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

County Hall
Topsham Road
Exeter
Devon
EX2 4QD

Date: 13 March 2024

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HEALTH AND ADULT CARE SCRUTINY COMMITTEE

Thursday, 21st March, 2024

A meeting of the Health and Adult Care Scrutiny Committee is to be held on the above date at 10.30 am at Daw Room (Committee Suite - County Hall) to consider the following matters.

Donna Manson
Chief Executive

A G E N D A

PART 1 - OPEN COMMITTEE

- 1 Chair's Announcements
- 2 Apologies
- 3 Declarations of Interest

Members of the Council will declare any interests they may have in any item to be considered at this meeting, prior to any discussion taking place on that item.

The other registrable interests of Councillors of Devon County Council, arising from membership of City, Town or Parish Councils and other Local Authorities will automatically be recorded in the minutes.

For details of District and or Town and Parish Twin Hatters – please see here:

[✘ County councillors who are also district, borough, city, parish or town councillors](#)

4 Minutes (Pages 1 - 18)

Minutes of the meetings held on 24 January 2024, attached.

5 Items Requiring Urgent Attention

Items which in the opinion of the Chairman should be considered at the meeting as matters of urgency.

6 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

7 Call In of Cabinet Member Decision - North Devon Link Service (Pages 19 - 48)

In accordance with the Scrutiny Procedure Rules, the Chair of the Health and Adult Care Scrutiny Committee (Councillor Randall Johnson) has invoked the call-in procedure in relation to the decision of the Cabinet Member for Integrated Adult Social Care ([Minute *491](#) refers) that:

(a) the North Devon Link Service Drop-in services that run from the Link Centres in Barnstaple, Bideford and Ilfracombe, be closed;

(b) that the closure includes ceasing the short-term enabling support to those service users in receipt of Care Act 2014 eligible services, and to note that the Council and Devon Partnership Trust will assist those people to access alternative equivalent support; and

(c) that the Council work with Devon Partnership NHS Trust and the Devon Mental Health Alliance to support all service users in their transition to alternative community support over a period of 3 months minimum.

The grounds for this call-in are below and this has been discussed with the Monitoring Officer, as required by the Scrutiny Procedure Rules.

“There was insufficient information provided to ensure service users’ future support. Scrutiny has not been given the opportunity to receive evidence and additional information to ensure service users will be provided with a person based support.”

If the Scrutiny Committee decide to not make any recommendations to Cabinet, then the Cabinet Members decision can be implemented immediately. If the Committee ask Cabinet to reconsider the decision or recommend another course

of action, then this will be considered at the Cabinet meeting on 10 April 2024.

The Cabinet Member decision is held in abeyance until the call-in procedure has been concluded.

The three accompanying documents (i.e. Record of Decision, Report and Impact Assessment) are attached for Members and the decision available at [this link](#).

8 Primary Care Update (Pages 49 - 58)

Report of NHS Devon, attached.

9 Integrated Adult Social Care - CQC Assurance and Self-Assessment (Pages 59 - 72)

Report of the Director of Integrated Adult Social Care, Devon County Council (IASC/24/06), attached.

10 Quality Accounts Standing Overview Group (Pages 73 - 80)

Report of the Health and Adult Care Scrutiny Standing Overview Group (LDS/24/15), attached.

11 Health and Adult Care General Update (Pages 81 - 94)

Joint report of the Director of Integrated Adult Social Care at Devon County Council, the Director of Public Health, Communities & Prosperity at Devon County Council, and the Chief Medical Officer of NHS Devon (IASC/24/07), attached

12 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 Scrutiny [Risk Registers](#) to see if there are any specific items therein it might wish to explore further.

MATTERS FOR INFORMATION

13 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.

- NHS Dental Services in Devon: Stakeholder Briefing – February 2024
- Integrated Adult Social Care Self-Assessment / Annual Report Masterclass – 27 February 2024 (Recording and Presentation)
- Scrutiny Risk Registers - March 2024

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



HEALTH AND ADULT CARE SCRUTINY COMMITTEE

24 January 2024

Present:-

Councillors S Randall Johnson (Chair), M Wrigley (Vice-Chair), J Bailey, R Chesterton, D Cox, P Crabb, I Hall, P Maskell, R Peart, D Sellis, R Scott, C Whitton, Hodson and J Yabsley

Apologies:-

Councillors Y Atkinson and L Hellyer

Members attending in accordance with Standing Order 25

Councillors A Dewhirst, C Leaver, J McInnes and P Twiss

* 144 **Announcements**

The Chair welcomed the members of the press and public in attendance and advised that the press were recording, advising anyone who did not wish to be recorded to make that known.

* 145 **Public Participation**

In accordance with the Council's Public Participation Rules, the Committee received and acknowledged oral representation from Si Johns (YMCA) on the Council's budget, in particular its funding for homelessness work and the Homelessness Prevention Grant.

* 146 **Budget 2024/25 and Capital Programme for 2024/25 to 2028/29**

(Councillors J McInnes and C Leaver attended in accordance with Standing Order 25 and spoke to this item with the consent of the Committee).

Councillor Martin Wrigley declared a personal interest by virtue of being the Leader of Teignbridge District Council.

Councillor Ian Hall declared a personal interest by virtue of being the Co-Chair of the One Eastern Devon Partnership Forum; a member of the Eastern Locality Mental Health Partnership; and the Devon County Council representative of the Council of Governors of the Royal Devon University Healthcare NHS Foundation Trust.

The Committee noted that the proposed budget for the 2024/25 financial year would be scrutinised by individual Scrutiny Committees.

Agenda Item 4

HEALTH AND ADULT CARE SCRUTINY COMMITTEE
24/01/24

The Chairs of the Children's Scrutiny Committee and the Health and Adult Care Scrutiny Committee would present an overview of resolutions to the Corporate Infrastructure and Regulatory Services Committee. This Committee would also consider the draft budget proposals within its own remit, providing an opportunity for Scrutiny Members to comment on proposals for the Council's Budget in its entirety. The resulting resolutions from Scrutiny will be reported to Cabinet and Council.

This would follow the opportunity for individual Scrutiny Committees – at this meeting – to have an initial overview of the budget proposals and examine them to identify any specific issues or areas of interest that might be considered at the Corporate Infrastructure and Regulatory Services Committee for incorporation into any recommendations to Cabinet and Council.

The Committee then considered the joint report of the Director of Finance and Public Value, the Director of Integrated Adult Social Care and the Director of Public Health, Communities and Prosperity (DFP/24/05) on the provisional financial settlement made by Government and the spending targets set by the Cabinet for each service area which included inflation, commitments and any service reductions. The Report also detailed the proposed medium-term capital programme for the Integrated Adult Social Care Service and how it was funded. It was also clarified to the Committee that Public Health was entirely funded through a grant from Government.

The Cabinet, at its meeting of 10 January 2024, had set Revenue Budget targets for 2024/25. That Report had presented the proposed service budget targets for 2024/25 totalling £743.4 million, a net increase of £43.8 million or 6.3% compared to the 2023/24 adjusted budget.

In terms of the Budget for 2024/25, inflationary pressures continue to be felt across the economy, local government and partners and social care was particularly impacted by increases to the national living wage. Senior Leadership Team had worked extensively to develop plans to manage net service costs within affordable financial targets in light of local authorities across the country continuing to face financial challenges due to high inflation and interest rates as well as demands on local service provision.

To enable the authority to set a balanced budget, savings, alternative funding and additional income of £49.6 million had been identified. Overall, there was additional funding of £43.8 million or 6.3% for services next year.

It was not currently planned to support the proposed budget targets by using general reserve balances. In recognition of the SEND Deficit and Safety Valve considerations, it was anticipated the Council would need to set aside funds in 2024/25 – and in subsequent years in the Medium Term Financial Plan – to increase the SEND Safety Valve Reserve. An update on the SEND position

Agenda Item 4

HEALTH AND ADULT CARE SCRUTINY COMMITTEE
24/01/24

would be reflected in the proposed budget presented to Members in February 2024.

The Capital Programme for 2024/25 to 2028/29 would be presented to Cabinet at the February Budget meeting.

On 18th December 2023, the Rt Hon Michael Gove, Secretary of State for Levelling Up, Housing and Communities, released a Written Ministerial Statement to Parliament setting out the provisional local government finance settlement for 2024/25 financial year. The Final Settlement was likely to follow in early February 2024.

Authorities could increase Council Tax for 2024/25 by up to the referendum limit of 2.99% and social care authorities could also increase the precept by up to a further 2% specifically to fund adult social care costs (4.99% in total without a referendum being required).

Devon's Core Funding (and grants announced so far) was as follows. Other existing grants were expected to be published soon and would be reported as part of the overall budget papers in February, if known by then.

Core Funding Income	2023/24	2024/25
	Settlement	Provisional Settlement
	£000	£000
Revenue Support Grant (RSG)	669	713
Business Rates – Central Government Top Up	83,428	86,461
Business Rates – Local Element*	21,566	23,884
Total Core Funding	105,663	111,058

**The actual amount received will be derived from returns completed by Devon Districts in January 2024.*

Other Grant Income Included in the Settlement	2023/24	2024/25
	Settlement	Provisional Settlement
	£000	£000
New Homes Bonus	963	1,140
Rural Services Delivery Grant	8,744	8,744
Services Grant	4,152	653
Social Care Grant	54,015	63,280
Improved Better Care Fund	29,127	29,127
Adult Social Care Market Sustainability and Improvement Fund*	13,811	15,643
Adult Social Care Discharge Fund	4,084	6,806
Total Other Grant Income	114,896	125,393

Agenda Item 4

HEALTH AND ADULT CARE SCRUTINY COMMITTEE
24/01/24

**The ASC Market Sustainability and Improvement Fund 2023/24 settlement figure includes £8.373 million allocated in the Settlement in February 2023, plus £5.438 million additional in-year allocation confirmed in August 2023.*

The proposed service revenue budget targets for the 2024/25 financial year were set out in the table below.

	2023/24 Adjusted Base Budget £000	Inflation and National Living Wage £000	Other Growth and Pressures £000	Savings, Alternative Funding and Additional Income £000	2024/25 Target Budget £000	Net Change 2023/24 to 2024/25 £000 %	
Integrated Adult Social Care	340,245	29,887	20,025	(29,411)	360,746	20,501	6.0%
Children and Young People's Futures	206,278	9,795	20,862	(9,150)	227,785	21,507	10.4%
Public Health, Communities & Prosperity	21,678	533	289	(1,577)	20,923	(755)	-3.5%
Corporate Services	49,755	2,160	1,361	(4,831)	48,445	(1,310)	-2.6%
Climate Change, Environment & Transport	81,619	6,144	2,348	(4,629)	85,482	3,863	4.7%
Totals	699,575	48,519	44,886	(49,598)	743,382	43,807	6.3%

The 2023/24 Base Budget has been adjusted for permanent virements (budget transfers from other budget lines)

The Committee were reminded that its consideration of the draft Integrated Adult Social Care and Public Health budget was part of the process of setting the County Council's budget which, following this meeting, would culminate in the Cabinet meeting on 9th February 2024 formulating a budget for consideration by the County Council on 15th February 2024.

The Cabinet Member for Integrated Adult Social Care & Health highlighted the challenging circumstances both locally and nationally in setting this budget, with the budget developed being a necessary one to ensure that the most vulnerable across Devon are cared for.

The Director of Integrated Adult Social Care commented on the likely implications of the 2024/25 target for individual service areas, confirming that the overall approach had been to strike a balance between the reality of the financial challenges facing the Council, as well as the economic challenges facing care providers; and the need to balance the provision of sustainable

support services against the increasing demands of front-line services and operational demands. The approach of “prevent, reduce, delay” was outlined as the core driver of the strategy to ensure a good cross-section of support for those who need it. In order to deliver budget targets in Integrated Adult Social Care, budget savings were focused on three key approaches as outlined in section 6 of the Report. The core driver of such savings was to promote “greater independence for all of the people that [the service works] with, and at better value.” Notable reductions were made in respect of: staff (savings of £1.9 million); and changes in commissioning from the independent provider market (savings of £14.4 million).

The Leadership Group commentary in the Report referred to the Council’s legal obligation to set a balanced annual budget and the resulting necessity “to make savings by getting best value from all contracts, maximising income, reducing the number of employees and selling Council owned property.” The commentary highlighted the core focus of the directorate in continuing to support the young, old and most vulnerable across the county in partnership with the NHS and other partners across Team Devon. The service commentary concluded that the budget was necessary for the service to deliver its “vision of promoting independence via a strengths-based approach.”

The Report referred to the fact that the value of the Public Health grant, which comes from Government, had not been confirmed for 2024/25. The report also stated that the Public Health reserve at the end of the 2022/23 financial year stood at £13 million. The Director of Public Health commented that not having a confirmed allocation of the Public Health grant made budget planning difficult, and that the final allocation to the authority had been received around March in previous years. Also commented on was a rising demand in alcohol and drug support services, and the challenges faced around Devon’s aging population, with the budget-setting process needing to consider how to best address the complex needs and comorbidities that come with an aging population.

The Report also contained the detailed budget proposals for Disability Services, In House Services and Older People (which were all part of the Integrated Adult Social Care Operations budget). These were prepared in line with the targets referred to above, reflecting the different pressures and influences faced by services. The budget for Disability Services was set at £141.8 million, with Older People at £132.7 million, an increase of approximately £7 million and £6.1 million respectively from 2023/24. In House Services had seen a reduction of approximately £1.4 million.

The Report provided a breakdown of changes necessitated by pressures regarding inflation and national living wage, as well as price pressures and changes in demographics and demand, which (across Operations and Commissioning) totalled £49.9 million, with required savings and income initiatives totalling £23.9 million.

Agenda Item 4

HEALTH AND ADULT CARE SCRUTINY COMMITTEE
24/01/24

Under the Equality Act 2010, the County Council had a legal duty to give due regard to the need to eliminate discrimination, advance equality of opportunity and foster good relations when making decisions about services. Where relevant, Impact Assessments were carried out to consider how best to meet this duty, which included mitigating against the negative impact of service reductions.

The Report before the Committee referred to the Budget 2024/25 Impact Assessment, circulated prior to the meeting, giving an overview of the impact assessments for all service areas (available at: [Budget Impact Assessments](#)) for the attention of Members so they were aware of the equality impact assessments undertaken as part of the budget's preparation, that any risk assessments and projections were adequate and the evidence supported the assumptions made in the formulation of the budget. Also bearing in mind that the preparation of Impact Assessments were a dynamic process and that individual assessments for specific proposals may need to be updated with time, Members of the Council must have full regard to and consider the impact of any proposals in relation to equalities prior to making any decisions and any identified significant risks and mitigating action required.

Specific issues and observations arising from the current budget proposals raised at the meeting included the following. On Integrated Adult Social Care:

- The real-terms impacts of savings (or cuts) on staff, and those in receipt of support from the directorate, including approximate numbers of people who would be impacted by such savings. Officers outlined that the savings did not necessarily represent a full cessation of support for individuals but presented a model of working that promotes people's independence, for example, discharging a person from hospital with a focus on at-home care. This would represent a good outcome for the person as well as a lower number of resources required to support that person;
- The importance of integrated work with other bodies such as the NHS, and district, city, parish and town councils; as well as increasing engagement with the Voluntary and Community Sector (VCS) (for instance by working with the Voluntary, Community and Social Enterprise (VCSE) Assembly);
- The use of benchmarking the Council's performance in juxtaposition with similar local authorities (statistical neighbours) to assist in understanding the best use of the Authority's limited resources and funding to support the most vulnerable, which occurs alongside periodic consultations on specific issues and ongoing engagement with service users;
- The impact of an aging population on budgetary pressures;

Agenda Item 4

HEALTH AND ADULT CARE SCRUTINY COMMITTEE
24/01/24

- The year-on-year increase of funding going to Adult Social Care representing a larger proportion of the Council's budget and the possible need to curb this to ensure there was money to spend in other areas. Officers accepted that although the proposed allocation to Adult Social Care had increased since a year prior, the level of increase was smaller than it had been in previous years (6% increase for Adult Social Care from 2023/4 to 2024/5, as opposed to a 9% increase from 2022/3 to 2023/4);
- The mechanisms in place to ensure the money that has been budgeted for an increase in national living wage is passed to frontline staff;
- What incentives people being supported by Adult Social Care have to work towards reintroduction into the labour market, having consideration for the possible impact this may have on benefits and other payments they are in receipt of, which – if ceased when someone returns to work – may actually leave someone worse-off financially. Officers advised that this was part of the offer given to individuals being supported by the service, but that there was also a role of the Government to play in this;
- The importance of Local Care Partnerships being engaged and working with one another to ensure good outcomes; and
- The implications of new immigration rules for social care workers.

On Public Health:

- Employment levels and working with partners (such as Integrated Adult Social Care and the Department for Work and Pensions) to tackle unemployment issues;
- The role of the Council arm of Public Health in supporting the delivery of vaccine programmes and its involvement in vaccine strategy; and
- The codesign and coproduction of policies with partners such as community safety partnerships.

On both Integrated Adult Social Care and Public Health, Members acknowledged the difficult circumstances under which the proposed budget had been developed.

It was **MOVED** by Councillor Hall, **SECONDED** by Councillor Scott and

RESOLVED that the provisional financial settlement and its impact on spending targets and on the proposed Integrated Adult Social Care and

Agenda Item 4

HEALTH AND ADULT CARE SCRUTINY COMMITTEE
24/01/24

Public Health budgets for 2024/25 and the issues and/or observations set out below be drawn to the attention of the Cabinet meeting on 9 February 2024:

(a) this Committee welcomes and supports:

i. The 6% increase in the budget for Integrated Adult Social Care recognising growth and demand in the system, and continued efforts to achieve value for money.

ii. The efforts of Integrated Adult Social Care, Public Health staff and providers to continue to support the most vulnerable in Devon and delivering support in challenging contexts.

iii. Recognising the need to continue to focus on integrated working with our NHS Partners, to deliver a strengths-based approach to the delivery of care.

(b) this Committee records concerns about:

i. The realism of achieving the Integrated Adults Social Care in-year savings set at £29.4 million, how the service proposes to achieve this, and above all else understanding the impact/s on people we support.

ii. The number of people receiving high levels of interventions through statutory care and the need to re-shape the offer to include to an alternative strengths-based offer.

iii. The Committee's concern that Members are not able to adequately review and scrutinise the interdependencies within the NHS Devon Budget, including services for children and those preparing for adulthood / transition.

(c) that Cabinet be asked to:

i. Lobby Government to highlight the difficulty of setting budgets, operating and re-designing services that promotes people's independence against the reality of:

a. The unknown grant settlement for Public Health;

b. The 1-year financial settlement for Adult Social Care; and

c. The delivery of services within a large, rural County.

ii. Support the Health and Adult Care Scrutiny Committee in their critical friend challenge of the in-year financial position and progress on achieving transformation, including measures of success and milestones.

Agenda Item 4

HEALTH AND ADULT CARE SCRUTINY COMMITTEE
24/01/24

iii. The Council and NHS Partners work collaboratively and commit to promoting independence for people of all ages and disabilities, and to achieve this, work alongside the Voluntary Community Sector Enterprises (VCSE) Assembly, District, City, Town and Parish councils, making use of existing partnerships.

iv. Recognising the financial pressures on both statutory and voluntary sector organisations, support the Committee to arrange an all Member Masterclass on Local Care Partnership (LCPs) before April 2024, so Councillors can be more informed and consider the use of their locality budgets to strengthen partnership working and support communities to grow capacity to provide an alternative offer that people can access that promotes their independence and helps communities to be safe and connected; and

v. For the Cabinet Member to write to Mel Stride MP, Secretary of State for Work and Pensions:

a. to ensure the support people of working age with disabilities receive incentives them to be employed without being adversely affected economically.

b. the potential impact of new immigration rules on the delivery of adult social care services.

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

The Meeting started at 10.30 am and finished at 12.51 pm

HEALTH AND ADULT CARE SCRUTINY COMMITTEE

24 January 2024

Present:-

Councillors S Randall Johnson (Chair), M Wrigley (Vice-Chair), J Bailey, R Chesterton, D Cox, P Crabb, I Hall, P Maskell, R Peart, D Sellis, R Scott, C Whitton, Hodson and J Yabsley

Apologies:-

Councillors Y Atkinson and L Hellyer

Members attending in accordance with Standing Order 25

Councillors J McInnes, M Hartnell and C Leaver

* 147 **Announcements**

The Chair welcomed the members of the public in attendance at the meeting.

* 148 **Minutes**

RESOLVED that the minutes of the meeting held on 9 November 2023 be signed as a correct record.

* 149 **Items Requiring Urgent Attention**

There was no item raised as a matter of urgency.

* 150 **Public Participation**

In accordance with the Council's Public Participation Rules, the Committee received and acknowledged oral representations from: (i) Councillor Chris Clarence, (ii) Carmen Jaye and (iii) GERALYN ARTHURS regarding the Teignmouth Community Hospital (Minute *151 refers) on the case for its retention and referral to the Secretary of State for Health and Social Care; and

(iv) Professor Martin Shaw and (v) Jack Rowland regarding Seaton Community Hospital (Minute *152 refers) in opposition to proposals made to demolish a wing of the building.

The Chair thanked the speakers for their contribution.

* 151 **Teignmouth Community Hospital Task Group (NHS Devon Response to Recommendations)**

Councillor Martin Wrigley declared a personal interest by virtue of being the leader of Teignbridge District Council, which owned the land upon which the proposed Health and Wellbeing Centre was planned to be built.

The Committee considered the Report of NHS Devon which provided responses by NHS Devon to the recommendations made by the Committee at its previous meeting (Minute *134 refers). The recommendations were made based on the report of the Teignmouth Community Hospital Task Group. Appendices to the report were also made available [online](#) which consisted of a report by the NHS Devon Clinical Commissioning Group (CCG) on Modernising Health and Care Services in the Teignmouth and Dawlish Area, and a related consultation report by Healthwatch in Devon, Plymouth and Torbay.

Councillor Martin Wrigley, Chair of the Task Group, acknowledged the arguments of NHS Devon regarding the need to modernise healthcare services in the area and to provide updated facilities for GPs. However, questions were raised as to whether this need was being conflated with the closure of Teignmouth Community Hospital, and therefore whether the modernisation of healthcare services in the area was contingent on the closure of the Hospital.

Both in the report and at the committee meeting, representatives from NHS Devon outlined the rationale behind the proposals for a new Health and Wellbeing Centre in Teignmouth, stating that a core driver was to secure the integration of multiple services into a purpose-built centre, and that moving only some services into this centre would not represent a financially sustainable model. Also key was to protect the future healthcare provision in the area. They also contended that consultations undertaken on the issue demonstrated a majority of local residents (61%) were in favour of the proposals. They also stated that the proposals had the approval of the South West Clinical Senate which, upon reviewing said proposals, concluded that they were in the best interests of the area. The Independent Reconfiguration Panel also reached similar conclusions in response to the issue's previous referral to the Secretary of State for Health and Social Care.

The Committee also heard from staff from the Channel View Medical Group which served to benefit from the building of the proposed Health and Wellbeing Centre by moving into that premises upon completion. The representatives from the Medical Group outlined the poor quality of their current accommodation, with the Group spread across multiple old buildings which were inadequate for their intended purposes. The representatives brought attention to narrow corridors and limited disabled access, and the implications of the poor accommodation on the Group's ability to adequately staff its service – both in terms of being an attractive prospect for recruitment,

and also having the physical space available to accommodate more staff (with many staff having to work virtually, to the detriment of the service provided to patients). There was also concern around the current lease of the Group's buildings – namely, that it was to expire in approximately fourteen months, and that any referral to the Secretary of State would create uncertainty around the future of where the Group was based. It was argued that not referring would allow clarity as progress could be made on the construction of the Health and Wellbeing Centre, which would provide a basis to negotiate (if necessary) an extension of the current lease.

The representatives from the NHS felt that any further referral to the Secretary of State could pose the risk that the proposals to modernise healthcare services in Teignmouth would become financially unviable.

Member discussion points included:

- Concern on the potential impact of another referral to the Secretary of State for Health and Social Care on the future of healthcare services in the area, with many councillors not wishing to detriment the provision of these services by a potential decision to refer. Members expressed appreciation of the testimony of frontline staff as to what represented the best option for healthcare in Teignmouth;
- Whether the need to modernise healthcare services in the area was dependent on the transfer of some services currently undertaken in Teignmouth Community Hospital to the proposed Health and Wellbeing Centre, or if there was a possibility of constructing the Health and Wellbeing Centre for some services to coexist within the Hospital. Representatives from NHS Devon reiterated that this would not represent a financially sustainable model; and
- Whether there was adequate evidence to justify another referral to the Secretary of State for Health and Social Care, taking into consideration the Independent Reconfiguration Panel's previous support of the proposals.

It was **MOVED** by Councillor Cox and **SECONDED** by Councillor Wrigley that the Committee continue with the process of referring the closure of Teignmouth Community Hospital to the Secretary of State for Health and Social Care.

The motion was put to the vote and declared **LOST**.

* 152

Seaton Community Hospital

(Councillor M Hartnell attended in accordance with Standing Order 25 (2) and spoke to this item with the consent of the Committee).

Councillor Ian Hall declared a personal interest by virtue of being the Co-Chair of the One Eastern Devon Partnership Forum; a member of the Eastern Locality Mental Health Partnership; and the Devon County Council representative of the Council of Governors of the Royal Devon University Healthcare NHS Foundation Trust.

The Committee considered the Report of NHS Devon and NHS Property Services (NHSPS) on the proposals on the surrender of the vacant ward at Seaton Community Hospital. The Report was provided in response to recommendations made by the Committee at its previous meeting (Minute *135 refers).

The Report outlined the rationale behind the work in relation to Seaton Community Hospital – namely, that the ward in question had been vacant since 2017 and represented an unnecessary yearly cost of approximately £280,000 being paid by the NHS in property costs. NHS Devon and NHSPS were seeking to address this cost in the wider context of the financial challenges facing the NHS at large.

Councillor Marcus Hartnell, local member representing Seaton & Colyton, addressed the committee regarding the Hospital. He expressed that the report outlines the process undertaken by the NHS to meet with local partners to discuss the vacant space, but that there was a lack of detail provided by NHS Devon and NHSPS on the rationale for why said partners rejected the opportunity to utilise this space, and that further exploration of alternatives to demolition was needed. Councillor Hartnell requested that the Committee asked for a further update at its next meeting.

Member discussion points with officers included:

- The need to ensure best value for the NHS, with the costs associated with the ongoing maintenance of a ward that had been vacant since 2017 clearly not representing best value;
- The impact of the COVID-19 pandemic delaying such work regarding vacant properties, as the pandemic significantly shaped the NHS' priorities;
- That the parameters regarding NHS Devon paying for the vacant ward space at Seaton Community Hospital, and also for other properties, are set nationally, limiting what could be done on a local level to avoid the financial implications. In response to a member comment that said regulations could be seen as illogical by the public, Officers accepted that greater transparency would help explain the situation, even if it did not alleviate concerns; and
- The need for a proactive approach regarding property issues such as this as regards other vacant properties, as mentioned at the previous

meeting of the Committee. Members were advised that their previous comments were noted by officers and that there was work ongoing to bring further information to the Committee regarding other vacant Devon properties, and that officers would be forthcoming with it when a substantial update was available.

The Chair thanked officers for their speed of engagement with the Committee.

* 153

End-of-Life Care

The Committee considered the Report of One Devon which provided an overview of end-of-life care provision and the duties of local commissioners.

The Report outlined the reforms to end-of-life care introduced as part of the Health and Care Act 2022 and the implications for integrated care boards (ICBs). The Report also outlined relevant national guidance; provided statistical information regarding Palliative End-of-Life Care in Devon; as well as information around the approach to end-of-life care in Devon, including what services were commissioned, the importance of integration across multiple organisations, and an all-ages approach. The Report provided recommendations to the committee on key areas which it could potentially influence.

Members heard from officers that a large focus of the ICB had been urgent care, ensuring that the provision was resilient in the face of winter pressures.

Key discussion points between members and officers included:

- The importance of a proactive approach to bereavement support;
- That ensuring terminally ill patients are as comfortable as possible at the end-of-life, recognising that bereavement is difficult for those involved in any circumstance, but that, for instance, a patient passing away in a hospital environment can be more alien and stressful than doing so in their own home, provided adequate support and equipment is available to assist their family and professionals in caring for them;
- The mechanism for hospice funding and the level to which hospices are funded in Devon. Officers highlighted that hospice funding would depend at least partially on what services were being provided by an individual hospice, and so looking at the amount of money an individual hospice was in receipt of would not necessarily paint a full picture, but that it was nonetheless important to ensure hospices are funded adequately for the services they provide; and
- What data was collected regarding a patient's family's experience of the care provided to ensure best service, with an acknowledgement that such data must be collected sensitively.

* **154** **Carers Scrutiny Spotlight Review Update**

The Committee considered the Report of the Director of Integrated Adult Social Care (IASC/24/02) which provided an update on progress against recommendations made by the Committee in March 2023 (Minute *101 refers) which were subsequently approved (with amendments) by Devon County Council Cabinet. These recommendations were a follow up to a March 2020 Spotlight Review undertaken by members of the Committee.

Key discussion points included:

- That the contract with Devon Carers was entering its last year, necessitating consideration of the future of commissioning for carers support services;
- That Members of the Children’s Scrutiny Committee met with Devon Young Carers in 2023 as part of their visits to staff and service users and were due to meet with them again in April 2024. A report to the next Children’s Scrutiny Committee will report back on progress made against the recommendations and feedback from their visits in 2023, which the Committee could be updated on; and
- How feedback from carers shaped the priorities of Integrated Adult Social Care. Some of the key issues raised by carers were: the lack of adequate replacement or respite care; the impact of loneliness; and the implications on employment of being a working-age carer.

* **155** **Torbay and Devon Safeguarding Adult Partnership Annual Report**

The Committee considered the annual report of the Torbay and Devon Safeguarding Adults Partnership (2022/23) which provided information on the Partnership’s performance over the previous year, and outlined its plans looking ahead – namely, to continue to deliver the aims of TDSAP’s 2021-2024 strategic plan.

Members and officers expressed that a masterclass in 6 months’ time would be prudent for the Committee to measure the degree to which the ambitions reflected in the annual report and strategic plan are implemented.

* **156** **Health and Adult Care General Update**

The Committee considered the joint report from the Director of Integrated Adult Social Care at DCC, the Director of Public Health, Communities & Prosperity at DCC, and the Chief Medical Officer of NHS Devon (IASC/24/03), which contained updates on key and standing items and provided general information on specific actions, requests or discussions during the previous meeting of the Committee.

Member discussion with officers included:

- The potential implications of changes to international worker visas;
- The proposed new 10 bed unit at Langdon Hospital in Dawlish, and potential workforce challenges, with officers explaining that mental health services would be recruiting from largely a different staffing pool than other local services such as Minor Injury Units, or from that of care homes given the different specialist staffing skillsets required;
- The success of a Care Coordination Hub trial (launched on 20th December 2023) aiming to provide urgent emergency care to patients who do not need to visit a hospital, with feedback being positive; and
- Local Care Partnerships, with an update on progress at a future meeting of the Committee being seen as useful.

* 157 **Election of Domestic Sexual Violence and Abuse (DSVA) Champion**

RESOLVED that Councillor L Hellyer be elected as Domestic Abuse and Sexual Violence Member Champion for the ensuing year.

* 158 **Scrutiny Committee Work Programme**

The Committee agreed the current Work Programme subject to inclusion of topics which arose from the meeting, namely:

- Further information from NHS Devon / NHS Property Services on Seaton Community Hospital, and on other vacant NHS Devon properties;
- Carers, including end-of-life care;
- A masterclass on the performance of Torbay and Devon Safeguarding Adult Partnership;
- An update on Local Care Partnerships.

* 159 **Information Previously Circulated**

The Committee noted 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:

- NHS 111 Masterclass, Health & Adult Care Scrutiny – Recording and Presentation (1 November 2023)

- Annual Public Health Report 2022/23 Masterclass – Recording and Presentation (27 November 2023)
- Healthwatch England: The public’s perspective on the state of health & social care ([Full report available here](#)) (30 November 2023)
- Emergency Departments in Devon: Feedback Report (Healthwatch in Devon, Plymouth, and Torbay) ([Full report available here](#)) (5 December 2024)
- Torbay and Devon Safeguarding Adult Partnership Annual Report and Masterclass – Recording and Presentation (6 December 2023)
- Funding boost to improve care for individuals with a learning disability and autistic people in the South West (12 December 2023)
- Centre for Governance & Scrutiny (CfGS) Seminar on New Health Scrutiny Arrangements(16 January 2024)
- Quality Accounts Session with Healthcare Providers - Health and Adult Care Scrutiny Standing Overview Group (to be held February 2024)

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

The Meeting started at 2.15 pm and finished at 5.25 pm

IASC/24/05
Cabinet
13 March 2024

Proposal for the North Devon Link Service Report of the Director of Integrated Adult Social Care

Please note that the following recommendations are subject to consideration and determination by the Cabinet (and confirmation under the provisions of the Council's Constitution) before taking effect.

1) Recommendation

The Council and Devon Partnership NHS Trust together have conducted a public consultation on proposals to close the North Devon Link Service. The recommendation to Cabinet takes into account the feedback from the consultation and is as follows:

1. To close the North Devon Link Service Drop-in services that run from the Link Centres in Barnstaple, Bideford and Ilfracombe.
2. To note that the closure would include ceasing the short-term enabling support to those service users in receipt of Care Act 2014 eligible services. The Council and Devon Partnership Trust will assist those people to access alternative equivalent support.
3. To work with Devon Partnership NHS Trust and the Devon Mental Health Alliance to support all service users in their transition to alternative community support over a period of 3 months minimum.

2) Background

2.1 The North Devon Link Service was originally established in 1992 to provide a range of social, leisure, support, guidance and educational opportunities for adults with mental health issues that do not require specialist NHS care. Proposals are not based on service user numbers, but we know that 130 people have attended the centres in the last 18 months.

2.2 The service is delivered in three towns across North Devon (Barnstaple, Bideford and Ilfracombe), based in buildings owned by Devon County Council. The Council does not commission any equivalent services elsewhere in Devon; the Link Service is inconsistent with service delivery across the county.

2.3 The service is funded by the Council and managed by Devon Partnership NHS Trust (DPT) under a Section 75 agreement. The service costs £485k per year to run (mostly staff costs). The Council also owns the buildings, but it is the service and not the buildings which is subject to consultation.

Agenda Item 7

- 2.4 The Council is committed to supporting adults with mental health and wellbeing needs in the best way that it can. To do this well we must constantly review everything we do to make sure people are getting the best possible outcomes from the resources we have available, and that access is as equitable as possible for everyone across the county.
- 2.5 The recommendation within this report means that people with [eligible needs as defined within the Care Act](#) will continue to have their eligible needs met.

3) Main Body

- 3.1 In 2022, national Community Mental Health Framework funding was used to establish the Devon Mental Health Alliance which has been working with local partners to develop services for local people, both directly and through wider community development. As a result, local people in North Devon can now access mental health support services in ways they could not previously. These new services are accessed through GP practices and the wider primary care team, and they are developing in reach and number.
- 3.2 During the consultation in February 2023, service users described themselves as having severe mental health needs or that their mental health needs are too complex to be managed in [primary care, but not severe enough for secondary care](#). They reported that they felt the drop-ins were the only support available to them.
- 3.3 While the Council acknowledges the strength of feeling on this matter, the service is commissioned to meet social care needs, it is not commissioned to provide support for mental health needs that are too complex to be managed in primary care.
- 3.4 In recent years, there has been a national focus and national investment to improve and develop the way community mental health services are delivered, and to address the gap between primary and secondary care. This means improved accessibility to mental health services and an increased range of support with the introduction of the Devon Mental Health Alliance (DHMA): a partnership between six voluntary, community and social enterprise (VCSE) organisations dedicated to providing support for people experiencing challenges in their mental health. The Alliance works in partnership with Devon Partnership NHS Trust to develop good connectivity across voluntary and community organisations, Multi-Agency Teams and urgent care services as part of the community mental health framework.
- 3.5 Devon Mental Health Alliance provides support to 1500 people each year across Devon, and staff are visiting the Link Centres to listen to service users about what they need in order to help inform their offer in North Devon. The Alliance is not expecting to replicate the Link Service, but it can provide drop-in group sessions and one to one support. They can also support people to access other mental health services offered in the local area, using a process referred to as a “warm handover” where they accompany people to help

them settle in. They also provide advice and training for people who run their own formal and informal peer support networks, and have recently offered that to a Link Centre Service user who has set up their own peer support group. (See appx 1 for examples of alternative services).

- 3.6 Each GP surgery, as part of a Primary Care Network, has a Mental Health Multi Agency Team (MAT) which can offer support in the first instance and refer people to Devon Mental Health Alliance or other community-based services. This new Multi-Agency Team approach in mental health establishes a shared approach to meeting population mental health needs. By establishing a virtual team across service boundaries, the MAT approach seeks to understand the needs of the whole person in the context of their support networks and communities and enable a single person-centred plan to be developed. The Mental Health MAT will also collectively ensure that available resources are meeting needs, developing future services and strengthening community assets in addressing any gaps in provision.
- 3.7 These services were not available at the time the Link Service started, and that forms an important part of the rationale for proposing the Link Service closure. With specific national funding provided to the NHS to develop community health and wellbeing support, and the new model of multi-agency teams and links with primary care, it is reasonable to question whether Council funding should be used to fund very similar services.
- 3.8 The successful transfer of the Holsworthy Link service to Holsworthy Youth and Community Hub, a community-led centre which offers a wide range of community support, also helped inform this proposal. It is a community-led centre which works with other organisations in the town and offers a wide range of community support sessions.
- 3.9 We have received interest from some organisations who would like to run various community groups from the Link Centre buildings, and we have also advised the DMHA that they can use the buildings to run sessions. This would be the case whatever the decision on the future of the Link Service as the buildings are not used all of the time. (The youth service run by SPACE will soon be co-located in the Barnstaple Link Centre for example).
- 3.10 The recommendation does not affect peoples' right to support under the Care Act 2014. Where it is identified that people have eligible care and support needs that require a Care Act 2014 assessment, we will ensure that one is carried out. In addition, all service users are entitled to request a care needs assessment.

4) Options

The tables below set out the analysis of options for the future of the North Devon Link Service. Option 1 is the original proposal set out in the public consultation. Following feedback from the public consultation alternative options have been developed. All options have been assessed against the same criteria and scored according to arrive at the recommended approach.

Option 1: the initial consultation. Score 22		
Close the North Devon Link Service drop-in service in Barnstaple, Bideford and Ilfracombe and work with current service users to confirm their needs and agree alternative support, including those in receipt of outreach support. Cease the short-term enabling support to those service users in receipt of Care Act 2014 eligible services, including assessments, and provide this support in different ways. Enable opportunities to think differently about the future use of the buildings. Targeted investment in the voluntary and community sector may be considered to support the development of alternative services if not readily accessible. A transition plan will be developed with staff and service users around the closure.		
Assessment		
Service provision for people with Care Act 2014 eligibility	People currently using the service with Care Act 2014 eligibility will receive support in a different way.	5
Accessible local services delivered by CVS	The consultation period has seen increasing interest from the community and voluntary sector and several offers to host drop-in sessions and / or follow the Holsworthy model	4
Effective use of resource	Council Adult Social Care funding can instead be targeted to those with Care Act eligible needs, meeting our statutory duties. Best use of Community and Voluntary sector support that is already in place.	5
Promoting Independence	Reviews will indicate whether other support in the community is required. Information about other services will be made available.	5
Listening to consultation feedback	Drop-in sessions and one to one support will be offered by the DMHA, but it will not be a replica of the NDLS and will not be multiple times a week.	3

Option 2: Request from consultation response. Score 6		
Expand the services – open for more hours with open access. NDLS staff continue to provide support with more classes and groups.		
Assessment		
Service provision for people with Care Act 2014 eligibility	This will continue to be a service for people without Care Act 2014 eligibility	0
Accessible local services delivered by CVS	No engagement with CVS	0
Effective use of resource	This option would cost more than the current service, with no budget identified to do this.	0
Promoting Independence	No evidence this would support people to independence	1
Listening to consultation feedback	Most of the feedback has been to keep the services as they are or return to pre-pandemic model.	5

Option 3: Request from consultation response. Score 11		
Create Specialist Hubs. Keep drop ins run by current staff. Maintain the buildings in each town. Allow voluntary/community organisations to use the building for groups and classes. Allow local business to use the buildings to reduce stigma and improve trust. Charge for the use of the buildings to generate income.		
Assessment		
Service provision for people with Care Act 2014 eligibility	This will still be a service for people without Care Act 2014 eligibility	0
Accessible local services delivered by CVS	Groups delivered by the CVS will be more accessible.	3
Effective use of resource	Staff would not be delivering a statutory service and savings would not be delivered. Good use of voluntary and community sector	1
Promoting Independence	More services will be accessible.	3
Listening to consultation feedback	The service will remain open, run by the same staff with access to other services in the same place. But service users would not be able to leave their art projects and jigsaws out in between drop-in sessions as the rooms would need to be available for others to use.	4

Option 4: Request from consultation response. <u>Score 4</u>		
Centralise the drop-in sessions in one building in one town with the current staff An implementation plan will be developed with staff and service users around the closure of the remaining centres.		
Assessment		
Service provision for people with Care Act 2014 eligibility	This will still be a service for people without Care Act 2014 eligibility	0
Accessible local services delivered by CVS	No engagement with community and voluntary sector	0
Effective use of resource	Staff would not be delivering a statutory service. Potentially some savings to be made.	2
Promoting Independence	People in areas without the service will be disadvantaged unless VCSE offer in other areas. Inequity of offer across North Devon	0
Listening to consultation feedback	This feedback was received from far fewer people than feedback to keep the whole service open.	2

Option 5: Request from consultation response. <u>Score 9</u>		
Use existing NHS mental health funding to maintain the Link centres		
Assessment		
Service provision for people with Care Act 2014 eligibility	NHS funding is not based on Care Act eligibility but instead based on clinical need. That may mean an assessment of need for current service users	0
Accessible local services delivered by CVS	No engagement with community and voluntary sector	0
Effective use of resource	not the most cost-effective model compared to the Devon Mental Health Alliance and VCSE offers	2
Promoting Independence	Would not promote independence or recovery any more than the current model	2
Listening to consultation feedback	No change to anything	5

5) Consultation

- 5.1 The Council ran a consultation from 22nd February to 9th May 2023, publishing the consultation proposal and questionnaire on the Council Have Your Say webpage and posting the documents with a prepaid return envelope to the 130 people who had used the service since it re-opened in July 2022.
- 5.2 Following feedback from service users and their representatives, a further consultation ran from 6th November to 6th December 2023 to provide people with more information and expand on the consultation already undertaken. The second consultation proposal and questionnaire were published on the Have Your Say webpage and posted with a prepaid reply envelope to all people on the caseload (206), not just those who had been using the service.
- 5.3 All the responses received from the two consultations and the seven in-person visits have been taken into consideration in producing the impact assessment and the proposal.
- 5.4 We heard from some people accessing the service that due to their social anxiety, a large public meeting would not be appropriate for them. Meetings for service users were held at each of the centres in November 2023 including the Cabinet member for Adult Care and Health, and officers from the Council and Devon Partnership NHS Trust.
- 5.5 The Cabinet member for Adult Care and Health, Cllr McInnes and the Deputy Director of Adult Social Care joined Selaine Saxby MP to meet with services users in Ilfracombe in August 2023.
- 5.6 Further visits to the three centres took place with the inclusion of DCC North Devon members and representatives from the Mental Health Alliance in January and February 2024. These subsequent visits allowed service users and members to hear in more detail about the services offered by the Alliance and how they can help shape the further developments of the service.
- 5.7 Link Centre staff were issued with details of the proposal and given the opportunity to complete a questionnaire. There were two staff meetings, one was face to face and one via MS Teams. At these meetings staff were able to raise any questions about the proposal and put forward any ideas. A set of Frequently Asked Questions with answers, to reflect questions asked throughout the consultation, were circulated to staff. The subject has also been discussed at the Joint Consultative Committee where the unions were engaged.
- 5.8 A number of key stakeholders were also briefed through the consultation including:
- North Devon and Torridge District Councillors (via their Committee Services teams)
 - Barnstaple, Bideford and Ilfracombe Town Councillors
 - NHS, Community and Voluntary Sector organisations that had been involved with the previous consultation
 - Meetings have been held with local MPs, once for each consultation
 - Meetings were held for County Councillors from North Devon, one in person in February 2023 and two via Teams in March and October 2023.

Agenda Item 7

- A frequently asked questions document with answers has been developed and displayed in the Link Centres.
- Briefings were sent to the local media and regular posts placed on the Council's social media pages.

5.8 Throughout this public consultation the Council sought views on a set of initial proposals. Having done that and listened to the feedback, proposals are now recommended to DCC Cabinet.

5.9 A total of 257 responses were received over the two consultations.

Consultation period	Postal	Online	e-mail or letter
22 nd Feb – 9 th May 2023	49	126	18
6 th Nov – 6 th Dec 2023	44	20	
Total	93	146	18

Due to the anonymous nature of the form, it is not possible to tell how many individual responses were received.

5.10 The main themes gathered from the responses were:

- That the Link Centres should remain open, they offer activities that are beneficial to support people's mental health, and a safe place to go.
- That if the Link Centres close then alternative services need to be offered with trained and skilled staff and help to access them.
- Increased pressure will be placed on other existing services that were felt to be lacking.
- That there are opportunities to be more creative with the buildings or consolidate into a single Link Centre.
- Concern about increased risk of suicide or crisis were expressed, but the North Devon Link Service is not a crisis service and is not commissioned to provide that support. DPT has a dedicated 24/7 urgent mental health service, which is the gateway for families and professional to access appropriate crisis support and intervention if someone is experiencing mental health distress, or for people worried about someone else's emotional state.
- That further training could be provided to staff, and the services could increase the reach they are having.

- An observation that one-to-one support is beneficial, particularly face-to-face, and in people's homes.
- There are other services that are more recovery focussed.
- Staff feedback was focused on understanding the implication of the proposals on their on-going employment and how it might impact the terms, conditions and entitlements of their employment.
- Staff wanted to understand what the process of closing the Link Centres would look like if the proposal went ahead.

6) Strategic Plan

6.1 Our ['Promoting Independence' vision](#) describes what we are trying to achieve for people who need adult social care services in Devon now or may do in the future.

6.2 It seeks to align to the [government's vision for adult social care](#), One [Devon health and care system strategy](#), and the [Devon County Council strategic plan](#) whilst articulating the distinctive role and objectives of adult social care.

6.3 Our ['Promoting Independence' policy](#) sets the policy framework by which we operate including how we apply statutory guidance in Devon and the ['Commitment to Carers'](#) underpins our approach to unpaid carers.

6.4 Our ['Living Well'](#), ['Ageing Well'](#) and ['Caring Well'](#) strategies describe how we apply this vision and policy to people aged 18-64, people aged 65+, and unpaid carers.

6.5 Our ['Annual Report'](#) or 'Local Account' assesses our delivery against our vision, strategies and plans each year, using national surveys, performance information, and activity/cost/spend data to compare with others.

7) Financial Considerations

7.1 The service costs £485,000 per year to run. Should the recommended option be agreed, allowing for notice periods approx. £323,000 would be saved in the remaining 8 months of the financial year, should 3 months notice to staff be served at the end of April.

7.2 There is no funding provision in the 2024-25 budget to continue the service, it would become an additional unbudgeted pressure should it continue in its current form

Agenda Item 7

8) Legal Considerations

- 8.1 The lawful implications of the proposal have been considered and taken into account in the preparation of this report on the proposal set out above.
- 8.2 Legal challenges will always form part of any consultation that seeks views on proposals for change, this has been the case during the course of the public consultation. The recommendations within this report mean that people with [eligible needs as defined within the Care Act](#) will continue to have their eligible needs met.

9) Environmental Impact Considerations

- 9.1 This report has no specific environmental impact implications that are not already covered by or subsumed within the detailed policies or actions referred to therein

10) Equality Considerations

- 10.1 Where relevant, in coming to a decision the Equality Act 2010 Public Sector Equality Duty requires decision makers to give due regard to the need to:
- eliminate discrimination, harassment, victimisation and any other prohibited conduct;
 - advance equality by encouraging participation, removing disadvantage, taking account of disabilities and meeting people's needs; and
 - foster good relations between people by tackling prejudice and promoting understanding in relation to the protected characteristics (age, physical and mental disability, gender reassignment, marriage and civil partnership (for employment), pregnancy and maternity, race/ethnicity, religion or belief, sex and sexual orientation).
- 10.2 A decision maker may also consider other relevant factors such as caring responsibilities, rural isolation or socio-economic disadvantage.
- 10.3 In progressing this particular proposal, an [Impact Assessment](#) has been prepared which has been circulated separately to Cabinet Members and also is available on the [Council's website](#)

Members will need to consider the Impact Assessment for the purposes of this item.

11) Risk Management Considerations

- 11.1 This policy/proposal has been assessed and all necessary safeguards or action have been taken / included to safeguard the Council's position.
- 11.2 Devon's proposal to close the North Devon Link Service was accompanied by an [Impact Assessment](#), published at the start of the consultation. The impact has been updated to take account the consultation responses, including risks and mitigations.

12) Summary

- 12.1 Since 2022, there has been a national focus and national investment to improve and develop the way community mental health services are delivered, and to address the gap between primary and secondary mental health care. This means improved accessibility to mental health services and an increased range of support with the introduction of the Devon Mental Health Alliance.
- 12.2 Each GP surgery, as part of a Primary Care Network, has a Mental Health Multi Agency Team (MAT) which can offer support in the first instance and refer people to Devon Mental Health Alliance or other community-based services. This new Multi-Agency Team approach in mental health establishes a shared approach to meeting population mental health needs.
- 12.3 These services were not available at the time the Link Service started, and that forms an important part of the rationale for proposing the Link Service closure. With specific national funding provided to the NHS to develop community health and wellbeing support, it is reasonable to question whether Council funding should be used to fund very similar services.
- 12.4 The financial challenge facing the Council mean difficult decisions to cease services and funding must be considered. The starting point is to protect services that contribute to meeting our statutory duties. Although DCC Integrated Adult Social Care has funded the Link service for over 30 years, the vast majority of people who attend do not have eligible needs under the Care Act 2014.
- 12.5 The recommendation therefore is to close the Link Services in Barnstaple, Bideford and Ilfracombe, and to assist those Care Act eligible service users in receipt of outreach enabling support to access alternative equivalent services.
- 12.6 Should the decision be made to close the service, then service users will be supported in the transition to alternative community support and members of the Alliance will support that process.

Name

Director of Integrated Adult Social Care: Tandra Forster

Electoral Divisions: All North Devon Divisions

Cabinet Member for Integrated Adult Social Care and Health: Councillor James McInnes

Agenda Item 7

Local Government Act 1972: List of background papers

Nil

Contact for enquiries:

Name: Solveig Wright

Telephone: 01392 383 657

Address: County Hall, Topsham Road, Exeter EX2 4QD

APPENDIX 1



North Devon Support

The Devon Mental Health Alliance is a group of six charities funded by Devon Partnership Trust to support people in Devon to improve their mental health. As well as running some services, the Alliance helps connect people to local organisations who can help them live happier lives.

The Alliance is completely separate from Devon County Council, and we have no involvement in any decision around the future of the North Devon Link Centres. We would like to offer our support to people using the centres, irrespective of any future decision, to help you to think about and potentially attend other activity taking place near to you. There is no pressure in making this offer – its completely up to you as to whether you take it up. We also know that you're likely well connected into opportunities available in your area - we can't guarantee that we'll find something that fits your needs, but we'll try our best.

Having a chat

Our Community Development Lead for North Devon, Phil Harris, can provide a one to one meeting to talk help connect you to other services or send you through some further information if you email him with some ideas about what you'd like to get involved with. Phil can also come to group sessions to talk to people together.

Phil is available at philip.harris@devonmind.com.

Other resources that are available

This isn't an exhaustive list of other services that are available, but hopefully it does provide an example of some of the other opportunities that take place in your area.

Drop-In Sessions

Devon Recovery Learning Community Drop-In Session – Bideford, Burton Art Gallery, every Monday, 10am to 3pm. In their own words 'you do not need to book, just turn up, sit quietly or chat with folks over a cup of tea and a biscuit; there is no pressure for you to do anything. There will be resources, creative activities and information that can help you keep well and have hope'. More information is available at: <https://devonrlc.co.uk/courses/north-devon-weekly-drop-in-and-recovery-library-2024-02-12/>

Devon Mental Health Alliance Drop-In Session – Gig Club, Barnstaple, from 13.30 to 15.30 on the 2nd Wednesday of the month. A welcoming space to come and get help for any challenges you might be facing, or if you just want a chat. You don't need to book, just turn up. More information is available by contacting karen.bloomfield@devonmind.com.

Agenda Item 7

The Moorings at Barnstaple. Open from 6pm to 11pm Thursday to Monday. The Voice Meeting Rooms, Belle Meadow Court, Albert Lane.

The Moorings offer mental health support in a welcoming, safe, comfortable, non-judgmental, and non-clinical environment. Our experienced staff team is available to provide emotional, social and practical support if you are in crisis or feel you are heading toward a crisis situation. We offer support in person, over the phone, or via video call. You can come just for a chat, or to access one-to-one support from trained professionals. We also offer help in creating staying well and crisis plans, and support visitors to access other organisations that may be useful to them.

People using The Mooring will also be supported by our 24/7 helpline, which offers access to emotional support and information even when The Mooring is closed. There's no need to be referred and no need for an appointment.

Libraries Unlimited deliver services at libraries in Barnstaple, Ilfracombe and Bideford including deliver free drop in sessions and creative activities. More information is available here:

<https://www.devonlibraries.org.uk/web/arena/ourlibraries>. These include:

- Barnstaple Board Game Café. Every Wednesday from 2pm to 4pm
- Barnstaple Come in and Colour. Every Friday 9am to 6pm
- Barnstaple Knit and Mix. Every Thursday 2pm to 4pm
- Barnstaple Wednesday Wanderers (55+). Every Wednesday 2pm to 3.30pm
- Barnstaple Wellbeing Wednesday. Every Wednesday 10am to 12noon
- Ilfracombe Creativity for Wellbeing. From 17th March, every Friday 11am to 1pm
- Ilfracombe Depression and Anxiety Group. Every Monday 11am to 1pm. (on short break to illness)
- Bideford Knit and Natter. Every Monday 2pm to 4pm

Step One provide online peer support and drop-in sessions to enable people to connect with others and access support. More information is available at <https://steponecharity.co.uk/courses-workshops/>

Libraries Unlimited provide digital access support. Alternatively, the Devon Mental Health Alliance is running a project to promote digital inclusion, and may be able to help you if you'd like to access on-line opportunities. Contact karen.bloomfield@devonmind.com for more information.

Standing Together provide a range of opportunities to connect with others looking to improve their mental wellbeing. Their facebook page is <https://m.facebook.com/p/Standing-Together-100077571435411/>

Physical Activity

Vista Wellbeing run a range of classes in North Devon, including free wellbeing walks which aim to improve your health and meet new people. They also provide fitness classes that require a £6 payment to access. More information is available at their website vistawellbeing.org.uk/ or email info@vistawellbeing.org.uk.

Agenda Item 7

Biosphere North Devon also provide free wellbeing walks, focusing on the Braunton area at the moment. More information is available at <https://www.northdevonbiosphere.org.uk/events-calendar.html>.

The Ramblers charity co-ordinate short, accessible walks across North Devon. In their own words 'Everyone's welcome at Ramblers Wellbeing Walks: we're a friendly bunch and you're guaranteed a warm welcome'. Information is available at <https://www.ramblers.org.uk/go-walking/wellbeing-walks>. A detailed list of walks is available here <http://torridgewalkandtalk.co.uk/wp-content/uploads/2023/12/Torr-WT-Prog-Jan-Jun-2024.pdf>

Wander Women offer dedicated walking groups for women https://www.meetup.com/wander-women-north-devon/?fbclid=IwAR28Oa_Xv3qbaJdWgMPkkVhoZyQcDfeLsvP5-HY6JvBjLJdyDulDrc2QA2g

If you haven't had a physical health check recently and would like support to access one, contact karen.bloomfield@devonmind.com who can arrange to see if you're eligible for support from a member of our team.

Befriending

Age Concern provide face to face and telephone befriending services for people aged 60+, giving you the chance to speak to someone

<https://ageconcernnorthdevon.org.uk/befriending-service/>

Torridge CVS Befriending Service <https://www.torridgecvs.org.uk/aiming-reduce-isolation-and-loneliness-through-befriending>

Social Activity

Shuffleup – run board game sessions, focusing on providing an inclusive space for people looking to connect <https://www.facebook.com/shuffleupcic>

Ilfracombe Men's Shed. <https://www.facebook.com/ilfracombemensshed>

Bideford Men's Shed <https://discoverbideford.co.uk/bideford-directory/community-support-social-or-wellbeing-club/bideford-mens-shed>

Ilfracombe Mental Health Swims <https://www.facebook.com/mentalhealthswims.ilfracombe>

Bideford Harbour drop in 10am to 12noon <https://www.facebook.com/HarbourBideford>

Bideford Round Table Men's Group <https://www.facebook.com/BidefordRoundTable/>

Learning Opportunities

Devon Mind run a range of online learning opportunities, some of which are online <https://www.devonmind.com/find-help/courses>. Devon Mind can run dedicated courses in North Devon if we know there is a large enough group looking to access them. If this is the case, please contact Carolyn.sansom@devonmind.com.

Agenda Item 7

Devon Mind can also support partner organisations to help them work with people facing mental health challenges through a free training offer. Again, contact Carolyn for an initial discussion – this includes mental health first aid and similar courses.

South Devon College offers free online learning opportunities around mental wellbeing, including accredited courses <https://www.southdevon.ac.uk/adult-learning>.

Step One organises online learning opportunities to support self-management around mental wellbeing. A list of courses is available at <https://steponecharity.co.uk/courses-workshops/>

The HOPE programme delivers a range of learning opportunities to support a broad range of different needs, including anxiety and depression. Information on their courses is available at <https://myhealth-devon.nhs.uk/local-services/hope-programme/hope-programme-courses/face-to-face-hope>

General Support

Talkworks provide open access, free talking therapy services (i.e. one to one support to help manage challenges you might be facing). It is possible to self-refer <https://www.talkworks.dpt.nhs.uk/>

Qwell are funded by Devon County Council, and provide free counselling services online. Sign up for support here <https://www.qwell.io/>

Online directories

There are online resources that point to other activity taking place in North Devon

- Joy marketplace – search in your local area for opportunities to connect <https://services.thejoyapp.com/>
- Devon Connect – provides a further directory of activity taking place in North Devon <https://devonconnect.org/north-devon-and-torridge>

Impact Assessment



Assessment of: North Devon Link Service (Part of the mental health services in Northern Devon) – updated following formal consultation period.

Service: North Devon Link Service

Head of Service: Solveig Wright

Version / date of sign off by Head of Service: 27.2.2024

Assessment carried out by (job title): Commissioning Development Officer

Previously published impact assessments on these proposals

Please note that this is the fourth impact assessment on these changes as we continue to consult on them, previous impact assessments were:

- Impact assessment following engagement and consultation, accompanying Cabinet report on future of service – 30th November 2021
- Updated impact assessment taking account of increased financial challenge facing DCC, accompanying further consultation on change proposals – 14th February 2023.
- Updated impact assessment accompanying consultation on change proposals – 2nd November 2023.

1. Description of project / service / activity / policy under review

Prior to the Covid-19 pandemic, there were four Link Centres in North Devon located in Barnstaple, Bideford, Holsworthy and Ilfracombe. The service supported people with mental health and wellbeing difficulties, signposted to other services where necessary or worked to find practical ways of resolving particular problems, including housing, debt and benefit difficulties. The service primarily involved drop-in sessions where people could socialise and make friends. Time limited community outreach for people struggling to leave their home was also provided as capacity allowed.

There was no charge for the service and people could refer themselves or ask a health or social care professional to refer them. The Council does not commission any equivalent services elsewhere in Devon; the Link Service is inconsistent with service delivery across the county.

Following the centre closures through the Covid-19 pandemic, the drop-ins were re-opened in March 2021 on an appointment only basis. Drop-ins were then reinstated for two sessions a week in July 2022, extending to three sessions per week at the beginning of September 2022.

The service provides a traditional drop-in day service together with some enabling support. The groups offer social interaction and activity rather than any evidenced-based model of mental health service delivery. The service was designed to provide a range of social, leisure, support, guidance, and educational opportunities for adults with mental health issues.

The Link Service is part of the health and care system supporting mental health needs across Northern Devon. Each GP surgery, as part of a Primary Care Network, has a Mental Health Multi-Agency Team (MAT) which can offer support in the first instance and refer people to Devon Mental Health Alliance or other community-based services.

Other services include: Community Mental Health Teams, Mental Health Social Work Teams, crisis services such as The Moorings Crisis Café, a 24-hour support phone line from Mental Health Matters and Devon Partnership Trust's First Response Service, as well as the Devon Mental Health Alliance which is developing more services in North Devon. The Link Service does not provide urgent or crisis support.

The Link service is funded by the Council and managed by Devon Partnership Trust (DPT) under a Section 75 agreement which allows for the delegation of functions to other partners. The service costs £485k per year to run (mostly staff costs), funded by the Council, which also owns the buildings.

2. Proposal, aims and objectives, and reason for change or review

This impact assessment relates to the following proposal:

1. To close the North Devon Link Service Drop-in services that run from the Link Centres in Barnstaple, Bideford and Ilfracombe.
2. To note that the closure would include ceasing the short-term enabling support to those service users in receipt of Care Act 2014 eligible services. The Council and Devon Partnership Trust will assist those people to access alternative equivalent support.
3. To work with Devon Partnership Trust and the Devon Mental Health Alliance to support all service users in their transition to alternative community support over a period of 3 months minimum.

In line with its statutory responsibility, Devon County Council will continue to provide adult social care support to people who are eligible under the Care Act 2014.

Devon Partnership NHS Trust and Devon County Council have engaged with everyone who is on the North Devon Link Service caseload to establish whether they require or want a Care Act 2014 assessment.

Devon Partnership NHS Trust and Devon County Council will also assist people who are not Care Act 2014 eligible in identifying other services.

The reasons for change:

In 2022, national Community Mental Health Framework funding was used to establish the Devon Mental Health Alliance which has been working with local partners to develop services for local people, both directly and through wider community development. As a result, local people in North Devon can now access mental health support services in ways they could not previously. These new services are accessed through GP practices and the wider primary care team, and they are developing in reach and number.

During the consultation in February 2023, service users described themselves as having severe mental health needs or that their mental health needs are too complex to be managed in primary care, but not severe enough for secondary care. They reported that they felt the drop-ins were the only support available to them.

While the Council acknowledges the strength of feeling on this matter, the service is not commissioned to provide support for mental health needs that are too complex to be managed in primary care.

In recent years, there has been a national focus and national investment to improve and develop the way community mental health services are delivered, and to address the gap between primary and secondary care. This means improved accessibility to mental health services and an increased range of support with the introduction of the Devon Mental Health Alliance (DHMA): a partnership between six voluntary, community and social enterprise (VCSE) organisations (CoLab Exeter, Devon Mind, Improving Lives Plymouth, Rethink Mental Illness, shekinah, and Step One Charity) dedicated to providing support for people experiencing challenges in their mental health. The Alliance works in partnership with Devon Partnership NHS Trust to develop good connectivity across voluntary and community organisations, multi-agency teams and urgent care services as part of the community mental health framework.

Each GP surgery, as part of a Primary Care Network, has a Mental Health and Wellbeing Team (MHWBT) which can offer support in the first instance and refer people to Devon Mental Health Alliance or other community-based services. This new Multi-Agency Team approach in mental health establishes a shared approach to meeting population mental health needs. By establishing a virtual team across service boundaries, the MAT approach seeks to understand the needs of the whole person in the context of their support networks and communities and enable a single person-centred plan to be developed. The Mental Health MAT will also collectively ensure that available resources are meeting needs, developing future services and strengthening community assets in addressing any gaps in provision.

These services were not available at the time the Link Service started, and that forms an important part of the rationale for proposing the Link Service closure. With specific national funding provided to the NHS to develop community health and wellbeing support, it is reasonable to question whether Council funding should be used to fund very similar services.

The successful transfer of the Holsworthy Link service to Holsworthy Youth and Community Hub, a community-led centre which offers a wide range of community support, also helped inform this proposal. It is a community-led centre which works with other organisations in the town and offers a wide range of community support sessions.

The recommendation does not affect peoples' right to support under the Care Act 2014. Where it is identified that people have eligible care and support needs that require a Care Act 2014 assessment, we will ensure that one is carried out. In addition, all service users are entitled to request a care needs assessment.

The Council is committed to supporting adults with mental health and wellbeing needs in the best way that it can. To do this well we must constantly review everything we do to make sure people are getting the best possible outcomes from the resources we have available, and that access is as equitable as possible for everyone across the county.

Whilst the consultation was about the service and not the buildings, it should be noted that the Bideford and Ilfracombe buildings will cost around £306,000 to maintain over the next five years.

3. Risk assessment, limitations and options explored (summary)

The main themes of feedback were:

- That the Link Centres should remain open, they offer activities that are beneficial to support people's mental health, and a safe place to go.
- That if the Link Centres close then alternative services need to be offered with trained and skilled staff and help to access them.
- Increased pressure will be placed on other existing services that were felt to be lacking.
- There are opportunities to be more creative with the buildings, or consolidate into a single Link Centre,
- Concern about increased risk of suicide or crisis is acknowledged but the North Devon Link Service is not a crisis service and never has been. DPT has a dedicated 24/7 urgent mental health service, which is the gateway for families and professional to access appropriate crisis support and intervention if someone is experiencing mental health distress, or for people worried about someone else's emotional state.
- Further training could be provided to staff, and the services could increase the reach they are having.
- An observation that one-to-one support is beneficial, particularly face-to-face, and in people's homes.
- There are other services that are more recovery focussed.

- Staff feedback was focused on understanding the implication of the proposals on their on-going employment and how it might impact the terms, conditions, and entitlements of their employment.
- Staff wanted to understand what the process of closing the Link Centres would look like if the proposal went ahead.

Following feedback from the public consultation, the following alternative options have been developed and considered. In summary the alternative proposals are:

- a. Expand the services – open for more hours with open access. NDLS staff to continue to provide support with more classes and groups.

It has already been identified in this document that the service was commissioned to provide social support services that are now provided by other services and funded through other Government funding routes. As part of recent national and local community mental health development, there is an expanded community mental health offer in primary and secondary care to meet a wider set of needs to complement any social support. The council does not have alternative sources of funding available to it and the priority for Adult Social Care funding has to be used to meet our statutory duty for service users with eligible needs under the Care Act 2014.

- b. Create Specialist Hubs. Keep drop ins run by current staff. Maintain the buildings in each town. Allow voluntary/community organisations to use the buildings for groups and classes. Allow local business to use the buildings to reduce stigma and improve trust. Charge for the use of the buildings to generate income.

Although this option would go some way to making services delivered by the community and voluntary sector more accessible, the Council does not favour this option, as it would still be delivering a service to people without Care Act 2014 eligibility and duplicating services that are available through other services and funded by other Government funding streams. The Council has confirmed that it would be open to offering the buildings for wider community use, however even with charging a fee this, would not generate sufficient income to cover the cost of the service.

- c. Centralise the drop-in sessions in one building in one town with the current staff. Develop and implementation plan with staff and services users around the closure of the remaining centres.

The Council does not favour this option as it would still be delivering a service to people without Care Act 2014 eligibility and duplicating services that are available through other services and funded by other Government funding streams. It would also mean an inequity of offer across North Devon.

- d. Use existing NHS mental health funding to maintain the Link centres.

The Council does not consider this to be a realistic option and Devon Partnership Trust supports that position. This is not the most cost-effective model compared to the Devon Mental Health Alliance and VCSE offers and also duplicates services that are available through other services and funded by other

Government funding streams.

Impacts will be monitored through the governance of the Mental Health Partnership Board. In addition, if Devon County Council grant fund any voluntary and community organisations to host drop ins, like the Holsworthy model, there will be ongoing monitoring of access, uptake and outcomes.

4. People affected, diversity profile and analysis of needs

- People of working age with a Mental Health Need diagnosed and undiagnosed who live in North Devon.
- Staff who work in the services.
- Carers
- 130 people who have attended the centres at least once in the last 18 months.

People on the North Devon Link Service Caseload – note only just over half (130) of those have attended at least once in the last 18 months

Team	2021	2023
Link Centre Barnstaple	78	58
Link Centre Ilfracombe	82	74
Link Centre Bideford	105	107
Total	265	239

5. Stakeholders, their interest, and potential impacts

- Community Mental Health Teams – have requested that the drop ins revert to open access. This has not been possible due to NDLS staff supporting the short-term enabling service for people with Care Act 2014 eligibility. In addition, the expanded community mental health offer in primary and secondary care and the development of the Devon Mental Health Alliance has resulted in access to alternative mental health support services that were not previously available. North Devon Link Service was sometimes used as a destination to discharge people from the Community Mental Health Teams or to monitor people whilst they were on the waiting list.
- North Devon Social Work Teams have been supported by the North Devon Link Service staff to undertake assessments and provide short-term enabling support.
- Community and Voluntary sector organisations – some of the services provided by the North Devon Link Service are also offered by the Voluntary and Community Sector.
- Devon Mental Health Alliance – can provide drop-in group sessions, one to one support and support people to access other mental health services.
- GPs used to signpost to the service when it was open access.
- Carers and families. The Link Service was used as a brief period of respite to carers and families (although it was not commissioned as a respite service).

- General Public and wider local community.

6. Additional relevant research used to inform this assessment

- Mental Health needs Assessment 2013
- Link Centre Performance Dashboard
- DCC charging policy
- Care Notes
- 5 ways to wellbeing
- Reaching for Independence guidance and reviews
- Government Covid-19 Guidance
- Community Mental Health Framework guidance and proposals
- Care Act 2014 guidance
- Social Prescribing: applying All Our Health (Gov.UK)
- Social prescribing (Royal College of Psychiatrists)

7. Description of consultation process and outcomes

An engagement and consultation process was undertaken during 2021 to inform the recommendations agreed by Devon County Council Cabinet in December 2021.

The ongoing review of the centres came into sharper focus with the increased financial pressure on Devon County Council in the run up to the February 2023 budget, resulting in further consultation on the future of the service.

The Council ran a consultation from 22nd February to the 9th May 2023, publishing the consultation proposal and questionnaire on the Council Have Your Say webpage and posting the documents with a prepaid return envelope to 130 people who had used the service since it re-opened in July 2022.

A further period of consultation ran from 6th November to 6th December 2023 to provide people with more information and expand on the consultation already undertaken. The second consultation proposal and questionnaire were published on the Have Your Say webpage and posted with a prepaid reply envelope to all people on the caseload (206), not just those who had been using the service.

All the responses received from the two consultations and the seven in-person visits have been taken into consideration in producing the impact assessment and the proposal.

We heard from some people accessing the service that due to their social anxiety, a large public meeting would not be appropriate for them. Meetings for service users were held at each of the centres in November 2023 including the Cabinet member for Adult Care and Health, and officers from the Council and Devon Partnership NHS Trust. Cllr McInnes and officers from the council and Devon Partnership NHS Trust.

The Cabinet member for Adult Care and Health, Cllr McInnes and the Deputy Director of Adult Social Care joined Selaine Saxby MP to meet with services users in Ilfracombe in August 2023.

Further visits to the three centres took place with the inclusion of DCC North Devon members and representatives from the Mental Health Alliance in January and February 2024. These subsequent visits allowed service users and members to hear in more detail about the services offered by the Alliance and how they can help shape the further developments of the service.

Link Centre staff were issued with details of the proposal and given the opportunity to complete a questionnaire. There were two face to face staff meetings where staff were able to raise any questions about the proposal and put forward any ideas. A set of Frequently Asked Questions with answers, to reflect questions asked throughout the consultation, were circulated to staff. The subject has also been discussed at the Joint Consultative Committee where the unions were engaged.

A number of key stakeholders were also briefed through the consultation including:

- North Devon and Torridge District Councillors (via their Committee Services teams)
- Barnstaple, Bideford and Ilfracombe Town Councillors
- NHS, Community and Voluntary Sector organisations that had been involved with the previous consultation
- Meetings have been held with local MPs, once for each consultation
- Meetings were held for County Councillors from North Devon, one in person in February 2023 and two via Teams in March and October 2023.
- A frequently asked questions document with answers has been developed and displayed in the Link Centres.
- Briefings were sent to the local media and regular posts placed on the Council’s social media pages.

A total of 257 responses were received over the two consultations.

Consultation period	Postal	Online	e-mail or letter
22 nd Feb – 9 th May 2023	49	126	18
6 th Nov – 6 th Dec 2023	44	20	
Total	93	146	18

Due to the anonymous nature of the form, it is not possible to tell how many individual responses were received.

Background information

8. Equality analysis

Under the Equality Act 2010, the local authority must consider how people will be affected by a service, policy or practice. In so doing we must give due regard to the need to: eliminate unlawful discrimination, harassment and victimisation; advance equality of opportunity and foster good relations across protected characteristics of age, disability, gender reassignment, pregnancy and maternity, marriage and civil partnership (for work), sex, sexual orientation, race, and religion and belief. The Equality Act 2010 and other relevant legislation does not prevent the Council from taking difficult decisions which result in service reductions or closures for example, it does however require the Council to ensure that such decisions are: informed and properly considered with a rigorous, conscious approach and open mind, taking due regard of the effects on the protected characteristics and the general duty to eliminate discrimination, advance equality and foster good relations; proportionate (negative impacts are proportionate to the aims of the policy decision); fair, necessary, reasonable, and those affected have been adequately consulted.

- a) Is this group negatively or potentially negatively impacted, and in what way?
- b) What could be done or has been done to remove the potential for direct or indirect discrimination, harassment or disadvantage and inequalities?
- c) In what way do you consider any negative consequences to be reasonable and proportionate in order to achieve a legitimate aim?
- d) What can be done to advance equality further? This could include meeting specific needs, ensuring equality of opportunity and access, encouraging participation, empowering people, making adjustments for disabled people and action to reduce disparities and inequalities.
- e) Is there a need to foster good relations between groups (tackled prejudice and promote understanding) and help people to be safe and protected from harm? What can be done?

All residents by geographic area

This service is provided for people with mental health and wellbeing needs and is part of the wider mental health services in Northern Devon.

Age

The service is for adults so can be used by people needing support around their mental health and wellbeing who are over 18. It has not been widely used by younger people.

Disability (includes sensory, mobility, mental health, learning disability, neurodiversity, long term ill health) and carers of disabled people

The service is for adults covered by the disability protected characteristic, as they will be affected by mental health issues.

The proposal to close the North Devon Link service, will mean that people with a wellbeing need or mental health need, diagnosed or undiagnosed, will not be able to access the service.

Potential mitigation of that impact will come from effective access to the wider mental health services across Northern Devon. The Link Service is part of the health and care system supporting mental health needs across Northern Devon. Other services include Community Mental Health Teams, Mental Health Social Work Teams, a mental health ward and crisis services such The Moorings (Crisis Café), a 24-hour support phone line from Mental Health Matters and DPT's First Response Service. The Link Service does not provide urgent or crisis support.

National investment, in recent years, in the development of community mental health services has improved accessibility to mental health services and increased the range of support available with the introduction of Devon Mental Health Alliance.

Devon Mental Health Alliance is funded to provide support to 1500 people each year across Devon, and their staff are visiting the Link Centres to listen to service users about what they need in order to help inform their offer in North Devon. The Alliance is not expecting to replicate the Link Service, but it can provide drop-in group sessions and one to one support. They can also support people to access other mental health services offered in the local area, using a process referred to as a "warm handover" where they accompany people to help them settle in. They also provide advice and training for people who run their own formal and informal peer support networks, and have recently offered that to a Link Centre Service user who has set up their own peer support group.

Every GP surgery, as part of a Primary Care Network, has a Mental Health Multi Agency Team (MAT) which can offer support in the first instance and refer people to Devon Mental Health Alliance or other community-based services.

These services were not available at the time the Link Service started.

The Council will work with Devon Partnership NHS Trust and the Devon Mental Health Alliance to support all service users in their transition to alternative community support over a period of 3 months minimum.

The recommendation does not affect peoples' right to support under the Care Act 2014. Where it is

identified that people have care and support needs that required a Care Act 2014 assessment, we will ensure that one is carried out. In addition, all service users are entitled to request a care needs assessment.

Service users already receiving other mental health support will continue to do so. People who are not in receipt of additional services through Devon Partnership NHS Trust can access mental health support through voluntary and community sector, including the Devon Mental Health Alliance, as well as urgent or crisis response if needed, regardless of any proposal or decision on the future of the Link Service.

Race and culture: nationality/national origin, ethnic origin, skin colour, religion and belief, asylum seeker and refugee status, language needs

The service is available to people requiring mental health support regardless of culture or ethnicity but does not contain any specialist activity based on that characteristic.

The proposal has a neutral impact on people with this protected characteristic.

Sex and gender identity and reassignment (including men, women, non-binary and transgender people), and pregnancy and maternity (including women's right to breastfeed)

This service is available to people requiring support for their mental health needs regardless of sex, gender, or gender identity. However, there is no specialist activity based on that characteristic.

The proposal has a neutral impact on people with this protected characteristic

Sexual orientation, and marriage/civil partnership if work related

The North Devon Link Service is available to people requiring mental health support regardless of their sexual orientation and marriage/civil partnership but does not include any specialist activity based on the that characteristic.

The proposal has a neutral impact on people with this protected characteristic.

Other relevant socio-economic factors and intersectionality

This includes, where relevant: income, housing, education and skills, language and literacy skills, family background (size/single people/lone parents), sub-cultures, rural isolation, access to services and transport, access to ICT/Broadband, children in care and care experienced people, social connectivity and refugee status/no recourse to public funds. Also consider intersectionality with other characteristics.

Although the service is for people who require support for poor mental health and wellbeing, some service users may also be subject to deprivation, literacy, digital exclusion and transport and access due to the rurality of Northern Devon.

People who have Care Act 2014 eligible needs will be supported, using a strength-based approach, to find alternative provision

9. Human rights considerations:

We need to ensure that human rights are protected. In particular, that people have:

- A reasonable level of choice in where and how they live their life and interact with others (this is an aspect of the human right to 'private and family life').
- An appropriate level of care which results in dignity and respect (the protection to a private and family life, protection from torture and the freedom of thought, belief and religion within the Human Rights Act and elimination of discrimination and the promotion of good relations under the Equality Act 2010).
- A right to life (ensuring that nothing we do results in unlawful or unnecessary/avoidable death).

The provision of mental health support services is a way of ensuring the human rights of citizens are upheld.

10. Environmental analysis

An impact assessment should give due regard to the following activities in order to ensure we meet a range of environmental legal duties. The policy or practice does not require the identification of environmental impacts using this Impact Assessment process because it is subject to (please mark X in the relevant box below and proceed to the 11, otherwise complete the environmental analysis information below):

Devon County Council's Environmental Review Process	N/A
Planning Permission	N/A
Environmental Impact Assessment	N/A
Strategic Environmental Assessment	N/A

- Description of any actual or potential negative consequences and consider how to mitigate against these.
- Description of any actual or potential neutral or positive outcomes and consider how to improve as far as possible.

Reduce, reuse, recycle and compost

N/A

Conserve and enhance wildlife

N/A

Safeguard the distinctive characteristics, features and special qualities of Devon's landscape

N/A

Conserve and enhance Devon's cultural and historic heritage

N/A

Minimise greenhouse gas emissions

N/A

Minimise pollution (including air, land, water, light and noise)

N/A

Contribute to reducing water consumption

N/A

Ensure resilience to the future effects of climate change (warmer, wetter winters; drier, hotter summers; more intense storms; and rising sea level)

N/A

Other (please state below)

N/A

11. Economic analysis

- a) Description of any actual or potential negative consequences and consider how to mitigate against these.
- b) Description of any actual or potential neutral or positive outcomes and consider how to improve as far as possible.

Impact on knowledge and skills

There will be a limited negative impact on knowledge as skills as some staff in the centres may not be redeployed.

Impact on employment levels

There will be a limited negative impact on knowledge as skills as some staff in the centres may be made redundant.

Impact on local business

There will be a neutral impact on local businesses as these are not commercial centres.

Primary care update February 2024

- Primary care access recovery plan
- Pharmacy first
- Lynton Health Centre

Primary Care Access Recovery Plan (PCARP)

Primary Care is rightly seen as the bedrock of the NHS, with Primary Care services dealing with around 90% of patient contacts.

The Kings Fund’s February 2024 report, “Making care closer to home a reality” states:

“The health and care system in England must shift its focus away from hospital care to primary and community services if it is to be effective and sustainable.”

General Practice access and resilience are prerequisites to delivering these ambitions, and those of the Fuller integration agenda, so that we can build on solid foundations.

Primary Care Access Recovery Plan (PCARP)

The PCARP is a national plan with two key ambitions:

1. To make it easier for patients to contact their practice and;
2. For patient requests to be managed on the same day, whether that is an urgent appointment, a non-urgent appointment within 2 weeks or signposting to another service.

And is split into 4 areas:

Area	Focus
Empower Patients	<ul style="list-style-type: none"> • improving information and NHS App functionality • increasing self-directed care where clinically appropriate • increasing the number of self-referral options, guided by clinical advice • expanding community pharmacy services

Agenda Item 8

Modern General Practice	<ul style="list-style-type: none"> • better digital (cloud based) telephony • simpler online consultation, booking and messaging • faster navigation, assessment, and response
Build Capacity	<ul style="list-style-type: none"> • larger multidisciplinary teams • more new doctors • retention and return of experienced GPs • higher priority for primary care in housing developments
Cut Bureaucracy	<ul style="list-style-type: none"> • improving the primary-secondary care interface • building on the Bureaucracy Busting Concordat

Since its publication in May 2023 the ICB has been progressing actions against these key areas.

Headline successes

- Second highest number of appointments per 1,000 offered (NHS Cornwall and Isles of Scilly only fractionally higher).
- Second highest % of practices in region doing General Practice Improvement Programme (GPIP).
- Second highest in region on “seen within two weeks”.
- ICB with most GPs per 10,000 in region and above average on ALL workforce indicators.

Strength and challenges

The following table describes some of our key strengths and challenges:

Our strengths	Our challenges
Good starting point on access – Devon compares well to other areas.	Variation exists within access, which we need to address.
Good progress made on workforce in terms of Additional Roles Reimbursement Scheme (ARRS) and recruitment and retention schemes.	Impact of ARRS roles on core practice staff and wider system. Are we reaching “peak GP” workforce?
Devon has led the way in digital innovation (e.g. roll out of online consultation, GP in the Cloud digital accelerator).	Ensuring digital tools are properly embedded in practice access models. Need for whole system interoperability.
Good relationships with primary care providers.	Capacity to maintain relationship and develop Primary Care Provider Collaborative.

Ability to secure and maximise funding opportunities at short notice.	Primary Care access to, and reliance on, non-recurrent funding pots. This inhibits long term change. Need to invest in out of hospital care.
Robust assessment of resilience of practices in place.	Capacity and funding to support proactively rather than in crisis. Currently no local at scale provider alternative emerging.

Focus on digital

The ICB has a coordinated and at scale approach to digital procurement, for example online and video consultation tools were procured at scale for all Devon practices in 2022 and the ICB is currently undertaking a Devon-wide procurement for Ardens software.

Our future approach to procurement, and the business change required for implementation, will be determined based on the awaited content of the national digital pathways framework, however the ICB Digital Envoys, alongside the Digital Journey Planner (DJP) that has already been commissioned, will ensure the ICB is well placed to understand the level of implementation support that will be required when the framework becomes available.

The Digital Envoys and DJP have been key to assessing and identifying the wider digital needs of our primary care providers. This will enable us to align the funding available to the needs assessment and the tools available on the framework. In terms of the existing tools available, the Digital Envoys are there to support practices in embedding these tools as part of their Modern General Practice Access models to ensure they optimise the benefits of these tools for their patients and their staff.

Continuity

Devon's Primary Care GP Strategy highlights the importance of continuity of care when considering service delivery models. Research around detection and management of long-term conditions has shown significant links between continuity and a reduction in mortality. Practices/Primary Care Networks' (PCN) models need to accommodate a rising, ageing population and their associated need for continuity of care (balancing against those patients requiring less continuity but still requiring timely access to care).

Next steps

Workstream	Key areas to progress over next 6 months	Target date
Digital	Ensure all Devon practices are on Cloud Based Telephony.	June 2024
	Review all Devon practice websites.	April 2024

Agenda Item 8

	Review and implement at scale procurement of systems on the Pathways Framework once released.	September 2024
Pharmacy	Complete Pharmacy Strategy.	May 2024
	Ensure all community pharmacies opted in to provide Pharmacy First achieve minimum number of monthly clinical pathways consultation.	July 2024
Communications	Deliver a paid marketing campaign to promote Pharmacy First, NHS App and Additional Roles Reimbursement Scheme (ARRS) role that is local and targeted.	May 2024
Transformation	Assess and sign-off applications from practices to access Transition Cover and Transformation Support funding.	April 2024
	Complete a final round of reflective Capacity and Access Improvement Plan (CAIP) review meetings with Primary Care Networks (PCN) to assess benefits realised through implementation of plans. Use opportunity to glean points of learning and best practice for wider sharing.	March 2024
	Deep dive practice visits to those most challenged in Devon, from an access perspective. Utilise data and soft intelligence to identify areas for discussion and set about implementing remedial strategies to support those practices.	May 2024
	Increase uptake to General Practice Improvement Programme (GPIP) support offers through continued promotion and signposting.	August 2024
	Formation of a local, provider chaired General Practice Appointment Data (GPAD) forum to share learning and best practice across the Devon patch. Identification of local GPAD champions to assist and support in improving quality and consistency of GPAD in Devon.	June 2024
Self-referral	Working with our service providers to improve the quality of data captured through Community Services Dataset (CDCS) Paper highlighting the potential implications for the ICB in implementing audiology self-referral to be shared with Senior Executives requesting guidance on next steps. Have an agreed process in place at the start of the new financial year to ensure self-referral can be	August 2024

	rolled out across all audiology providers consistently.	
Primary/ Secondary care interface	“Strengthening Devon's primary and secondary care interface ” Sign off in University Hospitals Plymouth NHS Trust and Torbay and South Devon Foundation Trust within next two weeks.	March 2024
	Establish locality forums for monitoring and escalation.	May 2024
	Establish regular meeting between Primary Care Medical Director and Secondary Care leads.	April 2024
Workforce	Operational Plan submission.	March 2024
	ARRS year end assessment and reporting, and preparation for new financial year.	April 2024
	Devon Training Hub – confirm funding for current training offers supporting retention across staff groups .	May 2024

Conclusion

Devon has made good progress with the delivery of the Primary Care Access Recovery Plan (PCARP) and is in a strong position regionally.

Although overall access in Devon is in a strong position when compared both regionally and nationally, we recognise there exists variation within the county that we are actively seeking to understand and address.

As a prerequisite of delivering the ambitions of the Fuller report, securing the foundation of good, equitable and consistent primary care access and resilience needs to remain an ongoing area of focus for the ICB as PCARP enters its second year.

Pharmacy First

People in Devon are now able to get treatment for seven common conditions at their local high street pharmacy without needing to see a GP, as part of a major transformation in the way the NHS delivers care in the community.

The service launched on 31 January 2024 and more than 97 percent of community pharmacies in Devon, more than 200 in total, will be offering this service, making it easier and more convenient for people to access care.

Agenda Item 8

Pharmacy First will enable community pharmacists to supply prescription-only medicines, including antibiotics and antivirals where clinically appropriate, to treat seven common health conditions without the need to visit a GP.

Highly-trained pharmacists will assess and treat patients without the need for an appointment for:

- Sinusitis
- sore throat
- Earache
- Infected insect bites
- Impetigo
- Shingles
- Uncomplicated urinary tract infections in women (under the age of 65)

People can get treatment for these conditions by walking into the pharmacy or contacting them virtually. GP receptionists, NHS 111 and providers of emergency care will also be able to direct patients to pharmacies, that offer the service, if contacted.

The pharmacist will be able to speak to patients privately in a separate consultation room. They may perform an examination or ask to access a patient's medical records. The pharmacist will be able to recommend the best course of action on an individual patient basis.

Usual prescription charges will apply for the seven common conditions. Patients that were already exempt from prescription charges will still be exempt.

This major expansion of pharmacy services will give the public more choice in where and how they access care.

Community pharmacies already play a vital role in their communities and work closely with the general practices in their areas. In taking on these additional roles, this will offer more options for people with common conditions, and potentially free up thousands of GP appointments in Devon for those who need them most.

The scheme is part of the NHS and government's primary care access recovery plan, which has committed to making accessing healthcare easier for millions of people.

It builds on the successful expansion of the blood pressure checks and contraceptive pill services that launched in the latter half of 2023, with many of community pharmacies across the South West are now offering women the chance to have a consultation with their pharmacist for a supply of oral contraception without needing to first see their GP.

Offering this free NHS care from community pharmacies will dramatically help improve access for patients and will free up GP capacity at a critical time for the NHS.

We are confident that as this service launches, the community pharmacy sector will deliver for patients and the NHS, just as it did during the Covid-19 pandemic.

Find the nearest pharmacy to you on the [NHS website](#).

National and local communications are being implemented to promote the service to local people.

Local case studies

In the first few weeks since the launch, local pharmacies have been reporting on some of their experiences of being part of the programme, with positive examples of how the service has been used.

- One pharmacy in the Plymouth area completed 23 Pharmacy First consultations on a Sunday. This helped to avoid these people calling 111 or arriving at ED.
- One pharmacy in the Exeter area completed 50 referrals in one week. They have strong relationships with their local GP to obtain these referrals and are used to receiving patient walk-ins. These could have all been same day appointment requests for the GP, helping to save about 10 GP appointments per day.
- One pharmacy reported receiving very appropriate referrals from their local practice. One patient met the gateway and received antibiotic treatment as this was the most appropriate treatment, the others were offered self-care and a follow-up if they did not get any better. The patients said that they felt the service was efficient and worked well.
- One female patient referred into the pathway for UTI treatment met all the criteria but the pharmacist thought that something felt off. The patient had said there was no chance of being pregnant due to having the coil fitted. The patient was referred back to GP just to be on the safe side and returned to confirm she was indeed pregnant. The skill set shown by the team is a reminder that pharmacists are clinically trained with specialist knowledge.
- One patient visited a pharmacy expecting to obtain antibiotics, however due to the pathway this was not the clinically appropriate and instead they were offered advice on self-care. This is helpful feedback in planning our patient messaging as we need to manage patients' expectations and confirm that medications can only be given if it is the appropriate treatment and the clinical pathway suggests this is the most appropriate course of treatment.

Lynton Health Centre

Since Symphony Healthcare Services informed us that they would no longer be running the Lynton Health Centre after 30 April 2024, we have been actively pursuing a suitable alternative to ensure GP provision remains available locally. This involves working with local system partners to determine the best way to maintain high quality GP services.

Agenda Item 8

As the commissioner for local GP services, NHS Devon recognises the service is well-respected and well used by people from the Lynton area and there are no plans to close the practice in April.

Similarly, there are no plans to change the funding available for provision of GP services to the local population.

Our hope is that a new provider will run the service from May when the Symphony contract ends.

We know local people are concerned about the long-term arrangements. As this involves negotiations and potential impacts around procurement regulations, we cannot at the time of writing this paper discuss potential providers or further details, but we will update the community once we have new information.

We hope to be able to share more details in the next few weeks about the expressions of interest received to run the service and what the arrangements will be from May 2024 once the Symphony contract comes to an end.

Advertising and recruitment

NHS Devon have been actively supporting the patient participation group at Lynton with their advertising and recruitment campaign, including providing funding for the advert to be included in national medical journals, and following up with any interested parties who made contact with the Practice Plus Group following their appeal.

We have, following both local and national advertising, identified some local providers who are interested in taking over the running of the service and are in the process of identifying a preferred provider, ready to take over in May 2024.

There has also been no decision made by NHS Devon to reduce the service compared to what is currently available. Unfortunately, the providers who have expressed an interest so far have been unable to commit to a five-day service due to their own staffing and financial limitations. However, final bids have not yet been reviewed and we are still exploring all options for a full service should a suitable GP and/or organisation apply to run the service.

Funding

Funding for GP practices is set nationally based on registered patient numbers. This is not something we can influence locally and we have made no local changes to this. There is a set envelope of funding for Lynton Surgery, and there has been no reduction to funding available for the GP service for the population of Lynton and surrounding area. The available funding has not and will not in any way be reduced.

The 'golden handshake' fee is a national scheme, run by NHS England, that offers a new to partnership payment for GPs who are entering in to their first partnership. If someone was eligible to apply for this, they could. However, no one who has expressed an interest in running the service so far has been eligible for this payment.

Right to a GP

Everybody has a right to register with a GP.

The ICB regularly reviews practice boundaries to ensure there is coverage to all our population. There is no national regulation regarding distance to travel to access GP services, although the ICB is always cognisant of geography, impact of rurality, public transport etc. when making determinations in matters such as practice site changes.

In the case of Lynton, we are continuing to work to secure a solution that will see patients continue to be able to access primary medical services in the town.

ENDS

IASC/24/06
Health and Adult Care Scrutiny Committee
21 March 2024

Assurance of local authority delivery of its duties defined by part one of the care act (2014) by the Care Quality Commission and its contribution to improving services and outcomes for people in receipt of adult social care including through self-assessment.

Report from the Director of Integrated Adult Social Care at DCC

Please note that the following recommendations are subject to consideration and determination by the Committee before taking effect.

1) Recommendation

That the Committee:

- 1.1 Recognise the requirements placed on Integrated Adult Social Care (ASC) through the Care Quality Commission (CQC) assurance framework, and support the service in its preparedness.
- 1.2 That Members of the Committee be supported in their roles regarding assurance of local authority delivery of its duties defined by part one of the Care Act (2014) by:
 - Being offered further Masterclasses on this and related topics.
 - Being briefed on key developments via the newsletter of the Cabinet Member for Integrated Adult Social Care and Health.
 - Having access to a [website](#) containing materials relevant to CQC assurance, a guide to adult social care in Devon, and our self-assessment.
 - Being offered group or individual briefing sessions ahead of any inspection visit by the CQC such as those facilitated by the Local Government Association (LGA) in January 2024.

2) Introduction

- 2.1 The purpose of this paper is to present to Health and Adult Care Scrutiny Committee a summary of the update shared at the Masterclass of 27th February 2024 on assessment by the Care Quality Commission of local authority delivery of its duties defined by part one of the Care Act (2014).

Agenda Item 9

2.2 In particular, to highlight the roles of Members of the Council in this process and to recommend how Members, including those on the HAC Scrutiny Committee, remain briefed and appropriately involved.

2.3 To highlight the availability of an online [‘Guide to Adult Social Care in Devon’](#) and a [‘Self-Assessment of Adult Social Care in Devon’](#) that will be reviewed quarterly and updated annually as a replacement of the annual report that we have published since 2010 in response to the government’s requirement for a ‘local account’ as part of the sector-led improvement approach that preceded the introduction of formal CQC assessment in April 2023.

3) Main body of report

Background to CQC assurance

3.1 In December 2021, the Government launched its White Paper [‘People at the Heart of Care’](#), its 10-year vision for Adult Social Care.



Figure 3.1: Government 10 year vision for ASC (Source: DHSC)

3.2 In laying out that vision, the Government reflected on the approach to Sector Led Improvement it had pursued with the adult social care sector since 2010 and announced it would introduce formal assessment of local authorities’ delivery of their adult social care duties by the CQC.

“ As social care affects a greater number of people at some point during their lives, accountability for services becomes increasingly important for both national and local government.

It is therefore only reasonable for government to want to ensure the ASC system is delivering the right kind of care, and the best outcomes, with the resources available. We also want to be able to readily identify best practice across the system, building on existing sector-led support and improvement programmes.

To achieve this, we want to work with local authorities and the sector to enhance existing assurance frameworks that will support our drive to improve the outcomes and experience of people and their families in accessing high quality care and support, regardless of where they live.

To support these goals, **we propose to introduce through the Health and Care Bill, a new duty for the Care Quality Commission to assess local authorities’ delivery of their adult social care duties.** ”

Figure 3.2: CQC duty to assess local authorities (Source: DHSC)

3.3 The [Care Act \(2014\)](#) duties of local authorities include:

- Market shaping: quality, choice, diversity, affordability, sufficiency; provider failure contingencies
- Provision of social care: assessment, support planning, financial assessment, arranging support, review
- Provision of preventative services and information/advice: reducing, preventing, delaying the need for care and support
- Promotion of individual wellbeing
- Promotion of integration between health and social care services: including integrated commissioning
- Safeguarding: safeguarding of adults at risk and system governance

Other statutory duties of local authorities related to adult social care include:

- Mental Capacity Act (2005): Deprivation of Liberties Standards / Liberty Protection Safeguards
- Mental Health Act (1983): Assessment and treatment of people with a mental health disorder
- Health and Care Act (2022): Integration with NHS through Integrated Care Systems

In Devon, some duties are delivered by partners (Devon Carers, Devon Partnership Trust) and others by other parts of the Council. Whatever arrangements are in place for delivery, the Council remains accountable

3.4 The CQC is implementing a new [Single Assessment Framework](#) across all of its regulation activity.

Our framework will assess providers, local authorities and integrated care systems with a consistent set of key themes, from registration through to ongoing assessment

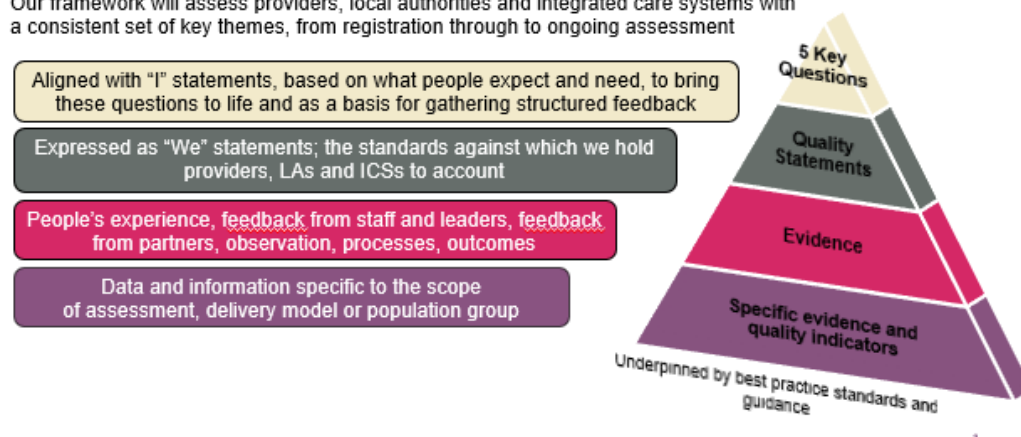


Figure 3.4: CQC Single Assessment Framework (Source: CQC)

3.5 The framework as adapted to [the assessment of local authorities](#) comprises four domains with nine quality statements each accompanied by 'I' and 'we' statements. CQC assessment provides a rating for each of these domains and an overall rating: 'Outstanding', 'Good', 'Requires Improvement' or 'Inadequate'. Evidence considered includes: people's experience; feedback from people, partners, providers, leaders and staff; processes and documents; and outcomes and performance data. The data is mainly drawn from statutory annual returns and surveys. Case tracking is also undertaken.

Agenda Item 9

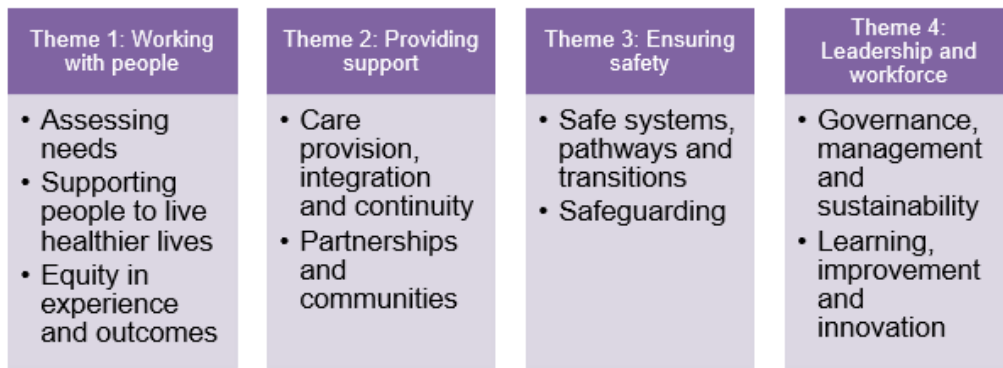


Figure 3.5: CQC domains of local authority assessment (Source: CQC)

3.6 When the [Health and Care Act \(2022\)](#) received Royal Assent in April 2022, primary legislation directed the Care Quality Commission to assure the local authority delivery of its statutory adult social care duties and to assess the effectiveness and impact of [Integrated Care Systems](#) from April 2023. CQC has now published guidance detailing its approach to assessment, has piloted that approach in five local authorities.

3.7 During a 2-year baselining period, CQC anticipate notifying all local authorities with adult social services responsibilities, and has now begun to do so, requiring them to make an information return, facilitate a case tracking exercise, and assist in the arrangement of an inspection visit. The government has outlined its intentions regarding an [approach to support and intervention](#) for those local authorities judged to be less than ‘Good’.

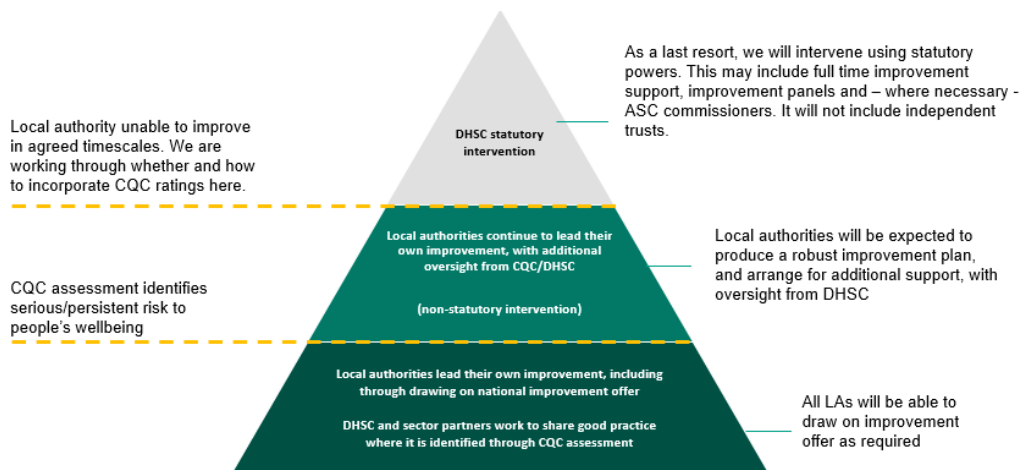


Figure 3.7: Government intervention framework (Source: DHSC)

3.8 Devon County Council has been preparing for assurance reform since legislation was published in Spring 2022 and has arrangements in place to respond to a notification at any time including:

- Submitting a Self-Assessment
- Completing the Information Return
- Undertaking case tracking work
- Facilitating the onsite inspection
- Responding to the outcome.

The role of Members of the Council in CQC assurance.

3.9 The following table outlines the role of Members of the Council in CQC assurance. Which Members are interviewed will depend on an initial assessment by CQC and the resulting key

lines of enquiry but are likely to include the Leader, Lead Member and Chair of the Committee with overview and scrutiny of adult social care.

Ref	Expectation	Implications
1	CQC assurance is of whether the council fulfils its statutory duties as defined in Part One of the Care Act (2014).	Members of the council should be acquainted with the main provisions of the Care Act (2014).
2	CQC will seek feedback from members of the council, in particular the Leader of the council, the Cabinet portfolio holder for adult social care, and members of the Scrutiny Committee that oversees adult social care.	Members of the council who might be interviewed should understand the key aspects of the CQC Assurance Framework.
3	CQC may seek feedback from officers and members in leadership roles responsible for wider council responsibilities e.g., relating to financial sustainability, wellbeing, prevention.	All officers and members in leadership roles should have a high-level understanding of the CQC Assurance Framework and Care Act (2014) Part One.
4	The Health and Wellbeing Board is focussed on population health and wellbeing including measures to prevent, delay and reduce the need for adult social care.	All those on the Health and Wellbeing Board (including members) should have a high-level understanding of the CQC Assurance Framework and Care Act (2014) Part One.
5	The Safeguarding Adults Board is focussed on promoting safeguarding awareness, ensuring safeguarding response, and addressing the underlying causes of safeguarding concerns.	All those on the Safeguarding Adults Board (including members) should have a high-level understanding of the CQC Assurance Framework and Care Act (2014) Part One including the specific safeguarding duties of the Local Authority.
6	Cabinet and Scrutiny have a role in the effective governance of performance and risk management arrangements in adult social care including of quality, sufficiency, and sustainability.	Members to consider whether current reporting arrangements, including the online availability of a 'Guide to Adult Social Care' and 'Self-Assessment', are adequate to enable them to fulfil these expectations.
7	This role includes ensuring that insights from this evidence inform strategy and policy at partnership, corporate, and service levels.	Members to consider whether current approaches to strategy and policy development, including the Strategic Plan, are adequately mindful of Care Act duties and this evidence base.
8	And also that corporate and service level risks including those relating to changes in political and officer leadership, financial sustainability, and organisational change are assessed for their impact on Care Act Duties and mitigated.	Members to consider whether current risk management arrangements are adequately mindful of Care Act duties.

Agenda Item 9

Ref	Expectation	Implications
9	Members listen to the voices of people with lived experience of adult social care services (including service users and unpaid carers) and take feedback into account in their oversight and decision making.	Members to consider whether they are sufficiently sighted on the range of feedback available including through complaints, from Healthwatch, and via our engagement groups
10	The council invites external challenge to challenge its own performance and learn from best practice elsewhere.	Members to consider whether they and officers have been sufficiently involved in peer review and other sector-led improvement activity.

CQC assurance website

- 3.10 In July 2023, Devon County Council commissioned a peer review of adult social care facilitated by the LGA, establishing a [website](#) to contain all key materials relevant to the process, available to all key stakeholders including the peers involved as well as Members of the Council, colleagues across the Council, partners and provider, people who use services and their carers, and the general public.
- 3.11 In their [report](#), the peer team commented that “The Council developed an excellent online Position Statement which helped to guide the Challenge Team in their thinking, along with a comprehensive set of supporting materials. These were delivered in a timely way, and connected through the Position Statement with clickable links, which provides a helpful means of aligning evidence to key statements or sections.”
- 3.12 In preparing for CQC assurance, we have elected to take a similar approach to ensure transparency and visibility, maintaining an online resource of all materials relating to the process in the form of a [CQC Inspection website](#) as a reference for both CQC inspectors and all other stakeholders, that will be populated before and maintained during the assessment process, with the following sections:
- [CQC inspection](#) (including links to CQC guidance)
 - [CQC Inspection Team](#)
 - [Our Guide to Adult Social Care in Devon](#) (to be reviewed quarterly, with a major update annually)
 - [Our Self-Assessment of Adult Social Care in Devon](#) (to be reviewed quarterly, with a major update annually)
 - [Timetable](#) (to be populated following notification)
 - [Communications](#) (to be populated following notification)
 - [Outcomes and Reports](#) (to be populated following notification)
 - [Accessibility and Acknowledgements](#)
- 3.13 CQC advise, but do not require, a Self-assessment and neither do they specify a set format, although they do indicate that its absence may suggest to them a lack of self-awareness within the local authority and question whether a learning and improvement cycle is in place, and could result in a longer onsite inspection period with additional interviews. They suggest a Self-Assessment is an opportunity for local authorities to:
- Assess and judge performance in relation to the quality statements
 - Use evidence to support judgements
 - Highlight key successes, risks and challenges

- Identify actions needed to address the most pressing risks.

3.14 In their evaluation report that followed the five pilot inspections, CQC comment that the local authorities involved found the self-assessment part of the process a useful exercise, with most considering it an essential part of the process that they have or would embed in their annual cycle. Although offering no detailed guidance or template, CQC also commented on the variety of approaches taken and length of submissions. Consequently, we have restructured our position statement from the LGA peer review, creating a 'Guide to Adult Social Care in Devon containing the information-giving aspects and a 'Self-Assessment of Adult Social Care in Devon' containing the evaluative aspects, focussed on the key questions:

- 'What are you proud of?'
- 'What risks and challenges are you concerned about?'
- 'What are you doing to improve?'

Our 'Guide to Adult Social Care in Devon'

3.15 The current version of the '[Guide to Adult Social Care in Devon](#)' includes the following sections, aligned to areas the CQC framework and published reports suggest they are most interested in:

- [Introduction: Tandra Forster, Director of Integrated Adult Social Care](#)
- [Introduction: Councillor James McInnes, Cabinet Member for Integrated Adult Social Care and Health](#)
- [Introduction: Sara Randall Johnson, Chair of Health and Adult Care Scrutiny Committee](#)
- [Context: our place and its population](#)
- [Context: the pandemic, cost-of-living crisis, and recovery](#)
- [Context: our services and who they serve](#)
- [Context: our adult social care providers and workforce](#)
- [Context: our activity, cost and spend](#)
- [Context: the outcomes that people achieve](#)
- [Context: the national situation](#)
- [How we work: our vision and strategies to promote independence](#)
- [How we work: our annual service plan](#)
- [How we work: our council](#)
- [How we work: our partners](#)
- [How we work: our approach to prevention](#)
- [How we work: our support to unpaid carers](#)
- [How we work: our operational services](#)
- [How we work: our approach to safeguarding](#)
- [How we work: our approach to commissioning](#)
- [How we work: in partnership with our market of social care providers](#)
- [How we work: developing the social care workforce](#)
- [How we work: listening to those we work for](#)
- [How we work: listening to those we work with](#)
- [How we work: improving equality of access, experience and outcome](#)
- [How we work: managing change](#)
- [How we work: ensuring financial sustainability](#)
- [How we work: our approach to assurance and improvement](#)
- [How we work: our approach to risk management](#)

Agenda Item 9

- 3.16 As in our Annual Report in previous years, we have included a summary of the Health and Adult Care Scrutiny Committee in some [introductory words from the Chair](#) Councillor Sara Randall Johnson.

Our 'Self-Assessment of Adult Social Care in Devon'

- 3.17 The current version of the '[Self-Assessment of Adult Social Care in Devon](#)' includes the following sections, aligned to the CQC framework, its domains and quality statements:

- [Introduction: leadership](#)
- [Evidence base: leadership](#)
- [Self-Assessment: leadership - governance, management, and sustainability](#)
- [Self-Assessment: leadership - learning, improvement, and innovation](#)
- [Introduction: working with people](#)
- [Evidence base: working with people](#)
- [Self-Assessment: working with people - assessing and reviewing needs](#)
- [Self-Assessment: working with people - supporting people to live healthier lives](#)
- [Self-Assessment: working with people - equity in experience and outcomes](#)
- [Introduction: providing support](#)
- [Evidence base: providing support](#)
- [Self-Assessment: providing support - care provision, integration, and continuity](#)
- [Self-Assessment: providing support - partnerships and communities](#)
- [Introduction: ensuring safety](#)
- [Evidence base: ensuring safety](#)
- [Self-Assessment: ensuring safety - safe systems, pathways, and transitions](#)
- [Self-Assessment: ensuring safety - safeguarding](#)
- [Summary: what we are proud of and concerned about](#)

- 3.18 In the [summary](#), we highlight six things to be proud of:

- In 2022-23 Devon had 16/26 indicators from the Adult Social Care Outcomes Framework ranked in the top two quartiles, up from 13/26 in 2020-21, with improvements on most measures over the last two years.
- Our overall satisfaction ratings for service users and their quality-of-life indicator based on survey questions about their lived experience were among the best in the country, ranking 11/152 and 27/152 respectively.

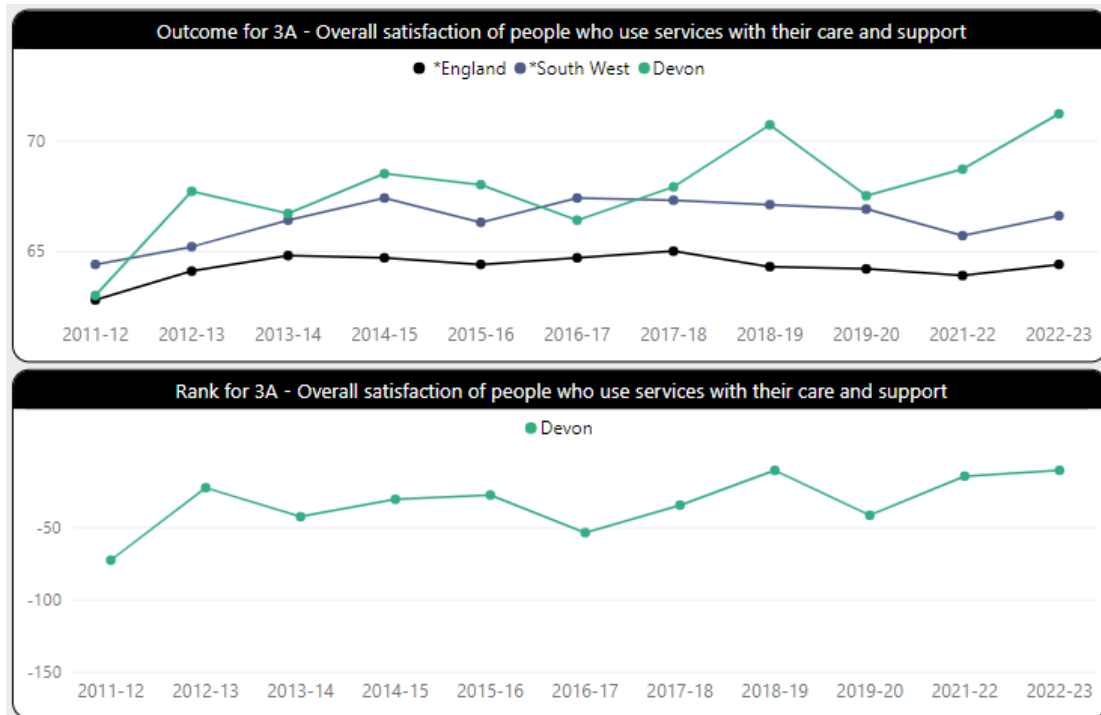


Figure 3.18.1: Overall satisfaction of people who use services (Source: ASCOF)

- Our provider quality ratings in Devon judged by the Care Quality Commission exceed the national, regional and comparator authority averages with 76% of community-based services and 86% of care homes in Devon rated Good or Outstanding by the Care Quality Commission.

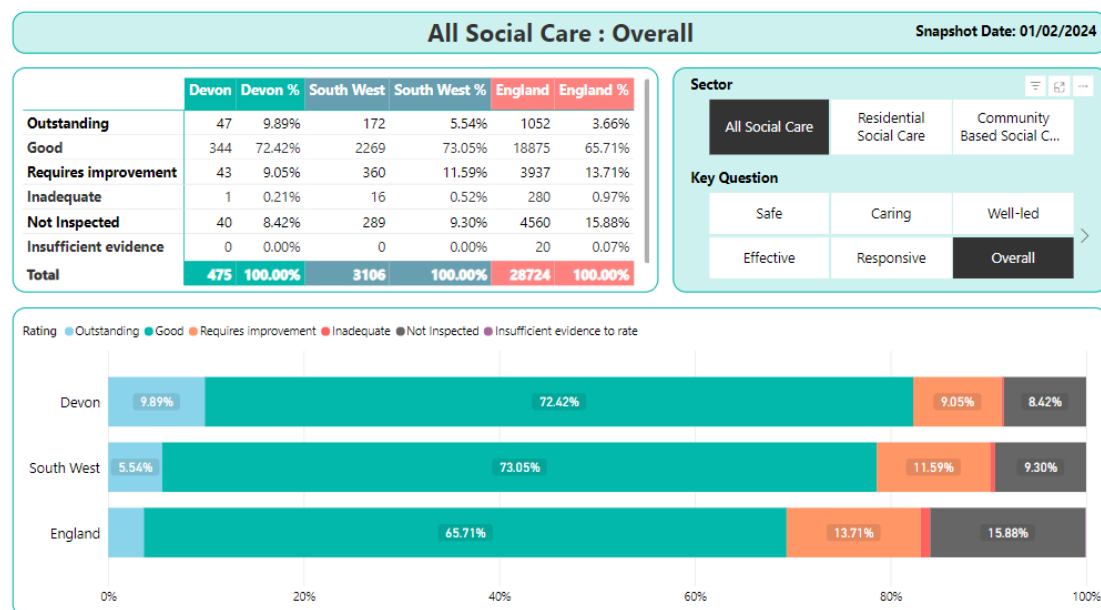


Figure 3.18.2: CQC ratings of providers in Devon (Source: CQC)

- Our vaccination rates, with 96% of care home residents and 94% of care home staff in Devon receiving two or more doses of a vaccine against Covid-19; the fatality rate in care homes in Devon relative to population from Covid-19 was 27/152, among the lowest in the country.
- Our staff and providers have been nominated for and won many national and regional awards in the last two years, including gold and silver awards in the National Social Worker of the Year, building on our strong showing in recent years.

Agenda Item 9

- Improvements in the sufficiency of the regulated personal care where two years ago we were unable to source up to 6,000 hours each week, now reduced to around 300, with contingencies in place to keep people safe.

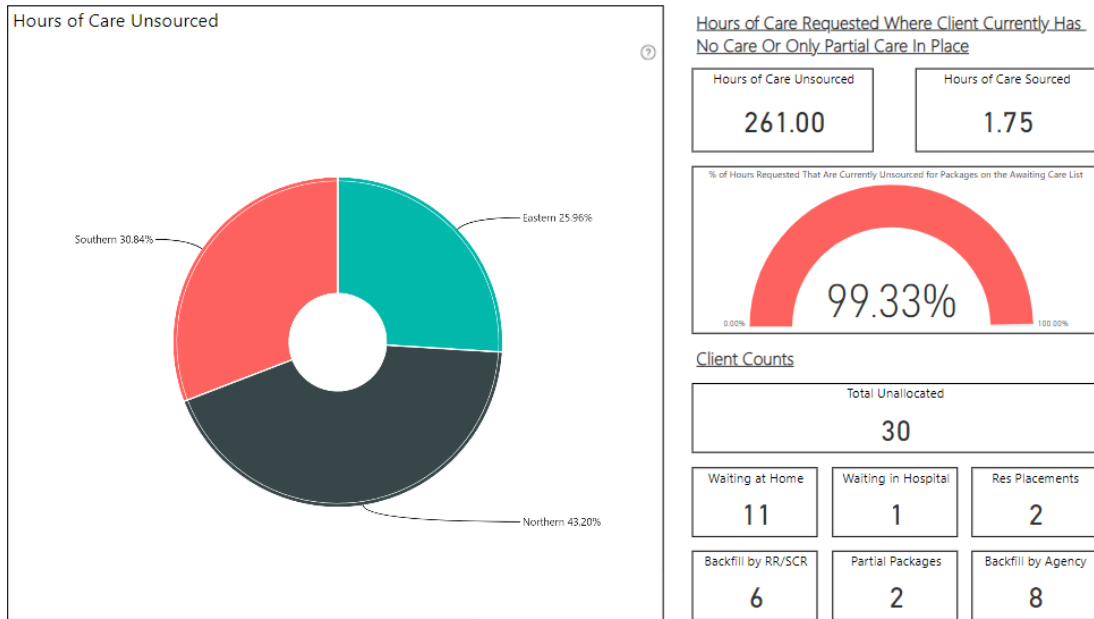


Figure 3.18.3: Unallocated Personal Care in Devon 2/24 (Source: Internal)

3.19 In the [summary](#), we highlight seven areas of concern:

- Financial sustainability, with the cost-of-living crisis impacting on people who use our services and their carers, people who might become vulnerable, the viability of our providers, and county council budgets.
- Maintaining our generally high staff morale, with our recent leadership surveys indicating colleagues are becoming concerned about the pace of change and the potential for demands to be increasing as capacity decreases.

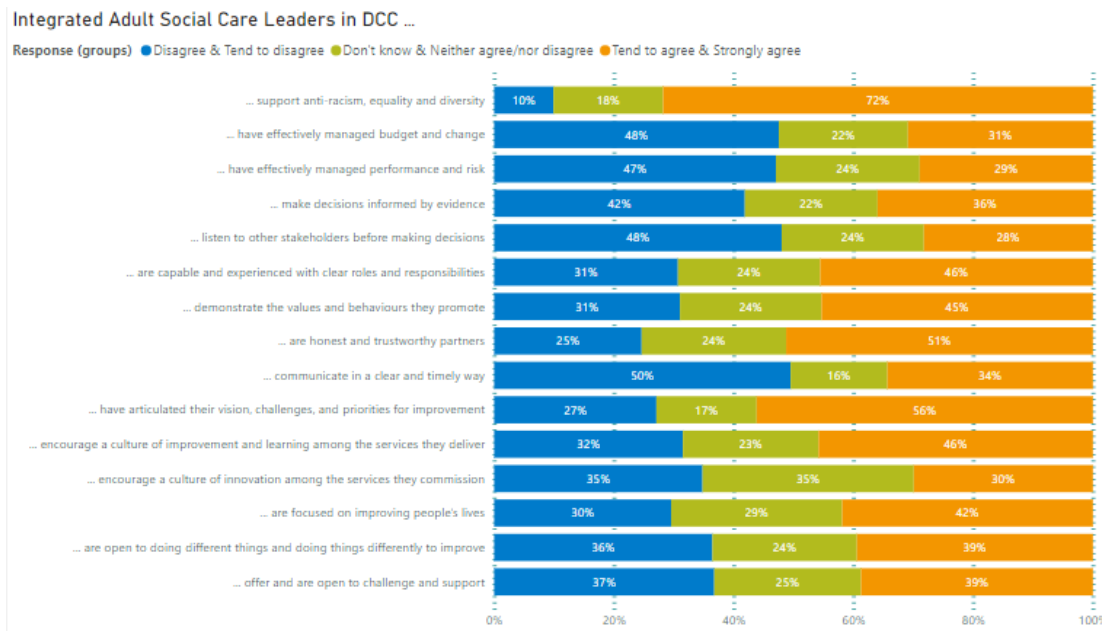


Figure 3.19.1: Leadership survey 12/23 (Source: Internal)

- Hospital discharge and system flow, with delays sometimes due to lack of capacity in community-based health and care services, which can mean people don't get the right care at the right place at the right time to optimise their recovery.

- Operational waiting lists for assessments and reviews, with our own capacity constrained, demand increasing, and people's circumstances changing more frequently.

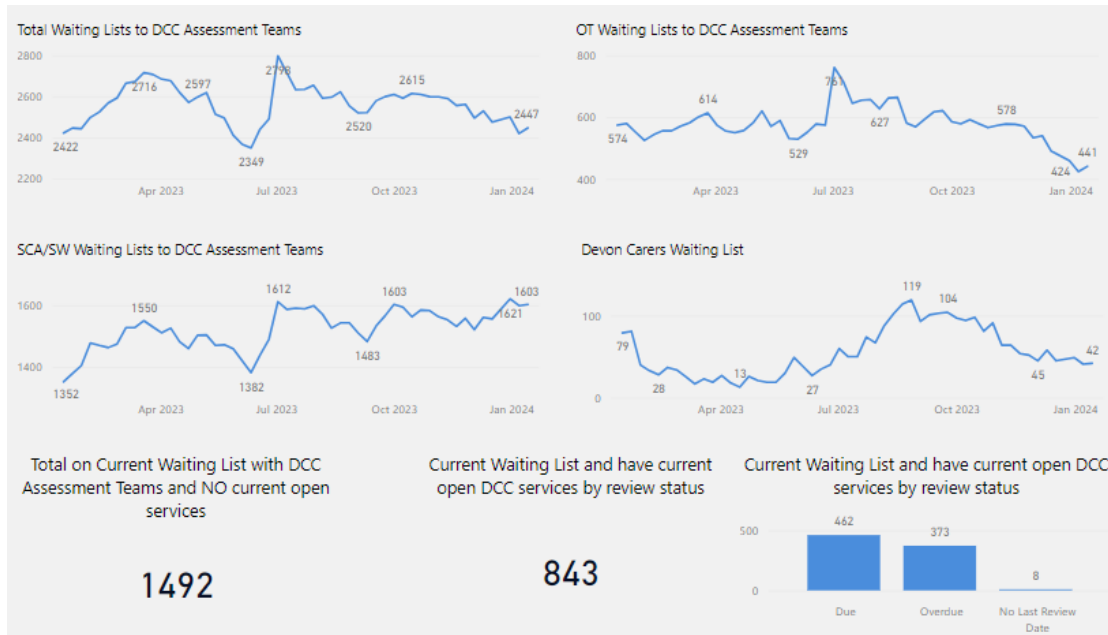


Figure 3.19.2: Waiting lists 2/24 (Source: Internal)

- Replacement care and short breaks for unpaid carers, with their social isolation and its impact on their wellbeing highlighted in recent surveys as being of particular concern, especially in rural areas.

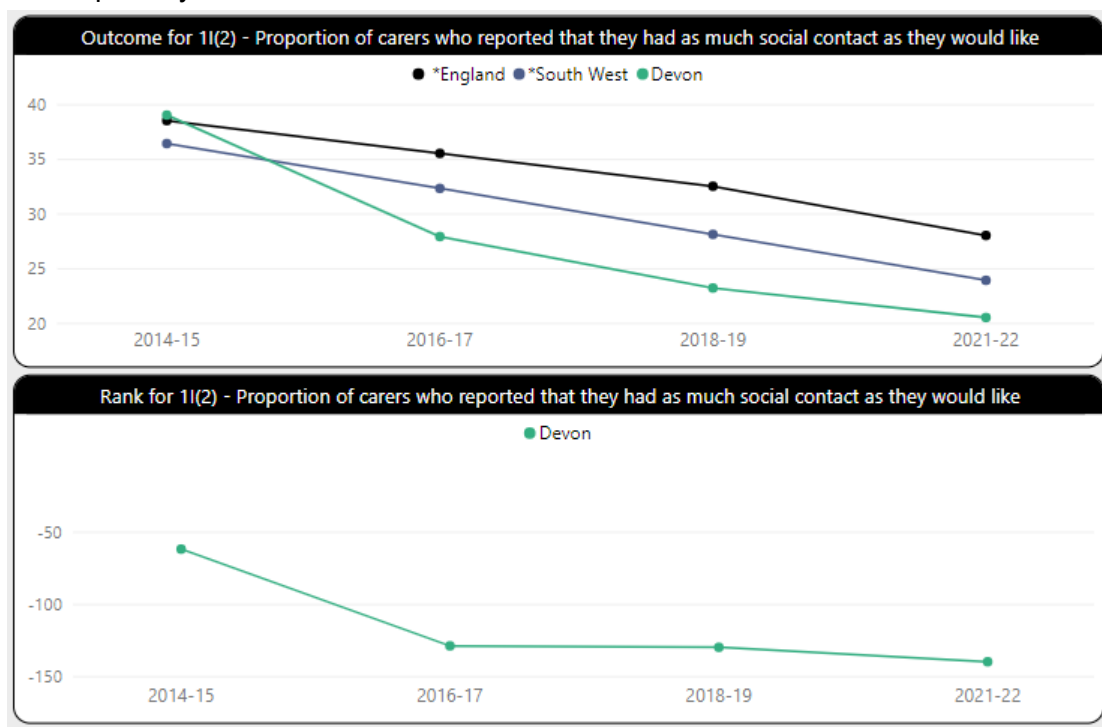


Figure 3.19.3: Social isolation of unpaid carers (Source: ASCOF)

- Demand pressures from those aged 18-64, with activity levels higher in Devon than elsewhere, and market costs rising more rapidly than is typical, especially for services to older people, both residential and community based.
- Consistency of safeguarding practice, ensuring that decision-making and thresholds are comparable across localities, and that learning from Safeguarding Adults Reviews and

Agenda Item 9

other Serious Incidents is embedded in learning and development and impacts on practice.

3.20 In the [summary](#), we highlight six challenges ahead:

- Delivering on our 'Promoting Independence' vision and 'Living Well', 'Ageing Well', and 'Caring Well' strategies including maintaining people at home and not in hospital or a care home wherever possible.



Figure 3.20.1: Our vision and strategies (Source: Internal)

- Living up to the vision that people should be supported to live their best possible life in the place they call home, with the people and things they love, in communities where people look out for each other, doing what matters to them and be independent, informed, secure, and connected.
- Managing within a budget that while increasing is under pressure from rising demand, increasing costs, insufficient supply, cost of living pressures, and falling council income.

	2023/24		Other Growth and Pressures	Savings Plans and additional income	2024/25 Target Budget	Net Change	
	Adjusted Base Budget	Inflation and National Living Wage				£'000	£'000
Integrated Adult Social Care	340,245	29,887	20,025	(29,411)	360,746	20,501	6.0%
Children and Young People's Futures	206,278	9,795	20,862	(9,150)	227,785	21,507	10.4%
Public Health, Communities and Prosperity	21,678	533	289	(1,577)	20,923	(755)	-3.5%
Corporate Services	49,755	2,160	1,361	(4,831)	48,445	(1,310)	-2.6%
Climate Change, Environment and Transport	81,619	6,144	2,348	(4,629)	85,482	3,863	4.7%
Total Service Budgets	699,575	48,519	44,886	(49,598)	743,382	43,807	6.3%

Figure 3.20.2: Devon County Council budget 2024-5 (Source: Internal)

- Maintaining flow through the health and care system, especially during winter when we are facing outbreaks of infectious diseases, and pent-up demand for NHS services.
- Recruiting, retaining, and developing sufficient staff to deliver on our statutory duties and maintain sufficient, diverse, and high-quality services including working with providers to develop their capacity and innovate new services.

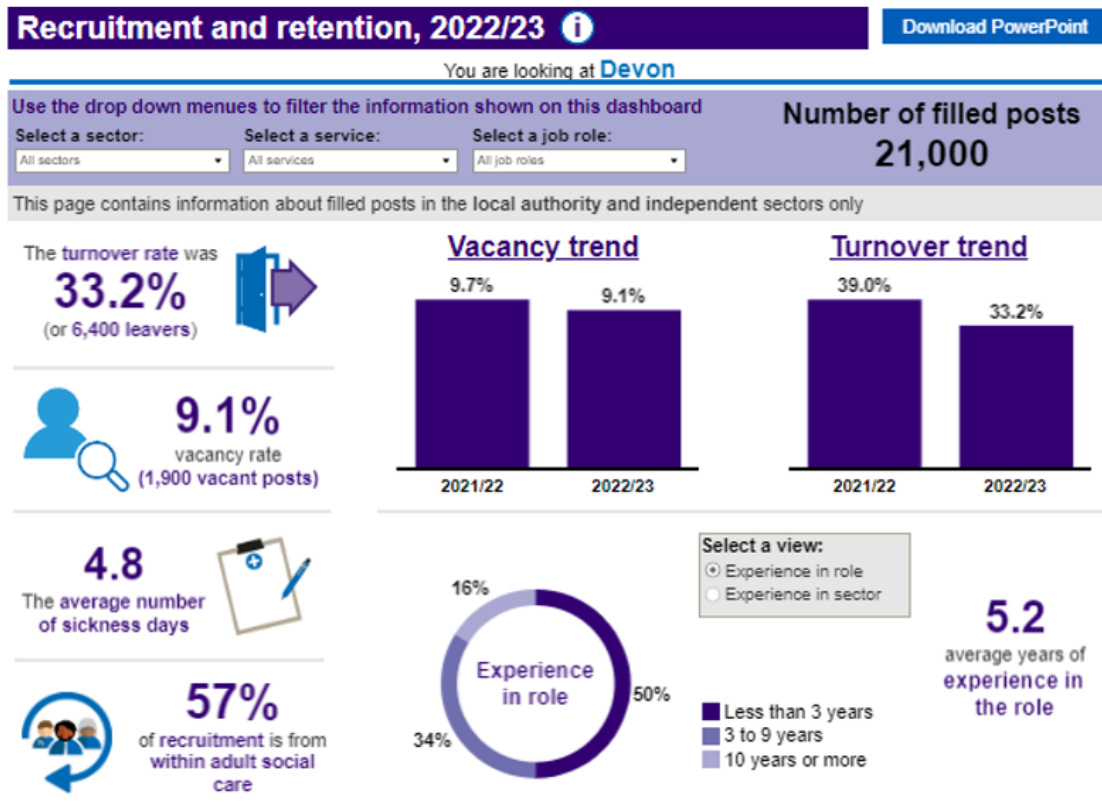


Figure 3.20.3: Workforce turnover, vacancy and absence (Source: SfC)

- Strengthening our governance in line with a corporate review, and building on the changes we have made to the governance of assurance and change in adult social care, continuing to reinvigorate practice quality assurance.

4) Options / Alternatives

Each year IASC produces a 'Local Account', an annual report setting out our performance on the previous 12 months. This year, and as a result of the new CQC inspection of ASC, locally we have combined these two documents and delivered our Local Account in the online self-assessment format compliant with accessibility standards. An alternative option would be to produce two separate documents with significantly overlapping content.

5) Consultations / Representations / Technical Data

N/A

6) Strategic Plan

N/A

7) Financial Considerations

N/A

8) Legal Considerations

N/A

Agenda Item 9

9) Environmental Impact Considerations (Including Climate Change, Sustainability and Socio-economic)

N/A

10) Equality Considerations

The CQC will explore inequalities of access, experience and outcome across protected characteristics. This report, and our wider preparation for inspections, ensure we are focussed on this and work towards eliminating any inequalities

11) Risk Management Considerations

N/A

12) Summary

That the Committee:

12.1 Recognise the requirements placed on Integrated Adult Social Care (ASC) through the Care Quality Commission (CQC) assurance framework, and support the service in its preparedness.

12.2 That Members of the Committee be supported in their roles regarding assurance of local authority delivery of its duties defined by part one of the Care Act (2014) by:

- Being offered further Masterclasses on this and related topics.
- Being briefed on key developments via the newsletter of the Cabinet Member for Integrated Adult Social Care and Health.
- Having access to a [website](#) containing materials relevant to CQC assurance, a guide to adult social care in Devon, and our self-assessment.
- Being offered group or individual briefing sessions ahead of any inspection visit by the CQC such as those facilitated by the Local Government Association (LGA) in January 2024.

Name

Tandra Forster, Director of Integrated Adult Social Care, Devon County Council

Electoral Divisions: All

Cabinet Member for Integrated Adult Social Care and Health: Councillor James McInnes

Local Government Act 1972: List of background papers

Background Paper Nil

Contact for enquiries:

Name: Damian Furniss

Telephone: 01392 38300

Address: County Hall, Topsham Road, Exeter, EX2 4QD

LDS/24/15
Health & Adult Care Scrutiny Committee
21 March 2024

Quality Accounts - Meeting with Providers Health & Adult Care Scrutiny Standing Overview Group

Please note that the following recommendations are subject to consideration and determination by the Committee before taking effect.

Recommendations

that the Committee be asked to share the learning from the most recent meeting with health providers to inform its ongoing role with the Quality Accounts process and future Scrutiny work programme.

Background

Healthcare trusts are required under the Health Act 2009 and subsequent Health and Social Care Act 2012 to produce and publish an annual Quality Account. Quality Accounts detail quality and safety improvements from the previous year as well as planned improvements for the year to come. The Department of Health and Social Care requires the publication of a Quality Account by 30 June each year.

Prior to the Covid-19 pandemic in 2020, NHS providers had routinely delivered presentations to the members of the Standing Overview Group, on their Quality Accounts and their priorities in terms of improvement. This process informed the Quality Account statements which are produced by the Health and Adult Care Scrutiny Committee and sent to the providers to be incorporated into their Quality Accounts.

The reporting of Quality Accounts was significantly disrupted during the pandemic which made a single evidence session impractical – due to timeframes and frontline availability. The Committee has always been mindful of not adding additional pressures to stretched services, but in getting back to normal working it was agreed in September 2023 to reinstate sessions with the providers to discuss their Quality Accounts and overall performance, and report back to Committee.

On 8 February 2024 the Standing Overview Group of the Health and Adult Care Scrutiny Committee met with the following providers:

- Devon Partnership NHS Trust
- Torbay and South Devon Healthcare NHS Foundation Trust
- University Hospitals Plymouth NHS Trust
- South Western Ambulance Service NHS Foundation Trust
- Royal Devon University Healthcare NHS Foundation Trust

Members in Attendance

- Cllr Sara Randall Johnson (Chair)
- Cllr Jess Bailey
- Cllr Richard Chesterton
- Cllr Ian Hall
- Cllr Linda Hellyer
- Cllr Claire Hodson
- Cllr Pru Maskell
- Cllr Martin Wrigley

Providers

Devon Partnership NHS Trust

- Chris Burford, Chief Nurse & Allied Professions
- Shaun Alexander, Head of Experience, Safety and Risk
- Phillip Mantay, Chief Executive Officer (Acting) / Chief Finance Officer

Devon Partnership NHS Trust (DPT) Annual Quality Account Improvement Priorities 2023/24

1. Safe, high-quality information
2. Restorative just and learning culture
3. Safe from suicide
4. Safe from unnecessary restriction
5. Safe and effective use of medication
6. Sexual safety
7. Safe physical healthcare

Summary of the Trust's most recent Quality Account - [Quality Account 2022/23](#).

During discussion with Members reference was made to the following:

- Historically, there has been insufficient funding allocated to mental health provision; and there remains a gap to meet the prevalence of need. It is increasingly challenging to meet demand; a national conversation is needed with a focus on additional resources. There are unprecedented levels of demand, particularly in inpatient wards, emergency departments and older people, as well as diagnostics and services for children. Members highlighted prevention and the need to reduce wait times. DPT has transformed its community mental health offer but caseloads remain high in respect of virtual wards where people are treated at home.
- DPT's new Patient Safety Incident Response Framework (PSIRF) has gone live. The PSIRF sets out a new approach in the way that the NHS responds to patient safety incidents which increases the effectiveness of the learning that is gathered and support the improvement of patient safety across all services. DPT's PSIRF plan will be published shortly and will be reviewed over the next 12 months.
- DPT are continually looking at patient experience, and co-design their services with patients.
- DPT know all the individuals with a learning disability engaged in their services, and in the wider community. Work with in-patient hospitals and their community services are quickly aware if there are issues around safe physical healthcare. Improvements have been made but there is still work still to be done.
- DPT's electronic patient record was affected by a provider having a computer virus. Now moved to System 1, confident in arrangements for record system.
- The number of people placed in out of area placements has reduced which is positive but Devon has a low number of beds per head of population. It is suboptimal to have people placed away from family and DPT continue to work in this area.
- The introduction of [Right Care, Right Person](#) in January 2024 provides a framework for assisting the police with decision-making including when they should be involved in responding to reported incidents involving people with mental health needs. It is early days but it brings opportunities to help to reduce inappropriate police involvement in care and support and better access to mental health specialists.
- The drain in experienced staff is an issue across the whole health system. Members highlighted the renewed emphasis on apprenticeships. The numbers of people in apprenticeships is increasing but it will take 5 years to realise the investment. There needs to be the right infrastructure in the organisation to support staff retention. It is essential to engage earlier with schools and colleges to promote and support young people to consider apprenticeships. DPT have had 60 international recruits over the last 12 months.

Torbay and South Devon Healthcare NHS Foundation Trust

- Liz Davenport, Chief Executive
- Nicola McMinn, Interim Chief Nurse

<p>Torbay and South Devon Healthcare NHS Foundation Trust Annual Quality Account Improvement Priorities 2023/24</p>
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- | |
|---|
| <ol style="list-style-type: none"> 1. Zero avoidable deaths 2. Continuously seek out and reduce harm 3. Falls prevention 4. Improved identification of the deteriorating patient 5. Improved experience on discharge |
|---|

<p>Summary of the Trust's most recent Quality Account - Quality Account 2022/23</p>

During discussion with Members reference was made to the following:

- Members highlighted issues raised with the 2023 'Requires Improvement' CQC rating the Trust received, with particular reference made to IT and staff inequalities. The Chief Executive advised that the Trust fully endorses the CQC report and recognises the positives but also the negatives with decisive action being taken as a result.
- 100% compliance target with patient nutrition and hydration.
- Patient Safety Incident Response Framework (PSIRF) was launched on 1 February 2024. Prior to the launch 12 months preparatory work took place.
- The Trust are going to be working with the ICB on targeting intervention on health inequalities.
- The task of checking vital signs has been delegated; the importance of staff training to complete this is important. The overall responsibility for vital signs remains with the registered nurse who will still check observations. There needs to be accountability and ownership of the patient.
- In the process of procuring a new electronic patient record system with implementation planned for 2025. The system will be the same as RDUH, which will be extremely helpful to patients accessing different settings.
- Signed off the Diversity and Equality Action Plan, with an extensive training programme and communication strategy.
- In terms of patient falls, after action reviews are taking place rather than waiting for an investigation, this involves immediately looking at risk assessments and what happened, to avoid either the patient or anyone else falling. The Trust is learning much faster and the number of falls is decreasing as a result.
- Staffing, retention, and recruitment remains a significant issue for all the Trusts. While there are a variety of reasons people want to live in Devon, the challenge is a lack of people qualified in certain roles, such as in urology where there is a lack of urologists nationally. However, the Trust has not seen a trend in losing specialist staff.
- In nursing, the Trust are receiving considerable support from universities and colleges; many of the apprenticeship programmes are now oversubscribed. A pharmacy training school has been commissioned which is very helpful. The Trust has strong links with local education establishments and tries to create opportunities for local communities, which in turns helps to address some of the economic challenges in the area. With the New Hospital Programme there is demand for other professions such as: engineers, plumbers, electricians, etc.

University Hospitals Plymouth NHS Trust

- Jayne Glynn, Head of Regulatory Compliance & Assurance
- Rachel O'Connor, Director of Integrated Care, Partnerships & Strategy

University Hospitals Plymouth NHS Trust Annual Quality Account Improvement Priorities 2023/24

- Value our people including increasing staff engagement and be recognised as being the top trust to work for within the Southwest
- Deliver safe, high quality services
- Providing services in a sustainable way

Summary of the Trust's most recent Quality Account - [Quality Account 2022/23](#)

During discussion with Members reference was made to the following:

- The Trust are working to reduce the numbers of people waiting for elective care, following the pandemic. Strong progress was reported in performance against the Trust's metrics. Ambulance handover time has however deteriorated and is at the heart of the Trust's improvement programme. Diagnostic waits have also increased with work underway to recover that position.
- The Standing Overview Group highlighted recent critical incidents at the hospital. The Trust expected an increase in demand of 2% this year, but demand increased by 10%, a significant increase in numbers and impact. The Trust is about 10 'majors' beds short in the Emergency Department at Derriford for those very poorly.
- Timeliness of flow, discharge targets and rate: Significantly delayed transfers of care is an important factor - more so from Cornwall County Council than Devon. The Trust is working with partners to address. The Trust's current top priority is to reduce ambulance holds and improve hospital flow.
- Staff wellbeing. There has been a significant change over the past 12 months with a new programme to support – trying to improve work life balance, better support staff wellbeing and providing the right help at the right time. While staff networks have been there for some years they are better established now. Recognising that work can take a huge toll on staff, staff wellbeing areas have been set up. The Trust won an industry award for a cost-of-living offer to staff, and continue to look at holistic range of support, but there is always more that can be done in this regard.
- Multifactorial reasons for the increased demand on the system. The ICB are doing a deep dive on the growth and better management of demand. Derriford was reported to be an outlier due to an increase in demand in primary care as well as higher demand on emergency care. The new care coordination model that connects with SWASFT allows better join up across the system with this and helping with signposting to alternatives in the community for patients to seek urgent as opposed to emergency care.

South Western Ambulance Service NHS Foundation Trust

- Lisa Vogwill, Deputy Director of Nursing and Quality

South Western Ambulance Service NHS Foundation Trust Quality Improvement Priorities 2023/24

- Patient Safety Priority - Development and implementation of the Patient Safety Incident Response Framework (PSIRF)
- Patient Engagement Priority - Delivering the Learning Disabilities Plan to improve the experience of patients with learning disabilities and autism
- Clinical Effectiveness - Priority Improving care and experience of patients experiencing an acute stroke to improve the call cycle for patients experiencing suspected strokes.

Summary of the Trust's most recent Quality Account - [Quality Account 2022/23](#)

During discussion with Members reference was made to the following:

- The implementation of the Patient Safety Incident Response Framework (PSIRF) from 1 January 2024 focuses on incidents at all different levels, ensuring, alongside partners, there are lessons learned. Publication of information/guidance for patients, families and colleagues. Completion of first Patient Safety Incident Investigation. Ongoing review and development of PSIRF processes. Staff training programme has included ICB colleagues.
- The Learning Disability Plan involves a number of strands of work including the recruitment of a Learning Disabilities Lead, and the planned delivery of Tier 2 Oliver McGowan training through 2025-26.
- The Standing Overview Group welcomed the focus on acute stroke as a key priority for the Trust. It was reported to Members that the 12-week pilot appears to be delivering benefits. Working with clinicians to skill them up on identifying strokes. Continuing to identify barriers to transient ischaemic attacks (TIAs) or 'mini-strokes' referrals and areas for improvement. Work is underway to finalise a Public Health screening training package for Trust volunteers.
- It was too early to comment on the impact of [Right Care, Right Person](#), but this will be monitored closely. The Trust works with 5 police forces and they are all doing things slightly differently. The aim is that more personalised care will lead to a reduction in police interventions where individuals are in distress.
- In terms of recruitment, the Trust has opened up multiple pathways for people to work for the organisation. A number of exciting developments include a focus on work to support students so they want to stay.
- Incident reporting of near misses. Looking at trends to try to stop these incidents from happening – early prevention here is crucial.

Royal Devon University Healthcare NHS Foundation Trust

- Carolyn Mills, Chief Nursing Officer

Royal Devon University Healthcare NHS Foundation Trust Annual Quality Account Improvement Priorities 2023/24

- Staff retention
- Support to patients experiencing mental ill-health
- Implementation of NatSSIPs2
- Our Quality Culture
- Improving Learning from Incidents
- Accessible services

Summary of the Trust's most recent Quality Account - [Quality Account 2022/23](#)

During discussion with Members reference was made to the following:

- Quality Account priority identification at the Trust is not a top-down approach. Executive/Senior Leadership work with staff and Governors to identify key priorities for improvement which support the Trust in achieving its long-term quality goals.
- The Trust has a complex estate and there are difficulties in terms of patient accessibility. However, work is underway to improve communication to patients, with a targeted focus on communication for deaf service users and hard of hearing, and accessibility of health information i.e., patient information leaflets.
- Staff retention has improved along with recruitment. Post Covid-19 there was a 25% vacancy rate, but the Trust is currently in a much better position which remains very positive as the Trust is almost fully recruited. The Trust has also undertaken a piece of work on controlling agency usage and strict scrutiny and controls are now in place.
- The work on near misses and never events is a very important drive from NHS England, and one which the Trust fully supports in terms of patient safety and raising standards and performance.
- Devon is a forerunner with the Epic IT system, and while there have been some initial issues, it remains a fantastic system. The interface between RDUH staff and patients in community teams is also excellent. Work is ongoing across the Peninsula, with the ambition to have one system with Torbay and Plymouth which would offer huge advantages. If Epic is being used Devon wide with the other Trusts then that would undoubtedly lead to further increases in its usage across the wider health system. GPs can access Epic, but not all have this system so work is continuing through the ICB to increase this uptake in primary care.
- The Trust has not seen as much Covid 19 or flu as last year and is now managed as business as usual like flu is, except within high risk groups. Patients with Covid 19 are no longer routinely tested or isolated as per national guidance and local policy.

Conclusion

The Committee thanked providers for attending and recognised the work that they are undertaking to develop and sustain a culture of continuous improvement to the quality of health services in the County ensuring that patients are always at the centre of the process.

Members also expressed enormous thanks to staff from the Trusts for their work though what has been an extraordinarily challenging time.

This light touch review of the Trusts' Quality Account priorities is intended to pave the way for further Scrutiny moving forward on the 2023/24 Quality Accounts through the Committee's formal response to these and also with a further session with providers later in the year to look in more detail at progress against these priorities.

Options / Alternatives

The report is the summary of a Scrutiny Standing Overview Group meeting. Scrutiny does not make decisions and this report does not propose any alternatives.

Consultations / Representations / Technical Data

As above, there are no specific considerations in regard to consultations, representations and technical data in this report.

Strategic Plan

The alignment of all Scrutiny activity with the Strategic Plan is detailed on the Scrutiny work programme. The issues raised in the report and the benefit of developing member knowledge, and the 'critical friend' challenge of Scrutiny contribute to the Council achieving its strategic plan. Improving Member knowledge on key issues contributes to the Council's commitment to being a trust, inclusive and innovative Council. It ensures good decision making and that the Council listens and learns.

Financial Considerations

There are no specific financial considerations in this report.

Legal Considerations

There are no specific legal considerations in this report.

Environmental Impact Considerations (Including Climate Change, Sustainability and Socio-economic)

There are no specific environmental impact considerations in this report.

Equality Considerations

There are no specific equality considerations in this report.

Risk Management Considerations

The activity of Scrutiny Standing Overview Groups contributes to the mitigations for:

Ineffective Member Scrutiny defined as: 'Due to ineffective scrutiny, the level and quality of service management may drop, leading to financial mismanagement or harm to staff and/or citizens and reputational damage e.g. Grenfell.

Member Effectiveness defined as: 'Inadequate member effectiveness due to a lack of training, support and knowledge leads to a lack of challenge to corporate officers and/or poor decision making, resulting in a negative effect on the County's citizens (poor value for money, poor service delivery, harm, etc).

Electoral Divisions: All

Local Government Act 1972: List of background papers - Nil

IASC/24/07
Health and Adult Care Scrutiny Committee
21 March 2024

HEALTH AND CARE GENERAL UPDATE PAPER

Joint report from the Director of Integrated Adult Social Care at DCC, the Director of Public Health, Communities & Prosperity at DCC, and the Chief Medical Officer of NHS Devon

Please note that the following recommendations are subject to consideration and determination by the Committee before taking effect.

1) Recommendation

That the Committee be asked to note this report.

2) Background / Introduction

2.1 The report contains updates on key and standing items, and general information including on responding to specific actions, requests or discussions during the previous Health and Adult Care Scrutiny Committee meeting.

3) Devon County Council Integrated Adult Social Updates

3.1 IASC Finance Update

3.1.1 A verbal update on the month 10 position can be provided at the Health and Adult Care Scrutiny Committee on the 21 March once the DCC wide budget update papers have been published and the Cabinet discussion has taken place on the 13 March.

3.2 DCC contribution to the 18+ homelessness prevention fund

3.2.1 Following on from discussion at the February Cabinet and contributions from the Health and Adult care Scrutiny Committee. The Lead Member for Adult Social Care and Health made a Cabinet Member decision to approve the continuation of the DCC contribution to the 18+ homelessness prevention fund.

3.2.2 This will ensure the DCC contribution to districts for homelessness services, and provide further time for engagement with districts on the longer-term redesign and arrangements of homelessness prevention and homelessness service across the whole of Devon. This will be taking place through Team Devon.

Agenda Item 11

3.3 North Devon Link Service, and Learning Disability Day Centre Consultations update

3.3.1 The Health and Adult Care Scrutiny Committee has been engaged throughout both the consultations. A verbal update on the outcome of the Cabinet discussions and any decision made on the 13 March will be provided to the Health and Adult Care Scrutiny Committee on the 21 March.

3.4 Young People in Transition to Adulthood

3.4.1 The Transitions programme seeks to bring together internal services with a role in supporting SEND agenda through a more joined up approach, to assessment, case management and commissioning, working alongside partners in Health, Education and Housing to improve the journey of transitions for young people and their families.

3.4.2 At the heart of this renewed approach will be two primary outcomes for the authority over the next three to five years:

- Improving outcomes for SEND Young People as they move into adulthood
- Improving financial effectiveness and sustainability, ensuring that services are operating coherently and seamlessly, both internally and with partners organisations.

3.4.3 Over the last 12 months resources in Adult Social Care were deployed to create a centralised countywide team to support transitions activity and address waiting times for assessment. Plans are in place to maintain this approach moving forward. This will provide a common pathway for all young people referred to the service for support and assessment in the future, with an extended offer to young people with a diagnosis of Autism and/or ADHD from April 24.

3.4.4 Focus is on skill development, independence training, education, and employment to maximise the young person's potential for a meaningful and healthy lifestyle, integrated in their local community.

3.4.5 A centralised adult service will also provide opportunity to strengthen working relationships and develop expertise at an operational level, supporting service quality and performance, and to provide for better channels for communication and coproduction. Committee is invited to include transitions in its work programme across 2024-25.

3.5 Supporting quality in the independent care providers

3.5.1 The quality of the independent care provider market in Devon is better than all regional and national comparator groups as rated by the CQC. Integrated Adult Social Care works with providers, supporting them to avoid quality concerns and respond quickly when they arise. This support is set out in the Provider Quality Support Policy agreed by Cabinet in 2017.

3.5.2 A recent review of the policy has resulted in changes to how the policy is delivered, and better reflecting existing practice and how providers and IASC work together.

Instead of a number of thresholds that dictated specific levels of support, the policy will be delivered in more simplified way with a single threshold for support and a more tailored approach to the support provided.

- 3.5.3 The Lead Member for Adult Social Care and Health made a [Cabinet Member decision](#) to approve the updated policy document.

3.6 CQC Inspection update

- 3.6.1 The CQC inspection update has been provided through the Self Assessment paper on the Committee agenda and through the related masterclass session delivered on the 27 February.

3.7 Social Care in Devon recognised in the New Year Honours

- 3.7.1 Social Care Assessor Jacqui Hendra who works in the Ivybridge and Kingsbridge Community Health and Social Care Team was awarded a BEM for her 'services to people with disabilities', and Dr Len Lofts, Patron of The Northam Care Trust, received an MBE.

4) DCC Public Health update

4.1 Oral health

- 4.1.1 Good oral health is vital to general health and wellbeing. Local authorities have two specific dental public health functions and are statutorily required to:
- provide or commission oral health promotion programmes.
 - provide or commission oral health surveys and to participate in any oral health survey conducted or commissioned by the secretary of state.
- 4.1.2 Public Health Devon work with the Community Dental Services to support them to deliver the National Oral Health Survey in Devon. The 2023/24 Oral Health Survey currently taking place is in 5 year olds. The Office for Health Improvement and Disparities (OHID) national Dental Public Health Team is proposing that the 2024/25 Oral Health Survey is in adults aged 65 years or older residing in a care setting.
- 4.1.3 It will include a clinical oral examination and questionnaire. This survey will be important in understanding the needs of this vulnerable population and informing commissioning decisions. This will be the first time this cohort has been surveyed in England. Other surveys, such as the South West Mouth Care Survey in 2022 focused on care homes' mouth care practices and engagement with guidelines, resources and training.
- 4.1.4 The findings of the Oral Health Survey of children in year 6 which took place in the academic year 2022 to 2023 have recently been [published](#) and show poor oral health in children in Devon. In Devon:

Agenda Item 11

- 13.8% of year 6 children sampled had tooth decay (2nd worst in South West after Cornwall; 12.2% Plymouth; 11.2% Torbay).
- 4% of children said they often/very often had pain in their teeth or mouth in the last 3 months.
- 3% of children said they often/very often had difficulty biting or chewing in the last 3 months.
- 2% of children said they often/very often didn't want to talk because of their teeth or mouth in the last 3 months.

4.1.5 Nationally, dental caries (tooth decay) is the most common reason for hospital admissions for children aged 5-9 years during 2022-23. These hospital admissions are preventable. The decay-related tooth extraction episode rate for children and young people living in the most deprived communities was nearly 3 and a half times that of those living in the most affluent communities. In Devon, the latest published data shows:

- In 0-4 year olds, 82% of hospital episodes (Finished Consultant Episodes) for extraction were because of tooth decay (caries as primary diagnosis code). This is above the South West rate of 73% (England rate 85%).
- In 5-9 year olds, 87% of hospital episodes for extraction were because of tooth decay. This is above the South West rate of 80% (England rate 89%).
- 5-9 year olds had the highest rate of tooth extraction for decay (with caries as the primary diagnosis code) at 644 per 100,000 target population. This is above the South West rate of 553 per 100,000 and the England rate of 541 per 100,000.
- In 0-19 year olds, the rate of tooth extraction for decay was 272 per 100,000 in Devon, which was above the South West and England rates of 240 and 236 per 100,000 respectively.

What we are doing in Devon

- 4.1.6 In Devon, First Dental Steps will be rolled out from mid-March to improve oral health in 2 year olds, reduce oral health inequalities, and increase uptake of local dental services for those most at risk. Public Health Nursing will provide evidence based oral health advice and information whilst distributing oral hygiene packs (containing a toothbrush; toothpaste and sippy cup) to all children at the 9-12 month mandated check, as well as referring children they identify at high risk of developing tooth decay to Community Dental Services.
- 4.1.7 Public Health Devon are working with At Home Dental, the provider of the new NHS Supervised Toothbrushing Scheme in the South West region, to support the mobilisation of the scheme in schools and nurseries in areas of greatest deprivation (Index of Multiple Deprivation 1-6 deciles) across Devon. Currently uptake in schools and nurseries in Devon is 81%.
- 4.1.8 Public Health Devon commission Royal Devon University Healthcare to provide Devon's Oral Health Improvement Service, which delivers oral health education to professionals working with children and vulnerable adults across Devon, including schools, care homes and NHS providers.
- 4.1.9 Public Health Devon work with NHS Devon, Plymouth City Council and Torbay Council as a member of the Children and Young people Oral Health Steering Group

to develop strategy and initiatives to improve oral health and address oral health inequalities.

4.1.10 The Government's recently announced dental recovery plan sets out a number of initiatives to support their commitment to improve access to NHS dental care for people who need it, especially in under-served parts of the country, and improve preventative care for the youngest children. Of particular relevance to Local Authorities are:

- support Family Hubs and other settings that provide Start for Life services across England to promote prevention initiatives to improve the oral health of pregnant mums, and guidance for parents about how to protect baby gums and milk teeth from decay
- support nurseries and other early years settings to incorporate Smile for Life good oral hygiene into the daily routines of infants and toddlers so that, by the time they reach primary school, every child sees daily toothbrushing as a part of their normal routine
- starting later this year, deploy mobile dental teams into schools in under-served areas to provide advice and deliver preventative fluoride varnish treatments to more than 165,000 children, strengthening their teeth and preventing tooth decay
- dental campaigns to be rolled out nationally with local authorities that will focus on prevention and good dental health.

5) NHS Devon updates

5.1 Performance

Urgent and emergency care

5.1.1 Metrics relating to urgent care have seen some improvement during December 2023. Ambulance handover delays above the 15-minute target reduced in December to 11,407 hours but remains behind trajectory. 4 hour performance increased slightly from 60.8% in November to 63.5% in December and remains below trajectory of 68.8%.

Elective Care

5.1.2 NHS Devon reported 7 patients waiting 104 weeks for treatment against a trajectory of 1 in December 2023. This is primarily due to the impact of industrial action and a small number of patients choosing to delay their surgery. The 78 week wait target is also behind trajectory with a position of 799 against a revised trajectory of 787.

Primary Care

5.1.3 NHS Devon continues to exceed three out of four access targets in primary care. GP appointments occurring within 2 weeks was 81.1% against an 85% target. However, the target of 35% for appointments occurring within one working day of request continues to be met in Devon, achieving 47.9% during November 2023

Hospital Discharges

5.1.4 As of 25 December, the average weekly percentage of G&A beds that were occupied with patients who had No Criteria to Reside (NCTR) was 12%, which remains the same as the previous month. The Devon target is no more than 5% of General and

Agenda Item 11

Acute beds occupied by patients with NCTR. NCTR is the term used for patients in hospital who are medically fit to leave but have not been discharged.

- 5.1.5 The Trusts have a number of actions in place to address this including promoting weekend discharges, campaigns such as “Home for Lunch”, using discharge lounges seven days a week and reviewing patients’ length of stay in hospital.

5.2 Finance

- 5.2.1 The Devon Integrated Care System is forecasting a year end deficit of £47m, which includes £6.9m costs relating to industrial action in December 2023 and January 2024. This is against the original deficit plan of £42.3m. At month 10 the Devon ICS had made efficiency savings of £153.3m which is £1.1m better than the plan. The savings forecast for the financial year is £202.4m.

5.3 New CEO joins NHS Devon

- 5.3.1 Steve Moore, the new Chief Executive Officer joined NHS Devon on 12 February 2024 and has been busy meeting colleagues and partners from across Devon. Steve has worked for the NHS for most of the last 30 years in a variety of roles spanning primary, secondary, community and mental health care.
- 5.3.2 Steve knows Devon and the wider South-West region very well, as he was previously Chief Executive of NHS Cornwall and Isles of Scilly and the cluster of NHS Plymouth, NHS Devon and Torbay Care Trust (between 2010 and 2013), Chief Executive of the NHS Devon cluster in 2012, and Deputy Chief Executive/Director of Commissioning and Strategic Development for NHS Cornwall and Isles of Scilly between 2007 and 2010.
- 5.3.3 Thanks goes to Bill Shields, who has been the interim Chief Executive Officer over the past five months. Bill’s expertise, drive and vision have been invaluable to the NHS Devon Board and staff during what has been a challenging winter. Bill continues in his substantive role as Chief Finance Officer and Deputy Chief Executive Officer for NHS Devon.

5.4 Minor Injuries Units Update (MIU)

Ilfracombe MIU

- 5.4.1 Ilfracombe MIU was closed at the start of the COVID-19 pandemic in March 2020 to allow the highly skilled MIU staff to be redeployed to the emergency department (ED) at North Devon District Hospital (NDDH).
- 5.4.2 Since July 2022 a weekend MIU service (Friday – Monday) has been run by skilled paramedics from First Care Ambulance at the Tyrrell Hospital in Ilfracombe. The GP practice nearest the Tyrrell Hospital have supported by providing minor injuries services Monday – Friday.
- 5.4.3 The current contract with the Royal Devon for the weekend MIU service will end on 31 March 2024. The Royal Devon have taken the decision not to continue running this service once their contract ends.

- 5.4.4 NHS Devon are committed to meeting the urgent care needs of people living in Northern Devon and are currently working to find alternative, interim ways of providing this MIU service. Due to the contracting and procurement process, we cannot comment further at the time of writing this report but hope to provide a verbal update at the meeting.

Bideford MIU

- 5.4.5 Bideford MIU was closed at the start of the COVID-19 pandemic in March 2020 to also allow the highly skilled MIU staff to be redeployed to the emergency department (ED) at North Devon District Hospital (NDDH).
- 5.4.6 The service currently remains closed but NHS Devon are working closely with Royal Devon to consider future options. Three GP Practices nearest Bideford MIU continue to support in providing minor injury services Monday – Friday. Although they do accept walk-in patients, it is based on capacity and people are asked to call NHS 111 or call ahead to the GP practice first. Patients may be directed to a more appropriate service for their needs to ensure they get the correct treatment at the right time.

Exmouth MIU

- 5.4.7 Royal Devon University Healthcare NHS Foundation Trust took over the running of Exmouth MIU from the Claremont Medical Practice on 1 February 2024.
- 5.4.8 Claremont Medical Practice made the decision to not continue with running the MIU service in Exmouth from the end of January 2024 to allow them to focus on their busy general practice.
- 5.4.9 Services at the MIU continue to be delivered by a highly skilled and experienced nursing team. The MIU is working towards opening 8am-8pm, seven days a week including bank holidays, but is currently running reduced hours some days due to staffing challenges.

Dawlish MIU

- 5.4.10 The minor injuries unit (MIU) at Dawlish Community Hospital will reopen on Tuesday 02 April 2024 with operating hours of Monday – Friday, 8am – 5pm. An 'appointment-priority' service will be in place, with people able to call and book appointments for the same day.
- 5.4.11 The unit will also support walk-in visitors but appointments will be prioritised so people may be redirected. This system follows the model at Totnes Community Hospital's MIU which has helped protect the service and maintain consistency. The unit will reopen without x-ray facilities at this time due to radiology workforce constraints.
- 5.4.12 Dawlish MIU was originally closed as part of Torbay and South Devon NHS Foundation Trust's response to the COVID-19 pandemic due to staffing levels and demand for services.
- 5.4.13 The advanced practitioner roles required at the unit is used across wider healthcare services creating a competitive market, but Torbay and South Devon now has the personnel to provide the MIU service.

Agenda Item 11

- 5.4.14 Further details, including the phone number for appointments, will be available on Torbay and South Devon's website ahead of the opening.

5.5 Dementia Strategy Update

- 5.5.1 The development of the dementia strategy will begin in Q1 24/25 and will be led through the Mental Health, Learning Disability and Neurodiversity Provider Collaborative.
- 5.5.2 NHS Devon held a dementia summit at the end of January with 60 local attendees representing the statutory and voluntary sector, to consider the priorities for a dementia strategy in Devon.
- 5.5.3 The summit considered lessons from neighbouring systems and further afield, as well as the emerging academic evidence-base regarding effective and cost-effective support. The national "Well Dementia" pathway was also considered, which spans prevention, diagnosis, post-diagnostic support, living with dementia and palliative support. Emerging priorities are in the areas of post-diagnostic support and living with dementia.

5.6 Estates Update

Seaton Community Hospital

- 5.6.1 Reducing vacant space at the hospital presents an opportunity for the local NHS to save approximately £282,000 in operational running costs. Examples of these costs, levied by building owner NHS Property Services (NHSPS) include a market rent, rates, utilities and grounds and maintenance.
- 5.6.2 NHS Devon took the decision to declare the vacant ward and associated space in the wing surplus to NHS requirements and to work with NHSPS to reduce or eliminate the holding cost of this space in September 2023. The ward has been vacant since 2017. For further details, click here: <https://onedevon.org.uk/one-devon-news/former-ward-area-seaton-community-hospital/>
- 5.6.3 Further engagement with community partners has taken place in recent weeks. On 14 February 2024, NHS Devon's Chair, Dr Sarah Wollaston hosted a visit to the facility with NHSPS and Seaton Hospital Steering Group (including the Chair, Secretary and representatives of the League of Friends and MP Richard Foord). The visit involved a tour of the facility and a roundtable discussion to explore constructive ways forward. Issues discussed included the property charges levied by NHSPS and timescales for the community to develop plans to take on the space.
- 5.6.4 NHS Devon and NHSPS remain committed to working with the Seaton Hospital Steering Group and League of Friends to explore the feasibility of their proposals for the vacant ward space as one of a number of options for that space. Further meetings have been scheduled so NHS Devon and NHSPS colleagues can keep in touch with community representatives.

- 5.6.5 Seaton Community Hospital (as a whole) has been [granted](#) Asset of Community Value status by East Devon District Council. The [aim](#) of ACV legislation is that if the asset comes up for sale, then the community will be given a fair chance to make a bid to buy it on the open market.
- 5.6.6 There has been further Parliamentary interest in rules relating to NHS Property. On 23 February, Richard Foord MP secured an [adjournment debate](#) in Parliament around accountability in relation to NHS Property Services.

Okehampton Community Hospital

- 5.6.7 In November 2023, NHS Devon took the decision to declare the vacant ward at Okehampton Community Hospital surplus to the NHS' requirements and begin the process of handing back the ward to NHSPS.
- 5.6.8 As with the ward at Seaton, the former ward at Okehampton has been vacant since 2017 following full public consultation and now presents an opportunity for the local NHS to save more than £200,000 a year in rent and other property charges.
- 5.6.9 Meanwhile, space in the rest of the hospital, although occupied, is significantly under-utilised. NHS Devon would therefore like to widen work with local partners to improve space utilisation in the rest of the hospital to get better value. This will be a medium-term piece of work and will involve community engagement to explore local needs and ideas. Any changes will need to be fully costed.
- 5.6.10 For further details, click here: www.onedevon.org.uk/one-devon-news/former-ward-area-okehampton-community-hospital
- 5.6.11 On 23 February 2024, Mel Stride MP held a meeting with representatives from the NHS, Okehampton Town Council and NHS Property Services (NHSPS) regarding the disused ward at Okehampton Community Hospital.
- 5.6.12 The meeting was an opportunity to discuss the current position and explore constructive ways forward on the ward space and the underutilised space in the rest of the hospital. Further meetings are planned to further develop ideas and share information.

NHS Infrastructure Strategies

- 5.6.13 NHS England require integrated care systems to submit infrastructure strategies by summer 2024 (delayed from December 2023).
- 5.6.14 NHS Devon is producing the document in a Strategic Asset Management Plan (SAMP) format, which is intended to convey high level detail, ambition and challenge, and is designed to be relevant for the next 10 years.
- 5.6.15 Further to the strategy, there will be delivery and implementation plans for each section. These shall be in constant delivery and development phases within the 10 year strategy. Factors informing the SAMP will include:
- Asset mapping, property detail and factors such as areas of population growth, deprivation, travel and transport analysis etc

Agenda Item 11

- Development of a capital prioritisation plan for expenditure of the system discretionary capital spend
- Input from the emerging estates work done in conjunction with the local Primary Care Networks (PCNs)

5.6.16 In an update to members in January 2024, NHS Devon confirmed that ensuring best use is made of the NHS estate is business-as-usual work. NHS Devon is reviewing other void estate to make sure taxpayers' money is spent well and that buildings are well used.

5.6.17 NHS Devon continues work to reduce the amount of money wasted on empty space in other buildings. Viable projects will be developed and will be subject to NHS Devon's internal governance processes in the first instance. A corresponding process for updating and briefing local partners and stakeholders will be designed and implemented accordingly and therefore further information will be provided at the appropriate time.

5.7 Women's Health Update

Women's Health Hubs

5.7.1 A Programme Manager has been appointed to support this work and plans for Women's Health Hubs in Devon are progressing well. The three priorities identified for the Hubs in Devon are:

- Develop a blend of virtual and physical services along a menopause pathway
- Additional Long Acting Reversible Contraception (LARC) capacity for contraceptive and non-contraceptive reasons
- Maximise the benefits of offering an online provision of trusted information and explore alignment with other services offering a digital service

5.7.2 Services are being developed collaboratively with colleagues across One Devon and a clinical workshop on menopause support is being held on the 20 March 2024. This clinical workshop is to look specifically at the menopause care pathway to understand what needs to be in place to make the programme a success. NHS Devon plans to further involve patients and the public once we have the findings from the clinical workshop.

GP training

5.7.3 A menopause education training day for primary care was held recently by Devon Training Hub to share knowledge among Devon GPs. The topics covered included:

- Menopause and HRT
- Genitourinary symptoms of menopause
- Perimenopause
- Managing problematic bleeding
- Menopause post breast cancer

5.8 Unique pilot reducing waiting list for spinal surgery

- 5.8.1 Devon's NHS has reduced the number of patients waiting a long time for spinal surgery by nearly 80% between May 2023 and January 2024 by revolutionising the approach to caring for patients.
- 5.8.2 NHS organisations in the county have worked with the NHS England Getting It Right First Time (GIRFT) team to implement the One Devon Elective Pilot programme for spinal surgical services in the county to improve the ways of working.
- 5.8.3 In October 2023, a dedicated spinal surgical service was established at the Exeter Nightingale Hospital and made available to all appropriate patients on spinal referral pathways across Devon. Further information can be found here: [Unique pilot programme reducing waiting list for spinal surgery in Devon - One Devon](#)

5.9 Dentistry

- 5.9.1 NHS Devon took on commissioning for dentistry in April 2023. The previous nine years it was commissioned by NHS England.

National recovery plan

- 5.9.2 We are reviewing our plans in light of the newly published national [Dental Recovery Plan](#) on 7 February 2024, and welcome the new focus this has placed on NHS dentistry. We will continue to develop our local plans, aligning to the national priorities, and ensuring the needs of our local communities are being prioritised. The plan covers a range of areas, including:
- Recruiting more workforce, including providing targeted funding for dentists to work in areas that have historically struggled to recruit and retain staff
 - Raising the minimum Unit of Dental Activity value to £28
 - Offering dental practices a new patient premium payment to treat patients who have not been seen for over two years
 - Offering one-off payments of up to £20,000 for around 240 dentists working in under-served areas

Devon developments

- 5.9.3 Cornwall and Devon share a dental helpline which patients can access via NHS111 and are then put through, where possible, or are given the dental helpline number to call.
- 5.9.4 Through the helpline people can access urgent or stabilisation advice, or appointments, if appropriate, and put themselves on a waiting list of those seeking a regular NHS dentist.
- 5.9.5 As part of the national recovery plan announcement, it was also announced in Parliament that Devon would be one of 15 ICBs that would be receiving a dental van sometime over the next year (no timeframe available yet).
- 5.9.6 The van will go to more rural and coastal areas. Staffed by NHS dentists, they will offer check-ups and simple treatments such as fillings.

Agenda Item 11

5.9.7 The [One Devon website](#) has a dedicated information for patients with local information about NHS dental services, which is regularly updated with key information and signposting.

5.9.8 There are plans for dental campaigns to be rolled out nationally with local authorities that will focus on prevention and good dental health

6) Options / Alternatives

N/A

7) Consultations / Representations / Technical Data

N/A

8) Strategic Plan

N/A

9) Financial Considerations

N/A

10) Legal Considerations

N/A

11) Environmental Impact Considerations (Including Climate Change, Sustainability and Socio-economic)

N/A

12) Equality Considerations

Impact assessment was conducted for the North Devon Link Service

13) Risk Management Considerations

N/A

14) Summary

That the Health and Adult Care Scrutiny Committee note the contents of the report to support its work.

Name

Tandra Forster, Director of Integrated Adult Social Care, Devon County Council

Steve Brown, Director of Public Health, Devon County Council

Dr Nigel Acheson, Chief Medical Officer, NHS Devon

Electoral Divisions: All

Cabinet Member for Integrated Adult Social Care and Health: Councillor James McInnes

Cabinet Member for Public Health, Communities and Equality

Local Government Act 1972: List of background papers

Background Paper Nil

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