

## HEALTH AND ADULT CARE SCRUTINY COMMITTEE

22 November 2022

### Present:-

Councillors S Randall Johnson (Chair), C Whitton (Vice-Chair), T Adams, D Cox, P Crabb, L Hellyer, P Maskell, R Peart, R Scott and J Yabsley

### Apologies:-

Councillors J Bailey, R Chesterton, S Khan and D Sellis

Members attending in accordance with Standing Order 25  
Councillor J McInnes

\* 70

### **Standards Committee**

The Chair welcomed Mrs R Saltmarsh MBE who was attending (remotely) in her capacity as a Co-opted Member of the Council's Standards Committee to observe and monitor compliance with the Council's ethical governance framework.

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### **Minutes**

**RESOLVED** that the Minutes of the meeting held on 28 September 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**

There were no oral representations from members of the public

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### **In-Year Briefing: Service Delivery for Public Health Devon**

(Councillor J McInnes attended in accordance with Standing Order 25 and spoke with the consent of the Committee on the One Devon's Integrated Care System draft strategy and objectives)

The Committee considered the Report of the Director of Public Health, Communities and Prosperity on the delivery of public health service during 2022-23 and the current position. This covered work in addressing the demands presented by the pandemic, the delivery of the Council's strategic objectives across public health and health improvement via commissioned services. The Report also referred to additional national funding to support

delivery of the national drugs strategy; the Public Health Nursing Service; Public Mental Health services, inclusion health groups including a health needs assessment; and delivery of the budget to date.

Members' questions and discussion points with the Director covered:

- support for the zero rate of suicides aspiration within strategic objectives whilst acknowledging the difficulties in achieving this and the need to reflect this in associated actions plans;
- development by the Public Health Intelligence Team in producing a new Cost-of-Living Dashboard and the need to include the impact of poor housing and increasing costs; and the importance of effective collaboration with local housing authorities;
- the increasing proportion of the population impacted by the cost of living crises and comparisons with previous years, which should also be reflected in the Dashboard;
- the financial support from Government (cosy homes scheme) for replacement of domestic boilers (and the Director undertook to get more information on this);
- the high vacancy rates within the PH Nursing and PH Health Visitors services and which would be addressed by a service improvement plan and the complimentary signals during a recent CQC inspection on which the formal report was awaited;
- the challenges faced by PH and the critical ring-faced PH Grant; the primary challenges included premature deaths/health inequalities, effective working of the Integrated Care Boards and Integrated Care Partnerships in Devon, support for vulnerable communities on which there had been considerable work with local communities and the Voluntary sector and the need to develop longer term contractual arrangements with these groups; and the need to support their work;
- the valuable work carried out by Heart Valve Voice; and
- the value of primary prevention (mainly PH services) and secondary prevention (primarily NHS/Social Care) and the importance of early evidence-based intervention.

The Chair thanked the Director and his staff for their work and hoped that the PH grant would be sufficient and notified within a reasonable timeframe to assist with planning for 2023/24.

\* 75 **NHS Devon Financial Overview**

The Committee received the Report of NHS Devon on its financial overview which covered how the NHS was funded, the role of NHS England responsible for making allocations to Integrated Care Boards using an established resource allocation methodology based on formula-based allocations that reflected the demand for health services based on the relative needs of populations and the major drivers of consumption of health resources: age, sex and deprivation. The Report also covered the financial

regime, the current financial position and historic challenges, the 2022/23 operational plan, NHS oversight and financial challenges across the system

Members' observations, comments and discussion points with the Chief Finance Officer, NHS Devon included:

- further explanation of the tables/figures within the Report and the difficulties and challenges in achieving the 'savings and efficiencies' detailed in Figure 5 of the Report and noting the relatively large unidentified savings figure;
- explanation of why an £18m deficit for 2023 was forecasted despite the planned efficiencies and savings;
- the financial impact of agency staff/clinicians and the overriding need to maintain clinical safety, new procurement arrangements across the ICB partners and the need for an ongoing and realistic Financial Improvement Programme;
- the funding for the pandemic would be withdrawn for next year but the ongoing clinical/financial impact of C-19 would continue;
- the continuing staffing issues faced by the Nightingale hospital in Exeter and across the system;
- the continuing pressures over the next 2 – 5 years in relation to pay inflation, and supply chain issues resulting in higher costs across the system;
- the preference for local solutions where wastage was identified and acted upon by staff and local managers working in their own settings;
- housing for key workers was a significant issue across Devon and all health and social care partners and the useful collaboration in this area whilst noting the serious limitations within a national context and policy; and
- the need to look at new ways of working and support through, for example, digital and new technologies to promote independence.

The Chair thanked the Officer for his informative report clearly setting out the financial position and challenges and candid response to Members' questions.

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### **One Devon Partnership - Integrated Care Strategy Development**

(Councillor J McInnes attended in accordance with Standing Order 25 and spoke to this item with the consent of the Committee and referred to One Devon' strategic objectives and goals and need for focus and transparency) .

The Committee considered the Report of NHS Devon on progress with the Devon Integrated Care Strategy which was being developed by the One Devon Partnership. The Report set out the needs analysis and outcomes from public engagement which had informed the proposed strategic goals of the Strategy.

The Integrated Care Strategy would set out the assessed needs of the population and the priority strategic goals, focused on the four core purposes of ICSs:

- improving outcomes in population health and healthcare;
- tackling inequalities in outcomes, experience and access;
- enhancing productivity and value for money;
- helping the NHS support broader social and economic development.

Within this, consideration should also be given to:

- personalised care;
- disparities in health and social care;
- population health and prevention;
- health protection
- babies, children, young people, their families and healthy ageing;
- workforce;
- research and innovation;
- 'health-related' services;
- data and information sharing.

The report also covered the Devon Plan, Devon's Health and Wellbeing challenges, engagement and review processes, proposed strategic goals and the next steps.

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

- the draft strategy following the engagement exercise would be published in December 2023 and reported to this Committee at its next meeting;
- agreement on the aspiration for a zero rate level of suicide noting the difficulties, including accurate recording;
- clear targets for gradings of goals and timings with stretch targets would be set in due course and remained a work in progress;
- the need to strengthen the aspiration for more devolved decision making and more emphasis on prevention strategies by health and partners;
- confirmation of the appointment of Councillor McInnes as Chair of the Integrated Care Partnership and Dr Sarah Wollaston as the continuing Chair of the Integrated Care System Board;
- the critical work of unpaid carers and their wider economic value which should also be referred to in the Strategy and on which more research was required;
- the need for further reference in the Strategy to the role of community groups and voluntary sector funding and to the key role and support for non-paid carers; and

- the important role and development and methodology for health and social care training/education (including dental and pharmacy) which should also be reflected in the Strategy.

The Chair thanked the Officer for his report and response to Members' questions.

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### **In - Year Briefing: Adult Social Care Finance and Performance**

(Councillor J McInnes attended in accordance with Standing Order 25 and spoke to this item with the consent of the Committee and referred to the success of the Direct Payments scheme and review of the work of the Day Centres).

The Committee considered Report of the Director of Integrated Adult Social Care, Devon County Council (ACH/22/153) on a mid-year update on finance and performance of Adult Care and Health. The report covered the budget at month 6 which showed an overspend of £2.771m or 0.86% of net budgets; savings achieved at month 6, budget risks for the remainder of the year, increasing demand for care, availability and cost of care. .

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

- the work to promote and support Personal Assistants in their localities via their own networks and support groups;
- explanation of the increase in demand (including for example in relation to care placements for older people requiring support who were not previously included in the system) over and above the numbers previously forecasted;
- additional Government financial support recently announced to reduce the delay in discharge rates which would be paid in two tranches and subject to detailed reporting requirements and conditions,
- the continuing work within the ICP to mitigate against budget pressures;
- review of day centre services and the need to provide a modern offer to meet individual needs, improve access and promote independence;
- the challenges presented by increasing demand, inflation pressures and work force issues;
- the high threshold for Save to Invest initiatives with both cashable and non-cash benefits/advantages and where demonstrable savings could be achieved; and a successful example was within learning disability support services for young adults which had resulted in reduced dependence on commissioned services; and
- a recent audit of the Direct Payments system had been favourable; the payments allowed for individual support arrangements which were often not available through commissioned services and represented best practice and regular checks were made and any unused payments were retrieved.

The Chair thanked the Officers for their report on progress towards delivering performance targets within the budget allocated to it and the ongoing national and local challenges.

\* 78 **The State of Adult Social Care: (i) The Independent Provider Workforce, and (ii) Housing, Health and Care**

The Committee considered the Report of the Director of Integrated Adult Social Care, Devon County Council (ACH/22/152) on Housing, Health and Care and adult social care which each had been the subject of recent masterclasses. The report provided the opportunity for Members to develop their understanding of the challenges and approaches to further inform and support the scrutiny role.

The paper detailed the challenges that all local authorities and all adult social care services were facing. Consecutive Annual Reports had detailed these challenges, how they impacted in Devon and how the County Council compared with others locally, regionally, nationally and those deemed to be 'comparator authorities'. The next Annual Report for 2022 would be sent to Committee in January 2023.

The Report also covered the independent provider workforce and the current situation and challenges, local initiatives, programmes to promote independence and international recruitment.

The report also outlined the current housing challenges and collective work across Devon and opportunities to influence change with local housing authorities.

Members' discussion points and comments with the Director of Integrated Adult Social Care; and Head of Adult Care Operations and Health, and the Chief Executive (Mid Devon District Council, Lead, Devon Housing Task Force), included:

- Local housing needs and the challenges and limits at the local level to improve local supply with reduction on private sector rentals, second home issues, ability for LAs to maintain and build new housing stock (with caps on social rents for example), local authorities' (housing) duty to accommodate the homeless and associated operational issues, wider planning issues and demand pressures within planning departments;
- new housing initiatives with Mid Devon District Council to develop new social housing stock in accordance with the Local Plan; and
- the role of the County Council in relation to housing with a lead from its Prosperity team looking at Best Value for example.

The Chair thanked the officers for their informative reports and response to Members' questions.

\* 79 **Health and Care General Update**

The Committee considered the Joint Report from Devon County Council and NHS Devon ( ACH/22/154) 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, Devon County Council's finance challenge; the Peninsular Acute Sustainability Programme; an Independent Living Centre Smart Home event; a World-first national genetic testing service launched at the Royal Devon and Exeter Hospital; successful interview days for healthcare support workers and support staff at the Royal Devon and Exeter Hospital; Community nurse graduation from the first new bespoke district nursing course held in Devon for 15 years; the COVID-19 autumn booster vaccination programme; a Cost of Living Summit hosted by the One Devon Partnership; the Wellbeing hub which had marked its first anniversary; updates on the North Devon Link Service, the Teignmouth wellbeing centre; and the Integrated urgent care service across Devon.

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

- the new genetic testing service at the Royal Devon which was commended by the Chair and asked whether services included rare diseases;
- updates on the North Devon Link services in Holsworthy and Bideford providing community and more specialised mental health support and a request for further information from the local member for Bideford (East); and
- update on the Teignmouth and Wellbeing Centre and progress of the purchase of the site (on which more information should be sought by local Members from the District Council and local South Devon NHS Trust).

The Chair and Members commended and congratulated the health and social care staff and their colleagues for the success and achievements as detailed in the Report.

\* 80 **Scrutiny Committee Work Programme**

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

This included (a) an update the one Devon Partnership – Integrated Care Strategy Development; and (b) the Adult and Social Care Annual Report for 2022.

HEALTH AND ADULT CARE SCRUTINY COMMITTEE  
22/11/22

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

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

The Meeting started at 10.30 am and finished at 1.50 pm