

HEALTH AND ADULT CARE SCRUTINY COMMITTEE

21 November 2017

Present:-

Councillors S Randall-Johnson (Chair), N Way (Vice-Chair), J Berry, P Crabb, R Gilbert, B Greenslade, R Peart, S Russell, P Sanders, R Scott, J Trail, P Twiss, C Whitton, C Wright and J Yabsley

Member attending in accordance with Standing Order 25

Councillors A Leadbetter and M Shaw

Apologies:-

Councillors H Ackland and P Diviani

* 22

Minutes

RESOLVED that the Minutes of the meeting held on 21 September 2017 be signed as a correct record.

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Items Requiring Urgent Attention

There was no item raised as a matter of urgency.

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Public Participation

There were no oral representations from Members of the Public.

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Legal Duties of this Committee in holding the NHS to Account

The County Solicitor reported on the Local Authority (Overview and Scrutiny Committees Health Scrutiny Functions) Regulations 2002 and The Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013 which enshrined in law the role and duties of Health Scrutiny.

The three strands in the legislation were summarised as follows:

(a) to require an officer of a local NHS body to attend before the committee to answer such questions as appear to the Committee to be necessary for discharging its functions;

(b) to be consulted by a relevant NHS body or health service provider on substantial developments. (there is no definition of 'substantial development');

(c) to refer issues to the Secretary of State for Health – subject to the constraints outlined in the legislation.

Briefing notes on these duties and powers would be circulated to Members together with a spotlight review report on a 360 degree review of the work of the former Health and Wellbeing Scrutiny Committee.

* **26** **Position Statement : Budget 2017/18**

(a) Public Health

The Committee received the report of the Chief Officer for Communities, Public Health, Environment and Prosperity on how the Council's strategic objectives were being delivered, the mid-year budget position, and future strategic issues for this service area.

The Chief Officer and Assistant Director of Public Health responded to Members' questions and/or commented:

- on the provision of mandated public health services and aim to improve the health and wellbeing of the people of Devon, while reducing health inequalities;
- on the re-procurement of sexual health services, substance misuse and domestic and sexual violence services in 2017/18 leading to the commencement of new contracts in 2018, and additionally recommencement of the universal NHS Health Check programme, as part of the Council's responsibilities to reduce health inequalities;
- on targeting towards those families and communities which were in greatest need, with some services such as the Specialist Stop Smoking Service focused wholly on those most vulnerable;
- on the Public Health Team's work to commission a number of public health services to support the delivery of its strategic objectives and statutory responsibilities, working collaboratively with the local NHS delivering its statutory function to provide public health expertise to the Clinical Commissioning Groups;
- on the success of the Public Health Team in drawing in additional funding to support the delivery of new programmes and services, including funding from NHS England to support the development of Cranbrook as part of the NHS Healthy New Town Programme, Big Lottery funding to support the introduction of a new targeted Diabetes prevention programme and funding from Public Health England for a Making Every Contact Count (MECC) training programme;
- on the current budget position in keeping within the budget set and published in the Budget Book;
- on the future strategic issues for this service area, notably the continued annual reduction in the Public Health Grant, with significant budget reductions from 2016 – 2020 and on the production of a medium term financial plan to ensure affordability over the coming years; and
- on the future provision of the 0-19 Public Health Nursing Service on which options for the future delivery mechanism for this service were currently being appraised and would be subjected to public consultation prior to any final decision being taken.

(b) Adult Commissioning and Health: Position Statement – Budget 2017/18

(Councillor A Leadbetter attended in accordance with Standing Order 25(1) and spoke to this item at the invitation of the Committee)

The Committee considered the Report of the Head of Adult Commissioning and Health (ACH/17/73) on the budget which was forecast to underspend by £4.170 million as at month 6, covering data up until 30th September. The total budget represented approximately 47% of the Council's revenue budget.

The Head of Service, Assistant Director - Health and Social Care Community, East; and the Cabinet Member for Adult Social Care and Health Services responded to Members' questions and/or commented:

- on the total Adult care and health services budget which represented some 47% of the Council's revenue budget;
- on the majority of the underspend (£3 millions) which related to better contract negotiation and demand management;

- on other areas of underspend which included Older People and Physical Disability £1.393 million which related to lower than anticipated care packages (368); and
- savings within in-house operated services of forecasted at £439,000 due to lower running costs and staffing vacancies;
- on the Learning Disability service (including Autistic Spectrum Conditions) which continued to be an area of significant concern and was forecasting an overspend of £1.335 million which was due to an increase in the number of packages which are now 210 above budget;
- on Adult Commissioning and Health (which included Adult Mental Health services budgets) which was now showing an underspend of £673,000 due to temporary vacancy savings in the commissioning teams and one off savings on projects;
- on the risks facing the service, the most significant were: pending HMRC action on National Living Wage compliance for sleep in night shifts; children transitioning to adult services, increased autism cost as a result of individuals being moved back into local communities and increasing incidence and diagnosis; the continuation of increased unit costs in residential / nursing care as a result of significant market premiums being paid; and Winter could also be a challenging and volatile time for the service as demand increased and hospital flow was challenged;
- on the relatively high turnover of care staff in Devon on which more information would be provided by the Chief Officer;
- on the strategic aim of promoting independence for Adults with disabilities and health service needs with good information and advice, signposting and by listening, as part of their overall health and wellbeing;
- on continued lobbying by the lead Member and Cabinet to Government and local Devon MPs about the challenges faced as a result of Devon's demography and geography.

It was **MOVED** by Councillor Randall-Johnson, and **SECONDED** by Councillor Sanders and

RESOLVED that the Cabinet be requested to lobby Government for 'fair funding' in respect of both the County Council's Public Health Grant and for Adult Social Care and Health Services.

* 27

Health and Adult Social Care: Performance using data for the year ending September 2017

(Councillor A Leadbetter attended in accordance with Standing Order 25(1) and spoke to this item at the invitation of the Committee)

Dr S Manton, Joint Director (Strategy) North, East and West (NEW) Devon CCG and South Devon and Torbay CCG and Mr S Tapley (Chief Operating Officer and Deputy Chief Officer, Torbay and South Devon CCG) attended and spoke to this item at the invitation of the Committee.

The Committee considered the Report of the Head of Adult Commissioning and Health (DCC) and Joint Director Strategy (South Devon and Torbay CCG and NEW Devon CCG (ACH/17/73) on performance using data for the year ending September 2017. The performance commentary reflected the reported position as at September 2017 (Month 6) and focussed on a range of metrics covering acute and community hospital settings, primary care and social care selected by system leaders to give an overview of health and care in Devon.

The Head of Adult Commissioning and Health (DCC) and the Joint Director (CCGs) and Chief Executive (South Devon and Torbay CCG) responded to Members' questions and/or commented:

- on the continuing work with Members and processes to develop future performance reports with improved and timely data and analysis;
- on the data relating to Delayed Transfers of Care from acute or non-acute care, and the differences, in particular between the Royal Devon and Exeter Hospital (R D and E) Data

from the others acute hospitals and the possible reasons for this and work to reduce the level of delays including use of community beds where appropriate, recruitment and retention of domiciliary care staff and social work reablement staff and other projects and actions as listed in the Report; and the Chief Executive of the CCG undertook to provide further information on the overall bed capacity of the R D and E Hospital;

- on the ongoing commitment to develop a strategy to enable full access to significant additional resources from the Better Care Fund; and
- the role and work of the Devon Safeguarding Adults Board (on which a report would be submitted to the next meeting of this Committee).

The Chair thanked the presenters for their report.

* **28** **Promoting Independence Disability Services**

(Councillor A Leadbetter attended in accordance with Standing Order 25(1) and spoke to this item at the invitation of the Committee)

The Committee considered the Report of the Head of Adult Commissioning and Health (ACH/17/75) on the 'Promoting Independence' policy agreed by Cabinet at its meeting on 14th June 2017 (<http://democracy.devon.gov.uk/documents/s7773/ACH1767.pdf>)

The report outlined the engagement work with users, carers, providers and other relevant parties to consider implementation of the policy. The approach was particularly important for disability services with increasing numbers of individuals with disabilities (learning, physical, sensory and/or autism) who presented to statutory services. There was no change to the threshold (eligibility) for support from social care, but the engagement process would be asking 'what matters to people' and could the Council with partners meet those needs in a different way.

The Chief Officer for Health and Adult Social Care with the Senior Commissioning Manager, (disabilities and mental health) in response to Members' questions reported on initiatives to promote the independence of adults with learning disabilities including educational, vocational training and employment advice and support, and including a Carer Household (Adult foster care), and generally adopting a needs based approach. They also referred to the importance of the preparing children and young people with disabilities for adulthood.

The Chair also referred to wider community responsibilities in terms of, for example, housing design and building control, working with health, and highways and promotion of safe and easy access and vocational education and early years.

* **29** **HealthWatch working with Scrutiny and The Forward View, next 3 years**

Mr J Rom (Devon HealthWatch Trustee) and Mr C Potter (Devon HealthWatch, Chief Executive) attended and spoke to this item at the invitation of the Committee.

The Committee received a presentation from HealthWatch covering

- the purpose of Healthwatch, their funding, functions and achievements
- Opportunities for collaboration with the Scrutiny Committee; and
- the way forward and their Business plan.

In response to Members' questions the representatives reported their future aspiration to develop a comprehensive shared database and links providing salient information about local health services. HealthWatch could also consider a targeted piece of work in collaboration with the Committee subject to their work programme commitments.

* 30 **South Western Ambulance Service NHS Foundation Trust: Performance**

This item was deferred to the next meeting.

* 31 **Work Programme and Standing Scrutiny Group**

(Councillors Shaw attended in accordance with Standing Order 25(2) and spoke to this item)

(a) Work Programme

Councillor Shaw requested that further to Minute 19 and noting the County Solicitors advice in regard to legacies left by community groups or individual benefactors (previously circulated to Members), more investigation was now required on how local interests could be secured.

It was **MOVED** by Councillor Wright and **SECONDED** by Councillor Way and

RESOLVED that the NHS Property Services and the NEW Devon Clinical Commissioning Group and Torbay and South Devon CCG be invited to the next meeting to report on their proposals and plans for the Community Hospitals.

[N.B. In accordance with Standing Order 32(4) Councillor Sanders requested that his vote against the Motion be recorded]

(b) Commissioning Liaison Member

The Committee received the report of Councillor Ackland (previously circulated) on her work as the commissioning liaison member.

[NB: The Scrutiny Work Programme was available on the Council's website at <https://new.devon.gov.uk/democracy/committee-meetings/scrutiny-committees/scrutiny-workprogramme/>

* 32 **Information Previously Circulated**

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

(a) New Service Change template (for substantial service changes) for commissioners and providers produced by the Head of Scrutiny and endorsed by Members.

(b) The Kings Fund update on their video on how the NHS works, giving an overview of how change is happening.

(c) Devon Partnership NHS Trust: New Mother and Baby Unit at Wonford House: public drop-in session at the Wonford Community and Learning Centre , on Wednesday 18 October 2017.

(d) The Care Quality Commission's (CQC) annual assessment of the quality of health and social care in England.

(e) NEW Devon CCG monthly newsletter to GPs, which included a letter from both NEW Devon and South Devon and Torbay CCG clinical chairs.

(f) CQC recommends Royal Cornwall Hospitals should go into special measures.

(g) The legal position regarding contributions or legacies left by community groups and other benefactors.

HEALTH AND ADULT CARE SCRUTINY COMMITTEE
21/11/17

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

The Meeting started at 2.15 pm and finished at 5.31 pm