Phil Norrey
Chief Executive

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

County Hall
Topsham Road
Exeter
Devon
EX2 4QD

(See below)

Your ref :
Our ref :

Date : 13 September 2019
Please ask for : Gerry Rufolo 01392 382299

Email: gerry.rufolo@devon.gov.uk

HEALTH AND ADULT CARE SCRUTINY COMMITTEE

Monday, 23rd September, 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 18 June 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 Devon Safeguarding Adults Board Annual Report 2018/19 (Pages 1 - 38)

Report of the Chair of the Devon Safeguarding Adults Board (DSAB), attached

6 Development of a Long-Term Plan in Devon (Pages 39 - 60)

Presentation by the Joint Associate Director of Commissioning (Devon County Council and NHS Devon CCG) and the Director of Commissioning (NHS Devon CCG), attached

7 Deprivation of Liberty Safeguards Service Update and initial Information relating to the Transfer to the Liberty Protection Safeguards Legal Framework (Pages 61 - 68)

Report of the Head of Adult Care Operations and Health (ACOH/19/03), attached

8 Health and Care General Update (Pages 69 - 78)

Report of the Joint Associate Director of Commissioning (Devon County Council and NHS Devon CCG) and the Director of Commissioning (NHS Devon CCG) (ACH/19/114), attached.

9 Understanding the Model of Care - Member Site Visit to West Devon Community Services / The Ness Dementia Centre (Pages 79 - 86)

Report of the Members (CSO/19/21), attached

10 Market Position Statement and Primary Care Network Update (Pages 87 - 90)

4.40 pm

Report of the Health and Adult Care Members (CSO/19/22), attached

11 NHS Property Services and Colyton Health Centre (Pages 91 - 94)

(In accordance with Standing Order 23(2) Councillor M Shaw has requested that the Committee consider this matter)

Report by Councillor M Shaw, attached

[N.B. *This Report is from an individual member of the Council and is not written on behalf of Devon County Council*]

12 Work Programme

5.00 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.

MATTERS FOR INFORMATION

13 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) Better Births in Devon Engagement Report: Local Maternity System engagement exercise identifying themes arising from thoughts, experiences and views of parents about births in Devon.

(b) Health & Care Insights Issue 18 - latest issue of Health & Care Insights from Torbay and South Devon NHS Foundation Trust.

(c) Briefing note from University Hospitals Plymouth NHS Trust relating to the temporary closure of Tavistock MIU.

(d) 5G Information – BBC News article

(e) Press release from Torbay and South Devon NHS Foundation Trust relating to changes to the opening hours at Dawlish and Totnes MIUs.

(f) The latest issue of Pulse, the Northern Devon Healthcare NHS Trust (NDHT) magazine,
including an update on the work of the Trust to develop sustainable plans for hospital services in northern Devon and feedback from patient experience surveys.

(g) An interactive copy of Healthwatch Devon's Annual Report 2018/19.

(h) The slides of the presentation from a masterclass on 18 June 2019 on Dementia.

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 Councils
Vacant

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.

Emergencies

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

Mobile Phones

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

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


Induction loop system available

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

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

SatNav – Postcode EX2 4QD

Walking and Cycling Facilities

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

Access to County Hall and Public Transport Links

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

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

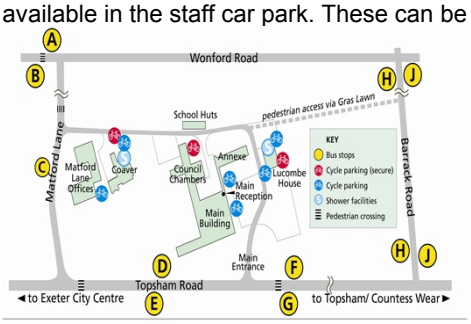
Car Sharing

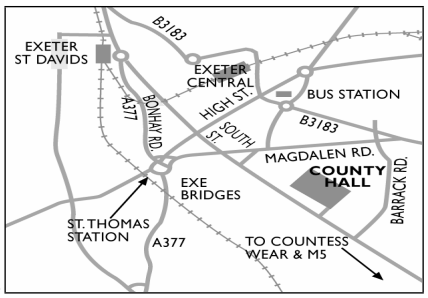
Carsharing allows people to benefit from the convenience of the car, whilst alleviating the associated problems of congestion and pollution. For more information see: https://liftshare.com/uk/community/devon.

Car Parking and Security

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

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





NB A J **Denotes bus stops**

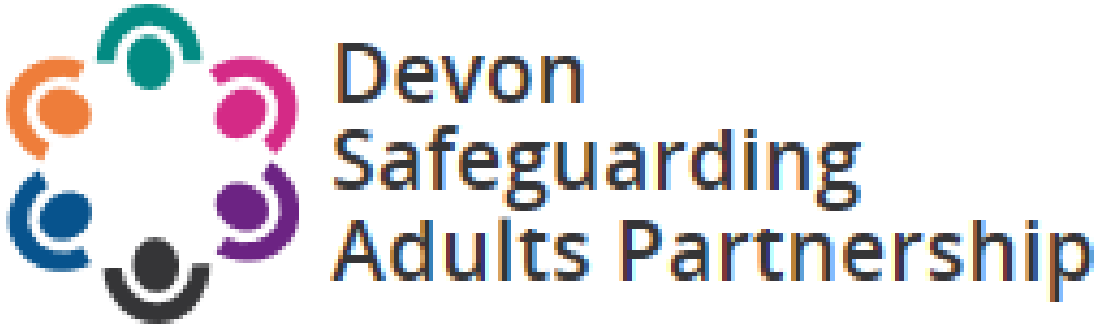
Fire/Emergency Instructions

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

First Aid

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

Devon Safeguarding Adults Board Annual Report 2018/19



Contents:

1. Introduction from Independent Chair

Welcome to my third Annual Report – a different style adopted because, in the spirit of continuing to improve how we communicate the activities of the Devon Safeguarding Adults Board (DSAB); we wanted to add in some more information about how we delivered against our strategic priorities for 2018/ 2019. We also wanted to add in some data and facts, which are helpful to people in determining how successful we are as a partnership. Last year we listened to feedback from Devon's elected Councillors at Health & Adult Care Scrutiny Committee, who asked for this information and I hope this annual report is more informative.

I continue to believe in the power of personal stories which help us all to understand the impact of what we do, supporting those with care and support needs who suffer abuse, neglect and harm. At every DSAB meeting, we listen to a personal story, often presented by the person with lived experience. This gives us many learning opportunities which are cascaded by partners through into their organisations. A Safeguarding Adults Board has a duty to act to prevent people experiencing abuse, neglect and harm and these powerful stories show us that it is often the simple things we need to do which make the difference. These experiences add to the learning from Safeguarding Adult Reviews and all this plays its part in continuously improving services – Greg's and Tom's stories are included in this Annual Report.

The DSAB has a duty to publish findings from Safeguarding Adult Reviews which have been delivered in the year. Section 14 of this Report outlines three SARs delivered in the year. Our position is to usually publish these unless there is a compelling reason, e.g. to protect and ensure the safety of others, why we should not to so. SAR Adrian Munday is published in full on the DSAB website and a summary is included in this Annual Report. SAR Sally is still awaiting publication as there is more work being completed with her family and this SAR will be published in full on the DSAB website in the coming months. SAR Rita was also completed in this year and the Board is currently working with the family prior to full publication planned for October 2019.

I commend to you the work of the Board's sub-groups, where a wide number of people work hard to ensure that the Board's strategy and work plan is delivered. In particular I would like to highlight the work of the Community Reference Group which has matured this year and now comprises a proactive group of people with lived experience of safeguarding and those who are supporting people who have been safeguarded; working with the DSAB on projects such as the development of the Board's website and with plans to support us on our continuing safeguarding awareness campaign. This group is led by 'Living Options', whose Chief Officer is also now a member of the Board.

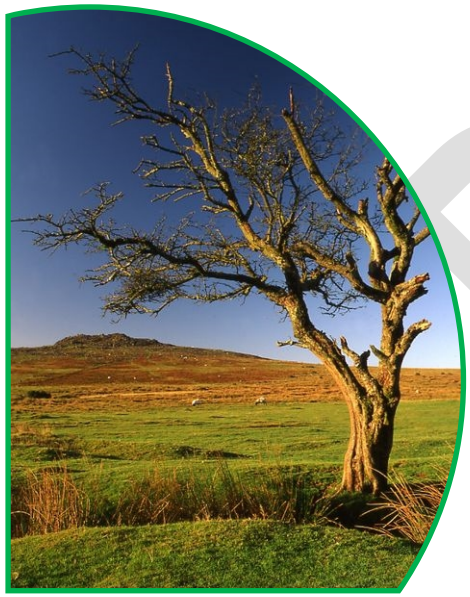
Finally I would like to thank the Board team who work incredibly hard to deliver an effective partnership and support me to bring this together. I hope you find this report readable and informative and I look forward to continuing to work with you in 2019/ 2020.

Siân Walker

2. Introduction to Devon

Devon is the third largest county in England, covering 2,534 square miles. It is also one of the most sparsely populated counties, its 780,000 residents distributed between the city of Exeter, twenty or so coastal and market towns, and several hundred rural communities, some of which are isolated.

In Devon there is a higher proportion of older people than the national average due to a high migration into the county at retirement age, and a migration out of the county of younger adults. The county enjoys high levels of employment, but lower than average wages and productivity, and higher than average housing costs. There are areas of deprivation, but they are dispersed rather than concentrated.



There are eight district councils in the Devon County Council administrative area and two unitary authorities in Devon, Plymouth City Council and Torbay Council. From 1st April 2019 two Clinical Commissioning Groups (CCGs) merged to form NHS Devon Clinical Commissioning Group covering the geographic area of the Devon Sustainability and Transformation Partnership. Four Acute Hospital Trusts serve the area: Northern Devon Healthcare NHS Trust, Royal Devon and Exeter NHS Foundation Trust, South Devon Healthcare NHS Foundation Trust, and University Hospitals Plymouth NHS Trust, with mental health services and specialist learning disability services provided by the Devon Partnership NHS Trust on a county-wide basis. Police services are the responsibility of Devon and Cornwall Police.

3. What is Safeguarding Adults?

Safeguarding adults' means protecting an adult's right to live in safety, free from abuse and neglect. It is something that everyone needs to know about.

The legal framework for safeguarding adults work is set out by the Care Act 2014. Safeguarding involves:

- People and organisations working together;
- Preventing abuse or neglect from happening in the first place;
- Stopping abuse and neglect where it is taking place;
- Protecting an adult in line with their views, wishes, feelings and beliefs;
- Empowering adults to keep themselves safe in the future; and,
- Everyone taking responsibility for reporting suspected abuse or neglect.

Who is an adult at risk?

An adult at risk of abuse or neglect is someone who has care and support needs and is therefore unable to protect themselves from either the risk of, or the experience of, abuse or neglect. Their care and support needs may be due to a mental, sensory or physical disability; age, frailty or illness; a learning disability; substance misuse; or an unpaid role as a formal/ informal carer for a family member or friend. More information is available on the Board's website at: https://www.devonsafeguardingadultspartnership.org.uk/

6 Safeguarding Principles

Empowerment: people being supported and encouraged to make their own decisions and give informed consent

Prevention: It is better to act before harm occurs

Proportionality: the least intrusive response appropriate to the risk presented

Protection: support and representation for those in greatest need

Partnership: local solutions through services working with their communities- communities have a part to play in preventing, detecting and reporting neglect and abuse.

Accountability: accountability and transparency in safeguarding practice

4. What do we mean by abuse?

Abuse is an intentional or unintentional act that harms, hurts or exploits another individual/s. Abuse can take many forms, but no type of abuse is acceptable.

Abuse can happen just once or many times; it can be done on purpose or by someone who may not realise they are doing it.

It can happen anywhere including at home, in care homes or in day care centres or hospitals.

The different types

What happens when a Safeguarding Adults Concern is raised?

① Wherever possible, the adult will be contacted by the professional who has received the concern, to ask them about their situation and to find out what they would like to see done about it.

② Actions are then identified to achieve this wherever possible.

Sometimes, concerns are raised due to confusion over what is happening in a certain situation. Sometimes, concerns are raised because a family member is struggling to care for an adult with needs and requires support. Sometimes concerns are raised because someone really is being abused or neglected.

③ The *Safeguarding Adults Enquiry* establishes the facts and works with the adult and those most close to them, to ensure their safety and to resolve the issues putting the adult at risk.

5. Personal stories presented to the Board

Greg's Story

Greg's support was funded by the NHS because of his health needs; he received one to one support during the day and shared support with other people during the night.

In March 2018 concerns were raised about Greg's support in respect of emotional and physical neglect. A Social Worker met with Greg, listened to his story and asked him what he wanted to happen and what outcomes he wished for.

The safeguarding enquiry found that there were some key themes including a lack of communication with him and his family; an absence of consideration that Greg's support was being delivered in his own home; a need to ensure that Greg received continuity of care which was uninterrupted and overall that there needed to be consideration of what Greg would like to achieve.

The enquiry found that that the support service needed to reorganise its staff, so they worked with individuals at specific times and not share a number of hours of support across a number of people who lived as neighbours to Greg. The way Greg's support had been organised meant that sometimes Greg did not receive the necessary support and his support hours were sometimes used for other people. A change of culture and attitude was needed by the Support Provider.

Greg was given the option to move into other accommodation whilst the investigation was underway. Greg stated that he was happy to stay where he was and he gave the Social Worker permission to inform his parents of any issues he had, as they knew what the problems were and could give their side of the story. At first Greg wanted to keep the investigation private and did not want the staff to know.

With the support of his parents, the Social Worker and his Mental Health worker, Greg felt confident to speak openly and honestly in the first formal safeguarding meeting. This period of time was described as tough and on occasions Greg was still asked if his staff could be used for other people. Greg reported this, and his Social Worker was made aware and it was investigated. The Manager for the service which worked with Greg, his keyworker and Social Worker agreed to bring about the changes to the service that were required. The Manager knew the new model could work but a change in staff attitude was needed to assist this.

Greg was allocated his own full-time key worker which offered him more stability and control. It was agreed that Greg and his staff would be open and honest about their day during the hand over period to ensure that any issues were dealt with. Initially Greg found it difficult to be more assertive, but he is growing in confidence with support. Greg now choses his own support team and he raises any issues straight away.

Greg spoke to the board about his experience:
Greg described himself as being in a bad way during the review period saying that at times he felt like he wanted to die. He questioned the point of the safeguarding investigation as at one point (on the morning of the safeguarding meeting) his staff were still being used elsewhere. He felt that things were continuing and indeed getting worse and Greg began to self-harm. However, his relationship with the Social Worker and Mental Health worker gave him hope. He found it empowering that they were working with him and believed in him.

The outcome of the enquiry is that Greg is now 'the boss' and feels in control. He is leading a busy life which requires extensive diary management. The activities Greg wants to do are matched by the support from staff. Greg reported that the service he receives now is better than it ever was. Greg's self-esteem and feelings of self-worth have increased, and he feels confident to make decisions. He is now the Service Representative for the service where he lives although he is rarely at home. Greg related that he has found his voice, knows what he wants and what he needs and will not take any rubbish!

Greg and his family believe they would not have reached this point without the help of the Social Worker and the safeguarding process. The safeguarding enquiry acted as a catalyst for improvements to the service for everyone.

Tom's Story

Tom is a 37-year-old man who is diagnosed with Attention Deficit Hyperactivity Disorder (ADHD), bipolar affective disorder, alcohol and substance dependence, and psychosis. He has children from a previous relationship and his parents have custody of the children. Tom has contact with his children on a regular basis, supervised by his parents who provide support to Tom where-ever possible. Tom's father is a retired health professional and has acted as guarantor for Tom's current accommodation. Tom has been given notice on this property by the private landlord due to non-payment of rent.

Safeguarding Concerns were originally raised in August 2018 by Tom's care coordinator who was concerned about Tom's chaotic life style, drug and alcohol intake and his blood-letting.

During the Safeguarding Enquiry, Tom described being involved in the distribution of drugs (know as 'county lines' activity; Where he was being targeted on his journey to obtain methadone from the Pharmacy. He alluded to owing people money and was open about selling his body sexually for money to pay his rent. Tom also described other people staying at his property. This is sometimes referred to as 'cuckooing'. He was clear that he could not say no to these people as they were violent – he described them as 'weaponed-up' and he described the gang of people as coming from Manchester.

A safety plan was agreed with Tom, that he would continue to work with together re his drug use, consider rehab/detox outside of his current location, that he would have a sexual health screen to support his physical health and his GP (present at the meeting) would monitor Tom's blood to ensure his blood-letting was not impacting on him physically. Tom did say this practice was very infrequent at the time of the meeting. Tom agreed that the threats of violence from the Manchester gang would be discreetly escalated to the police. Local Policing Team have opened a criminal inquiry in response to Tom's disclosures. Tom assured the professionals at the meeting that he was able to and happy to call the police should he feel in danger and is regularly meeting with the local beat manager and his care coordinator who are supporting his safety in the community. Tom has been supported to address his accommodation and has set up a payment plan with the council who have paid his rent arrears to enable him time to source alternative accommodation. Tom was clear that he did not wish for his family to be informed of anything at this point. Staff involved in supporting Tom advised that him that they will reassess lone working and update care records.

The staff supporting Tom used an approach often described as 'Making Safeguarding Personal'. The Devon Partnership Trust (DPT) worked quickly with Tom in a way that meant that Tom hasn't been over whelmed by the increase in professionals scrutinising his life style. He was supported to participate in the investigation and all the meetings to express his views, wishes and anxieties at this time. Tom wanted and received support in liaising with the police, about his concerns about being targeted; he also requested that police only attend his address in plain clothes. Tom received the support he wanted in attending appointments, managing paperwork and forms. Tom's wishes changed throughout the time of the 1st and 2nd S42 Enquiry Meetings. He wanted to at one point leave his area for rehab/detox and then decided against this. He wanted to have his daily method prescription changed. However, the GP explained his rationale for not doing this and Tom was happy with this explanation. It was important for Tom to received support with reading the minutes and making sense of them.

6. How to report abuse

If you report a safeguarding concern you will be listened to, supported and involved in any decisions.

If you think that you, or someone you know, is being abused or neglected you can:

Call Care Direct on 0345 1551 007

OR

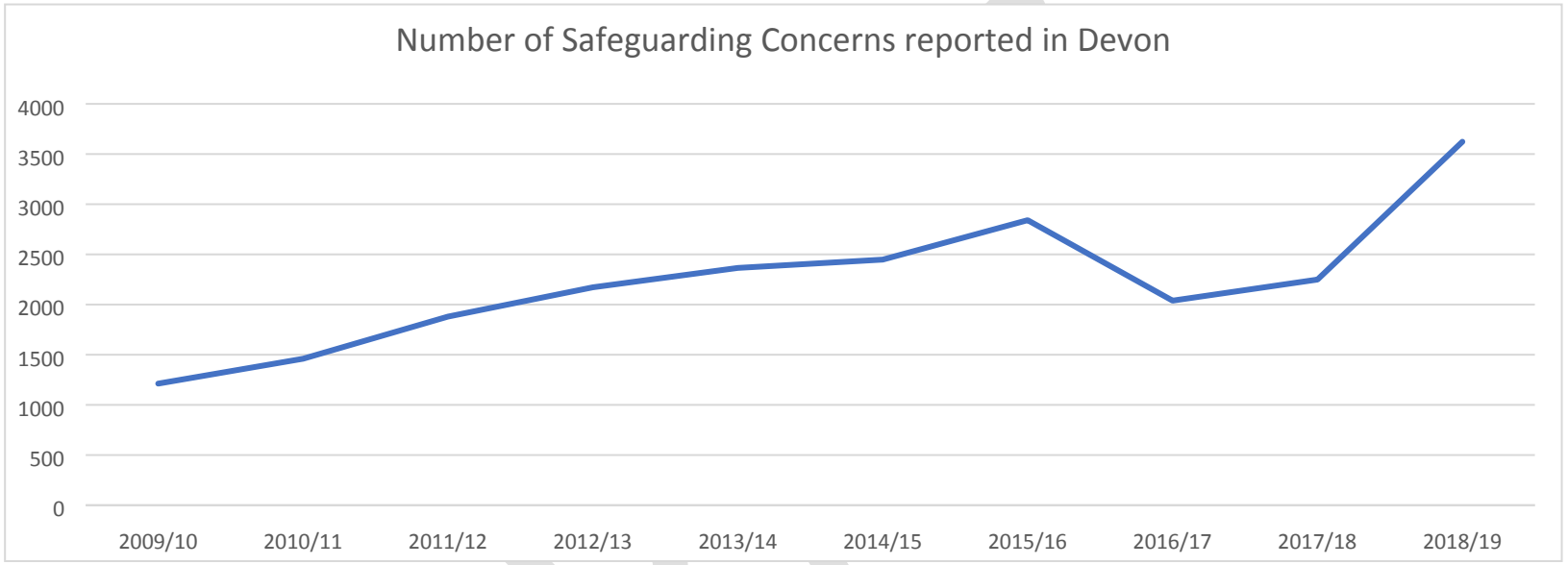
Email csc.caredirect@devon.gov.uk

(Monday-Friday 8am-8pm and Saturday 9am-1pm – outside of these hours or on bank holidays call 0845 6000 388 or email the address above)

Alternatively a safeguarding adult concern referral can be made to Care Direct using the referral form on the DSAB website: https://www.devonsafeguardingadultspartnership.org.uk/reporting-a-concern/

If it's an emergency, call 999

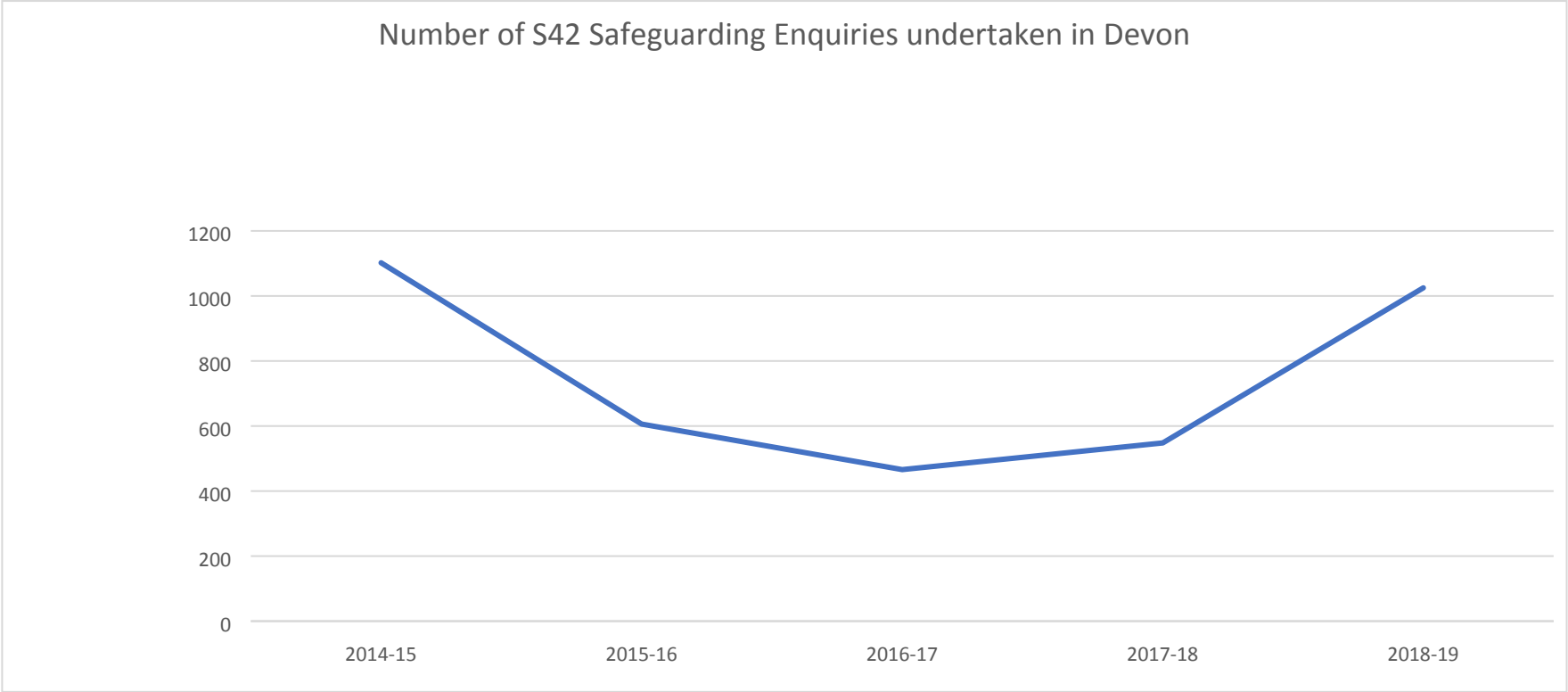
7. Safeguarding activity in Devon



Since the Care Act came into force in April 2015, the number of adult safeguarding concerns reported began to increase and then dipped in 2016-17 to 2017/18.

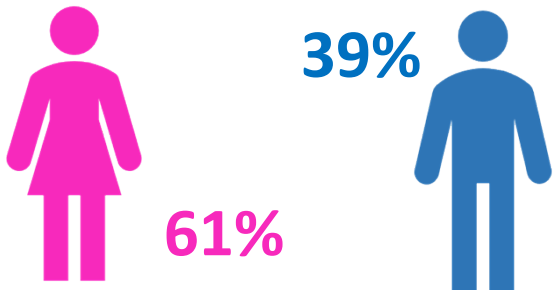
Devon Safeguarding Adults Board (DSAB) undertook a Deep Dive Audit to provide further analysis. It was identified that a proportion of safeguarding issues were being managed without reporting the incident formally to Devon County Council (DCC) as a safeguarding concern. This did not mean that the concerns were not being responded to, but the findings indicated that they were being directed to more appropriate pathways e.g. to receive an assessment of needs.

Since the Deep Dive Audit our trend has changed. In 2018/19 the number of concerns reported has significantly increased. Over the last 12 months Devon has seen a **61% increase** in Concerns raised bringing us closer to the local authority comparator group average in 2017-18. However, we still experienced a lower rate of concerns relative to the population in 2018-19 when compared to our comparator group local authorities and England rate in 2017-18 (2018-19 benchmarking not yet available).

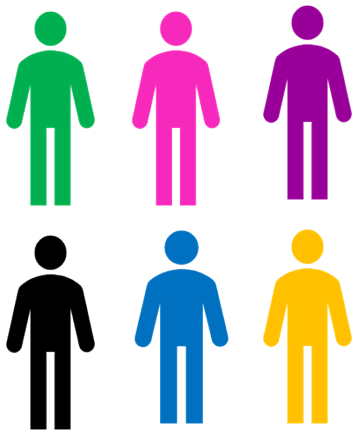


Since the Care Act came into force, the number of section 42 safeguarding enquiries (concerns that meet the threshold for further investigation) decreased but has now significantly increased again in 2018/19.

However, we still experienced a lower rate of s42 enquiries relative to the population in 2018-19 when compared to the comparator group local authorities and England rate in 2017-18 (2018-19 benchmarking not yet available).



61% of individuals involved in safeguarding concerns in 2018-19 were female. This is consistent with previous years and remains slightly above the national trend. This is disproportionate to the overall, although not necessarily the elderly population in Devon, which the majority of our safeguarding activity relates to.



87% of individuals involved in safeguarding concerns in 2018-19 recorded their ethnicity as white. The proportion of people in Devon who describe themselves as white British increases with each age group and safeguarding data on ethnicity should therefore be considered in conjunction with data on age. This data shows that the majority of Safeguarding concerns in Devon relate to individual's aged 65+.

Approaches to safeguarding should be person-led and outcome-focused. In Devon, people were asked about their desired outcomes in 68% of safeguarding enquiries in 2018-19. This is an increase on the previous year.

53% of enquiries of abuse or neglect pursued in 2018-19 took place within the person's own home. This is consistent with previous years but a higher proportion than the national picture (46% in 2017-18).

A lower proportion of enquiries were recorded in care homes in 2018-19 than the previous year and significantly below the national picture in 2017-18.

A higher proportion of enquiries were recorded in hospital settings in 2018-19 than the previous year and bringing us in line with the national picture in 2017-18.

8. Deprivation of Liberty Safeguards (DoLS)

The Deprivation of Liberty Safeguards (DoLS) are part of the Mental Capacity Act (2005).

The safeguards apply to people over the age of 18 who lack capacity to consent to their care and treatment arrangements in a hospital or care in a care home.

Sometimes a person may need high levels of support and supervision to maintain their wellbeing. The level of care and support provided may amount to a deprivation of their liberty. The DoLS are designed to ensure that in those circumstances the person's rights are protected. The person will have the right to representation and any authorisation should be monitored, can be reviewed and the person has the right to appeal.

People can also be deprived of their liberty in other settings such as supported living or their own home. However, in such cases the deprivation can only be approved by the Court of Protection and applications for authorisations be made to the Court.

The DoLS scheme has been criticised for many things including being overly bureaucratic and costly. These criticisms have been exacerbated by the increase in demand for authorisations since the Supreme Court judgment of 2014 in the case now popularly known as 'Cheshire West', which effectively lowered the threshold for eligibility and significantly increased the volume of requests. The workload demands in relation to the DoLS remains a challenge, nationally and locally.

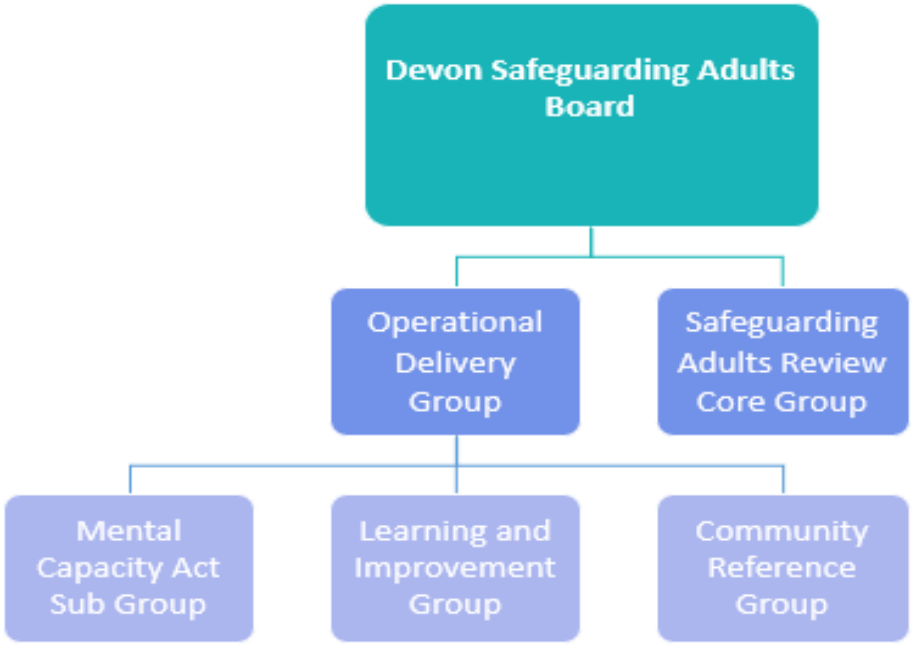
In March 2014, a House of Lords Select Committee published a detailed report concluding that the DoLS arrangements were "not fit for purpose" and recommended that they be replaced. The Mental Capacity (Amendment) Act 2019 received Royal Assent on 16 May 2019. The Deprivation of Liberty Safeguards legal framework will be replaced by the Liberty Protection Safeguards which are expected to come into force on the 1st October 2020.

9. Introduction to the Board and its subgroups

The Devon Safeguarding Adults Board (DSAB) is a statutory board set up in accordance with the S44 of the Care Act 2014.

Its main objective is to assure itself that local safeguarding arrangements and partners act to help and protect adults at risk and those most vulnerable, in its area. To help the DSAB achieve this objective, there a number of focused subgroups in place.

Devon Safeguarding Adults Partnership



10. The work of the Safeguarding Adults partnership subgroups

The Mental Capacity Act (MCA) Subgroup

The Mental Capacity Act (2005) is a legal framework designed to empower and protect the rights of people who may lack the mental capacity to make some of their own decisions.

Over the last year the MCA Subgroup, (a joint sub-group with Torbay Safeguarding Adults Board), focused on advocacy, learning from Safeguarding Adult Reviews and Liberty Protection Safeguards. A programme of joint work was initiated to ensure increased awareness of eligibility in relation to the legal requirements to provide advocacy including Independent Mental Capacity Advocates (IMCA), Care Act and Independent Mental Health Advocates (IMHA).

Partner agencies have used legal frameworks within formal supervision, clinical supervision, peer oversight and line management relationships to help put legal literacy into practice.

Safeguarding Adults Review Core Group (SARCG)

This group has a key role in organising and delivering the Reviews and then ensures that they are presented to the Board for discussion, dissemination of key learning and review amongst all partner organisations. In 2018/19, this group commissioned 6 Safeguarding Adults Reviews which aim to improve the quality of lives of people with care and support needs in Devon. Details of the Reviews published in 2018/2019 are set out later in this report

Learning and Improvement (L&I) Subgroup

The joint Devon and Torbay Learning and Improvement sub group has continued to focus on five work streams to support the Board in ensuring staff in all organisations are undertaking safeguarding training and that processes are in place to support improvements in practice. These work streams include Multi-Agency Case Audit; a Training and Competency framework review; DSAB commissioned training; Embedding Learning into Practice and the interface between Domestic Abuse and Sexual Violence with Safeguarding Adults.

Operational Delivery Subgroup (Ops Group)

The Operational Delivery Group is responsible for delivering the objectives set out in the DSAB Business Plan. The ODG considers multi-agency processes across Devon to ensure that there is effective communication and working practices in place that contribute to protecting members of the public from potential abuse.

The group works closely with the other sub-groups of the Board and will ensure that any potential duplication is minimised. This will be achieved through close communication between the DSAB, this group and the Chairs of the individual sub-groups

Community Reference Group (CRG)

The Community Reference Group includes people recruited from local Voluntary, Community and Social Enterprise (VCSE) and people with lived experience of safeguarding investigations across Devon

The CRG focus group supported the development of the new Safeguarding Website, and gave suggestions resulting in improved accessibility of the website. The CRG also helped Identify key priorities for future work, raise awareness of safeguarding and develop clear and understandable leaflets so that people who are going through safeguarding investigations can better understand what to expect.

11. What have we done in the last year?

The Devon Safeguarding Adults Board's Strategic Plan for 2018/2019 focuses on three key priorities. These priorities have guided our focus through the last year and helped to shape our practice.

Our 2018/19 priorities were:

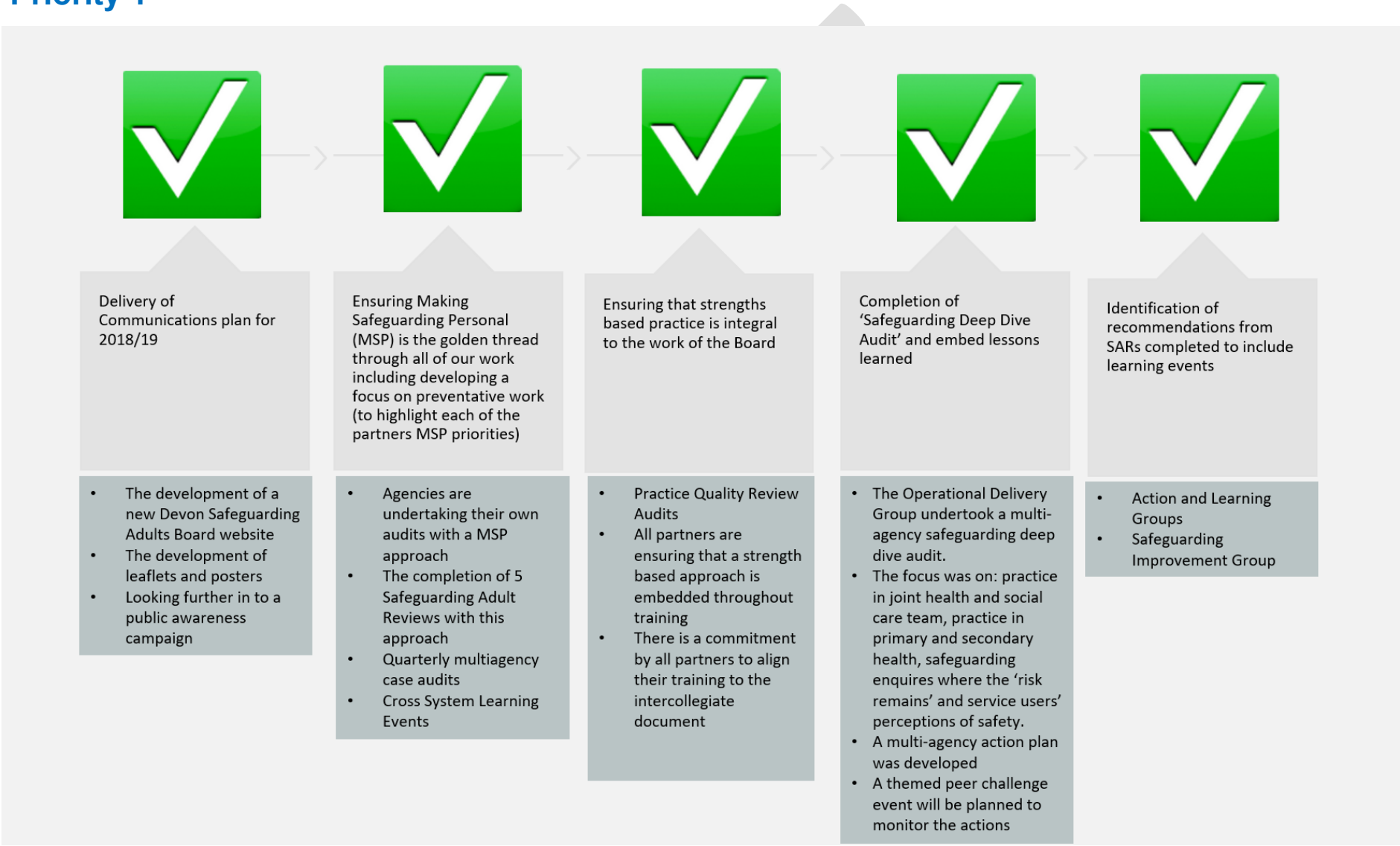
1. Ensuring that people in Devon feel safer

2. Protecting people from harm by proactively identifying people at risk, whilst promoting independence

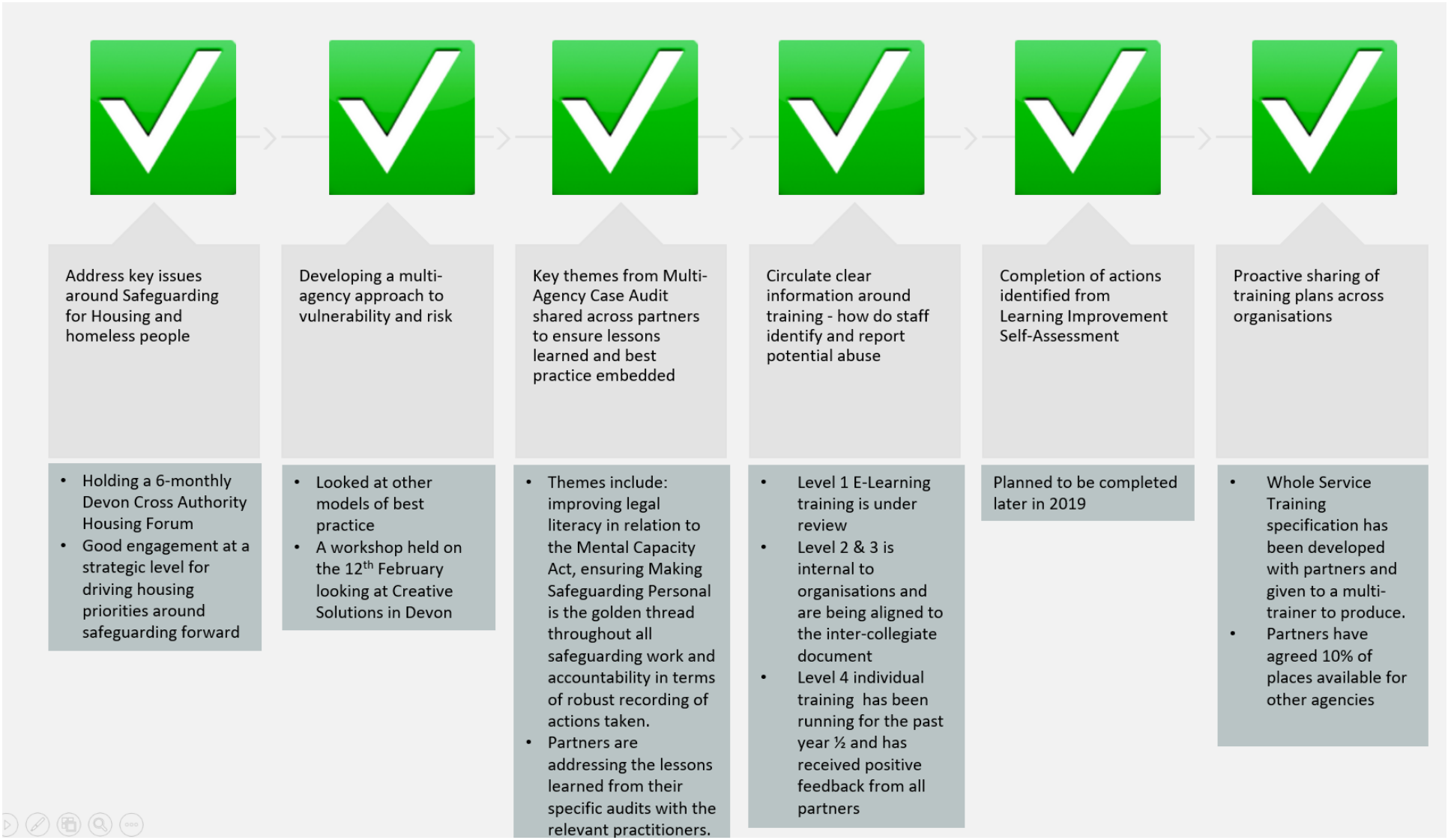
3. Increase legal literacy of practitioners in respect of the Mental Capacity Act

How have we addressed these?

Priority 1



Priority 2


Address key issues around Safeguarding for Housing and homeless people
Developing a multi-agency approach to vulnerability and risk
Key themes from Multi-Agency Case Audit shared across partners to ensure lessons learned and best practice embedded
Circulate clear information around training - how do staff identify and report potential abuse
Completion of actions identified from Learning Improvement Self-Assessment
Proactive sharing of training plans across organisations
• Holding a 6-monthly Devon Cross Authority Housing Forum
• Good engagement at a strategic level for driving housing priorities around safeguarding forward
• Looked at other models of best practice
• A workshop held on the 12th February looking at Creative Solutions in Devon
• Themes include: improving legal literacy in relation to the Mental Capacity Act, ensuring Making Safeguarding Personal is the golden thread throughout all safeguarding work and accountability in terms of robust recording of actions taken.
• Partners are addressing the lessons learned from their specific audits with the relevant practitioners.
• Level 1 E-Learning training is under review
• Level 2 & 3 is internal to organisations and are being aligned to the inter-collegiate document
• Level 4 individual training has been running for the past year ½ and has received positive feedback from all partners
Planned to be completed later in 2019
• Whole Service Training specification has been developed with partners and given to a multi-trainer to produce.
• Partners have agreed 10% of places available for other agencies

Priority 3

Identify actions from completed Safeguarding Adult Reviews (SARs) to capture the Mental Capacity Act themes

- Currently reviewing South West SARs

Improving overall understanding of legal literacy and practice

- A short paper is in development that raises awareness of the mental capacity act for staff and the public

Increase overall awareness of advocacy services across all partners

- A combination of increased contract capacity, the creation of easy-read flow charts for Independent Mental Capacity Advocacy (IMCA) and Independent Mental Health Advocacy (IMHA) and a revision of the referral form to clarify eligibility of IMCA has aided a reduction in the waiting list for IMCA's

12. Learning Events

In 2018/19 Devon Safeguarding Adults Board contacted the whole of the Operations Sub Group to ask about any learning events taking place within our partner agencies, these were some of the responses:

Livewell Southwest & Quality Assurance Improvement Team (QAIT) led some reflective learning following the closure of a care home last year

DSAB ran multiple learning events in relation to Safeguarding Adult Reviews (SARs) to better understand the barriers to effective multi agency working and as a means of sharing learning across the partnership

Devon County Council (DCC) led multi-agency reflective learning events following whole service safeguarding processes. These explored strategic and systemic issues arising from recent whole service enquiries processes

DCC Adult Social Care ran an action learning event following a South Gloucestershire Safeguarding Adults Review as DCC had placed one person within the care home investigated.

Devon Partnership NHS Trust have and continue to run events to feedback findings from Domestic Homicide Reviews and Safeguarding Adults Reviews to staff

The Clinical Commissioning Groups (CCG) delivered a safeguarding conference for Practice Nurses working in Primary Care

DEVON & CORNWALL CONSTABULARY

- We have commissioned an independent peer review from the College of Policing, examining its response to vulnerability, and the recommendations from that review have been incorporated into the force safeguarding processes

- We are a key member of a multi-agency process to better identify vulnerability amongst adults, encouraging 'professional curiosity' and better signposting

- We have strengthened our processes to ensure recommendations from Safeguarding Adult Reviews and will be taking these forward, primarily through the Force Safeguarding Business Board.

HMP Exeter

- HMP Exeter was subject to an Urgent Notification protocol following the HMIP (Her Majesty's Chief Inspector of Prisons) visit in 2018 and has worked with support to move out of this process. A follow up visit from HMIP (the Independent Review of Progress) identified improvements in safety for men residing in HMP Exeter. This was achieved through a reduction in violence and assaults.

- HMP Exeter has improved systems for people coming into custody to identify risk factors and to take the appropriate action once identified, by offering support through the 'Challenge Support and Intervention Plan' (CSIP) and the 'Assessment, Care in Custody and Teamwork' processes.

- Prison staff are supported by the Mental Health Team when any concerns around mental capacity are raised and individuals can be discussed at multi-professional case conference clinics to ensure support from healthcare, social care and prison staff is linked together and appropriate information sharing which ensures that support takes place.

Devon County Council Adult Social Care

- Devon County Council (DCC) have a risk profile tool used by the Quality Assurance and Improvement Team to identify services that might benefit from support. There are regular 'quality huddles' which feed in to this strategic county wide meeting.

- Level 2 & 3 internal safeguarding adult training has been revamped in line with the intercollegiate document, as agreed by all partners at the DSAB. In addition, DCC has proactively worked with Children's Services to ensure the co-delivery of new Domestic Abuse training to all social work staff within care management services. Further work is planned with Children's Services around joint protocols for working with parents with disabilities and whole service safeguarding across children's and adult services.

- DCC is developing a practice model based on promoting independence and has developed a significant workforce plan to support workforce organisational change. This forms part of a disability transformation initiative which centres on our aspirations for how we work with people who experience an intellectual disability, mental health issues and/ or autism. This focuses on strengths-based approaches, risk and decision making, the provision of solution focussed approaches training, seminar-based workshops on specialist areas of practice e.g. working with those with intellectual disability and autism and stronger links with advocacy.

- DCC has worked with the Safer Devon, Partnership, Devon Safeguarding Adults Board and Devon Children & Families Partnership to develop an 'Exploitation Toolkit'. This toolkit is for anyone who, through their paid or voluntary work, may encounter people who are vulnerable to exploitation. It will support people to understand, identify and report signs of exploitation, and access guidance and support. In addition, DCC has developed a risk assessment tool for professionals to use for assessing risk and impact.

- DCC is in the process of reviewing its Mental Capacity Act training offer to its staff to ensure that it is fit for purpose and supports people to understand decision making; particularly where there are issues around undue influence or unwise decision making. DCC is recruiting a Mental Capacity Act Practice Lead Practitioner responsible for supporting the development of best practice guidance and learning and development by end of 2019.

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

- During 2018/2019, NEW Devon CCG and South Devon & Torbay CCG safeguarding teams worked as an integrated team. As a commissioning organisation we ensure that safeguarding is a key requirement of any tender process and is embedded within all contracts.

- The CCG developed and implemented a Safeguarding Training Strategy ensuring that all staff completed safeguarding training appropriate to their role. Training supports staff to identify and respond to safeguarding concerns whilst acknowledging the need to promote the independence. Training compliance is monitored and regularly reported to the CCG Quality Assurance Committee.

- The CCG's Mental Capacity Act (MCA) Lead has developed a support network among the MCA leads of NHS providers to discuss case law and learning relating to the Mental Capacity Act. Additionally, a key element of their role is to support CCG staff in meeting their legal requirements.

National Probation Service (NPS)

- The National Probation Service and Devon & Cornwall Police are the lead agencies for managing dangerous individuals under Multi Agency Public Protection Arrangements (MAPPA). The NPS also contribute to other partnerships, such as Multi Agency Safeguarding Hubs (MASH), Multi Agency Risk Assessment Conferences (MARAC), Integrated Offender Management (IOM) meetings which support the management of the safety and welfare of people of Devon.

    - In all cases, for people supervised by the NPS, the risk of harm posed is assessed and a Risk Management Plan is identified. This can include referrals to adult safeguarding where appropriate.

    - All NPS Practitioners are required to attend safeguarding training every 2 years, including relevant guidance on safeguarding legislation. In addition, the NPS uses MAPPA to seek advice, support and guidance from safeguarding professionals when required to manage cases safely.

RD&E Hospital

- We have built on the work undertaken in the Trust last year to raise awareness of domestic violence and continue to train more staff. Since April 2019 we have a full time Independent Domestic Violence Advisor funded by Pathfinder Project to support staff and patients.

- We have developed information leaflets for patients about the safeguarding adult process. This information gives patients and their families the key messages and opens a route for further discussion. The leaflets have also been useful for junior staff members to understand the safeguarding process and to give them confidence to talk to patients and their families about safeguarding

- Awareness of County Lines, Modern Slavery & Human Trafficking has become embedded within the Trust, with more staff considering this as an issue when talking to the people they meet and considering their personal circumstances. This has resulted in safeguarding referrals being made.

Devon Partnership Trust (DPT)

- By ensuring that patients in DPT are routinely offered information about safeguarding and that bespoke posters and leaflets about safeguarding are displayed in all clinical areas and waiting rooms.

- Over 85% of our registered clinicians have now completed their Level 3 Safeguarding Training (in both adults and children) ensuring they can proactively identify those who may be at risk. Integration of the risk management system with safeguarding ensures robust oversight of all incidents reported to identify any patterns

- Training on the Mental Capacity Act is mandatory for all clinical staff working for Devon Partnership Trust and audit of completed assessments is reported through the Mental Health Act Scrutiny Committee and ultimately to the Trust Executive Committee. This ensures robust oversight of the implementation of the legislation. Lessons from enquiries and incidents relating to legal literacy are implemented across the Trust and shared with all clinicians through a variety of means including bi-monthly internal Safeguarding Bulletin.

Public Health Devon

- The Safer Devon Partnership has worked on several initiatives with the Safeguarding Adults Board to prevent and tackle the exploitation of vulnerable adults such as the development of the Preventing Exploitation Toolkit for frontline professionals and continuing the work of the following Working Groups: the Dangerous Drugs Network (County Lines) Partnership and the Anti-Slavery Partnership

- The Safer Devon Partnership (SDP) and Public Health Devon have worked with the Safeguarding Adults Board on establishing a 'Creative Solutions' Forum and SDP has continued to work collaboratively with the Safeguarding Adults Board on Domestic Homicide Reviews/Safeguarding Adults Reviews. It has recently published a briefing note for frontline professionals which summarises the learning from three Domestic Homicide Reviews which involved older couples

- Public Health is leading on the work in relation to drug-related Deaths. The whole ethos of Drug & Alcohol Service interventions is about keeping individuals, families and communities safe. The commissioned Sexual Violence & Domestic Violence & Abuse service works with people at highest risk of severe harm from domestic violence and abuse. Over the past two years we have developed clinical enquiry in primary care that has successfully identified people who have experienced or are experiencing serious domestic violence and abuse and work with perpetrators has continued to progress.

University Hospitals Plymouth NHS Trust

- Refined systems and processes for referral to safeguarding teams within the trust and to multi-agency partners.
- UHP response - Increased the frequency of publicity publishing improving the profile of the team and ensuring up to date information is available to staff.
- Trained 700+ staff to ensure a deeper understanding of the use of the Mental Capacity Act and correct use of DoLS.

South Western Ambulance Service NHS Foundation Trust

- The safeguarding service has begun to liaise more closely with some Local Community Safety Partnerships (LCSPs). These statutory partnerships have responsibility overview of local delivery of strategies for domestic abuse prevention and other safeguarding issues. In some regions within the area of operation of the Trust, some Lost Adult and Child Safeguarding Boards and Partnerships and LCSPs have announced their intention to merge into single partnerships within the next couple of years.

- The service manages allegations by: setting up a weekly confidential peer-review meeting for case discussion to improve the consistency of decision-making within the safeguarding team; provided training, assisting managers and HR to make decisions about making disclosure and barring (DBS) referrals; and the Safeguarding Service works collaboratively with the Trust's Learning and Development Team to develop and plan safeguarding training for staff. This enables key themes emerging from safeguarding activity and analysis to be embedded in the training

Torbay and South Devon NHS Foundation Trust (TSDFT)

- The safeguarding 'Golden Thread' theme is embedded in mandatory safeguarding adult training for all staff, linking to the Human Rights Act principles, NHS Constitution and Trust core values. Making Safeguarding Personal is embedded as baseline principle of safeguarding adult practice at all levels of safeguarding adult training. Safeguarding Adult Review (SAR) learning posters have been developed for dissemination for all staff, covering key themes from a regional thematic review which directly links to how staff say they want to be kept informed of SAR learning feedback.

- The Trust is a core member of the Torbay Safeguarding Adults Board / Devon Safeguarding Adults Board Learning and Improvement sub group with membership extended to include The Trust's Head

of Education and Workforce development. All staff receive notice of safeguarding training required for their role and when an update is required. Compliance has been consistently within Trust targets of 90% or above for level 1, 80% for all other levels. 'Prevent' training data is compliant with local Clinical Commissioning Groups (CCG) targets. The Learning & Improvement sub group safeguarding adult self-assessment tool has been updated and presented to the TSDFT safeguarding governance committee.

- The trust is a core member of Mental Capacity Act (MCA) Sub Group and also the regional MCA Network. MCA training feedback is collated regarding knowledge impact and the MCA training framework identifies what level of training is recommended to all staff

Northern Devon Healthcare NHS Trust

- The Trust focussed internally on systems and process including enhanced access and support from independent Domestic Violence Advisors and running of information campaigns around Hate crime and PREVENT.

- We have worked with our community teams and wider social care to identify risk with some key projects to enhance support at home including work with Devon and Somerset Fire and Rescue Service, equally ensuring standard questions around risk of harm are asked at ED attendances.

- Significant work has been undertaken with clinical teams both at a work based level and enhanced training to increase confidence and assurance around MCA.

Dorset, Devon and Cornwall Community Rehabilitation Company (CRC)

- We have developed a benchmark for practice for safeguarding adults which has been shared with all teams across Devon. The standard sets out expected practice when working with vulnerable adults and sits alongside the Safeguarding Policy for the organisation.

- We have worked to increase understanding in relation to ‘mate crime’ and share learning across the region as to effective approaches in assessing and managing risk presented to and by our service users in relation to others.

- We have promoted and encouraged our practitioners to access the Devon Exploitation Toolkit to help improve skills and knowledge in identification and interventions. We have also promoted the Plymouth Exploitation Screening Tool across the teams

Health Watch Devon

- Healthwatch Devon is a consumer champion organisation for Health and Social Care across Devon. Over an annual period we might receive in excess of 400 Speak Out Forms from members of the public bringing to our attention matters that concern them most about Health and Social Care. In 2018-19, seven cases warranted reporting to the authorities responsible for personal safety and safeguarding. Healthwatch Devon partner, Citizens Advice Devon, provide a team of Healthwatch Champions who follow the national Citizens Advice Safeguarding policy and procedures. The principles are used to guide safeguarding activities. Fundamental to this policy is our aim to involve the client in decisions about what should happen wherever possible
.

- Healthwatch Devon undertakes Enter and View visits to Health and Social Care services. We have worked with the Devon County Council Quality Assurance Improvement Team in order to extend our Good Care Matters programme. Reports are generated detailing findings from our visits, any concerns and any subsequent recommendations.
- Our Citizens Advice HWD Champions have worked closely with the England Illegal Money Lending Team to raise awareness of loan sharks and the incidence of illegal money lending in Devon. Citizens Advice local offices are introducing a new approach to gender violence and abuse, training all volunteers and staff so they can approach the issues as a routine enquiry during face to face interview

14.Learning from Safeguarding Adults Reviews (SARs)

The Care Act 2014 specified that it is the duty of a Safeguarding Adults Board (SAB) to commission SARs under the following circumstances:

(1) A SAB must arrange for there to be a review of a case involving an adult in its area with needs for care and support (whether or not the local authority has been meeting any of those needs) if –

a) there is reasonable cause for concern about how the SAB, members of it or other persons with relevant functions worked together to safeguard the adult, and
b) condition 1 or 2 is met.

(2) Condition 1 is met if –

a) the adult has died, and
b) the SAB knows or suspects that the death resulted from abuse or neglect (whether or not It knew about or suspected the abuse or neglect before the adult died)

(3) Condition 2 is met if –

a) the adult is still alive, and
b) the SAB knows or suspects that the adult has experienced serious abuse or neglect

SABs can decide to undertake a SAR in any other situations involving an adult in its area with needs for care and support. Reviews should determine what the relevant agencies and individuals involved in the case might have done differently that could have prevented harm or death. This is so that lessons can be learned from the case, and those lessons applied to future cases to prevent similar harm occurring again. The apportioning of blame is not the purpose of the review.

We set out below the summaries of SARs which were completed and approved by the Board in 2018/ 2019. For those SARs published, the full details are on the DSAB website. Full publication is not mandatory, and decision are made on a case by case basis.

Summary of SAR Sally (approved by the Board in September 2018, awaiting publication)

Sally was 26 years old when she died on 14th October 2015. The Coroner gave a verdict of natural causes contributed to by neglect. The pathologist gave a cause of death of Bronchopneumonia with side effects of opiates (prescribed) in a female with physical, psychological and nutritional compromise.

Sally had 2 young children who had been placed in the care of their paternal grandmother and a husband who, although not always living with her, was described as her main family carer. She had been known to mental health services since the birth of her second child in 2011. She had a history of drug misuse and self-harm. Sally had been diagnosed in October 2013 with peripheral sensory neuropathy and having rejected the physiotherapy offered, the illness left her with very little mobility. She eventually spent long periods in bed sleeping and was unable to attend to any of her personal care needs without help. Sally was in receipt of care and support from various services including personal care in her home.

In the 6 months prior to her death Sally made a number of allegations against her husband namely that he left her without care for several days, stole money from her and ultimately that she did not feel safe in the house with him. However, she went on to withdraw these statements and did not want any action taken.

Summary of SAR Adrian Munday (published in December 2018)

Adrian Munday (51) died on 6th October 2015. Police were called to Adrian's home where they discovered his body, following a fire which had occurred in his accommodation. A forensic post mortem held on 15th October established that Adrian had suffered significant trauma injuries not consistent with a fire, and a murder enquiry was instigated.

On 17th October 2015 SH was arrested on suspicion of Adrian's murder. He was later charged with the murder of Adrian between 2nd and 6th October 2015. SH was found guilty of murder on 14th June 2016. The court heard that SH had met Adrian on 18th September 2015, had moved into Adrian's accommodation, and had exploited him for money and his possessions. Adrian had received significant injuries all over his body, his death was caused by head and brain injuries. SH had set fire to his body. SH was given a life sentence. He was diagnosed with cancer whilst serving this sentence [while on remand] and died in prison on April 2nd 2017.

At the time of his death Adrian was being supported by a care agency and was seen regularly by a Recovery Coordinator and a Psychiatrist according to his Care Programme Approach plan.

Summary of SAR Rita (approved by the Board in March 2019, awaiting publication)

Rita was a woman in her late 40's, who had been admitted to hospital on 14th October 2017 following a 111 call by her partner as he was concerned about her apparent breathing difficulties. She did not recover consciousness. The initial Safeguarding referral from the hospital outlined significant concern about her physical condition, a significant number of what appeared to be burn marks on her body and known IV drug use. The medical cause of death was Infected Endocarditis and Intravenous Drug Use. Rita had a history of illicit drug abuse and was known to inject intravenously. This led her to develop infected endocarditis, from which she died on 20th October 2017 at Hospital. The Coroner concluded that Rita's death was drug-related. Rita had a diagnosed mild learning disability and was known to a number of agencies. There was concern in relation to self-neglect and that Rita had withdrawn herself from services in the year prior to her death.

Review findings/themes from these examples:

- The importance of **involving the person** when working with them and ensuring **continuity of care** across organisations
- The importance of **engagement with families** in support planning, risk assessment and management of the work
- **Inter-agency working -** the need for a clear process for **identifying a lead agency** in complex cases where there are many agencies involved in supporting an individual or family.
- Staff need to be clear when they can and must **share information** appropriately to understand and respond to risk
- Staff knowledge of the **Mental Capacity Act** must improve
- The importance of **professional curiosity and challenge** at all times when working with individuals at risk
- The need for professionals to have access to robust safeguarding training to promote their understanding of and ability to work within an **intimidatory atmosphere** and ban understanding of its **impact on professional practice.**
- There was a missed opportunity to work in a collaborative way under **safeguarding** in relation to **self-neglect.** This would have provided a multi-agency framework. The framework does not give any additional powers to act, however would have brought recognition that management of the risks required **multi-agency collaboration**; clarity on seeking consent to **share information**, or to justify sharing it without consent; **assessment of the level of risk** based on more informed input; and a **shared record** of what had been agreed.
- The need for professionals (practitioners and commissioners) to ensure effective **communication and coordination** in high risk, highly complex cases.
- Staff need to have effective **awareness of services available** alongside a thorough understanding of the Care Act (section 42) which describes the requirements to respond to safeguarding concerns, investigate and proceed to Enquiries.

15. What are our plans moving forward?

As highlighted in this report, the DSAB has made a number of achievements this year, however there continues to be a number of areas requiring further work and focus. Our Strategic Plans (include link) for 2019/20 aim to measure our progress in achieving our targets

Strategic Priorities 2019/20

1. **Finding the right solution at the right time for the most at-risk people.**

Key goals:

- Promote multi-agency communication, ensuring cooperation as the underlying principle of frontline social care work.
- Equip all agencies with the tools to promote collaboration and integration, making sure agency frameworks allow for the sharing of information.
- Support the development of a unanimous understanding of what vulnerability and exploitation is.
- Ensure the Making Safeguarding Personal (MSP) framework is embedded in staff practice

2. **Increasing the public awareness of Safeguarding**

Key goals:

- Increase public knowledge regarding the recognition of abuse and/or exploitation.
- Promote the reporting of abuse from the public.
- Encourage a sense of community responsibility for safeguarding within all communities.
- Improve the understanding of safeguarding amongst Black, Asian and other minority ethnic groups through effective engagement and increased awareness

3. **Improving the experience of children transitioning to adult services, working together to ensure they remain safe.**

Key goals:

- Ensure early intervention systems are in place
- Increase awareness on trauma and adverse childhood experiences to inform and shape future practice.
- Ensure commissioning arrangements for transitional periods are in place and effective.

4. **Increasing our staff understanding of the law in relation to Safeguarding Adults.**

Key goals:

- Increase legal literacy regarding the Mental Capacity Act and Liberty Protection Safeguards.
- Increase awareness and understanding of Restrictive Intervention and Seclusion
- Ensure professionals have a current, working understanding of legislation and are competent at putting it into practice.

ACH/19/115
Health and Adult Care Scrutiny
23 September 2019

STP UPDATE/DEVELOPMENT OF A LONG-TERM PLAN IN DEVON

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. Recommendations:

1.1 Members of the Health and Adult Care Scrutiny Committee comment on progress made in developing the Long Term Plan for Devon.

1.2 Members of the Health and Adult Care Scrutiny Committee consider any additional input they require to assure themselves of the content of the Long Term Plan for Devon.

2. Purpose

2.1 The following slide set provides a summary update on the progress in developing the Long Term Plan for Devon; informing the Health and Adult Care Scrutiny Committee how the STP has and will continue to engage individuals, communities and elected Members in the development of this plan.

2.2 The slides provide some highlights of the predicted changes in the population and challenges for the health and care system in future. A proposed shared system vision and set of ambitions are also included. It should be noted that the planning process is ongoing until the plan is finalised in November.

2.3 The committee's continued engagement and input as the Long Term Plan for Devon is developing is welcomed. So to is the contribution of all Members, including through a workshop on the 18 October where all members have the opportunity to consider the Long Term Plan prior to final agreement.

2.4 To support the continued oversight and contribution from Members, the following slide set details the extensive engagement process that has taken place so far and also the continued opportunities to contribute as the Long Term Plan for Devon is developed.

2.5 The slide set also provides an early and indicative headline of what people have told us during the engagement process. A final independent engagement report is being produced by Healthwatch Devon. This will be completed by the end of September and the findings will shape the development of the Long Term Plan for Devon. Healthwatch will present the findings of this report to the scrutiny committee once its complete.

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: Tim Golby
Tel No: 01803 396365 Room: Second Floor Annexe

BACKGROUND PAPER	DATE	FILE REFERENCE

Nil

Better for You, Better for Devon

Working together to develop our Long Term Plan for health and care

NHS Long Term Plan

- Sets out the direction for the NHS over the next ten years, describing how it will spend the £20.5bn additional funding to meet rising demand deliver the national standards specified in the Long Term Plan

- Shift in focus to address determinants of well being and improve population health through collaboration in planning and delivery at place

  - Health and care integration
  - Prevention and early support
  - Health inequalities
  - The wider determinants of health
  - Giving children the best start
  - Living well in older age

The NHS Plan and Implementation Framework

- 10 year practical programme of phased improvements to NHS services and outcomes
- Requires a STP/ICS System 5 year Strategic Plan
- Sets some critical foundations to wider change i.e. “must dos”
- Freedoms to define pace for delivery of rest
- Focus on reducing local health inequalities and unwarranted variation, a theme throughout the guidance
- Builds on asks from the 2019/20 Operating Plan

Plans need to be…

- Clinically led
- Locally owned – building on local engagement
- Developed in conjunction with LAs
- Detail delivery of all commitments in LTP over 5 years
- Realistic especially for workforce planning
- Financially balanced including
  - Deficit Recovery trajectories
  - Cash Releasing savings
  - Reduction of Unwarranted Variation
  - Moderate Demand Growth
- Deliver the 5 financial tests

The challenges we face in Devon

1. More people are living for longer in ill-health

Medical advances mean people are living longer – something we celebrate. But people now often live with multiple illnesses, such as cancer, heart problems and type 2 diabetes. We need to ensure services can provide what they need

2. Preventable illnesses are increasing

Illnesses like type 2 diabetes are on the rise, and the amount of time people spend in good health has been decreasing since 2012

3. Vital health and care jobs remain unfilled

1 in 10 nurse jobs and 1 in 12 social worker posts in Devon remain vacant as demand for services increase. There is a shortage of people to undertake these roles

4. NHS funding is not keeping pace with demand

There have been increases in NHS funding, but peoples' needs for services are growing faster

The challenges we face in Devon

5. The NHS in Devon is does not always provide timely access to care

Devon is struggling to provide timely access to services. In addition, a rise of conditions like cancer, heart disease and dementia will put the health and social care system under more pressure unless more flexible, joined-up approaches are taken

6. Devon's population is rising

The county's population will rise by about 33,000 people – equivalent to the population of Exmouth – over the next five years

7. The overwhelming baby boomer effect

The number of people aged over-85 in Devon will double in the next 20 years. We need to be able to offer all the services they need as an even greater priority

Some Highlights from our Case for Change

- Our population will grow by 33,000 in next 5 years
- By 2030 there will be 36.5% more people over 75 years compared to today
- Healthcare cost of someone 85yrs+ is £4,500pa ten times that of a child under 10 years
- Prevalence of dementia is growing by 1% annually. This will increase to 3% annually by 2029
- 85% of hospital beds are occupied by emergency patients and the utilisation is growing by 2.5% pa
- Of remaining 15% of elective beds, 8% are for high risk patients e.g. cancer, cardio vascular disease.
- If emergency growth continues at this rate, beds available for planned low risk cases will disappear if nothing changes

Some Highlights from our Case for Change

- Smoking and alcohol, physical inactivity and poor diet are main causes of preventable disease which accounts for 40% of premature death
- 25% children in Devon are overweight or obese, this rises to 33% by time they leave primary school
- For every person over 85 there are currently 16 people of working age, by 2040 this is halved to 8
- On average a person will consume a third of lifetime healthcare costs in last 2 years of life - the number of deaths is rising

Engagement Approach

- Engagement on the Devon NHS Long Term Plan started on Thursday 11 July and ended on Thursday 5 September.
- The engagement was structured into two Tiers,
  - **Tier 1** is strategic county-wide engagement being led by the Devon CCG communications and engagement team (Andrew Millward, Nick Pearson, Nicola Bonas and Jon Sewell).
  - **Tier 2** is locality-led engagement activity being undertaken by the four locality communications leads (Jacqui Gratton/Corinne Farrell for Southern Devon, Amanda Nash/Sarah Hyde for Western Devon, Jessica Newton for Northern Devon and Jeff Chinnock for Eastern Devon. Peter Leggatt from DPT and Sarah Hyde from Livewell have been working with each locality).

What engagement did we do?

Better for You, Better for Devon survey
10 questions in an online survey which has been issued via online link and in hard copy where requested. Survey has been supported through online advertising on social media and through partner websites and in GP practices.

Devon Referral Support Service – Outpatient Redesign
DRSS conducted telephone interviews (2 questions) with incoming callers booking outpatient appointments each week during July and August.

Devon Virtual Voices
Conducted two surveys with our newly formed virtual panel, which is representative of the Devon population. The panel has 1734 members who were recruited through face-to-face activities. The first survey was on **follow-up appointments and use of technology** and the second was on **mental health**.

Joint Engagement Forum
The forum for supporting the involvement of people who receive health and social care support in the planning, development and monitoring of services were asked two questions on the NHS's use of digital technology and supporting children and young people's mental health

What engagement did we do?

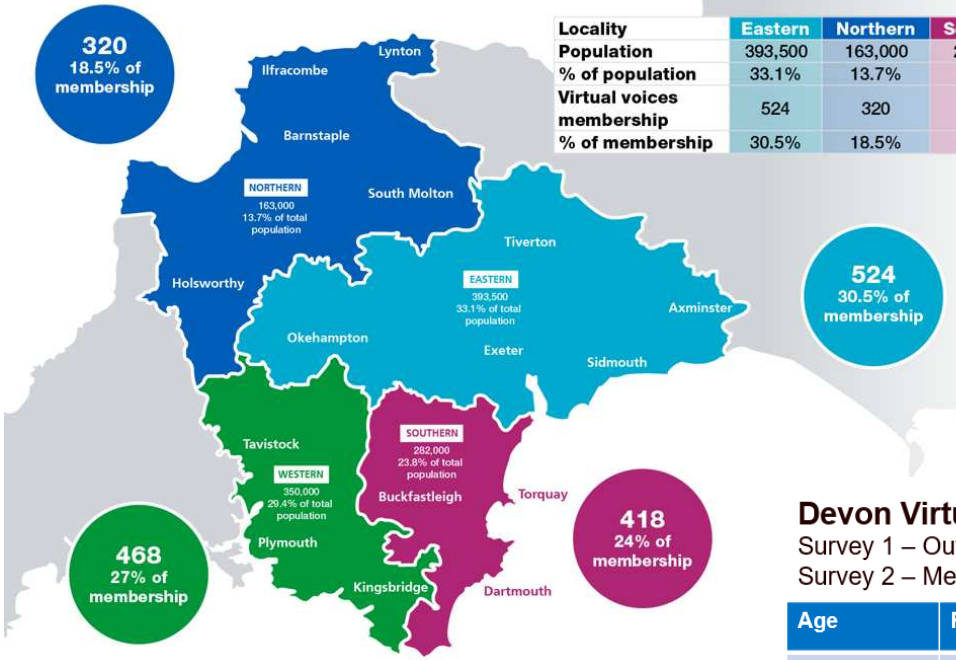
Living Options (Voluntary Sector Organisation)
Commissioned for a piece of work to engage with children and young people in Devon regarding mental and emotional health and wellbeing. A dedicated survey and series of focus groups are being carried out.

Public and Patient Participation Groups (PPGs)
The PPG Network and Forums have been key in supporting the distributing of the online survey (including hard copies) with patients in practices.

CCG staff
Participating in staff briefings to share their views on the Long-Term Plan.

Political engagement
There has been ongoing engagement and involvement of all three Health and Wellbeing Boards in Devon since Jan 2019, when the NHS Long Term Plan was launched nationally.

Devon Virtual Voices



Locality	Eastern	Northern	Southern	Western	Total
Population	393,500	163,000	282,000	350,000	1,188,500
% of population	33.1%	13.7%	23.8%	29.4%	100.0%
Virtual voices membership	524	320	418	468	1,730
% of membership	30.5%	18.5%	24.0%	27.0%	100.0%

"If level of care is same then don't mind. It would be easier at home." - 56+ -Year-old

"Email is fine for general health, will use technology for things like repeat prescriptions which I already do. Also, would use it for booking appointment, would be comfortable with both." - 36-55-Year-old

"Education -making people aware of options. I see a lot of stuff out there - go to pharmacy for this. The info is out there but whether it is effective I am not sure." - 36-55-Year-old

Devon Virtual Voices survey responses:

Survey 1 – Outpatient redesign
Survey 2 – Mental health and wellbeing

Age	Responses	% of total responders
18 - 35	78	15%
36 - 55	106	18%
56 - 75	306	56%
76 - 100	60	11%

Gender	Responses	% of total responders
Male	277	52%
Female	260	48%

Location	Responses	% of total responders
Eastern	154	29%
Northern	127	23%
Southern	110	21%
Western	147	27%

1734 members
550 responses
32% response rate

Engagement with elected members

The STP has attended the following public meetings in Devon.

Public Meeting	Date
Devon Health and Wellbeing Board	11 April 2019 / 11 July 2019
Devon Health Scrutiny Committee	21 March 2019 / 18 June 2019
Plymouth Health and Wellbeing Board	7 March 2019 / 11 July 2019
Plymouth Health Scrutiny Committee	19 June 2019 / 31 July 2019
Torbay Health and Wellbeing Board	14 March 2019 / 31 July 2019
Other	• Briefings provided to Members of Parliament • Devon Local Government Steering group consisting of Devon District council leaders (May 2019) • Case for Change and Questionnaire distributed to Town and Parish Councillors across Devon • Numerous informal meetings with local Councillors

What have we found?

Headlines

Key Themes coming out of Tier 1 and 2:

- Outpatient engagement by Eastern and Western LCPs, DRSS, Virtual Voices and the wider Devon survey suggests a preference for face to face hospital appointments. DRSS survey found ***50% of people wanted to face-to-face***, ***47% of people would consider digital***. The virtual voices panel found ***54% wanted face-to-face***, ***41% would consider digital*** (NB: majority of responders were over 50).
- The above stats show there is an appetite for technology but need to do more education, channel shift and reassurance to encourage best use
- People are attending A&E because its easier than accessing other services.
- Need more joined up communication between services, signposting and information
- Community support and social interaction is critical to mental illness, support and recovery

Headlines contd…….

People are willing to travel for care for up to an hour, and expect provision to be available in Devon and Cornwall.

In the Better for You, Better for Devon online survey;

- **21% of people** said they are willing to travel up to 2 hours to attend an appointment
- **34% of people** said they are willing to travel up to an hour
- **22% of people** are willing to go as far as necessary depending on the level of emergency or need.

Shared system vision and ambitions

Outputs included a System Vision, Ambitions and focus on delivery.

All organisations will work towards a single shared vision:

"Devon's health and care system will ensure there are equal chances for everyone in Devon to lead long, happy and healthy lives."

Achieve four long-term ambitions

Children and Young People – Invest in children and young people: to have the best start in life, be ready for school, be physically and emotionally well and develop resilience throughout childhood and on into adulthood.

Digital - Invest in a digital Devon: only tell your story once, first contact will be digital, self-care, digital connectivity.

Integrated Care Model – Systematic delivery of the integrated care model across Devon as defined in the ICM blueprint

The "Devon" deal - Establish a Devon deal to decrease gap in life expectancy, narrowing health inequalities across Devon. (A citizens-led approach to health and care)

And work together towards the ambition for **Equally Well** to challenge inequity in health outcomes for people with mental health and/or learning disability diagnosis.

Next steps following submission of the first draft

Date	Action
30/09/19	Review of draft plans by regional teams
Approx 11/10/19	Feedback from NHE/I regional teams
October	Review and update of plan including narrative and technical information in response to feedback and continuing local planning.
10 – 17 October 2019	System review / assurance meetings – dates / times and attendees tbc.
04/11/19	Amended system plans shared with regional teams.
15/11/19	Final narrative Strategy Delivery plans agreed with system leads and regional teams and submission of completed Strategic Planning Tool (technical templates).
Early December 2019	Aggregated national Strategic Implementation Plan published

ACOH/19/03
Health and Adult Care Scrutiny Committee
23rd September 2019

DEPRIVATION OF LIBERTY SAFEGUARDS SERVICE UPDATE AND INITIAL INFORMATION RELATING TO THE TRANSFER TO THE LIBERTY PROTECTION SAFEGUARDS LEGAL FRAMEWORK

Report of the Head of Adult Care Operations and Health

1. Recommendation: This report is for information only.

2. Background/Introduction

2.1 This briefing will provide an update on the success of the Deprivation of Liberty Safeguards (DoLS) investment project in reducing the risks posed by the service waiting list during June 2018-May 2019.

2.2 In addition, this briefing will provide an early outline of the new statutory functions of Devon County Council under the Liberty Protection Safeguards (LPS) Amended Mental Capacity Act, which are expected to come into force on the 1st October 2020 and will replace the Deprivation of Liberty Safeguards.

3. Deprivation of Liberty Safeguards Service Investment Update

3.1 Background

3.1.1 Following the Supreme Court Ruling re P v Cheshire West and Chester and P&Q v Surrey County Council (2014), Devon along with other local authorities continues to receive high levels of applications for Authorisations under the Deprivation of Liberty Safeguards legal framework. This led to many Local Authorities, including Devon, holding a waiting list. Following reports highlighting the risks posed to the individuals waiting for assessments, the financial and reputational risks posed to the organisation, a significant 12 month non-reoccurring investment was made to the DoLS Service.

3.2 Project Actions

3.2.1 The DoLS Service employed a number of temporary Best Interests Assessors and commissioned the specialist Doctors required to undertake additional assessments and reduce the waiting list. Administrative staff were also employed to manage extensive administrative tasks associated with the DoLS process.

3.2.2 The funding was also used to ensure that those individuals assessed had access to advocacy in line with the legal framework requirements.

3.2.3 The DoLS Investment project had two significant aims:

3.3 Aim 1: The reduction of the waiting list by 1,000 cases to bring Devon in line with our mid-range statistical neighbours/peer authorities.

Aim 2: To maximise the services ability to manage identified high risk cases and cases where appeal to the Court of Protection is indicated within reasonable timescales. Reducing the risk of harm to the service user and reducing reputational/financial risk to the organisation.

3.3.1 The following text describes our delivery on these two aims:

3.3.2 **Aim 1: The reduction of the waiting list by 1,000 cases to bring Devon in line with our mid-range statistical neighbours/peer authorities.**

3.3.3 At the start of the project the waiting list stood at 3,130. By the project end this had reduced to 2,365. During the project the service experienced an unexpected increase in the average weekly referral rate to the service from 44 cases per week to 50 cases per week (312 additional cases within the project period). Taking this challenge and the recruitment issues into account, aim 1 of the project can be viewed as very successful.

3.3.4 The positive impact of the investment period is also reflected in the increase in the number of individuals who now have their rights protected by way of an Authorisation. Currently there are 714 individuals subject to a DoLS Standard Authorisation compared to 338 at the start of the investment period.

3.3.5 A further intention of the project was to bring Devon County Council's waiting list average in line with other mid-range peer authorities. Our position is reported by NHS Digital on an annual basis. The project funding covered two reporting periods, the first set of data is expected to be published in October 2019 and the second in October 2020. We anticipate our position will show improvement in both reporting periods, with the most significant improvement being evidenced in the October 2020 publication.

3.3.6 Following the end of the investment there is a risk that the waiting list will steadily increase with a prediction that within 18 months this could revert to pre-investment levels. Some carry over funds have been allocated for this financial year to lessen the impact. The waiting list is holding steady at an average of around 2,370 cases.

3.4 Aim 2: To maximise the services ability to manage identified high risk cases and cases where appeal to the Court of Protection is indicated within reasonable timescales. Reducing the risk of harm to the service user and reducing reputational/financial risk to the organisation.

3.4.1 The Local Authority has an obligation outlined in the legal framework and subsequent case law to ensure individuals subject to a DoLS Authorisation are enabled to apply to the Court of Protection to appeal. This obligation applies in circumstances where they or their family are objecting to the arrangements in place.

3.4.2 Court of Protection work is increasing, currently we are involved in 18 active cases, we are working alongside 21 individuals who are subject to final Court orders and a further 11 cases have resolved. This area of specialist work for the DoLS Service takes considerable staff time and service resource. This work is essential in upholding the rights of the individuals concerned and reducing reputational and financial risk to Devon County Council.

3.4.3 The investment project has maximised our ability to assess high risk cases in a timely manner by enabling the core team-based staff to focus on identified high risk cases and Court of Protection work.

3.4.4 Aim 2 of the project has also been met.

4. The Introduction of the Liberty Protection Safeguards

4.1 The Liberty Protection Safeguards will replace the Deprivation of Liberty safeguards legal framework. The expected date for implementation of the new Act is the 1st October 2020.

4.2 Due to the scant nature of the Act our 'knowns' are limited. In depth detail is expected to follow with the publication of a 'Code of Practice' and the publication of 'Statutory Regulations', both of which are now not expected before late-spring 2020.

Key known changes:

a. The 'Supervisory Body' currently the Local Authority, who is responsible for authorising deprivations of liberty will be replaced by the 'Responsible Body'.

b. The commissioner of care will take on the Responsible Body responsibilities. The impact of this will be Trusts and CCGs will be responsible for individuals who come within the scheme and are resident in hospital or receiving CHC funding. Local Authorities will be responsible for all other cases including self-funders.

c. The safeguards will now apply to anyone over the age of 16, not 18 years as is currently the case. This age change reflects the wider provisions of the Mental Capacity Act.

d. The legal framework will cover all accommodation types, so in addition to hospitals and care homes, supported living, shared lives and even private/domestic settings will be included.

e. Authorisations currently cover residence and will in the future also cover: residence, care and treatment arrangements, conveyance and could cover multiple settings at any one time.

f. The functions currently undertaken by Best Interests Assessors will be replaced by a new Approved Mental Capacity Professional role (AMCP's).

Although any Responsible Body can employ AMCP's, Local Authorities will be required to make arrangements for the approval of AMCP's and to ensure they have sufficient numbers of AMCP's in their locality.

4.3 The change from b) will decrease the number of referrals into the Council whilst the change in c) will increase the number of referrals. The change in d) is neutral as this already applies with community DoL applications. However, we know our practice is weak in this area and as it improves the number of referrals will increase.

4.4 The following new roles will be created:

- Reviewing Officer – the role identifies the person within the Responsible Body granting the authorisation and originates from the need to guarantee independence from staff involved in the care management arrangements.

  The Reviewing Officer's main function is to clearly demonstrate scrutiny of the proposed arrangements and to ensure that the qualifying criteria for the granting of an order are met. Therefore, those acting in this capacity will need to be suitably experienced and senior with the ability to undertake scrutiny of the assessment/care planning documents.

- Approved Mental Capacity Professional (AMCP) – this new role replaces the role of the BIA and aligns with that of the Approved Mental Health Professional role (AMHP) under the Mental Health Act. It is believed the role will mirror the AMHP role in terms of qualifications, regulation and independence.

- The assessing AMCP cannot be someone who was involved in the arrangements of or the decision-making process for the individual's care.

4.5 There will be a statutory requirement for the Reviewing Officer to refer to an AMCP in cases where the individual objects to the proposed arrangements and where individuals are deprived of their liberty whilst in a Private Hospital. This duty will ensure that those individuals who are most at risk will have an additional level of specialist scrutiny/oversight and effective recourse to appeal to the Court of Protection.

- There is a statutory requirement for the Local Authority to appoint a manager with responsibility to oversee the conduct, performance and approval of AMCP's and for this manager to be accountable directly to the Director of Adult Social Services.

4.6 For ease of reference a comparison grid is contained at Appendix 1.

5. <u>Consultations/Representations/Technical Data</u>

5.1 None applicable currently.

6. Financial Considerations

6.1 Given the short timescale to proposed implementation of the Liberty Protection Safeguards (LPS) Act, work has started to scope the impact of this change on the Local Authority. However, our ability to fully assess the impact of the new legal framework is hampered whilst we wait for further detail and clarity that should be provided via the Code of Practice and Regulations.

6.2 Suffice to say there will be resourcing implications for the Council resulting from the new obligations under The Liberty Protection Safeguards.

6.3 Work is being undertaken to estimate potential financial impact. It is understood that the Government are to review the initial financial impact assessment which was widely felt to be underestimated.

6.4 Additional reports will follow once the landscape is clearer.

7. Carbon Impact Considerations

7.1 Neutral impact currently.

8. Equality Considerations

8.1 Equality implications related to the introduction of The Liberty Protection Safeguards will be considered during the implementation phase. All Equality Impact and Needs Assessments required will be undertake at that stage.

9. Legal Considerations

9.1 Considerations related to our current DoLS Service work

9.2 The DoLS Service continues to hold a waiting list. Cases where there are no significant high risks indicated for the individual concerned, or, where an application to the Court of Protection is not indicated remain unlikely to be assessed within the statutory timescales required. The DoLS service has a system in place to monitor these cases and to work alongside the care provider or hospital to ensure that the individual's assessment is re-prioritised and assessed more quickly if circumstances change.

9.3 There remains a risk of a breach of an individual's human rights in all cases where the assessment is not undertaken within the statutory timescales required. This places the individual at potential risk of a lack of oversight, increased risk of overly restrictive care provision and a lack of access to review by the Court.

9.4 Risk to the organisation is reputational and financial. Awards against L/As have been made e.g. in one case a Local Authority faced damages for a substantive human rights breach of £4,615 per month for 13 months and were also ordered to pay the Court/legal costs.

9.5 Legal considerations related to the introduction and implementation of The Liberty Protection Safeguards

9.6 The DoLS Service is working closely with the County Solicitor's department to ensure that implications/consequences of the new legal framework are considered and planned for.

9.7 We aim to ensure that all required policy, practice guidance resources, and training requirements will be in place and accessible to the work force, maximising our ability to apply the new framework across Adult and Community Services.

10. Risk Management Considerations

10.1 Risk management considerations related to the current DoLS Service

10.2 The Deprivation of Liberty Safeguards Service continues to hold a waiting list as is the case for most of the DoLS Services nationally. This continues to present a risk to the organisation and as such the service remains on the organisational risk register.

10.3 All practicable steps continue to be taken by the service in line with ADASS and locality agreed priorities/procedures to minimise the risks posed to individuals and the organisation resulting from any delays in assessments.

10.4 See also legal considerations section above.

10.5 Risk management considerations relating to the implementation of the Liberty Protection Safeguards

10.6 Risk considerations relating to the transfer to LPS are currently being explored.

10.7 The following list is based on headline risks only and are assumptions given our current knowns:

- Using the data we have available from DoLS and, estimates for cases in the community where data is limited, we approximate that around 2,500 cases per year will require collation of assessment material and Pre-Authorisation review by Devon County Council staff. This will require additional staff resource to ensure our statutory requirements are met.

- Ensuring that Devon County Council meets its statutory requirements in relation to the Provision of the new Approved Mental Capacity Professional poses a risk in terms of ensuring numbers of appropriately trained and approved staff are available in the locality.

- LPS requires that individuals in private hospitals who are experiencing a potential deprivation of liberty are assessed by an AMCP.

  The number of private hospital beds in Devon, including the building of a 45 bedded private psychiatric hospital in Exeter, will impact on the number of AMCP's needed in the locality.

- Advocacy resource. Under LPS all individuals subject to an Authorisation must have either a relative or friend to represent them or an Independent Mental capacity Act Advocate (IMCA) unless it is deemed not in their best interests to have the later. We envisage that this will require uplift in our current advocacy provision/contracts.

- Training and staff guidance resources. Devon County Council will need to ensure that all frontline staff are aware of the requirements of the new legal framework and that staff guidance and assessment tools are readily available at the point of implementation. This has implications for our current workforce development provision.

- Support to the Private and Voluntary care sector. Devon County Council as a Responsible Body has a statutory obligation to provide training and support to the care provider sector in relation to the implementation and implications of LPS. Ensuring our partners are equipped to manage the change is a must.

10.8 Given that LPS is a replacement for DoLS and aims to ensure that individuals who lack capacity and experience a deprivation of their liberty are provided with protection against a breach of their human rights, the risks posed from non-compliance with the statutory requirements of LPS are assumed to align with those posed with non-compliance with DoLS.

11. Summary/Conclusions/Reasons for Recommendations

11.1 In relation to the DoLS Investment project the service rose to the challenges posed by the project aims and the outcome was highly successful.

11.2 In relation to The Liberty Protection Safeguards, Devon County Council will be required to implement the new legal framework. Further updates will be provided closer to implementation when the landscape is clearer, and all statutory requirements are clarified with the publication of the Code of Practice and Regulations.

Keri Storey

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 01392 383000

BACKGROUND PAPER	DATE	FILE REFERENCE
Nil		

Appendix 1 – Comparative Summary - DoLS verses LPS

DoLS (Deprivation of Liberty Safeguards)	LPS (Liberty Protection Safeguards)
DoLS Applies only to people accommodated in Hospitals, Residential or Nursing Homes.	LPS will apply to people who meet the criteria accommodated in any setting, which may include their own home.
DoLS only applies to people aged 18 or over.	LPS will apply to people aged 16 and over, in line with the Mental Capacity Act.
Under DoLS the Local Authority (LA) is the **Supervisory Body** responsible for assessing and granting authorisations.	A significant departure is being introduced whereby CCG's and Hospitals, as well as Local Authorities, will become the **Responsible Body**.
Homes or Hospitals would notify the LA when there was a DoL, who would then be responsible for the series of Assessments.	Care Homes can be asked by the LA to do some assessments as part of a 'Pre-Authorisation Review', these assessments could be done by other assessors too, if the person is 18+. *This is unlikely to be practical, due to conflicts of interest*
The BIA is a specialist assessor role, created for the principle purpose of assessing individuals under the auspices of DoLS.	A new role is to be introduced, Approved Mental Capacity Professional (**AMCP**) for cases where there is an objection or dispute, and some other circumstances.
Reviews of an Authorisation can be requested during the period of Authorisation.	Reviews must be 'built-in' to the Authorisation period.
A DoLS Authorisation can only be in place for a maximum period of 12 months, guidance is that it should be for the shortest period possible.	An LPS Authorisation can be in place for 12 months, then a further 12 months, then for up to 3 years.
A DoLS Authorisation can only be for one place, it will end if the person goes into hospital for more than 24 hours or to another home.	An LPS has the scope to 'travel' with the person, so it could cover multiple settings, such as; a care home, family home, residential school, and day care. ALSO: Transport and/or conveying (*not* covered by DoLS)
Anybody under a DoLS Authorisation **must** have a Representative, this can be a family member or IMCA/Paid Representative.	LPS will have a similar need for representation which will be referred to as an Appropriate Person (AP), if there is no AP an IMCA can be appointed if in the person's best interests.
The number of cases and various statistical categories needed to be returned to the DoH (NHS Digital) annually.	There is no guidance (yet) as to what will be expected from the LA, but something similar is anticipated.

ACH/19/114
Health and Adult Care Scrutiny
23 September 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 that contains updates and general information responding to specific actions or requests during the previous Health and Adult Care Scrutiny Committee meeting.

2. Purpose

2.1 To respond to specific questions from previous meeting (sections 3-5) and update on latest news (section 6).

3. Performance comparison of Ambulance Foundation Trusts

3.1 Further to previous information provided to the Health and Adult Care Scrutiny Committee on aspects of SWASFT performance in June. There was a request to understand relative performance compared to other Ambulance Service Financial Trusts.

3.2 This information is available in a monthly performance report submitted to the SWASFT Board that includes a wide range of performance figures, including information on response times. The report also includes national benchmarking of SWASFT performance against the other ambulance trusts in England. The reports are published on a monthly basis.

3.3 The NHS also publishes ambulance quality indicator data on a monthly basis.

4. Urgent care and winter planning

4.1 Levels of urgent care activity in the urgent care system over the summer period have been above those anticipated and planned and this has put additional pressure on A&E departments in our 4 acute hospitals. Current performance for the latest year to date figure is 85.5% (national performance is at 87.8%) against 4 hour waits in ED departments.

4.2 All partners are now working on local winter plans using additional winter resources that will bring additional capacity over the winter period. There will also be a system wide plan which will be sent to NHS England by 4 October for initial review and feedback with a final plan submission in early November.

5. Healthwatch Devon Annual Report 2018-19

5.1 In June this year Healthwatch Devon published its annual report for 2018-19. The report sets out people's experience of health and care services in Devon. Over 2600 people across Devon contributing.

5.2 The report also sets out what Healthwatch has done with this information and how it has contributed to improving the experience that people get from local health and care services.

6. Devon Health and Care system communications update

6.1 The quality of health and care services in Devon

6.1.1 The CQC has updated all of the local area profile documents. Of particular note locally is that 100% of GP surgeries in the DCC footprint are rated either Good (77%) or Outstanding (23%), better than national and comparator averages. And, adult social care provision within the DCC footprint also continues to be rated as better quality than national and comparator averages

6.1.2 GP practices across Devon have also been praised after achieving excellent results in the annual national patient survey.

- 88% of patients described the overall experience of their GP practice as good or very good
- 90% of patients reported feeling that the healthcare professional at their last appointment recognised or understood any mental health needs they had (compared with 86% nationally).
- Almost eight in ten patients (77%) reported a good experience of NHS services when they wanted to see a GP but their GP practice was closed.
- 90% of patients felt that the healthcare professional at their last appointment recognised or understood any mental health needs they had, compared to 86% nationally

6.2 Devon Sustainability and Transformation Partnership shortlisted for Public Sector Campaign of the Year

6.2.1 Thumbs Up For Coby, a powerful Devon STP campaign to encourage parents to make sure children get the flu vaccination, has been shortlisted for three Chartered Institute of Public Relations (CIPR) awards. The campaign, which reached more than one million people online and contributed to an increase in flu vaccinations for 2-3-year-olds by 10%, is shortlisted in the following categories in the South of England and Channel Islands awards: Public Sector Campaign of the Year; Regional Campaign of the Year; Best Use of Social Media.

6.3 NHS and Local Government working together in Dartmouth

6.3.1 Ambitious plans to build a new health and wellbeing centre in Dartmouth have received a triple boost. The local NHS, South Hams District Council (SHDC), Dartmouth Medical Practice and other partners are working together to build a state-of-the-art new home for GP and NHS services in the town.

6.3.2 SHDC's Executive has approved the business case for the scheme and GPs from Dartmouth Medical Practice have formally announced they will relocate from their Victoria Road surgery to the new site after terms were agreed with Devon CCG. Torbay and South Devon NHS Foundation Trust, which provides local NHS services, has also announced it had approved the financial model for the scheme and confirmed details about the sums being invested by the NHS. The overall project cost is £4.8million.

6.3.3 The new building will be light, airy and built to modern health and energy standards, providing an improved experience for patients.

6.4 Living Well at Home update

6.4.1 Devon County Council and NHS Devon CCG commission domiciliary care that is provided at home to vulnerable people across the county. Since July 2016, this has been delivered through our Living Well at Home contract, with three Primary Providers; Mears Care, Mihomecare and Devon Cares. They in turn have provided the contract either directly, or via other local care providers.

6.4.2 Devon County Council and Devon CCG have agreed with Mears Care to bring forward the end of their contract as Primary Provider for personal care in Exeter, East Devon, Teignbridge, South Hams and Tavistock. This follows a review by Mears of their business model now that they no longer deliver direct care to people in Devon, and a wider consideration of how best to respond to market conditions in those areas.

6.4.3 This decision means that Devon County Council will take back the day to day direct management of those care arrangements. People currently receiving a service will not be affected by this change.

6.4.4 We will work in close partnership with the same local care providers that Mears Care subcontract with, so that people who are currently receiving home visits arranged by Mears Care on our behalf will continue to receive their care from the same care providers, with the same care arrangements.

6.4.5 We anticipate that a small number of Mears Care staff will transfer to Devon County Council under TUPE Regulations, and we will be recruiting additional staff to ensure a smooth transition.

6.4.6 We continue to engage local care providers in our action plan and will have the new arrangements in place in early November.

6.5 Healthy and Happy Communities: Devon's Joint Health and Wellbeing Strategy 2020-25

6.5.1 The consultation on the new Devon Joint Health and Wellbeing Strategy closed on the 5th of September.

6.5.2 As well as the online consultation, a series of five focus groups were held by Living Options Devon to engage hard to reach groups such as learning disabled, LGBTQ, young people, disabled and deaf people and BME

communities. The organisations which supported the focus groups included:

- United Response (5 people participated – Adults with learning disabilities)
- Proud2Be (50 people participated – Young people and adults)
- Young Devon (18 people participated – Young people aged 13 to 23 years)
- Living Options (22 people participated – Adults with lived experience of disability)
- Hikmat (78 people participated – Devon residents from the following ethnic groups: Filipino, Chinese, Vietnamese, Bangladeshi, Pakistani, Syrian, Libyan, Bahraini, Egyptian, Iraqi, and Sudanese.)

6.5.3 Responses have also been received through other means and therefore it is important to recognise that the information provided in Appendix A of this report is interim and indicative of what has been heard in response to the consultation questions.

6.5.4 A full and final analysis and response to what has been heard during the consultation will be published in due course when all the feedback received has been considered.

6.6 Proud to Care health and care campaign update

6.6.1 Proud to Care Devon will be running a further marketing recruitment campaign to support the recruitment of care workers in Devon from September – December. This campaign will focus on recruiting people to roles in domiciliary care, residential and nursing homes using a range of different media to attract people aged 20 – 39.

6.6.2 Digital advertising will include YouTube, Gmail, Instagram Stories, and Facebook, as well as TV and On Demand adverts, radio advertising through Heart FM, and advertising on the back of buses. The campaign will focus on a small number of older people who are currently receiving care in Devon, in their own home and in residential homes.

6.6.3 Proud to Care was pleased to be overall sponsor at the Outstanding Care Awards 2019 at the Riviera International Centre on a beautiful sunny evening in Torquay on Friday 28 June. The full list of the award winners can be found here.

6.7 Association of Directors of Adult Social Service annual budget survey

6.7.1 In June ADASS published the results of 2019 annual budget survey. There are a number of ADASS resources that set out the key message and also that looks in more detail at the findings. The key messages are:

- The failure of any government to address social care is having severe impacts on people needing care, their families and the people who work in arranging and delivery of care
- Social care and the NHS are interdependent. Without a settlement for social care the NHS will not be able to deliver on the commitments of the Long-Term Plan.
- There needs to be a long-term, sustainable solution for funding adult social care

- Short-term funding needs to continue until whatever is in the promised Green Paper can be implemented.
- Adequate funding is required to meet an increasing number of people's needs in effective ways.
- Councils, individuals employing personal assistants and providers must be able to recruit and retain a caring, skilled and valued workforce
- We need to be able to fund a vibrant care market that gives people choice and control over their lives
- Aspirations to invest in asset-based approaches and prevention must be able to be realised

6.8 Devon Doctors to provide 111 and out of hours from 1 October 2019

6.8.1 Devon Doctors have been the main provider for the Integrated Urgent Care Service (IUCS) in Devon for three years, with the NHS 111 telephony service for Devon sub-contracted to Vocare. Together we have been reviewing how the IUCS is provided in future, specifically the provision of NHS 111 and out-of-hours care (triage, treatment centre and home visits).

6.8.2 The objective of the review focuses on ensuring a high-quality and efficient service, diversity in roles and job security and delivering a sustainable model for the future service which has a really important role to play in delivering the ambitions of the Long Term Plan for the NHS.

6.8.3 Devon Doctors will begin directly providing the Devon NHS 111 telephony service on 1 October 2019. The sub-contact with Vocare will cease. This means Devon Doctors will provide the entire IUCS service directly, from initial NHS 111 call right through to clinical consultation at either CAS, treatment centres or by home-visiting clinicians.

6.9 Peninsula Clinical Services Strategy

6.9.1 The Peninsula Clinical Services Strategy (PCSS) brings together NHS partners across Devon and Cornwall and the Isles of Scilly to shape the future of hospital-based clinical services, ensuring their safety, quality, accessibility, resilience, performance and affordability.

6.9.2 The strategy is vital to address some of the fundamental challenges faced by the NHS, which will escalate in the next five to ten years. By enabling clinical teams to work together across hospitals, sharing access to diagnostics and expensive equipment we aim to deliver the best standard of care we can throughout the peninsula and work together to manage waiting times so they are kept as short as possible for our population.

6.9.3 Clinical teams are working hard to meet the increasing need for their services but are challenged by difficulties in recruiting essential staff and their access to specialised facilities and equipment.

6.9.4 Through this strategy, which is led by local doctors and will involve clinicians and hospital managers from each trust, we want to spread collaboration, clinical networking and best practice in the services where we are facing our greatest challenges. A briefing document on the PCSS is available to download.

6.10 Results of the Better Births engagement.

6.10.1 In 2018, the Local Maternity System (LMS) in Devon - consisting of NHS and health care organisations - undertook 8 weeks of intensive engagement to gather the thoughts, experiences, and views of parents and families about births in Devon.

6.10.2 2,267 parents gave their feedback, and this has helped us shape the priorities for maternity services in Devon, working with the Maternity Voices Partnership (MVP)

6.10.3 During the engagement, we explored the recommendations of NHS England's Better Births review. This national review focuses on personalised care, continuity of carer (i.e. seeing the same health professionals), postnatal and perinatal mental health care, digital medical records and the wider planning of maternity services.

6.10.4 Since the engagement took place, the LMS has been looking at the recommendations and how they are implemented locally

6.10.5 The full report is available online that detail all of the recommendation received including the following:

- More shared decision-making and better communication between families and health professionals
- Consistent information is needed regarding safety, this is a big part of the decision-making process for families when deciding where to have their baby. They should be given all relevant information regarding safe birthing options before they are asked to decide where they want to deliver their baby. For example, parents wanted more information about home birthing
- Antenatal and postnatal care could be much better at a local level, parents were concerned about the reduction of groups in the community and peer-to-peer opportunities that used to happen in children's centres. They also felt antenatal classes missed opportunities and could provide much better advice and information to help parents plan and make informed decisions
- Birthing plans are a personal decision taken by families, however a strong recommendation from families was regarding post birth - when a birth has not gone to plan. They would like a de-brief, offer of further support if they are struggling (this could be counselling or support groups, for example), and the chance to talk it through with a health professional.
- Feeding choices – parents feel there is more that can be done to help them make informed choices, they shared experiences of being given contradicting advice from professionals. Feeding was the main theme that seemed to cause added stress and confusion postnatally. They felt there was limited opportunities in the community for peer-to-peer feeding support, unless volunteer groups existed.
- In terms of perinatal and postnatal mental health, families felt there should be better support for those who have experienced a traumatic birth. They also want to see better community support and more peer-to-peer groups. It was felt the reduction in postnatal groups could have a significant impact on families and women, as the opportunity to come together in the community to socialise, support each other through feeding and developmental milestones is highly valued.

6.10.6 Better Births engagement in numbers:

- 12,500 births per year in Devon
- 1,370 people completed an online survey
- 29 focus groups were held across Devon
- 78 children's centre events were attended over 8 weeks – reaching 324 parents (60 children's centres were involved)
- 438 engagements on the dedicated 'Better Births in Devon' Facebook page (social media proved a very successful channel for engagement)
- Over 300 people registered their interest in being further involved in the development of maternity services. People continue to be involved on the Better Births in Devon Facebook page

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
Tel No: 01392 382300 Room: G42

BACKGROUND PAPER	DATE	FILE REFERENCE

Nil

A summary of the online consultation findings for the Joint Health and Wellbeing Strategy (JHWS) in Devon

The draft strategy outlines how the board will work with Devon's communities to improve the health and wellbeing of the county's residents and reduce health inequalities over the next five years.

The priorities identified in the strategy reflect the four pillars of population health, the Minsk Declaration on the life-course approach, and draw on evidence collected in the JSNA, and through board meetings and workshops. Under each priority area, the outcomes we want to achieve and the local community assets and partners we will work with are identified.

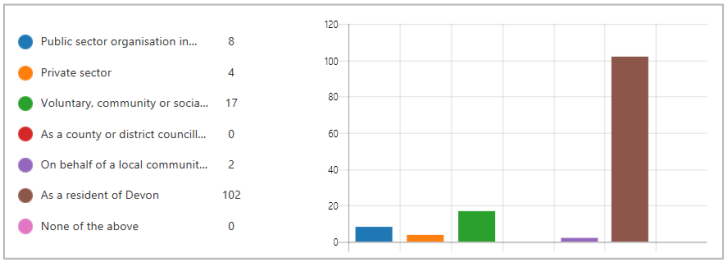
The JHWS consultation survey was conducted in August and September 2019. The closing date for the survey was Thursday, 6th September. This overview summarises some of the consultation findings from the online survey.

Please note that this summary does not include the qualitative feedback from respondents in the online survey or contributions received via other means. Please refer to page two which details next steps.

Respondents

The majority of respondents are residents of Devon. Figure 1 show the breakdown by different communities and organisations.

Figure 1: Respondents by community or organisation

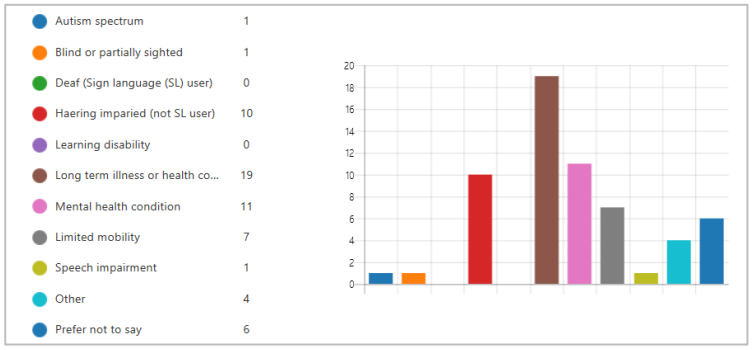


People who responded to the JHWS consultation tended to be female, white British and did not consider themselves to have a disability.

Of those who answered yes to day to day activities limited a little or a lot, this showed a mixture of different health and wellbeing needs across respondents. Long term conditions, mental health conditions and hearing impairment were among the most prevalent self-reported conditions.

Please note that respondents could choose more than one health and wellbeing condition and therefore double counting will be present (figure 2).

Figure 2: Health and wellbeing conditions and disabilities



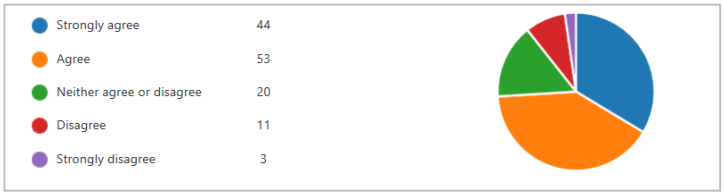
Approximately two thirds of respondents are in employment (full and part-time) and around a third were not in employment but not looking for work.

1 in 4 respondents reported that they are a volunteer or family carer who look after or support someone in their home that has specific needs.

Vision

Most respondents agreed or strongly agreed with the vision. Around a third of respondents neither agreed or disagreed, disagreed or strongly disagreed with the vision (figure 3).

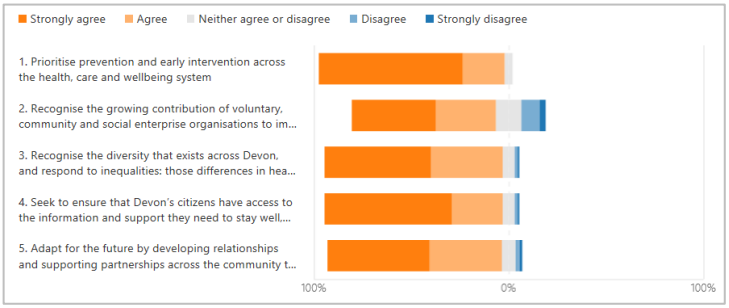
Figure 3: The vision



Principles

Generally, the majority of respondents agreed or strongly agreed with the five principles (figure 4). There were more people who disagreed or strongly disagreed with point 2 around the contribution of the voluntary sector.

Figure 4: The five principles



Priorities

Respondents were asked their views on four priorities. Broadly speaking, most respondents agreed or strongly agreed with the four priorities and the points which make up each priority. Despite some variation across each of the points, generally respondents agreed or strongly agreed.

Out of all four priorities, there were higher numbers of neutral responses in priority 1 particularly in relation to economic growth and social mobility (figure 5 to 8). Further analysis of the qualitative feedback may provide further insights to understand these responses better.

Figure 5: Priority 1 (including points a, b, c, d)

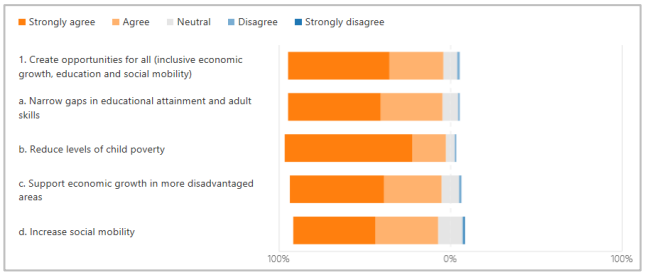


Figure 6: Priority 2 (including points a, b, c, d)

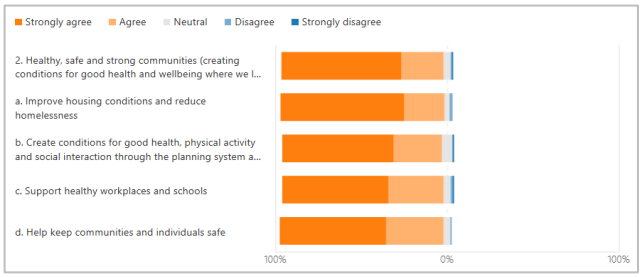


Figure 7: Priority 3 (including point a, b, c, d)

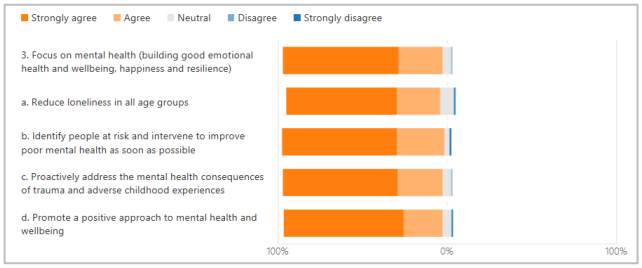
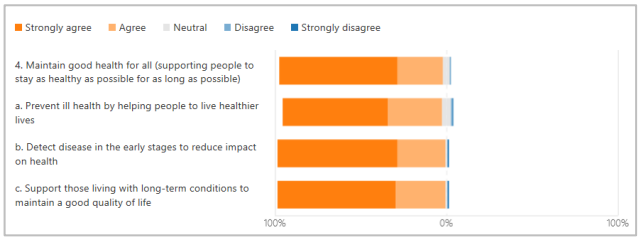


Figure 8: Priority 4 (a, b, c)



Next steps

Work is currently underway to summarise and synthesise the qualitative feedback from the online summary. Consultation feedback received through other routes will be summarised and added to the summary findings. A final report of all consultation findings will be available shortly.

CSO/19/21
Health & Adult Care Scrutiny Committee
23 September 2019

Understanding the Model of Care – Site Visits to West Devon Community Services / The Ness Dementia Centre

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.

2 July 2019 – West Devon Community Services Site Visit

The following councillors undertook visits to Tavistock Community Hospital, the West Devon Community Health and Care Team, as well as the Tavistock Wellbeing Hub which were led by Lou Higgins, Community Services Manager, Livewell and Sarah Mackereth, South Hams and West Devon Assistant Director:

- Cllr Sara Randall-Johnson, Chair
- Cllr Hilary Ackland
- Cllr Andrew Saywell
- Cllr Jeff Trail
- Cllr Debo Sellis (Children's Scrutiny / Local Member) – 1st part of session

West Devon Profile

- Higher proportion of 65+, and 85+ than England and Plymouth
- Lower proportion of children / working age population
- Life expectancy equivalent to Devon and England, higher than Plymouth
- Lower levels of deprivation than Devon, England, Plymouth
- Fewer elective (planned, non-urgent) hospital admissions than Devon, England, Plymouth
- Significantly fewer urgent attendances than Plymouth and Devon.
- 120 older people in funded residential/nursing care / 145 older people supported to live at home
- 64 adults with disabilities under 65 in funded placements / 116 people supported to live at home

Pressure in System

- Sufficiency and quality of affordable social care
- Growth in demand; static or shrinking workforce
- Future cost pressures for health care
- Growth in demand on urgent care

Tavistock Strengths and Solutions

- Integrated community services
- Support for community strengths and development
- Local solutions for local people
- Enterprise and innovation
- Tavistock Area Support Services (a charity dedicated to improving the health and wellbeing of older people to ensure they can remain independent and are able to make their own choices on how they live their life.)

Integrated Working

- Health & Social Care Hub
- Devon Onward Care Team
- Community Health & Social Care Team
- Therapies including Home First, Intermediate Care and Rehabilitation
- District Nursing
- Long-term Conditions Nursing
- Reaching for Independence
- Integrated management
- Community Hospital
- Social Care Reablement and Rapid Response

Whole System Response

- West Devon Primary Care Network

- Flow management from Derriford back to the community
- Tavistock Health & Well-being Alliance brings together representatives from statutory agencies working in, or responsible for, health and social care and local voluntary groups across the area to improve communication and good practice in the interests of the health and wellbeing of local people. The Alliance identifies where there are gaps and how these can be filled.

Challenges and Successes

- One team approach
- Use of voluntary sector to incorporate into care planning and delivery of services
- Renewed relationships with GP practices
- Existence of social care staff in Devon Partnership Trust Adults Team
- Inter-agency approach to safeguarding; both individual and whole-service.
- Provision of domiciliary care and agency in outlying areas
- Currently working collaboratively to improve reviews and see what solutions can be utilised

New Developments

- 2 Queen's Nurses in West Devon
- Length of stay improvements at Tavistock Hospital
- Admiral Nurse
- Reinvigorating the Dementia Support Worker role
- New Frailty Co-ordinator Nurse
- Improved access for primary care
- Single assessment process

Tavistock Hospital

The Tavistock Hospital provides diagnostic and screening procedures, family planning services, surgical procedures, treatment of disease, disorder or injury, and caring for adults under 65 years. The Tavistock Hospital site also includes a minor injuries unit, run by Derriford Hospital, has X-ray facilities and a wide range of outpatient clinics. Tavistock Hospital's operating theatre had a recent major refurbishment, and as a result can now carry out more than 2,000-day surgery procedures a year. The hospital specialise in dermatology but also offer the following, under local or general anaesthetic:

- Colorectal
- Ear, nose and throat
- Plastic surgery
- Urology
- Orthopaedics
- General surgery

Issues Identified by Members

For the purpose of this brief report, and the candid nature of the discussions that were held with staff in the various settings attended by members, 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

The focus in West Devon is more about prevention and proactive approach to working with people before needs escalate, linking in closely with GPs. A huge amount of work and development is undertaken to actively prevent admissions.

Housing

Issue with a lack of housing in Tavistock for people to be supported to live independently at home.

iBCF

Issue of iBCF money coming to an end at end of financial year 19/20. This will need careful management and continency plans if resource not there.

Proud to Care

It is a struggle to recruit personal care staff. Cannot get staff for some of the packages of care, even in central Tavistock. Need to get more people into being carers through a Proud to Care approach to promoting caring. There needs to be better linkage with schools to ensure caring is recognised as a sensible professional choice. Aspiring that 10% of students at 15/16 should have work experience in health and social care.

Integrated Working

26 more people a month currently that are being supported who would otherwise have been admitted to Derriford as part of integrated working with the Health & Social Care Hub.

Tavistock Wellbeing Hub

Exploring different ways to deliver the Wellbeing Hub. Members raised the idea of bringing different hubs together in terms of learning from each other and developing their offer through best practice.

Day Care

There is a shortage of day care services in Tavistock. There are then also issues surrounding the transport of people to sessions given the rurality of the area.

Voluntary Sector

Members agreed that there is a need to challenge health and social care about grant funding to VCS, and whether commissioning arrangements are always needed. VCS funding needs to be a 3-year minimum, rather than having to operate from hand to mouth. The VCS can do a lot for very little.

Co-location

Colocation is very helpful. Health and ASC teams are separate but through good communication work efficiently together.

Transitions

The aim is to start preparing for adulthood at 14, although ASC are probably not picking up young people until 17. Some children with autism are not identified until very late.

Tavistock Hospital IT

It is frustrating for staff that Tavistock Hospital does not have the same IT system as Derriford. Tavistock Hospital comes under Derriford when patients are on the *Choose & Book* pages on the website. It would be useful if Tavistock Hospital was listed separately in terms of giving people better choice and the knowledge that such prevision exists closer to home than they might otherwise think. Tavistock Hospital is good at providing individual care and the best experience for patients. The use of Tavistock reduces the lengthy journeys patients would have to otherwise make to Derriford.

5 August 2019 - The Ness Dementia Centre, Teignmouth

The following councillors undertook a visit to the Ness Dementia Centre in Teignmouth which was founded by Jonathan Hanbury, Managing Director, Atlas Respite & Therapy:

- Cllr Sara Randall Johnson, Chair
- Cllr Hilary Ackland
- Cllr Marina Asvachin
- Cllr Sylvia Russell
- Cllr Richard Scott
- Cllr Phil Twiss

Dementia Centres

Jonathan Hanbury advised that with a 20-year background in nursing, 2 years ago he left his role as a Deputy Director of Nursing to set up Atlas Respite & Therapy. The challenge Jonathan had identified was that communities were being faced with an ageing population and an increasing prevalence of dementia set against a lack of options to provide enough support to individuals, families and care givers in the community.

Jonathan undertook extensive research on dementia visiting provision around the world. He particularly liked the Dutch model of dementia meeting centres, which launched in the mid-90s. The model puts the family very much at the heart, as well as the community and is the principle way Holland supports people with the disease. The model was trialled as part of Alzheimer's society research in the North of England, however, although successful a lack of funding halted any centres continuing until recently. The Teignmouth Dementia Meeting Centre is the first in the South West to use the model (Worcester University has recently won a grant last year to spread the model across the UK) and are very much leading the way in this innovative approach.

The Ness is not a day centre, but a therapeutic specialist space designed to support the family and individual. The social aspect is central to creating a positive outcome for people with dementia. There is no TV at The Ness. It is about socialising and connecting and enabling those living with dementia to remain active and independent. Jonathan worked with architects to design the space to make it as interesting and engaging for those living with dementia as possible. They see roughly 15 people a day in the main space and more use the workshop and attend courses. The Ness has some users with advanced dementia, as well as those with much lower needs. The centre has a fully equipped workshop for woodwork, pottery etc.

The business has a strong social purpose but had to be set up as a limited shares company to raise the funding to get off the ground. The Ness has been open 18 months, and sustainable after 6 months and a profit in the first year. Atlas Respite & Therapy's vision is, within 5 years, to have reached, and had a positive impact on half of all people living with dementia across Devon and the South West.

Issues Identified by Members

The following themes were raised in discussion with councillors:

Early Intervention

Most clients come in to the centre at a point of crisis, when ideally they would start earlier. Around 50% of referrals are from social care and 90% get part funding. Evidence from multiple sources is continually reinforcing the importance of early and sustained intervention.

Care Homes

Atlas Respite & Therapy work synergistically with care homes, rather than against them. The domiciliary care sector, however may feel that dementia centres are competing with them for business. There are significant cost savings from the dementia centres model, which provides a way of doing things that does not rely on domiciliary or residential care.

Staffing

The Ness has not experienced any particular recruitment issues. The centre is currently open Monday – Friday, which helps. Another significant factor in terms of staffing is that they do not provide personal care, one of the boundaries is that everyone must be able to use the toilet, rather the focus is on dementia and maintaining people in their own homes. Staff are trained to be experts in their field.

Hub & Spoke Model

Atlas Respite & Therapy utilise a hub and spoke mode, which allows people to be supported in the main hub at The Ness with activities and therapies but to also work with more challenging people in their own homes, building a relationship and trust.

Future Expansion

Atlas Respite & Therapy has received a grant for a second dementia centre. Suitable spaces are still being sought across East Devon, Mid Devon and Dartmoor. Struggled in Torbay to find premises, but now looking to buy land and build a centre subject to raising the funding.

Carer Dependency

There can be issues in terms of dependency with the carer, the spouse or family member. The Ness offers a resilience course to carers and care professionals, and they are developing a wider dementia course for care professionals.

Primary Care Networks

Members highlighted PCNs and opportunities to link up with social prescribing.

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 and keeping people well, promoting both 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.

Members welcomed Atlas Respite & Therapy's innovative dementia specialist social enterprise with its mission to enable people living with the disease to remain active, socially connected and independent for as long as possible. It was apparent to members that the adoption of dementia meeting centres can help to support Devon's vision of a model of care in the County in helping people to continue to live in their local community, working with not only the individual but the informal carer through courses, emotional support, activities and respite.

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

There are no equality issues associated with this report

CSO/19/22
Health & Adult Care Scrutiny Committee
23 September 2019

Market Position Statement and Primary Care Networks 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 Standing Overview Group meeting on the Market Position Statement and Primary Care Networks to inform its future work programme.

Background

The Standing Overview Group of the Health and Adult Scrutiny Committee meets bi-monthly as an information sharing and member development session where issues are presented to members to raise awareness and increase knowledge. Any action points arising from the sessions are reported back to the formal Committee meeting. On 17 July 2019 the Standing Overview Group received presentations on the Market Position Statement and Primary Care Networks.

Members in Attendance

- Cllr Randall Johnson (Chair)
- Cllr Ackland
- Cllr Berry
- Cllr Russell
- Cllr Saywell
- Cllr Trail
- Cllr Twiss

Market Position Statement

- Ian Hobbs Senior Manager (Social Care Commissioning), Devon County Council

Context

- In April 2019 the Clinical Commissioning Group took over the commissioning responsibility for Primary Care delivery with the aim to strengthen Primary Care Networks across Devon, GP services, social care and the voluntary sector.
- The Market Position Statement (MPS) is a sufficiency assessment of markets now and into the future. It helps to fulfil our duties under the Care Act 2014.
- It is aimed at Independent Sector providers and is jointly prepared by DCC and the CCG. The MPS informs providers about profiles of need now and into the future for both existing business and new business development. It also informs and supports delivery of priorities/investment decisions for DCC & NHS.
- Due to the ageing demographics of the UK and Devon particularly, a surge in demand over the next three decades is expected. Those pressures are already evident in increasing demands for both health and social care and will grow in the next 10 years.
- Workforce issues, especially lack of care workers, are a major factor in securing sufficient and high quality services (though quality of regulated care in DCC is better than the SW and comparator Local Authorities
- The expectation is of supporting people primarily in their own homes and this will require service development across health and social care to meet need profiles.
- A key theme will be for a different mix of “accommodation with care options” (for all age groups) i.e. Care Homes, Supported Living, Extra Care Housing and Carer Households (host families).
- Sufficiency is particularly challenged currently in delivery of regulated personal care and in care home availability in some locations and in meeting particularly complex needs. Replacement (respite) care to support carers is also a key area of need.
- The MPS aims to engage with providers to promote Technology Enabled Care Services to promote independence and support provider efficiency/profitability.

Milestones

- New Devon Care Homes framework by July 2020, with a revised needs profile and care homes estate conditions survey under way.
- Regional care home framework for LD clients with complex and intensive needs by July 2020.
- Establish personalised care home fee model from July 2020 for clients with learning disabilities/mental health condition.
- Carers contract runs to April 23 plus two possible one-year extensions
- Living Well @ Home contract runs to July 2021 with possible two further years extension, but it has been agreed with Mears that their contract will end in November this year.
- Accredited list of replacement care providers by Autumn 2019/Winter 2020
- Determine future approach to Supporting Independence Framework which runs until 30 Sept 2021, with a needs assessment already under way.
- Supported Living framework by Autumn 2020.

- Starting tender process for First Responder Service for TECS alerts tender from September 2019.

Future actions

- Annual Review of MPS going forwards.
- Modular and online approach allows easy updating.
- The ongoing integration of the MPS is a Key part of the Commissioning Cycle.
- Link to existing contracts and performance management arrangements, which will be further strengthened.
- Potential for aligned or combined MPS across STP footprint.
- Ensure we have regularly updated need and supply data across each area at a more granular level.

Primary Care

- Mark Procter Director of Primary Care, Devon Clinical Commissioning Group

Context

- High quality general practice provides a holistic approach to our care, from preventing illness and diagnosing problems, to treating diseases and managing long term conditions. GPs do not just provide care themselves, they also help their patients to navigate the system and access the care they need in other settings. GPs represent a single coordinator of care for people from birth through to the end of their life.
- The new Primary Care model is based on improving the pathway before and when a person visits their GP.
- The anticipated benefits for people are: More coordinated services, access to a wider range of services and professionals, access to appointments that work around their life, more influence and access to personalised care.
- The anticipated benefits for general practice and other providers of care are: greater resilience across primary care, better work/ life balance, more satisfying work, improved care and treatment for people and greater influence on the wider health system.
- The anticipated benefits for the broader health and care system are: More coordinated care, wider range of services in a community setting, a more population-focused approach and greater resilience.

Future actions

- The continued sharing of information regarding the Primary Care Network with members.

Issues Identified by Members

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

- Use of Technology – The importance of continued work to use technology in the field of Health and Adult Care.
- Carers Respite – The need for carers to be given adequate respite provision.
- Recruitment and Retention– The difficulties of recruitment and retention in Adult Social Care.
- PCN mapping – The need for PCN areas to reflect communities' needs.

Conclusion

The Committee thanked the presenters and recognised the work they are undertaking to develop and sustain a culture of continuous improvement to the quality of health and adult care services in the County.

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

Councillor Shaw has submitted this paper in his capacity as divisional member for Seaton and Colyton. It does not represent the view of Devon County Council.

NHS Property Services and Colyton Health Centre

Colyton Health Centre is the only GP facility serving the town of Colyton and the surrounding rural area. Seaton and Colyton Medical Practice runs a busy branch surgery in the centre, with a GP and a nurse there all day Monday to Friday. The area has a growing and ageing population, with around 40 per cent over age 65. The Centre is located close to the heart of the town, within walking distance for most of its population.

The Centre maintenance charges

The Centre is a small, single storey building dating from 1960s which the Practice rents from NHS Property Services. The practice pays rent, together with 63 per cent of the costs of running the building.

For many years, these costs to the practice were around £4-5k p.a., reaching £5.5k in 2015-16, the final year with North Devon NHS Trust were landlords. However after NHS Property Services took over ownership of the property in 2016, they escalated enormously. The final figure for the current year, including 'true-up', could be as much as £40,000.

Year	Invoice	True-up	Total
15-16	£6,471.55	-£915.27	£5,556.28
16-17	£11,665.12	£3,757.54	£15,422.66
17-18	£14,581.20	£20.076.19	£34,657.39
18-19	£23.018.09	to come	
19-20	£28,039.35		

Service inadequacies

On top of this, the services the practice receives have deteriorated. NHS Property Services contract out the maintenance of the property to Mitie, and there have many examples of when jobs have been badly managed, the problem has been exacerbated rather than fixed, or the jobs have just not been carried out at all.

The Practice Manager states: 'When preparing for a recent CQC inspection, we had to stick the floor in the nurses' room down with duct tape as our request to replace it made 5 months previously had not been actioned. We also discovered that basic fire checks had not been carried out. I have recently been approached by contractors wishing to carry out electrical work requested in 2016 but never actioned, the grass went uncut for most of the summer and in June the boiler was condemned so we have had no hot water or means to heat the building since then.'

The boiler was finally replaced last week but this has only uncovered more problems and the centre remains without hot water after more than 3 months.

Inappropriate charges

The practice has been attempting to negotiate with their landlords for over a year, and from information NHS Property Services have sent in the course of these negotiations they have realised that what they are being billed for is inaccurate.

- They are charged over £2,500 per year for grounds maintenance including watering and maintaining of containers (they don't have any), 4 hours of grass cutting every 2 weeks (they had a wild flower meadow in front of the surgery by July and since then contractors have been twice, each time for about 40 minutes) and fortnightly litter pick-ups (they have never seen anyone picking up litter.)
- They have also been charged for the fitting of bed alarms for patients, but there are no beds in Colyton Health Centre (or anywhere else in the Axe Valley).

The unresolved issues

Charges for 2016-17 and 2017-18 remain in dispute, while the company has not yet provided a final figure for 2018-19.

After over a year of negotiations, the Practice has been unable to resolve these amounts or to persuade the company to agree a level of ongoing maintenance charges which would be appropriate to this small building.

The Practice Manager states: 'We have spent an enormous amount of time as a practice attempting to achieve an acceptable solution which is fair and reflects the work carried out on the building, but so far to no avail. The maintenance is poor and impacts on staff and patients, while the astronomical rise in maintenance charges means we have to seriously consider the financial viability of continuing to operate from this site, something we definitely wish to do.'

Our requests to the Scrutiny Committee

I have brought this to the Committee because the Seaton and Colyton Medical Practice has been unsuccessful over an extended period of time in negotiating a reasonable level of charges and adequate delivery of the maintenance service.

They now feel it is appropriate that there should be public scrutiny of this situation, stating:

> 'We appreciate your time in allowing us to bring this matter to your attention, and we would welcome the support of the committee in our attempt to resolve these issues in a satisfactory manner, which will allow us to focus on delivering healthcare to the people of Colyton and the surrounding area.'

As the County Councillor for Seaton and Colyton, representing not only the Practice but also the thousands of patients whom it serves, I hope the Committee will express its concern to NHS Property Services about this situation.

I also believe that the Committee should consider whether the way in which NHS Property Services has treated this practice raises issues about how the company manages properties across Devon.

County Councillor Martin Shaw

12 September 2019