

HEALTH AND WELLBEING SCRUTINY COMMITTEE

19 January 2017

Present:-

Councillors R Westlake (Chairman), J Brook, C Clarence, P Colthorpe, P Diviani, B Greenslade, G Gribble, R Julian, E Morse, D Sellis (Vice-Chair), E Wragg and C Wright

Members attending in accordance with Standing Order 25

Councillors K Ball and A Davis

Apologies:-

Councillors A Boyd, C Chugg and R Gilbert

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Minutes

RESOLVED that the minutes of the meeting held on 8 November 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: Representations

In accordance with the Council's Public Participation Rules, the Committee received and acknowledged oral representations made by Ms Hancox, Mr Wearne, Ms Pearson, Ms Baker, and Dr McElderry (Minute *45 refers) and Mrs Pritchett (Minute *46 refers) on matters to be considered by the Committee, namely the 'Your Future Care' and Torbay and South Devon: Community Services Reconfiguration on implications for local community health and social care services.

The Chairman responded, thanking the speakers for their attendance and presentations which would be taken into account by the Committee during its subsequent deliberations.

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NHS 111 and Out of Hours Cover

Ms E Fitzsimmons representing the NEW Devon Clinical Commissioning Group (CCG) attended and spoke to this item at the invitation of the Committee.

The Committee considered the Report of the NEW Devon CCG on the operation of the new service model for NHS 111 and Out of Hours Care for Devon now known as the Integrated Urgent Care Services (IUCS) since going live in October 2016. The Report also covered patient and public involvement during the development and procurement process, implications of the changes, ongoing review, evaluation and the next steps.

Ms Fitzsimmons responded to Members' questions relating to:

- performance in terms of response rates, involvement of clinicians in the calls (taking more than 40% of calls) and the positive feedback received to date;
- the low use of locum doctors and comparative figures before and after the introduction of the service.

It was **MOVED** by Councillor Westlake, **SECONDED** by Councillor Sellis and

RESOLVED that the progress with the introduction of the new Integrated Urgent Care Services be noted and a further review and evaluation report be presented to the Committee in 12 Months' time.

* 44

Budget 2017/18

(Councillor Davis, Cabinet Member for Improving Health and Wellbeing, attended in accordance with Standing Order 25(1) and spoke to this item at the invitation of the Committee).

The Committee noted that in line with previous practice the proposed budget for the 2017/18 financial year would be scrutinised collectively with a joint meeting of Scrutiny Committees to be held on 30 January 2017 providing an opportunity for Members to comment on proposals for the Council's Budget in its entirety. This would follow the opportunity for individual Scrutiny Committees – as at this meeting – to have an initial overview of the budget proposals and examine them to identify any specific issues or areas of interest that might be considered at the joint meeting referred to above for incorporation into any recommendations to Cabinet and Council.

The Committee then considered the Joint Report of the County Treasurer and Chief Officer for Communities, Public Health, Environment and Prosperity (CT/17/2) on the provisional financial settlement made by Government within the current and anticipated public sector funding regime and on the spending targets set by the Cabinet for all service areas, including inflation, commitment and service prioritisation reductions.

The Report contained the detailed budget proposals for all health and wellbeing services and in particular the proposed budget for Public Health - which would also be presented to Place Scrutiny Committee as part of that Committee's consideration of budgets for Communities, Public Health, Environment & Prosperity services generally - prepared in line with those targets, reflecting the different pressures and influences faced by services.

The proposed budget for Communities, Public Health, Environment & Prosperity of £35,203,000 incorporated inflation and commitments of £2,468,000 and required budget savings of £576,000. The ring fenced Public Health Services grant for 2017/18 was £28,238,000 being a shortfall of £714,000 (2.5%) over 2016/17. Future grant allocations were expected similarly to reduce by a further 2.6% year on year until 2020/21. This shortfall – which was for one year only - had been offset by an injection of funding from corporate resources because, in future years, changes would be made to contracted services to bring the budget back into balance. The shortfall had been a direct consequence of the removal of £1,600,000 from the ring-fenced reserve by the Department of Health.

Members noted that overall, service inflation and commitments for the Council for the year were estimated at £43,026,000 and that to manage those combined pressures and set a budget within Government provisional targets, total savings of £22,229,000 would need to be found in the 2017/18 budget. The announcement by Government on the final settlement and Council Tax Regulations was expected shortly.

The Chief Officer for Communities, Public Health, Environment and Prosperity commented on the likely implications of the 2017/18 target for individual areas of service noting that the overall approach remained one of striking a balance between financial realities and ensuring the delivery of essential services. In order to achieve a balanced budget against the future forecast of reduced funding, there were plans for all key service areas to be re-procured during 2017/18 including Sexual Health Services, the integrated Children's Service contract, Public Health Nursing Services, substance misuse services and domestic violence services to make these services as efficient as possible and sustainable within allocated grant. The

demand on sexual health services continued to grow and substance misuse was the second largest single area of spend against the grant. 2017/18 would also see the re-introduction of the universal NHS Healthcheck programme and approaches were currently being explored to help ensure the most efficient form of delivery.

Members noted also that, since the County Treasurer's Report had been published, confirmation had been received from the Devon Safer Partnership that funding for the Devon Rape Crisis and North Devon against Domestic Abuse would again be available in 2017/18 and that the draft budget now submitted would be updated accordingly.

The Committee were reminded that its consideration of the draft budget now before it was just part of the process of setting the County Council's budget which, following this meeting and the further joint scrutiny session on 30 January 2017 would culminate in the Cabinet on 10 February 2017 formulating budgets for consideration by the County Council on 16 February 2017.

The Report now before the Committee also referred to the Budget 2017/18 Impact Assessment, circulated prior to the meeting, giving an overview of the impact assessments for all service areas (available at: <https://new.devon.gov.uk/impact/published/budget-setting-201718/>), for the attention of Members at this meeting in order that they may be aware of the equality impact assessments undertaken as part of the budget's preparation and that any risk assessments and projections were adequate and that the evidence supported the assumptions made in the formulation of the budget. Acknowledging also that the preparation of Impact Assessments was necessarily a dynamic process and that individual assessments for specific proposals may necessarily have to be developed and updated with time, Members of the Council must have full regard to and consider the impact of any proposals in relation to equalities prior to making any decisions and any identified significant risks and mitigating action required.

Specific issues and observations arising from the current budget proposals raised at the meeting included the following, namely:

- that the proposed budget did not differ markedly from the previous years, there being no significant reductions or variations;
- the historical low level of funding for public health in Devon (the 6th lowest funded) and the adverse impact of any reduction thereto on the ability of the Council to deliver its statutory responsibilities;
- the importance of the need for early intervention and improved public education to prevent health problems developing in the future.

It was **MOVED** by Councillor Westlake, **SECONDED** by Councillor Sellis, and

RESOLVED

(a) that the provisional financial settlement and its impact on spending targets and proposed budgets for 2017/18 be noted;

(b) that the draft Public Health Budget be noted and the issues and/or observations set out above be drawn to the attention of the Joint Budget meeting on 30 January 2017.

* 45

Your Future Care: Consultation and Next Steps

(Councillor Ball attended in accordance with Standing Order 25(2) and spoke to this item relating to the positive dialogue with the CCG following the last meeting of this Committee and issues relating to requests under Freedom of Information rules).

Dr T Burke, Mr R Sainsbury, Ms J McNeill and Mr N Pearson (NEW Devon Clinical Commissioning Group) attended and spoke to this item at the invitation of the Committee.

The Committee considered the Report of NEW Devon CCG on the 'Your Future Care' proposals following a 13 week period of public consultation which had commenced on 7th October 2016 and which had now closed. The consultation had set out four options for the location of a reduced number of inpatient beds in community hospitals in Eastern Devon. These options were in the context of developing a model of care in the whole of Devon to consistently deliver three core service components to help people remain at home. The Report outlined the extensive consultation processes and responses and a detailed summary and the next steps.

Members were assured that, following the Decision Making Business Case and impact assessments, the CCG's Governing Body decision would be made no earlier than March 2017.

The Clinical Commissioning Group's representative responded to Members' questions relating to:

- careful consideration of all responses and the independent role of Health Watch Devon in the consultation and community engagement events and role of the local Public Engagement Committees;
- the relatively tight time scale for decision making with an assurance from the CCG that decisions would be made when the Decision Making Case was ready which was anticipated for March 2017 and that any delay would cause further uncertainty and anxiety;
- errors relating to post code information which had been quickly corrected by the CCG and that all Freedom of Information requests were being dealt with by the CCG's Consultation Response Unit and clarification from questioners sought as necessary;
- continuous analysis of impact assessments (which was part of the Decision Making Business Case);
- views of hospice care and the need to prioritise packages for 'end of life' care;
- the robust implementation process and checks to ensure a safe transition and reconfiguration of services.

It was **MOVED** by Councillor Westlake, **SECONDED** by Councillor Sellis and

RESOLVED that the NEW Devon CCG be requested to provide a further update to this Committee's March meeting.

* 46

Torbay and South Devon: Community Services Reconfiguration

Ms J Turner (Locality Manager) and Mr R Chalmers (Head of Communications and Strategic Engagement) South Devon and Torbay Clinical Commissioning Group (CCG), attended and spoke to this item at the invitation of the Committee.

The Committee considered the report of the South Devon and Torbay Clinical Commissioning Group on the 12 week formal consultation and a feedback report independently produced by HealthWatch.

It was noted that the clinical basis for the proposals put forward by the CCG for consultation was supported by the independent South West Clinical Senate. The report also outlined alternative proposals put forward by the public and their evaluation by the CCG, and the timetable for decision to be followed by effective planning for reconfigured services. Proposals would be published shortly and be considered by the CCG's Governing Body at its meeting on 26 January 2017.

Members' comments and questions to the CCG representatives covered operating hours for the Minor Injuries Unit, disposal of surplus assets and capital receipts for community use and consultation meeting arrangements and other forms of feedback with on-line resources.

It was **MOVED** by Councillor Westlake, **SECONDED** by Councillor Sellis and

RESOLVED that this Report be noted and that the proposals and plans be reported to the March meeting of this Committee.

* **47** **NHS Property Services and Rental Charges in Devon.**

The Committee received a report from NHS Property Services in response to questions previously posed by Members, namely (i) how much was each individual community hospital being charged for rent by NHSPS and (ii) how much was the rental income for NHSPS nationally compared with the amount spent on maintenance?

The response received from NHS England was that:

“(i) Further to the information provided in July, market rent values for the individual hospitals remain commercial in confidence while lease negotiations are being concluded.

“(ii) In 2016/17 our budgeted rental income is £408 million. This includes freehold and leasehold income. For leasehold properties, we normally hold a head lease on behalf of the NHS. The level of rent we have to pay our superior landlord is set out in the terms of this lease. We recover this cost by invoicing our customers for the same amount (plus a 5% management charge to cover our costs). Our customers' rents will be subject to the same review patterns as our head lease. In 2016/17, our budgeted spend on 'Hard Facilities Management' (normally referred to as 'Hard FM'), which is mainly for routine, small-scale maintenance, is £98 million. These are direct costs and do not include overheads such as the salaries of our FM teams. It is also important to note that the £98 million does not include the money spent on larger maintenance projects that become part of our Construction Project Management (sometimes known as 'Capital') programme. The forecast CPM spend for 2016/17 is £60 million and typically funds a range of projects from new roofs and boilers to refurbishments and new-builds.”

While noting that the Committee had no powers to compel NHS Property Service attendance regarding the transfer of 12 community hospitals to NHS Property Services (as part of NHS Northern, Eastern and Western Devon Clinical Commissioning Group plans to award its contract for community services to the Royal Devon and Exeter NHS Foundation Trust) Members asked that NHS Property Services should be invited again to the next meeting to answer members' questions.

The Chairman indicated that he would invite MPs to raise this matter in Parliament.

* **48** **Fair Funding in the NHS**

The Committee considered the report of the Task Group (CS/17/03) (comprising members of this Committee in collaboration with Corporate Services Scrutiny) on a review of the mechanics of the funding settlement that was given to Clinical Commissioning Groups in Devon each year by central Government to:

- clearly establish the principles upon which the local NHS is funded by central Government.
- come to a view on whether the principles that underpin the funding formula disproportionately disadvantage Devon and if Devon is comparably underfunded as a result.
- make representations to Central Government as appropriate to challenge the allocation of funds.

The Committee noted that Task Group members had recently met with Sarah Wollaston MP and the Report had been well received and could be used to support the case for fairer NHS and social care funding in Devon.

It was **MOVED** by Councillor Westlake, **SECONDED** by Councillor Greenslade and

RESOLVED that the Cabinet and the NHS in Devon be requested to endorse the report and recommendation below:

(a) make representations to Central Government to review the way in which the NHS is funded (with copies to Devon's MPs); and

(b) that the Task Group request the opportunity to present this report in person, with the Cabinet Member, to the Secretary of State for Health in order to request that the criteria upon which the funding formula is based be amended to better reflect the needs of the population in Devon taking into account rurality, age of the population and a complete picture of the local health and social care cost.

* **49** **Quality and Performance in Community Services and Beyond**

The Committee considered the report of the Spotlight Review (CS/17/02) to identify and establish the principles of evaluating service change using quality metrics and data about community healthcare as presented by NHS providers; to a review how information was provided to committee to monitor quality; and agree how and on what basis quality measurements should be reported and presented to committee.

It was **MOVED** by Councillor Westlake, **SECONDED** by Councillor Greenslade and

RESOLVED

(a) that the Scrutiny Protocol Rules be amended and the NHS in Devon be requested to endorse the report and recommendations below, namely:

(i) that all witnesses and presenters including Devon County Council and NHS to provide: clarity in communications from the NHS specifically: presentations to Scrutiny Committees to last no longer than 10 minutes; a limit on verbose reports and effective, short, data rich reports and Communications with everyone to be in plain English (no acronyms or assumptions made);

(ii) that Health and Wellbeing Scrutiny Committee to receive regular performance reports from providers co-ordinated by the relevant CCG - these reports to be based on a co-produced dashboard of indicators between Scrutiny Committees and the NHS Scrutiny Committee/CCGs/Providers;

(ii) that when substantial variation to services is planned the Health and Wellbeing Scrutiny Committee be notified using a pro-forma that has been agreed in advance by this Health and Wellbeing Scrutiny Committee and Clinical Commissioning Groups;

(b) that the Health and Wellbeing Scrutiny Committee receive a progress update in 3 - 6 months' time.

* **50** **Work Programme**

The Committee noted that the Work Programme had been or would be amended to include a further report on a Review of Performance; and Public Health Nursing procurement and other changes arising from this meeting.

[NB: The Scrutiny Work Programme is available on the Council's website at http://www.devon.gov.uk/scrutiny_programme.htm and the Council/Cabinet Forward Plan is available at http://www.devon.gov.uk/forward_plan]

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Information Previously Circulated

The Committee received a list of information previously circulated for Members since the last meeting relating to topical Health and Wellbeing developments including matters which have been or were currently being considered by this Committee.

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

The Meeting started at 2.00 pm and finished at 4.50 pm

