HEALTH AND ADULT CARE SCRUTINY COMMITTEE

18 June 2019

Present:-

Councillors S Randall-Johnson (Chair), H Ackland, J Berry, P Crabb, R Peart, S Russell, A Saywell, R Scott, J Trail, N Way, C Wright and J Yabsley

Members Attending in accordance with Standing Order 25 Councillors R Croad and I Hall

Apologies:-

Councillors M Asvachin, A Connett, P Sanders and P Twiss

* 127 Minutes

RESOLVED that the Minutes of the Meeting held on 21 March 2019 be signed as a correct record.

* 128 <u>Items Requiring Urgent Attention</u>

There was no item raised as a matter of urgency.

* 129 <u>Public Participation</u>

There were no oral representations from members of the public.

* 130 Health and Care: General Update

The Committee considered the Report of the Joint Associate Director of Commissioning (Devon County Council and NHS Devon CCG) and the (Interim) Director of Commissioning - Northern, Eastern and Southern Devon (NHS Devon Clinical Commissioning Group).

The Report responded to specific questions from previous meetings and updated on latest news covering respectively GP Practices, the South West Ambulance Service Foundation Trust (SWASFT), use of apps and digital innovation and integration care system, the NHS and Clinical Commissioning Group and Adult Care and Health communications update, the Joint Health and Wellbeing Strategy, the Loneliness campaign, the Proud to Care campaign, the Adult Social Care Green Paper, the Provide Engagement network (PEN), and the Personal Assistant recruitment campaign.

Members' discussion points/comments with the Joint Associate Director of Commissioning and the Chair of the Northern Locality Commissioning Board included:

- An update on GP practices and the need for further information relating to retirees, local
 pressures and possible impact on patients in the future and how the Devon's CCG's
 position compared with other STP areas;
- Members undertaking a visit to a GP practice as part of their series of model of care visits:
- benefits with aligning GP Practice work with the local cluster groups and the developing Primary Care Networks within the Long-Term Plan for Devon, engaging with Hospital Trusts and local communities;

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- the Peninsula Clinical Services strategy and the need to report developing plans and proposals for hospital based clinical services to allow understanding both for the process and issues; and
- the Loneliness Campaign as part of the overall strategy to promote independence within the Integrated Care Model, use of informal community assets including befriending schemes building on community resilience and the role of the independent sector.

The Committee noted this model report for receiving future updates and general information responding to specific actions or requests during committee meetings to allow for further scrutiny should more information be required.

131 Winter Pressures 2018/19

The Committee considered the Report of the Joint Associate Director of Commissioning (Devon County Council and NHS Devon CCG) and (Interim) Director of Commissioning – Northern, Eastern and Southern Devon (NHS Devon CCG) (ACH/19/112) on an annual update on the performance of the health and care system during winter 2017/18. This included a review of activity and performance over the winter period of October 2018 to March 2019 and provided a comparison against the previous year where available. It also provided a summary of the winter review held by the multi-agency Devon Accident and Emergency (A&E) Board in May 2019. This summarised what went well and what could have been improved, which informed the priorities for winter planning in 2019/20.

The Report covered performance in pre-admission to hospital, hospital performance, and discharge and post hospital care.

Members' discussion points/comments with the Associate Director, Head of Adult Care Operations and Health, the (Chief Executive of the Torbay and South Devon NHS Foundation Trust; and the Royal Devon and Exeter Hospital Trust (R D & E), Emergency Department Lead Consultant included:

- the improved position in the RD & E and in South Devon and Torbay through robust planning and investment by the joint Accident and Emergency Delivery Board and other mitigating actions;
- importance of the vaccination of vulnerable groups at Primary Care level to alleviate future potential pressures;
- the causes of the two week and 62-day cancer performance concerns relating to increased referral to treatment rates and staffing and initiatives to mitigate the pressures with collaborative working and use of resources over a wider geographical area and as part of the work-force strategy within the STP;
- delays in allocating work/completing assessments and delays in meeting assessed need (unfilled packages of care/unmet need) and strategies to mitigate the pressures for example with adoption of the Guaranteed Hours project and other ways of supporting providers and their care staff and noting that vulnerable adults would be provided with alternative safe care agreed with their families pending an agreed care package;
- initiatives to support carers through new technology, education and training programmes;
- higher care costs within the rural areas and need for proper recognition of these; and
- improved efficiency through IT and information sharing across the system and the various apps available to the public.

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

RESOLVED

(a) that the positive news on Accident and Emergency waiting times/performance and vaccinations rates be welcomed:

(b) that the Committee notes with concern all the areas of underperformance outlined in the Report and in particular relating to:

- waits for cancer referrals,
- · delayed transfer of care,
- (c) that a bi-annual performance report be submitted to this Committee for monitoring purposes.

* 132 Public Health Annual Report

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

The Committee considered the Report of the Chief Officer for Communities, Public Health, Environment and Prosperity (PH/19/01) on the Director of Public Health's statutory duty to write and publish an annual report, which provided an independent judgement about the state of health of the local population. The full Report was available at: http://www.devonhealthandwellbeing.org.uk/aphr/.

The Annual Public Health Report for Devon County Council was the twelfth in a series of annual reports on the health of the population of Devon which began in 2007-08. Each report covered the general health of the population of Devon. Details about health and wellbeing could be found in the annual Joint Strategic Needs Assessment which was available at: www.devonhealthandwellbeing.org.uk/jsna.

This year's Public Health Annual Report took as its theme the Mental Health and Wellbeing of the Population. Health inequality persisted and remained a challenge – for example, Ilfracombe still had the shortest life expectancy in Devon. Inequality also existed between physical; and mental health: while indicators of physical health tended to be good overall, with only a few exceptions, the population of Devon did not compare as favourably on indicators of mental health. In fact, in the Devon Health and Wellbeing Board's outcomes set, progress made over the last six years on physical health indicators in both absolute improvement and relative ranking compared with local authority comparator groups was the opposite when it came to the mental health indicators chosen by the Board.

The Report outlined ten recommendations to help improve mental health outcomes.

Members' discussion points/comments with the Chief Officer included

- the close relationship between physical and mental health;
- the range of therapies available, the role of Members as champions of Mental Health,
- promotion of awareness in schools including support and training for teachers, the on-line and direct counselling available for young people;
- the wider social determinants of Mental Health and Wellbeing;
- the National Happiness Survey which showed that Devon compared favourably but much less so for those suffering from mental health issues and more work was required;
- the Mental Health Strategy within the STP which received a high priority;
- the role of the Primary Care Networks in addressing inequalities and mental health; and
- armed forces veterans and the lead roles of Public Health and the Devon Partnership
 Trust working with veteran groups and the armed services, use of the outreach vehicle
 and an impending Veterans' conference in September 2019 to which members would be
 invited.

* 133 A Long Term Plan for Devon

The Committee considered the Report of the Joint Associate Director of Commissioning (Devon County Council and NHS Devon CCG) and Deputy Director of Strategy (NHS Devon CCG) (ACH/19/111) previously discussed by this Committee on shaping and delivering Devon's system plan.

The Report provided a description of the overall process and timescales and phases involved in the development, approval and publication of the Plan; and a description for engagement at Locality District, County and STP wide levels; executive arrangements for progressing its development and the role and function of the Health and Well-being Board; and use of the Devon-wide CCG's engagement channels; and the next steps.

Planning guidance from Government was still awaited which meant a margin of uncertainty relating to local arrangements, responsibilities and planning at the STP level and how concerns over governance, transparency and accountability would be addressed.

It was MOVED by Councillor Ackland, SECONDED by Councillor Randall Johnson and

RESOLVED that the Officers be asked to develop a plan for engagement that specifies a role for Councillors at both County and District levels within the localities as an engagement channel with regard to the Long-Term Plan.

* 134 Rapid Response Spotlight Review - Update

The Committee considered the Report of the Head of Service for Adult Care Operations & Health on an update on the implementation of the recommendations of the Spotlight Review of Rapid Response services in 2018.

The Report gave a detailed response to all the recommendations from the Review.

Members comments and discussion points with the Head of Service included the numbers relating to Community Hospital admissions and the relationship between winter pressures and the number of adults with delayed packages of care and the reasons behind the disproportionate referrals in the Eastern Locality.

Officers would produce a yearly report for the Committee on the Service.

* 135 Risk Management Annual Report 2018/19

The Committee considered the Report of the County Treasurer (CT/19/54) on the Annual Report which set out the changes to risk management during 2018/19 and the role of the Scrutiny Committee in accordance with the Risk Management Policy. The Report further summarised the existing risk position and links to visual reporting. Appendix A of the Report showed the risks and Appendix B showed the mitigating actions for the risks whose current score was High.

The County Treasurer and Head of Adult Care Operations and Health outlined areas of key risk relating to market sufficiency, work force capacity, complex care needs and the increasing number of adults of working age with disabilities.

It was MOVED by Councillor Wright, SECONDED by Councillor Randall Johnson and

RESOLVED that the Committee's concern over the areas in the Risk Management Report described as high or very high be recorded, whilst acknowledging the work of the Officers, Cabinet and other Members to mitigate those risks.

* 136 <u>Understanding the Model of Care: South Western Ambulance Service</u>

Foundation Trust Visit

The Committee considered the Report of the Members (CSO/19/12) on a visit by the Chair and four other Members to SWASFT Headquarters on 1 April 2019 when they had met with a range of staff including the Chief Executive and Executive Director of Operations. The Report outlined the issues and areas identified by Members, including demand and staffing, IT, liaison with the Clinical Commissioning Groups and Acute Trusts, and Ambulance delays and causes, community first responders and apprenticeships.

The Members congratulated the work of the staff and officers of the Foundation Trust under difficult circumstances.

The learning from the visits would be used to inform the Committee's future work programme.

* 137 <u>Understanding the Model of Care - Sidmouth/Axminster/Seaton Cluster:</u> Scrutiny Site Visits

(Councillor Hall attended in accordance with Standing Order 25 (2) and spoke to this item referring to the valuable work of local voluntary groups and opportunities to providing additional support and resources as part of the STP's work and Scrutiny's role in evaluating the work of the voluntary sector and promoting and supporting their work)

The Committee considered the Report of the Health & Adult Care Scrutiny Members (CSO/19/17) on visits to the community health and care teams in Sidmouth, Axminster and Seaton clusters all on 22 May by Members of the Committee. Broad themes and issues identified by Members related to prevention strategies, recruitment and staffing, and the benefits of working in a multidisciplinary team and the role of the voluntary sector.

Members commended the visits as a worthwhile exercise which should be continued.

Shared learning from the visits would be used to inform the Committee's future work programme.

* 138 Quality Accounts Annual Update

The Committee considered the Report of the of the Health & Adult Care Scrutiny Members (CSO/19/18) on the Quality Accounts which detailed quality and safety improvements from the previous year as well as planned improvements for the year to come.

On 14 May 2019 NHS providers delivered presentations to the Members of the Standing Overview Group on their Quality Accounts for 2019-20 and priorities in terms of improvement. Members' feedback had been sent to the providers to be incorporated into their Quality Accounts. This annual review followed on from a 6-month review of progress against the NHS providers' Quality Accounts that had been undertaken on 19th December 2018.

Learning from the meeting with health providers would be used to inform the Committee's future work programme.

* 139 Appointment of Commissioning Liaison Member

The role of the Commissioning Liaison Member was to work closely with the relevant Cabinet Members and Chief Officers/Heads of Service, developing a fuller understanding of commissioning processes, and provide a link between Cabinet and Scrutiny on commissioning and commissioned services.

It was MOVED by Councillor Randall Johnson, SECONDED by Councillor Ackland and

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RESOLVED that Councillor Twiss be re-appointed as the Commissioning Liaison Member for this Committee.

* 140 Work Programme

The Committee noted the current Work Programme subject to inclusion of the following topics (arising from this meeting) for future consideration:

- (a) Health and Care: General Update;
- (b) Performance (Bi- annual Report);
- (c) Long Term Plan Member engagement (Minute *133 refers);
- (d) Rapid response (Minute 134 refers).

A Member Visit was being arranged to the Multi-Disciplinary Team in Tavistock on 3 July, and that a Spotlight Review on Carers was planned for 15 July 2019.

[NB: The Scrutiny Work Programme was available on the Council's website at https://new.devon.gov.uk/democracy/committee-meetings/scrutinycommittees/scrutinyworkprogramme/]

* 141 Information Previously Circulated

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

- (a) Devon Partnership NHS Trust: Press Release: Staffing Challenges in North Devon: challenges recruiting qualified mental health nurses at the North Devon District Hospital site and finding bank or agency staff who are qualified nurses.
- (b) Care Quality Commission calls for improvements at Derriford Hospital's Emergency Department.
- (c) Health & Care Insights Issue 17: latest issue of Health & Care Insights from Torbay and South Devon NHS Foundation Trust.
- (d) Closing the gap: Key areas for action on the health and care workforce: joint report with the Nuffield Trust and the Health Foundation, The King's Fund which set out a series of policy actions that, evidence suggests, should be at the heart of the workforce implementation plan.
- (e) Devon CQC Data Profile: Older People's Pathway: link to the Devon CQC Data Profile: Older People's Pathway.

*DENOTES DELEGATED MATTER WITH POWER TO ACT

The Meeting started at 2.15 pm and finished at 5.35 pm