHS Devon CCG briefing circulated to members on the public consultation, which ran from 1 September 2020 – 26 October 2020.
- 10 September 2020 - Chairs met with NHS Devon CCG.
- 11 September 2020 - Financial and travel supporting documents circulated to Committee.
- 12 September 2020 - Modernising Health and Care Services in the Teignmouth and Dawlish Area update report received at Committee, where members agree to set up a spotlight review.
- 12 November 2020 – Further update report from NHS Devon CCG presented to Committee. Members advised by a local member of a petition against the proposal with 2783 signatories.
- 14 December 2020 – Spotlight Review.
- 17 December 2020 – NHS Devon CCG Governing Body receives the report of the Spotlight Review.
- 26 January 2021 – Health & Adult Care Scrutiny Committee reviews NHS Devon CCG Governing Body decision and agrees a series of recommendations including an informal approach for advice to the IRP.

Yours sincerely,

Cllr Sara Randall Johnson

Chair, Health & Adult Care Scrutiny Committee

Devon County Council

From: IRPINFO <irpinfo@dhsc.gov.uk>
Sent: 04 March 2021 12:45
To: Dan Looker <Dan.Looker@devon.gov.uk>

Subject: FW: NHS Devon Clinical Commissioning Group -Re: Health Services in Teignmouth and Dawlish

Dan

Further to my email of 15 February, I attach the response the IRP has received from Devon CCG.

I have been contacted recently by various parties with an interest in this issue and perhaps I should, again, start by clarifying the IRP's role. As well as advising the Secretary of State on contested proposals that have been referred to him by local authorities, we also offer informal advice to interested parties involved in the development of proposals for reconfiguration of health services in England. We do so in line with our informal advice document which you have no doubt seen on our website. As such we do not *investigate matters* or conduct *informal reviews* in our informal role but try to help where we can.

These plans are clearly at an advanced stage and I note that the Devon HACSC has discussed the possibility of making a referral to the Secretary of State but has resisted this option to date. In the circumstances, I don't think there is much that the IRP can offer by way of assistance other than to pass on the CCG's response. The Panel always encourages interested parties to keep talking in search of a local resolution. I note from the CCG response that there is a upcoming meeting with the HASCS and would encourage your committee and the CCG to maintain the dialogue in a co-operative manner. Ultimately, if concerns remain, the committee is aware of the power open to it.

Martin Houghton
Secretary to IRP

From: Dan Looker <Dan.Looker@devon.gov.uk>
Sent: 05 March 2021 19:27
Cc: Gerry Rufolo <gerry.rufolo@devon.gov.uk>
Subject: RE: NHS Devon Clinical Commissioning Group -Re: Health Services in Teignmouth and Dawlish

Hi Martin,

Thank you for your response.

The Chair of the Committee has invited you or a representative of the IRP to please attend the item on the *Modernising Health and Care Services in the Teignmouth and Dawlish Area* on the agenda of the DCC Health & Adult Care Scrutiny Committee at **10.30am on 18 March 2021** on Teams.

The Chair feels it would be extremely helpful for the Committee to hear first-hand about the IRP's role in these type of matters and get any perspective you can provide on finding local resolutions.

For your information senior representatives from the CCG will also be in attendance.

Thanks for your time. I look forward to hearing from you.

Kind regards,
Dan Looker
Scrutiny Officer

Sent: 09 March 2021 09:42
To: Dan Looker <Dan.Looker@devon.gov.uk>
Subject: RE: NHS Devon Clinical Commissioning Group -Re: Health Services in Teignmouth and Dawlish

Dan

Unfortunately, it is not possible to attend the meeting next week.

It is evident that to date the HACSC and NHS have worked together diligently on these proposals for modernising local services. This is to be commended and it is important that all parties commit to continuing their partnership to find the best way forward. Although this may not be the easy next step, in the IRP's experience it is the better way to go for the future of local services

The needs of patients, and the best use of resources to meet those needs, must remain the focus for modernising local services. Reaffirm this focus together and in this context, identify openly any substantive points of difference regarding the proposals and how they will be addressed. This may include risks and mitigations in effecting changes to services.

Although we do not necessarily perceive the need at present, we have seen third party mediation play a part in helping everyone move forward successfully. This is not something the IRP offers but we can put you in touch with relevant networks should it be considered.

All the above and what we have previously suggested is based on our long experience of NHS service change. This has been synthesised in Learning from Reviews which is available at this link. IRP: Learning from reviews - GOV.UK (www.gov.uk)

It may be worth considering a 'learning event' to offer reflection, develop relationships and share knowledge and experience. The IRP would be willing to contribute to such an event in the future.

Martin
Secretary to IRP

NHS
Devon
Clinical Commissioning Group

Mr Martin Houghton
IRP
6th floor
157-197
Buckingham Palace Road
London
SW1W 9SP

By email: martin.houghton@dhsc.gov.uk

25 February 2021

Dear Martin

Re: Health Services in Teignmouth and Dawlish

Thank you for the opportunity to comment on the request for advice you have received from Devon County Council's Health and Adult Care Scrutiny Committee (OSC).

The CCG is aware of the concerns raised in the letter and will be providing a further written response at the next meeting of the Committee. Should the committee make a recommendation for formal referral the CCG is confident that consultation and clinical evidence clearly supports planned changes to health services in this area.

This letter provides some background information concerning the proposals and outlines our ongoing engagement and consultation with the community. We are disappointed that the OSC has questioned the veracity of the consultation and engagement process which we have discussed with the OSC since 2018.

For your information we have also attached the relevant papers from the CCG's Governing Body and additional clinical evidence provided to the OSC.

In summary –

- **Extensive engagement with OSC and local stakeholders has been on-going since 2013 on health and care in Teignmouth and Dawlish, the CCG has provided multiple opportunities for response and consultation.**
- **A local stakeholder engagement group and Healthwatch supported co-production and provided oversight of the engagement and consultation process. The CCG also sought advice from the Consultation Institute who viewed the CCG's approach as good practice.**
- **Local stakeholders and members of the community were involved in the evaluation of options both prior to consultation and post consultation.**
- **16,000 households were invited to take part in the consultation.**

- **Over 1,000 people shared their views in the consultation with 61% supporting the overall proposal.**
- **The Quality and Equality Impact Assessments completed before and after the consultation process included assessments of the impact of the proposal on patient experience.**
- **The enhanced intermediate care provision in the Coastal Locality, which largely involves looking after people in their own homes is exemplary and has been recognised internationally as a successful model.**
- **The clinical case for change has been reviewed and supported by the South West Clinical Senate and NHS England.**
- **Recommendations from the OSC were carefully considered and resulted in additional recommendations from the Governing Body in relation to parking and transport.**
- **Following the stakeholder review of alternatives, the proposals were amended to move specialist ear, nose and throat clinics and specialist orthopaedic clinics to the Health and Wellbeing Centre instead of Dawlish Hospital as originally proposed.**
- **The CCG remains confident, based upon extensive clinical evidence alongside an engagement and consultation process conducted in line with the Gunning Principles, that the agreed proposals are in the best interests of health services in the area affected contrary to the opinion of the OSC.**

1. Background information of the reconfiguration

1.1. For more than five years, the way in which care is delivered across the Teignmouth and Dawlish areas (Coastal Locality) has been the subject of ongoing local discussion and debate.

1.2. One of the aims of the CCG, in line with the Long Term Plan, is to integrate services in order to make improvements for the most vulnerable people in our communities – those needing frequent and multiple services to help and support them.

1.3. The options for the community and specialist clinics, day case procedures and rehabilitation provision were evaluated by the CCG, Torbay and South Devon NHS Foundation Trust, local clinicians and community groups in January 2020 using agreed criteria.

1.4. The extensive discussions held with the communities in the Teignmouth and Dawlish areas led to the development of the proposal for change, put to consultation from 1 September – 26 October 2020.

1.5. The proposal consulted upon consisted of four elements:

1. **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

2. **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.

3. 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
- Journey times for many patients would increase, by up to four miles

4. 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 the 12 beds would not be needed for patients with COVID-19
- 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.

2. Ongoing Public Engagement

2.1. The views of all stakeholders have been key in the development of this project. A group drawn from the community has maintained oversight throughout and regular stakeholder briefings have been in place throughout the development of the project.

- **2013:** Public engagement asked people what was important to them in terms of health and care services.

- **2014/15:** Public Consultation in Teignmouth and Dawlish which led to the decision to implement:

Teignmouth Community Hospital	Dawlish Community Hospital
Health and wellbeing team	16 medical beds
12 rehabilitation beds (not implemented)	Minor Injuries Unit
Specialist outpatient clinics	Community clinics

Theatre for planned day case surgery	
Community clinics	

- **2017:** Decision by CCG Governing Body to review need for rehabilitation beds in Teignmouth Hospital as the health and wellbeing team were looking after local patients so successfully without them.

- **2018:** Public engagement asked:
    - How do you feel about bringing some health and care services together into a new building? In the context of:
        - The three Teignmouth practices wish to co-locate in a new building.
        - The opportunity a new building would provide co-location of services.
        - The success of services since the 2014/15 consultation means that the proposed 12 rehabilitation beds do not need to be established at Teignmouth Hospital.
        - What are the key factors that should be taken into account when identifying a site for any new NHS building in Teignmouth?

2.2. The consultation on the proposal was approved by the CCG Governing Body in February 2020 following consideration of a pre-consultation business case and, although due to start in March 2020, was postponed due to the COVID-19 pandemic.

2.3. The consultation took place for eight weeks across September into October 2020. The full report of Healthwatch, who undertook the consultation is appended in the Governing Body report attached.

3. Scrutiny

3.1. The below table sets out ongoing engagement with the Overview and Scrutiny Panel.

20 September 2018	**Understanding the Model of Care - Community Health and Care Team Visits**	(Date of visit 21 June 2018) Teignmouth Community Health & Care Team, Teignmouth Community Hospital Read the report of the visit as reported to the committee here
22 November 2018	**Modernising Health and Wellbeing Services in Teignmouth**	Report on the proposals to move to public consultation regarding • Re-locating community and specialist outpatient clinics from Teignmouth Community Hospital; • Co-locating the three GP practices in Teignmouth, alongside the

		health and wellbeing team and voluntary sector in a new building; • The future of the rehabilitation beds. Read the report to the committee here
12 March, 2020	**Health and Care: General Update**	Advised on deferral of consultation process. Read the report to the committee here
10 September 2020	**Consultation Modernising Health and Care Services in the Teignmouth and Dawlish area**	Committee considered Report on the consultation process and materials. **"The committee commented that the quality and clarity of the consultation material widely distributed in the South Devon area which was commended by Members and the virtual arrangements as a result of the pandemic."** Members noted that the full analysis of the consultation outcome for the Clinical Commissioning Group would not be available until after this Committee's next meeting. Read the report to the committee here
12 November 2020	**Modernising Health and Care Services in the Teignmouth and Dawlish area**	Presentation of emerging themes from the consultation. Read the report to the committee here
14 December 2020	**Spotlight Review; Modernising Health and Care Services in the Teignmouth and Dawlish area**	A "Spotlight Review" is a task and finish group, set up by and with councillors from the committee as members. Healthwatch attended and provided a report on the consultation process. The output of the Spotlight Review is attached and was carefully considered by NHS Devon's Governing Body on the 17 December 2020.
26 January 2021	**Modernising Health and Care Services in the Teignmouth and Dawlish area**	CCG Representatives were called to this meeting to provide additional evidence in relation to intermediate care.

		Councillors agreed to write to the Independent Reconfiguration Panel to seek additional advice. Read the report to the committee here

4. Consultation Process

4.1. Because of the COVID-19 pandemic, and with the virus still circulating in Devon communities, the CCG made the decision to conduct the consultation remotely, thereby reducing the risks associated both with travel and with large gatherings of people.

4.2. In designing the consultation advice was sought from the Consultation Institute and acted upon. The CCG acted to ensure the widest possible awareness of the consultation, and to facilitate participation by as broad a range of people as possible.

4.3. The CCG:

- Produced a consultation document setting out the proposals and the rationale behind them.
- Sent out 16,000 consultation documents and survey forms sent by Royal Mail, to reach all households in the Teignmouth and Dawlish area.
- Created a dedicated consultation section on the CCG website with links to the consultation document, supporting documentation (including regularly updated Frequently Asked Questions), videos and the Pre-consultation Business Case
- Invited people to use the website to register as an interested stakeholder and receive regular updates, to express an interest in attending an online meeting or to invite the CCG to meet remotely with a community group to discuss the proposal at a community or consultation meeting.
- Had 133,000 leaflets delivered to postcodes in South Devon and Torbay.
- Developed an easy read and audio version of the consultation document. The CCG website also featured the support software tool, “browse aloud”, which facilitates access and participation for people with dyslexia, low literacy, English as a second language, and those with mild visual impairments by providing speech, reading, and translation. Large print and easy read versions of the core documentation were also produced.
- Ensured weekly news coverage in local media, enhanced with in-print and online advertising.
- Publicised the consultation on Twitter, with 19,999 views and 174 engagements.
- Arranged paid-for Facebook posts, which were viewed 47,153 times.
- Contacted all the schools in Teignmouth and Dawlish to request they raise awareness of the consultation via their communications within the school community.

4.4. There were a number of ways people could take part in the consultation, namely:

- Respond to the hard copy survey included in the consultation document.
- Complete the survey online.
- Attend one of six online public consultation meetings that were held.
- Watch the online consultation meeting back after the live event.

- Invite the CCG to a community meeting to discuss the proposals.
- Request a telephone appointment to have 1-1 discussions about the proposals.
- Contact Healthwatch with queries or to request further information on a freephone telephone number, Monday to Friday.
- Write (Freepost) or email with queries and/or feedback.

Subsequent to the request for advice being made and in line with our commitment to constructive relationships with local partners, meetings with the Chair of the Committee have continued and further updates will be provided to the Scrutiny Committee. It is the opinion of the CCG, based upon extensive clinical evidence and support from our Clinical Senate, alongside a engagement and consultation process conducted in line with the Gunning Principles that the agreed proposals are in the best interests of health services in the area affected.

Yours sincerely

Dr Paul Johnson
Clinical Chair, NHS Devon Clinical Commissioning Group.

MODERNISING HEALTH AND CARE SERVICES IN TEIGNMOUTH AND DAWLISH

Report of the director for out of hospital commissioning, NHS Devon CCG

1. Purpose

1.1. This report provides an update on the progress of the approved project and response to recommendations made by the Health and Adult Care Scrutiny Committee (OSC) at the meeting of the 26 January 2021.

2. Update on progress

2.1. NHS Devon CCG Governing body carefully considered the feedback from the Spotlight Review both in private and public session at its meeting of the 17 December 2020. This resulted in additional recommendations from the Governing Body in relation to parking and transport.

2.2. The stakeholder review of alternatives also formed part of the Governing Body's considerations and the proposals were amended to move specialist ear, nose and throat clinics and specialist orthopaedic clinics to the Health and Wellbeing Centre instead of Dawlish Hospital as originally proposed

2.3. Subsequent to the review of the decision by the OSC in January, Torbay and South Devon NHS Foundation Trust (TSDFT), supported by the CCG, are continuing with the plans to develop the Health and Wellbeing Centre in Teignmouth.

2.4. In January 2021 TSDFT launched a website to engage the public about the design of the Teignmouth Health and Wellbeing Centre. The website showcases the detailed design of the new centre so that people can find out more about the building, its location and the detailed design https://teignmouthhwbcdesignconsultation.co.uk.

2.5. Feedback from this engagement was included in the planning application submitted to Teignbridge District Council on 25 January 2021.

2.6. The CCG undertook during the consultation not to stop or move any services until alternative accommodation is available. The construction of the Health and Wellbeing Centre in Teignmouth is due to be completed in 2022. Until that time, community clinics will continue to be provided from Teignmouth Community Hospital, and GP services at Channel View Medical Group from their existing premises at The Den and Courtney Road. The Health and Wellbeing Team (including the intermediate care team) will continue to operate from Teignmouth

Community Hospital until they can move into the Health and Wellbeing Centre.

2.7. Specialist clinics will move to Dawlish Community Hospital when arrangements have been finalised for relocating them. Day case procedures will move to Dawlish Community Hospital when the necessary building works had been carried out. This is estimated to be during 2021.

2.8. TSDFT is setting up a Project Board and will produce a monthly newsletter for external stakeholders.

3. Information on intermediate care operations

3.1. The attached paper ‘Teignmouth and Dawlish Clinical Evidence’ provides the data that we have available. We have included data on referrals to intermediate care, ED attendances, emergency readmissions and bed days used. In 2019/20, 112 people required a short-term placement in a care home as part of their intermediate care service.

3.2. The paper also shows the outcomes for the intermediate care service with 80% remaining in their own home and 2.3% moving to a care home.

4. Evaluation of the efficacy of intermediate care in the Teignmouth/ Dawlish area that includes qualitative patient experience case studies

4.1. The Quality and Equality Impact Assessments completed before and after the consultation process included assessments of the impact of the proposal on patient experience.

4.2. The Quality Impact Assessment indicates that overall, the impact on people using the services affected by this proposal is of benefit for safety, effectiveness and patient experience.

4.3. The Equality Impact Assessment indicates that overall, impact on people using the services affected by this proposal is neutral or of benefit.

4.4. The CCG has undertaken to further evaluate this model of care with academic partners.

5. Information provided to the Independent Reconfiguration Panel (IRP)

5.1. The CCG has provided the IRP with the relevant papers from the CCG’s Governing Body and additional clinical evidence provided to the OSC. The key points made include:

- Extensive engagement with OSC and local stakeholders has been on-going since 2013 on health and care in Teignmouth and Dawlish, the CCG has provided multiple opportunities for response and consultation.
- A local stakeholder engagement group and Healthwatch supported co-production and provided oversight of the engagement and consultation process. The CCG also sought advice from the Consultation Institute who viewed the CCG's approach as good practice.
- Local stakeholders and members of the community were involved in the evaluation of options both prior to consultation and post consultation.
- 16,000 households were invited to take part in the consultation.
- Over 1,000 people shared their views in the consultation with 61% supporting the overall proposal.
- The Quality and Equality Impact Assessments completed before and after the consultation process included assessments of the impact of the proposal on patient experience.
- The enhanced intermediate care provision in the Coastal Locality, which largely involves looking after people in their own homes is exemplary and has been recognised internationally as a successful model.
- The clinical case for change has been reviewed and supported by the South West Clinical Senate and NHS England.
- Recommendations from the OSC were carefully considered and resulted in additional recommendations from the Governing Body in relation to parking and transport.
- Following the stakeholder review of alternatives, the proposals were amended to move specialist ear, nose and throat clinics and specialist orthopaedic clinics to the Health and Wellbeing Centre instead of Dawlish Hospital as originally proposed.
- The CCG remains confident, based upon extensive clinical evidence alongside an engagement and consultation process conducted in line with the Gunning Principles, that the agreed proposals are in the best interests of health services in the area affected contrary to the opinion of the OSC.

6. Recommendations

6.1. The committee is recommended to note this update report as a response to recommendations made on the 26 January 2021.

Electoral Divisions: All Division.

Contact for Enquiries: DCCG.CorporateServices@nhs.net

Local Government Act 1972: List of Background Papers

Background Paper	**Date**	**File Reference** N/A

Modernising health and care services in the Teignmouth and Dawlish areas

1. Introduction

One of the aims of the CCG is to integrate services in order to make improvements for the most vulnerable people in our communities – those needing frequent and multiple services to help and support them. The drive is for quality services that are properly joined up so that vulnerable people do not have to struggle to get the support they need or risk falling through the gaps between different organisations and services. The one-team approach is at the core of the care the CCG wants to make available.

This paper sets the clinical evidence for the provision of community-based intermediate/ rehabilitation care in people's own homes rather than a ward based model of rehabilitation.

2. Summary

- NHS England South West Clinical Senate stated in their 2019 review of the model of care "It seems very clear that they do not need the 12 rehabilitation beds that were proposed for Teignmouth hospital in 2015, but which have never been implemented. The impact of the Integrated Care Team has reduced the need for beds despite the demographic and demand." See Section 3.

- Bed based care can have detrimental effects in older people and we should do everything we can to ensure as many people as possible are cared for safely in their own home to reduce the proven negative impacts of bed-based care. See Section 4.

- Home based care has proven better outcomes than bed-based care according to a number of measures including emergency department attendance and readmission rates and we should do everything we can to ensure that patients are able to benefit from these improved outcomes achieved by providing care in their own homes. See Section 4.

- In 2019/20 the Coastal locality had the highest rate across South Devon and Torbay of referrals to Intermediate care (33/1000 population), the lowest rate of ED attendances (37/1000 population aged over 65 years), the lowest rate for emergency bed days (448.5 per 1,000 aged over 70 years) and highest for bed days in a patient's own home (111.43 per 1,000 aged over 70 years) and the lowest rate for emergency readmissions (6.4 per 1,000 aged over 65 years . See Section 5.

- The Coastal EICT has the highest % of patients staying in their own homes after receiving an intermediate care service as a % of total discharges (80%) and had the lowest % of patients being admitted to an acute hospital after receiving an intermediate care service as a % of total discharges (12.4%). See Section 6.

- The total cost of running the Enhanced Intermediate Care team along with beds purchased as required from the independent sector and the cost of running a 12 bedded rehabilitation ward are comparable. See Section 7.

- The Enhanced Intermediate Care team in Coastal cared for 1,217 people (both in care homes and in their own home) in the year 2019/20. A 12 bedded rehabilitation ward would be able to care for approximately 232 people in a year. See Section 7.

- The community based enhanced intermediate care team is able to care for 5 times as many people as a 12 bedded rehabilitation ward for approximately the same level of investment. The team is also to able to flex in terms of staff resource to meet increased demand and capacity is not limited by the number of beds available. See Section 7.

3. NHS England South West Clinical Senate

The NHS England South West Clinical Senate, a panel of independent expert clinicians, reviewed and supported the model of care that was proposed and subsequently adopted across South Devon and Torbay in 2016. The review panel comprised 12 members representing broad and relevant expertise from across the South West and included a GP, a Director of Public Health, a Director of Adult Social Services, a Consultant Geriatrician, a Director of Quality, Safety and Governance, a Clinical Psychiatrist along with representatives from Healthwatch, Local Pharmacy Committee, Allied Health professionals and South West Ambulance Trust.

Members of the original 2016 clinical panel were subsequently convened in 2019 to undertake a further review of model of care in Teignmouth and Dawlish and the emerging proposals for changes to services in the area.

The evidence provided to both review panels comprised of the Pre-consultation Business Case developed as part of NHS England's assurance process and included clinical evidence to support the case for change.

The 2019 review panel gave formal answers to a series of questions, including the following:

Can the Clinical Senate be assured that the 12 new rehabilitation beds originally proposed in the 2015 Consultation (which it did not input into at the time) are no longer required?

Answer: It seems very clear that they do not need the 12 rehabilitation beds that were proposed for Teignmouth hospital in 2015, but which have never been implemented.
The impact of the Integrated Care Team has reduced the need for beds despite the demographic and demand.

Further details of the NHS England South West Clinical Review are at Appendix A.

4. Published evidence for home-based intermediate care services

There is a consistent evidence base that establishes that providing care for people in their own homes wherever possible has better outcomes than reliance on hospital bed-based care.

a) Bed based care can have detrimental effects in older people

- Bed based functional decline affects 40% of >70 year olds[1]
- Bed based care associated with immobilisation, accelerated bone loss and sensory deprivation which can result in irreversible functional decline[2]
- Risk of hospital acquired infection increases exponentially over the age of 50[3]

This led the 2013 Keogh Report 'Transforming urgent and emergency care services in England[4]' to state:

"Hospitals can be harmful to some people. Frail and elderly people may be made worse by hospital admission, which takes them from a familiar home environment to a confusing and noisy place where they are also at risk of harm from infection and falls. Very often their medical need is small and they just need a bit more care to help them through."

We should do everything we can to ensure as many people as possible are cared for safely in their own home to reduce the proven negative impacts of bed-based care.

b) Home based care has proven better outcomes than bed-based care

Home based care is associated with:

- Fewer subsequent Emergency Department attendances[5]
- Lower readmission rates[5]
- Higher quality of life scores[5]
- Higher patient satisfaction scores[5]
- Reduction in falls[6]
- Increased likelihood of survival following a stroke[7]
- Reduced readmissions and incidence of depression in patients with COPD[8]

Clinical outcomes in home-based care including mortality rate were otherwise no different to bed based care[5]

We should do everything we can to ensure that patients are able to benefit from these improved outcomes achieved by providing care in their own homes.

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[1] Zisberg A, Shadmi E, Gur-Yaish N, Tonkikh O, Sinoff G. Hospital-associated functional decline: the role of hospitalization processes beyond individual risk factors. J Am Geriatr Soc. 2015;63(1):55-62

[2] Hazards of Hospitalization of the Elderly. Annals of Internal Medicine. 1993;118(3):219-23.

[3] Gross PA, Rapuano C, Adrignolo A, Shaw B. Nosocomial infections: decade-specific risk. Infect Control. 1983;4(3):145-7

[4] NHS England, High quality care for all, now and for future generations: Transforming urgent and emergency care services in England – Urgent and Emergency Care Review End of Phase 1 Report, 2013

[5] NICE. NICE guideline 82: Emergency and acute medical care in over 16s: service delivery and organisation 2017 [Available from: https://www.nice.org.uk/guidance/ng94/evidence/12alternatives-to-hospital-care-pdf-172397464599

[6] Beswick AD, Rees K, Dieppe P, Ayis S, Gooberman-Hill R, Horwood J, et al. Complex interventions to improve physical function and maintain independent living in elderly people: a systematic review and meta-analysis. Lancet. 2008;371(9614):725-35.

[7] Laver K, Lannin NA, Bragge P, Hunter P, Holland AE, Tavender E, et al. Organising health care services for people with an acquired brain injury: an overview of systematic reviews and randomised controlled trials. BMC Health Serv Res. 2014;14:397.

[8] Aimonino Ricauda N, Tibaldi V, Leff B, Scarafiotti C, Marinello R, Zanocchi M, et al. Substitutive "hospital at home" versus inpatient care for elderly patients with exacerbations of chronic obstructive pulmonary disease: a prospective randomized, controlled trial. J Am Geriatr Soc. 2008;56(3):493-500.

5. Impact of Enhanced Intermediate Care

The model of care in the Teignmouth and Dawlish areas has been successful in supporting rehabilitation in people's own homes rather than in a hospital bed. It has been showcased both nationally and internationally.

The Enhanced Intermediate Care Team including local GPs provide rehabilitation, mainly in peoples own homes or in short term residential or nursing home placements. They have demonstrated that intermediate care can provide the rehabilitation needed in people's homes, in short residential placements or occasionally in Dawlish Community Hospital.

a) Researchers in Residence

The integrated care model has been evaluated by Researchers in Residence (RiR) from Plymouth University, Dr Felix Gradinger and Dr Julia Elston. This involves a two-year mixed-method case study of the experience and impact of two part-time RiRs, embedded within an Integrated Care Organisation to support the implementation of new models of care[9].

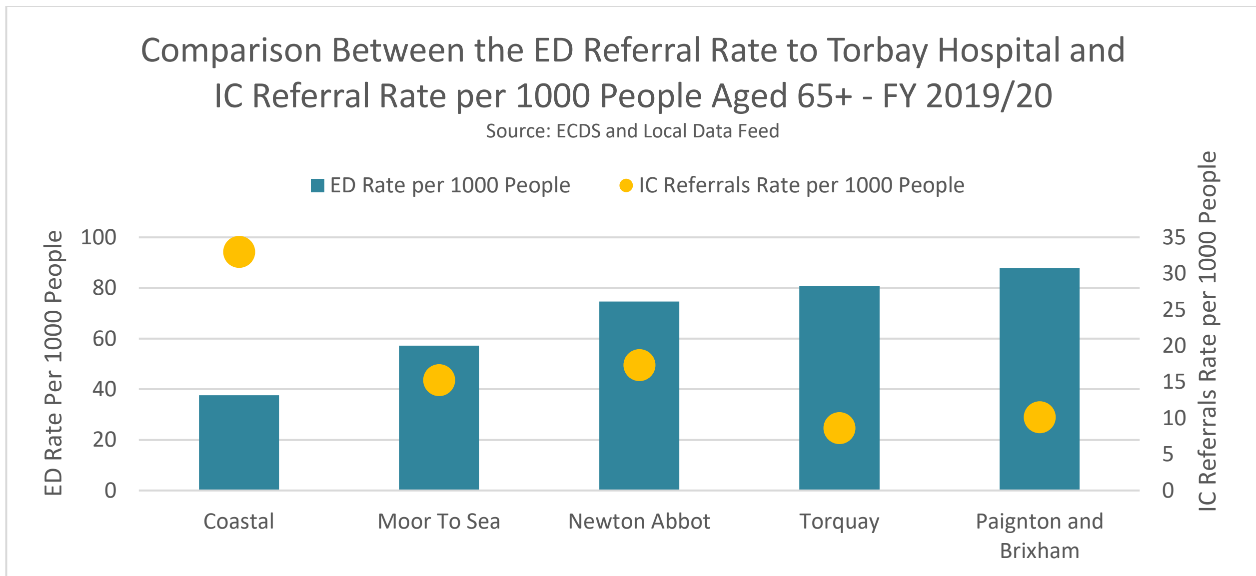
Their findings include:

- The Teignmouth and Dawlish area has a much lower proportion of over-70s needing some form of bed-based care than other parts of South Devon and Torbay. More Coastal patients are looked after in the community than in other localities, fewer days in Torbay or Community Hospital beds. This data suggests that Coastal has lower bed-day rates overall, lower rates of IC bed days, and a greater numbers and rate (as Coastal has a relatively smaller population of >70s than other localities) of home referrals than other localities, all pointing to a difference in practice in Coastal compared to other localities. This could be because the intermediate care team in the Teignmouth and Dawlish area can manage more complex cases at a community level, often in people's homes, without the need to use any type of bed-based care
- A higher proportion of over-70s in the Teignmouth and Dawlish area receive care in their own bed compared with other areas, thanks to the way care is provided in the area. This way of caring for people would have to change if staff were diverted to running a bedded rehabilitation ward in Teignmouth Community Hospital
- The proportion of over-70s in the Teignmouth and Dawlish area who have to use an emergency hospital bed is much lower compared with other areas illustrating that because of the local use of the EICT, there is a viable alternative to admitting patients to A&E. There appears to be a correlation between high use of Intermediate Care (IC), high GP referrals to IC and lower use of Emergency Department in Coastal. This supports a hypothesis that Coastal is holding a higher complexity case load.

Further information on the University of Plymouth research is at Appendix B.

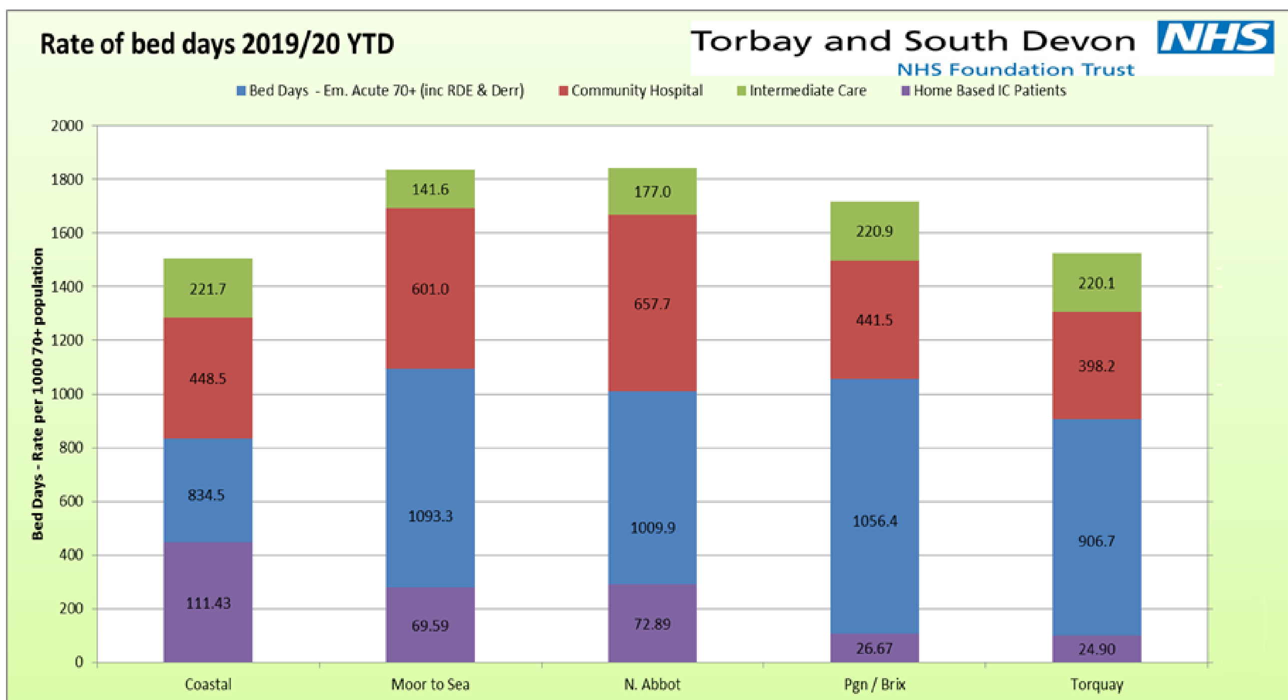
[9] Gradinger, F., Elston, J., Asthana, S., Martin, S. and Byng, R. (2019) Reflections on the Researcher-in-Residence model co-producing knowledge for action in an Integrated Care Organisation: a mixed methods case study using an impact survey and field notes, *Evidence & Policy*, vol 15, no 2, 197–215, DOI: 10.1332/174426419X15538508969850.

b) ED Referral Rate and IC Referral Activity



The graph above shows a correlation between a high referral rate to Enhanced Intermediate Care per 1000 population aged over 65 years (33 per 1,000) and a low referral rate to the Emergency Department in Torbay Hospital (81 per 1,000) showing that the Enhanced Intermediate Care Team could be managing greater complexity within the locality and preventing acute hospital attendance and admission.

c) Bed Use

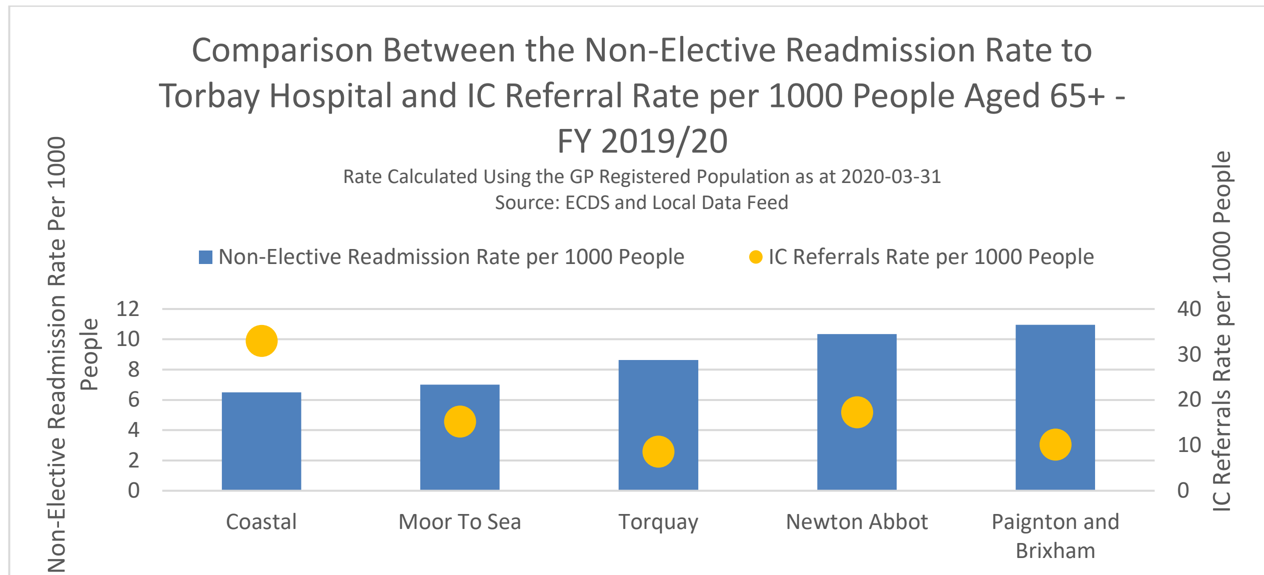


Source: Torbay and South Devon NHS Foundation Trust

The graph above shows that in the Coastal locality the bed days used up to December 2019/20 per 1,000 population aged over 70 years is lowest for emergency bed days (448.5 per 1,000) and

highest for bed days in a patient's own home (111.43). Coastal, Torquay and Paignton and Brixham localities are similar in their use of Intermediate care home beds and community hospital beds.

d) Emergency readmission to acute hospital within 28 days of discharge.

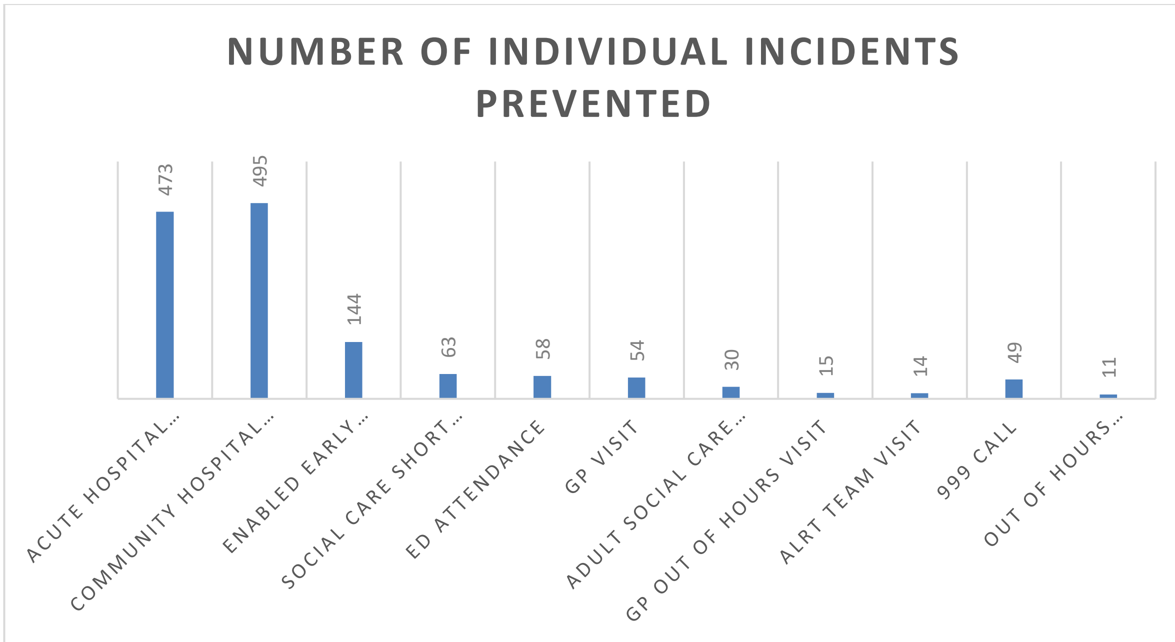


The graph above shows a correlation between a high referral rate to Enhanced Intermediate Care per 1000 population aged over 65 years (33 per 1,000) and a low emergency readmission rate to the Emergency Department in Torbay Hospital (6 per 1,000) showing that the Enhanced Intermediate Care Team could be managing greater complexity within the locality and preventing acute hospital emergency readmission.

e) Prevention of Other Activity

The Enhanced Intermediate Care Team used their clinical judgement to assess other activity that had been prevented as a result of their intervention between November 2019 and 31 October 2020

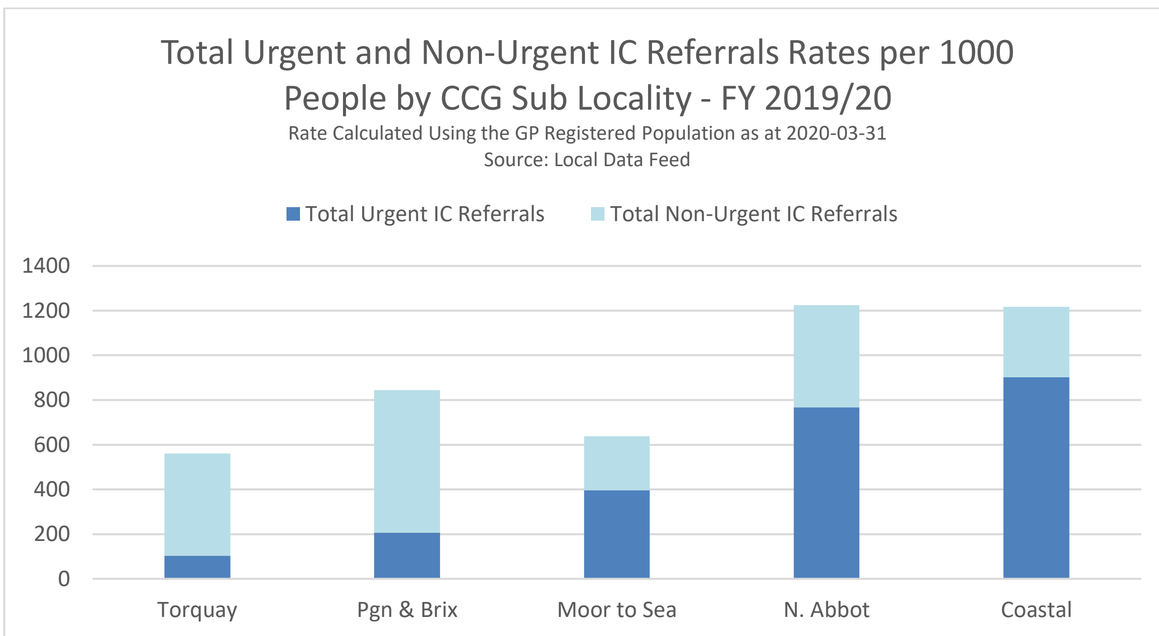
The data is shown in the graph below and shows that their intervention is clinically assessed to have avoided 968 hospital admissions in the year.



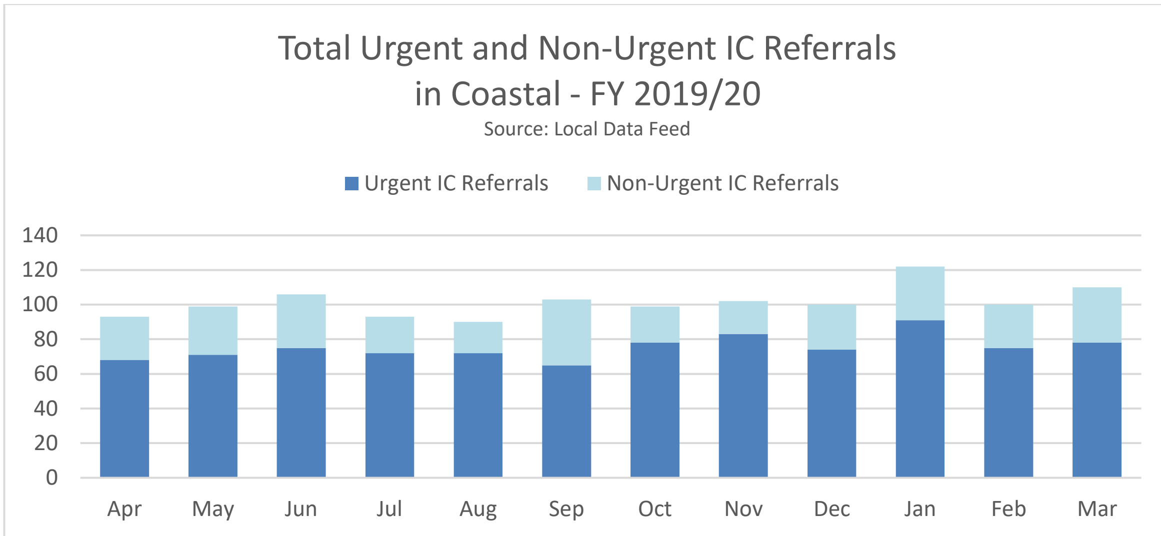
Source: Torbay and South Devon NHS Foundation Trust

6. Intermediate Care Activity

a) New referrals to Intermediate Care

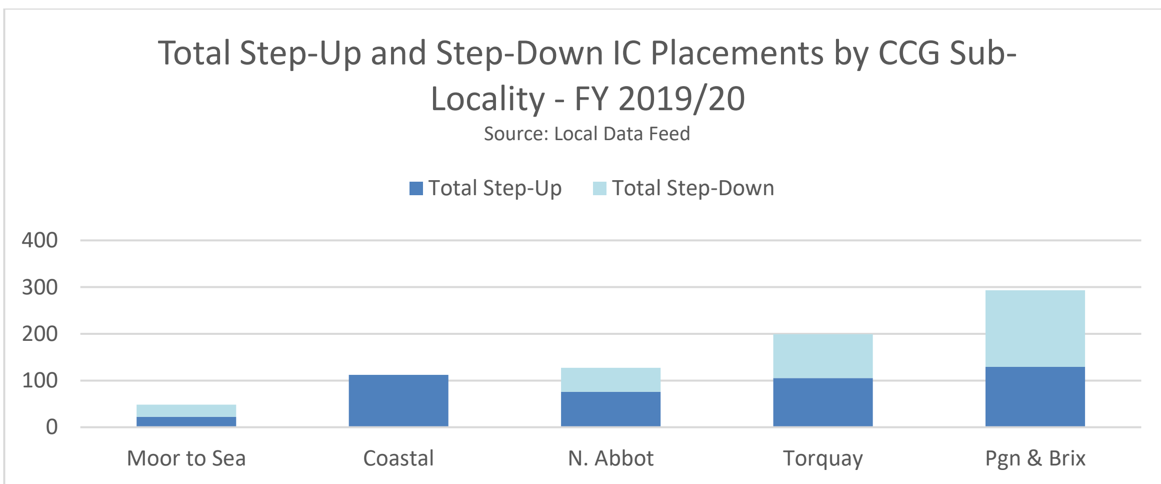


The graph above shows that the Coastal Locality (along with the Newton Abbot Locality) has a high number of referrals per 1,000 population compared to other localities. Of these 315 referrals per 1,000 people are non-urgent referrals and 905 are urgent referrals. This shows that the Coastal Locality uses its intermediate care service to support urgent care and equates to the low number of emergency admissions and readmissions shown in the graphs above.



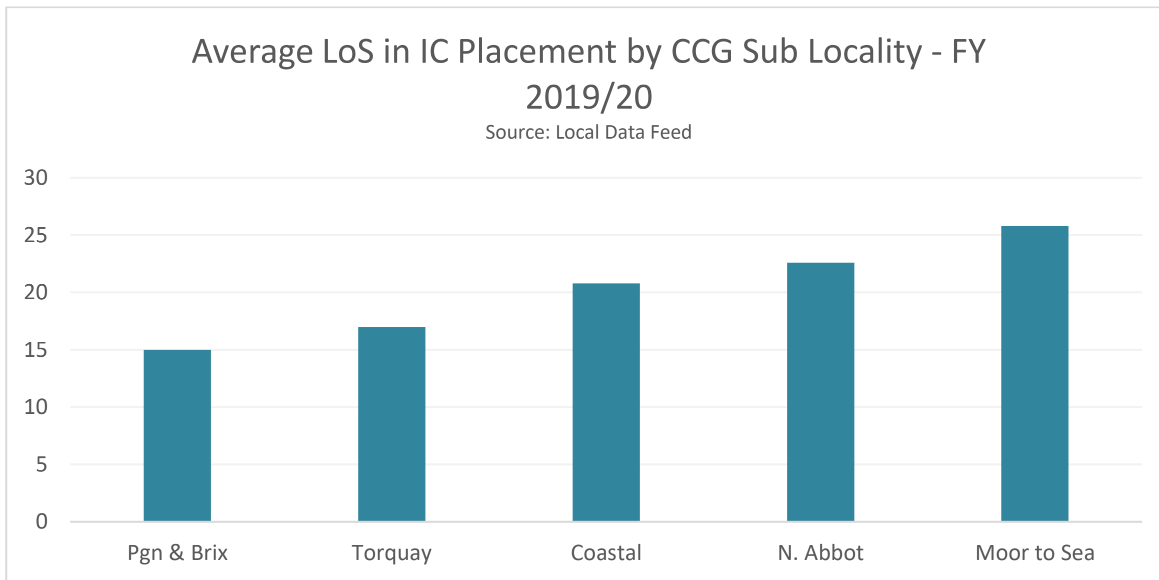
The graph above shows that referrals to intermediate care in the Coastal Locality are relatively consistent throughout the year with the majority of referrals being for an urgent response supporting people in the community rather than an acute hospital setting.

b) Number of IC patients placed in care home short term



The graph above shows the use of care home placements by the intermediate care team as part of the service provided to patients. Coastal used 112 care home placements in 2019/20 and all of these were ‘step up’ placements i.e. placements from someone’s home rather than stepping down from a hospital stay. This shows that placements are used by the team to prevent a hospital admission rather than as part of the discharge from the acute hospital.

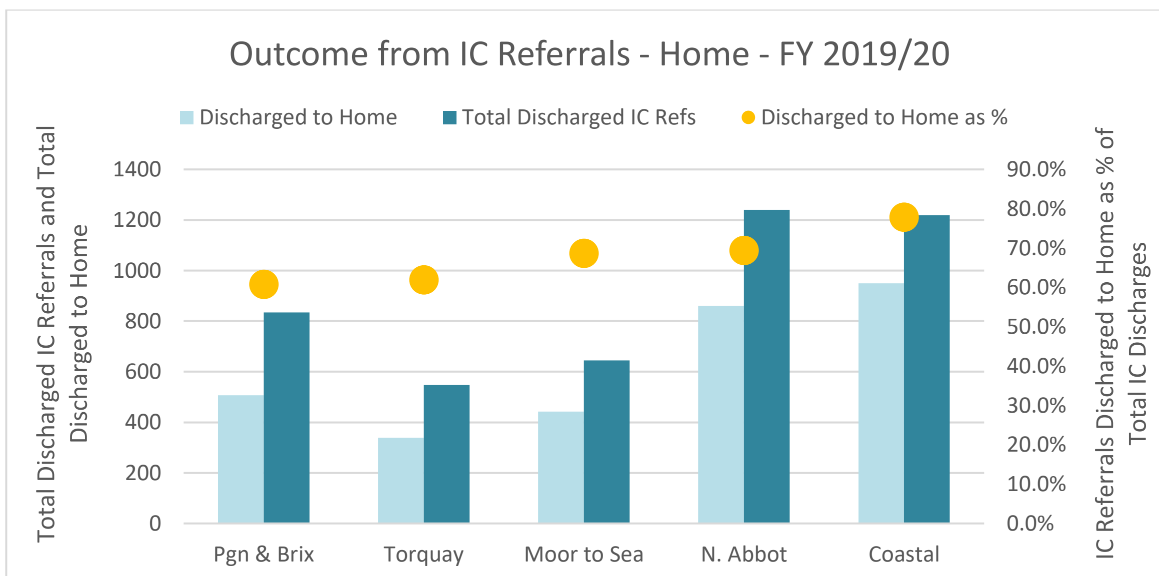
c) Length of Stay



The average length of stay in an intermediate care home placement in the Coastal Locality was 20.8 days, average compared to other localities.

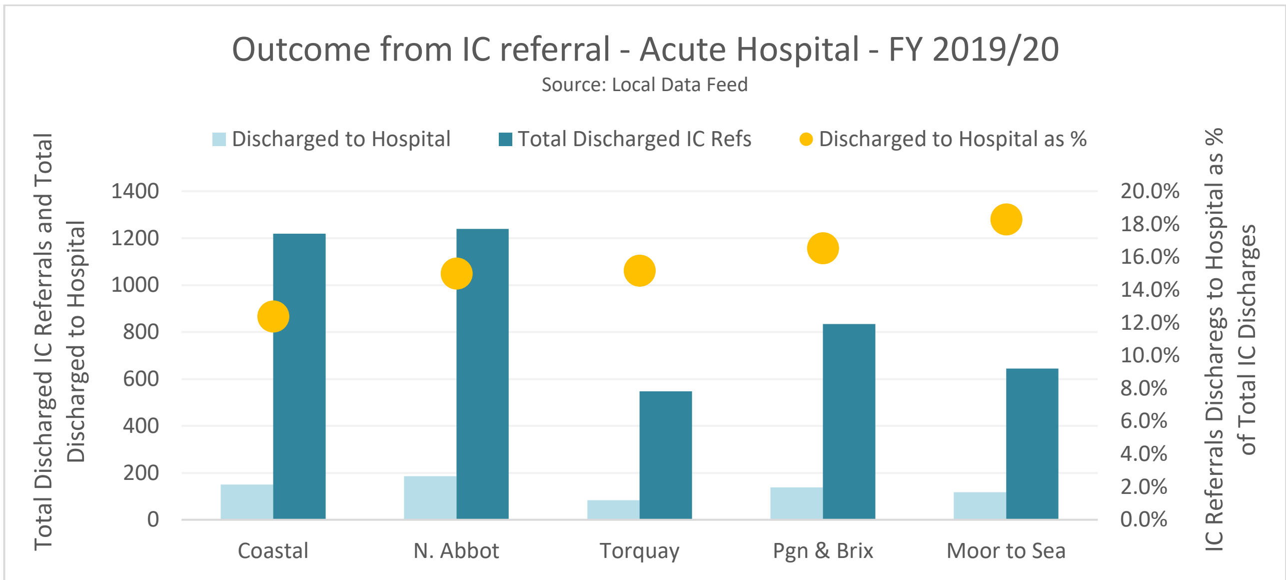
7. Outcomes

a) Outcome from intermediate care service – Home



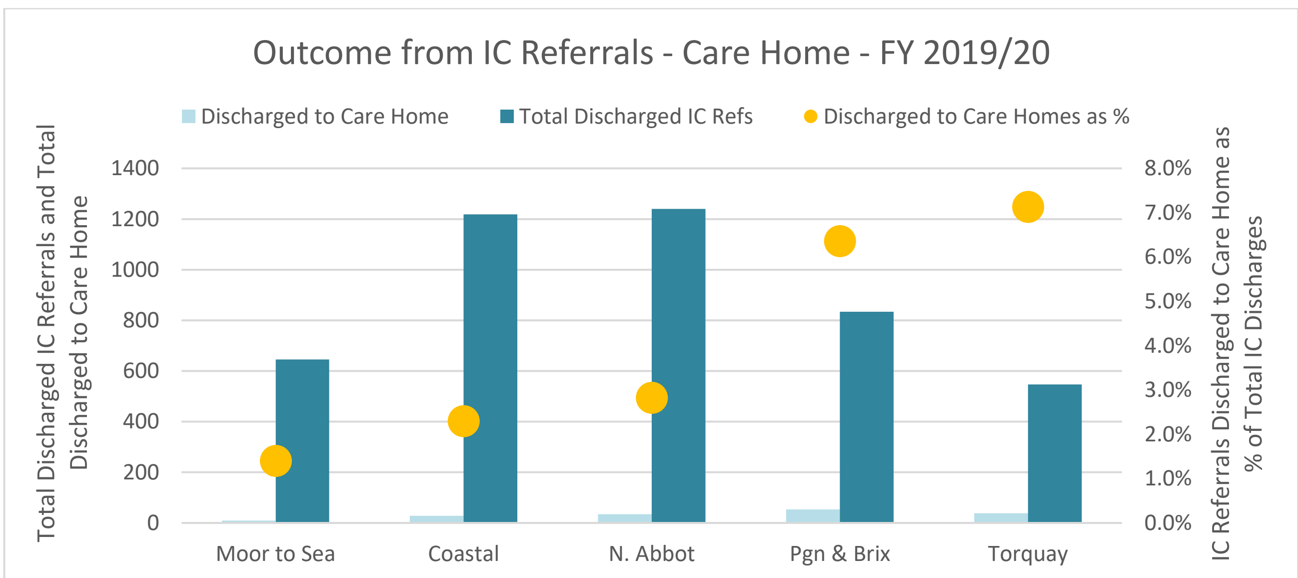
In all localities, the majority of patients stay in their own home following receipt of a service from the intermediate care team with Coastal having the highest % of patients discharged home (80%) as % of total discharges. This shows that the service supports people to regain their independence and stay in their own homes.

b) Outcome from intermediate care service - Acute Hospital



The % of people receiving an intermediate care service and then being admitted to an acute hospital at the end of that service ranges from 12.4% in Coastal to 18.3% in Moor to Sea. This shows the Coastal EICT has the lowest number of patients transferred into an acute hospital as a % of total discharges which could show that the EICT is successful in managing greater complexity in the community.

c) Outcome from intermediate care service – short and long term placement



The % of people receiving an intermediate care service and then being placed in a care home at the end of that service ranges from 1.4% in Moor to Sea and 2.3% in Coastal to 7.1% in Torquay. This shows the Coastal EICT has the low number of patients placed into a care home as a % of total discharges which could show that the EICT is successful in supporting people to regain their independence and not needing additional bedded care.

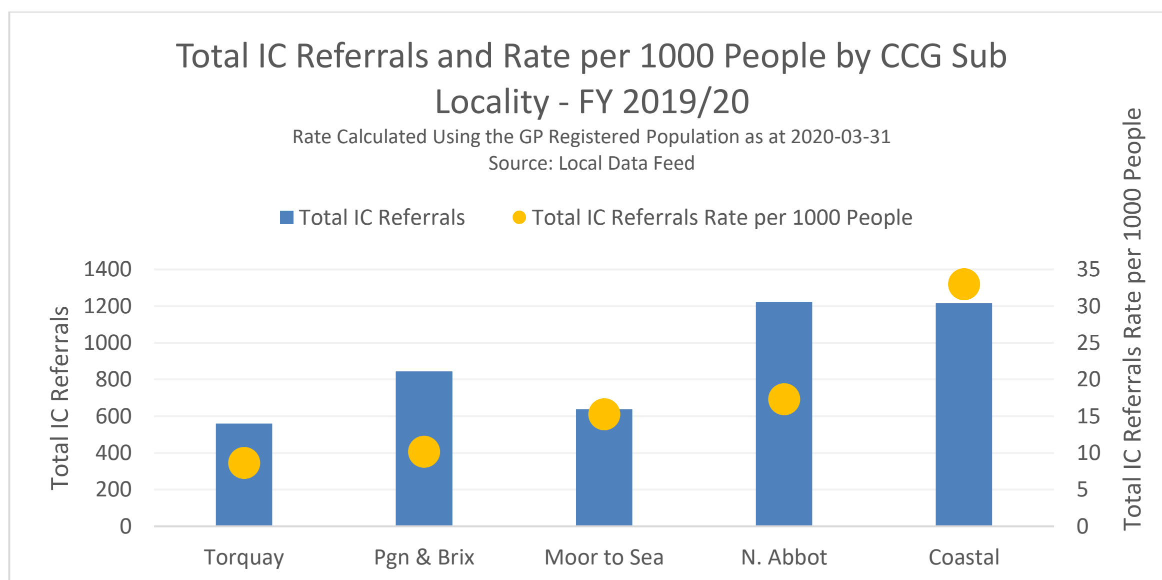
8. Capacity to Care for People and Meet Growing Demand

a) Cost of Enhanced Intermediate Care and Ward-based rehabilitation beds

The total cost of running the Enhanced Intermediate Care team and purchasing beds as required from the independent sector was £665,000 per annum in 2017/18. The 12 bedded rehabilitation ward would cost £627,000 (based on 2017/18 staffing costs) plus of costs of maintaining a building. Thus, the costs of operating both services are comparable.

b) Capacity of Enhanced Intermediate Care and Ward Based rehabilitation beds

The Enhanced Intermediate Care team in Coastal cared for 1,217 people (both in care homes and in their own home) in the year 2019/20 or 33 people per 1,000 population. This is the highest rate per 1,000 people of all the localities. Of these 112 required a short-term placement in a care home.



A 12 bedded rehabilitation ward would provide 3942 bed days per annum and would be able to care for approximately 232 people in a year assuming a 90% occupancy and 17 day length of stay.

The community based enhanced intermediate care team is able to care for 5 times as many people as a 12 bedded rehabilitation ward for approximately the same level of investment. The team is also to able to flex in terms of staff resource to meet increased demand and capacity is not limited by the number of beds available.

5 Conclusion

The clinical evidence shows that people can be adversely impacted by a hospital admission and that the clinical outcomes for a home-based service are better than that of a bed-based service. The evidence shows the success of the Enhanced Intermediate Care team in avoiding hospital

admissions and readmissions and managing complexity in people's own homes. The Enhanced Intermediate Care team is able to care for 5 times for people than could be cared for on a rehabilitation ward and is able to flex its capacity to meet demand.

Appendices

Appendix A NHS England South West Clinical Senate
https://devonccg.nhs.uk/download/teignmouth-and-dawlish-consultation-appendix-5a-south-west-clinical-senate-teignmouth-desktop-review#

Appendix B University of Plymouth research

https://devonccg.nhs.uk/download/teignmouth-and-dawlish-consultation-appendix-5b-intermediate-care

https://devonccg.nhs.uk/download/teignmouth-and-dawlish-consultation-appendix-5c-voluntary-sector

Together for Devon
Health and care working in partnership with local communities in Plymouth, Torbay and the rest of the county

Health and Social Care Overview and Scrutiny Committee
18 March 2021

ICS Governance, NHS Finance 2020/21, 10 Year Plan including White Paper

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1. **Introduction and Context**
2. **ICS Governance - Current Position in Devon**
3. **White Paper - Integration and innovation: working together to improve health and social care for all**
4. **Long Term Plan**
5. **NHS finance 2020/21**
6. **Conclusion**

1. Introduction and Context

1.1. The NHS Long-Term Plan set the ambition that every part of the country should be an integrated care system (ICS) by 2022. It encourages all organisations in each health and care system to join forces, so they are better able to improve the health of their populations and offer well-coordinated efficient services to those who need them.

1.2. The publication of the Government's 'Integration and Innovation: working together to improve health and social care for all' White Paper on 11 February is the logical next step in the journey. Current proposals will enable us to better deliver higher-quality care to our population, in a way that is less legally bureaucratic, more accountable, and more joined up.

1.3. Devon has been preparing to become an ICS, and the system has made changes to how our organisations work to strengthen partnership working, which means we are in a good position to implement the proposals in the White Paper.

2. ICS Governance - Current position in Devon

2.1. As previously described to the committee, NHS England and NHS Improvement (NHSE/I) set out a consistent approach to how systems are designed, highlighting three levels at which decisions are made and described the broad functions to be undertaken at each level:

- Neighbourhoods (populations circ. 30,000 to 50,000 people) served by groups of GP practices working with NHS community services,
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social care and other providers to deliver more coordinated and proactive services through primary care networks (PCNs).

- Places (populations circ. 250,000 to 500,000 people) served by a set of health and care providers in a town or district, connecting PCNs to broader services including those provided by local councils, community hospitals or voluntary organisations.

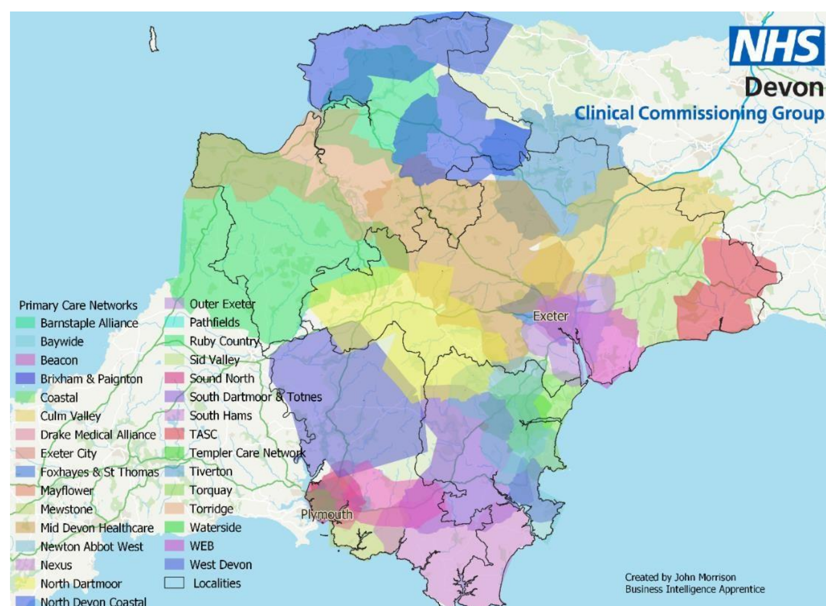
- Systems (populations circa 1 million to 3 million people) in which the whole area's health and care partners in different sectors come together to set strategic direction and to develop economies of scale.

2.2. At system level Devon is currently a Sustainability and Transformation Partnership (STP), the precursor to an ICS, and has been since 2016.

2.3. The development of informal structures for working "at place" is progressing in each of the 5 Local Care Partnership (LCP) areas and there is a clear commitment across the county that place arrangements need to be suited to the circumstances and priorities of each place with a permissive governance framework

Neighbourhood

2.4. From the 1 July 2019, 31 PCNs came into being so creating the "neighbourhood" tier.



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2.5. Each PCN has a Clinical Director and within each LCP there is a Primary Care Collaborative Board that brings together all the PCN Clinical Directors in the area to provide an opportunity for collective consideration of issues as required. In the early stages the priority for PCNs is to offer a way of stabilising primary care and improve access for the population.

Place

2.6. The place function in Devon will be carried out by 5 Locality Care Partnerships (LCP) and a development lead has been identified for each of these areas.

2.7. The development leads are working with organisations in their area to establish working arrangements for the LCPs and to begin developing prioritised plans. It is recognised that in order for the LCPs to succeed they will need to take account of different histories, population health and care needs and arrangements for service provision (statutory and non-statutory) and are therefore likely to require different structures and ways of working.

2.8. LCP constituent organisations will take responsibility for a range of functions, previously assigned to providers and commissioners to ensure that services meet the needs of the local population and population health is improved.

System

2.9. The ICS Partnership Board will be established formally from April. It will be responsible for leading the system and setting strategy direction and policy. The Partnership Board consists of the Executive and Non-Executive leaders of Health organisations and Councils alongside clinical leaders. The Partnership will also be responsible for –

- Strategic planning and consideration of the proposed resource allocation
- Strategy Development (e.g. Social Care, Community Care, Procurement (procuring locally))
- Sharing, scaling and spreading good practice
- Solving “wicked system issues” (such as system infrastructure, competing priorities etc.) and enabling development at place.
- Influencing and strengthening Regional and National links
- Championing Equality and Challenging Inequality
- Citizen Engagement working with Place and individual organisations to prevent duplication of effort.

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2.10. The Partnership does not replicate the Boards or Cabinets of the Health and Social care organisations as its current role does not include the provision or commissioning of services.

2.11. The ICS structure at system level supports both performance and transformation.

2.12. In 2019 a number of system workstreams had been established to transform services and contribute to 19/20 financial recovery. These reported to a system Programme Board. All system workstreams were set aside when COVID-19 emerged, many have now restarted and are set out in the above diagram.

2.13. In addition to workstreams, system wide committees manage the day to day and strategic issues that require system level attention.

2.14. Finally, subject specific Boards oversee a service or are 'task and finish' to establish a new service or process.

3. Integration and innovation: working together to improve health and social care for all

3.1. On 11 February, the Department of Health and Social Care published the legislative proposals for a Health and Care Bill. The proposals in the white paper are a combination of:

- Proposals developed by NHS England (NHSE) to support the implementation of the NHS Long Term Plan
- Additional proposals that relate to public health, social care, and quality and safety matters, which require primary legislation

3.2. The White Paper emphasises that the legislative proposals should be seen in the context of broader current and planned reforms to the NHS, social care, public health and mental health. It commits to bringing forward detailed proposals for reform on these key policy areas later this year.

3.3. As the committee is aware, Devon has been preparing to become an ICS for the past few years. As part of these preparations, we have made changes to how our organisation works so that we strengthen partnership and system working. These changes mean that we are in a good position to implement the proposals set out in the White Paper.

3.4. The White Paper seeks to underpin two forms of integration with new legislation:

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- Integration within the NHS to remove some of the boundaries to collaboration and to make working together an organising principle.
- Greater collaboration between the NHS and local government, and wider delivery partners, to deliver improved outcomes to health and wellbeing for local people.

3.5. To deliver this integration, measures will be brought forward to place Integrated Care Systems (ICS) on a statutory footing. These will be comprised of an **ICS Health and Care Partnership** and an **ICS NHS Body**.

3.6. The **ICS NHS Body** will be responsible for the day to day running of the ICS and will merge some of the functions currently carried out Devon's STP /ICS with the functions of Clinical Commissioning Groups (CCGs). The ICS NHS body will be able to delegate significantly to place level.

3.7. The **ICS Health and Care Partnership** will bring together the NHS, local government and other local partners to support integration and develop a plan to address the systems' health, public health and social care needs. The ICS NHS body and local authorities will have to have regard to that plan when making decisions.

3.8. The ICS will be expected to work closely with local Health and Wellbeing Boards (HWB) and the ICS NHS body will have a formal duty to have regard to the Joint Strategic Needs Assessment (JSNA) and Joint Health and Wellbeing Strategy.

3.9. Integration will be supported by a broad duty to collaborate across the health and care system. A new duty to collaborate will be placed on NHS organisations (both ICSs and providers) and local authorities and will replace two existing duties to cooperate.

3.10. Barriers will be removed to enable the establishment of joint committees between providers and commissioners, collaborative commissioning approaches and better data sharing. This will allow ICSs to enter into collaborative arrangements and support joint commissioning arrangements.

3.11. Although broader proposals concerning social care are expected to be published later this year, additional specific measures for social care and public health are included in the white paper. These include –

- A proposed inspection regime of ASC duties by the CQC
- Legislation on a person centred approach to hospital discharge and a new standalone BCF to support Discharge to Assess

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- A new power for local authorities to collect ASC provider data, likely an evolution of the COVID-19 capacity tracker
 to provide a greater level of oversight into the delivery of social care
- A new legal power to enable the Secretary of State for Health and Social Care (SoS) to make emergency payments directly to social care providers.
- A data strategy for Health and Care which will set out a range of proposals to improve data access and data sharing.
- The SoS has the power to transfer public health functions to NHSE such and tackling obesity through further restrictions on advertising or altering certain food labelling requirements.

3.12. The Government is also proposing to broaden the scope for potential ministerial intervention in reconfigurations, creating a clear line of accountability, by allowing the Secretary of State to intervene at any point of the reconfiguration process. Statutory guidance on how this process will work as well as removing the current local authority referral process will be published at a later date.

3.13. Proposals also seek to remove barriers which prevent NHS organisations and local authorities working together and providing joined up care. Changes to competition law and the procurement system under the Health and Social Care Act 2012 will be required to enable this and will be outlined in the Bill put before parliament.

3.14. A new, bespoke, health service provider selection regime will provide a framework for NHS bodies and local authorities to follow when deciding who should provide healthcare services and commissioners will have more discretion over when to use procurement processes to arrange services. This process is currently out for consultation.

3.15. Overall, the commitment to further integration and the recognition of the importance of place as a building block for integrated care is welcome. The document is in line with the recent policy direction and builds on the closer working and collaboration between the NHS and local government at a system level. These initial proposals will have implications for the whole Devon ICS system. However, the full impact cannot be assessed until the full text of the Bill is published and further guidance is issued.

4. Long Term Plan

4.1. As the committee will be aware, at the beginning of the pandemic response NHS England directed local systems to defer the publication of local Long Term Plans.

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4.2. As the system begins to de-escalate further work is continuing on the Long Term Plan. As part of the development of the shadow ICS the road map for meeting the requirements of the National NHS LTP reflecting local service delivery and priorities for action are being reviewed.

4.3. This roadmap for implementation of the Devon LTP will be discussed widely as it develops and will form basis of strategy work going forward including the Health infrastructure projects (HIP2) which are developing in 3 of the localities.

4.4. Progress will be overseen by the shadow ICS Partnership board.

5. NHS FINANCE 2020/21

5.1. The presentation of the Clinical Commissioning Group's (CCGs) financial position in this report seeks to provide the necessary assurance to the Committee.

5.2. In light of the COVID19 pandemic the 2020/21 planning round for the NHS was suspended during March. However, the CCG entered the year with the Governing Body's approval to a draft budget based on the CCG's and STP's plan submission of the 5th March 2020. This was approved as a working budget at the Governing Body on 30th April 2020.

5.3. The draft plan was a deficit position of £47.8m with a savings requirement of £22.6m to deliver that position.

5.4. In May NHS England (NHSE) put in place a temporary financial regime covering the period 1st April to 30th September, resulting in NHSE re-setting the CCG Allocation for a six-month period. The allocation is based on the CCG's forecast outturn expenditure for 19/20 uplifted for NHSE derived growth and inflation assumptions and adjusted for changes made to the NHS and Independent sector funding arrangements during the COVID19 emergency period (The NHSE Model).

5.5. A revised financial framework has been published for the period October 2020 to March 2021 and the allocation calculation methodology for the CCG is generally consistent with the approach used for the first 6 months, although now includes system top-up and COVID19 allocations, previously paid directly to our systems NHS providers. In addition to this CCG's will continue to be reimbursed for eligible costs in relation to the Hospital Discharge Programme (HDP).

5.6. Based on the updated financial framework, at month 10 the CCGs total allocation is £2,219.6m which includes the reimbursement for the

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NHSE approved Hospital Discharge Programme (HDP) costs for month 7 and 8. Assuming the CCG is reimbursed for the HDP costs incurred from month 9 onwards we are forecasting a balanced position for the year ended 31st March 2021. NHSE expectation is that providers and CCGs must achieve financial balance within the system funding envelopes. Whilst systems will be expected to breakeven, organisations within them will be permitted by mutual agreement across their system to deliver surplus and deficit positions.

Financial Position

5.7. The following detailed report reflects the budget set by the NHSE model compared with our expectations of commitments against that budget for the period to 31st January and year ending 31st March 2021.

	Budget £'000	Actual £'000	Variance £'000	Additional HDP Allocation £000	Revised Variance £'000
Year to date position	1,835,740	1,842,764	7,024	7,024	0
Year end forecast	2,219,566	2,232,804	13,238	13,238	0

5.8. Overall, subject to the CCG receiving the expected reimbursement from NHSE for the HDP, the CCG is forecast to balance for the year ended 31st March 2021.

Savings Plan

5.9. The CCG's original plan included a saving requirement of £22.6m. The full year budget based on the revised financial framework is based on 19/20 forecast expenditure and by inference does not include an implicit savings target. The CCG is currently reviewing its original planning assumptions and actions to deliver savings.

STP Plan

5.10. The STP has submitted a system plan for the period October 2020 to March 2021 which shows a deficit of £7.8m based on the funding envelope allocated. The short fall relates entirely to lost private and commercial income.

5.11. At month 9, due to 2020/21 untaken staff holidays within Trusts the system forecast outturn moved to a £22.4m deficit for the year ended 31st March 2021. It is currently anticipated that the drivers of the

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forecast overspend will either be funded nationally or excluded from the measurement of financial performance against plan.

5.12. Providers and CCGs must achieve financial balance within the funding envelopes. Whilst systems will be expected to breakeven, organisations within them will be permitted by mutual agreement across their system to deliver surplus and deficit positions.

6. Conclusion

6.1. Whilst the Devon system is well placed for the changes set out in the white paper, further information and detail on proposed reforms is awaiting before further analysis on impact can be undertaken.

6.2. It will be important that the incoming committee continue to review the impact of the white paper over the 2021/22 municipal year and to assure itself that –

- increased powers for the Secretary of State to intervene over service change does not undermine or bypass local accountability and democracy;
- that Health and Wellbeing Boards in the STP area maintain influence within the proposed new arrangements;
- decisions taken at System level will be scrutinised locally, alongside the scrutiny of decisions made at the 'place' level;
- public engagement, involvement or accountability is central in ICS development;
- system financial performance and accountability is clearly defined and available for scrutiny;
- the influence and impact of local public health teams is not diminished should responsibilities be transferred to NHS England.
- Subsequent to the publication of the White Paper, opportunities to bring together the integration of the commissioning and provision of Children's services such as CAMHS are not overlooked.

Electoral Divisions: All Division.

Contact for Enquiries: DCCG.CorporateServices@nhs.net

Local Government Act 1972: List of Background Papers

Background Paper	**Date**	**File Reference** N/A

NHS

Dental Access for Adults and Children in Devon

March 2021

1. Background

NHS England and NHS Improvement is responsible for the commissioning of dental services across England, having taken this function over from Primary Care Trusts when the NHS was reorganised in 2013. NHS England and NHS Improvement's offices in the South West region manage these contracts locally.

Dental services are provided in Devon in three settings:

1. Primary care – incorporating orthodontics
2. Secondary care
3. Community services – incorporating special care

2. Primary care (high street dentistry)

The dental practices are themselves independent businesses, operating under contracts with NHS England and NHS Improvement. Many also offer private dentistry. All contract-holders employ their own staff and provide their own premises; some premises costs are reimbursed as part of their contract.

Domiciliary treatment is provided by a small number of contractors who provide treatment for people who are unable to leave their home to attend a dental appointment either for physical and/or mental health reasons, including people in care homes.

Dental contracts are commissioned in units of dental activity (UDAs). To give context the table below sets out treatment bands and their UDA equivalent:

Band	Treatment covered	Number of UDAs
1	This covers an examination, diagnosis (including x-rays), advice on how to prevent future problems, a scale and polish if clinically needed, and preventative care such as the application of fluoride varnish or fissure sealant if appropriate.	1
2	This covers everything listed in Band 1 above, plus any further treatment such as fillings, root canal work, removal of teeth but not more complex items covered by Band 3.	3

3	This covers everything listed in Bands 1 and 2 above, plus crowns, dentures, bridges and other laboratory work.	12
4	This covers emergency care in a primary care NHS dental practice such as pain relief or a temporary filling.	1.2

Covid Impact 2020/21

At the end of March 2020 under direct instruction of the Chief Dental Officer for England, face to face dentistry ceased. Dental practices were asked nationally to cease provision of face to face care, and with immediate effect to move to a model of remote triage of dental emergencies, and to provide access to treatment either by advice and guidance and issue of prescription of antibiotics as necessary. Urgent dental care hubs were established at pace to accommodate dental emergencies. The original purpose of these hubs altered as dentists were permitted to return to face to face dental care from the 8th June 2020 and remain focused on providing care for those patients who do not identify with a regular dentist. Practices are working under strict Public Health guidance on infection protection control and Government guidance on social distancing. This has led to a reduction in the number of patients that can be treated on any one day in practice. The Chief Dental Officer has outlined the patient groups for clinical priority as those that are currently mid treatment, children and vulnerable groups and urgent care. Between 8th June and 31st December 2020 practices were expected to achieve 20% of their usual patient volume, based on their previous year's delivery. This activity is a combination of both face to face care and remote triage as per national guidance.

From 1st January to 31st March 2021, practices are expected to deliver 45% of their normal annual target (pro-rata). The Chief Dental Officer continues to work with the BDA and national commissioning team to confirm expected activity levels from 1st April 2021 onwards.

Access Rates to High Street Dentistry

Over recent years there has been a steady fall in the number of patients in Devon who have been able to access an NHS dentist.

The total number of adults seeing an NHS dentist in Devon has decreased from 492,932 (50.2% of the population) in June 2019 to 473,956 (48.8% of the population) in June 2020. This is a drop of 18,976 patients (3.85%) over the past year.

Even so, the access rate for the adult population of Devon (48.8%) remains marginally above the access rate for England as a whole (47.7%). This is measured by looking at the proportion of people who have seen an NHS dentist in the past 24 months. The diagram below shows the detail for the Devon Clinical Commissioning Group (CCG) area.

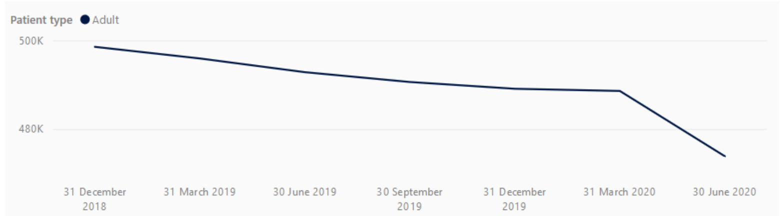
Patients Seen in Clinical Commissioning Groups

Patients seen data are published a quarter ahead of activity data. To coincide with NICE guidelines on intervals between oral health reviews.

Patient type: ■ Adult ☐ Child | Quarter end date: 30 June 2020 | Region name: South West | CCG name: NHS Devon CCG

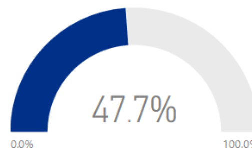
Adults refers to the number who received NHS dental care in the preceding 24 months of the quarters end date.
Child relates to the preceding 12 months.

Data are mapped to CCGs although practices are not being contractually associated to them. Unmapped practices are shown as 'Unallocated'.

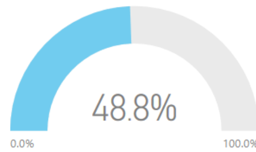


Percentage of population seen in CCGs for selected patient type and date

England population seen



Population seen for selected geography



Number of patients seen

The number of children who have seen a dentist in Devon in the last 12 months has also decreased from 136,916 (61.5%) in June 2019 to 124,753 (55.7%) in June 2020. This is a drop of 12,163 patients (8.9%) in the last 12 months.

The proportion of children in Devon accessing a dentist (55.7%) also compares favourably when viewed against the rate for England (52.7%). This is measured by looking at the proportion of people who have seen an NHS dentist in the past 12 months.

The diagram below shows the breakdown of children treated in the last 12 months in Devon by age.

Child Patients Seen in Clinical Commissioning Groups

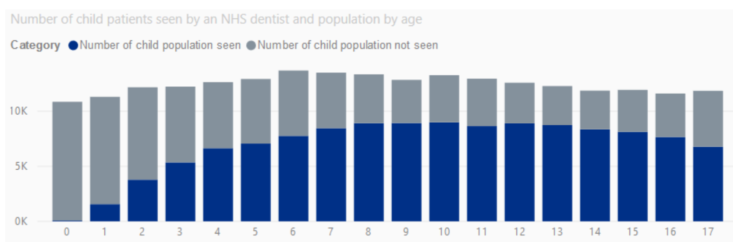
Patients seen data are published a quarter ahead of activity data. To coincide with NICE guidelines on intervals between oral health reviews.

Age: 0 – 17 | Quarter end date: 30 June 2020 | Region name: South West | CCG name: NHS Devon CCG

This shows the number of children who have received NHS dental care in the 12 months preceding the quarters end date.

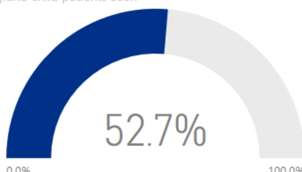
Data are mapped to CCGs although practices are not being contractually associated to them. Unmapped practices are shown as 'Unallocated'.

Number of child patients seen by an NHS dentist and population by age

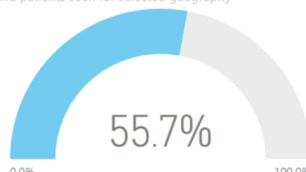


Percentage of child patients seen in CCGs for selected age and date

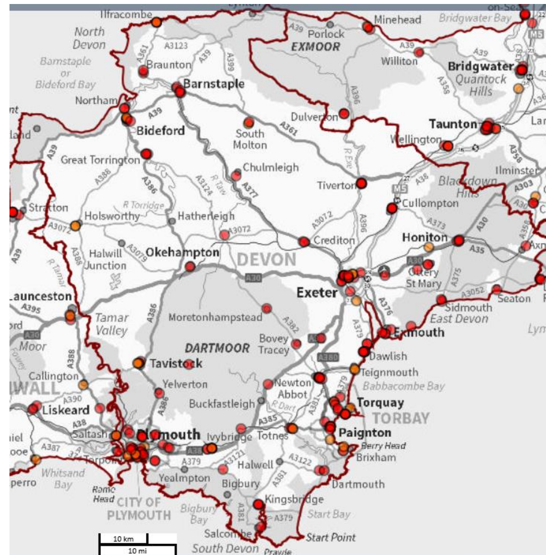
England child patients seen



Child patients seen for selected geography



Commissioned Dental Activity



There are 132 providers in Devon who provide general dental services, as indicated in the above map.

In 2019/20, NHS England commissioned 1,916,801 UDAs from these providers.

The number of UDAs delivered by providers in 2019/20 was 1,624,877, which is a shortfall of 291,924 UDAs.

For planning purposes, we allow for three UDAs per patient per annum. If all contracted activity had been carried out, it is estimated that 97,300 additional patients would have been able to access an NHS dentist in Devon. This is almost three times as many people as are currently on the waiting list in Devon for NHS dentistry (38,394 in Devon).

Money is clawed back at year-end from practices that underperform on their contracts by more than 4%. If they deliver between 96 – 100% of their contracted activity, we allow them to carry forward the un-delivered activity to be delivered in the following financial year in addition to their annual contracted activity.

In 2019/20, non-recurrent increases of activity totalling 29, 972 UDAs were awarded to practices with sufficient capacity. At the same time, non-recurrent in-year reductions were made totalling 30,805 UDAs. The reductions were made at the request of the providers, due to the difficulties they were experiencing in recruitment and retention of clinical staff.

In addition to this commissioned activity, there are 24 Foundation Dentists (FDs) working in practices across Devon. Each FD delivers approximately 1,875 UDAs per annum, which equates to approximately 15,000 patients.

The Peninsula Dental School's education facilities in Plymouth and Exeter also provide one-off courses of treatment to patients who do not have an NHS dentist. These patients are allocated by the Dental Helpline team (see below) and treated by dental students under supervision.

Devon and Cornwall Dental Helpline

While NHS primary care dentistry is not a universal service, available to all, maximising access to NHS dental services is limited by the ability of dental practices to deliver their full contract activity; this has been challenging both nationally and locally

It is this background that prompted the creation of a dedicated helpline for Devon and Cornwall. This remains unique in England which means that no comparative figures are available from elsewhere in England.

The helpline provides two main functions:

- to assist patients in finding an NHS dentist for routine care; and
- arrange urgent NHS dental treatment for people who do not have a dentist, (these people may also appear on the helpline numbers below, requiring urgent dental treatment while on the helpline list).

The system also helps NHS England and NHS Improvement understand and respond to variations in demand in different parts of Devon and Cornwall, tracking where each patient lives.

Practices are encouraged to point prospective new patients towards the helpline, so they can be added to a central waiting list rather than being taken on directly. As a result, people are sometimes under the impression that no practices are taking on new NHS patients. This is not correct.

Instead, patients are allocated in batches as capacity becomes available, so those who have waited longest are prioritised. People who are prepared to travel further are likely to be found a place sooner than those who are not.

The number of people being added to the list to be allocated to a dental practice for ongoing routine care has been climbing steadily.

The table below shows data for Devon for the last 12 months, covering:

1. the number of patients who have been added to the list each month
2. the number allocated to a practice each month
3. the total number of patients who have been waiting for a dentist

In some months, the number of people being allocated exceeds the number of people who are added onto the waiting list. The overall trend is upwards.

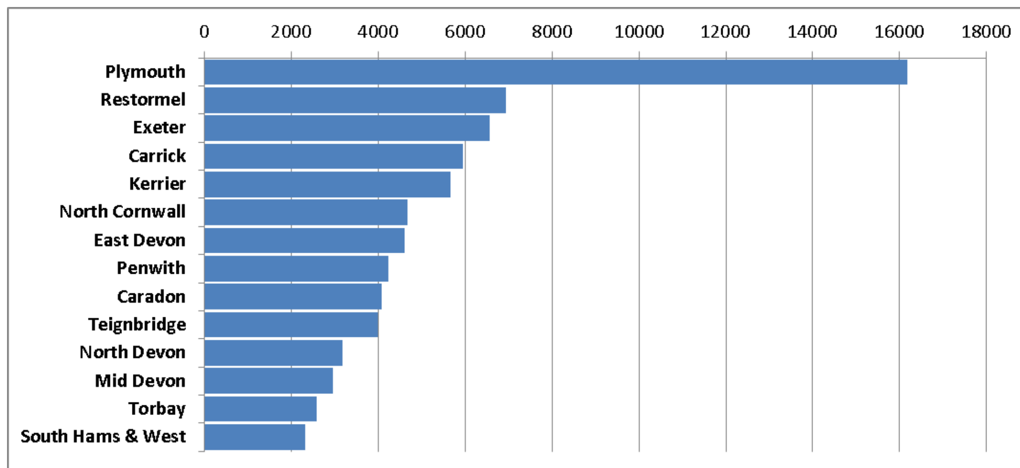
In reading the table, it is important to bear in mind that:

- Many people will be under the care of a private dentist or another NHS dentist, even while registering with the helpline to find a place
- Some people will have found an NHS dentist but not informed the helpline

Month	Patients added	Patients allocated	Total number of patients on the list
January 2020	4196	2502	59160
February 2020	3371	1554	62015
March 2020	1733	1896	63004
April 2020	391	138	63235
May 2020	514	8	63863
June 2020	1040	2	65085
July 2020	1421	23	66655
August 2020	1543	11	67864
September 2020	1876	58	69669
October 2020	1876	368	71477
November 2020	1424	639	72129
December 2020	1412	645	72918
January 2021	1016	102	73872
Total	**21,813**	**7,946**	

The number of patients waiting for ongoing routine NHS dental care demonstrates an increase in demand, with 21,813 being added to the list over the last 12 months, whilst only 7,946 patients were allocated to an NHS dentist in the same period.

A breakdown of the waiting list by area is provided below by each patient's home area, as at 1st February 2021.



Orthodontics

Orthodontic treatment, usually with braces, is most often used to improve the appearance and alignment of crooked, protruding or crowded teeth, and to correct problems with the bite.

A procurement exercise to secure new contracts was completed in 2019. Access to services has been improved as a result of an increase in the number of local dental practices beginning to provide the service by extending their opening hours.

The overall number of units of orthodontic activity (UOAs) commissioned has increased slightly, reflecting the needs analysis underpinning the procurement. Most importantly, access should be improved for most patients, in terms of both travel distance and opening hours.

Orthodontic services have also been impacted by the pandemic. Between 8th June and 31st December 2020 practices were expected to achieve 20% of their usual patient volume, based on their previous year's delivery. This activity is a combination of both face to face care and remote triage as per national guidance.

From 1st January to 31st March 2021, practices are expected to deliver 70% of their normal annual target (pro-rata). The Chief Dental Officer continues to work with the BDA/BOS and national commissioning team to confirm expected activity levels from 1st April 2021 onwards.

Urgent Dental Care

Plymouth Community Dental Service provides and manages in-hours appointments for patients with an urgent dental need who do not have access to an NHS dentist for patients in Plymouth. Torbay Community Dental Service offer the same service for patients in the Torbay area and the Dental Helpline manages the booking of appointments which are provided in practices throughout the rest of Devon. This service is for patients in need of relief from acute dental pain; acute infection; and bleeding or trauma.

Access to urgent dental care would normally be expected to be available within 24 hours of someone making contact with the service. Appointments are provided at a range of sites and

practices across Devon. The practices are contracted to hold an agreed number of appointments on agreed days and times which are then booked for patients by the relevant community service or the Dental Helpline.

Only those people with a significant dental emergency, such as rapid facial swelling, uncontrolled bleeding or facial trauma, would be expected to be treated at accident and emergency departments.

The Dental Helpline also manages out of hours appointments for the whole of Devon. They provide appointments at the weekends and Bank Holidays in clinics across Devon.

The South West dental commissioning team have recently launched an initiative to increase the number of urgent care treatment slots by asking practices to provide additional urgent care sessions. Four practices in Devon have been involved in providing urgent care sessions since December 2020 and have treated an additional 145 patients throughout December and January.

Workforce

As indicated above, the key issue affecting access to NHS dentistry is workforce. The lack of dentists in the area undermines the ability of high street practices to meet their contracts.

If practices had been able to fulfil their contracts during 2019/20, there would have been sufficient capacity not just to eliminate the waiting list, but to offer care to around 97,000 additional patients.

As NHS England and NHS Improvement does not employ dentists directly, the size of shortfall is difficult to know exactly. However, based on the scale of UDA underperformance and the expected capacity of a dentist, we would conclude that Devon is short of around 42 full-time equivalent dentists.

The reasons for the unwillingness of dentists to come to Devon are not necessarily different to those affecting other sectors of the health and social care system. Devon is viewed as a lifestyle choice by both the medical and dental profession and, due to the poor transport links and limited training opportunities, the younger generation often tend to favour the larger cities.

Further training opportunities tend to be aligned with the big teaching hospitals. While we do have a very successful dental school in the peninsula with education facilities in Exeter and Plymouth, the need to train and retain dentists in the area outstrips its capacity.

Foundation dentists, who are undergoing further training for a year after graduation, tend to relocate at the end of their foundation year; very few of the annual cohort remain in practice in the South West. Many move out of the area to follow training pathways or to take hospital-based jobs.

NHS

It is difficult to determine why established dentists leave. Factors include the challenges of working in pressurised NHS practices and the opportunities in private care. Anecdotally, it also seems that some EU dentists are leaving, and fewer are arriving.

Improving Access to Primary Care for People in Devon

Although dental access for people in Devon is at or above national levels, NHS England is seeking to improve the position by:

- Supporting recruitment, as we do with GPs. We are looking at running a South West recruitment day supported by the British Dental Journal and dental providers to try and attract dentists. Innovation in commissioning will also mean that contracts are more attractive to an associate or dentist with additional skills.

- Engaging with the national NHS England and NHS Improvement dental workforce team to look at more innovative ways to attract dental staff to Devon and to other parts of our geography where it is hard to recruit. We intend to have firm plans later in the year.

- Working with dental providers to ensure existing contracts are delivering to their maximum potential. We review the under- and over-performance of dental contracts on a regular basis and, as part of reconciling activity to contract payment, explore with those contractors with the most variance what they are doing to address under-performance.

- While we are able to issue new contracts for NHS primary care dental activity in areas of greatest need, we can only do so when existing contractors renegotiate their contracts down as the dental budget is set.

- Commissioning additional NHS work from dental practices that have capacity. We review this aspect as part of the above contract review activity and have identified some additional capacity in Devon. Pre-Covid-19, we were in discussion with contractors to agree short term non recurrent increases to their current contracts to create additional interim capacity in areas of need.

- Encouraging practices to work with the Dental Helpline to ensure that, as NHS places become available, they are allocated to those patients who are on the helpline's list. The team are able to help individual patients identify the dental practices which they would be able to travel to according to their location and ability to travel, continuously review where and when places are becoming available, and ensure patients are allocated to a practice as quickly as possible when places become available.

- Developing plans to commission dental services to meet those areas of demand within available resources. We have a Local Dental Network and a number of Managed Clinical Networks for dentistry through which we work with dentists, public health and

the dental school to develop referral pathways and identify initiatives to increase dental capacity in the community.

- Working with practices as part of the dental contract reform programme to test an alternative contract model. We have a small number of practices piloting a new prototype contract model as part of national work looking at contract reform, as it is considered that the current contract disincentives dentists from undertaking NHS dental work. The outcome of this work will feed into a national contract review process.

- In collaboration with Health Education England and the Universities of Plymouth and Bristol, we are able to offer funding to dentists working in the South West who are undertaking post-graduate courses in Restorative; Periodontal; Endodontal and Oral Surgery. We expect this work to increase the number of specialists working in the South West and improve access to NHS treatment for patients.

- Working towards further innovation with existing providers to address regionalised concerns. This includes rebasing contract activity, allowing for reinvestment. Any schemes will take into account what flexibility is available as a result of national initiatives, targeting those localised areas of need.

Work is also under way at a national level to identify solutions to the dental recruitment and retention pressures in NHS dental services, and to understand and address the constraints of the current national NHS dental contract mechanisms. The local NHS England dental commissioning team will work with local partners in the council and Peninsula Dental School, accessing any additional support available nationally, to help address the challenges in NHS dental services in Devon.

3. Secondary Care Provision

In Devon, NHS England contracts with Royal Devon and Exeter NHS Foundation Trust, Northern Devon Healthcare NHS Trust, Torbay and South Devon NHS Foundation Trust and University Hospitals Plymouth NHS Trust to provide secondary care including oral surgery and orthodontic treatments. Oral surgery is also provided at Mount Stuart Hospital, Torbay, under a secondary care contract with Ramsay Healthcare.

Secondary care has been impacted greatly by the pandemic as services initially ceased to allow additional capacity to treat Covid patients in hospitals. All services have now been resumed but in some cases, the frequency of clinics has been reduced due to capacity at the hospital sites. This has led to an increase in waiting list sizes for some treatments.

4. Community Services

Plymouth Community Dental Service (Livewell), Northern Devon Healthcare NHS Trust, Torbay Community Dental Service (South Devon and Torbay NHS Foundation Trust) are

commissioned by NHS England and NHS Improvement to provide a range of community services. They each operate from a range of sites across Devon.

Special care dentistry is concerned with the improvement of the oral health of individuals and groups in society who have a physical, sensory, intellectual, mental, medical, emotional or social impairment or disability; or, more often, a combination of these factors.

Some of the people using the services include:

- People suffering from anxiety and/or extreme phobia of dental treatment
- People with learning difficulties and/or autism
- People with physical disabilities
- People suffering from dementia
- Patients needing bariatric equipment
- People undergoing chemotherapy
- Some homeless people

People are referred to the service from a number of routes including:

- High street dentists
- GPs
- School nurses
- Social workers
- Care workers
- Voluntary organisations

Special care dental services provide urgent care, check-ups and treatment. Some are also linked to other services such as oral surgery. Some, but not all, provide general anaesthetic for patients who cannot be treated by local anaesthetic.

Special care dental providers are currently experiencing difficulties in recruiting to specialist posts. Measures are in in place, supported by the Special Care Managed Clinical Network, to provide cover from out-of-county specialists.

We know that our special care dental services provide an invaluable service to some of our most vulnerable people. Our ambition is to ensure that the services are as good and as accessible as possible.

For this reason, we ran an engagement exercise from August to October 2019 to reach as many patients and carers as possible in Devon, Cornwall and other parts of the South West, to understand their experience of current services.

The other community services are:

- Children's General Anaesthetic
- Adult General Anaesthetic
- Orthodontics (complementing high street orthodontics)

The community dental providers were rapidly reassigned as Urgent Dental Care Hubs when the pandemic started in March 2020. They were able to quickly adapt to ensure that patients

with urgent dental needs were still able to be seen and treated, at a time when all other dental providers were only able to provide telephone advice and antibiotics. Although they have now resumed their normal service provision, they are still covering some urgent care provision for non-registered patients as demand for this service is still high.

Oral health promotion is delivered via the community dental provider and consists of oral health education and fluoride varnish application.

We are running two supervised toothbrushing scheme pilot projects, covering nurseries and schools across Devon. The scheme targets children in the most deprived areas of Devon.

The aim of the supervised tooth brushing scheme is to reduce children's experience of tooth decay and its associated treatment needs. Evidence shows this can be achieved by brushing daily in the learning environment, with fluoride toothpaste, under the supervision of trained staff.

5. Current Dental Provision

The Covid pandemic has drastically changed NHS dental service provision in Devon. From the end of March until 7th June 2020, urgent care was the only treatment available to patients, from nominated urgent dental care centres across Devon. From 8th June, dental practices started to resume NHS services, prioritising urgent care and continuation of treatments for their patients. Routine care, such as check-ups, are not currently being offered as capacity has been greatly reduced due to the increase in infection prevention and control measures required to ensure safety for staff and patients during this time. All practices have now resumed face to face treatments. We expect practices to be able to see and treat approximately 45% of their normal patient activity between 1 January and 31 March 2021. Further increases in capacity will be dependent on national guidance relating to infection prevention and control.

Practices are responsible for managing and prioritising their patients' treatment needs. Although many have been unable to resume routine care, they continue to monitor and screen high risk patients to avoid complications or deterioration.

We are working with our dental providers to improve urgent care access, specifically for patients who do not have an NHS dentist for routine care, to ensure that there is capacity.

6. Urgent Dental Care Centres

Urgent dental care centres were established in April 2020 to provide urgent treatment to patients who met the criteria for urgent care. Initially there were three centres across Devon, in Exeter, Torquay and Plymouth. A further nine sites were mobilised across Devon during May and June. Out of the 12 sites, ten are still accepting urgent care referrals. The level of referrals has reduced as practices are now able to see their own patients for urgent care. There remains high demand from patients who do not have a regular NHS dentist.

18/03/2921
Health & Adult Care Scrutiny Committee
Thursday 18th March 2021

UPDATE ON THE PHASE 3 ELECTIVE CARE RESTORATION PROGRAMME IN DEVON

Recommendation that the Health & Adult Care Scrutiny Committee note this report.
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1. INTRODUCTION

1.1. This paper will provide an update on the NHS Devon CCG programme for Elective Care Restoration, as part of the Devon Phase 3 Restoration Plans.

2. PHASE 3 RESTORATION OF ELECTIVE

2.1. The national Phase 3 guidance (*Third Phase of NHS Response to COVID19*, dated 31 July 2020) 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)
- 100% of last year's levels for new and follow-up outpatients

2.2. The Elective Care Cell has been broken into 4 workstreams to support the delivery of the Phase 3 and Adapt & Adopt:

1. Management of GP referral processes
2. Pathway development and GP and patient communication
   - *https://northeast.devonformularyguidance.nhs.uk/*
   - *https://myhealth-devon.nhs.uk/*
3. Outpatients
4. Surgical Restoration

2.3. This programme focusses on the following priorities and this is incorporated into the Elective Care Cell's workstreams for delivery:

- Theatres - Prepare regional core principles based on national Infection Prevention Control (IPC) guidelines to support systems with practical implementation of relevant measures, including lessening PPE & Cleaning requirements and enabling local decision making to downgrade PPE according to risk.
- CT MRI - Prepare regional core principles based on national IPC guidelines to support systems with practical implementation of relevant measures.
- Endoscopy - Prepare regional core principles based on national IPC guidelines to support systems with practical implementation of relevant measures, including settling time on COVID negative AGP.
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- Outpatient - Prepare regional core principles based on national IPC guidelines to support systems with practical implementation of relevant measures. For outpatient transformation, adapt and adopt work complements and helps with rapid implementation of the existing National Outpatient Transformation Programme.

3. There are targets to be delivered against each of these priorities and the CCG is required to report weekly to NHSEI against all of these targets.

4. CURRENT PERFORMANCE

December 2020 Recovery Rates			CCG		STP		TSDFT		RDEFT		NDHT		UHP	
			previous	latest	previous	latest	previous	latest	previous	latest	previous	latest	previous	latest
DEMAND	TOTAL REFERRALS	Plan	85.2%	83.0%	93%	90%	100.0%	95.2%	89.4%	87.9%	89.0%	92.2%	91.1%	88.4%
		Actual	93.3%	102.0%	87%	94%	91.7%	94.9%	70.5%	76.6%	100.1%	94.4%	92.9%	107.9%
OUTPATIENTS	OP NEW (F2F and non f2f)	Plan	84.4%	85.7%	84%	85.2%	93.4%	90.9%	76.6%	81.2%	94.2%	102.8%	83.2%	80.6%
		Actual	91.6%	111.5%	89%	106.9%	96.8%	120.9%	76.6%	67.3%	90.2%	76.9%	99.4%	138.7%
	OP NEW (non f2f)	Plan	29.3%	29.5%	29%	29.5%	25.0%	25.0%	25.0%	25.0%	48.7%	48.7%	29.0%	29.0%
		Actual	19.9%	15.6%	21%	17.0%	18.7%	14.5%	16.7%	16.7%			30.1%	21.6%
	OP FU (F2F and non f2f)	Plan	89.4%	90.8%	91%	90.8%	85.1%	83.9%	79.4%	83.9%	102.3%	115.7%	97.3%	93.7%
		Actual	99.3%	99.1%	98%	98.0%	96.1%	104.7%	74.6%	73.1%	91.0%	82.7%	109.8%	109.8%
	OP FU (non f2f)	Plan	41.5%	44.2%	42%	44.1%	30.0%	35.0%	40.4%	43.6%	63.8%	63.8%	43.7%	44.6%
		Actual	28.5%	26.7%	31%	29.0%	24.3%	20.7%	33.2%	39.5%			38.2%	35.2%
ELECTIVE	DAYCASE	Plan	73.8%	74.7%	78%	78%	77.6%	84.8%	75.8%	76.4%	72.1%	72.3%	82.5%	77.0%
		Actual	115.9%	126.4%	108%	116%	99.0%	97.1%	122.1%	136.9%	111.5%	116.0%	102.1%	113.7%
	ELECTIVE INPATIENT	Plan	66.1%	69.5%	73%	75%	79.4%	78.0%	73.8%	80.9%	83.7%	85.9%	67.8%	63.6%
		Actual	98.2%	106.1%	81%	91%	73.4%	106.7%	75.6%	63.5%	88.8%	101.7%	87.8%	112.4%
	TOTAL INCOMPLETE RTT PATHWAYS	Plan	120,766	124,370	122,578	128,057	29,657	30,686	39,077	40,794	17,944	18,984	35,900	37,593
		Actual	103,970	109,714	120,683	122,582	28,030	27,317	48,005	49,195	13,354	14,476	31,294	31,594
	RTT 52 WEEK WAITS	Plan	6,702	7,261	8,336	10,139	1,821	2,125	1,767	1,816	2,858	4,098	1,890	2,100
		Actual	6,992	8,227	8,626	9,263	1,435	1,509	4,237	4,516	1,358	1,499	1,596	1,739
DIAGNOSTIC TESTS	MAGNETIC RESONANCE IMAGING	Plan	79.4%	83.3%	97%	99%	81.8%	94.5%	100.8%	110.4%	90.8%	62.8%	104.4%	101.5%
		Actual	100.2%	102.9%	88%	86%	99.1%	72.7%	64.6%	76.0%	95.3%	99.0%	98.6%	97.5%
	COMPUTED TOMOGRAPHY	Plan	78.4%	77.2%	83%	92%	85.7%	99.1%	107.1%	109.1%	74.6%	62.2%	66.3%	84.1%
		Actual	117.7%	103.9%	114%	107%	101.4%	87.4%	78.0%	87.7%	131.8%	153.8%	161.1%	129.0%
	NON-OBSTETRIC ULTRASOUND	Plan	58.3%	58.4%	73%	79%	81.9%	99.0%	73.3%	78.4%	76.3%	62.8%	69.0%	78.6%
		Actual	136.6%	127.3%	109%	98%	104.7%	71.5%	102.7%	105.4%	78.6%	109.9%	128.3%	102.8%
	TOTAL SCOPES	Plan	72.0%	73.0%	87%	99%	95.2%	110.0%	85.1%	99.0%	90.6%	101.0%	80.1%	87.7%
		Actual	90.4%	73.0%	77%	73%	52.5%	55.7%	70.7%	66.0%	93.2%	69.9%	110.1%	102.0%

Please note: Diagnostics and Outpatients activity is taken from weekly reporting.
Planned levels are shown as % of last year's volumes.
Both plan and actual activity are shown as the % of last year's volumes.
Green indicates activity better than plan and red below plan.

4.1. The activity above is for the time period December 2020. Over December and into January as a direct consequence of Covid, performance has significantly reduced as the NHS focused on treating COVID patients and keeping patients safe during the second COVID wave. The requirement to significantly increase the number of Intensive care beds and general covid beds required a significant movement of workforce from delivering elective care into COVID capacity resulting in a reduction in elective care delivered.

4.2. Referrals have risen during December 20 into all trusts apart from North Devon where they fell slightly from the previous month. Referrals into University Hospitals Plymouth are now greater than the previous year a strong indicator than primary care is continuing to recover from the impacts of COVID.

4.3. Delivering increasing levels of elective activity in a day case environment is key to elective recovery and day case rates remain above plan in all Devon acute trusts as are elective inpatient volumes in all trusts apart from the Royal Devon and Exeter Foundation Trust.

4.4. All Trusts in December were below planned non-face to face new and follow-up activity however overall outpatient follow-ups are above trajectory. In 2021 the work to increase appropriate levels of non -face to face activity will be a priority for the system wide clinically led STP group focusing on out-patients.

4.5. 52 Week waits at STP level are slightly over plan however below plan for all provider accept RDEFT however this will be adversely impacted further on by the surge on COVID in January. These patient waits represent a negative experience for patients and as the Devon NHS moves from restoration of services to recovery both recurrent and non-recurrent plans to address these backlogs will need to be put in place.

4.6. Similarly total incomplete pathway volumes remain below trajectory at all Devon providers except RDEFT.

4.7. In parallel to elective care diagnostic provision has been impacted on by the requirement for trust staff to support the second covid surge and MRI and CT are underperforming at TSDFT and RDEFT.

Name: John Finn
NHS Devon Clinical Commissioning Group
Acting Director in Hospital Commissioning

Electoral Divisions: All Division.

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Local Government Act 1972: List of Background Papers

Background Paper **Date** **File Reference** N/A

CSO/21/8
Health & Adult Care Scrutiny Committee
18 March 2021

Health & Adult Scrutiny Committee – 4 Year Overview

Report of the Health & Adult Care Scrutiny Members

Please note that the following recommendation is subject to confirmation by the Committee before taking effect.

Recommendation

That after the elections the new Council recognises the value of effective Scrutiny and continues the work this Scrutiny Committee has led on over the last 4 years.

Preface

I would like to thank the members, officers and professionals for their support and guidance over the last four years. It has been challenging, difficult and rewarding getting to grip with the world of Health and Adult Social Care. Members, I am sure like me you are grateful for the time and explanations given to us on our quest to ensure residents receive timely and good quality care when it is most needed.

The Committee has probed, questioned and at times disagreed with the pace of change or decisions taken. Despite this, I am grateful for the civil well-mannered approach adopted during our meetings.

The work of the Committee is never done, and the incoming members will no doubt pick up the baton and continue to chase for better care for all residents of Devon.

Thank you to all for your contribution.

Councillor Sara Randall Johnson, Chair
Health & Adult Care Scrutiny Committee

Introduction

Following elections and a new Council in May 2017, a new Scrutiny Committee structure was adopted giving the Council three Scrutiny committees: Corporate Infrastructure and Regulatory Services, Children's and Health and Adult Care.

The effectiveness of the Health and Adult Care Scrutiny Committee rests on the ability of its members to upskill themselves and be knowledgeable about the way the health service locally implements National Government (via NHS England) policy. In its work, the Committee, has been mindful of the difference between NHS Devon CCG ,as the managers of the system with NHS England in control of their funding, performance and targets and the local social care set up which is within Local Government control and hence democratically accountable to its residents through member representation.

Over the last 4 years this Committee has taken their responsibility to do this seriously, recognising the importance of understanding the inherent complexities of the system. As a Standing Overview Group (as well as a Scrutiny committee) they have participated in information sharing and member development sessions which has helped them to appropriately and significantly hold both the health service and social care service to account at local level.

The Scrutiny Committee has worked well at raising the awareness of both Devon's health service and the Devon County Council's social services to the multiple perspectives of residents. Residents can come to the Committee and present their views directly as well as indirectly through their county councillor. Through this process decisions have been reconsidered.

National policy has promoted and incentivized an Integrated Care System which has to encompass the two different financial budgets and budget controls and protocols of Local Government and the NHS. Interrogating, scrutinising and challenging this development has been the major ongoing theme of the committee throughout the 4-year term. The work undertaking is described in this report.

The Committee believes that it has had an influence on both the NHS and Devon County Council perspective on nascent integrated care developments through, for example, reviewing the Better Care Fund and challenging the NHS on their Long Term Plan.

The structure and function of this Committee has left a worthy heritage for the new Committee to effectively scrutinise the Integrated Care System that will be legislated on later this year.

COVID-19 obviously had a significant impact not only on the agenda of the Committee, but also in terms of changing the way in which members could discharge their Scrutiny role. Prior to the pandemic, it was agreed that members would undertake a series of visits to health and care settings across the County. Councillors wanted to get a first-hand account from staff of where the system is working well, how supported they feel and where there may be issues of concern. The visits were about members getting a better understanding of the way in which the model of care in Devon was working operationally and the key issues affecting services from a frontline perspective. Clearly in this final year of the Council, Scrutiny members visiting health and adult social care settings has not been practical, but there is huge value when it is possible again to that opportunity for councillors to triangulate theory with practice and patient experience.

The pandemic naturally effected the way in which Health and Adult Care Scrutiny could operate, but the function quickly evolved to ensure that members were sighted in terms of planning and service delivery, as well as still maintaining that vital challenge to the system. The Committee has remained mindful to try to retain a focus on performance across the wider health and care system.

Committee Members

- Councillor Sara Randall-Johnson (Chair)
- Councillor Hilary Ackland (Vice-Chair)
- Councillor Marina Asvachin
- Councillor John Berry
- Councillor Paul Crabb
- Councillor Ron Peart
- Councillor Sylvia Russell
- Councillor Philip Sanders
- Councillor Andrew Saywell
- Councillor Martin Shaw
- Councillor Richard Scott
- Councillor Jeff Trail BEM
- Councillor Phillip Twiss
- Councillor Nick Way
- Councillor Claire Wright
- Councillor Jeremy Yabsley
- Cllr Evans (District Council Representative)

Health Providers

The Health and Adult Care Scrutiny Committee have over the last 4 years been working with the following key health providers in the County to improve their performance:

- The Royal Devon and Exeter NHS Foundation Trust
- Devon Partnership Trust NHS Trust
- South Western Ambulance Service NHS Foundation Trust
- South Devon Healthcare NHS Foundation Trust
- Northern Devon Healthcare NHS Trust

Members have regularly met providers through the Quality Account process. Quality Accounts are a mandated requirement from NHS Improvement, with a set structure, framework and content with an approval process which involves reports being laid before Parliament. Quality Accounts detail quality and safety improvements from the previous year as well as planned improvements for the year to come. NHS providers regularly held sessions with the members of the Standing Overview Group, on their Quality Accounts and their priorities in terms of improvement. The feedback from members has been used to inform the Quality Account statements.

Members have also undertaken site visits to providers developing their understanding of service delivery and patient experience. Health providers have also regularly been invited to contribute to members series of masterclasses as well as formally reporting to Committee.

Task Groups

Better Care Through Integration? An Investigation into the Working of The Better Care Fund in Devon

In 2016 NHS organisations and local councils came together to form 44 Sustainability and Transformation Partnerships (STPs) covering the whole of England, and set out proposals to improve health and care for patients. Integrated care, close collaboration of health and social care, is firmly on the agenda and gathering pace. The purpose of the Better Care Fund (BCF) was to ensure a transformation in integrated health and social care through the creation of a single pooled budget to incentivise the NHS and local government to work more closely together. As an important forerunner to an integrated care system, the Task Group was set up to come to a deeper understanding about the BCF and how it can help to inform quality working practices in this move to full integration. On 7 June 2018 the Task Group published its final report.

Agenda Item 9

Spotlight Reviews

NHS Inquiry

This Spotlight Review, was conducted to explore some key themes that members of the Health and Adult Care Scrutiny Committee were particularly concerned about following a Notice of Motion submitted to Cabinet:

While applauding the care provided by all our NHS medical staff the County Council is concerned at the current state of the NHS in Devon, the impact the NHS "Success Regime" is having and studies suggesting many GP's will be retiring, being examples of areas for concern. Accordingly the County Council agrees to establish a local public inquiry to consider the state of the NHS in Devon.

Members reported their findings back to Committee in January 2018 not, at this time, calling for a public inquiry but continuing to monitor the impact of the STP and the move to an Accountable Care System.

The Emerging Mental Health and Wellbeing Strategy – A Scrutiny Members Perspective

On 11 October 2018 members reviewed the visions and priorities of the draft Mental Health and Wellbeing Strategy.

Rapid Response Spotlight Review

On 22 November 2018 the Rapid Response Spotlight Review was published, which covered how the Rapid Response system should work and how it was working; a survey among GPs in Devon to ascertain if the concerns raised were typical of other primary care practitioners; and identification of pressure points in the system and what action might be taken to ameliorate them.

Carers Spotlight Review

In July 2018 members undertook a visit to Westbank Community Care Services, Exminster to further their understanding of the approach to Carers' Support Services, key features of the new service "Caring Well in Devon" and the carer offer, as well as the County Council's response to the views of carers expressed in the biennial Carer Survey. It was following this piece of work that the Committee agreed a further, and more detailed review of carer services in Devon.

The Carers Spotlight Review took the voice of the carer and presented the issues that matter most to them in a detailed study that spoke to more than 120 unpaid carers across Devon. Foremostly this piece of work recognises and celebrates the role of the carer.

Modernising Health and Care Services in Teignmouth and Dawlish

The Health and Adult Scrutiny Committee carried out a Spotlight Review on 14 December 2020 of the consultation process on the 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 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 advocate. The Spotlight Review resulted in a series of recommendations being presented to Committee in January 2021, following which members agreed to 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.

Standing Overview Group

The Standing Overview Group of the Health and Adult Scrutiny Committee meets as an information sharing and member development session where issues are presented to members to raise awareness and increase knowledge. Any action points arising from the sessions are reported back to the formal Committee meeting.

The Mental Capacity Act and Deprivation of Liberty

On 20 February 2019 the Health and Adult Care Scrutiny Committee's Standing Overview Group held a session with officers on the Mental Capacity Act and deprivation of liberty safeguards. The session explored the implications for practice, the organisation and the management of associated risks.

Long Term Plan

On 18 October 2019 and 24 February 2020 the Standing Overview Group received presentations on work relating to the Devon NHS Long Term Plan.

Devon System Winter Plan

On 23 October 2020 members held a meeting to review the Devon System Winter Plan.

Devon Safeguarding Adults Partnership

Members undertook a session to review the Partnership's response to the pandemic and the 2019/20 Annual Report.

Understanding the Model of Care Visits

It was agreed that members would undertake a series of visits to health and care settings across the County. Councillors wanted to get a first hand account from staff of where the system is working well, how supported they feel and where there may be issues of concern. The visits were about members getting a better understanding of the way in which the model of care in Devon was working operationally and the key issues affecting services from a frontline perspective.

Community Health and Care Teams

In May / June 2018 members visited community health and care teams in Exeter, Holsworthy and Teignmouth. Councillors reported that resources needed to be spent on prevention and keeping people well. Physical health is a key factor in having good mental health. Social prescribing or community referrals, need to be used as a means of enabling GPs, nurses and other primary care professionals to refer people to a range of local, non-clinical services which promote a healthy and active lifestyle.

Residential Care / Personal Care

In October / November 2018 councillors undertook visits to 5 residential care homes in Seaton, Exmouth, Barnstaple and Torrington, as well as meeting with a home care provider and service user.

Sidmouth / Axminster / Seaton Cluster

On 22 May 2019 councillors undertook visits to the community health and care teams in Sidmouth, Axminster and Seaton. The visits focussed on how to keep people living safely at home and promote their independence through good physical and mental health. Members felt it essential the voluntary community sector is recognised and resourced to fulfil its invaluable role connecting and supporting the most vulnerable, lonely and isolated.

West Devon Community Services / The Ness Dementia Centre

The Committee considered the report of the Members visits to community health and care teams in the Tavistock Community Hospital and the Tavistock Wellbeing Hub, on 2 July 2019 and on 5 August 2019 to the Ness Dementia Centre, a therapeutic specialist space designed to support the family and individual.

Holsworthy Medical Group / Chiddenbrook Surgery

On 25 September 2019 and 25 February 2020 members site visits to GP practices in Crediton and Holsworthy to develop the Committee's understanding issues affecting Primary Care.

South Western Ambulance Service NHS Foundation Trust

On 1 April 2019 members visited South Western Ambulance Service NHS Foundation Trust (SWASFT) headquarters which provided valuable insight into the way in which the ambulance service works from an operational perspective and furthered members awareness of the challenges they face.

Masterclasses

Masterclasses are information sharing sessions where issues are presented informally to members to raise awareness and increase knowledge. Members held the following sessions over the last 4 years:

- 21 September 2017 - New Models of Care illustrated by ICE
- 21 September 2017 - Healthwatch Devon, introductions and work over the next year
- 21 November 2017 - Introduction to the CQC
- 21 November 2017 – Mental Health
- 22 March 2018 – Devon Safeguarding Adults Board
- 7 June 2018 – Fair Funding in the NHS
- 20 September 2018 - Transitions (Young People from Children's to Adult Services)
- 20 September 2018 - Urgent Community Care
- 22 November 2018 - Living Well at Home – Regulated Personal Care in Devon
- 22 November 2018 - STP Workforce Review and Priorities
- 21 March 2019 - Developing a Long Term Plan for Devon - NHS Local 1 year / 5 Year Plan / Long Term Plan: Implications and opportunities for scrutiny
- 21 March 2019 - Adult Social Care Support for Prisoners
- 18 June 2019 – Role of NHS England / NHS Improvement
- 18 June 2019 - Dementia
- 23 September 2019 – Future of Hospital Services
- 28 November 2019 - Using Technology and Digitally Connected Care and Support
- 27 May 2020 – CCG COVID 19 Response Webinar – Joint Scrutiny with Torbay and Plymouth
- 29 October 2020 - Mental Health
- 29 January 2021 – Out of Hospital Care
- 24 February 2021– Recovery & Restoration in the NHS

Specialist Advisor

The Committee has for the last 3 years benefited from the expertise of a specialised advisor supporting members in their Scrutiny role. Members would like to thank Anthony Farnsworth for his remarkably insightful contribution over those 3 years and welcome Margaret Willcox OBE who has taken over the post in March 2021.

Conclusion

The Committee appreciate the culture Cabinet and officers of both the County Council and NHS Devon CCG have helped to establish with the Scrutiny function; recognising Scrutiny as key to good governance and in turn good outcomes for local people. The Scrutiny challenge is welcomed by the County Council, which in turn gives those members without a portfolio an important role holding the Executive function to account and making a difference to ensure the most vulnerable people are cared for. Better Scrutiny leads to more effective decision-making, reduced risk and ultimately, improved outcomes.

Electoral Divisions: All
Local Government Act 1972
List of Background Papers
Contact for Enquiries: Dan Looker / Tel No: (01392) 382232

Background Paper	Date	File Ref
Nil		

There are no equality issues associated with this report

Devon County Council

Commissioning Liaison Member Role Review

March 2021

This report will be reported to all three Scrutiny Committees by their CLM

Recommendation:

That the new Council continues the role of electing one or two Commissioning Liaison Members for each Scrutiny Committee

1. Background

1.1 In 2017 the Corporate (as was) Scrutiny Committee undertook a task group on Commissioning with its stated intention of:

1.2 The Task Group set out to explore the following questions during its investigation:

- How does the Council ensure that the Scrutiny function stays relevant and meaningful?
- In a Council which no longer directly delivers most of its services, how can Scrutiny continue to hold those responsible for delivering services to account?
- At what point in the Commissioning process can Scrutiny add the most value?
- How can commissioners engage Scrutiny in a meaningful way?

1.3 One of the four recommendations of the task group was the establishment of a Commissioning Liaison Member from each Committee to strengthen the awareness of commissioning activity in the relevant area of the Council. The role has now been in operation for the majority of this term of the Council. For Corporate Infrastructure and Regulatory Services Scrutiny Committee two Members were put forward for the role.

1.4 The Health and Adult Care Commissioning Liaison Member has a slightly different role to the other two in light of the additional scrutiny legislation that covers Health Scrutiny. In brief the NHS has to consult Scrutiny before embarking upon service change or commissioning.

2. Activity

2.1 Since the task group in 2017 each Member has approached the role in a slightly different way according to the nuances of each committee. A summary of activity is presented on the following table:

	Children's Scrutiny Committee	*Health and Adult Care Scrutiny Committee*	*CIRS Scrutiny Committee*
2017		Better Care Fund	Progress of the role
2018	Disabled Children: Short Breaks Sufficiency: Placements for Children in Care Regional Adoption Agency (RAA) Commissioning Liaison Spring Report.pdf (devon.gov.uk) CS1843 - Commissioning Liasion Member Autumn Briefing.pdf (devon.gov.uk)	Development of an Integrated Care System Attendance at bi-monthly catch up with chairs and senior Health & Adult Social Care officers	Report on street lighting https://democracy.devon.gov.uk/documents/s22591/SLP%20Member%20report.pdf
2019	Support for Children with Special Educational Needs and Disability Sufficiency of Placements for Children in Care and Care Leavers Regional Adoption Agency (RAA) Commissioning forward plan Support for Children with Special Educational Needs and Disability https://democracy.devon.gov.uk/documents/s25922/CS1914%20Commissioing%20Liaison%20Briefing.pdf CS1843 - Commissioning Liasion Member Autumn Briefing.pdf (devon.gov.uk)	Model of Care Visits - Residential Care / Personal Care Model of Care Visits - Sidmouth/Axminster/Seaton Cluster Devon Partnership Trust Attendance at bi-monthly catch up with chairs and senior Health & Adult Social Care officers	Devon Permit Scheme for Road and Street Works
2020		Carers Spotlight Review Attendance at bi-monthly catch up with chairs and senior Health & Adult Social Care officers	Connecting Devon and Somerset Broadband: the procurement of a new contractor to replace Gigaclear. Skanska and the timeline for novation

Views from the current Commissioning Liaison Members

What has worked well?

- Supported better Scrutiny by an improved strategic understanding of internal systems and external providers 'filling in the gaps' that might have been missed.
- Enabled Scrutiny to consider and input specification changes to new contracts by being involved at an early stage.
- Improved awareness and understanding of the commissioning cycle.
- Having oversight of the long-term schedule of contracts, suppliers, and contract renewal dates.
- Being able to input to agenda setting meetings.
- Members have been able to be pro-active in the role and have had the flexibility to carry out the role in their own way
- Supported by officers when raising concerns of committee members

What could be improved?

- Improve liaison with the Portfolio holder, perhaps by scheduling regular briefings.
- There has been limited opportunity to flag areas for Scrutiny to review. However, nothing has been missed.
- More formal training and induction to the post
- Embedding the role of Commissioning Liaison Members as an integral part of the committee and giving the CLM prominence

How to judge success over next year?

- **Continuing to have candid conversations across the Council based on trust to improve Scrutiny.**
- **The task group changed DCC contracts to include providers in the Scrutiny process, but to date this has only happened in a limited way. Having greater oversight over providers could be a measure of good Scrutiny.**
- **Continued involvement in the wider question of moving services in house or externally commissioning them.**
- **The role having oversight of ICS with the move away from competition-based health commissioning.**

3. Conclusion

Although the role has been adapted and evolved separately for each Committee there is demonstrable impact from each role as appropriate to the respective Committee. It may be useful to revisit the Commissioning Liaison Protocol as per the appendix and update it to reflect the nuances that have developed since its inception.

Report of the commissioning Liaison Members

Councillors Phil Twiss	Health and Adult Care Scrutiny
Councillor Richard Hosking	Children's Scrutiny
Councillors Kevin Ball and Yvonne Atkinson	Corporate Infrastructure and Regulatory Services Scrutiny

Devon County Council

Appendix 1: Commissioning Liaison Member Protocol

Summer 2017

This is a guidance document prepared by the scrutiny team to support the effective working of the nominated Commissioning Liaison Member/s from each scrutiny committee. The role was established following a recommendation made by the 'Scrutiny in a Commissioning Council' Task Group 2016. The full report and recommendations can be viewed here.

Purpose:

The task group felt that nominating a member from each committee to develop positive relationships with Cabinet Members and Lead Officers to find out about commissioning activity would strengthen the effectiveness of scrutiny. The Commissioning Liaison Member will undertake to:

1. Understand the Council's commissioning processes and priorities;
2. Act as a link between Cabinet and the Scrutiny Committee and bring to the attention of the Scrutiny Chair and Committee:
   - significant commissioning activity
   - performance or service delivery issues relating to services commissioned through external providers
3. Support the Scrutiny Committee to examine the commissioning of services within the wider context of the Council's strategic vision and purpose

This does not affect the legal duties around commissioning and provider relations particularly in relation to health scrutiny.

Approach:

To carry out this role in the most effective way the Commissioning Liaison Members from each committee have agreed to meet as a group on a regular basis to:

1. Receive commissioning training
2. Ensure a consistent approach is taken to the Scrutiny of commissioning
3. Champion the approach to Scrutiny's involvement in commissioning across the Council and Health

The group will also use receive details of forthcoming commissioning activity and individually take this back to each scrutiny committee to report at the work programme with suggestions about how the committee might be involved in commissioning activity.

Review and development

It is proposed that the effectiveness of this role could be reviewed in line with the task group recommendation after six months of operation.

In future there may be the opportunity to undertake specific scrutiny investigations relating to commissioning as directed by each relevant scrutiny committee.