TORBAY COUNCIL

Minutes of the Adult Social Care and Health Overview and Scrutiny Sub-Board

8 August 2024

-: Present :-

Councillor Tolchard (Chairwoman)

Councillors Foster (Vice-Chair), Johns, Douglas-Dunbar and Brook

(Also in attendance: Councillors Bryant, David Thomas and Tranter)

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1. Apologies

It was reported that, in accordance with the wishes of the Conservative Group, the membership of the Sub-Board had been amended to include Councillor Brook in place of Councillor Fellows.

2. Minutes

The minutes of the meeting of the Sub-Board held on 11 April 2024 were confirmed as a correct record and signed by the Chairwoman.

3. Peninsula Acute Sustainability Programme (PASP) draft Case for Change

The Chief Executive, South Devon NHS Foundation Trust and the Chief Medical Officer, South Devon NHS Foundation Trust presented an outline of the Peninsula Acute Sustainability Programme (PASP) Draft Case for Change.

Members were informed that the Case for Change was a technical document that used data to evidence the need to change and was currently being developed. A summary of the document would also be produced to support local populations and stakeholders to understand the challenges.

The purpose of the Peninsula Acute Sustainability Programme (PASP) was to ensure clinical, workforce and financial sustainability of services at the five acute hospitals in Devon, Cornwall and the Isles of Scilly. The primary role was to support service sustainability in the long-term creating a sustainable platform for strategic service improvement and the recovery of fragile services in the medium term. However, this needed to be aligned with short-term tactical improvements to ensure support for recovery of elective, cancer and diagnostic services for example.

It was recognised that the pandemic had exacerbated the challenges and that acute service transformation was required to address services that were struggling to meet the increasing demand and needs of patients. In addition, there was a need to support staff to deliver safe and high quality care whilst ensuring that services conformed to national and professional standards. It was important to provide safe and high quality services across the whole geography to meet demand now and into the future whilst making best use of limited resources. It was acknowledged that medicine was getting more specialist and that currently it was necessary for some patients to travel outside the locality to receive the specialist care they needed. With innovative thinking, the aim was to provide the same specialist care locally.

Members welcomed the fact that preliminary progress had already been made. For example, the One Devon Elective Pilot enabled use of the Nightingale Hospital as a specialist centre for orthopaedic, ophthalmology and spinal surgery services. Staff and clinical networks enabled hospitals across the peninsula to work together in a networked way to provide care (for example, neonatal networks and an interventional radiology rota) and the use of technology such as Shared Picture Archive System enabled radiologists to share images across all Peninsula Trusts.

The starting point for the acute services model was to recognise different approaches to delivering the non-core services and that would start to address some of the significant workforce challenges facing the Peninsula.

Phase Two of the PASP would now be undertaken and would include developing a detailed formal case for change in partnership with staff and local people together with undertaking some detailed modelling in conjunction with staff and patients to further explore possible ways to tackle the challenges.

Members asked questions around how people would be encouraged to support the proposed changes and document; whether the nurse/staff ratio could be increased alongside staff retention; whether the initial survey included social media feedback and if this was sought solely from patients and why was there only a small number in terms of feedback; how would access to other services be achieved; whether accessible and layman terminology would be used in the summary document and survey; how would effective engagement with people be achieved; whether there were comparisons with other Local Authorities and how those who remained in hospital but did not require acute care (particularly the elderly) could be assisted so that they could return home.

In response, Members were informed that change was always challenging but that there was a desire to improve and that meant working differently. A recent example involved developing a joined-up rota which resulted in shorter waiting lists which demonstrated positive results for both staff and patients. The current delays and frustration in respect of front door care meant that people were generally open to considering change with a view to improvement. Pressure on staff was acknowledged and it was felt that if funding was used well, there was a join up in services, coupled with only admitting people to hospital where really needed, that pressure could be alleviated. Growth and development opportunities were key to staff retention as well as jobs that people wanted to do. Nursing staff were becoming more and more specialist.

The design work was predominately focussed on acute hospital care but improvements in acute care were dependent upon what happened outside the hospital, for example, integrated care in the community. Digital access to health records would give people access to healthcare across the wider Devon area with clinicians in any area being able to view records. In relation to the initial feedback from patients and staff, this was just a start in trying to understand the problem at a very early stage. In relation to the Summary Document it was vital that it was readable and honest to gain real and honest responses. The safest care was getting more complex and it was seen as important to be honest with service users so that challenges could be fully understood through effective engagement.

People needed to be informed where it had gone wrong and what could be done differently to put it right. It was imperative to get the engagement with people right. Initial enquiries focussed around talking to patients and families with some focus groups and written feedback. It was not a full programme of consultation but a measure of the reflection of challenges and whether those had been understood correctly. There had not been a comparison with other Local Authorities but previously best practice examples had been looked at. The local voice was really important as there were some unique things about local communities in terms of needs. The quality and level of delivery of acute care was dependent on community and social care working well. In relation to those patients who did not have an acute need but remained in hospital, it was hoped that digital innovations could assist with the process in enabling a return home.

Resolved (unanimously):

That the Adult Social Care and Health Overview and Scrutiny Sub-Board notes the report provided by Torbay and South Devon NHS Trust in relation to the Peninsula Acute Sustainability Programme Draft Case for Change and that the Integrated Care Organisation be requested to ensure:

1. that the Summary Document and Survey contain accessible language to encourage effective engagement;

2. engagement with the Voluntary Sector to encourage survey responses from individuals who may not otherwise be confident in participating, articulating or responding directly to the survey;

3. further consultation includes the use of both social media and surveys;

4. further consultation includes engagement with patients, families and local charities; and

5. further consultation includes engagement within a clinical setting (for example, hospital and GP waiting rooms).

4. Draft Homelessness and Rough Sleeper Strategy 2024 - 2030

The Divisional Director of Community and Customer Services, the Head of Service for Safeguarding, Early Help and Business Intelligence and the Strategic Lead for Community Protection, Torbay Council provided Members with an outline and overview of the draft Homelessness and Rough Sleeper Strategy 2024 – 2030.

Members were reminded that the Homelessness Act 2022 required local housing authorities to take strategic responsibility for tackling and preventing homelessness. The draft Homelessness and Rough Sleeper Strategy 2024 – 2030 set out the framework of what needed to be achieved and why. It linked in with other strategies and areas of work so would have an impact on the wider system.

An evidence based document had been produced and engagement sessions had been held in April – June 2024 which concentrated around:

- rough sleeping including hidden homelessness;
- young people affected by homelessness;
- homelessness that impacted the wider population;
- overall session with elected members; and
- a series of structured conversation which included hearing the voice of those that have lived experiences.

Members were informed that the draft Strategy was out for consultation until the end of August 2024, following which there would be a review of the document and development of the action plan. This would then be submitted through the relevant governance structures for approval.

The priorities concentrated upon increasing early help and prevention, intervention and better outcomes, better lives which involved supporting people independently, particularly those with complex needs, assisting with quality of lives which in turn would enable people to create a home.

Members acknowledged that the key objective of the Strategy was to provide the right advice at the right time and provide targeted prevention to reach people whose homelessness was hidden from services and to reduce repeat homelessness, rough sleeping and youth homelessness. The main reason for homelessness in Torbay was loss of private rented accommodation, this was due to various factors around stability and affordability.

Members asked questions around how much support was provided by other services, for example, upon prison release and whether such groups had been consulted; why, during the pandemic, there was no-one sleeping on the streets and what had been done differently to achieve that; whether there was engagement with schools already in terms of education and prevention; whether the report data timeline could be widened to provide a clearer view of the overall issues against priorities; whether key data could be provided over the last five years, broken down into specific areas to show where there had been intervention, so that the data could inform actions going forward; how performance against the priorities and objectives of the Strategy would be measured; what were the numbers in respect of those individuals who refused to

accept support; how did Torbay compare with other seaside towns; what the intention was in terms of working with the voluntary sector; how would feedback be measured and how would that influence the Strategy; and how would it be possible to bring together local charities to tackle the situation.

In response Members were informed that all homelessness has a far and wide reaching impact on other services and organisations. There were ongoing dialogues, for example, with Mental Health Services and the Probation Service.

There was currently an officer who provided that link between an individual's prison release date, planning for release and accommodation. The ability to plan was becoming more difficult because of an increase in early release dates. During Covid-19 there was a clear direction from Central Government to protect health and place everyone into temporary accommodation which was provided under very challenging circumstances with the use of B&B's and hotels, for example. This was a short term situation enacted by government and not sustainable in the longer term. This has now changed and the ability to source accommodation has become increasingly challenging. In terms of education and prevention, work was already underway, working with young people and families who could be at risk and developing independent living skills. There were challenges around affordability and suitable accommodation for families being available. There was a rise in seeing working parents seeking assistance because they could not afford the rise in private rents and this had created a different type of family referral with the potential for family breakdown, children in need and/or increase in the need for child protection. Members were informed that when families were placed in temporary accommodation, children often were displaced from school and this was disruptive to their education and overall development. Significant work had been undertaken to mitigate this.

Members were informed that as part of the Strategy implementation there would be clear key performance indicators to measure intervention against impact. It had to be recognised that there could be external influences as well and that the impact of any intervention would not always be felt immediately.

Accommodation and support needed to be appropriate and as part of the assistance, Council officers engaged with services in a preparatory way and needed to work with landlords in order to provide assurance, for example providing some finance in setting up tenancies. It was acknowledged that there were ongoing efforts to assist each person that needed help and support and that there were some people who would choose to be in an area such as Torbay, so that created more of a flow of people. Members welcomed the fact that the Hostel was being purchased and services were back 'in house' so that there was control over help, stabilisation and moving on. There was work underway with landlords particularly in terms of maintaining quality of accommodation.

In the development of the Strategy, in terms of co-design work, there was a lot of alliance work taking place which included hostels, domestic abuse and drug and alcohol services.

Members heard that different organisations operated within the rough sleeping sector and that Council officers liaised with them. There was co-ordination in terms of supported efforts and weekly multi-agency meetings where individuals might be discussed. This ensured that work was not duplicated and that complementary help was available. It was very much focussed around housing and safeguarding.

Councillor David Thomas spoke under Standing Order B.4 and highlighted that coastal towns had a significant additional challenge as compared to land locked towns and asked whether there were any figures to show how Torbay compared with other coastal towns and that he believed Torbay should be represented on the Coastal Towns Group.

In response, it was confirmed that research had been undertaken on comparators especially in relation to the housing provision in Torbay to allow a coastal and housing provision assessment. It had been difficult to find similar comparators, however, research was being undertaken in respect of other coastal towns to see which could be the best comparator. Meetings occurred regularly with six other Local Authorities where experience and details on trends and flows were exchanged, so the evidence base was well informed.

Members acknowledged the good work that was already happening and it was recognised that homelessness was far more complex and was not an issue that could be resolved entirely by placing people into accommodation.

Resolved (unanimously):

That the Cabinet be advised that the Adult Social Care and Health Overview and Scrutiny Sub-Board supports the Draft Homelessness Strategy 2024 – 2030 being included within the Council's Policy Framework and that the Cabinet be recommended that:

1. a key data table with clear key performance indicators be included within the Action Plan, to measure performance of the Strategy and impact, including details of external influences.

5. Adult Social Care and Health Overview and Scrutiny Sub-Board Action Tracker

The Sub-Board noted the submitted action tracker.

Chairwoman