

HEALTH AND ADULT CARE SCRUTINY COMMITTEE

24 March 2025

Present:-

Councillors S Randall Johnson (Chair), A Connett (Vice-Chair), Y Atkinson, L Hellyer, P Maskell, R Peart, R Scott, C Whitton, C Hodson and J Yabsley

Apologies:-

Councillors J Bailey, R Chesterton, I Hall and D Sellis

Members attending in accordance with Standing Order 25

Councillors J McInnes and P Bullivant; and Councillor R Croad (remote)

* 229 **Chair's Announcements**

The Chair welcomed Ms Anne Mayes to the meeting who was attending in her capacity as a co-opted member of the Council's Standards Committee in order to monitor compliance with the Council's ethical governance framework.

* 230 **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](#)

* 231 **Minutes**

RESOLVED that the minutes of the meetings (budget and standard) held on 27th January 2025 be signed as a correct record.

232 **Items Requiring Urgent Attention**

There was no item raised by the Chair as a matter of urgency.

However Councillor Richard Scott took the opportunity to thank the outgoing Chair, Councillor Randall Johnson, who was not standing for re-election, for her long service and commitment to the Committee and to Scrutiny.

233 **Public Participation**

In accordance with the Council's Public Participation Rules, the Committee received and acknowledged oral representation from Councillor Jack

Rowland, Seaton Town Councillor and Chair of the Seaton Hospital Steering Group, regarding the Devon Dementia Strategy Standing Overview Group item, who updated the Committee on efforts to provide a dementia day care service in the empty wing of Seaton Hospital and the status of negotiations with NHSPS and NHS Devon ICB regarding the empty wing. The Chair asked that NHS representatives present at the meeting liaise with Councillor Rowland.

* **234** **Transitions**

The Committee considered the presentation of the Director of Integrated Adult Social Care on transitions of service users between Children's Services and Integrated Adult Social Care. The presentation provided national and local context regarding transitions including statistics around demand and pressures. The presentation also outlined Devon-specific undertakings on improving the transitions process including the Positive Futures Programme; Reaching for Independence; and the 16-17 Practice & Planning Forum. Specific performance metrics, as well as feedback (including direct quotes from service users) were provided in the presentation.

Discussion points between officers and members included:

- Those service users deemed Not in Education, Employment or Training (NEET) and the transition process as it applies to them. It was agreed by members and officers that this needs to be a priority Key Performance Indicator for the Authority;
- Clarity sought on reasons for those being directly supported by the Transitions Adult Social Care (TASC) team not responding (as in slide 5). Officers did not have this to hand, as reasons were not provided, but advised this could be followed up on;
- Queries around the impact of rurality and poverty on access to support in the transitions process, such as in North Devon. Members heard that there was generally consistent support across the county, including North Devon;
- The degree to which planning for transition started pre-16, with a member referring to some authorities starting their transition preparations at 14 years of age for some service users.
- Reference in the presentation to those undergoing transition who opted out of further support, or no longer required support. A member queried what would happen if, for instance, a user then needed further support after opting out due to a change of circumstances, and if this might disadvantage them or cause delays. Officers explained that referral into Adult Social Care could be done by families, not just professionals,

which could help alleviate delays that may be caused by difficulty accessing professional support for referral;

- Numerous comments by councillors around the positive aspects of the performance included in the report, and the positive feedback from service users, which were promising;
- A planned review of the Positive Futures Programme in 2025, as referred to in the presentation. The Chief Executive highlighted that transitions would be a priority area for the new Council and felt that this would be an appropriate item for future consideration by the Committee, as well as the Children's Scrutiny Committee; and
- That the next Health & Adult Care Scrutiny Committee should work closely with the Devon and Torbay Combined County Authority especially on the Connect to Work Programme and Adults Skills Fund which would include significant investment across the Devon and Torbay area in respect of adult education and training.

* 235 **Deprivation of Liberty Safeguards**

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

The Committee considered the Report of the Director of Integrated Adult Social Care (IASC/25/07) on maximising delivery of the Deprivation of Liberty Service. The report outlined the context of Deprivation of Liberty Safeguards (DoLS), including the national context of a Supreme Court ruling in Cheshire West that had significantly widened the definition of deprivation of liberty; and the context of a report by the Association of Directors of Adult Social Services that showed a high degree of concern nationally for Deprivation of Liberty Safeguards.

The report also provided details of additional investment received for the Deprivation of Liberty Service in 2024/25 of £500,000, which had helped ensure positive progress; and a further £1.5 million yearly for the next three years. It was hoped that this investment would provide an opportunity for significant improvement of the service including actively reducing waiting lists (by over 50% over the next five years), which Devon was an outlier in as compared to national performance.

The report also provided details on the structure of the DoLS service; plans on ensuring appropriate capacity in the team; and current performance and future performance ambitions.

Discussion points between officers and members included:

- Where officers wished the service to be in 12 months' time, with members hearing that officers hoped for a much more stable service that was able to provide DoLS in care homes, hospitals and nursing homes (in accordance with statutory responsibility), but also to provide assurance in other settings;
- Concern around the maximum waiting time being 2226 days, which was over six years. Officers could not comment on this particular case and advised that sometimes people are on waiting lists for long times erroneously, such as in the case of data errors or where someone has passed away; and that service pressures have necessitated focus on the 'front door,' impacting ability to reduce the waiting list. However, they accepted that there were long waiting times for some service users.
- The team's progress with 12-monthly DoLS renewals, with members querying the impact on service users given the waiting lists. Officers advised that the service was keeping up with renewals so that, generally, people's DoLS orders were not expiring at the end of 12 months;
- The widened definition of what constituted a 'deprivation of liberty' and the subsequent increase in demand and pressure on the team;
- The prison population, in particular those being released from prison and thereby moving from the remit of the criminal justice system to Integrated Adult Social Care. Members heard that there was dedicated focus on these individuals and suggested a focus on prisons could be incorporated into the new Committee's work programme.
- Financial pressures on the NHS being important to consider due to the working relationships between the NHS and Adult Social Care, with financial pressures on one possibly impacting the other's capacity to meet its statutory duties.

Councillor Bullivant, the Cabinet Member for Integrated Adult Social Care, acknowledged the challenges facing the service, but expressed his thanks to the team, including for developing plans to improve, and commended progress already made.

* **236** **Teignmouth Primary Care Update**

The Committee received a Report of NHS Devon which provided an update on primary care services in Teignmouth. This was following the decision in 2024 that the proposed Health and Wellbeing Centre could not proceed due to financial constraints, with the Committee requesting a further update at its January meeting (minute *224 refers). NHS representatives attended and spoke to the Committee.

An extension to the lease for the Den Crescent premises had been negotiated, until April 2028. They had also managed to procure some office space which was intended for use for administrative staff, freeing up room to convert space in the Den Crescent and Courtney Place surgeries to increase Channel View Medical Group's physical footprint for the provision of clinical services.

A merger was also proposed between Channiel View Medical Group and Teign Estuary Medical Group, owing to the retirement of two partners from the latter Group, which would provide further security of building space until April 2028.

In terms of building a new primary care facility, the NHS was in discussions with Teignbridge District Council, including on the suitability of the Brunswick North and South sites for the new facility. The NHS also that hoped for funding for new primary care developments would be forthcoming in the spending review in June.

NHS representatives acknowledged the tight timeframe of building a new primary care facility to be operational by April 2028, and that a planning application would ideally be submitted in October 2025. However, despite the relatively short timeframes, NHS representatives expressed confidence that the building of the new facility was possible within the time constraints.

Discussion points between members and officers included:

- Concerns raised around the officer and member time that had been spent on this longstanding issue, including Committee time, as well as NHS officer time;
- The short timescales, with members concerned that the target would not be met due to the complexity of the planning application process. However, there were comments that supported the fact that a solution was in sight;
- The approximate cost of the proposals, with NHS officers advising an estimate of between £12 to £15 million; and
- The need for regular reporting back on progress on the development of a new primary care facility in Teignmouth to this Committee.

The Committee agreed that the Chair would write to NHS Devon to ask for further clarity about the funding and time-frame for the development and build of a new primary care facility in Teignmouth.

* 237 **Devon Dementia Strategy Standing Overview Group**

The Committee considered the Report of the Health & Adult Care Scrutiny Committee (LDS/25/04) on the Standing Overview Group wherein members of the Committee met with officers to review the draft Devon Dementia Strategy. The Report outlined issues identified by members at the Standing Overview Group meeting and concluded that, following the May 2025 elections, the new Health and Adult Care Scrutiny Committee should continue to monitor the progress of the Devon Dementia Strategy.

Elements of discussion included:

- Devon's aging population necessitating a greater degree of focus on dementia care;
- The importance of making all services dementia-friendly;
- That misconceptions around dementia should be tackled, with members noting that dementia sufferers do not automatically stop participating in society or enjoying their lives, and that it was key to ensure that those diagnosed with dementia are supported to live independently and involve themselves in their communities for as long as possible;
- Previous training given to members that they found helpful, with it being expressed that this should be made more widely available. Officers advised this training was through the Alzheimer's Society, and as such was not limited to councillors; and
- That the Council was working alongside the NHS and ambulance services on dementia, such as looking at dementia patients injuring themselves through falling, in care homes; and
- That there were also opportunities for work with Team Devon on dementia and through the CCA Housing Advisory Group.

* 238 **Quality Accounts Standing Overview Group**

The Committee considered the Report of the Health & Adult Care Scrutiny Committee (LDS/25/5) that outlined the work of the Quality Accounts Standing Overview Group, which aimed to provide feedback on, and inform, the quality accounts provided by a number of healthcare trusts outlining quality and safety improvements from the previous year, and planned improvements for the year to come.

The Chair expressed that the format worked well for passing on feedback to healthcare providers.

The Committee noted the report.

* 239 **4 Year Overview - Health and Adult Care Scrutiny**

The Committee considered the Report of the Health & Adult Care Scrutiny Committee (LDS/25/15) on work undertaken by the Committee in the 4 years prior (since the last County Council elections). The report included public meetings of the Committee as well as other work undertaken such as site visits, standing overview groups, spotlight reviews, masterclasses and task groups.

Discussion points included:

- The usefulness of site visits which allow members to meet frontline staff across various areas;
- That the report did not include members' evaluation of their own effectiveness as a Committee, and their own understanding of their role, which could be useful to include in future; and
- The specific future of the Committee given the ongoing plans around local government reorganisation.

The Chief Executive referred to plans regarding the induction programme for new councillors, and conversations had with the Local Government Association, to ensure that the momentum of Scrutiny was not lost post-elections.

* 240 **Health and Adult Care General Update**

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

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/25/08) 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 CQC inspection of Integrated Adult Social Care. The authority had submitted information to the CQC and was awaiting notification on the next stage of the process. Officers added that they would encourage members post-election to be involved in the process to understand more about it;

- Positive member response to the information in the report regarding the North Devon Link Service;
- Work ongoing with children around dental hygiene;
- Reference made to General Practitioners (GPs) across the country handing contracts back. Members heard that, in Devon, there were no particular GPs of concern in this respect;
- Possible changes to the financial deficit support from NHS England impacting on the NHS Devon Integrated Care Board's fiscal position;
- Confirmation that the Better Care Fund will continue; and
- Challenges around the fiscal position of NHS Devon and joint working alongside the Council, who would also need to make savings.

Thanks were also expressed by the Cabinet Member for the outgoing Integrated Adult Social Care & Health, and members of the Committee, to Keri Storey, Deputy Director of Integrated Adult Social Care – Operations, for her service, and wished her well in her retirement.

The Committee also heard from Councillor Hellyer in her capacity as the Committee's Domestic & Sexual Violence and Abuse (DSVA) Champion. Councillor Hellyer provided some slides (attached) regarding findings from the Interpersonal and Gender-based Violence and Abuse Needs Assessment; and outlined the Devon Domestic Abuse Alliance, a service commissioned by Devon County Council from 1 April 2025.

241 Scrutiny Committee Work Programme

The Committee noted the work programme and items arising from the meeting for potential future consideration.

242 Information Previously Circulated

The Committee noted the previously circulated information.

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

The Meeting started at 10.30 am and finished at 1.40 pm

Interpersonal and Gender-based Violence and Abuse Needs assessment Findings highlights

March 2025

- Similar **picture to previous needs assessment**
- Recorded IGBVA is **increasing** - DA up by 8.5% from previous year in police data
- 11500** estimated victims of sexual violence - Police identify **1800**
- 32800** estimated victims of domestic abuse – Police identify **6150**
- 28000** estimated **children** impacted – 3855 identified in MARAC – 4647 Front Door referrals
- IGBVA is **gendered** and disproportionately impacts the **LBGTQ+ community**, those who face **multiple disadvantages**, people with **physical or learning disabilities** or who are **neurodivergent** and those who are **ethnically diverse**
- IGBVA contributes to **negative mental health experiences** including suicidal ideation
- Honour Based Abuse is decreasing in local Police figures but service data tells otherwise
- Police outcomes slightly improved but prosecutions and court outcomes are not (this needs further exploration)
- Positive work has taken place across the system, since the previous assessment**
 - Work in **health** settings increase visibility of older victims of DA
 - Hundreds of colleagues trained in recognising IGBVA issues, including trauma stabilisation and HBA
 - Drive in Police to improve arrests and outcomes
 - Community engagement, 16 days etc
 - Our access to the data to help us understand the problem better is improving, therefore, our understanding is improving (crime, children social care, health data etc)

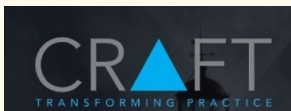
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DCC has commissioned a new service From 1st April 2025

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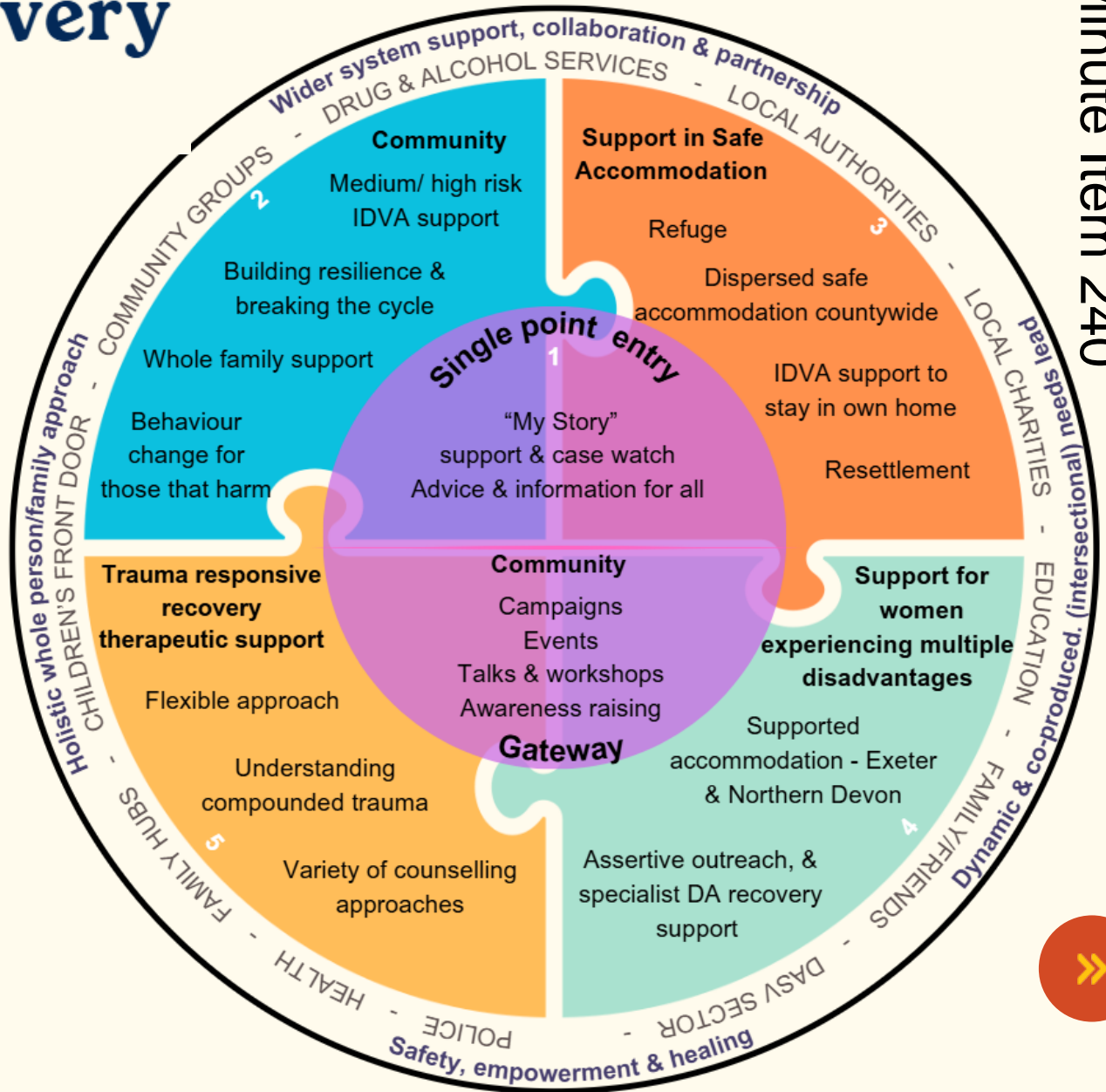


Minute Item 240



Service Delivery Model

- 1: Single point of entry & Community engagement
- 2: Community support
- 3: Support in Safe accommodation
- 4: Support & safe accommodation for women experiencing multiple disadvantages
- 5: Trauma Responsive Therapy



Service Offer

Community Support

- Med/high risk victim support
- Whole Family Support
- Breaking the cycle - behaviour change support

Gateway & Community Engagement

- Phone - web - email access
 - Advice & information
 - My Story - Assessment - navigation - case watch
- Partnerships - training - campaigns

Support & safe accommodation for women experiencing multiple disadvantages

- Tailored & specialist support in safe accommodation
 - Outreach

Trauma recovery therapeutic support

- Therapy & counselling
- Individual and group recovery support
 - Peer support

Refuge & dispersed safe accommodation

- Support with safe accommodation
- Staying Put
- Across Devon
- Growing offer over 5 years



Contact Details & Access information from 1st of April 2025

Opening hours

9.00am - 5.00pm Monday to Friday - 9.00am - 8pm Wednesday

Chatbot available online 24/7

Contact us:

Freephone: 0808 2816161

Online: ddaa.org.uk/support

Email: hello@ddaa.org.uk

