Phil Norrey
Chief Executive

To: The Chair and Members of the Health and Adult Care Scrutiny Committee

County Hall
Topsham Road
Exeter
Devon
EX2 4QD

(See below)

Your ref :
Our ref :

Date : 13 November 2017
Please ask for : Gerry Rufolo 01392 382299

Email: gerry.rufolo@devon.gov.uk

HEALTH AND ADULT CARE SCRUTINY COMMITTEE

Tuesday, 21st November, 2017

A meeting of the Health and Adult Care Scrutiny Committee is to be held on the above date at 2.15 pm at Committee Suite - County Hall to consider the following matters.

P NORREY
Chief Executive

A G E N D A

PART 1 - OPEN COMMITTEE

1 Apologies

2 Minutes

Minutes of the meeting held on 21 September 2017(previously circulated)

3 Items Requiring Urgent Attention

Items which in the opinion of the Chairman should be considered at the meeting as matters of urgency.

4 Public Participation

Members of the public may make representations/presentations on any substantive matter listed in the published agenda, as set out hereunder, relating to a specific matter or an examination of services or facilities provided or to be provided.

MATTERS FOR CONSIDERATION OR REVIEW

5 Legal Duties of this Committee in holding the NHS to Account

County Solicitor to report

6 Position Statement : Budget 2017/18 (Pages 1 - 4)

(a) Report of the Chief Officer for Communities, Public Health, Environment and Prosperity, attached (Page 1)

(b) Report of the Chief Officer for Adult Care and Health (ACH/17/74), attached (Page 3)

7 Health and Adult Social Care: Performance using data for the year ending September 2017 (Pages 5 - 20)

Joint Report of the Chief Officer for Adult Care and Health and the Joint Director (Strategy) NEW Devon CCG and Torbay and South Devon CCG, (ACH/17/73) attached

8 Promoting Independence Disability Services (Pages 21 - 34)

Report of the Chief Officer for Adult Care and Health (ACH/17/75), attached

9 HealthWatch working with Scrutiny and The Forward View, next 3 years

HealthWatch to report

10 South Western Ambulance Service NHS Foundation Trust: Performance (Pages 35 - 46)

Report of the SWAST, attached

11 Work Programme and Standing Scrutiny Group (Pages 47 - 50)

(a) In accordance with previous practice, Scrutiny Committees are requested to review the forthcoming business (previously circulated) and determine which items are to be included in the Work Programme. The Work Programme is also available on the Council's website at http://democracy.devon.gov.uk/mgPlansHome.aspx?bcr=1 to see if there are any specific items therein it might wish to explore further.

(b) Standing Scrutiny Group (STP): notes of the meeting held on 9 October 2017, attached

(c) Commissioning: Liaison Member to report

MATTERS FOR INFORMATION

12 Information Previously Circulated

Below is a list of information previously circulated for Members, since the last meeting, relating to topical developments which have been or are currently being considered by this Scrutiny Committee.

(a) New Service Change template (for significant service changes) for commissioners and providers produced by the Head of Scrutiny and endorsed by members.

(b) The Kings Fund update on their video on how the NHS works, giving an overview of how change is happening.

(c) Devon Partnership NHS Trust: New Mother and Baby Unit at Wonford House: public drop-in session at the Wonford Community and Learning Centre , Wednesday 18 October.

(d) The Care Quality Commission's (CQC) annual assessment of the quality of health and social care in England.

(e) NEW Devon CCG monthly newsletter to GPs, which included a letter from both NEW Devon and South Devon and Torbay CCG clinical chairs.

(f) CQC recommends Royal Cornwall Hospitals should go into special measures.

(g) The legal position regarding contributions or legacies left by community groups and other benefactors.

PART II - ITEMS WHICH MAY BE TAKEN IN THE ABSENCE OF PRESS AND PUBLIC ON THE GROUNDS THAT EXEMPT INFORMATION MAY BE DISCLOSED

Nil

Members are reminded that Part II Reports contain confidential information and should therefore be treated accordingly. They should not be disclosed or passed on to any other person(s).
Members are also reminded of the need to dispose of such reports carefully and are therefore invited to return them to the Democratic Services Officer at the conclusion of the meeting for disposal.

Membership

Councillors S Randall-Johnson (Chair), N Way (Vice-Chair), H Ackland, J Berry, P Crabb, R Gilbert, B Greenslade, R Peart, S Russell, P Sanders, R Scott, J Trail, P Twiss, C Whitton, C Wright and J Yabsley

Devon District Councils

Councillor P Diviani

Declaration of Interests

Members are reminded that they must declare any interest they may have in any item to be considered at this meeting, prior to any discussion taking place on that item.

Access to Information

Any person wishing to inspect any minutes, reports or lists of background papers relating to any item on this agenda should contact Gerry Rufolo 01392 382299.
Agenda and minutes of the Committee are published on the Council's Website and can also be accessed via the Modern.Gov app, available from the usual stores.
.

Webcasting, Recording or Reporting of Meetings and Proceedings

The proceedings of this meeting may be recorded for broadcasting live on the internet via the 'Democracy Centre' on the County Council's website. The whole of the meeting may be broadcast apart from any confidential items which may need to be considered in the absence of the press and public. For more information go to: http://www.devoncc.public-i.tv/core/

In addition, anyone wishing to film part or all of the proceedings may do so unless the press and public are excluded for that part of the meeting or there is good reason not to do so, as directed by the Chairman. Any filming must be done as unobtrusively as possible from a single fixed position without the use of any additional lighting; focusing only on those actively participating in the meeting and having regard also to the wishes of any member of the public present who may not wish to be filmed. As a matter of courtesy, anyone wishing to film proceedings is asked to advise the Chairman or the Democratic Services Officer in attendance so that all those present may be made aware that is happening.

Members of the public may also use Facebook and Twitter or other forms of social media to report on proceedings at this meeting. An open, publicly available Wi-Fi network (i.e. DCC) is normally available for meetings held in the Committee Suite at County Hall. For information on Wi-Fi availability at other locations, please contact the Officer identified above.

Public Participation

Devon's residents may attend and speak at any meeting of a County Council Scrutiny Committee when it is reviewing any specific matter or examining the provision of services or facilities as listed on the agenda for that meeting.

Scrutiny Committees set aside 15 minutes at the beginning of each meeting to allow anyone who has registered to speak on any such item. Speakers are normally allowed 3 minutes each.

Anyone wishing to speak is requested to register in writing to the Clerk of the Committee (details above) by the deadline, outlined in the Council's Public Participation Scheme https://new.devon.gov.uk/democracy/committee-meetings/scrutiny-committees/, indicating which item they wish to speak on and giving a brief outline of the issues/ points they wish to make.

Alternatively, any Member of the public may at any time submit their views on any matter to be considered by a Scrutiny Committee at a meeting or included in its work Programme direct to the Chairman or Members of that Committee or via the Democratic Services & Scrutiny Secretariat (committee@devon.gov.uk). Members of the public may also suggest topics (see: https://new.devon.gov.uk/democracy/committee-meetings/scrutiny-committees/scrutiny-work-programme/

All Scrutiny Committee agenda are published at least seven days before the meeting on the Council's website.

Emergencies

In the event of the fire alarm sounding leave the building immediately by the nearest available exit, following the fire exit signs. If doors fail to unlock press the Green break glass next to the door. Do not stop to collect personal belongings, do not use the lifts, do not re-enter the building until told to do so.

Mobile Phones

Please switch off all mobile phones before entering the Committee Room or Council Chamber

If you need a copy of this Agenda and/or a Report in another format (e.g. large print, audio tape, Braille or other languages), please contact the Information Centre on 01392 380101 or email to: centre@devon.gov.uk or write to the Democratic and Scrutiny Secretariat at County Hall, Exeter, EX2 4QD.


Induction loop system available

NOTES FOR VISITORS

All visitors to County Hall, including visitors to the Committee Suite and the Coaver Club conference and meeting rooms are requested to report to Main Reception on arrival. If visitors have any specific requirements or needs they should contact County Hall reception on 01392 382504 beforehand. Further information about how to get here can be found at: https://new.devon.gov.uk/help/visiting-county-hall/. Please note that visitor car parking on campus is limited and space cannot be guaranteed. Where possible, we encourage visitors to travel to County Hall by other means.

SatNav – Postcode EX2 4QD

Walking and Cycling Facilities

County Hall is a pleasant twenty minute walk from Exeter City Centre. Exeter is also one of six National Cycle demonstration towns and has an excellent network of dedicated cycle routes – a map can be found at: https://new.devon.gov.uk/travel/cycle/. Cycle stands are outside County Hall Main Reception and Lucombe House

Access to County Hall and Public Transport Links

Bus Services K, J, T and S operate from the High Street to County Hall (Topsham Road). To return to the High Street use Services K, J, T and R. Local Services to and from Dawlish, Teignmouth, Newton Abbot, Exmouth, Plymouth and Torbay all stop in Barrack Road which is a 5 minute walk from County Hall. Park and Ride Services operate from Sowton, Marsh Barton and Honiton Road with bus services direct to the High Street.

The nearest mainline railway stations are Exeter Central (5 minutes from the High Street) and St David's and St Thomas's both of which have regular bus services to the High Street. Bus Service H (which runs from St David's Station to the High Street) continues and stops in Wonford Road (at the top of Matford Lane shown on the map) a 2/3 minute walk from County Hall, en route to the RD&E Hospital (approximately a 10 minutes walk from County Hall, through Gras Lawn on Barrack Road).

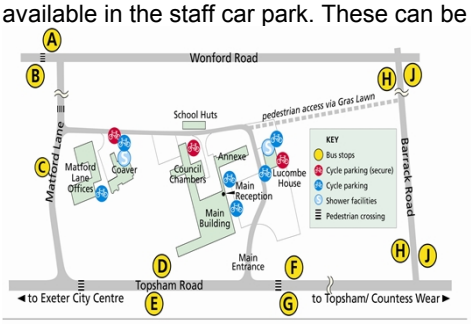
Car Sharing

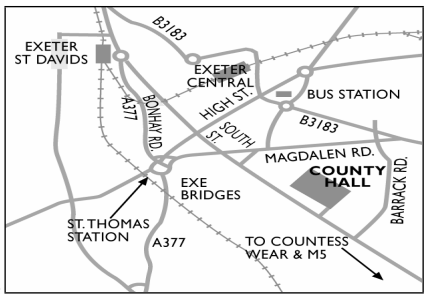
Carsharing allows people to benefit from the convenience of the car, whilst alleviating the associated problems of congestion and pollution. For more information see: https://liftshare.com/uk/community/devon.

Car Parking and Security

There is a pay and display car park, exclusively for the use of visitors, entered via Topsham Road. Current charges are: Up to 30 minutes – free; 1 hour - £1.10; 2 hours - £2.20; 4 hours - £4.40; 8 hours - £7. Please note that County Hall reception staff are not able to provide change for the parking meters.

As indicated above, parking cannot be guaranteed and visitors should allow themselves enough time to find alternative parking if necessary. Public car parking can be found at the Cathedral Quay or Magdalen Road Car Parks (approx. 20 minutes walk). There are two disabled parking bays within the visitor car park. Additional disabled parking bays are available in the staff car park. These can be accessed via the intercom at the entrance barrier to the staff car park.





NB A J **Denotes bus stops**

Fire/Emergency Instructions

In the event of a fire or other emergency please note the following instructions. If you discover a fire, immediately inform the nearest member of staff and/or operate the nearest fire alarm. On hearing a fire alarm leave the building by the nearest available exit. The County Hall Stewardesses will help direct you. Do not stop to collect personal belongings and do not use the lifts. Assemble either on the cobbled car parking area adjacent to the administrative buildings or in the car park behind Bellair, as shown on the site map above. Please remain at the assembly point until you receive further instructions. Do not re-enter the building without being told to do so.

First Aid

Contact Main Reception (extension 2504) for a trained first aider.

Health and Adult Care Scrutiny Committee
21 November 2017

Public Health

Report of the Chief Officer for Communities, Public Health, Environment and Prosperity

1. How the Council's strategic objectives are being delivered

Devon County Council has a statutory responsibility to ensure the provision of mandated public health services and to improve the health and wellbeing of their residents, while reducing health inequalities. The Public Health Team commission a number of public health services to support the delivery of its strategic objectives and statutory responsibilities. During 2017/18 the sexual health services, substance misuse and domestic and sexual violence services have all been re-procured leading to the commencement of new contracts in 2018. Additionally the universal NHS Health Check programme has recommenced. As part of the Council's responsibilities to reduce health inequalities all services and programmes have elements of targeting towards those families and communities in greatest need, with some services such as the Specialist Stop Smoking Service focused wholly on those most vulnerable.

The Public Health Team continue to work collaboratively with the local NHS delivering its statutory function to provide public health expertise to the Clinical Commissioning Groups.

The Public Health Team has been successful in drawing in additional funding to support the delivery of new programmes and services. This includes funding from NHS England to support the development of Cranbrook as part of the NHS Healthy New Town Programme, Big Lottery funding to support the introduction of a new targeted Diabetes prevention programme and funding from Public Health England for a Making Every Contact Count (MECC) training programme.

2. Mid-year budget position

The current budget position is in keeping with the budget set and published in the Budget Book.

3. Future strategic issues for this service area

The key strategic issue for this service area is the continued annual reduction in the Public Health Grant. A medium term financial plan has been produced to ensure affordability over the coming years.

The other key strategic issue for this service is the future provision of the 0-19 Public Health Nursing Service. Options for the future delivery mechanism for this service are currently being appraised and will be subjected to public consultation prior to any final decision being taken.

Dr Virginia Pearson
Chief Officer for Communities, Public Health, Environment and Prosperity

Electoral Divisions: All

Cabinet Member for Community, Public Health, Environment and Prosperity: Councillor Roger Croad

Contact for enquiries: Dr Virginia Pearson

Room No. 142, County Hall Main Building, County Hall, Topsham Road, Exeter, EX2 4QD

Tel No: (01392) 383000

POSITION STATEMENT – BUDGET 2017/18

Report of the Head of Adult Commissioning and Health

1. Introduction and Background

1.1. Adult Care and Health services is forecast to underspend by £4.170 millions as at month 6, which is the half way point of the financial year, covering data up until 30th September.

Adults Month 6 Position Statement			
	Budget	Projected Outturn	**Over / Under**
	£000	£000	**£000**
Older People	91,057	89,963	**(1,094)**
Physical Disability	19,840	19,541	**(299)**
Learning Disability (incl Autistic Spectrum Conditions)	66,986	68,321	**1,335**
Central & Other Budgets	3,566	566	**(3,000)**
In House (Older People & Learning Disability)	8,385	7,946	**(439)**
Total For Adult Care Operations and Health	189,834	186,337	**(3,497)**
Adult Commissioning & Health (incl. Mental Health)	24,708	24,035	**(673)**
	214,542	**210,372**	**(4,170)**

1.2. The Adult Care Operations underspend totals £3.497 millions. The principal reasons for this variation are listed below:

1.2.1. The majority of the underspend (£3 millions) relates to better contract negotiation and demand management with both commissioning and operational staff working hard to deliver efficiencies and implement the Promoting Independence policy.

1.2.2. Other areas of underspend include Older People and Physical Disability £1.393 millions which relates to lower than anticipated care packages (368) and;

1.2.3. Savings within in-house operated services which is forecasting an underspend of £439,000 due to lower running costs and staffing vacancies.

1.2.4. The Learning Disability service (including Autistic Spectrum Conditions) continues to be an area of significant concern and is forecasting an overspend of £1.335 millions; this is due to an increase in the number of packages which are now 210 above budget.

1.3. Adult Commissioning and Health (which includes Adult Mental Health services budgets) is now showing an underspend of £673,000 due to temporary vacancy savings in the commissioning teams and one off savings on projects.

1.4. There are still a number of risks facing the service, the most significant being:

a) pending HMRC action on National Living Wage compliance for sleep in night shifts,
b) children transitioning to adult services,
c) increased autism cost as a result of individuals being moved back into local communities and increasing incidence and diagnosis,
d) the continuation of increased unit costs in residential / nursing care as a result of significant market premiums being paid
e) Winter can also be a challenging and volatile time for the service as demand increases and hospital flow is challenged.

Tim Golby
Head of Adult Commissioning and Health

Electoral Divisions: All

Cabinet Member for Adult Care and Health: Councillor Andrew Leadbetter

Chief Officer for Adult Care and Health: Jennie Stephens

LOCAL GOVERNMENT ACT 1972: LIST OF BACKGROUND PAPERS

Contact for Enquiries:
Alex.Hosking, Head Accountant Financial Planning and Social Care
Email: alex.hosking@devon.gov.uk
Tel No: 01392 383 000
Room: Room, 180, County Hall

ACH/17/73
Health and Adult Care Scrutiny
21 November 2017

Performance report using data for the year ending September 2017
Report of the Head of Adult Commissioning and Health (DCC) and Joint Director Strategy (South Devon and Torbay CCG and NEW Devon CCG)

1. Performance commentary reflects the reported position as at September 2017 (Month 6) and focusses on a range of metrics covering acute and community hospital settings, primary care and social care selected by system leaders to give an overview of health and care in Devon. A whole system scorecard has been developed with each indicator explained in more detail within the report.

2. Partners across the wider Devon health and care system are united in a single ambition and shared purpose to create a clinically, socially and financially sustainable health and care system that will improve the health, wellbeing and care of the populations served. As a whole system we need to ensure that people receive the right level of support at the right time, in the right place to help them over a crisis or make progress in managing their disability or illness so they can lead more independent lives. This will be achieved by working together through the Sustainability and Transformation Partnership (STP), which is a five year vision aimed at meeting the increasing health and care needs of people in Devon whilst ensuring that services are affordable and sustainable.

3. Progress is monitored against a national baseline view of STPs published by the Department of Health, which focuses on measures relating to hospital performance (emergency, elective and safety), patient focussed change (general practice, mental health and cancer) and transformation (prevention, leadership and finance). As at July 2017, baseline performance has been ranked against 4 categories (1-4: Outstanding to Needs improvement) with Devon being among the 14 of 44 areas assessed as being in category 3 ‘making progress’.

4. Devon hospital performance is generally better than average with no providers in special measures although Plymouth Hospitals NHS Trust has remained at escalation status 3 or above in recent months due to significant operational pressures in the western system. All four Acute Trusts have seen increases in activity and acuity compared to the same period last year, which has meant that flow across the health and care system has been more difficult resulting in lower performance in Accident and Emergency Departments. The system as a whole remains financially challenged.

5. There is also on-going development by the Department of Health of an Integration Dashboard, which is being used by the Care Quality Commission (CQC) to target inspections. Focus is on three main priority areas: emergency admissions, delayed transfers of care and reablement. As at July 2017, overall Devon ranks 116th out of 150 Authorities nationally and 11th out of 16 near neighbours.

6. The level of non-elective (emergency) admissions to Devon’s hospitals has increased as a result of increasing patient acuity and activity over the last 12 months but Devon still benchmarks significantly better nationally with regard to the rate of emergency admissions (12th/150) and the length of stay (13th/150).

7. Reablement services are remain effective at keeping people from being readmitted to hospital and Devon benchmarks ahead of regional and national averages (51th/150). Although effective, the service reach (116th/150) needs to be extended and work is in-hand with NHS providers to develop a more integrated offer for rehabilitation, reablement and recovery services with improved triage aimed at getting people out of hospital and enabling them to live independently at home.

8. The overall rating is weighted towards Delayed Transfers of Care given the national focus on reducing the number of patients delayed in hospital having been identified medically fit for discharge. Additional resources have been prioritised through the Better Care Fund with a specific focus on reducing delays within the system with a national monitoring process in place. On October 10th 2017 DCC received a letter jointly from the Secretaries of State for Health and Communities and Local Government regarding Delayed Transfers of Care in Devon. The letter informed DCC that unless improvement targets were met DCC may have some of the additional resource withdrawn or its expenditure directed. There are positive signs of improvement within the overall system with the number of bed days delayed in two of the largest contributors (RD&E and NDHT) incrementally reducing. However DPT and T&SD have both seen modest increases in September. In addition to monthly reporting, DCC has now implemented a daily reporting cycle to monitor Delayed Transfers which it is hoped will help identify any issues early.

9. National datasets from the annual statutory returns have recently been published and performance is currently being benchmarked against England, Statistical Neighbours and Regional comparators to determine our standing in the Adult Social Care Outcomes Framework including the annual statutory survey of service users and the biennial statutory survey of carers. Outcomes will be presented to Health and Adult Care Scrutiny in January, in the form of a Local Account.

Tim Golby
Head of Adult Commissioning and Health (DCC)

Dr Sonja Manton
Joint Director of Strategy (South Devon and Torbay CCG and NEW Devon CCG)

Electoral Divisions: ALL

Local Government Act 1972: List of Background Papers
None

Who to contact for enquiries:
Name: Damian Furniss
Contact: 07905 710487

Cabinet Member: Councillor Andrew Leadbetter

Whole System Scorecard - September 2017

			2016/17 Benchmarking			2017/18 Targets	2017/18 September Performance	Direction of Travel from previous report (July)				
Page	Code	Code Description	Devon Average	Comparator (CIPFA) Average	England (National) Average	2017/18 Target	September 2017 Performance	Direction of Travel from previous report (July)	East*	North*	South*	West*
1	Market Quality	Percentage of commissioned services in Devon graded by CQC as Compliant (assumes outstanding/good): NEW inspection regime	**	**	**	**66.0%**	**86.0%**	⇔	**	**	**	**
2	Safeguarding / Quality	Safeguarding concern volumes	**	**	**	**	**1,825**	⇧	922	329	539	**
2	Safeguarding / Quality	Making Safeguarding Personal - meeting preferred outcomes	**	**	**	**	**92.0%**	⇧	**	**	**	**
3	Assessment/ Review	Timeliness of social care assessment - new clients assessed within 28 days	**	**	**	**80.0%**	**63.1%**	⇧	65.6%	64.4%	64.3%	**
3	Assessment/ Review	Annual review - reviewable services	**	**	**	**75.0%**	**59.9%**	⇧	62.2%	48.7%	54.2%	**
4	Short-term services	Older people (65+) still at home 91 days after hospital discharge into reablement/rehab services (effectiveness of the service)	**86.8%**	**82.7%**	**82.5%**	**82.5%**	**87.3%**	⇔	81.9%	84.4%	94.0%	**
4	Short-term services	Older people (65+) still at home 91 days after hospital discharge into reablement/rehab services (offered the service)	**1.8%**	**2.1%**	**2.7%**	**2.7%**	**2.0%**	⇩	**	**	**	**
4	Short-term services	Received a short term service during the year where the sequel to the service was either no ongoing support or support of a lower level	**94.2%**	**81.8%**	**77.8%**	**94.2%**	**95.8%**	⇧	97.0%	96.5%	93.7%	**
6	Placement Rates	Long-term support needs of younger adults (18-64) met by admission to residential and nursing care homes, per 100,000 population **(Low is good)**	**11.5**	**11.7**	**12.8**	**11.5**	**14.5**	⇩	29	18	12	**
6	Placement Rates	Long-term support needs of older adults (65+) met by admission to residential and nursing care homes, per 100,000 population **(Low is good)**	**547.2**	**555.2**	**610.7**	**514.6**	**505.8**	⇧	451	214	277	**
7	111	111 Performance	**	**	**90.0%**	**95.0%**	**81.0%**	⇩	**	**	**	**
8	999	999 Performance (NEW Devon)	**	**	**	**75.0%**	**56.0%**	⇩	**	**	**	**
9	Urgent Care	Urgent Care 4 Hour Target Performance	**	**	**90.0%**	**95.0%**	**85.0%**	⇩	81.0%	90.0%	83.0%	85.0%
10	Admissions	Admissions - Elective	**	**	**	**	**N/A**		6638	1607	2977	4684
10	Admissions	Admissions Non-Elective	**	**	**	**	**N/A**		3375	1829	3084	4380
11	Escalation Status	Escalation Status	**	**	**	**	**N/A**		2.14	1.9	2.57	3.38
12	Delayed Transfers of Care	DTOC (Delayed transfers of care) from hospital per 100,000 population **(Low is good)**	**23.0**	**18.1**	**14.9**	**12.5**	**16.7 (Sep)**	⇧	**	**	**	**
12	Delayed Transfers of Care	DTOC attributable to social care or jointly to social care and the NHS **(Low is good)**	**7.3**	**8.0**	**6.3**	**4.2**	**5.61 (Sep)**	⇧	**	**	**	**

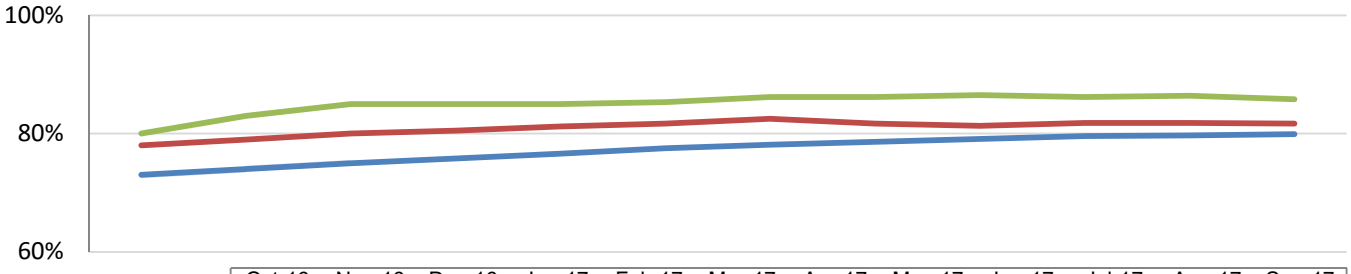
* For NHS Measures:
West = Plymouth Hospitals
East = RD&E
South = Southern Devon and Torbay
North = Northern Devon

Market Quality

Description

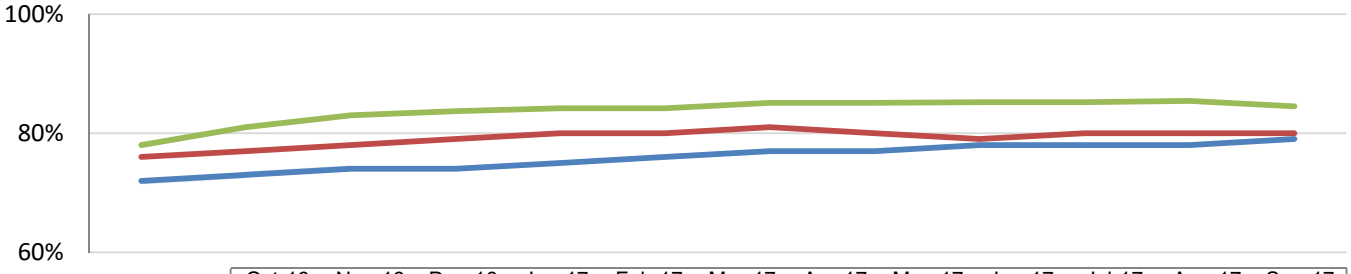
Market quality is assessed by the percentage of social care providers rated as either 'Outstanding' or 'Good' by the Care Quality Commission. Data shown is for active organisations only, not those inactive or de-registered.

Overall Outstanding or Good rating



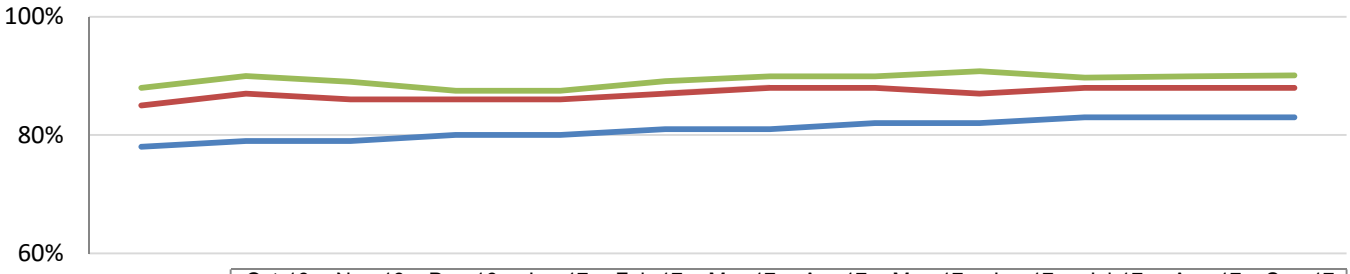
	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17
Devon LA area	80%	83%	85%	85%	85%	85%	86%	86%	87%	86%	86%	86%
South West	78%	79%	80%	81%	81%	82%	83%	82%	81%	82%	82%	82%
England	73%	74%	75%	76%	77%	78%	78%	79%	79%	80%	80%	80%

Residential Social Care Outstanding or Good rating



	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17
Devon LA area	78%	81%	83%	84%	84%	84%	85%	85%	85%	85%	85%	85%
South West	76%	77%	78%	79%	80%	80%	81%	80%	79%	80%	80%	80%
England	72%	73%	74%	74%	75%	76%	77%	77%	78%	78%	78%	79%

Community Based Social Care Outstanding or Good rating



	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17
Devon LA area	88%	90%	89%	88%	88%	89%	90%	90%	91%	90%	90%	90%
South West	85%	87%	86%	86%	86%	87%	88%	88%	87%	88%	88%	88%
England	78%	79%	79%	80%	80%	81%	81%	82%	82%	83%	83%	83%

Commentary

86% of Devon providers are rated Good or Outstanding by CQC compared with 82% regionally and 80% nationally. 90% of community based providers and 85% of residential providers are rated Good or Outstanding with the gap between these steadily closing.

Action

The successful approach of the Quality Assurance and Improvement Team has been extended to personal care, working with the Lead Providers under the Living Well at Home contract. The approach is intelligence-led, increasingly coordinated across the health and care system in wider Devon, and results in both positive interventions and sanctions balancing the imperatives of quality improvement and ensuring sufficiency and choice

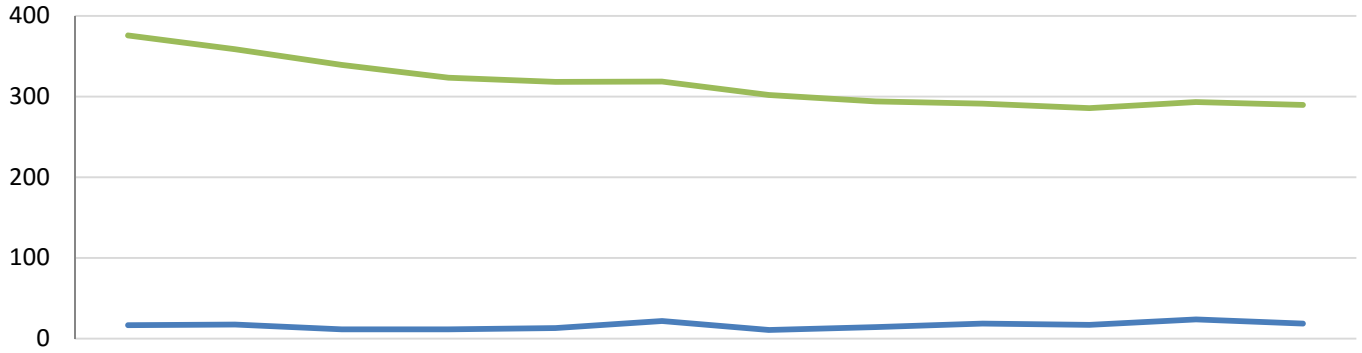
Description

Safeguarding Concerns
- A sign of suspected abuse or neglect that is reported to the council or identified by the council

Section 42 Safeguarding Enquiries
- The action taken or instigated by the local authority in response to a concern that abuse or neglect may be taking place. An enquiry could range from a conversation with the adult to a more formal multi-agency plan or course of action. Those enquiries where an adult meets ALL of the Section 42 criteria. The criteria are:

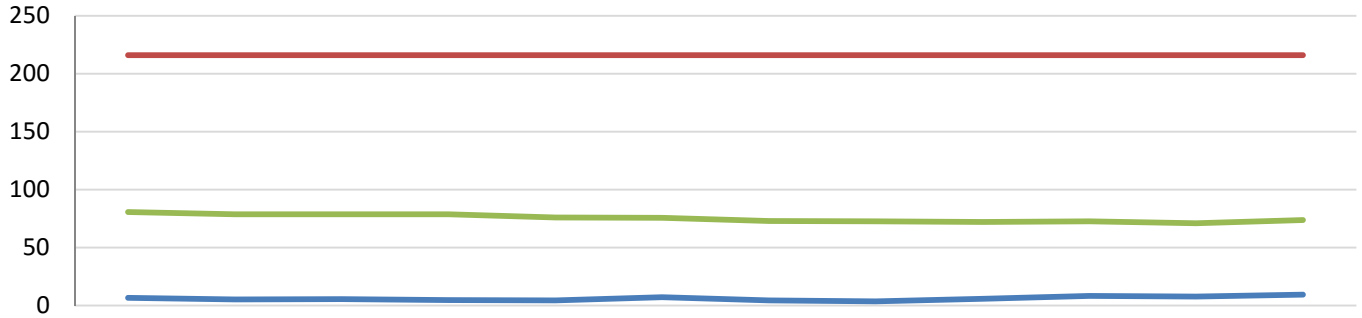
(a) The adult has needs for care AND support (whether or not the authority is meeting any of those needs)
AND (b) The adult is experiencing, or is at risk of, abuse or neglect
AND (c) As a result of those needs is unable to protect himself or herself against the abuse or neglect or the risk of it.

Safeguarding Concern rate per 100k pop.



	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17
Monthly	16.7	17.3	11.4	11.4	13	21.6	10.6	14.1	18.7	16.8	23.9	18.6
Rolling 12 months	375.7	358.8	339.4	323.4	318.3	318.5	302.1	293.9	291.4	285.8	293.3	289.5

Section 42 Safeguarding Enquiry rate per 100k pop.



	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17
Monthly	6.7	5.2	5.6	4.8	4.4	7.3	4.6	3.6	5.9	8.4	7.8	9.4
Comparator 2015/16	216	216	216	216	216	216	216	216	216	216	216	216
Rolling 12 months	80.7	78.8	78.8	78.7	76.1	75.8	73	72.8	72	72.8	70.9	73.8

Commentary

As a result of the Care Act, safeguarding terminology changed from alerts/referrals/ investigation to concerns/enquiries. The number of concerns increased following Care Act implementation but is stabilising following management action. Alternative options for addressing the presenting issue (including care management) are considered before making the threshold decision; this may explain the apparently low percentage of concerns moving to enquiries.

Action

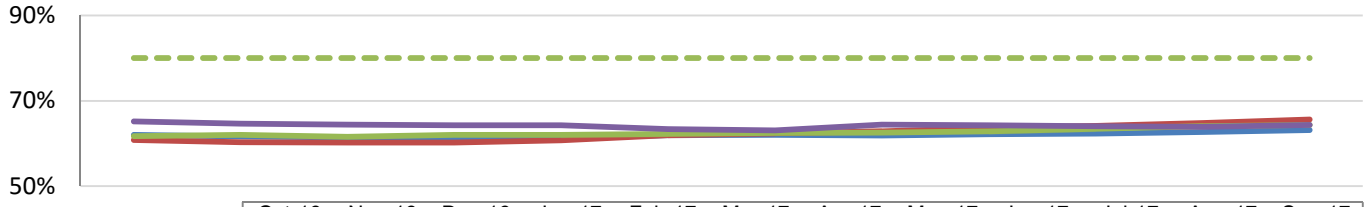
Following the Care Act, the number of Concerns raised increased, but management action has led to a declining trend, with an increasing proportion going onto become Enquiries as is appropriate, with triage also ensuring alternative responses such as through Care Management.

Assessment/Review

Description

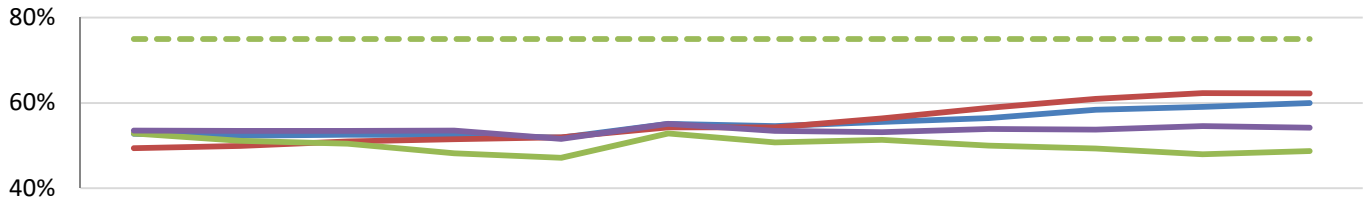
NI132 Timeliness of social care assessment (For new clients (aged 18+), the percentage from where the time from first contact to completion of assessment is less than or equal to four weeks.
L37 Annual social care review – reviewable services (The number of clients receiving reviewable services at the end of the period and who received reviewable services for over 365 days in the period. Numerator - Clients in the denominator who received a review in the 12 month period.

NI132 Assessments completed within 28 days (new clients)



	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17
Devon	62.1%	61.7%	61.4%	61.2%	61.3%	61.9%	62.0%	61.9%	62.2%	62.3%	62.7%	63.1%
East	60.9%	60.3%	60.2%	60.2%	60.8%	62.0%	62.4%	62.9%	63.7%	64.1%	64.8%	65.6%
North	61.7%	62.0%	61.6%	62.1%	62.1%	62.2%	62.5%	62.5%	62.8%	63.4%	64.1%	64.4%
South	65.2%	64.6%	64.4%	64.3%	64.3%	63.4%	63.0%	64.4%	64.3%	64.1%	63.9%	64.3%
Devon Target	80.0%	80.0%	80.0%	80.0%	80.0%	80.0%	80.0%	80.0%	80.0%	80.0%	80.0%	80.0%

L37 Annual review - reviewable services only



	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17
Devon	52.7%	52.4%	52.6%	52.5%	51.9%	55.1%	54.6%	55.5%	56.4%	58.4%	59.1%	59.9%
East	49.4%	49.9%	51.0%	51.5%	51.9%	54.3%	54.2%	56.4%	58.8%	61.0%	62.3%	62.2%
North	52.8%	51.1%	50.4%	48.2%	47.2%	52.9%	50.8%	51.3%	50.0%	49.4%	48.0%	48.7%
South	53.5%	53.5%	53.5%	53.5%	51.6%	55.1%	53.4%	53.1%	53.9%	53.7%	54.6%	54.2%
Devon Target	75.0%	75.0%	75.0%	75.0%	75.0%	75.0%	75.0%	75.0%	75.0%	75.0%	75.0%	75.0%

Commentary

NI132 The timeliness of assessments has been consistently below the target of 80% in Devon over the year. However, we have been successful in reducing waiting lists to their lowest level in the year, mainly through changes made in Care Direct Plus. The proportion of clients for whom all aspects of their care package were in place within 28 days consistently runs above 90%.
L37 The proportion of people receiving a review within 12 months of their last assessment or review has been consistently below 60% over the year, well below the target of 75%. Productivity is broadly consistent between localities but there are variations between teams and individuals. Local managers receive monthly reports to facilitate their team and line management. There has been improvement since February 2017 from 52% to 60%.

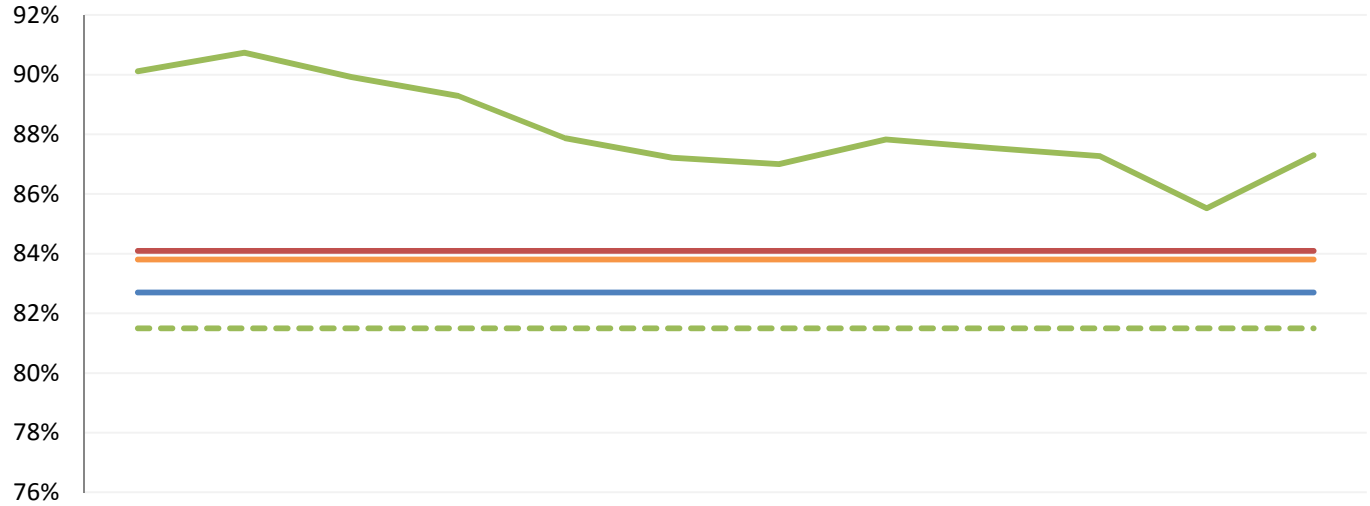
Action

NI132 Changes to our operating model have been piloted in North Devon. We are now preparing to roll out the new approach countywide. Though reduced in scale, waiting lists are managed to ensure those with most pressing needs are prioritised for assessment and service provision.
L37 We have recently bought in additional review capacity focussed on those with the potential to achieve greater levels of independence and 100 reviews were completed by this team (in July, August and September) and will feed into performance numbers over the coming months.

Description

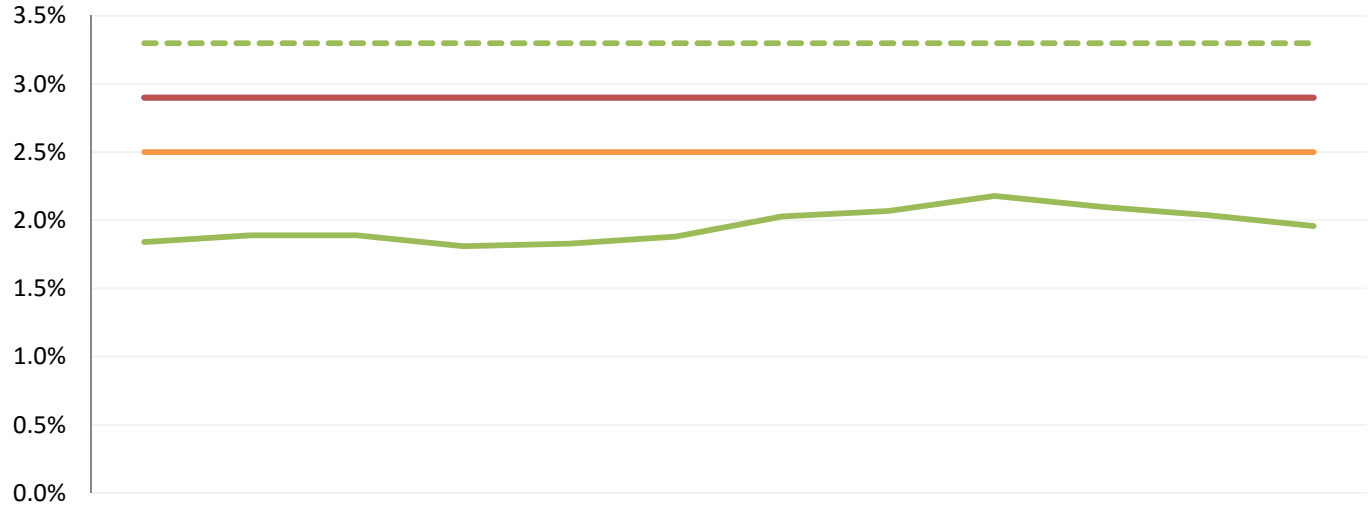
ASCOF 2B Older people (65+) still at home 91 days after hospital discharge into reablement/rehabilitation services (2B1 effectiveness of the service and 2B2 offered the service). Reablement seeks to support people and maximise their level of independence, in order to minimise their need for ongoing support and dependence on public services. Remaining living at home 91 days following discharge is the key outcome for many people using reablement services.

Effectiveness - Proportion 65+ still at home 91 days after hospital discharge into reablement/rehab



	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17
Devon	90.1%	90.7%	89.9%	89.3%	87.9%	87.2%	87.0%	87.8%	87.5%	87.3%	85.5%	87.3%
Devon Target	81.5%	81.5%	81.5%	81.5%	81.5%	81.5%	81.5%	81.5%	81.5%	81.5%	81.5%	81.5%
England Avg	82.7%	82.7%	82.7%	82.7%	82.7%	82.7%	82.7%	82.7%	82.7%	82.7%	82.7%	82.7%
SW Avg	84.1%	84.1%	84.1%	84.1%	84.1%	84.1%	84.1%	84.1%	84.1%	84.1%	84.1%	84.1%
Comparator Avg	83.8%	83.8%	83.8%	83.8%	83.8%	83.8%	83.8%	83.8%	83.8%	83.8%	83.8%	83.8%

Coverage - Proportion 65+ offered reablement services upon discharge from hospital



	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17
Devon	1.8%	1.9%	1.9%	1.8%	1.8%	1.9%	2.0%	2.1%	2.2%	2.1%	2.0%	2.0%
Devon Target	3.3%	3.3%	3.3%	3.3%	3.3%	3.3%	3.3%	3.3%	3.3%	3.3%	3.3%	3.3%
England Avg	2.9%	2.9%	2.9%	2.9%	2.9%	2.9%	2.9%	2.9%	2.9%	2.9%	2.9%	2.9%
SW Avg	2.9%	2.9%	2.9%	2.9%	2.9%	2.9%	2.9%	2.9%	2.9%	2.9%	2.9%	2.9%
Comparator Avg	2.5%	2.5%	2.5%	2.5%	2.5%	2.5%	2.5%	2.5%	2.5%	2.5%	2.5%	2.5%

Commentary

Effectiveness -We are more effective at keeping those we support with reablement services from being readmitted to hospital than the regional and national averages. We are also more effective at promoting the independence of those we support with reablement services after discharge (measured by the proportion who do not need ongoing services) than comparators.

Coverage - Our performance is on a slight upward trend but remains below comparators and target. Our current short-term service pathway means that we do not count e.g. rapid response service users in our return. We are also deploying reablement (and rapid response) capacity to ensure that those with personal care needs are met, some of whom won't be leaving hospital.

Action

Effectiveness - We currently screen in rather than screen out, with some people with more complex needs including those with dementia not being offered a reablement service even though with the right support they might benefit most. Our future arrangements will seek to support those with most potential to recover independence, not just those who need temporary support while they make a natural recovery.

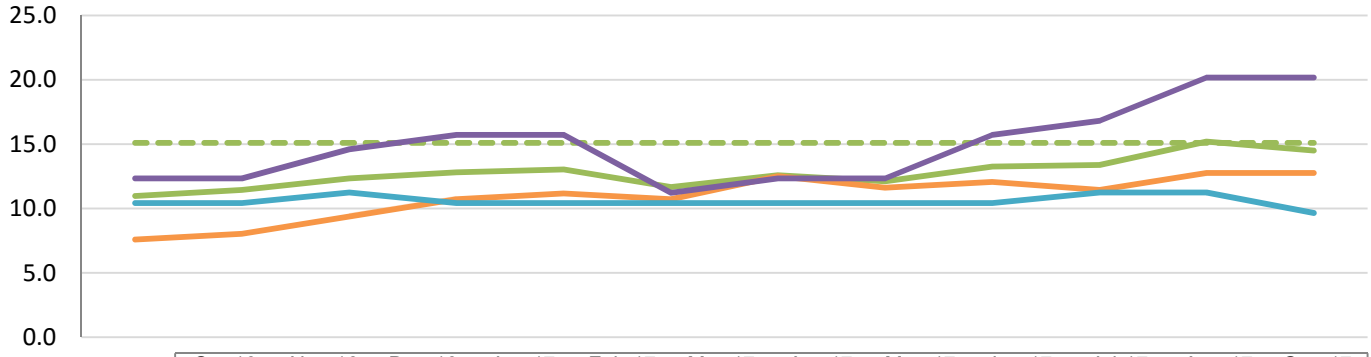
Coverage - We are reviewing our Short-Term Service (STS) offer across health and care to better integrate social care reablement with rapid response and NHS rehabilitation services to work better as a system to avoid unnecessary hospital admissions and prevent delayed transfers of care by improved discharge to assess arrangements. This should allow us to include STS not currently captured in the data as we believe we are currently under-reporting reach and over-reporting effectiveness. This should be in place from December 2017.

Placement Rates

Description

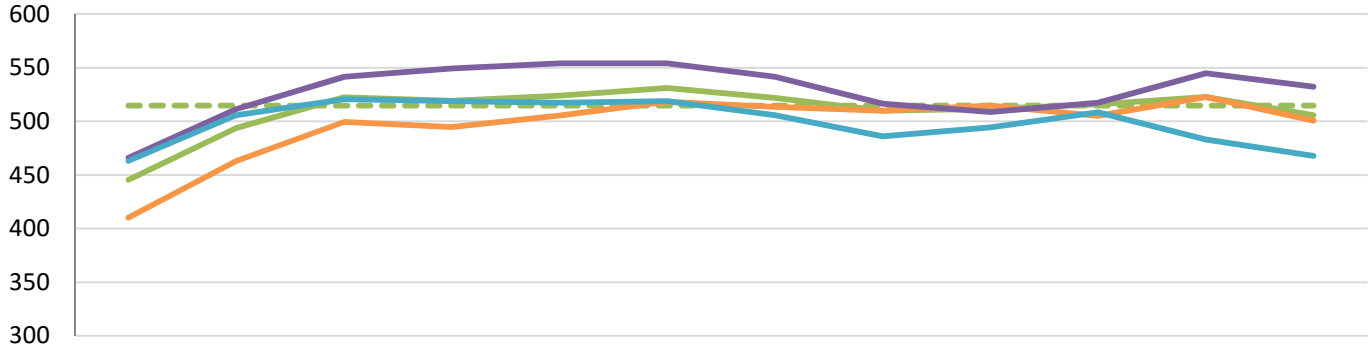
ASCOF 2A Long-term support needs of younger adults aged 18-64 (part 1) or older adults 65+ (part 2) met by local authority funded admission to residential and nursing care homes, per 100,000 population. (Avoiding permanent placements in residential and nursing care homes is a good measure of delaying dependency. Research suggests that, where possible, people prefer to stay in their own home rather than move into residential care. However, it is acknowledged that for some individuals that admission to residential or nursing care homes can represent an improvement in their situation. Good performance is low.

ASCOF 2A(1) Residential Nursing admissions 18-64 per 100k pop.



	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17
Devon	11.0	11.4	12.4	12.8	13.0	11.7	12.6	12.1	13.3	13.4	15.2	14.5
Target	15.1	15.1	15.1	15.1	15.1	15.1	15.1	15.1	15.1	15.1	15.1	15.1
East	7.6	8.1	9.4	10.7	11.2	10.7	12.5	11.6	12.1	11.4	12.8	12.8
North	12.4	12.4	14.6	15.7	15.7	11.2	12.4	12.4	15.7	16.8	20.2	20.2
South	10.4	10.4	11.2	10.4	10.4	10.4	10.4	10.4	10.4	11.3	11.3	9.6

ASCOF 2A(2) 65+ admissions to long term care per 100k pop.



	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17
Devon	445	494	522	519	524	531	522	510	512	516	523	506
Target	515	515	515	515	515	515	515	515	515	515	515	515
East	410	463	499	495	505	518	513	510	515	505	523	501
North	466	511	542	549	554	554	542	516	509	517	545	532
South	463	506	521	519	517	519	506	486	494	508	483	468

Commentary

In Devon we have successfully reduced the proportion of older and younger adults relative to population being accommodated in residential or nursing care homes from above to below the regional and national averages by better supporting people in their own homes and also perform below our target level.

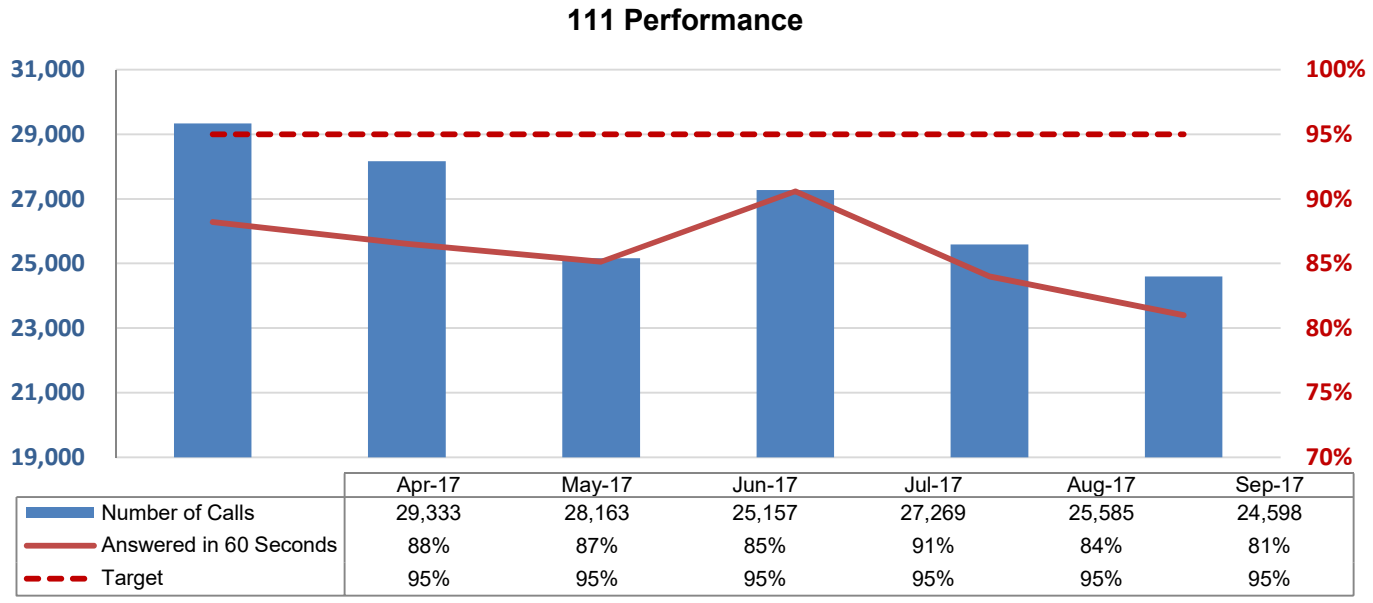
Action

We are now focussed on developing our community based offer for those groups where we benchmark above comparators: younger adults with mental health needs, or where length of stay is longer than average e.g. older people with dementia.

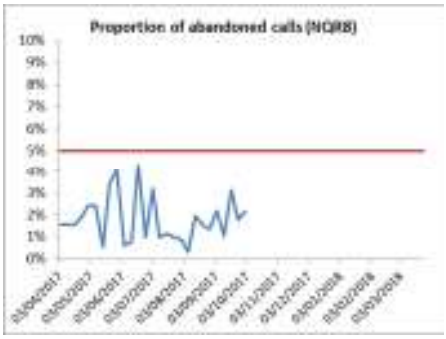
111 Performance

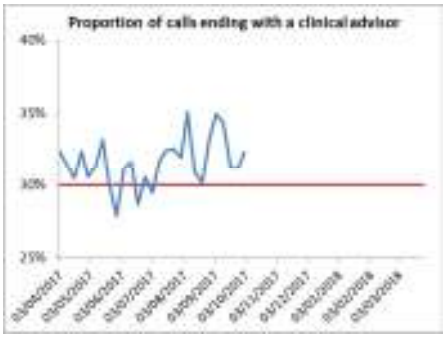
Description

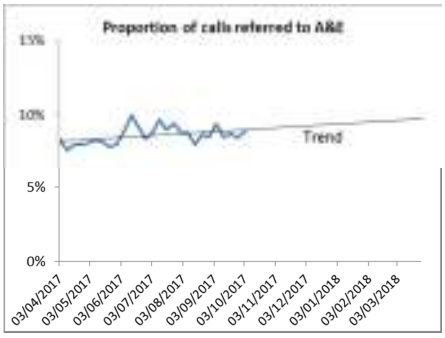
Number of calls answered in 60 seconds: Is the number of calls made to the 111 service that are answered by the call handler within 60 seconds of the call being connected
Number of abandoned calls: Is the number of calls that are abandoned by the member of public before they are answered
Proportion of calls ending with a clinical advisor: Is the number of calls where the final member of staff spoken to is clinical. The aim is to increase this percentage to improve the quality of patient outcomes and not rely on patient pathways
Proportion of calls referred to A&E: Is the proportion of calls that are referred by the 111 service to the local A&E department. This is tracked because it is easy to refer people to A&E rather than provide the "correct" advice.



	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17
Number of Calls	29,333	28,163	25,157	27,269	25,585	24,598
Answered in 60 Seconds	88%	87%	85%	91%	84%	81%
Target	95%	95%	95%	95%	95%	95%







Commentary

The number of calls taken by 111 within a given month is significantly affected by the number of non-working days within that month. This is because peak days for the service are Saturday, Sunday and Bank Holidays when GP practices are closed.

During August and September the level of 111 activity has reduced compared to the earlier part of the year. This is in line with previous years and reflects the seasonality of service use. The service continues to meet all of the NQR requirements.

The proportion of calls referred to A&E has continued to increase. Part of this increase is due to the overall level of calls reducing. A reduction in call volume is normally linked to an increase in acuity as people are more likely to use 111 if their need is greater.

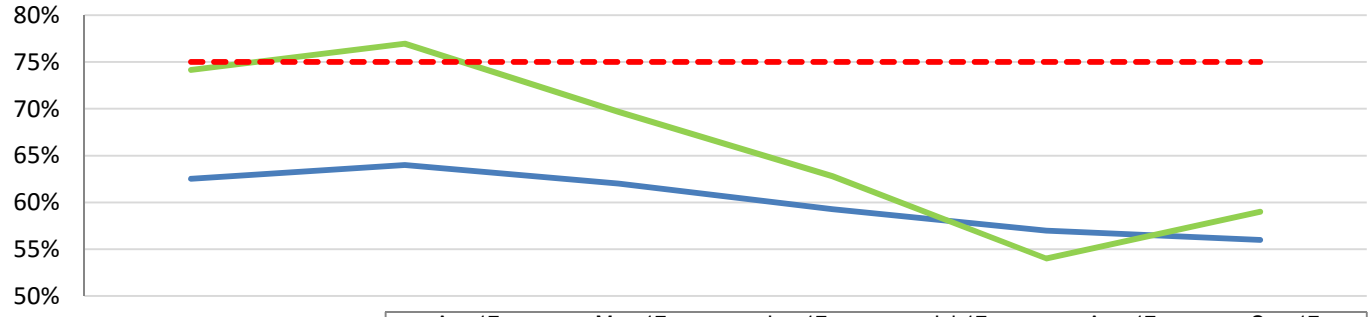
Action

The CCG, RD&E and Devon Doctors are undertaking a review of calls that have been referred to the Emergency Department to determine if alternative services could have prevented the attendance.

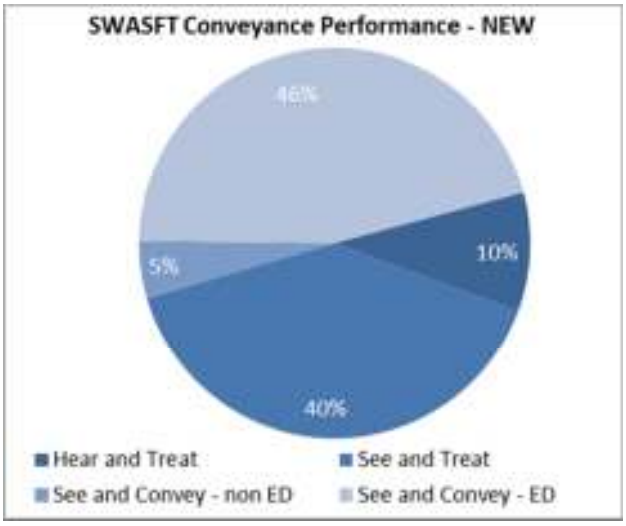
Description

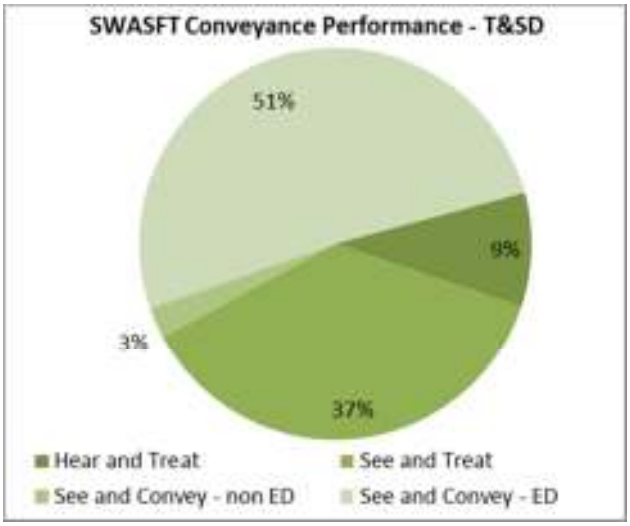
Category One calls are the most urgent category of ambulance call outs and should be responded to within 8 minutes 75% of the time
Hear and Treat – these are calls to 999 that are resolved without dispatching a paramedic – this can be advice to attend alternative health services or self-help advice
See and Treat – these are patients who are treated by the paramedic without need to take them to hospital
See and Convey – these are patients who are assessed as needing hospital care by the paramedic. Patients are then either taken to the Emergency Department (ED) or another hospital department (Non-ED)

999 Performance (Category One)



	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17
NEW Devon	63%	64%	62%	59%	57%	56%
Torbay and Southern Devon	74%	77%	70%	63%	54%	59%
Target	75%	75%	75%	75%	75%	75%





Commentary

The South Western Ambulance Trust (SWASFT) has a target to meet the most serious of incidents (type 1) within 8 minutes 75% of the time. Delivery of this target is made more challenging by the rurality of parts of Devon. The target does not distinguish between urban and rural areas. This difference in rurality explains why performance in Torbay and Southern Devon is better than in NEW Devon, with the Torbay area having a greater proportion of urban geography.

There has been an increase in the volume of 999 activity during 2017. This has resulted in reduced performance levels across Devon.

Action

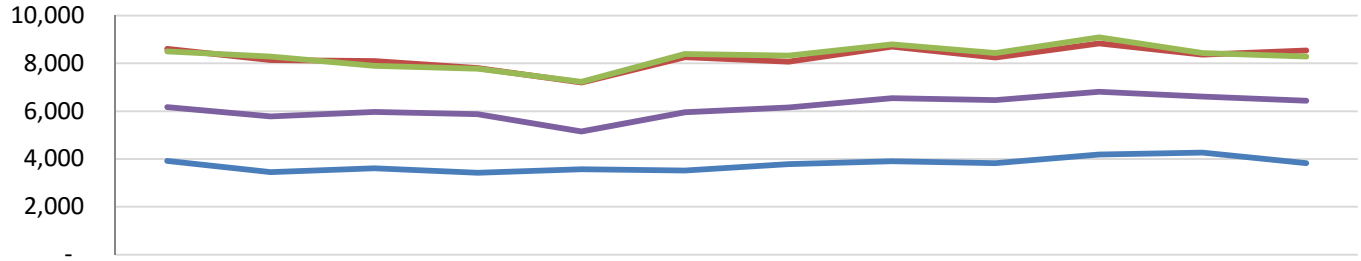
The CCG continues to work with SWASFT to reduce the number of calls that are taken to hospital by maximising the use of Hear and Treat and See and Treat. It should be noted that SWASFT have one of the best non-conveyance levels in the country but more can be done to reduce the conveyance level. SWASFT have a detailed improvement plan to address their performance and the CCG are working with them to ensure that this is implemented across Devon.

Urgent Care 4 hour Target Performance

Description

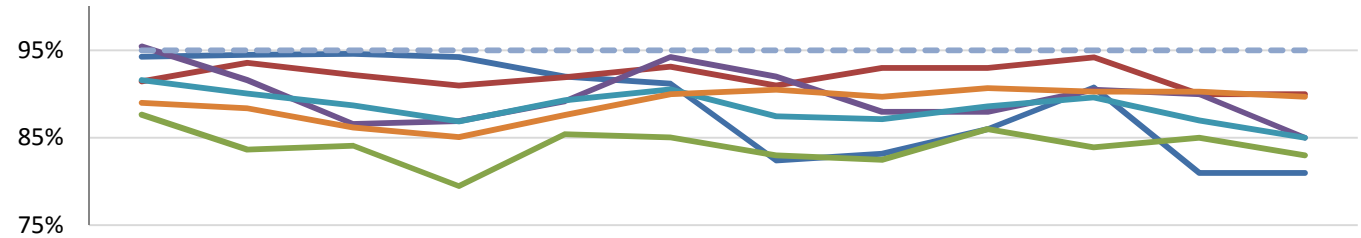
Type 1 performance – this is the total number of patients that are treated and discharged or have a decision to admit within 4 hours at an Emergency Department
All Type performance – this is the total number of patients that are treated and discharged or have a decision to admit within 4 hours at an Emergency Department, Minor Injuries Unit, Walk in Centre, or Minor Injuries Service.

Urgent care 4 hour attendances (Type 1)



	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17
Northern Devon	3,915	3,451	3,612	3,428	3,568	3,521	3,790	3,902	3,821	4,184	4,268	3,821
Royal Devon and Exeter	8,603	8,135	8,094	7,805	7,200	8,260	8,068	8,701	8,240	8,837	8,371	8,537
Plymouth Hospitals	8,504	8,280	7,893	7,773	7,226	8,389	8,327	8,797	8,439	9,092	8,436	8,286
Southern Devon and Torbay	6,175	5,782	5,969	5,874	5,155	5,953	6,162	6,550	6,466	6,817	6,616	6,434

Urgent Care - Type 1 Performance



	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17
Northern	94%	94%	95%	94%	92%	91%	82%	83%	86%	91%	81%	81%
Eastern	91%	94%	92%	91%	92%	93%	91%	93%	93%	94%	90%	90%
Western	88%	84%	84%	79%	85%	85%	83%	82%	86%	84%	85%	83%
Southern	95%	92%	87%	87%	89%	94%	92%	88%	88%	91%	90%	85%
STP Overall	92%	90%	89%	87%	89%	91%	87%	87%	89%	90%	87%	85%
England	89%	88%	86%	85%	88%	90%	91%	90%	91%	90%	90%	90%
Target	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%

Commentary

The information above shows performance against the four hour A&E target in each of the 4 acute hospitals within Devon. The target performance level is 95%, although each of the Trusts has their own trajectory to hit this target by the end of March 2018. In addition to performance in acute hospitals, where a provider also delivers minor injuries services in a community setting they are able to count this activity within the overall performance metric.

The latest (September) overall position for the four systems is:
Northern = 91% Eastern = 93% Western = 88% Southern = 90%

There has been a reduction in performance against the A&E target during August and September. All four Trusts have seen an increase in activity compared to the same period last year, and also an increase in acuity. This increase in volume and acuity has meant that flow across the health and social care system has been more difficult resulting in lower performance within A&E departments.

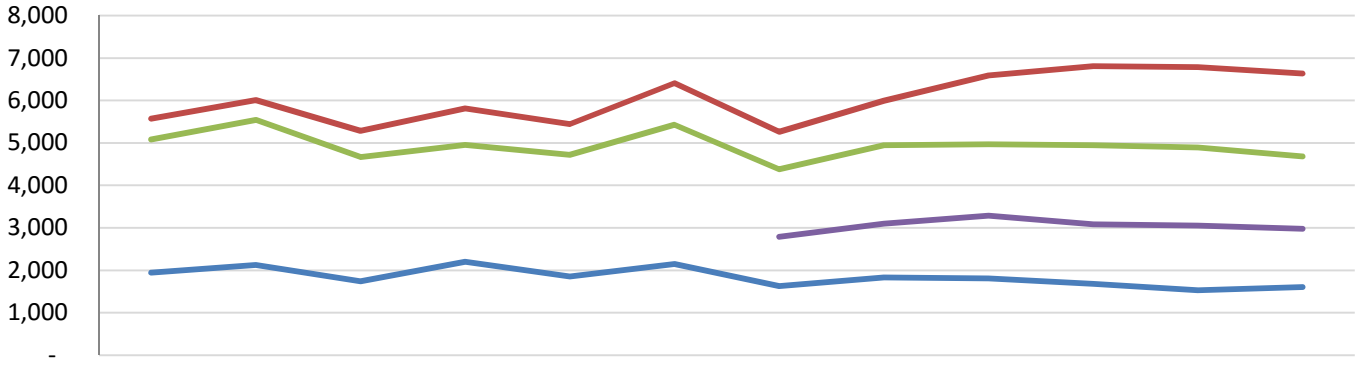
Action

A&E performance is a measure of how the whole system is operating due to its reliance on flow throughout the hospital to admit patients which is then reliant on the effectiveness of community services to receive patients from the acute hospital. Each of the four health and social care systems has a detailed plan in place to address acute and community pressures which will lead to an overall increase in performance. Each A&E team also has a specific action plan to ensure that processes are improved and monitored within the Department.

Description

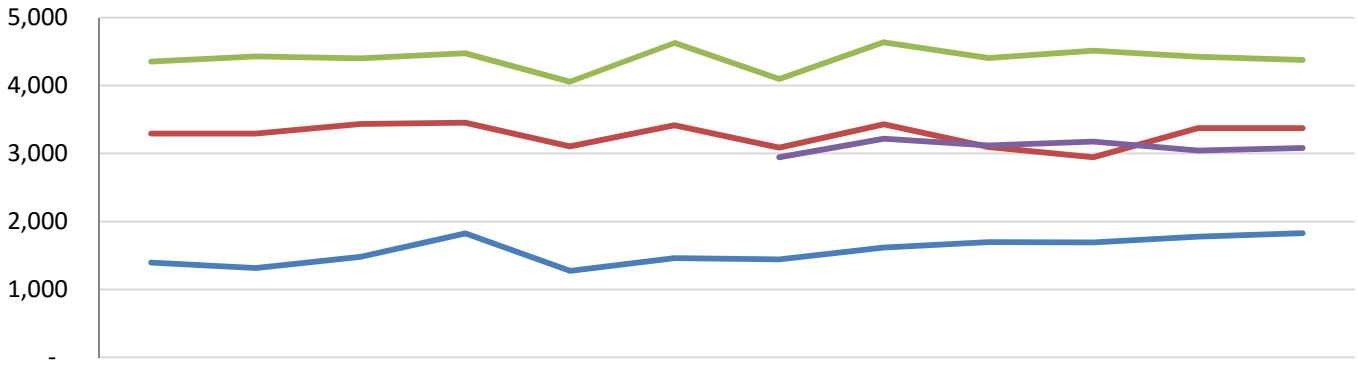
Elective Admissions – this is the number of patients who are attending hospital for a planned episode of care (ie a known operation)
Non-Elective Admissions – this is the number of patients who attend hospital in an unplanned manner. This is usually via the Emergency Department or Medical Assessment Unit (MAU)

Elective admissions



	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17
NDHT	1,942	2,129	1,738	2,203	1,857	2,147	1,632	1,834	1,811	1,681	1,533	1,607
RD&E	5,575	6,006	5,284	5,811	5,444	6,411	5,259	5,995	6,588	6,808	6,787	6,638
PHT	5,085	5,543	4,666	4,954	4,720	5,429	4,383	4,944	4,967	4,949	4,892	4,684
SD&T							2,788	3,100	3,288	3,085	3,050	2,977

Emergency non elective admissions



	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17
NDHT	1,395	1,313	1,478	1,825	1,274	1,461	1,444	1,618	1,696	1,690	1,778	1,829
RD&E	3,295	3,294	3,436	3,454	3,106	3,418	3,085	3,432	3,097	2,947	3,374	3,375
PHT	4,355	4,431	4,400	4,475	4,056	4,626	4,093	4,639	4,405	4,516	4,423	4,380
SD&T							2,945	3,217	3,119	3,175	3,046	3,084

Commentary

Elective admissions have remained consistent during August and September. This is to be expected due to the planned nature of elective care being provided.

The average daily level of non-elective admissions has increased during August and September. This is reflective of the increased level of activity and acuity that the system has experienced during these months. Overall the proportion of attendances being admitted has remained consistent with a slight increase during the latter part of September.

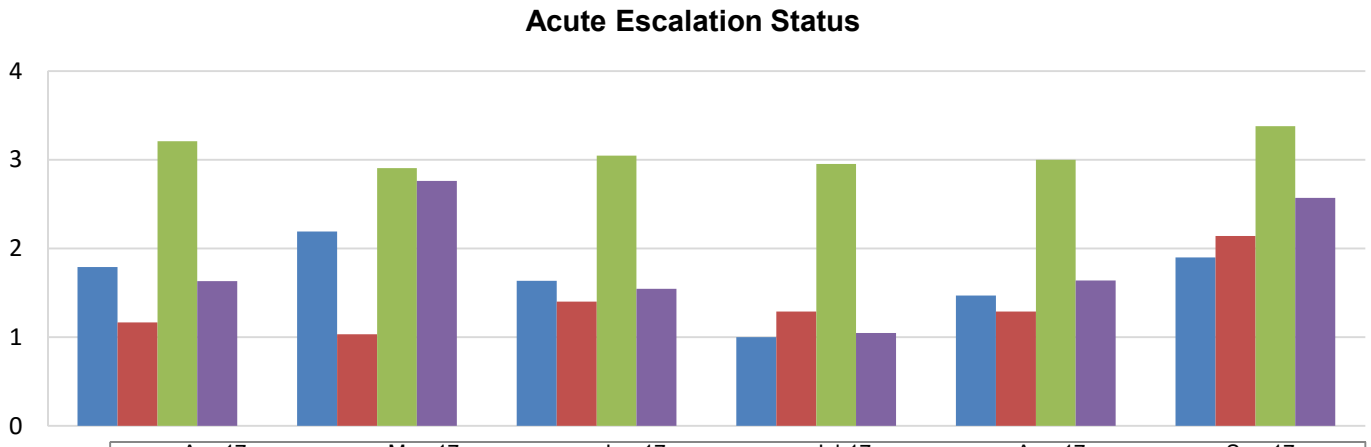
Action

Management of non-elective admissions is covered within the A&E Delivery Plan referenced above and includes actions to avoid admission to hospital and enable patients to better manage their conditions in the community, preferably in their own home. The STP has robust referral management processes to ensure that patients receive only the care that they require.

Escalation Status – Average OPEL Score

Description

The Operational Performance and Escalation Level (OPEL) is set by each provider on a daily basis between 1 (no escalation) and 4 (full escalation).



	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17
NDHT	1.79	2.19	1.64	1.00	1.47	1.90
RD&E	1.17	1.03	1.40	1.29	1.29	2.14
PHT	3.21	2.90	3.05	2.95	3.00	3.38
SD&T	1.63	2.76	1.55	1.05	1.64	2.57

Commentary

The level of pressure within the healthcare system is measured using OPEL: Operational Performance and Escalation Level. This grades organisations from Level 1 (not escalated) to Level 4 (fully escalated) according to a set of criteria. These include the level of occupancy and operational performance. The table and chart above show the average daily OPEL score for each of the four acute Trusts within Devon.

The average OPEL has increased for all providers during August and September. This has been caused by pressure on hospital beds and increased volumes of patients within hospitals. Flow has been made difficult by the acuity of patients and pressure on community services to take patients. Derriford Hospital continues to be escalated to OPEL3 or above every day due to significant operational pressures in the Western Devon system. September saw all Trusts escalated to OPEL2 or above for more than 50% of the month.

Action

The overall management of escalation is driven by the delivery of the wider system plan.

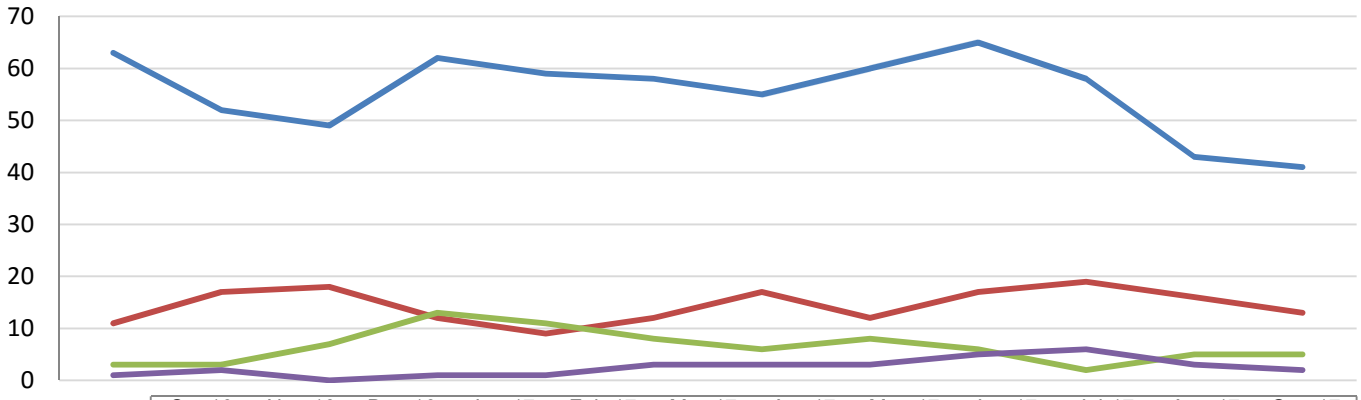
The CCG has agreed a consistent set of escalation metrics across the four acute providers which will be used to manage escalation processes this year and ensure that the declarations made are consistent.

Delayed Transfers of Care

Description

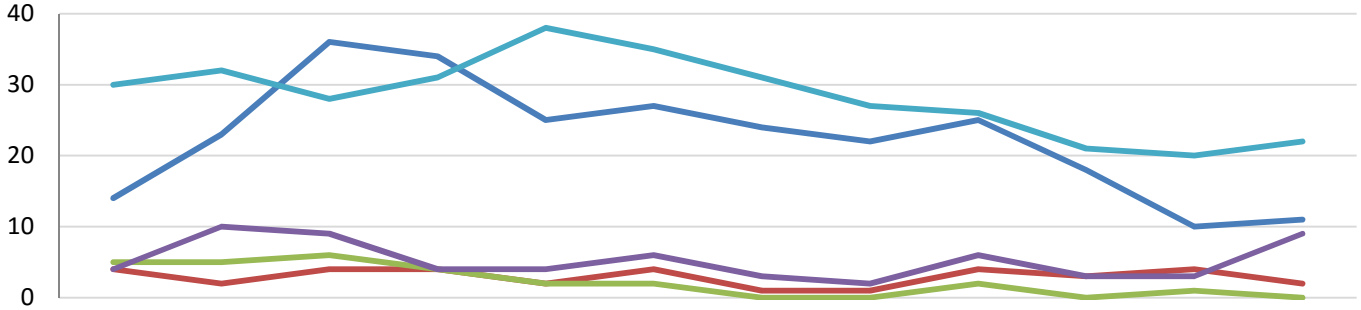
A delayed transfer of care occurs when a patient is medically fit for discharge from acute or non-acute care and is still occupying a bed.
This indicates the ability of the whole system to ensure appropriate transfer from hospital for all adults. Minimising delayed transfers of care and enabling people to live independently at home is one of the key objectives of the health and care system with national monitoring.

Average daily number of bed days lost to delayed transfers by acute provider



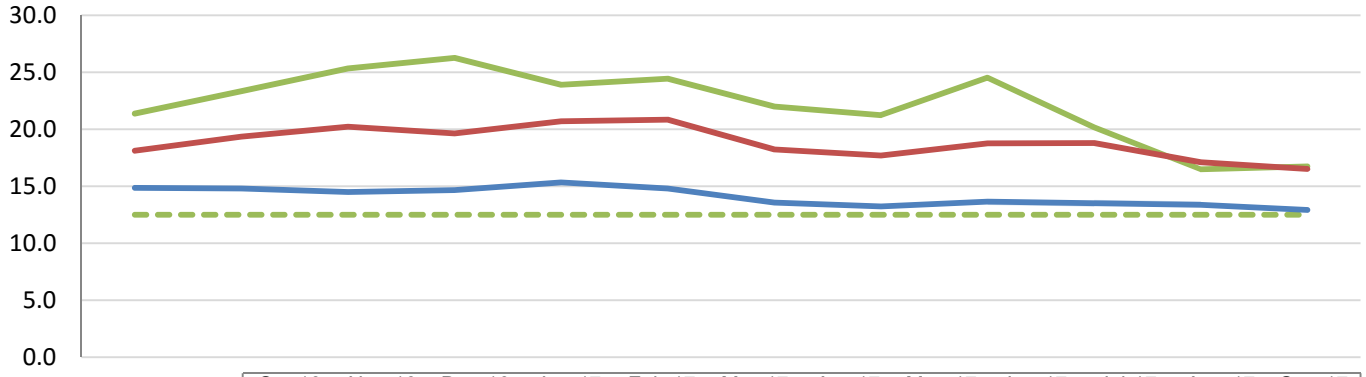
	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17
RD&E	63	52	49	62	59	58	55	60	65	58	43	41
NDHT	11	17	18	12	9	12	17	12	17	19	16	13
PHT	3	3	7	13	11	8	6	8	6	2	5	5
T&SD	1	2	0	1	1	3	3	3	5	6	3	2

Average daily number of bed days lost to delayed transfers by non-acute provider



	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17
RD&E	14	23	36	34	25	27	24	22	25	18	10	11
NDHT	4	2	4	4	2	4	1	1	4	3	4	2
PHT	5	5	6	4	2	2	0	0	2	0	1	0
T&SD	4	10	9	4	4	6	3	2	6	3	3	9
DPT	30	32	28	31	38	35	31	27	26	21	20	22

Monthly rate of bed day delays per 100k of population



	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17
Devon	21.4	23.4	25.3	26.3	23.9	24.4	22.0	21.2	24.5	20.2	16.5	16.7
Devon Target	12.5	12.5	12.5	12.5	12.5	12.5	12.5	12.5	12.5	12.5	12.5	12.5
England Avg	14.8	14.8	14.5	14.7	15.3	14.8	13.6	13.2	13.6	13.5	13.4	12.9
SW Avg	18.1	19.4	20.2	19.6	20.7	20.8	18.2	17.7	18.8	18.8	17.1	16.5

Commentary

The top 3 reasons for delay: Awaiting further non-acute NHS care (24%), Completion of assessment (22%), Care package in own home (17%)

In September 2017, 69% delays are attributable to NHS, 26% to Social Care and 5% to Both. Nationally, the split is 57%, 36% and 7%

Devon County Council ranks 125 out of 151 for the monthly rate of all delays. DCC rank 102 when only considering delays attributable to Social Care.

In the 12 months to September 2017 RD&E accounted for 70% of acute delays (55% of all delays. DPT accounted for 46% of non-acute delays (20% of all delays).

Provisional data from the RD&E for October shows acute delays continuing to improve from 41 in September to 39 in October. Non-acute delays are also improving from 11 in September to 7 in October.

Action

We have agreed a system wide action plan to reduce DTOC, developed with providers and commissioners from both health and social care, including mental health. This includes the following underlying principles:

1. Embed a cultural approach to delayed transfers which addresses two key issues:
   - o. home should be the discharge location of choice, and
   - o. that there should be a zero tolerance to delay.
2. Ensure that the best practice High Impact Changes are achieved in each community.

We have gathered learning from elsewhere, including visiting areas with good DTOC performance, as well as taking the learning from a DTOC peer review in the Eastern locality. The peer review team came from NHSE, NHSI and the LGA and observations included:

- Since the integration of community and acute services the system wide level of DTOC has fallen
- Early stages of integration are promising
- Robust plans for the future about doing the right thing by people which will also drive out improvements in performance
- System commitment to not compromising the long term outcome by rushing to make short term changes

We have also conducted self-assessments against the High Impact Changes in each locality, and will use this to help measure the success of our BCF DTOC plans.

Projects to help reduce DTOC include:

- Development of an enhanced community response
- Increased capacity within social care reablement
- Development of a Trusted Assessor model
- Review and improve the CHC assessment pathway in the community
- Care Home education
- Increased market sufficiency

ACH/17/75
Health and Adult Care Scrutiny
21 November 2017

PROMOTING INDEPENDENCE DISABILITY SERVICES

Report of the Head of Adult Commissioning and Health

1. Introduction and Background

1.1 Cabinet agreed the 'Promoting Independence' policy at its meeting on 14th June 2017 http://democracy.devon.gov.uk/documents/s7773/ACH1767.pdfn
We now wish to engage further with users, carers, providers and other relevant parties to consider implementation of the policy. The approach is particularly important for disability services as there are increasing numbers of individuals with disabilities (learning, physical, sensory and/or autism) who present to statutory services. There will be no change to the threshold (eligibility) for support from social care, but the engagement process we are commencing will be asking 'what matters to people' and can we meet those needs in a different way.

2. Summary Information

2.1 *Living well with a learning disability in Devon 2014-2017, https://www.newdevonccg.nhs.uk/file/?download=true&rid=107575* sets out our commitment across the health and care system to improving outcomes for people who have a learning disability and their carers. Our approach is underpinned by these values:

- People with learning disabilities should have the same rights and choices as everyone else;
- People with learning disabilities have the right to choice and control and to be treated with dignity and respect;
- People with learning disabilities should have the same chances and responsibilities as everyone else; and
- Family carers and families of people with learning disabilities have the right to the same hopes and choices as other families.

2.2 Over the last three years there have been improvements in the lives of people with disabilities, but there is still more work that we need to do in the areas of employment, support, transport, leisure and accommodation.

2.3 Improvements in care, medicine and assistive technology mean that people can live more independently with the right support. We also need to develop our provider and housing market to offer greater choice, including for people with the most complex needs, and those returning home from out of county placements.

2.4 We need to focus on helping people work out what they want from life and the range of options available to help them to maximise their independence and to participate fully in their community. We also need to make sure that we offer innovative support fairly across our community of people with disabilities.

Adults with a Learning Disability

- The Joint Strategic Needs Assessment (JSNA) estimates that there are approximately 14,885 estimated people with a Learning Disability in Devon.

  2,494 adults with a Learning Disability currently receive social care services. 89% (2,218) of these are 18 to 64 years of age, and 11% (276) are aged 65 and over. This includes 713 adults who receive direct payments and spend this money themselves to meet their needs.

Adults with physical disabilities and/or sensory needs

- Our most recent management information reports that 1,499 adults, aged 18 to 64 years, with physical disabilities or sensory needs, receive social care services in Devon. This includes 632 adults who receive direct payments.

Adults with Autism

- A significant proportion of adults across the whole autistic spectrum experience social and economic exclusion. Their condition is often overlooked by healthcare, education and social care professionals which create barriers to accessing the support and services they need to live independently. In addition, people with autism are more likely to have coexisting conditions such as learning disabilities and mental and physical needs and other developmental disorders. Some may have contact with the criminal justice system, as either victims of crime or offenders, and it is important that their needs are recognised

- Our joint Commissioning Strategy '*Living Well with Autism'* 2015-2020 sets out how we intend to meet new statutory requirements and to promote the independence and personalised support for people with Autism and their carers.
  https://devoncc.sharepoint.com/sites/PublicDocs/AdultSocialCare/_layouts/15/guestaccess.aspx?guestaccesstoken=ldJU5t2BiYDe%2bVwLxEyUOnIshgxwUPxekXkzB4xF03U%3d&docid=0792edd1099cf4ac5a7d9b418cf6c97f7&rev

- The National Autistic Society estimates that around 700,000 people may have autism in the UK, or more than 1 in 100 of the population. Based on the estimated national prevalence for autism this suggests that there are currently over 7,500 people in Devon with autism.

- The number of adults aged 18-64 with autistic spectrum disorders in Devon is predicted to increase by 0.4% over the next five years. *Source: PANSI, IPC online projection tool*

- Our management information reports 502 assessments were completed for adults with Autism from September 2016 to August 2017 and there were 773 adults with Autism receiving services at the end of July 2017.

Overall budget

The Disabilities net budget in 17/18 for is as follows:

Physical Disabilities - £19M
Learning Disability - £64M
Autism – £1M

The total budget for Disabilities is £84M which is 46% of the total net budget for Adult Social Care (£185M)

,

3. What we know

3.1 We know that people with disabilities and their carers do not generally want to be dependent on public services or be placed in a care setting if this can possibly be avoided. Instead, they tell us that they want to live with and/or be supported by their family and friends at home in the community, and remain connected to their interests.

3.2 We know that in Devon we still have significantly more people using statutory services than other local authorities across England and the way we support people with disabilities is not always focused on supporting them to live as independently as possible.

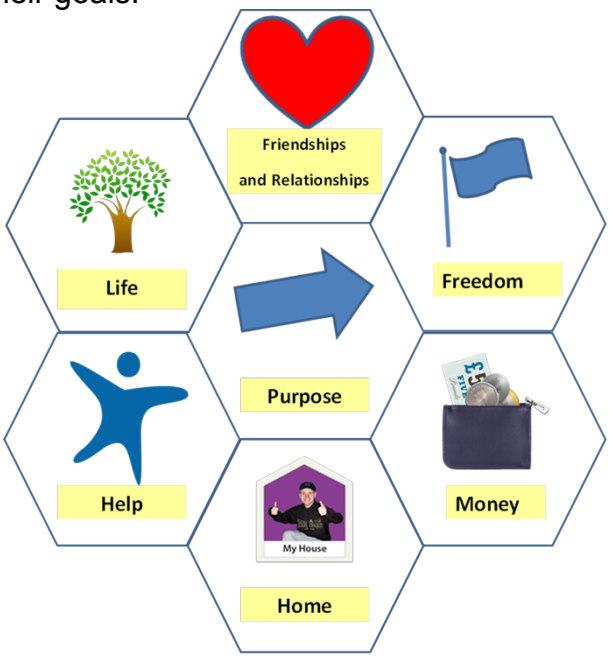
3.3 We know that a system of support for people with disabilities in Devon that promotes independence and uses short-term enabling support where appropriate and is community based is important. Features will likely include:

- Empowering the professional practice of our social care staff so that they can support people with disabilities to become more independent and self-reliant;
- Improve how we prepare children and young people with disabilities for adulthood;
- Develop more community opportunities
- Review people regularly and quickly so that we are responsive to changes in their needs and aspirations.

4. Focussing on what matters to people

4.1 We want to support people to build on their strengths and to help them to regain or develop independent life skills. We are working with communities to ensure there are opportunities for people with disabilities to live as independently as possible. This means being able to meet friends, join social groups, benefit from leisure and community facilities, access education and training, or find a job.

4.2 Focusing on what matters to people is best exemplified through the model below, which sets out the seven keys to citizenship. It was developed by the Learning Disability Partnership Board (LDPB) earlier this year and shows how we want to focus our support to enable people with disabilities to achieve or work towards their goals.



- Purpose is about having goals, hopes and dreams and having a plan to make these things happen.
- Freedom is about having control over your life and being able to speak up to be heard.
- Money is about having enough money to live a good life and control over how your money is spent
- Home is about having a place that belongs to you and having control over everything that happens there.
- Help is about having good help that empowers you to use your gifts and talents (things you are good at and enjoy doing). Good help will you to use your rights and carry out your responsibilities.
- Life is about being active in your community. Sharing your gifts and talents with others, taking risks and having fun.
- Friendships and relationships is about making real friends, having loving relationships, enjoying life, respecting yourself and the rights of others.

4.3 It is really important to recognise that people with disabilities have a range and varying complexity of needs. We will not always be able to work towards independent living for some people with disabilities, but our support should be focussed on what matters to them.

4.4 We want to develop a model of support for people with disabilities that is focused on enabling progression and the development of skills to support people into employment where appropriate and towards more independent living. We want our services to support people to maximise their independence and to play a significant part in supporting adults with disabilities to participate fully in their community.

4.5 This is likely to require a strong community offer to support individuals to live more independently in their communities

- We will make greater use of community held resources, such as care and support delivered by carers in family homes, which will have an increasingly important role to play in improving the health and social care offer within communities.
- We are changing our short term offer for people with disabilities so that all support is short term in the first instance, linked to achievement of goals and the use of assistive technology. We will support people to regain their independence as quickly as possible.
- Through discussion with the LDPB, leaders across the Council have committed to improving the accessibility and support to 'promoting independence' across all council areas to support integration into community settings.
- We are creating more opportunities for (unpaid) friendships and peer support in communities. We are aiming to establish a friendship group model across market towns in Devon, which will also introduce a bank of volunteers and a matching service for people interested in the same type of activities.
- Focus groups are influencing the development of the Accessible Website, which aims to better connect people with one another and their communities. It will be available in March 2018.
- A strategic approach to supporting people with disabilities to access employment opportunities is being developed with JobCentrePlus, the DCC employment team, leads for education and local colleges. This sets out to address the known barriers to employment and increase the opportunities for volunteering, apprenticeships, internships and employment for people with disabilities, including young people. Key to achieving this is making sure employers are confident and able to do this sustainably (including statutory services like DCC).

5. Process of engagement

5.1 To ensure our future planning is well informed, we are embarking on a series of meetings with a variety of people who have an interest in promoting independence for those with a Disability. We cannot speak to everyone so we are working with sub groups including:

- Partnership Boards
- Users of both commissioned and in-house provision;
- Carers of these service users;
- Young people with a disability and their families;
- Council staff;
- Community and voluntary sector organisations;
- Council members and MPs;
- Strategic Partners and particularly the NHS
- Health and Adult Care Scrutiny.

5.2 We are asking those who use our services and their carers about what matters to them and how we can help them to achieve their aspirations. We are also talking to those who provide support to service users and their carers, and who have a role in achieving our promoting independence approach.

5.3 The method of sharing and listening will vary based on the audience and will be structured around the seven keys to citizenship. We will ensure all are able to fully participate in the meetings. The sessions will all follow the same theme of asking.

- What matters to them?
- What do they value doing?
- What else would they like to do?

5.4 There are nine listening events taking place across the County during November and early December. A DCC members briefing session was also held on 8th November 2017.

6. Next Steps

6.1 The findings from the listening events will be summarised to inform future planning in this area and support the implementation of 'promoting independence' in the disability area.

6.2 The easy read consultation materials are attached as an appendix to this report.

Tim Golby
Head of Adult Commissioning and Health

Electoral Divisions: All

Cabinet Member for Adult Care and Health: Councillor Andrew Leadbetter

Chief Officer for Adult Care and Health: Jennie Stephens

LOCAL GOVERNMENT ACT 1972: LIST OF BACKGROUND PAPERS

Contact for Enquiries:
Rebecca Hudson, Senior Manager Adult Commissioning and Health
Email: Rebecca.hudson@devon.gov.uk
Tel No: 01392 383 000
Room: 1st Floor, The Annexe, County Hall

Listening to people with disabilities and their parents / carers

Welcome and housekeeping

- We want to use this time to share our ideas on how we improve our disability services.
- This is your chance to tell us your views about what is important to you.
- Today is the start of this discussion and you can continue to share your ideas with us.
- We will feedback peoples ideas by mid December.
- There will more opportunity to talk about this again in the New Year.

Our vision

- As part of an ongoing, wider commitment, we want to improve how people with disabilities are supported in Devon.
- We want to focus on what matters to people and how they can achieve their goals.
- We want people with disabilities to lead meaningful lives within their communities and to support parents / carers.

What this means

- We want to support people to build on their strengths and help them to develop independent life skills.

- We are working with communities to improve opportunities for people with disabilities to live as independently as possible.

- This means being able to meet friends, join social groups, benefit from leisure and community facilities, find employment opportunities, education and training.

Group discussion

What is important to you and the person you care for?

Listening to your feedback

Thank you

- We shared our ideas
- You have started to tell us your views about what is important to you.
- We will feedback peoples ideas by mid December
- This is the start of this discussion and you can continue to share your ideas with us.
- There will more opportunity to talk about this again in the New Year.

South Western Ambulance Service NHS Foundation Trust

Devon Health and Adult Care Scrutiny Committee

30 October 2017

Title:	Ambulance briefing
Main aim:	To provide an update on projects, performance and activity
Recommendations:	To note the contents of the report

1.0 National Ambulance Response Programme (ARP)

1.1 South Western Ambulance Service NHS Foundation Trust (SWASFT) welcomed the announcement by the Secretary of State and NHS England in July 2017 about a new set of ambulance service standards as part of the Ambulance Response Programme (ARP). This new set of standards mean that every incident will count towards the average performance, as opposed to previous time targets for an incident which did not take account of the 'tail' of calls that were out of performance.

1.2 SWASFT has been a pilot trust for ARP since October 2014 with the Dispatch on Disposition pilot which started in February 2015. Since then there have been more iterations with the last trial period, in October 2016, introducing the new call categories and definitions.

1.3 SWASFT has seen improvements in productivity and efficiency from the initial pilot with, on average, less vehicles being sent to each incident, freeing up resources to attend more patients.

1.4 SWASFT is now in the process of updating its Control and Dispatch system in line with the national adoption of the new standards which was due to begin in October 2017.

1.5 The new system will update a decades old system and will provide a strong foundation for the future. The changes focus on making sure the best, high quality, most appropriate response is provided for each patient first time. The new proposed ambulance standards are shown in Figure 1.

Figure 1: Proposed standards

Category	Percentage of calls in this category	National Standard	How long does the ambulance service have to make a decision?	What stops the clock?
Category 1	8%	7 minutes mean response time 15 minutes 90th centile response time	The earliest of: •The problem being identified •An ambulance response being dispatched •30 seconds from the call being connected	The first ambulance service-dispatched emergency responder arriving at the scene of the incident (There is an additional Category 1 transport standard to ensure that these patients also receive early ambulance transportation)
Category 2	48%	18 minutes mean response time 40 minutes 90th centile response time	The earliest of: •The problem being identified •An ambulance response being dispatched •240 seconds from the call being connected	If a patient is transported by an emergency vehicle, only the arrival of the transporting vehicle stops the clock. If the patient does not need transport, the first ambulance service-dispatched emergency responder arriving at the scene of the incident stops the clock.
Category 3	34%	120 minutes 90th centile response time	The earliest of: •The problem being identified •An ambulance response being dispatched •240 seconds from the call being connected	If a patient is transported by an emergency vehicle, only the arrival of the transporting vehicle stops the clock. If the patient does not need transport the first ambulance, service-dispatched emergency responder arriving at the scene of the incident stops the clock.
Category 4	10%	180 minutes 90th centile response time	The earliest of: •The problem being identified •An ambulance response being dispatched •240 seconds from the call being connected	Category 4T: If a patient is transported by an emergency vehicle, only the arrival of the transporting vehicle stops the clock.

1.1. Under the new system early recognition of life-threatening conditions, particularly cardiac arrest, will increase. A new set of pre-triage questions identifies those patients in need of the fastest response. The new targets will also free up more vehicles and staff to respond to emergencies.

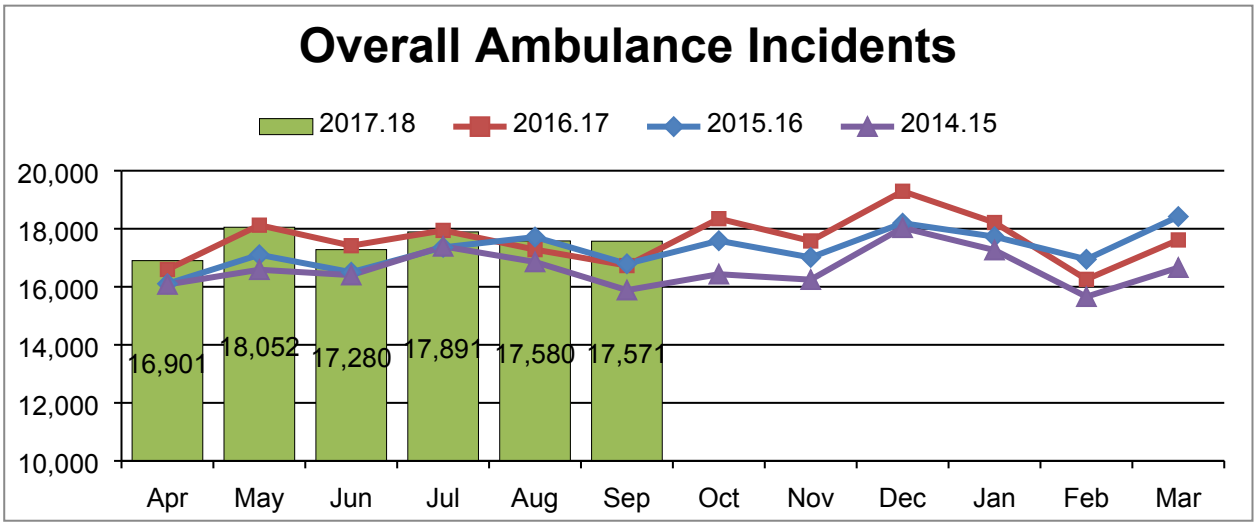
1.2. More information about the categories of calls is available from NHS England at: https://www.england.nhs.uk/urgent-emergency-care/arp/

2. Performance figures

2.1. For the period April 2017 to September 2017 overall activity in Devon shows SWASFT responding to 105,275 incidents. This equates to an increase of just over 1% compared to the same period last year.

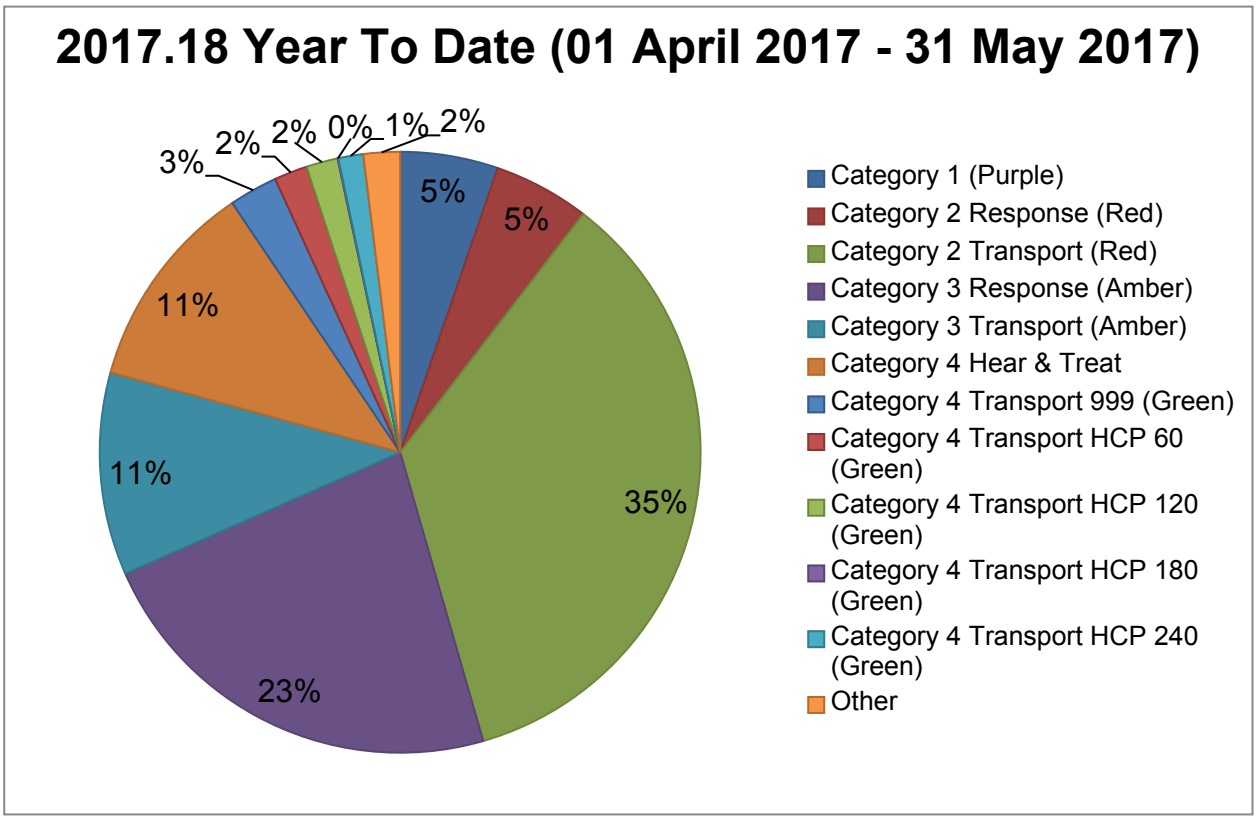
2.2. Broken down to daily figures this shows the Trust is responding to, on average, 575, incidents per day. This compares to an average of 569 incidents per day for the previous year.

Figure 2



The Trust has responded to 5,542 category one calls from April 2017 to September 2017. The number of category one incidents across Devon is low compared to other calls received, representing 5.26% of overall activity. See Figure 3

Figure 3



In Devon the year to date figures show the Trust has not met its 75% performance target of responding to category one incidents within eight minutes. Current figures show the Trust is meeting this time frame for 61.72% of category one incidents. However, 96.1% of category one patients receive a response time in under 19 minutes. See Figure 4.

Figure 4

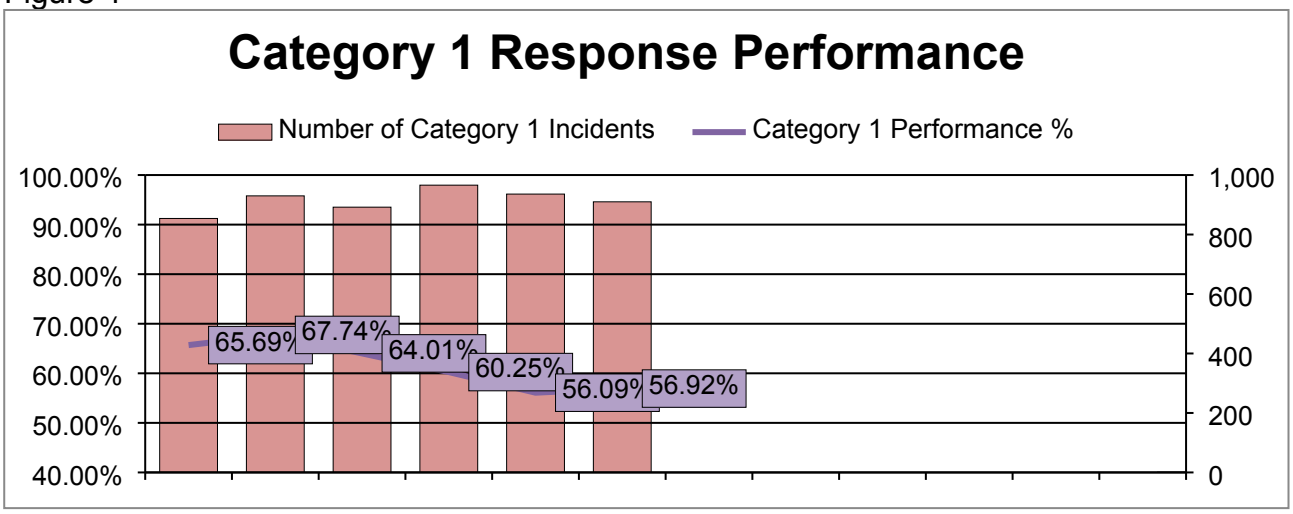


Figure 5 (overleaf) shows where the category one incidents have occurred in Devon and if this target performance time has been met.

South Western Ambulance Service
NHS Foundation Trust

Figure 5

Category 1 Incident Map - July 2017

Responded within 8 Minutes

Responded over 8 minutes

South Western Ambulance Service NHS Foundation Trust

3. Patient Experience

For the six month period from March 2017 to August 2017 the Trust received 1217 compliments from patients compared to 664 comments, concerns and complaints.

For the same period in Devon 211 compliments from members of the public were received compared to 140 comments, concerns and complaints.

Figure 6

Month received in 2017	Comments, concerns & complaints	Compliments
March	30	45
April	24	43
May	25	34
June	21	30
July	26	27
August	14	32

Examples of the type of compliments received for Devon:

September 2017
I dislocated my 'new' hip at home yesterday, and my husband called 999. The crew who attended were absolutely brilliant! They were all so good at calming me whilst I was in extreme pain. They worked well as a team and listened to what I had to say, having been in this situation before. I really appreciate all the efforts they went to, to ensure my comfort whilst getting me out of the house .I was reassured all the way to the hospital telling me what he was doing and why. They didn't leave me until the hospital team had taken over. I was also so appreciative of the first crew coming to find me later in hospital to see how I was- it was so kind of them going the extra mile. I can't thank these people more- they are a credit to the ambulance service!

August 2017
I had a need to telephone 999 for the ambulance service as in my opinion I had a suffered a heart attack. The ambulance with two paramedics arrived at my home. They were very efficient in the manner in which they dealt with me and made a decision to convey me to hospital. I was admitted to A&E. I have now made a full recovery from my problem. In this day and age there are many reports about the time it takes an ambulance to attend an incident, in my case they should be commended for their actions. Thanking both of them.

March 2017
My six year old daughter was hit by a car. A paramedic team were there within minutes and they were brilliant. Super child-centred and un-scary, polite, gentle, relaxed and professional. The police officer who attended was the same. Luckily my daughter escaped the incident unhurt but I appreciated so much the time they took to check that everything was ok with both of us before sending us home. Thank you all of you.

May 2017
After having a fall in my bathroom and trying to get you myself my wife decided to phone for an ambulance. Within three minutes of the call they were on the door step. Two lovely chaps from South Western Ambulance Service. After carrying out all their test they decided to take me into hospital to get checked over. I would just like to say from all my family thank you so much for all your help and what an amazing job you do.

4. Rota review

4.1. In recent years the Trust has seen the 999 service come under increasing pressure from the rise in demand. The Trust has explored ways to mitigate this impact with a number of initiatives to protect staff welfare, the patient experience and Trust performance.

4.2. The Trust recognised the need to align rotas and fleet ratios to better meet the current demand and needs of our patients which resulted in the decision to undertake a full rota review.

4.3. The review began in the North division when the rota changes were implemented in April 2017. It was then rolled out to the East and West divisions in July 2017.

4.4. The changes to the rotas now ensure the right number of staff are on duty at the right time, in the right place. This will enable the service to manage peaks in demand, giving an improved response to patients as well as staff welfare and wellbeing.

4.5. The Trust has also increased the number of double-crewed ambulances (DCAs) and reduced the number of rapid-response vehicles (RRVs). Investment earmarked to replace RRVs was instead used to fund additional DCAs.

4.6. The rota review now ensures SWASFT has an operating model which can respond to our current demand and future challenges.

South Western Ambulance Service NHS Foundation Trust

5. Single triage

5.1. After careful consideration South Western Ambulance Service NHS Foundation Trust (SWASFT) has decided to change to a single triage system – MPDS (Medical Priority Dispatch System) for all 999 calls with clinicians moving to LowCode.

5.2. Previously different systems were used in the North Clinical Hub (MPDS and PSIAM) and South Clinical Hub (NHS Pathways) which handle all 999 calls for the SWASFT region.

5.3. The benefits of this decision, which were ratified by the Trust board of directors on 31 March 2017, are:

- A better and more consistent service to patients
- Patients are triaged more quickly using MPDS and LowCode
- The clinical hubs will be more effective
- 999 call advisors can be recruited and trained more quickly
- This option is the most cost effective for the Trust
- A virtual clinical hub, with virtual telephony can be realised

5.4. The Trust also considered the future impact of, and to support the objectives of STPs including requirements for improved patient information sharing, the national NHS Ambulance Response Programme including improvements to hear and treat, see and treat plus future ambulance quality indicators and Clinical Commissioning Groups' CQUINs

5.5. A full and robust review of both the existing systems was undertaken including looking at the clinical impact, patient safety, and the efficacy of each solution as well as the financial impact of implementing each system across the Trust.

5.6. The full implementation is on schedule to be completed in March 2018 when NHS Pathways will be fully phased out of the 999 clinical hubs. NHS Pathways remains the triage system of choice for NHS 111 services.

6.0 Responder updates

We currently have 168 Community First Responders (CFRs) and off-duty staff responders providing a voluntary response ahead of an ambulance, in more than 65 locations throughout Devon including:

Ashburton	Dolton	Northlew
Bampton	East Prawle	Noss Mayo
Barnstaple	Exeter	Paignton
Bideford	Exmouth	Plympton Chaddlewood
Bishopsteignton	Great Torrington	Plymstock
Bovey Tracey	Hartland	Salcombe
Bradninch	Hatherleigh	Salcombe Peninsula
Braunton	Holsworthy	South Brent
Brixham	Honiton	South Molton
Buckfastleigh	Horrabridge	South Pool
Cheriton Fitzpaine	Ilfracombe	Tavistock
Christow	Ivybridge	Tedburn St Mary
Chudleigh	Kenn	Teignmouth
Crediton	Kingsbridge	Tiverton
Croyde	Lustleigh	Torcross
Cullompton	Lynmouth	Torquay A
Culmstock	Modbury	Uffculme
Dartmouth	Moretonhampstead	Winkleigh
Dawlish	Northam	

The number of volunteers attached to each group/location varies from one to ten, with some responders providing cover both from their home address and their workplace. Between them, we achieve in excess of 6000 hours of voluntary responder cover for Devon every month.

With reporting tools on activity profiles, the Trust is able to review each group and work towards matching availability to activity levels.

Each group of volunteers is supported locally by an operational paramedic known as a Responder Liaison Officer (RLO), and Devon's Responder Department staff consisting of a county officer and two assistant county officers.

Since January 2017 we have recruited 43 new volunteers into existing CFR groups across the county. A recent recruitment drive has seen another 15 members of the public be selected and trained for the role.

Devon also has 15 co-responding fire stations (Axminster, Chagford, Chulmleigh, Combe Martin, Crediton, Dawlish, Hartland, Hatherleigh, Holsworthy, Ivybridge, Lynton, Moretonhampstead, Princetown, Seaton and Woolacombe) with 110 qualified staff responding to local life-or-death emergencies in their communities. There are 3 further members of Devon and Somerset Fire and Rescue Service staff currently undergoing training to improve availability at Chagford, Axminster and Dawlish.

We also work closely with the Devon based BASICS scheme, which is comprised of doctors who respond to critical calls for the Trust and provide expert intervention and support as volunteers. We currently have 11 BASICS doctors in Devon.

Defibrillators

There are 658 defibrillators registered with us across Devon either as Community Public Access Defibrillators (CPADs) or Static Site Establishments, as below:

Static Site Establishments	118
CPADs	202
Accredited Sites	338

7.0 Recommendation

The committee is asked to note the contents of this report.

9 October 2017
Standing Overview Group – Health and Adult Care Scrutiny Committee

Present
Councillors Sara Randall Johnson (Chair), Hilary Ackland, Sylvia Russell, Richard Scott, Phil Twiss, Carol Whitton and Claire Wright

John Finn, Managing Director of the Eastern Locality Northern, Eastern and Western Devon Clinical Commissioning Group
Tim Golby, Head of Adult Commissioning and Health
Dr Sonya Manton, Joint Director of Strategy at South Devon and Torbay CCG and NEW Devon CCG
Dr Rob Turner, Eastern Locality Clinical Board Member
Camilla de Bernhardt Lane, Head of Scrutiny
Philip Bridge, Democratic Services and Scrutiny Support Officer

Apologies
Councillor Brian Greenslade

Summary of Decisions

Decision/discussion	Who will action	When
During discussion, reference was made to the following: ➢ Planned care is based around predictable treatment for patients. This should not be confused with planning health and care for entire populations, although planning for predictive treatment for discrete populations is in scope. ➢ It is possible to predict requirements for certain conditions (skin cancer) for the next few years. However, there are challenges relating to the clinical workforce and making sure residents in different parts of Devon have access treatment they need.		

Decision/discussion	Who will action	When
➢ The connection between in hospital treatment and onward care to GPs. The discharges should be made as efficient as possible. ➢ Questions were raised regarding where dementia sits within planned care and how people with dementia can access the services they need. Interface between health and care services is important. ➢ How health and care planning is shaped by the characteristics of a population (e.g. the number of people who smoke) and how Devon will plan its services for the future. The CCG undertakes with Public Health thorough needs assessment of the population. ➢ A breakdown was given of the scale and cost of planned care in Devon (20% undertaken within the community). This compares well nationally. However, Devon benchmarks high in terms of planned care spending when compared against other CCGs. There is the need to re-evaluate finances. ➢ It was discussed how the process of discharge planning works. The movement of information across the discharge system electronically is increasing and improving. ➢ It was questioned whether technology could be utilised more to increase 'productivity' in terms of delivering planned care. It was suggested that 'productivity' is not a helpful term because it carries negative connotations of people as money. The quality of patient care is important. ➢ Technology can be utilised to enable care for certain patients, to make the best use of resources, and to help staff work more efficiently. A focus on saving the time of staff and patients is important. ➢ The challenges delivering specialist services and the importance of equity. ➢ RightCare benchmarks the CCG against comparative populations. The CCG has been visiting other areas and learning about how they deliver care. The Getting It Right First Time (GIRFT) Programme covers different specialities in acute care. The CCG has been holding planned care meetings with broad groups of representatives. ➢ Intervention and especially surgery is not risk-free. It is important to look at alternatives to surgery, such as support from physios or help with weight loss. The appropriate level of treatment must be given to those in need. Other methods of treatment can be overlooked. Helping patients to 'get out' and exercise is also important. ➢ The need to develop community intervention and support, possibly through social prescribing. ➢ The CCG highlighted the importance of making sure that patients are fully informed about their options before go they through surgery. Sharing best practice and putting the individual at the centre of treatment are also key.		

Decision/discussion	Who will action	When
➢ The CCG is working on developing online materials for patients so that they can find out more information about surgery and the questions they may be asked by GPs. Patients can be given online tools to enable them to understand their illness and treatment options better.		
Agreed that: (i) All Members of the Committee would be invited to each Standing Overview Group Session. The list of topics and dates will be shared on the work programme. These sessions are part of specific member development for this Committee. (ii) Share the list of providers that work within planned care and the percentage of patients under these providers. (iii) Refer to Children's Scrutiny to challenge Virgin Care about working with the CCG over planned care (particularly in the area of transition) (iv) The next Standing Overview Group session on urgent care should include the interface between primary care and urgent care (v) The Devon Referral Support Service app will be circulated (vi) Members to review Public Health data, to understand the information upon which planning provision for the population is made: http://www.devonhealthandwellbeing.org.uk/jsna/ (vii) Future standing overview group sessions could be focussed around: - Planning Services for the population - Cancer	**CdBL** **JF** **To be agreed at Committee** **SM** **SM JF** **All Members** **CdBL**	Dec 2017 21st Nov 2017 Dec 2017 2018
Next Meeting The next Standing Overview Group meeting will take place at 10.00 AM on 12 December 2017 with the theme of Urgent Care.		