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MID DEVON DISTRICT COUNCIL

MINUTES of a **MEETING** of the **SCRUTINY COMMITTEE** held on 12 March 2018 at 2.15 pm

Present

Councillors

F J Rosamond (Chairman)
Mrs A R Berry, Mrs F J Colthorpe,
Mrs C P Daw, Mrs G Doe, Mrs B M Hull,
F W Letch, Mrs J Roach, T W Snow and
N A Way

Apologies

Councillor(s)

Mrs H Bainbridge and T G Hughes

Also Present

Councillor(s)

R J Chesterton and R L Stanley

Also Present

Officer(s):

Andrew Jarrett (Director of Finance, Assets and Resources), Jill May (Director of Corporate Affairs and Business Transformation), Kathryn Tebbey (Group Manager for Legal Services and Monitoring Officer), Jenny Clifford (Head of Planning, Economy and Regeneration), Adrian Welsh (Group Manager for Growth, Economy and Delivery), Catherine Yandle (Group Manager for Performance, Governance and Data Security), Kevin Swift (Public Health Officer) and Julia Stuckey (Member Services Officer)

132 **APOLOGIES AND SUBSTITUTE MEMBERS**

Apologies were received from Cllrs Mrs H Bainbridge and T G Hughes.

133 **DECLARATIONS OF INTEREST UNDER THE CODE OF CONDUCT**

Cllr Mrs J Roach declared a personal interest regarding item 9 on the agenda as she was Chairman of Silverton Room 4U and had been involved with the Silverton Neighbourhood Plan.

134 **PUBLIC QUESTION TIME**

There were no members of the public present.

135 **MINUTES OF THE PREVIOUS MEETING**

The minutes of the last meeting were approved as a correct record and **SIGNED** by the Chairman.

136 **MEMBER FORUM**

There were no issues raised under this item.

137 **DECISIONS OF THE CABINET**

The Committee **NOTED** that none of the decisions made by the Cabinet at its last meeting had been called in.

138 **CHAIRMAN'S ANNOUNCEMENTS**

The Chairman informed the Committee that this would be the last meeting with the current clerk and thanked her for her efforts over that past few years. He also asked that thanks be passed to Sarah Lees for organising an excellent event that morning for the commemoration of the end of World War 1 and Commonwealth Day.

139 **DR JAMES SQUIRE**

The Chairman introduced Dr James Squire, GP and Ms Zillah Morris, Practice Manager from Castle Place Surgery Tiverton to the meeting.

Dr Squire set the scene for his visit, explaining that he was keen to be involved in community discussion regarding new ways of working in Mid Devon. He informed the Committee that silo working was not efficient and that the public health element of their work needed to be carried out alongside the public sector, with increased communication. With regard to winter pressures, which were also an agenda item for the meeting, he explained that he was only a GP and could not be held responsible for general strategy, but could give a local opinion.

The Practice Manager talked through a presentation *, explaining that 90% of patient contact in the NHS was through primary care and that general practice was changing and being challenged. There was an aging population, a complexity of health issues and a decline in the number of GP's available. The current level of primary care access varied per area but was generally satisfactory at Castle Place at the moment. It was agreed that 'own GP' continuity was regarded as most effective for long term care but that any GP or healthcare practitioner could see episodic patients depending on their issue. She continued by explaining the need for collaborative working in the area which should include patients, health, social, community, voluntary and local services and that together they needed to set and manage expectations, prioritise need and design solutions. Castle Place Practice had approached the Tiverton Health and Well-being Forum in order to raise awareness, better engage, navigate, signpost and expand local prescribing. A meeting was taking place on 27th March 2018 at which it was hoped Tiverton organisations would get together. The aim was to discuss what was being done well and what were the gaps/needs in order to work more collaboratively to ensure that we became an active, smartly resourced and connected community.

Dr Squire explained that the Practice did not have experience of bed blocking issues as their involvement was post discharge. He informed Members that the Single Point of Access (SPOA) service was working well. This service allowed the practice to organise care packages for patients with a single point of call. A first responder would then visit the patient and a package be put in place. He commented that they

could not always get all of the care requested but that the number of carers available was increasing and that they could get some care, if not the whole package. He informed Members that care packages for rural areas could be difficult to put in place but that Exeter was currently suffering from a shortage of staff due to wages being low in a city where there were other jobs available. GPs would like to be involved at an earlier stage regarding patient discharge as they knew the patient and could provide background to the case. Lines of communication were not currently good but work was being undertaken to establish this.

With regard to the winter crisis, Dr Squire informed Members that flu had caused some issues but the general impression was that this had not been a major crisis.

Dr Squire provided a case study which demonstrated procedures that were in place.

Discussion took place regarding:

- Mental health provision for young people and a pilot that had proved successful and had been extended;
- Castle Place Practice had joined the Royal Devon and Exeter Group who were the acute community and social care provider for East Devon in January 2018;
- 'Do not resuscitate' plans and living wills which needed to be continually updated to reflect the current situation the patient was in;
- Local Authorities could help to reduce the load on GP's by highlighting the impact on health from diet, obesity, smoking and housing. Dr Squire explained that obesity was causing a huge problem with increased numbers of patients suffering from diabetes. He understood that weight loss was hard to achieve and that this was a society problem. In an ideal world everyone in the community would be involved in improving health – local markets, colleges, restaurants, gyms and schools for example. He informed Members that in Frome trained 'care navigators' had been put in place to keep an eye on those that lived around them. This could help to identify issues such as depression and early intervention could improve outcomes. There was a need to develop the 'Big Society'. He agreed that it would take a lot of enthusiasm and a lot of volunteers to achieve this but warned that we did not have the resources to carry on as we were and needed to put preventative measures in place now;
- Doctors carried insurance for Good Samaritan works.

It was **AGREED** that discussions with the GP and Practice Manager had highlighted further areas of policy that needed to be looked at regarding health, exercise, loneliness and housing to help prevent ill health in order to reduce pressure on the NHS. It was therefore **RESOLVED** that Cllrs Mrs J Roach and N A Way compile some questions that the Scrutiny Officer could follow up.

(Proposed by the Chairman)

The Chairman thanked the GP and Practice Manager for attending the meeting.

Note: - * Presentation attached to Minutes.

140 CABINET MEMBER FOR PLANNING AND ECONOMIC REGENERATION 0:52:43

The Committee had before it and **NOTED** a report * from the Cabinet Member for Planning and Economic Regeneration updating Members regarding areas covered by this remit.

Discussion took place regarding:

- The LEP and the current membership situation;
- Broadband, future technologies and work with the private sector;
- Economic Development and District v County roles;
- Industrial units, the success of the Mid Devon Business Park and future plans;
- The relationship between the Tiverton Masterplan and the Tiverton Pannier Market and the fact that the Supplementary Planning Document would come first;
- Tiverton Pannier Market and how improvements could be made;
- The Housing Infrastructure fund and what the £10m award for improvements to Junction 28 of the M5 Cullompton would be spent on;
- The Five Year Land Supply and the need for the Local Plan to be approved as soon as possible.

The Chairman thanked the Cabinet Member for his thorough report and recognised the pressure that staff were under with the enormous amount of work that was taking place.

Note: - i) Report * previously circulated and attached to Minutes.

ii) Cllr Mrs J Roach declared a personal interest as she was Chairman of Room 4U and had been involved with the Silverton neighbourhood Plan.

141 TIVERTON TOWN CENTRE MASTERPLAN 1:31:30

The Committee had before it and **NOTED** a report * from the Head of Planning, Economy and Regeneration regarding a draft consultation document for Stage 1 public consultation in respect of the Tiverton Town Centre Regeneration Masterplan.

The Head of Planning, Economy and Regeneration explained that the report had been approved by Cabinet at its last meeting and that it would now go out for public consultation.

Discussion took place regarding:

- Stakeholder workshops and the fact that there was nothing in the Masterplan with regard to issues at the Pannier Market. It was **AGREED** that the Economy Team be asked to consult with the market traders regarding the canopy roof that had been allocated funding a few years ago but had never been progressed, to see if this was something that was still desirable to them;
- Areas of Tiverton that were not included in the Masterplan and a request from the Cabinet Member that areas that Members considered should be in the plan be put forward;
- A lack of perceived enthusiasm regarding a Farmers Market and it was **AGREED** that the Cabinet Member, Market Manager and Group Manager for Growth, Economy and Delivery would discuss this matter and report back to the Committee;
- Development behind the Town Hall and its role within the Masterplan.

Note: - Report * previously circulated and attached to Minutes.

142 **RESIDENTS SURVEY 1:48:00**

The Committee had before it and **NOTED** a report * informing the Committee regarding findings of the online residents survey carried out in the winter of 2017.

The Communication and Consultation Manager outlined the contents of the report explaining that it had been sent online to almost 2000 residents, that there had been 700 responses and that the responses had been a 50-50 split between rural and urban addresses. She explained that it had not been an extensive survey but had been designed as a benchmark for future surveys. The aim was to produce an action plan, with input from Members and Group Managers.

Discussion took place regarding:

- Concerns that the survey had only taken place online;
- The survey had been a snap shot with minimal costs;
- Surveys that had been carried out by Town Councils:
- Feedback from Consultation needed to be fed into the Corporate Plan in future.

It was **RESOLVED** that a working group be put in place regarding community engagement to look at formulating an action plan and that the group consist of Cllrs F W Letch, Mrs J Roach, Mrs C Daw, N A Way, F J Rosamond and Mrs G Doe.

(Proposed by the Chairman)

Note: - Report * previously circulated and attached to Minutes.

143 **RIPA UPDATE**

The Group Manager for Legal Services and Monitoring Officer informed the Committee that a report regarding the RIPA Policy would be received at the next Community PDG. In terms of its use she could confirm that RIPA had not been used since March 2014.

144 **SCRUTINY OFFICER UPDATE 1:59:41**

The Committee had before it and **NOTED** a briefing note * updating them on work being undertaken on their behalf by the Scrutiny Officer.

The Officer updated the Committee regarding:

Road Maintenance and Repairs in Mid Devon

The officer had submitted a request for information, which Devon County Council had processed under freedom of information, and was expecting a reply shortly. He would update Members when this arrived.

Discussion took place regarding the pothole warden scheme.

Cllr N A Way offered to request the attendance of a senior officer from Devon County Council at a future meeting and it was **AGREED** that he do this.

Winter report from the Royal Devon and Exeter Hospital

This report was due shortly and would be discussed at the next meeting.

Staff Directory

This had been distributed to Members but was somewhat out of date. A new system was being introduced which would improve this but would not be distributed until ongoing restructures had taken place.

Note: - Report * previously circulated and attached to Minutes.

145 **PERFORMANCE AND RISK**

The Committee had before it and **NOTED** a report * providing Members with an update on performance against the Corporate Plan and local service targets for 2017-18 as well as providing an update on the key business risks

The Group Manager for Performance, Governance and Data Security outlined the contents of the report.

Discussion took place regarding:

- Recycling performance and education that had taken place;
- Data Protection policies were due to be renewed and Members would be asked to complete online training;

- A Member briefing was taking place later in the week regarding IT security and Data Protection;
- The work being undertaken by the Homelessness Working Group could be used to mitigate the risk regarding the new Homelessness Act;
- Legionella and a request for an update at the next meeting to confirm actions that had taken place.

Note: - Report * previously circulated and attached to the Minutes.

146 **FORWARD PLAN**

The Committee had before it and **NOTED** the Forward Plan *.

Note: - * Forward Plan previously circulated and attached to Minutes.

147 **3 RIVERS DEVELOPMENT LIMITED - BUSINESS PLAN 2.24.48**

The Committee had before it and **NOTED** a report * from the Director of Finance, Assets & Resources and the 3 Rivers Development Limited Acting Managing Director regarding the draft 5 year business plan for 3 Rivers Developments Limited.

The Chairman explained that the report had been approved by Cabinet at its last meeting and that he had asked that it be added to the agenda for this Committee as recognition that there was no area of activity of the Authority that did not fall to the auspices of Scrutiny.

The Director of Finance, Assets & Resources outlined the contents of the report.

Discussion took place regarding:

- Posts on the board and the fact that only one of those, the Managing Director, was remunerated;
- The type of housing developed would depend on each individual site but would always be subject to planning regulations;
- The right to buy and issues that this could cause to the authority;
- None of the £4m allocated for property in the budget would be allocated to 3 Rivers Development Limited.

Note: - Report * previously circulated and attached to Minutes.

148 **IDENTIFICATION OF ITEMS FOR THE NEXT MEETING**

Cabinet Member for the Environment
Member Development Update
Performance and Risk
Cullompton Town Centre Masterplan

Chairman's Report
Scrutiny Officer update

(The meeting ended at 4.49 pm)

CHAIRMAN



Castle Place Practice

Dr James Squire

Primary Care

- ▶ 90% patient contact in NHS is with Primary Care
- ▶ General Practice Changing and Challenged
 - ▶ Pressure of rising demand, aging population, complexity of health
 - ▶ Decline in number of GPs, and part-time working patterns of GPs
- ▶ Current Primary Care Access
 - ▶ Varies per area, difficulty of appointments with own GP or any GP
 - ▶ Being addressed locally as it arises in different ways
- ▶ Continuity of Care Vs Urgent Episodical Cases
 - ▶ Own GP continuity still regarded as most effective for LTC patients
 - ▶ Any GP or other healthcare practitioner roles are developing depending on patients' presenting issue
 - ▶ Improving access 8-8 by end of 2018 across Devon adds to challenges

One Practice Perspective-part of Tiverton population

- ▶ **Castle Place Practice - access to GPs**
 - ▶ Currently excellent, but not experienced everywhere in Devon
 - ▶ Not complacent, can't stand still and do nothing
 - ▶ Potentially fragile, given traditional reliance on currently reducing workforce
- ▶ **Key to Future - Collaborative working across a place**
 - ▶ Work with patients, health, social, community, voluntary, place local services
 - ▶ Collaborate to set and manage expectations, prioritise need, design solutions together
- ▶ **Castle Place Practice- approached RD&E**
 - ▶ RD&E are the acute, community and social care* provider in Eastern Devon
 - ▶ January 2018 Castle Place Practice joined this collaboration-start of the journey
- ▶ **Castle Place Practice -approached Tiverton Health and Well-being Forum**
 - ▶ Raise awareness, better engage, navigate, signpost and expand to social prescribing
 - ▶ Tiverton Community Conversation (27.03.2018) -bring together active Tiverton organisations
 - ▶ What do we do well; what are the gaps/needs; work more collaboratively to ensure we are an active, smartly resourced and connected community
- ▶ **Technology**
 - ▶ Pivotal to future service provision
 - ▶ Pro-active prevention work

Winter 2017/2018

- ▶ SPOA (Single Point of Access)/ MTU - Service is good
 - ▶ SPOA -Resources for community care are improving but naturally a finite resource
- ▶ Discharge/blockage
 - ▶ GP involvement is post discharge - We aim to work differently in future
- ▶ Liaison nurses /GP dynamically linked to complex care team
 - ▶ Currently multi-agency and patient own GP focused
 - ▶ Aim for integrated and more urgent response by same day service. Prior to this point
 - be more proactive and use community connections to identify and support vulnerable patients earlier - link to Tiverton Community Conversation
- ▶ This winter?
 - ▶ Difficult flu year in some areas
 - ▶ Generally positive
 - ▶ CASE STUDY
 - ▶ Shortage of district nurses at points put some pressure on the system

NOTE - Advise to seek official views of LMC, CCG & RDE

CASE STUDY- 90 year old

- ▶ History of occasional falls
- ▶ osteoporosis, hypertension
- ▶ Lives alone and uses stick, family in same town
- ▶ Social housing 2nd floor flat, no lift
- ▶ No care package
- ▶ Following a Fall
- ▶ Rapid Response Try to Keep Home
- ▶ Admission for medical needs only
- ▶ Discharge facilitated by Rapid Response
- ▶ Interventions in place to prevent further falls.

UC- Urgent Care

RR - Rapid Response via Single Point of Access (SPOA)

PM - Paramedic

GP - Doctor

CT - CT Scan

COTE - Care of the Elderly Consultant

Psych - Elderly Pschiatry

CPP - Castle Place Assessment Team

Matron - Community Matron

SS - Social Services facilitated care package

PRE-ADMISSION	HOSPITAL	POST-DISCHARGE
28/01 UC	05/02 to 23/02	23/02 CPP
30/01 Family	CT Head/Pelvis	27/02 Matron
31/01 RR	COTE	01/03-03/03 Fam
03/02 PM	Psych	07/03 SS
05/02 GP		

Benefits of This System

- ▶ Patient happier in own home
- ▶ Less time in hospital to decondition - better prognosis
- ▶ Less confusion when at home and less risk of infections
- ▶ Specialist time focused on patients with medical need
- ▶ Assessments in home are more realistic
- ▶ Less costly - can help more people
- ▶ Good multidisciplinary working
- ▶ Funding must flow appropriately

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