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 : 10 June 2019
Please ask for : Gerry Rufolo 01392 382299

Email: gerry.rufolo@devon.gov.uk

HEALTH AND ADULT CARE SCRUTINY COMMITTEE

Tuesday, 18th June, 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 21 March 2019 (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 Composite Health / Adult Social Care: Improving Access to General Practice; SWASFT - Process and Performance; and Urgent Care (Pages 1 - 10)

2.15 pm

Report of the Joint Associate Director of Commissioning (Devon County Council and NHS Devon CCG) and the Interim Director of Commissioning (NHS Devon CCG) (ACH/19/110), attached

6 Winter Pressures Overview 2018/19 (Pages 11 - 28)

2.25 pm

Report of the Joint Associate Director of Commissioning (Devon County Council and NHS Devon CCG) and the Interim Director of Commissioning (NHS Devon CCG) (ACH/19/112), attached.

7 Public Health Annual Report (Pages 29 - 32)

2.55 pm

Report of the Chief Officer for Communities, Public Health, Environment and Prosperity (PH/19/01), attached

8 A Long-Term Plan for Devon (Pages 33 - 42)

3.25 pm

Report of the Joint Associate Director of Commissioning (Devon County Council and NHS Devon CCG) and the Interim Director of Commissioning (NHS Devon CCG) (ACH/19/111), attached.

9 Rapid Response Spotlight Review - Update (Pages 43 - 52)

3.55 pm

Report of the Head of Adult Care Operations and Health, attached.

10 Risk Management Annual Report 2018/19 (Pages 53 - 66)

4.15 pm

Report of the County Treasurer (CT/19/54), attached

11 Understanding the Model of Care: South Western Ambulance Service Foundation Trust Visit (Pages 67 - 70)

4.35 pm

Report of the Members (CSO/19/12), attached

12 Understanding the Model of Care - Sidmouth/Axminster/Seaton Cluster: Scrutiny Site Visits (Pages 71 - 74)

4.50 pm

Report of the Members (CSO/19/17) attached

13 Quality Accounts Annual Update (Pages 75 - 78)

5.05 pm

Report of the Members (CSO/19/18), attached

14 Appointment of Commissioning Liaison Member

5.20 pm

In line with the recommendations of the 'Scrutiny in a Commissioning Council' Task Group Report, the Committee is asked to select a Commissioning Liaison Member, whose role will be to work closely with the relevant Cabinet Members and Chief Officers/Heads of Service, developing a fuller understanding of commissioning processes, and provide a link between Cabinet and Scrutiny on commissioning and

commissioned services.

15 Work Programme

5.30 pm

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.

The Committee has received the following request for consideration:

(a) The Health and Wellbeing Board at its meeting on 11 April 2019 considered a Report from the Chief Officer for Communities, Public Health, Environment and Prosperity providing an update on the '12 days, 12 ways to combat loneliness' campaign which ran in December 2018, aimed at raising awareness and supporting community members to identify and address the signs of loneliness.

The campaign featured short films which were promoted through social media to raise awareness of the issue of loneliness over the festive period, reflected in the campaign title '12 days, 12 ways to combat loneliness'. The films were themed around the five ways to wellbeing to highlight ways in which loneliness could be combated through social connection, being active, taking notice, lifelong learning and giving to others. The overall reach of the messages was 791,000, with 178 shares of all videos and 146 likes.

In other developments, Living Options Devon (LOD) launched the 'Time To Talk' project (www.livingoptions.org/supporthelp/time-talk), which aimed to tackle isolation and loneliness amongst disabled people and deaf people. The project tackled the problem of isolation and loneliness in Devon, Plymouth and Torbay by providing a variety of services which were funded by the National Lottery Community Fund.

The Board resolved '*that Devon's Loneliness Campaign update Report be noted and that the **Health and Adult Care Scrutiny Committee** be invited to assess the effectiveness of the local health and care systems response to loneliness'.*

MATTERS FOR INFORMATION

16 Information Previously Circulated

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

(a) Devon Partnership NHS Trust: Press Release: Staffing Challenges in North Devon: *challenges recruiting qualified mental health nurses at the North Devon District Hospital site and finding bank or agency staff who are qualified nurses.*

(b) Care Quality Commission calls for improvements at Derriford Hospital's Emergency Department.

(c) Health & Care Insights Issue 17: latest issue of *Health & Care Insights* from Torbay and South Devon NHS Foundation Trust.

(d) Closing the gap: Key areas for action on the health and care workforce: joint report with the Nuffield Trust and the Health Foundation, The King's Fund which set out a series of policy actions that, evidence suggests, should be at the heart of the workforce implementation plan.

(e) Devon CQC Data Profile: Older People's Pathway: link to the Devon CQC Data Profile: Older People's Pathway.

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), H Ackland (Vice-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, C Wright and J Yabsley

Devon District Councils
Councillor P Bialyk

Declaration of Interests

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

Access to Information

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

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.

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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

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Access to County Hall and Public Transport Links

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

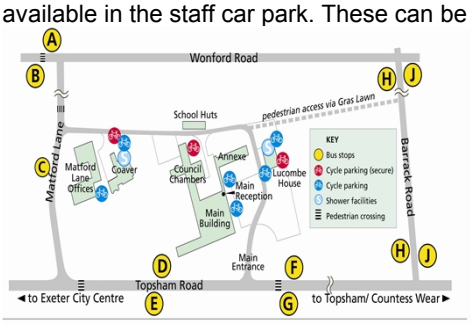
Car Sharing

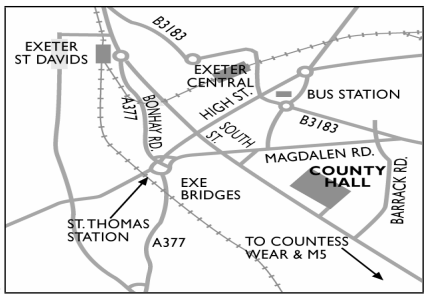
Carsharing allows people to benefit from the convenience of the car, whilst alleviating the associated problems of congestion and pollution. For more information see: https://liftshare.com/uk/community/devon.

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/19/110
Health and Adult Care Scrutiny
18 June 2019

HEALTH AND CARE GENERAL UPDATE PAPER

Joint Report Joint Associate Director of Commissioning (Devon County Council and NHS Devon CCG) and the (Interim) Director of Commissioning – Northern, Eastern and Southern Devon (NHS Devon CCG)

1. Recommendation

1.1 That the Health and Adult Care Scrutiny Committee receives this report and agrees this model for receiving future updates and general information responding to specific actions or requests during committee meetings. Areas within this and future general update report could then be scrutinised further, should more information be required.

2. Purpose

2.1 This general update paper is intended to meet the needs of Scrutiny and can be developed further. Its purpose is to respond to specific questions from previous meeting (sections 3-5) and update on latest news (section 6).

3. GP practice update

3.1 The number of GP practices with a single GP

3.1.1 There are currently 6 of the 128 GP Practices in Devon where the contract is held by an individual GP:

- Parkview Surgery (Plymouth)
- Estover Surgery (Plymouth)
- Barton Surgery (Plymouth)
- Raleigh Surgery (Exmouth)
- Wyndham House Surgery (Silverton)
- Buckland Surgery (Newton Abbot)

3.1.2 That does not mean they are the only GP working within that Practice, rather that they are individually responsible for delivery of services as their contract requires.

3.1.3 They will typically have salaried or locum GPs who assist in meeting the needs of the patients registered with them, as well as other healthcare professionals such as nurses, health care assistants, pharmacists.

3.1.4 We have recently undertaken a supportive assurance assessment to determine how, should something happen to the individual GP that holds contractual responsibility, services would continue to be provided. This has led to opportunities for improvement being identified and we are progressing this in conjunction with the GPs concerned.

3.2 The percentage of Devon residents registered with a GP

3.2.1 It is impossible to quantify exactly how many Devon residents are registered with a GP, whether that GP is within Devon or elsewhere. This is primarily due to restrictions on how patient level residence information can be used; it must only be used for purposes relating directly to the delivery of care to patients. This also means that we are not able ascertain the numbers registered to a Devon GP but living in Somerset or Cornwall, or vice versa. Those numbers will however be relatively small.

3.2.2 What we are able to ascertain, when comparing high level residency numbers with registration numbers, is that the total number of patients registered with a GP Practice located in Devon is slightly higher than the number of persons reported as being resident in Devon. This would suggest that even allowing for boundary issues previously mentioned, the percentage of Devon residents registered with a GP is very high.

3.3 Recent changes

3.3.1 On the 1 April 2019 there were two separate practice mergers:

- In Plymouth: Pathfields Practice merged with Crownhill Surgery and Armada Surgery
- Pembroke House Surgery (Paignton) merged with Parkhill Medical Practice (Torquay)

3.3.2 Additionally, in April the partners at Mannamead Surgery (Plymouth) informed the CCG that they wish to end their contract to provide general practice services. An interim provider has been appointed and the CCG are about to start a formal process to find a long-term provider.

3.4 eConsult

3.4.1 Currently 59% of practices across Devon are live with eConsult and during April over 4200 eConsults were submitted across Devon.

3.5 DCC Health and Adult Care Scrutiny Committee Member invitation

3.5.1 NHS Devon CCG would like to invite Committee Members to consider visiting a number of GP Practices across Devon as part if their wider programme of visits across the health and care system.

4. South West Ambulance Service Foundation Trust (SWASFT)

4.1 The Adult Health and Care Scrutiny Committee has requested: *Data relating to urgent and emergency care NHS 111 and 999 calls and the proportions and numbers leading to emergency admissions; and more information was requested on response times, use of NHS 'apps'*

4.2 Sources of incidents

4.2.1 Ambulance Incidents originated from three identified source groups:

- Healthcare Professional (HCP): Incidents originating from a Healthcare Professional who has had contact with the patient and recommended an ambulance response;
- NHS 111: - Incidents where the patient has initially contacted the NHS 111 Service and an ambulance response is required following triage, and;
- Public (999) - All other sources of ambulance incidents, including general public and other emergency services

4.2.2 The table below provides a breakdown of number of ambulance incidents across the three source groups and the over number of calls that result in the patient being taken to an Emergency Department.

	2018-19	**2017-18**
Total calls	215,484	215,380
To 999	141,999	140,076
From HCP	26,406	27,056
To 111	47,079	48,248
Calls resulting in patient admitted to ED	102,071 (47%)	99,298 (46%)

4.3 Response times

4.3.1 Response times to are broken down across four categories that denote the seriousness of the incident. NHS England has produced a series of very short clips (links provided in the headings below) explaining a little more about the category definitions. that range from Category 1 - life threatening to Category 4 - less urgent calls. In Devon the following mean response times across the 4 categories are:

- *Category 1 – Calls for life threatening illnesses and injury*
  The monthly mean response times for category 1 incidents for 2018-19 range from 6 mins 48 secs (January) to 8 mins 54 (May)

- *Category 2 – Emergency calls*
  The monthly mean response times for category 2 incidents for 2018-19 range from 22 mins 36 secs (April) to 28 mins 30 secs (January)

- *Category 3- Urgent calls*
  The monthly mean response times for category 3 incidents for 2018-19 range from 48 mins 42 secs (April) to 1 hr 17 mins 24 secs (May)

- *Category 4 – Less urgent calls*
  The monthly mean response times for category 4 incidents for 2018-19 range from 1 hr 29 mins 6 secs (February) to 3 hrs 2 mins 24 secs (June)

4.4 Use of apps

4.4.1 The NHS Apps has been launched in most areas of the South West. The NHS App and indeed the new online NHS111 (nhs.111.uk) services both signpost people with emergency medical need to call 999.

4.4.2 The NHS App is not planned to in anyway replace the 999 Ambulance Emergency service. SWAST is engaged with the NHS Digital team developing the NHS App to understand what future benefit there may be to Ambulance Trusts, for example patients using their NHS App login and showing attending Ambulance crews some of their medical history which can be accessed through that App. However, technology, process and governance roadmaps for any future benefit have not yet been mapped by the NHS Digital team.

5. Digital Innovation and the Integrated Care System

5.1 The STP Digital Strategy

5.1.1 Devon has a system-wide Digital Strategy which aims to accelerate innovation through organisations working together. Digital has been a key component of the STP, this will continue into the development of the Devon Long Term Plan.

5.1.2 2018/19 was the first year of the current digital strategy. It has delivered online GP access, with over 600,000 patients in Devon able to benefit from 24-hour online access to their GP practice.

5.1.3 During 2018/19, funding of £8.7m was secured from the Health System Led Investment (HSLI) in provider digitisation. This funding has been made available to support the digitisation of acute, ambulance, community and mental health providers.

5.1.4 An additional £475k has been secured to support the pilot of a Digital First Accelerator General Practice for Plymouth and Devon.

5.2 Digital principles of Devon health and care organisations

- Work towards a digital record that “Feels Like One System” based around the citizen and clinician
- That all organisations within Devon work to common standards for data structures, technology and information sharing
- Optimise and make best use of any funding sources to ensure that we maximise income within this programme of work
- Work collaboratively and apply a “Do it Once” methodology across the county
- Make the best use of national IT systems
- Make best use of our combined procurement power to ensure financial sustainability

5.3 STP Digital Priorities 2019/20

5.3.1 In 2019/20, there are several work programmes that are underway that will support the delivery of STP digital priorities, summarised below:

Priority	Example of what this means
Feels Like One System	System wide access to primary care information
Digital Citizen	Patient access to online consultation in primary care
Harnessing Information	One Devon Dataset

5.4 DCC ICT Strategic Roadmap 2018 - 2021: investing in your digital transformation

5.4.1 Our ICT Strategic Roadmap themes are aligned to the STP digital priorities. We have adopted the STP digital principles to inform the work of the council including in delivering social care duties. We have:

- Invested in a Digital Platform providing capability to build digital services around those using it
- Microsoft Office 365 technology support co-located staff now working in the County Hall Annexe
- Future options for ASC case management system capability extended to include our STP partners
- Ensuring that our own systems are modern and interoperable, GOV Wi-fi has been implemented across all council social care sites to allow health and social care staff to work effectively
- Supporting the development of Technology Enabled Care Services (TECS)

6. NHS Devon CCG communications update

6.1 Primary Care Networks

6.1.1 In January 2019 the NHS long-term plan included the ambition for every practice in England to be part of a local Primary Care Network by the end of 2018/19. Over the past few years many practices have already been working together and with other local organisations to provide joined-up services covering primary, community, mental health, social care, and pharmacy.

6.1.2 As the Long Term Plan for Devon develops and the system looks to implement the Integrated Care Model, Primary Care Networks will be a key structure across Devon that further supports the journey we're on. Practices have long been working together across Devon and ever tailoring their offer to meet the changing needs of the population and how they might want to access care and support.

6.1.3 Social prescribing will be key aspect of Primary Care Networks that will receive funding for social prescribing link workers in 2019/20. The King's Fund has just published Primary Care Network 'explainer' on it's website in a typically accessible and interactive way.

6.2 New Mother and Baby Unit (MBU) in Exeter

- Jasmine Lodge is set to accept its first admissions towards the end of May
- The new, state-of-the-art unit will mean that significant numbers of local people with mental health needs, and their families and supporters, will no longer need to travel outside Devon for their care and support

6.3 NHS Long Term Plan update

- Devon is developing its own version of the Long Term Plan and local engagement is taking place in June and July 2019
- The proposed seven themes of the engagement are: greater focus on population-based health outcomes; helping people to live healthier lives; enhancing how we help those needing mental health support; improving out-of-hospital care; better integrating health and social care services reviewing and developing hospital-based clinical services; children and early start
- The outcomes of the consultation will influence the final plan, which will be submitted in October 2019
- The engagement is timed around meetings of Devon's three Health and Wellbeing Boards, two health scrutiny committees and CCG governance requirements
- Local Healthwatch organisations ran two surveys in April 2019 and have been commissioned by Healthwatch England and NHS England to run nine focus groups (three in each of Devon, Plymouth and Torbay) – and these are covering cancer, lung and heart disease and dementia
- The STP is working with local partners and stakeholders to make sure as many people and groups can participate in engagement

6.4 Delivering STP objectives

6.4.1 Devon CCG is aligning its corporate objectives with those of Devon Sustainability and Transformation Partnership (STP), which are:

- Accelerating the digital opportunities for the system – fewer, more integrated and interoperable, care record systems and transformation of access to care through technology
- Development of a Peninsula Clinical Services Strategy
- Piloting the implementation of the national community models for mental health to improve the interface between primary and secondary care, development of patient services, work on geographical scope of specialist services and the relevant shifts in investment required
- Addressing inequalities by ensuring resources are deployed in line with strategic ambitions and population needs and outcomes
    - Investment in prevention to support people's needs in better ways, alternative to traditional care settings, to impact on demand in 2019/20
    - Implementation of the Integrated Care Model (ICM) blueprint agreed in 2017
    - Implementation of the workforce strategy

- The CCG's work will focus on delivering these objectives during 2019/20 and all system partners are being encouraged to do the same

7 Adult Care and Health communications update

7.1 Joint Health and Wellbeing Strategy

7.1.1 The HWBB board received an update on the development of the Joint Health and Wellbeing Strategy that is being refreshed. The report outlined the draft priority outcomes and the timelines for production, including a consultation period over the summer to ensure the people of Devon are able to have their say.

7.2 Loneliness campaign

7.2.1 The '12 days of Christmas' Loneliness campaign that the Health and Wellbeing Board requested over the Christmas and New Year period. Here is an update on how the campaign was received. Here are the messages that our Communications Team developed. In terms of the reach of the campaign messages, they were viewed 791,000 times.

7.2.2 The commitment across Devon to ending loneliness is further demonstrated with the signing of Devon's charter to end loneliness by the chairs of the Devon Health and Wellbeing Board, the Devon Sustainability and Transformation Partnership and Healthwatch Devon.

7.2.3 You might have seen Eat together for Age UK Exeter, an initiative to bring people together to share the psychological, social and biological benefits of eating with others. Other similar initiatives going on in your areas that you can personally support.

7.3 Proud to Care

7.3.1 Our Proud to Care campaigns continue to go from strength to strength, particularly the Ambassador service that now contains 245 Ambassadors working across many different areas in health and care across schools, colleges, universities and jobs fairs. Proud to Care was also launched locally in Torbay in March, with 30 new Proud to Care Ambassadors being registered from social care at the event.

7.3.2 Proud to Care Ambassadors worked together at the National Apprenticeship Show at Westpoint in January including representatives from Devon Partnership Trust, Royal Devon & Exeter hospital, Devon County Council, Torbay and South Devon NHS Foundation Trust and Livewell South West all working together to promote apprenticeships in health and care on behalf of all the STP organisations. There will also be a joint Proud to Care stand at the Devon County Show in the #WeAreDevon marquee, with 4 representatives from different STP organisations working together to promote the health and care sector.

7.3.3 The current Proud to Care advertising campaign is hoping to attract young people to careers in care and health. It focuses on a short film clip of 17-25 year old care and health workers in their roles to excite young people to find out more about the range of opportunities available. The film clip will be publicised on www.proudtocaredevon.org.uk, Instagram, Snapchat, Facebook, You Tube, Google.

7.4 Adult Social Care Green Paper

7.4.1 We still await the publication of the much-anticipated Green Paper on Adult Social Care that will set out how adult social care will be funded in the future. The delays have been well documented and as yet a publication date has still not been set. Another key publication is the Prevention Green Paper, expected later this year. This will be a key document that will set out government thinking on prevention and the improvement of population health; district and city colleagues are key partners in this area, leading on many aspects of population health and wellbeing.

7.5 Provide Engagement Network (PEN)

7.5.1 This month was the PEN Conference. The PEN is main way for Devon County Council and NHS Devon to engage with providers of adult health and social care services. The conference was titled: "Serving everyone: meeting diverse needs in changing times" and was an opportunity for providers to maximise business opportunities, celebrate success and share good practice based on the lived experiences of people from a wide range of backgrounds. There were four workshops on the agenda and Cllr Leadbetter participated in a question and answer session that was very positive in continuing to hear the provider experience.

7.6 Personal assistant recruitment campaign

7.6.1 Devon County Council has just launched a campaign to encourage people into the role of Personal Assistants. The support activities described in the adverts are wide-ranging, as they include types of support which might be purchased by self-funders.

7.6.2 The adverts will direct people to the PA network webpages of Pinpoint where they will be able to find out what working as a PA entails. Real-life PA case studies will be added to these webpages emphasise the hands-on, personal care aspects of the work.

Tim Golby
Joint Associate Director of Commissioning (Devon County Council and NHS Devon CCG)

Sonja Manton
(Interim) Director of Commissioning – Northern, Eastern and Southern Devon (NHS Devon CCG)

Electoral Divisions: All

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

Chief Officer for Adult Care and Health: Jennie Stephens

LOCAL GOVERNMENT ACT 1972: LIST OF BACKGROUND PAPERS

Contact for Enquiries: James Martin
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BACKGROUND PAPER	DATE	FILE REFERENCE

Nil

ACH/19/112
Health and Adult Care Scrutiny
18 June 2019

WINTER PRESSURES 2018/19

Joint report of the Joint Associate Director of Commissioning (Devon County Council and NHS Devon CCG) and (Interim) Director of Commissioning – Northern, Eastern and Southern Devon (NHS Devon CCG)

1. Recommendation

1.1 Scrutiny to note content of the Report.

2. Purpose

2.1 This report provides an annual update to report ACH/18/87, presented to the committee on 7th June 2018 on the performance of the health and care system during winter 2017/18.

2.2 The first section reviews activity and performance over the winter period of October 2018 to March 2019 and provides a comparison to the previous year where available.

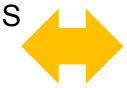
2.3 The second section provides a summary of the winter review held by the multi-agency Devon Accident and Emergency (A&E) Board in May 2019. This summarises what went well and what could have been improved, which informs the priorities for winter planning in 2019/20.

2.4 The report looks at performance in 3 areas:-

- Pre-admission to hospital
- Hospital performance
- Discharge and post hospital

And a summary dashboard of key indicators is below with more detail contained in the body of the report

Agenda Item 6

Pre-admission	Hospital Performance	Discharge and post-hospital
111 / 999 demand 	Emergency admissions N  E  W  S 	Delayed transfers of care (average Oct – Dec) N **3.3%** E **7.4%** W **2.9%** S **4.7%**
A&E Attendances N  E  W  S 	Length of stay N  E  W  S 	Social care assessments waiting 
Ambulance incidents 	Elective operations cancelled 	Social care assessments completed within 28 days 
A&E performance (4hw) March ’19 position N **79.5%** E **87.5%** W **70.9%** S **79.1%**	Cancer waiting times – 2 week wait STP **89.5%**	Unallocated packages of care 
Out of hours primary care demand 	Cancer waiting times – 62 day target STP **72.4%**	Personal care market workforce vacancies 
18 ww referrals STP **80.5%**	Diagnostics within 6 weeks STP **10.5%**	Long-term residential and nursing care placements 

3. System changes and improvements in 2018/19

a) This section summarises the improvements that have been made across the system since winter 2017/18. It summarises how we have delivered the priorities and areas of improvement from previous report.

b) This section also describes other changes and improvements within the system that have contributed to improved flow and demand across the urgent and emergency care system.

3.1 Pre-admission

3.1.1 Within this theme we also describe the elements of the urgent and emergency care system patients come into contact with prior to hospital admission. 'Pre-admission' also describes our efforts to support the population to remain as healthy as possible, activate them to self-care when safe and appropriate to do so, and how we are influencing the choices and decisions they make.

3.1.2 The 2018/19 winter developed communications plan is a system-wide plan for Devon with partners who also promote and market materials across their own channels. The messages focus on encouraging flu vaccination uptake, staying healthy and signposting to appropriate services, with a focus on helping to keep the elderly or those with long-term health conditions out of hospital.

3.1.3 The campaign followed a themed week by week approach. The campaign launched with a local media briefing, featuring public health, ambulance service, acute trusts, primary care and pharmacy representatives. The coverage featured on BBC Spotlight, ITV Westcountry, Heart FM, Devon Live and Radio Exe.

3.1.4 One of the areas with the most significant impact in the 2018/19 Devon winter campaign was the #ThumbsUpForCoby campaign. Communications teams worked closely with a Devon family who lost their 9 year old son Coby to flu last year. The campaign encouraged parents to ensure their child had the flu vaccination and reached more than a million people right across the country through the use of social media, support from local media and 50,000 printed postcards. It was picked up by other NHS organisations and local authorities from across the country.

3.1.5 Other elements of the system-wide communications and marketing campaign focused on promoting the following services:

- 111 (including the online service)
- eConsult (online GP consultations)
- Extended GP access (evening, weekend and bank holiday routine GP appointments)
- Pharmacy services
- HANDi paediatric app

3.1.6 These featured heavily on social media, broadcast TV and radio, and local media. The Devon campaign has been recognised by NHS England and Public Health England as an example of good practice.

3.1.7 As a precursor to the launch of our Crisis Café model, a Crisis Café type service was available within Torbay, providing individuals experiencing a mental health crisis with an alternative to admission to an emergency department.

3.1.8 111 online was launched, providing patients with access to urgent healthcare and self-care advice and information online.

3.1.9 Improved access to primary care went live from the 1st October 2018, providing 100% of our population with access to primary care services at evenings and weekends

3.1.10 Online consultation (eConsult) went live in over 50% of our practices, offering patients remote access to primary care support and advice.

3.1.11 Reception staff across primary care trained to provide enhanced signposting to support patients in accessing the services most appropriate to meet their needs.

3.1.12 Additional funding to 999 delivered additional clinical resource to the hub over winter, providing enhanced hear and treat and welfare calling.

3.1.13 A number of schemes launched to provide care homes with additional support, including: education and support; dedicated pharmacy technicians to support medicines optimisation; and GP Early Visiting schemes.

3.1.14 From November, the newly launched Digital Minor Illness Service helped reduce demand on primary care and ED by referring 422 patients to community pharmacy for support, treatment and advice.

3.1.15 Winter revalidation processes through Devon Doctors downgraded 179 of 189 (95%) calls to 999, reducing the number of ambulances sent to unnecessary calls during peak times.

3.1.16 Between the 1st November and 28th February DDOC processed 1,510 calls through the National Urgent Medicine Supply Advanced Services (NUMSAS) system that would otherwise have been triaged through the OOH service.

3.1.17 Resource planning and robust application of a leave embargo provided an additional 35,000 resource hours per week across the SWASFT (ambulance service) footprint over Christmas and New Year.

3.1.18 Across Devon we ran a number of schemes looking at frequent users of local health services. Focussed on differing cohorts, these approaches aimed to support individuals to take ownership of their health and wellbeing whilst decreasing their dependency upon unscheduled care services.

3.2 In-house performance

3.2.1 Within this theme we describe our efforts to improve the performance of, flow within and capacity of in-hospital care.

3.2.2 Through use of £293k of winter monies we provided additional support to patients in the Eastern locality to provide early supported discharge for stroke and respiratory patients, resulting in reduced lengths of stay and savings in 300 bed days.

3.2.3 All of our providers have enhanced their same day emergency care offers, ensuring increasing numbers of patients presenting at hospital can be rapidly assessed, diagnosed and treated without being admitted to a ward, and if clinically safe to do so, will return home the same day their care is provided.

3.2.4 All of our providers actioned a range of plans for improvements to in-hospital care, including such schemes as opening additional escalation beds; increased opening times for ambulatory facilities; redesigned GP expected pathways; individualised support to frequent attenders; prioritising focus of mental health resources to support in ED.

3.3. Discharge and post-hospital

3.3.1 Within this theme we describe our efforts to improve the processes through which patients are discharged from hospital. This includes the planning of ongoing treatment and the support and care provided when returning home or being discharged to another place of residence.

3.3.2 Via our Partnership Management Team, health and care commissioners worked closely with our three primary providers of personal care to agree our priorities for winter 2018/19 in the form of an impact assessed action plan. This process identified 4 collective priorities:

- Guaranteed hours (5 pilot areas)
- Use of Technology Enabled Care Services (TECS) to support more efficient ways of working
- Processes to review people in receipt of care
- A RAG rating system to identify time critical care in the peak periods

3.3.3 Our most significant investment of winter monies in 2018/19 was to support guaranteed hours contracts to provide increased domiciliary care capacity and address a recruitment and retention issues within the workforce. Despite our efforts, our 5 pilot areas failed to deliver sufficient capacity to meet demand, with the number of people awaiting timely care peaking, at an all-time high for Devon, at 200 in December.

3.3.4 Additional capacity went some way to reduce the time spent by the Rapid Response and social care reablement teams backfilling care packages and supporting discharge activity, in turn freeing up capacity for admissions avoidance.

All providers stepped up their ward-based processes to ensure patients were discharged from hospital as early as possible. This includes, but is not restricted to:

3.3.5 SAFER patient flow bundle board rounds (S – Senior before midday, A – All patients with an expected discharge date and clinical criteria for discharge, F – flow patients arrive on wards from 10am from ED, E – early discharge 33% by midday, R – multi-disciplinary team reviews for >7 day length of stay).

3.3.6 Trusted assessors – individuals trusted via a memorandum of understanding or similar, to carry out an assessment on behalf of another care provider to facilitate early assessment and acceptance into their service.

3.3.7 Red2Green processes – visual guide showing “red” bed days, where a stay in the acute has little or no clinical added value, and “green” bed days which show value added in acute care.

3.3.8 Daily reviews of patients with longer length of stay, particularly those over 7 and 21 days.

4 Review of Winter plans and preparation for next year

4.1 The Devon A&E Board undertook a review of winter at their May meeting. Each locality (North, East, South and West) were asked to summarise the learning from local, in-depth winter reviews undertaken by locality A&E Boards, presenting what went well, what didn’t go well, and locally agreed priorities for next winter.

4.2 As Devon-wide provider organisations, the South Western Ambulance Service NHS Foundation Trust; Devon Partnership NHS Trust; and Devon Doctors Ltd were also asked to present their experiences and learning to the Devon A&E board.

4.3 Those represented at the Devon A&E Board review included:

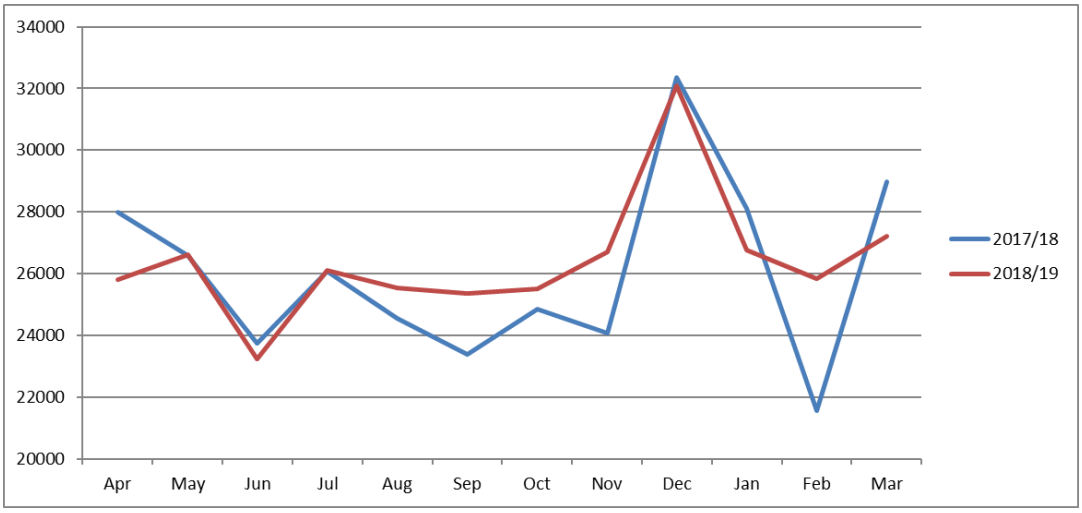
- Devon County Council Adult Social Care
- Devon NHS Clinical Commissioning Group
- Devon Doctors Ltd (DDoc)
- Devon GP Practices
- Devon Partnership NHS Trust (DPT)
- Livewell South West
- North Devon Healthcare NHS Trust (NDHT)
- University Hospitals Plymouth NHS Trust (EHP)
- Royal Devon and Exeter NHS Foundation Trust (RD&E)
- South Western Ambulance Services NHS Foundation Trust (SWASFT)
- Torbay and South Devon NHS Trust (TSDT)

5 Urgent and emergency care over winter

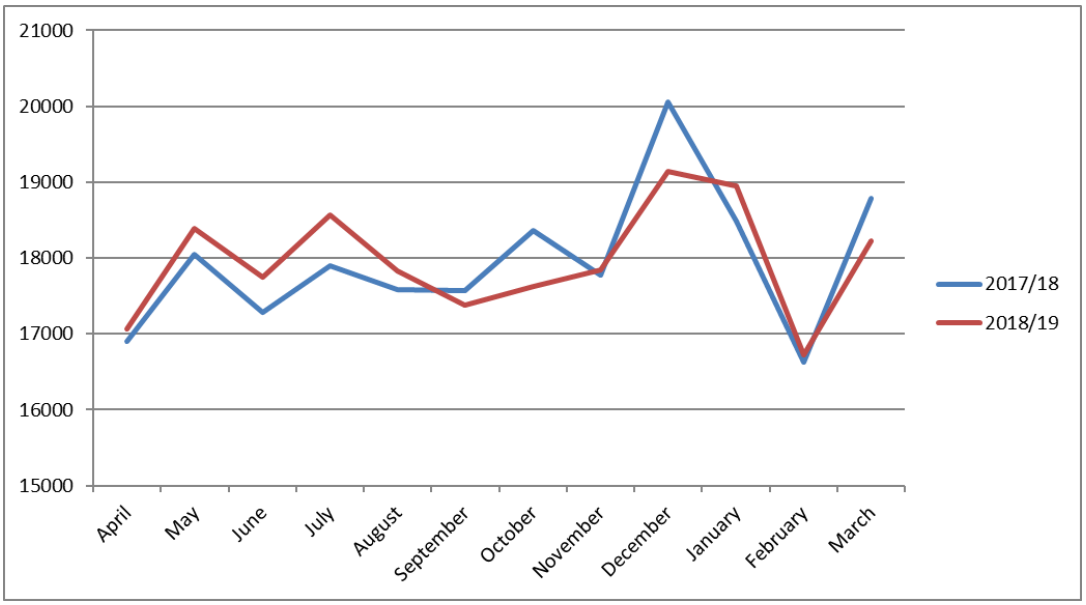
a) This section presents local information for the period October 2018 to March 2019, and is presented across three themed areas: Pre-admission; in-hospital performance; and discharge and post hospital.

5.1 Pre-admission

5.1.1 **NHS 111 and 999** are, for many, preferred entry points to the urgent and emergency system. Whilst SWASFT have reported overall demand through winter was lower than predicted, the Easter period proved more challenging than expected, with demand exceeding predicted rates by between 8% to 16%. Good weather over the Easter period and an influx of visitors into Devon contributed to this unexpectedly high level of demand during this period. Additionally, answered calls to the 111 service through Sept to Nov saw an increase of, on average, 2,300 calls per month.

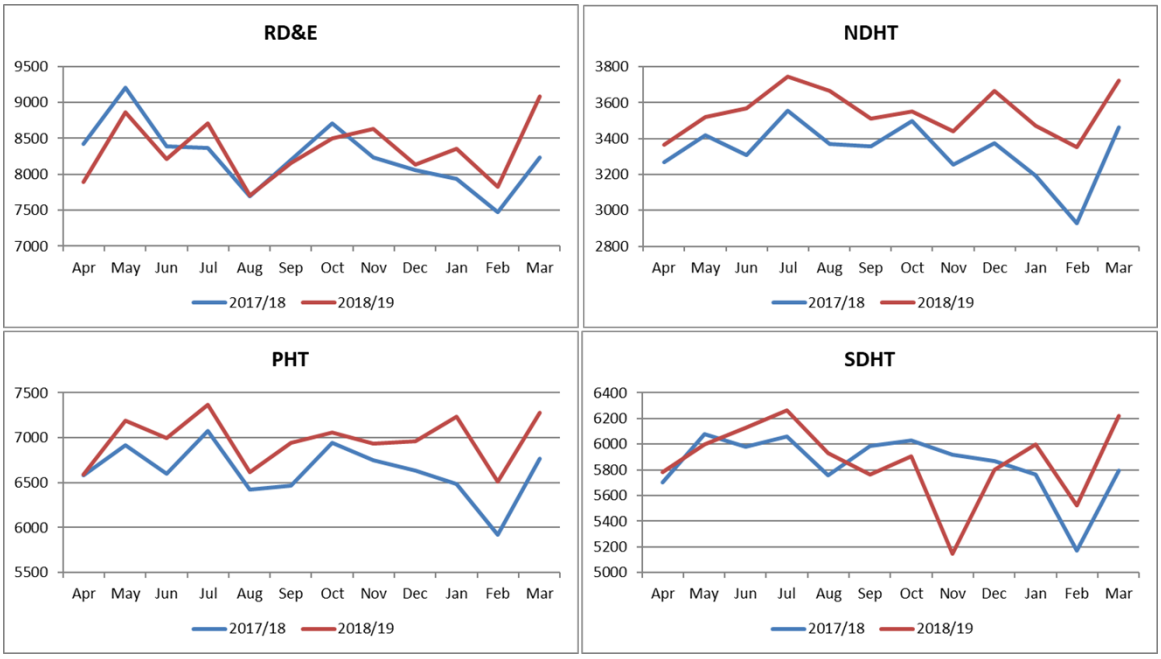


5.1.2 **Ambulance incident numbers** have fallen by 1.5% despite the increased number of calls received, and importantly, the corresponding increase in calls answered.

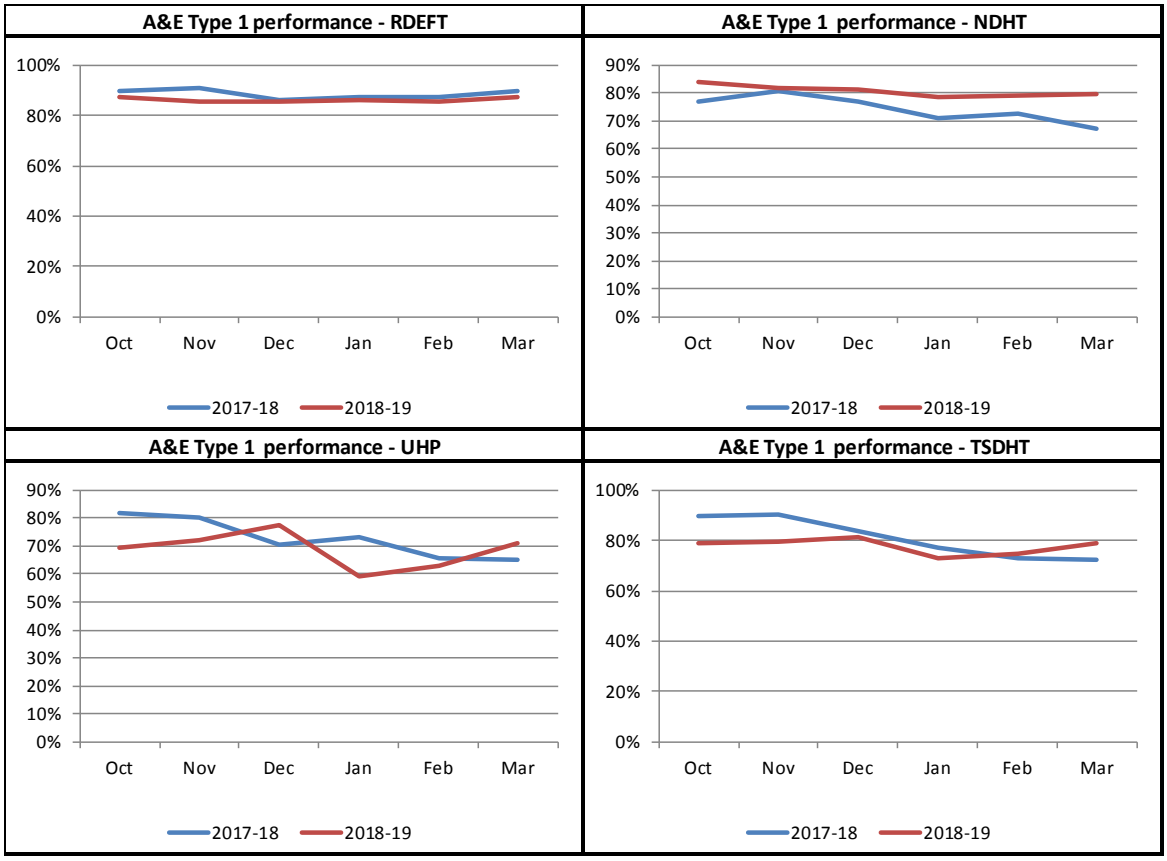


5.1.3 **A&E attendances** in the southern locality attendances at the Minor Injury Unit (MIU) in Newton Abbot rose slightly, which believe to have contributed to no increase in demand on the emergency department in the south. A knock-on effect of this is that the acuity of patients attending ED was higher and demand for in-patient beds remained high. For unknown reasons, demand fell sharply in November, returning to the previous year's rate in Dec.

North Devon saw the biggest increase in A&E attendance, with an increase of 8% on the previous year's figures. Plymouth and Eastern also experienced increased demand (6% and 4% respectively).

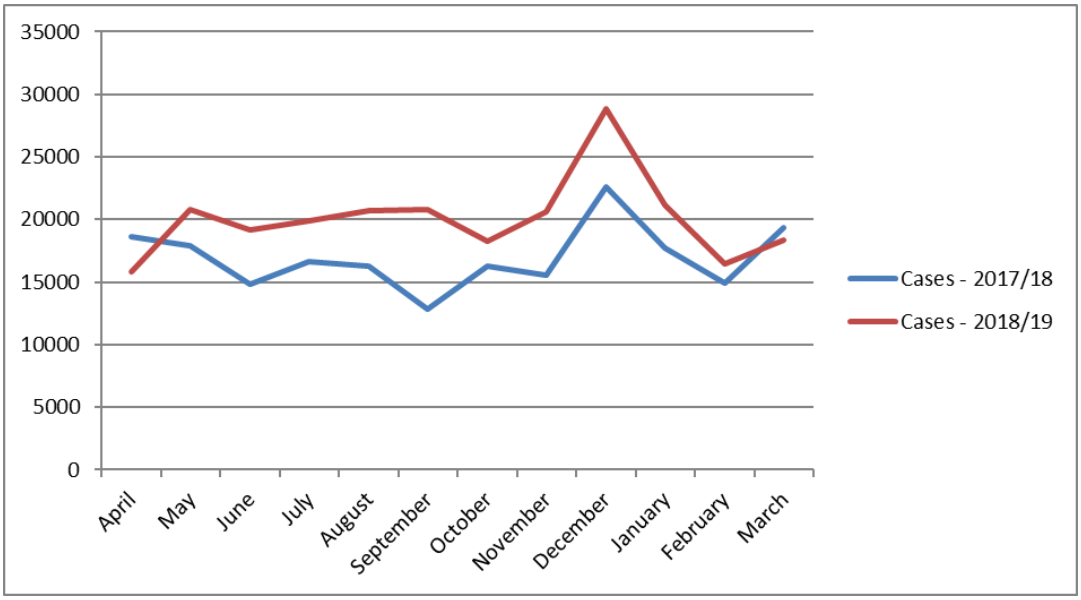


5.1.4 **A&E performance** (type 1 A&E) across all acute Trusts continues to be below the 4-hour wait standard of 95% and slightly under national performance levels. North Devon experienced an improvement in performance throughout the winter period. Out other provider's maintained performance similar to levels from the previous year.



5.1.5 **Out-of-hours primary care** demand increased by 16.1% in comparison to last winter. Whilst demand throughout the winter was higher than the previous year, it followed a similar pattern (with peaks in demand corresponding to increased demand on 999 and 111). Having experienced an overall increase in demand throughout winter, Devon Doctors ended winter experiencing a modest reduction in demand from the previous year.

5.1.6 There was a small increase in the overall number of patients seen by the Out of Hours Service at a treatment centre through winter, rising by 1.9% (818 patients).



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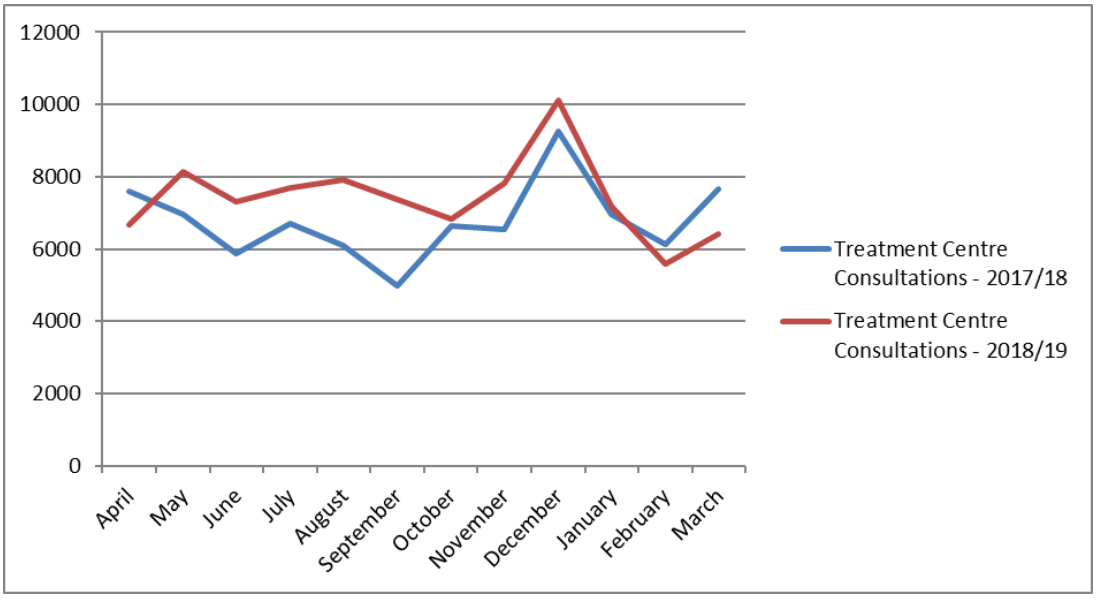
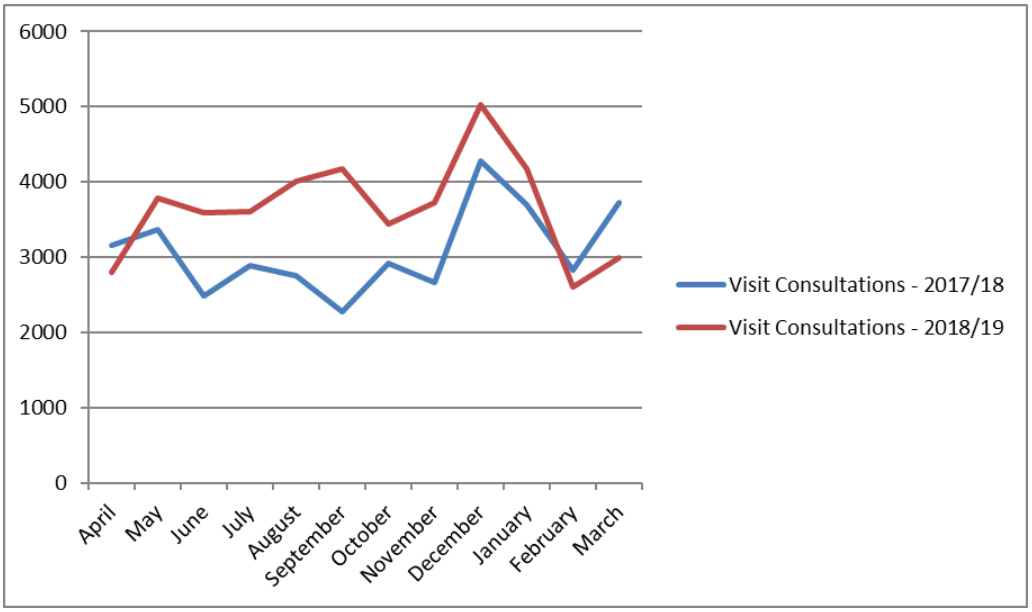
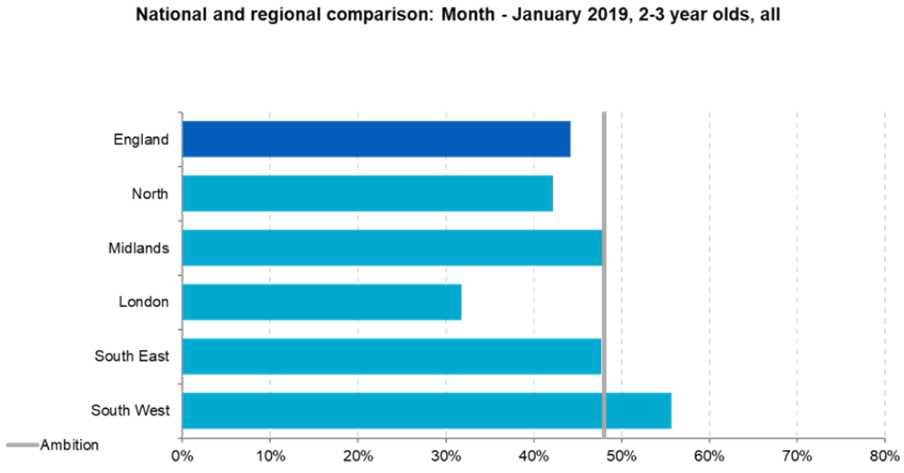


5.1.8 The number of patients requiring a visit increased more significantly, with Devon Doctors providing an additional 1,858 visits over 17/18 figures.



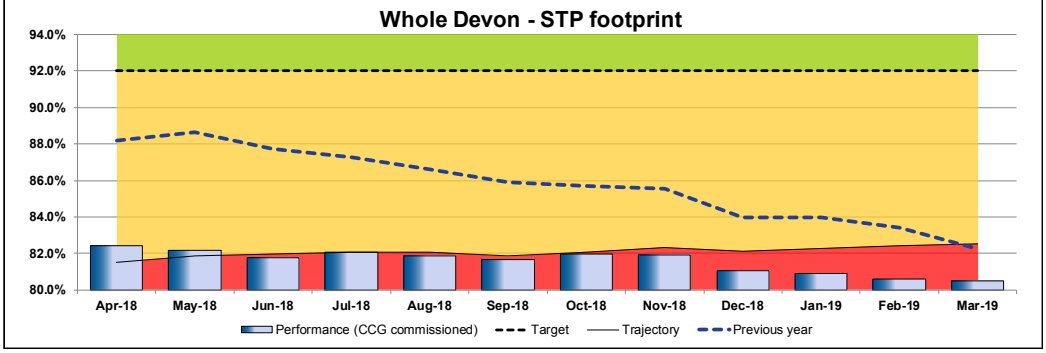
5.1.9. **Flu cases**. The two Devon CCGs have some of the highest performance in the country for 2-3 year old flu vaccinations. Vaccinations in 2 to 3 year olds in Devon by between 10% and 20% this winter (see national comparison below).



5.1.10. Referrals to treatment within 18 weeks

We continued to see a deterioration in the proportion of people being referred to treatment within 18 weeks, dropping to 80.5% by the end of the year.

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%	81.0%	80.9%	80.6%	80.5%
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%	87.3%	86.6%	86.7%	87.0%	86.7%
RTT total waiting list	78,364	80,395	81,178	81,526	82,273	82,971	81,428	82,049	81,429	81,483	80,089	81,661	82,913
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

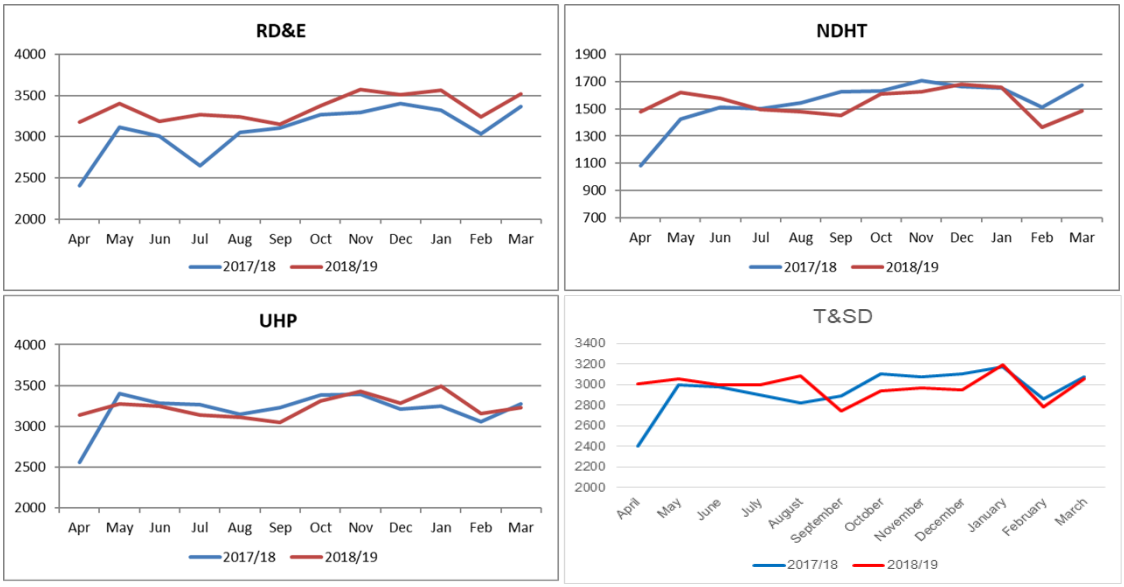


5.2 In-hospital performance

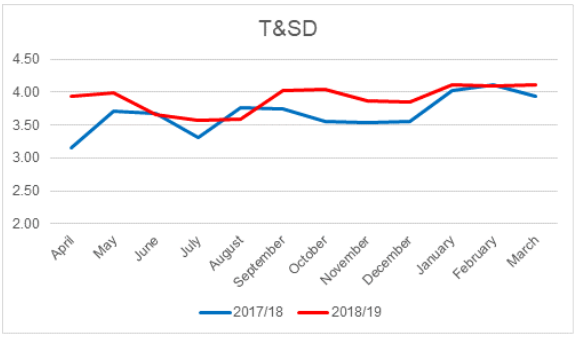
5.2.1 **Emergency admissions** to hospital fell by 351, a total fall of 1% against the previous winter's figures. Demand varied greatly, with Exeter experiencing a 6% growth against the previous winter's figures, whilst Torbay data demonstrated a 3% reduction against admissions. North Devon achieved a 4% reduction, whilst Plymouth experienced growth of 2%.

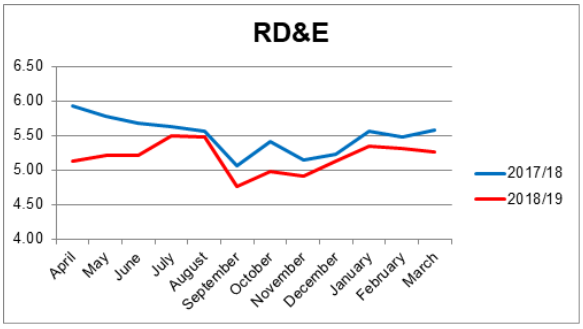
All of providers are striving to follow best practice guidance in relation to same day emergency care. As a result, there have been changes in the way in which data is captured and reporting. We have accounted for as many of these data coding chances as possible in the data presented.

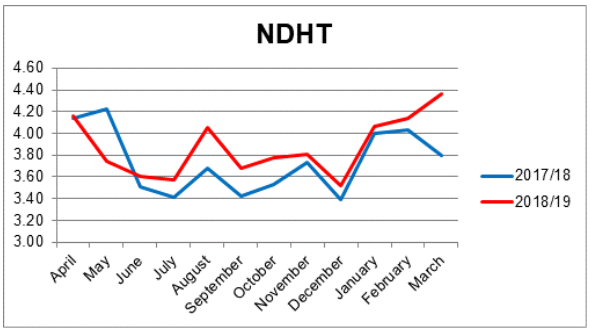
5.2.2 Despite continued gaps in primary care, to which previous increases in A&E activity have been linked, Plymouth saw only a very small reduction in A&E attendances, and a reduction in the overall rate of emergency admissions.

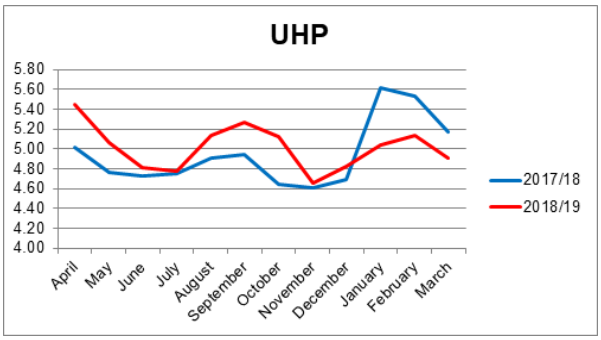


5.2.3 **Length of stay in hospital** following an emergency admission also showed an increase overall of 0.73 days on average. Ongoing use of short-term services, partial packages of care agreed with the patient's own support network, and the use of temporary residential placements continue to be used as contingency actions to support safe and timely discharge.

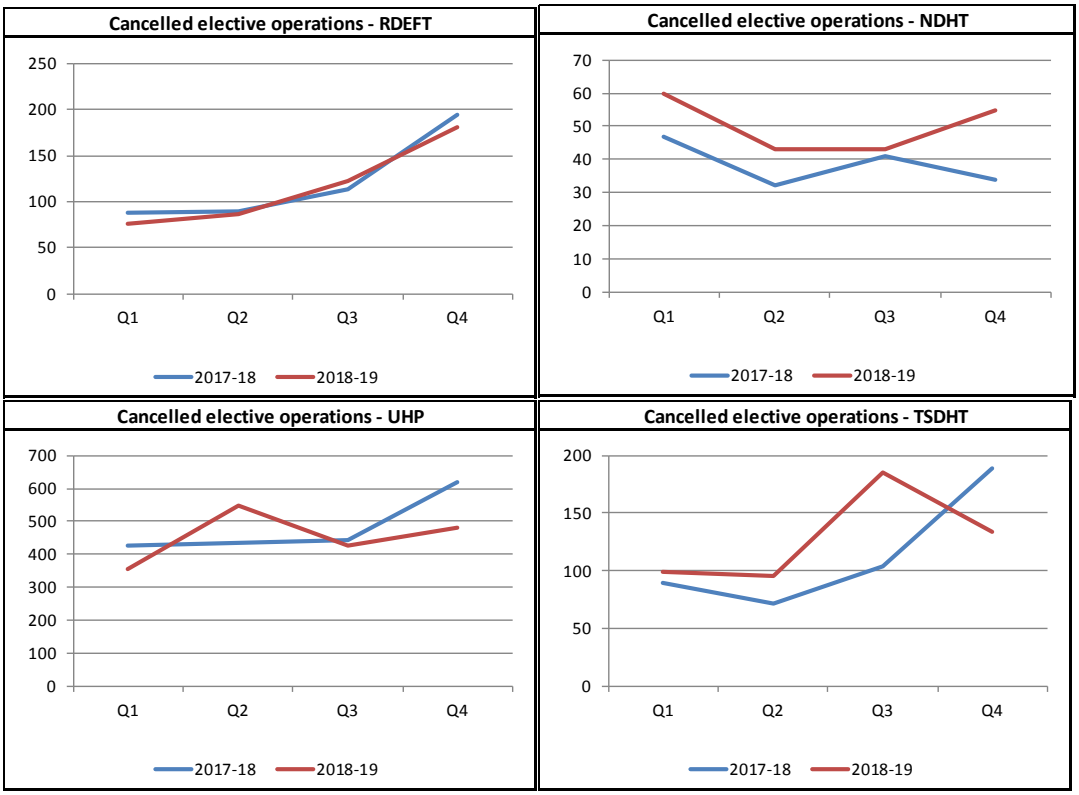






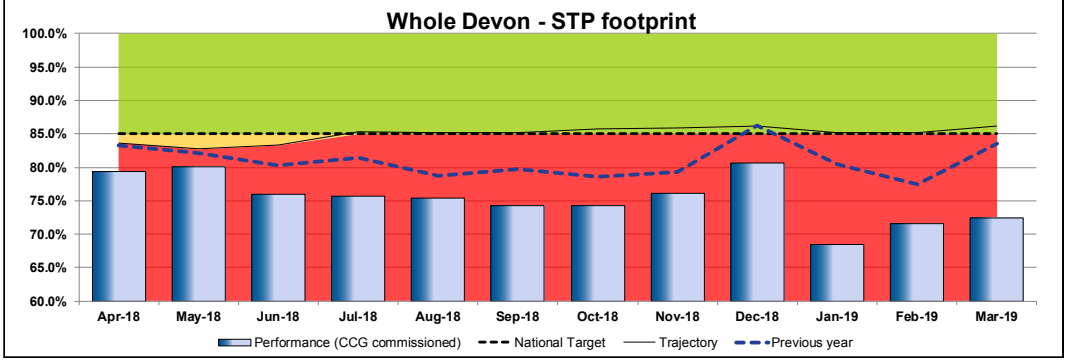


5.2.4 The number of **last-minute cancellations of elective operations** for non-clinical reasons fell by 184 during the winter period in comparison to last winter.



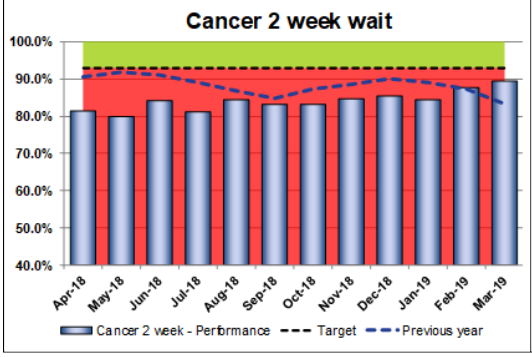
5.2.5 Performance against national **cancer waiting times** standards for first definitive treatment within **62 days** for urgent referrals showed significant variation throughout the year, with performance at Devon level consistently failing to meet national targets.

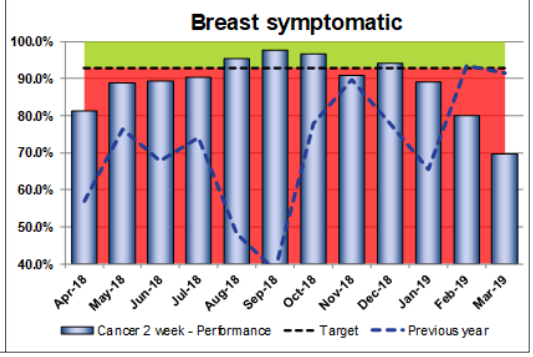
STP footprint	National target	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19
Performance (CCG commissioned)	>85%	79.4%	80.1%	75.9%	75.7%	75.3%	74.3%	74.2%	76.1%	80.6%	68.4%	71.5%	72.4%
Trajectory		83.6%	82.7%	83.3%	85.3%	85.2%	85.1%	85.7%	85.9%	86.1%	85.2%	85.2%	86.1%
NHS England		82.3%	81.1%	79.2%	78.2%	79.3%	78.2%	78.4%	79.2%	81.1%	76.2%	76.1%	



5.2.7 The time taken for patients to see a specialist after urgent referral for a suspected cancer within **2 weeks** of an urgent referral improved during Winter, with overall performance at Devon level reaching an in-year high-point of 89.5%, but still failing to meet the national target of 94% of patients being seen within 2 weeks of urgent referral.

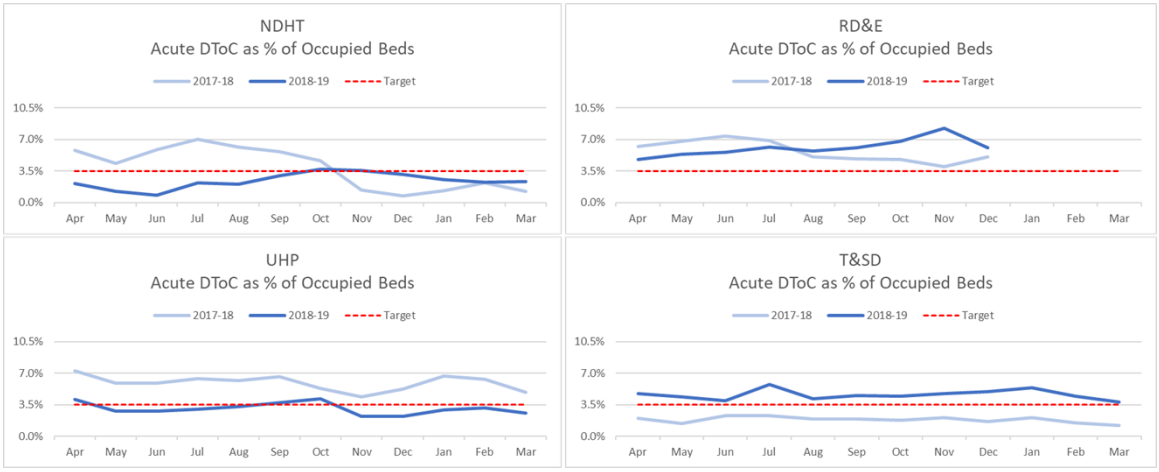
STP footprint	National target	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19
Cancer 2 week - Performance	93%	81.3%	80.0%	84.2%	81.1%	84.4%	83.2%	83.2%	84.6%	85.3%	84.3%	87.7%	89.5%
Cancer 2 week- STP trajectory		93%	94%	93%	94%	93%	93%	94%	94%	93%	93%	93%	94%
NHS England		91%	92%	91%	92%	92%	91%	92%	92%	94%	92%	93%	
Breast symptomatic -Performance	93%	81.3%	89.0%	89.4%	90.4%	95.3%	97.6%	96.6%	91.0%	94.2%	89.1%	80.0%	69.6%
Breast symptomatic - STP trajectory		93%	93%	94%	94%	94%	93%	94%	94%	93%	93%	94%	94%
NHS England		84%	84%	84%	88%	91%	92%	92%	88%	86%	83%	83%	

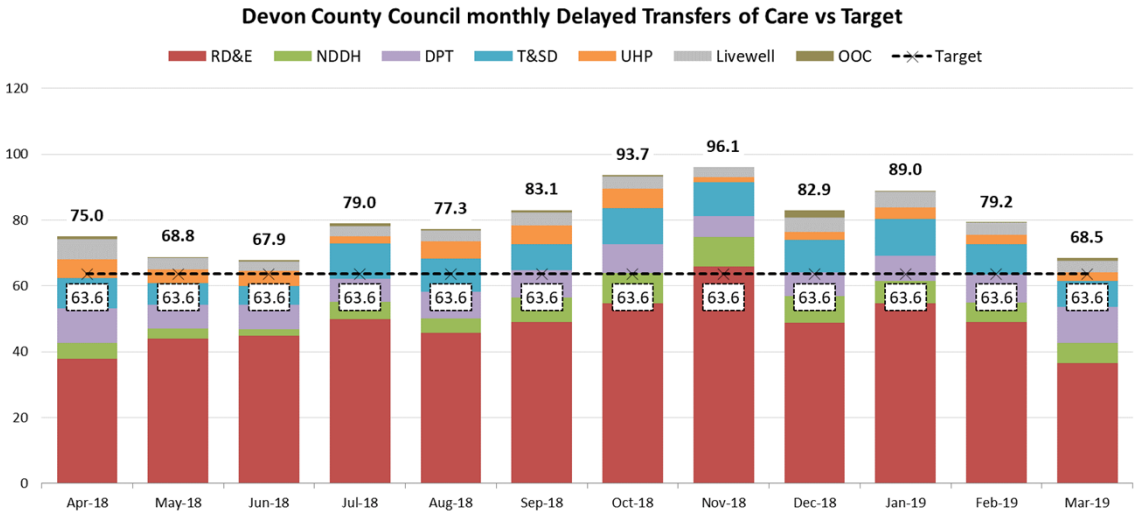




5.3 Discharge and post hospital

5.3.1 **Delayed Transfers of Care (DTOCs)** – measured by the number of delayed bed days as a proportion of all available bed days in acute and community hospitals. Quarter 4 data is not yet available for DTOCs. North Devon entered January having retained performance at last years end point, with DTOC rates of approximately 3%, a position that largely maintained throughout the early winter months. Plymouth achieved a significant improvement in DTOC rates, ending December with a rate of 2.2%, down from 5.1% at the end of winter 17/18. Torbay continued to see a drop in performance, entering January with a rate of 4.9% (0.3% up from the position in December from the previous year, and 2% higher than the position at which they ended the previous winter).

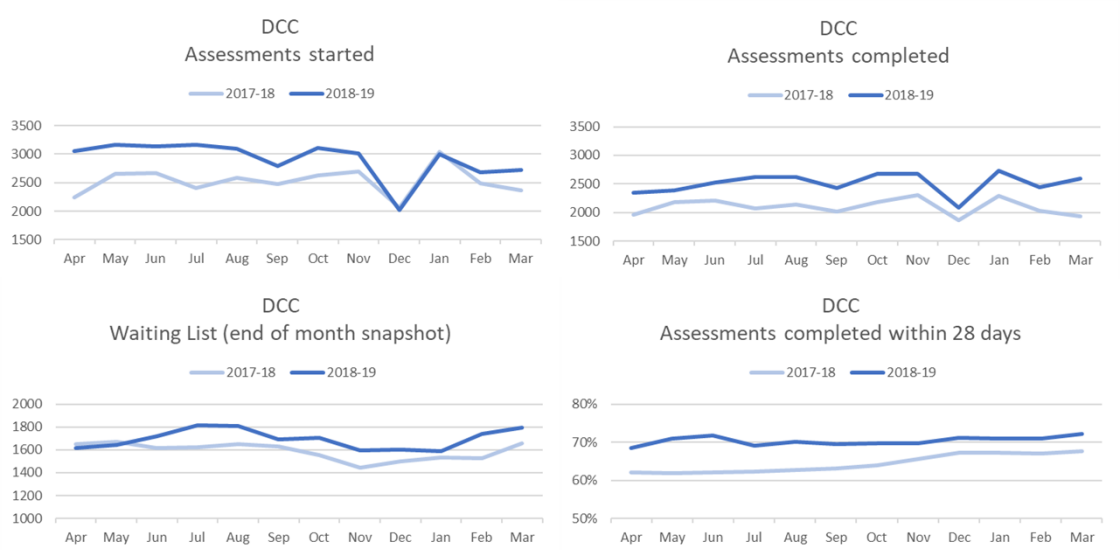




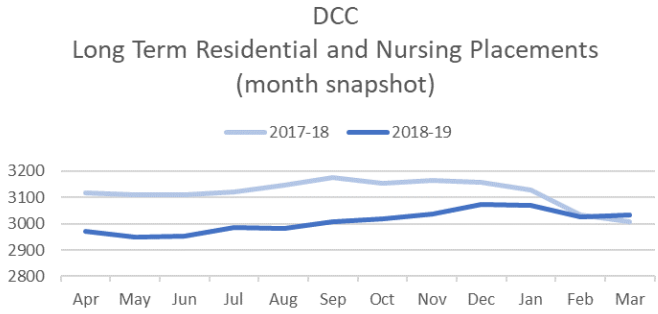
5.3.2 Overall, during 2018/19 the number of **Adult social care assessments** started and completed rose above the previous year's level, with an additional 361 assessments started, and an additional 664 completed. We saw improved performance in terms of the number of assessments completed within 28 days.

5.3.3 Reflecting the challenges of a difficult personal care market, our waiting lists grew significantly.

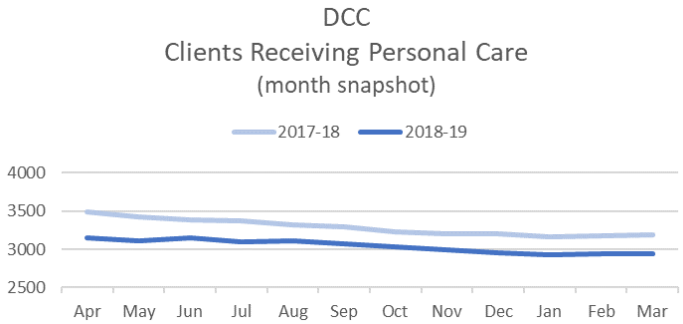
5.3.4 We experienced a significant increase in the number of people waiting to receive personal care. This increase needs to considered in the context of a highly performing system which continues to meet approximately 95% of demand across the county, and is attributed to the workforce challenge in the personal care market.



5.3.5 The trend in a decrease in the number of people living in **residential care** observed at the end of Winter 17/18 did not continue, with numbers steadily increasing, returning to a similar level as experience at the end of winter 17/18.



5.3.6 **Personal care** provided has continued to reduce, reflecting our greater emphasis on reablement services, technology enabled care (TEC) and promoting independence. Despite our success in reducing reliance on personal care, managing the number of people ending packages, starting packages and having changes to packages has proven challenging through the winter period.



6 Our shared priorities for 2019/20

6.1 Despite robust planning, the winter period has shown that the winter period can be unpredictable, with demand surges taking place outside of predicted periods; higher levels of demand in some areas; later than expected Influenza issues; and fluctuating demand to greater highs and deeper lows than previously anticipated.

6.2 Anecdotally, providers shared differing perspectives on how winter felt and demonstrated how the perception of front-line staff did not in all cases reflect actual demand and performance.

6.3 Work will continue to address the challenges of a shrinking personal care market via a number of workstreams:

- Our five pilot areas will continue their pilot work in relation to guaranteed hours;
- We will promote independence and new ways of working through Technology Enabled Care Services (TECS);
- We will use our RAG rating system to allow us to make more tactical use of our resources to ensure time critical care is delivered where it is most needed; and
- We will continue to give focus to reviewing packages of care to ensure we are targeting our resources based on an up-to-date understanding of the needs of individuals.

6.4 Whilst experiences of winter differed across providers, there were a number of common challenges which were shared or recognised by all participating in the 18/19 review of winter. These are summarised by our priorities for 2019/20 into 4 key themes:

Theme 1: Workforce

6.5 Workforce remains a priority for 2019/20, with the system continuing to experience recruitment and retention issues across all sectors in the health and care system.

6.6 Recognising the need to reduce the impact of workforce shortages whilst longer term efforts are made to address supply, work will be carried out to look at how, at a system-level, we can make collective best use of scarce resource. This will include targeting of what we collectively have available to where it is of most value at times of increased pressure and demand; and at times when a lack of key resources may affect flow over the proceeding period, for example on weekends and bank holidays. A system-wide approach to deploying limited resources at times of pressure will be developed in addition to a system view of minimum capacity to support optimal flow at all times.

6.7 Learning from the system has shown the benefits of using “leave embargo’s” to ensure availability of workforce at times of anticipated pressure.

Theme 2: Digital maturity, including the sharing of information

6.8 We have made it a priority to provide better patient safety (by providing clinicians with the best possible information to make the best possible decisions), and associated cost savings through resulting efficiencies.

6.9 We have secured Health System Lead Investment (HSLI) funding to provide wider access to primary care information in a range of healthcare settings for all patients.

6.10 A key component of encouraging wider use of the Summary Care Record (SCR) is to improve the data in the SCR – this requires patients to provide explicit consent for Additional Information (AI) data, and this will form part of the project.

Theme 3: 7-day services

6.11 A shared concern across providers was the lack of staff availability in other parts of the system impacting on the flow on weekends, for example: a lack of community staff to support weekend discharge processes. It was agreed a whole-system approach is required, and the Devon A&E Board agreed an aspiration of ensuring 80% of weekday workforce is available on weekends for key roles.

Theme 4: Communications and marketing

6.12 We will build on the success of our winter communications with year-round social marketing to better influence the behaviours of our population and support them in making the right choices. Via the Devon A&E Board we will identify opportunities for Devon-wide messaging to compliment the work of the local A&E boards.

Tim Golby
Joint Associated Director of Commissioning (Devon County Council and NHS Devon CCG)

Sonja Manton
(Interim) Director of Commissioning – Northern, Eastern and Southern Devon (NHS Devon CCG)

Electoral Divisions: All

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

Chief Officer for Adult Care and Health: Jennie Stephens

LOCAL GOVERNMENT ACT 1972: LIST OF BACKGROUND PAPERS

Contact for Enquiries: Paul Hurrell
Tel No: 01803 396365 Room: Second Floor Annexe

BACKGROUND PAPER	DATE	FILE REFERENCE

Nil

PH/19/01
Health and Adult Care Scrutiny
18th June 2019

Public Health Annual Report 2018-19

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

Please note that the following recommendations are subject to consideration and determination by the Cabinet (and confirmation under the provisions of the Council's Constitution) before taking effect.

Recommendation: Health and Adult Care Scrutiny is asked to receive the annual report of the Director of Public Health 2018-19 and to note its recommendations.

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1. Background

1.1. The Director of Public Health has a statutory duty to write an annual report, and the local authority has a statutory duty to publish it (section 73B [5] & [6] of the 2006 NHS Act, inserted by section 31 of the 2012 Health and Social Care Act). This enables the Director of Public Health to make an independent judgement about the state of health of the local population and ensures that the report will be published and in the public domain. The annual report by the Director of Public Health is therefore different from all other reports received from an officer in that it is not a Cabinet Member report.

2. Introduction

2.1. This Annual Public Health Report for Devon County Council is the twelfth in a series of annual reports on the health of the population of Devon which began in 2007-08.

2.2 Each report covers the general health of the population of Devon; increasingly the detail about health and wellbeing can be found in the annual Joint Strategic Needs assessment which is available at: www.devonhealthandwellbeing.org.uk/jsna

2.3 This year's public health annual report takes as its theme the mental health and wellbeing of the population. One in four adults and one in ten children experience mental health problems to some degree in any year, and mental ill-health is a major cost to society, particularly the criminal justice system, and health and care services.

2.4 Without mental health there is no health, and it is increasingly recognised that we should be giving the same priority to mental health as physical health in terms of prevention, early intervention, treatment and rehabilitation.

2.5 Health inequality persists and is a challenge – for example, Ilfracombe still has the shortest life expectancy in Devon. Inequality also exists between physical; and mental health: while indicators of physical health tend to be good overall, with only a few exceptions, the population of Devon does not compare as favourably on indicators of mental health. In fact, in the Devon Health and Wellbeing Board's outcomes set, progress made over the last six years on physical health indicators in both absolute improvement and relative ranking compared with local authority comparator groups is the opposite when it comes to the mental health indicators chosen by the Board.
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2.6 Health and Adult Care Scrutiny members may also wish to note the progress made on the recommendations of last year's report on children and young people, shown on pages 57-62 of the report.

3. Recommendations

3.1 The ten recommendations set out in the report are:

1. Communities in Devon to adopt a positive approach to mental health, recognising how common mental health issues are among the population.

2. Promotion of mental health and wellbeing in schools and educational settings.

3. Wider recognition of, and action to address, the inequality that exists for people with serious mental health issues in terms of physical health, employment and housing.

4. Recognition of, and action to address the mental ill-health risks associated with poverty, poor housing and lack of decent employment.

5. Ensuring that a 'Health in all policies" approach embraces mental health as well as physical health.

6. Action to prevent, recognise and treat the symptoms of trauma (including as a result of adverse childhood experiences) to prevent inappropriate and/or ineffective use of resources, whether they be health, social care or criminal justice.

7. Sufficient expert support available within community settings to complement national and local developments in home-based and community-based care.

8. Recognition of the importance of formal and informal caring responsibilities at all ages and information and practical support for carers, particularly in the light of the potential impact of caring on carers' own mental health and wellbeing.

9. Implementation of the recommendations of the fifth annual MBRRACE-UK ('Mothers and Babies: Reducing Risk through Audits and Confidential Enquiries') report, particularly those concerning maternal mental health and women from vulnerable groups.

10. The Devon Health and Wellbeing Board continues to have mental health as one of its top priorities and to work, as a partnership, to achieve both measurable improvements in outcomes and also improvement in local authority comparator group rankings over the next five years.

4. Financial considerations

4.1 Contained within the report, particularly pertaining to the benefits of prevention and early intervention.

5. Legal considerations

5.1 The publication of the annual report of the Director of Public Health by Devon County Council discharges a statutory responsibility under the Health and Social Care Act 2012.

6. Environmental impact considerations

6.1 Contained within the report.

7. Equality considerations

7.1 Contained within the report.

8. Risk assessment considerations

7.1 Contained within the report.

9. Recommendation

9.1 Health and Adult Care Scrutiny is asked to receive the annual report of the Director of Public Health and to note its recommendations.

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

Electoral Divisions: All

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

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

Background publications

Previous annual reports and this 2018-19 annual report of the Director of Public Health can be found at:
www.devonhealthandwellbeing.org.uk/aphr

ACH/19/111
Health and Adult Care Scrutiny
18 June 2018

A LONG TERM PLAN FOR DEVON

Report of the Joint Associate Director of Commissioning (Devon County Council and NHS Devon CCG) and Deputy Director of Strategy (NHS Devon CCG)

Recommendation: That the Committee notes the progress to date and the proposed process, timescales, materials and levels of engagement for the development of Devon's Long-Term Plan and endorses the robustness of the process before the engagement starts.

1. Purpose

1.1 In March 2019, Members of the Committee discussed the approach to developing a wider Devon system plan in response to the NHS long-term plan.

1.2 This paper provides a response to part (a) of the Committee's resolution in March 2019 which required:

> a) That Officers prepare a written description of the process and timescale for producing the long-term plan for the Committee to come to a view as to the robustness of the process to include the following elements:
>
> (i) a description of the overall process and timescale
> (ii) a description of the plans for engagement at Locality, District, County and STP wide levels
> (iii) the executive arrangements for progressing the development of the plan including the role and function of the Health and Wellbeing Board
> (iv) a matrix or description of which issues might be best considered at which level; and
> (v) intentions in terms of the likely methods and material used to support engagement

1.3 It also proposes an approach and timing in relation to part (b) of the committee's resolution in respect of sharing a draft of the plan.

1.4 As previously discussed, Devon County Council Members are key partners in shaping and delivering Devon's system plan. The broadened scope of this NHS Long Term Plan, particularly in seeking to strengthen action on prevention and inequalities, provides real opportunities for Member contribution. This in turn can ensure a clear and credible plan that Members feel not only takes account of the needs of the communities they represent, but also how they can contribute to improving population health and well-being and the delivery of health and care services in Devon. In doing this the plan is to engage not only with county Members, but also District Councils, the public and the voluntary sector. This has been built into the process described in this paper.

2. A description of the overall process and timescale [Resolution (a) (i)]

2.1 As a reminder The NHS Long Term Plan, published in January 2019 sets out how the NHS will:

- Move to a new service model in which patients get more options, better support, and properly joined-up care at the right time in the optimal care setting
- Strengthen its contribution to prevention and health inequalities
- Improve care quality and outcomes
- Tackle current workforce pressures and support staff
- Upgrade technology and introduce digitally enabled care across the NHS
- Put the NHS back onto a sustainable financial path
- Support every system to become an Integrated Care System by April 2021

2.2 Each system (current Sustainability and Transformation Partnership area) is expected to develop its plan by autumn 2019. National planning guidance is expected to be published soon setting out the framework and timescales for development and submission of local system plans. Therefore, the following sections are indicative at this stage.

2.3 The process as outlined below is designed to ensure that our local system plan is developed through:

- Involving local communities and delivery partners in its development
- Using evidence of population need to inform priorities and targeted action
- Building upon the existing agreed system plans and strategies
- Defining how outcomes will be delivered and how local and national good practice initiatives will be adopted consistently across the system
- Outlining how financial stability and sustainability will be achieved.

2.4 The overarching timescale for developing Devon's Long-Term Plan is set out in the table below.

Date	Activity
June 2019	Collating information and evidence to underpin the plan, including views from prior engagement
July 2019	Launch of 8-week period of focused engagement in Devon Long-Term Plan commencing 11th July*
August 2019	Continuation of engagement and development of information for Devon Long-Term Plan
September 2019	Completion of focus engagement on 5th Sept. then review, followed by checking/testing
October 2019	Mid Oct. start of period of organisational review and endorsement of Long-Term Plan
November 2019	Mid Nov. endorsed Devon Long Term Plan finalised for publication by the end of November
December 2019	National Long -Term Plan publication by the end of Dec. to inform detailed 2020/21 planning

*Engagement in the Devon Long Term Plan will be fully aligned with Devon Health and Wellbeing Strategy consultation.

2.5 The development of the Long-Term Plan timeline is closely aligned with the development of Devon's Joint Health and Wellbeing Strategy (JHWS) and associated work to agree common Health and Wellbeing themes and priorities with Plymouth and Torbay. The JHWS is a key document that evidences population need and is a building block of our Long-Term Plan. This incorporates population health and wellbeing priorities into the plan from the start.

2.6 The overall process is effectively broken down into the following phases:

Phase 1: Preparation and set up: This has included establishing the team and governance arrangements for the Long-Term Plan as well as early briefings and engagement with organisations and key stakeholders.

Phase 2: Developing the evidence base: Building on information and work already done in Devon, actions are underway to ensure a strong evidence base for the Long-Term Plan including:

- Current and projected health needs of the population and the key health challenges
- A review of prior engagement and messages from the forthcoming engagement to ensure the voices of local people in the plan
- An assessment of health and care demand, how this may change within the life of the Long-Term Plan and key points for attention
- A baseline review to check the maturity of current strategies, plans and performance in the context of the new Long-Term Plan requirements
- An outline of best practice locally and in other areas and opportunities to be explored further for the Long-Term Plan
- A description of constraints and opportunities in relation to finance, workforce, digital and other key resources for a sustainable plan

Phase 3: Engagement and co-creation: With a clear purpose to engage in the key topics in the NHS Long Term Plan and to consider the challenges and opportunities to address the local priorities for health, wellbeing and care. The plan for this phase is described in more detail in the section below. As shown in the timeline, focused engagement for the Long-Term Plan will commence in July 2019, aligned in Devon with the Health and Wellbeing Strategy consultation.

Phase 4: Developing the plan: The plan development will take account of the national requirements, the evidence base and messages from local engagement as described above. It is expected that the national Long-Term Plan framework will set out foundation NHS priority areas to be addressed in plans in the next two years, which indicatively are:

- Person-centred care
- Primary care networks
- Reducing pressure on urgent and emergency services
- Mental health
- Cancer
- Elective/planned care waiting times
- Integrated Care System development (ICSs)
- Workforce and digital

Phase 5: Testing, approvals and publication: Approval for the draft system plan will be sought through the collective system groups, including system leaders and collaborative board and subject to statutory organisations individual governance arrangements as determined by respective partners. In addition, it will be tested for robustness and subject to a process of approval and external assurance through NHS England and Improvement prior to publication and development of a supporting implementation framework the end of 2019.

3. A description of the plans for engagement at Locality, District, County and STP wide levels [Resolution (a) (ii)**]**

3.1 The engagement plan sets out the scope, content and approach to engagement; the methods or channels to be used; the collation of views and feedback; and the audiences and groups for engagement.

It is important to note that there has already been a range of engagement relevant to the Long-Term Plan:

- NHS national Long-Term Plan engagement in 2018
- Healthwatch national survey on the Long-Term Plan
- Devon STP programme engagement e.g. mental health, maternity etc

Given the need to build on existing system plans, a review of the themes arising from this prior engagement is underway and will form part of the refreshed local evidence base.

In addition, Healthwatch is currently engaging people in Devon, Plymouth and Torbay including holding six focus groups on the following points:

- Making it easier for people to access support closer to home and via technology
- Doing more to help people stay well
- Providing better support for people with cancer, dementia, heart and lung disease

Responses on these topics will be formulated in a Healthwatch report which is due in early June 2019 to contribute to the Devon Long Term Plan.

3.2 The engagement is planned to take a two-Tier approach.

Tier 1 – Strategic engagement (Devon-wide)

3.3 Engagement in the Long-Term Plan will need to be system-wide on some of the key challenges it faces, for example developing digital capabilities and recruiting and sustaining a flexible workforce. The areas of focus system-wide, are;

- Understanding how technology can better support individuals to stay well
- Creating a sustainable workforce fit for the future
- What the NHS can do to help people stay well, live better

Tier 1 – strategic engagement (Devon-wide)	
Activity:	Engagement to be delivered by:
Devon Virtual Voices Panel – 1500 members (x 2 surveys during 8 weeks)	Devon CCG
Focus groups: Devon-wide recruitment: 1. Digital 2. Workforce 3. Helping people to stay well and live better for longer *One focus group on each topic.*	Devon CCG
Generic survey (15 questions) – hosted on CCG website and supported by social media and marketing activity (drive quantitative feedback) – paid for advertising online, weekly theme.	Devon CCG
DRSS tele-survey – DRSS speak to 1500 per day, they will ask each caller 2 questions regarding planned outpatient appointments (to test their views on the use of digital to support planned care)	Devon CCG Devon Referral Support Service
MPs (Devon-wide) A session with Devon MPs will be set up to brief them on process and timeline	Devon CCG
Health and Wellbeing Boards (x3) H&WBB will work with the three public health teams in Devon, Plymouth and Torbay to address issues and challenges in chapter 2 of the LTP and provide recommendations and priorities back.	H&WBB Devon + Public Health Devon H&WBB Plymouth + Public Health Plymouth H&WBB Torbay + Public Health Torbay

Tier 2 Locality

3.4 Engagement will also be planned in the Northern, Eastern, Southern and Western Localities.

3.5 Locality based engagement will provide the opportunity engage in the delivery of integrated care to better address the key challenges that are specific to that area. Each locality will agree how they will engage on priorities and topics from within the Long-Term Plan using the data and tools provided that illustrate the local challenges and opportunities. This will identify clear themes from the locality-based engagement to inform the Devon Long-Term Plan.

4. The executive arrangements for progressing the development of the plan including the role and function of the Health and Wellbeing Board [Resolution (a) (iii)]

4.1 In Devon, the Long-Term Plan development is being led through the Devon Sustainability and Transformation Partnership which is chaired by Dame Suzi Leather, with Phil Norrey in the role of interim Chief Executive. Each constituent NHS and Local Authority organisation[1] will be key partners in both the development and delivery of the Long-Term Plan.

4.2 Health and Wellbeing Boards, in their role of ensuring the delivery of improved health and wellbeing outcomes for the population, reducing inequalities, and promoting integration will play a key role in the development and delivery of the NHS Long Term Plan and will be engaged and invited to endorse that the final Long-Term Plan addresses the priority needs of the population.

4.3 Health/health and care Scrutiny Committees' will continue to be engaged throughout the process in the context of their role in matters relating to the commissioning, planning, provision and operation of health services, and the scrutiny of public health and social care, to review the engagement and emerging plans in this important context.

4.4 In accordance with the national guidance, Devon's Long-Term Plan will be subject to a review and assurance process led by NHS England/Improvement to ensure that the local Long-Term Plan meets the necessary national requirements and expectations before the final Long-Term Plan is signed off and published at the end of 2019.

4.5 In relation to this timeframe, it is proposed that Devon Health and Adult Care Scrutiny Committee considers this item on the following dates:

- ***18th June 2019***
  Report of progress and engagement process, timelines and levels as for Scrutiny March 2019 Resolution (1), including how the themes raised in recent engagement are being taken into account.

- ***23rd September 2019***
  Report of themes from engagement accompanied by circulation to Members of emerging draft Long-Term Plan content as for Scrutiny March 2019 Resolution (2).

- ***21st November 2019***
  Submission of final Long-Term Plan following approvals and sign off by organisational boards, including Health and Wellbeing Boards and following review and assurance by NHS England/Improvement.

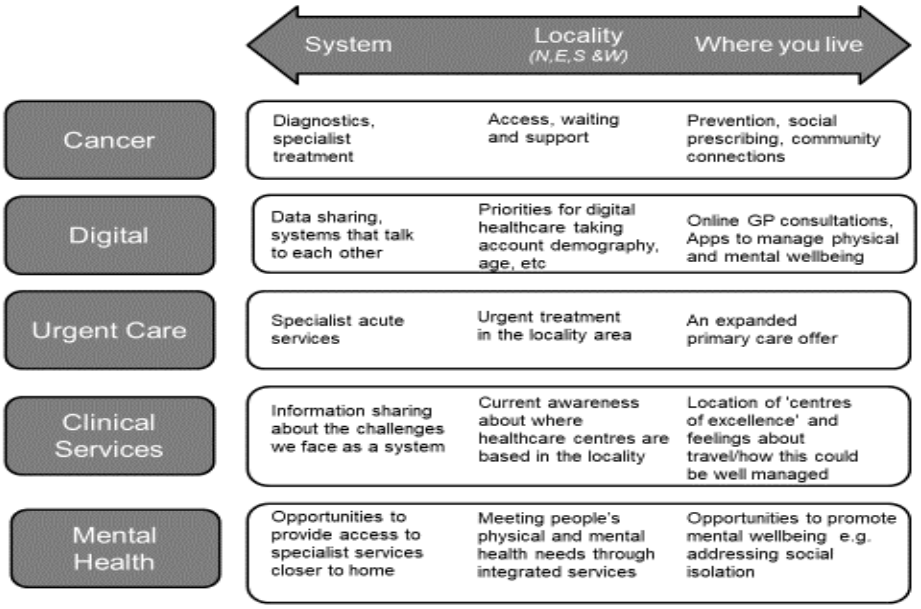
4.6 In relation to the Health and Wellbeing Board's in Devon, Plymouth and Torbay, it is proposed a joint working arrangement is implemented to develop a common

[1] Constituent *organisations* in the Sustainability and Transformation Partnership are set out on STP website

set of Health and Wellbeing priorities; and review of the implementation of the Long-Term Plan, insofar as it relates to the Devon STP geography in aggregate.

5. A matrix or description of which issues might be best considered at which level [Resolution (a) (iv)]

5.1 To determine which issues might best be considered at which levels it is also clear that different elements of the same issue may be considered at different levels on a continuum. While the detail of the content is still being developed, the diagram below illustrates the nature of the engagement and influencing opportunities that may take place system level to where they live.



Members will be encouraged to engage at all levels to shape and influence the Long-Term Plan.

6. Intentions in terms of the likely methods and material used to support engagement [Resolution (a) (v)]

6.1 There is a range of engagement opportunities that exist, and each locality will be able to use ones are the most appropriate for their audiences. However, Local Care Partnerships need to ensure that the engagement gathers both quantitative (data) and qualitative (verbal feedback/words). Some of the ways this can be done:

Quantitative	Qualitative
Surveys (online or hard copy)	Focus groups
Social media i.e. Facebook and Twitter polls	Public meetings
Feedback forms and QR marketing	Social media
Staff surveys, intranets	Attendance at existing meeting i.e. community groups (place – market town, parish or neighbourhood)

6.2 It is recommended that they have a blended mix of activities as not all approaches will suit every individual or group, it depends on who, what, where and when.

Using our engagement channels Devon-wide (Devon CCG):

Devon Virtual Voices

6.3 This is an online panel of people who have specifically signed up to being surveyed about health and social care. By the end of June our panel will be up to 1500 and membership is screened based on a representative sample of Devon. We expect to receive a response rate of 45/50% for each survey issued.

6.4 Individuals can self-select areas of interest or preference when they join, meaning we can target them with chapter specific surveys as well as the generic.

6.5 We will issue two surveys to the panel:

- Week 1 (8 July) – welcome to the panel and short survey (theme: digital)
- Week 4 (29 Aug) – generic survey (no more than 10 questions)

Focus groups

6.6 Recruitment to focus groups will be Devon-wide, but this will specifically target different representative groups to make the attendance mixed – geographic, demographic, psychographic etc. There would be no-more than 15 people in each focus group.

6.7 Proposed focus groups include:

- Digital: how technology can better support individuals to stay well
- Workforce: how can the NHS create a sustainable workforce
- Wellness agenda: what can the NHS do to help people stay well, live better for longer

Using social media

6.8 We will use social media in two ways. Firstly, we will run paid for advertising on social media to promote all surveys and drive people to complete them. This worked very well during our Better Births engagement. We will do themed weeks to ensure our communication is targeted and aligns to specific groups. This engagement plan will be supported by a full PR and communications plan.

6.9 The second element of social media will be to target specific groups and forums that already exist – and a list is being compiled the ones that will be relevant to specific chapters. This will enable online focus groups with online communities.

Hard to reach groups

6.10 Working with the Devon Joint Engagement forum there will be some targeted work with the members of the committee, linking in with similar forums in Torbay and Plymouth.

7. Next steps including approach to responding to Resolution (b)

7.1 The introductory briefings and engagement will continue with key stakeholders and materials and plans for engagement will be finalised in the lead up to launch of the Long-Term Plan engagement on 11th July 2019, which in Devon will be aligned with the launch of Health and Wellbeing Strategy consultation.

7.2 Healthwatch will receive and review all engagement responses and provide invaluable independence in preparing the engagement report. As indicated the engagement outputs, as well as themes from prior engagement, will form a key part of the Long-Term Plan developing evidence base which will provide a comprehensive and transparent approach to planning.

7.3 Through an iterative process the content of the Long-Term Plan will be drafted following engagement and as in response to the Committee's March 2019 resolution (b) the emerging content of the draft plan will be both informed by and shared with members:

> b) That a draft of the Plan be presented to this Committee in order to enable Members to:
>
> (i) understand how the Integrated Care Services model sits within the Plan,
> (ii) to consider whether the Draft Plan highlights issues for further scrutiny and to offer a commentary / challenge from a Scrutiny perspective; and
> (iii) to liaise with the Health and Wellbeing Board to ensure that there is a good understanding of the Board's perspective

As for point 4.5 above it is proposed the emerging content is shared with members in September 2019, with further updates as this develops and is signed off with the final draft plan being reviewed by the Health and Wellbeing Boards' and organisational and regulator governance processes ahead of publication.

Tim Golby
Joint Associate Director of Commissioning (Devon County Council and NHS Devon CCG)

Paul O'Sullivan
Deputy Director of Strategy (NHS Devon CCG)

Electoral Divisions: All

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

Chief Officer for Adult Care and Health: Jennie Stephens

LOCAL GOVERNMENT ACT 1972: LIST OF BACKGROUND PAPERS

Contact for Enquiries: Jenny McNeil
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BACKGROUND PAPER	DATE	FILE REFERENCE
Nil		

Health and Adult Care Scrutiny
18 June 2019

IMPLEMENTING SPOTLIGHT REVIEW RECOMMENDATIONS: RAPID RESPONSE SERVICES

Report of the Head of Service for Adult Care Operations & Health

1. Introduction

1.1 Following the Spotlight Review of Rapid Response services in 2018, Health and Care Scrutiny made a series of recommendations for action. This report provides a Health and Care Scrutiny with an update on the implementation of the recommendations. The recommendations have been grouped to provide a coherence of response.

1.2 A related report was shared with Health and Adult Care Scrutiny in March 2019 that provided a broader description of 'short term services' in Devon and an update on the work taking place across Devon to align and develop these integrated community based services.

2. Recommendations and updates from Spotlight Review

Recommendation 1: Continue to develop the rapid response service

2.1 **Consideration of joint teams to provide both Rapid Response and social care reablement, enabling the team to have more flexibility to respond to need.**

2.1.1 We are continuing to align and look at options for the integration of all our short-term services. We need to continue to ensure a seamless, safe and responsive offer that enables people to maximise their independence and stay safe and well at home.

2.1.2 Progress so far

- The services are managed as part of our integrated community health and care teams with joint management arrangements
- There has been work to align the rotas for the services and use the same rostering tools at a local level.
- Work is underway to consider the 'place' based co-location of these teams to build relationships
- Administration of medication by social care reablement staff has been reviewed, bringing it into line with service need and closer to the responsibilities of NHS staff
- Joint training across teams

- The arrangements for registration of these services with the Care Quality Commission (CQC) are being explored to further align the delivery with one 'provider'. This is actively being explored in Southern Devon.
- The staff in these services across the NHS and Devon County Council are employed on different terms and conditions and at a range of pay grades. The recent offer to enable smooth transfer of residual staff in DCC employed in Rapid Response did not lead to staff opting to transfer to NHS organisations.

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

2.2.1 It is important to consider the skill mix and workforce required to deliver short term services. With the introduction of the new General Practice contract and the establishment of Primary Care Networks who have responsibilities for population-based health, there is the opportunity to work with the GP Clinical Directors of the emerging networks to develop a further integrated response co-designed with primary care.

2.2.2 It is our continued ambition to work alongside primary care both in the innovation and development of short-term services, and to support their key role in clinical leadership for individual episodes of care.

2.2.3 The operational leads of the service have analysed some of the key themes about what is currently working well:

- GP's refer directly for Rapid Response with one phone call.
- The service can look at a range of short term offers alongside care at home, including night sits or care home placement to support an individual where appropriate.
- There are close links with community teams and primary care in and out of hours.
- GP attendance and participation at multi-disciplinary meetings, which includes opportunities for information sharing

2.2.4 They have also identified some areas for local improvement. Examples include:

- Northern - has identified a need to continue to improve feedback to GP's on individual case outcomes.
- Eastern – looking at where practices have paramedics linked to them, it is hoped to improve communication to avoid duplication and ensure clear management plans are in place to support individuals needs
- Western – review of core groups to ensure information is shared with the relevant parties and continue to provide an effective multi-disciplinary approach

2.3 ***Record all calls and Rapid Response teams take a proactive approach where there is no help available, calling back health professionals when care is available, if not already done.***

2.3.1 The operational leads have considered how they ensure a proactive approach when there is limited capacity in the service. Examples of this include:

- Using local community teams to speak to the individual and their family about existing support
- Looking at using a care from independent sector agencies (including night sits)
- Consideration of a short term local care home placement
- Seeking to reduce travel time between support worker visits
- Ensuring all equipment and TECS (technology enabled care and support) solutions have been explored
- Good prioritisation of the service capacity i.e. for End of Life work / or when hospitals are in heightened escalation
- Offering overtime when the service has financial capacity and staff able to provide
- Working across boundaries – i.e. South Devon and Torbay
- Using other local intermediate care services to identify suitable alternatives to support the person to remain at home

2.3.2 If it is not possible to identify a suitable package of care at home or alternative, then it is likely that a hospital admission would be sought to ensure that the individual is safe.

2.3.3 Where the referral is inappropriate, the team will assess and feedback to the referrer, however always ensuring that declining this service does not put the individual at risk and helping to formulate an alternative plan.

Recommendation 2: Support the system to work

2.4 The Scrutiny Committee continue to scrutinise other aspects of system flow to ensure that appropriate care is available when needed and avoid bottlenecks.

2.4.1 Officers will support the ongoing involvement of Scrutiny in this issue.

2.5 Scrutiny to celebrate the successes of Rapid Response and receive a yearly report on the number of people being kept out of hospital because of the service.

2.5.1 Officers will produce a yearly report for the committee and will liaise with the Scrutiny committee to agree the timing of these.

2.5.2 In the meantime, below is an update on outcomes for each locality:

	Northern	Eastern	Southern	Western
Outcome was care at home	771	1470	735	73%
Care at home spot purchased through local agency	65	300		
Outcome was Acute Hospital admission	89	570	99	12%
Outcome was Community Hospital admission	0	0	41	0.6%
Placement in another care setting e.g. Hospice, Res or nursing care, respite	255	224	60	6%
Night sits (spot purchased from agency)	292	1788		
Deceased	N/K	323	66	8%

2.6 Consideration to be given to a review of the geographical limitations that may be placed upon a service – where a patient can only be treated where they are registered in area.

2.6.1 Community health and care teams in Devon are based on natural local geographies (coastal and market towns) and clusters of GP practices within these communities. This is to facilitate the local delivery of services; and to maximise efficiency e.g. to reduce staff travel time to deliver more face to face time with people. This model enables effective multi-disciplinary working.

2.6.2 When there are changes to the primary care arrangements within these communities then the local teams adapt to reflect this to ensure that people will continue to receive the right care.

2.6.3 The new General Practice contract, which outlines the development of Primary Care Networks, requires that local health and social care teams align and realign where required in accordance with the development of local primary care networks.

2.7 That consideration be given to provide a comprehensive description of the amount and type of community health and social care required at a local level.

2.7.1 As is our standard practice, everything we commission and co-produce with our communities will be based on a clear understanding of both need and current provision. This comes not only from traditional sources such as the Joint Strategic Needs assessment and service-level data, but also from ongoing community conversations and service-user feedback.

2.7.2 The National Institute for Health and Care Excellence (NICE) published guidance in September 2017 on intermediate care including reablement, and this helps us describe the type of care required. Intermediate Care is defined in 4 categories: crisis response, home-based intermediate care, bed-based intermediate care and reablement. For the purposes of this paper we are using the category of crisis response.

The NICE guidance recommends that people are referred to crisis response services if they have experienced an urgent increase in health or social care needs and:

- The cause of the deterioration has been identified
- Their support can be safely managed in their own home or care home
- The need for more detailed medical assessment has been addressed

2.7.3 The NICE Guidance also provides some national data in relation to crisis response activity. We have compared this against our rates of referral to rapid response to help understand the level of demand locally. (Caveat: the national figures are from the National Audit of Intermediate Care and therefore only reflect those areas which participated, but the audit is that used in the NICE guidance).

Locality	**Referrals to Rapid Response per 100,000 weighted population**
National	543
North	834
East	1521
South	660
West	459

2.7.4 We can use our local referral figures to understand if we have sufficient capacity to meet local demand. High numbers of unmet demand may mean we need to increase capacity. At present, declined referrals are low:

	North	Eastern	Southern	Western Devon
April	111	503	65	38
May	130	472	90	45
June	130	413	76	47
July	140	567	77	30
August	118	423	88	34
Sept	119	605	63	35
Oct	111	433	97	36
Nov	114	492	88	44
Dec	140	553	83	49
Jan	162	602	113	46
Feb	164	518	95	45
March	141	638	92	67
Total referrals	1580	**6219**	**1027**	**516**
Number Declined/rejected	**32**	**118**	**7**	**159**
	2%	**1.8%**	**0.7%**	**31%***

* The Western declined data is recorded differently and includes requests for unsourced personal care cover, cases that were cancelled, and cases where the RRS service had no staffing capacity – but alternative solutions identified.

2.7.5 Since these recommendations were received, the NHS Long-Term Plan has been published. This states that ***'over the next five years all parts of the country will be asked to increase the capacity and responsiveness of community and intermediate care services to those who are clinically judged to benefit most'***.

2.7.6 Key to the delivery of this reform will be the establishment of Primary Care Networks. Expanded neighbourhood teams will comprise a range of staff including GPs, pharmacists, district nurses, community geriatricians, dementia workers, physiotherapists and podiatrists/chiropodists, joined by social care and the voluntary sector. This aligns with the STP Integrated Care Model (ICM) which includes risk stratification to better understand the needs of our population at local level; social prescribing to ensure we maximise peoples' independence and develop resilient communities; and GP-led multi-disciplinary teams, including the voluntary and community sector.

2.7.7 The first iteration of local Primary Care Networks will be in place by 1st July 2019. We are actively working with CCG colleagues and primary care leads in each locality to ensure we reshape our community services to best match the needs of each locality, and each network's population.

2.8 Write to the Secretary of State for Health and the Chief Executive of the NHS to request a review of pay structures within Rapid Response and Social Care Reablement.

2.8.1 This recommendation would be best taken forward by the Chair of the Adult Care and Health Scrutiny Committee, who can most accurately reflect the intention of the task group, underpinned with the evidence found in the review.

Recommendation 3: Increase GP and other agency's confidence

2.9 Publish a patient satisfaction on website including a 'you said – we did' response form

2.9.1 This is indeed something we do. Please see below the latest information indicating patient satisfaction:

Northern Devon Friends and Family reporting

Period Covered	Responses No.	Would recommend %	Would not recommend %	Neither likely nor unlikely to recommend / Don't know %
Mar 18 / Jan 19	119		0.0	0.85

Eastern Devon Friends and Family reporting

Period Covered	Responses No.	Would recommend %	Would not recommend %	Neither likely nor unlikely to recommend / Don't know %
Oct 18 / Mar 19	102		1.96	0.98

2.9.2 Examples of what has been done to improve the service as consequence of feedback received:

- Northern Devon – new supervision arrangements and support to rapid response support workers around patient perception, especially around glove use and hand hygiene, being visible in what they do.
- From July 2019 the short term services in Torbay and South Devon will start using a new allocation and scheduling tool to standardise capacity, competencies and increase productivity.

- In Western Devon they have developed the service to support people discharged from Derriford requiring collar care. The Rapid Response staff are now fully trained and this supports hospital flow and benefits the individual in their treatment at home.

2.9.3 Examples of public information to ensure there is access to information about the service

https://www.northdevonhealth.nhs.uk/services/northern-rapid-intervention-centre-ric/

2.10 Review the phraseology used to describe patients in the Rapid Response service.

2.10.1 Rapid Response is one of the services described under the heading of **intermediate care** or **short-term services,** a range of services which support people to stay at home and / or to allow them to return home from hospital as soon as possible.

2.10.2 The paper presented to Scrutiny in March 2019 detailed the ambition to better align the range of short-term services to improve and enable better understanding of the nature of these services.

2.10.3 This work is ongoing and will include opportunities to review the different service names in line with local developments in the integrated care model.

2.11 Publicise and promote the 'yellow card' scheme where GPs are able to feedback on systems that are not working as well as they could.

2.11.1 Yellow Card is a free and easy to use web-based system designed to enable health, social care and voluntary sector staff to feedback on elements of care, system or quality that have either prevented them from doing their work or put safety at risk. It can also be used for good practice.

2.11.2 As the CCG now has delegated commissioning for Primary Care (general practice) the tool has been enhanced to allow GP practices to report significant events and patient safety concerns that would have originally have been reported to NHS England and are now reported to the CCG. All GP practices in Devon have a short-cut to Yellow Card on their desktop screen.

2.11.3 Bi annual high-level news letters are produced to show learning and themes and trends identified and what has been done with the feedback. In addition, monthly locality reports are produced showing numbers received and themes and trends

Recommendation 4: End of Life Care Support

2.12 Review of all Hospices role in end of life support with a view to increasing public sector funding.

2.12.1 It is important to recognise that End of Life Care support is delivered by a range of providers in our system, including locality-based health and social care teams, GPs, Marie Curie services and acute hospitals, the care provided by hospices is one aspect of this whole-system offer. The STP End of Life Care Board brings together representation from providers from across the system to define and implement the local priorities for end of life care for the Devon population. All four adult hospices in Devon are key partners in this work.

Keri Storey
Head of Adult Care Operations & Health

Electoral Divisions: All

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

Chief Officer for Adult Care and Health: Jennie Stephens

LOCAL GOVERNMENT ACT 1972: LIST OF BACKGROUND PAPERS

Contact for Enquiries: Keri Storey
Tel No: 01392 383000

BACKGROUND PAPER	DATE	FILE REFERENCE

Nil
There are no equality issues associated with this report

Health and Adult Care Scrutiny Committee
18th June 2019
CT/19/54

2018/19 Risk Management Annual Report

Report of the County Treasurer

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

Recommendations:

i. that the committee notes the movement of risks during 2018/19.
ii. that members note the summary risk position for current risks.
iii. that members note the risks and mitigations currently ranked the highest.

The attached report sets out the changes to risk management during 2018/19 and confirms the role of the Scrutiny Committee as per the Risk Management Policy. It further summarises the existing risk position and links to visual reporting via power BI.

Appendix A shows the risks at the time of writing this report.

Appendix B shows the mitigating actions for the Risks whose Current Score was High.

Mary Davis

Electoral Divisions: All
Local Government Act 1972

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

Background Paper	Date	File Ref
Nil		

There are no equality issues associated with this report

devonauditpartnership

Risk Management

CIR Risk Management AWARDS 2018 shortlisted

Risk Management

Annual Report for 2018/19

June 2019

Devon County Council

Health and Adult Care Scrutiny Committee

CUSTOMER SERVICE EXCELLENCE CSE

Support, Assurance & Innovation

Introduction

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

Background

The Risk Management Policy includes a description of the Roles and Responsibilities in relation to risk management. In respect of Scrutiny Committees, the wording is shown below.

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

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

The system used to record risks continues to be developed to ensure that risks can be recorded, reviewed and managed. Where risks cross over service areas these are also reported to the relevant Scrutiny Committees. The highest rated risks, strategic risks and those risks which cross service areas are regularly reported to the Leadership Group to support wider oversight and management.

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

Changes in 2018/19

The Adult Care and Health Management Team ended the year with six risks recording a Current Score of High, down from over 10 at the commencement of 2018/19. This was due to the ongoing application of management actions to reduce risks, in turn resulting in several risks being archived from the Risk Register during the year. The Management team also completed a comprehensive review of all risks resulting in detailed rewording and rescoring. The table below shows the risks which were archived.

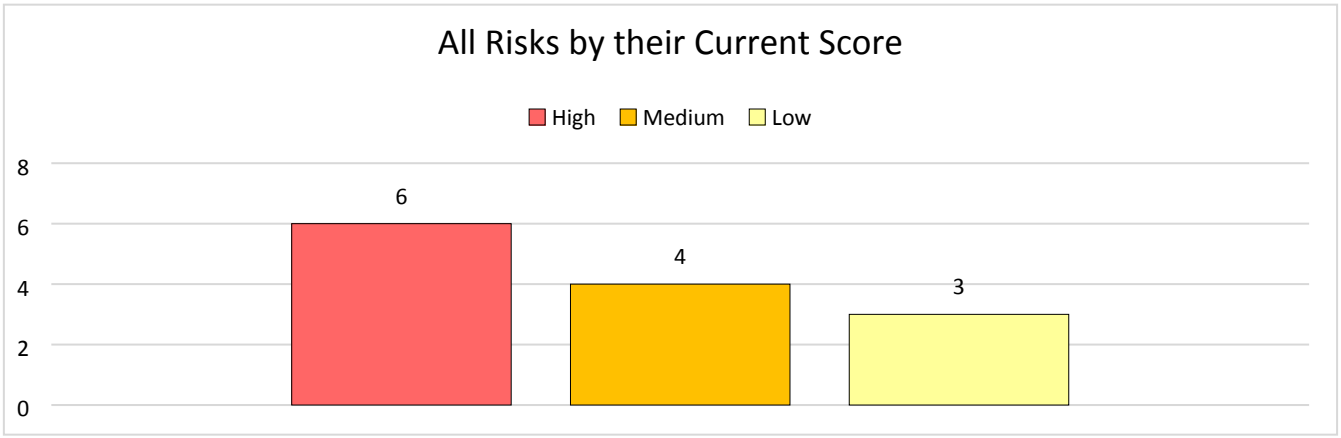
Archived Risk Title	Archived Date	Risk Owner	Accountable Officer
KS21: The Council does not meet its statutory requirement to have an agreed S117 policy agreement with its NHS partner.	21-Jun-18	Keri Storey	Sarah Aggett
TG30: Short term intervention.	30-Oct-18	Tim Golby	Jennie Stephens
TG26: Assistive Technology.	30-Oct-18	Tim Golby	Jennie Stephens
KS27: Inadequate systems controls in place regarding CareFirst access.	11-Jan-19	Keri Storey	Jennie Stephens
TG23: Workforce.	15-Jan-19	Tim Golby	Jennie Stephens
KS20: Care management capacity and effectiveness.	15-Jan-19	Keri Storey	Jennie Stephens
TG32 Social, Economic / Financial.	15-Jan-19	Tim Golby	Sarah Aggett
TG33: Lack of Business Continuity Planning.	15-Jan-19	Ian Hobbs	Sarah Aggett

All risks were reviewed throughout the year in line with the minimum requirements set out in the Council's Risk Management Policy and Strategy document.

Current Risk Position

There were 13 risks recorded in the Risk Register as at 22nd May 2019 which link to the areas of responsibility for this Scrutiny Committee. Of these, two were initially assessed to be Very High, both of which have been reduced to High. The highest of which is ***KS9: Demand for adult social care and health for working aged adults (aged 18-64) exceeds financial provision***. Following the latest review by the Responsible Officer, Keri Storey - Head of Adult Care Operations and Health the risk score remains unchanged.

The remaining 11 were initially assessed as High, with all scores reducing as a result of the ongoing positive management actions. The Current risk scores can be seen in the chart below with further information for all risks in the supporting appendices.



It is recommended that Committee consider which if any of the risks shown in this report may be included in its future work plans.

Comment from the Adult Care and Health Management Team
The process of risk management remains well embedded at all levels within Adult Care and Health. Risks are reviewed monthly by the Heads of Service and their management teams with any additions and other changes referred to the Care and Health Leadership Team every six weeks.

Tight focus remains on those risks with the highest current risk scores. Market sufficiency, in both nursing care and personal care, remain significant challenges for both health and social care. Proactive work with providers across the whole system ensures that people are rigorously reviewed and prioritised when waiting for care to ensure that appropriate contingencies are in place to ensure they remain safe and are not inappropriately delayed in hospital.

There is a challenge in sustaining the professionally qualified workforce across the health and care system (STP footprint and Devon); regionally and nationally. For Devon County Council, this results in high levels of competition across organisations which often offer better remuneration and terms and conditions than Devon. Particular hotspots for the workforce include: ageing Approved Mental Health Professionals (AMHP) and a difficulty attracting professionals with high levels of post qualifying experience and skills in working with the most challenging behaviours.

Overall Social Work vacancies are currently running at approximately 8%. Generally, this is being managed through the recruitment of ASYEs (newly qualified) and some experienced Social Workers. This does however mean that any plans for growing capacity will take some time, e.g. 2 years to deliver. There is a continuing focus on an AMHP training programme and exploration of training/higher level support to specialist areas of practice.

There are increasing numbers of younger adults, particularly those aged 18-25 transitioning from children's services, being supported by adult services. This is resulting in significant cost and volume pressures being placed on the adult social care system. A major transformation programme is in place in order to manage the financial consequences of increasing numbers and costs. The programme focuses on promoting independence through employment opportunities, alternative housing and accommodation options, strengths-based social work practice and minimising health inequalities for people with disabilities.

Future Risk Reporting

Power Bi - Maximising access to new software is enabling risk reporting to become more interactive and live. Work has progressed to use PowerBI to provide an interactive visual presentation of current risk information. The link below can be used to see the current development of risk reporting for the Scrutiny Committee using PowerBI. Adult Health and Care Scrutiny Power Bi Dashboard.

Health Risks – Work is ongoing to map the Councils risks against those of the Devon CCG. The longer-term goal if this undertaking is to ensure that both organisations have sight of risks for which joint mitigation may be possible, in turn increasing the ability to mitigate as well as the efficiency of mitigation. It should also help to ensure that the actions of Council Officers who are working with the CCG to mitigate risks are being recorded and monitored.

Performance and Risk – Linking Performance Information to Risk Management increases the value of both by providing a greater insight and ability to deliver effective services. It also helps to provide a base for the development of Key Risk Indicators which can sit alongside key performance indicators acting as an early warning system. There is a commitment from both the Social Care Management Information Team and the Councils Risk Management support function to progress this.

For questions related to the detail of existing risks either the Risk Owner, Accountable Officer or other service area representative will be in attendance at the Scrutiny Committee.

For questions related to Council Wide processes please contact Tony Rose (tony.d.rose@devon.gov.uk).

Supporting Appendices

- Appendix A – Adult Care & Health Risks
- Appendix B - Existing Risk Mitigations for risks with a Current rating of High

Risk Title	Description	Risk category	Inherent Score	Current Score	Risk Owner	Accountable Officer	Latest review	Change direction
KS9: Demand for adult social care and health for working aged adults (aged 18-64) exceeds financial provision	**Cause**: Due to advances in medical practice more young people are surviving into adulthood with increasingly complex needs, living longer and out living their carers. **Event**: Significant cost and volume pressures are being placed on the adult social care system. In addition to the increasing numbers of young people transitioning from children's services there are additional and increasing pressures to support people with mental health needs, particularly in residential care settings. **Impact**: Significant demand and financial pressures are evident within the system. Overall more of the adult social care NET budget is now being spent on supporting working aged adults (aged 18-64). Based on 3-year retrospective modelling, additional cost pressures of c.a. £1m are anticipated in supporting young people transitioning into adult care services. There is also significant pressure within the mental health system for residential care placements with demand and cost outstripping budget capacity.	Strategic	24: Very high	16: High	Keri Storey	Jennie Stephens	04 June 2019	⇔
TG11: The council fails to meet its statutory market sufficiency requirement for personal care	**Cause:** Lack of available service capacity due to inability to secure sufficiency of personal care supply in certain parts of the County. **Event:** Inability of Prime and other providers to recruit and retain appropriately qualified care workers to meet demand for personal care services in certain parts of the County. **Impact:** In certain circumstances people are at home with inappropriate levels of personal care support to meet their needs, which may include reliance on family and friends. People are delayed in hospital whilst care packages are sourced to support safe discharge contributing to whole system pressures. More costly alternatives are being secured, e.g. short-term residential placements, to support people safely.	Strategic	20: High	16: High	Ian Hobbs	Tim Golby	04 June 2019	↑

Risk Title	Description	Risk category	Inherent Score	Current Score	Risk Owner	Accountable Officer	Latest review	Change direction
KS29: Inability to recruit appropriately qualified adult social care professionals	**Cause**: Lack of suitable and appropriately qualified professionals available across the health and care system locally, regionally and nationally. High levels of competition across organisations which often offer better remuneration and terms and conditions than Devon County Council. Ageing internal workforce of Approved Mental Health Professionals (AMHP) and within the Emergency Duty Service. **Event**: That the numbers of professionally qualified staff fall below that required to offer a safe and secure service. Care management throughput, particularly with regard to the timeliness of assessment and review are impacted adversely putting services users at risk of harm. **Impact**: That referrals leading to assessment are not undertaken in a timely fashion leading to people waiting longer for the support they require, which could potential lead to heightened risk of harm. Reviews not undertaken in a timely manner leading to service users with possibly inappropriate packages of care (too high or too low) with associated financial consequences. Patients unnecessarily delayed in hospital longer due to inability to assess needs and procure services in a timely manner.	Operational	20: High	16: High	Keri Storey	Jennie Stephens	04 June 2019	↑
KS30: Investment in workforce capacity and skills mix is insufficient to meet the changing nature and intensity of demand	**Cause:** Increased acuity of need for people who require support and intervention from community health and care services. Only short-term investment and targeted initiatives, e.g. Invest to Save, have been used to grow the workforce in recent years. **Event**: That these initiatives increase the risk of destabilising teams required to deliver core care management functions. **Impact**: There is a significant risk that the workforce is unable to deliver safe services to the required standard. Without properly planning ahead to meet projected changes in demand the workforce will not be developed and built to meet future requirements.	Operational	20: High	16: High	Keri Storey	Jennie Stephens	04 June 2019	↑

Risk Title	Description	Risk category	Inherent Score	Current Score	Risk Owner	Accountable Officer	Latest review	Change direction
TG20: The council fails to meet its statutory market sufficiency requirement for nursing care	**Cause**: Insufficient availability of nursing care supply in certain parts of the County. **Event**: Inability to secure nursing home placements close to home. **Impact**: In certain circumstances people are being placed in nursing homes outside of their local communities away from family and friends. People are being delayed in hospital whilst nursing home placements are being sourced contributing to whole system pressures. Placements being procured at higher cost due to sufficiency and demand pressures.	Operational	24: Very high	15: High	Tim Golby	Tim Golby	04 June 2019	↓
TG34: Additional one-off costs due to potential back payment resulting from retrospective application of the National Living Wage	**Cause**: A recent Court case about paying the National Living Wage for sleep-ins has clarified the law in a way that the Government had not anticipated. **Event**: Local authorities, charities and individuals with personal budgets in the form of direct payments could be held liable for minimum wage violations going back for up to six years **Impact**: Significant one-off additional costs as a result of back payments to providers.	Operational	20: High	15: High	Tim Golby	Jennie Stephens	04 June 2019	↑
KS28: Service users with high risk behaviours and diagnosis of enduring mental illness at potential risk of harm due to lack of appropriate clinical involvement with Autism and ADHD Team managing high level cases	**Cause**: The Autism and ADHD Team are managing people with high levels of risk and complexities which need a higher level of clinical input and multidisciplinary working particularly for those individuals with high risk behaviours and diagnosis of enduring mental illness. **Event**: That staff are potentially operating outside the Local Authority legal limit. Also, that service users do not receive a timely and appropriate response to presenting needs. **Impact**: Potential of 'harm' for service users. Reputational damage as staff are potentially operating outside the scope of their knowledge/knowledge and outside of Local Authority legal limits. Risk to professional registration as staff are potentially operating outside the scope of their knowledge and skills.	Operational	15: High	12: Medium	Keri Storey	Jennie Stephens	21 Mar 2019	↓

Risk Title	Description	Risk category	Inherent Score	Current Score	Risk Owner	Accountable Officer	Latest review	Change direction
KS22: Capacity challenges and systems complexity in the preparing for adulthood process results in poor experiences for vulnerable young people and financial consequences to the Council	**Cause**: Annually between 50 and 60 young people transition into adult social care services from children's services. The system is complex with case level information held across multiple systems by multiple agencies with no unique identifier to enable records to be matched with confidence. The two legal frameworks to are very different with different eligibility criteria and add to the communication problems across services and residents. **Event**: Failure to initiate early joint assessment and planning between the children's and adult services results in poor experience for young people and their parent-carers and unclear and often heightened expectations .In addition the transition process may not adequately promote independence meaning that services accessed are more costly in the medium term. **Impact**: Delayed or Poor experience of the transitions process for young people and their parent carers leading to dissatisfaction, disputes and complaints and heightened costs .Potential risk that young people will fall through the gap between children's and adult services leading to poor care and support and the potential for harm. Additional cost burdens due to poor transition planning.	Operational	15: High	12: Medium	Keri Storey	Jennie Stephens	21 Mar 2019	↓
TG31: The way we deliver integrated working with health and other partners fails to deliver person centred care which promotes independence	**Cause**: The Social Care Green paper continues to be delayed which impacts on funding decisions linked to the next Comprehensive Spending Review. The NHS five-year funding plan were published during 2018 ahead of the NHS Long Term Plan which was released early January 2019. Links between the future health and social care agendas have therefore still be clarified. This brings national challenges which are similar to those locally, e.g. agreeing a shared vision, strategy and plans for integrated services and delivery. **Event:** Planning for integration becomes disjointed. **Impact**: Lack of joined up services across health and social care resulting in delays and possible duplication with associated financial costs. Delays in the integration of care impacting adversely on the	Strategic	20: High	12: Medium	Tim Golby	Jennie Stephens	15 Apr 2019	↓

Risk Title	Description	Risk category	Inherent Score	Current Score	Risk Owner	Accountable Officer	Latest review	Change direction
	outcomes for people who use health and care services. Missed opportunities to reduce the gaps and inefficiencies in the current system leading to poor use of resources and additional costs.							
KS14: The Council fails to meet its statutory obligations with regard to Deprivation of Liberty Safeguards (DoLS) and individuals are put at unacceptable risk	**Cause:** A 2014 Supreme Court judgement in the case of P v Cheshire West and Chester Council and Surrey County Council threw out previous judgements that defined deprivation of liberty more retrospectively. All people who lack capacity to make decisions about their care and residence, and under the responsibility of the State, are subject to continuous supervision and control and lack the option to leave their care setting are deprived of their liberty, ruled the Court. **Event:** The judgement meant that many people are likely to have been deprived of their liberty unlawfully and without safeguards in settings including care homes and supported living placements. **Impact:** Proper application of the judgement has seen a significant increase in DoLS case numbers and also applications to the Court of Protection to authorise deprivations of liberty. Limited capacity within the DoLS Team together with the significant increase in demand has resulted in extended waiting lists putting individuals at unacceptable risk. A recent health check/audit was undertaken in October 2018 and highlighted risks to individuals and the organisation from a gap in professional leadership in relation to the wider application of the Mental Capacity Act.	Operational	18: High	10: Medium	Gary Patch	Jennie Stephens	21 Mar 2019	↓
KS26: Demand resulting from Transforming Care Partnerships (TCP) brings NHS funded out of area placements in hospitals to a Devon setting with the need for adult social care funded support	**Cause:** The Transforming Care Partnership of the CCGs, NHSE specialist providers and the Local Authority are working to bring people who are currently in NHS funded hospital settings home to community settings so that they are not living away from their local communities, families and friends. **Event:** The transfer of people from hospital to community settings results in the need for adult social care funded support. **Impact:** Additional cost burden placed on adult social	Operational	15: High	8: Low	Keri Storey	Jennie Stephens	21 Mar 2019	⇔

Risk Title	Description	Risk category	Inherent Score	Current Score	Risk Owner	Accountable Officer	Latest review	Change direction
	care due to the need to provide care and support packages at home.							
TG27: The delivery model for social care in mental health (via Devon Partnership Trust) is not meeting the needs of Devon residents	**Cause:** Adult social care for people with mental health needs is delivered through a s75 Partnership Agreement in Devon **Event:** The historical structure for the delivery of adult social care within the Trust has not been sufficient to ensure delivery of Care Act compliant care and support. **Impact:** Assessment of social care needs has not been in accordance with Care Act eligibility resulting in external challenge. Practice has not been sufficiently robust which has led to decisions being challenged with regard to eligibility and cost. Potential risk of harm to service users.	Operational	15: High	9: Low	Tim Golby	Jennie Stephens	21 Mar 2019	↓
KS19: The Council fails to meet its statutory obligations to ensure Continuing Health Care CHC and Joint funding is appropriately assessed by the NHS	**Cause:** Failure to provide the appropriate multi-disciplinary approach to the assessment and support planning for people with complex care needs. Particularly for people with complex needs in relation to learning disabilities. **Event:** Additional cost with regard to people's care as a result of the Local Authority picking up health related care costs. There is potential for clinical risk and reputational damage as social care staff undertake activities that they do not have the full competency set to deliver. **Impact:** If staff operate outside the scope of their knowledge and skills there are possible risks to professional registration. With regard to service users, needs are potentially not being met as clinical interventions are not being accessed which could lead to risk of harm. There are delays in the completion of CHC / joint funding assessment processes which delay the delivery of the appropriate care and support to individuals.	Operational	20: High	9: Low	Keri Storey	Jennie Stephens	21 Mar 2019	↓

Risk Mitigations (RAG rated as per the Risk Register Entry)

The table below outlines the mitigations recorded against the risks shown in Appendix A with a **Current** risk rating of High. Each mitigation has been rated as Red, Amber or Green by the owner of the action, with those actions which are Completed shown in a darker green as per the Key below.

Key to Colours	Completed	Red	Amber	Green

Risk Title	Current Risk Score	Controls and Mitigations
KS9: Demand for adult social care and health for working aged adults (aged 18-64) exceeds financial provision	**16: High**	**Green** Regular closer working with commissioners and development of a critical path across operations and commissioning **Amber** • Increased capacity within Autism Team and establishment of Disability County Team to complete reviews. • Detailed programme of reviews and work to be completed to deliver savings. **Completed** • Establishment of disability practice lead post and workforce plan through iBCF funding to improve practice and upskill workforce. • Implemented revised in-house enabling offer 'reaching for independence' with closer joint working with community teams for enabling intervention to be considered at all reviews.
TG11: The council fails to meet its statutory market sufficiency requirement for personal care	**16: High**	**Green** • Weekly whole system escalation call. manages risk and agrees actions • Rigorous review and prioritisation of people waiting for care ensures appropriate contingencies are in place to ensure safety. **Amber** • New Living Well at Home Contract let jointly with NHS has largely secured sufficiency in Northern/Mid Devon and parts of West Devon. • Performance monitoring of contract maintains high vigilance and actions. • Strength based approach to reduce demand. • Work with providers to address capacity issues.
KS29: Inability to recruit appropriately qualified adult social care professionals	**16: High**	**Green** • Investment for staff to complete required qualifications, e.g. social workers, AMPHs and team managers. • Piloting aspiring team manager development programme within the ACOH service **Amber** • Centrally supported attraction and recruitment for social worker and team manager roles. • Social worker career structure being reviewed in parallel with children's services. **Red** Ongoing review of pay and conditions and attrition and retention strategies for above named posts **Completed** • Investment to support newly qualified social workers through AYSE (DCC has a nationally acclaimed AYSE Programme). • Preceptorship Programme to support newly qualified occupational therapists.

Risk Title	Current Risk Score	Controls and Mitigations					
KS30: Investment in workforce capacity and skills mix is insufficient to meet the changing nature and intensity of demand	**16: High**	**Amber**	• Review the nature and intensity of demand. • Establish methodology and data for ongoing workforce profile review. • Review workforce profile annually taking account of anticipated demand five years into the future.		**Red**	• Review the skill mix across all team types and locations to determine the level of investment required to meet known demand.	
TG20: The council fails to meet its statutory market sufficiency requirement for nursing care	**15: High**	**Green**	• Improving relationship with the market via sector lead to increase market engagement. • New fee model based on the costs of care, including inflationary factors, e.g. National Living Wage, food and fuel increases, is better received by the market than the former banded rates. • Joint quality assurance with NHS.	**Amber**	• Nursing homes sufficiency and needs analysis underway to ensure we fully understand the gaps. • Workforce development programme being extended to private sector focussed on recruitment and retention of registered nurses.		
TG34: Additional one-off costs due to potential back payment resulting from retrospective application of the National Living Wage	**15: High**	**Green**	• Awaiting clarification from the judicial system. • Scenario modelling to assess possible extent of financial exposure. • Legal view sought.				

CSO/19/12
Health & Adult Care Scrutiny Committee
18 June 2019

Understanding the Model of Care – South Western Ambulance Service NHS Foundation Trust Visit

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 visit 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.

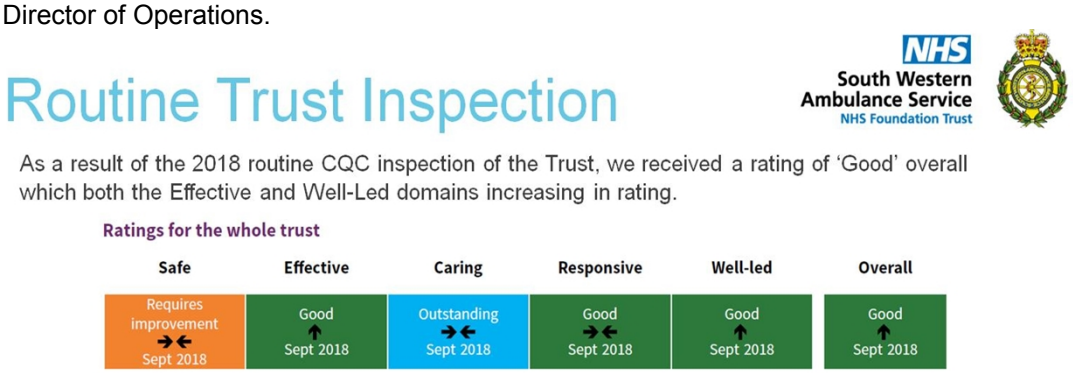
Members have undertaken a number of visits to various health providers including to psychiatric units, community health and care teams, residential care homes and personal care visits over the last 18 months and the Committee agreed to continue this series of work by visiting South Western Ambulance Service NHS Foundation Trust (SWASFT) headquarters.

Visits

The following councillors undertook the visit to SWASFT on 1 April 2019:

- Sara Randall Johnson (Chair)
- Jeff Trail
- Phil Twiss
- Carol Whitton
- Andrew Saywell

Members met with a range of staff including Ken Wenman, Chief Executive and Jessica Cunningham, Executive Director of Operations.



SWASFT Overview

South Western Ambulance Service Foundation Trust (SWASFT) provide a wide range of emergency and urgent care services across a fifth of England covering Cornwall and the Isles of Scilly, Devon, Dorset, Somerset, Gloucestershire, Wiltshire and the former Avon area. SWASFT's operational area covers 10,000 square miles and is predominantly rural, but includes large urban areas such as Bristol, Plymouth, Exeter, Bath, Swindon, Gloucester, Bournemouth and Poole. The Trust serves a total population of over 5.5 million and is estimated to receive an influx of over 23 million visitors each year.

Core operations include the following service lines:

- Emergency ambulance 999 services (A&E);
- Urgent Care Services - GP out-of-hours medical care (Dorset);
- NHS 111 call-handling for Dorset.
- SWAST provides the clinical teams for six air ambulances (two in Devon, one in Cornwall and the Isles of Scilly, one shared across Dorset and Somerset, one in Wiltshire and one based near Bristol).

SWASFT employ over 4,000 mainly clinical and operational staff (including Paramedics, Emergency Care Practitioners, Advanced Technicians, Ambulance Care Assistants and Nurse Practitioners) plus GPs and around 2,785 volunteers (including community first responders).

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. During discussion with reference was made to the following:

Demand

- Monday morning tends to be a particularly busy time for SWASFT. There are a lot of urgent admissions after people hold off over the weekend.
- 3pm is the busiest time of the day, where people have often tried in the morning to access different types of healthcare.
- About 30% of calls that SWASFT receive are from 111.

Clinical Hubs

- SWASFT have 2 clinical hubs - one in Exeter and one in Bristol.
- It is vital to have clinical teams embedded in the clinical hub, to do more triage and reassessment.

Recruitment / Retention

- Recruitment and retention has improved over last 18 months but remains an ongoing challenge
- Despite very active graduate recruitment - there are no problems in the South West recruiting graduates as paramedics – there are staffing challenges.
- SWASFT try to take a pragmatic view where staff leave for another post within the NHS. While NHS pay will be similar, primary care may offer staff a better work life balance operating as a doctor's assistant running clinics or undertaking home visits for instance.

Finance

- As an NHS Organisation SWASFT is required to make efficiencies each year in line with national funding. For 2018/19 the Trust had cost improvement plan of £7.5m for 2019/20 this is £9.5m.

- A new performance standard has been agreed with the commissioners as SWASFT could not continue to meet the level of demand with the finances available. A new set of national ambulance response time standards have been introduced under the 'ARP' Programme headed up by NHS England. The contract for SWASFT improves performance but does not provide funding to fully meet the national standards. There is a check point in the contract for the second year to assess demand and whether commissioners working with the Trust have been able to reduce activity to the ambulance service

Staff

- There are challenges with the daily resourcing profile in terms of how many ambulances to put out and how many staff are in the clinical hubs. Staff will often report that their shifts are too long this is often associated with overruns on planned shift lengths. Remote working now for IT, which can be used to manage work flow using GPs.
- Work related stress, personal issues etc, the Staying Well Service is there to help staff stay mentally and physically well. Quite a range of support available including peer support and mental health training for all managers, which is linked into one of the priorities in the Quality Account.
- Culturally staff know that if they make a mistake they will not be disciplined but will undergo more training. Creates a culture where staff are not afraid to do their job.

IT

- The NHS digital space is a significant conversation. SWASFT's IT system is good, but they will be going out to tender for a new electronic record system.
- It is less about having the same system as the Acute Hospitals that feed into SWASFT, but more that the other parts of the systems link in together. SWASFT responsibility is to have a future proof IT system, which enables data to be sent to the hospitals on ambulance arrival time, patient's ECG, blood pressure so that the receiving Emergency Room is forewarned, and patient flow is better managed. SWASFT also discussed the benefit of having data about patient outcomes once they are conveyed to hospital to better understand the system.

CCGs

- With the merger of Devon's CCGs, SWASFT now have 10 CCGs to work to. There is one co-ordinating commissioner – Dorset CCG
- Trying to negotiate with individual GP practices is difficult, needs to be with CCGs at a wider STP level.

Acute Trusts

- SWASFT covers 19 Emergency Departments including Bristol Children's Hospital. There has been an overall reduction in delays since last year. About 60 hours a day are lost waiting for handovers although this varies significantly by hospital.
- NHS England and NHS Improvement have set an improvement trajectory – only 3 out of 19 of the Acute Trusts are meeting that.
- SWASFT has lowest number of patients brought into Emergency Departments in the country.

Ambulance Delays

- SWASFT receive over 2700 calls a day. SWASFT has very few extended delays of over 2 hours. A few for over an hour, but the main problem is between 15-30 minutes. About 4 cases a day of over 5 hours waiting times.
- There are other ambulance services who are losing hundreds of hours. In terms of category 1, regardless of where you live in the South West the average response time is 7 minutes for most urgent response. It represents good performance, but clearly response times are slower for those people living in more isolated and rural areas. SWASFT is the most rural ambulance service in the UK.

- SWASFT clinicians are highly skilled in terms of triaging calls and supporting people while they wait for an ambulance. The number of patients on the call queue is the biggest risk. We discussed the challenges of communicating this when the risk is not visible.

Community First Responders

- Community First Responders (CFRs) are volunteers who support their local community by attending emergency calls ahead of an ambulance. CFRs in Devon are involved in an excellent piece of work on falls.

Apprenticeships

- An apprenticeship to SWASFT with a paramedic degree is available from September. Currently other apprenticeships offered by SWASFT are not on the frontline.
- The paramedic degree is the most prolific in the UK in terms of getting a job after university, with 8 jobs offered to 1 graduate.

Members undertook a tour of the Clinical Hub. During discussion with staff the following points were raised:

- The uses of triage and appropriate resource dispatch.
- Challenge with the volume of tourists to the South West particularly in the summer months.
- High volume of calls that staff receive, and the constant workload. Some of the call handlers reported to members that they needed more time between shifts due to the demanding nature of the role.
- The high number of inappropriate calls in terms of sending out an ambulance.
- Clinicians are invaluable in assessing responses.
- High volume of 111 calls at weekends.
- Issue with frequent callers to the service.
- 62 new ambulances joining the fleet.

Conclusion

Members agreed that the visit to SWASFT was highly illuminating and provided valuable insight into the way in which the ambulance service works from an operational perspective and furthered 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.

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/19/17
Health & Adult Care Scrutiny Committee
18 June 2019

Understanding the Model of Care – Sidmouth / Axminster / Seaton Cluster

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 have undertaken visits to various health providers including to psychiatric units, community health and care teams, residential care homes, personal care providers and South Western Ambulance Foundation Trust over the last 18 months.

The Model of Care

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

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

Visits

The following councillors undertook visits to the community health and care teams in Sidmouth, Axminster and Seaton, which were led by Richard Anderson, Health and Social Care Community Services Manager (Sidmouth, Axminster and Seaton):

22 May 2019 - Seaton Community Hospital

- Cllr Sara Randall-Johnson, Chair
- Cllr Hilary Ackland
- Cllr Sylvia Russell
- Cllr Andrew Saywell
- Cllr Richard Scott
- Cllr Jeff Trail
- Cllr Phil Twiss

22 May 2019 - Axminster Community Hospital

- Cllr Sara Randall-Johnson, Chair
- Cllr Hilary Ackland
- Cllr Sylvia Russell
- Cllr Andrew Saywell
- Cllr Richard Scott
- Cllr Jeff Trail
- Cllr Phil Twiss
- Cllr Nick Way

22 May 2019 - Sidmouth Community Hospital

- Cllr Sara Randall-Johnson, Chair
- Cllr Hilary Ackland
- Cllr Sylvia Russell
- Cllr Andrew Saywell
- Cllr Richard Scott
- Cllr Jeff Trail

Issues Identified by Members

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

Prevention

Preventing ill health and unnecessary hospital admissions, and promoting wellbeing is fundamental. Each of the towns within the cluster are a self-reliant unit:

- Band 7 matrons in every town
- Long-term approach: Ways to Wellbeing – Health coaches linked with Health and Social Care Teams and GP Practices (Social Prescribing)
- Close GP communications
- Band 6 Rehabilitation Nurses & strength and balance groups
- Dementia Matron and Admiral Nurse

Proactive

Try as a Cluster to pick up those people that are moderately frail, before it escalates. Mostly through the GP often linked into loneliness and isolation, who are then visited and screened. Around the frailty agenda, have wellbeing meetings where those people they want to avoid coming into the system are discussed and look to work with some of these. Strength based, asset-based approaches, where people are engaged cognitively and socially. After a fall there are strength and balance groups, that people can be supported along with use of a gym to access. People need to be encouraged to be as independent as they can be at home. Key is recognising as early as possible where there is an issue. A lot of education and health promotion is being undertaken in the community – holistically assessing someone, building resilience.

Hospital Admissions

Most hospital admissions relate to falls, long term and neurological conditions. The model of care has been designed to keep people in their own beds and out of hospital, with the average length of hospital stay reducing from 28 days to 14 days. The Standardised Admission Ratio in Devon has reduced to 82% and is one of best in England, for the Sidmouth / Axminster / Seaton Cluster it is 66% and is the fastest in the County at both getting people out and keeping them out of acute settings. Staff are constantly refining practice and improving ways of working. In April 2019 alone there were over 100 episodes of admission avoidance within the cluster with the Urgent Community Response Team working with GPs. While the performance data is very good for the Cluster the focus is always on patient outcomes.

Recruitment

The Cluster was struggling in terms of recruitment but following a big drive they are now fully recruited. There is a significant focus on staff morale and career progression with opportunities for staff to progress through the bands.

Staffing

In terms of invest to save, the Cluster can evidence that for every £1 spent on management, £145 has been saved in commissioned costs. Locally managers cannot do anything however to increase the number of posts in each area. It can be frustrating for staff, who do not always have the capacity to intervene earlier, before crisis point is reached and more resources are directed towards these people.

Multidisciplinary Team

One of the strengths of working in multidisciplinary teams is the opportunity and flexibility to tailor care and support for the individual by drawing on the expertise each discipline offers by working in partnership. Building relationships amongst the different partners and working together is key, and inevitably there remain some challenges in this regard.

Voluntary Community Sector

The voluntary community sector (VCS) is full of contacts, connection and enthusiasm. Members were advised that supporting these VCS groups with a little bit of seed money to pay key VCS staff in each market/coastal town would be hugely beneficial in supporting communities to flourish.

Voluntary Community Sector Case Study - Light Up Axminster

Light Up Axminster, a community interest company, try to be a strategic organisation for the town, getting involved in as many initiatives as possible. It is about doing and creating community activities together, bringing services together and those people. Light Up Axminster champion the offer from the wider health and wellbeing services, organisations, groups and businesses within the town and how these can be better linked into the medical provision from the hospital and medical practice, how resources might be better shared and how groups can work together to increase the offer to the community. This might be as simple as getting involved with the Ways2Wellbeing initiative, increasing the social prescription offer, or working together to share resources and information. Light Up Axminster looks to create the links and networks needed in the town to ensure that each person in the community can access as easily as possible services, organisations, activities and events.

Light Up Axminster started a Health and Wellbeing Forum for the town. Working with a focus group about this hospital in terms of social prescribing and the what might be done with the bed space. Light Up Axminster play a crucial role as community connectors and seek to bolster the gap between social care and Health. Light Up Axminster work incredibly hard with the other organisations – probably 99% of voluntary groups in the area.

The local community gets infinite value from this group, and Light Up Axminster are looking at ways to further support the community voluntary sector. Try to feed into other voluntary groups – have been given remit from other organisations to be their voice at a higher level. Light Up Axminster has only been in existence for 3 years and are being asked to take on more work, but this is challenging with very limited finances.

Conclusion

Members agreed that the site visits were highly illuminating and provided invaluable insight into the way in which the model of care is working from an operational perspective. The key objective is to keep people living safely at home and promote their independence. Resources should rightly be spent on prevention, promoting both peoples good physical and mental health. As part of this approach, it is essential that the voluntary community sector is recognised and resourced to fulfil its invaluable role connecting and supporting the most vulnerable, lonely and isolated.

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

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

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/19/18
Health & Adult Care Scrutiny Committee
18 June 2019

Quality Accounts – Annual 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 2018-19 and their priorities in terms of improvement for 2019-20. 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 2018-19 which are produced by the Health and Adult Care Scrutiny Committee and sent to the providers to be incorporated into their Quality Accounts. This annual review follows on from a 6-month review of progress against the NHS providers' Quality Accounts that was undertaken on 19th December 2018.

Members in Attendance

- Sara Randall Johnson (Chair)
- Andrew Saywell
- Richard Scott
- Jeff Trail
- Phil Twiss
- Carol Whitton
- Hilary Ackland (member of the Health and Wellbeing Board)

Providers

On 14 May 2019, the following produced a summary of their Trust's Quality Accounts of 2018/19:

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

Priorities 2019/20

- Patient's Experience at Night
- Ensuring patients only spend as long within any stage of the care pathway that adds value to them
- Reducing the Trust's need for and dependence on temporary staffing
- Safety Programme

Devon Partnership NHS Trust

- Chris Burford, Interim Director of Nursing

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

Priorities 2019/20

- Improvements in physical health of people using our services, for example smoking and obesity
- Working towards zero restraint and seclusion in inpatient services
- Working towards every person in our inpatient services feeling sexually safe
- Working towards zero violence in our inpatient services
- Move towards zero admissions to acute inpatient wards outside their local area
- Work towards zero suicides
- Move towards elimination of waiting lists above national & local targets.

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

Priorities 2019/20

- To further promote patient involvement and feedback
- To promote staff health and wellbeing
- To improve discharge communication and effectiveness

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

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

Priorities 2019/20

- Clinical Effectiveness – improving treatment of cardiac arrests
- Patient Safety – development and implementation of a mortality review process
- Patient Experience - continuing development of Always Events for an identified patient group

South Devon NHS Foundation Trust

- Susan Martin, Associate Director

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

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

Priorities 2019/20

- Implementation of commissioned electronic prescribing and medicines administration programme
- Roll out of a community IT integrated clinical system
- Improve the Carers' experience for themselves and their families receiving care

Issues Identified by Members

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

- End of Life Care – The importance of continued work to improve end of life care
- Targets – Concern that some performance targets used can have a detrimental impact on healthcare provision
- Mental Health of Staff – The need for healthcare providers to promote best practise in the mental health care of their staff
- Loneliness – There is increased recognition of loneliness and social isolation as significant contributory factors to adverse health outcomes. The Health & Adult Care Scrutiny Committee has included loneliness as an issue within its work programme.
- Relationship with Private Sector – While a strong relationship with the private sector is beneficial, it is vital that strong accountability is maintained
- Collaboration with other Healthcare Providers – Healthcare can be improved with further communication and work between the different providers
- Use of Data – The compiling and analysis of patient data is crucial to the successful observation of patient patterns and subsequent treatment
- Defibrillator Training – Members welcome further defibrillator training being rolled out.
- Ambulance Service working with Fire Service – The County Council encourages the healthy relationship between the Ambulance and Fire Service, particularly the Fire Service being trained in medical care
- Mental Health work with DCC – Members welcome collaboration to aid in the destigmatisation of mental health and positive framework around mental health.
- Development of NHS Quicker – The Chair welcomes the further development and use of NHS Quicker

Conclusion

The Committee thanked providers for attending this annual 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