

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

**21 December 2023**

**-: Present :-**

Councillor Joyce (Chairman)

Councillors Johns (Vice-Chair) and Twelves

(Also in attendance: Councillors Long)

---

### **19. Apologies**

Apologies for absence were received from Councillor Tolchard and Pat Harris of Healthwatch.

### **20. Minutes**

The minutes of the meeting of the Sub-Board held on 23 November 2023 were confirmed as a correct record and signed by the Chairman.

### **21. Psychiatric Medication Supervision**

Dr Colm Owens Consultant Psychiatrist and Dr Emma Sircar, General Practitioner and NHS Devon Primary Care Lead for Mental Health provided Members with an update and presentation in relation to Devon's approach to physical health monitoring in mental health.

Members were informed that the main aim was to address health inequality for people with severe mental illness by increasing the number of annual physical health checks delivered for people with serious mental illness; to design a safe and commissioned pathway for initiation, monitoring and review of anti-psychotics and to design a safe and commissioned pathway for the physical health monitoring of people with eating disorders. The reasons for this were:

- to attempt to reduce early mortality of patients with serious mental illness by completing health checks and offering appropriate interventions;
- to review anti-psychotic prescribing to ensure that it was still appropriate and to pick up any physical health concerns and intervene;
- to address the current low rates of completion of cardio-metabolic physical health checks for people with severe mental illness and those prescribed with anti-psychotics across the whole system;

- to enable access to checks for all eating disorder/disordered eating patients requiring physical health monitoring.

It was explained that to achieve success, it was essential to include the right people in the work such as experienced experts, acute mental health trusts; primary care, the voluntary sector and commissioners. Taking a collaborative approach was important as well as building good relationships between local teams across the sectors and exploring opportunities and community team engagement. Effective communication was also key, delivered through patient information leaflets; an available video tracking a patient's primary healthcare journey; a system level resource pack and patient passports which enabled people to hold their own information, empowering them to take ownership over health together with information as to why the health checks were so important.

In terms of primary care, the aim was to complete the majority of annual physical health checks for those on the serious mental illness register and to explore how to extend primary care funding to include anti-psychotic monitoring and measures for those with eating disorders and to put in place measures for the physical health monitoring team to review and act upon. In relation to secondary care the focus was on anti-psychotic initiation and stabilisation monitoring with clear guidance to primary care on initiation of anti-psychotics; consideration as to the length of time for medication, how it should be reduced and when. It was important to provide advice and guidance to primary care in relation to anti-psychotics and to ensure annual health checks for those not attending primary care.

Members were informed that the One Devon documents were progressing to sign off and that the test of change could be measured when the results of the North Devon rollout were available, which tested and refined pathways and communications. The North Devon rollout had commenced in November/December 2023 and a rollout in Torbay and Plymouth was envisaged for early 2024 with the rest of Devon likely to follow during the next financial year.

Members received responses to the following questions:

- Could community pharmacists help with the rollout?
- What is the process for reaching out to individuals who are homeless with mental health issues?
- How many people in Torbay are currently prescribed anti-psychotic medication?
- Do those figures include individuals where there may be a post-natal cause?
- When patients attend for review, they might fear that medication may be withdrawn – did that create a barrier for review and how was that currently addressed?
- How would extra funding be obtained in direct relation to those individuals with eating disorders?
- What was the comparison in numbers of individuals with serious mental illness pre-Covid-19 pandemic compared with numbers post Covid-19 pandemic?
- When would the results of the rollout in North Devon be available?

## 22. Quality of Care and Domiciliary Care

The Divisional Director, Adult Social Care presented the submitted report which provided Members with an update and information regarding how domiciliary care in Torbay was delivered, provided and monitored.

Members were informed that nationally there was a growth in the domiciliary care market and a wide push on recruitment, with a reduction in turnover of staff.

It was explained that there were eighteen providers locally working in the community on a procured framework, "Living Well at Home" which ran from March 2020 to March 2025. The workforce was relatively stable, keeping up with growth and demand. The focus was around keeping people at home if possible and making sure that those individuals discharged from hospital returned home as swiftly as possible.

There were areas of challenges such as:

- care providers having to compete with other employment markets locally when the rates of pay were generally lower for those working in domiciliary care;
- people's needs had also changed and so the demands on the workforce were now different;
- how domiciliary care could become more carbon neutral.

There was a need to stay focussed on the rehabilitation element, setting people focussed outcomes to keep people well and so that they could be more independent in their lives and remain at home. Aspirations included the evolving use of technology to help deliver care in future and this was an area that was being explored. Collaborative working with providers, such as the Integrated Care Organisation remained essential and making sure that contracts remained in place and quality of care continued. The Integrated Care Organisation held oversight of quality performance monitoring with a monthly assurance process and the contract manager held quarterly contract review meetings, with providers sending monthly key performance indicator data which produced monthly dashboards.

Members were pleased to note that the current contract was working well and received responses to the following questions:

- What plans are there for the next contract post March 2025?
- Would the contract following March 2025 look different?
- Did the data provided include private, NHS and intermediate care?
- What was the level of staff turnover?
- Did the same carers visit individuals to ensure continuity of care?
- What would be the biggest challenges in domiciliary care moving beyond 2024?
- What was the standard length of time for a care visit?
- What happened if an individual refuses care? Was that reported back to the agency?

Resolved (unanimously):

1. That Members of the Sub-Board noted the contents of the Domiciliary Care Report;
2. The Director of Adult and Community Services to provide an annual update on domiciliary care to the Sub-Board in December 2024.

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

The Sub-Board noted the submitted action tracker.

---

Chairman