NORTH DEVON COUNCIL

Minutes of a meeting of the OVERVIEW AND SCRUTINY COMMITTEE held at the Brynsworthy Environment Centre, Barnstaple on Thursday 15th November 2018 at 2.00 p.m.

PRESENT: Members of North Devon Council

Councillor Patrinos (Chair)

Councillors Bonds, J. Cann, Chesters, Spear, White and Worden.

Also Present:

Councillors Mackie and Greenslade (present for minute 48 only).

Members of Torridge District Council

Councillors Hackett and Pennington.

Mr P. Topham, Non-elected Member

Officers

Head of Corporate and Community Services (KM), Head of Resources (JT) (Minutes 50 to 52 only) and Corporate and Community Services Officer (KJ).

Also Present

Ms S. Tracey	Chief Executive of Northern Devon Healthcare Trust.
Ms J. Newton	Head of Communications, Northern Devon Healthcare Trust.
Dr J. Womersley	Chair Northern Locality, NHS Northern, Eastern and Western Devon Clinical Commissioning Group (CCG).
Mr J. Wright	Head of Commissioning (North Devon), NHS Northern, Eastern and Western Devon Clinical Commissioning Group (CCG).
Mr K. Atkins	Information Officer, Healthwatch Devon.
Mr P. Keedwell	Director of Nursing, Devon Partnership Trust.

Mr P. Mantay	Director of Transformation, Devon Partnership Trust.
Mr R. Ashman	Save our Hospital Services.
Ms N. Pearson	Save our Hospital Services.

45 APOLOGIES FOR ABSENCE

Apologies for absence were received from Councillors Croft, Ley, Mathews, Roome and Webber.

46 MINUTES

RESOLVED that the minutes of the meeting held on 11th October 2018 (circulated previously) be approved as a correct record and signed by the Chairman, subject to the following amendments:

(i) The deletion of Councillor Webber from the list of those Members present.
(ii) The amendment of minute 41, first bullet point to read:

"At a recent meeting of the PCP not PCC"

47 DECLARATIONS OF INTEREST

There were no declarations of interest was announced.

48 HEALTH SERVICES

The Chair welcomed the representatives from various health organisations to the meeting. He explained the purpose of the meeting and advised that the Committee would pose questions to the panel in relation to various aspects of the health service.

The Committee posed the following questions to the panel:

1. *To: Northern Devon Healthcare Trust: How would you describe the adequacy of morbidity and mortality reports over the last several years?*

   The Chief Executive of Northern Devon Healthcare Trust advised that the reports indicated that the organisation was performing within the expected levels. Work was ongoing to develop governance structures to review the figures and patient safety.

2. *To: NHS Northern, Eastern and Western Devon Clinical Commissioning Group: Has "care closer to home" met its objectives, and what data do you base that opinion on?*

   The Chair Northern Locality of the CCG advised that the programme was reviewed in 2015 and that some elements of the five year plan had not been implemented and therefore the data hadn't been

collected. The CEO of The Healthcare Trust said that data had been collected in part and an impact assessment in eastern Devon had shown that there had been no affect as a result.

3. *To: Save our Hospital Services: How effective do you think "care closer to home" has been in meeting its objectives, and what do you base your opinion on?*

   The representative from Save our Hospitals advised that they had made extensive attempts to collect data in relation to care closer to home. They had undertaken a survey across Devon and the findings from the North Devon area highlighted issues with satisfaction levels relating to care closer to home. Whenever they were made aware of an issue they always encouraged the complainant to take the matter through the official complaints procedure.

   The Chief Executive of Northern Devon Healthcare Trust advised that the monthly survey for East Devon indicated that 95% would recommend the service with 97% of respondents indicating that they were treated with dignity and respect and that 89% of respondents felt well informed of the service.

   She acknowledged that there was a requirement to review how the Trust collected data and to improve areas of service and that they were committed to achieving that.

4. *To: Devon Partnership Trust and Northern Devon Healthcare Trust: What impact has the withdrawal of nursing bursaries had on staffing in your Trust?*

   The representative from Devon Partnership Trust advised that the withdrawal of nursing bursaries had impacted upon recruitment for educational progress and that currently 20 members of staff were undertaking qualifications in nursing.

   The Chief Executive of Northern Devon Healthcare Trust added that there were 45 places for nursing qualifications available each year and that with 35 employees enrolled for the current year, the Trust was feeling the impact of the withdrawal of the bursaries. The feedback that the Trust had received from employees indicated that training closer to home was an important factor.

5. *To: NHS Northern, Eastern and Western Devon CCG: How will an Integrated Care System affect services? Who are most likely to be the losers and winners?*

   The Clinical Chair Northern Locality advised that there were currently two CCGs within Devon. He added that the integrated care system was a mechanism for health providers and Councils to work together. He acknowledged that there were issues with the workforce at the current time and the risks associated with that.

He added that the winners would be the people of Devon but that the system was currently struggling to provide top quality services. Therefore a more efficient system with greater collaborative working was required. To avoid the risk of the loss of localism with the introduction of a Pan-Devon system, the organisations were looking at a place model at local authority level involving Plymouth, Torbay and Devon County Council. He acknowledged that a smaller sub place unit was required within northern Devon utilising the geographical areas of North Devon and Torridge District Councils and that having a strong local system would mitigate the risk considerably.

The representative from Save our Hospitals questioned whether integrated practices at administrative level would have an impact upon the service provided to patients.

The Clinical Chair Northern Locality advised that integration of service provision was vital and that all partners should work closely together to collaborate and provide better services. He added that the CCG was also exploring the option of GPs working across services to assist with the admissions and discharges from hospital.

6. *To: Save our Hospital Services: Why do you feel there is a need to campaign? What are you campaigning for?*

The representative from Save our Hospital Services advised that since 2016 when the Sustainability and Transformation Plan was introduced, patient experience had deteriorated.

He highlighted the performance statistics for the following services at the North Devon District Hospital:

- Performance was down 6% on the two year period for the four hour wait times in Accident and Emergency (A&E).
- Performance was down 6% for the 62 day cancer treatment target.
- Performance target for the 18 week target to be seen at the hospital was down by 12%.

He added that the information had been extracted from the Trust's Annual Report and that in the same two year period the Sustainability and Transformation Partnership (STP) had closed 213 beds. In April 2018 Trust Executives had acknowledged that there were insufficient beds within the system and brought those beds back into use. Official complaints to the Patient Advice and Liaison Service (PALS) were up 46%, with Clinical Services up 66% in the two year period.

The Chief Executive of Northern Devon Healthcare Trust acknowledged that performance standards had deteriorated, contributing factors included an increase in demand and workforce issues. The Trust had been working to improve the performance to bring them back in line with the national targets and were looking to improve the four hour waiting time target to 90% by March 2019.

The representative from Save our Hospitals thanked the Chief Executive of Northern Devon Healthcare Trust for her response.

7. *To: Northern Devon Healthcare Trust: What are the chances of a merger between Northern Devon Healthcare Trust and Royal Devon and Exeter Hospital? How might it affect services in the north?*

   The Chief Executive of Northern Devon Healthcare Trust advised that a collaborative legal agreement had been established for a two year period to stabilise the position of the North Devon District Hospital to address workforce issues and was not a merger. Work would be ongoing over the next 12 months, which could bring about the option for a merger but at the current time both hospitals were still operating as independent organisations.

8. *To: Devon Partnership Trust: The NHS workforce plan has identified over 20,000 vacant posts in specialist mental health services. How many of these vacancies are at Devon Partnership Trust and what affect does that have on the care received by patients?*

   The Director of Nursing, Devon Partnership Trust advised that there was a national shortfall in the NHS workforce particularly in the area of mental health. There was a 9-10% vacancy rate with North Devon particularly challenging given its distance from Plymouth. He added that the Trust was working to attract and train employees.

9. *To: NHS Northern, Eastern and Western Devon CCG: Do you intend to improve transport issues for people to get to Exeter?*

   The Clinical Chair Northern Locality advised that the CCG was working to deliver as much care within the North Devon area as possible and that there were patient transport services currently in place.

10. *To: Devon Partnership Trust: How and when will the Chancellor's Budget promise of an additional £2 billion over the next five years start to help people in north Devon?*

    The Director of Transformation for Devon Partnership Trust advised that they were currently waiting for a response from the Department of Health to find out how the funding would be allocated. He acknowledged the requirement to be mindful of their working relationship with other partner organisations to ensure that the funding was utilised to the greatest benefit of the people of North Devon.

11. *To: Northern Devon Healthcare Trust: As it was reported at the NDHT AGM that the recent programme of bed closures has been reversed how badly do you think the excess closures have affected your patients?*

    The Chief Executive of the Northern Devon Healthcare Trust discussed additional beds in acute hospitals and advised that there had been an

increase in demand at the North Devon District Hospital and there was a requirement of 20-30 beds within the system and that they were reopening closed wards to meet the demand.

12. *To: Northern Devon Healthcare Trust: The NDHT deficit for next year is budgeted to be £11.9 million. How long do you think this is sustainable, and what are the projections for future years?*

    The Chief Executive of the Northern Devon Healthcare Trust advised that the Trust would be working to address the deficit and meet the demands for the forthcoming year. She acknowledged that the financial deficit was not sustainable.

13. *To: NHS Northern, Eastern and Western Devon CCG: Have they decided whether they are going to restrict access to the recent list of procedures e.g. tonsils, grommets, etc?*

    The Clinical Chair Northern Locality advised that there was a list based on clinical evidence. In relation to tonsillectomies, the evidence indicated that nine out of ten procedures were unnecessary although one out of ten was very necessary. Each case would be considered based on the individual situation. Information in relation to such procedures had been gathered from across the country and there was evidence of some unnecessary procedures taking place and the CCG would be looking at safer ways to manage the issue.

14. *To: Devon Partnership Trust: Recent NHS England figures show that due to the lack of beds many under-18s with mental health problems are sent hundreds of miles away from home for treatment. This includes 225 in the NEW Devon CCG area and 224 in the South Devon & Torbay CCG area. A statement by the Department of Health and Social Care said: "It is completely unacceptable for patients to be sent away from their family and friends for treatment". What is being done to rectify this and how much will your efforts reduce the numbers of patients separated from their families?*

    The Director of Nursing for Devon Partnership Trust mental health stated that provision for under-18s did not fall within the remit of the Devon Partnership Trust and was managed by Virgin Care.

    The Director of Transformation for Devon Partnership Trust advised that they were in the process of working collaboratively with North Devon District Hospital with future aspirations to provide community based services to children and families.

15. *To : Healthwatch Devon: What are the three main problem areas reported to you, and what impact have you had in resolving the problems?*

    The Information Officer from Healthwatch Devon advised that their key areas of work involved mental health, dentistry and Doctors' appointments and collating evidence to share with various organisations. They had identified issues with the use of the online

prescription service, the difficulties faced with the recruitment of NHS dentists to meet the public demand. There had also been a rise in complaints in relation to GP appointments and there work would be undertaken to address the situation before it became a major issue.

16. To: Northern Devon Healthcare Trust: I understand that NDHT supplies some specialist services to Cornwall and the Isles of Scilly. Which services and is there an impact on North Devon patients?

The Chief Executive of Northern Devon Healthcare Trust advised that they had recently secured services in the areas of sexual health together with a new contract to provide sexual assault referrals.

The Head of Commissioning (North Devon) NHS Northern, Eastern and Western Devon CCG (who? Is this Wright?) advised that support to patients from other areas would not have an impact upon the service provided to the people of North Devon.

17. To: NHS Northern, Eastern and Western Devon CCG: Why is there such an inequitable difference in waiting times for surgery in different parts of Devon? One patient was told to expect a wait of around 18 months for foot surgery at NDDH but is having the surgery in Plymouth where the wait is no more than 16 weeks.

The Clinical Chair Northern Locality advised that whilst he could not report 19on specific cases, patients were able to access service for treatment and operations outside of the North Devon area. This however, was a personal choice for each patient where travelling times and costs would be taken into consideration. There was an aim to reduce the variation and to provide as many services within the North Devon area as possible.

18. To: Northern Devon Healthcare Trust: In what areas does staff recruitment and retention remain a problem and in what areas is there no problem? How severe are the problems in the problem areas?

The Chief Executive of Northern Devon Healthcare Trust advised that there were significant challenges in relation to medical vacancies and that the Trust was working collaboratively with the Royal Devon and Exeter Hospital to review the recruitment process. This would potentially involve joint posts across both hospitals and they were also working with universities to encourage graduates into the health service. She added that whilst there were still a number of vacancies, the Trust was in a slightly better position than some areas.

In response to a follow up question in relation to the impact of the BREXIT situation, she advised that 10% of the workforce within the Trust were from overseas and that the impact was being felt. However, she advised that employees were being supported and reassurance offered to prospective candidates.

19. *To: NHS Northern, Eastern and Western Devon CCG: Can you give us some idea of how this 5 year plan will be created and how it might impact on the people of North Devon?*

    The Clinical Chair Northern Locality advised that the five year plan would be created with local people in mind. Healthwatch Devon were involved and patient participation groups would be organised. Discussions would be held through the Patient Stakeholder Network, which was directed by the Director of Strategy at the CCG and the plan would be implanted with care.

20. *To: NHS Northern, Eastern and Western Devon CCG: In June the PM announced an average 3.4% increase in NHS funding up to 2023 which was confirmed in the Budget. Have you built a part of the £20.5 billion into your financial planning? If you have, what are your contingency plans if it doesn't materialise?*

    The Clinical Chair Northern Locality advised that some funding had already been allocated within the plan and the CCG was currently looking at how to spend the money. There were moves to shift funding towards hospital services. He assumed that having been promised the money would appear.

21. *To: NHS Northern, Eastern and Western Devon CCG: As each of England's 44 areas has to produce its own 5 year plan by Autumn next year do you feel the NATIONAL Health Service still exists?*

    The Clinical Chair Northern Locality advised that the NHS together with its needs and challenges had changed dramatically since its introduction in 1948. There had been a shift from a standalone health service to a total wellbeing service. Wellbeing as a concept benefited from early information, prevention and hospital care. He added that early prevention was the key to addressing the issues and that all parties working together as part of an integrated care system would benefit everyone.

22. *To: Healthwatch Devon: Your website says that over the last 5 year thousands of people have shared with you their experiences of how services can be improved. What improvements have you been a part of achieving?*

    The Information Officer from Healthwatch Devon advised that as an organisation they directed people to various services. They also prepared care quality reports to provide an update of what happened during the previous quarter.

    The Chairman questioned whether the Information Officer could provide any examples of any improvements that they had been involved in and the he advised that he was unable to report anything recently.

23. *To: Healthwatch Devon: Your website says you don't take any position on financing the NHS, or on privatisation. How do you deal with complaints from patients that relate directly to those issues?*

    The Information Officer from Healthwatch Devon advised that they directed complaints to the relevant PALS department or to the Citizens Advice Bureau.

24. *To: NHS Northern, Eastern and Western Devon CCG: What is the CCG view on the value of the zero suicide approach to people referred with mental health concerns and, if positive, do they have any plans to promote it in this area?*

    The Clinical Chair Northern Locality advised that the zero suicide approach was a sensitive subject that required a targeted but subtle approach. He added that it was about creating conversations and allowing people to talk more openly. He explained that it was part of every Doctors training to engage in conversations with patients but there was always room for improvement and the subject needed to be addressed.

25. *To: NHS Northern, Eastern and Western Devon CCG: What is the CCG view on the value of GP social prescribing (such as exercise, books, engagement with nature, welfare advice) and do they have plans to promote it in this area?*

    The Clinical Chair Northern Locality advised that early prevention was a key factor in dealing with an issue before it developed into something more serious. He added that instead of prescribing medication, Doctors were encouraged to socially prescribe. This involved engaging patients in social activities within their local area as studies had shown that contact with others was extremely beneficial to the improvement of wellbeing.

26. *To: Northern Devon Healthcare Trust: Virtual Care through internet technology - The NDHT reported at their AGM that 2,500 people are receiving care in their own homes at any one time, and the recruitment of carers is an ongoing problem. Additionally statistics reveal that 60% of patients would like to die in their own homes with 50% currently dying in hospital. With the advancement of superfast broadband in our rural communities in recent years, is it possible to develop a "hospital hub" or "virtual hospice" as set up in Airedale NHS Foundation area and in Cumbria, which both experience the same rural challenges as Northern Devon. There is also the "Gold Line" model where patients in the last year of life have a dedicated phone line to clinicians backed up by an internet visual link. This would allow carers to flex up at times of need, and maintain contact through a virtual presence to allow patients reassurance and connectivity as necessary. This could allow patients to remain where they want to be and could also cut emergency admissions to A&E. Has the Trust investigated this option?*

The Chief Executive of the Northern Devon Healthcare Trust advised that the NHS had not done as much as it could have to embrace Virtual Care through internet technology and added that the Trust could learn from practices in other areas around the country. She explained that having the right technology in place was a key factor for success and that capital funding was required to prioritise the digital strategy and that work to improve that was in hand.

27. *To: Northern Devon Healthcare Trust: Care Closer to Home - "spot purchasing" of nursing beds in Residential Care Homes. There are no longer any in patient community hospital beds within Torridge. It was reported at the NDHT AGM that medical recruitment is "extremely challenging", which reflects the national picture, and despite bringing in foreign nurses to fill vacancies there is likely to be an ongoing shortfall of nursing cover of around 30 in the NDHT area.*

Statistics reveal that people want to be in their own homes, or failing that be as close to their home as possible both in location and environment, which also allows for the ease of visits for friends and relatives with transport difficulties and the added potential for pets to remain close which would not be possible within a clinical hospital. Mindful that any plan to reopen any community beds within Torridge area is going to be (as reported at the AGM) "difficult and challenging", what investigation is being done into the spot purchasing of beds in Residential Care Homes that can be utilised as nursing beds by the utilising of community nursing and doctor cover? This would allow patients to remain close to home, and would allow bed numbers to be flexed as demand required which would be more economic that having a fixed number of inpatient beds in multiples of 8.

The Chief Executive of Northern Devon Healthcare Trust advised she could not add anything further, accept to say that the NHS wanted people to remain in their own homes and that a hospital stay should not be necessary unless acutely required. Studies had shown that patients recover far quicker in their own homes and that the NHS needed to think more broadly in relation to how care was provided.

The Clinical Chair Northern Locality advised that the Better Care fund could be utilised to spot purchase beds and that there was an ongoing pressure within that area. He added that additional plans could be put in place for patients to avoid admission to hospital in the first place with alternative services available to patients within their own home.

28. *To: Northern Devon Healthcare Trust: Orthopaedic Surgery within Northern Devon.The NDHT AGM reported that waiting times for orthopaedic surgery were increasing with anecdotal evidence of patients waiting around 10 months for knee and hip replacements. Delays have been reported in getting assessed to get on the waiting lists. The Trust accepts that waiting times are increasing and some patients are electing to go to Shepton Mallet for surgery, some at their own cost. There have been instances where one knee has been replaced and the other left for some considerable time which has prevented the patient getting mobile*

again. One constituent has told me that a spouse has become "virtually immobile" because of the wait and this has led to depression due to the deteriorating physical condition, which adds to the financial cost of treatment. As the Trust recognises this problem is it prioritising recourses to this area and what additional methods can be used to shorten the waiting lists? (E.g. utilising private medical cover such as BUPA).

The Chief Executive of Northern Devon Healthcare Trust advised that there had been increases in waiting lists and that that had to be considered in context against increasing demands and a shortage of staff. The Trust was working to keep waiting time levels static at 4% growth particularly within the area of Orthopaedics. She acknowledged that timescales were increasing.

In response to a further question in relation to the position in two years' time. She added that the Trust would be reviewing its working practises together with training and skills base to address areas of concern and that Orthopaedics was an area that was feeling the impact across the country.

29. *To: Northern Devon Healthcare Trust: Mental Health priorities - Depression is reportedly the leading cause of people visiting their GP. Suicide is a tragic and avoidable loss of life with over 100 cases a year in Devon alone (with additional number of undetermined cause of death which may be suicides) and within Devon, which has an elevated suicide rate above the national average, Northern Devon is a hot spot within the county. Superintendent Toby Davies from Barnstaple reported that he had over 80 reports linked with people threatening to jump off Taw Bridge in Barnstaple alone. People with chronic mental health issues can deteriorate which can impact on other people and agencies - over 40% of Police call outs are for mental health issues. Accepting that Andy Ibbs reported at the NDHT AGM that half those who take their own life have no contact with the health service, and that there are staffing shortages within Health Care, how can the Trust reduce the 18 week plus waiting times and give longer periods of positive intervention to protect and continually monitor vulnerable people with severe needs?*

The Director of Nursing Devon Partnership NHS Trust advised that Mental Health priorities was the responsibility of all healthcare providers. He added that work was ongoing across the county in relation to a joint Suicide Alliance with work to reduce incidents of occurrence as a community and provide appropriate responses. Contact numbers for the Samaritans were located in areas were potential incidents could occur and the message was to give people a sense of hope. He explained that rural communities had higher suicide rates and was an area that required further support.

Councillor Hackett, Member for Torridge District Council advised that he had written to the Suicide Minister to highlight the issue.

The Clinical Chair Northern Locality advised that there was a requirement to enable people who would not go through the health service to have a voice and get the help that they need. The Suicide Alliance was available within organisations to allow employees to approach colleagues if they were feeling suicidal and re-emphasised that early intervention was key.

30. *To: Northern Devon Healthcare Trust: NHS National Funding Formula - Alison Diamond reported in March 2017 that Devon received only half the money for preventable health care than average. Mindful of the increasing number of homes being built in Northern Devon as evidenced by the recently adopted Local Plan, and by the increasingly large cohort of elderly residents as identified in the JSNA. For the first time the life expectancy of Devon's residents has begun to fall after rising in recent years at a rate of four hours per day. Doctor's lists are rising to 3,000 plus in places and the Trust is only achieving a surplus due to saving on staffing costs caused by a shortage of doctors and nurses. Do the health agencies here today believe that National Funding Formula disadvantaged Northern Devon and if this is the case how can Devon's case be best advanced?*

The Clinical Chair Northern Locality advised that the NHS National Funding Formula was discussed by representatives from the Trust in London. The funding was allocated to the CCG in Devon on an annual basis and the level of funding was set at the present time and organisations had to work within its limits and it was not within their power to change the funding. He added that there was also a shortage of Neurologists within the North Devon area.

31. *To: Northern Devon Healthcare Trust: It is accepted that health is a partnership between the individual, Local Authorities and the NHS, with only 10% of health outcomes are the responsibility of the NHS. Living for a long time in good health is the most positive outcome, and 60% of health determinates being socio/economic, with deprivation being a key negative factor. Nationally one child in three is obese by the age of eleven, asthma is costing the NHS £2 billion per year. The world is "slowing down" - people need to take more exercise and lead healthier and active lifestyles. As this is hopefully a major step forward in partnership working with all the medical agencies getting round the table at the same time, how can we (the Councils) help the clinicians get the best outcomes for our residents?*

The Clinical Chair Northern Locality advised that partnership working of organisations such as One Northern Devon, Northern Devon Healthcare Trust, Devon Partnership Trust, Voluntary Sector, Police and Fire Service should also include education. He added that 10% of health outcomes were the responsibility of the NHS. By working together the organisations could deliver a different system to empower local communities to have a greater voice. He emphasised the importance of North Devon and Torridge District Councils being involved in One Devon to work with the local community. Mental Health was a significant

part of general wellbeing together with exercise with 30% diseases preventable through a healthier lifestyle.

The Chairman asked further questions of the Panel and the following answers were given:

- What was the likelihood that beds from North Devon District Hospital would be transferred to the Royal Devon and Exeter Hospital?
  The Chief Executive of the Northern Devon Healthcare Trust advised that it was a possibility if there were not sufficient staffing levels to deliver the services at North Devon District Hospital. There were no plans in place at the present time, however the Trust would need to change the way that the service was provided.

- Why did the CCG not collect data in relation to the effectiveness of Care Closer to Home?

  The Clinical Chair Northern Locality advised that Care Closer to Home wasn't implemented and recognised the funding transfer from acute services within the community. They were now starting to collect data in relation to re-admittance rates and out of hospital services.

- Why was Care Closer to home never implemented?

  The Clinical Chair Northern Locality advised that Care Closer to home was much broader and covered other aspects of the service. Community hospital beds had been closed but in-patient beds were not an issue.

  The Chief Executive of Northern Devon Healthcare Trust added that £130k had been offered to support the community hospital beds following their closures.

- Can you demonstrate that Care Closer to Home is working for its recipients and what about the cases where the process has failed?

  The Clinical Chair Northern Locality advised that the information would be contained within the statistics of the complaints process. He added that the Trust wanted to hear from people where the system had failed.

- There had been a lot of discussions over the previous 18 months in relation to services being transferred to the Royal Devon and Exeter Hospital. New homes were still being built, which would increase the demand on the hospital. What are your thoughts on this?

  The Clinical Chair Northern Locality advised that the shortage of staff was an ongoing issue, particularly in the areas of District Nursing and therapists for which recruitment was an issue. He added that the delivery of key services locally such as Maternity and time critical services were vital.

- Was there any data in relation to cancelled appointments, waiting times and the updating of records following bereavements?

  The Chief Executive Northern Devon Healthcare Trust explained that those issues were monitored by the Trust Board together with waiting times and appointment cancellation data. She added that there was a growing demand and a reduced workforce.

- The Ear, Nose and Throat (ENT) was transferred to the Royal Devon and Exeter Hospital. Will this service be brought back to North Devon?

  The Clinical Chair Northern Locality advised that services that were not regularly used within the North Devon area were better placed to be delivered by a specialist centre. He added that the service was transferred to Exeter following the non-recruitment of a Consultant at the North Devon District Hospital.

- Was there an argument to say that North Devon District Hospital was not providing the correct level of services and that people were losing their lives unnecessarily?

  The Chief Executive of Northern Devon Healthcare Trust advised that there was a requirement to understand the testing of services to ensure that the Trust was meeting the needs in relation to patient waiting times and cause of death. She added that the Trust was looking into the waiting list for cardiology at the Royal Devon and Exeter Hospital.

- The Acute Services review raised a lot of concerns within the North Devon area. Repatriation of some acute services to North Devon would be a positive step, was there any work ongoing to deliver that?

  The Chief Executive Northern Devon Healthcare Trust advised that the Trust would like to bring as many services as possible within the parameters of patent safety, which was a fundamental principle. For services such as the ENT service and breast surgery that could be achieved via joint appointments between the North Devon District Hospital and the Royal Devon and Exeter Hospital.

  She added that the priorities set by the Trust Board covered the following areas:

  - Maternity services.
  - Care of the elderly.
  - Oncology.
  - Radiology.
  - Stroke Services.
  - ENT Services.

  She acknowledged that the population within the northern and eastern Devon patch was growing and would continue to do so and that the Trust would need to respond to the increase in demand for services.

The Trust would need to review population growth against the delivery of health services together with the technology available to deliver the services.

- There were a number of GP practices closing in rural areas, why was that?

  The Clinical Chair Northern Locality advised that there was no evidence to suggest that the practices were closing more in rural areas than in urban areas. However, there was a requirement to improve access to services and work to address that commenced in October 2018 with GP practices opening from 8.00am to 8.00pm weekdays in some areas and also 9.00am until 5.00pm on weekends for diabetic appointments etc. He added that within the Plymouth area several GP contracts had been handed back to the CCG and that they were currently working to remedy the situation.

- There were a number of carers looking after elderly relatives whilst in advancing years themselves, which had an impact upon their own health. What was being done to monitor those people?

  The Clinical Chair Northern Locality advised that a carers list was held and monitored by GPs and all carers received an annual health check.

The Committee thanked the members of the panel and Councillors from Torridge District Council for their attendance at the meeting.

49 ADJOURNMENT OF MEETING

RESOLVED that the meeting be adjourned to enable a five minute comfort break.

RESOLVED that the meeting be re-convened to consider the remaining business.

50 PERFORMANCE AND FINANCIAL MANAGEMENT REPORT QUARTER 2 2018/19.

The Committee considered a report to the Executive on 5th November 2018 by the Leader and Executive Team together with a minute extract (circulated previously) regarding the Performance and Financial Management Quarter 2 of 2018/19.

The Head of Resources gave a presentation to the Committee relating to the Performance and Financial Management Quarter 2 of 2018/19. He drew the Committee's attention to the following:

- As at 30 September 2018, the latest forecast net expenditure was £12.247m, an overall forecast net budget deficit of £0.027m.
- The "Recycle more" service changes were introduced on the 5th June 2017; the take up of the new garden waste service had exceeded the

Council's expectations, 2017/18 saw a total sign up of 17,320. This year's income had exceeded last year's total already by 212 permits to date.

- Within the overall £0.027m net budget deficit there were various one-off savings offsetting the Waste and Recycling unit overspend of £0.290m, waste and recycling increased costs had arisen from:

    - Within the Works and Recycling employees overspend there were additional costs relating to job evaluations for the operational staff.
    - The first half of the year had seen particular pressure on high levels of vehicle maintenance costs, diesel costs and overtime, these were now being monitored closely. The vehicle replacements within the capital programme had been bought forward from future years to help mitigate those costs, although the increasing cost of diesel continued to be a concern.
    - The sale of recyclable materials was an uncontrollable variable where the Council had seen recent negative volatility in income, in particularly cardboard and paper.
    - The amount of extra income in relation to the Shared Savings Scheme with Devon County Council for 2017/18 had now been confirmed and had resulted in an additional £0.049m over and above the year end accrual and based on this additional income the Council had also estimated an additional £0.035m for 2018/19.

- A capital funding bid for a further £0.133m was submitted to the Project Appraisal Group (PAG) in relation to the Ilfracombe Harbour Kiosks. If approved, that would provide the Council with an opportunity to re-provide the Kiosks in a more functional "fit for purpose", attractive, commercial and practical manner and at the same time open up the access to the Pier which would alleviate traffic congestion and ease pedestrian access. This project scored high and had been put forward by the Project Appraisal Group for funding as it contributed towards the Council's corporate objectives.
- There was a typographical error on page 25 of the report under Service Plan Actions (16) requested revision to due dates. Code HR 03 16/17, the due date should state March 2019 not March 2018.
- On page 33 of the report under Table F: Key Performance Indicators, Performance Indicator code L82(i) Total percentage domestic waste recycled or composted, the 2017/18 year end result should show 45.01%.

In response to questions from the Committee, the Head of Resources confirmed that:

- The annual turnover from the new garden waste service was £600k per year. However, the Council did not make a profit from that income, it contributed to the running costs. Following the requests from the public

in 2017 to extend the collection period over the winter months, only the months of December and January were collected every four weeks.

- The potential costs for the new Leisure Centre were currently being reviewed and modelling undertaken. A grant of £1.5m had been awarded by Sport England and further applications submitted to the Coastal Communities Fund. The Council were working to ascertain whether the construction costs could be reduced further. In terms of the potential borrowing costs to the Council, financial modelling work was ongoing with an update due in the new year.
- The existing contract for the operation of the current Leisure Centre had been taken on by a charitable trust. There was a saving in terms of some running costs. However, the Council would lose some income from business rates due to rate relief but the management fee paid by the Council to the operator would also subsequently reduce, which was cost beneficial to the Council. He added that there would be increased maintenance liabilities in the final 18 months of the contract.
- The Council was currently awaiting guidance from Government in relation to the Housing Infrastructure Fund and how the funding would be recycled.
- The Council should be notified of its funding for the forthcoming year on the 6th December 2018.
- The Council was currently awaiting confirmation as to whether its application for pilot for business rate retention of 75% in 2019/20 was successful and had once again applied as part of the Devon group.
- In terms of the Budget, Council Tax Base would be set at Full Council in January 2019 with the 2019/20 Budget for Full Council in February 2019.

RESOLVED that the decisions and recommendations of the Executive be endorsed.

51 POLICE AND CRIME COMMISSION UPDATE

The Vice Chairman would provide an update to the next meeting of the Committee.

52 WORK PROGRAMME/FORWARD PLAN

The Committee considered the Work Programme / Forward Plan (circulated previously).

The Chairman considered a request to invite members from Torridge District Council to the meeting on 10th January 2019 where discussions would be held in relation to the impact of the Agricultural Sector on the Northern Devon Economy.

The Committee also noted the requirement for an additional meeting in January 2019 to discuss the Service Plans.

RESOLVED:

(a) that the Work Programme be noted;

(b) that Members from Torridge District Council be invited to attend the meeting on 10th January 2019; and

(c) that an additional meeting to discuss Service Plans be arranged for January 2019 and that the Chair and Vice Chair meet with the Head of Corporate and Community Services to discuss the format of the meeting.

Chairman
The meeting ended at 4.47 p.m.
NOTE: These minutes will be confirmed as a correct record at the next meeting of the Committee.