

## HEALTH AND ADULT CARE SCRUTINY COMMITTEE

20 January 2022

### Present:-

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

### Apologies:-

Councillors I Hall and L Evans

### Members attending in accordance with Standing Order 25

Councillor J McInnes

\* 28

### **Minutes**

**RESOLVED** that the Minutes of the meeting held on 11 November 2021 be signed as a correct record.

\* 29

### **Items Requiring Urgent Attention**

No item was raised as a matter of urgency.

\* 30

### **Public Participation**

There were no oral representations from members of the public.

\* 31

### **Engaging the Health and Adult Care Scrutiny Committee in the Long-Term Plan for Devon**

The Committee considered the Report from NHS Devon Clinical Commissioning Group on engagement of Members in the development of the Long-Term Plan and opportunities to influence, contribute and scrutinise.

The Report aimed to address Member engagement by setting out the key areas of the Long-Term change programme that were being accelerated and those which scrutiny committees input across the Integrated Care System (ICS) would be sought. It also offered an approach as to how the Clinical Commissioning Group could work together going forward with Members.

The development of a Long-Term Plan (LTP) for Devon had started in 2018 and was designed to tackle a host of complex issues facing the Devon health

and care system. There is an overarching Long-Term Plan for the NHS as a whole and this was being localised for Devon.

While work to progress the LTP slowed as the NHS focused all efforts on supporting patients and communities through the coronavirus pandemic, the challenges faced in Devon remained the same and had been exacerbated because of Covid-19.

Re-starting work on the Long-Term Plan had been a priority over the latter part of 2021 and tackling the issues the LTP aimed to address was essential for the Health and Care system in Devon.

The Long-Term Plan was still in the development phase, it was being shaped and was not fully formed. The CCG confirmed that elected Members had a key role in influencing, contributing, and scrutinising this programme of work in a way that acknowledged the voices of the communities and neighbourhoods they represented.

Members' observations and discussion points with the Deputy Chief Executive NHS Devon Clinical Commissioning Group, the Chief Executive of the South Devon and Torbay Hospital Trust, and Clinical Adviser South Devon and Torbay Hospital Trust included:

- the focus within the Plan on (i) protected elective capacity to address the exceptional number of people waiting for acute specialities which had reached 144,209 (noting that cancer and urgent care and emergency services had been maintained) which had exacerbated as a result of the pandemic; and (ii) Community Diagnostic Hubs reducing times for vital tests; and (iii) Community urgent and emergency care to help ensure that it was easy for people to navigate their way through to ensure everyone was seen in the appropriate setting;
- the engagement with clinical and care professionals across health and social care and developing engagement with the workforce;
- the willingness and value for further engagement with Scrutiny and other local authorities,
- the need for further and more detailed information in the drafts relating to timelines, finance and geography and strategy and with implementation plans to address the identified issues, using more accessible language and ensuring timely engagement with Scrutiny;
- the increased capacity at Axminster (on which further information was requested by the local Member);
- the contribution of the Nightingale hospital in Exeter in helping address the capacity issues in relation to orthopaedic and ophthalmology treatments;
- the significant workforce issues across the health and care system and development of training regimes nationally, alternative professional positions through such as Nursing Associates for example and international recruitment;
- the key role of the Integrated Care model within the developing the LTP;

- use of community hospitals as health and care hubs and care at home wherever safe and appropriate;
- the digital strategy to help improve capacity access health and social care; and
- the valuable role and work of the North Devon District Hospital serving a wide rural area and isolated communities across Northern Devon.

It was **MOVED** by Councillor S Randall Jonson; **SECONDED** by Councillor C Whitton and

**RESOLVED** that Masterclasses (open to all members of the Council) and the Standing Overview Group (with invitations to members of Torbay and Plymouth Councils as appropriate) be used as the opportunity to influence the development of the Long-Term Plan for Devon and with regular update reports to this Committee.

\* 32 **Modernising Health and Care Services in the Teignmouth and Dawlish Area - update on referral to Secretary of State for Health and Social Care**

The Chair reported that there had been no development since the last meeting and the Committee was still waiting to hear from the Secretary of State for Health and Social Care.

\* 33 **Adults Social Care Reforms Briefing**

The Chair reported that this potentially was Jennie Stephens' (Director of Adult Care and Health) last meeting with this Committee and Members thanked Jennie for her support and work with Scrutiny over many years and they wished her well in her retirement.

The Committee considered the Report from the Chief Officer for Adult Care and Health, Devon County Council (ACH/22/144) on the Government's proposals for the reform of adult social care and ways to update Members as legislation developed, and engagement in the local response as legislation was passed.

The Report set out an overview (including resourcing concerns), timeliness, vision for the White Paper and policy positions including concerns relating to work force issues.

The White Paper set out a 10 year vision with three objectives:

- People have choice, control and support to live independent lives.
- People can access outstanding quality and tailored care and support.
- People find adult social care fair and accessible.

It encouraged investment and innovation and to make every decision about care a decision about housing and make a shift away from a 'reliance on

residential care' to outstanding care in people homes that were safe and enabled independence.

The white paper however did not provide anything that would address the challenges in the health and care system in the here and now, or over the next two years that impacted on the people it served.

The Government previously announced £5.4 billion over 3 years solely for adult social care reform. The White Paper did not expand on the future allocation of funding from the Health and Social Care Levy, both in terms of money coming to Adult Social Care or the allocation within Adult Social Care e.g., would the £500M workforce fund be recurring to enable planning and longer-term investment? The concern remained that the NHS would be prioritised.

The total funding announcements in the white paper and through the Levy were modest and significantly below the figures the adult social care sector had long lobbied for and heard by the Health and Social Care Committee in 2020.

Key documents to this white paper were the current Health and Care Bill that was going through Parliament, and also the pending white paper on integration, that would set the wider conditions, landscape and arrangement for how much of the vision and policies would be delivered to help make the system better equipped to collaborate and innovate.

Members' observations and discussion points with the Locality Director North and East Devon (Adult Care and Health) included:

- the additional work volumes and likely staffing requirements as a result of the proposed reforms which would need to be carefully assessed in the near future and involving new systems and processes;
- the new inspection proposals which could assist as a driver for improvement across all the 152 local authorities with social care and health duties;
- the daily living costs which would not count towards the £86,000 personal care costs cap and it was likely - but not certain - that this would be set at £200 per week;
- whilst CQC would be given new powers of inspection, early indications were that Department for Health and Social Care would retain an assurance role; and
- a risk for Devon County Council was the potential impact of current (and future) self-funders applying for state aid and uncertainty at this stage of the implications for people as a result of the reforms, particularly those with little or no assets.

It was **MOVED** by Councillor S Randall – Johnson and **SECONDED** by Councillor R Peart and

**RESOLVED** that the Health and Adult Care Scrutiny Committee:

(a) note the content of this report that sets out the main elements of the adult social care reform white paper that are subject to the on-going Parliamentary process;

(b) be kept informed between now and the commencement of the extended means test, the care cap and extended self-funding rights in Oct 2023 to include adding specific elements of the white paper to its work programme or using Masterclass sessions to explore engagement to shape the DCC response.

\* 34 **Health and Care General Update**

The Committee received and noted the Joint report from Devon County Council and NHS Devon Clinical Commissioning Group (ACH/22/143) on a response to specific questions or comments from previous meeting and updates on the latest news from the Devon Health and Care system.

Discussion points by Members with the Locality Director – North and East included:

- the example within the report of the excellent and award winning work carried out by Adult Care and Health and the independent sector;
- the high level of covid infection in the County which were the highest levels since February 2021 and currently 61 providers were closed to new admissions, both due to COVID19 infection and staff absence levels; and the work by the Service to support residential and nursing homes with additional funding from Government;
- the possible impact of unvaccinated care workers and the work to promote vaccinations (more information if available was requested by Members relating to the number in the work force with care duties who were exempt from vaccination);
- concern from the local Member in regard to the closure of the Coleridge Medical Centre branch surgery in Newton Poppleford, and the consultation processes and survey arrangements and the alternatives which had been offered for patients; and the Locality Director acknowledged that early consultation with the local Member should have taken place in this instance; and the Chair also noted that despite this not being a separate item on the agenda the briefing document which had been posted to Members could be made available to any interested party and was therefore in the public domain and information was also contained within this report; and
- the care staff winter benefit payment equivalent to about £500 per member of care staff to be paid by their employers and the processes of checks and audit in his area.

\* **35**      **Motor Neurone Disease (MND) Charter**

In accordance with Standing Order 23(2) Councillor L Hellyer had asked that the Committee consider this matter recommending a reference to the Cabinet to ask the Council to adopt the Charter.

Members referred to other degenerative and incurable diseases and how they could be similarly addressed.

It was **MOVED** by Councillor L Hellyer, **SECONDED** by Councillor R Chesterton and

**RESOLVED** that the Cabinet be requested to approve the following:

(a) This Council adopts the Motor Neurone Disease Charter.

(b) This Council encourages the District Councils in Devon to adopt the Charter.

(c) This Council asks the relevant Cabinet Member(s) to ensure the Council's services and facilities are delivered in accordance with the Charter.

(e) The Council's communications team promotes the adoption of the Charter, and promotes how the Council's services and facilities are accessible.

\* **36**      **Scrutiny Committee Work Programme**

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

(a) Carers Review: Engagement with GP and Primary Care Networks: Task Group Review/ Spotlight review; and

(b) Domestic Violence and Abuse as part of the Health and Social Care agenda.

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

\* **37**      **Information Previously Circulated**

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

(a) Regular Devon CCG Briefings on the Coronavirus Vaccination in Devon.

- (b) Deprivation of Liberty Safeguards (DoLS) presentation material.
- (c) Introduction to the Joint Strategic Needs Assessment (JSNA) Masterclass Presentation material.
- (d) Update on appointments to leadership roles in the Integrated Care System for Devon.
- (e) Information from the SWAST about assistance provided by Fire and Rescue Services both across the SWAST area and at Devon and Somerset levels.
- (f) Letter from the Devon ICS Chief Executive, providing an update on the System Oversight Framework (SOF) for Devon.

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

The Meeting started at 2.15 pm and finished at 3.55 pm