

# WEST DEVON OVERVIEW AND SCRUTINY (EXTERNAL) COMMITTEE



**Minutes** of a meeting of the **West Devon Overview and Scrutiny (External) Committee** held on **Monday, 26th September, 2016** at **2.00 pm** at the **Chamber - Kilworthy Park**

Present: **Councillors:**

**Chairman** Cllr Sellis  
**Vice Chairman**

Cllr Ball  
Cllr Cheadle  
Cllr Jory

Cllr Pearce  
Cllr Roberts  
Cllr Stephens

**In attendance:**

Councillors:  
Cllr Baldwin  
Cllr Benson  
Cllr Davies

Cllr Samuel  
Cllr Sanders  
Cllr Yelland

Officers:  
Head of Paid Service  
CoP Lead – Environmental Health  
Specialist – Community Safety, Safeguarding & Partnerships

21. **Apologies for Absence**  
**\*O&S(E) 21**  
Apologies for absence were received from Cllrs D W Cloke, A F Leech, J Sheldon and L Watts.
22. **Confirmation of Minutes**  
**\*O&S(E) 22**  
The minutes of the Meeting held on 2 August 2016 were confirmed and signed by the Chairman as a true and correct record.
23. **Declarations of Interest**  
**\*O&S(E) 23**

Members and officers were asked to declare any interests in the items of business to be considered during the course of this meeting, but there were none made.

24.

### **Public Forum**

#### **\*O&S(E) 24**

The Chairman informed that since the issue that had been raised by Mr Kevin Eady at the previous Committee meeting had not been addressed at that time (Minute \*O&S(E) 14 refers), it had been deferred for consideration at this meeting (as below).

#### **Issue raised by Mr Kevin Eady:**

*"The out-of-hours GP clinic at Tavistock hospital is to cease from the 1st October 2016. This decision was taken in such a way that practically no-one in Tavistock knew about it before the decision was announced. Even the announcement was easy to miss. None of the GP surgeries in Tavistock, Yelverton, Bere Alston and Lifton were directly consulted by the CCG. Nor were the trades unions of the workforce involved.*

*The staff discovered their intended redundancy on-line, not even in a face-to-face meeting with anybody. The general public were, and most still are, completely unaware of what was being proposed.*

*Similar proposals are being rolled out across Devon, in Okehampton, Bideford, Tiverton, Honiton and elsewhere. This is all being carried out with the same degree of secrecy and subterfuge. The pretence may be that of increased efficiency and streamlined services, but we all know that the underlying reason is simply lack of funding from central government. The reality will be that many patients will either present themselves for treatment later than they should, fail to present at all, have great difficulty in attending clinics in either Okehampton or Plymouth, or may find the cost prohibitive or punitive. The knock-on adverse health effects are impossible to quantify accurately, but can be imagined.*

*The NEW CCG may think it has followed the letter of the law in terms of consultation, but a quick stroll through Tavistock talking to passers-by would soon convince you that any supposed consultation was complete sham. Or maybe it was merely overlooked by busy people.*

*Is there any justification for the way in which these decisions have been arrived at, for the lack of accountability and for the underhand nature of the decision-making process?"*

Having read his question, Mr Eady proceeded to inform that he had organised a petition that had seen 1,500 signatories put their name to it urging for the out of hours clinic to be retained. The petition had been submitted to the Northern, Eastern and Western (NEW) Devon Clinical Commissioning Group (CCG) and, at the time of this meeting, he was still awaiting a response.

At this point, the Chairman informed that Ms Elaine Fitzsimmons (Associate: Northern Locality, NEW Devon CCG and Mr Jerry Clough (Chief Operating Officer, NEW Devon CCG) were in attendance at this meeting in accordance with agenda item 7 below (Minute \*O&S(E) 26 below refers). As a consequence, it was the Chairman's intention for these issues to be raised under agenda item 7 and, at that point of the meeting, she would enable Mr Eady a further opportunity to address the Committee.

25. **Hub Committee Forward Plan**

**\*O&S(E) 25**

The most recent (published August 2016) Hub Committee Forward Plan was presented for consideration. Whilst not directly linked to the Forward Plan, the Head of Paid Service informed the Committee of the intention for a Special Council meeting to be convened on 26 January 2017 to consider an agenda item relating to the Joint Local Plan.

26. **NEW Devon CCG representative to attend (Elaine Fitzsimmons)**

**\*O&S(E) 26**

As highlighted in the Public Forum session (Minute \*O&S(E) 24 above refers), Ms Fitzsimmons and Mr Clough were in attendance at this meeting to address the Committee and respond to Member questions.

In her introduction, the Chairman informed of her intention to divide this agenda item into two separate discussions. The first item would be led by Ms Fitzsimmons and would relate to the out of hours and 111 services and the second item would be introduced by Mr Clough and would specifically focus on the CCG's Sustainability Transformation Programme

**(a)The Out Of Hours and 111 Services**

In her address, Ms Fitzsimmons raised the following points:-

- The 111 telephony service had been introduced with the ability of being able to offer a range of services (e.g. from calling an ambulance on behalf of the patient to offering self-care advice) whilst streamlining and simplifying the system;
- The Devon Doctors service had been commissioned to work in partnership with a national organisation called 'Vocare' who would provide the 111 service. Whilst the two services were working together in partnership, Ms Fitzsimmons acknowledged that there were still further improvements that could be made in this respect;
- Specifically regarding the out of hours service, approximately 60% of the contacts made were resolved through an initial telephone consultation. In the remaining instances, the Committee was informed that the GP would determine (when speaking to the patient) whether or not

they believed that they would need to complete their consultation with a face to face assessment;

- Assurances were given to Members that, from the perspective of the patient, they would see no difference to the out of hours service;
- It was felt that the 111 service would result in improvements by way of advice still being given to patients whilst there would be additional Doctors and nurses involved in the process, who would be available to provide and offer faster solutions;
- Whilst there was a perception that the changes had been implemented to save money, it was in fact confirmed that the contract value was the same as before;
- The development of an integrated 111 and out of hours service was attempting to reduce the confusion around the urgent care model;
- There was now clarity around the specification for the out of hours service. This specification had been developed with the involvement of Healthwatch, with 13 GPs and 6 volunteers involved in the process. Whilst there was representation from rural areas during this process, it was acknowledged that no individuals from the West Devon area were involved. One of the conclusions reached by Healthwatch was that a reasonable travel distance to access an out of hours service was 30 minutes by car;
- It was noted that Devon Doctors had won the bid to provide the service following a competitive dialogue process. In its submission, Devon Doctors had concluded that, due to the relatively close proximity to Derriford Hospital, it could withdraw the out of hours medical cover from Tavistock. In addition, there was also the potential for patients to use the provision in both Launceston and Okehampton;
- With regard to the numbers using the Tavistock out of hours service, Members were advised that evidence suggested that, on average, less than one patient per evening was using the service during the week, with 7.3 patients utilising the service on a Saturday night and 6.6 patients on a Sunday night. As a consequence, the numbers who were impacted were not felt to be extensive and those in attendance were reminded that the Minor Injuries Unit would remain at Tavistock;
- Having sought legal advice, the CCG had concluded that there was no need for a formal consultation exercise to have been undertaken prior to this decision being made;
- It was confirmed that the CCG would monitor the changes closely and would make sure that other services were not adversely affected through these proposals;

- With regard to future challenges, Ms Fitzsimmons recognised the importance of ongoing community engagement and the need to improve understanding and communications in relation to the differences between treatment centres and minor injuries units. Finally, Devon Doctors had recognised that, on this occasion, the organisation had not adequately considered the impact of the proposed changes on their own members of staff.

In the ensuing discussion, reference was made to:-

- (i) involving elected Members in the consultation process. A number of Members expressed their deep regret that Members had not been made aware of the proposals at an earlier stage. In reply, Ms Fitzsimmons accepted this point and confirmed that this had been a key lesson learned when reflecting upon this change in service provision;
- (ii) the assurances received, Some Members advised that they had been comforted in the address given by Ms Fitzsimmons and wished to thank her for her informative and honest comments;
- (iii) the 30 minute travel criteria. In recognising the very rural nature of West Devon and the fact that approximately 15-20% of residents did not have access to a car, Ms Fitzsimmons acknowledged that careful consideration would need to be given to these members of the community;
- (iv) the cost of taxi fares. Members were advised that, in instances where a resident could not afford an expensive taxi fare, a GP home visit was likely to be prompted;
- (v) the qualifications of Vocare staff. When questioned, Ms Fitzsimmons confirmed that Vocare was a national organisation, which was run to a high standard, with its pathways advisors being subject to an extensive training programme (and being regularly audited);
- (vi) the use of Devon Doctors. The Committee was advised that not all GPs were happy with the changes in service provision, however Devon Doctors had now been able to fill 95% of its GP's rotas. In addition, the main safeguard for dealing with the most vulnerable members of society was by using Devon Doctors, who knew the local community so well;
- (vii) the Minor Injuries Units in Tavistock and Okehampton. In reply to a question, Ms Fitzsimmons informed that the CCG recognised that these units remained an important part of the emergency care system across the West Devon area;

(viii) the further views of Mr Eady. At her discretion, the Chairman allowed Mr Eady the opportunity to make further comments. In so doing, he stated that:

- the consultation exercise in this regard had been really poor;
- to ascertain the actual usage of the facility, there was a need to evaluate trends over a five year period;
- there was extensive future housing development proposed to be built in Tavistock; and
- on a normal day, it was often likely to take longer than 30 minutes to travel from Tavistock to Derriford.

## **(b) The Sustainability Transformation Programme**

Following the press release during the evening of 21 September 2016 regarding the potential loss of 16 beds at the Okehampton Hospital, Mr Clough proceeded to highlight that:

- the CCG Governing Body was to determine whether or not to embark on a consultation exercise in this respect on Wednesday, 28 September 2016. The consultation would relate to future care provision in the Eastern locality of Devon and could result in a reduction of inpatient beds at some locations;
- the proposals were part of the 'Success Regime: Case for Change' that was published in February 2016. It was noted that the document aimed to improve health and care services for patients in response to the financial challenges that the local health and care system faced;
- subject to the outcome of the meeting on Wednesday, 28 September 2016, it was currently being recommended that four options would be presented for consultation, with the document indicating one of these as a preferred option. In terms of the format of the consultation exercise, Mr Clough advised that it was being recommended that it would run for 13 weeks from Friday, 7 October 2016, with a number of roadshows and public events being held during this period.

In discussion, the following points were raised:

- (i) A number of Members expressed their deep concerns that the potential options did not currently include the retention of the beds at Okehampton Hospital as an option. Retention of the beds at Okehampton Hospital was felt to be critical for reasons including:

- there being no provision to the west of Exeter in the current range of options;
- the proposals not being developed by anyone who appreciated the local geography of the area;
- the extent of future development proposed in the Okehampton area and the current medical provision in the town already being under pressure;
- the level of local opposition that was already apparent to this proposal.

In light of the depth of feeling raised, Mr Clough gave an assurance that he would report these concerns to the meeting of the Governing Body on Wednesday, 28 September 2016.

- (ii) In this instance, the Committee again reiterated that it would have been useful for local Members to have been made aware of these proposals before they had appeared in the local press and media;
- (iii) There was an acceptance of the need to improve collaborative working between all relevant stakeholders and across the different CCG areas;
- (iv) It was noted that the new model of care promoted greater care at home rather than patients remaining in community hospital beds;
- (v) Out of courtesy to the CCG, the Leader of Council advised that a formal motion had been submitted for the upcoming Council meeting (to be held on 4 October) that was calling for the CCG to include the retention of the 16 beds as an additional option during the consultation exercise. Furthermore, it was his expectation that this motion would be supported by the Council.

In concluding the agenda item, the Chairman thanked Ms Fitzsimmons and Mr Clough for their attendance and responses to Member questions. On behalf of the Committee, the Chairman also requested that the Committee receive a further update from CCG representatives at its meeting on 7 March 2017.

27.

**Conclusions of the Partnership Task and Finish Group on the Submitted Business Plans (as per Committee resolution O&S(E) 18) from:  
O&S(E) 27**

The Chairman of the Partnership Task and Finish Group introduced this item and made specific reference to the extensive and comprehensive

business plans that had been received by both the Citizens Advice Bureau and the Council for Voluntary Service.

In particular, the Chairman highlighted evidence in both business plans that illustrated the extent of the value for money that the Council was obtaining from these partnerships. It was therefore his strong recommendation to the Committee that the levels of funding allocated by the Council to both partners for 2017/18 should be retained at the same level as they were for 2016/17.

In the ensuing debate, reference was made to:-

- (a) the submitted business plans. In wishing to thank both partners, a number of Members echoed the view that the business plans had provided an insight into the work that they undertook;
- (b) working more closely together. Officers advised that there was a recognition that, in certain instances, there was an identified duplication of work that was being undertaken by the Council and both partners. As a result, all parties were committed to working more closely together in the future in an attempt to reduce this duplication.

It was then

**RECOMMENDED**

That the Hub Committee **RECOMMEND** to Council that the funding allocated by the Council to the CAB and CVS for 2017/18 should be retained at the same level as it was for 2016/17 (£32,900 and £8,500 respectively).

28. **Committee Decisions Log**

**\*O&S(E) 28**

The latest version of the Committee decisions log was presented to the meeting.

With no debate or questions being raised on the log, it was then:

**RESOLVED**

That the published Decisions Log be noted.

29. **Annual Work Programme 2016/17**

**\*O&S(E) 29**

The Committee considered its draft 2016/17 Work Programme and made reference to the following comments, additions and amendments:-

Following the discussions under agenda item 7 (Minute O&S(E) 26 above refers), the Chairman reminded the Committee that a progress update had now been requested from the CCG and Devon Doctors at the meeting on 7 March 2017.



The Meeting concluded at 4.10 pm

**Signed by:**

**Chairman**

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