

EAST DEVON DISTRICT COUNCIL

Minutes of a meeting of the Scrutiny Committee held at Knowle, Sidmouth on 24 November 2016

Attendance list at end of document

The meeting started at 6.00pm and ended at 9.39pm

***26 Public speaking**

Speakers reserved their questions for the relevant items as heard at the meeting.

***27 Minutes**

The minutes of the Scrutiny Committee held on the 3 November 2016 were confirmed as a true record subject to an amendment to minute 24 being amended as "Start the planned work on the review of the process of producing the Local Plan; for example on how sites are identified and brought forward for potential inclusion on the Local Plan."

***28 NEW Devon CCG Consultation "Your Future Care"**

The Chairman welcomed Rob Sainsbury, Chief Operating Officer of the NEW Devon Clinical Commissioning Group.

Robert Crick, representing the Patient participation Group of Sid Valley, welcomed the recent Conservative group press release calling for a second opinion on Devon NHS funding crisis treatment. He felt that none of the options presented by the CCG in the consultation were appropriate; he felt they were unconvincing and unethical. He asked the committee to call on MPs to reverse their earlier decisions on funding and reinstate the NHS as it had once been.

The committee received a short presentation from the CCG outlining the consultation, covering:

- Severe financial pressure on the NHS
- Evidence that changing the way people are cared for is beneficial to the individual and provides efficiencies
- The proposed model of care was to transfer resource and staff from community hospitals to providing home based care services
- There is a disproportionate number of community inpatient beds in Eastern Devon
- An example given was based on a 16 bedded community hospital unit at a cost of £75k per month equated to caring for around 21 people; moving to the new model of care at the same cost would provide 12 nurses, 8 therapists, 7 support workers plus some night sits totalling care for around 82 people
- No changes to services would be made until the tests derived by local clinicians have been undertaken to ensure the changes are safe and reliable

The options set out in the consultation were:

- Option A Tiverton 32 beds; Seaton 24 beds; Exmouth 16 beds
- Option B Tiverton 32 beds; Sidmouth 24 beds; Exmouth 16 beds
- Option C Tiverton 32 beds; Seaton 24 beds; Exeter 16
- Option D Tiverton 32 beds; Sidmouth 24 beds; Exeter 16 beds

The CCG preferred option was A, as this combination was considered by the CCG to result in the smallest changes in travel time and has the greatest whole system impact.

The Council had already passed a motion on the 26 October 2016 "that this Council register its extreme concern at the impending loss of 71 Community beds in this part of Devon. It is

a well-known fact, particularly in coastal and rural Devon, that there is an above average population of elderly people. Older people take longer to recuperate from illness, hospital admission and operations. Community services are already overstretched and there is an acute lack of appropriate carers to care for people in their own homes. Our District General Hospitals increasingly find it difficult to keep up with demand due to the fact that they cannot discharge people when they are ready because of the lack of community services. All the Government advice has been to encourage the care of people close to their homes. We thank Devon MPs, including Sir Hugo Swire and Neil Parish, who secured a debate at Westminster on the 18 of October, to air their concerns about proposed changes to community bed provision in East Devon, and that this Council write to them urging them to continue speaking on behalf of all residents in East Devon, so that an ill thought out decision which has come about only for financial reasons, is urgently re-considered by the Devon CCG.”

A letter had been sent to Sir Hugo Swire MP and Neil Parish MP on behalf of the Council from the Chief Executive on the 4 November in respect of this resolution by the Council on the 26 October 2016.

Before questions and debate commenced, the Chairman reminded the committee of the recent comments made in Parliament by Neil Parish MP in taking action to “fight all closures across East Devon”. The Chairman hoped that the committee would adopt the approach of unified front rather than raising arguments between the towns where community hospitals are located.

Questions raised by Councillors and responses from Mr Sainsbury covered issues including:

- Any change to a new model of care would not be implemented unless it was proven that the new model was safe to implement; this included there being sufficient clinical staff available;
- There was recognition that in some community hospitals an aging staff base was a concern and training both new staff and existing staff was required; it was also possible that not all staff would want to train in administering care outside of hospital as a visiting clinician;
- Carers could be provided via private care, or from Devon County Council, but there was also the possibility that by moving to a new model of care, some carer provision could be made by the NHS to help towards filling the current care gap; recognised that community hospitals should not be a substitute for care homes;
- Travelling clinicians could be vulnerable in having to travel in rural areas and in dealing with vulnerable patients in their own homes. Risks to NHS staff was a high priority and mitigated for where possible in current working practices, and would continue under the new model of working; this included the resilience of staff in dealing with extreme weather conditions;
- Concern that the model proposed would not be a suitable model for the aging demographic of the District and their often complex care needs, including mental health issues;
- Concern about privatisation of the NHS service. Mr Sainsbury commented that the consultation was not a procurement exercise;
- Tiverton PFI Hospital (Private Finance Initiative) has a long term arrangement and therefore felt sensible by the NEW Devon CCG to retain inpatient beds; but the hospital also scored highly in assessment, so was not included purely as a financial component;
- Recognition that the staff bill for NHS services in the area was large, particularly with the use of agency staff. Nursing costs had increased year on year. Moving to a new

- model of care could reduce the level of agency staff used;
- Night sits were quoted as part of the new model of care, but Councillors felt that the provision of “some night sits” was not enough to cope with the demand that existed;
 - Northern Devon locality has already introduced the new model of care, providing the NEW Devon CCG with evidence that this does have a positive impact on the care delivered;
 - Devolving some lower level care from District Nurse level to other carers was being considered;
 - One Councillor who trained nursing undergraduates did not recognise the evidence provided of an aging profile of nursing staff; good care in the community came at a high cost and one of the issues was the lack of time they could devote to each patient and that; national training currently had a focus on acute hospitals, as there are few community hospitals nationally;
 - Evidence presented in the report had been collated independently; however Councillors had received differing figures for bed use from different representatives of the NEW Devon CCG, and therefore found it difficult to trust any statistics presented;
 - The consultation does not infer that any of the hospitals are closing – only in consulting on the closure of in-patient beds;
 - Many Councillors felt that to make changes to in-patient bed numbers now was premature if local care packages were not set up first;
 - Costings presented were still not backed up with detail; there was general agreement that the NEW Devon CCG needed to look to find savings at an administrative and managerial level rather than the small level of savings that closing in-patient beds would bring;
 - Challenging that evidence exists to show that there is harm to patients who remain in hospital; no evidence of clear clinical trials that the new model of care works;
 - There was no proposal to close Barnstaple Accident and Emergency unit;
 - Concerns were recognised over using a central contact number – the example of the problems around 101 and 111 was used – this “single point of access” related to a professional point of access for practitioners to use, as had worked successfully in Northern Devon area;
 - The model of care suggested was not a new innovation – it was working elsewhere in the country and the NEW Devon CCG had looked at 17 examples nationally;
 - Royal Devon & Exeter NHS Trust were exploring how they could make community hospitals into real community assets – Budleigh Salterton hospital “Hub” was an example, but appeared to have lacked some joint working in order to plan what could be provided from the building before it was closed;

A proposal to include in the response to the NEW Devon CCG to stop the privatisation of the NHS was put to the vote and lost.

RESOLVED that a response from the Scrutiny Committee to the NEW Devon CCG “Your Future Care” consultation contains the following comments:

1. Asks that the New Devon CCG presents an outline of how care delivery integrates health, social, and mental care, as well as physiotherapy, and how it is provided to patients;
2. Consider that the comparison with Northern and Western Devon areas is unfair as the demographics were not the same as Eastern Devon;
3. The committee considers that the models proposed in the consultation will not meet the needs of the District because of the local issues of social isolation, and the support that carers need;

4. The NEW Devon CCG should review the expenditure on management and administration as a means to realise savings that could be used to provide care rather than divert funding from in-patient beds;
5. The committee considers that the evidence presented to date by the NEW Devon CCG is not sufficient to convince them that the new model of care will be successful;
6. The Committee does not accept Options A – D, but recommends that the NEW Devon CCG should retain the current level of in-patient beds in community hospitals in the Eastern Devon locality;
7. Should a decision be made to close in-patients beds, the Committee insists that this is not undertaken until the replacement model of care is recognised as safe and in place; subject to the provision of evidence that the model of care has resulted in no bed blocking at acute hospitals, non occupancy of beds in community hospitals, and full care in the community.

The Chairman thanked Mr Sainsbury for attending to answer questions.

***29 NHS Property Services**

12 Community hospitals are transferring from Northern Devon Healthcare Trust ownership to NHS Property Services; in the District this relates to Axminster Community Hospital, Honiton Hospital, Seaton Community Hospital, Budleigh Salterton Community Hospital, Exmouth Community Hospital, Sidmouth Hospital and Ottery St Mary Hospital. The transfer will complete on the 1 December 2016. Some GP surgeries will also transfer in ownership.

The committee considered a report submitted by NHS Property Services to the Health and Wellbeing Scrutiny Committee on the 19 September 2016, which outlined the role that the service provides in managing some of the NHS estate.

The Chairman voiced his disappointment in a lack of response from NHS Property Services to attend and respond to questions.

Concerns on the transfer of ownership from Councillors included:

- Impact on League of Friends organisations, who had tirelessly worked to fund improvements to their local community hospitals;
- No guarantee, if a property was sold, of the capital being used in the area the property was situated;
- Issues with local surgery at Sidmouth where there was pressure from NHS Property Services for the surgery to relocate to the hospital; this option was not acceptable by the local GPs, nor was the proposed increase in rent from NHS Property Services;
- How can a realistic market rate be calculated for a medical facility? Standard commercial rents were not considered by Councillors as a fair comparison, if that is the measure used to establish a market rate;
- Councillors felt that the exercise was a process of asset stripping;
- Does the increase in rent to a “market level” therefore mean that voluntary donations – such as from League of Friends organisations – were no longer required?
- The commitment from the Department of Health to meet any increased property costs for 2016/17 arising from the introduction of market rent should be continue to be applied for future years.

RESOLVED that the Chairman of the Scrutiny Committee writes to NHS Property Services, expressing:

1. Disappointment at the lack of response to the request to attend;

2. A request for attendance at a future meeting;
3. Questions raised by the Scrutiny Committee at their meeting on the 24 November 2016;

and that this letter is copied to the Health and Wellbeing Scrutiny Committee of Devon County Council; the three local MPs; and the Secretary of State.

***30 Financial Plan 2017 - 2022**

The Chairman welcomed the Portfolio Holder for Finance, Ian Thomas, and the Strategic Lead - Finance, Simon Davey.

The committee had before them the agreed Financial Plan for 2017 – 2022, which set out the longer term view of how the Council will structure and manage its finances over the next five years in order to deliver the Council Plan.

An understanding of the medium term financial model will assist the Committee when considering the draft budget for 2017/18 on the 18 January 2017.

Questions and discussion by Councillors included:

- Explanation of Tariff Payments as a payment back to the government from the business rates collected;
- No direct impact on current plan from the Autumn Statement;
- Financial pressures were set to continue and the plan helped to mitigate for that pressure;
- Evidence of the effectiveness of the transformation strategy was apparent from the savings achieved by specific initiatives in the strategy already undertaken for 2016/17, monitored throughout the year through the budget monitoring reported to Cabinet;
- The council tax support grant to towns and parishes was currently fixed for future years, but was under discussion, perhaps to ring fence, but would be explored further in a future report to Cabinet;
- Retention of business rates was explained with recognition of the benefits that the regeneration and growth point areas brought; Councillors were reminded of the paper issued by the Portfolio Holder for Finance explaining business rates;
- The cost of relocation and getting the maximum value from the sale of the current Council offices was raised; an explanation was given of the tender process and valuations but details on overage could not be given;
- In response to a question from Chairman about who is responsible for getting the best value for such projects as the relocation; the process was set out of approval through Cabinet and Council, with checking of the business case by the Audit and Governance Committee and external auditors Grant Thornton.

RESOLVED that the Financial Plan be noted.

***31 Quarterly monitoring of performance – second quarter 2016/17**

The committee noted that there were two service objectives showing a status of concern:

- **Promote inspection outcomes under the Food Hygiene Rating Scheme and to improve the ways in which we draw attention to those outcomes. To provide a clear incentive for businesses to improve their compliance with regulatory standards we will clearly and expressly identify businesses who have achieved improved scores and those who have not - Real time "changes" to food hygiene**

scores remains something that we are keen to promote and we are working with Strata to see if this IT related work is possible in the current schedule of work. In the meantime anyone can view the current food hygiene rating score of any restaurant, café and pub - in fact any caterer or food retailer in our area via the EAST DEVON APP.

- **Promoting use of Council assets as potential locations for joint venture energy generation with private energy company.** The Limited opportunities available are currently being explored;

The performance indicators are showing on track with two showing a status of concern:

- **Number of random vehicle licence checks** – Licensing service operates with reduced staffing in 2016 impacting upon number of checks conducted. Recruitment was now complete with staffing being up to capacity from January 2017.
- **Percentage of Other planning applications determined within 8 weeks** – Development Management are aware that the target for the quarter has not been met. This is partly due to heavy workloads and the focus on improving performance on Major applications, but in any case improved performance is being addressed as part of the current Systems Thinking review into the service where a number of changes to the way the service process “Other” applications is about to be trialed. It should be noted that for the Government Returns for the quarter we were at 77.5%.

In discussion on the performance indicators, Councillors felt that budget resource questions needed to be asked relating to staffing levels for Development Management (in dealing with application volumes) and for Property and Estates (in actioning projects).

Clarification was also requested for the legal requirements of market stalls in displaying inspection outcomes under the Food Hygiene Rating Scheme.

RESOLVED that

1. The Service Lead for Planning consider if additional staffing resource should form part of the Draft Budget 2017/18 to help resolve the performance on determination of planning applications within 8 weeks;
2. The Asset Management Forum be asked to consider if additional staffing resource should form part of the Draft Budget 2017/18 to help deliver projects.

***32 Scrutiny Forward Plan**

The forward plan was noted.

The issue of cost implications, and the lifting of a standing order, was recently raised at Audit and Governance Committee, but reported to be an issue that may fall to the remit of the Scrutiny Committee. This will be investigated by the Democratic Services Officer to see if it does fall to the remit of the committee.

Attendance list (present for all or part of the meeting):

Scrutiny Members present:

Roger Giles
Alan Dent
Colin Brown
Simon Grundy
Bruce de Saram
Cathy Gardner
Douglas Hull

Bill Nash
Val Ranger
Marianne Rixson

Other Members

Paul Carter
Dawn Manley
Andrew Moulding
Jill Elson
Peter Faithfull
Geoff Jung
Megan Armstrong
John Dyson
Pauline Stott
Tom Wright
Susie Bond
Ian Thomas
David Barratt
Brenda Taylor
Steve Gazzard
Brian Bailey
Ian Hall
Helen Parr
Peter Burrows

Officers present:

Simon Davey, Strategic Lead Finance
Giles Salter, Solicitor
Debbie Meakin, Democratic Services Officer

Scrutiny Member apologies:

Dean Barrow
Darryl Nicholas
Cherry Nicholas
Marcus Hartnell
Douglas Hull

Other Member apologies:

Ben Ingham
Rob Longhurst
Phil Twiss
Stuart Hughes
Eileen Wragg
Peter Bowden

Chairman

Date.....