

TORRIDGE DISTRICT COUNCIL

EXTERNAL OVERVIEW & SCRUTINY MEETING

Town Hall - Bridge Street, Bideford, EX39 2HS

Wednesday, 9 January 2019 - 6.00 pm

PRESENT	Councillor A Eastman (Chair)	
	Councillors P Pennington, A Boyle, T Johns, N Laws, I Parker, C Simmons and K James	
	Mr Topham	
ALSO PRESENT	J Wallace	- Head of Paid Service
	M Richards	- Democratic Services Officer
	J Williams	- Environmental Health & Community Safety Manager
	P Hackett	-
	J Womersley	- CCG
	Wright	- Northern Devon CCG
	J Patrinos	- North Devon Council

The Chair welcomed everyone to the meeting.

54. APOLOGIES FOR ABSENCE

Apologies for absence were received from Councillor Boughton.

55. MINUTES

It was proposed by Councillor Laws, seconded by Councillor Simmons and –

Resolved:

That the minutes of the meeting held on 14 November 2018 be agreed and signed as a correct record.

(Vote: For 6, Abstentions 3)

Councillor Pennington raised a point of order, in accordance with Section A6.12 of the Council's constitution, relating to Councillor Hackett being present at the meeting and voting. Councillor Hackett responded that he was present in his capacity as Lead Member for Health & Wellbeing to support the Committee with a report. He had not voted and would not vote.

56. PUBLIC PARTICIPATION

There was no public participation.

57. DECLARATION OF INTERESTS

Members were reminded that declarations of interest should be made as and when the specific agenda item to which they related was under discussion.

58. AGREEMENT OF AGENDA ITEMS PART I AND II

There were no Part II items.

59. URGENT MATTERS BROUGHT FORWARD WITH THE PERMISSION OF THE CHAIR

The Chair spoke about the External Overview & Scrutiny Committee reviewing the pending closure of Appledore Shipyard.

Councillor Pennington declared an interest – his brother is an employee of Babcocks.

The Chair was reassured by the Head of Paid Service that as much was being done as possible and he felt confident to leave the issue in the hands of the Head of Paid Service and the Leader of the Council.

60. CCG UPDATE

The Chair welcomed Dr Womersley and Mr James Wright.

Dr Womersley proceeded with a high level overview of the CCG, its aims and challenges. He informed the meeting that the Sustainability Transformation Partnership (STP) had been a concept introduced by the Government; a collaboration of all the providers and commissioners. The STP was now moving towards an Integrated Care System (ICS), which would involve working closely with local authorities. However, the Government had not approved the ICS yet as further building blocks needed to be in place but it was hoped an application to become an ICS would be submitted in the autumn.

Health care and social wellbeing are strongly interdependent. The focus this year is around wellbeing with its links to housing, education, health services, employment and social and medical care.

Northern, Eastern and Western Devon CCG and South Devon and Torbay CCG had agreed to merge to the new Devon CCG and this was on track to be completed by the end of March 2019. The CCGs will become the NHS Devon CCG. In addition, within the commissioning system, the CCG had applied to be commissioners of the GP services (primary healthcare services) which is currently covered by NHS England. Having a single strategic commission will enable hospitals and GPs to work alongside each other more effectively.

The health commissioners are also looking to work with local authorities to become joint commissioners of the system. This had worked well in Plymouth. In Devon

the single strategic commission will be the collaboration with Devon County Council. An example of where the CCG already works well with DCC is the Better Care Fund, where money is allocated to DCC but it is used to relieve the pressure within the health service.

Services must be commissioned around people, not money.

There will be activity at 3 main levels:

- Places – the collaboration with DCC
- Neighbourhoods – will be tailored to reflect Devon’s geographical needs but at the same will make medical sense. It was acknowledged that although Northern Devon was isolated, it did have its own district hospital and the link road.
- Networks – the pooling of GP and nursing services to provide care for 30,000 – 50,000 patients. This will provide “improved access”, more extensive care, perhaps offering Saturdays and Sundays and longer hours. To achieve this, practices may not need to merge but to work together. This would also alleviate the issues around the workforce in primary care. As an example of the difficulties, Dr Womersley cited the situation in Plymouth, where there are 30 unfilled GP positions.

Practices are being encouraged to extend their range of services to include pharmacies, physio, mental health practitioners and occupational therapists. This is in keeping with the 10 year plan recently released by the Government and indeed some of the priorities had already been set by the North Devon STP, such as:

- Digital services
- Acute services review – takes in all the services

Other key issues being looked at:

- Equity – elderly v. children
- Mental health
- Integrated Care Module – out of hospital care services but without depersonalising care

In summary, the CCG aimed to provide as many services locally as possible but there would always be a need to use centres of excellence and specialist consultants elsewhere in Devon.

The financial challenges encountered a few years ago, a potential £500m deficit over 5 years, had been addressed. The Care Closer to Home programme had not been implemented, largely due to the financial pressures. NHS Devon hoped to break even this year and more money will be spent on prevention and out of hospital care.

In simple terms, the CCG planned to achieve more effective care through:

- Prevention – exercise easily available. One Northern Devon will be promoting social prescribing
- Self Help – Digitalisation will come into play.- “My Health Devon” website
- Resilient Communities — making people with mental illness and disability feel part of the community helps to improve their mental health

Dr Womersley closed with an update on how the North Devon Hospital trust was coping over the winter.

Questions were answered by Dr Womersley and it was noted that:

- Admin costs have significantly reduced over the years. Commissioners buy, monitor and regulate and look after the acute services and community services but communities need to be more active, which might be something for One Northern Devon and Community Connectors
- Delivery of services for small rural communities will be different to the urban centres. Whole teams will be upskilled within the networks. There will be more advice and guidance from consultants. There should be no need to travel for care but if specialist services were required then there would be.
- Patient Participation Groups (PPGs) are the patients’ voice.
- The limiting factor on the NDHT is not money but staff.
- 280,000 appointments are estimated in North Devon Hospital over the next year.
- There has been an increase (20+%) in the number of urgent referrals coming from GPs for suspected cancer cases as GPs now have much clearer guidelines.
- In response to a question as to whether the NHX ‘exists’, given the national structure of CCGs, the NHS does still exist and oversees statutory issues such as 4 hour waits and cancer waiting times and ensures that every area has an appropriate level of funding.
- A feedback system is in place to protect staff and the organisations supplying staff are bound by regulations to ensure staff wellbeing. The NDHT staff survey was remarkably good; one of the best in the South West.
- There are local services which are provided by communities, not purchased by the CCG, including websites. The CCG does have oversight of GP communications.
- Dr Womersley suggested an additional sum to be added to Council Tax to employ Community Connectors. The Head of Paid Service advised the

meeting that the authority was facing a 40% reduction in funding and local authorities were capped on Council Tax increases, although parish council were not. The priority of the local authority was to provide statutory services and other existing services, so there would almost certainly be nothing left over to fund Community Connectors.

- The CCG will support communities to the tune of £100,000 over the next year.
- A national programme is currently assessing social prescribing.
- With regard to the re-opening of beds at Holsworthy hospital, an assessment of local needs was being carried out and whichever organisation took on the management of the temporarily closed beds would need to demonstrate that the provision would be sustainable. This will be reviewed in the autumn. The beds were temporarily closed but will reopen when proved to be safe and sustainable.
- There is a plan for mobile visiting.
- Local authority funding cannot cross a boundary but health money can, which reflects the move to provide patients with choice.
- The recruitment campaign to bring in nurses from abroad had been successful in some areas.
- The CQC will be following up with the North Devon Hospital on the issues raised in their 2018 report.
- The Better Care Fund is money allocated to councils and is ring fenced to support and sustain social care and reduce pressure on the health service.
- If there is not enough social care, patients remain in hospital - integrated commissions will address this.
- There is a full system for carers' health checks and there is a duty of care and assessment.

The Chair thanked Dr Womersley and Mr Wright for the excellent presentation.

Dr Womersley, Mr Wright and Councillor Patrinos left the meeting.

61. 6 MONTH REVIEW OF IMPACT EVALUATION

Members recalled that in 2017 Mr Topham had reported to the Committee on an interview survey of TDC partners, following which he had developed a questionnaire for presenters to complete. A trial had run from May to December 2018, which covered 5 committee meetings and 8 presentations. The aim of the trial had been to test whether the procedure worked. The response had not been

encouraging, with only 3 forms being returned (digitally) out of 8. However, the information gleaned from the returns was very interesting.

Members discussed whether the trial should be extended for a further 6 months and whether a follow up to the initial letter and invitation to complete the form should be implemented. It was also suggested that a proforma should be given to presenters at the point at which they are invited to attend the meeting.

It was proposed by Councillor Pennington, seconded by Councillors Laws and –

Resolved:

- That the trial be extended for a further 6 months
- That a follow up be implemented

(Vote: For – unanimous)

Councillor Pennington and Mr Topham will liaise regarding the proforma.

62. HEALTH, WELLBEING & SOCIAL CARE (STANDING ITEM)

The Lead Member for Health & Wellbeing reported on an enquiry from the Office of the Police and Crime Commissioner about raising the council tax precept by 41p a week which would enable the Chief Constable to invest in 85 new police officers across Devon and Cornwall. Details will be provided in the Members' Bulletin.

The Head of Paid Service advised the Committee that this was something which would have to go public consultation.

63. EXTERNAL GRANTS WORKING GROUP (STANDING ITEM)

The Head of Paid Service confirmed that the External Grants Working Group had met and there will be a further meeting of the joint working group. There was no update at this stage.

64. PLAY AREAS WORKING GROUP (STANDING ITEM)

The Play Areas Working Group had met and, as a result, an item has been added to the Community & Resources Committee agenda which suggests external experts be commissioned to bring forward a play strategy which will be funded from the Local Plan budget.

Councillor Laws had attended the meeting and reported that it had been a very productive meeting and he gave it his full support.

The Head of Paid Service confirmed that the strategy will be purely for TDC and will relate only to areas owned by the Council.

65. CRIME & DISORDER SCRUTINY CTTEE (ANNUAL ITEM)

It was noted that that the Crime & Disorder Scrutiny Committee update will be replaced by an update on the Community Safety Partnership (CSP).

The Environmental Health & Community Safety Manager presented the report which illustrated the structure of the CSP, its members, priorities and achievements over the last year. The Safer Devon Partnership fulfils some of the statutory functions, such as strategic assessment and management of domestic homicide reports. The CSP was represented on the Safer Devon Partnership by the Chair of the CSP.

Funding for the CSP comes from the Office of the Police & Crime Commissioner (£12,500 to each local authority).

The Committee debated the following aspects:

- Road Safety – There was concern at the number of elderly people involved in road traffic incidents. The Environmental Health & Community Safety Manager stated that evidence was developing that the demographic of the area is related and there are schemes to aid older drivers to assess their driving capability.

Statistics suggest that a major factor in accidents on the link road is tiredness and lack of preparation.

- Barnstaple and Bideford bridges and suicide prevention - The Environmental Health & Community Safety Manager explained the measures taken to make access to the bridges more difficult. She also reminded Members about the suicide bite sized training sessions being rolled out in Torridge, which Members can attend.

The Environmental Health & Community Safety Manager added that the CSP is very well attended and is very effective, however, she took on board that it may be of benefit to invite the MPs too and she will broach this with the Chair of the CSP.

The Chair thanked the Environmental Health & Community Safety Manager.

66. CONSIDERATION OF THE FORWARD PLAN

The Head of Paid Service gave an update on the Appledore Shipyard, explaining that a lot was happening behind the scenes and reminding the Committee that the shipyard did not belong to Babcocks. The owners of the shipyard were looking, together with the South West Business Council, at options for alternative operators moving in. At this stage, there was little for the committee to scrutinise.

Members were informed about the task force and the involvement of various organisations and agencies who will be supporting the employees.

Clarification was provided by the Head of Paid Service that the Forward Plan should finish with the outgoing committee and recommence with the new committee, adding that there will be a training programme. She also elucidated on the scrutiny responsibilities of both scrutiny committees.

The Forward Plan was noted.

The meeting commenced at 6.00 pm and closed at 8.20 pm

Chair:

Date: