

NORTH DEVON COUNCIL

Minutes of a meeting of Policy Development Committee held at Barum Room - Brynsworthy on Thursday, 18th November, 2021 at 10.00 am

PRESENT: Members:

Councillor D. Spear (Chair)

Councillors Bulled, Campbell, Mackie, Walker and York

Officers:

Director of Resources and Deputy Chief Executive, Head of Governance and Accountancy Services Manager.

Also Present:

Councillors Pearson and L. Spear.

Members of the public attended the meeting virtually.

26. APOLOGIES

Apologies for absence were received from Councillors Hunt, Jenkins, Luggar and Roome.

27. TO APPROVE AS A CORRECT RECORD THE MINUTES OF THE MEETING HELD ON 9TH SEPTEMBER 2021 (ATTACHED).

RESOLVED, that the minutes of the meeting held on 9th September 2021 (circulated previously) be approved as a correct record and signed by the Chair.

28. DECLARATIONS OF INTEREST.

Councillor Pearson declared a personal interest in item 6 on the agenda as a member of the Save our Hospitals group.

29. NHS BILL

The Chair welcomed Tim Golby, Locality Director for Northern Devon Local Care Partnership. Representing the Health and Care System to the meeting.

The Locality Director for Northern Devon Local Care Partnership outlined his role and background to the Committee.

He highlighted the following points to the Committee:

- On 6 July 2021, the Health and Care Bill was published with proposals to promote more joined-up services and to ensure more of a focus on improving health through Integrated Care Systems rather than simply providing health care services.
- It contained new powers for the Secretary of State over the health and care system, and targeted changes to public health, social care, and quality and safety matters.
- The Bill proposed substantial changes to how the NHS in England was organised. There were proposals to abolish Clinical commissioning groups and introduce new Integrated Care Boards (ICBs).
- The Bill had not yet been approved, and as such the system was preparing to implement changes as the Bill made its way through parliament.
- Integrated care systems (ICSs) were new partnerships between the organisations that met health and care needs across an area, to coordinate services and to plan in a way that improved population health and reduced inequalities between different groups.

He added that in Devon they had been building the foundations towards an ICS for the past four years. This work included the following:

- Built strong partnerships between organisations –including joint posts between the NHS and local authorities.
- Established a new collaborative agreement between three of the hospital providers.
- Merged two of the CCGs to enable them to commission services more effectively across the whole county.
- Forged strong links with their Voluntary, Community and Social Enterprise (VCSE) partners.

He explained that the Integrated Care System in Devon would be led by the NHS Devon Integrated Care Board and the Devon Integrated Care Partnership that was currently being developed.

Each ICS would have a Partnership at system level established by the NHS and local government as equal partners.

The Partnership would operate as a forum to bring partners together across the ICS area to align purpose and ambitions with plans to integrate care and improve health and wellbeing outcomes for their population. The partnership role would include:

- Bringing together NHS, local government and others to integrate care and improve health and wellbeing.

- Development of an Integrated Care Strategy.
- Must include local authorities in Integrated Care System area and local NHS, but wider membership for local determination.
- Chaired jointly selected by NHS and local authority.
- Role in hearing lived experiences, building on existing engagement.

He added that this also included the collaboration of the NDDH and R&DE hospitals to form an integrated Health Partnership.

He outlined the benefits of an integrated care system, as follows:

- Setting strategic objectives and outcomes to improve the health and wellbeing of the Devon population.
- Determining the allocation of resources to “places” through Local Care Partnerships.
- Ensuring that health inequalities were addressed across Devon.
- Seeking to influence the application of resources from areas outside health and social care that have a direct impact of the health and well-being of the population (such as housing, employment and education).
- Supporting the spread and adoption of best practice.
- Assuring delivery of expected improvements in outcomes, within their resources and to agreed performance, quality and regulatory standards.
- Ensuring active and effective stakeholder engagement and public participation at system level.

He explained how the Integrated Care System would work and explained that it worked on three tiers, which would work together at different levels with the majority of the work delivered locally.

There were 31 neighbourhoods of 20,000–60,000 people, which was defined by their Primary Care Networks (PCNs) which were groups of 3-6 local GP practices that worked together. At that level, general practice would be strengthened by working together in PCNs.

Local Care Partnerships – There were five locations with populations between 160,000 – 370,000. At that level, health and social care would work together more closely. A sixth Local Care Partnership would be focused on Mental Health.

There was one system with a population of 1.2 million. At that level, strategic planning and improvements could take place for the benefit of all as well as having an overview of system finance and performance.

The Integrated Care System in Devon was a partnership of health and social care organisations working together with local communities. The partnerships did not end at their borders. Collaborative provision and commissioning in physical and mental

health included longstanding relationships with the Cornwall and the Isles of Scilly ICS and at a regional level.

One Northern Devon was a partnership of public and voluntary sector partners working together to improve wellbeing in North Devon and Torridge.

The aim was to reduce health inequalities through co-ordination of the activity of all partners involved in the wider determinants of health and an approach that was person-centred and place-focussed.

There was a programme of activity coordinated by the One Northern Devon Board around health and wellbeing.

One Northern Devon had a 10 year wellbeing strategy agreed with all partners in 2020.

One Northern Devon strategy was aligned to Devon Health and Wellbeing strategy and developing Devon Long Term Plan.

Work streams were already in place led by range of partners (not just NHS).

He explained that they were currently working towards the following:

- The safe and legal transfer for CCG functions and establishment of ICS governance.
- Refresh of and engagement on Devon's Long Term Plan.
- Support to the development of Local Care Partnerships to enable delegations from System to Plan at an appropriate and realistic pace.
- Sustaining and supporting the Health and Care workforce.
- Integrating our infrastructure (digital, estates, workforce, finance).
- Broadening their professional leadership and inputs beyond the emphasis on 'clinical' to greater inclusion of multi-professional expertise.

The Chair invited each member of the public attending the meeting virtually to introduce themselves.

In response to a number of questions, the Locality Director for Northern Local Care Partnership advised the following:

- There would still be a National Health Service in place from February 2022 and that would not change. The service would continue to be free at the point of delivery. However, there was currently a

shortage of healthcare workers to undertake the workload. The aim of the Integrated care system was to provide an holistic service across the country.

- Primary Care Networks (PCNs) were groups of 3-6 local GP practices working together. An appointed Clinical Director would ascertain what could be delivered together through their work with individual practices and would allow them to work together for mutual benefit.
- Acknowledged the pressure that the primary care sector was currently under and explained that the objective of the Bill was to bring coherence to the planning of services. The intention of the Bill was to be a devolution to local communities to assist and shift working within the policy framework that already existed.
- The whole package of terms and conditions of employment for healthcare workers was currently being reviewed and salaries would form part of that review.
- Decisions taken in relation to infrastructure and tendering were overseen by Devon County Council, Plymouth City Council and Torbay Council, who were all fully engaged in the consultation process. He added that he would feed back the question of District Council's involvement as consultees to Devon County Council.
- He explained that his role was to work as a local officer within a set policy and to deliver what he could at local level within that policy.
- In terms of the procurement process and what could be done to make it more transparent, he explained that they were looking to collaborate to provide services at local level.
- One of the main issues with attracting people to roles within the healthcare provision in the North Devon area was the levels of pay and the high living costs. Many roles were filled by people who were already based in the area. In order to attract people to come and work within the local area, the right package needed to be presented and this would involve a review of values and terms and conditions to address a shortage in all areas of the healthcare system.
- He agreed that even the prices of affordable homes were too high for local people to afford and that it would add to the recruitment problem.
- One North Devon was funded through partnerships working together and investing in schemes from the Care budget.
- The systems for mental health, disability and autism would be incorporated into one single county wide system with the work being done at county level through the partnership trust. He advised that he could report back to the Committee in relation to timescales.
- Questions related to pay and working conditions would need to be put to the local MP for political representation at national government level and then onto the pay body responsible.

The Director of Resources and Deputy Chief Executive added that raising salaries alone wasn't going to solve the problem and that the provision of key worker housing was a vital element to ensuring the supply of affordable property. He explained that

the Council was already engaged in the early stages of facilitating Housing forums with key stakeholders to start to address the challenge.

The Chair added that the Council was working hard to solve the housing problem within the North Devon area.

Questions from members of the public:

Sue Matthews, representing the Save our Hospitals Group addressed the Committee.

She requested clarification in relation to the payment of health and social care people of Devon in an expanding population and how could services be delivered without rationing?

The Locality Director for Northern Local Care Partnership advised that they were currently looking at different models for support and care. He added that one option was a greater support in the community rather than within the acute system. This would involve looking at a best fit model for support services within Devon, rurality was also an issue in Devon and an example of this was the current requirement for many people to travel long distances for medical appointments.

Dr Finola O'Neil addressed the Committee.

She requested clarification as to whether there was a plan in place for diagnostic facilities and a method to escalate issues to government that could not be addressed at local level?

The Locality Director for Northern Local Care Partnership advised that the Nightingale Hospital in Exeter was to be re-purposed to as a diagnostic centre to address the backlog of waiting patients.

Elisabeth McElderry addressed the Committee regarding the regional structure overarching seven ICS's in North Devon.

She questioned how independent North Devon would be in making its own decisions?

The Locality Director for Northern Local Care Partnership advised that services would operate within the parameters set by the Secretary of State.

He added that he was happy to attend a future meeting of the Committee if required.

The Chair thanked the Locality Director for Northern Devon Local Care Partnership for his attendance at the meeting.

RESOLVED:

- (a) That the presentation be noted;

- (b) That the members of the public provide their email addresses and that the presentation be circulated to them;
- (c) That the Locality Director for Northern Devon Local Care Partnership be invited to attend a future meeting of the Committee; and
- (d) That the minutes of the meeting be made available to the Local MP for North Devon.

Councillor Spear declared a personal interest as an owner of rental property.

Councillor Walker declared a personal interest as a PPG member at Fremington Medical Centre.

30. PERFORMANCE AND FINANCIAL MANAGEMENT QUARTER 2 2021-22

The Committee considered a report by the Director of Resources and Deputy Chief Executive to the Strategy and Resources Committee of 1st November 2021 together with minute extract regarding Performance and Financial Management Quarter 2 2021/22.

The Accountancy Services Manager outlined the report and drew the Committee's attention to the following points:

- The revenue budget for 2021/22 was approved at Council on 24th February 2021 at £13,639,000.
- As at 30th September 2021, the latest forecast net budget was £13,617,000, which produced a forecast budget surplus of £22,000. Details of which were shown in Appendix A of the report – Variations in the Revenue Budget.
- There was still pressure on the 2021/22 budget due to the Covid-19 pandemic with continued additional costs being incurred and forecast decline in core income sources.
- Included within the approved budget the Council factored in a government grant in relation to Covid-19 pressures of £536,710 and also budgeted for £375,000 of additional costs and reduced income, these were already incorporated into Appendix A of the report together with the latest forecast for each service area.
- The above grant of £536,710 was approved and received and the Council were also anticipating £80,000 re-imburement for Q1 loss of Sales, Fees and charges, from the continued Government 75% income reimbursement scheme, this was an estimate as the scheme was extended to include the period April to June 2021 only.
- At the end of 2020/21 the Council placed £375,000 into a Covid Budget management reserve to help mitigate any further adverse variances due to the pandemic in 2021/22, this future protection was still available if required.
- As at 31st March 2021 the Collection Fund reserve balance was £9,810,252. This earmarked reserve was created to deal with the timing impacts of the

Collection Fund (Business Rates), which ensured the revenue budget was not unduly affected in the year the taxes were collected. Collection Fund deficits/surpluses were reversed out to bring the revenue account back to the budgeted figure for the year; the deficits/surpluses were recovered/distributed in the following financial years. This reserve included an £8,660,000 balance that would be utilised in 2021/22 and 2022/23 to mitigate timing differences of business rate reliefs awarded in 2020/21 that from an accounting perspective impact over the next two financial years; thus leaving the fund reserve with a residue balance of £1,150,000 protection against future volatility.

- An additional provision had been included within the forecast figures shown in Appendix A for the National Pay Award potentially being settled higher than the original 1% budgeted amount. Negotiations were ongoing between the Unions and the Employers and the Council would reflect the outcome of those discussions within the next report.
- The 2021/22 Capital Programme was attached to the report as “Appendix D – Capital Programme 2021/22”.
- The Budget and Financial Framework report to Full Council 24th Feb 2021 outlined the Capital Programme for the 2021/22 financial year of £22,419,916. Project underspend of £917,121 were bought forward from 2020/21 year and further variations of £1,479,065 were approved as part of the performance and financial management report to Strategy and Resources Committee, to produce a revised 2021/22 Capital Programme of £24,816,102.
- Overall variations of £4,213,427 were proposed to the 2021/22 Capital Programme as detailed within the report.
- The revised Capital Programme for 2021/22 taking into account the budget variations above was £29,029,529.
- Actual spend on the 2021/22 Capital Programme as at 30th September 2021 was £4,292,304.
- The overall Capital Programme for 2021/22 to 2024/25 was £46,151,018 and was broken down as follows:
 - 2021/22 £29,029,529
 - 2022/23 £9,692,423
 - 2023/24 £6,717,192
 - 2024/25 £711,874

RESOLVED that the decisions and recommendations of the Strategy and Resources Committee be endorsed.

31. MID YEAR TREASURY MANAGEMENT REPORT 2021-22

The Committee considered a report by the Director of Resources and Deputy Chief Executive to the Strategy and Resources Committee of 1st November 2021 together with minute extract regarding the Mid-Year Treasury Management Report 2021/22.

The Head of Governance outlined the report and drew the Committee’s attention to the following points:

- The Treasury Management Strategy Statement (TMSS) was approved by Full Council on 24th February 2021.

- The previously approved TMSS required revision in light of economic and operational movements during the year. He outlined the proposed changes as set out in table 4.1 of the report.
- The forecast Capital Financing Requirement had increased by £6.2m from the original budget. The main reason for this increase was the additional capital budget of £9m for the acquisition of a strategic asset, offset by £1.4m slippage on the new Leisure Centre budget and £1.2m slippage on the Watersports Centre budget. These two budgets had been re-profiled into the 2022/23 capital programme.
- The Council's forecast capital financing requirement (CFR) for 2021/22 was £23.6m. The CFR denoted the Council's underlying need to borrow for capital purposes. If the CFR was positive the Council may borrow from the Public Works Loan Board (PWLB), or the market (external borrowing), or from internal balances on a temporary basis (internal borrowing). The balance of external and internal borrowing was generally driven by market conditions.
- At present, the Council had projected total external borrowing of £17.5m and utilising £6.1m of cash flow funds in lieu of borrowing (internal borrowing). This was a prudent and cost effective approach in the current economic climate but would require ongoing monitoring of economic conditions.
- Debt rescheduling opportunities had been very limited in the current economic climate and following the various increases in the margins added to gilt yields which had impacted PWLB new borrowing rates since October 2010. No debt rescheduling had therefore been undertaken to date in the current financial year.
- It was a statutory duty for the Council to determine and keep under review the affordable borrowing limits. During the half year ended 30th September 2021, the Council had operated within the treasury and prudential indicators set out in the Council's Treasury Management Strategy Statement for 2021/22. The Chief Finance Officer reported that no difficulties were envisaged for the current or future years in complying with these indicators.
- The Council held £40m of investments as at 30 September 2021 (£22.8m at 31 March 2021) and the investment portfolio yield for the first six months of the year was 0.05% against the benchmark 7 day LIBID of -0.08%.
- The Council's budgeted investment return for 2021/22 was £35,000. As at 30th September 2021 £9,375 investment interest was earned in the half-year period. Although investment returns had been low; using the cash flow balances for internal borrowing had reduced the borrowing costs on the expenditure budget.
- The cash position included the residual balance of business support grants due to be repaid to central government shortly, this was currently estimated at £16m.

RESOLVED that the decisions and recommendations of the Strategy and Resources Committee be endorsed.

32. WORK PROGRAMME 2021-2022.

The Committee considered the Work Programme for 2021/22 (circulated previously).

Following invitation from the Chair, the Corporate and Community Services Officer advised that the meeting of Thursday 9th December 2021 currently had no scheduled items for consideration at that meeting.

She added that the second informal meeting of the Housing Panel was scheduled to be held virtually on Thursday 25th November 2021 at 6.30pm and following that meeting it was proposed that a report of its findings together with recommendations be presented to the Committee on Thursday 9th December 2021.

In response to a question regarding the format of the informal meeting on 25th November 2021, the Director of Resources and Deputy Chief Executive advised that the aim of the meeting was to identify an action plan that could be progressed, costed effectively by the Council and identify those issues which would require escalation to government level with a set timeline and targets.

Councillor Walker requested that an item related to strategic transport for the North Devon area be added to the work programme for consideration at a future meeting.

The Chair added that he would like to add an item in relation to the Biosphere to the work programme for consideration at a future meeting.

RESOLVED:

- (a) That the work programme for 2021/22 be noted; and
- (b) That the requested items in relation to strategic transport and the Biosphere be added to the list on the work programme of items for future consideration by the Committee.

Chair

The meeting ended at 11.28 am

NOTE: These minutes will be confirmed as a correct record at the next meeting of the Committee.