

HEALTH AND ADULT CARE SCRUTINY COMMITTEE

23 September 2024

Present:-

Councillors S Randall Johnson (Chair), A Connett (Vice-Chair), R Chesterton, D Cox, I Hall, L Hellyer, P Maskell, D Sellis, R Scott and J Yabsley; and Councillor C Hodson (remote)

Apologies:-

Councillors Y Atkinson, J Bailey, P Crabb, R Peart and C Whitton

Members attending in accordance with Standing Order 25

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

* 184 **Chair's Announcements**

The Chair reminded members of the Committee on standard housekeeping including that the meeting was being livestreamed. The Chair also welcomed Councillor Alan Connett to his first meeting of the Health and Adult Care Scrutiny Committee in his role as newly-appointed Vice-Chair.

* 185 **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](#)

* 186 **Minutes**

RESOLVED that the minutes of the meeting held on 24 June 2024 be signed as a correct record.

* 187 **Items Requiring Urgent Attention**

There was no item raised as a matter of urgency.

* 188 **Public Participation**

There were no public representations made.

* 189 **The Integrated Adult Social Care and Public Health approach to prevention and the role of elected members**

(In accordance with Standing Order 23(2), Councillors R Croad and P Bullivant spoke to this item).

Councillor Ian Hall declared a personal interest in this item by virtue of being the Co-Chair of the One Eastern Devon Partnership Forum; and by virtue of being the Devon County Council representative of the Council of Governors of the Royal Devon University Healthcare NHS Foundation Trust.

The Committee considered the Report of the Director of Integrated Adult Social Care and the Director of Public Health and Communities (IASC/24/12) on preventative action in respect of health outcomes and the approach therein by Integrated Adult Social Care and Public Health. The Report outlined the importance of embedding prevention across all levels of local government as well as external partners, in order to reduce long-term demand on services and promote movement towards being a healthier population; and the role of elected members in line with the Local Government Association (LGA) guidance on prevention.

Officers outlined the broad range of areas that needed to be considered with regard to prevention, including more direct determinants of public health, but also wider factors such as economic conditions. Work on encouraging smoking cessation and legislative change such as that regarding smoking and clean air, was also part of the overall picture.

The Cabinet Member for Public Health, Communities and Equality drew particular attention to Appendix 3 of the Report which provided projections of the underlying health trends in older people without preventative interventions; the evidence suggested significantly worsening conditions across a number of areas, evidencing the paramount importance of a robust preventative approach to health outcomes.

The Cabinet Member for Integrated Adult Social Care & Health referred to the large financial commitment of healthcare, particularly in the context of Devon's aging population, and commended officers, as well as colleagues in the NHS and voluntary sector, for their ongoing work to recognise the value of prevention.

Key discussion points included:

- The role of town / parish councils in, for instance, providing wooded areas and local schemes encouraging residents to exercise. There was further discussion around the degree to which lower-tier authorities recognised their critical role. Senior officers expressed willingness to engage with these authorities to assist them in understanding and carrying out their critical role in prevention;

- Obesity, including the ongoing impact of the Coronavirus pandemic on activity levels and, consequently, obesity. Officers outlined the significant health impacts of obesity on an individual entering older age and its relevance in terms of prevention. Officers expressed their support for Government legislation that, as of 1st October 2025, would place limitations on advertising unhealthy foods pre-watershed. They also referred to a significant body of evidence regarding the positive impact on obesity levels of providing outside 'green' and 'blue' spaces;
- The importance of infrastructure and that a preventative approach to achieve positive health outcomes should inform strategic planning, for instance through the planning and construction of walking and cycling infrastructure to ensure people do not need to rely on cars and other forms of private transport; the Chief Executive expressed the importance of such an approach, including joint working with other bodies. Senior officers offered to circulate the Council's response to the Government consultation on National Planning Policy Framework to the Health and Adult Care Scrutiny Committee Members;
- Member experience in their wards regarding walking paths and bus services, which encourage movement, with some councillors expressing concern around the overreliance on private transport in their divisions due to poor infrastructure;
- The use of data and evidence, including Public Health data through the Joint Strategic Needs Assessment to develop policies which encourage positive outcomes including health benefits and independence;
- Reference to the report's claim around the difficulty of evidencing successful specific prevention. Officers advised that one example was social care reimbursement for independent services which consisted of short-term interventions for people to support them achieving independence; namely, supporting them early on a short-term basis which prevents their future reliance on long-term social care services; and
- The NHS view on integrated working regarding place-based planning and an agreement that promoting active lifestyles within communities should be a key focus.

The Committee wished for a further report to come back to the Committee in 12 months' time with an update and progress report to include self-assessment, improvement journey and key risks.

The Chief Executive and the Cabinet Member for Integrated Adult Social Care & Health expressed support for the sentiment that prevention should be considered by Cabinet as a formal priority of the Council, alongside alignment

with the Council's place-based strategy, which was discussed at the meeting between the Chief Executive and members.

* 190 **General Practice Access**

The Committee considered the Report of NHS Devon which updated on General Practice access, provided information from the July 2024 GP Patient Survey, and noted challenges relating to accessing services including for people who were homeless, vulnerably housed or prison leavers.

With regard to GP access, Devon was performing comparatively well when compared with regional and national data, with South Devon achieving the highest percentages of those seen within a timely manner; however, in terms of the GP Patient Survey results, South Devon recorded the lowest satisfaction scores (as compared with North and East Devon), although these were still higher than the national average.

Rurality, digital access, and deprivation were covered as specific challenges to GP access within Devon.

Community pharmacies was also an aspect of discussion in the report as an important first point-of-contact for healthcare, being easily accessible and offering a “growing number of clinical services as well as the dispensing of medication.”

Discussion points included:

- To what degree there was a public perception of poor GP performance and access that contrasted with the data which suggested to some degree that the system was performing well;
- Challenges with GP demand outstripping supply, despite positive work done on this point. This included challenges recovering from the Coronavirus pandemic;
- The degree to which patients use the Emergency Department at hospitals as a first point-of-call where they should use other services such as community pharmacies, MIUs or General Practice;
- The possibility of 24/7 provision particularly in light of a changing workforce across the country, with people working irregular or unsociable hours. Officers explained that work was ongoing to expand the GP offer, but that it was important to map this to local demand. With specific reference to community pharmacies, members heard that this was not necessarily practical as they relied heavily on fees from dispensing medication and so, on the existing model, expanding opening hours did not represent an easy possibility; and

- Minor Injury Units (MIUs) including short-term and ad-hoc closures, for instance in response to staff pressures. Officers advised that these pressures were slowly alleviating, and that a significant amount of work had been done on building a more resilient MIU workforce.

* 191 **Integrated Adult Social Care Customer Feedback**

The Committee considered the Report of the Director of Legal and Democratic Services (LDS/24/35) on the Standing Overview Group of the Scrutiny Committee, held 22 July 2024, whereby officers from Integrated Adult Social Care (IASC) and Customer Relations presented to members on how IASC collects feedback with regards to the lived experience of Devon residents using their services, including recurring themes on customer feedback and how IASC was responding.

The Report outlined that communications, delays in service, and the quality of services were the primary drivers of complaints, including an increase in the proportion of complaints for the quality of, and delays in, service provision for 2023-24 compared to 2022-23. Further data was provided on how many complaints were responded to within target timescales, how many were investigated further by the Local Government and Social Care Ombudsman (LGSCO) and the proportion of complaints that were partially or fully upheld. The Report also noted that IASC could do more to collect compliments, and take positive learning from these; as well as outlining a number of surveys that had taken place for various people (including service users and carers) and responses thereof.

The Report further noted issues identified by members at the Standing Overview Group, including: the rise in LGSCO complaints in 2023-24 compared to the previous year; complaint response times; the need to encourage compliments; and a lack of organised customer feedback benchmarking data for easy comparison with other local authorities.

Key elements of discussion at the meeting of the Scrutiny Committee included:

- The usefulness of some of the data reported, such as providing information on the percentage of customer complaints responded to within a deadline. A member observed that this did not provide context regarding by how far the deadlines were missed. Officers acknowledged that further work could be done to consider how data was presented to members to be more meaningful in this respect;
- That complaint numbers were very low as a proportion of service users, with officers asserting that on this basis the service does do very well, notwithstanding that there were improvements to be made with regard to service provision as well as mechanisms for collecting feedback; and

- Assurance given to members by senior leadership that urgent complaints that required immediate response were addressed as a priority, namely that there were mechanisms of prioritisation.

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

RESOLVED that the Scrutiny Committee requests:

(i) That Integrated Adult Social Care (IASC) complaint response time targets are closely monitored and included in an annual report to the Health & Adult Care Scrutiny Committee; and

(ii) That the data collection process for IASC compliments is reviewed.

* 192 **Teignmouth Health and Wellbeing Centre Development**

The Committee considered the Report of NHS Devon which provided an update on the work by NHS Devon to secure accommodation for Channel View Medical Practice in Teignmouth. Context was provided that, in July 2024, the NHS had cancelled plans to build a new Health and Wellbeing Centre in Teignmouth due to significantly increased construction prices and borrowing costs since estimated costs for building were published in 2020.

The Board of NHS Devon had met to ensure continuity of services by supporting Channel View Medical Group including exploring options around: negotiating for the retention of the existing estate; and procuring additional office space to enable the practice to operate as effectively as possible.

In response to member questioning, it was advised that NHS Devon had actively engaged a facility management company to assist with exploring solutions and that an update should be available towards the end of October. The Committee requested therefore that NHS Devon provided an update at its November meeting.

Other discussion points included:

- The change of process for referral of issues to the Secretary of State for Health and Social Care since the issue of health services in Teignmouth was last considered by the Scrutiny Committee, so that instead of the referral power, Health Overview and Scrutiny Committees and other interested parties can write to request that the Secretary of State considers calling in a proposal.
- Concern raised by some members of the Committee regarding the material change in circumstance since the issue of health services in Teignmouth was last considered by the Scrutiny Committee, when the

Committee was under the impression that the construction of the Health and Wellbeing Centre would continue as planned, and the feeling of these members that the issue justified further consideration by the Committee. There was disagreement between members on this point.

* 193 **Healthwatch Annual Report**

The Committee considered the 2023/24 Annual Report of Healthwatch in Devon, Plymouth and Torbay. The Report described “the wide range of engagement, representation and impact undertaken by Healthwatch in Devon, Plymouth and Torbay” in the year 2023-24.

A representative of Healthwatch attended to speak to the Committee. They explained that, since publishing the Annual Report, Healthwatch had been asked to work with NHS Devon to facilitate further engagement activities to inform the development of community pharmacy services in Devon. The Chair of Healthwatch in Devon, Plymouth and Torbay was also due to meet, the day after the Committee, carers leads across Devon, Plymouth and Torbay to look at recommendations from the Annual Report.

Key discussion points included:

- Feedback from the Committee that they would like to see more Devon-specific information in the report as there appeared to be a focus on Torbay and Plymouth . The Healthwatch representative acknowledged the request, and commented that much of Healthwatch’s work was across all three areas, reflecting the footprint of the Integrated Care Board;
- Levels of cross-organisation communication and sharing of best practice, particularly with regard to community pharmacy. Members heard that this did happen regularly, for instance: through NHS Devon; through other providers such as the Royal Devon University Hospital NHST Trust in Exeter; and sharing lessons from a recent report around complaints that was done in partnership with the University Hospitals Plymouth NHS Trust;
- Healthwatch attendance at Health and Wellbeing Alliances. Members were advised that Healthwatch did not currently attend these, but did attend Health and Wellbeing Boards, and was currently looking at increasing their staffing capacity to accommodate better attendance at a wider range of key meetings. An NHS representative commented on Healthwatch’s excellent attendance at Unscheduled Care Boards and the Chair thanked Healthwatch for their contribution to various Scrutiny related reviews.

* 194 **Health and Adult Care General Update**

The Committee considered the 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/24/13) 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.

Prior to the meeting, members were advised that section 3.1.2 regarding the forecast Adult Care Operations overspend should read £1.1 million, not £1.7 million.

Attention was drawn by a member to section 3.7 of the report which referred to the annual Association of Directors of Adult Social Services (ADASS) survey. It was wished that the Authority would receive more funding for prevention and early help, in line with the discussions had earlier in the meeting.

The Committee also heard from Councillor Hellyer, the Committee's Domestic and Sexual Violence and Abuse Champion. She updated the Committee on:

- Therapies and counselling service for adult victims of domestic abuse run by the SAFE Foundation, who had been commissioned to deliver therapies and counselling across Devon to victims and survivors of domestic abuse who also had housing and accommodation needs as a result of the abuse. Many had previously sought help but experienced limited success with conventional therapies such as Cognitive Behavioural Therapy (CBT) and therefore needed a more bespoke service that understood the individual needs of victims; and
- The Asylum Seeking and Refugee Women and Girls Project run by The Olive Project, in partnership with Devon and Cornwall Refugee Support and Plymouth and Devon Race Equality Council. The Project provided a trauma-informed support service to address the needs of asylum-seeking women and girls affected by domestic abuse or sexual violence.

* **195** **Scrutiny Committee Work Programme**

The Committee agreed the current Work Programme subject to inclusion of topics which arose from the meeting. This included a future update on health services in Teignmouth.

* **196** **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.

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

The Meeting started at 10.30 am and finished at 12.46 pm