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 : 14 November 2018
Please ask for : Gerry Rufolo 01392 382299

Email: gerry.rufolo@devon.gov.uk

HEALTH AND ADULT CARE SCRUTINY COMMITTEE

Thursday, 22nd November, 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 20 September 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 Finance and Performance Mid-Year Update (Pages 1 - 12)

(a) Report of the Chief Officer for Adult Care and Health (ACH/18/94), (Page 1)

(b) Report of the Chief Officer for Communities, Public Health, Environment and Prosperity, attached for information (section 3. relating to Public Health) as this will be considered in detail by the Corporate, Infrastructure and Regulatory Scrutiny Committee at its meeting on 27 November 2018), (Page 7).

6 Northern Devon Healthcare NHS Trust: Action Plan Care Quality Commission: Update (Pages 13 - 16)

Report of the Northern Devon Healthcare NHS Trust, attached

7 Winter Planning 2018-19 (Pages 17 - 32)

Presentation by the Head of Adult Commissioning and Health (Devon County Council) and Associate Director of Commissioning (South Devon and Torbay CCG and NEW Devon CCG), attached

8 Modernising Health and Wellbeing Services in Teignmouth (Pages 33 - 54)

Report of the South Devon and Torbay Clinical Commissioning Group, attached

9 Risk Management Mid-Year Update 2018/19 (Pages 55 - 60)

Report of the County Treasurer (CT/18/98), attached

10 Better Care Fund Response to the Health and Adult Care Scrutiny (Pages 61 - 66)

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/18/96), attached

11 The Emerging Mental Health and Wellbeing Strategy - A Scrutiny Members Perspective (Pages 67 - 70)

Report of the Health and Adult Care Scrutiny Committee, attached

12 NHS in Devon Spotlight Review: Update (Pages 71 - 82)

Report of the Director of Strategy (South Devon and Torbay CCG and NEW Devon CCG) and Head of Adult Commissioning and Health, (ACH/18/97) attached

13 Rapid Response Spotlight Review (Pages 83 - 100)

Report of the Spotlight Review, attached

14 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

15 Information Previously Circulated

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

(a) Response to Better Care Fund Task Group Report from the Minister of State for Care - Health & Adult Care Scrutiny Committee.

(b) Update on GP Services in Hatherleigh and Shebbear - Health & Adult Care Scrutiny Committee.

(c) Briefing on the outcomes of a procurement exercise to secure new NHS orthodontics providers across Devon, Cornwall and Somerset from next spring.

(d) Digital Minor Illness Referral Service Pilot Devon - Health & Adult Care Scrutiny Committee: covering letter and briefing paper outlining a pilot supported by the Pharmacy Integration Fund which was due to begin in Devon on 8 October and run until 31 March 2019.

(e) Issue of *Health and Care Insights* from Torbay and South Devon NHS Foundation Trust.

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 and J Yabsley

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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Webcasting, Recording or Reporting of Meetings and Proceedings

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

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

Public Participation

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

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

Anyone wishing to speak is requested to register in writing to the Clerk of the Committee (details above) by the deadline, outlined in the Council's Public Participation Scheme, 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/

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

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Induction loop system available

NOTES FOR VISITORS

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SatNav – Postcode EX2 4QD

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

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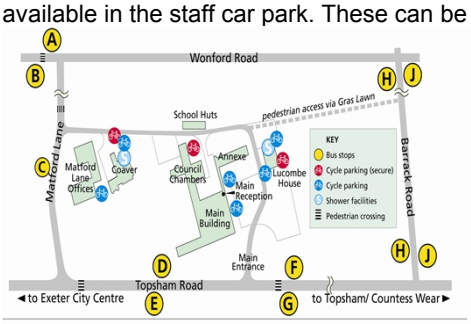

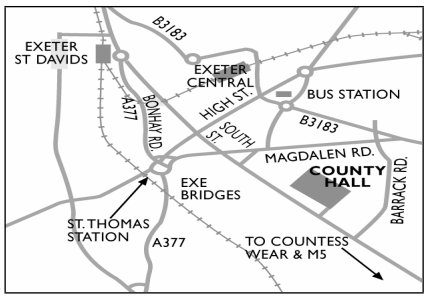

NB A J **Denotes bus stops**

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

ACH/18/94
Health and Adult Care Scrutiny
22 November 2018

FINANCE AND PERFORMANCE MID YEAR UPDATE

Report of the Head of Adult Commissioning and Health

1. Introduction and Background

1.1 This report is intended to inform Health and Care Scrutiny how Adult Social Care in Devon County Council is performing regarding delivering its strategic objectives and performance targets within the budget allocated to it, highlighting any significant variation from agreed plans.

2. The Adult Social Care Budget

2.1 Adult Care and Health services overall are forecast to underspend by £488,000 as at month 6, which represents the half way point of the financial year. This position takes into account £455,000 of management action yet to be achieved but assessed as achievable. Previously at month 4, the service was forecasting a break even out-turn.

Adults Month 6 Position Statement

	Budget £000	Projected Outturn £000	Over / Under £000
Older People	94,643	93,345	(1,298)
Physical Disability	19,966	19,957	(9)
Learning Disability (inc. Autistic Spectrum Conditions)	70,832	71,700	868
Central & Other Budgets	18,263	18,071	(192)
In House (Older People & Learning Disability)	8,168	8,061	(107)
Total for Adult Care Operations and Health	211,872	211,134	(738)
Adult Commissioning & Health	11,549	11,370	(179)
Mental Health	14,470	14,899	429
	237,891	**237,403**	**(488)**

2.2 Adult Care Operations is forecasting to underspend by £738,000 an increase of £550,000 from the underspend reported at month 4.

2.3 Older People and Physical Disability services are forecast to underspend by £1.3 million. Reductions in client numbers experienced towards the end of last financial year remain at similar levels and are currently 362 clients lower than

the budgeted level of 7,754. Average prices have seen a year on year increase for residential and nursing costs primarily because of the introduction of the new care fee model. This is offsetting the impact of lower client numbers and funding released from the 2017/18 Better Care Fund revenue carry forward.

2.4 Sensory, Community Enabling, Social Care Reablement and other operational budgets are showing an underspend of £192,000. In-house services are forecast to underspend by £107,000 due to lower running costs and staffing vacancies.

2.5 Learning Disability services are forecast to overspend by the end of the year by £868,000, an increase of £232,000 since month 4. The numbers of clients are currently 124 higher than the budgeted level of 3,134.

2.6 Adult Commissioning and Health is forecast to overspend by £250,000 primarily due to increasing placements within Mental Health, some of which are more costly than average, particularly in residential care. Vacancies are also contributing to an underspend within Adult Commissioning.

2.7 Subsequent to the month 6 position being finalised the Department of Health and Social Care has confirmed additional funding to spend on adult social care services and help councils alleviate winter pressures on the NHS. Devon County Council is to receive an additional allocation of £3.6 million. While the grant determination details have yet to be issued it has been indicated that this funding should be spent on providing adult social care services in addition to funding already planned and that local NHS partners should be involved in these discussions and decisions. At this time, it has been assumed that this fund will be fully spent in the current financial year.

2.8 There are a number of financial risks facing the service, the most significant being:

a) the continuation of increased unit costs in residential / nursing care;
b) that winter is a challenging and volatile time for the service as turnover of care packages increases significantly;
c) children transitioning to adult services;
d) increased autism costs as a result of individuals being moved back into local communities and increasing incidence and diagnosis;
e) and in next financial year, pending HMRC action on National Living Wage compliance for sleep in night shifts.

3. Delivery of Strategic Objectives

3.1 Cabinet received and approved our vision and plan for adult social care ‘Promoting Independence in Devon’ on 10th October 2018 following discussion at Adult Health and Care Scrutiny on 20th September 2018.

3.2 This aligned the council’s plans and objectives with the desired outcomes and priorities agreed across health and care through our local Sustainability and Transformation Partnership:

3.3 Prevention: enabling more people to be and stay healthy.

3.3.1 Our Life Chances programme taking a social prescribing approach to linking people to voluntary sector support has gained national attention through a lottery bid.

3.3.2 Our approach to risk stratification using health and care data to identify those with escalating risks is well placed to support this.

3.4 Empowerment: enhancing self-care and community resilience.

3.4.1 Our 'Ready When You Are' campaign has been launched aiming to create a more positive environment in which people with disabilities can successfully find and sustain paid employment.

3.4.2 Our strength-based approach to social care practice articulated through our promoting independence policy is being adopted by health partners and independent sector providers to promote the independence of the people we jointly serve.

3.4.3 We are more widely using Technology Enabled Care Services to complement other forms of support to maintain people in their own homes.

3.4.4 Our new 'Caring Well in Devon' contract is being implemented to improve support to carers.

3.5 Support at home: integrating and improving community services and care in people's homes.

3.5.1 We are supplementing our 'Living Well at Home' contract with specific initiatives seeking to secure sufficient personal care services in geographies where they have been most difficult to source.

3.5.2 Our short-term service offer has been developed to integrate social care reablement and NHS rapid response services with a focus on preventing admission into and enabling discharge from hospital.

3.5.3 Our Learning Disability Strategy has been agreed by the council and across the partnership with a focus on promoting independence including in Supported Living settings and its delivery will be a key priority in 2019.

3.6 Specialist care: delivering modern, safe, sustainable services.

3.6.1 Our accommodation with care strategy is highlighting the importance of closer partnership working with district councils in delivering a range of housing solutions.

3.6.2 Our new residential and nursing contractual framework is now being implemented, ensuring that the fees we pay are aligned with the costs of care of the individual placement.

3.6.3 We continue to develop our market management approaches seeking to balance sufficiency, quality, affordability, choice and innovation in our commissioning.

4. Comparative performance

4.1 A summary of comparative performance against national and local indicators will be presented to Adult Health and Care Scrutiny on 24th January 2019 drawing on the range of statutory returns which are being published through the Autumn.

4.2 Our headline analysis is as follows:

4.2.1 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 comparatively low, but we support significantly more working age adults than is typical, in particular in community settings.

4.2.2 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 and are concerned that their capacity is often used as contingency to meet the personal care needs of people where services from the independent sector cannot be sourced.

4.2.3 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 with the autumn period already proving challenging ahead of winter.

4.2.4 Our expenditure on adult social care relative to our population is in line with comparators and we are currently delivering within budget but locally as well as nationally we now spend more of the council's net budget on working age adults than older people with spend people aged 18-64 having increased significantly over the last decade while spend people over 65 has been static.

4.2.5 Our unit costs are in line with the regional average, but under pressure, in particular to meet the requirements of the national living wage and pay frontline care workers at rates adequate to secure sufficient services.

4.2.7 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.

4.2.8 The quality of adult social care service providers is consistently rated significantly higher in Devon than the national average by the Care Quality Commission.

4.2.9 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 ahead of an independent peer review scheduled for Spring 2019 to be facilitated by the Local Government Association.

4.2.10 We have convened focus groups of service users and carers to understand people's perceptions of safety and reduce social isolation which we are promoting as a priority for the council and its partners.

4.2.11 Our social care workforce turnover and vacancy rates are less high than many comparators but workforce recruitment and retention remain the sector's greatest challenge and we have much to do to ensure sufficient, high quality, affordable services into the future.

4.2.12 Despite these pressures the overall satisfaction of people who use adult social care services improved in Devon in the most recent survey and is in the top quartile nationally.

Tim Golby
Head of Adult Commissioning and Health

Electoral Divisions: All

Cabinet Member for Adult Care and Health: Councillor Andrew Leadbetter

Chief Officer for Adult Care and Health: Jennie Stephens

LOCAL GOVERNMENT ACT 1972: LIST OF BACKGROUND PAPERS

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

Service Delivery for Communities, Public Health, Environment and Prosperity: In Year Briefing

Briefing Paper by the Chief Officer for Communities, Public Health, Environment and Prosperity

1. Introduction

1.1 This mid-year report for Scrutiny covers the functions of Communities, Public Health, Environment and Prosperity (CoPHEP), i.e. the service areas of Communities (Head of Service: Simon Kitchen), Public Health (Director of Public Health: Virginia Pearson), Planning, Transportation and Environment (Head of Service: Dave Black) and Economy, Enterprise and Skills (Head of Service: Keri Denton).

2. Communities

Head of service: Simon Kitchen

The Communities team has responsibilities to deliver four key areas of the Council's duties:

- commissioning of Devon's youth services, support around domestic and sexual violence and library and heritage services;
- community safety and co-ordination of related work and partnerships; and statutory co-ordination to preventing extremism and radicalisation;
- community development across the county and its links to the Council's priorities; and
- work to support a range of communities including the Armed Forces Covenant partnership; the resettlement of Syrian families, gypsies and travellers and through Active Devon accessing and increasing physical activity across the County.

The team has made significant progress across each of these four areas during the past year alongside our commissioned and wider partners. The work of the team is diverse and often complex requiring a wide set of skills, networks and resources. The commissioning in these areas has been innovative and has brought additional national funding, interest and recognition. This report has outlined four examples of the team's work this year.

The Council's crowdfunding pilot, in partnership with most of Devon's District Councils and Devon and Cornwall Police, is understood to be the first of its kind nationally in drawing together such a large partnership of organisations and geography. In its first three months of deployment, hundreds of ideas have been posted on crowdfunder.uk, many being supported to deliver new and innovative local projects across Devon. Members have already used some Locality funding to support homelessness work, local economic development, and projects to promote physical activity, local events and culture, which in turn have each been funded by either private or commercial donations.

There has been recent good work in partnership to consider the needs of the Gypsy and traveller community across Devon. There remains an ongoing shortage of sites to meet

the needs of the Gypsy and traveller population often resulting in unlawful encampments and tensions with the wider community. Resources and expertise are being increasingly shared across partners to assess encampments, solutions and action as required and there is ongoing momentum and shared commitment to consider new or alternative sites, both permanent and temporary in the future.

The Council is leading work in partnership to consider emerging threats around extremism and risks to people as a result of gang and knife crime; county lines and modern slavery. There is growing understanding around vulnerabilities and increased risks to some young people and people with disabilities around crime and being drawn into extremism. The Council's response and focus, in collaboration with partners and communities, will need to continue to evolve to reflect these risks and changes in society.

December's Full Council will see the recommitment to the Armed Forces Covenant for Devon which will outline the Council's work and commitment to support serving men and women and their families, veterans, cadets and reservists. The Council has recently been recognised for its leadership and role in local employment within the Defence Employer Recognition Scheme and will be seeking 'Gold' status within this scheme over the next 12 months. The Council continues to lead and facilitate an active Armed Forces partnership of over 70 organisations.

3. Public Health

Chief Officer/Head of service: Virginia Pearson

Public Health works across all strategic areas. Starting with the joint strategic needs assessment, priority areas are identified within Devon. These can be around any of the strategic objectives. Use of evidence contributes to making good decisions, and senior members of the public health team sit on the Health and Wellbeing and Safeguarding Boards and other strategic partnerships such as the Safer Devon Partnership.

Public Health, through the work with children and commissioning of the public health nursing service contribute to ensuring children have the best start in life.

Work with NHS partners across the Sustainability and Transformation Partnership (STP) has also contributed to supporting individuals to remain independent.

Public Health is on track to deliver the budget as agreed and currently forecasting a small underspend. There have been some areas of overspend including within sexual health services and £100,000 to extend the Early Help for Mental Health service in partnership with the CCGs until April 2019 when the new children's services contract begins. There have been some additional costs within the substance misuse contract, but these have been offset by underspends in NHS Health Checks, obesity, and smoking and tobacco work, which are dependent on demand. There have been a number of staff vacancies/secondments and where these have occurred there have been some gaps between outgoing and incoming staff and the opportunity to review staff skill mix/grade which has enabled some additional cost savings.

4. Planning, Transportation and Environment

Head of service: Dave Black

Key activity in resilience is several schemes focused on improved flood protection at Modbury, Uplyme, Bideford plus programmed schemes at Ivybridge, Sidmouth, Exeter

and Cullompton. The School Place Planning Team have delivered (or onsite) 7 new schools, Charlton Lodge, Trinity (Exeter) Kingsteignton, Okehampton, Sherford, Loddiswell and Marland also aimed at improved resilience and prosperity. The Planning Team are working with the Local Planning Authorities to ensure existing and emerging development plans are accompanied by the necessary strategic infrastructure such as education, transport, flood, health etc together with a funding stream.

Promoting sustainable travel and access to the countryside aims to improve opportunities for healthy lifestyles. New cycle routes have been delivered in Newton Abbot and Exeter plus plans to complete the Wray Valley Trail. In addition, there continues to be a programme of independent travel training for children with special needs. Working with partners and the local community to maintain momentum with the Cranbrook Healthy New Town programme.

The service is proactive in the development of Sherford and Cranbrook. In addition, there are two National Productivity Investment Funds and new bus services which are focused on enhancing prosperity of these key growth areas. Working with the Local Nature Partnership and other partners for the promotion and sustainability of Devon's Natural Capital.

The North Devon Link project and the A382 scheme are key areas where there are planned major improvements to connectivity**.** The recent reopening of the A379 Slapton Line 8 months after the damage caused by the "beast from the east" demonstrates how the combined resources of the Planning, Environment team and EDG can proactively assist in the delivery of a very sensitive highway scheme.

There are a series of initiatives focused on driver and cyclist use of the road network that are aimed at improving road safety. Examples of this are the "Learn to Live" initiative where we work with partners to promote a greater recognition of the potential hazards of driving to younger drivers. There continues to be a programme of accident data analysis and investigation to better inform future design criteria.

The current forecast is a break-even position for Planning, Transportation and Environment. There are no planned significant variations. There are concerns with Transport Coordination where there are a number of pressures on delivery of services as some of the operators and services are struggling under the weight of increased legislation, wage and operating inflation.

5. Economy, Enterprise and Skills

Head of service: Keri Denton

The Economy, Enterprise and Skills Service has supported the Council's strategic objectives. Set out below are some of the highlights and achievements:

The Service has delivered a community learning programme through learn Devon with a focus on supporting those furthest from the labour market. Courses to improve confidence building support, numeracy, literacy and digital skills have formed the primary support offer often being delivered in partnership, for example with Housing Associations. Learn Devon working with colleagues form Adult Social Care and Public Health has also supported placements for individuals with disabilities.

The Service is working through a range of projects to stimulate business growth securing external funding to deliver a Growth Support Programme aimed at small and micro businesses and a dedicated programme to support the social enterprise sector. The Buy

With Confidence approved trader scheme operated under the joint Devon, Somerset and Torbay Trading Standards Service is helping to level the playing field for businesses whilst maintaining consumer confidence.

Investment in Okehampton East Park continues supporting expanding local businesses. The Service has secured additional grant funding to take forward a new Enterprise Centre at Roundswell in Barnstaple and planning permission is expected shortly. Three new grow-on buildings are nearing completion at the Exeter Science Park.

Working in partnership with partners across the Heart of the South West to promote a number of key strategic priorities continues. A Productivity Strategy has been produced which sets out an ambition to double the size of the economy and support prosperity for all. The County Council is also supporting the establishment of the Great South West partnership with Cornwall, Dorset and Wiltshire focusing on rural economic development. Key projects we are engaged in working with the LEP includes the launch of a new Careers Hub, working with 60 secondary schools and Further Education colleges to improve careers advice and guidance to young people and the first of two national pilots to create a Digital Skills Partnership.

Awareness raising activity has taken place to support vulnerable adults of scams and door step crime, with the joint Trading Standards team working with Adult Social Care colleagues and has helped reduce health problems.

The Service has operated within its set budget, and has maximised external funding and other sources of incomes wherever possible. Examples are Innovate UK funding of circa £60,000 to pilot rural business support and £300k to support adult retraining working with Department for Education. There are no current significant variations from planned spend.

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

Electoral Divisions: All

Cabinet Member for Policy, Corporate and Asset Management: Councillor John Hart

Cabinet Member for Resources Management: Councillor Stuart Barker

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

Cabinet Member for Children's Services and Schools: Councillor James McInnes

Cabinet Member for Highway Management: Councillor Stuart Hughes

Cabinet Member for Infrastructure Development and Waste: Councillor Andrea Davis

Cabinet Member for Economy and Skills: Councillor Rufus Gilbert

Cabinet Member for Community, Public Health, Transportation and Environmental Services: Councillor Roger Croad

Cabinet Member for Organisational Development and Digital Transformation: Councillor Barry Parsons

Local Government Act 1972: List of Background Papers

Contact for enquiries: Dr Virginia Pearson

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

Tel No: (01392) 383000

Background Paper	Date	File Ref.
Nil		

Briefing: Responding to CQC Inspection July 2018

1. Purpose

1.1. This document is for information and sets out the context of the most recent CQC inspection of North Devon District Hospital, managed by Northern Devon Healthcare NHS Trust, and covers the findings from the inspection, actions being taken and how actions and improvements will be assured.

1.2. This briefing assumes that the reader has read the inspection report, which can be found on the CQC website here: http://www.cqc.org.uk/location/RBZ12 and is supported by the Trust's Quality Improvement Plan.

2. Background

2.1. The Care Quality Commission carried out an unannounced inspection at North Devon District Hospital in October 2017 to look at four aspects of our services: urgent and emergency services; maternity; end of life care; and outpatient services. The inspection report was published on 9 January 2018 and highlighted a number of areas for improvement and a subsequent warning notice. A further unannounced inspection occurred on the 17 and 8 July 2018.

2.2. The report published on the 18 September 2018 detailed the findings of the unannounced follow-up inspection on 17 and 18 July 2018. This inspection was focused solely on the improvements required as detailed within the warning notice. The CQC did not review the ratings as part of this inspection.

2.3. The inspection identified that the Trust had made progress in addressing previous concerns and the report identified improvements. However, systems and processes needed more time to fully embed and progress needed to continue.

2.4. The CQC assesses services against five criteria. Safe, effective, responsive and well-led were rated as requires improvement. Caring was rated as good. As a result, the Trust's overall rating remains 'requires improvement' following the report in January 2018.

Overall rating for this trust	Requires improvement
Are services safe?	Requires improvement
Are services effective?	Requires improvement
Are services caring?	Good
Are services responsive?	Requires improvement
Are services well-led?	Requires improvement

Table 1: NDHT's overall CQC rating, as of January 2018

2.5. Many of the recommended improvements had been made and the Trust is taking action in the remaining areas and approaching improvements in a wider manner to progress from requires improvement to good, and aspiring to achieve outstanding.

3. Findings and actions

Following receipt of the CQC inspection report, NDHT submitted its Quality Improvement Plan to further enhance services across North Devon.

The action plans can be categorised into Trust-wide and service-specific.

3.1. The recent report recognises progress. Some examples:

3.1.1. Staff training had greatly improved in urgent and emergency services

3.1.2. In maternity services:

3.1.2.1. Incident investigations had improved

3.1.2.2. The culture within the service was improving

3.1.3. There was improved oversight, audit and assessment of the end of life service

3.1.4. In outpatients, the Trust had better oversight of waiting lists

3.2. Areas where further action needs to be taken:

3.2.1. Cleanliness of emergency department (significantly impacted due to major refurbishment works - now complete, with spot checks to support cleanliness)

3.2.2. Mandatory training compliance in maternity unit (now improved and above target)

3.2.3. Audits to measure effectiveness of improvements in maternity services (annual plan that was in place at the time of inspection continues to progress within agreed timelines)

3.2.4. Skill mix of staff and incident reporting culture on chemotherapy unit has been supported with revised leadership and senior leadership support)

3.2.5. Managing long waiting lists (trajectories in place and monitored)

3.3. Looking ahead to maintaining improvements:

3.3.1. Quality Improvement Plan (attached) in place, delivering an outcomes based programme of quality improvements to achieve a good rating from the CQC and detail the journey to outstanding.

3.3.2. Quality priorities agreed by the board in April 2018 for 2018/19 address the more complex issues highlighted by CQC which will take time to resolve:

3.3.2.1. Improving patient flow and managing our waiting lists

3.3.2.2. Implementing integrated governance

3.3.2.3. Strengthening the training and appraisal processes

3.3.3. Collaborative agreement with RD&E commenced on 18 June 2018 and has:

3.3.3.1. Revised the executive team and clarified responsibilities to ensure effectiveness.

3.3.3.2. Identified immediate priorities: maternity services, IT systems, managing waiting lists.

3.3.3.3. Identified clinical specialities were focus is required.

3.3.3.4. Completed a 'Diagnostic' which identified strengths and weaknesses across organisation.

3.3.3.5. Commenced a review of governance and a governance development plan due to deliver a revised structure in January 2019.

3.3.3.6. Ensured a Trust-wide focus on quality, with quality, performance and finance priorities aligned.

3.3.3.7. A planned financial deficit for 2018/19, recognising need to invest in quality improvement.

3.3.3.8. A robust winter plan in place including increased bed base to reduce pressure on emergency department and ensure patients are seen in the best place for their needs.

3.3.3.9. A longer-term options appraisal looking at how we can secure the long-term sustainability of clinical services for the population of northern Devon.

4. Reporting and monitoring

4.1. The Quality Improvement Plan ensures achievement and monitoring is embedded in good governance with a robust process to internally and externally monitor our progress.

4.2. Each outcome has a designated lead who is responsible for the completion, with a clear route to monitoring implementation according to agreed timescales.

4.3. Regular updates and evidence are supplied to the CQC with evidence of implementation.

4.4. Actions and improvements will be reported through the CQC and regulators (NHS Improvement) through an agreed strategic oversight meeting.

5. Conclusion and recommendations

5.1. The Trust can evidence that it is continuing to improve services in all areas identified by the CQC inspection and beyond, aspiring to achieve good at the next inspection and aspiring to achieve outstanding at future inspections. The latest inspection recognises improvements, but also recognises improvements that need to continue. Our approach continues to be well-received by regulators and the CQC.

5.2. Ongoing monitoring will continue through improved governance structures. A process of self-assessment of compliance is being introduced to ensure this is sustained and measurable going forward.

5.3. System oversight meetings will continue and an invitation for the Chair of Scrutiny to attend is extended.

Devon Sustainability and Transformation Partnership (STP)

2018/19 Winter Plan Summary

Tim Golby
Head of Adult Commissioning and Health
Devon County Council

Jo Turl
Associate Director of Commissioning
South Devon & Torbay and NEW Devon Clinical Commissioning Groups

Single System Plan for Devon

- Devon has a single system plan this year – joint NHS and local authority
- Individual locality plans sit behind it
- Sign-off via Devon A&E Delivery Board

NHS England / Improvement - review and feedback

Plan RAG Status

- More consistency needed in describing plans for each locality
- West and South identified as high risk – further assurance required
- Key risks :
  - Workforce capacity
  - Delayed Transfers of Care
  - System prevention and management for infection control
  - Escalation plans

Key Risks and Mitigations

Workforce capacity

- Review use of agency staff
- Guaranteed hours contracts for domiciliary care
- Review of in-house rapid response capacity
- STP event to improve engagement and understanding of issues

Communication to public: *Help us Help You – Stay Well This Winter*

Better understanding of bed capacity, including intermediate and care home capacity

Rapid transfer from Emergency Departments to adult mental health services

- Better management of out of area beds and procurement of ward closer to Devon

Winter 2017/18 - review and learning

- Better understanding of demand to ensure staff are available across known busy periods
- Enhancing the role of the Integrated Urgent Care Service (111 and GP out of hours) to reduce demand for A&E and ambulance services, where more suitable alternatives exist
- A consistent approach to escalation and actions
- Pro-active management of flu
- Improved access to specialist mental health services

Demand and Capacity Modelling Pre-winter

- ‘Hard resets’ (a focused daily examination of operational performance) allowed us to test, stress and unpick issues

- Worked with the Academic Health Science Network (AHSN) and the Emergency Care Intensive Support Team (ECIST) to model demand and capacity and forecast the impact of improvements

Cross-organisational working

- Cross-system working is discussed and agreed at the local A&E Delivery Boards
- Health and social care commissioners and providers working together to:
  - Move resources around the system to where it is most needed
  - Ensure better joined-up care for the people of Devon

Integrated Urgent Care Services (IUCS)

- Staff numbers informed by forecasting activity levels
- Clinical validation of emergency outcomes (A&E and ambulance) will be enhanced, funded by winter resilience monies – ensuring that only those who really need ED or 999 are referred to them
- 111 online (online non-emergency access in addition to the telephone service) went live in September

Ambulance

We are predicting a 5.2% increase in activity compared to 2017/18.

Priorities include:

- Reduce delays waiting to handover patients to hospital from the ambulance crew
- Development of support roles to provide additional capacity
- Development of a separate Christmas and New Year (and Easter) Plan
- Review of 4x4 arrangements to ensure services can be delivered in extreme weather conditions

Primary Care

- Improving Access to Primary Care – 9,000 hours of additional capacity per week across Devon
- GP online consultations (“eConsult”)
- Collaborative working to ensure a resilient primary care service, with a focus on high risk patients
- Early visiting and systematic visiting of care homes to allow care to be planned in a more timely way

Domiciliary Care

- Introduction of guaranteed hours contract to help retain staff
- Priority reassessment of people's needs to ensure care is delivered where it is most needed
- Investment to increase capacity and reinforce out in-house rapid response teams
- Better collaborative working - fortnightly provider to provider meetings

Care Home Admission Avoidance

Enhanced Health in Care Framework implementation:

- Enhanced primary care support – “one care home, one practice”
- Specialist support to ensure medication is taken properly and reviewed regularly
- Support from community health and social care teams
- Trusted Assessor – one assessment process to be used by hospital and care home to reduce delays in returning home from hospital
- Quality Assurance and Improvement Teams (QAIT) provide ongoing support to homes
- Education & support for care home staff

Reducing A&E waiting times

Devon-wide :

- On-site GP services
- On-site Psychiatric Liaison services
- Daily system calls and tactical meetings to address issues immediately
- Follow “SAFER” Patient Flow actions (senior review, all patients, flow, early discharge, review)

Localities:

- Proactive health coaching (South) – supporting complex individuals, with multiple admissions
- Frailty network (North)
- Additional support for Rapid Assessment and Triage (East)

Ensuring safe and timely discharge

- Joint working between NHS and social care to achieve the shared goal of reducing delayed transfers of care
- Detailed winter plan tracker in place

Key enablers:

- Discharge to Assess rather than admitting to hospital just for tests
- 7 day services to ensure services are in place so people can still be discharged at weekends
- “Fit to sit” – no need for patients to be placed on trolleys or stretchers if they are well enough to sit up or walk
- Trusted Assessors - one assessment process used by hospital and care home to reduce delays in returning home from hospital

Flu and infection Control

2017/18

- Significant impact, especially in care homes
- Very few hospital outbreaks
- Record number of vaccinations

2018/19

- Multi-agency flu planning group
- Education and awareness plans
- Extensive flu vaccination programme
- Flu action plans in place within localities

Adverse Weather Planning

- 2017/18 unprecedented red weather alert issued
- Debrief and review to identify opportunities for improvement
- Revised business continuity plans, linked with PTS (Patient Transport Service) plans
- Improved awareness and communication between providers
- Improved public communication coordination
- Collaborative working with Local Authorities to improve access to primary care, for example, gritting routes to main GP surgeries

Excellent, joined-up care for everyone

NHS South Devon and Torbay Clinical Commissioning Group

Report to Devon Health and Adult Care Overview and Scrutiny Committee

22 November 2018

Modernising Health and Wellbeing Services in Teignmouth

1 Purpose

Based on the success of integrating services since the consultation in 2014/15 and the public engagement in 2018, this paper updates the Overview and Scrutiny Committee on proposals that South Devon and Torbay Clinical Commissioning Group will be discussing with its Governing Body and NHS England to seek approval to move to public consultation.

2 Recommendation

The Overview and Scrutiny Committee note the content of this report and the CCG's approach for moving to consultation.

3 Background

South Devon and Torbay has been recognised nationally as an exemplar for integrating health and care services within its local communities. As the first area in the country to take this approach, it paved the way for others.

The significant success in Teignmouth is a result of the work that has been undertaken to put patients at the centre of their own health and care. Services are being delivered to people in their own homes and they have been empowered to have more control over their own health – promoting independence and well-being.

The Enhanced Intermediate Care Team (EICT) covering Teignmouth and Dawlish has reduced acute hospital admissions by 2.5% and emergency department attendances by 2.5% (2017/18). They have demonstrated that EICT can provide the rehabilitation required in people's homes, in short residential placements or occasionally in Dawlish Hospital.

In the community there are increasingly more complex cases but EICT can now treat three times as many people in their own homes than they could in Teignmouth Hospital. This is a testament to their success.

The next step in Teignmouth is to further integrate services with primary care and the preferred way to achieve this is by having it all under one roof, in a modern, fit for purpose, building.

Example of what a modern facility could might look like.

GPs are the bedrock of the NHS; they are everyone's first port of call. Ensuring primary care is sustainable and able to support integrated working is crucial. Local GPs need to be equipped to deliver the benefits of integrated working, so they can continue to enhance the existing model of care and further embed services locally. Attracting and recruiting doctors, nurses and carers would be vastly improved within an environment that people want to work.

By having those services based in one location in Teignmouth would put real focus on prevention, independence and keeping people well and out of hospital - physical and mental health would work alongside social care and the voluntary sector. Everything that is currently available would continue to be available – the same services, delivered through an enhanced model of care, but in a more modern location.

Extensive public involvement and engagement has been undertaken by the CCG, local GPs, acute and community clinicians and the voluntary sector over a number of years. This has helped shape the successful services Teignmouth now has and has contributed to the vision for further modernisation.

Since 2013 South Devon and Torbay CCG and its partners have been working to develop health and care services in the Coastal Locality (Teignmouth and Dawlish) that meet the needs of the population and provide sustainable services into the future. In 2013 the public engagement asked people what was important to them in terms of health and care services.

This was followed in 2014/15 by a public consultation in Teignmouth and Dawlish on the future of health services in the locality. The emphasis in this consultation was the integration of services and implementation of a new model of care based on care as close to home as possible. This led to the health and wellbeing team being located to Teignmouth Hospital along with 12 rehabilitation beds (not implemented), specialist outpatient clinics, theatre for planned day case surgery and community clinics. Dawlish Community Hospital retained 16 medical beds, an extended minor injuries unit and community clinics.

In 2017 South Devon and Torbay CCG Governing Body decided to review the need for rehabilitation beds in Teignmouth Hospital as the health and wellbeing team were looking after local patients so successfully without them.

4 Vision – Primary Care and Torbay and South Devon NHS Foundation Trust

As providers of health and care for the people of Teignmouth and the surrounding area, we have a shared ambition to help people stay well and support them when they need expert help. We believe the best way to support people is to bring services together and integrate them around the needs of individuals, enabling them to stay well and at home for as long as possible.

By bringing the services of general practice, voluntary sector, community care and routine outpatients together we can create a more resilient, integrated health and care provision, delivered in modern facilities designed to better meet the needs of service users, their families and carers. Coming together in one building will enable closer working relationships and co-ordination benefiting patients, their carers and families and staff. This will also support the GP practices that need to ensure that they are able to recruit staff and continue to deliver high quality care in order to sustain local health provision into the future.

Through our partnership we will invest in these local services and the buildings they are delivered in so that local people will receive care that is resilient and sustainable in buildings that are fit for purpose both now and in the foreseeable future. Without these changes, the future of GP services in the town may not be sustainable over the next decade.

Our shared plans include:

- Bringing services into the heart of the community through the creation of a vibrant new health and wellbeing centre on the Brunswick Street site. This will accommodate the three Teignmouth GP practices - Channel View Medical Practice, Teign Estuary Medical Group and Teignmouth Medical Group and a range of other services for the local population. These will include the health and wellbeing team of community nurses and therapists and lifestyles and prevention services. It will help connect people to wider services and activities to support their physical health, mental health, social care and wellbeing.
- Supporting sustainable GP services working together with partners to bring services from hospital closer to people's homes, improving communications between services, enhancing 'joined up' working and training the future workforce of doctors and nurses.
- Developing new ways of working and new services for the benefit of the local population and extending education of the workforce needed to deliver this care.
- Supporting people who need rehabilitation care to receive this in their own homes or in a short term placement in a care home.
- Ensuring that local people are able to access GP and some other services from the new centre and that other specialist services such as community theatre and consultant led appointments are provided within the Coastal locality
- Housing voluntary sector services including Volunteering in Health in the new health and wellbeing centre, linking up a range of community services.
- By pooling our resources and facilities we believe we can better respond to the health and care needs of the people of Teignmouth.

The land, owned by Teignbridge District Council, will be made available for this development.

Our commitment to investing in voluntary and community sector will be maintained.

Our shared commitment to improving the health and care of the people of Teignmouth is genuine. We look forward to working with local people to develop detailed plans to achieve our shared vision.

5 Patient and Public Engagement

Public Engagement

Before any decisions are made, the CCG wanted to hear what local people thought of the opportunity to bring some health and care services together in a new building in Teignmouth. The engagement process ran April-June 2018 discussing four core aspects:

- The increasing pressure on GPs, resulting in the three Teignmouth practices concluding that the best way of creating capacity to secure the survival of primary care in the town is for them to co-locate in a new building.
- The opportunity a new building would provide for other services which might benefit from being co-located with GPs such as the multi-disciplinary health and wellbeing team and some voluntary sector services.
- The key factors that should be taken into account when identifying a site for any new NHS building in Teignmouth.
- The conclusion of both the CCG and Torbay and South Devon NHS Foundation Trust that the success of the post 2014/15 consultation changes means that the proposed 12 rehabilitation beds do not need to be established at Teignmouth Hospital, due to the success of the health and wellbeing team and services in supporting people out of hospital.

The CCG and Trust indicated that if all these changes were to take place, the hospital would eventually close.

As part of the engagement:

- 427 people completed the feedback questionnaire either on line or in paper format
- 180 people signed in at the drop in events, with others also attending
- 60 people wrote or called the CCG to give feedback and/or ask questions
- Meetings were held with local MP Anne Marie Morris, Teignmouth Town Council, Teignmouth League of Friends, Coastal Health & Wellbeing Forum, The Coastal Engagement Group as well as staff. Individuals such as the local MP, the chair of Devon County Council's Overview and Scrutiny Committee, Teignbridge Council leader and local county councillors were briefed, as was Devon County Council and the CCGs' Joint Engagement Forum.

Through the answers to the questions we asked in the engagement process, ten key points arose as themes:

i. There is support for GPs co-locating in a modern health and wellbeing centre, although for some people, this is conditional on finding the right site.
ii. Having other services and voluntary sector representation also co-located with GP practices in a new building is viewed positively.
iii. A new centre is seen as a way of improving care, by bringing together the teams that work most closely together, including social care and voluntary sector representation.

iv. In planning any new centre, care needs to be taken to ensure any development complements its surroundings and does not have a disruptive impact on the adjacent area.
v. Opinion is split between those who believe a new centre should be in a refurbished Teignmouth Hospital, in a new building on the hospital site or at another location.
vi. Support for a new centre is for many conditional on finding a flat site, which people can access by car, public transport or on foot. Most respondents thought that a town centre site was the best option
vii. Reflecting the petition submitted, some people want to retain the hospital and avoid the loss of any outpatient services and the theatre
viii. Some people said that 12 rehabilitation beds should be restored to the hospital in line with the previous consultation
ix. There is a lack of understanding as to the way care is delivered locally and the services that form part of the health and wellbeing team. This is compounded by confusion over social care and health care provision in the community.
x. There is scepticism as to whether the recent engagement and any future consultation is anything more than a tick box exercise. Some people believe that decisions have already been made.

Engagement with key stakeholders

Since the public engagement in June, the CCG has been engaging with key stakeholders including the Coastal Locality Engagement Group, Teignmouth Town Council, Dawlish Town Council, Teignbridge District Councillors, Devon County Councillors, local MP, Teignmouth League of Friends, staff and Trust Governors to develop the vision and discuss the factors that are influencing the development of detailed proposals. These factors are:

	Factors Influencing Changes
Model of care	The model of care sees GPs, community health and social care teams and the voluntary sector working together to provide for the vast majority of people's health and wellbeing needs in the locality in which they live. It aims to provide the majority of care as close to home as possible, supporting people to remain independent and in their own homes, reducing reliance on bed-based services, but centralising care where that is more resilient, effective and efficient. There are four key elements to delivering this care model locally – locality clinical hubs, including community hospital beds and minor injuries units; local health and wellbeing centres; health and wellbeing teams; and intermediate care provision.
GP practices	• All three GP practices are suffering from cramped space and deteriorating buildings. • Access, especially disability access, is an issue. • Limited space to be able to teach and train medical students and trainee GPs. • Recruitment and retention issues caused by lack of ability to train and unattractive setting. For example two of the three practices have advertised in last three months for salaried GPs and for the first time ever have had no applications and only two GP partners in the town are aged under 50 years old. • GPs have expressed a wish to co-locate in a new building. • Engagement exercise showed that people supported co-location but wanted their GP practice to be on a flat site, in the centre of town, easily accessible by public transport. • Teignbridge Council has identified the site on Brunswick Street for development and their preferred choice is a development including a health and wellbeing

	centre. • GPs would like to work closer together to share good practice, some back office functions and workforce development.
Health and wellbeing team	• Working well together in multi-agency way at Teignmouth Hospital • Co-location with GPs would enhance multi-agency working • Would like more space so can include other services on a drop in basis such as housing, mental health • Public engagement showed public support for co-location with GP practices.
Voluntary sector	• Two key voluntary sector organisations in Teignmouth – one is on the Teignmouth Hospital site and 1one in the town. • Co-location with GPs and health and wellbeing team would enhance multi-agency working • Public engagement showed public support for co-location with GP practices and health and wellbeing team
Community clinics – those used frequently by local people	• Basing these with GPs and health and wellbeing team and voluntary sector would: create a community facility, make good use of the rooms; assist multi-agency working; • Consider fit with model of care by having community clinics in each town.
Specialist outpatients and theatre services Clinics used once or twice a year by people living across a wide area	• Basing these in a specialist centre in the locality means they would be supported by experienced, skilled medical staff, joined with medical beds and minor injury unit • Consider fit with model of care by having specialist services within each locality with other specialist services. • Public engagement showed people wanted to keep these in the locality and not move to Torbay.
Rehabilitation beds/ intermediate care	• Evidence of success of enhanced intermediate care working to rehabilitate people in their own homes or care homes. • Concern from public engagement about the availability of care home beds • High cost of providing 12 beds versus community provision when there has been low demand for IC beds over the last two years.
Teignmouth Hospital building and access	• The current hospital was opened in 1954, the first hospital built under the NHS. • The hospital cannot be economically reconfigured to provide modern facilities required today and in the future. The most recent Hospital conditions survey shows that the building is nearing the end of its effective life with wear and tear taking its toll, mechanical and electrical infrastructure approaching the end of its economic life, drainage problems and DDA (disability discrimination) issues.
Finance	• Limited capital funding available to invest in new build and refurbishment.

From these discussions with stakeholders, key areas of discussion and influence have been:

- Discussion and agreement of the vision

- Discussion about the challenges, drivers and where this could lead us in terms of possible options for change
- The kind of information that should be prepared for a consultation

The range of concerns and suggestions that arose in these discussions included:

Concerns

- That services will be moved outside of Coastal Locality
- Whether there is enough funding available, where it will come from and how it will be spent
- The financial implications of having a private company involved with new builds – how much profit is taken, implications of similar arrangements to previous PFI.
- Whether there will be enough space on the Brunswick site for everything planned
- Whether there will be enough parking in town for the additional services moving in
- Whether a new theatre at Dawlish will be as good as the current facilities at Teignmouth

Suggestions

- Make a vibrant health and wellbeing centre like Budleigh Salterton and Exminster
- The possibility of the hospital being retained as well as the health and wellbeing centre built
- The practices could merge in the new centre
- Provide more parking in the town such as adding a storey to Quay Road car park.
- Negotiate changes to bus routes to go nearer both Dawlish and Teignmouth hospitals. Affordable housing should take priority on the hospital site if it is sold
- Show clear drawings and models to show vision for new centre

6 Building on the success of the model of care

Following the consultation in 2014/15, the role of Dawlish Hospital ward was expanded to take more acutely unwell patients, more admissions from the community and become a centre for end of life care, with a nursing model of 2 nurses on every shift. The lower floor in Teignmouth Hospital was refurbished to create space for the Enhanced Intermediate Care Team (EICT) and a voluntary sector information and support centre along with investment in more community nurses, therapists, social care and support staff and well-being co-ordinators.

The shared office space has enabled improved communication between the different professions within the locality including social care, therapy, nursing, pharmacy and the voluntary sector. Sharing this space has led to decreased duplication and improved flow between the locality teams so the relevant staff group can attend and intervene without delay, ensuring that staff are able to work in an integrated manner irrespective of profession or employer (for example Devon County Council social care staff, voluntary sector staff or NHS staff). The evidence shows that improved integration and implementation of enhanced intermediate care has positively impacted on emergency admissions and attendance to the emergency department. The focus on improving wellbeing and independence has proved a success through evaluation of the well-being co-ordinator programme.

This has created an environment in which the needs of a much larger proportion of the vulnerable and older population could be supported than previously. Appendix 1 outlines the evidence of success in our Coastal Locality since 2016 and the need to build on this for the future to increase integration improving outcomes for patients and ensuring the sustainability of primary care.

7 Proposal

We now have the opportunity to build on the success of integrating services, promoting independence and wellbeing and improving outcomes for people, by taking the next step and co-locating the three GP practices in Teignmouth, alongside the health and wellbeing team, voluntary sector, and community clinics in a new build in the centre of Teignmouth. Throughout our engagement with people in Teignmouth and Dawlish this year, we have weighed up a number of options to enable us to deliver the vision, creating an integrated, strong and sustainable health and wellbeing service in the Locality. Having thoroughly evaluated the viability of these, we are moving towards a proposal for public consultation. This will describe how we believe that we can further integrate services and ensure sustainable primary care services to meet future demand.

The development of the proposal has been influenced by the public engagement and through discussion with local GPs, clinical commissioners, the Coastal Locality Engagement Group, other key stakeholders and staff.

The next step in finalising the proposal after receiving comments from Scrutiny is to undergo the assurance processes required by NHS England and discuss with the CCG Governing Body prior to presenting a final report to seek their approval to move to public consultation.

The proposal to be presented will include a commitment to support the vision of integrated services in Teignmouth and the further development of health and wellbeing services in a new centre on Brunswick Street involving the co-location of the three GP practice sites, the health and wellbeing team and the voluntary sector. In order for us to deliver this vision we would need to:

- Relocate community clinics from Teignmouth Community Hospital into the health and wellbeing centre
- Relocate specialist outpatient provision from Teignmouth Community Hospital into Dawlish Community Hospital
- Relocate theatre services from Teignmouth Community Hospital into Dawlish Community Hospital
- Reverse the decision following the consultation to establish 12 rehabilitation beds in Teignmouth Community Hospital
- Close Teignmouth Hospital and sell the site for reinvestment in the local NHS.

Rationale for the proposal:
The rationale for the detailed proposal for each service is described in the Options Appraisal. We have had ongoing conversations with the public over many years to help us develop health and care services in Teignmouth and our vision to provide the best support possible, locally. This has led us to a preferred option for how services should be provided in the future. Failing to change the delivery of primary care in Teignmouth will have significant consequences. It is not viable to retain Teignmouth Hospital, further integrate services with primary care and create a new health and wellbeing centre. The hospital itself is not configured for modern services and its situation on a steep hill at a congested end of the town is not conducive to large numbers of people attending. If we do not move towards the preferred way of providing services, the risk of a workforce crisis is significant due to the number of GPs reaching retirement age. A recent recruitment exercise to find GPs in Teignmouth was not successful and for the first time ever, no applications were received. Practices currently operate from inadequate, cramped and out-dated buildings, with limited opportunity for training and teaching the future workforce.

There are demonstrable benefits of the new integrated care model and scope for further improvements could be jeopardised.

The proposal fits fully with the national strategic direction set out in both the NHS Five Year Forward View and General Practice Forward View. It is designed to combine the benefits of primary care-at-scale and integrated delivery models. It will enable us to further improve health and wellbeing, providing quality care when it is needed at, or close to home. The comprehensive health and wellbeing centre in Teignmouth providing a range of community clinics and outpatient and surgical services only 4 miles away in Dawlish takes our integrated care to the next level.

It builds on the 'place' focus of the Devon Health and Wellbeing Strategy and the overall care model that South Devon and Torbay Clinical Commissioning Group has been working towards over the last three years, learning from successful progress made by the Health and Wellbeing Team in Teignmouth. The proposal also aligns with the Devon Sustainability and Transformation Plan (STP), initially published in 2016 and also with the STP two year update published in 2018.

8 Consultation

We will ask people to comment on our proposal and to present any alternative options they might have which viable. We plan to run an 8 week public consultation, we feel that this is justified due to the extensive public engagement undertaken since 2013.

We plan to engage with communities during the consultation by holding a series of public meetings, and responding positively to invitations to attend community group meetings to discuss the issues and encourage them to have their say. We intend to maximise the use of social media throughout the consultation.

We will ensure that as much information as possible is made available and we shall deploy all channels available to us as part of our efforts to engage with as many people as possible.

We have asked Healthwatch Devon to provide independent oversight for all information received through the consultation. Online responses will be made to a Healthwatch website, paper responses will be posted to Healthwatch offices and they will also provide trained note takers to record comments made at meetings. They will provide an independent written report on the feedback and outcome of the consultation for consideration by our Governing Body.

9 Timescale

The next step in finalising the proposal after receiving comments from Scrutiny is to undergo the assurance processes required by NHS England and discuss with the CCG Governing Body prior to presenting a final report to seek their approval to move to public consultation.

Subject to the appropriate approvals, and owing to the amount of public engagement already undertaken an 8 week consultation is planned to start early 2019.

Simon Tapley
Director of Commissioning

14 November 2018

10 Appendix 1: Evidence of Success of the model of care

a) Developing new ways of working with GP practices

The population of Teignmouth is changing, bringing an increase in workload due to ageing and greater number of people living longer with multiple long-term conditions. In order to meet the workload, there needs to be a change in the delivery of primary care.

The three practices are not flexible to change if they stay in three separate and out-dated buildings. Each practice has already made changes to their premises and has no more scope for improvement in terms of space or fulfilling current accepted standards of access. Co-location of the three GP surgeries into a new building provides an exciting opportunity to implement new ways of working with community services and the voluntary sector to meet the needs of the local population and fits with the Devon Sustainability and Transformation Partnership (STP) strategy.

In order to meet the increased workload, there needs to be investment in the workforce. All three practices are involved in teaching but their offer is limited by space. For the future sustainability of primary care, the workforce needs to be trained and developed in order to ensure staff are retained and recruited.

New infrastructure in terms of IT and buildings will support more flexibility in working approaches and the scope for better solutions for the future. The ability to improve direct communication between health, social care and the voluntary sector is essential for service delivery.

Data showing the impact of the introduction of the new model of care and specifically the locality health and wellbeing team which is supported by all the three GP practices demonstrates the efficacy of collaborative working with fewer emergency admissions to Torbay Hospital. Greater collaboration between GP teams, the community health and social care workforce and voluntary sector must be forged to meet the needs of the population and the increase in workload.

b) Impact of Enhanced Intermediate Care Team

The Enhanced Intermediate Care Team (EICT) which includes local GPs is able to provide rehabilitation, mainly in peoples own homes or in short term residential or nursing home placements. The local GPs attend the daily morning meetings of the EICT and this input has delivered an immediate benefit to the EICT in terms of being able to confidently and effectively support a more complex and higher level of illness in people. It has also resulted in an improved understanding of the role of the EICT by the GPs. This is reflected in the high GP referral rate to EICT in comparison with other localities.

The daily Locality multidisciplinary team meeting discusses those clients at current high risk, requiring intervention from one or more sector. It also reviews people admitted to the acute hospital over the previous 24 hours so in-reach work can take place if appropriate. This is active liaison with the patient and ward staff while they are still in the acute hospital to plan and implement their discharge to home or other setting and their onward care. There is also a focus on end of life patients who are being supported at home.

The success of the team in integrating health and social care to support more people holistically and effectively at home has been recognised locally, nationally and internationally. The Coastal Locality has hosted multiple visits from neighbouring NHS Trusts both within Devon and further afield including NHS

Cornwall and the Isle of Man and nationally from NHS England and the previous Health Secretary Jeremy Hunt, all keen to learn how such working could be replicated in other communities. The team has been shortlisted for a coveted Health Service Journal (HSJ) Award, (out of 1,700 applications from the whole of the NHS) and members of the team have spoken at national and international conferences on their success.

Teignmouth Hospital previously supported 12 inpatient beds, but the new model enables support of a population of 10,000 within the community setting with EICT in place the local population can be supported without the need for dedicated rehabilitation beds.

Enhanced Intermediate Care referral rates

Data relating to EICT shows that the numbers of referrals in the Coastal Locality have increased significantly over the past two years. As a consequence, the referral rate into the EICT (based on the >70 population) in Coastal is roughly twice the average for Torbay and South Devon and almost four times that in some other areas. Coastal has the highest overall EICT referral rate, the highest GP referral rate (twice the Torbay and South Devon average), the lowest referral rate and absolute numbers of referrals to ED; the ratio of referral rates to IC and ED is 50:50 in Coastal compared to 30:70 elsewhere. Thus, there appears to be a correlation between high use of IC, high GP referrals to IC and lower use of ED in Coastal. This supports a hypothesis that Coastal is holding a higher complexity case load.

The data suggests that Coastal has lower bed-day rates overall, lower rates of IC bed days, and a greater numbers and rate (as Coastal has a relatively smaller population of >70s than other localities) of home referrals than other localities, all pointing to a difference in practice in Coastal compared to other localities. However, across Torbay and South Devon it is not clear if there is a correlation between low IC bed days and high home-based placements. Again, this supports a hypothesis that Coastal is holding a higher complexity case load but using fewer beds, as more care is provided at home.

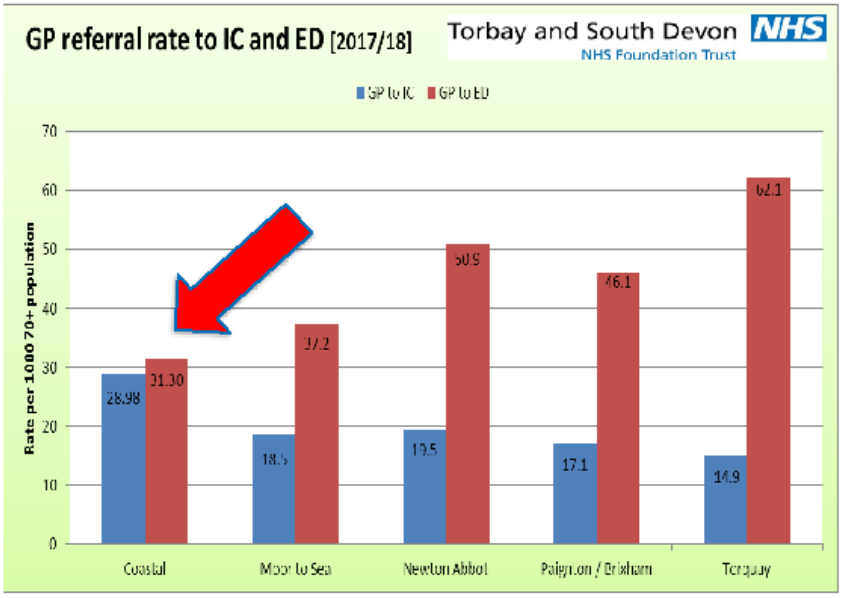
Graph 1 below shows that because of our local use of the EICT, we have a viable alternative to admitting patients to the Emergency Department (ED). This data comes from the independent research by University of Plymouth using last full year data.

Graph 1 – GP to Enhanced Intermediate Care or Emergency Department

Torbay Medical Research Fund

Torbay and South Devon NHS Foundation Trust

GP - EIC referrals and relationships (Apr17-Mar18)



Ratio of GP referrals to IC and ED

Coastal ~ 50:50

Others ~ 30:70

Hypothesis: Coastal GPs are better integrated; locality is holding a higher complexity case load

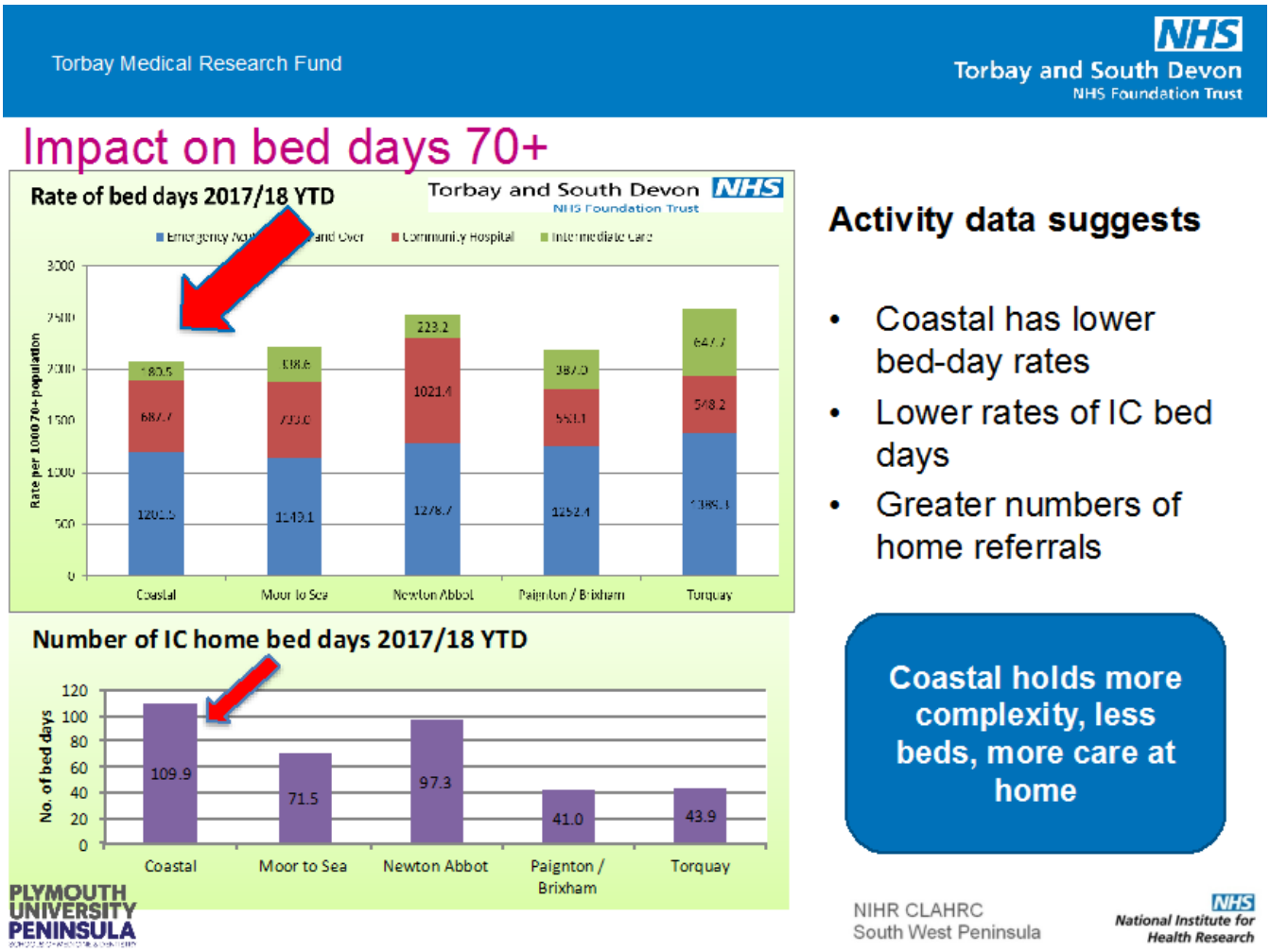
PLYMOUTH UNIVERSITY PENINSULA

NIHR CLAHRC South West Peninsula

NHS National Institute for Health Research

Graph 2 shows more of our patients are looked after in our community than in other localities, having fewer days in Torbay or Community Hospital beds.

Graph 2 – Impact on bed days for people aged 70+

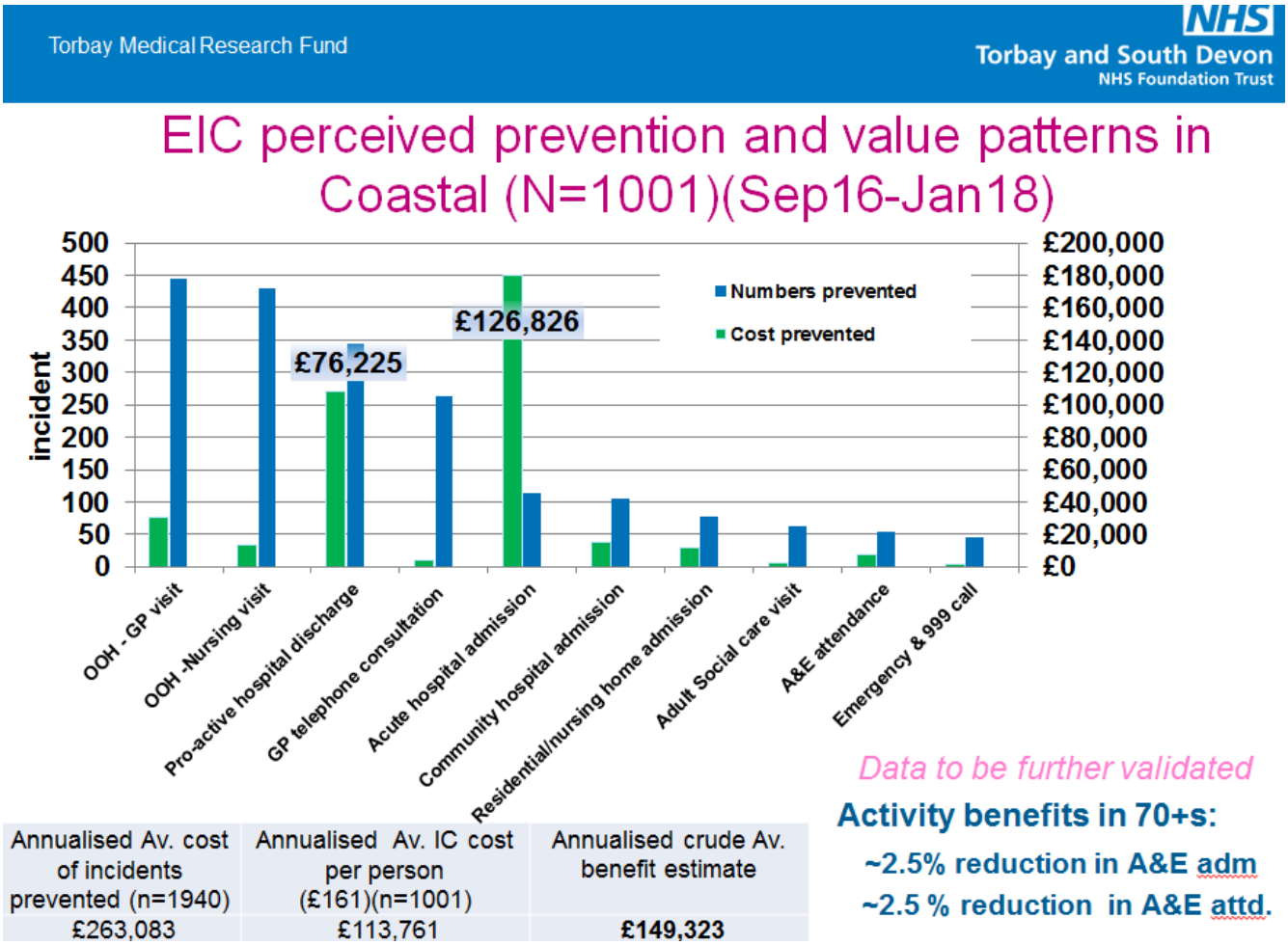


The EICT in Coastal has been capturing data on what service activity their service has prevented over the past year, since the service became “enhanced”. This data (illustrated in graph 3 below) is based on the professional judgement of the EICT lead and recorded shortly after the episode, but has not been externally audited so may be positively biased. Nevertheless, the data gives an indication of the average benefit of the EICT.

The benefits of EICT (blue bars) to the wider health system is shown, particularly to general practice and not just the acute and community services. In relation to ED attendances and ED acute admissions, these numbers represent about 2.5% of the attendances and 2.5% of the admissions from the Coastal population (>70s) over the same period of time.

If these prevented consequences are costed up using national tariff costs (green bars) compared to the average tariff cost for the number of people using the service, the service more than pays for itself (on average), with an annualised benefit of £149,323 (£127,169-£167,866). The majority of these cost benefits come from preventing hospital admissions and proactive hospital discharges. It must be noted that these do not represent real costs or savings.

Graph 3 – EIC perceived prevention and value



Annualised Av. cost of incidents prevented (n=1940)	Annualised Av. IC cost per person (£161)(n=1001)	Annualised crude Av. benefit estimate
£263,083	£113,761	**£149,323**

Outcomes of Enhanced Intermediate Care

- Closer working has been achieved by the creation of the environment, embedding all parts of the team, including the voluntary sector in the same physical room. The multi-disciplinary team (MDT) meeting has access to all the IT systems used by all providers including community staff, social care, GP surgeries and the acute trust so can access all relevant patient information.
- A monthly strategic planning meeting chaired by the Locality lead GP brings all the agencies together to assess current activity against local dashboards and to plan the further expansion of the team to support a wider proportion of the population.
- The Zone manager, covering both health and social care is in a joint post created between the NHS and Devon County Council.
- By working in in a combined office space there has been a shift in culture, hugely improving understanding of each other's work roles and responsibilities. For example, the therapy, nursing and social care leads all understand each other's roles and responsibilities and are empowered to provide support, guidance and backup to members of the other agencies.
- A dedicated coordinator refers to any of agencies and the MDT has access to all the local IT systems including nursing, social, mental health, GP and the acute hospital.
- By working in this manner the team has been able to change the outcomes for our patients as below:
  - The highest referral rate into and use of the EICT in the CCG, including social prescribing.
  - The lowest rate of bed days used per 1000 population over 70 in the CCG.
  - An estimated saving of over £200,000 in year by using the EICT instead of other agencies.

  - A 6% reduction in emergency admissions compared to a 3% CCG average increase with a 2% cost saving against a 7% CCG average increase.
  - Recorded patient experience scores throughout the process with an average score of 66%.
- Staff work in a dynamic and positive environment, and are the epitome of a self-managed team. There is an ethos of patient-centred care, effective problem solving and risk management. The MDT meetings feel positive, energised and dynamic.
- Quality of care for Coastal patients has improved hugely. The patients are likely to spend less time in hospital, are less likely to be in residential care and more likely to have any care they need at home.
- The Coastal GPs and paramedic services routinely refer to the EICT for emergency intervention to avoid unnecessary admission to the acute hospital.
- In a collaborative project with Volunteering in Health an information hub has been created at Teignmouth Hospital so members of the public can be signposted to voluntary services and local groups to support them using a strengths-based approach.

Financial impact: The total cost of running the Enhanced Intermediate Care Team and purchasing beds as required from the independent sector for 2017/18 is £665,000 per annum. This team has cared for 881people (both in care homes and in their own home) in the year and purchased 1430 bed days for 85 people. The 12 bedded rehabilitation ward would cost £627,000 making available 3942 bed days per annum and would be able to care for approximately 232 people in a year.

2017/18 data	**Enhanced Intermediate Care Team**	**Rehabilitation beds**
Total cost of provision	£665,000	£627,000
Number of bed days/number of people	1430 bed days for 85 people	3942 bed days for 232 people
Total number of people cared for	881	232

c) Impact of Wellbeing Co-ordination Service

Detail from study by Researchers in Residence show that the impact of the holistic wellbeing coordinator service on frailty was also assessed using the validated Rockwood Clinical Frailty Scale (RCFS), which measures frailty on a scale 1-9 (very fit to terminally ill).

This shows a small but statistically and clinically significant average improvement in frailty of 4.1% (nearly one level). Or put another way, 41% of people reduced their score by 1 to 2 levels. This means that those using the holistic wellbeing coordinator service are, on average, more able to look after themselves in relation to activities of daily living (ADL).

Use of the wellbeing coordinator

Evaluation focused on triage and assessment and the service provided by the wellbeing coordinator using holistic coaching goals. This is 12 weeks of support and a 12 month follow-up. Nearly half the people who used this service were referred from the MDT and hospital. Nearly half had used three or more service types in previous year.

In general, the cohort was mainly the frail elderly, who are using a range of different types of services.

- Over half of the people going through the service were aged 80+ years
- Nearly half were referred from the new integrated locality services, so were likely to be fairly frail
- Half of participants were using three or more types of service so they were fairly dependent on health and social care services

- The results show that 47% of participants saw a reduction or no change in activity or cost in their use of health and social care services in the 12 months after first referral compared with the 12 months before.

11 Appendix 2: Options Appraisal

a) Health and Wellbeing Centre

Through the collaborative process, seven potential sites for the new centre were identified as having potential to meet the required criteria: Broadmeadow Lane, Teignmouth Hospital Half Site; Teignmouth Hospital Full Site; Brunswick Street; Eastcliff Car Park; Quay Road Car Park; Rugby Club Site

A Site Appraisal was carried out in February 2018 with the Stakeholder Group. Each site was evaluated on 10 criterion, which were each weighted against their importance to the delivery of the Health & Wellbeing Centre.

- Site area - Is the site large enough to accommodate the proposed facilities? Is a degree of design compromise required?
- Parking - Is there space on the site for adequate parking or is sufficient parking available nearby?
- Public transport - Is public transport available nearby to and from the site?
- Access -Is suitable and safe vehicular and pedestrian access available?
- Abnormal costs - Are there abnormal costs associated with the site eg contamination, topography, existing buildings, flood risk, enabling works etc
- Deliverability - Is the building deliverable ie considering ownership, legal issues, planning issues, surrounding and existing land use, site constraints, trees/landscape, impact on existing services, public reaction?
- Development timeframe - Are there issues which would elongate the development timeframe eg land ownership, ecology, contamination, planning, flood risk, enabling works etc?
- Future proofing - Do the site characteristics allow for future proofing/expansion eg ease of extension and planning?
- Demographics - How close is the site to the town centre, centres of population and areas of deprivation?
- Impact of seasonal traffic - Will access to the site be unusually affected by seasonal traffic?

Weighting

Criteria	Weighting	Numerical Weighting
Site area	High	5
Parking	Medium	4
Public transport	Medium/High	4
Access	Medium	3
Abnormal costs	High	5
Deliverability	High	5
Development timeframe	High	5
Future proofing	Medium	4

Demographics	Medium/Low	1
Impact of seasonal traffic	Low	1

A desk top analysis was undertaken by independent environmental impact consultants WSP on behalf of Torbay and South Devon Foundation Trust in December 2017, to assess the transport conditions, on four of the proposed sites: Broadmeadow Lane; Eastcliffe car park; Brunswick Street; Mill Lane (existing Teignmouth Hospital site).

The assessment consisted of reviewing and scoring each site based on five criteria, being;

- Existing vehicle,
- pedestrian and cycle access to the site,
- Off-site parking surrounding the site;
- The traffic impact of the proposed site on the local highway network
- Public transport provision.

The marking criteria was based on scores 1-5, whereby a score of '1' indicated a high level of provision and low risk, and a score of '5' indicated a low level of provision and high risk.

Site	Rationale for proposal/rejection
Brunswick Street	• Site Appraisal – 6th mainly because the site was considered too small. The site now available has increased in size. • Transport analysis - scored highly in terms of access as both vehicular accesses benefit from the one way system and double-yellow lines on the western side of Brunswick Street providing suitable visibility. Footways are present on both sides of Brunswick Street and street lighting and pedestrian crossings are located along the length of the route to bus stops and Teignmouth Railway Station. • Public engagement: site was suggested by respondents as a suitable site. • Provides the potential for the H&WBC to be integrated within a planned, whole site, central town centre regeneration, identified the wider, community opportunities of the H&WBC development being part of the Brunswick St Regeneration proposed within the Teignbridge Council Local Plan. (Brunswick St had previously been considered as a site option in isolation of wider development plans). The 0.88-acre site, which currently contains a 56-space car park, two former garages, retail and residential buildings is in a Conservation Area and is allocated for redevelopment in the Local Plan. The site is under-used and partly derelict in places but holds much potential because it is within the heart of the town centre. Teignbridge Council has assembled parcels of land with the aspiration of reviving the area and has investigated various options for the overall site. • PREFERRED OPTION
Teignmouth Hospital Full Site	• Site Appraisal: scored most highly – 1st and was presented as an option during public engagement. • Transport Analysis - scored poorly in terms of access due to visibility be unsuitable to that required by Manual for Street standards. The site

	also suffers due to its location on a steep gradient, making pedestrian and cyclist access to the site unattractive and unsuitable for certain patients such a wheelchair users and those with impairments and reduced mobility. The site is also a far distance from Teignmouth Railway Station, however, does benefit from bus stops for both directions being located within 30m of the site, and is served by the Teignmouth Town Centre bus service. • Public Engagement - Concerns were raised that the Teignmouth Hospital site presented a challenge in terms of accessibility, particularly if Primary Care services were collocated. • REJECTED
Broadmeadow Lane	• Site Appraisal: low score – 7th. • Transport analysis - scored the worst mark out of all the sites. This is because of the inadequate highway layout on the approach for vehicles to access the site via Broadmeadow Lane, and the change of levels and electrical substation to the south of the site making it unsuitable to provide a new vehicle access to the A381 Bishopsteignton. • REJECTED
Teignmouth Hospital Half Site	• Site Appraisal: scored 3rd • Transport Analysis - the existing Hospital site, along Mill Lane, scored poorly in terms of access due to visibility be unsuitable to that required by Manual for Street standards. The site also suffers due to its location on a steep gradient, making pedestrian and cyclist access to the site unattractive and unsuitable for certain patients. The site is also a far distance from Teignmouth Railway Station, however, does benefit from bus stops for both directions being located within 30m of the site, and is served by the Teignmouth Town Centre bus service. • Public Engagement - Concerns were raised that the Teignmouth Hospital site presented a challenge in terms of accessibility, particularly if Primary Care services were collocated. • REJECTED
Eastcliffe Car Park	• Site Appraisal: scored most highly – 1st and was presented as an option during public engagement. • Transport analysis - scored well in terms of access due to the good visibility along Dawlish Road at the vehicle access, and also the pedestrian footway along Dawlish Road leading towards the town centre and public footpath to the east of the site linking to Teignmouth Beach. The site suffers from a high risk transport impact score because of the impact of closing the only long stay car park on the eastern side of Teignmouth. • Public engagement - raised concerns about the loss of parking for visitors and coach parking during the Summer months. • REJECTED
Quay Road Car Park	• Site Appraisal: scored 4th. • REJECTED
Rugby Club Site	• Site Appraisal: scored 5th • REJECTED

In September 2018, Teignbridge District Council formally considered recommendations for redevelopment of Brunswick Street, including space for a new hotel, improved town centre parking, and, subject to the outcome of NHS public consultation, the Council agreed to work with the NHS to progress the delivery of the Health and Wellbeing Centre, within the development. This is now the preferred site for the Health and Wellbeing Centre, subject to successful negotiations with Teignbridge to acquire the site area required.

b) Options for Community Clinics

Site	Rationale for proposal/rejection
Health and Wellbeing Centre	• Care model describes community clinics being provided from a health and wellbeing centre in local towns. • Keeps services in the Coastal Locality • Benefits of co-location with health and wellbeing team, primary care and voluntary sector. • The current clinics can be 'lifted and shifted'. • PROPOSAL
Remain within Teignmouth Hospital	• Teignmouth has capacity for the community clinics to remain with good facilities. • Keeps services within the Coastal Locality • The building needs extensive renovation and does not have a sustainable future. • Keeping the clinics on this site would mean that the both the vision for further integration and Health and Wellbeing Centre could not be delivered. • REJECTED

c) Options for Specialist Outpatients

Site	Rationale for proposal/rejection
Dawlish Community Hospital	• Dawlish already has acute outpatient clinics (as well as some community outpatients), but the outpatient clinics are only running at 20% giving capacity for extra activity from Teignmouth. • A table-top exercise has been completed with the matrons, and without having to reschedule clinics, the current clinic schedule can be 'lifted and shifted'. • Keeps services within the Coastal Locality. • Care model describes specialist outpatient activity being provided from a locality clinical hub and for the Coastal locality this is Dawlish. • PROPOSAL
Remain within Teignmouth Hospital	• Teignmouth has capacity for the outpatient clinics to remain. • Keep services within the Coastal Locality • The building needs extensive renovation and does not have a sustainable future. • Keeping the clinics on this site would mean that the both the vision for further integration and Health and Wellbeing Centre could not be delivered. • REJECTED
Newton Abbot Community	• Outpatient facilities do not have the capacity to accommodate this

Hospital	extra activity. • Does not keep services within the Coastal Locality. • REJECTED
Torbay Hospital	• Outpatient facilities do not have the capacity to accommodate this extra activity. • Does not keep services within the Coastal Locality. • REJECTED

d) Options for Theatre Services

Site	Rationale for proposal/rejection
Dawlish Community Hospital	• Deemed to have potential for expansion and, under a different PFI arrangement to that at Newton Abbot Hospital, assessed as a more affordable option. • Keeps services within the Coastal Locality. • Care model describes specialist outpatient activity being provided from a locality clinical hub and for the Coastal locality this is Dawlish. • PROPOSAL
Remain within Teignmouth Hospital	• Teignmouth has capacity for the theatre services to remain. • Keep services within the Coastal Locality • The building needs extensive renovation and does not have a sustainable future. • Keeping the clinics on this site would mean that the both the vision for further integration and Health and Wellbeing Centre could not be delivered. • REJECTED
Newton Abbot Community Hospital	• Newton Abbot Hospital does have a procedure room and this option was explored to identify whether it could absorb capacity and what changes were required. Capacity is constrained and would require physical expansion to accommodate this service. • Does not keep services within the Coastal Locality. • REJECTED
Torbay Hospital	• There is minimal capacity within the existing unit. • Further complicated by the fact that discussions are underway regarding the substantial upgrade required to theatres and the current vulnerability of the existing theatre infrastructure. • Would place additional strain and reliance on the Torbay Hospital theatre capacity. • Does not keep services within the Coastal Locality. • REJECTED

Questionnaire

Other issues

[We have carried out equality impact assessments on our proposed model of care and our engagement and consultation process. We have considered ….]

We are carrying out this consultation in line with our duties under the Health and Social Care Act 2012, section 14z2 and in line with Cabinet Office consultation principles published in January 2016.

Health & Adult Care Scrutiny Committee
22nd November 2018
CT/18/98

2018/19 Risk Management Mid Year Update Report for the Health & Adult Care Scrutiny Committee

Report of the County Treasurer

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

Recommendations:

i. that members note the current risk position within Devon County Council for Adult Care & Health Services as shown in this report.
ii. that members note the highest scoring risks and consider these when creating future work plans.

The Council has been updating its Risk Management processes and this includes a revised reporting structures and timelines. This has resulted in the compilation of this midyear update report for this Scrutiny Committee.

As the process evolves it is our aim to work with Health colleagues to pride an update which coordinates both Council and Heath Risk Management Information.

The attached detailed report summarises the risk management position as a result of the work of council officers. Pages three shows the summary of the currently recorded risk position and, in addition, the report provides a detailed appendix (Appendix 1) which sets out the current risk information in more detail.

Mary Davis

Electoral Divisions: All
Local Government Act 1972

List of Background Papers

Contact for Enquiries: Robert Hutchins
Tel No: (01392) 382437 Larkbeare House

Background Paper	Date	File Ref
Nil		

There are no equality issues associated with this report

Agenda Item 9

devonauditpartnership

Risk Management

Risk Management

Mid-Year Report 2018/19

November 2018

Devon County Council

Health and Adult Care Scrutiny Committee

CUSTOMER SERVICE EXCELLENCE CSE

Support, Assurance & Innovation

Introduction

Devon Audit Partnership (DAP) continues to support and facilitate the development of the Councils risk management framework and processes. This support is designed to assist members, senior management and staff in identifying risks, recognising and recording the "true" risk, mitigation thereof and promote effective monitoring and reporting of those risks.

Background

Development of risk management across the council has included the clarification of oversight and responsibility. The Risk Management Policy includes the following under the heading of Roles and Responsibilities.

Scrutiny Committees should be aware of the objectives of the service areas they oversee. Service Managers should identify risks to the achievement of these objectives and provide to Scrutiny a summary of these risks and the mitigating action/s (controls) that are being taking to reduce the risk to an acceptable/agreed level. Specific risks to objectives, in particular those that remain "high", may be discussed in detail and risk owners and accountable officers asked to provide further information.

In practical terms this results in each of the Scrutiny Committees having oversight of the risks which are relevant to their areas, with the Audit Committee focusing on the process and effectiveness of risk management overall.

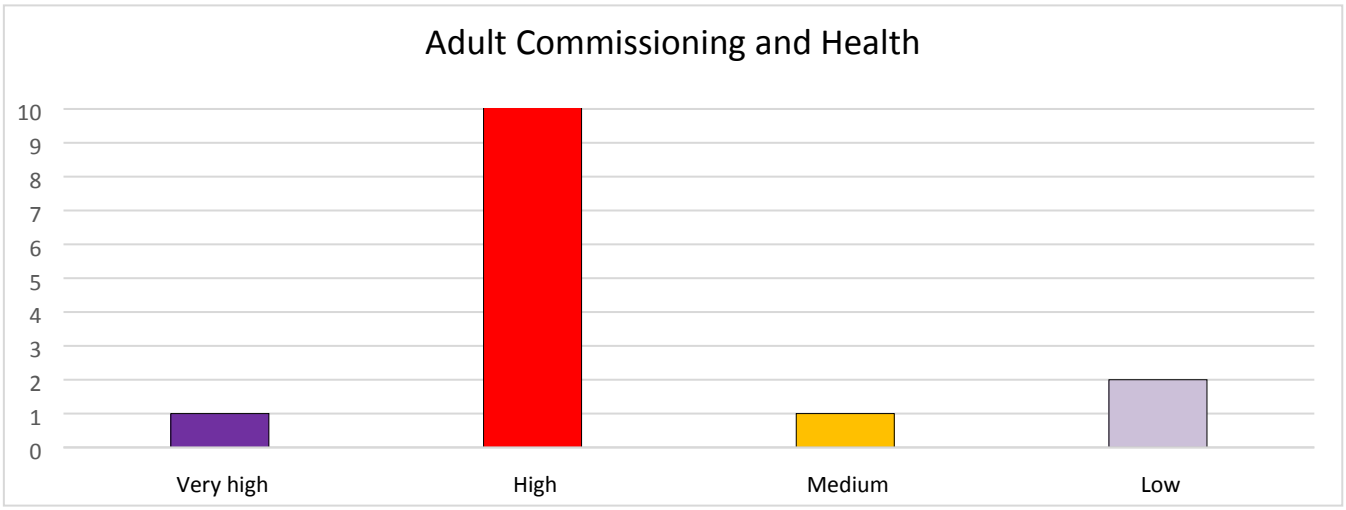
The system used to record risks helps to ensure that where a risk crosses over service areas all relevant Scrutiny Committees have visibility. The highest rated risks, strategic risks and those risks which cross service areas will also be noted within the Authority Risk Register to support wider oversight and management.

Work is ongoing to further embed risk management across the council and ensure that the data within the risk registers is clear, accurate, relevant and importantly, linked to organisational objectives. Further details can be obtained from Devon Audit Partnership via Robert Hutchins (Head of Partnership) or Tony Rose, who will also be happy to receive your comments and thoughts on risk management within the Council.

Current Risk Position

There were 18 risks recorded in the Risk Register as at 02 November 2018 which link to the areas of responsibility for this Scrutiny Committee.

The Adult Care and Health Management Team reviewed their risks at the end of October. As per the chart below the risks are categorised within two areas, Adult Commissioning & Health, and Adult Care Operations & Health. Scoring is based on the Current Risk Score, i.e. the score after considering the controls and mitigation being applied to each risk.



The Risk Management process identifies those areas where risk is currently considered to be greatest. Management of awareness of such risks ensures that focus and attention is in the "right areas"; although the risk may not always be reduced (as yet) to a desired level, the fact that it is being monitored will help to prevent the risk occurring and also limit the impact of the risk if it does occur.

Of the 18 risks recorded, 13 were initially assessed at a risk rating of "Very High"; management action has reduced 11 of these to "High" and one to "Medium", with one increasing at the most recent to review to "Very High". The remaining five risks had an Inherent score of High, two of which are now Low and three remain as High.

Overall,15 risks retain a Current score of "High" or above; two of these risks are categorised as Strategic, the remainder Operational. Details of these risks can be seen in the table in Appendix 1.

Members are asked to note that: -

- the risk score for three risks has reduced following review;
- 14 remain static; and
- one risk has increased to Very High from High, this being *"Market Capacity: Adult Social Care (Personal Care)"*. Comment from the AC&H Management Team on this increase is below.

The personal care market capacity remains under pressure across the county with levels of demand exceeding the supply. Where care cannot be sourced an interim contingency plan is always enacted that ensures the safety of any individual and may include temporary accommodation in a residential facility or drawing on other arrangements including informal networks of care and support. The risk is also heightened currently due to increased likelihood of provider failure. Members will be aware of a recent CQC formal notification to local authorities around Allied Healthcare of potential provider failure as an example of this.

Our mitigating actions in this area which are predicated on joint working across the health and care system include

1. *Support the recruitment and retention of staff (including promotion of our Proud to Care initiative).*
2. *Reduce demand on services by promoting and growing our short term offer that supports people back to independence in a timely way.*
3. *Achieve greater efficiency by working with our contractors to minimise travelling time and make best use of our existing workforce.*

The risk information within Appendix 1 is sorted by the Current Risk Score, i.e. the score following the application of management actions to reduce the level of risk. All key details are shown including the review dates which comply with the current policy expectations.

An online Risk Management *eLearning package* is now available for Councillors; should you wish to complete this please contact your Scrutiny Officer. If you would like more in depth training, please contact your Scrutiny Officer or Robert Hutchins/Tony Rose of Devon Audit Partnership.

Please note that the format of future *Risk Management Reporting* to both Officers and Members continues to evolve. The longer-term aim is to provide dashboards with as close to live data as possible for the risks recorded within each service area. This will be further supported by the capturing issues that are emerging in a slightly different format and linking them to all known sources of information and risk

Risk Title	Description	Service Area	Risk Category	Current Risk Score	Risk Owner	Accountable Officer	Latest Review	Change Direction
Market Capacity: Adult Social Care (Personal Care)	The council fails to meet its statutory market sufficiency requirement for personal care.	Adult Commissioning and Health	Strategic	25: Very high	Tim Golby	Ian Hobbs	30 Oct 2018	↑
Additional one-off costs	Additional one-off costs due to potential back payment resulting from retrospective application of National Living Wage.	Adult Commissioning and Health	Operational	20: High	Tim Golby	Sarah Aggett	30 Oct 2018	⇔
Demand resulting from Transforming Care Partnerships	Demand resulting from Transforming Care Partnerships brings NHS funded Out of Area placements in hospitals to a Devon setting with the need for adult social care funded support.	Adult Care Operations and Health	Operational	16: High	Keri Storey	Sarah Aggett	10 Sep 2018	↓
Obligations for the timeliness of annual reviews for adults	The Council fails to meet its obligations for the timeliness of annual reviews for adults identified eligible needs.	Adult Care Operations and Health	Operational	16: High	Keri Storey	Sarah Aggett	10 Sep 2018	⇔
Transitions	Capacity challenges and systems complexity in the preparing for adulthood process results in poor experiences for vulnerable young people and financial consequences to the Council.	Adult Care Operations and Health	Operational	16: High	Keri Storey	Sarah Aggett	10 Sep 2018	⇔
NHS Reconfiguration	The pace and direction of travel of whole system changes in Devon fails to meet the needs of Devon's residents	Adult Commissioning and Health	Strategic	20: High	Tim Golby	Jennie Stephens	10 Sep 2018	⇔
Deprivation of Liberties (DoLS) and Court of Protection (CoP)	The Council fails to meet its statutory obligations with regard to Deprivation of Liberty Safeguards (DoLS) and individuals are put at unacceptable risk	Adult Care Operations and Health	Operational	16: High	Sarah MacKereth	Jennie Stephens	30 Oct 2018	↓
Workforce	External Adult Social Care market recruitment and retention issues result in market failure and statutory non-compliance with Care Act duties.	Adult Commissioning and Health	Operational	16: High	Tim Golby	Jennie Stephens	10 Sep 2018	⇔
Market capacity adult social care (Nursing Care)	The council fails to meet its statutory market sufficiency requirement for nursing care	Adult Commissioning and Health	Operational	20: High	Tim Golby	Ian Hobbs	10 Sep 2018	⇔
Care management capacity and effectiveness	The Council fails to meet its statutory obligations for the timeliness of assessment for adults. The Care Act 2014 gives Local Authorities a duty to carry out a needs assessment in order to determine whether an adult has needs for care and support.	Adult Care Operations and Health	Operational	16: High	Keri Storey	Jennie Stephens	10 Sep 2018	⇔
Continuing Health Care (CHC)	The Council fails to meet its statutory obligations to ensure Continuing Health Care (CHC) is appropriately assessed by the NHS	Adult Care Operations and Health	Operational	16: High	Keri Storey	Jennie Stephens	10 Sep 2018	↓
Budget pressures and management	Demand for Adult Social Care and Health for working aged adults (aged 18-64) exceeds financial provision putting the Council at risk	Adult Care Operations and Health	Strategic	16: High	Keri Storey	Keri Storey	30 Oct 2018	⇔
Inadequate systems control in place regarding CareFirst access	Inadequate systems control in place regarding CareFirst access resulting in inappropriate access to client level data.	Adult Care Operations and Health	Operational	20: High	Keri Storey	Keri Storey	10 Sep 2018	⇔
Lack of integrated data	Lack of integrated data due to multiple systems fails to support timely and early Adult Social Care input into the transitions process resulting in poor experiences for vulnerable young people	Adult Care Operations and Health	Operational	16: High	Keri Storey	Sarah Aggett	10 Sep 2018	⇔
Social, Economic / Financial	The council fails to meet its statutory market sufficiency requirement for residential care	Adult Commissioning and Health	Operational	15: High	Tim Golby	Sarah Aggett	10 Sep 2018	⇔
Mental Health Services redesign with Devon Partnership Trust	The delivery model for social care in health (via Devon Partnership Trust) is not meeting the needs of Devon residents	Adult Commissioning and Health	Operational	12: Medium	Sarah Aggett	Tim Golby	10 Sep 2018	⇔
Lack of Business Continuity Planning	Lack of Business Continuity Planning around systemic market failure results in market capacity and sustainability issues	Adult Commissioning and Health	Strategic	9: Low	Ian Hobbs	Sarah Aggett	16 May 2018	⇔
Recruitment challenges	Unable to recruit Adult Social Care professionally registered staff to deliver Care Management	Adult Care Operations and Health	Operational	9: Low	Keri Storey	Jennie Stephens	18 May 2018	⇔

ACH/18/96
Health and Adult Care Scrutiny Committee
22 November 2018

THE BETTER CARE FUND:
RESPONSE TO THE HEALTH AND ADULT CARE SCRUTINY COMMITTEE TASK GROUP REPORT

Report of the Head of Adult Commissioning and Health, DCC and the Director of Strategy, NEW Devon and South Devon and Torbay CCGs

1. Introduction and Background

1.1 This report provides a response to the recommendations in the June 2018 report of the Health and Adult Care Scrutiny Committee task group, "Better Care Through Integration?"

2. Context

2.1 The Better Care Fund is the only mandatory policy to facilitate integration. It brings together health and social care funding, with a major injection of social care money announced at Spring Budget 2017.

2.2 There are specific conditions around how we use the money, and the metrics against which we will be measured, with a particular focus on reducing the numbers of delayed transfers of care. There are also conditions about how local authorities and clinical commissioning groups work together in agreeing proposals for how we use the money.

3. Response to the report recommendations

3.1 Financial - Recommendation 1

That Devon County Council (DCC), Northern, Eastern and Western (NEW) Devon Clinical Commissioning Group (CCG) and South Devon and Torbay CCG should request that Government generate financial models that encourage full integration of health and social care budgets.

3.2 Response

A range of mechanisms to integrate health and care budgets already exists, including the better Care Fund. Our finance team have assigned a senior person to look at future models and options under the joint direction of the County Treasurer (DCC) and the Director of Finance (CCG). Devon is also participating in national work on this issue (the aspirant integrated care system programme). Two workshops on this issue have been attended by finance staff from across the wider Devon footprint, facilitated by national expertise.

3.3 Measurement and Evaluation - Recommendation 2

That the Executive Team of the STP should consider the following:

i. ***That beyond monitoring of targets and outcomes, ongoing evaluation of impact is built into the system and this robust evidence accrued is used to review, change and develop the system for the benefit of the service users.***
ii. ***That the evaluation framework should include significant public engagement and involvement.***
iii. ***That serious consideration should be given to fund external evaluation of the BCF using iBCF monies to inform the development work of creating the Integrated Care System.***

3.4 Response

We acknowledge the rigour we need to apply to the evaluation of the use of the BCF money, however funding for external evaluation falls outside the criteria. We do recognise the need for better evaluation of impact of the iBCF schemes, and for 2018/19, we have introduced a more robust process. We have established a multi-organisational iBCF governance group, which has the following responsibility:

- The group will critically evaluate the business case for projects to be funded under the iBCF, in accordance with agreed criteria which includes alignment with STP priorities; make recommendations to the Joint Commissioning Coordinating Group (JCCG).
- The group will ensure monitoring and reporting arrangements comply with local & national requirements e.g. quarterly reporting processes.
- The group will monitor delivery of approved schemes including their start up, progress & evidence arrangements and spending.
- The group will identify issues to be escalated or reported to the Joint Co-ordinating Commissioning Group.

In terms of external oversight, NHS England and the Ministry of Housing, Communities and Local Government require quarterly reports from the Devon system - this includes a detailed breakdown of types of schemes and a series of systemwide outcome measures.

At the time of writing, the CCG internal audit team are undertaking an audit of the Better Care Fund. The overall objective of the audit will be to provide assurance regarding the management and monitoring of the three BCFs (including Plymouth and Torbay), incorporating the IBCF, and to assess the effectiveness of the governance arrangements surrounding each fund.

3.5 **Acute / Community Services - Recommendation 3**

i. ***That acute and community service providers should, together recognise that risk management is shared and should result in the establishment of a common risk assessment tool.***
ii. ***That Health and Adult Care Scrutiny Committee should add the Carers' Contract into its work programme at least every two years.***

iii. That GPs and community services should explore together innovative ways of working.

3.6 Response:

i. Joint care assessment protocols and templates are already in use within cluster/ health and wellbeing teams in Devon which take into account risk management. Community teams in-reach into acute hospitals to support those that are medically fit for discharge. In Exeter community health and social care teams and GPs will be trialling the use of a new comprehensive assessment process and form, and the learning from this trial will be shared to allow wider implementation.

ii. Officers would welcome the opportunity to work with the committee in this regard. A Carers Partnership Steering Group is being established, to be chaired by the Cabinet Member for Adult Care and Health, and representation from members will be invited.

iii. We recognise the value of working together in this way, and we have added a requirement to the iBCF governance that GPs are engaged in the ongoing development and delivery of iBCF proposals.

There is a history of joint working in Devon and which the iBCF allows us to continue to build and develop. This includes risk stratification to identify the most vulnerable in our population and joint proactive care planning involving GPs, community teams and the voluntary sector to prevent hospital admission. More recent examples include a pilot for GPs to work within the urgent community response teams to provide enhanced support to people within the community using the iBCF. GPs are also working with community teams and the voluntary sector to develop social prescribing.

3.7 Workforce – Recommendation 4

That DCC should use its expertise to generate a mixed economy of care businesses to help alleviate the shortage of workers by setting up feasibility studies of new business models of care delivery that would lead to the possibility of investing in innovative practices.

3.8 The Devon social care economy is already highly diversified, with relatively few large national providers in evidence. This has the advantage of reducing risk of business failure but is a more complex environment within which to manage market relationships. The Council encourages new and innovative business models and is currently supporting these through its Creative Innovation and Growth Programme which offers a mixture of free business and enterprise support, with potential access to revenue and capital grants. This programme is administered by the DCC economy team and funded by Adult Commissioning and Health.

3.9 The DCC workforce team is developing leadership and management capability within the private sector. This includes development resources to support managers, and a focus on stability and retention within the workforce. Support is offered through train the trainer programmes, and templates and resources for managers to train staff to ensure a capable and confident workforce to deliver quality care and support.

3.10 We are exploring joint/shared training opportunities across organisations for a more sustainable and integrated approach. DCC are looking to fund a percentage of apprenticeship qualifications for the external workforce using the levy transfer, to enable further opportunities for joint training.

3.11 The Proud to Care programme works closely with several organisations across Devon including job centres, colleges and schools to promote roles in the care and health sector as a career of choice. This includes identifying and promoting career pathways and widening access through different routes into roles, supported through the care ambassador programme.

3.12 Technology – Recommendation 5

i. That DCC should consider using iBCF money to develop quality Big Data and Big Data Analytics to support strategic decision making by commissioners.

ii. That both Social Care and the CCGs should ensure that there is full access for professionals and patients across both health and adult care to patient records and explorations around common assessment tools should be encouraged.

3.13 Response

i. One of the STP organisational development workstreams is knowledge management, where the potential for a single data warehouse is being explored, enabling better analysis of activity, cost and outcomes across health and care pathways.

This is reflected in national work we are actively involved in, which is moving from aggregate to person level returns of health and care data to improve the evidence base for policy, commissioning and practice. It also supports the Department of Health and Social Care in realising its priorities of prevention and technology-enabled improvement.

Integrated Care Exeter (ICE) piloted an initiative to use health and care data to populate a frailty index, identify those most at risk of escalating needs. This enabled early intervention through targeted initiatives such as voluntary sector support and social prescribing and is now being implemented more widely.

ii. The STP Digital Transformation Board, including representatives from DCC, have agreed a four-step plan to implement the Devon Care Record which aims to achieve this. The aim is for staff to be able to work across boundaries in an operational system that is centred around the person. The plan includes:

a. Extending information available in the Devon Summary Care Record, particularly frailty information, and extending access to an increased range of services.
b. The GP record contains information from a wide range of sources, not just primary care. By enabling colleagues in other care settings to view the GP record they have access to a much richer range of information allowing them to make more informed decisions. All of this is undertaken with the direct consent of the patient and information sharing agreements across practices.

c. Join with the existing Local Shared Care Records to enable a much wider range of information from across health and care.

The first three steps of the plan focus on presenting information to inform decision making. Step four will focus on reducing the number of systems in use within Devon allowing more effective integration between systems.

3.14 Mental Health – Recommendation 6

That, moving in the direction of the NHS England national target, equal priority is given to mental health as to physical health. There is a greater recognition that healing the whole person often means professionals across mental and physical health working closer together alongside Social Care, Public Health and Housing.

3.15 Response

The draft Mental Health and Wellbeing strategy reflects a strong commitment to parity of esteem between mental and physical health. This is consolidated in the strategic ambitions described in the strategy regarding co-ordination, collaboration and integration.

The STP has already acted on this commitment by achieving the Mental Health Investment Standard for 2018/19 which increased funding by 4.1% for NEW Devon CCG and 5.1% for South Devon and Torbay CCG. We are currently developing plans to achieve the 2019/20 requirements.

The iBCF will fund three crisis cafes across Devon to support those with a mental health crisis. These will be up and running in Torbay prior to Christmas and in Exeter and North Devon in the new year.

The strategy also emphasises the importance of ensuring that care and support are consistently needs led, personalised and strengths-based.

3.16 Governance – Recommendation 7

i. That CCGs with encouragement from DCC should put into place a governance structure where they join with Social Care and Public Health under the umbrella of local democratic accountability in both policy formulation and commissioning activities.

ii. That given the BCF governance is accountable to the Health and Wellbeing Board, recommendations 2, 4 and 5 would be monitored by the Board at regular intervals.

3.17 Response

i. The importance of collective governance across the system is acknowledged. Individual organisations continue to retain their statutory obligations and establishing an integrated governance arrangement will require careful

consideration. As part of the aspirant integrated care system programme the wider Devon system is using national expertise to look at models elsewhere and consider how this might be applied in wider Devon. Members will be aware of a joint Health and Wellbeing Board/Scrutiny workshop on the 13 December where it is planned to consider this as part of any future integrated care system development.

ii. Officers would welcome this. We have now aligned 2019 meeting dates to better coincide with national reporting requirements, this will allow the Health and Wellbeing board to input before reports are submitted.

4. Conclusion

There is general consensus that joined up integrated care for the people of Devon is needed. As we further develop and enhance our models of care to achieve this there will be further challenges around many issues including financial arrangements, impact and governance. The input of the BCF Task Group reports in shaping the process of future work is welcomed.

Tim Golby
Head of Adult Commissioning and Health
Dr Sonja Manton
Director of Strategy, NEW Devon and South Devon and Torbay CCGs

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

Contact for Enquiries:
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Background Paper	Date	File Reference

Nil

CSO/18/36
Health & Adult Care Scrutiny Committee
22 November 2018

The Emerging Mental Health and Wellbeing Strategy – A Scrutiny Members Perspective

Report of the Health & Adult Care Scrutiny Committee

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

Recommendation:

that a 6-month performance update should be presented to the June 2019 Committee to review progress in terms of the Mental Health & Wellbeing Strategy's implementation and delivery.

Background

Following 20 September 2018 Health & Adult Care Scrutiny it was agreed that a session be arranged for members to review the visions and priorities of the draft Mental Health and Wellbeing Strategy. In Phase 1 of the engagement programme, from 7 September 2018 to 8 October 2018, people across Devon were invited to share their thoughts and feelings about the vision and priorities for mental health and wellbeing. The outcomes of this engagement process will inform the vision and priorities in this Mental Health and Wellbeing Strategy.

The strategic aims for improving mental health and mental health services within the context of the Devon STP are:

- to ensure services meet local needs;
- to ensure the effectiveness of mental health spend and investment to achieve better outcomes;
- to improve the promotion of mental health and the prevention of mental illness in primary care and in communities; and
- to improve provision for those with severe long-term mental illness and people who have both mental health and physical health needs.

The following members of the Health & Adult Care Scrutiny attended a meeting on 11 October 2018 with the Head of Mental Health Commissioning, CCGs:

- Nick Way (Vice Chair)
- Richard Scott
- Jeff Trail
- Phil Twiss
- Carol Whitton
- Hilary Ackland (Health & Wellbeing Board)

Complex Mental Health Care – what it currently costs in Devon

Mirroring the national picture, treating complex mental health problems in Devon represents significant cost for a relatively low number of people, including £2 million per year in acute hospitals on 'specialising' – where people need 1:1 ward care, £3 million on out-of-area adult mental health inpatient beds, and £13 million on Individual Patient Placements.

Investment in and focus on the most complex cases could result in better outcomes for patients as well as significant savings. For instance, focusing on some of the people who have the most complex mental health needs through investment in Community Intensive Recovery Teams (CIRTs), as Sheffield has, could save £5.5 million a year.

The next group of people with complex mental health needs (220 people) could be supported in settings outside of acute beds through focussed assertive community treatment (ACT). Investment in this community service could improve outcomes and reduce the annual cost per person by £40,000, a saving of £8 million per annum.

Investment in mental health will bring benefits for local people by improving health and wellbeing and provides an opportunity for savings of up to £55m across the wider Devon health system over the next five years. This could contribute to the financial wellbeing of the whole health and social care economy.

There are a number of existing strategies relating to prevention, health and wellbeing and service delivery that are vital to the delivery of the strategy aims of this Devon STP Mental Health and Wellbeing strategy. Working from the principle that we want mental health to be everyone's business this strategy will link with, and in parts inform the following other strategies and programmes of improvement work[1]:

- Prevention and early intervention (STP workstream)
- Children and young people (STP workstream)
- Primary Care (STP workstream)
- Integrated care model (STP workstream)
- Learning Disabilities (STP workstream)
- Acute Services Review (STP workstream)
- Children and young people (STP workstream)
- Workforce (STP workstream)
- Local Authority Health and Wellbeing Strategies
- Communities Strategy Devon County Council
- Five Year Forward View, Mental Health Concordat (suicide prevention, wider prevention)
- Wider Provider Networks

[1] Draft Mental Health and Wellbeing Strategy (Devon STP, 2018)

Issues Identified by Members

The following issues were identified by members and have been reported back to the officers from the CCGs who are leading the stakeholder engagement process to inform the vision and priorities in this Mental Health and Wellbeing Strategy.

Approach to Mental Health

- The most significant change in mental health is - deinstitutionalisation – shifting care and support of people with mental health problems from psychiatric institutions into community-based settings.
- Mental health is much more talked about societally. The momentum has changed but there is still a lot to do, as the focus in the system remains too much on the consequence of ill health.

Prevention

- Prevention is about addressing issues before they escalate. Prevention and a little intervention early on, such as post-natal support, can have a major impact and significantly reduce costs both to a person's health and financially to the system.
- The need to put more resource in mental health before it impacts on policing for instance because of failures in the system. Building resilience is key.
- The system requires joined up thinking. Try to reengineer in terms of reducing money going into acute care to be used in terms of prevention. Currently at a place of consequence and not getting to the point of understanding causal links to stop people getting into crisis, which takes money away from preventative work.
- For the Mental Health and Wellbeing Strategy to work, everyone needs to own it. The strategy needs to reflect communities and conversations about people's experiences and their lives focusing on prevention and wellbeing.
- The importance of social prescribing with GPs linking in with the third sector and local communities.
- Schools need to have a strong pastoral side.

Delays in Access

- Concern about the impact of delays when people need urgent help. It is essential to intervene as early as possible where support is required.
- Accessing relatively low-level therapy and crisis support is often hard, as is CAMHS access.
- There also needs to be equity across the County in terms of access and provision.

Voluntary Sector

- Voluntary sector funding is an issue. The contractual way of working for 12 months is problematic. Services fall as a result and then more people enter a system that is already overloaded. There is a need for longer 3-5-year contracts.
- Organisations need a clear outcomes framework. Work needs to continue to bridge the gap between strategy and local delivery – creating connections and links.
- Need to support organisations like the CAB to ensure good voluntary sector involvement, as well as promote it in areas which are less strong.

A Joined-Up System

- The different parts of the system are doing what they can do, but not always thinking about the pathway of a child for instance rather than what they have been commissioned to do.
- The need for a mental health partnership that would have oversight of multi-agency delivery of services across Devon.
- The need for the Adult Social Care 5 Year Plan to link in with this Mental Health Strategy.

Data

- Strategically the more data on mental health and wellbeing the better.
- Need to use data better and have the data analytics to do so.

Workforce Engagement

- The need to engage with large work forces to mitigate health outcomes.
- Work is underway to try to make every gym in Exeter dementia friendly, as well as to focus on mental health and wellbeing. Free training on mental health is being offered to local businesses in Exeter (small charge for bigger businesses). Exeter Chiefs Rugby and Exeter City Football Club are heavily involved.

Prison

- Concern about locking people up in prison with mental health problems. Prison is not the right place to get these people mentally healthy and off drugs.

Deprivation

- Recent surveying work showed that deprivation may not always be the key factor in terms of mental health and wellbeing, as there appears to be the same prevalence of issues identified in more affluent areas.

Housing

- Housing has a significant impact on mental health and is major factor in terms of health outcomes both mentally and physically.

Diagnosis Support for Terminally Ill/ Long Term Conditions

- Need to factor in guidance on psychological support for those diagnosed with terminal illness, cancer, HIV and this should include family and children.

Electoral Divisions: All
Local Government Act 1972

List of Background Papers
Contact for Enquiries: Dan Looker
Tel No: (01392) 382232

Background Paper	Date	File Ref

Nil
There are no equality issues associated with this report

ACH/18/97
22 November 2018
Health and Adult Care Scrutiny Committee

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

NHS INQUIRY SPOTLIGHT REVIEW - UPDATE

1. Recommendations

1.1 Scrutiny note the contents of this update.

2. Introduction

2.1 This report is intended to update members on activities and progress against the recommendations in the NHS Inquiry Spotlight Review (CS/18/05) presented to this committee on 25 January 2018.

NHS Spot final report.pdf

2.2 The Spotlight Review described three ambitions with ten specific recommendations across these ambitions. An update is provided against each recommendation:

	Ambition	Specific Recommendations	Update
1.	Increase and maintain the Health and Care workforce through effective recruitment and training opportunities and retention of quality staff.	1.1 Ask Sarah Wollaston, as Chair of the Health Select Committee and a Devon MP, to establish a Select Committee inquiry into system wide approaches to recruitment and retention in the NHS and Adult Social Care	The Cabinet member for Adult Care and Health meets regularly with Devon MPs and keeps local MPs updated on relevant matters relating to health and care. This has included recruitment and retention issues including promotion of the "Proud to Care" Campaign. Officers have also been in conversation with national officials who are trialling a national recruitment campaign for social care.
		1.2 All Councillors in their community leadership role to promote the value of health and social care as fantastic, rewards careers	The Cabinet Member for Adult Care and Health has promoted the "Proud to Care" initiative and the role of local members in this via his regular newsletter to all members. The

			"Proud to Care" team has held several local recruitment and retention fairs to actively promote care as a career in local communities.
		1.3 Work through the NHS and Local Authority to take a system wide collaborative approach to promoting innovation recruitment and retention ideas. For example, looking at the lessons from East Kent as well as opportunities for apprentices right through to incentives to retain or reintroduce retirees.	The Devon Sustainability and Transformation Partnership (STP) has a strategic workforce workstream and members will be updated on progress via a masterclass. A prevailing feature is collaboration to maximise opportunity to work across providers including mutual support to all organisations with staffing issues.
		1.4 Further work to take place on dual contracts where two providers employ the same member of staff part time each, reducing competition for the same staff pool and offering the most flexibility to staff members	A system wide memorandum of understanding has been drafted to enable the ability for staff to move more freely to work across the system and for skills and capabilities to be deployed and shared across organisational boundaries. This is awaiting formal individual organisational endorsement.
		1.5 Identify GP practices in Devon that may be vulnerable if staff were to retire or leave. Work with practices to help improve resilience.	The CCGs in Devon have taken on a lead responsibility for supporting GP practice resilience, working in partnership with NHS England, the Local Medical Committee as the professional representatives of General Practice, and the GP practices within Devon who may themselves identify resilience risk. In assessing GP practice resilience, a wide range of factors are taken into account which may include for example: actual and anticipated workforce pressures including difficulties in recruiting, financial viability, size, isolation whether geographic or relating to other factors, functional state of the premises, and the operating model. The approach taken is not only to provide support to individual practices but to resolve the underlying issues leading to the arising vulnerability and are committing resources to do this.

2	Reduce unnecessary pressure on the system	2.1 Clear communication of where to go in an emergency. Investigate the opportunities for greater sign posting e.g. through technology such as NHSQuicker app. 2.2 Better promotion of pharmacies as places to go for advice and treatment.	Significant work has taken place to manage demand and pressure on the health and care system across Devon. This is described in detail in Appendix A (attached) and includes specific reference to the role of pharmacies.
3	Recognise, Value and Support the role of social prescribing, social enterprise and community groups in enabling preventative measures, coping strategies and treatment options.	2.3 Investigate the mechanises by which GPs could promote alternative treatments to prescription drugs such as physical activity and/or activities for mental wellbeing	The Secretary of State for Health and Social Care launched the National prevention strategy earlier in November. All health and care operational teams operate a "core group" model where local practitioners meet to target intervention on known individuals at risk. There are formal social prescribing options for GPs in some parts of Devon and evolving community builder and connector roles as well.
		2.4 Review the effectiveness of the Integrated Care Exeter project and Community Connectors and embed lessons where appropriate to increase people's access to support.	The Wellbeing Exeter programme (developed through the now closed Integrated Care Exeter Programme) commenced roll out to all Exeter GP practices during 2018. In the longer term it is expected that this will mitigate demand on health and care services in the city. The local commissioning group led by Exeter City Council will provide an annual evaluation on impact**.**
		2.5 Write to DFT to ask that the age limit on volunteer drivers for community transport is reviewed and possibly increased to reflect changing demographics.	This recommendation is allied to a service area outside the remit of adult care and health. Further consideration of how this recommendation can be embedded is required, at this time DCC have not received an indication from DfT that there is an appetite to change policy.

Equality Considerations

None

Legal Considerations

None

Tim Golby
Head of Adult Commissioning and Health
Sonja Manton
Director of Strategy

Electoral Divisions: All

Cabinet Member for Adult Care and Health: Councillor Andrew Leadbetter

Chief Officer for Adult Care and Health: Jennie Stephens

Appendix A

Help Us Help You - Stay Well This Winter

Devon STP communications campaign

Winter 2018/2019

#ThumbsUpForCoby campaign

Earlier this year, our beautiful son, Coby, died from flu.
He was just nine-years old and lived with us here in Devon.

Like every child, Coby was a special little boy. He loved maths, computers and playing with his friends. We miss him every day and our life is not the same without him.

We don't want anyone to go through what we've been through. That's why we're urging parents to get their child vaccinated against flu.

With thanks and best wishes,

Louise and Jamie, Coby's mum and dad

#ThumbsUpForCoby

The children's flu vaccine is offered as a yearly nasal spray to help protect children against flu.

Children from reception to year five will receive a consent form from their school, via letter or online. Consent forms must be completed for your child to be vaccinated. Many parents have already returned their forms.

If your child is aged 2 to 4, or has a long-term condition, like asthma or diabetes, contact your GP and book them in for a vaccination. Clinics are available now and are filling up.

Protect your child and those around them now. Get the flu vaccine.

www.NEWDevonCCG.nhs.uk

What we are doing this winter

NHS 111 online www.111.nhs.uk

BETA This is the first version of a new service

Get medical help near you

1. Answer questions on this site about your main symptom.
2. Get advice on where and when to get help, or get a call from a nurse.
3. Find out what to do if you can't see your usual doctor or dentist.

You can read general information on health problems (like high blood pressure), or about emergency prescriptions and medicines on NHS.UK.

PHARMACY FIRST

300 × 150

HANDi Taunton:

Specialist paediatric advice when & where you need it

Fast Facts

Launch date: March 2015

Innovation type: App

Available on: Apple devices and Android

Key Purpose: To provide parents with clear and concise advice about the 6 common childhood illnesses

Innovator: Amy Whiting and Sarah Bridges

Number of downloads to date: 600-1,000

MENU

Old Farm Surgery NHS

Consult your GP

General advice

The consultation will ask you a series of questions about your problem. It should take a few minutes to complete.

Your answers will be sent **securely** to Old Farm Surgery.

Your GPs will then review your answers and recommend advice or treatment. The practice will respond **by 6:30PM on Monday, 12th of November.** What will happen when the practice contacts me?

Who can use this service?

In order to use this service:

- You must be registered at Old Farm Surgery
- Your problem cannot be an immediate emergency
- If you are consulting for yourself, you must be 18 or older

☐ I confirm my problem is not an immediate emergency

☐ I confirm I'm doing this consultation for myself (not my child)

☐ I give my consent to the processing detailed in the privacy notice

START YOUR CONSULTATION

Other ways to get help:

Get advice from 111

Find out if you can manage your problem yourself

Help with your health – z cards

Will be distributed to 100,000 homes in Devon around 1 mile radius of acute footprints.

What we are doing this winter


Herald
Lose weight and stop drinking - how you'll stay well this winter
Pensioners are urged to get free flu jabs
DevonLive
The important step everyone needs to take in the fight against winter's deadly illness
Why you should have your flu jab this year
STAY WELL THIS WINTER
Over-65s urged to have their winter flu jab
OLDER people across South Devon are being advised to have flu jabs as doctors
and older as they are more likely to have an underlying health problem and the
of flu is worse than a heavy cold usually
Get your flu vaccine
Flu can be serious.
Protect yourself.
STAY WELL THIS WINTER
NHS
Life-threatening?
We're here for you
every 15 mins
Keep colds and bugs at bay
Doctors advise flu jab for pregnant women
Choose the right service this winter.
Pharmacies, minor injuries units, NHS 111 and GP practices are the right sources of treatment and information for people under the weather this winter
GP services
Pharmacy
Minor injuries
Parents urged to get children flu vaccination
West's hospitals brace themselves for busiest-ever winter
Family of boy who died after catching flu urge parents to get children vaccinated


Get your prescription before the Christmas holidays
Most GP practices ask that patients order their prescriptions at least two days in advance
Check with your practice
December 2017
Tues 19 Dec
Weds 20 Dec
Thurs 21 Dec
Fri 22 Dec
Sat 23 Dec
Sun 24 Dec
Mon 25 Dec
Tues 26 Dec
Weds 27 Dec
Thurs 28 Dec
CLOSED
Mon 01 Jan
Tues 02 Jan
Self-care
Pharmacy
GP
Help with your health
Mental health
Minor injuries
Social care
NHS 111
Seek advice from your pharmacist
STAY WELL THIS WINTER
If you're pregnant, you need a flu jab now
Not sure what to do when your child is unwell?
Download the free HANDi Paediatric app and get expert advice, support and guidance for common childhood illnesses.
Search HANDi Paediatric
et your flu vaccine
can be serious. Protect yourself.
Dr Dafydd Jones, GP
Flu MYTHBUSTING
The flu jab isn't safe
nhs.uk/StayWell
This is my best friend Sam. He died when he was 3 years old.
r minor injuries
nd illnesses, think
umberland Centre
We're here for you
Stay well
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Health and Adult Care Scrutiny Committee

Rapid Response Spotlight Review

November 2018

1. Recommendations

The spotlight review asks the Health and Adult Care Scrutiny Committee and Cabinet to endorse the recommendations below, with a review against progress of the recommendations in 12 months time.

	Ambition	Specific recommendations
1	Continue to develop Rapid Response service.	1.1 Consideration of joint teams to provide both Rapid Response and social care reablement, enabling the team to have more flexibility to respond to need.
		1.2 Explore the feasibility of GPs as part of the Rapid Response team as a standardised approach across Devon.
		1.3 Record all calls and Rapid Response teams take a proactive approach where there is no help available, calling back health professionals when care is available, if not already done.
2	Support the system to work.	2.1 The Scrutiny Committee continue to scrutinise other aspects of system flow to ensure that appropriate care is available when needed and avoid bottlenecks.
		2.2 Scrutiny to celebrate the successes of Rapid Response and receive a yearly report on the number of people being kept out of hospital because of the service.
		2.3 Consideration to be given to a review of the geographical limitations that may be placed upon a service – where a patient can only be treated where they are registered in area.
		2.4 A review of all intermediate care provision across the County with a view to reopening some community hospital beds on a flexible basis to ease pressure on the system and Devon to see no further community hospital bed closures.
		2.5 Write to the Secretary of State for Health to request a review of pay structures within Rapid Response and Social Care Reablement.
3	Increase GP and other agency's confidence.	3.1 Publish % patient satisfaction on website including a 'you said – we did' response form (possibly online with the Rapid Response pages in Kent https://www.kentcht.nhs.uk/service/rapid-response/).
		3.2 Review the phraseology used to describe patients in the Rapid Response service.
		3.3 Publicise the 'yellow card' scheme where GPs are able to feedback on systems that are not working as well as they could.
4	End of Life Care Support	4.1 Review of Hospiscare's role in end of life support with a view to increasing public sector funding.

2. Introduction

2.1 The Health and Adult Care Scrutiny Committee heard representation in January 2018 under public participation from a GP in East Devon. Dr Slot shared his concerns about how the Rapid Response service was working. A full transcript of the address in in Appendix 1.

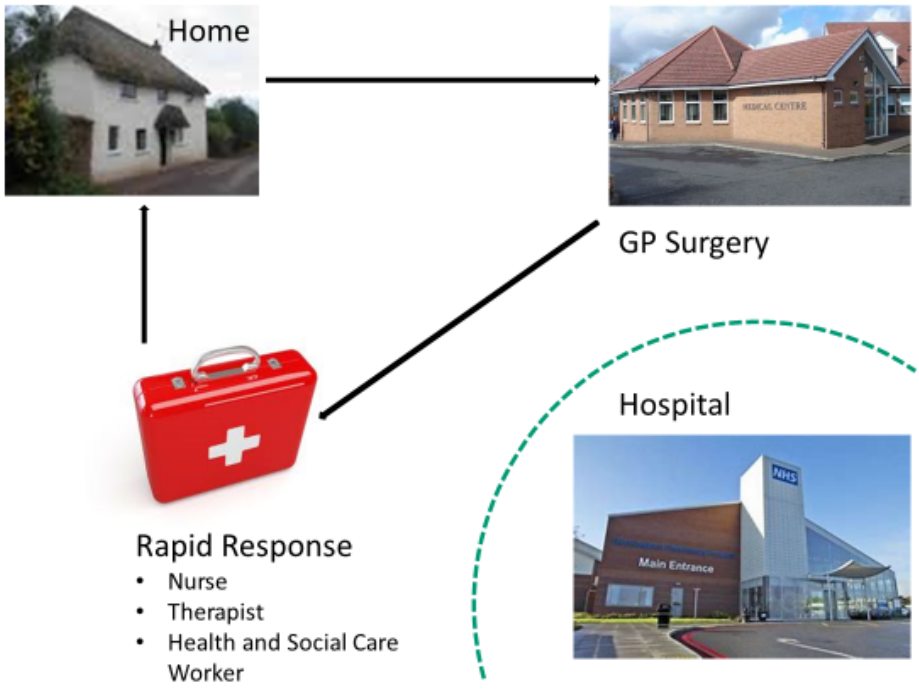
2.2 Whilst it is unusual for the Committee to establish a review group following public participation, listening to the voice of the public is a crucial part of scrutiny work. Subsequently the spotlight review was established to ascertain whether these concerns were shared across Devon. The scope was set as:

- To understand how the Rapid Response system should work and how it is working
- To carry out a survey among GPs in Devon to ascertain if the concerns raised are typical of other primary care practitioners.
- To identify pressure points in the system and understand what action might be taken to ameliorate them.

2.3 The spotlight review was conducted over two sessions which took place on 6 June 2018 and 25 July 2018. The review spoke to nine witnesses over these two sessions. This report is the conclusions that the review group have drawn from these witnesses sessions, triangulated with other collected data.

3. What is Rapid Response?

3.1 The Rapid Response service provides care for a person in their own home when they are experiencing deterioration in health or if there has been a breakdown in care arrangements. The service is a short term intervention for up to seven days, designed to support people to remain in their own home instead of being admitted to an acute hospital or nursing home (community hospitals).



3.2 Most of the referrals are made by GPs, but they can also be made by GP out-of-hours service, community health and social care services and Ambulance crews. The agency referring rings the Rapid Response Intervention Centre which co-ordinates care.

3.3 Care needs are assessed by a member of the Community Health and Social Care Teams This is provided by Rapid Response support workers employed by NHS Healthcare Trusts or by care staff provided by local agencies and is co-ordinated by the Rapid Intervention Centre. Care can be provided up to four times a day and overnight if required.

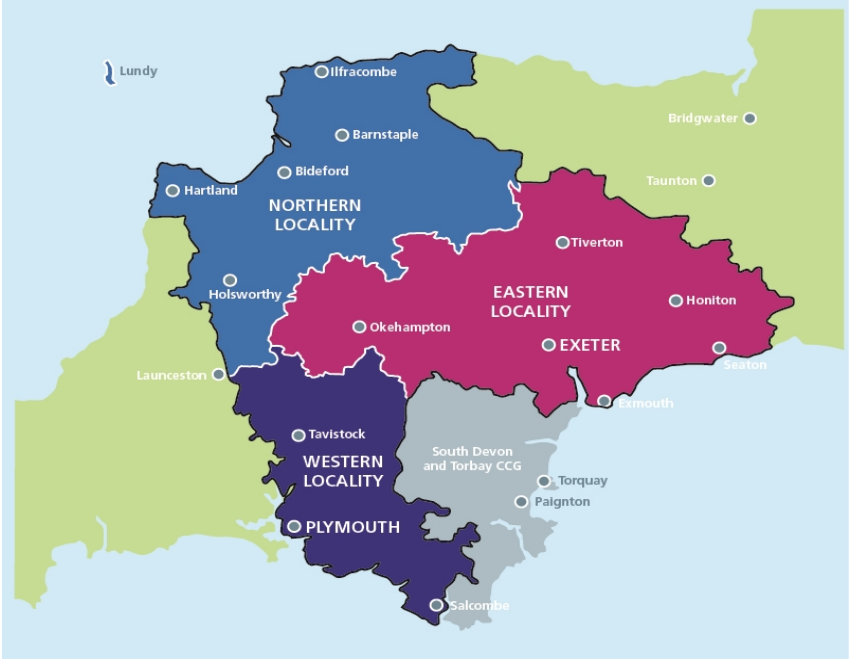
3.4 Avoiding a hospital admission where possible can be of significant benefit, minimising disruption, improving recovery, and reducing the risk of possible complications that can be associated with hospitalisation. Most patients treated through Rapid Response in Devon say that they would prefer to not go to hospital[1].

3.5 The DCC Social Care Reablement service provides a corresponding community-based service to support successful transition in 'step down services' when people are discharged from hospital. These teams work on similar interventions to support independence.

Recommendation 1.1 Consideration of joints teams to provide both Rapid Response and social care reablement, enabling the team to have more flexibility to respond to need.

How is Rapid Response organised in Devon?

3.6 Across Devon health and social care is managed at an area level, with Northern, Eastern and Western Devon making the 'NEW' in NEW Devon CCG. South Devon and Torbay CCG covers this remainder of the County. These areas are demarked on the map below:



3.7 The areas can have different approaches as appropriate to match the needs of the local population. See Appendix 2 – leaflet from the Northern Locality. The spotlight review has been informed of the following local approaches:

In the Western locality the Rapid Response Care Service is comprised of 'band 4' co-ordinators and 'band 3' support workers, providing the intervention together with the Intermediate Care Service and in conjunction with local community hospitals. Co-ordinators will receive referrals, allocate work, collect data and arrange duty rotas. Rapid Response staff receive training from Livewell South West, and are able to draw on the resources of the Intermediate Care team.

In the Eastern locality the Rapid Response teams are complimented by the Eastern Urgent Community Response working to help people living in Exeter, Mid Devon and East Devon on discharge from acute hospital. However, the team includes nurses, community matrons, physiotherapists, occupational therapists, social workers, social care assessors, co-ordinators, support workers and therapy assistants.

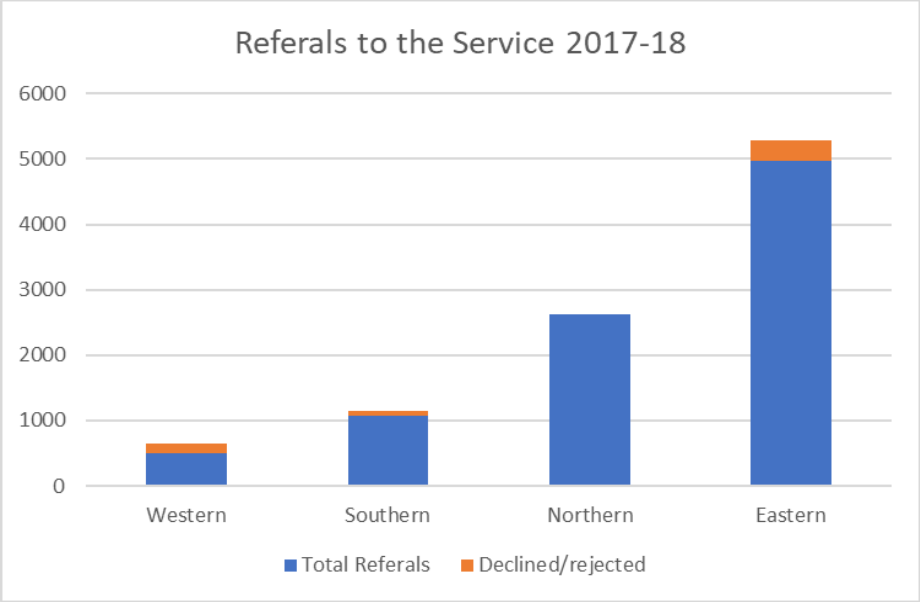
[1] Information provided to the spotlight review

South Devon and Torbay CCG organise care differently again, ensuring that qualified GPs are part of the team. Many of the witnesses that the task group spoke to felt that this was a very positive development.

Recommendation 1.2 Explore the feasibility of GPs as part of the Rapid Response team as a standardised approach across Devon.

Referrals to Rapid Response

The chart below shows the number of referrals made and the number declined or rejected over the period from April 2017 to March 2018. In North Devon no referrals were declined during this time.



3.8 As demonstrated here the number of referrals declined or rejected is a very small proportion (less than 6%, approximately 300 people, on average) of the total number of cases that are referred. However, the spotlight review does have concerns about inconsistencies in recording calls that are not referred. Hearing from some witnesses, it became clear that calls may not be recorded if care was not available at that time. This could lead to the figures looking lower, or even higher – if unsuccessful referrals are double counted because they have recorded more than once. GPs and Hospiscare also expressed concerns about whether all of the calls were being logged. Within the figures the number of calls logged does not differentiate between patients, and a patient could be referred more than once if there was no capacity.

Recommendation 1.3 Record all calls and Rapid Response teams take a proactive approach where there is no help available, calling back health professionals when care is available.

3.9 **Reasons for Rapid Response intervention not being possible:** This broadly breaks down into either capacity, or a referral whose needs cannot be met by the service:

Capacity not available	**Patient needs support beyond what can be offered**
Capacity of team due to, staff sickness/leave	Needs of the individual being over and above what Rapid Response can support, (i.e. related to medication management
Timings or location of incoming referral and/or not compatible with scheduled rota or capacity for night sit	Increasing number of inappropriate requests to breach gaps to cover for a lack of packages of care in the locality.
When RR capacity is supporting wider personal care demands in the system, where people may wait for personal care package (closely monitored)	

3.10 For those referred, the service is able to care for the majority in their own home, figures below have been supplied to the spotlight review. (no data was available for Northern Devon)

locality	looked after at home
Eastern	73%
Southern	72%
Western	82%

3.11 For those not able to be cared for at home, they were either taken to a hospital, or another care setting for example hospice, residential or nursing care. The dedicated system would also include:

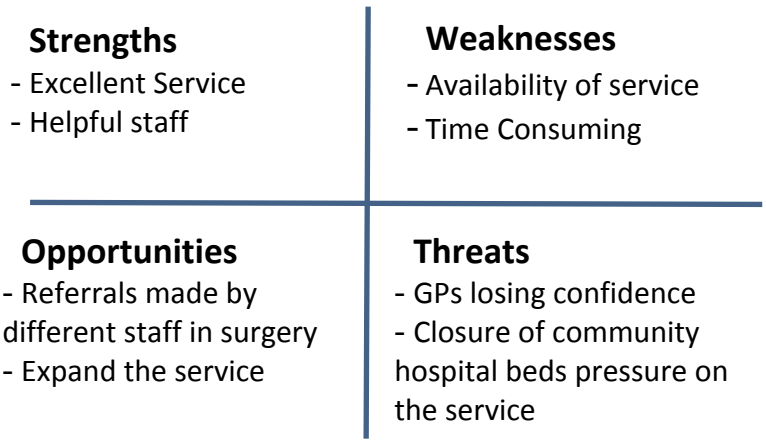
- For admission avoidance cases, locality teams would be asked if they could support the referral either by going out to do an assessment to see if the level of requested care was appropriate or whether an alternative could be considered, e.g. by the provision of equipment or telecare.
- Where possible, the local community health and care team would support any gaps in care visits and joint support with the Social Care Reablement for a double handed care package.
- The commission of additional capacity from local personal care providers who are part of the joint personal care framework contract.
- Potential to use spot purchase intermediate care beds where appropriate and available. If out of hours, then the urgent care nursing service could be approached to support until day time teams could pick the case up.

4. Listening to Primary Care

4.1 The spotlight review considered how best to understand the views of GPs across Devon, this was particularly important considering how the topic was raised by a concerned GP at public Committee. The review began by identifying large surgeries and clusters of Surgeries to contact directly. The surgeries were chosen to give a mix of practices across all localities in Devon. They were then invited to share their views electronically, unfortunately, this approach yielded no results.

4.2 The spotlight review then decided to speak to the Local Medical Council, which represents the views of GPs, to also ask the LMC if GPs could share experiences with the spotlight review. The spotlight review also spoke to a representative from Exeter Patient Participation Group (PPG) to triangulate information and hear from patients. The spotlight review also contacted Healthwatch, but there was no information that they had collected specifically on this subject.

4.3 The spotlight review did gather written qualitative data from nine GPs on their experiences of Rapid Response. These were provided through the LMC and Dr Slot, with the majority being GPs in East Devon. Whilst no statistical inferences can be drawn from this group, the responses are striking in their consistency, and each makes similar comments – these have been analysed on the SWOT chart below looking at the current situation:



- Many respondents spoke of how the services excellent, with staff who try to help.

- The majority detailed problems with the availability of Rapid Response, which in some cases led to the GP needing to admit/re-admit the patient to an acute hospital.
- Many had concerns over the time-consuming nature of making a referral as well as the need to call back if there was no availability.
- These two factors are leading many of the GPs who responded being hesitant to use the service and a couple to state that they will not use the service.
- A minority mentioned community hospitals and increased pressure.

(See Appendix 3)

Recommendation 3.1: Publish patient satisfaction on website including a 'you said-we did response form.

4.4 There were also two standalone comments that the spotlight review felt were worth highlighting:

> ***'Disappointed that there is an unwillingness to take referrals from admin staff who have been delegated to call by the GP…They also won't accept referrals directly from the social care reablement team, which increases GP workload in terms of the healthcare professionals in the team referring back to the GP to refer on to Rapid Response.'***

The spotlight review did receive a different view to this – where a community matron made referrals on behalf of the GP and this was working well. However, it was felt that this possible inconsistency required further investigation and clarity on what was required of the person making the referral.

> ***'One case I can remember in the past 2 months - wife had to be admitted and no care available for husband with dementia so he had to be admitted to residential care.'***

This view point was also identified by the Exeter PPG, where care for one person also had a significant impact upon their partner. The spotlight review would expect to see this aspect considered where a support package was being developed for one person. In theory, the Rapid Response service should help to support both members of a couple staying at home.

4.5 GPs are encouraged to use the Yellow Card[2] process to report when things are not working so that a review can be undertaken by the CCG. The scheme has been operating in South Devon and Torbay CCG since 2014 and has recently been rolled out across Northern, Eastern and Western Devon CCG. However, the evidence that the spotlight review received would suggest that this is not being uniformly used.

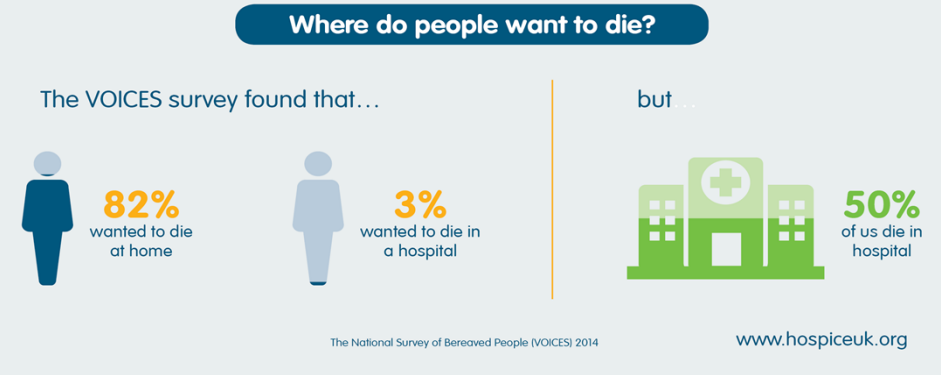
Recommendation 3.3 Publicise the 'yellow card' scheme where GPs are able to feedback on systems that are not working as well as they could

[2] https://www.newdevonccg.nhs.uk/contact/yellow-card-for-healthcare-professionals-103551

5. End of life care

5.1 Rapid Response may be called to support someone to stay at home for end of life care, this may be because they have chosen to die at home.

5.2 A large proportion of patients prefer to remain at home for the end of their life. Hospiscare work alongside NHS colleagues, together with inpatient and community teams to co-ordinate packages of care to prevent unnecessary admissions. If patients cannot be supported, the Hospiscare@Home team will step in and try to provide the care needed. Hospiscare cover the area of Exeter, East and Mid Devon, including Tiverton, Crediton, Okehampton, North Dartmoor, Dawlish, Exeter and the Coast to Seaton, Axminster and Honiton, in effect, the Eastern area.



5.3 Hospiscare log as many instances as they can where patients need access via Rapid Response and, in the last 3 months, around 40 people have been unable to access Rapid Response.

5.4 The number of people who retire to Devon can often mean there is a lack of social support from families being at times geographically spread, or when this is not the case, families taking on the carer role which can result in a post-bereavement risk. Trajectories of illness currently seem to be that the patients are stable for longer but then deteriorate rapidly at the end of life, which can result in crisis needing urgent support which is not available.

5.5 The Hospiscare representative had invited comments from colleagues about the Rapid Response service and received the following:

- Clinical nurse specialists can make phone contact 3-4 times a day to the Rapid Response service because there is NOT support available. This is very time consuming and has a significant impact on community teams.
- Several instances have occurred where families are waiting for Rapid Response to arrive, only to be phoned and told that it has been delayed and as a result it may be that sometimes pressure is exerted to not come at all.
- A further situation arose when the Service was phoned about a Mid Devon patient who was registered with a GP in Crediton, but lived closer to Tiverton, although there was a carer available in Tiverton, the Rapid Response Service could not access that carer because of the patient being registered in Crediton and not Tiverton.
- There have been instances in times of no capacity when the term 'reject list' has reportedly been used. To use this phrase is very poor practice.

Recommendation 2.3 Consideration to be given to a review of the geographical limitations that may be placed upon a service – where a patient can only be treated if they are registered in area.
Recommendation 3.2 review the phraseology used to describe patients in the Rapid Response service.

5.6 The spotlight review was incredibly concerned to hear written testimony from one Hospiscare nurse that reported in the last month there were eight instances where no care was available.

5.7 Statistics show that Hospiscare@Home teams keep over 90% of their patients at home if that is their preferred place of death and nearly 90% of these patients would otherwise have been admitted to an acute setting. The spotlight review was informed that there has been significant pressure on the service provided, ultimately affecting people's option of where they would like to die. Hospiscare have seen a large increase of patients dying in their 12-bed Inpatient Unit over the last 12 months.

5.8 Funding challenges are a particular risk area for Hospiscare. Around £1m of funding is provided by the NHS each year, but an additional £7m is needed to be raised from funding events, charities etc. Hospiscare can choose where to invest these monies, but strains are becoming more intense.

6. Pressure on the system

Recruitment and Retention

6.1 Recruitment and retention of staff are large challenges facing the service. Some of the conditions of contract are specified at a national level, others are local. The service works to make Rapid Response a desirable area to work, including paying above National Minimum Wage. All staff are salaried and do not have zero-hour contracts. Benefits include basic level training with opportunities to work towards a qualification and for career progression, with some staff eligible for salary sacrifice car loans.

6.2 The NHS does not carry out exit interviews when staff leave, but one of the recurring themes cited for leaving NHS employment is the amount of travel involved for the role and the reduction in mileage allowance rates, after the first 3,500 miles. The first 3,500 miles is paid at 56p per mile reducing to 20p per mile for the remainder of the year.[3]

6.3 Establishment is a term used to describe recruitment to the optimum level of staffing designated for each area. Recruitment is mixed across Devon. The RD&E has two localities that are operating at establishment and four that are below. Generally, across the board there is 80-85% establishment. Recruitment is difficult in Exeter as it competes with much larger employers and retention of staff at the RD&E is challenging while South Devon and Torbay experiences problems where teams have grown due to the care market changing locally. The outer rural edges of Mid Devon are particularly challenging to recruit to. However, recruitment in Northern Devon is good.

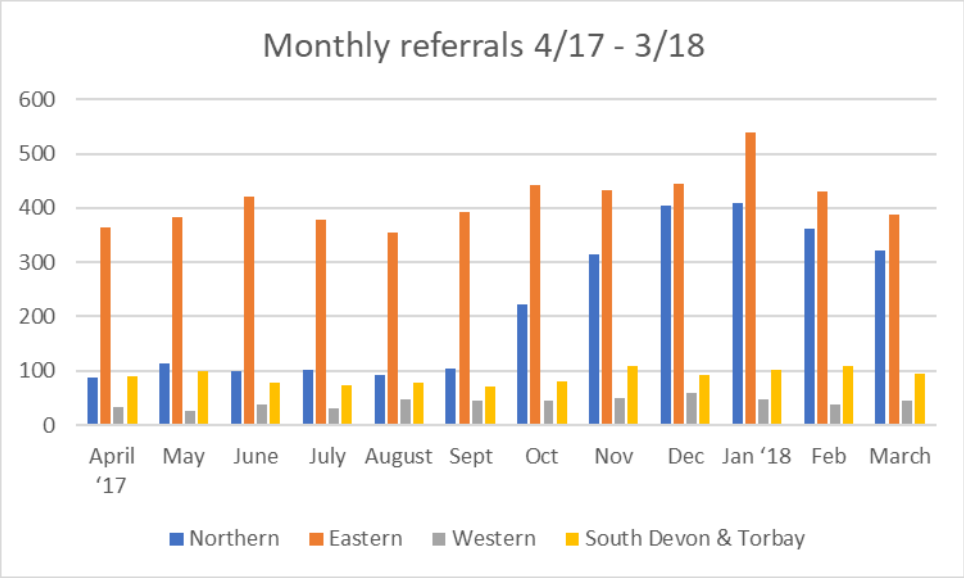
6.4 The graph below sets out comparable salaries from other large employers in Devon, based on basic rates with no enhancements:

	from £
Sainsburys (average)	8.00
IKEA, Customer Services representative	8.55
Rapid Response support worker (NHS)	8.79
Lidl, Customer Service Assistant	8.83
Reablement support worker (DCC)	8.90
Rapid Response support worker (DCC)	9.78

[3] http://www.nhsemployers.org/your-workforce/pay-and-reward/agenda-for-change/nhs-terms-and-conditions-of-service-handbook/mileage-allowances

Winter pressure

6.5 Inevitably when considering NHS and social care services the winter cycle does have an impact. The graph below demonstrates the variation in referrals by month from April 2017 to March 2018. In Southern (the light green bars) there are small peaks across the winter months from November, Eastern (Red bars) also sees an increase, peaking in January 2018, with almost 50% more referrals than in August, however the most notable increase is in Northern (light blue bars) with up to 150% increases for December and January.



6.6 Whilst winter pressure is to some extent inevitable, when a service is already stretched, additional pressure on the system will lead to failure. One of the witnesses to the spotlight review said that hospitals work to optimal capacity of 85%, leaving enough capacity for flex across the system, however the community service feels like it is working at 100%.

Closure of Community Hospital beds

6.7 Treating people in their own homes is a positive move when it is safe and appropriate to do so. The closure of community hospital beds is a controversial area but was brought up by several of the witnesses that the spotlight review spoke to.

6.8 With the reduction in bed-based step up/step down care, the spotlight review has heard concerns that additional pressure has been put on the system from several witnesses including the LMC and Hospiscare. This in turn has made it more difficult to cope in times when the service is already stretched.

6.9 The Spotlight Review heard from Hospiscare, who have seen an increase in acute setting deaths in some areas, with a corresponding decrease in home deaths. Further community hospital closures last autumn created an increase in Hospiscare patients being referred to their Inpatient unit due to a lack of social care available. The spotlight review heard that they system worked well up until community hospital bed closures began to have a 'huge impact'. Patients say they prefer to be at home or in a community hospital but there are now not enough care packages to support this.

Recommendation 2.4 A review of all intermediate care provision across the county with a view to reopening some community hospital beds on a flexible basis to ease pressure on the system and Devon to see no further community hospital bed closures**.**

Conclusion

This short investigation has focussed solely on the Rapid Response service, looking at how it is working in practice and trying to ascertain if the concerns raised by Dr Slot were replicated across Devon. The spotlight review has consistently heard that the Rapid Response service is a well-designed intervention with dedicated and helpful staff working to deliver the best service for the people of Devon. However, the pressures on the system have meant that at times the service has not been available and in some instances, this has led to a lack of confidence among GPs and other health service staff.

There are lessons to be learnt both from good practice within Devon and other local authorities. The service has the structure to continue to be effective, but additional pressure has demonstrated its limitations. In particular the reduction in community hospital beds for both step up and step down care has inevitably required more from both Rapid Response and social care reablement teams.

This report's recommendations should help to alleviate pressure on the local health and social care system and also ensure a county wide consistent approach in call handling, to ensure that all calls are recorded and not just those that have successfully provided Rapid Response.

It is clear that some GPs have lost faith in a system that works to the laudable aim of treating people in their familiar environment and supporting them to be independent and have the best outcomes but is not currently achieving this. This lack of faith is leading to more admissions and needs to be urgently remedied if the system is to become effective once again.

The spotlight review was particularly concerned about end of life care and the recommendations in this report are intended to help reduce pressure on Hospiscare, a charity which receives a relatively small portion of NHS funding, yet provides a significant service to terminally ill people that the NHS would have to otherwise provide.

The spotlight review concluded that additional workforce is needed across all sectors. There is currently a large recruitment drive taking place in Devon to try and recruit both nationally and internationally. However, this has had limited success. Recruitment for domiciliary care and back-filling in the Eastern and Southern CCG areas have a knock-on effect for Rapid Response.

The spotlight review has heard from the service about the ambition to continue to grow and improve. The Rapid Response Service has been largely funded through the Better Care Fund. With more investment expected in this area, it was hoped to continue recruiting into the service. The aim is to make the service available for everyone, especially those with dementia or young people with disabilities. There is a strong commitment to work creatively including looking at possibilities with working collegiately with the reablement team. The spotlight review strongly welcomes these developments.

Sources of evidence

Witnesses

The Task Group heard testimony from a number of witnesses and would like to express sincere thanks to the following people for their contribution and the information shared.

NAME	ORGANISATION	ROLE
Dr M Slot	Sid Valley Practice	GP
Dr P Hynam	Devon LMC	GP and Medical Secretary
Mr R Westlake	Exeter PPG	Chair
Ann Rhys	Hospiscare	Assistant Director of Care
Jo Turl	South Devon & Torbay CCG and NEW Devon CCG	Deputy Chief Operating Officer
Keri Storey	Devon County Council	Head of Adult Care Operations - Health
Jane Cawthorn-Weaver	Royal Devon & Exeter NHS Foundation Trust	Rapid Intervention Centre Manager
Tracey Morrish	Northern Devon Healthcare NHS Trust	Urgent Care Services Manager
Suzanne Skelly	Torbay & South Devon NHS Foundation Trust	Community Services Manager

Membership

Councillors Claire Wright (Chair), John Berry and Nick Way.

Contact

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Camilla de Bernhardt Lane, Head of Scrutiny Cam.debernhardtlane@devon.gov.uk

Bibliography

- Health & Wellbeing *Scrutiny* Committee – Sustainability and Transformation Plan Model of Care, Joint Spotlight Review – November 2016
- Nursing in Practice; *'Delivering a Rapid Response service in the community'* https://www.nursinginpractice.com/article/delivering-rapid-response-service-community
- Introduction of the yellow card system for GPs https://www.newdevonccg.nhs.uk/contact/yellow-card-for-healthcare-professionals-103551
- *http://www.nhsemployers.org/your-workforce/pay-and-reward/agenda-for-change/nhs-terms-and-conditions-of-service-handbook/mileage-allowances*

Appendix 1

Transcript of address given by Dr Slot at the Health & Adult Care Scrutiny Committee on 25 January 2018.

"I've come to you as a local GP practising in Sidmouth.

As we're all aware we lost a lot of community beds recently over the last year or so and the loss of community hospital beds was intended to be offset by increasing the capacity of community care so that patients could be cared for in their own homes. This may or may not have been realistic since many of the patients in the hospital system cannot be managed in the community even with excellent community services.

However, with or without community hospital beds, it's an excellent idea to expand community services so that those patients who can be cared for out of hospital can remain at home. Unfortunately, there is not sufficient capacity in the home care services to do this job. When GPs ring the single point of access number asking for Rapid Response or night sitting, the carers are not available. This is partly due to lack of resources and partly due to difficulty with recruitment. I suspect that part of the difficulty with recruitment may be due to the terms and conditions. If the carers only get paid when they are required, then this may not be a particularly attractive option for them.

Now, it's well understood that a hospital only functions well with a maximum of 85% bed occupancy and similarly with home care services we need to accept that there will be some unused capacity otherwise the service is never able to accept unexpected cases, thus we need to allocate enough resource so that we can offer both an attractive rate of pay and attractive terms and conditions.

The importance of this should not be underestimated because this is in fact an essential part of the answer to the problem that the entire NHS is experiencing. If the level of water in a reservoir is steadily rising and then overflows, you can either try and build the banks higher, in which case it will just overflow a bit later, or you can look at the streams going in and going out of it. Similarly, when you see an overflowing accident and emergency or hospital, you can buy more accident and emergency or acute beds - very expensive - or you can increase community capacity to prevent people going in and facilitate people coming out - relatively much cheaper - but you do have to pay a proper rate for it."

Northern Devon Healthcare NHS Trust

Appendix 2 Rapid Response Service

Other formats

If you need this information in another format such as audio tape or computer disk, Braille, large print, high contrast, British Sign Language or translated into another language, please telephone the PALS desk on 01271 314090.

About the service

The Rapid Response service can provide care for you in your own home when you are experiencing deterioration in your health or there has been a breakdown in your care arrangements. This will prevent you going in to hospital or a care home unnecessarily. This service is available for you if you have no other people to support you at a time of crisis.

This is a short-term service for up to seven days. Care can be provided up to four times a day and overnight if required. During this time your care needs are reviewed. Should you require any longer-term care, a further social care assessment will be undertaken with your consent.

Who will provide the care?

Your care needs will be assessed by a member of the health or social care community team. This could be a nurse, therapist or social care worker.

Your care will be provided by skilled Rapid Response support workers employed by Northern Devon Healthcare NHS Trust or by care staff provided by local agencies.

We are able to help you with your health and personal care needs, including daily living tasks such as washing and dressing. The Rapid Response service is free of charge, but if you need services after this you might need to pay towards the cost of them.

Care is coordinated by our Rapid Intervention Centre to make sure that the appropriate professionals are involved in your care as quickly and seamlessly as possible.

Who can refer?

Rapid Response referrals are welcome from:

- GPs
- GP out-of-hours service
- Community health and social care services
- Ambulance crews

We are sorry but we do not accept direct referrals from the public.

PALS

The Patient Advice and Liaison Service (PALS) ensures that the NHS listens to patients, relatives, carers and friends, answers questions and resolves concerns as quickly as possible. If you have a query or concern call 01271 314090 or e-mail ndht.pals@nhs.net. You can also visit the PALS and Information Centre in person at North Devon District Hospital, Barnstaple. Alternatively, it may be possible for us to arrange an appointment in your area.

Have your say

Northern Devon Healthcare NHS Trust aims to provide high quality services. However, please tell us when something could be improved. If you have a comment or compliment about a service or treatment, please raise your comments with a member of the ward staff or the PALS team in the first instance.

'Patient Opinion' comments forms are on all wards or online at www.patientopinion.org.uk.

Northern Devon Healthcare NHS Trust
Raleigh Park, Barnstaple
Devon EX31 4JB
Tel. 01271 322577
www.northdevonhealth.nhs.uk

Appendix 3: written feedback received from GPs

comments have been altered slightly where necessary to anonymise.

AREA	*GP FEEDBACK*
EAST	In my experience the staff handling the calls are very helpful, the main issue is whether the care is available or not. Sometimes it can take some time to get a call back informing you that they cannot get the care requested, meaning the patient needs to be admitted much later in the day.
EAST	'Good service when they have capacity. Most often though they cannot help esp at the end of the week' 'just one for me re inadequate physio provision following a discharge of a patient. He required readmission. I have already reported through the requested RD+E link & they are looking into this '
EAST	Our allocated care agency handed back their contract and we have been left with very little support for care. Hence, when we need Rapid Response to support patients and prevent admission we cannot link into subsequent long-term care packages. I had one chap with a neurological condition who had Rapid Response for over a year! This then further destabilises the Rapid Response teams and so often find Rapid Response are unable to support when needed. When it works it is on the whole an excellent service. Since the closure of community beds and supposed reallocation of funds, the service seems worse rather than better. Clearly its multifactorial and difficult from this end to know how much extra was provided. I take the view when with a patient that I won't be able to access Rapid Response, but if I can it's a bonus.
EAST	Sadly, SPOA sounds great, but in reality, it's a time-consuming referral with low probability of delivering the service you want
EAST	I have had 3 recent episodes where I have called SPOA in recent months and they have been unable to put in appropriate care. Patients have been sent to RD+E for admission. It is a frustrating process - often not staffed well enough so details at the point of contact cannot be taken. Most cases seem to involve 2-4 calls backs to speak to the right person. GPs under pressure are tied up for too long by the service. So long in fact it has made me not want to use the service. It would be easier to admit patients than it is to call SPOA and arrange care -or try to arrange the care. Having said that, lately, I have found our community support Matron ET incredibly helpful in being an intermediary to help prevent admissions and arrange care at home promptly. With my clinical guidance she can work as an intermediary and can deal with SPOA on my behalf which works better. This works well - a bit like the system we had prior to SPOA
EAST	One case I can remember in the past 2 months - wife had to be admitted and no SPOA care available for husband with dementia so he had to be admitted to residential care.

AREA	***GP FEEDBACK***
EAST	I'm in the same boat having dropped off SPOA referrals because they can't usually deliver. ET replied to a task for me yesterday too and sorting the patient today.
EAST	Disappointed that there is an unwillingness to take referrals from admin staff who have been delegated to call by the GP; it was intended that referring to them would take no longer than speaking directly to a consultant, however they are asking many questions which the GPs cannot always answer and which increase the length of time to make the referral; please could they explain why they feel it is inappropriate for informed, delegated staff to make these referrals on the GPs behalf? They frequently do not have anything to offer once the referral has been made. They also won't accept referrals directly from the social care reablement team, which increases GP workload in terms the healthcare professionals in the team referring back to the GP to refer on to Rapid Response.
NORTH	Over the last 3-4 years had approximately 4 problems (2 cases were out of hours and 2 cases were in hours), where Rapid Response were unable to provide the adequate care provision so had to admit the patient. Don't have a problem with the Rapid Response service and that they all deserve a pat on the back.