

# Health and Adult Social Care Overview and Scrutiny Committee

**Friday 10 March 2023**

## **PRESENT:**

Councillor Mrs Aspinall, in the Chair.

Councillors Finn, Harrison, Laing (Substitute for Councillor Noble), McLay, Murphy, Nicholson, Partridge, Penberthy (Substitute for Councillor McDonald), Reilly and Tuffin.

Apologies for absence: Councillors Deacon, McDonald, Noble, and Mrs Pengelly.

Also in attendance: Anna Coles (Strategic Director for People), Matt Ward (Head of Strategic Development Projects, PCC), Sarah Lees (Consultant in Public Health), Jo Turl (NHS Devon ICB), Nigel Acheson (NHS Devon ICB) and Elliot Wearne-Gould (Democratic Advisor).

The meeting started at 14:00 and finished at 17:10

*Note: At a future meeting, the Panel will consider the accuracy of these draft minutes, so they may be subject to change. Please check the minutes of that meeting to confirm whether these minutes have been amended.*

## 1. **Declarations of Interest**

There was one declaration of interest:

<b>Councillor</b>	<b>Interest</b>	<b>Description</b>
Lee Finn	Personal	Chair of the Mayflower Patient Participation Group.

## 2. **Chair's Urgent Business**

There were no items of Chair's urgent business.

## 3. **West End Hub Programme Delivery**

Jo Turl (NHS Devon ICB), Nigel Acheson (NHS Devon ICB), and Matt Ward (Head of Strategic Development Projects, PCC) delivered an update to the Committee regarding the 'West End Hub Programme Delivery', and highlighted the following points-

- a) The board paper within the Committee's agenda pack would be going to NHS Devon's public board on Wednesday 15 March 2023 for discussion and a decision;

- b) Since last attending this Committee, Jo Turl and the ICB had written to the Health Secretary, Lord Markham, to identify the future of the Cavell project and any possible solutions to the funding issues. This included seeking national capital to support the Cavell project, and potential to combine the project with the Community Diagnostic project which was underway in Plymouth. A formal response had not yet been received;
- c) While NHS Devon had always stated that the Cavell project was reliant on national capital, they had since explored all options locally to support this project too;
- d) All of the 6 national pioneer sites of the Cavell project had been written to by the National Cavell team, asking them to stand down. A national business case had now been prepared for submission to the treasury, hopefully for funding in the next spending review;
- e) An options analysis had been undertaken, but had unfortunately identified that it was currently unaffordable to support the project from local NHS Devon monies. NHS Devon had received an offer from Plymouth City Council to borrow the capital required however, NHS Devon could not afford the interest repayments on this loan, given their current deficit position;
- f) The people most affected by this would be the 3 GP practices and their patients, who had been poised to move into the West End Hub on its completion. NHS Devon were committed to working with these practices, “whatever happens”, to ensure there were sustainable and high quality primary care facilities across the city, and meetings with those affected had been scheduled.
- g) While no decisions had yet been made, the recommendation to be taken to NHS Devon’s board was regrettably that:
  - i. ‘The Board commends the work which all partners have undertaken through the Cavell Project Board to achieve the completion of the Full Business Case’;
  - ii. ‘The Board supports the view of the Executives that, given the change in the national position on capital resources available, at present we cannot support any option that takes the Plymouth scheme forward at this stage. As we are in SOF4, and are facing a £49.5m overspend, our options are severely limited at this stage, unless or until the national position on capital for Cavell schemes changes (Option 6)’;
  - iii. ‘Continue to work with the practices to mitigate risks to the practices in the short-term. We will also work with the practices to identify all risks and opportunities as part of the PCN Estates Toolkit process’.

- h) All of NHS Devon's capital was committed for the next year, and due to a backlog in critical and essential maintenance it was not possible to commit future years' capital to the project.

In response to questions from the Committee, it was reported that-

- i) University Hospitals Plymouth (UHP) contributed to £17m of deficit, within the ICB's £49.5m overspend;
- j) The ICB were committed to working with the 3 affected GP surgeries to ensure they remained open and delivering high quality care to their patients;
- k) NHS Devon ICB had nominated Plymouth as a pioneer site as they recognised the community health needs, and potential this project could have for the city's primary care provision. Conversations had already started to ensure support was provided to the 3 GP practices;
- l) The ICB had thoroughly examined all of the potential benefits of the Cavell centre through the business case, including the effect of primary and preventative care. The project would have roughly broken financially even however, without a balanced budget it was not affordable;
- m) NHS Devon had been offered a loan from Plymouth City Council to fund the initial build cost of the Cavell centre, subject to the monies being reclaimed over a 40 year period. However, due to NHS Devon facing a deficit position both within Devon, and Plymouth, it would be irresponsible to commit to further spending when it could not be guaranteed that future budgets would be in a sustainable place. The project would cost approximately £45m, with an approximate interest charge of 5.35% costing around £2.6m. The ICB's budget for 2022/23 had been £2.4b however, this year alone had seen a £53m overspend, with next year's projections showing further deficit accumulation;
- n) NHS Devon and local authorities could only operate under the financial parameters provided by government. While national Government had initially indicated it would provide the needed capital, it was felt that NHS Devon and PCC had been misled, with options of funding pulled at the last minute. This was regarded as hugely disappointing all round, with considerable time and financial investment having been made, as well as expectations having been raised across the city. NHS Devon and PCC had not pre-empted decisions, but had instead fulfilled their requirements through developing a business case and locating and clearing a site, to meet the criteria for funding;
- o) NHS Devon ICB would not stop in its goal of striving to improve health and healthcare for residents across the city. While the Cavell project had offered an innovative new method of tackling issues, the ICB had many other avenues towards health improvement;
- p) Approximately 4 years ago, PCC had identified the need to re-develop the Colin Campbell Court site, and had undertaken work to explore how the

Council could commission a primary care facility there. This “oven ready” project then received significant interest from other health partners, and with demand greater than anticipated, NHS England offered funding of £2.5m for the ICB to develop a business case;

- q) PCC had several options to consider in regards to the future of the Cavell Project, and the site at Colin Campbell Court:
  - i. Wait until the spending review in autumn 2024. If the spending review did happen, and funding for the Cavell project was allocated, this would not be available until April 2025. There were no certainties;
  - ii. Meanwhile, the Colin Campbell Court site was in need of regeneration, as PCC had had to complete demolition to meet the timescales set by NHS England. PCC was liaising with UHP regarding the potential for the Community Diagnostics Centre (CDC) to be located on the site, and options were being analysed for integration of the Cavell Hub with the CDC if funding became available later.
- r) UHP Derriford had submitted a funding bid for £25m to cover the complete cost of the proposed CDC. This was a separate funding source to the Cavell project, and did not impact NHS Devon’s financial position. A decision on the funding allocation for the CDC was expected by the end on February 2024;
- s) While the current position of the national Cavell project was disappointing, there had been significant achievements and positives throughout the process, including strong system and partnership working that was important to maintain going forward;
- t) NHS Devon had explored the possibility of a purpose built, stand-alone facility for the 3 GP services however, this would cost approximately £15m, and combined with interest charges, presented identical challenges to the Cavell centre, with the current financial position. Instead, the ICB would need to examine existing premises and evaluate the best way to support them in their current form;

The Committee raised concerns regarding-

- u) The practicality of working with the 3 affected practices to ensure their sustainability during a potentially long-term period of uncertainty was doubted, when all were in a state of crisis due to expiring or expired leases, insufficient working space, poor maintenance/ conditions, and inability to recruit or retain staff. The Committee questioned the potential for Stonehouse to lose all 3 of its GP practices, should inadequate support be provided;
- v) The lack of a detailed plan from NHS Devon, outlining how they would work with the affected GP practices to ensure their survival and the delivery of

high quality primary care was concerning, with issued statements appearing vague. The Committee highlighted that any pause or abandonment of this project would significantly and negatively impact one of the poorest communities in Devon, and Plymouth, with some of the lowest health outcomes in the city. There were approximately 7.7 years difference in life expectancy between the East and West of the city, and while these figures were not worsening, they were heavily engrained and would prove a challenge to address;

- w) The Cavell project had offered an innovative and long-term solution to tackling the inequality of health outcomes in Plymouth, and would have made significant steps to alleviate pressures on other care resources across the city. It was widely recognised that unemployment within Plymouth was linked to health problems, with delays to medical treatment preventing many from working, and significantly impacting on resident's quality of life. It was therefore felt that giving up on the project would be short-sited, leading to future financial, resource, and health outcome shortfalls;
- x) It was particularly disappointing for the project to be in this position at such a late stage, with many of the primary obstacles overcome. Considerable NHS monies had been spent developing a business case and towards project management, while a site had been identified and cleared, and numerous GP and care facilities were set to move into the Hub on its completion;

The Committee agreed to-

1. Recommend that the Chair of the Health and Adult Social Care Overview and Scrutiny Committee write to the National Audit Office, expressing concerns regarding the expenditure of the Cavell Programme, which now appeared to have no DHSC funding for delivery. This had led to considerable reputational damage to local authorities, which must be prevented in future;
2. Recommend that the Chair of the Health and Adult Social Care Overview and Scrutiny Committee write to NHS England regarding potential to fund the interest payments on the capital loan offered by PCC to support the West End Health Hub project, and continues to drive to secure the required capital funds;
3. Recommend that the Chair of the Health and Adult Social Care Overview and Scrutiny Committee write to the 3 affected General Practise managers, seeking their views on delays to the Cavell Programme, and explores brokering a meeting between parties involved;
4. Recommend that the ICB and NHS England prioritise systems working and early intervention and prevention, addressing long term need, rather than short term financial viability;
5. Recommend that a Devon-wide meeting with MPs be explored to ensure accountability and ongoing cooperation to improve the health outcomes in

Devon and Plymouth, and continue to lobby to secure funding for this project;

6. Recommend that NHS Devon respond within 15 working days, detailing a fully-costed plan to ensure the sustainability and viability of the 3 affected GP practises who were due to take up residence in the West End Hub. The Committee accepts the offer of the ICB to report to a future scrutiny meeting on the work being undertaken to support local GP practices and ensure health outcomes are maintained and improved across the city;
7. Recommend that NHS Devon provide full financial visibility of revenue and capital budgets to this Committee, to enable consideration of whether allocated funding is proportionate to the population needs of the City;
8. Recommend that PCC officers work with UHP to look at the master planning of the Colin Campbell Court site, ensuring any alternative facilities, such as the Community Diagnostics Centre, are in line with regeneration proposals;
9. The Committee offered its appreciation Jo Turl and Nigel Acheson for their attendance at this meeting, but expressed disappointment that NHS Devon's Chief Executive Officer and Chief Financial Officer were not in attendance. The Committee would be seeking a further discussion with them to ensure that all avenues for the Cavell Project had been adequately considered;
10. The Committee recorded their significant concerns regarding the viability and sustainability of the 3 GP practices which were due to take up residence in the new West End Hub. Concerns were also noted regarding the future accommodation of the voluntary, community, and other health services which had been planned for integration into the hub;
11. The Committee expressed concerns regarding Plymouth's current insufficient health provision, and requested that NHS Devon provide assurances of their plan to ensure adequate health care is in place to align with Plymouth's Plan for Homes, and population growth, including seeking appropriate contributions through section 106 agreements with developers.

#### 4. **Exempt Business**

There were no items of exempt business.