

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 : 20 November 2019
Please ask for : Gerry Rufolo 01392 382299

Email: gerry.rufolo@devon.gov.uk

HEALTH AND ADULT CARE SCRUTINY COMMITTEE

Thursday, 28th November, 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 23 September 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 Health and Care General Update (Pages 1 - 8)
2.20 pm
Report of the Joint Associate Director of Commissioning (Devon County Council and NHS Devon CCG) and the Director of Commissioning (NHS Devon CCG) (ACH/19/116), attached.

6 Finance and Performance Mid-Year Update (Pages 9 - 22)

2.40 pm

(a) Report the Joint Associate Director of Commissioning (Devon County Council), (ACH/19/118), attached;

(b) Report of the Chief Officer for Communities, Public Health, Environment and Prosperity, attached for information (section 4 relating to Public Health, **Page 17**) as this was considered in detail by the Corporate, Infrastructure and Regulatory Scrutiny Committee at its meeting on 26 November 2019).

7 Recruitment and Retention of Health and Social Care Workforce - Challenges and Plans (Pages 23 - 34)

3.00 pm

Joint Report of the Associate Director of Commissioning (Care and Health, Devon County Council) and the Chief Executive Officer, Livewell Southwest CIC (ACH/19/115), attached.

8 Understanding the Model of Care - Site Visits (Pages 35 - 38)

3.30 pm

Report of the Members (CSO/19/26), attached

9 Standing Overview Group: Update (Pages 39 - 42)

3.40 pm

Report of the Standing Over Group (CS/19/27), attached

10 Work Programme

In accordance with previous practice, Scrutiny Committees are requested to review the forthcoming business (previously circulated) and determine which items are to be included in the Work Programme. The Work Programme is also available on the Council's website at

<http://democracy.devon.gov.uk/mgPlansHome.aspx?bcr=1> to see if there are any specific items therein it might wish to explore further.

MATTERS FOR INFORMATION

11 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) Care Quality Commission (CQC), the Urgent and Emergency Care Survey 2018: responses from patients.

(b) CQC [published a report](#) of its recent Devon Partnership NHS Trust inspection.

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

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.

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Public Participation

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

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

Anyone wishing to speak is requested to register in writing to the Clerk of the Committee (details above) by the deadline, outlined in the Council's [Public Participation Scheme](#), indicating which item they wish to speak on and giving a brief outline of the issues/ points they wish to make. The representation and the name of the person making the representation will be recorded in the minutes.

Alternatively, any Member of the public may at any time submit their views on any matter to be considered by a Scrutiny Committee at a meeting or included in its work Programme direct to the Chair or Members of that Committee or via the Democratic Services & Scrutiny Secretariat (committee@devon.gov.uk). Members of the public may also suggest topics (see: <https://new.devon.gov.uk/democracy/committee-meetings/scrutiny-committees/scrutiny-work-programme/>)

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

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Induction loop system available

Terms of Reference

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

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

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

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

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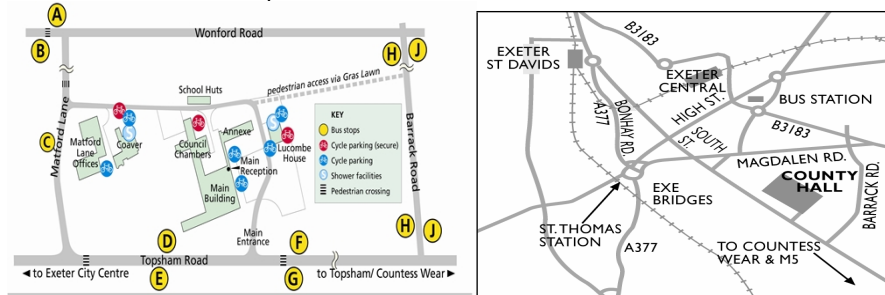
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NB   Denotes bus stops

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HEALTH AND CARE GENERAL UPDATE PAPER

Joint Report from the Associate Director (Care and Health) Devon County Council and NHS Devon CCG and the (Interim) Director of Commissioning, 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, requests or discussions during the previous Health and Adult Care Scrutiny Committee meeting.

2. Purpose

- 2.1 To respond to specific questions or comments from previous meeting (sections 3-5) and provide updates on the latest news from the Devon Health and Care system (section 6).

3. Integrated Student Mental Health Service

- 3.1 Concern had been raised by Exeter University regarding the current service for students at Exeter University with severe mental illness, the increasing mental ill health within the student population plus difficulties in accessing universal services due to students often being present during term time.
- 3.2 The success of the Devon Partnership Trust (DPT) led supervision group for the University Wellbeing Centre staff triggered a conversation with DCC, the Wellbeing Centre and DPT leading to the development of a University Mental Health Team (UMHT) based at the University Wellbeing Centre joint funded by Exeter University, DPT and DCC via the improved Better Care Fund.
- 3.3 The Team focusses on a cohort of students identified by the University who are not engaged with Community Mental Health Teams but who do attend hospital emergency departments. The Team look to improve engagement between students and mental health services, be dynamic, responsive and bespoke for student's mental health needs alongside their academic commitments.
- 3.4 Between university semesters, the team remains engaged with those students open to them. During this time the Team also develops its mental health promotional activity that has a particular focus on social media, fresher's week and making links with university social and sports clubs to publicise the service and mental health promotion. There is also an expectation to set up and support volunteer led peer support networks for students.

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3.5 The new service meets the intentions of the Better Care Fund for integrated health and social care and also maximise non statutory funding opportunities and community/university crisis response that alleviates pressure on NHS services particularly emergency department attendance.

3.6 This service forms part of a STP whole system approach to improve urgent mental health care pathways.

4. Safeguarding

4.1 The Local Government Association has produced a [councillors briefing on safeguarding adults](#), produced on the back of the national legislation of the Care Act 2014.

5. Describing the health and care system: Integrated Care System and Primary Care Networks

5.1 Integrated Care Systems (ICS) aim to bring partners together to set a clear strategic vision for a local health and care economy so that all parts of the system pulling in the same direction.

5.2 The overall structure, delivery architecture and governance of an Integrated Care System is currently not mandated, each system across the country is developing its own model.

5.3 That said what is mandated within the [NHS long-term plan](#) is that every Integrated Care System must have full engagement with primary care through Primary Care Networks (PCNs).

5.4 PCNs are intended to form an [important part of the future NHS architecture](#). NHS England have described them as the 'building blocks' of ICSs.

5.5 The formation of PCNs is an opportunity to bring greater balance to local systems by strengthening the voice of primary and community care. Traditionally, the acute sector has had a louder voice, reflecting its scale and the national focus on hospitals, but there is increasing recognition of the need to tip the balance towards care delivered in community settings.

5.6 It is also hoped that practices being grouped together in networks will help to address the complexity of engaging with many separate practices across an area. In addition, networks will bring detailed knowledge of their populations, supporting system-wide decisions to be sensitive to distinctive local contexts and needs.

5.7 The relationship between ICSs and PCNs must reflect a commitment to a two-way conversation. PCNs should not be seen as a route for systems to issue rigid directives to primary care. There will be variations in the way PCNs operate across the country and within ICSs, this is inevitable and appropriate to reflect local population needs and resources.

5.8 ICSs also have an important role in supporting networks to address challenges that require action on bigger scale. Training and retaining enough staff with the right skills to work in community settings and developing shared

care records to support information-sharing are two obvious examples – both are prerequisites for PCN to succeed.

6. Devon Health and Care system communications update

6.1 Devon's Joint Health and Wellbeing Strategy

- 6.1.1 [Happy and Healthy Communities](#): Devon's Joint Health and Wellbeing Strategy 2020-25 was formally approved at the Devon Health and Wellbeing Board in October.
- 6.1.2 Following the launch of the draft strategy at the Devon Health and Wellbeing Board annual stakeholder conference on 11 July 2019, the consultation lasted for eight weeks, ending on 5 September 2019. The consultation consisted of an online consultation survey, yielding 135 responses; focus groups with various groups coordinated by Living Options Devon involving 173 people including people with learning disabilities, LGBTQ communities, young people, disabled and deaf people, and BAME communities; and table discussions at the annual stakeholder conference.
- 6.1.3 The final version of the strategy and the updated outcomes reports will be shared with local authority districts, NHS organisations, local strategic partnerships, and other organisations, to help inform local organisations and gather intelligence on local programmes and initiatives to support work on priorities.
- 6.1.4 A workshop for board members to refine the programme of meetings for the Health and Wellbeing Board, including updating appropriate working and reporting arrangements with relevant strategic partnerships and organisations, supported by the finalisation and application of the 'Working Together' protocol for strategic partnerships in Devon should also be considered.

6.2 Personal care update

- 6.2.1 This month Devon County Council resumed responsibility for the management of the personal care referrals for the Living Well at Home zones that have been managed by Mears Care due to its exit from the care market.
- 6.2.2 Adult Social Care (ASC) has been working closely with Mears Care and its' contracted care providers to ensure that the transition is managed without disruption to the service.
- 6.2.3 People who were receiving personal care arranged by Mears Care have continued to receive that service from the same care provider, and importantly for those receiving care, the same care workers.
- 6.2.4 A small number of staff have transferred to Devon County Council from Mears Care under the Transfer of Undertakings (Protection of Employment) Regulations 2006 as amended by the Collective Redundancies and transfer of Undertakings (Protection of Employment) (Amendment) Regulations 2014 (TUPE).

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- 6.2.5 There has been additional recruitment into ASC operational teams to provide additional resilience ahead of winter. Accordingly, this transfer of staff has not have an impact on current Devon County Council employees. Trade Union representatives have been advised as a courtesy.

6.3 Latest CQC reports on Health and Care

- 6.3.1 [State of Care 2018-19](#) is the CQC's annual assessment of health care and social care in England. The report looks at trends, shares examples of good and outstanding care, and highlights where care needs to improve.
- 6.3.2 Most of the care across England is good quality and, overall, the quality is improving slightly, but people do not always have good experiences of care and can have difficulties trying to access care and support.
- 6.3.3 The full and summary reports are published on the [CQC website](#) along side an audio version of the summary report.
- 6.3.4 The CQC has also recently updated its [local authority profiles](#). The Devon local authority area profile shows that Devon has more nursing homes, residential homes, personal care agencies and community care services rated 'Good' and 'Outstanding' than the England and comparator authority averages.
- 6.3.5 The CQC has also recently published [regional health and care profiles](#) at CCG level. Although the quality of social care services, NHS mental health services and GPs across the STP are rated amongst the best in the region, acute hospital ratings remain amongst the worst in the region and accident and emergency attendance per head of population is amongst the highest in the region.

6.4 Investment in suicide bereavement support across Devon

- 6.4.1 More people in Devon who have lost someone close to them due to suicide are set to benefit from dedicated bereavement care, as Devon secures national funding. Devon is one of ten areas to receive a share of the £1 million funding to expand the current service and provide more personalised care.
- 6.4.2 Additional staff will be employed to ensure people receive more timely care, while improved data collection and analysis across organisations will help identify areas with the greatest need. Links will also be improved with a range of local voluntary sector groups that support the suicide bereavement offer.
- 6.4.3 Statistics show that 9% of people affected by suicide will also attempt to take their own life, while 8% will drop out of work.
- 6.4.4 Tailored help will be implemented in every region across the country by 2023/24, as part of a commitment set out in the [NHS Long Term Plan](#).
- 6.4.5 Devon County Council has also developed a suicide prevention and postvention [guidance document](#) to provide information and practical advice if there is a concern that someone may be at risk, and to ensure that appropriate action is taken in the unfortunate event of someone taking their own life.

- 6.4.6 The guidance follows on from the information and the video training that was circulated to staff earlier in the summer, and which uses the same ‘see, say, signpost’ principles to support action. It also reflects guidance that has already been developed by Adult Services for supporting staff in their interactions with service users.

6.5 Torbay hospital’s updated theatres reopen

- 6.5.1 Torbay Hospital has opened its two newly refurbished operating theatres to a warm welcome from patients and staff.
- 6.5.2 The surgical theatres took their first patients in October following a £2.3m refurbishment to install up-to-date air-handling equipment, among other improvements, by Torbay and South Devon NHS Foundation Trust which runs the hospital.
- 6.5.3 The theatres had been temporarily closed since November 2018 due to issues related to the ageing infrastructure. The renovated theatres are controlled with new high-tech humidity, heating and lighting controls essential for surgery and also have new communal staff areas.

6.6 Devon hosts Integrated Care Systems conference with international speakers

- 6.6.1 Over 140 leaders from across the Devon health and care system, along with partners from the voluntary sector, Healthwatch and local politicians, attended a major conference on 16 October 2019 organised in association with the NHS Confederation and Local Government Association.
- 6.6.2 Entitled “Our Journey towards an Integrated Care System in Devon”, the conference was chaired by Niall Dickson CBE, Chief Executive of the NHS Confederation, and was crucial in helping leaders grapple with the reality of what it will mean to become an integrated care system.

6.7 Macmillan primary care nurse facilitators in Devon

- 6.7.1 A new team of Macmillan primary care nurse facilitators now cover Devon. Their main role will be to support primary care nurses to develop their skills and knowledge to enable them to feel confident to view cancer as a long-term condition, undertake cancer care reviews and to be able to further support patients living with and beyond cancer.
- 6.7.2 They will work closely with the Macmillan GP facilitator team, secondary care, the CCG, and the Cancer Alliance to enhance collaborative working to further develop the Macmillan Recovery [Package](#) within their locality.

6.8 Devon's new Integrated Urgent Care Service now live

- 6.8.1 The new Integrated Urgent Care Service (IUCS) went live on 1 October. The new service is now wholly managed by Devon Doctors, including 111 call handling. This has been a really positive start with a number of clinical and operational improvements.

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- 6.8.2 People who ring with a query for a child under 5 will be offered a treatment centre appointment quickly, without the series of questions that may have been experienced previously. People over 80 who call are also offered rapid discussion with a clinician.
- 6.8.3 Already there are noticeable impacts. Fewer people are being advised to go to an emergency department or ring 999 and requests for ambulances have reduced to almost half than in previous days.
- 6.8.4 There is rapid implementation process, with staff consolidating on the job, so call-handling time is a little longer than the desired position, but there are immediate improvements in staff feedback loops and there is increased support in this learning phase.

6.9 Devon's Long Term Plan update

- 6.9.1 The draft Long Term Plan was submitted in September and colleagues have been working on further drafts throughout October and November.
- 6.9.2 In line with our requirements in the pre-election period the Long-Term Plan will not be published until after the General Election.
- 6.9.3 The Plan will set out how we intend to deal with our shared challenges for the coming years in coming years including -
 - People living longer, often with multiple illnesses
 - Preventable illnesses such as type 2 diabetes are increasing
 - Vital health and care jobs remain unfilled
 - There have been increases in NHS funding, but peoples' needs for services are growing faster
 - Devon's population is expected to rise by 33,000 in the next five years.
- 6.9.4 Over 4,000 pieces of engagement have been received which will be used to support the development of the Long-Term Plan for Devon.
- 6.9.5 On 16 December there will be a further Health and Adult Care Scrutiny Standing Overview Group session on the Case for Change document, the key document that brings together the evidence from which the plan has been developed.

Tim Golby
Associate Director (Care and Health) Devon County Council and NHS Devon CCG

Sonja Manton
(Interim) Director of Commissioning, NHS Devon CCG.

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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

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

FINANCE AND PERFORMANCE MID YEAR UPDATE

Report of the Associate Director (Care and Health) Devon County Council and NHS Devon CCG

1. Recommendation

1.1 That the Health and Adult Care Scrutiny Committee receives this report to support its scrutiny of adult social care performance in Devon County Council and to understand progress towards delivering strategic objectives and performance targets within the budget allocated to it.

1.2 The committee is also asked to note the ongoing national challenges set out in the report.

2. Key messages from the ADASS budget survey:

2.1 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.

2.2 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.

2.3 There needs to be a long-term, sustainable solution for funding adult social care.

2.4 Short-term funding needs to continue until whatever is in the promised Green Paper can be implemented

2.5 Adequate funding is required to meet an increasing number of people's needs in effective ways.

2.6 Councils, individuals employing personal assistants and providers must be able to recruit and retain a caring, skilled and valued workforce.

2.7 We need to be able to fund a vibrant care market that gives people choice and control over their lives

2.8 Aspirations to invest in asset-based approaches and prevention must be able to be realised.

3. The Adult Care and Health Budget

3.1 Overview

3.1.1 Adult Care and Health services overall are forecast to overspend by £6.742 Million, or 2.79% of total budget, as at month 6, which represents the half way point of the financial year. This position takes into account £890,000 of management action. The forecast is £617,000 better than assessed at month 5.

3.1.2 At month 6 we are overall, currently serving 243 more clients than budgeted for.

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Adults Month 6 Position Statement	Month 6						Diff	
	Budget	Projected	Over /	Management	Over /	Month 5	Over /	
	£000	Outturn	Under	Action	Under	Variance	Under	
		£000	£000	£000	£000	£000	£000	
Older People	80,952	86,112	5,160	(215)	4,945	4,761	184	
Physical Disability	20,471	21,434	963		963	835	128	
Learning Disability (incl Autistic Spectrum Conditions)	74,896	76,492	1,596	(606)	990	919	71	
Central & Care Management and Support (Localities)	24,452	24,614	162		162	18	144	
Other (incl Rapid Response / SCR / Safeguarding and WD)	6,221	5,905	(316)		(316)	(260)	(56)	
In House (Older People & Learning Disability)	8,062	8,064	2		2	(6)	8	
Total For Adult Care Operations and Health	215,054	222,621	7,567	(821)	6,746	6,267	479	
Adult Commissioning & Health	11,382	11,035	(347)	(5)	(352)	(240)	(112)	
Mental Health	14,843	15,255	412	(64)	348	1,332	(984)	
	241,279	248,911	7,632	(890)	6,742	7,359	(617)	

3.2 Adult Care Operations

- 3.2.1 The forecast overspend is primarily in respect of residential and nursing care placements for older people, which are £5.881m over budget. We are serving 125 more people in these placements than budgeted for and unit costs are significantly higher than budgeted due to increasing acuity and the complexity of care required.
- 3.2.2 Learning Disability client numbers exceed budget by 64 (down 5 since month 5). The variances are largely in community-based services. In addition, we are serving 66 more people with autism than budgeted for (down 1 since month 5).

3.3 Adult Commissioning

- 3.3.1 The outturn forecast is for a £352,000 underspend which is an increased underspend since month 5 of £112,000. This change is primarily due to savings from contract changes and staffing savings.
- 3.3.2 For Mental Health, the outturn forecast is for a £348,000 overspend which is an improvement since month 5 of £984,000. This change is primarily due to additional funding having been allocated since month 5, including Better Care Fund in respect of out of county placements.
- 3.3.3 Mental Health volumes are also 91 higher than budgeted (down 6 since month 5). This includes 26 above budget in residential services, which is 3 less than month 5.

4. Continuing financial risks

- 4.1 There continues to be a number of financial risks facing the service, the most significant listed below:
- Further increased unit costs for Older Peoples residential and nursing care placements as acuity continues to increase.
 - Nursing care home and personal care market sufficiency is significantly challenged.
 - For 19/20 there are 287 young people identified as potentially transitioning to adult social care. Many of these young people have complex health and care needs including autism or challenging behaviour. This is a key cost driver for Learning Disabilities.

- d) A key national issue is that the Court of Appeal has ruled that the National Living Wage does not apply to sleep-in care workers. An appeal to the Supreme Court is in progress with judgement expected in the autumn. Therefore, a longer-term risk of provider claims against DCC, or destabilisation, remains.

5. Delivery of Strategic Objectives

- 5.1.1 We are now a year into the 5 Year Plan 'Promoting Independence in Devon' that was approved by Cabinet in October 2018 following discussion at Adult Health and Care Scrutiny in September 2018.
- 5.1.2 We want local people to drive the delivery of care, health and wellbeing in communities across Devon. Our 5 Year Plan is aligned the council's plans and objectives with the desired outcomes and priorities agreed across health and care through our local Sustainability and Transformation Partnership (STP):

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

- 5.2.1 The Devon STP is taking part in the national Integrated Care Systems (ICS) Population Health Management Development Programme. This will help our work to better identify need at neighbourhood, place and system levels and support the work of Local Care Partnerships.
- 5.2.2 A University Mental Health Team has been established, based at the University Wellbeing Centre. The team is joint funded by Exeter University, Devon Partnership Trust and Devon County Council via the improved Better Care Fund.
- 5.2.3 The STP Social Prescribing Workstream, this year has focused on supporting Primary Care Networks, particularly in the development of Link Worker services.

5.3 Empowerment: enhancing self-care and community resilience.

- 5.3.1 System wide sign-up to the MoU: Commitment to Carers, states that in everything we do we will take Carers into account.
- 5.3.2 We have a programme of continuing professional development for frontline staff focussed on developing strength-based practice in support of our 'promoting independence' approach. A developing new practice model will support this and will describe how we work with people and their families.
- 5.3.3 We have expanded the countywide specialist Preparing for Adulthood Team to work jointly with young people earlier and to ensure that they experience a smooth transition to independence.
- 5.3.4 We have put additional resources into the Reaching for Independence Team specifically to support people into employment.

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

- 5.4.1 Our Community Health and Social Care (CH&SC) Teams continue to deliver and improve our promoting independence way of working and our strengths base approach to social care. CH&SC Teams across Devon are continuing to work closely alongside

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primary and community care colleagues and with voluntary and community organisation, this will be key to the success of the developing Primary Care Networks.

- 5.4.2 We are working to deliver the recently refreshed STP strategy for adults with a learning disability, to support people to be independent, safe and part of the community.
- 5.4.3 We are delivering proposals developed across the STP to support people with autism to be able to access timely health and care support to prevent and/or reduce escalation of their needs and enable them to live as independently as possible within the community.

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

- 5.5.1 Our developing housing and accommodation strategy is highlighting the importance of closer partnership working with health and housing organisations to ensure that more people can live in their own homes and make informed and planned choices about where they live throughout their lives. Together, we want to make it easier for people to move between different housing options to develop their independence and shift away from traditional residential care models.
- 5.5.2 Our performance on delayed transfers of care is stable, but there is a shifting reason for delays with more being due to nursing and residential care home sufficiency challenges, especially for individuals with complex needs and challenging behaviours.
- 5.5.3 We continue to develop our market management approaches seeking to balance sufficiency, quality, affordability, choice and innovation in our commissioning. We have invested in our contract management team to support market quality and we are working with our independent providers to help them sustain their business.

6 Comparative performance: headline analysis

- 6.1 A summary of comparative performance against national and local indicators will be presented to Adult Health and Care Scrutiny in the new year drawing on the range of statutory returns which are being published through the Autumn
- 6.2 The overall satisfaction of people who use care and support services has improved for the third year in succession; remains top quartile and is at its highest levels since the survey began in 2012-13. Work is underway to understand people's perceptions of safety and reduce social isolation which we are promoting as a priority for the council and its partners.
- 6.3 The overall satisfaction of carers with their social care support has improved and is now better than our statistical neighbours, but below the regional and national comparators. The outcomes for service users reported through the annual User Survey were better with Devon benchmarking in-line with comparator averages.
- 6.4 The quality of adult social care service providers is consistently rated significantly higher in Devon than the national average by the Care Quality Commission.
- 6.5 Our 'promoting independence' approach is working, we have brought the number of people dependent on our support to down to comparator levels. Nationally, regionally and in Devon there has been an increase in the number of working aged adults in receipt of long-term services.

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- 6.6 The rate of placements into care homes is comparatively low but has increased during 2018-19.
- 6.7 In Devon, across the region and nationally there has been an increase in the number of working aged adults in receipt of long-term services.
- 6.8 Our short-term services that promote people's independence are effective. We are looking to extend their reach working alongside the NHS to do so. At times capacity can be compromised when used as contingency to meet the personal care needs where services from the independent sector cannot be sourced.
- 6.9 We are comparatively good at preventing unplanned admissions into hospital but despite recent improvements have more to do to avoid delayed transfers of care into the community with the autumn period already proving challenging ahead of winter.
- 6.10 Our spend on working age adults has increased significantly over the last decade while spend on people over 65 has been relatively static. More of the council's net budget is spent on working age adults than older people and this gap continues to grow.
- 6.11 Our gross expenditure on adult social care relative to our population is marginally more than comparators.
- 6.12 Our unit costs are in line with the regional average for older adults. For working age adults our unit costs are below the regional average, but remain under pressure, in particular to meet the requirements of the national living wage and pay frontline care workers at rates adequate to secure sufficient services.
- 6.13 We have more people with a learning disability in paid employment and living independently than is typical and have improved our performance rankings to first and second quartile respectively in 2018-19.
- 6.14 More people with mental health needs in Devon remain living independently than is typical elsewhere and we aspire to do even better.
- 6.15 Our level of safeguarding concerns and enquiries remain below the comparator average, and our Safeguarding Adults Board is raising awareness and changing practice accordingly ahead of an independent peer review scheduled for Spring 2020 to be facilitated by the Local Government Association.

Tim Golby,
Associate Director (Care and Health) Devon County Council and NHS Devon CCG

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Electoral Divisions: All

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

Chief Officer for Adult Care and Health: Jennie Stephens

LOCAL GOVERNMENT ACT 1972: LIST OF BACKGROUND PAPERS

Contact for Enquiries: James Martin
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<u>BACKGROUND PAPER</u>	<u>DATE</u>	<u>FILE REFERENCE</u>
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Nil

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

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

1. Introduction

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

2. Planning, Transportation and Environment - Head of Service: Dave Black

Key activities in flood risk resilience is completion of schemes focused on improved protection at Ivybidge, Sidmouth, Exeter, Stokeinteignhead combined with Natural Flood Risk Management and Property Level Resilience. The statutory duty for sustainable drainage requires ongoing dialogue with numerous stakeholders and to assist this a well-attended workshop took place.

The School Place Planning Team have delivered (or onsite) several expansion projects plus new schools at Charlton Lodge and Okehampton. In addition, a programme is emerging to provide additional Special Schools places which builds on the current investment strategy. Alongside their regulatory function the Planning Team are actively working on the delivery of Sherford, Cranbrook, South West Exeter and the Exeter joint local plan.

Promoting sustainable travel and access to the countryside aims to improve opportunities for healthy lifestyles. New cycle routes have been delivered (or onsite) in Newton Abbot, Exeter and the Wray Valley Trail. In addition, there continues to be a programme of independent travel training for children with special needs.

The declaration of a Climate Emergency has resulted in the formation of a strategic-level forum of chief executives and directors who agreed to form the Devon Climate Emergency Response Group who are supported by a project team of experts.

<https://www.devon.gov.uk/energyandclimatechange/devon-climate-emergency>

We continue to work with the Local Nature Partnership and other partners for the promotion and sustainability of Devon's Natural Capital. Using the Historic Environment Record the Historic Environment team provide essential input to the planning system. They are also proactive in public engagement, events have taken place in Ippplepen, Sherford, Thorverton and Okehampton.

The North Devon Link project and the A382 improvement schemes are key areas where there are planned major improvements to connectivity. These schemes are managed by the combined resources of the Planning and Environment team and Engineering Design Group. Recent planning applications have included a 10% net gain in biodiversity.

There are a series of initiatives focused on driver and cyclist use of the road network that are aimed at improving road safety. Examples of this are "Bikeability" and "Learn to Live" initiatives where we work with partners to promote a greater recognition of the potential hazards of driving to younger cyclists and drivers.

The Transport Coordination team is managing a number of pressures on delivery of passenger transport provision, examples are the introduction of new legislation and reduction in use of concessionary fares. There are a number of strands to the business involving financially supporting local bus services, daily transport of 14,500 school children, adult and child social care transport and working with NHS for non-emergency patient transport.

3. Communities - Head of Service: Simon Kitchen

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

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

In May the Council launched two new funding streams, alongside its existing Crowdfund Devon pilot, to support and facilitate community and voluntary work across Devon.

The **Doing What Matters** scheme (Grants of £5k to £20k) has been developed in line with the Council's priorities, with a focus this year on loneliness and isolation. The Council has welcomed applications which help:

- to build relationships and connections locally, across all age groups
- people become more physically active
- people take notice of their local environment
- to develop opportunities for culture, creativity or learning
- to support giving across local people and communities, including volunteering
- to make people feel safer locally.

From a standing start the Council has received a high number of enquiries and applications, with over £150k already provisionally allocated to applications; this alongside an additional £55k of matched funding from bidders; clearly helping the Council's funding go further.

The **Making The Connection** scheme provides small, one-off non-repeatable, grants of up to £300 to support community-led ideas and initiatives across Devon. Just over 50% of the fund has already been allocated to a wide range of small community-led initiatives across the County.

Crowdfund Devon, our nationally leading pilot continues to grow and develop, with Torbay Council recently requesting to join the Council's six other District Council and Police partners. For every Crowdfund Devon pound that DCC has invested thus far, £6.13 was added by the wider crowd – a 613% amplification. While recognising that Crowdfunding is one of several funding options, and may not be suitable for all projects, some Voluntary, Community and Social Enterprise (VCSE) organisations remain slow to explore crowdfunding and therefore the Council will need to continue to communicate the value of this fund and way of working.

More details on all the projects that we have helped to fund under the pilot can be viewed here: <https://www.crowdfunder.co.uk/user/devon-county-council/profile>.

As has previously been discussed at this committee, the Council's approach to libraries will be the subject of an innovative strategy development over the next year as it considers an exciting and long-term future for libraries in Devon.

The Council is currently in the middle of a procurement process for its Youth Service based around an ambitious set of requirements for the next five years. This will be both informing and informed by an emerging, positive national landscape looking to invest in and invigorate youth services and practice.

The Council is leading work in partnership to consider emerging threats around extremism and wider forms of exploitation. The team has led the development of an online exploitation toolkit to help those working around vulnerable people across agencies to understand the signs of exploitation and provide advice and support to address concerns.

Active Devon continues its great work as a community-focused, non-profit organisation (hosted by DCC) dedicated to inspiring and supporting Devon to be active. Active Devon works closely with its key funder Sport England including the current Local Delivery Pilot (one of 12 in the Country) around Greater Exeter.

Local work to support victims of domestic abuse and sexual violence continues to receive national interest for its innovation and impact including the 'Bystander' initiative, recently promoted and launched by Dame Vera Baird, Victims Commissioner for England and Wales. At the same time, the Council is working with both the Safer Devon Partnership and Devon Children and Families Partnership to explore how we can further strengthen our work in this area, given there appears to be no reduction in demand for services.

4. Public Health - Chief Officer/Head of Service: Virginia Pearson

The Public Health team work has four main responsibilities and some of the current work this year includes:

Public Health Intelligence and the Joint Strategic Needs Assessment

With the support of the Public Health team, the Devon Health and Wellbeing Board has produced a new **Joint Health and Wellbeing Strategy** entitled 'Healthy and Happy Communities' which sets priorities for local partners in relation to health, care and wellbeing from 2020 to 2025. The strategy was the result of comprehensive engagement with board members and local organisations, including stakeholder conferences, workshops, an online public consultation and focus group sessions with local groups including young people, disabled people, deaf people, LGBTQ+ communities, BME groups and people with learning disabilities. The board's vision for 2020 to 2025 is focused on reducing health inequalities and making health outcomes amongst the best in the world. Specific priorities relate to reducing health inequalities by creating opportunities for all through economic growth and education; establishing health, safe, strong and sustainable communities; having a specific focus on mental health; and maintaining good health for all through prevention and early intervention. To deliver this vision and priorities, even closer working relationships with local health, economic, housing and community teams and partnerships will be vital. This work has started in earnest with collaborative arrangements being put in place between the board and the Devon Sustainability and Transformation Partnership, the Devon Children and Families Partnership, the Devon Safeguarding Adults Board and the Safer Devon Partnership.

Healthcare Public Health

Population Health Management is an approach that improves the health of the population through data driven planning and delivery of proactive care to achieve maximum impact. It includes techniques such as risk stratification, segmentation and modelling to identify 'at risk' cohorts, and designs and targets interventions to improve population health and wellbeing, prevent mental and physical ill-health, improve care and support for people with ongoing health conditions, and reduce inequalities in health. A programme of work to establish the infrastructure for this work and embed intelligence-based approaches linked to new models of care and appropriate preventive interventions is being taken forward by the Devon

Sustainability and Transformation Partnership (STP), with public health teams in Devon playing a pivotal role in shaping and developing the associated programme of work. Dr Virginia Pearson has been appointed as the STP System Director of Population Health working on behalf of the three local authority public health teams to provide leadership for the programme. The work is also supported by the Devon public health intelligence function, which has been both working to link data across local health organisations and local authorities and develop new techniques and approaches in relation to health intelligence. Embedding and developing Population Health Management approaches will form a core component of the STPs long-term plan, and local work will be accelerated through participation in a 20-week Population Health Management development programme next year.

Health Protection and Emergency Planning

The Health Protection Committee across the Peninsula and chaired by Dr Virginia Pearson provides assurance that the health protection system including screening, immunisation, flu planning, community infection prevention and control and environmental hazards are well planned for and help protect and improve the health of the local population.

The Devon Emergency Planning Partnership led by the Council now includes all the District Councils and Torbay and Plymouth and provides stronger resilience to our emergency planning capacity and capability.

Health improvement and reducing health inequalities

Public Health Services

On 1 April 2019 over 300 Public Health Nursing Staff (PHNS) successfully transferred into the Council to work within the Council's Children's Services. A 'lift and shift' model was adopted which meant staff and systems remained almost exactly as they had been and enabled a smooth transition for services, service users, and staff alike. However, there are challenges:

- The service is around 25% below its clinical staffing establishment, despite an on-going recruitment campaign. The Council is now focusing on 'growing our own workforce' with investment in training new Health Visitors and School Nurses in collaboration with the University of the West of England and Health Education England.
- The immediate impact of the staffing gaps is that overall performance hasn't yet recovered as we had hoped (it had declined during the last year of the previous contract), meaning a more targeted approach to the five nationally-mandated Health Visiting Reviews is having to be adopted across much of the county.
- ICT and data management issues in the first six months since transfer mean we have only limited information on many areas of performance currently, and even then the management information available is not considered wholly reliable.
- Financial challenges are on the horizon: the additional staff costs related to NHS pay, terms and conditions (a pay-rise and a steep rise in employers' pension contributions), and the costs of incorporating the PHNS workforce into DCC IT systems (purchasing a fit-for-purpose case management and reporting system), and developing robust clinical governance systems and processes all contribute to an anticipated financial pressure next year.

The Council is pursuing a collaborative transformation programme focused on realising the benefits of closer working with Children's Centres and other DCC services, but the level of change required will take time to achieve, leaving the service under pressure in the short to medium term.

“One Small Step” provides support for residents wanting to live healthier lives (stopping smoking, reducing alcohol consumption, achieving and maintaining a healthy weight, and increasing physical activity). The service has been recommissioned under the same brand to combine specialist stop smoking support with the wider lifestyle service at reduced cost. The new provider is “Everyone Health”.

Partnership work with planning colleagues in both the County and District Councils continues to help ensure consideration to ensuring healthy places for example access to green space, active travel, play areas, local food and food growing, alongside well-planned health care facilities that support wellbeing. This work is complemented by close working with Active Devon and with the Local Nature Partnership, for example supporting the “Naturally Healthy May”, “Devon Girls Can”, “We Are Undefeatable” and “Connecting Actively to Nature” campaigns and programmes to support more people to be physically active.

Making Every Contact Count (MECC) is an approach to supporting people’s well-being and there are now 23 MECC Healthy Conversation Skills trainers in the Devon County Council area. This year there have been 29 accredited MECC courses delivered reaching 293 people from a wide range of organisations.

On the 7 October 2019 the Council became the first Local Authority in the South West to sign up to the Healthy Weight Declaration for local authorities. The series of pledges are all designed to create healthier environments and to increase the accessibility of foods lower in fat, salt and sugar. The work-streams involve a whole Council approach; there are work-streams led by Trading Standards, Economy, Waste Management, Devon NORSE, Children Centres, Libraries and Public Health.

The Council received funding for £175,000 to expand and support the Suicide Bereavement and Support service (Pete’s Dragons) across the whole of Devon, including setting up a real time surveillance system across the County, ensuring support is offered to those affected by suicide as part of plans to improve mental health and emotional health and well-being.

Public Health is working closely with the Local Medical and Local Pharmaceutical Committees to explore how we will commission and contract public health services in GP practices and pharmacies in the future, given the opportunities offered by the new Primary Care Networks.

In substance misuse, EDP began direct delivery of clinical substance misuse services (previously provided by Devon Doctors) on 1st April. The Council is also exploring the benefit of using “single use kits” to reduce the amount of unused needle kits that are thrown away. There are particular pressures on the substance misuse budget arising from increases in the price of buprenorphine.

There are also cost pressures in our sexual health services. Commissioners are working with the provider to understand the reasons for increases in activity and to identify ways of managing both demand and cost.

Public Health also provides advice to our partners – especially the NHS Clinical Commissioning Group – and are linking increasingly into place-based work at locality level, providing demographic analysis and evidence-based input.

5. Economy, Enterprise and Skills - Head of Service: Keri Denton

The Economy, Enterprise and Skills Service has continued to support the local economy and to work with businesses. It has delivered skills and training opportunities and has provided a range of regulatory services and guidance through the joint Devon, Somerset and Torbay Trading Standards. Set out below are some of the highlights and achievements:

The Service has continued to deliver its primary adult and community learning programme through the year through Learn Devon, with 6,400 individuals engaged over the year,

representing a 20% increase, and 130 individuals supported to complete their GCSEs with achievement rates of over 80-90% compared to 35% nationally.

The Service has also continued the Council's Post-16 Transition programme, working with CSW Ltd to provide the Council's wraparound tracking and support provision for those young people moving from full time education into new opportunities. Tracking 22,000 young people in year, the programme saw historically low levels of NEETs in 2018 (just over 3% of the total), beating both regional and national averages.

Working with the Heart of the South West Local Enterprise Partnership, the service has rolled out the Careers Hub, working with all mainstream secondary schools across the County to support their emerging careers programmes and link together business and education partners. The Digital Skills Partnership has brought together a business led group of digital experts and enterprises to develop and enhance digital skills provision across the area. This includes the roll out from July of the Digital Innovation Fund Programme, providing 300 new training opportunities at a variety of levels for individuals wishing to upskill around digital competencies.

The Service is working through a range of projects to stimulate business growth and successfully securing external funding. The Service is in conversation with the LEP to operate the HotSW Growth Hub. The Service has also submitted bids for ERDF funding for a new Growth Support Programme to run alongside the Growth Hub, creating a single point of contact and a comprehensive source of business support including regulatory advice. The Service has secured funding for an Engaging Rural Micros trial project involving monitoring and practical research with over 250 rural micro businesses.

The joint Devon, Somerset & Torbay Trading Standards Service continues to perform strongly, meeting key operational targets and carrying out some major investigations. The Service has also focused on prevention and business support. Examples include, education campaign to tackle financial scams with specific action on educating younger people as they are increasingly becoming victims and a project was developed in partnership with the Property Ombudsman to provide business support and interventions to all letting agents in our service delivery area.

The Strategy for Growth which sets out the Service's strategic objectives until 2030 is nearing completion and the team has carried out a number of research projects to support the development of future projects. These include supporting the local industrial strategy, a Digital Strategy for Heart of the South West and commissioning a follow up study looking at the potential economic markets for good and services aimed at an ageing society.

The service has also led on the County Council's input in the "Connecting Devon and Somerset" programme which is successfully delivering new broadband services across North Western Devon. The recent decision to terminate the contracts with Gigaclear has been shared with Scrutiny and the work to develop a new procurement remains underway.

The service has continued with development, management and marketing of its industrial estate portfolio, including at Okehampton East Business Park, Mullacott Cross Industrial Estate in Ilfracombe, Duchy Square in Princetown and Roundswell South in Barnstaple.

At Roundswell South work continues to construct a new Enterprise Centre. At Okehampton 4 plots are sold and one in productive use, supporting approximately 100 jobs. We have interest in the remaining plots, half of which are currently under offer, with marketing of the final plots due to commence shortly.

The service continues to support the development of Exeter Science Park and has supported the Science Park on the development of the new University Vibration Simulator building and the new Open Innovation Building, as well as district heating infrastructure and ongoing landscape maintenance.

The service is also working on the future of our Skypark employment site, engaging with our JV partner St Modwen, East Devon District Council and Exeter Airport on opportunities and discussions around the site's Enterprise Zone status and future plans for a Local Development Order (LDO) to enable the site to be brought forward more simply in future from a planning viewpoint.

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

Electoral Divisions: All

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

Cabinet Member for Resources Management: Councillor Stuart Barker

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

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

Cabinet Member for Highway Management: Councillor Stuart Hughes

Cabinet Member for Infrastructure Development and Waste: Councillor Andrea Davis

Cabinet Member for Economy and Skills: Councillor Rufus Gilbert

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

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

Local Government Act 1972: List of Background Papers

Contact for enquiries: Dr Virginia Pearson

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Tel No: (01392) 383000

Background Paper	Date	File Ref.
Nil		

RECRUITMENT AND RETENTION OF HEALTH AND SOCIAL CARE WORKFORCE- CHALLENGES AND PLANS

Joint Report Associate Director of Commissioning (Care and Health) (Devon County Council) and Chief Executive Officer Livewell Southwest CIC

1 Recommendations

1.1 It is recommended that Members:

- Look for opportunities to promote careers in Health and Social Care
- Promote Proud to Care, as the brand representing all Devon STP organisations working together, on social media or in other community-based opportunities
- Assist in the education of communities to help them be better informed about access to NHS services in the most appropriate way to help reduce demand on front line or emergency services.

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2 Purpose

2.1 The purpose of this paper is to provide information about:

- Health and social care workforce challenges in Devon.
- The Devon STP Workforce Plan.
- Outline some of actions being taken to address the workforce challenges.

3 Background

3.1 There are many complex workforce challenges facing the Health and Social Care system. Demand for services is increasing and services users' expectations growing. Within Devon we have an above average aging population with more complex needs as people are living longer. At the same time our pool of workforce is decreasing. High employment locally means competition with other sectors is high and our pipeline of school and university leavers is similarly squeezed. The perceived low status of unqualified social care workers particularly in the Private, Voluntary and Independent (PVI) sector, coupled with poor terms and conditions for that group can make this an unattractive option for people who, in a relatively thriving local economy, can secure employment in other sectors for better pay. Career pathways and opportunities for personal development are also poorly defined in within social care sector and 48% of the adult social care workforce in Devon have no external qualifications.

3.2 Within the Health Service recruitment and retention is a major workforce challenge across the NHS, including primary care. Professional roles, (including medics, pharmacists, nurses, social workers, OT's and other Allied Professions) have experienced high demand/expectations, stress, 'burn-out', long working hours and lack of flexibility around working hours. All of these things have had an impact on retention, turnover and sickness absence rates. Agency usage rates have been very high as services struggled to maintain staffing requirements.

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- 3.3** Each STP is required by NHS England to develop a local long-term plan. Local systems have been asked to set out the population health challenges they will face over the next 10 years and the plans they will put in place and deliver to address the challenges. This includes plans around workforce.
- 3.4** Devon has a diverse workforce economy and as a result the high numbers of vacancies within the health and social care economy will not be filled without attracting more people to come to live and work in Devon, without an adequate pipeline of staff training to undertake new roles or without identifying future workforce members from within existing Devon Communities who may not previously have considered a career in health or social care.
- 3.5** The Appendices to this report summarise some workforce statistics and the workforce challenges facing our Health and Social Care system.

4 STP Workforce Strategy Priorities

4.1 The Devon STP Workforce Strategy was agreed in November 2018 to address these challenges and includes a focus on:

Priority	Purpose
1. Right person, right skills, right place, right time	To attract, retain and support the development of the health & social care workforce across Devon.
2. Growing the future workforce	To develop a planned sustainable supply of people who want to work in health & social care in Devon to ensure we have the right people in the right place at the right time.
3. Effective use of flexible workforce	To reduce agency spend in Nursing, Medical & Social Care in order to support the development of a stable workforce while reducing high cost spend on agency workers.
4. Strengthening strategic partnerships e.g. HEE, SW leadership academy	To influence the numbers, content and delivery of training for the Devon Health & Social Care workforce.
5. Health & social care sector is the best place to work	To develop a healthy culture that supports staff wellbeing and allows staff to flourish and reach their potential.
6. Digital Devon workforce	To ensure that we maximise the potential of technology to support the quality and sustainability of service delivery.

- 4.1.1** STP workforce activities have been focussed on recruitment and retention initiatives, system wide workforce development and talent management at all levels. This includes recruitment campaigns focussing on specialist or hard to recruit professions i.e., nurses, primary care, pharmacists, the use of apprenticeships, developing career pathways etc. Outlined below are some details about some of these activities.

4.2 Proud to Care Brand

- 4.2.1 The Devon system has already implemented a successful recruitment marketing brand and website 'Proud to Care Devon'. We currently have 290 Proud to Care Ambassadors who promote health and social care careers at schools, colleges and job fairs. Now well established, Proud to Care enables us to market all vacancies as a health and care system alongside the strong employee value proposition.

4.3 International Recruitment

- 4.3.1 A system approach will continue for the international recruitment of nurses, medical and allied health professional staff for the next three years. One Trust has recruited internationally on behalf of all acute providers across Devon. DCC have also undertaken successful international recruitment for social workers.

4.4 General STP Recruitment

- 4.4.1 In March 2019 our first STP wide recruitment fair took place in Exeter. Overall this was a great success showing good collaboration between organisation and across health and social care. Over 200 people attended providing an opportunity for them to meet different employers within the STP and understand the variety of roles and careers on offer. Work is underway to develop this joint approach further and next year to run a number of recruitment fairs across the County.
- 4.4.2 It is recognised that individual values are important in recruitment and values-based recruitment is a developing approach within individual organisations across the STP. Working with Skills for Care, values-based recruitment training is now being offered to the PVI sector to help recruit a future workforce with the right values which will support retention.

4.5 Recruitment Hub

- 4.5.1 There are plans to develop a Devon recruitment hub to support recruitment and address the immediate and high-risk areas of workforce shortages. This will initially be focussed on Primary Care in Plymouth.

4.6 Grow your Own

- 4.6.1 The 'grow our own' approach will expand by training both nursing and physician associates and developing local education schools such as pharmacy with local education providers. Devon was one of the first 11 pilot sites for Nursing associates and the only successful STP bid. To date the approach has grown over 100 new practitioners supported by a Devon wide Programme Board. The system has also worked to increase student numbers in nursing by developing programmes with two additional Universities reflecting true partnership between providers and academia. DCC already have successful grow your own practice in place for Adult Mental Health Practitioners (AMHP's) whereby we train and develop social workers into this specialist role, and also offer ongoing opportunities for staff to train to become Social Workers via a bursary scheme.

4.7 Apprenticeships

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- 4.7.1 The increased use of apprenticeships and the apprenticeship levy will be maximised across the STP to increase new entrants into the system and develop the existing workforce with the use of higher-level apprenticeships. Rotational apprenticeships (Level 2 Health and Social Care Apprenticeship) across health and social care have been piloted and we are examining the benefits for other roles. Work is underway to maximise the gifting of the apprenticeship levy.
- 4.7.2 The initial focus for this has been to fund leadership and management qualifications and nursing associate programmes in the private, voluntary and independent sector to enhance qualification opportunities and support the development of solutions to address the critical qualified nursing staff shortages within this part of the system.
- 4.7.3 Apprenticeships have been developed for professional roles such as Social Work. With DCC aiming to recruit its first Social Work Apprentices in 2020.

4.8 Career Pathways

- 4.8.1 Programmes such as grow your own and apprenticeships, together with rotational and portfolio careers support the development of sustainable career pathways, and further support the move to out of hospital care. If we are to retain staff working in the health and social care system, it is critical that they can see career development opportunities. It is also recognised that skills need to be shared and flexed across the system.
- 4.8.2 The STP has undertaken research to understand more about recruitment and retention issues in adult social care to understand the high turnover rates and low levels of qualified staff. A joint STP bid for £3.5m of European Social Funding, led by Devon County Council on behalf of all the Trusts and local authorities, working with the education providers, has the potential to significantly improve the qualification rates of the community workforce and also to attract people to careers and career pathways across health and social care.
- 4.8.3 DCC and NHS Devon CCG are part-funding a pilot programme introducing student nursing associates into Devon's independent nursing homes. This programme will establish a career pathway into a registered healthcare position and support the recruitment and retention of the social care workforce. Livewell have also introduced the role of student nursing associates into independent nursing homes.

4.9 Network Models

- 4.9.1 The networked workforce models for fragile services (e.g. shared clinical teams or on-call rotas, out of hours services) will expand.

4.10 Memorandum of Understanding (MoU)

- 4.10.1 An MoU has been developed to assist with the smooth, faster and more efficient movement between employers working in the system. It aligns policies and process regarding working arrangements and ensures that organisational boundaries will not prevent the flexibility and prompt mobility of staff to move and deliver services where needed. As more people are needed

to deliver services out of hospital the MoU will be further developed to see how it can support employment moves into primary and social care.

4.11 Retire and return

- 4.11.1 Work has been started to create a system wide policy to enable retire and return for workers across health and social care system in Devon - attracting more retired workers back through flexible employment approaches

4.12 Health and Wellbeing

- 4.12.1 Keeping people physically and mentally happy, healthy and supported within the workplace is of vital importance and supports the retention of staff. Health and Wellbeing initiatives are underway within organisations across the STP with information and practice being shared.

4.13 Agency and Bank

- 4.13.1 NHS providers in Devon are working together and have produced a set of measures to reduce costs and usage across the system.
- 4.13.2 The aim of the piece of work being undertaken is to maximise conversions of agency workers to permanent contracts, pay consistent rates, reduce competition for agency workers, satisfy demand all at the same time as reducing spend and saving money.
- 4.13.3 The County Council has established a Peripatetic Social Work team within Adult Social Care which has reduced reliance on agency and agency spend

4.14 Flexible working – hours and contract types

- 4.14.1 We know that flexibility is important to the whole workforce. The STP has a critical role in ensuring that working practices, policies and procedures and contracts help support the workforce achieve the work life balance they need and also supports those with caring responsibilities outside of work thus supporting retention , enabling us to make better use of our existing workforce and improve retention for all parts of the health and social care system.

4.15 Pay and Reward in Adult Social care (Private, Voluntary and Independent (PVI) sector)

- 4.15.1 The County Council is a commissioner of Adult Social Care and now only has a very small direct provision workforce (Adult Social Care Workforce in Devon is 86% independent sector, 9% direct payment recipients and just 5% Local Authority).
- 4.15.2 The STP has to work with the PVI sector to support them in seeking solutions to their workforce issues which impact on all parts of the system. New initiatives include allowing CCG or joint commissioned PVI providers to use 'Working with the NHS Branding' and logos to enhance their image and allowing staff to access the NHS or other discount schemes. This development has already had a positive impact in some areas. Devon Cares staff can use the template for NHS ID badges and also use NHS lanyards.

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Staff say they 'feel' a part of the NHS and some have said it makes a difference to how others treat them. Devon is enhancing its parking scheme to help community-based workers in health and social care park in areas with restricted parking when undertaking community visits.

- 4.15.3 Some Local Authorities are working with their PVI colleagues to improve the wages of care workers. Bristol City Council encourages commissioned providers to sign up to the Living Wage on a voluntary basis. Currently within Devon as part of our procurement process, we require commissioned providers to comply with the minimum wage and to ensure that all travel time is paid at minimum wage rate and travel expenses are provided. Devon County Council is currently considering the impact of taking a similar action to Bristol in respect of commissioned social care services.

4.16 Other solutions

- 4.16.1 Addressing workforce shortages will not solve the problem alone - ultimately the workforce numbers are not out there so we need to find other ways of providing Health and Social Care.

4.17 Digital Solutions

- 4.17.1 A critical and important part of the plan for Devon focuses on the need to develop digital solutions to ensure continual growth in productivity. The development of improving access to care records will, in addition to improving patient care, enable organisations to work better with each other and remove unnecessary duplication of workforce activity and reduce travel time. The introduction of artificial intelligence and more established communication technologies will improve how we outpatient appointments. The use of e-rostering systems will also be maximised to support the more effective rostering.

4.18 Demand and Expectations of the population –

- 4.18.1 Our communities need to be supported to manage their own health. A number of initiatives within our Health and Social Care system is working towards this;
- Promoting independence – underpins much of our social care activity and works with individuals to enable them to live as independently a possible.
 - Looking after our own health - Public Health play a vital role in supporting and promoting the health and wellbeing of people in Devon.
 - Preventative work - such as active Devon are dedicated to inspiring and supporting Devon to be active to enhance both physical and mental wellbeing.
 - Directing people to the right place - an integral part of the system needs to be signposting people to support outside the substantive health and care system.

5 Summary and Conclusion

5.1 Outcomes and Benefits of Workforce Transformation

- 5.1.1 This paper gives a sense of the workforce challenges facing the Health and Social care system and actions to address these. Transformations will enable the following for both our workforce and the citizens of Devon

5.2 Living in Devon

- 5.2.1 I will see a transformed workforce through the health and services I receive because:
- I will wait less to access services.
 - Staff are able to support me to make the best choices for my health and care.
 - I will see different roles supporting my health and care needs.
 - Staff will be using digital communication technologies to help me to save time and contribute to reducing my carbon footprint by travelling to fewer appointments.
 - Staff will be using more digital technology to deliver my health and care needs.
 - Staff will only have to ask me once about my health and care history.

5.3 Working as a member of staff in Devon

- 5.3.1 I will be part of a team delivering health and care service and as result we will:
- Have more opportunities to work flexibly across organisations.
 - See a workplace less impacted by staff vacancies and turnover because new roles and digital technology have supported us to do our work.
 - Be more supported in our health and well-being.
 - Be able to provide better patient care because we are working more digitally and can access patient information when needed.
 - Spend more time on health and care matters that need professional attention and less time on work that can be completed by computers using artificial intelligence and robotics.
 - Use digital technology to reduce outpatient demand.
 - Be a diverse team that reflects our community, and which promotes equality.
 - Be supported in our development and have opportunities to reach our potential

5.4 Equality Considerations

- 5.4.1 These are accommodated through the DCC and partner organisations' HR policies.

5.5 Legal Considerations

- 5.5.1 None

5.6 Carbon Impact Considerations

- 5.6.1 Reduction in carbon footprint due to less appointments and fewer staff needing to travel

Tim Golby
Associate Director of Commissioning (Care and Health)

Agenda Item 7

Dr Adam Morris
Chief Executive Officer, Livewell Southwest CIC

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: ??
Tel No: 01392 382300 Room: First Floor Annexe

5.6.3 BACKGROUND PAPER DATE FILE REFERENCE 5.6.2

Nil

Appendix 1. Current Workforce Data in Health and Social Care

POPULATION



13% rise in Devon's population by 2039



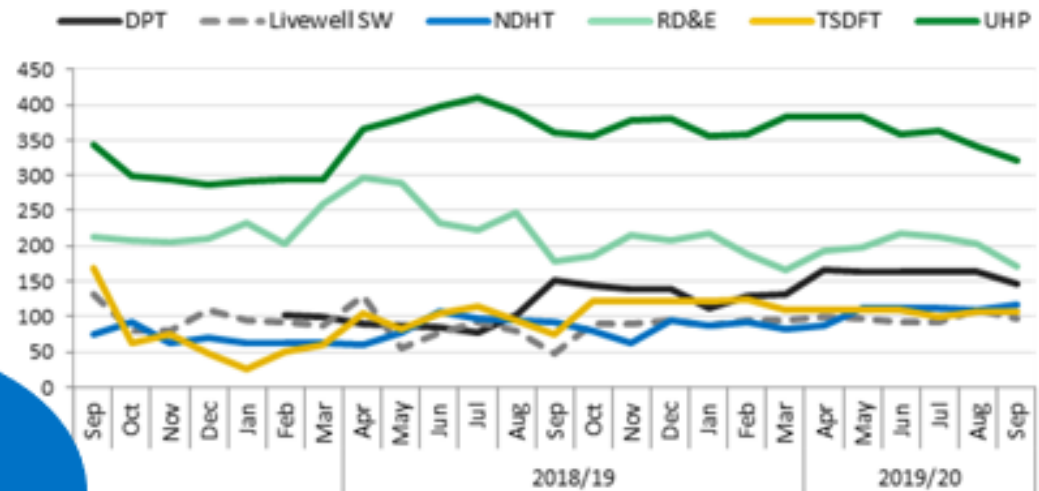
Devon's older population (65+) projected to rise 45%



1 in 3 people live with one or more long term condition

Number of Nursing Vacancies- By Devon STP Trusts

NB: vacancies being recruited against



PHARMACY
Increased demand for pharmacists but pipeline is squeezed - fewer people applying for University places.



PRIMARY CARE
Need to recruit 50 GPs over the next 5 years, as well as 45 primary care nurses per year. Further recruitment of 300 new recruits into other Direct Patient Care roles and over 500 into admin roles.



SOCIAL CARE
290,000 care workers needed in Devon by 2033. 33 additional Adults SW's needed in DCC over the last 2 years and losing an average of 15 per year.

There is an estimated 1200 care worker vacancies in Devon as well as 93 AHP vacancies

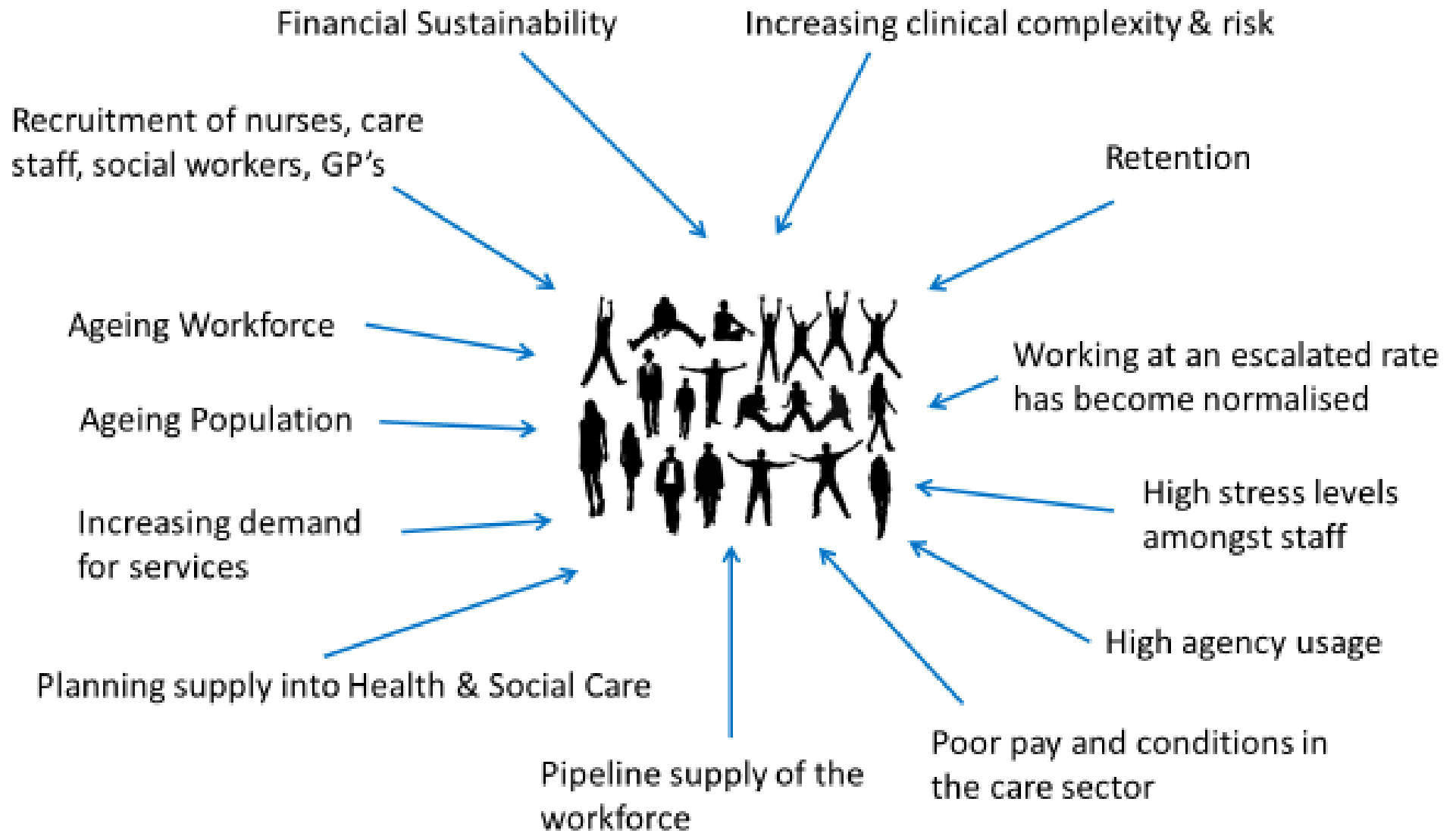


Need to increase the %age of nurses with specialist skills to support management of long term conditions within the community rather than acute setting

33.3% turnover in adult social care in Devon

12% turnover in registered nurses in Devon

- Why people are leaving the sector?
- Too much responsibility (for the level of reward)
 - Lack of flexibility over working hours
 - Lack of time for and between appointments
 - Lack of opportunity for personal or professional growth.
 - Lack of guaranteed hours
 - Cost of childcare
 - Emotionally demanding roles
 - High workloads



Understanding the Model of Care – Site Visit to Chiddenbrook Surgery, Crediton

Report of the Health & Adult Care Scrutiny Members

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

Recommendations:

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

Background

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

Agenda Item 8

25 September 2019 – Chiddenbrook Surgery, Crediton Site Visit

The following councillors undertook the visit to Chiddenbrook Surgery, where they met Richard Ward, Practice Manager:

- Cllr Ackland, Chair
- Cllr Saywell
- Cllr Way
- Cllr Squires (Children's Scrutiny)

Issues Identified

Shortage of GPs

- It has been reported that there is a shortfall of about 6000 new GPs being nationally recruited.
- Chiddenbrook recently appointed an Advanced Nurse Practitioner instead of a GP having held a vacancy for 6 months.
- Members expressed concern about young doctors going straight into locum work purely for financial reasons. Chiddenbrook Surgery try to minimise locum use.

GP Surgery Valuation

- Issue with how GP surgeries are valued creates significant limitations.
- The GP practice partner model is under pressure given the joint liability and all the risks that go with it.

Appointment Waiting Times

- Every year GPs are getting busier as their patient contact number rises. Waiting times for routine appointments at Chiddenbrook are in 3-4 days to 3 weeks, which compares favourably nationally. Chiddenbrook have blank surgery in the morning and the afternoon for urgent appointments. Also the practice has a specific appointment slot for working people.
- Members raised issue with GP delays and pressure on A&E. Richard Ward advised members that the number of people going into A&E compared to GPs is miniscule. Whatever people think about GPs gatekeeping, they let more people in than any other service.

Prevention

- The need for the system to focus more on prevention.
- Chiddenbrook used to have a good diabetes prevention model, providing a diabetes clinic and were the only practice in the County with a reducing number of diabetic patients. CCG received funding to provide the clinic centrally, however there was not the sign up, so will have to restart the model here.

Relationship with Health Partners

- GPs at the practice were not routinely aware of what services were being provided at the local community hospital.

Primary Care Networks

- The Primary Care Network (PCN) idea recognises issues with GP capacity. PCNs will be used to specifically deploy additional staff - a social prescriber and a clinical pharmacist.

Demographics

- More people are spending more time in ill health for many reasons including lifestyle choices made. This is causing an increased demand for services.

Social Prescribing

- There is an over reliance on medicine for treating all ills. There is however a lot out there in terms of the voluntary sector to make social prescribing work.

Voluntary Sector

- The surgery has a 3 weekly multi-disciplinary team meeting with the voluntary sector and partners. Work with the voluntary sector can be hit and miss depending on funding cycles.

Devon Referral Service

- Devon Referral Support Services supports patients in getting the right advice, care or treatment. Referral times are a concern with appointments often some time off.

Digital

- Health are looking at how capacity can be expanded to cope with demand. eConsult is one such option. Digital can also be used to help to educate the population how to get best out of the system.

Crediton Hub New Joint Surgery Project

- Started the Crediton Hub joint surgery project with New Valley about 4 years ago. The plan has proven to be incredibly popular in Crediton, but is not over the line yet, as awaiting a decision from NHS England on the business case which has been championed by the CCG.

Carers

- The Surgery try to ensure carers are identified and registered – 160 carers are currently registered through the practice. Mindful of the vulnerability of carers as well as the cared for person.

Health and Adult Social Care Integration

- There is a need to change the culture and silo working that still exists in some areas. Staff need to understand their wider role as part of an integrated system.
- There has been a lack of leadership and coordination across the STP. Communication issues as much as anything. GP practices part in the grand plan has not been properly articulated.

Conclusion

Members agreed that the site visit provided invaluable insight into how the model of care is working from a GP surgery perspective. The key objective is to keep people living safely at home, promoting their independence and their good physical and mental health.

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

Councillor Hilary Ackland, Vice 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

18 October 2019 Standing Overview Group - Long Term Plan

Report of the Health & Adult Care Scrutiny Members

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

Recommendations:

- (i) That the Committee recognises the significant role Local Government has played in the development of the Devon Long Term Plan (LTP) and the role it will play in the delivery. It therefore recommends that all councillors receive information to help them understand and develop as strong Health and Wellbeing leads in their local communities.
- (ii) That the Committee shares the learning from the most recent Standing Overview Group meeting on the LTP 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 18 October 2019 the Standing Overview Group received presentations on work relating to the Devon NHS Long Term Plan.

Members in Attendance

- Cllr Randall Johnson (Chair)
- Cllr Ackland
- Cllr Russell
- Cllr Saywell
- Cllr Scott
- Cllr Twiss
- Cllr Sellis
- Cllr Parsons
- Cllr Whitton
- Cllr Aspinall (Plymouth)
- Cllr Darling (Torbay)
- Cllr Douglas-Dunbar (Torbay)

Agenda Item 9

During discussions with members the following key areas surrounding the LTP were raised:

Engagement

- Engagement on the Devon NHS LTP ran from 11 July to 5 September 2019 structured into strategic county-wide engagement and locality-led engagement activity.
- The total number of engagements was 5,707.
- Multiple previous engagements have fed into the plan.
- The engagement highlighted two main key areas for consideration:
 - Digital infrastructure across Devon, access, education and behaviour change –
 - Travel needs further consideration and closer working with local economic partnerships

Case for Change

- Health and Adult Care are facing crucial challenges. Most notable is the growing and ageing population. For every person over 85 there are currently 16 people of working age, by 2040 this is halved to 8.
- Furthermore, the amount of time people live in good health has been decreasing.
- 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.

Core Deliverables of the Plan

- Transform out of hospital care and integrate community services.
- Support Primary Care Networks (PCN) working with community services and other providers to move towards anticipatory care.
- Set consistent minimum requirements for this community-based care to reduce pressure on emergency hospital services.
- Give people more control over their own health and more personalised care (an assets strength based approach at scale).
- Deliver digitally enabled Primary Care and Outpatient Care at scale.
- Improve cancer outcomes.
- Improve mental health services through ringfenced investment fund.
- Shorter waits for planned care, through protected capacity.
- Reduce outpatients appointments by 30%.
- Address unwarranted clinical variation and health inequalities.
- Make Devon Health and Care sector the best place to work.

Six Key Ambitions of the LTP

- Devon-wide Deal - nurturing a shared responsibility, between citizens and services, to health and care which reduces variations in outcomes, gaps in life expectancy and health inequalities across Devon.
- Effective and Efficient care - reducing waste, tackling unwarranted clinical variation and improving productivity everywhere so that Devon taxpayer's money is used to achieve best value for the population.
- Integrated Care Model - enhancing primary care, community, social care and voluntary & community services to provide more care and support out of hospital care.
- Equally Well - working together to tackle the inequalities in the physical health of people with mental illness, learning disabilities and/or autism.
- Children and Young people - investing more 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 Devon - Investing to modernise services using digital technology.

Issues Identified by Members

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

- The importance of continued involvement of members in the LTP.
- Mental Health Transformation Programme. Members welcomed collaboration to aid in the destigmatisation of mental health and positive framework around mental health.
- The role of the Voluntary Sector.
- The need to improve diagnostics performance.
- Recognition that not everyone will be able to access/use digital.
- Importance of robust primary care for the wider NHS. PCN role in stabilising primary care.
- There are workforce issues, with particular problems in the South West recruiting to certain skills.
- Prevention programme and its importance.

Conclusion

The Committee thanked the presenters and the officers for attending this meeting and recognised the work they are undertaking to develop the LTP 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

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

There are no equality issues associated with this report

