

HEALTH AND ADULT CARE SCRUTINY COMMITTEE

28 September 2022

Present:-

Councillors S Randall Johnson (Chair), C Whitton (Vice-Chair), T Adams, J Bailey, D Cox, P Crabb, P Maskell, D Sellis, R Scott and M Wrigley

Apologies:-

Councillors R Chesterton, L Hellyer, S Parker-Khan, R Peart and J Yabsley

Member attending in accordance with Standing Order 25

Councillor J McInnes

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Minutes

RESOLVED that the Minutes of the meeting held on 21 June 2022 be signed as a correct record.

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Items Requiring Urgent Attention

No item was raised as a matter of urgency.

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Public Participation

In accordance with the Council's Public Participation Rules, the Committee received and acknowledged representations from Hannah Bell on behalf of Councillor Graham Bell (Braunton Parish Council) on a matter to be considered by the Committee namely 'System Development and Improvement' (Minute 64* refers) and in particular their concerns in relation Community Pharmacy Services in North Devon and the Pharmaceutical Needs Assessment.

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System Development and Improvement

(Councillor J McInnes attended in accordance with Standing Order 25 and spoke to this item with the consent of the Committee and referred to health and social care workforce recruitment and retention and parity of esteem for social care, professional development and career progression; and pharmacy services).

The Committee considered the Report of NHS Devon on System Development and Improvement and working together in Devon through Devon's Integrated Care System, which was known as One Devon, established on 1 July 2022. The Report highlighted the significant challenges

faced by health and social care partners and how new ways of working could make a difference to patients and join up the entire urgent and emergency care pathway.

A set of overarching goals for urgent and emergency care had been developed to set expectations for the health and social care system, and to enable delivery of an improvement programme. Delivery of the goals would be achieved through whole system collaboration involving NHS Devon (the Integrated Care Board), the One Devon Partnership, social care partners, Local Care Partnerships (LCP); and Provider Collaboratives, including partners across public services and the third sector.

System priorities for urgent and emergency care were:

1. Effective navigation
2. Same Day Emergency Care
3. Ambulance Handover Improvement
4. Improving flow through Emergency Departments
5. Community Urgent Care
6. Access to Primary Care
7. Access to Mental Health Services

Devon's system remained under sustained pressure due to a range of complex and multi-faceted issues – including the pandemic, increased demand, staff shortages, and vacancy rates in health and adult social care providers.

In regard to winter planning, NHS England had written to all systems to set out the next steps in increasing capacity and operational resilience in urgent and emergency care ahead of the forthcoming Winter. Six specific metrics would be used to monitor performance in each system, which were key to the provision of safe and effective urgent and emergency care:

- 111 call abandonment
- 999 call answering times
- Category 2 ambulance response times
- Average hours lost to ambulance handover delays per day.
- Adult general and acute type 1 bed occupancy
- Percentage of beds occupied by patients who are medically ready to go home or to other care settings, such as social care placements

Members' observations, comments and discussion points with the Deputy Chief Executive NHS Devon/ICS included:

- the change of the 111 Service from Devon Doctors to a new provider which was due to become operational shortly;
- the increase in the vacancy rate since last year (from 8% to 12.5% (4,561 vacancies)) across health and social care;
- the challenging budget for 2022/23 and required savings and efficiencies of £142.2m to be delivered across the Devon NHS system (on which more information was available via the Integrated Care Board) and the progress to date in planning to achieve the required saving;
- the successes highlighted in the Report;
- the target of having no more than 5% of general and acute hospital beds occupied by patients who no longer needed specialist hospital care; and the capacity and workforce issues and the resulting degree of variance from this target as detailed in the Report across the acute hospital settings in Devon (including Torbay and Plymouth);
- measures which could be developed to help retention and recruitment and the impact of the 'Proud to Care' and the national 'Love Care' campaigns (on which a Briefing Note would be prepared for Members) and the need for more information relating to why people were leaving health and care careers;
- the lack of information in the Report relating to the '*patient experience*';
- confirmation that the Devon Stakeholder event had taken place on 13 September 2022 on which more information would be provided to Members;
- the valuable work of the Community and Multi-Disciplinary Teams to support short-term rehab placement resulting in significant reduction in occupancy of acute beds and development of this initiative working with care homes to support hospital discharge;
- reasons for the increased mental health needs on which more information was requested by Members; and
- the need to review pharmacy services across the County, their value in reducing pressures across the health and social care and the role of the Health and Wellbeing Board and NHS England as the commissioner; and issues faced by local Members in helping ensure proper provision with new and expanding residential growth points in the County (notably SW Exeter/Teignbridge, Cranbrook, Sherford and North Devon).

It was **MOVED** by Councillor J Bailey, and **SECONDED** by Councillor S Randall Johnson and

RESOLVED

(a) that a report be made to the Committee for its next meeting on 22 November 2022 on the budget position and progress in addressing the target saving/efficiency savings of £142m across the Devon NHS system for the current financial year;

(b) that an update report on System Development and Improvement: Winter Evaluation be presented to the March 2023 to include:

(i) progress on the six specific metrics (referred to above) for the provision of safe and effective Urgent and Emergency Care used to monitor performance in each system;

(ii) the impact of local and national workforce recruitment and retention initiatives (to include work force exit information);

(c) that a Review of Community Pharmacy be added to the Work Programme (Spotlight or Task Group review).

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Maximising the Role of Community Urgent Care

The Committee considered a Report of NHS Devon on maximising the role of Community Urgent Care which was a key part of delivering a sustainable future for urgent care in Devon. It aimed to provide patients with high-quality, accessible and consistent services at a lower acuity than Emergency Departments. It was understood that this programme was to deliver a long-term strategy (2-5 years) and it did not offer short-term solutions to current issues which were being managed by NHS providers in collaboration with the locality teams.

This Paper focussed on Community Urgent Care services, which encompassed all the services that provided care for people with urgent, but less serious, needs. This included a wide range of services, including Urgent Treatment Centres, Minor Injury Units and many more.

The Paper set out the challenges facing existing services, the reasons why need was necessary, how services were currently used, future aspirations and service models, the constraints and plans for engagement/consultation with local people about the shape of future services.

Members' observations, comments and discussion points with the Deputy Chief Executive NHS Devon/ICS and the Head of Integrated Care at NHS Devon Clinical Commissioning Group, included:

- the high level overview which showed the inconsistent nature of community urgent care provision across the Devon footprint within and between localities;
- the serious workforce challenges and clinical and other health and care professionals staffing gaps across urgent care which caused difficulty in maintaining consistency of opening hours;
- the idea of a Member Masterclass on this as part of the engagement process and the timeline which included report at the next meeting;
- the unhelpful term '*non-medical staff*' used in this Report and the range of terms to describe the Units/Centres which could be confusing;
- definition of less 'serious conditions' and the need to match provision with demography / communities to provide a clear and consistent offer; and

- some concern in relation to the condition relating that only GP practices that were more than 10 miles from an Urgent Treatment Centre (UTC) would be entitled to payment for 'Minor Injuries Local Enhance Services'.

The Chair thanked the Officers for the Report and requested that a further report is made following the consultation / engagement exercise to the next meeting of this Committee on 22 November 2022.

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General Practice Strategy

The Committee considered a report of NHS Devon on the General Practice Strategy, which set the vision for General Practice in Devon for the next 10 years. This Strategy would replace the previous iteration, published in 2019, much of which has now been achieved, but which required substantial revision to incorporate learning from the pandemic and to reflect the increased pressure on the system and consideration had also been given to the national picture.

In terms of the process involved in developing the Strategy there had been wide engagement with key partners and stakeholders. A number of emergent themes arose from the engagement, for instance, differentially investing to tackle health inequalities, consistency of access and support to users when accessing technology, a strong focus on the prevention agenda and supporting practices with a Greener NHS plan. The new Strategy had therefore been developed taking into account the output from the engagement.

A further opportunity was now being given to all parties who contributed (both in terms of healthcare partners and patients) to review the draft Strategy document and provide further comments.

Members' comments and discussion points with the Director of Out-of-Hospital Commissioning (NHS Devon); and the Primary Care Medical Director, Devon ICS, included:

- the themes arising from engagement which included differing investing to tackle health inequalities, consistency of access and support for other using technology, and a strong focus on prevention and supporting practices with a Greener NHS plan;
- improved integration across Primary Care and social care and with acute services and the value of the Primary Care Partnerships (PCNs) with specialised support and services for GPs;
- the gender balance within the GP service and the reasons in relation to the proportion of admin staff undertaking a diverse range of duties to support clinical services; and need for further clarification on the number of Full Time Equivalents (whether the same as Whole Time equivalents); and the need for clarification on the ICS survey question with only 13.6% reporting good access (including getting through on the telephone) when

compared against the IPSOS survey which reported that 80% of Devon patients were satisfied with their offered appointment and noting that this IPSOS survey showed Devon's ranking for general patient care and experiences as the second best nationally; and general concerns about the perception of the high numbers experiencing significant delays in appointments;

- the view of a Member on the need for further data and analysis in relation to waiting times, times on the phone, number of consultations (quantitative information) etc and there was also a lack of reference to qualitative information in relation to the '*patient experience*' for example; and potential also to use of more digital tools such as e-queue management systems; and explanation from the Officers about the difficulties in relation to direct access to information from GP practices;
- the need to develop improved signing-posting to appropriate services etc within the Strategy;
- the improving collaboration work across the PCNs with local and Devon-wide practice manager forums for example which promoted effective working;
- the need to further review the process for commissioning additional GP services within growth points and new communities through S106 (and Community Infrastructure Levy (CIL)) funding which could form part of the PCN Estates Plan and the need for the ICS to be fully cognisant of District Local Plan Reviews; and which Officers acknowledged could be a further area of discussion with local Members.

The Chair thanked the Officers for their report and answers to Member questions.

* **67** **Health and Care General Update**

(Councillor J McInnes attended in accordance with Standing Order 25 and spoke with the consent of the Committee in relation to the One Devon Partnership; and commissioning arrangements for Pharmacy Services by NHS England; and the sharing of data).

The Committee considered the Joint Report from Devon County Council and NHS Devon (ACH/22/151) on updates and general information including responding to specific actions, requests or discussions during the previous Health and Adult Care Scrutiny Committee meeting. The Report covered celebrating local success and achievements including Devon's ranking for general patient care and experiences which was second best nationally; collaboration showcased during NHS England visit; Eastern Local Care Partnership engagement event; key messages from the ADASS Spring survey; update on North Devon Link service; adult social care charging reform funding consultation; Devon's Integrated Care Strategy and its Five Year Joint Forward Plan; and suspension of routine asymptomatic testing; and launch of the COVID-19 Autumn booster and flu programme.

Members' discussion points and comments with the Director of Integrated Adult Social Care; and Head of Adult Care Operations and Health, included:

- the workforce challenge across health and social care and plans for further Masterclasses on the Adult Social Care Reforms;
- consideration to a Masterclass on information sharing in relation to patients across the ICS in Devon noting the implication of GDPR, security and potential benefits; and
- taking forward learning from the Bideford Community Health and Social Care Team following their award for exceptional partnership work.

The Chair thanked the Officers for the report and congratulated the Services for local success and achievements.

* 68 **Scrutiny Committee Work Programme**

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

(a) Future Reports : (i) System Development and Improvement: Budget position; (ii) System Development and Improvement: Winter Evaluation to include/Urgent Emergency Care Metrics and Work force issues; and Community Urgent Care: consultation outcome;

(b) Task Group/Spotlight Review: Community Pharmacy; and

(c) Masterclasses: (i) Patient Information Sharing across the ICS; (ii) Adult Social Care Reforms; and (iii) Urgent Community Care: as part of the engagement exercise.

[NB: The Scrutiny Work Programme was available on the Council's website at: [Scrutiny Work Programme - Democracy in Devon](#)

* 69 **Information Previously Circulated**

The Committee noted the list of information previously circulated for Members, since the last meeting, relating to topical developments which have been or were currently being considered by this Scrutiny Committee.

(a) The national GP Survey [GP Patient Survey \(gp-patient.co.uk\)](https://www.gp-patient.co.uk) [https://www.gp-patient.co.uk/](https://www.gp-patient.co.uk) which showed Devon ranked as second best in the country for patient experience of general practice.

(b) (MIU) in South Devon - correspondence from Torbay and South Devon NHS Foundation Trust on the decision to temporarily close the Minor Injury Units (MIU) in Totnes and Dawlish due to staffing levels which were exacerbated by the COVID-19 pandemic.

(c) Royal Devon and Exeter Trust news: New electronic patient record system to rollout from Eastern to Northern Devon in July.

(d) Adult Social Care Reforms: update for members.

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

The Meeting started at 10.30 am and finished at 1.20 pm