

HEALTH AND ADULT CARE SCRUTINY COMMITTEE

21 November 2024

Present:

Councillors S Randall Johnson (Chair), Y Atkinson, R Chesterton, P Crabb, P Maskell, R Peart, R Scott and C Whitton

Present (virtual):

Councillors A Connett (Vice Chair), J Bailey, I Hall, L Hellyer, C Hodson, D Sellis and J Yabsley

Members attending in accordance with Standing Order 25

Councillors J McInnes (virtual) and P Bullivant

* 197 **Chair's Announcements**

The Chair thanked everyone for their patience in waiting for the meeting to start, as it had done so late in response to inclement weather and impact on travelling times, to allow the meeting to reach quorum and proceed as planned.

* 198 **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](#)

* 199 **Minutes**

RESOLVED that the minutes of the meeting held on 23 September 2024 be signed as a correct record.

200 **Items Requiring Urgent Attention**

There was no item raised as a matter of urgency.

201 **Public Participation**

There were no representations made by members of the public.

* **202** **In-Year Briefing: Integrated Adult Social Care**

The Committee considered the Report of the Director of Integrated Adult Social Care (IASC/24/26) which provided an in-year financial and performance update of Integrated Adult Social Care, highlighting the key risks facing the directorate.

Officers invited queries to the report, outlining that their focus for the report was to give members an understanding of the directorate's key priorities, as well as information that they predict the Care Quality Commission (CQC) would be looking at when they inspect the directorate.

Discussion points between members and officers included:

- Deprivation of Liberty cases including a backlog of assessments and lack of assessment capacity. Officers explained that this was a national issue, although Devon was performing poorly compared to national benchmarks. They further outlined the complexity of the issue and the importance of addressing three key areas of Deprivation of Liberty cases, those being the waiting list, front-end demand and annual assessments; further investment had been earmarked for this. Members heard that failing to address all three may lead to over-focus on one, creating problems in a different category in the future;
- Dementia care, which was highlighted as a key risk to the directorate. This, alongside the Deprivation of Liberty issues, were raised as something that warranted future attention by the Committee;
- Budgetary pressures preventing a shift towards prevention. Member concern was raised as the prevention model had previously been highlighted, on a number of occasions, as a priority;
- Care placements and transitions. Officers highlighted the importance of ensuring the right care at the right time for individuals, and explained that they planned on bringing further information on transitions to the Committee in the future;
- Safeguarding adult concerns, as highlighted at 3.5.6 and 3.5.7 of the report. Members and officers discussed the importance of this issue, including ensuring safeguarding outcomes are personal and appropriate to each individual;
- Waiting lists for statutory assessments under the Care Act. Officers hoped that, at the next meeting of the Committee, they would be able to evidence shorter waiting lists and times off the back of focused work that the directorate had undertaken to reduce waiting lists;

- Workforce, including zero-hours contracts and the impact of a reduced international workforce due to immigration changes (including rule changes on those emigrating into England to work in Adult Care preventing them bringing their dependents with them);
- Increased pressure and demand on the Devon Community Equipment Service; and
- Cost concerns and funding gaps, further information on which would be brought to the Scrutiny Committee in the future. Such concerns included:
 - Whether costs charged to the directorate by partners, such as the NHS, had increased; and
 - That there were areas that Devon County Council were picking up costs in that were not considered their statutory obligation, and the need to address this to ensure best value. The Chief Executive of the Council referred to ongoing work in conjunction with Plymouth and Torbay to address this.

Members thanked officers for the report.

* **203** **NHS Dental Services in Devon**

The Committee considered the Report of NHS Devon which provided a briefing on the current state of NHS dental services in Devon including key 2024/25 priorities, NHS oral health schemes, and information on recruitment and dentist access.

Discussion points included:

- Member support regarding programmes in place to improve oral health. However there was disappointment raised in that the report, in places, addressed concerns and issues without adequate discussion regarding solutions;
- A £20,000 incentive, referred to in the report, to “encourage relocation to areas that have historically struggled to recruit, attract new workforce to the NHS, and retain dentists to move into deprived areas.” Members queried the take-up of this incentive, with officers explaining that approximately seventeen organisations had expressed interest in this with the NHS able to provide funding for all of these. Nationally, take-up was mixed;
- Member concern around the pervading issue of NHS dentistry access for ordinary families which was not being addressed by the NHS. Members heard that there was no legal framework under the relevant

dental services legislation from 2006 that allowed ongoing patient registration with NHS dentistry, and that if someone were to access an NHS dentist for care, that registration lasts only as long as the course of treatment. It was further explained that the Chief Dental Officer during the Coronavirus pandemic stressed to dental practices that they should not be retaining the same patients, but should be trying to prioritise patients on a needs basis. This had unfortunately led to patient churn and a loss of access to NHS dentistry for some. In spite of this, some routes had been explored aimed at improving public access to NHS dentistry, as in the report, such as by incentivising urgent care appointments and the existence of stabilisation stations;

- Recruitment and retention issues. Members heard that those who graduated from Peninsula Dental School in Plymouth were previously given more choice where to apply to work once graduating, including remaining in Devon if they wished to do so. Changes to this model meant that graduates were being moved to other parts of the country, having a negative impact on retention of dentistry staff in Devon;
- Orthodontic provision in North Devon, which was lacking. It was explained to members that procurement was challenging, but was progressing.

* 204 **In-Year Briefing: Public Health**

(In accordance with Standing Order 25(2), Councillor P Bullivant attended the meeting and spoke to this item).

The Committee considered the Report of the Director of Public Health and Communities (PH/24/02) which provided a mid-year briefing on service delivery by the Public Health and Communities directorate. This included performance information in a number of areas in addition to budget delivery.

The Director of Public Health and Communities explained that there had been a rise in key public health services, with figures returning to similar levels, if not higher in some areas, than pre-COVID.

Key discussion points included:

- That Devon had a very low amount of funding per head for its adult care services at c. £37 per head, with the total allocation being around £31 million. If Devon were given an average amount per head, this would mean an extra c. £25 million allocation. In relation to this, officers outlined that priorities for more funding would be upscaling statutory responsibilities such as public health nursing, as well as investing more in services aimed at early identification and prevention of illness and disease, such as cardiovascular disease;

- Alcohol and substance abuse, including the interaction and interrelation between this and domestic abuse and the complexity of addressing these issues; and
- Food insecurity, including the role of parental responsibility and the critical importance of work aimed at reducing food insecurity.

The Chair also invited Councillor Hellyer, the Committee's Domestic & Sexual Violence and Abuse (DSVA) Champion, to comment. This was considered pertinent due to the report's information on and reference to domestic abuse. Councillor Hellyer provided further information on 'Brave Spaces,' which was referenced in the report, explaining that it brought together a number of different organisations such as CoLab Women and Encompass Southwest, among others, to offer a trauma-informed response to women with complex needs. In the last financial year, the project had supported 258 women (137 in Northern Devon and 121 in Exeter) and a total of 291 cases, in providing safe accommodation, temporary accommodation and outreach and a further 167 women with light touch support in Exeter. Additionally, the hundreds of in-person visitors to CoLab would have benefited from the expertise of Brave Spaces staff present. Brave Spaces had also been leading on a number of pre-agreed 'Pioneer Projects.'

* **205** **Teignmouth Primary Care: Update on Channel View**

The Committee considered the Report of NHS Devon which provided an update on the current state of primary care provision in Teignmouth. This was in relation to the issue of primary care services previously proposed to be moved to a health and wellbeing centre planned to be built in Teignmouth town centre. However, financial challenges had prevented this, placing the provision of primary care in doubt, given the lease of the building where Channel View Medical Group was housed was due to run out from April 2025. The Scrutiny Committee had considered the issue a number of times, most recently at its meeting in September 2024 ([minute *192](#) refers).

Members expressed major concern around what happens post-April 2025 and sought assurance that Teignmouth would have primary care provision in place by 1 April 2025. Officers advised that the exact nature of provision was still under consideration but that something would be in place by 1 April 2025, with a further update to the Committee to follow.

* **206** **Findings from the Ombudsman's Report into the Case of Mr C**

The Committee considered the Joint report of the Directors for Integrated Adult Social Care and Children and Young People's Futures (IASC/23/14), Report by the Local Government and Social Care Ombudsman (LGSCO), and presentation. The documents were regarding a complaint made to the LGSCO about a transition between Children's Services and Integrated Adult Social Care wherein a number of mistakes were made.

The reports and presentation had been previously considered by Devon County Council's Standards Committee ([minute 58](#) refers) and Children's Scrutiny Committee ([minute *184](#) refers), and was submitted to the Health and Adult Care Scrutiny Committee for consideration. There were no updates to the reports available since the two previous considerations of this item by the Standards and Children's Scrutiny committees, but officers planned to update the Committee at a later date with details of changes made in response to the Ombudsman's findings.

Discussion with officers recognised member concern. Reference was made to plans some years prior to improve the transition process including starting the process, which members had been briefed on, that aimed to prevent instances such as this one occurring. Officers stated that the report acknowledged the collective responsibility in cases such as this and the mistakes made. The impact of the coronavirus pandemic, in that it interrupted previous improvement plans, was also noted. A revised transition model had also been developed alongside other changes made to the monitoring of transition assessments. In line with the Ombudsman's findings, further changes would be made.

* 207 **DPT Site Visits - An overview of Members visits to Langdon and Franklyn Hospitals**

The Committee considered the Report of the Director of Legal and Democratic Services (LDS/24/43) on member visits undertaken to Langdon Hospital, Dawlish and Franklyn Hospital, Exeter in September 2024 and issues identified at the visits.

Those in attendance at the visits expressed their view of the value of such visits, and that more members should try and attend visits organised by officers to broaden their understanding of key issues pertinent to their role on the Committee.

* 208 **Health and Adult Care - General Update**

Councillor Ian Hall declared a personal interest in this item by virtue of being the Co-Chair of the One Eastern Devon Partnership Forum.

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/24/18), 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.

Key discussion points included:

- The impact on health services of National Insurance increases and national living wage changes. There was uncertainty on how this would impact some areas such as community pharmacies;
- Women's Health Hubs in Devon, which had not been updated on. Officers agreed to include information on this in a future update report;
- That a Poverty Truth Committee had been established in Ilfracombe; officers raised this for awareness, in case any members were interested in becoming involved. The aim of the committee was to link individuals that had a community leadership role, such as councillors, in with those experiencing poverty;
- Preparation for winter, including to what degree there were extra beds available to account for pressures during the cold months. Officers explained that plans were in place that involved increasing the availability of acute beds, as well as looking at how out-of-hospital / at-home care could be utilised effectively. Keeping Minor Injury Units open, and sustainably so, was also part of the winter strategy; and
- Minor Injury Units. Members noted the continued closure of Bideford MIU and heard that the Integrated Care Board had commissioned a review of MIU services in Devon, with a process of re-procurement planned from September 2025. Further information would be available in early 2025.

* **209** **Domestic & Sexual Violence and Abuse (DSVA) Champion**

Councillor Hellyer, as the Committee's DSVA Champion, had provided information on this topic earlier in the meeting (minute *205 refers) and had no further information to present.

210 **Scrutiny Committee Work Programme**

The Committee agreed the current work programme, subject to inclusion of issues arising from the meeting.

211 **Information Previously Circulated**

The Committee noted the previously circulated information.

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

The Meeting started at 10.46 am and finished at 1.06 pm

