

TORRIDGE DISTRICT COUNCIL

OVERVIEW AND SCRUTINY (EXTERNAL) COMMITTEE

Riverbank House, Bideford, EX39 2QG

25 November 2015 at 2 pm

PRESENT: Councillor S Inch (Chair)
Councillors: P Pennington, R Darch, A Dart, A Eastman, T Johns
P Hackett (substituting for I Parker), A Whittle.

ALSO PRESENT: V Green – Strategic Manager (Services)
S Squire - Democratic Services Officer

Dr Chris Bowman – Interim Medical Director NDHCT
Dr John Womersley – Clinical Chair, Northern Devon CCG
Caroline Dawe – Managing Director, Northern Devon CCG
Rob Sainsbury – Director of Operations, NDHCT
Caroline Allen – Head of Communications, NDHCT

Liz Cassidy – Healthwatch Case Worker

Councillor M Brown

1 Member of the Public

The Chair welcomed everyone to the meeting and asked those present to introduce themselves.

40. APOLOGIES

Apologies were received from Councillors I Parker & J Langton-Lockton and Mr P Topham.

41. MINUTES

It was proposed by Councillor Pennington, seconded by Councillor Whittle and –

Resolved:

That the Minutes of the meeting held on 14 October 2015 be agreed and signed as a correct record.

(Vote: For 7, Abstentions 1)

42. ACTION LIST

Minute 36 – Funding for the NIA Project

It was asked if a reply had been received regarding the details requested for the 'in kind' funding received for the NIA project. Members noted that no reply had been received and it was agreed this would be followed up.

Minute 36 – DCC Rights of Way

Cllr Eastman advised Members that he had contacted the Rights of Way Officer and she was looking forward to receiving an invitation to attend the April meeting. It was agreed that an invitation would also be sent to Graham Cornish, NCN Project Manager, South West Highways regarding the footpaths.

43. DECLARATION OF INTERESTS

Declarations of interest were made as and when the specific agenda item to which they related was under discussion.

44. AGREEMENT OF AGENDA ITEMS PART I AND II

There were no Part II items.

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

There were no urgent matters.

46. QUESTIONS TO HEALTHCARE PROVIDERS

Councillor Pennington declared a personal interest as he works for Macmillan/CAB

Councillor Darch declared a personal interest as his partner works in the Care sector

Councillor Hackett declared a personal interest as his partner works in the Care sector

Councillor S Inch declared a personal interest as his daughter works for North Devon District Hospital

Cllr Pennington addressed the committee and those present and he made reference to the questions which had been circulated to the partners and providers of public health services - the Northern Devon Clinical Commissioning Group (CCG), Northern Devon Healthcare Trust (NDHCT) and Devon County Council (DCC). The questions had been formulated following a scoping meeting.

Cllr Pennington commented that this was a wide subject with many aspects and facets. He advised that as laymen, Members were approaching the subject from the point of view of the patient requiring healthcare.

A number of supplementary questions were asked and these were duly answered.

The following being a summary of the questions and responses received:

- That planning was needed for an increased and ageing population in Torridge and that there was a need for healthcare services to work together as they were inter-dependent.
- That the CCG were in favour of reducing the number of community hospital beds, although they withdrew from the consultation process over the pace of change being presented. It was noted that there was a recognised CCG Locality 'gateway process' and with regard to this there were concerns about the criteria not having been met. Reference was made to publicised CCG Board papers from May which clarified the gateway process.
- Mr Sainsbury advised that there had been some duplication in the care provided in the community and that changes had been made to minimise this. He added that this was not just a case of providing more but of working differently.
- That the increase in admissions over the winter period caused concern but that Barnstaple hospital managed well with the increase.
- Members were informed that the NDHCT had considered bed modelling and re-calibrated how they plan the day surgery area; reviewing this area as medical beds. It was noted that there were additional beds available in Holsworthy and South Molton and plans were in place for extreme circumstances.
- That neither the CCG nor NDHCT were responsible for providing domiciliary care. The NDHCT advised that there was a need for coordination from all sectors to provide a joined-up service and this would apply to the domiciliary care services, Devon County Council and voluntary services.
- It was suggested further use could be made of the key performance indicators to make sure, that as services changed, there was a measurement system in place.
- The healthcare providers present at the meeting, expressed an interest in becoming involved with One Bideford.
- Reference was made to the provision of care in the home and that this should be provided with an emphasis on the quality of care. It was discussed that there were concerns about the skill sets of carers, in particular with regards to care for dementia patients.
- It was asked how an assessment can be carried out to assess the level of quality of care being provided in the home; and also how the healthcare providers can help carers in the community to address issues such as dementia.

It was noted that there was a need for the provision of domiciliary care and community care to be better coordinated. Members were advised that DCC had set up a 'Carers Strategy' and added that Northern Devon were receiving a good service. It was noted that DCC were making procurements to improve their domiciliary care services.

- Assurances were asked for regarding any mistakes that occurred or issues arising causing concern, and that these be open for public scrutiny and lessons learnt.

Members were advised that the NDHCT published quality indicators which contain details of areas of concern. It was suggested there may be room for improvement with softer intelligence e.g. individual cases.

Councillor Dart left the meeting at 3pm.

- With reference to the 2014 Care Act, it was asked if there was any protection for particular areas of deprivation including Northern Devon. This being in relation to Torridge being part of Devon where social care would be mainly free but in other parts of Devon because of higher household income they would have to pay for social care; resulting in challenges to the healthcare package costs.

It was replied that there was a cost to the NHS and an element of risk around the assessment of this although there had not been a 'big wave' in Devon relating to claims.

- Following a question regarding what would happen if evidence showed that the changes being implemented did not work and whether the changes would be reversed; it was replied that lessons had been learnt from the changes that had been made, and they were looking at how they could improve moving forwards.
- It was asked how, in practical terms, care equipment would be operated in patients' homes e.g. hoists. Also how would the carers obtain the skill sets to operate these. It was replied that carer's skills were an area DCC were being pushed to improve and there was a need for these to be of a high level. Members were advised that the issues with home adaption were challenging.

A discussion followed and concern expressed regarding the transport system and carers' ability to reach patients in rural areas in the winter months during adverse weather conditions. It was suggested that communities could be asked to take ownership for their personal circumstances and they could be asked what plans they have in place.

The Chair asked the healthcare providers if they had any questions for Committee and invited them to make any comments.

There was a consensus that it would be beneficial to work together in the future and in particular with work on One Bideford.

The Chair thanked everyone for attending.

It was proposed by Councillor Pennington, seconded by Councillor Eastman and –

Recommended: That stronger links be formed so that TDC can feed in the needs of its community and seek to build stronger bridges between all healthcare providers whether public, private or third sector.

(Vote: For – Unanimous)

It was proposed by Councillor Hackett, seconded by Councillor Pennington and –

Recommended: That there should be greater recognition of the need to support carers and that TDC raise awareness of the groups in the area particularly in their support of carers.

(Vote: For – Unanimous)

It was proposed by Cllr Darch, seconded by Councillor Pennington and –

Recommended: That DCC ‘come on-board’ with other healthcare providers regarding implementation of care standards and encouragement be given to DCC to have increased communication with TDC.

In light of today’s discussion, External Overview & Scrutiny accept the apologies of Cllr Richard Westlake due to late notice, and also accept that it was unfortunate that Cllr Andrea Davis, Chair of DCC Health & Wellbeing Board, was unable to attend; but underline to all providers that it is necessary to talk together and that TDC seek to have round table talks.

(Vote: For – Unanimous)

The Strategic Manager (Services) advised that the management of carers would fall under the responsibility of DCC. It was suggested that TDC ask DCC for opportunities to contribute to their discussions regarding carers.

A discussion followed and it was suggested that there were two separate issues; care for the carer and TDC’s grant scheme. It was noted that there were opportunities to give grants towards community working, with a focus on voluntary organisations that provide support to carers. The Strategic Manager (Services) advised that the External Grants Working Group was currently reviewing all external grants and could be asked to consider funds that would be available to support care for carers. She added that any recommendation would be put to the Community & Resources Committee and subsequently to Full Council.

It was suggested that there may be a need for individual parishes to have greater awareness in their parish plans for the needs of their residents and carers. It was discussed that some responsibility could be given to parishes to be aware of residents with health issues and have contingency plans in place to help them. Members discussed that there was a need for Parish Councils to consider this issue and it was agreed that this matter would be included in Area Advisory Group agendas.

A discussion followed regarding identification of communities where there was isolation. The Strategic Manager (Services) advised Members that there was a template on the DCC website regarding Community Emergency Plans and this made reference to identifying vulnerable people in an area; she suggested it may be an option to promote this through Locality Working.

It was recommended by Councillor Pennington, seconded by Councillor Darch and –

Recommended: That encouragement be given to the TDC parishes to view and consider implementation of the Community Emergency Action Plan.

(Vote: For – Unanimous)

It was proposed by Councillor Pennington, seconded by Councillor Whittle and –

Recommended: To encourage healthcare providers to build upon the use of consistent Key Performance Indicator to have measurement of the direction of travel and to give an indication of the changes and impact on the TDC community.

(Vote – Unanimous)

47. EXTERNAL GRANTS WORKING GROUP

Councillor Pennington declared a personal interest as he works for Macmillan/CAB

The Strategic Manager (Services) presented this report and stated that a Joint External and Internal Overview & Scrutiny Working Group had met to review and recommend the amount of grants payable to Town and Parish Councils to offset the financial impacts of changes to the Council Tax Support Scheme.

After a brief discussion it was recommended by Councillor Whittle, seconded by Councillor Hackett and

Recommended:

That the overall level of funding support provided to Parish and Town Councils to offset the impacts of the CTS on their Council Tax bases be reduced by 50% to £43,565 in 2016-17 and to zero in 2017-18.

(Vote: For 6, Abstentions 1)

48. HEALTH, WELLBEING & SOCIAL CARE (Standing Item)

This item was not discussed.

49. FORWARD PLAN

It was agreed to move the 'review of Forward Plan items' to Cycle 7.

The Forward Plan was duly noted.

The meeting commenced at 2.00 pm and closed at 4.10 pm

Date

Chair