

Okehampton Town Council
Full Council Meeting 26th September 2022
Meeting Report

Date:	16 th September 2022
Name:	Emma James

Councillor Co-option – To resolve to co-opt a Councillor to fill the South Ward vacancy

Co-Option Voting Guidance

Guidance for the co-option of Councillors is contained within NALC legal topic note 8, for ease of reference the procedure is as follows:

Debate and voting must be in the public domain.

Where there is the same number (or less) of candidates than vacancies, the council should appoint the candidate. The council's priority should be to fill a vacancy and to co-opt an eligible candidate if there is one.

As with any council decision, a majority of councillors present and voting will need to vote in favour of the motion for it to pass. It must be noted that should the candidate/s be rejected and the vacancy not filled, the council will need to be able to justify its decision which could be difficult if the candidate is eligible.

Should there be a tie, the Mayor has the casting vote.

Voting

If all existing Members (13 as at July 2020) of OTC are present and voting – the 'winning' candidate will need to get at least 7 votes in favour in order to be co-opted.

The process if there are more candidates than vacancies:

For example if there are 3 candidates for 1 vacancy and 13 voting Members - a vote of 4, 4, 5 for the candidates would not elect a 'winner' because 5 is not the majority.

So then there would need to be a 'run-off' vote of the lowest of the two votes (4 and 4) to ascertain who progresses to the next stage.

The 'winner' of the 'run-off' vote and the candidate with the highest initial vote are voted on again. The candidate with the majority being co-opted.

If the original vote had been 5, 5, 3 – the lowest would have been eliminated and then another vote on the remaining two. An initial vote of 3, 3, 7 would have elected the 'winner'.

Minor Injuries Unit and Hospital Beds –

To consider questions and answers from a recent Political Engagement Webinar

Outstanding answers from questions generated during the Political Engagement Webinar (thematically ordered):

Carers

Q. How can we give the carers for patients with dementia more support?

A. Carers play a vital and often undervalued role and supporting them to do the incredible work they do continues to be a priority. We work closely with carer organisations such as

Devon Carers in the first instance to identify carer and to ensure support, guidance and advice are readily available and accessible. Devon Carers offer an extensive programme of [free training and resources](#) – this includes Dementia (helping people to understand what dementia is, how it can impact people and practical things that can be done to support people to live well with dementia). It is important that carers can take time out from being a carer and do the things that matter to them, such as attending their own appointments or taking a break and looking after their own health needs. Local authorities have a statutory duty to meet the eligible needs of carers and do that in many ways including providing funding for services and offering information and advice.

Within the Eastern area of Integrated Care System for Devon, we are in the process of forming a steering group in collaboration with statutory, VCSE organisations, and carers' ambassadors. The group has defined its common purpose as "increasing recognition of carers, and the prevention of harm to their health & wellbeing through their caring role". We want to enable those caring for friends and family members to find the information and support they require easily; to encourage them to register as carers so they are better able to access updated resources and support available to them. We are looking at all stages of caring, from transitioning into becoming a carer, to the end of the caring role. We consider all age groups, as being a carer is not age specific. At this time, we are not focusing on specific health conditions that carers are involved with, however, as the group evolves, it is certainly a direction we may find ourselves moving towards.

Community Hospitals / Estates

Q. Are there any plans to re-open the beds in the community hospitals that have been closed?

A. There are currently no plans to reopen beds in the community hospitals for a range of reasons, including:

- Many patients need more specialised care in an acute hospital than that offered in a community hospital
- Many people waiting to go home need social care rather than nursing care
- Community teams can normally care for many more people in their own homes than they could in a rehabilitation ward with the same investment
- Staffing a community hospital ward offers less flexibility in managing staffing rotas compared to an acute hospital ward.

Dentistry

Q. Will all this also involve work to make sure there are enough dentists? Residents are experiencing real problems accessing or affording dental care.

A. NHS England South West commission all dental services in Devon, and therefore is not a responsibility of NHS Devon. We will of course continue to work as closely with NHS England as possible. Please note, <https://www.england.nhs.uk/primary-care/dentistry/dental-commissioning/> is the main website with the commissioning policy and the main Customer Contact Centre email address is england.contactus@nhs.net if you wish to discuss your concerns with them direct.

Funding

Q. We find it difficult to fund social care but it is when people do attend we find it easier to identify those who have primary medical needs and thus prevent acute care. How can we fund primary care better?

A. Historically Devon has not received its fair share of GP funding. This has improved in recent years, but a funding gap of 3.2% for 22/23 remains.

NHS England has promised to reform funding allocations as part of GP contract renegotiations for 2024/25. Funding for different GP practices is calculated with insufficient recognition given to deprivation and diversity. The formula must also fully recognise multi-morbidity, age, and complexity, otherwise Devon is likely to overall take a cut in funding. Locally, we are asking politicians to consider how this be backed politically.

Q. How will One Devon be funded? Will it still be NHS for clinical and DCC for the social care element?

A. NHS Devon is responsible for NHS strategic planning and allocation decisions. It has a set financial allocation by NHS England to cover the majority of NHS care for its population and is accountable for NHS spending and other financial objectives across Devon. It will develop a plan to meet the health needs of its population and develop a capital plan for the NHS providers within its footprint.

One Devon is a collaboration of the NHS and local councils responsible for developing a plan to address the system's health, public health and social care needs, which NHS Devon and local authorities will be required to 'have regard to' when making decisions. The membership of the One Devon and its functions is not set out in legislation – instead One Devon has the flexibility to ensure that the members represent all partners in Devon, such as Healthwatch, voluntary and independent sector providers, and social care providers.

Social Care Sustainability

Q. Do you have the workforce on the ground and in Care Homes to manage the swift discharge ambitions?

A. In the first instance we are working in a way that aims to prevent unnecessary hospital admissions and we are committed to developing a health and care workforce capacity and capability that can meet peoples' need in communities. Part of this is about prevention being at the heart of everything we do and a focus on population health and wellbeing. That said, workforce recruitment and retention challenges across health and care are long established across the country, and Devon is no exception. Significant and on-going work is taking place locally including through our Proud to Care Campaigns, to promote careers, jobs and training in care, and our LoveCare programme, that is lobbying central government for the changes needed to address workforce challenges.

Elected members have a unique relationship with communities across Devon and can play a key role in promoting careers and roles in care in their communities.

Urgent Care

Q. How will this new system improve pressures on the Ambulance Service? How will 999 telephone triage work to fit this new approach now not just in the long term?

A. Work to reduce ambulance handover delays across Devon, Plymouth and Torbay includes:

- Strengthening community support so people can be treated without needing to access urgent and emergency care services
- Offering alternatives such as Urgent Treatment Centres or Minor Injuries Units, where appropriate
- Placing senior clinicians at the front door of ED for rapid triage and assessment
- Supporting complex discharges from hospital, through offering personal health budgets and providing accommodation in a short-term care centre for people awaiting social care
- Supporting people to access the right service for their needs through awareness campaigns

VCSE

Q. Will there be funding available for the voluntary sector to enable effective engagement? If so, where will it come from?

A. Integrated Care Systems are bringing together statutory and non-statutory organisations to work in partnership; combining expertise and resources to have a greater impact in the communities we all service. There is no new funding for ICSs but there is a drive toward ensuring local funding and budgets have as much impact as possible. This can mean pooling budgets, with local areas deciding what funding and responsibilities go into a pooled budget. Across local systems, new partnerships are being formed across statutory and voluntary sectors, with a mutual move away from traditional commissioner provider relationships and short-term funding, to a genuine equal partnership. And in Eastern Devon, the voluntary and

community sectors are present, engaged and actively shaping strategy and delivery of services across communities.

Q. Experience of working with the voluntary sector is one of frustration re: short term funding often at 1 year at a time - can this change to give assurances over e.g. a 3-year period?

A. The VCSE sector are important trusted partners in the evolving place-based partnerships. They provide services to the most disadvantaged communities and often have an excellent understanding of the health and care issues faced by those communities. They provide expertise in directly working with people and communities in service planning and delivery and have good knowledge of the needs and strengths of those they work with and how they can be supported to be more directly involved in health and care strategies and plans. Furthermore, the sector has an important contribution to make in shaping and providing health and care services, and in developing and implementing plans to tackle the wider determinants of health. We have listened to the sector and fully understand the need to work towards providing more long term and sustainable funding. As well as the ongoing support to the sector from the NHS and local authorities, we have recently spent over £1.2m on the sector in the eastern locality to support discharge from hospital and on measures designed to better support people in their own homes and communities. We have also put in place a payment system to enable grassroots organisations to be able to participate in strategic and planning meetings. As the operating model of the new ICS evolves, we aim to ensure that funding the VCSE sector is integrated as a core component so that our partners can operate on the basis of longer-term funding agreements.

Q. As mentioned by earlier participants, joint working and 'equal partnerships' with VCSE groups can only work if they have longer term and sustainable funding. What other funding for these groups can/will the NHS provide apart from the 'discharge' related funding mentioned by Jeff Chinnock, and what are the NHS's priorities when working with VCSE groups?

A. This is a developing picture and will evolve as opportunities arise. Funding opportunities will come from beyond the NHS, for example through centrally funded grants like the DfT Transport Fund for Loneliness and Isolation that we have been promoting, encouraging applications from relevant parties. As statutory services, we will always be looking for opportunities to work in partnership with VCSEs particularly now we are all partners within the ICS. VCSEs are connected to communities in a way that statutory services are not and as we continue to work towards a health and care system that thinks community first, those closest to communities like VCSEs will have an increasingly prominent influence - as we are starting to see happen.

To consider a response from Mel Stride, MP, following the Council's request for the reinstatement of an MIU and reprovision of hospital beds in Okehampton Hospital allowing treatment locally and ease bed blocking at RD&E

From: STRIDE, Mel <mel.stride@nhs.uk>
Sent: 31 August 2022 15:28
To: Emma James <townclerk@okehampton.gov.uk>
Subject: RE: DHSC Response

Dear Emma,

Further to our previous correspondence regarding hospital discharges, I have made enquiries with the Department for Health and Social Care on this matter and received the following response from Gillian Keegan MP, Minister of State for Care and Mental Health:

"Discharging people from hospital as soon as they are clinically ready is increasingly recognised as the most effective way to support better outcomes. The Act will give flexibility for local areas to adopt the discharge model that best meets local needs, including an approach known as 'discharge to assess',

which allows people to recover in a community setting that is familiar to them while they receive care and reablement support. People are then assessed when they have recovered, meaning it is possible to accurately evaluate their long-term needs.

The Act also contains a new commitment for NHS trusts to involve patients and carers at the earliest opportunity in discharge planning for adult patients who are likely to need care and support, where it considers it appropriate to do so. It also introduces, for the first time, a commitment to involve young carers in discharge planning where appropriate.

These measures will ensure that, whenever possible, the views of patients and carers are considered from the earliest stages of discharge planning, enabling them to be part of conversations and decisions about the patient's future care needs."

I hope that this response is of use to you and helps to clarify the Government's position on this matter.

Thank you again for taking the time to write.

With best wishes,

Mel

Rt Hon. Mel Stride MP
Member of Parliament for Central Devon

Antisocial Behaviour – To consider a response from the Office of the Police and Crime Commissioner following the Council's letter in relation to antisocial behaviour and the reopening of the Okehampton Police Desk

From:
Sent: 18 August 2022 17:46
To: Emma James <townclerk@okehampton.gov.uk>
Subject: Okehampton

Dear Emma

Thank you for your email to the Police and Crime Commissioner of 28 July 2022 regarding policing matters in Okehampton. I apologise for the delay in coming back to you and I respond on the Commissioner's behalf

It is good to read that the CCTV investment is reaping dividends in Okehampton. The Commissioner has received feedback from officers that they are seeing a positive difference from this. As you will know anti-social behaviour is a particular focus for Alison's term of office along with violence, road safety and drugs. We hear your concerns for young people but there are steps being taken across the Force to divert the young most at risk from becoming engaged in crime. Schemes such as the Turning Corners project brings together the police, youth service organisations, parents and schools worked together to identify and support predominantly young individuals where there were concerns about offending behaviour. In a year the project helped 144 young people and provided a significant amount of learning to help identify young people at risk which can be shared across other areas under the banner of the Serious Violence Prevention Partnership which the Chief Constable and the Commissioner are jointly running. Many young people who offend come from troubled backgrounds and experience domestic abuse, neglect or mental health. The OPCC is investing in giving children a second chance – for children who have admitted to an offence, and if it is not in the public interest to prosecute, an 'out of court disposal' can be considered. £60,000 has been funded to improve this process which can lead to better

results for young people and for getting young people back on track – the prevention programme has funded the expansion of the Pathfinder programme to 18-25 year olds. Pathfinder offers a solution for offenders that defers a prosecution with a contract for the offender, but still holds them to account for their actions.

I have approached the Sector Inspector in preparing the response and would encourage you to continue to engage with local officers so that concerns can be shared. I understand a meeting is taking place shortly. I am advised there [has been one criminal damage report linked to youths in the last 14 days, whereas nearly 20% of overall crime in the last 14 days has been linked to](#) domestic abuse.

Insp Warriner will be best placed to update you on new placements arriving in the sector. More police officers are passing out all the time – in fact the Commissioner is attending a passing out ceremony again tomorrow.

The front desk at Okehampton is scheduled to open in slightly under 12 months' time, June 2023. Recruitment of staff has been ongoing and we hope that this will result in some successful appointments.

Yours sincerely

Office of the Police and Crime Commissioner
Devon, Cornwall and the Isles of Scilly

SAAA Central External Auditor Appointment – To resolve to approve remaining opted into the scheme

From:

Sent: 10 August 2022 15:08

To: Emma James <townclerk@okehampton.gov.uk>

Subject: SAAA 2022 Opt-out Communication

Option to opt out of the SAAA central external auditor appointment arrangements

Dear Clerk

Under the Local Audit (Smaller Authorities) Regulations 2015, SAAA is responsible for appointing external auditors to all applicable opted-in smaller authorities, for setting the terms of appointment for limited assurance reviews and for managing the contracts with the appointed audit firms. Smaller authorities are those whose gross annual income or expenditure is **less than £6.5 million**.

The next 5-year appointing period runs from 2022-23 until 2026-27 and SAAA has undertaken a procurement exercise to appoint auditors to each County area from 1 April 2022. Now that the submission deadline for the 2021-22 Annual Governance and Accountability Returns has passed, this is to advise you of the option to opt-out of the next round of 5-year audit appointments.

All authorities require an appointed external auditor even if the authority meets the criteria to qualify for exemption, as a Certificate of Exemption is required to be submitted to the external auditor and the auditor must be in place in case of objections from local electors

During the previous 5-year period **all** smaller authorities were 'opted-in' to the central procurement regime managed by SAAA - no authority decided to 'opt-out' and follow the various complex procedures required under statute to appoint their own external auditor. **If you wish to continue as part of the SAAA sector led auditor appointment regime then no action is required, you will remain part of central scheme.**

However, all authorities must be given the option to opt-out of the central procurement and appointment scheme and appoint their own external auditor for the next 5-year period, although the process is onerous for smaller authorities.

This communication is to advise that whilst all smaller authorities are opted into the central procurement of external auditors by default, any authorities who do not wish to be part of the SAAA arrangements must formally notify SAAA that they wish to opt out within **8 weeks** of this communication but no later than **28 October 2022**; this decision must be communicated to SAAA via e mail to admin@saaa.co.uk.

If notification of your decision to opt out is not received within this 8-week period, then your authority will be regarded as opted-in for the next five-year period beginning on 1 April 2022 and ending on 31 March 2027.

Opting-out

Opting out is a significant decision which requires careful consideration; to assist authorities considering opting out further guidance has been developed to clarify what opting out means in practice. This detailed information can be found at www.saaa.co.uk

An authority that wishes to opt out must formally reach and record that decision in a way that meets the requirements of its own governance framework, by convening a full council meeting or an extraordinary council meeting.

Key implications are:

- an opted-out authority regardless of size (including exempt authorities) **MUST** appoint an appropriate external auditor;
 - the appointed auditor **must** be a registered auditor as defined by the Companies Act and a member of Institute of Chartered Accountants (England and Wales).
 - an opted-out authority **must** convene an appropriate independent auditor panel which meets the requirements of the Local Audit and Accountability Act 2014 (LAAA). Detailed guidance on auditor panels is available in Schedule 4 of the LAAA Act and from CIPFA;
 - an opted-out authority will need to develop its own specification for its external audit contract, will need to negotiate the price for this work on an individual basis and will need to manage the contract, including any disputes, and any independence issues that may arise;
 - an opted-out authority must ensure full compliance with the relevant requirements of the Local Audit and Accountability Act and supporting Regulations;
 - any opted-out authority that does not successfully appoint an appropriate external auditor in the correct manner and notify SAAA who their external auditor is by **30 November 2022** will have an external auditor appointed for it by the Secretary of State through SAAA. **This will result in additional costs of £300 which will have to be met by the authority.**

Simmons Park Charity – To consider a proposed change to the Management Agreement as requested by Trustees, clarifying Clause 2.2 that a review take place not less than three months before the fourth anniversary of the date of agreement (August 2025).

2.2. Not less than 3 months before the quarterly anniversary of the date of this Agreement, the Trustees and the Council shall review the terms of this Agreement and either agree a variation to the services, agree an extension to the Period or agree that it shall be determined in accordance with Clause 3.