Phil Norrey
Chief Executive

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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 : 4 March 2020
Please ask for : Gerry Rufolo 01392 382299

Email: gerry.rufolo@devon.gov.uk

HEALTH AND ADULT CARE SCRUTINY COMMITTEE

Thursday, 12th March, 2020

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 meetings held on 23 January 2020 (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 Coronavirus (Covid-19): Update

2.20 pm

Chief Executive to report.

6 Health and Care: General Update (Pages 1 - 8)

Joint Report of the Associate Director of Commissioning (Care and Health) (Devon County Council and NHS Devon CCG) and the (Interim) Director of Commissioning (NHS Devon CCG) (ACH/20/120), attached

7 Development of a Devon Long Term Plan (Pages 9 - 34)

2.55 pm

Report of the Devon Sustainability and Transformation Partnership, Chief Executive, attached
(N.B. Further information to follow)

8 *Primary Care Networks Update and General Practice Strategy (Pages 35 - 80)

3.15 pm

Report of the Director for Commissioning, Deputy Director for Primary Care of NHS Devon Clinical Commissioning Group and the Clinical Director (Woodbury, Exmouth, Budleigh (WEB) Primary Care Network), attached

9 Carers Spotlight Review (Pages 81 - 110)

3.35 pm

10 Internal Audit Plan 2020/21 (Pages 111 - 132)

3.55 pm

Report of the County Treasurer (CT/20/38), attached

11 Health and Adult Care Standing Overview Group

4.15 pm

Report of the Standing Overview Group held on 24 February 2020, **to follow**.

12 Holsworthy Medical Centre: Model of Care Site Visit (Pages 133 - 136)

4.35 pm

Report of the Site Visit, **to follow**.

13 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

14 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) Cranbrook Medical Practice / A&E 4 Hour Wait Performance: Information from the Associate Director of Commissioning (Care and Health) (Devon County Council and NHS Devon CCG).

(b) My Care Open Day at the RD&E – on 22 February 2020 on a preview of the future of electronic patient care records.

(c) Engagement exercise on community health and care services in Somerset.

(d) letter from the Chief Executive SWASFT advising of a 999 call handling trial to provide average ambulance response times for lower acuity patients.

(e) NDHT press release on views on maternity services at Northern Devon Healthcare NHS Trust (NDHT) in the latest national Care Quality Commission maternity survey.

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, R Peart, S Russell, P Sanders, A Saywell, M Shaw, R Scott, J Trail, P Twiss, N Way, C Wright and J Yabsley

Devon District Councils
Councillor L Evans

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

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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/

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

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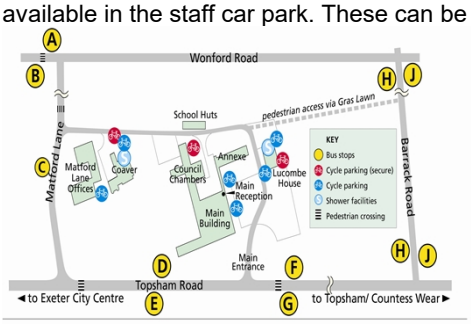

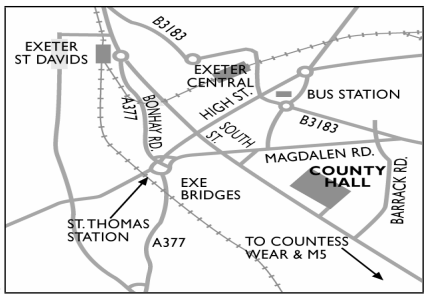

NB A J **Denotes bus stops**

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

ACH/20/120
Health and Adult Care Scrutiny
12 March 2020

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 and 4) and provide updates on the latest news from the Devon Health and Care system (section 5).

3. Supporting people with Learning Disabilities into employment

3.1 Within Devon, our approach to supporting people with disabilities to have a job has been influenced by national policy, which has evolved over time in line with the perception of and aspirations for people with disabilities.

3.2 Historically, ‘sheltered workshops’ were considered good practice. They provided people with jobs that weren’t available in the open market in an environment that employed people with disabilities separately from others. By 2013, this approach was criticized nationally by the Department for Work and Pensions (DWP) for being segregated and ineffective.

3.3 Currently, national and local approaches are for people with disabilities to be part of communities and to have the same opportunities as everyone else. Supported employment, job coaching in the open market, is recognised nationally as best practice. DWP offer a range of supported employment programmes and resources.

Current approach

3.4 Across Devon, we are supporting people with disabilities to have a job, where appropriate, and to be as independent as possible. Our strategic approach since 2017 is informed by people’s views and recognises that a paid job increases people’s ability to live independently.

3.5 To make it easier for all people with a disability to get a job in Devon we have taken a multi-agency approach and worked in partnership with the DWP to raise awareness of the government funded offers available to support people

in and at work through schemes such as Access to Work. The elements of this approach are described below.

3.6 We have recognised the influence of our role as a large employer and introduced 6 supported internships which have progressed to 4 apprenticeships for people. The numbers of young people with disabilities enrolling on these programmes (with different employers across Devon) continues to increase to a current average of 80 students per year (from 68 in the previous year).

3.7 We have invested in dedicated supported employment practice through our Reaching for Independence teams, who work closely with DWP to provide people with a pathway into employment. This approach has had a high success rate, particularly in supporting young people leaving college into employment and thereby avoiding the traditional forms of 'day services' and promoting greater independence.

3.8 In 2018 we launched a multi-media campaign to raise aspirations and build positive perceptions of disability and employment through inspirational real-life stories. Through this campaign we also promoted support from DWP's Employer Advisor Team and increased the number of businesses committed to the Disability Confident scheme and employment opportunities for people in Devon. The number of Disability Confident employers in Devon rose from 218 in 2018 to 450 at the end of 2019.

3.9 We followed up the campaign with The Devon Employment Hub, a new support service, available in February 2020, for employers and businesses who are open to more inclusive ways of working and committed to providing meaningful employment opportunities for people with a disability or long-term health condition. It is a two-year pilot project funded by Learn Devon and the DWP; continuing the collaborative working approach adopted during the initial campaign. The Employment Hub guides employers to a menu of services delivered via telephone support, face-to-face or online information and resources.

Performance

3.10 In 2010, 114 people with a learning disability (who receive services) were employed in Devon (5.8% of the total proportion of people with a learning disability who received a service). This number had grown to 184 in 2018-19 representing 8.9% of the population and an overall change of 25 more people over the last 3 years.

3.11 Whilst nationally, Devon benchmarks well (currently ranked in the top quartile for employment), we recognise that there is still a lot to do to improve the proportions of people with a disability who have a job.

4. Car parking at the RD&E

4.1 The RD&E has taken a number of steps to ease pressure on parking, including staff and patient park-and-ride schemes at Sowton and Digby, dedicated shuttle buses, a 33% discount on commuting via Stagecoach buses and subsidised cycle to work schemes for staff.

4.2 There are also a number of other plans being developed to reduce demand for on-site parking, and staff have also been asked to do what they can to help. The Trust's Executive Team has made a pledge to leave their cars at home for at least one day a week, and have asked staff to consider making the same pledge if they can, to help relieve the pressure on parking and also to reduce the impact on the environment.

4.3 In the near future there will be a promotional campaign to encourage patients and visitors to use the Sowton Park & Ride scheme and potential opportunities are being pursued to extend the provision of park and ride services for staff and patients.

4.4 The Trust is working with the local authorities and other groups to consider how it can best enable people to get to its hospital sites whilst at the same time minimising the impact of car travel on the environment.

5. Devon Health and Care system communications update

5.1 Together for Devon

5.1.1 Together for Devon is a partnership of health and social care organisations across Devon, Plymouth and Torbay. This is part of a new arrangement – called an Integrated Care System – which we have been developing and strengthening over the past few years. It will build on the work of the Devon Sustainability and Transformation Partnership.

5.1.2 A new logo forms the foundation of the identity:

Together for Devon

Health and care working in partnership with local communities in Plymouth, Torbay and the rest of the county

- The heart was a popular and positive symbol that embodies people's love for the county. The rainbow demonstrates a commitment to inclusivity
- The colours are a blend of the corporate colours of the NHS and local authority partners
- 'Together' was the strongest theme to emerge in the feedback
- The strapline was chosen to reflect the breadth of our work beyond health and care and across the geographical area we serve.

5.1.3 To coincide with the launch, a new monthly bulletin is being sent to all health and care staff across the county, focussing on the inspirational ways in which staff are bringing people and organisations together through partnerships to make a positive difference to local people. A new website and Twitter account have also been launched.

5.2 **Proud to Care update**

Next campaign

5.2.1 Proud to Care Devon is planning an STP advertising campaign to attract young people to registered and clinical roles in health and care with a focus on Allied Health Professionals, Social Workers, Nurse and Registered Managers in Adult Social Care. The campaign, aiming to inspire people aged 16 – 25 to consider a career in health and care, will include film, photography and vlogs.

5.2.2 The media campaign, starting in April 2020, will include online media for young people and advertising on buses. The campaign will feature people working in the roles mentioned above and includes professionals from Northern Devon Healthcare NHS Trust, Torbay & South Devon NHS Foundation Trust, the Royal Devon & Exeter NHS Foundation Trust, Devon Partnership NHS Trust, Livewell Southwest, Devon County Council, the University of Plymouth, and independent Adult Social Care providers.

Supporting people at risk of redundancy

5.2.3 The Proud to Care team has teamed up with Job Centre Plus to support staff at risk of redundancy (e.g. from care home or retail closures) and to help them to find alternative work in the care and health in Devon. Those at risk of redundancy have been offered one-to-one support, help with CVs and introductions to other care and health employers. The feedback to date has been very positive and it has supported staff to feel valued and confident about finding another job in the sector.

Health and Care parking permits

5.2.4 Over 6,500 car parking permits have been issued to health and care staff working in the community, as part of a one-year pilot to extend the scheme to parking on single and double yellow lines for free.

Nursing Associates

5.2.5 10 Trainee Nursing Associates in adult social care will start at the Plymouth School of Nursing in Exeter in March 2020. The places have been part-funded by DCC, Devon CCG and Health Education England. 8 work in nursing homes and 2 work in a residential home in Devon.

5.2.6 A strategic plan to introduce nursing associates to domiciliary care and other residential homes is being developed with the South West Association of Directors of Adult Social Services to expand the infrastructure.

5.3 **Update on Devon hospitals A&E 4 hour wait performance**

5.3.1 The standard is that at least 95% of patients attending A&E should be admitted, transferred or discharged within four hours. Performance across Devon as of January 2020 is as follows compared to the national performance of 82.3%:

- RD&E 85.8%
- North Devon 83.8%
- Torbay and South Devon 76.2%

5.3.2 Figures are not reported for University Hospitals Plymouth (Derriford) as they are participating in a national pilot around a new set of performance measures around A&E.

5.4 **MY CARE**

5.4.1 The Royal Devon & Exeter NHS Foundation Trust (RD&E) launched the MY CARE Programme in June 2018. MY CARE will connect people in new ways improving the experience of patients, carers and staff, enabled by a new electronic patient record (EPR) using proven technology already in use in thousands of hospitals globally and in three other NHS Trust. The RD&E will be the first in the UK to extend the platform to acute and community settings

5.4.2 The RD&E has completed extensive engagement involving patients, communities and staff in the co-designing, enabled by the new EPR. This Programme will drive a step change in the way care and services are delivered by the RD&E resulting in the following outcomes:

Outcomes for our Patients:	**Outcomes for our Staff:**
✓ Easy and secure access to their care records; ✓ Empowering them to take control of their own health and wellbeing; ✓ Real- time information will be available 24/7 for them to view anytime, anywhere; ✓ Individuals, or their nominated person, will be able to communicate directly with their Care Team; ✓ No more multiple letters, duplicated appointments, unnecessary travelling to hospital for appointments;	✓ Increased time to deliver the standards of care they aspire to provide; ✓ Technology that is fit for purposed enabling them to work smarter not harder; ✓ Easy access to real-time information – different Care Teams can see the same record, at the same time; ✓ Removal of frustrations of multiple sign-ins, duplication of effort, waiting for results; ✓ A more joined up view of the patient treatment plan across all Care Teams;

✓ Increased transparency of treatment plans.	✓ Enable a more standardised way of delivering care.

Outcomes for RD&E:

- ✓ Future model of care – enabling integration of care across multiple setting and supporting care to be delivered in the right place;
- ✓ Improved quality and safety of care – improved access to accurate and timely information speeding up diagnosis and treatment;
- ✓ Single integrated patient record – aiding faster decision making and higher quality outcomes through instant access to real-time information;
- ✓ Improved use of resources – removing wasteful processes, duplication of effort, and increasing capacity and time for care;
- ✓ Future proofing the IT capability and capacity – that is required to support future model of care;
- ✓ A paperless environment – enabling achievement of national requirements relating to digital care records.

5.4.3 MY CARE is currently nearing the end of a c. 5 month testing phase. This will then be followed by an intensive c. 3 month period of training of c. 8,000 staff at the RD&E. MY CARE is due to go live on the 27th June 2020. From then on the focus will be on: bedding in the new clinical and technical environment; signing up patients to the new patient portal through which they can view their care record; and ensuring that benefits and additional opportunities for improvement are progressed.

5.4.4 The RD&E has produced a short video animation explainer of MY CARE.

5.5 **Northern Devon Healthcare NHS Trust and the Royal Devon and Exeter NHS Foundation Trust working together**

5.5.1 In December 2019 the Boards of Northern Devon Healthcare NHS Trust and the Royal Devon and Exeter NHS Foundation Trust agreed that the two organisations will begin a process to explore joining together on a more formal basis. The announcement by both Boards comes in the wake of earlier decisions.

5.5.2 These decisions included the NDHT Board reaching the view that joining with another provider was the best option to secure the long-term sustainability of hospital services for the population of Northern Devon.

5.5.3 The Board agreed that the best partner to explore a formal arrangement with would be the RD&E and in December 2019, the RD&E Board considered the

recommendation from NDHT and agreed to work with NDHT to explore joining together with the proviso that any new arrangement must be of benefit to people in all communities served by both Trusts, has a robust and fully funded business case and the support of the regulatory bodies.

5.5.4 The starting point for both organisations is the clear view that any new arrangement must be beneficial to people in all the communities served by both Trusts, to ensure that people have good access to high quality care and, in particular, A&E services when they need them, and that it is supported by NHS regulators.

5.5.5 The Committee will be aware that the move to exploring a more formal process to work together is the next step in a long-standing partnership between the two organisations that has included:

- The RD&E has supported the delivery of acute services in Northern Devon for a number of years
- Collaborative Agreement which supported NDHT to address some of the challenges faced in providing acute services from the most remote hospital in mainland England.
- The two organisations currently share a common Chair and Chief Executive as well as other key members of the executive team.

5.5.6 The Boards of both organisations will now develop a process to explore whether working together on a more formal basis provides them with a better opportunity to take a joint approach to addressing the challenges they both face, making the best use of collective resources to meet the health needs of the local population. The Trusts have emphasised their commitment to keeping staff and the community informed as this process develops.

5.5.7 Both organisations have agreed that the existing Collaborative Agreement between the two organisations should be extended beyond June 2020 to allow the appropriate due diligence and other processes, including conversations with NHS regulators, to be completed.

5.5.8 The organisations will retain a shared Chair, Chief executive and other members of the Executive team as part of this agreement, but it is too early to say what the end point of this process will be. In the meantime, the organisations will retain separate Boards and the immediate focus will be renewing a Collaborative Agreement between the two organisations from June 2020.

5.6 **Consultation to modernise local health and care services in the Teignmouth and Dawlish area**

5.6.1 People in the Teignmouth and Dawlish area will be asked their views on a proposal to modernise local health and care services after the CCG governing body approved a consultation on care in the area. Following a request to extend the consultation period, final details of the consultation are being confirmed and will be shared as soon as possible.

5.6.2 The NHS is set to build a new £8 million health and wellbeing centre in the centre of Teignmouth to provide modern, environmentally sustainable and fit-for-purpose accommodation for GP and other health and care services. The building would house the town's GP practices, the local health and wellbeing team, charity Volunteering in Health (which helps deliver local care), and a pharmacy.

5.6.3 Although the CCG will not be consulting on building the new centre itself, the facility provides an opportunity to consider the best location for local services. The CCG will therefore be asking local people what they think of the proposal that includes moving existing services at Teignmouth Community Hospital to either the new centre or Dawlish Community Hospital.

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

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

Electoral Divisions: All

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

Chief Officer for Adult Care and Health: Jennie Stephens

LOCAL GOVERNMENT ACT 1972: LIST OF BACKGROUND PAPERS

Contact for Enquiries: James Martin
Tel No: 01392 382300 Room: G42

BACKGROUND PAPER	DATE	FILE REFERENCE

Nil

Health & Adult Care Scrutiny Committee
12 March 2020

Development of a Devon Long Term Plan

Report of the Devon STP Chief Executive

1. Recommendation

1.1. Members are asked to note the report.

2. Background

2.1. Members of the committee have been briefed previously on the development of the Long Term Plan and implications for the Devon system.

2.2. Elected Members will have a significant role to play in the implementation local Long Term Plan. They are uniquely placed to ensure that the voices of the people and communities they represent are listened to, acted on and to ensure local plans are anchored to the things that really matter.

2.3. The purpose of this paper is to provide a further update on the development of a Long Term Plan and ICS for Devon.

3. The NHS long term plan

3.1. The development of a local Long Term Plan is an ask from NHS England of all Sustainability and Transformation Partnerships. 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.

4. Challenges

4.1. Devon's health and care system faces many challenges:

- Our population will grow by **33,000** in next 5 years
- By 2030, there will be 36.5% more people over **75 years** compared to today
- Healthcare costs of someone over 85-years is £4,500 per year; **ten times** that of a child under 10-years
- The amount of **time people live in good health** has decreased since 2012. The major causes of disability are MSK, mental health and neurology
- Prevalence of **dementia** is growing by 1% annually, increasing to 3% by 2030

- A person consumes a **third of lifetime healthcare costs** in last two years of life
- We are forecasting a system **financial** deficit of £150 million this year

5. Our Ambitions

5.1. The NHS Long Term Plan describes how challenges for health and care will be tackled over the next five years by transforming services and redesigning systems. Our Devon plan will set out six shared ambitions:

1. Effective and Efficient care
Collaborate across the system to address quality (safety, effectiveness, experience) and productivity. We will work together to provide the best possible services. We will use taxpayers' money to deliver value for the population by reducing waste, improving productivity and making sure local people get care that meets national standards and is consistent wherever they are in the county.

2. Integrated Care Model
Systematic delivery of integrated – or joined up – care across Devon. We will move towards out-of-hospital care through enhanced Primary Care Networks, community (including mental health) services, social care and voluntary services. This will improve access to local services and enable more people to be cared for at home.

3. Devon-wide Deal
A citizens-led approach to health and care. We will adopt a new approach to reduce differences in care across the county and will work with communities to identify priorities and tackle the root causes of problems. In exchange, we need people in Devon to take responsibility for their own health and wellbeing, so we will set out how we expect local people and communities play their part.

4. Children and Young people
Working together with children, young people and their families. Children, young people, their families, carers and communities will have access to a personalised, sustainable and coordinated system of care and support that meets needs early and improves their quality of life so that they can live well from early years through adulthood and make the most of the choices and opportunities available to them.

5. Digital Devon
Invest in a digital Devon so that people only have to tell their story once. First contact with services will be digital and more help and advice will be available online. We will make the most of advances in digital technology to help people stay well, prevent ill health and provide care. Currently, lots of different computer systems are in use by the many organisations that provide care, and not all systems allow information to be shared

between them. We want our services to feel like one system, no matter which organisation is providing a service, by sharing information securely. This will help us improve the quality and safety of services and transform the way we work.

6. Equally Well

Work together to tackle the physical health inequalities of people with mental illness, learning disabilities and/or autism. The physical health of some people with mental illness, learning disabilities and/or autism is significantly worse than the health of Devon's population as a whole. Breaking down system barriers will address this.

6. Our ICS

6.1. Our new ICS will set strategic objectives and outcomes to improve health and wellbeing and determine the allocation of resources to "places" through Local Care Partnerships.

6.2. In coming together, the health and care organisations will work within the following values and behaviours -

- Seek solutions that work for the system. No organisation will knowingly create an adverse impact on another or the system.
- Standardise practice and services where it makes sense to do so.
- Focus on cost reduction and cost containment. The drivers of cost including growth, inflation and unwarranted variation in practice. Partners will commit to adopt best practice and support one another in doing so.
- Recognise that participation will be required at system, locality, neighbourhood and organisational level on the priority areas.
- Invest in out of hospital models which provide the right care in the right place; acknowledging sourcing investment may cross organisational boundaries and take time to secure sustainable delivery.
- Ensure equitable distribution of funding and outcomes by locality.
- Jointly develop an annual implementation plan and only invest what can be afforded.
- Not make new investments that total more than the funding allocation growth received into the system.
- Consider financial decisions alongside quality (ie safety, effectiveness and any impact on patient experience of care).
- Share risks and benefits across the system and ensure they are fully understood by all parties.

Local Government Act 1972
List of Background Papers
Contact for Enquiries Ross Jago
Tel No: (01626) 204902
There are no equality issues associated with this report.


Together for
Devon
Health and care working in partnership with local communities
in Plymouth, Torbay and the rest of the county
Long Term Plan Update
Philippa Slinger, Chief Executive – Together for Devon
Phil Norrey, Chief Executive – Devon County Council

Together for Devon

Health and care working in partnership with local communities in Plymouth, Torbay and the rest of the county

- "Together for Devon" is a partnership of health and social care organisations working together with local communities across Devon, Plymouth and Torbay to improve people's health, wellbeing and care
- This is part of a new arrangement – an Integrated Care System (ICS) – which is how we will work from March 2020
- "Together for Devon" reflects the commitments made in the NHS Long Term Plan and forms the foundation stone of the service and system change in the future
- In Devon, we are already working together, and we have succeeded in breaking down some barriers. But this is just the beginning; we have not yet fundamentally changed the way we deliver services to properly meet people's needs

Together for Devon

Who is involved?

Delivering a plan that meets the needs of the populations across Devon requires the partnership of health and care organisations across Devon.

- NHS Devon CCG
- University Hospitals Plymouth NHS Trust
- Royal Devon and Exeter NHS Foundation Trust
- Northern Devon Healthcare NHS Trust
- Torbay and South Devon NHS Foundation Trust
- South Western Ambulance Service NHS Foundation Trust
- Devon Partnership NHS Trust
- Approximately 124 GP practices
- Devon County Council
- Plymouth City Council
- Torbay Council
- Devon Doctors
- Healthwatch
- NHS England
- Livewell Southwest
- We also work closely with a range of organisations, groups and people including:
  - Local people and community groups
  - Local pharmacies
  - South West Academic Health Science Network
  - Voluntary, community and social enterprise sector
  - Housing associations
  - Independent sector

Together for Devon

Challenges in Devon

- 300 people routinely wait more than a year for treatment when they shouldn't be waiting any more than 18 weeks.
- 12 times as many people waiting over six weeks for key diagnostic tests than should be
- Eight out of 10 of our hospital beds are used for emergency purposes. If we don't change the way we use our hospital beds – the number available for planned, low-risk treatment and operations will soon be zero
- Our population will grow by 33,000 in next 5 years and by 2030 there will be 36.5% more people over 75 years compared to today
- 25% children in Devon are overweight or obese, this rises to 33% by time they leave primary school

Together for Devon

Long Term Plan

- National Long Term was published in January 2019
- Devon's Local version will be called "Better for you, better for Devon" – Our local version of the Long Term Plan due to be published in **June 2020**
- The plan sets the agenda for working together over the next five years
- Based on feedback from a significant engagement programme
- Identifies key challenges which we need to address to improve care for our residents
  - Financial
  - Performance
  - Workforce
  - Significant drivers of demand
- Clear priorities with structured programme management
- Deliver as a system through our developing ICS

Together for Devon

What we must address in the Plan

- Show how we will support more people in their home and community and avoid urgent admissions to hospital
- Integrated health and care services to support the increasing number of people with complex long term health conditions including mental health support
- Set out a systematic approach to addressing health inequalities in each locality and neighbourhood
- Address the challenges of increasing demand on the utilisation of hospital beds especially in the Western system
- Plan changes to health and care system arrangements to improve performance and reduce unwarranted variation in service delivery
- Demonstrate tax payers money is used to maximum effect and explain how NHS resources will be allocated to meet the needs of people in Devon
- Identify opportunities for savings and cost reduction to improve productivity and efficiency and live within our means
- Lay the foundations for a workforce which can deliver the best possible services, adapt to changing demand, technological advances and new models of health and care

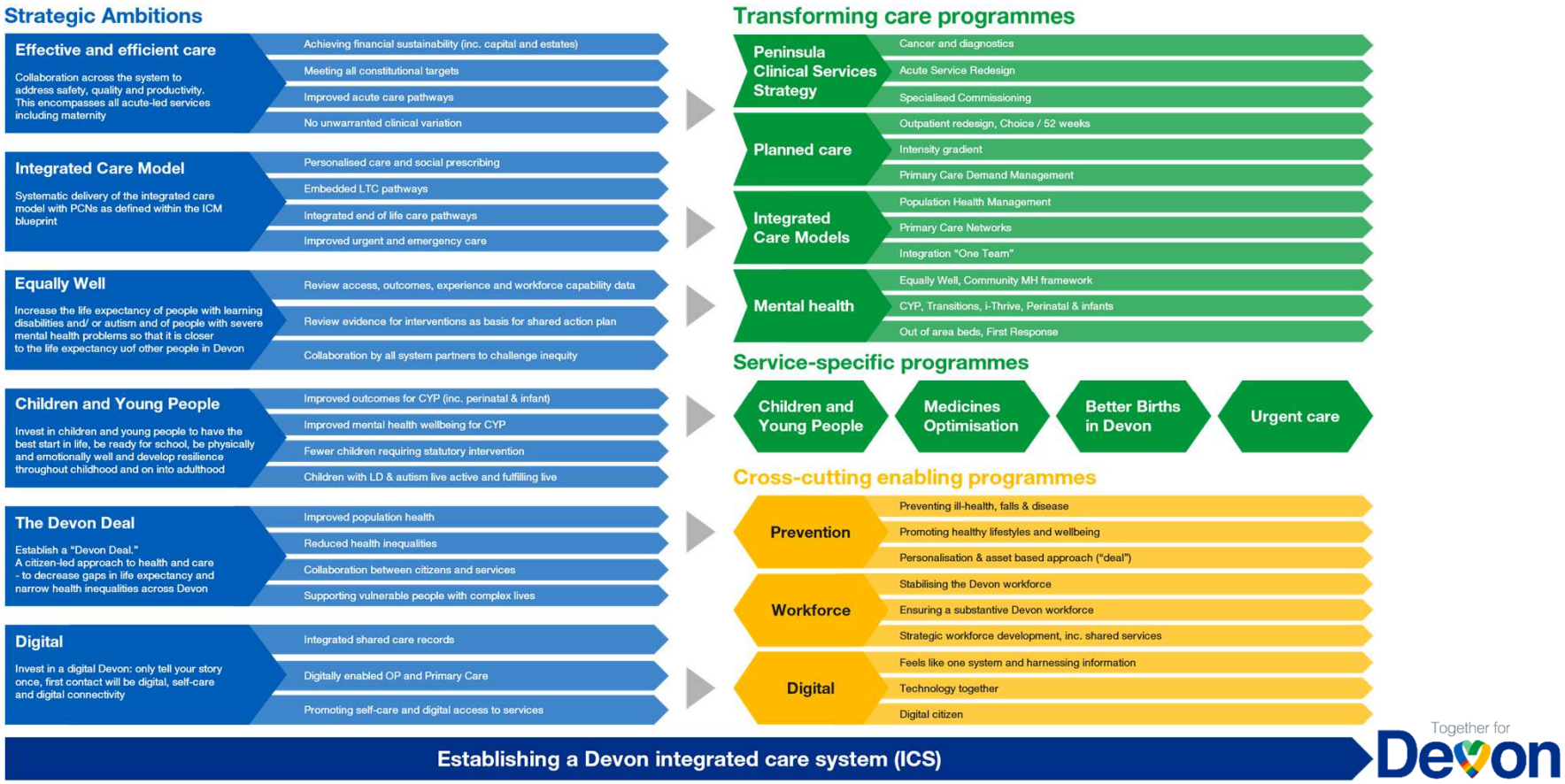
Together for Devon

Core deliverables of the Plan

- Transform out of hospital care and integrate community services,
- Support 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

Together for Devon

Our ambitions and priorities



Six Key Ambitions

- **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.

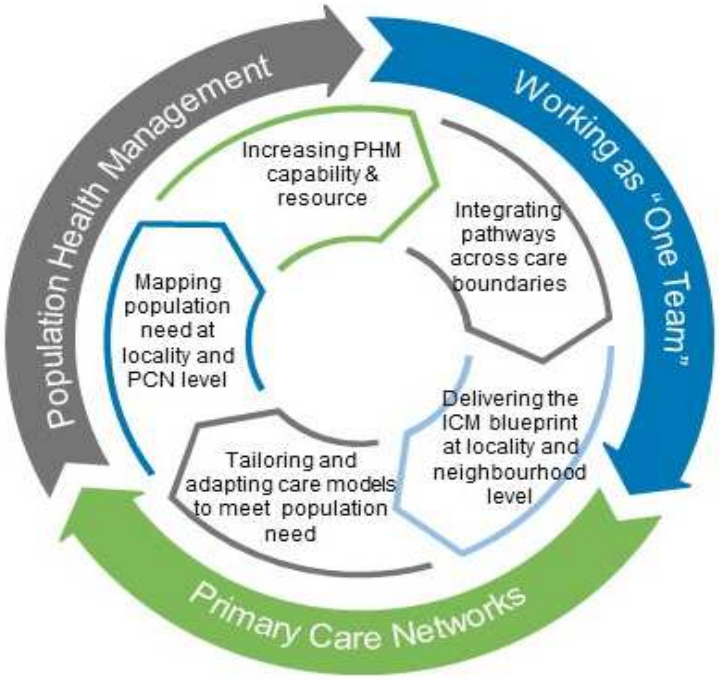
- **Equally Well** - working together to tackle the inequalities in the physical health of people with mental illness, learning disabilities and/or autism

- **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

Together for Devon

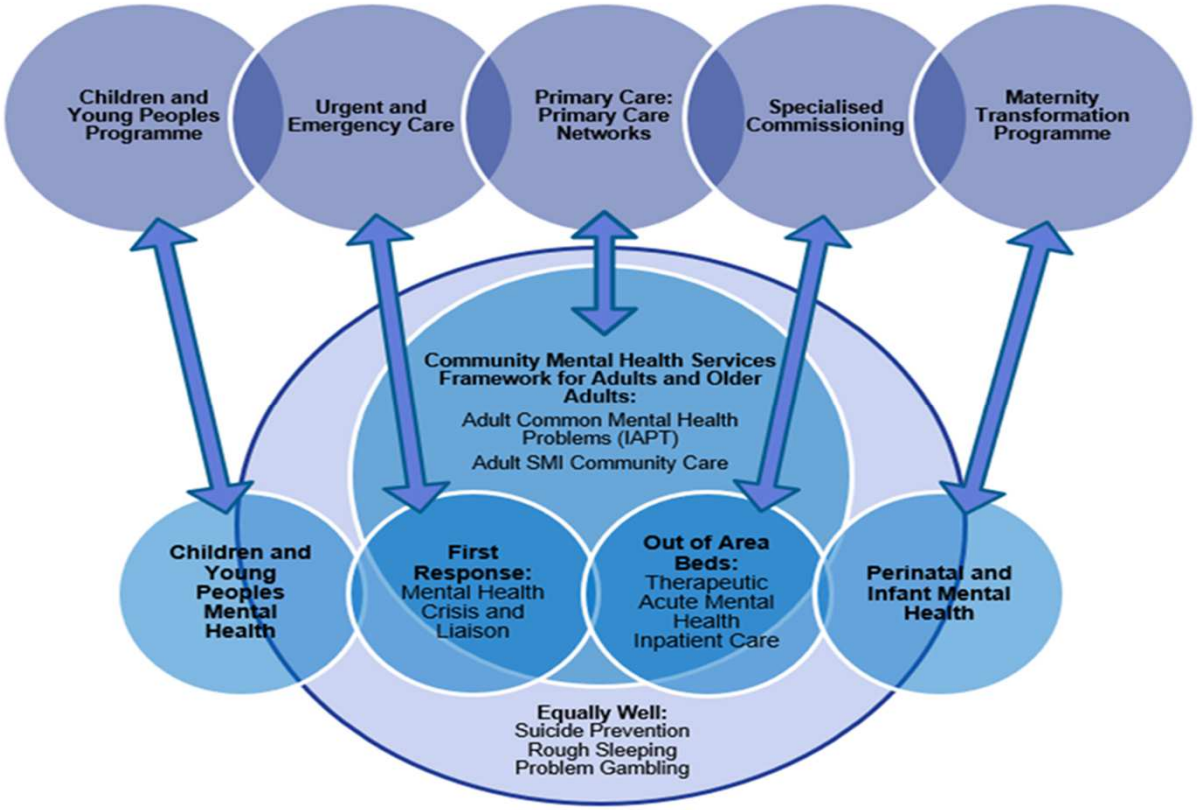
Integrated Care Model



1. **Population Health Management** capability to be embedded at neighbourhood and place which enables the delivery of proactive care
2. **Systematic delivery of a cultural framework** that supports a 'One Team' model that is agile and adaptable to population need. The team have strong collective ownership for aligning to the needs of their local community resulting in blurred organisational boundaries between primary, community and mental health.
3. **Maturing Primary Care Networks** delivering integrated care to meet population needs operating consistently as an integral part of One Team at neighbourhood level and as part of integrated pathways of care with hospital services at place.

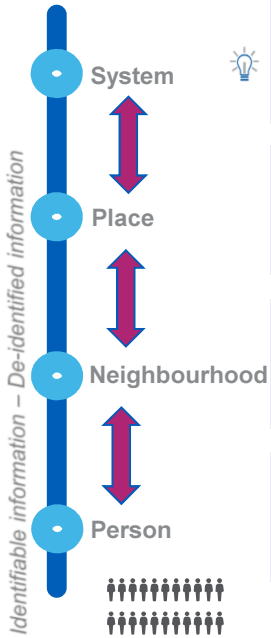
Together for Devon

Mental Health Transformation Programme



Together for Devon

Population Health Management



Analytics provided in programme	Example ICS decisions best informed through PHM
Economic modelling & actuarial projections to look at changes in population health and care needs and how to mitigate health and financial risk across care settings	**Example system-level decision:** ***How can we use PHM to decide how best to allocate resources across providers?***
Costed segmentation to identify high and rising risk cohorts. **Benchmarking and variation** across providers and population segments. Predictive modelling on interventions and ROI	**Example place-level decision:** ***Why are we seeing unwarranted variation between these similar PCNs?***
Drill down into segments through **risk stratification and impactability** modelling to support proactive case finding. Addressing unwarranted variation by segment	**Example neighbourhood-level decision:** ***Which priority list of people can we make the biggest impact on in the next 6 months?***
Patient level theographs to support care redesign and personalised care, and analyse individual care pathways	**Example person-level decision:** ***How can I leverage our collective assets to support this person who is at risk?***

Together for Devon

Children and Young Peoples Plan

Plymouth City Council	•Raise aspirations •Deliver prevention and early help •Deliver an integrated education, health and care offer •Keep our children and young people safe
Devon County Council	•Protecting children from harm •Keeping children safe •Health and wellbeing •Life chances
Torbay Council	•Children get the best start in life •The impact of children and families from domestic abuse, alcohol and substance misuse and all forms of child exploitation is reduced •Education outcomes for all CYP are improved •Young people are healthy, make positive choices and influence their own future

Common themes – Local Authority plans:

- Healthy, happy lives
- Prevention and protection from harm/keeping safe
- Aspiration and life chances/choices
- Early, integrated help and support for good outcomes

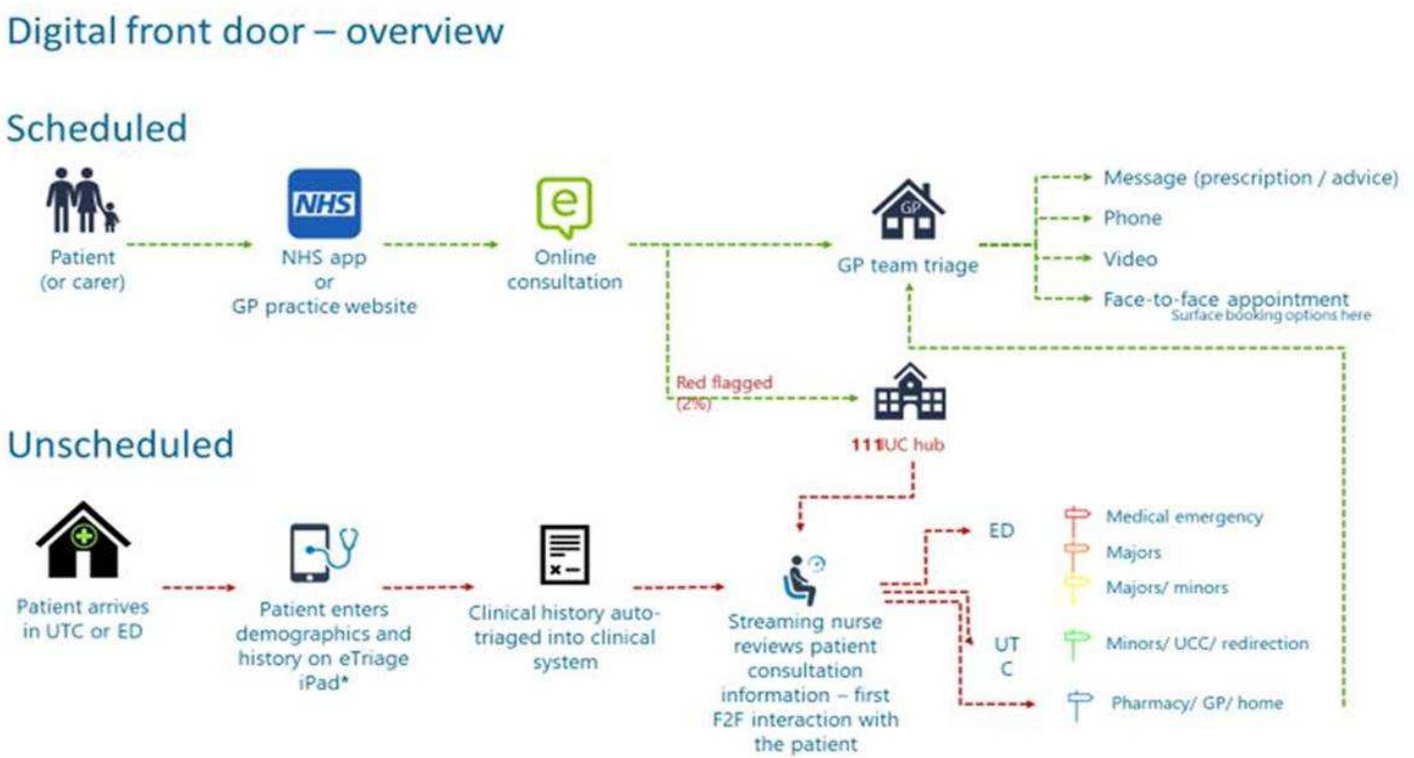
Together for Devon

Digital Programme Priorities

- **Digital citizen**
  - Adopting a digital first approach, allowing citizens to play an active role in their health and care through online services
- **Feels like one system**
  - Projects to share primary care information, integrate Enhanced Patient Records and connect to regional resources.
- **Technology Together**
  - Making the best use of our resources, enabling staff to work freely across boundaries, reducing duplication of knowledge and cost, speeding up the rate at which innovation and best practice can be deployed.
- **Harnessing information**
  - Bringing together information to inform system priorities and service planning.

Together for Devon

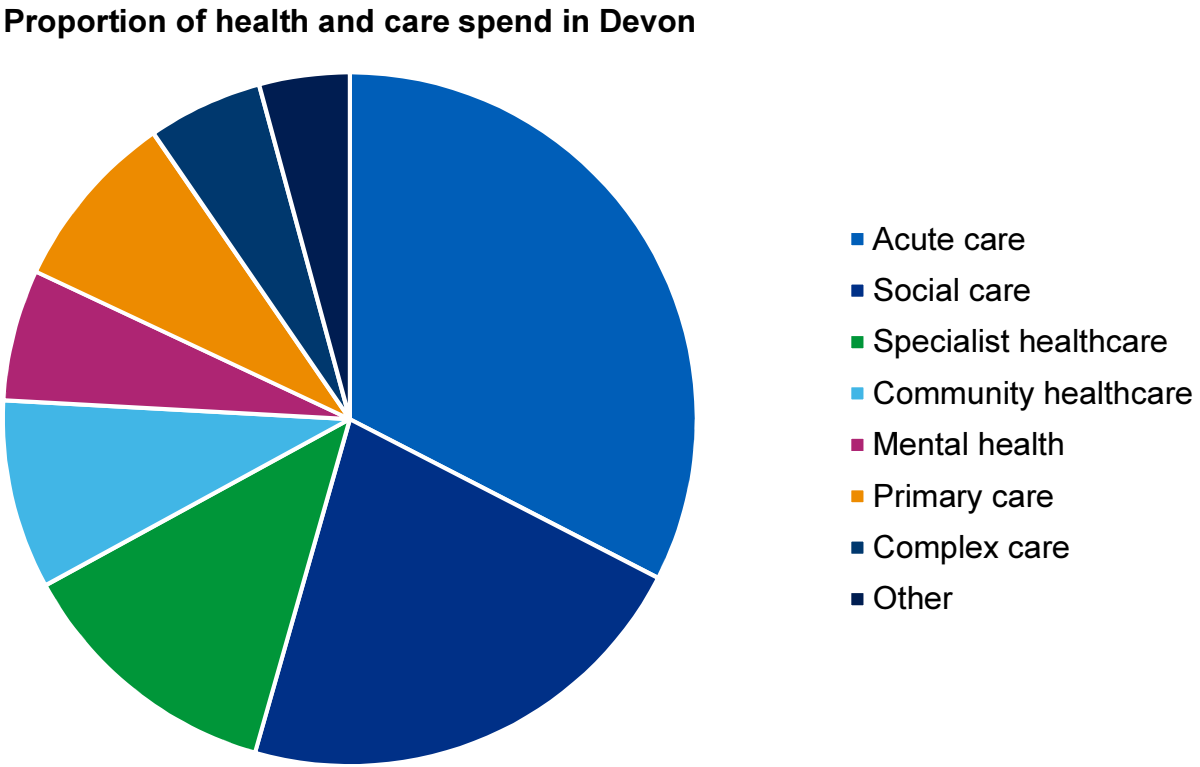
Digital front door overview



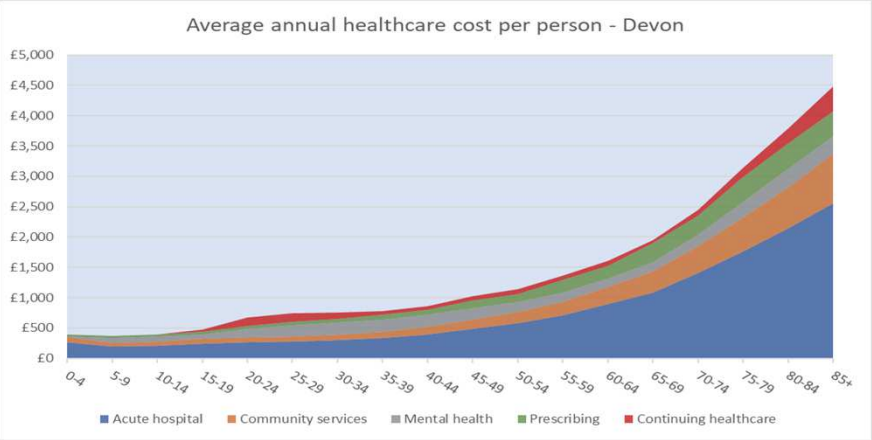
Together for Devon

How we allocate our resources

Total annual budget
£2.6 billion



How we allocate our resources



The graph on the right shows how the average cost per person changes when combined with the demographic changes

The cumulative financial impact for people aged under 70 is negligible but nearly £95m when the over 70s are included. The largest growth will be in general & acute services of 6.25% over the next 5 years but only 3.72% for mental health.

This graph shows the average annual cost across all healthcare services in Devon. The average person aged 85+ will cost around £4,500 per year which is approximately x10 higher than the average child aged under 10.

The total cost in 2018/19 across Devon was £1.6b

Together for Devon

Finance

- Devon has a long history of financial challenge as a system. Improvements were made under the success regime, and recently the collective financial position has been supported by non-recurrent funding.
- Across the system organisations are working in collaboration with others to deliver the changes required to deliver financial sustainability
- In Devon, health and care system leaders have agreed that they will:
  - aim to live within their means
  - develop a **Devon system** response to the financial challenges
  - develop payment and risk share models that support a system response
- In line with saving made in previous years or the system to break even by 2023/24 recurrent savings of between £99m and £108m are required **every year**

Together for Devon

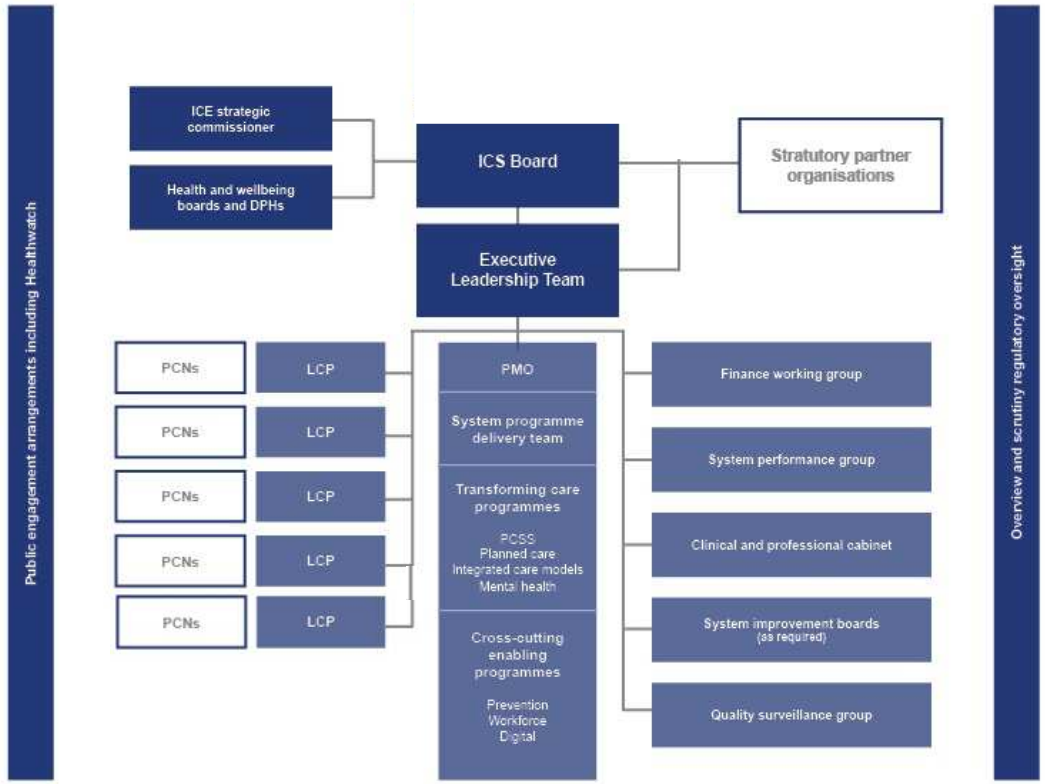
Integrated Care System

Our new ICS will offer real benefits, in particular:

- Setting strategic objectives and outcomes to improve the health and wellbeing of the Devon population
- Determining the allocation of resources to “places” through Local Care Partnerships
- Ensuring that health inequalities are addressed across Devon
- Seeking to influence the application of resources from areas outside health and social care that have a direct impact of the health and well-being of the population (such as housing, employment and education)
- Supporting the spread and adoption of best practice
- Assuring delivery of expected improvements in outcomes, within our resources and to agreed performance, quality and regulatory standards
- Ensuring active and effective stakeholder engagement and public participation at system level

Together for Devon

How we will work



Together for Devon

Working differently

- In future if patients need planned care, like a hip operation, they may travel a bit further to a specialist centre in Devon
- We are considering the creation of a major diagnostic centre in Devon.
- We will widen access to online GP consultations and invest in new computer systems that can be used by all health and care professionals
- New technology will support people to maintain their health and live independently in their own homes by using home monitoring equipment

Together for Devon

Together for Devon

Health and care working in partnership with local communities in Plymouth, Torbay and the rest of the county

Your Questions

Health and Adult Care Scrutiny Committee
12 March 2020

Primary Care Networks update and General Practice strategy

Report from the Director for Commissioning, Deputy Director for Primary Care of NHS Devon Clinical Commissioning Group and the Clinical Director (Woodbury, Exmouth, Budleigh (WEB) Primary Care Network).

1. Recommendations

1.1 That the Members of the Health and Adult Care Scrutiny Committee receive this report containing updates and general information responding to the specific action that development of the Primary Care Networks (PCNs) and the Strategy for General Practice in geographic Devon (attached as Appendix 1) would be reported to a future meeting of the Health and Adult Scrutiny Committee.

1.2 That the Members of the Health and Adult Care Scrutiny Committee comment on the progress of the establishment of the PCNs and the Strategy for General Practice in geographic Devon.

1.3 That the Members of the Health and Adult Care Scrutiny Committee consider any additional information they require to assure themselves as to the aspirations of the PCNs, and the content and intentions of the Strategy for General Practice in geographic Devon.

2. Purpose

2.1 The purpose of this paper is to update Members on the development of PCNs and the Strategy for General Practice in geographic Devon, including progression of the digital agenda.

2.2 Devon Clinical Commissioning Group (CCG) is keen to seek the views of the Members of the Health and Adult Care Scrutiny Committee on how it can best engage with patients in relation to furthering the digital agenda in partnership with communities. We would ask that Committee Members consider promotion of the strategy, and in particular encouraging people to make use of the digital offer and additional roles within PCNs.

3. Background to Primary Care Networks

3.1 Fundamental to the delivery of the NHS Long Term Plan, PCNs came into being on 1 July 2019 following variations to, and supported by additional funding from the national GP Contract. The introduction of PCNs is certainly the biggest change since 2004 to the way in which family doctors and their teams work, and arguably the biggest change for a considerably longer period than that.

3.2 In geographic Devon all 124 General Practices (from 1 April 2020 there will be 123 practices owing to a planned merger) have signed up to active participation within a PCN, of which there are 31 across geographic Devon, meaning there is full coverage of the population of geographic Devon.

3.3 PCNs typically serve communities of 30,000 to 50,000 people, a full breakdown of PCNs is included as Appendix 2. The current PCN coverage across geographic Devon is shown in the map in Appendix 3.

3.4 The aspiration of PCNs is go far beyond the established core offer of current primary care (GP) services, becoming the bedrock of proactive, personalised, coordinated and

more integrated health and social care. The PCN will ultimately become the focal point for the neighbourhood delivery of the integrated care service, around which all other community health and care services will gravitate.

3.5 PCNs are a pillar of the future of general practice and there continues to be considerable appetite in the geographic Devon system for increased collaboration between practices and associated health and social care providers, the voluntary and third sectors, and patients.

3.6 PCNs will enable:

- an extended range of services with access to specialist advice;
- a focus on population health management for both physical and mental health;
- the development of tailored care for people with multi-morbidity and frailty
- peer review and clinical governance;
- investment in IT and other technologies;
- increased resilience, being better able to respond to fluctuations in demand and capacity;
- better representation of general practice as a provider in system-level design and implement conversations;
- career development and support for professional and other staff, including portfolio careers;
- stronger engagement with local communities.

4. PCN Development

4.1 Devon CCG is committed to supporting all Devon PCNs in maturing and thriving, optimally utilising available funding to support Clinical Director leadership development as well as broader PCN development.

4.2 The funds made available within geographic Devon total £920k and will allow PCNs to make progress against their development objectives, which are linked to a nationally developed framework.

4.3 PCN development plans are tailored to the needs of their locality, and headline themes that have emerged from the PCN development planning processes include:

- PCN organisational development and effective sharing of resources working together at pace and scale as newly emerging organisations;
- leadership development support for Clinical Directors and key others;
- supporting collaborative working with community partners via multidisciplinary teams;
- social prescribing and asset-based community development;
- utilising population health management data to identify and address local population needs including those of both physical and mental health nature;
- assistance to establish system training, learning and educational opportunities for PCNs;
- business intelligence and data modelling support;
- utilising funding to release clinical capacity and provide backfill to attend development opportunities;
- where appropriate working at scale as ‘networks of networks’ to efficiently tackle issues where there is commonality of issue.

4.4 Table 1 over the page shows some specific examples of how development funding is supporting the delivery of innovative and integrated PCN led projects:

PCN	Framework Theme	Project
WEB Eastern locality	Working with people and communities	Working in partnership with Exmouth Community College and Adolescent Mental Health Services to better meet the physical and mental health needs of young people in the town.
Barnstaple Alliance Northern locality	Leadership, planning and partnership	As part of multiagency "One Barnstaple" approach working with health, Local Authority and voluntary sector colleagues to deliver outreach service to the local homeless population.
The Coastal Network Southern locality	Working with people and communities	Coastal Blue Region quality improvement project working across the PCN with multiple stakeholders to tackle increasing levels of obesity, type 2 diabetes, hypertension, myocardial infarctions, strokes and cancers by promoting the 'blue zone' methodology from areas of the world where people live the longest and healthiest lives.
Waterside Western locality	Use of data and population health management	Practices in PCN are sharing medical records, analysing variation and using data to review their population needs allowing for better patient care and to improve services in "Deep End" practices collaboratively with local mental health teams.

Table 1

5. GP contract and additional roles

5.1 The five-year GP contract *Investment and Evolution* was published on 31 January 2019 and introduced, with effect from July 2019, the Additional Roles Reimbursement Scheme (ARRS).

5.2 As part of the original contract, expanding the workforce is the top priority for primary care necessary to alleviate pressures on existing staff, improve patients experience of access, cut waiting times and improve the quality and integration of care.

5.3 Initially five roles were included in the ARRS:

- clinical pharmacist and social prescribing link worker (funded in 2019/20);
- physician associates and first contact physiotherapists (from 2020/21);
- community paramedics (from 2021/22).

5.4 In geographic Devon PCNs have claimed for staff they have recruited or subcontracted:

- 14 social prescribing link workers;
- 13.75 clinical pharmacists.

One contributory factor to recruitment not being complete is a desire to make better use of existing staff resource rather than compete for the same resource to little or no net benefit. Hence system partners, including those within the voluntary sector, are engaged as to how to work together to make best use of existing capacities and capabilities, whilst working collaboratively to further increase combined workforce resource.

5.5 The scope of the ARRS has been considerably expanded under the new contract published jointly by NHS England and the British Medical Association (BMA) GP contract agreement 2020/21 – 2023/24.

5.6 New national workforce targets are included in the contract, including 26,000 extra staff to be provided under the ARRS.

5.7 PCNs are now able to be much more flexible and can choose to recruit from six additional roles being mindful of both local need and staff type availability:

- pharmacy technicians;
- health and wellbeing coaches;
- care co-ordinators;
- occupational therapists;
- dietitians;
- podiatrists;
- from April 2021 mental health practitioner roles including Improving Access to Psychological Therapies (IAPT) practitioners.

5.8 From April 2020/21 all roles will be reimbursed at 100% of the actual salary plus defined on-cost up to the maximum reimbursable amount. Each PCN will be allocated a single combined maximum sum to draw from, based upon its weighted population share.

5.9 A CCG-wide plan to use the ARRS budget will be developed and reviewed annually (at least), jointly with Clinical Directors, Devon Local Medical Committee (LMC) as the professional representatives of General Practice, and other community partners.

6. Digital

6.1 More than half a million people in geographic Devon can now access online consultations with their GP practice. In an increasingly digital world, many people prefer to access services online as they can do so from anywhere and when it is convenient to them. Online consultation has already been shown to enable efficiencies within GP practices allowing GPs and other clinicians to see those patients who need face to face appointments and providing alternative ways of helping people who do not. It is, however, recognised that not all patients will be able to or want to access services in this way. Whilst we are working to help patients who want to access services online but are not yet able or confident to, we are clear that traditional methods of accessing GP services such as by phone or by attending in person will remain.

Devon is one of a very small number of national 'Digital Accelerators' working to help practices and their patients make the most of online consultations. The Devon Digital Accelerator initially covered around half of the practices in Plymouth but has recently been awarded additional funding to expand to all Plymouth practices. Subsequent rollout to the rest of geographic Devon is anticipated and will commence during 2020/1. A primary focus is to first help PCNs drive up their use of online consultation. The second is to create a selection of hubs within PCNs that have the capacity to process and respond to online consultations at a PCN and possibly larger scale. The ultimate goal is to leverage the possibilities of a pool of clinicians who could be based anywhere in the UK to support the GP practices most at need.

The Devon Digital Accelerator is taking a significantly different approach to most Digital/IT projects. The core project ethos is based on learning from the practices within scope to understand what stops or hinders change within a practice or PCN and help remove those blockers. The project team includes a number of clinical psychologists that help create a team and culture within the practice that enables

them to innovate and adoption new technologies, ways of working and processes.

6.2 Geographic Devon has the second highest number of registrations of the NHS App nationally, and we expect to exceed 10,000 registrations this week. When expressed as a proportion of the population we have the 13th (of 191 CCGs) highest level of registrations. The NHS App allows patients to book appointments, request repeat prescriptions and view a portion of their (GP) medical record, as well as setting organ donation preferences.

6.3 To support PCNs we have recently procured an online intranet platform for all Devon GP practices and PCNs. This allows the sharing of information, documents, policies etc as well as providing discussion and messaging features, tasking, workflow etc. These can be shared within a practice, across a PCN or at a wider level and will help reduce duplication as well as helping foster collaboration and sharing within and between PCNs. The platform (GP TeamNet) also has many features specifically to aid practices with Care Quality Commission (CQC, see note below) inspections, GP appraisals, training management, annual leave planning and recording, significant event reporting and others. The platform will also allow the CCG to have a single route to communicate to all practices and PCNs with messages, documents, alerts etc and allow us to reduce the amount of information currently sent via email. Over 50% of geographic Devon GP practices have now completed their initial setup of the platform and all practices are being supported with online and face to face training.

(note: the Care Quality Commission is the independent regulator of all health and social care services in England)

6.4 We have supported over 140 care homes in geographic Devon to obtain 'NHSMail' email accounts to allow them to easily and securely share information with the NHS, local authorities and other partners.

6.5 We are in 2020 starting to enable direct booking into GP appointment systems, meaning other system partners such as 111 can, where clinically appropriate, book for patients to see an appropriate member of the General Practice team. This avoids duplication of effort and reduces patient hand-offs. We anticipate this being in place in all parts of geographic Devon by December 2020.

6.6 For a number of these areas of activity we have put in place, or are arranging for, academic review to ensure that we understand and measure not only the process markers but also the outcomes. This will include understanding the impact of patients and system providers, including assessing any transference of effort from one setting to another.

7. Strategy for General Practice in (Geographic) Devon

a. The vision of primary care in geographic Devon is that it will offer each local community a wide and flexible range of information, support and services to enable people to live happy healthy lives.

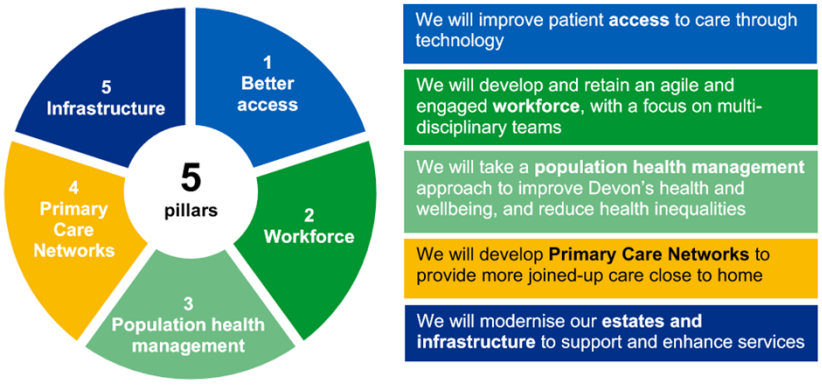
b. Patients in geographic Devon will have the best outcomes if primary care works in a truly integrated way. This means each service being able to quickly and easily respond to requests from colleagues for advice or input to an individual patient and, for individuals with more complex needs, working in partnership with a multi-disciplinary team of neighbourhood professionals.

c. Patients will be supported to take a more active role in improving and managing their own health and will be better informed about which professional is best able to help them.

d. GPs are at the centre of patients' care, coordinating and overseeing other clinicians and healthcare providers, as well as providing care directly to patients. There will be a wide range of easily accessed and readily available alternatives to GP provided care.

e. Back office services will be delivered at scale across the practices with digital systems that enable improved efficiency and information sharing across practices and other health and care partners.

f. The five pillars for general practice in geographic Devon:



We will improve patient **access** to care through innovative technology:

- people can access care from an appropriate service when they need it;
- improve patient experience and outcomes, empowering people to take control of their own health;
- improve extended and consistent access to primary care services;
- digital first approach to delivery of services.

We will develop and retain an agile and engaged **workforce** with a focus on multidisciplinary teams to reduce pressures on services and improve outcomes for patients:

- GPs and primary care teams are resilient and have manageable and appropriate workloads;
- primary care can attract and retain the staff it needs;
- integrated community and primary care multidisciplinary teams delivering care.

We will take a **population health management** approach to improve Devon's health and wellbeing, and reduce health inequalities:

- people receive care targeted to their specific needs, including improved prevention and self-care;
- reducing the health inequality gap;
- reduce unwarranted variation and accurate disease prevalence where Devon is an outlier.

We will develop **Primary Care Networks** to provide more joined-up care close to home:

- working with all practices as part of Primary Care Networks;
- implementing leadership development programmes.

We will modernise our **estates and infrastructure** to support and enhance services:

- co-located premises with community and voluntary sector services;
- primary care deploys its resources effectively to achieve the best possible outcomes for patients.

8. Summary and conclusion

8.1 It is hoped that this report and accompanying items provides Committee Members with adequate assurance as regards the development of PCNs and General Practice Strategy.

8.2 As mentioned, Committee Members' steer as to how to achieve effective engagement of populations as regards new and future technologies would be welcomed.

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

BACKGROUND PAPER	DATE	FILE REFERENCE

Nil

Agenda Item 8

Appendix 1

Attached separately

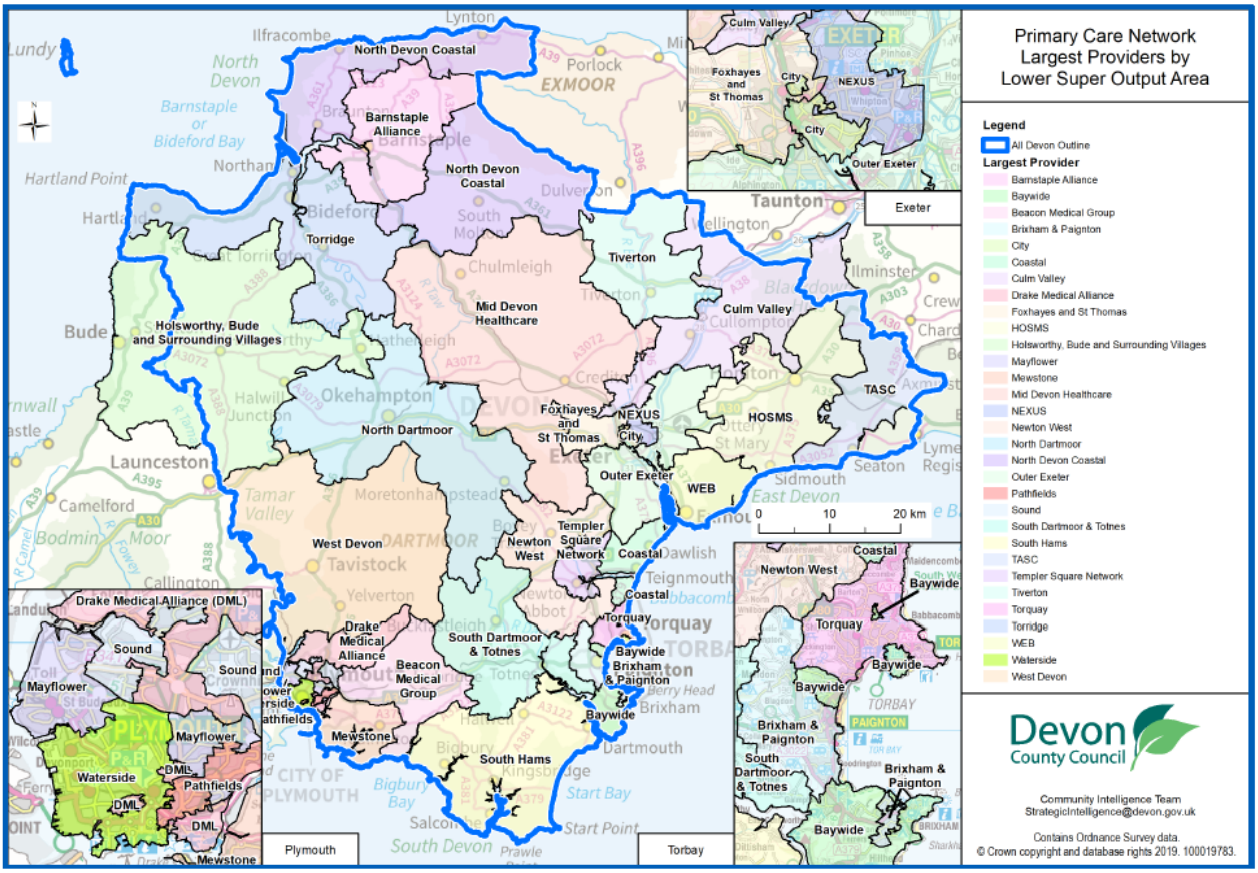
Appendix 2
Breakdown of PCNs

Locality	Local Care Partnership	Network	Practice name
Northern	North	**Torridge**	Bideford Medical Centre
			Castle Gardens Surgery
			Hartland Surgery
			Northam Surgery
			Wooda Surgery
			Torrington Health Centre
Northern	North	**Barnstaple Alliance**	Brannams Medical Centre
			Fremington Medical Centre
			Litchdon Medical Centre
			Queens Medical Centre
Northern	North	**Holsworthy, Bude and Surrounding Villages**	Ruby Country Medical Group
			Stratton Medial Centre
			Neetside Surgery
			Blake House Surgery Black Torrington
			Bradworthy Surgery
Northern	North	**North Devon Coastal**	Caen Medical Centre
			South Molton Medical Centre
			Lyn Health
			Combe Coastal
Eastern Mid	East	**Culm Valley**	Bramblehaies Surgery
			Blackdown Practice
			College Surgery
			Sampford Peverell Surgery
			Wyndham House Surgery
Eastern Mid	East	**Tiverton**	Amicus Health
			Castle Place
Eastern Mid	East	**Mid Devon Healthcare**	Bow Medical Practice
			Cheriton Bishop and Teign Valley Practice
			Chiddenbrook Surgery
			Mid Devon Medical Practice
			New Valley Practice
			Wallingbrook Health Group
Eastern Mid	East	**North Dartmoor**	Chagford Health Centre
			Moretonhampstead Health Centre
			Okehampton Medical Centre
Eastern	East	**Nexus**	Mount Pleasant
			Heavitree
			South Lawn
			ISCA
			Hill Barton
Eastern	East	**TASC**	Axminster Medical Practice
			Seaton and Colyton Medical Practice
			Townsend House Medical Centre
Eastern	East	**Outer Exeter**	Cranbrook Medical Centre

			Ide Lane Surgery
			Pinhoe and Broadclyst Medical Practice
			Topsham Surgery and Glasshouse Medical Centre
			Westbank Practice
Eastern	East	**Honiton/ Ottery/ Sid Valley (HOSMS)**	Honiton Surgery
			Coleridge Medical Centre
			Sid Valley Practice
Eastern	East	**Exeter West**	Foxhayes Practice
			St Thomas Medical Group
Eastern	East	**Exeter City**	Barnfield Hill Surgery
			Clocktower Surgery
			Southernhay House Surgery
			St Leonards Practice
			Whipton Surgery
			Wonford Green Surgery
Eastern	East	**WEB**	Claremont Medical Practice
			Rolle Medical Partnership
			Imperial Surgery
			Haldon House Surgery
			Woodbury Surgery
			Budleigh Salterton Medical Practice
			Raleigh Surgery
Western	West	**Beacon Medical Group**	Beacon Medical Group
Western	Plymouth	**Drake Medical Alliance Limited**	North Road West Medical Centre
			Roborough Surgery
			Knowle House Surgery
			Wycliffe Surgery
			Lisson Grove and Woolwell Medical Centre
Western	Plymouth	**Mayflower**	Mayflower Medical Group
Western	Plymouth	**Waterside Health Network**	Devonport Health Centre
			St Levan Surgery
			Adelaide Surgery
			West Hoe Surgery
			Stoke Surgery
			Peverell Park Surgery and University Medical Centre
			St Neots Surgery
Western	West	**West Devon**	Abbey Surgery
			Tavyside Health Centre
			Yelverton Surgery
Western	West	**Mewstone**	Wembury Surgery
			Dean Cross Surgery
			Church View Surgery
			Yealm Medical Centre
Western	Plymouth	**Sound**	Budshead Medical Practice
			Elm Surgery
			Estover Surgery

			Friary House Surgery
			Oakside Surgery
			Southway Surgery
Western	Plymouth	**Pathfields Medical Group**	Pathfields
			Beaumont Villa Surgery
Southern	South	**Baywide**	Compass House Medical Centres
			Pembroke House Surgery
			Chilcote Surgery
Southern	South	**Torquay**	Southover Medical Practice
			Brunel Medical Practice
			Chelston Hall Surgery
			Croft Hall Medical Practice
Southern	South	**Newton West**	Albany Surgery
			Bovey Tracey and Chudleigh Medical Practice
			Kingskerswell and Ipplepen Medical Practice
Southern	South	**South Dartmoor and Totnes**	Ashburton Surgery
			Buckfastleigh Medical Centre
			Catherine House Surgery
			Leatside Surgery
			South Brent Health Centre
Southern	South	**Paignton and Brixham**	Mayfield Medical Centre
			Corner Place Surgery
			Old Farm Surgery
Southern	South	**The Coastal Network**	Teignmouth Medical Group
			Teign Estuary Medical Group
			Channel View Medical Practice
			Dawlish Medical Group
Southern	South	**Templer Care Network**	Buckland Surgery
			Cricketfield Surgery
			Devon Square Surgery
			Kingsteignton Medical Practice
Southern	South	**South Hams**	Dartmouth Medical Practice
			Modbury Health Centre
			Chillington Health Centre
			Redfern Health Centre
			Norton Brook Medical Centre

Appendix 3
PCN coverage

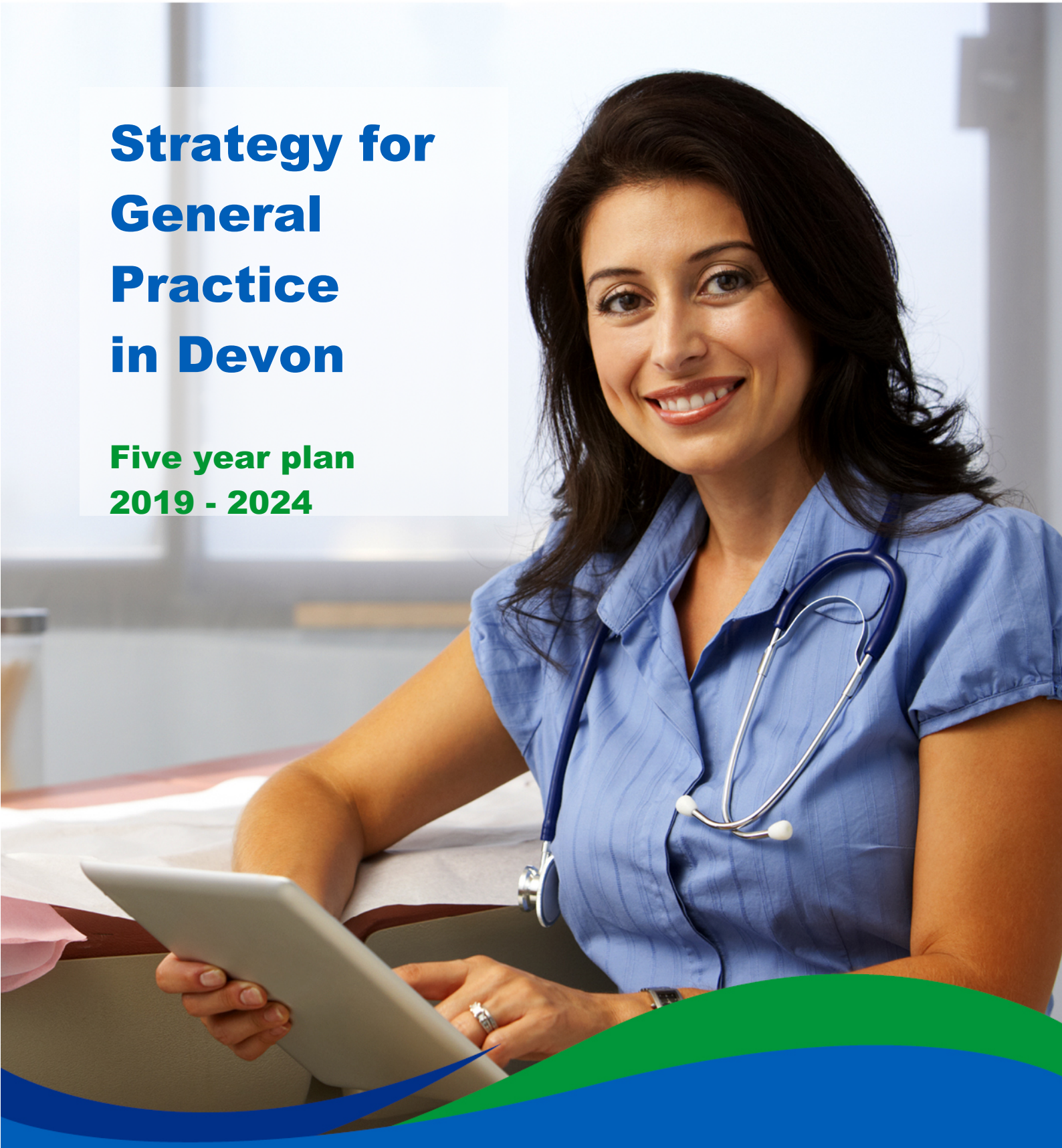


Final

NHS
Devon
Clinical Commissioning Group

Strategy for General Practice in Devon

Five year plan
2019 - 2024



Foreword

We are proud of the excellent primary care services we offer in Devon.

As a GP in Devon for more than 10 years, I see first-hand how my primary care colleagues provide high quality, caring and compassionate services for people in our area.

All Devon GP practices are rated as Good or Outstanding by the Care Quality Commission (CQC) and there are consistently high satisfaction rates in the annual GP Patient Survey locally.

All 127 Devon GP practices are part of one of the newly formed 31 Primary Care Networks and there is increasing joined-up working right across Devon as we head towards a new Integrated Care System.

Devon is leading the way in developing digital solutions for general practice. More than half a million people in Devon can now access online consultations with their GP practice, and Devon has the highest usage of the NHS App.

Our vision is that primary care in Devon will offer each local community a wide and flexible range of information, support and services to enable people to live happy healthy lives.

To do this, we must address a number of challenges. Increasing demand, difficulties in recruitment and retention, and funding that includes estates and IT are areas that need our attention.

This strategy is the baseline for joint working for the next five years. It outlines five priorities that will revolutionise general practice.

1. We will improve patient **access** to care through innovative technology
2. We will develop and retain an agile and engaged **workforce**, with a focus on multi-disciplinary teams to reduce pressures on services and improve outcomes for patients.
3. We will take a **population health management** approach to improve Devon's health and wellbeing, and reduce health inequalities
4. We will develop **Primary Care Networks** to provide more joined-up care close to home
5. We will modernise our **estates and infrastructure** to support and enhance services.

This document focuses on the future delivery of general practice, but primary care is formed of a much more diverse workforce than just those within GP practices. Involvement of all providers, including pharmacists, dentists, optometrists, allied health professionals and the voluntary sector, will ensure we have sustainable primary care in the future.

Dr Paul Johnson
Chair, NHS Devon CCG

Contents

Our vision

General practice will offer their local community a wide and flexible range of information, support and services to enable people to live happy healthy lives

General Practice in Devon will be delivered from either a single practice or a network of practices typically covering a population of 30k – 50k. They will operate from modern buildings which have a range of co-located services and a multi-disciplinary workforce targeting care to specific needs including prevention and self-care, that have been identified using population health management methodology. These services will be accessed using a digital first approach.

Our patients will have the best outcomes if we work in a truly integrated way. This means each service being able to quickly and easily respond to requests from colleagues for advice or input to an individual patient and, for individuals with more complex needs, working in partnership with a multi-disciplinary team of neighbourhood professionals.

Patients will be supported to take a more active role in improving and managing their own health and will be better informed about which professional is best able to help them.

GPs are at the centre of patients' care, coordinating and overseeing other clinicians and healthcare providers, as well as providing care directly to patients. There will be a wide range of easily accessed and readily available alternatives to GP provided care.

Back office services will be delivered at scale across the practices with digital systems that enable improved efficiency and information sharing across practices and other health and care partners.

Our five pillars

1. We will improve patient **access** to care through innovative technology

- People can access care from an appropriate service when they need it
- Improve patient experience and outcomes, empowering people to take control of their own health
- Improve extended and consistent access to primary care services
- Digital first approach to delivery of services

2. We will develop and retain an agile and engaged **workforce**, with a focus on multi-disciplinary teams to reduce pressures on services and improve outcomes for patients

- GPs and primary care teams are resilient, and have manageable and appropriate workloads
- Primary care can attract and retain the staff it needs
- Integrated community and primary care multidisciplinary teams delivering care

3. We will take a **population health management** approach to improve Devon's health and wellbeing, and reduce health inequalities

- People receive care targeted to their specific needs, including improved prevention and self-care
- Reducing the health inequality gap
- Reduce unwarranted variation and accurate disease prevalence where Devon is an outlier

4. We will develop **Primary Care Networks** to provide more joined-up care close to home

- Working with all practices as part of Primary Care Networks
- Implementing leadership development programmes

5. We will modernise our **estates and infrastructure** to support and enhance services

- Co-located premises with community and voluntary sector services
- Primary care deploys its resources effectively to achieve the best possible outcomes for patients

The benefits of working in this way

For Patients

Co-ordinated services where patients only have to tell their story only

Access to a wide range of services and professionals

- in the community
- In a single coordinated appointment

Access to appointments that work around their life

- shorter waiting times
- convenient appointments
- different ways of accessing appointments using technology

Patients feel in control and have responsibility*:*

- **More influence** for people, providing them with more involvement and decision-making opportunities over how their health and care is planned and managed
- Patients given support to take responsibility for access to **personalised care** and with a focus on self-care and prevention, living healthily, recognising what matters to the person and how their individual strengths, needs and preferences can support better outcomes

For general practice and other providers of care

Greater resilience across general practice by making the best use of shared staff, buildings and other resources, they can help to balance demand and capacity over time

Better work/ life balance with more activity routed directly to appropriate professionals such as clinical pharmacists, social prescribers, physiotherapists

More satisfying work with each professional able to focus on what they do best, spending time with patients where most needed

Improved care and treatment for patients by expanding access to specialist and local support services including social care and the voluntary sector

Greater influence in the wider health system, leading to more informed decisions about where resources are spent

Attractive to **new people to come and work** in general practice in Devon, with greater retention of workforce

For the whole health and care system

Coordinated care through collaboration and cooperation across organisational boundaries and teams with shared accountability

A range of services in a community setting, so patients don't have to default to hospital services

A more population-focused approach to Devon wide decision-making and resource allocation, drawing on primary care expertise as central partners

Resilience across the health and care system

Providing services **that are affordable**

Background

This strategy sets out our ambition and vision for general practice over the next five years (2019-2024).

It describes how we will support GP practices in Devon to provide accessible and coordinated care, with a skilled and motivated workforce who can respond to the current and future needs of our population.

GPs are the first point of contact with the NHS for most people and this strategy relates to those medical services provided by general practice. General practice is often described as the 'front door of the NHS'. Wider primary care providers include dentists, community pharmacists and optometrists. Around 90 per cent of interactions in the NHS take place in primary care.

This strategy defines how a series of actions and enablers in general practice will positively impact on pressures faced by the wider system. For example, this strategy sets out how we will improve access for patients, which in turn can help reduce inappropriate ED attendances locally. By reducing vacancies in primary care and finding solutions for recruitment and retainment, we can help reduce inappropriate referrals in to secondary care.

Drivers for change

National

The NHS Long Term Plan sets a direction of travel for primary care services.

GP practices face many challenges. Nationally, one in six GP posts are vacant. Practices are finding it increasingly difficult to recruit and retain GPs and are seeing this trend extend to other members of the team, such as nurses and practice managers.

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

The new GP Contract has been positively received by many providers in that it addresses some long-standing issues, such as the costs of clinical indemnity.

The introduction of Primary Care Networks (PCNs) is the biggest transformation in more than a generation to the way family doctors work. General practices across Devon will begin working together formally within local PCNs.

As they develop, Networks will recruit multi-disciplinary teams, including pharmacists, physiotherapists, paramedics, physician associates and social prescribing support workers, freeing up GPs to focus on the sickest patients.

PCNs will support each other while offering more specialist care services to patients and taking on a wider range of health professionals. New larger sized business models (Networks, Federations, Super Partnerships) are emerging but traditional practice model (small multi-partnerships) still dominate.

Local

NHS Devon Clinical Commissioning Group has a population of 1.2 million people, living across Devon, Plymouth and Torbay, with an annual budget of £1.8 billion.

The population of Devon is expected to increase by more than 33,000 by 2024, the equivalent of the town of Exmouth. The number of people in Devon aged over 75 years old is expected to rise by more than 20% in the next five years, with the number of people aged over 85 years old expected to rise by more than 11%.

Devon's Long Term Plan describes the challenges the county's health and care system is facing:

- While more people are living longer, it is often in ill-health.
- Preventable illnesses are increasing.
- There are persistent inequalities in life expectancy and health outcomes.
- The population is growing, and the proportion of older people is set to increase, and this will increase the demand for services
- Vital health and care jobs are unfilled, and numbers of working age adults will reduce in future.
- There are continuing pressures on hospital beds.
- There is unwarranted variation in clinical outcomes across wider Devon.

More about the population of Devon can be found in the Joint Strategic Needs Assessment produced by each local authority. Devon has varying levels of deprivation areas and there are differences in health outcomes across the county.

Devon's health and care partners have worked together to produce a Long Term Plan for Devon (Better for You, Better for Devon). It will ensure that Devon's health and care system supports people to live healthier lives, improves physical and mental health outcomes for children, adults, older people and families, promotes wellbeing and reduces health inequalities across the whole of Devon.

This strategy for general practice will form part of the wider Long Term Plan for Devon, with each of the aims and objectives linking directly to the wider aims of the Devon Plan.

Delegated commissioning of primary care medical services

The CCG is a clinically led organisation and all GP practices in Devon form part of our membership. They share with us the views of all the health care professionals within the surgeries as well as those of the community teams with whom they work. Devon practices voted to support the move to delegated commissioning for primary care medical services. In April 2019, the newly formed Devon CCG took over this responsibility from NHS England.

Improving the quality of care

We are supporting practices to improve quality of patient care and in working to reduce variation. Quality and safety is a responsibility of all healthcare organisations, whether commissioner or provider in nature. We view quality as comprising the following components:

- clinical effectiveness,
- patient experience
- patient safety

We will be open and transparent about the quality of primary care in the area and, where appropriate, will publish robust and reliable quality-focussed information.

We will work with partners to triangulate information and knowledge where appropriate to do so, and would expect this to include NHS England, the Care Quality Commission and Local Authorities. This information will include prescribing, referrals and emergency department attendances data.

Work has been undertaken to establish useable quality-focussed tools that identify actual, emerging and possible areas of concern, so that remedial action can be taken on a proactive basis. We will explore how best to extend this to include General Practice.

We will be looking to develop a new series of indicators that measure quality in general practice, based on business intelligence data and analysis. This will include a review of public health data, Care Quality Commission (CQC) data, Quality and Outcomes Framework (QOF), Quality and Equality Impact Assessments (QEIA), yellow card, serious incident/significant event analysis, patient feedback and complaints and the nationally-run GP Patient Survey.

This data will be formally monitored by the CCG's Quality Committee.

What we will do

We will work with practices, PCNs and localities to benchmark outcomes and learn from best practice.

We will implement a comprehensive system of practice and network reviews, including site visits, to learn from best practice and support practices which continue to benchmark poorly we will include involvement of contractor professional representatives where that is either agreed between us or felt by either party to be required.

We will review the sustainability of single-handed practices in Devon during the first year of this strategy to understand the issues they face and ensure we have plans in place to address any risks to provision of services identified.

Our five pillars

We will improve patient **access** to care through technology

We will develop and retain an agile and engaged **workforce**, with a focus on multi-disciplinary teams

We will take a **population health management** approach to improve Devon's health and wellbeing, and reduce health inequalities

We will develop **Primary Care Networks** to provide more joined-up care close to home

We will modernise our **estates and infrastructure** to support and enhance services

1 Better Access

We have worked closely with local providers to identify and develop solutions that allow patients to access care through alternative methods, including community pharmacists, voluntary sector and by using new technology.

In Devon, the 2019 NHS Patient Survey found that 81% of patients were satisfied with the type of appointment they were offered by their GP practice. For those who weren't satisfied, 11% went to A&E, 5% called NHS 111, 9% went to a pharmacist and 33% didn't end up seeing or speaking to anyone. The remaining 42% contacted another service, waited for a different day, or took advice online or from a friend/family member.

The extended access directed enhance service is now part of network level contracts from 2019/20 with the CCG commissioned extended access moving into network contracts in 2020/21. Where opportunities exist, the CCG will encourage PCNs to deliver extended access at a larger scale to make best use of resources but considering patient demographics and geography.

The current model of provision includes 7-day and 24-hour (24/7) access to general practice. The out-of-hours service provides care where a level of need is identified that is most appropriately met by General Practice, but which cannot wait until mainstream General Practice is next available.

Local data and feedback to suggest there is appetite for weekend provision of medical services is variable. Therefore, we will ensure that limited resource is deployed in way that matches demand and is not driven by perceived need alone.

What we will do

We will ensure needs of patients requiring urgent primary care are met appropriately and routine appointments are available in the evenings and at weekends where there is demand or a need (building on overall high levels of patient satisfaction with appointment availability in Devon currently).

Impact measures for better access

We will use the following measures to show the impact of the initiatives included in this section on access to general practice:

- Patients with an urgent clinical need will have access to a consultation on the day and patients with a non-urgent need will be offered a consultation within 7 days.
- Directly bookable GP appointments will be available via all PCNs – the percentages to be made available will be agreed during the planning of each year.
- Improved patient survey results demonstrating improved satisfaction with access, with a 5% increase year-on-year in satisfaction rates across the access sections in the national GP Patient Survey.
- Improved Friends and Family test responses demonstrating improved satisfaction with access – the percentage of improvement will be agreed during the planning of each year.

Digital First in primary care

Digital is an essential enabling function to allow for radical transformation in service delivery and patient care by creating greater efficiency, better quality and improved safety. The importance of a digital enabling strategy to deliver modern general practice in a challenged NHS has never been clearer. No viable future health and care system is possible without digital innovation, design and support throughout. The vision is to 'Support citizens and clinicians by using information and technology seamlessly, safely, quickly and innovatively', Devon's digital strategy is designed to transform health and care with clear priorities for digital transformation supported by four workstreams:

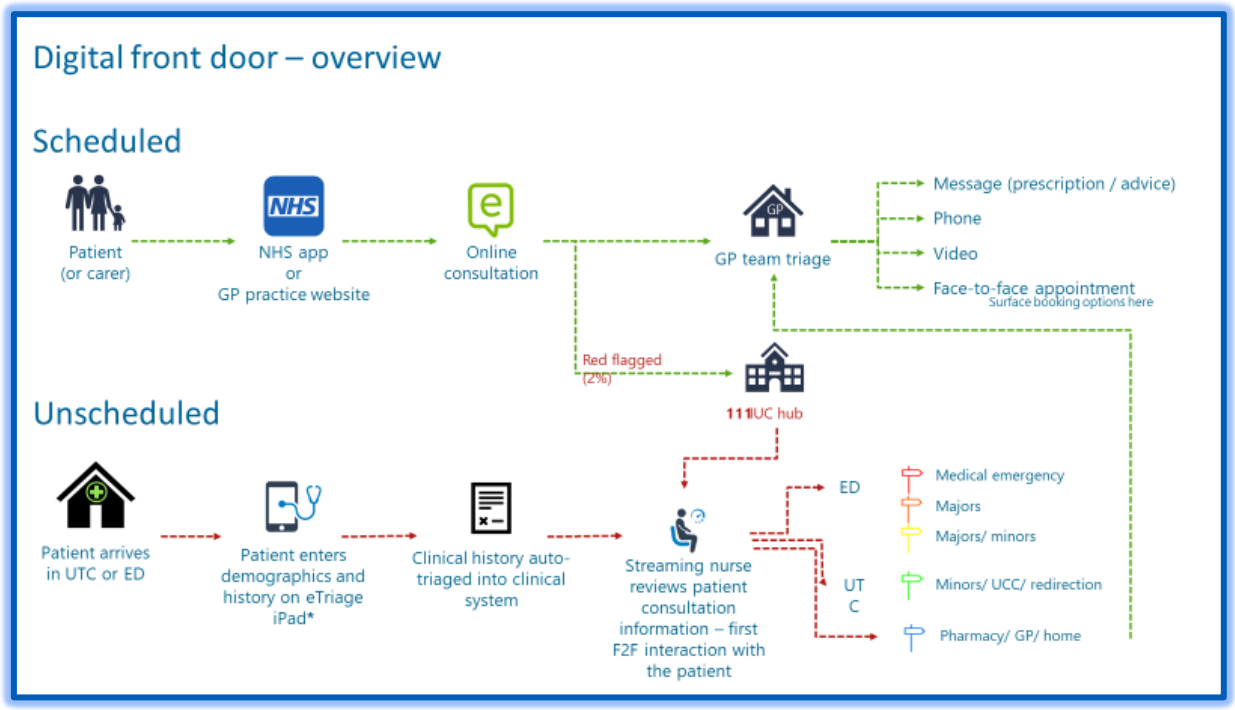
- Feels like one system: A shift to shared, consolidated and integrated records
- Technology together: Shared infrastructure and technical design
- The digital citizen: Increasing access to services and self-care online
- Harnessing information: Advances in data analytics, intelligence and governance

What we will do

We will adopt a 'digital first' approach. Where possible, the first contact with general practice services will be digital, there will be digital connectivity between organisations.

Everyone can expect that their personal and medical history is available wherever they touch health and care systems. They will be supported digitally for self-care and technology will be doing some of the routine work previously undertaken by staff.

We are committed to helping develop an end-to-end digital patient journey through scheduled and unscheduled care, sharing our learning and understanding. The model we will adopt in Devon is shown in the diagram below:



What we will do

Devon will continue to lead the way in digital innovation. The Digital Accelerator project will be expanded in scope to cover the whole of Devon, allowing quicker access to primary care by delivering online consultations and better utilisation of resources. To facilitate this, new workforce models will be developed for GPs and other clinicians to deliver online services, scalable across the county and beyond.

We will enable GP practices to embrace and embed the functionality of the NHS App, supporting patients to access self-care, clinical advice, book appointments, order repeat prescriptions, access their medical records, choose preferences for data sharing and organ donation.

Promoting digital activation amongst all groups of patients including a digital guidebook developed by Healthwatch to help patients navigate the NHS and the potential for Digital Drop in surgeries at practices run by the voluntary sector

The Digital Patient

NHS App

The NHS App will become the digital front door to the NHS, offering a gateway for patients allowing them to access self-care and clinical advice, book appointments, order repeat prescriptions, access their medical records, choose preferences for data sharing and organ donation. Devon has the highest use of the NHS App nationally, with more than 4,000 downloads to date.

93% of GP practices in Devon are live on the NHS App, providing a simple and secure way for people to access a range of NHS services on their smartphone or tablet.

	%eligible live GP pop registered for NHS App	Total App registrations	GP registered pop aged 13+ years (Live Practices)	Total GP registered patients aged 13+ years	% Live practices	% GP pop registered for POL	GP pop registered for POL	Total POMI patient size
Devon	0.50%	5,467	1,053,876	1,103,292	93%	26.69%	324,814	1,216,834

NHS Digital figures for NHS App in Devon November 2019

The NHS App will help practices meet their targets for registering patients to GP online services as set out in the GP contract. The app doesn't change the online services that are already available. It's a new way of accessing them that can encourage uptake.

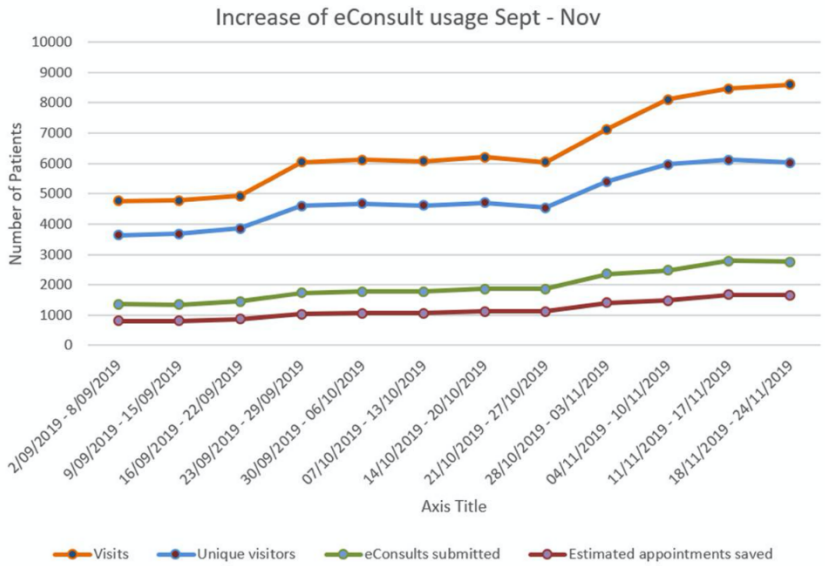
Most people can verify their identity through the NHS App, rather than having to visit the practice. This is more convenient for patients and saves time for practices. More patients booking appointments online can also save practices time and money.

Making more specialist appointments available online, improving access, can also help towards Quality and Outcomes Framework and Enhanced Services targets.

Online consultations

Access to clinical advice and capacity to meet demand are constant challenges facing general practice. Online consultation platforms aim to provide convenient access to clinical advice for patients while providing efficiency savings for clinicians.

Devon is leading the way with online consultations. Every month, more than 5,500 people consult with their GP online to get healthcare advice and treatment more quickly. This has saved more than 3,000 unnecessary face-to-face appointments.



eConsult figures reported via digital accelerator project September 2019 – November 2019

As well as being a more convenient and faster access to general practice, online consultations have several benefits:

- Reduced administrative workload for practice staff
- Improved communication between patients and practices
- Reduced travel for patients
- Expanded health knowledge for patients
- Increased information sharing and operational efficiencies for practices
- Increased patient satisfaction and reduction of missed appointments
- Improved access to care services

What we currently do

Online consultations in Plymouth
Patients in Plymouth have a digital first option for services in a selection of the city's GP practices. The project, which is one of a number of nationally funded Digital Accelerators, is looking at the challenges faced during adoption of new technology, implementation and creating change. It is exploring new ways of working for clinicians to help increase capacity. The project will:

- Drive and increase online consultation at practices.
- Trial and implement a multidisciplinary care 'Hub and Spoke' model which can provide additional capacity for practices.
- Utilise the principles of crowdsourcing from an available network. They will have the capacity to deliver flexible, remote working to support practices under pressure, to free up GPs to focus on the patients who require a face-to-face consultation.
- Provide a full blueprint that can be adapted and implemented into any practice within the UK.

Impact Measures for Digital First

- Full adoption of a digital front door model using eConsult by all practices with 5% of consultations taking place through eConsult by March 2020 and 20% by March 2025
- In accordance with national targets, all practices will have enabled the NHS App by June 2020 – the target level of patient usage and activations will be agreed during each planning cycle
- In accordance with national targets, all patients will have the right to effective online and video consultation by April 2021
- In accordance with national targets, all patients will have online access to their full record from April 2020
- In accordance with national targets, all practices will be offering and promoting electronic ordering of repeat prescriptions and using electronic repeat dispensing for all patients for whom it is clinically appropriate by April 2020
- There will be an increase in the percentage of appointments available for online booking agreed during each planning round building on the 25% of appointments are available by July 2019.
- A 5% year-on-year increase in patient satisfaction with online access, measured in the GP Patient Survey

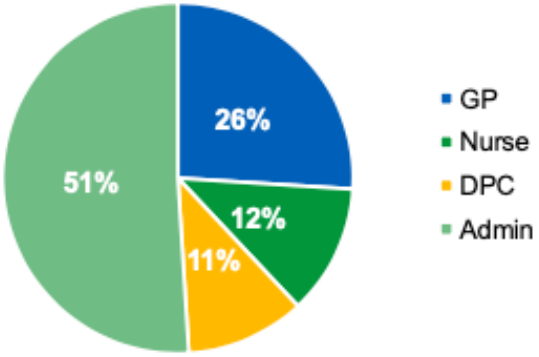
2 Workforce

The key element to delivery of this general practice strategy, is recognition of the need to develop and retain an agile and engaged workforce. In ensuring delivery of high-quality care, we recognise the importance of excellent training and development for our workforce. Our focus is on providing the appropriate support for our workforce from recruitment through to retirement.

In general practice, the biggest workforce challenges are on GP and practice nursing roles. Current training data indicates that there are not enough students currently in training to replace those who are likely to retire over the next 20 years. Unless the numbers of people in training increase substantially, up to 50% of our current workforce in Devon could be lost by 2035.

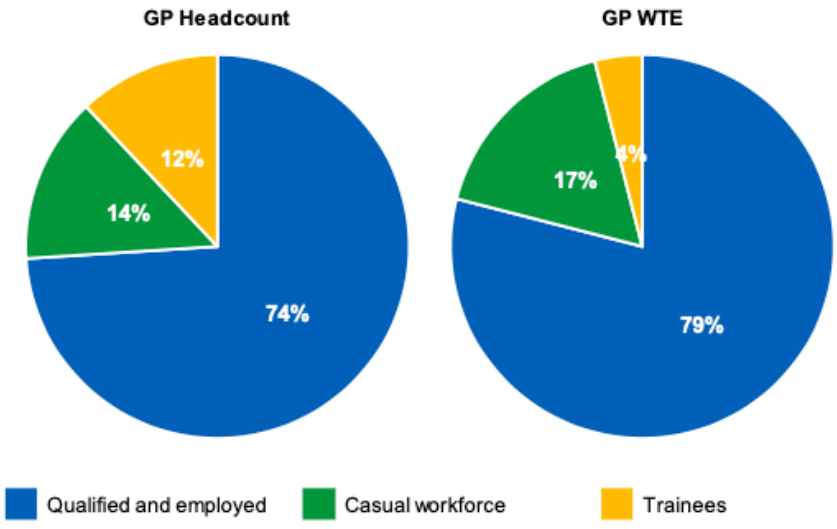
The continued challenges in recruiting GPs has highlighted that greater reliance on other clinical roles must become a priority. Only 23% of the clinical workforce relates to non-GP roles and this must increase significantly to ensure a sustainable service for the future.

Roles in primary care (general practice, nurse, direct primary care and administration)



GP workforce

There are approximately 660 whole-time equivalent (WTE) GPs in Devon. Sessional GPs (locums) represent 4% of the overall full-time equivalent (FTE). However, this group represents 14% of the overall headcount. This could potentially be an untapped resource. Understanding why this group prefer locum working and providing alternative solutions is vital to creating greater stability within this workforce group. The projected growth of GPs is limited over the period of this strategy to the difficulty in recruitment.



Nursing workforce

There are approximately 400 nursing staff in general practice in Devon. Primary care has generally been attractive to experienced mid-career nurses. We are committed to developing a stronger pipeline by encouraging practices to recruit post-graduation nurses in to general practice. This approach will be supported by working closely with the Devon Training Hub to ensure these new recruits are able to fulfil the full remit of duties required in practice as quickly as possible.

In Devon practice nurses account for 74% of the overall nursing workforce FTE, but 78% of the overall headcount. The majority of these nurses work part time and could represent an untapped resource. Advanced Nurse Practitioners represent 20% of the current workforce and the majority work full time. The combined Nurse Specialist and External Nurse group (representing 6% of the nursing workforce), are recognised as the specialists in chronic disease management and mental health.

Some of the newer roles such as Physician Associates and Nursing Associates have yet to fully embraced by general practice. Both roles support the wider clinical staff group and provide an opportunity for practices to introduce varied roles into their current workforce models. The opportunity for these to be joint roles across primary and secondary care is being explored to increase collaboration across the sectors and optimise the available funding channels.

Support staff

Support staff vacancies are amongst the lowest of the staff groups. Over the next five years, there will be opportunities for closer working and sharing of resources to support the system with its challenges. These opportunities will see more teams working on behalf of the wider system rather than for a single organisation and this may include teams being centralised or co-located.

What we will do

We will work closely with partners, including the Academic Health Science Network, both Exeter and Plymouth Medical Schools, Plymouth and Exeter Universities and the Devon Training Hub, to take forward emerging action plans drawn up in response to our improving understanding of anticipated workforce needs and also barriers to commencing a career within primary care settings.

This will include actions to address career attractiveness, recruitment to and retention within associated professions, and the offering of opportunities that vary from the traditional models.

We will undertake a capacity and capability analysis which will identify any skills gaps and shortages to inform development needs and also enable us to work effectively with training providers to provide an effective pipeline of skills in readiness to meet future requirements. Where skills gaps are identified, we will consider first the opportunity to improve service delivery through digital solutions while also enabling our clinicians to work at the top of their licence.

Our aspiration will be to first stabilise, then future-proof workforce, embracing new and different roles and associated qualifications, including associate physicians, revised nursing roles and varying the application of pharmacists' skillsets.

Access to accurate data is vital to supporting us in identifying and forecasting workforce challenges. From the data currently available, we have established that more individuals want to work more flexibly, achieving a greater work/life balance. We are working closely with practices to improve the accuracy of the data submitted through the National Workforce Reporting Tool so that we have a clearer picture of vacancies across general practice.

Developing new roles

The current general practice workforce is continually evolving to incorporate new roles, which not only aim to deliver the new GP contract, but also provide the most appropriate care for our patients.

As we continue to skill mix the teams providing care, more patients attending their general practice will have the opportunity to see an expanded multi-disciplinary team with advanced training in diagnosis and treatment in their specialist areas. This signals a fundamental change in how patients will experience general practice, consulting with a broader team that is better suited to meeting patient needs.

These new care teams will include clinical pharmacists, physician associates, physiotherapists, paramedics and social prescribers. This will improve access to care, enhance patient safety and streamline patient pathways, ensuring that holistic care is delivered more efficiently.

What we will do

Establishing Primary Care Network teams

Each PCN will, over the next three years, expand the multi-disciplinary team comprising:

- Clinical pharmacists (from 2019/20)
- Social prescribing link workers (from 2019/20)
- Physiotherapist (from 2020/21)
- Physician associates (from 2020/21)
- Community paramedics (from 2021/22)

Recruitment and retention

As challenges to recruit and retain a resilient workforce continue, it is vital we utilise the current workforce in the most effective way to meet the needs of our population.

Where practicable, tasks and activities will be digitalised, allowing the workforce to focus on the delivery of patient care. Specialist knowledge and skills will be utilised in the areas of greatest need by teams who can react and adapt to a changing environment.

What we currently do

Plymouth Trailblazer scheme
Devon CCG and HEE have funded for four sessions of Post-CCT GP Fellow time so the Trailblazer Scheme can be piloted in Plymouth. Newly qualified GPs who accept a substantive contract in a practice within the highest 20% deprivation index can apply for these post-CCT sessions.

The fellow sessions are used for private study, coaching, peer support groups, structured teaching sessions, and general reflection time, they work 4-8 clinical sessions, with two protected sessions.

For this pilot, the Trailblazer fellows have access to VTS sessions focused on subjects most relevant to inner city medicine including:

- Health inequalities
- Personality disorder
- Functional illness/chronic pain
- Substance misuse
- Asylum seeker mental health

What we will do

Working in partnership with the PCNs we will:

- Attend local, regional and national job fayres promoting Devon as a place to work
- Continue to build on the success of the GP retainer scheme
- Make the GP fellowship scheme available across Devon
- Expand the portfolio and rotational working opportunities to staff working in general practice
- Work with the PCNs to develop a range of flexible working approaches
- We will continue to participate in the international recruitment of GPs initiative
- We will continue with supporting implementation of the 10-point practice nurse plan
- Continue with the NHS England retention scheme
- Expand the GP post training fellow pilot to cover the whole of Devon

Impact measures for workforce

We will identify a range of measures to monitor the impact of the workforce initiatives. These measures will cover:

- Robust workforce data available from and about general practice workforce
- Reduction in stress related absences
- Better staff retention and positive feedback from staff surveys
- Reduced vacancies
- Reduced time to fill vacancies
- Appropriate use of the skill mix in wider multi-disciplinary teams, with an increase of Allied Health Professionals AHPs completing tasks within general practice
- A steady programme of funded estates developments which enable integrated working
- Fewer requests to the CCG for support via the resilience fund in relation to workforce issues, which is one of our current indicators of a practice that is struggling
- Better sharing and adoption of good practice in services
- Each PCN will have a five year workforce plan by December 2020 (with next 12 months plan in place by March 2020)
- Increase number of trained staff coming directly into general practice after completion of the graduate scheme

To set measures for all of these we need a clear base line. Targets will be set in each annual business plan.

3 Population Health Management

A Population Health Management (PHM) approach will help to address Devon's complex and multifaceted health and wellbeing challenges. It will increase the understanding of how and why different health and social care services are used and provide a richer understanding of the underlying needs for services across organisational boundaries.

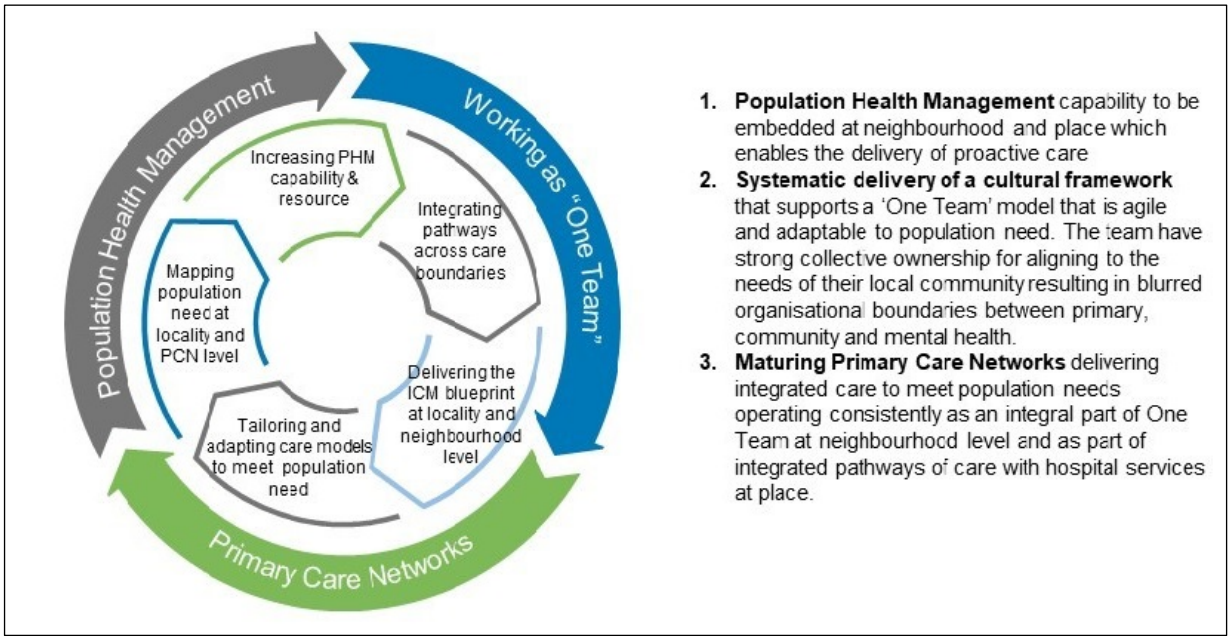


Diagram 1: Population Health Management Approach

Population Health Management will focus on:

- Infrastructure to ensure the basic building blocks of population health management are in place.
- Opportunities to improve care, quality, efficiency and equity throughout Devon.
- Care models focused on proactive interventions to improve health and reduce inequalities.

The expected outcomes and benefits are:

- Increasingly evidence-based decisions that inform the most efficient allocation of resources to prevent illness, improve care and lower costs.
- Financial improvement and improved health outcomes through prevention, early detection and intervention.
- Better monitoring and evaluation of the impact of interventions to improve outcomes or reduce inequalities, and upscaling to maximise benefits.

Through participation of partners, the opportunity of data linkage across organisations and staff capacity building. Taking a systematic approach to population health management will support effectiveness of Primary Care Networks and the Integrated Care Model. Participating in Wave 2 of NHS England's Population Health Management Development Programme will enable the development of technical capabilities and infrastructure. They will be used as the platform and driver for the local programme focused on delivery of the priorities for Devon and national commitments. The local programme will embed PHM approaches and targeted interventions within integrated care teams, using these teams as the central mechanism for changing practice and culture across the system.

Harnessing the power of information

The proliferation of data and information captured within the GP IT Systems and the potential to connect that with other datasets from across our system gives us an opportunity to develop solutions to these problems through the creation of a Learning Health System.

Augmented intelligence through tools such a clinical decision support system has the potential to address these challenges whilst providing bespoke personalised care and avoiding clinician burnout.

What we will do

We will create a cultural change which understands the power of data to drive a virtuous cycle of quality improvement. This will not be done in isolation but as part of the wider system and links in with the One Devon Data Set. All PCNs will receive data to inform decision-making and meet the needs of the population they cover. PCNs will develop population-specific services in response to this.

Risk Stratification

Population health management provides the ability to understand variation through benchmarking and comparisons to improve clinical outcomes. It will help identify people who are currently well, but at risk of developing long-term conditions. This targeted approach will work at two levels: individual (known individual risk factors) and population (known risks in certain populations and communities).

This approach will help to prevent or delay the onset of long-term conditions, their functional consequences and the progression of frailty. Population health management will therefore enable more people to benefit from early identification and treatment, personalised care planning, self-management support, medicine management and secondary prevention services. The care model that PHM enables will support improvements in patient activation (people's knowledge, skills and confidence to self-manage) and better self-management will stop, or delay, progression of frailty and functional impairment or disability.

Multi-Disciplinary Team Approach

Multi-disciplinary teams are already working effectively in many parts of general practice. This will be scaled up across all networks and include a greater number of professionals e.g. allied health professionals, social workers and other people e.g. voluntary sector within these teams to ensure that the right person can support the patient in the right way at the right time.

We will work with GPs to build multi-disciplinary teams around their leadership, with teams which will support delivery.

Quality Outcomes Framework (QOF)

We will to empower and support professionals working in primary care to focus on quality improvement, we have agreed to introduce provision in the QOF to support professionally led quality improvement cycles, within and between practices. Our purpose is to support activities that are highly valued by patients and professionals, do not easily lend themselves to traditional QOF metrics, and which are expected to improve significantly the quality of care.

As at September 2019 in Devon our practices achieved on average 97.6% QOF achievement with a range of achievement of 77% – 100%. We aim to work with practices to ensure all practices are within the top decile.

What we will do

In Devon, we will work in partnership with the practices and PCNs to ensure that the opportunities of the revised Quality and Outcomes Framework are fully realised and that practices reach the maximum points attainment which will ensure the quality of care is improved.

Prevention

The Devon health and care system has had prevention at the heart of its priorities for several years. The Devon STP has invested £2million recurrently in 2019/20, alongside local authorities' public health funding, in a prioritised prevention programme to increase pace and scale of delivery. General Practice is often the best placed service to support this work.

The results of local engagement show that people want to take responsibility for staying well and independent for as long as possible in their own communities. The prevention programme will work towards this by enabling people to better manage their risk factors or conditions.

The priorities for prevention which we will work with General Practice to embed are:

- Making Every Contact count (MECC) - an approach to behaviour change that utilises the millions of day-to-day interactions that organisations and people have with other people to encourage changes in behaviour that have a positive effect on the health and wellbeing of individuals, communities and populations.
- Healthy lifestyles - Focus on reducing smoking, alcohol, obesity and increasing physical activity
- Falls and frailty - Using frailty indexes and falls assessments to reduce incidence of falls
- Social prescribing development support
- Children and young people's emotional health and wellbeing - Range of elements including community-based support, online help, training, bereavement support and support for families
- Adult Mental Health - Focus on suicide prevention and preventing poor mental health
- Multiple complex needs - Transformation of the system response to people with complex needs.
- Focus on identification and response to sexual violence and domestic violence and abuse.
- Long Term conditions - Focus on reducing diabetes, CVD and respiratory conditions.
- Personalisation - Supporting empowerment and the better integration of services across health, social care and the voluntary and community sector.
- Improved use of IT in population health management – To enable PCNs to look at the population health metrics for their communities.

Self-care

Developing truly effective preventative approaches means helping people take more control of their own health, improving their life experience and reducing the need for reactive intervention by healthcare professionals in future periods.

We want to enable self-care so that patients take greater control over their health and wellbeing, while being able to readily access the right services conveniently located when they need them, and this will be a cornerstone of developing a healthcare system that is sustainable as a result of using our available resources in an optimal way that adequately and appropriately supports a population in which a growing number of people have complex healthcare needs.

What we will do

We will empower patients who are willing and able to self-care with support and information through the new social prescribing workforce. We will also strive to reach those most vulnerable in our population and work with them to improve their health.

There will be a wider range of affiliated community-based professionals providing care and support as part of an enhanced patient offer. This will be both at practice and network level. Where appropriate patients will be directed to voluntary sector personnel both to deliver care and facilitate self-care using available technological solutions where appropriate. Clinical record keeping will wherever possible be on a shared clinical system.

Delivery will, naturally, though not exclusively, be most effectively delivered where multi-agency teams are co-located or otherwise in close proximity.

Social Prescribing

There has been a drift towards medicalisation of some of the impacts of the wider determinants of health, such that the GP surgery is seen as a focal point for the community. As a result, this leads to many patient contacts with GPs that do not necessarily result in a resolution for the patient.

We are developing programmes to help local people struggling with long-term health conditions; build confidence and learn how to manage their condition(s), including mental health issues such as anxiety, stress and depression, better. The HOPE Programme (Help Overcoming Problems Effectively) is based on a course developed by the University of Coventry to help people cope better with long-term medical conditions.

The programme helps people to focus on themselves as a person, not as a long-term condition. It helps them to discover new strengths and rediscover old ones to keep yourself well. It also aims to boost self-confidence and resilience, to help people cope better emotionally, psychologically and practically with your condition.

What we currently do

Wellbeing Exeter

Wellbeing Exeter is a partnership of public, voluntary and community sector organisations working together to explore better ways of supporting the 40% of patients who visit their GP with social problems rather than medical problems.

The approach offers social prescribing, in combination with asset-based community development to enable individuals and communities to improve and promote their own health and wellbeing. Central to the Wellbeing Exeter model is the development of community resilience within the city, alongside the social prescribing work.

Wellbeing Exeter is successfully delivering the type of support that is needed, for patients within primary care. Through signposting and one-on-work, Wellbeing Exeter is helping people to improve their mental wellbeing, reduce loneliness, re-engage with their community and manage their own health.

Impact measures of population health management

We will agree with the PCNs a range of measures to monitor the impact of the population health initiatives. These measures will cover areas such as:

- Improved long-term conditions management (proxy prevalence)
- How all PCNs will use risk stratification to identify patients at most risk of hospitalisation
- How all PCNs will use a multi-disciplinary team approach to manage high risk patients
- Social prescribing will be offered to all patients where appropriate
- Increased use of social prescribing through programmes such as HOPE
- Increased achievement of the Quality Outcomes Framework
- Reduction in inappropriate ED attendances
- Reduction in emergency admissions from exacerbations of long-term conditions

Targets will be set in each annual business plan.

4 Primary Care Networks

Primary Care Networks are a pillar of the future of general practice. We know that there is considerable appetite in our local system for increased collaboration – between practices, as well as with associated health and social care providers, the voluntary and third sectors, and patients.

With all practices in Devon working as part of a Primary Care Network (PCN) this will support the personal and local nature of general practice and continuity of care that is at the heart of person-centred care close to home. PCNs will preserve local practices as the first point of contact for patients and enhance their resilience for the future. PCNs will enable:

- an extended range of services with access to specialist advice;
- a focus on population health management for physical and mental health;
- the development of tailored care for people with multi-morbidity and frailty
- peer review and clinical governance;
- investment in IT and other technologies;
- increased resilience, better able to respond to fluctuations in demand and capacity;
- better representation of general practice as a provider in system-level conversations
- career development and support for professional and other staff, including portfolio careers
- strong engagement with local communities

PCNs will be supported to provide fully integrated community-based health and care working seamlessly with their community and social care colleagues. Services will be introduced in line with the Devon Long Term Plan primary care goals, designed to improve quality and phased in over the coming years:

During 2020

- Structured medication review
- Enhanced health in care homes
- Anticipatory care (with community services)
- Personalised care
- Supporting early cancer diagnosis

During 2021

- Cardiovascular disease prevention and diagnosis, through case finding
- Locally agreed actions to tackle inequalities

By 2023/24, Primary Care Networks will have:

- Stabilised general practice locally
- Helped solve the capacity gap and improved skill-mix by growing the wider workforce with additional staff as well as increasing GP and nurse numbers
- Seen further local investment
- Dissolved the divide between primary and community care, with PCNs looking out to community partners not just into fellow practices
- Systematically delivered new services to support implementation of the Devon Long Term Plan and achieved clear, positive and quantified impacts for people, patients and the wider NHS.

Primary Care Network Development

Implementing this strategy and the Devon Long Term Plan requires the development of effective PCNs. To help all PCNs mature and thrive, we need to put in place high quality support.

National funding has been made available to support: (a) PCN development and (b) a specific Clinical Director development programme. The funds are intended to help PCNs make early progress against their objectives as determined following a joint review of the maturity matrix – for example supporting much closer practical collaboration between PCNs and their community partners, including preparatory activity for the forthcoming national service specifications.

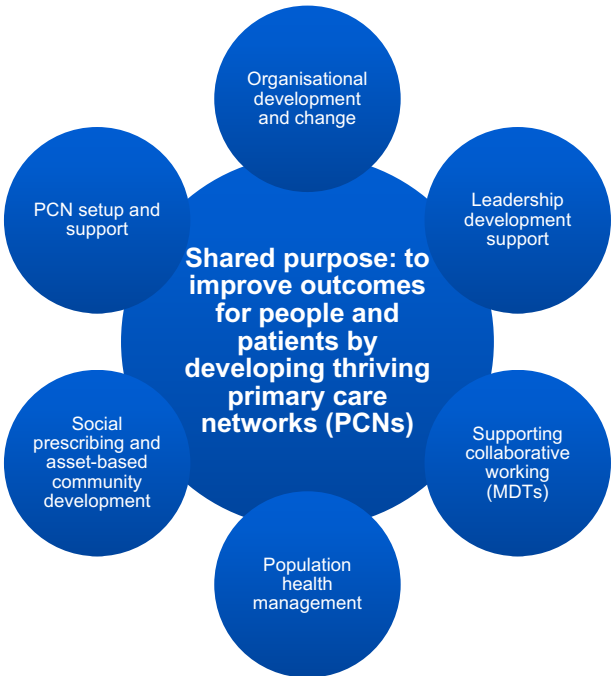
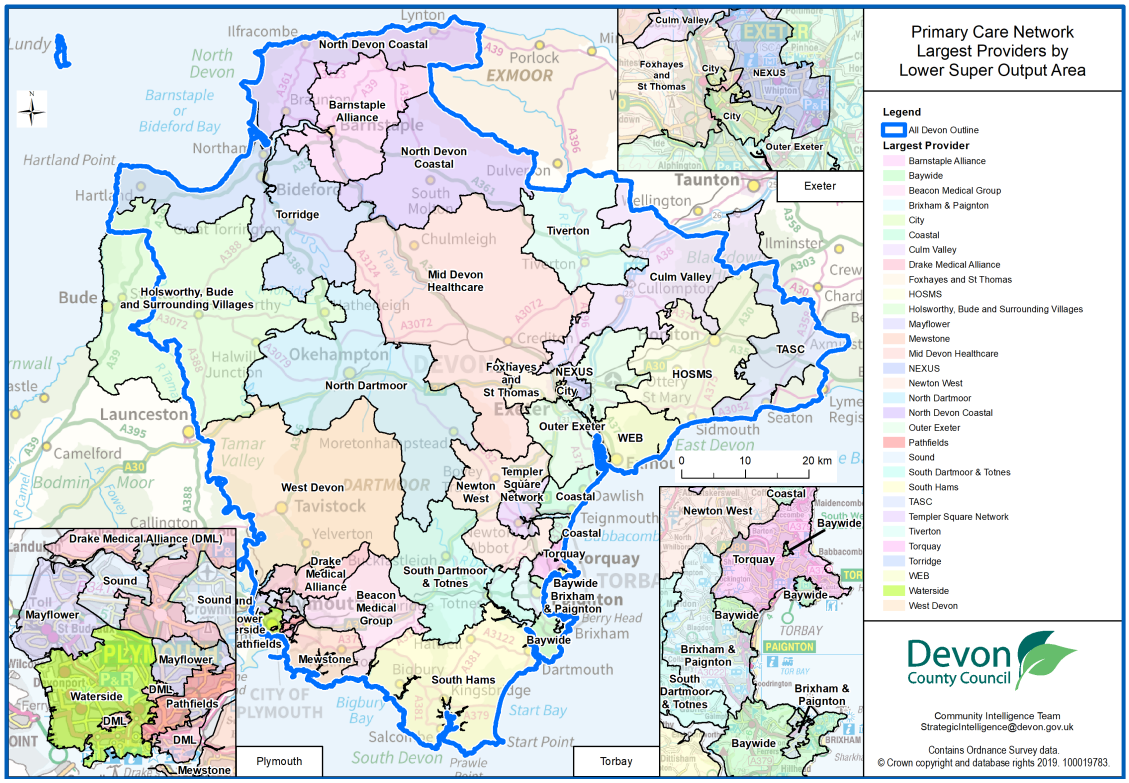


Diagram: Development support domains

We have developed our approach to PCN development in partnership with the PCN clinical directors and LMC. We are working with clinical directors and their PCN colleagues to put in place development plans that are relevant and tailored to their PCN and will subsequently support the implementation of these plans. Where appropriate we will ensure that these plans are not only relevant to the needs of the PCN, but that they also align.

The current PCN coverage is shown in the map below, the boundaries of the PCNs are not exact. A description of the configuration of each PCN is available here:

Map of Primary Care Networks in Devon



Impact Measures for Primary Care Networks

We will identify a range of measures to monitor the impact of PCNs. These measures will cover:

- Improvement in relevant patient satisfaction results, measured in GP Patient Survey
- Improved long term conditions management, measured in Quality and Outcomes Framework (QOF)
- Reduced morbidity
- Reduced vacancy numbers for staff working in general practice
- Increased number of new recruits and retention in general practice
- Improved staff survey results for general practice, with improved reported outcomes for staff engagement, morale and wellbeing.
- Proactive involvement in population health management
- Increased ability for PCNs to work as key members of multi-disciplinary teams

Targets will be set in each annual business plan.

5 Modern Infrastructure

Estates

A primary care estate investment plan has been prepared to ensure we have an estate that is fit for purpose. The plan identifies an estimated future capital requirement of £80m for this five-year planning period and also where specific primary care community plans need to be developed.

The plan, developed over a series of workshops with stakeholder engagement, has considered future housing development, current property condition, future service changes, Primary Care Network provision and local factors. For those practices identified as priorities, Project Initiation Documents will be produced in readiness for applications for capital funding. The work in developing the General Practice Estate Investment Plan has considered the impacts of digital transformation together with the new models of care which will see a focus on multi-disciplinary teams and new roles supporting primary care.

These factors will impact on the estate requirement for delivering the primary care for the future. A strengthened primary care service will support out of hospital care and reduce the pressure on emergency hospital services. The development of the investment plan is also considering the accommodation requirements of the integrated care model.

As the models of delivery are developed and implemented, we will continue to take advantage of the opportunities created by co-location of services, the sharing of estates, and joint development projects with co-location being our preferred estates solution.

An example of system working is the capital investment of £1.6m in Dartmouth for a new health and well-being centre incorporating a GP practice which is expected to be completed in June 2021. This work is supported by Torbay Hospital and South Hams District Council.

Through the STP Estates Group and the Primary Care Estates Group, all key parties, including Local Authorities are fully engaged in delivering the estates agenda and supporting the delivery of the Long Term Plan objectives. The Local Planning Authorities have also been committed to supporting the development of the Primary Care Estates Investment Plan by actively participating and providing local housing development information to the series of workshops dedicated to identifying future primary care estate requirements.

Work is in progress to expand the good relationships with the local planning authorities into a collaborative approach for optimising the opportunities associated with the local councils planning processes.

Feels like One System

Electronic health records (EHRs) are the foundation upon which we build a modern, safe, efficient and responsive health service and general practice has long led the way in the move from paper to digital record keeping,

The GP record forms a core component of our emerging Local Integrated Health and Care Record Exemplar work (LHCRE-One South West) to create a comprehensive patient record that is accessible across all health and social care organisations.

The Devon STP Digital Strategy describes how we will roll-out eHRs across health and care organisations.

What we will do

We will improve system-wide access to general practice patient information using existing systems including Summary Care Record Additional Information (SCR-AI), Medical Interoperability Gateway (MIG) and GP IT System Viewers.

We will support the national GP Connect interoperability programme to improve flow of information between practices and organisations, while encouraging a consolidation of eHRs between practices making it feel like one system.

Shared Digital Infrastructure

As general practice forms networks and closer links with multi-disciplinary teams across multiple organisations as well as developing new ways of working, common platforms will be required to create efficient, standardised, safe and effective communication and management.

A shared cloud-based information management system will be deployed across practices to enable closer working with functionality such as back office processes, policies and procedures document management, clinical and referral guidelines, rota planning, communications/notices, eLearning and appraisal management.

What we currently do

East Devon Health shared intranet

East Devon Health (EDH) have implemented GP TeamNet across 13 practices to work together more effectively and efficiently through the use of technology. As a cloud-based information management system, GP TeamNet allows teams to work across multiple locations, standardising processes and procedures by providing a common platform for communication, administration support, mandatory training, risk management and monitoring.

Practices have found an improvement in patient safety/quality, significant reduction in emails, printing and storage and more effective document control.

Popular functions include a CQC tracker, Significant Event Audit (SEA) tool, Continuous Professional Development (CPD) monitoring and reminders, annual leave requests/rota planning.

Shared back office

Opportunities will be identified for the provision back office services across multiple practices and PCNs for example payroll, mandatory training, HR services. These services could be provided at scale by existing system partners e.g. acute trusts. These services are likely to be provided at a cheaper cost and consistently across multiple partners which will support sharing and rotating staff.

IT support services for general practice are an existing example of providing shared services across practices, PCNs and other health and care partners.

Impact measures for modern infrastructure

We will use the following measures to show the impact of the initiatives included in this section:

- Improved patient satisfaction, particularly in the areas of access and online services
- Number of building projects completed from the estates investment plan
- Increase in buildings with co-located services
- Each PCN to have shared intranet and same clinical system

To set measures for all of these we need a clear base line. Targets will be set in each annual business plan.

Finance

Funding for general practice comes from a range of sources and these are specifically earmarked for parts of the primary care system. The CCG will ensure each funding source is used appropriately in line with this strategy for general practice.

Primary Care Network funding is set over the five-year period of the NHS Long Term Plan.

By 2023/24, the national PCN contract is expected to create national entitlements worth £1.8 billion. This would equate to approximately £1.47 million for an average network of 50,000 patients, in return for the commitments and priorities specified in the NHS Long Term Plan.

Of this funding, £1.235 billion is new investment, with the balance of £564 million currently investment in enhanced access, extended hours, and the £1.50 per patient CCG investment for core PCN funding as per the DES specification.

The NHS Long Term Plan further identifies the need for the balancing of investment towards community and primary care services, as well as mental health. This is also factored in to the Devon Long Term Plan, although the plans are currently at strategic level and specific investment plans are to be developed.

Workforce and estates

Workforce and Primary Care Networks

One of the key parts of the new GP contract investment plan is the Primary Care Network Directed Enhanced Service (DES).

Of the £1.8 billion investment for Primary Care Networks, £891 million will be invested in workforce initiatives through the PCN DES.

Intended Funding for Additional Role Reimbursement

	2019/20	2020/21	2021/22	2022/23	2023/24
National	£110m	£257m	£415m	£634m	£891m
Average PCN (50,000 population)	£92k	£213k	£342k	£519k	£726k

The CCG will continue to support the development of Primary Care Networks, investing funding as pass-through payments to general practice. During 2019/20 and 2020/21 the CCG will invest £920k in the development of PCNs and clinical directors.

Funding has already been invested during 2019/20 in the development of fellowships and workforce initiatives. This includes funding for GP retention, resilience, online consultation, and training.

As well as this central funding, the CCG has supported the engagement in international GP recruitment drives and initiatives and will continue to do so as part of this strategy.

Estates and infrastructure

The CCG will maximise the opportunities available from the use of the Estates and Technology Transformation Fund (ETTF) in investments in estates and infrastructure in Devon.

Priorities for primary care estates have been reviewed and set out in the local estates strategy and these are considered as part of any opportunities for national capital.

The CCG will continue to track opportunities to attract capital resources in order to deliver the priorities set out in this strategy. A continuous focus on delivering efficiencies will also enable the support of capital developments with the associated revenue consequences.

Funding

Primary care allocations

NHS England have published five year allocations for CCGs. This means an uplift over the five year period of 33.48%. The 2019/20 uplift was the greatest at 9.28%, and further uplifts vary at between 4-6%. Further analysis is required to link the uplifts to the new GP contract investments.

Devon CCG delegated primary medical care allocations

Year	2019/18	2019/20	2020/21	2021/22	2022/23	2023/24
Allocation	£151 million	£165 million	£173 million	£184 million	£193 million	£202 million
Uplift		9.28%	5.22%	6.05%	4.67%	4.59%

PMS Premium

The CCG is committed to reinvesting the Primary Medical Services (PMS) Premium in primary medical care services.

The principles that govern this reinvestment have been agreed locally to ensure there is no inequity of the reinvestment in general practice between the two former CCGs in Devon.

Locally enhanced services

The Devon Long Term Plan recognises that population growth will have a significant impact on general practice. We will make additional funding and investment for primary care available through locally enhanced services through reinvestment of the PMS Premium. This will increase the overall locally enhanced services commissioned by the CCG for Devon GP practices.

The NHS Long Term Plan identifies the need for the balancing of investment towards community and primary care services, as well as mental health. This is described in the NHS Long Term Plan at strategic level, and as the detail is developed would expect investment in enhanced services to include the expansion of shared care services in particular.

The CCG continues with the strategy for the harmonisation and equalisation of enhanced service payments across both former CCG areas.

How activity in the strategy will be funded

As targets for activity are set in each annual business plan, planned activity will be costed and matched in line with either allocated funding streams or through seeking alternative funding options from the full range of resources available to the CCG.

Timeline

	2019-20	2020-21	2021-22	2022-23	2023-24
Quality		New quality indicators, with benchmarked outcomes and learning from best practice.			
		Implementation of a system of practice and PCN reviews, including site visits. This will include support for practices who struggle to meet indicator. Support for practices from specialist or professional representatives where it is agreed or felt by either party to be required.			
		Sustainability review of single-handed practices in Devon to understand the issues and challenges they face and ensure plans in place to address any identified risks.			
Better Access	Urgent and routine appointments in general practice are available in the evenings and at weekends, where there is demand or a need.		'Digital first' approach adopted.		
			Primary Care Network-level delivery of combined extended access offer.		
			Medical records are available wherever patients interact with health and care services.		
		The Digital Accelerator project will be expanded to the whole of Devon. This will enable quicker access to general practice by delivering online consultations and better utilisation of resources.			
	General practice embeds functionality of the NHS App, enabling patients to access self-care and clinical advice, book appointments, order repeat prescriptions, access their medical records, choose preferences for data sharing and organ donation.				
		Promoting digital access amongst all groups of patients, including a digital guidebook developed by Healthwatch			

	2019-20	2020-21	2021-22	2022-23	2023-24
Workforce	Establish Primary Care Network teams to include community pharmacists and social prescribing link workers.	Work closely with system partners on action plans to improving understanding of anticipated workforce needs.			
		Capacity and capability analysis completed.			
		Primary Care Network multi-disciplinary teams expanded to include physiotherapist, physician associates and community paramedics.			
		Primary Care Network and Clinical Commissioning Group work together to: • Attend local, regional and national job fayres promoting Devon as a place to work • Continue to build on the success of the GP retainer scheme • Make the GP fellowship scheme available across Devon • Expand the portfolio and rotational working opportunities to staff working in general practice • Develop a range of flexible working approaches • Participate in the international recruitment of GPs initiative • Implement the 10-point general practice nurse plan • Expand the GP post-training fellow pilot to cover the whole of Devon			
Population Health Management		Implement quality improvement. All Primary Care Networks will receive data to help inform decision-making. PCNs implementing population-specific services.	Patients empowered to self-care with support and information through the new social prescribing workforce. PCNs and CCG working with the most vulnerable people to improve health.		
		Quality and Outcomes Framework maximum points attainment achieved.			
			Wide range of affiliated community-based professionals providing care and support as part of an enhanced patient offer. Patients will be supported to access voluntary sector services for both delivery of care and access to digital services.		

	2019-20	2020-21	2021-22	2022-23	2023-24
Primary Care Networks	Implementation of Primary Care Network development plan.				
		Primary Care Networks will implement: • Structured medication reviews • Enhanced health in care homes • Anticipatory care (with community services) • Personalised care • Supporting early cancer diagnosis.	Primary Care Networks will implement: • Cardiovascular disease prevention and diagnosis, through case finding • Locally agreed actions to tackle inequalities.	Primary Care Networks will: • Stabilise general practice locally • Help solve the capacity and skills gap through a wider workforce, with increased GPs and nurses • See further local investment • Integrate primary and community care • Systematically deliver new services to support implementation of the Devon Long Term Plan.	
Infrastructure		System-wide access to general practice patient information.			
	Develop and agree prioritised estate investment plan.	Implementation of estates investment plan.			
		Implementation of national GP Connect interoperability programme.			

Glossary

AHP	Allied Health Professional
CCG	Clinical Commissioning Group
CCT	Certificate of Completion of Training
CPD	Continuous Professional Development
CQC	Care Quality Commission
DES	Directed enhanced service
ED	Emergency Department
EHR	Electronic health record
ETTF	Estates and Technology Transformation Fund
FTE	Full-time equivalent
GP	General practitioner
HEE	Health Education England
HOPE	Helping individuals overcome problems effectively
LES	Locally enhanced service
LHCRE	Local Integrated Health and Care Record
LDC	Local Dental Committee
LMC	Local Medical Committee
LOC	Local Optical Committee
LPC	Local Pharmaceutical Committee
LTC	Long term condition
LTP	Long term plan
MECC	Making Every Contact Count
MIG	Medical Interoperability Gateway
PCN	Primary Care Network
PHM	Population health management
PMS	Primary medical services
POD	Prescription Ordering Direct
PPG	Patient Participation Group
QEIA	Quality and Equality Impact Assessment
QOF	Quality and Outcomes Framework
SCR	Summary Care Record
SCR-AI	Summary Care Record – Additional Information
SEA	Significant Event Audit
STOMP	Stopping over medication of people
STP	Sustainability and Transformation Partnership
VTS	Vocational training scheme

Health and Adult Care Scrutiny Committee

Carers Spotlight Review

12 March 2020

Contents

This report can be downloaded from:

http://democracy.devon.gov.uk/ieListDocuments.aspx?CId=428&MId=2855&Ver=

Preface

I proposed this review because it was apparent from the national biennial survey[1], that many carers in Devon were struggling.

It was a thorough and comprehensive review, talking with over 100 carers, health workers and council staff.

I am confident that our team got a genuine feel for the difficulties facing many carers in Devon. Many are facing financial hardship, and say they experience regular crises. Many carers are neglecting their physical and mental health due to the demands of caring for another person 24 hours a day, seven days a week.

My fellow councillors and I have been moved by the stories that we heard, and we have felt a strong desire to do everything we can to try and help.

We very much hope that these recommendations will be agreed by the Cabinet and that the relevant agencies, as well as Government ministers, can do everything they can to improve the lives of carers, who do a truly incredible job, often in challenging circumstances.

Councillor Claire Wright,
Chair, Carers Spotlight Review,
Health and Adult Care Scrutiny Committee

[1] Survey of Adult Carers in England, 2018-19 (SACE). This national survey takes place every other year and is conducted by Councils with Adult Social Services Responsibilities (CASSRs).

1. Recommendations

Members recognise that there is an overlap on many of the following recommendations between the County Council, NHS Devon CCG and Devon Carers. The recommendations have therefore been somewhat arbitrarily placed under a lead organisation, but it as much for Devon's emerging Integrated Care System through the Devon Sustainability and Transformation Partnership (STP) to ensure these are effectively discharged. Devon Carers Partnership Steering Group should in the first instance be actioned to monitor the implementation of these recommendations, alongside the Scrutiny Committee.

Local Government Association

Recommendation 1

That Government through the Local Government Association (LGA):

(a) works with the County Council to identify a funding stream to support carers, linked to new proposals to fund Adult Social Care, particularly in relation to the provision of replacement care. Increased resources are needed to recognise the growth in the number of carers and the longer duration of their caring responsibilities. This is essential to delivering the ambition of the Care Act 2014.

(b) reviews the benefits and appeals system accessed by carers to ensure it is properly supportive and not leaving carers without the financial support they are entitled to.

(c) reviews the NHS Continuing Healthcare criteria to ensure it is providing the necessary provision for carers.

(d) recognise the skills and value of care workers and reviews their pay with a view to the provision of competitive remuneration and benefits in order to boost staffing levels.

(e) creates a ministerial role for carers.

County Council

Recommendation 2

That a Carers Charter is created:

(a) recommending a carers pathway signed up to by each agency, including primary care and consultants, outlining what carers can expect in terms of support at each stage of the process.

(b) recommending the continued development of a clear gold standard for carers assessments to avoid variation with effective follow up procedures in place. That this model pathway is signed up by all service providers including the voluntary and third sector.

Recommendation 3

That Devon campaigns and promotes carers income maximisation through a dedicated staff appointment.

Recommendation 4

That relations are continued to be developed between care workers and carers using the County Council's in-house domiciliary care as a pilot to improve the way agencies work with carers.

Recommendation 5

That the County Council reviews its needs assessment process to ensure it is taking the views of the carer into account as well as the cared for person.

Recommendation 6

That advance communication and complementary working is developed between Devon Carers, the third and the voluntary sector, which includes longer term funding for these groups.

Recommendation 7

That Devon Carers build into their contract a carers buddying scheme, whereby carers are matched with a trained volunteer who is also a carer (or former carer) to provide support, help and advice.

Devon Carers

Recommendation 8

That Devon Carers and Adult Social Care and Health Operations work to ensure a level of carers assessments consistent with nationally recognised good practice in terms of the methodology and pathways.

Devon Sustainability and Transformation Partnership (STP)

Recommendation 9

That the Devon Long Term Plan ensures through its Integrated Care Model that carers needs are properly recognised to ensure they get the support they need to care without putting their own health and wellbeing at risk.

NHS Devon Clinical Commissioning Group

Recommendation 10

That NHS Devon CCG and the County Council ensure carers' appointments and carers' elective surgery are prioritised; that medical staff know they are carers and support is put in place when they go home after surgery.

Recommendation 11

That through the Better Care Fund (which the carers budget comes from) a resource stream is targeted at:

a) GPs to recognise carers as a group they need to provide for;
b) training health professionals in Primary Care Networks to recognise and support carers.

Recommendation 12

That there is an initial health and emotional wellbeing check for all carers upon their identification.

2. Introduction

2.1 The Spotlight Review was undertaken by the following members of the Health & Adult Care Scrutiny Committee:

- Councillor Claire Wright (Chair)
- Councillor Hilary Ackland
- Councillor Marina Asvachin
- Councillor Sylvia Russell
- Councillor Jeff Trail
- Councillor Richard Scott
- Councillor Sara Randall Johnson
- Councillor Andrew Saywell
- Councillor Phil Twiss
- Councillor Nick Way

2.2 Members would like to place on record their gratitude to the witnesses who contributed to the review. In submitting its recommendations, the Group has sought to ensure that its findings are supported with evidence and information to substantiate its proposals.

2.3 On 20 September 2018 Health & Adult Care Scrutiny resolved to set up a spotlight review on carers. The terms of reference for the review were:

- To understand the carers' offer and evaluate against the experience of carers in the County.
- To examine the availability of replacement care across Devon.
- To report back to the Health & Adult Care Scrutiny Committee on the findings of the Task Group.

2.4 Devon Carers hold both the Caring Well in Devon contract for the delivery of adult carers services, as well as the contract for Devon Young Carers. The focus of the review was adult carers of adults, and therefore largely does not reference young carers. This in no way reflects members identifying less importance to carers services for young people, but that to look in detail at this area necessitates a separate piece of work to cover it adequately.

2.5 Members identified it as essential to engage widely with carers as part of the review process. Visits to numerous carers groups were arranged across the County (see Appendix 1) prior to the main spotlight session, which carers also attended. In total members spoke with 121 carers, as well as receiving written representations from a number of other carers who were unable to attend any of the meetings.

2.6 Time and resources necessitate that this report provides a snapshot approach to highlight significant issues that carers have raised in their representations to the spotlight review. The list of witnesses to the review does not pretend to be exhaustive but it does provide insight into some of the central themes.

2.7 The County Council through its Joint Commissioners closely monitor the Caring Well in Devon contract, so this piece of work does not try to replicate that role but instead aims to take the voice of the carer and present the issues that matter most to them.

2.8 The Task Group asks the Health and Adult Care Scrutiny Committee, Cabinet and NHS Devon CCG to endorse this report and consider the recommendations detailed above.

3. Background / Context

Devon Overview

3.1 Devon is the third largest county in England, covering 2,534 square miles. The County Council area has around 780,000 residents, with a higher proportion of older people than the national average. It is also one of the most sparsely populated counties, with few large settlements and a dispersed rural population.

3.2 The Joint Strategic Needs Assessment provides a summary of health and wellbeing needs across the Devon County Council area. It contains a range of information about health and the factors that influence the health of the population from a range of sources. The following population and demographic challenges in Devon were identified:

- Older than average population compared to England
- Growing population particularly those in older age groups
- Increasing numbers of persons typically not in the labour force aged 65 and over
- More people moving into Devon compared to moving out of Devon, particularly those aged 30 to 69 years
- Over 75,000 planned dwellings and 422 hectares of employment land are planned for over the next 15 to 20 years

3.3 The population of Devon over the last 35 years has continued to grow and is projected to increase by approximately 12% by 2039. While age groups aged 39 and under are estimated to remain relatively static, much greater increases are estimated in the older age groups by 2039, with the pension population is estimated to grow by approximately 29.5%.[2]

3.4 Estimated 14,520 people with dementia in Devon currently. Around 59% with a diagnosis (this is below the national average of 68%). The cost of social care for people living with dementia will nearly treble by 2040, a report by the Care Policy and Evaluation Centre (CPEC) has found. The research[3] shows that the number of people living with dementia in the UK is expected to nearly double (to 1.6 million), the cost of social care is expected to almost triple, increasing from £15.7 to £45.4 billion. The analysis found that the number of people living with more advanced dementia will rise more rapidly than the number of people living with mild and moderate dementia. As such, people will have higher associated care needs and more people will need social care for longer, increasing average social care costs. The study also estimates that families are providing £13.9 billion a year in unpaid care for people living with dementia. This is also projected to increase to £35.7 billion by 2040.

3.5 The Devon NHS Long Term Plan (LTP) for Health and Care - Better for You, Better for Devon sets the agenda for working together over the next 5 years. The Plan describes the population needs and case for change in Devon, along with practical actions that the system will take to deliver the commitments set out in the LTP. The Plan seeks to integrate health and care services to support the increasing demand on the system. The Plan identifies key challenges which need to be addressed to improve care for Devon's residents across the following thematics:

- Financial
- Performance
- Workforce and

[2] P.20 https://devoncc.sharepoint.com/sites/PublicDocs/PublicHealth/Wellbeing/JSNA/Devon_JSNA_Overview_2018_FINAL.pdf

[3] http://www.lse.ac.uk/cpec/news/number-of-people-living-with-dementia-to-more-than-double-by-2040

- Case for change significant drivers of demand

The LTP specifically covers carers in line with national guidance: CQC Quality Markers for Carers in Primary Care Practices; Carer Passports (to improve recognition) and contingency plans to help carers understand the out of hours help available to them and to prevent carers having to face emergencies alone (while this now sits in a supporting paper rather than in the main Devon LTP, carers are mentioned frequently in the LTP.)

What is a Carer?

3.6 A carer is a person of any age who provides (or intends to provide) care and/or support of any type to another person, usually a family member, sometimes a neighbour or friend (sometimes referred to as the "cared-for person"), without payment and not as part of a volunteer scheme. The "cared-for" person could not manage without this care/support.

- Carers' work valued at £1.6bn in Devon alone
- Census 2011: 84,000 carers in Devon (includes young carers)
- Public Health estimate 2018: 86,595 adult carers alone
- More than one in 10 people in Devon are carers

3.7 A carer has eligible needs for support if all three of the conditions of the National Eligibility Criteria have been met:

1) The needs arise as a consequence of providing necessary care for an adult.
2) The effect of the carer's needs is that any of the specified circumstances apply to the carer.
3) And as a consequence of the fact there is or is likely to be a significant impact on the carer's wellbeing.

Carer Health

3.8 Carers tend to be in poorer health compared to non-carers with higher levels of unpaid care are associated with particularly poor general health. The health of carers aged 25 to 49 is notably worse than non-carers. Levels of good health are significantly higher in non-carers in the 50 to 64 age group, and for persons aged 65 and over whilst the general health of carers and non-carers is similar, for those providing unpaid care for 50 hours or more the general health is notably worse.[4]

Care Act 2014

3.9 The Care Act (2014) sets out the statutory requirement for local authority social services, health, police and other agencies to both develop and assess the effectiveness of their local safeguarding arrangements. Section 14 of this act links specifically to safeguarding adults. It sets out a clear legal framework for how local authorities and other parts of the health and care system should protect adults at risk of abuse or neglect. This is founded on the six key principles of:

- Empowerment – people being supported and encouraged to make their own decisions and give informed consent
- Prevention – it is better to take action before harm occurs
- Proportionality – the least intrusive response appropriate to the risk presented
- Protection – support and representation for those in greatest need

4 https://devoncc.sharepoint.com/sites/PublicDocs/PublicHealth/Wellbeing/JSNA/Devon_JSNA_Overview_2018_FINAL.pdf

- Partnership – local solutions through services working with their communities. Communities have a part to play in preventing, detecting and reporting neglect and abuse
- Accountability – accountability and transparency in delivering safeguarding

3.10 These six principles underpin the work of professionals and other staff who work with adults. They apply to all sectors and settings that work to safeguard adults, including care and support services, commissioning, social work, healthcare, welfare benefits, housing, wider local authority functions and the criminal justice system.

Carer Services in Devon

3.11 Carer Services in Devon are provided under joint commissioning arrangements between the County Council (both Adult Care & Health, and Children's Services), and NHS Devon Clinical Commissioning Group (CCG). This arrangement is known as the Devon Carers Partnership in which Devon County Council is the lead partner. Westbank Community Health and Care were awarded the 5-year contract in April 2018 for Caring Well in Devon for adult carers of adults' service, and the Young Carers Support service for young carers.

The Devon Carer Offer – Key Changes

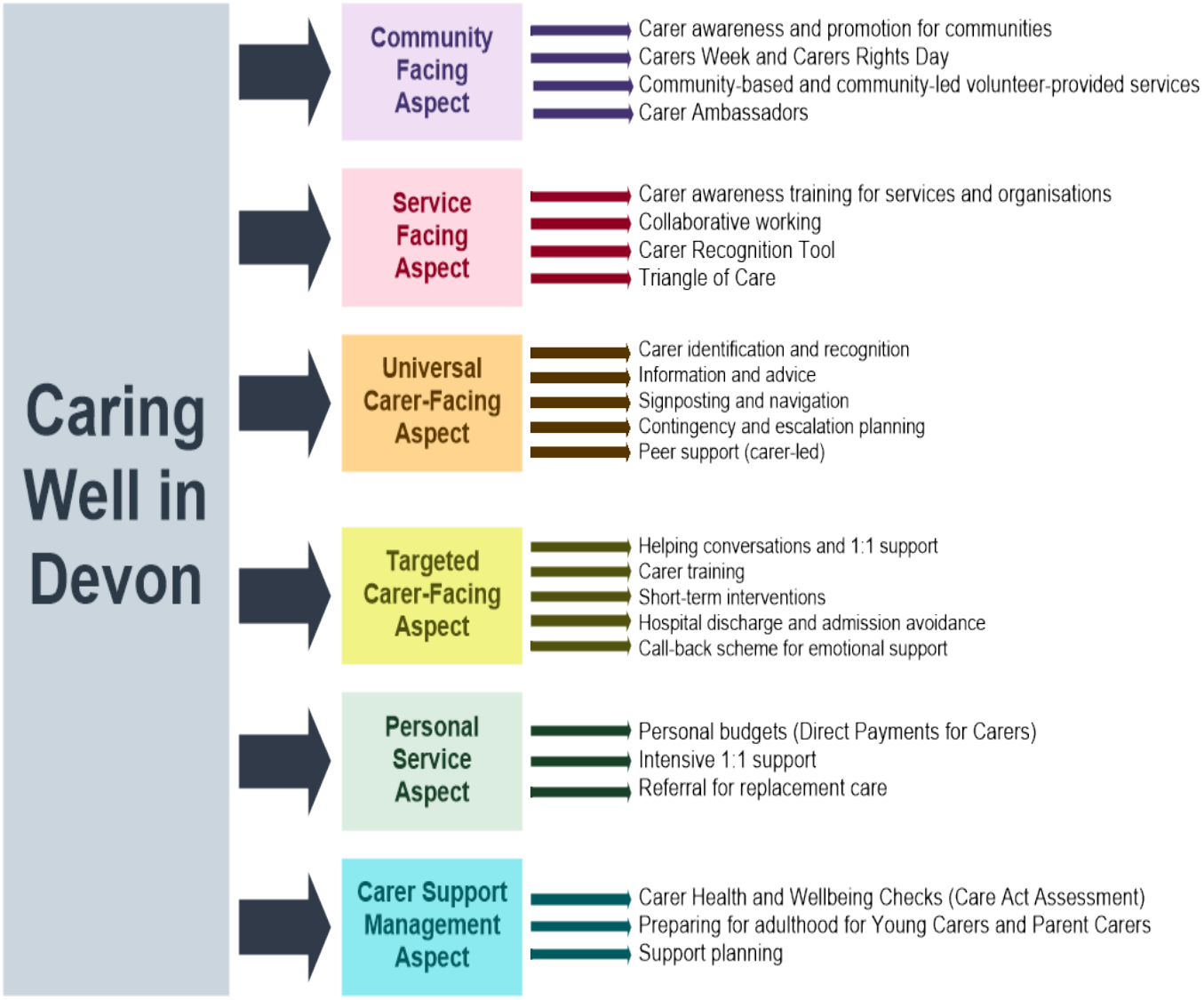
3.12 **The "Old Offer"**

- Take a Break - vouchers for up to 3 hours sitting service a week, contribution by the carer when redeemed
- Flexible Breaks Grants – small cash payments, once a year maximum, carer to use as wished – access on the basis of "proving the need for a break"
- "Respite Care"- on needs of cared-for person only, charged to the cared-for person.

3.13 **The "Post-Care Act Offer"**

- Wider range of "universal" and "targeted "services
- More 1:1 and Peer Support
- Carer Direct payments to meet Carers' "eligible needs" - more flexible than previously (replaces Flexible Breaks Grants)
- "Replacement Care" ("respite care") – on eligible needs of carer (and according to the needs of the cared-for person) charged to the cared-for person.

Service Model for Carers in Devon



Survey of Adult Carers 2018-19

3.14 The most recent national Survey of Carers in England published in June 2019 used the 2018-19 outcomes following the first year of the new Devon Carers contract. The survey covers a range of questions, including those used in the Adult Social Care Outcomes Framework regarding:

- Carer reported quality of life
- Satisfaction with Support and Services
- Social Contact
- Involved and Consulted in support of cared-for person
- Access to Information and Advice

3.15 Devon's headline performance against the 5 key indicators was mixed:

- Two improved nominally: carer satisfaction and access to information and advice
- Three declined: carer reported quality of life, social contact and involved and consulted
- The national and regional picture is one of declining performance

3.16 Carer satisfaction in Devon has declined markedly over recent years in line with national trend. This may be a result of the Care Act.

National Policy

3.17 The Carers Action Plan 2018-20 sets out the cross-government programme of work to support carers over the next 2 years and covers:

- Services and systems that work for carers
- Employment and financial wellbeing
- Supporting young carers
- Recognising and supporting carers in the wider community
- Building research and evidence to improve outcomes for carers

The NHS Long Term Plan

3.18 The NHS LTP recognises that carers:

- require better recognition and support, with many of them themselves older people living with complex health problems;
- are twice as likely to suffer from poor health compared with the rest of the population, primarily due to a lack of information and support, finance concerns, stress and social isolation.

3.19 This will be addressed through:

- Care Quality Commission (CQC) Quality Markers for Primary Care will help Practices become carer friendly;
- The national adoption of Carers Passports;
- Ensure that carers understand the out of hours options available to them, benefit from "contingency planning" conversations, and that plans are included in Summary Care Records.

3.20 Other aspects of the Plan will also assist carers, for example, access to digital Patients' Personal Health Records. All CCG's are required to have plans to implement these. The Devon CCG has a plan agreed across the STP.

3.21 The NHS England "Commitment to Carers", published in 2014, set out the way NHSE wishes to improve the quality of life for carers:

- "Recognise me as a carer" (this may not always be as 'carers' but simply as parents, children, partners, friends and members of our local communities);
- "Information is shared with me and other professionals";
- "Signpost information for me and help link professionals together";
- "Care is flexible and is available when it suits me and the person for whom I care";
- "Recognise that I may need help both in my caring role and in maintaining my own health and well-being";
- "Respect, involve and treat me as an expert in care"; and
- "Treat me with dignity and compassion".

These led to eight priorities:

1. Raising the profile of carers;
2. Education, training and information;
3. Service development;
4. Person-centred, well-coordinated care;
5. Primary care;
6. Commissioning support;
7. Partnership links; and
8. NHS England as an employer.

3.22 Alongside this NHSE published a Memorandum of Understanding (MOU) as part of a carers' toolkit designed to help local NHS and social care organisations work together for

carers. In response to this MOU the Devon STP developed a “Commitment to Carers” agreed by the STP in October 2019.

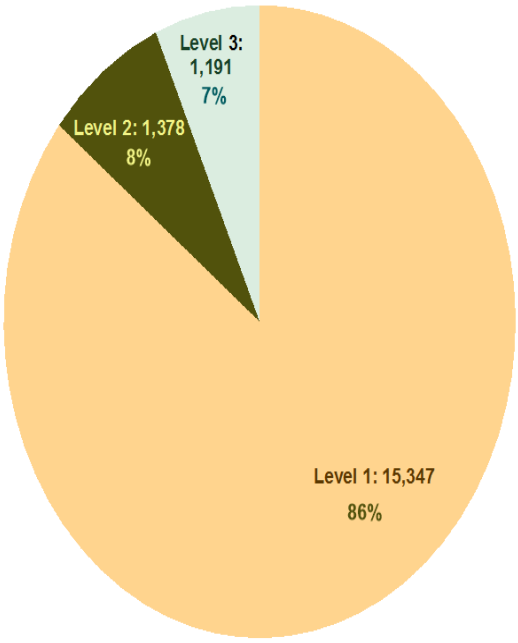
This covers:

- identification and support for carers,
- making sure that carers’ support services are well integrated, that mainstream health and care services are carer friendly, treat carers with consideration and link them into support, take a whole family approach and improve access to replacement care;
- enabling carers to make informed choices about their caring role;
- staff are carer aware;
- information is shared appropriately to support carers;
- respecting carers as expert partners in care;
- supporting carers whose roles are changing or who are more vulnerable;
- our role as an employer or potential employer of carers.

Carers Offer in Devon

Level 1: Universal Support for Carers

- Information, advice and guidance, signposting to resources
- Carer Newsletter
- Carer Alert Card
- Advice on access to education, training, leisure, volunteering, and employment
- Support to develop relationships and networks
- Advice on access to other services
- Apps and other online resources
- Online training
- Celebration events
- Training to care safely
- Self-organised peer support



Level 2: Targeted Support for Carers

- Sourcing, signposting, referral to services e.g. benefits, dementia support, end-of-life planning
- Personalised advice, intervention, and 1:1 support
- Facilitated peer support
- Contingency and escalation planning
- Online and telephone carer-to-carer peer support
- Training (generic and specific)
- Hospital discharge and prevention scheme
- Casework and crisis support
- Group work
- Volunteer helpline
- Specialist service navigation

Level 3: Personal Support for Carers

- Volunteer call back scheme
- Specialist input and training
- Carer break payments
- Short-term Personal Budgets
- Replacement Care and longer-term Personal Budgets
- One-off personal payments for carer independence

4. Voice of the Carer

4.1 Members spoke with 121 carers through the spotlight review process. It is their voice that is central to this report, its recommendations and findings. Detailed below is an anonymised selection of carers' very personal stories that members heard during the review[5]:

4.2 Becky

- Becky's husband has problems walking, he has had an angioplasty, ulcerated feet, psoriasis and three years ago a below the knee amputation and the other leg is amputated to the thigh. He also has dementia and diabetes.
- A wet room is being funded from a Disabled Facilities Grant.
- Becky has had telephone support from Devon Carers, but would prefer face to face meetings. CAB person visited. Forms are all a battle.
- Becky left him for 6 weeks this year, she could not cope any more after their son died.
- Becky's husband does not show his feelings. He cannot cope with travelling and cannot go in the car. He has several appointments a week.
- Becky tries to go out more and is doing voluntary work but is always on edge.
- Becky has help for one hour a day through PIP. Paid carer takes him downstairs, gives him a wash and makes him a coffee. He talks more to her than he does to Becky.
- Becky regrets her life and no longer loves her husband.

4.3 Patrick

- Patrick left his family in Spain 18 months ago to care for his mum with dementia in Devon.
- Six years ago when Patrick's dad passed away, his mum's care agency said she needed 24 hours a day care. She has bowel cancer and has a colostomy bag. She picks off the bag which creates a mess. Carers come in for 45 minutes in the morning and 30 minutes in the evening. There was a November 2018 prognosis, but she has outlived it.
- Patrick's mum had a CHC assessment and is funded by the NHS.
- Patrick misses his family and feels as though he is wasting his life. Patrick feels trapped but does not want to leave mum. Patrick gets four weeks paid respite a year.
- Patrick wants to find a decent care home in Devon and has so far visited 20.

4.4 Claudia

- Claudia started caring for her father in 2008. Each time Claudia's father went into hospital it got worse. Sent home without a carers assessment. Moved into a bigger house so that he could move in with her, but then funding stopped as a result.
- Getting into a care home was incredibly difficult. Respite or permanent care. Advanced level of dementia seemed to cause problems.
- When back at home let down repeatedly by personal care, with workers changing/not turning up.
- Went back to care home but could not afford it. He should have stayed in his own accommodation to continue to receive 16 hours per week social services funding
- There was a lack of support and advice to help to resolve the problem.
- Case was borderline and told to return if needs deteriorate. Complex Discharge Team from the RDE refused a second CHC assessment in 2018. Threatened to go to Australia and leave her father before support was provided. Checklist proved positive so a full assessment was organised
- Framework states that it does not matter where care is being provided but was told with CHC funding only eligible for nursing care, not a care home.
- Devon Advocacy were excellent.
- Constantly receiving conflicting information to the National Framework.

[5] 5It should be recognised that some of the experiences carers have outlined may not be recent. However, all of the cases were followed up by officers after the disclosure of this information.

- Issues with discharge. Wanted to bring her father home, but he was sent to a care home. Emotional support to deal with this was nonexistent.
- Claudia feels that if she had used a solicitor, she would have got the funding. There seems to be a lack of support in the system.
- Her father is now back at home with a live-in carer – it is working. Her father is now content. Would not have him in a vegetative state in a care home.
- Claudia has felt lonely and isolated throughout this process.
- Hours spent researching on the internet to get the information needed to move forward, with regard to care needed and definitive information regarding funding.
- Claudia wants to use her experience to help and enable others. Wants to do work with carers on building resilience.

4.8 **Gaynor**

- Gaynor had to give up her job to look after her mum who has been left physically disabled and wheelchair bound.
- Gaynor's mum cannot do anything by herself. Did have care package put in place, but the agency staff coming in were not always nice to her mum, nor did they understand her needs. Went on to direct payments which helped.
- In Exmouth, she did have some very good carers but with a high turnover of staff it has been a real problem. A couple of agencies cancelled their contract saying they did not have carer worker.
- Life is a constant battle in terms of organising her mum's care. Gaynor has lost her direct payment now, with Adult Social Care paying for her care. Gaynor stated that her payments for an hour of cleaning a week, as well as a Pilates and her Crealy pass all stopped at once.
- In November 2018 a direct payment did not come through for 4 weeks residential care respite. Gaynor stated that Care Direct said that system has changed and supposed to ring every time at risk of carers breakdown. Gaynor last had a break in September 2018.
- Gaynor receives £64 carers allowance a week. May need to review her benefits but concerned about move to universal credit and do not feel able to cope with the stress. Gaynor has had some financial issues. A charity wrote off £700 debt to South West Water.
- One of the hardest things is navigating the system. It has had a profound impact on her mental health as a result of the stress. It has made her feel very anxious, and inadequate. She has lost her career and confidence.
- Gaynor's mum goes to 3 groups and loves going to them, but there is nothing in Exmouth so she has to drive her mum to Exeter. Transport would be helpful.
- Carers assessment this year has been wonderful. Devon Carers provide good support, and her ASC worker currently is very good.

4.9 **Sharon**

- Sharon's husband has Motor Neurone Disease.
- Sharon had a fall last year, and her husband had to go into a nursing home for 3 months.
- He is now back at home - he needs double-handed care, but they cannot afford 2 carer workers, so Sharon is acting as the second care worker.
- Physical as well as emotional strain.
- Sharon's husband is effectively locked in. He can write but difficult to keep up with a conversation, so he tends to shut down. It is not easy to have either friends or family. He does not go out at all.
- The care workers are always changing so they do not know Sharon's husband, and in turn he does not like the carers, or want them coming in.
- Sharon does not feel she has had any support as a carer. She last had a carers assessment in 2014.
- Sharon's husband would not accept having anyone in to talk to him. Tried in the past, and it lasted 3 sessions. She has a window between 11.30am – 3pm every day, her husband cannot move so will sit and watch TV.
- Sharon did not get CHC despite not being able to do anything. The financial side is a big worry.

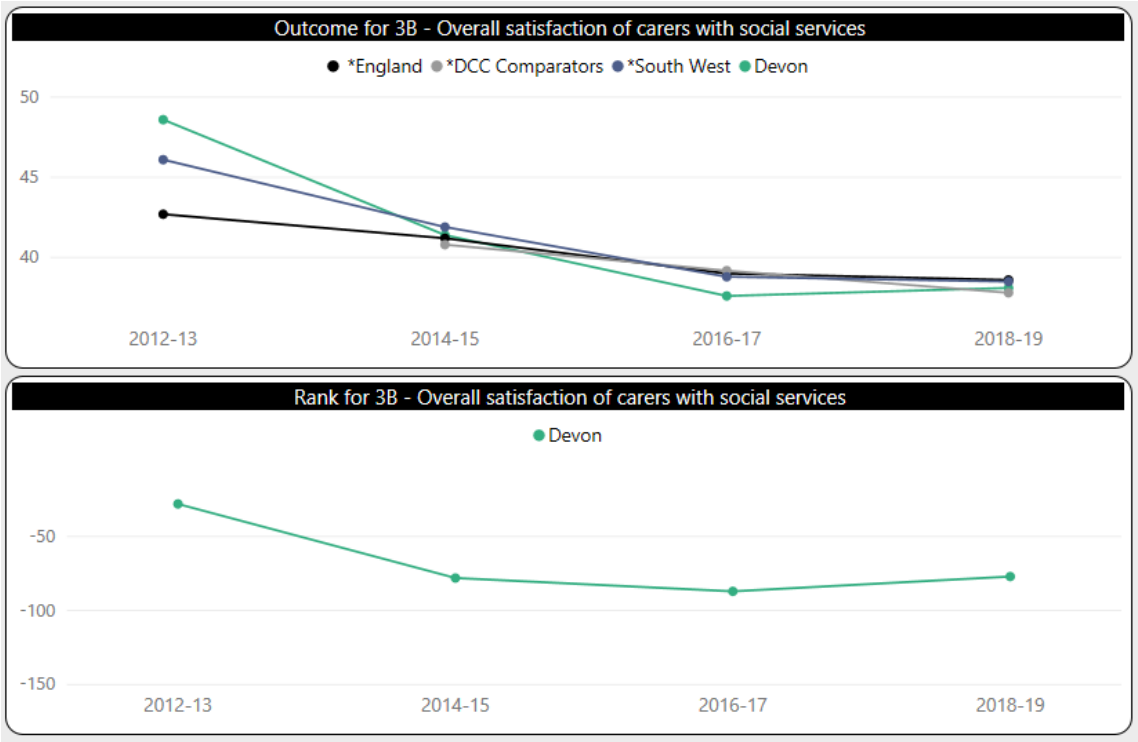
5. Key Issues

5.1 Key issues arising from the witness interviews are presented here. The interview methodology was open ended, and conversations ranged over many topics. Hence as the issues were covered from different perspectives and reflect the interests of more than one interviewee no attributions are given.

Carer Satisfaction

5.2 The spotlight review heard from many carers who did not feel satisfied by the support they had received within the health and social care system. Carers who felt that their needs had not been adequately met by the County Council and NHS, as this review will outline. There is still a different provision of services across the localities for carers depending where in the County someone lives. Work needs to be undertaken in terms of identifying where those gaps in services are and what services and interventions can be brought in to make a difference to carers. However, there was consensus during the review process that through the new Devon Carers contract improvements had been made to the carers offer and experience. Both carers and staff reported that co-production and co-design of the Caring Well in Devon contract for the delivery of adult carers services had been extremely positive. Universal praise was also voiced for the County Council's Joint Carers Lead, who has worked tirelessly to ensure both the adequacy and prominence of carers services through her role managing the Devon Carers contract.

5.3 The performance metric *on overall satisfaction of carers with adult social care services* places Devon's performance in line with the national, regional and comparator averages making it midranking. This national, regional and local decline has coincided with the implementation of the Care Act (2014) nationally[6].



[6] P.77 https://democracy.devon.gov.uk/documents/s29491/Annual%20Report%202019%20for%20SCRUTINY%20v2.pdf

Identification of Carers

5.4 There is a need to ensure that those who find themselves in a caring position are identified as carers and the individuals given adequate information regarding caring. Many carers are hidden and some may not want to be called a carer. They also may well not encounter social, health or voluntary services that could help. It is therefore essential that professionals are proactive in recognising when a person may be caring for someone. They can then signpost these individuals to local information and support. The role of Primary Care as the one to which all carers have access is recognised as paramount in identifying carers more quickly and before their health and wellbeing deteriorates. GP surgeries need to be better coordinated to identify carers, some of whom may not realise that they themselves are carers.

5.5 The County Council did not get the large increase in carers coming forward for help from Adult Social Care that had been planned for post the 2014 Care Act. Increasing the number of identified carers is challenging because of the rate of carer "churn" – the rate of carers leaving and joining the population of carers is significant. However, at the end of Q1 in 201819 (the contract started in May 2018) there were 17541 carers identified at Devon Carers, 20.2% of the estimated total adult carer population in Devon at that time, to the end of Q3 of the current year there are 19,892 22.7% of our current estimated carer population. This is ahead of the base requirement and ahead of the Devon Carers bid numbers. The County Council have a shared ambition with Devon Carers to go further than this.

5.6 There is a significant discrepancy between the number of carers on the County Council's CareFirst system, and the number registered with Devon Carers. The gap currently is about 10,000 people on CareFirst not known to Devon Carers. Emphasis should be given to referring carers unless they say otherwise, rather than just provide information on Devon Carers and ask them to make contact. It must however be noted that it is not an automatic assumption that all carers want to be in contact with Devon Carers, nor the outcome in terms of support following an assessment.

5.7 Carers need to be aware of the support services available to them to ensure their own wellbeing is looked after while providing care. As part of carer identification, it is important conversations are taking place with people about the label 'carer'. Are they the best person to be the carer? Do they want to do it? It is problematic where someone feels captive in that role. Also, the system needs to acknowledge and recognise the husband/wife dynamic where they have been this couple and then it changes to one of them being a carer - it is quite a shift and incredibly nuanced.

"I am treated for stress all the time; I am on medication, but I don't want medication I want respite"

Carer

Primary Care

5.8 The importance of GPs, as well as receptions at GP practices, in understanding and identifying the carers role cannot be overstated. GPs need to put carers in touch with Devon Carers before they reach a point of crisis. Members received feedback that in some instances after the initial meeting with a GP about their cared for person, carers often felt a lack of empathy and support following a dementia diagnosis. Numerous concerns were raised about delays in access to primary care, whether these could lengthen as demand at GP practices increases and the potential impact on carer identification and support, which already felt limited.

5.9 There were examples cited of GPs looking at a carers situation holistically rather than just dealing with individual medical problems. In some practices GPs provide annual health checks on carers wellbeing. Officers advised that they have seen a positive trend of GPs making more referrals and being increasingly aware of carers, although some staff need to think more about the carer rather than just the cared for. Ideally all carers should be

identified and referred on to Devon Carers but GP's do not always have the expertise nor the capacity to do this themselves.

5.10 It was apparent to members that in terms of primary care there is a gap between what is commissioned for and the level of support carers expect. The role of primary care currently is mainly one of recognition and signposting onwards to Devon Carers services. There are not any responsibilities to carers which GP's are specifically contracted to provide and this is most probably why there is an inconsistency of offer. It is hoped that various aspects of the new specifications which the new primary care contract is determining will encourage more targeted support to carers. Those GPs who are engaged will have posters, leaflets, information on their websites. Primary Care Networks should help with the Sustainability and Transformation Partnership (STP) commitment to identifying carers moving forward to an Integrated Care System (ICS).

5.11 It is hoped that with the new primary care contract from 1 April 2020 - anticipatory care – will ensure GPs are more focussed on integrated care and carers. Carers services and needs are also being written into software so that professionals ensure carers are considered. Carer Awareness Training is one of the 'Big 3 Improvements', along with replacement care and breaks, that have been identified in terms of carers services.

> ***"I have been brought to the absolute brink by this. There's been no one to signpost me where to go to get accurate advice especially on funding."***
>
> ***(Carer)***

Carers Assessments

5.12 The Care Act 2014 introduced new rights for carers to have their needs assessed if there is an appearance of need, and placed duties on local authorities to provide for those needs if they eligible. There is a statutory requirement on councils to provide carers' assessments and, if the carer has eligible needs, replacement care is required to meet those needs, and if the cared-for person consents and is willing to pay. However, the quality of these assessments and respite care across the country appear to be mixed. Nationally 1.3 million people are entitled to a carer assessment but only approximately 300,000 have received it.

5.13 Dissatisfaction with carers assessments in Devon was an issue highlighted to members. The process for carers assessment was repeatedly described by carers as nightmarish. While it was apparent during the review process that some individuals were confusing a carers assessment with a financial assessment, it did appear that there may be some discrepancies with carers assessments in terms of the level of support provided by Devon Carers and Adult Care and Health Operations during and after the assessment.

5.14 In some areas it was reported that carer assessments have been treated as a box ticking exercise to the extent that carers may not even realise they have had such an assessment. Sometimes an assessment might be good, but the follow up is poor. Data collection is important, in terms of when carers are assessed and what their caring responsibilities are and monitoring patterns.

5.15 Concerns were raised by carers that there have been instances where they have not been involved in the assessment for the cared for person, despite guidance being clear that they should have been.

5.16 The spotlight review heard that the Alzheimer's Society is currently undertaking research that specifically looks at carers' assessments and carers' respite, within the context of dementia carers. As part of this project, researchers are looking at good practice and what the barriers are to deliver that good practice. The study cuts across a range of areas, including the

psychological health of the person living with dementia; the impact of different types of dementia on living well; and comorbidities. The study has so far explored the experiences of more than 1500 people with dementia, and more than 1200 friends and family of people with dementia. Based on the findings, Alzheimer's Society are aiming to develop clear, targeted recommendations for local authorities for better outcomes for those carers and the people with dementia they care for.

"There's no respite and when things aren't working it's a bloody nightmare."

(Carer)

Information, Advice and Guidance

5.17 Information is a core universal service and key in early intervention and reducing dependency. Improved and/or more information benefits carers and the people they support by providing greater choice and control over their lives. Carers reported that despite recognising improvements Devon Carers have made to help support people through the system, up to date and accurate information could still be difficult to find. Given the daily pressure carers must contend with, they do not have the time to hunt for information.

5.18 The County Council website carers pages among other resources has a digital offer called the *Upfront Guide to Caring* which generates a personalised information "prescription" for individual carers at all stages of the journey. Efforts need to be made to publicise better on the website the information available to carers so that interventions are made earlier before crisis point. Devon Carers webpages need to have search engine prominence on Google.

5.19 Recognising that carers are often at the end of their tether, members welcomed work Devon Carers lead on resilience and helping carers to acknowledge the skills they have, both in terms of caring and looking after themselves. It helps if work is undertaken with carers on conditions such as dementia as to why people behave in such a way and offer some solutions. Devon Carers try to create answers to the questions carers ask, curating the best practice and most accessible advice available, sharing top tips in terms of being a carer. Signposting is an important role, also for staff across the health and care system who also may not always know where to go. People are often not identified at the right point of the journey. Devon Carers are now doing more of a road map, highlighting steps in the caring journey, coupled with the website and helpline. The Dementia Carers Pathway handbook, which was created by two carers has recently been revised and re-printed by Devon Carers. Work needs to continue to be progressed in terms of how local areas can use community champions to more effectively link people to support and services.

"It is easy to slip into a caring role and assume that you are simply being a wife or husband, for example, and not realise that you are a carer."

(Carer)

Single Point of Contact

5.20 Carers want a single point of contact between Health and Adult Social Care, and a single point of access. In the initial stages of caring it was reported to be confusing to have multiple points of contact to seek out. Carers want someone at the other end of the phone who is empathetic and can provide emotional support. They want someone to listen to their concerns and help them to think through their problem and, if needs be, signpost to further support. Carers complained about being passed from one agency to another repeatedly having to tell their story. There needs to be a more joined up approach as Devon moves to an Integrated Care System, where there is a three-way relationship with professionals which fully includes the carer as well as the cared for person as a package rather than individuals. Carers reported experiences of health professionals failing to acknowledge the carer in terms of the cared for person's appointments/treatment. Carers expressed concern that the cared for person may give a more positive impression of how things are. Assessments need to listen to both the carer and cared for to ensure help can be implemented accordingly.

"I feel stressed and am up to here (points to head) with it. I need respite but I don't get a break."

(Carer)

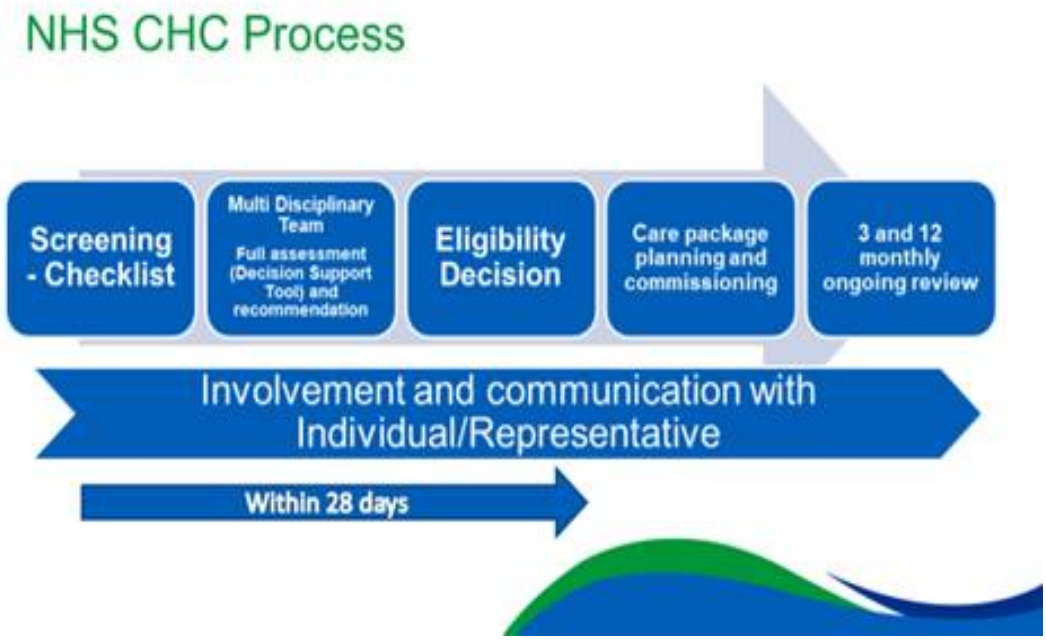
Financial Challenges

5.21 Most carers members spoke with as part of the review process advised that they were either currently living in financially challenged circumstances or were worried about being able to afford a care home as their cared for person's condition deteriorated. Significant financial challenges were reported for younger carers of people who might be in their 40s/50s supporting a partner with chemotherapy if they need to take time off or cease to work. It can end up with people feeling that they may get more support where the carer does less.

5.22 There are different Personal Budgets that carers can qualify for in Devon: short term payments, long term payments, carers independence payment etc. Anyone eligible under the Care Act can get a personal budget, which is not means tested like replacement care. However, getting access to benefits including Personal Independent Payment (PIP) and carers allowance were fraught with difficulty and cause considerable stress and frustration, with carers giving examples of the problems, which included losing paperwork, long delays and time-consuming procedures; some carers were forced to take the tribunal route, which added further stress. People need an advocate to support completing attendance/carers allowance forms which were described as impossibly complex.

5.23 A disconnect was reported between access to statutory benefits and local benefits. Trying to access NHS Continuing Healthcare Funding[7] felt to many carers a confrontational process – people were left frustrated by not being able to get what they are entitled. Carers also worry that by challenging the assessment they may end up with less. Devon Carers advised members that they were not contracted to support the technical aspect of filling in application forms but could look at how more support could be offered in terms of NHS Continuing Healthcare.

[7] NHS Continuing Healthcare is a package of ongoing care that is arranged and funded solely by the NHS specifically for the relatively small number of individuals (with high levels of need) who are found to have a primary health need. Such care is provided to an individual aged 18 or over to meet health and associated social care needs that have arisen as a result of disability, accident or illness. NHS Continuing Healthcare is free, unlike support provided by local authorities, which may involve the individual making a financial contribution depending on income and savings. It is the responsibility of the CCG to decide the appropriate package of support for someone who is eligible for NHS Continuing Healthcare.



5.24 Those carers receiving benefits/financial support for themselves and/or their cared for person overall felt more supported by the system in contrast to the self-funders who, in the main, felt they were left to their own devices. There does appear to be some lack of joined up action on the ground between health and social care in this the developing Integrated Care System. Carers reported going into hospital for treatment, and not being offered any supported care for their cared for person.

5.25 Carers highlighted concern relating to the impact of the statutory financial assessment and reported the loss of benefits which had left them financially challenged.

5.26 Self-funders found that there seemed to be nothing in-between the voluntary service and the expensive personal care service. One carer gave an example of an organisation in Norfolk called Night Owls, who she could call when she needed her husband to be turned. This meant she did not have to pay for a night sitter all night which as a self-funder made a huge difference to their budget. Other carers advocated a befriending or buddying scheme where the person could be supported.

> ***"I feel guilty for going out and being able to go while my husband cannot. He has lost his life, but I've also mostly lost mine."***
>
> ***(Carer)***

Replacement Care

5.27 *Replacement care, also commonly known as respite care, is any care arrangement designed to give rest or relief to unpaid carers. It aims to support carers to have a break from their caring responsibilities. There are many different types of replacement care including:*

- *day centres*
- *care at home*
- *a short stay in a care home*
- *holidays or short breaks*
- *carers' emergency replacement care schemes*[8]

[8] https://www.alzheimers.org.uk/get-support/help-dementia-care/replacement-care-respite-care-england

5.28 From the Devon Adult Carers Annual Survey 2018 results, the highest thematic raised by carers related to the lack of breaks and respite available to them. Mirroring the findings from the survey, members received a plethora of representations from carers during the review highlighting their difficulties accessing respite. In fact, the number one response from carers when asked if there was one thing that would help them manage more than anything else, they said respite provision.

5.29 *Take a Break* was a county-wide scheme which ran until 2015 that had given carers a single route by which to arrange daytime or evening breaks from their caring responsibilities. ***Take a Break*** offered carers what they described as 'a sense that there was someone out there caring' and helped them 'feel less alone'. The ***Take a Break*** voucher system was clear for carers to understand and access, while now it appears to some that access to respite is much more judgement based and this is a very different culture. Officers advised with the Care Act the law changed and resulted in this cultural shift, where the County Council subsequently could not financially sustain *Take a Break*. *Take a Break* was not personalised or responsive enough, not lawful as carers were contributing to the costs and not financed to cover the potential costs by a factor of several millions. *Take a Break* was replaced with a carers personal budget, but these have not yet been taken up as expected.

5.30 There are a lot of issues around taking up replacement care. The Caring Well in Devon (CWiD) contract does not includes alternative respite provision. Carers spoke of a lack of day care provision in their locality and respite being offered significant distances away. This has been compounded by difficulties in developing the booking system for replacement care and breaks, and work was underway to resolve this issue. Officers reported continuing to explore different options to increase the type of replacement care available to carers, such as arrangements with a host family as an alternative to a care home.

5.31 There are also issues around some cared for people who do not accept that the carer needs a break. Many carers spoke of putting aside their own health in favour of the cared for person. Some carers spoke of their husbands relying on them totally, who would not accept outside care coming into the house. They needed support in talking around their spouses to see that they, the wives, needed time to themselves and respite.

"Help doesn't come to you; you have to be bold. Help should be there for everyone."

(Carer)

Crisis Support

5.32 Carers reported that crisis moments happened frequently because life was so hard, lonely and gruelling. Some carers experience high anxiety levels to the detriment of their mental health. In times of crisis, a lack of support to carers was highlighted as a significant issue. For some carers this was exacerbated by family not living in the area and friends not necessarily having the time to fulfil a caring role with their own problems to deal with. Also, it was reported that friends seemed to disappear as conditions deteriorated and carers were left further isolated.

5.33 In crisis some carers used their local memory cafe or contact the local carer ambassador who can initiate necessary statutory support through Care Direct Plus or Devon Carers on their behalf with their permission. It was felt at times that staff across the social care and health system can get fixated on process, rather than how best to respond to the individual and how best to meet their needs. However, the ongoing problems remain about a lack of care workers available to book for respite and for some people where there are enough carers, the cost of the service.

5.34 Several carers referenced the need for 24-hour support and identified the lack of out-of-hours support as a serious deficiency in the service offer. Officers advised that the Devon Carers Helpline, part of the CWiD contract, is available currently from 8 am to 6 pm Monday to Friday and Saturday 9 am to 1 pm. Under the previous contract the Helpline was mainly an access to the carers' service, now it is increasingly becoming a wider source of information and support for carers, as distinct from and additional to an information resource about the support available from Devon Carers. The Helpline is complemented by a web resource which has been significantly improved under the CWiD specification and provides links to services external to Devon Carers. This includes, at the head of the landing page, a button for "I need help now", which provides links to emergency numbers. The Helpline is currently being incorporated into a wider approach of "contact centre" which better recognises the different ways carers increasingly want to interact with the service including a range of out of hours support options.

"I was originally caring for my mother 24/7. Now caring for my sister. In six years, I have had no break and became very ill. I came out of hospital after an operation in January and was told I would get support but I received no help at all. I was paying £70 a day for taxis so my sister could visit me in hospital. When you don't have money you're not entitled to support."

(Carer)

Hospitals

5.35 Carers reported a lack of consistency regarding out of hospital care plans. Carers also felt that at times consultants were not sympathetic to their needs. They said they were just left to get on with it: no forward referral to any support service or to a person who could signpost to support. Officers advised that it should not be the case that there is a crisis when someone is going in for a pre-planned operation. Care needs should be identified a few weeks beforehand and the system can then work together to ensure appropriate support there.

5.36 Devon Carers Hospital Discharge Service is there to offer the carer additional support in coping with an unexpected admission into hospital. This service looks to address concerns arising from the possible increase in caring responsibilities following the discharge to home of the cared for person.

"I'm not coping' – if you say that to Adult Social Care no one comes to help. I need someone to lean on as a lone carer, so I can get back up and on with the job of caring."

(Carer)

Residential Care

5.37 Many carers reported difficulties in finding a suitable care home. Carers referenced a perceived move against funding residential care post-Winterbourne View[9]. Carers raised concern about the closure of residential homes across the County, and a lack of infrastructure being put in place, including nursing and residential care, to meet the needs of the population given the level of housing being developed and the increasing number of retired people living in Devon. With a higher number than average of older people, impact on access to services is a concern given difficulties already in terms of recruitment and staffing for care homes.

5.38 Officers advised that the County Council place far fewer people in care homes than they used to with a range of ways in which peoples care needs are now met. Those people that are going into care homes need a different kind of building and different type of care, which is why some homes have closed. There are currently about 40 people at any time with complex needs requiring a care home bed.

"I feel trapped. My husband is reliant on me. He has significant problems, he has had a heart op and has cancer. He assumes he can come everywhere with me. I can't get out to exercise and I have put on weight. I have just one hour a week break to do the shopping! My daughter pops in for a chat but she works full time. Generally, people don't understand what it's like to be a carer. "

(Carer)

Personal Care

5.39 It is estimated 25,000 people in Devon are employed in social care, 85% in the independent and voluntary sector, 10% self-employed and 5% by the local authority with around 1,500 vacancies at any time. They work for a range of commercial and voluntary sector organisations including almost 500 providers regulated by the Care Quality Commission.[10] There are significant recruitment and retention issues across all sectors of the health and care system in Devon, as there is nationally. There is a lack of care workers across the County (in the region of 100 care workers). Subsequently there are issues where agencies do not have the staff and cannot send a care worker out. Care workers changing frequently is problematic for someone with dementia in particular. There are also more people at home with complex health and care needs having to be supported. As a result, carers are concerned about administering drugs and are not supported or prepared for the responsibilities that can befall them.

5.40 Commissioning arrangements should reflect the need for care workers to work together with carers.

"I feel trapped. I can't even go bowling, as I'm caring 24/7 with no break. I am on edge all the time. "

(Carer)

Carers Engagement

[9] Staff mistreatment and abuse of patients at the private Winterbourne View Hospital, which first came to light in May 2011 on the BBC's Panorama documentary. https://www.nhs.uk/news/medical-practice/winterbourne-view-failures-lead-to-care-system-review/

[10] P.4 https://democracy.devon.gov.uk/documents/s21595/Promoting%20Independence%20in%20Devon.pdf

5.41 Members received numerous representations to suggest that carers are often not connecting with their local carers group. There appears to be significant scope to reach out to more carers who may need peer support. The Devon Carers contract emphasises collaboration with the service aligned to the integrated care partnerships and Devon Partnership Trust, which should help to promote and develop the network of carer champions.

5.42 Care Ambassadors were identified as a positive force undertaking a huge amount of work in their role through the CWiD contract. Carer Ambassadors are an invaluable resource bringing issues relating to carers forward. The Carer Ambassador's role is also crucial in helping carers to know what is available in the community.

"My husband has diabetes, and bladder/bowel problems. He is so frail, can't get out of bed on his own, and needs help using toilet. I get up in the night to change bedsheets twice a week at least. "

(Carer)

Dementia

5.43 Given there are few medical treatments for dementia, support for the conditions most often comes under social care rather than the NHS, even though it is a medical condition. As such, support offered is means-tested and people can find it much more challenging to get any necessary adaptations paid for. Alzheimer's Society is working to try to get all types of dementia under the NHS and are campaigning for the extra costs to people associated with the condition being free at the point of use, as they are for most other medical conditions.

5.44 Alzheimer's Society's direct delivery in Devon is commissioned by the County Council and NHS Devon CCG. Alzheimer's Society effect change through national and local campaigning and advocacy; direct services and research to cures and drugs. The main referral source is the Memory Service, but Alzheimer's Society receive referrals from all statutory and voluntary services as well as self-referrals. They currently receive around 560 new referrals per quarter (both people with dementia and carers).

"My biggest worry is if I die before my partner. I worry sick about the future and who will look after my husband should something happen."

(Carer)

Dependency

5.45 Devon Carers seek to support people to be less dependent recognising that lifestyle will need to change to accommodate the care needs of the person. Over dependency can happen with carer concern over safety issues. People may feel it quicker to do things themselves especially if they do not understand why the person's behaviour is changing and this need for the person to retain as much independence, value and self-esteem as possible. Devon Carers advice to carer groups is to 'use it or lose it' in terms of doing things. It is important to convey the message for people starting on their carer journey – to keep doing what they are doing in terms of daily life, socialising, activities and doing things for themselves. It is also vital to introduce other people into care partnership as early as possible. Devon Carers tries to support people in spending time together at home and out in

the community if they can such as through gardening, museum groups etc. An element of co-dependency is often inevitable as one of the couple steps in to caring role.

"My husband was diagnosed with mild dementia five years ago. He won't let me out of his sight. He was only okay about my coming here today (the spotlight review) as he thinks it is official business. He doesn't remember what he is doing and is angry and frustrated. I get very upset about not being able to get out of the house, even for a little walk."

(Carer)

6. Conclusion

6.1 The incredible (and often tough) role that carers play in the County needs to be recognised and celebrated. First and foremost, this report must pay testament to those individuals.

6.2 From carers feedback there emerged a consistent set of themes. Carers are often lonely and isolated, some may be subsumed wholly in their caring duties: exhausted, stressed, and angry with a system that all too frequently seems to fail them. Carers reported their daily struggles and a sense that they not been listened to. A lack of humanity within the system was cited.

6.3 Devon County Council's commissioned carer's support service, Devon Carers, recognise the need to improve how they reach people so that carers are aware of their role and the support they can provide before crisis point occurs. The carers contract has a community facing aspect about developing a wider response to carers. Key to this work is the identification of carers across the system. Carers often may not self-identify or associate with the term 'carer', so this is not without significant challenges.

6.4 Carers assessments need to continue to take a strength-based approach focussing on what carers are doing well. It is important to recognise that is not necessarily the practical help carers always want but the opportunity to talk to someone who understands; who can offer empathy and positive reinforcement.

6.5 There is much more that can be done to support carers. And there is a leading role for Government in this too. The task of providing support to Devon's carers, spans NHS secondary care, primary care, the voluntary sector and the County Council.

6.6 Services need to be responsive, fast and effective. Carers should never feel isolated, alone, have nowhere to turn, be in poor physical and mental health, or be in frequent in crisis. Carers should feel supported, healthy, and be able to take regular breaks if they wish.

6.7 It is hoped that the recommendations at the front of this report will be taken on board by the relevant authorities, including ministers in Central Government, and acted upon swiftly.

6.8 It is vital that the Government, the County Council, the NHS and other partners do everything they can to support carers, as they all share the responsibility. If Devon looks after its carers, then they can effectively care for their loved ones.

APPENDIX 1

Spotlight Review Activities

A1.1 On **4 June 2019** Councillors Wright (Chair), Asvachin, Scott, Trail, and Whitton (Health & Wellbeing Board) met with 25 Carer Ambassadors from across the County at the Devon Carer Ambassadors Network meeting at Westbank, Exminster.

A1.2 On **15 June 2019** Councillors Wright (Chair) and Scott visited Tavistock Carers and met with approximately 25 carers.

A1.3 On **27 June 2019** Councillors Wright (Chair) and Peart attended a session with Teignmouth Carers and met 5 carers.

A1.4 On **28 June 2019** Councillors Wright (Chair) and Scott met 30 carers at Bideford Carers.

A1.5 On **3 July 2019** Councillors Wright (Chair), Scott and Twiss attended Dawlish Carers and met 1 carer.

A1.6 On **12 July 2019** Councillors Wright (Chair), Trail and Twiss members met with 6 carers at Seaton Carers.

A1.7 On **15 July 2019** the main spotlight review took place at County Hall.

A1.8 On **19 July 2019** Councillors Ackland (Chair), Randall Johnson, Scott and Trail met with 14 carers in the Dewdney Unit at the Exmouth Community hospital site and in attendance was the Devon Carers Co-ordinator for Carer Ambassadors and a Carer Ambassador.

A1.9 On **14 August 2019** Councillors Randall Johnson (Chair), Scott and Twiss visited Honiton Carers Support Group and received evidence from 20 carers who attended the session.

A1.10 On **10 October 2019** members met the Senior Commissioning Manager (Market Management, Personal Care and Carers) and the Joint Carers Lead to consider the Survey of Adult Carers 2018-19. Members also discussed their draft findings.

A1.11 On **7 November 2019** members met with Services Manager (Devon and Torbay), Alzheimer's Society and the Regional Public Affairs and Campaigns Manager (London and the South), Alzheimer's Society; the Clinical Lead Eastern Locality, NHS Devon CCG / Chair East Members Forum / GP Partner, Coleridge Medical Centre and the Lead Practitioner for Dementia and Older People's Mental Health, Devon Carers.

A1.12 On **30 January 2020** members met to discuss their draft findings and recommendations.

APPENDIX 2

Contributors / Representations to the Review

- **121 carers spoke directly to members through the review**
- **8 additional carers written representations**

Further witnesses to the review in the order that they appeared at the main spotlight review and any subsequent follow up sessions:

Witness	Position	Organisation
Sue Younger-Ross	Joint Carers Lead	Devon County Council/ NHS Devon CCG
Ian Hobbs	Senior Commissioning Manager (Market Management, Personal Care and Carers)	Devon County Council
Paul Giblin	Involvement Manager	Devon County Council
Jayne Bramley	Community Cluster Team Leader – Sidmouth	Hospiscare
Helen Toker-Lester	Integrated Personalised Care Delivery Lead Devon STP	NHS Devon CCG
Billy Hartstein	Manager	Devon Carers
Kerrie Dale	Involvement and Engagement Manager	Devon Partnership Trust
Tim Golby	Joint Associate Director of Commissioning, Devon County Council	Devon County Council/NHS Devon CCG
Rosemary Whitehurst	Trustee	Healthwatch Devon
Katie Buckley	Social Work Services Manager	Devon Carers
Rebecca Hudson	Senior Commissioning Manager, Disabilities and Mental Health	Devon County Council
Sophia Holmes	Senior Commissioning Officer for People with Disabilities	Devon County Council
Heather Mills	Commissioning Development Officer	Devon County Council
Matthew Byrne	Chief Executive	Westbank Community Health and Care
Chris Cruise	Deputy Assistant Director, Community Health and Social Care Services	Devon County Council / NHS Devon CCG
Isobel Ross	Team Manager – Assessment & Support Planning, Care Direct Plus	Devon County Council
Solveig Sansom	Joint Associate Director of Commissioning – Southern	Devon County Council / NHS Devon CCG
Sonja Manton	Director of Commissioning	NHS Devon CCG
Councillor Carol Whitton		Health & Wellbeing Board
Sadie Clarke	Awareness and Digital Manager	Devon Carers
Claire Tatton	Services Manager (Devon and Torbay)	Alzheimer's Society
Tom Redfearn	Regional Public Affairs and Campaigns Manager (London and the South)	Alzheimer's Society

APPENDIX 3

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- Annual Personal Social Services Adult Care Survey 2018/19
- Commitment to Carers, DCC / CCG / Plymouth City Council / Torbay (2019)
- Support for Carers Task Group, Health & Adult Services Scrutiny Committee, DCC (2010)
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- Support for Carers / Young Carers Task Group Update Report, People's Scrutiny Committee, DCC (2013)
- Carers Event at Westbank, Health & Adult Care Scrutiny, DCC (2018)
- The Lives We Want to Lead, LGA Green Paper for Adult Social Care and Wellbeing, LGA (2018)
- Promoting Independence – 5 Year Plan for Adult Social Care in Devon
- Devon Joint Strategic Needs Assessment 2018, DCC (2018)
- Our Carers Charter, Somerset Partnership NHS Foundation Trust

Assorted News Articles

- https://www.devonlive.com/news/devon-news/how-many-care-home-beds-2936449
- https://www.mirror.co.uk/news/uk-news/best-worst-areas-uk-social-14626774
- https://healthwatchdevon.co.uk/replacement-care-survey-report/

Members wished to highlight the offer by Devon and Somerset Fire & Rescue of a free home safety visit for the vulnerable including anyone over 65: http://www.dsfire.gov.uk/YourSafety/SafetyInTheHome/Index.cfm?siteCategoryId=4&T1ID=35

Health & Adult Care Scrutiny Committee
12th March 2020
CT/20/38

2020/21 Internal Audit Plan

Report of the County Treasurer

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

The key objectives of Internal Audit in the plans are:

- to provide assurance to the County Treasurer (as the Section 151 "responsible officer"), Audit Committee and to other Directors and Members, on the adequacy and security of those systems on which the County Council relies for its internal control (the "control environment");
- to provide advice and assurance to managers and staff within the client directorates.

The planning process takes place with those clients towards the end of each financial year, resulting in an updated risk-based annual plan for the coming year. The risk-based audit work planned for 2020/21 is linked through the corporate and service risk registers to risks related to the achievement of the Council's strategic objectives. This is explained in more detail in the separate summary report.

Delivery of the Internal Audit Service will be by the Devon Audit Partnership, a shared services arrangement between Devon County Council, Plymouth City, Torbay Council. Mid Devon District Council, Torridge District Council, and South Hams and West Devon Councils.

Recommendation:

- That the Committee reviews the plan in respect of areas relevant to Health & Adult Care, considering where these may overlap and inform their own plan of work for 2020/21.

Mary Davis

Electoral Divisions: All
Local Government Act 1972

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

Background Paper	Date	File Ref
Nil		

There are no equality issues associated with this report

Internal Audit

Internal Audit Plan 2020/21

Devon County Council

March 2020

Not Protectively Marked

Robert Hutchins
Head of Audit Partnership

devon audit partnership

Auditing for achievement

CUSTOMER SERVICE EXCELLENCE CSE

Devon Audit Partnership	Confidentiality and Disclosure Clause
The Devon Audit Partnership has been formed under a joint committee arrangement comprising of Plymouth, Torbay, Devon, Mid Devon and Torridge councils. We aim to be recognised as a high-quality internal audit service in the public sector. We work with our partners by providing a professional internal audit service that will assist them in meeting their challenges, managing their risks and achieving their goals. In carrying out our work we are required to comply with the Public Sector Internal Audit Standards along with other best practice and professional standards. The Partnership is committed to providing high quality, professional customer services to all; if you have any comments or suggestions on our service, processes or standards, the Head of Partnership would be pleased to receive them at robert.hutchins@devonaudit.gov.uk .	This report is protectively marked in accordance with the government security classifications. It is accepted that issues raised may well need to be discussed with other officers within the Council, the report itself should only be copied/circulated/disclosed to anyone outside of the organisation in line with the organisation's disclosure policies. This report is prepared for the organisation's use. We can take no responsibility to any third party for any reliance they might place upon it.

Introduction

Internal auditing is defined by the Public Sector Internal Audit Standards (PSIAS) which set out the requirements of a 'Board' and of 'senior management'. For the purposes of the internal audit activity within the Council the role of the Board within the Standards is taken by the Council's Audit Committee and senior management is the Council's Leadership Group. The Audit Committee, under its Terms of Reference contained in the Council's Constitution, is required to consider the Internal Audit Plan to provide assurance to support the governance framework (see Appendix 2).

This Council's Internal Audit Charter formally describes the purpose, authority, and principal responsibilities of the Council's Internal Audit Service, which is provided by the Devon Audit Partnership (DAP) as represented in the audit framework at Appendix 1, and the scope of Internal Audit work. The PSIAS refer to the role of 'Chief Audit Executive'. For the Council this role is fulfilled by the Head of Devon Audit Partnership.

The Chief Audit Executive is responsible for developing a risk-based plan which considers the organisation's risk management framework, including using risk appetite levels set by management for the different activities or parts of the organisation as represented in Appendix 3.

The need for robust and effective controls to ensure that resources are used to be best effect and deliver the authority's objectives has never been greater. Internal audit helps provide independent assurance that risks are known, understood and addressed, and that systems and procedures are sound, effective and free (as far as can be) from waste, error or fraud. Preparing a plan that addresses the emerging risks and developing areas for the council, whilst still covering the material and cross cutting systems is essential and ensures that internal audit resources are directed in the most appropriate way.

The audit plan represents the proposed internal audit activity for the year and an outline scope of coverage. At the start of each audit the scope is discussed and agreed with management with the view to providing management, the County Treasurer (Section 151) and members with assurance on the control framework to manage the risks identified. The plan will remain flexible and any changes will be agreed formally with management and reported to Audit Committee.

Robert Hutchins
Head of Audit Partnership

Annual Service Level Plans

Adult Care and Health

Audits within this area include following up on work from 2019/20 where the assurance rating was lower than Good Standard, being Direct Payments, Continuing Health Care, Living Well at Home and Technology Enabled Care Support.

Our core work links to higher risk areas as per the Risk Register, for example, how the Council is meeting its market sufficiency requirements. There is an underlying theme of care assessments and performance as seen through reviews such as equality of resource allocation, delayed transfers of care and high cost review panel.

Later in the financial year our planned work is linked to new social care funding arrangements, deprivation of liberty safeguards and the potential new care management system.

Children's Services

Work within Children's Services will include review of SEND (Special Educational Needs & Disabilities) spend within schools, which follows on from work in 2019/20 linked to high cost support packages. Further to this we will be looking at the recently insourced Public Health Nursing Service, whilst undertaking further work in respect social care delivery through care assessments and contract/performance management.

Follow up work in this area will include data management within the Eclipse system and our rolling programme of Maintained School Audits will continue throughout the year.

Communities, Public Health, Environment and Prosperity (CoPHEP)

Work within the CoPHEP service area will incorporate several reviews linked to the Economy and Enterprise service. These include the Business Support for ERDF Funded Projects, Careers Hub and Roundswell Enterprise Centre.

We will also consider the governance arrangements linked to the Safety Camera Partnership and lessons that can be taken from Active Devon in to future similar schemes.

Corporate Services

Assurance work will be undertaken on areas termed as 'material systems' which process most of the Authorities income and expenditure, and which have a significant impact on the reliability and accuracy of the annual accounts.

We will examine the new HR/payroll System (iTrent) and review specific risks within the risk register to provide assurance on the accuracy and effectiveness of key controls. Our work will connect with the Doing What Matters Team to provide a link to audit outcomes and support them in the delivery of their goals.

Follow up work is planned for GDPR/ Data Protection and we will also be supporting work on the Finest System replacement. Whilst climate change from a Risk Management perspective sits within the CoPHEP area, we will be carrying out a high level cross organisation review to see how the Authority is planning and managing associated risks.

Highways, Infrastructure Development and Waste

A range of audits from across Highways, Infrastructure Development and Waste are included in 2020/21 plan including; a follow up of the Street Lighting System review from 2019.20, Tree Management System and end of year sign off for Viridor and Skanska annual reconciliations.

Digital Transformation and Business Support

We will be undertaking a programme of work linked to high risk, relevant topics such as Cyber Security, Disaster Recovery and Change Management in addition to following up on 2019/20 work including SCOMIS Contract Monitoring and Carefirst OLM.

Overall, themes across the plan include third party risk where we will aim to consider how the associated risks are managed and data/information management.

Anti-fraud and Corruption

All our work will contain elements to ensure that sound and effective arrangements are in place to prevent and detect fraud and / or irregularity.

Where required, we will support management in the investigation of irregularity concerns, helping the Council to take the appropriate corrective action with the support of the DAP Counter Fraud.

Thematic Overview of Audit Coverage

Service Area Overview of Audit Coverage				Major Projects / Themes	Value Added
Adult Care & Health	Children's Services	Communities, Public Health, Environment & Prosperity (CoPHEP)	Highways, Infrastructure Development and Waste		
Care Assessment High Cost Panel Equality of resource allocation **Performance Monitoring** Delayed Transfer of Care Provider Information Management Social Care Funding Market Sufficiency Workforce Independent Sector Liberty Protection Safeguards	Public Health Nursing Preventing Adolescents from Coming into Care Schools & Schools Financial Value Standard **Care Assessment** Early Help SEND – School Spend Alternative Provision	Governance of the Safety Camera Partnership **Economy** Roundswell Enterprise Centre Business Support – ERDF Funded Projects Making it Local and Real Devon Action Groups Careers Hub A382 Improvements Project	**Partnership Working** Street Lighting System Viridor End of Year Sign Off Skanska – Annual Reconciliation Internal Process Changes Tree Management System	Finest Replacement Carefirst 6 Replacement Climate Change 3rd Party Risk	Fraud Prevention and Investigation National Fraud Initiative Advice Audit Follow Up

Core Assurance	
	Business Processes & Governance – Payroll & HR functions, Doing What Matters, Risk Register, Procurement, Grant Certification, Audit Assurance Planning & Reporting, and other Related Bodies.
	Key Financial Systems (Material Systems) - Bank Reconciliation, Creditors, Debtors, Finest System Admin, Fixed Asset Register, Income Collection, Main Accounting System, Payroll, Treasury Management.
	ICT – Change Management, Cyber Security, Incident & Problem Management, Disaster Recovery, Customer Service Centre.

The elements proposed for audit for the coming year are those identified through risk assessment and discussion with Senior Management. This overview is supported by the proposed audit reviews and associated risks.

High Level Audit Plan 2020/21

This table shows a summary of planned audit coverage for the year. It should be borne in mind that, in accordance with the Public Sector Internal Audit Standards, the plan needs to be flexible to be able to reflect and respond to the changing risks and priorities of the Authority and, to this end, it will be regularly reviewed with service areas, and updated as necessary to ensure it remains valid and appropriate.

As a minimum, the plan will be reviewed in six months to ensure it continues to reflect the key risks and priorities of the Council given the significant changes across the public sector.

The number of direct days remains the same as in the 2019/20 financial year at 1,060 days. Previously the number of days has been subject to an annual reduction, but the level of input identified for 2020/21 is considered appropriate and reflects the risk profile of the Council.

Detailed terms of reference will be drawn up and agreed with management prior to the start of each assignment - in this way we can ensure that the key risks to the operation or function are considered during our review.

The following table gives a brief overview of the focus of proposed audit coverage for the year. The time required to follow up on 2019/20 Audit Reviews is included within each Service Area. We have included the time allocated to Devon maintained schools as the Authority has an interest in the sound management of these schools.

A detailed analysis of proposed audit reviews is provided in the following schedule, details of the follow up of 2019/20 work is listed within a section at the end of the table.

Core Activity for Internal Audit Review	Coverage in Days
Material Systems	119
Corporate Services - (Excluding Anti-Fraud & NFI) - *Finance, HR, Legal Services & Cross Cutting*	120
Adult Care and Health	176
Children's Services	150
Communities, Public Health, Environment and Prosperity (CoPHEP)	75
Digital Transformation and Business Support	127
Highways, Infrastructure Development and Waste	60
Grant Certification	83
Anti-Fraud and Corruption including NFI	100
Other Chargeable Activities (support for Audit Committee, audit development, contingency etc)	50
Total internal audit plan for Devon County Council	**1060**
Schools (estimated)	282

Proposed audit reviews and associated risks

Risk Area / Audit Entity	Risk / Audit Needs Assessment (an assessment of the priority of the planned review)	Proposed Audit Work / Scope		Proposed Timings (Quarter)
Material Systems				
Core Assurance - Key Financial System *				
Payroll	ANA - High	* A rolling programme of audits is adopted for material systems whereby the work programme for each year may differ, with each audit having varying amounts of system review, testing or a combination of the two. This approach enables us to deliver a more cost-effective service, whilst providing sufficient assurance as to the adequacy of the Authority's material system control environment.	Sample testing	Q3-4
Debtors / Debt Recovery	ANA - Medium		Sample	Q4
Bank Reconciliation	ANA - Medium		Walkthrough	Q3
Cinest System administration	ANA - Low		Sample	Q4
Creditors	ANA - Medium		Walkthrough	Q2
Fixed Asset Register	ANA - Low		Walkthrough	Q3
Income Collection	ANA - Medium		Sample	Q3
Treasury Management	ANA - Low		Walkthrough	Q2
Main Accounting System	ANA - Medium		Sample testing	Q4
KFS Key ICT Controls 20/21	ANA - Medium	To provide assurance that core ICT functions in relation to Key Financial Systems are completed. Established work programme (that requires adaption / update to accommodate externally hosted systems). Finance key client contact, and SCOMIS/ICT provide the support along with external providers (Council Contacts - Contract-Performance Monitoring) for some systems.		Q4

Risk Area / Audit Entity	Risk / Audit Needs Assessment (an assessment of the priority of the planned review)	Proposed Audit Work / Scope	Proposed Timings (Quarter)
Corporate			
HR - ITRENT - New Human Resources Management System (HRMS)	ANA – High	Review of processes within new HRMS system supplementary to the standard annual payroll audit.	Q4
HR iTrent Development - Performance Learning and Development Module	ANA - High	Trusted Advisor support to new systems process	Q3
Risk Register	ANA - High	Review of individual risks; providing independent view of the clarity and application of controls as well the use and application of the corporate risk management process.	Q1
Direct Payments - CFCS	ANA – Medium	Review of Charging for Care Services (CFCS) processes for Direct Payment financial assessments.	Q4
Finance System Replacement	ANA – High	Assurance and Trusted Advisor Support – Finance Replacement Project.	Q1-4
Organisational Change and Internal Audit	ANA - Low	Developing a consistent approach to supporting the Doing What Matters Programme across the council.	Q1-4
Climate Change	ANA - High	High Level cross organisational review of the Councils approach to climate to include Corporate Climate Strategy, Governance, Intelligence, Resources and Corporate Goals.	Q2
Finance - Tax Compliance Forum	ANA – Medium Client Request	Input to Forum and contingency to allow for projects that arise from meetings. Agreed as a result of HMRC visit October 2014 and changes to their auditing of tax.	Q1-4
Advice, planning, monitoring and performance reporting	N/A	-	Q1-4

Risk Area / Audit Entity	Risk / Audit Needs Assessment (an assessment of the priority of the planned review)	Proposed Audit Work / Scope	Proposed Timings (Quarter)
Adult Care and Health			
Adult Care and Health			
Implementation of new Social Care Funding arrangements	ANA - Medium Client Request	Scope of work to be determined as and when new funding arrangements are implemented.	Q4
Preparing for implementation of Liberty Protection Safeguards	ANA - High Client Request	Evaluation of the impact of the investment already provided enabling an informed decision to be made as to the next steps.	Q1-2
Workforce in the Independent Sector	Client Request	Precise details to be agreed.	Q2
Theme Across Service – Care Assessment Completion	ANA Medium	Collation and sampling across audits including Revised Arrangements for Personal Care, DSAM and Equality etc in respect of Care Assessments being completed appropriately to identify true care needs.	Q1-4
Eligibility Criteria	ANA High Client Request	Are eligibility criteria and resource allocation applied equally and irrespective of service user group, age, type of disability, illness or condition.	Q1
Revised Arrangements around personal care	ANA High Client Request	Second part of a review carried out in 2019/20. Audit to look at the impact that the insourcing of services in 2019 has had after six months.	Q1
Transitions	ANA Medium Client Request	Risk based system review.	Q2
Provider Information Management System	ANA Low Client Request	Risk based system review.	Q3/4
Autism	ANA Medium Client Request	Impact of changes to the post diagnostic autism team.	Q2
How is the Council meeting its market sufficiency requirements	ANA High Client Request	Review of the council's approach and ability to meet its statutory obligations in respect of care market sufficiency.	Q3

Risk Area / Audit Entity	Risk / Audit Needs Assessment (an assessment of the priority of the planned review)	Proposed Audit Work / Scope	Proposed Timings (Quarter)
New Care Management Process	ANA High Client Request	Assurance and Trusted Advisor on changes to the processes for care management.	Q4
Care First 6 Replacement	ANA High Client Request	Assurance, Trusted Advisor support during the introduction of the new system.	Q1-4
Advice, planning, monitoring and performance reporting	N/A	-	Q1-4
Children's Services			
Children's Social Care			
Preventing Adolescents from Coming into Care / Edge of Care	ANA - Medium Client Request	Review to include small residential units with the possibility of including 'establishment' type audit.	Q2
Care Assessment Process	ANA – High	Sampling across social care services of the Care Assessments which are being completed and their capacity to identify true care needs.	Q4
Care Commissioning – Contract and Performance Management	ANA – Medium	Review of contract performance monitoring and management to supplement the work planned to assess identification of need.	Q4
Education and Learning			
SEND- School Spend	ANA High	2nd part of a review started in 2019/20. Identify how schools are evidencing spend of funding to the children it is aimed at supporting.	Q1
Alternative Provision Spend (funded From High Needs Block)	ANA – High Client Request	This is funded by High Needs budget but is not part of the 2019/20 SEND audit. Specific focus on Alternative Provision to supplement findings of the 2019/20 audit work.	Q2
Early Help	ANA - Medium Client Request	A review ascertaining the costs of Early Help for the authority to sustain for those cases in statutory if Government grant drops out.	Q4
Public Health Nursing	ANA – High	New area to the Council from April 2019, specific details to be agreed.	Q4

Risk Area / Audit Entity	Risk / Audit Needs Assessment (an assessment of the priority of the planned review)	Proposed Audit Work / Scope	Proposed Timings (Quarter)
School Buildings	ANA - Low Client Request	Money to maintain school buildings has for some time been delegated to the schools. To pick up alongside Health and Safety, closer monitoring of this spend, without excessive interference.	Q2
Advice, planning, monitoring and performance reporting	N/A	-	Q1-4
Communities, Public Health, Environment and Prosperity (CoPHEP)			
Roundswell Enterprise Centre	ANA – Medium Client Request	This is an ERDF, LEP and Devon County Council funded capital programme (with some revenue funding). Audit of the processes and different spending commitments.	Q1
Business Support ERDF funded projects	ANA – Medium Client Request	There are several projects funded through EU funds with public sector match. Some of them span Devon, Plymouth and Torbay, some Somerset, Devon, Plymouth and Torbay. Programme to be audited and supported to ensure it has the right approaches, governance and delivery mechanisms in place.	Q2
Make it Local and REAL Devon local Action Groups	ANA – Medium Client Request	These are community-led grant schemes funded by the Rural Payments Agency under the Rural Development Programme for England. Programme to be audited and supported to ensure it has the right approaches, governance and delivery mechanisms in place.	Q3
Careers Hub	ANA – Medium Client Request	This is an LEP funded programme via Careers Enterprise Company. Programme to be audited and supported to ensure it has the right approaches, governance and delivery mechanisms in place.	Q4
Governance of the Safety Camera partnership	ANA – Low Client Request	Review governance and organisation, accountability to relevant authorities and sustainability and longevity.	Q1
A382 Improvement Project	ANA – Medium Client Request	Project to be undertaken later in year and will require gateway and assurance review(s) at a given point.	Q3
Active Devon	ANA - Low Client Request	Review of the arrangements for Active Devon with a view to learning where the success of this model can be used elsewhere.	Q2

Risk Area / Audit Entity	Risk / Audit Needs Assessment (an assessment of the priority of the planned review)	Proposed Audit Work / Scope	Proposed Timings (Quarter)
Advice, planning, monitoring and performance reporting	N/A	-	Q1-4
Digital Transformation and Business Support			
ICT - Change Management	ANA - Medium	To provide assurance that changes to information systems and related infrastructure are done in such a way as to meet the needs of the business and have a minimal risk to the business and the information.	Q2
ICT - Incident and Problem Management	ANA - Medium	To Provide assurance that ICT Incidents and Problems are managed effectively, noting that a new call management system is being introduced.	Q2
ICT - Cyber / Network Security (Inc follow up of 18/19 and 19/20 Audits)	ANA – Medium	To provide assurance that the Council network is secure following the Cyber Essentials methodology. Areas for review include - Firewalls, Secure Configuration, Access Control, Antivirus and Malware, Patching, Plus Back Ups.	Q3
ICT - Disaster Recovery	ANA – High	To provide assurance as to the appropriateness of the County's ICT DR plans.	Q4
ICT - Customer Service Centre	ANA – Medium Client Request	To provide assurance that the approach to the operation of the CSC meets the requirements of the business, including any current and proposed changes.	Q1
Procurement – Governance	ANA – Medium Client Request	Governance protocols in relation to contract award procedures and contract lifecycle.	Q3
Procurement – Resilience of Third Parties	ANA – Medium Client Request	Review of Contract monitoring of third parties within Services to ensure remaining financially resilient and back up plans in place are robust and effective.	Q3
Advice, planning, monitoring and performance reporting	N/A	-	Q1-4

Risk Area / Audit Entity	Risk / Audit Needs Assessment (an assessment of the priority of the planned review)	Proposed Audit Work / Scope	Proposed Timings (Quarter)
Highways, Infrastructure Development and Waste			
Street Lighting	ANA – High	Confirmation that the new system is now compliant with Financial Regulations, to include a full system review, documentation and review of controls.	Q2
Viridor End of Year sign off	ANA – Medium Client Request	Support to agreement or otherwise of the annual financial sign off.	Q2
Support for new processes	ANA – High Client Request	Provide support, challenge and assurance to potential changes in processes within the Highways service area.	Q2
Tree Management System	ANA – Medium Client Request	System review including liaison with the Devon County Council Tree Board.	Q4
Skanska- Annual Reconciliation	ANA – High Client Request	Support to agreement or otherwise of the annual financial sign of.	Q2
Advice, planning, monitoring and performance reporting	N/A	-	Q1-4
Grants			
Grant Certification/Sign Off	Client Request	We anticipate around 10 Grants will need to be reviewed and certified during the 2020/21 financial year.	Q1-4
Troubled Families Grant Certification	Client Request	Monthly Certification for each month of the Financial year	Q1-4
Advice, Planning and Support	N/A	-	Q1-4
Fraud and Irregularities			
NFI and In Year Advice, Support and Investigations	ANA – High	Advice, support and investigation activities as well as support to the NFI process. To be supported by an additional programme of Counter Fraud Work.	Q1-4

Risk Area / Audit Entity	Risk / Audit Needs Assessment (an assessment of the priority of the planned review)	Proposed Audit Work / Scope	Proposed Timings (Quarter)
Follow UP Work			
Direct Payments	Follow Up Review	Original Audit was Improvements Required	Q2
Continuing Health Care	Follow Up Review	Original Audit was Improvements Required	
Living Well at Home	Follow Up Review	Original Audit was Improvements Required	
Technology Enabled Care Support	Follow Up Review	Original Audit was Improvements Required	
SEND – High Needs Block	Follow Up Review	Original Audit was Improvements Required	
ContrOCC MIS Contract Management (Follow Up)	Follow Up Review	Improvements Required in 2018/19 and the 2019/10 Follow Up review	
Carefirst OLM (Follow Up)	Follow Up Review	Improvements Required in 2018/19 and the 2019/10 Follow Up review.	
Adoption and Change (Follow Up)	Follow Up Review	Improvements Required in 2018/19 and the 2019/10 Follow Up review	
GDPR Follow Up	Follow Up Review	Original Audit was Improvements Required	
Care Proceedings	Follow Up Review	Original Audit was Improvements Required	
Follow Up of High Risks Recommendations	ANA – High	To confirm how recommendations are being addressed where they are not part of an audit report rated Improvements Required or Fundamental Weaknesses.	Q1-4

Fraud Prevention and Detection and Internal Audit Governance

Fraud Prevention and Detection and the National Fraud Initiative

Counter-fraud arrangements are a high priority for the Council and assist in the protection of public funds and accountability. Internal Audit will continue to investigate instances of potential fraud and irregularities referred to it by managers and will also carry out pro-active anti-fraud and corruption testing of systems considered to be most at risk to fraud.

In recognition of the guidance in the Fraud Strategy for Local Government "Fighting Fraud Locally" and the TEICCAF (The European Institute for Combatting Crime and Fraud) publication "Protecting the English Public Purse 2016". Internal Audit resources will be allocated to allow a focus on identifying and preventing fraud before it happens. Nationally these areas include Procurement, Payroll, Blue Badges, Direct Payments and Pensions. The Authority has separately commissioned the Devon Audit Partnership Counter Fraud Service to undertake a review of the strategy and approach, as well as a targeted review of payment card spend for 2019/20. We anticipate a similar separate plan of work to be agreed in relation to Counter Fraud for 2020/21 in addition to this plan.

The Cabinet Office runs a national data matching exercise (National Fraud Initiative - NFI) every two years. The matches from the 2018/19 exercise were released on 31st January 2019 to those participating in the exercise. We will continue to work with Council departments to ensure that the matches are reviewed, and action taken as may be necessary, this includes supporting where an exercise is completed in 2020/21.

Internal Audit Governance

An element of our work is classified as 'other chargeable activities' - this is work that ensures effective and efficient audit services are provided to the Council and the internal audit function continues to meet statutory responsibilities. In some instances, this work will result in a direct output (i.e. an audit report) but in other circumstances the output may simply be advice or guidance. Some of the areas that this may cover include: -

- Preparing the internal audit plan and monitoring implementation;
- Preparing and presenting monitoring reports to Senior Management and the Audit Committee;
- Assistance with the Annual Governance Statement;
- Liaison with other inspection bodies (e.g. External Audit (Grant Thornton), Audit South West);
- Corporate Governance - Over recent years Internal Audit has become increasingly involved in several corporate governance and strategic issues, and this involvement is anticipated to continue during the year;
- On-going development within the Partnership to realise greater efficiencies in the future.

Partnership working with other auditors

We will continue to work towards the development of effective partnership working arrangements between ourselves and other audit agencies where appropriate and beneficial. We will participate in a range of internal audit networks, both locally and nationally which provide for a beneficial exchange of information and practices. This often improves the effectiveness and efficiency of the audit process, through avoidance of instances of "re-inventing the wheel" in new areas of work which have been covered in other authorities.

We have developed sound working arrangements with Grant Thornton, the authority's external auditors and have regular liaison meetings to understanding their requirements and to provide the information they require, maximising the benefits of close working. We have also developed an effective working relationship with Audit South West (NHS Internal Audit) and anticipate more opportunities to work collaboratively together as integration between the Council and Health develops.

Appendix 1 - Audit Framework

Internal Audit is a statutory service in the context of The Accounts and Audit (England) Regulations 2015, which state: 'A relevant authority must undertake an effective internal audit to evaluate the effectiveness of its risk management, control and governance processes, considering public sector internal auditing standards (PSIAS) or guidance'.

DAP, through external assessment, demonstrates that it meets the Public Sector Internal Audit Standards (PSIAS).

The Standards require that the Chief Audit Executive must establish risk-based plans to determine the priorities of the internal audit activity, consistent with the organisation's goals. When completing these plans, the Chief Audit Executive should take account of the organisation's risk management framework. The plan should be adjusted and reviewed, as necessary, in response to changes in the organisation's business, risk, operations, programs, systems and controls. The plan must take account of the requirement to produce an internal audit opinion and assurance framework.

This audit plan has been drawn up, therefore, to enable an opinion to be provided at the end of the year in accordance with the above requirements.

We will seek opportunity for shared working across member authorities. In shared working Devon Audit Partnership will maximise the effectiveness of operations, sharing learning & best practice, helping each authority develop further to ensure that risk remains suitably managed.

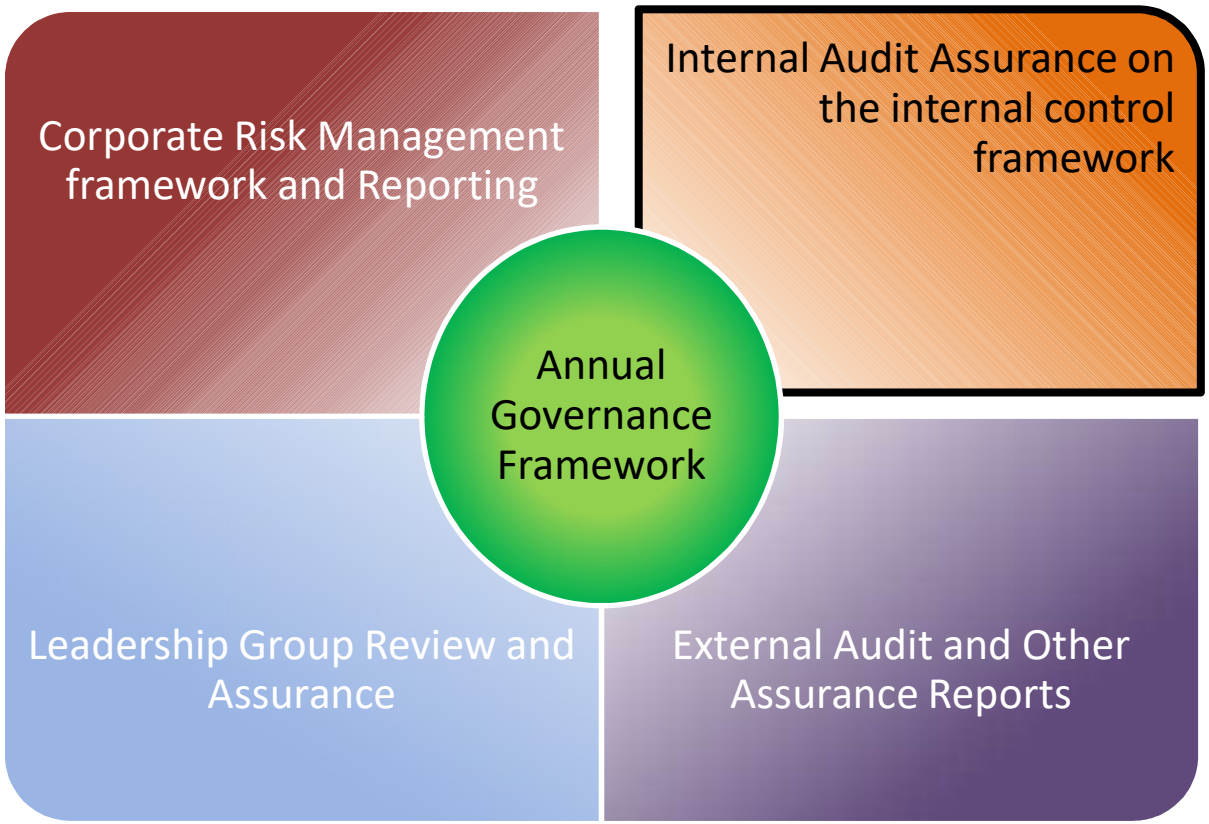
Appendix 2 - Annual Governance Framework Assurance

The Annual Governance Statement provides assurance that

- The Authority's policies have been complied with in practice;
- high quality services are delivered efficiently and effectively;
- ethical standards are met;
- laws and regulations are complied with;
- processes are adhered to;
- performance statements are accurate.

The statement relates to the governance system as it is applied during the year for the accounts that it accompanies. It should: -

- be prepared by senior management and signed by the Chief Executive and Leader of the Council;
- highlight significant events or developments in the year;
- acknowledge the responsibility on management to ensure good governance;
- indicate the level of assurance that systems and processes can provide;
- provide a narrative on the process that is followed to ensure that the governance arrangements remain effective. This will include comment upon:
  - The Authority;
  - Audit Committee;
  - Risk Management;
  - Internal Audit;
  - Other reviews / assurance;
- Provide confirmation that the Authority complies with CIPFA recently revised International Framework – Good Governance in the Public Sector. If not, a statement is required stating how other arrangements provide the same level of assurance.



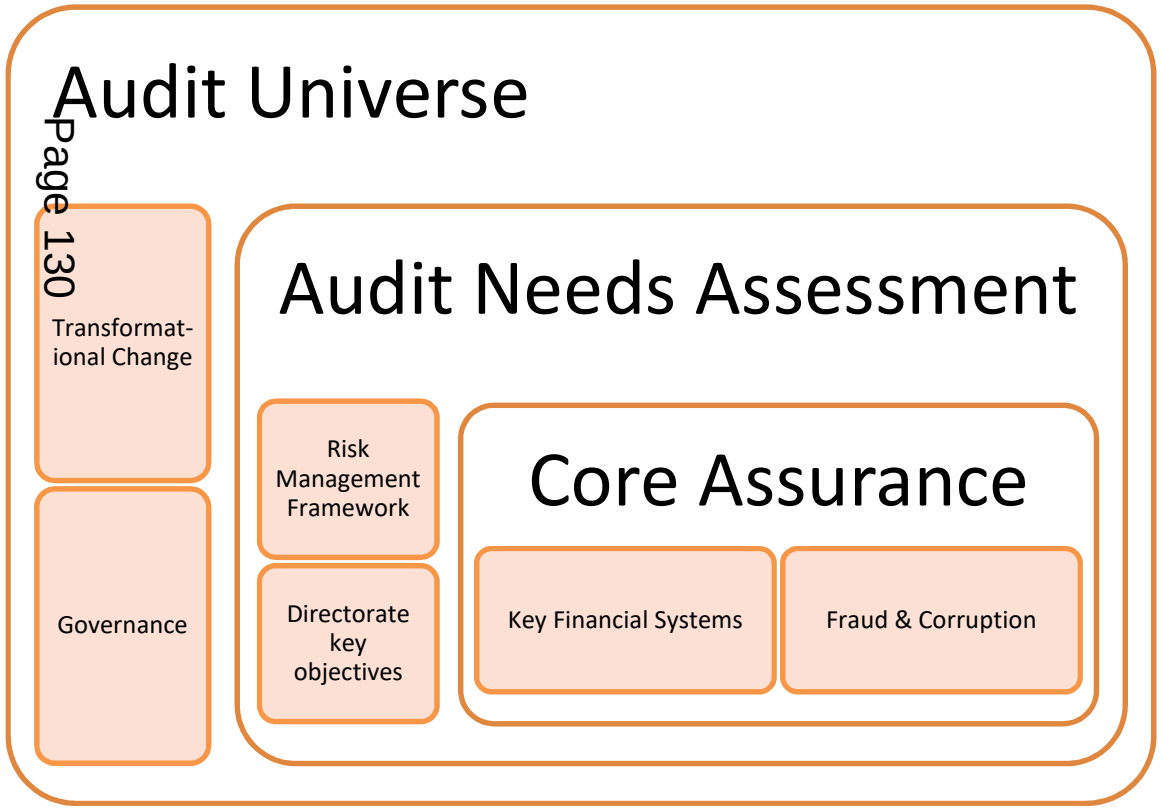
The AGS needs to be presented to, and approved by, the Audit Committee, and then signed by the Chair.

The Committee should satisfy themselves, from the assurances provided by Risk Management, Leadership Group and Internal Audit that the statement meets statutory requirements.

Appendix 3 - Audit Needs Assessment

We employ a risk-based priority audit planning tool to identify those areas where audit resources can be most usefully targeted. This involves scoring a range of systems, services and functions across the whole Authority, known as the 'Audit Universe' using a number of factors/criteria. The final score, or risk factor for each area, together with a priority ranking, then determines an initial schedule of priorities for audit attention.

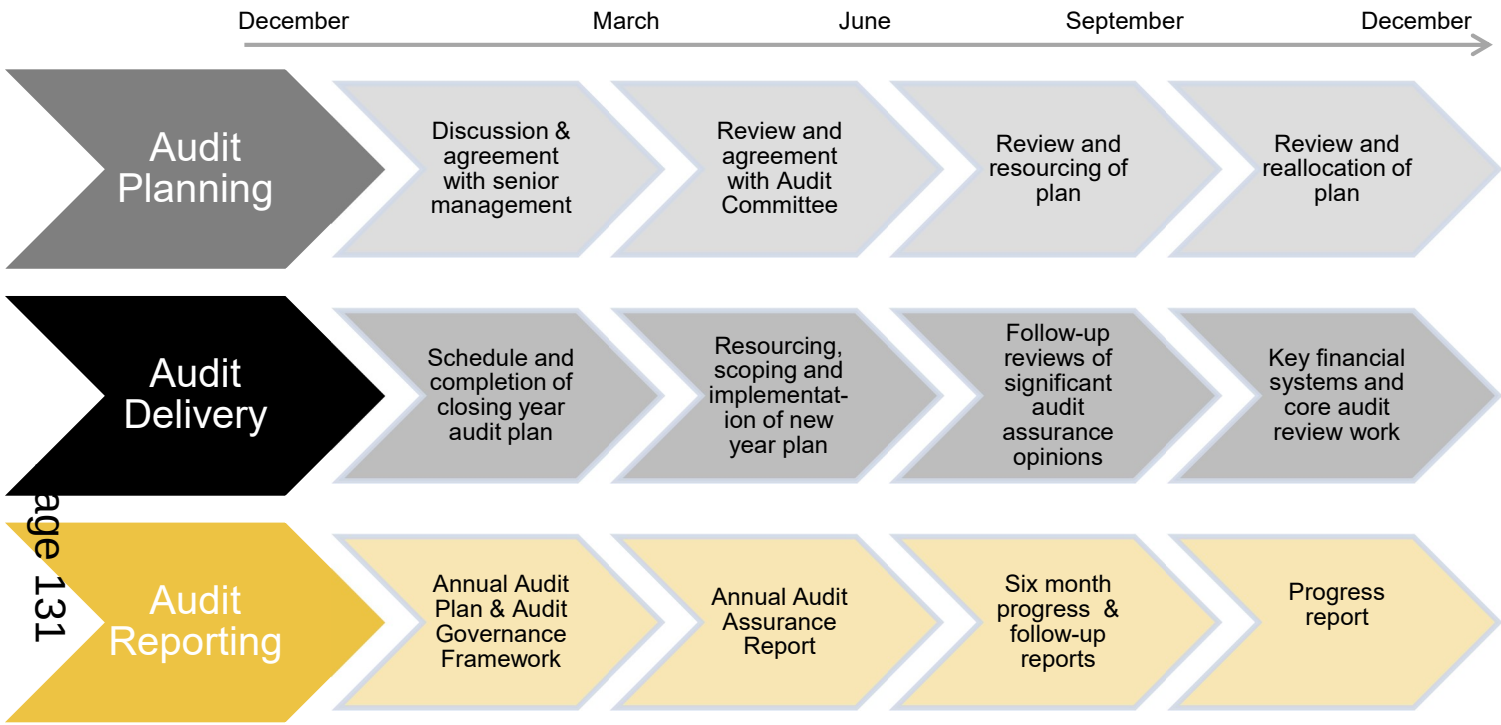
The result is the Internal Audit Plan set out earlier in this report.



The audit plan for the year has been created by:

- Consideration of risks identified in the Authority's strategic and operational risk registers
- Review and update of the audit universe
- Discussions and liaison with Directors and Senior Officers regarding the risks which threaten the achievement of corporate or service objectives, including changes and / or the introduction of new systems, operations, programs, and corporate initiatives
- Taking into account results of previous internal audit reviews
- Taking into account Internal Audit's knowledge and experience of the risks facing the Authority, including factors and systems that are key to successful achievement of the Council's delivery plans
- Requirements to provide a 'collaborative audit' approach with the external auditors

Appendix 4 - Our Audit Team and the Audit Delivery Cycle



Date	Activity
Dec / 2019 Jan 2020	Directorate planning meetings
Feb 2020	Internal Audit Plan presented to Audit Committee
Feb 2020	Internal Audit Governance Arrangements reviewed by Audit Committee
March 2020	Year-end field work completed
April 2020	Annual Performance reports written
May 2020	Annual Internal Audit Report presented to Audit Committee
Aug 2020	Follow - up work of previous year's audit work commences
Nov 2020	Follow-up and progress reports presented to Audit Committee
Nov 2020	Six-month progress reports presented to Audit Committee
Dec 2020	2021/22 Internal Audit Plan preparation commences

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CSO/20/10
Health & Adult Care Scrutiny Committee
12 March 2020

Understanding the Model of Care – Site Visit to Holsworthy & Hatherleigh Medical Centre

Report of the Health & Adult Care Scrutiny Members

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

Recommendations:

that the Committee shares the learning from the 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, GP practices and South Western Ambulance Foundation Trust over the last 2 years.

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.

25 February 2020 – Holsworthy & Hatherleigh Medical Centre Site Visit

Ruby Country Medical Group brings together Holsworthy & Hatherleigh Medical Centre, and Stratton Medical Centre with a growing practice population of 14,800 patients spread over about 350 square miles in both Devon and Cornwall. Their team includes GPs, a Clinical Pharmacist, paramedics, nurse practitioners, practice nurses, health care assistants and phlebotomists as well as practice management and patient services teams. They also have access to two social prescribers employed by the local Primary Care Network (PCN).

The following councillors undertook the visit to Holsworthy & Hatherleigh Medical Centre, where they met Jane Wells, Managing Partner, Ruby Country Medical Group:

- Cllr Hilary Ackland, Chair
- Cllr Sylvia Russell
- Cllr Andrew Saywell
- Cllr Jeff Trail

Issues Identified

Health Profile

- There is considerable rural deprivation in the area. Low wage and low skilled jobs in the main.
- The patient profile is poorer and more elderly than the Devon average. People are living much longer with ill health. Growing complex elderly.
- At the 40-70 years health checks, the main issues tend to be obesity and alcohol. The number of diabetics has increased significantly. There is a lot of work also around smoking cessation.

Primary Care Networks

- There are 6 practices in the PCN (4 in Devon and 2 in Cornwall). Each practice has a Practice Administrator, and the PCN has a PCN Manager who was recruited to help run the Network.
- PCNs will not see a patient at another surgery within the PCN unless there is a sub-contracting arrangement.
- PCNs are not yet mature. It might be 5 to 10 years until they are maximising their potential.
- There is a lack of consistency across the various practices as all private business.

Rural Isolation

- Accessibility is an issue with Holsworthy over 30 miles from the nearest acute hospital in Barnstaple. The area suffers with a lack of connectivity. Getting to Barnstaple is difficult, as the distance is compounded by issues with the roads. There are also many elderly who do not drive.
- The local farming community often will not let people see if they are struggling and will look after themselves more.

Recruitment and Retention

- Last year the Nuffield Trust reported that a cross the UK, the number of GPs relative to the size of the population has fallen in a sustained way for the first time since the 1960s. The shortage of GPs could treble in the next 5 years.

- The situation with GP recruitment is an issue in Holsworthy and North Devon in general. North Devon has limited professional opportunities. A lot of GPs over 55 and would like to retire given certain recent pension issues.

- Unlikely to have partners that will work here for 30 years – on average now staying for 5 years. The family doctor days have long gone. Patients do not always recognise this is the case.

- GPs generally marry similar high earners and there needs to be career opportunities in the area for both, which Holsworthy does not have.

- It is difficult recruiting nurses, nurse practitioners and pharmacists. 'Growing your own' is the way forward and promoting opportunities in nursing in primary care. High percentage of nurses also over 50.

- Holsworthy & Hatherleigh Medical Centre currently has 9 GPs, which is 2 short and also 2 nurse practitioners short in the practice, while also need 10 new staff for the PCN including a mental health worker. GPs often want to work part-time.

Appointment Waiting Times

- The latest target is that patients are seen within 3 weeks.

- There is always a huge spike in the number of patients on a Monday as the out of hours provision is not adequate in Barnstaple.

Accident & Emergency

- People in the area do not tend to use A&E in the same way as they would if it was nearer (Holsworthy is over 30 miles from Barnstaple). Direct correlation in terms of A&E attendance and the distance people live to the hospital.

Prevention

- Prevention is key and earlier intervention.

Mental Health

- Massive need for mental health services – managing those with a high risk of suicide. There are significant gaps in terms of childrens mental health and emotional wellbeing.

Residential Care

- Residential care homes in the area are mixed in terms of their quality. There is only one home in the area with step-up and step-down beds.

Voluntary Sector

- Voluntary groups tend to be in the towns, but as soon as you get outside then huge drop off.

Digital

- The practice has had digital medical records for over 20 years. These do not tie in with hospital records.

- eConsult is used for sick notes, travel advice, asthma reviews. Not convinced by the STP claim that it will save 5% of appointments. The ease of access may end up creating more demand.

Carers (unpaid)

- Link in with Devon Carers – have social prescribers working with frequent attenders.
- Carer identification is difficult. Considerable time is spent data cleansing to ensure the carers register is up to date.
- Carers are often at end of their tether compounded by the rurality and lack of services available.

Care Workers

- As there will be across the County, there are issues with staffing and care workers renumeration, which is exacerbated by the rural isolation and demography of the area.
- There are some areas not covered by any providers. A care package of 4 sessions a day may be agreed, but then the provider may only be able to cover 2 of these.

GP Surgery Valuation

- Issue with how GP surgeries are valued creates significant limitations.

Small GP Practices

- Shebbear will not be the last small practice to close. Less than 5000 population size are not seen as viable.

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.

Members also wished to place on record their thanks to Jane Wells and Ruby Medical Group for the visit.

Councillor Hilary Ackland, Vice Chair
Health & Adult Care Scrutiny Committee

Electoral Divisions: All
Local Government Act 1972
List of Background Papers
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There are no equality issues associated with this report