

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 : 12 September 2018
Please ask for: Gerry Rufolo 01392 382299

Email: gerry.rufolo@devon.gov.uk

HEALTH AND ADULT CARE SCRUTINY COMMITTEE

Thursday, 20th September, 2018

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 7 June 2018 (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 Health & Wellbeing Board Update (Pages 1 - 8)
Report of the Chef Officer for Communities, Public Health, Environment and Prosperity, attached

6 Devon Safeguarding Adults Board: Annual Report 2017/18 (Pages 9 - 18)
Report of the Independent Chair of the Board, attached

7 Northern Devon Healthcare NHS Trust Action Plan
Following on from the NDHT Action Plan (previously considered by this Committee) the Care Quality Commission (CQC) will publish their update report on Tuesday, 18 September 2018 which will be made available to Members for review.

Deputy Medical Director, NDHT to report.

8 Promoting Independence in Devon: Our Vision and 5 Year Plan for Adult Social Care in Devon (Pages 19 - 56)
Report of the Head of Adult Commissioning and Health (ACH/18/92), attached

HEALTH AND INTEGRATION IN DEVON

9 Sustainability and Transformation Plan Update and Integrated Care Systems (ICS) Development (Pages 57 - 88)
Report of the Head of Adult Commissioning and Health, Devon County Council; and Director of Strategy (South Devon and Torbay CCG and NEW Devon CCG) (ACH/18/91), attached

10 Community Leadership in Okehampton (Pages 89 - 102)
In accordance with Standing Order 23 (2) Councillor Ball has asked that the Committee consider this matter

Presentation attached

11 Understanding the Model of Care - Community Health and Care Team Visits (Pages 103 - 108)
Report of the Health and Adult Care Scrutiny Committee Members (CSO/18/29), attached

OTHER MATTERS

12 Carers Event at Westbank Community Care Services (Pages 109 - 114)
Report of the Health and Adult Care Scrutiny Committee Members (CSO/18/28), attached

13 Work Programme
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.

MATTERS FOR INFORMATION

14 Information Previously Circulated

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

(a) NHS 111 Online in Devon - Health & Adult Care Scrutiny Committee: briefing from the CCGs on NHS Online 111 launched in Devon at the end of the July;

(b) NHS England Briefing note on GP care in Hatherleigh and Shebbear;

(c) Devon STP 2-Year Report highlighting what the STP set out to achieve, the progress that has been made and plans;

(d) Briefing note by NHS England on the Hatherleigh Medical Centre and Beech House Surgery, Shebbear move to temporary accommodation.

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), M Asvachin, J Berry, P Crabb, A Connett, R Peart, S Russell, P Sanders, A Saywell, R Scott, J Trail, P Twiss, N Way (Vice-Chair), C Whitton, C Wright, J Yabsley and P Bialyk

District Councils

Councillor P Bialyk

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.

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Public Participation

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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](#), indicating which item they wish to speak on and giving a brief outline of the issues/ points they wish to make. The representation and the name of the person making the representation will be recorded in the minutes.

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 Chair 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/>)

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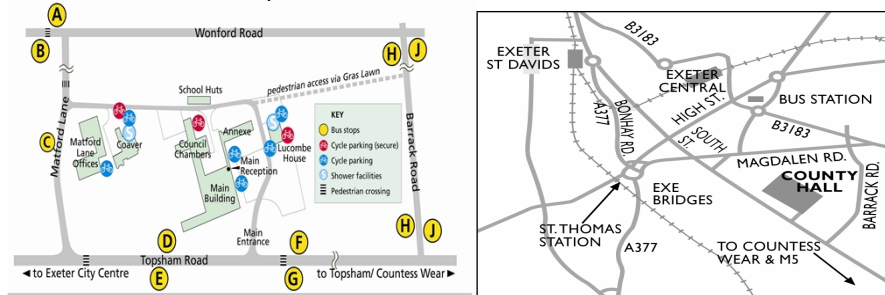
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NB   Denotes bus stops

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First Aid

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

Health and Adult Care Scrutiny Committee
20th September 2018

DEVON HEALTH AND WELLBEING BOARD UPDATE, SEPTEMBER 2018

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

Recommendation: that the Committee receives the update and notes the work being undertaken in response to the recent Health and Adult Care Scrutiny report on the Better Care Fund.

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**1. Context**

1.1 This report summarises the activity of the statutory Devon Health and Wellbeing Board over the last year and its forthcoming work.

**2. Health and Wellbeing Board – Recent Activity**

2.1 The Board is chaired by Councillor Andrew Leadbetter and meets on a quarterly basis. The board is responsible for promoting greater integration and partnership between bodies from the NHS, local government and public health to improve population health.

2.2 Table 1 describes activities over the last 12 months. Board meetings include standing reports in relation to health and wellbeing outcomes, the Better Care Fund and updates from the Clinical Commissioning Groups (CCGs). Board meetings typically contain a theme-based discussion on an issue of local importance, with recent topics covering young people, domestic violence, and homelessness. Other reports between September 2017 and June 2018 included reports on the Sustainability and Transformation Partnership (STP), health protection, CAMHS, health and care integration, and suicide prevention.

**Table 1: Devon Health and Wellbeing Board Activity, September 2017 to September 2018**

| <b>Meeting / Event</b>         | <b>Description / Reports</b>                                                                                                                                                                                          |
|--------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| September 2017 Board Meeting * | Shaping Future Care – A Sustainability and Transformation Plan for Devon                                                                                                                                              |
| December 2017 Board Meeting *  | Theme-Based Panel: Children, Young People and Families<br>Annual Health Protection Report<br>Pharmaceutical Needs Assessment (update on draft and consultation process)<br>CAMHS Refresh – Local Transformation Plans |

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|                                  |                                                                                                                                                                                                                                                                                                                                                                                         |
|----------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| December 2017 Workshop           | Local Government Association facilitated workshop with board members and local health and care organisation representatives to undertake a self-assessment concerning local progress towards more integrated health and care services                                                                                                                                                   |
| March 2018 Board Meeting *       | Theme-Based Panel: Ending Domestic and Sexual Violence and Abuse<br>Pharmaceutical Needs Assessment (discussion and endorsement of final report)<br>Health and Care Integration                                                                                                                                                                                                         |
| June 2018 Board Meeting *        | Board Membership<br>Joint Strategic Needs Assessment Update 2018<br>Suicide Prevention Strategic Statement<br>Theme-based Panel: Homelessness and Rough Sleeping                                                                                                                                                                                                                        |
| June 2018 Stakeholder Conference | Stakeholder conference involving board and scrutiny members and health, local authority, community and voluntary sector representatives and other stakeholders to discuss health and wellbeing priorities and the future development of the board                                                                                                                                       |
| September 2018 Board Meeting *   | Theme-based presentation and evidence paper: Loneliness<br>Sustainability and Transformation Partnership: Strategy Update<br>Task Group Report on the Development of the Health and Wellbeing Board<br>Draft Joint Commissioning Strategy for Adults with Learning Disabilities<br>Homelessness Report: Local Authority district work to address homelessness<br>Dementia update report |

\* Standing reports at every Board meeting include the outcomes report, a Better Care Fund update and a CCG update

- 2.3 The June board included an update to board membership which expanded member to include other local health care organisations and Devon and Cornwall Police. Statutory board publications in the last year included the 2018-21 Pharmaceutical Needs Assessment and an annual update to the JSNA, which includes a Devon Overview and a new interactive community profile tool which describe and compare health and wellbeing issues at various neighbourhood levels ([www.devonhealthandwellbeing.org.uk/jsna/profiles](http://www.devonhealthandwellbeing.org.uk/jsna/profiles)).
- 2.4 A workshop for board members was held in December 2017, which assessed local progress towards more integrated health and care services. The annual stakeholder conference in June 2018 involved detailed table discussions on board priorities and how the health and wellbeing board should develop.
- 2.5 The latest board meeting (September 2018) included a theme-based presentation and supporting evidence paper on the subject of loneliness, an update of the STP strategy, a task group report setting out a number of objectives and actions for developing the board in response to the stakeholder conference in June, the draft joint commissioning strategy for adults with learning disabilities, a report on local authority district work to address homelessness in response to the panel discussions in June, and an update on the prevention, diagnosis and treatment of dementia.

### **3. Health and Wellbeing Board – Forthcoming Work**

- 3.1 Board meetings are on a quarterly basis with the next meeting scheduled for the afternoon of Thursday the 13<sup>th</sup> of December 2018.

- 3.2 A joint workshop for Health and Adult Care Scrutiny and Health and Wellbeing Board members is scheduled for the morning of Thursday the 13<sup>th</sup> of December 2018, to begin the development of the new Joint Health and Wellbeing Strategy for Devon. It is envisaged that this event will include presentations and discussions on the priorities emerging from the Joint Strategic Needs Assessment, the important links with the Sustainability and Transformation Partnership, and the respective roles of the Health & Wellbeing Board and of Health & Adult Care Scrutiny in relation to improving the health, healthcare and wellbeing of the people of Devon. The Strategy, which sets the priorities and overall approach for the local health and wellbeing system, will be updated in 2019.
- 3.3 Following the June 2018 stakeholder conference and the subsequent task group report presented to board in September 2018, the ongoing development of the health and wellbeing board will remain a priority.

**Dr Virginia Pearson**  
**CHIEF OFFICER FOR COMMUNITIES, PUBLIC HEALTH, ENVIRONMENT AND PROSPERITY**  
**DEVON COUNTY COUNCIL**

**Electoral Divisions: All**

Cabinet Member for Adult Social Care and Health Services: Councillor A Leadbetter and  
Cabinet Member for Community, Public Health, Transportation and Environmental Services:  
Councillor R Croad

Contact for enquiries: Simon Chant, Room 148, County Hall, Topsham Road, Exeter. EX2 4QD  
Tel No: (01392) 386371

Background Papers  
Nil

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20 September 2018

## Devon Safeguarding Adults Board Annual Report 2017/18- Covering Report Health and Adult Care Scrutiny Committee

*Please note that the following recommendations are subject to consideration and determination by the Health and Adult Care Scrutiny Committee before taking effect.*

### **Recommendation:**

Health and Adult Care Scrutiny Committee is requested to note the Annual Report 2017/2018 of the Devon Safeguarding Adults Board which summarises some of the work that has taken place in 2017/18. More detailed information about the work of the Board is available on the DSAB website: <https://new.devon.gov.uk/devonsafeguardingadultsboard/>

### **1. Introduction**

- 1.1 This attached report provides the Health and Adult Care Scrutiny Committee with an overview of the Devon Safeguarding Adults Board (DSAB) Annual Report for 2017/18
- 1.2 The annual report summarises safeguarding activity undertaken throughout 2017/18 by the Board and its key partners and sets out the progress made against priorities. There is a statutory requirement to present the Annual Report of the Safeguarding Adults Board to the local Health & Wellbeing Board. In Devon the report is also presented to Cabinet and to Health & Adult Care Scrutiny Committee.
- 1.3 This Annual Report is again a concise report. It ensures that key messages are portrayed and the report can be delivered and, importantly, understood widely. Importantly more detailed information is published on the Board's website, including full SAR reports.

### **2. Background**

- 2.1.1 DSAB is the strategic lead body for safeguarding for the county of Devon, with an overriding objective to prevent and reduce the risk of significant harm to adults with care and support needs from abuse or other types of exploitation

# Agenda Item 6

- Key statutory partners are - DCC, NHS commissioners (CCGs) and the Police with wider representation from other agencies (NHS Providers, Healthwatch, Exeter Prison, Probation and the Community Rehabilitation Company)
- There are 2 key statutory requirements for the Board – to deliver an Annual Report and to ensure that the Board appropriately conducts Safeguarding Adult Reviews

2.1.2 For the purposes of this work, vulnerable adults with care and support needs are defined as:

- people with learning disabilities
- people with physical disabilities
- people with sensory impairment
- people with mental health needs, including dementia
- people who misuse substances or alcohol
- people who are physically or mentally frail

## **2.2 Legislative Context**

2.2.1 The Care Act 2014 requires that local authorities hold the lead responsibilities for safeguarding adults and work in partnership with other agencies as described above. The Local Authority shall appoint an Independent Chair whose role it is to ensure that the Board holds all partners to account for delivering services which safeguard and protect vulnerable adults. The Board acts as the strategic mechanism for ensuring that all partners work together successfully.

2.2.2 As mentioned in 2.1.1 above, there are 2 key statutory requirements for the Safeguarding Adults Board – to deliver an Annual Report and to ensure that the Board appropriately conducts Safeguarding Adult Reviews (SARs).

2.2.3 SARs – there are 5 underway at present and when these are completed they will be presented to the DSAB. Reports and action plans will be uploaded on the DSAB Website. Learning from SARs is tracked by the Board and reviewed to ensure that actions have been undertaken.

## **2.3. A Summary of completed DSAB Work in 2017/18**

- Commissioned 5 Safeguarding Adults Reviews, all of which will be completed in 2018/19
- Developed a Multi-Agency Performance Dashboard which collects and analyses Safeguarding Performance data from all DSAB partners to identify best practice and rectify any system-wide performance issues
- Completed and signed-off DSAB Multi-Agency Procedures and Guidance which outlines procedural Safeguarding responsibilities across all board partners.
- Held board workshops on County Lines and Multi-Agency Case Audit as well as a Board Business Planning day to ensure that all members are fully involved in the development of key priorities for the Board.
- Developed Safeguarding Publicity materials for the public and professionals

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- Launched a DSAB Twitter account to ensure the public and professionals are briefed on key public messages
- Began each Board meeting with a personal story from a service user to ensure that Making Safeguarding Personal is at the centre of all of our work
- Commenced work on the development of the DSAB website
- Commenced work on a detailed multi-agency audit of safeguarding practice which will be completed in 2018/19

Siân Walker  
Independent Chair  
Devon Safeguarding Adults Board

## LOCAL GOVERNMENT ACT 1972: LIST OF BACKGROUND PAPERS

*Contact for Enquiries: Ben Smith, Business Manager, Devon Safeguarding Adults Board  
Tel No: 01392 383000, County Hall, The Annexe, First Floor*



# Devon Safeguarding Adults Board

## Annual Report

2017–2018



### Welcome from the Chair

I am delighted to present the Annual Report of the Devon Safeguarding Adults Board for 2017/ 2018. This report sets out the achievements of the Board during the year, measuring

these against the objectives which we agreed at the start of the year.

I am particularly pleased that, resulting from our themed workshops and good participation in the Board and all its sub groups; there has been significant improvement in the delivery of services for people who need to be protected from abuse and harm. One example of this is something we describe as ‘Making Safeguarding Personal’, where people who receive services are now better consulted on the outcomes they wish to achieve following the initial safeguarding referral. We have raised awareness about this through training across all partners, which has resulted in practice improvements.

Board Members include senior strategic leaders from the NHS (including the Clinical Commissioning Groups, Hospitals, Ambulance Service), Devon & Cornwall Police and Devon County Council as well as the National Probation Service & Community

Rehabilitation Company, the Prisons, Devon & Somerset Fire and Rescue Service, Housing and local Healthwatch. We all meet together to share learning and actions being taken to promote protection of vulnerable people with care and support needs from being harmed or suffering abuse and neglect. The purpose of the Board is for us to seek assurance that all partner organisations are delivering effective safeguarding services. There has been considerable improvement in our working together in this last year, where partners effectively challenge each other so that we are assured of improvements in safeguarding practice. Of significance is the work commenced with local housing providers and the District Councils – an important relationship which will develop and result in continuing improvements to make people safer, in the coming years.

Further evidence of the Board working together is delivery of Safeguarding Adult Reviews (SARs), where there have been significant incidents of harm or even death of a vulnerable adult. In this year the Board has commissioned 5 SARs, most of which will be nearing completion by the end of 2018. The outcomes of these will be published in the next year’s annual report.

We also learn together as a Board though

discussion about personal “Safeguarding stories/ experiences” at the start of each Board meeting where all partners take turns in presenting and all share actions to improve their services arising from consideration of these experiences.

So on reflection - a year of improving services and importantly, of action being taken. Our strategic objectives for the next year aim to improve communication to the wider public about services which exist to promote safety for those at risk of harm to improve public awareness; in particular through producing information about what the public can do to ensure that vulnerable people feel and are safer.

Siân Walker

### DSAB 2017/18 Priorities

1. Improving people’s experience of safeguarding and delivery of “Making Safeguarding Personal” across all partners
2. Prevention of harm and neglect in care and health services
3. Improving awareness and application of MCA and Best Interests for people.

# DSAB Sub-groups

## Mental Capacity Act

The group developed a work plan to seek assurance from each partner member that the foundations upon which the Mental Capacity Act 2005 can be rightly applied are in place, are relevant and accessible to support both their own staff and also to provide information to the wider population.

## Safeguarding Adults Review Core Group

This group has a key role in organising and delivering the Reviews and then ensures outcomes are presented to the Board for dissemination of key learning and review amongst all partner organisations. In 2017/18 this group commissioned 5 Safeguarding Adults reviews which aim to improve the quality of lives of people with care and support needs in Devon.

## Learning and Improvement

This group ensures that all organisations are completing safeguarding training and that this is being used to improve how to safeguard people. In 2017/18 the group played a significant role in recommissioning the safeguarding training that the Board delivers to partner organisations and care providers.

## Operational Delivery

This Group, launched in September 2016, reports directly to the Board. Key pieces of work for the Board are developed and delivered through task and finish groups. In 2017/18 the group developed a DSAB Multi-Agency Procedures and Guidance document and a Multi-Agency Performance Data report to provide assurance to the Board and has commenced work on detailed multi-agency audit of safeguarding practice.

## Community Reference Group

This group was launched in September 2017 and is co-ordinated with Living Options and Chaired by Healthwatch Devon. The main role of this group is to enable the voice of citizens to be heard. The Board will use this group to promote strong communication with the public, improve community safety and making safeguarding personal. The group started by holding coffee mornings across the county.

The Board also delivered Themed Workshops during the year to promote learning across all organisations. Our strategic business plan was co-produced with all partners and 3 workshops were held; a Business Planning workshop to develop shared actions for the year, a Multi-Agency case audit workshop where Board partners could influence safeguarding practice improvements across each agency and a County lines event, led by Devon & Cornwall Police.

# Business Plan

The Board's view is that with having few, but cogent, key priorities, it is able to have absolute clarity across all partner organisations to make a difference across the County.

1. Ensuring that people in Devon feel safer
2. Protecting people from harm by proactively identifying people at risk, whilst promoting independence
3. Increase legal literacy of practitioners in respect of the MCA.

# Partner key achievements

2017–2018

## Devon & Cornwall Police

1. Delivery of training packages for all frontline staff to help them identify vulnerability and complete ViSTS (Vulnerable Individuals Screening Tool) more effectively has been undertaken. This is soon to be augmented by the partnership development of a vulnerability toolkit overseen in the Safer Devon Partnership, which offers the opportunity to bring the statutory safeguarding partnerships closer together.
2. "A "County Lines" Sub Group has been set under the Community Safety Partnership and this works in partnership with the DSAB, bringing together a broad range of partners.
3. Making the link between Making Safeguarding Personal and the Health and Wellbeing of frontline staff, particularly during these periods of high demand and scrutiny, and low levels of resourcing.



**Devon County Council  
Adult Social Care**

- 1) Improving safeguarding practice:  
Systematic review of safeguarding practice is identifying areas for improvement. DCC is ensuring that this learning is understood and implemented by teams. Examples of excellent practice are regularly shared through leadership forums.
2. "Whole Service" Safeguarding improvements have been made. This means that when a number of safeguarding concerns relating to specific health and social care providers are received, partners across health and social care and the CQC work together, with providers, to reduce risk and support providers to improve quality of care and safe services. Feedback from providers indicates that the whole service safeguarding process is transparent, proportionate, and enables them to engage fully in joint work to ensure the best outcomes for people who use services.
3. Training: We have supported the Board in putting in place a leading Section 42 enquiry training day for all team managers across all organisations. This ensures that the key messages of Safeguarding are fully embedded to support the driving up of quality and performance of the Section 42 safeguarding enquiries being carried out across all organisations.

**Healthwatch Devon**

1. Identified an on-line training package for the Healthwatch Devon team.
2. Peer to peer training so new members of staff are able to subjectively examine cases in conjunction with more experienced members of staff and highlight the cases on the host database as required.
3. Ensuring that new members of staff are clear on the escalation process of safeguarding issues once identified.

**Dorset, Devon and Cornwall  
Community Rehabilitation Company**

1. Delivered an adult safeguarding e learning package across the organisation.
2. Appointed a lead manager for adult safeguarding.
3. Identified an adult safeguarding champion in each team.

**National Probation Service**

1. Established regular Multi-agency public protection arrangements (MAPPA) meetings to focus on safeguarding issues.
2. Staff have engaged in training on Adult Safeguarding.
3. Staff have been involved in a range of multi agency meetings to work collaboratively where there are concerns about adult safeguarding.

**HMP Exeter**

1. HMP Exeter was subject to an unannounced inspection in May 2018. In the Inspectorate's draft report it is noted that HMP Exeter had self-inflicted deaths and has sought to implement most of the subsequent recommendations made by the Prison and Probation Ombudsman.
2. Partnership working between the prison and social care providers was said to be good in the Inspectorate draft report. Social care provision is well advertised in the prison with an open referral system which helps identify prisoners' individual needs promptly.
3. A dedicated social care wing in the prison was said by the Inspectorate to be staffed by skilled, dedicated and compassionate staff who ensured that prisoners with social care needs had all their daily needs met in a therapeutic environment.

## Partner key achievements 2017–2018

### Public Health Devon

1. Safer Devon Partnership: Strategic focus on vulnerability and safety as part of new plan.
2. Collaborative work between the Domestic Homicide Review panel and Safeguarding Adults Reviews.
3. Domestic and Sexual Violence and Abuse Strategy focus on perpetrators.

### Northern, Eastern and Western (NEW) Devon and South Devon & Torbay Clinical Commissioning Groups

1. Both CCG Safeguarding Teams have continued to develop into one integrated Safeguarding Team, ensuring the statutory functions are met across Devon, Plymouth and Torbay.
2. The Designated Safeguarding Nurses have continued to develop closer working relationships with commissioned providers, fostering healthy relationships with an appropriate level of challenge and support. This has assisted in securing timely resolution for Section 42 enquiries caused out to NHS providers.
3. The Designated Safeguarding Nurses have also continued to support the key functions of the Safeguarding Adult Board by chairing the Learning and Improving Sub Group (L&I) and a Safeguarding Adult Review case.

### RD&E

1. There has been an increase in Domestic Abuse training across the Trust, particularly for community staff who had been transferred from NDHCT and had not had this training before.
2. Safeguarding Adult Policy was updated in 2017 and has been in use across the Trust. This Policy includes making referrals on DSAB Safeguarding Referral Form. This has resulted in better quality safeguarding referrals to DCC and backs up the safeguarding training by requiring responses about Making Safeguarding Personal, consent, capacity and type of abuse. Compliance with Care Act has improved as a result.
3. Mental Capacity and Deprivation of Liberty Safeguards leaflet developed and in use. Given to families/friends and patients who need more help to understand this area of care. The leaflet also helps more junior members of staff to understand MCA and DoLS too.

### University Hospitals Plymouth NHS Trust

1. Established a safeguarding adults and children's team, ensuring safeguarding is a focus for the organisation as a whole.
2. Ensured a greater level of co-operation and participation in Safeguarding Adults strategic groups including at board level.
3. Continued investment in safeguarding within the organisation.

### South Western Ambulance Service NHS Foundation Trust

1. At the end of Q4 the Trust had achieved 97% compliance for level 1 safeguarding training and 95% for level 2.
2. The administrators in the Safeguarding Service noticed a pattern of safeguarding referrals from ambulance staff raising concern about incidents where staff in nursing homes had failed to recognise or react to patients with symptoms of strokes. An audit was undertaken and the results were escalated to the Commissioner's Support Unit (CSU).

## Partner key achievements 2017–2018

### Torbay and South Devon NHS Foundation Trust

1. Measured Domestic Abuse Strategy against NICE guidance and approved reviewed policy on Domestic Abuse.
2. Hosted 3 Safeguarding Adult Forums on learning from Safeguarding Adult Reviews; Prevent and Coercion & Control.
3. Reviewed safeguarding adult training to align with national guidance as well as update / incorporate 'Prevent' and Modern Slavery into mandatory training framework for all staff.

### Devon Partnership NHS Trust

1. Over 850 clinicians have attended their L3 Safeguarding Adults training during this financial year; ensuring that Safeguarding Adults is perceived as core business for all clinical staff. Training compliance at all levels and in all related topics ( such as Mental Capacity Act, 2005) has significantly improved.
2. Safeguarding Adults concerns are now reported through the Trust Risk Management System which automatically populates a Safeguarding Adult Concern form.
3. There is evidence of clinicians working proactively with colleagues both within and across organisations to manage complex situations; this has been evidenced through thematic reviews.

### Northern Devon Healthcare NHS Trust

1. Level three Safeguarding training achieved at 76%, a rise of 40% in 12 months.
2. Safeguarding Alerts reporting from North Devon District Hospital are at an all-time high which shows staff are aware of correct process for reporting concerns.
3. First 'Prevent' and modern slavery referrals made by North Devon Healthcare Trust, showing awareness of new and emergent issues.

## Devon Safeguarding Adults Board

Web: <https://new.devon.gov.uk/devonsafeguardingadultsboard>

Email: [safeguardingadultsboardsecure-mailbox@devon.gcsx.gov.uk](mailto:safeguardingadultsboardsecure-mailbox@devon.gcsx.gov.uk)



ACH/18/92  
Health and Adult Care Scrutiny  
20 September 2018

## PROMOTING INDEPENDENCE IN DEVON: OUR VISION AND 5 YEAR PLAN FOR ADULT SOCIAL CARE IN DEVON

### Report of the Head of Adult Commissioning and Health

#### Recommendations

1. To consider and comment on the refreshed draft Vision for Adult Social Care in Devon.
2. To consider and comment on the draft updated 5 Year Plan for Adult Social Care in Devon.
3. To note the alignment between this organisational plan and the planning framework for the wider health and care system in Devon.
4. To note that in future years we aspire to a more integrated planning process across the health and care system with organisational reporting being an output of that approach.

#### 1. Our Vision for Adult Social Care

1.1 Our Vision for Adult Social Care in Devon updates that produced during 2013 and published in December of that year and has been developed with wide ranging engagement including from:

- Groups of service users and their carers;
- Senior managers from across commissioning and delivery functions and our professional leads;
- Frontline staff;
- Independent and voluntary sector providers;
- Partners in the NHS including those updating the STP strategy;
- Colleagues in the council, including those updating its strategic plan;
- Managers and staff from allied council functions including Public Health, Children's Services and Community Development.

1.2 It is intended to:

- Provide a clear and inspiring vision that people within and beyond our organisation can identify with;
- Articulate the thinking that informed our [Promoting Independence policy](#).
- Define high level aims and ambitions that can be used as the basis of all our more detailed strategies and plans;
- Influence decision-making, strategy development and planning in the wider health and care system in Devon.

1.3 It is aimed at:

- The residents of Devon;

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- People who use health and care services and their carers;
  - Organisations that provide those services;
  - Staff involved in delivering those services;
  - Council Members;
  - Partner organisations including:
    - NHS commissioners and providers;
    - Community, voluntary and 3<sup>rd</sup> sector organisations;
    - District Council and independent housing services.
- 1.4 It articulates a vision for all adults in a Devon where people who can lead lives that are as independent and fulfilling as possible through being informed, secure and connected:
- Informed – people who know how they can get the support they need, when they need it, to help with the things that matter most to them;
  - Secure – people who feel safe and confident so that they can make the choices they want about how they live;
  - Connected – people who have rewarding relationships and involvement with their family, social networks and communities rather than feeling lonely or isolated.
- 1.5 It goes on to state our operational planning priorities to achieve that vision and lays out key outcomes and operational activity.

## **2. Our Plan for Adult Social Care**

- 2.1 Our annually updated plan for adult social care in Devon lays out how we will achieve that vision in more detail, drawing on the insights gained from our [annual report](#) and the [joint strategic needs assessment](#), providing a summary of changes planned for 2018-19 and an outline of current thinking beyond, informing the setting of our budget and medium-term financial plan.
- 2.2 This summary document is designed for a general audience and is supported by the more detailed strategies and plans that underlie it.
- 2.3 It relates to the council's core purpose to help citizens to live their lives well in a way that makes sense to them: to become and remain independent; to stay safe; and to remain healthy.
- 2.4 It has been developed in parallel with the updated strategy for the Sustainability and Transformation Partnership of NHS organisations and local authorities in wider Devon and arranged around our four priorities:
- Enabling more people to be and stay healthy;
  - Enhancing self-care and community resilience;
  - Integrating and improving community services and care in people's homes;
  - Delivering modern, safe and sustainable services.

## 2.5 Enabling more people to be and stay healthy:

|                                                                                                              |                                                                                                                                                                                                                                                 |
|--------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Life Chances:</b> taking a social prescribing approach to linking people to voluntary sector support.     | More people connected to opportunities that reduce social isolation and improve well-being with a consequent reduction in demand for adult social care.                                                                                         |
| <b>Stimulating the voluntary sector:</b> through targeted seedfunding and community development.             | A self-sustaining voluntary sector with the capacity and capability to support to live independently.                                                                                                                                           |
| <b>Making every contact count:</b> a training initiative for professional across the health and care system. | More people changing their behaviours in ways that have a positive effect on their health and wellbeing encouraged through the many interactions our health and care staff have with them.                                                      |
| <b>Falls prevention:</b> working across the health and care system to reduce the incidence of falls.         | A reduced incidence of falls that lead to unnecessary hospital admissions and the premature loss of independence.                                                                                                                               |
| <b>One small step:</b> working with Public health to promote better lifestyle choices                        | More people reducing their risk of developing conditions that lead to dependence on health and care services through a tailored service for people in Devon who want to quit smoking, lose weight, become more active or reduce alcohol intake. |

## 2.6 Enhancing self-care and community resilience:

|                                                                                               |                                                                                                                                                                                 |
|-----------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Personalisation:</b>                                                                       | Increasing independence by focussing personal budgets on those people who have most potential to exercise choice and control.                                                   |
| <b>Employment:</b> working with employers to support people into and in employment            | More people with disabilities supported into and in employment, benefitting the local economy, promoting their independence and reducing their reliance on social care support. |
| <b>Strength-based care management:</b> improving our care management practice and process     | People with social care needs working with practitioners to identify the solutions that best maximise their independence through a strengths-based approach                     |
| <b>Technology Enabled Care Services:</b> equipping homes with aids that maximise independence | More people kept as independent as they can be in their own homes for as long as possible by using the latest technology.                                                       |

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|                                                                                                             |                                                                                                                                                                  |
|-------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Caring Well in Devon:</b> implementing our contract with Westbank to support carers in their caring role | Carers supported to undertake their caring role while having the opportunity to lead fulfilling lives themselves, including through paid work where appropriate. |
| <b>Preparing for Adulthood:</b> ensuring young people experience a smooth transition to independence        | Young people being supported by their families and providers to progress to independence in adulthood.                                                           |

## 2.7 Integrating and improving community services and care in people's homes:

|                                                                                                                     |                                                                                                                                                                                      |
|---------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Living Well at Home:</b> developing our personal care framework to maintain capacity and improve outcomes        | Personal care delivered in a way that encourages the recipient to be as independent as they can be.                                                                                  |
| <b>Supporting Independence:</b> individualised support to assist independent living                                 | People with disabilities supported to develop their independent living skills to do what they want to do.                                                                            |
| <b>Short-term services:</b> developing an integrated reablement, rehabilitation and recovery offer                  | Unnecessary hospital admissions avoided and recovery through rehabilitation after hospital discharge promoted by integrating social care reablement and NHS rapid response services. |
| <b>Enabling:</b> targeted short-term support to people with disabilities to develop their independent living skills | Adults with disabilities developing the skills they need to lead more independent and fulfilling lives, enabled by targeted short-term intensive support.                            |
| <b>Day opportunities:</b> purposeful and interactive group-based activities                                         | People participating together in activities meaningful to them in appropriate centre and community-based settings.                                                                   |
| <b>Supported living:</b> ensuring the right balance of group and individual support in supported living settings    | People who live in supported living settings supported to live more independently in the best value and most effective way.                                                          |

## 2.8 Delivering modern, safe, sustainable services:

|                                                                                                             |                                                                                                                                                         |
|-------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Accommodation with care:</b> improving the range of accommodation with care options in Devon             | An improved range of accommodation with care options that meet the changing needs of Devon's population, working in partnership with district councils. |
| <b>In-house services review:</b> ensuring our in-house residential and respite services are fit for purpose | Our in-house provision kept under review, to ensure we maintain the right balance of council and commissioned services                                  |
| <b>New residential and nursing care framework:</b> implementing a new contract for older people             | A more sustainable care market with providers funded using an assessment of care needs that ensure fees are proportionate to care hours required and    |



|                                                                                                                                          |                                                                                                                                                            |
|------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                                                                                                                                          | accommodation costs are met at a consistently good quality.                                                                                                |
| <b>Regional commissioning:</b> taking a more regional approach to commissioning specialist bed-based care                                | Improved sufficiency, quality and value for money of specialist residential services for people with disabilities by working across the south-west region. |
| <b>Quality assurance:</b> maintaining comparatively high-quality care in Devon by investing in quality assurance and contract management | Improved quality and sustainability of regulated and unregulated care and support services, preventing whole service safeguarding issues.                  |

## 2.9 Developing our workforce, markets and information technology

|                                                                                                                                              |                                                                                                                                                                                                                          |
|----------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Internal workforce strategy:</b> developing our care management capacity and capability.                                                  | The workforce we need to serve people in Devon maintained through a continuing professional development programme and focus on recruitment and retention.                                                                |
| <b>External workforce:</b> using our Proud to Care campaign to promote health and care careers.                                              | Local providers supported to have the workforce they need to deliver the services we require by working with the market, national agencies such as Skills for Care, and other authorities in the region.                 |
| <b>Information Technology:</b> working across our health and care partnership on integrated IT solutions.                                    | IT solutions for the health and care system in wider Devon that facilitate more joined-up services secured by participating in the development and delivery of a shared IT strategy.                                     |
| <b>Market Development:</b> working with social care providers to improve quality and sufficiency.                                            | Our future market requirements across the health and social care system determined and communicated through a Market Position statement, with effective provider development, quality assurance and contract management. |
| <b>Safeguarding:</b> working with our partners through the Devon Safeguarding Adults Board to improve the safeguarding of vulnerable people. | Vulnerable people kept safer by using insights gained from performance information, user and carer surveys, practice quality reviews and other intelligence to prevent where possible and improve our response.          |

2.10 The operational plan incorporates forecasts of the overall impact of our strategies and plans on older people, people with physical disabilities, people with learning disabilities, and people with mental health needs including by the modelling of activity, cost and spend in each of our six most significant service areas:

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- Nursing care;
- Residential care;
- Personal care;
- Day opportunities;
- Individualised support;
- Direct payments.

2.11 This modelling incorporates the projected impacts of demographic change, inflationary pressures including the National Living Wage, and the assumptions of each strategy over a five-year period; forms the basis for our budget setting; and allows for medium-term financial planning. It is refreshed annually.

2.12 Where underlying strategies and plans impact directly on the services people receive they are supported by appropriate consultation and impact assessment processes.

### **3. Conclusion**

3.1 During 2018-19 we are making further progress towards the join up of the commissioning and delivery of health and care services to achieve better outcomes for the people of Devon within the constraints of our limited resources.

3.2 Our annual report, vision, and plan have been developed to align with both the council's strategic plan and the developing strategy of the wider Devon Sustainability and Transformation Partnership with our plan organised around the latter's priorities to maximise the potential benefits of joint working.

3.3 From 2019-20 we aspire to a more integrated planning process to a shared planning cycle and structure and are working across the health and care system towards that aim, with any necessary organisational reporting being outputs of rather than inputs into that approach.

3.4 The purpose of the joined up planning will be to increasingly focus activity on the complex needs of the population (and individuals) and to ensure an appropriate balance between this and securing single organisational objectives.

*Tim Golby, Head of Adult Commissioning and Health*

**[Electoral Divisions: All**

Cabinet Member for Adult Social Care and Health Services: Councillor Andrew Leadbetter

Chief Officer for Adult Care and Health: Jennie Stephens

LOCAL GOVERNMENT ACT 1972: LIST OF BACKGROUND PAPERS

# Agenda Item 8

Contact for Enquiries: *Tim Golby*  
Tel No: 01392 38 3000      Room: A109

BACKGROUND PAPER      DATE      FILE REFERENCE

*[List specific documents or sources ..... or say Nil*

*Only need to list documents that – in the opinion of the author - contain information/facts which were used/referred/relied upon to a material extent in the preparation of the report. It does not need to include/refer to documents that are already ‘published’ (i.e. previous DCC Committee Reports!).*



# Our Vision

## Devon Adult Care and Health

What we do and how we do it





# Introduction

Devon Adult Care and Health includes a wide range of services to help people maintain their independence, be protected in vulnerable situations, maximise their health and wellbeing, and play a full part in society.

We deliver these services in partnership with other organisations including the NHS and independent health and care service providers.

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## **Our vision** for all adults in Devon

People who can lead lives that are as independent and as fulfilling as possible through being: Informed, Secure and Connected.

### **Informed**

People who know how they can get the support they need, when they need it, to help with the things that matter most to them.

### **Secure**

People who feel safe and confident so that they can make the choices they want about how they live.

### **Connected**

People who have rewarding relationships and involvement with their family, social networks and communities rather than feeling lonely or isolated.

### **Independent**

People who are ambitious about living lives that are as independent and fulfilling as possible.

## The services that we offer include:

- Information and advice relating to adult care, health and prevention
- Assess peoples support needs, identify what is important to them and what will help promote their independence
- Care and support services and direct payments to people with eligible needs under the Care Act 2014.
- Safeguarding adults
- Support for Carers

The people we provide information and support to have additional needs arising from age, learning, physical or sensory disabilities or long-term physical or mental health conditions and Autism.

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## Through all these services we aim to:

- Maintain or regain and maximise peoples independence
- Reduce reliance on long term care
- Maintain and extend social relationships and networks
- Support people to take part in fulfilling activities in their communities
- Support people to gain employment or to access education and training opportunities that leads to employment
- support people to make use of facilities or services in the local and wider community
- Support people to develop and maintain family or other personal relationships
- Helping parents with care and support needs to be able to provide care and support for their children
- Support people to manage and maintain health and well -being.





# How we will work to achieve this vision

We will:

- Listen to people to understand what is important to them
- Learn what people's abilities and challenges are.
- Recognise and nurture people's potential
- Support people to achieve their aims and goals
- Inspire and empower people through our own behaviour
- Be ambitious and have high expectations for ourselves and others
- Listen, learn and adapt, particularly when things go wrong
- Be brave, agile and innovative
- Demonstrate collective responsibility, and confidence.
- Respect our differences in an open, honest and trusting way
- Celebrate success

We will promote these values and priorities to everyone we work with





# Priorities - Doing what matters most

These are the things that we will focus on improving in order to achieve the Vision for all adults in Devon.

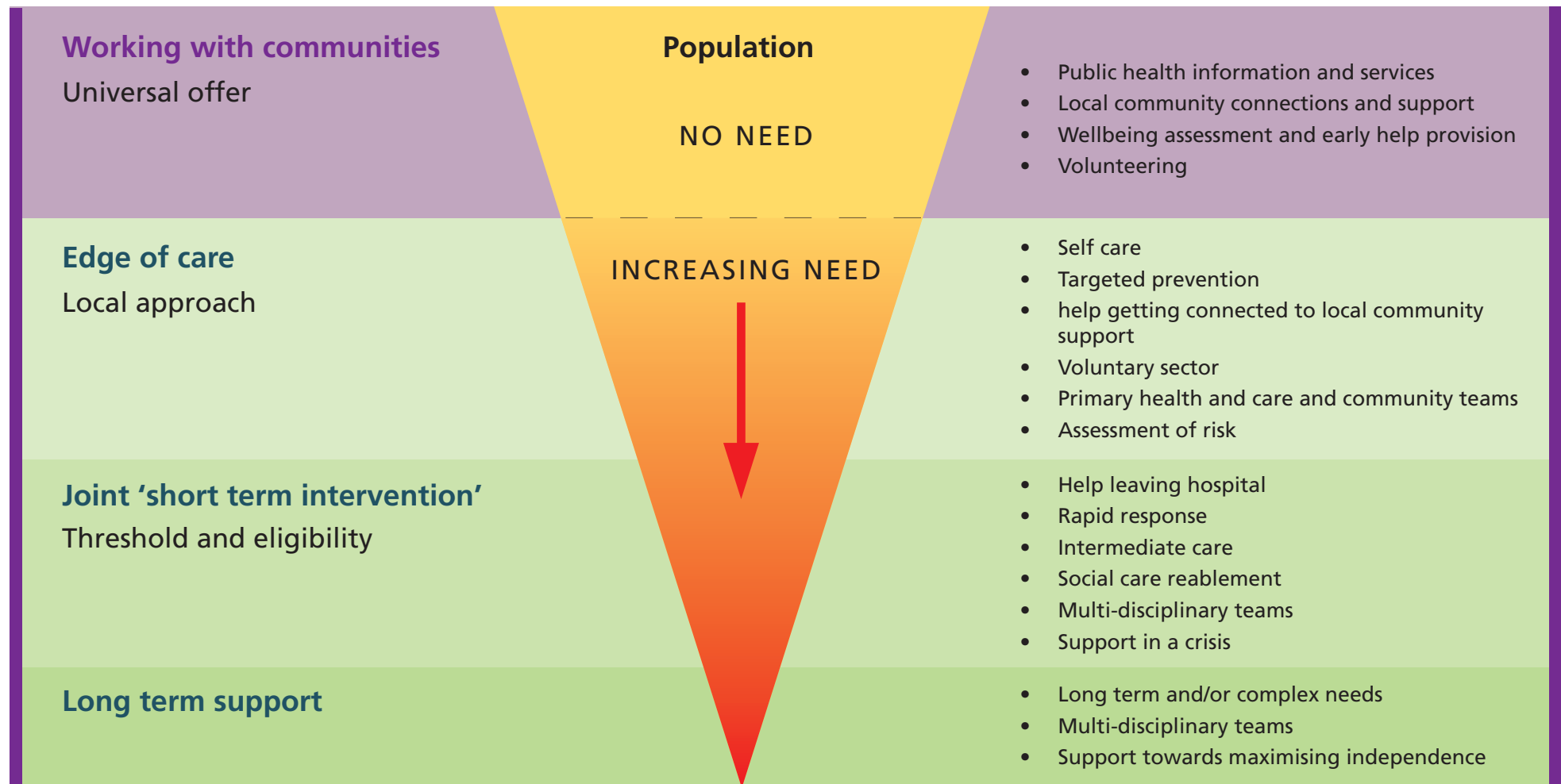
- **Promoting Independence through:**
  - Identifying and making the most of people's strengths
  - More use of effective short-term support
  - Supporting and working in partnership with Carers
  - Enabling and developing communities to support targeted prevention.
  - Enabling people to gain employment wherever possible
  - Creative use of technology
  - Commissioning services that target prevention and promote independence
- **Protecting Adults At Risk of abuse and neglect and helping them feel safe\***
- **Reducing isolation and loneliness\***
- **Delivering timely, effective and efficient assessment, planning and support services for people with care and health needs\***
- **Continue to work with NHS with housing services and with other partners to enable people to experience more joined-up support, care and health services**
- **Helping parents with care and support needs to be able to provide care and support for their children**
- **Ensuring that the services that people need are available and of a high quality\***
- **Being able to arrange services that are closer to people's home.**
- **Giving equal priority to people's mental and physical needs, and to mental and physical care and health services.**
- **Improving our workforce and its ability to provide quality services\***
- **Financial sustainability\***

\*Progress to be monitored and reported on through the Adult Social Care Performance Framework, and Budget reporting

## Types and levels of service that we provide

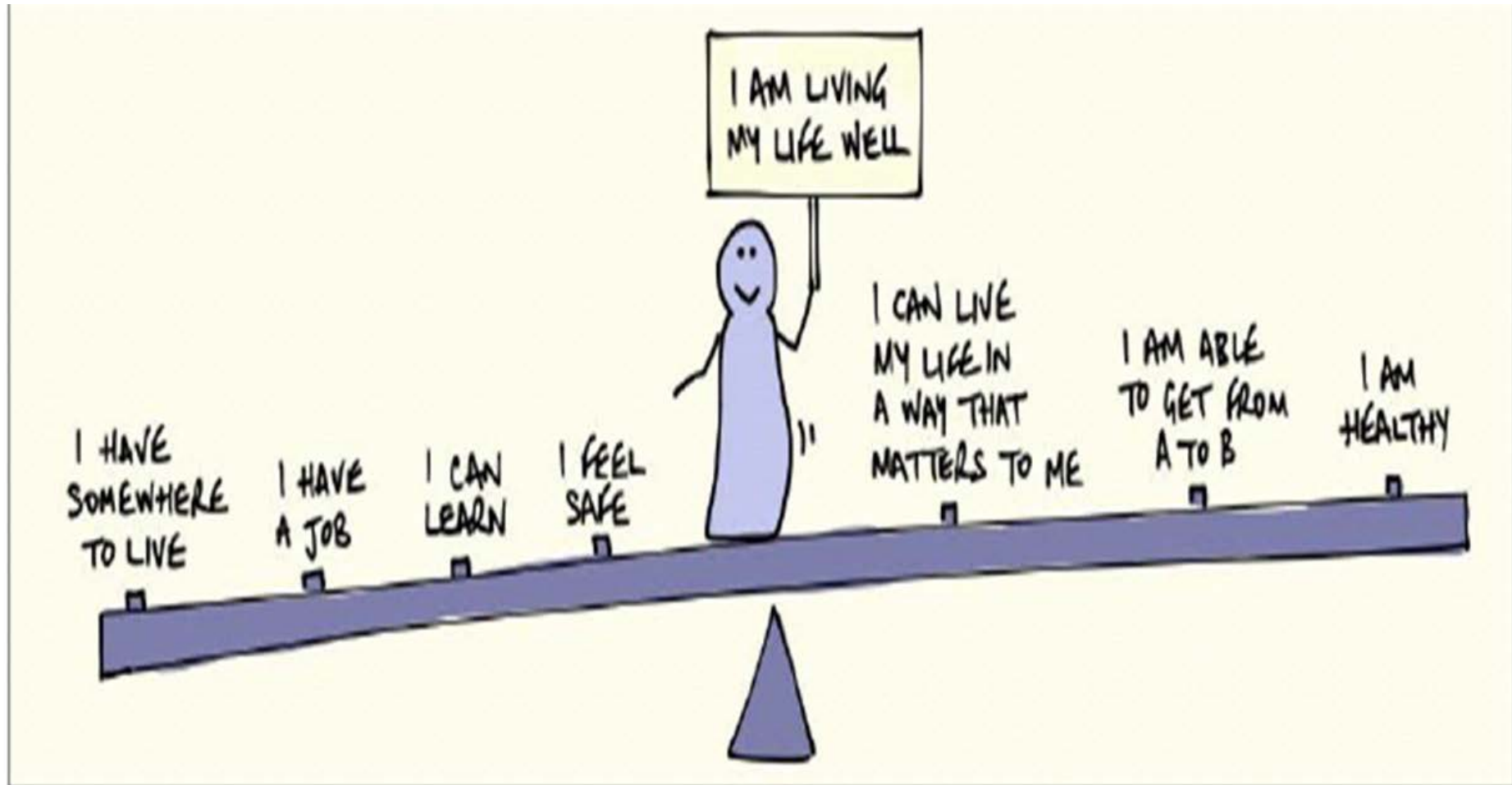
Our approach to responding to people's needs and to promoting their independence will be tailored to their level of need.

### Promoting independence in Devon - strength based approach



Adult Care and Health in Devon is aiming to support people to achieve the things that help them feel they are living their life well

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## Our Vision

### Informed

People who know how they can get the support they need, when they need it, to help with the things that matter most to them.

### Secure

People who feel safe and confident, so that they can make the choices they want about how they live.

### Connected

People who have rewarding relationships and involvement with others in their social networks and communities

### Independent

People who can lead lives that are as independent and fulfilling as possible through being, **Informed**, **Secure** and **Connected**.

## How we work

We will:

- Listen to people to understand what is important to them
- Learn what people's abilities and challenges are.
- Recognise and nurture people's potential
- Support people to achieve their aims and goals
- Inspire and empower people through our own behaviour
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**We will promote these values and priorities to everyone we work with**

## Priorities

- **Promoting Independence through;\***
  - o Identifying and making the most of people's strengths
  - o More use of effective short-term support
  - o Supporting and working in partnership with Carers
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- **Financial sustainability\***

\*Progress to be monitored and reported on through the Adult Social Care Performance Framework, and Budget reporting



# Promoting Independence in Devon

Our 5 Year Plan  
for Adult Social Care  
2018

Most people tell us that what matters to them is to stay living safely at home in their community, surrounded by their family and friends, where they can retain their independence for as long as possible. We aim to help adults in Devon find the solutions they need to achieve this.

We have updated our vision for adult social care through conversations with the people who use our services and their carers, our staff and those of independent and voluntary sector providers, and colleagues in partner organisations and across the council.

We are seeking to create conditions in which people can lead fulfilling lives as independently as they are able, through being informed, secure and connected:

- **Independent** – People who are ambitious about living lives they have choice in and control over.
- **Informed** – People who know how they can get the support they need, when they need it, to help with the things that matter most to them.
- **Secure** – People who feel safe and confident that they can make the choices they want about how they live.
- **Connected** – People who have rewarding relationships and involvement with their family, social networks, and communities rather than feeling lonely or isolated.

We cannot do this alone and are working within the council and across the wider health and care system in developing and delivering our plan. This involves a long-term shift in the deployment of our limited resources to achieve these better outcomes in a sustainable way. We will continue to assess progress in our [Annual Report](#).



**Jennie Stephens**  
Chief Officer for Adult Care and Health



**Councillor Andrew Leadbetter**  
Cabinet Member for Adult Care and Health



## The **case for change**:

- As the population of Devon changes, with people living longer, including those with long-term conditions and disabilities, **demand for adult social care is increasing**, making it more challenging to maintain sufficient, high-quality, affordable services.
- The biggest referrers to adult social care in Devon are the NHS and we can only **change the culture and practice** of our health and care system by working together to achieve the best outcomes.
- The **health and care system is financially challenged**, and we need to transform the way we do things by supporting more people in their communities and own homes if the current system is to become clinically and financially sustainable.
- We need to **change our models of delivery and commissioning approaches** to those that are centred on the person and promote their independence, not encourage dependence on services when there are better solutions for them.
- In particular we need to make **more short term services** available to support people with fully integrated, community-based health and care services to maximise their independence in their own home wherever possible.

## What **promoting independence** means:

- Through **prevention**: creating the conditions where people and communities help themselves.
- In **integration**: making independence the key outcome of all services and the core principle of shared culture, preparing people for recovery in all stages of health intervention.
- At **first contact**: effectively meeting people's needs through information, advice, signposting, diverting them from dependence on care services.
- In our **care management practice**: focussing on strengths of individuals, their families and social networks, and their communities to help people help themselves and each other.
- Through **short-term interventions**: developing the range of services we offer collaborating with NHS partners, extending their reach, improving their effectiveness, and ensuring appropriate access and triage.
- Through **long-term services**: making the default expectation the maximisation of independence, introducing outcomes-based commissioning to achieve this.

# How this fits with our other strategies and plans

People sometimes tell us they want to engage with what we are trying to achieve, why and how but don't understand how our various strategies and plans fit together. Several of these are statutory documents we have to produce, others are agreed locally, usually involving the people who use our services and their carers:

| Document                                                               | Purpose                                                                                                                                                                                                                                                                                         |
|------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <a href="#">Joint Strategic Needs Assessment</a>                       | This statutory document gathers together the main evidence that helps us understand the population of Devon and their needs. It is refreshed annually.                                                                                                                                          |
| <a href="#">Joint Health and Wellbeing Strategy</a>                    | This statutory document considers that evidence and sets the priorities and goals we want to achieve for the people of Devon. It is agreed by the <a href="#">Health and Wellbeing Board</a> on a three year cycle. All organisational and partnership strategies and plans should refer to it. |
| <a href="#">The wider Devon Sustainability and Transformation Plan</a> | This statutory document takes the health and wellbeing priorities for Devon, Plymouth and Torbay and determines how health and care services should be shaped to deliver those objectives. It informs the operating plans of each partner.                                                      |
| This plan                                                              | 'Promoting Independence in Devon' is the five year operating plan for adult social care in Devon and is refreshed annually. It includes a vision for the distinctive role social care has to play in the health and wellbeing system.                                                           |
| <a href="#">Our Annual Report</a>                                      | Our annual report assesses how well we are doing in delivering that plan and whether we are making a positive difference to people's lives. It is published annually.                                                                                                                           |
| <a href="#">Our Market Position Statement</a>                          | This statutory document considers the demand for and supply of social care services and is aimed at the market of service providers we commission from.                                                                                                                                         |
| <a href="#">Our service strategies and plans</a>                       | We also publish strategies and plans, jointly where appropriate, regarding specific services and how we intend to meet the needs of particular groups.                                                                                                                                          |



# Social care affects us all

Many people don't come into as regular contact with social care as they do with the NHS or other council services but it has an impact on all of our lives:

- **It is estimated 25,000 people in Devon are employed in social care**, 85% in the independent and voluntary sector, 10% self-employed and 5% by the local authority. They work for a range of commercial and voluntary sector organisations including almost 500 providers regulated by the Care Quality Commission.
- **There are around 1,500 vacancies** at any time, providing vital paid work opportunities in local communities, with starting wages often more than the national living wage and a range of training and development opportunities to progress as promoted by [Proud to Care](#). Two-thirds of these are filled by people furthering their career in the health and care sector, with one-third by new recruits with opportunities to suit people in a variety of circumstances.
- **Most of the money spent on social care by local authorities, NHS and individuals in Devon stays in Devon** with more than half paid in wages to local residents. Half of social care is funded by the person who receives it or their family. Much of what the local authority spends is in the control of the individual through a direct payment enabling them to choose how they are best supported.
- **The sector is one of the fastest growing in the economy**, with the number of people employed increasing by more than 1% per annum as our population ages and people with disabilities and long-term conditions live longer.
- **The local authority supports more than 17,000 people to live as independently as they can**, meeting the needs of people with learning disabilities, physical disabilities, sensory impairments, dementia, frailty and loneliness a third of whom are under 65 and a third over 85.
- **We also support four thousand [carers](#)** each year as they support their loved ones and seek to keep as many carers and users of our services as we can in active and paid employment.

The **adult social care system** offers help, care and support to people with a wide range of needs arising from disability, illness or other life situations. It helps people to live as independently as possible, protects people from harm in vulnerable situations, balances risks with rights, and offers **essential help at times of crisis**.

Support is provided in people's own homes, residential and nursing homes, or other community settings. Unlike NHS care, most of **these services involve an assessment of the individual's 'eligible' needs and are means-tested**.

In the first years of austerity, adult social care services managed to **achieve more for less** through efficient and effective commissioning and provision. More recent analysis suggests growing unmet need with support focussed on those whose need is greatest and means most limited.

With our legislative framework clarified by the **Care Act (2014)** but long-term reform of the system remaining an ongoing challenge, the forthcoming **Green Paper** offers the opportunity to have an honest conversation with the public about expectations and their affordability.

In its [annual budget survey](#), the **Association of Directors of Adult Social Services** concluded:

- Despite council protection, adult social care continues to have to make significant cuts;
- There are real concerns about the sustainability of the care market;
- Support for and pressures from the NHS are increasing and the Better Care Fund is not providing all of the additional resources social care needs;
- The increasing care needs of working age adults are having a growing financial impact;
- Prevention is recognised as a major way of making savings, but it is challenging to prioritise;
- There is still an urgent need to find a long term sustainable solution for funding adult social care.

In its annual [State of Care Report](#), the **Care Quality Commission** concluded:

- The real spend on adult social care is reducing while demand is rising leading to rising unmet need;
- The quality of services is generally good but too variable;
- Nursing home bed numbers are reducing and home care agencies are handing back contracts indicating an increasingly fragile market.

# The challenges we face in Devon

We draw evidence from the [Joint Strategic Needs Assessment](#) in considering the challenges we face in Devon:

- An **ageing population** which is also growing faster than the national average;
- A sparse and predominantly **rural population** with patterns of deprivation marked by isolated pockets and hidden need;
- Significant **inequalities** in healthy life expectancy between the most and least deprived parts of the county that can only be impacted on by changing social, environmental and behavioural factors determining health;
- The **extending life expectancy** of people with learning and physical disabilities;
- The growing number of people with often multiple unpaid **caring responsibilities**;
- The **growing number of people with long-term conditions**, sensory impairment, dementia, cancer and other health problems;
- Growing levels of severe **frailty** in the population with increasing early onset;
- High levels of **social isolation** resulting in loneliness with mental health needs increasingly pressing in all age groups;
- **Improvements in health-related behaviours in younger age groups** not mirrored by the middle-aged and elderly;
- A disparity between the quality of indoor and outdoor environments in Devon with **housing** both unaffordable and of variable quality and incomes lower than the national average;
- Changes in the **benefits system** having unforeseen consequences;
- A working age population that is not growing at the same rate as the non-working population with **recruitment and retention challenges** in our workforce escalating;
- A complex organisational **geography** with multiple NHS partners.

# How we are performing

As part of the government's sector-led approach to improving social care, we make statutory returns which enable comparative performance to be analysed through the Adult Social Care Outcomes Framework and associated publications in our [Annual Report](#):

- Our 'promoting independence' approach has brought the **number of people** dependent on our support to comparator levels, and the rate of placements into care homes is relatively low, but we support significantly more working age adults than is typical, in particular in community settings.
- Although our **short-term services** aimed at restoring people's independence are effective, we know we can extend their reach in partnership with the NHS.
- We are comparatively good at preventing unplanned admissions into hospital but despite recent improvements have more to do to avoid delayed transfers of care into the community.
- Our **expenditure** on adult social care relative to our population is in line with comparators and we are currently delivering within budget.
- Our **unit costs** are in line with the regional average.
- Our **support to carers** is consistently delivered through direct payments giving them choice and control.
- People with **learning disabilities** or with **mental health needs** are more likely to be in paid employment and living independently than is typical elsewhere and we aspire to do even better.
- The **quality** of adult social care service providers is rated significantly higher in Devon than the national average and our overall satisfaction ratings are in line with comparators.
- Our level of **safeguarding** concerns and enquiries is well below the comparator average, and our Safeguarding Adults Board is raising awareness and changing practice accordingly.
- We have convened focus groups of service users and carers to understand our less positive **survey results**, seeking to improve people's perceptions of safety and reduce social isolation.
- Our **social care workforce** turnover is reducing and vacancy rates are less high than many comparators but we have more to do to ensure sufficient, high quality, affordable services into the future.

The adult social care functions of local authorities are not subject to routine inspection. Instead, we participate in a national and regional approach to sector-led improvement which includes: the publication of an [Annual Report](#); the undertaking of mandatory data returns; periodic peer review and an annual self-assessment subject to external moderation and challenge, with the independent facilitator concluding:

## Strengths

- Strong and clear leadership;
- Demonstrable good relationships across the system;
- Track record of making budget savings;
- A learning organisation that welcomes challenge;
- Comprehensive performance framework and sector leading analysis of data;
- Increasingly influential as a strategic commissioner;
- 'Promoting Independence' agenda is being embedded, common language developing across health and care.

## Risks

- The volume and pace of change is very challenging;
- The financial pressures across the organisation, but especially in adult social care with its particular supply and demand pressures, are enormous;
- The 'Promoting Independence' agenda must be embedded across all service delivery and all commissioning activity.

## Different approaches to consider

### Learning disabilities

Explore the opportunities to input into national and regional support programmes to understand approaches to market shaping, commissioning and delivery of service that will promote independence.

### Accommodation with care

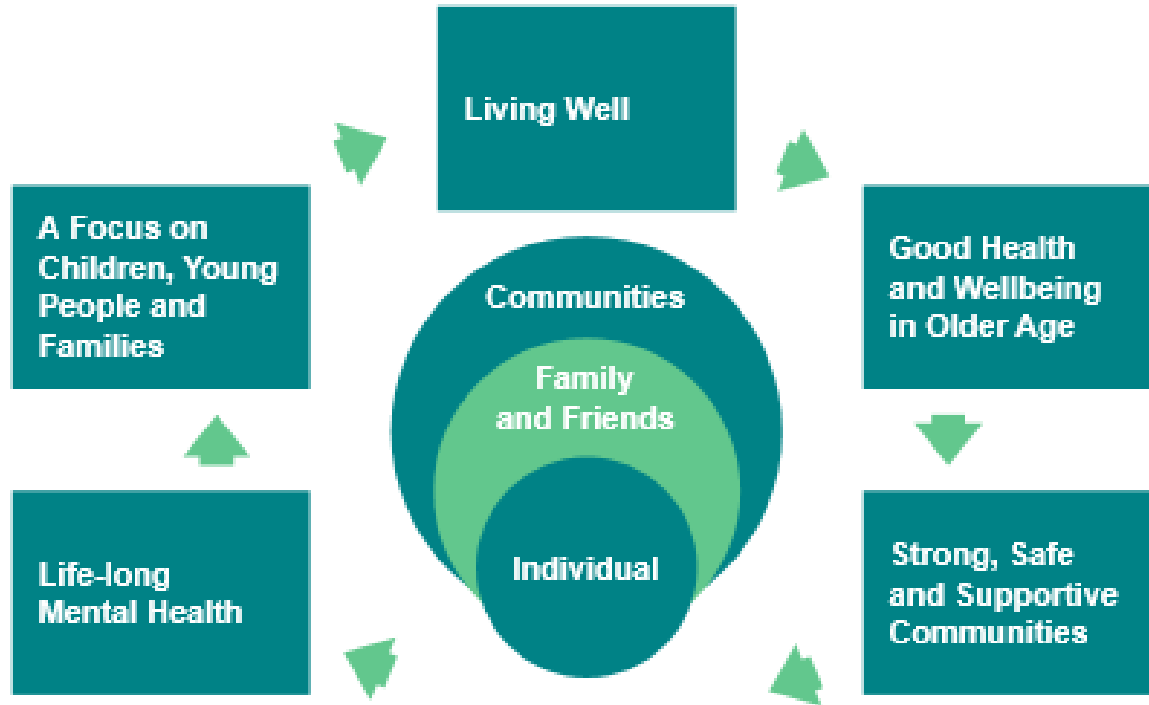
Explore how collaborative working with district and city council partners and others could support the development of an accommodation with care strategy.

### Personalisation

Review the effectiveness of the council's Direct Payments offer and its alignment to 'Promoting Independence.'

### Community development

Seek to better understand how other areas are utilising the voluntary and community sector to support the delivery of non-commissioned services and adult social care processes e.g. prevention, care management.



Health and care services only contribute 10% to the determinants of people’s health and wellbeing.

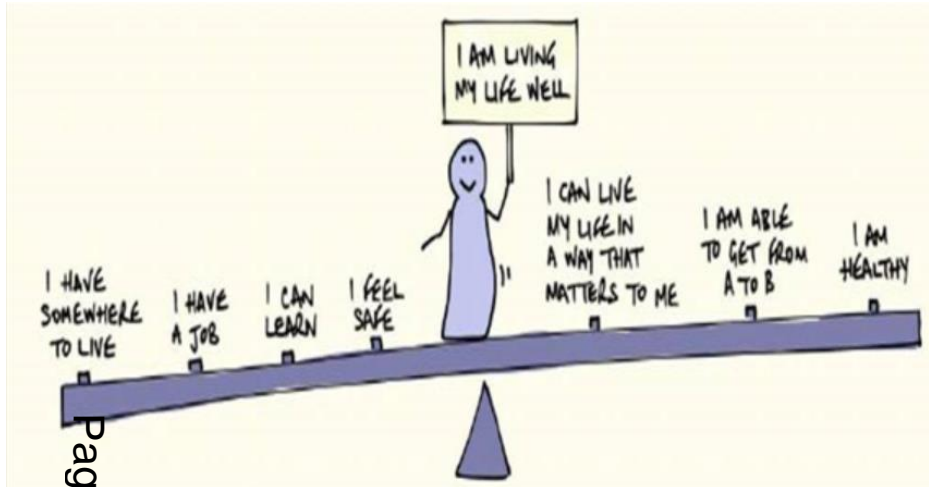
For most of us the choices we make are more important than the treatment we receive in impacting our health. All public services can influence people’s behaviour in making healthier choices, not just public health, and all of us have a responsibility to consider the consequences of our actions for ourselves and those around us.

The county council and its partners are key in shaping the places which people inhabit – the social and environmental context in which we live our lives according to what matters to us including the house where we live, the community in which it is situated, and the learning and working opportunities available to us.

Our shared objectives for the people of Devon are articulated in the [Devon Joint Health and Wellbeing Strategy](#).



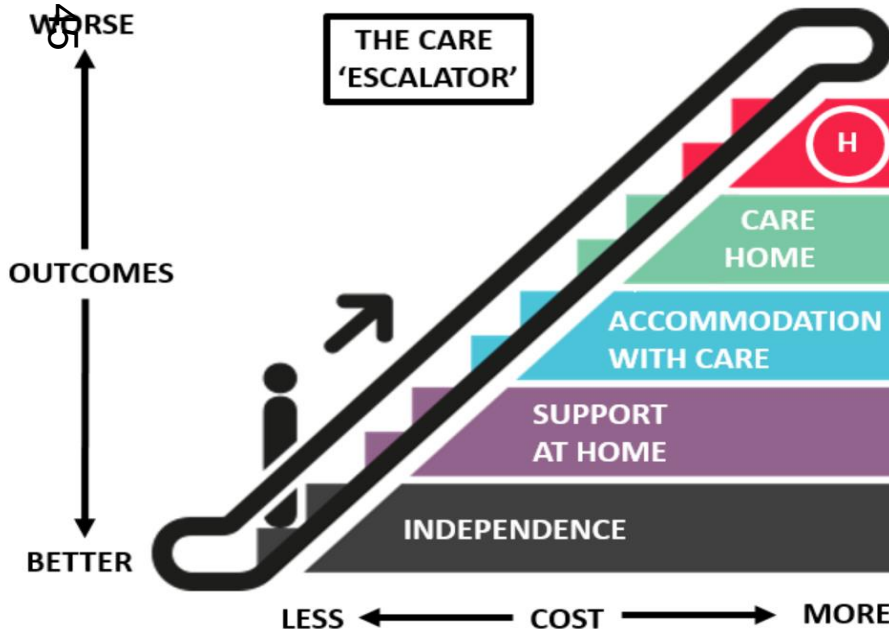
# Doing what matters



In Devon we aim to support people to keep their life in balance and live well.

In adult social care we are focussed on keeping people as safe, healthy and independent as they can be by being informed, secure and connected.

In changing our services, we are working with and listening to people to better understand what matters to them and redefining our purpose and how we measure success on that basis.



We start with the assumption that the more independent people are, the better outcomes they will achieve and at lower cost.

Once someone is receiving adult care support they risk their needs escalating unless we work with them, and the people who care for them, to keep them as independent as possible in the place most appropriate to their needs at that time.

For most people most of the time that will be in their own home which is where people tell us they want to be.

For some people some of the time this will be in hospital or specialist settings where we will work to get them home whenever it is safe to do so.

# Our vision for adult social care in Devon

Our **vision** is to enable the people of Devon to live longer, better, happier lives as independently as they can:

## Our Vision

### Informed

People who know how they can get the support they need, when they need it, to help with the things that matter most to them.

### Secure

People who feel safe and confident, so that they can make the choices they want about how they live.

### Connected

People who have rewarding relationships and involvement with others in their social networks and communities

### Independent

People who can lead lives that are as independent and fulfilling as possible through being, **Informed**, **Secure** and **Connected**.

## How we work

We will:

- Listen to people to understand what is important to them
- Learn what people's abilities and challenges are.
- Recognise and nurture people's potential
- Support people to achieve their aims and goals
- Inspire and empower people through our own behaviour
- Be ambitious and have high expectations for ourselves and others
- Listen, learn and adapt, particularly when things go wrong
- Be brave, agile and innovative
- Demonstrate collective responsibility, and confidence.
- Respect our differences in an open, honest and trusting way
- Celebrate success

**We will promote these values and priorities to everyone we work with**

## Priorities

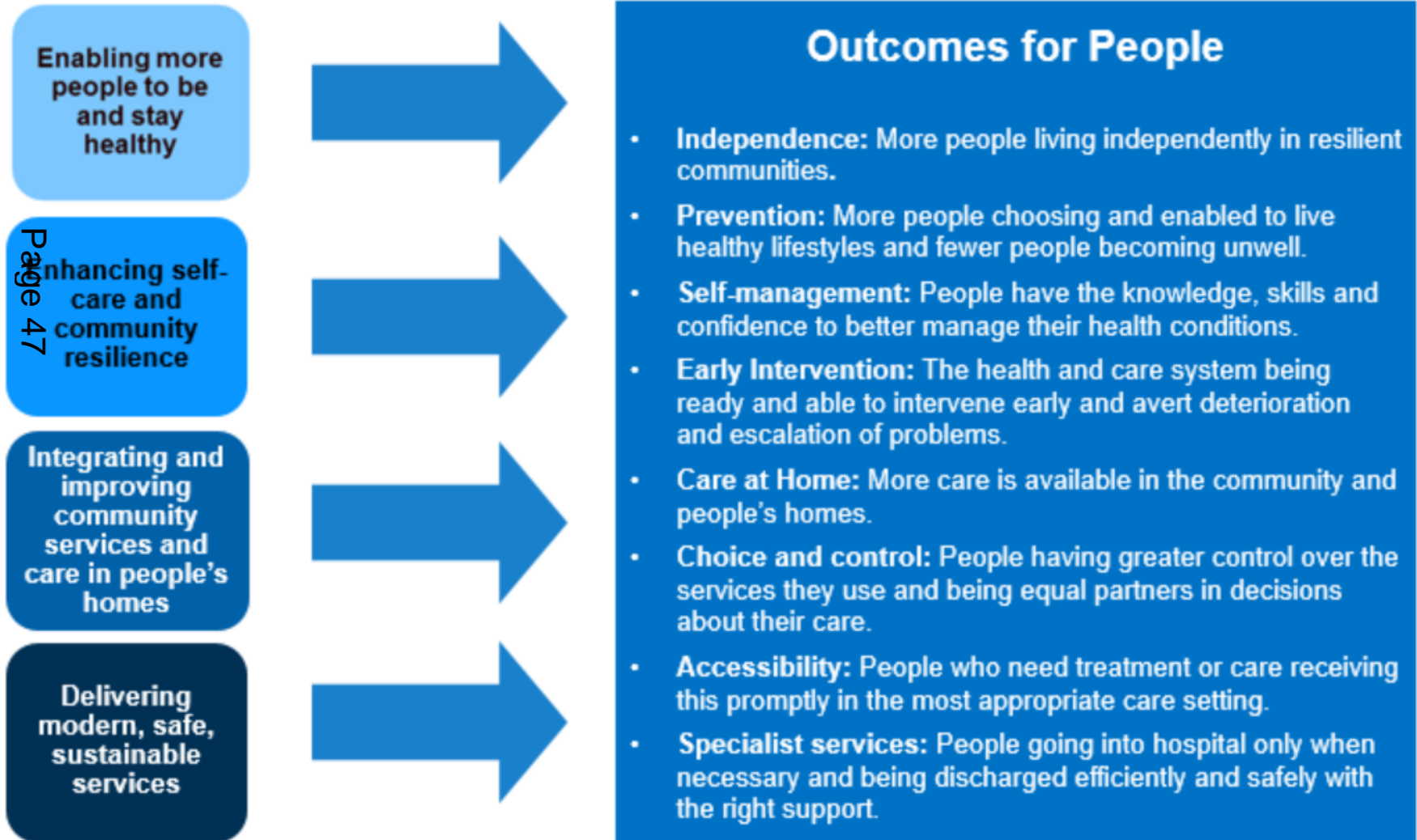
- Promoting Independence through;\*
  - Identifying and making the most of people's strengths
  - More use of effective short-term support
  - Supporting and working in partnership with Carers
  - Enabling and developing communities to support targeted prevention.
  - Enabling people to gain employment wherever possible
  - Creative use of technology
  - Commissioning services that target prevention and promote independence
- Protecting Adults At Risk of abuse and neglect and helping them to feel safe\*
- Reducing isolation and loneliness\*
- Delivering timely, effective and efficient assessment, planning and support services for people with care and health needs\*
- Continue to work with NHS and other partners to enable people to experience more joined-up support, care and health services
- Ensuring that the services that people need are available and of a high quality\*
- Being able to arrange services that are closer to peoples home.
- Giving equal priority to people's mental and physical needs, and to mental and physical care and health services
- Improving our workforce and its ability to provide quality services\*
- Financial sustainability\*

\*Progress to be monitored and reported on through the Adult Social Care Performance Framework, and Budget reporting



# The outcomes we want to achieve

Working together with colleagues from across the wider Devon health and care system we have put 'Promoting Independence' at the heart of our shared strategy:



| Theme                                                                                                                                               | Initiative                                                                                                                  | Impact                                                                                                                                                                                                                                                 |
|-----------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p><b>Prevention:</b> enabling more people to be and stay healthy.</p> <p style="writing-mode: vertical-rl; transform: rotate(180deg);">Page 48</p> | <p><b>Life Chances:</b> taking a social prescribing approach to linking people to voluntary sector support.</p>             | <p>More people connected to opportunities that reduce social isolation and improve well-being with a consequent reduction in demand for adult social care.</p>                                                                                         |
|                                                                                                                                                     | <p><b>Stimulating the voluntary sector:</b> through targeted seed-funding and community development.</p>                    | <p>A self-sustaining voluntary sector with the capacity and capability to support people to live independently in their communities.</p>                                                                                                               |
|                                                                                                                                                     | <p><b><u>Making every contact count:</u></b> a training initiative for professionals across the health and care system.</p> | <p>More people changing their behaviours in ways that have a positive effect on their health and wellbeing encouraged through the many interactions our health and care staff have with them.</p>                                                      |
|                                                                                                                                                     | <p><b>Falls prevention:</b> working across the health and care system to reduce the incidence of falls.</p>                 | <p>A reduced incidence of falls that lead to unnecessary hospital admissions and the premature loss of independence.</p>                                                                                                                               |
|                                                                                                                                                     | <p><b><u>One small step:</u></b> working with Public Health to promote better lifestyle choices.</p>                        | <p>More people reducing their risk of developing conditions that lead to dependence on health and care services through a tailored service for people in Devon who want to quit smoking, lose weight, become more active or reduce alcohol intake.</p> |

| Theme                                                                                   | Initiative                                                                                                          | Impact                                                                                                                                                                                 |
|-----------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p><b>Empowerment:</b> enhancing self-care and community resilience.</p> <p>Page 49</p> | <p><b>Personalisation:</b> using direct payments and Independent Living Funds to give choice and control.</p>       | <p>Increasing independence by focussing personal budgets on those people who have most potential to exercise choice and control</p>                                                    |
|                                                                                         | <p><b>Employment:</b> working with employers to support people into and in employment.</p>                          | <p>More people with disabilities supported into and in employment, benefitting the local economy, promoting their independence and reducing their reliance on social care support.</p> |
|                                                                                         | <p><b>Strength-based care management:</b> improving our care management practice and process.</p>                   | <p>People with social care needs working with practitioners to identify the solutions that best maximise their independence through a strengths-based approach.</p>                    |
|                                                                                         | <p><b>Technology Enabled Care Services:</b> equipping homes with aids that maximise independence.</p>               | <p>More people kept as independent as they can be in their own homes for as long as possible by using the latest technology.</p>                                                       |
|                                                                                         | <p><b>Caring Well in Devon:</b> implementing our contract with Westbank to support carers in their caring role.</p> | <p>Carers supported to undertake their caring role while having the opportunity to lead fulfilling lives themselves, including through paid work where appropriate.</p>                |
|                                                                                         | <p><b>Preparing for Adulthood:</b> ensuring young people experience a smooth transition to independence.</p>        | <p>Young people being supported by their families and providers to progress to independence in adulthood.</p>                                                                          |

# Support at Home



| Theme                                                                                                                  | Initiative                                                                                                                  | Impact                                                                                                                                                                                      |
|------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p><b>Support at home:</b> integrating and improving community services and care in people's homes.</p> <p>Page 50</p> | <p><b>Living Well at Home:</b> developing our personal care framework to maintain capacity and improve outcomes.</p>        | <p>Personal care delivered in a way that encourages the recipient to be as independent as they can be.</p>                                                                                  |
|                                                                                                                        | <p><b>Supporting Independence:</b> individualised support to assist independent living.</p>                                 | <p>People with disabilities supported to develop their independent living skills to do what they want to do.</p>                                                                            |
|                                                                                                                        | <p><b>Short-term services:</b> developing an integrated reablement, rehabilitation and recovery offer.</p>                  | <p>Unnecessary hospital admissions avoided and recovery through rehabilitation after hospital discharge promoted by integrating social care reablement and NHS rapid response services.</p> |
|                                                                                                                        | <p><b>Enabling:</b> targeted short-term support to people with disabilities to develop their independent living skills.</p> | <p>Adults with disabilities developing the skills they need to lead more independent and fulfilling lives, enabled by targeted short-term intensive support.</p>                            |
|                                                                                                                        | <p><b>Day opportunities:</b> purposeful and interactive group-based activities.</p>                                         | <p>People participating together in activities meaningful to them in appropriate centre and community-based settings.</p>                                                                   |
|                                                                                                                        | <p><b>Supported living:</b> ensuring the right balance of group and individual support in supported living settings.</p>    | <p>People who live in supported living settings supported to live more independently in the best value and most effective way.</p>                                                          |

| Theme                                                                                                                                                      | Initiative                                                                                                                                           | Impact                                                                                                                                                                                                                  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p><b>Specialist care:</b> delivering modern, safe, sustainable services.</p> <p style="writing-mode: vertical-rl; transform: rotate(180deg);">Page 51</p> | <p><b>Accommodation with care:</b> improving the range of accommodation with care options in Devon</p>                                               | <p>An improved range of accommodation with care options that meet the changing needs of Devon’s population, working in partnership with district councils.</p>                                                          |
|                                                                                                                                                            | <p><b>In-house services review:</b> ensuring our in-house residential and respite services are fit for purpose</p>                                   | <p>Our in-house provision kept under review, to ensure we maintain the right balance of council and commissioned services.</p>                                                                                          |
|                                                                                                                                                            | <p><b>New residential and nursing care framework:</b> implementing a new contract for older people</p>                                               | <p>A more sustainable care market with providers funded using an assessment of care needs that ensure fees are proportionate to care hours required and accommodation costs are met at a consistently good quality.</p> |
|                                                                                                                                                            | <p><b>Regional commissioning:</b> taking a more regional approach to commissioning specialist bed-based care</p>                                     | <p>Improved sufficiency, quality and value for money of specialist residential services for people with disabilities by working across the south-west region.</p>                                                       |
|                                                                                                                                                            | <p><b>Quality assurance:</b> maintaining the comparatively high-quality care in Devon by investing in quality assurance and contract management.</p> | <p>Improved quality and sustainability of regulated and unregulated care and support services, preventing whole service safeguarding services.</p>                                                                      |

# Supporting strategies



| Theme                                                                                                             | Initiative                                                                                                                                          | Impact                                                                                                                                                                                                                                       |
|-------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p><b>Supporting strategies:</b> developing our workforce, markets and information technology.</p> <p>Page 52</p> | <p><b>Internal workforce strategy:</b> developing our care management capacity and capability.</p>                                                  | <p>The workforce we need to serve people in Devon maintained through a continuing professional development programme and focus on recruitment and retention.</p>                                                                             |
|                                                                                                                   | <p><b>External workforce:</b> using our <a href="#">Proud to Care</a> campaign to promote health and care careers.</p>                              | <p>Local providers supported to have the workforce they need to deliver the services we require by working with the market, national agencies such as Skills for Care, and other authorities in the region.</p>                              |
|                                                                                                                   | <p><b>Information Technology:</b> working across our health and care partnership on integrated IT solutions.</p>                                    | <p>IT solutions for the health and care system in wider Devon that facilitate more joined-up services secured by participating in the development and delivery of a shared IT strategy.</p>                                                  |
|                                                                                                                   | <p><b>Market Development:</b> working with social care providers to improve quality and sufficiency.</p>                                            | <p>Our future market requirements across the health and care system determined and communicated through a Market Position statement, with effective provider development, quality assurance and contract management.</p>                     |
|                                                                                                                   | <p><b>Safeguarding:</b> working with our partners through the Devon Safeguarding Adults Board to improve the safeguarding of vulnerable people.</p> | <p>Vulnerable people kept safer by using insights gained from performance information, user and carer surveys, practice quality reviews, serious case reviews and other intelligence to prevent where possible and improve our response.</p> |



# What this means for older people

| Themes                                                                                                      | Aims                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
|-------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p><b>Prevention:</b><br/>enabling more people to be and stay healthy.</p>                                  | <ul style="list-style-type: none"> <li>• Take preventive approaches to avoid, delay and reduce the need for ongoing support by working across the council and wider Devon health and care system.</li> <li>• Further develop and more widely implement a social prescribing model that targets individuals according to an assessment of their risk of losing independence.</li> </ul>                                                                                                                                                                                                                                                                                                                                           |
| <p><b>Empowerment:</b><br/>enhancing self-care and community resilience.</p>                                | <ul style="list-style-type: none"> <li>• Ensure that when vulnerable older people first approach social care and partner agencies they receive information, advice and support that takes a strength-based approach, with a default offer of a reablement-focused short-term service.</li> <li>• Increase the use of technology enabled care and support to maximise independence will be considered at every point of contact.</li> <li>• Improve the community equipment service to aid people to live independently in their own home.</li> <li>• Improve support services to people with dementia, ensuring they have a named support worker, and a care and support plan developed with them and their families.</li> </ul> |
| <p><b>Support at home:</b><br/>integrating and improving community services and care in people's homes.</p> | <ul style="list-style-type: none"> <li>• Develop and extend the short term services offer with NHS partners to improve pathways, triage and the range of options available to help people recover their independence, especially on discharge from hospital.</li> <li>• Further the implementation of our Living Well at Home framework for the provision of personal care to ensure sufficiency, improve quality and take an outcomes-based approach that encourages people to regain their independence.</li> </ul>                                                                                                                                                                                                            |
| <p><b>Specialist care:</b><br/>delivering modern, safe, sustainable services.</p>                           | <ul style="list-style-type: none"> <li>• Increase the choice and availability of accommodation with support for older people.</li> <li>• Maintain progress in reducing the number of admissions into residential/nursing care relative to our population by always considering alternative accommodation with support and only admitting in a planned way rather than at a point of crisis.</li> <li>• Support the development of strategically located care homes with nursing.</li> </ul>                                                                                                                                                                                                                                      |

# What this means for people with disabilities

| Themes                                                                                                      | Aims                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
|-------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p><b>Prevention:</b><br/>enabling more people to be and stay healthy.</p>                                  | <ul style="list-style-type: none"> <li>• Work alongside local communities to support people with disabilities to access the same opportunities as everyone else.</li> <li>• Make information available in formats appropriate to people with learning disabilities, sensory impairments and other communication challenges.</li> </ul>                                                                                                                                                                                                                                                                                                                               |
| <p><b>Empowerment:</b><br/>enhancing self-care and community resilience.</p>                                | <ul style="list-style-type: none"> <li>• Work with children and families in transition to enable them to live as independently as they can as adults.</li> <li>• Promote the aspiration to be employed and the value that people with disabilities can bring to businesses and to the local community working with partners to increase the educational and employment opportunities available.</li> <li>• Ensure that people with disabilities have appropriate and equal access to health services to prevent avoidable mortality.</li> </ul>                                                                                                                      |
| <p><b>Support at home:</b><br/>integrating and improving community services and care in people's homes.</p> | <ul style="list-style-type: none"> <li>• Consider how Technology Enabled Care and Support can complement support that people receive to live as independently as possible in their communities.</li> <li>• Develop Positive Behavioural Support services so that people who need them get the right psychological support to help manage crises without having to go to hospital.</li> <li>• Involve families and carers in the health and care support for people with disabilities, including for when they are no longer able to offer care and support.</li> <li>• Focus enabling services and the use of direct payments on maximising independence.</li> </ul> |
| <p><b>Specialist care:</b><br/>delivering modern, safe, sustainable services.</p>                           | <ul style="list-style-type: none"> <li>• Meet people's needs in settings other than residential care such as adapted social housing, supported living, shared lives and extra care housing wherever possible maximising their independence and development of independent living skills.</li> <li>• Where specialist residential care is required only maintain it while it is therapeutically necessary and in Devon as close to home as possible.</li> </ul>                                                                                                                                                                                                       |



# What this means for people with mental health needs

| Themes                                                                                                      | Aims                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
|-------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p><b>Prevention:</b><br/>enabling more people to be and stay healthy.</p>                                  | <ul style="list-style-type: none"> <li>• Be determined in our campaign to put mental health on a parity with physical health and eliminate the stigmas associated with it.</li> <li>• Work with all services to children including Child and Adolescent Mental Health Services in the knowledge that most mental ill health begins when we are young.</li> <li>• Seek to understand and address the wider determinants of mental ill health such as housing, debt, education, and employment through a Better Lives approach recognising that healthier lifestyles improve mental as well as physical health.</li> </ul> |
| <p><b>Empowerment:</b><br/>enhancing self-care and community resilience.</p>                                | <ul style="list-style-type: none"> <li>• Broaden the use of data-driven approaches that look at the whole person to identify people most at risk, including those suffering from loneliness, and support them in more resilient communities through social prescribing.</li> <li>• Develop services to address unmet needs identified through consultation and data analysis such as a community eating disorder service.</li> <li>• Make employment and housing priorities for people with mental health needs and all who work with them, working with employers and providers to improve.</li> </ul>                  |
| <p><b>Support at home:</b><br/>integrating and improving community services and care in people's homes.</p> | <ul style="list-style-type: none"> <li>• Build on our arrangements with the Devon Partnership Trust to organise mental health services around the person regardless of who is paying or legally responsible.</li> <li>• Further Improve Access to Psychological Therapies by broadening support to people with anxiety and depression and their links to long-term conditions e.g. diabetes.</li> <li>• Focus all conversations on 'what matters to me' and building more resilient communities.</li> </ul>                                                                                                              |
| <p><b>Specialist care:</b><br/>delivering modern, safe, sustainable services.</p>                           | <ul style="list-style-type: none"> <li>• Only use bed-based care where it is essential to keep the person safe or there are therapeutic advantages in doing so.</li> <li>• Where bed-based care is required, ensure it is in Devon and as close to home as possible.</li> </ul>                                                                                                                                                                                                                                                                                                                                          |



ACH/18/91  
Health and Adult Care Scrutiny  
20 September 2018

## SUSTAINABILITY AND TRANSFORMATION UPDATE AND INTEGRATED CARE SYSTEMS (ICS) DEVELOPMENT

Report of the Head of Adult Commissioning and Health, Devon County Council and Director of Strategy, New Devon CCG and South Devon and Torbay CCG

*Please note that the following recommendations are subject to consideration and determination by the Committee before taking effect.*

### **Recommendation:** Scrutiny

- (1) Note progress on the STP and the ICS development
- (2) Note that the next Standing Overview Group on 3 October will focus on governance and integration for integrated care
- (3) A further report is made to a future meeting of this committee

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1. Introduction

This paper has been developed to create the opportunity for discussion and contribution from partners, stakeholders and communities as we work together on strengthening our existing partnership arrangements in designing and developing the next stage of our health and care integration. Scrutiny members will note previous updates and discussions on partnership working across Devon, Plymouth and Torbay as part of the Sustainability and Transformation Partnership (STP) and the emerging Integrated Care System (ICS) in Devon.

The purpose of this paper is to:

- (i) Highlight the two-year STP report which has been recently published, providing the opportunity to reflect on the progress across Devon, Plymouth and Torbay over the past two years against our shared ambition
- (ii) Update on recent national developments in relation to Integrated Care Systems and local work on developing a strategy for our system
- (iii) Advise members that the Standing Overview Group on 3 October will focus on STP and ICS governance and integration.

An ICS is not the creation of a new organisation, but rather a strengthening of partnership working with health and care organisations working more closely together than ever before to the benefit of our population. The NHS Constitution and Local Authority Constitution will remain at the heart at everything we do, meaning anyone can receive high-quality NHS care, free at the point of access, whenever they need it. People will still see a GP when they need it and there will still be hospital care. Health and care delivery models are becoming more aligned and this will mean services are increasingly organised around the needs of individuals and not organisational boundaries. There is no change to legislation, statute or constitutions. The role of

Agenda Item 9

Scrutiny will remain and options on governance of these strengthened integrated arrangements will need to be explored.

2. The Sustainability and Transformation Partnership in Devon

Since December 2016, partners in the health and care system across Devon have been working with a shared purpose to create a clinically and financially sustainable health and care system that will improve the health, wellbeing and care of the population

Our four strategic priorities are:

- Enable more people to be health and stay healthy
- Enhance self-care and community resilience
- Integrate and improve community services and care in people's homes
- Deliver modern, safe and sustainable services

It remains an ambition in Devon to move towards fully integrating health and care services, organised around needs of individuals. Our aspirations for the Devon system are emerging from the STP process and are built on solid foundations of collaborative working and integration. We have recently reflected on our progress over the past two years (published in the two-year STP report¹ in July 2018) and used this as an opportunity to reflect on our strategy for our system, as we consider what the future of integrated care in Devon needs focus on. A copy is also attached at Appendix A

3. Integrated Care Systems – national thinking

ICs are those in which commissioners, NHS providers and Local Authorities, working closely with GP networks and other partners, agree to take shared responsibility (in ways that are consistent with their individual legal obligations) for how they work together for the benefit of local populations and improved outcomes.

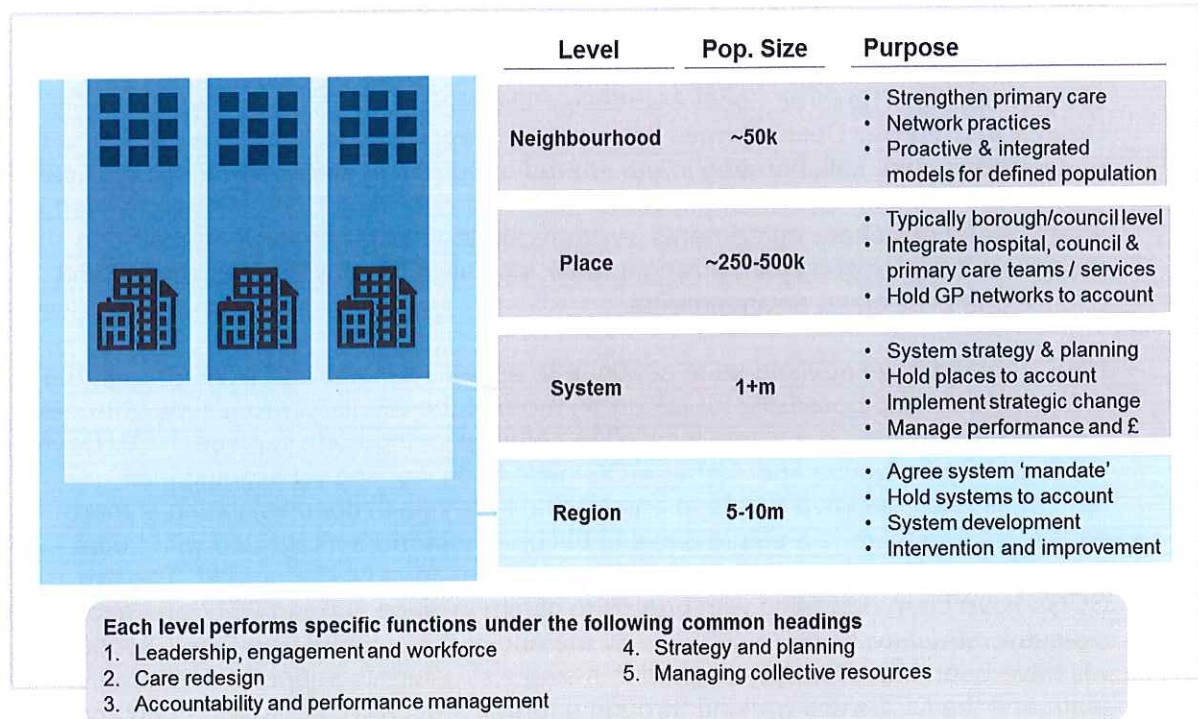
Nationally, there is emergent thinking about how integrated care systems are agile in their ability to join up care provision and commissioning at both very local level in neighbourhoods and towns, place and at wider system levels.

Whilst a national framework (see National STP leads slide) is available it will be for local areas to apply this in a way that best fits local needs. We are well placed in Devon with:

- (1) Coastal and market towns supported by primary care and our integrated health and care teams (neighbourhood)
- (2) Planning arrangements at 'place' with district/city councils and secondary care (Place)
- (3) System strategy and planning across Devon, Plymouth and Torbay (System)

¹ <http://www.devonstp.org.uk/wp-content/uploads/2018/07/STP-two-year-report-05.07.2018.pdf>

Slide from presentation to STP Leads (June 2018)



From the emerging national framework above, there is a strong emphasis of focusing the clinical and professional integration of care and how people experience care at a very local level (neighbourhood) and primary care is at the core of this. There are further opportunities from integrating networks of primary care and community health and social care services with hospitals and wider local authority functions at “place” and at system level opportunity to strategically plan for meeting the needs of populations, and deploying collective resources to meet these, addressing inequalities and ensuring efficiency and effectiveness in management and operational processes. The role of commissioning in integrated care systems is still evolving but will inevitably have to be able to operate effectively at all levels to maximise the benefits to our population and have a focus on primary care as a cornerstone of our care system.

Our experiences tell us that working together and integrating care at a very local level is important because it means we can be responsive to local needs, deliver rapidly to meet local and national priorities, ensuring that local voices are heard in developing ways of working and caring for people, leading to strong ownership of outcomes and good use of local assets and resources.

It is our ambition and intent that the benefits that we have reaped from working together locally, such as delivering innovative changes at pace to enhance care for the local population, are supported and enhanced with the advantages of being part of a wider Devon system and the resilience, sharing of good practice, and economies of scale that this has to offer. Historically, we have drawn much strength from our diversity, particularly in primary care, which has been able to develop local responses

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to specific issues. We want to build on this strength going forward, developing our local multi-agency delivery teams in parallel to designing our future ICS commissioning arrangements at scale.

A core element of the emerging approach is the development of integrated strategic commissioning, which can act across health and social care, and take on delegated commissioning from NHS England for primary care and increasingly specialised commissioning. The three Local Authorities (Devon County Council, Plymouth City Council and Torbay Council) have been active in approach to date; sharing elements of commissioning, collaborating in our shared geographies and delegating significant investment into joint commissioning arrangements with each CCG through section 75 agreements/ risk share agreements. A future strategic commissioner will need to recognise these existing joint arrangements, and align them with other clinical and council commissioning arrangements.

NHS England have advised us to continue to act as a system and work through the arrangements and possibility for taking on more of the regulatory functions from next year, subject to having a single local NHS commissioning body in place. NEW Devon CCG and South Devon and Torbay CCG have been working on aligning their resources and executive teams to ensure that local health commissioning is more consistent and there is a sound basis to become both more integrated with Local Authorities and to take on enhanced responsibilities from NHS England. The two CCGs have been operating with boards in common since autumn 2017 and a joint executive structure since April 2018. By the end of the summer, the CCGs' workforce will have been more formally aligned in a single structure to support this executive team and the CCGs are working through a formal process of applying to become one CCG from April 2019.

4. Developing the Devon System

To effectively evolve our current partnership arrangements to meet the needs of our population for the future, partners, stakeholders and communities are involved in system design and development work to create a high performing and sustainable integrated care system. Recent work by system partners (including representatives from NHS, Local Authorities, Public health, Primary care, Clinical and Professional leads and other system stakeholders) has led to the development of a draft ICS strategy on a page as set out in Appendix 2. Further work, as part of the overall system design and development plan, is needed to widen participation, engagement and dialogue with communities in these developments, and design the operating model for the integrated care system, including development at neighbourhood and place level. Members of Scrutiny are invited to discuss involvement in this design work over the coming months, in particular partnership working with the other two local authority Scrutiny functions in the Devon system to support the development of the integrated care system.

Tim Golby
Head of Adult Commissioning and Health, DCC

Sonja Manton,
Director of Strategy, New Devon CCG and South Devon and Torbay CCG

Electoral Divisions: All

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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

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<u>BACKGROUND PAPER</u>	<u>DATE</u>	<u>FILE REFERENCE</u>
Nil		

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Devon Sustainability and Transformation Partnership (STP) plan

Two-year report



July 2018

Good progress made in Devon over the past two years

The Sustainability and Transformation Partnership (STP) has been a positive catalyst for Devon. It has helped leaders build a collaborative, system approach to the NHS and local government.

After two years of work, Devon is now in a stronger position to further integrate services for the benefit of local people. The collective work by leaders has helped us tackle the historical challenges we have faced, with our financial and service performance improving.

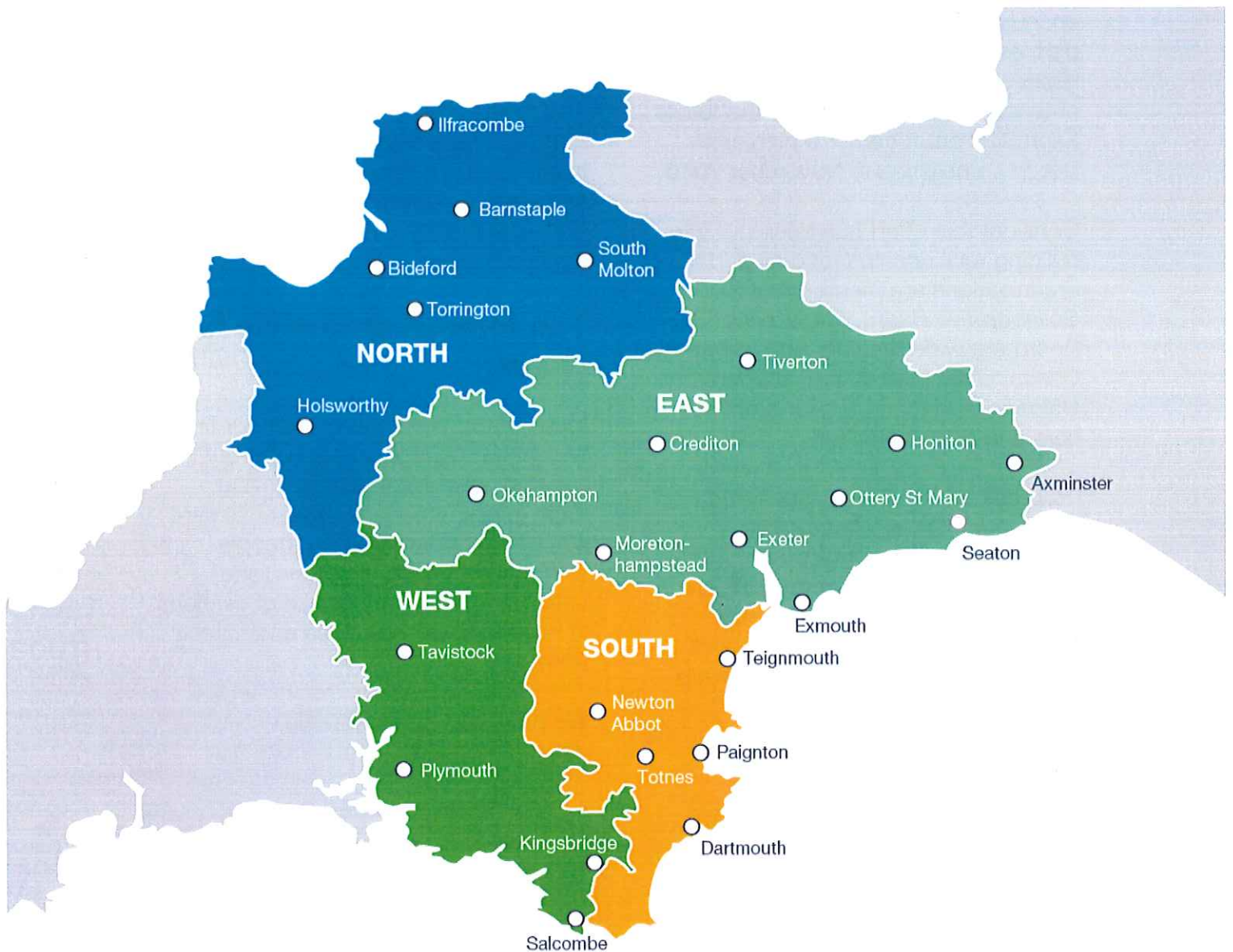
Working in partnership has enabled our local leaders to try new and different approaches.

The framework of the STP has also helped the NHS in Devon to move away from being one of the three most challenged health systems in England to one of 14 systems making progress.

This progress is testament to the original plan that was put in place in 2016.

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Introduction



Three local authorities, seven NHS organisations, and one Community Interest Company combined to form a single Devon Sustainability and Transformation Partnership (STP) in October 2016.

Devon was one of 44 STPs set up across England with the aim of encouraging all health and social care partners to work together to tackle historic challenges and put services onto a strong foundation for the future. Each STP put together a plan, with Devon's published in November 2016.

Considerable effort has been put into building relationships, and all partner organisations are members of a *Collaborative Board*. Members of this Board are wide ranging, and include all Chairs, Chief Executives, Accountable Officers, lead members for adult social care and political leaders.

Progress on the STP is monitored through a monthly *Programme Delivery Executive Group*. All partner organisations in the STP are represented at senior level on the Group to ensure strong governance. An operational meeting of the Group also reviews performance against national standards on health and social care services across Devon.

A *Clinical Cabinet* – made up of senior doctors and professionals from primary care, secondary care, mental health and social care – ensures a continued focus on professional best practice.

In addition, there are key STP workstreams – with representatives from the NHS and local authorities across Devon – to progress key priorities, such as prevention, mental health, integrated care, services in GP practices and pharmacies, and services for children and young people.

The STP has been a positive catalyst for Devon. It has helped leaders and staff build a collaborative, system approach across the NHS and local government to tackle the historical challenges we have faced. As a result, our financial and service performance has improved and, importantly, Devon is now seen nationally as a county making progress.

The improvements we have made

Many of the developments in our first two years focused on ensuring our services were sustainable, driving more joined-up health and social care services, supporting more people with mental health problems, and enhancing the performance of services in hospitals, GP practices and care homes.

We have had some notable developments:

- Our **Acute Services Review** developed new standards for critical services, ensuring we maintain access to urgent and emergency care, and maternity services at all four of Devon's main hospitals.

- All four organisations providing acute hospital services agreed a ground-breaking **mutual support** approach to benefit our population.
- **Improved performance against national NHS standards** has seen Devon move into the top 30% nationally for urgent care and mental health services.
- Devon has many leading and **innovative mental health services**. These include liaison psychiatry in each A&E to ensure people get the right help when they need it and a new specialist unit opening next year so women can stay near their families and do not need to travel for treatment outside the county.
- In assessments by the independent regulator, the [Care Quality Commission](#), 86% of **adult social care providers** are rated as either 'Outstanding' or 'Good', exceeding the overall national average for England of 80%. And, all **GP practices** in Devon are rated 'Outstanding' or 'Good'.
- **Ten new housing developments** have been set up with NHS support across England to shape the health of communities. Cranbrook in Devon is one of these and is leading to a rethink in how health and care services are delivered locally.
- Many more patients are now **treated outside traditional hospital settings**. Community nurses, social workers and therapists play a vital role in supporting people to live at home. In north Devon alone every 24 hours, these staff visit around 300 people in their own homes, saving people from around 2,500 admissions to hospital every year.

The NHS will use new medicines, genetic research and digital technologies, like apps and artificial intelligence, to ensure people continue to live longer and healthier lives.

Where patients have serious illness, expert advice and cutting-edge treatments have become available to more people in specialist centres. In future, treatments could be tailored to an individual's DNA or surgeries be carried out virtually from remote locations.

Innovation sits at the heart of our next phase, and embracing it is critical to enable us to deliver even better outcomes for patients as close to home as possible.

Our plans for the future

Our focus in the next three years will shift to support more people in Devon to live happy, healthy lives at home.

This will see the NHS work more collaboratively with local communities and partner organisations, like social care and the charity sector, to help people live healthier lives.

Our focus builds on the developments we have seen in the first 70 years of the NHS, where:

- **People now live 12 years longer** than in 1948, with the average life expectancy now at 80 years.

This document

This publication sets out our aims in 2016, what progress we have made and, importantly, what we are now planning over the next three years.

What the STP plan set out to achieve

This chapter sets out the aims, challenges and focus of the original STP plan, published in 2016.

Our aims

We will operate as an aligned health and care system, to be an effective force and trustworthy partners for the continual improvement of health and care for people living in Devon, Plymouth and Torbay.

We will address the three key aims of the [NHS Five Year Forward View](#) to improve population health and wellbeing, experience of care and cost effectiveness per head of population.

Working as a collective, we will deliver better and more equal outcomes for more people in a sustainable and joined up way. We will do this as efficiently as we can, within the financial resources available to us.

Our mission

We will focus everything we do on our 'triple aim' of improving:

1. Our population's health and wellbeing
2. The experience of care
3. The cost effectiveness per head of population.

Our strategic objectives

We will deliver:

- Excellence in service delivery and performance.
- Improved health and wellbeing for populations and communities.
- Integrated care for people.
- Improved care for people.
- Empowered users who are experts in managing their care needs.

Our commitment

Partners across the Devon community are united in a single ambition and shared purpose to create a clinically and financially sustainable health and care system that will improve the health, wellbeing and care of the populations we serve. Over five years, we will achieve improvements in clinical and financial outcomes.

Our aspirations

We are committed to transforming care to deliver the best possible health outcomes for our local population. This will be achieved by having a greater focus on prevention, proactive care, and new models of care.

We will take an approach that links health, education, housing and employment through joint working of statutory partners and the voluntary and charitable sectors.

2016/17

Phase 1: clinical and financial recovery plan to reduce overspending

Engage, design and consult on a new model of integrated care to ensure an equal spread of services across Devon and reduce reliance on hospital care. Deliver early win initiatives to progress first phase financial recovery.

2017/18

Phase 2: start planning and implementing the longer term clinically and financially sustainable models of care

Engage, design and consult on reconfigured new models of care for mental health, acute and specialist services to secure clinically sustainable services, reduce duplication and variation and improve user experience.

2018/19

Phase 3: promote prevention and early intervention. Fully implement integrated care

- Build equitable mental health and emotional wellbeing capacity.
- Mobilise new models of fully integrated health and social care, primary care, local community support in all localities and promote care closer to home.
- Realign use of resources to achieve population and service equity.
- Workforce redesign and capacity building to support care model delivery and to promote economic growth and resilience.
- Commence specialist and acute reconfigurations implementation.
- Reinforce service safety and resilience by reorganising across hospital sites.
- Increase the support available to people with learning disabilities and challenging behaviour. Develop an employment and housing strategy for those with learning disabilities and autism.

2019/20

Capture the benefits of reduced variations in care and provision, reduced health inequalities

Enable people to access services that achieve better outcomes. Also enable care providers to better manage demand for their services – right care, right place.

2020/21

Clinical and financial sustainability secured

Ensure improvements in health outcomes, patient experience and financial performance are made.

The original case for change

Services in Devon must change in order to become clinically and financially sustainable. The key reasons for this were highlighted in a *Case for Change*:

- **People are living longer and will require more support from the health and care system.** More than 280,000 local people (23% of the population) including 13,000 children, are living with one or more long-term conditions.
- **Spending per person on health and social care differs markedly** between areas of Devon and is 10% less in the most deprived parts. There are also financial inequalities between Devon and other neighbouring counties.
- We need to **respond better to the high levels of need and complexity** in some parts of the population.
- **Mental health services are not as accessible and as available as they need to be** which drives people to use other forms of care, which don't always meet their needs. People with a mental health condition have poorer health outcomes than other groups.
- **Some services such as stroke, paediatrics and maternity are not clinically or financially sustainable** in the long term without changes to the way they are delivered across wider Devon.
- There is an **over reliance on bed-based care**: every day more than 600 people are medically fit to leave hospital inpatient care but cannot for a variety of reasons.
- There is a **difference of 15 years in life expectancy** across wider Devon and differences in health outcomes – or 'health inequalities' – between some areas. There are fundamental challenges too for people with mental health conditions.
- Almost a **quarter of local GPs plan to leave the NHS in five years** and there are **significant pressures on primary care services**. Some other care services are particularly fragile due to high levels of consultant, nursing, social work or therapy vacancies.
- **Local health and social care services are under severe financial pressure**, and are likely to constantly struggle, if nothing changes.
- **Care homes are struggling** to meet increasing demand and need.

STP priorities and solutions

Devon's objectives focused on achieving financial and clinical sustainability and addressing key health and financial inequalities by 2021. The initial proposals overleaf come with a commitment to go further over time to make sure they achieve our key objectives.

Prevention and early intervention

- Promote good health for everyone.
- Tackle the top five causes of death in under 75s.
- Ensure all plans and priorities have a focus on preventing ill health.
- Build community resourcefulness.
- Develop workforce skills in prevention.

Integrated care model

- Promote health through integration.
- Empower communities to take active roles in their health and wellbeing.
- Locality-based care model design and implementation.
- Shift resources closer to home, or in people's own homes.
- Health and social care integration.

Primary care

- Develop integrated GP/primary care.
- Deliver the *GP Forward View*.
- Support general practice development to be fit for the future.

Acute hospital and specialist services

- Ensure clinical sustainability of services across wider Devon.
- Review high priority areas, such as:
 - Stroke services.
 - Urgent and emergency care services.
 - Maternity, paediatrics and neonatal services.

Productivity

- Improve the cost-effectiveness of the care delivered per head of population.
- Rationalise 'back-office' services.
- Make procurement efficiencies across health and care.

Children and young people

- Ensure seamless support and access.
- Ensure high quality, effective and rapid response of services.
- Enhance effective collaboration between adult and children's services.

Mental health, autism and learning disabilities

- Continue to close the investment gap between mental and physical health.
- Improve physical health care for people with mental health problems.
- Improve provision for people with severe, long-term mental illness.
- Provide psychological support for people who have physical health problems.
- Reduce the number of people, living with a learning disability, who die prematurely and reduce the number being prescribed anti-psychotic or other medication to control challenging behaviour.
- Enable people with learning difficulties and autism to have the same opportunities as everyone else, including support for employment and housing

Enablers

- **Workforce:** redesign to increase resilience and support development.
- **Estates** strategy.
- **Information:** Implement the [Local Digital Roadmap for Devon](#).
- **Engagement:** ensure staff, patients and the public are involved.
- **Organisational Development:** towards an integrated care system.
- **Information management/technology:** to improve clinical decision making and access to services.

What we have achieved in the last two years

The STP has been a positive catalyst for Devon. It has helped leaders build a collaborative and system approach across the NHS and local government.

As a result, Devon is in a stronger position from which to further integrate health and care services for the benefit of local people.

And the collective work by leaders has helped us tackle the historical challenges we have faced. As a result, our financial and service performance has improved considerably.

The framework of the STP has helped the NHS in Devon to move away from the *Success Regime* – where NHS Northern, Eastern and Western Devon CCG was judged to be one of the three most challenged health systems in England.

Progress is evidenced in the latest assessment (July 2017) by NHS England and NHS Improvement, which rates the Devon STP as one of 14 systems 'making progress'.

The focus of working as part of an integrated health and care system in Devon, and as an STP, has been the driver for developing innovative new approaches, as well as some major successes.

Overleaf are some of our key successes and achievements in the past two years.



‘Best care for Devon’

Improved performance against national NHS standards has seen Devon move into the top 30% nationally on urgent care and mental health.

Reducing delayed transfers from hospital

Joint work between the NHS and local authorities has seen delays fall. Devon is on track to reduce delays to target levels, freeing up 79 hospital beds for those who need them. South Devon performance is already in the top 20% in England.

High-quality social care

Across Devon, 86% of adult social care providers are now rated by the CQC as either ‘Outstanding’ or ‘Good’. This exceeds the overall national average for England of 80%.

‘The best bed is your own bed’

We are enhancing community services to support thousands more people to live independently at home – in line with their wishes. This has led to a reduction in acute and community hospitals beds by 213 over the past two years while at the same time improving outcomes for people, service performance and releasing resources.

Managing service demand

Devon has taken action to prioritise clinically appropriate referrals into hospitals – reducing unnecessary visits and anxiety for people. Last year, elective activity fell by 5.37%, compared to a 1.25% increase nationally.

Groundbreaking collaboration

All four organisations providing acute hospital services have agreed a ‘mutual support’ approach to benefit our population. NHS England has highlighted it as an “exemplar of joint working”. Our Acute Services Review has developed ‘Best care for Devon’ standards for urgent and emergency care, stroke and maternity services, with clinical recommendations to maintain services at all four of Devon’s main hospitals where these standards are met. This approach is supported by new clinical networks.

Outstanding GP Practices

All GP Practices in Devon rated ‘Outstanding’ or ‘Good’ in the latest CQC assessment.

No health without mental health

Devon has many leading and innovative mental health services. These include liaison psychiatry in each A&E to ensure people get the right help when they need it, psychological therapies for people with long-term conditions, specialist support for women with postnatal depression and a new specialist unit opening next year so women can stay closer to their families and do not need to travel for treatment outside the county.

Proud to Care

More than 100 ambassadors have been trained to promote careers in health and social care in schools, colleagues and universities throughout Devon, as part of Devon County Council’s successful campaign.

CCG ratings

Both CCGs have improved their ratings, as part of an annual assessment by NHS England.

Children and young people

Outcomes for children and young people are strengthening and all services are improving. Children's community health services were judged 'Good' by the CQC.

Living within our means

Historical overspending has been reduced from £95.4 million to £22.7 million in the past two years. This includes saving £25 million on agency staff spend. The Devon system is aiming for financial balance in 2019/20.

The STP has put great focus on driving clinical improvement, as well as productivity, efficiency and sustainability.

For example, STP leaders have signed up to the [Getting It Right First Time programme](#) and [The Model Hospital](#) initiative, in order that everything we do is based on national best practice.

This commitment to drive clinical quality was the focus of our collective work to look at acute services, vulnerable services (such as ophthalmology), and other developments, such as the Peninsula network approach to pathology, and our work as one of four national pilots for a radiology network.

The STP has also actively engaged with Healthwatch, MPs, Overview and Scrutiny Committees and local people on key elements of the STP. For example, Healthwatch representatives sit on the *Clinical Cabinet*, and patients and user groups were fully involved in the *Acute Services Review*, and the group involved in developing improvements to mental health.

Our collaborative and system approach has been the real drive behind helping the NHS in Devon to move forward from the *Success Regime* and to tackle the historical challenges we have faced. As a result, our financial and service performance has improved considerably.

The latest assessment from NHS England and NHS Improvement marks a major shift from a time when the Northern, Eastern and Western Devon system was rated as one of the three most challenged performing health systems in the country, to one that is making real progress.

Our priorities and plans for the next three years

What is shaping our priorities and approach?

While progress has been good, the original challenges set out in the *Case for Change* in 2016 still hold true. Issues like health inequalities, social isolation, mental health disadvantage, the needs of carers and the ageing population remain a reality.

We have now updated our analysis and reflected on our experiences over the last two years, which has allowed us to enhance how we address the needs of our population.

Over the next three years, our main focus will be on helping more people to live healthily and happily at home, with support and care from the NHS and social care services.

We also recognise there are individuals and teams in Devon who are doing great things. This creates the potential to **adopt tried and tested approaches quickly and more widely across Devon.**

Learning from initiatives such as, the [Vanguards](#), [New Care Models](#) and [Healthy New Towns](#) (including one in Devon), as well as many other national and local projects and initiatives. One of our biggest opportunities exists in using **digital technology** to encourage prevention and greater support for people.

Our **workforce is our greatest asset** and it is important to value and develop our staff in readiness for the future. Schemes like [Proud to Care](#) in Devon are showing the value of partnership and system working to address our recruitment challenges.





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We will focus on four key shifts in the way we operate across all our services over the next three years:

CARE SETTINGS > **PLACES AND COMMUNITIES**





Recognising that traditional, building-based care focus will no longer serve today's population and their health needs and much more can be achieved in, and with, communities.

ORGANISATIONS > **NETWORKS OF CARE AND SUPPORT**





Working beyond and not being constrained by organisational boundaries and forming partnerships and networks for resilience and improvement in care.

WHAT'S THE MATTER WITH YOU > **WHAT MATTERS TO YOU**

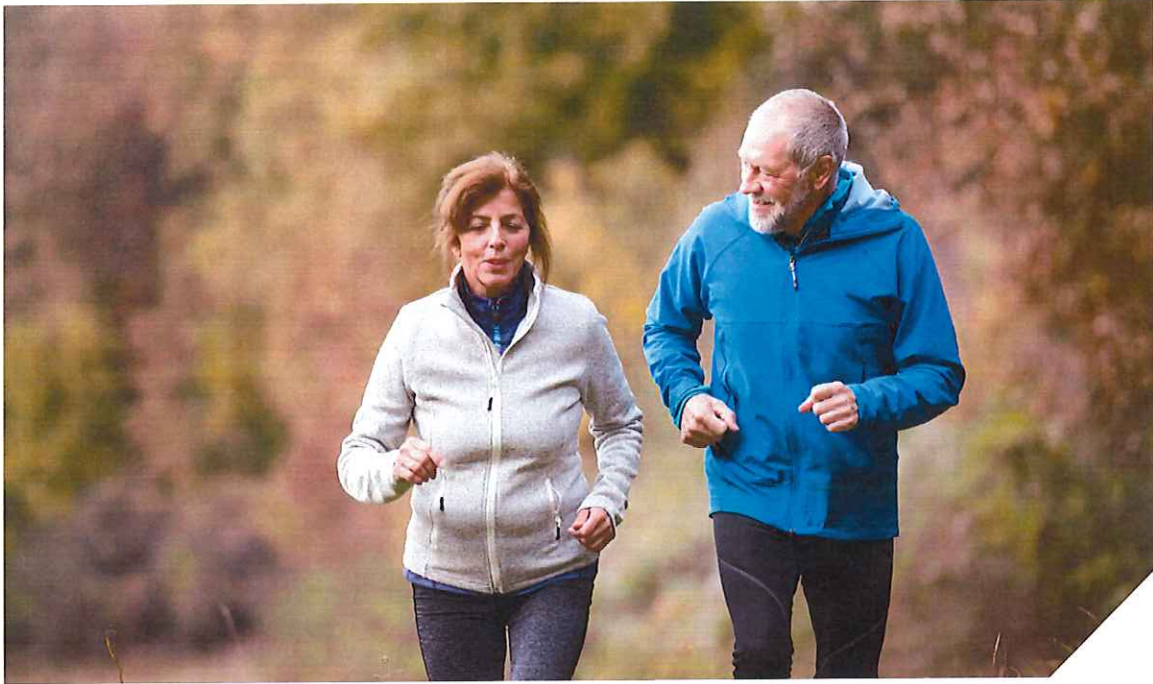


Seeing things from the viewpoint of individuals and families and designing future health, wellbeing and care around the things that matter most to them.

ILLNESS MANAGEMENT > **WELLNESS SUPPORT**



Shifting our ethos from a system that reacts to illness to one that helps prevent or delay its onset and keeps people as well and independent as possible.



These key shifts represent changes to the way we operate and will be brought about by delivering a range of activities and initiatives, planned around our four strategic priorities:

PRIORITY ONE

Enable more people to be healthy and stay healthy

PRIORITY TWO

Enhance self-care and community resilience

PRIORITY THREE

Integrate and improve community services and care in people's homes

PRIORITY FOUR

Deliver modern, safe and sustainable services

PRIORITY ONE

Enable more people to be healthy and stay healthy

We aim to:

- **Harness the power of communities**, through our recent successful *Life Chances Fund* bid and, by being a key partner in working with voluntary and community leaders to build more resilient communities.
- Capitalise on the **interactions people have with health and social care** professionals, using trusted relationships for change, by training and supporting the workforce in listening to what matters to people through [Making Every Contact Count](#).
- Scale up lifestyle interventions using predictive modelling to identify and support people and communities most at risk. This is a key part of our aim to **reduce health inequalities**.
- Use **digital innovations** on prevention and health promotion to reach and influence more people.
- Ensure timely access to **early help** and **optimal treatment**, recognising that the path of frailty, cancer, cardiovascular disease, mental illness, and diabetes can be addressed.
- Incorporate **mental health** into **prevention** programmes at every opportunity and enhance positive health promotion for people with severe and enduring mental illnesses.
- Improve access to health care for people with **learning disabilities** or **autism** so they have improved physical and mental health outcomes and live longer as a result.
- **Work at scale**, for example, training clinicians as exercise champions, as part of the [Transforming Ageing](#) project.

PRIORITY TWO**Enhance
self-care and
community
resilience**

We aim to:

- **Work with** other **public services** such as fire, police and education services, and communities to support people with health and wellbeing needs.
- Adopt **digital solutions** to promote self-care, effective condition management and independence, and use the best new innovations.
- Shift the culture of care services to enable and support people to **take more control of their lives**.
- Widen access to **personalised services**, including integrated personal commissioning and personal health budgets, to better support children and adults with more complex needs and disabilities, such as those with multiple long-term conditions, frailty, severe and enduring mental illness, physical, sensory or learning disabilities, or autism.
- Scale up **targeted activities for people with more complex needs** and their carers, such as the [HOPE programme](#), which uses activities to build confidence, increase social support and improve happiness and wellbeing.
- Develop a framework for **health and wellbeing hubs** through a combination of digital hubs, health and wellbeing networks and new services and facilities.

PRIORITY THREE

Integrate and improve community services and care in people's homes

We will aim to:

- Ensure **general practice** is supported to enable the transformation set out in the [GP Five Year Forward View](#) to improve resilience and access.
- Facilitate **general practice federations** and alliances of providers to come together as partners with communities to respond to patient and population data sets and deliver effective change.
- Enhance our primary care offer by extending the range of, and access to, services so that by March 2019, everyone in Devon has access to **evening and weekend appointments**.
- Ensure when people contact us, we listen carefully to **what matters to them** and nominate a **dedicated member of staff to support them**.
- Identify people with complex needs who can benefit from proactive case management to prevent admission, escalation and dependency.
- View **community multi-disciplinary teams** as extended primary care teams, enabling them to take a whole person approach incorporating both physical and mental health, so people can remain in their own homes.
- Extend the membership of multi-disciplinary teams to include the **voluntary sector**.
- Offer **individual support to people with dementia and their families** and provide more targeted **mental health** support to people with long term conditions and medically unexplained symptoms who are suffering from anxiety and depression.
- Ensure that bespoke support is available for **children and young people**, while the principles of quality universal services and responsive support for the most vulnerable are consistent for all ages.
- Implement evidence-based interventions from the [Enhanced Health in Care Homes](#) model to better support **care home residents** and reduce hospital admissions.
- Use **electronic records** to support multidisciplinary working, enabling health and care professionals to be more responsive to people's needs.
- Recognise the important role played by **carers**.

PRIORITY FOUR**Deliver modern,
safe and
sustainable
services**

We will aim to:

- Develop **modern, safe and sustainable** primary care, community care, hospital care and mental health care.
- **Promote and protect core services at our four acute hospitals** so that they continue to provide safe, high-quality and effective care.
- Enable more **acute care in the community** through hospital teams in partnership with community-based services and primary care, to help more people stay out of hospital.
- Develop an **acute hospital system**, using clinical networks, to protect services and centralise some more specialised services.
- Use the [*Getting it Right First Time \(GIRFT\) programme*](#) and [*The Model Hospital*](#) initiatives to **identify and challenge variations in practice**, increasingly utilising national and local data to drive improvements in productivity and deliver better outcomes.
- **Integrate A&E departments with GP out-of-hours services, urgent care centres, NHS 111, and ambulance services**, ensuring that 90% of emergency patients are treated, admitted or transferred within four hours.
- Enhance rapid assessment and diagnostics, senior medical availability, and same day discharge to **reduce unnecessary hospital admissions**.
- Adopt **flexible working practices, new ways of working and new roles**, for example, advanced neonatal nurse practitioners and physician associates.
- Use our liaison **psychiatry services** to provide additional support and education to our workforce so that more health professionals have the skills and confidence to manage mental health appropriately.
- Continue to support the devolution of **specialised commissioning** budgets, seeking opportunities to align it with local strategic priorities to enhance place-based care.
- Make **end of life care** as good as it can be and work with professionals and organisations to support people and their loved ones in the last weeks, days and hours of life.

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Through focusing on these four key priorities, over the next three years, we would expect to see the following benefits for the Devon population:

Prevention More people choosing and enabled to live healthy lifestyles and fewer people becoming unwell	Independence More people living independently in resilient communities	Self-management People being supported to have the knowledge, skills and confidence to better manage their health conditions
	Integration People receiving joined-up care and support between services and organisations	Early intervention The health and care system being ready and able to intervene early and avert deterioration and escalation of problems
Specialist services People going into hospital only when necessary and being discharged efficiently and safely with the right support	Choice and control People having greater control over the services they use and being equal partners in decisions about their care	
Accessibility People who need treatment or care receiving this promptly and effectively in the most appropriate setting		Care at home More care being available in the community and people's homes.

Our approach

We have identified a number of areas for particular focus so that we continue to make changes and improvements over the next three years.

We aim to maximise the opportunities to be as productive as possible, making best use of our scarce resources through:

- **Sharing key corporate services.** The NHS in Devon spends around £87 million (5% of turnover) on corporate services including, technology, finance and HR. By sharing some services, we can reduce duplication and improve efficiency. The system delivered its target of saving £5 million in 2017/18, and there are plans to deliver savings of a further £12 million between 2018 and 2020.
- Utilising *The Model Hospital* programme improve productivity. Organisations in Devon will explore their comparative productivity, quality and responsiveness, making changes so that all benchmark favourably.
- Implementing the *Getting it Right First Time Programme*, using national and local data, to **reduce variations** in the way services are delivered across Devon. We will use intelligence to deliver opportunities within each clinical speciality.

We will progress other transformational changes, including:

- Investing more in our community workforce so that we support people to live **healthier lives at home**.

- Adopting a broader focus on health and wellbeing to address wider factors of health, so that we **promote independence**, increase community resilience and reduce overreliance on services.
- Implementing a single framework for **identifying people at greater risk of ill health**, based on frailty.
- Improving the outcomes for people with **mental health** needs and those with **autism** and **learning disabilities**. We will enhance primary care and community services to provide a more appropriate response for people seeking help through their GP for depression, anxiety and other mental health needs. We will also care for more people with complex mental health needs closer to home and continue to reduce out-of-area placements.

For **children and families** in Devon, we will focus on:

- Giving children the best start in life by focusing on **speech, language and communications**.
- Strengthening the **emotional health and wellbeing** of children and young people with complex needs by building their resilience and working together better.
- Better managing **asthma** for children with additional needs.
- Helping children and young people who have suffered **adverse experiences**.

If we pay sufficient attention to children, we will prevent some of the challenges we see in adults.

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We recognise the important role that our **independent sector** partners play, particularly in supporting people in out of hospital settings. But we recognise the potential vulnerabilities that affect care homes and domiciliary care providers due to the workforce challenges they face.

We will develop a specific and standard approach to support **care homes** to prevent residents experiencing avoidable crisis admissions to hospital and improve end-of-life care. The NHS England [Enhanced Health in Care Homes](#) framework and guidance is the preferred approach and could reduce emergency admissions from care homes by up to 30%.

More people in Devon could, and should, receive their hospital care through **'same day' admission and discharge** without the need for an overnight stay. We plan to enhance rapid assessments and diagnostics, senior medical availability, and same day discharge with planned follow-up treatment across our four acute hospitals in Devon. This will avoid unnecessary hospital admissions and release beds for the most acutely unwell.

We will continue to review our key hospital services across Devon, with a clear aim that all our hospital services deliver the same **high standards of care**, with a consistent workforce and in a way that makes best use of the funding available. The next phase of service reviews will be aligned to areas of national focus, and include cardiology, radiology, paediatric surgery and pathology. Additionally, ophthalmology and orthopaedics have been identified as priorities for improvement.

We know a large amount of space in our community hospital buildings is underused. The revenue cost of our community hospital estates is in the order of £20 million; money the NHS could use to improve other services. Working with other public sector partners, as part of the [One Public Estate](#) initiative, we will review the space that is required to deliver care, and plan to consolidate the number of sites to **free up estate and generate money**, which can be re-invested in technology and infrastructure.

We will prepare **'place-based' budgets** to reflect the needs of individual communities across Devon.

As part of this work, we will develop plans for **integrated working** and **place-based budgets** to address inequities and, importantly, ensure we return to living within the total budget we are given.

To support the most effective delivery of integrated health and care, partners in Devon plan to further develop **partnership working**. This includes:

- **Strategic commissioning of health and care services**, drawing on the skills and resources of the existing NHS organisations and three local authorities. This includes plans for taking on primary care and specialised commissioning from NHS England.
- Local Care Partnerships will work within budgets, look at how outcomes are met, and how services and resources are planned, and used, for **specific local populations** across Devon.

- **Mental health** services will be placed on an equal footing to physical health with specialist mental health services becoming more integrated within primary and secondary care. To support this, commissioners and providers will work with each other in a more joined up way through a mental health care partnership. This has been nationally recognised.

The health economy within the Devon STP has also formulated a **savings plan** that utilises the benchmarking opportunities identified through [The Model Hospital](#), [Right Care](#) and [Getting It Right First Time](#).

As part of our plans, Devon aims to be in **financial balance** by 2019/20. To reduce costs, the system will focus on reducing agency costs, optimising the use of medicines and standardising the range of products and services.

In developing our local plans, we have also taken account of the 2018/19 national priorities set out in NHS England's [Five Year Forward View Next Steps](#) and [Refreshing NHS Plans](#) for 2018/19:

- **A&E performance:** ensure that 90% of people needing care in emergency departments are treated, admitted or transferred within four hours.
- **Cancer services:** continue to improve cancer care throughout Devon and ensure that the 62-day national standard is achieved across our health system.
- **Mental health:** launch the Devon mental health strategy that sets the scene for treating mental health on a par with physical health and making sure the right support

is available to people of all ages, including those with physical health problems.

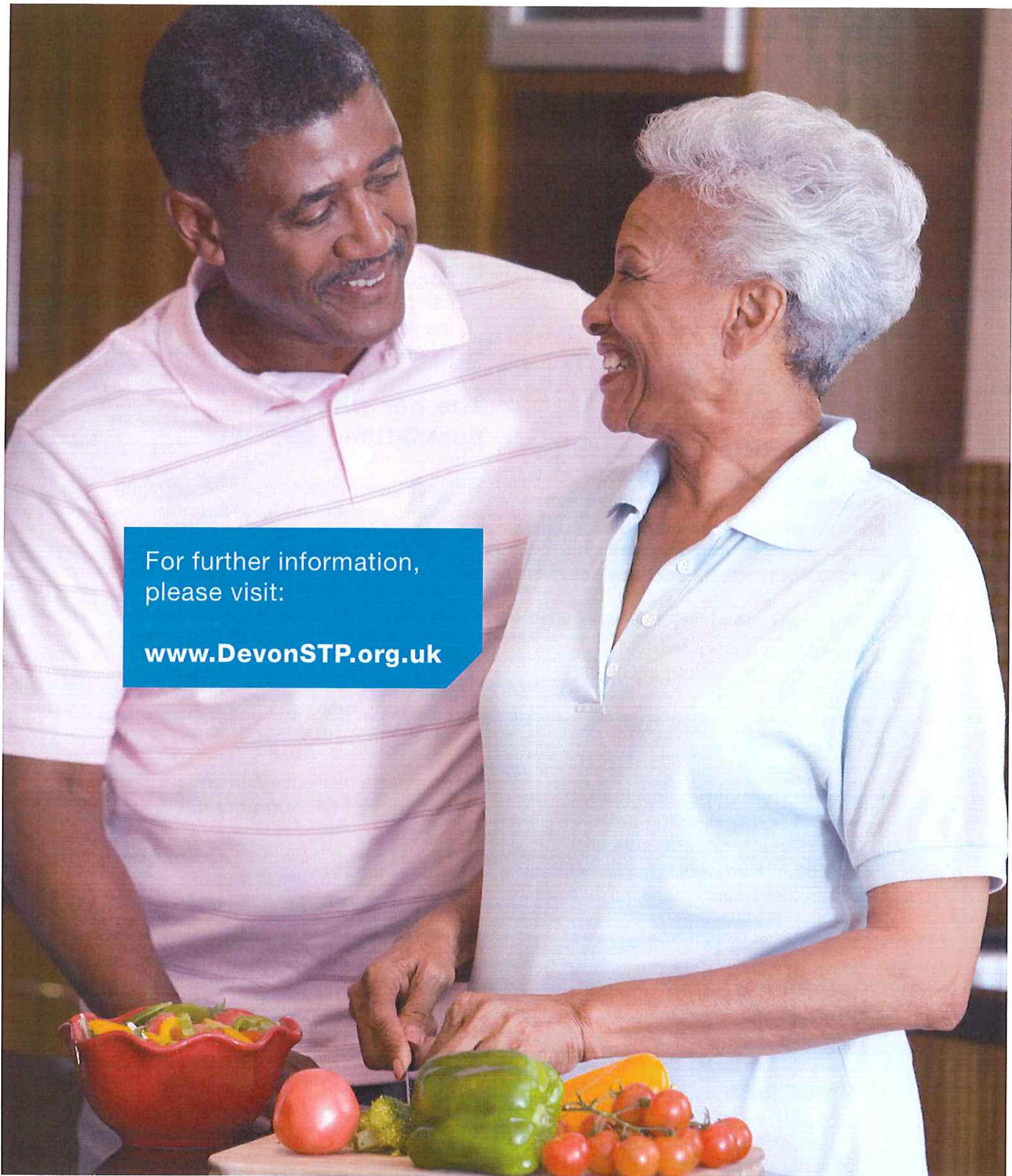
- **Primary care:** progress the implementation of the primary care strategy, support vulnerable services and develop plans to make the most of digital solutions. This includes delivering extended and improved access to GP services.
- **Integrated care:** implement integrated working that brings the whole health and care system together, to benefit our population.

The benefits for our population

Many of the changes we make will bring real improvements for local people, including:

- Enabling more people to live **healthy and happy lives at home**, with support from health and care services.
- Delivering more **seamless services**, whether health or social care.
- Improving resilience and enhancing provision of **GP and pharmacy** services.
- Transforming **mental health** services so that people are given support when they need it.
- Better supporting people with **learning disabilities** and **autism**. In particular, offering better accommodation, housing and employment opportunities.
- Continuing to transform and enhance services for **children and young people**.

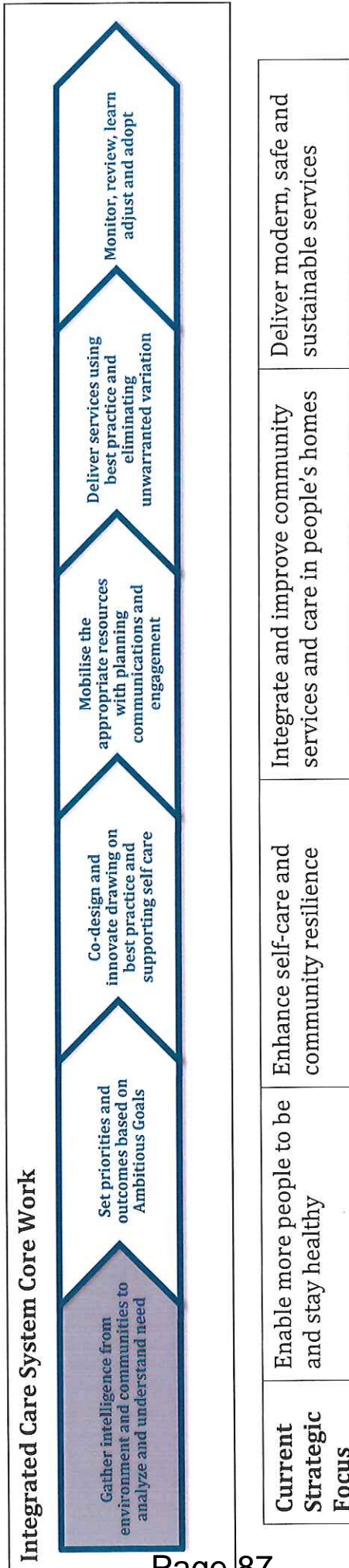
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For further information,
please visit:

www.DevonSTP.org.uk

Together, building thriving lives, support and services for everyone				
Purpose	Ambitious Goals	Eliminate inequalities in opportunity, access and experience and improve outcomes for everyone in Devon	Collaborate to connect all people to build thriving, resilient and resourceful communities to prevent the causes and consequences of ill-health	Provide outstanding services that work with people to live their lives to the max
	A world class system that makes the best use of our resources to achieve great outcomes for everyone			Inspire people to join and stay in our workforce that is achieving excellence, innovation, ambition and joy in work



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System Design Criteria	“We are creating an ICS that can.....”	...make clear decisions”	...be agile and adaptable”	...exercise good governance “	...operate and encourage innovation at neighbourhood, place and system level whilst embracing complexity”	...deliver involvement and influence at every level”	...be digitally enabled”
	So that resources can be mobilized to meet the needs of the people of Devon; improve performance; jointly risk enable; reduce inequality; drive prevention and put the system first	In order to operate dynamically and evolve to meet future needs	So that there is engagement; transparency; easily understood decision making; public and democratic accountability; shared risk and mutual support and innovation	In order to maximize the benefits of local and system working for optimal outcomes	In order to support selfcare; effective collaboration built on trust and ownership and to enable co-design and co-production	In order to drive change and innovation; offer more flexible services; allow staff to deliver care at the top of their skill set; address capacity shortfalls and improve quality and safety of care by sharing information that empowers the citizen	

Agenda Item 9



OKEHAMPTON

A HEALTH AND CARE COMMUNITY CONVERSATION

COUNTY COUNCILLOR KEVIN BALL, OKEHAMPTON RURAL DIVISION



OKEHAMPTON

- Situated on the northern edge of Dartmoor in West Devon.
- Initially settled in the Bronze Age, now a hub town to around 26,460 people.
- Located 26 miles from Exeter via the A30. Part of the National Cycle Network. Limited bus services. Working with government and partners to restore daily rail services.
- Vibrant community with strong voluntary, community and faith sectors.
- Challenging economic history, but now with many successful local businesses.

OKEHAMPTON

WHAT DO WE KNOW?
(compared to national and regional * averages)

* JSNA and community profiles 2016



IT'S A BEAUTIFUL PLACE...

FEWER HOUSEHOLDS HAVE A CAR OR VAN



ACCESS TO SERVICES AND PLACES CAN BE DIFFICULT.



THERE IS LESS WORK, AND PEOPLE ARE PAID LESS

FEWER OF THE HIGHER PAID JOBS E.G. MANAGERIAL OCCUPATIONS



HIGHER RATES OF BENEFITS CLAIMANTS

MORE LONE PARENT HOUSEHOLDS + HIGHER BIRTH RATE



HIGHER RATE OF RENTED ACCOMMODATION IN THE CENTRE (THE OPPOSITE ON THE BORDERS)

MORE YOUNG PEOPLE

ALMOST 100% OF SCHOOLS ARE RATED GOOD OR OUTSTANDING

MORE PEOPLE WITH NO QUALIFICATIONS OR LOWER LEVELS OF QUALIFICATION



MORE SMALLER EMPLOYERS

@jargonautical

NEW Devon CCG processes resulted in the loss of a GP surgery and in-patient beds at Okehampton Hospital.

Some services cannot be locally sustained because of current recruitment challenges e.g. midwifery.

The community could see what it was losing (against a general backdrop of services withdrawing from the town) but no-one was able to describe what the new model of health and care would look and feel like on the ground:

- information was hard to obtain.
- relationships were strained.
- people felt aggrieved by the formal consultation processes.
- feelings were running high, often targeted at the local member.

“biggest issue for local government is trust and confidence”

Rob Wightman, National Audit Office

A LOCAL LEADERSHIP OPPORTUNITY
Local Member Supported by Locality Lead Officer

- Needed to address the disconnect felt by the community.
- Conversations with strategic decision makers led to commitment to engage differently and personally.
- We started a Community Conversation guided by a locally agreed set of principles.
- We made critical connections.

What healthcare currently looks like in Okehampton

Primary care, community and other health services

Healthcare services include primary care services (such as GP surgeries, opticians and pharmacies), community services (such as district nursing and mental health), and a range of other key services.

Okehampton also has a community hospital.

Okehampton Community Hospital

Okehampton Community Hospital provides many services.

These services are mainly provided by the Royal Devon and Exeter Hospital, Northern Devon Healthcare Trust and a range of other providers, including Devon Partnership Trust (who provide mental Health Services) and Virgin Healthcare.

Services provided at Okehampton Hospital

Medical day treatments

Okehampton Community Hospital offers medical day treatments

Out-patient clinics

Consultant led services	Nurse led services	Allied healthcare professional led services	Other services
<ul style="list-style-type: none"> • General surgery clinic • Ear, nose and throat (ENT) clinic • Elderly care consultant clinic • Orthopaedics clinic • Abdominal aortic aneurism screening clinic • Respiratory medicine clinic • Child psychology clinic • Vascular clinic • Chronic kidney disease clinic • Paediatrics clinic (from Nov 2017) 	<ul style="list-style-type: none"> • Cardiac support services • Leg ulcer clinic • Bladder, bowel and flow clinics • Children's continence clinic • Parkinson's clinic • Baby clinic • Public health nurse clinic • Learning disability clinic • Renal clinic 	<ul style="list-style-type: none"> • Audiology clinic • Podiatry clinic • Dental clinic • Physiotherapy – Musculoskeletal and extended scope practitioner clinics • Dietetics clinic • Falls clinic • Pulmonary rehabilitation clinic • X-ray • Speech and language services (child and adult) • Balance class and tai chi (physiotherapy) • Bone density van (mobile unit) 	<ul style="list-style-type: none"> • Orthoptist clinic • Sexual health clinic • Retinal screening clinic • Foot care clinic • Depression and anxiety service (DAS) • Children and adolescent mental health services (CAMHS) • Bone density clinic • Child health clinics • Older people mental health services • Ultrasound (peninsula) • Voluntary nail service

Maternity unit

Overnight inpatient and birthing services temporarily suspended. Routine antenatal and postnatal appointments, parent craft classes, midwifery advice and support still available

Minor injuries services

Minor injuries services are provided at Okehampton Medical Centre

WHAT WE HAVE DONE

- Held three Community Conversations that have been successful in rebuilding trust. It is a fresh approach that builds on the strengths and assets in the community.
- Held a Community Information Day and a Proud to Care Jobs Fair, bringing local people and healthcare professionals together.
- Produced a health needs assessment, identified and sense checked local priorities for action.

WHAT WE HAVE DONE

- Kicked off new workstreams on mental health and community connectors.
- Started to look at how people are accessing health and care services with new ideas emerging around enhanced primary care and integrated urgent care, trialling telemedicine and multi-disciplinary opportunities around long term conditions, and the provision of more local clinics where there is known demand locally.

[HTTPS://YOUTU.BE/GAVWU5WVOWC](https://youtu.be/GAVWU5WVOWC)

Proud to Care
DEVON

Supported by
NHS
The NHS in Devon
Devon
County Council

Health and Care Jobs Fair

Charter Hall, Okehampton
Wednesday 6 June 2018
2pm – 5pm

Speak to local health and care employers about current vacancies, careers advice, and volunteering opportunities. Information about childcare, fostering and from Job Centre Plus. Free refreshments!

IT'S WHO WE ARE

NOT JUST WHAT WE DO

Devon County Council Okehampton Town Council NHS

Okehampton health and care information day

DATE:
Friday 13 October

TIME:
Drop in any time
between 10am and 4pm

VENUE:
Ockment Community
Centre, North Street,
Okehampton,
EX20 1AR

Come along to this drop-in event to find out more about the care and support available in Okehampton and surrounding areas

Talk to health and care staff about the work they do, and meet some of the fantastic voluntary and community groups working in the area

FURTHER INFORMATION
Event held in partnership with the community and health and social care partners
Don't worry if you can't attend this event. There will be plenty more opportunities for local people to get involved and shape the future of health and wellbeing in the area.
For any queries or comments, please email RDE-tr.Community@nhs.net

OUR LEARNING SO FAR

Face up to decisions and spend time building trust	Re-connect with people and their experiences	Work outside your comfort zone
Create the conditions for good things to happen	Respect and understand different opinions	Focus on a small number of goals
Be willing to change direction	Listen more than talk	Be creative together

WHAT OTHER PEOPLE HAVE SAID....

“A perfect example of what local leadership looks like.”

Dr Virginia Pearson, Director of Public Health

“Kevin is rooted in the community. He has a deep understanding of the health and wellbeing needs in the town. His commitment to seeing a better future for Okehampton is clear and he is working hard to make that happen.”

Francesca Bliss, West Devon CVS

“Your leadership has made an enormous difference – you have the respect of the local community and have pursued a very inclusive approach.”

Dr Ali Round, NEW Devon CCG

“This innovative way of working together is shaping a better future for the town's health.”

Rebecca Green, One Okehampton

“Real community leadership and a true partnership approach.”

Adel Jones, Integration Director, RD&E

Understanding the Model of Care - Community Health & Care Team Visits

Report of the Health & Adult Care Scrutiny Members

Please note that the following recommendations are subject to confirmation by the Committee before taking effect.

Recommendations:

that the Committee shares the learning from the visits to inform its future work programme.

Background

Following 22 March 2018 Health & Adult Care Scrutiny it was agreed that members would undertake a series of visits to community health and care settings across the County. Councillors wanted to get a first-hand account from staff of where the system is working well, how supported they feel and where there may be issues of concern. The visits were about members getting a better understanding of the way in which the new model of care in Devon is working operationally and the key issues affecting services from a frontline perspective.

Visits

The following councillors undertook visits to the community health and care teams in Exeter, Holsworthy and Teignmouth:

30 May 2018, Exeter Community Health & Care Team, Exeter Community Hospital

- Richard Scott
- Jeff Trail
- Carol Whitton
- Andrew Leadbetter (Cabinet Member)

6 June 2018, Holsworthy Community Health & Care Team, Holsworthy Community Hospital

- Sara Randall Johnson
- Brian Greenslade
- Sylvia Russell
- Andrew Saywell

21 June 2018, Teignmouth Community Health & Care Team, Teignmouth Community Hospital

- Sara Randall Johnson
- Sylvia Russell
- Andrew Saywell
- Carol Whitton

Agenda Item 11

The Model of Care

The model of care in Devon is built upon the premise that people should be treated in their own homes wherever possible and that conditions that had previously required hospitalisation may no longer need it, or may not need it for as long. Staying any longer than necessary in hospital causes harm to patients – muscle function reduction, reduced independence & risk of infection. It particularly affects people who are frail and people who have dementia. The model also enables improved use of resource by transferring resource and workforce from the provision of community hospital beds to the provision of enhanced home-based care services more people can be supported.

- Comprehensive assessment to identify and support those most at risk of being admitted to hospital in an emergency
- Single point of access and rapid response service - front and back end of the pathway - admission avoidance and expedited discharge
- Building on what is already taking place; each intervention is an extension of work that is already happening in parts of Devon
- Changing how we think and act - changes in system & process only part of the change – ‘doing the same, better’.
- Leading to changing the focus to prevention, population health & wellbeing. New focus & roles that span health, care and rehabilitation = ‘doing things differently’.
- Trust, mutual understanding of risk and ability to share information are essential for successful integration.

Issues Identified by Members in discussion with Community Health & Care Teams

For the purpose of this brief report, and the candid nature of the discussions that were held with staff in each of the three settings, it was not felt to be helpful to attribute comments to either the individuals or the team's concerned but rather use the visits to highlight broad themes and issues.

Living Safely at Home

- There is a clear statutory responsibility under the Care Act to keep people living safely at home for as long as possible
- There is still something of a cultural shift for the community to get used to in terms of the independence / reablement approach, where people are not as dependent on the NHS.
- Work is being undertaken with partners on an electronic frailty scorecard to identify people most at risk and those who are becoming frail to facilitate earlier intervention.

Staff Recruitment / Retention

- Staff recruitment is both a major issue nationally as well as in Devon. Members were given an illustration of this issue, where a physiotherapist vacancy at one of the community teams had remained for 3 years.
- Market resilience in terms of care and the independent market is a challenge. A constant stumbling block is that there is not enough reablement available and there are difficulties getting packages of care.
- Officers work to try to carefully manage the domiciliary care market and not over commission services.

Communication with the Public

- The need to improve communication with the public about the model of care. Members felt it imperative to try to increase public understanding of why services are being aligned in this way and recognise that it is about so much more than bed spaces.
- There is also a need to promote and celebrate work staff are doing, and encourage patients and families to provide feedback. Self-promotion is important, as is learning for excellence and having a better understanding of good practice.

Families

- It can be difficult managing expectations with the family. With most complaints that are received the learning is usually around communication and staying in touch with people.
- Families tend to be risk averse and this is one of the areas where staff will receive the most complaints. An important issue is how to engage the public in conversations about their living arrangements as they get older. It is important that families encourage independence and forward plan.
- Money also tends to be a significant factor. Issues untangling what is happening with people's finances takes up a lot of time.

Case Study – Teignmouth Community Hospital: Volunteering in Health

Volunteering in Health is a charity based in Teignbridge which aims to improve the wellbeing of local people – patients, carers, and volunteers alike. Volunteering in Health offer a range of services for clients, including transport to and from hospital and other medical appointments, and a befriending service. Volunteering in Health operate from the Teignmouth Connection Hub at Teignmouth Community Hospital as a partner agency supporting local volunteers, and helping to signpost people to services. By getting people to access services it can help to overcome social isolation, and hopefully delay or even prevent their entering care.

Agenda Item 11

Community Nursing

- The co-location of community and district nursing is extremely helpful.
- When comparing the visits for community nursing / community therapy for the year prior to bed closure and the year following, the number of visits have not increased significantly, however visits have become longer and use of multiple staff visits have increased due to complexity and acuity of patients.

Data Sharing

- Health and Adult Social Care have different IT systems, as do other agencies such as Devon Partnership Trust. Staff do not routinely have access to each other's IT systems, which is far from helpful in terms of integrated working.
- Co-location of staff may ease the problem of data sharing but it can be somewhat ad hoc depending on where certain individuals are on any given day.

Mental Health

- It is difficult to get mental health preventative support. Devon Partnership Trust in terms of adult mental health services have ever higher thresholds.
- It is also difficult to get Virgin Care to engage in terms of children's mental health.

Dementia

- It is difficult to get lower level support for people with dementia.

Residential Homes

- The use of residential homes for the step-down between hospital and a person's home and step up from home to care establishment is continuing to develop, with community teams working closely with care homes to promote independence and positive outcomes for service users.
- The County Council's Quality & Improvement Team makes a significant difference and is very effective in helping care homes, but not all providers engage. Some providers are struggling to keep up with CQC.

GPs

- GPs are much more tuned in now with looking at how to keep people at home. The closure of hospital beds has allowed more time for GPs to be actively involved in community care.

Case Study: Holsworthy Health & Social Care Team

Holsworthy Health & Social Care Team comprises Physiotherapists, Occupational Therapists, Assistant Practitioners, Rehab Support Workers, District Nurses, the Community Matron, Adult Social Care, Health Care Assistants and Admin Assistants. The Team covers about 18,000 people but over a huge geographical area.

There were 16 medical beds at Holsworthy Community Hospital, until their closure in March 2017. In April 2018 Northern, Eastern, Western Devon Clinical Commissioning Group (NEW Devon CCG) formally requested Northern Devon Healthcare Trust to formulate an implementation plan for the re-opening of the medical beds. Staff reported that if the beds re-open it is about using them effectively and appropriately with strict admission criteria and plans in place. The Day Unit Treatment Team has grown significantly since the temporary bed closure, along with extended outpatient clinics.

Out of Hours

- It can be difficult responding out of hours.
- There is a need for more placements available for night sits and also for rapid response (a spotlight review on this issue is currently being undertaken by the Committee and is expected to report to 22 November 2018 Health & Adult Care Scrutiny).

Outpatient Clinics

- Staff reported that the more outpatient clinics the hospital can offer the better, as the clinics tend to always be oversubscribed and people are saved lengthy journeys across the County. The concept of day treatment services linked into acute hospitals is an exciting opportunity and would also hopefully reduce waiting times in those settings.
- 3000 operations a year are undertaken at the Teignmouth Community Hospital theatre with a considerable number of these skin grafts from Torbay as they are specialists in plastics. Many operations no longer require overnight stays. There can be up to 5 outpatient clinics running at any time from audiology to podiatry.

Case Study - Patient

- Gentleman discharged from acute care following CVE
- Initial request to review manual handling at home – using full electric hoist – hospital bed
- Visits from the Community Rehab team = 69
- Journey and outcomes;
- Progressed from full hoist to electric stand aid
- Progressed then to manual transfer aid
- Reduction in care package from 2-1 carers
- Mobilising with gutter frame
- Use of exercise bike for further rehab
- Removal of hospital bed
- Rehabilitation continues

Conclusion

Members agreed that the site visits were highly illuminating, and provided invaluable insight into the way in which the new model of care is working from an operational perspective. The key objective is to keep people living safely at home, and promote their independence.

Resources should rightly be spent on prevention and keeping people well. Physical health is a key factor in having good mental health. Social prescribing or community referrals, need to be used as a means of enabling GPs, nurses and other primary care professionals to refer people to a range of local, non-clinical services which promote a healthy and active lifestyle. Schools also have a vital role in helping children and young people to find activities and sports that they like doing as part of a proactive approach to healthy lifestyles as they go through their lives.

The Committee should continue to consider further visits in line with the work programme to broaden members understanding on complex topics.

**Councillor Sara Randall Johnson, Chair
Health & Adult Care Scrutiny Committee**

Agenda Item 11

Case Study - Exeter Community Health & Care Team: Illustration of Community Health & Care Team Activity

Overview of the Exeter Community Health & Care Team

- To provide Community Based Health and Social Care Support to Adults who have an Exeter GP
- To help people to remain independent as long as possible with a focus on 'What matters to me'
- Provide Community Nursing and Therapy
- Commission individualised packages of support

Community Nursing

- 76 whole time equivalent (wte) registered and skilled unregistered nursing staff (x7 matrons)
- 11 teams linked to the 17 GP practices
- Providing assessment and care into people's homes
- 924* number of people per week
- 1560* number of visits per week (*snapshot November 2017)

Therapy

- Community Rehabilitation Service
- 38wte registered & skilled non-registered Physiotherapy, Occupational Therapy & Rehab Nursing staff & a weekly consultant medical clinic
- Specialising in recovery & falls prevention in people's homes & group settings
- Specialist Neurological Rehab team
- 190* referrals per month
- 243* visits per week / 1077 per month (*approx. based on snapshot November 2017)

Pharmacy

- 5 people (1.8 wte Pharmacists 1.6 wte Tech)
- Visiting house bound people to support with medicines
- Providing advice, training and information to MDT
- 20 contacts per week

Urgent Community Response- Clinical Team

- 30 Registered and skilled unregistered professionals
- Therapy/Nursing/SW and Pharmacy tech
- Early supported discharge (x15-20 per week)
- Care of acutely unwell in community/admission avoidance (x15-20 per week)
- Multiple visits per day

Electoral Divisions: All
Local Government Act 1972

List of Background Papers

Contact for Enquiries: Dan Looker
Tel No: (01392) 382232

<u>Background Paper</u>	<u>Date</u>	<u>File Ref</u>
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Nil

There are no equality issues associated with this report

Carers Event at Westbank – 23 July 2018

Report of the Health & Adult Care Scrutiny Members

Please note that the following recommendations are subject to confirmation by the Committee before taking effect.

Recommendations:

- i. that as part of the new *Caring Well in Devon* contract officers continue to develop a systematic approach to capturing feedback from carer ambassadors.
- ii. that a 6-month update report on Carers' Support Services is factored into the scrutiny work programme.
- iii. that the Committee notes the report.

Background

Ahead of 7 June 2018 Health & Adult Care Scrutiny, Councillor Claire Wright had led on behalf of the members in working with officers in the preparation of a report reviewing the service user and carer survey results. At the subsequent Committee it was resolved that members site visits be arranged to Westbank Community Care Services, Exminster for a report to the next meeting of this Committee.

23 July 2018 a carers event for was held at Westbank for members which the following Councillors attended:

- Sara Randall Johnson (Chair)
- Hilary Ackland
- Andrew Leadbetter (Cabinet Member)
- Andrew Saywell
- Richard Scott
- Carol Whitton
- Claire Wright

The session with carers, care ambassadors, commissioners and the provider covered:

- the approach to Carers' Support Services, key features of the new service "Caring Well in Devon" and the carer offer.
- the County Council's response to the views of carers expressed in the biennial Carer Survey, the outlook for the next survey which will be undertaken this year and factors which may affect that.
- the new National Action Plan for Carers and expectations relating to carers in the forthcoming Green Paper on Social Care for Older People.

Agenda Item 12

What is a Carer?

A carer is a person of any age who provides (or intends to provide) care and/or support of any type to another person, usually a family member, sometimes a neighbour or friend (sometimes referred to as the “cared-for person”), without payment and not as part of a volunteer scheme. The “cared-for” person could not manage without this care/support.

- Carers’ work valued at £1.6bn in Devon alone
- Census 2011: 84,000 carers in Devon (includes young carers)
- Public Health estimate 2018: 86,595 adult carers alone.

Carer Services in Devon

Carer Services in Devon are provided under joint commissioning arrangements between Devon County Council (both Adult Care & Health, and Children’s Services), and Northern, Eastern and Western (NEW) Devon Clinical Commissioning Group (CCG), and South Devon and Torbay CCG. This arrangement is known as the Devon Carers Partnership in which Devon County Council is the lead partner. Westbank Community Health and Care were awarded the new 5-year contract in April 2018 for the *Caring Well in Devon* for adult carers of adults’ service, and the *Young Carers Support Service* for young carers.

The Devon Carer Offer – Key Changes

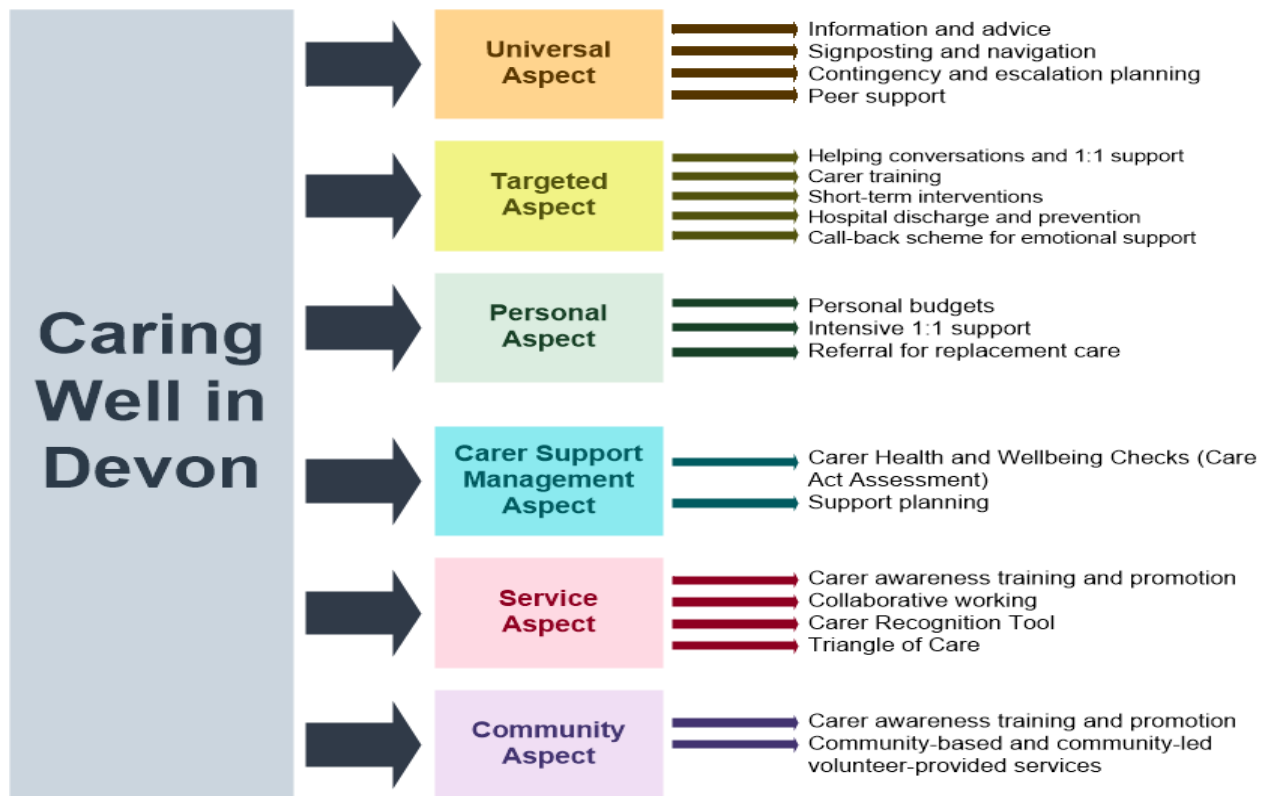
The “Old Offer”

- Take a Break - vouchers for up to 3 hours sitting service a week, contribution by the carer when redeemed
- Flexible Breaks Grants – small cash payments, once a year maximum, carer to use as wished – access on the basis of “proving the need for a break”
- “Respite Care”- on needs of cared-for person only, charged to the cared-for person

The “Post-Care Act Offer”

- Wider range of “universal” and “targeted “services
- More 1:1 and Peer Support
- Carer Direct payments to meet Carers’ “eligible needs” - very much more flexible than previously (replaces Flexible Breaks Grants)
- “Replacement Care” (“respite care”) – on eligible needs of carer (and according to the needs of the cared-for person) charged to the cared-for person

New Service Model for Carers in Devon



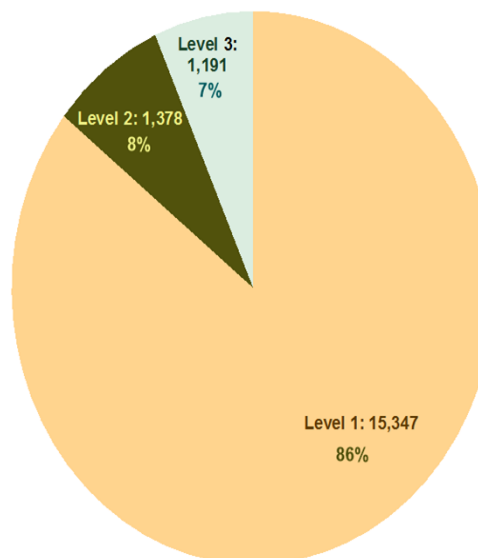
New Carers Offer

Level 1: Universal Support for Carers

- Information, advice and guidance, signposting to resources
- Carer Newsletter
- Carer Alert Card
- Advice on access to education, training, leisure, volunteering, and employment
- Support to develop relationships and networks
- Advice on access to other services
- Apps and other online resources
- Online training
- Celebration events
- Training to care safely
- Self-organised peer support

Level 2: Targeted Support for Carers

- Sourcing, signposting, referral to services e.g. benefits, dementia support, end-of-life planning
- Personalised advice, intervention, and 1:1 support
- Facilitated peer support
- Contingency and escalation planning
- Online and telephone carer-to-carer peer support
- Training (generic and specific)
- Hospital discharge and prevention scheme
- Casework and crisis support
- Group work
- Volunteer helpline
- Specialist service navigation



Level 3: Personal Support for Carers

- Volunteer call back scheme
- Specialist input and training
- Carer break payments
- Short-term Personal Budgets
- Replacement Care and longer-term Personal Budgets
- One-off personal payments for carer independence

Agenda Item 12

Issues identified by Members in discussion with Carers / Officers

Performance

- Devon Carers undertakes a survey every year with carers to ensure a proactive response to experiences of those using the service. 55% of carers are satisfied / happy with their care from Westbank compared to 40% nationally.
- Some of the County Council's performance indicators relating to carers services have now however dropped below average. Commissioners are working across all levels to understand what is happening in terms of carer services through analysis of statistics but crucially also people's stories in order to triangulate this information.

Identification of Carers

- The identification of carers is a significant issue. Many carers are hidden and some may not want to be called a carer.
- Devon Carers are in contact with approximately 17,000 carers, but the growth in numbers has slowed over the last couple of years, with not as many people having come forward following the Care Act being brought in as expected.
- Members felt the carer recognition tool offered a useful prompt to identify carers with a set of questions to help signpost people.

Respite

- Members raised the issue of the difficulty some carers find in getting respite care, with many carers putting aside their own health in favour of the cared for person.
- A member who had previously been a carer advised that the *Take a Break* voucher scheme had offered carers a sense that there was someone out there caring, and helped them feel less alone.

Carer Ambassadors

- Carer ambassadors and various working parties are in place to bring issues relating to carers forward.
- The carer ambassador's role is crucial in helping carers to know what is available in the community.
- Members agreed that as part of the new contract there needs to be a systematic approach to capturing feedback from the care ambassadors as the network grows. Carer ambassadors have an important role in the system, and their experiences need to be carefully recorded and analysed.
- Members recognised the importance of carer champions in Health & Social Care. The new contract emphasises collaboration with the service aligned to the locality Care Partnerships and Devon Partnership Trust, which should help to promote and develop the network of carer champions.

GPs

- The importance of GPs, as well as receptions at GP practices, in understanding the carers role and the impact of good or poor practise on carers' lives.
- Officers advised that the new contract has increased emphasis on GP practices; but more needed to be done.

Staff Recruitment / Retention

- The supply of care workers is an issue across the County, which resonates with the situation nationally. There is a need to look at how the care market can be grown and supported in other ways.
- Commissioning arrangements should reflect the need for paid carers to work together with unpaid carers.

Transition at 18

- Carers of young people with a learning disability going through transition at 18 are quite often struggling, with nowhere to go for some young people at 18.
- The transitions process does not always start at 14.

Government Policy

- The Green Paper on Social Care for Older People has been delayed until at least the Autumn, but in respect of carers it has been signalled that it is likely to include juggling work and care, volunteer help and technology.
- The Carers Action Plan 2018-20 sets out the cross-government programme of work to support carers over the next 2 years and covers:
 - Services and systems that work for carers
 - Employment and financial wellbeing
 - Supporting young carers
 - Recognising and supporting carers in the wider community
 - Building research and evidence to improve outcomes for carers

Conclusion

Members would like to place on record a particular thanks to the carers who joined the afternoon, as well as the officers from the County Council and Westbank who organised the event. The session provided fascinating insight into the carers service both in terms of a background to the new contract and an invaluable perspective from carers as to some of the challenges they face, as well as the support they receive.

It is essential that work continues to support the identification of carers in the County, as while there are over 17,000 identified adult carers in Devon there will be a significant number of people providing care who do not see themselves as carers, and will therefore be missing out on vital support.

Health & Adult Care Scrutiny must continue to closely monitor the performance of the carers service and support the plethora of work being undertaken in this area, as well as ensure that there is continuing commitment to improve these services and the experiences for carers.

Councillor Sara Randall Johnson, Chair Health & Adult Care Scrutiny Committee

Electoral Divisions: All
[Local Government Act 1972](#)
[List of Background Papers](#)

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Background Paper	Date	File Ref
Nil		

There are no equality issues associated with this report

