

## HEALTH AND ADULT CARE SCRUTINY COMMITTEE

27 January 2025

### Present:-

Councillors S Randall Johnson (Chair), Y Atkinson, J Bailey, D Cox, P Crabb, L Hellyer, P Maskell, R Peart, D Sellis, C Whitton and J Yabsley

### Apologies:-

Councillors A Connett, R Chesterton, I Hall and R Scott

### Members attending in accordance with Standing Order 25

Councillors J McInnes and P Bullivant

#### \* 216 **Chair's Announcements**

There was no announcement made by the Chair.

#### \* 217 **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](#)

#### 218 **Minutes**

**RESOLVED** that the minutes of the meeting held on 21 November 2024 be signed as a correct record.

#### 219 **Items Requiring Urgent Attention**

There was no item raised as a matter of urgency.

#### 220 **Public Participation**

There were no representations made by a member of the public.

#### \* 221 **Waiting lists and waiting times performance for Care Act needs assessments and reviews**

The Committee considered the Report of the Director of Integrated Adult Social Care (IASC/25/04) on the current picture of waiting lists and times for

Care Act needs assessments and work being undertaken within the Authority to improve performance on these.

The Report noted that improvement had been made, with the numbers of people waiting for assessments and reviews – and the time that these are taking – reducing across the board. However there was recognition that there was still significant progress to be made to reduce waiting lists and times to an acceptable level. Officers reported that the benchmark in England was that 58% of reviews be undertaken within a twelve-month period; Devon was at 44%.

The work that Integrated Adult Social Care had done, were doing or planned to do, in addressing waiting list numbers and waiting times included:

- A peer review by the Local Government Association in July 2023, to support preparations for the Care and Quality Commission (CQC) inspection, alongside other internal and external practice scrutiny;
- Practice Quality Reviews – a process by which staff reflect on practice to support learning and improvement in accordance with Adult Social Care's Practice Standards and Values framework – with a target of undertaking fifty of these per month;
- The Leading and Managing Effective Workflows programme, designed to improve care management productivity. This had been piloted by a small number of teams, with positive early results.

There was also focus on ensuring that people who were waiting for an assessment were 'waiting well', meaning that people were supported and had access to information and advice that could help them whilst they were waiting. This included standardising communications that went to those on waiting lists and, where appropriate, directing people to support through the Voluntary and Community Sector.

Discussion points included:

- Clarity sought on the process for someone seeking support from Integrated Adult Social Care, including the degree to which a triage process or similar was undertaken. Officers confirmed that this did happen, explaining that – although waiting list length and waiting times were not where the Authority wished them to be – this did not mean that people with severely urgent need were having lengthy waits for an assessment, and that, at first contact, an officer would discuss an individual's needs, what services they were seeking, and signpost them to available support and information that could be accessed whilst waiting (in line with the 'waiting well' approach above). Namely, those who had been waiting for the longest were primarily those in receipt of other services with needs that did not pose an immediate concern to

the directorate; and those with a significantly urgent need would not be made to wait on a 'first come, first serve' basis. It was agreed that a masterclass for members on the process would be helpful, and this was added to the work programme;

- That clarity on the process for those in need of services was vital. A member suggested that Integrated Adult Social Care could develop process maps or something similar to better inform the process; officers confirmed that these were under development;
- Difficulties around non-consent for assessment and the exceptions to that (namely, if someone is at risk of harm or abuse; or if they lack the capacity to give consent), and the challenges that this poses in practice to Integrated Adult Social Care where these two criteria do not apply; and
- That a new case management system was being developed which should simplify the assessment and review process for all involved, leading to better outcomes and reducing bureaucracy.

Members noted the report.

\* 222 **Torbay and Devon Safeguarding Adults Partnership Board Annual Report 2023/24**

The Committee considered the Annual Report of the Torbay and Devon Safeguarding Adults Partnership Board. The annual report explained that the core objective of the Partnership (a collective term for the partners that work with the Board) was to help and protect adults with care and support needs who were experiencing, or who were at risk of experiencing, abuse or neglect; or were unable to protect themselves from the risk or experience of abuse or neglect due to their needs. The annual report also outlined the Partnership's structure and activity, its performance against its key priorities in the year 2023-24, and its intentions for the future.

The Independent Chair of the Partnership Board, Mr Paul Northcott, attended to speak to the Committee, who introduced the broad scope and structure of the annual report. He drew particular attention to the information contained on Safeguarding Adults Reviews (SARs), a statutory duty under the Care Act, that must be completed under certain circumstances relating to failures dealing appropriately with cases of abuse or neglect. The annual report outlined that all identified learning and SAR recommendations from such reviews were progressed and embedded into operational practice, and gave details on the six SARs undertaken in 2023-24.

Discussion points included:

- The mechanisms of how learning is implemented within the Partnership, with members querying who responsibility lay with for ensuring learning such as from SARs was embedded. It was explained that the Partnership has a formal structure including a number of sub-groups, including one specifically for SARs which would look at ongoing SARs, progress towards recommendations, and actions taken. Responsibility would ultimately depend on what any given recommendation was, but there were checks and balances in place – for instance, once an agency or partner believes they had fully completed work towards a particular recommendation, this would require inspection by the full Board before final sign off. It was recommended by members that this be more explicit in future annual reports, so that confidence could be had on the accountability embedded within the Partnership’s structure and processes;
- What opportunities there were to use data to learn more about the effectiveness of the care provided;
- ‘Cuckooing’ and county lines, as highlighted under the SARs, was a national issue. Reference was made to the lack of a specific legal framework around cuckooing as an offence, which was a challenge;
- Data transfer between organisations, and improvements required therein. This was a national issue;
- Self-neglect as a key focus and priority. The Chief Executive referred to Devon specifically as an Authority which needed to improve on this.

The Chair thanked Mr Northcott for attending.

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### **End of Life Care**

The Committee considered the Report of the End of Life Care Task Group. The Report covered the Task Group’s terms of reference, outlined what is meant by ‘End of Life Care,’ and detailed the findings and recommendations of the Task Group.

Members of the Task Group who were in attendance at the meeting each referred to their own experiences of bereavement and the associated end of life care and felt that the issue was of vital importance for both the person in receipt of end of life care, as well as their loved ones.

NHS representatives were in agreement on the importance of end of life care and the alignment of the report with work ongoing by the Integrated Care Board. Also referred to were the frustrations of a need and desire to improve performance, and the experience of those in receipt of end of life care (and friends and family), but within a tight fiscal context. It was reported that, since the report was written, the ICB had engaged with hospices individually to

address inequities in funding between them, with the gap between best and worst funded dropping from 12% to 5%. Predicted cost rises over the next few years were also built into funding calculations.

It was **MOVED** by Councillor Atkinson, **SECONDED** by Councillor Randall Johnson and

**RESOLVED** that the Committee

(a) endorses the report and recommendations and commends these to Cabinet; and following which to wider Health partners:

i. As part of the Devon Integrated Care Board's End of Life Care Medium-Term Commissioning Plan a service level agreement and/or specification is developed as a priority, across health and social care to drive up the standard of the end of life care offer in Devon to include equity of access that complies with equality requirements, choice, and develops the 24/7 end of life care service;

ii. That the Integrated Care Board boosts the role of primary care in ensuring earlier end of life identification which includes a focus on GP appointment length and delivers consistent digital documentation and coding in an individual's primary care record which is crucial in enabling out-of-hours providers to understand the diagnosis and needs of the individual at the end of life.

iii. That the Integrated Care Board re-direct funding to primary care and care in the community to improve end of life care, including early identification, meet people's needs in the community so preventing hospital admission e.g., investing in District Nurses, GPs and Social Workers. The Task Group calls upon the ICB to provide their needs and impact assessment to show how the delivery of an equitable end of life care service across Devon is accessible to people with protected characteristics;

iv. That the Integrated Care Board work together with partners to review the information and advice available to increase the understanding of patients, carers and families on palliative, end of life care and bereavement. Ensure information and advice is accessible to all including to those who do not have access to the internet or have accessibility needs;

and that

(b) the Committee submit the findings of the End of Life Task Group Report to the Palliative and End of Life Care Commission.

Councillor D Cox declared a personal interest by virtue of being registered with Channel View Medical Practice as a patient.

The Committee received the Report of NHS Devon that provided an update regarding primary care provision in Teignmouth following the decision in 2024 that the proposed Health and Wellbeing Centre could not proceed due to financial constraints.

The Report outlined that the long-term plan remained to combine the two Channel View surgeries into a new single primary care building in Teignmouth. It was considered that the site that was originally proposed for the Health and Wellbeing Centre remains the best option for the building of this facility, but with an amended scope (such as there being no NHS Trust activities in the building).

Short-term actions to ensure primary care provision in the locality had focused on Den Crescent Surgery, including a new lease being drafted to ensure the primary care services could continue on this site for the next few years, as well as physical improvements to the building itself.

Discussion points included the regrettable financial implications of the issue being drawn out; and that efforts should be made to avoid the loss of public parking spaces in Teignmouth.

The Chair requested a further update at the next meeting of the Committee.

\* 225 **Health and Adult Care - General Update**

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

The Committee considered the joint report from the Director of Integrated Adult Social Care at Devon County Council, the Director of Public Health and Communities at Devon County Council, and the Locality Director of North and East Devon, NHS Devon 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:

- An update on the North Devon Link Service, which was not included in the report due to a pending judicial review outcome. The Committee heard that the judge had dismissed the case but that the claimant was requesting a right of appeal. A further update would come when available and not restricted by the judicial review process;

- That the plan regarding Women's Health Hubs did not refer to actual physical hubs but a 'hub model.' Officers sought to reassure the Committee that there would be a number of pilots for different models, to allow the ICB to examine what works and move forward on that basis;
- Minor Injuries Units, with members eager to be updated in a few months' time (as at 5.4.2 of the report) when further information was available;
- NHS Devon's efficiency savings target of £213.3 million, with a member querying how this would be achieved. Officers did not have the detail to hand but advised they could provide this to members after the meeting, and spoke also to their approach of providing services to the Devon population more efficiently.

Members were also advised that NHS Devon received praise from the national team on their messaging around winter and the resilience demonstrated in the face of the challenges of winter, recognising that the season was not yet over.

The Chair also invited Councillor Hellyer, the Committee's Domestic & Sexual Violence and Abuse (DSVA) Champion, to provide her update at this point of the meeting. Councillor Hellyer advised on the creation of a newly commissioned Integrated Domestic Abuse Service starting on the 1st of April 2025, delivered by a partnership of local organisations. The service would cover the entirety of Devon and provide:

- A single point of access and contact for those directly affected by domestic abuse, acting as both a gateway into the service and also providing upskilling, advice and information;
- Community support for victims and their families;
- Refuge and dispersed safe accommodation for victims;
- Recovery support in the form of therapy, counselling and group work.

Further information would follow in March 2025.

### **Scrutiny Committee Work Programme**

The Committee agreed the current work programme, subject to inclusion of issues arising from the meeting, including a masterclass on the process for assessment under the Care Act.

\* 227 **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 \*225 refers) and had no further information to present.

\* 228 **Information Previously Circulated**

The Committee noted the previously circulated information.

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

The Meeting started at 2.01 pm and finished at 4.22 pm