

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

**11 April 2024**

**-: Present :-**

Councillor Johns (Vice-Chair)

Councillors Twelves, Fellows and Long

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

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### **32. Apologies**

An apology for absence was received from Councillor Tolchard and it was reported that, in accordance with the wishes of the Liberal Democrat Group, the membership of the Sub-Board had been amended to include Councillor Long in place of the Chairman, Councillor Joyce. In the absence of the Chairman, the Vice-Chairwoman, Councillor Johns Chaired the meeting.

### **33. Minutes**

Subject to the recommendation 4 being reworded as set out below, the minutes of the meeting of the Sub-Board held on 14 March 2024 were confirmed as a correct record and signed by the Chairwoman:

#### **Recommendation 4:**

4. ~~to request that the Director of Adult and Community Services ensures there is a link to information from the Alzheimer's Society regarding HIV associated neurocognitive disorder (HAND) on the Council's webpage – [HIV-associated neurocognitive disorder \(HAND\) | Alzheimer's Society \(alzheimers.org.uk\)](#)~~
4. to request that the Director of Adult and Community Services ensures there is a link to information from the Alzheimer's Society on the Council's webpage.

### **34. NHS Delivery - Building a Brighter Future Programme Update**

The Director of Capital Developments, New Hospital Programme Director, Torbay and South Devon NHS Foundation Trust provided Members with an update and presentation on the delivery of the capital programme and re-design of Torbay Hospital.

It was recognised that Torbay Hospital was the third oldest hospital in the country and over 80% of the core hospital estate was in either bad or poor condition, including main inpatient wards, emergency department and outpatient department. Therefore, the backlog maintenance remained significant and also impacted on delivery of patient care and affected staff morale, recruitment and retention.

The Board was informed that the programme was still at an early stage of development at the business planning and master planning concept design stage, but that the need for a new hospital was as great as ever.

Hospital 2.0 provided a ground-breaking standardised approach to designing and building hospitals and would make the process faster, more sustainable and more cost-effective, reducing the time from planning and design through to completion, commissioning and opening new buildings to patients. The designs included digital solutions and optimised hospital layouts. All schemes in the New Hospital Programme would proceed through the development phases up to full business case prior to 2030. Torbay Hospital was in Cohort 4.

Following feedback, some changes to the site enabling business case were being made to allow better alignment with the Hospital 2.0 programme. Although the standardised approach had resulted in a slowing down of delivery of the programme, it was anticipated that site clearance would commence later in 2024. This would cover three areas:

- site clearance (two phases);
- high voltage resilience and infrastructure; and
- car parking.

In terms of current preparations, the Board was informed that the Masterplan had been reviewed and that the cost of the build, staffing and running the building would be analysed in the business case. The outline business case and full business case would be required before the build could commence.

The Board asked a number of questions in relation to construction access to the site and engagement with local residents; whether a multi-storey car park was being considered to provide parking; when the build would commence and when the new hospital build would be completed; whether plans for the new diagnostic centre in Market Street were behind schedule; what work was being done to make improvements following the outcome of the Care Quality Commission (CQC) report; whether the current building was affected by Reinforced Autoclaved Aerated Concrete (RAAC); whether any of the current hospital building would remain; the cost of scaffolding around the tower and consultation around patient access and services.

In response, Members were reassured that there would be a wider public consultation once early development stages were completed. Transport planners would work with Torbay and South Devon NHS Foundation Trust to develop egress and access strategies and construction site access would be addressed within that. Additional parking options were being explored in the interim together with longer term options for the Hospital, for example, a park and ride facility off site and multi-storey car park

on site. A site enabling communications strategy was being developed but would not be released until the changes to the site enabling case were approved.

Given the existing timetable, it was anticipated that a significant start to the build would not commence before 2027. In terms of improvements following the CQC recommendations, Members were informed that delivery was affected by the amount of funding available, with challenges around that and competing priorities – it was recognised that health and safety had to be a high priority.

It was confirmed that although RAAC did not affect the current buildings, there were other issues with regards to the concrete construction within the existing estate and in particular the 1967 Tower block and podium. Over 80 structural defects had been identified and corrosion was accelerating due to airborne salt because of its location on the Coast. Scaffolding and crash decks had been installed to reduce the risk of falling masonry. Further investigation works were taking place before remedial works could be designed and delivered. The money spent on the tower to date had been funded at a local level. The case has been made that Torbay Hospital should be treated as a priority, alongside RAAC affected hospitals, given these issues.

Members were informed that fifty percent of the current estate buildings would remain alongside the new build, but it was hoped that the remaining estate could be brought up to a better standard. In terms of the new build delivery of a first phase would likely be parking solutions and the planned care centre, with a second phase of a new emergency department and ward blocks. However a definite timeline was not yet available.

Members acknowledged that since the opening of the new Endoscopy Unit, the waiting list had reduced by 87% and that the opening of the new Theatres had reduced the time people had to wait for surgery and the time that people were in hospital following surgery.

Other Members in attendance asked questions in respect of whether any of the existing hospital buildings were listed; how many hospitals were completed at Cohort 3; whether modular builds had a lesser life span than a regular build and that once the build was complete whether any of the existing facilities based at the hospital would be lost. Other Members commented upon the positive support and engagement with new staff at the Hospital, which was complemented in the CQC report and asked what mitigations were in place to counterbalance the issues with the current hospital estate and the pace of delivery for the hospital programme and whether it was usual for hospitals to have to spend a significant amount of money on maintenance of buildings. It was also suggested that a positive approach would be to ask for confirmation as to when the next tranche of funding would be available.

In response, the Board was informed that the Chapel was currently the only building that was listed and that the standardised approach had not been built yet in terms of Cohort 3 and 4. Modular units were not designed to have the same life span as more traditional buildings but were a bridge towards new facilities. The Board was reassured that core clinical functions would remain based at the Hospital. It was hoped that additional funding could be secured and that funding opportunities were constantly being explored, although more capital and revenue would be welcome. In

terms of comparison to other Trusts, the monies spent on current building maintenance meant that there was less money to spend on schemes that support improving patient services. It was essential to ensure that every project could be delivered with best value for money, putting patient and staff needs at the forefront. There was a lot of work that could be done around changing the way things were done, for example, reviewing management of pathways had a positive impact on reducing waiting lists. Select committees had been investigating the pace of the programme and were aware of the condition and asset challenges across the estate.

Resolved (unanimously):

That the Adult Social Care and Health Overview and Scrutiny Sub-Board notes the update provided by Torbay and South Devon NHS Foundation Trust in relation to the delivery of the capital programme and re-design of the hospital and recommends that:

1. Torbay and South Devon NHS Foundation Trust be requested to provide further updates on progress of the delivery of the capital programme and re-design of the hospital to include regular provision of a dashboard document to enable interim progress to be tracked;
2. Torbay and South Devon NHS Foundation Trust be requested to provide an update as to progress in delivery of the new diagnostic centre in Market Street, Torquay together with opening dates; and
3. the Cabinet Member for Adult and Community Services, Public Health and Inequalities be requested to write to the Health and Social Care Minister for confirmation as to when the next tranche of funding will be released; making the case for increased revenue and capital funding for the Hospital in future; highlighting the structural issues with the current Hospital estate buildings and the subsequent maintenance cost and highlighting the results of the recent Care Quality Commission (CQC) report and the challenges identified.

### **35. Local Government Association Contract Management Review**

The Interim Associate Director of Operations, Torbay and South Devon NHS Foundation Trust provided Members with an outline of the submitted report and an update on contract management improvements in Adult Social Care and Paris (case management recording IT system) replacement procurement.

Members were informed that initial Local Government Association (LGA) recommendations and action plans for Adult Social Care management improvement were complete and there were ongoing efforts to integrate revised processes into daily operations. Embedding market and contract management practices would take some time given the Team's recent formation and limited prior contract management activities. Collaboration with procurement colleagues at both the Torbay and South Devon NHS Foundation Trust and the Council was ongoing with clarification of roles and responsibilities in the commissioning process. The Strategic Team at Torbay Council and the Tactical Team at the Trust were working closely on the overall

development and management of the social care market. Next steps to progress included:

- further improvements in individual market segments with clear deliverables in 2024/25;
- to review the operational effectiveness of the Team;
- utilisation of the new contract management toolkit;
- further work around contract management for care homes;
- ensuring value and risk prioritisation;
- working closely with the Council to improve integrated working around business case approval processes related to commissioning and contracting processes; and
- emphasis on co-production of the new Care Home Specification through the Care Home Engagement Project.

Members asked questions around what did improved contract management mean for residents and why a majority of care homes who had complaints from LGBT residents retained a good CQC rating?

In response, Members were informed that residents would benefit from improved contract management in terms of management of cost which was really important as a provider and particularly for those self-funding. Quality would also be monitored alongside safety and good contract management would ensure a pro-active approach to improvements and to meet the communities' expectation of appropriate management. In terms of the LGBT question raised, the Director of Adult and Community Services explained that the Council's Diversity and Inclusion Lead Officer was working with Torbay and South Devon NHS Foundation Trust with focus groups of people to better understand how they felt about their care. The question around CQC rating and LGBT complaints could be included within that piece of work.

It was recognised that care home engagement was a vital piece of work as well as hearing from families, advocates and residents of care homes. This had allowed Torbay and South Devon NHS Foundation Trust to recognise that the care home specification needed re-writing to co-exist with the contract and it was currently being co-produced with both Strategic and Tactical Teams linking to community research.

Members also received an update on the Paris IT system replacement and were informed that an external delivery partner had been procured to support the options appraisal for the Adult Social Care IT system. It was necessary to future proof the IT system and the current system had been identified as having inefficiencies and carried operational risks. Requirements for the future system would include supporting customer ownership over social care plans, enabling mobile working, facilitating strengths-based conversations with clients, providing data and reporting for informed decision making, flexibility to amend reports according to regulatory changes, ensuring interoperability with wider systems and to align with digital strategy and cloud-first principles.

Following a series of engagement workshops an Options Appraisal was prepared with input gathered from over forty stakeholders and demonstrations from three market-leading suppliers. Results were presented to the Joint Steering Group for review and

the option to replace both the Adult Social Care Management System and the Finance Module was agreed. Next steps would include establishing the cost of implementation and maintenance, establishing a program to review systems and to define standard operating procedures and completion of the business case to progress for submission through Torbay Council's decision making governance process.

Members asked what the time line was for implementation of the new IT system and was the delay due to having to align systems?

In response, Members were informed that the replacement IT system would align with and enable transformational activities and allow for efficient management of current and new cases, ensuring public value for money, statutory compliance and provide an outcome-focussed approach.

It was anticipated that implementation of the replacement for the Paris IT system would be around 18 months. It would be necessary to de-couple systems as part of risk management and to ensure that the appropriate procurement processes were followed and it was recognised that this represented a significant piece of work.

Resolved (unanimously):

That the Adult Social Care and Health Overview and Scrutiny Sub-Board notes the update provided by Torbay and South Devon NHS Foundation Trust in relation to the contract management improvements in Adult Social Care and the case management recording IT system replacement procurement and recommends that:

1. The Director of Adult and Community Services be requested to provide further updates regarding contract management improvements in Adult Social Care; and
2. The Director of Adult and Community Services be requested to provide further updates on progress with the Case Management Recording IT system replacement procurement.

### **36. Adult Social Care and Health Overview and Scrutiny Sub-Board Work Programme 2024 - 2025**

Members were informed that the Adult Social Care and Health Overview and Scrutiny Sub-Board Work Programme for the municipal year 2024/25 had been devised with input from Overview and Scrutiny Members. The work programme was designed to help shape how the Overview and Scrutiny meetings would operate and the work programme would remain fluid to accommodate topics that may require scrutinising throughout the year.

Resolved (unanimously):

1. that the Initial Adult Health and Social Care Work Programme for 2024/2025 as presented be approved; and

2. that the work programme will be kept under regular review by the Overview and Scrutiny Co-ordinator and the Chairman of the Adult Social Care and Health Overview and Scrutiny Sub-Board and the Scrutiny Officer with consultation being carried out with other Scrutiny Members via the monthly informal Overview and Scrutiny Briefings.

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

The Sub-Board noted the submitted action tracker. The Senior Democratic, Overview and Scrutiny Officer provided the following updates:

- Update on Minute 18 (meeting 23 November 2023) – the Director of Adult and Community Services reported that information on dental hygiene was provided to care providers by Adult Social Care and the Integrated Care Organisation on a regular basis. The Director of Public Health reported that Public Health continued to work with partners to address this from a public health perspective. Therefore, this recommendation was captured within existing work streams and the Sub-Board was asked to note this recommendation as completed.
- Update on Minute 18 (meeting 23 November 2023) – the Director of Adult and Community Services reported that care homes work with primary care to ensure that all residents access screening services. The Director of Public Health reported that Public Health continued to work with partners to address this from a public health perspective. Therefore, this recommendation was captured within existing work streams and the Sub-Board was asked to note this recommendation as completed.

Members were also informed that an annual review on improvements in dental access and planned oral health improvement initiatives featured on the work programme for 2024/25.

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Chairwoman