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 : 16 January 2019
Please ask for : Gerry Rufolo 01392 382299

Email: gerry.rufolo@devon.gov.uk

HEALTH AND ADULT CARE SCRUTINY COMMITTEE

Thursday, 24th January, 2019

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 22 November 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 Whole System Performance (Pages 1 - 12)

Report of the Head of Adult Commissioning and Health; and the Director of Strategy, NEW Devon and South Devon and Torbay CCGs (ACH/19/98), attached

6 STP Update and the Development of an Integrated Care System in Devon (Pages 13 - 18)

Report of the Head of Adult Care and Commissioning and Director of Strategy NEW Devon and South Devon and Torbay CCGs (ACH/19/99), attached

7 Promoting Independence in Devon - Annual Report (Pages 19 - 50)

Report of the Head of Adult Care and Commissioning ((ACH/19/99), attached

8 Improving Access to General Practice (Pages 51 - 58)

Presentation by the Clinical Commissioning Groups, attached

9 Winter Pressures Update

NEW Devon Clinical Commissioning Group to report

10 Supporting Adults with Disabilities to be Independent, Safe and Part of the Community (Pages 59 - 78)

Report of the Head of Adult Care and Commissioning (ACH/19/102), attached

11 Local Suicide Prevention Planning Approach (Pages 79 - 96)

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

12 Understanding the Model of Care - Residential Care Homes/Personal Care Visits (Pages 97 - 102)

Report of Members' Site Visits (CSO/19/4), attached

13 Quality Accounts - 6 Month Update (Pages 103 - 106)

Report of the Health and Adult Care Scrutiny Members (CSO/19/06) 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 including matters which have been or are currently being considered by this Scrutiny Committee.

(a) Update by the NEW Devon CCG on the proposed merger of NEW Devon CCG and South Devon and Torbay CCG.

(b) Health & Care Insights from Torbay and South Devon NHS Foundation Trust.

(c) Information on the completion of essential building work at Tavistock Hospital.

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

Devon 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

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

In addition, anyone wishing to film part or all of the proceedings may do so unless the press and public are excluded for that part of the meeting or there is good reason not to do so, as directed by the 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.

Emergencies

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Induction loop system available

Terms of Reference

(1) To review the implementation of existing policies and to consider the scope for new policies for all aspects of the discharge of the Council's functions concerning the provision of personal services for adults including social care, safeguarding and special needs services and relating to the health and wellbeing of the people of Devon, including the activities of the Health & Wellbeing Board, and the development of commissioning strategies, strategic needs assessments and, generally, to discharge its functions in the scrutiny of any matter relating to the planning, provision and operation of the health service in Devon;

(2) To assess the effectiveness of decisions of the Cabinet in these areas of the Council's statutory activity;

(3) To relate scrutiny to the achievement of the Council's strategic priorities and to its objectives of promoting sustainable development and of delivering best value in all its activities;

(4) To make reports and recommendations as appropriate arising from this scrutiny to the County Council and to the Secretary of State for Health, in accordance with the Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013.

NOTES FOR VISITORS

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SatNav – Postcode EX2 4QD

Walking and Cycling Facilities

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

Access to County Hall and Public Transport Links

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

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

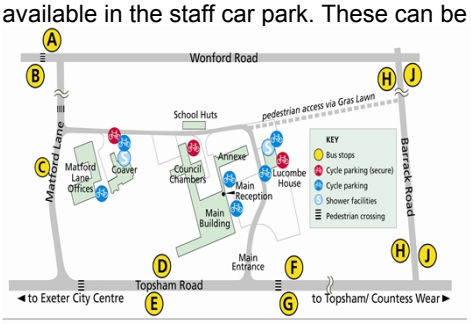
Car Sharing

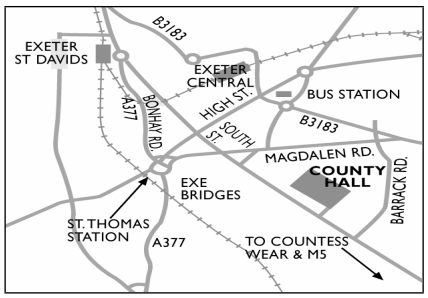
Carsharing allows people to benefit from the convenience of the car, whilst alleviating the associated problems of congestion and pollution. For more information see: https://liftshare.com/uk/community/devon.

Car Parking and Security

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

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





NB A J **Denotes bus stops**

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First Aid

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

ACH/19/98

Health and Adult Care Scrutiny

24 January 2019

WHOLE SYSTEM PERFORMANCE

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

1. Recommendation

1.1 Scrutiny to note content of the Report.

2. Purpose

2.1 To provide an update on activity and performance across the wider health and care system based on performance data as at November 2018 (Month 8), including later data where available. The analysis and performance commentary focus on a range of metrics covering acute and community hospital settings, primary care and social care selected by system leaders to provide Members with a whole system view.

2.2 Unless otherwise stated, the NHS information relates to NHS providers and therefore covers the population they serve wherever they live:

- University Hospitals Plymouth NHS Trust (UHP)
- Royal Devon and Exeter NHS Foundation Trust (RD&E)
- Northern Devon Healthcare NHS Trust (NDHT)
- Torbay and South Devon NHS Foundation Trust (T&SD)
- South West Ambulance NHS Foundation Trust (SWAST)
- Devon Partnership Trust (DPT)
- Livewell Community Interest Company (Livewell)

Social care information relates to Devon County Council (DCC) residents.

CCG stands for Clinical Commissioning Group, a clinically-led statutory NHS body responsible for the planning and commissioning of health care services.

STP stands for Sustainability and Transformation Partnership where local NHS organisations and councils have drawn up proposals to improve health and care in the areas they serve.

3. Executive Summary

3.1 The Devon winter plan has been reviewed by NHS England (NHSE) and initial feedback has been received by the Clinical Commissioning Group (CCG). Key areas within the plan include improving patient flow, maximising capacity across the health and care system and preventing avoidable delays that may reduce the quality of care. Maximising capacity across the whole system is an integral component of the winter plan and has included increasing the take up of influenza vaccinations amongst front line staff and targeted recruitment of health and care workers through the Proud to Care campaign.

3.2 At this relatively early stage of winter the activity and performance data does not suggest significant pressure on services. For instance, performance against the key A&E 4-hour waiting times target improved from November to December at a Devon-wide level whilst acute delayed transfers of care remained relatively low in aggregate. Ambulance response times for category 1 conveyances (calls where there's a life-threatening condition such as cardiac arrest) also remained within the seven minute target in November, a considerable improvement from 2017/18. Delayed Transfers of Care are within or close to target in 3 of the 4 acute Trusts in Devon, the exception being the RD&E.

3.3 Activity levels at Devon-wide services such as 111 and out of hours primary care activity have increased in the early part of this winter when compared to last winter, although 111 growth is linked to a national publicity campaign that ran in October and November and led to a 15% increase in calls compared to the same period in 2017. More modest increases in 999 incidents were seen (0.4% in November and 0.7% for the year to date). Call answering performance for 111 and hours lost to ambulance handover continued to be issues however.

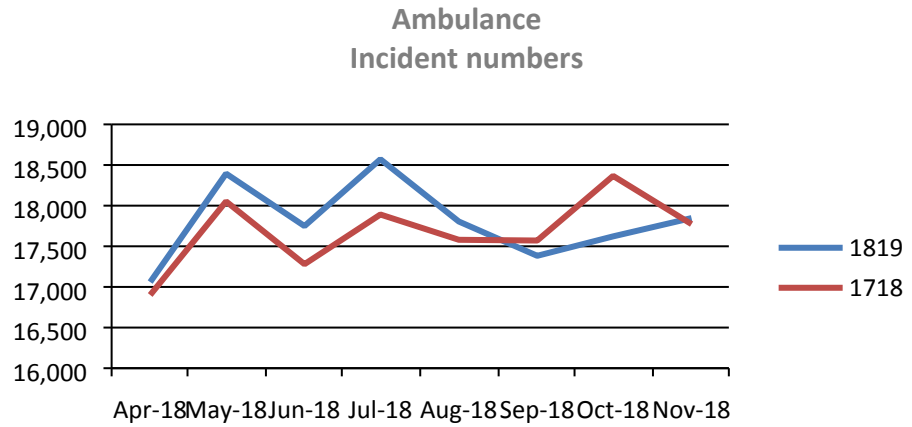
3.4 Despite relatively good NHS performance in November and December, early 2019 data shows a more challenging position with two of the four acute trusts in Devon reporting the highest operational pressure (OPEL) rating for a number of days during January, with increasing levels of demand, physical A&E department capacity and short-term workforce capacity in A&E being factors.

3.5 Significant pressures within the system, particularly regarding personal care market capacity have resulted in an increase in the acute and community delayed transfers of care at some Trusts. Whilst proactive work with providers to improve market capacity, quality and sustainability is on-going further hospital pressures are anticipated as the winter period progresses. Numbers of delays impacting people living in the in the Devon County Council area are

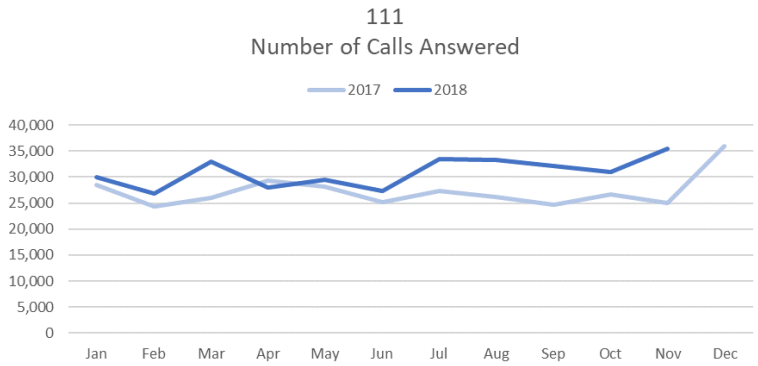
increasing but remain below the 2016-17 baseline. The redirection of short-term services capacity and the temporary use of residential care is being used to improve hospital flow however unfilled packages of care have increased to 190 (27 November 2018) from 85 (28 November 2017). Contingency arrangements are in place to support people in their own homes, in a residential setting or inappropriately in a hospital setting pending permanent care solutions.

4. Urgent and emergency care

4.1 **NHS 111 and 999** are, for many, entry points to the urgent and emergency care system. SWAST ambulance incident numbers have increased marginally in 2018/19 (0.7%), but the majority of this growth was seen during the summer months, with September and October incident levels below the numbers in equivalent months in 2017 and November seeing a small 0.4% increase on November 2017.

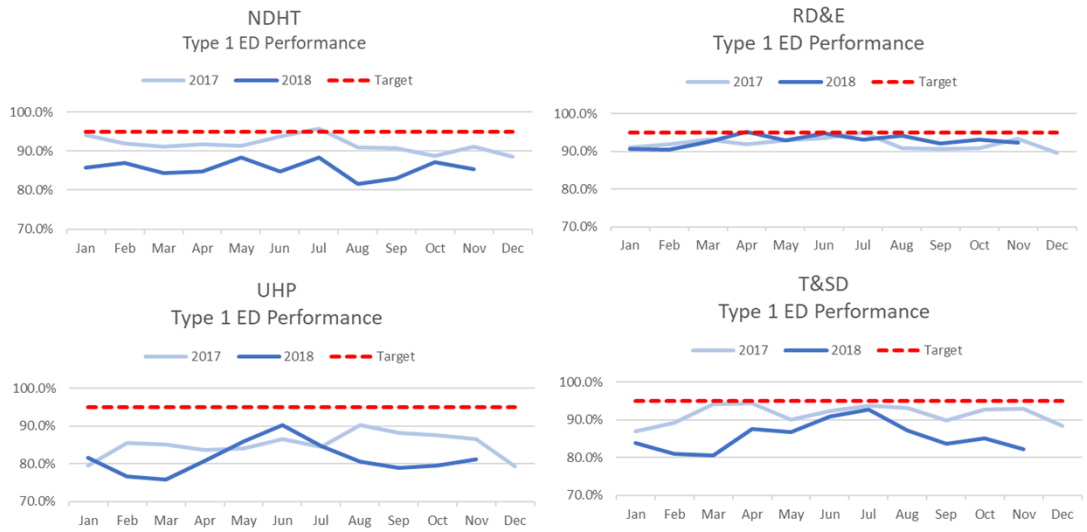


There has been an increase of some 17% in the number of calls received by 111 for the period April to November 2018 compared to the same period in 2017. Calls average between 28-35,000 per month which is an increase on volumes seen over winter 2017, which averaged between 25-32,000 per month. More people with non-emergency conditions are calling 111, with those calling 999 generally doing so for more serious conditions. The Devon 111 service continued to experience difficulties with call answering performance, which is likely to worsen over the winter.



4.2 **A&E attendances** across the four acute providers continue to show a variable picture. Overall attendances (including minor injury units) for the 8 months to November 2018 are up by 19,100 or 6.3% on the same period in 2017. All Trusts except for NDHT have seen an increase in the overall numbers attending A&E. However, Minor Injury Units (MIUs) have seen higher growth this financial year, with an increase of around 10% across Devon. This is consistent with the national position where type 1 (consultant-led 24 hour service) growth is typically relatively low but MIU and walk-in centre growth is much higher. Much of this growth was focused on summer months and has been linked to the period of extended hot weather leading to increased levels of minor injuries.

4.3 **A&E performance** across all acute Trusts continues to be below the 4-hour wait standard of 95% and slightly under the national level. The England position for comparison was 87.6% in November with the Sustainability and Transformation Partnership (STP) performing at 85.9%

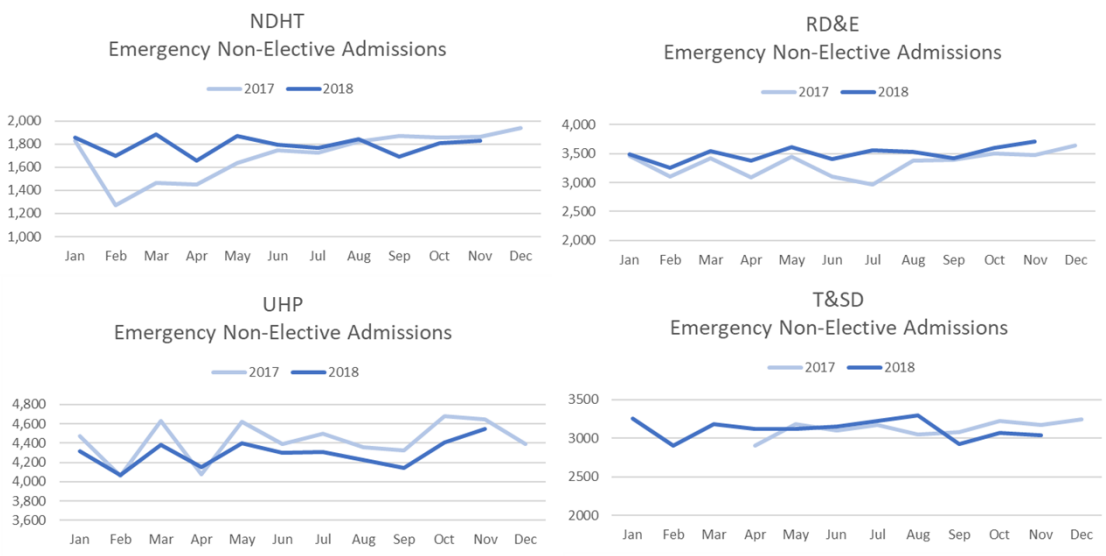


4.4 All acute providers continue to undertake actions to address long waits for patients within their emergency departments. A system wide metrics dashboard for understanding the quality of care is in development and using key national documents such as NHSI patient safety tracker. This will give overall visibility of the Devon wide emergency department quality and performance.

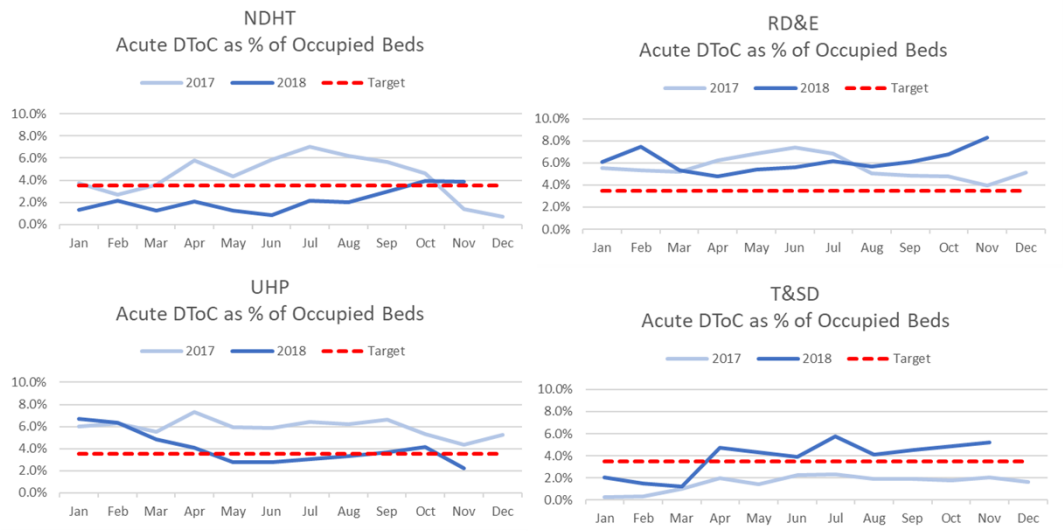
5. Hospital settings and the interface with adult social care

5.1 The total number of **emergency admissions** to the four acute hospitals in Devon between April and November 2018 was 3,500 patients or 4% greater than between April and November 2017. The position varies by location, with some common themes:

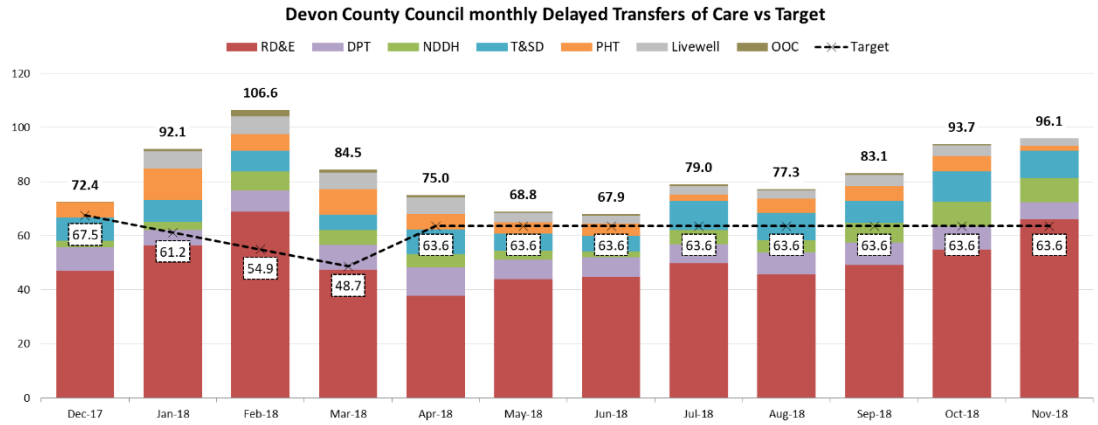
- The most significant increase was in Plymouth where gaps in primary care remain a challenge
- There has been an increased acuity of patients attending A&E across the system, particularly those arriving by ambulance
- Weather to date this winter has been relatively mild, but all trusts experienced an increase in the bad weather of March 2018
- So far this winter there have been no significant outbreaks of influenza or norovirus



5.2 **Delayed transfers of care (DToC)** as measured by the number of delayed bed days as a proportion of all occupied bed days in acute hospitals has been showing an increasing trend at RD&E and NDHT although NDHT remains below the national target of 3.5% of acute delays. Progress made in reducing the rate in Plymouth last year has been maintained whilst T&SD continues to show relatively low levels of delays. The charts below show the combined acute and community position.



5.3 **Delayed transfers of care** relating to Devon residents reduced over the course of 2017, dropping below the target set by NHS England in November, before rising again in the second half of the winter. The position continues to deteriorate with the onset of winter and is being exacerbated by personal care market capacity issues. Whilst proactive work continues with providers to sustain the necessary capacity of supply there are likely to be on-going whole system pressures as winter progresses.



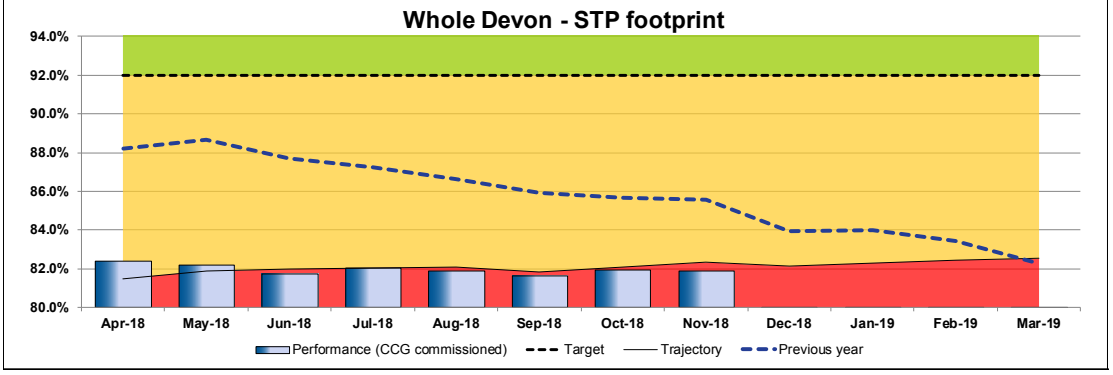
5.4 **Proud to Care Devon** has developed gradually since 2015-16 and now involves the County Council and health partners working with service providers to recruit and retain workers within the care and health sector. Proud to Care Devon has over 200 Proud to Care Ambassadors locally promoting careers in health and social care at schools, colleges, universities, apprenticeship events and job centres; and has received regional and national recognition. Research has been undertaken into turnover amongst care workers and providers have also taken advantage of 'Values-based Recruitment' and 'Improving Retention' workshops across Devon to improve their staff retention. Pressure still remains within the sector, as is evidenced by scarcity of supply in certain areas of the county.

5.5 Across Devon, the proportion of people being **referred to treatment** within 18 weeks has remained relatively static at 82% which is a continuing flat trend since March 2018. Performance is variable across the acute trusts ranging from 79.3% (NDHT) to 83.6% (RD&E). The number of incomplete pathways (waiting times for patients waiting to start treatment at the end of the reporting period) in Devon has increased by around 3,000 or 4% during the year, primarily at RD&E, whilst the numbers of very long waits (over 52 weeks) increased in quarters one and two but is reducing in quarter three. However, cancellations of operations at UHP and NDHT in early January and issues such as T&SD theatre capacity (two theatres have been closed at the hospital since November due to issues with the air management system) will prevent progress being made in making further reductions in quarter four. Long waits are primarily in orthopaedics and cardiology with a smaller number in general surgery and neurology.

5.6 Performance against national **cancer waiting times** standards was mixed in November. At provider level NDHT and T&SD continued to perform comparatively well across the range of measures (with the exception of two week waits from urgent referral to first being seen), but RD&E and UHP both underperformed against four targets including the 62-day referral to treatment and 31 day wait for surgery targets. Cancellations of operations due to winter pressures are rare for cancer which is treated as a priority above routine surgery.

RTT 18 week performance and incomplete waiting list

STP footprint	National target	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19
Performance (CCG commissioned)	>92%	82.4%	82.2%	81.7%	82.0%	81.9%	81.7%	81.9%	81.9%				
Trajectory		81.5%	81.9%	82.0%	82.0%	82.1%	81.8%	82.1%	82.3%	82.1%	82.3%	82.4%	82.5%
NHS England		87.5%	88.1%	87.8%	87.8%	87.2%	86.7%	87.1%					
RTT total waiting list	78,364	80,395	81,178	81,526	82,273	82,971	81,428	82,049	81,429				
Trajectory		77,749	78,454	78,845	78,578	79,363	78,528	78,603	77,324	76,200	75,616	75,353	74,733



5.7 Performance against the **diagnostics within 6 weeks** declined significantly over winter 2017 and remains over target trajectory at 13.0% although there has been an improvement of 4.5% at STP level in recent months and further improvement is expected in quarter four. A review of serious incidents relating to diagnostic and treatment delays across providers has been completed and reported to the CCG's Quality Committee in Common (meeting at the same time as another CCG). Key themes include inconsistency of follow ups at Multi-Disciplinary Team meetings and subsequent outcomes that would ensure patients repeat diagnostic or referral onwards were completed in a timely way. The CCG continues to work with providers as part of on-going quality assurance

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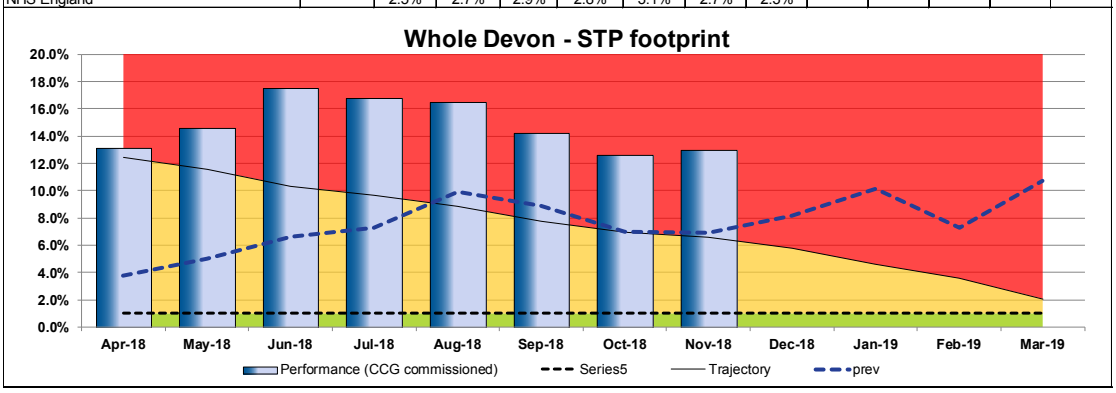
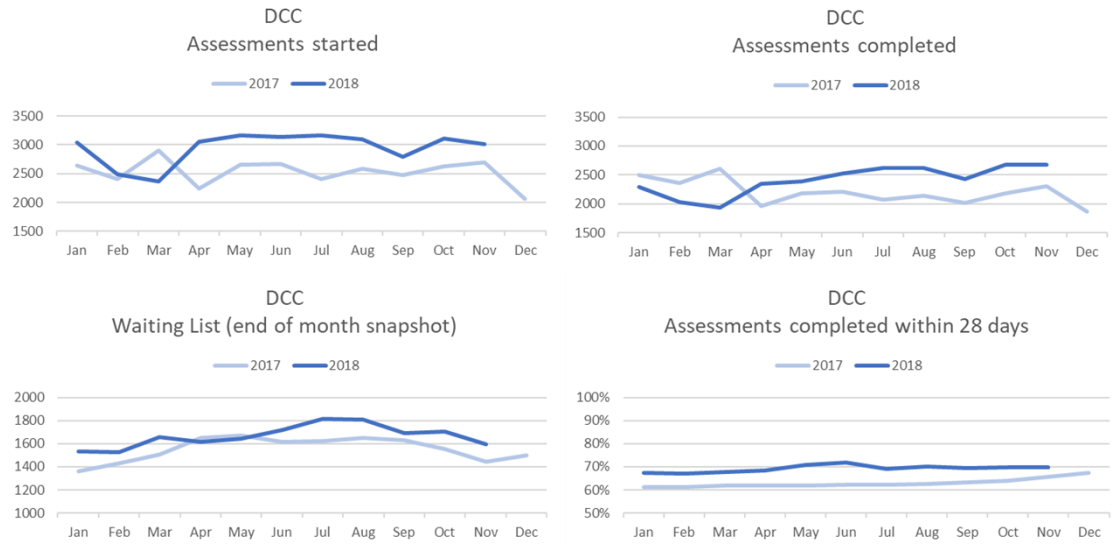
Diagnostics 6 week performance

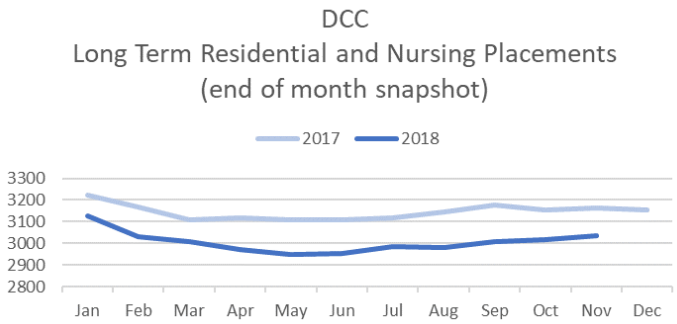
STP footprint	National target	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19
Performance (CCG commissioned)	>1%	13.2%	14.6%	17.6%	16.8%	16.5%	14.2%	12.7%	13.0%				
Trajectory		12.5%	11.6%	10.4%	9.7%	8.9%	7.8%	7.0%	6.6%	5.8%	4.6%	3.6%	2.1%
NHS England		2.5%	2.7%	2.9%	2.8%	3.1%	2.7%	2.3%					



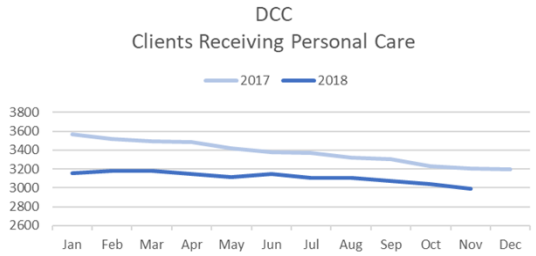
5.8 **Adult social care assessments** that have been started and completed declined marginally over the summer but are now returning close to historical levels. Waiting lists are marginally lower and timeliness slightly worse than earlier in the year. Assessments are prioritised according to acuity of need and circumstances of the person involved, and those relating to people in hospital fit for discharge are given high priority.

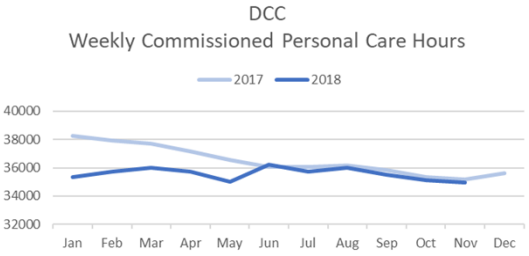


5.9 The severity of the winter and higher prevalence of related infectious diseases such as influenza results in increased mortality of the frail elderly, in particular those living in **residential care**. Overall numbers of residents reduced significantly during winter 2017, but have once more started to incease although remaining below historical levels.

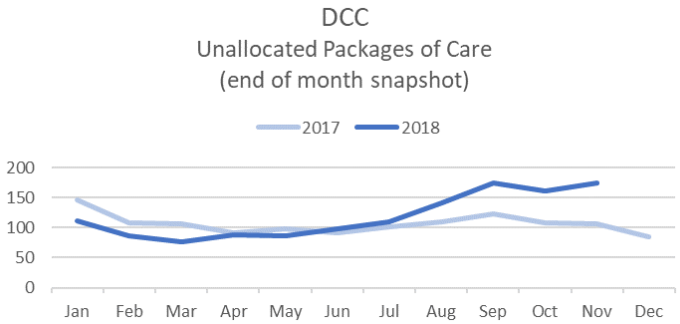


5.10 The number of clients receiving **personal care** and the number of hours of personal care being arranged by Devon County Council has been reducing over the last 24 months due to more emphasis being put on reablement services, technology enabled care and other approaches that promote people's ability to live independently. The winter challenge is not one of increased volume but increased change with more people ending packages, starting packages and having changes to packages than at other times of the year.





5.11 The number of **unallocated packages of care** due to access or capacity problems in the market has increased significantly when compared to November 2017 from 85 to 190 people. In all cases, contingency arrangements have been made, which can include the redirection of short terms services e.g. Rapid Response and Reablement, ensure that where people are at home waiting for more permanent arrangements they are kept safe.



6 Winter Pressures

6.1 During winter 2017, it was identified that communication across partners could be further improved; as could joint capacity and demand planning with

earlier and better coordination of winter plans across agencies helping with system flow.

6.2 Most providers noted that organisational arrangements worked well, including on-call systems and specific bed/winter management teams were established across Devon. Control meetings were held 7 days a week, with good engagement from a range of sectors and providers.

6.3 The 2018-19 winter plan has been reviewed by NHSE with initial feedback received by the CCG. Key areas within the plan include improving patient flow, maximising capacity across the health and care system and preventing avoidable delays that may reduce the quality of care.

6.4 Seven-day services have been highlighted locally, and elsewhere, as having a significant impact on avoiding prolonged periods of escalation and surge following weekends/bank holidays. Seven-day services, particularly in the community, were identified as one of the key reasons for success in the Cornwall “GOLD” command system reset.

6.5 Increases in demand are noted across the system, as described in more detail in the activity/performance sections of this report. High attendances at hospital and admissions, alongside lower discharges and staffing shortages, combined to make for a difficult situation on many days. Consideration of how to manage fluctuations in demand and determine which services may be able to be stood down so that staff can be deployed elsewhere to meet surge demand need to be put into place. Maximising the uptake of influenza vaccinations amongst frontline staff is also an integral component of the winter plan to optimise capacity.

6.6 The nursing home sector continues to challenge with de-registration an issue, and workforce challenges for nursing staff a key factor. The Proud to Care campaign has gained national prominence in its efforts to promote careers in health and care and Devon County Council is working on a capital programme to attract investment in new nursing homes where capacity is, or is projected to be, needed. In Devon, it is estimated that 40% of registered nurses in nursing homes are non-British, half of these are EU nationals which could present issues related to Brexit. There are also questions on whether the “promoting independence” message is universally understood and working fully although it is acknowledged this involves a long-term cultural shift.

6.7 Workforce challenges persist with most providers struggling to ensure sufficient numbers of staff were available to meet predicted or actual demand.

Agencies continue to be used to fill shifts in many cases, a costly method of ensuring availability. Shift fill in the 111 service (call advisors and clinicians) is likely to become an issue over winter, whilst some A&E units and the Devon out of hours service have also found staffing challenging. Ongoing capacity gaps in general practice, particularly in Western Devon but also in South Devon, remain an issue.

6.8 Acute providers face a range of issues of concern including the need to tackle Emergency Department physical and workforce capacity constraints, manage the level of medical outliers and delayed transfers, address long lengths of stay and minimise cancellation of elective surgery. Pressure on Emergency Departments impacts on the ambulance service resulting in a rise in the number of hours lost to hospital handover.

Tim Golby

Head of Adult Care
Commissioning and Health
Devon County Council

Sonja Manton

Director of Strategy
South Devon and Torbay CCG
and NEW Devon CCG

Electoral Divisions: All

Cabinet Member for Adult Social Care and Health Services:

Councillor Andrew Leadbetter

Chief Officer for Adult Care and Health:

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LOCAL GOVERNMENT ACT 1972: LIST OF BACKGROUND PAPERS

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BACKGROUND PAPER	DATE	FILE REFERENCE

Nil

ACH/19/99
Health and Adult Care Scrutiny Committee
24 January 2019

STP UPDATE AND THE DEVELOPMENT OF AN INTEGRATED CARE SYSTEM IN DEVON

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 Members of the committee have been previously briefed on STP updates and the development of an Integrated Care System in Devon. The purpose of this paper is to provide an update on latest developments.

2. National Developments

2.1 Across the country, since 2017 areas have been progressing the plans for their integrated care systems with support from regulators as part of a national programme of development (so-called Wave 1 and 2 ICSs), sharing their learning and experiences.

2.2 Becoming a recognised Integrated Care System means that locally partners and systems are able to work together and with regulators in different ways, taking on more responsibilities for determining how resources are used with more influence and flexibility in the way that these are deployed. NHSE has identified the core capabilities that systems need to be able to demonstrate to by recognised as ICSs which include and working with areas to assess their levels of maturity against these. These capabilities include demonstrating that for the local population, systems partners have effective leadership and relationships; demonstrate ability to deliver good outcomes and performance; strong financial management; and able to redesign care and implement new ways of meeting needs in line with strategic ambitions.

2.3 On 10th January 2019 The NHS Long Term Plan was published, which sets out national ambitions for the next 10 years. This can be found here https://www.longtermplan.nhs.uk and a summary is attached as an appendix to this briefing note. Each system is required to submit its 5-year plan by Autumn 2019.

3. STP Updates

3.1 Partners in the Devon STP have made good progress on a number of important developments in recent months. The most notable are as follows:

3.2 Creating a new Digital Strategy

3.2.1 Our system Collaborative Board has emphasised that developing electronic records that “feel like one system” is a priority if we are to achieve our goal of functioning as an Integrated Care System.

3.2.2 The STP priorities list being “digitally enabled” as one of the design criteria by which all future service developments must be produced. As such, there has never been a better opportunity for us to use technology and information not just to enable change, but to lead our community in building a modern NHS that delivers higher quality, safer care to the people of Devon.

3.2.3 Our new Digital Strategy sets out the overall direction for IM&T and digital services for health and care within Devon.

3.3 Collaborating on workforce

3.3.1 Devon STP partners have also signed up to a system-wide Workforce Strategy. It sets out five key areas of priority:

i. ***Right person, right skills, right place, right time***. Priorities moving forward include: developing system-wide portfolio careers; undertaking a system approach to international recruitment for nurses and medics; and, alongside a national recruitment campaign for key workers, a regular cycle of career fairs in Devon.

ii. ***Growing Devon’s future workforce***. Priorities moving forward include: further developing ‘Proud to Care’; creating a structured system approach to work experience in health and social care; creating a system wide attraction, recruitment and retention strategy; and establishing holistic workforce data for proactive system workforce planning.

iii. ***Effective use of a flexible workforce***. Priorities moving forward include: establishing a single shared Devon temporary workers bank and creating a competitive pay framework; and creating a Devon recruitment bureau with single streamlined business processes to reduce recruitment time.

iv. ***Growing Devon’s strategic partnerships with local and national education providers***. Priorities moving forward include: developing close working partnership with Local Enterprise partnerships; building experiential learning through creation of case studies as a mechanism of identifying best practice and enable rapid improvement.

v. ***The health and social care sector is the best place to work in Devon***. Priorities moving forward include: continuing to develop the new Devon system leadership programme, working with the Leadership Academy as pilot site; creating a ‘Devon Offer’ with consistent Terms and Conditions with flexible benefit packages; and establishing flexible shift working to support 7 day working.

3.3.2 Partners have also joined forces to support our European staff, as a result of Brexit, and have agreed a new approach to the international recruitment of key staff.

4. Developing the Integrated Care System in Devon

4.1 Following the report to all three health and wellbeing boards in Devon on the emerging priorities and design and development of our integrated care system in September/ October 2018, we have been progressing work to explore how

our ICS should operate to deliver the system plan on a page and most importantly improve outcomes for our population.

4.2 We have been supported nationally through participation in the Aspiring ICS programme, which was tailored locally to focus on specific areas of development including: developing population health management approaches to care redesign, financial planning and exploring effective system governance. Part of this developmental work has included exploratory conversations with all three health and wellbeing boards and scrutiny committees in December 2018 about their roles in the emerging ICS.

4.3 In Devon, system partners have continually emphasised the importance of democratic accountability in the development of our ICS and the inclusion of wider determinants of health in our plans and aspirations for our populations; an ambition that goes further than the approaches taken in many other parts of the country.

4.4 Over the next 6 months we need to:

i. Develop a local 5-year plan in response to the national NHS Long Term Plan that shows how we will work together across NHS and Local Authorities that shows how we work together to improve outcomes for our population and makes our ambitions and strategy happen. System leaders have agreed that a key priority in Devon will be to address inequalities by ensuring resources are deployed in line with strategic ambitions, population needs and outcomes.

ii. Design the most effective ways of working together both locally in local communities and places as well as across the wider Devon system, with the right system governance that allows for transparent and responsive decisions and implementation of the plan

iii. Engage with stakeholders and local communities in developing our thinking in both what we want to deliver (the plan) and how we will work together (system working) to deliver it

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
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Background Paper	Date	File Reference
Nil		

The NHS Long Term Plan – a summary

Find out more: www.longtermplan.nhs.uk | Join the conversation: #NHSLongTermPlan

Health and care leaders have come together to develop a Long Term Plan to make the NHS fit for the future, and to get the most value for patients out of every pound of taxpayers' investment.

Our plan has been drawn up by those who know the NHS best, including frontline health and care staff, patient groups and other experts. And they have benefited from hearing a wide range of views, whether through the 200 events that have taken place, and or the 2,500 submissions we received from individuals and groups representing the opinions and interests of 3.5 million people.

This summary sets out the key things you can expect to see and hear about over the next few months and years, as local NHS organisations work with their partners to turn the ambitions in the plan into improvements in services in every part of England.

What the NHS Long Term Plan will deliver for patients

These are just some of the ways that we want to improve care for patients over the next ten years:

Making sure everyone gets the best start in life	• reducing stillbirths and mother and child deaths during birth by 50% • ensuring most women can benefit from continuity of carer through and beyond their pregnancy, targeted towards those who will benefit most • providing extra support for expectant mothers at risk of premature birth • expanding support for perinatal mental health conditions • taking further action on childhood obesity • increasing funding for children and young people's mental health • bringing down waiting times for autism assessments • providing the right care for children with a learning disability • delivering the best treatments available for children with cancer, including CAR-T and proton beam therapy.
Delivering world-class care for major health problems	• preventing 150,000 heart attacks, strokes and dementia cases • providing education and exercise programmes to tens of thousands more patients with heart problems, preventing up to 14,000 premature deaths • saving 55,000 more lives a year by diagnosing more cancers early • investing in spotting and treating lung conditions early to prevent 80,000 stays in hospital • spending at least £2.3bn more a year on mental health care • helping 380,000 more people get therapy for depression and anxiety by 2023/24 • delivering community-based physical and mental care for 370,000 people with severe mental illness a year by 2023/24.
Supporting people to age well	• increasing funding for primary and community care by at least £4.5bn • bringing together different professionals to coordinate care better • helping more people to live independently at home for longer • developing more rapid community response teams to prevent unnecessary hospital spells, and speed up discharges home. • upgrading NHS staff support to people living in care homes. • improving the recognition of carers and support they receive • making further progress on care for people with dementia • giving more people more say about the care they receive and where they receive it, particularly towards the end of their lives.

How we will deliver the ambitions of the NHS Long Term Plan

To ensure that the NHS can achieve the ambitious improvements we want to see for patients over the next ten years, the NHS Long Term Plan also sets out how we think we can overcome the challenges that the NHS faces, such as staff shortages and growing demand for services, by:

1. **Doing things differently:** we will give people more control over their own health and the care they receive, encourage more collaboration between GPs, their teams and community services, as 'primary care networks', to increase the services they can provide jointly, and increase the focus on NHS organisations working with their local partners, as 'Integrated Care Systems', to plan and deliver services which meet the needs of their communities.

2. **Preventing illness and tackling health inequalities:** the NHS will increase its contribution to tackling some of the most significant causes of ill health, including new action to help people stop smoking, overcome drinking problems and avoid Type 2 diabetes, with a particular focus on the communities and groups of people most affected by these problems.

3. **Backing our workforce:** we will continue to increase the NHS workforce, training and recruiting more professionals – including thousands more clinical placements for undergraduate nurses, hundreds more medical school places, and more routes into the NHS such as apprenticeships. We will also make the NHS a better place to work, so more staff stay in the NHS and feel able to make better use of their skills and experience for patients.

4. **Making better use of data and digital technology:** we will provide more convenient access to services and health information for patients, with the new NHS App as a digital 'front door', better access to digital tools and patient records for staff, and improvements to the planning and delivery of services based on the analysis of patient and population data.

5. **Getting the most out of taxpayers' investment in the NHS:** we will continue working with doctors and other health professionals to identify ways to reduce duplication in how clinical services are delivered, make better use of the NHS' combined buying power to get commonly-used products for cheaper, and reduce spend on administration.

What happens next

Sustainability and Transformation Partnerships (STPs) and Integrated Care Systems (ICSs), which are groups of local NHS organisations working together with each other, local councils and other partners, now need to develop and implement their own strategies for the next five years.

These strategies will set out how they intend to take the ambitions that the NHS Long Term Plan details, and work together to turn them into local action to improve services and the health and wellbeing of the communities they serve – building on the work they have already been doing.

This means that over the next few months, whether you are NHS staff, a patient or a member of the public, you will have the opportunity to help shape what the NHS Long Term Plan means for your area, and how the services you use or work in need to change and improve.

To help with this, we will work with local Healthwatch groups to support NHS teams in ensuring that the views of patients and the public are heard, and Age UK will be leading work with other charities to provide extra opportunities to hear from people with specific needs or concerns.

Find out more

More information is available at www.longtermplan.nhs.uk, and your local NHS teams will soon be sharing details of what it may mean in your area and how you can help shape their plans.

ACH/19/99
Health and Adult Care Scrutiny
24 January 2019

Promoting Independence in Devon – Annual Report
Report of the Head of Adult Commissioning and Health

1. Recommendation

1.1 Members of the Health and Adult Care Scrutiny are invited to comment on the annual report before its wider publication.

1.2 The Chair of Health and Adult Care Scrutiny is invited to briefly summarise its activity over the year for inclusion in the annual report before its wider publication.

2. Purpose

2.1 To present to Health and Adult Care Scrutiny a summary of the annual report (or 'local account') of the adult social care functions of Devon County Council which includes:

- A self-assessment;
- A range of evidence supporting the self-assessment;
- Links to further sources of external information.

2.2 Members should note that the full version of the annual report is designed to be read standalone and online as it contains internal and external links and is over 100 pages long. It can be found alongside our vision and plan: https://new.devon.gov.uk/care-and-health/adults/policies-and-procedures/adult-care-and-health-vision-planning-and-report/

3. Background

3.1 The adult social care functions of local authorities are not subject to routine inspection.

3.2 Instead, we participate in a national and regional approach to sector-led improvement which includes:

- The publication of an annual report;
- An annual self-assessment, this year structured around the priorities and intended outcomes of our health and care partnership;
- The undertaking of mandatory returns covering a wide range of data and using insights gained from comparative analysis to inform improvement planning;
- Periodic peer review, the next planned being of arrangements for the safeguarding of vulnerable adults scheduled for May 2019.

3.3 This process is facilitated nationally and regionally by the Local Government Association working with the Association of Directors of Adult Social Services and is the context in which this annual report (or 'local account') is written.

3.4 The Department of Health and Social Care have introduced national dashboards and local area reviews to encourage the organisations across health and care systems to work more effectively together and future

improvement activity is likely to have an increasingly whole system focus, as is our own performance reporting. Devon has yet to be selected for a local area review.

3.5 Councils make a range of statutory returns to allow comparisons to be made between local authority areas covering:

- The views of service users and carers;
- The outcomes they achieve;
- Cost and spend;
- Activity;
- Safeguarding;
- Workforce;
- Service quality.

3.6 We signpost to the published data and tools at the end of the full version annual report which also includes more detailed charts and commentary. We highlight insights gained in the evidence section and use them in our self-assessment.

4. Annual Report Contents

4.1 Writing an annual report on adult social care in Devon gives us the opportunity to reflect on how well we are achieving our vision for helping adults in Devon find the support they need to stay healthy, happy and living safely at home, surrounded by their community and friends, where they can retain their independence for as long as possible.

4.2 The full version of this year's annual report includes:

- An introduction and narrative;
- Links to our strategies and plans;
- Our vision for adult social care in Devon and priorities as a health and care system;
- A summary of our achievements and challenges;
- Representative examples of what people who use our services and their carers are saying;
- Some key facts;
- A performance summary with areas of strength, for improvement and priority actions;
- Detailed charts and commentary on a range of performance indicators;
- A summary of our change programme and progress made;
- Links to internal and external reports, tools and other resources.

4.3 The summary version includes the key content and is appended below.

Tim Golby
Head of Adult Care Commissioning and Health

[**Electoral Divisions**: All]

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

Chief Officer for Adult Care and Health: Jennie Stephens

LOCAL GOVERNMENT ACT 1972: LIST OF BACKGROUND PAPERS

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BACKGROUND PAPER	DATE	FILE REFERENCE

Nil

Promoting Independence in Devon

A summary of our Annual Report for Adult Social Care 2018

Introduction

We aim to help adults in Devon find the support they need to stay healthy, happy and independent.

Given the choice most people want to stay living safely at home, surrounded by their family, community and friends, where they can retain their independence for as long as possible.

Writing an annual report on adult social care in Devon gives us the opportunity to reflect on how well we are achieving this aim, meeting the needs of our population by responding to the priorities expressed in our vision for adult social care which the people we serve, and the providers and staff who serve them, helped us to develop.

We do this in a context when the publications of the expected Green Paper on the future of adult social care to complement the long-term plan for the NHS in England has been delayed and the implications of Brexit and associated government policy change for our workforce are unclear.

This year we have structured our annual report around the strategic priorities and outcomes agreed by organisations across the health and care system in wider Devon so that this report can be read alongside those published by our partners.

We draw upon a wide range of quantitative and qualitative information in assessing our current performance and put this summary into the public domain to inform democratic scrutiny, peer review and public participation in our planning for the future.

Jennie Stephens

Chief Officer for Adult Care and Health

Councillor Andrew Leadbetter

Cabinet Member for Adult Care and Health

Our story

15 years ago in Devon we spent a greater proportion of our budget on maintaining people in residential care than almost anywhere else in the country, despite most people preferring to be supported at home to live as independently as possible. Much of that care was provided by care homes we operated ourselves at increasingly unaffordable cost.

Community health and care services and staff were still organised separately but joint working, beginning with a shared strategy, led to community based staff being co-located and co-managed. Through joint appointments and partnership working in commissioning we developed shared strategies for how health and care services would be better organised around the needs of individuals, communities, and our populations.

Following the financial crisis of 2008, our budgets came under increasing pressure, despite an aged and ageing population. In particular, people with physical and learning disabilities were living longer with increasingly complex needs, a success of the health and care system that is also a pressure on it.

In the first phase of national austerity we achieved savings by reducing management and other overheads, controlling costs, reorganising our care management arrangements to do more assessment, review and support planning by phone and focussing on our statutory responsibilities. We then reviewed the services we delivered ourselves, and where they were not giving best value looked at other options working with providers in the independent and voluntary sector.

Three years ago we made explicit our approach of promoting independence as our contribution to the council's strategy of supporting people to keep their lives in balance by focussing on what matters most to them and shaping the economic and social context in which they can thrive. We use strengths-based practice in our commissioning, assessment and support planning to identify the assets of people and their communities and find solutions to people's needs based on them.

We spend no more on older people now than we did a decade ago, with that population being generally healthier and often wealthier than before, and having different preferences for how they are best supported to live independently at home.

We are now working with adults with disabilities of working age, who we often support over a lifetime, in a similar way. Our services are highly rated by the Care Quality Commission but it is increasingly challenging to sustain their sufficiency, affordability and quality. The challenges we face can only be met by working together with communities and as a health and care system.

How this report fits with our strategies and plans

People sometimes tell us they want to engage with what we are trying to achieve, why and how but don't understand how our various strategies and plans fit together:

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

Working together as a system

Our vision and plan for adult social care are aligned to realising the priorities and outcomes we have agreed working together as a health and care system across Devon:

Prevention:
enabling more people to be and stay healthy.

Empowerment:
enhancing self-care and community resilience.

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

Specialist care:
delivering modern, safe, sustainable services.

Supporting strategies:
developing our workforce, markets and information technology.

Independence: more people living independently in resilient communities.

Prevention: more people choosing and enabled to live healthy lifestyles and fewer people becoming unwell.

Self-management: people have the knowledge, skills and confidence to better manage their condition.

Early intervention: the health and care system being ready and able to intervene early and avert deterioration and escalation of problems.

Care at home: more care is available in the community and in people's homes.

Choice and control: people having greater control over the services they use and being equal partners in decisions about their care.

Accessibility: people who need treatment or care receiving this promptly in the most appropriate care setting.

Specialist services: people going into hospital only when necessary and being discharged efficiently and safely with the right support.

Our achievements working together

High-quality care across Devon with 86% of provision rated Good or Outstanding	Enhancing community services to support more people to live at home Independently	Reducing demand for services with 5% fewer referrals into hospitals
Improved performance against NHS standards in urgent care and mental health	Ground breaking collaboration across our four acute hospitals highlighted by NHSE	More than 100 ‘Proud to Care’ ambassadors Promoting careers in health and care
Improved CQC ratings for both CCGs in Devon recognising progress made by the NHS locally	Living within our means: the NHS in Devon is aiming for financial balance in 2019-20	No health without mental health: more people with complex needs being treated locally

Recent achievements in adult social care

National recognition of workforce strength at social worker of the year awards	Our overall satisfaction rating once again above the national, regional and comparator average	Controlling our spend while maintaining good outcomes by supporting most people at home
Our ‘Proud to Care’ campaign being taken up regionally and nationally	Our ‘Ready When You Are’ campaign promoting the employment of people with disabilities	Implementing a new contractual framework to ensure a fair rate is paid for residential care
Consistently achieving better ratings than all comparators for CQC regulated services	Contributing to comparatively low levels of demand for unplanned hospital services	Contributing to reductions in delayed transfers of care despite winter and ongoing pressures

Current challenges in adult social care

Promoting independence for working age adults	Supporting people with dementia better in the community	Developing the personal care market to secure sufficiency & affordability
Fully implementing the contractual framework for residential & nursing care	Working with providers to improve workforce recruitment and retention	Improving pathways for discharge from hospital back home
Continuing to develop short-term services that promote independence	Improving safeguarding practice assured through peer review	Reducing the number of people with mental health needs in residential care

What people are saying (1)

I would love to get my son in supported accommodation in the near future because without sounding uncaring I do not still want to be in this caring role with so much input in 10-15 years time. We will always be involved with our son's support and care - but I wish him to be living more independently.

(Carers Survey)

Caring for my wife is a constant daily job. I have little time for myself. The support I get from the OT and carers is critical and I could not cope without this help

(Carers Survey)

The services are too fragmented. They need to be more joined-up

(Carers Survey)

The 'Community Connector' role is an excellent source of information and networking, we need more of her

(Service User Focus Group)

It is important to have regular and consistent personnel where possible as this encourages relationship building and positive interaction. New staff has to mean starting over.

(Service User Focus Group)

My husband who I care for is 92 years old and I am 88. This in itself causes problems. We go to memory cafe every 2 weeks, which helps, but getting my husband out is getting more difficult. He goes to a day care unit one day a week and is picked up by bus. I do look forward to my day off.

(Carers Survey)

What people are saying (2)

The public doesn't always know what support is available to help and where to access this information in the first place.

(Service User Focus Group)

It is Important to have someone to listen and talk you. Then you need to have clear actions and signposting as a result of these conversations.

(Service User Focus Group)

The promotion of services such as Pinpoint in forums and support groups has increased the awareness and dissemination of relevant information which is a real positive.

(Service User Focus Group)

Direct Payments can be difficult to manage if one hasn't had experience of dealing with money in the past.

(Service User Focus Group)

I would like to go out to more groups but I need help to do this, I find it difficult to go on my own.

(Learning Disability Discussion Group)

I find it difficult to find out information. I asked my carer to help me with my finances and benefits and they weren't able to help me.

(Learning Disability Discussion Group)

Key facts: adults aged 18-64 (1)

Devon County Council

Of 100 adults in Devon:

- 3 have a learning disability
- 11 have a physical disability
- 18 have a mental health condition

Based on national prevalence

Of 100 pupils attending Devon schools:

- 14 were receiving SEN support
- 3 had an EHCP or Statement of SEN

Estimated increase of older people by 2030 with...

- ↑ 27% learning disabilities
- ↑ 34% limiting long term illness

Based on national prevalence

Of 100 Devon pupils with learning difficulties:

- 93 attend a mainstream school
- 7 attend a Special school
- a lower proportion than...
- 12 nationally

Estimated increase of people with an autistic spectrum disorder by 2030

- ↑ 9% Total population
- ↓ 1% Aged 18-64
- ↑ 29% Aged 65+

Based on national prevalence

Of 100 adults in Devon with a learning disability receiving adult social care services:

- 76 live in settled accommodation
- compared to
- 77 nationally

Key facts: adults aged 18-64 (2)

Devon County Council

Of **100** respondents who receive adult social care services for their care and support needs:

70 said that they feel as safe as they want

81 rate their health in general as very good to fair

Of **100** pupils in Devon...

receiving SEN support: **17**

with an EHCP or Statement of SEN: **7**

achieved grade 5 and above in English and Maths compared to national figures:

16

5

Life expectancy of people with mental illness:

Mental illness has a substantial effect on life expectancy with people with a mental illness dying on average **20 years earlier** than those without

Life expectancy of people with learning disabilities:

65.0 years compared to **83.0** years for those without a learning disability

65.6 years compared to **79.6** years for those without a learning disability

Weight issues and learning disabilities

Obesity is **twice as common** in people aged 18-34 with learning disabilities

Being underweight is **twice as common** in people aged over 64 with learning disabilities

Of **100** working-age adults in Devon with a learning disability receiving adult social care services:

9 are in **paid employment** compared to **6** nationally

Key facts: adults aged 65+ (1)

Devon County Council

Of 100 adults aged 65 and over in Devon:

- 2 have a learning disability
- 7 have dementia
- 44 have a limiting long term illness

Based on national prevalence

Estimated increase of older people in Devon by 2030...

- 27% aged 65 and over
- 55% aged 85 and over

Estimated increase of older people aged 65 and over by 2030 with...

- 27% learning disabilities
- 46% dementia
- 34% limiting long term illness

Based on national prevalence

Estimated number of people aged 65 and over in Devon living in a Care Home with or without nursing:

6,608

of which DCC support 30%...

- 493 in Nursing Care
- 1,481 in Residential Care

Estimated increase of people aged 65 and over in Devon living in a Care Home with or without nursing by 2030...

- 49% aged 65 and over
- 55% aged 85 and over

Based on national prevalence

Of 100 adults aged 65 and over in Devon receiving adult social care services:

77 are supported in the Community

Key facts: adults aged 65+ (2)

Devon County Council

Of **100** respondents aged 65 and over in Devon who receive adult social care services for their care and support needs:

46 said that they have as much social contact as they would like

73 said that they feel as safe as they want

Of **100** older people in Devon...

9

had an **Accidental Fall** in the last two years compared to nationally:

7

Average length of stay in a Care Home in Devon for people aged 65 and over:

463 days in **Nursing Care**

675 days in **Residential Care**

Average life expectancy in Devon:

84.2 years compared to **83.1** years nationally

80.4 years compared to **79.5** years nationally

Of 100 adults aged 65 and over in Devon:

70 Received a **Flu Vaccination** compared to **71** nationally

Estimated growth for adult carers of adults in Devon to 2024...

86,595 ↑ **3%** **89,384**

The Devon adult social care workforce

There are an estimated 24,000 adult social care jobs in Devon

Of these: 18,000 direct care; 2,300 managerial; 900 regulated professions; 3,000 other

Of these: 86% independent sector; 5% local authority; 9% employed directly

Two-thirds of recruits come from within the sector, one-third from outside

On average workers have 9.4 years of experience with three-quarters having more than 3 years

17% of workers are on zero-hour contracts, less than the regional and national averages

82% of the workforce are female

The average age of the workforce is 43.5; over a quarter are within a decade of retirement

89% of workers are British, 7% from the EU and 4% from elsewhere

Key insights from performance (1)

Outcome	Areas of Strength	Areas for Improvement	Priority Action
Prevention: are more people choosing and enabled to live healthy lifestyles and fewer people becoming unwell?	Our JSNA highlights a number of strengths including comparatively high rates of volunteering. People in Devon are less likely to smoke or use drugs and more likely to take regular exercise than is typical nationally and are less likely to be admitted into hospital because of alcohol.	We are concerned that service users and carers in Devon are less likely than in similar areas to say they have enough social contact. There is a strong evidence base that people who are lonely have worse health and wellbeing and are in contact with health and care services more.	We are in the process of agreeing a 'top sliced' budget for prevention across our health and care partnership. This will be delivered through expanding our multi-agency prevention programme. It will include the use of a One Devon Data Set to target those who might benefit most from preventive interventions.
Independence: are more people living independently in resilient communities?	People with Learning Disabilities in Devon are more likely to be employed and to live independently than is typical elsewhere. A greater proportion of people who use services and their carers access support through direct payments than the national average giving them more choice & control.	We need to do more to promote the employability of all people with disabilities but in particular people with mental health needs and people with autism. We still have more to do to ensure that people with complex mental health needs or learning disabilities live well in communities.	We have launched our 'Ready When You Are' campaign to promote the employment of people with disabilities and mental health needs as evidence shows this is the best way of maximising independence. We will continue to transfer people from outside Devon into more local settings.

Key insights from performance (2)

Outcome	Areas of Strength	Areas for Improvement	Priority Action
Self-management: are people being supported to have the knowledge, skills and confidence to better manage their health conditions?	Sessions between leaders and frontline staff to discuss how we can be more innovative have highlighted ways in which people can better manage their own care through the use of technology and our Technology Enabled Care Services strategy is broadening to take advantage of these examples of best practice.	We are disappointed that in the most recent surveys of service users and carers they are less likely to say they find it easy to access information and advice than in recent years or when compared with elsewhere.	We will work with our corporate communications team to improve our communications strategy recognising that people we serve say they like to access support face-to-face and over the phone, not just online, and they especially value what the voluntary sector and GP surgeries offer.
Integration: are people receiving joined-up care and support between services and organisations?	The Care Quality Commission rates us positively on several indicators used to assess the integration of health and care, in particular avoiding attendance at accident and emergency departments and emergency admissions. Our moves towards becoming an Integrated Care System are intended to build on these strengths.	We acknowledge we do less well on getting people out of hospital promptly to receive the right support wherever possible in the community and know we must achieve further shifts in investment from bed-based to home-based care to improve this.	Historically we have done well in minimising emergency admissions from care homes to hospital and returning people to care homes after a hospital stay, but trends over the last two years mean we are now only average; we need to understand why and address the underlying causes including health support to care homes.

Key insights from performance (3)

Outcome	Areas of Strength	Areas for Improvement	Priority Action
Early intervention: is the health and care system ready and able to intervene early and avert deterioration and escalation of problems?	Our first points of contact across community health and care are increasingly joined up to ensure a more coherent response to people's needs. Our response services are setup to prioritise according to urgency and acuity of need.	We are not meeting our ambitious targets to assess people promptly, review people frequently and get services delivered in a timely way. Generally, we are still reactive rather than preventive in our approach, but beginning to use intelligence to target services	Our 'promoting independence' approach can only deliver improving outcomes for individuals through their regular contact with care managers, especially those working with younger adults, and we are working on creating this capacity, capability and culture.
Specialist services: are people going into hospital only when necessary and being discharged efficiently and safely with the right support?	Our short-term service offer is generally effective at keeping people from being readmitted to hospital and promoting their recovery to minimise dependence on long-term services. A far lower proportion of delayed transfers of care are attributable to social care than is typical nationally.	While we have made progress we still have much to do to facilitate prompt discharge from hospital including in ensuring the access to and sufficiency of personal care and residential/nursing care services. We need to minimise occasions on which our short-term service capacity is used to backfill where we can't source care.	Our service sufficiency challenge is primarily one of workforce recruitment and retention in the independent and voluntary sector, exacerbated by high levels of employment in Devon, with the risk that Brexit will worsen the situation. Approaches include 'Proud to Care', guaranteed hours contracts, and provider development.

Key insights from performance (4)

Outcome	Areas of Strength	Areas for Improvement	Priority Action
Choice and control: are people having greater control over the services they use and being equal partners in decisions about their care?	The results of the national surveys of service users and carers in Devon are mixed and less positive than they were in the recent past when compared with others including some neighbouring rural counties.	Given our emphasis on 'promoting independence' we are particularly concerned at the declining trend in Devon of people who use adult social care services who feel they have control in their everyday lives.	We recognise that mechanisms intended to enhance choice and control such as direct payments don't always have that effect if not well targeted and supported and are reviewing our approach accordingly with a focus on working age adults with disabilities.
Accessibility: are people who need treatment or care receiving this promptly and effectively in the most appropriate setting?	We have consistently achieved better overall satisfaction ratings for our services than all the national, regional and comparator average. Similarly, the Care Quality Commission rates regulated services in Devon more highly than all comparators.	We have good quality services but they are not always available to the right people in the right place at the right time. Our health and care system needs to work together to achieve the shifts in investment necessary to support a changing population at home wherever possible.	Ensuring people are supported to be independent in their own home when resources are limited is a challenge that can only be met by working together as a more integrated health and care system with political and public support. The NHS Long-Term Plan and Social Care Green Paper set the policy context we must respond to.

Key insights from performance (5)

Outcome	Areas of Strength	Areas for Improvement	Priority Action
Care at home: is care and support available in the community and in people's homes?	For several years Devon has placed a lower proportion of its older people into care homes than comparators, supporting them at home in the community instead. It is this combination of lower residential numbers and lower than average costs that enables us to spend less than the regional average on adult social care.	We still meet the needs of too many working age adults through residential care when they would be better supported in the community and improving on this is a key objective of our disabilities transformation strategy and our mental health change programme.	Continuing this shift from care in hospitals and care homes to supporting people to live as independently as possible at home depends on making the investment in community based services and securing the provision and workforce that will sustain that shift including for people with dementia and mental health needs.
Safeguarding: are people being kept safe and treated with dignity and respect?	Deep dives and case audits into our safeguarding practice indicate that concerns about people are appropriately responded to. The Care Quality Commission rate our services better than is typical nationally, regionally and in comparator areas.	Not all safeguarding activity being formally recorded limits our opportunity to identify and act on patterns. Too many people in Devon perceive that they are unsafe despite evidence indicating the contrary. Our waiting list for Mental Capacity Act DoLS assessments is too long.	We have a safeguarding improvement programme informed by our intelligence that is now impacting on frontline practice and have agreed a Peer Review facilitated by the Local Government Association for the week of 13th May 2019. We are investing in additional DoLS assessment capacity.

Key insights from performance (6)

Outcome	Areas of Strength	Areas for Improvement	Priority Action
Workforce: do we have a sufficient and well trained workforce?	Our 'Proud to Care' campaign has been adopted locally, regionally and nationally to promote health and care as a career. The quality and commitment of our workforce are often complimented by service users, carers, regulators and independent assessors.	We still struggle to recruit and retain sufficient staff, especially in frontline care giving roles in the independent sector. This is impacting on our ability to deliver the right care to the right people at the right time in the right place.	We need to extend our 'Proud to Care' campaign and work across the health and care system to recruit and develop a workforce to meet changing needs and services. Ultimately, in the context of Brexit, we may have to pay more to secure sufficient, quality care, delivered by well trained and committed staff.
Activity: how does the number of people we serve compare with elsewhere?	Generally, we have fewer people in residential care than comparators and more in the community. Our 'Home First' policy has enabled us to progress from being a comparatively high to a comparatively low user of residential services over the last decade.	The comparative number of people with learning disabilities we serve is higher than elsewhere. Intelligence also indicates we may be able to support more people with dementia at home for longer rather than resorting to residential options too soon. We should aim to support more younger adults in the community closer to home.	Our disabilities transformation programme needs to have impact on both the number of people we serve and the levels of support they receive by promoting their independence including through employment. Our commissioners must work in partnership with the independent and voluntary sector to ensure sustainable and sufficient services.

Key insights from performance (7)

Outcome	Areas of Strength	Areas for Improvement	Priority Action
Cost: how does the cost of services compare with elsewhere?	When compared with the south-west region, our unit costs are generally at or below the average. A new contractual framework paying a 'fair price for care' is likely to require additional investment to sustain sufficiency and quality.	Unit costs in Devon are beginning to rise more rapidly than elsewhere from a lower base. At current levels of funding we are at risk of having to choose between sufficiency and affordability.	Our contractual framework for residential care needs to be fully implemented including for working age adults. We need to keep our Living Well at Home framework for commissioning personal care under review to ensure it meets changing needs and circumstances.
Spend: how does what we spend compare with elsewhere?	Overall, we are an average spender on adult social care services nationally, and one of the lowest spenders on long-term support in the south-west region. We continue to deliver within budget despite inflationary and demographic pressure. Where overspends have emerged we have a track record of making tough choices to sustain services.	We spend little more now on services to older people than we did ten years ago. All of the additional investment made by the council has gone into services to working age adults on whom we now spend a greater proportion of our resources. This is a national trend but we spend more than is typical on people with learning disabilities.	We must assess the green paper for adult social care when it is published and prepare to implement any legislation arising from it with a focus on the sustainable funding of adult social care services. It is unclear whether this will address the funding of services to working age adults with disabilities which are the priority in our change programme.

Change programme: Prevention

Theme	Initiative	Progress
Prevention: enabling more people to be and stay healthy.	**Life Chances:** taking a social prescribing approach to linking people to voluntary sector support.	We have made significant progress in taking a whole system approach to social prescribing and community referral across Devon; the further development of a One Devon Dataset will make this even more intelligence led.
	Stimulating the voluntary sector: through targeted seed-funding and community development.	Our communities function is working to attract more external resources into Devon's voluntary sector e.g. through crowdfunding.
	Making every contact count: a training initiative for professionals across the health and care system.	'Healthy Conversation Skills: Making Every Contact Count' is now a training opportunity widely available to health and care staff working directly with the public.
	Falls prevention: working across the health and care system to reduce the incidence of falls.	A business case is being developed for significant whole system investment in falls prevention and specialist fracture liaison services.
	One small step: working with Public Health to promote better lifestyle choices.	**One small step** has a tiered approach with the promotion of healthier choices, open access advisory services, the free availability of motivational tools, and specialist support available to those who would benefit from it most.

Change programme: Empowerment

Theme	Initiative	Progress
Empowerment: enhancing self-care and community resilience.	**Personalisation:** using direct payments and Independent Living Funds to give choice and control.	We are reviewing our approach to the use of direct payments to ensure they are targeted and supported to promote independence.
	Employment: working with employers to support people into and in employment.	Our 'Ready When You Are' campaign to promote the employment and employability of people with disabilities and mental health needs is being broadcast across media.
	Strength-based care management: improving our care management practice and process.	Our programme of continuing professional development for frontline staff is focussed on developing strength-based practice in support of our 'promoting independence' approach.
	Technology Enabled Care Services: equipping homes with aids that maximise independence.	We have promoted our TECS offer including through a TECS house and TECS bus and used innovation sessions to identify and promote best practice.
	Caring Well in Devon: implementing our contract with Westbank to support carers in their caring role.	Our new contract with Westbank has been implemented and we are working with them to improve the Devon Carers offer, including learning from recent surveys.
	Preparing for Adulthood: ensuring young people experience a smooth transition to independence.	How we best meet the needs of young people transitioning to adulthood is a focus of 'purposeful systems'; working intensively with a few families to inform wider change.

Change programme: Support at Home

Theme	Initiative	Progress
Support at home: integrating and improving community services and care in people's homes.	**Living Well at Home:** developing our personal care framework to maintain capacity and improve outcomes.	Our Living Well at Home contractual framework is well embedded and our focus is to work with primary and secondary providers to secure sufficient care when and where it is needed.
	Supporting Independence: individualised support to assist independent living.	Our supporting independence contractual framework has been implemented, including the greater use of assistive technology.
	Short-term services: developing an integrated reablement, rehabilitation and recovery offer.	Our reablement and rapid response services are better integrated but capacity is being diverted to fill gaps in the personal care market limiting their impact on promoting independence.
	Enabling: targeted short-term support to people with disabilities to develop their independent living skills.	Our in-house enabling offer has been redeveloped to ensure it is focussed on enabling people to progress to become less dependent on support over time.
	Day opportunities: purposeful and interactive group-based activities.	Our approach to day opportunities for working age adults continues to focus on employment and meaningful, mainstream activities.
	Supported living: ensuring the right balance of group and individual support in supported living settings.	We continue to encourage supported living over residential care and review people's needs to ensure the best balance of individual and group support promote their independence.

Change programme: Specialist care

Theme	Initiative	Progress
Specialist care: delivering modern, safe, sustainable services.	**Accommodation with care:** improving the range of accommodation with care options in Devon	We are developing a strategy that covers the full spectrum of housing with support, from social housing (working with district councils) through supported living and shared lives schemes to care homes.
	In-house services review: ensuring our in-house residential and respite services are fit for purpose	We keep our remaining in-house services under review for their value for money and whether they achieve best outcomes for residents.
	New residential and nursing care framework: implementing a new contract for older people	We are in the process of implementing a new contractual framework with care homes that is more responsive to the individual needs of the people we whole or part fund with plans to extend from older people to all adults.
	Regional commissioning: taking a more regional approach to commissioning specialist bed-based care	We are working with commissioning colleagues in the south-west ADASS region to explore the potential of more regional approaches to commissioning and quality assurance focussing on provision to people with learning disabilities.
	Quality assurance: maintaining the comparatively high-quality care in Devon by investing in quality assurance and contract management.	We are further developing our intelligence-led approach to identifying providers who can benefit from support. The proportion of regulated care provision rated Good or Outstanding in Devon continues to exceed all comparators.

Change programme: Supporting strategies

Theme	Initiative	Progress
Supporting strategies: developing our workforce, markets and information technology.	**Internal workforce strategy:** developing our care management capacity and capability.	We have a dedicated workforce development team focussed on recruitment into our professional workforce with their 'Working for Devon' campaign,
	External workforce: using our Proud to Care campaign to promote health and care careers.	We now have around 200 Proud to Care Ambassadors promoting health and care careers around the county, complemented by our extensive use of social media. The 'Proud to Care' brand has been adopted regionally and nationally strengthening its recognition.
	Information Technology: working across our health and care partnership on integrated IT solutions.	Our partnership with Microsoft has been recognised nationally. We share a digital roadmap with NHS partners and have won funding to promote interoperability across systems.
	Market Development: working with social care providers to improve quality and sufficiency.	Our market development work is recognised by ADASS as leading the south-west region, in particular our use of intelligence to manage sufficiency and improve quality.
	Safeguarding: working with our partners through the Devon Safeguarding Adults Board to improve the safeguarding of vulnerable people.	We have undertaken deep dive and case audit work to inform an improvement programme leading to a Peer Review facilitated by the Local Government Association in May 2019.

Improving Access to General Practice

Mark Procter, Director for Primary Care – Devon CCGs

Dr Alex Degan – Mid Devon GP and Clinical Lead for Mid Devon Health Improved GP Access Group

Paul Baker, Deputy Director for Primary Care – Devon CCGs

What are we doing and why?

"Ensure everyone has easier and more convenient access to GP services, including appointments at evening and weekends"

Core offer (from October 2018)

- 30 minutes (building to 45) of additional GP team capacity per ‘000 people per week
  - (circa 2,400 appointments building to circa 3,600 appointments per week)
  - (circa 2.7% rising to circa 4.1% increase)

- Provided at evenings, weekends, bank holidays – 365 offer
  - ‘Hub’ model that flexes on basis of demand

- Links to digital agenda, such as eConsult
  - Devon ranks 2nd (by volume) nationally for phone & online GP access
  - eConsult growth across last 12 month is >500% (2,300 in December)
  - Circa 82% of appointments in Devon remain through traditional routes

- Mix of appointment types offered, unplanned, pre-booked, clinic, group

Key challenges being addressed

- Making Improved Access part of the routine offer to patients
  - Via GP receptionists, via 111

- Workforce stretch as role(s) of GPs and others expands and extends

- Public awareness and understanding
  - Specifically for those who might no longer routinely access their GP surgery

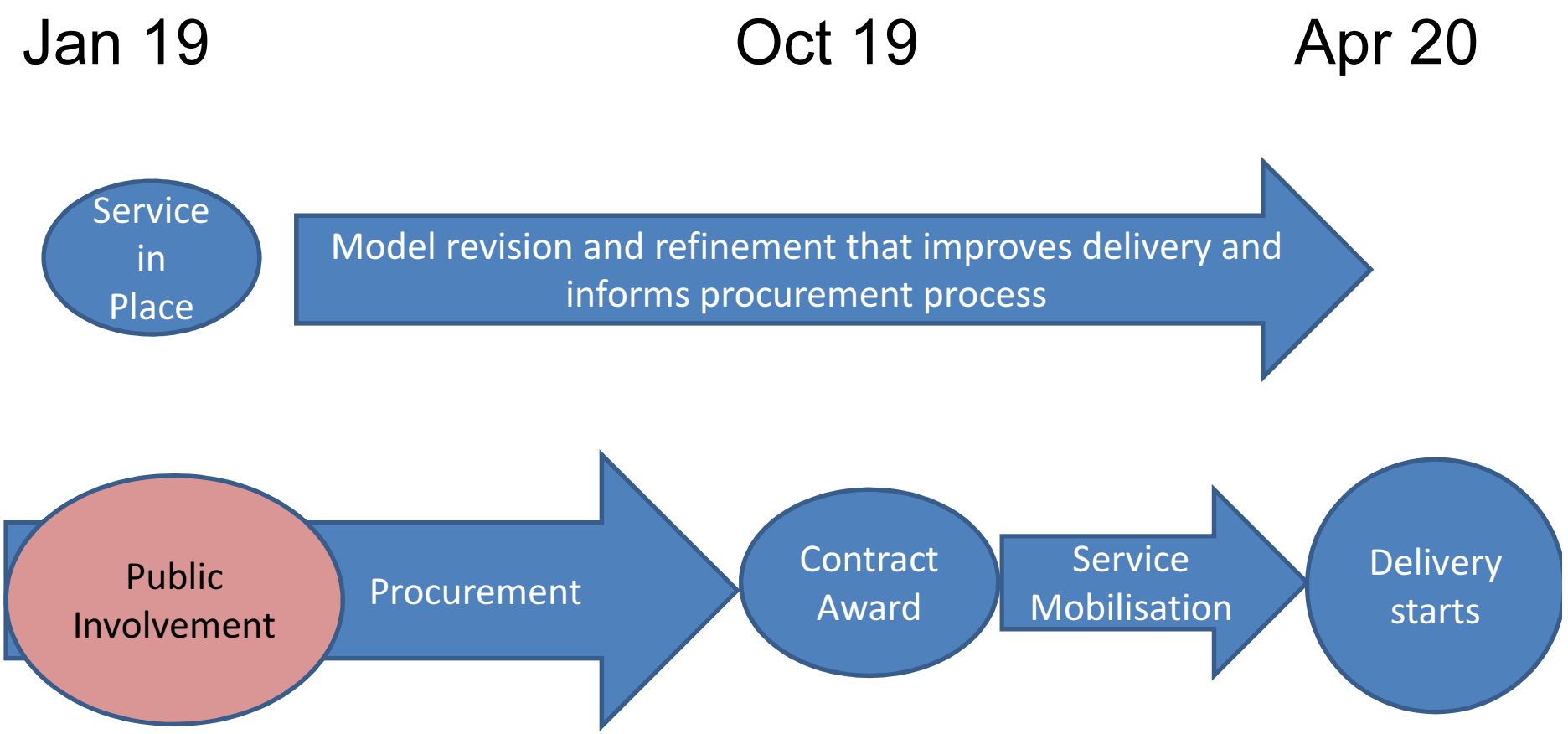
- Timescales

First quarter uptake rates

- Note: 94% (allowing for patients not attending a booked appointment) would compare with in hours General Practice

	Oct-18	Nov-18	Dec-18
Plymstock	95%	92%	86%
Exeter	90%	88%	90%
Mid Devon	81%	95%	79%
East Devon	72%	79%	82%
West Devon	8%	25%	25%
North Devon	91%	98%	97%
South Devon	81%	83%	73%

Future plans for procurement and public involvement



Patient survey

Survey content

- Awareness of improved access
- Importance of access to GP services at different times of the week
- How patients do / would travel to see a GP
- How far / long people would expect to travel to see a GP
- How important a GP being able to see their full medical record is
- How patients would like to book appointments
- How best we build awareness of the service
- Opportunity to add additional comment

ACH/19/102
Health and Adult Care Scrutiny
24 January 2019

SUPPORTING ADULTS WITH DISABILITIES TO BE INDEPENDENT, SAFE AND PART OF THE COMMUNITY

1. Recommendation

1.1 Members of the Health and Adult Care Scrutiny Committee are asked to consider the work underway and planned to support people with disabilities in Devon to be as independent as possible and lead meaningful lives in the community. An Easy Read version of this report is included at appendix A.

2. Background

2.1 People with disabilities include those with learning disabilities, physical disabilities, autism and/or sensory needs.

- There are around 15,000 people with a learning disability in Devon. 2,205 of these receive adult social care services and many will also have autism. 1,940 of these are aged 18 to 64.
- There are 1,300 people with physical disabilities and/or sensory needs aged 18-64 years who receive social care services in Devon.
- It is estimated that there could be 6,100 people in Devon with autism. Our social care records report that 602 adults with Autism (as the primary need) received services at the end of November 2018.
- People with learning disabilities have markedly poorer physical and mental health than their non-disabled peers in Devon. Only 8.6% of adults with a learning disability across Devon were in paid employment in 2018.
- Many young people with disabilities require health and care support as adults. They tell us that the transition to adult services is an uncertain time for them.
- Support to adults with disabilities makes up approximately half of the Council's budget for adult social care, and the majority of the care and support budget is now spent on working age adults. This area of the budget is where we are focusing our efforts to reduce spend on statutory services over the next few years.

2.2 Across Devon, Plymouth and Torbay we are committed to promoting the independence of people with disabilities. Our joint strategy, *Living Well with a Learning Disability in Devon 2018-2022*, was approved by Cabinet in October 2018 following discussion of the strategic principles at previous Scrutiny sessions. https://www.newdevonccg.nhs.uk/permanent-link/?rid=119946

2.3 The refreshed strategy is informing our work across the health and care system in Devon to support people with all disabilities to be confident, resilient and connected. This includes people with a learning disability, physical disability, autism and/or sensory needs.

2.4 Our approach is informed by an understanding of the needs and experiences of people with disabilities and their families/carers, both now and in the future. We continually talk with our partners, including providers of care, support and housing, and our Learning Disability and Autism Partnership Boards to inform

our approach. We will continue to listen to people as we develop our work and use learning from the latest research and best practice in other areas.

3. Why we need to change

3.1 People with disabilities and their families/carers tell us that they want to live with and/or be supported by their family and friends in the community, have a job and remain connected to their interests. However, more adults with a learning disability in Devon use statutory services than the England average.

3.2 There is national recognition that adult social care needs to work differently to meet the aspirations of its residents. This means that we need to recognise people as the experts in their own situation, build on strengths and be more community focused. We want to move away from providing formal long-term support in response to assessments of people's needs. This way of working does not consider alternatives and may increase dependency and reduce quality of life. In Devon we have looked at best practice in other local areas to support the development of our approach.

3.3 We want a new relationship between the Council, communities and people of Devon. We want Devon to be a place where all adults can benefit from every opportunity that a great place like Devon offers. We want to keep people well and part of the community.

3.4 This means working with voluntary and community partners and District Councils to tackle social isolation, develop innovative housing options, increase job opportunities for everyone and build a sustainable health and care workforce. Where people have ongoing health and care needs, we will come together across our system, with GPs, social workers, homecare, nurses and voluntary and community services to support people to be as independent as possible, safe and part of the community.

4. Key areas of focus and what this means for people and communities

<u>Support to people that is focused on achievement of outcomes</u>

4.1 We are supporting our workforce to have the confidence, skills and capacity to take a strengths-based approach when developing plans with people that support them to achieve what matters to them. We have developed a workforce plan that is aligned with the joint health and care learning disability and autism workforce strategy, which aims to:

- Support the workforce to have the skills, confidence and competence to better support people with complex needs;
- Develop increased awareness and understanding to support people and their families to maintain their independence, have greater choice and play an integral part within their community;
- Improve ability to support young people as they transition to adulthood; &
- Build capacity in our workforce.

4.2 We have established a disability practice lead post to support our workforce development and have also increased leadership and team capacity to support people with disabilities. We recognise the need to invest in our

workforce to develop both capacity and skill set so that we can develop a different relationship with young people, adults and their families/carers.

4.3 We have developed an integrated approach across our enabling, community and buildings-based teams to provide focused outcome-based interventions. We want to have better conversations with people to promote independence and, where possible, support people to take up opportunities including employment and independent living. The (newly named) *Reaching 4 Independence* service will be part of early multi-disciplinary discussions to explore how best to achieve personal outcomes through a strength-based approach. We will continue to support people with a range of needs, including bespoke enabling support for people with the most complex needs.

4.4 We are also making better use of Technology Enabled Care and Support (TECS) to enable people to live as independently as possible and support carers to care for the people that they look after. This includes testing equipment that will support people to be more independent. For example, we are testing equipment called *Brain in Hand*, which has successfully enabled people in other local areas to manage their behaviours to help them to get and to retain a job. The impact of this test of change will inform how we support more people into employment in the future. We are also looking at ways to support people with TECS as a replacement for staff needing to stay with people overnight. We are supporting our workforce and care providers to use technology to promote people's independence and to manage risks in different ways. This forms part of our workforce strategy.

Case studies showing impact on people

A person who was living at home with their family talked to our enabling team about their desire to live on their own. Following further strength-based conversations and an integrated outcome focused plan, they have moved into supported living accommodation where they have friends. The transition from home to living alone has not been an easy process, but reflects how better conversations to understand what is important to people and a joint approach across enabling services, community teams and housing providers can support people to achieve their goals.

An older person with a learning disability who attended our building based enabling service during the week said that they wanted to be at home more. Our enabling service and community teams worked with the person and their family to put in place an alternative plan for a Personal Assistant (PA) to provide support, rather than attending the enabling service. The PA offers greater choice and control for the person over where and when they want to go out and ensures their daily needs are met. We also supported the carer through a Carers Assessment to ensure their needs were met.

4.5 Our strength-based, outcome focused conversations with people are dependent on a different offer being in place within communities to support people to live more independently. Commissioners and operational teams are working closely together across market towns in Devon to develop opportunities for providers and communities to support people to achieve their goals and be active citizens. It is anticipated that through this work we will also reduce the overall spend on more traditional support for people over the next few years. This work is described below.

Range of housing to support people to be independent, safe and part of the community

4.6 People have told us that they want more options to be available in communities to help them to live in their own homes, and for more information to be available to help them and their families/carers to plan.

4.7 We want people to live in their own homes where possible and for there to be a range of housing across Devon to support people to be independent, safe and part of their communities over the course of their lives. Our expectation is that people's own front door may change throughout their lives as they develop independent living skills. We are working with providers and communities to increase the range of settled accommodation across Devon to support people with disabilities to live in their own homes.

Understand need and supply to develop accommodation offer in communities

4.8 We are developing profiles of all market towns across Devon, which include numbers of people with disabilities, commissioned provision, available housing, large employers and transport links. This is informing our work to support providers to develop their models of care and to grow options in communities for people to live more independently. Through our market town profiles we will have a better understanding of where people with disabilities live, how they live, including access to health services and choice, alongside what matters to them. This understanding will support us to plan local support for people, with significant benefits for communities. This work started in 2018 and will continue throughout 2019.

4.9 Across Devon, Torbay and Plymouth we have looked at the needs and current supply of provision for people with disabilities to identify shared priorities and gaps in provision. Ensuring sufficient supply of community-based provision for young people in transition has been identified as a priority, along with reducing reliance on residential care and increasing the range of housing within communities. This has informed our work with providers to ensure consistency and a targeted approach.

Focused work with providers and communities to support achievement of outcomes

4.10 We are undertaking focused activity to place fewer people in Care Homes and to reduce the numbers of people within them. Our work in market towns is highlighting areas that are overly reliant on residential care and where there are younger adults in residential care that we can work with to develop their independent living skills. We are also working with providers to support them to reconfigure their business to support people to achieve outcomes. For example, we are supporting care homes, where appropriate, to deregister to Supported Living settings, which offer more security for people as tenants and opportunities to live independently within communities. We are also developing a framework for a more dynamic model of housing with care to meet people's changing needs over a lifetime that is personalised, achieves outcomes and is based within communities. This will improve quality and ensure a better experience for people.

4.11 The Transforming Care Partnership is an all age partnership across the health and care system focused on managing crisis to keep people with complex health and care needs close to home, and out of hospital and residential care. Whilst it is a national programme, our local solutions include investment in a purpose-built multi-occupancy home with 3 individual front doors, to provide short term intensive support before people move into their own homes. This is a short video which shows the impact experienced by Louise, moving from a hospital into her own home. www.youtube.com/watch?v=Bvqp6d2i_ck&feature=youtu.be

4.12 Our work in market towns across Devon is seeking to create shifts in models of care (a different offer) through close working with providers and a better understanding, use and development of community resources. A Provider Development Plan is a self-assessment we undertake with providers about their ability to promote the independence of people they support. It is a tool to support shifts in models of care, describing how the business will change and how they will support their workforce. We are also using operational intelligence of community resources for each town to inform and shape the new offer, and ensure our offer to carers in each town is fit for purpose.

4.13 We are progressing a more flexible Carer Households/Shared Lives offer that supports people with higher levels of needs and can be an alternative to residential care. Shared Lives is a way of providing accommodation, care and support for adults with disabilities. Through this model, accommodation, care and support are provided in the family homes of carefully selected, trained and supported Shared Lives carers. Shared Lives supports people (from age 16) to be introduced to higher levels of independence, whilst remaining in a safe and protective family environment.

4.14 We are actively working with people, including young people, who could benefit from a Shared Lives offer with the aim of expanding this offer during 2019 and beyond. This is aligned with our work to support young people to move out of residential care, and the option for them to take up Shared Lives offers. Shared Lives is also part of our work to develop a different offer in market towns over 2019. As we create profiles of local need, we are matching this with existing Shared Lives vacancies and new carer households that might be required.

4.15 We are working to increase the supply of accessible housing to support people to live independently. This work includes improving health, care and housing collaboration and being involved in local housing plans to shape planning requirements at place. We are starting to work with Housing Authorities, District Councils and local communities to understand how people are currently supported. This will enable us to have a joint understanding of what is needed in the future to help people achieve what matters to them.

4.16 Alongside this, our Market Position Statement is being refreshed and will reinforce our commissioning intentions. It will be a live document to reflect changing demand and supply; a relevant and up to date reference point for providers, people and their families/carers. We also want to ensure that our funding models support personalisation and achievement of outcomes.

Case study showing impact on people

A 28 year old woman with learning disabilities and Spina Bifida, who mobilises using a wheel chair had lived in a residential home since 2015. She was supported by her social worker and independent advocate to fulfil her ambition of greater independence, to live nearer her Mum and be able to access the community on her own. She was presented with different options and settled on supported living accommodation, where an electric wheelchair and good transport links enable her to visit her Mum regularly.

Support more people with disabilities to have a job

4.17 People have told us that they want to have a job to support them to live independently. 8.6% of adults with a learning disability across Devon were in paid employment in 2018. Whilst this is higher than the national average (of 7%), there is still a lot more work to do. We have been focusing on increasing the number of opportunities for employment across Devon, Plymouth and Torbay, and helping people to develop their skills to get a job.

4.18 The percentage of young people with Special Educational Needs who remain in education, employment and training at age 17 is rising. We are working with Further Education (FE) colleges, independent and specialist providers to ensure that all young people have access to a work-based learning route. We have increased the number of FE colleges and other institutions who offer supported internships, along with the number of young people on supported internships. In 2017/18 there were 7 FE providers with 56 young people with an Education Health and Care Plan (EHCP) on supported internship programmes. In 2018/19, this increased to 8 FE providers with 74 young people. We are aiming to increase this further to 90 young people with an EHCP in 2019/20.

4.19 We are working closely with Further Education providers to monitor the outcomes of each supported internship and the routes into paid employment for young people. Young people who don't go onto paid employment at the end of the year are supported by Job Centre Plus and/or PLUSS to continue towards employment (e.g. the Work in Health programme).

4.20 We are also increasing opportunities within Devon County Council for supported internships that lead to paid apprenticeships. We have 3 internships for young people with disabilities in DCC, with more planned for future years. We have targeted the Access to Work funding towards job coaches as part of the introduction of paid apprenticeships. We are also increasing the range and scope of work experience placements available to young people with an EHCP in their local area (e.g. local hospital trusts).

4.21 We are working to ensure that support to adults is focused on the achievement of outcomes and opportunities for them to progress towards employment and to reduce the level of state intervention. Alongside this, we are working with employers to develop more opportunities for young people with learning disabilities, autism and mental health needs to have a job. The campaign, *Ready When You Are*, launched in September 2018 and has increased the number of Disability Confident businesses in Devon (including Torbay and Plymouth) by 114. We are on track to achieve our target of 400 employers by April 2019.

Case studies showing the impact on people

- **Ashley** - www.readydevon.org.uk/case-studies/employees/ashley - Project Life employability course and employed as a kitchen Porter since 2016.
- **Reuben** - www.readydevon.org.uk/case-studies/employees/reuben – Project Life employability course, supported internship at DCC, now 2 year paid apprenticeship.
- **Ben** - www.readydevon.org.uk/case-studies/jobseekers/ben – Gained qualifications at FE college, currently volunteering at café in Bovey.
- **Paul** - www.readydevon.org.uk/case-studies/employees/paul – Project Search Internship, now employed by NDHT.

Increasing opportunities in communities for people to live independently.

4.22 We are building on our knowledge of best practice in other local areas to reduce isolation and loneliness for people with learning disabilities. As part of our work in market towns to create opportunities for people to live independently within the community, we are developing (unpaid) friendships and peer support in all market towns cross Devon. This includes a matching service for people interested in the same type of activities and aims to create community inclusion by connecting people and places through activity. It is for adults in Devon who have a learning disability, but as the scheme develops we will widen the range of people involved. The friendship groups will run according to the values and principles that have been developed by the Learning Disability Partnership Board.

4.23 It is envisaged that through the friendship groups we will improve confidence and self-esteem, realise health benefits by being more active, develop greater independence and skills and develop supportive natural networks for people. In other local areas, these groups have increased integration, reduced isolation and the need for statutory support such as GPs, community nurses and occupational therapists. As part of our market town profile work, we will identify people who would benefit from friendship groups and to promote awareness of the scheme.

4.24 Leaders across the Council have committed to improving accessibility and support to promote the independence of people and to support integration into community settings. This includes making bus routes more accessible, ensuring bus drivers receive learning disability awareness training and providing people with accessible information to help them understand the different types of road crossings. The impact of the plan is monitored by the Council's Leadership Team and the Chair of the Learning Disability Partnership Board. We have developed an accessible website, which will go live shortly.

Reducing health inequalities for people with disabilities

4.25 We are working together to improve access to healthcare for people with disabilities so that they have improved physical and mental health outcomes and live longer as a result. The work also seeks to address health inequalities for people with learning disabilities, following the recent report of the Learning Disabilities Mortality Review Programme.

4.26 Through the development of our strategy to support young people and adults with learning disabilities in Devon, we have been working with a GP practice in Devon that undertakes focused support to people with learning disabilities, as part of their Annual Health Checks. The Practice Nurse spends time with the person (and their family/carer if appropriate) to talk about health needs and information and access to support to keep them well. We are working with the GP practice to share this information and to pick up on issues that may support the person to be independent, safe and part of their community. This will result in a better experience for the person, who tells their story once, and will enable us to be proactive, share information and work together to help people to live well. Learning from this work will be shared across Devon and inform further work.

4.27 We are improving access to support for people with Autism. 30% of the caseload of the Autism/Attention Deficit Hyperactivity Disorder (ADHD) Team within the Council are young adults with complex needs who require a multi-disciplinary response. We are developing principles for a new service model across the health and care system in Devon that improves timely diagnosis and follow up health and care support for people with Autism and complex needs. This work requires a multi-agency community-based approach, including children's services, adult care, mental health services, probation, housing and care providers.

4.28 We have invested over the next two years in supporting our work to promote the independence of people with disabilities. We have established a Quality Checking team which will employ 6 people with learning disabilities to audit and make recommendations for improvements to health checks and screening. We have also introduced autism liaison nurses and specialist training for all health and care providers over the coming year. Our Additional Support Unit, which is a small hospital in Exeter (run by Devon Partnership Trust) for people with a learning disability who are in crisis. It is now benefitting from a social worker and dedicated support from the Council's legal team to promote timely discharges.

<u>Support young people to develop independent life skills</u>

4.29 Young people and their families have told us that they do not always have a good experience transitioning into adulthood. We are working more closely and earlier with children's services, young people and their families/carers to develop joint plans that support young people to plan for all transitions in their lives.

4.30 The Preparing for Adulthood team works with younger people and their families at an earlier age, attending year 10 EHCP reviews, to have earlier conversations about building skills to live independently. The team also makes sure that people have access to timely and practical information, advice and guidance, to support them to plan.

4.31 We are looking at how we can improve transitions between children and adult services, and focus on what matters to people with disabilities over the course of their lives, rather than because of their age. Approximately 25% of young people with an Education Health and Care Plan will need support as adults. A test of change in North Devon is supporting a better understanding of the impact of working in this way. We will also continue to build on the learning

from the recent Local Area Review (Ofsted) inspection of support for children and young people with Special Educational Needs and/or Disabilities (SEND).

4.32 We continue to listen to young people and their families/carers to better understand their experiences. We have refreshed membership of the Learning Disability and Autism Partnership Boards to ensure that the views of young people are represented. Discussions directly inform our work. For example, the Autism Partnership Board recently asked for sessions to identify the challenges people experience with transition and how we can address them. The workshop was supported by a journey from children to adult services developed with a parent and young person. The outputs are being discussed at the SEND Improvement Board to address the issues jointly.

5. Next steps

5.1 This work requires a step change in how we work with people and communities. It can only be achieved through the involvement of all parts of the Council and our partners, alongside our social care teams. As we develop and implement our plans, we are considering the resource needed to support this significant change in our approach.

5.2 It is envisaged that our work will benefit people and support them to be more independent, safe and part of the community. It is very important that we continue to listen to people and their families/carers about what matters to them and the impact of our work. We will do this through our partnership boards, conversations with people and their families/carers and by having a better understanding of local needs.

5.3 Our work is supported by an implementation plan and performance framework through which we review our progress in respect of the outcomes that we have developed with people and their families/carers.

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:

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Tel No: 01392 383 000 Room: 1st Floor, The Annexe, County Hall

Report to Devon County Council's Health and Adult Care Scrutiny Committee.

Supporting adults with disabilities to be independent, safe and part of the community

	**This report is to Devon County Council's Health and Adult Care Scrutiny Committee.**
	The Scrutiny Committee helps the Council to develop new policies and plays a big role in checking how the Council is doing.
	The report is from Tim Golby who is the Head of Adult Commissioning and Health.
	The report is about supporting adults with disabilities to be independent, safe and part of the community.
	This report will let the Health and Adult Care Scrutiny Committee know what work is being done to support people with disabilities in Devon to be as independent as possible and lead meaningful lives in the community.

	Background information
	People with disabilities include people with learning disabilities, physical disabilities, autism and or sensory needs.
	There are about 15,000 people with a learning disability in Devon.
	2,365 people with a learning disability get adult social care services. Many of these will also have autism.
	People who live in Devon and have a learning disability are more likely to use social care services than other parts of England.
	There are 1,300 people aged 18 to 64 with physical disabilities and or sensory needs who get social care services in Devon.

	602 adults with Autism as their main care need receive social care services in Devon.
	People with learning disabilities have poorer physical and mental health than people who are do not have learning disabilities.
	The number of people with a learning disability in paid employment in Devon is very low.
	Many young people with disabilities need health and care support as adults.
	They told us that moving from children's services to adult services is a very worrying time for them.

	Support to adults with disabilities uses about half of all the Councils money they spend on adult social care.
	We have a joint strategy (plan) Living Well with a Learning Disability in Devon 2018 – 2022 that sets out how we will support people with disabilities to be confident, strong and connected to their communities.
	**Why we need to change how we work**
	People with disabilities and their families/carers tell us that they want to live with and/or be supported by their family and friends in the community.
	They want to have a paid job and be an active member of their community.

	We know that adult social care needs to work in a way that supports people to achieve their life goals.
	This means we need to listen to what people want to happen in their lives.
	We want Devon to be a place where all adults can benefit from every opportunity that a great place like Devon has to offer.
	We want to keep people well and part of the community.
	This means working with voluntary and community partners to; • Stop people feeling lonely; • Develop different housing options; • Provide more job opportunities for everyone;

	• Build a strong health and care workforce (health and care workers); and • Support people with ongoing health and care needs to be as independent as possible, and part of the community.
	**Key areas of focus (what we need to work on)**
	Helping people to meet their life goals. We will work with people and families to support them to develop independent living skills.
	We will work to develop housing options that support people to be independent, safe and part of the community.
	We will understand how people are currently supported in market towns in Devon. We will work with providers (organisations who provide care) and communities to support achievement of outcomes and for people to be part of the community.

	We will continue our work to support more people with disabilities to have a job.
	We will make sure that people with a learning disability get good health care.
	We will support young people to develop independent life skills and to plan for the future.
	**Next Steps**
	To make this work happen we will work with people and communities, and a range of partners across Devon.
	Our work will support people to be more independent, safe and part of the community.

	We will check how our work is improving the lives of people and their families.
	We will update the Adult Care and Health Scrutiny Committee and the Health & Wellbeing Board on how we are getting on.
End of report	

Health & Adult Care Scrutiny Committee
24 January 2019

Local Suicide Prevention Planning and Approach

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

Purpose: To inform the Health and Adult Care Scrutiny Committee about the issue of suicide and the approach to suicide prevention in Devon.

1. Background/Introduction

1.1 Suicide is a major public health issue. In 2017, 4,451 took their own lives in England. The England average age standardised rate is 9.2 deaths per 100,000 people. This is a significant decrease from 14.6 deaths per 100,000 population recorded in 1981, however, it still equates to around 12 deaths every day. (ONS 2018).

1.2 Suicide is the leading cause of years of life lost. It is the leading cause of death in men under 50 years of age, young people and new mothers. The suicide rate for men is three times that of women; 14.0 deaths per 100,000 males and 4.6 deaths per 100,000 women. The highest suicide rate in England is for men aged between 45 – 59 years (ONS 2018).

1.3 70% of people who end their own life are not receiving treatment or support from mental health services. This means that suicide prevention needs to be available within communities and not just clinical settings.

1.4 Suicide is preventable, and councils play a vital role, through their public health remit and their ability to influence some of the wider determinants; housing, employment, debt management. The NHS Five Year Forward Plan calls for a 10% reduction in suicide by 2020/21 (from the 2016/17 rate).

1.5 2012 saw the publication of the first national suicide prevention strategy: Preventing Suicide in England: a cross- government outcomes strategy to save lives. This highlighted the following priority areas:

- Reduce the risk of suicide in high risk groups
- Tailor approaches to improve the mental health of specific groups
- Reduce access to the means of suicide
- Better information and support to those bereaved by suicide
- Support the media in sensitive reporting of suicide
- Support research, data collection and monitoring
- Reduce rates of self-harm as a key indicator of suicide risk (added in 2017).

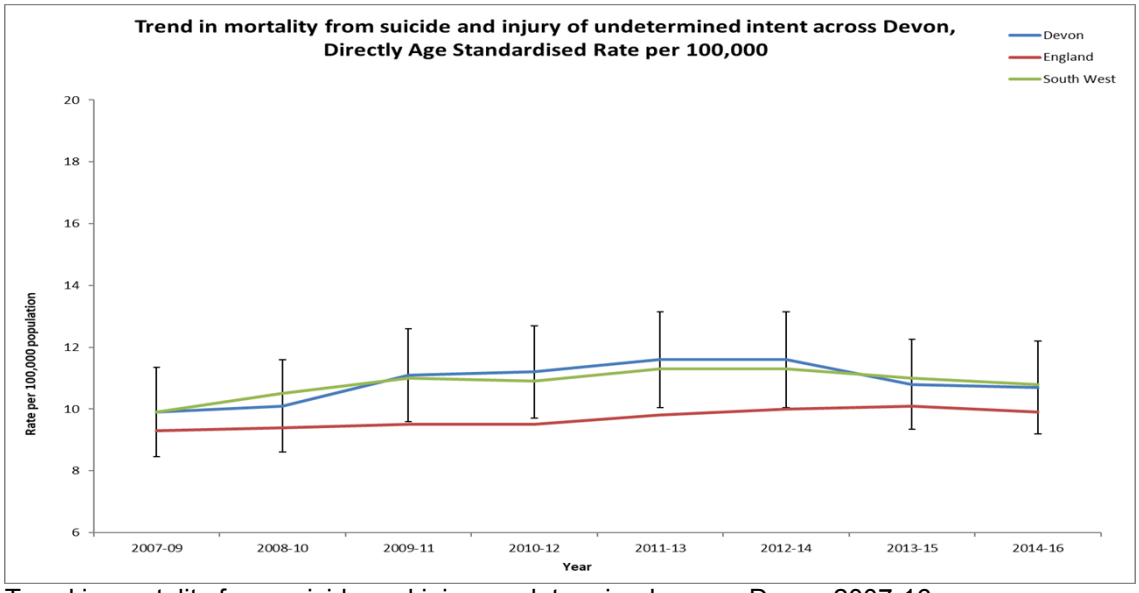
1.6 Local authorities, via their public health teams, are responsible for producing a local strategy and action plan. Whilst this is not a statutory requirement, the Local Government Association, Public Health England and Association of Directors of Public Health all advocate for local plans. Following an investigation into suicide in 2016/17, the Health Select Committee further recommended that local plans be subject to scrutiny to ensure that they are transparent, accountable and deliverable. In her role as Chair of the Health Select Committee, Dr Sarah Wollaston MP wrote to all Local Authority Scrutiny members asking them to prioritise suicide prevention and keep a 'watching brief'.

1.7 Devon, in partnership with Plymouth and Torbay, has issued a strategic statement aligning us all to the seven priorities in the national strategy:
https://devoncc.sharepoint.com/:b:/s/PublicDocs/PublicHealth/EZWx1r5XUWVBk0svqohfT4YBkUqmF2YeLKQa4T4VtMAqbQ?e=UrTm9y

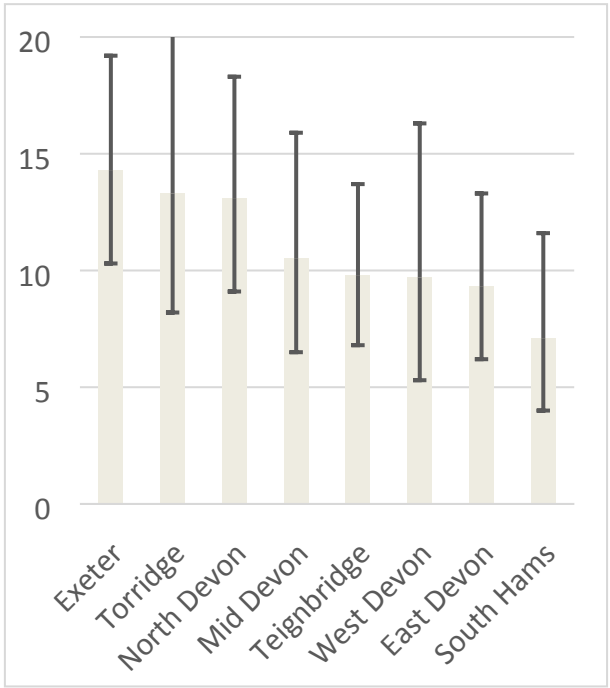
1.8 As each area has its unique geography and demography each Local Authority has developed their own implementation plan:
https://devoncc.sharepoint.com/:b:/s/PublicDocs/PublicHealth/EW4a_QNNT51HrvTS6henmGIB2dF1UtjnO-g2Cb26tvXjkA?e=dbIsih

2. Context

2.1 The age-standardised rate per 100,000 population (per three-year average 2015-17) is 10.5 - this equates to about 70 suicides per year. The South West rate is 10.5, which is a reduction on the 2016 rate of 11.2. The region with the highest rate is the North West with a rate of 10.8 (PHE Fingertips).



Trend in mortality from suicide and injury undetermined across Devon 2007-16 (Public Health Intelligence Team)



Breakdown of suicide rate by Devon district 2014-16 (Public Health Intelligence Team)

2.2 Whilst there is a small variation in the suicide rate between the eight districts, the confidence intervals show that is not statistically significant therefore suicide prevention interventions need to be available across the whole county.

2.3 Devon County Council provides leadership for the Devon and Torbay Suicide Prevention Strategic Implementation Group. This is a multi-agency, high-level group with membership comprising: the Clinical Commissioning Group; Devon Partnership Trust; Public Health (Devon, Torbay and Plymouth); Public Health England; Child and Adolescent Mental Health Services; Devon & Cornwall Police; Office of the Police Crime Commissioner; National Probation Service; HM Coroners; Devon & Somerset Fire & Rescue Service; South West Ambulance Trust; HMP Exeter; University of Exeter; University of Exeter Medical School; Samaritans; Action to Prevent Suicide; Devon and Torbay Suicide Prevention Alliance.

2.4 The role of the strategic group is to oversee the delivery of both Devon's and Torbay's respective implementation plans. Task and finish groups involving a sub-set of the larger group are also formed, on an ad-hoc basis, to explore specific aspects of suicide prevention, for example, a Task and Finish group was set up in 2017 to explore suicide among children and young people.

2.5 There is also a grass roots organisation called the Devon and Torbay Suicide Prevention Alliance (DTSPA), which is made up of statutory services, the community and voluntary sector and people with lived experience. This group supports the delivery of the Devon and Torbay implementation plans as some members of this group are suicide prevention trainers, suicide bereavement support services, Samaritans, district councillors etc. There is currently a DTSPA website that provides information and resources: https://dtspa.co.uk/

2.6 The implementation plan was a collaboration between statutory services, voluntary and community organisations and people with lived experience. All were given the opportunity to highlight work that they were already doing, identify priorities and where the gaps were. A workshop was run at the DTSPA conference in September 2017 where people with lived experience were able to contribute. The strategic statement and approach were endorsed by the Devon Health and Wellbeing Board on the 14th June 2018.

3. Public Health Impact

3.1 Any suicide is a tragedy and can have a profound impact upon the lives of family, friends, work colleagues and communities. Research shows that bereavement by suicide is linked to a number of negative health and social outcomes including depression, suicide and suicide attempts. It is estimated that between six to sixty people are directly affected by a suicide. Each suicide has a cost to society of £1.67 million, which includes initial disruption, loss of productivity, of the individual and those who are bereaved and other societal costs.

3.2 Suicide prevention is part of a wider Public Mental Health remit to improve the emotional health and wellbeing of the population, in particular 'at risk' groups.

4. Financial Considerations

4.1 Current investment through Devon County Council has been through the Public Health team staffing with a lead and additional staff time to support Public Mental Health and Suicide Prevention. External and partner sources of funding have been secured in the past to provide evidence-based training but the budget for suicide prevention is limited. Prevention requires a systemwide approach.

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

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

Contact for enquiries: Nicola Glassbrook, Room 141, County Hall, Topsham Road, Exeter. EX2 4QD Tel No: (01392) 386390

Background Papers embedded in text.

Centre for Public Scrutiny

Local Government Association

Association of Directors of Public Health

Providing a lifeline

Effective scrutiny of local strategies to prevent or reduce suicide

processes prevention **employment** pro
utcome **scrutiny** organisations r
strategy housing **progress** policy

Providing a lifeline

Effective scrutiny of local strategies to prevent or reduce suicide

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OCTOBER 2018

Centre for Public Scrutiny

The Centre for Public Scrutiny's (CfPS) purpose is to improve lives and places through effective governance and public scrutiny. We work with a wide range of organisations, people and places to support them in developing a culture and ways of working which incorporate challenge, scrutiny and involvement. We also provide consultancy, training and policy support which gives people the skills, knowledge and confidence needed to design and deliver good governance.

www.cfps.org.uk

Local Government Association

The Local Government Association (LGA) is the national voice of local government. We work with councils to support, promote and improve local government. We are a politically-led, cross party organisation which works on behalf of councils to ensure local government has a strong, credible voice with national government. We aim to influence and set the political agenda on the issues that matter to councils, so they are able to deliver local solutions to national problems.

www.local.gov.uk

Association of Directors of Public Health

The Association of Directors of Public Health (ADPH) is the representative body for Directors of Public Health (DsPH) in the UK with the aim of maximising the effectiveness and impact of DsPH as Public Health leaders. ADPH seeks to improve and protect the health of the population through collating and presenting the views of DsPH; advising on public health policy and legislation; facilitating a support network for DsPH; identifying their development needs; and supporting the development of comprehensive, equitable public health policies.

www.adph.org.uk

Acknowledgement

We are grateful for the contribution of Jim McManus, Vice-President, Association of Directors of Public Health UK and Director of Public Health, Hertfordshire County Council who helped develop the text for this publication.

CONTENTS

WHY THIS ISSUE IS IMPORTANT

Key trends from the Samaritans Suicide Statistics Report 2017

- In 2015 there were 6,188 suicides registered in the UK
- Around 75 per cent of all suicides in 2015 were committed by men
- The highest suicide rate in the UK was for men aged 40–44
- Male rates remain consistently around 3 times higher than female suicide rates
- In England and the UK, female suicide rates are at their highest in a decade

Any suicide is a tragedy – not only does it represent a life lost, it has a profound impact on the lives of family and friends who themselves may subsequently need support from statutory health and care services or voluntary and community sector organisations. For every death, another 6 to 60 people are thought to be affected directly. Given this scale of human impact, it is not surprising that the economic cost is estimated to be so high. For every suicide nearly £1.7 million is lost in things like productivity and caring for those left behind. Yet suicide can be prevented.

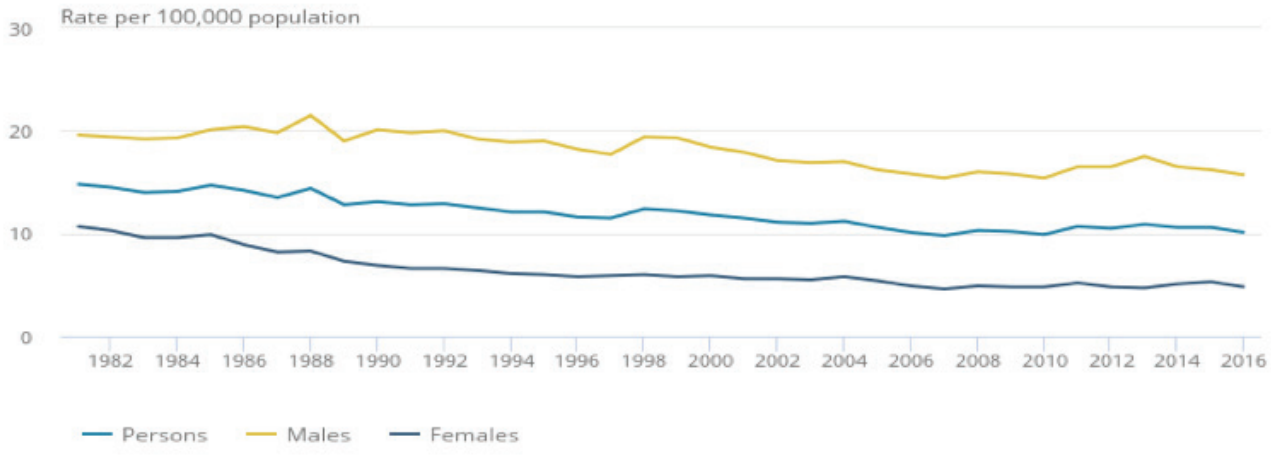
Councils have been active on suicide prevention work in recent years. Councils can help to prevent suicide through their public health role to address many of the risk factors, for example alcohol and drug misuse. They can also address the wider determinants of health such as employment and housing. There are also important and varied opportunities to reach local people who are not in contact with health services, for example through on-line initiatives or working with the third sector. [1]

Office for National Statistics figures for 2016 (illustrated below) show a 6% fall in the suicide rate in England, 245 fewer deaths, linked to suicide prevention work. The male suicide rate has fallen for three consecutive years and the recent rise in female rate has reversed. However, there were still 4,575 deaths in England, 1 every 90 minutes.

[1] https://www.local.gov.uk/suicide-prevention-guide-local-authorities

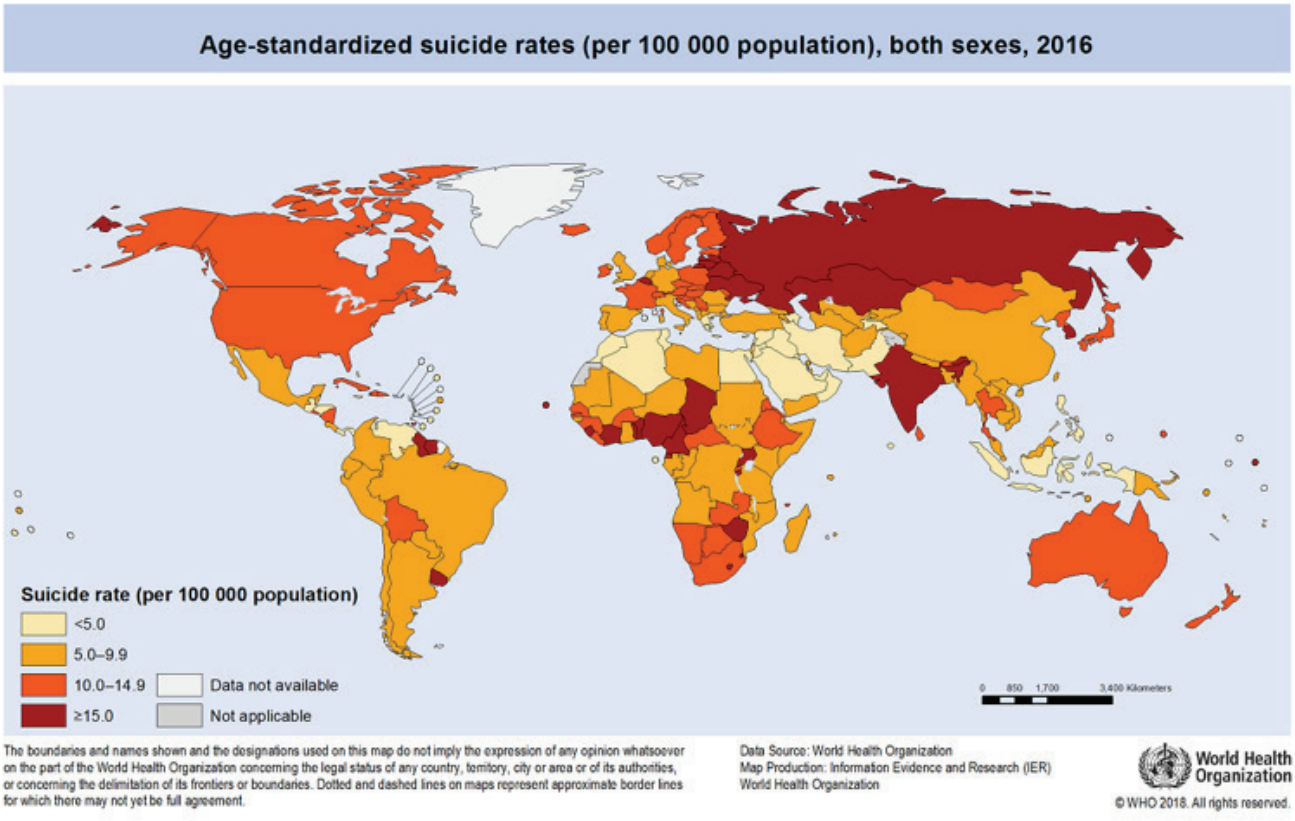
http://www.mentalhealthchallenge.org.uk/wp-content/uploads/2018/03/MentalHealthChallenge_Suicide_Prevention_briefing-1.pdf

Figure 1: Age-standardised suicide rates by sex, for Great Britain, registered between 1981 and 2016



Source: Office for National Statistics, National Records of Scotland

Below is an illustration of World Health Organisation data comparing suicide rates around the world. On this scale, the UK compares favourably – but there is no room for complacency.



National suicide prevention policy has developed and expanded considerably as concerns around suicide rates have intensified. Since 2012, action to prevent suicide in England has taken the form of an integrated government strategy 'Preventing Suicide in England: a cross-government outcomes strategy to save lives'. The principal aim of the strategy has been to prevent people from taking their own lives. Since 2017, it has included a commitment to reduce suicide rates nationally by 10% in 2020/21, compared to 2016/17 levels. The current iteration of the strategy operates across government, involving a range of policy areas. A new cross government delivery group has been set up to oversee implementation of the strategy.

The latest progress report on the strategy was published in January 2017 and the House of Commons Health Select Committee has published two reports from its suicide prevention inquiry which took place during 2016-2017. In 2016, the Committee published an interim report on suicide prevention to help inform the Government's updated suicide prevention strategy. The Committee published a final report in 2017, welcoming many of the initiatives proposed by government but concluding that more needs to be done across health and care services, criminal justice, workplaces, schools, transport, the media, employment, the armed forces and in society itself to prevent suicide by recognising and tackling the underlying causes, spotting the early signs of suicide risk and making effective interventions that help people deal with mental health issues such as depression, anxiety and suicidal thoughts.

The Committee recognised that local scrutiny of suicide prevention strategies can add value to implementation, interventions and outcomes. With the help of CfPS, the Chair of the Health Committee, Sarah Wollaston MP, wrote to all health overview and scrutiny committees in 2017 encouraging them to make local suicide prevention plans part of their work programme.

This guide aims to help councillors and local scrutiny committees to build their knowledge and understanding about the context of suicide risk, prevalence and prevention. It suggests questions that they can ask commissioners, providers and other stakeholders to make sure that local plans and strategies are comprehensive and are delivering better outcomes for people at risk of suicide. Talking about suicide can be a very sensitive issue, but councillors and scrutiny committees may find hearing about the experiences of local people and families insightful when they are reviewing local strategies and plans.

CONTEXT AND RELEVANCE FOR SCRUTINY

Key points

- Local suicide prevention plans in England are not a legal requirement, but have been recommended by several national reviews and reports
- The ADPH, LGA, Department of Health and Social Care and Public Health England have agreed to work together to support councils to address suicide prevention in England through a sector-led improvement approach
- All councils are encouraged to publish their suicide prevention plans and take them through their overview and scrutiny or health scrutiny processes
- A national voluntary self-assessment exercise started in the autumn of 2018. All councils are encouraged to take part in the self-assessment exercise and scrutiny can be involved

Local suicide prevention plans in England are not legal requirements but have been recommended by several reviews and reports, including in the recent NHS England publication 'Five Year Forward View for Mental Health'. The guidance published by Public Health England 'Local Suicide Prevention Planning - A Practice Resource and Support after Suicide: A Guide to Providing Local Services' provides advice for councils in continuing to reduce and prevent suicides.

In the government's response to the Health Committee report on suicide prevention in 2017, the Department of Health (now Department of Health and Social Care) proposed a quality assurance process for councils' suicide prevention plans. The Health Committee was also clear that it wanted scrutiny of local plans to be part of local assurance processes.

ADPH and LGA have been working with DHSC to refine the approach to assurance and ensure that it is compatible with a sector-led improvement ethos and DHSC has given Ministerial endorsement to this way of working.

In December 2017, PHE undertook a stock-take of progress towards all local areas having suicide prevention plans in place. Out of 152 upper tier councils, 148 now have plans in place and the remainder are working towards having a plan. Whilst a comprehensive plan is important, councils without plans may also be leading effective interventions through other strategies or agreed local approaches.

The support of scrutiny committees in establishing suicide prevention as part of a wider public mental health agenda is crucial. Scrutiny committees should look to assess the extent to which suicide prevention is a priority for their area and test how well the plan will deliver the prevention and reduction of suicide needed to achieve national ambitions.

Because scrutiny has a 'whole system' remit, it can look across all the environments where action to prevent or reduce suicide can be effective, making it a valuable and influential improvement function.

Key sectors for scrutiny to consider

- Armed forces
- Coroners' service
- Criminal justice
- Education
- Employment
- Health services
- Housing
- Media and social media
- Police
- Prisons
- Railways and transport
- Social care (including safeguarding)
- Universities and higher education settings
- Welfare

QUALITY IMPROVEMENT AND THE ROLE OF SCRUTINY

Local suicide prevention plans are at different stages of development and implementation and there is an opportunity to share good practice and areas for improvement so that councils can learn from each other and external experts.

The ADPH, LGA, PHE and DHSC have agreed to work together to support councils to address suicide prevention and reduction through the sector-led improvement framework. Some regions have already begun sector-led improvement work on suicide prevention.

Three components to sector-led improvement

- **Voluntary self-assessment of suicide prevention plans**

  A self-assessment tool has been developed by ADPH to help councils identify progress with plans, actions and outcomes and identify what further support and resources could be useful. The self-assessment tool is available for councils to carry out in autumn 2018

- **Local scrutiny by overview and scrutiny committees**

  It is important for councils to be transparent about their progress on suicide prevention planning and a key way to achieve this is by involving overview and scrutiny functions in developing plans and monitoring outcomes. This guide provides advice for scrutiny committees about questions to ask as part of the local assessment and assurance process

- **National learning report summarising regional self-assessment themes**

  An expert advisory group is being established and jointly chaired by a Director of Public Health (nominated by ADPH) and Professor Louis Appleby (Chair of the National Suicide Prevention Advisory Group). The group will produce a thematic report on the national outcomes and good practice from self-assessments which scrutiny committees can use

In 2017, Business in the Community, in association with Public Health England and supported by the Samaritans, published a toolkit for employers to reduce the risk of suicide. The toolkit includes a useful 'myth buster' which is shown below.

Common myths about suicide	
Myth: You have to be mentally ill to think about suicide	**Fact:** There is a misconception that you have to be mentally ill to think about suicide, but the truth is many people do – around one in five adults say they have thought about suicide at some point. Suicidal thoughts can range from feeling that life isn't worth living anymore, to seriously considering taking your own life. Not all people who die by suicide have mental health issues. Two in three suicides are by people who are not under mental health care
Myth: Talking about suicide is bad as it may give someone the idea to try it	**Fact:** People who have felt suicidal will often say what a huge relief it was to be able to talk about what they were experiencing. Talking about suicidal feelings in an honest and non-judgmental way can help break down the stigma associated with it, meaning people are more likely to seek help and open up about how they feel. Talking about suicide will not put the idea in someone's mind, but it will help make the topic less taboo
Myth: People who threaten suicide are just seeking attention	**Fact:** People who say they want to die should always be taken seriously. It may well be that they want attention in the sense of calling out for help, and giving them this attention may save their life
Myth: If a person is seriously thinking about taking their own life, then there is nothing you can do	**Fact:** Suicide is not inevitable – it is preventable. Most people who experience suicidal thoughts don't go on to take their own life
Myth: Once a person has made a serious suicide attempt, that person is unlikely to make another	**Fact:** People with a history of attempting suicide are at an increased risk of dying by suicide. If someone has made an attempt on their life, it is essential they are given appropriate support and help
Myth: Most suicides happen in the winter months	**Fact:** Suicide rates peak in the spring, but suicidal thoughts, feelings and behaviour may happen to anyone at any time

Source: Business in the Community – Reducing the Risk of Suicide: Toolkit for Employers (2017)

10 QUESTIONS FOR SCRUTINY COMMITTEES TO ASK

Key points

In line with the national suicide prevention strategy, councils and partners should consider the impact of suicide in their area and produce an appropriate and proportionate plan to:

- prevent and reduce its impact
- address the needs of populations particularly vulnerable to suicide
- provide support for those at risk and those who attempt suicide
- provide support for those bereaved through suicide

Scrutiny committees should be looking to assess whether local suicide prevention plans, strategies or approaches are fit for purpose, proportionate to local suicide risks and rates and engage the right partners in the right actions, with ambitious but achievable outcomes. Plans, strategies or approaches to suicide prevention and reduction should form part of a broader approach to better mental health, alongside appropriate training for people involved in providing services.

1. Is there a plan, strategy or agreed approach for the area?

- Is there a suicide prevention plan, strategy or other agreed approach for the area with a clear narrative and rationale about the vision and ambition for preventing or reducing suicide?
- Has there been an analysis of the local need within the last two years, such as a suicide audit or needs assessment, drawing on the local suicide profile at least, which identifies suicide and suicide prevention proportionately as an issue?
- Does the plan, strategy or approach contain clear actions and outcomes that are proportionate to local need?
- What mechanisms are there for performance measurement, evaluation and review?
- Is the plan, strategy or approach consistent with nationally suggested good practice and guidance as set out in the national strategy and the PHE guidance?

2. Who are the partners and what are the governance arrangements?

- Is there a visible local partnership with responsibility for developing and delivering actions and being accountable for outcomes in the plan, strategy or approach?
- Do the partners meet frequently enough and are their representatives senior enough to make a difference?
- Is there a clear line of accountability from the partnership to councillors, for example to the health and wellbeing board and scrutiny committee?
- Are there effective links to the Crisis Care Concordat and the Prevention Concordat for Better Mental Health?

- How is the partnership making links with Sustainability and Transformation Partnerships (STPs) or Integrated Care Systems (ICSs)?
- Can each local agency/partner clearly articulate their role and contribution?

3. Which individuals and organisations have been involved?

- Who has been engaged in discussions about the development, delivery and outcomes of the plan, strategy or approach? For example:

Public health teams	People who have attempted and survived suicide	Clinical Commissioning Groups
Councillors	Health and Wellbeing Boards	Primary care providers
Secondary care and mental health care providers	Social care and safeguarding teams	Voluntary and community sector organisations
People bereaved through suicide	Other experts by experience	Probation services
Courts and tribunals services	Prisons and young offenders' institutions	Welfare teams (including financial vulnerability and debt advice)
Police forces and Police and Crime Commissioners	Other emergency services	Coroners' offices
Faith communities	People with characteristics protected under the Equality Act 2010, including LGBT groups	BAME communities
Schools and universities	Transport sector	Housing associations
Armed forces, their families and veterans	Sector specific inspectors and regulators	Employers and business organisations

- How are people with lived experience or other experts by experience engaged meaningfully and influentially in shaping the plan, strategy or approach, monitoring its impact and also what care is provided for them?

4. Are there specific groups in the community that need help and support?

- Are there local issues, circumstances or groups which require specific or different approaches and how are those being addressed in the plan, strategy or approach? For example, people in the lowest socio-economic groups and living in the most deprived geographical areas are ten times more at risk of suicide than those in the most affluent groups living in the most affluent areas
- In line with national guidance, specific populations and issues should be considered, for example:

	Already being delivered	For future delivery	Reason not considered for action
Reducing risk in men			
Preventing and responding to self-harm			
Mental health of children and young people			
Treatment of depression in primary care			
Acute mental health care			
Tackling high frequency locations			
Reducing isolation			
Bereavement support			
High priority cohorts (e.g. BAME, LGBT groups) (consider which populations are relevant to your area)			

- In line with the 2018 commitment from the Secretary of State for Health and Social Care [2] made at the National Suicide Prevention Alliance conference, what actions are being taken to reduce suicides in inpatient healthcare settings?

5. What support is available for people bereaved through suicide?

- Does the plan, strategy or approach build on existing specific suicide bereavement support services or commit to put these in place to proactively provide support to people bereaved or affected by suicide?
- If your council area does not have a dedicated suicide bereavement service in place are there any other forms of bereavement support available?
- Can you be assured that people are aware of the support available and are referred or able to access services?

[2] http://www.nspa.org.uk/home/news-events/nspa-conference-2018/presentations/

6. Are there any barriers to sharing information between organisations?

- Are there information sharing arrangements in place to support the ambitions of reducing and preventing suicide?
- Are there any barriers to the effective and timely sharing of information between organisations?
- How confident are local suicide prevention partners that the risk of people 'slipping through the net' has been considered and addressed?

7. What level of funding and resources exist to support the implementation of the plan, strategy or approach?

- What is the total financial resource committed to support the actions in the plan, strategy or approach?
- How have the partners decided the levels of funding that each of them will commit?
- What arrangements exist to determine the value for money or social value provided by the plan, strategy or approach?

8. Are there particular challenges and successes in the area?

- Are any particular local challenges which you are struggling with?
- Has there been any comparison, benchmarking or learning from other areas about how these challenges might be overcome?
- Are there any particular areas of success or notable practice?
- Have there been any attempts to share lessons from successes or notable practice so that other areas can learn?

9. How are ambitions for suicide reduction and prevention decided?

- How has a judgement been made about 'what success would look like'?
- How has national guidance, for example from PHE and NICE, been incorporated in to local practice?

10. Does the plan, strategy or approach represent a 'whole system' approach to preventing or reducing suicide?

- Is the plan, strategy or approach the product of innovative thinking or does it represent a collection of existing ideas?
- Is there a sense that actions to prevent or reduce suicide are 'everyone's business' - for example from organisational strategies, plans or approaches through to wider population awareness and individual action to spot risks and intervene appropriately and safely?

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CSO/19/4
Health & Adult Care Scrutiny Committee
24 January 2019

Understanding the Model of Care – Residential Care Home / Personal Care Visits

Report of the Health & Adult Care Scrutiny Members

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

Recommendations:

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

Background

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

Members began in May and June 2018 by visiting Community Health and Care teams across the County, reporting their findings to the 20 September 2018 Health & Adult Care Scrutiny Committee, before commencing their residential care home and personal care visits.

The Model of Care

The model of care in Devon is built upon the premise that people should be treated in their own homes wherever possible and that conditions that had previously required hospitalisation may no longer need it or may not need it for as long. The model enables improved use of resource by transferring resource and workforce from the provision of acute and community hospital beds to the provision of enhanced home-based care services more people can be supported.

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

Visits

The following councillors undertook visits to residential care homes in Seaton, Exmouth, Barnstaple and Torrington, as well as to meet a home care provider and service user:

31 October 2018, Netherhayes, Independent Residential Care Home, Seaton

- Marina Asvachin
- Phil Twiss
- Carol Whitton

31 October 2018, Axe Valley, Home Care Provider, Seaton

- Marina Asvachin
- Carol Whitton

31 October 2018, Trianon Independent Residential Care Home, Exmouth

- Marina Asvachin
- Richard Scott
- Carol Whitton

9 November 2018, Greenfields, Learning Disability Care Home, Barnstaple

- Sara Randall Johnson
- Sylvia Russell
- Andrew Saywell
- Nick Way

9 November 2018, Woodland Vale, Dementia Care Home, Torrington

- Sara Randall Johnson
- Sylvia Russell
- Andrew Saywell
- Nick Way

Visits Overview

Axe Valley Home Care

Axe Valley Home Care Limited provides personal care and support to people living in their own homes in towns and villages in East Devon; this includes Seaton, Honiton, Exmouth, Sidmouth and Axminster. At the time of the last CQC inspection in May 2017 which received an overall Good rating there were 190 people receiving a service.

Greenfields, Learning Disability Care Home, Barnstaple

Greenfields is an 18+ facility, predominantly overnight respite for people with a learning disability, open 352 days a year. The home is registered for 5 people overnight. The service is run by the County Council and gives younger people with learning and physical disabilities short breaks and day care. Breaks can be from one overnight stay to several weeks depending on people's needs and wishes. Residents are accommodated from between 28 to 136 nights per year, as it is a respite provision rather than a permanent home. There are also day services from 9.00am – 4.00pm Monday-Friday, up to a maximum of 12. At the last CQC inspection completed in September 2017 the service was rated Good in all domains.

Netherhayes, Residential Care Home, Seaton

Netherhayes is one of 4 homes run by Adelaide Lodge LLP. 25 clients are currently accommodated at the home, with a capacity of 27. 80% of the residents have dementia. Only 2 of the residents are low dependency, the rest will need some degree of help. The age range is currently from 67 – 106. At the last CQC inspection published in July 2016 the service was rated Good in all domains.

Trianon, Residential Care Home, Exmouth

Trianon, owned by Reliability UK, a national provider is registered to provide accommodation and personal care for up to six people with learning and physical disabilities, with 5 people currently in the home. Trianon has been operating as a care home since 1992. The service is provided in two semi-detached bungalows which have been adapted into one. A CQC inspection in December 2017 rated the home as Requires Improvement.

Woodland Vale, Dementia Care Home, Torrington

Woodland Vale is a County Council registered home providing care and support, which does not include nursing, for up to 20 people living with dementia (the County Council has one other specialist care home at Mapleton, Newton Abbot). The County Council worked closely with Stirling University to create the Devon Centres for Dementia concept and to develop refurbishment projects at Mapleton and Woodland Vale in Torrington. In addition to excellence in ergonomic design many innovative and cutting-edge technologies have been employed in the design of these homes to give the best outcome to the people who live there, promoting their continued wellbeing, plus offering signposting to useful independence enhancing technologies for people with early diagnosis. This design principal has also maintained a practical approach in providing an environment that is safe and efficient to work within. Best practice in the use of colour, light and space has been integral to the design. The Stirling concept advocates sub dividing accommodation into smaller suites each with its own front door and communal facilities serving a number of bedrooms – in our case ten bedrooms per suite. The home currently has 19 residents, living in pods of 10. At the last CQC inspection in June 2016 the home received an overall rating of Good.

Issues Identified by Members

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

Learning Disability

Residential Care Provision

- A lack of residential learning disability homes was flagged up to members in the North Devon area. This was concerning given the high number of 13 -18-year olds in the area with learning disabilities. A lot of families moved to North Devon because of Pathfield Special School, as well as Welland House (Devon Integrated Children's Services respite provision).
- Members questioned the contingency planning with the influx of young adults with increasingly complex needs moving through the system with demand only likely to grow.
- The need for increased respite provision. Respite care is significantly cheaper than having people placed 365 days a year in independent residential care.

Building Independence

- The ethos across the homes members visited appears to be about putting the clients in control and at the centre of their care, moving away from a culture of their having things done to them.
- As part of a cultural shift in approach, there is now considerable focus on building each person's independence. In the past, some disability support services have created dependencies.

Parents / Carers

- There are aging families, some of whom do not want to engage in conversations about future care for children with a learning disability.
- Staff are not afraid of challenging families if they felt the wrong decision is being made that is not to the benefit of the client, where there may be a financial benefit to keeping a person at home.
- Personal Independence Plans have not been brought in across all of Devon yet.

Referrals

- It was reported to members that over the last year fewer referrals are being made at the point of crisis, with less time spent undoing the damage caused by failing independent placements.

Technology

- It was apparent in several homes that staff are keen to utilise technology. Technology is being used in terms of communication, such as with eye blinking and utilising the cognitive function.
- Voice activated iPods to input data allows more time with the client rather than having to write everything down. Food and drink consumption can all be logged so other staff can immediately see if someone needs a drink etc.

Case Study

It was described to members the success one residential home had had working on building independence with one young man with profound needs. The client had previously needed two carers but after a change of approach and work to build his independence he no longer needed that level of support. The impact of this type of work was hugely beneficial to people's self-esteem.

Older People's Residential Care

Diagnosis & Support

- There is a gap between dementia diagnosis, which has improved significantly, and the point that which someone starts to struggle and needs support.
- Referrals are being made into day services too late, with most people moving into full-time residential care, of these the average is after about 12 months, but some are as quickly as 12 weeks.
- Cases need to be regularly reviewed to try to ensure there is not this gap in the system between the initial contact with primary care services and the point at which they engage with care management. Families cope to a point and then the situation invariably breaks down.

Care Management Reviews and Reassessments

- Concerns were raised as to delays in care management reviews and reassessments requested from Adult Social Care. There appear to be capacity issues faced by the operational care management teams. Homes reported being stretched in terms of resources with gaps in their funding due to the delay in assessments.
- Reviews are supposed to take place annually, to ensure the provider is funded to the right level of care for each client. The concern is that the assessment delays seem to be getting worse. Where someone in a care home appears to be in crisis this is being prioritised.

Deprivation of Liberty Safeguards

- The Deprivation of Liberty Safeguards[1] backlog is significant with delay in assessments.

Deficit of Care Beds

- It was reported to members that there is a deficit of care beds in North Devon. More needs to be done to stimulate the market in terms of independent providers.
- There are significant questions for future care planning. It is expected that by 2025 there will be one million people with cognitive conditions.

Staff Recruitment / Retention

- Across all the homes that members visited, managers felt fortunate to have excellent staff, some of whom have been in post for many years.
- The limited pool for staff recruitment was however cited as a major issue both in Devon and nationally, particularly in terms of personal care, where there continues to be significant unmet need within the system.

Complex Needs

- The level of need at which clients enter residential care continues to escalate year on year, with residents described as being much more advanced in their journey.

Case Study

Members met a lady whose husband had previously been a resident at one of the care homes who reported that the home had been wonderful with him. Staff had been extremely attentive in their care and had also offered an array of activities for residents.

[1] Following the Supreme Court ruling in P v Cheshire West and Chester & P&Q v Surrey County Council [2014], the County Council alongside all local authorities experienced a rapid increase in applications for assessments under the Deprivation of Liberty Safeguards legal framework. Devon, along with other local authorities, continues to receive high levels of applications. This has led to local authorities holding waiting lists and the need to prioritise assessments.

Buildings

- Many of Devon's residential homes are in older buildings that were not purpose built for care. It tends to be more difficult for buildings converted into care homes to deliver to the same extent the occupancy requirements of present day residents.

Activities

- All the homes that members visited appeared to offer a wide range of activities for their residents from pets' therapy, singing, aromatherapy for instance as well as a variety of day trips. On the day of the visit to one of the homes there was a Halloween disco.
- As part of an asset-based approach that builds on residents' skills and strengths, clients are also encouraged to undertake household chores.

Volunteers

- It is difficult to hold onto volunteers, so care homes would benefit from more consistent volunteer and community engagement.
- Cross generational work was described to members as being extremely positive, linking in with local primary schools and theatre groups who show performances in homes.

Conclusion

Members agreed that the site visits were highly illuminating and provided valuable insight into the way in which a range of residential homes and care providers are working from an operational perspective and furthering their awareness of some of the challenges they face.

The Committee should seek to undertake further visits in line with their work programme to broaden members understanding on complex topics.

Personal Care - Case Study

Mr & Mrs X have been with Axe Valley for 4 years since Mrs X, who was Mr X's main carer, broke her leg and was admitted to hospital for 7 weeks. Mr Smith has 3 visits a day from carers, while Mrs X has the one lunchtime visit. Mr & Mrs X like being cared for at home and want to stay there.

Mrs X's hygiene package is only for half an hour a day, which does not allow enough time for her to have a bath. Members agreed that they would raise this issue with senior officers within the County Council to try to ensure this issue was sorted to allow Mrs X a regular bath (this issue has now been satisfactorily resolved).

The carers change regularly as do the times that they attend, although they tend to be there for the 7.00am visit to get Mr X up. It is problematic for Mr & Mrs X that there are carers with limited English, which can make communication difficult.

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

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

CSO/19/06
Health & Adult Care Scrutiny Committee
24 January 2019

Quality Accounts – 6 Month Update

Report of the Health & Adult Care Scrutiny Members

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

Recommendations:

that the Committee shares the learning from the most recent meeting with health providers to inform its future work programme.

Background

Quality accounts are a mandated requirement from NHS Improvement, with a set structure, framework and content with an approval process which involves reports being laid before Parliament. Quality accounts detail quality and safety improvements from the previous year as well as planned improvements for the year to come.

On 15 May 2018 NHS providers delivered presentations to the members of the Standing Overview Group, on their Quality Accounts for 2017-18 and their priorities in terms of improvement for 2018-19. Members then raised questions with the providers surrounding their Quality Accounts. The feedback members received has been used to inform the Quality Account statements for 2017-18 which are produced by the Health and Adult Care Scrutiny Committee and sent to the providers to be incorporated into their Quality Accounts. It was agreed at the meeting on 15 May 2018 to invite providers for a 6-month review of progress against their Quality Account.

Members in Attendance

- Sara Randall Johnson (Chair)
- Marina Asvachin
- Richard Scott
- Phil Twiss
- Carol Whitton
- Andrew Leadbetter (Cabinet Member)

Providers

On 19 December 2018, the following producved a summary of their Trust's Quality Account and the progress for the first 6 months of 2018/19 in meeting its priorities:

The Royal Devon & Exeter NHS Foundation Trust

- Dave Thomas, Deputy Chief Nurse

The Royal Devon & Exeter NHS Foundation Trust Annual Quality Account Priorities 2018/19

- Promoting independence of patients
- Use of patient feedback
- Health and wellbeing of staff
- Patient safety programme

Devon Partnership NHS Trust

- Shaun Alexander, Head of Experience, Safety and Risk
- Paul Keedwell, Director of Nursing and Practice
- Peter Flack, Deputy Director of Nursing and Practice

Devon Partnership NHS Trust Annual Quality Account Priorities 2018/19

- Reduce harm
- Suicide prevention work plan
- Monitor ligature risks at Board level
- Implement care pathways for people with Personality Disorder and 'dual diagnosis'
- Monitor the physical health of people with mental health and learning disability needs
- Implement Positive Behavioural Support in Learning Disability Services
- Open Psychiatric Intensive Care Unit
- Open interim Mother and Baby Unit
- Embed our *Together* approach

Northern Devon Healthcare NHS Trust

- Darryn Allcorn, Chief Nurse

Northern Devon Healthcare NHS Trust Annual Quality Account Priorities 2018/19

- Improving patient flow and managing our waiting lists
- Implementing integrated governance
- Strengthening the training and appraisal processes

South Western Ambulance Service NHS Foundation Trust

- Sharifa Hashem, Patient Engagement Manager
- Neil Grigg, Operation Officer
- Alex Willcocks, Operation Officer

South Western Ambulance Service NHS Foundation Trust Annual Quality Account Priorities 2018/19

- Clinical Effectiveness - clinical triage within the Clinical Hubs
- Patient Safety - development of Always Events for an identified patient group
- Patient Experience - to better understand the experiences and particular needs of Mental Health patients using the 999 service

South Devon NHS Foundation Trust

- Susan Martin, Associate Director

South Devon NHS Foundation Trust Annual Quality Account Priorities 2018/19

- To understand, learn from and act on the experiences of our local population using our services during the winter period 2017/18
- To improve the way inpatient sepsis is recorded on the wards to enable improved identification and treatment of ward-based sepsis
- To redesign outpatients to make these services more patient-centred and use resources effectively
- NHS Quicker – improve its visibility and use
- HOPE: Wellbeing and supported self-management

Issues Identified by Members

The following issues were identified by members during their discussion with providers:

- Technology – The use of technology and potential to utilise further.
- Delayed Transfers of Care (DTOC) - Issues surrounding the availability of domiciliary care is a significant factor in terms of DTOC. The County Council is working the CCG on a workforce plan in terms of recruitment and retention.
- Mental Health - Destigmatisation of mental health and positive framework around mental health.
- Suicide - Concern that Devon has one of the highest suicide rates in the country. Suicide prevention is an STP wide plan, which needs to join up fully with third sector.
- Transitions - The need to significantly improve the transitions process from Child and Adolescent Mental Health Services to Adult Mental Health.
- Agency Medical Staff – Working for an agency is attractive for some medical staff in terms of flexibility and pay.
- Prevention – The need to wrap services around the community in a preventative way to minimise those coming through the front door.
- Volunteers – The importance of the third sector. Value that volunteers can bring to the system, and work that is undertaken to engage with them.
- Staff Retention and Recruitment – The quality of care for people is fundamental. It is therefore essential that there is a system wide response to addressing issues relating to staff retention and recruitment.
- Blue Lights / Sirens Use - Emergency services are now using blue lights and sirens in a far more intelligent way.
- Defibrillators - The enormous benefit to communities of defibrillators.
- Sepsis – There is a need to replicate Adult Sepsis Screening online. Nationally most hospitals have currently not got the right IT to audit this data, as currently having to do this manually.

Conclusion

The Committee thanked providers for attending this 6-month review and recognised the work they are undertaking to develop and sustain a culture of continuous improvement to the quality of health services in the County ensuring that the patients are always at the centre of the process.

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

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