

HEALTH AND ADULT CARE SCRUTINY COMMITTEE

12 November 2020

Present:-

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

Members attending in accordance with Standing Order 25

Councillors J Clatworthy, A Dewhirst and A Leadbetter

Apologies:-

Councillors A Saywell and L Evans (District Councils)

* 208 **Minutes**

RESOLVED that the Minutes of the meeting held on 10 September 2020 be signed as a correct record.

* 209 **Items Requiring Urgent Attention**

There was no item raised as a matter of urgency.

* 210 **Public Participation**

In accordance with the Council's Public Participation Rules, the Committee received and acknowledged representations from Gerald Lavers, Christine Lavers, Geralyn Arthurs, Councillor David Cox (Teignbridge District Council) and John Smith on a matter to be considered by the Committee, namely 'Modernising Health and Care Services in the Teignmouth and Dawlish Area' (Minute 214* refers). They highlighted their concerns relating to the consultation proposals and process (for a range of reasons) and need to retain services at the hospital and the lack of inpatient/nursing beds in the area.

* 211 **Finance and Performance Mid-Year Update: (a) Public Health; and (b) Health and Adult Care**

(a) Service Delivery for Public Health Devon: In-Year Briefing

The Committee considered the Report of the Chief Officer for Communities, Public Health, Environment and Prosperity (PH/20/02) on the delivery of the Public Health service during 2020-21, and in particular the impact of the coronavirus pandemic and the local authority public health function at the centre of the response, especially since the publication of the national Contain Framework which required upper-tier and unitary local authorities, from 1st

July 2020, to establish COVID-19 Health Protection Boards, Local Outbreak Engagement Boards and a Local Outbreak Management Plan. The Report outlined the Public Health's commissioned services as part of the Council's strategic objectives and delivery in line with the agreed budget.

The Chief Officer responded to Members' comments and questions relating to:

- the valuable and ongoing support provided by the Council's Public Health's Nursing and Health Visitors during the pandemic;
- the increased resources dedicated for Domestic Violence during the pandemic with priority for prevention and early intervention;
- the impact of the pandemic on the National Health Checks programme but generally providers had adapted well with use of digital services;
- the level of 'excess' deaths during the pandemic mainly relating to respiratory/heart and stroke conditions which was ameliorated by the current mild winter conditions and which more analysis was being made by Public Health and on which further information could be presented to a future meeting (to include reference to previous years for example over a 5-year period).

The Chair and Members on the occasion of Dr Virginia Pearson's impending retirement thanked her for her frank and clear advice to Members during her dedicated service as Director of Public Health. Dr Pearson thanked the Committee for its support.

(b) Health and Adult Care: Finance Performance and Mid-Year Update

(Councillor A Leadbetter attended in accordance with Standing Order 25 (1) and spoke to this item at the invitation of the Committee and referred to the resource pressures as a result of the pandemic)

The Committee considered the Report of the Associate Director (Care and Health), Devon County Council and NHS Devon CCG (ACH/20/129) on the mid-year update on the finance and performance of Adult Health and Care and in particular the impact of COVID-19 across the health and care system. The Report outlined the effective partnership working across the system which had maintained continuity of care, supporting and responding to the needs of the most vulnerable people across Devon; and the role of the voluntary and community sector which played a significant and vital part. The Report also outlined how services had been reprioritised in the short term and aligned to national guidance and restrictions.

The Chief Officer for Adult Care and Health and the Head of Service, Adult Care Operations and Health responded to Members' comments and questions relating to:

- the excellent performance of adult care staff during the pandemic and the relatively low number of fatalities in the County's residential and nursing homes;
- current numbers of adults receiving care were as follows: Older People: 5695; Physical Disability: 1462; Learning Disability: 3151; Autism: 376; and Mental Health: 1006 (as of October 2020);
- unit and demand led cost pressures across health and care services and the impact of the pandemic;
- the actual costs to local authorities and adult social care providers of the pandemic which would far outstrip the Emergency Funding made available by the Government to-date; and
- the risk of already fragile care markets failing which had significantly heightened as a result of the impacts of Covid-19.

Members expressed their concern about the impact of the funding shortfall relating to Covid-19, which was experienced widely among local authorities in the Country.

It was **MOVED** by Councillor C Wright and **SECONDED** by Councillor M Shaw and

RESOLVED that this Committee urges and supports the Cabinet to make representations to the Secretary of State for Health and Social Care, requesting adequate funding (the level of which to be advised by Officers) to manage the remainder of the Covid-19 pandemic; and to address the need for a long-term funding settlement for adult social care.

* 212 **Update on the Phase 3 Elective Care Restoration Programme in Devon**

The Committee considered the Report of the Deputy Director, In house Commissioning, NHS Devon Clinical Commissioning Group on an update on the NHS Devon CCG programme for Elective Care Restoration, as part of the Devon Phase 3 Restoration Plans.

The Devon system recovery plans made progress to achieving the national ambition, but do not fully meet the requirements, due to a number of factors, including physical space and theatre loss, and measures to ensure a COVID safe environment. It detailed progress in 7 priority areas (i) outpatient appointments an impatient/day case procedures, (ii) elective waiting lists and performance; (iii) communication to patients waiting for planned care; (iv) e-referrals from primary care (v) virtual first outpatient and follow-up; (vi) use of advice and guidance/patient follow ups; and (vii) implementation of NICE self-isolation and testing guidance. The Report outlined measures to improve capacity and performance and the financial considerations.

The Associate Director and the STP Primary Care Medical Director responded to Members' comments and questions relating to:

- whilst the position had improved, capacity and productivity were likely to come under further pressure due to continuing winter pressures and the 'second wave' of the pandemic and that the resulting back-log would have to be addressed over time;
- the benefits of the new EpicCare Link (a secure web-based portal) to utilise Document Management to transfer hospital correspondence to GPs; and communication with GP's relating to prioritisation of waiting lists according to clinical need; and
- ways of meeting the needs of patients who were unable to access digital systems.

The Chair thanked the Associate Director for his report and requested an update at a future meeting.

* **213** **Devon Partnership Trust CQC Inspection - Improvement Plan**

(Councillor Mandy Darling (Torbay Council, Scrutiny Lead for Health and Adult Care) spoke to this item at the invitation of the Committee relating to questions about staffing levels, the need for additional resources and provision of local inpatient beds and out of county placements).

The Committee considered the Report the Director of Corporate Affairs (DPT) on the Care Quality Commission's (CQC) planned and unannounced inspections of four of the Trust's 'core services' alongside the annual Well-Led inspection.

The CQC's published report in relation to the 2019 Core Service with Well-Led inspection highlighted key themes for the Improvement Action Plan. Action Plans had also been developed arising from the unannounced inspections.

In August 2020, a Quality Surveillance Group had been convened led by NHS England / NHS Improvement, at the request of the NHS Devon Clinical Commissioning Group, attended by Care Quality Commission, NHS England Specialist Commissioning and Devon Partnership NHS Trust. The purpose of the QSG was to consider whether the Trust had robust systems and process in place to manage the quality and safety of care.

The Trust presented the improvement action already undertaken and the progress that had been made in response to the concerns. The Quality Surveillance Group had resolved that robust assurance had been received and that no further formal action was required of the Trust. Enhanced partnership working had been agreed as an outcome of the meeting, to ensure that the Trust was supported and enabled to enact some of the changes required that were not fully in its control to deliver.

The DPT would be working closely with the CQC and Clinical Commissioners to continue to monitor progress and provide overall assurance that services were safe.

The Chief Executive (DPT) and Director of Nursing responded to Members' comments and questions relating to:

- the number of wards and Registered Mental Health Nurses across the DPT footprint and the vacancy rate for nurses of 16% and the national problems relating to recruitment and retention;
- the general shortage of inpatient provision in the region and work to provide additional inpatient resources in Torbay, work with the private sector for additional provision for women in the South West and work with the County Council community care teams to ameliorate pressures across the system with safe and effective care; and
- quality assurances and the ongoing work to support staff within the service particularly during the current pandemic.

The Chair thanked the DPT officers for their report and requested updates on progress for a future meeting.

* 214 **Modernising Health and Care Services in the Teignmouth and Dawlish area**

Councillors J Clatworthy and A Dewhirst attended in accordance with Standing Order 25 (2) and spoke to this item. Councillor Clatworthy referred to the impending report of Healthwatch and the minimum impact on Dawlish health care services. Councillor Dewhirst referred to local community objections to the proposals (based on a range of issues) and support for the retention of care services at Teignmouth Community Hospital and the role of the Scrutiny Committee within this process.

Councillor Dewhirst also presented a petition of 2783 signatories against the proposals.

The Committee considered the Report of the Devon Clinical Commissioning Group on the progress of the consultation relating to proposals for the reconfiguration of health and care services in Teignmouth and the Dawlish area. The Report followed previous presentations and updates to this Committee.

The formal public consultation on the future delivery of services in the Teignmouth and Dawlish areas had ended on 26 October 2020, with more than 1,000 people having taken part.

Starting on 1 September 2020, the consultation had invited views and comments on a proposal by Devon Clinical Commissioning Group (CCG) that arose from plans by Torbay and South Devon NHS Foundation Trust (TSDFT)

to build a new £8 million Health and Wellbeing Centre in the heart of Teignmouth. This would house Channel View Medical Group, the local health and wellbeing team, Volunteering in Health and possibly one of the existing Teignmouth pharmacies.

The proposal for consultation had consisted of four elements:

- (i) Move the most frequently used community clinics from Teignmouth Community Hospital to the new Health and Wellbeing Centre;
- (ii) Move specialist outpatient clinics, except ear nose and throat clinics, from Teignmouth Community Hospital to Dawlish Community Hospital, four miles away
- (iii) Move day case procedures from Teignmouth Community Hospital to Dawlish Community Hospital; and
- (iv) Continue with a model of community-based intermediate care, reversing the decision to establish 12 rehabilitation beds at Teignmouth Community Hospital

The consultation document had stated that if the proposal was approved, Teignmouth Community Hospital would no longer be needed for NHS services, and it would be likely to be sold by Torbay and South Devon NHS Trust, with the proceeds reinvested in the local NHS.

The Report outlined the consultation process, the role of Healthwatch, and evaluation of alternative options.

The Director for Out of Hospital Commissioning, CCG responded to Members' questions and discussion points included:

- ownership of the Hospital building by the Trust;
- no planning application relating to the new proposed Hub had been submitted at this point;
- due to timing the Healthwatch Report on the results of the consultation had not been completed ready for report to this meeting;
- the process to evaluate the efficacy of the different options prior to the CCG Board meeting 17 December when a decision was expected; and
- the role of this Committee in assessing the outcome of the consultation process and evaluation of proposals.

Members referred to the need for an opportunity to interrogate the evidence in the interests of transparency so the public could have confidence that the consultation was conducted with rigour and fairness before a decision was made by the Clinical Commissioning Group.

It was **MOVED** by Councillor H Ackland, **SECONDED** by Councillor M Asvachin and

RESOLVED that a Spotlight Review be arranged to evaluate the evidence from the final report of Healthwatch and with the benefit of sight of the evaluation process prior to a decision of the Devon Clinical Commissioning Group Governing Body expected at its meeting on 17 December 2020.

* 215

Devon Doctors Care Quality Commission: Improvement Plan

The Committee considered the Report of the Chief Executive Officer of Devon Doctors on the Care Quality Commission (CQC) Inspection held in July 2020. Following the inspection, six conditions and five requirements had been placed upon the Organisation.

The Report outlined the improvements made to date against the Conditions set out by the CQC.

The Conditions related to: (i) Generating the plan, (ii) Improving the Devon NHS111 Service, (iii) Improving Out of Hours Triage; (iv) and (v) Improving Governing and Quality Processes, and (vi) Improving Patient Safety.

The CEO and Interim Associate Director of Corporate Assurance responded to Members' questions and discussion points which included.

- the need for sustained and continued improvement to give assurance that the Organisation was delivering against the Conditions and Requirements;
- processes for the oversight of patients while they were experiencing delays (comfort calling);
- Redesigned Governance and Patient Safety processes;
- oversight of the work plan with scrutiny and challenge in partnership with CCG / CQC colleagues;
- delivering change while meeting the increasing demands of seasonal illness, Covid-19, and delivering a Think 111 plan in a new location;
- staff attrition for the delivery of the 111 service improvements and the challenges of changing behaviours and practice in relation to a safe, efficient and effective triage service;
- change to governance, recruitment, patient safety, and operational processes;
- the significant level of recruitment in to 111 Health Advisors and Service Advisors roles, redesigning the recruitment and training delivery model to improve quality of call handlers within the service and reduction in the attrition rate in these staff groups;
- revised operational triage model to improve clinical efficiency of the Out of Hours service;
- monitoring of individual clinician efficiency (covering both performance and quality) within the Out of Hours service;
- reduced sickness and improved culture within the Organisation;

- development of cultural improvement with an Organisation-wide staff survey currently being conducted which would be used to inform the detailed and longer-term cultural improvement plan; and
- development of a new approach to clinical recruitment across Devon with other partner organisations.

Members were reassured with the progress being made and ongoing work to address the concerns identified. The Chair thanked the Officers for the report and response to Members' questions and asked that a progress report be brought to a future meeting.

* 216 **Standing Overview Group: Devon System Winter Plan / Devon Safeguarding Adults Partnership**

The Committee considered the Report of the Members (CS/20/20) on its meeting held on 23 October 2020 when it had received presentations on winter planning in the Health and Adult Care system and the work of the Devon Safeguarding Adults Partnership. The presentations covered the Devon System Winter Plan referring to the Devon Approach, COVID-19 testing, Infection Control and prevention, delivering an expanded Flu Vaccination Programme, Primary Care, Locality Winter Planning, workforce resilience, and communication and public messaging. The report outlined the issues identified by Members relating to the above.

The Group had also considered the Devon Safeguarding Adults Partnership Annual Report 2019/20.

The Committee noted the Report and requested further information on the level on the take-up of flu vaccination (information to be supplied by Public Health).

* 217 **Work Programme**

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

[NB: The Scrutiny Work Programme was available on the Council's website at <https://www.devon.gov.uk/democracy/committee-meetings/scrutiny-committees/scrutiny-workprogramme/>]

* 218 **Information Previously Circulated**

The Committee noted the following list of information previously circulated since the last meeting:

(a) Torbay and South Devon NHS Foundation Trust Updates: 30 October, 16 October, 2 October, and 18 September 2020.

(b) Think 111 First - a briefing on a new way to manage access to Emergency Departments.

(c) Update on MY CARE from Royal Devon and Exeter NHS Foundation Trust.

(d) Briefing from Devon Doctors Group relating to the CQC inspection report.

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

The Meeting started at 10.30 am and finished at 2.08 pm