

HEALTH AND ADULT CARE SCRUTINY COMMITTEE

9 November 2023

Present:-

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

Members attending in accordance with Standing Order 25

Councillor J McInnes

* 130 **Announcements**

The Chair welcomed the members of the press and public that were in attendance at the meeting.

* 131 **Minutes**

RESOLVED that the minutes of the meeting held on 21 September 2023 be signed as a correct record.

* 132 **Items Requiring Urgent Attention**

There was no item raised as a matter of urgency.

* 133 **Public Participation**

In accordance with the Council's Public Participation Rules, the Committee received and acknowledged oral representations from: (i) Ivan Lawrence, (ii) Councillor Chris Clarence and (iii) Viv Wilson MBE regarding the Teignmouth Community Hospital (Minute *134 refers) on the case for its retention and referral to the Secretary of State for Health and Social Care; and

(iv) Professor Martin Shaw and (v) Jack Rowland regarding Seaton Community Hospital (Minute *135 refers) in opposition to proposals made to demolish a wing of the building.

The Chair thanked the speakers for their contribution.

* 134 **Teignmouth Community Hospital Task Group**

The Committee considered the Report of the Task Group which outlined its membership and scope, and provided background to the consideration of this issue by the NHS and the Committee; including a previous referral of the issue to the Secretary of State for Health on 18 March 2021, following a

Spotlight Review which had taken place in December 2020. The Report also included responses by NHS Devon to questions submitted by the Task Group; the view of the League of Friends; and details on the concerns of the Task Group with regard to the proposals regarding the closure of Teignmouth Community Hospital. In its recommendations, the Task Group supported further referral to the Secretary of State for Health and Social Care, as well as supporting efforts to retain the building for community use, should it not be retained by the NHS, and encouraged further engagement with local stakeholders by the NHS.

During debate, members expressed their wish to see the NHS provide to the Committee its treasury green book analysis, to evidence the cost benefit analysis that had taken place with regard to the proposal to close Teignmouth Community Hospital.

It was **MOVED** by Councillor Wrigley, **SECONDED** by Councillor Cox and

RESOLVED that

(a) the Committee takes steps to make a referral to the Secretary of State for Health and Social Care on the decision to move services from Teignmouth Community Hospital and build a Health and Wellbeing Centre on Brunswick Street, Teignmouth instead;

(b) efforts being made by local community groups to save the hospital building for community use, if it cannot be retained by the NHS, be supported;

(c) the NHS be asked to continue to engage with local stakeholders and local people in determining the long-term future of the Hospital site, whilst operating within the principle that the building currently used as Teignmouth Hospital should be saved for local people.

* **135** **Seaton Community Hospital**

In accordance with Standing Order 23(2) Councillor J Bailey had requested that the Committee consider this matter in light of proposals to demolish a wing of Seaton Community Hospital.

Councillor Ian Hall declared a personal interest by virtue of representing Devon County Council as an appointed governor to the Royal Devon University Healthcare Trust's Royal Devon Council of Governors; and by virtue of sitting as the co-Chair of the One Eastern Devon Partnership Forum (OEDPF).

A statement from Marcus Hartnell, local member, was read out at the meeting, expressing his support for the exploration of options to establish a community health and wellbeing space to provide for the residents of Seaton and Colyton.

Members were concerned around the £300,000 per year cost of maintaining the empty ward in question. They contended that the Committee should hold the NHS to account on the use of Seaton and similar properties, as to why funds such as this were not being used to more directly benefit taxpayers and users of the NHS. Members asked for details on other vacant NHS properties in the County to be reported to the Committee in January 2024.

Councillor Hall expressed the wish to be involved in any future working group that was set up in relation to Seaton Community Hospital.

It was **MOVED** by Councillor Hall and **SECONDED** by Councillor Wrigley that

(a) the Committee requests a report for its next meeting in January 2024 from both Devon ICB and NHS Property Services to consider the outcome from meeting the League of Friends and explore the options for delivering increased health and wellbeing services in the town for the next five years and beyond;

(b) the Committee requests that NHS Property Services includes a proposal for a Community Health and Wellbeing Hub in any future options for the former ward space; and

(c) the Committee asks the Devon ICB to fully engage with the Seaton Hospital League of Friends and local steering group, including the divisional member, to explore and discuss the long-term future provision of NHS/health and wellbeing services for Seaton and Colyton residents including how collaborative working may assist with bringing forward a business plan for a health and wellbeing hub at Seaton Hospital.

It was then **MOVED**, and **ACCEPTED** by the proposer of the original motion, that the motion be **AMENDED** by the addition of the following:

(d) the Committee requests that no final decision on the proposed disposal of Seaton Community Hospital is made without further work in line with recommendations (a) to (c) above.

Recommendations (a) to (d) were then voted upon as the substantive motion and **RESOLVED**.

* 136

Royal Devon University Healthcare NHS Foundation Trust - CQC Report / Improvement Plan

Members had received a presentation from the Chief Medical Officer of the Royal Devon University Healthcare NHS Foundation Trust, circulated in advance, in relation to the Trust's response to its Care Quality Commission (CQC) Inspection. In its report published in May 2023, the CQC had given the Trust an overall rating of 'Requires improvement.' The presentation outlined:

- the history of the Trust, being formed from the merging of the Royal Devon and Exeter NHS Foundation Trust and the Northern Devon Healthcare NHS Trust in April 2022;
- previous CQC inspections of these two trusts;
- the May 2023 findings of the CQC inspection of the Trust including achievements that had been highlighted (such as an Outstanding rating for the 'Caring' category), as well as areas that required work; and
- the Trust's plans to address issues raised by the CQC inspection including what external support the Trust requires to achieve its actions.

Member discussion points with officers included:

- Collaboration with other services such as Adult Social Care. Comments were made around the particular funding models of healthcare which tended to encourage competition between sectors where collaboration and cooperation were more beneficial;
- Predicted challenges because of winter, which was particularly relevant to Devon due to its aging population;
- The Trust's progress on its Acute Hospital at Home (AHAH) service in line its priority to reduce the number of patients remaining in hospital for extended period of times, instead facilitating their return home where they can be cared for. This included the use of wearable technology such as smart watches to allow effective monitoring of patients being cared for at home;
- Digitalisation and its benefits; as well as challenges for its implementation, namely a sudden implementation necessitated by the Coronavirus pandemic which had impacted the Trust's training and rollout plans. Record keeping, which formed part of this, was one of the failings highlighted by the CQC;
- The need to provide the public with clear alternatives to the emergency department or calling 999, such as NHS 111, which was improving;
- The occurrence of 'never events', where the Chief Medical Officer explained that all but one never event over the previous 18 months resulted in little or no harm;
- Challenges around recruitment and funding; and

- A potential RDUH masterclass to include virtual wards and 'never events'.

* 137

NHS Devon - Integrated Urgent Care Service

Members considered the report of NHS Devon on the Integrated Urgent Care Service. The report explained that this was a service commissioned by NHS Devon on behalf of Devon residents. It was a single contract for the provision of the NHS 111 call handling services, clinical contact as required for those accessing 111 online, Clinical Assessment Service (CAS) and out-of-hours primary care face-to-face treatment.

It was explained that the IUCS was previously delivered by Devon Doctors. Following CQC concerns, a procurement process was undertaken and the contract awarded to Practice Plus Group (PPG). This had seen improvements in the service including better meeting levels of demand, increased recruitment and an opening of a new call centre in Plymouth which operated 24 hours a day. NHS Devon were assured by the performance and transparency of PPG.

Member discussion with officers included:

- The IUCS' progress against national targets, and whether these targets were realistic given that the majority of providers in England were not close to meeting these targets. Officers expressed that they were always looking to improve standards and that the national targets did represent what an excellent service could look like, but that the context of the challenges faced by the service, and the capacity of other services nationwide to achieve these targets, were also important to consider;
- How outcomes could be better tracked to, for instance, account for those using NHS 111 and how to measure the effectiveness of the advice they had received. Officers expressed that one particular challenge was encouraging patients to divulge that they have been referred to a service upon point of use, and that in the absence of this it was difficult to track;
- The impact of GDPR on achieving targeted outcomes; and
- The rollout of electronic patient records (EPR) in better developing integration with other services, and the need to further roll out EPR across the country before being where the service wishes to be.

* 138 **Service Delivery for Public Health, Communities and Prosperity: In-Year Briefing**

The Committee considered the Report of the Director of Public Health, Communities and Prosperity (PH/23/03) which provided an in-year briefing on the delivery of Public Health, Communities and Prosperity services. Although the latter two were included in the report, the Committee focused on the Public Health aspect of the briefing.

Under Public Health, the report highlighted:

- The ongoing impact of the cost-of-living crisis on health and wellbeing;
- The recommissioning of the condom distribution service;
- Additional national grant funding to support delivery of the national drugs strategy; and
- The improvement of the Public Health Nursing Service, being rated Good by the CQC, despite ongoing challenges with recruitment and retention of staff.

Member discussion with officers involved:

- Vaping and the risk to young children, with members welcoming a focus on reducing vape usage in young people who had never smoked other tobacco products; and
- The role of Scrutiny in adding value to Public Health.

* 139 **Integrated Adult Social Care Finance and Performance - Mid-Year Update**

(Councillor J McInnes attended in accordance with Standing Order 25 (1) and spoke to this item with the consent of the Committee).

The Committee considered the Report of the Director of Integrated Adult Social Care (IASC/23/04) which provided a mid-year update on the finance and performance of Integrated Adult Social Care and highlighted the key risks facing the directorate. The report covered areas such as workforce (both nationally and in Devon), forecast overspend, and a number of key statistics such as how many people the service was supporting and the performance of residential care homes and community-based services in Devon compared to the national average. Officers highlighted the service's delivered savings in relation to its delivery target of £30 million.

Member discussion with officers included:

- Waiting lists, including for Deprivation of Liberty assessments, with failure of the Local Authority to meet its statutory obligations under The Deprivation of Liberty Safeguards being highlighted as a key risk in the report;
- The demographics of the Devon workforce where there had been an increase in the number of non-EU workers following a successful focus on international recruitment. A member queried the likelihood of retaining these staff, with officers advising that there was no present large risk of losing these staff en masse;
- Required improvements in how Integrated Adult Social Care can work more closely with the NHS and hospitals in supporting patients being discharged into out-of-hospital care; and
- The significant improvement in terms of market sufficiency and availability of personal care, resulting in fewer people waiting for care, which members welcomed.

* 140 **Integrated Adult Social Care response to the Peer Challenge report**

(Councillor J McInnes attended in accordance with Standing Order 25 (1) and spoke to this item with the consent of the Committee).

The Committee considered the Report of the Director Integrated Adult Social Care (IASC/23/05) which outlined the main recommendations of the Local Government Association (LGA) to its peer challenge of Adult Social Care, as commissioned by Devon County Council; and to summarise the improvement plan drawn up in response to the peer challenge. The LGA had submitted a final report to the Council in September 2023. More information was available on the [Devon County Council website](#).

Members welcomed the transparency of the report and the responses to the LGA's peer challenge that were outlined in the report. Upon querying the timelines of the planned improvements, it was explained by officers that the report was a high-level summary and that a detailed plan would be developed by the Council to respond to the LGA's comments. This would include specific timescales.

* 141 **Health and Adult Care - General Update Paper**

The Committee considered the Joint report from the Director of Integrated Adult Social Care (Devon County Council), Director of Public Health, Communities & Prosperity (Devon County Council), and Chief Medical Officer (NHS Devon) (IASC/23/06) which contained updates on key and standing items and provided general information on specific actions, requests or discussions during the previous meeting of the Committee.

Member discussion with officers included consultations on: the future of the North Devon Link Service; the future of day services; and smoking and vape usage in younger people.

* **142** **Scrutiny Committee Work Programme**

The Committee agreed the current Work Programme subject to inclusion of topics which arose from the meeting. This included: Access to GP appointments; Minor Injury Units; Women's Health; diagnosis of autism in adults and the transition of young people from Children's Services to Adult Social Care.

* **143** **Information Previously Circulated**

The Committee noted 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 Dentistry Webinar (18 September 2023) – Recording and Presentation
- Integrated Adult Social Care Improvement Plan and Preparing for CQC Assurance Masterclass (27 September 2023) – Recording and Presentation
- State of Care 2022/23: CQC Annual Assessment of Health and Adult Social Care Services, Launch Event (20 October 2023)
- NHS 111 Masterclass (1 November)
- Annual Public Health Report 2022/23 Masterclass – to be held on 27 November 2023 ([Report available here](#))
- Briefing – Seaton Community Hospital Vacant Ward
- Scrutiny Risk Registers ([Risk Registers - Democracy in Devon](#))

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

The Meeting started at 10.35 am and finished at 2.14 pm