

## HEALTH AND ADULT CARE SCRUTINY COMMITTEE

25 January 2018

Present: -

Councillors S Randall-Johnson (Chair), N Way (Vice-Chair), H Ackland, J Berry, P Crabb, R Gilbert, B Greenslade, R Peart, S Russell, P Sanders, R Scott, J Trail, P Twiss, C Whitton, C Wright and J Yabsley

Apologies: -

Councillor P Diviani (Devon Councils)

Members attending in accordance with Standing Order 25

Councillors K Ball, F Biederman, R Croad, A Dewhirst, A Leadbetter, B Parsons and M Shaw

\* 37

**Standards Committee**

The Chairman welcomed Sir Simon Day who was attending the meeting in his capacity as a Co-opted Member of the County Council's Standards Committee to observe and monitor compliance with the Council's ethical governance framework.

\* 38

**Matter of Urgency: North Devon Health Care Trust**

(An item taken under Section 100B (4) of the Local Government Act 1972)

(Councillor B Parsons attended in accordance with Standing Order 25 (1) and spoke to this item at the invitation of the Committee outlining his concerns about the impact on the isolated communities in his Division, particularly in view of the temporary closure of in-patient beds at Holsworthy Community Hospital)

The Chair had decided that the Committee should consider, as a matter of urgency, the recent vote of 'no confidence' by the Trust's Medical Advisory Committee in the Trust's Clinical Director and following publication of the Care Quality Commission Report Review into Northern Devon Healthcare Trust and the finding of 'Requires Improvement' in four out of five areas.

- Urgent and Emergency care services remained as 'requires improvement';
- Maternity, which had 'got worse' since the last inspection and was now rated as 'requires improvement' from a previous rating of 'good';
- End of Life Care, was still rated as 'requires improvement';
- Outpatients Services had declined and were now judged as 'inadequate'.

The Chair reported that she had written to the Trust's Chief Executive asking that the detailed actions the Trust was planning to address the issues be shared with the Committee, with a view to a report at the next meeting of this Committee.

\* 39

**Public Participation**

In accordance with the Council's Public Participation Rules, the Committee received and acknowledged oral representations made by Councillor J Goffey and Dr Slot on a matter to be considered by the Committee, namely the 'future of services and buildings in Community hospitals (Minute \*42 refers).

The Chair responded, thanking the speaker for his attendance and presentation which would be taken into account by the Committee during its subsequent deliberations.

\* **40      Annual Report: Devon Safeguarding Adults Board**

(Ms P Rogers, Vice Chair of the DSAB attended and spoke to this item at the invitation of the Committee)

The Committee received a report of the Independent Chair of the Devon Safeguarding Adults Board which summarised some of the work that had taken place in 2016/17 and was detailed in their published Annual Report 2016/ 2017.

This Annual Report was concise, and had been well received by all partners. It ensured that key messages were portrayed and delivered and widely understood. More detailed information was published on the Board's website, including the full Safeguarding Adult Review (SAR) Report and the accompanying Action Plan which had been completed in 2016/17.

[detailed information about the work of the Board was available on the DSAB website: <https://new.devon.gov.uk/devonsafeguardingadultsboard/>]

The Vice Chair of the DSAB responded to Members' questions and/or commented on the:

- availability of further comparative information against other Board activities and rates of referrals, which the Vice Chair undertook to provide to members;
- composition of the Board and the involvement of Healthwatch to help gauge public concerns;
- increasing volume of referrals including via a NHS safeguarding phone-app and the proposed development of a South West version; and
- current legal process for lasting power of attorney and the safeguarding checks involved.

The Chair thanked Ms Rogers for her attendance and report.

\* **41      South Western Ambulance Service NHS Foundation Trust: Performance**

(Mr G Griffin and K McSherry, SWAST attended and spoke to this item at the invitation of the Committee)

(Councillors F Biederman and M Shaw attended in accordance with Standing Order 25(2) and spoke to this item)

The Committee considered a report by South Western Ambulance Service NHS Foundation Trust (SWASFT) on the National Ambulance Response Programme (ARP) and performance figures.

The new set of ambulance service standards, initiated nationally in October 2017 as part of the Ambulance Response Programme (ARP) meant that every incident would count towards the average performance, as opposed to previous time targets for an incident which had not taken account of the 'tail' of calls that were out of performance.

SWASFT had been a pilot trust for ARP since October 2014 with the Dispatch on Disposition pilot which started in February 2015. As a result, the Service had seen improvements in productivity and efficiency from the initial pilot with, on average, less vehicles being sent to each incident, freeing up resources to attend more patients. The Trust was now in the process of updating its Control and Dispatch system in line with the national adoption of the new standards which had started in October 2017.

The SWAFT representatives responded to Members' questions and/or commented on the:

- availability of comparative figures which was now problematic in view of the new ARP arrangements;
- availability of information on a local authority district wide basis;
- the impact on ambulance turnaround times due to the current pressures within acute hospitals Accident and Emergency departments, and availability of comparative information in relation to the acute hospitals in the County and the good working relations between the Trusts;
- welfare practices and safeguards for all the Trust's Workforce;
- generally widespread availability of defibrillators in the community and the valuable work of the 168 voluntary Community First Responders in more than 65 locations throughout Devon; and members undertook to provide information on the distribution of defibrillators in their Divisions; and
- the increase of double crewed ambulance vehicles and the decrease in fast response vehicles.

The Trust representatives undertook to provide further information for members in relation to:

- the most recent performance information and response times by acute hospital with urban and rural breakdown for Devon as a whole;
- a further explanation and understanding of the graduation of response times after the 8 minute cut off (e.g. was that 10 minutes or 60?);
- staff turnover, sickness absence and any results of staff survey and morale;
- further information and commentary on complaints;
- progress on the move to single triage and lessons learnt in the process;
- 'Outliers' – areas where performance was not typical.

The Chair thanked the representatives for their attendance and report.

\* 42

#### **The Future of Services and Buildings in Community Hospitals - Implementation Update & NHS Property Services**

(Councillors K Ball and M Shaw attended in accordance with Standing Order 25(2) and spoke to this item referring respectively to the need for effective local community engagement by NHS Property Services and the NEW Devon CCG in respect of the Okehampton Community Hospital and the importance of the principle of 'place-based care' with proper resourcing)

(Mr A Cameron, NHS Property and Dr S Manton, Joint Director (Strategy) North, East and West (NEW) Devon CCG and South Devon and Torbay CCG attended and spoke to this item at the invitation of the Committee)

The Committee considered the Joint Report of NHS Property Services and NHS Northern, Eastern and Western Devon NEW Devon Clinical Commissioning Group on an update on the future of services and the twelve community hospital buildings involved in the 2016 transfer of ownership from Northern Devon Healthcare Trust to NHS Property Services. The Report covered facilities management, future service provision and use of buildings, market rents, community contributions and investment.

The representatives responded to Members' questions and/or commented on the:

- use of buildings which was dependent on the models of care and service delivery options adopted by the Clinical Commissioning Groups (as tenants);
- charging market was important in helping ensure efficient and optimal use of the estate;
- importance of active community engagement in the development of new models of care prior to setting tangible proposals and then formal consultation and on which the Estates Strategy was contingent; and
- engagement process, scope and parameters and timetables which could be the subject of a future Master Class event open for all Members of the Council.

The Representatives invited members to visit the Budleigh Salterton Community Hub as an example of where good community engagement by the NHS and local authorities had led to locally valued services.

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

**RESOLVED**

(a) that NHS Property Services be requested to uphold their undertaking to work with this Committee, the wider community in Devon and the local County Councillors in the investment in, and development of the NHS estate; and

(b) that the NEW Devon Clinical Commissioning Group keeps this Committee informed about timeframes and involved with progress on estate planning.

\* 43

**Whole System Performance Report**

(Councillor A Leadbetter attended in accordance with standing Order 25 (1) and spoke to this item at the invitation of the Committee and Councillor M Shaw attended and spoke in accordance with Standing Order 25 (2)).

Dr S Manton, Joint Director (Strategy) North, East and West (NEW) Devon CCG and South Devon and Torbay CCG attended and spoke to this item at the invitation of the Committee.

The Committee considered the Joint Report of the Head of Adult Commissioning and Health (DCC) and Director Strategy (South Devon and Torbay CCG and NEW Devon (ACH/18/79) on data for the year ending November 2017 which focussed on a range of metrics covering acute and community hospital settings, primary care and social care to give an overview of health and care in Devon. Work was underway both nationally and locally to further develop performance frameworks for the whole health and care system.

The Chief Officer for Adult Care and Health Services, the Head of Adult Commissioning and Health (DCC) and the Joint Director (CCGs) and the Cabinet Member for Adult Social Care and Health commented:

- that the 'care at home' model whilst challenging in terms of market sufficiency and capacity in certain areas meant that no one should be left at risk in the community and action, if necessary, would be taken by a rapid response team and if appropriate a temporary safe placement would be found;
- that local and national performance information was available in terms of accident and emergency and cancer care, planned and unplanned admissions set against national priorities; and further information was also available on the current position to date in terms of winter pressures and that the providers did have good oversight with regular reporting to senior managers from the Trusts and the Clinical Commissioning Groups.

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

**RESOLVED**

(a) that the suite of indicators that are regularly presented to local senior teams in the NHS be submitted to the Committee to allow consideration as to whether these are typical of what the it would like to receive; and

(b) that a 'Winter Pressure' Report be submitted to the March 2018 meeting to arrangements regarding elective operations.

\* 44

### **Adult Social Care Annual Report**

(Councillor A Leadbetter attended in accordance with Standing Order 25 (1) and spoke to this item at the invitation of the Committee and Councillor F Biederman attended and spoke in accordance with SO (2))

The Committee considered the Report of the Head of Adult Commissioning and Health ACH/18/78 on the annual report 'Promoting Independence in Devon' 2017 (or 'local account') of the adult social care function of the Council which included: a self-assessment; a range of evidence supporting the self-assessment; and links to further sources of external information.

The adult social care functions of local authorities were not subject to routine inspection and instead, the Service participated in a national and regional approach to sector-led improvement which included: the publication of an annual report; an annual self-assessment, subject to external moderation and challenge; undertaking of mandatory returns covering a wide range of data and using insights gained from comparative analysis to inform improvement planning; and periodic peer review.

The Department of Health and Social Care was now introducing national dashboards and local area reviews to encourage the organisations across health and care systems to work more effectively together and future improvement activity was likely to have an increasingly whole system focus.

The Chief Officer for Adult Care and Health Services, the Head of Adult Commissioning and Health; and the Cabinet Member for Adult Care and Health Services responded to Members' questions and/or commented:

- that whilst additional resources from the 'Better Care Fund' were one-off grants (over the last and into the next financial year) the core funding element was expected to rise to promote continued integrated working with the NHS;
- that whilst there was good ongoing collaborative working with housing authorities this area was recognised by the Service as requiring further attention in terms of Extra Care Housing and Supported Living provision for example;
- that further analysis of the client survey Focus Groups was required in view of some of the responses and perceptions and Officers would continue with engagement and dialogue with the user groups to address their concerns; and
- on the potential positives from amalgamation of social care within the Department of Health and Social Care in promoting integration, noting the possible longer-term negative implications for local authorities with the possibility of social care services being subsumed by the NHS and concerns over longer-term funding.

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

### **RESOLVED**

(a) that when further information through continued dialogue and engagement with the Focus Groups/Service Users is analysed a report be submitted to this Committee with Councillor Wright taking a lead on behalf of the Committee with the appropriate senior officers;

(b) that a summary of activity over the previous year by the People's Scrutiny Committee regarding adult social care be prepared for inclusion in the final version of the annual report.

\* 45

### **Spotlight Review Report - NHS in Devon**

The Committee considered the Report of the Spotlight Review.

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

**RESOLVED**

(a) that the Cabinet and the NHS in Devon be requested to endorse the Report, its ambitions and specific recommendations detailed, with a report on progress against the Review recommendations in six months' time and that the Spotlight Report be sent to all Devon MPs;

(b) that this Scrutiny Committee does not, at this time, call for a public inquiry but will continue to monitor the impact of the STP and the move to an 'Accountable Care System'; and to support effective Scrutiny, a report outlining the expectations on how health and social care services would be delivered and improved in Devon be requested for a future meeting.

\* **46**      **Accountable Care System**

(In accordance with Standing Order 23(2) Councillor M Shaw had requested that the Committee consider this matter)

(Councillor M Shaw attended in accordance with Standing Order 25 (2) and spoke to this item)

The Committee received a paper from Councillor Shaw on an announcement by the Sustainability Transformation Plan to establish a Devon Accountable Care System (ACS) from 1 April 2018. The paper included what was known about the ACS and the paper presented questions, the answers to which remained unclear at this stage. The proposals included in Phase 2 the development of 'Accountable Care Organisations' which would agree contracts to provide services. Their accountability to this Committee and other democratic scrutiny processes was not clear at this stage. However, a legal challenge of the process nationally had led to a Judicial Review to begin on 22 April 2018.

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

**RESOLVED** that when further information is available and collated and the implications for the County Council and partner organisations is known and assessed, a report be submitted to the next meeting and if necessary consideration be given to a special meeting.

\* **47**      **GP Waiting Times for Appointments**

(In accordance with Standing Order 23(2) Councillor M Shaw had requested that the Committee consider this matter)

(Councillor Hook attended in accordance with Standing Order 25 (2) and spoke to this item highlighting the delays in many GP centres in gaining timely appointments, different practices and systems adopted and variability of the quality of service).

The Chair concurred that proper access to primary care services was important and suggested that consideration to this should either be reported within the regular performance reports to this Committee and/or added to the Work Programme for report to a future meeting and utilising the expertise of Healthwatch in this area.

\* **48**      **Work Programme**

**(a) Progress of the Standing Overview Group (STP)**

The Committee received the Notes of the Standing Overview Group (STP) held on 12 December 2017.

**(b) Work Programme Changes**

**RESOLVED** that the current outline Work Programme be noted subject to inclusion of the following topics for future consideration:

- (a) Accountable Care System (ACS);
- (b) GP appointment systems;
- (c) North Devon Health Authority: Action Plans;
- (d) Adult Social Care Focus User Groups; and
- (e) Winter Pressures.

[NB: The Scrutiny Work Programme was available on the Council's website at

<https://new.devon.gov.uk/democracy/committee-meetings/scrutiny-committees/scrutiny-workprogramme/>

and the Council/Cabinet Forward Plan is available at

<http://democracy.devon.gov.uk/mgListPlans.aspx?RPId=133&RD=0&bcr=1>]

\* 49

#### **Information Previously Circulated**

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

- (a) Care Quality Commission report on Northern Devon Healthcare Trust and response from the Chair on behalf of the Committee.
- (b) Update from NHS England on orthodontic procurement.
- (c) Press release by the Royal Devon & Exeter NHS Foundation Trust RD&E on winter pressures.
- (d) Health and Care Insights - Issue 6: December 2017 - published by the Torbay and South Devon NHS Foundation Trust.
- (e) NHS England South (South West): procurement of orthodontic services across the South West.
- (f) Letter from the Committee of Crediton Hospital League of Friends on the future of the Community Hospital and response by the Chair on behalf of the Committee.
- (g) Information on the Local Authority (Overview and Scrutiny Committees Health Scrutiny Functions) Regulations 2002 and The Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013 on the role and duties of Health Scrutiny.

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

The Meeting started at 2.15 pm and finished at 6.05 pm

