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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: 14 March 2025

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HEALTH AND ADULT CARE SCRUTINY COMMITTEE

Monday, 24th March, 2025

A meeting of the Health and Adult Care Scrutiny Committee is to be held on the above date at 10.30 am at 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 - 16)

Minutes of the meetings held on 27 January 2025, 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 Transitions (Pages 17 - 28)

Presentation of the Director of Integrated Adult Social Care, attached.

8 Deprivation of Liberty Safeguards (Pages 29 - 34)

Report of the Director of Integrated Adult Social Care (IASC/25/07), attached.

9 Teignmouth Primary Care Update (Pages 35 - 36)

Report of NHS Devon, attached.

10 Devon Dementia Strategy Standing Overview Group (Pages 37 - 42)

Report of the Health & Adult Care Scrutiny Committee (LDS/25/04), attached.

11 Quality Accounts Standing Overview Group (Pages 43 - 52)

Report of the Health & Adult Care Scrutiny Committee (LDS/25/5), attached.

12 4 Year Overview - Health and Adult Care Scrutiny (Pages 53 - 62)

Report of the Health & Adult Care Scrutiny Committee (LDS/25/15), attached.

13 Health and Adult Care General Update (Pages 63 - 78)

Joint report from the Director of Integrated Adult Social Care at DCC, the Director of Public Health and Communities at DCC, and the Locality Director of North and East Devon, NHS Devon (IASC/25/08), attached.

The Committee's Domestic Violence and Sexual Abuse (DVSA) Champion shall also provide their update to the Committee.

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

MATTERS FOR INFORMATION

15 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 Devon Briefings on Oral Health, Dentistry and Hospice Funding – 12 February 2025
- Scrutiny Committee Risk Registers – March 2025
- Campaign to raise awareness of sexual assault referral centres (NHS Briefing) – 5 March 2025
- Scrutiny Work Programme – March 2025

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

27 January 2025

Present:-

Councillors S Randall Johnson (Chair), Y Atkinson, J Bailey, R Chesterton, D Cox, P Crabb, L Hellyer, P Maskell, R Peart, D Sellis, C Whitton and J Yabsley; and Councillor C Hodson (remote).

Apologies:-

Councillors A Connett (Vice Chair), I Hall and R Scott

Members attending in accordance with Standing Order 25

Councillors P Bullivant, P Twiss and J McInnes; and Councillor R Croad (remote)

* 212 **Chair's Announcements**

There was no announcement made by the Chair.

* 213 **Declarations of Interest**

Members were reminded that they should declare any interests they may have in any item to be considered, prior to any discussion taking place on that item.

The list of Membership of other Authorities can be found here: [County councillors who are also district, borough, city, parish or town councillors](#)

214 **Public Participation**

There was no representation made by a member of the public.

* 215 **Budget 2025/26 and Capital Programme for 2025/26 to 2029/30**

(In accordance with Standing Order 25(2), Councillors P Bullivant and R Croad spoke to this item).

The Committee noted that the proposed budget for the 2025/26 financial year would be scrutinised by individual Scrutiny Committees.

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

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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 and the Director of Integrated Adult Social Care and the Director of Public Health and Communities (DFP/25/05) 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 savings. The Report also detailed the proposed budget for Integrated Adult Social Care and Public Health for 2025/26.

The Cabinet, at its meeting of 8 January 2025, had set Revenue Budget targets for 2025/26. That Report had presented the proposed service budget targets for 2025/26 totalling £784.1 million, a net increase of £44 million or 5.9% compared to the 2024/25 adjusted base budget.

The preparation of the Budget for 2025/26 recognised that inflationary pressures continued to be felt across the economy, local government and partners. Social care was particularly impacted by increases to the national living wage and the increases to National Insurance. The Ministry of Housing, Communities and Local Government was due to provide additional funding towards National Insurance costs for local authorities own employees but details are yet to be confirmed. Within the Target Budgets for services it was proposed to allow for £14.2 million for inflationary pressures. The Target Budgets for services reflected an estimated inflationary pressure of £17.7 million due to National Living Wage impacts.

To enable the authority to set a balanced budget, savings, alternative funding and additional income of £21.7 million had been identified

It was not currently planned to support the proposed budget targets by using general reserve balances, reflecting a strategy of 'living within our means'.

The Capital Programme for 2025/26 to 2029/30 would be presented to Cabinet at the February Budget meeting.

The new Government's first Autumn Statement was published on 30 October 2024 and the Local Government Finance Policy Statement was published on 28 November 2024. Of particular importance was the Government's plans to repurpose existing funding, for the extra costs of delivering services in rural

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areas, to support a change in funding distribution based on deprivation as a proxy for need. This resulted in the discontinuation of the Rural Services Delivery Grant (RSDG) funding of £110 million, of which the Council received £10.124 million in 2024/25.

Details of the Provisional Local Government Finance Settlement 2025/26 were published on 18 December 2024, which provided a one year settlement only. The Final Settlement would follow in late January/early February.

For Devon, the core spending power was set to increase by 4.66% and the Government assumed the Authority would implement the full allowed increase in Council Tax up to the referendum threshold of 5%.

The proposed service revenue budget targets for the 2025/26 financial year were set out in the table below.

Table 1 – Service Target Budgets 2025/26

	2024/25 Adjusted Base Budget £000	Inflation and National Living Wage £000	Other Growth and Pressures £000	Savings, Alternative Funding and Additional Income £000	2025/26 Target Budget £000	Net Change to 2025/26 £000	%
Integrated Adult Social Care	354,322	19,120	18,190	(8,185)	383,447	29,125	8.2%
Children and Young People's Futures	224,970	7,834	11,054	(6,530)	237,328	12,358	5.5%
Public Health & Communities Performance & Partnerships	13,931	225	365	(1,450)	13,071	(860)	- 6.2%
Corporate Services	7,431	121	75	(447)	7,180	(251)	- 3.4%
Climate Change, Environment & Transport	54,709	1,251	2,822	(3,319)	55,463	754	1.4%
Totals	740,116	31,897	33,818	(21,739)	784,092	43,976	5.9%

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The Committee were reminded that its consideration of the draft Integrated Adult Social Care and Public Health budgets was just part of the process of setting the County Council's budget which, following this meeting, would culminate in the Cabinet meeting on 14th February 2025 formulating a budget for consideration by the County Council on 20th February 2025.

The Report outlined detailed budget proposals for Integrated Adult Social Care, and for Public Health, prepared in line with the targets referred to above, reflecting the different pressures and influences faced by services.

The draft total budget for Integrated Adult Social care was £383.4 million, which represented an increase of £29.1 million, or 8.2% from the 2024/25 adjusted budget. There was additional investment of £27.7 million for Operations and £1.4 million for Commissioning. Growth and demand pressures amounted to £18.2 million. The impact of inflation including pay and the national living wages adds £19.1 million and planned savings amounted to £8.2 million.

Items of particular note relating to Adult Social Care, as raised in the Report, included:

- Ongoing pressures, notwithstanding an increased level of investment. It was predicted that Adult Social Care would directly commission services for fewer people; and that Devon would continue to see an increase in complexity for both older people and working age adults;
- The service's savings strategy and the three key approaches that it was built around (strengths-based approach; right type of care; and best value);
- The Better Care Fund;
- A service redesign, including a reduction to pre-pandemic staffing levels. Additionally the redesign would see an overhaul of the service's case management and finance systems which aimed to improve the access, outcome, and experience of everyone receiving adult and children's social care, including those transitioning between children's and adults' services.

For Public Health, there was uncertainty, as the final value of the core grant from Central Government had not been confirmed, although indicative figures from the Department of Health and Social Care for the additional funding to support smoking cessation and the drug and alcohol treatment and recovery system in 2025/26, had been received (but not fully confirmed). The Report advised that the Public Health reserves at the end of the 2023/24 financial year stood at £13 million; this would be used to support cost pressures and related services across the authority that deliver public health outcomes.

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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 2025/26 Impact Assessment, circulated prior to the meeting, giving an overview of the impact assessments for all service areas (available at: [Budget Impact Assessment 2025-26](#)) 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.

At the meeting, the Cabinet Member for Integrated Adult Social Care & Health highlighted that the Integrated Adult Social Care budget had been increased by 8.2% from the year previous, which represented the largest increase in all services provided by the Council. This highlighted the Council's commitment to looking after those that rely on the directorate's services. The Cabinet Member commended officer work on delivering an increased budget in times of fiscal restraint.

The Director of Integrated Adult Social Care and the Chief Executive of the Council commented in particular on the significant work done by the directorate over the past years to try and contain costs. Although there were additional investments, according to benchmarking, Devon was still in a tough position. Also referred to was:

- the impact of National Living Wage increases and other demographic changes;
- investment into Deprivation of Liberty safeguards;
- the complexity of funding and providing services in the context of Devon's varied rural, coastal and urban footprint;
- the importance of prevention as a driving focus for the directorate; and
- that Devon did not receive government funding under the Recovery Grant despite significant levels of deprivation in areas.

The Cabinet Member for Public Health, Communities and Equality highlighted that the Public Health grant from Government, on which the Council's Public Health grant depends, had not been confirmed. As such, a proposed budget had been developed based on the uplift received for the 2024/25 budget of 1.3%. The Cabinet Member referred to the challenges that this posed and

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expressed his thanks to officers for their efforts developing the proposed budget despite this lack of clarity from Government.

The Director of Public Health and the Chief Executive referred to the low amount of per-head funding that Devon receives, and the uncertainty (as above) regarding the final allocation to the Authority for Public Health. Also reflected on was an increase in demands on key services, which had decreased in the wake of the Coronavirus pandemic, such as people seeking support with sexual health, drug/alcohol issues, and smoking cessation.

Specific issues and observations arising from the current budget proposals raised at the meeting included the following:

- The challenges around Devon's rurality;
- The degree of Integrated Adult Social Care interoperability with the NHS. Officers acknowledged that there was progress to be made on this;
- The focus of Adult Social Care on promoting independence, which was a key theme in the Care Act: namely, to help people live with as minimal support as possible, and to provide that support before a person is at point of crisis;
- The level of confidence from senior leadership on delivering this budget, in particular pertaining to Integrated Adult Social Care. Barring unexpected circumstances, the Director of Integrated Adult Social Care was confident of delivering;
- The makeup of the savings requirements of £8.1 million. Approximately half was owed to spending less due to better value, with the rest relating to optimisation of additional income. Members were assured that some of the savings had already been negotiated;
- Thanks expressed to officers for their transparency in acknowledging risks and the moving of resources to accommodate. It was highlighted that Devon was one of very few councils to come within 1% of budget targets and that recognition should be expressed on this;
- The benefits of the proposed new case management system, namely that it would reduce bureaucracy and allow clearer focus on providing support for those in need of Integrated Adult Social Care services;
- The makeup of the 8.2% increase in funding for Integrated Adult Social Care. The Director of Finance and Public Value explained that this was a blend of saving strategies and additional money from various sources such as the adult social care precept, and council tax, among others;

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- What successes could be pointed to so that members could have confidence in delivering the budget. Officers referred to the progress already being made in achieving best value in contractual work and the improvements seen as they shifted to a strengths-based approach. It was explained also to members that engagement was ongoing with various other bodies, such as the Local Government Association, so that the Authority was clear and honest on areas where improvement was needed;
- The mechanisms of the commissioning process, which members queried on, and how the directorate could be confident on achieving best value;
- The need of Devon to more effectively articulate its needs, particularly pertaining to the very low funding levels per head given to the Authority under the Public Health grant (approximately £35 per head, compared to some authorities receiving more than £100 per head). Additionally, members were concerned around the lack of clarity on the final allocation to Devon on public health.
- The importance of anti-smoking and anti-vaping campaigns, particularly as the latter regards children and teenagers;
- The need for Integrated Adult Social Care and Children's Services to work together to ensure adequate focus on prevention.
- Work with pharmacies to promote public health issues.

It was **MOVED** by Councillor Peart, **SECONDED** by Councillor Maskell and

RESOLVED

(a) that the Scrutiny Committee welcomes and supports:

- i. The 8.2% increase in the budget for Integrated Adult Social Care recognising growth and demand in the system, and continued efforts to achieve best value and deliver the Councils strategic intentions.
- ii. The efforts of Integrated Adult Social Care, Public Health, and providers to continue to support the most vulnerable in Devon and delivering support in challenging contexts.
- iii. The £1.5 million investment in Deprivation of Liberty Safeguards (DoLS) to address the backlog of those awaiting assessment and provide more timely assessments for those coming into the system.
- iv. The work with partners to develop ways of highlighting the complexity of delivering equitable services across both the rural and

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urban population of Devon taking account of the multiple indices of deprivation that exist.

v. The work and efforts of Integrated Adult Social Care and the Council to deliver the 2024/2025 budget to be within 1% of the target budget at month 8, highlighting the importance of maintaining strategic continuity, and welcomes this continued effort into 2025/2026 to meet the needs of the population of Devon within budget.

vi. The work of the Council to develop a clear and comprehensive proposed budget for Integrated Adult Social Care and Public Health and Communities for 2025/2026.

(b) that the Scrutiny Committee records concern regarding:

i. The potential impact of the National Insurance threshold changes on the care workforce, and the cost of implementing those changes, potentially exposing weaknesses within the care market.

ii. The lateness of Government confirmation of the Public Health Grant for 2025/2026, the relatively low level of funding Devon receives per head of the population and Government's inconsistent prioritisation of prevention.

(c) and that Cabinet be asked to:

i. Recognise the increasing and aging population in Devon and the increase in Dementia diagnosis, Cabinet work with partners including the NHS to develop Dementia friendly communities and promote the importance of people planning for their futures which dovetails with local care partnerships to support sustainable budget delivery into future years for both the Council and its partners.

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

The Meeting started at 10.00 am and finished at 12.32 pm

HEALTH AND ADULT CARE SCRUTINY COMMITTEE

27 January 2025

Present:-

Councillors S Randall Johnson (Chair), Y Atkinson, J Bailey, D Cox, P Crabb, L Hellyer, P Maskell, R Peart, D Sellis, C Whitton and J Yabsley

Apologies:-

Councillors A Connett, R Chesterton, I Hall and R Scott

Members attending in accordance with Standing Order 25

Councillors J McInnes and P Bullivant

* 216 **Chair's Announcements**

There was no announcement made by the Chair.

* 217 **Declarations of Interest**

Members were reminded that they should declare any interests they may have in any item to be considered, prior to any discussion taking place on that item.

The list of Membership of other Authorities can be found here: [County councillors who are also district, borough, city, parish or town councillors](#)

218 **Minutes**

RESOLVED that the minutes of the meeting held on 21 November 2024 be signed as a correct record.

219 **Items Requiring Urgent Attention**

There was no item raised as a matter of urgency.

220 **Public Participation**

There were no representations made by a member of the public.

* 221 **Waiting lists and waiting times performance for Care Act needs assessments and reviews**

The Committee considered the Report of the Director of Integrated Adult Social Care (IASC/25/04) on the current picture of waiting lists and times for

Care Act needs assessments and work being undertaken within the Authority to improve performance on these.

The Report noted that improvement had been made, with the numbers of people waiting for assessments and reviews – and the time that these are taking – reducing across the board. However there was recognition that there was still significant progress to be made to reduce waiting lists and times to an acceptable level. Officers reported that the benchmark in England was that 58% of reviews be undertaken within a twelve-month period; Devon was at 44%.

The work that Integrated Adult Social Care had done, were doing or planned to do, in addressing waiting list numbers and waiting times included:

- A peer review by the Local Government Association in July 2023, to support preparations for the Care and Quality Commission (CQC) inspection, alongside other internal and external practice scrutiny;
- Practice Quality Reviews – a process by which staff reflect on practice to support learning and improvement in accordance with Adult Social Care's Practice Standards and Values framework – with a target of undertaking fifty of these per month;
- The Leading and Managing Effective Workflows programme, designed to improve care management productivity. This had been piloted by a small number of teams, with positive early results.

There was also focus on ensuring that people who were waiting for an assessment were 'waiting well', meaning that people were supported and had access to information and advice that could help them whilst they were waiting. This included standardising communications that went to those on waiting lists and, where appropriate, directing people to support through the Voluntary and Community Sector.

Discussion points included:

- Clarity sought on the process for someone seeking support from Integrated Adult Social Care, including the degree to which a triage process or similar was undertaken. Officers confirmed that this did happen, explaining that – although waiting list length and waiting times were not where the Authority wished them to be – this did not mean that people with severely urgent need were having lengthy waits for an assessment, and that, at first contact, an officer would discuss an individual's needs, what services they were seeking, and signpost them to available support and information that could be accessed whilst waiting (in line with the 'waiting well' approach above). Namely, those who had been waiting for the longest were primarily those in receipt of other services with needs that did not pose an immediate concern to

the directorate; and those with a significantly urgent need would not be made to wait on a 'first come, first serve' basis. It was agreed that a masterclass for members on the process would be helpful, and this was added to the work programme;

- That clarity on the process for those in need of services was vital. A member suggested that Integrated Adult Social Care could develop process maps or something similar to better inform the process; officers confirmed that these were under development;
- Difficulties around non-consent for assessment and the exceptions to that (namely, if someone is at risk of harm or abuse; or if they lack the capacity to give consent), and the challenges that this poses in practice to Integrated Adult Social Care where these two criteria do not apply; and
- That a new case management system was being developed which should simplify the assessment and review process for all involved, leading to better outcomes and reducing bureaucracy.

Members noted the report.

* 222 **Torbay and Devon Safeguarding Adults Partnership Board Annual Report 2023/24**

The Committee considered the Annual Report of the Torbay and Devon Safeguarding Adults Partnership Board. The annual report explained that the core objective of the Partnership (a collective term for the partners that work with the Board) was to help and protect adults with care and support needs who were experiencing, or who were at risk of experiencing, abuse or neglect; or were unable to protect themselves from the risk or experience of abuse or neglect due to their needs. The annual report also outlined the Partnership's structure and activity, its performance against its key priorities in the year 2023-24, and its intentions for the future.

The Independent Chair of the Partnership Board, Mr Paul Northcott, attended to speak to the Committee, who introduced the broad scope and structure of the annual report. He drew particular attention to the information contained on Safeguarding Adults Reviews (SARs), a statutory duty under the Care Act, that must be completed under certain circumstances relating to failures dealing appropriately with cases of abuse or neglect. The annual report outlined that all identified learning and SAR recommendations from such reviews were progressed and embedded into operational practice, and gave details on the six SARs undertaken in 2023-24.

Discussion points included:

- The mechanisms of how learning is implemented within the Partnership, with members querying who responsibility lay with for ensuring learning such as from SARs was embedded. It was explained that the Partnership has a formal structure including a number of sub-groups, including one specifically for SARs which would look at ongoing SARs, progress towards recommendations, and actions taken. Responsibility would ultimately depend on what any given recommendation was, but there were checks and balances in place – for instance, once an agency or partner believes they had fully completed work towards a particular recommendation, this would require inspection by the full Board before final sign off. It was recommended by members that this be more explicit in future annual reports, so that confidence could be had on the accountability embedded within the Partnership’s structure and processes;
- What opportunities there were to use data to learn more about the effectiveness of the care provided;
- ‘Cuckooing’ and county lines, as highlighted under the SARs, was a national issue. Reference was made to the lack of a specific legal framework around cuckooing as an offence, which was a challenge;
- Data transfer between organisations, and improvements required therein. This was a national issue;
- Self-neglect as a key focus and priority. The Chief Executive referred to Devon specifically as an Authority which needed to improve on this.

The Chair thanked Mr Northcott for attending.

* 223

End of Life Care

The Committee considered the Report of the End of Life Care Task Group. The Report covered the Task Group’s terms of reference, outlined what is meant by ‘End of Life Care,’ and detailed the findings and recommendations of the Task Group.

Members of the Task Group who were in attendance at the meeting each referred to their own experiences of bereavement and the associated end of life care and felt that the issue was of vital importance for both the person in receipt of end of life care, as well as their loved ones.

NHS representatives were in agreement on the importance of end of life care and the alignment of the report with work ongoing by the Integrated Care Board. Also referred to were the frustrations of a need and desire to improve performance, and the experience of those in receipt of end of life care (and friends and family), but within a tight fiscal context. It was reported that, since the report was written, the ICB had engaged with hospices individually to

address inequities in funding between them, with the gap between best and worst funded dropping from 12% to 5%. Predicted cost rises over the next few years were also built into funding calculations.

It was **MOVED** by Councillor Atkinson, **SECONDED** by Councillor Randall Johnson and

RESOLVED that the Committee

(a) endorses the report and recommendations and commends these to Cabinet; and following which to wider Health partners:

i. As part of the Devon Integrated Care Board's End of Life Care Medium-Term Commissioning Plan a service level agreement and/or specification is developed as a priority, across health and social care to drive up the standard of the end of life care offer in Devon to include equity of access that complies with equality requirements, choice, and develops the 24/7 end of life care service;

ii. That the Integrated Care Board boosts the role of primary care in ensuring earlier end of life identification which includes a focus on GP appointment length and delivers consistent digital documentation and coding in an individual's primary care record which is crucial in enabling out-of-hours providers to understand the diagnosis and needs of the individual at the end of life.

iii. That the Integrated Care Board re-direct funding to primary care and care in the community to improve end of life care, including early identification, meet people's needs in the community so preventing hospital admission e.g., investing in District Nurses, GPs and Social Workers. The Task Group calls upon the ICB to provide their needs and impact assessment to show how the delivery of an equitable end of life care service across Devon is accessible to people with protected characteristics;

iv. That the Integrated Care Board work together with partners to review the information and advice available to increase the understanding of patients, carers and families on palliative, end of life care and bereavement. Ensure information and advice is accessible to all including to those who do not have access to the internet or have accessibility needs;

and that

(b) the Committee submit the findings of the End of Life Task Group Report to the Palliative and End of Life Care Commission.

* 224

Teignmouth Primary Care Update

Councillor D Cox declared a personal interest by virtue of being registered with Channel View Medical Practice as a patient.

The Committee received the Report of NHS Devon that provided an update regarding primary care provision in Teignmouth following the decision in 2024 that the proposed Health and Wellbeing Centre could not proceed due to financial constraints.

The Report outlined that the long-term plan remained to combine the two Channel View surgeries into a new single primary care building in Teignmouth. It was considered that the site that was originally proposed for the Health and Wellbeing Centre remains the best option for the building of this facility, but with an amended scope (such as there being no NHS Trust activities in the building).

Short-term actions to ensure primary care provision in the locality had focused on Den Crescent Surgery, including a new lease being drafted to ensure the primary care services could continue on this site for the next few years, as well as physical improvements to the building itself.

Discussion points included the regrettable financial implications of the issue being drawn out; and that efforts should be made to avoid the loss of public parking spaces in Teignmouth.

The Chair requested a further update at the next meeting of the Committee.

* 225 **Health and Adult Care - General Update**

(In accordance with Standing Order 25(2), Councillor P Bullivant attended and spoke to this item).

The Committee considered the joint report from the Director of Integrated Adult Social Care at Devon County Council, the Director of Public Health and Communities at Devon County Council, and the Locality Director of North and East Devon, NHS Devon 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.

Key discussion points included:

- An update on the North Devon Link Service, which was not included in the report due to a pending judicial review outcome. The Committee heard that the judge had dismissed the case but that the claimant was requesting a right of appeal. A further update would come when available and not restricted by the judicial review process;

- That the plan regarding Women's Health Hubs did not refer to actual physical hubs but a 'hub model.' Officers sought to reassure the Committee that there would be a number of pilots for different models, to allow the ICB to examine what works and move forward on that basis;
- Minor Injuries Units, with members eager to be updated in a few months' time (as at 5.4.2 of the report) when further information was available;
- NHS Devon's efficiency savings target of £213.3 million, with a member querying how this would be achieved. Officers did not have the detail to hand but advised they could provide this to members after the meeting, and spoke also to their approach of providing services to the Devon population more efficiently.

Members were also advised that NHS Devon received praise from the national team on their messaging around winter and the resilience demonstrated in the face of the challenges of winter, recognising that the season was not yet over.

The Chair also invited Councillor Hellyer, the Committee's Domestic & Sexual Violence and Abuse (DSVA) Champion, to provide her update at this point of the meeting. Councillor Hellyer advised on the creation of a newly commissioned Integrated Domestic Abuse Service starting on the 1st of April 2025, delivered by a partnership of local organisations. The service would cover the entirety of Devon and provide:

- A single point of access and contact for those directly affected by domestic abuse, acting as both a gateway into the service and also providing upskilling, advice and information;
- Community support for victims and their families;
- Refuge and dispersed safe accommodation for victims;
- Recovery support in the form of therapy, counselling and group work.

Further information would follow in March 2025.

226 **Scrutiny Committee Work Programme**

The Committee agreed the current work programme, subject to inclusion of issues arising from the meeting, including a masterclass on the process for assessment under the Care Act.

* 227 **Domestic & Sexual Violence and Abuse (DSVA) Champion**

Councillor Hellyer, as the Committee's DSVA Champion, had provided information on this topic earlier in the meeting (minute *225 refers) and had no further information to present.

* 228 **Information Previously Circulated**

The Committee noted the previously circulated information.

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

The Meeting started at 2.01 pm and finished at 4.22 pm

Transitions Adult Social Care

February 2025

- **Rising Demand:** Increasing number of working-age adults requiring care; spending on this group has increased by over a third from 2020 to 2023.
- **Financial Pressures:** 57% of adult social care budgets nationally go to working-age adults (55% in Devon).

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Demographic Trends: Peak birth rate in 2012 means the number of young people with EHCPs will increase from 9,000 to 14,000 by 2030.

- **Long-Term Demand:** National spending on working-age adults projected to rise by 63-138% by 2036.
- **Higher Aspirations:** Families and young people increasingly expect pathways to independent living, employment, and inclusive opportunities.

- Parental Feedback: Concerns raised by Parent Carer Forum about delays and inconsistent transition experiences.
- **Scale of Activity:**
 - ❖ 900+ children in care (foster, residential, asylum-seeking).
 - ❖ 9,506 EHCPs in Devon; ~1,700 young people aged 16-19.
- **Transitions in Numbers:**
 - ❖ 321 referrals to Adult Social Care (ASC) in 2023/24.
 - ❖ 24% (77 young people) transitioned into ASC.
 - ❖ The majority moved to education, employment, or other pathways.

Changes in the Transitions Team

- Previous Model: The Preparing for Adulthood team had a pre-Care Act assessment and moved to the community team at 18.5 years for their Care Act transition assessment. This caused delays.
 - ❖ New Model (Late 2023): Transitions Adult Social Care (TASC) Team introduced:
 - ❖ Streamlined referrals via an established web form.
 - ❖ Dedicated team for assessments and transition planning to post 18 years.
 - ❖ Engagement starts at age 16 (instead of 17), at 14 if required.
 - ❖ Goals: Ensure improved experience, earlier intervention, prevent service gaps, and increase efficiency.
- Performance Metrics: Increased percentage of young people receiving timely Care Act assessments and having support plans in place before turning 18, positive experience from those people within the process.

Numbers in Transition

Of the 1,700 young people aged 16-19 going through transition last year, the TASC team directly supported 321 young people to transition into Adult Social Care. Of these:

- 24% (77 young people) transitioned into adult social care.
- 15% (48 young people) received information and advice.
- 10% (33 young people) opted out of further services.
- 10% (32 young people) either moved out of the area, did not respond, or had their referrals cancelled.
- 3% (9 young people) no longer required support.
- 2% (5 young people) transitioned to health-funded Continuing Healthcare.
- 1% (3 young people) moved to another local authority

Data issues at that time mean we cannot fully report the remaining individuals. Since this time, the data capturing systems and process has changed. Most people went on to full time education or employment

Positive Futures Programme

Temporary programme (2023-2025) within the Education Department.

Aims:

- Support young people aged 18-25 in education.
- Work with families and providers to prepare for independence.
- Outcomes so far:
 - 127 young people supported.
 - Better communication - reduced tribunals to zero for 5-3 year placements.
 - £2.27 million reduction in placement spending (Autumn 2024).

Future: Programme evaluation in 2025.

Reaching for Independence

- Short-term intervention service for young people aged 17½+.
- Modelled after adult social care reablement services.

Key Outcome (2023/24):

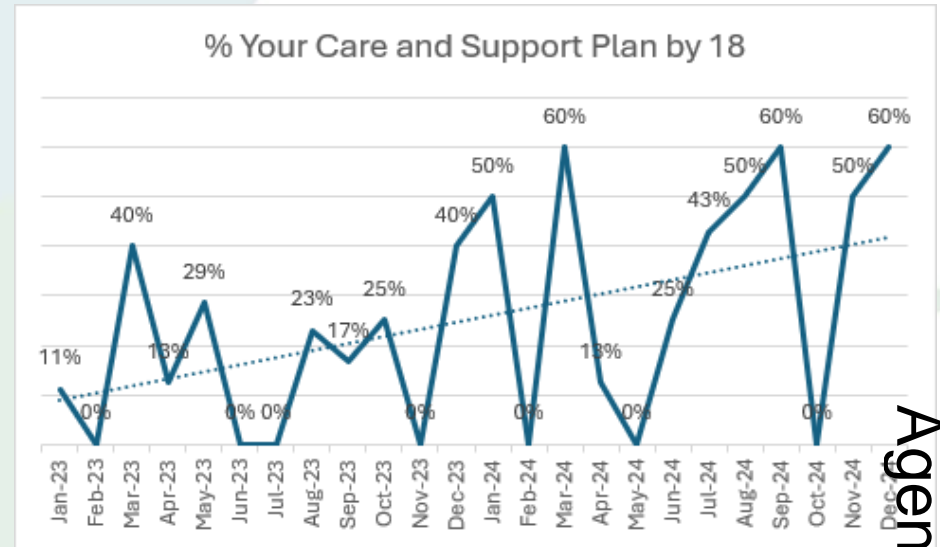
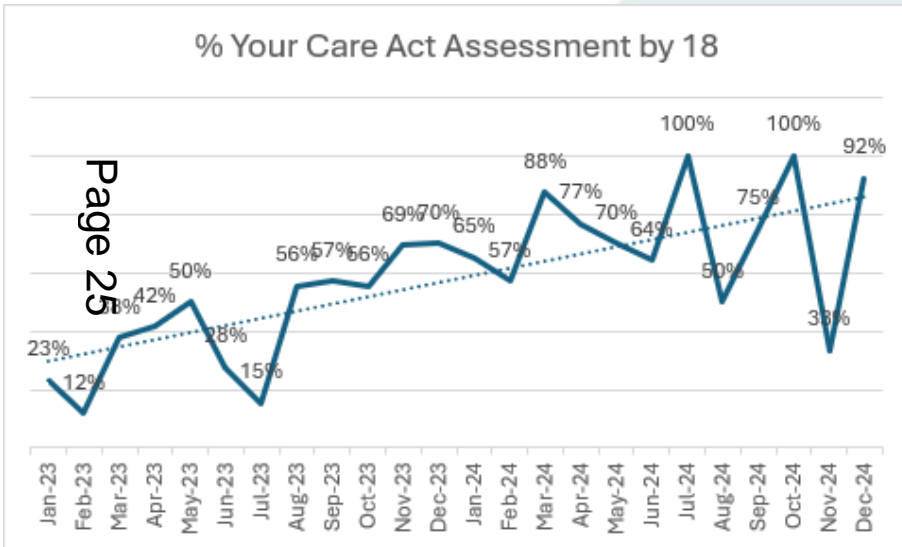
- 128 young people supported.
- 70% (90) did not require ongoing ASC services post-18.
- Demonstrates success in building independence.

16-17 Practice & Planning Forum

- Joint initiative between children's and adults' services.
- Identifies and supports young people at risk, including:
 - Self-harm and high-risk behaviours.
 - History of aggression or property damage.
 - Out-of-county placements.
- Outcomes:
 - Early risk identification and intervention.
 - Better coordination with housing providers.
 - Smoother transition process.

Performance Metrics

Trendlines indicate improvements for all KPIs, most notably the percentage having their Your Care Act Assessment by 18.



Proxy Indicators:

- Reduced recharges between children’s and adults’ services (from 15-16 cases to just 1 in Sept 2024).
- Fewer ASC contributions required in tribunal cases.

Qualitative Feedback

Direct Quotes

'I was listened to, and now I can go to South Devon College thanks to the support I received.'

"Meeting my social worker made a huge difference; they really understood me.'

'When our daughter spoke to us last night, she said she was 'living her best life.' You made us very happy.'

'Our social worker was proactive, and we felt the process went really well.'

'The social worker was excellent—knowledgeable, personable, and genuinely advocated for the young person.'

A huge thank you to all at Devon Social Services, especially our Social Worker. She has been so wonderful and helpful and needs recognition for demonstrating Compassion and Empowerment.

'I was dreading the transition, but you made it painless.'

'For care leavers without strong family support, transition periods should be longer.'

We both wanted to say a huge thank you for your professionalism in dealing with W's transition. It's not an easy thing to go through, but your help and patience has been much appreciated.

We've always had excellent experiences with the TASC team. We felt understood and our needs adjusted for.

From Parents:

- The worker was lovely, listened to P's history, our concerns for the future and made a few suggestions. A couple of weeks later we received a report, and I have to say it was the most detailed and accurate one we've had in a long time.
- Thank you for everything you have done to get processes underway to support E going forward into her adult life. We are really grateful for your flexible approach and your incredibly helpful guidance.

The Social Worker went above and beyond for the young person and had an excellent understanding of his care needs and a real understanding of the impact of his difficulties and what this means with regards to the services he requires.

- My son was extremely happy, as he felt as if he was listened to, and the worker was very helpful. She made a referral to the Reaching for Independence team, who helped with travel training. He is now able to achieve his goals by going to [Name] Devon College.
- I just wanted to say thanks so much for your help over the last year, I'm not sure how we would have survived without your support. It was so refreshing right from the start to have someone assessing P in such an insightful and dedicated way.

IASC/25/07
Health and Adult Care Scrutiny Committee
24 March 2025

Maximising the delivery of the Deprivation of Liberty Service

Report of the Director of Integrated Adult Social Care, Devon County Council

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

1) Recommendation

The Health and Adult Care Scrutiny Committee:

- a) notes the content of the report and the work taking place to improve performance and outcomes for people subject to Deprivation of Liberty Safeguards
- b) considers inclusion of Deprivation of Liberty Safeguards in the Committees' work programme for 2025-26.

2) Background

- 2.1 Depriving an individual of their liberty is a significant step and should only occur when there is no less restrictive alternative available, where it is necessary and proportionate and where the deprivation of liberty is in accordance with a procedure prescribed by law.
- 2.2 The Supreme Court ruling in *Cheshire West* significantly widened the definition of deprivation of liberty. The judgment established the "acid test," stating that a person is deprived of liberty if they are under continuous supervision, control and are not free to leave.
- 2.3 This ruling led to a surge in DoLS applications because many more people in care settings, living with challenges such as dementia or learning disabilities, are now recognised as deprived of their liberty in the law. Local authorities nationally have struggled to process the increased volume of cases, leading to wide spread delays and backlogs.
- 2.4 The Deprivation of Liberty Safeguards (DoLS) is the legal framework in England that protects individuals who lack the capacity to consent to their

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care and treatment. DoLS ensures that any deprivation of liberty in care homes or hospitals is lawful and in the person's best interests. The process involves assessments to confirm that restrictions are necessary and proportionate. All deprivations of liberty authorisations are only in place for 12 months, requiring a review of the arrangement to continue. These are court procedures with clear and mandated timescales.

2.5 For all other settings an application to authorise the deprivation will need to be placed before the Court of Protection in what we refer to as community deprivation of liberty applications (Comdol). An individual will be deprived of their liberty if:

- They lack mental capacity to consent to reside in a specific place for the purpose of receiving their care / treatment.
- They are under continuous supervision and control.
- They are not free to leave.
- The arrangements for their care and support are imputable to the state.

2.6 In the [ADASS Spring survey 2024](#), DoLS remained the third highest area of concern with 42% of Directors saying they are less than confident in meeting this statutory duty for 2024/25. The capacity to deliver a timely response for DoLS and Comdol are on the Council's risk register.

2.7 A further more detailed explanation of DoLS was provided through a DoLS masterclass for the Health and Adult Care Scrutiny Committee in November 2021. Members can access and recap via the Member area of the Council intranet. SCIE has also produced [at-a-glance guidance on DoLS](#)

3) Main body

3.1 Investment in the Deprivation of Liberty Service

3.1.1 The Deprivation of Liberty Service received an additional £500k in the 2024/25 budget to enable an additional focus on the more high-risk assessments including those who are objecting to their care and support arrangements.

3.1.2 The impact of this investment started to be seen in July after recruitment and training. In the 7 months between July 2024 and January 2025, an additional 195 Best Interest Assessments have been undertaken based on the same period the previous year.

We have seen an increase of over 60% in the number of assessments undertaken in January 2025 (129) compared to January 2024 (80) and January 2023 (75).

3.1.3 This has resulted in securing better outcomes for people through:

- Speedier removal overly restrictive care provision, and potential harm
- Delivery of Human Rights Act particularly Article 5 and Article 8:
 - Article 5 – Right to Liberty and Security: Protects individuals from unlawful detention, ensuring no one is deprived of their liberty except in specific legal circumstances (e.g., arrest, mental health detention) with proper safeguards.
 - Article 8 – Right to Private and Family Life: Protects personal privacy, family relationships, home life, and correspondence from unnecessary government interference, unless justified for public safety, national security, or crime prevention.
- Improved and quicker access to the safeguards provided by statutory advocacy
- Improved access to oversight and review by the Court of Protection.

3.1.4 The impact of this additional funding has also benefitted the Council through reduced financial and reputational damage including reduced risk of successful judicial review. All of the above we demonstrate to the CQC as part of inspection regime of Care Act duties.

3.1.5 A further investment of £1.5M each year over the next three years has been committed. This funding has three aims:

- To better manage the Deprivation of Liberty Service incoming work
- To actively reduce the waiting list
- To understand, and embed the improvements needed in practice and process relating to Comdol

3.1.6 Recruitment planning for the three years DoLS investment monies has already been formulated and agreed ready for go live on 1 April 2025 and the start of the anticipated availability of funding.

3.1.7 Alongside this work we are delivering efficiencies and improved productivity in care management through a programme called Leading and Managing Effective Workflows (LMEW). Delivery of LMEW will enable us to release capacity and resource during 2025/26 that will support the DoLS Service to increase assessment and review work.

3.1.8 This approach will provide the capacity to be more effective, and ultimately and most importantly to achieve better outcomes sooner for the people we serve.

3.1.9 Risks to achieving this include a rising number of DoLS applications that the Council may receive, this is particularly relevant for Comdol.

3.2 Structure of the Deprivation of Liberty Service

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- 3.2.1 Existing arrangements ensure that secure systems are in place to provide oversight, risk management and assurance in terms of the application of the DoLS legal framework, and associated practice.
- 3.2.2 To provide the same level of oversight, risk awareness and assurance for Comdol, the central Deprivation of Liberty Service will be extended to become a single and central DoLS and a Comdol coordination Service.
- 3.2.3 This new single and central coordination function will support the key aim of understanding, and embedding the improvements needed in practice and process relating to Comdol, including:
- Centralised leadership and strategic planning
 - Clear lines of accountability
 - Management of workflow and oversight the individual's journey
 - Data collection / collation and assurance reporting
 - Mentoring and practice support from expert practitioners to the wider staff group in relation to the Mental Capacity Act and DoLS
 - Oversight of the Comdol process and practice standards
 - Identifying during assessment when someone has capacity or not
 - Recognising when a deprivation of liberty is required
 - Recognising when a deprivation of liberty is a result of a care plan
 - Supporting links with Legal Services and legal literacy
 - A focus on CQC inspection requirements

3.3 Ensuring the right level of capacity in the Deprivation of Liberty Service

- 3.3.1 DoLS Best Interests Assessors (BIAs) are professionals who assess whether a person deprived of their liberty under DoLS is lacking the capacity to consent to their care, that the restrictions they may be the subject of are necessary and proportionate, and that they are in a situation that is in their best interests. BIAs also check for possible less restrictive options and ensure the person's rights under the Mental Capacity Act 2005 are upheld.
- 3.3.2 BIAs play a critical and central role in any Deprivation of Liberty Service. Having the right level of BIA capacity is hugely significant in helping deliver the best outcomes for people.
- 3.3.3 Currently the Deprivation of Liberty Service has 18 FTE BIAs, of which 14.4 FTE focus on incoming activity. To achieve the aims set out above the Deprivation of Liberty Service requires a further 14.8 FTEs in the BIA role, bringing to total number to 29.2 FTEs.
- 3.3.4 The additional BIAs means we can do more, and quicker, to address incoming work and address the backlog. The increased work also requires additional roles, roles that deliver statutory functions with the overall statutory DoLS process. These roles include Section 12 doctors who are vital in the authorisation process. Likewise additional capacity is sought in the Independent Mental Capacity Advocacy. All of these roles and functions have been factored into the DoLS improvement plan.

3.4 Current performance

- 3.4.1 The productivity of the Deprivation of Liberty Service has been independently assessed as very good.
- 3.4.2 The sheer volume of DoLS applications being received, currently at over 700 per month means the waiting lists remain high. As stated earlier in the report DoLS waiting list are a national concern.
- 3.4.3 As of 23 February 2025, there were 3439 individual referrals waiting for a DoLS assessment. The median waiting time was 319 days with the maximum waiting time of 2226 days.
- 3.4.4 The Deprivation of Liberty Service triages requests for assessment based on the ADASS pro-forma and locally agreed priorities. This ensures that application for standard authorisations are dealt with appropriately regarding risk to the individual and the protection of human rights.

3.5 Future performance ambition

- 3.5.1 The new council investment will ensure additional capacity in the new financial year arrangements to recruit have started.
- 3.5.2 The DoLS plan will mean we are better able to manage demand. We anticipate over the next 5 years the waiting list will reduce by over 50% (3200 to under 1600)
- 3.5.3 Progress is monitored and reported at the Service Improvement Group

4) Options / Alternatives

N/A

5) Consultations / Representations / Technical Data

N/A

6) Strategic Plan

- Improve health and wellbeing, including any public health impacts
- Help communities be safe, connected and resilient

7) Financial Considerations

N/A

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8) Legal Considerations

N/A

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

N/A

10) Equality Considerations

N/A

11) Risk Management Considerations

Related risks appear within the Risk Register

12) Summary

The Health and Adult Care Scrutiny Committee:

Name Tandra Forster Director of Integrated Adult Social Care

Electoral Divisions: All

Cabinet Member for Integrated Adult Social Care and Health: Councillor Phil Bullivant

Local Government Act 1972: List of background papers

Background Paper

Date

File Reference

Contact for enquiries:

Name: James Martin

Telephone: 01392 383000

Address: Room G38 County Hall, Topsham Rd, Exeter, EX2 4QD

Teignmouth Primary Care - Devon Overview and Scrutiny Committee 24 March 2025

Teignmouth GP practices explore potential merger to strengthen practice resilience

Channel View Medical Group and Teign Estuary Medical Group have been working side by side for many years, providing primary care services for over 22,500 patients in the Teignmouth area.

Two partners of Teign Estuary are due to retire at the end of May 2025 and the two practices have been exploring options for their future to ensure their sustainability and resilience.

NHS Devon has had some preliminary discussions with the practices about this. The practices have begun briefing patients, staff and local stakeholders about what this would mean. If we receive an application, the formal and regulatory process which could take a few months, will commence.

Should the merger go ahead, patients would not need to take any action, and they would see no change to how they access appointments, the clinical and administrative staff they see or services available at any of the six surgery sites.

Primary care estates

NHS Devon met with Teignbridge District Council on 10 February as a follow-up to the 10 December meeting. The Council's Deputy Leader and the Head of Assets attended.

The main part of the discussion was a comprehensive explanation of why building just on the Brunswick South site was not viable for the NHS (concerns regarding size, land contamination, right to light and flood risks).

There was a general acceptance of our need to build a new primary care facility (by March 2028) and suitability of Brunswick North, and the Deputy Leader re-confirmed the Council's support. Discussions are ongoing with the council regarding the suitability of both the Brunswick North and South sites.

The project team is reviewing financing/funding options and will prepare a proposal for consideration by the Council and the hope is a meeting will be arranged in the next 4-6 weeks.

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Channel View practice and NHS Devon have met with the Health and Wellbeing Centre architects, Corstophine and Wright, to explore the potential for them to act as architects for the new scheme and to novate across their previous work (including planning surveys). A proposal has been requested to ensure retaining them provides appropriate value for money.

£75k Minor Improvement Grant (MIG) funding has been allocated to the practice from 2024/25 and several projects are underway to improve current estate.

ENDS

LDS/25/04
Health & Adult Care Scrutiny Committee
24 March 2025

Devon Dementia Strategy - Health & Adult Care Scrutiny Standing Overview Group

Report of the Health & Adult Care Scrutiny Members

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

1) Recommendations

That the Committee be asked

- a) To share the learning from the Standing Overview Group to inform its ongoing role reviewing the planning, provision and operation of the health services in Devon, as well as informing the future Scrutiny work programme.
- b) A 12 month update report on the implementation of the Devon Dementia Strategy is presented to the Committee.
- c) There is dementia awareness training for all Members of the new Council.

2) Background

- 2.1. Dementia is a long-term syndrome caused by several progressive neurological conditions, most commonly Alzheimer's disease (a neurodegenerative disease) or a Cerebrovascular disease (narrowing of blood vessels in the brain). Dementia affects cognitive functions in everyday life, requiring a joint care response, it is not classified as a mental illness. Devon faces a growing challenge as the number of people living with dementia is expected to rise by 54% by 2040, highlighting the urgent need for a comprehensive and collaborative dementia strategy.
- 2.2. Work has been underway in Devon to develop a system wide strategy. The Devon Dementia Strategy has been co-produced with input from over 100 contributors, including healthcare professionals, local authorities, the voluntary and community sectors, and people with lived experience of dementia and their carers. It sets out a comprehensive roadmap to improve the quality of life for those affected by dementia. Centred on the NHS Well Pathway for Dementia, the strategy emphasises a holistic, collaborative approach to fostering dementia-friendly communities, enhancing care pathways, and ensuring ongoing engagement with those directly impacted.
- 2.3. The strategy aims to improve the quality of life for those affected by dementia and create an inclusive, supportive environment for everyone involved through collaborative efforts, focused initiatives and sustainable practices. It is a call to

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action for health and social care professionals, community leaders, organisations, and all Devon residents to come together and make a meaningful impact in the lives of those facing the challenges of dementia.

- 2.4. Nationally, rates of dementia are growing; dementias (including those caused by Alzheimer's disease) are already the biggest driver of mortality and place a significant burden across NHS services. The national aspiration is that two-thirds (66.7%) of people estimated to be living with dementia should have a formal diagnosis recorded in their primary care notes.
- 2.5. This strategy builds upon the existing quality initiatives supporting people with dementia and unpaid carers across Devon. It also outlines a proactive plan to:
 - Raise awareness of dementia so people are educated and informed, reducing risks and stigma
 - Ensure timely diagnosis and access to appropriate support services
 - Enhance the quality of care provided to those living with dementia
 - Provide robust support for families and caregivers
 - Work towards dementia-inclusive communities across Devon
 - Provide personalised end of life care that reflects the wishes of the individual
- 2.6. Diagnosing dementia is essential because it is the first critical step in accessing the appropriate care, support and treatment that can significantly improve the quality of life for people with dementia and their families. Timely and accurate diagnosis allows for interventions that can slow the progression of the disease, manage symptoms more effectively and help people plan for the future. It also reduces the uncertainty and anxiety that often accompany undiagnosed cognitive issues. Moreover, a diagnosis enables healthcare providers to offer person-centred support and resources, ensuring that people receive the most suitable care throughout their dementia journey. This also plays a role in reducing stigma by fostering greater understanding and awareness of dementia within communities. As of October 2024, Devon's Dementia Diagnostic Rate was 58.9%, an improvement from 55.2% in April 2023. This ranks Devon 38th out of 42 systems in England indicating further improvement is needed.

3) Standing Overview Group

- 3.1. On 6 February 2025 the Standing Overview Group of the Health and Adult Care Scrutiny Committee met with the following officers to review the emerging Devon Dementia Strategy and provide feedback on the draft:
 - Jacquie Mowbray-Gould, Director - Mental Health, Learning Disability and Neurodiversity Provider Collaborative, Devon Partnership Trust
 - Emma Elston, Older Persons Mental Health Directorate Manager, Devon Partnership Trust
 - Tina Henry, Deputy Director of Public Health, Devon County Council
 - Solveig Wright, Deputy Director of Integrated Adult Social Care (Commissioning), Devon County Council

- Candy Worf, Senior Commissioning Officer, Strategic Commissioning and Market Team, Devon County Council

The following Members attended:

- Cllr Sara Randall Johnson (Chair)
- Cllr Pru Maskell
- Cllr Linda Hellyer
- Cllr Hodson (Devon District Councils Representative)
- Cllr Phil Bullivant (Cabinet Member)

Issues Identified

- 3.2. One of the recommendations from the [Public Health Annual Report 2023/24](#) was for a dementia strategy and this has moved forward rapidly, which Members welcomed. Devon Partnership Trust, who have led the process, have engaged with a wide range of statutory and voluntary partners including all memory cafes in Devon (the County has more memory cafes than any other area) ensuring the strategy has been shared with people with dementia. The intention is for the Devon Dementia Strategy to be ratified at the end of March 2025 by the Integrated Care Board.
- 3.3. During discussion with Members the following issues were identified:
 - **Resources** - Members expressed concern that the strategy is not connected to resources, or the pooling of funds across the system to move this forward. Officers explained that the strategy deliberately does not include financials, instead focussing on best practice and sets out the challenges to deliver an effective dementia pathway. It is a long term strategy that identifies the actions that need to be taken as a system to prevent longer-term challenges. There are challenges investing in services at a time where resources are already stretched.
 - **Priorities** - Members felt there could be more clarity on the priorities within the strategy e.g. what will be tackled first, especially across so many partners and layers of work.
 - **Diagnosis** – The Standing Overview Group noted issues around early dementia diagnosis in Devon and difficulties getting timely access to a GP appointment. Diagnosis is incredibly important, it enables people to be prescribed the right medication, but also to access support, services, and validating what someone is going through. Work is planned to relaunch a dementia diagnosis support pack with GPs.
 - **Post-diagnostic Support** - There is a lack of post-diagnostic support in Devon. Better post-diagnostic support would ultimately reduce demand on the system in terms of footfall, average length of hospital stay, care packages, amongst others factors as result. There is not the support in post currently to help people with information, guidance and accessing therapeutic interventions and specialist support.

Agenda Item 10

- **Dementia Friendly Communities** - Devon was reported to be on a positive pathway before the Covid-19 pandemic in terms of dementia friendly communities, but some of this work has been lost. There is a need to re-establish a strategic intention to re-start this work, encouraging communities to have conversations about dementia, and how people then seek an assessment and support. It is not just about having specialist services but about making all services dementia friendly. Dementia should not be an exclusion criterion for services.
- **Raising Awareness** – The need to raise public awareness about dementia diagnosis and focus on what people can do, with more of a strengths-based approach. This will make people feel less isolated and remove some of the stigma around dementia. Educating communities to know how to engage with people with dementia would be helpful.
- **Housing** – Members noted there being little about housing within the strategy and flagged up the role that good housing design can play in helping people stay in their own homes for longer. Officers advised that they did not add a housing element as felt it less specific about dementia and decided it was not within the scope of strategy.
- **Health Inequalities** - Officers acknowledged that there could be a stronger focus on health inequalities. Looking at deprivation and other issues around being able to support those with more complex dementia.
- **Prevention** - Officers recognised that the strategy aligns with the health prevention agenda, but there are challenges in prioritisation. There is a need for Public Health to work with school age children promoting their physical and mental health as well as focussing on other preventative measures as there is an opportunity that this will impact upon some types of dementia such as vascular dementia people may experience in later life. There is a need for a wider conversation with the public about having a healthier later life, and the strategy should be a document that promotes conversations within communities.
- **Reviewing Impact of Strategy** - Members noted the importance of monitoring the implementation of the Devon Dementia Strategy and its impact. The need for Scrutiny to consider inviting the Integrated Care Board to update the Scrutiny committee on progress delivering the strategy in 12 months' time. What improvements will the strategy be able to evidence to Scrutiny? What will the demonstrable goals be that the strategy needs to include? Officers have funding for an 18 month and 3 year review once the strategy is accepted which will be helpful in terms of check and challenge.

4) Conclusion

- 4.1. The Committee thanked officers for attending the Standing Overview Group and for the work that they are undertaking in terms of the emerging Devon Dementia Strategy. Members welcomed the pace of the progress towards this strategy following the recommendation in the Public Health Annual Report 2023/24.

Members also wished to express enormous thanks to staff from across Integrated Adult Social Care, NHS Devon and DPT for the work they are doing and their commitment to the people of Devon they are supporting.

- 4.2. Members welcomed the vision of the Devon Dementia Strategy '*For Devon to be a leading dementia-inclusive county. Our vision is for people with dementia in Devon to live fulfilling lives with dignity and respect, supported by integrated care and communities; and for families and unpaid carers to have access to the resources, guidance and support they need.*' Members also fully support the intention of the Devon Dementia Strategy as '*a call to action for health and social care professionals, community leaders, organisations, and all Devon residents to come together and make a meaningful impact in the lives of those facing the challenges of dementia.*'
- 4.3. The Standing Overview Group identified that there has been a lack of system ambition around having a dementia strategy post-pandemic but recognised that while not all the finances or resources are in place there is now an exciting opportunity, and significant step in the right direction, to take this work forward. Acting as a critical friend, Members trust the issues they identified in this session can be used to strengthen the strategy and crucially its implementation. It is essential that following the County Council elections in May 2025, the new Health and Adult Care Scrutiny Committee continue to track and monitor the progress of the Devon Dementia Strategy.

5) Options / Alternatives

- 5.1. The report is the summary of the Standing Overview Group meeting of Members of the Health & Adult Care Scrutiny Committee. Scrutiny does not make decisions and this report does not propose any alternatives.

6) Consultations / Representations / Technical Data

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

7) Strategic Plan

- 7.1. 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.
- 7.2. Improving Member knowledge on key issues contributes to the Council's commitment to being a trusted, inclusive and innovative Council. It ensures good decision making and that the Council listens and learns.

8) Financial Considerations

- 8.1. There are no specific financial considerations in this report.

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9) Legal Considerations

9.1. There are no specific legal considerations in this report.

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

10.1. There are no specific environmental impact considerations in this report.

11) Equality Considerations

11.1. There are no specific equality considerations in this report.

12) Risk Management Considerations

12.1. The activity of Scrutiny Members 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).

Name:

Director of Legal and Democratic Services, Maria Price

Electoral Divisions: All

Cabinet Member for Organisational Development, Workforce & Digital Transformation, Councillor Andrew Saywell.

Local Government Act 1972: List of background papers – Nil

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LDS/25/5
Health & Adult Care Scrutiny Committee
24 March 2025

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

Report of the Health & Adult Care Scrutiny Members

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

1) 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.

2) Background

- 2.1. 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.
- 2.2. NHS providers routinely deliver presentations to the Members of the Standing Overview Group, on their Quality Accounts and their priorities in terms of improvement, most recently in [February 2024](#). This process informs 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.
- 2.3. On 13 February 2025 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 Alan Connett (Vice Chair)
- Cllr Jess Bailey
- Cllr Pru Maskell

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- Cllr Ron Peart
- Cllr Carol Whitton
- Cllr Claire Hodson (Devon District Councils)

3) Healthcare Trusts

3.1 Devon Partnership NHS Trust

- Shaun Alexander, Head of Experience, Safety and Risk
- Laura Hobbs, Director of Corporate Affairs
- Phillip Mantay, Chief Executive Officer

Devon Partnership NHS Trust (DPT) Annual Quality Account Improvement Priorities 2024/25

Safe, high quality information
Restorative, Just and Learning Culture
Safe from suicide
Safe from unnecessary restriction
Safe and effective use of medication
Sexual safety
Safe physical healthcare

Summary of the Trust's most recent Quality Account - [Quality Account 2023/24](#).

During discussion with Members reference was made to the following:

- 3.1.1. DPT continue to be rated 'Good' overall by the Care Quality Commission. There are challenges in some inpatient services, but improvements have been made.
- 3.1.2. DPT are forecasting achieving financial balance for 2024/25, which Members hugely welcomed and commended the Trust.
- 3.1.3. Continued pressure and long waits particularly on the urgent care pathway, specialist Gender, Autism Diagnostic, Eating Disorders services and on Dementia assessment and post-diagnostic pathway.
- 3.1.4. Members noted that CAMHS wait times was an issue often raised with them. Officers advised that there has been some progress but wait times are still too long. Across the County Council footprint 664 children and young people are currently on the waiting for initial assessment – 62% of whom will be seen with 18 weeks; 'good' would be 85%-90% being seen within 18 weeks, which is therefore not where DPT want to be.
- 3.1.5. Inpatient mental health and learning disability improvement programme launched in 2024.
- 3.1.6. The need to use technology and digital solutions to support care, but not replace it.

3.1.7. In terms of a question about meeting the NHS England financial targets as detailed in the [2025/26 Priorities and Operational Planning Guidance](#), the Trust recognised that it will be a challenge to meet the reductions of cost base by at least 1% and achieve the 4% overall improvement in productivity. DPT will seek to protect frontline services, focussing on reducing the reliance on agency staff and private providers in terms of beds which is another big area of spend. Members questioned whether there is an agreed premium across the South West like in Children's Social Care. Officers advised that there was some work regionally on this, but more that could be done.

3.1.8. DPT has a ratio of frontline to support staff of approximately 75% / 25%.

3.1.9. DPT does not provide an inpatient unit for young people with eating disorders, but other organisations such as Livewell Southwest do.

3.1.10. Unnecessary restrictions is an issue nationally. DPT only use restrictions where absolutely necessary, and these are always formally reported. CQC is very clear how seclusions and restraints are categorised. There is lots of work around alternatives.

3.2 Torbay and South Devon Healthcare NHS Foundation Trust

- Maria Patterson, Associate Director of Patient Safety and Quality

Torbay and South Devon Healthcare NHS Foundation Trust Annual Quality Account Improvement Priorities 2024/25

Reduce health inequalities
Continuously seek out and reduce harm
Excellence in clinical outcomes
Deliver what matters most to people

Summary of the Trust's most recent Quality Account - [Quality Account 2023/24](#)

During discussion with Members reference was made to the following:

3.2.1 The need to reduce the elective care backlog. Members welcomed the focus on reducing waits for planned care, and the impact that will have on reducing patient harm and improving outcomes.

3.2.2 Ophthalmology remains a challenge in terms of the length of the waiting list. The Standing Overview Group questioned whether there is more work that the Trust can do to support patients from Torbay accessing treatment at the Nightingale Hospital Exeter such as in terms of transport.

3.2.3 The positive steps to improve quality and safety for patients, with the work the Trust is undertaking reducing wait times for emergency care.

3.2.4 The Trust recognises the need to do better in terms of engaging patients. Work is underway to involve patients and families in safety reviews and investigations.

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- 3.2.5 Members welcomed the progress on cancer performance.
- 3.2.6 The work the Trust is doing to make patient pathways more effective, helps to improve the quality of care as patients recover quicker, they spend less time in hospital and this reduces costs.
- 3.2.7 The Trust is focussed on trying to improve issues around delayed discharge. It is complex and inextricably linked to the availability of social care beds. Twice weekly meetings are held with Integrated Adult Social Care to try to ensure safe discharges take place so patients do not come straight back in.
- 3.2.8 Members were advised that main areas of concern for the Trust relate to patient flow and ambulance delays. These are national challenges too, the Trust is committed to reducing ambulance delays and the length of time patients are waiting within the emergency department and some improvements have been noted and this work remains ongoing.
- 3.2.9 Members expressed concern that stroke and cardiac patients were now going to be seen at the Royal Devon and Exeter Hospital. Issues around the travel arrangements, in particular the time it would take to take people to Exeter given the existing challenges around ambulances responding and patient access to RDE. The Trust recognised these as valid points that need to be explored in terms of this proposal alongside the advantages of having a centre of excellence in the region.
- 3.2.10 Members noted the disappointing news about the delay to building works at the Torbay Hospital site. The Trust recognise it is an old estate, with the various challenges noted on the risk register, but staff will continue to do their utmost for patients.

3.3 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 2024/25

Admission avoidance
Dynamic flow
Timely discharge

Summary of the Trust's most recent Quality Account - [Quality Account 2023/24](#)

During discussion with Members reference was made to the following:

- 3.3.1 The Trust is proud of its partnership working with community provider Livewell Southwest, primary care and other providers.

- 3.3.2 Invested nearly £5 million hospital funding to community to help support people at home including the community X-ray car and the rapidly expanding community virtual frailty ward.
- 3.3.3 Focus on supporting intermediate care, increase in domiciliary and reablement care – 60 more patients a month are going home rather going into residential homes.
- 3.3.4 Significant improvement in end of life care in terms of earlier identification with a reduction in the number of people dying in the Emergency Department. Members welcomed this work in particular following their recent [End of Life Care Task Group](#).
- 3.3.5 Derriford was the 4th most improved Emergency Department hospital in England last month. Members welcomed these significant improvements.
- 3.3.6 Improvements in urgent care helps electives in terms of tackling waiting lists. The Trust has a much improved plan, which will be greatly helped by the new builds at the site, which will provide state of the art facilities, and resolve the issues with overcrowding. All predicated on quality improvement. Members congratulated the Trust about the announcement of the building works.
- 3.3.7 New Urgent Treatment Centre opening in the Spring which will make a difference in terms of Emergency Department flow and will include a new outpatient and fracture clinic.
- 3.3.8 Next year's Quality Account will be focussing on similar areas including patients whose condition is deteriorating and infection control, where there are some challenges in that area with the overcrowding issues on the site. There is also a need to realign some focus on medication.
- 3.3.9 The new Patient Experience Strategy is due to be signed off in March 2025 and this needs to be an integral part of every decision, bringing those individuals in at an earlier stage of discussion of improvement and change. It needs to be patient focused and clinically led.
- 3.3.10 In terms of a question about meeting the NHS England financial targets as detailed in the [2025/26 Priorities and Operational Planning Guidance](#), officers advised that the Trust always has financial targets to achieve and they were very conscious of financial envelope they need to work in. There will be a focus on where efficiencies can be made, as reducing patient stay by one day alone is significant with patient flow through the system being key to this. Putting through as many improvements in quality that will reduce costs and crucially improve the quality of patient care.
- 3.3.11 University Hospitals Plymouth NHS Trust has 12,643 staff in organisation 3,294 of whom are non-clinical.

3.4 South Western Ambulance Service NHS Foundation Trust

- Lisa Vogwill, Deputy Director of Nursing and Quality

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South Western Ambulance Service NHS Foundation Trust Quality Improvement Priorities 2024/25

Patient safety
Patient experience and engagement
Clinical effectiveness

Summary of the Trust's most recent Quality Account - [Quality Account 2023/24](#)

During discussion with Members reference was made to the following:

- 3.4.1. 6 engagements event with hospitals across the South West working to engage patients on the Trust's priorities related to the Patient Safety Incident Response Plan (PSIRP).
- 3.4.2. South Western Ambulance Service recognise they are not getting to patients always quickly enough.
- 3.4.3. Work is underway to offer more support to patients with learning disabilities and autism. Good progress is being made and this is likely to continue to be included in the Trust's Quality Account priorities next year.
- 3.4.4. Members welcomed the Cardiac Arrest Feedback Project, and the various work underway including on CPR feedback and a process to enable easier identification of defibrillators.
- 3.4.5. In terms of a question raised about meeting the NHS England financial targets as detailed in the [2025/26 Priorities and Operational Planning Guidance](#), the Trust is working at pace to respond to the guidance, but as they only received this in the last couple of weeks they are still at the planning stage.
- 3.4.6. Most South Western Ambulance Service staff are frontline. The Trust is committed to providing 52,000 hours of frontline resource a month, but as part of ongoing focus on efficiency will continue to monitor the relationship between frontline delivery and back office support.
- 3.4.7. Continue to work with Devon Fire and Rescue including on Community First Responders.
- 3.4.8. The appointment of a Specialist Nurse for Learning Disability and Autism was welcomed by Members.
- 3.4.9. The Trust is checking constantly to see if the model of care they are operating is the right for the population. There are many ways to support patients beyond a 999 response and there is a need to continue to look at the wider population and different pathways. A percentage of patients are assessed on the phone as 'hear and treat', while others are 'see and treat', who also do not need to be conveyed to hospital.
- 3.4.10. Paramedics on an ambulance have access to patient summary care records, which includes a significant part of someone's medical history which is

very useful and this access to information is continuing to improve. There are issues with poor broadband and connectivity in some parts of the County which can adversely impact access to IT.

- 3.4.11. Members expressed concern about falls and people waiting long periods on the floor. The Trust advised that there is likely to be something on fallers as a priority for their next Quality Account and it does feature as an area of focus in the PSIRP due to be published in April 2025. Work with Community First Responders to help ensure patients are supported in getting up from the floor, but much more work needs to continue there. The Trust has a quality performance indicator on falls with considerable work in this area being triangulated to hopefully improve this.

3.5. Royal Devon University Healthcare NHS Foundation Trust

- Carolyn Mills, Chief Nursing Officer

Royal Devon University Healthcare NHS Foundation Trust Annual Quality Account Improvement Priorities 2024/25

Improving patient communication

Out of hospital care: admission avoidance

Involving patients in patient safety

Improving our insight of health inequalities for patient safety and experience

Delivering our patient safety and improvement plan

Summary of the Trust's most recent Quality Account - [Quality Account 2023/24](#)

During discussion with Members reference was made to the following:

- 3.5.1. The significant Devon wide project on delivering one electronic record system with Epic. Devon is the first ICS to implement Epic and it is expected to be hugely impactful in resolving issues around continuity of care and quality in terms of patient records. It is expected that Epic will be an enabler on patient safety and therefore quality. Epic's state of the art system will help prevent human errors with a strong alert system and so many checks and balances such as in terms of prescriptions.
- 3.5.2. However, the implementation of the Devon wide EPR has impacted on the delivery of the 2024/25 priority *Improving our Insight of Health Inequalities for Patient Safety and Experience* due to a reprioritisation of resource. Reducing health inequalities remains central to the delivery of the Trust's Patient Safety Incident Response Policy and Plan, with a structured programme of work on health inequalities being undertaken to ensure there is effective insight. Though not achieved this year, this is likely to remain an improvement priority for next year to ensure that it is fully progressed. All other quality priorities remain on track.
- 3.5.3. Members questioned whether it had been harder for the Trust to meet their targets around the Quality Account priorities following the merger between Royal Devon & Exeter Hospital NHS Foundation Trust and Northern Devon Healthcare Trust. The Chief Nursing Officer advised that on the contrary there was a commitment from the Trust to provide the same level of quality across both sites, and it adds

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more value, shared learning and critical mass check and challenge. The merger can only be seen as being beneficial and adding value in terms of patient safety and quality.

- 3.5.4. The big challenge of getting the care for mental health patients in the right place at the right time.
- 3.5.5. Delays in Emergency Departments is another big issue with people being held for an extended period of time particularly in winter.
- 3.5.6. Members congratulated the Trust on its work on Type 2 Diabetes.
- 3.5.7. There has been a significant piece of work on Never Events and Wrong Surgery Site. This is complex where some of those instances were due to human factors where checks and balances were not followed. There was often some correlation between the appointment of temporary staff and incidences of Never Events / Wrong Surgery Sites however the Trust is now in a much better place in terms of recruitment and retention so there is no longer such a reliance on temporary staff.
- 3.5.8. In terms of a question about meeting the NHS England financial targets as detailed in the [2025/26 Priorities and Operational Planning Guidance](#), the Trust has a 4% savings target. It is likely to be one of the most challenging financial years for the Trust. Independent sector commissioning will be an area where the Trust may look to make savings though all options will be evaluated fully.
- 3.5.9. The Nightingale Hospital Exeter has been very successful. It is significant having a 'cold site' that does not get effected by the pressures of urgent care. While there are some transport issues effecting the site, the Nightingale offers a model of care that needs to be preserved. The Committee offered to support the Trust with reexploring the potential options available to improve patient parking.

4) Conclusion

- 4.1. The Committee thanked the Trusts 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 continued to be an extraordinarily challenging time.
- 4.2. This light touch review of the Trusts' Quality Account priorities is intended to pave the way for further Scrutiny moving forward on the 2024/25 Quality Accounts through the Committee's formal response to these and also potentially with a further session with providers later in the year to look in more detail at progress against these priorities.

5) 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.

6) Consultations / Representations / Technical Data

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

7) 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.

8) Financial Considerations

There are no specific financial considerations in this report.

9) Legal Considerations

There are no specific legal considerations in this report.

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

There are no specific environmental impact considerations in this report.

11) Equality Considerations

There are no specific equality considerations in this report.

12) 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).

Name:

Director of Legal and Democratic Services, Maria Price

Electoral Divisions: All

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Cabinet Member for Organisational Development, Workforce & Digital Transformation,
Councillor Andrew Saywell.

Local Government Act 1972: List of background papers – Nil

Contact for enquiries:

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LDS/25/15
Health & Adult Care Scrutiny Committee
24 March 2025

Health & Adult Scrutiny Committee – 4 Year Overview

Report of the Health & Adult Care Scrutiny Members

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

1 Recommendation

That after the Devon County Council local election 2025, the new Council recognises the value of effective Overview and Scrutiny and continues the work this Overview and Scrutiny Committee has led on over the last 4 years.

2 Preface

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

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

The effects and legacy from the Covid-19 lockdowns are still being felt within the health and care system. While challenges persist, we have seen and heard first-hand the extraordinary work that is going on across Devon, the achievements and success. We on the [Health and Adult Care Scrutiny Committee](#) want, again, to put on record our thanks to everyone working in the Devon health and care system both employed and volunteers for all they are doing and their continued commitment. The work of the Health and Adult Scrutiny Committee has vulnerable residents' welfare at the heart of everything we do. Members have continued to shine a spotlight on the invaluable role of unpaid carers in the County and I would encourage the new Committee to do likewise, recognising carers as the tremendous asset that they are.

Devon faces mounting pressure to deliver health and care services, in particular to our non-urban residents in smaller isolated settlements yet still has so much to be proud of. As Chair, I try to ensure that we remain focussed at every Committee meeting to champion the wellbeing of our residents. As we move to a new Council, the Committee will need to maintain attention on Integrated Adult Social Care as the service continues to evolve. As the Council remains committed to its vision of promoting independence via a strengths-based approach alongside managing the key pressures the service faces. It will be essential that Overview and Scrutiny is both the critical yet challenging friend

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supporting officers and listening to the people of Devon to continually improve our services for the benefit of our residents.

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

Thank you to all for your contribution.

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

Health & Adult Care Scrutiny Committee Members

- Councillor Sara Randall-Johnson (Chair)
- Councillor Alan Connett (Vice-Chair 2024 – Present)
- Councillor Martin Wrigley (Vice- Chair 2021-2024)
- Councillor Yvonne Atkinson
- Councillor Jess Bailey
- Councillor Richard Chesterton
- Councillor David Cox
- Councillor Paul Crabb
- Councillor Ian Hall
- Councillor Linda Hellyer
- Councillor Pru Maskell
- Councillor Ron Peart
- Councillor Richard Scott
- Councillor Debo Sellis
- Councillor Carol Whitton
- Councillor Jeremy Yabsley
- Councillor Claire Hodson (Devon District Councils Representative)

3 Committee Meetings

The Committee meets 6 times a year in public to review issues and make recommendations to the Council's Cabinet, the NHS, and sometimes other organisations. These meetings are livestreamed and available to the public to watch live or after the meeting.

Following elections and a new Council in May 2021, the Health & Adult Care Scrutiny Committee has sought to ensure ongoing public scrutiny of the NHS's recovery and restoration journey from the Covid-19 pandemic. The pandemic naturally effected the way in which Health and Adult Care Scrutiny could operate, but the function quickly evolved to ensure that Members were sighted in terms of planning and service delivery, as well as still maintaining that vital challenge to the system. The Committee has remained mindful to try to retain a focus on performance across the wider health and care system.

Over the last 4 years this Committee has taken their responsibility to do this seriously, recognising the importance of understanding the inherent complexities of the system. The Committee has participated in information sharing and Member development sessions which

has helped them to appropriately and significantly hold both the health service and social care service to account at local level.

The Scrutiny Committee has raised awareness of both Devon's health services and the Council's social care services and ensured that the Committee reflects the multiple perspectives of residents. Residents can come to the Committee and present their views directly through representations, in line with the Council's public participation guidance, as well as indirectly through their County Councillor. Through this process overview and scrutiny can influence policy and decisions. For instance, the Committee, responding to the concerns of local people, produced a series of recommendations to Cabinet on the future of the North Devon Link Service, which were accepted, to assure a smooth transition process for those affected. Members recommended the development of community-based solutions to meet identified needs and the emerging long-term pattern of community based mental health support as a result of this process. The Committee will continue to monitor progress against these recommendations.

The Committee has maintained a focus on the policies of the Council including inequalities, understanding the importance of the wider determinants of health and local actions to reduce these. The Committee also continues to receive regular updates on Domestic and Sexual Violence and Abuse (DSVA) from the Member appointed to raise awareness on DSVA.

Throughout the last 4 years there have been challenges in terms of the savings required to meet a growing gap between the amount of funding received by the Authority and the cost of meeting its statutory responsibilities. The Committee has closely tracked these savings to ensure the Council balances its budget in line with its strategic objectives, and the needs of residents. Members have also continued to monitor the 'One Devon' Integrated Care Board budget deficit through regular update reports. National policy has promoted and incentivized an Integrated Care System (ICS) which has to encompass the two different financial budgets and budget controls and protocols of Local Government and the NHS. The work undertaken by the Committee interrogating, scrutinising and challenging the ICS over the last 4 years is described in this report.

4 Task Groups

An in-depth review undertaken by a small group of Members over a number of meetings, will determine its own terms of reference and report back to public committee with recommendations.

Teignmouth Community Hospital

Throughout the term of this Council, there has been significant consideration by the Committee of the future of services in the Teignmouth and Dawlish area, alongside a particular focus on Teignmouth Community Hospital. The Committee's 2021 referral to the Secretary of the State was in 2022 turned down on the grounds that the then Clinical Commissioning Group did 'consult adequately with the Scrutiny Committee'. After further concerns were raised by local Members, the Health and Adult Care Scrutiny Committee resolved to set up a Task Group to gather evidence in regard to making another referral to the Secretary of State on the grounds that the proposal (from the NHS) to close the Community Hospital 'would not be in the interests of the health service in the area'.

In June 2023 Members published an [interim report](#), with a [final report](#) presented to 9 November 2023 Health & Adult Care Scrutiny. It was resolved that the Committee takes steps to make a referral to the Secretary of State for Health and Social Care on the decision to move services

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from Teignmouth Community Hospital and build a Health and Wellbeing Centre on Brunswick Street, Teignmouth. In January 2024 Members raised concerns on the potential impact of another referral on the future of healthcare services in the Teignmouth and Dawlish area; including not wishing to detriment the provision of these services by a potential decision to refer, and whether there was adequate evidence to justify another referral, taking into consideration the Independent Reconfiguration Panel's previous support of the proposals. A vote 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 was lost.

End of Life Care

The Members published their [final report](#) of the End of Life Task Group which was considered at the 27 January 2025 Committee.

The Task Group recognised that there is 'only one chance to get End of Life Care right' and there is a need to drive up the standard of care in Devon to ensure that people receive access to the right support at the right time whichever part of the County they live in. This was one of a series of recommendations made by the End of Life Care Task Group. Members received written submissions and heard evidence from a range of groups and experts including from Integrated Adult Social Care, the NHS and Healthwatch. Councillors also listened to the views and first-hand experiences of professionals who support and care for those at the end of their lives such as GPs, care homes and hospices.

The report highlights earlier GP identification of patients at the end of their lives. Earlier identification would help individuals and families plan better and allow more people to spend their last days being cared for within the community. It would also help out-of-hours providers to better understand the needs of that individual and ensure fair access to care and support tailored to the individual's needs and wishes. The Task Group also recommended a full review of all information and advice currently available in Devon on palliative, end of life care and bereavement to ensure that advice was equally accessible to everyone. By ensuring that the right information and advice was equally accessible it would better help patients' families and professionals consider their options and understand treatment decisions.

1) Spotlight Reviews

A short, sharp, focussed investigation, usually undertaken on one day, will report back to public committee with recommendations.

South Western Ambulance Service NHS Foundation Trust

In June 2022 Members [final report](#) from their Spotlight Review on South Western Ambulance Service NHS Foundation Trust was published. Members made a series of recommendations to help reduce ambulance response and patient 'handover' times at hospitals. The recommendations follow a Spotlight Review at which leaders in the Integrated Care System for Devon, including the County Council, the then NHS Devon Clinical Commissioning Group and the Ambulance Service, were invited to share their knowledge and expertise. The Spotlight Review concluded that an urgent 'systemwide' commitment to improve average response times was needed, and that all of Devon's acute hospitals should adopt the Rapid Patient Assessment and Triage model used by the Royal Devon & Exeter Hospital.

Community Pharmacy

The Members published their [final report](#) of the Community Pharmacy Spotlight Review on 20 January 2023, with a series of recommendations to improve patient outcome and experience. This review was instigated by the Committee following reports of a disruption to the pharmacy services in several parts of North and East Devon. There were unplanned closures, when collecting prescriptions, people experienced lengthy queues to be served and delays with repeat prescription being dispensed.

Carers – A Follow Up

On [13 March 2023](#) the *Carers – A Follow Up* Spotlight Review was presented to the Committee and a series of recommendations agreed. The Review highlighted the invaluable role that unpaid carers play and emphasised how vital it is that the County Council, the health system, and the wider society both recognises and values this. It is essential that carers in Devon are identified and supported.

5 Standing Overview Group

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

Quality Accounts

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

- 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

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. 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 September 2023 it was agreed to reinstate sessions with the providers to discuss their Quality Accounts and overall performance reporting back to Committee. Providers attended sessions with Members on:

- [8 February 2024](#)
- 13 February 2025

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

Public Health

On [18 August 2021](#) the Health and Adult Care Scrutiny Committee's Standing Overview Group held a meeting to review with officers the [2020/21 Public Health Annual Report](#), which was focused on the Covid-19 pandemic response in Devon. The session provided Members with the opportunity to develop their understanding of Public Health, and drill down into areas of interest.

Integrated Adult Social Care Customer Feedback

The Standing Overview Group met on 22 July 2024 to review [Integrated Adult Social Care Customer Feedback](#). Members welcomed the level of detail that was provided to them and the objective appraisal of the issues surrounding customer feedback. Learning from both complaints and compliments remains an area for development. Ensuring there is a robust approach to gathering and processing customer feedback is essential in providing high quality services and care to the people of Devon.

Devon Dementia Strategy

On 6 February 2025 Members met with officers from Devon Partnership Trust, as well as the Council's Integrated Adult Social Care and Public Health to review the emerging Devon Dementia Strategy.

6 Visits

Members undertook a series of visits to health and care settings across the County both as part of their task group reviews and also to get a first-hand account from staff of where the system is working well, how supported they feel and where there may be issues of concern. There is huge value in Councillors being able to triangulate theory with practice and patient experience.

Replacement Day Care

In November 2022, Members undertook a series of visits to the County Council's learning disability day centres. This was against the backdrop of an impact assessment having been undertaken in June 2022 on reviewing the potential cessation of providing buildings-based day services. Members visited the following:

- Nichols Centre, Exeter
- Abbey Rise, Tavistock
- Rushbrook Centre, Totnes

The Members published their [report](#) on Replacement Day Care which was presented to Committee on 20 January 2023.

Langdon Hospital / Franklyn Hospital – Devon Partnership Trust

Members visited Langdon Hospital and Franklyn Hospital, both of which are run by Devon Partnership Trust. Providing a [report](#) to Committee on their findings on 21 November 2024. Langdon Hospital is a secure unit for men from the South West who, as a consequence of their mental health needs, have had contact with the legal system and require a safe and secure environment that enables them to receive a wide range of treatments, therapies and care to assist in their recovery. Franklyn Hospital has two wards totalling 30 beds for older people with dementia and a range of mental health needs providing assessment and treatment as well for those with depression, anxiety and psychosis.

NHS Nightingale Hospital Exeter

On 24 June 2024 the Committee received the [report](#) of Members visit to NHS Nightingale Hospital, Exeter. The NHS Nightingale Hospital, Exeter, was initially part of the national response to Covid-19 and is the only one of 7 Nightingales nationally to still be open. NHS Nightingale Hospital Exeter, is hosted by the Royal Devon University Healthcare NHS Foundation Trust but patients attend from across the County. The Hospital's comparatively small size has been advantageous in relation to innovation and transformation. Testing new models of care has led the way in transformative work both in Devon and nationally in terms of how elective diagnostic recovery can be supported at an off-site centre away from urgent care pressures. By dealing with entirely elective procedures NHS Nightingale Hospital Exeter, does not have the competing demands of an acute hospital or the same issues around patient flow to manage. The net result of which has been to shrink waiting lists.

7 Masterclasses

Masterclasses are information sharing sessions where issues are presented informally to Members to raise awareness and increase knowledge. These sessions have enabled trusting, and candid relationships to develop with officers. Masterclasses are sometimes also attended by fellow Scrutiny Members from Plymouth and Torbay, demonstrating the maturity of relationships across the 'One Devon' partnership and a commitment to joint working and collaboration.

Members held the following sessions over the last 4 years:

- 6 July 2021 - Safeguarding Adults
- 20 July 2021 - Community Health and Social Care Teams: An Overview
- 3 August 2021 - Health & Adult Social Care Workforce
- 19 August 2021 - Integrated Care System and Local Care Partnership Development
- 5 October 2021 – Improving Support for People with Disabilities
- 22 October 2021 - Current System Pressures and Future System Vision
- 24 November 2021 - Introduction to the Joint Strategic Needs Assessment
- 29 November 2021 - Deprivation of Liberty Safeguards
- *14 January 2022 - Improving community support for people in Devon with serious mental health needs*
- 10 March 2022 - Proposed Merger of NDHT and RD&E
- 10 March 2022 - Our Future Hospital Programme
- 11 March 2022 - Protected Elective Care
- 19 May 2022 – Adult Social Care Reforms
- 7 June 2022 – Primary Care Strategy
- 26 July 2022 – Community Urgent Care

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- 7 September 2022 - Housing, Health and Care
- 11 October 2022 - Integrated Care Strategy for Devon
- 8 November 2022 - The state of Adult Social Care
- 13 December 2022 - Peninsula Acute Sustainability
- 5 January 2023 - Adult Social Care Assurance Framework
- 1 February 2023 – Dentistry
- 20 April 2023 - 5 Year Joint Forward Plan
- 26 April 2023 - Digital & Technology Enabled Care Solutions
- 15 June 2023 – Peer Challenge
- 20 July 2023 - Transforming Transition for young people in Devon
- 18 September 2023 – NHS Dentistry (webinar)
- 27 September 2023 - *Integrated Adult Social Care Improvement Plan and Preparing for CQC Assurance*
- 1 November 2023 - NHS 111
- 27 November 2023 – Public Health Annual Report 2022/23
- 6 December 2023 - Torbay and Devon Safeguarding Adult Partnership
- 27 February 2024 - Integrated Adult Social Care Self-Assessment / Annual Report
- 8 July 2024 - Peninsula Acute Sustainability Programme
- 14 October 2024 Annual Public Health Report 2023/24
- 14 January 2025 Right Care, Right Person

The Committee also held annual work programming sessions to review their priorities for focus over the 12 months ahead.

8 Workshops

The Local Government Association provided a [one-day training workshop](#) *Prevention Matters* on 21 May 2024 linked in with the Health & Adult Care Scrutiny Committee to enable Members to champion health improvement and prevention in their communities. The session helped Members understanding of their individual role in supporting the prevention agenda, as well as applying learning from the day with their local knowledge to help Members consider the next steps to improve health and well-being in their communities.

9 Specialist Advisors

The Committee benefits from the expertise of a specialist advisor supporting Members in their Scrutiny role. Members would like to thank Margaret Wilcox OBE for her contribution in the post until 2023 and also thank Peter Hay CBE for his invaluable support and insight in the role since.

10 Conclusion

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

11 Options / Alternatives

The report is the summary of the activity of the Health & Adult Care Scrutiny Committee. Scrutiny does not make decisions and this report does not propose any alternatives.

12 Consultations / Representations / Technical Data

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

13 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 trusted, inclusive and innovative Council. It ensures good decision making and that the Council listens and learns.

14 Financial Considerations

There are no specific financial considerations in this report.

15 Legal Considerations

There are no specific legal considerations in this report.

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

There are no specific environmental impact considerations in this report.

17 Equality Considerations

There are no specific equality considerations in this report.

18 Risk Management Considerations

The activity of Scrutiny Members 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

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making, resulting in a negative effect on the County's citizens (poor value for money, poor service delivery, harm, etc).

Name:

Director of Legal and Democratic Services, Maria Price

Electoral Divisions: All

Cabinet Member for Organisational Development, Workforce & Digital Transformation,
Councillor Andrew Saywell.

Local Government Act 1972: List of background papers – Nil

Contact for enquiries:

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IASC/25/08
Health and Adult Care Scrutiny Committee
24 March 2025

HEALTH AND CARE GENERAL UPDATE PAPER

Joint report from the Director of Integrated Adult Social Care at DCC, the Director of Public Health and Communities at DCC, and the Locality Director of North and East Devon, 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 Update on CQC Inspection

3.1.1 On the 10 February the Council received notification of inclusion in the CQC inspection regime of the delivery of Care Act duties. Work has taken place to ensure that the requirement was met to submit mandated information and data to the CQC to inform its assessment and rating.

3.1.2 Part of the information submitted to the CQC is a Self-Assessment document. This document is on the March agenda of the Health and Adult Care Scrutiny Committee.

3.1.3 The next step in the process is a second notification informing the Council when the CQC will be in Devon, this is likely to be within the next month.

3.2 Update on Care Act waiting lists and waiting time

3.2.1 At the January committee meeting Member received a [paper](#) setting out performance on Care Act assessments and reviews, including for carers. The paper also set out the improvement plans working to reduce the number of people waiting and how long they are waiting.

3.2.2 Two months on from that paper further progress has been made thanks to the efforts of staff and the embedding of the developing approaches set out in the January paper.

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3.2.3 Care Act assessments:

- The waiting list has reduced from 1596 people to 1303 people
- The median waiting time has reduced from 68 days to 41 days
- The maximum waiting time has reduced from 996 days to 367 days

3.2.4 Carers assessments:

- The waiting list has reduced from 85 people to 74 people
- The median waiting time has reduced from 10 days to 7 days
- The maximum waiting time has reduced from 37 days to 16 days

3.2.5 Care Act reviews:

- The waiting list has reduced from 4045 people to 3451 people
- The median waiting time has increased from 210 days to 232 days
- The maximum waiting time has increased from 2796 days to 2888 days

3.2.6 Although the overall number of people waiting for a care act review has decreased, waiting times have increased. This is because a number of 'less overdue' review cases have taken priority owing to the level of risk and hence urgency for review for those individuals. We have now put in place a targeted programme to allocate the most overdue reviews.

Next steps

3.2.7 This month we will be launching the new "Waiting Well Framework". This will support us to meet people's needs and expectations in a timely and effective way through providing advice and information to access resources they need to wait well, to promote self-help and independence and prevent crisis situations and reduce predictable risk.

3.2.8 The Waiting Well Framework has been co-produced with people we serve and their representatives.

3.3 Update of approach and progress in Equality Diversity and Inclusion (EDI)

3.3.1 The Integrated Adults Social Care Race Equality Programme has been brought into the wider EDI programme and aligned to the corporate themes. The following overarching outcomes are carried forward to the EDI plan:

- Building understanding of where there is unmet need or poorer outcomes
- Ensuring everyone can access services, facilities, and information
- Ensuring co-production is evidenced with opportunities for people with protected characteristics to participate

3.3.2 Progress continues towards these outcomes including the following examples of working that has taken place or is taking place now aligned to the corporate themes:

3.3.3 Corporate theme: Build EDI leadership, capability and capacity:

- We have reviewed all policies for potential bias and updated our policy page, linking to the DCC commitment to equality. All policies are now externally assessed through

our engagement contract; to date policies have been reviewed by Plymouth and Devon Race Equality Council and Devon Communities Together, leading to minor clarifications.

- To understand the experiences of Ethnically Diverse people through the assessment process, we commissioned Hikmat to undertake periodic studies of Ethnically Diverse people's experiences, and have provided suggestions in response to issues arising from their report, as well as reflecting on positive messages.

3.3.4 Corporate theme: Create a safe and inclusive working environment

- Managers and providers have received training through Plymouth Hope so they know where to direct issues of racism; they also have access to wellbeing support and advice through this service
- Customer leaflets have been rewritten to cover requirements, expectations and behaviour to ensure 'choice' does not allow racism to be an option.

3.3.5 Corporate theme: Shaping organisational culture

- We have shared what mandatory training is required and managers can track EDI training completion by staff.
- We are testing supervision forms to encourage safe conversations around race equality.

3.3.6 Corporate theme: Build understanding through data and insight

- We are developing more qualitative approaches, and improving data quality and capture through the Practice Quality Assurance Group. Management Information Team have nominated an Equalities Data lead who will link to the Corporate Lead

3.4 Update on the recommendations from the Carers in community and employment report

- 3.4.1 The Cabinet recommended that updates on the recommendations within a report on carers in community and employment presented to the Health and Wellbeing Board should be reported through the Health and Adult Care Scrutiny Committee.

Recommendation 1: Carers and their specific needs should be considered and explicitly addressed in the Director of Public Health's annual reports and in work arising from them.

- 3.4.2 The latest Annual Public Health Report for 2023-2024 does consider Carers, particularly older Carers, in the section entitled "Caring for our older Carers and people with additional needs".

- 3.4.3 Carers are not though considered within the section of the Report entitled "Remaining Socially Active", which identifies the characteristics and circumstances

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associated with a high likelihood of loneliness. The Public Health team will therefore be requested to consider Carers, and Carer social isolation, in future work.

Recommendation 2: Caring status be included in equality and inclusion frameworks and monitoring analogous to a primary Protected Characteristic in law.

3.4.4 Carers of disabled people are included as a requirement to consider within existing DCC Equality Impact Assessments.

3.4.5 The Chair of the Carers Partnership Steering Group, Cllr Bullivant, fed back to the DCC Chief Executive a request that DCC communication, where appropriate, references the needs of Carers.

Recommendation 3: Member organisations of the Health and Wellbeing Board should lead the way as large employers of many carers in supporting carers to enter, remain in and re-enter employment. This will support employees in their caring role and is for the benefit for the organisation and, more widely, for the Devon economy as a whole – membership of the Devon Carer Friendly Employers Scheme will assist them in this.

3.4.6 Devon Partnership NHS Trust is a Member of the Devon Carers Carer Friendly Employers scheme, with staff receiving Carer Awareness training. Carer Awareness training has also taken place in the Royal Devon University Hospital and NHS Devon has invited Devon Carers to provide advice to its managers. Devon Carers will be asked to encourage the remaining member organisations to become Carer Friendly Employers.

3.4.7 Within DCC, the HR team is in the process of reviewing existing accreditations as part of the Wellbeing Strategy. This will include ensuring the maximum impact of adopting the new accreditations, including the Carers UK Carer Confident Scheme and/or Devon Carers Carer Friendly Employers Scheme.

Recommendation 4: The promotion of carer awareness should be a top priority in the community and among employers. Through Carer Friendly Devon (Communities & Employers) the additional barriers that carers face in everyday life and in employment are addressed.

3.4.8 Devon Carers Carer Friendly Devon scheme provides free Carer Awareness training, promotional materials and ongoing support to employers and local community organisations. The scheme continues to expand, with a notable recent member being Exeter City Council. There will be a continued focus on developing the Carer Friendly Devon scheme over the next year, with the largest employers being targeted to maximise impact. Carer Awareness raising will also continue in local communities through focus awareness weeks e.g. in the South Hams & Exeter.

Recommendation 5: The issues faced by carers identified in this report are taken into account when developing services and strategies for the future.

3.4.9 Devon Carers is involved in the design and implementation of the new Client Relationship Management replacement for CareFirst (JACS project). This should

improve integration with the wider Adult Social Care processes and the links with Carers and Cared-for people in the system. It should also improve reporting to help identify issues sooner and contribute to better planning for services.

3.4.10 As part of the Practice Quality and Guidance workstream, a review and update of Carer Awareness and Carer Competency Training for DCC staff is taking place. This will ensure all staff are more aware of Carers and the specific issues they face, increase identification and referral of Carers into IASC services and help to improve practice in relation to Carers and their Cared For. The Market Position Statement will be informed by this report.

3.5 Quarterly update from the Customer Relations Team

3.5.1 Integrated Adult Social Care in Devon supports approximately 11,500 people at any one time and around 20,000 people per year.

3.5.2 To date in 2024-25 we have received 179 compliments. The compliments received highlight the positive impact of adult social care teams, particularly in providing high-quality care, kindness, and professional support. Service users consistently appreciate both the practical help and the personal connection offered by staff. The recurring themes show that teams are making a real difference in people's lives, helping them feel supported, respected, and more independent.

3.5.3 To date in 2024-25 we have received 134 complaints, 40 of which have been upheld or partially upheld. The themes of the upheld or partially upheld complaints in 2024-25 have been:

- Care quality and safety
- Communication and engagement
- Financial assessments and charges
- Assessment and support planning
- Staff conduct and professionalism

3.5.4 Actions have been taken in the following areas to ensure the directorate learns from the feedback received:

- Ensuring timely responses to assessment, support planning and review
- Strengthening financial assessments
- Assessment and eligibility decision making
- Awareness of themes identified

3.5.5 To date in 2024-25, the Local Government and Social Care Ombudsman (LGSCO) has issued 13 findings. Of these, nine were full investigations, including one public report. Of the nine investigations:

- Seven were upheld, with fault and injustice to the complainant.
- One was upheld, with fault but no injustice.
- One was upheld with no further action required, as the issue had already been remedied by the service.

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3.5.6 The themes of the LGSCO findings are:

- Delays in care plan reviews and reassessments
- Concerns over adequacy of care plans
- Complaint handling and communication challenges
- Consideration of service users' wellbeing in decision-making

3.5.7 The LGSCO also made a number of recommendations that have been accepted to enhance service delivery and address identified areas for improvement. A summary is provided below:

Acknowledging Delays and Service Impact

- The service was advised to issue formal apologies where delays in assessments, care plan reviews, and complaint handling may have caused inconvenience or distress to service users.

Enhancing Care Planning Processes

- Steps were recommended to ensure the timely completion of needs assessments and care plan reviews to support service users effectively.
- A review of internal monitoring processes was suggested to help prevent overdue assessments.

Strengthening Complaint Handling

- The service was encouraged to adhere to published response times for complaints and provide regular updates to complainants.
- Increased transparency in decision-making was recommended, ensuring service users receive clear and accessible explanations regarding changes to their care.

Embedding Well-being Considerations in Decision-Making

- The Ombudsman highlighted the importance of documenting and assessing emotional, social, and psychological factors in care-related decisions.
- Greater flexibility in care provision was recommended, enabling service users to have more control over necessary adjustments.

3.5.8 All LGSCO activity relating to Devon County Council is provided on the [Devon section of the LGSCO website](#).

3.3 Outcome of the Judicial Review on the closure of the North Devon Link Service

3.3.1 Following the judicial review hearing into the closure of the North Devon Link Service, the judge dismissed the claim in full, ruling that the decision to close the service stands. The judge also ruled that claimants' request to appeal was dismissed. However, the claimants have subsequently lodged an application at the Court of Appeal which we will be defending should permission to appeal be granted.

3.3.2 Defending the Judicial Review has so far cost the Council £116,291, plus substantial officer time. Further costs have been incurred in preparing the initial defence for the Court of Appeal, and these will increase significantly should permission to appeal be granted as that will involve another full court hearing.

- 3.3.3 In the meantime, the Devon Mental Health Alliance has been funded to offer transitional support services for former Link Centre service users and their report on the first six months of that service follows.
- 3.3.4 The Devon Mental Health Alliance facilitates 3 peer support groups commissioned by Devon County Council, based in centres in Barnstaple, Bideford and Ilfracombe. Together, these groups support around 40 people per week, with sessions delivered on a Tuesday and Thursday in each location. Groups own their own membership, and they have opened sessions to new participants in recognition of the need for connection and companionship
- 3.3.5 In addition, the Alliance facilitates open drop-ins in each location plus Holsworthy, which are accessible to anyone irrespective of diagnosis. These drop-ins facilitate more than 50 contacts per week. This is delivered in partnership with a range of organisations including local foodbanks, walking groups, Vista Wellbeing, and Learn Devon, and the Alliance is actively looking for broader partners to enhance the service. Service users who have trained to act as peer support leads have been key in helping the development of this offer, helping better understand each community and tailor the offer to meet local need.
- 3.3.6 This means that there is an offer for people previously connected to a Link Centre on three days of the week, with dedicated professional support at each session to ensure safe practice, help people with practical issues including social care engagement, and signpost to other services. The peer support groups are co-facilitated with trained peer support leads; members of each community who take a lead in convening and supporting their community to create a warm, inclusive environment. The strength of the peer support communities is such that they are actively looking to build further activity extending the peer support offer, for example opening on a Friday in recognition of the challenges many face around increased isolation moving into the weekend.
- 3.3.7 Attendees have access to the Devon Mental Health Alliance team through the week via the community Co-ordinator, Clinical psychologist, Operations Manager and Programme Manager, and they regularly exchange correspondence around activities, or where people need additional support.
- 3.3.8 There has been significant continuity in membership from the Link Centre offer, including connection with some users who had fallen away from the Link Centres prior to their closure.
- 3.3.9 Feedback from service users:

Ilfracombe Peer Support Lead (previously attended NDLS)

'I really enjoy helping my community. There are lots of people who need help at the moment, and I'm proud to be able to make a difference by running the group and bringing in new people. The Devon Mental Health Alliance have been great, I always know there is someone available to talk to if I need it'

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Bideford Peer Support Lead (previously attended NDLS)

'It's great to be able to help everyone who was using the link centre stay together. We were really worried about the closure and what it would mean for us, and while we still miss some of the staff, we feel confident that there is an offer for us that will continue'

User Case Study

'The peer support group is a life saver for me. Without it, I wouldn't see anyone and would feel really lonely. With the group, I know that I get to see my friends every week. There is no pressure, it's not a problem if I can't make it, but I know that people are thinking about me and looking out for me'

User Case Study

'I want the Alliance to know what a great service it is to humanity, people like me and lots of others who are struggling with their mental health and daily living. Somebody taking an interest in us makes such a difference... I've seen the spark in people I know can be rekindled, and felt it in myself'

One to One Case Study

Individual presented with significant trauma, including the death of a partner, and recent experiences of imprisonment/domestic abuse through a contemporary relationship; his partner was locking him in a cellar for extended periods of time. He also presented with substance abuse, physical health and financial challenges.

Our worker delivered:

- Handholding support to access a bereavement group to help him process the death of his partner
- Handholding support to access local walking groups, which he has maintained engagement with. This has been a key source of companionship
- Contact with Moneywise to help address his financial challenges
- Facilitated a meeting with a psychiatrist to ensure needs are being met
- Work around healthy relationships to build future resilience

Based on the 'Reqol-10' user-reported outcome measure, this has been transformative with the individual moving from reporting the lowest possible score around in many areas of his life to the highest possible.

4) Devon County Council Public Health update

4.1 Public Health Grant

- 4.1.1 **The ring-fenced public health grant** for 25-26 has been announced. Headlines are an additional £200million (5.4% increase) nationally to fund public health services and support national priority of shifting from sickness to prevention.
- 4.1.2 For budget planning purposes an uplift of 1.3% was used so this represents an increase in funding above plan for 2025-26. For Devon, this increases our funding from £37.62per head to £39.20per head, but as the same uplift was applied to all local authorities this still places us in the bottom 10 local authorities nationally.
- 4.1.3 We await the detail to see if there are any additional expectations placed upon us relating to the 10 Year Health Plan and Health Missions, but we do know that the increased funding is to pay for the additional pay pressures, due to the higher-than-expected 2024/25 NHS pay awards.

4.2 Commissioning New Sexual Health Integrated Contract

- 4.2.1 The new integrated Sexual and Reproductive Health Contract was awarded to Royal Devon University Healthcare NHS Foundation Trust (RDUH) on the 17th January 2025. The new service will be launched on the 1st July 2025.

4.3 Oral Health - Open Wide Step Inside

- 4.3.1 Open Wide Step Inside, an evidence based oral health education programme for schools, launched on 21st January 2025. The commissioning was led by Plymouth City Council on behalf of NHS Devon. The programme is being offered to all schools in areas of greater deprivation (Index of Multiple Deprivation 1-6) across Devon, Plymouth and Torbay. There is a phased approach to delivery starting in PL postcodes (from 21st January 2025), then TQ postcodes (from 4th March 2025) and finally EX postcodes (from 22nd April 2025).

4.3.2 Oral Health - Supervised Toothbrushing

- 4.3.3 Supervised Toothbrushing, has been extended to include an additional 155 schools and nurseries across Devon, Plymouth and Torbay. The settings will be prioritised from areas of Index of Multiple Deprivation (IMD) 7 to 10. Originally Supervised Toothbrushing was commissioned by NHS England for schools and their associated nurseries in IMDs 1-6 across the Southwest. The Southwest, and Devon in particular, has been recognised as an exemplar nationally for its further extension of the programme. The Government roll-out of supervised toothbrushing is expected to be in settings in IMDs 1 and 2 only.

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4.4 Director of Public Health, Annual Public Health Report 'Health in an Ageing Devon'

4.4.1 There was a Masterclass on the [annual public health report](#) on 14th October 2024. Preparations have begun for this year's report which will include an update on all the recommendations. The report has been disseminated at a range of meetings and forum and shared widely. This has included within the health and care system, with integrated adult social care teams and within academia. The dashboard provides a legacy for sharing intelligence.

4.4.2 Some examples of action include the progress on the development of a Dementia strategy for Devon, inquiries and links regarding Devon becoming an 'Age Friendly Community' (it is proposed to present a paper to the March Health and Wellbeing Board). There has been significant progress on the Smokefree ambitions to reduce smoking in the Devon population and cardiovascular disease prevention programmes including the 'Know your Numbers' programme. A more detailed update will be provided in the next annual report.

5) NHS Devon updates

Community Pharmacy

5.1 Introduction

5.1.1 Community pharmacy makes up one of the four pillars of the primary care system in England, along with general practice, optometry and dentistry. It is arguably most well-known as a dispenser and retailer of medicines, but its role is in fact much broader and includes other NHS and publicly funded services.

5.1.2 Pharmacies have a significant role in the delivery of clinical services within primary care. This includes undertaking referrals from general practice, delivering vaccinations, and providing consultations for minor illnesses under the Pharmacy First Service.

5.1.3 Community pharmacies range from large chains to small individually owned pharmacies. In Devon we currently have 207¹ community pharmacies.

5.1.4 On 1 April 2023, responsibility for commissioning of NHS pharmacy services was delegated to Integrated Care Boards (ICBs) across England.

5.2 National updates

5.2.1 The NHS Community Pharmacy Contractual Framework (CPCF) is an agreement between the Government, NHS England and the Pharmaceutical Services Negotiating Committee (PSNC) and consists of three levels of services; essential services, advanced services and enhanced and locally commissioned services.

¹ As of 02/01/2025 – includes distance-selling pharmacies and dispensing appliance contractors

Pharmacies must provide essential services but can choose whether they wish to provide advanced and enhanced services.

5.2.2 The Department of Health and Social Care (DHSC) has entered into consultation with Community Pharmacy England (CPE) regarding the Community Pharmacy Contractual Framework (CPCF) for 2024/25 and 2025/26.

5.2.3 The discussions will set the future direction for community pharmacy as it plays a vital role in supporting delivery of the reforms set out in the government's [Plan for Change](#). Moving the focus of care from hospitals into the community is one of the three core shifts outlined in the 10 Year Health Plan, which will be published later this year.

5.3 Community Pharmacy Strategy for Devon

5.3.1 NHS Devon is developing a community pharmacy strategy for the next five years.

5.3.2 As part of this, NHS Devon have completed an engagement process to gather feedback from those who use community pharmacy to understand more about how local people use community pharmacies now, and how they would like to use them in the future, as well as what works well and what could be better.

5.3.3 The strategy will help NHS Devon in the development of services that integrate processes between community pharmacy and general practice, to help patients access their prescribed items and obtain healthcare advice more easily.

5.3.4 The strategy will be published shortly.

5.4 Access to urgent and specialist medicines service

5.4.1 A pharmacy service that was previously commissioned by NHS England is being commissioned locally by NHS Devon to improve access to urgent and emergency medicines, some of which may not be standard stock for community pharmacies, during normal and Bank Holiday working hours in the community setting.

5.4.2 The successful pharmacy providers will stock the minimum stock level of medicines on the agreed list of urgent and emergency medicines for their area.

5.4.3 NHS Devon aims to have the service live in April 2025.

5.4.4 Information regarding the service, including the list of agreed urgent and emergency medicines and details of the pharmacies commissioned to provide the service, will be shared on the OneDevon NHS Community Pharmacy webpages once live.

5.5 Community Pharmacy Independent Prescriber (IP) Pathfinder Pilot

5.5.1 An independent prescriber can prescribe, on their own initiative, any medicine within their scope of practice and relevant legislation.

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- 5.5.2 From September 2026 all newly qualified pharmacists will be Independent Prescribers (IPs), as this training now forms part of the master's of pharmacy (MPharm) degree. Existing community pharmacists can also train to become Independent Prescribers, and we have a number within our Devon system.
- 5.5.3 The NHS Community Pharmacy Independent Prescribing Pathfinder Programme is a national pilot which aims to support and test different prescribing models to help inform and develop the framework for the commissioning of independent prescribing as part of clinical services in community pharmacy, and ensure these skills are fully utilised.
- 5.5.4 The pilot enables the NHS and community pharmacy to work through the practical and professional issues which need to be addressed before independent prescribing can be embedded in day-to-day practice and within the NHS contractual framework.
- 5.5.5 In Devon we currently have five pharmacy sites live with the pathfinder programme, with community pharmacy IPs delivering direct patient care and prescribing, where appropriate, for minor ailments. We are in the process of onboarding a further four sites following completion of digital governance arrangements.

5.6 Pharmacy First

- 5.6.1 The nationally commissioned Pharmacy First Service was launched in January 2024. This service enables community pharmacists to complete episodes of care for patients without the need for the patient to visit their general practice. This means pharmacists can complete a patients care for some conditions from start to finish, by having the ability to supply the patient with certain medication, if appropriate, without a prescription from a GP.
- 5.6.2 The Pharmacy First Service builds on the previous Community Pharmacist Consultation Service (CPCS) by enabling community pharmacies to manage patients for seven common conditions, following specific clinical pathways. For more information, please visit our ICB [webpage](#) or NHS England's [website](#).
- 5.6.3 In Devon, over 98% of community pharmacies are signed up to the service and have collectively delivered over 70,000 clinical pathway consultations (January 2024 – November 2024).
- 5.6.4 NHS Devon has utilised some national funding for the Primary Care Access & Recovery Plan (PCARP) to recruit a Community Pharmacy and Primary Care Network (PCN) Engagement Lead to work in partnership with our existing Community Pharmacy PCN Integration Lead Network, in order to improve engagement with the national service across the system and further embed this new way of working.

5.7 Finance update

- 5.7.1 At month 10 (January 2025), the NHS in Devon is reporting a year-to-date deficit of £6m against a planned deficit of £6m.

5.7.2 The forecast for the year end is breakeven for the NHS system in Devon. The receipt of £80m non-recurrent deficit funding in the second half of the financial year enabled the system to forecast a balanced outturn for 2024/25.

5.7.3 The system is reporting £167.7m efficiencies in the first 10 months of the year. This is £12.3m above plan. The forecast is to achieve £216.6m in efficiencies against a plan of £213.3m.

5.8 Devon 10-Year Plan engagement programme

5.8.1 The Devon 10-Year plan engagement programme concluded on 28 February 2025. The programme was a true piece of system working - co-designed with Healthwatch and delivered in collaboration with VCSE organisations, provider and local authority colleagues and other key system partners. The approach has resulted in a representative response from across the county which includes significant input from the Core20PLUS5 communities.

5.8.2 The engagement programme had various feedback methods to ensure it was accessible for all our people and communities in Devon. This included workshops, engagement postcards, surveys and a telephone line provided by Healthwatch where people could provide feedback over the phone if they weren't digitally enabled.

5.8.3 In total 3,400 pieces of individual feedback was received. This includes:

- 2,353 survey responses
- 358 people attended one of the 50 workshops that took place across Devon.
- 691 engagement postcards were completed

5.8.4 In addition to this, 219 people have been recruited for future engagement.

5.8.5 NHS Devon allocated funding to invest in Healthwatch Devon, Plymouth and Torbay and VCSE organisations. This widened the reach of the programme and made it accessible to those groups that are not always involved in engagement work like this. This approach enabled us to hear from:

- People experiencing homelessness
- Learning disabilities
- Ethnically diverse communities
- Carers and older people
- People with a physical disability
- Digitally excluded
- Rural/coastal communities
- Children and young people
- Those experiencing social isolation

5.8.6 The joint approach provided a level of confidence and assurance of being heard through independent facilitation of workshops by Healthwatch Devon, Plymouth and Torbay.

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5.8.7 The programme is seen regionally as an exemplar of best practice and will be used as a foundation for any future system involvement. The findings are currently being reviewed, these will be shared as part of a future Health and Wellbeing Board meeting once complete.

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

N/A

13) Risk Management Considerations

N/A

14) Summary

That the Committee be asked to note this report.

Name

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

Steve Brown, Director of Public Health and Communities Devon County Council

Lou Higgins, Locality Director, North and East Devon, NHS Devon

Electoral Divisions: All

Cabinet Member for Integrated Adult Social Care and Health: Councillor Phil Bullivant

Cabinet Member for Public Health, Communities and Equality: Councillor Roger Croad

Local Government Act 1972: List of background papers

Background Paper Nil

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