

**Report of the Cabinet Member  
Adult Social Care & Health Services**

I have been asked to Report on the following for Full Council on 7 December 2023:

**1. By Councillor Connett as follows:**

Will the relevant Cabinet Member report on the adequacy of funding for Hospice services in Devon, especially noting the concern of Hospiscare that it receives just 18% its funding via the Devon Integrated Care Board and faces a £2.5m funding gap and the implications for health and care services.

**2. By Councillor Bailey as follows:**

On 10th September 2023 the Local Government and Social Care Ombudsman upheld a complaint in relation to adult safeguarding failings by Devon County Council ref. 22 012 146 - Local Government and Social Care Ombudsman.

- a) Please can the cabinet member advise the extent to which similar adult safeguarding concerns have been raised with DCC over the care it has commissioned.
- b) Please can the cabinet member advise on the lessons learned, the changes it will be making to its processes going forward, and the extent to which it has complied with the LGSO's action points.
- c) Please can the cabinet member also explain why he did not ensure that reference to this case was included in any of the officers' reports for the Health and Adult Care scrutiny committee on 9th November.

**Responses**

1. Integrated Care Boards have a legal responsibility to commission health services that meet their population needs, including palliative care services. NHS Devon currently has grant arrangements in place which offer financial support to the four adult hospices operating inpatient beds within the NHS Devon footprint. These arrangements are historic having been established and evolved over many years, pre-dating the creation of the ICB.  
Local authorities do not have statutory responsibilities for funding, commissioning or providing palliative care. As a County Council we play a role in the development of care plans for individuals approaching the end of life. This involves working with healthcare professionals, the individual, and their family to coordinate a personalised care package that addresses their needs and preferences.  
We are committed to promoting dignity and choice in end-of-life care. This includes supporting individuals in making decisions about their care preferences, such as where they would like to receive care and the type of care they would like to receive. We work in partnership with the NHS to ensure a coordinated approach to end-of-life care. This collaboration may involve joint assessments and planning to meet the holistic needs of individuals.  
As a partner in the ICS, we work with the ICB where relevant and appropriate to support the delivery of its statutory duty. It's only right the ICB has the opportunity to respond to questions relating to the level and adequacy of funding for end-of-life care.

2.

a. In 2022-23 the LGSCO upheld 4 complaints. In all complaints the LGSCO was satisfied the Council had successfully implemented the recommendations. None of the cases were in relation to adult safeguarding concerns.

In 2021-22 the LGSCO upheld 9 complaints. In all complaints the LGSCO was satisfied the Council had successfully implemented the recommendations. Two of the case were in relation to adult safeguarding concerns.

- [20 011 068 - Local Government and Social Care Ombudsman](#),
- [21 007 609 - Local Government and Social Care Ombudsman](#)

In 2020-21 the LGSCO upheld 4 complaints. In all complaints the LGSCO was satisfied the Council had successfully implemented the recommendations. None of the case were in relation to adult safeguarding concerns

All upheld decision relating to Devon County Council are published here. [Devon County Council - Local Government and Social Care Ombudsman](#)

b. Restorative actions have been taken responding to the judgement made by the LGSCO. The case, and the subsequent judgement has been shared through our regular Practice Bulletin so that staff and managers understand the learning that needs to result and that they are clear on their practice standards.

Through the Quality Assurance and Improvement Team, the policy for responding to concerns raised about commissioned care has been reviewed.

The context of this particular case was COVID, and the significant changes that brought to peoples' lives and also the impact it had on adult social care practice. We have taken learning from that period and acted on it.

c. I have not previously highlighted individual complaints upheld by the LGSCO to the Health and Adult Scrutiny Committee, but the overall summary has been provided in our Annual Reports that are presented to committee annually, usually in January. The contribution and work of the Health and Adult Care Scrutiny Committee is extremely valuable, and I would welcome committee's increased oversight in this area and building into its work programme to challenge us on how we ensure and demonstrate learning.

**James McInnes**

Cabinet Member

Adult Social Care and Health Services